Egyptian Area Agency on Aging, Inc.

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May 2015

To Whom It May Concern:

Funding for senior center services in Southern Illinois will be *greatly reduced* next year. It is highly likely that senior center services and some meal sites may have reduced days of operation or even may close.

Discussion of this and other issues will occur at our public hearings on services for senior adults, family caregivers, and non-parents raising the children of their relatives. We are very interested in receiving your feedback. We will answer questions and respond to comments concerning our funding plans at our public hearings.

We will accept written comments about our funding plans until 3 p.m. on June 8, 2015. Our Board of Directors will consider changes to our plans based on the oral and written questions and comments received.

A summary of our funding plans is enclosed in this document. Our plans describe services that are a priority for funding, the amount of funding available for services, and how we will distribute federal and state funds to local subareas in Southern Illinois.

We would appreciate it if this document were made available for public viewing at your agency or office, and if your agency or office would announce our public hearing dates, times, and places in your newsletter or other correspondence.

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

Respectfully,

John M. Smith

John M. Smith, Executive Director

File: (F):\ AP-2016 \ Area Plan \ Area Plan Summary – FY2016

United Way

Egyptian Area Agency on Aging, Inc.

Helping People in Southern Illinois Remain Independent Since 1978

Summary for Fiscal Year 2016

For the FY2016-18 Area Plan

Public Hearings on our Proposed Area Plan		
June 3 West Vienna Senior Center State Route 37 at Route 146 Vienna, IL Phone: (618) 658-8140 10:45 am	June 4 Carbondale Senior Center 409 N. Springer St. Carbondale, IL Phone: (618) 457-4151 10:45 am	June 5 Ridgway Senior Center 110 N. Crawford (Village Hall) Ridgway, IL Phone: (618) 272-7570 10:45 am

Written comments accepted until 3 pm, June 8, 2015 at the:

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

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Why Our Funding Will Be Reduced Next Year

Funding for senior center services in Southern Illinois will be *greatly reduced* next year because the State's funding formula considers Alexander, Jackson, and Williamson Counties to be urban, not rural counties. Because the U.S. Census Bureau considers these three counties to be near or in "metropolitan statistical areas" or MSA, they are no longer considered rural counties by the State. Designation as a rural county is important because *rural counties receive more funding* than urban counties under the State's funding formula. Until recently, all thirteen of our counties were considered rural counties.

Alexander County is no longer considered rural because it is near Cape Girardeau, Missouri, an MSA. Jackson and Williamson Counties are no longer considered rural because the U.S. Census Bureau considers the size of their population to be large enough to be an MSA.

Alexander, Jackson, and Williamson Counties have about 40 percent of our total number of senior adults. Since we receive less funding for the senior adults who live in "urban" counties, our share of federal and state funding for senior center service will be *greatly reduced*.

How We Distribute Funding

We distribute funds related to the Older Americans Act that we receive based on our area's funding formula approved by our Board of Directors. Our area's funding formula uses 2010 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, Johnson, Perry, Pope, Pulaski, and Union, since they have fewer senior adults per capita than the average per capita for our area as a whole.

Funds intended for specific services under the Older Americans Act are allocated only to provider agencies that are funded to provide these services. For example, funds for "III-B" support services (see chart below) and "III-C" nutrition are only awarded to senior centers.

The "III-D" formula below was developed when Congress added funding specifically for Health Promotion activities. The two "III-E" formulas were developed when Congress added funding specifically for family caregivers. The "OMB" formula was developed to show that Ombudsman funds are awarded only to the agency that provides this service.

Formula #7 shows the distribution of "III-B" funds for home modifications. Formula #8 shows the distribution of "III-E" funds for gap-filling services. Formula #9 shows the distribution of funds for the Non-Parents Raising Children program.

Our agency's share of federal and state funding related to the Older Americans Act has decreased in proportion to the decrease in funding from the State. Any carryover funds from last year will be awarded to provider agencies.

