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

FY 2015

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 Bruce Rauner, Governor, and the Honorable Members of the Illinois General Assembly

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

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

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

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Illinois Department on Aging

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I

The Four State Agencies and their Services to Seniors

Illinois Department on Aging

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

Illinois Department of Healthcare and Family Services

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

Illinois Department of Human Services

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

Illinois Department of Public Health

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

II

Definition of Terms

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 maintain tribal affiliation or community attachment.

Asian

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

Black or African American

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

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The U.S. Census Bureau American Community Survey (ACS) states this definition: "People who identify with the terms 'Hispanic' or 'Latino' are those who classify themselves in one of the specific Hispanic or Latino categories listed on the Census 2000 or ACS questionnaire — 'Mexican,' 'Puerto Rican,' or 'Cuban' — as well as those who indicate that they are 'other Spanish, Hispanic, or Latino.' Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Spanish, Hispanic, or Latino may be of any race."

Native Hawaiian and Other Pacific Islander

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

Multiracial
People having origins in two or more of the federally designated racial categories. (Note: Though OMB and Census 2000 use "two or more races," we use the term "multiracial" because it is the term most widely used and accepted by advocacy groups and state laws.)

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

Age

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

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

III

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

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

Illinois Department on Aging

The Illinois Department on Aging serves and advocates for Illinoisans age 60 and older and their caregivers by administering programs and promoting partnerships that encourage independence, dignity and quality of life. The services are delivered through the Aging Network composed of the Illinois Department on Aging (IDoA), Area Agencies on Aging (AAAs), Care Coordination Units (CCUs), senior centers and many other local organizations. These services help senior citizens 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 senior citizens. The Department engages in specific planning activities to identify needs and evaluate the adequacy of existing programs to serve those in greatest need.

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 low-income minority persons and older adults living in rural areas. IDoA uses OAA funds to leverage state and local resources to expand and improve services.

In FY 2015, programs funded by the OAA served more than 521,440 seniors age 60 and over, or approximately 21 percent of Illinois' 2.5 million older adults. There are no mandatory fees associated with services but older adults may make contributions to help defray the costs. OAA funded services include supportive services that fall into categories of access, in-home and community services, as well as nutrition services, employment assistance and caregiver support.

Supportive Services

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

Nutrition Services

During FY 2015, almost 116,286 older adults received Nutrition Services. The services include congregate and home delivered meals. Congregate meals are served weekdays in over 428 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 33⅓ percent of the Recommended Dietary Allowances (RDA) established by the Food and Nutrition Board of the National Academy of Sciences/National Research Council.

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

Caregiver Support

The Caregiver Support Program assists families caring for frail older members, as well as grandparents or older relatives who are caregivers for children 18 and younger. Services include information and assistance, respite, individual counseling, support groups and caregiver training. In addition, supplemental services are provided on a limited basis to complement care provided by caregivers. Supplemental services may include assistive devices, legal assistance, school supplies and other gap filling services to address a short-term caregiver emergency.

Persons Receiving Assisted Transportation Under the Older Americans Act During FY15

Race	Count
African Americans	176
Hispanic Orgin	6
American Indian or Alaskan Native	0
Asian	3
Caucasian	382
Other	54

Persons Receiving Congregate Meals Under the Older Americans Act During FY 15

Race	Count
African Americans	20,155
Hispanic Orgin	3,873
American Indian or Alaskan Native	307
Asian	3,933
Caucasian	52,607
Other	2,516

Persons Receiving Home Delivered Meals Under the Older Americans Act During FY 15

Race	Count
African Americans	7,212
Hispanic Orgin	1,790
American Indian or Alaskan Native	36
Asian	314
Caucasian	23,363
Other	1,174

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 adults age 55 and older in entering or re-entering the job market. The Program is administered by IDoA with the cooperation of the AAAs, which are responsible for implementation at the regional and local levels.

Persons Receiving Senior Community Service Employment Program Benefits Under the Older Americans Act During FY15

Race	Count
African Americans	252
Hispanic Orgin	47
American Indian or Alaskan Native	7
Asian	9
Caucasian	155
Other	0
*2 or more Races	3

Adult Protective Services

IDoA administers the Adult Protective Services Program (APS) that works to prevent abuse, 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 FY15, the Program received 14,858 reports of suspected abuse, neglect or financial exploitation for investigation and follow up. Trained case workers from 42 designated local agencies worked with victims to prevent further abuse and to arrange for needed services, such as in-home care, counseling, medical assistance, legal intervention or law enforcement assistance.

Long-Term Care Ombudsman

The Long-Term Care Ombudsman Program (LTCOP) was established to protect the rights of those individuals who live in a variety of long-term care settings. Traditionally, the program's activities have included investigating and resolving complaints made by or on behalf of long-term care residents and providing information about residents' rights and choices when selecting a long-term care facility. Ombudsmen also monitor the development of laws, regulations and policies related to long-term care settings. In FY 2015, there were more than 1,500 facilities in Illinois with over 136,000 beds or units and the LTCOP conducted 19,791 facility visits, provided 23,704 consultations and investigated 9,974 complaints.

Recently, Public Act 098-0380 was enacted amending the Illinois Act on the Aging to expand the LTCOP into home and community-based settings subject to appropriations. Specifically, the new law which was signed in August 2013 authorized the Ombudsman Program to "advocate on behalf of older persons and persons with disabilities residing in their own homes or community-based settings, relating to matters which may adversely affect the health, safety, welfare, or rights of such individuals."

During last fiscal year, IDoA was the recipient of a three-year federal grant from the Centers for Medicare and Medicaid Services to promote the development of ombudsman services for Medicare/Medicaid Alignment Initiative (MMAI) beneficiaries. These funds were granted to ten Regional Ombudsman Programs to begin project development activities in covered areas of the state. MMAI beneficiaries include adults 18 and older who receive both Medicare and Medicaid, and are recipients of managed care services through the MMAI demonstration project.

Senior HelpLine

The toll-free Senior HelpLine provides information and assistance on programs and services and links older adults age 60 and over as well as their caregivers to local services. Aging specialists on the Senior HelpLine assess needs, send literature and provide written referrals for a range of services, such as care coordination, home delivered meals, caregiver support, local free transportation services and Medicare counseling. The Senior HelpLine staff also answers the dedicated APS HelpLine during normal business hours and completes intakes. In Fiscal Year 2015, almost 134,600 calls were handled by the Senior HelpLine, of which almost 2,200 were from Spanish speaking households.

Benefit Access

The Department on Aging determines eligibility through the Benefit Access Application for the Secretary of State License Plate Discount, as well as the Seniors or Persons with Disabilities Ride Free Transit Cards which allows for free rides on fixed-route transit through local transit authorities. Approximately 112,636* Benefit Access Applications were received in 2015 resulting in 93,604 license plate discounts, 65,246 Seniors Ride Free and 39,389 Persons with Disabilities Ride Free Enrollments.

*Counts are higher in 2015 due in part to Benefit Access utilizing a 2 year application period, Benefit Access Web Based application process, and the support of the Aging Network.

Senior Health Insurance Program (SHIP)

SHIP activities align with the IDoA's mission to help older individuals maintain their health and independence while remaining in their homes and communities. SHIP provides accurate objective counseling, assistance and advocacy relating to Medicare, private health insurance and related health coverage plans. Counseling focuses on specific information or assistance provided in one-on-one confidential sessions with certified counselors trained by the Department. In addition, SHIP provides outreach to educate individuals about their Medicare benefits through public forums, community presentations, and various publications. In FY 2015, the Illinois SHIP Program assisted over 110,000 Medicare beneficiaries. In addition, SHIP provided outreach to educate individuals about their Medicare benefits during over 1,600 events such as public forums, community presentations, and in various publications.

Client Contacts During FY15

Race	Count
American Indian and Alaska Native	57
Asian	4,031
Black or African American	5,772
Hispanic or Latino	4,962
Native Hawaiian and Other Pacific Islander	36
Multiracial	172
White	69,291
Other	5,873

Community Care Program

The Department on Aging administers the Community Care Program (CCP), a major initiative to prevent the unnecessary institutionalization of people in Illinois who are 60 years of age and older. The program is designed to meet the needs of older adults who have difficulty with household and personal care tasks. Services include in-home, adult day, and emergency home response services. During FY 2015, CCP served an average of 83,976 frail elderly each month, thereby successfully diverting or delaying many of those individuals from entering a nursing home. CCP is a viable and cost effective alternative to nursing home care and the number of individuals it serves has increased significantly in the past years. CCP is supported by State General Revenue funds as appropriated by the legislature. A portion of the cost for Medicaid eligible participants is reimbursed to Illinois through a federal Title XIX, Medicaid, Home and Community Based Services Waiver. CCP complies with the Centers for Medicare and Medicaid Services (CMS) requirements for 1915(c) Waiver for the Elderly. Participants are evaluated through an initial comprehensive care assessment to determine their need for service. Annual reassessments ensure ongoing needs are identified and met.

IDoA provides meaningful access to services to low income minority older adults 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.

In 1989, CLESE was formed to improve the lives of Limited English Speaking Elderly. It now represents 54 diverse ethnic member organizations and its efforts include providing leadership, education and advocacy.

IDoA contracts with CLESE so that older adults can receive in-home and adult day services from providers who speak their native language and understand their culture. In FY 2015, approximately 10,000 CCP participants were served by 21 CLESE member organizations. In addition, the Department works with CLESE to provide technical assistance including translation of critical documents designed to improve services to Limited English Speaking Elderly.

Assurance of Service by the Department on Aging to Minorities

Service plans developed in each of the 13 Area Agencies on Aging are submitted to the Department for approval, and the Department on Aging 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 Healthcare and Family Services (HFS)

HFS Medical Benefits for Seniors

HFS operates several programs that provide medical benefits for seniors. The largest program, known as the Medical Assistance Program, pays for medically necessary services for seniors who meet qualifying criteria. HFS administers its programs for seniors under the Illinois Public Aid Code, Title XIX of the federal Social Security Act, and the 1915(c) Home and Community Based Services (HCBS) Waivers. These programs are funded jointly by the State and federal governments.

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

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

Medicare Supplementation Programs

Qualified Medicare Beneficiary (QMB) Program
This program helps individuals pay for their monthly Medicare Part A premiums, Medicare Part B premiums, and Medicare deductibles and coinsurance amounts. Persons may be eligible if they receive Medicare Part A coverage, their income is at or below 100 percent of FPL, and their resources (excluding home, car and burial plot) do not exceed the resource standard of $7,280 for one person or $10,930 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 $7,280 for one person or $10,930 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 $7,280 for a single person and $10,930 for a couple. (Reimbursement is 100% federal.)

