



Helping People in Southern Illinois Remain Independent Since 1978

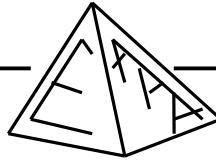
Summary for Fiscal Year 2023

For Our Three-Year Area Plan

Public Meetings for FY22-24 Area Plan		
May 11, 2022 10:30AM West Vienna Senior Center 60 Rt 37 North Vienna, IL	May 12, 2022 10:30AM Murphysboro Area Senior Citizens Center 17 North 14t St. Murphysboro, IL	May 19, 2022 10:30AM Elizabethtown Senior Center 129 IL Rt 146 East Elizabethtown, IL

Egyptian Area Agency on Aging, Inc.
200 E. Plaza Dr.
Carterville, IL 62918-1982

Telephone: (618) 985-8311, ext. 103
Toll-Free Phone: 888-895-3306, ext. 103
Fax: (618) 985-8315
E-mail: becky.salazar@egyptianaaa.org
Website: www.egyptianaaa.org
Facebook/EgyptianAAA
Twitter/EgyptianAAA
Instagram/EgyptianAAA



CARTERVILLE, ILLINOIS 62918
TELEPHONE: (618) 985-8311
TOLL-FREE: 1-888-895-3306
FAX: (618) 985-8315
www.egyptianaaa.org
egyptianaaa@egyptianaaa.org

April 2022

To Whom It May Concern:

We are holding three public meetings to discuss our plans for services for senior adults, family caregivers, and non-parents raising the children of their relatives in May of this year. We will discuss the needs of older adults in our communities identified from Focus Groups, survey of professionals and older adults from our previous Area Planning work. A summary of our Area Plan for the upcoming fiscal year is enclosed in this document. Our plan continues to describe services that are a priority, the amount of funding available for services, and how we plan to distribute federal and state funds to local organizations in Southern Illinois.

Although the mission and focus remain the same, we try to adapt to the changing needs in the community with the budget allotted to our region. The budget reflects changes in funding from both the federal and state government, as well as additional funding sources. Our Area Plan follows a three-year cycle. We are entering into the second year of this planning cycle, with this document serving as the guide for this year of services. We remain committed to serving senior adults, family caregivers, and non-parents raising children.

Thank you for your continued interest in the services available for senior adults in Southern Illinois.

Respectfully,

Becky Salazar
Executive Director

Who We Are

We are a non-profit corporation registered in Illinois since 1978. We are one of more than 600 “Area Agencies on Aging” in the nation under a federal law called the Older Americans Act. We are designated as one of thirteen Area Agencies on Aging in Illinois by the Illinois Department on Aging. We have representation on our Board of Directors from all thirteen of the counties we serve in Southern Illinois.

We receive federal and state funding through the Illinois Department on Aging, prioritize the services to be provided, decide how to distribute this funding to local agencies that provide services, and monitor the services that these agencies provide. We distribute funding for long-term services and support provided in Southern Illinois for senior adults, their caregivers, and non-parents raising the children of their relatives. Our funding is intended to promote independence in the community.

We use funding from other sources to help people with disabilities, volunteers, and veterans.

Counties We Serve

We distribute funds to agencies serving Alexander, Franklin, Gallatin, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, and Williamson counties in Southern Illinois.



Purpose of this Document & Public Meetings

This document summarizes our second year of a three-year Area Plan for programs under the Older Americans Act.

We are always interested in receiving feedback & comments about our plans and waiver request(s). We hold three public meetings each year to discuss our plans, receive feedback & comments, and answer questions. The locations of our public meetings for this year are located on the cover page.

We utilize feedback & comments to determine if changes are needed to our proposed Area Plan before we submit the final version to the Illinois Department on Aging. This year, we are able to conduct public hearings in-person as and follow our Policies and Procedures to ensure collaboration with the community in developing the services for our area.

