



State of Illinois

Illinois Department on Aging
Illinois Department of Healthcare and Family Services
Illinois Department of Human Services
Illinois Department of Public Health

SERVING MINORITY SENIORS

FISCAL YEAR 2021

A Report to the Governor and
the Illinois General Assembly

from the

Illinois Department on Aging
Illinois Department of Healthcare and Family Services
Illinois Department of Human Services
Illinois Department of Public Health

as required by Public Act 88-0254

The Honorable JB Pritzker, Governor, and the Honorable Members of the Illinois General Assembly

We are pleased to provide you with the Minority Services Report as required by Public Act 88- 0254. This Act requires that the Department on Aging, the Department of Human Services, the Department of Public Health, and the Department of Healthcare and Family Services cooperate in the development and submission of an annual report on programs and services provided to minority senior citizens.

The report is submitted to meet the above requirement and describes, in detail, the programs and service initiatives directed to, or available to, senior citizens in Illinois. The report focuses on the extent which these services and programs have succeeded in their efforts to target minority seniors.

We are proud of the efforts to date in making our services more appropriate and accessible to minority and ethnic elderly, and, with your continued support, look forward to even greater successes in the coming year.



Paula A. Basta, Director
Illinois Department on Aging



Grace B. Hou, Secretary
Illinois Department of Human Services



Dr. Sameer Vohra, MD, Director
Illinois Department of Public Health



Theresa Eagleson, Director
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The Four State Agencies and their Services to Seniors

Illinois Department on Aging

The Illinois Department on Aging (IDoA) supports older adults to live independently in their own homes and communities. The Department recognizes the importance of programs and services that adapt to meet the needs and ensure the quality of life for an age cohort that continues to increase in longevity. Working with Area Agencies on Aging, community-based service providers, older adults and their caregivers, the Illinois Department on Aging strives to improve the quality of life for current and future generations of older Illinoisans.

Illinois Department of Healthcare and Family Services

The Illinois Department of Healthcare and Family Services (IDHFS) is responsible for providing healthcare coverage for adults and children who qualify for Medicaid, and for providing child support services to help ensure that Illinois children receive financial support from both parents.

Illinois Department of Human Services

The Illinois Department of Human Services (IDHS) assists Illinois residents to achieve self-sufficiency, independence, and health to the maximum extent possible by providing integrated family-oriented services, promoting prevention, and establishing measurable outcomes, in partnership with communities. The primary focus of the Department is on providing needed services to individuals and families, while assisting them to become self-sufficient members of society. The Department has instituted a new approach to service delivery, by enabling Illinois' citizens to seek solutions to their various needs with user friendly technology.

Illinois Department of Public Health

The Illinois Department of Public Health (IDPH) serves the state with a mission to promote health through the prevention and control of disease and injury. Its 200 different programs are designed to serve all residents and visitors in Illinois, but the vulnerable elderly are a distinct focus. Public health provides the foundation for gains in extending the length of human lives and improving the quality of those lives by activities such as setting standards for hospital and nursing home care, checking the safety of recreation areas and public restaurants. The IDPH oversight works to protect citizens against unsafe and unsanitary conditions, health threats and health disparities among racial groups.

Racial and ethnic minority populations

This report will use the categories and definitions of racial and ethnic minority populations used by the U.S. Department of Health and Human Services.

American Indian and Alaska Native

People having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian

People having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

Black or African American

People having origins in any of the black racial groups of Africa.

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The U.S. Census Bureau American Community Survey (ACS) states this definition: “People who identify with the terms ‘Hispanic’ or ‘Latino’ are those who classify themselves in one of the specific Hispanic or Latino categories listed on the Census 2010 or ACS questionnaire — ‘Mexican,’ ‘Puerto Rican,’ or ‘Cuban’ — as well as those who indicate that they are ‘other Spanish, Hispanic, or Latino.’ Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person’s parents or ancestors before their arrival in the United States. People who identify their origin as Spanish, Hispanic, or Latino may be of any race.”

Native Hawaiian and Other Pacific Islander

People having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Multiracial

People having origins in two or more of the federally designated racial categories. (Note: Though OMB and Census 2010 use “two or more races,” we use the term “multiracial” because it is the term most widely used and accepted by advocacy groups and state laws.)

White

People having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Age

The definition of age as a basis for service is related to the funding source of programs, and for that reason, age of eligibility for services varies within and between state departments.

- In the **Department on Aging**, age 60 and older determines eligibility for services under the federal Older Americans Act and the state-funded portion of the Community Care Program, Aging's Home and Community-Based Medicaid Waiver program serving the elderly. Age 65 and older, and persons with disabilities age 16-64 with limited income determines eligibility for the Benefit Access Program. Age 55 determines eligibility for older worker services from the federal Department of Labor.
- In the **Department of Healthcare and Family Services**, age 65 is used as an eligibility factor for some Medical Assistance programs such as Seniors and Persons with Disabilities (SPD).
- The **Department of Human Services** has no age-based eligibility.
- The **Department of Public Health** has no age-based eligibility for services to older adults.

III

The Programs and Services within Each of the Four State Agencies that are Designed Specifically for Senior Citizens or Used by Some Senior Citizens

NOTE: Demographic data is not collected on all services due to the format of the federal report. Further, the eligibility age for services varies among funding sources, making a uniform report impossible.

ILLINOIS DEPARTMENT ON AGING

The Illinois Department on Aging serves and advocates for Illinoisans aged 60 and older and their caregivers by administering programs and promoting partnerships that encourage independence, dignity and quality of life. The services are delivered through the Aging Network composed of the Illinois Department on Aging (IDoA), Area Agencies on Aging (AAAs), Care Coordination Units (CCUs), the Senior Health Insurance Program (SHIP), Senior Health Assistance Program (SHAP) sites, Senior Centers, and many other local organizations. These community-based services and supports assist older adults to remain safe and independent in their own homes and communities for as long as possible. All services provided by IDoA and the Aging Network are available to minority older adults. IDoA engages in specific planning activities to identify needs and evaluate the adequacy of existing programs to serve those in greatest need.

IDoA provides meaningful access to services to older adults who are low-income minority with limited English proficiency in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000, (65 FR 50121) and (b) Department of Health and Human Services “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons” (68 FR 47311 August 8, 2003). In addition to ensure meaningful access to services, IDoA along with the Bureau of Refugee and Immigrant Services within the Department of Human Services and the Department of Public Health, support a number of the Coalition of Limited English-Speaking Elderly (CLESE) programs.

Older Americans Act Services

IDoA allocates Title III of the Older Americans Act (OAA) and State General Revenue Funds (GRF) appropriated for distribution through the 13 Area Agencies on Aging (AAAs) on a formula basis in accordance with OAA and its regulations. The goals achieved through the Intrastate Funding Formula (IFF) include targeting resources to areas of the State with higher concentration of older adults in greatest economic and social need. In addition, there is a special emphasis on persons who are low-income minority status and older adults living in rural areas. IDoA uses OAA funds to leverage state and local resources to expand and improve services.

In FY 2021, programs funded by the OAA served more than 564,425 seniors aged 60 and over, or approximately 20 percent of Illinois’ 2.8 million older adults. There are no mandatory fees associated with receiving OAA services, but older adults may make contributions to help defray the costs. OAA funded services include supportive services that fall into categories of access, in-home and community services, as well as nutrition services, employment assistance and caregiver support.

Supportive Services

Supportive services include transportation, chore maintenance, legal services, outreach, and information and assistance. Although the funding for supportive services is relatively small, these services have a very positive impact on the quality of life of the older adult receiving the benefit.

Nutrition Services

During FY 2021, over 90,000 older adults received Nutrition Services. The services include congregate and home delivered meals.

Traditionally, congregate meals are served weekdays in over 400 sites throughout Illinois that include senior centers, churches, senior housing facilities, restaurants and community buildings. The program provides a nutritionally balanced meal that must include 33 1/3 percent of the Recommended Dietary Allowances (RDA) established by the Food and Nutrition Board of the National Academy of Sciences/National Research Council.

Home delivered meals are an option for an older adult who may have difficulty leaving their home and cannot personally prepare a nutritious meal. Volunteers who deliver meals to homebound older adults have an important opportunity to check on the welfare of the homebound and are encouraged to report any health or other problems that they may observe during their visits.

With the pandemic, congregate sites provided grab and go meals and more people joined the home delivered meal program. Through nutrition services in FY2021, 235,116 congregate meals were served and 12,226,604 home delivered meals were delivered to older people throughout the state.

Caregiver Support

The Caregiver Support Program assists families caring for frail older members, as well as grandparents or older relatives who are caregivers for children 18 and younger. Services include information and assistance, respite, individual counseling, support groups and caregiver training. In addition, supplemental services are provided on a limited basis to complement care provided by caregivers.

Supplemental services may include assistive devices, legal assistance, school supplies and other gap filling services to address short-term caregiver emergency.

Persons Receiving Assisted Transportation Under the Older Americans Act During FY 2021

Race	Count
African Americans	116
Hispanic Origin	8
American Indian or Alaskan Native	0
Asian	2
Caucasian	200
Other	12

Persons Receiving Home Delivered Meals Under the Older Americans Act During FY 2021

Race	Count
African Americans	22,998
Hispanic Origin	5,303
American Indian or Alaskan Native	253
Asian	4,978
Caucasian	51,118
Other	2,048

Persons Receiving Congregate Meals Under the Older Americans Act During FY 2021

Race	Count
African Americans	687
Hispanic Origin	367
American Indian or Alaskan Native	25
Asian	333
Caucasian	9,245
Other	231

Employment

OAA supports community service employment and training. Funding goes to the Senior Community Service Employment Program (SCSEP) also known as the Title V Program. SCSEP is designed to assist low-income adults aged 55 and older in entering or re-entering the job market for the purposes of obtaining unsubsidized employment. The program is administered by IDoA through use of sub-grantees, who are responsible for program implementation.

Adult Protective Services

IDoA administers the Adult Protective Services Program (APS) that works to prevent abuse, neglect, self-neglect and financial exploitation of adults over the age of 60 as well as persons with disabilities between the ages of 18-59 living in the community.

In FY 2021, the Program received 20,567 reports of suspected abuse, neglect or financial exploitation for investigation and follow up. Trained case workers from 39 designated local agencies worked with victims to prevent further abuse and to arrange for needed services, such as in-home care, counseling, medical assistance, legal intervention, or law enforcement assistance.

Long-Term Care Ombudsman

The Long-Term Care Ombudsman Program (LTCOP) was established to protect the rights of those individuals who live in a variety of licensed long-term care facilities. Traditionally, the Program's activities have included investigating and resolving complaints made by or on behalf of long-term care residents and providing information about residents' rights and choices when selecting a long-term care facility. Ombudsmen also provide community education and in-service training and monitor the development of laws, regulations and policies related to long-term care settings. In FY 2021, the COVID-19 pandemic had a major impact on the work conducted by the LTCOP as strict mitigations were put in place in long-term care facilities across the state. In spite of the restrictions in the over 1,650 facilities which had more than 145,000 beds or units, the LTCOP conducted 5,089 facility visits, provided 30,462 consultations and investigated 7,019 complaints. In 2014, the Ombudsman Program expanded to include the Home Care Ombudsman Program (HCOP). The Home Care Ombudsman Program has the responsibility of providing advocacy services to select individuals in home and community-based settings.

During FY21, the HCO Program responded to 130 requests for information, opened 123 cases, and conducted 9 community education sessions.