HCBS Waiver Programs
All HCBS 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 Developmental Disabilities
This program helps individuals age 18 or older with developmental disabilities who are at risk of placement in an Intermediate Care Facility for persons with Developmental Disabilities. The Department of Human Services, Division of Developmental Disabilities is the operating agency for this waiver. Services include adult day care, residential habilitation, home-based services, day habilitation, 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 homemaker, adult day 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 homemaker, home health aide, personal care, adult day care, habilitation, and supported employment.

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

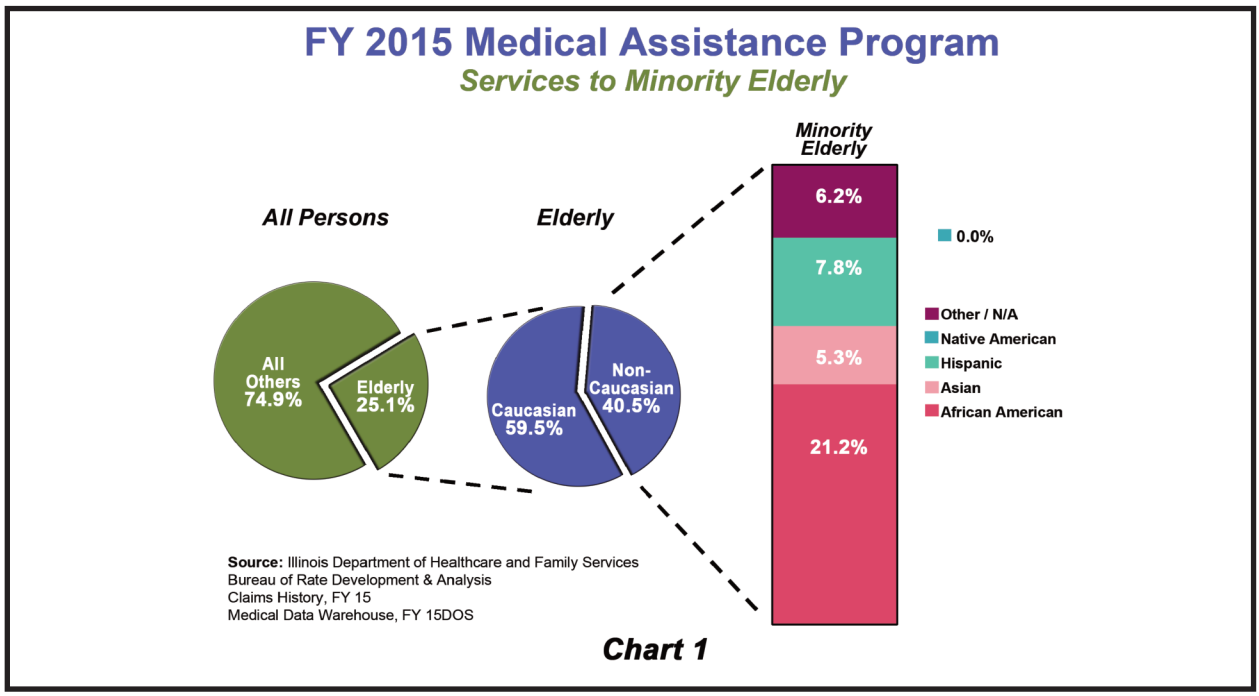
Persons with HIV or AIDS
This program helps individuals who are diagnosed with Human Immune Deficiency Virus or Acquired Immune Deficiency Syndrome and are at risk of placement in a nursing facility. The Department of Human Services, Division of Rehabilitation Services is the operating agency for this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

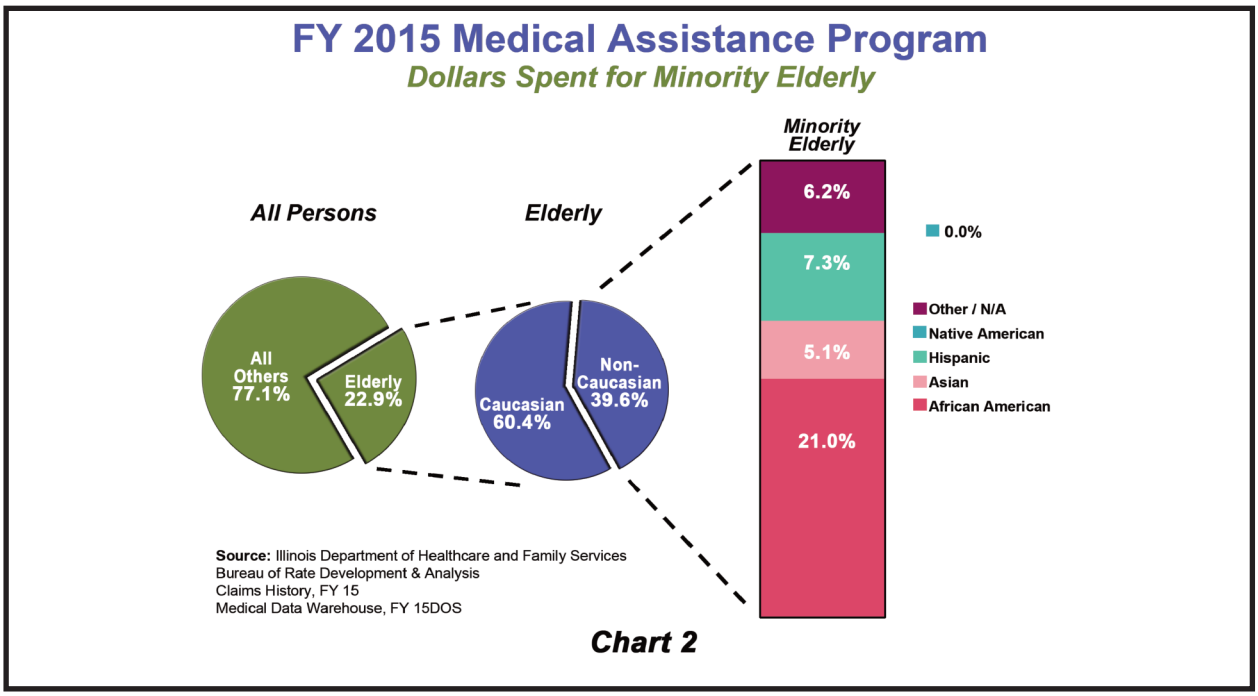
Supportive Living Facilities
This program helps individuals age 22-64 with a physical disability, or persons age 65 or over, to reside in their own apartment in an assisted living style setting. This program provides assistance with activities of daily living and requires the scheduled and unscheduled 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 nursing, personal care, medication oversight with self-administration, laundry, and housekeeping.

