State of Illinois
Illinois Department on Aging

2026 HOME DELIVERED MEALS REPORT

October 1, 2024, to September 30, 2025

Report Date: March 2026

In Accordance with Illinois Statute 20/ILCS 105/4.07

TABLE OF CONTENTS

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 (OAA) 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 2,970,106 adults aged 60 or older (U.S. Census Bureau, 2024 ACS 5-YR Est) which is an increase of 1.8% from the previous year's 2,917,684 (U.S. Census Bureau, 2023 ACS 5-YR Est). IDoA gives high priority to those 306,410 aged 60 or older living in poverty, 857,478 aged 60 or older who are considered a minority population, 734,010 aged 60 or older living alone, and 452,319 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 to serve 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 OAA 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 funds and state funds are allocated to the AAAs upon approval of the Area Plan and/or the Area Plan annual amendments by IDoA.

In accordance with the OAA, AAAs in Illinois are not, typically direct service providers. The AAAs contract with local service providers to implement services. The AAAs are responsible for planning, monitoring, evaluating, and providing technical assistance to local service providers as needed. 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 1: Northwestern Illinois Area Agency on Aging	*Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, Winnebago*
PSA 2: Age Guide Northeastern Illinois	*DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, Will*
PSA 3: Western Illinois Area Agency on Aging	*Bureau, Henderson, Henry, Knox, LaSalle, McDonough, Mercer, Putnam, Rock Island, Warren*
PSA 4: Central Illinois Agency on Aging, Inc.	*Fulton, Marshall, Peoria, Stark, Tazewell, Woodford*
PSA 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*
PSA 6: West Central Illinois Area Agency on Aging	*Adams, Brown, Calhoun, Hancock, Pike, Schuyler*
PSA 7: Age Linc	*Cass, Christian, Greene, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, Scott*
PSA 8: Age Smart Community Resources	*Bond, Clinton, Madison, Monroe, Randolph, St. Clair, Washington*
PSA 9: Midland Area Agency on Aging	*Clay, Effingham, Fayette, Jefferson, Marion*
PSA 10: Southeastern Illinois Agency on Aging, Inc.	*Crawford, Edwards, Hamilton, Jasper, Lawrence, Richland, Wabash, Wayne, White*
PSA 11: Egyptian Area Agency on Aging Inc.	*Alexander, Franklin, Gallatin, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, Williamson*
PSA 12: Senior Services Area Agency on Aging/CDFSS	Cook (City of Chicago)
PSA 13: Age Options, Inc.	Cook (Suburban)

Service Providers

Community-based local service providers represent a key segment of the Aging Network in Illinois, because they provide direct services to older adults and their caregivers.

The direct service delivery system consists of agencies who receive funding from Title III of the OAA and some also receive funding from IDoA's Community Care Program or other federal, state, and local sources. 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 FFY2025, more than 450,000 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 FFY2026, approximately 65,393 older adults will receive an estimated 10,799,534 home delivered meals. Additionally, approximately 65,265 older adults at more than 300 meal sites located throughout the state will receive more than 1,825,990 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 353 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 helping 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.

Profile of Older Illinoisans

As of the 2024 American Community Survey (ACS), Illinois was home to 12,694,798 individuals, 2,970,106 (23%) of whom were 60 years of age or older, an increase of 1.8% from 2023. Of those age 60 or older, the fastest growing segment of our aging population are those age 75 or older which saw an increase of 3.2% according to a comparison of the 2023 and 2024 ACS census data. In addition, Illinois saw an increase in 60+ Poverty of 7%, 60+ Minority of 4.2% and 60+ Rural population by 14.4%.

60+ Population in Illinois by Age Category:

60+	23%
75+	7%
85+	2%

60+ Population Characteristics in Illinois

Poverty	10.3%
Minority	28.9%
Living Alone	24.7%
Rural	15.3%

**Based on 2024 American Community Survey 5-YR Estimates*

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:	No reported indications of food access problems or limitations.
MARGINAL:	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.
LOW:	Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
VERY LOW:	Reports of multiple indications of disrupted eating patterns and reduced food intake.

According to Feeding America's Map the Meal Gap 2023 estimates, in the United States of America, 9.2% (7.4 million) of the population age 60 and older, were food insecure.

The food insecurity rate in Illinois is 9.9%, or 279,052 individuals aged 60 and older, an increase from 7.8% estimated in the Map the Meal Gap 2023 report. A "Senior" refers to adults age 60 or older. The average meal cost in Illinois was $3.58, and the annual food budget shortfall was $1,119,315,000.

Illinois Senior households receiving Supplemental Nutrition Assistance Program (SNAP) increased from 236,238 (11.9%) in 2024 to 12.5% (251,275) in 2025, which indicates an increased need for supplemental food resources.

The number of adults 60 years and older in Illinois who were marginally, low, or very low food secure has increased from 2024 to 2025. Marginally food secure is defined as experiencing limited or uncertain access to adequate food. Low food secure is defined as experiencing reduced quality, variety, or desirability of diet. Very low food secure is defined as experiencing reduced food intake.

