



State of Illinois

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

SERVING MINORITY SENIORS

FISCAL YEAR 2022

**A Report to the
Governor and
the Illinois
General Assembly**

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

as required by
Public Act 88-0254

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

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

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

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



Paula A. Basta, Director
Illinois Department on Aging



Grace B. Hou, Secretary
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I The Four State Agencies and their Services to Seniors

Illinois Department on Aging

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

Illinois Department of Healthcare and Family Services

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

Illinois Department of Human Services

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

Illinois Department of Public Health

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

Racial and ethnic minority populations

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

American Indian and Alaska Native

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

Asian

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

Black or African American

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

Hispanic or Latino

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

Native Hawaiian and Other Pacific Islander

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

Multiracial

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

White

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

Age

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

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

III

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

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

ILLINOIS DEPARTMENT ON AGING

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

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

Older Americans Act Services

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

In Fiscal Year 2022 (FY 22), programs funded by the OAA served more than 406,924 seniors aged 60 and older. There are no mandatory fees associated with receiving OAA services, but older adults may make contributions to help defray the costs. OAA funded services include supportive services that fall into categories of access, in-home and community services, as well as nutrition services, employment assistance and caregiver support.

Supportive Services

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

Nutrition Services

During FY 2022, over 113,000 older adults received Nutrition Services. The services include congregate and home delivered meals.

Traditionally, congregate meals are served weekdays in over 400 sites throughout Illinois that include senior centers, churches, senior housing facilities, restaurants and community buildings. The program provides a nutritionally balanced meal that must include 33.3 percent of the Recommended Dietary Allowances (RDA) established by the Food and Nutrition Board of the National Academy of Sciences/National Research Council.

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

During the pandemic, congregate meal sites provided grab and go meals and more people joined the home delivered meal program. In FY 2022, there were 778,158 congregate meals served and 11,165,641 meals delivered to older people in their homes throughout Illinois.

Caregiver Support

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

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

Persons Receiving Assisted Transportation Under the Older Americans Act During FY 2022

Race	Count
African Americans	191
Hispanic Origin	7
American Indian or Alaskan Native	1
Asian	2
White	336
Other	9

Persons Receiving Home Delivered Meals Under the Older Americans Act During FY 2022

Race	Count
African Americans	21,000
Hispanic Origin	5,200
American Indian or Alaskan Native	248
Asian	4,842
White	51,518
Other	1,986

Persons Receiving Congregate Meals Under the Older Americans Act During FY 2022

Race	Count
African Americans	4,744
Hispanic Origin	2,038
American Indian or Alaskan Native	143
Asian	2,628
White	25,185
Other	1,308

Employment

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

Adult Protective Services

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

In FY 2022, the Program received 19,937 reports of suspected abuse, neglect, exploitation or self-neglect for investigation and follow up. Trained case workers from 36 designated local agencies worked with victims to prevent further abuse and to arrange for needed services, such as in-home care, counseling, medical assistance, or legal intervention.

Long-Term Care Ombudsman

The Long-Term Care Ombudsman Program (LTCOP) was established to protect the rights of those individuals who live in a variety of licensed long-term care facilities. The Program's activities have included investigating and resolving complaints made by or on behalf of long-term care residents and providing information about residents' rights and choices when selecting a long-term care facility. Ombudsmen also provide community education and training for long-term care facility staff and monitor the development of laws, regulations and policies related to long-term care settings. In FY 22, Ombudsmen visited approximately 1,650 facilities that included 145,000 beds or units, conducted 13,258 facility visits, provided 34,943 consultations, and investigated 7,823 complaints.

In 2014, the Ombudsman Program expanded to include the Home Care Ombudsman Program (HCOP). The Home Care Ombudsman Program has the responsibility of providing advocacy services to select individuals in home and community-based settings. During FY 22, the HCO Program responded to 141 requests for information, opened 113 cases, and conducted 69 community education sessions.

Persons Receiving Senior Community Service Employment Benefits Under the Older Americans Act During FY 2022

Race/Ethnicity	Count
Hispanic/Latino	4
American Indian or Alaskan Native	3
Asian	14
Black or African American	142
Native Hawaiian or Pacific Islander	1
White	46
More Than One Race	0

Adult Protective Services Alleged Victim Reports During FY 2022

Race	Count
American Indian/Alaska Native	33
Asian	194
Asian (non-specific)	32
Asian Indian	7
Black or African American	4,093
Chinese	1
Filipino	3
Japanese	1
Native Hawaiian or Pacific Islander	10
Other	497
Unknown	1,095
White	13,969
Ethnicity	Count
Cuban	14
Hispanic or Latino/a	612
Mexican	143
Mexican American	59
Not Hispanic/Latino/a, or Spanish	16,305
Other Hispanic, Latino/a, or Spanish	309
Puerto Rican	64
Unknown	2,429

Senior HelpLine

The statewide Senior HelpLine provides information and assistance in English and Spanish on programs and services and links older adults aged 60 and over as well as their caregivers to local services. Professionally trained staff assess needs and provide referrals on home and community-based service options such as in-home services, home-delivered meals, caregiver support, transportation, and Medicare counseling. The Senior HelpLine staff also answers the dedicated Adult Protective Services (APS) Hotline and completes reports of suspected abuse, neglect, financial exploitation and self-neglect of adults over the age of 60 and persons with disabilities between the ages of 18-59 living in the community. In FY 22, 157,702 calls were handled by the Senior HelpLine, of which 4,999 were from Spanish speaking households. In addition, the Senior HelpLine utilizes Propio Language Services to link callers to interpreters that help in more than 300 languages.

