State of Illinois
Illinois Department on Aging

2025 HOME DELIVERED MEALS REPORT

October 1, 2023 to September 30, 2024

Report Date: March 2025

In Accordance with Illinois Statute 20ILCS 105/4.07

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Statutory Authority

Illinois Act on the Aging (20 ILCS 105) specifies in Section 4.07 Home Delivered Meals "Every citizen of the State of Illinois who qualifies for home-delivered meals under the federal Older Americans Act shall be provided services, subject to appropriation."

The Illinois Department on Aging (IDoA) is required to file an annual home delivered meals report with the General Assembly.

At a minimum, the report must include the following information:

- Estimates, by county, of citizens denied service due to insufficient funds during the preceding fiscal year "and the potential impact on service delivery of any additional funds appropriated for the current fiscal year.
- Estimates of additional funds needed to provide services to those denied service or on waiting lists due to insufficient funds, including staffing and equipment needed to prepare and deliver meals.
- Geographic areas and special populations unserved and underserved in the preceding fiscal year.
- Recommendations for increasing the amount of federal funding captured for the program.
- Recommendations from the Aging Network on potential ways to reach unserved/underserved areas and special populations to include rural areas, dietetic meals, weekend meals, and 2 or more meals per day.
- Any other information needed to assist the General Assembly and the Illinois Council on Aging in developing a plan to address unserved and underserved areas of the State.

The statute requires IDoA to develop a fact sheet about public benefit programs available to older adults which is now distributed with home-delivered meals on an annual basis.

The Aging Network in Illinois

The Illinois Department on Aging

The Illinois Department on Aging (IDoA)was created by the State Legislature in 1973 for the purpose of improving the quality of life for Illinois' older adults by coordinating programs and services enabling older adults to preserve their independence as they age. It is the single state agency in Illinois authorized to receive and dispense federal Older Americans Act funds, as well as specific state funds, through Area Agencies on Aging (AAAs) and community-based service providers.

The Illinois Aging Network provides a comprehensive and coordinated service system for the state's approximately 2,881,558 adults aged 60 or older (FY25 Est) which is an increase of 1.9% from FY24 Est of 2,826,635 (U.S. Census Bureau). IDoA gives high priority to those 272,596 aged 60 or older living in poverty), 788,999 aged 60 or older who are considered a minority population, 724,695 aged 60 or older living alone, and 394,963 aged 60 and older who live in rural settings (U.S. Census Bureau). IDoA provides services to those aged 60 and older in greatest social and economic need; conducts studies and research investigating the needs and priorities of older adults; and ensures older adult participation in the planning and operation of all phases of the system.

IDoA's mission is to serve and advocate for older Illinoisans and their caregivers by administering quality and culturally appropriate programs that promote partnerships and encourage independence, dignity, and quality of life. In fulfilling its mission, Illinois Department on Aging responds to the dynamic needs of society's aged 60 and older population through a variety of activities including:

- planning, implementing, and monitoring integrated service systems.
- coordinating and assisting the efforts of local community agencies.
- advocating for the needs of the state's older adult population, and
- collaborating with federal, state, local, and other government agencies in developing programs and initiatives.

Area Agencies on Aging

The state of Illinois is divided into thirteen Planning and Service Areas (PSAs) (see Appendix A). There is one Area Agency on Aging (AAA) designated by IDoA located within each PSA. In Illinois, twelve not-for-profit agencies and one unit of local government serve as AAAs. Each AAA is responsible for planning, coordinating, and advocating for the development of a comprehensive and coordinated system of services for older adults and their caregivers who reside within the boundaries of the individual PSAs. Use of this type of decentralized planning process is authorized by the Older Americans Act for a three-year cycle set by Illinois Department on Aging.

Each three-year cycle begins with a needs assessment of local older adults, family caregivers and grandparents and other older relatives raising children. Through a process of public hearings, surveys, research, and the assistance of the AAAs' advisory councils, these needs are ranked in order of importance and matched with available resources. Each AAA then incorporates a proposed funding distribution, budget, and other planning information into an Area Plan on Aging. The plan includes an outline of proposed AAA activities for each year of the three-year grant cycle.

Following public hearings, the Area Plan is submitted to IDoA for review and approval. AAAs are permitted to amend their Area Plans annually in response to changing needs, priorities, and available funding. Federal Older Americans Act and state funds are allocated to the AAAs upon approval of the Area Plan and/or the Area Plan annual amendments by IDoA.

The AAAs in Illinois are not, as a rule, direct service providers. The AAAs are responsible for planning, monitoring, evaluating, and providing technical assistance to programs as needed. They contract with local service providers to implement services. In addition, the AAAs function as advocates for older adults and are the primary disseminators of information relating to aging issues within their respective PSAs.

The following chart lists the thirteen AAAs and the counties in which services are provided in each PSA in the state.

PSA	Name of Area Agency on Aging	Counties
1	Northwestern Illinois Area Agency on Aging	Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, Winnebago
2	Age Guide Northeastern Illinois	DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, Will
3	Western Illinois Area Agency on Aging	Bureau, Henderson, Henry, Knox, LaSalle, McDonough, Mercer, Putnam, Rock Island, Warren
4	Central Illinois Agency on Aging, Inc.	Fulton, Marshall, Peoria, Stark, Tazewell, Woodford
5	East Central Illinois Area Agency on Aging, Inc.	Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby, Vermillion
6	West Central Illinois Area Agency on Aging	Adams, Brown, Calhoun, Hancock, Pike, Schuyler
7	Age Linc	Cass, Christian, Greene, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, Scott
8	Age Smart Community Resources	Bond, Clinton, Madison, Monroe, Randolph, St. Clair, Washington
9	Midland Area Agency on Aging	Clay, Effingham, Fayette, Jefferson, Marion
10	Southeastern Illinois Agency on Aging, Inc.	Crawford, Edwards, Hamilton, Jasper, Lawrence, Richland, Wabash, Wayne, White
11	Egyptian Area Agency on Aging Inc.	Alexander, Franklin, Gallatin, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, Williamson
12	Senior Services Area Agency on Aging/CDFSS	Cook (City of Chicago)
13	Age Options, Inc.	Cook (Suburban)

Service Providers

Community-based service providers also represent a key segment of the Aging Network in Illinois, because they provide direct service and operate the programs for older adults and their caregivers.

The direct service delivery system consists of agencies who receive funding from Title III of the Older Americans Act and some also receive funding from IDoA's Community Care Program. Title III providers offer a wide range of home and community-based services, including home delivered meals and community-based programs that offer socialization, support, and other resources. The Community Care Program providers offer in-home care, adult day service, emergency home response, automated medication dispenser, information and referral, care coordination, and services made available through special demonstration or research projects. These services are encompassed in the Persons' Who Are Elderly 1915(c) Medicaid Waiver to assist older adults who are otherwise eligible for nursing home placement to remain in their homes and communities.

During Federal FY2024, more than 493,671 older adults, family caregivers and grandparents raising grandchildren and older adults raising children were served by nutrition and social service agencies under Title III of the Older Americans Act. These services include information and assistance, outreach, congregate meals, home delivered meals, transportation, legal assistance, respite care, chore services, residential repair, senior center activities and health promotion and disease prevention.

In FY2025, approximately 69,617 older adults will receive an estimated 10,223,885 home delivered meals. Additionally, approximately 55,964 older adults at more than 374 meal sites located throughout the state will receive more than 1,799,075 congregate meals.

Background and Analysis

With the aging of the U.S. population, increased attention has been directed to delivering health-related services to older adults in community settings. Since adequate nutrition is critical to health, functioning, and the quality of life, the Nutrition Program is an important component of home and community-based services for older adults. IDoA's Nutrition Program, authorized under Title III of the Older American's Act provides funding to the thirteen AAAs who oversee the funding of more than 374 nutrition service providers to support nutrition services to older adults throughout Illinois. The Nutrition Program is intended to improve the dietary intakes of older adults. Each meal served must provide at least one third of the daily recommended Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science. While there is not a means test for participation in the Nutrition Program, services are required by the Older Americans Act to be targeted to older adults with the "greatest economic and social need," including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. Many older adults find it difficult to consistently maintain a nutritious dietary intake. Adults age 85+, minority older adults, older adults in greatest economic need, older adults who live alone, and individuals with chronic health conditions are at the highest risk of being malnourished. Adequate nutrition is critical for healthy aging, the prevention or delay of chronic disease and disease-related disabilities and helps older individuals recover more quickly from illnesses or injuries. The Aging Network's nutrition programs provide congregate and home delivered meals, link older adults to supportive services, increase social and community connections while also decreasing social isolation, and provide nutrition education to help decrease or manage chronic health conditions.

Food Insecurity

Food insecurity is defined as having inadequate access to nutritious foods needed to maintain or live a healthy life. The U.S. Department of Agriculture utilizes the following four labels to define levels of food security and insecurity:

High	Marginal	Low	Very Low
No reported indications of food access problems or limitations.	One or two reported indications–typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.	Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.	Reports of multiple indications of disrupted eating patterns and reduced food intake.

According to The State of Senior Hunger Report in 2021(Ziliak & Gunderson, 2021), in the United States of America, 7.1% (5.5 million) of the population age 60 and older, were food insecure and 2.7% (2.1 million) were considered very low food secure. For those 60 and older with incomes below the poverty line, 26.4% were food insecure and 10.5% were very low food secure.

Disparities in **food security** in the United States of America exist within many vulnerable populations including racial and ethnicity status, older adults raising children and older adults living with a disability. The following chart illustrates these results of the US Census Bureau for the Bureau of Labor Statistic's 2021 Current Population Survey.

By Race	Food Insecure	Very Low Food Secure
Black	17.2%	6.6%
Hispanic	13.8%	4.5%
White	5.6%	2.1%

By Grandchild Present	Food Insecure	Very Low Food Secure
Present	15.0%	6.3%
Not Present	6.8%	2.5%

By Disability Status	Food Insecure	Very Low Food Secure
With Disability	13.4%	5.5%
Without Disability	5.0%	1.7%

Older black adults have a food insecurity rate that is over three times higher than older white adults; older Hispanic adults had over twice the food insecurity rate of older non-Hispanic adults. Older adults living with a disability had 13.4% food insecurity and 5.5% experienced very low food security. (US Census, BLS, 2021). Those older individuals with children present in the household had 15% food insecurity and 6.3% were very low food secure. (US Census, BLS, 2021).

In Illinois, older adults aged 60 and older experienced 14.2% marginal food security, 7.8% low food security, and 3.5% very low food security. state-fact-sheet-2024-illinois.pdf (mealsonwheelsamerica.org) In Illinois, 7.6% of individuals aged 60 or older were considered food insecure in 2021 and 3.2% were very low food

secure. (Ziliak & Gunderson, 2021). Many regions of Illinois offer poor access to grocery stores (food deserts) often due to geographic distance, and lack of transportation. The Illinois Public Act 100-0493, defines a "food desert" as a location lacking fresh fruit, vegetables, and other healthy whole foods, in part due to a lack of grocery stores, farmers markets, or healthy food providers." According to the July 1, 2023, to June 30, 2024, Illinois Food Deserts Annual Report from the Illinois Department of Public Health, 10.2% of Illinois census tracts met the criteria for low income and low access (one mile urban and ten miles urban). Nine percent (9.0%) of census tracts met the criteria for low income and low access tract (one mile urban or twenty miles rural) (IDPH).

Nutrition Programs

Home Delivered Meal Programs

Home delivered meal programs focus on providing nutrition services to older adults that are age 60 or older, may be frail and/or homebound by reason of illness, may have an incapacitating disability, or are otherwise isolated. The Older American Act Nutrition Program focuses services to older adults in need of support for nutritious meals and are of "greatest economic and social need" including low-income older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas and may need meals due to a decrease in mobility, chronic disease, inability to leave the home, or lack of transportation to a congregate meal site.

Participation numbers in the home delivered meal program has varied during the past ten years. The highest level of participation was in FY2020 when over 88,000 individuals were served meals. Prior to the 2020 pandemic surge in utilization of the program, the number of meals had been on a gradual decline from 34,022 older adults in FY2013 to 31,364 older adults in FY2016. There were 61,937 older adults served home delivered meals in FY2024 and in FY2025, the home delivered meal program is estimated to provide meals to 69,617 older adults. This number is continuing to be influenced by the increase in number of older adults needing the service, the change in eligibility requirements from Administration on Community Living which does not require the individual to be homebound and allows Grab and Go meals to be counted as home delivered meals.

Congregate Meal Programs

During the COVID period from 2020 to 2022, when in person services were restricted, many congregate meal programs temporarily transitioned to a pickup or "grab and go" distribution method. The "grab and go" method was found through practice to be beneficial to many older adults in the community that may not be able to attend a meal in the congregate setting due to scheduling challenges and/or household needs. Following the ending of the Public Health Emergency, some nutrition providers have continued to offer "grab and go" meals as an option for participants but Grab and Go Meals has declined overall with five of the thirteen areas in the state continuing to offer Grab and Go as an option.

Many congregate meal programs adapted services affected by the pandemic by offering some programs and services virtually. Many organizations in the aging network offered virtual exercise classes, concerts, and Memory Cafes which afforded a socialization component for older adults while using the grab and go meal option for their congregate meal participants. Frequently, nutrition providers have been told by congregate meal participants that a major reason they attend the meal sites is to participate in the social activities and to enjoy the companionship of other participants. These social activities in conjunction with the meal are important for older adults in combatting social isolation and loneliness.

Congregate meal programs provide older adults with a nutritious meal, social interaction, and volunteer opportunities. However, participation in the congregate meal program has declined over the past ten years. In FY2015 the congregate meal program in Illinois provided meals to 82,936 older adults. In FY2024, the congregate meal programs in Illinois provided meals to 64,121 older adults, which is a decline of 23% since FY2015. The substantial decline in the number of congregate participants served from 2020 to 2022 is due to the COVID-19 (coronavirus) pandemic and the temporary suspension of onsite gathering for congregate meals. The decline in the number of older adults participating in congregate meal programs is occurring throughout the nation and was significantly impacted by the COVID pandemic. It is partly due to "younger" older adults not participating in the congregate meal program for various reasons (lack of interest in group meal programs targeted for older adults, more nutritional and service options in their communities, and persons are working further into older adulthood).