Type of Food Security	2024 Illinois 60+ Adults	2025 Illinois 60+ Adults
Marginally Food Secure	14.2% (398,526)	16.2% (457,345)
Low Food Secure	7.8% (219,265)	9.9% (279,053)
Very Low Food Secure	3.5% (97,333)	7.1% (200,199)

(mealsonwheelsamerica.org) Illinois-State-Fact-Sheet-2025.pdf

Disparities in food security in the United States of America exist within many vulnerable populations including racial and ethnicity status, older adults 60 + raising grandchildren, and older adults 60+ living with a disability. The following chart illustrates these results of the US Census Bureau for the Bureau of Labor Statistic's 2023 Current Population Survey.

Population	Food Insecurity
Black 60+	19.5% (1 in 5)
Latino 60+	19.3% (1 in 5)
White 60+	6.3% (1 in 16)
Grandchildren Present	18.2%
Grandchildren Not Present	8.9%
With Disability	16.2%
Without Disability	6.9%

According to national data from the USDA Economic Research Service, the average food insecurity rate among Black, non-Hispanic individuals and Latino individuals in 2023 is 22.4% (9.2 million) and 22.7% (13.9 million), respectively, while the rate among white, non-Hispanic individuals is 10.4% (20.7 million). Source: Map The Meal 2025 Gap Report. "Looking ahead, the Census Bureau projects that by 2050, seniors will comprise around 104 million people age 60 and older. If the current rate of food insecurity among seniors does not change, this would equate to more than 9 million seniors experiencing food insecurity." Map the Meal Gap 2025 Report, Feeding America.

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 most recent Illinois Food Deserts Annual Report from the Illinois Department of Public Health from July 1, 2023, to June 30, 2024, 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

Illinois 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 Americans 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 FFY2020 (during the pandemic) 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 FFY2013 to 31,364 older adults in FFY2016. In FFY2024, 61,937 older adults were served home delivered meals and in FFY2025, we saw a slight decrease to 57,863. In FFY2026, the home delivered meal program is estimated to provide meals to more than 65,000 older adults. This number is continuing to be influenced by the increase in the number of older adults needing the service and clarifications from the Administration for Community Living (ACL), including specifying that “Grab and Go” meals are to be counted as home delivered meals.

Illinois Congregate Meal Programs

During the pandemic 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 with greatest economic need and/or social need that may not be able to attend a meal in the congregate setting due to scheduling challenges and/or other circumstances. 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. 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 FFY2015, the congregate meal program in Illinois provided meals to 82,936 older adults. In FFY2025, the congregate meal programs in Illinois provided meals to 61,622 older adults, which is a decline of 26% since FFY2015. 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 over the last 10 years is occurring in other parts of the nation, as well, 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 adult-hood). Since FFY2022, Congregate Meal numbers have continuously increased. While Congregate Meals have not returned to the pre-pandemic level of over 2.2 million, they have increased from 778,158 in FFY2022 to nearly 1.8 million in FFY2025. In FFY2026, it is anticipated that more than 65,000 individuals aged 60 and over will benefit from Congregate Meals.

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 2020, the number rose to 253,630 (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 participants 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 (1970-2024).

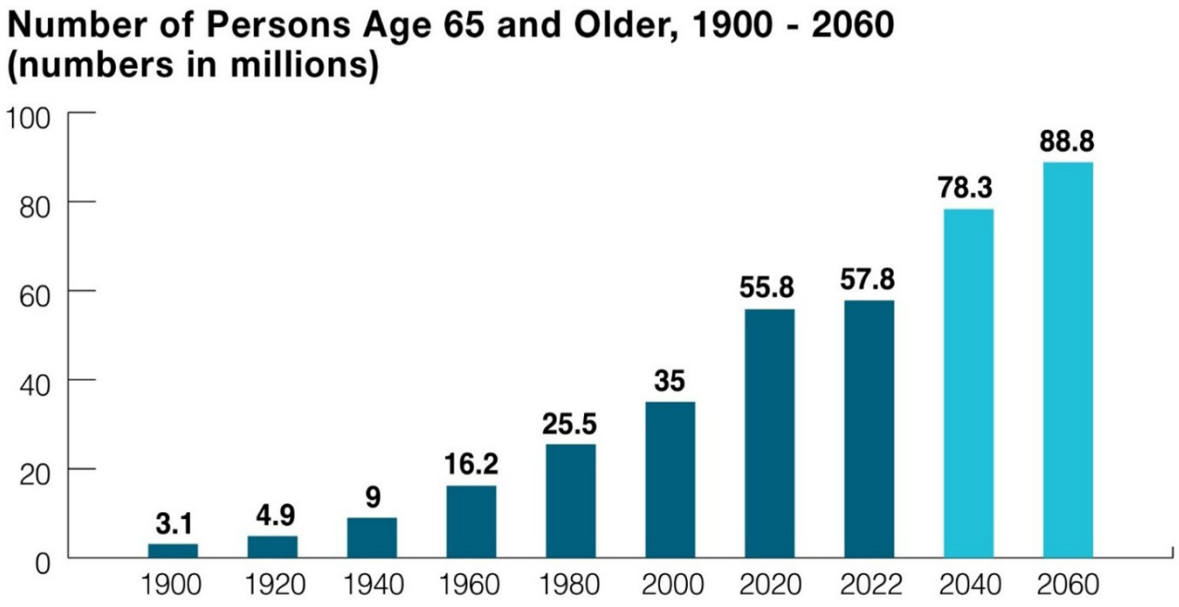
US Census (1970-2024)