Persons Receiving Senior Community Service Employment Benefits Under the Older Americans Act During FY 2021

Race	Count
African Americans	165
Hispanic Origin	4
American Indian or Alaskan Native	3
Asian	17
Caucasian	50
Native Hawaiian or Pacific Islander	1
*Two or more Races	2

Adult Protective Services Alleged Victim Reports During FY 2021

Race	Count
American Indian/Alaska Native	40
Asian	63
Asian (non-specific)	68
Asian Indian	39
Black or African American	3,979
Black, not of Hispanic Origin	3
Chinese	8
Filipino	22
Japanese	6
Korean	16
Native Hawaiian	4
Native Hawaiian or Pacific Islander	2
Native Hawaiian/Other Pacific Islander	1
Other	500
Other Asian	10
Other Pacific Islander	4
Unknown	1,299
Vietnamese	8
White	13,092
Ethnicity	Count
Cuban	9
Hispanic or Latino/a	476
Mexican	96
Mexican American	68
Not Hispanic/Latino/a, or Spanish	14,585
Other Hispanic, Latino/a, or Spanish	329
Puerto Rican	28
Unknown	3,281

Senior HelpLine

The statewide toll-free Senior HelpLine provides information and assistance in English and Spanish on programs and services and links older adults aged 60 and over as well as their caregivers to local services. Professionally trained staff assess needs and provide referrals on home and community-based service options such as in-home services, home-delivered meals, caregiver support, local free transportation services and Medicare counseling. The Senior HelpLine staff also answers the dedicated Adult Protective Services (APS) Hotline and completes reports of suspected abuse, neglect, financial exploitation and self-neglect of adults over the age of 60 and persons with disabilities between the ages of 18-59, living in the community. In FY 2021, 148,994 calls were handled by the Senior HelpLine, of which 2,987 were from Spanish speaking households.

Benefit Access

The Illinois Department on Aging (IDoA) is responsible for determining eligibility for the Benefit Access Program (BAP). The BAP provides eligibility for two-years and offers applicants two benefits: Secretary of State License Plate Discount and Seniors or Persons with Disabilities Ride Free Transit Cards on all fixed-route public transportation systems in the state. In FY 2021, there were 115,332 Benefit Access Applications received which resulted in 78,171 license plate discounts, 37,498 Seniors Ride Free and 17,518 Persons with Disabilities Ride Free Enrollments.

Senior Health Insurance Program (SHIP)

SHIP activities align with the IDoA's mission to help older individuals maintain quality of life, their health, and independence while remaining in their homes and communities. SHIP provides accurate objective counseling in many languages, with assistance and advocacy on Medicare, Medicare Advantage Plans, Medicare Part D, private health insurance, and related health coverage for people with Medicare. Counselors also search for various entitlement programs to help save money for beneficiaries through Medicare and Medicaid assistance programs. Counseling is available through over 300 host organizations throughout the state offering one-on-one confidential sessions and/or virtual sessions by phone or computer, with certified

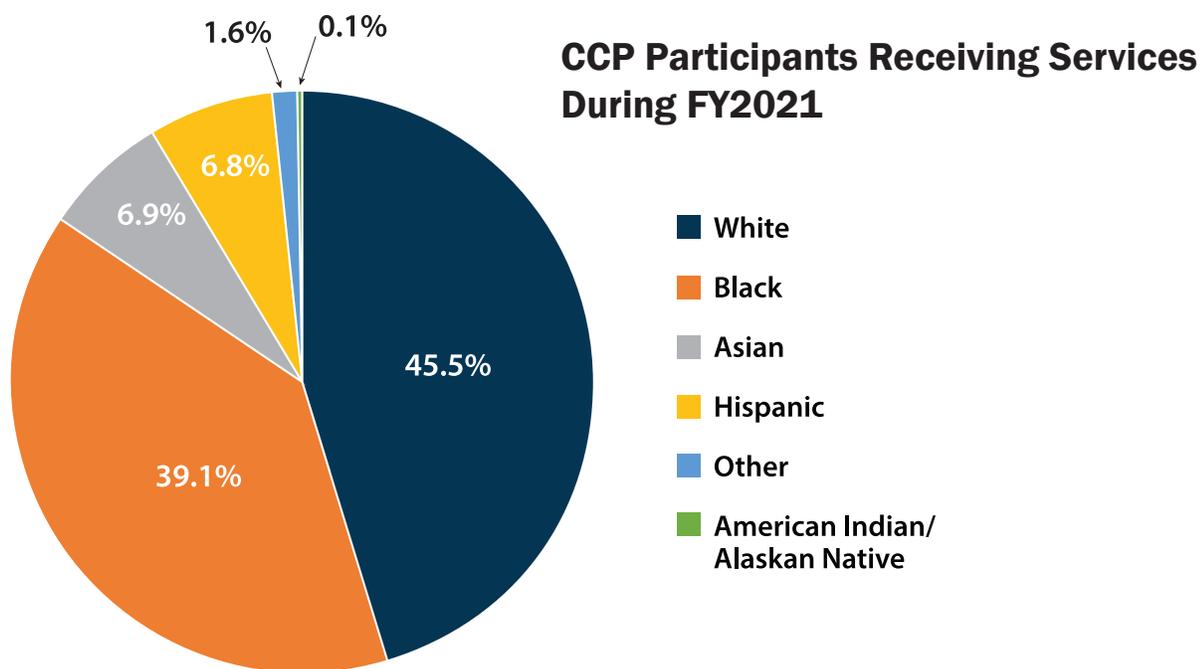
counselors trained by IDoA. There are various SHIP host organizations with counselors who speak languages such as: Russian, Ukrainian, Lithuanian, Assyrian, Arabic, Persian, Farsi, Hindi, Urdu, Gujarati, Bosnian, French, Persian, Ebo, Polish, Spanish, Chinese, Mandarin and Korean. In addition, SHIP counselors provide outreach to educate individuals about their Medicare benefits through public forums, community presentations, and various publications in many languages. In FY 2021, SHIP counselors assisted over 95,000 Medicare beneficiaries in one-on-one counseling sessions using Zoom, Skype, WebEx, and in-person, whenever public health regulations allowed for it, (due to the COVID-19 pandemic) and performed virtual/in person outreach to over 35,000 beneficiaries.

SHIP Client Contacts During FY 2021

Race	Count
American Indian and Alaska Native	91
Asian	6,224
Black or African American	5,202
Hispanic or Latino	2,709
Native Hawaiian and Other Pacific Islander	422
White	72,332
Other	5,666

Community Care Program

The Department on Aging administers the Community Care Program (CCP), a community-based program whose aim is to support seniors' ability to remain in their own home and prevent the unnecessary institutionalization of people in Illinois who are 60 years of age and older. The program is designed to meet the needs of older adults who need services and supports with household and personal care tasks. Services include in-home, adult day services, emergency home response services, and automated medication dispensers. During FY 2021, CCP served an average of 63,000 older adults each month, thereby successfully diverting or delaying many of those individuals from entering a nursing facility. There are additional older adults receiving services through a Managed Care Organization. CCP is a viable and cost-effective alternative to nursing facility care and the number of individuals it serves has increased significantly in past years. CCP is supported by State General Revenue funds as appropriated by the General Assembly. A portion of the cost for Medicaid eligible participants is reimbursed to Illinois through a federal Title XIX, Medicaid, Home and Community-Based Services Persons who are Elderly Waiver. CCP complies with the Centers for Medicare and Medicaid Services (CMS) requirements for operation of a 1915(c) Waiver. Participants are evaluated through an initial comprehensive care assessment to determine their need for services and supports and a person-centered plan of care is developed in collaboration with the individual. Six-month visits and annual reassessments ensure ongoing needs are identified and met.



Assurance of Service by the Department on Aging to Minorities

Service plans developed in each of the 13 Area Agencies on Aging are submitted to the Department on Aging for approval, and the Department allocates funds based on published policies that the Department uses in funding and overseeing services to ensure services to minorities, (600: Services Allowable Under the Older Americans Act: 602.3). These policies include outreach activities to ensure participation of eligible older adults with special emphasis on those with the greatest economic and social need, as well as older adults with limited-English speaking proficiency. In addition, particular attention is paid to low-income minority individuals and others residing in rural areas.

Division of Family & Community Services

For many individuals, the first point of contact with the Illinois Department of Human Services (IDHS) is through the doors of one of the 76 Family Community Resource Centers across the state. These doors open to the IDHS system of social services for low-income and vulnerable families and individuals, administered and delivered through the Division of Family & Community Services. Cash and food assistance, access to medical coverage, and help with employment and training are some of the services provided.

Individuals and families are also referred to a vast network of community services through which additional programs are made available, many of which are also funded through IDHS. The Division also provides services to at-risk and people experiencing homelessness and to immigrants and refugees. The programs, which are administered and delivered through the Division of Family & Community Services, have the goal of helping families achieve and sustain self-sufficiency.

Supplemental Nutritional Assistance Program

The Supplemental Nutritional Assistance Program (SNAP), formerly known as Food Stamps, is administered by IDHS for the U.S. Department of Agriculture (USDA) Food and Nutrition Services. SNAP benefits help low-income people buy the food they need for good health. A household's income, allowable deductions, and expenses are used to determine eligibility.

Temporary Assistance for Needy Families (TANF)

Temporary Assistance for Needy Families may be available to families with one or more dependent children and pregnant individuals. Assistance may help pay for food, shelter, and other expenses. Seniors who have a child under age 19 living with them may qualify.

Family Health Plans

Family Health Plans provide health coverage for children and parents or caretaker relatives of children. The public may apply for assistance at one of the 76 IDHS Family Community Resource Centers.

Affordable Care Act—Adults

As part of the healthcare expansion in Illinois, childless adults ages 19-64 are now eligible for health coverage through the state's Medicaid program or through the new Illinois Health Insurance Marketplace.

What is ABE?

The Application for Benefits Eligibility (ABE) is a website (<https://abe.illinois.gov/abe/access>) for customers that was launched in October 2013. Customers can use ABE to apply for SNAP, cash and Medicaid/CHIP (Children's Health Insurance Program). They can also send all required paperwork electronically using ABE.

What about Medicaid?

Medicaid is a form of health insurance and fulfills the ACA's health insurance coverage requirement. Individuals already on Medicaid are required to complete a redetermination application and inform IDHS of any changes including income and contact information. IDHS partners with several community partners to inform Illinois residents of eligibility for Medicaid and assist Seniors and other residents in the application process. Additionally, the 76 Family and Community Resource Centers assist residents in the application and verification process.

Aid to the Aged, Blind, or Disabled

This program provides medical assistance and cash grants to persons who are Aged, Blind, or Disabled and financially eligible for Supplemental Security Income (SSI). Households may receive assistance from Supplemental Nutritional Assistance Program (SNAP) and AABD cash as well.

Refugee Senior Services Initiative

Refugees are eligible for federal funded program, which supports the cultural adjustment and social integration of older refugees through community-based organizations. The project provides services to reduce social isolation; assist seniors in accessing public benefits, including health-related resources; and helps seniors gain a basic understanding of financial management. In FY 2021, 132 older refugees were served.

For immigrants who are seniors, a statewide network of 70 community agencies was funded under the Immigrant Integration programs to provide a wide range of services designed to help low-income limited-English-proficient seniors to apply for public benefits (such as SNAP and Medicaid), connect with appropriate community services (such as housing and food pantries) and help them apply for citizenship. Translation and interpretation services are provided to help immigrant seniors with English language barrier.

Senior Benefit Programs Provided By Family & Community Services

All programs are for age 65+, except for SNAP (Food Stamps) that includes age 60+.