Our Area's Share of Funding from the State

The Illinois Department on Aging uses U.S. Census data estimates to update their funding formula. The U.S. Census was completed in 2020, providing us with new calculations for our area based on recent demographics. Our area's estimated increase in senior population is growing at a slower rate than the rest of Illinois. Therefore, our percentage share of the funding from the Illinois Department on Aging will continue at just 3.25% of the total funding next year. This percentage has fluctuated over the last few years, with our percentage share of funding down from 4.29% some fourteen years ago. This means that the total statewide amount of funding for aging services must increase in order for funding to increase to Southern Illinois. Additionally, people 85 years and older and older adults those living in poverty has increased from last fiscal year to this fiscal year. This indicates the need for financial assistance and benefit programs for those living into advanced age.

How We Plan to Distribute Funding

We distribute funds received from the Department on Aging that are related to services for senior adults to local agencies based on our area's funding formula, which was approved by our Board of Directors. Our area's funding formula uses 2020 Census data for Southern Illinois and the same factors and weights that the State uses to distribute funding to our area. These factors and weights are people age 60+ at 41 percent, people age 75+ at 7.5 percent, people age 60+ with incomes at or below the poverty level at 25 percent, minorities age 60+ at 10 percent, people living alone age 60+ at 7.5 percent, and people age 60+ living in rural areas at 9 percent.

For our area, we define "rural" differently than the State and U.S. Census Bureau. Rural counties under our funding formula are Alexander, Gallatin, Hardin, Perry, Pope, Pulaski, and Union, since they have fewer senior adults per capita than the average per capita rate for our entire region.

Funds intended for specific services under the Older Americans Act are allocated only to agencies that are funded to provide these services. The funds for "III-B" support services (see chart on the next page) are awarded to senior centers and the Legal Assistance provider. The funds for "III-C" nutrition are only awarded to senior centers.

The "III-D" formula was developed when Congress added funding specifically for Health Promotion activities. These programs must now be accepted as "evidence-based" activities by the Illinois Health and Human Services. The two "III-E" formulas were developed when Congress added funding specifically for family caregivers. The Formula labelled "#6" shows the share of funds per agency for non-parents raising the children of their relatives.

Our agency's amount of federal and state funding related to the Older Americans Act changes in direct proportion to any changes in funding received from the State. Any funds our agency does not spend this year will be awarded to our provider agencies next year.

In addition, some funds are awarded to our agency by the Department on Aging and other funders in order for us to provide direct services or specific activities. These include Systems Development, Senior Employment Specialist, Adult Protective Services monitoring, Senior Medicare Patrol, Building Resistance in Communities, Illinois Public Health Association activities, Farmers Market coupon monitoring, Veteran-Directed Home Care, Senior Health Insurance Program, Extended Family support, and Retired Senior Volunteer Program of Southern Illinois.

See an explanation of these labels on the previous page

Program-Subarea / Formula	III-B	III-C	III-D	III-E	III-E	#6
ADRC, Counseling, <i>Savvy Caregiver</i> , Case Mgmt., Abuse Prev.	0%	0.00%	20.03%	13.70%	13.70%	1
Legal Assistance	6.33%	0.00%	0.00%	0.00%	6.33%	1
Franklin	11.70%	12.49%	9.99%	10.78%	9.99%	1
Jackson	13.24%	14.13%	11.30%	12.20%	11.30%	1
Perry	6.73%	7.18%	5.75%	6.20%	5.75%	1
Gallatin, Hardin, Pope, & Saline	16.57%	17.69%	14.15%	15.27%	14.15%	4
Williamson	18.35%	19.59%	15.67%	16.91%	15.67%	1
Alexander, Johnson, Massac, Pulaski, Union	27.08%	28.92%	23.11%	24.94%	23.11%	5
Total	100%	100%	100%	100%	100%	15

Our Planned Service Priorities & Other Funding Decisions

We have reviewed our reimbursement rates for senior services and decided to increase them by 1.3%, consistent with the 2021 Cost of Living Allocation used by the Social Security Administration. This is consistent with our Board’s approved funding formula policy.