1970 Census: 81,181
1980 Census: 110,945
1990 Census: 147,549
2000 Census: 192,031
2010 Census: 234,912
2020 Census: 253,630
2024 Census Estimates: 258,052

% Increase Between 2010 & 2024= +9.9%

% Increase Between 1970 & 2024= +218%

As seen in the chart below, it is estimated that the 65+ population will continue to grow over the coming years to an estimated 78.3 million in 2040 and 88.8 million by the year 2060.



Note: 2040 and 2060 are projections
Source: U.S. Census Bureau, 2020 Decennial Census, Population Estimates and Projections

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

The 18th National Survey of Older Americans Act Participants (NSOAAP) for 2024 has not been published. The survey was canceled, and the results from the 2024 NSOAAP are not available at this time (National Survey of Older Americans Act Participants). The most current survey is found below.

The federal Administration for Community Living conducts the National Survey of Home Delivered Meal Program Participants annually. This national survey collects information on participant satisfaction, consumer assessment of service quality, and consumer reported outcomes for participants taking part 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.

Portion of Food that Home Delivered Meals Represents Daily

- Half or more of the food eaten for the day 49%

Health Issues of HDM Meal Clients

- 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%

Other Observations

- Clients report meals are good or excellent 83%
- Clients are 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.

Percent of HDM Participants Utilizing Additional Services:

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.

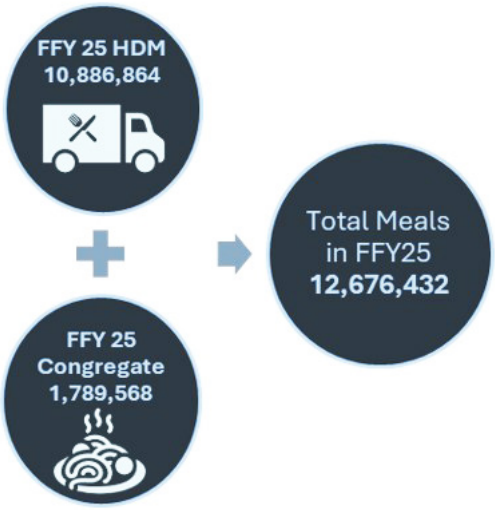
Percent of HDM Participants	Number of Additional Services
54.94%	HDM Meals Only
20.93%	HDM +1 service
11.94%	HDM + 2 services
6.85%	HDM + 3 services
4.07%	HDM + 4 services
1.0%	HDM + 5 services
0.23%	HDM + 6 services
0.04%	HDM + 7 services

Congregate Meal Participant Data:

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

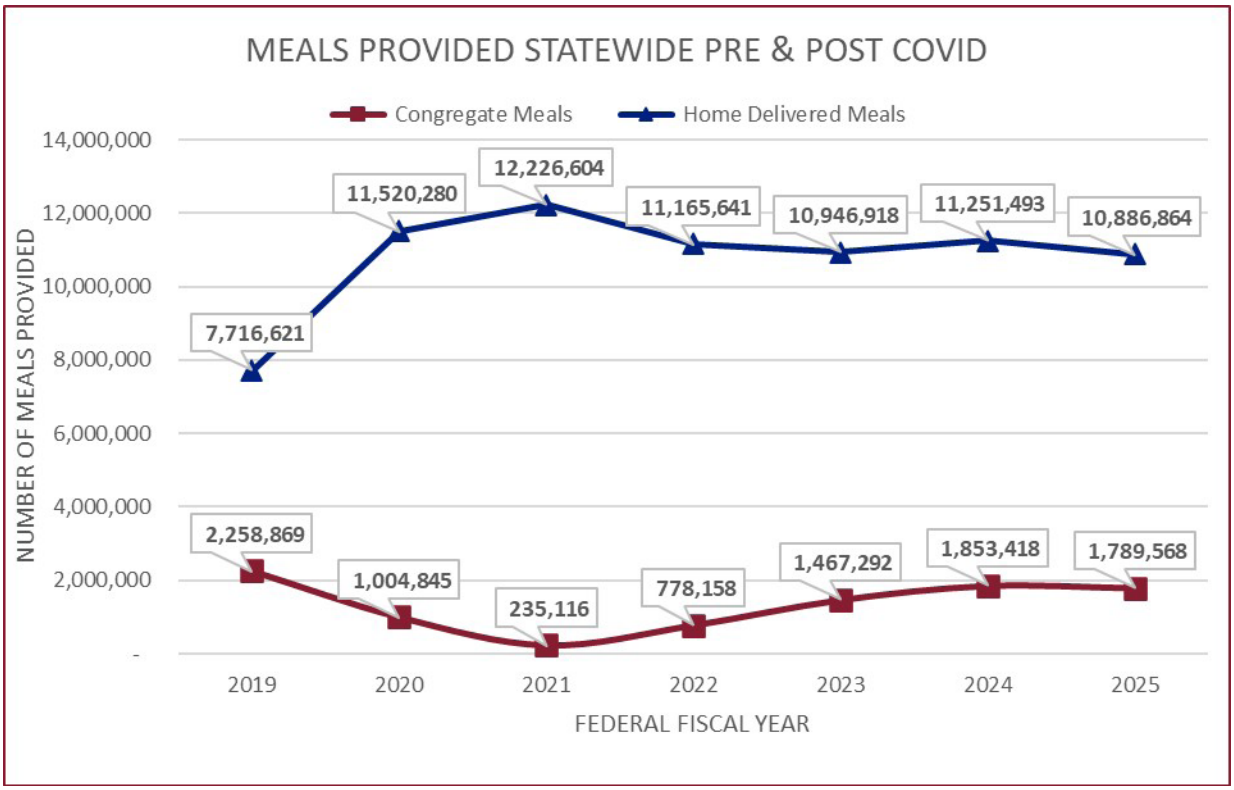
- 58% of recipients are 75 years or older.
- 42% of recipients are age 60-74 years old.
- 39% of recipients indicated that one congregate meal provides half or more of their total food for the day.
- 86% of recipients rate the meal as good to excellent.
- 71% of participants say the meals help them stay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

