

Collaborative Research Dissemination Examples

This document contains guidance for research partnerships about examples of dissemination products and activities for community-academic partnerships.

Related Directory Resource: Dissemination of Research Findings to Community Audiences

Peer –reviewed Dissemination

- Peer-reviewed journal articles
 - Progress in Community Health Partnerships & other journals that publish CEnR
 - You can find examples of manuscripts about community-engaged scholarship and community-academic partnerships.
- www.CES4Health.info: peer review of products other than journal articles- manuals, curricula, videos, etc.

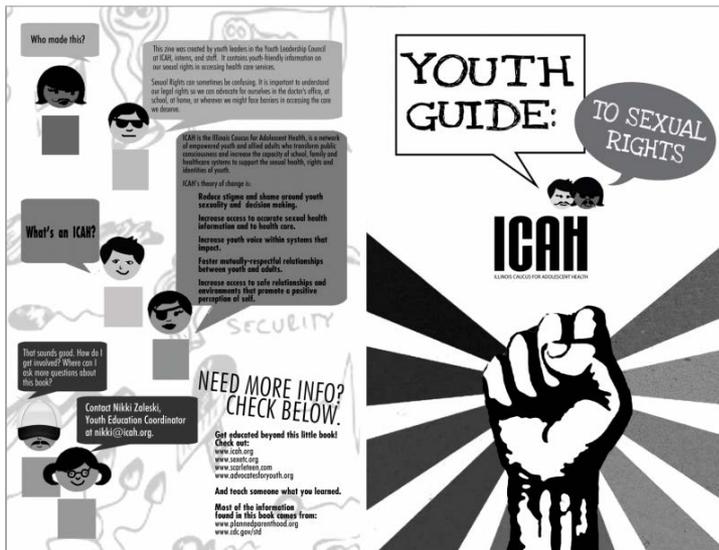


Creatively disseminating Youth Research Findings



- ARCC Seed Grant Partners: IL Caucus on Adolescent Health/Northwestern
- Art: Zines/cups/lemonade stand
- Video:

<https://www.youtube.com/watch?v=EZ4vbLNstWY>



Healthy Snack Vending: The Chicago Park District Experience

- ARCC Seed Grant Partners: Logan Square Neighborhood Association/CLOCC Chicago Park District/Northwestern
- White Paper and Resource Guide:
<http://www.clocc.net/news/VendingWhitePaper2012.pdf>
- Public Release Event- Speakers from Public agencies, researchers, park district



Student Media-based Asthma Research Team (SMART): Chicago Public Schools & Ruchi Gupta (Northwestern/Lurie)

- Photovoice
- Videovoice
- Public Service Announcements

Healthy: Lifestyle



Students gathering and dancing in school corridors after school

Unhealthy: Lifestyle



School meals – “I don’t know if this is healthy.”

- What is Asthma? PSA: <http://www.youtube.com/watch?v=bEp2fakobtM&feature=youtu.be>
- What can my community do to help kids with asthma? PSA: <http://www.youtube.com/watch?v=yyCQRUG2Zfk&feature=youtu.be>

Research/data brief

Stanley Manne
Children's Research Institute[®]
Smith Child Health Research Program

Ann & Robert H. Lurie
Children's Hospital of Chicago[®]

ILLINOIS VIOLENT DEATH REPORTING SYSTEM

JULY 2016



Schools in Suburban Cook County, Illinois Increase Student Physical Activity

Homicides in Chicago: 2005, 2010 and 2015

The Illinois Violent Death Reporting System (IVDRS) is part of the National Violent Death Reporting System, which pools information about the "who, when, where, and how" of violent deaths to provide a more complete picture and develop insight into "why" they occur.

This IVDRS Data Brief is the first in a series about violent death in the City of Chicago over three time points: 2005, 2010 and 2015. This first data brief examines homicide rates in the City of Chicago overall, and by demographic group and weapon type; we present rates by sex, age group, race/ethnicity and by the type of weapons used to commit homicide. Information about how the data are collected is presented in a previous Data Brief (The Illinois Violent Death Reporting System, July 2015).

Overall, there were 468 homicides recorded in IVDRS in the City of Chicago in 2005, 476 in 2010 and 512 in 2015. The homicide rates per 100,000 people in the City of Chicago were 17.32, 17.64, and 18.81 in 2005, 2010 and 2015, respectively. (Table 1)

Table 2 shows homicide rates per 100,000 in the City of Chicago by sex at each time point. The rates of homicides in males increased at each time point, while the rates of homicide in females were not.

Table 3 presents point. The homicide rates were significantly lower for Caucasians in 2015. The rate statistically significant over time.

Homicide rates were 2 times higher than Caucasians in 2015. The rate statistically significant over time.

changes occur either Caucasian were 2 times higher than Caucasians in 2015. The rate statistically significant over time.

Table 1. Homicide rates per 100,000 people.

Year	Rate per 100,000
2005	17.32
2010	17.64
2015	18.81

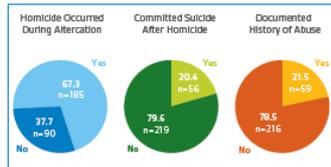
Sex	2005	2010	2015
Male	20.1	20.5	21.5
Female	14.5	14.7	16.1

Table 2. Homicide rates per 100,000 people by race/ethnicity.

Race/Ethnicity	2005	2010	2015
Caucasian	10.5	10.8	11.2
African American	21.5	22.1	23.5
Latino	18.5	19.2	20.5

*Statistically significant (p < 0.05).

Figure 1. Circumstances surrounding intimate partner homicide.



This information can be used to prevent IPV; law enforcement, for example, can use this information to identify and work with those who are affected by IPV to deter future acts of IPV and IPH. Assistant Chief Lisa Snow of the Peoria Police Department states, "During my 26-year career in law enforcement, the majority of intimate partner homicides I have witnessed have documented incidents of physical abuse occurring in the relationship before the death. Law enforcement is currently experimenting with programs that focus intervention efforts on perpetrators with a history of physical abuse towards an intimate partner who is actively engaged in an intimate partner relationship. This intervention will include counseling and regular contact with law enforcement as part of a treatment plan. It is hoped that by working with perpetrators at the first signs of violence that law enforcement can stop the violence from becoming ongoing and potentially fatal."

CONTACT INFORMATION

For more information on the Illinois Violent Death Reporting System, please contact:

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Injury Prevention and Research Center
Smith Child Health Research Program
Stanley Manne Children's Research Institute
Ann & Robert H. Lurie Children's Hospital of Chicago
225 East Chicago Avenue, Box 157
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RESOURCES

If you or someone you know is experiencing domestic violence and needs help:

State of Illinois Domestic Violence Hotline



Domestic violence programs located throughout Illinois provide safety assistance to victims of domestic violence. Services include: 24-hour crisis hotline, counseling, safety planning, legal advocacy, children's services, temporary food and housing and outreach.

<http://www.dhs.state.il.us/page.aspx?item=30275>

If you want to learn more about what you can do to end domestic violence:

Illinois Coalition Against Domestic Violence



The Illinois Coalition Against Domestic Violence (ICADV) is a not-for-profit membership organization that works to eliminate violence against women and their children by promoting the eradication of domestic violence throughout Illinois; ensuring the safety of survivors; their access to services and their freedom of choice; holding abusers accountable for the violence they perpetrate; and encouraging the development of victim-sensitive laws, policies and procedures across all systems that impact survivors.

icadv.org/

SUMMARY OF KEY FINDINGS

- Schools participated in a variety of opportunities offered as part of the Healthy HotSpot initiative.
- Students increased moderate to vigorous physical activity time in P.E. class.
- The percent of schools with students spending 50% or more of P.E. class time in MVPA increased.
- Changing the way P.E. is taught can improve student MVPA during class.

PHYSICAL ACTIVITY GIVES KIDS A LEG UP IN SCHOOL

- Improves health
- Improves behavior
- Improves learning



Schools are one of the many places being strengthened as part of the Healthy HotSpot initiative, led by the Cook County Department of Public Health (CCDPH) that aims to make suburban Cook County a healthy place to live, work, learn, worship, play and receive healthcare. This brief shares key findings from an evaluation examining the impact of the Healthy HotSpot initiative's activities (described below) to support enhanced Physical Education (P.E.) and student physical activity during P.E. class in suburban Cook County schools.

Importance of Physical Activity

Regular physical activity has many benefits for children and youth, including helping to build and maintain healthy bones and muscles; reducing the risk of developing obesity and chronic diseases such as diabetes, heart disease and some cancers, reducing depression and anxiety; and improving academic performance and school behaviors¹. The U.S. Department of Health and Human Services recommends that children and youth (ages 6 to 17 years of age) participate in at least 60 minutes of physical activity daily². Most school-aged children in suburban Cook County do not get the recommended amount of physical activity daily. Students attending schools where the majority of students are low income, Hispanic, or African-American are even less likely to get the recommended amount of physical activity³. This puts low income, African-American and Hispanic students at increased risk of physical and mental health problems, and academic and school behavioral issues. Suburban Cook County schools have an opportunity to improve health, behavior and learning by offering all students high quality enhanced P.E. Enhanced P.E. utilizes school policies and teaching methods to increase student physical activity during P.E. class.

Opportunities to Support Schools in Implementing Enhanced P.E.

To support schools in implementing enhanced P.E. aligned with revised Illinois learning standards, partners of the Healthy HotSpot initiative — Alliance for a Healthier Generation, Illinois Public Health Institute, and the regional Intermediate Service Centers — provided the following opportunities to schools.

- **Healthy School Summits.** These professional trainings launched the Healthy HotSpot initiative in schools, addressing the link between physical activity and learning; discussing the revised learning standards for physical development and health; and providing skill-based workshops for implementation of enhanced P.E. Schools were encouraged to register for Let's Move! Active Schools.

¹CDC, Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, <http://www.cdc.gov/healthyschools/physicalactivity/facts.htm>, accessed 8/2/2016.

²U.S. Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans. Washington, DC: U.S. Department of Health and Human Services; 2008.

³Cook County Department of Public Health and CLCCC. 2010-2014 School Day Physical Activity among Children in Suburban Cook County, Illinois. <http://www.cookcountypublichealth.org/files/pdf/publications/physical-activity-letf-1004-12-final.pdf>, accessed on 8/29/16.



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luriechildrens.org/IVDRS



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Follow us on Twitter:
[@IVDRS](https://twitter.com/IVDRS)

Infographic

BMI Use in Program Evaluation

PROS & CONS

The Pros

BMI is a fast and easy way to collect body composition and weight status information making it a great measure for programs seeking to affect these outcomes.



Simple to Measure

BMI is simple to measure because it only calls for height and weight. All you need is a scale and a measuring device.



Inexpensive

BMI is easy to calculate and does not require a highly trained professional to administer. There are many free BMI calculator programs available online.



Standardized

BMI offers a straightforward standardization that is comparable to the general population.

The Cons

If the outcome measure isn't likely to change, BMI will not provide useful information for program evaluation or it will undermine the program's ability to see positive outcomes.



Time Span

Programs that wish to include BMI in their outcome measures must be sure to allow for a long enough follow-up period. For example, behavior change and weight loss take a long time to achieve.



Intervention Intensity

Behavior change and weight loss are difficult to achieve. The intensity levels must be appropriate in order to expect changes to BMI.



Only Outcome

BMI only measures body composition. Only addressing BMI can ignore other program achievements, undermining its ability to talk about its success.

Considerations/ Examples/



Time Span

BMI as an outcome measure can be appropriate for a program where participants are enrolled and followed for years; but measuring BMI before and after a 6-week course is not appropriate because it is unlikely that 6 weeks is long enough to affect a change in body composition. <<Pairing measure/ KAB????>>



Intensity

Measuring BMI for a 6 month clinical weight-loss intervention with a comprehensive curriculum of 48 nutrition education classes, 48 hours of group physical activity and 24 private counseling sessions is appropriate; however, an 8-week healthy cooking class that meets twice a week for 2 hours is likely not intense enough to expect to see changes in participants' body composition.



Only Outcome

A nutrition education and cooking class that only measures BMI might not see any change among participants and so might look to be "failing" its participants. Focusing only on BMI does not allow the program evaluation to look for other measures of success such as individual's increase in knowledge about cooking healthy, confidence with cooking and increases in reports of cooking healthier meals at home – all of which are successes worth knowing and sharing.

How to calculate/ etc.



$$\text{BMI} = \frac{\text{weight (kg)}}{[\text{height (m)}]^2} \quad \text{or} \quad \frac{\text{weight (lb)}}{[\text{height (in)}]^2 \times 703}$$

BMI is age- and sex-specific for children and teens. Be sure to look over the BMI-for-age percentiles to interpret results.

BMI	Weight Status
<18.5	Underweight
18.5-24.9	Healthy weight
25.0-29.9	Overweight
30.0 & above	Obese

BMI Percentile	Weight Status
< 5th	Underweight
5th - 84th	Healthy weight
85th-94th	Overweight
95th - 100th	Obese

Find the BMI-for-age charts here: http://www.cdc.gov/growthcharts/clinical_charts.htm

Physical Activity in South Asian Women



MAFS
metropolitan asian
family services

- ARCC Seed Grant Partners: Metropolitan Asian Family Services/Northwestern
- Community event with family exercise
- MAFS newsletter
- Co-presentations
- Study poster hanging at MAFS
- Partner with ethnic media

IndiaPost
Voice of Indians Worldwide

BOLLYWOOD COMMUNITY POST HEALTH SCIENCE HOROSCOPE IMMIGRATION INDIA

YOU ARE HERE: [HOME](#) > [COMMUNITY POST](#) > [MAFS AND NW UNIVERSITY CONDUCTING HEART STUDY](#)

MAFS and NW University conducting heart study

March 13, 2013 in Community Post | 0 Comment



CHICAGO: Metropolitan Asian Family Service (MAFS) and Northwestern University's Feinberg School of Medicine are conducting a heart disease prevention study for South Asians in the Chicago area.

This study the first of its kind is funded by the National Institutes of Health. Experts from Northwestern University are working with MAFS



Dissemination of study results in the community

- **Conducted a community event**
 - Discussed study findings
 - Held a family exercise event at MAFS
- **MAFS newsletter**
 - Wrote an article on physical activity and the South Asian community
- **Co-presentations** at Midwest Minority Conference and ARCC poster session.
- **Study poster hanging at MAFS**
- **Partner with ethnic media**

Community physical activity event



- 55 people attended
- 8 children

MAFS Newsletter

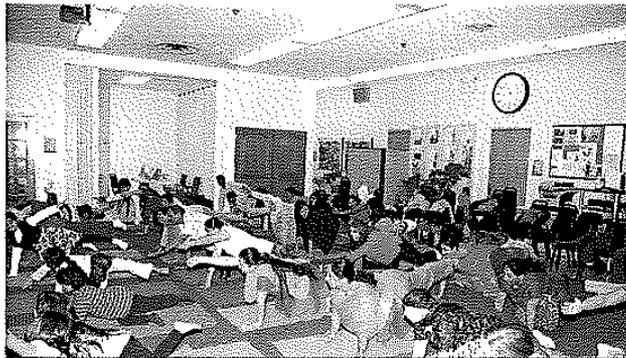
Summer 2011

Volume 1, Issue 1

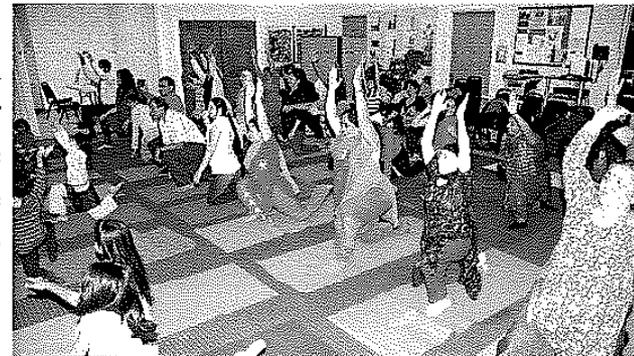
Yoga and Bhangra Classes at Chicago

In the mission of keeping seniors healthy, happy and energized, Metropolitan Asian Services, in coordination with Northwestern University held a yoga and Bhangra classes. Seniors with their family member present learned yoga poses and Bhangra dance steps and were enthusiastic about doing these exercises at home

on a daily bases. To encourage the participants, a raffle was drawn that gave away three months membership to YMCA to the winner.



Participants doing yoga



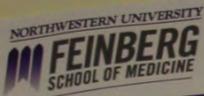
Participants doing yoga

This event was sponsored through a grant from Northwestern University's Alliance for Research in Chicagoland Communities (ARCC) and Northwestern University Clinical and Translational Sciences Institute (NUCATS).

ARCC poster session- NU and MAFS



Poster at MAFS



South Asian Women's Beliefs and Attitudes about Exercise Across the Lifespan

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¹ Division of General Internal Medicine, Northwestern University, Chicago, IL. ² Metropolitan Asian Family Services, Chicago, IL. ³ School of Public Health, University of Illinois at Chicago, Chicago, IL. ⁴ Division of Preventive Medicine, Northwestern University, Chicago, IL.

BACKGROUND

- U.S. South Asians (Asian Indian and Pakistani) have a higher prevalence of heart disease (CHD) and Diabetes Mellitus (DM) compared to most other racial/ethnic groups.
- Regular physical activity (PA) prevents CHD and DM.
- South Asians (SA) report the least PA of any U.S. racial/ethnic group.

OBJECTIVE

To use a community-based participatory research approach to understand how South Asian (SA) women in Chicago perceive barriers to PA.

METHODS

- Partnership between Northwestern University and Metropolitan Asian Family Services (MAFS), a social service organization for SA.
- Memorandum of Understanding.
- Community Advisory Board.
- Six focus groups conducted at MAFS with English speaking SA women (n=42).
- Focus groups stratified by age:
 - Younger-18-29 years (n=12)
 - Midlife-30-49 years (n=16)
 - Senior-50-71 years (n=14)
- Audio-taped discussions were transcribed and coded by 2 independent reviewers using Atlas.ti (version 6.2.27).

PARTICIPANT CHARACTERISTICS

College graduate or more	40%
Immigrants	88%
Muslim	54%

RESULTS

THEMES	QUOTES BY YOUNGER WOMEN (18-29 years)	QUOTES BY MIDLIFE WOMEN (30-49 years)	QUOTES BY SENIOR WOMEN (50-71 years)
Lack of awareness about exercise as prevention.	"I think the basic mentality is that you only exercise when you are overweight." (20, F)	"After 45 years control your diet and do exercise regularly, do yoga which will help make your future life go smoothly (healthy)." (48, F)	"After 30-35 years of age if people understand the importance of exercise then these health problems will not spread as much." (66, F)
Life stages strongly influenced exercise levels.	"Exercise is like an unnecessary thing for them (older women). There is a lot of difference between the old and the new generation." (24, F)	"During school life, I used to do physical exercise and other games. But then with kids I had no time for doing exercise or even thinking about it." (37, F)	"Now my life is relaxed. The kids are grown up now and then I thought that it is also important and I should use this time so I joined yoga and also the dance academy." (52, F)
Barrier to exercise	"They will say you don't need to work out if you are skinny, you are underweight, you don't need to go to the gym." (21, F)	"I work for my mother-in-law, my kids and my husband. I do everything like grocery. My husband just works and comes back at night." (45, F)	"But I have so much stiffness that it is very difficult to do exercise." (64, F)
Intervention ideas	"At least for our community there should be a girls-only zumba class." (24, F)	"The exercise class should be with not only kids but with the family." (37, F)	"The men, women and children come together but sit in two different places. Fitness center should be like that." (59, F)

COMMUNITY EVENT



LIMITATIONS

- Generalizability: Sample consisted primarily of recent urban immigrants in Chicago.
- Social desirability
- Some views may not have been expressed in group setting.

CONCLUSION

- SA women identified significant barriers to PA: lack of awareness, cultural norms, household responsibilities, and lack of social and family support.
- Need for women's only workout facilities
- Interventions aimed at increasing PA in SAs should consider cultural norms, life stage, and how to incorporate husbands and children.

