



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 2023

(JULY 1, 2022 – JUNE 30, 2023)

**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 how 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.



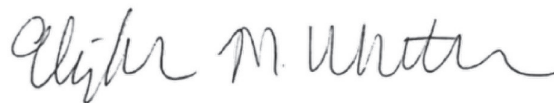
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I THE FOUR STATE AGENCIES AND THEIR SERVICES TO SENIORS

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 IDoA 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 ACS questionnaire and various Census Bureau survey questionnaires — ‘Mexican, Mexican Am., Chicano’ or Puerto Rican,’ or ‘Cuban’ — as well as those who indicate that they are another 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 2020 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, IDoA'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.



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 (IDoA) 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 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 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 FY23, programs funded by the OAA served more than 471,104 seniors aged 60 and older. 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 FY23, over 131,441 older adults received Nutrition Services. The services include congregate and home-delivered meals.

Traditionally, congregate meals are served on weekdays in over 362 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 33.3 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 they may observe during their visits.

During the pandemic, congregate meal sites provided grab-and-go meals and more people joined the home-delivered meal program. In FY23, there were 1,467,360 congregate meals served and 10,992,593 meals delivered to older people in their homes throughout Illinois.

Caregiver Support

The Caregiver Support Program assists families caring for 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 emergencies.

Persons Receiving Assisted Transportation Under the Older Americans Act During FY23

| Race | Count |
|-----------------------------------|--------------|
| African Americans | 215 |
| Hispanic Origin | 8 |
| American Indian or Alaskan Native | 4 |
| Asian | 2 |
| White | 396 |
| Other | 13 |

Persons Receiving Home Delivered Meals Under the Older Americans Act During FY23

| Race | Count |
|-----------------------------------|--------------|
| African Americans | 18,620 |
| Hispanic Origin | 4,279 |
| American Indian or Alaskan Native | 220 |
| Asian | 3,861 |
| White | 50,720 |
| Other | 1,793 |

Persons Receiving Congregate Meals Under the Older Americans Act During FY23

| Race | Count |
|-----------------------------------|--------------|
| African Americans | 11,132 |
| Hispanic Origin | 3,954 |
| American Indian or Alaskan Native | 250 |
| Asian | 5,562 |
| White | 37,463 |
| Other | 1,781 |

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 (APS) Program 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 FY23, the Program received 20,779 reports of suspected abuse, neglect, exploitation, or self-neglect for investigation and follow-up. Trained caseworkers from 36 designated local agencies worked with victims to prevent further abuse and to arrange for needed services, such as in-home care, counseling, medical assistance, or legal intervention.

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. 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 training for long-term care facility staff and monitor the development of laws, regulations and policies related to long-term care settings. In FY23, the Ombudsmen conducted 14,101 facility visits, provided 36,392 consultations, and investigated 7,934 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 FY23, the HCO Program responded to 114 requests for information, opened 136 cases and conducted 59 community education sessions.

Persons Receiving Senior Community Service Employment Benefits Under the Older Americans Act During FY23

| Race/Ethnicity | Count |
|-------------------------------------|--------------|
| Hispanic/Latino | 6 |
| American Indian or Alaskan Native | 1 |
| Asian | 7 |
| Black or African American | 158 |
| Native Hawaiian or Pacific Islander | 0 |
| White | 12 |
| More Than One Race | 0 |

Adult Protective Services Alleged Victim Reports During FY23

| Race | Count |
|--------------------------------------|--------------|
| American Indian/Alaska Native | 32 |
| Asian | 174 |
| Asian (non-specific) | 95 |
| Asian Indian | 1 |
| Black or African American | 4,454 |
| Filipino | 2 |
| Japanese | 1 |
| Native Hawaiian or Pacific Islander | 5 |
| Other | 574 |
| Unknown | 1,091 |
| White | 14,350 |
| Ethnicity | Count |
| Cuban | 11 |
| Hispanic or Latino/a | 692 |
| Mexican | 131 |
| Mexican American | 55 |
| Not Hispanic/Latino/a, or Spanish | 17,066 |
| Other Hispanic, Latino/a, or Spanish | 335 |
| Puerto Rican | 86 |
| Unknown | 2,403 |

Senior HelpLine

The statewide Senior HelpLine provides information and assistance on programs and services and links adults aged 60 and older, as well as their caregivers to local resources. 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, transportation, 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 FY23, 154,003 calls were handled by the Senior HelpLine, of which 4,409 were from Spanish speaking households. In addition, the Senior HelpLine utilizes Propio Language Services to link callers to interpreters for assistance in more than 300 languages.

Benefit Access

IDoA is responsible for determining eligibility for the Benefit Access Program (BAP). The BAP determines eligibility for two benefits: Secretary of State License Plate Discount and Seniors or Persons with Disabilities Ride Free on all fixed-route public transit systems in the state. In FY23, there were 134,848 Benefit Access Applications processed that resulted in 88,588 license plate discounts, 52,369 Seniors Ride Free and 24,648 Persons with Disabilities Ride Free Enrollments.

Senior Health Insurance Program (SHIP)

SHIP activities align with IDoA's mission to help older adults maintain quality of life, 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, Medicare and Medicaid dual eligibility, private health insurance, and related health coverage.

Counselors also search for state and federal entitlement programs to help beneficiaries save money. Counseling is available at more than 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 available in many languages. In FY23, SHIP counselors assisted approximately 100,000 Medicare beneficiaries in one-on-one counseling sessions using Zoom, Skype, WebEx, and in-person. In addition, SHIP counselors performed outreach to more than 60,000 beneficiaries.

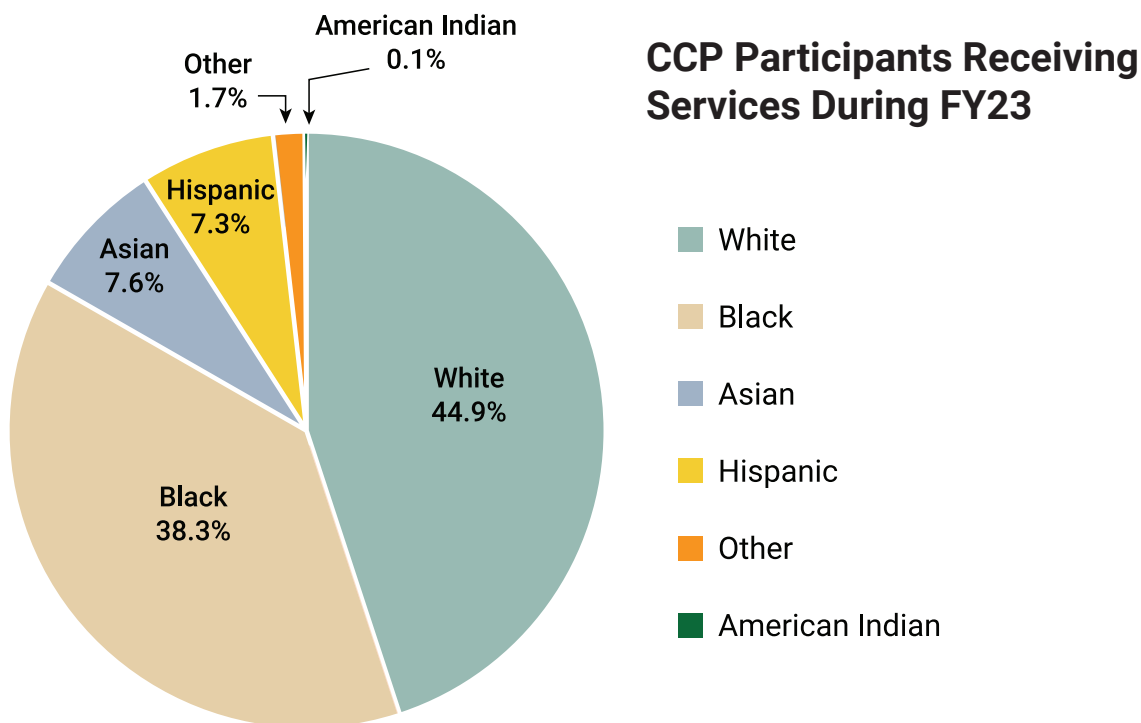
SHIP Client Contacts During FY23

| Race | Count |
|---|--------------|
| American Indian and Alaska Native | 68 |
| Asian | 8,898 |
| Black or African American | 5,886 |
| Hispanic or Latino | 5,702 |
| Native Hawaiian and Other Pacific Islander | 306 |
| White | 73,132 |
| Not collected | 5,918 |

Community Care Program

IDoA administers the Community Care Program (CCP), a community-based program whose aim is to support adults who are 60 years of age and older to remain in their own home and prevent unnecessary institutionalization. The program is designed to meet the needs of older adults who need support with household and personal care tasks. Services include in-home, adult day services, emergency home response services, and automated medication dispenser. During FY23, CCP served an average of 65,682 older adults each month, thereby successfully diverting or delaying many of those individuals from entering a nursing facility. In addition, there are older adults in Illinois 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 and Commitment to Human Services 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 and authorized representatives as requested. 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 AAAs are submitted to IDoA 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.

ILLINOIS DEPARTMENT OF HUMAN SERVICES

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 69 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 are 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 the availability of additional programs, many of which are also funded through IDHS. The Division provides supports to the unhoused population and to those who are identified as being at-risk, as well as to immigrants and refugees. The programs, which are administered and delivered through the Division, have the goal of helping individuals and families achieve and sustain self-sufficiency.

Supplemental Nutrition Assistance Program

The Supplemental Nutrition 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 that 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 to pregnant individuals. Assistance may help pay for food, shelter, and other expenses. Adults who are caring for a relative child under age 19 in their home may qualify.

Family Health Plans

Family Health Plans provide health coverage for children and parents or caretaker relatives of children.