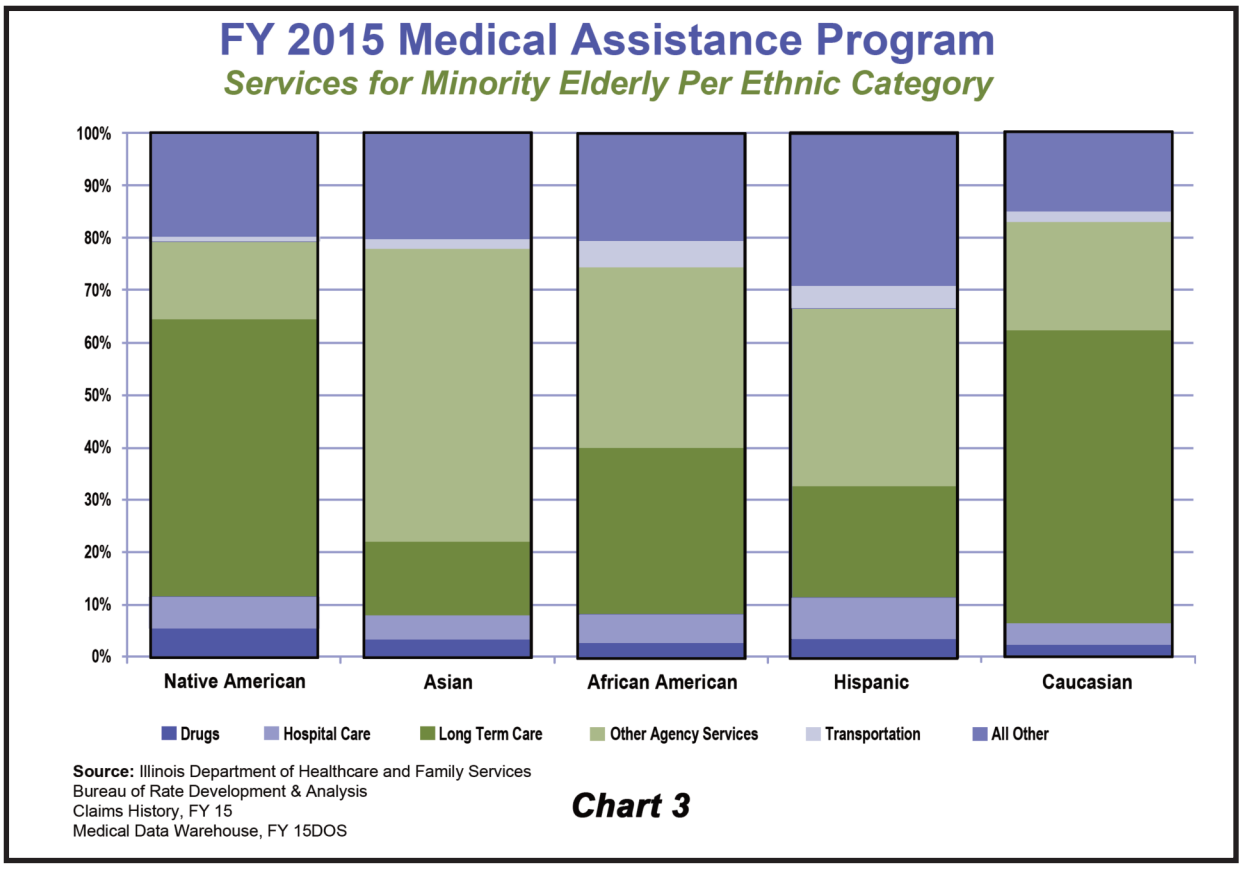
Utilization Data

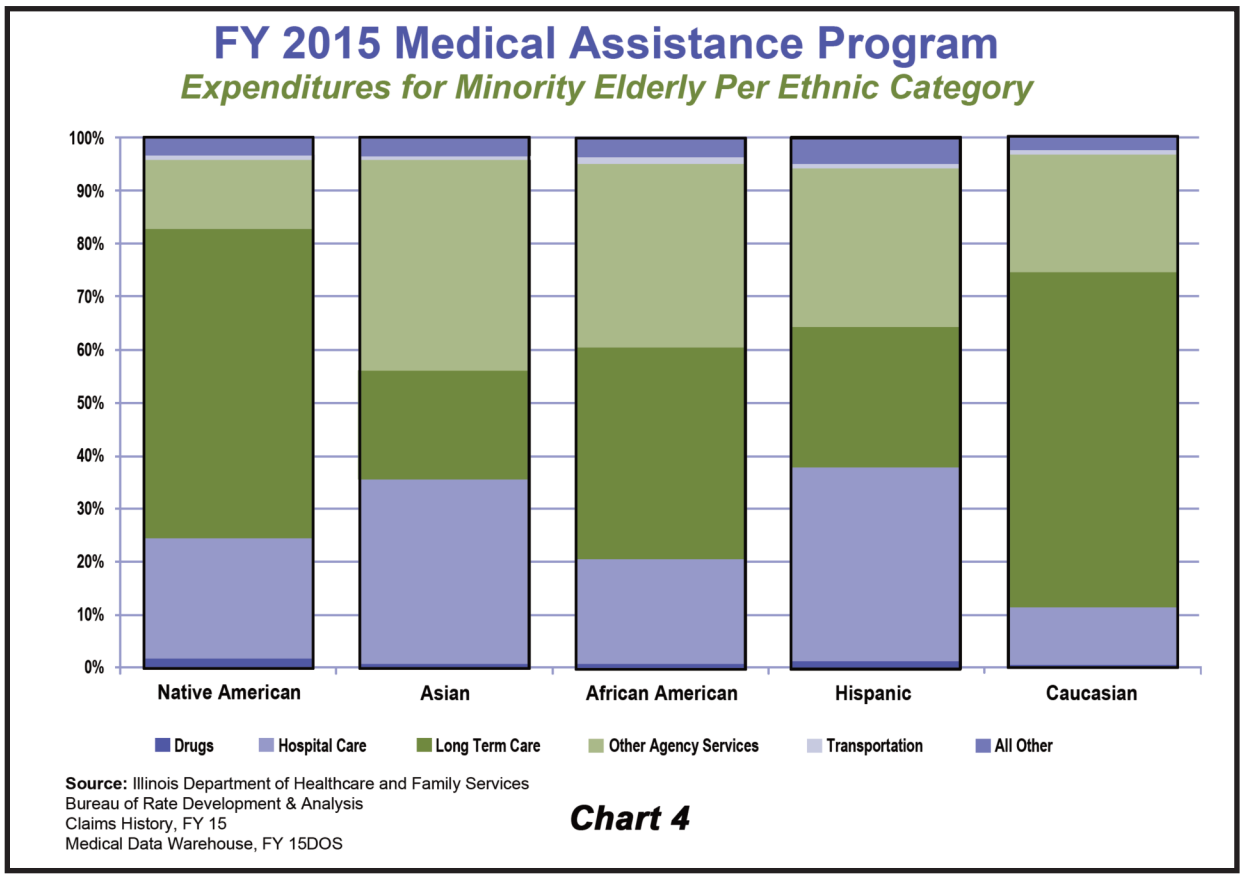
During FY15, a total of 66 million fee-for-service claims were received and processed under the Medical Assistance Program accounting for $9 billion in expenditures and 114 million services. Of these amounts, 25 percent of all services and 23 percent of all expenditures were for the elderly. Minority Elderly accounted for 41% of services and 40% of liability for the Elderly.

All charts represent Medical Assistance eligible individuals age 65 years and older and are limited to those services provided on a fee-for-service basis. Services for individuals covered by a managed care organization are not included in this report.



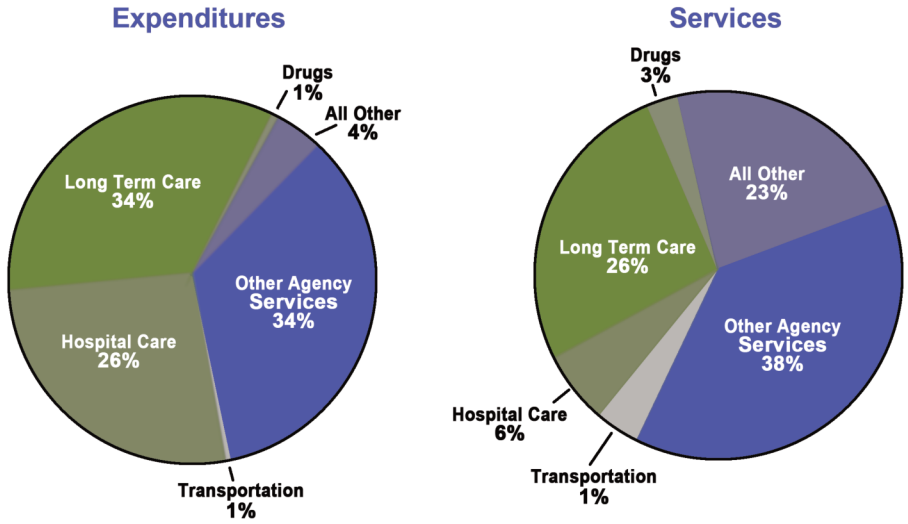



FY 2015 Medical Assistance Program
Services for Minority Elderly Per Ethnic Category
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Native American
Asian
African American
Hispanic
Caucasian
Drugs
Hospital Care
Long Term Care
Other Agency Services
Transportation
All Other
Source: Illinois Department of Healthcare and Family Services
Bureau of Rate Development & Analysis
Claims History, FY 15
Medical Data Warehouse, FY 15DOS
Chart 3


FY 2015 Medical Assistance Program
Expenditures for Minority Elderly Per Ethnic Category
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Native American
Asian
African American
Hispanic
Caucasian
Drugs
Hospital Care
Long Term Care
Other Agency Services
Transportation
All Other
Source: Illinois Department of Healthcare and Family Services
Bureau of Rate Development & Analysis
Claims History, FY 15
Medical Data Warehouse, FY 15DOS
Chart 4

FY 2015 Medical Assistance Program

Expenditures Vs. Services for Minority Elderly

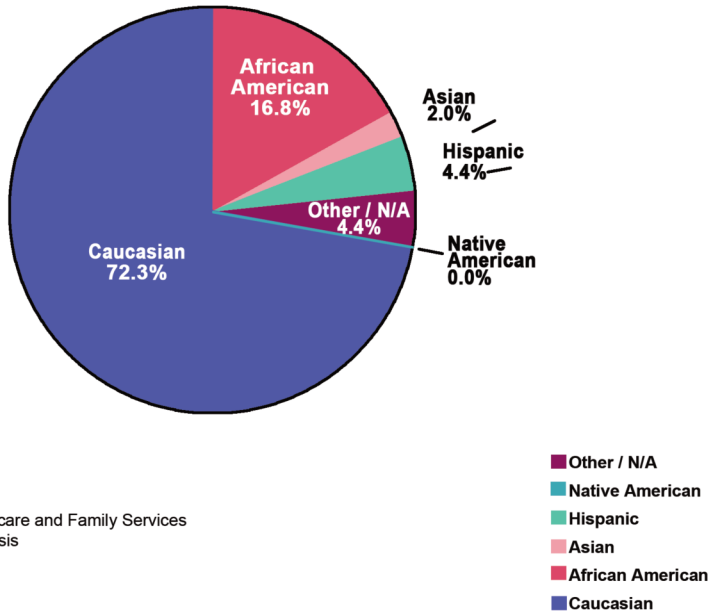


Source: Illinois Department of Healthcare and Family Services
Bureau of Rate Development & Analysis
Claims History, FY 15
Medical Data Warehouse, FY 15DOS

Chart 5

FY 2015 Medical Assistance Program

Elderly Nursing Facility Residents by Racial/Ethnic Group



Source: Illinois Department of Healthcare and Family Services
Bureau of Rate Development & Analysis
Claims History, FY 15
Medical Data Warehouse, FY 15DOS

Chart 6

FEDERALLY REQUIRED MEDICAL ASSISTANCE SERVICES PROVIDED IN FY 2015

- ACA coverage for those 19-64 years of age
- Ambulatory services provided by rural health clinics and federally qualified health centers
- Ambulatory services to presumptively eligible pregnant women
- Early and periodic screening, diagnosis and treatment for individuals under 21 years of age
- Emergency services to non-citizens
- Family planning services and supplies
- Home health:
    - Home health aide
    - Medical supplies, equipment and appliances
    - Nursing services
        - Physical, occupational and speech therapies; audiology services
- Inpatient hospital services (other than those provided in an institution for mental diseases)
- Medical and surgical services performed by a dentist
- Nurse practitioner (pediatric and family only)
- Nurse-midwife services
- Nursing facility and home health services for individuals 21 years of age and older
- Outpatient hospital services
- Other laboratory and x-ray services
- Physician services
- Pregnancy-related services and services for other conditions that might complicate pregnancy
- Transportation

OPTIONAL SERVICES PROVIDED IN FY 2015

- Audiology services to non-citizens
- Care of individuals 65 years of age or older in institutions for mental diseases (IMD):
    - Inpatient hospital services, including State operated facilities
    - Nursing facility services
- Case management services
- Chiropractic services
- Clinic services (Medicaid clinic option)
- Dental services
- Diagnostic services
- Durable medical equipment and supplies
- Emergency hospital services
- Eyeglasses
- Home-and community-based services, through federal waivers:
    - Adults with developmental disabilities (18 years of age or older)
    - Individuals who are elderly (60 years of age or older)
    - Individuals with brain injuries
    - Individuals with disabilities
    - Individuals with HIV or AIDS
    - Supportive living facilities (22 through 64 years of age with disabilities; 65 years of age or older)
- Hospice care services
- Inpatient psychiatric services (IMD) for individuals under 21 years of age, including State-operated facilities
- Intermediate care facility services for the mentally retarded (ICF/MR), including State-operated facilities
- Nurse anesthesia services
- Nursing facility services for individuals under 21 years of age
- Occupational therapy services
- Optometric services
- Other practitioner services
- Physical therapy services
- Podiatric services
- Prescribed drugs
- Preventive services, including durable medical equipment and supplies
- Prosthetic devices, including durable medical equipment and supplies
- Rehabilitative services (Medicaid rehabilitation option)
- Religious non-medical health care institution services
- Renal Services to non-citizens
- Services provided through a health maintenance organization or a prepaid health plan
- Screening services
- Special tuberculosis-related services
- Speech, hearing and language therapy services
- Transplantation services

Illinois Department of Human Services

Division of Family & Community Services

For many individuals, the first point of contact with Illinois Department of Human Services (IDHS) is through the doors of one of the 80 Family Community Resource Centers across the state. These doors open to the IDHS system of social services for low-income families, administered and delivered through the Division of Family & Community Services. Cash and food assistance, child care, access to medical care, and help with employment and training are some of the needs that are served. Individuals and families are also referred to a vast network of community services, where additional programs are available, many of which are also funded through IDHS. The Division also provides services to at-risk and homeless persons and to immigrants and refugees. The programs, which are administered and delivered through the Division of Family & Community Services, have the goal of helping families achieve and sustain self-sufficiency.