Funding provided by Northwestern University Clinical and Translational Science Institute and Alliance for Research in Chicago and Communities

Ethnic Media

YOU ARE HERE: [HOME](#) | [COMMUNITY POST](#) | [MAFS AND NW UNIVERSITY CONDUCTING HEART STUDY](#)

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From left, Nalini Gohel, the Vice President, MAFS, Mrs. Santosh Kumar, the Executive Director, MAFS, Dr Swapna Dave MD, NWU Heart Health Research study, Dr Namratha Kandula, MD, the head of the NWU Heart Research study in the background, Mancji, a medical student, NWU

CHICAGO: Metropolitan Asian Family Services (MAFS) and Northwestern University's Feinberg School of Medicine are conducting a heart disease prevention study for South Asians in the Chicago area.

This study the first of its kind is funded by the U.S. National Institutes of Health. Experts from Northwestern University are working with MAFS to reach South Asians because South Asians have some of the highest rates of heart disease in the world.

The study teaches South Asians about healthy lifestyle and includes information that is relevant to the South Asian diet and culture. The study team

helps participants eat better, become more active, reduce stress, and lose weight. The study involves group classes and fun activities. The overall goal of the study is to help Indian and Pakistani community members improve their health habits and reduce their chances of a heart attack.

The success of this study depends on community participation and enthusiasm. MAFS is working to improve the health of South Asians in Chicago and it needs the help of members of the community. People between the ages of 30 to 60 years who do not have any history of heart disease or stroke can participate in this study. People who have high blood pressure, high cholesterol, or diabetes are at risk for heart disease can also participate in this study. Classes are open to Hindi, Urdu, Gujarati, and English speakers.

MAFS Heart Health Mela was held on March 2. It was a fun event where 30 of the study participants brought their family members and learned about healthy living. There was a Yoga demonstration by instructor Adenia Linker. There was a Healthy Salad Competition where the participants brought their own salad reflecting their expertise learned in the intervention classes.

The judges, Dr Namratha Kandula, MD, a head of the NWU research study, Mrs Santosh Kumar, the Executive Director MAFS, Nalini Gohel, the vice president of MAFS and Harif Gohel, a teacher, judged the contest. The

Northwestern University Feinberg School of Medicine



Reducing Sedentary Time and Metabolic Syndrome Risk Factors in African American Adults in Chicago's Austin Neighborhood

Partnership with Westside Health
Authority

Reducing Sedentary Time and Metabolic Syndrome Risk Factors in African American Adults in Chicago's Austin Neighborhood

Jane Gyarmaty, SPT, BS,¹ Elise Mooney, SPT, BSEd,¹ Rachael Neumann, SPT, BS,¹ Brittney Person, SPT, BS,¹ Jill Robson, SPT, BS,¹ William E. Healey, PT, EdD, GCS,¹ Gail Huber, PT, PhD,¹ Monique Reed, RN, PhD,² Dorothy Mangale, BA²
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Introduction

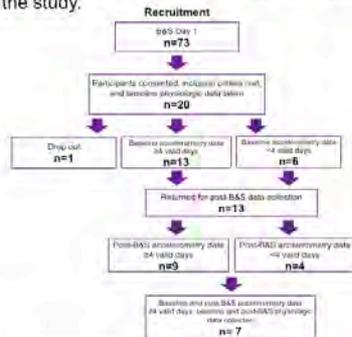
Background: African American (AA) adults perform less physical activity (PA) than other ethnic groups. Sedentary behavior has also been found to contribute to the risk of developing metabolic syndrome (MetS). Community-based participatory research (CBPR) involves community members in order to build knowledge, examine inequalities, and create action to ultimately improve the status of the community. The Westside Health Authority, a community-based organization in Austin, has developed the Body & Soul: Healthy Lifestyles Program (B&S) whose goal is to reduce the risk of developing MetS through health promotion efforts.

Purpose: To investigate the effectiveness of B&S on the following:

- I. Reducing blood pressure and abdominal obesity (risk factors for MetS).
- II. Decreasing time spent sedentary during waking hours.

Methods

Subjects: 19 AA adults >40 y/o who live in Austin with a BMI \geq 25 completed the study.



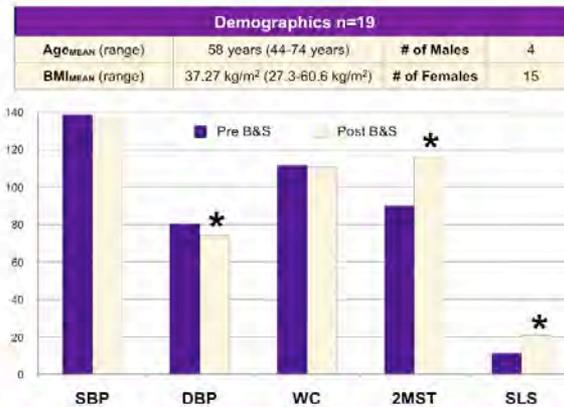
Design: Pretest-posttest study utilizing CBPR.

Body & Soul Program: 10-week program offering fitness classes, health education workshops, field trips, monthly health screenings, and a free membership to Chicago Park District fitness centers.

Outcome Measures: Collected at the first and last week of B&S.

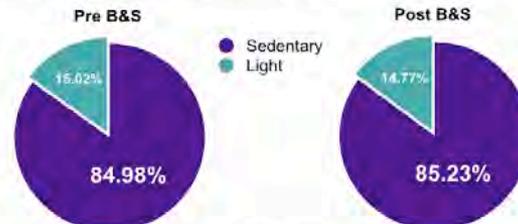
- Systolic and diastolic blood pressures (SBP, DBP)
- Waist circumference (WC)
- Body mass index (BMI)
- Fitness measures: single limb stance time (SLS), 2-minute step test (2MST), arm curls, sit-to-stand, back scratch, sit-and-reach
- % sedentary time (SedTime) measured using accelerometry

Results



	Pre	Post	p-value
SBP _{MEAN (n=19)}	138.17 mmHg	136.06 mmHg	0.621
DBP _{MEAN (n=19)}	80.17 mmHg	74.08 mmHg	0.041
WC _{MEAN (n=19)}	111.46 cm	110.54 cm	0.691
2MST _{MEAN (n=10)}	90 steps	116 steps	0.000
SLS _{MEAN (n=19)}	11.19 s	20.89 s	0.006
SedTime _{MEAN (n=7)}	84.98%	85.23%	0.858

Data were analyzed using paired t-tests with a significance level of $p < 0.05$.



Discussion

Positive findings include: decreased DBP and increased step number and single leg balance time. Although statistically insignificant, WC and SBP positively improved. There was no significant change in sedentary time.

DBP: Mean DBP decreased by \sim 6 mmHg. This is positive as a DBP reduction of 5 mmHg reduces the risk for chronic heart disease and stroke.¹ Additionally, a reduction in blood pressure may reduce the risk of developing MetS.²

Fitness Measures: The improved 2MST performance may indicate improved cardiovascular endurance and physical capacity.³ An increase in SLS time is important as single limb balance is a predictor of injurious falls in older adults.⁴

Sedentary Time: The amount of sedentary time is \sim 18% higher than in previous studies.⁵ Potential reasons for a higher percentage of sedentary time in this sample include:

- I. Subjects had a higher BMI (37) than reported in previous studies (31).⁵ A high BMI is correlated with decreased capacity to perform activities of daily living and decreased walking speed.^{6,7}
- II. Chicago-area weather has been associated with an additional 3 hours/day of sedentary time between November and June.⁸
- III. Community members cited safety, time, and lack of fitness companions as barriers to PA.

Limitations: small sample size, poor accelerometry compliance, varying post data collection times, and lack of B&S participation monitoring.

Conclusion

B&S is effective in reducing risk factors for MetS and improving aspects of fitness, but may not impact sedentary behavior. Future research that addresses the limitations of this study is needed to thoroughly assess the effectiveness of the B&S program.

Clinical Relevance: Supporting programs like B&S is an avenue through which physical therapists can promote community health and wellness.

Acknowledgments



We would like to acknowledge and thank WHA, our participants, and the Austin community members for their help and support throughout our project.

This project was supported in part by institutional funding from the Alliance for Research in Chicago and Communities of the Northwestern University Clinical and Translational Research Sciences (NUCATS) Institute and funding from NUCATS' NIH grant UL1RR025741.

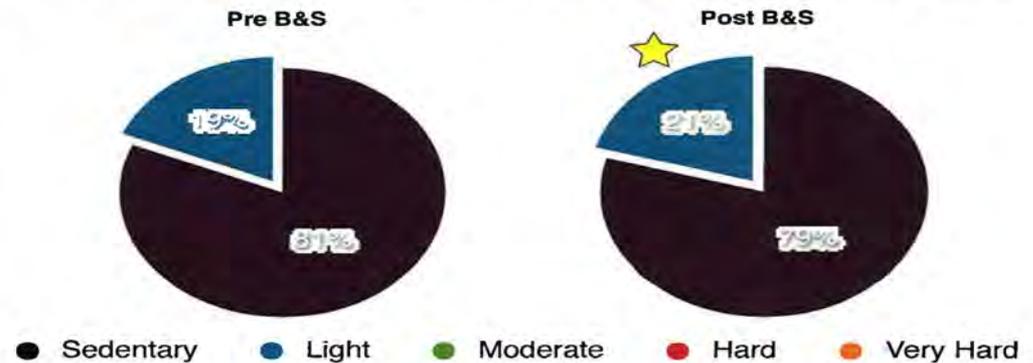
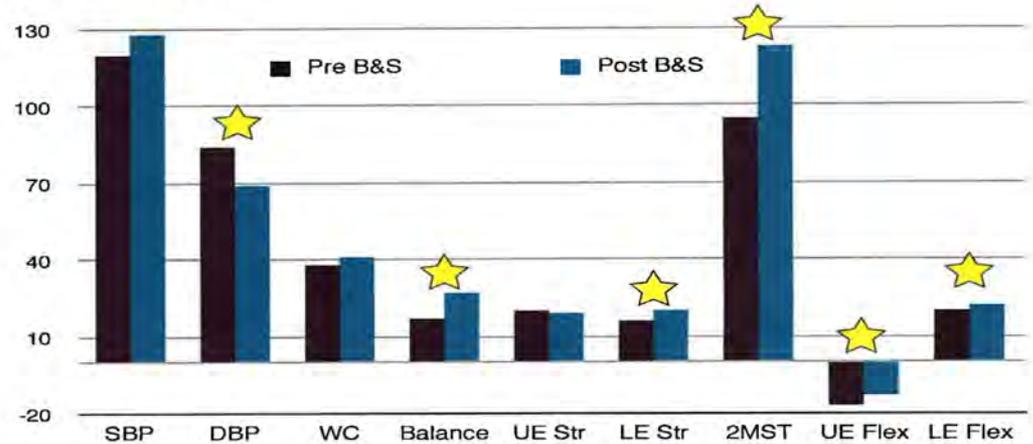
Results of Participation in Body & Soul: Healthy Lifestyles Program Study

Participant Name

	Pre B&S	Post B&S
Systolic blood pressure (SBP)	120	128
Diastolic blood pressure (DBP)	84	69
Waist circumference (WC)	38	41
% of time sedentary	81.33	79.38
% of time light intensity	18.67	20.62
% of time moderate intensity	0	0
% of time hard intensity	0	0
% of time very hard intensity	0	0
Balance (seconds)	17	27
Arm strength (UE Str, pounds)	20	19
Leg strength (LE Str, # of squats)	16	20
2-minute step test (2MST, # of steps)	95	123
Arm flexibility (UE Flex, cm)	-17*	-13*
Leg flexibility (LE Flex, cm)	20	22

Negative numbers mean that your hands did not overlap on the test; larger positive numbers are better.

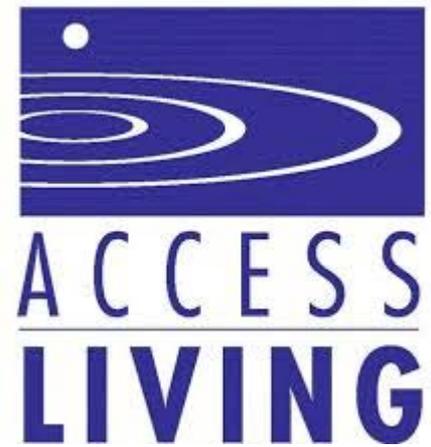
★ = Congratulations! You improved on this measure!





Refugee Communities: Disability, Health, & Inclusion Project

- ARCC Seed Grant Partners: Access Living/ Northwestern
- Resource directory
- Policy brief- Chicago/National versions
- Town hall meeting- testimonials, interpreters
- Media
- Outreach/advocacy to policy makers



Academic Journals

Title: Barriers to Healthcare Access among Refugees with Disabilities and Chronic Health Conditions Resettled in the US Midwest

- Target Journal: Journal of Immigrant and Minority Health
- Authors: Mansha Mirza, Rene Luna, Bhuttu Mathews, Rooshey Hasnain, Elizabeth Hebert, Allison Niebauer, Uma Devi Mishra
- Status: Submitted March 20, 2013

Community Advisory
Board Members as co-
authors

Title: Engaging community advisory boards in identifying research priorities and developing research plans: A step-wise process

- Target Journal: Progress in Community Health Partnerships
- Authors: Mansha Mirza, Bhuttu Mathews, Rene Luna, Sarah Couch
- Status: In progress



Conference and Other Presentations

- National Refugee and Immigrant Conference (2011)
Mirza, M., Hasnain, R., Luna, R.D., Pak, J.J., Brunton, S., Zhang, J., & Silverman, E. (2011). *Systems Change Initiatives for Addressing Health and Disability Needs of Refugees*. November 7-November 8, Chicago, IL.
- National Refugee and Immigrant Conference (2012)
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Community Advisory Board Members as co-presenters

Local conferences to facilitate participation of community Co-PIs



Conference Posters

Health Disparities Research at the Intersection of Race, Ethnicity, and Disability Conference (2013)

Barriers to Healthcare Access among Refugees with Disabilities and Chronic Health Conditions Resettled in the US Midwest

UIC Department of
Occupational Therapy
SCHOOL OF APPLIED POLICY SCIENCES

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Introduction

- Three million refugees from 125 countries have resettled in the U.S. since 1975.^{1,2}
- 40,000 to 80,000 new refugees immigrate to the U.S. every year (10% of annual immigration flows).^{3,4}
- The "healthy migrant" phenomenon holds less true for refugees; refugees are at higher risk of compromised health before immigrating to the U.S.^{5,6,7}
- Refugees resettled in the U.S. have high prevalence of chronic illnesses associated with long-term mobility and functional disabilities.^{7,8,9}
- It is important to understand healthcare access of the growing numbers of disabled and chronically-ill refugees in the U.S.

Objectives

1. To gain a preliminary understanding of healthcare access barriers faced by the target population
2. To develop a Community Advisory Board (CAB) with representation from refugee service agencies and refugee communities.
3. To engage the CAB in identifying research priorities and developing research plans to address barriers.

Methods

Research Framework: Community-Based Participatory Research¹⁰

Research Design: Qualitative, Exploratory
Key Informant Interviews; Group Facilitation Exercises with Community Advisory Board

Sampling and Recruitment:
A two-step sampling strategy was used
The research team developed a list of local refugee-serving organizations; staff from these organizations were invited to participate in interviews
Additional key informants were identified through snowball sampling

Sample Description:
Eighteen key informants; 5 male, 13 female
A wide variety of stakeholders including
(1) representatives of state agencies (Bureau of Refugee and Immigrant Services; Department of Public Health);
(2) refugee healthcare providers (affiliated with refugee-serving clinics);
(3) refugee social service providers (affiliated with resettlement agencies which provide initial support services to refugees);
(4) community leaders from three of the largest refugee groups since 2008 (Iraqi, Burmese and Bantuanese).

Data Collection:
Semi-structured interviews; 30-90 minutes; conducted in English by phone or face-to-face; recorded through detailed hand-written notes

Data Analysis:
Based on grounded theory techniques¹¹
Conducted by the academic PI and two community co-PIs
Step-wise, iterative process: (1) Independent review of field notes; (2) Code list developed; (3) Independent raw coding of data; (4) Code list reviewed and revised; (5) Final coding and merging of thematic codes
Regular debriefing and discussion of discrepancies in coding
Member checking with members of advisory board¹²

Results

Inadequate Health Insurance

System
- ENL coverage
- Insured in homeland
- Funding shortages
- NHI models

Providers
- Cultural practices
- reluctant to accept
- ENL specialty care
- Limited awareness
- of specialty medical
- refugee services
- specialties

Individual
- Limited awareness
- of insurance
- regulations
- Don't know what
- to expect

Language & Communication

System
- Health in stress and
- prepared for
- language diversity
- Educator programs
- funding, short staff,
- limited EOL or training

Providers
- Limited proficiency
- in communication
- language needs
- of refugees
- with interpretation

Individual
- Limited English
- skills
- Lack of health
- literacy

Complex Maze of Service Systems

System
- Multiple, fragmented
- agencies
- Lack of coordination
- of information sharing
- "Silos" in refugee case
- management handling

Providers
- Limited expertise
- on health-related
- issues among
- refugee case
- managers

Individual
- Limited expertise
- in U.S. service
- systems

Implications

Broad-based policy and practice interventions are required to address barriers including:

- stronger collaboration and information-sharing between service systems;
- stronger enforcement of Title VI of the Civil Rights Act in healthcare settings;
- an expanded pool of medical interpreters;
- reducing and empowering refugees to better navigate service systems through use of
 - extended case management
 - peer navigators
 - innovative health information technologies

Further research is needed to monitor the impact the ACA on service access of refugees with disabilities and chronic conditions.

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3. Non-academic Dissemination Activities



In response to feedback from Community Advisory Board

“..while our focus has been on the problems with the existing system, I think we could really strengthen our impact by talking about resources within the system. Like, even informally, simply because it would have the most immediate effect on people’s lives.”



Resource Directory

- Resources and programs that could be beneficial to refugees with disabilities and chronic health conditions
- Includes details on eligibility criteria and application instructions
- Pooled knowledge from CAB members, academic PI, community Co-PIs
- Available to all refugee serving organizations, community leaders, individual consumers



Policy Brief

- Brainchild of Rene Luna (former community Co-PI)
- A concise summary of issues and specific recommendations – Chicago version and National version and
- Shared by CAB members with stakeholders (private funders, interns, volunteers)

“...the development of the policy [paper] in this project. That was a very good step...”

“...so far, I am really excited to see that things are actually coming from the meetings and coming from the board. And then hopefully will continue to create policy briefs and research in the field.”





Town Hall Meeting



“...I know we have been wanting to get refugees on the board...trying to get people involved...and identifying good advocates. I think that’s something we could work on....It’s hard because there’s a lot of newly arrived refugees that aren’t necessarily advocates yet, so working to find the individuals who really are able to advocate for themselves and understand what it means to have a disability in the US and be a refugee [is difficult]”



- Testimonials from refugees with disabilities and chronic health conditions or their family members
- Representatives from the State Bureau for Refugees and Immigrants and Illinois Department of Public Health in the audience





Town Hall Meeting – Logistics

- Space, Sign Language Interpreters, IT support arranged by community partner Access Living
- Foreign language interpreters (Arabic, Nepali, Karenni, Farsi) arranged by CAB member organizations at subsidized rates
- CAB members helped recruit and transport testimonial providers (offered honoraria and public transit cards)
- Expert panel – included two CAB members, other panelists recruited through shared contacts of academic and community Co-PIs
- Media Presence
 - Gary Arnold, public relations officer at Access Living
 - Professor Jack Doppelt, Northwestern University Medill School of Journalism





Town Hall Meeting – In the News

Global Health at Northwestern University and Medill Reports
Chicago: Illinois Sparking a Refugee Healthcare Revolution

<http://news.medill.northwestern.edu/chicago/news.aspx?id=213167>

Our World Today: A Refugee Healthcare Revolution

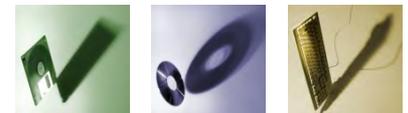
Progress Illinois: Refugee Community Faces Major Barriers
When Seeking Disability And Health Services, Report Finds





Plans for Advocacy and Outreach

- Outreach efforts with elected representatives
 - Illinois Congresswoman Janice Schakowsky, cosponsor of bill H.R. 651 (seeks to enhance programs of support for refugees immigrating to the U.S.)
 - Ameya Pawar and Harry Osterman, Alderman of 47th and 48th wards
- Outreach to representatives of state agencies
 - Julie Hamos, director of Illinois Department of Healthcare and Family Services
- Grant submitted to UIC Institute for Research on Race and Public Policy – Social Engagement Fellowship



**Directory of Resources for Clients with
Disabilities**
(2012-2013)

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Most of the information presented in this guide has been sourced directly from the official websites of the programs listed. Wherever available, an appropriate URL has been provided. We have also drawn resources from the *Medical Volunteer Guidebook* developed by World Relief DuPage and from the *Resource Guide for Serving Intensive Medical Cases* developed by Heartland Human Care Services. Some resources related to accessible medical transportation have been sourced from the *LIFE Center* website hosted by the Rehabilitation Institute of Chicago.