Program / Subarea - Revised May 2012	III-B	III-C	III-D	III-E	III-E	OMB	#7	#8	#9
ADRC, Counseling, Case Mgmt., Abuse Prev.	0%	0.00%	20.03%	13.70%	13.70%	100%	0	1	1
Legal Assistance	6.33%	0.00%	0.00%	0.00%	6.33%	0.00%	0	1	1
Franklin	11.70%	12.49%	9.99%	10.78%	9.99%	0.00%	1	1	1
Jackson	13.24%	14.13%	11.30%	12.20%	11.30%	0.00%	1	1	1
Perry	6.73%	7.18%	5.75%	6.20%	5.75%	0.00%	1	1	1
Gallatin, Hardin, Pope, & Saline	16.57%	17.69%	14.15%	15.27%	14.15%	0.00%	4	4	4
Williamson	18.35%	19.59%	15.67%	16.91%	15.67%	0.00%	1	1	1
Alexander, Johnson, Massac, Pulaski, Union	27.08%	28.92%	23.11%	24.94%	23.11%	0.00%	5	5	5
Total	100%	100%	100%	100%	100%	100%	13	15	15

In addition, our agency receives funds for specific activities outside of the Older Americans Act. These funds are not included in our funding formula or distributed to other agencies: Systems Development, Senior Employment Specialist, Adult Protective Services monitoring, Senior Medicare Patrol, Culture Change, and Veteran-Directed Home Care.

Our Proposed Service Priorities & Other Funding Decisions

We have reviewed our reimbursement rates for senior services and decided to increase the rates by the Consumer Price Index rate for 2015 (CPI of +1.7%) per our Board approved funding formula policy. In other words, we will reimburse fewer services, but at a higher rate.

We will fund the III-B supportive services of Information & Assistance, Outreach, Transportation, Home Modification (for disability & safety issues), and Legal Assistance. We may divert a small amount of supportive service funds for the meals program. We will use a small amount of state funding for Options Counseling and Information & Assistance (state requirement) and almost all of our remaining state funds for Home Delivered Meals.

We will not award any funds for workshops for family caregivers. We will use only $7,500 for gap filling services for family caregivers. We will award about 75 percent of the remaining family caregiver funds for Information & Assistance, Outreach, and Case Management services. We will award $1,000 for Healthy Ideas counseling of family caregivers. We will award the remaining family caregiver funding for the respite care services of In-Home Care, All Day Club, and Legal Assistance for caregivers.

We will award some funds from Senior Health Insurance Program (SHAP), SHIP Integration, & Medicare Improvements & Protections Act (MIPPA) to send counselors to SHIP training in order to have SHIP-certified counselors at every SHAP site. We will award the remaining SHAP, SHIP, & MIPPA funds by formula to our SHIP-certified provider agencies in order to help them pay for counselors who assist with Medicare, Low Income Subsidy, Medicare Savings Program, other pharmaceutical assistance programs, and Benefits Access Applications. Optional services include enrollments in SNAP, health insurance, and Medicaid. We will continue to use our share of these funds (about 10 percent) for a counselor position in our office.

Source of All Funds		
	This Year	**Next Year**
Federal – Older Americans Act	$1,531,340	$1,470,371
Federal – Nutrition Services Incentive Program (NSIP)	284,241	299,328
Federal – Unspent funds by Egyptian AAA, EAAA providers, & other AAA's	343,185	60,000
Federal – Veteran-Directed Home Care	368,605	385,182
State – related to the Older Americans Act	806,662	826,425
State – Senior Health Assistance Program, SHIP, & MIPPA	93,734	98,253
State – Money Follows the Person & LTC Provider Funds for Ombudsman	49,827	49,419
State – Gap-Filling for people raising the children of their relatives	15,000	15,000
State – Adult Protective Services	1,439,432	839,432
State – SDG, SESP, Farmers Market, SMP, Culture Change, & ESP	36,455	37,037
Local – Match received by the local provider agencies	867,838	760,785
Local – Participant donations received by provider agencies	715,088	600,600
Local – United Way & Donations for Holiday Meals-on-Wheels	5,046	4,645
Egyptian AAA Donation – for Holiday MOW & non-federal expenses	7,105	7,000
Total of All Funds	$6,563,558	$5,453,477