	Cash	Medical	SNAP
	65+	65+	60+
AMERICAN INDIAN OR ALASKAN NATIVE	9	584	409
ASIAN	917	26,737	18,615
BLACK OR AFRICAN AMERICAN	2,508	67,811	52,923
MULTIRACIAL	16	1,441	810
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	38	2,147	797
UNKNOWN	821	31,265	16,916
WHITE	4,600	143,291	95,806
HISPANIC OR LATINO	990	48,314	30,888
Total	9,899	321,590	217,164

Challenges to Services

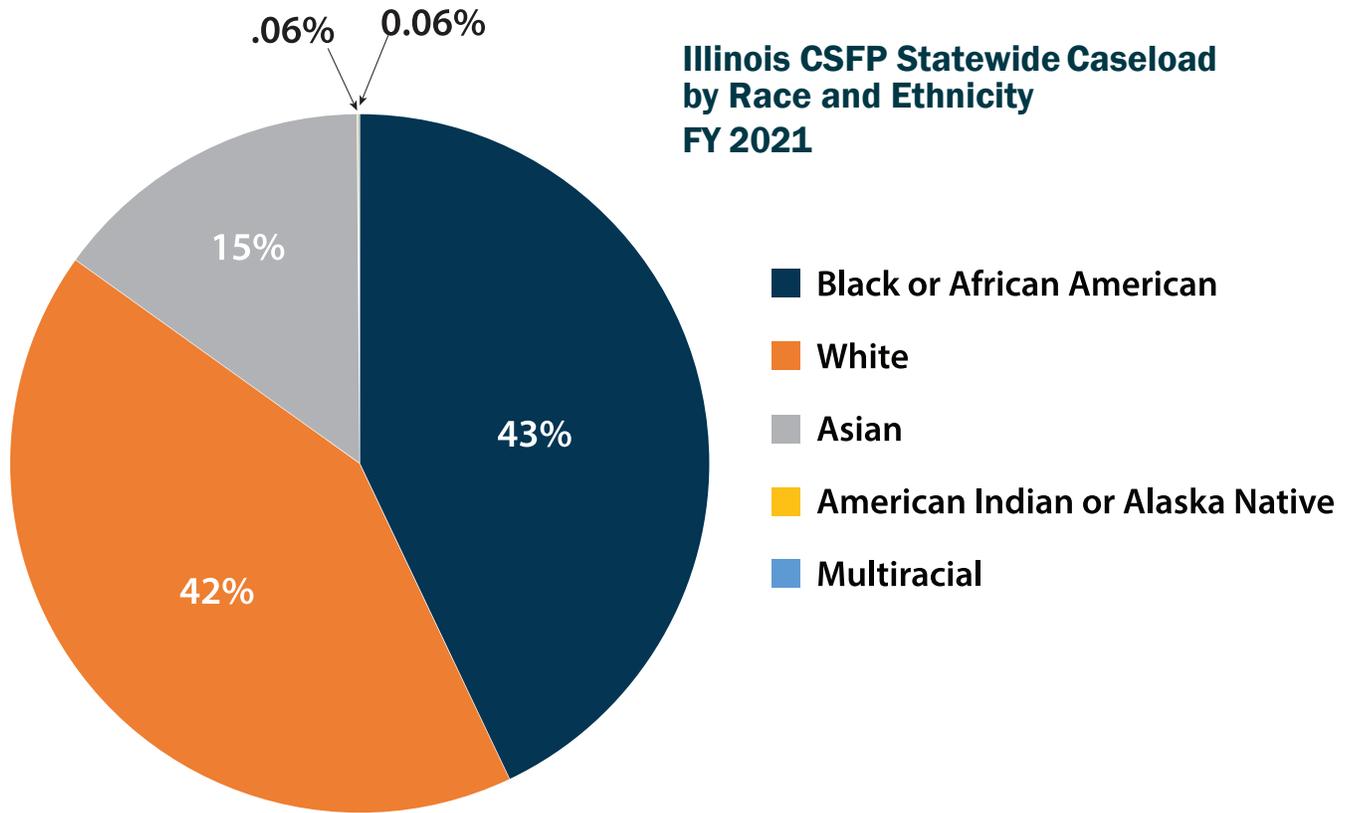
Many seniors can be resistant to seeking out services provided by our Family and Community Resource Centers. Processes and requirements to programs can be challenging to understand as each program's eligibility requirements are different. Some seniors feel uncomfortable sharing information about income and assets in order to determine eligibility for services. IDHS encourages seniors to contact our FCRCs or schedule a visit so IDHS staff can help them understand the benefits of our services.

Division of Family and Community Services - Bureau of Family Nutrition

The Bureau of Family Nutrition is part of the Division of Family and Community Services. The Bureau focuses on efforts to improve the health and well-being of Illinois residents through the provision of nutritious foods and nutrition education. Services are provided through a network of community partners including social service agencies and local farmers. Bureau staff also provides technical assistance, training, and quality assurance activities to ensure the delivery of high-quality services.

The Commodity Supplemental Food Program

The Commodity Supplemental Food Program (CSFP) is a food distribution and nutrition education program administered federally through the Food and Nutrition Services (FNS) of the United States Department of Agriculture (USDA). A primary goal of CSFP is to improve the health of low-income elderly people at least 60 years of age by supplementing their diets with nutritious foods.



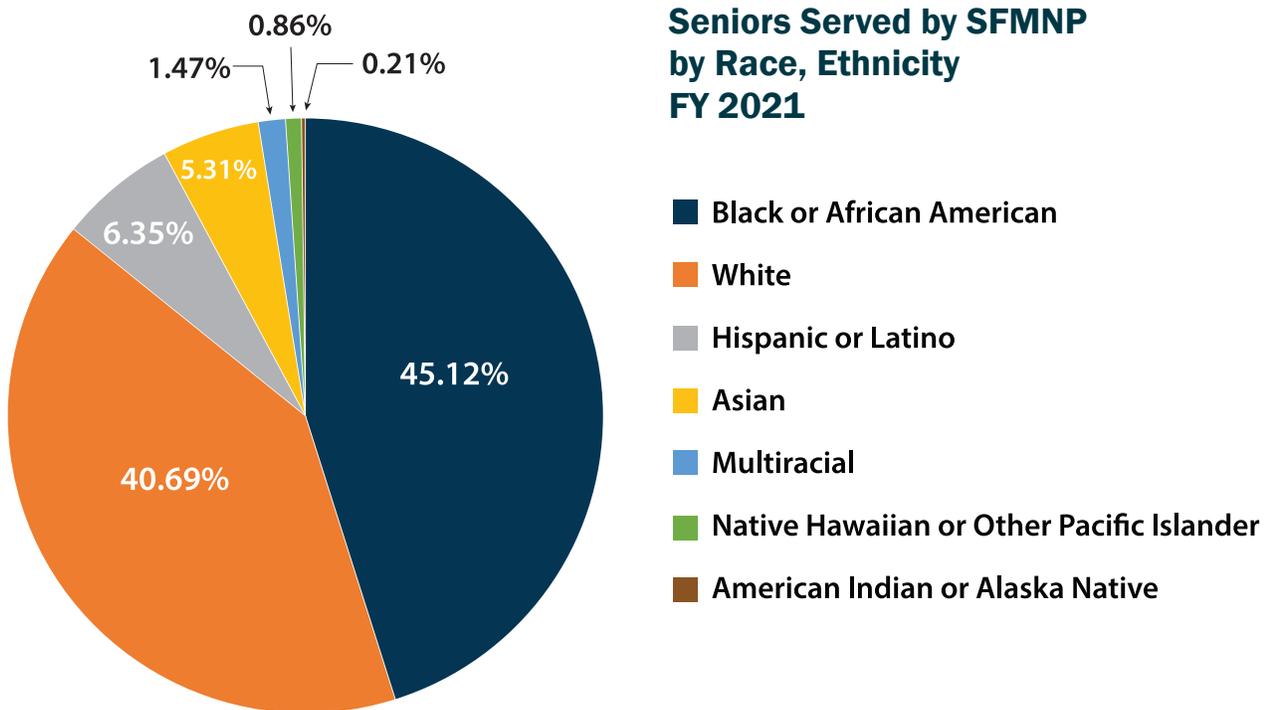
Commodity Supplemental Food Program Agency Participation by Race, Ethnicity (April 2021)

	Tri State Food Bank		St Louis Area Food Bank		Catholic Charities		Total	
Assigned Caseload	600		4,670		11,020		16,290	
	Total Number of Participants by Race	Number of Hispanic or Latino	Total Number of Participants by Race	Number of Hispanic or Latino	Total Number of Participants by Race	Number of Hispanic or Latino	Total Number of Participants by Race	Number of Hispanic or Latino
American Indian or Alaska Native	1	0	5	0	1	0	7	0
Asian	0	0	0	0	1,819	0	1,828	0
Black or African American	152	0	1,177	0	4,076	367	5,405	367
Native Hawaiian or other Pacific Islander	4	0	2	0	0	0	6	0
White	463	0	2,100	28	2,737	1,071	5,300	1,099
Those who marked more than one race	8	0	10	15	0	1,671	18	1,686

The Senior Farmers Market Program

The Senior Farmers Market Nutrition Program operates through a grant received from USDA. The goals of the program include providing resources to improve the health and well-being of Illinois seniors through increased consumption of fresh fruits and vegetables and aiding in the development of additional market opportunities for farmers.

During the 2021 summer season, approximately 297 farmers in 36 counties throughout the state, including Chicago/Cook County, participated in the Senior Farmers Market Nutrition Program (SFMNP). The participating farmers received education prior to displaying their Farmers Market Nutrition Program signage and redeeming the SFMNP checks/coupons. In the summer 2021 season, Farmers Market checks/coupons were distributed in booklets of \$25.00 to seniors, age 60 and above and who have a household income of not more than 185 percent of the federal poverty income guidelines to purchase fresh fruits, vegetables, herbs and honey from participating farmers at local Farmers' Markets. Also in 2021, over 24,000 SFMNP booklets were distributed to seniors and of that, approximately 17,317 booklets (86,586 checks) were successfully redeemed by participating farmers.



Division of Substance Use Prevention and Recovery (SUPR)

The Division of Substance Use Prevention and Recovery provides a system of care along the continuum of prevention, intervention, treatment and recovery support where individuals with substance use disorders, those in recovery and those at risk are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated.

Services include Medication Assisted Recovery, Withdrawal Rehabilitation, Recovery Home, Halfway House, Early Intervention, Recovery Support and Case Management.

During SFY 2021, 1,460 unduplicated seniors were admitted to SUPR-funded services. These individuals were on average 67 years of age. This represents a 17% increase in services among this population.

SUPR Program Admission Age 65 and Above by Race - FY 2021

<u>Race/Ethnicity</u>	<u>Individuals</u>
Hispanic or Latino	120
American Indian or Alaskan Native	7
Asian	2
Black or African American	922
White	372
Other Single Race	37
Total	1,460

Challenges to Services

There are a number of challenges to providing services to this ever-increasing older population. As the population increases, a greater percentage of older individuals will be without family support and have lower income levels. In addition, many seniors are resistant to discussions they view as challenging their competence and independence.

The percentage of seniors with substance use disorders is expected to increase with the aging of the “baby boomer” generation. This is exacerbated by their unique susceptibility to opioid addiction due to the prescribing of pain medication for chronic and terminal illnesses. Assessment, intervention and treatment will require increased knowledge, skill and sensitivity to the needs and characteristics of persons in this segment of our client population.

Division of Developmental Disabilities

The Division of Developmental Disabilities provides person-centered services and supports for individuals with developmental disabilities and their families. Possible services include:

- In-home supports to encourage independence
- Respite care to provide temporary relief to caregivers
- Training programs to teach life and work skills
- Residential living arrangements with security and support
- Adaptive equipment and assistive technology
- Other supports to improve quality of life

State-Operated Developmental Centers

There are seven state-operated developmental centers in Illinois. They are certified by the state as Intermediate Care Facilities for persons with developmental disabilities.

Developmental Disabilities FY2021 Services for persons age 60 and older				
Race/Minority Group	Community-Based Programs for the Developmentally Disabled	State-Operated Developmental Centers for persons with developmental disabilities	Total	%
White	4,055	382	4,437	73%
Black or African American	924	91	1,015	17%
American Indian or Alaskan Native	17	1	18	0%
Asian	308	0	308	5%
Native Hawaiian or Other Pacific Islander	10	0	10	0%
Unknown	274	0	274	5%
Total	5,588	474	6,062	100%
Hispanic or Latino Origin				
Not Hispanic or Latino	4,550	459	5,009	83%
Hispanic	1,038	15	1,053	17%
Total	5,588	474	6,062	100%

When an adult with a developmental disability reaches the age of 60, he or she can choose to retire from community day services programs. Other daytime service options for seniors with developmental disabilities who choose to “retire” include staying at home, attending a seniors focused program, or a combination of both.

Challenges to Services

Adults with developmental disabilities are living longer and therefore comprise a higher percentage of the total population served as compared to the past. Seniors with developmental disabilities, just like other seniors, may require more visits to the doctor, may be hospitalized more frequently and may remain in the hospital for longer stays. Trained medical staff with experience with seniors with developmental disabilities continues to be a challenge. Seniors with developmental disabilities with health care and support challenges place increased demands on caregivers, whether family members or paid staff.