Preface

This resource guide contains information on health and social care services and programs that might be beneficial to refugees with disabilities, chronic health conditions and mental health issues. Most of the resources listed here are specific to the Chicago Metropolitan Area, in particular the City of Chicago and its surrounding suburbs with a heavy concentration of resettled refugees. However some of the information might be relevant to refugees resettled in other towns and states.

This guide is very much a work in progress. Many of the programs listed here as well as their respective eligibility requirements are subject to change over time. The listings presented in this version of the handbook are the most up to date as of October 15 2012.

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Housing Resources

Finding Affordable and Accessible Housing

- Program: Section 8 (Housing Choice Voucher Program)
- Website: http://www.thecha.org/pages/housing_choice_voucher_program/69.php
(Chicago Housing Authority: <http://www.thecha.org/>)
- What they provide: This is a federal, subsidized housing assistance program for low- and very low-income households. Under this program, the Department of Housing and Urban Development (HUD) pays a landlord the difference between 30% of a family's adjusted gross income and the HUD approved fair market rent for the area. In Chicago, it's called the Housing Choice Voucher Program and is administered by a private contractor through the Chicago Housing Authority (CHA). People with disabilities are a designated voucher recipient category. Access Living and Progress Center, which are two Centers for Independent Living in Chicago, run programs to help individuals with application forms and to find accessible and affordable housing. Each month, CHA calls families from a waiting list and screens them for program eligibility. Families who meet the income guidelines are issued vouchers, which entitle them to have a portion of their rent subsidized. Registration forms to get on the waiting list are available on the CHA website. The waiting lists can last over five years before new applications are accepted so it is best to apply as soon as they start accepting applications.
- Address: Central Office
Chicago Housing Authority
60 E. Van Buren
Chicago, IL 60605
- Contact Information: (312) 935-2600
TTY: (312) 461-0079
Chicago Housing Authority: (312) 742-8500
- Program: Access Living's Housing Counseling Program
- Website: <http://www.accessliving.org/index.php?tray=content&tid=top646&cid=461>
- What they provide: Assistance for people with disabilities to find accessible, affordable and integrated housing. Services include assistance with applying for Housing Choice Vouchers, tracking openings within subsidized housing availability, and individual and peer counseling support. To participate in the program, applicants are required to submit an online form available at the above website. They also maintain a list of resources including open subsidized housing, market rate accessible housing and single room occupancy (SRO) housing. The list can be made available by mail or fax upon request.

Address: Access Living
115 W. Chicago Avenue
Chicago, IL 60654

Contact Information: Housing Intake Line
Direct: (312) 640-2121
TTY: (312) 640-2102

Program: Homelessness Prevention Call Center

Website: <http://www.catholiccharities.net/services/homelessness/>

What they provide: The Homelessness Prevention Call Center is a key component in the City of Chicago's "10-Year Plan to End Homelessness." The call center's Information and Referral Specialists screen callers experiencing a short-term, one-time crisis and determine if funding resources are available for things such as making a security deposit and paying first month's rent. Eligible callers are referred to the appropriate social service agency that will process their application.

Contact Information: To access the call center's services, Chicago residents can call 311 and say, "Short-Term Help."
TTY: (312) 948-6817
For Suburban Cook County Residents: (877) 426-6515

Program: National Accessible Apartment Clearing House

Website: http://www.socialserve.com/tenant/IL/Search.html?city_id=43730&type=rental&accessibility=1
(home website) <http://www.socialserve.com/>

What they provide: Socialserve.com is a 501(c)(3) not-for-profit organization that provides, among other services, an online housing locator. This website provides services for public housing authorities, such as rent reasonableness and comprehensive Housing Choice voucher property listings in both an English and a Spanish version. They provide a toll-free call center that helps tenants search for properties. The search engine highlighted above provides advanced search options for accessible housing in Chicago. The database is searchable by number of bedrooms, proximity to public transit, and by type and level of accessibility.

Address: Socialserve.com
PO Box 35305
Charlotte, NC 28235

Contact Information: 1-877-428-8844 (Toll free)
TTY: 7-1-1

Resources for Home Modifications

If a tenant requires access-related modifications, landlords are expected to comply but are not required to pay for the modifications. If the building is publicly owned and receives federal assistance then the owner is expected to cover the cost of modifications. If it is privately owned and receives federal assistance again the owner is expected to

cover the cost of modifications. Finally if privately-owned and not receiving federal assistance then it is not the owner's responsibility to pay for the modifications. However landlords should be reminded that they could get tax credit for making disability-related modifications for tenants. If the landlord refuses then the tenant must cover these costs. A resource for families needing such modifications would be home modification assistance programs in the city.

Program: HomeMod Program, Mayor's Office for People with Disabilities
Website:

http://www.cityofchicago.org/city/en/depts/mopd/provdrs/hous/svc/s/accessible_home_modificationprogram-ages0-5911.html

What they provide: Financial assistance to qualifying individuals with disabilities for structural alterations that increase the accessibility of homes or apartments. Modifications are limited to a maximum of \$10,000 per project and are performed by licensed, insured and experienced home remodeling companies. Chicago residents with disabilities under 60 years of age (homeowners or renters) may qualify. Grant amount will vary depending on the individual or family's income. The application period is open between October 1st through January 15th yearly for eligible clients.

Address: 121 N. LaSalle Street
City Hall, Room 104
Chicago, IL 60602

Contact Information: (312) 744-7050
TTY: (312) 744-4964
Fax: (312) 744-3314

Program: Access Living's Home Modifications Program

Website: <http://www.accessliving.org/index.php?tray=content&tid=top647&cid=192>

What they provide: Assist people with disabilities who are Housing Choice Voucher holders (see above) make their homes more accessible such as installing a ramp at the front entrance or grab bars in the bathroom, or increasing the width of doorways.

Address: Access Living
115 W. Chicago Avenue
Chicago, IL 60654

Contact Information: Araceli Gonzalez, Housing Modifications Coordinator
(312) 640-2116
agonzalez@accessliving.org

Program: United Cerebral Palsy of Greater Chicago, RAMPUP Program

Website: <http://www.ucpnet.org/access-ramp-up.php>

What they provide: Ramps and interior modifications that make homes accessible for people with disabilities. Applicants must fill out and submit an intake form. It is available at the website listed above by clicking on the words "intake form."

Address: 547 W. Jackson, Suite 225
Chicago, IL 60661
Contact Information: Greg Grill, Ramp Up Program Contact
(708) 444-8460 x 231
Fax: (708) 429-3981
Email: RampUp@ucpnet.org

Employment Resources

Organization: Employment Services, Mayor's Office for People with Disabilities
Address: Field office address:
2102 W. Ogden Ave.
Chicago, IL 60612

Mayor's Office address:
121 N. LaSalle Street
City Hall, Room 104
Chicago, IL 60602

Website: <http://www.cityofchicago.org/city/en/depts/mopd/provdrs/emp.html>

What they provide: The Employment Services Unit of the Mayor's Office for People with Disabilities (MOPD) offers the Work Incentives Planning and Assistance (WIPA) Program. MOPD staff provides benefits planning and assistance to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) beneficiaries so that they can work. MOPD's Employment Services staff works closely with over 25 program partners, made up of government agencies, community organizations and private sector employers to reach Chicagoans with disabilities.

Contact Information: Field Office: (312) 744-6673
Mayor's Office: (312) 744-7050
TTY, Field Office: (312) 744-7833
TTY, Mayor's Office: (312) 744-4964
Fax, Mayor's Office: (312) 744-3314

Organization: Illinois Department of Human Services, Vocational Rehabilitation
Address: Hiawatha DRS Office (Serving the North Chicago Area)
Rehabilitation Services
6200 N Hiawatha Ave
Chicago, IL 60646

Website: <http://www.dhs.state.il.us/page.aspx?item=29737>

What they provide: Assistance with employment related needs of working age (16-64 years old) people with disabilities who are eligible for VR services. To be eligible, participants need to have a significant physical or mental impairment that makes it difficult to go to work. Assistance is also available for high school students who have disabilities to plan for their futures after high school graduation through the

Transition and STEP programs. Additionally, the Work Incentive Planning and Assistance Program helps people who receive SSDI/SSI benefits understand how working will affect their benefits. The Supported Employment Program (SEP) serves eligible people with significant disabilities who want to go to work and need on-going support services to succeed on the job. Use the online Rehabilitation Services Web Referral below to refer yourself or someone else for services.

<https://wr.dhs.illinois.gov/wrpublic/wr/setReferral.do>

Note: Comparable services for individuals with mental health disabilities are provided through the Department of Human Services' Community Mental Health Centers. To find the nearest mental health center, visit DHS' Office Locator website:

<http://www.dhs.state.il.us/page.aspx?module=12>

Contact Information: (773) 794-4800
TTY: (888) 440-8997
Fax: (773) 794-4833

Transportation Resources

Public Transit:

BUS

http://www.transitchicago.com/riding_cta/accessibleservices.aspx

In Chicago, CTA buses are fully accessible for persons with disabilities. Lifts and ramps on all buses are available for use upon request. Bus stops with shelters and bus tracker signs are equipped with a push button and speaker to announce the estimated arrival times for riders with visual impairments.

TRAIN

http://www.transitchicago.com/riding_cta/accessibleservices.aspx

CTA's train system has dozens of stations that are accessible and all CTA trains come with accommodations to customers with disabilities on some or all cars. Below is a list of the CTA train lines, with accessible stations listed under each color.

- **Brown Line:** Kimball, Kedzie, Francisco, Rockwell, Western, Damen, Montrose, Irving Park, Addison, Paulina, Southport, Belmont, Wellington, Diversey, Fullerton, Armitage, Sedgwick, Chicago, Merchandise Mart, Washington/Wells, Harold Washington Library-State/Van Buren, Clark/Lake.
- **Blue Line:** O'Hare, Rosemont, Cumberland, Harlem (O'Hare), Jefferson Park, Logan Square, Western (O'Hare), Clark/Lake, Jackson, UIC-Halsted, Illinois Medical District (Damen Entrance), Kedzie-Homan, Forest Park.
- **Green Line:** Ashland/63rd, Halsted, Cottage Grove, King Drive, Garfield, 51st, 47th, 43rd, Indiana, 35th-Bronzeville-IIT, Roosevelt, Clark/Lake, Clinton, Morgan, Ashland, California, Kedzie, Conservatory-Central Park Drive, Pulaski, Cicero, Laramie, Central, Harlem/Lake (via Marion entrance).

- **Orange Line:** Midway, Pulaski, Kedzie, Western, 35/Archer, Ashland, Halsted, Roosevelt; also Harold Washington Library-State/Van Buren, Washington/Wells, and Clark/Lake.
- **Pink Line:** 54th/Cermak, Cicero, Kostner, Pulaski, Central Park, Kedzie, California, Western, Damen, 18th, Polk, Ashland, Morgan, Clinton, Clark/Lake, Harold Washington Library-State/Van Buren, and Washington/Wells.
- **Purple Line (Local):** During all hours where Purple Line service operates: Linden, Davis, Howard
- **Purple Line Express** (weekday rush periods only) trains serve these accessible CTA stations: Belmont, Wellington, Diversey, Fullerton, Armitage, Sedgwick, Chicago, Merchandise Mart, Clark/Lake, Harold Washington Library-State/Van Buren, and Washington/Wells.
- **Red Line:** Howard, Loyola, Granville, Addison, Belmont, Fullerton, Chicago, Grand, Lake, Jackson, Roosevelt, Cermak-Chinatown, Sox-35th, 47th, 69th, 79th, 95th/Dan Ryan.
- **Yellow Line:** Howard, Oakton-Skokie, Dempster-Skokie

METRA

<http://metrarail.com/metra/en/home/tickets.html>

All of the 11 train lines in the Metra system, plus the South Shore Line operated by the Northern Indiana Commute Transportation District, are fully accessible. Metra has modified rail cars; it also has train services for customers with disabilities that span all six counties in metro Chicago. These services are fully accessible to customers who have vision, hearing, and mobility disabilities. Metra has 163 fully accessible stations and 25 partially accessible stations.

Information for seniors:

- **Senior Circuit Ride Free Program:** Seniors, aged 65 or older who are enrolled in the Illinois Circuit Breaker Program are eligible to ride free on CTA services. You must first qualify for the Circuit Breaker Program (More information can be found at <http://www.cbrx.il.gov>). As a senior enrolled in the Illinois Circuit Breaker Program, you must apply for the RTA-Ride Free permit, separate from the Circuit Breaker Program. Seniors may apply in person at the RTA Customer Service Center, download a ride free application on the Ride Free Program website, or apply at any of the 200 registration sites in the region. To find a nearby registration site, visit: http://rtachicago.com/images/stories/final_RT_A_imgs/811Web%20Senior%20Center%20July%202011.pdf. At the registration center you will be required to present a government-issued picture identification card to verify your age and a wallet-sized color photo of yourself that is approximately 1 ½” square. Some registration centers may charge up to \$5 for a photo.

Ride Free Application:

http://www.cbrx.il.gov/aging/1rx/cbrx/cbrx_forms.htm#fileonline

Ride Free Website: <http://rtachicago.com/fare-programs/circuit-ride-free.html>

Customer Service Center: (312) 913-5414

Address: 165 N. Jefferson Street
Chicago, IL 60661

- **RTA Reduced Fare Permit:** Seniors who are not eligible for free transportation (not enrolled in the Illinois Circuit Breaker Program) are eligible for a RTA Reduced Fare Permit, including all Medicare card holders. This reduced fare ride also applies for one attendant and can be used on CTA, Pace, and Metra. Seniors may apply in person at the RTA Customer Service Center, download a reduced fare application on the Reduced Fare Program website, or apply at any of the 200 registration sites in the region. To find a nearby registration site, visit: http://rtachicago.com/images/stories/final_RT_A_imgs/811Web%20Senior%20Centers%20July%202011.pdf. At the registration center, seniors will be required to present a government-issued picture identification card to verify age and a wallet-sized color photo that is approximately 1 1/2" square. Some registration centers may charge up to \$5 for a photo. Reduced Fare Permits can store value to pay fares on CTA and Pace. Value can be added at vending machines located at CTA rail stations. Maximum value cannot exceed \$100. More information of the types of card options and how to use them can be found here: <http://www.transitchicago.com/seniors/>.

Reduced Fare Application:

http://rtachicago.com/images/stories/final_RT_A_imgs/SENIOR%20PERMIT%20APPLICATION.pdf

Customer Service Center: (312) 913-3110

TTY: (312) 913-3111

Address: 165 N. Jefferson Street
Chicago, IL 60661

- **Other Options:** Senior citizens aged 65 or over living **outside** the RTA service region still qualify for the reduced fare rate. To meet the eligibility requirements, seniors must be within three weeks of the date of their 65th birthday.

Information for people with disabilities:

- **People With Disabilities Circuit Ride Free Program:** The RTA has partnered with the Illinois Department on Aging to implement the People with Disabilities Ride Free Program. The program provides free rides on fixed-route transit (regularly scheduled CTA, Metra, and Pace buses and trains) to be made available to any Illinois resident who has been enrolled as a person with a disability in the Illinois Circuit Breaker program. Individuals with a disability who are enrolled in the Circuit Breaker program must apply for the RTA-issued Circuit Ride Free permit that will allow them to ride free on fixed-route transit in the RTA service region. People with disabilities may apply in person at the RTA's Customer Service Center or apply at any one of our select registration sites in the region. For more information, refer to: <http://rtachicago.com/fare-programs/people-with-disabilities-ride-free-program.html>. For a list of registration sites, refer to: http://rtachicago.com/images/stories/final_RT_A_imgs/Web%20Disa%20RedFare%20Centers%20July%202011.pdf. All circuit ride free permits will expire annually.

Customer Service Center: (312) 913-35414
Address: 165 N. Jefferson Street
Chicago, IL 60661

- **People With Disabilities Reduced Fare Program:** All persons with disabilities who are not enrolled in the Illinois Department on Aging's Circuit Breaker program must complete an application and submit proof of disability to receive a Reduced Fare Permit. This service also allows a personal attendant to receive the reduced fare when travelling with a person with a disability. A doctor can fill out both the disability form and must attach a letter of diagnosis, or if you are receiving disability payments from Social Security, a printout from Social Security dated this year with the word "disabled" is required. If you are a veteran with a disability, a letter from the Veteran's Administration regarding your service-connected disability must be submitted. Also required are a government-issued picture identification card that verifies your age (drivers license, state of Illinois ID card, alien registration card or passport) and a wallet-sized color photo of yourself that is approximately 1 1/2" square. Do not wear a hat, scarf or sunglasses in the photo. Some registration centers may charge up to \$5 for taking your photo. The RTA's Customer Service Center does not charge for this service. You may apply in person at the RTA's Customer Service Center, download a disabled reduced fare application, or apply at any one of our select registration sites in the region. To find a site near you, refer to this website: http://rtachicago.com/images/stories/final_RTA_imgs/811Web%20Disa%20RedFare%20Centers%20July%202011.pdf

Customer Service Center: (312) 913-3110
TTY: (312) 836-4949
Address: 165 N. Jefferson Street
Chicago, IL 60661

Emergency Medical Transportation Service

Chicago Department of Senior Service's Transportation Program:

http://www.cityofchicago.org/city/en/depts/fss/supp_info/senior_transportationprograms.html

The Chicago Department of Senior Service's Transportation Program also assists Chicago's seniors who are in need of emergency medical transportation to receive life-sustaining treatments. In cooperation with the Chicago Transit Authority (CTA), interim transportation assistance is provided to medical facilities for Chicago seniors that are mobility-limited with life threatening conditions. This service allows riders to use CTA's Special Services' paratransit carriers for a maximum of 30 days while applying for certification for the Regional Transit Authority's (RTA) Americans with Disabilities Act (ADA) program. The Chicago Department of Senior Services screens seniors for initial eligibility. Contact information: (312) 744-4016 or TTY: (312) 744-6777.

ADA Paratransit Service:

<http://www.rtachicago.com/accessibility/ada-paratransit-service-guidelines.html>

PACE AND CTA

If customers have a disability that prevents them from using the fixed route Pace bus or

CTA bus or train services, they may be eligible for the RTA's ADA Paratransit service. ADA Paratransit is a shared ride, advanced reservation, origin-to-destination service for persons with disabilities who are unable to use the regular fixed route public transit service because of their disability.

The following conditions apply to these services:

- Service is only provided in areas where the CTA's and Pace's fixed route buses or the CTA's "L" trains operate. ADA Paratransit vehicles can only make pick-ups and drop-offs at places that are within $\frac{3}{4}$ of a mile of a bus route or "L" train station.
- Service is provided only during the hours and days when fixed route service in that area operates.
- Rides must be reserved one day in advance (preferably in the early a.m. the day before).
- ADA Paratransit fares are at least the cost of a full fare on a fixed route bus or train
- Service is provided for all types of trips.

