



Helping senior adults remain independent since 1978

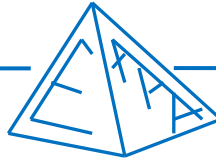
Area Plan Summary for Fiscal Year 2012

Public Hearings		
<p>Wednesday, June 1</p> <p>Goreville Senior Center 204 S. Broadway St. Goreville, IL 10:30 am</p>	<p>Thursday, June 2</p> <p>Golconda Senior Center Adams Street Golconda, IL 10:45 am</p>	<p>Friday, June 3</p> <p>Marion Senior Center 507 W. Main St. Marion, IL 1:00 pm</p>

Written comments accepted until 3 pm, June 6, 2011 at the:

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

Toll-Free Phone: 1-888-895-3306
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May 2011

To Whom It May Concern:

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

We will accept written comments about our Area Plan until 3 p.m. on June 6, 2011. Our Board of Directors will consider changes to our Area Plan based on the oral and written questions and comments received.

A summary of our Area Plan is enclosed in this document. Our Area Plan describes services for senior adults that are a priority for funding, and how we will distribute federal and state funds to local areas 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 would announce our public hearing 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.

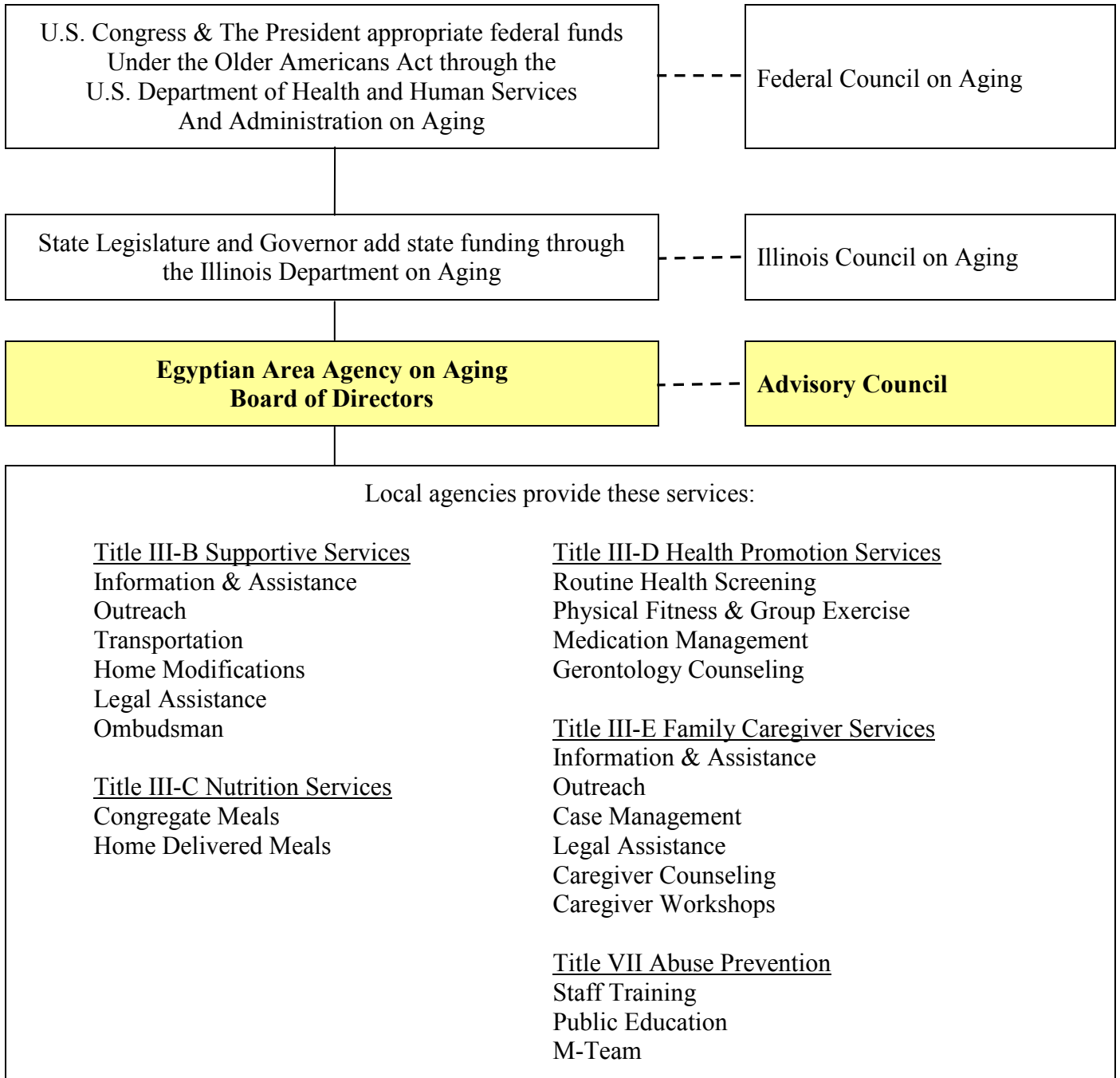
Respectfully,

John M. Smith
Executive Director

file: (F):\ AP-2012 \ Public Information Document



The Aging Network



Who We Are

We are one of over 600 Area Agencies on Aging in the nation established by a federal law called the Older Americans Act. We are a non-profit corporation registered under Illinois law and established in 1978. We have representation on our Board of Directors from all thirteen counties we serve in southernmost Illinois (see the map below).

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 funds to promote the well-being of older adults in Southern Illinois and assist them in maintaining their independence in the community. In addition, we provide funds to help serve caregivers of any age who care for older adults and older relatives raising children not their own. Finally, we write for grants to help older adults caring for their children who have developmental disabilities.

Counties We Serve

Our services are provided in 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 will outline funding for home and community-based services provided in Southern Illinois.

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 cover of this document has the locations, dates, and times of our public hearings and the deadline for providing feedback to us.

We will use 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 gathered information from senior adults, professionals, and the public concerning the services needed by senior adults. With the assistance of the SIUC School of Social Work, focus group sessions were conducted. We held speak outs at senior centers in different regions of our planning and service area. We conducted a survey of the service needs of senior adults and the gaps in services.



In addition, we considered the following issues and their effect on senior adults and services.

1. High costs for utilities, gasoline, and food
2. A decline in our percentage of funding from the state because of a decline in our senior population
3. Federal, state, local, and private funding sources