Growth of Aging Population

The need for home delivered meals will continue to grow as the number of older adults increases, an issue that will particularly affect the group aged 85 and over, which is the fastest growing segment of the older population. Nationwide, the 85+ age group is projected to increase from 13% of the 65+ population nationwide in 2014 to 20% of the 65+ population nationwide in 2060. (Ortman, et al., 2014).

In Illinois, the 85+ population in 2000 was 192,031, and in 2010, the number rose to 234,912 (U.S. Census Bureau, 1970-2023). This population is projected to increase to 351,941 by 2030, which is an increase of 83.3% from 2000 (US Census Bureau, 1970-2023). Many of the current clients need more than one meal per day plus weekend meals due to being at high nutritional risk. Some of these needs were met with American Rescue Plan Act funding on a temporary basis, but these funds have been depleted. The Senior Nutrition Programs cannot address most of these needs without additional funding in the future to cover rising costs associated with providing nutrition services as the aging population continues to grow as demonstrated in the chart below.

The following information outlines the growth of the age 85+ population in Illinois since 1970 according to the US Census (1970-2023).

1970 Census	1980 Census	1990 Census	2000 Census	2010 Census	2023 Census Estimates	% Increase Between 1970 & 2023	% Increase Between 2010 & 2023
81,181	110,945	147,549	192,031	234,912	255,503	+215%	+8.7%

17th National Survey of Older Americans Act Participants (NSOAAP) Survey 2023

The federal Administration on Community Living conducts the National Survey of Home Delivered Meal Program Clients annually. This national survey collects information on client satisfaction, consumer assessment of service quality, and consumer reported outcomes for clients participating in state and community programs funded by the Older Americans Act. The Home Delivered Meal Program authorizes meals and related nutrition services for older individuals and their spouses of any age.

Home delivered meals are often the first in home service that an older adult receives, and the program is a primary access point for other home and community-based services. The program often serves older adults who are homebound, or isolated individuals who are age 60 and older, and in some cases, their caregivers, and/or persons with disabilities.

Home Delivered Meal Participant Data:

The following data was collected by Administration on Community Living from their 2023 National Survey of OAA Participants. This data demonstrates how the Home Delivered Meal Programs throughout the country are effectively targeting individuals who most need the services provided.

National Performance Measures Project Results	FY2023 % of Home Delivered Meal Clients
Portion of Food that Home Delivered Meals Represents Daily	
Half or more of the food eaten for the day	49%
Health Issues	
Arthritis/Rheumatism	65%
High Blood Pressure/Hypertension	69%
Heart Attack/Coronary	43%
High Cholesterol	54%
Diabetes or High Blood Sugar	36%
Asthma	45%
Length of Time Receiving Home Delivered Meals	
6 months or less	14%
More than 6 months but less than 1 year	16%
At least 1 Year but less than 2 years	29%
2 to 5 years	27%
More than 5 years	7%
Home Delivered Meals Help Clients To	
Continue to live in own home	85%
Eat healthier foods	75%
Feel More Secure	67%
Improve health	71%
HDMs Are Good or Excellent	83%

75 years or older	61%
Older Adults Would Recommend HDMs to Friend	89%
Live Alone	57%
Have Difficulty Leaving Home	46%

(ACL Aging, Independence, and Disability (AGID) Program Data Portal 2023 Home Delivered Meals Weighted data)

Home-delivered meals programs (HDMs) offer "more than a meal." There are many additional benefits and services that are available to older adults. Participants nationally also have access to additional services provided through their AAA.

Service Provided	Percent of HDM Participants
Case Management Services	22.48%
Transportation Services	17.83%
Information and Assistance Services	16.56%
Housekeeping Services	16.26%
Personal Care Services	9.27%
Chore Services	2.63%
Legal Services	2.18%
Adult Day Care Services	2.13%

In the chart below, 54.94% of HDM participants in the United States of America received home delivered meals only, 45.06% of participants received one or more additional service in addition to their home delivered meals.

Percent of HDM Participants	Number of Additional Services
54.94%	HDM Meals Only
20.93%	HDM +1 service
11.94%	HDM + 2 services
6.85%	HDM + 3 services
4.07%	HDM +4 services
1.0%	HDM + 5 services
0.23%	HDM + 6 services
0.04%	HDM + 7 services

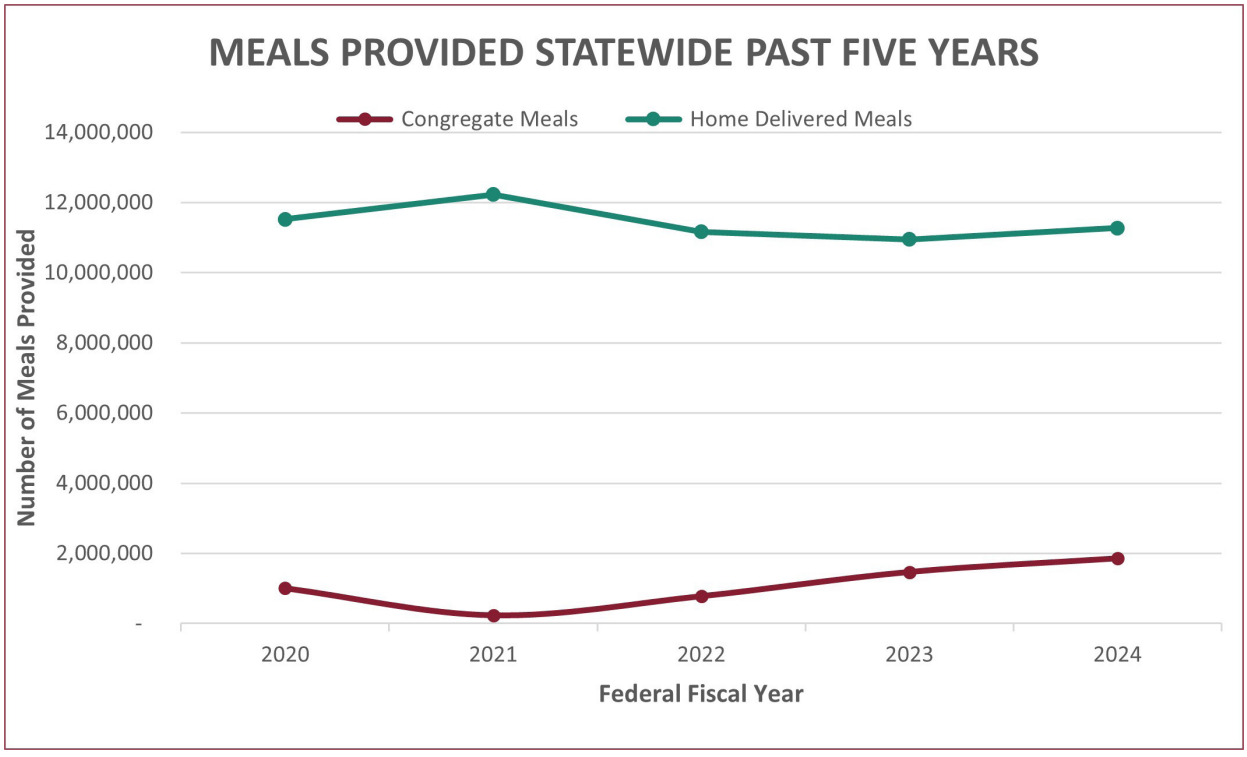
Congregate Meal Participant Data:

The following data shows Congregate meal programs nationally are effectively targeting their services, as indicated by the following outcomes:

- 58% of recipients are 75 years or older.
- 42% of recipients are age 60-74 years old.
- 39% of recipients indicated that one congregate meal provides half or more of their total food for the day.
- 86% of recipients rate the meal as good to excellent.
- 71% of participants say the meals help them stay in their homes.
- 54% of recipients live alone.

Illinois Senior Nutrition Program Services Statistics

The chart below shows the number of congregate, and home delivered meals provided in the past five years in Illinois, demonstrating that more home delivered meals are provided than congregate. Additionally, it demonstrates the upswing in home delivered meals and the decrease in congregate meals during the pandemic.



The following chart shows the number of unduplicated persons served and the total number of meals provided from 2015- 2024; 2025 numbers are what the AAAs are projecting to serve in FY25. Like the graph above, the numbers indicate an overall increase in Home Delivered Meals, while congregate meals have experienced a slow decline with marked improvement in FY2023 reflecting post pandemic numbers.

Fiscal Year	HOME DELIVERED MEALS		CONGREGATE MEALS		TOTAL PROGRAM	
	Persons Served	Meals Provided	Persons Served	Meals Provided	Persons Served	Meals Provided
2015	33,350	5,936,547	82,936	2,403,694	116,286	8,340,241
2016	31,364	5,562,049	87,404	2,341,841	118,768	7,903,890
2017	33,564	6,148,011	78,779	2,234,898	112,343	8,382,909
2018	40,701	7,053,366	81,701	2,249,426	122,402	9,302,792
2019	43,436	7,716,621	85,467	2,258,869	128,903	9,975,490
2020	88,395	11,520,280	55,638	1,004,845	144,033	12,525,125
2021	87,759	12,226,604	11,056	235,116	98,815	12,461,720
2022	79,516	11,165,641	33,392	778,158	113,448	11,943,799
2023	75,216	10,992,953	56,225	1,467,360	131,441	12,460,313
2024	61,937	11,276,514	64,121	1,859,945	126,058	13,136,459
2025	69,617	10,223,885	55,964	1,799,075	125,581	12,022,960

The increase in Home Delivered Meals in FY2020 and decrease in Congregate Meals was due to the suspension of Congregate Meal Services during the COVID-19 (Coronavirus) pandemic. FY2025 “Persons Served” and “Meals Provided” numbers are projections.

Statewide Senior Nutrition Program Expenditures

The following charts represent expenditures related to nutrition service delivery using federal, state and “Other” funds which includes program income, local match, and/or Nutrition Services Incentive Program (NSIP) awards.

HOME DELIVERED MEALS				
Fiscal Year	Federal	State	Other	Total
2015	$7,926,312	$11,796,131	$16,977,003	$36,699,446
2016	$8,219,033	$11,764,216	$15,752,225	$35,735,474
2017	$8,041,981	$17,600,000	$17,546,450	$43,188,431
2018	$8,765,366	$21,777,387	$16,963,059	$47,505,812
2019	$11,544,592	$21,004,507	$22,007,848	$54,556,947
2020	$9,625,256	$23,719,757	$39,224,355	$72,569,368
2021	$11,644,941	$23,745,683	$44,590,952	$79,981,576
2022	$8,723,007	$30,393,192	$25,736,908	$64,853,107
2023	$7,970,382	$44,468,960	$28,068,628	$80,570,970
2024	$17,038,992	$52,482,228	$31,777,485	$101,116,477
2025	$16,880,787	$55,435,000	$20,056,196	$92,371,983

CONGREGATE MEALS				
Fiscal Year	**Federal**	**State**	**Other**	**Total**
2015	$10,850,580	$53,611	$12,184,589	$23,088,780
2016	$9,437,175	$69,772	$11,986,733	$21,493,680
2017	$10,242,080	$175,451	$12,412,998	$22,830,529
2018	$10,522,961	$224,147	$11,667,100	$22,414,208
2019	$10,412,703	$589,004	$13,938,393	$24,940,100
2020	$6,706,469	$254,941	$7,028,315	$13,989,725
2021	$4,516,289	$101,158	$3,345,306	$7,962,753
2022	$7,311,787	$191,122	$11,081,005	$18,583,914
2023	$11,688,399	$394,489	$13,097,250	$25,180,138
2024	$16,287,445	$322,615	$14,262,469	$30,872,523
2025	$17,958,903	$245,628	$11,011,966	$29,216,497
TOTAL MEALS				
Fiscal Year	**Federal**	**State**	**Other**	**Total**
2015	$18,776,892	$11,849,742	$29,161,592	$59,788,226
2016	$17,656,208	$11,833,988	$27,738,958	$57,229,154
2017	$18,284,061	$17,775,451	$29,959,448	$66,018,960
2018	$19,288,327	$22,001,534	$28,630,159	$69,920,020
2019	$21,957,295	$21,593,511	$35,946,241	$79,497,047
2020	$16,331,725	$23,974,698	$46,252,670	$86,559,093
2021	$16,161,230	$23,846,841	$47,936,258	$87,944,329
2022	$16,034,794	$30,584,314	$36,817,913	$83,437,021
2023	$19,658,781	$44,863,449	$41,165,878	$105,688,108
2024	$33,326,437	$52,804,843	$46,039,954	$132,171,234
2025	$34,839,690	$55,680,628	$31,068,162	$121,588,480

FY2025 is based on the Area Plan projections.