Illinois Senior Nutrition Program Services Statistics



During FFY2025, 353 Congregate sites and 307 Home Delivered sites provided a total of 12,676,432 meals to age 60+ Illinoisans through the Older Americans Act and State GRF funded nutrition services.

The chart below shows the number of congregate and home-delivered meals provided in FFY 2019 (pre-pandemic) through FFY 2025 (post-pandemic) in Illinois, demonstrating the continued increase in demand for home delivered meals over congregate. Additionally, it highlights the upswing in home delivered meals and corresponding decrease in congregate during the pandemic, while also indicating that meals are gradually returning to pre-pandemic levels, though congregate levels remain more than 460,000 meals less than FFY2019 and home delivered meals remain more than 3 million meals more.



The following chart shows the number of unduplicated persons served and the total number of meals provided from FFY2016-2025; 2026 numbers represent what the AAAs are projecting to serve in FFY26. Like the chart above, the numbers indicate an overall increase in Home Delivered Meals, while Congregate Meals have experienced a slow decline with marked improvement in FFY2023 reflecting post pandemic numbers.

	HOME DELIVERED MEALS		CONGREGATE MEALS		TOTAL MEALS	
Fiscal Year	**Persons Served**	**Meals Provided**	**Persons Served**	**Meals Provided**	**Persons Served**	**Meals Provided**
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	57,863	10,886,864	61,622	1,789,568	119,485	12,676,432
2026	65,393	10,799,534	65,265	1,825,990	130,658	12,625,524

The increase in Home Delivered Meals in FFY2020 and decrease in Congregate Meals was due to the suspension of Congregate Meal Services during the COVID-19 (Coronavirus) pandemic. FFY2026 “Persons Served” and “Meals Provided” numbers are projections taken from FFY26 Area Plans.

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, ARPA (FFY22-FFY25), and/or Nutrition Services Incentive Program (NSIP) awards. The decrease in expenditures in the "Other" category is partially due to American Rescue Plan (ARPA) funds being depleted. In addition, for FFY26, to better align with the Area Plan Budgets, NSIP funding is now being counted as part of the "Federal" funding, rather than "Other" as previously calculated for FFYs 2015-2025.

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	$12,132,567	$52,482,228	$36,683,910	$101,298,705
2025	$14,691,594	$50,717,936	$26,538,263	$91,947,793
2026*	$16,283,706	$63,408,614	$17,057,786	$96,750,106

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	$13,104,334	$322,615	$17,445,581	$30,872,530
2025	$12,359,527	$404,650	$16,690,986	$29,455,163
2026*	$16,825,750	$443,864	$9,303,023	$26,572,637

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	$27,051,121	$51,122,586	$43,229,249	$121,402,956
2026*	$33,109,456	$63,852,478	$26,360,809	$123,322,743

*FFY26 is based on the Area Plan projections.

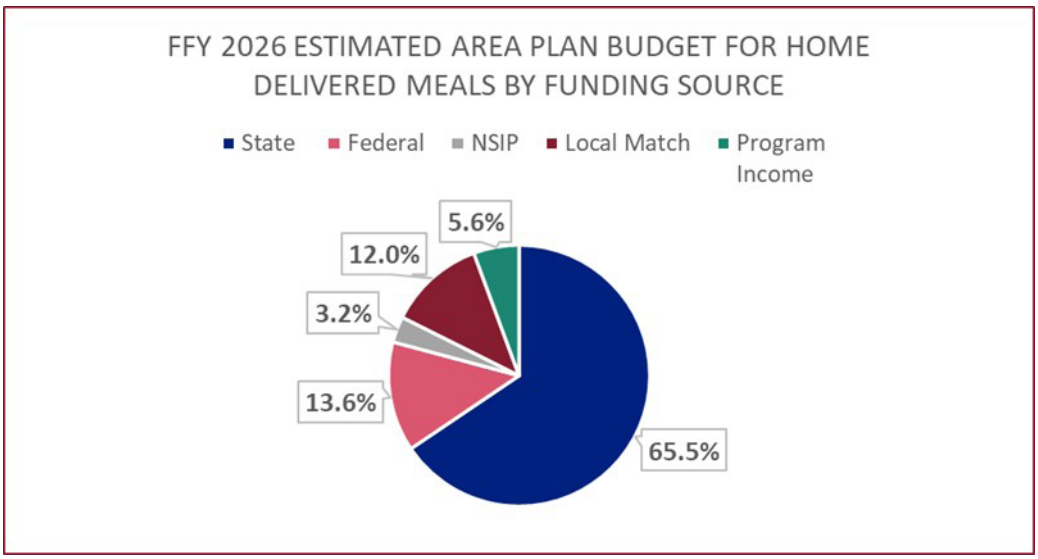
Local Cash Match and Program Income Resources