Benefit Access

IDoA is responsible for determining eligibility for the Benefit Access Program (BAP). The BAP provides eligibility for two-years and offers applicants two benefits: Secretary of State License Plate Discount and Seniors or Persons with Disabilities Ride Free Transit Cards on all fixed-route public transportation systems in the state. In FY 22, there were 126,792 Benefit Access Applications processed that resulted in 79,535 license plate discounts, 47,746 Seniors Ride Free and 24,400 Persons with Disabilities Ride Free Enrollments.

Senior Health Insurance Program (SHIP)

SHIP activities align with IDoA's mission to help older adults maintain quality of life, health, and independence while remaining in their homes and communities. SHIP provides accurate, objective counseling in many languages with assistance and advocacy on Medicare, Medicare Advantage Plans, Medicare Part D, Medicare and Medicaid dual eligibility, private health insurance, and related health coverage. Counselors also search for state and federal entitlement programs to help beneficiaries save money. Counseling is available at more than 300 host organizations throughout the State offering one-on-one confidential sessions and/or virtual sessions by phone or computer with certified counselors trained by IDoA. There are various SHIP host organizations with counselors who speak languages such as: Russian, Ukrainian, Lithuanian, Assyrian, Arabic, Persian, Farsi, Hindi, Urdu, Gujarati, Bosnian, French, Persian, Ebo, Polish, Spanish, Chinese, Mandarin and Korean. In addition, SHIP counselors provide outreach to educate individuals about their Medicare benefits through public forums, community presentations, and various publications available in many languages. In FY 2022, SHIP counselors assisted approximately 100,000 Medicare beneficiaries in one-on-one counseling sessions using Zoom, Skype, WebEx, and in-person. In addition, SHIP counselors performed outreach to more than 57,000 beneficiaries.

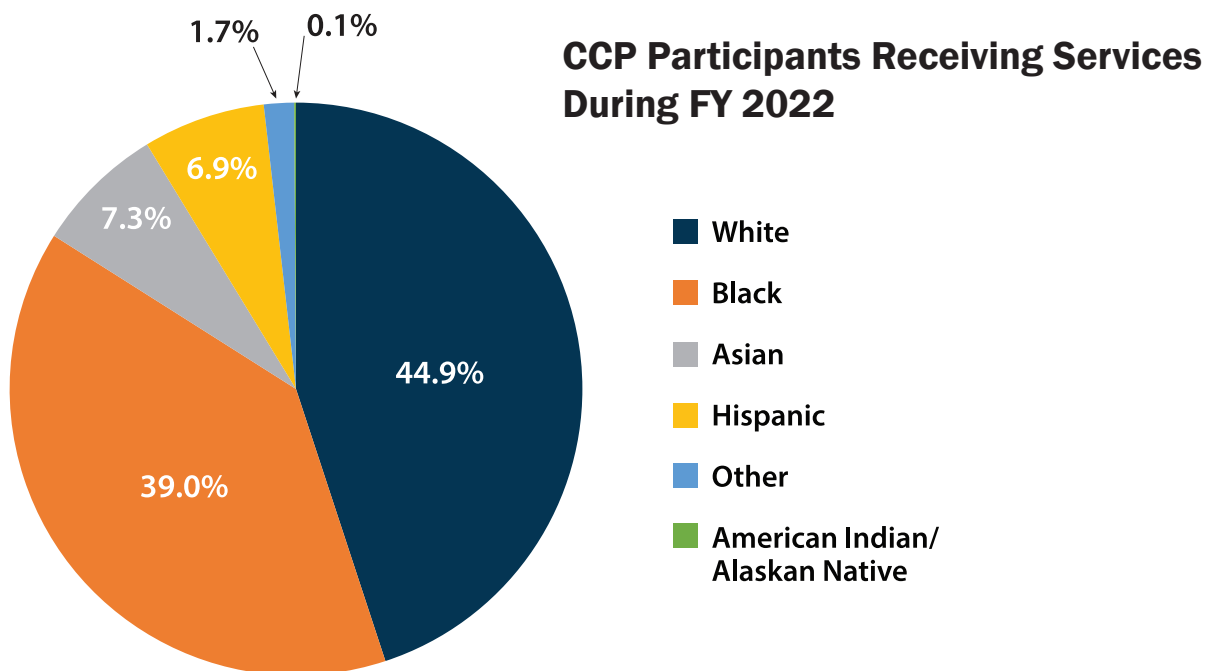
SHIP Client Contacts During FY 2022

Race	Count
American Indian and Alaska Native	119
Asian	7,960
Black or African American	6,089
Hispanic or Latino	3,789
Native Hawaiian and Other Pacific Islander	255
White	78,364
Not collected	4,729

Community Care Program

IDoA administers the Community Care Program (CCP), a community-based program whose aim is to support adults who are 60 years of age and older to remain in their own home and prevent unnecessary institutionalization. The program is designed to meet the needs of older adults who need support with household and personal care tasks. Services include in-home, adult day services, emergency home response services, and automated medication dispenser. During FY 22, CCP served an average of 63,700 older adults each month, thereby successfully diverting or delaying many of those individuals from entering a nursing facility. In addition, there are older adults in Illinois receiving services through a Managed Care Organization.