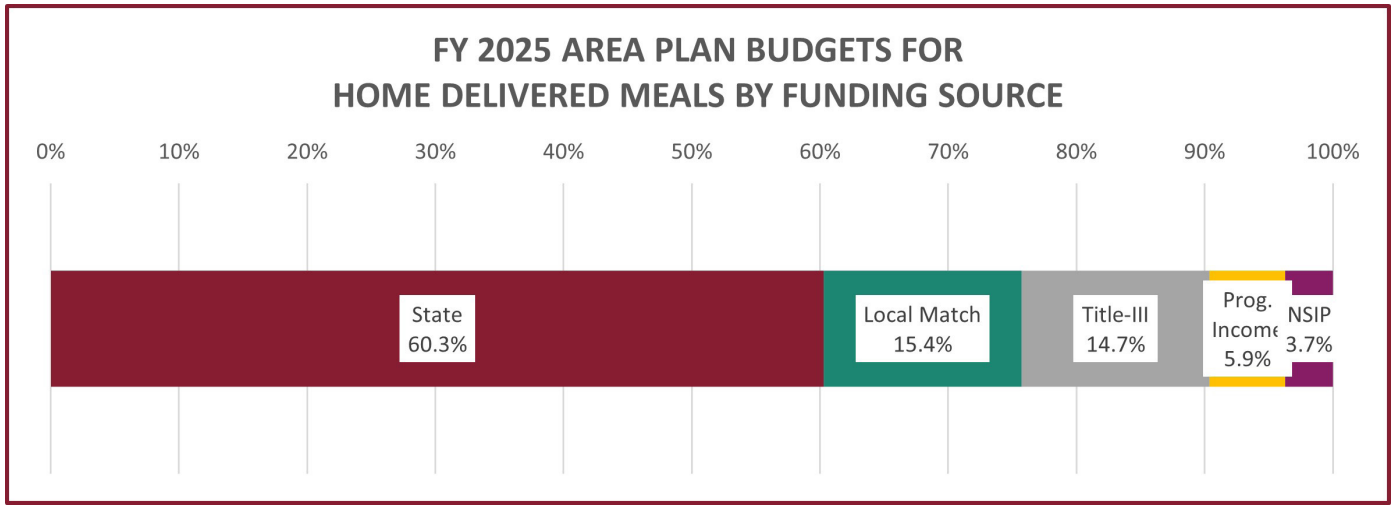
Local Cash Match and Program Income Resources

The Area Plan budgets submitted by the 13 Area Agencies on Aging include local resources (both cash and in-kind contributions) and program income (client contributions) which provide significant financial support to the nutrition programs throughout the state. In FY2025, it is estimated that local match will provide $14.2 million (15.4% of total budget) statewide and program income will provide $5.4 million (5.9 % of total budget) to support the home delivered meal program.

Home Delivered Meals Funding Sources

The following chart outlines how the various resources are used to fund the average cost of home delivered meals.

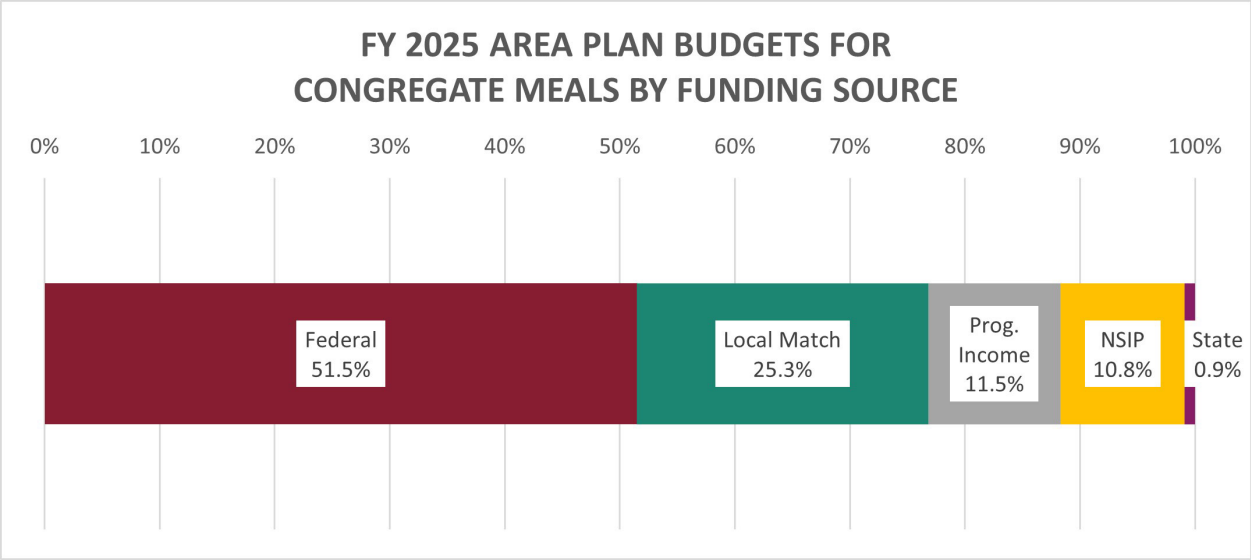
HDM FUNDING SOURCE	DOLLAR AMOUNT	PERCENT OF BUDGET
FY25 State	$55,435,000	60.3%
FY25 Local Match	$14,169,996	15.4%
FY25 Title III	$13,479,898	14.7%
FY25 Program Income	$5,437,635	5.9%
FY25 NSIP	$3,400,889	3.7%
Total	**$91,923,418**	**100%**



Congregate Meal Funding Sources

In FY2025, it is estimated that local match will provide 7.2 million (25% of total budget) statewide and program income will provide 3.3 million (11 % of total budget) to support the Congregate Meal program.

CONGREGATE FUNDING SOURCE	Dollar Amount	Percent of Budget
FY25 Federal	$14,602,972	51.5%
FY25 Local Match	$7,165,904	25.3%
FY25 Program Income	$3,271,931	11.5%
FY25 NSIP	$3,064,303	10.8%
FY25 State	$245,628	0.9%
Total	**$28,350,738**	**100%**



Note: NSIP stands for the Nutrition Services Incentive Program. The total meals served, or meal count is used to determine a state's allotment under OAA Title III, Part A (Section 311).

An NSIP home delivered or congregate meal is a meal provided to a qualified individual at his/her place of residence or in a congregate setting through a program that meets all the criteria for payment using OAA Title III-C funds as listed below:

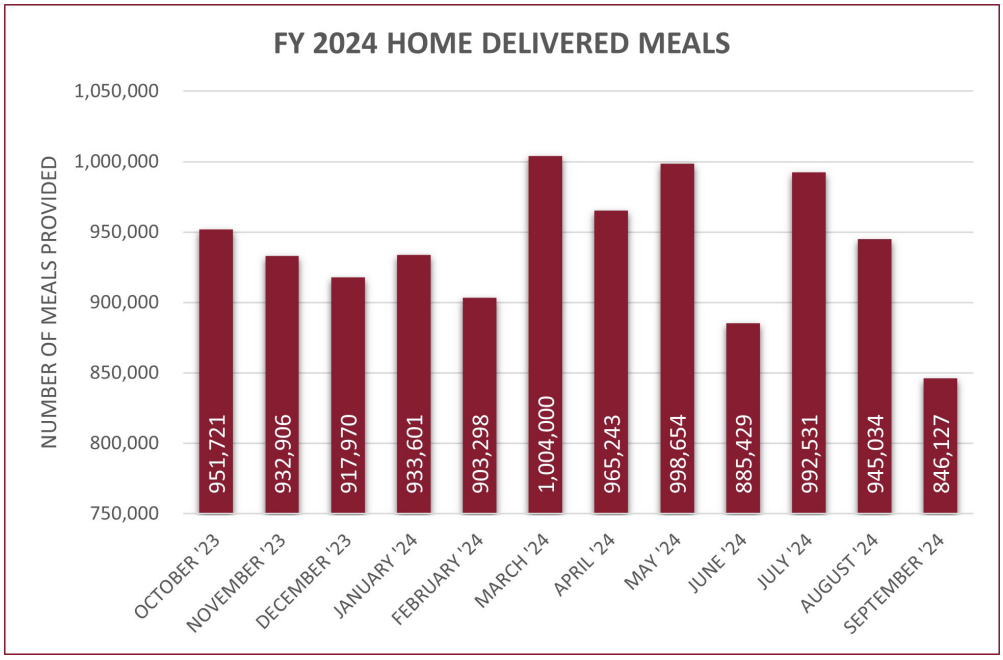
- A meal served to an eligible individual (a person who is qualified to receive services under the OAA as defined in Title III); and
- A meal served to an eligible person who has NOT been means-tested for participation; and
- A meal must be compliant with the nutrition requirements; and
- A meal served by an eligible agency (i.e., has a grant or contract with a SUA or AAA); and
- A meal served to a person who has an opportunity to contribute toward the cost of the meal.

Meals served under Title III-E supplemental services may be included if all the above criteria are met. (Source: OAA)

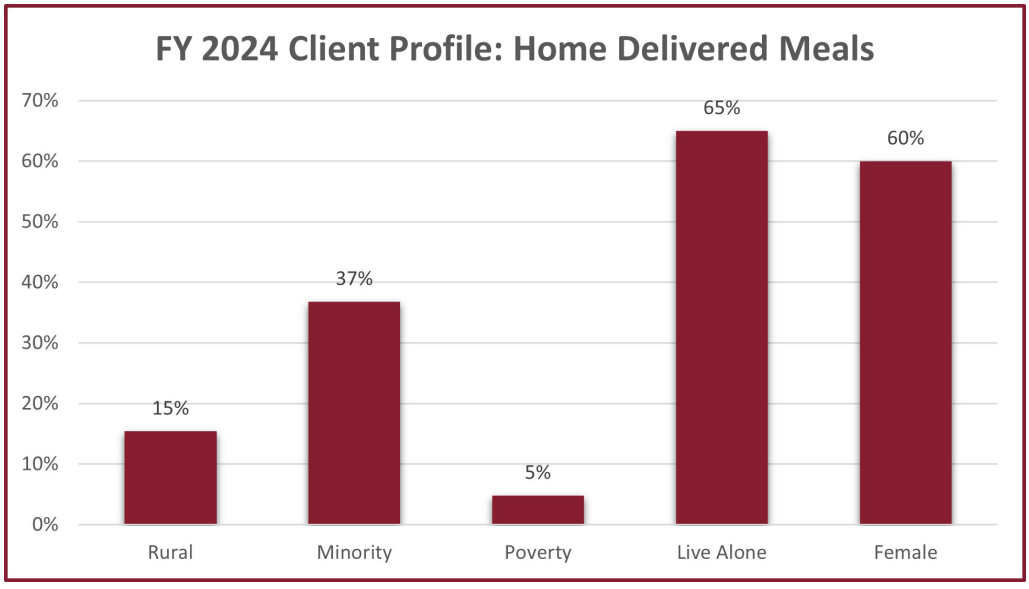
Illinois Nutrition Program Data

Illinois Home Delivered Meal Statistics

The chart below shows the average number of home- delivered meals provided statewide each month in FY2024 (October 1, 2023, to September 30, 2024). Over the last year, the largest average number of meals in one month occurred in March of 2024.



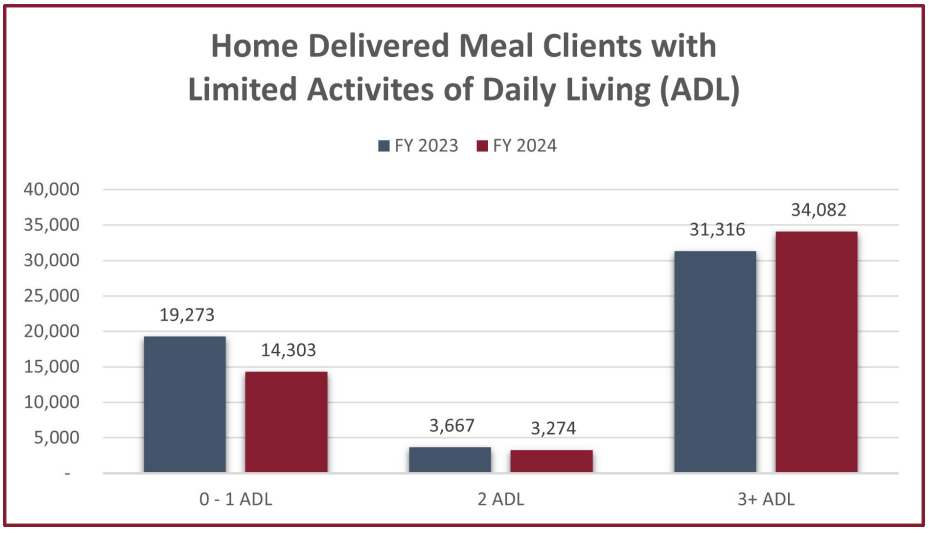
The below chart reflects the client profile of persons who participate in home delivered meals.



The chart indicates that 60% of recipients are female, 65% live alone, 5% are living in poverty, 37% are minorities, and 15% live in rural regions of the state.

Activities of Daily Living Difficulties for Home Delivered Meal Participants

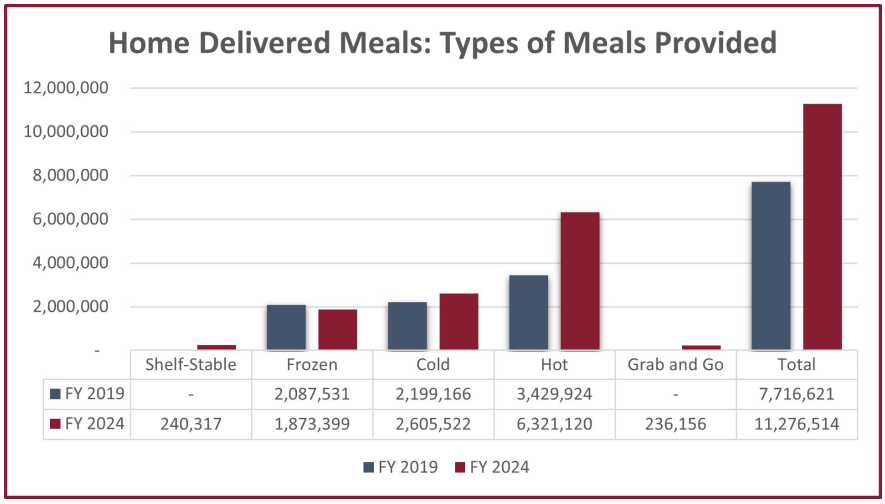
Home delivered meal participants often have indications of difficulty in performing daily tasks including bathing, getting dressed, toileting, transferring, and eating meals. This can lead to the inability to prepare their own meals especially if they live alone. Often, this can lead to malnutrition, but home delivered meals allows them to get a healthy meal daily which helps prevent malnutrition. In FY2024, there were 34,082 Illinois home delivered meal participants that had three or more activities of daily living (ADL) limitations.



