



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

2009

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

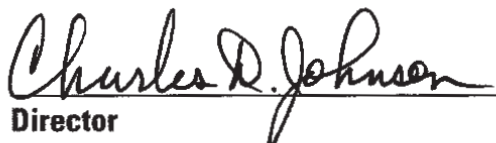
as required by Public Act 88-0254

**The Honorable Pat Quinn, 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 (formerly Public Aid) cooperate in the development and submission of an annual report on programs and services provided to minority senior citizens.

The attached 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 to 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.



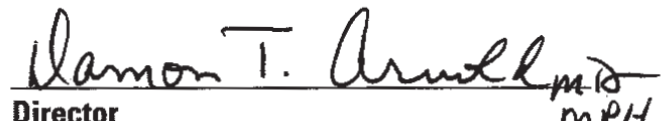
**Director
Illinois Department on Aging**



**Secretary
Illinois Department of Human Services**



**Director
Illinois Department of Healthcare
and Family Services**



**Director
Illinois Department of Public Health**

Table of Contents

- I. The Four State Agencies and their Services to Seniors 5**
- II. Definition of Terms 6**
- 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:**
 - Illinois Department on Aging **8**
 - Illinois Department of Healthcare and Family Services **11**
 - Illinois Department of Human Services **17**
 - Illinois Department of Public Health **28**
- IV. Guides for Service in the Future 34**
- V. Sources for Further Research and Links to Data 37**



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), formerly the Illinois Department of Public Aid, is responsible for providing health care coverage for seniors who qualify for Medicaid. The agency also administers the Office of Energy Assistance that helps eligible people meet their home energy challenges.

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.



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. Age 65 and older, or age 16 and older with a qualifying disability, and limited income determines eligibility for Circuit Breaker benefits. Age 55 determines eligibility for services for the older worker 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 Aid to the Aged, Blind and Disabled (AABD) and Illinois Cares Rx. For the purpose of this report, age 55 was the minimum age used to collect the utilization and expenditure data presented in later sections.
- The **Department of Human Services** has no age-based eligibility.
- The **Department of Public Health** has no age-based eligibility for services to older adults.



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

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

Illinois Department on Aging

Older Americans Services

Citizens age 60 and older receive social services provided through the federal Older Americans Act. These services, which enable many senior citizens to continue living in their own homes, include **meal and transportation programs, employment programs, recreation, legal services, counseling, residential repair and renovation, housing assistance, education, information and assistance, outreach, in-home care and other services** offered through senior centers or central-access points. Programs funded by the Older Americans Act serve more than 502,000 seniors, or approximately 23 percent of Illinois' 2.1 million people age 60 and over.

Nutrition programs in Illinois serve 73,858 older adults at 506 sites across the state. An additional 40,893 older adults received home-delivered meals. The **Elder Abuse and Neglect Program** reports suspected cases of abuse, neglect or exploitation of older adults for investigation. Trained case workers from designated local agencies work with victims to prevent further abuse and to arrange for needed services, which can include in-home care, counseling, medical assistance, legal intervention or law enforcement assistance.

The **Long-Term Care Ombudsman Program** works to protect the rights of those who live in a variety of long-term care facilities. The program's activities include investigating and resolving complaints made by or on behalf of residents, providing information about long-term care facility placement, and monitoring the development of laws, regulations and policies that relate to long-term care facilities.

The **Senior Community Service Employment Program** helps older adults maintain their economic independence by working to create and promote part-time community service jobs for low-income persons who are at least age 55. This program provides salary subsidies that encourage local employers to provide part-time work for senior citizens.

The 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 age 60 and over. The program is designed to meet the needs of elderly people who have difficulty with household and personal care tasks but could continue to live in their own homes with appropriate assistance. Services include **comprehensive care coordination, in-home, adult day, emergency home response and flexible senior services for clients with needs outside the normal spectrum of services available. Examples of flexible senior services include respite care, home modifications and assistive devices. Home visits through the Senior Companion Program are also available in some areas.**

The program has been fundamentally restructured, adding service options and opening the service to many more people by expanding access. **During FY 09, the CCP served an average of 55,919 frail elderly each month, thereby successfully diverting or delaying many of those individuals from entering a nursing home.**

Expansion has been supported by the Older Adult Services Act (P.A. 093-1031), legislation that calls for restructuring all aspects of service, including the provision of housing, health, financial and supportive services for older adults. It also calls for the development of a Nursing Home Conversion Program to be established by the state departments of Public Health and Healthcare and Family Services. The program would reduce reliance on nursing homes by Medicaid, the federal-state program that reimburses the state for part of the health care costs for the poor. Savings from this effort would be reallocated to a broader array of options for home-based or community-based services to older adults. The Illinois Department on Aging began the restructure in late 2004, and gave priority to the expansion and development of new services.

Restructure, according to the law, includes: the expansion of services to older adults and their family caregivers, subject to availability of funds, development of rules to implement the law, and an annual report of progress, and collaboration between the state departments of Aging, Public Health and Healthcare and Family Services and others to implement the act.

CCP is supported by State General Revenue funds as appropriated by the legislature. A portion of the cost for Medicaid-eligible clients is reimbursed to Illinois through a federal Title XIX, Medicaid, Home and Community Based Service Waiver.

The need for community care services is determined by local community agencies, Care Coordination Units (CCUs), which are under contract with the Illinois Department on Aging. Each CCU serves a unique area determined by the Area Agency on Aging that can range from a portion of a county, as in Cook County, to a single county or to several counties in rural areas.

The agencies are selected by the Department and the local area agency on aging through a joint designation process. The CCU selects and employs the care coordinators who visit clients in their homes or in the hospital prior to discharge.

A CCU at a local senior center, social service agency or health department first assess a client's needs, determines an individual's eligibility, designs a care plan and makes arrangements with the contractual provider agencies for delivery of the appropriate services. These units also serve as central-access points of information about additional services for senior citizens. Additionally, care coordinators pre-screen individuals preparing to leave a hospital and considering the need for long-term care, outlining the options for care that are available. If the care coordinator determines that community based care is appropriate, the individual may choose to live at home and receive services through the Community Care Program.

Statewide education and outreach

Outreach — information, education and advocacy — is provided by the Department on Aging and through the area agencies on aging at a variety of venues throughout the state: speeches and presentations, participation in health and community based information fairs, special events, seminars and conferences. Information outreach is also achieved through public-private partnerships among business and labor, medical professionals, the religious community, educators, local government units and the media. A primary goal of the Division of Community Relations and Outreach is to understand the needs of diverse minority groups of elders and to help these groups find services and programs that meet each group's individual needs in the most appropriate and sensitive manner possible.

To carry out its mission to serve and advocate for older Illinoisans through programs and partnerships that encourage independence, dignity and quality of life, the Department funds intergenerational programs, a statewide information and referral service and a program to assist grandparents raising grandchildren. Intergenerational programs are administered by the Department but operated locally by project coordinators or steering committees to best respond to the needs of individual communities. Training and technical assistance, recruitment tools and resources are available to assist in developing, initiating and maintaining programs.

Senior HelpLine

The toll-free Senior HelpLine provides information and assistance on programs and services and directs seniors age 60 and over and their caregivers to local services. Professional counselors on the HelpLine assess needs, send literature and provide written referrals for a range of services, including Circuit Breaker, Illinois Cares Rx, care coordination, the Long-Term Care Ombudsman Program, legal services, transportation, employment and nutrition services. Senior HelpLine staff also provide elder abuse intake and accept appeals and service queries from Community Care Program clients. More than 157,000 calls were handled by the Senior HelpLine in Fiscal Year 2009.

Transportation

The State of Illinois also supports two new programs that were initiated in 2008. Seniors Ride Free allows all seniors in the state, age 65 and over, to ride public transportation in their communities free of charge by using a free transit card. Disabled individuals who are at least 16 and who meet Circuit Breaker income eligibility requirements also are eligible for free rides on all fixed-route public transportation systems in the state.

