



Connecting Older Adults with Community-based Resources and Options
The Area Agency on Aging of Suburban Cook County, since 1974



Fiscal Years 2022-2024 Area Plan on Aging Fiscal Year 2024 Public Information Document

At AgeOptions, we believe that:

- Quality of life is essential to everyone
- Communities that care make a difference
- Knowledge is powerful
- Good choices depend on reliable resources

That is why we connect aging with options for living well.

AgeOptions does not discriminate in admission to programs or activities 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, or contact the Area Agency's Civil Rights Coordinator at (800)699-9043



AREA PLAN ON AGING

PUBLIC HEARINGS

AgeOptions will share the proposed FY2024 Area Plan on Aging Public Information Document. It outlines how state and federal funding will be used to serve and support older adults, people with disabilities and caregivers in suburban Cook County. Your contribution can help influence how services are provided at local, state and national levels!

WE WANT TO HEAR FROM YOU!

- ✓ **LEARN** about services
- ✓ **SHARE** your ideas
- ✓ **HELP** us improve

Join us at a location near you!

[REGISTER HERE](#)

Refreshments will be provided.

For more information or a copy of the Area Plan Public Information Document prior to the public hearing, to request accommodations or to submit written comments, please contact Peter Byer at (708)383-0268 or Peter.Byer@ageoptions.org. Written comments are accepted until May 30, 2023. AgeOptions is the agency designated by the Illinois Department on Aging to plan, coordinate, advocate and fund services for people aged 60 and over in suburban Cook County.

SOUTH SUBURBAN

Monday, May 22, 2023

10:30-11:30 am

South Holland Public Library
16250 Wausau Avenue,
South Holland, IL 60473

NORTH SUBURBAN

Monday, May 22, 2023

2:30-3:30 pm

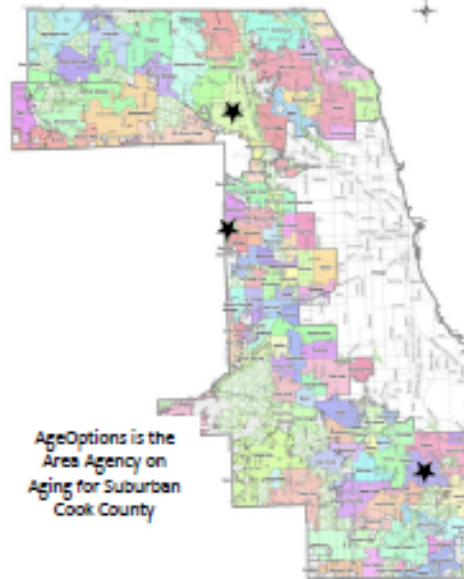
Des Plaines Public Library
1501 Ellinwood St.
Des Plaines, IL 60016

WEST SUBURBAN

Thursday, May 25, 2023

9:30-10:30 am

Berkeley Public Library
1637 Taft Ave,
Berkeley, IL 60163



Fiscal Year 2024 Public Information Document

AgeOptions publishes this Public Information Document as the official summary of the proposed **Area Plan** for Fiscal Year 2024. A summary of this document will be presented at Public Hearings (see schedule below). This Public Information Document summarizes the third year of the three-year AgeOptions Area Plan for Fiscal Years 2022-2024. This Public Information Document is for the reader to use as a tool to stimulate comments and questions at the Public Hearings.

A summary of public comments will be presented to the AgeOptions Advisory Council on June 1, 2023, and to the AgeOptions Corporate Board on June 22, 2023.

Comments on the proposed **Area Plan** for Fiscal Year 2024 as referenced in this Public Information Document may be sent by mail, fax, or e-mail to AgeOptions no later than 4:00 p.m., May 30, 2023, to Peter Byer, Planning and Advocacy Specialist, AgeOptions, 1048 Lake Street, Suite 300, Oak Park, Illinois 60301, Fax: 708.524.0870 or E-mail: Peter.Byer@ageoptions.org

Public Hearings

AgeOptions, the Area Agency on Aging for suburban Cook County, is conducting three Public Hearings on the suburban Cook County Area Plan on Aging for Fiscal Year 2024. The public is welcome and encouraged to discuss and comment on the Plan.

If you need special assistance, a translator, sign language, or other accommodation, please contact Peter Byer at (708) 383-0258 at least two days prior to the hearing to which you plan to attend.

Date	Time	Location
Monday, May 22, 2023	10:30 – 11:30 am	South Holland Public Library- 16250 Wausau Avenue, South Holland, IL 60473
Monday, May 22, 2023	2:30 - 3:30 pm	Des Plaines Public Library, 1501 Ellinwood Street, Des Plaines, IL 60016
Thursday, May 25, 2023	9:30-10:30 am	Berkeley Public Library – 1637 Taft Avenue, Berkeley, IL 60163

Statement of Purpose of the Public Information Document and the Area Plan Public Hearings

The AgeOptions Area Plan on Aging is a planning, management and grant award document. It encompasses service delivery plans and priority issues for FY 2024 for Planning and Service Area 13 (suburban Cook County).

The purpose of this Public Information Document is to present an outline of our plan to distribute federal and state funding to deliver services to older adults, people with disabilities and caregivers in suburban Cook County. AgeOptions reissues the Public Information Document in the spring of each year to provide detailed information for the upcoming year.

The purpose of the Area Plan Public Hearings is to provide an open forum for the public to make recommendations and comments on this Public Information Document. AgeOptions is interested in receiving feedback about our plan, especially from the people we serve. Comments or questions received will be reviewed by AgeOptions Advisory Council and Board who will consider changes to the Area Plan. AgeOptions prepares summaries of public hearing testimonies from all locations and identifies any actions. A full report on the above is available upon request and when available.

AgeOptions The Area Agency on Aging of Suburban Cook County

Who We Are

AgeOptions is a not-for-profit organization committed to improving the quality of life and maintaining the dignity of older adults and those who care about them. Our purpose is to connect older adults, aged 60 and over, with resources and options for care so that they have a range of choices and the opportunity to live their lives to the fullest.

AgeOptions is nationally recognized for its innovative programming, strong community partnerships, excellent service provision, and powerful advocacy.

AgeOptions Strategic Plan includes the following vision, mission, values and diversity statement.

AgeOptions Vision: People *thriving* as they age

AgeOptions Mission: *AgeOptions innovates, partners, and advocates to improve systems and services in order to strengthen communities so people thrive as they age.*

AgeOptions Values:

- **Commitment:** *AgeOptions is committed to the people and communities we serve, our partners and staff. We show it through our fortitude, capacity, dedication, passion, and perseverance.*
- **Integrity:** *AgeOptions strives to align its principles, words and actions. We act with integrity and honesty in the work that we do, through interactions, with clients, partners and funders, and in the decisions that we make. We are accountable to one another and to those whom we serve.*
- **Connectedness:** *AgeOptions is active and engaged with our communities. We believe that we can best serve our mission by listening, partnering and convening.*

AgeOptions Diversity Statement *The diversity of our organization and communities is a rich asset that strengthens our mission and guides our decisions and direction.*

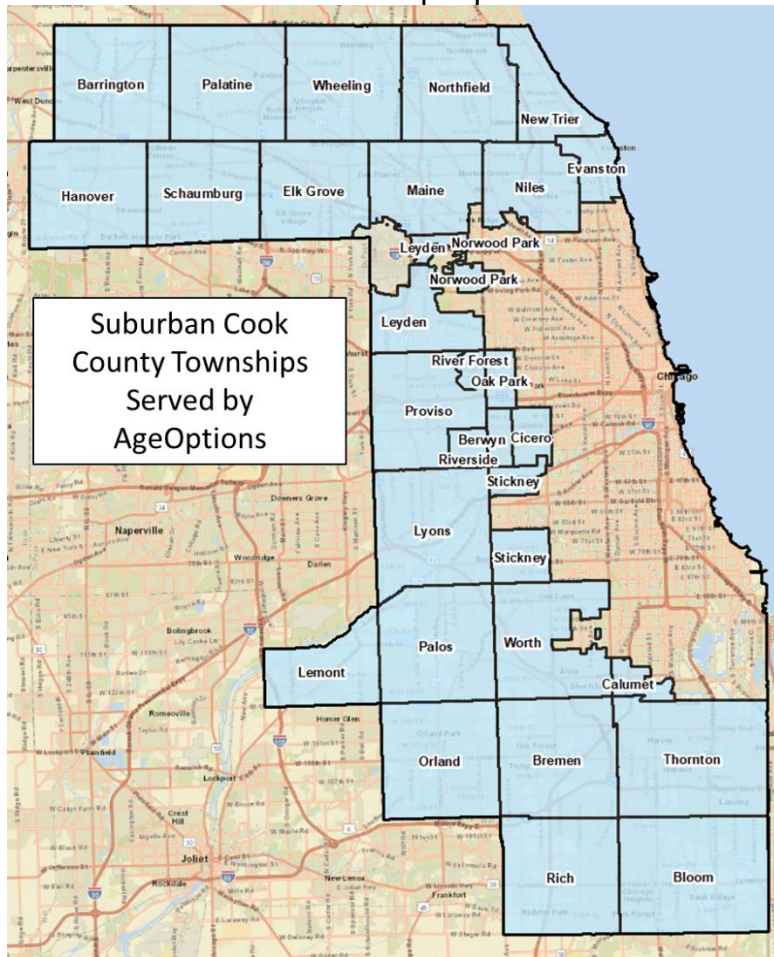
AgeOptions has served older adults and their families throughout suburban Cook County since 1974 as part of a nationwide service network of Area Agencies on Aging. This nationwide network includes the Administration for Community Living¹ at the federal level, the Illinois Department on Aging which is the State Office on Aging at the state level, approximately 622 Area Agencies on Aging (AAAs) nationwide at the regional level, and local community service providers. All of us working together to serve older adults.

AgeOptions is governed by a Board of Directors, whose responsibilities include setting direction, establishing policies, and allocating resources. Our Advisory Council is comprised of older adults and other professionals interested in aging from across suburban Cook County. The role of the Advisory Council is to advise AgeOptions on the development and implementation of the Area Plan and to serve as an advocate for older people. A list of our Board of Directors and Advisory Council members can be found at the end of this document.

¹ The Administration for Community Living is a part of the federal Department of Health and Human Services

Who We Serve

AgeOptions is designated under the federal Older Americans Act and the Illinois Act on Aging as the Area Agency on Aging for the suburban Cook County Planning and Service Area (PSA), #13. AgeOptions is one of 13 Area Agencies on Aging in Illinois. This region is home to more than 2.52 million people.



The older adult population in suburban Cook County is rapidly growing and becoming increasingly diverse. Based on the American Community Survey 2017-2021, there are 593,499 older adults in 130 communities. A 2022 AARP survey found that 47% of Illinois voters over the age of 50 have experience as a family caregiver. Services are available to all people over the age of sixty and family caregivers of all ages but are targeted to low income, minority, and limited English-Speaking individuals. Last year, AgeOptions and our community partners made a difference in the lives of 177,173 individuals.

What We Do

- **Planning:** AgeOptions assesses the needs of older adults and those who care for them, seeks input from the public in establishing service priorities, tests new service models and develops new programs. AgeOptions helps people access services, stay independent in their homes, provide caregiver support, maintain their rights, age well, have proper nutrition and access to services in their community.
- **Coordination:** AgeOptions coordinates services in working with community partners, many of which receive Older Americans Act grants and contracts from AgeOptions. We receive guidance from the community by listening to our Advisory Council, and our community partners in regularly scheduled meetings designed to assure effective services including Adult Protective Services, Caregiver, Aging and Disability Resource Network, Transportation, Nutrition, and agency partners targeting specific Limited English Proficient populations. While our programs are concentrated in suburban Cook County, AgeOptions also has direct responsibility for several programs that serve metropolitan Chicago and the entire state of Illinois.
- **Advocacy:** AgeOptions advocates in many ways for older adults, those who care for them, and adults with disabilities. We advocate for benefit programs, services and funding at the federal and state levels. We inform legislators of the impact of legislation on older adults and our service network. We lead an Advocacy Task Force for people interested in aging issues.
- **Program Development:** AgeOptions creates and sustains a variety of innovative programs that respond to the rich diversity of our communities such as work with libraries, memory cafes and other programs listed in the Appendix.
- **Distribute Funds:** Using proven methods of research and planning, AgeOptions is entrusted with distributing funds to a network of local community service providers and agencies across the state who participate in our broader programming. We administer federal, state, and private funds. AgeOptions support services through grants and contracts to more than 95 community-based organizations such as private not-for-profits, municipalities and townships, libraries, organizations who work with specific Limited English Proficient elders, senior centers, and more.

Suburban Cook County Demographics

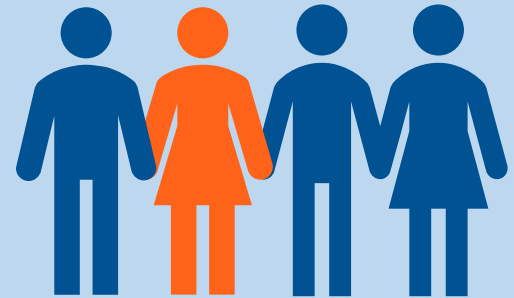
Understanding the Growth in the 60+ Population

The American Community Survey 2017-2021 reports that there are 593,499 older adults in 130 suburban Cook County communities.

Suburban Cook Facts! Did you know?

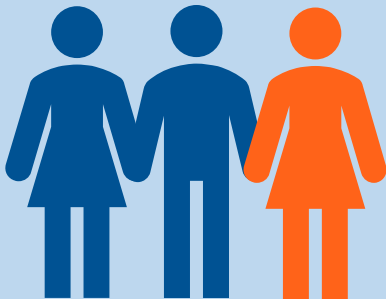
- Older adults make up **23.4%** of total suburban Cook County population
- **Sixteen** other states have smaller older adult populations than suburban Cook County
- **40.8%** of suburban Cook older adults are householders that live alone.
- Today, **10.3%** of older adults in suburban Cook County are over the age of 85
- **Over 46,000** older adults in suburban Cook County live below the federal poverty level.
- More than **14.8%** of older adults speak English less than very well.

Today, nearly 1 in 4 (23.4%) individuals in suburban Cook County are older adults.



The population in suburban Cook County is racially/ethnically diverse!

Almost 1 in 3 (29.4%) individuals in suburban Cook County identify as non-white.



According to the most recent American Community Survey Data (2016-2020) 5-year estimates, **29.4%** of the 60+ population in suburban Cook County identifies as non-white;

- Hispanic/Latin alone – 8.4%
- Black/African American alone – 13.7%
- Asian alone – 7.3%

Area Plan Development

Planning Process

To develop the Area Plan on Aging, AgeOptions engages in a variety of activities to assess the needs of older adults. This includes active older adults, older adults with disabilities, caregivers of older adults, and older adult grandparents raising children. The steps and activities of AgeOptions' FY2024 planning process are outlined below.

Step 1: Assess Needs of the Target Population in suburban Cook County

- Consult studies, reports, relevant regulations and guidelines including (National, State, Regional and local community). AgeOptions worked with UIC on a Needs Assessment and Rob Paral on a Demographic Analysis – both are used to assess the needs of the suburban Cook County population.
- Consult local experts and groups on needs and service gaps including:
 - Adult Protective Services Supervisors
 - AgeOptions Advocacy Task Force
 - AgeOptions Advisery partners
 - AgeOptions Board and Advisory Council
 - AgeOptions Caregiver Specialists agencies
 - AgeOptions Fatality Review Teams
 - AgeOptions Funded Partners including agencies that target Limited I English Proficient older adults
 - AgeOptions Information and Assistance Team and funded Aging and Disability Resource Networks (ADRN)
 - AgeOptions Nutrition Partners
 - Alzheimer's Association Greater Illinois Chapter
 - Caring Together Living Better Partners
 - Chicago Task Force on LGBT Aging and AgeOptions Thrive with Pride Cafes
 - Chicago Metropolitan Agency for Planning (CMAP)
 - Coalition for Limited English-Speaking Elderly (CLESE)
 - Community Organizations Active in Disaster (COAD) of Northeastern Illinois
 - Disability Rights organizations and Centers for Independent Living
 - Discharge Planners
 - Employment organizations
 - Health Care and Managed Care Organizations
 - Housing assistance and Homelessness prevention organizations
 - Illinois Financial Abuse Specialty Teams
 - Illinois Association of Area Agencies on Aging (I4A)
 - Illinois Pathways partners
 - Local, state and federal legislators at our annual Legislative Breakfasts

- Metropolitan Mayors Caucus and South Suburban Mayors and Managers
- Mental Health organizations as well as our HOPE staff
- Public Health Partners including Cook County Department of Public Health, Chicago Public Health – Health Alerts, Public Health Institute, and others
- Senior Medicare Patrol (SMP) partners
- Gather community and participant input including:
 - Information and Assistance calls
 - Legislative Breakfasts
 - Meetings and discussions with funded partners
 - Evaluations and surveys
- Examination of Census data and American Community Survey 2017-21 data
- Examination of the latest research and reports from academic journals and local, state and national organizations and initiatives to identify key factors influencing current conditions and help to determine programmatic considerations
- Review program data
 - Examination of demographic, unit and client data by service (National Aging Program Information System (NAPIS))
 - Review Information and Assistance call trends
 - Determine gaps in targeting to those in greatest social and economic need by comparing NAPIS data demographics of clients served to Census data

Step 2: Evaluate the Existing Service System

- Ongoing processes of conducting unit cost analysis of services and budget rates.
- Routine summaries of collected information to identify strengths and service gaps.