There are three types of eligibility:

- *Unconditional Eligibility* - Your disability or health condition always prevents you from using the fixed route buses or "L" trains and you qualify for ADA Paratransit service for all of your trips.
- *Conditional Eligibility* - You are able to use the fixed route buses or "L" trains for some of your trips, but qualify for ADA Paratransit service for other trips when your disability or environmental barriers prevent the use of fixed route transit service.
- *Temporary Eligibility* - You have a health condition or disability that temporarily prevents you from using the fixed route buses or "L" trains.

How to apply:

To apply, call the ADA Paratransit Certification Program between 8:30 a.m. and 5:00 p.m. Monday through Friday and request an application. They will mail you the application packet. Applications are available in regular or large print English, regular print Spanish, in Braille or on audiotape. Once you have filled out as much of the application as you can, call the RTA's ADA Paratransit Certification program to schedule an interview at one of the RTA's five Interview and Assessment sites. When you call, let them know if the applicant will need transportation to the interview and let them know if the applicant will need the services of an American Sign Language or Spanish interpreter. These services will be arranged, if needed, at no cost to the applicant. The applicant must bring the application and a photo ID with him or her to the interview. The applicant may also bring additional information about their disability or health condition, but this is not required.

During the interview, the RTA officer will review the application form with the applicant and, if necessary, help the applicant to complete it. The staff will also discuss the applicant's travel abilities and limitations in more detail. After the interview, staff may ask the applicant to take a "mock" bus trip. This may take place outdoors, so applicants are advised to dress for the weather.

The applicant will be notified of eligibility within 21 days of the completion of the interview and assessment. If a decision is not made within 21 days, RTA will provide the applicant ADA Paratransit service until a final decision is made.

If determined to be eligible for ADA Paratransit service, the applicant will receive a Certification Letter, a Customer Guide with information about how to use the service and a photo ID card. If they determine that the applicant is ineligible, they will notify the applicant of the exact reason for this decision and also how to appeal this decision.

ADA Paratransit certification needs to be reauthorized every 4 years.

ADA Paratransit Certification Program: (312) 667-4357

TTY: (312) 913-3122

Address: ADA Certifier

175 W. Jackson Blvd., Suite 1550

Chicago, IL 60604

METRA

Under federal law, Metra is not required to provide ADA Paratransit. However, Metra does provide a similar Paratransit service called P-8. P-8 is a shuttle service from a qualified origin to the next accessible station. Metra does this at no additional charge to the passenger and does not require certification of disability status. Reservations may be made any time the day before the ride is needed or with as little as three hours notice when necessary. To qualify for the service the origin or destination must be within ½ mile of a non-accessible Metra station. Travel is allowed only to or from the next accessible station on the same line. P-8 service exists temporarily and only to provide transportation for persons with disabilities to the next accessible station. For service, contact SCR at 800-868-5401.

Arranging a ride via Public Aid or Medicaid

This service is available for individuals with an active Illinois Department of Public Aid medical card. Rides can be scheduled for medical appointments only. Arrangements are handled by First Transit and must be reserved one week in advance. The steps to schedule a ride are as follows:

1. Select a medical transportation company contracted with public aid. A provider list is available from First Transit at 1-877-725-0569; TTY 800-526-0844 during regular business hours
2. Call the transportation company of your choosing and see if they are available to take you to the visit. If the company cannot accommodate you, call another company. Reserve a ride. Tell them you'll call them back with a First Transit approval number.
3. Call First Transit (1-877-725-0569) to give them the information about the appointment. They will ask the medical reason that you cannot take public transportation.

You will need the following information:

Patient's Name

Patient's Date of Birth

Medicaid ID/Public aid ID #

Medical reason you cannot use public transportation (not just diagnosis)

Doctor's Name & Address

Appointment Date and Time
Transportation Company Name and Number
First Transit Approval #

4. Call your transportation provider and give them the approval numbers from First Transit.
5. Be ready early and wait for your ride to come.
6. If you have to reschedule your appointment, let First Transit and the transportation company know.

Medical Transportation

- Chicago Medcar Transit Inc. is a medical transport service company providing local medical transportation in Chicago, IL. Chicago Medcar Transit Inc. is one of the premier Chicago medical transport service vendors and offers a full range of medical transportation services.
Contact Information: (773) 722-1400
2015 N. Kolmar Avenue
Chicago, IL 60639
<http://www.goservices.com/z/12488/Chicago-IL/Chicago-Medcar-Transit-Inc>
- Illinois Medi-Car, Inc.: A non-emergency transportation provider, Illinois Medi-Car, Inc. serves customers who use wheelchairs and other clients with disabilities. Their wheelchair vans are equipped with side-loading hydraulic lifts, wheelchair locks and floor straps. Their drivers are trained in the transportation of wheelchair-using clients. These services are good for the transportation of wheelchair-using persons for trips to the doctor, dialysis, and physical therapy, to and from local airports, wedding trips, and other special events.
Contact Information: (630) 832-2000 or (630) 530-1500
[http://www.superiorambulance.com/main/illinois-medi-car-inc./](http://www.superiorambulance.com/main/illinois-medi-car-inc/)
- 303 Cab Company provides wheelchair-accessible vans with lifts and ramps for travel between Chicago and the suburbs, but not for travel between suburbs.
Contact Information: (847) 303-0303
709 North Main Street
Mount Prospect, IL 60056
www.303taxi.com
www.taxiwithus.com
- All-Ways Medical Carriers provide non-emergency wheelchair accessible transportation for medical appointments, school transportation, airport shuttles, and appointments in the northern suburbs of Chicago.
Contact Information: (847) 279-2740
Fax: (847) 279-2743
350 E. Dundee Road
Wheeling, IL 60090
<http://www.all-ways.us/>

- Chicago Disability Transit provides specialized transportation using vans with lifts and ramps 24/7 for persons with disabilities, seniors, and those with illness and injuries in Chicago and suburbs. Fees are dependent on the route and are significantly higher than regular taxi charges.
 Contact Information: (312) 335-1244
 230 East Ohio Street, Suite 101
 Chicago, IL 60611
<http://www.chicagodisabilitytransit.com>
reservations@chicagodisabilitytransit.com

- Fast Trak Medivan Transport is a private company located in Mount Prospect, IL. They provide non-emergency wheelchair accessible transportation. This private pay service is available 24 hours a day, six days a week to transport persons in the northern suburbs and Chicago.
 Contact Information: (847) 707-4137
 1022 N. Boxwood Drive
 Mount Prospect, IL 60056
fasttraktransport@yahoo.com
<http://www.fasttrakmedicar.com>

- First Transit Chicago administers the Illinois Department of Healthcare and Family Services' Non-Emergency Transportation Services Prior Approval Program (NETSPAP). They use accessible vans, mediacars, medivans, and ambulances for transport of clients to medical and health care appointments.
 Contact Information: (877) 725-0569
 TTY: (800) 526-0844
 TTY: (630) 873-1449
www.netspap.com

- Flash Cab Company (Central Dispatch) is for all companies that provide wheelchair accessible taxis and mini-vans in Chicago. Services are available 24/7. Vans have lifts for scooters and wheelchairs so people do not have to transfer. The fare is the same for accessible vans as for regular taxis. The toll free number is maintained by the City of Chicago Department of Consumer Services. Reservations taken by phone only, not online.
 Contact Information: (773) 561-4444
 (800) 281-4466
<http://www.flashcab.com>
www.taxiwithus.com

- Medgo Wheel Transportation is a wheelchair accessible (hydraulic lifts or ramps) medivan company in the southern suburbs of Chicago. The driver and an assistant are trained in transfer techniques and in how to transport customers with disabilities.
 Contact Information: (708) 429-2082
 (800) 281-4466
info@medgotransportation.com
www.medgotransportation.com

- Superior Ambulance Service/Illinois Medi-Car Company is an ambulance and helicopter service for emergency medical needs in the greater Chicagoland and northwest Indiana area. Medi-Car also provides door-to-door non-emergency, wheelchair accessible transit service for patients with a disability throughout the Chicagoland area.
 Contact Information: (630) 832-2000 - Chicago
 (815) 968-8800 – Rockford
 (219) 923.9199 - Indiana
<http://www.superiorambulance.com>

- U Ride Transportation Inc. is Wheelchair accessible transportation and ambulatory service car transportation in the suburbs, Chicago, and communities in Indiana. Per mile charge for ambulatory service car is \$1.50; minimum one-way trip is \$25; minimum round-trip is \$40. Wheelchair service: wheelchair load fee is \$30 one way; per mile is \$2; minimum one way trip is \$30 + one way load fee.
 Contact Information: (708) 407-0165
uridetransport@yahoo.com
www.uridetransport.com

- Public Aid Taxi “First Transit” provides non-emergency medical transportation and shuttle services to individual clients, including state-funded Medicaid clients, throughout Central Illinois to the nearest medical provider that meets the participant’s needs. Currently, standing orders are limited to five medical treatments: renal dialysis, behavioral health services, chemotherapy, radiation therapy and physical therapy. The request must be made to First Transit at least two business days (excluding weekends and holidays) prior to the trip.
 Contact Information: (877) 725-0569
 1229 N. Northbranch Suite 219 Chicago, Illinois 60622
<http://alphaomegatransit.com/services/medicaid-transit>

- ProFirst Choice
 Contact Information: (630) 781-6595
 3459 Wilkes Dr, Naperville, IL 60564

- Providence Transportation/Logisticare
 Contact Information: (877) 725-0569
<http://www.logisticare.com>

- Ridge Ambulance provides Medivan, Basic Life Support, Advanced Life Support, Expanded Scope
 Contact Information: (630) 898-2117
 2252 Cornell Ave, Montgomery, IL 60538
<http://www.ridgeems.com>

Accessible Taxi Rides

<http://easyaccesschicago.org/transportation/>

This website has more information about gas stations, accessible taxi services, van services, and paratransit services. More than 20 taxi companies in Chicago currently

operate wheelchair accessible minivans equipped with ramps, wheelchair securements and shoulder seat belts. To order an accessible taxi, call the centralized dispatch service 800-281-4466. The fare is the same for accessible vans as is for regular taxis.

- Taxi Access Program (TAP): TAP gives certified paratransit customers an opportunity to travel in taxis at reduced rates for trips that originate within the City of Chicago. RTA certified customers may purchase one way taxi rides valued up to \$13.50 for the reduced price of \$5.00 each. Regardless of the full fare amount, only one TAP trip may be used to pay toward each one-way taxi ride. Pace has implemented a Swipe Card Process for the TAP Program. Benefits to the Swipe Card Process include ease of purchasing additional trips, no more vouchers to complete, and passengers can track all the trips they have taken by going online and viewing their record. (Passengers can find out the balance on their cards by calling 1-877-722-3827.)

To purchase TAP Trips:

- On the Internet: Go to www.tapandmd.com and follow the directions to create a personal account. Once your account has been created, you will be able to purchase trips online using your Visa or MasterCard. You will also be able to check the balance of your TAP swipe card, as well as to view your ride history.
- By Mail: Use the mail order form. Additional trips will be credited to your card within a week. A receipt will be mailed back to you. Money order, certified check, Visa or MasterCard can be used for payment. Cash or personal checks are not accepted.
- In Person: Customers may add rides to their TAP swipe card using cash, Visa or MasterCard at the Chicago & LaSalle Currency Exchange, located at 777 N. LaSalle Street.
- At Chicago Department on Aging Sites: Customers may drop off order forms to purchase TAP rides at the following Chicago Department on Aging sites. Purchased trips will be added within 5-7 business days and a receipt will be mailed to the customer's home. Personal checks are not accepted.

- | | |
|--|---|
| <ul style="list-style-type: none"> - Central-West Regional Center:
2102 W. Ogden Ave.
(312) 746-5300 - (Levy) Northeast Regional Center:
2019 W. Lawrence Ave.
(312) 744-0784 - (Copernicus) Northwest Regional Center: | <ul style="list-style-type: none"> 3160 N. Milwaukee Avenue
(312) 744-6681 - (Atlas) Southeast Regional Center:
1767 E. 79th Street
(312) 747-0189 - Southwest Regional Center:
6117 S. Kedzie Avenue
(312) 747-0440 |
|--|---|

To take a TAP trip:

Call any taxi company at least thirty minutes before you would like to be picked up. Call only one taxi company to reserve your trip. You may also hail a taxi on the street. Upon entering the taxi, your TAP Swipe Card **MUST BE PRESENTED**. The driver will confirm identification and then swipe the card. At the end of the trip, the driver will swipe your card again. These swipes will verify that the trip you are taking

meets the guidelines of the TAP program and they will deduct one trip from the card. Your TAP Swipe Card is NOT TRANSFERABLE.

Who is Eligible for the TAP Program? Passengers certified by the RTA for all ADA trips are eligible for the TAP program. Individuals with certain eligibility restrictions may not be eligible based upon their restrictions. Contact Pace to verify your eligibility.

More information: http://www.pacebus.com/pdf/paratransit/TAP_User_Guide.pdf

Driving Rehabilitation Program

<http://lifecenter.ric.org/index.php?tray=content&tid=top9&cid=3257>

A disability can affect driving, but many individuals do return to safe and independent driving. In some cases, this may require evaluation by a Driver Rehabilitation Program. A team of professionals provides a comprehensive clinical and behind the wheel (BTW) evaluation. The goal is to determine an individual's potential for driving and recommend specific equipment for their vehicle if necessary. Most insurance providers cover the cost of the clinical, but not the BTW, evaluation. When calling for information, ask about alternative funding sources.

Location Information:

- MarianJoy Rehabilitation Hospital – Wheaton Campus
26W171 Roosevelt Road
Wheaton, IL 60187
(630) 909-7154

This location offers a Teen Driving Program which coordinates services for teens with special needs in nearby high schools; a highly specialized low vision program; and a program that offers an adapted van for persons who drive from their wheelchairs.

[http://www.marianjoy.org/TherapiesandServices/documents/DriverRehab2010.pdf#search="drivers rehab"](http://www.marianjoy.org/TherapiesandServices/documents/DriverRehab2010.pdf#search=)

- Northshore University Health System
1000 Central Street
Evanston, IL 60201
(847) 570-1260
<http://www.northshore.org/physical-medicine-rehabilitation/>
- Rush University Medical Center – John R. Bowman Health Center
710 S. Paulina St., Suite 401
Chicago, IL 60612
www.rush.edu/dayrehab

Assistive Technology Resources

Assistive Technology refers to any item, piece of equipment or product system (customized or off the shelf) that is used to increase/maintain/improve the functional capabilities of individuals with a disability. It could be a wheelchair, walker, magnifier, or a hearing aid.

Medicaid will cover technology that falls under the category of ‘durable medical equipment’ such as C-Pap machines, medical beds and railings. For all non-medical technology and for clients not covered by Medicaid refer the following resources:

- Organization: Illinois Assistive Technology Program
Address: 1 W. Old State Capitol Plaza, Suite 100,
Springfield IL 62701
Website: <http://www.iltech.org/>
(Note: website is not very frequently updated; calling them is a more reliable way to get current information)
- What they provide: A federally funded program that provides:
- Low interest loans with extended terms and flexible approval criteria to buy assistive technology of any kind (including technology not approved by medical insurance).
 - Low interest loans with extended terms and flexible approval criteria to start or improve a home-based business.
 - An online database of assistive technology devices available for donation or sale at a reduced rate.
 - A device loan program is to let potential users “try-out” devices prior to purchase, have access to a backup system when their device is in for repairs and/or have access to a device while waiting for their device to be delivered.
- Contact Information: (217) 522-7985
TTY: (217) 522-9966
Fax: (217) 522-8067
Wilhelmina Gunther, Executive Director, wgunther@iltech.org
- Organization: United Cerebral Palsy of Greater Chicago, Assistive Technology Exchange Network (ATEN) & Durable Medical Exchange (DME)
Address: 547 W. Jackson, Suite 225
Chicago, IL 60661
Website: <http://www.ucpnet.org/aten.php> (ATEN)
<http://www.ucpnet.org/children-dme.php> (DME)
- What they provide: DME provides refurbished donations of a variety of assistive technology equipment such as hospital beds, motorized and manual wheelchairs, pediatric therapy equipment, canes and walkers. The searchable website for this equipment can be found at this web address: www.infinitecdme.org. ATEN provides refurbished computers and related technology to children with disabilities. Donations can also be made to schools serving children with disabilities.

Contact Information: Greg Grill, (708) 444-8460 x 231, ggrill@ucpnet.org

Independent Living Services

Program: Independent Living Program, Mayor's Office for People with Disabilities

Website:

http://www.cityofchicago.org/city/en/depts/mopd/provdrs/resource/svcs/ilp-independent_livingprogram.html

What they provide: The Independent Living Program (ILP) is a comprehensive program that combines: case management, assistive technology, and the provision of in-home services (personal assistance/Homemaker); and daily living skills training. Individuals are referred for ILP services from various sources such as self-referrals, social workers, discharge planners, and others. If appropriate, the client is referred for an in-depth assessment by the Independent Living Program staff. The purpose of this program is to explore all options necessary to help people with disabilities achieve their maximum level of independence.

Address: 121 N. LaSalle Street
City Hall, Room 1104
Chicago, IL 60602

Contact Information: (312) 744-7050
TTY: (312) 744-4964
Fax: (312) 744-3314

MOPD Field Office: 2102 W. Ogden Avenue
Chicago, IL 60612

Contact Information: (312) 744-6673
TTY: (312) 744-7833

** Note: One of the MOPD's contracting agencies for this service on the north side is the Anixter Center located at 2001 N. Clybourn Avenue, Suite 401, Chicago, IL 60614; (773) 528-3391 and (773) 528-1746 (TTY)

Organization: Community Care Program, Illinois Department on Aging
Address: 421 E.Capitol Avenue, #100
Springfield, IL 62701-1789

Website: <http://www.state.il.us/aging/1athome/ccp.htm>

What they provide: Through the Homemaker Service Program, the Department on Aging provides assistance with household tasks such as cleaning, planning and preparing meals, doing laundry, shopping and running errands. Homemakers also assist clients with personal care tasks such as dressing, bathing, grooming and following special diets. Eligible individuals include Illinois residents 60 years or older with an assessed need for long-term care. The service is provided at no cost to individuals who have non-exempt assets of \$17,500 or less; the level of income does not affect eligibility for

the program, only determines the client's ability to contribute to the cost of care. To locate an Adult Day Service Provider, seniors may visit the website and search by county, browse the provider list, or contact the Senior HelpLine.

Address: One Natural Resources Way, Suite 100
Springfield, IL 62702-1271

Contact Information: 1-800-252-8966
TTY: 1-888-206-1327
Outside of Illinois: (217) 524-6911
Fax: (217) 524-6968
Email: aging.ilsenior@illinois.gov

Organization: Home Services Program, Department of Rehabilitation Services
Address: Hiawatha DRS Office (Serving the North Chicago Area)
Rehabilitation Services
6200 N. Hiawatha Ave
Chicago, IL 60646

Website: <http://www.dhs.state.il.us/page.aspx?item=29738>

What they provide: Personal Assistant services for assistance with household tasks, personal care and, with permission of a doctor, certain health care procedures. PAs are selected, employed, and supervised by individual customers. Homemaker Services, which include personal care, provided by trained and professionally supervised personnel for customers who are unable to direct the services of a PA. Instruction and assistance in household management and self-care are also available. Eligible individuals must be between 18 and 60 years of age who need help with daily living activities at home due to their disability. Customers may hire their own PAs to assist in their home, based on the service plan they have jointly developed with their DRS rehabilitation counselor. An online referral form is available at the above website.

Contact Information: (773) 794-4800, 1-888-440-8997 (TTY)

Organization: Access Living
Address: 115 W. Chicago Avenue
Chicago, IL 60654

Website: <http://www.accessliving.org>

What they provide: Access Living is a change agent committed to fostering an inclusive society that enables people with disabilities in Chicago to live engaged and self-directed lives. They offer programs ranging from peer-based support groups, independent living training, and information about any disability-related subject or referral to other resources. They maintain a list of affordable, accessible and integrated housing and are able to coordinate services for individuals who would need modifications made to their home to make it more accessible. Access Living offers youth-friendly

independent living and self-advocacy skills development, leadership programs, and mentoring. The program also offers community support programs and economic empowerment programs designed to give people with disabilities access to community tools. Access Living offers legal counseling and outreach services to underserved segments of the disability community.