CCP is a viable and cost-effective alternative to nursing facility care and the number of individuals it serves has increased significantly in past years. CCP is supported by State General Revenue funds as appropriated by the General Assembly. A portion of the cost for Medicaid eligible participants is reimbursed to Illinois through a federal Title XIX, Medicaid, Home and Community-Based Services Persons who are Elderly Waiver. CCP complies with the Centers for Medicare and Medicaid Services (CMS) requirements for operation of a 1915(c) Waiver. Participants are evaluated through an initial comprehensive care assessment to determine their need for services and supports and a person-centered plan of care is developed in collaboration with the individual. Six-month visits and annual reassessments ensure ongoing needs are identified and met.



Assurance of Service by the Department on Aging to Minorities

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

Division of Family & Community Services

For many individuals, the first point of contact with the Illinois Department of Human Services (IDHS) is through the doors of one of the 69 Family Community Resource Centers across the state. These doors open to the IDHS system of social services for low-income and vulnerable families and individuals, administered and delivered through the Division of Family & Community Services. Cash and food assistance, access to medical coverage, and help with employment and training are some of the services provided.

Individuals and families are also referred to a vast network of community services through the availability of additional programs, many of which are also funded through IDHS. The Division provides supports to the unhoused population, those who are identified as being at-risk as well as immigrants and refugees. The programs, which are administered and delivered through the Division of Family & Community Services, have the goal of helping individuals and families achieve and sustain self-sufficiency.

Supplemental Nutritional Assistance Program

The Supplemental Nutritional Assistance Program (SNAP), formerly known as Food Stamps, is administered by IDHS for the U.S. Department of Agriculture (USDA) Food and Nutrition Services. SNAP benefits help

low-income people buy the food they need for good health. A household's income, allowable deductions, and expenses are used to determine eligibility.

Temporary Assistance for Needy Families (TANF)

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

Family Health Plans

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

Affordable Care Act-Adults

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

What is ABE?

The Application for Benefits Eligibility (ABE) is a website (<https://abe.illinois.gov/abe/access>) for customers that was launched in October 2013. Customers can use ABE to apply for SNAP, cash, and Medicaid/CHIP (Children's Health Insurance Program). They can also send all required paperwork electronically using ABE. The public may also apply for assistance at any of the IDHS Family Community Resource Centers or by phone by calling the ABE Customer Call Center at 1-800-843-6154.

What about Medicaid?

Medicaid is a form of health insurance and fulfills the ACA's health insurance coverage requirement. Individuals already on Medicaid are required to complete a redetermination application and inform IDHS of any changes including income and contact information. IDHS partners with several community partners to inform Illinois residents of eligibility for Medicaid and assist Seniors and other residents in the application process. Additionally, the 69 Family and Community Resource Centers assist residents in the application and verification process.

Aid to the Aged, Blind, or Disabled

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

Refugee Senior Services Initiative

Refugees are eligible for federally funded program, which supports the cultural adjustment and social integration of older refugees through community-based organizations. The project provides services to reduce social isolation; assist seniors in accessing public benefits, including health-related resources; and help seniors gain a basic understanding of financial management. In FY 2022, 366 older refugees were served.

For immigrants who are seniors, a statewide network of 59 community agencies is funded under the Immigrant Integration programs to provide a wide range of services designed to help low-income limited-English-proficient seniors to apply for public benefits (such as SNAP and Medicaid), connect with appropriate community services (such as housing and food pantries) and help them apply for citizenship. Translation and interpretation services are provided to help immigrant seniors with English language barrier.

Senior Benefit Programs Provided By Family & Community Services

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

	Cash	Medical	SNAP
	65+	65+	60+
AMERICAN INDIAN OR ALASKAN NATIVE	8	725	523
ASIAN	882	29,552	20,045
BLACK OR AFRICAN AMERICAN	2,556	75,260	59,602
MULTIRACIAL	21	1,959	1,003
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	35	2,556	986
UNKNOWN	751	36,626	19,585
WHITE	4,423	159,912	106,627
HISPANIC OR LATINO	1,033	55,763	34,128
Total	9,709	362,353	242,499