Note: Activities of Daily Living indicates the person's total score on the Katz Index of Independence in Activities of Daily Living (ADL). Activities include bathing, dressing, toileting, transferring, continence, and feeding. A limitation is defined as unable to perform the activity without substantial assistance (including verbal reminding, physical cuing, or supervision).

Types of Home Delivered Meals Offered

The below chart reflects the number of home delivered meals provided by type: hot, cold, frozen, Grab and Go, and shelf stable. Most providers offer hot meals, while others due to delivery routes and available drivers offer cold and frozen meals to increase reach of the program. All providers offer shelf-stable meals for cases of emergency.



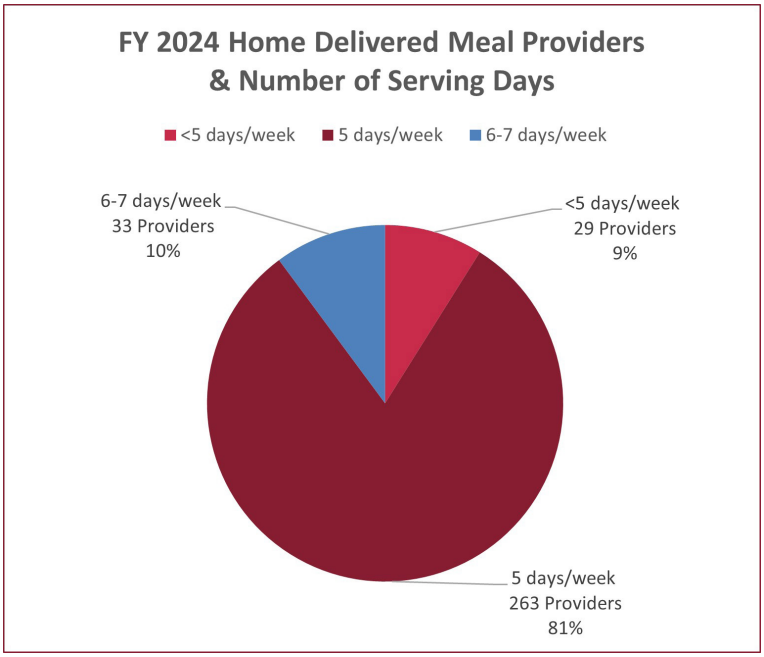
	Shelf-Stable	Frozen	Cold	Hot	Grab and Go	Total
FY 2019	-	2,087,531	2,199,166	3,429,924	-	7,716,621
FY 2024	240,317	1,873,399	2,605,522	6,321,120	236,156	11,276,514

Number of Days Home Delivered Meals are Provided

The Illinois Department on Aging gathered data from the thirteen Area Agencies on Aging (AAA) regarding the number of serving days meals are provided in each Home Delivered Meal Program. The following table shows the nutrition sites which provide home delivered meals in each PSA in the state and the number of serving days meals are provided. The sites serving less than five days per week still provide five meals per week, but only deliver certain days of the week.

Planning & Service Area	Sites Serving 6-7 Days per Week	Sites Serving 5 Days per Week	Sites Serving Less than 5 Days per Week	Total Number of Sites
PSA 01	3	6	2	11
PSA 02	5	40	1	46
PSA 03	7	9	0	16
PSA 04	6	14	0	20
PSA 05	0	58	1	59
PSA 06	1	9	0	10
PSA 07	9	26	12	47
PSA 08	0	13	1	14
PSA 09	0	11	0	11
PSA 10	0	13	0	13
PSA 11	0	14	0	14
PSA 12	1	0	0	1
PSA 13	1	50	12	63
Total	**33**	**263**	**29**	**325**

The below chart reflects the number of Home Delivered Meal providers (325), and the number of days per week that meals are served. Most provide meals 5 days a week (81%), though some rural regions provide meals less than 5 days a week (9%), and some providers offer weekend meals or 6-7 days a week (10%).

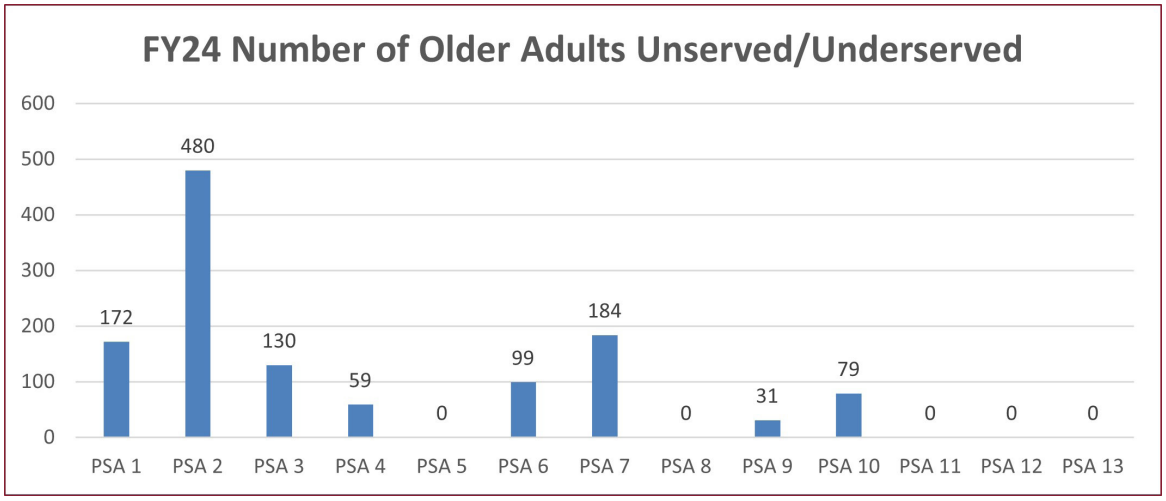


Number of Older Adults Needing Home Delivered Meals in Unserved Areas

There are still areas in Illinois that are not served by home delivered meal programs due to a lack of funding and/or resources, typically in the most rural areas of Illinois. IDoA surveyed the 13 Area Agencies on Aging (AAA) in November 2024 on the number of older adults needing home delivered meals in unserved areas.

"Unserved areas" is defined as geographic areas (e.g., rural township areas or neighborhoods in cities, etc.) that are not served by the home delivered meal program due to lack of funding or other factors such as the need for additional volunteers to deliver the meals.

In Fiscal Year 2024, the AAAs reported that a total of 1,234 older adults needed home delivered meals in unserved areas which is a decrease from 2,032 needing home delivered meals in unserved areas in 2023.



The above chart illustrates the number of older adults in each PSA who were unserved/underserved in FY2024.

This is further outlined in the following table detailing the results of the Home Delivered Meal Survey by PSA and by county. *Only counties with reported unmet need for older adults are listed.*

PSA	Name of County	# of Older Persons Needing HDMs	Additional Funding Needed
1	DeKalb	172	$184,000
	PSA 1 Total	**172**	**$184,000**
2	Kankakee	480	$2,800,000
	PSA 2 Total	**480**	**$2,800,000**
3	Rock Island	130	$26,135
	PSA 3 Total	**130**	**$26,135**
4	Marshall	8	$95,000
4	Stark	10	$100,000
4	Woodford	41	$490,000
	PSA 4 Total	**59**	**$685,000**

PSA	Name of County	# of Older Persons Needing HDMs	Additional Funding Needed
6	Adams	44	$114,400
6	Hancock	16	$41,600
6	Pike	39	$101,400
	PSA 6 Total	**99**	**$257,400**
7	Sangamon	12	0
7	Macoupin	75	0
7	Christian	45	$135,000
7	Montgomery	45	$135,000
7	Morgan	3	$1,000
7	Cass	4	$1,350
	PSA 7 Total	184	$272,350
9	Clay	10	0
9	Effingham	12	0
9	Fayette	9	0
	PSA 9 Total	**31**	**0**
10	Edwards	4	$75,000
10	Hamilton	25	$78,960
10	Wayne	10	$37,500
10	White	40	$112,032
	PSA 10 Total	**79**	**$303,492**
	State Total	**1234**	**$4,528,377**

Type of Home Delivered Meals Provided

The Illinois Department on Aging gathered data from the 13 Area Agencies on Aging (AAA) on the number of home delivered meals that were served hot, cold, frozen (for later reheating), shelf stable, or Grab and Go.

PSA	Hot Meals	Cold Meals	Frozen Meals	Shelf Stable Meals	Grab and Go Meals	Total Meals
1	473,318	236,734	81,746	0	0	791,798
2	810,892	69,346	371,789	42,573	18,262	1,312,862
3	244,899	147,576	46,402	10,215	0	449,092
4	243,880	387	42,190	2,094	17,379	305,930
5	553,367	49,507	69,493	13,911	0	686,278
6	87,157	21,741	33,476	1,500	0	143,874
7	340,753	26,551	675	1,191	0	369,170
8	133,215	3,198	476,093	21,700	0	634,206
9	162,715	2,833	431	4,830	0	170,809
10	180,529	0	0	0	0	180,529

PSA	Hot Meals	Cold Meals	Frozen Meals	Shelf Stable Meals	Grab and Go Meals	Total Meals
11	235,061	0	111,255	0	11,057	357,373
12	2,088,212	1,782,059	349,922	82,065	0	4,302,258
13	767,122	265,590	289,927	60,238	189,458	1,572,335
Total	**6,321,120**	**2,605,522**	**1,873,399**	**240,317**	**236,156**	**11,276,514**

This chart is a detailed breakdown by PSA indicating the type of home delivered meals served.

Home Delivered Meal Types Served Over the Past Five Years

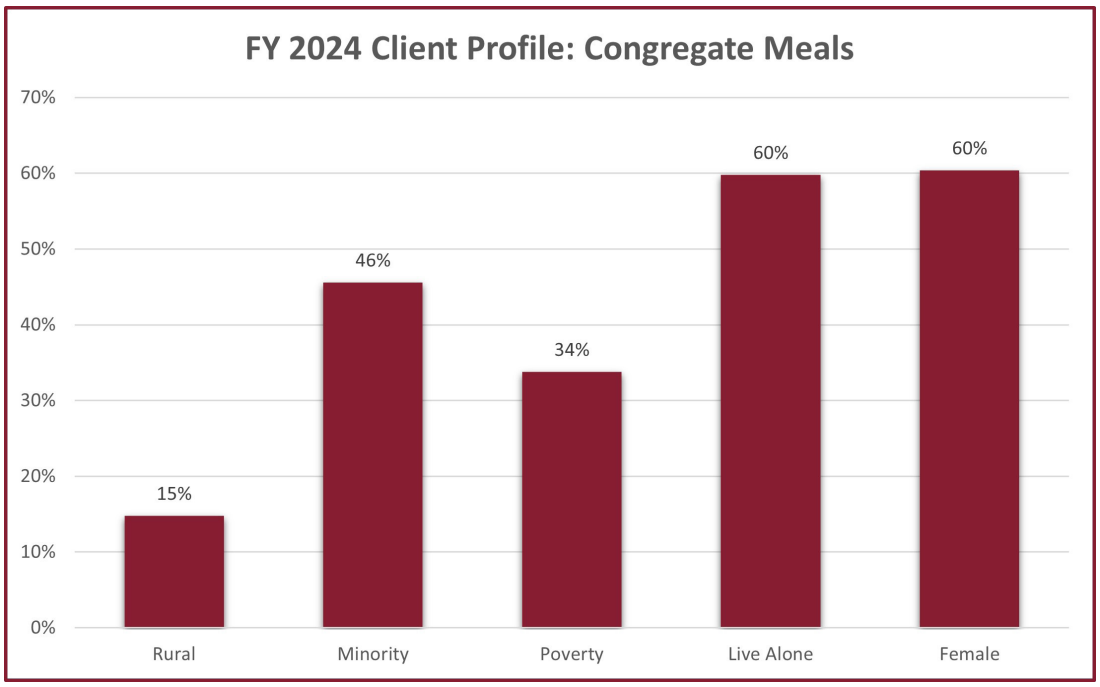
The chart below demonstrates the dramatic increase in Home Delivered Meals over the past five years with the extreme increase in the first and second year of the pandemic with a gradual decline in FY23 but still a significant increase from pre-pandemic numbers. The number of hot meals increased from 39% to 56%, the number of cold meals decreased from 27% to 23%, the number of frozen meals decreased from 30% to 17%, the number of shelf stable meals decreased from 3% to 2%, and "Grab and Go "meals decreased from 4% to 2% of the total home delivered meals provided statewide. There were also 620,871 meals provided as food boxes (6%) statewide in PSAs 2, 12, and 13 not specified in the chart below.