Circuit Breaker and Pharmaceutical Assistance

The Circuit Breaker program provides a property tax relief grant to income-eligible senior citizens and disabled persons. The grant is available to those qualified individuals who pay property tax on a residence and for renters and nursing home residents who live in a residence that is subject to property tax. The program also provides an annual discount on the license plate fee of one vehicle from the Secretary of State. In cooperation with the Department of Healthcare and Family Services, the Division also determines eligibility for Illinois Cares Rx, wrap-around prescription drug coverage for income-eligible older adults and people with disabilities that fills in the gaps created by Medicare Part D and offers drug coverage for those who do not have Medicare. Of importance to immigrants and refugees, there is no citizenship requirement for this critical aid: It is available for qualified noncitizens who apply for extra help from Social Security.

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, October 1, 2007.) 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.

To ensure achievement of this goal, the Department on Aging, 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 programs of the **Coalition of Limited English Speaking Elderly (CLESE)**. Founded in 1989, the sole mission of CLESE is “To improve the lives of limited English speaking elderly by providing leadership, education and advocacy.” To reach this goal, CLESE works with 50 member agencies who serve immigrants and refugees from 30 ethnic groups.

During the fiscal year ending June 30, 2009, the Department on Aging funded technical assistance for the Community Care Program, translation of critical documents and supports designed to improve services to elders in Illinois who are limited in their ability to speak English. Efforts included contracts with 22 community-based ethnic organizations so that seniors could receive in-home and adult day services from providers who speak their language and understand their culture.

Illinois Department of Healthcare and Family Services

IDHFS Medical Benefits for Seniors

The Illinois Department of Healthcare and Family Services (IDHFS) operates several programs providing medical benefits for seniors. The largest, medical assistance, pays for medically necessary services for seniors who receive cash assistance and to those who are ineligible for cash assistance, but meet qualifying criteria. IDHFS administers its programs for seniors under the *Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act*, the *Senior Citizens and Disabled Persons Prescription Drug Discount Program Act*, the *Illinois Public Aid Code* and Title XIX of the federal *Social Security Act*. The programs are funded jointly by the State and federal governments.

The Department offers a wide range of medical coverage, including all mandatory, and most of the optional, Title XIX services. However, elderly clients do not generally use several of these services, such as family planning. The primary categories of services that the minority elderly receive are listed in the table, Primary Categories of Services (see page 16). Licensed practitioners, licensed facilities, and other non-institutional providers enrolled in the Medical Assistance Program provide these services. The eligibility groups that include a large number of the elderly are as follows:

Aid to the Aged, Blind and Disabled (AABD)

This group is comprised of persons 65 years of age or older, persons who are blind, and persons who are disabled. The income eligibility level for AABD persons is 100 percent of

the federal poverty income level (FPL). The asset limit (excluding home, car, and burial plot) is \$2,000 for individuals or \$3,000 if they have one or more dependents living with them.

Illinois Cares Rx

Illinois Cares Rx joined SeniorCare and Circuit Breaker Pharmaceutical Assistance into one comprehensive program January 1, 2006. Illinois Cares Rx has two sub-programs: Illinois Cares Rx Basic (formerly Circuit Breaker Pharmaceutical Assistance) and Illinois Cares Rx Plus (formerly SeniorCare).

Illinois Cares Rx Basic provides coverage for prescription drugs used in the treatment of: Alzheimer's disease, arthritis, cancer, cardiovascular disease, diabetes, glaucoma, lung disease, multiple sclerosis, osteoporosis, Parkinson's disease and, in 2007, HIV/AIDs for those participants that have Medicare coverage. Illinois Cares Rx Basic provides benefits to individuals who are (a) 65 years of age or older (b) 16 years of age or older and totally disabled in households with income at or below \$24,808 for one person and \$32,916 for two persons.

Illinois Cares Rx Plus provides benefits to individuals who are 65 years of age or older with incomes at or below 200 percent of FPL. Illinois Cares Rx Plus provides coverage for most prescription drugs.

If the member has Medicare coverage, they must be in a Medicare Part D plan in order to receive the "wrap around" benefits provided through Illinois Cares Rx, including help with the Medicare Part D monthly premium, annual deductible, and cost sharing in the coordinating Medicare Part D drug plan. If members do not have Medicare coverage, they may still receive Illinois Cares Rx drug benefits.

Medicare Supplementation Programs

Qualified Medicare Beneficiary (QMB) Program

This program helps individuals pay for their monthly 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 assets (excluding home, car and burial plot) do not exceed twice the asset standard for the federal Supplemental Security Income (SSI) program (\$4,000 for themselves or \$6,000 if they have one or more dependents living with them).

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 in excess of 100 percent but equal to or below 120 percent of the FPL, and their assets do not exceed twice the SSI standard.

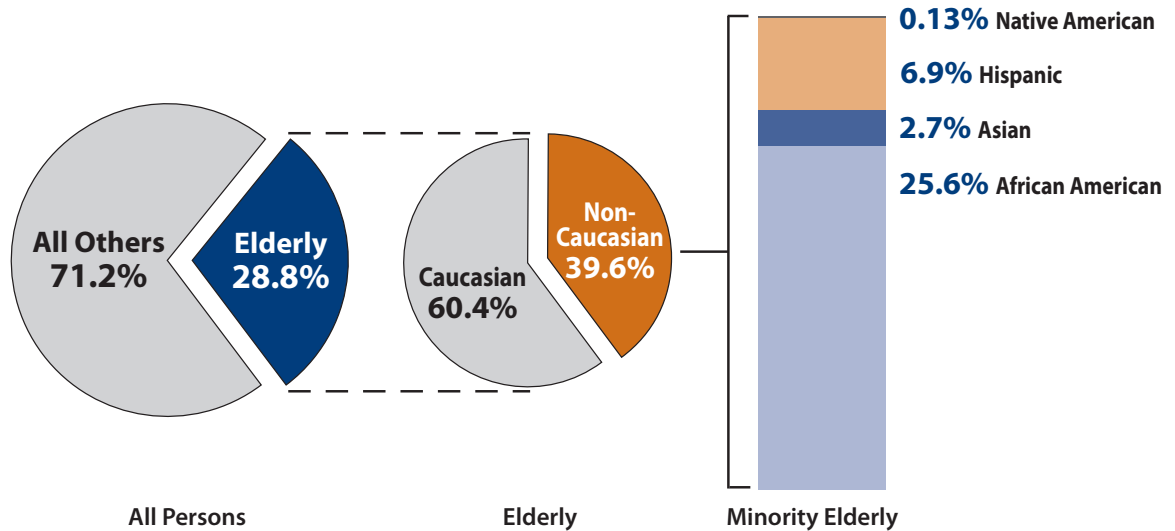
Qualifying Individual (QI) Program

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 equal to or less than 135 percent FPL, and their assets do not exceed twice the SSI standard. (Reimbursement is 100% federal.)

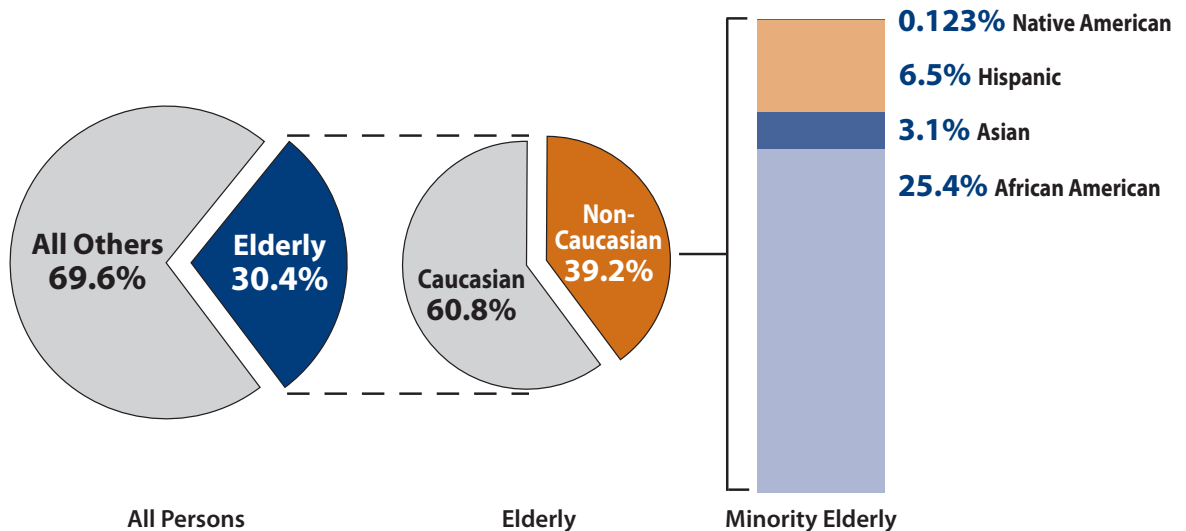
During FY08,¹ a total of \$9.5 billion in expenditures and 149 million units of service were provided under the Medical Assistance Program. Of these amounts, 29 percent of all services and 30 percent of all expenditures were for the elderly. Of those services and expenditures for the elderly, 40 percent of services and 39 percent of expenditures were for minority elderly.

