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May 7, 2009

To Whom It May Concern:

You are invited to attend one of our Public Hearings and comment on our FY 2010 Area Plan of services for senior adults in Southern Illinois. We are very interested in receiving feedback from the public, especially senior adults. We will answer questions and respond to comments concerning our Area Plan at the public hearings. Anyone may attend the public hearings.

Also, we will accept written comments about our Area Plan until 3 p.m. on June 8, 2009. Our Board of Directors will consider changes to our Area Plan based on the questions and comments received.

A summary of our Area Plan is attached. Our Area Plan describes services which are a priority for funding, and how we will distribute federal and state funds to local service subareas in Southern Illinois.

Please make the document available for public viewing at your agency or office. Also, please announce and make this information available in your newsletter.

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

Respectfully,

John M. Smith  
Executive Director

file: (F):\ AP-2010 \ PID





**Egyptian  
Area  
Agency  
on Aging**

*Helping senior adults remain independent since 1978*

**Area Plan Summary for FY 2010**

**Public Hearings will be held at:**

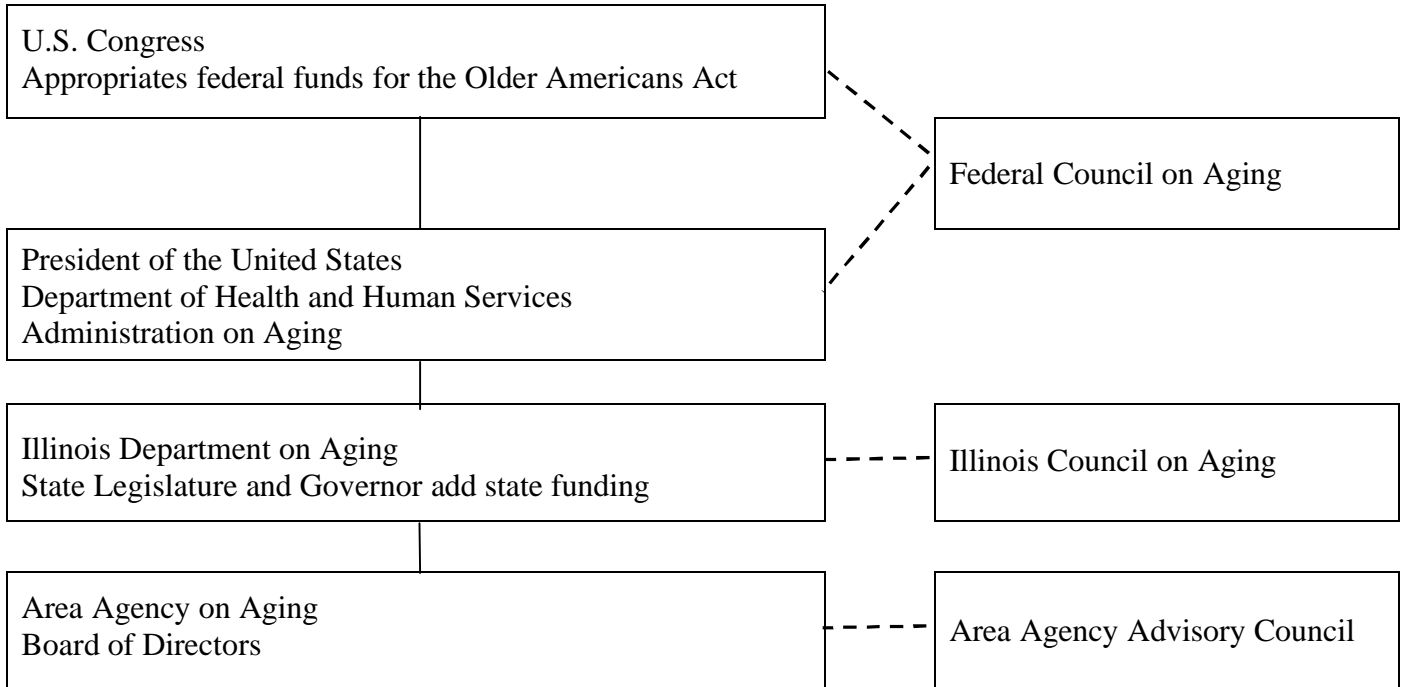
<b>WEDNESDAY, JUNE 3</b>	<b>THURSDAY, JUNE 4</b>	<b>FRIDAY, JUNE 5</b>
<b>Olive Branch Senior Citizens State Rt. 3 Olive Branch, IL 10:45 a.m.</b>	<b>Wit &amp; Wisdom Senior Center 225 E. Poplar St. West Frankfort, IL 10:45 a.m.</b>	<b>Happy Hearts Senior Center 701 Market St. Metropolis, IL 11:00 a.m.</b>

Written comments accepted until 3 pm, June 8, 2009 at the:

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

Toll-free Phone: 1-888-895-3306  
E-mail: [EgyptianAAA@midamer.net](mailto:EgyptianAAA@midamer.net)  
Website: [www.EgyptianAAA.org](http://www.EgyptianAAA.org)

## The Aging Network Organizational Chart



Service Provider Agencies provide these services:

<p><b><u>Title III-B Supportive Services</u></b>          Information &amp; Assistance          Outreach          Transportation          Home Modifications          Case Advocacy &amp; Support          Legal Assistance          Ombudsman</p> <p><b><u>Title III-C Nutrition Services</u></b>          Congregate Meals          Home Delivered Meals</p>	<p><b><u>Title III-D Health Promotion Services</u></b>          Routine Health Screening          Health Promotion          Physical Fitness &amp; Group Exercise          Medication Management          Gerontological Counseling</p> <p><b><u>Title III-E Family Caregiver Services</u></b>          Information &amp; Assistance          Outreach          Case Management          Legal Assistance          Caregiver Counseling          Caregiver Workshops</p> <p><b><u>Title VII Abuse Prevention</u></b>          Staff Training          Public Education</p>
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## Who We Are

We are one of over 650 Area Agencies on Aging in the nation established by a federal law called the Older Americans Act. We were established as a non-profit agency in 1978. We have representation on our Board of Directors from all thirteen counties we serve in southernmost Illinois (see the map below). We promote the well being of senior adults in Southern Illinois and assist them in maintaining their independence in the community. We receive federal and state funding from the Illinois Department on Aging, prioritize the aging-related services to be funded, decide how to distribute this funding to local agencies which provide aging-related services in Southern Illinois, and monitor the services provided. See page 21 for more information about what our agency does.

## Counties We Serve

We award federal and state funds to local agencies which provide services to senior adults, their caregivers, and grandparents or older relatives raising grandchildren. Services are provided in Alexander, Franklin, Gallatin, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, and Williamson counties in southernmost Illinois.



## The Purpose of this Document & the Public Hearings

This is a summary of our Area Plan. Our Area Plan outlines the use of federal and state funding that is available under the Older Americans Act for our activities and for awards to other agencies to provide services to senior adults in Southern Illinois.

Since we are very interested in receiving feedback about our plans, especially from senior adults, we are holding three public hearings to discuss our plans and receive comments, or answer questions. The locations, dates, and times of our public hearings and the deadline for receiving written comments and questions are listed on the cover of this document. We will consider making changes to our Area Plan based on the comments or questions we receive.