Challenges to Services

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

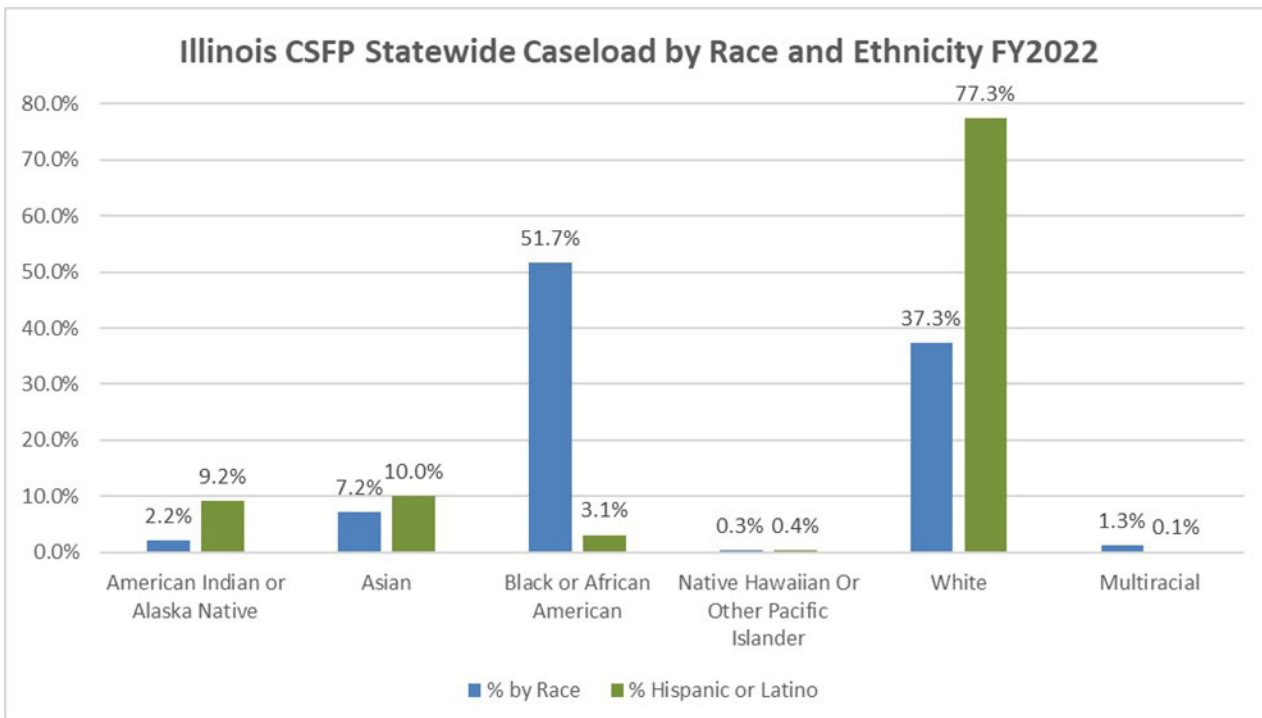
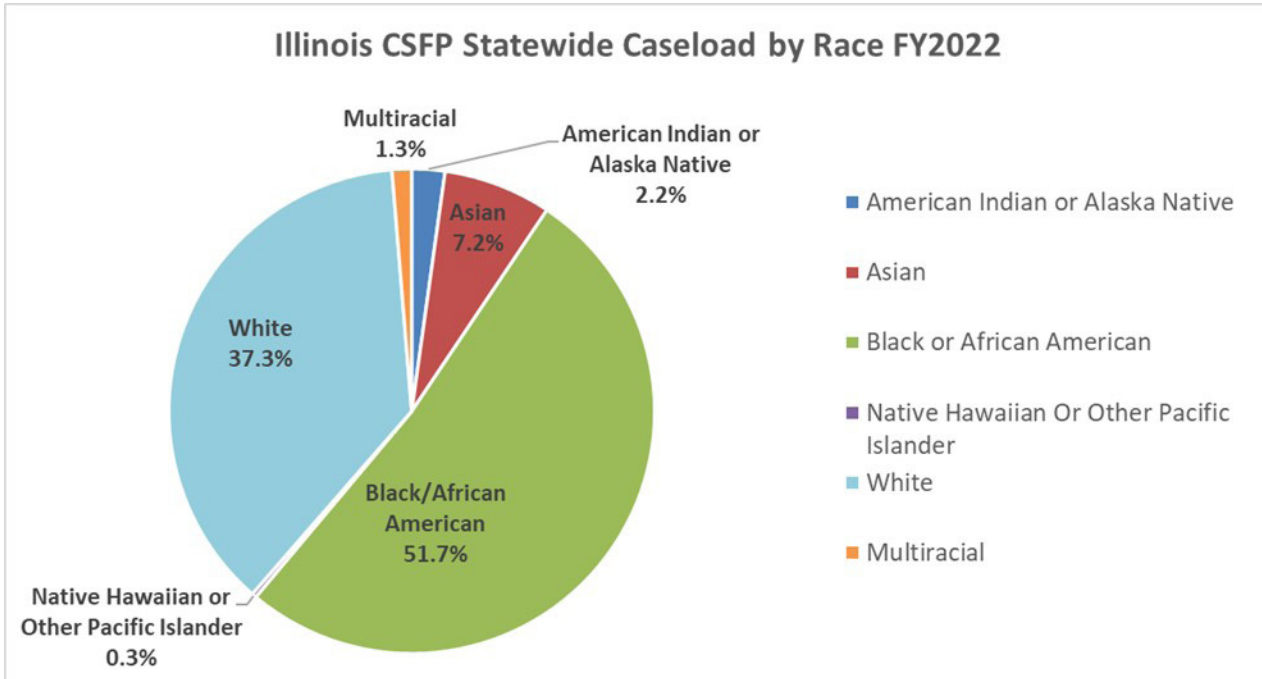
Division of Family and Community Services - Bureau of Family Nutrition