We will fund the III-B support services of Information & Assistance, Outreach, Transportation, and Legal Assistance. We will allow senior centers to decide whether to divert a small amount of their III-B funding to provide Home Modifications that address safety issues. Our senior centers also allocate their staff time and funding to deliver Social Isolation activities, that can include outreach, friendly visits, and telephone reassurance. Our agency also provides funds for Alzheimer's Disease and Related Disorders, in which persons with dementia can receive funding for purchasing assisted technology or other needed item or service to help with their condition. Our agency may divert a small amount of III-B support funds to the III-C Nutrition Services program. Our agency will use a small amount of state funding for Options Counseling/ADRC, Information & Assistance (state requirements), and Home Delivered Meals.

We will allow providers to divert a small amount of III-E funding to provide Gap-Filling services for family caregivers. We will allow providers to use the remaining family caregiver funds for the services of Information & Assistance, Outreach, and Respite Care. We will award some III-E funding for caregiver Case Management, *T-Care*, *Healthy Ideas* counseling, *Savvy Caregiver*, & Legal Assistance for caregivers.

We will award funds from Senior Health Assistance Program (SHAP), Senior Health Insurance Program (SHIP), and Medicare Improvements for Patients & Providers Act (MIPPA) for counselors who assist with Medicare, Low Income Subsidy, Medicare Savings Program, other health care insurance assistance programs, Benefits Access Applications, SNAP, and Medicaid applications. We will continue to use a small share of these funds for a Medicare Counselor position in our office.

Source of All Funds	Current Year	Proposed Next Year
Federal funds from the Older Americans Act, includes carryover	1,590,467	1,611,972
State funds except Ombudsman	1,732,224	2,217,539
Nutrition Services Incentive Program, or NSIP	290,835	290,627
Ombudsman Program	110,775	69,300
SHAP, MIPPA, & SHIP for help with Medicare & insurance billing, including BAA	180,571	180,571
Match received by provider agencies	683,217	683,217
Participant donations received by provider agencies	601,486	601,486
Veteran-Directed Home Care for vet services & Egyptian AAA monitoring	912,116	912,116
State Programs for Egyptian AAA, includes SESP, SDG, & APS	71,427	71,427
RSVP of SI volunteer program for Egyptian AAA	151,369	151,369
State Non-Parent Gap Filling	18,000	18,000
Misc. funding, includes FM, SMP, & AgeOptions Matter of Balance & TCYH	13,000	14,000
Donation to Egyptian AAA	1000	1,000
Total Source of All Funds	6,356,487	6,822,624
Distribution of All Funds	Current Year	Proposed Next Year
ADRC Options Counseling, <i>Healthy Ideas</i> , <i>Savvy Caregiver</i> , Case Management	285,456	295,456
Legal Assistance	53,072	55,272
Franklin County	379,944	421,858
Jackson County	458,739	497,910
Perry County	231,846	247,716
Williamson County	678,394	722,424
Gallatin, Hardin, Pope, and Saline Counties, includes Gray Cemetery Trust	571,406	600,460
Alexander, Johnson, Massac, Pulaski, and Union Counties	922,344	991,862
SHIP Funding for providers awarded separately	155,118	155,118
Match expended by provider agencies, excludes Gray Cemetery Trust & State Interest	683,217	683,217
Participant donations expended by provider agencies	601,486	601,486
Veteran-Directed Home Care for veteran services	728,865	728,865
Misc. funding for providers, includes TCYH funds are not awarded yet	0	130,400
Egyptian AAA budget, includes funds unrelated to senior centers	606,600	692,580
Total Distribution of All Funds	6,356,487	6,822,624

The figures above are estimates from the Illinois Department on Aging, Veteran-Directed Home Care program through VA Medical Centers, and Corporation for National & Community Services.