Supplemental Nutritional Assistance Program

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

Temporary Assistance for Needy Families (TANF)

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

Family Health Plans

Family Health Plans provide health coverage for children and parents or caretaker relatives of children. The public may apply for assistance at one of the 80 DHS Family Community Resource Centers.

Affordable Care Act

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

What is ABE?

The Application for Benefits Eligibility (ABE) is a new website for customers that was launched in October 2013. Customers can use ABE to apply for SNAP, cash and Medicaid/CHIP. They can also send all required paperwork electronically using ABE.

What about people on Medicaid?

If a person already gets Medicaid, there is nothing else to do except to continue to inform us of changes and respond to redetermination notices when we send them. Medicaid is a form of health insurance and fulfills the ACA's health insurance coverage requirement.

The ACA closes a gap in the Medicaid program by offering health coverage for adults without disabilities who don't have dependent children. Thousands more people will become eligible for Medicaid.

Aid to the Aged, Blind, or Disabled

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

Refugee Senior Services Initiative

This federally funded discretionary grant supports the cultural adjustment, social integration and English language skill acquisition of older refugees through two community-based organizations. The project provides English language instruction specifically tailored to meet senior needs, increase independent functioning, and reduce social isolation; assists seniors in accessing public benefits, including health-related resources; and helps seniors gain a basic understanding of money/finances. In FY15, 234 older refugees were served.

The Immigrant Family Resource Program coordinated by the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) supports services at 38 ethnic community based organizations. It is an effort to assist limited-English speakers in enrolling in benefit programs. ICIRR conducted 24,492 immigrant households. Since demographic client data is not available, determining the exact number of seniors receiving assistance is not possible. However, ICIRR provided assistance with applications for AABD to 270 individuals.

Senior Benefit Programs Provided By Family & Community Services

All programs are for age 65+, except for SNAP (Food Stamps) that includes age 60+. Reports of persons for June 2015.

Region 1 North	African Americans	Asian-American/ Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	American Indian or Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)*									
	3,913	1,452	4,205	1,074	2,582	61	5	26	13,318
TANF MAG*									
	45	2	8	3	18	0	0	0	76
Family Health Plans									
	317	301	528	116	530	16	0	4	1,812
AABD-MAG									
	1,112	1,007	4,348	1,238	955	1	0	24	8,685
AABD-MANG									
	11,007	11,249	16,534	5,598	18,583	132	22	296	63,421
Refugee – Cash									
	1	0	5	0	0	0	0	0	6
Refugee - MANG									
	1	0	1	0	0	0	0	0	2
TOTAL PERSONS									
	16,396	14,011	25,629	8,029	22,668	210	27	350	87,320

Region 1 Central	African Americans	Asian-American/ Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	American Indian or Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)*	28	1	57	7	11	0	0	0	104
Family Health Plans	158	53	98	559	196	4	0	2	1,070
AABD-MAG	4	0	17	1	1	0	0	0	23
AABD-MANG	5,780	700	15,855	1,523	1,573	15	14	36	25,496
TOTAL PERSONS	5,970	754	16,027	2,090	1,781	19	14	38	26,693

Region 1 South	African Americans	Asian-American/ Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	American Indian or Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)	7,199	118	1,715	518	1,016	20	2	5	10,593
TANF MAG	113	1	4	2	10	0	0	0	130
Family Health Plans	624	16	181	55	264	20	1	0	1,161
AABD-MAG	1,167	10	168	18	101	1	0	1	1,466
AABD-MANG	20,798	641	4,604	1,920	6,520	44	10	38	34,575
TOTAL PERSONS	29,901	786	6,672	2,513	7,911	85	13	44	47,925

Region 2	African Americans	Asian-American/ Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	American Indian or Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)	964	654	5,119	800	892	57	6	7	8,499
TANF MAG	25	8	21	2	10	0	0	0	66
Family Health Plans	227	254	795	139	452	31	0	0	1,898
AABD-MAG	140	369	863	102	99	4	0	5	1,582
AABD-MANG	3,312	6,844	14,727	3,199	8,836	114	24	92	37,148
TOTAL PERSONS	4,668	8,129	21,525	4,242	10,289	206	30	104	49,193

Region 3	African Americans	Asian-American/ Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	American Indian or Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)									
	308	24	1,912	62	136	13	0	2	2,457
TANF MAG									
	12	0	17	1	0	0	0	0	30
Family Health Plans									
	91	23	440	26	41	7	0	0	628
AABD-MAG									
	119	21	245	7	14	0	1	3	410
AABD-MANG									
	1,463	361	8,940	531	718	29	3	11	12,056
TOTAL PERSONS									
	1,993	429	11,554	627	909	49	4	16	15,581

Region 4	African Americans	Asian-American/ Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	American Indian or Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)									
	171	3	1,294	28	35	5	1	0	1,537
TANF MAG									
	5	0	16	0	0	0	0	0	21
Family Health Plans									
	43	3	326	18	8	5	0	0	403
AABD-MAG									
	59	10	254	11	7	0	0	0	341
AABD-MANG									
	1,551	106	20,998	550	235	17	7	8	23,472
TOTAL PERSONS									
	1,829	122	22,888	607	285	27	8	8	25,774

Region 5	African Americans	Asian-American/ Other	Caucasian	Did Not Specify	Hispanic Ethnicity	Mixed Race/Two or More	American Indian or Alaskan Native	Pacific Islander	Total
SNAP/Food Stamps (age 60+)									
	497	10	1,939	38	35	13	1	1	2,534
TANF MAG									
	27	0	17	0	1	0	0	0	45
Family Health Plans									
	113	5	456	20	12	4	0	0	610
AABD-MAG									
	210	4	326	6	6	0	0	0	552
AABD-MANG									
	2,536	129	10,539	460	218	27	6	10	13,925
TOTAL PERSONS									
	3,383	148	13,277	524	272	44	7	11	17,666

Challenges to Services

One challenge to seniors, especially those providing care to children under age 19, is finding out about the availability of the programs to take advantage of them. Another challenge is to understand the requirements and the processes once they learn about the programs. Each benefit program has its own requirements which may or may not be similar. Many seniors do not wish to share information about their income and assets when it is needed to determine eligibility.

For AABD, a challenge for many applicants is the Lien and Estate recovery requirement for recipients. Many seniors do not understand the policy and are afraid that they will lose their property, or they believe that the policy will not enable them to leave their property to their children upon their death.

Some seniors decide that the eligibility process for SNAP benefits is too much trouble for the relatively small benefit for which they are eligible. There is a need for more marketing to seniors who qualify for the program by the entities that interface with seniors to promote knowledge of SNAP benefits and increase the understanding of its value.

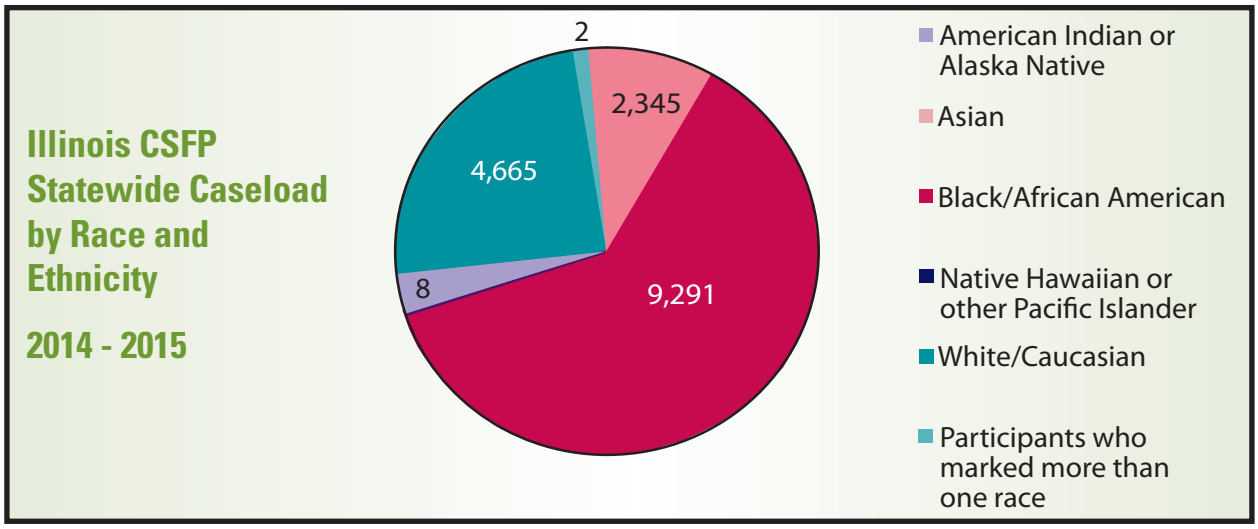
Division of Family and Community Services - Bureau of Family Nutrition

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

The Commodity Supplemental Food Program

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

Although additional funding to expand CSFP is requested annually, the Federal Budget has not allowed for expansion or additional caseload since 2009-2015.