Division of Mental Health

As the State mental health authority, the IDHS Division of Mental Health (DMH) is responsible for planning, providing, and purchasing an array of mental health services for adults with serious mental illnesses and children and adolescents with serious emotional disturbances. DMH operates a system of seven State-operated Psychiatric Hospitals (SOPHs) including one treatment detention facility providing mental health treatment to over 4000 adults annually. In addition, DMH funds more than 200 community partners to provide a range of mental health treatment, recovery and wellness services to persons with mental illnesses across the state.

DMH also reaches a wide range of Illinoisans with crisis support via the Suicide and Crisis Lifeline (988 as of July 2022) and phone-based emotional support services via the Illinois Warm Line. While we serve adults over 60 years of age with both lines, due to confidentiality, we are unable to track demographic data.

Specialized Gero-Psychiatric Services

Since the beginning of the COVID pandemic in 2020, the Wellness Recovery Action Plan (WRAP®) for Seniors Project, based at the Center on Mental Health Services Research and Policy at UIC, has taught WRAP virtually via Zoom and mobile phone to adults 60 and older. UIC received a 1-year no-cost extension for his grant through the end of June 2022. DMH is awaiting a final report with 2021- 22 data.

Individuals Age 65 and Older Receiving DMH Purchased Mental Health Services in FY 2021

During FY 2021, approximately 8.6 percent of the total number of individuals receiving DMH purchased community based mental health services were 65 years of age or older. Descriptive information for this population is displayed in the tables. Data is partitioned by age, race/ethnicity, Hispanic origin and gender.

Individuals Age 65 and Older Receiving Community Mental Health Services - FY 2021		Number of Individuals	Percentage
Race/Ethnicity	American Indian or Alaskan Native	4	0.2
	Asian	74	3.0
	Black or African American	463	18.8
	Multiracial	4	0.2
	Native Hawaiian or Other Pacific Islander	6	0.2
	Race/Ethnicity Not Available	335	13.6
	White	572	64.0
	TOTAL	2,458	100
Hispanic Origin	Hispanic or Latino	193	7.9
	Hispanic or Latino Origin Unknown	392	15.9
	Not Hispanic or Latino	1,873	76.2
	TOTAL	2,458	100
Gender	Female	1,424	57.9
	Male	1,034	42.1
	TOTAL	2,458	100
Age	65 to 74	2078	84.5
	75+	380	15.5
	TOTAL	2,458	100

Challenges to Services

Mental health and well-being are as important in older age as at any other time of life. Our concerns grow with the knowledge that aging adults may experience life stressors common to all people, but also stressors that are more common in later life. Significant ongoing loss in capacities, a decline in functional ability, reduced mobility, and chronic pain can result in their loss of independence and significant psychological distress. Bereavement of loved ones often results in loneliness and isolation and a drop in socioeconomic status brings on another host of issues.

Although many older adults enjoy good mental health, over 20% of adults aged 60 and over suffer from a mental or neurological disorder. (World Health Organization, 2017). The most common disorders among older adults are anxiety and depression along with a high rate of suicide for older adult males. Among males, the suicide rate is highest for those aged 75 and older (39.9 per 100,000) (National Institute of Mental Health).

The assessment, diagnosis, and treatment of mental disorders among older adults provide unique challenges due to stigma, ageism, transportation, mobility, lack of workforce education and experience in older adult's issues and payment of services. While community mental health centers can bill Medicaid for services, most community mental health centers are not certified to bill Medicare, limiting access for some older adults.

Expanding access to diagnosis and treatment as well as crisis response, emotional support services, suicide prevention programs and other mental wellness services is important to the overall well-being of older adults in Illinois and across the country. DMH strives to reach older adults of all backgrounds by promoting diversity and inclusion in all our programs and services.

Division of Rehabilitation Services

This office is the state's lead agency for providing direct support services to individuals with disabilities. The mission of the Division of Rehabilitation Services (DRS) is to work in partnership with people with disabilities and their families to assist them in making informed choices to achieve full community participation through suitable employment, education, and independent living opportunities. DRS disability-related programs impact annually more than 230,000 people with disabilities in Illinois. The major programs include the Home Services Program which provides in-home services to disabled individuals who are younger than 60 at the time of application for services, and the Vocational Rehabilitation Program which assists individuals with disabilities in obtaining or retaining employment.

Older Blind Services

In addition, DRS Bureau of Blind Services operates the Older Blind program, which is designed to assist older individuals with vision impairments to live independently in the community through provision of services related to vision loss. This is the only DRS program that specifically targets older individuals, aged 55 years and older.

**DHS Division of Rehabilitation Services
FY 2021 Elderly Minority Services Report
Persons Aged 55 and Older by DRS Program Area**

Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
VR Blind	American Indian or Alaskan Native	1	0.25
VR Blind	Asian	13	3.21
VR Blind	Black or African American	175	43.21
VR Blind	Hispanic or Latino	14	3.46
VR Blind	Multiracial	6	1.48
VR Blind	White	195	48.15
VR Blind	Program Total	405	100
Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
Home Services	American Indian or Alaskan Native	57	0.27
Home Services	Asian	370	1.77
Home Services	Black or African American	11,031	52.81
Home Services	Hispanic or Latino	1,372	6.57
Home Services	Multiracial	201	0.96
Home Services	Native Hawaiian or Other Pacific Islander	17	0.08
Home Services	White	7,842	37.54
Home Services	Program Total	20,890	100.00
Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
VR Field Services	American Indian or Alaskan Native	2	0.1
VR Field Services	Asian	21	1.05
VR Field Services	Black or African American	738	37.01
VR Field Services	Hispanic or Latino	105	5.27
VR Field Services	Multiracial	11	0.55
VR Field Services	Native Hawaiian or Other Pacific Islander	3	0.15
VR Field Services	White	1,114	55.87
VR Field Services	Program Total	1,944	100

Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
All DRS	American Indian or Alaskan Native	60	0.26
All DRS	Asian	404	1.73
All DRS	Black or African American	11,944	51.29
All DRS	Hispanic or Latino	1,491	6.4
All DRS	Multiracial	218	0.94
All DRS	Native Hawaiian or Other Pacific Islander	21	0.09
All DRS	White	9,151	39.29
All DRS	Division Total	23,289	100

Accessibility for Non-English Speaking Minority Seniors

DHS has made strides to improve outreach and make the application process as easy as possible for seniors by enabling them to designate a representative. Measures have also been taken to ensure service is accessible to non-English speaking minority seniors, especially Spanish speaking seniors. Vital documents, such as forms, brochures and posters are printed in dual languages. The Department periodically reviews the bilingual staffing situation and ensures that translator services are available.

The Office of Hispanic and Latino Affairs (OHLA) works with local community agencies to assist limited English proficient (LEP) clients with interpreter services. When a request is received for interpreter services, OHLA staff conducts all Spanish services. All other non-Spanish interpreting services will be conducted by our DHS grantee (local community agencies). If these options are not available, DHS will then contact the Fiscal Year Master Contract Vendor for interpreting services. Through these multiple efforts it is the intention of DHS to bridge the language gap for non-English speaking clients.

We have seen a gradual increase in various diverse languages throughout the years, During FY21, the number of calls that were received through our 138 accounts throughout the State increased from 14,904 to 14,328 calls. The following chart indicates the top 10 languages that were requested.

Other languages requested are Czech, Hakka-Chinese, Farsi/Iranian-Persian and Akan.

Languages	Number of calls
Spanish	6,141
Arabic	1,274
Russian	1,103
Polish	980
Swahili	526
Korean	501
French	466
Vietnamese	342
Gujarati	241
Cantonese	239



ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

HFS Medical Benefits for Seniors

The mission of HFS includes a commitment to address social and structural determinants of health and to make equity the foundation of everything we do.

HFS operates several programs that provide medical benefits for seniors. The largest program, known as the Medical Assistance Program, pays for medically necessary services for seniors who meet qualifying criteria. HFS administers its programs for seniors under the Illinois Public Aid Code, Title XIX of the federal Social Security Act, and the 1915(c) Home and Community-Based Services (HCBS) Waivers. These programs are funded jointly by the State and Federal governments. Some initiatives, such as the nine Home and Community Based services programs in operation in Illinois, are administered by the Department or the Department's sister state agencies and co-reporters.

HFS offers a wide range of medical coverage, including all mandatory and many optional Title XIX services. The primary categories of services that the minority elderly receive are listed in the table entitled Primary Categories of Services. Licensed practitioners, licensed facilities, and other non-institutional providers enrolled in the Medical Assistance Program provide these services. The eligibility groups serving a large number of the elderly include:

State Immigrant Senior Program

This program helps individuals who are eligible Illinois residents aged 65 and over whose immigration status does not meet the requirements for coverage under another eligibility group. The program incorporates the same income and resource standards as AABD medical.

Seniors and Persons with Disabilities (SPD)

This group is composed of persons 65 years of age or older, persons who are blind, and persons who are disabled. The income eligibility level for SPD persons is 100 percent of the Federal Poverty Level (FPL). The resource limit (excluding home, car, and burial plot) is \$2,000 for individuals or \$3,000 for a couple.

Medicare Supplementation Programs

Qualified Medicare Beneficiary (QMB) Program

This program helps individuals pay for their monthly Medicare Part A premiums, Medicare Part B premiums, and Medicare deductibles and coinsurance amounts. Persons may be eligible if they receive Medicare Part A coverage, their income is at or below 100 percent of FPL, and their resources (excluding home, car and burial plot) do not exceed the resource standard of \$8,400 for one person or \$12,600 for a couple.

Specified Low Income Medicare Beneficiary (SLIB) Program

This program helps individuals pay for their monthly Medicare Part B premiums if they receive Medicare Part A coverage. Persons may be eligible if their income is more than 100 percent but less than 120 percent of the FPL, and their resources do not exceed the resource standard of \$8,400 for one person or \$12,600 for a couple.

Qualifying Individual (QI) Program

This program helps individuals pay for their monthly Medicare Part B premiums if they receive Medicare Part A coverage. Persons may be eligible if their income is greater than 120 percent FPL but less than 135 percent FPL, and their resources do not exceed \$8,400 for a single person and \$12,600 for a couple. (Reimbursement is 100% federal.)

HCBS Waiver Programs

All HCBS 1915(c) waiver programs provide services to individuals who would otherwise require or be at risk of requiring care in an institutional setting. Services provided under the waivers help clients remain in their homes or in community settings. HCBS waivers operated by the State include:

Adults with Intellectual Disabilities

This program helps individuals aged 18 or older with intellectual disabilities who are at risk of placement in an Intermediate Care Facility for persons with Intellectual Disabilities. The Department of Human Services, Division of Developmental Disabilities is the operating agency for this waiver. Services include adult day services, residential habilitation, home-based services, community day services, emergency home response, and supported employment.

Elderly

This program helps individuals who are at risk of nursing facility placement and are (a) aged 65 and older or (b) physically disabled and aged 60 through 64. The Department on Aging is the operating agency for this waiver. Services include in-home (homemaker) services, adult day services, automated medication dispensing services and emergency home response.

Persons with Brain Injury

This program helps individuals with brain injury, of any age, who are at risk of nursing facility placement due to functional limitations resulting from the brain injury. The Department of Human Services, Division of Rehabilitation Services is the operating agency for this waiver. Services include in-home (homemaker) services, home health aide, personal care, adult day care, habilitation, and supported employment.

Persons with Disabilities

This program helps individuals who are under age 60 at the time of application and are at risk of placement in a nursing facility. Individuals who are 60 years or older but began services before age 60 may choose to remain in this waiver. The Department of Human Services, Division of Rehabilitation Services is the operating agency for this waiver. Services include in-home (homemaker) services, home health aide, personal care, respite, adult day services, and environmental access.

Persons with HIV or AIDS

This program helps individuals who are diagnosed with Human Immune Deficiency Virus or Acquired Immune Deficiency Syndrome and are at risk of placement in a nursing facility. The Department of Human Services, Division of Rehabilitation Services is the operating agency for this waiver. Services include: in-home (homemaker) services, home health aide, personal care, nursing, home delivered meals, and physical, occupational, and speech therapies.