Distribution of All Funds		
	This Year	**Next Year**
Federal - Unspent funds to be awarded to providers for services next year	$0	$0
Ombudsman, Counseling, Case Mgmt., Gap-Filling, & Adult Protective Services	1,597,512	991,417
Legal Assistance & Gap-Filling	49,967	40,889
Franklin County	317,844	285,114
Jackson County	355,936	319,025
Perry County	182,418	163,252
Williamson County	514,386	414,591
Gallatin, Hardin, Pope, and Saline Counties	460,279	465,296
Alexander, Johnson, Massac, Pulaski, and Union Counties	731,748	635,593
Local – Match received by the local provider agencies	867,838	760,785
Local – Participant donations received by provider agencies	715,088	600,600
Federal – *Take Charge of Your Health* workshops	0	4,000
Holiday Meals-on-Wheels subcontractors	6,820	6,314
Veteran-Directed Home Care for veterans	300,000	284,688
Egyptian AAA budget (about 7 percent of total distributive funds)	463,722	481,913
Total Distribution of All Funds	$6,563,558	$5,453,477

The federal and state figures are estimates from the *Illinois Department on Aging*, Governor's proposed budget, and the Veteran-Directed Home Care program through the Marion VA.

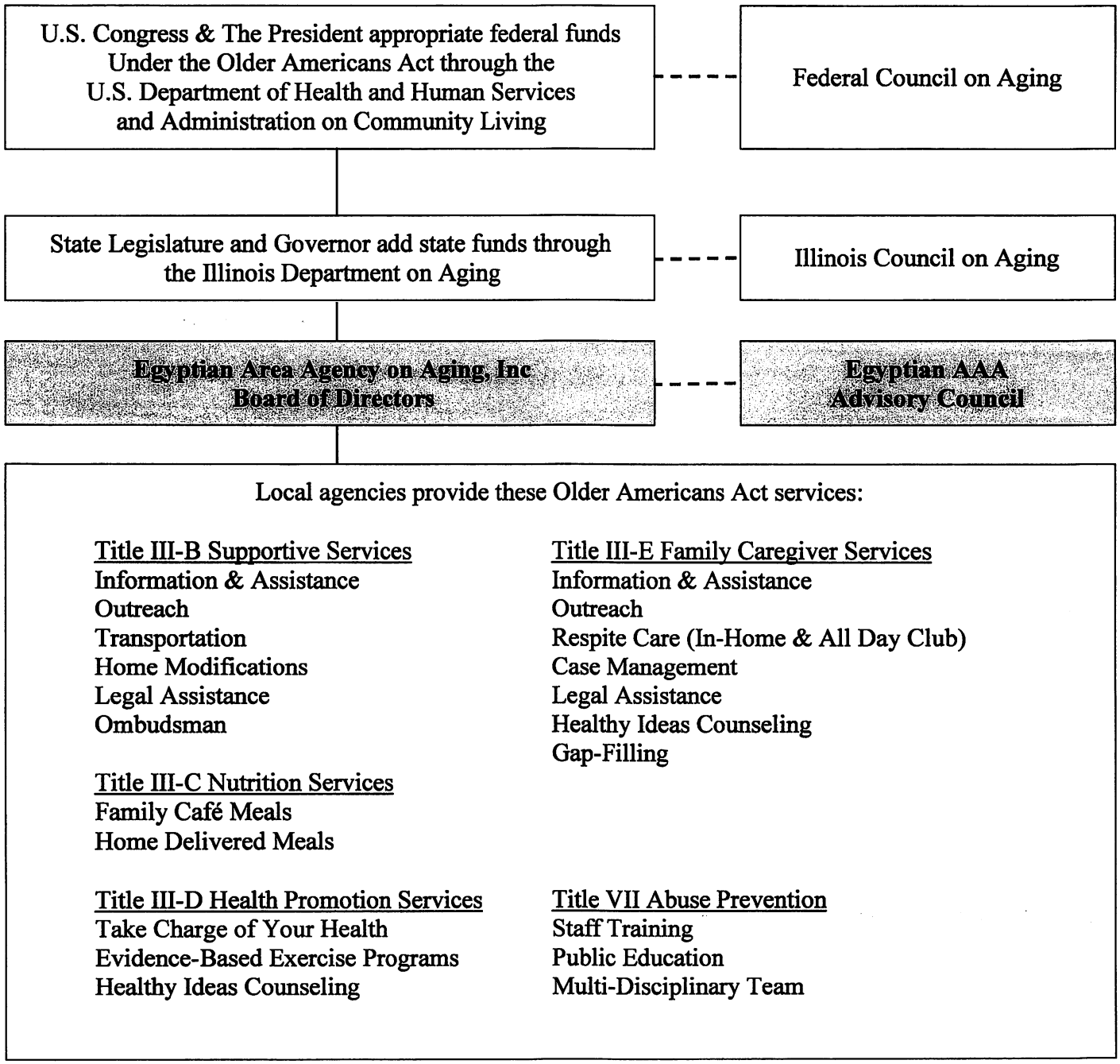
Services We Propose to Fund Next Year					
III-B Supportive Services			***People***	***Units*** [3]	***Area Served***
Options Counseling – information, assistance, & referrals in ADRCs			450	500	2 Counties [2]
Information & Assistance – information, assistance, and referrals			7,000	13,000	13 Counties
Outreach – visiting homes to provide information			2,900	2,900	13 Counties
Transportation – transportation to and from places in the community			260	7,700	10 Counties [1]