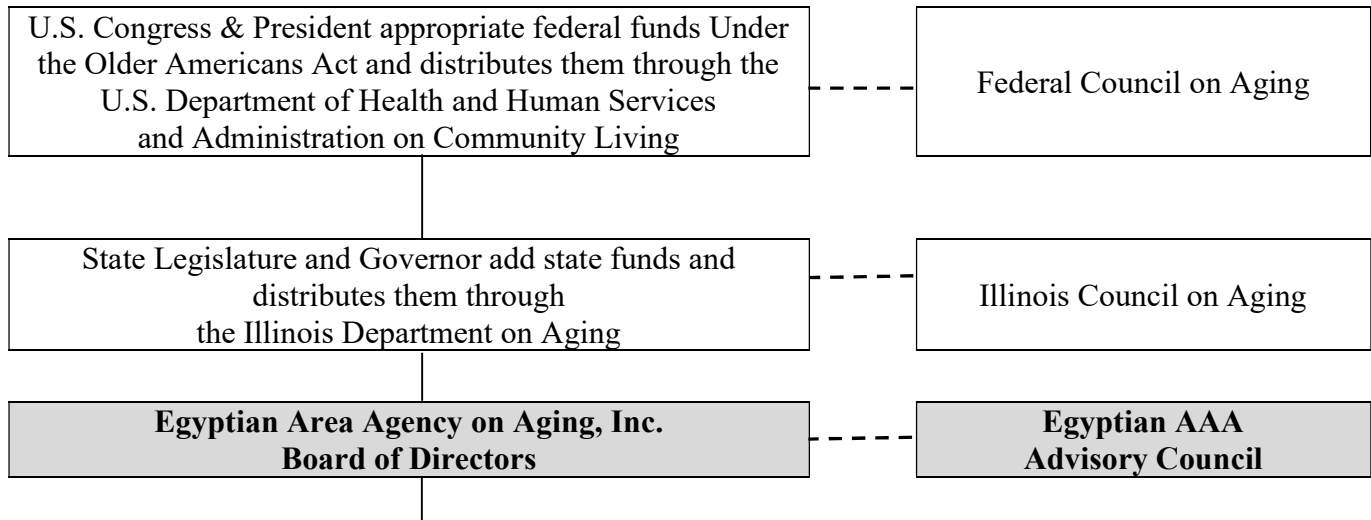
Services We Plan to Fund Next Year					
III-B Support Services					
	People	Units³	Area Served		
Options Counseling – information, assistance, & referrals	110	110	13 Counties ²		
Information & Assistance – information, assistance, & referrals	7,000	13,000	13 Counties		
Outreach – visiting homes to provide information	2,700	2,900	13 Counties		
Transportation – to and from places in the community	150	9,000	13 Counties ¹		
Home Modification – minor repairs to make home safe and accessible	17	17	13 Counties		
Legal Assistance – protection of legal rights	550	5,500	13 Counties		
III-C Nutrition Services					
	People	Units³	Area Served		
Family Café Meals – hot, nutritious meals in community settings	4,700	175,000	13 Counties		
Home Delivered Meals – hot, nutritious meals delivered to homebound	3,700	220,000	13 Counties		
III-D Health Promotion Services					
	People	Units³	Area Served		
Take Charge of Your Health – classes to learn to live with chronic disease	40	40	13 Counties ²		
Evidence-Based Exercise Programs – strength and balance programs	80	80	13 Counties ²		
Healthy Ideas – counseling for depression & grief	7	7	13 Counties ²		
III-E Family Caregiver Services – for caregivers of senior adults and non-parents raising the children of relatives	Caregivers		Non-Parents		Area Served
	People	Units³	People	Units³	
Case Management – assessment and care planning	450	475	15	30	13 Counties
Information & Assistance – information & assistance	1,800	2,400	300	300	13 Counties
Outreach – visiting homes to provide information	450	450	50	50	13 Counties
Healthy Ideas – counseling for depression & grief	3	3	1	1	13 Counties ²
Savvy Caregiver – education & training for caregivers	2	2	1	1	13 Counties ²
Respite for Caregivers (In-Home Care & All Day Club)	75	4,400	0	0	13 Counties ²
Gap Filling – services and purchases needed	35	35	5	5	13 Counties
Legal Assistance – protection of legal rights	100	800	30	600	13 Counties
Alzheimer's Disease & Related Gap Filling	22	22	0	0	13 Counties

¹ Every county has transportation, but some rely on other funding sources or public transit services.