Supportive Living Program

This program helps individuals aged 22-64 with a physical disability, or persons aged 65 or over, to reside in their own apartment in an assisted living style setting. This program provides assistance with activities of daily living and requires the scheduled and unscheduled needs of the individual

be met 24 hours a day. The Department of Healthcare and Family Services is the operating agency for this waiver. Services include intermittent nursing, personal care, medication oversight with self-administration, laundry, and housekeeping. The program also maintains dementia care settings, which are being expanded statewide.

Utilization Data

In FY 2021, 80 percent of HFS customers were enrolled in a Managed Care Organization (MCO). This report reflects utilization for all HFS customers, including both Fee for Service (FFS) and Managed Care (MCO) claims utilization. All charts below represent Medical Assistance eligible individuals age 65 years and older.

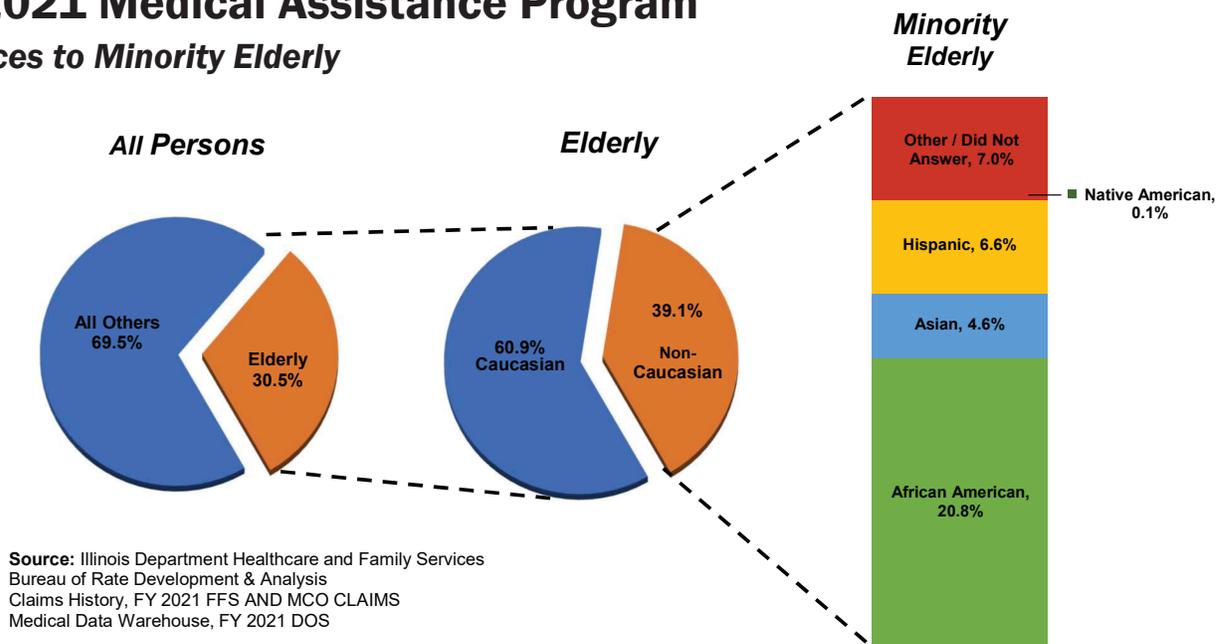
In FY 2021, approximately 100 million Fee for Service and MCO claims were received and processed under Medical Assistance Program (MAP) accounting for \$16.6 billion in expenditures through programs administered by HFS. As illustrated in the first two charts below, 31 percent of all services and 22 percent of all expenditures were for the elderly. When looking at only the elderly, the minority elderly accounted for 39 percent of services and 50 percent of liability. Those percentages are further broken down by ethnicity in the charts.

The bar charts that follow illustrate the differences in service type utilization across ethnicities and the corresponding expenditures.

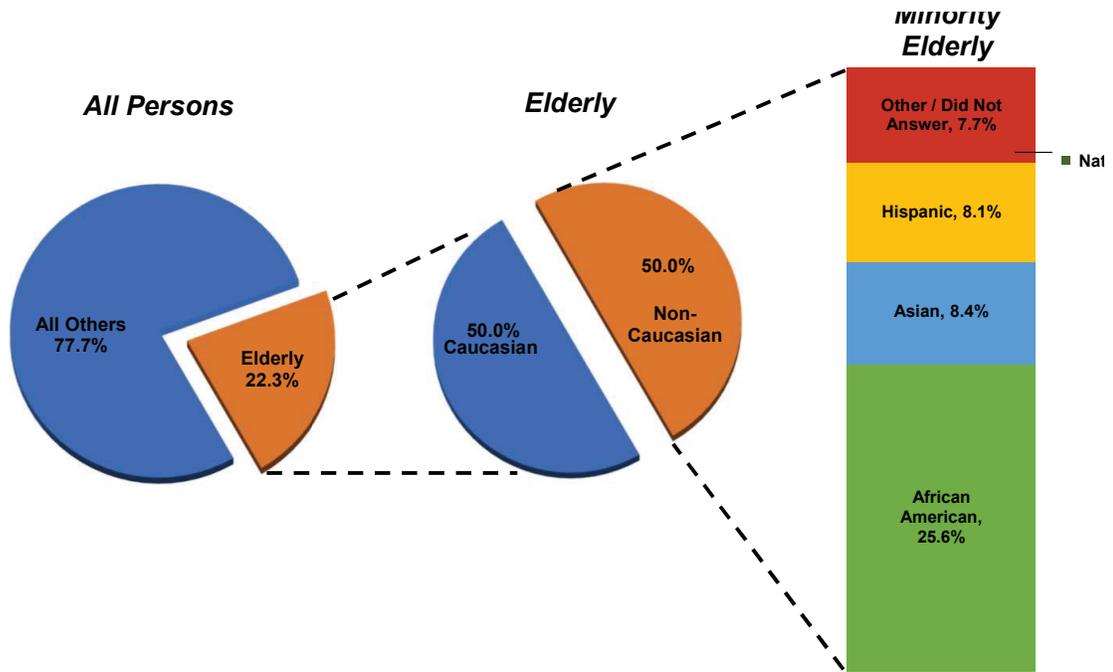
The service category of Long-Term Care includes services provided by nursing facilities, Intermediate Care Facilities for Developmental Disabilities, Specialized Mental Health Rehabilitation Facilities, and Supportive Living Facilities. The Non-Institutional service category includes services provided by physicians, physician assistants, dentists, optometrists, podiatrists, chiropractors, nurse practitioners, registered nurses, licensed practical nurses, therapists, audiologists, hospice, federally qualified health centers, encounter rate clinics, rural health clinics, home health agencies, certified local public health departments, pharmacies for medical equipment and supplies, laboratories, opticians, imaging centers, independent diagnostic testing facilities, clinical social workers, psychologists and other behavioral health professionals.

**Data represented above and in the charts below excludes claims for the following: IDOC, IDJJ, Other agency services.*

FY 2021 Medical Assistance Program Services to Minority Elderly

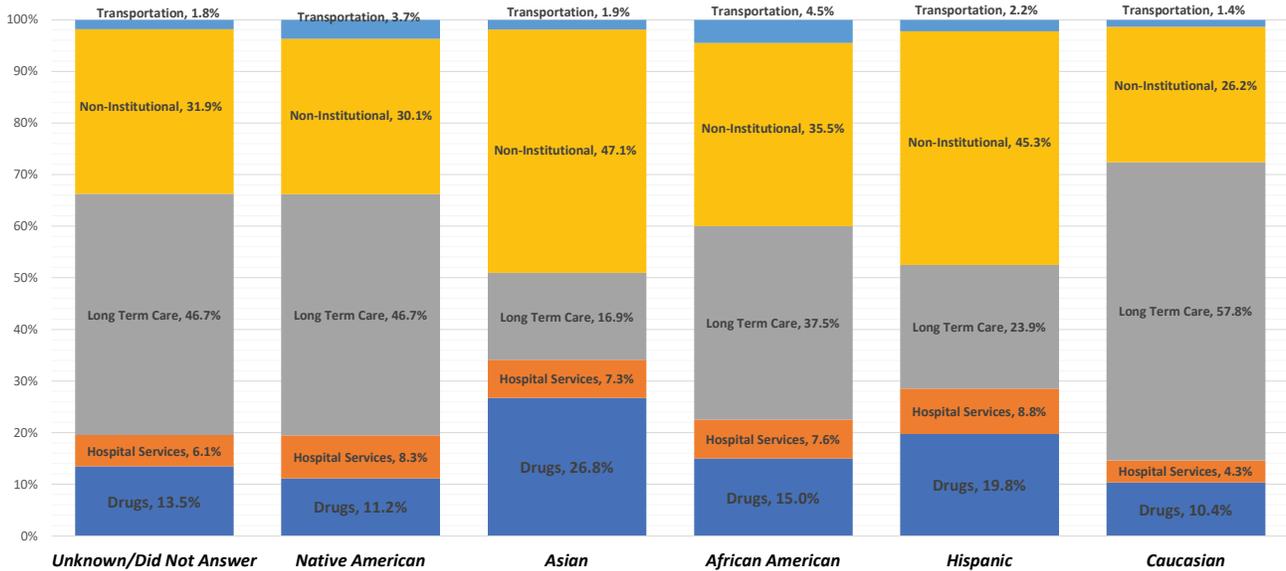


FY 2021 Medical Assistance Program Liability for Minority Elderly



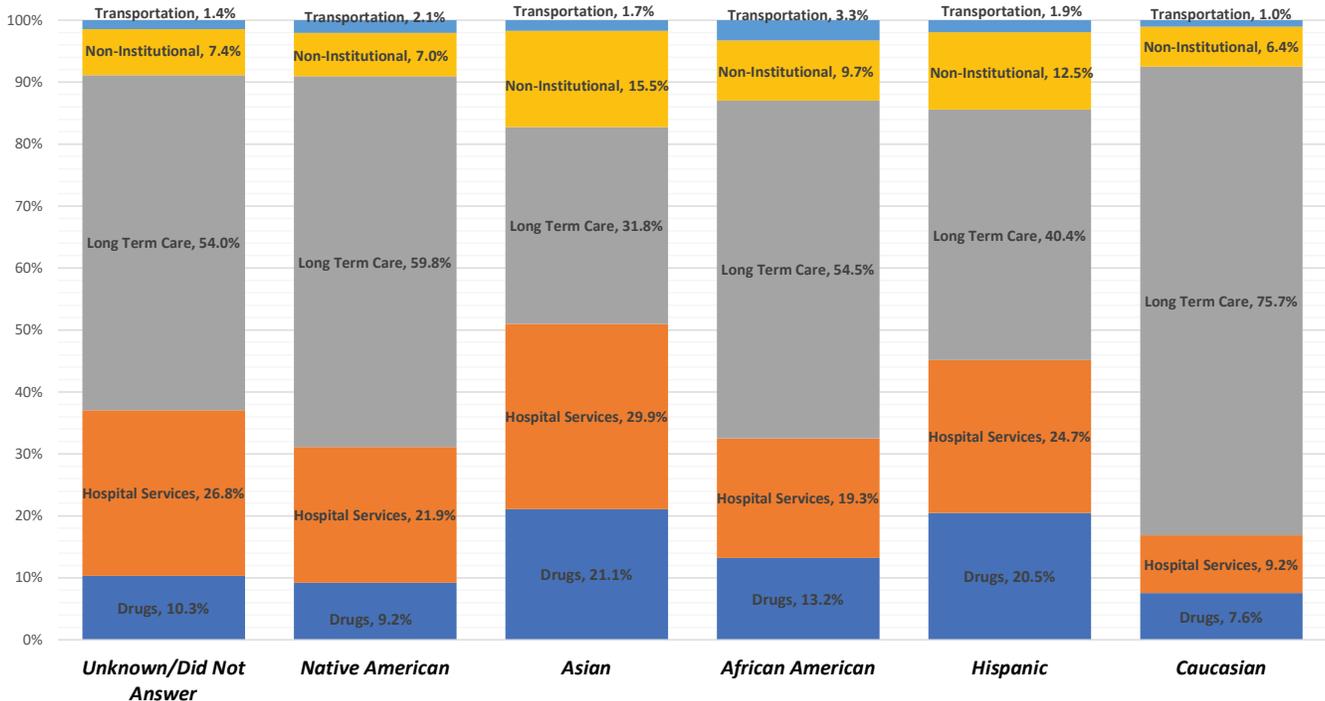
Source: Illinois Department Healthcare and Family Services
Bureau of Rate Development & Analysis
Claims History, FY 2021 FFS AND MCO CLAIMS
Medical Data Warehouse, FY 2021 DOS