Home Modification – minor repairs to make home safe and accessible			27	27	13 Counties
Legal Assistance – protection of legal rights			550	7,000	13 Counties
Ombudsman – protection of the rights of residents in licensed facilities			N/A	N/A	13 Counties
III-C Nutrition Services					
Family Café Meals – hot, nutritious meals in community settings			3,200	195,000	13 Counties
Home Delivered Meals – hot, nutritious meals delivered to homebound			2,600	205,000	13 Counties
III-D Health Promotion Services					
Take Charge of Your Health – living with chronic disease			25	25	13 Counties [2]
Evidence-Based Exercise Programs – strength and balance programs			200	200	13 Counties [2]
Healthy Ideas – counseling for depression			5	5	13 Counties [2]
III-E Family Caregiver Services – for caregivers of senior adults and non-parents raising children of relatives	***Caregivers***		***Non-Parents***		***Area Served***
	People	***Units*** [3]	***People***	***Units*** [3]	
Case Management – assessment and care planning	170	170	5	5	13 Counties
Information & Assistance – information and referrals	1,500	2,000	200	200	13 Counties
Outreach – visiting homes to provide information	600	700	100	100	13 Counties
Healthy Ideas – counseling for depression & grief	5	5	1	1	13 Counties [2]
Respite for Caregivers (In-Home Care & All Day Club)	60	3,000	0	0	13 Counties [2]
Gap-Filling – services and purchases needed	10	10	7	7	13 Counties
Legal Assistance – protection of legal rights	50	500	1	10	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 Service Units indicates the amount of service to be provided as measured by the number of meals, rides provided, clients contacted, hours of service, etc., depending on how the service is delivered.