The Area Plan budgets submitted by the 13 Area Agencies on Aging include local resources (both cash and in-kind contributions) and program income (participant contributions) which provide significant financial support to nutrition programs throughout the state. In FFY2026, it is estimated that local match will provide $11.6 million (12.0% of total budget) statewide and program income will provide $5.4 million (5.6% of total budget) to support the home delivered meal program.

Home Delivered Meals Estimated Funding Sources

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

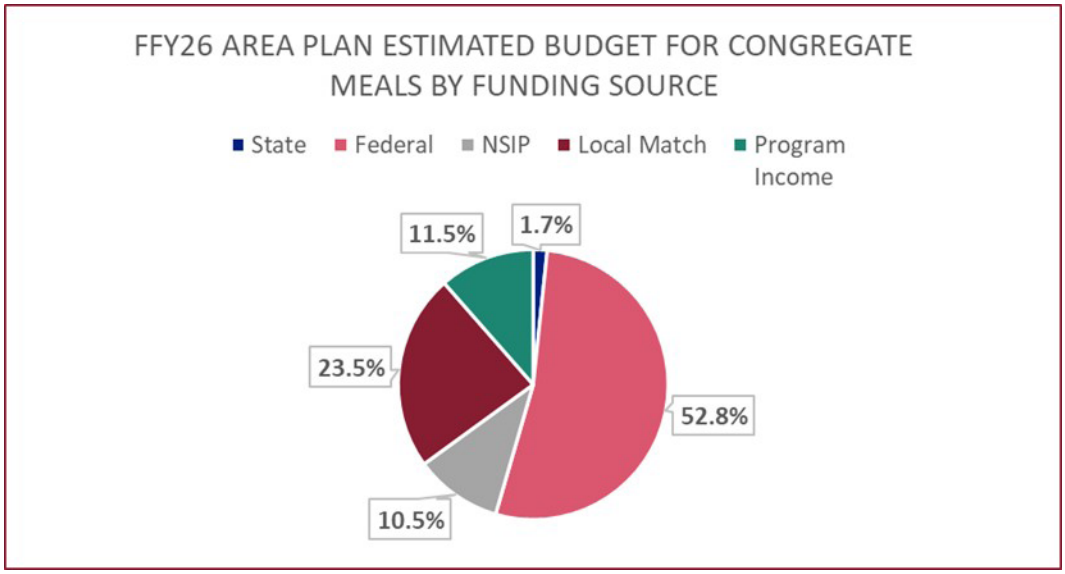
HDM ESTIMATED FUNDING SOURCES	BUDGET AMOUNT	PERCENT OF BUDGET
FFY26 State	$63,408,614	65.5%
FFY26 Local Match	$11,613,347	12.0%
FFY26 Title III	$13,175,984	13.6%
FFY26 Program Income	$5,444,439	5.6%
FFY26 NSIP	$3,107,722	3.2%
Total	**$96,750,106**	**100%**



Congregate Meal Funding Sources

In FFY2026, it is estimated that local match will provide over 6.2 million (23.5% of total budget) statewide and program income will provide 3 million (11 % of total budget) to support the Congregate Meal program.

CONGREGATE FUNDING SOURCE	Dollar Amount	Percent of Budget
FFY26 Federal	$14,036,678	52.8%
FFY26 Local Match	$6,257,076	23.5%
FFY26 Program Income	$3,045,947	11.5%
FFY26 NSIP	$2,789,072	10.5%
FFY26 State	$443,864	1.7%
Total	**$26,572,637**	**100%**



Note: NSIP stands for the Nutrition Services Incentive Program. The total meals served 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:

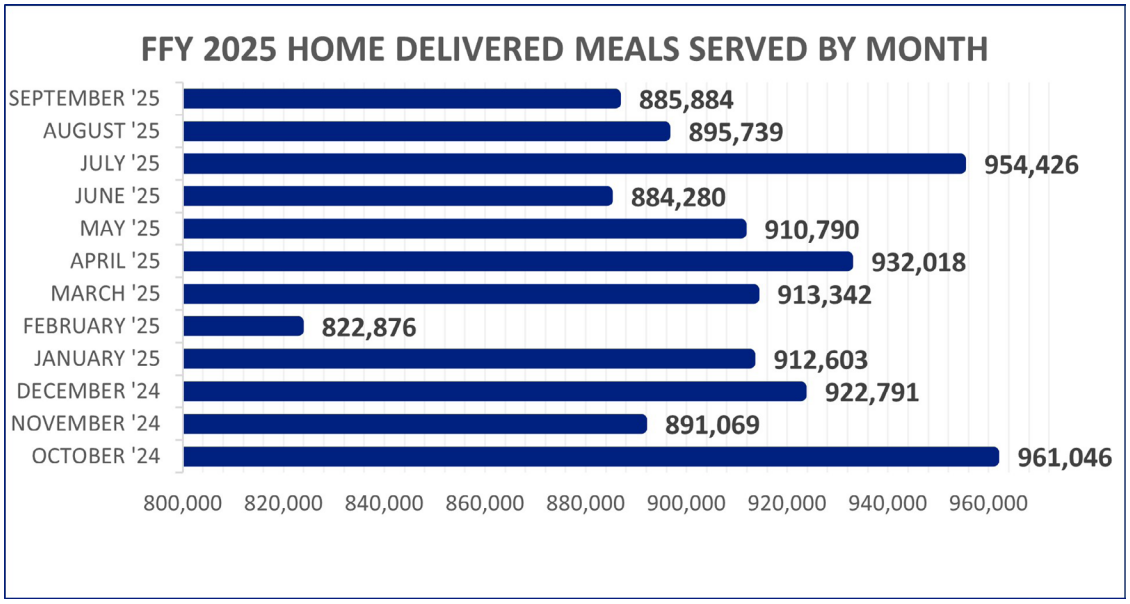
- A meal served to an eligible individual (a person who is qualified to receive services under the OAA as defined in Title III); and
- A meal served to an eligible person who has NOT been means-tested for participation; and
- A meal must be compliant with the nutrition requirements; and
- A meal served 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)

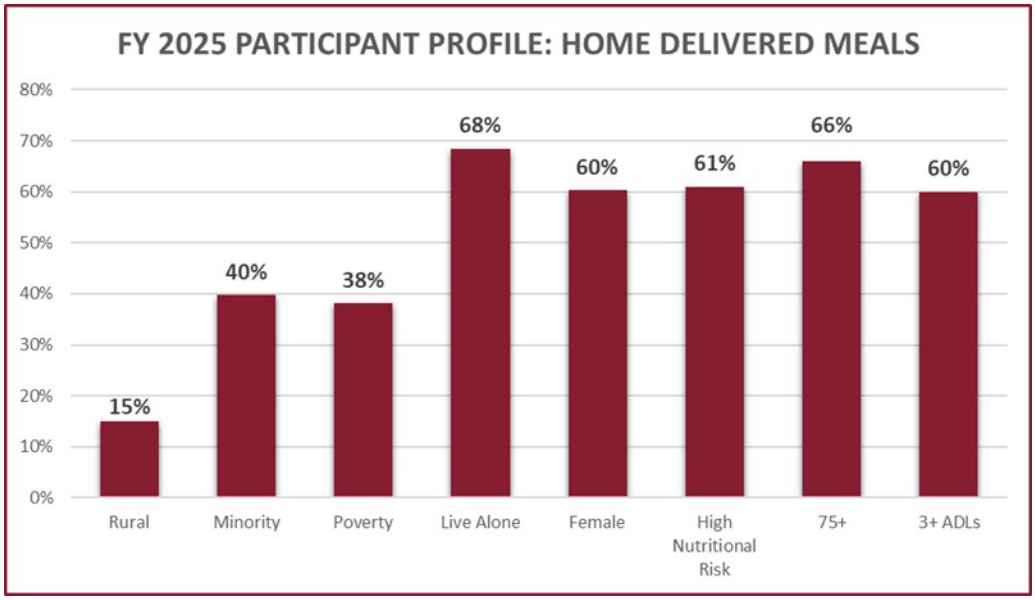
Illinois Nutrition Program Data

Illinois Home Delivered Meal Statistics

The chart below shows the number of home-delivered meals provided statewide each month in FFY2025 (October 1, 2024, to September 30, 2025). Over the last year, the largest number of meals in one month occurred in October of 2024, followed closely by July of 2025. On average, home delivered meal providers served approximately 907,000 meals per month during FFY2025.