## How We Prepared for Our Three-Year Area Plan

We began the process of gathering information in the fall of 2006. We gathered information from senior adults, the general public, and professionals concerning aging network services and the service needs of older adults. Our activities included focus groups, surveys, and speak outs at senior centers.

With the help of the SIUC School of Social Work, focus group sessions were held with grandparents raising grandchildren, community members at a senior center, and caregivers of older people and participants at an adult day service center.

We also held speak outs at four senior centers in different parts of our planning and service area. We invited participants to talk about services and issues important to them.



We conducted surveys at speak out sites, and also collected surveys from several of our smaller rural meal sites. In addition we surveyed a lower income group who use services from a rural community action agency, and also arranged for a church group to fill out surveys. The surveys listed a variety of topics, including nutrition, transportation, health screening, health and mental health, memory loss, medication issues, advocacy in nursing homes, and activities at senior centers. Finally, we sought input on these issues, as well as gaps in services from several professional agency staff members through survey forms.

We reviewed the results of all these efforts, plus other reports and related information. As a result of these activities, our Area Plan includes a priority list of in-home and community-based services for senior adults, identifies service gaps, and outlined special initiatives that our staff will pursue for the three year period of our Area Plan.

## Results Of Our Information Gathering

Speak outs and written surveys at senior centers and among recipients of home delivered meals showed a continued high level of support for meals. Meal site participants stressed that not only are good meals important, but so is the social interaction, being in a “loving, caring community” as one person put it. There were also comments on the frustrations of “getting the word out” about the benefits of senior centers, and fighting a public perception that one must be “poor” to receive the benefits offered at centers. There is a similar high level of support for home delivered meals. The written survey question regarding “food pantries / having enough to eat” was scored as important particularly by recipients of home delivered meals, those at rural congregate meal sites, and also by a group of low-income respondents surveyed at a community action agency.

Comments at the speak outs and the results of the surveys showed that most respondents consider that transportation, help with prescription drugs including Medicare Part D, and a variety of health screening and preventive health measures were important. Programs designed to enhance mental vitality were marked as important by many of the senior meal site participants. Adult day services were also listed as important by senior center participants and recipients of home delivered meals. Legal services was indicated as a needed service at all of the speak outs, and was marked as important on the survey by many, but not all participants. Similarly, “help / advocacy for nursing home residents” seemed important

to many, although not all participants. “Help fixing up my home” was marked as important particularly by the low-income respondents at the community action agency.

We also surveyed a church group who were of a variety of ages. They viewed many of the services listed above as being either important or very important, as well. The church group also indicated that elder abuse prevention is important, as did about 88 percent of the participants of rural senior sites. The church group also gave high ratings to most health related program questions.

Our survey of professionals showed that they felt that the most important services were help paying for prescription drugs, transportation, legal services, elder abuse prevention, and having enough to eat. They felt that barriers senior adults face are lack of knowledge about services, lack of transportation particularly in isolated areas, and “automated technology.” When asked what services should be in place for the baby boomer generation, there were many ideas given including more assisted / retirement living options and a larger variety of activities and services.

Focus groups were used to examine specific issues within our region. The grandparents raising grandchildren (GRG) group was small, and had both younger and older participants. The comments of this group, along with the results of the surveys of the GRG group taken at a seminar sponsored by our agency, showed that they have legal, financial, and medical needs related to their grandchildren. Many cited the need for more information, and some mentioned child rearing or child behavior information as important. About half of the GRG group felt that a support or “chat” and information sharing group would be beneficial.



The adult day service (ADS) and caregivers focus group felt that ADS was a very helpful service both for the ADS participant and their caregivers. Benefits mentioned included socialization, sense of reward or joy, providing needed nutrition, and reducing depression. When asked what other resources needed to be more readily available, more home services was mentioned most frequently. Suggestions for how to get the word out about ADS centers included community education, providing information to professionals, group talks, and short, well written pamphlets and flyers.

A focus group at the Cairo senior center consisted of a variety of community members, who discussed questions about the relationship between the center and the community. The participants were aware of many of the services available through the senior center, but felt others were not aware. They made suggestions for letting senior adults and the community know about services, including involving local schools, youth, and having open houses and game nights. Some suggested expanding senior center hours and involving local officials and churches more in the effort to reach out into the community.

## **Issues We Considered**

The following are financial and programmatic issues which we considered.

### **The Increase in Minimum Wage**

In 2003, the state minimum wage was increased from \$5.15 per hour to \$5.50. It was raised again in 2005, 2007 and 2008, and is currently \$7.75 per hour. On July 1, 2009 the state minimum wage is scheduled to increase to \$8.00 per hour, and to \$8.25 on July 1, 2010.

For individuals who receive the minimum wage, these wage increases are sorely needed. Unfortunately, many workers in the Aging network are paid at or near the minimum wage. We applaud the state for helping our workers receive a better working wage. However, the increase in the state minimum wage places a financial burden on our financial resources. Without additional funding, the minimum wage increase and inflation factors will cause the services we provide to frail older people to be cut back.

### **Utility Costs**

In January, 2007, the utility company which serves the majority of residential and business customers in our area raised their electrical rates from between 35 to 55 percent. In addition, the decades old discount rate for customers which were “all electrical” utility users was discontinued. This increased rates by another 30 to 35 percent for many residential and business customers. Most of the senior adult centers in our area are customers of this utility company. The increase in utility costs will cause many difficult decisions to be made about the amount of services which can be provided to older people.

### **Gasoline Prices**

Gasoline prices varied in price for several years, from under \$2.00 per gallon to more than \$4.00. This is important to the aging network since we are a very rural area, and we have many miles to cover in order to deliver services. Those services include home delivered meals which are delivered by vans or cars, and outreach and case management services which allows workers go to the homes of senior adults to inform them of services available in the area and assess their need for community-based services.

### **Food Costs**

The cost of raw food has increased mainly as a result of the increase in gasoline costs, as well as other factors. Food distributors have passed along these increases to their customers. This has caused the cost of meals at senior centers and those delivered to homebound senior adults to increase.

### **Decline in Our Senior Census Count**

Funding under the Older Americans Act is distributed by using the U.S. Census data for the number of “senior adults” aged 60 and older to determine each region’s percentage share of the funding. Although the number of senior adults in the U.S. and Illinois has increased since 1980, the number of senior adults in Southern Illinois has decreased from 61,254 in 1980 to 59,199 in 2000, a decrease of 3.4%.

After researching the cause for the decline of the number of senior adults in our area, we concluded that the main reason is related to the number of young adults who moved out of our region (out-migration)

from 1920 to 1950. The decline in the number of individuals between ages 10 and 39 as shown in the Census data from 1920 to 1950 coincided with a loss of good paying jobs in coal mining, farming, and light industry in Southern Illinois during that time-period, according to researchers and demographers consulted for this study. This left behind fewer adults who matured into their senior adult years in the last two decades of the 20<sup>th</sup> century.

Since there has been a decrease in the number of senior adults living in the southernmost thirteen counties in Illinois since 1980, there has been a decrease in the percentage of funding this region receives.

### **Preparing for the Future**

Since its inception in 1965, the Older Americans Act has evolved to meet changing needs and expectations of one of our most valuable resources, our older adults. Consequently, the Older Americans Act has expanded its scope to better address the needs of senior adults and their caregivers. As the vast majority of “Baby Boom” generation begins to retire, the mission of the aging network must expand further to help meet their unique and increasing needs.