Affordable Care Act—Adults

As part of the healthcare expansion in Illinois, childless adults ages 19-64 are 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 electronically using ABE. The public may also apply for assistance at any of the IDHS Family Community Resource Centers or by phone by calling the ABE Customer Call Center at 1-800-843-6154.

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 both 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 69 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 the Supplemental Nutrition Assistance Program (SNAP) as well.

Refugee Senior Services Initiative

Refugees are eligible for a federally 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, assists seniors in accessing public benefits, including health-related resources, and helps seniors gain a basic understanding of financial management. In FY23, 275 older refugees were served.

For immigrants who are seniors, a statewide network of 46 community agencies is 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 an 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+.

| FY23 | Cash | Medical | SNAP |
|---|---------------|----------------|----------------|
| | 65+ | 65+ | 60+ |
| AMERICAN INDIAN OR ALASKAN NATIVE | 9 | 1,074 | 827 |
| ASIAN | 921 | 32,796 | 21,557 |
| BLACK OR AFRICAN AMERICAN | 2,802 | 82,645 | 62,246 |
| MULTIRACIAL | 29 | 2,561 | 1,210 |
| NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | 39 | 3,040 | 1,164 |
| UNKNOWN | 783 | 42,644 | 20,936 |
| WHITE | 4,806 | 178,570 | 111,133 |
| HISPANIC OR LATINO | 1,051 | 63,926 | 37,360 |
| TOTAL | 10,440 | 407,256 | 256,433 |

Challenges to Services

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

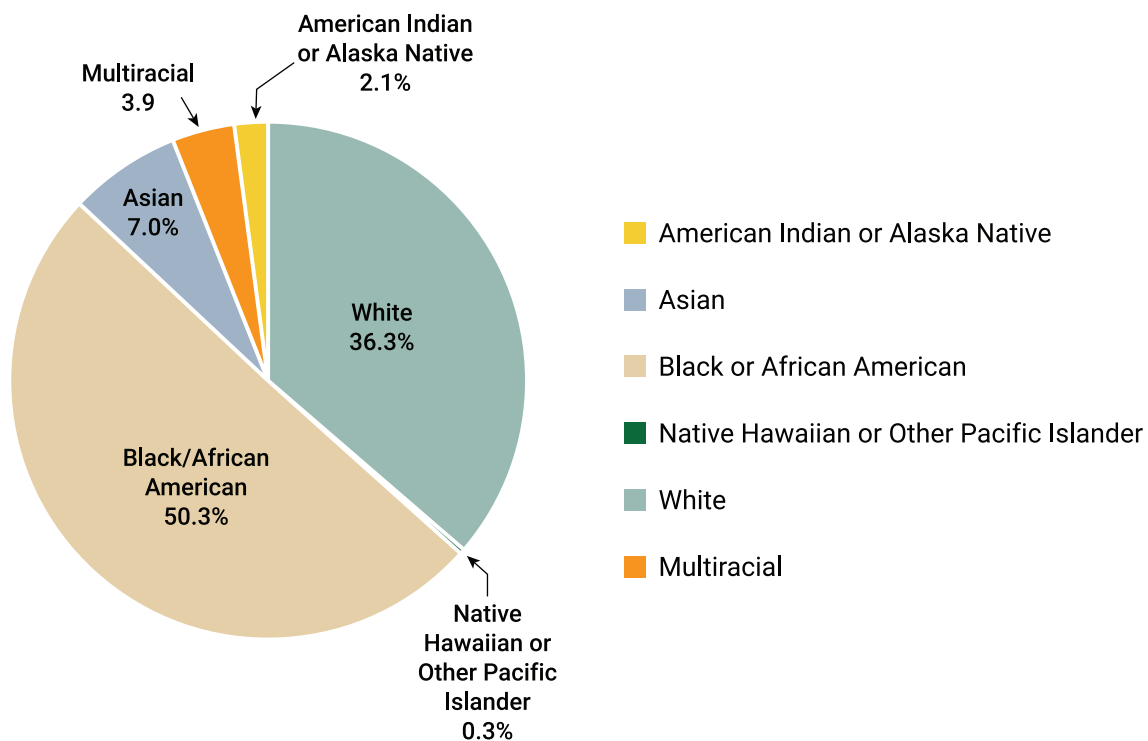
Bureau of Family Nutrition

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.

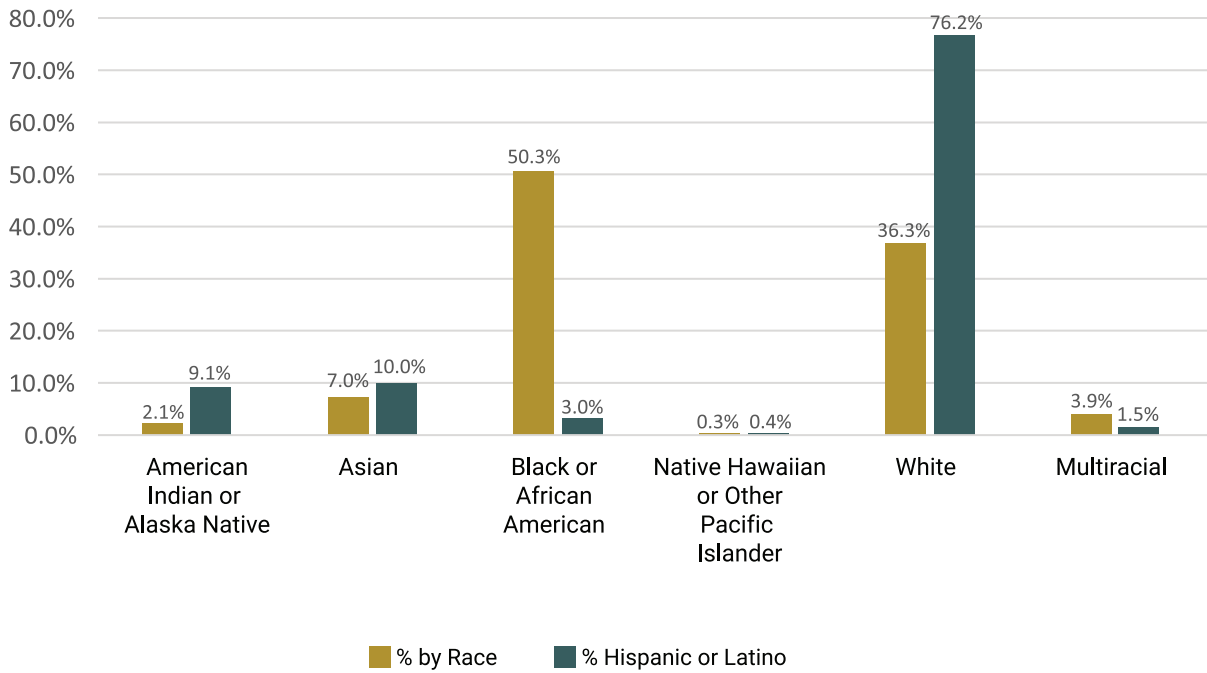
The Commodity Supplemental Food Program

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.

Illinois CSFP Statewide Caseload by Race and Ethnicity FY23



Illinois CSFP Statewide Caseload by Race and Ethnicity FY23



Commodity Supplemental Food Program Agency Participation by Race, Ethnicity (April 2023)

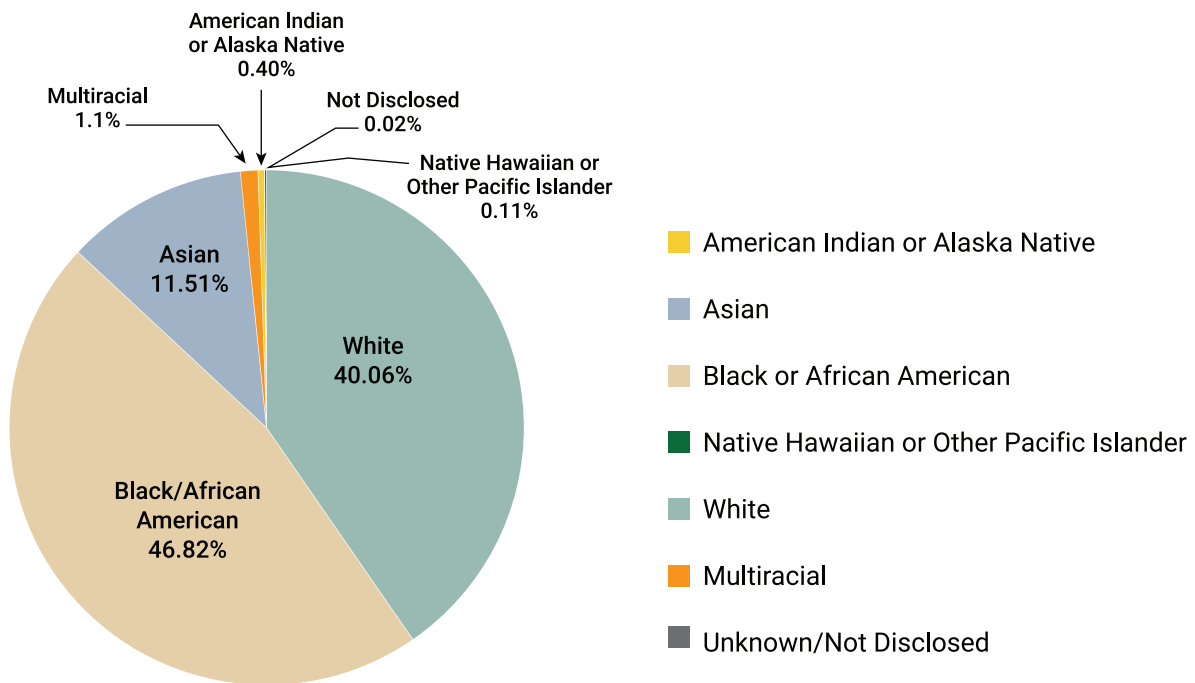
| | Tri-State Food Bank | | St Louis Area Food Bank | | Greater Chicago Food Depository | | Total | |
|---|------------------------------|------------------------------|--------------------------------------|------------------------------|--------------------------------------|------------------------------|--------------------------------------|------------------------------|
| Assigned Caseload | 1,056 | | 2,700 | | 8,667 | | 12,423 | |
| | Total # 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 | 2 | 0 | 4 | 1 | 182 | 71 | 188 | 72 |
| Asian | 0 | 0 | 9 | 6 | 608 | 71 | 617 | 77 |
| Black or African American | 166 | 0 | 952 | 0 | 3,344 | 24 | 4,462 | 24 |
| Native Hawaiian or Other Pacific Islander | 1 | 0 | 1 | 0 | 27 | 3 | 29 | 3 |
| White | 628 | 0 | 1,205 | 4 | 1,383 | 598 | 3,216 | 602 |
| Those who marked more than one race | 74 | 0 | 274 | 11 | 2 | 1 | 350 | 12 |