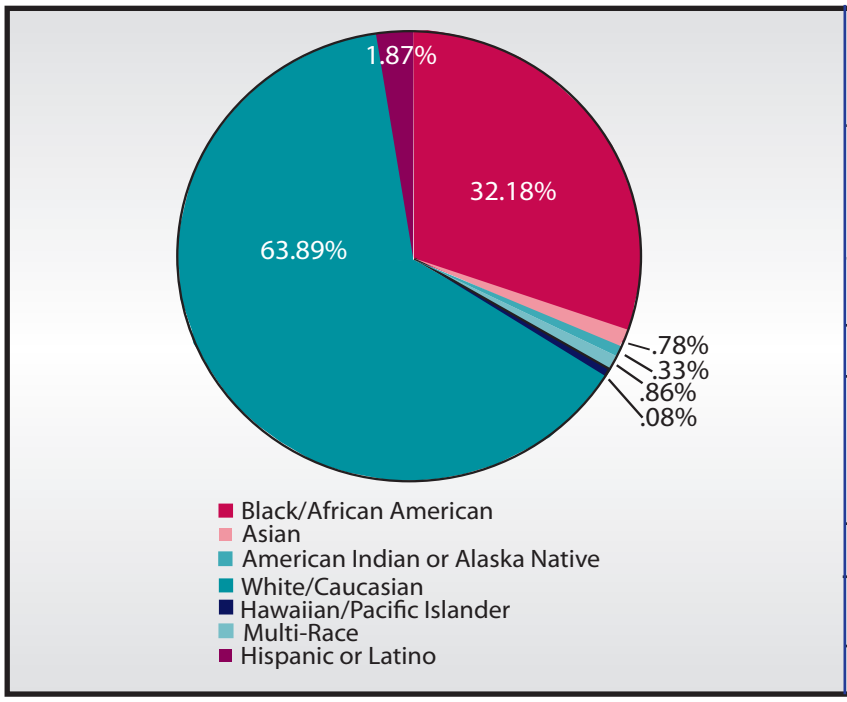
Commodity Supplemental Food Program Agency Participation by Race, Ethnicity

	Tri State Food Bank		St Louis Area Food Bank		Catholic Charities		Total	
Assigned Caseload	600		3,000		12,551		16,151	
	Total Number of Participants by Race	Number of Hispanic or Latino Participants Reported in Column A by Race	Total Number of Participants by Race	Number of Hispanic or Latino Participants Reported in Column A by Race	Total Number of Participants by Race	Number of Hispanic or Latino Participants Reported in Column A by Race	Total Number of Participants by Race	Number of Hispanic or Latino Participants Reported in Column A by Race
American Indian or Alaska Native	0	0	4	1	4	0	8	1
Asian	0	0	11	0	2,335	0	2,346	0
Black or African American	126	0	1,900	9	7,265	762	9,291	771
Native Hawaiian or other Pacific Islander	0	0	0	0	0	0	0	0
White	472	0	716	0	3,128	1,548	4,665	1,548
Participants who marked more than one race	2	0	0	10	0	2,310	2	2,409

The Senior Farmers Market Program

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

During the 2015 summer season over 472 farmers in 34 counties throughout the state, including Chicago/Cook County participated in the Senior Farmers Market Nutrition Program (SFMNP). The participating farmers received education prior to displaying their Farmers Market Nutrition Program signage and redeeming any of the 37,100 booklets of SFMNP - 2015 checks/coupons. In the summer 2015 Season, Farmers Market checks/coupons were distributed in booklets of $21.00 to seniors, age 60 and above and who have a household income of not more than 185% of the federal poverty income guidelines to purchase fresh fruits, vegetables, herbs and honey from participating farmers at local farmers' markets. Also, in 2015, we ordered 37,100 SFMNP booklets for distribution and of that, 29,166 booklets (204,106 checks) were redeemed by participating farmers.



Seniors Served by SFMNP by Race, Ethnicity 2014 - 2015

Race/Ethnicity	Percent
White/Caucasian	63.89%
Black/African American	32.18%
Asian	0.78%
American Indian/ Alaskan Native	0.33%
Hawaiian/Pacific Islander	0.08%
Multi-Race	0.86%
Hispanic or Latino	1.87%
Total	100.0%

Division of Alcoholism and Substance Abuse

The Division of Alcoholism and Substance Abuse (DASA) provides services to Illinois communities, at-risk, and addicted individuals including minority and non-minority seniors in a continuum of substance abuse intervention, treatment and recovery support services located throughout the state of Illinois.

Services include Detoxification, Outpatient, Intensive Outpatient, Residential Rehabilitation, Recovery Home, Halfway House, Case Coordination, Early Intervention, Recovery Support and, Case Management. During FY 2015, 869 unduplicated seniors were admitted to DASA-funded services. These individuals were on average 70.9 years of age.

Challenges to Services

There are a number of challenges to providing services to this ever-increasing older population. As the population increases, a greater percentage of older men and women will be without family support and have lower income levels. Meanwhile, health care is organized and financed with incentives to under-diagnosis and under-treat alcohol and substance use disorders. In addition, many seniors are resistant to discussions they view as challenging their competence and independence.

The percentage of seniors with substance abuse disorders is expected to increase with the aging of the "baby boomer" generation. For example, the 869 unduplicated seniors who were admitted to DASA services during FY 2015 were a 44.6% increase over the 601 unduplicated persons in this age category who were admitted in FY 2015. Assessment, intervention and treatment will require increased knowledge, skill and sensitivity to the needs and characteristics of persons in this segment of our client population.

DASA Program Admission Aged 65 and Above by Race, Ethnicity - FY 15

Race/Ethnicity	Individuals
American Indian	9
Asian	3
Native Hawaiian or other Pacific Islander	1
Black or African American	523
White	294
Other Single Race	39
Total	869

Division of Developmental Disabilities

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

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

State-Operated Developmental Centers

There are 7 state-operated developmental centers in Illinois. They are certified by the state as Intermediate Care Facilities for persons with developmental disabilities.

Race/Minority Group	Community-Based Program for persons with developmental disabilities *(Breakdown not available)*	State-Operated Developmental Centers for persons with developmental disabilities	Total Persons Served
White		324	324
Hispanic		8	8
Black/African American		66	66
Asian		1	1
American Indian		0	0
Pacific Islander		0	0
Other		1	1
Unknown		0	0
Total	**5,009***	**400***	**5,409***

*As of June 30, 2015

When an adult with a developmental disability reaches the age of 60, he or she can choose to retire from developmental training programs. Other daytime service options for seniors with developmental disabilities who choose to "retire" include staying at home, attending a local Adult Day Care program funded by the Division of Developmental Disabilities, or a combination of both.

Challenges to Services

Adults with developmental disabilities are living longer and therefore comprise a higher percentage of the total population served as compared to the past. Seniors with developmental disabilities may require more visits to the doctor, may be hospitalized more frequently and may remain in the hospital

for longer stays. Sometimes extended convalescence care in a long term care facility is required before the senior can return to their home. These increased health care and support needs place increased demands on the individuals, whether family members or paid staff, caring for them as compared to younger adults with developmental disabilities.

Division of Mental Health

The DHS Division of Mental Health (DMH) is responsible for planning and purchasing an array of mental health services for adults with serious mental illnesses and children and adolescents with serious emotional disturbances. DMH currently funds 194 community-based organizations to provide services to persons with mental illnesses across the state. The DHS/DMH also operates a system of 7 hospitals and one treatment detention facility providing treatment to adults.

Specialized Gero-Psychiatic Services

At the present time there is no specialized funding directly from DMH to support gero-psychiatric services, although as reported below, individuals aged 65 and older receive services purchased from DMH providers. Charlotte Kauffman, M.A., L.C.P.C. serves as the point person for Geriatric services for DMH and as the DMH liaison to the Illinois Department on Aging.

Individuals Age 65 and Older Receiving DMH Purchased Mental Health Services in FY2015

During FY 2015, approximately 3.6% of the total number of individuals receiving DMH purchased community based mental health services were 65 years of age or older. Descriptive information for this population is displayed in the tables. Data is partitioned by age, race/ethnicity, Hispanic origin and gender.

Individuals Age 65+ Partitioned by Age Receiving Mental Health Services - FY 2015

Age	Count	Percentage
65 to 74	3,504	77.2%
74 and older	1,037	22.8%
Total	**4,541**	**100%**

Race/Ethnicity, Hispanic Origin and Gender of Individuals Age 65 and Older Receiving Mental Health Services FY 2015			
		Number of Individuals	**Percentage**
Race/Ethnicity	White/Caucasian	3,429	75.5%
	Black/African American	626	13.8%
	Asian	126	2.8%
	American Indian /Alaskan Native	11	.2%
	Native Hawaiian/Pacific Islander	7	.2%
	Multi-Race	4	.1%
	Unknown	338	7.4%
	TOTAL	**4,541**	**100.0%**
Hispanic Origin	Yes	355	7.8%
	No	3,758	82.8%
	Not Available	428	9.4%
	TOTAL	**4,541**	**100.0%**
Gender	Female	2,864	63.1%
	Male	1,675	36.9%
	Not Reported	2	0.0%
	TOTAL	**4,541**	**100.0%**

Challenges to Services

Although many older adults enjoy good mental health, approximately 20% of persons 60 years of age and older experience mental disorders that are not part of normal aging. The most common disorders among older adults are anxiety and depression along with a high rate of suicide for older adult males aged 85 and older. The assessment, diagnosis, and treatment of mental disorders among older adults provide unique challenges due to stigma, ageism, transportation, mobility, lack of workforce education and experience in older adult's issues and payment of services. Most community mental health agencies are not certified to bill Medicare.

Division of Rehabilitation Services

This office is the state's lead agency for providing direct support services to individuals with disabilities. The mission of the Division of Rehabilitation Services (DRS) is to work in partnership with people with disabilities and their families to assist them in making informed choices to

achieve full community participation through suitable employment, education, and independent living opportunities. DRS disability-related programs impact annually more than 230,000 people with disabilities in Illinois. The major programs include the Home Services Program which provides in-home services to disabled individuals who are younger than 60 at the time of application for services, and the Vocational Rehabilitation Program which assists individuals with disabilities in obtaining or retaining employment.

Older Blind Services

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

Challenges to Services

An ongoing challenge is communicating with potential customers about the Older Blind program. Many older individuals who might benefit are unaware of the program and may not know whether they are eligible for services. Some older individuals with vision impairments are reluctant to accept the degree of vision loss and are often slow to ask for help. The Division continues its outreach efforts through its provider network and staff in order to identify potential customers in a timely fashion.