Step 3: Determine Availability of Resources and Alternative Approaches Available to Meet Needs

- Weigh needs versus potential resources and draft a plan
- Obtain input on draft plan from stakeholders

Step 4: Establish Priorities

- Summarize needs and suggested approaches
- Determine priorities with Advisory Council and Board input

Step 5: Plan Modification and Refinement

- Complete Area Plan on Aging Public Information Document
- Conduct regional Public Hearings
 - Modify the plan as necessary based on public input

Summary of Fiscal Year 2023 Needs Assessment Processes

AgeOptions uses the results of our needs assessment and planning processes to set funding priorities and refine standards for our Request for Proposals. These activities are on-going and periodic, and the outcomes of these efforts impact the development of our training, changes in program strategies, resources for the network, advocacy priorities, collaborations, coordination and our special initiatives.

AgeOptions ongoing assessments and evaluations conducted continue to identify an increased risk of **social isolation, food insecurity, and diversity, ethnicity and inclusion and the distinct needs of diverse communities and service gaps**. This includes caregivers and care recipients. For these reasons, the **three** initiatives identified in last year's the 3-Year plan remain critical areas in which to focus.

Highlights of some of the needs assessments are as follows.

Community Needs Assessments and Demographics

Demographic Study by Rob Paral and Associates - In 2021, AgeOptions contracted with Rob Paral and Associates to conduct a comprehensive analysis of the demographics of suburban Cook County. Some of his findings include:

- 1. Older adults (60+) are a large share of suburban Cook County residents –**
 - a. Approximately one in four people in Cook suburbs are over 60. If these older adults were a county, they would be the fifth largest county in Illinois.
 - b. The size of the older population means that substantial resources from federal, state and local governments as well as from private philanthropy deserve to be directed to older adults. The entire suburban region of Cook must recognize that older adults are an integral part of our society. We need to listen to the voices of older adults as we create public policies, and we need to develop policies and practices that enable older adults to fully exercise their rights and contribute their skills to our society.
- 2. The older adult population is diverse:**
 - a. About 14 percent of older adults in suburban Cook are African Americans, seven percent are Latin and seven percent are Asians. Nearly one in four older persons in suburban Cook County is an immigrant. Each of these groups contributes different cultural, linguistic, and other assets to our communities. No single policy, practice or program can be expected to adequately serve this diversity, and so careful attention needs to be paid to the unique aspects of each group.

- b. Diversity means that many groups have something to offer to our society, and have differing characteristics depending on where people live, what languages they speak, the types of jobs they tend to have, and even the religious or spiritual practices that they may engage in. Diversity also means that service providers, elected officials and community leaders have to consider how best to engage with a multiethnic community. It means that providers, elected officials and leaders should often have roots within the new communities.
- c. A diversifying older adult population is dynamic and changing. We need to honor diversity by valuing and encouraging new ideas, practices and attitudes.

3. The Youngest Age Category is on the Rise: Older

Adults are getting “younger” overall as Baby Boomers age. Currently, 60 to 69-year-olds account for more than half of the 60+ population.

4. Disparities Loom Large:

- a. The situation of older adults in suburban Cook County is often connected to their race/ethnicity. African Americans, for example, are twice as likely as any other major racial group to live in an institution. Chinese, Taiwanese and Korean older adults are far more likely than others to be “linguistically isolated,” living in a household where no English is spoken. Whites have a notably higher rate of suicide than other groups and are the group most likely to die of drugs.
- b. The existence of disparities runs counter to our basic ideas of fairness. Inequities should not be connected to someone’s age, race or neighborhood in which they live, and unequal outcomes in health, income and other areas should be identified. These kinds of considerations have to inform our concerns and services for older adults across the suburban region.

5. Continued growth and change lie ahead:

- a. The importance of older adults within suburban Cook County will only grow over the next decade. The population is projected to increase by more than 200,000 persons or by 24 percent.
- b. As this growth proceeds diversity will accelerate. The population aged 65-74 years will rise by almost 100,000 between 2020 and 2030. For example, older persons of Latin descent will increase in number by about 64 percent.

University of Illinois at Chicago Comprehensive Community Needs Assessment of Suburban Cook County

In 2021 AgeOptions contracted with the University of Illinois at Chicago (UIC) Department of Disability and Human Development, College of Applied Health Sciences. The last time the agency undertook such an examination of suburban Cook County was over 30 years ago. As this Public Information Document and FY 2024 Area Plan update

is occurring, UIC is analyzing qualitative data from surveys, focus groups and key informant interviews. AgeOptions anticipates their final report will produce current and projected needs of older adults and caregivers. The completion of surveys and participation in the research is targeted to persons 50+ years of age and older adults in the role of caregiver to a person of any age.

Ongoing Assessment of Needs and Service Gaps

Overview

COVID – 19 may have started in 2020, however its impact and the effect on our older adults is still occurring. We are seeing its effect on how persons are participating in programs and services. In an analysis of American Community Survey data and Census year-over-year, there was an observable decline in the year 2020 only of the 85+ population. While our overall population numbers of 60+ is increasing, that one year dip is likely the impact of COVID. This same one year dip occurred in nearby mid-west states.

A lingering impact of COVID – 19 is persons being diagnosed with a condition labeled as Long COVID. It is yet to be told how COVID will impact other health conditions. The long-term effect of COVID is one to which we are hearing about from our constituents and one that we need to watch.

In addition, data from the Cook County Department of Public Health continues to show a high percentage of suburban Cook County older adult residents received an initial dose of the COVID vaccination, but the percentage drops significantly for persons who have received subsequent doses of the vaccination. As such, AgeOptions is committed to reach the hard-to-serve and persons challenged in getting out by providing second doses and booster shots.

Growth in home delivered meals, continued desire among our older adults to obtain pick-up or take away meals and use of newly opened congregate sites is demonstrating the on-going challenge of food insecurity. Participation is increasing. Our meal box program that is currently in transition to a more comprehensive program labeled as Title III C 1.5, also points to this need. Home delivered, as well as congregate meals provide generally one-third of daily nutrition. In our Title III C 1.5, we are providing 100% of daily nutrition.

During this past year, AgeOptions surveyed our meal box recipients. One third of the participants lives in poverty as defined by the Federal Poverty Index and a one third live with high nutrition risk as identified by the Illinois Department on Aging Nutrition Risk

Assessment. When asked about congregate dining, half did not know about it and over a third have never attended one. Regarding having enough food, being “food insecure” if not receiving a food box was reported by over 40 percent of respondents.

AgeOptions ongoing program evaluations and surveys indicate that we are, to a large measure, meeting the needs of our current identified older adults and caregivers at this and post COVID times. However, there is a cohort of the population which we continue to be challenged at reaching. We recognize the need is greater than our capacity and represents the primary driving force in our ongoing processes of program assessments, evaluations and advocacy efforts.

In addition to the above, AgeOptions’ ongoing assessments and evaluations conducted continue to identify an increased risk of social isolation, needs of diverse communities and service gaps for all our constituent groups including caregivers and care recipients. AgeOptions continues to recognize the risk of social isolation and needs of caregivers as critical areas.

Ongoing Initiatives

Social Isolation

“At the beginning of the pandemic, many older adults hunkered down and used a lifetime of coping skills to get through this,” Bonnie Olsen, PhD, a clinical psychologist at the University of Southern California’s Keck School of Medicine, told Kaiser Health News. “Now, as people face this current surge, it’s as if their well of emotional reserves is being depleted.”

Older adults are still concerned about contracting COVID 19 and may choose to meet vaccinated people outdoors. The new normal appears to include assessing the risk of any activity before engaging – weighing the benefits of social interaction against the chance of developing COVID-19.

AgeOptions encourages and continues to implement on-going program evaluations conducted by us and by our funded partners. These include collecting data to assess the risk and effects of social isolation and through the administration of the UCLA Loneliness Scale.

Caregiving

Not knowing what or where to go for caregiver services, in addition to expressions of stress and anxiety by caregivers are frequent refrains from our constituents. The 2023 Illinois Budget included funding for caregiver services. This allowed AgeOptions to

expand our ability and that of our funded provider agencies to assess and plan for the needs of caregivers through our TCARE tailored assessment. This tailored assessment focuses on the needs of caregivers in contrast to traditional assessments that focus on the care receiver. We are learning from data in our TCare assessments is that the work of AgeOptions and of our funded partners is the assessment and caregiver planning is reducing caregiver stress burden and delaying the intent to place individuals in institutional long-term care settings. What we are doing is having a measureable positive impact. The need however is projected to remain high and more services are needed to fill the resource gap. More respite care is needed.

The gaps in services for caregivers are apparent whether it is grandparents raising grandchildren, persons in their 40's and 50's providing care to older adults and persons 60+ years of age who are caregivers to even older adults. This need continues to be a driving force in our advocacy efforts for increased funding for caregiver assessments and services. With hopefully more state caregiver designated funding, expanding programs such as our TCare caregiver assessments and tailored focused plans are two ways in which for FY 2024 plans where we hope to reach even more caregivers.

Diversity, Equity and Inclusion (DEI)

AgeOptions is reviewing our programs and services, both internally and externally with our partnering agencies to examine what we do through a racial diversity, equity and inclusion lens. This past year, our Board of Directors, Advisory Council and staff have been engaged in education and sensitivity training regarding Diversity, Equity and Inclusion. For example, our Advisory Council has been reading the book, White Fragility by Robin DiAngelo. This activity, along with similar activities on all levels of the organization is to move forward on two key questions: 1) How should DREI impact how we operate as an organization? and 2) How should DREI impact our role with our partnering entities? The goal for FY 2024 is to continue this work and importantly institutionalize actions that examine and impact all programs, services, policies and practices through a DREI lens.

Healthcare Quality and Access

AgeOptions continues to review scientific evidence. A common theme in the literature shows significant disparities in health and in health care are based on socioeconomic factors of an individual's life. These factors – the conditions in which people are born, grow, live, work and age – are the Social Determinants of Health. They account for as much as 80% of a person's health outcomes¹.

¹ Retrieved from: [How racism is a structural and social determinant of health \(osu.edu\)](https://www.osu.edu/health-equity-inclusion/2021/04/21/how-racism-is-a-structural-and-social-determinant-of-health)

Physical Health (new)

Millions of older Americans are similarly struggling with physical, emotional and cognitive challenges following a year of being cooped up inside, stopping usual activities and seeing few, if any, people.²

If they do not address issues that have arisen during the pandemic — muscle weakness, poor nutrition, disrupted sleep, anxiety, social isolation and more — these older adults face the prospect of poorer health and increased frailty, experts warn.

Many older adults delayed medical care for fear of COVID. They should now schedule visits with primary care physicians and preventive care screens like mammograms, dental cleanings, eye exams and hearing checks.

Older adults should also be physically active – engaging in regular physical activity such as walks, chair exercises, video fitness. We need to help older adults plan for small, enjoyable activities with increasing frequency.

Nearly half of those 65 and older who had contracted COVID reported less ability to engage in physical activity like walking and exercising than before the pandemic — but so did about one-quarter of those who did not become infected. Smaller proportions of those uninfected said their ability to move around the house, and to do housework like dishwashing and dusting, had also declined.²

More than 300 people still die from COVID each day, and the overwhelming majority of them are older. People ages 65 and up are currently hospitalized at nearly 11 times the rate of adults under 50.²

A major reason older people are still at risk is that vaccines can't entirely compensate for their immune systems. A study recently published in the journal Vaccines showed that for vaccinated adults ages 60 and over, the risk of dying from COVID versus other natural causes jumped from 11 percent to 34 percent within a year of completing their primary shot series. A booster dose brings the risk back down, but other research shows that it wears off too. A booster is a basic precaution, but “not one that everyone is taking,” Black, a co-author of the study, told me. Booster uptake among older Americans for the reengineered “bivalent” shots is the highest of all age groups, but still, nearly 60 percent have not gotten one².

² Retrieved from: [Older adults can regain their game after being cooped up for over a year | CNN](#), Kaiser Health News

COVID Vaccinations

AgeOptions early on recognized the need for our older adults to receive **COVID Vaccinations**. Recent data from the Cook County Department of Public Health indicates a high percentage of suburban Cook County older adult residents received an initial dose of the COVID vaccination, however the percentage drops significantly for persons who have received subsequent doses of the vaccination. As such, AgeOptions is continuing our commitment to reach the hard-to-serve and people challenged in getting out with second doses and booster shots.

Economic Stability/Income level

Barriers to Advancing Equitable Services (new)

Another recognized concern revolves around racism and relates to our Diversity, Equity and Inclusion (DEI) initiative. How to address racism and institutional bias? People's attitudes are seen as additional drivers to the effects of Social Determinants of Health. These drive the inequities in housing, income and education. This is especially apparent among communities of color and where one lives, makes a difference.

Since 2002, AgeOptions has funded a strong network of partners who work with limited English Proficient older adults ("TCLIP") agencies. We have worked with faith-based organizations through our Caring Better, Living Better (CTLB) programming in Black and Brown communities. We also have targeted our new congregate meal programs to reach an array of diverse communities. However, we recognize the need to do more.

AgeOptions finds that the communities with the highest needs also have the least number of resources to help older adults. There are strong grass roots organizations, however many encounter difficulties obtaining the SAMS and DUNS numbers required to receive federal funds that pass through AgeOptions. These grass roots organizations are also challenged in providing the required "match" required under the Older Americans Act and to meet other federal and state grant requirements.

Financial Insecurity and Use of the Elder Index (new)³

Embedded in several of the issues throughout this Area Plan is an undercurrent of financial insecurity. It is showing-up in housing, food insecurity, home repair and in the other Social Determinants of Health. All challenges to an older adults ability to grow on in their community.

³ Retrieved from: [About the Elder Index | Elder Index](#)

Multiple sources and calls from constituents indicate that our older adults are at-risk of financial insecurity. Calls for help with housing or food when explored are really calls of persons who are living on a fixed income and are challenged by not having enough money.

The University of Massachusetts Boston has developed the “Elder Index” which measures the income older people need to meet their daily living expenses while staying independent in their own homes. It is built around a “market basket” of everyday expenses encountered by people over the age of 65 and reflects people paying for everything out of pocket with no subsidies. In Illinois in 2020 – 18% of 65+ women were below the federal poverty line, 15% of 5+ men and 4% of 65+ couples. Of those in the “gap” between being financially stable and below poverty (in the “Elder Index” – 34% of 65+ women were in the gap, 29% of 65+ men, and 17% of couples. These people in “Elder Index” gap often do not qualify for income support benefits and other subsidies.

Inflation: (new)

Inflation has a significant impact on limited budgets such as the Elder index described above. More heavily impacted and representative of financial insecurity are single women, persons of color, the oldest old and those living solely or mostly on Social Security.

Inflation has been surging to multi-decade highs in the United States according to the Congressional Joint Economic Committee. Prices have climbed by 13.3% between January 2021 and July 2022, resulting in a \$717 increase in monthly expenses for the average American household.

This surge of inflation and the cost of living is directly impacting our older adult constituents. As indicated in reference to the section on homelessness, with Fair Market rents averaging about \$1,200 for a one-bedroom unit in suburban Cook County, finding an apartment with a monthly Social Security check of around \$1,000 is prohibitive. Also, as referenced in the section on food insecurity, many older adults who are seeking access to our nutrition programs are at-risk of financial insecurity.

According to a report from the U.S. Congress Joint Economic Committee, because of the rising cost of living, the average household in Illinois had to spend \$787 more in July 2022 than in January 2021 to keep the same standard of living. In Illinois, a reported 41.8% of adults find inflation "very stressful" and 29.7% find it "moderately stressful" - the 12th smallest and 18th largest shares, respectively, among the 50 states.

Retirement Incomeⁱⁱ (new)

Social Security Cost-of-Living Adjustment (COLA) of 5.9% for 2022 helps to take some of the sting out of inflation, but not all of it. In 2023 the COLA was 8.7%. The adjustment was based on the Consumer Price Index, but the CPI does not replicate the goods and services that older adults in particular purchase, especially regarding health care costs.

The volatility of the stock market has impacted many older adults' savings. Also, many people in their early 60's lost their jobs during the early days of the pandemic or were afraid of returning to the workforce as different COVID variants emerged. As a result, people who were eligible to begin taking Social Security retirement benefits opted to do so earlier than they may have planned. Depending upon one's age when taking Social Security, a lower monthly check may be realized for the rest of that individual's life. Additionally, lower Social Security retirement benefits has been a historic problem particularly for woman who took on unpaid family caregiving responsibilities.

Retirement savings were impacted by the stock market's volatility. Retirement accounts are the main channel through which Americans are exposed to the ups and downs of the stock market. Three-quarters of all 401(k) money are held in stocks, according to a Vanguard report from 2021. In 2022, the stock market was mostly down: The S&P sunk 22%, the Dow Jones Industrial Average lost nearly 13%, and the Nasdaq Composite fell more than 30%ⁱⁱⁱ.

To supplement the decrease in savings, some older adults may delay their retirement or work part-time to make more money. Others may sell their homes to use the money for their retirement savings.