The Senior Farmers Market Program

The Senior Farmers Market Nutrition Program (SFMNP) 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 2023 summer season, approximately 380 farmers in 37 counties throughout the state, including Chicago/Cook County, participated in the SFMNP. The participating farmers received training and education prior to displaying their Farmers Market Nutrition Program signage and redeeming the SFMNP checks/coupons. In the 2023 season, 12 local SFMNP issuing agencies participated in the program and received training prior to distributing SFMNP check booklets. IDHS applied for the SFMNP American Rescue Plan Act (ARPA) grant and received funding to issue the maximum benefit to eligible seniors for the 2023-2024 seasons in the amount of \$50.00. Eligible seniors must be 60 years or older and have a household income of not more than 185 percent of the federal poverty income guidelines to purchase fresh fruits, vegetables, cut herbs, and honey from participating farmers at local Farmers Markets and roadside stands. Also in 2023, approximately 28,369 SFMNP booklets were distributed to seniors and of that, approximately 21,122 booklets (105,609 checks) were successfully redeemed by participating farmers.

Seniors Served by SFMNP by Race, Ethnicity FY23



Division of Substance Use Prevention and Recovery (SUPR)

As the single state authority for substance use disorder (SUD) in Illinois, SUPR’s mission is to provide a recovery-oriented system of care along the continuum of prevention, intervention, treatment, and recovery support where individuals with SUD, 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.

SUPR does not provide direct services but licenses over 1,000 organizations and issues Medicaid certification to 450 organizations to deliver SUD intervention and treatment services. Funds support approximately 120 of the licensed organizations and 200 organizations to deliver prevention services throughout Illinois. Funding for SUD intervention, harm reduction, and treatment is primarily used to support individuals who cannot afford the full cost and/or for services not otherwise covered through Medicaid or other third-party insurance. SUPR’s Bureau of Licensure, Compliance, and Monitoring ensures that licensed and funded programs offer person-centered SUD treatment through a continuum approach where patients may move from one level of care to another based on assessed needs and continuing medical necessity. Levels of care range from outpatient through residential care, along with withdrawal management services.

During SFY23 1,687 unduplicated individuals 65 and over were admitted to SUPR-funded services. These individuals were on average 67 years of age. This represents a 6% increase in admissions among this population. Since the inception of the State Opioid Action Plan in 2017 and its update in 2022, SUPR has been focused on expanding treatment to underserved populations in an effort to promote health equity statewide.

| SUPR Program Admission Age 65 and Above by Race – FY23 | |
|--|-------------|
| Race/Ethnicity | Individuals |
| Hispanic or Latino | 163 |
| American Indian or Alaskan Native | 14 |
| Asian | 8 |
| Black or African American | 1,020 |
| White | 438 |
| Other Single Race | 37 |
| Total | 1,680 |

Challenges to Services

There are several challenges to providing services to older individuals who have a substance use disorder. As the number of seniors with SUD increases, we see more individuals without family support, who live in poverty, and with significant medical conditions. Many seniors entering treatment have been through treatment before, and the severity of their illness is greater. This, combined with multiple traumas throughout a longer lifespan, including possible histories of incarceration, creates more significant challenges for effective treatment.

The percentage of seniors with substance use disorders is expected to continue increasing with the aging of the “baby boomer” generation and longer life expectancy, even though the pandemic and the overdose crisis have decreased the overall life expectancy in the United States. In addition, medications prescribed to seniors may exacerbate an existing SUD, creating a unique susceptibility to opioid use disorder. Seniors are prescribed opioids for chronic conditions, particularly conditions associated with chronic pain.

Assessment, intervention, and treatment require increased knowledge, skill, and sensitivity to the needs, histories, current living conditions, medication interactions, social networks, perceptions of risk, and overdose risk profiles of persons in this population segment.

Division of Developmental Disabilities

The Division of Developmental Disabilities provides person-centered services and supports for individuals with intellectual and 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 to foster community inclusion with supports
- 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 FY23 Services for Persons Aged 60 and Older | | | | |
|--|---|--|--------------|-------------|
| Race/Ethnicity | Community-Based Programs for the Developmentally Disabled | State-Operated Developmental Centers for persons with developmental disabilities | Total | % |
| White | 4,071 | 367 | 4,438 | 71% |
| Black/African American | 945 | 116 | 1,061 | 17% |
| Indian/Eskimo | 18 | 0 | 18 | 0% |
| Asian | 375 | 1 | 376 | 6% |
| Pacific Islander | 10 | 0 | 10 | 0% |
| Unknown | 303 | 1 | 304 | 5% |
| Total | 5,772 | 485 | 6,207 | 100% |
| Hispanic or Latino Origin | | | | |
| Not Hispanic | 4,554 | 467 | 4,977 | 81% |
| Hispanic | 1,168 | 18 | 1,172 | 19% |
| Total | 5,722 | 485 | 6,149 | 100% |

When an adult with a developmental disability reaches the age of 60, they 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 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. Lack of 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) and one Treatment and Detention Facility (TDF), as well as the Joliet Inpatient Treatment Center in partnership with the Department of Corrections; this system provides mental health treatment to over 4,000 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 988 Suicide and Crisis Lifeline and phone-based emotional support services via the Illinois Warm Line. In FY23, the Illinois 988 call centers received 5,670 calls from individuals who reported being 65 years of age or older.

Individuals Aged 65 and Older Receiving DMH-Purchased Mental Health Services in FY23

During FY23, approximately 12 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 below. Data is partitioned by age, race/ethnicity, Hispanic origin, and gender.

| Individuals Aged 65 and Older Receiving Community Mental Health Services - FY23 | | Number of Individuals | % |
|---|---|-----------------------|-------------|
| Race/Ethnicity | American Indian or Alaskan Native | 12 | 0.4% |
| | Asian | 69 | 2.2% |
| | Black or African American | 603 | 19.1% |
| | Multiracial | 1 | 0.0% |
| | Native Hawaiian or Other Pacific Islander | 7 | 0.2% |
| | Race/Ethnicity Not Available | 547 | 17.3% |
| | White | 1,915 | 60.7% |
| | TOTAL | 3,154 | 100% |
| Hispanic Origin | Hispanic or Latino | 254 | 8.1% |
| | Hispanic or Latino Origin Unknown | 638 | 20.2% |
| | Not Hispanic or Latino | 2,262 | 71.7% |
| | TOTAL | 3,154 | 100% |

| Individuals Aged 65 and Older Receiving Community Mental Health Services - FY23 | | Number of Individuals | % |
|---|--------------|-----------------------|-------------|
| Gender | Female | 1,809 | 57.4% |
| | Male | 1,345 | 42.6% |
| | TOTAL | 3,154 | 100% |
| Age | 65 to 74 | 2,671 | 84.7% |
| | 75+ | 483 | 15.3% |
| | TOTAL | 3,154 | 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 provides unique challenges due to stigma, ageism, transportation, mobility, lack of workforce education and experience in older adults' issues, and payment of services. While Community Mental Health Centers (CMHCs) 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

The Division of Rehabilitation Services (DRS) is the State's lead entity for providing direct support services to individuals with disabilities. DRS' mission 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 more than 230,000 people with disabilities in Illinois annually.

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

| IDHS Division of Rehabilitation Services FY23 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 | 0.22% |
| VR Blind | Asian | 14 | 3.09% |
| VR Blind | Black or African American | 213 | 47.02% |
| VR Blind | Hispanic or Latino | 24 | 5.30% |
| VR Blind | Two or More Races | 3 | 0.66% |
| VR Blind | Native Hawaiian or Other Pacific Islander | 2 | 0.44% |
| VR Blind | White | 196 | 43.27% |
| VR Blind | Program Total | 453 | 100.00% |
| Home Services | American Indian or Alaskan Native | 63 | 0.28% |
| Home Services | Asian | 449 | 2.02% |
| Home Services | Black or African American | 11,658 | 52.40% |
| Home Services | Hispanic or Latino | 1,554 | 6.98% |
| Home Services | Two or More Races | 210 | 0.94% |
| Home Services | Native Hawaiian or Other Pacific Islander | 19 | 0.09% |
| Home Services | White | 8,296 | 37.29% |
| Home Services | Program Total | 22,249 | 100.00% |
| VR Field Services | American Indian or Alaskan Native | 4 | 0.21% |
| VR Field Services | Asian | 27 | 1.39% |
| VR Field Services | Black or African American | 715 | 36.69% |
| VR Field Services | Hispanic or Latino | 95 | 4.87% |
| VR Field Services | Two or More Races | 18 | 0.92% |
| VR Field Services | Native Hawaiian or Other Pacific Islander | 7 | 0.36% |
| VR Field Services | White | 1,083 | 55.57% |
| VR Field Services | Program Total | 1,949 | 100.00% |

Accessibility for Non-English Speaking Minority Seniors and the Office of Hispanic and Latino Affairs

IDHS 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 bilingual staffing 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 IDHS grantee (local community agencies). If these options are not available, IDHS will then contact the Master Contract Interpretation Vendor for interpreting services. Through these multiple efforts, it is the intention of IDHS to bridge the language gap for non-English speaking clients.