Fiscal Year	HDM Hot Meals	HDM Cold Meals	HDM Frozen Meals	HDM Shelf Stable Meals	HDM Grab and Go Meals	Total HDM Meals
FY2020	3,852,618	3,024,298	2,911,207	1,311,650	778,210	11,520,280
FY2021	4,577,911	3,992,932	3,215,724	540,668	1,412,808	12,226,604
FY2022	4,238,354	3,314,318	3,084,302	466,307	1,056,976	11,165,641
FY2023	4,289,303	2,989,302	3,284,934	328,982	429,625	10,992,953
FY2024	6,321,120	2,605,522	1,873,399	240,317	236,156	11,276,514

Illinois Congregate Meal Statistics

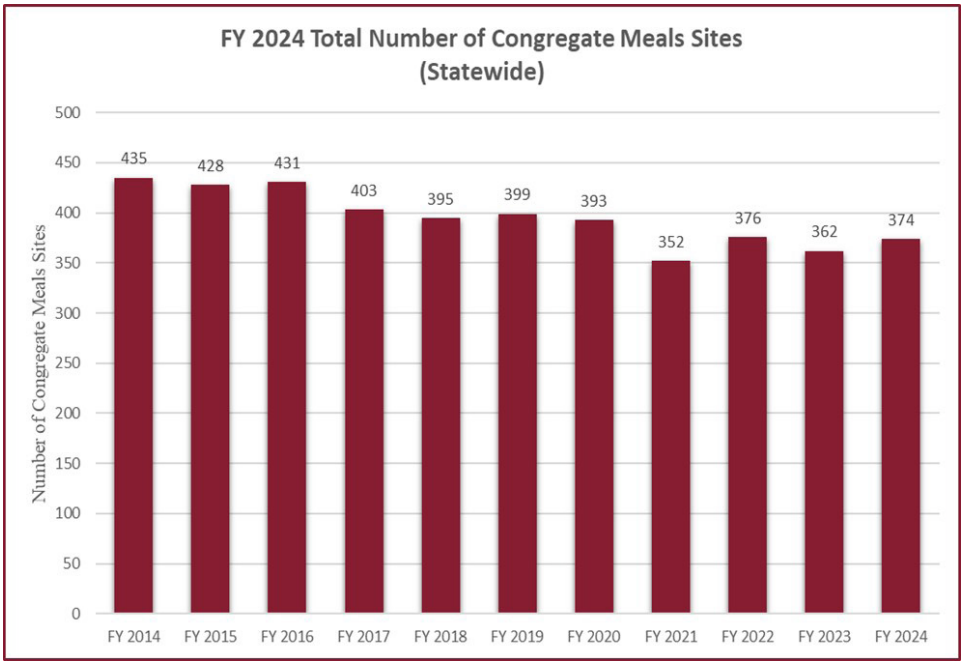
The following charts reflect statewide data for the congregate meal sites throughout the state which many nutrition programs are also providing along with home delivered meals. For individuals who do not need their meal delivered, they have the option of coming to the site and eating their meal with other participants, providing a much-needed social component to the meal experience, helping to reduce social isolation and loneliness.

The following chart reflects the client profile of persons who participate in congregate meals. Persons who live in rural areas, are part of a minority group, live in poverty, and are living alone are factors considered when determining greatest economic and social need. Like with home delivered meals, most participants are female (60%) and live alone (60%). More than one third of participants experience poverty (34%), 46% are minorities, and 15% live in rural areas.

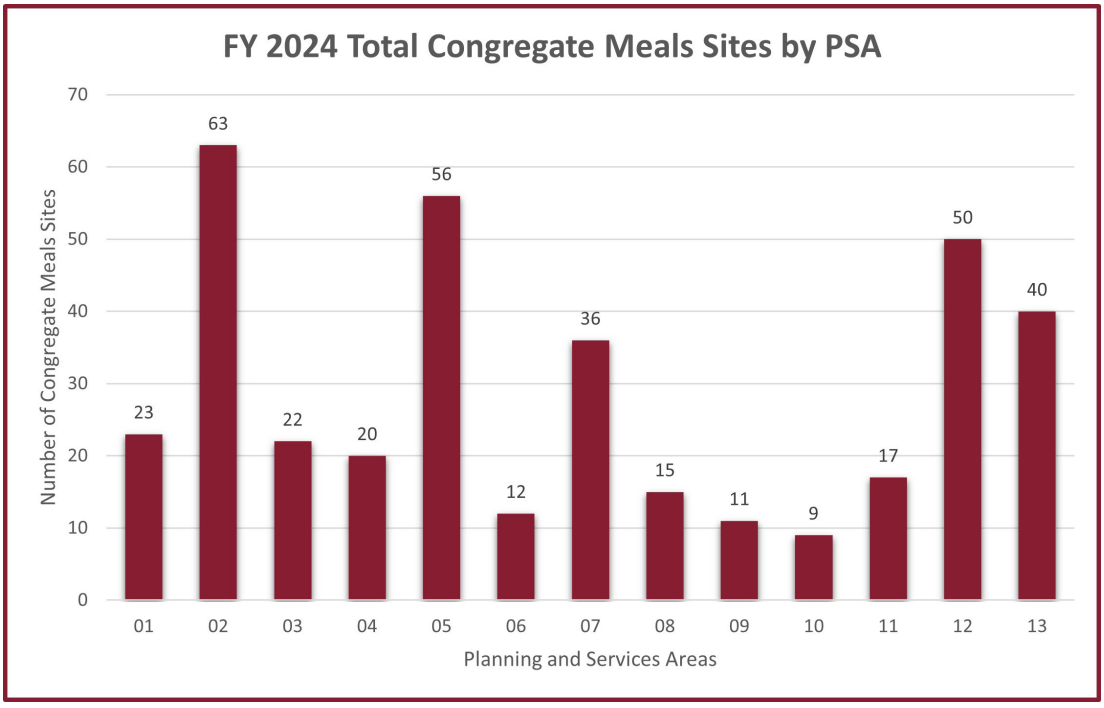


Number of Congregate Meal Sites Statewide

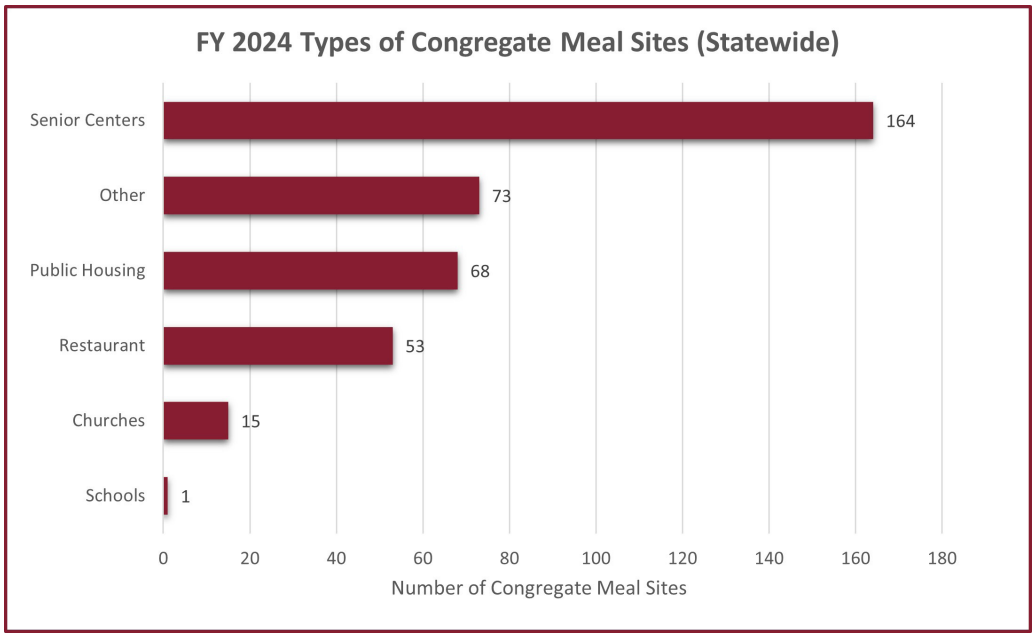
The following table reflects the number of congregate meal sites across the state from 2014 to 2024 demonstrating an overall 14% decrease over the past ten years.



The table below reflects the number of congregate meal sites per PSA in fiscal year 2024 with the metro/urban areas of the state with more sites than the rural areas of the state.



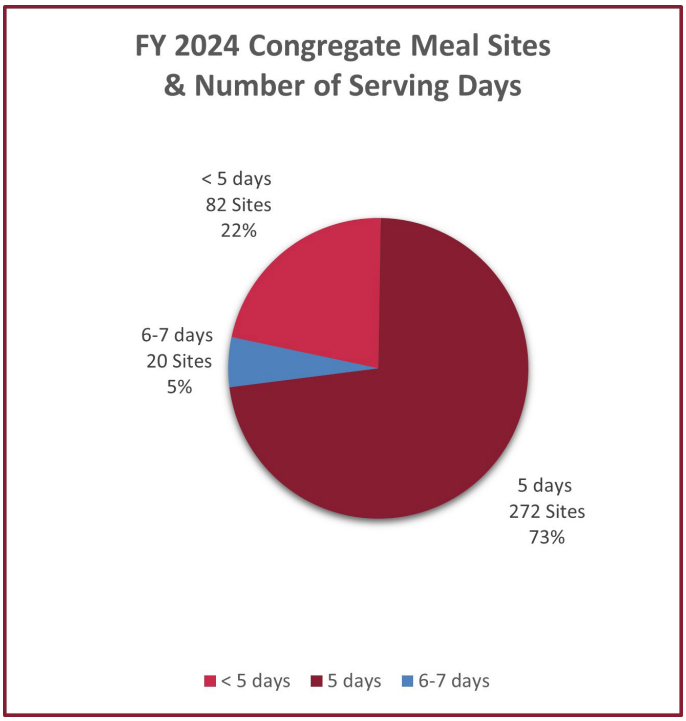
The graph below reflects the type of meal preparation at congregate meal sites across the state. The majority (44%) are in senior centers, 18% are in public housing, 14% are at restaurants, 4% are in churches, less than 1% are in schools, and 20% are in other buildings.



Congregate Meals: Number of Serving Days Per Week

The Illinois Department on Aging surveyed the thirteen Area Agencies on Aging (AAA) in November 2024 on the number of available serving days at each nutrition program site under the congregate meal program. Approximately 6%, up from 3.7% (FY2023) of the nutrition sites served congregate meals six to seven days per week, 72%, down from 77.6% (FY2023) of the nutrition sites served congregate meals five days per week, and 22%, up from 18.6% (FY2023) of the nutrition sites served congregate meals one to four days per week. Congregate Meal sites included those that were open from the period of October 1, 2023, to September 30, 2024.

The following chart indicates there were 374 congregate meal sites of which 272 served meals five days per week (73%), 82 served meals less than five days per week (22%) and 20 served meals six to seven days per week (5%).

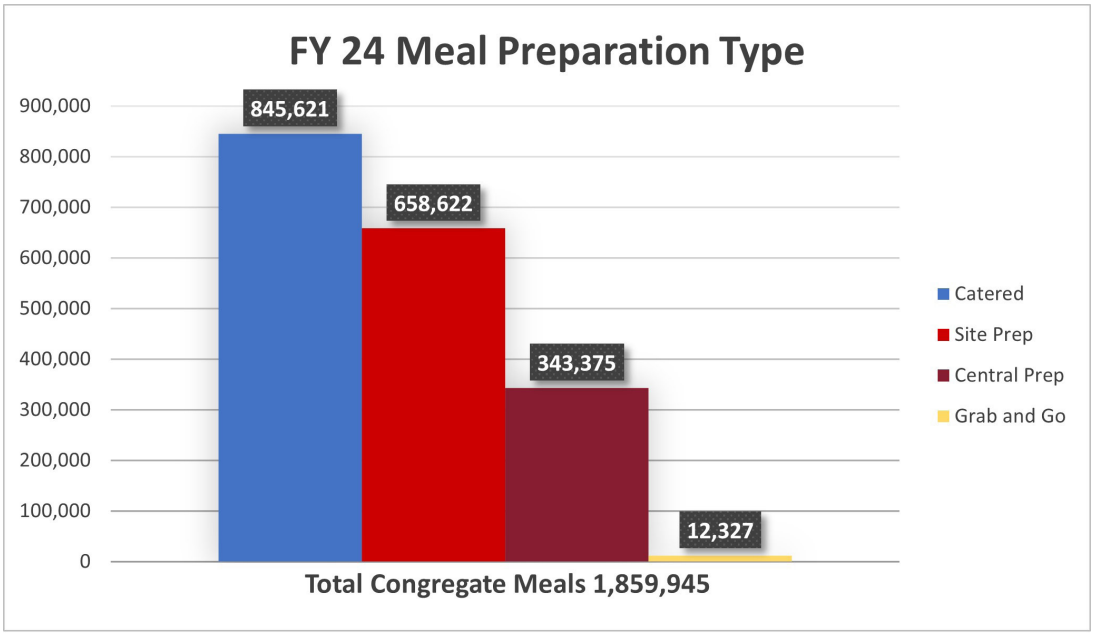


The following table shows the number of sites in each PSA and the number of sites serving five days/week, six to seven days per week and less than five days per week.

PSA	Sites Serving 6-7 Days/Week	Sites Serving 5 Days/Week	Sites Serving < 5 Days/Week	Total Number of Congregate Sites
1	3	10	10	23
2	10	14	39	63
3	0	17	5	22
4	0	16	4	20
5	7	47	2	56
6	0	11	1	12
7	0	28	8	36
8	0	12	3	15
9	0	11	0	11
10	0	9	0	9
11	0	16	1	17
12	0	49	1	50
13	0	32	8	40
Total	**20**	**272**	**82**	**374**

Type of Meal Preparation at Congregate Meal Sites

The chart below reflects the number of congregate sites in FY24 that have meals catered (Catered 45%), sites who prepare meals on site (Site Prep 35%), sites who have meals prepared at a central kitchen and then delivered to their site (Central Prep 18%) and meals taken home after a social activity occurs at the site (Grab and Go 2%).

