



Helping People in Southern Illinois Remain Independent Since 1978

Summary for Fiscal Year 2026

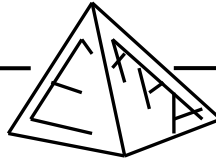
For Our Three-Year Area Plan

Public Meetings for FY25-27 Area Plan		
February 26, 2025 11:00 AM Senior Adult Services 409 North Springer Street Carbondale, IL 62901	February 27, 2025 11:00AM Southern Pride 22434 Railroad Street Olive Branch, IL 62969	March 4, 2025 11:00AM Golden Circle 217 Adams Street Golconda, IL 62938

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February, 2025

To Whom It May Concern:

We are holding three public hearings to discuss our plan for services for senior adults, family caregivers, and non-parents raising the children of their relatives in February of this year. We will discuss the needs of older adults in our communities identified from listening sessions, focus groups, and community surveys completed last year. 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 beginning 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 conducting the meetings in-person at senior centers chosen by the Advisory Council according to our Policies and Procedures Manual. This practice ensures 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 2022 Population Estimates were used in providing us with new calculations for our area based on recent demographics. Our area's estimated senior population has increased .4% over the last two years, with funding allocations based on the number of older persons, along with specific demographics, including poverty status, minority status, rural status, and living status. Allocations have fluctuated over the last few years, with our percentage share of funding down over 4% in comparison to sixteen 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. The percentage of older adults living in poverty and of minority status has increased slightly in the past two years, with a more significant increase in older adults living alone, with a 1% increase since 2021.

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 who exceeded their subaward.

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 Dementia Friendly, Senior Employment Specialist, Adult Protective Services monitoring, Senior Medicare Patrol, Farmers Market coupon monitoring, Veteran-Directed Home Care, Senior Health Insurance Program, Extended Family Support Program, 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 are reviewing our reimbursement rates for senior services and will decide what service reimbursements to increase and keep the same, keeping in mind how other areas reimburse for similar services. We are also mindful of the Cost-of-Living Allocation used by the Social Security Administration that indicates the changing financial structure of the economy. Our goal is to reimburse fairly and provide a consistent flow of funds to Providers for the entire fiscal year.

We will fund the III-B support services of Information & Assistance, Outreach, Transportation, and Legal Assistance, as well as Ombudsman activities. 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 and/or Recreation to cover staff time for providing activities that increase socialization and creativity in older adults. Our senior centers also allocate their staff time and funding to deliver Social Isolation activities, that include friendly visits and telephone reassurance, as well as a new social engagement program called Perk. Our agency may divert a small amount of III-B support funds to the III-C Nutrition Services program.

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*, *Savvy Caregiver* training, & 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	1,662,997	1,645,156
State funds except Ombudsman	2,417,435	2,472,953
Nutrition Services Incentive Program, or NSIP	273,828	229,660
Ombudsman Program	73,555	91,650
SHAP, MIPPA, & SHIP for help with Medicare & insurance billing, including BAA	179,000	170,000
Match received by provider agencies	683,217	617,716
Participant donations received by provider agencies	601,486	601,486
Veteran-Directed Home Care for vet services & Egyptian AAA monitoring	902,000	979,000
State Programs for Egyptian AAA, includes SESP, DF, & APS	71,427	70,000
RSVP of SI volunteer program for Egyptian AAA	148,000	107,500
State Non-Parent Gap Filling	20,000	5,500
Misc. funding, includes FM, SMP, & AgeOptions Matter of Balance & TCYH	24,000	21,000
Donation to Egyptian AAA	1,000	1,000
Total Source of All Funds	7,057,945	7,012,621
Distribution of All Funds	Current Year	Proposed Next Year
ADRC Options Counseling, <i>Healthy Ideas</i> , Case Management, T-Care	166,434	165,365
Legal Assistance	71,438	70,979
Franklin County	596,274	592,444
Jackson County	553,420	549,866
Perry County	278,676	276,886
Williamson County	757,384	752,520
Gallatin, Hardin, Pope, and Saline Counties, includes Gray Cemetery Trust	607,830	603,926
Alexander, Johnson, Massac, Pulaski, and Union Counties	1,124,321.00	1,117,101
SHIP Funding for providers awarded separately	155,118	153,000
Match expended by provider agencies, excludes Gray Cemetery Trust & St. Int.	683,217	617,716
Participant donations expended by provider agencies	601,486	601,486
Veteran-Directed Home Care for veteran services	848,000	902,000
State Non-Parent Gap Filling kept by Egyptian AAA	0	0
Misc. funding for providers, includes TCYH funds are not awarded yet	24,000	21,000
Egyptian AAA budget, includes funds unrelated to senior centers	590,347	588,332
Total Distribution of All Funds	7,057,945	7,012,621

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.