There has been a gradual increase in various diverse languages throughout the years. During Fiscal Year 2023, the number of diverse language calls that were received throughout the state increased from 90,309 to 114,700 calls. The following chart indicates the top 10 languages that were requested for Fiscal Year 2022 and Fiscal Year 2023 to reflect the trends of the most frequent languages requested for interpretation.

| FY22 | | FY23 | |
|--------------|-----------------|--------------------|-----------------|
| Languages | Number of calls | Languages | Number of calls |
| Spanish | 72,022 | Spanish | 81,641 |
| Arabic | 4,352 | Russian | 9,358 |
| Polish | 3,416 | Ukrainian | 7,771 |
| Russian | 2,447 | Arabic | 4,463 |
| Mandarin | 1,838 | Polish | 3,856 |
| French | 1,575 | French | 2,241 |
| Cantonese | 1,397 | Creole | 1,978 |
| Korean | 1,371 | Swahili | 1,285 |
| Vietnamese | 1,023 | Cantonese | 1,060 |
| Swahili | 868 | Mandarin | 1,047 |
| Total | 90,309 | Grand Total | 114,700 |

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

HFS Medical Benefits for Seniors

The mission of the Illinois Department of Healthcare and Family Services (HFS) includes a commitment to addressing Health Related Social Needs (HRSN) and making equity the foundation of everything we do.

HFS operates several programs that provide medical benefits for seniors. The Medical Assistance Program is the largest and 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 (9) Home and Community Based Services (HCBS) programs in Illinois, are administered by HFS and the Department of Human Services, the Department on Aging, and the University of Illinois' Division of Specialized Care for Children.

HFS offers a wide range of medical coverage, including all mandatory and several optional Title XIX services. The table, Primary Categories of Services, lists services available to minority elderly individuals. Licensed practitioners, licensed facilities, and other non-institutional providers enrolled in the Medical Assistance Program provide these services. The eligibility groups serving many of the elderly include:

State Health Benefits for Immigrant Seniors Program (HBIS)

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 Aid to Aged Blind and Disabled (AABD) Medical. This plan does not cover long-term supports and services, including nursing facility services and home or community-based services as an alternative to facility services.

Aid to Aged, Blind and Disabled (AABD)

This group is comprised of persons 65 years or older, persons who are blind, and persons who are disabled. The income eligibility level for AABD persons is 100 percent of the Federal Poverty Level (FPL). The resource limit is \$1,215 for individuals or \$1,643 for a couple and no more than \$17,500 of non-exempt resources.

Medicare Supplementation Programs

Qualified Medicare Beneficiary (QMB) Program

This program helps individuals pay for their monthly Medicare Part A premiums, Medicare Part B premiums, 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 \$9,090 for one person or \$15,160 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 \$9,090 for one person or \$15,160 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 \$9,090 for a single person and \$15,160 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 under age 60 at the time of application and at risk of placement in a nursing facility. Individuals 60 or older who began services before age 60 may 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 2023, 78 percent of HFS customers were enrolled in a Managed Care Program with 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.

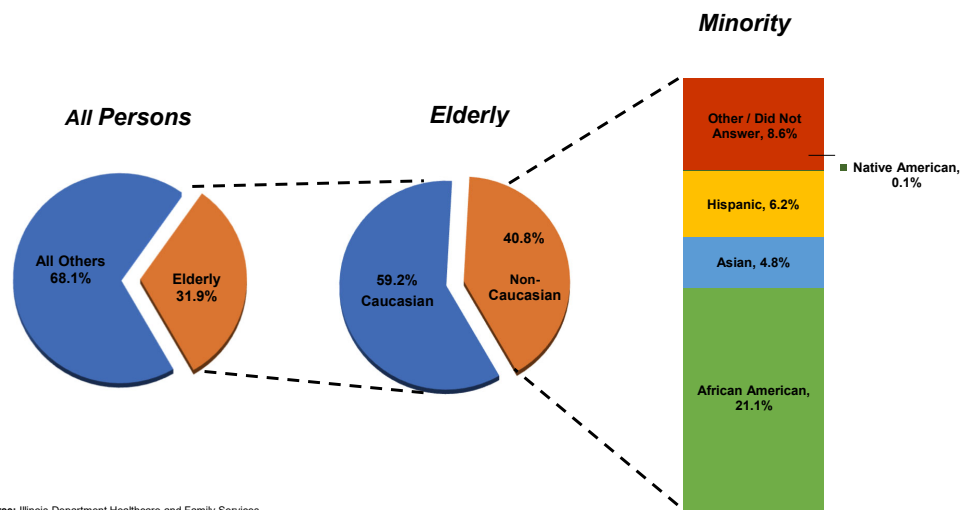
In FY 2023, approximately 138 million Fee for Service and MCO claims were received and processed under Medical Assistance Program (MAP) accounting for \$22.8 billion in expenditures through programs administered by HFS. As illustrated in the first two charts below, 31.9 percent of all services and 23.3 percent of all expenditures were for the elderly. When looking at only the elderly, the minority elderly accounted for 40.8 percent of services and 50.7 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.

Long-Term Care includes services provided by nursing facilities, Intermediate Care Facilities for Developmental Disabilities, Specialized Mental Health Rehabilitation Facilities, and Supportive Living Program settings. The Non-Institutional service category includes services provided by physicians, physician assistants, dentists, optometrists, podiatrists, chiropractors, nurse practitioners, registered nurses, licensed practical nurses, therapists, audio logistics, 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.

FY 2023 Medical Assistance Program

Services to Minority Elderly

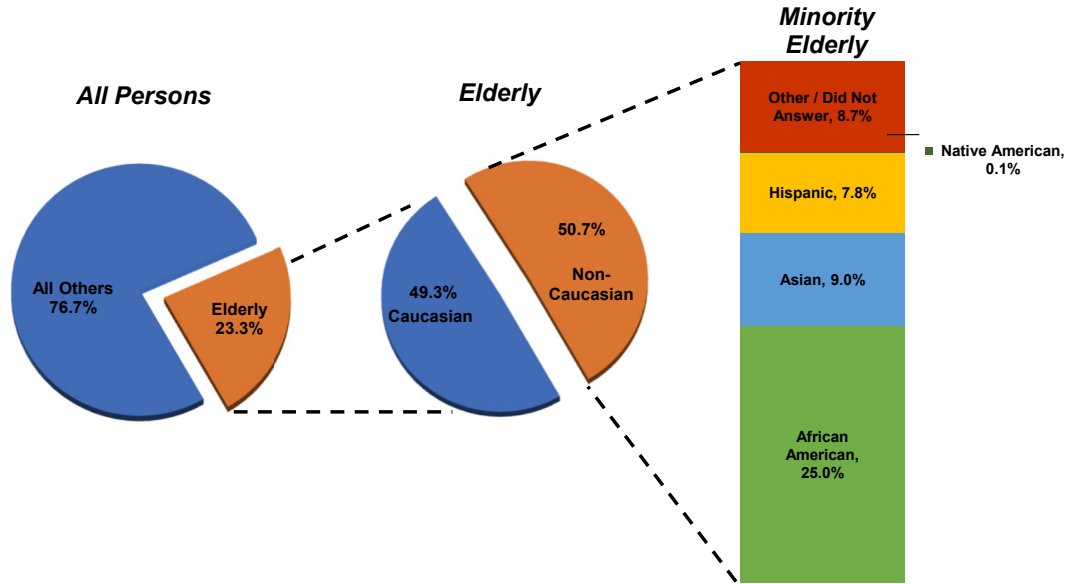


*Data represented above and in the charts below exclude claims for IDOC, IDJJ, and other agency services.

Source: Illinois Department Healthcare and Family Services
Bureau of Rate Development & Analysis
Claims History, FY 2023 FFS AND MCO CLAIMS
Medical Data Warehouse, FY 2023 DOS

Chart 1

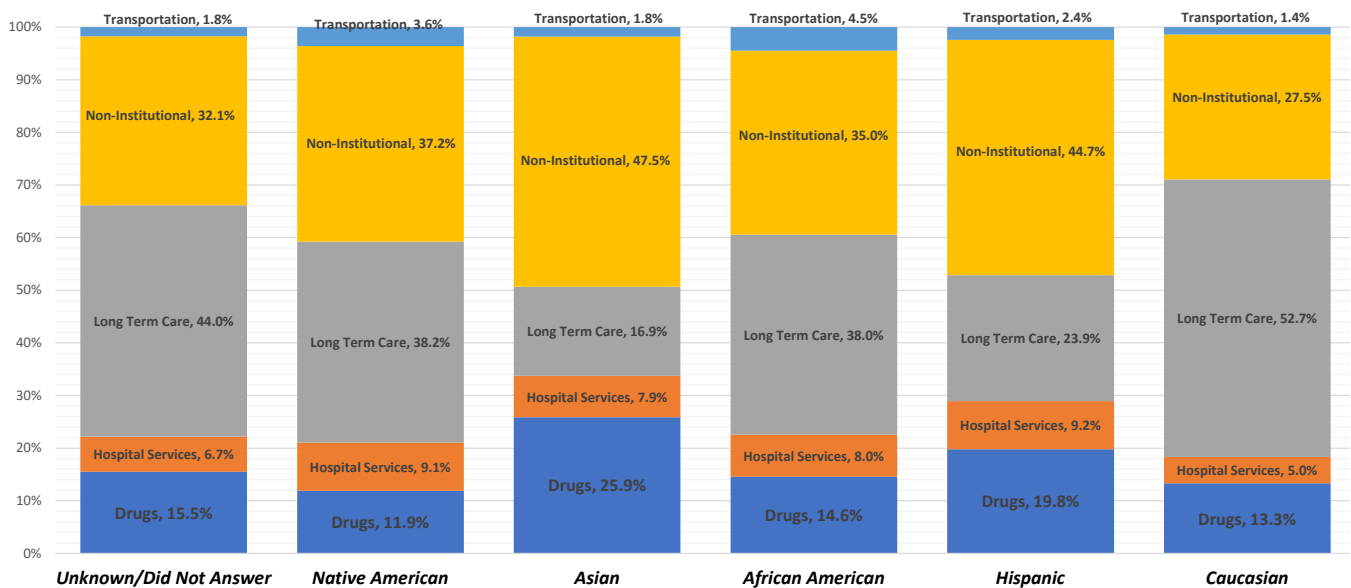
FY 2023 Medical Assistance Program Liability for Minority Elderly