FY 2021 Medical Assistance Program Services for Minority Elderly Per Ethnic Category



Source: Illinois Department of Healthcare and Family Services
Bureau of Rate Development and Analysis
Claims History, FY 2021 FFS AND MCO CLAIMS
Medical Data Warehouse, FY 2021 DOS

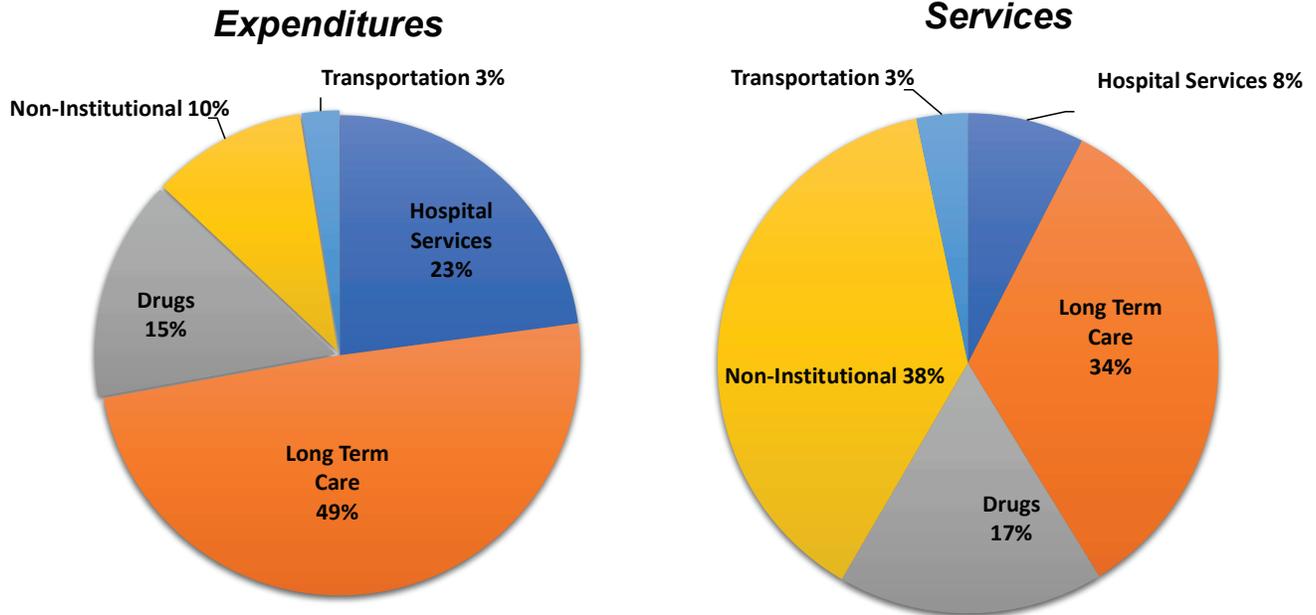
FY 2021 Medical Assistance Program Expenditures for Minority Elderly Per Ethnic Category



Source: Illinois Department of Healthcare and Family Services
Bureau of Rate Development and Analysis
Claims History, FY 2021 FFS AND MCO CLAIMS
Medical Data Warehouse, FY 2021 DOS

FY 2021 Medical Assistance Program

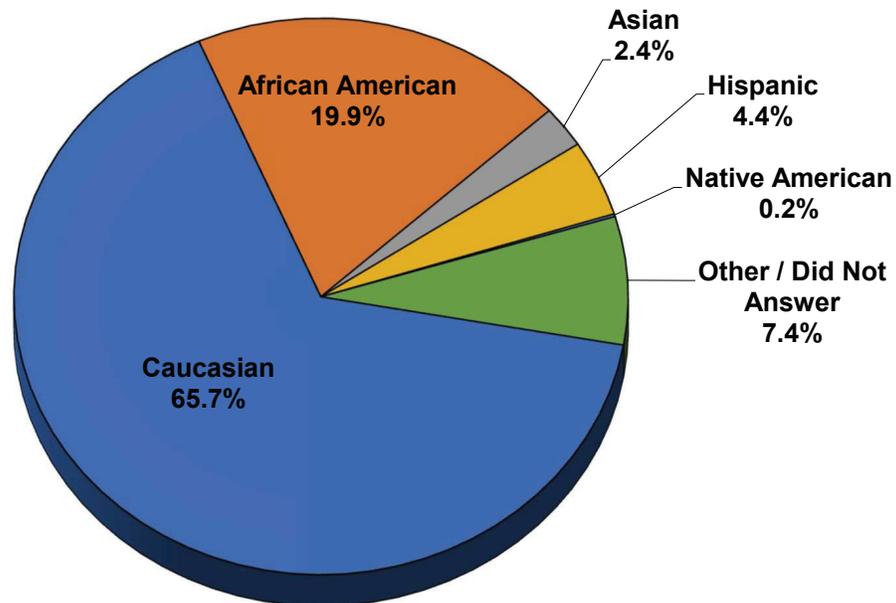
Expenditures vs. Services for Minority Elderly



Source: Illinois Department Healthcare and Family Services
 Bureau of Rate Development & Analysis
 Claims History, FY 2021 FFS AND MCO CLAIMS
 Medical Data Warehouse, FY 2021 DOS

FY 2021 Medical Assistance Program

Elderly Nursing Facility Residents by Racial/Ethnic Group



Source: Illinois Department Healthcare and Family Services
 Bureau of Rate Development & Analysis
 Claims History, FY2021 FFS AND MCO CLAIMS
 Medical Data Warehouse, FY2021 DOS

Federally Required Medical Assistance Services in FY 2021

The following services are required to be provided by HFS in the Medicaid, CHIP, and certain All Kids programs:

- Certified pediatric and family nurse practitioner services
- EPSDT: Early and Periodic Screening, Diagnostic and Treatment Services for individuals under age 21
- Family planning services and supplies
- Federally qualified health center services
- Freestanding birth center services
- Home health services
- Inpatient hospital services
- Laboratory and X-ray services
- Nurse midwife services
- Nursing facility services (age 21 and over)
- Outpatient hospital services
- Physician medical and surgical services
- Rural health clinic services
- Tobacco cessation counseling for pregnant women
- Transportation to covered medical service

Optional Services Provided in FY 2021

The following services are covered by HFS in the Medicaid, CHIP, and certain All Kids programs but are not required to be covered under federal law:

- Applied Behavior Analyst services
- Case management services
- Certified Registered Nurse Anesthetist
- Chiropractic services
- Clinic services
- Clinical Nurse Specialist
- Dental services, including dentures
- Diagnostic, screening, and preventive services
- Durable medical equipment and supplies
- Extended services for pregnant women
- Eyeglasses
- Hospice services
- Inpatient psychiatric services (IMD) for individuals under 21 years of age
- Intermediate care facility services for individuals aged 65 and older in institutions for mental diseases
- Intermediate care facility services for individuals with intellectual disabilities, including state-operated facilities
- Licensed Clinical Social Worker services
- Licensed Psychologist services
- Nursing facility services for individuals under 21 years of age
- Occupational therapy services
- Optometric services
- Physical therapy services
- Podiatric services
- Prescribed drugs
- Preventive services
- Prosthetic devices
- Registered Behavior Technician (RBT) services
- Rehabilitative services (Medicaid Rehab Option/School-Based Health)
- TB related services
- Speech, hearing and language disorder services

The Illinois Department of Public Health was created in 1877 to regulate medical practitioners and to promote sanitation. Today, IDPH is responsible for protecting the state's 12.8 million residents, as well as countless visitors, through the prevention and control of disease and injury. The Department's nearly 200 programs touch virtually every age, aspect and cycle of life. The Department is organized into ten offices and six regional health offices, each of which addresses a distinct area of public health. Each office operates and supports numerous ongoing programs and is prepared to respond to extraordinary situations as they arise.

Center for Minority Health Services

The Center for Minority Health Services (the Center) was created by statute to assess the health concerns of minority populations in Illinois and to assist in the creation and maintenance of culturally competent programs. To achieve this goal, the Center works with other programs within the Department of Public Health and with other state and local governmental entities as well as community and faith-based organizations to heighten awareness of minority health issues and services across the state.

The Center promotes the health and well-being of racial and ethnic minorities (Black or African American, Asian American, American Indian and Alaska Native, Hispanic or Latino, Native Hawaiian and other Pacific Islander) and linguistic minority populations throughout Illinois, by increasing the IDPH's capacity to respond effectively to the critical public health needs of those communities of color, and continue working to establish health disparity elimination goals. Racial and ethnic minority groups still experience poorer health status. While as a whole, the racial and ethnic minority population in Illinois continues to grow, the future of health of Illinois as a whole will be influenced substantially by our success in improving the health of those racial and ethnic minorities.

Through funding made available from general revenue and federal grants, the Center oversees several programs that seek to address the disparities in health outcomes for racial and ethnic minorities. These programs specifically focus on education, outreach, intervention, and providing access to care for disadvantaged communities. The programs also focus on delivering information and services in a culturally competent and linguistically appropriate at all times.

Federal Programs

COVID-19:

- **ELC Enhanced Detection Grant:** This funding is awarded to 15 Community-based organizations that serve minority populations to provide culturally appropriate COVID-19 prevention and response strategies. The main objectives are to educate minority communities on COVID-19 prevention, increase access to testing, and through community engagement improve quarantine and isolation compliance with minority communities by addressing resource issues.
 - **COVID Minority Population Grant** screened 16,774 individuals 50 and over for COVID. 9,825 COVID tests were conducted and 9,802 COVID Vaccinations were given to 50+ individuals
 - **COVID Migrant Worker Grant** screened 14 migrant workers 50+ for COVID and vaccinated 26 migrant workers 50 and over.

- **ELC Enhanced Detection Expansion Grant:** IDPH's Center for Minority Health Services will expand its contracts with community-based organizations serving minority and other vulnerable populations to recruit and train more community navigators to provide culturally appropriate prevention and response strategies in partnership with local health departments. One of the main objects will be to educate minority and vulnerable communities on the importance of COVID prevention and testing practices, and through community engagement, improve quarantine and isolation compliance by addressing resource issues.
- **COVID Equity Grant:**
 - **Community Empowerment Zone (ARISE):** IDPH contracted Public Health Foundation Enterprises Inc. Dba Heluna Health to partner with Center for Minority Health Services (CMHS) to design and implement a framework for the Centers for Minority Health Services Community Empowerment Zone project. The goal is to design a strategic and structured process that will help select Illinois communities with low socio-economic ranking and low life expectancy to develop supports that improve the overall health and well-being of the community. This is a new grant, so data will be available for next year's report.
 - **COVID Peer Educator Grant:** The purpose of this grant is to partner with the Center for Minority Health Services (CMHS) and work with Illinois Department of Corrections Certified Peer Educators to provide COVID and health education to persons in the County Jail system and individuals recently released. The goal is to use previously incarcerated peers as trusted messengers to inform and provide resources to recently released individuals from the county correctional facilities or individuals in the county system and empower them to obtain optimal health and well-being. This is a new grant, and data will be available next year.
 - **Local Health Department Training Program:** The goal is for Champaign Urbana Public Health District (CUPHD) to collaborate and provide training to local health departments with a large percentage of refugee, immigrant, migrant (RIM) populations. CUPHD will work with the identified health departments to develop a strategic plan to improve the coordination of outreach, education, and information to RIM populations.
 - **Healthcare/Public Health Pipeline Program:** The purpose is to develop a sustainable pathway to increase minority group representation in the health and public health workforce. The goal is to remove barriers that impede individuals from minoritized groups in pursuing careers in health and public health and create systems that will provide support to maximize success. There is a need to increase minority representation in public health and healthcare settings (registered nurses, physician assistants, and doctors).
 - **ASL Translation:** The Centers for Minority Health Services is procuring Public Health videos in American Sign Language. The goal of this project is to improve health equity by creating public health materials that are accessible to people with vision, hearing, and speech disabilities. Each video will include important public health messaging and will range from 1 to 4 minutes in length.
 - **Wellness on Wheels:** This funding will seek to expand the number of existing mobile units that are used through the Center for Minority Health's Wellness on Wheels program. Funds will be used to support efforts to connect communities and individuals to services such as COVID testing, vaccination, medical care, and wrap-around services. Funding can be used for equipment purchases to expanding broadband and internet services that are used to provide telehealth opportunities, basic health screenings, and access to immunizations. This program will expand community-clinical linkages that reconnect with health care providers to complete treatments, on-going follow-up for previously diagnosed conditions and preventive screenings such as those for cancer. This funding will support extending patient navigation to include making connections with social service providers services that address health-related social needs.