Contact Information: (312) 640-2100

Toll free: (800) 613-8549

TTY: (312) 640-2102

Disability Resources Coordinator: Bhuttu Mathews

(312) 640-2115

TTY: (312) 640-2172

Email: bmathews@accessliving.org

Organization: Dupage Center for Independent Living

Website: <http://www.dupagecil.org>

What they provide: The Center provides leadership through training, community development, and advocacy to enable people with disabilities to fully participate in family, social, and community life. They offer advocacy for individuals, advocacy for systems change, independent living skills, information and referral, and peer support.

Contact Information: Leigh Ann Stephens

739 Roosevelt Road, Suite 109, Building 8

Glen Ellyn, IL 60137

(630) 469-2300

TTY: (630) 469-9687

FAX: (630) 469-2606

EMAIL: ed_dupagecil@sbcglobal.net

Organization: Will-Grundy Center for Independent Living

Website: <http://www.will-grundycil.org>

What they provide: The Center strives for equality and empowerment of persons with disabilities in the Will and Grundy County areas. They inform persons with disabilities of their rights, educate them about their responsibilities, provide support services, promote advocacy, and raise community awareness about disability issues. They offer individual advocacy, systems advocacy, provide information and referrals, peer support, and offer group or independent instruction on independent living skills.

Contact Information: Pam Heavens

2415-A West Jefferson Street

Joliet, IL 60435

(815) 729-0162

TTY: (815) 729-2085

FAX: (815) 729-3697
EMAIL: pamwgcil@sbcglobal.net

Organization: RAMP Center for Independent Living
Website: <http://www.rampcil.org>
What they provide: RAMP is a non-profit, non-residential Center for Independent Living with a mission that promotes an accessible society that allows and expects full participation by people with disabilities. The organization seeks to empower people with disabilities to realize there are no limits to what they can do. RAMP works towards this by assisting them to live independently, make changes in their own lives, seek peer support, obtain resources and remove barriers that threaten their dreams of independence. RAMP's programs offer youth education and advocacy, peer support, community education, independent living skills training, information and referral, community reintegration programs, brain injury case management, personal assistant services, deaf services, individual and systemic advocacy, equipment loans, and accessibility assessments.

Contact Information: Julie Bosma
202 Market Street
Rockford, IL 61107
(815) 968-7467
TTY: (815) 968-2401
FAX: (815) 968-7612
EMAIL: jbosma@rampcil.org

Organization: Progress Center for Independent Living
Website: <http://www.progresscil.org>
What they provide: Progress Center is a community-based, non-profit, non-residential, service and advocacy organization, operated for people with disabilities, by people with disabilities. They offer information and referral, advocacy, independent living skills, and peer counseling. In addition, the Progress Center for Independent Living offers information concerning personal assistance, information about Medicare, a community reintegration program, assistance with housing issues, deaf services, community education, volunteer opportunities, a drop-in center that includes computer access, and a Latino outreach program.

Contact Information: Horacio Esparza
7521 Madison Street
Forest Park, IL 60130
(708) 209-1500
TTY: (708) 209-1826
FAX: (708) 209-1735
EMAIL: hparza@progresscil.org

Legal Assistance and Advocacy Resources

- Organization:** The National Immigrant Justice Center
Address: 208 S. La Salle St., Suite 1818
Chicago, IL 60604
Website: <http://www.immigrantjustice.org/index.php>
What they provide: Comprehensive immigration legal services to low-income immigrants, refugees and asylum seekers. They also provide trainings and other resources to legal and social service providers who want to represent clients in immigration proceedings. Their office is accessible and consultations are provided in English, Spanish and French. In-person consultation fees are: \$30 non-court matters; \$60 court matters
Contact Information: (312) 660-1370
- Contact:** Mary Rite Luecke
Address: 3330 Lake Street
Evanston, IL 60204
What they provide: Comprehensive law services related to immigration and citizenship.
Contact Information: (847) 679-4922
Fax: (866) 516-1338
Cell: (847) 373-7395
Email: mrljd@rcn.com
- Organization:** Law offices of the Chicago-Kent College of Law (Public Interest Law Initiative)
Address: Chicago-Kent College of Law
Illinois Institute of Technology
565 W. Adams Street
Chicago, IL 60661
Website: <http://www.kentlaw.iit.edu/seeking-legal-help/pro-bono-offerings/>
What they provide: Pro-bono legal assistance related to Social Security disability and immigration issues. Services are provided by law students under the supervision of an experienced and practicing attorney.
Contact Information: (312) 906-5050
Email: lawoffices@kentlaw.edu
- Organization:** Health and Disability Advocates
Address: 205 W. Monroe, Suite 200
Chicago, IL 60606
Website: <http://www.hdadvocates.org/index.asp>
What they provide: Legal advocacy and representation for people with disabilities and low-income older adults in the areas of income security and healthcare access. They also provide customized trainings and

technical assistance on healthcare and public benefit programs for a wide range of audiences.

Contact Information: (312) 223-9600
TTY: 1-866-584-8750
Fax: (312) 223-9518
Email: hda@hdadvocates.org

Organization: Equip for Equality
Address: 20 N. Michigan Avenue, Suite 300
Chicago, IL 60602

Website: <http://www.equipforequality.org/>

What they provide: Self-advocacy assistance, legal services, and disability rights education in a variety of areas such as disability discrimination in employment, access to social security benefits, access to special education services, transportation and voting rights.

Contact Information: Laura Miller and Barry Taylor – Senior attorneys
(312) 341-0022 or 1-800-537-2632
TTY: 1-800-610-2779
Fax: (312) 541-7544
Alternative Fax: (312) 541-1413
Email: contactus@equipforequality.org

Organization: Legal Assistance Foundation of Metropolitan Chicago
Address: 120 S. LaSalle Street, Ste. 900
Chicago, IL 60603

Website: <http://www.lafchicago.org/>

What they provide: Free civil legal assistance to low-income families and individuals in Chicago and Suburban Cook County. LAF also represents people seeking to become U.S. citizens where a physical or mental disability or illness prevents them from meeting the civics or language requirements normally imposed as part of the naturalization process

Contact Information: Lisa Palombo – Director for immigration cases
(312) 341-1070
Fax: (312) 341-1041
TTY: 1-866-801-0505

Organization: Center for Disability and Elder Law
Address: 79 W. Monroe, Suite 919
Chicago, IL 60603

Website: <http://www.cdela.org/>

What they provide: Provides free legal services to the elderly and persons with disabilities throughout the Chicagoland area. To qualify for services, clients must have a permanent physical, mental or developmental disability, or be a senior citizen (age 60 or over),

and must live within Cook County. The clients must also fall within the federal poverty guidelines.

Contact Information: (312) 376-1880
Fax: (312) 376-1885
Email: info@probonocedl.org

Peer Support Resources

Organization: Access Living of Metropolitan Chicago
Address: 115 W.Chicago Avenue
Chicago, IL 60610
Website: <http://www.accessliving.org/index.php?tray=topic&tid=top634&cid=30>
What they provide: Peer support groups and mentorship opportunities along with a safe place for people with disabilities to get together to share their concerns and exchange strategies. Support groups offered include: a cross-disability support group; a Deaf and Hard of Hearing support group; a deinstitutionalization support group; a housing counseling support group; a support group for teens and young people with disabilities and an LGBTQ & disabled support group.
Contact Information: (312) 640-2100
Toll Free: (800) 613-8549
TTY: (312) 640-2102

Organization: LIFE Center (Rehabilitation Institute of Chicago)
Address: 345 E. Superior Street, First Floor
Chicago IL 60611
Website: http://lifecenter.ric.org/index.php?tray=topic_inline&tid=top1237&cid=5218
What they provide: A wide range of peer support groups including groups for: people with history of substance abuse; people with brain injury; people who have had a stroke; people with spinal cord injuries; women with disabilities; and caregivers of people with disabilities among others. Participation in most support groups is free of charge. For a complete list of support groups and for information on how to join, visit the above website.
Contact Information: (312) 238-LIFE (5433)
Fax: (312) 238-2860
Email: lifecenter@ric.org

Resources for Children with Disabilities

Organization: Child & Family Connections, Chicago North (Illinois Department of Early Intervention)
Address: 945 W. George St., Suite 300
Chicago, IL 60657
Website: For a listing of CFC agencies serving other areas of Chicago, visit: <http://www.wiu.edu/ProviderConnections/links/index.php>

What they provide: Child and Family Connections (CFC) agencies are the regional intake agencies for children aged 0-3 and families to enter the Illinois Early Intervention System. There are 25 CFCs located around the state, each being responsible for a specific geographic area. Cook county includes 7 CFC agencies that are broken down by zip code to determine the geographic area served. The above address is for the CFC agency serving the north side of Chicago. CFCs employ early intervention credentialed Service Coordinators. Service Coordinators assist the family with the intake process in addition to initiating referrals for evaluations/assessments and/or direct services. The initial assessment is provided free of cost. Subsequent services are provided along a sliding scale. All kinds of healthcare coverage are accepted.

Contact Information: Melissa Lane – Manager
(312) 942-7800
Toll free: 1-800-289-7990
(312) 942-7811

Organization: The Developmental Disabilities Family Clinic
Address: 1640 W. Roosevelt Road, MC 626
Chicago, IL 60608

Website: <http://www.idhd.org/FamilyClinics.html>

What they provide: Comprehensive assessment services for children, adolescents, and adults who have developmental disabilities. Families are also assisted in obtaining needed services. A multidisciplinary team of professionals provides services. A sliding fee scale is used to determine the amounts of any payments from recipients of services. All kinds of insurance are accepted. Referral from a PCP is not required for children covered by State-provided health insurance.

Contact Information: English: (312) 413-1490
Spanish: (312) 413-1819

Organization: Division of Specialized Care for Children, North Cook County
Regional Office

Address: 8609 W. Bryn Mawr, Suite 202
Chicago, IL 60631-3524

Website: <http://www.uic.edu/hsc/dscc/index.htm>

What they provide: Care coordination for families and children (birth to age 21) with disabilities, and those who have conditions that may lead to disabilities. They support non-investigational treatment such as therapy, medications, specialized equipment, and supplies. They also offer coordination and support for in-home medical care of technology-dependent children who would otherwise have to remain in a hospital or skilled nursing facility. Application forms are available on the website and must be completed and mailed to

the regional office along with a release form and a copy of the family's income tax form in order to establish medical and financial eligibility for the program.

Contact Information: August Nall – Program Services Manager
(773) 444-0043
(800) 924-0623
TDD: (773) 444-0178
Fax: (773) 444-0176

Program: Head Start and Early Head Start

What they provide: Early Head Start provides low-income families with programs and services for pregnant women and infants (up to 3 years) in order to promote health, child birth, and development. Head Start is an early childcare and education program for children ages 3 to 5 from low-income families. The program promotes school readiness and socialization, provides nutritious meals and access to free medical and dental services. In addition, Head Start offers parents educational and training programs. Programs are offered in a full-day and half-day format. The half-day format is available at no cost to the families. The full-day format requires a small co-pay from the families based on a sliding scale. Families must provide proof of income eligibility and may be asked to bring a copy of their medical card. Ten percent of each program's enrollment is reserved for infants and children with disabilities.

Contact Information: Call the City of Chicago Department of Children and Youth Services at (312) 823-1100 for a list of local Head Start and Early Head Start Programs. Additionally, a list is offered for downloading at <http://www.childserviceschicago.com>. The following program serves the Albany Park neighborhood.

Address: Albany Park Head Start Center
5101 N. Kimball St.
Chicago, IL 60625
Phone: (773) 509-5657

Organization: Caring for Kids, Rehabilitation Institute of Chicago, Health & Fitness Program

Address: RIC Sports
541 N. Fairbanks Court
Chicago, IL 60611

Website: <http://www.ric.org/resources/fitness/sportsprograms/caringforkids/>

What they provide: Recreational activities for children with physical disabilities aged 7-17 years. Activities are provided at no cost to the family. Children must be independent in activities of daily living in order to participate. If not, a parent or personal aide will need to attend all activities with them. In order to enlist a child for an activity, a

registration and medical form must filled out and submitted to the program coordinator. Forms are available from the above website.
Contact Information: Janet Lutha – Caring for Kids Assistant
(312) 238-5001

Resources for Families

Respite Care

Organization: Anixter Center, Community Resources and Support
Address: 2001 N. Clybourn Ave, 3rd Floor
Chicago, IL 60614
Website: <http://www.anixter.org/find-services/community-and-day-rehabilitation-services/community-resources-and-support-program>
What they provide: Services to adults with developmental disabilities, including social and recreational activities, expressive therapies, internal case management and service plan coordination, counseling services and behavior supports, vocational assistance and volunteer opportunities, and transportation coordination.
Contact Information: (773) 929-8200 x 283
TTY: (773) 929-8210

Information Exchange Network

Organization: Through the Looking Glass
Address: 3075 Adeline St., Ste. 120
Berkeley, CA 94703
Website: <http://www.lookingglass.org>
What they provide: Information and referral to a diverse group of families where either the parents, grandparents or the children have disabilities. Through the Looking Glass is also a National Center for Parents with Disabilities and their Families. They provide technical assistance to parents and providers; conduct trainings to diverse parents and providers; offer a scholarship program for high school seniors and college students whose parents have disabilities; and nationally disseminate project materials and products from Center activities and other projects.
Contact Information: 1-800-644-2666
TTY: 510-848-1112
Fax: (510) 848-4445

Resources for People with Developmental Disabilities

Organization: Community Service Options
Address: 6845 S. Western Ave
Chicago, IL 60636

Website: <http://www.csol.org>
What they provide: Intake Specialists obtain information about individuals' service needs, diagnoses, service histories, legal status, medications, medical treatments, household income and insurance. Using this information, each person's potential eligibility for a variety of services is determined. Individual service coordination, referrals, case management and advocacy follow this. The same services are also available for people with non-developmental disabilities.

Contact Information: (773) 471-4700
Toll free: (888) 276-4467
TTY: (773) 471-4772
Fax: (773) 471-4770

Organization: El Valor, Supporting People with Disabilities
Address: 1850 W. 21st Street
Chicago, IL 60608

Website: http://www.elvalor.org/supporting_people_disabilities
What they provide: employment placement programs; residential and community housing programs encouraging independent living for individuals with disabilities; respite programs provide home services to allow the caregiver time to address additional responsibilities. 275 families rely on this program; 200 more are on the waiting list; developmental training for adults that live with more severe physical and developmental challenges providing training in communication, socialization, life-enrichment, recreational and vocational skills.

Contact Information: (312) 666-4511
TTY: (312) 666-3361
Fax: (312) 666-6677

Resources for Amputees

Organization: Barr Foundation
Address: 136 NE Olive Way
Boca Raton, FL 33432

Website: www.oandp.com/resources/organizations/barr/
What they provide: Funding for materials and fitting of a new prosthesis after the prosthetist has established that there are no other sources of funding available.

Contact Information: Eva J Hughes
(561) 391-7601
Fax: (561) 391-7601
Email: t-barr@t-barr.com

For non-citizens they require that the individual raise money for the prosthesis (they recommend doing this through a church, rotary club etc.). The individual can call them to determine the amount they would need to raise for the kind of prosthesis they want. For

example for a unilateral below knee prosthesis the individual would need to raise \$1,500. This money would go to the foundation, which would then work with a local prosthetist to fix the prosthesis and provide follow-up support free of cost. For citizens, they can provide funding for the prosthesis as well.

Organization: Limbs for Life Foundation
Address: 218 E. Main St.
Oklahoma City, OK 73104
Website: www.limbsforlife.org
What they provide: Partial or complete funding for an advanced prosthesis, fitted by a qualified prosthetist.
Contact Information: (405) 605-5462
Toll free: 1-888-235-5462

The application form for a prosthesis can be downloaded from their website. The form needs to be completed and signed by both the amputee and a local prosthetist of their choice. The completed form must then be mailed to the above address along with supporting documents including a full body photograph, a copy of the applicant's state ID, copies of IRS Federal and State Tax Returns for the last 2 years, a list of all the medications the applicant is currently taking, and a description of the applicant's current physical and financial situation. The organization will carry out a background check of the applicant. If the background check is cleared, the Board of Directors will review the application and the applicant will be notified of the decision.

Organization: Families & Amputees In Motion (FAIM)
Address: Families & Amputees In Motion (FAIM),
c/o Shriners Hospitals for Children
2211 N. Oak Park Avenue
Chicago, IL 60607
What they provide: Peer support and training, disability awareness support, information/resources
Contact Information: 1-888-641-FAIM (3246)
info@faimonline.org

Organization: Unlimbited Potential Amputee Support Group, RIC
Address: Rehabilitation Institution of Chicago
345 E. Superior St., Rm 1148
Chicago, IL 60611-2654
Website: <http://www.ric.org/resources/educational-support/unlimbitedpotential/>
What they provide: Peer support
Contact Information: (312) 238-5433

Resources for Persons who are Deaf/Hard of Hearing

Organization: Deaf Adults Education Access Program

Address: 300 W. Washington, Suite 1200
Chicago, IL 60606
Website: <http://www.deaac.org/daeap%20news.htm>
What they provide: Classes for Deaf & Hard of Hearing immigrants - American Sign language, Reading Skills, Writing Skills, and Citizenship Preparation. Admission Fee: \$15.00 per person, \$7 for children under 12. Classes are offered at Northwest Church of Christ (4602 N. Kilbourn, lower level) every Saturday from 10:00 am – 1:00 pm.
Contact Information: (312) 802-3566
TTY: 847-925-6602
Specific Contacts: Demir Bekiri: (773) 745- 9788, dbekiri7daeap@yahoo.com
Maureen Philbin: (312)-493-9632

Organization: Chicago Hearing Society, a division for Anixter Center
Address: 2001 N. Clybourn Ave, 2nd Floor
Chicago, IL 60614
Website: <http://www.chicagohearingsociety.org/>
What they provide: Sign Language Interpreter referral, hearing aid evaluations, consultations, sales and repairs; hearing aid bank for those who cannot afford new aids, social services referrals and advocacy, socialization for deaf youth and domestic violence counseling.
Contact Information: (773) 248-9121
TTY: (773) 248-9174
Fax: (773) 248-9176
Interpreter Services: (773) 248-9173
Email: askchs@anixter.org
Request an Interpreter: CHSInterp@anixter.org

Organization: Illinois Families for Hands & Voices
Address: P.O. Box 9366
Naperville, IL 60567
Website: <http://www.ilhandsandvoices.org/>
What they provide: Illinois Families for Hands & Voices is a parent-driven, non-profit organization dedicated to supporting families that have children who are deaf and hard-of-hearing. The organization helps connect Illinois families with the necessary resources, networking, and information in order to improve communication access and educational outcomes for their children.
Contact Information: (877) 350-4556
Andrea Marwah, Chairperson – ilhandsandvoices@gmail.com

Resources for Persons who are Blind or have Low Vision

Organization: Second Sense
Address: 65 E. Wacker Place, Suite 1010

Chicago, IL 60601
Website: <http://www.second-sense.org/>
What they provide: Adaptive technology training; career counseling and coaching; workshops for seniors to help them adapt to vision loss; tools and products for individuals who are blind and have low vision to manage daily living tasks; information and referral to relevant services. They generally serve clients who have an open case with the Department of Rehabilitation Services (DORS). However individuals without an active DORS file are also welcome.