² These services are provided for the benefit of people in all 13 counties, but may be located in fewer than 13 counties.

³ Unit is defined by how the service is delivered. For example, the number of meals, rides, clients contacts, hours of staff time, etc.

**The Aging Network
And the
Older Americans Act**



Local agencies provide these Older Americans Act services from funding awarded by the Egyptian AAA:

Title III-B Support Services

- Information & Assistance
- Social Isolation
- Transportation
- Home Modifications
- Legal Assistance
- Ombudsman

Title III-C Nutrition Services

- Family Café Meals
- Home Delivered Meals

Title III-D Health Promotion Services

- Take Charge of Your Health & Matter of Balance*
- Evidence-Based Exercise Programs
- Healthy Ideas* counseling
- Bingocize*

Title III-E Family Caregiver Services

- Information & Assistance
- Outreach
- Respite Care (In-Home & Adult Day Center)
- Case Management
- Legal Assistance
- Healthy Ideas* counseling
- Savvy Caregiver* education & training
- Gap-Filling
- T-Care*

Title VII Abuse Prevention

- Staff Training
- Public Education
- Multi-Disciplinary Team

Our Planning Process

In the winter of 2021, we began developing this three-year Area Plan by having discussions with SIU-Carbondale's Social Work program, as they assist with gathering data and analyzing the results for our Area Plan. We thought about the best ways to gather information about the needs of older adults. With Covid-19, many people were not gathering in-person, but many older adults would be missed if everything was done virtually. We consulted with the Advisory Council and ultimately developed three avenues of information seeking: Conversations on Aging through Facebook Live events with senior volunteers from the Retired Senior Volunteer Program (RSVP) and through a local community online discussion group; through six focus groups with a senior center group, Parkinson's support group, Kiwanis group, professional retirement group, a group for persons with disabilities, and our Advisory Council; and surveys of senior adults and professional groups. The Focus Groups were done by both zoom and two in-person events. The surveys were gathered both online and on paper with distribution to home delivered meal clients and to older adults picking up meals at senior sites. By gathering information from senior adults, caregivers, veterans, professionals, and the public in Southern Illinois, we obtained insight into needed priority services, identified unmet needs, and listened to recommendations that helped us develop our proposed 3-year Area Plan for aging services. We are starting our second year of this three-year Area Plan.



What Our Planning Process Found

Through our planning process, we gained preliminary results that showed what services and activities are “Very Important” to senior adults, such as the following:

- 1) Hot Meals at Senior Centers
- 2) Home-Delivered Meals
- 3) Food Pantry information-having enough food
- 4) Services and resources for veterans
- 5) Information on Memory Loss

Professionals who work with older adults found the following “Very Important”:

- 1) Help paying for prescription drugs
- 2) Assistance navigating Medicare
- 3) Food Pantry information-having enough food
- 4) Home-Delivered Meals
- 5) Homemaker and Adult Day Services

The older adults who responded were predominantly Caucasian (96% of respondents) and over the age of 65 (89% of respondents). Fifty-seven percent of respondents live alone and prefer newspaper as the source for obtaining information and news (43%). When asked what would encourage them to attend the senior center, the answers were predominantly music, exercise classes/dance, and games.

In the discussion groups, housing options were discussed at length, with many questions on where to live when a higher level of care is needed. Intergenerational activities were also discussed, with a desire to have mentoring done at senior centers to have older adults teach sewing, crochet, home repairs, and other activities that are no longer taught in schools to persons in high school or college. In turn, the students could teach older adults how to utilize technology. These recommendations were also provided in the survey.