4. Modern technology and service delivery
5. How care is provided in nursing homes
6. How services are provided in senior centers
7. Affects of Alzheimer's disease and other dementias on the senior population
8. Information about Medicare and fraud and abuse of Medicare
9. Grandparents and older relatives who care for children not their own
10. Collaboration and coordination of services with the disabled community

What We Found

There is a very high level of support for meal services among older adults. Nutritious meals are obviously important, but also important is the social interaction older adults receive at senior meal sites. Additionally, there are rising frustrations about the declining purchasing power of existing funding, as most nutrition programs are experiencing service cutbacks and waiting lists for home delivered meals.

Older adults indicated that the following services are a priority for funding, also.

1. Transportation
2. Programs that help pay for prescription drugs
3. Health screening and preventive health measures
4. Programs designed to enhance mental vitality
5. Adult day services
6. Legal assistance
7. Advocacy for nursing home residents
8. Minor home improvements
9. Elder abuse prevention

Professionals identified these service priorities: programs that help pay for prescription drugs, transportation, legal assistance, elder abuse prevention, and having enough to eat. They felt that barriers and gaps in service included a lack of knowledge about services, lack of transportation in isolated areas, and the difficulty older adults have in using "automated technology" that many agencies currently have in place.

Federal and state funding for in-home and community-based services for older adults has not kept up with inflation or the growing demand for these services. Local funding sources have helped stave off service cutbacks and waiting lists for the last several years. However, it has become evident that without a major influx of additional federal and state funds, programs for older adults will continue the recent trend of service cutbacks and waiting lists.

What We Encountered & Accomplished

We continued to provide assistance on Medicare and Illinois Cares Rx program. Because many beneficiaries are unable to deal with the complexity of these programs, our staff members are certified by the state to be Medicare counselors.

We reported cases of suspected fraud and abuse of Medicare. We provided information about fraud and abuse of Medicare to the public through media contacts, public speaking engagements, and at health fairs.

We referred people aged 55 and older to state Job Service offices, job training classes, and employers. We contacted agencies and companies to determine their employment needs.

We provided technical assistance, reviewed billings, and monitored service provision under the Elder Abuse, Neglect, & Exploitation program. We awarded funds designated for investigation services to an area-wide service provider agency to investigate alleged cases of abuse of senior adults.

We subcontracted with local organizations and restaurants to deliver meals to homebound senior adults on major holidays.



We gave Farmers Market coupon booklets to senior centers to distribute to senior adults. These coupons were redeemed for fresh fruit and vegetables at designated farmers markets.