- ^{iv}Among Social Security beneficiaries age 65+, Social Security represents 50% or more of their income for 37% of men and 42% of women, and 90% or more of their income of 12% of men and 15% of women.⁵
- On average, older women received about \$9,900 less annually in retirement income in 2016 than older men due to lower lifetime earnings, time taken off for caregiving, occupational segregation into lower wage work, and other issues. Older women of color fare even worse.⁶
- In 2020, the unemployment rate for workers age 65+ skyrocketed to its highest annual rate of 7.5%.⁷ In May 2022, nearly 24% of the civilian labor force was people aged 65 and older.⁸
- Older workers of color are most at risk for unemployment. In the first quarter of 2022 among people 65+, unemployment rates by ethnicity were: white, 3.2%; Black, 4.8%; Asian, 2%; Hispanic, 4.7%. For men 65+, unemployment rates were

white, 3.6%; Black, 5.3%; Asian, 0.9%; Hispanic, 5.7%. And for women 65+, unemployment rates were white, 2.5%; Black, 4.3%; Asian, 3%; Hispanic, 3%.⁹

- Of older adults who lose a job, 70% experience it once, and 23% experience it twice.¹⁰

Debt & Savings

- Of households headed by an individual age 65 or older, 61% had debt in 2016. The median debt of senior-led households was \$31,050.¹¹
- In 2017, nearly half of adults aged 55-66 had no personal retirement savings. About 50% of women aged 55-66 had no personal retirement savings, compared to 47% of men in that age group.¹²
- More than half of Baby Boomers said in a 2019 survey that they need to catch up on their retirement savings.¹³
- Of retirees 65+ surveyed in 2021, 93% said Social Security was a source of income in the previous 12 months, and 68% said a pension was.¹⁴

Food Security/Access to Healthful Foods/Nutrition

Hunger issues for older adults are often overlooked. The recent resumption of Supplemental Nutrition Assistance Program (SNAP) benefits to pre-pandemic levels will exacerbate a crisis that had seen improvement.

- In 2020, 5.2 million older Americans faced the threat of hunger, representing 6.8% of adults age 60+ in the U.S. Hunger is more likely for older Americans who are Black, Hispanic, or Native American, who have lower incomes, or who have a disability.¹⁵
- Only 48% of older adults age 60+ who are eligible for the Supplemental Nutrition Assistance Program (SNAP) are enrolled and receiving benefits.¹⁶
- Adults age 60+ tend to participate in SNAP at lower-than-average rates, but in 2019, those living alone had a relatively high participation rate at 63%, compared to 28% among those older adults who were not living alone.¹⁷
- About one in four older adults 65+ scrimp on food, utilities, clothing, or medication due to health care costs. And in 2022, 37% of older adults were worried about affording health care in the coming year.¹⁸
- To cover health expenses in retirement, the average couple 65+ would need \$315,000 in after-tax savings.¹⁹

In response to the closure of congregate dining sites in the height of the COVID pandemic AgeOptions instituted a boxed food delivery program from a not-for-profit vendor – Top Box. This program has grown from an initial 250 or so participants to current levels of 450 or more. As we transition these individuals to our Title III C 1.5, we

Citations 5 through 19 may be found be found and retrieved from: <https://ncoa.org/article/get-the-facts-on-economic-security-for-seniors>

have developed an eligibility that focuses on transportation and ability to shop. We are encouraging others who can travel to attend congregate dining. With that said, there is a significant number of older adults who are seeking food resources to off-set living expenses. While they present as food insecurity, the issue is financial insecurity.

Constituents also report residing in food deserts. There is a need for more local grocers and outlets for fresh and healthful foods.

Congregate meals: Another on-going challenge relates to our congregate nutrition programs that were forced to close during the pandemic. While these congregate sites reopened in the spring of 2022, they now offer hybrid options of eating a meal at the congregate site (“in-person”) or taking the meal home to eat (“to-go” meals). From October 1, 2022 - March 31, 2023, 66% of the meals provided by congregate meal programs were “to-go” meals. At this time, six sites are only providing “to-go” meals and an additional 5 served over 90% “to-go” meals.

AgeOptions is working with congregate sites to encourage older adults to return to eating at the site and socializing with others. While “to-go” meals help to provide 1/3 of a person’s daily nutrition needs, eating alone exacerbates social isolation.

New Congregate Sites: AgeOptions examined American Community Survey and recent 2020 Census track data for several municipalities to determine locations for possible new congregate dining sites. In the past year, we have opened the following new congregate meal sites: Maywood Park District, Arab American Family Services at the Al Bawadi restaurant in Niles, Metropolitan Asian Family Services in Orland, Meals on Wheels Northern Illinois at the Niles Senior Center, and Community Nutrition Network in Bellwood. We are working to develop other cafes under a diversity lens.

Medically Tailored Meals: AgeOptions is currently piloting the option of medically tailored meals at congregate meal sites. During the pandemic, congregate meal sites switched from bulk food deliveries to sealed, individually packaged meals. Recognizing that medically tailored, individual meals would be possible in congregate settings, in FY 2022, we surveyed current congregate meal site participants and other community members. More than 50% of 439 respondents expressed some level of interest in one of these diets:

- Diabetic
- Renal
- Lactose Intolerant
- Gluten Free
- Vegetarian
- Mechanically Soft

At the present time, AgeOptions is implementing pilot programs with a small number of congregate sites. From what we learn and once a model is created from the pilot programs, the plan for FY 2024 is to invite other sites to begin offering medically tailored meals.

Food Pantry in a Box and Our Title III C 1.5 Initiative: Our food pantry in-a-box program offered through our partner, Top Box and labeled as our Top Box program, implemented in 2020 continues, but is in the midst of changing.

Beginning in 2020 AgeOptions responded to the closure of congregate dining sites and the need to socially isolate with a food box delivery program consisting of shelf stable, meats, fish and fresh fruits and vegetables. Also in that same year, AgeOptions applied for and received a federal Administration for Community Living (ACL) Nutrition Innovations grant to develop a meal box program that meets 100% of daily nutrition needs through a menu driver plan of 21 meals per week, food for 3 meals per day for 7 days; recipes and taken to the next level with a variety of ethnic cuisines.

In 2023, AgeOptions is transitioning the majority of the participants in the food box delivery program after being determined that the participant is challenged with grocery shopping and transportation or may have a home care worker assigned to do these tasks. Each step of the development of this ACL Nutrition Innovations program labeled as Title III C 1.5 because of its falling on a continuum between Title III C 1 of congregant meals and C 2 of home delivered was tested. The first were surveys of representatives of ethnic groups representing the diversity of suburban Cook County. This included persons representing the Arab/Halal, Kosher, Korean, Latin/Hispanic and Black/African American communities to determine food preferences. This was done as one of the goals of the initiative is to reduce food waste. Next a two-week menu was developed with each of these same ethnic groups and sample meal boxes with the menu and recipes were tested. These menus were vetted by our dietitian to assure compliance with federal daily nutrition requirements. Menus for each of these populations were then developed for four weeks in order that variety is provided. A finding when surveyed of our initial food box delivery program was disappointment in the lack of variety in the meal box. Finally, in the second half of 2023, implementation of Title III C 1.5 is progressing.

The chart below demonstrates the differences between our food box delivery program labeled as Top Box and Title III C 1.5

	Top Box - Food Pantry in a Box Program	Title III C 1.5
Deliveries of fresh, frozen and shelf-stable foods	X	X
Total nutrition foods to prepare 21 meals per week		X
Menu driven; includes all components needed to prepare meals		X
Fulfills daily component of nutrition requirements		X
Meets same requirements as Home Delivered Meals and congregate meals		X

To better understand our food box delivery program participant and help us define eligibility requirements for Title III C 1.5, all participants were surveyed. The key findings of the survey were:

1. **Age:** 49 – 113 years of age; average age is 75 years. (Persons under 60 years of age are spouses/partners or persons with disabilities residing in the same household.)
2. **Minority Status:** Nearly two thirds of participants are a minority: African American (37%); White Hispanic (28%); Asian (0.8%); Hawaiian/Other Pacific Islander (0.2%)
3. **Poverty Status:** 26% of participants live in poverty as defined by the Federal Poverty Index
4. **Nutritional Risk:** 31% live with high nutritional risk as identified by the Illinois Department on Aging’s Risk Assessment questions.

The findings of our surveys show there is a food insecurity issue in our suburban Cook County. The programs that AgeOptions has initiated help us not only with our more comprehensive meal box program of Title III C 1.5, but in advancing all of our nutrition programs. AgeOptions looks to continue providing and responding to nutritional needs and with a lens of diversity and inclusion with foods our constituents want to eat.

SNAP Benefits:

The Supplemental Nutrition Assistance Program (SNAP) benefits sharply decreased in March 2023 as part of a federal unwinding of pandemic era assistance. The emergency allotments allowed all SNAP qualifying households to receive an extra \$95 per month. This action again exacerbates our suburban population of older adults at-risk for food and financial insecurity.

On average, participants receive \$82 less a month in SNAP benefits, according to the Food Research and Action Center (FRAC). The end of the extra SNAP benefits – coupled with the rising costs of food – will be a hardship for many. According to Ellen Vollinger of FRAC, the steepest drops will disproportionately hit elderly people. Older adults who qualify for the minimum SNAP benefits will see their amount fall from \$281 per month to just \$23 in March.

Social and Community Context

Face-to-face and Virtual Programming: The concept of one-size fits all of service delivery regardless of the type of program and service may be a vestige of the past. The once traditional means of presenting programs which were largely face-to-face have gone to virtual formats and hybrid models. This is no longer a trend, but a method of program delivery that is planned to continue for FY 2024. This is true for our health promotion and education programs.

Program evaluations and surveys indicate that we are, to a large measure, meeting the needs of our currently identified older adults and caregivers in these largely post COVID times. However, there is a cohort of the population which we are not reaching. We recognize the need is greater than our capacity and represents the primary driving force in our ongoing processes of program assessments, evaluations, advocacy and expansion efforts.

Key Challenges Faced by Our Constituents and the Aging Network

In addition, AgeOptions hears challenges from our daily interactions with older adults, caregivers and program participants. These include calls to our Information Assistance line; our family of providers at provider meetings, in reports, presentations and staff conversations. Our Board and Advisory Council meetings and Advocacy Task Force forums all inform us of key challenges.

The following represents key challenges faced by older adults and caregivers in suburban Cook County. Many of these key challenges are not new, but continue to be noted.

Difficulty in Accessing or Maintaining Public Benefits

A benefit of the pandemic to many persons on Medicaid was the suspension of the need to determine or re-determine eligibility. At this time, older adults will need help with completing and supplying evidence of Medicaid eligibility. A concern is that many persons who have relied on Medicaid and its access to health resources will terminate their eligibility because of the challenges associated with applying for Medicaid. A need will be to help persons enroll and re-enroll.

Our staff report delays in the application process for persons who appear eligible for Medicare Savings Programs. Medicare Savings Programs help people pay for Medicare and funded by the State of Illinois. These include the Qualified Medicare Beneficiaries (QMB), Special Low-Income Medicare Beneficiaries (SLMB) and Qualified Individual (QI-1) programs.

A related issue has to do with very recent events associated with a change in AABD eligibility. This will impact the cohort of older adults who are participants in the state's Community Care Program (CCP). On the positive side, many will be eligible for Medicaid and its benefits afforded enrollees. However, we have concern that some older adults who have been participants in CCP will decide not to apply for Medicaid and consequently lose their in-home services.

AgeOptions and the Care Coordination Units (CCU) is often called upon to do the work of the state authorized managed care organization (MCO) designated to perform care coordination. An example of this shows up in our data reflecting referrals for home delivered meals for managed care insureds. CCUs outperform MCOs in making referrals for home delivered meals. A concern is that members of the MCOs might not have their nutritional risks adequately identified and addressed.

In addition to referrals for nutritional services, other challenges have been identified when working with MCOs:

- Clients continue to be auto assigned to a MCO, but are not aware or understand this process. Clients often do not understand how to contact their Care Coordinator. Many of our callers report minimal assistance from their MCO in regards to Medicaid applications and redeterminations.
- Nutrition providers report communication challenges much the same as reported by the CCUs. AgeOptions grantee agencies do not know when and if a plan of care has been updated and who is the current assigned care coordinator. MCOs appear to have a high turn-over and as such, new staff do not know and understand the opportunities offered by AgeOptions and in particular how to access our nutrition programs.

- A cohort of our constituents continue to refuse public benefit programs because of a perceived stigma. This impacts older adults' access to benefits.
- A lingering outcome of the pandemic is an apprehension of older adults to allow persons to come into their home and to participate in congregate settings. These concerns have surfaced in providing in-home chore services.

Gaps in General Accessibility of Services:

There are various needs related to accessibility of services. These include: (1) affordability of healthcare services and medications, (2) education and outreach to enhance the understanding and utilization of services to older adults, (3) inclusive practices and language assistance to be more culturally and linguistically competent, (4) funding for elder abuse programs and referral systems, and (5) collaboration between existing and non-traditional partnerships.

AgeOptions has also identified a cohort of undocumented older adults who fall in the cracks of Medicaid eligibility. While the state of Illinois has expanded Medicaid health coverage to this population with state General Revenue Funds, these individuals lack coverage for institutional and community-based long-term care services.

AgeOptions is concerned that as waivers for Medicaid redeterminations lift and insureds will be required to up-date and validate their status, this may lead to confusion and lapses in coverage.

Several challenges have been identified when working with Managed Care Organizations (MCO):

- Clients continue to be auto assigned to a Managed Care Organization (MCO) but are not aware or understand this process. AgeOptions has seen most concern with people enrolled in the MMAI program. Clients often do not understand how to contact their Care Coordinator. Many of our callers report minimal assistance from their MCO in regard to Medicaid applications and redeterminations. In addition, those enrolled in MCOs are referred to meal programs in much lower numbers than those not enrolled in MCOs. This is particularly disconcerting in relationship to other data regarding food insecurity.
- Nutrition providers report communication challenges. AgeOptions grantee agencies do not know when and if a plan of care has been updated and who is the current assigned care coordinator. MCOs appear to have a high turn-over and as such, new staff do not know and understand the opportunities offered by an Area Agency on Aging and in particular how to access our nutrition programs.
- A cohort of our constituents continue to refuse public benefit programs because of a perceived stigma. This impacts older adults' access to benefits.

Housing Benefits and Access:

There is insufficient affordable housing. Constituents encounter long waitlists for public and subsidized units. Recent inflation and rising costs of living have impacted the housing market too. This may be a contributing cause of the rise in homelessness amongst the older adult population. In addition, many of our older adults are living in housing that does not meet their needs, but they cannot afford to move. Evidence of this is showing-up in our assessments related to food insecurity where persons are seeking food because they are running short of money during the month. Higher-than-normal number evictions among older adults especially since the lifting of the moratorium. AgeOptions is also observing that some communities are gentrifying, and older adults are being pushed-out because of the lack of affordable housing.

Accessing public housing including Section 8 and 202 buildings requires one to contact individual buildings and individual housing authorities. When wait lists do open, there is a short window in which to apply. It would be helpful if there was a more centralized application system and for AgeOptions and our partnering ADNRs had a common provider portal to assist our constituents in finding affordable housing.

- Housing-related expenses cost adults 55+ an average of \$16,219 per year, or 33% of their yearly budget.²⁰
- Of the 9.7 million older adults who owe money on a mortgage and/or home equity line of credit, 30% have payments that exceed one quarter of their income.²¹
- Of homeowners aged 65-79, 46% had mortgage debt in 2016. About 46% of homeowners 80+ also had mortgage debt. And 56% of Black homeowners age 65+ and 50% of Hispanic homeowners age 65+ had housing debt in 2016, compared to 39% of white and 36% of Asian homeowners 65 and older.²²

AgeOptions is also recognizing a need of permanent supportive housing. This particularly shows-up in our HOPE program targeted at transitioning persons from institutional settings to community residency.

Homelessness

While homelessness is not a new issue and has been referenced throughout this plan, the prevalence amongst older adults residing in suburban Cook County has increased. There is a clear link to the previously stated issue of **Housing Benefits and Access**. AgeOptions is hearing of constituents who because of rising costs and not just in rent, but with utilities too, are finding no place to live on the current SSI of \$841 per month payment. In addition, for persons with low monthly Social Security, there is no place to live. Fair market rents for suburban Cook County hover around \$1,200 per month for a one-bedroom.

Finding a place for older adults and persons with disabilities has been a special challenge to our work to transition persons out of institutional settings to community residency. As mentioned above, finding affordable housing is an on-going issue that has been exacerbated by inflation.

Challenges to Aging-in-Place and Need for Home Repair

Many of our constituents are experiencing financial insecurity. The lack of adequate financial resources is showing-up in food insecurity, but also one's home environment with leaky roofs, inoperable furnaces and unhealthy conditions. Constituents are requesting programs and services that include major as well as minor home repairs. This is showing-up in our callers concerns and in program surveys.

In addition, there are limited options for environmental modifications such as building ramps, widening doors and renovations to kitchens and bathrooms to make them more aging friendly and accessible to persons who may have physical challenges.

Related to the ability to age-in-place is securing home repair vendors who are trustworthy, reliable and honest. Constituents are seeking vendors that will not financially exploit and provide quality work.

With Older Americans Act Title III B funding, AgeOptions provided grants to several agencies to provide one-time home repairs. Beginning in 2022, additional ARPA funding has been designated for home modifications. However, as indicated in our assessment activities, more is needed. ARPA funding is also time limited.