The Aging Network And the Older Americans Act



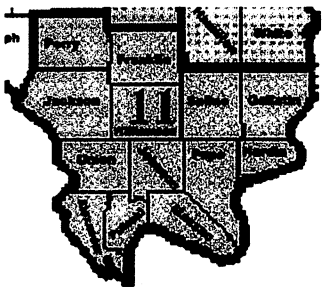
Who We Are

We are a non-profit corporation registered under Illinois law 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 by the Illinois Department on Aging as one of 13 Area Agencies on Aging in Illinois. We have representation on our Board of Directors from all thirteen counties we serve in southernmost Illinois.

We receive federal and state funding through the Illinois Department on Aging, prioritize the services to be funded in our area, decide how to distribute this funding to local agencies that provide services in Southern Illinois, and monitor the services that these agencies provide. Our funding is intended to promote the well-being of senior adults in Southern Illinois and assist them in maintaining their independence in the community. In addition, we help family caregivers of any age who care for senior adults, non-parents raising the children of their relatives, people with disabilities, 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 southernmost Illinois.



Purpose of this Document & Public Hearings

This document summarizes our proposed Area Plan for programs under the Older Americans Act. Our Area Plan provides funds for long-term services and support provided in Southern Illinois for senior adults, family caregivers, and non-parents raising the children of their relatives. With other funding, we help people with disabilities and veterans.

Since we are interested in receiving feedback about our Area Plan, we are holding three public hearings to discuss our plans, receive comments, and answer questions. The locations, dates, and times of our public hearings, and the deadline for providing feedback are located on page 2.

We will use this feedback to determine if changes are needed to our proposed Area Plan before we submit the final copy to the Illinois Department on Aging.

Our Planning Process

We decided to review our previous surveys and research that assessed the needs and service priorities of our senior population. We pursued this course for this planning cycle because our previous surveys and research have usually produced the same results.

In addition, we compared our previous surveys and research with the planning results reported by other Area Agencies on Aging in Illinois. Finally, we tested our previous results against outside surveys and research found online for verification. We hoped to validate or change our assumptions of the need for services that we have always found in our previous surveys and research.

What Our Planning Process Found

The first service priority consistently cited in our previous surveys and research was the need for more reliable and economic public transportation. The second service priority consistently cited was nutrition services. The meals that are provided in senior centers and need for more home delivered meals have been consistent priorities for funding. Many respondents of our surveys cited "socialization" and "activities" at senior centers as important extra benefits in addition to receiving a hot meal. This sentiment includes the participants of home delivered meals who consider the person delivering the meal as a chance for them to "socialize".

Marketing senior center services, particularly the services of Information and Assistance and Outreach, were ongoing issues cited. Housing has been an important issue since at least 1994. The need for a bridge between safely living at home and moving into a nursing home was often indicated as an issue. Recreational activities (one-day trips, etc.), health issues, and health screening activities were a higher concern when these services were offered as a service in senior centers.

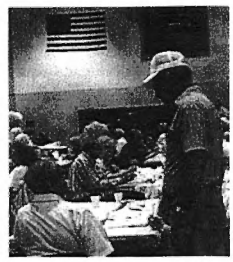
There have always been concerns expressed about one's income and finances throughout the years. Having enough money to pay for food, utilities, and medications has been of particular concern. With funding through the Older Americans Act in 2000-2001, helping caregivers and non-parents raising the children of their relatives has been added as a concern and priority service.

In general, our selection of priority services based on the perceived needs of our clientele closely mirrored that of other Area Agencies on Aging. Nearly all, if not all Area Agencies cited transportation and home delivered meals as their top priorities for funding just as we have cited.

Other priorities listed by other Area Agencies, in no particular order, included congregate meals, cost of utilities, housing availability, information & assistance, abuse, fraud, and lack of knowledge of senior center services. All of these service priorities were also acknowledged in our surveys and research from our previous planning efforts.

Below are a few of the recommendations made by the subgroup of our Advisory Council that studied senior center facilities for the last several years.

- Senior centers need to do a better job of telling participants why donations are important. Meals could be served "family style" in order to have less of an institutional and more of a familial



atmosphere. Meals should be nutritious but still as appetizing as possible. Meals could be served longer or closer to the noon hour in order to allow late-risers to participate.