We supported the Relatives as Parents Program, and their efforts to develop a website and resources that help people who are raising a relative's children.

We worked with the Southern Illinois Pioneer Coalition to schedule and conduct a series of workshops whose aim was to help nursing homes and in-home care providers change the way they deliver care from an institutional / medical model to a model that allows the care receiver to make decisions about and direct the care they receive. This includes making nursing homes more homelike.

We sponsored workshops for people with chronic disease that helped them manage their illness.

We maintained a presence on councils and committees that make public policy, such as Healthy Community Coalitions and Special Needs Assistance Programs.

We distributed Flexible Senior Service funds to older people eligible for the Illinois Community Care Program to help them with special purchases.

Home Delivered Meals – Waiting Lists and Areas Not Served

Due to budget constraints, our provider agencies are not able to provide meals to all senior adults who request them, nor deliver meals in some areas. We are coordinating with advocacy groups to find additional funds for home delivered meals.



As of November 2010, there were 250 older adults denied home delivered meals due to a lack of funding and 253 on waiting lists. In addition, about 288 senior adults need home delivered meals but live in areas where meals are not normally delivered. Below are the areas where meals are not delivered because of budget constraints and the estimated number of senior adults who live in these areas and in need of delivered meals.

Needing Meals and Living
Where They're Not Delivered

Alexander County:

Areas where meals are needed: Miller City, Future City, Olive Branch, Klondike,
Hodges, and Sandusky 23

Franklin County:

Areas where meals are needed: waiting list only 0

Gallatin County:

Areas where meals are needed: waiting list only 0

Hardin County:

Areas where meals are needed: Rock Creek, St. Route 1 north, St. Route 34 west,
Karbers Ridge, and Lambtown 13

Jackson County:

Areas where meals are needed: Bradley, Degonia, Kincaid, Fountain, Ora, Levin,
Pomona, Makanda, Sand Ridge, De Soto, Grand Tower, Carbondale, Murphysboro,
Somerset, Vergennes, and Elkhville 100

Johnson County:

Areas where meals are needed: New Burnside, Belknap, Buncombe, Cypress,
Grantsburg, Lake of Egypt, Ozark, and Tunnel Hill 64

Massac County:

Areas where meals are needed: Joppa, New Columbia, Metropolis, and Brookport 12

Perry County:

Areas where meals are needed: Pinckneyville and Tamaroa 16

Pope County:

Areas where meals are needed: Eddyville, Homberg, and Golconda 6

Pulaski County:

Areas where meals are needed: Karnak, Perks, Wetag, Villa Ridge, Olmsted, Ullin,
and Grand Chain 21

Saline County:

Areas where meals are needed: Galatia, Carrier Mills, Harco, Stonefort, St. Route 13 west 5

Union County:

Areas where meals are needed: Ware, Wolf Lake, Beach Grove, Dongola, and Lick Creek 28

Williamson County:

Area where meals are needed: waiting list, only 0

Total 288

Our Service Priorities & Funding Decisions

We will fund the supportive services of Information & Assistance, Outreach, Transportation, Home Modifications (minor), and Legal Assistance. Since the Department on Aging can potentially increase funding for our Comprehensive Care Coordination services, we propose to divert all of the funds that we previously awarded for Case Advocacy & Support to nutrition providers. In addition, we will continue our practice of diverting a small amount of supportive service funds for Home Delivered Meals. We will continue our practice of diverting a small amount of funds from Congregate Meals to Home Delivered Meals. We will use a majority of our discretionary state funds for Home Delivered Meals.

We will award \$7,500 for caregiver workshops and \$15,000 for gap filling. We award 50 percent of the remaining caregiver funds for Information & Assistance, Outreach, Case Management, Counseling, and Legal Assistance, and 50 percent for the respite care services of In-Home Respite and Adult Day Services as Respite. We reviewed our reimbursement rates for aging services and decided not to make any changes at this time.

We will continue to fund a specialist position within our office that addresses issues with Medicare prescription drug plans and Illinois Cares Rx program. We will use Senior Health Assistance Program (SHAP) and Medicare Improvement for Patients and Providers Act (MIPPA) funds designated for Area Agencies and for Aging and Disability Resource Centers for this activity. We will award \$2,000 of SHAP and MIPPA funds to two of our grantees that have Senior Health Insurance Program certified staff members in order to help them assist Medicare beneficiaries. We will award \$33,000 of SHAP and MIPPA funds to our Case Coordination Unit (CCU) in order to help them fund Aging Resource Centers and enter into a partnership with our agency to help us develop an Aging and Disability Resource Center. We will award the remaining SHAP and MIPPA funds to our grantees to help them fund staff positions to help people with the Illinois Cares Rx program.