Transportation

A problem that has likely been a concern for the past 50 years is a lack of transportation and in particular, transportation systems that go to where the older adult needs to go. While many of our communities do offer within community transportation, the more significant challenge is when one's doctor is in another jurisdiction or township. This issue has come up at not only in our Information and Assistance work, but at our public forums. Area legislators including our Cook County Commissioners have reported to us situations where older adults are challenged with this issue. In general, there is insufficient available and affordable transportation for older adults to access services and medical appointments.

AgeOptions staff has even heard that even finding the money for the County's PACE transportation can be a challenge to many older adults and persons with disabilities with limited incomes. .

Accessibility of Mental Health Services, Counseling and Services to Address Hoarding:

Mental health problems have also worsened for a segment of older adults, according to the University of Michigan poll, 19% reported experiencing more sadness or depression while 28% reported being more anxious or worried

There are limited resources for mental health support and services for the older adult population, especially for those confined to their home. Home confinement leads to social isolation and increased anxiety, depression and loneliness. A positive result of the pandemic as with all health-related services, is the use of tele-health. While for many this is advantageous, for persons needing counseling or suffering from a more serious mental illness, tele-health is an operational challenge. In addition, one must have access and know how to use the required technology.

In relationship to one obsessive-compulsive disorder is finding resources for persons who are hoarders. Identifying no or low-cost providers to do heavy cleaning is a challenge. Additionally, older adults are seeking professional help to manage the stress and anxiety related to removing the clutter. The environment may also be infested with bed bugs. When AgeOptions staff can find providers willing to help with hoarding, they are less than enthusiastic to help because of the bug infestation.

Funding of Programs/Services and Shortages in the Workforce

Workforce gaps is occurring in both the direct care workforce and in identifying persons to perform professional assessments for care coordination, Adult Protective Services and in working for us as an Area Agency on Aging.

The direct care workforce is finding that it is financially better for them to work in the fast food industry over home care. Similarly, persons in Bachelor and Master programs are not electing to enroll in degree programs in Social Work and Gerontology. Consequently, we are challenged in retaining and hiring staff.

Access to Technology

As indicated in previous years' Area Plans relating to accessing mental health services, the pandemic illuminated the need of older adults having access to various forms of technology to enhance communication and help mitigate social isolation. Some of our constituents are keen users of technology, while others have no Internet connection and are still using flip phones or have none. AgeOptions has taken several steps to address this gap. Specifically, we:

- Encouraging more participation and use of UNIPER Care which provides persons with a virtual senior center through their television. This has required training and expense.
- Helped to pay for smart phones and other devices to help connect our participants with virtual programming. This appears to be an issue of equity.
- Expanded the number of local libraries, with particular attention to under-resourced communities to create library lending programs. These programs let older adults check out technology devices with internet hotspots.

Technology literacy is another challenge. Many older adults are resistance to change and try new forms of technology; educating one on how to use it is time consuming and not one system seems to be best for all persons.

On the positive side, AgeOptions along with other Area Agencies on Aging in Illinois was included in a study conducted by researchers from the University of Chicago NORC examining the effectiveness of programs initiated during the pandemic in addressing social isolation. Analysis of the research indicated that technology may be an effective means of reaching older adults in adverse situations such as weather related emergencies and utility blackouts.

Risk of Scams and Fraud

An issue that has emerged is that AgeOptions and its funded partners are informing older adults of the risk of scams and in particular not giving callers any information. However we are hearing that older adults need hands-on help with such things as how do I freeze my credit? A need is not just information, but physical help showing a person how to go on-line to take actions to mitigate the risk of being a victim of fraud and scams.

Workforce Shortages (new)

Our network staff truly have and will always be “essential workers”. This was made even more evident during the pandemic.

The biggest barrier for our network has been hiring and retention of staff. In summer of 2022 89% of Caregiver Resource Center grantees reported staff shortages and 42% of our Information and benefits access grantees had shortages. This resulted in staff working overtime and stretched too thin – resulting in staff burn out. There were large increases in home care and respite rates and some of our grantees and caterers decided to drop out of our programs.

In the summer of FY 22, AgeOptions provided stipends to nutrition agencies to help with workforce issues as well as to encourage older adults to eat meals at the congregate sites. Almost half the funding was returned by agencies because they could not hire or take on new efforts due to the work force shortages.

The Illinois Department on Aging recognized the workforce shortages and increased the Community Care Program in-home services rate to \$25.66 on January 1, 2023 – this was an increase of over 40% since 2019. They were also able to increase Care Coordination Unit funding by \$95.2 million to reflect recommendations from a December 2020 rate study. We appreciate these increases for the network. However, the funding that we distribute has not been able to match inflation.

Enhancements to our Planning Process – Advocacy Agenda and Public Forums

In response to what AgeOptions hears from our partners and constituents, AgeOptions has identified a number of advocacy priorities for FY 2024. Many of these result from collaborations with the Illinois Association of Area Agencies on Aging and USAging, the national association of Area Agencies on Aging, both of which we are an active and engaged member.

SUPPORT UNPAID FAMILY CAREGIVERS

Increase Illinois Family Caregiver Act funding from \$4m to \$6m to support unpaid family caregivers through the Area Agencies on Aging's Caregiver Resource Centers. An AARP study found there are over 1.5 m caregivers in Illinois providing 1.4 billion hours of unpaid work annually with an estimated value of \$18.5 billion. Support for unpaid caregivers is proven to delay nursing home placement and save Medicaid dollars.

INCREASE STATE FUNDING FOR COMBATING SOCIAL ISOLATION

Increase from \$1m to \$2m to support innovative programs to alleviate isolation among older people. Social Isolation is a public health and public policy emergency. Studies find that weak social connections can shorten a person's life by 15 years -- roughly the same impact as smoking 15 cigarettes a day.

SUSTAIN STATE FUNDING FOR HOME DELIVERED MEALS

The funding will help meet the increased demand for meals, support the skyrocketing costs for food, gas, and labor; and allow enhancements to the program like culturally appropriate meals, medically tailored and special diets, as well as two meals per day for older adults at high nutritional risk. In FY22, 53% of Home Delivered Meal recipients had High Nutritional Risk Scores which equals 42,204 persons across the state.

INCREASE FUNDING TO ADDRESS WORKFORCE ISSUES

Increase reimbursement rates and funding to allow for higher salaries and benefits for agencies that help keep older adults safely in their homes such as Care Coordination Units, Adult Protective Services agencies, Caregiver Resource Centers, home care agencies, and Area Agencies who are challenged in staff recruitment and retention. Managed Care Organizations and hospitals are able to provide higher wages and benefits than the “aging network”.

AID TO THE AGED BLIND AND DISABLED (AABD)

Increase AABD support by \$50m. AABD is a cash supplement to SSI. SSI income is \$914 per month, approximately 75% of the Federal Poverty Level (FPL). The Illinois AABD program has not been updated in decades and when combined with SSI only reaches about 81% of FPL. Our request is to increase AABD so that when combined with SSI it will equal 100% of the FPL.

In addition to the AgeOptions monthly Advocacy Task Force meetings, AgeOptions and the two other Chicagoland area agencies held a legislative update session via Zoom to inform and hear from members of the Illinois General Assembly and federal legislators. These area agencies to which we partnered are the Chicago Department of Family Services and AgeGuide. In addition, AgeOptions organized and co-sponsored with our funded partners, 5 regional legislative forums around suburban Cook County to also learn, inform and listen.

Putting into Action What We Hear

AgeOptions is committed to an ongoing enhancement of our core services and local and statewide initiatives. There are no plans to make formal funding changes to our service delivery system from the previous fiscal year, with the exception of expanding services due to increases in federal, particularly American Rescue Plan Act (ARPA) and state funding. However, we as an agency will continue to pursue new opportunities for grants as they present themselves.

AgeOptions will continue efforts that allow for flexibility in funding streams to ensure that service delivery systems are responsive to emergent needs and are equipped to adapt to post-pandemic needs including but not limited to hybrid models of service delivery.

Lessons learned during the COVID pandemic will continue to be applied to our planning processes and the way services are delivered. In response to the pandemic, many services were provided to our constituents using technology and in virtual formats. Emergent hybrid model of service delivery of a combination of in-person and virtual platforms will continue. Not all older adults are keen users of technology, plus there is much value in face-to-face interactions when addressing loneliness and social isolation.

As stated, the array of assessment and evaluation processes and engagement opportunities of staff with other staff, constituents, Board members, Advisory Council members, advocacy forums are all used to inform our array of programs and services. As a result, the Area Plan for FY 2024 will reflect all of these information gathering streams. Most of these programs were discussed in the AgeOptions 3 Year Area Plan covering FY 2022 through and including FY 2024.

1. AgeOptions will continue to enhance **programming for unpaid Caregivers** including:
 - a. Expanding efforts to address the needs of caregivers through the TCARE tailored assessment directed at the unpaid caregivers.
 - b. Adding resources for caregivers by adding the software Trualta to our caregiver program. Trualta is an online platform that provides caregivers with a personalized, easy to use, skills-based training platform with new information and skills needed to manage care for someone at home. It helps make caregivers feel more prepared. Trualta has quick videos, articles, tip-sheets, and professional level training that are tailored to meet the caregiver's learning style and have topics like personal care, brain health, safety, self-care, managing challenging behaviors and more. There are special trainings developed for Spanish speaking caregivers and for LGBT caregivers and the whole platform will be fully accessible in Spanish soon.
 - c. AgeOptions has 14 memory café partners held at our Caregiver Resource Center that include Aging Caring Connections, Catholic Charities – Northwest, Catholic Charities – South Suburban, Kenneth Young Center, North Shore Senior Center, Oak Park Township Senior Services and Pathlights. Sites specifically targeting limited English-speaking older adults are in collaboration with Arab American Family Services, American Association of Retired Asians, Center of Concern, Hanover, Hanul and Xilin
2. **Social Isolation:** AgeOptions will continue its efforts to impact the lives of older adults feeling the effects of loneliness and social isolation through UNIPER Care, combining an easy-to-use technology with video meetings through the participant's television, offers a tool to combat social isolation, create active communities and promote a healthy lifestyle.
3. **Food Security:** AgeOptions will work with community-based organizations and in particular, the Greater Chicago Food Depository to get the word out regarding the Elderly Simplified Application Program (ESAP) whose aim is to improve the SNAP application and verification process. In addition, we will continue to advocate for changes to the Medicaid system. Require our Nutrition Program agencies to increase their coordination with Farmer's Market Coupons.

4. **Health Care Access: Continue** work with Aging Disability Resource Network and Medicaid Managed Care to clarify roles. AgeOptions will expand our work to educate the MCOs about the Aging network with an emphasis on nutritional and wellness programs.
5. AgeOptions anticipates that **congregate meal sites will continue to be hubs for information** and out-posting sites for programs to increase coordination of services post-pandemic. Recognizing that our service delivery models have changed forever, we anticipate using hybrid models of virtual and face-to-face programming. In addition, we will continue to look for volunteer “champions” to educate on and encourage advocacy at a local level.
6. **Libraries partnered with AgeOptions serve as informational hubs** and out-posting sites to increase referrals and cross collaboration within the aging network.
7. Through **AgeOptions Food Insecurity Initiatives**, we will continue to address issues and advocacy related to hunger and outreach to hospitals and MCOs on home delivered meals.
8. Working with our partners, AgeOptions will **continue the Advocacy Task Force** to advocate for a budget that protects services that are important to older adults, and other important aging related federal and state issues. Many of these issues were identified in the previous sections related to caregiving, nursing home admission, expanding home and community-based service options under the state’s Community Care Program and improving the communication between the federal and state government regarding access to Medicare Savings Programs such as Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLMB) and Qualified Individual (QI).
9. **Mental Health** – AgeOptions funded 12 organizations, four of which target limited English Proficient older adults, to provide evidence based mental health services. The specific programs are Healthy Ideas, BRITE (Brief Intervention and Treatment for Elders) and PEARLS (Program to Encourage Active Rewarding LiveS).

Statewide and Local Area Plan Initiatives

Every service and program provided by an AAA or Title VI program addresses a need related to Social Determinants of Health risks. The Older Americans Act mandates that funded services such as congregate and home-delivered meals support for caregivers,

transportation, and housing supports. These programs and services are targeted to older adults with the greatest economic or social need.

No new initiatives are to be implemented for FY 2024. The following were identified in our 3-Year Area Plan covering FY 2022 through and including FY 2024. These initiatives were referenced previously.

Statewide Initiative: Social Isolation

The Illinois Department on Aging requires all Area Agencies on Aging in Illinois to address Social Isolation as a statewide initiative in their Area Plans for Fiscal Years 2022 - 2024. The goal is specifically to “enhance Illinois’ existing community-based service delivery system to address Social Isolation among Older Adults”. AgeOptions will continue its work in collaboration with other community-based providers to address social isolation among older adults. The goal is to reduce social isolation among older adults within Illinois and our planning and service area (PSA).

A lesson that was learned during the COVID pandemic is that all of us are vulnerable to social isolation. The requirement to stay at home, not see friends and family has caused a great deal of anxiety, sadness and depression. The pandemic has enabled us to appreciate what is an unfortunate common occurrence amongst the older adult population in better times.

Loneliness and social isolation are major issues for older adults and are linked with negative physical and mental health consequences. An AARP review identified a wide range of health outcomes associated with loneliness and social isolation including depression, cardiovascular disease, quality of life, general health, cognitive function, and mortality.

Social isolation refers to the objective absence of contacts and interactions between a person and a social network. Thus, socially isolated older adults have poor or limited contact with others, and they view this level of contact as inadequate and/or that the limited contact has had adverse personal consequences for them. The AARP Foundation has defined social isolation as the following:

Isolation is the experience of diminished social connectedness stemming from a process whereby the impact of risk factors outweighs the impact of any existing protective factors. A person’s lack of social connectedness is measured by the quality, type, frequency, and emotional satisfaction of social ties. Social isolation can impact health and quality of life, measured by an individual’s physical, social, and psychological health, ability and motivation to access adequate support for themselves, and the quality of the environment and community in which they live.

AARP documented that an estimated 14 percent of study participants were socially isolated. The AARP study also outlined that, “Socially isolated respondents were more likely to be male, to be white, to live in an urban area, and to have lower household income and wealth” (Flowers, Shaw, Arid, 2017). Other surveys have indicated that gender, education and race/ethnicity were not related to loneliness. Additionally, socially isolated older adults are more likely to experience depression, have five or more chronic illnesses, and have difficulty performing activities of daily living.

The primary risk factors associated with isolation include:

- Living alone.
- Mobility or sensory impairment.
- Major life transitions such as loss of spouse, retirement.
- Socioeconomic status (i.e., low income or limited resources);
- Being a caregiver for someone with severe impairment.
- Psychological or cognitive vulnerabilities.
- Location: rural, unsafe or inaccessible neighborhood/community.
- Small social network and/or inadequate social support; people who do not have close family nearby.
- Language (non-English speaking); and
- Membership in a vulnerable group such as racial or ethnic minority, underinsured or do not have good access to quality health care, LGBTQ, homeless, people who are substance abusers, people with a sensory impairment.

AgeOptions Approach to Social Isolation

AgeOptions will continue to implement the statewide Initiative for FY 2024.

Current data indicates a significant percentage of the population that live alone and are at-risk of social isolation. The following chart highlights the status of older adults:

Older Adults in Cook County Living Alone			
	60- 69 Years	70- 79 Years	80 Years and Over
Lives Alone	18%	26%	38%
Does not Live Alone	82%	74%	62%
Total	100%	100%	100%

Suburban Cook County	Total Population	Living Alone	Percent Living Alone
Age 60+	591,046	241,438	41%
Source: American Community Survey, 5 yr. estimates, 2017-2021			

- **Coordination:**
 - Supported the research by NORC at the University of Chicago into the effects of the pandemic on persons at-risk of social isolation being conducted on behalf of the Illinois Association of Area Agencies on Aging with funding from the RRF Foundation. We will use the findings gleaned to refine our approach to programming.
 - Continue to explore the issue of social isolation at a local level to determine who is already addressing the issue, what is already being done and how the aging network can fit, specifically what resources, relationships and expertise do we bring to the table.
 - Convene and attend meetings with other agencies involved with Social Isolation, such as the Illinois Cognitive Resource Network (ICRN) monthly calls, Memory Cafes, Library meetings.
 - Explore working with the Metropolitan Mayors Caucus to convene an Age Friendly Communities subcommittee that involves relevant stakeholders from across suburban Cook County.
- **Program Development:**
 - Expand the use of UNIPER Care, a TV-based and mobile-based solution for care delivery and social engagement.
 - Implemented memory cafes across suburban Cook County to bring seniors with concerns about their memory and their caregivers together to socialize and learn about dementia in a destigmatized environment.
 - Provided funds to increase senior focused programming across suburban Cook County libraries. AgeOptions has worked with 37 libraries and targeted new libraries as part of our DREI efforts to reach communities representing lower socio-economic status, minority populations and areas with a lower percentage of constituents who have access to the Internet and technologies.
- **Plans for FY2024**
 - Provide opportunities to increase digital literacy among older adults through our library program and utilize already existing online platforms to connect seniors, online chat rooms using conference lines and computer support groups.
 - Continue to reach persons who are socially isolated and challenged in getting to COVID vaccines and booster shots locations.