As the “Baby Boom” generation grows older and requires services from the aging network, we must be prepared to provide our services through non-traditional means. The next generation may not accept our services in the “one-size fits all” manner we currently provide. Additionally, the next generation will be more technologically savvy, and require our service information and assistance through the Internet or other more electronically advanced means.

### **All Willing and Qualified**

The Community Care Program is required by the federal government to accept all willing and qualified homemaker service providers in all counties. This new policy may cause small Homemaker providers in our area to lose client volume which greatly affects their ability to remain financially solvent. This change may have an impact on clients, as well as many of our senior centers also provide Homemaker services.

### **Reshaping Long Term Care in Illinois**

People often think of nursing homes when long-term care is mentioned. Community-based services for older people are also used for long-term care. The Older Adults Services Act (OAS, P.A. 93-1031) was enacted to help reshape the funding of long-term care services for older adults in Illinois. The OAS Act outlines recommendations to the Illinois Department on Aging on matters related to the delivery of services to older adults through the community, as well as through licensed facilities. An OAS Advisory Committee has been established to help guide this process.

## **Issues We Considered, continued**

### **Changing the Culture of Care in Nursing Homes**

We have made a concerted effort during the last several years to improve our ability to divert older people from institutional care, such as nursing homes. In addition, we have taken part in the Home Again Enhanced Transition Project which helps the residents of nursing homes move back home.

There are times when senior adults move into a nursing home in order to address an illness or other medical need. Often when their medical needs have been addressed in the nursing home, the senior adult is medically able to return home. Unfortunately many become trapped into continuing to live at the nursing home because of financial and other barriers. The Home Again Enhanced Transition Project has helped to overcome many of the barriers which prevented these residents from returning home.

However, there are other older people who cannot transition home safely, and require a long stay in a nursing home. Nursing homes, therefore, serve a large vulnerable, frail population that needs assistance. Traditional nursing homes have been “institutional” in their approach to resident care. This “non-personal” approach has caused many older people in need of nursing care to avoid, and dread placement in these facilities.

Our next logical step is to help nursing homes change their culture of institutional care to a form of care which nurtures personal choice and mimics home-like conditions. Residents need to have a role in the planning and delivery of their care. Developing a culture change in nursing home care attempts to change “institutional-like” nursing facilities to homes that feels more like a person’s own home where one can make his or her own decisions and have the comforts of home, like pets, plants, varied menus, etc.

### **Alzheimer’s Disease & Other Dementias**

Dementia is little understood and widely feared. We work with a consortium of agencies in rural areas to provide information in a variety of ways, including talks with groups and at health fairs, about Alzheimer’s disease and other conditions. We discuss the need for a proper evaluation and refer appropriate individuals to Memory and Aging Clinics in the area.

### **Senior Medicare Fraud Patrol**

The Medicare Trust Fund will remain solvent until the year 2019. At that time there will only be sufficient funding for 79 percent of the expected Medicare claims. A part of this problem is fraud and misuse of Medicare dollars. We receive reports of fraud and abuse of Medicare, and refer these reports to the appropriate agencies. We also provide information about fraud through the media and at health fairs.

### **Illinois Remembering When**

Prevention of fire and falls is very important for older adults. The *Illinois Remembering When* fire and falls prevention program is an initiative for local fire departments. This program was first initiated by the Pope County Rural Fire Department, and has expanded into other communities in our area. Although not funded to participate in this program, we will encourage and assist additional fire departments to start this program in their communities.

## Home Delivered Meals Waiting Lists and Areas Not Served

as of 05/04/2009

Due to budget constraints, there are at least 281 older individuals who were on waiting lists for home delivered meals in all thirteen of our counties where meals are normally delivered.



Additionally, there are at least 376 older individuals who need delivered meals but live in areas of Southern Illinois where meals are not delivered. Below are the areas where meals are not delivered due to budget constraints, and the estimated number of senior adults who need delivered meals.

# of Senior Adults Living  
in Areas Where More  
Meals are Needed

**Alexander County:**

Areas where meals needed: rural Cairo, Klondike, Miller City and Olive Branch ..... 20

**Franklin County:**

Areas where meals needed: waiting list only ..... 0

**Gallatin County:**

Areas where meals needed: rural Equality, New Haven, Leamington, and rural Ridgway ..... 11

**Hardin County:**

Areas where meals needed: Monroe, McFarland, Eichorn, rural Cave-in-Rock ..... 18

**Jackson County:**

Areas where meals needed: Bradley, Degonia, Kincaid, Fountain, Ora, Levan, Pomona, Makanda, Sand Ridge, Somerset, rural DeSoto area , rural Grand Tower, rural Carbondale, rural Murphysboro, rural Vergennes, & rural Elkhart ..... 100

**Johnson County:**

Areas where meals needed: Cypress, Buncombe, Ozark, Tunnel Hill, and rural Vienna ..... 10

**Massac County:**

Areas where meals needed: Joppa, Brookport, and all rural areas ..... 12

**Perry County:**

Areas where meals needed: rural Du Quoin, rural Pinckneyville, & rural Cutler ..... 43

**Pope County:**

Areas where meals needed: Eddyville, Brownfield, Homberg, Rosebud, Rock, and rural Golconda ..... 48

**Pulaski County:**

Areas where meals needed: rural Villa Ridge, Pulaski, Ullin, Perks, Karnak, Grand Chain, and Olmsted ..... 15

**Saline County:**

Areas where meals needed: New Burnside, Sonofort, rural Harco, Tate, Long Branch, Cottage, Rector, Brushy, Rudement, Independence, and Mountain ..... 49

**Union County:**

Areas where meals needed: Alto Pass, Mill Creek, Dongola, Cobden, and the far western county area ..... 50

**Williamson County:**

Area where meals needed: waiting list, only ..... 0

**Total** ..... 376

## Who We Served Last Year



1. More women than men were served.
2. Fewer people we served were between the ages of 60 and 74 than is represented in the older population in general in our area. (Source: 2000 U.S. Census) Conversely, more people we served were over the age of 75 than expected.
3. A higher percentage of the people we served had a low income (poverty level or less) than is represented by the older population in general.
4. People of a minority race were served in about the same percentage as is represented in the older population in our area. However, a higher percentage of people of a minority race had low incomes.
5. A majority of the people we served lived alone. A very high percentage of these individuals received Congregate Meals, Home Delivered Meals, and Case Advocacy & Support services.
6. More than 90 percent of the people we served reported at least one functional limitation of daily living activities.
7. Of the people we served, a higher than expected number were at nutritional risk as measured by a tool developed under the Nutritional Screening Initiative. Most of these individuals received Home Delivered Meals and Case Advocacy & Support services.

## What We Encountered Last Year

### **The Maturing of Illinois: Getting Communities on Track for an Aging Population**

We continued this statewide initiative in order to help local communities plan and prepare for an increasing number of older people with differing needs expected within the next several decades as the “Baby Boom” generation matures. We decided to evaluate the communities of Carbondale, Cairo, and Marion.

Carbondale is a community of about 25,000 people. Southern Illinois University is located within the city limits of Carbondale. Cairo is a community of about 3,500 people. Cairo was once a community of nearly 18,000. Marion is a community of about 16,000 people. Marion is located on Interstate 57 which has helped it attract new industry and jobs.