¹ Fiscal year 2008 data are reported. This is due to the fact that, under Medicaid rules, providers have twelve months from the date that a service is provided to submit a claim. Fiscal year 2009 data cannot be assumed to be complete until the July 1, 2010.

FY08 Medical Assistance Program Services to Minority Elderly

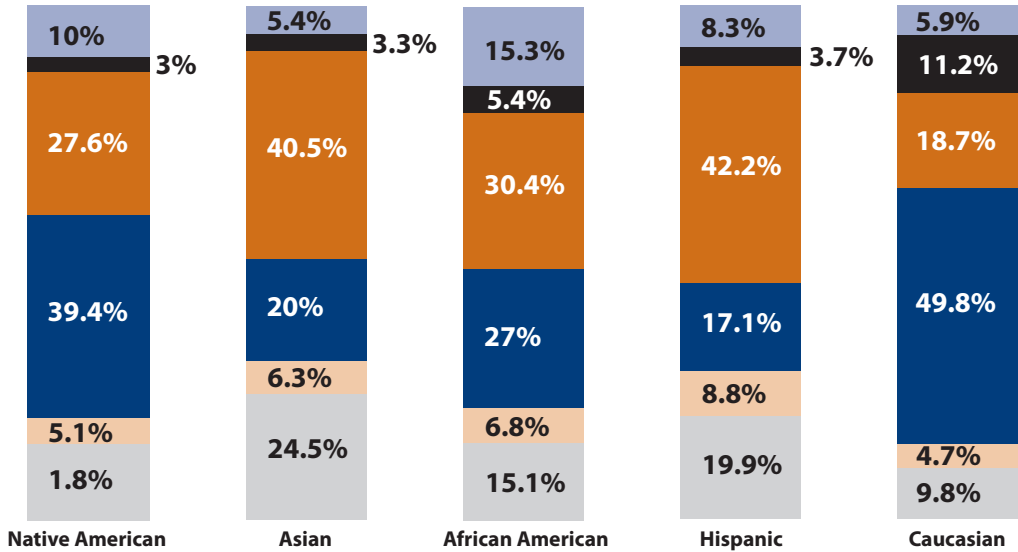


FY08 Medical Assistance Program Dollars Spent for Minority Elderly



Source: Illinois Department Healthcare and Family Services
Bureau of Rate Development & Analysis
Claims History, FY 08
Medical Data Warehouse, FY08 DOS

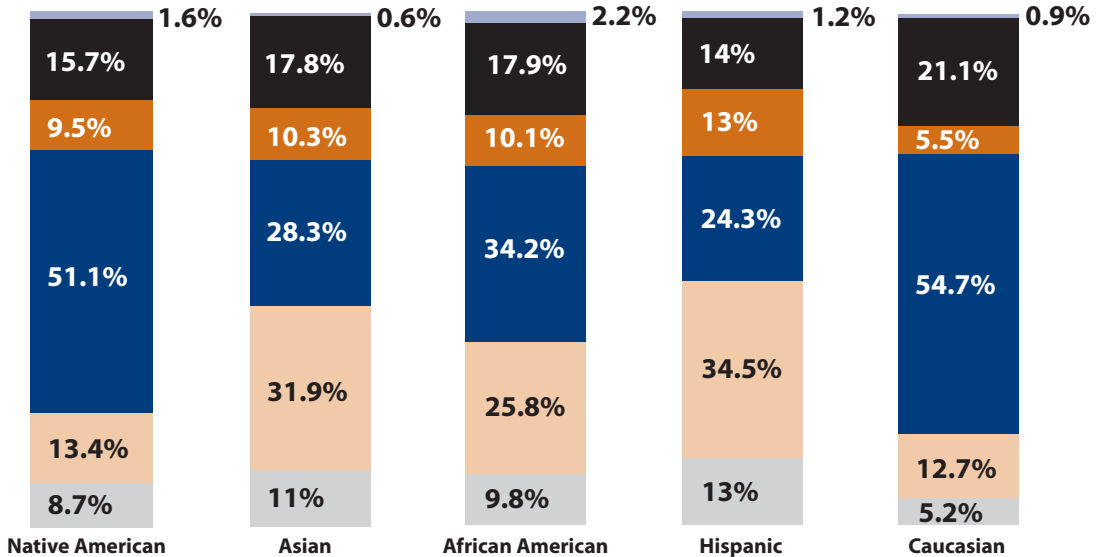
FY08 Medical Assistance Program Services for Minority Elderly by Ethnic Category



■ Drugs
 ■ Institutional
 ■ Long-Term Care
 ■ Non-Institutional
 ■ Other Agency Services
 ■ Transportation

Source: Illinois Department Healthcare and Family Services, Bureau of Rate Development & Analysis Claims History, FY 08, Medical Data Warehouse, FY08 DOS

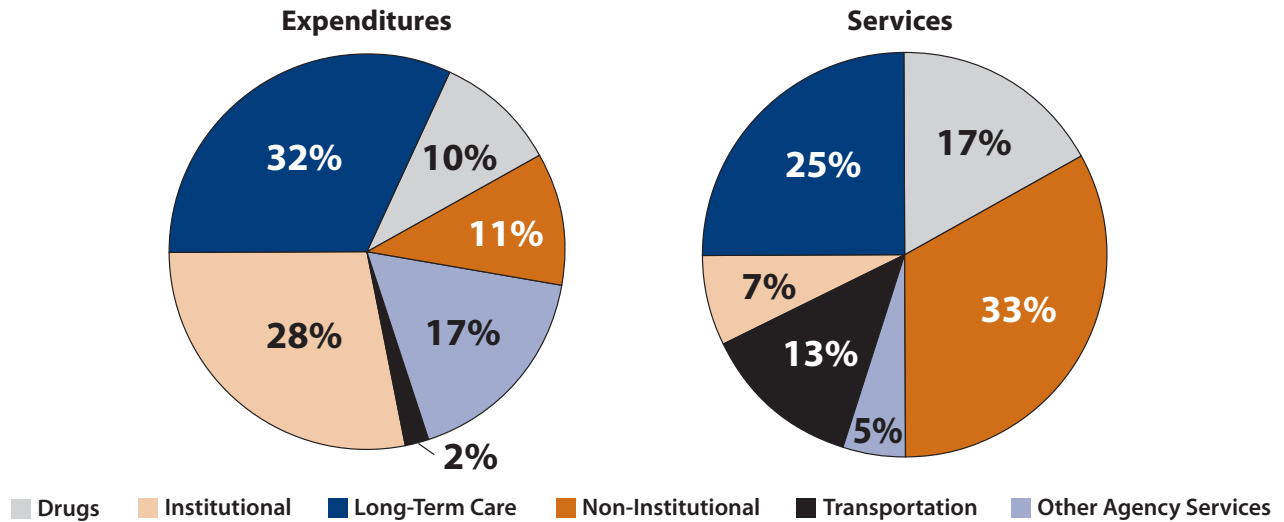
FY08 Medical Assistance Program Expenditures for Minority Elderly per Ethnic Category



■ Drugs
 ■ Institutional
 ■ Long-Term Care
 ■ Non-Institutional
 ■ Other Agency Services
 ■ Transportation