- Work with transportation providers to ensure they are addressing issues of social isolation and if funding is available, consider transportation initiatives for older adults, such as potential partnerships with ride sharing companies (i.e., Uber, Lyft)
- Work with congregate sites and home delivered meal distribution points to develop and implement strategic planning innovations to address social isolation
- Continue Thrive with Pride Cafes designed to provide a safe and welcoming space for LGBT+ older adults to gather and connect to resources.
- Continue the Sounds Good Weekly Sing-Along so that older adults can join and online choir with their peers across Chicagoland
- Continue the Good Memories Sing-Along for people with concerns about their memory and their care partners so that there can be a fun and accommodating space to engage with others
- Continue to engage faith-partners through the Caring Together, Living Better caregiver program to engage and support largely Black and Latinx caregivers including support groups and telephone reassurance and the Faith CARES program which engages older adults including technology lending libraries, a friendly visitor phone program, fun clubs and more.
- AgeOptions will continue to provide funding in FY2024 to our Memory Cafes and agencies targeting limited English Proficient elders and encouraging the use of evidence-based programming.
- Use the Alzheimer's Disease and Related Disorders GRF to fund Caregiver Resource Centers to have trained staff person to provide Savvy Caregiver and Stress Busting for Caregivers, two evidence- based programs that provide support for family caregivers of individuals with Alzheimer's disease and Related Disorders.
- Expand the use of health promotion and falls prevention programming throughout suburban Cook County. These are group programs that are designed not only to improve health and reduce risk of falls, but foster connectedness among participants.
- In FY 2022, Age Options collaborated with partners from University of Illinois Urbana Champaign, University of Illinois at Chicago, and Illinois Extension to identify program sites in suburban Cook County to assist in the evaluation of the *Wits Workout* brain health program. Specifically, this clinical trial will assess the efficacy of *Wits Workout* to facilitate changes in health behaviors and subjective well-being in participants. In addition, *Wits Workout* programs are also taking place through several participating congregate meal sites and education and recreation grantees, with programs led by trained volunteers.
- Continue working with our funded partners who work with Limited English Proficient clients to ensure people are not socially isolated due to language barriers.

- Continue our efforts for Evidence Based Mental Health Services. For FY 23 and FY 24, AgeOptions issued a Request for Letters of Intent and funded Healthy Ideas, BRITE, and PEARLS.
- Continue our efforts that began in FY 23 with ARPA funding to provide funding for Home Preservation.

Local Initiative: Diversity, Racial Equity, and Inclusion

AgeOptions local initiative is Diversity, Racial Equity, and Inclusion. AgeOptions hopes to infuse a culture in our operation, policies, programs and processes as well as those of our grantee agencies whereby programs and services are delivered through a lens of social justice, sensitivity, awareness, and inclusion, with no racial, ethnic or unconscious bias. In doing so, all staff and participants, regardless of the service, feel welcome, comfortable and empowered to grow.

There has long been a racial and ethnic divide in this country. AgeOptions, as a community-based organization, recognizes the diverse population that it serves and the need to represent and serve our communities. AgeOptions has embarked on a number of initiatives that look inward at ourselves and to our partners. In the article “Diversity Climates in Organizations” published in the journal *Leader to Leader* in January 2021, it states organizations need to improve how they practice diversity and inclusion. The article goes on to state that organizations improve not just by knowing about diversity, equity and inclusion, but by enacting the necessary policies and practices that lead to the development of positive diversity and inclusion climates.

Other sources of literature offer an array of strategies to address bias. Suggestions include self-examination and exploration into personal bias; education; understanding disparities, particularly in health and opportunity. As such AgeOptions, is taking steps and plans to do more as we intensify efforts to address diversity, equity, and inclusion.

Within AgeOptions

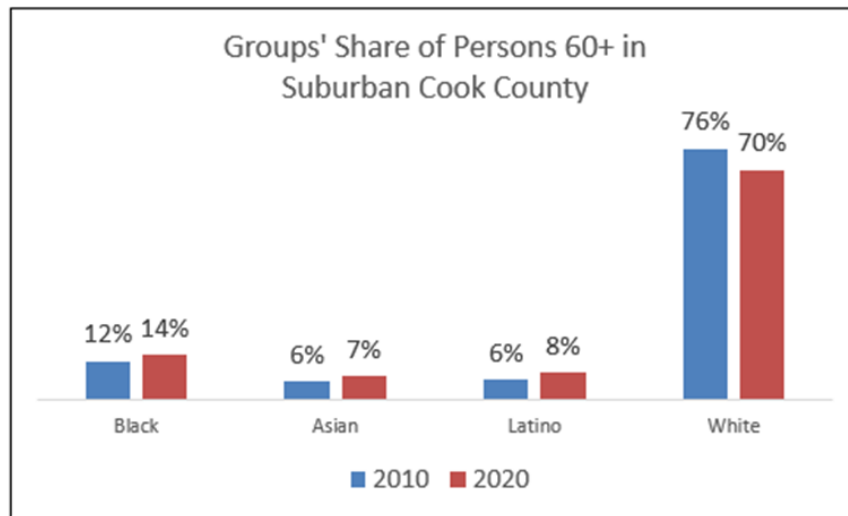
- In 2021, AgeOptions, under the guidance and direction of our Board of Directors, Advisory Council and leadership, the Morten Group was engaged to offer culturally informed solutions to important issues toward achieving equity at nonprofits. In FY 2022 and moving forward in FY 2024, internal committees are engaged in examining policies, procedures and behaviors to create and ensure a culture of DEI.
- AgeOptions began a DREI Committee of the Board, our Staff have a DREI Committee, and our Advisory Council has devoted five meetings to the discussion of the book “white Fragility”.
- AgeOptions Grants Management and Planning Team will explore and encourage the culture of DREI in our next round of provider requests for proposals.

- AgeOptions Human Resources will continue to outreach and engage their efforts at hiring staff reflective of our diverse communities.
- AgeOptions staff will be required to participate in SAGE Care training designed to educate organizations and persons to become culturally competent in relationship to LGBT+ population.
- AgeOptions People Management staff have participated in DREI training with Janine Hill and engage in research and discussion on DREI topics.

Outreach, Engagement and Programming Directed to our Diverse Communities including Plans for 2024

- For FY 2024, data gathered from our Comprehensive Community Needs Assessment should provide us knowledge of whom we should outreach and engage to develop new partnerships, particularly in the south suburban communities.

The chart below illustrates the change in the 60+ population over the past decade of Black, Asian, Latin and White in suburban Cook County:



- In 2020, AgeOptions was awarded an Administration on Community Living Nutrition Innovations grant titled “Title III C 1.5”. Its goal is to fill the gap between Title III C 1 congregate meals and Title C 2 home delivered meals by providing food that when prepared will provide 21 meals per week to persons who could cook or have a home care aide that can cook but are challenged by obtaining groceries. The diversity, equity and inclusion feature of this project is that a design of this initiative is that our partnering agencies will represent the Black/African American, Arab American, Chinese, Hispanic, Korean and Jewish

communities. This is a three-year project with implementation in FY 2023 and transition to community partner(s) leading the program in FY 2024.

- AgeOptions' Senior Medicare Patrol, Library, Memory Cafes, Take Charge and Falls Prevention among other programs are engaged in reaching diverse populations. Many of these programs are offered in Spanish for non-English speaking older adults.
- The AgeOptions Grants Management division is seeking new nutrition grantees using a DREI lense as our priority.
- AgeOptions staff hosts monthly Thrive with Pride Cafes engaging the LGBT+ communities. Because of the pandemic, these programs have gone to a virtual environment. These efforts will continue and be evaluated in terms of live and virtual formats. In addition, staff are continuing to explore other opportunities to reach the LGBT+ older adult.

Local Initiative: Approach to Food Insecurity

Food Insecurity as one of the Social Determinants of Health will continue as a local initiative and priority of AgeOptions. Social Determinants of Health are conditions in which people are born, grow, live, work and age that shape their health. The prevalence of food insecurity, which represents a condition, remains high amongst our constituents and as pointed out in our surveys and research findings it is not only a problem for our older adults, but also for their extended families. Food insecurity is also exhibited in relationship to accessibility and access to healthful food sources, transportation, its effects on health outcomes and limited financial resources. AgeOptions will continue to conduct planning, service coordination, advocacy and program development activities with an eye on food insecurity. We will continue and implement new programs in our attempt to address this systemic challenge.

Coordination:

- Through advocacy efforts with coalitions such as the Food is Medicine Work Group, on-going conversations with the Greater Chicago Food Depository, and the Illinois Commission to End Hunger and the demonstration of specific initiatives, AgeOptions will continue to explore the issue of food insecurity at a local level. This will help us determine who is already addressing food insecurity, what is already being done and how the aging network can fit, specifically what resources, relationships and expertise do we bring to the table.
- Encourage Managed Care Organizations to further understand how food insecurity is impacting their insureds and how AgeOptions and our network of provider agencies and programs can mitigate food insecurity.

Advocacy:

- Continue to create an awareness campaign and lead initiatives to take action on food insecurity.
- Advocate for increased funding for all nutrition programs on the state and federal levels including the inclusion in the next reauthorization by Congress of the Older Americans Act of an additional category of Title III C funding to include meal boxes as we will be demonstrating over the next year under AgeOptions' 2020 Administration for Community Living Nutrition grant.

Program Development and Plans for 2024:

- Advance the ACL Nutrition Innovations Title III C 1.5 initiative that is in the implementation phase and for FY 2024 transition to one or more community-based partners.
- Continue to provide educational materials now to cook healthy, low- cost meals. Educate on how to read labels, address sodium concerns, and address nutrition specific health conditions. Materials to be distributed at all nutrition program venues and made available for use by our library partners and memory cafes.
- Currently AgeOptions is piloting more medically tailored meals at congregate meal sites with the plan to expand in FY 2024 once a model is created from the pilot locations.
- Plans for FY2024 to continue to improve access to income supports such as LIHEAP, Transportation, affordable housing, and Medicaid and Medicaid Savings Programs, in order that older adults no longer must face the decision to pay another bill rather than buy food.
- Continue to work with the Senior Farmer's Market program.
- Work with congregate nutrition sites to explore the implementation of a volunteer carpooling system to reduce transportation-related barriers to attending sites. Volunteers who drive others to the congregate meal sites could have the incentive of having the suggested donation waived.
- Encourage attendance at congregate meal sites by distributing "coupons" to one's local meal site at other senior programming.
- AgeOptions is partnering with current and new nutrition-program grantees to expand access to nutrition throughout our service area. Goals are to:
 - Establish new sites in currently underserved areas or populations
 - Expand capacity at existing sites
 - Expand the availability of culturally appropriate meals

Results to-date:

- New South Asian cuisine site opened in Orland Township
- New general diet meal site in application process, Proviso Township
- New Halal cuisine in application process, Niles Township

Outreach:

- Define and operationalize the participant identification and eligibility criteria currently under development for our ACL Title III C 1.5 initiative
- Increase congregate meal site outreach by sharing information with dialysis centers, hospitals, rehabilitation centers, MCO's and other healthcare providers.
- Outreach and build partnerships with low-income senior housing, food banks and pantries, Senior Employment Programs, faith community, homeless programs, grandparent groups, hospitals and rehab facilities, and disease groups
- Work with and educate hospital systems to ensure that older adults learn about the Title III nutrition programs
- Continue collaboration and education to Managed Care Organizations to educate them how to refer seniors for congregate meals or home delivered meals.
- AgeOptions will work with community-based organizations and in particular, the Greater Chicago Food Depository and The Illinois Commission to End Hunger (ICTEH) to get the word out regarding the Elderly Simplified Redetermination Process (ESRP) whose aim is to improve the SNAP application and verification process.

Area Agency on Aging Programs and Services

Supportive Services

Funded by Title III-B of the Older Americans Act and Illinois General Revenue Fund

The following services provide older adults with the support they need to remain at home and in their communities as long as possible and prevent premature institutionalization. Supportive services listed below are provided by community service partners and delivered with AgeOptions direction and leadership with the exception of Information and Assistance, which is provided by both AgeOptions and community service partners.

- **Aging Disability Resource Centers funded for Information and Assistance, Options Counseling, Senior Health Assistance Program:** Provides answers to questions and connects older adults, people with disabilities and caregivers to programs and services.
- **Chore/Housekeeping:** Assistance in keeping an older person's home clean and functional.

- **Counseling:** Personal counsel to help individuals and families cope with personal problems and/or develop and strengthen capacities for more adequate social and personal adjustments.
- **Education:** Opportunities to acquire knowledge and skills suited to interests and capabilities through formally structured, group-oriented lectures or classes.
- **Home Repair:** Minor modifications to allow older adults to remain safely in the community.
- **Legal Assistance:** Assistance in settling non-criminal legal matters, protection of legal rights, advocacy and education.
- **Recreation:** Activities which foster the health and social well-being of individuals through social interaction and constructive use of time.
- **Respite Care:** In-home or out-of-home care to allow family and friends who care for older adults to take some time away from care giving.
- **Senior Centers:** Community centers where older adults gather to enjoy social and recreational activities, dine, attend classes and take part in health and wellness programs.
- **Senior Opportunity and Services:** Identifies at-risk older adults and connects them to existing services and programs.
- **Targeting to Culturally and Linguistically Isolated Persons (TCLIP):** Identifies and connects older adults who speak little to no English with culturally competent services and programs through translation, referrals and assistance in applying for services and benefits. AgeOptions funds TCLIP agencies under the Senior Opportunities and Services (SOS) program and under the Title III-C Nutrition program.
- **Transportation:** Rides for older adults to community centers, dining locations and medical appointments.

Emergency Preparedness

AgeOptions continues to review and revise our Disaster Operations Plan on a regular basis. AgeOptions and the community agencies we fund will use a Continuity of Operations Plan to be able to serve older adults during an emergency when offices may be closed due to a disaster or emergency order. AgeOptions developed a web page to provide tools and information for the community agencies that we fund, as well as tips and resources for various emergency situations: <https://www.ageoptions.org/support->

[resources/emergency-preparedness/](#). AgeOptions works to increase capacity building among the aging and disability networks when it comes to emergency planning.

Senior Health Assistance Program (SHAP) and Medicare Improvements for Patients and Providers Act (MIPPA)

Funded by Illinois General Revenue Fund, Tobacco Settlement Funds, Administration for Community Living (ACL) and Centers for Medicare and Medicaid Services

AgeOptions coordinates an area-wide campaign with local agencies to reach older adults and people with disabilities with information about programs that assist with the cost of prescription medications. These programs include Medicare Part D, Low Income Subsidy (“Extra Help”), Patient Assistance Programs and Medicare Savings Programs. SHAP also includes assistance with enrollment into the Benefit Access Program that assists with transportation costs such as Seniors Ride Free, People with Disabilities Ride Free and the license plate sticker discount. Staff at AgeOptions and local community partner agencies conduct outreach, community education and provide one-on-one assistance to older adults applying for all of the above-mentioned programs. SHAP is a mainstay of consumer assistance to identify the best prescription plan possible, to meet deadlines for applying and to assure annual confirmation that a person’s plan will cover their prescription.

SHAP is integrated into the Aging and Disability Resource Network (ADRN), which is comprised of Information and Assistance, Options Counseling and SHAP. All agencies that serve under the Aging Disability Resource Network (ADRN) designation are Senior Health Insurance Program (SHIP) sites. Funding through the Medicare Improvements for Patients and Providers Act (MIPPA) will allow AgeOptions and the Aging Disability Resource Network (ADRN) sites that provide SHAP services to promote Medicare Part B Prevention and Wellness benefits to consumers, caregivers, and professionals in suburban Cook County by conducting presentations and disseminating written materials.

Nutrition Services

Funded by Title III-C of the Older Americans Act, Nutrition Services Incentive Program and Illinois General Revenue Fund for Home Delivered Meals

- **Congregate Nutrition Services:** AgeOptions funds community dining options, often referred to as “congregate meals”, at a variety of locations throughout suburban Cook County. Of these congregate sites, ten offer “ethnic” meals to serve a specific cultural community. All sites offer freshly served, balanced hot meals, education and information on benefits, plus social engagement and activities. From preliminary research in our Comprehensive Community Needs Assessment, the chart below shows where our congregate dining program participants reside in suburban Cook County.
- **To-go Meals:** During the pandemic, congregate nutrition sites were providing “to-go” meals to clients. In response to the National Emergency Order Concerning COVID-19 ending, AgeOptions is providing stipends to sites to provide innovative programming to encourage people to participate in the socialization activities at sites. However, some older adults may continue to be hesitant to attend the program, the timing for the program may be difficult with employment or doctor appointments, and some older adults may need the five packs of food to help with their food security. The Illinois Department on Aging (IDOA) will continue to allow the “to-go” meals and these will be counted as “home delivered meals”.
- **Home Delivered Meals Services:** Provide nutritious meals to older adults who are homebound and unable to shop for groceries or prepare meals on their own. At most home delivered meal programs, volunteers deliver lunchtime meals daily and conduct wellness checks to ensure client safety. We now offer therapeutic diets such as diabetic, gluten free and renal meals throughout our service area. In addition, two programs offer “ethnic” home delivered meals to serve a specific cultural community. [Note that AgeOptions



funds Home Delivered Meals in all townships of suburban Cook County except for Barrington; the Barrington Area Council on Aging provides the “Barrington Area Meals with Wheels” program without Title III funding.] Currently, there are no waiting lists for home delivered meals.