Source: Illinois Department Healthcare and Family Services
Bureau of Rate Development & Analysis
Claims History, FY 2023 FFS AND MCO CLAIMS
Medical Data Warehouse, FY 2023 DOS

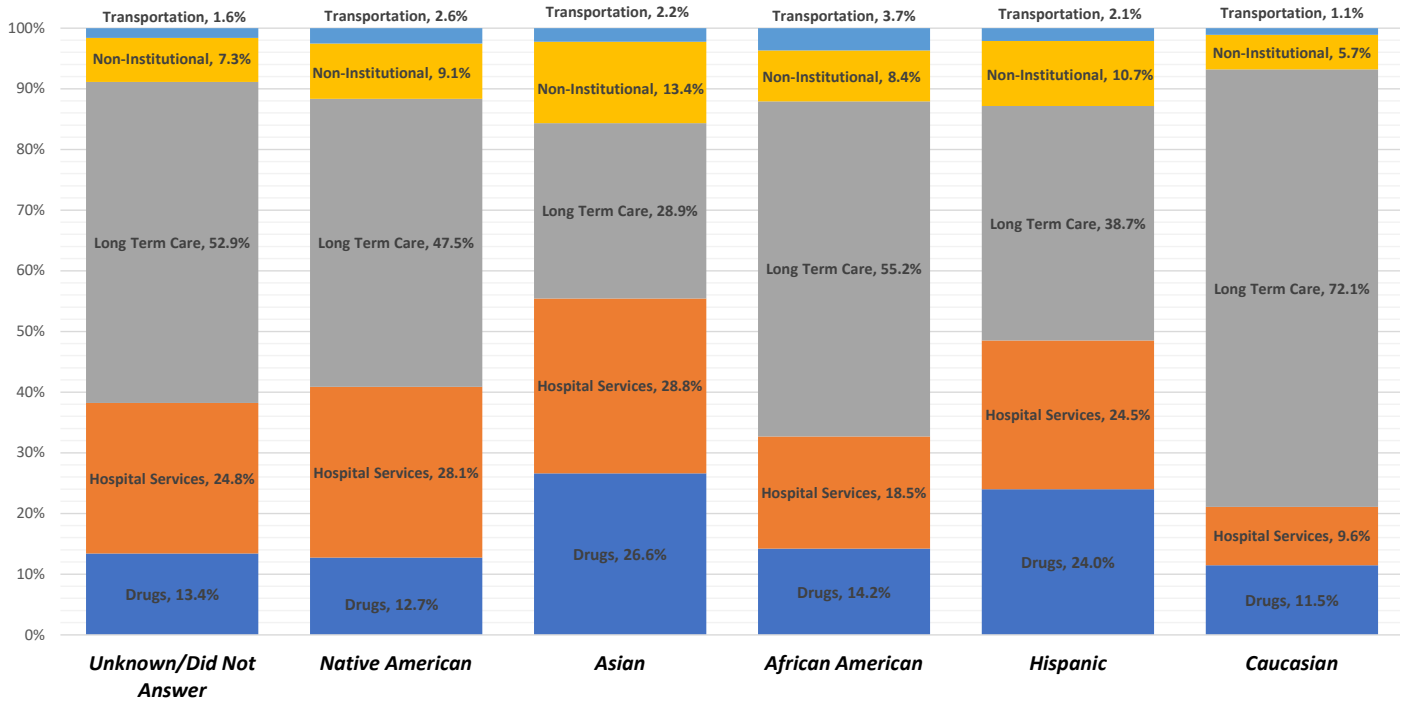
Chart 2

FY 2023 Medical Assistance Program Service for Elderly per Ethnic Category



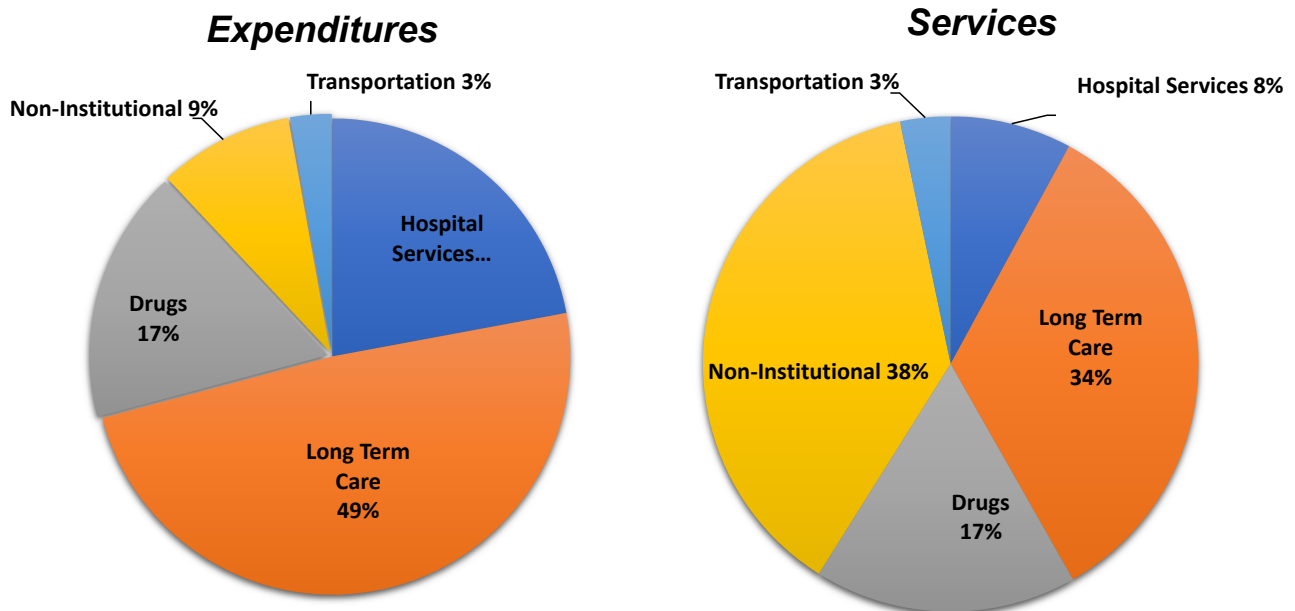
Source: Illinois Department of Healthcare and Family Services
Bureau of Rate Development and Analysis
Claims History, FY 2023 FFS AND MCO CLAIMS
Medical Data Warehouse, FY 2023 DOS

FY 2023 Medical Assistance Program Expenditures for Elderly per Ethnic Category



Source: Illinois Department of Healthcare and Family Services
Bureau of Rate Development and Analysis
Claims History, FY 2023 FFS AND MCO CLAIMS
Medical Data Warehouse, FY 2023 DOS

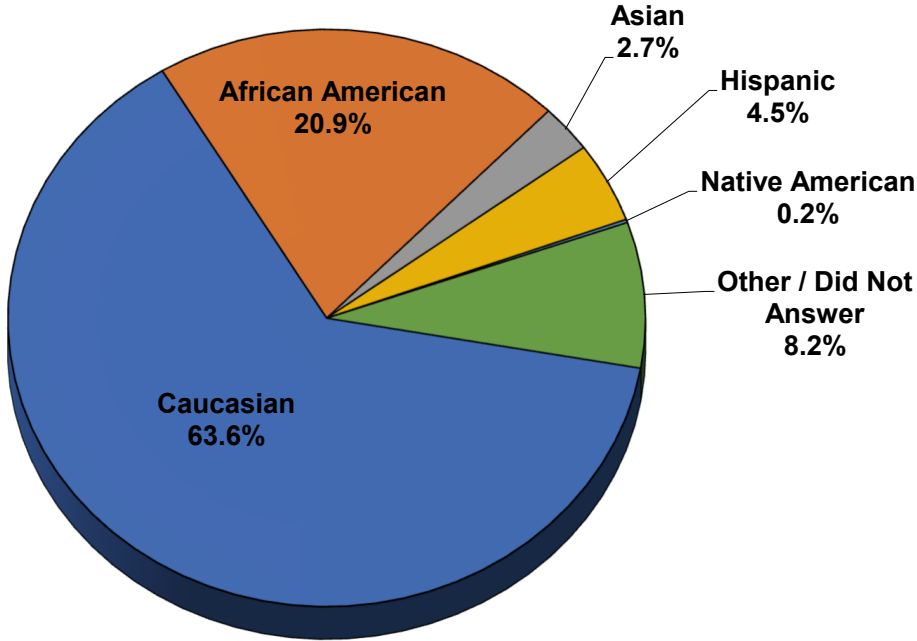
FY 2023 Medical Assistance Program Expenditures Vs. Services for Minority Elderly