- Senior centers need to make their facilities more of a place for seniors to gather, eat, drink coffee, and have a conversation, not unlike many fast food restaurants. Senior centers should encourage outside groups to meet at their facility, particularly those groups with a high makeup of older members.
- Senior centers could collaborate with community colleges and the growing number of assisted living (AL) facilities in Southern Illinois. This collaboration could include locating meal sites and / or social service workers inside AL facilities and subcontracting meals for transport to local meal sites in order to save on personnel costs.

In general, priority services of other Area Agencies on Aging included transportation and home delivered meals as their top priorities for funding just as we have cited. Additional priorities listed by other Area Agencies, in no particular order, included congregate meals, cost of utilities, housing availability, information & assistance, abuse, fraud, and lack of knowledge of senior center services. All of these service priorities were also acknowledged in our surveys and research from our previous planning efforts.

A New York City study found that senior centers should serve a diverse population. A growing cohort of older adults between the ages of 60 and 65 has fewer needs and lack interest in the current senior center programs. Senior centers need to address their perceived weaknesses of a clear understanding of the role, relevance, and impact of senior centers.

An AARP Louisiana State Office report found that the best way to serve older adults was to empower older adults. The Louisiana report emphasized that senior centers must be recognized as an important link in local aging-in-place strategies and hold a critical place in the continuum of care efforts.

In general, our service priorities closely mirrored those of other Area Agencies on Aging, as well as meet many of the key findings of other surveys and research. As we found with our surveys and research, the list of service priorities often varied depend on the background of the respondents of the surveys. For example, respondents that were caregivers often cited In-Home Respite Care as a top priority and health care workers often cited medication management and mental health issues as top service priorities.

Our other service priorities include congregate meals, information & assistance, abuse, fraud, and lack of knowledge of senior center services. All of these service priorities were also acknowledged in our surveys and research from our previous planning efforts.

Some gaps in services have been consistent within our area for many years despite efforts to find solutions. These persistent gaps are systemic and will not be completely resolved without a major commitment of additional federal and state funding. Two of these systemic gaps mirror our top service priority, the need for more transportation and home delivered meals.

Home Delivered Meals – Areas Not Served & Waiting Lists

Due to a lack of funding, our provider agencies are not able to deliver meals in some rural areas or provide delivered meals to all senior adults even when they live in areas where meals are delivered. We are coordinating with advocacy groups to find additional funds for home delivered meals.

In December 2014, there were 113 senior adults in need of home delivered meals (HDM). In addition, there were 65 senior adults on waiting lists for home delivered meals. The figures below will be updated in June 2015.

County	# of Older Persons Needing HDM Living in Areas Where HDM Are Not Delivered	# of Older Persons on Waiting Lists Living in Areas Where HDM Are Delivered
Alexander	12	0
Franklin	50	50
Gallatin	0	0
Hardin	0	0
Jackson	0	0
Johnson	14	0
Massac	8	0
Perry	0	0
Pope	15	15
Pulaski	3	0
Saline	0	0
Union	11	0
Williamson	0	0
Totals	113	65

Waivers from Department Requirements

The Department on Aging requires that we spend the same amount of federal and state funds next year for home delivered meals as we are spending this year. We are asking for a waiver from this requirement since we will receive far less federal and state funds next year and will be unable to meet this requirement.

We are requesting a waiver to purchase a license and supplies for our evidence-based health programs. Purchasing supplies in bulk is less expensive. We will give all of these supplies to our service provider agencies.

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 will be affected.

Services or programs that 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 the appropriate level 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.