- **Emergency Shelf-Stable Meals:** These are provided to all congregate and home- delivered meal clients to ensure each participant has a minimum of five days of shelf stable meals in the event of emergencies, weather-related conditions, pandemics, or civil unrest that would prevent the delivery of their home delivered meals or attendance at congregate meal sites. These meals meet 1/3 of the current Dietary reference Intakes (DRIs). These meals have a six-month shelf life and will be distributed to participants twice a year. Grantee will communicate to participants as to when they should consume an emergency meal. When Grantee has called for three days’ worth of meals to be consumed, Grantee will communicate to AgeOptions so that the meals may be replenished.
- **Meal Box Grocery Delivery:** At the beginning of the pandemic, AgeOptions heard the increased need for food for Older Adults. AgeOptions had distributed shelf stable meals but sought a fresher healthier option. Under the President’s Emergency Order, AgeOptions was able to pilot bi-monthly deliveries of groceries in May 2020. The program targets clients who are able to and interested in cooking for themselves but may have difficulty shopping. The program has proven very popular, cost effective and adaptable to population preferences. AgeOptions was awarded a three-year grant from the Administration for Community Living to explore how home-delivered groceries could become a sustainable program supported by the Older Americans Act. At the end of the 3-year grant, AgeOptions will pay for these food boxes through Home Delivered Meals General Revenue Funding.
- **Senior Farmers Market Nutrition Program Coupons:** AgeOptions works with the Illinois Department on Aging (IDoA) and community organizations to distribute Seniors Farmers Market Nutrition Program coupons during the summer months. The coupons can be redeemed by older adults for \$50 worth of fresh produce and fruit at participating local farmers markets. In prior years, the coupons were worth \$25.

Health Promotion and Disease Prevention

Funded by Title III-D of the Older Americans Act

AgeOptions will continue to fund a Countywide Health Promotion Coordinator agency which will deliver evidence-based self-management programming such as Take Charge of your Health and Take Charge of Your Diabetes (& Diabetes Plus), Take Charge of Your Pain, Cancer Thriving and Surviving as well as fall prevention programming such as A Matter of Balance, Tai Chi for Arthritis for Arthritis and Falls Prevention, and the Fit and Strong! Program.

The Countywide Health Promotion staff will work with AgeOptions direct service waiver program which provides information and self-management skills for older adults with ongoing conditions and their caregivers using the evidence-based Chronic Disease Self-Management model created by Stanford University.

Caregiver Support Program / Relatives Raising Children

Funded by Title III-E of the Older Americans Act and General Revenue Funds

The National Family Caregiver Support Program serves family and friends who care for persons aged 60 and over or people with Alzheimer's disease (or a related disorder with neurological or organic brain dysfunction) at any age. The program also provides support to grandparents and other non-parent relatives over the age of 55 who are caring for children under 19 or adults 19-59 years old with a disability. The Caregiver Support Program encompasses the following:

- AgeOptions supports and coordinates counseling, outreach, respite, education and training, support groups, gap-filling services, and legal assistance.
- Expands use of funds to provide respite services.
- AgeOptions mandates that all designated Caregiver Resource Centers utilize the Tailored Caregiver Assessment and Referral (TCARE) tool as the standardized assessment for caregiver clients.
- The AgeOptions Caregiver Programs Coordinator assists Caregiver Specialists at designated Caregiver Resource Centers countywide and reaches out to the community to increase awareness of caregiver programs.
- AgeOptions continues to support interdisciplinary caregiver work through Caregiver Collaborative meetings
- In FY 2023, AgeOptions will add the software Trualta to our caregiver program. Trualta is an online platform that provides caregivers a personalized, easy to use, skills-based training platform for caregivers with new information and skills needed to manage care for someone at home. It helps make caregivers feel more prepared Trualta has quick videos, articles, tip-sheets, and professional level training that are tailored to meet the caregiver's learning style and have topics like personal care, brain health, safety, self-care, managing challenging behaviors and more.

Continuation of new programming: The recent Governor's Budget message included funding for Alzheimer's Disease and Related Disorders. AgeOptions will continue to use these funds in two ways: First, we will require Caregiver Resource Centers to be trained-in and provide annual Savvy Caregiver and/or Stress Busting for Family Caregivers, both evidence-based workshop series. Second, Caregiver Resource Centers will continue to have funding to provide gap filling for people with Dementia and

their caregivers; provide respite services and increase the availability of TCARE assessments.

Special note regarding caregiver services: AgeOptions has spearheaded and plans to continue efforts in FY 2024 to expand caregiver assessments through the use of TCARE, a proven tool to assess the needs of the caregiver rather than focus on the care receiver. Through a series of questions, the TCARE assessment tool identifies the specific drivers of the caregiver's distress. With the stressors identified, an individualized care plan is created to help the caregiver feel more equipped to manage their role as a caregiver. Interventions such as counseling, support groups and respite are put in place to manage stressors and prevent caregiver burnout. These services are offered through our current 10 Caregiver Resource Centers.

In FY 2022, AgeOptions staff was a participant in a statewide team supported by a grant from the National Academy for State Health Policy given to the Illinois Department on Aging. An outcome of this grant is the expansion statewide to 12 out of the 13 Area Agencies on Aging using TCARE and a statewide caregiving brochure that will be available in FY 2024. Additionally, as mentioned under our advocacy efforts, Illinois will continue to participate in the statewide Caregiver Coalition that began in FY 2022.

Adult Protective Services Program ***Funded by Title VII of the Older Americans Act***

The Adult Protective Services Act (APS) went into effect on July 1st, 2013. It expanded the Elder Abuse and Neglect program to include investigation of reported cases of abuse, neglect and exploitation for individuals with disabilities ages 18-59. In addition, the APS Act was amended on July 1, 2018, to include investigations of reported self-neglect and amended on January 1, 2022, to include investigations of reported abandonment. A Request for Proposal (RFP) was completed with designations for FY 2023⁴ beginning October 1, 2022, running through June 30, 2023. At that time, two-year extensions will become available. AgeOptions completed the procurement and designation process with the Illinois Department on Aging.

Specially trained case managers at nine (9) local Adult Protective Services Provider Agencies:

- Receive and respond to reports of adult protective services abuse, neglect, self-neglect, exploitation, and abandonment.
- Provide investigation, intervention and follow up services to victims through partnerships with local law enforcement and service agencies
- Help resolve problems between victims and their substantiated abuser(s), including appropriate service plans to aid individuals in need

- Provide appropriate follow up services through the use of Emergency Intervention Service (EIS) funds
- Organize, conduct and participate in eight multidisciplinary Team meetings per calendar year
- Receive and respond to Suspicious Death Reports

Adult Protective Services includes the following:

- **24/7 Adult Protective Services Hotline:** APS agencies provide 24/7 coverage. Each designated Adult Protective Services Agency created a plan to receive and respond to reports of alleged or suspected abuse or neglect in which an eligible adult is at risk for injury or death, at any time such a report is received, including after normal business hours and on weekends and holidays.

Abuse Fatality Review Teams: AgeOptions coordinates the Suburban Cook County Fatality Review Team (FRT), as required by the Department on Aging. A FRT's purpose is to conduct reviews of adult deaths who were "at risk" because of abusive actions in their homes. This will assist local agencies in identifying and reviewing suspicious deaths of adult victims of alleged, suspected or substantiated abuse or neglect in domestic living situations. The team will also facilitate communications between officials responsible for autopsies and inquests and persons involved in reporting or investigating alleged or suspected cases of abuse, neglect or financial exploitation of at-risk adults and persons involved in providing services to at-risk adults. This multi-disciplinary team meeting reviews cases and may produce actions to ameliorate the negative findings witnessed in the case study, but also bring forth formal recommendations to reevaluate policy, procedures, and standards as performed in the field at local and state levels.

Community Care Program (CCP) / Comprehensive Care Coordination

CCP provides in-home and community-based services to eligible Illinois seniors, age 60 and over with limited assets and assessed need for long term care. The services under CCP are aimed at assisting seniors to maintain their independence, provide cost effective alternatives to nursing home placement and support the ability to age-in-place. Services include Adult Day Care, Automated Medication Dispensers, Emergency Home Response and In-home services provided by home care workers.

Projected Number of Persons to be served by AgeOptions' Units and Clients by Service

Older Americans Act and General Revenue Funded Services (does not include ARPA)	Projected FY 24 units	Projected Clients for FY 24
Social Services (Title III-B)		
ADRN/Information & Assistance	193,867	75,000
ADRN/Options Counseling Age 60 and over	1,200	450
ADRN/Options Counseling Age 59 and under	37	16
Chore Housekeeping	30,000	1,000
Education	4,800	1,000
Friendly Visiting (not funded with Title III)		
Housing Assistance (not funded with Title III)		
Legal Assistance	3,274	430
Home Repair	267	200
Recreation		
Respite	3,800	144
Senior Center		3,000
Senior Opportunity & Services	2,000	500
Targeting too Culturally and Linguistically Isolated	16549	5,000
Telephone Reassurance (not funded with Title III)		
Transportation	22,600	1,112
Caregiver Support Services (Title III-E)		
Counseling for Caregivers	7,500	1,263
Counseling for Grandparents Raising Grandchildren	242	100
Gap-filling 60+ caregivers	50	50
Gap-filling Alzheimer's Disease and Related Disorders (ADRD)	100	146
Legal Assistance Relatives Raising Children	482	62
One on One Outreach	1,378	1,242
Respite using 3e funds	15,000	400
Support Groups for Caregivers	1849	469
Support Groups for Grandparents Raising Grandchildren	216	50
Training and Education provided by consultants	250	60

Training and Education for Alzheimer's Disease and Related Disorders	788	470
Training and Education provided by CRC	856	442
Training and Education for GRG	76	38
Long Term Care Ombudsman Service		
Ombudsman	Data is reported directly to Illinois Department on Aging	
Nutrition Services (Title III-C)		
Congregate Meals ("to go" meals counted under HDM during pandemic)	200,000	4,000
Home Delivered Meals including "to-go" meals without socialization	3,000.000	8,000
Health Promotion/Disease Prevention Title III-D		
Health Promotion	4,000	700
Title VII I-Team		
APS Interdisciplinary teams		

Description of AgeOptions Administrative and Direct Services - Funding of Grants and Services

There are three components to AgeOptions grantee's funding:

1. **Funds provided by AgeOptions:**
 - Federal Older Americans Act
 - State General Revenue Funds
2. **Funds "matched" by the Grantee:**

Local Cash: includes funding from non-federal sources such as organizations, municipalities, townships, United Ways, etc., that provide direct support for service costs.

In-kind: includes the value of property or services that benefit a grant-supported service and are contributed by non-federal parties.

3. **Funds provided by the Clients** include client contributions that are made toward the cost of the service received.

How AgeOptions Receives Funds

AgeOptions receives allocations of both state and federal funding through the Illinois Department on Aging (IDoA). Funds for programs under Titles III-B Supportive Services, III-C1 Congregate Meals, III-C2 Home Delivered Meals, III-E Caregiver, and Illinois General Revenue Funding for community-based services and home delivered meals are allocated to the Area Agencies on Aging by the Illinois Department on Aging using a weighted, population-based formula. The Department reviews the formula every three years prior to the submittal of a new State Plan on Aging. These funding levels are subject to change.

Specific factors used in the IDoA formula include the number of people in each Planning and Service Area (PSA) represented by each Area Agency:

- Over the age of 60 (41% of funding)
- Over the age of 75 (7.5% of funding)
- 60 + racially/ethnically diverse (10% of funding)
- 60 + in poverty (25% of funding)
- 60 + living alone (7.5%)
- 60 + rural (9% of funding)

Other programs are funded using these factors:

- Ombudsman Program (number of licensed long term care beds and facilities)
- Title III-D Health Promotion (the percent the 60+ population is of the total population and the share of 60+ population in poverty)
- Title VII Elder Abuse and Neglect (number of assigned Multi-Disciplinary Teams)
- Community-Based Services General Revenue Fund (fixed and weighted allocations)
- Senior Health Assistance Program (base plus Medicare recipients)
- Nutrition Services Incentive Program (based on the meals served in the prior fiscal year and the national level of funding available)
- Special or one-time only funds (such as the Illinois General Revenue Funds for gap-filling services for grandparents of any age)

How AgeOptions Distributes Funds

AgeOptions uses a population-based funding formula to determine the maximum available dollars to each area in suburban Cook County for Supportive Services (Title III-B) and Caregiver Services (Title III-E). The factors and weights of AgeOptions funding formula remain the same as previous years:

Factor	Weight
60+	30%
65+ 124% poverty	35%
60+ Racially/Ethnically Diverse	15%
75+	10%

60+ living alone	10%
TOTAL	100%

Funds are distributed using the formula for each of the 30 townships (with North and South Proviso broken into two areas) in suburban Cook County.

AgeOptions Procurement Process

AgeOptions maintains a list of organizations interested in receiving notices of funding opportunities/Requests for Proposals (RFP). AgeOptions issues Requests for Proposals approximately every three to four years and administers an application or letter of intent process to identify subgrantees. AgeOptions may issue Request for Proposals for the following services and time periods. Note: Each grantee will receive up to a one-year award and depending on performance, AgeOptions may offer 2-3 one-year extensions:

Programs	RFP Issued	Date for Service to Begin	Estimated Time Period
Nutrition	Winter 2025	October 1, 2025	FY 25-27
Supportive Services (Title III-B), Health Promotion and Disease Prevention (Title III-D), Caregiver Support Program (Title III-E), and Senior Health Assistance Program/MIPPA (SHAP),	Winter 2024	October 1, 2024	FY 24-26
Care Coordination Unit	To be determined. AgeOptions will work in conjunction with IDOA.		
Long Term Care Ombudsman Adult Protective Services	Done in conjunction with IDOA.	October 1, 2022	FY 23-26

National and State Issues Impacting Fiscal Year 2024

Funding

Source: [Current Federal Budget and Appropriations for Aging Services Programs \(ncoa.org\)](https://www.ncoa.org)

Federal Policy Update:

At the time of writing this Public Information Document, there is a proposed federal FY 2024 budget. AgeOptions remains optimistic. However, the President's budget may not pass as proposed. As a result, AgeOptions is sharing the final appropriations for the FY 2022 federal budget. They are as follows:

- \$90 million increase to Supportive Services and Senior Centers (OAA Title III B) – to \$500 million.
- \$44 million increase for Home and Delivered Meals (OAA Title III C 2) \$410.3 million;
- \$221.8 million increase for Congregate Meals (OAA Title III C 1) - \$762.1 million;
- Additional \$2.6 million for Long-term Care Ombudsman program (OAA Title VII) – \$36.5 million;
- Additional \$46.3 million for Elder Justice Activities - \$73 million;
- \$0 .1 million for Preventive Health (OAA Title III-D) \$26.4 million and Chronic Disease Self-Management Education level funding at \$8 million.
- Additional \$44.9 m for Caregiver (OAA Title III-E) - to \$249.9 m in funding

State of Illinois General Revenue Fund (GRF)

Highlights of Governor Pritzker’s FY 24 budget for the Illinois Department on Aging is as follows:

- Increases for the Community Care Program (CCP) to accommodate caseload growth and annualize the rate increases scheduled for January 1, 2023, and March 1, 2023 - \$27.4 million
- Increases funding for Home Delivered Meals - \$8 million increase to cover expansion in home delivered meals.
- Caregivers - \$1 million increase to cover expansion of services and TCare.

Budget Assumptions

AgeOptions used the following budget assumptions to estimate a funding level for FY23:

- **Title Transfers:** AgeOptions is allowed to transfer funds among three federal Older Americans Act Programs: Title III-B (Supportive Services), Title III-C1 (Congregate Meals) and Title III-C2 (Home Delivered Meals). These transfers do not affect the total funding available in suburban Cook County but do allow some latitude in effectively planning programs as well as enable AgeOptions to maintain historical levels of service.

Since the consolidation of Supportive and Nutrition Services in 1978, AgeOptions has transferred funds from Congregate Nutrition Services to Supportive Services and Home Delivered Meals. We are requesting a waiver of the 20% transfer cap between Title III-C1 to Title III-B from the Illinois Department of Aging. The requested transfer for FY24 is \$913,557 from Congregate Nutrition Services (C1) to Supportive Services (3B). This is the same level of transfer as previous fiscal years.

- **Budget by Title:** All budgets were based on the Illinois Department on Aging (IDOA) draft allocations released March 28, 2023. The Title III-B Ombudsman, Title III-B Community Based, Title III-C1 Congregate, Title III-C2 Home Delivered, Title III-D Health Promotion, Title III-E Caregiver, Title VII APS, Title VII Ombudsman and NSIP were based on the actual FY 2021 awards from the Administration for Community Living to IDOA. The State General Revenue Allocations are based on the Governor’s **proposed** FY 2024 budget for IDOA. These allocation amounts may change as the final FY 2024 state budget is negotiated and enacted. The MIPPA for ADRN was estimated at FY 22 levels. Long Term Care Provider Fund for Ombudsman was based on DOA budgeted figures.

Estimated AgeOptions Funding by Service

How AgeOptions will Administer Increased or Decreased Funding

The following section outlines how AgeOptions proposes to administer increases and decreases in funding for the following programs: Title III-C1 Congregate Meals and Title III-C2 Home Delivered Meals. *

- **Increased Funding:** AgeOptions will determine the amount of funds to be made available for Congregate and Home Delivered Meals either by service area, by demand and/or for targeted populations, using the following in awarding funds.
 - Expand special diet, ethnic, shelf stable, weekend/and or second meals and/or
 - Develop new Congregate Meal sites targeting limited English proficient older adults, Black and Brown communities, and/or low-income areas.
 - Provide Targeted demonstration funding or infrastructure support
 - Develop new Congregate Meal sites in unserved regions of suburban Cook County.
 - Allow Grantees to submit formal requests and rationale to expand current services within the amounts determined available by AgeOptions. Decisions regarding increases shall be made after considering the rationale, overall performance and support provided to the community by the Grantee and/or
 - Develop a Request for Proposal for distribution of increased funds.
- **Decreased Funding:** If funding to the suburban Cook County region is reduced, and it is necessary to reduce Grantee award levels, AgeOptions will:
 - Redistribute funding if a grantee is not meeting productivity goals.