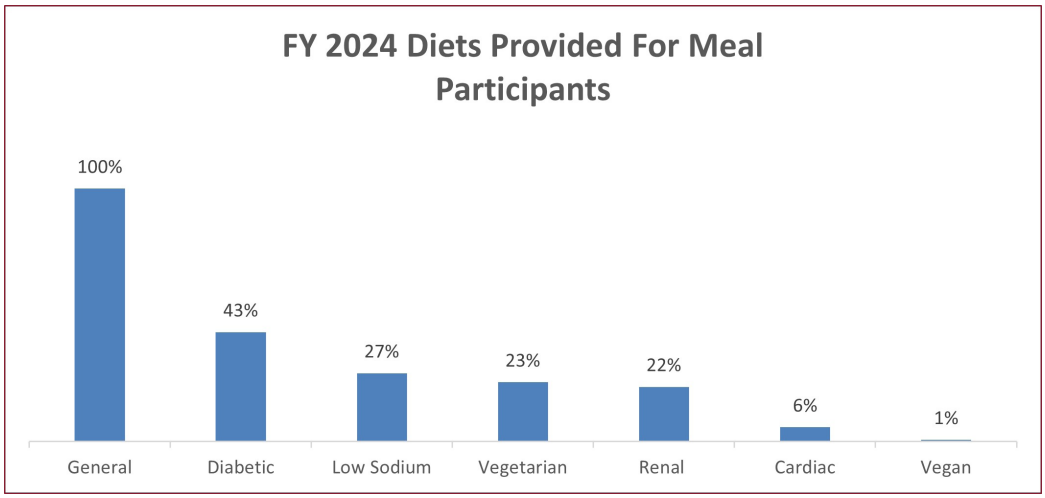


The following chart outlines the number of Congregate and Grab and Go meals over the last five fiscal years demonstrating a decrease in congregate meals during the pandemic and a gradual increase in congregate meals as sites opened back up during this period along with starting to track Grab and Go option in FY23.

Year	Total Congregate Meals	Grab and Go Congregate Meals
FY2020	1,004,845	0
FY2021	235,116	0
FY2022	778,158	0
FY2023	1,467,360	59,069
FY2024	1,859,945	12,327

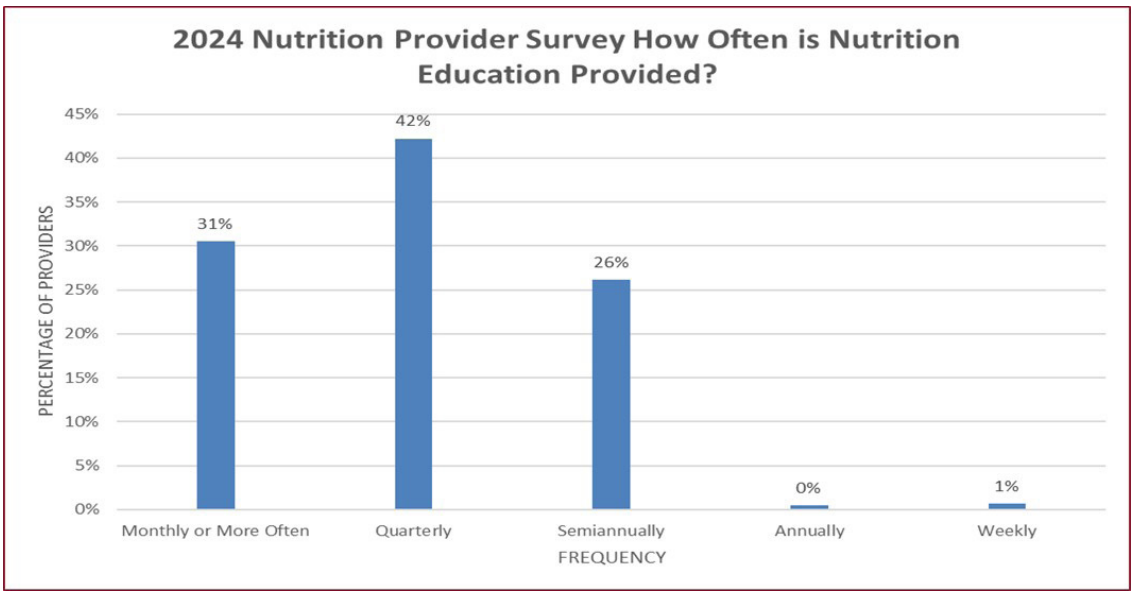
Types of Diets Offered Through Nutrition Programs

Types of diets offered at Congregate and Home Delivered meal sites vary throughout the state. In FY2024, as demonstrated in the chart below, the top three types of diets offered at home delivered and congregate meal sites were General (100%), Diabetic (43%), and Low Sodium (27%).



Nutrition Education

Nutrition education is provided to participants either at a congregate site or virtually in some programs. The frequency of nutrition education is shown in the chart below. This information was obtained in November 2024 from the Home Delivered Meal Survey completed by the Area Agencies on Aging (AAAs) throughout the state.



Monthly Average Number of Meals

The Illinois Department on Aging collected data from the 13 Area Agencies on Aging (AAA) on the monthly average number of meals served for congregate, and home delivered meals. The following table shows the monthly average number of meals served by each PSA in the state.

PSA	Monthly Average Number of Congregate Meals	Monthly Average Number of Home Delivered Meals	Monthly Average Number of Total Meals
1	6,476	65,983	72,459
2	13,069	109,405	122,474
3	5,724	37,424	43,148
4	1,627	25,494	27,121
5	16,016	57,190	73,206
6	4,072	11,990	16,062
7	6,186	30,764	36,950
8	11,670	52,851	64,521
9	3,236	14,234	17,470
10	6,641	15,044	21,685
11	12,827	29,781	42,608
12	46,343	358,522	404,865
13	21,109	131,028	152,137
State Total	**154,996**	**939,710**	**1,094,706**

2024 Home Delivered Meal Survey from Aging Network

1. FY2024 Recommendations from the Aging Network on Potential Ways to Reach Unserved/ Underserved Areas and Special Populations

The Department on Aging surveyed the 13 Area Agencies on Aging (AAAs) and nutrition service providers in November 2024 on potential ways to reach unserved and underserved areas and special populations in the home delivered meal program. The following chart summarizes feedback from the survey. The top responses from the AAAs were to secure more funding, increase the number of volunteers, open a new site in the unserved area, and purchase a new delivery vehicle.

PSA	Recommendations for Serving Unserved/Underserved Areas and Special Populations
PSA 1	• Funding needs to be secured for supplemental meals and to address medically tailored dietary needs. • The capital needs of programs must be addressed through state or federal funding without impacting the dollars needed for daily operational needs.
PSA 2	• Work with food pantries. • Continue to offer Grab and Go meals. • Offer culturally appropriate meals across the region. • Hold community workshops at local libraries and senior centers to increase awareness.

PSA	Recommendations for Serving Unserved/Underserved Areas and Special Populations
PSA 2 cont'd	• We are unable to expand our hot meal delivery program with volunteers until we can stabilize the current paid position for hot meal delivery. • We utilize Mom's Meals to deliver frozen meals to the rest of the county, so the only thing that is lacking for us is the extra funds. • Partner with local housing authorities, rural health clinics, and transportation services to improve access for rural seniors. • Collaborate with health departments to identify and serve seniors living in isolated rural locations. • Utilize mobile outreach or community pop-ups in small towns to disseminate information. • Increase collaboration with local transportation providers to ensure homebound seniors have access to reliable food opportunities. • Work with farmers' markets and local grocery stores to expand a volunteer grocery delivery program alongside home-delivered meals. • Strengthen partnerships with local veterans' service organizations, given the higher likelihood of older veterans needing services. • Increase visibility by partnering with township offices and social service departments to host senior nutrition and wellness days. • Launch awareness campaigns in conjunction with rural churches and community groups, utilizing local media (newspapers, radio) to reach seniors who may not actively seek services. • Collaborate with local Veterans Affairs representatives to identify veterans eligible for meal delivery. • Partner with organizations like the American Legion and VFW for outreach and funding support. • Engage disability service organizations to co-host events that promote access to meal delivery and other supportive services. • Reach out to organizations that are already providing a service to the Senior population. • Seniors in low-income housing and metal health centers need delivery drivers, more outreach, and education on the program. • We can outreach to the townships, distribute the congregate meal flyers to the senior centers, churches, or door to door, hold senior congregate meal presentation in local community centers. • The underserved South Asian population can be reached by targeting communication in their languages- Hindi, Urdu, and Gujarati. • Program flyers on social media, flyer/brochure distribution at South Asian events throughout the year is helpful in spreading the information about Nutrition Programs. Group presentations at religious places (temples, churches, mosques) as well as to independent senior groups that meet at restaurants/other places is a good way to tap this population.
PSA 3	• Each provider is developing marketing strategies to reach the members of the communities they serve. WIAAA is working to assist in these marketing strategies. • We do know that there are individuals who would benefit from additional meals each day, but that number is not quantifiable.

PSA	Recommendations for Serving Unserved/Underserved Areas and Special Populations
PSA 4	• To be able to meet the needs of unserved older adults has been a struggle for many years as there are limited resources for a catering service, restaurant, or senior living facility to prepare the meals. There are limited buildings where a kitchen could be used to prepare the meals. Due to the limit of the grants and local cash there is no money to pay a premium for the meals or employees. It is becoming increasingly more difficult to find volunteers to help deliver the meals. It is also challenging to find employees as the positions to prepare or deliver meals would be part-time.
PSA 5	• SBL- Technically we do not have any unserved areas, however we utilize frozen meals in some areas, which is never ideal. Reaching with fresh meals daily would require considerable increases to ongoing funding to hire additional team members and vehicle maintenance for delivery. Increases to initial funding would be needed for the purchase of vehicles. This would need to be periodic to replace vehicles as needed. For a minimum of the equivalent of 4 FTEs annually we would need $200,000, plus vehicle costs to meet all needs. • CRIS- The Home-Delivered Meal Program that is administered by CRIS Healthy Aging with funds that are provided by East Central Illinois Area Agency on Aging and others continues to reach all areas of Vermilion County, IL. Fortunately, we have a robust volunteer community, which includes both individuals as well as volunteer programs through churches and other civic groups, that have enabled CRIS to serve our rural clients. We currently do not have anyone that has been denied any Nutrition services due to living in an unserved or underserved area. • Catholic Charities- I would suggest presenting the program around the county at places where senior adults gather such as a senior center, churches, libraries, etc. I would also suggest reaching out to city halls to partner and connect by putting info in the residents' water bill or other. Also, I would suggest using a media platform that senior adults typically use i.e. Facebook. Other media presentations such as news interviews, articles, and if funding allowed, a direct mailing. • OSF- We consistently update routes to incorporate areas that are underserved. We also partner with churches and other volunteer services to deliver meals to underserved areas.
PSA 6	• Our recommendation is that the WCIAAA and the WCINP will make a concerted effort to reach out to local organizations in our targeted areas and develop partnerships to help address the unserved and underserved clients in their area. • Additionally, the WCI Nutrition Program can send out surveys targeting those areas to evaluate what the needs may be.
PSA 7	• Provide transportation. • Refer clients to other organizations. • Hire more staff to work in the unserved area. • Purchase a new delivery vehicle. • Hire additional staff to deliver meals. • Open more locations.
PSA 8	• Clinton County: The underserved areas of Clinton County include East Fork township, Meridian township, Pocahontas, and Jamestown. These towns are 15 to 20 minutes out of range from our normal delivery routes. We currently do not have any clients in these locations. • If we receive a referral for these areas, we typically offer one hot and four frozen meals delivered once weekly. • If we receive a referral for the outlying townships, we hope to utilize services such as Mom's Meals to deliver meals to these clients biweekly.

PSA	Recommendations for Serving Unserved/Underserved Areas and Special Populations
PSA 9	• To enable the nutrition program to reach unserved and underserved areas and special populations by each township or county in our PSA we would need additional funding for all agencies to be able to expand services throughout the entire area of PSA 09. • During the pandemic, the additional number of persons being aware of the program was increased and to maintain serving all requests, all provider agencies have had to re-arrange routes, and add routes, along with volunteers where possible. • There is still an increased number of requests for meals, that have been met at this time. We would expect waiting lists to be something that will have to come into play, without additional funding.
PSA 10	• We need more funding to be able to afford to serve those who live in the more rural parts of Hamilton and White Counties. • We need to continue to work with other agencies, hospitals, and churches to get the word out to those who need our services. • Seek donations from community. We come up with approximately $300,000 each year from our community but they are beginning to get low on funds to donate now. • Promote program via radio station, flyers, home assessments, postcards and referrals from hospital staff. • Engage congressional committees and develop alliances with key congressional committees. • Leverage advocacy by mobilizing a coalition of recipients and family members to lobby for greater funding. • Showcase health savings by communicating research that shows that home-delivered meals reduce healthcare costs by lowering hospitalization and nursing home admissions for seniors. • Propose increased funding for the HDMP as a cost-saving measure, potentially reallocated from healthcare or Medicaid budgets. • Partner with health organizations by collaborating with healthcare organizations to fund studies that measure the direct impact of meal programs on health outcomes and share these results with federal agencies.
PSA 11	• We have the AmeriCorps RSVP volunteer program. We utilize those volunteers when we have issues of getting meals delivered to remote areas. • We have also worked with family to provide meals at a convenient location. • Providers also utilize frozen meals with one hot to allow for one delivery to remote areas each week.
PSA 12	N/A
PSA 13	• Provide a greater range of medically tailored meals such as vegetarian, diabetic, renal, gluten free, and pureed and increase funding to accommodate the higher costs of these meals due to increased demand for Korean (113%) and Halal (69%) meals. • Increase funding to meet growing cultural and ethnic meal preferences. For example, while the average catering rate for general HDM diets was $5.76/meal in FY24, the rate for Halal HDMs was $10.00/meal. • Make meal kit deliveries eligible for NSIP funding. For a better understanding of how the program works and its value to those who rely on it, please see our award-winning Meal Kit video at: https://www.ageoptions.org/contype/video/. • Provide targeted funding for outreach efforts to promote programs. Age Options continues to find that simple awareness is the number one barrier to C1 participation. • Establish a centralized hub (e.g., one-stop shop) for aging related information and referral services.

PSA	Recommendations for Serving Unserved/Underserved Areas and Special Populations
PSA 13 cont'd	• Increase use of print and online media to deliver information to older adults. • Strengthen the partnership between Age Options and Managed Care Organizations (MCOs). Age Options has been able to steadily increase the number of new HDM referrals received from MCOs. Age Options nutrition providers continue to have problems with receiving reassessments on a timely basis from MCOs, and in finding the correct care manager to at the participant's MCO when a problem needs to be addressed. It would be helpful if each MCO was required to have a generic email such as AAAnutrition@mconame.com. Nutrition providers could have a similar email. These emails would save time if there was turnover with a staff person or if a client has a new care manager.