Overall, the themes that kept repeating were the importance of meals and food for older adults, saving on prescription and insurance costs, the needs for older adults to gain knowledge on use of technology, and the need to bring younger people into the senior centers, so both groups can learn from each other. The surveys and discussion groups also found that social isolation is something that needs addressed with recommendations of calls and letters, as well as visits when it is safe to do so. In regard to Caregiver services, specifically for those who care for persons with dementia, there are not many support groups available or utilized according to responses. There is a need to foster caregiver groups in the area, possibly by development of a Memory Café within local communities or by providing training on use of technology, thereby increasing access to tablets for caregivers to join existing online support groups.

Planning for the Future

This has been an unprecedented time with the Covid-19 pandemic. Our senior centers started re-opening in July of last year after being closed to the public for over a year. With emergency rules in place, meals have been provided in a group setting in senior centers, via home-delivery, and by pick-up at established locations. The funding for meals increased in our regular Older Americans Act budget, as well as with the addition of Covid-specific home-delivered meal funding. Additionally, the emergency declaration allowed us to re-allocate funds from other Older Americans Act services to fund additional meals. With the additional funds, senior centers served 14% more seniors this past year than the previous year. Currently, we do not have any waiting lists for home-delivered meals and are continuing to serve outside regularly recognized territories. The challenge for the future will be re-assessing clients receiving home-delivered meals to ensure those who are eligible and most vulnerable continue to receive meals and transition those who are able to go out into the community to eat meals at the senior site. We did receive additional funds for meals and other Older Americans Act services from the American Rescue Plan. This has assisted senior centers in continuing to serve a larger number of older adults. Any leftover funding can be carried over to next year's budget.

Egyptian Area Agency on Aging received additional funds in FY22 for assisting older adults in getting vaccinated, either by making appointments, setting up transportation, or arranging for home health to go into the home to provide the vaccination. We also received funding from the Illinois Public Health Association to assist older adults who have to quarantine due to Covid-19 through information and assistance, outreach, and resource requests. Other grants received in FY22, Building Resistance in Communities (BRIC), that funded community colleges educating older adults on use of technology, and Extended Family, that supports grandparents and other family members in seeking guardianship for children, assisted in expanding the collaboration with other community agencies. This year, Carterville was recognized as a *Dementia Friendly* community, with work starting on *Dementia Friendly* Carbondale. Pinckneyville has indicated interest as well. Our Systems Development grant from the State of Illinois allows for work on this initiative.

Home Delivered Meals – Areas Not Served & Waiting Lists

Funding has been consistent and increased for Home Delivered Meals. However, many senior adults live on a low and fixed income, where affording food is difficult. The Home Delivered Meals have become more necessary as there are an increased number of senior adults, as well as more living in poverty. The need has also increased with the pandemic, as food prices have increased and the availability of food at local pantries has declined. Some older adults with chronic health conditions are also continuing to limit activities outside of the home, which also limits access to food.



In April 2022, there were not any senior adults in need of home delivered meals (HDM) living where meals were not delivered. In addition, there were not any senior adults on waiting lists for HDM. There was additional funding added specifically for HDMs in FY22 from the American Rescue Plan. This additional funding will help Providers continue the meal service through September 2022. If there are any funds leftover, we will continue to provide as much funding to meals to refrain from waiting lists as long as possible. We will utilize volunteers to assist in delivering meals to areas where delivery is difficult. Arrangements have been made in some cases for a different provider to deliver meals outside of their county when more economically feasible.

County	# of Older Persons Needing HDM Living in Areas Where HDM <u>Are Not</u> Delivered	# of Older Persons on Waiting Lists Living in Areas Where HDM <u>Are</u> Delivered
Alexander	0	0
Franklin	0	0
Gallatin	0	0
Hardin	0	0
Jackson	0	0
Johnson	0	0
Massac	0	0
Perry	0	0
Pope	0	0
Pulaski	0	0
Saline	0	0
Union	0	0
Williamson	0	0
Totals	0	0

Waivers from Department Requirements

We are not asking for any waivers next year. Comments about our waiver requests can be made using the contact information on the cover page.

Unexpected Changes in Funding

Any increase or decrease in expected funding will be applied equitably by funding source to all service provider agencies awarded such funding, including our agency. For example, if nutrition service funds change, only service provider agencies funded for nutrition services and our monitoring funds will be affected.