DHS Division of Rehabilitation Services
FY2015 Elderly Minority Services Report
Persons Served Aged 55 and Older By Program Area

Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
Elderly Blind	American Indian/Alaskan Native	5	0.28%
Elderly Blind	Asian	7	0.39%
Elderly Blind	Black or African American	497	27.97%
Elderly Blind	Hispanic or Latino	58	3.26%
Elderly Blind	Multi-Racial	13	0.73%
Elderly Blind	Native Hawaiian or Other Pacific Islander	6	0.34%
Elderly Blind	White	1,191	67.02%
Elderly Blind	**Program Total**	**1,777**	**100%**

Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
Home Services	American Indian/Alaskan Native	259	1.46%
Home Services	Asian	274	1.54%
Home Services	Black or African American	8,412	47.33%
Home Services	Hispanic or Latino	948	5.33%
Home Services	Multi-Racial	187	1.05%
Home Services	Native Hawaiian or Other Pacific Islander	17	.10%
Home Services	White	7,676	43.19%
Home Services	Program Total	17,773	100%
Vocational Rehabilitation	American Indian/Alaskan Native	27	0.28%
Vocational Rehabilitation	Asian	97	1.01%
Vocational Rehabilitation	Black or African American	2,893	30.16%
Vocational Rehabilitation	Hispanic or Latino	549	5.72%
Vocational Rehabilitation	Multi-Racial	95	0.99%
Vocational Rehabilitation	Native Hawaiian or Other Pacific Islander	15	.16%
Vocational Rehabilitation	White	5,916	61.68%
Vocational Rehabilitation	Program Total	9,592	100%
All DRS	American Indian/Alaskan Native	291	1.0%
All DRS	Asian	378	1.3%
All DRS	Black or African American	11,802	40.50%
All DRS	Hispanic or Latino	1,555	5.34%
All DRS	Multi-Racial	295	1.01%
All DRS	Native Hawaiian or Other Pacific Islander	38	0.13%
All DRS	White	14,783	50.73%
	Division Total	29,142	100%

Accessibility for Non-English Speaking Minority Seniors

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

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

Illinois Department of Public Health

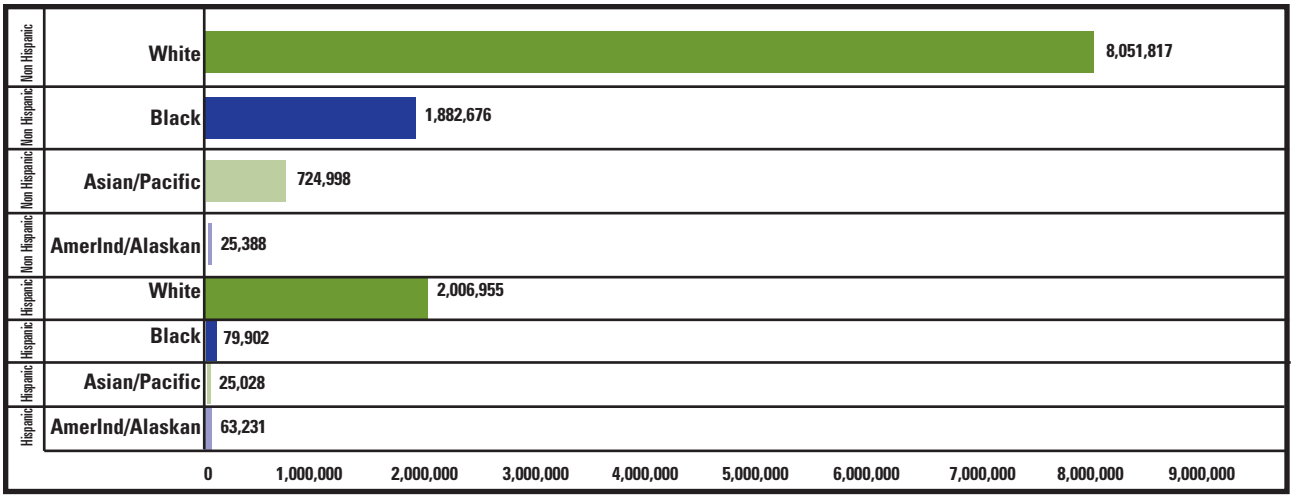
The Illinois Department of Public Health was created in 1877 to regulate medical practitioners and to promote sanitation. Today, IDPH is responsible for protecting the state's 12.8 million residents, as well as countless visitors, through the prevention and control of disease and injury. The Department's nearly 200 programs touch virtually every age, aspect and cycle of life.

The Department is organized into ten offices and six regional health offices, each of which addresses a distinct area of public health. Each office operates and supports numerous ongoing programs and is prepared to respond to extraordinary situations as they arise.

Center for Minority Health Services

The Center for Minority Health Services (the Center) is designed 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



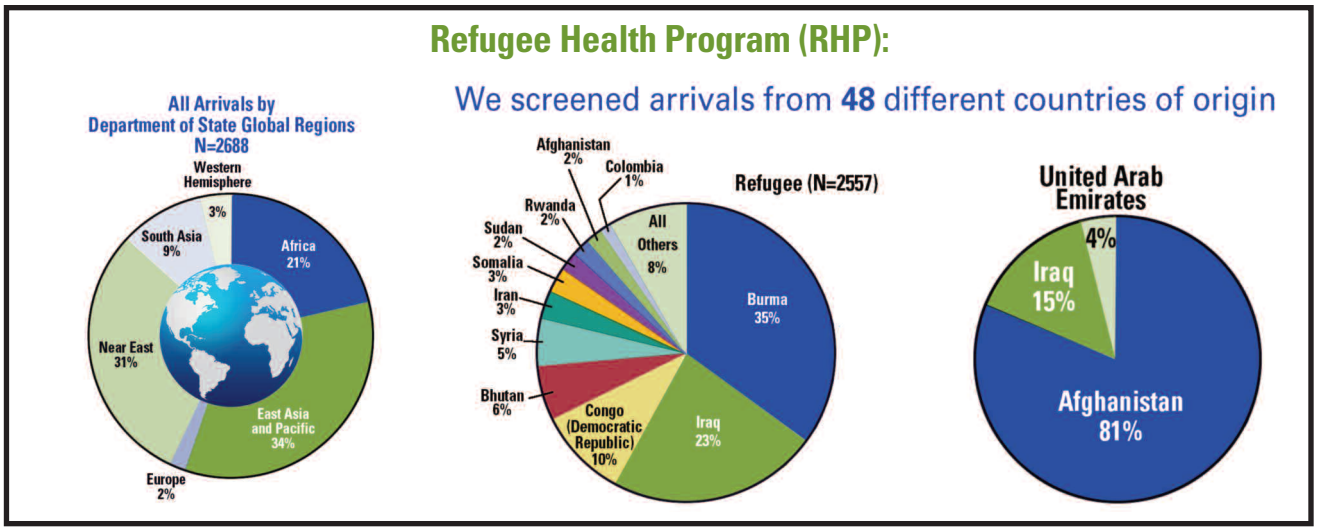
American, Asian American, American Indian and Alaska Native, Hispanic or Latino, Native Hawaiian and other Pacific Islander) and linguistic minority populations throughout Illinois, by increasing the IDPH's capacity to respond effectively to the critical public health needs of those communities of color, and continue working to establish heath 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 manner at all times.

Federal Programs

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 and those recently released from correctional institutions, and persons with a dual diagnosis of chemical dependency. In FY 2015, the Minority AIDS Initiative ADAP program through community partners provided **193** outreach and awareness activities, assisted with successful enrollment of **88** new individuals into the ADAP program, and reenrollment of **120** individuals that were lost or almost lost to care.

Refugee Health Program (RHP): The goal of the Refugee Health Program ("RHP") is to provide eligible clients with **culturally and linguistically appropriate comprehensive health assessments**, including follow-up and referrals for health conditions identified in the assessment process. The RHP is located at the Center. It 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 disease, 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.



All refugees receive an orientation to the health care system in Illinois, as well as assistance with coordination of their health care needs.

There are five contracted medical providers: three local health departments and two private clinics that conduct the initial health assessment and provide follow-up care or referrals as needed. The Office of Refugee Resettlement and U.S Centers for Disease Control and Prevention (CDC) provide guidelines for domestic follow-up evaluation in newly arriving refugees. The Refugee Health Screening Program collaborates with the following Refugee Providers: Aunt Martha's Health Center, Aurora; DuPage County Health Department; Touhy/Mt.Sinai Health Center, Chicago; Rock Island Health Department, Moline/Rock Island; Winnebago County Health Department, Rockford; Heartland Health Outreach, Chicago; World Relief, Aurora/DuPage; and Pan African Association, Chicago.

In FY 2015: A total of 2,595 individuals with refugee status as designated by the U.S. Government received a comprehensive health examination within one month of arrival to Illinois.

General Revenue Funded Programs:

BASUAH: The focus of the FY 2015 campaign is HIV prevention, education, testing, and care programs targeting communities of color. The program addressed stigma, provided education and testing programs for other co-infections such as Gonorrhea, Chlamydia, Hepatitis C and Syphilis. One of the main components of this program was training teens and young adults from target population to become peer educators in their communities. It also offered an 8 week summer enrichment program to high school juniors, seniors and college students who have been through the online BASUAH Ambassador training and have expressed an interest in participating in the program. The highly competitive summer program placed students with other social service organizations in the community for 4 days during the week, and provided enrichment opportunities every Friday, where the participants learned about the many career opportunities in Public Health, worked on a community project, and sharpened their communications and public service skills. Twelve youths participated in the summer enrichment program in FY 2015. BASUAH also targeted seniors 50+ with online and face-to-face training and outreach and awareness messaging.

Communities of Color Special At Risk Population: This initiative funds HIV prevention, education, testing, and care programs targeting communities of color-specifically 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 places 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 Initiative (WOW) – Mobile Administration: 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 Champaign, Carbondale, Joliet, and Springfield they provide services on a statewide basis. Each air conditioned unit has two intake areas; a small

waiting area; a large examination room equipped with an exam table, hot and cold running water, storage space, small refrigerator; electrical outlets, and a handicap accessible bathroom. In FY 2015, multiple screenings were conducted on the mobiles from immunization, prostate screening, dental, HIV, Hepatitis C, Gonorrhea, Syphilis, and Chlamydia. In FY 2015, the WOW units participated in **285** 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.

Increasing Access to Health Care Services: In conjunction with the WOW mobile units, this program made it possible for preventative health screenings to occur in an innovative and culturally and linguistically appropriate manner throughout the medically underserved areas of Illinois. Services through this funding were provided in familiar/non- threatening environments and tailored to ensure relevance to the circumstances and conditions of the target population. Community and faith-based organizations utilized the van at no cost, in their communities.

Illinois Breast and Cervical Cancer Communities of Color Initiative (IBCCP): The Initiative supports breast and cervical cancer prevention, education, outreach, and referral programs targeting communities of color - specifically programs with the capacity to reach African American, Latina, rural, migrant farm-worker, lesbian, bisexual, and women of color with disabilities. Programs should be unique, culturally innovative, and increase ongoing efforts of the Department to eliminate the disparities in health outcomes experienced by these individuals and the ability to address the complexities that make these populations more vulnerable.

Stand Against Cancer (SAC): The Initiative supports breast and cervical cancer prevention, education, outreach, and screening programs targeting African American and Latina women who are uninsured or underinsured, earn 250% of poverty, and are between 18 and 39 years of age. Minority women between 18 and 39 are at the greatest risk for cervical cancer. This program offers

Number of individuals reached for all programs in FY15

Program	Outreach	Education	Events
FY15			
BASUAH	26,218	4,706	2,208
HIV	11,940	12,230	344
ADAP	6,211	5,473	
IBCCP/SAC	31,784	6,729	1,639
Hepatitis	4,659	4,093	452
TOTAL	**80,812**	**33,231**	**4,643**

early screening opportunities and offers unique, culturally innovative approaches to help eliminate the disparities in health outcomes experienced by these women. The program also offers the ability to address the complexities that make these populations more vulnerable.