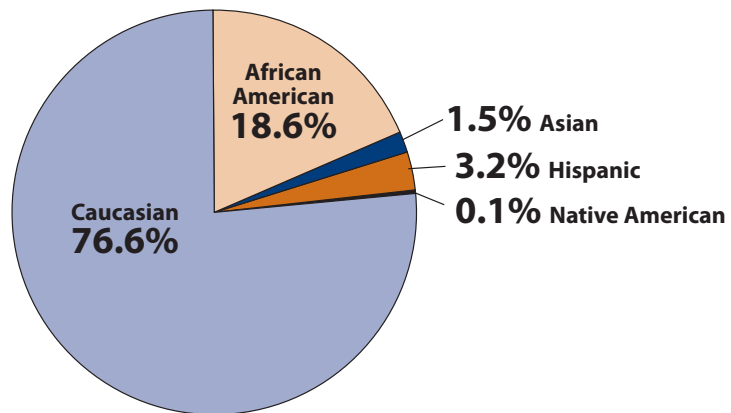
Source: Illinois Department Healthcare and Family Services, Bureau of Rate Development & Analysis Claims History, FY 08, Medical Data Warehouse, FY08 DOS

FY08 Medical Assistance Program Expenditures Vs. Services for Minority Elderly



Source: Illinois Department Healthcare and Family Services, Bureau of Rate Development & Analysis Claims History, FY 08, Medical Data Warehouse, FY08 DOS

FY08 Medical Assistance Program Elderly Nursing Facility Residents by Racial/Ethnic Group



Source: Illinois Department Healthcare and Family Services, Bureau of Rate Development & Analysis Claims History, FY 08, Medical Data Warehouse, FY08 DOS

Table 1
PRIMARY CATEGORIES OF SERVICES

Institutional

- Inpatient hospital care
- Outpatient hospital care
- Clinic services
- Emergency hospital services
- Institutional services in physical therapy
- Hospice care services

Long-term Care

- Nursing facility services
- Care for individuals 65 or older in institutions with mental disease
- Assisted living (supportive living facility)

Other Agency Services

- Case management (limited)
- Home and community-based waiver services-(i.e., Community Care Program)
- Christian Science sanatoria
- Services available through a HMO
- Services provided through a prepaid health plan

Drugs

- Prescribed drugs

Transportation

- Emergency Transportation services
- Non-emergency Transportation to and from a source of medical care

Non-institutional

- Physician services
 - Skilled nursing and home-health services
 - Services provided by rural health clinics and federally qualified health centers
 - Other laboratory and x-ray services
 - Nurse practitioner
 - Prosthetic devices
 - Occupational, speech, hearing and language therapy
 - Diagnostic services
 - Preventative services
 - Rehabilitative services
 - Private duty nursing
 - Other practitioner services
 - Emergency dental services
-

Illinois Department of Human Services

Division of Human Capital Development

For many individuals, the first point of contact with Illinois Department of Human Services (IDHS) is through the doors of one of the 102 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 Human Capital Development. 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 Human Capital Development, have the goal of helping families achieve and sustain self-sufficiency.

General Assistance

Provides money and limited medical care to help individuals take care of themselves when they do not qualify for other cash programs administered by IDHS. The General Assistance program is run by IDHS for people who live in Chicago. Outside Chicago, some local governmental units receive state funds and run the program based on DHS policy.

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)

Provides temporary financial assistance 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

Provides health coverage for children and parents or caretaker relatives of children. The public may apply for assistance at one of the 102 DHS Family Community Resource Centers.

Human Capital Development

FY 09, Age 65-plus

Region	Race	General Assistance	SNAP/Food Stamps (age 60+)	TOTAL
1N – Chicago Only	African American	32	1,108	1,140
	Hispanic	13	784	797
	Asian-American/Other	14	421	435
	American Indian/Alaskan Native	0	2	2
	Caucasian	5	931	936
	TOTAL		64	3,246
1S – Chicago Only	African American	67	2,198	2265
	Hispanic	13	302	315
	Asian-American/Other	1	23	24
	American Indian/Alaskan Native	0	1	1
	Caucasian	3	353	356
	TOTAL		84	2,877
2	African American		366	366
	Hispanic		322	322
	Asian-American/Other		222	222
	American Indian/Alaskan Native		4	4
	Caucasian		1,179	1,179
	TOTAL		2,103	2,103
3	African American		141	141
	Hispanic		35	35
	Asian-American/Other		10	10
	American Indian/Alaskan Native		2	2
	Caucasian		653	653
	TOTAL		841	841
4	African American		55	55
	Hispanic		6	6
	Asian-American/Other		3	3
	American Indian/Alaskan Native		0	0
	Caucasian		441	441
	TOTAL		505	505
5	African American		1,108	1,140
	Hispanic		784	797
	Asian-American/Other		421	435
	American Indian/Alaskan Native		2	2
	Caucasian		931	936
	TOTAL		3,246	3,310
Statewide	African American	99	4,097	4,196
	Hispanic	26	1,481	1,507
	Asian-American/Other	15	685	700
	American Indian/Alaskan Native	0	10	10
	Caucasian	8	4,244	4,252
	TOTAL		148	10,517

Aid to the Aged, Blind, or Disabled

Provides medical assistance and cash grants to persons who are Aged, Blind, or Disabled, and financially eligible for Social Security Income (SSI). A household may also receive assistance from Supplemental National Assistance Program (SNAP).

Refugee Senior Services Initiative

Seeks to enhance and expand utilization of publicly funded aging services by Illinois' older refugees and continues an effort initiated in fiscal year 2002 to bring older refugees into the service system established by the U.S. Congress with the passage of the Older Americans Act (OAA) in 1965. The IDHS administers seven service agencies, which are coordinated programmatically by the Coalition of Limited English Speaking Elderly (CLESE). In Illinois, the route for entry into most services in the system is through an in-home assessment by a care coordinator hired by a state-designated Care Coordination Unit (CCU).

CLESE has translated seven IDHS brochures (*Affordable Child Care, General Assistance, AABD, TANF, Food Stamp Program, KidCare, Medicaid*) and five fact sheets produced by the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) for the Outreach and Interpretation Project (*Health Care for Immigrants and Refugees, Food Assistance for Immigrants and Refugees, Public Assistance for Immigrant and Refugee Survivors of Domestic Violence, Income Assistance for Elderly Immigrants and Refugees, If I Receive Public Assistance, Will I Have Problems With My Application for Citizenship?*) into eight languages (*Arabic, Bosnian, Chinese, Hindi, Korean, Polish, Russian, Vietnamese*).

The Outreach and Interpretation Project coordinated by the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) supports services at 34 ethnic community based organizations. It is an effort to assist limited-English speakers in enrolling in benefit programs. ICIRR reported over 57,000 clients served in FY 2009.

Challenges to Services

One challenge to seniors, especially those providing care to children under age 19, is knowing about the availability of the programs to take advantage of them. Another challenge is understanding 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.

Human Capital Development

FY 09, Age 65-plus

Program	African American	Hispanic	Asian-American/ Other	American Indian/ Alaskan Native	Caucasian	All Groups
Region 1N – Chicago Only						
TANF MAG*	74	18	5	0	0	97
Family Health Plans	86	133	38	1	58	316
Total	160	151	43	1	58	413
AABD - MAG*	1,148	1,102	38	1	58	316
AABD - MANG**	13,487	12,894	7,561	50	19,220	53,212
Total	14,635	13,996	7,599	51	19,278	53,528
Refugee – Cash	1	0	0	0	0	1
Region 1S – Chicago Only						
TANF MAG*	151	8	0	0	2	161
Family Health Plans	183	71	5	1	43	303
Total	334	79	5	1	45	464
AABD - MAG*	1,427	140	17	0	215	1,799
AABD - MANG**	17,232	4,086	423	16	3,313	25,070
Total	18,569	4,226	440	16	3,528	26,869
Refugee – Cash	1	0	0	0	0	1
Region 2						
TANF MAG*	26	8	3	0	12	49
Family Health Plans	61	111	19	0	81	272
Total	87	119	22	0	93	321
AABD - MAG*	135	109	247	0	688	1,179
AABD - MANG**	2,652	4,845	3,968	45	18,203	29,713
Total	2,787	4,954	4,215	45	18,891	30,892
Refugee – Cash	0	0	4	0	3	7
Region 3						
TANF MAG*	10	4	0	0	7	21
Family Health Plans	28	10	2	0	82	122
Total	38	14	2	0	89	143
AABD - MAG*	85	12	16	1	315	429
AABD - MANG**	1,233	467	214	14	12,315	14,243
Total	1,318	479	230	15	12,630	14,672
Refugee – Cash	0	0	0	0	0	0