Contact Information: (312) 236-8569
Fax: (312) 236-8128

Organization: The Chicago Lighthouse
Address: 1850 W. Roosevelt Road
Chicago, IL 60608-1298
Website: <http://www.thechicagolighthouse.org/>
What they provide: Educational, clinical, vocational and rehabilitation services for children, youth and adults who are blind or have low vision. Some of their services include an Adaptive Technology Lab and Loan Program; job readiness and placement; and orientation and mobility (travel training)

Contact Information: (312) 666-1331
TDD: (312) 666-8874
Fax: (312) 243-8539

Organization: Harold Washington Library, Talking Book Center
Address: Fifth Floor North
400 S. State Street
Chicago, IL 60605
Website: <http://www.chipublib.org/branch/details/library/harold-washington/p/Tbcelig/>
What they provide: Free of charge library services for individuals with visual disabilities. In order to be eligible for library services, the prospective patron must complete and submit an application form (available at the above website) along with certification of their disability by someone in the profession listed on the application, such as a physician, optometrist, nurse, public librarian, or social worker. After an application has been approved, the patron will receive a player, catalogs, and a few sample audio books via U.S. Postal Service. All audio books are specially formatted and require the use of a specialized player provided on free loan. After this initial shipment, the patron may determine the genre and number of books he/she wishes to receive.

Contact Information: (312) 747-4300

Resources for paying utilities

Organization: Low Income Home Energy Assistance Program (LIHEAP)
Address: Community and Economic Development Association of Cook
County, Inc.
204 S. Lasalle Street, Suite 2010
Chicago, IL 60604-1001

Website:

<http://www.commerce.state.il.us/dceo/Bureaus/Energy+Assistance/Illinois+LIHEAP/>

What they provide: A one-time benefit to eligible households to be used for energy bills. The amount of the benefit is determined by income, household size, fuel type and geographic location. An overdue bill or cut-off notice is not required. Assistance for repair or replacement of furnaces may be available. Renters and homeowners are eligible for assistance. Priority is given to homes with seniors or residents with a disability and homes that are currently disconnected due to lack of payment. Another support provided is the ComEd Residential Special Hardship Fund, which includes variable grants of up to \$1,000 to offset electricity rate increases. Eligible families are considered to be those within 400% of the poverty level and dealing with special circumstances and hardships such as disability, serious medical illness, loss of employment, and unexpected loss of income. The following documents will be required when making an application: Proof of gross income from all household members for the 30-day period prior to application date; a copy of current heat and electric bills (if paid directly); proof of Social Security numbers of all household members; for renters, proof of rental agreement which states monthly rent amount; copy of medical eligibility card if receiving TANF. Applications take 30 days to process and applicants will receive written notification of approval. If approved, money is either given directly to the utility company or if utility bills are factored into monthly rent payment, money is given directly to the applicant.

Contact Information: (800) 571-2332

Resources for paying phone bills

Organization: Lifeline: Universal Service Telephone Program
Address: 312 S. 4th Street, Suite 200
Springfield, IL 62701

Website: <http://www.linkupillinois.org>

What they provide: Universal Telephone Assistance Corporation (“UTAC”) is a not-for-profit corporation of which all Illinois local telephone companies are members. The principal purpose of UTAC is to oversee the Universal Telephone Service Assistance Program

("UTSAP") in Illinois, which provides the Link-Up and Lifeline programs. To qualify for these programs, the individual or household must be a recipient of the following programs: Medicaid, Food Stamps, Temporary Assistance for Needy Families, Low Income Home Energy Assistance, Supplemental Security Income, Free National School Lunch Program, or Federal Public Housing. Qualified individuals must contact their local phone service provider to confirm eligibility and to enroll. Lifeline will provide a subsidy towards the monthly cost of telephone service. In addition to the FCC subsidy, UTAC will continue to administer Illinois' voluntary contribution, which allows Lifeline subscribers to receive a \$5 reduction in the cost of installation of wire-line local phone service.

Contact Information: (217) 572-1272
rebecca@filson-gordon.com
For AT&T, call 1-888-256-5378

Tax preparation services for low-income people with disabilities

Every year from January 24 through April 15, the Center for Economic Progress offers free tax preparation services for low-income Chicago residents. The service is offered in attempt to ensure that all individuals and families take advantage of available tax credits. The service is available to families with a household income of less than \$50,000 and individuals with an income less than \$25,000. For more information, including a tax preparation site in your area, visit www.economicprogress.org or call the Chicago office at (312) 252-0280.

Educational Resources

Organization: The Anixter Center Literacy Program
Address: 2032 N. Clybourn Avenue
Chicago, IL 60614
Website: <http://www.anixter.org/adult-literacy-services>
What they provide: Individualized literacy instruction for people with disabilities.
Contact Information: Vicky Lopez - Literacy Coordinator
(773) 929-8200 x 265 or vlopez@anixter.org

Affordable Medical Care

Cardiology

Program: Loyola Hospital
Website: <http://loyolahealth.org>
Address: 2160 S. First Ave. Maywood IL 60153
Contact: (708) 216-9000, Dr. Lopez- Heart Specialist (708) 216-2658

Program: Midwest Heart, CDH

Website: <http://www.midwestheart.com>
What it provides: accepts Medicaid/AllKids
Address: 3825 Highland Avenue, Tower 2, Suite 400
Downers Grove IL 60515
Contact: 630-719-4799
Address: 25 N. Winfield Road
Winfield IL 60190
Contact: 630-510-9244

Convenient Care

Program: Coumadin Clinic – CDH
Website: http://www.dupagemedicalgroup.com/coumadin_clinic/physicians.php
What it provides: DuPage Medical Group’s Coumadin Clinics are staffed by RN or PharmD’s with specific training in anticoagulation monitoring. Each Coumadin clinic visit will take only 15 – 20 minutes. Accept Better Health/ All Kids (Medicaid). This program has multiple locations.
Address(1): Good Samaritan Hospital North Pavilion Campus
3743 Highland Ave., Suite 1001, Downers Grove, IL 60515
Contact: 630-435-6255
Address(2): 1800 N. Main Street Wheaton, IL 60187
Contact: 630-510-2612

Program: Danada Convenient Care Center
What it provides: Non-appointment, urgent care for minor injuries/illnesses, accepts Medicaid
Address: 7 Blanchard Circle, Suite #102, Wheaton
Contact: (630) 682-0500

Dentistry

What it provides: Division of Oral and Maxillofacial Surgery and Dental Medicine, Dental work with Sedation, accepts Medicaid.
Address: 2162 S. 1st Avenue Maywood, Illinois
Contact: (708) 216-3678 #0

Program: Dr. Koita
Address: 29W705 Butterfield, Warrenville, IL 60555
Contact: (630) 393-7227

Program: Dr. Paruchuri
Address: 956 N. Neltnor Suite 316, West Chicago, IL 60185
Contact: (630) 293-7777

Program: Dr. Yong Shim
What it provides: General Practice Dentistry, Accepts Medicaid only for children (AllKids)
Address: 1620 Pebble Lane, Suite 152 Naperville, IL 60563
Contact: (630) 717-7055

Program: DuPage Community Clinic
Website: <http://www.dupagecommunityclinic.org/index.html>
What it Provides: Free healthcare clinic providing primary medical care, specialty medical care, and mental health services to low income, medically uninsured residents of DuPage County.
To qualify, you must Reside in DuPage County for at least 90 days, be under the age of 65; have a household income at or below 200% of the Federal Poverty Level, Not be eligible for other health insurance programs (Medicaid, Medicare, KidCare, employer-sponsored insurance, Cobra, SSI, etc.). This program has multiple locations.
Address(1): 1506 E. Roosevelt Road Wheaton, IL 60187
Contact: (630) 682-0639
Address(2): 422 N. Cass Avenue Westmont, IL 60559
Contact: (630) 963-4101

Program: DuPage County Urgent Care
What it provides: The DuPage County Health Department offers an Urgent Care Dental Clinic to provide treatment for oral pain, swelling and infection.
Address: 111 County Farm Rd.
Contact: (630) 682-7400

Program: Franco Dental
Address: 1124 Bloomingdale Road Glendale Heights 60139
Contact: (630) 260-9898

Program: Gateway Dental Center -- Dr. Dena J. Spencer
What it provides: Accepts Medicaid only for children (AllKids)
Address: 534 Main St., West Chicago
Contact: (630) 876-9200

Program: Lincoln Family Dental - Dr. David Ratzlaff
Website: <http://www.advancedfamilydental.com>
Address: 143 S. Lincoln, Aurora Ste A, Aurora, IL 60505
Contact: (630) 859-3151

Program: Loyola – Maywood
Website: <http://www.stitch.luc.edu/surgery>
Address: 2160 S. First Ave. Maywood, IL 60153

Contact: (888) 584-7888

Program: Pristine Dental
Website: <http://www.prestigedentalsmiles.org>
Address: 155 N. Neltor West Chicago, IL 60185
Contact: (630) 562-2500

Program: Rogers Park Family Health Center Dental Services
What it provides: Serves patients speaking English, Spanish, Russian, and phone interpretation in 35 languages.
Accepts Medicaid, Medicare, HMO, PPO, sliding scale, self pay.
Address: 1555 W. Howard, Chicago IL 60626
Contact: (773) 764-3425

Program: UIC Pediatric Dental (Illinois Health Connect)
Address: 801 S. Paulina Room 230E Chicago, IL 60612
Contact: (312) 996-7555
Pediatric Urgent Care Contact: (312) 413-0972

Program: West Chicago Dental Care - Dr. Kavilah Shah
What it provides: Sees patients 5-18 years old, accepts patients with Medicaid on Mondays and Fridays
Address: 166 W. Washington St West Chicago, IL 60185
Contact: (630) 520-9030

Dermatology

Program: CDH, Dr. Kenner-Bell Children's Memorial
Website: <http://www.luriechildrens.org>
Address: Children's Memorial 2300 N. Childrens Plz
Contact: Office: (312) 227-6060 Nurse: (312) 227-6294

Program: Tareneh S. Firoozi
Address: 5600 W. Addison, Chicago 60634
Contact: (773) 736-6999

Ear, Nose, Throat

Program: Midwest ENT – Central DuPage Hospital
Website: <http://www.midwestentconsultants.com>
Address: 25 N. Winfield Rm. 519
Contact: (630) 668-2180 x 7690

Program: Midwest ENT – Loyola Center for Health Oak Brook Terrace
Website: <http://loyolahealth.org>
Address: 1 S. 260 Summit Ave., Oakbrook Terrace 60181

Contact: (630) 953-6600

Eyes

Program: Central Dupage Vision, Dr. David Rhoads
Website: <http://www.centraldupagevision.com>
What it provides: Provides annual comprehensive eye exams, glasses and contact lenses, surgical referrals care and management of common eye conditions, computer vision therapy for reading/learning problems.
Address: 185 Geneva Rd. (Corner County Farm), Winfield
Contact: (630) 668-2020

Program: Wheaton Eye Clinic
Website: <http://www.wheatoneye.com>
What it provides: Eye procedures, tests/exams, surgery, contact lenses.
Address: 2015 N. Main St., Wheaton
Contact: (630) 668-8250

Gastroenterology

Program: Dr. Gerrard, Good Samaritan Hospital
Website: www.advocatehealth.com
Address: 3825 Highland Ave., Room 203, Downers Grove 60515
Contact: (630) 969-1167

Program: Dr. Lee Dupage Med. Group, CDH Lower Level
Address: 100 Spalding Dr., #208 Naperville, IL 60540
Contact: (630) 717-2600, Supervisor – Pat (630) 717-2604

Hematology

Program: CDH Hematology, Rm. 420
Website: <http://www.cdh.org>
What it provides: Cancer center providing hematology services. Accepts Medicaid
Address: 4405 Weaver Parkway Warrenville, IL 60555
Contact: (630) 690-3414

Hospitals

Program: Central DuPage Hospital
What it provides: Accepts Medicaid
Address: 25 N. Winfield Road Winfield, IL 60190
Contact: Scheduling (630) 933-5000
Emergency Room Contact: (630) 933-6490

Program: Glen Oaks Hospital

Website: <http://www.keepingyouwell.com>
What it provides: Accepts Medicaid
Address: 701 Winthrop Ave., Glendale Heights
Contact: (630) 545-8000

Program: Kindred Healthcare (Long-term acute care hospital)
Website: <http://www.kindredhealthcare.com>
What it provides: Provides pulmonary care, complex wound care, dialysis, high acuity unit, IV antibiotic therapy, rehabilitation services, and family education for home care. Phone interpreter available. Accepts Medicaid, Medicare, Commercial insurance, HMO, PPO, Worker's compensation, financial assistance available with application.
Address: 6130 N. Sheridan Rd
Contact: (773) 381-1222

Program: Loyola Hospital
Website: <http://loyolahealth.org>
What it provides: Includes outpatient center and MRI Center. Free care for medically necessary services is given to patients who earn 200 percent or less of Federal Poverty Guidelines. Download financial aid application on website.
Address: 2160 S. First Ave. Maywood, IL 60153
Contact: Scheduling (708) 216-3581, Referral Service (708) 216-3896

Program: Saint Alexius Hospital
Website: <http://www.alexianbrothershealth.org>
What it provides: More than 80 medical and surgical specialties; Accepts Medicaid / All Kids
Address: 1555 Barrington Road, Hoffman Estates
Contact: (847) 843-2000

Lung/Asthma

Program: Suburban Lung, CDH
Website: <http://www.sublung.com>
What it provides: Diagnosis and treatment of respiratory diseases. Accepts Medicaid
Address: 25 N. Winfield Rd, Suite 204 Winfield, IL 60190
Contact: (630) 690-4993

Medical Supply

Program: Denson's Medical Supply
Website: <http://www.densonscompoundingpharmacy.com/>
Provides medical supplies, including wheelchair fitting and seating, mobility aids, mastectomy, surgical and compression

garments, wound management, urological, diabetic, ostomy, oxygen, nebulizers, stair lifts, bathroom safety equipment, pharmacy, unit dose medication, and compounded medication. Accepts Medicaid.

Address: 509 S. Carlton, Wheaton
Contact: (630) 665-1488

Mental Health/Behavioral Health

Program: Asian Human Services
Website: <http://www.ahschicago.org>
What it provides: Services are offered in Vietnamese, Mandarin, Cantonese, Khmer, Thai, Lao, Korean, Hindi, Urdu, Bosnian, Arabic, and more. Arabic & French speakers on-staff / Nepali via phone interpretation. Intakes go through Lisa at the front desk.
Address: 4753 N. Broadway St # 700 Chicago, IL 60640
Contact: (773) 561-1396

Program: Hamdard Center
Website: <http://www.hamdardcenter.org>
What it provides: The Hamdard Center is a multilingual, multi-cultural social & health service agency dedicated to Serving the South Asian, Middle Eastern, and the Bosnian Communities in Illinois. Arabic interpreter available.
No wait time after intake to see psychiatrist.
Address: 1542 W. Devon Ave Chicago, IL 60626
Contact: (773) 465-4600

Program: Heartland Alliance – International Family, Adult, and Child Enhancement Services (FACES) Program
Website: <http://www.heartlandalliance.org>
What it provides: Provides comprehensive, community-based mental health services for refugee, asylee and asylum-seeking children, adults, and families suffering from trauma or emotional disorders. Services include individual and family counseling, psychiatric assessment and medication, individual and family counseling for trauma and mental illness, assistance accessing benefits and entitlements, expressive therapies, and case management. Services are offered in a linguistically and culturally appropriate manner, often conducted by staff from the same culture as the family or with trained interpreters, with all languages available through phone interpretation. Children, adults and their families are eligible for Sliding scale based on income.
Not currently accepting new referrals.
This program has multiple locations.
Address(1): 1015 W. Lawrence, Chicago, IL

Contact: (773) 751-1857
Address(2): 4750 N. Sheridan Rd
Contact: (773) 751-4148

Program: Kovler Center
What it provides: Provides services for individuals and families affected by torture, including services in mental health, medical care, case management, and interpretation and translation services. No fees for services.
Address: 1331 West Albion Avenue Chicago, IL 60626
Contact: (773) 381-4070

Midwifery

Program: Maternal & Child Healthcare
What it provides: Obstetrics and Gynaecology services. Accepts Medicaid.
Address: 2055 W. Army Trail (Corner Swift Rd.), Suite #104, Addison
Contact: (630) 705-1010

Nephrology

Program: CDH Nephrology
What it provides: Diagnosis and treatment of kidney-related diseases. Accepts Medicaid
Address: 25 N Winfield Rd Winfield, IL 60190
Contact: (630) 690-1220

Neurology

Program: Cadence Physician Group – Dr. Andrew Chenelle, Dr. Sucholeiki
What it provides: Diagnosis and treatment of diseases related to the nervous system. Accepts Medicaid with referral from primary care physician
Address: 25 N Winfield Rd Ste 500 Winfield, IL 60190
Contact: (630) 933-4056

Program: Dr. Bajwa
Address: 3S517 Winfield Rd Ste. A Warrenville, IL 60555
Contact: (630) 836-9121

Ob/Gyn

Program: Dr. Anwar Alkunani
Address: 901 Biesterfield, Elk Grove Village
Contact: (847) 228-9898

Orthopedics

Program: Dr. Bajaj
Address: 140 E. Loop Rd., Wheaton, Il.
Contact: (630) 665-5995

Program: Dr. Shadid
Website: <http://genesisortho.com>
Address: 444 N. Park Blvd., Glen Ellyn, IL 60137
Contact: (630) 377-1188

Program: Loyola Orthopedic Dept.
Website: <http://www.stitch.luc.edu/depts/ortho>
What it provides: Orthopaedics at Loyola is made up of orthopaedic surgeons, physiatrists (physical medicine and rehabilitation specialists) and podiatrists who work with diagnosis, treatment, rehabilitation and prevention of injuries and disorders of the muscles, bones and joints. Accepts adults with Medicaid, with referral from a primary care physician at Loyola. Accepts children with Medicaid.
Address: 2160 S. 1st Avenue Maywood, IL 60153
Contact: (708) 216-3834 Option #1

Program: OAD Orthopedics
Website: <http://www.oadortho.com>
What it provides: Warrenville Hand Surgeon, accepts Medicaid on a case-by-case basis (depending on primary physician and other factors)
Address: 27650 Ferry Road Suite 100 Warrenville, Illinois 60555
Contact: (630) 225-2663

Orthotics

Program: Marion Joy Orthotics
Website: <http://www.marianjoy.org>
What it provides: Accepts Medicaid. Any patient with out-of-pocket expenses can qualify for Wheaton Franciscan Healthcare's charity care program. Uninsured patients could receive both the self-pay discount, and if they qualify, an additional discount from the charity care program. Download application on website.
Address: Marianjoy Rehabilitation Hospital 26W171 Roosevelt Road
Wheaton, IL 60187
Contact: Admissions (630) 909-8920 / Physician appointments (630) 909-7000

Pain Management

Program: Pain Clinic -- CDH Lower Level

What it provides: The Pain Clinic uses a comprehensive approach to diagnose and manage chronic or acute pain. Accepts Medicaid.
Address: Central DuPage Hospital 25 N. Winfield Road Winfield, IL 60190
Contact: (630) 933-2726

Pediatrics

Program: CDH Pediatric Sub-specialties
What it provides: Healthcare for minors (accepts Medicaid)
Address: 25 North Winfield Road, Winfield, IL 60190
Contact: (630) 933-6631

Program: Dr. Roy J. Betti
What it provides: Healthcare for minors (accepts Medicaid)
Address: 381 Schmale Rd., Carol Stream
Contact: (630) 653-5115

Program: Kid Care (Pat McNamara)
Address: 526 Main St., West Chicago
Contact: (630) 293-3835

Program: Lurie Children's Hospital
Website: <http://www.luriechildrens.org>
What it provides: Healthcare for minors (accepts Medicaid)
Address: 225 E Chicago Ave. Chicago, IL 60611
Contact: (773) 880-4000

Pharmacy

Program: Jewel/Osco
What it provides: Pharmacy services (accepts Medicaid). This program has multiple locations.
Address(1): 599 Roosevelt, Glen Ellyn
Contact: (630) 790-2294
Address(2): 177 Roosevelt West Chicago
Contact: (630) 293-5350

Podiatry

Program: Dr. Brian King
What it provides: Podiatry services (accepts Medicaid)
Address: 611 E. State St., Geneva
Contact: (630) 208-8900

Program: Dr. Robin Pastore - Winfield
Address: 1N141 County Farm Rd Ste 100 Winfield, IL 60190