Minority Health Conference: This conference provides an opportunity for front line workers, community partners, clinicians, local health departments, faith-based organizations, community health workers and others to network, share best practices and heighten their awareness of health disparities in their communities.

Special Partnerships

Flu Clinics: In partnership with Walgreens, they provided more than 550 flu shots in underserved communities, reaching underinsured, uninsured, rural and migrant populations for FY 2015.

First Ladies Health Initiative: The Center participated in HIV testing and counseling opportunities that included on day of testing at 40+ churches in Chicago's South side and Westside locations. Over 700 individuals received free HIV testing and other health screenings. The goal is to raise awareness and promote HIV testing in churches and reduce the stigma associated with testing.

The Center partnered with The Hoy to host a health screening pavilion at a back-to-school family event at Brookfield Zoo in Chicago. The event which caters to low-income Hispanic families attacks over 5,000 individuals to the health pavilion. In addition to basic health screenings, informational materials and health services information are provided.

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

Summit of Hope: The Center participates in the signature program of the Illinois Department of Corrections to provide over 500 HIV screenings and counseling services at Summit of Hope events around the State.

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 under represented 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.

Other Events - Health Screenings
Funded Grantees in FY 2015

ETHNICITY	WOW Outreach	Female	Male	Blood Pressure	Cholesterol	Glucose	HIV Educational Sessions	HIV	HIV Positive	Hepatitis C	Hepatitis C Positive
African American		538	769	90	56	69	98	728	1	324	9
African											
Hispanic/Latino		211	322	60	59	59	1	193		75	
Caucasian		107	276	27	2	10	19	222		101	
Islander		8	8	2	2		1	9		1	2
Native American											
Middle Easterner											
Other		28	89	5	1	5	83	16		6	
Unknown	21	2,036	540	871	1,106	1,252		302		264	3
Total	**21**	**2,928**	**2,004**	**1,055**	**1,226**	**1,395**	**202**	**1,470**	**1**	**771**	**14**

Access Community Health Network, Chicago
Agape Global Outreach, Inc., Chicago
Asian Health Coalition,
Asian Human Services
Beyond Care, Inc.
Beyond Care, Inc.
Brothers Health Collective
Champaign-Urbana Public Health District
Chicago Black Gay Men's Caucus
Chicago Hispanic Coalition

Brothers Health Collective
Champaign-Urbana Public Health District
Chicago Black Gay Men's Caucus
Chicago Hispanic Coalition
Community Wellness Project
The CORE Foundation
East Side Health District
Fifth Street RenaissanceHektoen Institute
Howard Area Community Center
Illinois Migrant Council
Illinois Public Health Association
Jackson County Health Department
LathanHarris, Inc.
Legacy Training and Development Corporation
Mi Raza Community Center
Midwest Asian Health Association
Presence Mercy Medical Center
Proactive Community Services
Puerto Rican Cultural CenterRegional CARE Association
Renz Addiction Counseling Center
Sinai Health System
Springfield Community Federation
Springfield Urban League
Universal Family Connection, Inc.

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 multi disciplinary 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.

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

Hospital Discharge Data (HDD) - 2014

Age-Specific Data	65-74 years old		75-84 years old		85+ years old	
REASON FOR HOSPITALIZATION	Number	Rate*	Number	Rate*	Number	Rate*
Hospitalizations for all injuries	7,022	700.7	9,493	1789.9	11,000	4296.0
Drowning-related hospitalizations	-	-	-	-	-	-
Unintentional fall-related hospitalizations	4,651	464.1	7,347	1385.3	9,160	3577.4
Hip fracture hospitalization in 65+	1,628	162.5	3,328	627.5	4,753	1856.3
Unintentional fire-related hospitalizations	22	2.2	-	-	-	-
Firearm-related hospitalizations	-	-	-	-	-	-
Assault-related hospitalizations	42	4.2	26	4.9	-	-
Motor vehicle traffic hospitalizations	381	38.0	249	46.9	154	60.1
Poisoning hospitalizations	438	43.7	294	55.4	121	47.3
Suicide attempt hospitalizations	150	15.0	64	12.1	27	10.5
Traumatic brain injury hospitalizations	1,231	122.8	1,703	321.1	1,830	714.7

*Due to IDPH's confirmation process, 2015 statistics were not available at print time.

Emergency Department (ED) Data - 2014						
Age-Specific Data	65-74 years old		75-84 years old		85+ years old	
REASON FOR ED VISIT	Number	Rate*	Number	Rate*	Number	Rate*
ED visits for all injuries	56,811	5669.1	46,141	8700.0	37,457	14628.7
Drowning-related ED visits	-	-	-	-	-	-
Unintentional fall-related ED visits	28,062	2800.3	29,285	5521.7	28,065	10960.7
Hip fracture ED visits in 65+	250	24.9	473	89.2	640	249.9
Unintentional fire-related ED visits	132	13.2	67	12.6	32	12.5
Firearm-related ED visits	34	3.4	17	-	15	-
Assault-related ED visits	441	44.0	142	26.8	73	28.5
Motor vehicle traffic ED visits	4,228	421.9	1,982	373.7	651	254.2
Poisoning ED visits	813	81.1	473	89.2	231	90.2
Suicide attempt ED visits	86	8.6	27	5.1	18	-
Traumatic brain injury ED visits	6,202	618.9	6,994	1318.7	6,978	2725.2

*Due to IDPH's confirmation process, 2015 statistics were not available at print time.

Death Data - 2014									Population	
	65-74 years old		75-84 years old		85+ years old		Illinois Total		Total	12,880,580
FATALITY TYPE	Number	Rate	Number	Rate	Number	Rate	Number	Rate	< 01	156,134
Injury	514	51.3	576	108.6	765	298.8	6,974	54.1	01 - 04	634,551
Unintentional drowning	6	-	11	2.1	3	-	120	0.9	05 - 14	1,680,377
Unintentional fall-related	133	13.3	258	48.6	450	175.7	1,065	8.3	15 - 24	1,769,572
Unintentional fire-related	22	2.2	19	3.6	9	-	111	0.9	25 - 34	1,780,945
Firearm-related	68	6.8	51	9.6	24	9.4	1,177	9.1	35 - 44	1,679,806
Homicides	10	1.0	8	-	5	-	790	6.1	45 - 54	1,771,582
Motor vehicle traffic	80	8.0	70	13.2	52	20.3	1,026	8.0	55 - 64	1,619,080
Poisoning	68	6.8	20	3.8	13	5.1	1,903	14.8	65 - 74	1,002,122
Suicides	135	13.5	66	12.4	34	13.3	1,396	10.8	75 - 84	530,359
Traumatic brain injury	170	17.0	214	40.4	242	94.5	1,644	12.8	85+	256,052

** Rates unreliable. All rates are per 100,000. Rates in the "Illinois Total" column are crude rates.
Due to IDPH's confirmation process, 2015 statistics were not available at print time.

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.

Alzheimer's Disease Research Grant

Funding for Alzheimer's Disease research is appropriated to the Illinois Department of Public Health through the Alzheimer's Disease Research Fund, which was established to receive funding from the Illinois income tax check-off fund. The tax check-off funds provide grant awards for research on the cause, progression, clinical care and cure for Alzheimer's disease and related disorders from income tax contribution funds. Established in 1985, more than $4 million has been raised through the income tax check off program. Since its inception, the check-off funds have supported more than 177 research grants.

Grant awards must be used to investigate the biomedical, technical or psychosocial study pertaining to Alzheimer's disease and related disorders. Topics may include, but are not limited to: epidemiology, etiology, pathology, diagnosis, care, treatment, evaluation, cure, social or economic impacts, gerontology, nursing, psychology, respite care, in-home care, long term care, health care finance and psychosocial issues. Grant awards are available only to Illinois researchers. The Alzheimer's Disease Advisory Committee was instrumental in establishing the criteria for the grant application.

For FY 2016, ten applications for research grant funds were received for consideration. A peer review panel reviewed, scored and ranked the applications and presented recommendations to the Alzheimer's Disease Advisory Committee, which completed the review process and made recommendations for grant awards to the Department. Four applications were chosen for FY 2016 funding.

Alzheimer's Disease Advisory Committee

The Alzheimer's disease Advisory Committee is comprised of 23 voting members and five nonvoting members. Established in 1985 by the Alzheimer's Disease Assistance Act [410 ILCS 405/6], the primary function of the committee is to assist with the development of the Alzheimer's Disease State Plan required by the act every three years and to assist with the coordination of the coordination of Alzheimer's Disease Research Fund grants. The committee also takes an active role in reviewing state programs and services provided by state agencies directed toward persons with Alzheimer's disease and related dementias, and recommending changes to improve the state's response to this serious health problem and provide oversight of the three Regional Alzheimer's Disease Assistance Centers (ADAC).

Appointed members include representation from various groups, including:

- physicians licensed to practice medicine in all its branches;
- a representative from a postsecondary educational institution which administers or is affiliated with a medical center in the State;
- representative of a licensed hospital;
- registered nurse with a specialty in geriatric or dementia care;
- representative of a long term care facility under the Nursing Home Care Act;
- representative of an area agency on aging;
- social worker;
- representative from an advocacy agency on Alzheimer's;
- persons with early stage Alzheimer's
- family members or representatives of individuals with Alzheimer's disease and related disorders; and
- members of the general public (including persons over 65).

In addition to the 23 voting members, non voting membership includes representatives from the departments of Public Health, Aging and Healthcare & Family Services, Human Services and Guardianship and Advocacy Commission.