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

The Commodity Supplemental Food Program

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

Illinois CSFP Statewide Caseload by Race and Ethnicity FY 2022



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

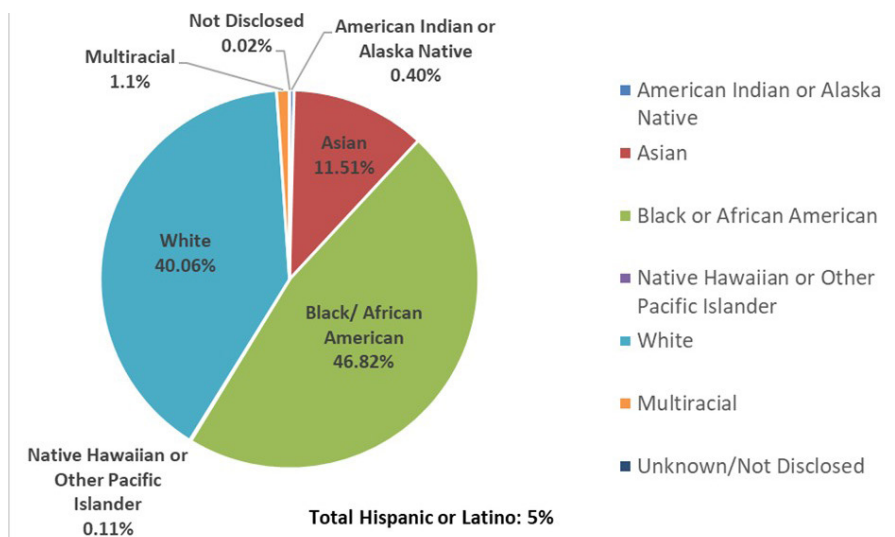
	Tri State Food Bank		St Louis Area Food Bank		Catholic Charities		Total	
Assigned Caseload	1,056		2,700		8,667		12,423	
	Total Number of Participants by Race	Number of Hispanic or Latino	Total Number of Participants by Race	Number of Hispanic or Latino	Total Number of Participants by Race	Number of Hispanic or Latino	Total Number of Participants by Race	Number of Hispanic or Latino
American Indian or Alaska Native	2	0	4	1	182	71	188	72
Asian	0	0	9	6	608	71	617	77
Black or African American	166	0	952	0	3,344	24	4,462	24
Native Hawaiian or other Pacific Islander	1	0	1	0	27	3	29	3
White	628	0	1,205	4	1,383	598	3,216	602
Those who marked more than one race	74	0	36	0	2	1	1	

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 2022 summer season, approximately 360 farmers in 37 counties throughout the state, including Chicago/Cook County, participated in the Senior Farmers Market Nutrition Program (SFMNP). The participating farmers received education prior to displaying their Farmers Market Nutrition Program signage and redeeming the SFMNP checks/coupons. In the summer 2022 season, Farmers Market checks/coupons were distributed in booklets of \$25.00 to seniors, age 60 and above and who have a household income of not more than 185 percent of the federal poverty income guidelines to purchase fresh fruits, vegetables, herbs, and honey from participating farmers at local Farmers Markets. Also in 2022, over 26,360 SFMNP booklets were distributed to seniors and of that, approximately 19,011 booklets (95,055 checks) were successfully redeemed by participating farmers.

Seniors Served by SFMNP by Race, Ethnicity FY 2022



Division of Substance Use Prevention and Recovery (SUPR)

As the single state authority for substance use disorder (SUD) in Illinois, SUPR's mission is to provide a recovery-oriented system of care along the continuum of prevention, intervention, treatment, and recovery support where individuals with SUD, those in recovery and those at risk are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated.

SUPR does not provide direct services but licenses over 1,000 organizations and issues Medicaid certification to 450 to deliver SUD intervention and treatment services. Funds support approximately 120 of the licensed organizations and 200 organizations to deliver prevention services throughout Illinois. Funding for SUD intervention, harm reduction and treatment are primarily used to support individuals who cannot afford the full cost and/or for services not otherwise covered through Medicaid or other third-party insurance.

SUPR's Bureau of Licensure, Compliance, and Monitoring ensures that licensed and funded programs offer person-centered SUD treatment through a continuum approach where patients may move from one level of care to another based on assessed needs and continuing medical necessity. Levels of care range from outpatient through residential care along with withdrawal management services.

During SFY 2022, 1,598 unduplicated individuals 65 and over were admitted to SUPR-funded services. These individuals were on average 67 years of age. This represents an 8% increase in services among this population.

Challenges to Services

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

The percentage of seniors with substance use disorders is expected to continue increasing with the aging of the "baby boomer" generation and longer life expectancy, even though the pandemic and the overdose crisis have decreased the overall life expectancy in the United States. In addition, medications prescribed to seniors may exacerbate an existing SUD, creating a unique susceptibility to opioid use disorder. Seniors are prescribed opioids for chronic conditions, particularly conditions associated with chronic pain. Assessment, intervention, and treatment require increased knowledge, skill, and sensitivity to the needs, histories, current living conditions, medication interactions, social networks, perception of risk, and overdose risk profiles of persons in this population segment.

SUPR Program Admission Age 65 and Above by Race - FY 2022

<u>Race/Ethnicity</u>	<u>Individuals</u>
Hispanic or Latino	158
American Indian or Alaskan Native	9
Asian	3
Black or African American	967
White	413
Other Single Race	48
Total	1,598

Division of Developmental Disabilities

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

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

State-Operated Developmental Centers

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

Developmental Disabilities FY 2022 Services for persons age 60 and older				
Race/Minority Group	Community-Based Programs for the Developmentally Disabled	State-Operated Developmental Centers for persons with developmental disabilities	Total	%
White	4,022	392	4,414	72%
Black/African American	934	103	1,037	17%
Indian/Eskimo	18	1	19	0%
Asian	370	0	370	6%
Pacific Islander	10	0	10	0%
Unknown	299	0	299	5%
Total	5,653	496	6,149	100%
Hispanic or Latino Origin				
Not Hispanic	4,499	478	4,977	81
Hispanic	1,154	18	1,172	19
Total	5,653	496	6,149	100%

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

Challenges to Services

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

Division of Mental Health

As the State mental health authority, the IDHS Division of Mental Health (DMH) is responsible for planning, providing, and purchasing an array of mental health services for adults with serious mental illnesses and children and adolescents with serious emotional disturbances. DMH operates a system of seven

State-operated Psychiatric Hospitals (SOPHs) and one treatment and detention facility; this system provides mental health treatment to over 4000 adults annually. In addition, DMH funds more than 200 community partners to provide a range of mental health treatment, recovery, and wellness services to persons with mental illnesses across the state.