Contact: (630) 510-0098

Post-Medicaid Medical Coverage

Program: DuPage Community Clinic
Website: <http://www.dupagecommunityclinic.org>
What it provides: The DuPage Community Clinic is a free healthcare clinic providing primary medical care, specialty medical care, and mental health services to low income, medically uninsured residents of DuPage County.
Address: 1506 E. Roosevelt Road, Wheaton, IL 60187
Contact: (630) 682-0639

Primary Care

Program: Access Community Health Network
Website: <http://www.accesscommunityhealth.net>
What it provides: Health Screenings, general check-ups, chronic disease management, health education. Many health centers also offer additional services including special programs, case management and on-site specialty care. Accepts Medicaid. May charge small fees for visits. This program has multiple locations.
Address(1): Community Health Clinic – Stratford Square
245 S. Gary Ave., Suite 201, Bloomingdale
Contact: (630) 893-5230
Address(2): DuPage 511 Thornhill Drive, Suite E Carol Stream, IL 60188
<http://accessdupage.org> (There is a long waiting list for program.)
Contact: (630) 510-8720
Address(3): Family Health Clinic – Addison
1111 Lake St. Addison, IL 60101
Contact: (630) 628-1811
Address(4): Sullivan High School 6631 North Bosworth Avenue, Chicago IL 60626
Contact: (773) 761-5035
Address(5): West Chicago Family Health Center 245 W. Roosevelt Suite #150
Contact: (630) 293-4124

Program: Asian Human Services Family Health Center
Website: <http://www.ahschicago.org/healthcare>
What it provides: Provides services in pediatrics, obstetrics, gynecology, adult medicine, psychiatry/mental health counseling, pediatric dental services. Serves patients speaking many languages; provides phone interpretation in 35 languages. Accepts Medicaid, Medicare, sliding scale, self pay, most private insurance.
Address: 2020 W. Peterson, Chicago IL 60659
Contact: (847) 316-2500

Program: Erie Helping Hands Health Center
Website: <http://www.eriefamilyhealth.org/locations/erie-helping-hands-health-center>
What it provides: Provides services in pediatrics, obstetrics, family health, behavioral health, dental services for English, Spanish speakers. Mention when scheduling appointment to get access to the interpreter phone line. Accepts Medicaid, Medicare, PPO, Self Pay, All Kids.
Address: 4745 N. Kedzie
Contact: (312) 666-3494

Program: Heartland Health Center
Website: <http://www.heartlandalliance.org/whatwedo/our-programs/health-care>
What it provides: Provides services in pediatrics, urgent care, women's health, prenatal care, behavioral health, dental care, psychiatric care for patients who speak English, Spanish. One-on-one health education at visits; sometimes educate in classrooms and handouts on prenatal education, nutrition, family planning, counseling. With advance notice, patients have access to Heartland Alliance services, which provides services in 35 different languages. Provides enrollment assistance for All Kids, accepts Medicaid, no cost for uninsured, accepts some private insurance. This program has multiple locations.
Address(1): Roosevelt High School 3436 W. Wilson
Contact: (773) 866-0818
Address(2): Senn High School 5900 N. Glenwood Ave
Contact: 773-751-1860
Address(3): Rogers Park 2200 W. Touhy Avenue, Chicago IL 60645
Contact: (773) 751-1875

Program: New Life Volunteering Society Free Health Clinic
What it provides: Free family medicine services for patients speaking English, Hindi, Urdu, Gujarati, and Punjabi, with limited translation services available. Patient Education Services in diabetes education, nutrition and lifestyle counseling. Pharmacy located onsite with free medications.
Address: 2645 W. Peterson
Contact: (773) 275-8630

Program: Peterson Family Health Center (Access Community Health Network)
Website: <http://www.accesscommunityhealth.net/peterson>
What it provides: Provides services in pediatrics, obstetrics, primary care

Serves English-speaking patients, and provides phone interpretation for 35 languages. Accepts Medicaid, Medicare, sliding scale, self pay, most private insurance.

Address: 2655 W. Peterson, Chicago IL, 60659
Contact: (773) 271-8880

Program: Resurrection Health Care Medical Office Building
Website: <http://www.reshealth.org>
What it provides: General adult medicine services for patients speaking English and Russian. Phone interpretation for 35 languages. Accepts Medicaid, Medicare, Self-pay, Blue Cross/Blue Shield.

Address: 3048 W. Peterson, Chicago IL 60659
Contact: (877) 737-4636

Program: Rogers Park Family Health Practice
Website: <http://www.accesscommunityhealth.net/rogerspark>
What it provides: Family Medicine. Serves patients who speak Spanish, English, and Greek, and provides phone interpretation in 35 languages. Accepts Medicaid, Medicare, HMO, PPO, 50% discount for self-pay payment at time of service.

Address: 1555 W. Howard Street, Chicago, IL
Contact: (773) 764-7146

Program: Sinai Medical Group
Website: <http://www.sinai.org>
What it provides: Pediatrics, general adult medicine, psychiatry services for patients speaking English, Spanish and Russian, with phone interpretation for 35 languages. Patient Education Services in smoking cessation, etc. Accepts Medicaid, Medicare, sliding scale, self pay, most private insurance.

Address: 2901 W. Touhy, Chicago IL, 60645
Contact: (773) 973-7350

Program: St. Francis Community Health Center (Resurrection Health Care)
What it provides: Provides services in pediatrics, obstetrics, gynecology, adult medicine. Serves patients who speak English, Spanish, and Urdu, and provides phone interpretation in 35 languages. Accepts Medicaid, Medicare, Sliding scale, self pay, most private insurance

Address: 7464 N. Clark, Chicago IL 60626
Contact: Resurrection Health Care (877) 737-4636

Program: Touhy Community Health Center (Amala)
Website: <http://www.sinai.org>
Address: 2901 W. Touhy, Chicago
Contact: (773) 979-7353, Boris (773) 973-7350

Prosthetics

Program: Sheck & Siress
What it provides: Assessment and fitting of artificial limbs (accepts Medicaid)
Address: 15376 Summit Ave., Oakbrook Terrace
Contact: (630) 424-0392
Address: 1551 Bond St., Naperville
Contact: (630) 637-4638

Rehabilitation

Program: ATI, Glen Ellyn
Website: <http://www.atipt.com>
What it provides: Rehabilitation services
Address: 926 Roosevelt Rd, Glen Ellyn, IL and locations throughout Chicago area
Contact: Becky, (630) 858-8484

Program: CDH Rehab. & Therapy – Room 500
Website: <http://www.cdh.org>
What it provides: Rehabilitation services (accepts Medicaid)
Address: Outpatient Services, Suite 506
Central DuPage Hospital 25 North Winfield Road Winfield, IL 60190
Contact: (630) 933-6293

Program: Marion Joy Rehabilitation & Physical Therapy
Website: <http://www.marianjoy.org>
What it provides: Marianjoy treats adults and children who have experienced a brain injury; stroke; spinal cord injury; orthopedic and musculoskeletal conditions such as hip and knee replacements; amputations, and multiple traumas; and neuromuscular disorders and neurological conditions such as Parkinson's disease, multiple sclerosis and Guillain-Barré syndrome.
Address: 26W171 Roosevelt Road Wheaton, IL 60187
Contact: (630) 909-7152, Pediatric (630) 909-7155

Program: Schwab Rehabilitation Hospital
Website: <http://www.sinai.org/rehabilitation/mapdir1.asp>
What it provides: Rehabilitation services (accepts Medicaid)
Address: 1401 S. California Boulevard
Chicago, IL 60608
Contact: (773) 522 2010; TTY: (773)522 2032

Rheumatology

Program: Loyola Rheumatology, Dr. Ostrowski
Website: <http://www.loyolamedicine.org>
What it provides: Rheumatology services
Address: 2160 S 1st Ave # 54 Maywood, IL 01 3
Contact: (708) 216-3313

Surgery

Program: Loyola Medical Services
Website: <http://www.luhs.org>
Address: Loyola Center for Health at Oakbrook Terrace North
1S260 Summit Ave. 1st Floor, Oakbrook Terrace
Contact: (630) 953-6600
Address: Loyola Hospital Maywood
2160 S. First Ave., Last bldg. south
Contact: (708) 216-5080, outpatient center: (708) 216-8563
Dr. De Young, Loyola (708) 327-2375

Program: Dr. Schneider, Vascular Surgeon
What it provides: Vascular Surgery
Address: Cadence Physician Group Central DuPage Hospital 25 N. Winfield
Rd Ste. 201
Winfield, IL 60190, Suite 201
Contact: (630) 933-4487

TB Clinic

Program: DuPage County TB Clinic
Website: http://www.dupagehealth.org/TB_Clinic
What it provides: Tuberculosis testing
Address: 111 N. County Farm Rd., Wheaton
Contact: (630) 682-7979 x 7522

Urology

Program: Loyola Hospital - Maywood
Address: 2160 S. First Ave., 2nd Floor Outpatient Center
Contact: (708) 216-6901

Barriers to Accessing Health and Disability Services among Refugees with Disabilities and Chronic Health Conditions Resettled in the Chicago Metropolitan Area

“Persistent health disparities in our country are unacceptable and correctable. The problem must be addressed with dual strategies - both universal interventions available to everyone and targeted interventions for populations with special needs [including immigrant minorities and people with disabilities].”

Centers for Disease Control & Prevention
First Periodic Health Disparities & Inequalities Report - 2011

INTRODUCTION

This policy brief was prepared under the auspices of a community-based participatory research partnership between Northwestern University’s Institute for Healthcare Studies, Access Living of Chicago, and other community and academic collaborators. The primary purpose of the partnership is to develop a framework that will support and guide future participatory research and action addressing the health, inclusion and well-being of refugees with disabilities, mental health issues and chronic health conditions.

A community advisory board met quarterly in person or via teleconference and gave the initiative valuable direction and focus. Board members included representatives from refugee service agencies, mutual aid associations, disability organizations, and academic institutions. In this brief, we highlight our key findings from this project pertaining to refugees’ access to health and disability-related social services.

BACKGROUND

The demographic landscape of the United States is becoming increasingly diverse. Recent estimates indicate that the nation’s foreign-born population accounts for 12.9% of the total population, with nearly one in five identifying as first- or second-generation immigrants^{1,2}. The foreign-born population is also increasing more rapidly than the native-born population. Between 2000 and 2010, the size of the foreign-born population increased by 28.4% compared with a 7.6% increase in the native-born population². These population trends portend an increasing influence of immigrant newcomers on the overall health of the nation, thereby creating a pressing need to understand the health and disability status of recent immigrants and their access to U.S. health care, mental health, and rehabilitation systems.

Refugees constitute a distinct category of foreign nationals admitted under U.S. immigration law, representing 10% of annual immigration flows.³ Almost 3 million refugees from nearly 125 countries of origin have been resettled here since 1975.^{3,4} Considerations of health status and access to healthcare and disability-related rehabilitation are especially important for refugees for a number of reasons. First, although refugees are on average, younger than the U.S. native-born population, recent cohorts have included 15% or more refugees aged 45 years and above.⁵ Second, refugees are less likely than other migrants to immigrate with an initial health advantage.^{6,7} A growing body of research indicates the increasing prevalence of chronic health conditions and functional disabilities among resettled refugees.^{8,9}

As the United States continues to resettle refugees with disabilities and complex health conditions, it is important for service providers, educators, practitioners and policymakers to understand the profile of these refugees and their access to health and social services. This knowledge will help in identifying any service disparities and aid in the development of better interventions for this population.^{10,11}

LOCAL PROFILE OF REFUGEES

Since 2004, 15,484 refugees from over 62 countries have been resettled in Illinois, predominantly in the Chicago metropolitan area.¹² Illinois is among the top states receiving the largest share of refugees arriving in the U.S.¹³ Since 2008, the three main refugee groups that have been resettled in the area include: Iraqis (1,501), Burmese (1,793), and Bhutanese (2,614).¹² This local profile mirrors the ethnic profile of refugees resettled across the United States in recent years.¹³

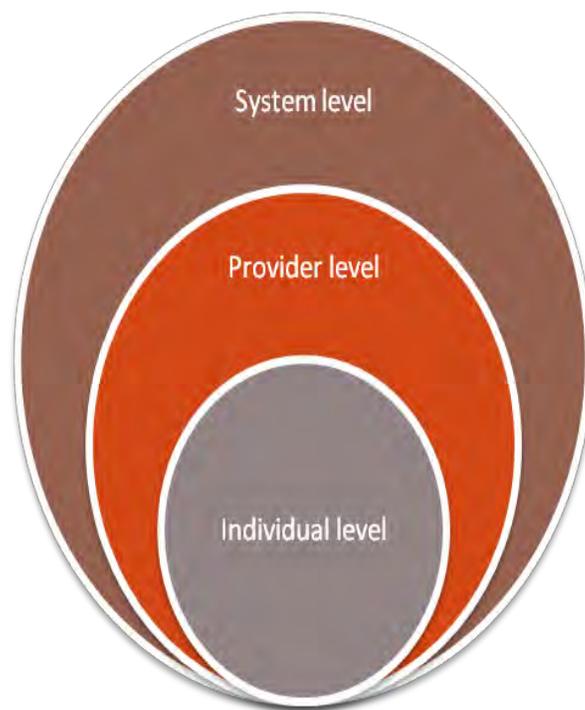
In fiscal year 2009, 13% of refugees resettled in the Chicago metropolitan area were estimated to have a chronic health condition/disability.¹⁴ At the same time, federal funding for the state refugee program has decreased. For example, refugee social service funding for Illinois was \$7.5 million in 2000 and \$3.2 million in 2011 (E. Silverman, personal communication, August 13, 2012). This funding shortfall portends significant challenges for refugee service agencies and refugee communities alike. While the situation is difficult for all resettled refugees, those with disabilities, mental health issues, and chronic health conditions are particularly at risk of inequitable access to health and social service systems.

Disability and chronic illnesses are likely to be experienced by refugees of all ages. When broken down by age, approximately 34% of recently resettled refugees in Illinois are under 18 years of age, 47% are aged between 18 and 39 years, and 19% are aged 40 years and above (E. Silverman, personal communication, August 13, 2012). The numbers of refugees affected by disability, mental health issues and chronic health conditions remains unknown since these data are currently not recorded at the state or national levels. This means that refugees with disabilities and chronic health issues continue to be a hidden population.

KEY ISSUES

An important goal of this project was to understand the complex issues that might impede or facilitate access to needed services for newly resettled refugees with disabilities, mental health concerns, and chronic health conditions. As part of the project, 18 key informant interviews were conducted with a wide variety of stakeholders that included state representatives, refugee health and social service providers, and refugee community leaders representing the Iraqi, Burmese and Bhutanese refugee communities.

A framework was developed to help understand the complex array of issues affecting service access. This framework can be understood as nested layers of access barriers that occur at the individual, provider and system levels. These barriers do not operate in isolation. For example, barriers at the system level drive barriers at the provider and individual levels as well.



SYSTEM LEVEL BARRIERS

- With respect to refugee populations, the traditional health policy and public health response has focused on controlling infectious diseases. The scant attention given to refugee with disabilities, mental health, and chronic health conditions implies that the refugee healthcare system is not equipped to meet the needs of this sub-group.
- Resettlement case managers who assist refugees during their early resettlement period report difficulties in anticipating refugees' disability and health-related needs before their arrival. These difficulties stem from inadequate or inaccurate information transmitted to case managers from overseas health screenings that all refugees undergo prior to resettlement.
- Refugees are eligible for public medical insurance (Refugee Medical Assistance) upon arrival. For single adult refugees and for married refugees without children, this coverage ends after 8 months. Refugees with children might have coverage beyond this period under Medicaid. Refugees with disabilities and chronic conditions who lose their medical coverage at the end of 8 months are at risk of serious gaps in their healthcare. Many of these individuals require specialist consultations after arrival. Due to lengthy wait lists to see specialists, their insurance coverage runs out before specialist consultations can be sought.
- Mental healthcare is an important area of need for refugee communities. Mental health services are especially dependent on language-appropriate delivery of care. However language-appropriate mental health services in Illinois are severely limited.
- Refugee services in the state are facing budget cuts. According to the Refugee Act, refugees are eligible for 5 years of federally funded refugee specific social services. Because of decreasing resources, in Illinois the timeframe was reduced to 3 years, and subsequently to 1 year for generalized case management. This time is insufficient for refugees to be able to learn how to navigate the complex American health and social service systems independently. Notably, if a disabled refugee requires support beyond 1 year, case managers can make an exception but not all case managers might be aware of this.

We've had clients from one country where the medical documentation said they were allergic to mangoes, [whereas] a client from another part of the world did not know they had terminal cancer. *(Key Informant Quote)*

I've seen how long it takes for a refugee person to access services which he/she is eligible for after arrival. It can take up to 6 months where in ordinary circumstances it would take may be a month. *(Key Informant Quote)*

PROVIDER LEVEL BARRIERS

[The] process [is] really hard, almost impossible. You have to have everything in the room, you have to make constant calls to prostheticians, case managers... if you need to use language line services, it could be minutes or an hour maybe more. Unlike Spanish or French, I have absolutely no idea what interpreters say.

(Key Informant Quote)

- **Healthcare providers** report challenges to providing linguistically appropriate care to refugee patients with complex conditions. Appointments with this patient population tend to be much longer than typical appointments that providers are reimbursed for, thus imposing significant demands on provider time. Further, refugees in the Chicago Metro Area represent multiple countries of origin and speak different languages and different dialects. For example finding an interpreter for a Burmese Karen refugee is far more difficult than finding a Spanish language interpreter.
- Few **Medical Specialists accept public health insurance**. Those that do seldom provide interpretation or language services.
- **Resettlement service providers** are not always well-versed in health and disability issues. Staff turnover might also contribute to limitations in specialized case management.

The current system is focused on how many patients you can see and how much revenue you can generate. So for example, if you have a refugee patient with diabetes who has no idea what blood glucose is, [it is difficult] explaining at a rudimentary level to someone who does not speak English and trying to do this in a 15-20 minute visit.

(Key Informant Quote)

INDIVIDUAL LEVEL BARRIERS

I don't think people know what they need or want. They spent so much time with nothing, they haven't even considered what's possible...if you were never exposed to it, how would you know to ask for it?. [We need to] let them know what's available.

(Key Informant Quote)

- Refugees frequently do not know what to expect from the US. health and social service systems or how to navigate these systems owing to lack of prior experience with systematic healthcare or experience with a different culture of care.
- Most refugees have limited English language skills. This compounds the challenges they face in navigating complex systems of care in the US . Consequently, they need supports to help them navigate multiple systems of care until they get to a point where they can advocate for themselves.

It's intimidating going to [the pharmacy] and getting refills due to the language barrier...when you refill medications it's hard, coupled with having a chronic condition or pain which would make things hard for anyone, [these problems] are intensified in a refugee population.

(Key Informant Quote)

RECOMMENDATIONS

Our study raises concerns about gaps in service access for refugees with disabilities and chronic health conditions, and calls for a number of recommendations:

POLICY RECOMMENDATIONS

1. The refugee healthcare system must be better equipped to meet the needs of refugees with disabilities, and those with mental and chronic health conditions. A first step in this direction is to **collect accurate data on incoming refugees with disabilities and chronic conditions**. It is important to ensure that this information is collected consistently and shared regularly across relevant entities. This has to be a concerted effort between state and federal agencies including the Bureau of Population, Refugees, and Migration, the Office of Refugee Resettlement, the Centers for Disease Control and Prevention, and state/local Departments of Public Health. **Standardized screening tools that incorporate elements of disability and mental health care need to be developed** and implemented at the point of initial health screenings. Information from health screenings must then be fed into a uniform database to facilitate comparisons between states and to compare state data with national trends.
2. Information from overseas health screenings must be made available to local resettlement providers in a timely and accurate manner. The Centers for Disease Control and Prevention must enforce **standard guidelines to be used by overseas panel physicians for documentation of disability-related needs**. The Bureau of Population, Refugees, and Migration must ensure that this information is relayed to local service providers before the refugees' arrival.
3. The current period of eligibility (8 months) for **public medical insurance** is inadequate. **Increasing the eligibility period** will allow refugees (single adult refugees and married refugees without children who do not qualify for Medicaid) with disabilities and chronic health conditions to get comprehensive evaluations from specialists, where needed, before coverage runs out.
4. Implementation of the **Affordable Care Act (ACA)** will also have an impact on insurance coverage, and this impact needs to be closely monitored. After the ACA is rolled out, refugees will continue to get Refugee Medical Assistance for their first 8 months in the U.S. After 8 months, they will be eligible to purchase health insurance through state insurance exchanges.¹⁵ Given refugees' limited English skills and unfamiliarity with American service systems, there is a need for **educational outreach** to refugee communities to ensure they **make informed decisions** related to purchase of health insurance.
5. Many refugees with disabilities and chronic health conditions continue to be unemployed 8 months after resettlement in the U.S. These individuals will be eligible to apply for expanded Medicaid coverage under the ACA. However there are concerns that the **"new" Medicaid package under the ACA might be more limited than the essential benefits package** available for purchase from state insurance exchanges. It is also **unclear whether either benefits package will include disability case management services and home and community-based waiver services** currently covered under Medicaid.¹⁵ While this situation is likely to affect all people with disabilities, **refugees with disabilities will need additional counseling and education** to be made aware of available options and services covered under each option.