Source: Illinois Department Healthcare and Family Services
Bureau of Rate Development & Analysis
Claims History, FY 2023 FFS AND MCO CLAIMS
Medical Data Warehouse, FY 2023 DOS

FY 2023 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, FY2023 FFS AND MCO CLAIMS
Medical Data Warehouse, FY2023 DOS

Chart 6

Mandatory and Optional Services

Federally Required Medical Assistance Services in FY2023

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

- Certified pediatric and family nurse practitioner services
- Emergency service for non-citizens Emergency 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
- Medical/surgical services by dentist
- Medication Assisted Treatment (MAT)
- Nurse midwife services
- Nursing facility services (age 21 and over)
- Outpatient hospital services
- Physician medical and surgical services
- Routine patient costs of items and services for beneficiaries enrolled in qualifying clinical trials
- Rural health clinic services
- Tobacco cessation counseling for pregnant women
- Transportation to covered medical services

Optional Services Provided in FY2023

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

- Acupuncture services, limited to procedures related to lower back pain and breech baby treatment
- 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, including diabetes programs and Adaptive Behavior Support (ABS) services
- Durable medical equipment and supplies
- Extended services for pregnant women
- Eyeglasses
- Hospice services
- Inpatient psychiatric services for individuals under 21 years of age
- Intermediate care facility services for individuals age 65 and older in institutions for mental diseases
- Intermediate care facility services for individuals with intellectual disabilities, including state-operated facilities
- Licensed Clinical Professional Counselors services
- Licensed Clinical Social Worker services
- Licensed Marriage and Family Therapists services
- Licensed Psychologist services

- Nursing facility services for individuals under 21 years of age
- Occupational therapy services
- Optometry services
- Pharmacist services, limited to specific birth control and HIV services
- Physical therapy services
- Podiatric services
- Prescribed drugs
- Prosthetic devices
- Registered Behavior Technician (RBT) services
- Rehabilitative services (Medicaid Rehab Option)
- School- Based Health
- Speech, hearing and language disorder services
- State plan home and community-based services through a 1915(i)
- TB related services
- Transplant services

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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 twelve 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 Expansion Grant:** This funding started in FY22 ending November 30, 2023 with 14 Community-based organizations initially being awarded grant funding. Then there was an extension to the grant that ended in FY24. This award was to 13 Community-based organizations serving minority populations to provide culturally appropriate COVID-19 prevention and response strategies. The main objectives are to educate minority communities on the COVID-19 prevention, increase access to testing, and through community engagement improve quarantine and isolation compliance with minority communities by addressing resource issues. The aim of this funding is to establish collaborative agreements with minority community-based organizations to provide community engagement events, including mobile testing, to support prevention and to provide supports for testing/quarantine/isolation interventions.

- **COVID Minority Population Grant:** There were 955 persons 50+ tested for COVID; 1,074 - 50+ persons referred for testing and treatment. 2,400 persons 50+ were vaccinated for COVID-19.
- **COVID Migrant Worker Grant:** 196 migrant workers 50+ vaccinated for COVID-19.
- **COVID Equity Grant:** Community Empowerment Zone (ARISE): IDPH contracted Public Health Foundation Enterprises Inc. Wellbeing and Equity in the World (WE) and Heluna Health partnered 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. In FY23 and FY24, a total of 11 Community Coalitions and 8 micro grantees outside of Cook County were serviced through this grant. Community Coalitions comprised of at least 2 to 3 community entities and their accompanying local health department. Projects varied in scope based on each communities' unique needs. A total of 210 seniors were directly engaged in planning, designing, co-creating, and or implementing the initiatives in their communities resulting in positive impacts for sustained growth.
- **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. The grantee Fifth Street Renaissance partnered with 3 county jails: Vermillion, Sangamon, and McHenry to implement health education programs. They provided COVID outreach and education along with other services to reach at least 2,000 individuals who are incarcerated or had a recent history of incarceration. Outreach efforts included distribution of Wellness Bags to individuals existing jail facilities, group contact at locations where the population is found (re-entry programs, support meetings, jails, shelters, etc.) and street outreach.
 - **During the grant period in FY23/24:**
 - Total number of COVID-19 vaccine, treatment, and testing referrals= 407
 - Total number of group and one-on-one educational sessions = 271
 - Total number of referrals for wrap-around services = 775
 - Peer educators trained = 4
 - Total number of seniors 51+ who benefited from these services = 77
- **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. The program collaborated with 4 local health departments – Peoria, LaSalle, Kankakee, and McHenry. The program addressed a gamut of issues unique to each county, including homelessness; Mobile Health ministries and RX distribution especially for seniors; food pantries; community surveys, and language access services. This program also participated in seniors network meetings to understand and help facilitate access to better resources for seniors. While this program did not track the number of seniors directly impacted by the services, seniors were engaged in dialogues decided to address the gaps that impacted them the most such as culturally competent health care and language translation services, RX distribution, ethnic food, and social isolation and mental health, to name a few.

- **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. The target population for this activity were individuals who are deaf or hard of hearing, have low vision, and speak limited or no English. The process for implementation included the following steps: 1) Identify materials needing translation into other languages and formats, 2) contract with vendors to execute translation and develop ASL videos, 3) post, print, and distribute materials according to accessibility standards, and 4) develop materials for COVID awareness, supportive health information, and health promotion, prevention, and screening information. During FY23 and FY24, several key milestones such as identifying materials, languages, and formats and distributing materials and working with multitude of partners such as subject matter experts, content promoters, and vendors to reach all age groups and demographics. Subject matter experts included: IDPH Office of Communications, IDPH Office of Health Promotion, IDPH Division of Oral Health, IDPH Refugee Program, IDPH Office of Communicable Diseases, Content Development Partners, Commission on Deaf and Hard of Hearing, Local Health Departments, and the Illinois Migrant Council. Content promoters included the IDPH COVID Website, the Department on Aging, COVID Ambassadors, and community-based organizations. Vendors consisted of Multilingual Services for document translation and MT & Associates LLC for ASL for video production.
- **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:** This funding started October 1, 2022, and ended June 30, 2023. The funding awarded three organizations who work with people experiencing homelessness to provide supports to shelters. This included some organizations who had mobile health units that provided follow up services to people that tested positive for COVID. Staff at these organizations were trained on how to do out-reach and education around COVID-19 infection utilizing culturally and linguistically appropriate materials, assist in mitigation strategies that included distribution of Personal Protective Equipment (PPEs) and home test kits, assist residents with linkage to follow-up services, including access to therapeutics and preventive medications. Under this grant 1,768 persons who were over 51+ were served with services. This grant will be available in FY24.

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, the homeless, uninsured and underinsured individuals, those recently released from correctional institutions, and persons with a dual diagnosis of chemical dependency. In FY22, 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.

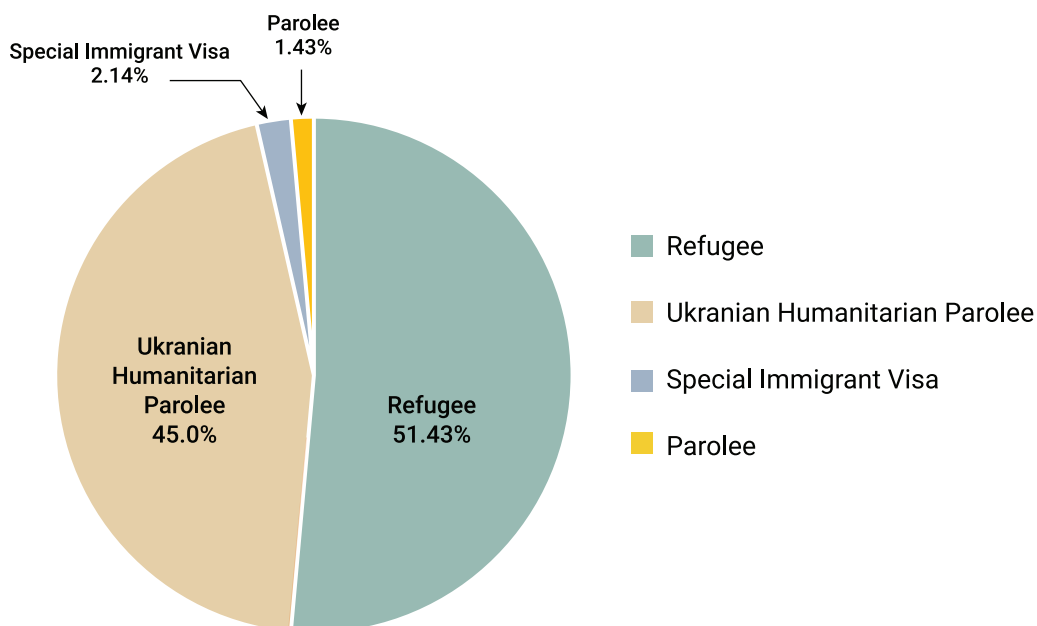
Refugee Health Program (RHP)

The goal of the Refugee Health Program (“RHP”) is to provide eligible clients with a culturally and linguistically appropriate comprehensive health assessments, including follow-up and referrals for health conditions identified in the assessment process. The RHP is housed under the Office of Racial and Cultural Health Equity 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 eight contracted medical providers: three local health departments, four Federally Qualified Health Centers, and one private clinic 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; Hamdard Health, Bensenville; SMG-Antillas Family Medical Center, Chicago; Rock Island Health Department, Moline/Rock Island; Community Health Care, Inc., Moline/Rock Island; Tapestry 360 Health, Chicago; Winnebago County Health Department, Rockford; Champaign-Urbana Public Health District, Champaign.