We decided to partner with the Southern Illinois University Carbondale (SIUC) Schools of Architecture and Social Work, the City of Carbondale; the Cairo Vision 20 – 20 Committee, and the city of Marion in order to help with this project.

The SIUC School of Architecture offered an Urban Design course for its undergraduate students which looked at the communities of Carbondale and Cairo. This class taught students how to look at

communities from an architectural, land use, and zoning law point of view. The course required students to design and offer suggestions for rehabilitating older sections of both towns, as well as suggestions for future areas of growth and expansion. We will use the students' ideas in our final report on these two communities.

We recruited graduate students through SIUC School of Social Work to help us with this project by asking them to lead two focus groups within each community. One focus group was held with community leaders and the other with near-retirement and older residents. We used the information from these focus groups for baseline data about each community, and to help us better understand what residents like and dislike about their communities.

The second task of the SIUC School of Social Work was to help us train community-volunteer evaluators on the statewide Community Evaluation Tool developed by Area Agencies on Aging in Illinois. With the help of the SIUC School of Social Work, City of Carbondale, Cairo Vision 20 – 20 Committee, and the City of Marion; we recruited community volunteers from all three communities to be community evaluators.

In the summers of 2008 and 2009, a graduate class of the SIUC School of Social Work will help us analyze community evaluation data and make recommendations for each community. We plan to meet with and discuss these results with representatives and citizens of all three communities and the original focus group members in the spring of 2010.

We will write our final report on this project in the summer of 2010.

### **Improving Customer Services**

We are always striving to improve our connection with our older customers, their caregivers, and the general public. We believe we can better connect with these groups by improving their knowledge of programs and services for senior adults, their caregivers, and grandparents raising grandchildren.

We partnered with the Illinois Association of Area Agencies on Aging (I4A) to rollout, update, and improve upon the Enhanced Services Program (or ESP), a statewide database of service provider agencies and other resources which benefit residents of Illinois, especially its older residents. We plan to use this database sometime in the future when helping our customers.

Annually, we update and distribute our printed Resource Guide booklet of service provider agencies in southern Illinois. We distribute this document in paper form and on the Internet to a wide variety of people and agencies who help senior adults and their caregivers.

Other projects we participated in include the distribution of 3,650 small florescent light bulbs donated by the utility company AmerenCIPS to older adults in our area to help them save money on their light bills. We sponsored five seminars and training sessions for caregivers of older people, grandparents raising grandchildren, and social service workers. We wrote more than twenty newspaper articles about senior adults and their issues, and appeared on WTCT-TV to discuss caring for an older loved one.

## **What We Encountered Last Year, continued**

### **Increasing the Availability of Mental Health Services for Senior Adults**

We were involved in several activities to help senior adults and their families to understand mental health issues, and enhance the availability and accessibility of a range of mental health information and services to senior adults.

Mental Health and Aging Services Integration is a project funded by the Department of Human Services which brings together leaders in the field of mental health and aging to discuss and enhance services for older individuals with mental health issues. This project has been ongoing for many years, and has helped to “bridge the gap” between these two fields of social work.

### **Changing the Culture of Care in Nursing Homes**

We plan to participate in the Money Follows the Person transition program to return appropriate residents of nursing homes safely back to homes and apartments in the community. We recognize that nursing homes serve a large vulnerable, frail population that also needs assistance. However, nursing homes are often operated on an antiquated institutional model which is not well received by its residents or their family.

This project attempts to develop a culture of care in all nursing homes which changes “institutional-like” nursing facilities into facilities where residents can make their own decisions about their care and that have the comforts of home, such as personal items in rooms, pets, plants, and varied menus.

We started this project by attending training sponsored by the Illinois Pioneer Coalition. We partnered with the regional long-term care Ombudsman and the Southern Illinois Pioneer Coalition (SIPC). We ultimately decided to sponsor the SIPC and help lead them through this project.

We have been attending training and meetings with Pioneer Coalitions in other areas of Illinois to learn from their experiences. We have visited nursing homes throughout our area in an effort to spearhead this movement. We have worked with the SIPC to sponsor workshops and collaboratives for nursing homes, assisted living facilities, supportive living facilities, and in-home care organizations in our area.

### **Disaster Planning**

We developed a disaster plan which heavily relied upon “first responders”, such as local emergency response teams and the Red Cross, to respond when the evacuation of the area is needed. Because of one evacuation which occurred in our area due to flooding, we realized that after older residents were evacuated they had other needs that were not being met.

Since this evacuation was not declared a federal disaster area, there was no federal funding to help the evacuees’ replace their destroyed belongings. Because of their low-income status, they were unable to replace their belongings without financial assistance. We decided to join a fund raising campaign to help raise funds for these older individuals.

Because the evacuees resided in a facility which is licensed by the state, multiple agencies were involved in determining how to assist the evacuees. Unfortunately, the regulating agencies had differing rules and regulations, did not communicate well with each other after the evacuation, and had differing agendas on how to “house” the evacuees while their original facility was being renovated. This resulted in a great deal of needless stress and concern. Several of the evacuees were admitted to a nursing home. Some died soon after their evacuation ordeal. Others did not return to the renovated facility.

We have communicated these concerns with the state, and have revised our disaster plan to address some of these concerns and issues. Additionally, the state has been advocating for local public health departments to orchestrate Special Needs Assistance Program disaster planning for people who have special needs when a disaster occurs. We have decided to participate in this effort in order to bring our recent experience to this planning effort.

### **Audits and Monitoring**

Generally Accepted Accounting Principles (GAAP) have changed over the years usually in response to negative developments on the national level, such as fraud, theft, and abuse of these rules. GAAP rules have changed again, becoming even more stringent than ever. The changes in GAAP also affect “pass-through” agencies such as ours. These new requirements mandate that we take a stricter view of the agencies with whom we award federal and state funds.

One issue is local fund raising and the bank accounts in which this money is kept. These bank accounts are often kept by groups that are a part of federally funded senior citizen center. We have found that money raised locally is not always included in the senior center’s independent audit. Even though these funds were raised locally, since they were raised in concert with federal and state funds used to operate the senior centers, we believe this makes this fund raising subject to the new, stricter GAAP rules.

Advisory and Site Councils were organized in the 1980’s by a mandate of the Older Americans Act. They were originally meant to be an advisory body for the senior center, but the mandate to have Advisory Councils is no longer required. We have taken steps to completely separate federally funded senior center operations from local fund raising groups in order to comply with all aspects of the GAAP requirements.

### **Medicare Prescription Drug Program**

Although the majority of Medicare Prescription Drug Programs (PDP) worked as originally designed, there are a small, but consistent number of people for whom PDP is not working as designed. As a result, we have maintained training of our staff in order to deal with these issues on a weekly, sometimes daily basis.

We have tried to address this looming long-term problem by sponsoring Medicare training for a number of outside agencies. Also, we have become a Senior Health Insurance Program (SHIP) site in order to recruit and train volunteers to deal with these and other Medicare issues. Staff time, however, to deal with these issues is limited due to other job requirements.

## **What We Encountered Last Year, continued**

### **Alzheimer's Disease and Other Dementias**

We have been very active in educating the public about Alzheimer's disease, dementia, and local Aging and Memory Clinics which help families deal with this devastating disease.