* MAG – Medical Assistance with Grant

** MANG – Medical Assistance with No Cash Grant

Human Capital Development

FY 09, Age 65-plus

Program	African American	Hispanic	Asian-American/ Other	American Indian/ Alaskan Native	Caucasian	All Groups
Region 4						
TANF MAG*	4	1	0	0	17	22
Family Health Plans	17	1	0	0	83	101
Total	21	2	0	0	100	123
AABD - MAG*	63	0	0	0	239	311
AABD - MANG**	723	122	65	11	10,374	11,295
Total	786	122	65	11	10,613	11,606
Refugee – Cash	0	0	0	0	0	0
Region 5						
TANF MAG*	28	0	0	0	12	40
Family Health Plans	35	4	0	0	118	157
Total	63	4	0	0	130	197
AABD - MAG*	207	5	6	0	491	709
AABD - MANG**	2,452	129	101	13	13,741	16,436
Total	2,659	134	107	13	14,232	17,145
Refugee – Cash	0	0	0	0	0	0
Statewide						
TANF MAG*	293	39	8	0	50	390
Family Health Plans	415	339	69	2	500	1,325
Total	708	378	77	2	550	1,715
AABD - MAG*	3,065	1,368	1,288	14	6,265	12,000
AABD - MANG**	37,779	22,543	12,332	149	77,166	149,969
Total	40,844	23,911	13,620	163	83,431	161,969
Refugee – Cash	1	0	4	0	3	8

* MAG – Medical Assistance with Grant

** MANG – Medical Assistance with No Cash Grant

Division of Community Health & Prevention

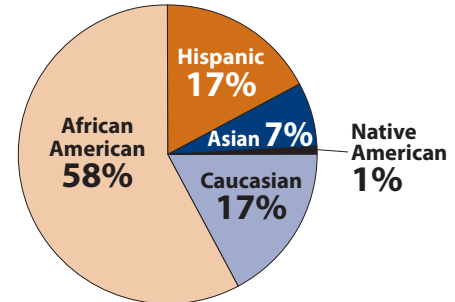
Prevention is the hallmark of the Division of Community Health and Prevention (DCHP). The Division focuses on community prevention efforts and selected services in the areas of health, family support, youth development, substance abuse prevention, and violence prevention and intervention. Services are provided through a network of 700 community providers. Division 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 United States Department of Agriculture (USDA) food and nutrition program. The USDA commodity food packages provide nutrient supplements typically lacking in the diets of the target population. The CSFP primarily serves the elderly as over 90% of the program participants are over the age of 60.

FY08 Commodity Supplemental Food Program

Eligible program participants must reside in Cook County



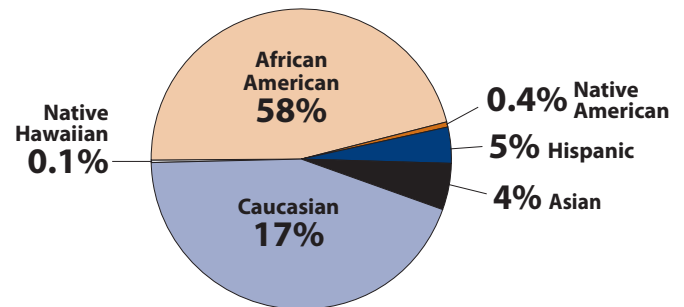
13,676 Clients were served In 2009

The Senior Farmers Market Nutrition Program

The Senior Farmers Market Nutrition Program (SFMNP) operates through a grant received from USDA and is administered by IDHS, Bureau of Family Nutrition. The goals of the program include the following: providing resources for the consumption of fresh, unprepared, locally grown fruit and vegetables, increasing the consumption of domestic agriculture commodities from farmers' markets, and aiding in the development of additional market opportunities for farmers.

FY09 Senior Farmer's Market Nutrition Program

Only eligible seniors are served by the SFMNP.



In FY 2009, DCHP distributed coupons worth \$21 each to 36,600 seniors in over 35 counties, including Chicago and Cook.

Challenges to Services

The Commodity Supplemental Food Program can only serve the number of participants assigned by USDA. The need for commodity foods is great. However, the USDA has not provided an increase in caseload levels for several years. USDA instructs states not to exceed the assigned caseload.

With regard to the Senior Farmers Market Program, seniors and the farmers who would like to participate in the program have been requesting that IDHS expand it statewide. However, funding provided by the USDA for the Senior Farmers Market Nutrition Program has not allowed for an expansion of the program to more than the 35 counties currently authorized, creating an unmet need in communities across the state.

Diabetes Prevention and Control Program

This effort works to lessen the burden of diabetes in Illinois through prevention and intervention activities in partnership with public and private service organizations. The program operates through a grant from the Centers for Disease Control and Prevention and is administered by the IDHS, Bureau of Family Nutrition. In FY 09, the funding amount was \$850,153. The Program focuses on four different areas: 1) Quality Improvement; 2) Case Management and Access to Care; 3) Awareness Education and Outreach; and 4) Primary Prevention and Wellness.

See the table, *Diabetes and Control Program*.

Challenges to Services

Program funding can not be used to support direct service activities such as patient education, medical care and treatment, or medical supplies (blood glucose testing meters and strips). This prevents the on-going provision of much needed education and support.

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. In FY 2009, there were 314 individuals aged 65 and above who received one or more DASA supported services.

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.

Diabetes Prevention and Control Program

Age	Number	Percent
0-17	25	0.5
18-34	392	8.8
35-44	443	9.9
45-64	1854	41.7
65+	1,723	38.8
Gender	Number	Percent
Females	2941	66.2
Males	1,496	33.7
Race	Number	Percent
White	2888	65.0
Black	46.0	10.3
Asian *	38.0	.08
Native American**	7.0	0.0
Other	992	22.3
Unknown/Missing	50	1.1

* includes Pacific Islander, Native Hawaiian

** includes Native American, American Indian and Alaska Native

Source: Cornerstone, Diabetes Module, 07/08-06/09

Division of Alcoholism and Substance Abuse DASA Program admission age 65+ by Race/Ethnicity

Race	SFY09	
	Services	Individuals
American Indian	8	3
Alaskan Native	0	0
Asian	2	1
Pacific Islander	0	0
Black or African American	360	155
White or Caucasian	275	117
Hispanic	76	34
Other Single Race	7	4
Other Unknown		
Total	728	314

The percentage of seniors with substance abuse disorders is expected to increase with the aging of the “baby boomer” generation. Assessment, intervention and treatment will require increased knowledge, skill and sensitivity.

Division of Developmental Disabilities

The Division of Developmental Disabilities provides person-first services and supports for individuals with developmental disabilities and their families. Age is not a factor in determining eligibility for community-based services. 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
- Job coaches
- Residential living arrangements with security and care
- Adaptive equipment
- Other supports to improve quality of life

State-Operated Developmental Centers

There are nine state-operated developmental centers in Illinois. They are licensed by the state as Intermediate Care Facilities for persons with developmental disabilities. Age is not a factor in determining who receives services in a state-operated developmental center.

Program	All Ggroups	African American	Hispanic	Asian American (including Pacific Islanders)	American Indian	Caucasian	Other/Unknown
Community-Based Program for persons with developmental disabilities	56,166	10,062	2,542*	807	102	32,146	10,507
State-Operated Developmental Centers for persons with developmental disabilities	2,457	524	97	12	2	1,816	6
Total	58,623	10,586	2,639*	819	104	33,962	10,513

*NOTE: Hispanic origin is considered an ethnic group, not a race. Hispanic totals are not representative as most are reported as members of the Caucasian race.