- **Migrant Refugee Grant:** This funding opportunity is designed to ensure that Refugees, Immigrants, and Migrants (RIM) receive equitable access to tools and interventions intended to improve health outcomes through education, outreach, and community engagement. The opportunity has been created to support efforts to address COVID-19 vaccine hesitancy and access to vaccination in RIM populations and their communities. The intended outcomes are reduction in COVID-19 related health disparities via improved and increased equitable access to knowledge, COVID-19 testing, COVID-19 vaccination, and COVID-19 therapies.
- **ReHAPI Database Project:** This Project will improve ReHAPI database functionality to be better equipped to collect required data including data related to COVID screening, testing, vaccinations, therapies, and other COVID related health morbidities.
- **COVID Homeless Grant:** organizations that have experience working with people experiencing homelessness to provide supports to shelters. This includes, but is not limited to, organizations with mobile health units that can provide follow up services to people that test positive for COVID. This program will serve to distribute COVID-19 home test kits to residents, follow-up on test kits used and track/monitor results, assist residents with linkage to follow-up services, including access to therapeutics and preventive medications. This includes use of WOW units (equipped with Wifi hotspots) to link to telehealth services, assist with outreach and education around COVID-19 infection and mitigation strategies, distribute PPEs and other incentives to support linkage opportunities and risk reduction activities, develop and distribute culturally and linguistically appropriate materials and resources to people experiencing homelessness. This is a new grant, so data will be available for next year's report.

Minority AIDS Initiative – AIDS/Drug Assistance Program (ADAP): This program provides linkage into ADAP and other drug assistance programs for HIV positive minority individuals through innovative means by initiating, modifying, or expanding educational outreach, and linkage to ADAP services that address under and unmet needs in communities of color that are disproportionately impacted by the HIV/AIDS epidemic.

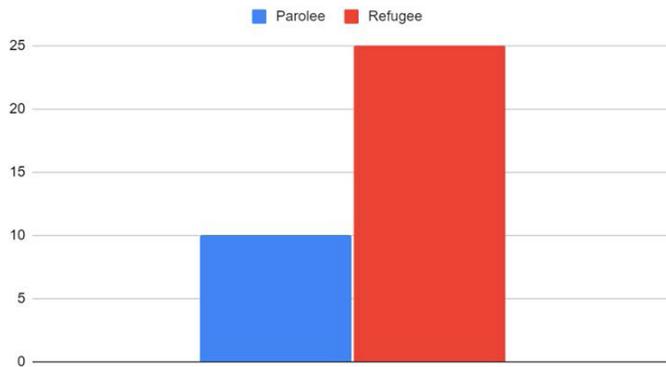
This includes sub-populations such as women, young adults, men of color who have sex with other men, 34 the homeless, uninsured and underinsured individuals, those recently released from correctional institutions, and persons with a dual diagnosis of chemical dependency. In FY 2022, the Minority AIDS Initiative ADAP program, through community partners, conducted targeted education and awareness activities across Illinois reaching over 5,270 high-risk individuals of those 466 were seniors.

Refugee Health Program (RHP): The goal of the Refugee Health Program (“RHP”) is to provide eligible clients with a culturally and linguistically appropriate comprehensive health assessment, including follow-up and referrals for health conditions identified in the assessment process. The RHP is housed under the Office of Minority Health and is contracted by the Illinois Department of Human Services to provide these services. Through RHP, newly arriving refugees to Illinois receive a comprehensive health examination that includes screening for communicable diseases, age-appropriate immunizations, nutritional assessments including home visits, referrals for follow-up care, and interpretation services.

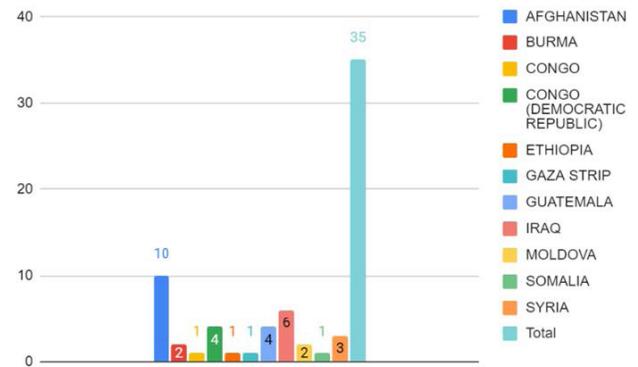
In addition, medical case management is offered to refugees arriving with complex medical conditions. There are five contracted medical providers: three local health departments and two private clinics that conduct the initial health assessment and provide follow-up care or referrals as needed. The Office of Refugee Resettlement and U.S Centers for Disease Control and Prevention (CDC) provide guidelines for domestic follow-up evaluation in newly arriving refugees. The Refugee Health Screening Program collaborates with the following Refugee Providers: Aunt Martha’s Health Center, Aurora; Touhy/Mt. Sinai Health Center, Chicago; Rock Island Health Department, Moline/Rock Island; Winnebago County Health Department, Rockford; Heartland Health Outreach, Chicago; Champaign-Urbana Public Health District; and Champaign Hamdard Health, Bensenville.

Of the 2575 refugees provided health assessments in Illinois in state SFY 2022, 35 (1.36%) were above the age of 60. There were 21 clients between the ages of 60-64 and 14 clients over the age of 65. Of the thirty-five seniors aided, 25 (71.43%) were refugees, and 10 (28.57%) were Afghan Humanitarian Parolees.

Arrival Status of Senior Refugees in Illinois, SFY 2022



Country of Origin among Senior Refugees in Illinois, SFY 2022



General Revenue Funded Programs:

Communities of Color Special At Risk Population: This initiative funds HIV prevention, education, testing, and care programs targeting communities of color-specific programs with the capacity to reach special at-risk minority populations including men who have sex with men, homeless, ex-offenders, sex workers, those with a history of mental illness or substance abuse, and other difficult to reach populations. These specific efforts are necessary due to the unique problems that many of these individuals may face that places them at greater risk for HIV disease.

Illinois Hepatitis B Outreach, Awareness and Education to Immigrants: This funding provided outreach, awareness, and education to foreign born Asian and African Immigrant and Refugee Communities regarding Hepatitis B and referral and linkage opportunities for screening, vaccination, and treatment services. These specific efforts are necessary due to the unique problems that many of these individuals may face that place them at greater risk for Hepatitis B infection. Higher rates of chronic Hepatitis B infection exist particularly among foreign born populations from Asia and Africa.

Wellness on Wheels (WOW) Initiative: This initiative allows culturally competent and linguistically appropriate services to be offered where, and when clients need them, and immediate adjustments can be made to the outreach plan based on input from clients, disease outbreaks, and special community events. There are currently four (4) Wellness on Wheels mobile units in operation. While the mobiles are housed in Chicago, Cairo, and Springfield, they provide services on a statewide basis.

In FY 2022, multiple screenings were conducted in the mobiles from immunization, prostate screening, dental, HIV, Hepatitis C, Gonorrhea, Syphilis, and Chlamydia. In FY 2022, the WOW units participated in 432 events making screening services accessible at a number of places including the Illinois State fair, in rural communities and in inner cities and community events, making services accessible to underserved residences.

Number of Individuals reached for all programs in FY21						
Program	Outreach	Prevention/ Education	Events	Testing Administered	Seniors	% of Population Served
ADAP	494	4,780	n/a	n/a	466	8%
Communities of Color At Risk	20,539	4,221	805	2,127	450	48%
Hepatitis B Outreach	15,836	4,392	228	1,781	883	50%
Wellness on Wheels - Mobile Admin	7,101	4,296	432	35,953	5,211	14%
COVID-19 Minority Population	3,901,841	47,148	n/a	11,158	9,825	88%
COVID-19 Migrant Workers	415	415	n/a	n/a	26	6%

Special Partnerships

Flu Clinics: In partnership with Walgreens, they provided more than 60 flu shots in underserved communities, reaching underinsured, uninsured, rural and migrant populations for FY 2022. The program provided 38 seniors to receive the flu shot.

Black Women’s Expo: Over 293 individuals received HIV, Hepatitis C, and other basic screenings at this event. The center coordinated a workshop on breast and cervical cancer for women of color. Over 10,000 individuals attended the three-day event. Informational materials were also disseminated at the event. The Expo provided 200 seniors free screenings.

Summit of Hope: This event was canceled due to COVID.

Illinois Association of Agencies and Community Organizations for Migrant Advocacy (IAACOMA) advocates for, and provides health services, fair treatment, and equal opportunities for migrant farm workers and other underserved and underrepresented Latino/Hispanic communities in Illinois. Once a year, IAACOMA hosts a conference for agencies that work with migrant communities in Illinois. The

Center serves on conference planning committee and is a regular sponsor of the conference. The 2022 conference was virtual due to the COVID-19 pandemic.

Funded Grantees in 2022

Aids Healthcare Foundation	Men & Women in Prison Ministries
Alliance Care 360	Midwest Asian Health Association
Asian Health Coalition	Mobile Care Foundation
Asian Human Services	Northwest Side Housing Center
Beyond Care	Pilsen Wellness
Cass County Health Dept	Proactive Community Services
Central Illinois FRIENDS of PWA	Puerto Rican Cultural Center
Chicago Commons Association	Sinai Health System
Community Health Partnership of IL	Southern Illinois Healthcare Foundation
Ecker Center	Southern Illinois Hospital Services
Erie Family Health Centers	Southern Seven Health Dept.
Fifth Street Renaissance	Springfield Urban League
Fola Community Action Center	TCA Health, Inc.
Heartland Alliance Health	The Project of Quad Cities
Heartland International Health Centers	Warehouse Workers Justice Center
Helping Hands of Springfield	WE in the World
Illinois Public Health Association	
La Casa Norte	

Office of Health Promotion

Suicide Prevention

The Suicide Prevention, Education, and Treatment Act (Public Act 095-0109) designates the Department as the lead agency for suicide prevention in Illinois and creates the Illinois Suicide Prevention Alliance. The alliance is a multidisciplinary board representing statewide organizations that focus on the prevention of suicide, mental health agencies, survivor of suicide, law enforcement, first responders, universities and other organizations that address the burden of suicide. Several members represent the older adult population in addition to specific minority populations (e.g. African American, Asian American, Latin American, and gay, lesbian, bisexual, and transgender). Education, awareness, training and organizational capacity were done to increase awareness of suicide prevention and decreasing stigma around suicide and mental and emotional problems, specifically through trainings and promotion of suicide prevention messages.

County-level suicide data were mapped by age group – [Rate by County](#)
IDPH Suicide Prevention webpage – [Suicide Prevention](#)

Injury Data

Illinois submitted injury related data to the U.S. Centers for Disease Control and Prevention to ensure the state was included in the national State Injury Indicator's Report. The report is a surveillance effort to gain a broader picture of the burden of injuries across the nation. Illinois submitted fatal and non-fatal data and a variety of injuries for each age group. The national report will include data on unintentional drowning, fatal falls, fatal fire, fatal firearm, homicide, fatal motor vehicle, poisoning, suicide and traumatic brain injury.