DMH also reaches a wide range of Illinoisans with crisis support via the 988 Suicide and Crisis Lifeline and phone-based emotional support services via the Illinois Warm Line. In FY 2023, the Illinois 988 call centers received 5,670 calls from individuals who reported being 65 years of age or older.

Specialized Gero-Psychiatric Services

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

Individuals Age 65 and Older Receiving DMH Purchased Mental Health Services in FY 2022

During FY 2022, approximately 9.1 percent of the total number of individuals receiving DMH purchased community based mental health services were 65 years of age or older. Descriptive information for this population is displayed in the tables. Data is partitioned by age, race/ethnicity, Hispanic origin, and gender.

Individuals Age 65 and Older Receiving Community Mental Health Services - FY 2022		Number of Individuals	Percentage
Race/Ethnicity	American Indian or Alaskan Native	9	0.3
	Asian	76	2.6
	Black or African American	521	18.3
	Multiracial	1	0.0
	Native Hawaiian or Other Pacific Islander	7	0.3
	Race/Ethnicity Not Available	486	17.1
	White	1,741	61.3
	TOTAL	2,841	100
Hispanic Origin	Hispanic or Latino	217	7.6
	Hispanic or Latino Origin Unknown	540	19.0
	Not Hispanic or Latino	2,084	73.4
	TOTAL	2,841	100

Individuals Age 65 and Older Receiving Community Mental Health Services - FY 2022		Number of Individuals	Percentage
Gender	Female	1,672	58.8
	Male	1,169	41.1
	TOTAL	2,841	100
Age	65 to 74	2,356	82.9
	75+	485	17.1
	TOTAL	2,841	100

Challenges to Services

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

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

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

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

Division of Rehabilitation Services

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

Older Blind Services

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

DHS Division of Rehabilitation Services FY 2022 Elderly Minority Services Report Persons Aged 55 and Older by DRS Program Area			
Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
VR Blind	American Indian or Alaskan Native	1	0.21
VR Blind	Asian	15	3.21
VR Blind	Black or African American	207	44.23
VR Blind	Hispanic or Latino	22	4.7
VR Blind	Multiracial	5	1.07
VR Blind	White	216	46.15
VR Blind	Program Total	468	100
Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
Home Services	American Indian or Alaskan Native	57	0.26
Home Services	Asian	410	1.9
Home Services	Black or African American	11,287	52.3
Home Services	Hispanic or Latino	1,482	6.87
Home Services	Multiracial	217	1.01
Home Services	Native Hawaiian or Other Pacific Islander	19	.09
Home Services	White	8,111	37.58
Home Services	Program Total	21,583	100.00
Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
VR Field Services	American Indian or Alaskan Native	4	0.2
VR Field Services	Asian	28	1.41
VR Field Services	Black or African American	713	35.83
VR Field Services	Hispanic or Latino	91	4.57
VR Field Services	Multiracial	13	0.65
VR Field Services	Native Hawaiian or Other Pacific Islander	4	0.2
VR Field Services	White	1,137	57.14
VR Field Services	Program Total	1,900	100

Program	Race/Ethnic Category	Number of Persons Served	Percent of Total
All DRS	American Indian or Alaskan Native	62	0.26
All DRS	Asian	453	1.88
All DRS	Black or African American	12,207	50.78
All DRS	Hispanic or Latino	1,595	6.63
All DRS	Multiracial	235	0.98
All DRS	Native Hawaiian or Other Pacific Islander	25	0.1
All DRS	White	9,464	39.37
All DRS	Division Total	24,041	100

Accessibility for Non-English Speaking Minority Seniors

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

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

There has been a gradual increase in various diverse languages throughout the years. During Fiscal Year 2022, the number of calls that were received through our 138 accounts throughout the State increased from 48,970 to 97,952 calls. The following chart indicates the top 10 languages that were requested for Fiscal Year 2021 and Fiscal Year 2022 to reflect the trends of the most frequent languages requested for interpretation. Other languages requested for Fiscal Year 2022 are Ukrainian, Hindi, Urdu, Gujarati, and Burmese.

Fiscal Year 2021		Fiscal Year 2022	
Languages	Number of calls	Languages	Number of calls
Spanish	34,577	Spanish	72,022
Arabic	2,397	Arabic	4,352
Polish	1,737	Polish	3,416
Mandarin	1,359	Russian	2,447
Russian	1,310	Mandarin	1,838
Vietnamese	929	French	1,575
Korean	750	Cantonese	1,397
French	680	Korean	1,371
Cantonese	661	Vietnamese	1,023
Hindi	418	Swahili	868
Total	44,818	Grand Total	90,309



Fiscal Year 2022 data is unavailable at the time of this filing.