Of the 4342 refugees provided health assessments in Illinois in state FY23, 140 (3.22%) were above the age of 60. There were 65 clients between the ages of 60-64 and 75 clients over the age of 65. Of the one hundred and forty seniors aided, 72 (51%) were refugees, 63 (45%) were Ukrainian Humanitarian Parolees, 3 (2%) Special Immigrant Visa Holders, and 1 (1%) Parolee.

Illinois Health Assessments by Arrival Status FY 2023



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 FY23, multiple screenings were conducted in the mobiles from immunization, dental, HIV, Hepatitis C, Gonorrhea, Syphilis, and Chlamydia. In FY23, the WOW units participated in 1,139 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 FY23 | | | | | | |
|---|-----------|--------------------------|--------|-------------------------|---------|---------------------------|
| Program | Outreach | Prevention/ Education | Events | Testing Administered | Seniors | % of Population Served |
| Communities of Color At Risk | 30,598 | 4,848 | 569 | 6,348 | 1,759 | 28% |
| Hepatitis B Outreach | 89,277 | 9,732 | 772 | 688 | 318 | 46% |
| Wellness on Wheels - Mobile Admin | 43,782 | 17,357 | 1,139 | 15,695 | 2,235 | 14% |
| COVID-19 Minority Population | 3,901,841 | 47,148 | n/a | 11,158 | 9,825 | 88% |
| COVID-19 Migrant Workers | 54 | n/a | n/a | n/a | 196 | 42%* |
| COVID ELC Enhanced Detection Grant | 6,697 | 1,968 | n/a | 1,639 | 4,456* | 16% |
| COVID Homeless Supports Grant | 411 | 576 | n/a | n/a | 1,768 | 45% |
| *Seniors (50+) who received COVID-19 testing, isolation support, wrap-around services, referrals to testing and treatments, and COVID-19 vaccination. | | | | | | |
| *Percent of the population receiving COVID Vaccination of those referred. | | | | | | |

Special Partnerships

Flu Clinics: In partnership with Walgreens, they provided more than 71 flu shots in underserved communities, reaching underinsured, uninsured, rural, and migrant populations for FY23. The program provided 56 seniors to receive the flu shot.

Black Women’s Expo: Over 5,000 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 15,000 individuals attended the three-day event. Informational materials were also disseminated at the event. The Expo provided 200 seniors with free screenings.

Summit of Hope: The Center participates in the signature program of the Illinois Department of Corrections to provide over 50 HIV screenings and counseling services at Summit of Hope events around the State. This event provided 40 seniors with free screenings.

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.

Funded Grantees in 2023 Aids Healthcare Foundation

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

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.

IDPH received the Garrett Lee Smith State/Tribal Youth Suicide Prevention Grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) in September 2022. Through this funding, IDPH was able to fund the expansion of depression screening in school-based health centers to Douglas County Health Center, technical assistance for suicide prevention efforts to DuPage High School District 88, timely referrals of students identified at risk youth to AllianceChicago, and training to identify students at risk for suicide to Prevention First. IDPH also received general revenue funds which funded the University of Chicago's Extension for Community Health Outcomes (ECHO) Program which trained medical providers on suicide prevention care by bringing together community health centers and academic medical centers for collaborative, curriculum-based, iterative, case-based learning. IDPH partnered with Illinois State Board of Education and University of Chicago to offer free Question Pursued Refer and Assessing and Managing Suicide Risk trainings to educators and school personnel statewide. IDPH was also awarded a grant from the Center for Disease Control: Expansion of Comprehensive Suicide Prevention Across the U.S. The purpose of the CDC Comprehensive Suicide Prevention funding is to implement and evaluate the comprehensive approach, with attention to one or more DAP, (e.g., veterans, rural communities, tribal populations, LGBTQ, homeless, other)

that account for a significant proportion of the suicide burden and/or have suicide rates greater than the general population in a jurisdiction(s) (e.g., state, county, tribe). Key outcomes include a 10% reduction in suicide morbidity and mortality in the DAP(s), in the chosen jurisdiction. The following disproportionately affected populations were selected based on mortality and morbidity data from vital records and hospital discharge records: men >50 years of age in Champaign, DeKalb, Kankakee, Kendall, Macon, Madison, McLean, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, Vermilion, and Winnebago counties and females aged 10-19 years.

County-level suicide data were mapped by age group: Rate by County

IDPH Suicide Prevention webpage: [Suicide Prevention](https://www.idph.state.il.us/suicide-prevention/) (illinois.gov)

Adolescent Suicide Postvention Resources: Navigating Towards Healing:
[Adolescent Suicide Postvention](#) | [ReferralGPS](#)

Fatal Opioid Overdoses

The overdose epidemic continues to impact the nation and state and this impact also affects senior populations. Much of what drives the epidemic is the synthetic opioid, fentanyl, which contaminates a great deal of the illicit drug supply. There is typically more fentanyl in product being sold as heroin seized by law enforcement than there is heroin. Stimulants such as cocaine or methamphetamine have often contained fentanyl which is increasing risk for opioid overdose. Fake prescription pills sold as Xanax often contain none of the drug buyers think they are purchasing but do contain fentanyl, increasing risk for opioid overdose. In Illinois in 2022, there were 3,261 deaths due to opioid overdoses. Many people are unaware of worsening overdose trends among some groups of seniors. Among Illinoisians 65 years of age and older of all races and ethnicities, the number of opioid overdose deaths increased from 175 in 2021 to 360 in 2022, a 106% increase. The age group with the highest opioid overdose death rate is 55–64-year-olds. In 2022, the overdose death rate (all races) in that group is 44.1 per 100,000 people (the rate compares the count of deaths to the size of the population). Black Illinoisians 55-64 years of age are 10 times more likely to die of opioid overdoses than their White or Hispanic neighbors.

| Age-Specific Opioid Fatality Rate by Race/Ethnicity | | | | | | |
|---|-----------|-------|-------|-------|-------|------|
| | Age Group | | | | | |
| Race/Ethnicity | <25 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ |
| Non-Hispanic Black | 8.6 | 49.3 | 76.6 | 131.3 | 207.0 | 69.2 |
| Non-Hispanic White | 4.7 | 36.8 | 44.9 | 31.8 | 20.2 | 11.1 |
| Hispanic/Latinx | 3.6 | 30.9 | 26.4 | 26.7 | 20.3 | 7.4 |
| Non-Hispanic Other | 2.7 | 9.7 | 8.7 | 4.1 | 2.2 | 1.7 |

There is help available. An opioid overdose does not have to be fatal. Opioid overdoses can be reversed with naloxone, a drug that is available at most pharmacies without a prescription. Naloxone can also be obtained at your local health department or Drug Overdose Prevention Program. To find the closest provider near you, visit the Illinois Helpline online, call 833-234-6343, or text “HELP” to 833234.

If you or someone you know has a opioid use disorder, please know there is help, including treatment, available immediately, 24 hours a day, 7 days a week. With the Medication Assisted Recovery Now (MAR NOW) service, a care manager can help callers determine their best treatment options and connect them to a provider for an immediate telephone appointment and medication prescription. Care Managers can also facilitate a same- or next-day, in-person appointment. All callers are connected to ongoing treatment with a community provider that best meets their needs. Access the MAR NOW service at the Illinois Helpline numbers above.

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.

*All data provided is the most recent data available. Injury-related data reports are available online.

| Death Data - CY21 | | | | | | |
|--|-----------------|------------|-----------------|------------|---------------|------------|
| | 65-74 years old | | 75-84 years old | | 85+ years old | |
| Fatality Type | Number | Crude Rate | Number | Crude Rate | Number | Crude Rate |
| All Injuries | 926 | 73.5 | 771 | 128.2 | 934 | 388.8 |
| Drowning-related | 12** | 1.0** | 12** | 2.0** | 7** | 2.9** |
| Unintentional fall-related | 210 | 16.7 | 367 | 61 | 619 | 257.7 |
| Unintentional fire-related | 32 | 2.5 | 32 | 3.8 | 7** | 2.9** |
| Firearm-related | 106 | 8.4 | 85 | 14.1 | 22 | 9.2 |
| Homicide | 25 | 2 | 11** | 1.8** | 3** | 1.2** |
| Motor vehicle traffic | 149 | 11.8 | 78 | 13 | 53 | 22.1 |
| Nondrug Poisoning | 16** | 1.3** | 5** | 0.8** | 4** | 1.7** |
| Suicide | 145 | 11.5 | 96 | 16 | 32 | 13.3 |
| Traumatic Brain Injury | 182 | 30.7 | 234 | 90.1 | 166 | 200 |
| ** Counts less than 20 are unstable and rates should be interpreted with caution. Rates reported per 100,000 persons. | | | | | | |
| Data Source: Illinois Department of Public Health, Vital Records, 2021. | | | | | | |

Hospitalization Data - CY 2021

| | 65-74 years old | | 75-84 years old | | 85+ years old | |
|----------------------------|-----------------|------------|-----------------|------------|---------------|------------|
| Fatality Type | Number | Crude Rate | Number | Crude Rate | Number | Crude Rate |
| All Injuries | 8,312 | 659.8 | 9,429 | 1567.9 | 9,599 | 3995.9 |
| Drowning-related | 1** | 0.1** | 0 | 0 | 0 | 0 |
| Unintentional fall-related | 5,496 | 436.2 | 7,290 | 1212.2 | 8,012 | 3335.3 |
| Unintentional fire-related | 61 | 4.8 | 24 | 4 | 5** | 2.1** |
| Firearm-related | 7** | 0.6** | 8** | 1.3** | 3** | 1.2** |
| Assault | 91 | 7.2 | 54 | 9 | 34 | 14.2 |
| Motor vehicle traffic | 562 | 44.6 | 347 | 57.7 | 159 | 66.2 |
| Nondrug Poisoning | 80 | 6.3 | 33 | 5.5 | 14** | 5.8** |
| Self-Harm | 153 | 12.1 | 75 | 12.5 | 39 | 16.2 |
| Traumatic Brain Injury | 1,453 | 115.3 | 1,707 | 283.8 | 1,508 | 627.8 |

** Counts less than 20 are unstable and rates should be interpreted with caution.

Rates reported per 100,000 persons.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2021.