Services or programs that require a minimum percentage of funds, Legal Assistance for example, or for which the Department on Aging has issued a specific guideline will be maintained at the appropriate level unless the Department on Aging gives us a waiver of these requirements.

If new sources of funds are received, such as funds under a new title of the Older Americans Act or a new source of state funds, our Board will determine the services, subareas, and funding levels at that time. We have adopted the following contingency plan if existing programs or services and their funding sources are collapsed into another (host) program:

1. If the Illinois Department on Aging specifies the amount of funding for one or more collapsed programs:
 - a. If an exact amount is specified, we will award funds as specified to each program; or
 - b. If an exact amount is not specified, we will award funds according to our priority of services using the concept of “equitably by funding source to all service provider agencies” as outlined in the first paragraph above.
2. If the Illinois Department on Aging does not specify the amount of funding for one or more collapsed programs:
 - a. If the total amount of funding is the same or less than the amount awarded in the previous fiscal year for the host program, we will only fund services under the host program and not the collapsed program; or
 - b. If the total amount of funding is more than the amount awarded in the previous fiscal year for the host program, we will fund the host program at the previous fiscal year’s level and fund the collapsed program(s) with the remaining funds up to the level in the previous fiscal year. Remaining funds will be awarded to the host and collapsed programs, if either are priority services, based upon their percentage of the total funds awarded in the previous fiscal year.

Our Board of Directors & Advisory Council		
Individuals serve without compensation except for the reimbursement of their mileage (as of May 2022)		
County	Board of Directors (Two from counties with 5,000 or more senior adults and one from all others)	Advisory Council (Two per county)
Alexander	Andrew Wilkins	Cora Wright James Taflinger
Franklin	Nancy Hulfachor, Secretary Gretchen Cozby	Pamela Smith Linda Clark
Gallatin	Ron Woods	Alice Myers Vacant
Hardin	Rhonda Belford	Bob Winchester, Vice-Chair Connie Lasater
Jackson	Linda Johnson, Treasurer	Ethel Barnett Carla Womack, Secretary
Johnson	David Hogue	Pat Kalicki Bettie Davis
Massac	Patricia Blackwell	Dwayne Wall, Chair Vacant
Perry	James Endsley	Lee Ellen Wilson Vacant
Pope	Paul Kunath	Agnes Bender Connie Chiles-Ward
Pulaski	Donovan Davis	Gayla Dial Ronald Diggs
Saline	Rick Cox, President Malinda Field, Vice-President	Darlene Borders Linda Scherrer
Union	Jerry Reppert	Richard Reynolds Bonnie Cissell
Williamson	Darrell Cutler Tiffany Sievers	Kelly Holland Beverly Yackey

Our Agency's Activities

Administration: We receive federal and state funding from the Department on Aging, prioritize the services to be funded, decide how to distribute this funding to local agencies that provide services in Southern Illinois, and monitor the services that these agencies provide. We provide technical assistance, training, and review monthly reports and annual financial audits from our service provider agencies, in addition to conducting on-site monitoring and evaluation. We require that our service provider agencies comply with federal and state regulations, such as fire, safety, public health, and sanitation.

Advocacy, Coordination, and Program Development: The Department on Aging allows our agency to retain a small additional amount of funds for the activities of advocacy, coordination, program development, and Area Plan initiatives. The following is a partial list of our activities on behalf of senior adults, family caregivers, non-parents raising the children of their relatives, people with disabilities, volunteers, and veterans.