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

Center for Minority Health Services

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

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

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

Federal Programs

COVID-19:

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

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

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

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

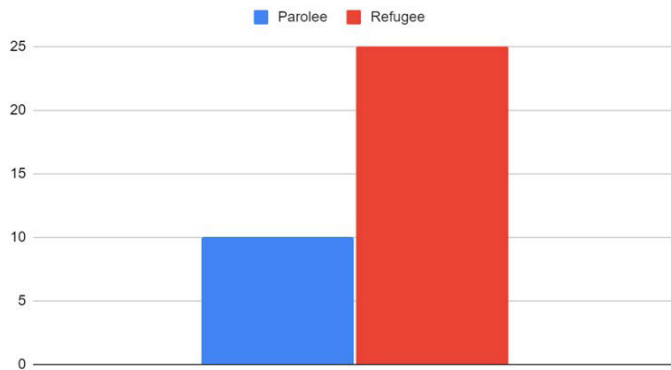
This includes sub-populations such as women, young adults, men of color who have sex with other men, 34 the homeless, uninsured and underinsured individuals, those recently released from correctional institutions, and persons with a dual diagnosis of chemical dependency. In FY 2022, the Minority AIDS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

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

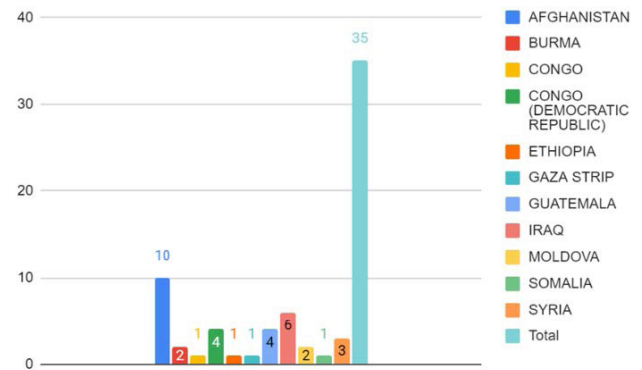
In addition, medical case management is offered to refugees arriving with complex medical conditions. There are five contracted medical providers: three local health departments and two private clinics that conduct the initial health assessment and provide follow-up care or referrals as needed. The Office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

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

Arrival Status of Senior Refugees in Illinois, SFY 2022



Country of Origin among Senior Refugees in Illinois, SFY 2022



General Revenue Funded Programs:

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

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

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

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

Number of Individuals reached for all programs in FY 2021

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

Special Partnerships

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

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

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

Illinois Association of Agencies and Community Organizations for Migrant Advocacy (IAACOMA)

advocates for, and provides health services, fair treatment, and equal opportunities for migrant farm workers and other underserved and underrepresented Latino/Hispanic communities in Illinois. Once a year, IAACOMA hosts a conference for agencies that work with migrant communities in Illinois. The

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

Funded Grantees in 2022

Aids Healthcare Foundation

Alliance Care 360

Asian Health Coalition

Asian Human Services

Beyond Care

Cass County Health Dept

Central Illinois FRIENDS of PWA

Chicago Commons Association

Community Health Partnership of IL

Ecker Center

Erie Family Health Centers

Fifth Street Renaissance

Fola Community Action Center

Heartland Alliance Health

Heartland International Health Centers

Helping Hands of Springfield

Illinois Public Health Association

La Casa Norte

Men & Women in Prison Ministries

Midwest Asian Health Association

Mobile Care Foundation

Northwest Side Housing Center

Pilsen Wellness

Proactive Community Services

Puerto Rican Cultural Center

Sinai Health System

Southern Illinois Healthcare Foundation

Southern Illinois Hospital Services

Southern Seven Health Dept.

Springfield Urban League

TCA Health, Inc.

The Project of Quad Cities

Warehouse Workers Justice Center

WE in the World

Office of Health Promotion

Suicide Prevention

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

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

Fatal Opioid Overdoses

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

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

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

If you or someone you know has a opioid use disorder, please know there is help, including treatment, available immediately, 24 hours a day, 7 days a week. With the Medication Assisted Recovery Now (MAR

NOW) service, a care manager can help callers determine their best treatment options and connect them to a provider for an immediate telephone appointment and medication prescription. Care Managers can also facilitate a same- or next-day, in-person appointment. All callers are connected to ongoing treatment with a community provider that best meets their needs. Access the MAR NOW service at the Illinois Helpline numbers above.

Injury Data

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

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

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

Hospital Discharge Data (HHD) FFY 2020

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

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

Emergency Department (ED) Visits Data FFY 2019

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

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

Alzheimer’s Disease and Related Dementias

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

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

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

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

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

Office of Women’s Health and Family Services

Division of Population Health Management

Carolyn Adam Ticket for the Cure Community Grant Program

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

On July 11, 2011 PA 97-0092 renewed the legislation extending the Illinois Ticket for the Cure instant scratch-off lottery ticket game as well as updated the name of the ticket to be The Carolyn Adams Ticket for

the Cure instant scratch-off lottery ticket in honor of the memory of the late Carolyn Adams, Director of the Department of Lottery. This legislation also revised the Ticket for the Cure Advisory Board to include additional professional titles more closely involved with breast cancer programs and breast cancer research.

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

Seven organizations were awarded funding July 1, 2021 to implement patient navigation programs in their communities, totaling \$922,437. Grantees were Cass County Health Department (\$100,000); Equal Hope dba Metropolitan Chicago Breast Cancer Task Force (\$200,000); Fulton County Health Department (\$200,000); Heartland International Health Centers (\$111,242); Lester and Rosalie Anixter Center (\$101,161); Mercer County Health Department (\$100,034); and Stephenson County Health Department (\$110,000). Grantees will work to enhance existing patient navigation programs within their organizations or develop a new patient navigation program if one does not currently exist. Outreach conducted by grantees in FY 2022 has generated interest from members of their communities and they have been in contact with almost 9000 patients, of which, almost 1300 have sought services. The Carolyn Adams Ticket for the Cure instant lottery ticket game and fund has been signed into law by Public Act 99-0917, extending this legislation until December 31, 2026.