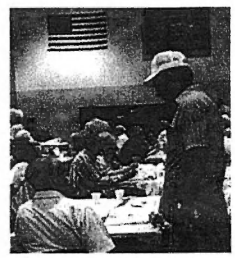
We have adopted the following contingency plan if existing programs or services and their funding sources are collapsed into another (host) program:

1. If the Illinois Department on Aging specifies the amount of funding for one or more collapsed programs (i.e., collapses Ombudsman into III-B, but requires $x to be spent on Ombudsman):
   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 (i.e., collapses Ombudsman into III-B, but doesn't require $x to be spent on Ombudsman):
   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 1, 2015)		
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	Inez Donnigan	Ann Williams Brenda Gooden
Franklin	Becky Lewis Kim Sanders	Katherine Rice Shirley Herrell
Gallatin	Ron Woods, Secretary	Harve Fuhr One Vacancy
Hardin	Bob Winchester, Vice-President	Betty Green Gwynndolin Johnson
Jackson	Richard Habiger Linda Johnson	Laura Hertzog Ethel Barnett
Johnson	Patricia Prewitt	Wayne Dunn David Hogue
Massac	Kay Rottmann	Allan Bass One Vacancy
Perry	James Endsley	Mary Jo Novak One Vacancy
Pope	Paul Kunath	Agnes Bender Frieda Kinkaide
Pulaski	John Williams	Gayla Dial Barbara McElmerry
Saline	David Humm Jack Yates	Ricky Cox Steven Nelson
Union	Vermel Huckelberry, Treasurer	Richard Reynolds One Vacancy
Williamson	Connie Heinle Tiffanny Sievers, President	Darrell Cutler Nelson Van Mere

Our Agency's Activities

Administration: We receive federal and state funding from the Illinois 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, and public health and sanitation.



Advocacy, Coordination, and Program Development: The Illinois Department on Aging allows Area Agencies on Aging to retain some federal supportive service funds for the activities of advocacy, coordination, program development, and Area Plan initiatives. The following is a partial list of these activities for senior adults, family caregivers, non-parents raising the children of their relatives, people with disabilities, and veterans.

1. Inform our elected officials about issues.
2. Work cooperatively with federal, state, and local agencies by coordinating our services with their services to ensure that adults receive all services to which they are entitled.
3. Maintain a presence on councils and committees that make public policy.
4. Serve as a clearinghouse for information on issues.
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 and radio 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).
13. Distribute information about dementia and the aging and memory clinics in our area.
14. Coordinate services with local housing authorities, emergency management and other agencies.
15. Assist with Medicare Part D enrollments, Extra Help, Medicare Savings Program, Benefits Access Application programs, SNAP (food stamps), health insurance, and Medicaid applications.
16. Report cases of suspected fraud and abuse of Medicare and provide information about fraud and abuse of Medicare to the public through media contacts, public speaking engagements, and at health fairs.
17. Refer people aged 55 and older to state Job Service offices, job training classes, employers, and contact agencies and companies to determine their employment needs.
18. Provide technical assistance, reviewed billings, and monitored service provision under the Adult Protective Services program and award funds designated for investigation services.
19. Subcontract meals to be delivered to homebound senior adults on major holidays.
20. Sponsor *Take Charge of Your Health* workshops that help people manage their chronic disease.
21. Help the Marion VA provide *Veteran-Directed Home Care* that helps veterans with in-home services.

Our Initiatives

The following initiatives are special issues that our staff members will address under this Area Plan.

Aging and Disability Resource Centers (ADRC, required by the Department on Aging) – Enhance Illinois' existing Aging and Disability access network through improved collaboration and by adoption of the Coordinated Point of Entry and Aging and Disability Resource Center standards.

Culture of Care in Nursing Homes & In-Home Settings – Change the culture of care in Nursing Homes and in-home care settings by developing a culture of care where the care receiver make decisions about their care.

Service Delivery in Senior Centers – Review services provided at senior centers in order to determine if they should be modified to meet the needs of the baby-boom generation as they retire and need services.

Financial Efficiencies – Explore ways that expenses that can be shared among agencies that will increase financial efficiencies and allow more of federal and state funding to be used for services.