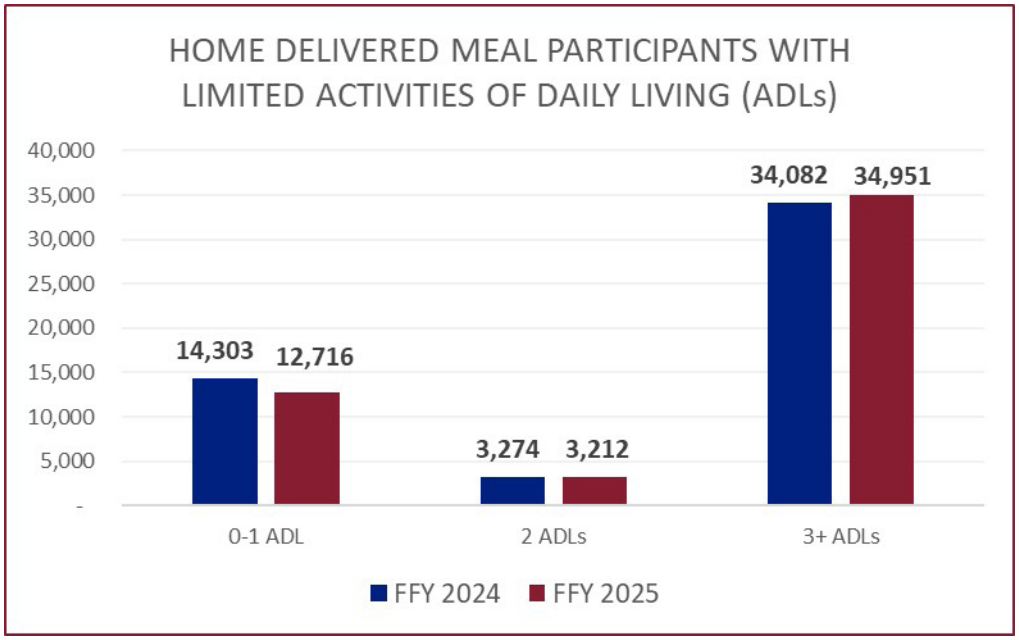


The chart below reflects the participant profile of individuals who received home delivered meals in FFY2025. There were 57,863 participants in home delivered meals funded by Illinois Department on Aging. There were 34,862 Female participants (60%), 39,611 participants who live alone (68%), 22,045 participants who live at or below poverty (38%), 22,963 participants who are minorities (40%), 35,557 participants who have a high nutritional risk score (61%), 8,633 participants live in rural areas (15%), 33,283 participants who are age 75 or over (66%), and 34,951 participants who need assistance with 3 or more Activities of Daily Living (ADLs)(60%).



Activities of Daily Living Difficulties for Home Delivered Meal Participants

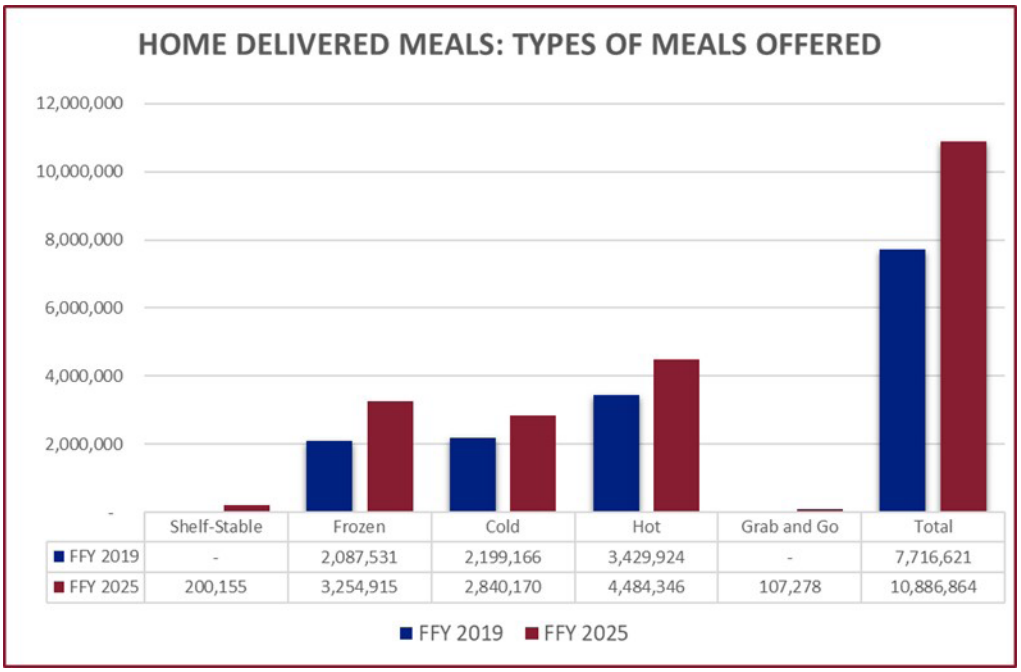
Home delivered meal participants often have indications of difficulty in performing daily tasks including bathing, getting dressed, toileting, transferring, and eating meals. This can lead to the inability to prepare their own meals, especially if they live alone. Often, this can precipitate malnutrition; however, home delivered meals allow them to get a healthy meal daily which assists in the prevention of malnutrition. In FFY2025, there were a total of 57,863 individuals served in home delivered meal programs funded by the Illinois Department on Aging. The number of home-delivered meal participants that had three or more activities of daily living (ADL) limitations increased from 34,082 in 2024 to 34,951 in 2025.



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.