Our efforts include:

- Speaking at public events and attending health fairs in our area in order to spread information about dementia and treatments,
- Serving on the Department of Public Health Alzheimer's Disease Research Advisory Committee which awards income tax check-off dollars to state researchers looking for the cause and a cure for Alzheimer's disease, and
- Cooperating with the state subcommittee of SJR 43 which is identifying resources for victims and families of this disease.
- Attending a state conference on Alzheimer's disease held in our area.

### **Miscellaneous Issues**

Federal and state funding has not kept up with inflation or the new state minimum wage law. Because of rising wages, food, and gasoline prices, we cannot expect our senior centers to provide more, or even as much service to senior adults as last year. In response to these financial limitations, twelve of our thirteen county senior centers have successfully had voters in their counties approve local property tax referendums to raise taxes in support of services for senior adults.

We have been coordinating with the Department of Transportation on developing and funding mass transit systems in our area. All thirteen of the counties we serve are included in mass transit districts. Funding to senior centers to provide their own transportation to and from the senior centers is diminishing. The vehicles used by senior centers to transport seniors are old and not easily replaced. We are relying more and more on mass transit districts to transport older people who cannot provide for their own transportation to senior centers and other community resources.

We have been cooperating with a local initiative developed by SIUC and John A. Logan College entitled "Aging as an Asset". This initiative helps to identify what older people need, want, and offer to communities in southern Illinois in an effort to make our communities more senior friendly, as well as take advantage of what older people can offer their communities.

<b>Aging Services We Will Fund</b>			
<b>Access Services:</b>	<b>People Served</b>	<b>Units</b>	<b>Area Served</b>
Information & Assistance – providing information and making referrals to other agencies when needed. <sup>1</sup>	7,000	12,000	13 Counties
Outreach – visit older people in the homes or other places and informs them of services available. <sup>1</sup>	4,200	4,200	13 Counties
Transportation – transportation to and from places in the community. <sup>1</sup>	400	12,000	10 Counties <sup>2</sup>
Case Advocacy & Support – assess needs of frail older people and develop plans of care. <sup>1</sup>	4,150	1,780	13 Counties
<b>In-Home Services:</b>	<b>People Served</b>	<b>Units</b>	<b>Area Served</b>
Home Delivered Meals – hot, nutritious meals delivered to homebound older people.	1,850	292,678	13 Counties
Residential Repair – minor repairs made to homes to make them safe and handicapped accessible. <sup>1</sup>	65	65	13 Counties
<b>Community Services:</b>	<b>People Served</b>	<b>Units</b>	<b>Area Served</b>
Congregate Meals – hot, nutritious meals at senior centers and other appropriate community sites.	2,100	228,000	13 Counties
Legal Assistance – assistance with civil matters and the protection of legal rights. <sup>1</sup>	590	7,473	13 Counties
Routine Health Screening – blood pressure and other health screening activities.	1,900	1,350	13 Counties
Health Promotion – health promotion and education.	630	250	7 Counties <sup>3</sup>
Physical Fitness & Group Exercise – physical activities to promote better health.	42	300	4 Counties <sup>3</sup>
Medication Management – medication counseling and education.	450	300	13 Counties
Gerontological Counseling – advice and counseling to resolve problems and relieve stress.	20	250	13 Counties
<b>Protective Services:</b>	<b>People Served</b>	<b>Units</b>	<b>Area Served</b>
Ombudsman – a person who helps residents of licensed facilities retain the rights.	3,700	4,800	13 Counties

<sup>1</sup> These services are our priorities with Title III-B Supportive Service funds.

<sup>2</sup> Every county has transportation, but some rely on other funding sources.

<sup>3</sup> Local funded agencies have the option to provide these services.

<b>Family Caregiver Services We Will Fund</b>					
<b>Family Caregiver Services:</b> Services for caregivers of older people and grandparents (or other older relatives) raising grandchildren.	<b>Caregivers</b>		<b>Grandparents</b>		<b>Area Served</b>
	<b>People Served</b>	<b>Units</b>	<b>People Served</b>	<b>Units</b>	
Case Management – assess needs of frail older people and develop plans of care.	275	300	15	25	13 Counties
Information & Assistance – providing information and making referrals to other agencies when needed.	2,200	3,200	4	4	13 Counties
Outreach – visit older people in the homes or other places and informs them of services available.	1,250	1,250	1	1	13 Counties
Caregiver Counseling – advice and counseling to resolve problems and relieve stress.	20	200	2	50	13 Counties
Caregiver Training & Education – advice to resolve problems and relieve stress.	115	20	60	4	13 Counties <sup>4</sup>
Respite Care (In-Home and ADS) – homemaker and adult day services which give the caregiver a break from care.	100	6,200	1	5	13 Counties
Gap-Filling Services – services and items provided to caregivers and grandparents when no other resource is available.	24	24	8	8	13 Counties
Legal Assistance – assistance with civil matters and the protection of legal rights.	50	400	2	10	13 Counties

<sup>4</sup> These services are provided for the benefit of all 13 counties, but may be located in only a few places.

## Our Policies on Awarding Funds

### Proposed changes for FY2010

Last year we transferred 60.0 percent of the funds that we previously awarded for Case Advocacy & Support (Title III-B, State Match, and both State CBS fund amounts) to local providers. For FY2010, we propose to increase this transfer amount to 65.0 percent.



### History of our funding policies

In March 1987, our Board of Directors adopted the policy of funding one service provider agency per county for supportive and nutrition services, and funding one area-wide provider for the services of Case Management (including CCU designation), Ombudsman, Elder Abuse, and Legal services. New programs and services were included in this consolidation policy as they were funded. The only exception to this consolidation policy has been Board approved grants, such as for Family Caregiver Education/Training and Support Groups.

In FY 1987, our Board of Directors adopted a funding formula using 1980 U.S. Census data which distributed 97.5% of service funds based on the number of senior adults in each subarea: 1) at or below the poverty level (50%), 2) minority senior adults (16.67%), 3) senior adults aged 75 or older (16.67%), and 4) senior adults living alone (16.66%). The remaining 2.5% of the funds were distributed equally among counties that were more rural, as defined by having a population density which was less than the average population density for the entire area. In addition, the amount allocated to two counties (Jackson and Perry) received a one-time raise to hold them harmless from this new formula since they would have received less funding than the previous year.

In FY 1988, the Board approved a policy that if funds were reduced, the allocations awarded to subareas and single, area-wide agencies would be reduced equitably by the percentage of the reduction. This policy of maintaining each agency's "relative position" to each other based on the percentage of funds previously awarded was reaffirmed by the Board for FY 1989 and based on funding awarded in FY 1988. In FY 1992 when Union County was combined with Jackson County as a single service subarea, the funding for Union County (5.39%) was switched in the funding formula to this new combined service subarea.

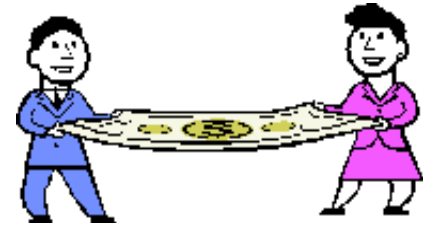
The concept of "relative position" does not include funds appropriated for specific purposes, such as NSIP and some state funding (state funding for Ombudsman and HDM, for example). Also, the concept of "relative position" is considered by funding source, not as a total amount awarded to each subarea, i.e. Nutrition Service funding changes are applied only to service provider agencies funded for Nutrition Services. Finally, NSIP funds are awarded based on the number of eligible meals served in the previous fiscal year.