2. FY2024 Recommendations from the Aging Network on Potential Ways to Increase Federal Funding for Home Delivered Meal Programs

The Department on Aging requested feedback from the Area Agencies on Aging throughout the state and the following ways were recommended to increase federal funding for home delivered meals for older adults throughout Illinois.

PSA	Recommendations for Potential Ways to Increase Federal Funding for Home Delivered Meals
PSA 1	• No recommendations.
PSA 2	• Show a line graph showing the increase/projected increase in the senior population from 2020 to 2030. An additional line in the graph shows the Federal funding/projected Federal Funding from 2020 to 2030. This will demonstrate why the Federal government must increase Home Delivered Meals program funding. • Congressional advocacy to our state representatives and senators. • Advocate for policy changes such as highlighting cost effectiveness. • Public awareness campaign. • Work with local legislative representatives. • Collaborate with local government councils on aging to join larger advocacy efforts on a state and national level. • Expand Community Development Block Grant (CDBG) • Partner with municipalities to apply for CDBG funding under public services allocations, which can fund senior meal programs in low-to-moderate income areas. This can be especially relevant for urban areas like Joliet and Melrose Park, where demand is high. • Apply for additional funding through SFMNP, which provides low-income seniors with access to local produce, and integrate this with meal programs by incorporating more fresh produce in delivered meals. • Enhance Public-Private Partnerships for Matching Federal Grants • Encourage local corporations, healthcare systems, and foundations to participate in funding senior nutrition programs as matching funds for federal grants, demonstrating community commitment to these efforts. • Work with local representatives and advocacy groups to lobby for increased funding allocations within the OAA's Title III-C program, which covers nutrition services for older adults. Collaborate with local government councils on aging to join larger advocacy efforts on a state and national level.

PSA	Recommendations for Potential Ways to Increase Federal Funding for Home Delivered Meals
PSA 2 *cont'd*	• Continue to track demographics to target vulnerable seniors in the communities. • Advocate for increased allocation in the older American act (OAA) work with the state and federal officials on the importance of this program. • Outreach efforts to enhance public-private partnerships for matching federal grants.
PSA 3	• Request more funding from congress.
PSA 4	• Have Congress members visit the rural communities to see exactly what the senior citizens and other community members face as challenges.
PSA 5	• Prioritize senior services in federal allocations. • Encourage donations of all clients to help sustain the nutrition program. • Focus on high poverty areas to convey the need for services. According to www.censusreporter.org, 29% of the total Vermilion County census of 2023 are seniors aged 65 or older and of that number, 14% are in the poverty level. Vermilion County is nearly double the poverty level of other Illinois counties, which is why our county really needs the funding. • Compare pricing from vendors and select the food items that meet the regulations for senior nutrition programs. • Meals on Wheels America (MOWA) is a strong voice on Capitol Hill protecting and advocating for vital federal funding, donations, volunteers, and encourages others to write to senators and representatives of Congress to ask for support of funding for senior programs. • Request donations from churches, townships, and other entities. • Apply for additional grant funding.
PSA 6	• Advocate for increased funding through Congress by collecting data and information regarding the need in our communities as well as the health and independent living benefits that are associated with clients on our meals on wheels program. • Connect with elected officials in our PSA to participate in home delivered meals ride along and invite them to dine at our congregate meal sites. • Use our community leaders as advocates for the program.
PSA 7	• Meet with members of Congress. • Provide Public Service Announcements. • Encourage clients to write to local Congress members. • Invite local Congress members to visit meal sites. • Share data with Congress members. • Show over expenditure of current grant funds.
PSA 8	• Educate lawmakers on the benefits of providing these meals. Draft a letter citing how clients depend on and desperately need these meals. Use their testimonials to witness to those who make the funding decisions. These letters would be signed by our seniors, and they could forward them to their respective congressional representatives. • Invite local, district and state officials to lunch and show them what is available for seniors in the community. • Collect evidence on the effectiveness of HDM in improving and maintaining older adults' well-being such as reducing hospital readmissions.
PSA 9	• Continue to advocate for the importance of the HDM program is extremely important and makes a difference in helping a senior to safely stay in their own home.

PSA	Recommendations for Potential Ways to Increase Federal Funding for Home Delivered Meals
PSA 10	• Change the interstate funding formula. Take the total amount of grant monies and divide it EQUALLY amongst all counties in Illinois for both state and federal funding. I understand the principle behind it being based on population, but the seniors in Southern Illinois have the right, and deserve, services like those in big cities. One thing cities have that we don't is a grocery store. We have not one grocery store in Edwards County. The closest is a minimum of a 20-minute drive. For those who are homebound, how are they supposed to get groceries? • Put a cap on the cost of food staples, such as milk, eggs, butter, flour, sugar, meat. The price of food has increased 100% in the last 5 years. If we are having trouble affording the food to prepare meals for our seniors, imagine how difficult it is for them to afford food. The population of Edwards County is 6,721. Of that, 29.34% are people 60+, with 14.1% of them living below the poverty level. • Fairfield, in Wayne County, has a population of 4,779. Of that, 24.9% are 60+, with 10% living below the poverty level. It's not an issue of people not wanting to pay for their meals, its they cannot afford to. • Lobby for passage of human infrastructure bills and educate seniors about which lawmakers have consistently voted against senior issues. As prices continue to rise on food, gasoline, paper products, etc. increased federal and state funding will be essential in keeping the home delivered meal program going, as well as the congregate meal program. • I believe if the funding formula was changed to include a higher percentage under the Rural section, it would really make a huge difference in the amount of funding for all services in the rural areas and not just for HDM. • Literature provided for more of an understanding and knowledge of the many seniors that need this service. • Launch awareness campaigns that emphasize the importance of home-delivered meals for vulnerable populations. Increased public support can lead to greater political pressure to allocate federal funding. • Collaborate with local governments, community organizations, and stakeholders who share a commitment to food security. By building a coalition, we can amplify our voice in advocating for increased funding.
PSA 11	• Require Managed Care Organizations to reimburse meal providers for meals served to their referrals. The MCOs would push for additional federal and state funding if they were the payor of those meals.
PSA 12	• Federal funding for home delivered meals remains stagnant despite an enormous demographic shift of increase in persons aged 60 and older, and rising food, transportation, and personnel costs. • Federal funding allocations for home delivered meals should incorporate an annual, regionally appropriate, CPI increase that is consistent with the current CPI to keep pace with the continued rising costs incurred to operate this program. • Additionally, greater advocacy efforts for home delivered meals is needed to clearly communicate the cost savings of the home delivered meal program investment versus the costs of nutrition related hospital and long-term care costs incurred by Medicaid, Medicare, or private pay for those not receiving the program.
PSA 13	• In FY2024, Age Options experienced a 6.3% increase in demand for home delivered meals (HDMs). However, the cost to provide HDMs far exceeded the proportional increase in numbers of HDMs provided.

PSA	Recommendations for Potential Ways to Increase Federal Funding for Home Delivered Meals
PSA 13 cont'd	• From FY2019 through FY2024, the total number of HDMs provided each month rose 30% (86,224/mo. – 111,958/mo.). However, food costs rose 56% over the same time frame, while staff expenses rose 74%. Combined with other cost factors, the total program costs rose by 51%. • Recent budget cuts required Age Options nutrition providers to prioritize meal distribution based on urgency of need. This has resulted in a reduction of about 275,000 in the number of home-delivered meals that can be provided to older adults in FY2025. The decreased availability of meals is coming at a time when many older adults are more vulnerable than ever due to economic stressors. Inflation has affected every age group and none more so than older adults living on fixed incomes. The costs of food, fuel, medicines, and housing—important social determinants of health--have all risen faster than the Cost-of-Living Increases for Social Security and other benefits. • Due to the economic conditions of the past four years, a higher percentage of older adults are having to choose between food or medicine, rent or healthcare--choices that will inevitably lead to poorer health outcomes. This will not only affect their personal health and wellbeing, but it will also put an added burden on society at large. • The cost factors involved in providing meals through Older Americans Act programs have outpaced inflation. We need to keep reminding Legislators that, despite the rise in prices, HDMs are still one of the best investments we can make as a society. Medicare claims data showed that 180 days after starting Meals on Wheels, hospitalization rates dropped by 31% among participants, emergency department visits dropped by 13%, and nursing home use declined by 25%. * • We urge Congress to increase budgets proportionally to the increase in the older adult population since the last Older Americans Act reauthorization. • Meals on Wheels America. The Impact of Home-Delivered Meals on Overall Health and Associated Use of Healthcare Services. More than a Meal: Medicare Claims Analysis. 2016. Found on the internet at https://www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/medicare-claims-analyses • Recognize the Broader Nutrition Needs of Congregate and Home Delivered Meal Participants. It is estimated that as many as 33% of all older adults living in the community are assessed with some level of malnutrition when admitted to a hospital. The need for more than a single meal each day for home-bound participants is addressed by second meals provided each day and by weekend meals delivered on Fridays. • Create a National Outreach Campaign and Provide Funding for Media in Local Markets. The goals would be to provide valuable nutrition education for older adults and to make them aware of how to take advantage of Older Americans Act programming in their communities. • Mandate that Medicare and Medicaid Programs Refer Participants for Older Americans Act Nutrition Programs, if eligible. Age Options works with Managed Care Organizations (MCOs) to encourage referrals of their eligible members for HDMs. But there is no imperative for them to do so. Based on our work with MCOs since 2018, we estimate that an additional 10 – 20% of their current members would be eligible and enthusiastic about receiving HDMS. With the addition of Meal Kit Grocery Deliveries, the number could be even higher. We are not privy to the number of MCO members who may have been referred to Congregate Programs, but we would anticipate a further increase from interest in those programs. • As part of the 1115 Medicaid waiver, which includes nutrition as an allowable service, encourage or mandate MCOs to contract with the Illinois Association of Area Agencies for meals. This additional revenue for the Title III-C programs could assist grantees to spread some of their fixed costs to the MCO revenue.

3. Illinois Department on Aging Meal Choice Diet Options Survey (2023)/ Changes Made

The Illinois Department on Aging conducted a survey titled "Meal Choice Diet Options Survey" in October 2023. The Older American's Act (OAA) nutrition program participants throughout the thirteen Area Agencies on Aging (AAAs) completed surveys for congregate and home delivered meal programs from which they were receiving meals. There were 48,800 surveys distributed to the Area Agencies on Aging (AAAs) and Illinois Department on Aging received 13,043 surveys (27% participation rate) directly from participants. The changes made in nutrition programs throughout the state because of the survey are outlined below.

PSA	What changes were made or plan to be made because of the Illinois Department on Aging Meal Choice Diet Options survey?
PSA 1	• We will provide diabetic and heart healthy diets by doing a trial of providing these types of meals twice weekly. They are more costly. • A greater number of individuals expressed the need for additional general meals at supper and on weekends.
PSA 2	• There was a request for Hispanic meals and Age Guide was able to provide these meals in Lake County since there is a high percentage of Hispanic population. DSCC/KSC would like to implement a Hispanic/Latino menu in Kane County. The key would be finding a caterer covering an entire county to provide food on a larger scale. Once we implement this in Kane County, we will offer it in DuPage County. • Offer Grab and Go meal options. • The top three medically tailored diets preferred by Home Delivered Meal participants are heart healthy, diabetic, and low sodium. We can provide diabetic, low sodium, Renal, Mechanical soft, pureed and vegetarian. • Most participants did not have a religious dietary preference. Catholic was the most indicated preferred religious meal option. However, in PSA2 there were requests for vegan, Halal, and Kosher meals. We can offer kosher meals upon request. • The top choice to improve overall satisfaction for all thirteen PSAs was to provide a choice of main entrée. While this is financially difficult, we are looking into having a main cafe with an in house cook able to offer entree options. • In PSA2, 27% of HDM clients indicated that they would benefit from breakfast. Our caterer currently offers frozen breakfast meals that are currently available in the menu rotation.
	• Most participants did not have a cultural or ethnic dietary preference, however, in PSA2 10% would like Chinese options; 8% Latino; 5% Indian/Pakistan; 4% African heritage; and 1% Korean. We are looking into getting more ethnic meals added into regular rotation once we get a house cook established. Our in-house cook does offer Chinese and Latino options. • Our Senior meal program is provided at a Royal Buffet in DuPage County and Elgin Buffet in Kane County. The two places offer more than 60 different meals to the senior attendees and the participants can choose what they like.
PSA 3	• There were not any significant findings from the meal choice diet options survey for our PSA. • Our 2024 Needs Assessment indicated that the biggest barrier to reaching people is the lack of awareness of services. Many people don't know that these services are available, but those who do are generally satisfied with their options

PSA	What changes were made or plan to be made because of the Illinois Department on Aging Meal Choice Diet Options survey?
PSA 4	• The surveys indicated that there not many seniors who wanted/needed a meal that was specific to a certain diet or restrictions. This would be a very big inconvenience to the small caterer we use and would require more employees, an increase in the pay per meal as some of those food items are costly and would take more time for the volunteer delivery driver in some areas. • We also asked the participants if they wanted an option of having Mom's meals or a comparable source for meals and all the senior citizens we serve had negative comments. Many didn't think they would be able to get the food box into their home, some indicated they would not be able to prepare, and some indicated they would possibly not remember when the food came so food safety issues were a concern. • The current clients are very much satisfied with the current meals and like that there is nothing for them to do but eat it.
PSA 5	• We continue with cooking methods that create a low sodium and heart healthy diet, along with pureed diets upon request. • We make modifications for diabetics on request or per physician order. • Three restaurant programs (Edgar, Moultrie, and Shelby counties) are in place for added choice. • The Traditions Fine Foods provide healthy meals that meet the state regulations for nutritional value, and they can be used by our clients that are diabetic. The most difficult diet is a renal diet for a person on dialysis, as this diet is very restrictive, limiting anything made with oranges, tomatoes, potatoes, pasta, watery fruits, and limited milk/dairy, as well as usually a fluid restriction. For clients that cannot consume gluten or that are lactose-intolerant, the milk and bread is removed at the client's requests at the time of delivery. • Our meal participants were pleased with our services and no recommendations were made at this time. However, we meet annually with our contracted meal provider, Decatur Memorial Hospital to discuss process improvements and any requested changes to our menu. They do a fantastic job to accommodate issues of general consensus. • More meal choices are something that was identified. We have started a menu program to help offer new menu choices for our clients.
PSA 6	• Through the survey it was determined that there was a need for heart healthy meals in our area. Effective 10/1/2024 we began serving the heart healthy option at our Quincy Senior and Family Resource Center Site, along with offering it to our Home Delivered Clients. • We plan to continually complete meal participant surveys for satisfaction and input.
PSA 7	• Participants voiced a need for diabetic meal options, so we now provide diabetic meals. • Specialty diets can be provided through meals on wheels. • Provide more "soul food." • Offer breakfast meal. • Offer more fresh fruit, and less fish. • Participants need medically tailored diets to help manage heart disease, renal failure, and diabetes so are coordinating with the local hospital to provide these.