- Review each grant based on service levels and/or other performance factors to assure that there will be cost effective service provision that best meets the needs of older adults.
- For Home Delivered Meals - Ask the assessing agencies to review the needs of clients who receive meals on a short-term basis, e.g., following an illness or surgery, to determine if the meals are still necessary.
- Review clients who have second or weekend meals to determine if other options are available to them.
- Prioritize clients based on need and targeting factors such as low income, limited English speaking, living alone and/or minority.
- Reduce meals in the following order - second meals, weekend meals, Monday through Friday meals and special diet meals.

The following section outlines how AgeOptions proposes to administer increases and decreases in funding for the following programs: Title III-B – Supportive Services, Title III-D – Health Promotion, Title III-E – Caregiver, General Revenue Funds for Community-based Services and AgeOptions Direct Service funding and AgeOptions Administration funding. *

- Increased Funding: If there is an increase in available funding, based on the level of increase, AgeOptions will determine the amount of funds to be made available either by area, by service and/or for targeted populations and will use one of the following options in awarding those funds:
 - Provide Targeted demonstration funding
 - Provide proportional increases for grantees
 - Allow grantee/contractors to submit formal requests and rationale to expand current services and/or for unit rate increases within the amounts determined available by AgeOptions. Decisions regarding increases shall be made after considering the overall performance and support provided to the community by the grantee/contractor.
 - Develop a Request for Proposal for distribution of increased funds.
- Decreased Funding: If funding is reduced to the suburban Cook County region during a grant or contract year, and it is necessary to reduce grantee award levels, AgeOptions will determine a reduction strategy that may reduce funding to each area on a straight percentage basis, or reduce or eliminate services that are deemed to not be effectively delivered upon such a reduction of funds. AgeOptions reserves the right to establish new criteria for reductions for each extension year.

*Due to unpredictable changes in the local, national and worldwide environment AgeOptions cannot use its funding formula at all times.

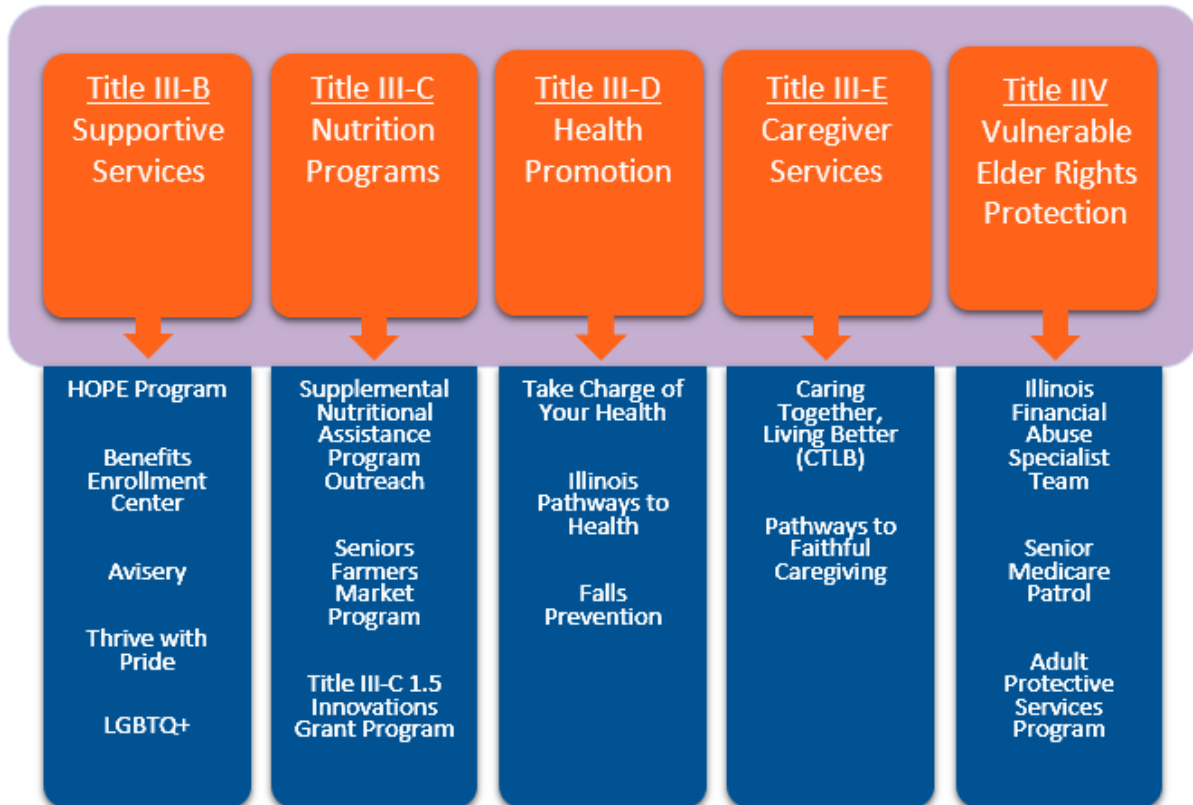
The following section outlines how AgeOptions proposes to administer increases and decreases in funding for the following programs: Title VII - Adult Protective Services, Title VII- Long Term Care Ombudsman:

- Increased Funding: If there is an increase in available funding, AgeOptions may carry the funding into the next fiscal year and provide proportional increases for grantees. If there is a substantial increase, AgeOptions may provide proportional increases to grantees.
- Decreased Funding: If funding is reduced to the suburban Cook County region during a grant or contract year, and it is necessary to reduce grantee award levels, AgeOptions will apply proportional decreases to grantees. AgeOptions reserves the right to establish new criteria for reductions for each extension year.

Information on Funding Possibilities

While AgeOptions main sources of funding are the federal Older Americans Act and Illinois General Revenue Funds, AgeOptions has made progress in securing grant funds from sources other than the Older Americans Act to enhance current programs and develop new programs. AgeOptions has a variety of innovative programs that respond to the rich diversity of our communities. In addition, AgeOptions Board has a Resource Development Committee and is working to expand fee-for-service programs related to our non-Older Americans Act programs.

AgeOptions Signature Programs



The Older Americans Act Programs are not equally funded, but their importance is significant and are considered the foundation for all aging services in our region. The associated boxes are the activities AgeOptions has adopted to assure that our region is doing all we can do to bring services to older people. The chart below shows how AgeOptions signature programs augment the Title III and Title IIV programs under the Older Americans Act.

Administrative Funds

Administrative Direct Service Activities

The Older Americans Act restricts Agency administration costs to 10% of the Title III allocation and permits Area Agencies on Aging to provide “administratively related direct services” of Advocacy, Coordination, and Program Development. For FY24, the Illinois Department on Aging caps AgeOptions use of “Administratively related direct services” at \$3,568,375. The AgeOptions allocation for Title III administratively related direct service is \$1,589,996 and is 44.6% of the maximum cap for FY24 set by the Illinois Department on Aging for administratively direct services

For FY24, AgeOptions allocated for Title III-B Administrative Related Direct Service, which includes Advocacy \$408,096; Coordination \$305,216; and Program Development \$876,684.

American Rescue Plan Act (ARPA) Funds

From October 1, 2021, through September 30, 2024, AgeOptions received \$9,878,235 in ARPA funds. These funds are being distributed with \$9,454,732 to enhance Older Americans Act Title III funding by designating \$3,112,696 for Title III B, \$2,030,019 for Title III C 1, \$3,045,029 for Title III C 2, \$298,537 for Title III D, \$968,451 for Title III E, \$83,465 For Title VII Ombudsman and \$340,038 for Vaccinations under Title III B. AgeOptions efforts for the use of these funds are being guided by our commitment and initiatives to reach older adults who are socially isolated, persons of color and low-income communities.

Direct Services

Information and Assistance: AgeOptions provides Title III-B and E Information and Assistance responding to the necessity for a central access point to services in suburban Cook County. Negotiating the service system in an area comprised of 30 townships, 130 municipalities and hundreds of providers can be very confusing for an older person or a concerned loved one. The direct service funding for Information and Assistance supports staff at AgeOptions in responding to callers and walk-in clients and through email; maintaining and distributing a wide variety of informational and educational materials; providing technical support to funded partners. AgeOptions maintains a staff person who is a certified Information and Assistance Specialist for Aging and Disabilities (CIRS A/D).

The funding also supports part of the cost of maintaining a computerized resource inventory.

AgeOptions is allocating \$275,505 for Title III-B Information and Assistance and \$34,838 for Title III-E Information and Assistance. We project providing 5,000 units of service to 4,200 clients for III-B and III-E Information and Assistance. AgeOptions uses I Carol, to house our information and assistance resource directory. The I Carol system includes a public resource directory that will be available on our website, and we have added the ability to chat with Internet inquiries. In recognition that consumers are increasingly searching online to locate resources, this feature will increase ability to self-serve while also ensuring the information they are receiving has been maintained by a trusted source. We will be adopting new ways to draw in consumers to speak with information & assistance specialists to ensure they are connected to the full range of services available. For example, our updated website increased the visibility on each page to connect help seekers with information and assistance services. In addition, we will be adding an Information and Assistance staff person who is part of our Avisery team and will be dedicated to providing information for people about Medicare and Medicaid and will serve as a subject matter expert for SHIP, SHAP and Information and Assistance Staff.

Health Promotion and Disease Prevention: AgeOptions is requesting a direct service waiver to provide Title III-D Health Promotion and Disease Prevention services through our Illinois Pathways to Health platform which include Take Charge of Your Health (CDSMP), Take Charge of your Diabetes (DSMP), Take Charge of your Pain (CPSMP) and falls prevention programming to include A Matter of Balance (MOB), Tai Chi for Arthritis and Bingocize. For 20 years, AgeOptions has taken a lead on providing the evidence-based Chronic Disease and Diabetes Self-Management program as well as the Spanish-language Tomando Control de su Salud and Tomando Control de se Diabetes throughout suburban Cook County. In 2019, AgeOptions received an ACL grant to add fall prevention programming to our suite of offerings and 2022 received another ACL grant to expand our programming.

AgeOptions is a leader in the delivery of evidence-based programs. For example, AgeOptions has been awarded its third ACL CDSME grant to increase the offerings of CDSMP and DSMP across the state and sustain efforts with innovative funding arrangements with health care providers and other entities. AgeOptions has also received an ACL Falls-Prevention Grant. Our website, ilpathwaystohealth.org, has become the go-to location to highlight statewide evidence-based programming including the Matter of Balance program and Wellness Recovery Action Plan (WRAP) for Seniors.

As a result of prior grants and activities, AgeOptions has trained a network of workshop facilitators who implement the Take Charge of Your Health and Take Charge of Your Diabetes programs (CDSMP & DSMP) throughout suburban Cook County. AgeOptions works with this network of facilitators (comprised of volunteers and professionals) to

ensure fidelity is maintained at each workshop. Each facilitator is also provided technical assistance regarding marketing and outreach to maximize recruitment of participants.

The direct service funding for Health Promotion and Disease Prevention supports staff at AgeOptions to coordinate the Take Charge of Your Health/Diabetes programs (including full compliance with Self-Management Resource Center's program guidelines); provide expert training and technical assistance to workshop facilitators; collaborate with local partners; facilitate Take Charge of Your Health/Diabetes and falls prevention workshops such as Matter of Balance and Healthy Steps in Motion; and expand outreach efforts to engage diverse groups of older adults throughout suburban Cook County. AgeOptions will leverage the Title III-D funds in order to provide a larger program with community and voluntary resources.

AgeOptions is requesting a direct service waiver of \$73,382 from Title III-D to support Take Charge of Your Health programs as well as to provide coordination and publicity of all Title III-D activities in suburban Cook County. We project providing 735 units of service to 150 clients for Health Promotion and Disease Prevention. This funding level is a decrease from previous years due to the decrease in Title III-D funding for FY 2024.

COVID Vaccinations: AgeOptions will continue to be engaged in COVID Vaccinations and may hold vaccination clinics and home visits for COVID and flu vaccinations. For FY 2024, AgeOptions plans to continue our home vaccination program and monitor through collaboration with the Cook County Department of Public Health and through funding through USAging.

We will continue to work with Family Christian Health Center (FCHC) and their Community Health Worker Program to bring reliable vaccine information to the south suburbs and will start a new partnership with Progress Center for Independent Living (PCIL) to reach more people with disabilities. Overall, our goal is to ensure that older adults and people with disabilities in suburban Cook County have access to the vaccines they need and that together we can address any barriers to those lifesaving vaccines. It is important to remember that even now, someone in suburban Cook County is getting their first COVID-19 shot today.

Additional AgeOptions Programs

Benefits Enrollment Center: The National Council on Aging awarded AgeOptions funding for two projects that sustain the Benefit Enrollment Center (BEC) and Senior Supplemental Nutrition Assistance Program Enrollment Initiative. The BEC offers person centered counseling to find, screen and enroll both seniors and persons with disabilities who have limited income and resources into available benefit programs. The primary focus is on the following programs: Medicare Part D Extra Help (or Low-Income Subsidy, LIS), Medicare Savings Programs (MSP), Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Low-Income Home Energy Assistance (LIHEAP).

Senior Supplemental Nutrition Assistance Program (SNAP) Enrollment Initiative: The National Council on Aging awarded AgeOptions funding through the Walmart Foundation for a project that addresses food insecurity among older adults by providing outreach and enrollment assistance into the Supplemental Nutrition Assistance Program (SNAP). The primary focus is on increasing the number of older adults enrolled in SNAP. This funding is used in conjunction with the BEC funding to provide comprehensive benefits outreach and assistance to older adults and individuals with disabilities.

Caring Together, Living Better (CTLB): Caring Together, Living Better focuses on the development of partnerships between faith-based and community organizations to build on caregiver support services already provided through the National Family Caregiver Support Program in the Older Americans Act. Caring Together, Living Better connects difficult to reach caregivers to these services through the faith community and community partners. With the support of the RRF Foundation for Aging, Healthy Communities Foundation, the Westlake Health Foundation, and now the CARES Act of 2020 there are currently 6 partners serving the west suburban communities of Bellwood, Berwyn, Cicero, Maywood, and Melrose Park. Our partners provide volunteer-based caregiver education and support programs including three churches with large African American congregations, one church with both Black and Latin congregants, and two Latin social service organizations.

Caring Together, Living Better (CTLB) was founded in 2009 by AgeOptions with Weinberg Foundation funding in partnership with South Suburban Senior Services of Catholic Charities, Metropolitan Family Services Southwest and CJE SeniorLife. During its first three years, CTLB provided approximately 241 caregivers of older adults with 3,273 units of volunteer-based services including training and support groups, home-delivered meals, transportation and respite care. Most of the south suburban church-based volunteer programs continue to operate although the south suburban grant funding has ended. Due to overwhelming success in supporting local caregivers, these

programs have become embedded in their organizations and communities and are supported through individual donations, fundraisers, township contributions and other methods. The west suburban replication of CTLB started in 2013, and in fiscal year 2020 alone, served over 3,000 west suburban caregivers and family members, a significant increase from prior years due to high need brought about by the COVID-19 pandemic.

In addition to the volunteer-based services for caregivers, AgeOptions worked with the CTLB Leadership Council to develop programming to reduce social isolation for caregivers and older adult family members during the pandemic. Partners hosted Zoom events to bring people together virtually which focused on activities such as music therapy, chair yoga, and more. Some partners also hosted meal and care package pickup events and COVID-19 testing events in response to increased challenges during the health crisis. AgeOptions continues to strengthen the partnership between CTLB sites and our designated Caregiver Resource Centers to promote referrals and ensure that caregivers and family members that attend CTLB events know they can explore additional resources through their local Caregiver Resource Center or Aging and Disability Resource Center. A representative from the Caregiver Resource Center side of Aging Care Connections in the western suburbs and a representative from the Aging and Disability Resource Center side of Solutions for Care in the western suburbs attend our monthly CTLB Leadership Council Meetings. Each CTLB partner will work with their local Caregiver Resource Center or with an AgeOptions staff member to co-host an Evidence Based Workshop series for their caregivers including such programs as Stress Busting for Family Caregivers and Take Charge of Your Health.

Care Coordination under the Colbert and Williams Consent Decrees (HOPE): Since February 2020, AgeOptions has served as a Prime entity under the Colbert Consent Decrees' implementation plan. As a Prime, AgeOptions together with North Shore Senior Center, a Care Coordination Unit, are responsible for nursing home resident engagement where the resident considers transition to the community; a comprehensive assessment of the physical, behavioral and psycho-social needs and potential home and community services to meet these needs when transitioned to community residency; assistance in establishing and setting-up a community residence and follow-up and monitoring of the transitioned class member and former nursing home resident to ensure his/her health, welfare and safety. AgeOptions has branded our work as a Prime entity, H.O.P.E. representing "Home Options Path to Empowerment".