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 coordinating a comprehensive array of public and private mental health services for adults with serious mental illness and children and adolescents with serious emotional disturbance. DMH currently funds **149** community-based organizations to provide services to persons with mental illness in every part of the state and also operates a system of nine hospitals that provide inpatient treatment to adults and youth with mental disabilities within the ten Comprehensive Community Service Networks (CCSNs).

Gero-psychiatric Services

In 2001, the DMH initiated the Gero-Psychiatric Initiative which currently operates in five predominantly rural areas. DMH provides \$490,000 in grant funding to focus on three main areas: systems integration, mental health services/consultation, and training/education. The initiative is built upon evidence-based treatment outcomes including access to expertise in gero-psychiatry and clinical gero-psychology and the collaborative care model. The initiative employs Gero-Psychiatric Specialists who meet the State's certification requirements as a Qualified Mental Health Professional (QMHP) and have at least two years experience in providing direct services to individuals over 60 with mental health needs. The Gero-Psychiatric Specialist has direct access to a psychiatrist who is board-certified in the provision of psychiatric services to older adults for a minimum of ten hours per month.

These Gero-Psychiatric Specialists are based in a comprehensive community mental health center and work on enhancing mental health and aging staff competencies in geriatric mental health and increasing the integration and responsiveness of the mental health system to older adults. The regional coalitions that have been developed are represented by a wide range of providers and services in order to integrate comprehensive services for older adults. The specialists broker services for the most complicated cases in order to prevent functional decline, hospitalizations and transfers to a more restricted setting, thus meeting the overall state goal of placing those with disabilities in the least restrictive setting. A major tangible product of this initiative has been the authorship of a statewide mental health and training manual.

Seniors Receiving Mental Health Services in FY 2009

Displayed right is data for individuals age 65 and older receiving community based mental health services purchased by the Division of Mental Health in FY 2009. Approximately 4% of the individuals receiving services in FY 2009 were 65 and older.

Individuals Age 65+ Receiving Mental Health Services in FY 2009

Age Group	Count	Percentage
65-69	2,901	50.5%
70-79	2,069	36.0%
80-89	676	11.8%
90+	98	1.7%

**Race/Ethnicity of
Individuals Age 65+
Receiving Mental Health
Services in FY 2009.**

Race/Ethnicity	Count	Percentage
White	4,172	78.5%
Black/African American	750	14.1%
Asian	113	2.1%
American Indian/ Alaskan Native	4	.1%
Native Hawaiian/ Pacific Islander	9	.2%
Multi-Race	3	.1%
Unknown	262	4.9%

**Hispanic Origin and Gender
of Individuals Age 65+
Receiving Mental Health
Services in FY 2009**

Hispanic Origin	Count	Percentage
Hispanic Origin	1,013	17.9%
Non-Hispanic	4,714	36.0%

Gender	Count	Percentage
Female	3,857	67.1%
Male	1,887	32.9%

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 are anxiety, cognitive impairment (including Alzheimer’s disease); and mood disorders, such as depression. The assessment, diagnosis, and treatment of mental disorders among older adults present unique difficulties that must be addressed. Further efforts aimed at the prevention of mental disorders in older adults are also needed.

Despite challenges, there have been efforts in Illinois to improve access to mental health services for older adults through the Gero-Psychiatric Initiative. However, there is a need to expand this program throughout the state and improve services for ethnic minorities with cultural and language adaptations.

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 Service 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.

Illinois Department of Human Services, Rehabilitation Services Persons Served Aged 55 and Older By Program Area

Race/Ethnic Group	Cases	Minority	Non-Minority
American Indian/Alaskan Native	7		
Asian	9		
Black or African American	418		
Hispanic or Latino	32		
Multi Racial	10		
Native Hawaiian or Other Pacific Islander	3		
White	2,676		
Bureau of Blind Services, Older Blind Program Total	3,155	479	2,676
American Indian/Alaskan Native	48		
Asian	217		
Black or African American	7,918		
Hispanic or Latino	793		
Multi Racial	76		
Native Hawaiian or Other Pacific Islander	19		
White	8,463		
Bureau of Home Services, Home Services Program Total	17,534	9,071	8,463
American Indian/Alaskan Native	5		
Asian	19		
Black or African American	494		
Hispanic or Latino	74		
Multi Racial	5		
Native Hawaiian or Other Pacific Islander	3		
White	1,482		
Bureau of Blind Services, Vocational Rehabilitation Total	2,082	600	1,482
American Indian/Alaskan Native	18		
Asian	85		
Black or African American	1,684		
Hispanic or Latino	323		
Multi Racial	20		
Native Hawaiian or Other Pacific Islander	9		
White	4,189		
Bureau of Field Services, Vocational Rehabilitation Total	6,328	2,139	4,189
DRS STATEWIDE TOTAL	29,099		

Challenges to Services

In 2009, DHS received \$1,400,000 in American Recovery and Reinvestment Act (ARRA) funds for Older Blind services, which is a one-time infusion of funds for this population. While greatly appreciated, there is no likelihood that the funding will be continued after 2011. 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.

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. Most DHS forms and brochures are printed in English and Spanish. The Department periodically reviews the bilingual staffing situation and ensures that translator services are available.

The Bureau of Latino Relations coordinates a Translator Bank to help non-English and non-Spanish speaking clients with interpreter services. The majority of the interpreters listed in the Bank are DHS employees proficient in the following languages: Albanian, Arabic, Assyrian, Belo-Russian, Bosnian-Serbo-Croatian, Bulgarian, Cambodian, Chinese, Creole, Dunjabi, Ethiopian, Farsi, Finnish, French, German, Greek, Gujarati, Hindi, Igdo, Italian, Korean, Laotian, Latvian, Malayalam, Pashto, Persian, Polish, Punjabi, Romanian, Russian, Sanskrit, Serbo-Croatian, Somali, Tagalog, Tamil, Thai, Turkish, Ukrainian, Urdu, Vietnamese, Yoruba, as well as sign language.

When a request is received for interpreter services that cannot be filled by the Translator Bank, local community agencies have been able to provide assistance. 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 12.4 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 is designed to assess the health concerns of minority populations in Illinois and to assist in the creation and maintenance of culturally sensitive programs. To achieve this goal, the Center works within the Department of Public Health and with other relevant state and local entities to heighten awareness of minority health issues and services across the state.

Through the Refugee Health Screening Program, refugees are referred for routine medical examinations, mental health assessments to detect signs of mental depression, and provided with health education on a variety of topics in a culturally competent manner by trained health aides in eight locations: Aurora, Chicago (2), Champaign, Rock Island, Rockford, Springfield and West Chicago. Follow-up referral services are provided up to one year from the initial screening.

In addition, the Center for Minority Health Services has coordinated the following activities targeted to Illinois minority senior populations:

- The Center for Minority Health Services in collaboration with the Heartland Health outreach's Immigrant and Refugee Health Education Program provided training opportunities to eight minority based agencies that provide culturally competent and language appropriate services to refugee senior populations. Senior health issues addressed were Alzheimer's disease, arthritis, mental health, osteoporosis, and menopause.
- The Center for Minority Health Services in collaboration with community and faith-based organizations coordinated events in conjunction with "Take a Loved One for a Check-Up Day," and "Minority Health Month," targeting communities of color adolescent and senior populations.
- The Center for Minority Health Services, in collaboration with community and faith-based organizations, provides seniors with culturally competent and linguistically appropriate outreach and education services related to HIV/AIDS, breast and cervical cancer and prostate cancer.

Office of Health Promotion

Suicide Prevention

The Suicide Prevention, Education, and Treatment Act (Public Act 095-0109) designates IDPH 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 which 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).

The act requires program activities to include a general awareness and screening program, statewide strategic plan, and five pilot training and direct service programs (when funds are appropriated). In FY09, many of the suicide prevention activities were accomplished through a contract from IDPH to the Mental Health America of Illinois (MHA) to implement suicide prevention initiatives across Illinois.

Since, older adults 70 years of age and older have the highest suicide rate in Illinois and the nation (which is 2.0 times the rate for 15 to 19 years group), it was essential one of the activities under the MHA contract included enhancing the suicide prevention skills among service providers within the aging network. National speakers provided trainings at the following 3 regional conferences: Case Management Supervisors Conference, Long-term Care Ombudsman Statewide Training and Mental Health & Aging Conference. Educational DVD's were also purchased for use by providers.