In FY 1991, our Board approved a 0.5% increase in the funding formula percentages for Case Management and Legal Assistance services. There was some opposition to this change after it was approved.

In 1992, we proposed using the 1990 U.S. Census data in our funding formula and offered several alternative funding formulas. We received overwhelming feedback at that time from our service

providers not to change our funding formula or the concept of relative position based on the percentage of funds awarded to each subarea in FY 1988.

In 2004, our Board reviewed the 2000 U.S. Census data and how it would change funding for each subarea, but decided not to change the funding formula. Thus, we continue to use the concept of relative position based on the percentage of funds awarded to each subarea in FY 1988 which uses the 1980 Census data.



In 2008, our Board approved redirecting 57.75 percent of the funds that we previously awarded for Case Advocacy & Support (Title III-B, State Match, and both State CBS fund amounts) to local providers to provide Information & Assistance, Outreach, Transportation, Congregate Meals and/or Home Delivered meals.

In 2009, our Board approved redirecting 60.0 percent of the funds that we previously awarded for Case Advocacy & Support (Title III-B, State Match, and both State CBS fund amounts) to local providers to provide Information & Assistance, Outreach, Transportation, Congregate Meals and/or Home Delivered meals.

<b>Who We Expect to Serve Next Year</b>			
This chart includes all clients served, including an estimate of those who are not formally registered.			
Total senior adults to receive service	19,121	Senior adults of a minority race	880
Low-income senior adults	6,692	Low-income older minorities	581
Low-income, aged 75+, or minority	15,291	Senior residents of towns with less than 20,000 people	18,222
Frail, senior adults	13,341		

<b>Budget Related to the Older Americans Act</b>	
Federal – for the Older Americans Act	\$1,936,652
Nutrition Services Incentive Program (NSIP)	353,298
State – general revenue funds	823,452
Local Match – received by the local provider agencies	885,132
Participant Contributions – received by the local provider agencies	983,000
Estimated Carryover – unspent funds by service providers & Egyptian AAA this year <sup>1</sup>	5,000
<b><i>Total Revenues for all Older Americans Act Activities</i></b>	<b>4,986,534</b>
<b>Distribution of Funds</b>	
Estimated Carryover – funds will be awarded for services later next year <sup>1</sup>	5,000
Senior Center Operations – held by Egyptian AAA for grants to local agencies	0
Building & Equipment Funds – held by Egyptian AAA for grants to local agencies	0
Case Management, Ombudsman, Counseling & Abuse Prevention	128,451
Legal Assistance	50,828
Family Caregiver Training	7,500
Franklin County	384,179
Jackson County	307,498
Perry County	189,622
Williamson County	430,358
Pope, Hardin, Gallatin, & Saline counties	519,125
Alexander, Massac, Pulaski, & Johnson counties	574,684
Union County	140,474
Local Match – received by the local provider agencies	885,132
Participant Contributions – received by the local provider agencies	983,000
Funds retained by the Egyptian AAA for its activities <sup>2</sup>	380,683
<b><i>Total Distribution of Funds for all Older Americans Act Services</i></b>	<b>4,986,534</b>

<sup>1</sup> Unspent funds from the current year are carried over to next year, but spent only on client services.

<sup>2</sup> See page 23 for details on the “Funds Retained for Our Activities.”

The figures above are estimates based on the Illinois Department on Aging’s allocation letter #804 and are subject to change as state and federal funds are actually appropriated for the fiscal year.

## Our Policy on Unexpected Increases or Decreases in Funding

The following policy was adopted in April 1996 and will continue to be observed. Any increase or decrease in funding will be applied equitably by funding source to all service provider agencies awarded such funding. For example, if Nutrition Service funding is increased or decreased, only service provider agencies funded for Nutrition Services would be affected.



If funding for the Family Caregiver Program is increased, we plan to use the additional funding for caregiver respite care, counseling, and legal assistance services.

Services or programs which require a minimum percentage of funds, Legal Assistance for example, or for which the Illinois Department on Aging has issued a specific guideline, such as the Ombudsman program, will be maintained at appropriate levels unless the Illinois Department on Aging waives these requirements.

If new sources of funds are received, such as funds under a new title under 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 for every program, we will award funds as specified by the Department to each program; or
  - b. if an exact amount is specified for some programs, but not every program, we will award funds as specified and award any remaining funds among priority services using the concept outlined above in the first paragraph of “Our Policy on Unexpected Increases/Decreases in Funding.”
2. If the Department doesn’t specify the amount of funding for any of the 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. Funds will not be awarded to 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. Any remaining funds will be awarded to either or both programs if they have services designated by our Board as priority services. If both programs have priority services, funds will be awarded to both based upon their percentage of the total funds awarded in the previous fiscal year.

## Waiver Requests

Waivers are requested from the Illinois Department on Aging in order to allow an Area Agency on Aging to deviate from normal funding requirements, or when an Area Agency on Aging requests to provide Older Americans Act services directly rather than award funds to a local service provider agency.

We are not requesting any waivers for FY2010.



## What the Egyptian Area Agency on Aging Does

**Administration:** We receive federal and state funds related to the Older Americans Act and award these funds to local service provider agencies. We provide information, training, technical assistance, 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, and public health and sanitation rules. We survey senior adults and professionals who work with seniors in order to obtain information to best serve their needs.

**Advocacy, Coordination, and Program Development:** The Department on Aging allows Area Agencies to retain a small amount of federal Supportive Service funding for advocacy, coordination, program development, and Area Plan initiatives. The following is a partial list of our activities:

1. Inform our elected officials about issues affecting senior adults, including participating in town hall and other like events.
2. Develop implementation plans for new programs which assist senior adults.
3. Work cooperatively with state and local agencies, coordinating our services with theirs, and ensuring that senior adults receive all services to which they are entitled.
4. Maintain a presence on councils and committees which make public policy affecting senior adults.
5. Maintain an information resource library and serve as a clearinghouse for information relating to senior adults and aging services.
6. Publish a resource guide of services.
7. Maintain an extensive website which contains pertinent, comprehensive information about aging services and resources in Southern Illinois.
8. Respond to requests from senior adults and make referrals to appropriate agencies.
9. Nominate senior adults for state and regional awards.
10. Provide information on alternative housing, assisted living, and supportive living for senior adults in our area.
11. Develop volunteer opportunities for senior adults especially with younger generations.
12. Develop the Holiday Meals-on-Wheels program by raising local funds to provide home delivered meals to homebound senior adults on holidays when government supported programs are closed. Organize, contract with, and reimburse local groups to prepare and deliver meals on the holidays.
13. Provide information, assistance, and training on prescription drug programs.
14. Coordinate the distribution of Farmers Market coupon booklets.
15. Coordinate with demonstration programs for senior adults.
16. Sponsor seminars for caregivers of senior adults, and for grandparents raising grandchildren.
17. Release numerous newspaper and radio articles on aging issues and services.
18. Speak before various groups about aging-related services.
19. Develop programs to transition senior adults out of nursing homes into the community.
20. Develop local funding sources, including local property tax referenda.
21. Work with nursing facilities and the Ombudsman Program to advance culture change in nursing homes, assisted living facilities, and in-home care.
22. Educate senior adults about dementia and aging and memory clinics in our area.
23. Receive and report alleged fraud and abuse of Medicare funds.
24. Encourage and assist area fire departments to adopt the *Illinois Remembering When* program.
25. Coordinate with local emergency management agencies in order to respond to the needs of our older population during a disaster.