Our Agency's Budget Next Year			
Older Americans Act (OAA)		***Our Other Activities***	
Supportive Services monitoring	$45,609	Systems Development activities	$15,671
Family Café Meals monitoring	55,014	Senior Employment Specialist activities	13,838
Home Delivered Meals monitoring	25,625	Adult Protective Services monitoring	39,432
Family Caregiver monitoring	17,297	Money Follows the Person activities	0
Ombudsman monitoring	3,654	Senior Medicare Patrol activities	6,000
Elder Abuse Prevention monitoring	526	Culture Change activities	0
Area Agency Match	48,522	SHAP, SHIP, MIPPA activities	9,824
Advocacy activities	27,775	Veteran-Directed Home Care activities, Farmers Market monitoring, ESP for ADRC monitoring, Holiday Meals-on-Wheels monitoring, and Corporate activities	107,353
Coordination activities	24,754		
Development & Initiative activities	40,519		
III-D license & supplies for providers	500		
OAA Subtotal	$289,795	Our Other Activities Subtotal	$192,118
		Our Agency's Total Funding Next Year	$481,913

This year our "OAA Subtotal" is $304,309. Next year, we will receive less OAA funding. However, our funding from the Veteran-Directed Home Care through the Marion VA will increase, which helps our agency offset our OAA reductions.

2010 Census Information

County	Age 60+	Age 75+	Age 85+	Age 60+ Women	Age 60+ Live Alone	Age 60+ Poverty	Age 60+ by Race								Square Miles	Total Population
							White	Black	His-panic	Amer. Indian	Asian	Pacific Islands	Other	Reported 2+ Races		
Alexander	1,906	635	164	1,048	705	435	1,475	395	11	5	6	1	0	13	236	8,238
Franklin	9,852	3,349	1,086	5,479	2,965	974	9,711	9	36	24	13	1	1	57	412	39,561
Gallatin	1,564	482	122	851	450	215	1,535	5	2	6	3	0	1	12	324	5,589
Hardin	1,241	352	77	640	319	120	1,221	0	6	4	2	0	0	8	178	4,320
Jackson	9,931	3,442	1,090	5,656	2,900	714	8,924	697	103	27	97	2	0	81	588	60,218
Johnson	3,014	872	219	1,563	610	214	2,952	16	17	3	6	0	0	20	345	12,582
Massac	3,772	1,377	464	2,104	1,135	408	3,552	165	24	8	5	0	0	18	239	15,429
Perry	4,794	1,675	520	2,645	1,360	389	4,648	86	24	6	10	0	1	19	441	22,350
Pope	1,312	401	95	655	219	115	1,280	6	11	7	2	0	0	6	371	4,470
Pulaski	1,549	541	145	864	505	345	1,103	426	11	1	1	0	0	7	201	6,161
Saline	6,153	2,154	623	3,485	2,025	720	5,889	155	20	17	18	0	0	54	383	24,913
Union	4,422	1,416	443	2,359	1,160	763	4,299	21	57	13	2	0	0	30	416	17,808
Williamson	15,009	4,864	1,456	8,323	3,820	1,512	14,513	215	93	24	85	1	1	77	423	66,357
TOTAL	64,519	21,560	6,504	35,581	18,173	6,924	61,102	2,196	415	145	250	5	4	402	4,557	287,996

The number of senior adults (age 60 and older) in southern Illinois increased from 59,199 in 2000 to 64,519 in 2010. Every county had an increase in their senior population except for Alexander, Pulaski, and Saline counties. This increase in senior adults was entirely from younger seniors who became of age since 2000. The number of senior adults aged 75 or older decreased from 23,456 in 2000 to 21,560 in 2010. The number of senior adults aged 85 and older decreased from 6,514 in 2000 to 6,504 in 2010. Finally, the total population in southern Illinois decreased from 288,681 in 2000 to 287,996 in 2010. This increased the percentage of senior adults in southern Illinois from 20.5% in 2000 to 22.4% in 2010.

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