"Nationally without numbers, refugees with disabilities will continue to be denied access...no numbers means fewer people paying attention."
(Advisory Board Member)

"About numbers, we don't know how many are admitted and how many could be disabled, it's hard to estimate. If we can talk to resettlement services, assess the situation in the country of origin, we can project [numbers]. *(Key Informant Quote)*

PRACTICE RECOMMENDATIONS

“...one of the first things that has to happen with a community is to identify people who can make good interpreters, otherwise the community is too vulnerable. Otherwise they can’t advocate if they can’t communicate. This is another way of putting people to work and engaging the community”.

(Key Informant Quote)

1. There is a pressing need to **expand the pool of trained medical interpreters** who are fluent in the native languages of recently resettled refugee cohorts. One way to achieve this is to identify and train qualified individuals, including those with disabilities, from among refugee communities. This strategy will help address the interpreter shortage and enhance employment avenues for resettled refugees.
2. Innovative strategies must be developed to **improve the efficiency and effectiveness of language-discordant clinical encounters** involving refugees with complex medical and rehabilitation needs. **Electronic health information tools** offer a useful strategy worthy of further testing and exploration. For example, the Asian Health Coalition in Illinois has developed a collection of health-related informational videos in multiple languages. Videos are downloaded on portable electronic devices, which are then used by bilingual health promoters to educate consumers during one-on-one home visits.¹⁶ **Peer navigators** (i.e. refugees who have gained some familiarity with navigating service systems) can also be a useful resource to train and educate newer arrivals.

Such educational opportunities can prepare refugee patients for healthcare appointments, thereby decreasing the time required to convey all requisite information during clinical encounters.
3. Concerted efforts need to be made to address the dire shortage of **culturally-relevant mental health services** for refugees in the state of Illinois. This calls for increased funding for refugee resettlement agencies to develop and implement new models of cost-effective and sustainable mental health services. For example, a successful model developed in Fort Worth, Texas involved training of “cultural ambassadors” from refugee communities to lead mental health support groups in refugees’ native language.¹⁷
4. There must be **greater collaboration between refugee and disability service networks**. Our project serves as one vehicle to facilitate this goal. However, additional efforts are necessary, such as cross-agency in-service trainings and networking forums that bring different stakeholders together. Such practices need to be institutionalized within agencies so that their sustainability is not threatened by staff turnover.

RESEARCH RECOMMENDATIONS

1. Thus far our project has sourced information from service providers, state representatives, and refugee community leaders. This information needs to be supplemented with **direct data collection from refugee individuals and families**. Therefore, additional research is needed to identify and understand— from the perspectives of refugees themselves— the specific barriers and facilitators that affect service access for refugees with disabilities and chronic health conditions.
2. There is also need for **intervention-based and evaluation-based research** involving the development, implementation, and testing of innovative service delivery mechanisms.
3. Further research is also needed to document and monitor the impact of the Affordable Care Act (ACA) and how changes in health insurance coverage affect the service access of refugees with disabilities and chronic conditions.
4. It is critical that we take a more active role in developing policies and identifying funding mechanisms that can incorporate disability and refugee issues. We also need to identify models and /or best practices that tackle these intersecting issues to determine what is working and what is not.

Acknowledgements:

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Barriers to Accessing Health and Disability Services among Refugees with Disabilities and Chronic Health Conditions Resettled in the U.S.

“Persistent health disparities in our country are unacceptable and correctable. The problem must be addressed with dual strategies - both universal interventions available to everyone and targeted interventions for populations with special needs [including immigrant minorities and people with disabilities].”

Centers for Disease Control & Prevention
First Periodic Health Disparities & Inequalities Report - 2011

INTRODUCTION

This policy brief was prepared under the auspices of a community-based participatory research partnership between Northwestern University’s Institute for Healthcare Studies, Access Living of Chicago, and other community and academic collaborators. The primary purpose of the partnership is to develop a framework that will support and guide future participatory research and action addressing the health, inclusion and well-being of refugees with disabilities, mental health issues and chronic health conditions.

A community advisory board met quarterly in person or via teleconference and gave the initiative valuable direction and focus. Board members included representatives from refugee service agencies, mutual aid associations, disability organizations, and academic institutions. In this brief, we highlight our key findings from this project pertaining to refugees’ access to health and disability-related social services.

BACKGROUND

The demographic landscape of the United States is becoming increasingly diverse. Recent estimates indicate that the nation’s foreign-born population accounts for 12.9% of the total population, with nearly one in five identifying as first- or second-generation immigrants^{1,2}. The foreign-born population is also increasing more rapidly than the native-born population. Between 2000 and 2010, the size of the foreign-born population increased by 28.4% compared with a 7.6% increase in the native-born population². These population trends portend an increasing influence of immigrant newcomers on the overall health of the nation, thereby creating a pressing need to understand the health and disability status of recent immigrants and their access to U.S. health care, mental health, and rehabilitation systems.

Refugees constitute a distinct category of foreign nationals admitted under U.S. immigration law, representing 10% of annual immigration flows.³ Almost 3 million refugees from nearly 125 countries of origin have been resettled here since 1975.^{3,4} Considerations of health status and access to healthcare and disability-related rehabilitation are especially important for refugees for a number of reasons. First, although refugees are on average, younger than the U.S. native-born population, recent cohorts have included 15% or more refugees aged 45 years and above.⁵ Second, refugees are less likely than other migrants to immigrate with an initial health advantage.^{6,7} A growing body of research indicates the increasing prevalence of chronic health conditions and functional disabilities among resettled refugees.^{8,9}

As the United States continues to resettle refugees with disabilities and complex health conditions, it is important for service providers, educators, practitioners and policymakers to understand the profile of these refugees and their access to health and social services. This knowledge will help in identifying any service disparities and aid in the development of better interventions for this population.^{10,11}

NATIONAL PROFILE OF REFUGEES

In 2011, 56,384 refugees were admitted to the United States, a decline from the numbers resettled in 2010 (73,293), 2009 (74,602), and 2008 (60,108).^{5, 12} However, the admission ceiling for refugees remains at 80,000 annually.¹² In 2011, the leading countries of nationality for refugee admissions were Burma (30 percent), Bhutan (27 percent), and Iraq (17 percent).¹⁴ Nearly three-quarters of refugee admissions in 2011 were from these countries, which have been the top three countries of origin for refugees arriving in the United States since 2009.^{5, 12} Other leading countries of origin include Somalia, Cuba, Eritrea, Iran, and Democratic Republic of Congo.¹⁴

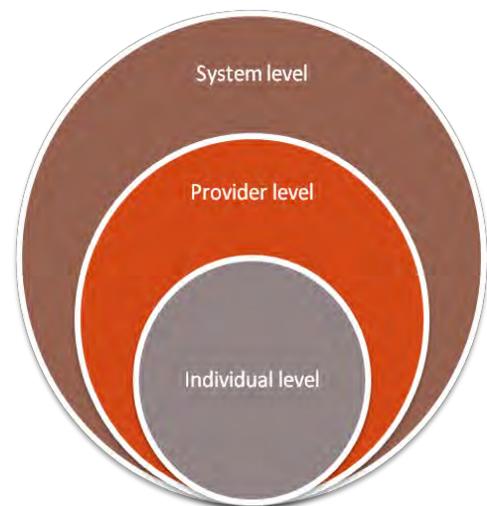
Historically, all 50 states have participated in the refugee resettlement program.⁴ In 2011, the leading states receiving the largest share of refugees were Texas, California, and New York.⁵ In recent times, most state refugee programs have struggled to meet the increasingly diverse and complex needs of refugees. While federal appropriations for the resettlement program have remained flat for the past 15 years, more eligible categories of clients have been added to the state programs (E. Silverman, personal communication, August 13, 2012). The ensuing reduction of services poses significant challenges for refugee service agencies and refugee communities alike. While the situation is difficult for all resettled refugees, those with disabilities, mental health issues, and chronic health conditions are particularly at risk of inequitable access to health and social service systems.

Disability and chronic illnesses are likely to be experienced by refugees of all ages. When broken down by age, approximately 50% of recently resettled refugees are under 24 years of age, 34% are aged between 25 and 44 years, and 16% are aged 45 years and above.⁵ The numbers of refugees affected by disability, mental health issues and chronic health conditions remains unknown since these data are currently not recorded at the national level. This means that refugees with disabilities and chronic health issues continue to be a hidden population.

KEY ISSUES

An important goal of this project was to understand the complex issues that might impede or facilitate access to needed services for newly resettled refugees with disabilities, mental health concerns, and chronic health conditions. As part of the project, 18 key informant interviews were conducted with a wide variety of stakeholders that included state representatives, refugee health and social service providers, and refugee community leaders representing the Iraqi, Burmese and Bhutanese refugee communities.

A framework was developed to help understand the complex array of issues affecting service access. This framework can be understood as nested layers of access barriers that occur at the individual, provider and system levels. These barriers do not operate in isolation. For example, barriers at the system level drive barriers at the provider and individual levels as well.



The key issues described in this policy brief are based on research conducted in the Chicago metropolitan area. However, we believe that these issues are relevant to other areas receiving refugees. The profile of refugees in the Chicago area resembles the national profile of refugees. Compared to other cities in the United States, the Chicago area has numerous refugee and disability-related resources. Therefore, barriers identified in the Chicago area are likely to be worse in other parts.

SYSTEM LEVEL BARRIERS

- With respect to refugee populations, the traditional health policy and public health response has focused on controlling infectious diseases. The scant attention given to refugee with disabilities, mental health, and chronic health conditions implies that the refugee healthcare system is not equipped to meet the needs of this sub-group.
- Resettlement case managers who assist refugees during their early resettlement period report difficulties in anticipating refugees' disability and health-related needs before their arrival. These difficulties stem from inadequate or inaccurate information transmitted to case managers from overseas health screenings that all refugees undergo prior to resettlement.
- Refugees are eligible for public medical insurance (Refugee Medical Assistance) upon arrival. For single adult refugees and for married refugees without children, this coverage ends after 8 months. Refugees with children might have coverage beyond this period under Medicaid. Refugees with disabilities and chronic conditions who lose their medical coverage at the end of 8 months are at risk of serious gaps in their healthcare. Many of these individuals require specialist consultations after arrival. Due to lengthy wait lists to see specialists, their insurance coverage runs out before specialist consultations can be sought.
- Mental healthcare is an important area of need for refugee communities. Mental health services are especially dependent on language-appropriate delivery of care. However language-appropriate mental health services in Illinois are severely limited.
- According to the Refugee Act, refugees are eligible for 5 years of federally funded refugee specific social services. Refugee services in most states are facing budget cuts. In Illinois, for e.g., the timeframe for these services was reduced to 3 years, and subsequently to 1 year for generalized case management. This time is insufficient for refugees to be able to learn how to navigate the complex American health and social service systems independently. Notably, if a disabled refugee requires support beyond 1 year, case managers in Illinois can make an exception but not all case managers might be aware of this.

We've had clients from one country where the medical documentation said they were allergic to mangoes, [whereas] a client from another part of the world did not know they had terminal cancer. *(Key Informant Quote)*

I've seen how long it takes for a refugee person to access services which he/she is eligible for after arrival. It can take up to 6 months where in ordinary circumstances it would take may be a month. *(Key Informant Quote)*

PROVIDER LEVEL BARRIERS

[The] process [is] really hard, almost impossible. You have to have everything in the room, you have to make constant calls to prostheticians, case managers... if you need to use language line services, it could be minutes or an hour maybe more. Unlike Spanish or French, I have absolutely no idea what interpreters say.

(Key Informant Quote)

- **Healthcare providers** report challenges to providing linguistically appropriate care to refugee patients with complex conditions. Appointments with this patient population tend to be much longer than typical appointments that providers are reimbursed for, thus imposing significant demands on provider time. Further, refugees in the Chicago Metro Area represent multiple countries of origin and speak different languages and different dialects. For example finding an interpreter for a Burmese Karen refugee is far more difficult than finding a Spanish language translator.
- Few **Medical Specialists accept public health insurance**. Those that do seldom provide interpretation or language services.
- **Resettlement service providers** are not always well-versed in health and disability issues. Staff turnover might also contribute to limitations in specialized case management.

The current system is focused on how many patients you can see and how much revenue you can generate. So for example, if you have a refugee patient with diabetes who has no idea what blood glucose is, [it is difficult] explaining at a rudimentary level to someone who does not speak English and trying to do this in a 15-20 minute visit.

(Key Informant Quote)

INDIVIDUAL LEVEL BARRIERS

I don't think people know what they need or want. They spent so much time with nothing, they haven't even considered what's possible...if you were never exposed to it, how would you know to ask for it?. [We need to] let them know what's available.

(Key Informant Quote)

- Refugees frequently do not know what to expect from the US. health and social service systems or how to navigate these systems owing to lack of prior experience with systematic healthcare or experience with a different culture of care.
- Most refugees have limited English language skills. This compounds the challenges they face in navigating complex systems of care in the US . Consequently, they need supports to help them navigate multiple systems of care until they get to a point where they can advocate for themselves.

It's intimidating going to [the pharmacy] and getting refills due to the language barrier...when you refill medications it's hard, coupled with having a chronic condition or pain which would make things hard for anyone, [these problems] are intensified in a refugee population.

(Key Informant Quote)

RECOMMENDATIONS

Our study raises concerns about gaps in service access for refugees with disabilities and chronic health conditions, and calls for a number of recommendations:

POLICY RECOMMENDATIONS

1. The refugee healthcare system must be better equipped to meet the needs of refugees with disabilities, and those with mental and chronic health conditions. A first step in this direction is to **collect accurate data on incoming refugees with disabilities and chronic conditions**. It is important to ensure that this information is collected consistently and shared regularly across relevant entities. This has to be a concerted effort between state and federal agencies including the Bureau of Population, Refugees, and Migration, the Office of Refugee Resettlement, the Centers for Disease Control and Prevention, and state/local Departments of Public Health. **Standardized screening tools that incorporate elements of disability and mental health care need to be developed** and implemented at the point of initial health screenings. Information from health screenings must then be fed into a uniform database to facilitate comparisons between states and to compare state data with national trends.
2. Information from overseas health screenings must be made available to local resettlement providers in a timely and accurate manner. The Centers for Disease Control and Prevention must enforce **standard guidelines to be used by overseas panel physicians for documentation of disability-related needs**. The Bureau of Population, Refugees, and Migration must ensure that this information is relayed to local service providers before the refugees' arrival.
3. The current period of eligibility (8 months) for **public medical insurance** is inadequate. **Increasing the eligibility period** will allow refugees (single adult refugees and married refugees without children who do not qualify for Medicaid) with disabilities and chronic health conditions to get comprehensive evaluations from specialists, where needed, before coverage runs out.
4. Implementation of the **Affordable Care Act (ACA)** will also have an impact on insurance coverage, and this impact needs to be closely monitored. After the ACA is rolled out, refugees will continue to get Refugee Medical Assistance for their first 8 months in the U.S. After 8 months, they will be eligible to purchase health insurance through state insurance exchanges.¹⁴ Given refugees' limited English skills and unfamiliarity with American service systems, there is a need for **educational outreach** to refugee communities to ensure they **make informed decisions** related to purchase of health insurance.
5. Many refugees with disabilities and chronic health conditions continue to be unemployed 8 months after resettlement in the U.S. These individuals will be eligible to apply for expanded Medicaid coverage under the ACA. However there are concerns that the **"new" Medicaid package under the ACA might be more limited than the essential benefits package** available for purchase from state insurance exchanges. It is also **unclear whether either benefits package will include disability case management services and home and community-based waiver services** currently covered under Medicaid.¹⁵ While this situation is likely to affect all people with disabilities, **refugees with disabilities will need additional counseling and education** to be made aware of available options and services covered under each option.

"Nationally without numbers, refugees with disabilities will continue to be denied access...no numbers means fewer people paying attention."
(Advisory Board Member)

"About numbers, we don't know how many are admitted and how many could be disabled, it's hard to estimate. If we can talk to resettlement services, assess the situation in the country of origin, we can project [numbers]. (Key Informant Quote)

PRACTICE RECOMMENDATIONS

“...one of the first things that has to happen with a community is to identify people who can make good interpreters, otherwise the community is too vulnerable. Otherwise they can’t advocate if they can’t communicate. This is another way of putting people to work and engaging the community”.

(Key Informant Quote)

1. There is a pressing need to **expand the pool of trained medical interpreters** who are fluent in the native languages of recently resettled refugee cohorts. One way to achieve this is to identify and train qualified individuals, including those with disabilities, from among refugee communities. This strategy will help address the interpreter shortage and enhance employment avenues for resettled refugees.
2. Innovative strategies must be developed to **improve the efficiency and effectiveness of language-discordant clinical encounters** involving refugees with complex medical and rehabilitation needs. **Electronic health information tools** offer a useful strategy worthy of further testing and exploration. For example, the Asian Health Coalition in Illinois has developed a collection of health-related informational videos in multiple languages. Videos are downloaded on portable electronic devices, which are then used by bilingual health promoters to educate consumers during one-on-one home visits.¹⁵ **Peer navigators** (i.e. refugees who have gained some familiarity with navigating service systems) can also be a useful resource to train and educate newer arrivals.

Such educational opportunities can prepare refugee patients for healthcare appointments, thereby decreasing the time required to convey all requisite information during clinical encounters.

3. Concerted efforts need to be made to address the dire shortage of **culturally-relevant mental health services** for refugees in the state of Illinois. This calls for increased funding for refugee resettlement agencies to develop and implement new models of cost-effective and sustainable mental health services. For example, a successful model developed in Fort Worth, Texas involved training of “cultural ambassadors” from refugee communities to lead mental health support groups in refugees’ native language.¹⁶
4. There must be **greater collaboration between refugee and disability service networks**. Our project serves as one vehicle to facilitate this goal. However, additional efforts are necessary, such as cross-agency in-service trainings and networking forums that bring different stakeholders together. Such practices need to be institutionalized within agencies so that their sustainability is not threatened by staff turnover.

RESEARCH RECOMMENDATIONS

1. Thus far our project has sourced information from service providers, state representatives, and refugee community leaders. This information needs to be supplemented with **direct data collection from refugee individuals and families**. Therefore, additional research is needed to identify and understand— from the perspectives of refugees themselves— the specific barriers and facilitators that affect service access for refugees with disabilities and chronic health conditions.
2. There is also need for **intervention-based and evaluation-based research** involving the development, implementation, and testing of innovative service delivery mechanisms.
3. Further research is also needed to document and monitor the impact of the Affordable Care Act (ACA) and how changes in health insurance coverage affect the service access of refugees with disabilities and chronic conditions.
4. It is critical that we take a more active role in **developing policies and identifying funding mechanisms** that can incorporate disability and refugee issues. We also need to identify models and /or best practices that tackle these intersecting issues to determine what is working and what is not.

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More Examples?

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