## Our Area Plan Initiatives for FY 2008-2010

The following initiatives were identified from the issues and concerns we observed from senior adults and others during our planning process for this Area Plan.

**The Maturing of Illinois: Getting Communities on Track for an Aging Population.** This statewide initiative is proposed in order to help local communities plan and prepare for an increasing number of older people with differing needs expected within the next several decades as the “baby boomer” generation matures. Our activities include the following:

1. Select at least three communities willing to work with us to coordinate and plan for the future.
2. Determine what older residents will need from communities in the future by helping each community assess such areas as health care, human services, land use, housing and housing alternatives, transportation, public safety, workforce and economic development, recreation, education, civic engagement, and emergency preparedness.
3. Work with the communities to develop work plans to improve each community’s ability to meet the needs of their older residents.
4. Provide communities with information on elderly-friendly communities.
5. Evaluate the effectiveness of these activities.

**Improving Customer Services.** We are striving to improve the public’s knowledge of programs and services for senior adults, their caregivers, and grandparents raising grandchildren. Our goal is to provide greater awareness and access to aging programs. Our activities include the following:

1. Increase public awareness through the media and special events.
  - a. Write monthly articles on aging topics for regional and community newspapers.
  - b. Maintain and update a website which contains information about aging services.
  - c. Distribute information at health fairs about services for senior adults.
  - d. Publish our toll-free telephone line and website.
2. Develop and update tools needed to assist older people and their caregivers.
  - a. Update, publish, and distribute annually a resource and caregivers guide on aging services.
  - b. Provide regional resource data for inclusion on a statewide database.
  - c. Provide training for social service workers about aging-related services.
  - d. Write newsletters for family caregivers and grandparents raising grandchildren.
  - e. Train social service workers and case managers about prescription drug assistance programs and online enrollment tools.
  - f. Help senior adults and their families understand programs which assist with the purchase of prescription drugs.
3. Increase visibility of aging-related programs to special populations.
  - a. Work with our service providers to assure that special emphasis is placed on reaching out to low-income and minority senior adults.
  - b. Provide information about aging programs to community sources.
  - c. Provide information about aging programs to agencies which work with persons with disabilities.

**Increasing the Availability of Mental Health Services for Senior Adults.** These activities help senior adults and their families understand mental health issues. Also, they enhance the availability and accessibility of a range of mental health information and services to senior adults.

1. Work with local mental health agencies to enhance their understanding of the aging network of services and the issues that are faced by senior adults.

2. Enhance the understanding of the aging service providers concerning mental health issues and the senior adult, and help to increase the coordination between aging and mental health agencies.
3. Work cooperatively with other agencies to reach out to senior adults and their families with education and information on mental health issues.
4. Pursue the development and coordination activities at the state, regional, and local level to improve the delivery of appropriate mental health services to senior adults.

**Changing the Culture of Care in Nursing Homes.** As we use our Home Again Enhanced Transition Program to return appropriate residents of nursing homes back to the community, we recognize that nursing homes serve a large vulnerable, frail population that needs assistance. However, nursing homes are often operated on an antiquated institutional model. Developing a change of care in nursing homes attempts to change “institutional-like” nursing facilities into homes that feels more like a person’s own home where one can make his or her own decisions and have the comforts of home like pets, plants, variable menus, etc.

1. Work with the Regional Ombudsman, Southern Illinois Pioneering Coalition, and nursing homes in our area.
  - a. Develop a “How to” toolkit for owners, administrators, and facility program staff.
  - b. Recruit one or more nursing homes to be a model facility in our area.
  - c. Use the media and our website to publicize the benefits of culture change.
  - d. Help with public education efforts so that communities, families, and senior adults know about culture change and pioneering concepts.
2. Reinforce the efforts of volunteers who are in facilities.
  - a. Introduce the concept of culture change to owners, administrators, and facility staff.
  - b. Provide training, manuals, information, technical assistance, and follow-up on culture change.
  - c. Provide backup manpower as needed and available.

<p><b>Funds Retained for Our Activities</b></p>
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The Older Americans Act allows Area Agencies on Aging to retain federal and state funds for administering grants, and monitoring provider agencies. The Department on Aging allows Area Agencies on Aging to use an additional amount of federal funds for advocacy, coordination, program development, and implementing special initiatives. We maintain our “relative position” in regards to funding increases and decreases as compared to funding for client services. When considered as a percentage of all sources for funding for our Older Americans Act activities, our agency’s budget represents 7.71% of the total.

Unless we obtain a waiver from the Department on Aging, we do not retain funds from the Older Americans Act to provide client services directly, except for the required services of advocacy, coordination, program development, and special initiatives. We do not retain the service provider agencies’ local match, participant contributions, Nutrition Services Incentive Program funds, or most State funds for our activities.

<b>Breakout of Our Budget</b>			
Support Services Admin.	\$59,550	Prevention of Elder Abuse Admin.	\$591
Congregate Meals Admin.	\$71,629	Advocacy	\$35,073
Home Delivered Meals Admin.	\$33,790	Coordination	\$24,754
Family Caregiver Admin.	\$24,472	Program Development & Initiatives	\$62,270
Ombudsman Admin.	\$4,546	State Match for AAA's	\$64,008
<b>Our agency budget related to the Older Americans Act</b>			<b>\$380,683</b>

<b>Our Staff</b>
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Two part-time positions were eliminated in 1991. Two full-time positions were eliminated, one in 1993 and the other in 2000. One full-time position (Secretary) was reduced to part-time in 1997. One part-time position (Data Entry) was created in 2003. One temporary, part-time position funded by the Community Care Program was created in 2002 and eliminated in 2004. One temporary, full-time position funded by the State Pharmaceutical Assistance Program was created in 2005; reduced to temporary, part-time in 2006;, and eliminated in 2008.

Executive Director  
Secretary (PT)  
Data Entry (PT)

Fiscal Manager  
Program Accountant  
Fiscal Assistant

Program Manager  
Field Coordinators (2)

<b>Our Staff's Other Activities</b>
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**Senior Employment Specialist Program**, supported with State funds – we refer people aged 55 and older to state Job Service offices, employment opportunities, and job training. We refer older individuals to employers, and make contacts with social service agencies and employers to determine their employment needs.



**Systems Development Grant**, supported with State funds – we review applications for the Community Care Program (homemaker and adult day services), make onsite visits & certification reviews of service provider agencies, provide technical assistance to the service provider agencies, assist with billing rejects, develop coordination activities among service provider agencies and the Case Coordination Unit, and assist with several Community Care Program demonstration projects.

**Elder Abuse Program**, supported with State funds – we provide technical assistance, review billings, and monitor service provision. We award all of the funds designated for services to an area-wide service provider agency to investigate alleged cases of abuse of senior adults and retain only those funds designated as administrative funding.

## Our Staff's Other Activities, continued

**Holiday Meals-on-Wheels**, supported with United Way and local donations – we contract with local entities to deliver meals to homebound senior adults on major holidays in all thirteen of our counties.