Our Funding Formulas

In 1987, our Board of Directors adopted a funding formula using 1980 U.S. Census data that 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 age 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 that was less than the average population density for the entire area.

In FY1988, the Board approved a policy that as funding amounts changed the allocations awarded to providers agencies would change equitably by the percentage of the change. This policy of maintaining each agency's "relative position" to each other based on the percentage of funds awarded in 1987 was reaffirmed by the Board in each succeeding year (formulas #1 & #2). 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). 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 (formulas #1 & #2). Per instructions from the Department on Aging, NSIP funds are awarded based on the number of eligible meals served in the previous fiscal year.

In 1992 and again in 2004, we proposed using the latest U.S. Census data in our funding formula and offered several alternative funding formulas. We received overwhelming feedback not to change our funding formula or the concept of maintaining relative position based on the percentage of funds awarded to each subarea in FY 1988.

Formula #3 was developed when Congress added funding specially for Health Promotion activities. The percentage share for the Legal Assistance provider was added to the Counseling provider's share in order to have more funds for this important service.

Formula #4 was developed when Congress added funding specially for the Family Caregivers Program. The percentage share for the Legal Assistance provider was added proportionally to the senior center providers in order to increase funding for respite care services.

Formula #5 was developed to show that Ombudsman and Elder Caring for Adult Children with DD program funds are awarded to the Care Coordination Unit.

Formula #6 was added in 2008 when 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 (formula #6). In 2009 through 2011, our Board approved increasing the amount to 60.0 percent.

Formula #7 was added to show that funding for Holiday Meals-on-Wheels is awarded separately from the Older Americans Act. Formula #8 was developed to show the distribution of Family Caregiver Program funds for gap-filling services. Formula #9 was developed to show the distribution of Gap-filling services for the Grandparents Under Age 55 Raising Grandchildren program.

Area	Our Funding Formulas	# 1	# 2	# 3	# 4	# 5	# 6	# 7	#8	#9
Ombudsman, Counsel, Case Mgmt, Abuse		13.70%	0.00%	20.03%	13.70%	100.0%	(100%)	0.00%	1	0
Legal Assistance		6.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1	0
Franklin		12.26%	15.33%	12.26%	13.23%	0.00%	15.33%	0.00%	1	1
Jackson		9.93%	12.42%	9.93%	10.72%	0.00%	12.42%	0.00%	1	1
Perry		5.84%	7.30%	5.84%	6.30%	0.00%	7.30%	0.00%	1	1
Gallatin, Hardin, Pope, & Saline		16.07%	20.10%	16.07%	17.34%	0.00%	20.10%	0.00%	4	4
Williamson		13.34%	16.68%	13.34%	14.40%	0.00%	16.68%	0.00%	1	1
Alexander, Johnson, Massac, Pulaski, Union		22.53%	28.17%	22.53%	24.31%	0.00%	28.17%	0.00%	5	5
Total		100.00%	100.00%	100.00%	100.00%	100.0%	0.00%	0.00%	15	13

#1 – Supportive, State (all except State HDM), Caregiver Counseling, Caregiver Legal, & Respite
#2 – Nutrition, State HDM, & Medication Mgmt.
#3 – Health Promotion other than Medication Mgmt.
#4 – Caregiver I&A, Caregiver Outreach, Caregiver Case Mgmt., SHAP, & MIPPA
#5 – Ombudsman and ECADD program funds
#6 – Reducing agency by this % and awarding it to Nutrition (started in FY2008)
#7 – Holiday MOW & Caregiver workshops (agencies not listed here)
#8 – Caregiver Gap-Filling (shares of \$15,000)
#9 – GRG under age 55 gap-filling (shares of \$4,400)