Injury Data

In FY09, Illinois submitted injury related data to the U.S. Centers for Disease Control and Prevention to ensure that Illinois was included in the national State Injury Indicator's Report. The report is a surveillance effort to gain a broader picture of the burden of injuries across the nation. Illinois submitted fatal and non fatal data and a variety of injuries for each age group. The national report will include data on unintentional drowning, fatal falls, fatal fire, fatal firearm, homicide, fatal motor vehicle, poisoning, suicide and traumatic brain injury.

Fall Prevention

Falls are the leading cause of injury deaths for older adults. For this reason, IDPH became involved in an initiative to start statewide falls prevention for older adults coalition. At the request of the University of Illinois at Chicago Department of Occupational Therapy and Rush University Medical Center, a small group of interested agencies gathered to look at the burden of older adult falls in Illinois. IDPH has been instrumental in collecting data.

In addition, IDPH serves in an advisory role for the Illinois *Remembering When*TM Program : A Fire and Fall Prevention Program for Older Adults was developed by the National Fire Protection Association's (NFPA) Center for Higher-Risk Outreach and the U.S. Centers for Disease Control and Prevention (CDC) to help older adults live safely at home for as long as possible. *Remembering When*TM contains 16 key safety messages – eight fire prevention and eight fall prevention – developed by experts and practitioners from national and local safety organizations.

Arthritis Integration Dissemination Grant

The IDPH's Healthy Aging Program, partners with two aging network rural systems – the East Central Illinois Area Agency of Aging (ECIAAAA) and the Southwest College/Programs and Services for Older Persons (SWIC/PSOP) to provide arthritis self-management opportunities. The Chronic Disease Self-Management Program (CDSMP) and the Arthritis Foundation Exercise Program (AFEP) is offered to persons over 60 years of age.

The CDSMP teaches participants: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercises for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends and health professionals, 5) nutrition, and 6) how to evaluate new treatments. Classes are highly participative and build participants' confidence in their own abilities to manage their health and maintain active and full lives.

The AEFEP is a community-based recreational exercise program developed by the Arthritis Foundation. Trained AEFEP instructors cover a variety of range-of-motion and endurance-building activities, relaxation techniques, and health education topics. The program's demonstrated benefits include improved functional ability, decreased depression, and increased confidence in one's ability to exercise.

Healthy Aging Grant

IDPH and the Illinois Department on Aging have partnered to coordinate public health and aging network systems' provision of the Chronic Disease Self-Management Program (CDSMP) and the Strong for Life self management opportunities to persons over 60 years of age.

Strong for Life is a strengthening exercise program, on video and DVD, designed by physical therapists for home-bound older adults to improve strength, balance, and overall health. This program targets specific muscles that are important in every day movements such as getting out of a chair and walking.

AgeOptions, Chicago Senior Services Area Agency on Aging and East Central Illinois Area Agency on Aging (ECIAAA) have implemented CDSMP in their respective Planning and Service Areas (defined by the Older American's Act). In addition, ECIAAA implements the Strong for Life program. In partnership with IDPH, the three agencies have trained local class leaders, marketed the interventions and embedded these efforts into local public health and aging service networks. Classes have been offered in seven languages.

The program was funded in 2006 by the Administration on Aging for a four-year grant period. Efforts will expand to include additional interventions, host sites, and languages.

Office of Women's Health

The Office of Women's Health (OWH) was established in 1997. Its mission is:

- to improve the health of Illinois women and girls by initiating, facilitating and coordinating women's health awareness, education and programming throughout the state;
- to encourage healthier lifestyles among women; and
- to promote equitable policy on health issues that affect women today and in the future.

The OWH facilitates partnerships and joint projects within Illinois Department of Public Health (IDPH) and other state agencies and between the Department and outside consumer and professional groups. It coordinates the Penny Severns Breast, Cervical and Ovarian Cancer Research Fund, the Women's Health Initiative Grant Program, the Illinois Breast and Cervical Cancer Program and the Illinois WISEWOMAN Program. The OWH maintains the Women's Health-Line (1-888-522-1282) produces educational teleconferences and provides materials on women's health issues. Several materials are available in Spanish. Many of the programs serve minority senior women.

Women's Health Initiative Grant Programs Targeting Minority Women - Fiscal Year 2009

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.

Building Better Bones

This osteoporosis education project assesses participants' risk, educates them about prevention and treatment options, screens for risk and provides referrals to physicians for those at risk. In Fiscal Year 2009, the Office awarded grants totaling \$181,500 to seven organizations serving multi-ethnic populations.

Heart Smart for Women

This 12-week behavior change program helps women set goals and work to make lifestyle changes to reduce their risk of cardiovascular disease. The program focuses primarily on increasing physical activity and improving nutrition. Grants totaling \$225,000 were awarded in Fiscal Year 2009 to 11 organizations targeting various races and ethnic groups.

Understanding Menopause

This grant program provides resources to provide public education addressing perimenopause, menopause, osteoporosis and related health issues. In Fiscal Year 2009, grants were awarded to seven social service agencies totaling \$143,000.

LifeSmart for Women

This 10-week comprehensive education curriculum covers a variety of women's health topics including cardiovascular disease, stroke, diabetes, nutrition, fitness, stress, substance abuse, violence against women, sexual health, aging and family health and is appropriate to a widely diverse audience of women. Grants for Fiscal Year 2009 included \$122,000 to six organizations.

Women's Health Awareness Mini-Grant Programs Targeting Minority Women

The Office of Women's Health provides mini-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.

Mini-Grant for Women Out Walking (W.O.W.) Program

The Women Out Walking mini-grants supported community walking campaigns, including walking events and education for women. Grantees designed, publicized, and sponsored a community walking campaign aimed at women. The theme of the campaign was "Women Out Walking (W.O.W)." Grantees included Illinois Migrant Council and Providence Development.

Breast and Cervical Cancer Program

The Illinois Breast and Cervical Cancer Program (IBCCP) is committed to reducing breast and cervical cancer mortality among Illinois women through early detection by providing screening and diagnostic services. IBCCP is funded through a cooperative agreement with the Centers for Disease Control and Prevention (CDC) and the Illinois Department of Public Health. Women diagnosed with breast or cervical cancer or a pre-cancerous cervical condition through IBCCP are referred to the Illinois Department of Healthcare and Family Service's Health Benefits for Persons with Breast or Cervical Cancer Program for treatment.

IBCCP reaches out to women of special populations, specifically older, minority, disabled and lesbian women. Minority women are represented on the IBCCP Statewide Coalition through the following organizations: Asian Human Services, Lesbian Community Cancer Project, Midwest Hispanic Health Coalition, National Black Leadership Initiative on Cancer and Breast Cancer Network of Strength.

Between October 1995 and June 2009, IBCCP has screened 107,639 women for breast cancer, providing 131,425 screening mammograms. The demographic breakdown of women receiving breast cancer screening services is available in Table 1. The largest age group served is 50 to 64 years old because IBCCP focuses on providing breast cancer screening services to women in this age range. During the same time period IBCCP screened 75,522 women for cervical cancer, providing 107,842 Pap tests. The demographic information for women receiving cervical services is included in Table 2.

Breast and cervical cancer mortality rates for African American and Hispanic women are significantly higher than mortality rates for white women. IBCCP outreach to minority women is a priority and the results of these efforts are reflected in the following tables. The percentage of minority clients served by IBCCP is higher than the percentage of African Americans, Native Americans and Hispanics living in Illinois. Through the Cervical Cancer Elimination Task Force creation and public education efforts more African American women will be screened for cervical cancer. The recent addition of Asian Human Services as an IBCCP Lead Agency has increased the enrollment of Asian women in IBCCP.