**Senior Health Assistance Program**, supported with State funds – we provide funding to our local service provider agencies which provide senior adults with information about pharmaceutical assistance, such as Medicare Part D, Illinois Cares Rx, Illinois Rx Buying Club, etc., and to assist senior adults with the application process. We retain a small percentage of these funds for monitoring, public education, training, and assisting individuals who request our help.

**Senior Farmers Market**, supported with State funds – with assistance from our senior centers, we help distribute Senior Farmers Market coupon booklets to senior adults which are used to redeem fresh fruit and vegetables at designated markets in our area.

**Relatives As Parents Program** is a grant through the Ramapo Trust of The Brookdale Foundation Group. The activities of this grant will help people who are raising children of their relatives by partnering with a variety of local agencies in order to provide public awareness about information, resources, and services for raising children.

**Customer Service** – we help individuals who call or visit our office and at community events with information, assistance, and referrals to other agencies. Some of these activities including the following.

**Senior Medicare Fraud Patrol**, supported with federal funds through AgeOptions AAA (if refunded), we receive reports of fraud and abuse of Medicare, and refer these reports to the appropriate agencies. We also provide information through newspaper articles, talks with groups, and at health fairs. SFY2009 may be the last year for this grant.

**Alzheimers Disease Education** - we work with a consortium of agencies in rural areas to provide information in a variety of ways, including talks with groups and at health fairs, about Alzheimers disease and other conditions. We will discuss the need for a proper evaluation and refer appropriate individuals to memory and aging clinics in the area.

**Illinois Remembering When** is an initiative for local fire departments first initiated by the Pope County Rural Fire Department, and has expanded into other counties in our area. Although not funded to participate in this program, we will encourage and assist additional fire departments to start this program in their communities.

## Our Board of Directors & Advisory Council Members

Members serve without compensation except for the reimbursement of their mileage.  
(as of May 2009)

<b>County</b>	<b>Board of Directors</b> (Two from counties with 5,000 or more senior adults, and one from all others.)	<b>Advisory Council</b> (Two per county.)
<b>Alexander</b>	Judson Childs (Cairo)	Ann Williams (Cairo) Brenda Gooden (Cairo)
<b>Franklin</b>	Goebel Patton, Treasurer (Thompsonville) Gail Borton (West Frankfort)	Katherine Rice (West Frankfort) Shirley Herrell (West Frankfort)
<b>Gallatin</b>	Harve Fuhr, President (Shawneetown)	Ronald Woods, Chairman (Ridgway) Creda Hubbard (Junction)
<b>Hardin</b>	Leonard Largent (Rosiclare)	Betty Green, (Rosiclare) Edie LaVern Spivey (Rosiclare)
<b>Jackson</b>	Elizabeth Schill (Carbondale) Richard Habiger (Carbondale)	Melissa Johnson (Carbondale) One Vacancy
<b>Johnson</b>	Betty De Leonardo (Vienna)	Floyd Stout (Vienna) One Vacancy
<b>Massac</b>	E. Kay Rottmann (Metropolis)	Hanns J. Bell (Brookport) One Vacancy
<b>Perry</b>	Emma Williams, Secretary (Du Quoin)	Carol Sue Robinson (Du Quoin) Mary Jo Novak (Du Quoin)
<b>Pope</b>	Gilbert Oetjen (Golconda)	Two Vacancies
<b>Pulaski</b>	Joe Shotwell (Villa Ridge)	Dallas Jackson (Mounds) Leslie Taylor (Mounds)
<b>Saline</b>	William James, Vice-President (Carrier Mills) One Vacancy	Hubert Lewis, Vice-Chairman (Harrisburg) One Vacancy
<b>Union</b>	Jack Sherwin (Anna)	Mickey Finch (Anna) Georgia Smith, Secretary (Karnak)
<b>Williamson</b>	Connie Heinle (Marion) Claudia Mills (Johnston City)	Jim Mills (Johnston City) Ina Fite (Carterville)

## 2000 Census Information

County	60+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Live Alone	60+ Poverty	----- 60+ by Race -----								Square Miles	Total Pop.
							White	Black	Hispanic	Amer. Indian	Asian	Other	Reported 2+ Races	Duplicates		
Alexander	2,073	797	234	1,206	681	335	1,602	442	10	2	8	3	8	2	236	9,590
Franklin	9,263	3,817	1,006	5,452	2,957	960	9,168	7	25	17	7	2	42	5	412	39,018
Gallatin	1,524	598	178	857	490	210	1,501	9	6	0	2	0	6	0	324	6,445
Hardin	1,140	419	108	638	352	110	1,129	2	2	0	2	0	5	0	178	4,800
Jackson	8,396	3,271	947	4,908	2,575	90	7,686	527	53	16	57	16	57	16	588	59,612
Johnson	2,357	769	178	1,261	591	235	2,313	11	11	2	4	3	16	3	345	12,878
Massac	3,454	1,399	405	2,045	1,020	420	3,268	158	10	1	7	1	13	4	239	15,161
Perry	4,666	1,880	532	2,718	1,406	500	4,552	65	19	5	8	4	19	6	441	23,094
Pope	1,056	365	111	567	290	115	1,029	7	1	7	1	0	11	0	371	4,413
Pulaski	1,636	640	182	964	520	330	1,182	433	8	2	2	0	12	3	201	7,348
Saline	6,404	2,641	796	3,896	2,042	660	6,209	119	21	9	5	3	43	5	383	26,733
Union	4,144	1,700	486	2,368	1,248	500	4,067	15	35	8	6	7	18	12	416	18,293
Williamson	13,086	5,140	1,351	7,647	3,905	1,385	12,775	136	55	15	32	10	72	9	423	61,296
<b>TOTAL</b>	<b>59,199</b>	<b>23,456</b>	<b>6,514</b>	<b>34,527</b>	<b>18,077</b>	<b>6,650</b>	<b>56,481</b>	<b>1,931</b>	<b>256</b>	<b>84</b>	<b>141</b>	<b>49</b>	<b>322</b>	<b>65</b>	<b>4,557</b>	<b>288,681</b>

According to the U.S. Census, the southern 13 counties' number of senior adults (age 60 and older) has declined from 61,254 in 1980, to 60,962 in 1990, to 59,199 senior adults in 2000. Every county except Johnson, Perry, Pope, and Williamson experienced a decline in its older population since 1990. When comparing age groups, the only older age group which declined from 1990 to 2000 was the age group from age 60 to 74 (from 38,944 in 1990 to 35,743 senior adults in 2000). The number of senior adults aged 75 or older increased from 22,018 in 1990 to 23,456 in 2000, and the number aged 85 and older increased from 5,279 in 1990 to 6,514 in 2000. Also, the southern 13 counties' total population increased from 285,420 in 1990 to 288,681 in 2000.

This document is published with funds from the Older Americans Act and with General Revenue funds from the State of Illinois. The Egyptian Area Agency on Aging, Inc. does not discriminate in administration to programs or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; the U.S. Civil Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination Act; the Age Discrimination in Employment Act; and the U.S. and Illinois Constitutions. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information call 1-800-252-8966 (voice & TTY) or contact the Civil Rights Coordinator at the Egyptian Area Agency on Aging, Inc. at (618) 985-8311.