Death Data -FFY 2020						
	65-74 year old		75-84 year old		85+ years old	
FATALITY TYPE	Number	Rate*	Number	Rate*	Number	Rate*
Hospitalization for all injuries	815	67.3	732	119.9	883	330.9
Drowning-related	20	1.7	7	1.1	3	1.1
Unintentional fall-related	185	15.3	368	60.3	595	223.0
Unintentional fire-related	25	2.1	13	2.1	8	3.0
Firearm-related	76	6.3	59	9.7	24	9.0
Homicide	30	2.5	6	1.0	2	0.7
Motor vehicle traffic	126	10.4	79	12.9	37	13.9
Nondrug Poisoning	9	0.7	6	1.0	1	0.4
Suicide	127	10.5	83	13.6	38	14.2
Traumatic Brain Injury	216	17.8	288	47.2	325	121.8

Data Source: Illinois Department of Public Health, Vital Records, 2020.

Hospital Discharge Data (HHD) FFY 2020

	65-74 year old		75-84 year old		85+ years old	
REASON FOR HOSPITALIZATION	Number	Rate*	Number	Rate*	Number	Rate*
Hospitalization for all injuries	7,982	658.7	9,207	1507.8	9,319	3492.1
Drowning-related	3	0.2	0	0	0	0.0
Unintentional fall-related	5,173	426.9	7,085	1160.3	772	2901.2
Hip fracture in 65+	1,604	132.4	2,776	454.6	3,542	1327.3
Unintentional fire-related	34	2.8	17	2.8	5	1.9
Firearm-related	17	1.4	3	0.5	0	0.0
Assault-related	69	5.7	40	6.6	13	4.9
Motor vehicle traffic	478	39.4	320	52.4	13	49.8
Nondrug Poisoning	32	2.6	13	2.1	11	4.1
Self harm	135	11.1	56	9.2	26	9.7
Traumatic Brain Injury	1,386	114.4	1,681	275.3	1,419	531.7

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2020.

Emergency Department (ED) Visits Data FFY 2019

	65-74 year old		75-84 year old		85+ years old	
REASON FOR ED VISITS	Number	Rate*	Number	Rate*	Number	Rate*
ED visits for all injuries	61,563	5080.5	47,095	7712.4	35,521	13310.9
Drowning-related	5	0.4	5	0.8	0	0.0
Unintentional fall-related	30,496	2516.7	29,956	4905.7	26,501	9930.8
Hip fracture in 65+	254	21.0	411	67.3	578	217.0
Unintentional fire-related	135	11.1	59	9.7	19	7.1
Firearm-related	45	3.7	24	3.9	43	16.1
Assault-related	745	61.5	190	31.1	95	35.6
Motor vehicle traffic	4,197	346.4	1,617	264.8	533	199.7
Nondrug Poisoning	165	13.6	88	14.4	24	9.0
Self harm	119	9.8	49	8.0	18	6.7
Traumatic Brain Injury	1,519	125.4	1,265	207.2	983	368.4

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2020.

Alzheimer’s Disease and Related Dementias

The Illinois Department of Public Health (IDPH) Dementia Program promotes dementia capability in the state through the coordination of high-quality statewide services that support the needs of people in Illinois with Alzheimer’s Disease and Related Disorders, their families, and caregivers. The Dementia Program is housed within IDPH’s Office of Health Promotion, Division of Chronic Disease. The program facilitates the director-appointed Alzheimer’s Disease Advisory Committee (ADAC) and oversees the development and implementation of the Alzheimer’s Disease State Plan. The ADAC reviews programs and services provided by state agencies directed toward persons with Alzheimer’s disease and related dementias, and, by consensus, recommends changes to improve the state’s response. ADAC’s recommendations are reflected throughout the state plan, which is updated every three years. The 2020-2023 Alzheimer’s Disease State Plan is published on the Illinois Department of Public Health website.

In 2019, the Illinois General Assembly passed legislation that amended both The Alzheimer’s Disease Research, Care and Support Fund Act (P.A. 101-0588) and the Alzheimer’s Disease Assistance Act (P.A. 97-0768), authorizing the creation of a Dementia Coordinator within IDPH. In February 2021, a full-time Dementia Coordinator joined the IDPH Office of Health Promotion, Division of Chronic Disease. The coordinator’s top priorities are to implement activities related to the strategic state plan recommendations, to strengthen partnerships with community stakeholders and other state agencies, and to coordinate statewide efforts that increase awareness of Alzheimer’s Disease and Related Dementias with improved access to coordinated, equitable, and high-quality services.

In 2022, “The Alzheimer’s Disease Awareness of Available Services in IL” grant project created an upgraded platform to serve as a one stop shop for Alzheimer’s Disease and Related Dementia resources and education at The Illinois Cognitive Resources website, ILbrainhealth.org. This webpage includes community pages that are culturally tailored to seniors and families who often feel underrepresented, including but not limited to communities of color and rural communities.

In early 2022, the Dementia Program began two new grant projects aimed at advancing the Early Detection of Alzheimer’s Disease and other Related Dementia in Illinois. These projects will focus on early detection for some of the state’s most vulnerable, at-risk, and underserved seniors, including but not limited to communities of color and rural communities.

Currently, IDPH is analyzing Behavioral Risk Factor Surveillance System data for the Dementia Program. A Burden Brief regarding subjective cognitive decline in Illinois will be released by the end of 2022, and a Burden Brief regarding caregiving in Illinois will follow in 2023. In addition, evaluation and outcome data for both early detection programs are being compiled.

Office of Women’s Health and Family Services

Division of Population Health Management

Carolyn Adam Ticket for the Cure Community Grant Program

On July 6, 2005 PA 94-0120 was signed into law, creating the Illinois Ticket for the Cure instant lottery ticket. Net revenue from the sale of this ticket went to the Illinois Department of Public Health (IDPH), Office of Women’s Health for the purpose of making grants to public or private entities in Illinois for funding breast cancer research, funding supportive services for breast cancer survivors and those impacted by breast cancer and for funding breast cancer education. This legislation expired December 31, 2011.

On July 11, 2011 PA 97-0092 renewed the legislation extending the Illinois Ticket for the Cure instant scratch-off lottery ticket game as well as updated the name of the ticket to be The Carolyn Adams Ticket for the Cure instant scratch-off lottery ticket in honor of the memory of the late Carolyn Adams, Director of the Department of Lottery. This legislation also revised the Ticket for the Cure Advisory Board to include additional professional titles more closely involved with breast cancer programs and breast cancer research.

The total amount of funding awarded to Community and Research grants from inception of the sale beginning January 2006, including the last round of awards (June 2021-December 31, 2022) of the instant scratch-off lottery ticket is approximately \$15,080,647. Nearly all past grantee organizations served older women and most, if not all, of past grantees served minority populations.

Seven organizations were awarded funding July 1, 2021 to implement patient navigation programs in their communities, totaling \$922,437. Grantees were Cass County Health Department (\$100,000); Equal Hope dba Metropolitan Chicago Breast Cancer Task Force (\$200,000); Fulton County Health Department (\$200,000); Heartland International Health Centers (\$111,242); Lester and Rosalie Anixter Center (\$101,161); Mercer County Health Department (\$100,034); and Stephenson County Health Department (\$110,000). Grantees will work to enhance existing patient navigation programs within their organizations or develop a new patient navigation program if one does not currently exist. Outreach conducted by grantees in FY22 has generated interest from members of their communities and they have been in contact with almost 9000 patients, of which, almost 1300 have sought services. The Carolyn Adams Ticket for the Cure instant lottery ticket game and fund has been signed into law by Public Act 99-0917, extending this legislation until December 31, 2026.

Conferences/Educational Events

Unfortunately, the 2021 conference was not held due to COVID-19. Plans are being made for a 2022 event for November 2-3, 2022. This conference will be held virtually through an online platform called Pathable. The day and a half conference, sponsored by IDPH, will provide education cardiovascular disease, family planning, breast cancer, cervical cancer and HPV, infant mortality, breastfeeding, adolescent health and more reaching underserved populations, and Maternal and Child Health Programs. Participants will include, but are not limited to local health department staff, health professionals and community agencies.

Women's Health Grant Programs Targeting Minority Women - Fiscal Year 2021

The Office of Women's Health provides grant funding to agencies to provide community-based programs for women. Some programs specifically address the issues of minority women, but few specifically target senior women. The fiscal year 2021 Mini-Grant program awarded four grantees funding to incorporate technology to teach participants virtually techniques to improve healthy eating and increase active living.

Illinois WISEWOMAN Program

The Illinois WISEWOMAN Program (IWP) serves participants of the Illinois Breast and Cervical Cancer Program (IBCCP), who are 40-64 years of age, by providing screenings for cardiovascular disease (CVD) risk factors. Participants who are identified as having CVD risk factors, such as hypertension, high cholesterol, high glucose and/or high triglyceride levels, smoking, or elevated Body Mass Index (BMI), are provided with clinical resources and referrals through community-based and clinical linkages to decrease or eliminate their risks of CVD.

In FY 2022, the IWP screened 1,094 women of which 23% were of Hispanic Origin. In FY 2022, the following Races were served: approximately 5% were African-American, and approximately 62% were Asian Or Native Hawaiian/Pacific Islander. Of the total women served in FY 2022, over 65% of those women were between the ages of 50 and 64.

Illinois Breast and Cervical Cancer Screening Program

The Illinois Breast and Cervical Cancer Program is a statewide program which offers free breast and cervical cancer screenings for women between the ages of 35 and 64 who have low incomes and no health insurance. Women diagnosed with breast or cervical cancer while enrolled in the program can receive treatment benefits through the Illinois Department of Healthcare and Family Services.

Illinois Breast Cancer Screening 2021*		
Age	#	%
<40	765	5.6
40-49	6,789	50.1
50-64	5,638	41.6
65+	358	2.6
Total	13,550	100.0%
Race		
Race	#	%
White	11,747	86.7
Black	778	5.7
Asian/PI	922	6.8
Other/Unk	103	0.8
Total	13,550	100.0%
Ethnicity		
Ethnicity	#	%
Non-Hispanic	3,120	23.0
Hispanic	10,415	76.9
Unknown	15	0.1
Total	13,550	100.0%

Illinois Cervical Cancer Screening 2021*		
Age	#	%
<40	1,045	20.0
40-49	2,484	47.5
50-64	1,654	31.7
65+	41	0.8
Total	5,224	100.0%
Race		
Race	#	%
White	4,399	84.2
Black	285	5.5
Asian/PI	385	7.4
Other/Unk	155	3.0
Total	5,224	100%
Ethnicity		
Ethnicity	#	%
Non-Hispanic	1,176	22.5
Hispanic	4,041	77.4
Unknown	7	0.1
Total	5,224	100.0%

*each woman counted only once

Federal government

Administration on Aging: www.acl.gov

Centers for Disease Control Minority Reports: www.cdc.gov/minorityhealth

Health and Human Services —

National Health Information Center: <http://health.gov/nhic>

Women's Health: www.womenshealth.gov

Medicare and Medicaid Services: www.cms.gov

Social Security: www.socialsecurity.gov

U.S. Census Bureau Community Reports: www.census.gov

State of Illinois

www.illinois.gov

Professional and socio-cultural groups

American Society on Aging: www.asaging.org

American Psychological Association: www.apa.org

Asian American Association: www.aaahs.org

Asian Pacific Fund: www.asianpacificfund.org

Intercultural Cancer Council: www.interculturalcancerCouncil.org

National Caucus and Center on Black Aged: www.ncba-aged.org

National Council on Aging: www.ncoa.org

National Hispanic Council on Aging: www.nhcoa.org

National Indian Council on Aging: www.nicoa.org



State of Illinois

Department on Aging

One Natural Resources Way, #100
Springfield, Illinois 62702-1271

Senior HelpLine: 1-800-252-8966, 711 (TRS)
8:30 a.m. to 5:00 p.m. Monday through Friday

24-Hour Adult Protective Services Hotline: 1-866-800-1409, 711 (TRS)

ilaging.illinois.gov

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