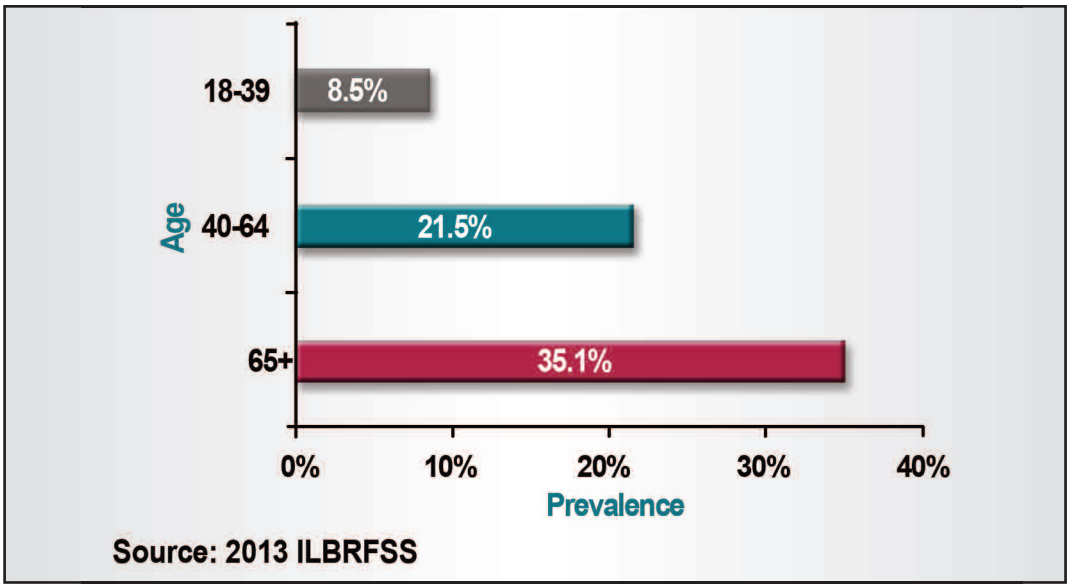
The Alzheimer's Disease Assistance Act requires the Department to prepare a state Alzheimer's disease assistance (ADA) plan to guide research, diagnosis, referral and treatment services. The plan contains reports from the Alzheimer's Disease Assistance Centers and the Alzheimer's

Disease Research Fund and must be submitted every three years in consultation with the Alzheimer's Disease Advisory Committee. Additionally, the report includes recommendations from the committee to improve state services based on reports provided by state agencies serving persons with Alzheimer's disease and related dementias.

Illinois Disability and Health Program

Older Illinoisans are more likely to have disability than their younger counterparts. The Illinois Disability and Health Program offers programming across the lifespan. Figure 1 below visually demonstrates how the prevalence of disability in Illinois varies across three age groups. In Illinois, the prevalence of disability increases across the age groups from 8.5 percent (95% CI: 6.8% – 10.7%) among young adults ages 18 to 39, to 21.5 percent (95% CI: 19.3% – 23.9%) among middle age adults ages 40 to 64, and to 35.1 percent (95% CI: 32.0% – 38.3%) among those ages 65 and older.

Figure 1. Disability Prevalence Among Illinois Adults by Age



Illinois Tobacco Prevention and Control Grant

The Illinois Tobacco Quitline is funded through the Illinois Department of Public Health. This free tobacco counseling resource is available to Illinois residents. The Illinois Tobacco Quitline, 1-866-QUIT-YES, has counselors to provide expert advice, addiction assessment, customized quit plans, quit kits, craving support and follow-up. The quitline is available to help seven days a week (7 a.m. - 11 p.m., Monday through Friday, and 9:00 a.m. - 5:00 p.m., Saturday and Sunday), or via the website www.quityes.org. The Illinois Tobacco Prevention and Control Program funds statewide and targeted media campaigns to promote the services of the Illinois Tobacco Quitline. In FY 2015, there were 14,774 total callers to the Quitline for in-depth tobacco cessation services and 3,796 callers were seniors 65 years and older (25.7%). Of seniors who called the quitline, 71.7 percent were white, 24.2 percent were black and 4.1 percent were other races.

Women's Health and Family Services

Division of Population Health Management
Fiscal Year 2015 Minority/Aging Report

Conferences/Educational Events

On April 7th and 8th, more than 275 women's health advocates gathered at the Embassy Suites Hotel in Peoria, Illinois for the fifteenth annual Women's Health Conference. The two-day conference, sponsored by IDPH, provided education cardiovascular disease, obesity and diabetes, breast cancer, cervical cancer and HPV, reaching underserved populations, and Maternal and Child Health Programs. Participants included local health department staff, health professionals and community agencies.

Women's Health Grant Programs Targeting Minority Women - Fiscal Year 2015

The Office of Women's Health provides grant funding to agencies to provide community-based programs for women. Some programs specifically address the issues of minority women, but few specifically target senior women. The following are programs whose targeted participants were minority women and included some senior women.

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, for funding supportive services for breast cancer survivors and those impacted by breast cancer and for funding breast cancer education. Many grantee organizations have older women participating in their programming, the below two organizations specifically mentioned this population. Almost 100% of the 30 grantees serve some minority population.

Organization	City	Population Served
Bond County Health Department	Greenville	Rural, isolated, low income and the aging population
Metropolitan Chicago Breast Cancer Task Force	Chicago	Uninsured, African American women and older women

Illinois WISEWOMAN Program

The Illinois WISEWOMAN Program (IWP) serves participants of the Illinois Breast and Cervical Cancer Program (IBCCP), who are 40-64 years of age, by providing screenings for cardiovascular disease (CVD) risk factors. Participants who are identified as having CVD risk factors, such as hypertension, high cholesterol, high glucose and/or high triglyceride levels, smoking, or elevated Body Mass Index (BMI), are provided with clinical resources and referrals through community based and clinical linkages to decrease or eliminate their risks of CVD. In FY 16, the IWP screened 657 women of which approximately 34% were of Hispanic Origin. In FY 16, the following Races were served: approximately 11% were African-American, approximately 2% were Asian or Native Hawaiian/Pacific Islander, and approximately 0.5% were American Indian/Alaskan Native. Of the total women served in FY 16, approximately 62% of those women were between the ages of 50 and 64.

Illinois Breast Cancer Screening

Breast Cancer Screening Mammograms	*FY15*	
Age	**#**	**%**
<40	56	0.47%
40-49	5,914	49.30%
50-64	5,606	46.73%
65+	421	3.51%
Total	**11,997**	
Race	**#**	**%**
White	9,933	82.80%
Black	937	7.81%
Asian/Pacific Islander	721	6.01%
Other/Unknown	406	3.38%
Total	**11,997**	
Ethnicity	**#**	**%**
Hispanic	7,965	66.39%
Non-Hispanic	3,867	32.23%
Unknown	165	1.38%
Total	**11,997**	

Source: IDPH, OWHFS, Illinois Breast and Cervical Cancer Program (IBCCP); Data from July 1, 2014-June 30, 2015.

Illinois Cervical Cancer Screening

Cervical Cancer Screening Pap Tests		
Age	**#**	**%**
<40	891	7.43%
40-49	1,576	13.14%
50-64	994	8.29%
65+	26	0.22%
Total	**3,487**	
Race	**#**	**%**
White	3,117	25.98%
Black	165	1.38%
Asian/Pacific Islander	72	0.60%
Other/Unknown	133	1.11%
Total	**3,487**	
Ethnicity	**#**	**%**
Hispanic	2,709	22.58%
Non-Hispanic	738	6.15%
Unknown	40	0.33%
Total	**3,487**	

Source: IDPH, OWHFS, Illinois Breast and Cervical Cancer Program (IBCCP); Data from July 1, 2014-June 30, 2015.

IV

Guides for Service in the Future

Changing demographics

According to the US Census Bureau, in 2015 older Illinoisans (age 65 and older) represented 14.2 percent of the population. Older adults age 85 and older are the fastest growing segment of this population. These individuals are most likely living with chronic health conditions and needing supportive services.

In addition, the number of minority groups is predicted to grow in the future, while the White majority will not. And so, the nation will be more racially and ethnically diverse, as well as much older, by mid-century. Projections by the US Census Bureau include:

> Minorities are expected to become the majority in 2044 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.
>
> In 2030, when all of the baby boomers will be 65 and older, they will represent nearly one in five U.S. residents. This age group is projected to increase to 98 million in 2060, almost double its population of 47.8 million in 2015.
>
> Similarly, the 85 and older population is expected to more than triple, from 6.3 million to 19.7 million between 2015 and 2060.
>
> The non-Hispanic, single-race White population is projected to decrease by 2060 with a population of 181.9 million, 16 million less than in 2015 (197.9 million). In fact, this group is projected to slowly decrease from the 2020s to 2060 and comprise less than half of the total population.
>
> Meanwhile, the Hispanic population is projected to grow from 56.6 million to 119 million during the 2015-2060 period. Nearly one in three U.S. residents would be Hispanic.
>
> The Black population is projected to increase from 45.7 million to 74.5 million during the 2015-2060 time period.
>
> The Asian population is projected to go from 17.4 million to 34.4 million between 2012 and 2060. Its share of the nation's population is expected to rise from 5.1 percent to 8.2 percent during this time period.

Among the remaining race groups, American Indians and Alaska Natives are projected to rise from 3.9 million to 6.3 million (or from 1.2 to 1.5 percent of the total population). 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 more than triple, from 7.5 million to 26.7 during the period between 2012-2060.

Demographics on the Rise

Today's older Americans are predominantly White, but the demographics of older America will undergo a dramatic transformation in the next few decades. According to the American Psychological Association,

- the number of older Black Americans will triple by the middle of the next century, moving them from 8 to 10 percent of Americans over age 65.
- the older Hispanic population will increase 11 fold, going from representing fewer than 4 percent of today's older adults to representing nearly 16 percent of older adults.
- 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.

According to the United States Census Bureau,

- the population is projected to grow much more slowly over the next several decades. This is because the projected levels of births and net international migration are lower today, reflecting more recent trends in fertility and international migration.
- the non-Hispanic White population is projected to peak in 2024.Unlike other race or ethnic groups, however, its population is projected to slowly decrease, falling by nearly 20.6 million from 2024 to 2060.
- the U.S. is projected to become a majority-minority nation for the first time in 2043. While the non-Hispanic White population will remain the largest single group, no group will make up a majority.
- according to projections, the population age 65 and older is expected to more than double by 2060. The older population would represent just over one in five U.S. residents by then, up from one in seven today. The increase in the number of the “oldest old” would be even more dramatic — those 85 and older are projected to more than triple from 5.9 million to 18.2 million, reaching 4.3 percent of the total population.

V

Sources for Future Research and Links to Data

Federal government

Administration on Aging: www.aoa.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.womanshealth.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.iccnetwork.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

FY 2015

State of Illinois
Department on Aging
One Natural Resources Way, #100
Springfield, Illinois 62702-1271

Senior HelpLine: 1-800-252-8966, 1-888-206-1327 (TTY)
8:30 a.m. to 5:00 p.m. Monday through Friday

24-Hour Adult Protective Services Hotline: 1-866-800-1409, 1-888-206-1327 (TTY)
www.illinois.gov/aging

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in compliance with appropriate State and Federal statutes. If you feel you have been discriminated against, call the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY).

IOCI 17-0011 Printed by Authority State of Illinois (09/16) 14 copies