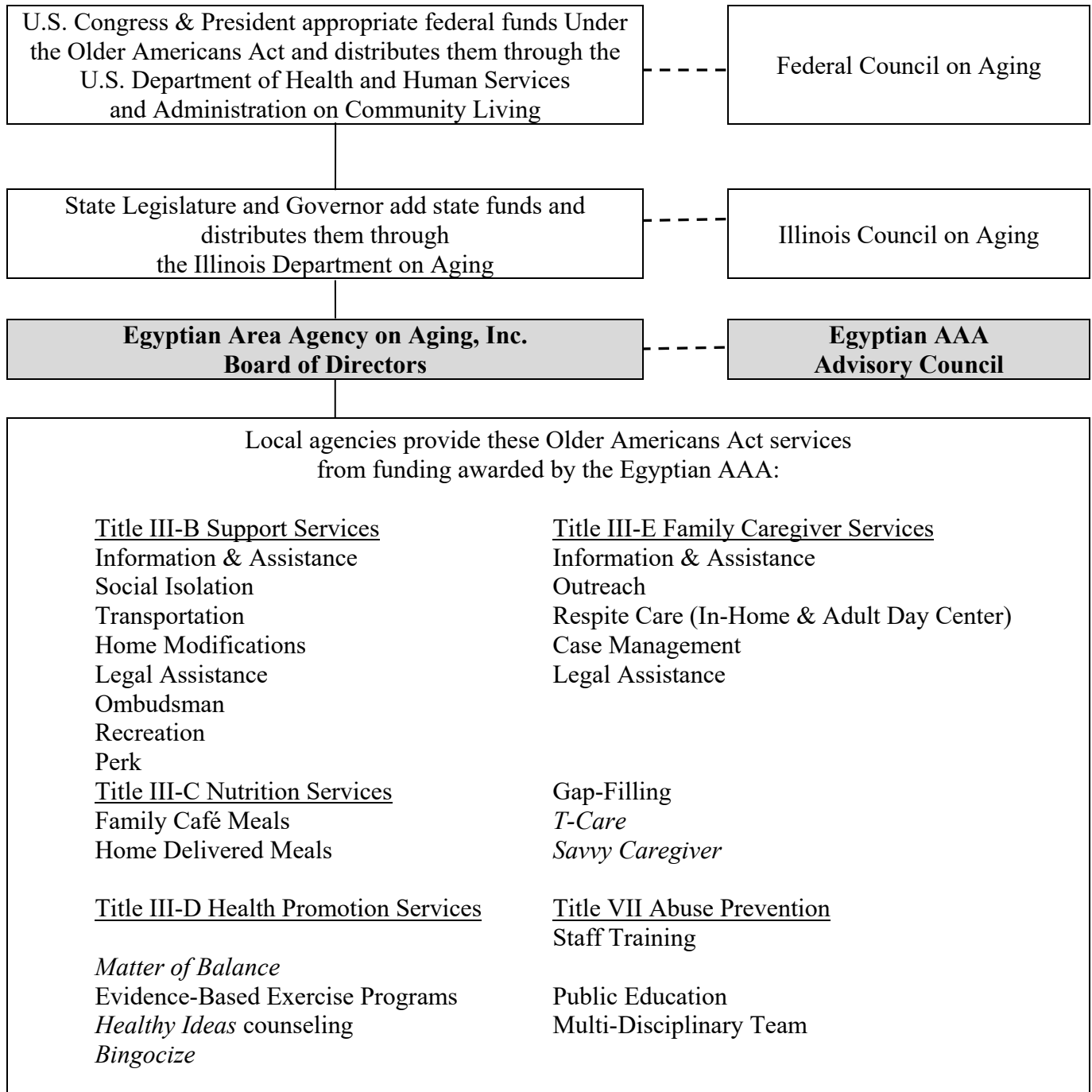
Services We Plan to Fund Next Year					
III-B Support Services		People	Units³	Area Served	
Options Counseling – information, assistance, & referrals		350	350	13 Counties ²	
Information & Assistance – information, assistance, & referrals		7,000	10,000	13 Counties	
Outreach – visiting homes to provide information		2,000	2,000	13 Counties	
Transportation – to and from places in the community		300	4,000	13 Counties ¹	
Home Modification – minor repairs to make home safe and accessible		17	17	13 Counties	
Legal Assistance – protection of legal rights		225	2,500	13 Counties	
III-C Nutrition Services		People	Units³	Area Served	
Family Café Meals – hot, nutritious meals in community settings		2500	140,000	13 Counties	
Home Delivered Meals – hot, nutritious meals delivered to homebound		5,000	340,000	13 Counties	
III-D Health Promotion Services		People	Units³	Area Served	
Bingocize		40	240	13 Counties ²	
Evidence-Based Exercise Programs – strength and balance programs		80	480	13 Counties ²	
Healthy Ideas – counseling for depression & grief		5	5	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	250	250	20	20	13 Counties
Information & Assistance – information & assistance	1,500	1,500	75	75	13 Counties
Outreach – visiting homes to provide information	400	400	25	25	13 Counties
T-Care	50	50	5	5	13 Counties ²
Savvy Caregiver	15	15	0	0	13 Counties ²
Respite for Caregivers (In-Home Care & All Day Club)	30	2100	0	0	13 Counties ²
Gap Filling – services and purchases needed	40	40	13	13	13 Counties
Legal Assistance – protection of legal rights	20	220	3	20	13 Counties
Alzheimer's Disease & Related Gap Filling	30	30	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**