Funds Expected	
Federal – Older Americans Act	\$1,970,580
Federal – Nutrition Services Incentive Program	348,084
Federal – Estimated unspent funds by service providers & Egyptian AAA this year	35,000
State – General revenue funds	628,829
State – Senior Health Assistance Program	114,478
State – Flexible Senior Services for CCP Clients	86,000
State – Civil Monetary Penalties for Ombudsman	13,923
State – Under 55 Grandparents & Elderly Caring for Adult Children with DD	7,600
State – Elder Abuse, Neglect, and Exploitation	835,847
Funding awarded for non-Older Americans Act activities	42,801
United Way & Contributions – Holiday Meals-on-Wheels (MOW)	9,664
Federal – Medicare Improvement for Patients & Providers Act	42,995
Local Match – Received by the local provider agencies	865,190
Corporate Contribution (\$4,000 for Holiday MOW & \$3,000 for agency expenses)	7,000
Participant Contributions – Received by the local provider agencies	957,300
Total Funds Expected	5,965,291
Distribution of Funds	
Unspent federal funds to be awarded to providers for direct services later next year	35,000
Ombudsman, Counseling, Caregiver Case Management, and Elder Abuse	958,510
Legal Assistance	43,481
Franklin County	378,238
Jackson County	301,074
Perry County	180,260
Williamson County	426,067
Gallatin, Hardin, Gallatin, Pope, and Saline counties	506,931
Alexander, Johnson, Massac, Pulaski, and Union counties	688,665
Family Caregiver Workshops	7,500
Local Match – Received by the local provider agencies	865,190
Participant Contributions – Received by the local provider agencies	957,300
FSS, & Under 55 GRG – Held by the Egyptian AAA for consumers	79,550
Holiday Meals-on-Wheels – Awarded to various subcontractors	10,655
Egyptian AAA Budget (8.8 percent of total)	526,870
Total Distribution of Funds	5,965,291

Federal and state figures are estimates based on correspondence from the *Illinois Department on Aging*. In FY2011, we project an area-wide budget of \$6,044,579.

Services We Will Fund					
<i>Supportive Services</i>	<i>People Served</i>	<i>Units</i>	<i>Area Served</i>		
Information & Assistance – information and referrals to other agencies	7,850	15,550	13 Counties		
Outreach – visiting homes and informing seniors of services available	4,200	4,200	13 Counties		
Transportation – transportation to and from places in the community	400	9,000	10 Counties ¹		
Residential Repair – minor repairs to make home safe and accessible	65	65	13 Counties		
Legal Assistance – protection of legal rights	590	7,500	13 Counties		
Ombudsman – protection of the rights of residents in licensed facilities	4,500	5,500	13 Counties		
<i>Nutrition Services</i>					
Congregate Meals – hot, nutritious meals in the community	2,000	220,000	13 Counties		
Home Delivered Meals – hot, nutritious meals delivered to homebound	1,500	290,000	13 Counties		
<i>Health Promotion Services</i>					
Routine Health Screening – blood pressure and other health screening	2,000	1,400	13 Counties		
Physical Fitness & Group Exercise – physical activities for better health	60	300	4 Counties ²		
Medication Management – medication counseling and education	500	300	13 Counties		
Gerontology Counseling – advice and counseling	70	500	13 Counties		
<i>Family Caregiver Services</i> Services for caregivers of senior adults and grandparents (or other older relatives) raising grandchildren.	<i>Caregivers</i>		<i>Grandparents</i>		<i>Area Served</i>
	<i>People Served</i>	<i>Units</i>	<i>People Served</i>	<i>Units</i>	
Case Management – assessing needs and developing plans of care	150	220	7	15	13 Counties
Information & Assistance – information and referrals to other agencies	2,000	2,800	4	10	13 Counties
Outreach – visiting homes and informing caregivers of services available	1,200	1,200	1	1	13 Counties
Caregiver Counseling – advice and counseling	15	200	1	1	13 Counties
Caregiver Training & Education – workshops and educational materials	50	10	60	10	13 Counties ³
Respite Care (In-Home and ADS) – homemaker and adult day services to give the caregiver a break from care	120	6,000	1	5	13 Counties
Supplemental (Gap-Filling) Services – services and items provided when no other resource is available	25	25	25	25	13 Counties
Legal Assistance – protection of legal rights	50	500	5	5	13 Counties

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

² Local funded agencies have the option to provide this service.

³ These services are provided for the benefit of people in all 13 counties, but may be located in only a few places in each county.

Service Waivers

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 to provide Older Americans Act services directly rather than award funds to local service provider agencies.

We are requesting a waiver in order to develop a fully functioning Aging and Disabilities Resource Center (ADRC). ADRC is a new concept for our area. It will take time to implement fully. Until it is implemented fully, our agency intends to retain the services of the ADRC system within our agency. To help us, we are proposing to enter into a partnership with the Case Coordination Unit (CCU) in our area order to help us develop the ADRC since they are uniquely positioned with resources and contacts needed for development of the ADRC.

Unexpected Changes in Funding

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 funds increased or decreased, only service provider agencies funded for Nutrition Services would be affected.