Illinois WISEWOMAN Program

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

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

IV

Guides for Service in the Future

Demographics on the Rise

- Every baby boomer will be over 65 by 2030.
- By 2035, it is projected that older adults will outnumber children for the first time in US history.
- Between today and 2060 the under 18 population will grow by 8% and the 65 and older population will grow by 92%.
- The number of people 65 and older will grow from 49 million to 95 million between today and 2060 with 65 and older growing by 92%, 85 and older growing by 198%, and 100 and older growing by 618%.
- The 85 and older population is expected to more than triple, from 6.7 million today to 19.7 million by 2060.
- 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.
- Immigration is projected to become the primary driver of population growth starting in 2030 due to the population aging and a rising number of deaths.
- The white population is projected to shrink due to the demographic momentum of younger, more racially diverse cohorts.

Minority Aging

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

The non-Hispanic African American population age 65 and older was 4,587,094 in 2017 and is projected to grow to 12.1 million by 2060. In 2017, African Americans made up 9% of the older population. By 2060, the percentage is projected to be 13%.

The Hispanic American population (of any race) age 65 and older was 4,204,122 in 2017 and is projected to grow to 19.9 million by 2060. In 2017, Hispanic Americans made up 8% of the older population. By 2060, the percentage is projected to be 21%.

The non-Hispanic American Indian and Alaska Native population age 65 and older was 272,250 in 2017 and is projected to grow to more than 648,000 by 2060. In 2017, American Indian and Alaska Natives made up 0.5% of the older population and this number is projected to be 0.7% by 2060. The number of Americans age 65 and older who reported they were American Indian and Alaska Native in combination with one or more races was 568,611 in 2017.

The non-Hispanic Asian American population age 65 and older was 2,262,155 in 2017 and is projected to grow to 7.9 million by 2060. In 2017, Asian Americans made up 4% of the older population. By 2060, the percentage is projected to be 8%.

There are some major differences in the aging of the minority population as compared to the aging of White Americans. The onset of chronic illness in minorities is usually earlier than in Whites.

- Minorities have a higher incidence of obesity and late onset diabetes.
- Health problems among minorities are underreported to healthcare practitioners.
- Minorities frequently delay seeking health-related treatments.
- Minorities have often been excluded from drug research.
- Some of the factors contributing to poor mental health among minorities include poverty, segregated and disorganized communities, poor education, unemployment, stereotyping, discrimination, and poor healthcare.

Changing Demographics

The nation's 65 and older population is projected to nearly double in size in coming decades, from 56 million today to 95 million people in 2060. As a result, the share of people aged 65 and older will grow from about 16.5 percent to nearly a quarter of the population in 2060.

The number of people 85 years and older is expected to nearly double by 2035 and nearly triple by 2060.

The non-Hispanic White population is projected to shrink over coming decades, from 197 million today to 179 million people in 2060— even as the U.S. population continues to grow. Their decline is driven by falling birth rates and rising number of deaths over time as the non-Hispanic White population ages. In comparison, the White population, regardless of Hispanic origin, is projected to grow from 253 million to 275 million over the same period.

The Black or African American population is projected to increase from 44 million to 61 million by 2060 (from 13 percent to 15 percent of the population).

Meanwhile, the Hispanic population is projected to grow from 56.6 million to 119 million by 2060. Nearly one in three U.S. residents would be Hispanic.

The Asian population is projected to go from 17.4 million to 34.4 million by 2060. Its share of the nation's population is expected to rise from 5.9 percent to 9.1 percent during this time period.

The Native Hawaiian and Other Pacific Islander population is expected to nearly double, and the number of people who identify themselves as being of Two or More Races is projected to almost triple, from 8.5 million to 25 million during the period between 2016-2060. The population of people who are Two or More Races is projected to be the fastest growing racial or ethnic group over the next several decades, followed by Asians and Hispanics.

For Asians, the driving force behind their growth is high net international migration.

Among the remaining race groups, American Indians and Alaska Natives are projected to rise from 4.3 million to 5.5 million by 2060 (or from 1.3 to 1.4 percent of the total population).

By 2030, the older population, 65 and over, will be about 1 billion and by 2050, 1.6 billion of the total population of 9.4 billion. That will be double the population of that age group of 49.2 million in 2016.

The 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.

V

Sources for Future Research and Data

Federal government

Administration on Aging: www.acl.gov

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

Health and Human Services —

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

Women's Health: www.womenshealth.gov

Medicare and Medicaid Services: www.cms.gov

Social Security: www.socialsecurity.gov

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

State of Illinois

www.illinois.gov

Professional and socio-cultural groups

American Society on Aging: www.asaging.org

American Psychological Association: www.apa.org

Asian American Association: www.aaahs.org

Asian Pacific Fund: www.asianpacificfund.org

Intercultural Cancer Council: www.interculturalcancerCouncil.org

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

National Council on Aging: www.ncoa.org

National Hispanic Council on Aging: www.nhcoa.org

National Indian Council on Aging: www.nicoa.org



SERVING MINORITY SENIORS

FISCAL YEAR 2022

State of Illinois

Department on Aging

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

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

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

ilaging.illinois.gov

The Illinois Department on Aging does not discriminate against any individual because of his or her race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, gender identity, pregnancy, or unfavorable discharge from military service in admission to programs or treatment of employment in programs or activities. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging.

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