Table 1
IBCCP Client Demographics
Breast Screening

Women Served		
Age	Number	Percentage
< 40	11,293	10.5%
40-49	42,382	39.4%
50-64	50,860	47.2%
65+	3,104	2.9%
Race	Number	Percentage
White	65,337	60.7%
Black	22,281	20.7%
Asian	3,875	3.6%
American Indian	323	0.3%
Other/Unknown	15,823	14.7%
Ethnicity	Number	Percentage
Hispanic	31,538	29.3%
Non-Hispanic	72,764	67.6%
Unknown	3,337	3.1%

Data through 6/30/2009

Table 2
IBCCP Client Demographics
Cervical Screening

Women Served		
Age	Number	Percentage
< 40	11,781	15.6%
40-49	30,727	40.7%
50-64	31,353	41.5%
65+	1,661	2.2%
Race	Number	Percentage
White	52,035	68.9%
Black	10,800	14.3%
Asian	2,870	3.8%
American Indian	226	0.3%
Other/Unknown	9,591	12.7%
Ethnicity	Number	Percentage
Hispanic	20,316	26.9%
Non-Hispanic	52,865	70.0%
Unknown	2,341	3.1%

Data through 6/30/2009



Guides for Service in the Future

Changing demographics

The large “baby boom” age cohort born between 1946 and 1964 offers a challenge to service providers all over the world.

According to the Illinois Department of Commerce and Economic Opportunity, in 2000 older Illinoisans represented 15.8 percent of the population but that number is expected to grow to 24.3 percent by 2030. Older adults age 85 and older are the fastest growing segment of the population. It’s these individuals who are most likely living with chronic health conditions and needing supportive services.

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

Minorities, now roughly one-third of the U.S. population, are expected to become the majority in 2042, with the nation projected to be 54 percent minority in 2050. By 2023, minorities will comprise more than half of all children.

In 2030, when all of the baby boomers will be 65 and older, nearly one in five U.S. residents is expected to be 65 and older. This age group is projected to increase to 88.5 million in 2050, more than doubling the number in 2008 (38.7 million).

Similarly, the 85 and older population is expected to more than triple, from 5.4 million to 19 million between 2008 and 2050.

By 2050, the minority population — everyone except for non-Hispanic, single-race Whites — is projected to be 235.7 million out of a total U.S. population of 439 million. The nation is projected to reach the 400 million population milestone in 2039.

The non-Hispanic, single-race White population is projected to be only slightly larger in 2050 (203.3 million) than in 2008 (199.8 million). In fact, this group is projected to lose population in the 2030s and 2040s and comprise 46 percent of the total population in 2050, down from 66 percent in 2008.

Meanwhile, the Hispanic population is projected to nearly triple, from 46.7 million to 132.8 million during the 2008-2050 period. Its share of the nation’s total population is projected to double, from 15 percent to 30 percent. Thus, nearly one in three U.S. residents would be Hispanic.

The Black population is projected to increase from 41.1 million, or 14 percent of the population in 2008, to 65.7 million, or 15 percent in 2050.

The Asian population is projected to climb from 15.5 million to 40.6 million. Its share of the nation's population is expected to rise from 5.1 percent to 9.2 percent.

Among the remaining race groups, American Indians and Alaska Natives are projected to rise from 4.9 million to 8.6 million (or from 1.6 to 2 percent of the total population). The Native Hawaiian and Other Pacific Islander population is expected to more than double, from 1.1 million to 2.6 million. The number of people who identify themselves as being of two or more races is projected to more than triple, from 5.2 million to 16.2 million.

Several demographic trends have developed during the past decade

1. Life expectancy for Blacks, that has always been markedly less than for White Americans, is slowly increasing.
2. The "aging" of the traditionally young Hispanic population, combined with an increase in Hispanics in general, predicts that this group will soon be the largest of the minority groups in the state.
3. As a result of medical advancement and improvement in living conditions, life expectancy at age 60 has increased among all groups. This means that the length of time spent in advanced old age has increased, and with it the probability of need for long-term care. Minorities, who are more likely to have experienced inadequate medical care, are more likely to live a longer time with disabilities.
4. As our nation's older population grows increasingly diverse, income disparities are likely to continue. In 2000, 22 percent of the older African-American population and 18.8 percent of older Hispanics were considered poor. To exacerbate the problem the official poverty line distinguished between the populations that are over and under 65. Older Americans who live alone must be about 8 percent poorer than those under 65 to be counted as poor and couples must be about 10 percent poorer. [Butler, R.N. 2001. "Old and Poor in America," International Longevity Center, New York, N.Y.]

Suggestions for changes in programs and services to meet identified needs and challenges of accessibility

1. There will be an increased need for programs that educate medical and social service providers about social customs that affect acceptance of care among the ethnic minorities whom they serve.
2. Increase in numbers of programs to translate materials and help ethnic elderly learn English and civics will be needed to accommodate increased numbers of ethnic elderly.
3. Efforts should be undertaken to promote respect and understanding among increasingly diverse racial and ethnic groups.

4. Continuing programs should be initiated to serve depression among ethnic elderly, particularly among Asian women who are susceptible to depression and suicide [Sugihara, Y., Hidehiro, S., Hiroshi, S. and Harada, K. (2008). Productive Roles, Gender, and Depressive Symptoms: Evidence From a National Longitudinal Study of Late-Middle-Aged Japanese. *Journal of Gerontology*, 63B:4, P227-P234; Baker, F.M. 1994. Suicide Among Ethnic Minority Elderly: A Statistical and Psychosocial Perspective. *Journal of Geriatric Psychiatry*, 27:2, 241-264].
5. An effort should continue among researchers and service providers to recognize that comparisons alone are not the answer to understanding aging among minorities. [Whitfield, K.E., Altaire, J.C., Belue, R. and Edwards, C.L. (2008). Are Comparisons the Answer to Understanding Behavioral Aspects of Aging in Racial and Ethnic Groups? *Journal of Gerontology*, 63B:5, P301-308].
6. Education in language and cultural sensitivity is called for among service providers and the public to prepare for the projected increase in the number of older minorities in this country within the next two decades.
7. In spite of positive change, health disparities remain, particularly among Black and Hispanic minorities. This demands evidence-based health education programs to face high blood pressure, diabetes and obesity, the three biggest threats to quality life among these groups. Black and Hispanic women report worse overall health, have a higher prevalence of several major chronic diseases, and spend more years with functional limitations than Whites. [Angel, J.L. and Whitfield, K.E. (Eds). (2007). *The Health of Aging Hispanics: The Mexican-origin Population*. New York: Springer, Hayward, M.D., Crimmins, E.M., Miles, T.P. and Yu, Yu. (2000). The Significance of Socioeconomic Status in Explaining the Racial Gap in Chronic Health Conditions. *American Sociological Review*, 65, 910-930].
8. Public old age policies must be racially and ethnically inclusive and should be based on a clear understanding of the labor market experiences of people of color. Due to inequality across the life span, minorities are particularly vulnerable to involuntary retirement, both related to health and to labor market disadvantage [Brown, T.H. and Warner, D. F. (2008). Divergent Pathways? Racial/Ethnic Differences in Older Women's Labor Force Withdrawal. *Journal of Gerontology*, 63B:3, S122-S134].
9. Qualitative and quantitative studies are needed to identify and analyze the experience of minorities in assisted living [Hernandez, M. and Newcomer, R. (2008). Assisted Living and Special Populations: What Do We Know About Differences in Use and Potential Access Barriers? *The Gerontologist*, 47: Special Issue III, 110-117].



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/omhd/Topic/MinorityHealth.html

Health and Human Services —

National Health Information Center: <http://odphp.osophs.dhhs.gov>.

Women's Health: www.4woman.gov

Medicare and Medicaid Services: www.cms.hhs.gov

Social Security: www.socialsecurity.gov

U.S. Census Bureau Community Reports:

www.census.gov/population/www/censusdata/ACS_reports.html

Migration of Natives and the Foreign Born, 1995 to 2000:

www.census.gov/prod/2003pubs/censr-11.pdf

State of Illinois

www.illinois.gov

Professional and socio-cultural groups

American Society on Aging: www.asaging.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 2009

State of Illinois
Department on Aging
421 East Capitol Avenue, #100
Springfield, Illinois 62701-1789

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 Elder Abuse Hotline: 1-866-800-1409, 1-888-206-1327 (TTY)
www.state.il.us/aging/