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, 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

Members serve without compensation except for the reimbursement of their mileage. (as of May 2011)

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	Judson Childs	Ann Williams Brenda Gooden
Franklin	Goebel Patton, Treasurer Gail Borton	Katherine Rice Shirley Herrell
Gallatin	Harve Fuhr, President	Ronald Woods, Chairperson Claudette Raymes
Hardin	Leonard Largent, Vice-President	Betty Green Edie LaVern Spivey
Jackson	Elizabeth Schill Richard Habiger	Laura Hertzog Janet Squibb
Johnson	Patricia Prewitt	James Brown Terry Noble
Massac	Kay Rottmann	Hanns J. Bell Lora Mae Kruger
Perry	One Vacancy	Carol Sue Robinson Mary Jo Novak
Pope	Gilbert Oetjen	Linda Killingsworth Frieda Kinkaide
Pulaski	John Williams	Leslie Taylor One Vacancy
Saline	Denia Gibbs One Vacancy	Two Vacancies
Union	Jack Sherwin, Secretary	Mickey Finch Vermel Huckelberry
Williamson	Connie Heinle Jim Mills	Tiffany Sievers Darrell Cutler

Our Agency 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 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 our activities:

1. Inform our elected officials about issues, including participating in town hall and other events.
2. Develop implementation plans for new programs.
3. Work cooperatively with federal, state, and local agencies by 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 that make public policy.
5. Maintain an information resource library and serve as a clearinghouse for information.
6. Publish a resource guide of services.
7. Maintain an extensive website that contains pertinent, comprehensive information about services and resources in Southern Illinois.
8. Respond to requests and make referrals to appropriate agencies.
9. Nominate senior adults for federal, state, and local awards.
10. Provide information on alternative housing, assisted living, and supportive living facilities in our area.
11. Develop volunteer opportunities for senior adults especially with younger generations.
12. Develop and organize Holiday Meals-on-Wheels by raising local funds to provide home delivered meals to homebound senior adults on holidays when government supported programs are closed.
13. Provide information, assistance, and training on prescription drug assistance.
14. Coordinate the distribution of Farmers Market coupon booklets.
15. Coordinate with demonstration programs.
16. Sponsor workshops for caregivers of senior adults and grandparents raising grandchildren.
17. Release newspaper and radio articles on aging issues and services.
18. Speak before various groups about aging issues and services.
19. Support programs to transition senior adults from living in nursing homes to independent settings in the community.
20. Develop and support local funding sources.
21. Work with licensed facilities and the Ombudsman Program to advance culture change in nursing homes, assisted living facilities, and in-home care.
22. Distribute educational materials about dementia and the aging and memory clinics in our area.
23. Receive and report alleged fraud and abuse of Medicare.
24. Encourage and support area fire departments to adopt the *Illinois Remembering When* program.
25. Coordinate with local emergency management agencies in order to respond during disasters.

Our Agency Initiatives

The following initiatives are special issues that our staff members will address during this three-year Area Plan cycle.

Aging and Disability Resource Centers (required by the Dept. 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.

Changing the Culture of Care in Nursing Homes & Other In-Home Settings – Change the culture of care in Nursing Homes and other in-home settings by developing a change in the culture of care from institutional-like to care that is person-centered, where the care receiver can help make decisions about their care.

Relatives as Parents Program – Develop services and resources for the Relatives as Parents Program

Reviewing How Senior Centers Deliver Services – Review how services are provided at senior centers to determine if they should be modified to meet the needs of the baby-boom generation as they retire and need our services.

Our Agency Budget			
Supportive Services admin.	\$ 54,045	Program Development & Initiatives	\$ 63,724
Congregate Meals admin.	70,437	State Grant for Area Agencies	63,150
Home Delivered Meals admin.	33,609	Non-Older Americans Act grants	45,801
Family Caregiver admin.	28,777	Flexible Senior Services admin.	6,450
Ombudsman admin.	4,552	Elder Abuse admin.	35,847
Prevention of Elder Abuse admin.	613	SHAP & MIPPA grants	51,538
Advocacy activities	40,564	Holiday Meals-on-Wheels admin.	3,009
Coordination activities	24,754		
Total			\$526,870

2000 Census Information

County	60+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Live Alone	60+ Poverty	----- Age 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
TOTAL	59,199	23,456	6,514	34,527	18,077	6,650	56,481	1,931	256	84	141	49	322	65	4,557	288,681

According to the U.S. Census, the southern 13 counties' number of senior adults (age 60 and older) has declined from 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.

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