Emergency Department Data - CY 2021

| | 65-74 year old | | 75-84 year old | | 85+ years old | |
|----------------------------|----------------|------------|----------------|------------|---------------|------------|
| Fatality Type | Number | Crude Rate | Number | Crude Rate | Number | Crude Rate |
| All Injuries | 72,480 | 5753.1 | 54,531 | 9067.4 | 40,198 | 16733.8 |
| Drowning-related | 6** | 0.5** | 2** | 0.3** | 1** | 0.4** |
| Unintentional fall-related | 36,503 | 2897.4 | 34,883 | 5800.3 | 29,990 | 12484.3 |
| Unintentional fire-related | 154 | 12.2 | 59 | 9.8 | 24 | 10 |
| Firearm-related | 39 | 3.1 | 11** | 1.8** | 33 | 13.7 |
| Assault | 837 | 66.4 | 228 | 37.9 | 127 | 52.9 |
| Motor vehicle traffic | 5,106 | 405.3 | 2,092 | 347.9 | 636 | 264.8 |
| Nondrug Poisoning | 222 | 17.6 | 96 | 16 | 34 | 14.2 |
| Self-Harm | 125 | 9.9 | 55 | 9.1 | 21 | 8.7 |
| Traumatic Brain Injury | 1,643 | 130.4 | 1,515 | 251.9 | 1,039 | 432.5 |

** Counts less than 20 are unstable and rates should be interpreted with caution.

Rates reported per 100,000 persons.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2021.

| Percentage of Annual Older Adult Falls-Related Deaths, Hospitalizations, and ED Visits by Cause | |
|---|------|
| Year | 2022 |
| Hip Fracture | |
| ED Visits | 1% |
| Hospitalizations | 38% |
| Deaths | 13% |
| TBI | |
| ED Visits | 22% |
| Hospitalizations | 40% |
| Deaths | 49% |

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 early 2023, the 2023-2026 Alzheimer’s Disease Illinois State Plan was published by IDPH with six updated goal areas, all focused on equitable approaches for reducing health disparities for those living with dementia and their care partners.

In 2023, two early detection projects continued to focus on some of the state’s most vulnerable, at-risk, and underserved seniors, including but not limited to communities of color and rural communities. The “KNOW alz” campaign mobilized community-based organizations and trained community health workers to deliver education about brain health, cognitive decline, early warning signs of Alzheimer’s Disease and other dementias. These entities serve as trusted partners in targeted at risk communities to provide guidance about how to seek screening and early detection, and how to access local resources and support after a diagnosis. The “Brain Trust” project hosted a webinar to train family care physicians about the importance of diagnosing Alzheimer’s Disease and other dementias early and began recording episodes for a podcast series. Both of these educational modalities provide continuing medical education units for physicians.

Lastly, IDPH in collaboration with the Association of State and Territorial Health Organizations and the Alzheimer's Association, began participation with a cohort of other states in the Healthy Brain Initiative Data for Action Project. The goal of this project is to improve the analysis of 2020 cognitive BRFSS data and 2021 caregiver BRFSS data collected in Illinois, including trends in the prevalence data that could indicate disparities within specific subpopulation groups. A Burden Brief regarding subjective cognitive decline in Illinois and a Burden Brief regarding caregiving in Illinois will follow with insights and implications from the analysis.

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-June 30, 2023) of the instant scratch-off lottery ticket is approximately \$15,269,647. 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 \$1,111,437. Grantees were Cass County Health Department (\$135,000); Equal Hope dba Metropolitan Chicago Breast Cancer Task Force (\$249,000); Fulton County Health Department (\$200,000); Tapestry 360 Health (formally Heartland International Health Centers) (\$146,242); Lester and Rosalie Anixter Center (\$136,161); Mercer County Health Department (\$135,034); and Stephenson County Health Department (\$145,000).

Grantees worked to enhance existing patient navigation programs within their organizations or develop a new patient navigation program if one did not currently exist. Outreach conducted by grantees in FY22 has generated interest from members of their communities and they have been in contact with over 100,000 patients, of which, over 1500 were navigated into 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.

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 FY23, the IWP screened 1,134 women of which 29.5% were of Hispanic Origin. In FY23, the following Races were served: approximately 3.6% were African American, and approximately 57.4% were Asian Or Native Hawaiian/Pacific Islander. Of the total women served in FY23, over 70% of those women were between the ages of 50 and 64.

Demographics on the Rise

Changing Demographics

- According to the 2023 American Community Survey, 17.6% of Illinois' population is 65 years or older. The age breakdown of Illinois' older population is:
 - 65 to 74 years: 10.3%
 - 75 to 84 years: 5.3%
 - 85 years and over: 2.0%
- Every baby boomer will be over 65 by 2030.
- By 2035, it is projected that older adults will outnumber children for the first time in US history.
- In 2022, there were 57.8 million people aged 65 and older in the United States, which is 17.3% of the population.
- The number of older Americans is expected to continue to increase, with projections that by 2050 there will be 82 million people aged 65 and older. This would be a 47% increase from 2022, and the share of the population aged 65 and older would rise from 17% to 23%.
- The U.S. population aged 65 and over grew nearly five times faster than the total population over the 100 years from 1920 to 2020, according to the 2020 Census.
- Minorities are expected to become the majority in 2045 with more than half of all Americans projected to belong to a minority group. By 2060, nearly one in five of the nation's total population is projected to be foreign-born.
- Immigration is projected to become the primary driver of population growth starting in 2030 due to the population aging and a rising number of deaths.
- The nation's 65 and older population is projected to nearly double in size in the coming decades, from 58 million in 2022 to 95 million in 2060. As a result, the share of people aged 65 and older will grow from approximately 17.3 percent to nearly a quarter of the population in 2060.
- The number of people 85 years and older is expected to nearly double by 2035 and nearly triple by 2060.
- The non-Hispanic White population is projected to shrink over coming decades, from 197 million today to 179 million people in 2060— even as the U.S. population continues to grow. Their decline is driven by falling birth rates and rising number of deaths over time as the non-Hispanic White population ages. In comparison, the White population, regardless of Hispanic origin, is projected to grow from 253 million to 275 million over the same period.
- The African American population is projected to increase from 44 million to 61 million by 2060 (from 13 percent to 15 percent of the population). Meanwhile, the Hispanic population is projected to grow from 56.6 million to 119 million by 2060. Nearly one in three U.S. residents would be Hispanic.
- The Asian population is projected to go from 17.4 million to 34.4 million by 2060. Its share of the nation's population is expected to rise from 5.9 percent to 9.1 percent during this time period.

- The Native Hawaiian and Other Pacific Islander population is expected to nearly double, and the number of people who identify themselves as being of two or more races is projected to almost triple, from 8.5 million to 25 million during the period between 2016-2060. The population of people who are two or more races is projected to be the fastest-growing racial or ethnic group over the next several decades, followed by Asians and Hispanics.
- For Asians, the driving force behind their growth is high net international migration.
- Among the remaining race groups, American Indians and Alaska Natives are projected to rise from 4.3 million to 5.5 million by 2060 (or from 1.3 to 1.4 percent of the total population).
- By 2030, the older population, 65 and over, will be about 1 billion and by 2050, 1.6 billion of the total population of 9.4 billion. That will be double the population of that age group of 49.2 million in 2016.
- The U.S. Census Bureau projects that the non-Hispanic White population will shrink from around 199 million in 2020 to approximately 179 million by 2060.

Minority Aging

- Today's older Americans are predominantly White, but the demographics of older America will undergo a dramatic transformation in the next few decades.
- The non-Hispanic African American population aged 65 and older is projected to grow to 12.1 million by 2060. African Americans constitute around 9% of the older population. By 2060, the percentage is projected to be 13%.
- The Hispanic American population (of any race) age 65 and older was 4,638,966 in 2019, making up 9% of the older population. The Hispanic population is projected to comprise 21% of the older population, or approximately 19.9 million people by 2060.
- The American Indian and Alaska Native population aged 65 and older was 301,418 in 2019 and is projected to grow to more than 648,000 by 2060.
- The Asian American population aged 65 and older was 2,492,874 in 2019 and is projected to grow to 7.9 million by 2060. In 2019, Asian Americans made up 4.6% of the older population. By 2060, the percentage is projected to be 8%.
- There are some major differences in the aging of the minority population as compared to the aging of White Americans. The onset of chronic illness in minorities is usually earlier than in Whites.
 - Minorities have a higher incidence of obesity and late-onset diabetes.
 - Health problems among minorities are underreported to healthcare practitioners.
 - Minorities frequently delay seeking health-related treatments.
 - Minorities have often been excluded from drug research.
- Some of the factors contributing to poor mental health among minorities include poverty, segregated and disorganized communities, poor education, unemployment, stereotyping, discrimination, and poor healthcare. The nation's 65 and older population is projected to nearly double in size in the coming decades, from 58 million in 2022 to 95 million in 2060. As a result, the share of people aged 65 and older will grow from approximately 17.3 percent to nearly a quarter of the population in 2060.

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SOURCES FOR FUTURE RESEARCH AND DATA

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

SERVING MINORITY SENIORS

FISCAL YEAR 2023



Illinois Department on Aging

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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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For information call the Senior HelpLine: 1-800-252-8966; 711 (TRS).