Other partners include Featherfist for housing location, Legal Aid Chicago for helping clients access SSI or Social Security (SOARS), and other non-funded partners.

The Colbert and Williams Consent Decrees represent advocates for the rights of nursing home residents to live in the least restrictive environments in line with the 1999 federal Supreme Court Olmstead Decision. There are many residents residing in institutional settings that may have needed the care on day one of admission, find themselves continuing to reside in institutional settings. These residents could do well in the community with the support of community-based and medical and behavioral health services.

Avisery by AgeOptions: Since 1999, AgeOptions has educated professionals and consumers on how to navigate the various health care coverage options available to older adults. As state and federal governments have sought to increase consumer choice and control health care costs, it has become increasingly difficult for older adults to make informed choices about the insurance options that best meet their needs. While cost is a factor to consider, consumers also need information about 1) whether current health care providers are in-network; 2) whether medications are covered; 3) deadlines for enrolling in different coverage; and 4) eligibility for financial assistance programs to help cover out-of-pocket costs. The frequent introduction of new health insurance plans and revisions to existing policies adds levels of complexity to the public health insurance benefits system.

To help them make the right choices, older adults rely on health insurance counselors and other professionals in aging services organizations for support. Avisery by AgeOptions provides education, training, and technical assistance to these professionals, enabling them to help their clients access affordable healthcare coverage that allows them to thrive as they age. Avisery provides this impartial education to professionals through various avenues, including trainings, webinars, technical assistance, and informational email alerts.

Through interaction with these professionals and their clients, Avisery gathers data on unintended consequences, barriers to access, and implementation failures that plague the health benefits system. Avisery leverages its relationships with public officials, agency employees, and health plan representatives to resolve situations for individual beneficiaries. Additionally, through participation in advocacy coalitions, Avisery works towards system change at the health plan, state, and federal levels.

Fatality Review Team: The Suburban Cook Adult Fatality Review Team examines deaths associated with suspected abuse and or neglect of adults with disabilities (ages 18-59) and older adults (ages 60+) residing in Suburban Cook County. The Illinois Adult Protective Services Act ([320 ILCS 20/15](#)) has been amended to outline the team structure and responsibilities. Meetings are coordinated by AgeOptions, occur on a quarterly basis, and adhere to the Illinois Open Meetings Act. Term appointed professionals from many disciplines collaborate to review cases and then give detailed

recommendations to the Department on Aging. This approach incorporates system-level changes to improve the public response for victims of abuse and or neglect and prevent similar outcomes in the future.

Members include the representatives from the following agencies: Cook County Medical Examiner's Office, Cook County Department of Public Health, Cook County State's Attorney Office, Cook County Office of Public Guardian, Cook County Sheriff Police Department, Loyola University School of Nursing, , Oak Forest Fire Department, Mount Prospect Police Department, Tinley Park Police Department, Stickney Public Health District, Illinois Department on Aging, West Suburban Hospital, Suburban Access, Inc., Kenneth Young Center, Catholic Charities South Suburban, Equip for Equality, Legal Aid Chicago, Gareda Homecare, Addus Homecare and AgeOptions.

Home Preservation – Comments brought forth at our listening sessions shed light on the increased housing insecurity and homelessness among older adults in our area. More than half of the evictions the Cook County Sheriff's Office served were to older adults and rents were increasing while income stayed the same. In response, AgeOptions developed our ARPA funded Home Preservation Program. This program includes three components: aging service community agencies, Legal Assistance, and a Handyperson Program.

Senior Medicare Patrol (SMP)/Empowering Seniors to Prevent Healthcare Fraud: The SMP Senior Medicare Patrol (SMP) Program is a national program that empowers Medicare and Medicaid beneficiaries to prevent, detect, and report health care fraud. AgeOptions leads the Illinois SMP Program with funding from the Administration for Community Living. AgeOptions is able to reach all areas of Illinois with the SMP message by partnering with the 13 Illinois Area Agencies on Aging, White Crane Wellness Center and the Coalition of Limited English-Speaking Elderly.

Trained volunteers and staff give community presentations (in-person or virtually), SMP Bingo presentations (with prizes), outreach events/health fairs, and provide one-on-one counseling to Medicare and Medicaid recipients and caregivers on the SMP Message:

- **Protect:** Protect yourself from Medicare errors, fraud, or abuse by never giving your Medicare number to strangers who call or visit your home.
- **Detect:** Learn how to detect potential errors, fraud, or abuse by reading your Medicare Summary Notice or explanation of benefits from your insurance company.
- **Report:** If you suspect that you have been a target of errors, fraud, or abuse, contact the SMP Hotline at (800)699-9043 and we will return your call within 24 hours.

- If you would like a presentation on Medicare Fraud you can contact us at (800)699-1463 to schedule.

The Illinois Senior Medicare Patrol also debuted a 39-week media campaign in December 2022 that includes television public service announcements (PSA's) in both English and Spanish, radio PSA's in both English and Spanish, doctor's office closed circuit television PSA's in over 250 waiting rooms of rheumatologists, cardiologists, and neurologists., internet/banner advertisements and a prescription bag monograph campaign in over 300 pharmacies across the state.

AgeOptions Nutrition Innovation – Title III C 1.5: In the fall of 2020, AgeOptions was awarded a U.S. Administration for Community Living Nutrition Innovations grant. AgeOptions is currently in year three of the grant.

For a number of years, AgeOptions noted a gap between Title III C 1 – Congregate and Title III C 2 – Home Delivered Meals. The gap between these two programs is one where there are older adults who are challenged in grocery and food pantry shopping and transportation, but they have the ability and interest in cooking. The older adult may also have a home care worker under the state's Community Care Program who could do the cooking in the older adult's plan of care, but because of the intensity of needs may not have the time to shop. This gap, AgeOptions coined as Title III 1.5 falling between the other two nutrition programs.

AgeOptions proposed a program that the older adult provided with fresh fruits and vegetables, proteins and starches can create with planned menus and recipes meals to cover 21 meals per week that meet federal daily nutrition guidelines. In addition, to recognize the diversity of our suburban communities, the meal boxes are targeted to an array of ethnic communities. Participants in Title III C 1.5 will also be screened for risk of social isolation and linked with other resources.

AgeOptions has tested the menus with each of our targeted ethnic populations. There has been a high degree of participant satisfaction. Additionally, home care worker survey respondents appreciated being informed on what to do each day. It removed the meal planning from their array of tasks.

For 2023, AgeOptions is transitioning all of our participants of Top Box, a pandemic response program, to Title III C 1.5. By August 2023, AgeOptions will be offering meal boxes representing a general-non-ethnic, Latin, Black/African American, Halal, Kosher and Korean cuisine. For 2024, the program is expected to include several medically tailored options. We will also be working to identify sustainable sources of funding – currently it will be State General Revenue Funds for Home Delivery of Meals.

Through all phases of this initiative there has been ongoing evaluation. Not only is satisfaction important, but compliance as we demonstrate that providing unprepared food, per meal, is a less expensive way to provide daily nutrition. Additionally, by providing foods that people want to eat, we reduce food waste. It is hoped that an outcome of our demonstration will be consideration to add the Title III 1.5 category as a service and funding option under the next reauthorization of the federal Older Americans Act and that the State of Illinois allows continued flexibility in funding.

Illinois Family Caregiver Coalition (IFCC) – The Illinois Family Caregiver Coalition is a Coalition of over 200 organizational members throughout Illinois.

Illinois Pathways to Health: AgeOptions developed and owns that statewide network hub for evidence-based health promotion programming. We offer statewide programmatic technical assistance, unified marketing materials including a website, reporting tools and one contract access to this network to health care providers, insurers, and others that are interested in offering these programs to their patients/members.

AgeOptions is currently the recipient of two ACL grants to advance our statewide efforts: ACL Chronic Disease Self-Management Education (CDSME) and ACL Falls Prevention. The ACL CDSME grant was awarded to AgeOptions on 4/28/2021 as a 3-year grant.

Take Charge of Your Health Programs: Take Charge of Your Health is an interactive workshop series designed for individuals with ongoing health conditions. This evidence-based program, originally developed at Stanford University, provides information and tools to help individuals manage their health and lead active lifestyles. Workshops meet weekly for 2 ½ hours for six weeks and are led by two trained facilitators. The workshop group consists of no less than ten and no more than twenty participants. Workshop facilitators are often volunteers who have either personal or professional experience with ongoing health conditions. AgeOptions offers four versions of the program at locations throughout suburban Cook County:

- Take Charge of Your Health: Provides information and self-management skills for older adults with ongoing health conditions and their caregivers.
- Tomando Control de su Salud: A culturally adapted Spanish language version of Take Charge of Your Health for older adults with ongoing health conditions and their caregivers.
- Take Charge of Your Diabetes: Provides information and self-management skills specifically for older adults who have diabetes, are diagnosed as pre-diabetic and their caregivers.

- Take Charge of Your Diabetes - Plus: The same program as above, but with a clinical wrap-around program that includes one-on-one assessments and counseling provided by a registered dietitian. Participants must be diabetic and are required to have a physician referral.
- Tomando Control de su Diabetes: A Spanish language version of Take Charge of Your Diabetes for older adults who have diabetes, are diagnosed as pre-diabetic and their caregivers.
- Take Charge of Your Pain: This class is designed for people who have a diagnosis of chronic pain, offering strategies for dealing with their symptoms.
- Cancer: Thriving and Surviving: Provides information and self-management skills for older adults with cancer and their caregivers.
- Workplace CDSMP: A version of Take Charge of Your Health designed to be delivered at a workplace with one-hour sessions

Under the ACL CDSME grant, AgeOptions will work with the Coordinated Care Alliance to offer the HomeMeds program so that Community Care Program participants will be screened for adverse drug interactions and can receive a pharmacist review of medications should the initial screening raise concern. Participants in HomeMeds will be referred to health promotion programming.

Falls Prevention Programming

- A Matter of Balance: a program that emphasizes practical strategies to reduce the fear of falling and increase activity levels of older adults
- Bingocize: a program that combines exercise and health information with the familiar game of Bingo
- Fit and Strong
- Healthy Steps in Motion
- Tai Chi for Arthritis and Falls Prevention: an evidence-based Tai Chi program designed to reduce the fear of falling, improve relaxation and balance and provide socialization.
- Walk with Ease

AgeOptions currently provides facilitator training for organizations interested in building internal capacity for these programs.

Funding for the Take Charge of Your Health Programs come from the Administration for Community Living and Title III-D direct service funding. In addition, AgeOptions is exploring the viability of becoming a Diabetes Prevention Program (DPP) Hub. AgeOptions has determined that becoming a DPP is a sound strategic approach to growing the financial support of all Illinois Pathways to Health programming. We are exploring sites that want to work with AgeOptions to bill Medicare, Medicare Advantage,

Medicaid for Diabetes Prevention Programming and we are about to receive additional funding from the Illinois Public Health Institute to continue our development of the DPP hub and to get trained to deliver the program.

Memory Café Programs: In 2018, AgeOptions provided stipends to several of our Older Americans Act funded agencies to pilot 21 memory cafes throughout Suburban Cook County. AgeOptions launched the Memory Café concept to address social isolation among older people and to work towards dementia friendly communities throughout suburban Cook County. The stipend opportunities were for Congregate Meal Sites, Caregiver Resource Centers, and Targeting to Culturally and Linguistically Isolated Persons (TCLIP) Agencies to allow for a demonstration project during fiscal year 2019 with the intent that it would expand throughout our network and continue beyond fiscal year 2019. For FY2024, there are 14 active Memory Cafes.

A memory café is a social gathering designed for people living with dementia, or another form of cognitive impairment, and their care partners to feel welcomed and engaged in their own community. The cafes focus on socialization, engaging activities, education, and entertainment. They are also designed to be spaces where caregivers can connect to a caregiver specialist from one of our Caregiver Resource Centers to learn more about resources outside of the Memory Café that may be available to them.

Six (6) of the 14 funded memory cafes are being implemented by an AgeOptions funded TCLIP agency and are thus bilingual cafes to meet the needs of the communities they serve. There are memory cafes held in Spanish, Arabic, Mandarin, and Gujarati.

Programming in Libraries: As of March 2023, AgeOptions provided stipends to 37 public libraries across Suburban Cook County. This represents the addition of 17 libraries since 2021. Libraries in low-income and majority-minority communities were particularly targeted and encouraged to apply as part of our DEI initiative. Stipends were distributed to increase library capacity for hosting older adult programming, and at least 50% of the stipend was designated for technology to help bridge the digital divide during COVID-19. In addition to expanding on technology offerings, libraries created tech-training and educational materials for older adult patrons. Libraries focused on adapting and expanding programming that would reduce social isolation among their older adult patrons while also connecting them to available resources within their communities, such as their local Aging and Disability Resource Center. Participating libraries were also encouraged to host AgeOptions' presentations and evidence-based programming, such as Medicare fraud prevention, benefits access, Take Charge of Your Health, and Stress Busters for Caregivers.

Thrive with Pride Cafes: AgeOptions created Thrive with Pride Cafes to combat social isolation among the LGBT+ older adult and caregiver populations. This network of

community sites provides social support and vital information to the LGBT+ community. Thrive with Pride Cafes are envisioned as safe spaces for older adults and caregivers to learn more about benefits, share their stories and discuss topics that matter in a safe and affirming environment. Programming is tailored to the needs and interests of participants at each site. Visit <https://www.thrivingwithpride.org/> for more information.

Uniper Care: Uniper is a virtual senior center delivered to older adults in a low-tech fashion, including their UniTV devices, that transforms any television into a virtual portal. In 2020, AgeOptions began a Uniper pilot targeting low-income, socially isolated older adults and caregivers and providing Uniper subscriptions to them at no-cost. As of March of 2023, AgeOptions has enrolled 244 older adults and/or caregivers in our Uniper program. Early data from this pilot shows decreases in loneliness, depression and fall risks. Uniper is designed to be socially engaging and connect users with programs and activities that engage them. For more information on Uniper you can visit the AgeOptions website here: <https://www.ageoptions.org/resources/uniper/>

Volunteerism: AgeOptions continues to support a welcoming, flexible and creative volunteer program that effectively engages and cultivates the skills of volunteers to enhance aging services in suburban Cook County. AgeOptions uses volunteers for the SMP program, Benefits Enrollment Center, Take Charge of Your Health, fundraising, iFast, and AgeOptions Board and Advisory Council. For more information about volunteer opportunities, please call at (708)383-0258, email us at volunteer@ageoptions.org, or go to the AgeOptions website at <https://www.ageoptions.org/about-ageoptions/careers/>.

West Cook Coalition and Transformation Grant – AgeOptions is participating in the West Cook Coalition and Transformation Grant's goal is to improve life for those on Medicaid across their life span. Housing, Food Security and Behavioral Health are the highest priorities for the Coalition which is led by Loyola, Pillars and Care Advisors.

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Contact an Agency in Your Area

Services and programs are available to people with disabilities aged 18 and over and adults aged 60 and over.

North Suburbs		West Suburbs		South Suburbs	
Barrington, Hanover and Wheeling Townships Catholic Charities-Northwest (847)253-5500		Lyons, Riverside and Norwood Townships <i>(Including Brookfield and LaGrange Park)</i> Aging Care Connections (708)354-1323		Bloom, Bremen, Calumet, Rich and Thornton Townships South Suburban Senior Services of Catholic Charities (708)596-2222	
Schaumburg and Elk Grove Townships Kenneth Young Center (847)524-8800		Berwyn, Cicero and Proviso Townships <i>(excluding Brookfield and LaGrange Park)</i> Solutions for Care (708)447-2448		Lemont, Orland, Palos and Worth Townships Pathlights (708)361-0219	
Evanston and Niles Townships North Shore Senior Center-Niles (847)864-3721		Oak Park and River Forest Townships Oak Park Township Senior Services (708)383-8060		Stickney Township Stickney Township Office on Aging (708)636-8850	
Maine, New Trier and Northfield Townships North Shore Senior Center-Northfield (847)784-6000		Leyden Township Leyden Family Services Senior Citizen Program (847)451-0330			
Palatine Township Palatine Township Senior Citizens Council (847)991-1112		<p style="text-align: center;">Type in your address in referral portal to find out your agency and resources near you: https://services.ageoptions.org/</p>			
Suburban Cook Cultural Services and Support					
Hispanic/Latin Communities Alivio Medical Center (773)254-1400		Arab American Communities Arab American Family Services (708)599-2237		Korean Communities Hanul Family Alliance (847)439-5195	
				Indo-Asian Communities Metropolitan Asian Family Services (847)824-9414	
				Chinese Communities Xilin Senior Services (847)607-6555	
Countywide Information and Assistance					

Suburban Cook County

AgeOptions
(708)383-0258

City of Chicago

Chicago Department of Family
and Support Services - Senior
Services
(312)744-4016

**Collar Counties
Outside of Cook County**

AgeGuide (Collar counties)
(800)528-2000



For more information, please contact:

1048 Lake Street, Suite 300
Oak Park, IL 60301-1102

www.ageoptions.org

(708)383-0258
(800)699-9043

ⁱ [How vulnerable to inflation are the finances of older adults? - ScienceBlog.com](#)

ⁱⁱ [How vulnerable to inflation are the finances of older adults? - ScienceBlog.com](#)

ⁱⁱⁱ [Stock market's fall has wiped out \\$3 trillion in retirement savings this year - CBS News](#)

^{iv} [Get the Facts on Economic Security for Seniors \(ncoa.org\)](#)