1. Inform our elected officials about issues that affects our clientele.
2. Work cooperatively with federal, state, and local agencies by coordinating our services with other agencies to ensure that adults receive all services for which they are entitled.
3. Maintain a presence on councils and committees that make public policy affecting our clientele.
4. Serve as a clearinghouse for information on issues pertaining to our clientele.
5. Maintain a resource guide and website that contains pertinent, comprehensive information about services and resources in Southern Illinois.
6. Respond to requests and make referrals to appropriate agencies.
7. Provide information on alternative housing, assisted living, and supportive living facilities in our area.
8. Coordinate the distribution of Farmers Market coupon booklets.
9. Develop newspaper articles on issues and services.
10. Speak before various groups about issues and services.
11. Support programs that transition people living in nursing homes to settings in the community.
12. Work with licensed facilities and the Ombudsman Program to advance culture change in caring for people in nursing homes, assisted living facilities, and in-home care (Culture Change/Pioneering), including sponsoring *Savvy Caregiver* education & training for family and other caregivers.
13. Coordinate services with local housing authorities, emergency management, and agencies that serve people with disabilities.
14. Assist with Medicare Part B outreach, Part D enrollments, Low-Income Subsidy, Medicare Savings Program, and Benefits Access Applications.
15. Report cases of suspected fraud and abuse of Medicare funds and provide information to the public about detecting fraud and abuse of Medicare.
16. Refer people aged 55 and older to state Job Service offices, job training classes, employers, and other agencies and companies.
17. Provide technical assistance and monitor the services of the Adult Protective Services program.
18. Sponsor, encourage, and fund *Take Charge of Your Health*, *Bingocize*, *Savvy Caregiver* and *Matter of Balance* workshops that help people manage their chronic disease, care for others and learn how to prevent falls.
19. Provide the Veteran-Directed Home Care program that helps veterans with in-home services.
20. Provide the Retired & Senior Volunteer Program of Southern Illinois (RSVP of SI).
21. Help establish and maintain *Dementia Friendly Communities* in our 13 counties.

Our Initiatives

The following initiatives are special activities that our staff members will address under this three-year Area Plan.

Enhance Illinois' Existing Community-Based Service Delivery System to Address Social Isolation among Older Adults: Reduce the social isolation of older people in Illinois.

Expand *Dementia Friendly Communities* in Southern Illinois: Increase information on dementia in communities to provide more support for those living with dementia and their caregivers.

Increase Use of Virtual Support Groups and Programming For Older Adults: Teach skills on use of tablets, phones, and laptops to Older Adults in Southern Illinois.

Our Agency’s Estimated Budget Next Year			
<i>Older Americans Act activities</i>		<i>Other activities</i>	
Support Services monitoring	41,898	Senior Employment Specialist staff activities	14,538
Congregate Meals monitoring	54,789	Systems Development monitoring	15,671
Home Delivered Meals monitoring	32,256	Adult Protective Services monitoring	41,218
Health Services monitoring	0	SHAP, MIPPA, & SHIP for Medicare & health insurance staff activities	51,679
Family Caregiver monitoring	21,935	Veteran-Directed Home Care staff activities	183,251
Ombudsman monitoring	3,600	RSVP of SI volunteer program staff activities	153,572
Elder Abuse Prevention monitoring	588	AgeOptions for SMP & TCYH staff activities	15,000
Area Agency match	51,865	Farmers Market, ESP monitoring, and agency expenses with local cash	2,000
Advocacy staff activities	26,275		
Coordination staff activities	30,000		
Program Development & Initiatives staff activities	57,151		
Older Americans Act subtotal	\$320,357	Other activities subtotal	\$476,929
<i>Our Agency’s Planned Total Funding for Next Year</i>			\$797,286

The number of senior adults (age 60 and older) in Southern Illinois increased from 72,089 in 2018 to 72,784 in 2019. Every county had an increase in their senior population except for Alexander, Gallatin, Hardin, Pulaski, and Saline counties. This increase in senior adults was mainly due to middle-aged people who became age 60+ since 2018. The number of senior adults aged 75 or older increased from 23,422 in 2018 to 23,742 in 2019. The number of senior adults aged 85 and older increased from 6,700 in 2018 to 6,750 in 2019. Finally, the total population in Southern Illinois decreased from 276,336 in 2018 to 272,987 in 2019. The percentage of senior adults in Southern Illinois increased from 26.1% in 2018 to 26.7% in 2019.

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