Our Planning Process

In November and December of 2023, we began developing this three-year Area Plan by having discussions with our Board's Area Plan Sub-committee in planning listening sessions in our region and creating the survey instruments for older adults, caregivers, professionals, and community members. We divided our region into six parts and conducted five Listening Sessions and one Focus Group to ensure persons in each area had an opportunity to attend a session. The Listening Sessions were located at senior centers, with the Focus Group held in the community. We surveyed all of our counties with senior center assistance and conducted an online survey for professionals and community members. The older adult surveys were provided to grab-and-go participants, as well as congregate and home-delivered meal clients. The community and professional survey went out by email to local agencies, providers, partners, and supporters by Survey Monkey. We also surveyed adults with disabilities from Our Direction and worked with the Migrant Council to survey older adults in the Hispanic communities. 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 the 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 & Home-Delivered Meals
- 2) Visits from other seniors and staff
- 3) Help with Medicare and other insurance programs
- 4) Caregiver assistance & support groups
- 5) Transportation

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

- 1) Respite for Caregivers
- 2) Resource and service information for Caregivers
- 3) Education for Caregiver services
- 4) Transportation
- 5) Nutrition programs

The older adults who responded were predominantly Caucasian (91.5% of respondents) and over the age of 65 (90% of respondents). Sixty-five percent of respondents were women. For obtaining information, there was equal division between newspaper, television, and social media, with several writing in that word-of-mouth is how they like to obtain information. When asked what older adults needs, many responses included to be checked on and to have a place to go during the day.

In the Listening Sessions, transportation needs were discussed at length, with many stories told on how difficult it is to find a ride to a medical appointment or the store. Several participants added the need for dances and exercise options in some regions, as well as needing help doing routine home repairs. Many persons voiced their gratefulness for the meals and socialization at the senior centers as they indicated the other seniors are their main emotional support.



Overall, meals, caregiver programs, and transportation were the main needs identified by our community members. Transportation that was discussed in-person and on the survey concerned the need for more affordable, reliable, and efficient transportation for medical appointments and grocery shopping. EAAA will attend local, regional and state transportation meetings and become more involved to advocate for necessary change. In the meantime, EAAA will meet with the local mass transit providers to see if any better routes or arrangements with the senior center can be made. EAAA will also look at piloting Go-Go Grandparent to see if this new service could work in our area. Nutrition programs and caregiver programs are currently available and should become more visible as EAAA increases awareness of aging services and resources.

Planning for the Future

Egyptian Area Agency on Aging expects for the number of meals provided and persons served to continue to increase for both Congregate and Home-Delivered Meals. Without the additional funding from Covid relief efforts, the regular budget will be stretched to cover the meals served by all of our meal providers. Our region had to begin a waiting list in Jackson County this past year due to the increased need for meals over the availability of funding. We have utilized many resources to limit the number of persons on the wait list and prioritize meals to those most in need. We have to ensure payment for meals served to ensure financial stability of our senior centers. Egyptian will work closely with senior centers and the Illinois Department on Aging to discuss the current state and potential remedies for ensuring the most vulnerable older adults continue to receive meals.

Outside of nutrition services, our senior sites continue to provide support services in the form of information and assistance, outreach, home modification, transportation, legal assistance, Perks, and recreation. These services are expected to be utilized more as there is less fear of illness going out into the community. For those assessed as socially isolated, they are offered telephone calls or friendly visits to assist with loneliness, as well as all of the events and activities provided at the senior centers. A focus on engagement of older adults in the community is needed to ensure older adults do not feel alone.

Additionally, eight of our counties provide an evidence-based service, Bingocize that focuses on providing an exercise class, nutritional and fall prevention education and a game for those who participate. This class continues to be popular at our senior centers as a health promotion programs.