PSA	What changes were made or plan to be made because of the Illinois Department on Aging Meal Choice Diet Options survey?
PSA 8	• The survey indicated no preference for religious or cultural diet options, likely due to predominantly homogeneous population in the region. • The survey participants expressed interests in breakfast and supper options. Age Smart will explore the feasibility of offering additional meals, although the current funding supports only one meal per person per day. • Medically tailored meal options will continue to be provided through Mom's Meals.
PSA 9	• All participants are happy to receive the meals. • The participants requested more variety and wanted changes in menu choices provided. • The Area Agency plans to share menus amongst providers to promote new ideas for menu choices. • Participants are anxious to have more new and different meal choices in general. • We plan to work with the nutrition providers at future meetings and have them share menu ideas and offer more choices, which would be pleasing to the clients and meet their needs and requests.
PSA 10	• Edwards/Wayne: Most of our clients were pleased with the meals. Some wanted more mashed potatoes, etc. We currently limit the addition of salt to our meals when cooking, allowing them to salt to taste at the table. We are adding meals to the menu folks have requested, so long as they are approved by the dietician. • Lawrence: We have only had requests for Diabetic Meals, but they have been very few and wide-spread. No more than 10 requests in the last 2 years. We have tried to help by doing a modified meal based on what a diabetic person should have for a meal like the ones we are serving. • Wabash: Requests for more variety of meats (Beef, Poultry, Fish, Pork) on the menu. We go to a food donation site to help us with the high cost of these items. We are limited to what we can have, 50% of the time they don't have meat items. We check with our vendors for the best prices on items we know participants are wanting. Fresh fruit is a big request, and the food donation site sometimes does have items we can implement to help with the cost and give participants what they need for their meals. • Crawford/Jasper/Richland: We have had people ask for diabetic meals, however, we don't have the resources to provide for special diets. ***Increased Ingredient Costs**: Diabetic meals require precise carbohydrate control, often calling for lean proteins, whole grains, fresh vegetables, and low-sugar ingredients. These foods can be more expensive than standard meal ingredients, which stretches an already tight budget. ***Additional Staff Training**: Preparing diabetic-friendly meals safely and effectively requires specific knowledge about diabetes management, nutrition, and portion control. Without funding for specialized training, kitchen staff may not have the expertise to prepare meals that meet these dietary needs. ***Complex Meal Planning**: Creating diabetic meals requires careful planning to ensure meals are balanced, have controlled portions, and meet nutritional guidelines specific to diabetes. This often demands more time from dietitians or nutrition specialists, which can increase administrative costs.

PSA	What changes were made or plan to be made because of the Illinois Department on Aging Meal Choice Diet Options survey?
PSA 10 cont'd	***Kitchen Infrastructure**: Some programs may lack the necessary equipment or kitchen space to prepare specialized meals. For instance, preparing different types of meals might require separate storage areas or equipment to avoid cross-contamination and ensure the safety and quality of the food. ***Delivery and Logistical Challenges**: For programs with limited delivery infrastructure, ensuring the right meals reach the right recipients adds complexity. With diabetic meals, it becomes crucial to avoid mix-ups, as the health of clients with diabetes can be severely impacted by eating inappropriate foods.
PSA 11	• Salads as an option if the older adult does not like the meal being served. Several meal sites offer a garden or chef salad as an alternative to the meal. • Offer a vegetarian and diabetic diet as a meal choice.
PSA 12	**Congregate Dining Program:** • Respondents indicated a desire for diabetic friendly, low sodium, and heart healthy tailored diet options. DFSS is currently working with its dietician and meal provider to adapt more meal offerings to be considered lower sodium and heart healthy. • Respondents indicated they would like to see Chinese, Latino, and African Heritage offerings in the meal provision. For FY25, DFSS is continuing to fund a congregate onsite that prepares Chinese cuisine at their location. Within the meals provided at catered meal sites citywide, DFSS will continue to work with its provider to incorporate African heritage and Latino inspired dishes within its menu offerings. • Home Delivered Meals Program: • Respondents indicated a desire for heart healthy tailored diet options. DFSS is currently working with its dietician and meal provider to adapt more meal offerings to align with heart healthy and lower sodium criteria. • Respondents indicated a desire for African Heritage offerings in the meal provision. DFSS is continuing to work with its meal provider to incorporate African heritage inspired dishes within its HDM menu offerings.
PSA 13	• Choices for Main Entrees are being offered by two new caterers to our Eligible Caterers List and each offer some degree of choice daily. • Offer medically tailored meals such as heart healthy diets and DASH diet meals to promote heart health and reduce blood pressure. • Second and weekend meals.

4. If you had older adults on a waitlist for home delivered meals, what solutions did you implement to address the waitlist? What are the barriers to being able to eliminate the waitlist?

Some areas had to start waitlists for home delivered meals in FY2024. The main reasons for having to start a waitlist were lack of funding, lack of volunteers, insufficient staffing, and lack of donations from participants. Some areas indicated solutions for resolving the waitlist were reassessing clients on the current participant list to determine status, looking for local funding such as townships (five out of the thirteen agencies utilize townships for supplemental funding of their programs), advertising the need for volunteers, prioritizing all clients based on nutrition score, and increasing the suggested donation price.

Conclusion

As the number of older Illinoisans continues to grow, along with people living longer with more complex health conditions, nutrition services continue to be paramount to preventing malnutrition in older age. While the pandemic increased the demand for home delivered meals in 2020-2022, the continued heightened numbers above pre-pandemic rates speak to the continued need for this valuable service. The increase in congregate programs over the last year is a promising metric that demonstrates that older Illinoisans are again participating in this wonderful service that brings people together, connects older adults with their community, and helps to prevent social isolation and loneliness while providing nutritious meals. Costs to deliver both congregate and home delivered meals have increased due to inflation, supply costs, vehicle delivery and gas costs, as well as the need to pay more staff as volunteers have decreased. There has been a general increase in demand for meals as the population grows, which has forced some areas to start waiting lists due to the inability to fund these additional meals. Since ARPA funding has ended, Illinois is fortunate to have state funding to help fund the AAAs and ensure older Illinoisans nutritional needs are met. The Illinois Department on Aging and Area Agencies on Aging are committed to meeting the nutritional needs of community-based older Illinoisans through the Older Americans nutrition programs.

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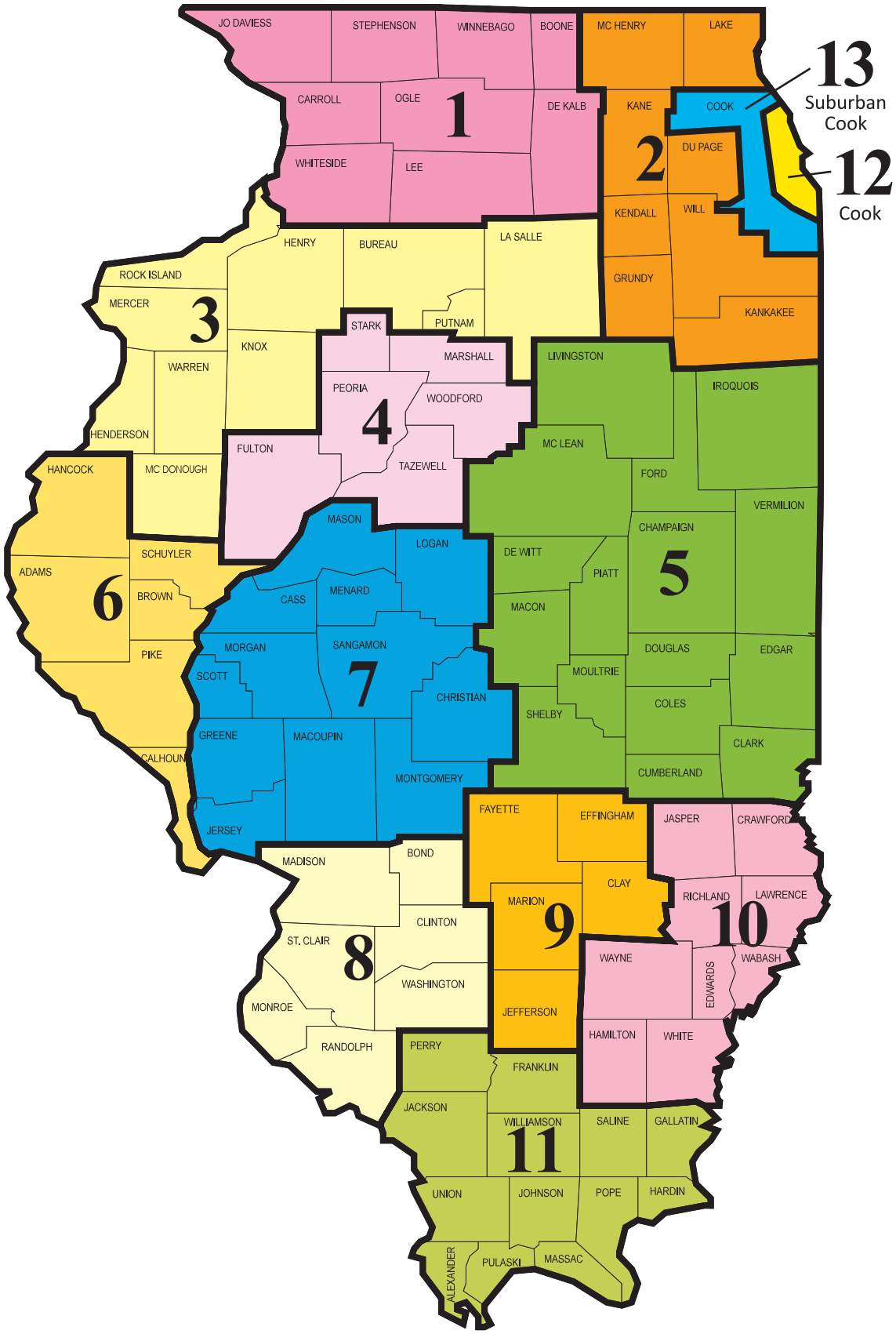
Planning and Service Areas in Illinois



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Email: jpaeth@AgeSmart.org
Regional Coordinator: Joe Danner

AREA 09
Midland Area Agency on Aging
Tracy Barczewski, Executive Director
434 South Poplar
Centralia, IL 62801-1420
618/532-1853; FAX: 618/532-5259; 1-877-532-1853
Web: www.midlandaaa.org
Email: tracy@midlandaaa.org
Regional Coordinator: Stefanie Eisele

AREA 10
Southeastern Illinois Agency on Aging, Inc.
Shana Holmes, Chief Executive Officer
602 E. 5th Street
Mt. Carmel, IL 62863-2152
217-262-0678; FAX: 610-854-9117;
1-800-635-8544 (618 area code ONLY)
Web: www.seiaoa.com
Email: southeasternaaaceoshana@gmail.com
Regional Coordinator: Stefanie Eisele

AREA 11
Egyptian Area Agency on Aging, Inc.
Becky Salazar, Executive Director
200 East Plaza Drive
Carterville, IL 62918-1982
618/985-8311; FAX: 618/985-8315; 1-888-895-3306
Web: www.egyptianaaa.org
Email: Becky.salazar@egyptianaaa.org
Regional Coordinator: Joe Danner

AREA 12
Senior Services Area Agency on Aging
Chicago Department of Family and Support Services
Margaret Laraviere, Executive Director
1615 West Chicago Avenue, 3rd Floor Chicago, IL 60622
312/746-5682; FAX: 312/744-8168;
312/744-6777 (TTY)
Web: www.cityofchicago.org/aging
Email: Margaret.Laraviere@cityofchicago.org
Regional Coordinator: Michael Schumacher

AREA 13
AgeOptions, Inc.
Diane Slezak, President & CEO
1048 Lake Street, Suite 300 Oak Park, IL 60301
708/383-0258; FAX: 708/524-0870;
708/524-1653 (TTY); 1-800-699-9043 (Suburban Cook County area ONLY)
Web: www.ageoptions.org
Email: diane.slezak@ageoptions.org
Regional Coordinator: Stefanie Eisele

HOME DELIVERED MEALS REPORT

Illinois Department on Aging

Illinois Department on Aging
One Natural Resources Way #100
Springfield, Illinois 62702-1271
ilaging.illinois.gov

Senior Helpline: 1-800-252-8966; 711 (TRS}
(8:30am to 5:00pm, Monday through Friday}

24-Hour Adult Protective Services Hotline: 1-866-800-1409

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