For caregivers, Shawnee Alliance offers *Savvy Caregiver* to provide training for caregivers, and T-Care, an in-depth assessment to ensure effective case-management for the caregiver. Egyptian Area Agency funds a Caregiver Specialist position at Shawnee Alliance to ensure there is an area expert for caregivers and professionals to contact. Additional work is being done with Dementia Friendly as Marion was designated as Dementia Friendly this past year. Work is being done to start the Dementia Friendly process in the next community. We continue to offer two caregiver support groups and collaborate with partner organizations on caregiver and professional conferences.

Home Delivered Meals – Areas Not Served & Waiting Lists

The number of meals served continues to increase. With inflation and fixed income, many senior adults find affording food 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. Food prices have remained at an increased level 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 February 2025, there was a wait list in Jackson County. We will continue to utilize volunteers to assist in delivering meals to areas where delivery is difficult. Arrangements will continue to be 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	63
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	63

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	Vacant	Cora Wright James Taflinger
Franklin	Nancy Hulfachor, Secretary Vacant	Pamela Smith Linda Clark
Gallatin	Vacant	Alice Myers Vacant
Hardin	Rhonda Belford	Bob Winchester, Vice-Chair Connie Lasater
Jackson	Linda Johnson, Treasurer Jane Williams	Sharon Lawless Carla Womack, Secretary
Johnson	David Hogue	Pat Kalicki Bettie Davis
Massac	Patricia Blackwell	Dwayne Wall, Chair Anitha Davis
Perry	Patricia Purnell	Lee Ellen Wilson Vacant
Pope	Paul Kunath	Jenna Golnik Connie Chiles-Ward
Pulaski	Stephanie Fisher	Norma Watson Marci Niemi
Saline	Rick Cox, President Malinda Field, Vice-President	Phyllis Smith Mary Harrelson
Union	Jerry Reppert	Richard Reynolds
Williamson	Darrell Cutler Karen Stark	Robin Ridgley Becky Doiron

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), as well as T-Care 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 *Bingocize* 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.
22. Provide non-parents raising children support and assistance through the Extended Family Support Program.

Our Initiatives

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

Initiative #1: Increase statewide visibility of the Aging Network to connect Illinoisans with supports and services that encourage independence, dignity, and quality of life as we age.

Initiative #2: Drive continuous quality assurance and improvement activities that emphasize person-centered and trauma informed services while maximizing effectiveness of services delivered through the Aging Network.

Initiative #3 (Local Initiative): Increase public awareness and knowledge of caregiver needs, as well as resources and services available throughout the state of Illinois to promote increased caregiver engagement in person-centered, trauma informed, and evidence-based programs and services.

Our Agency’s Estimated Budget Next Year			
<i>Older Americans Act activities</i>		<i>Other activities</i>	
Support Services monitoring	42,147	Senior Employment Specialist staff activities	15,000
Congregate Meals monitoring	52,339	Systems funding monitoring	15,671
Home Delivered Meals monitoring	41,463	Adult Protective Services monitoring	41,218
Health Services monitoring	0	SHAP, MIPPA, & SHIP for Medicare & health insurance staff activities	30,000
Family Caregiver monitoring	21,314	Veteran-Directed Home Care staff activities	77,000
Ombudsman monitoring	3,875	RSVP of SI volunteer program staff activities	107,500
Elder Abuse Prevention monitoring	582	Technology/Broadband	15,000
Area Agency match	53,918	Farmers Market, EFSP	51,000
Advocacy staff activities	19,668		
Coordination staff activities	15,000		
Program Development & Initiatives staff activities	31,022		
Older Americans Act subtotal	\$281,328	Other activities subtotal	\$352,389
<i>Our Agency’s Planned Total Funding for Next Year</i>			\$633,717

The number of senior adults (age 60 and older) in Southern Illinois increased slightly overall from 71,094 in 2021 to 71,792 in 2023. Several counties had an increase in their senior population, except for Alexander, Franklin, Gallatin, Johnson, Massac, and Pulaski counties. This decrease in senior adults could be due to relocation to be closer to family or closer to urban areas with medical treatment or be related to death from illness, accidents, or natural causes. The number of senior adults aged 75 or older increased from 21,949 in 2021 to 22,482 in 2023. The number of senior adults aged 85 and older increased from 6,423 in 2021 to 6,757 in 2023. Finally, the total population in Southern Illinois decreased from 272,144 in 2021 to 269,979 in 2023. However, the percentage of senior adults in Southern Illinois increased slightly overall from 26.12% in 2021 to 26.59% in 2023. This information came from Census Estimates in 2021 for 2024 in comparison to Census Estimates in 2023 for 2026 supplied by the Illinois Department on Aging.

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 1-888-895-3306.