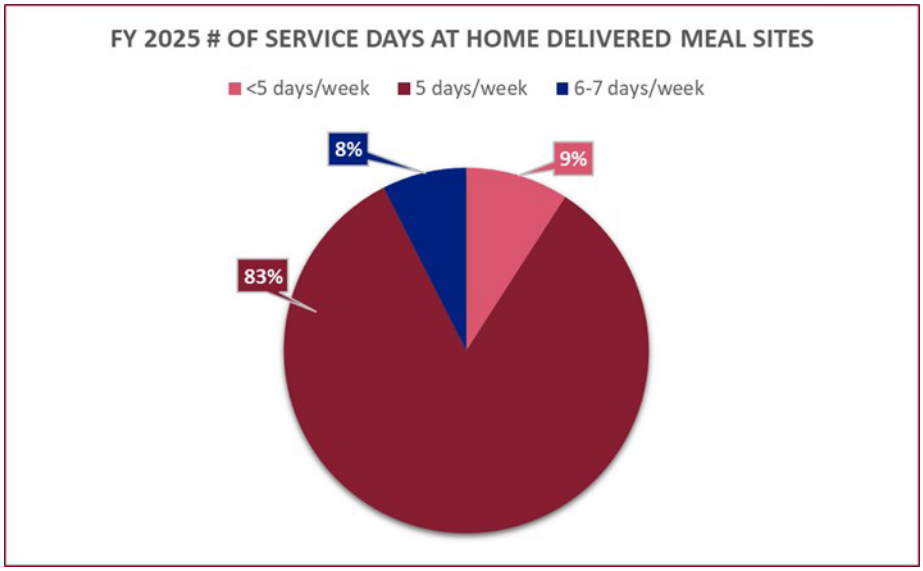


Number of Days Home Delivered Meals are Provided

The Illinois Department on Aging gathered data from the thirteen Area Agencies on Aging (AAA) regarding the number of HDM serving days meals for 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 deliver fewer days of week. For example, a participant may receive 2 meals on Monday and Wednesday and 1 meal on Friday, for a total of 5 meals for 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	4	36	3	43
PSA 03	6	12	0	18
PSA 04	0	21	0	21
PSA 05	0	55	1	56
PSA 06	1	9	0	10
PSA 07	0	42	3	45
PSA 08	8	2	0	10
PSA 09	0	9	2	11
PSA 10	0	9	0	9
PSA 11	0	16	0	16
PSA 12	1	0	0	1
PSA 13	0	39	17	56
Total	**23**	**256**	**28**	**307**

The chart below shows the number of Home Delivered Meal providers (307), and the number of days per week meals are served. Most provide meals 5 days a week (83%), 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 (8%).

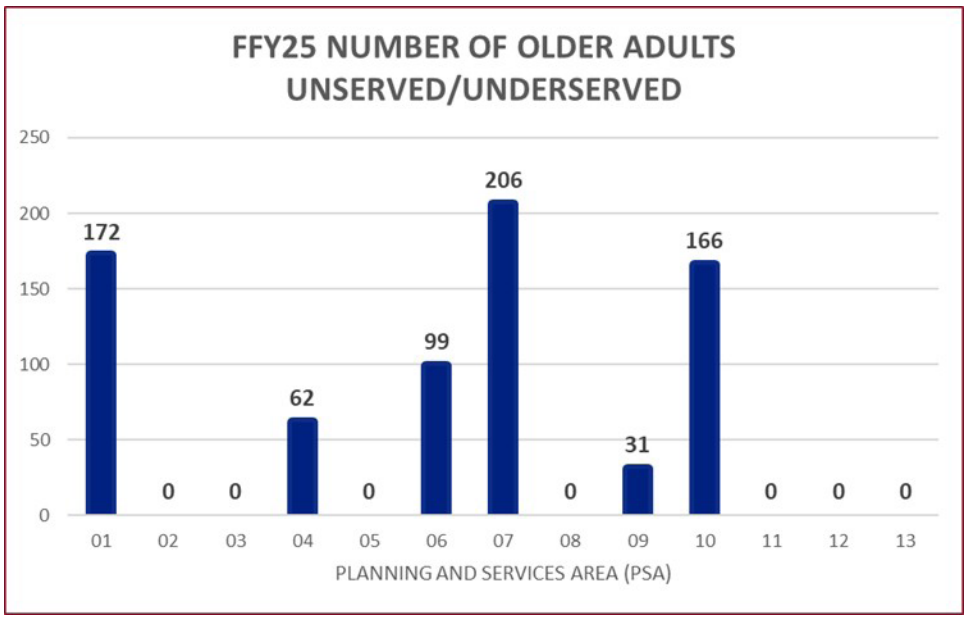


Number of Older Adults Needing Home Delivered Meals in Unserved Areas

There are 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 2025 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 FFY2025, the AAAs reported that a total of 635 older adults needed home delivered meals in unserved areas which is a decrease from 1,234 needing home delivered meals in unserved areas in FFY2024.



The previous chart illustrates the number of older adults in each PSA who were unserved/underserved in FFY2025.

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**
4	Marshall	8	$110,000
4	Stark	10	$120,000
4	Woodford	44	$530,000
PSA 4 Total		**62**	**$760,000**
6	Adams	44	$114,400
6	Hancock	16	$41,600
6	Pike	39	$101,400
PSA 6 Total		**99**	**$257,400**
7	Sangamon	30	$50,000
7	Christian	45	$90,000
7	Montgomery	56	$112,000
7	Morgan	61	$102,480
7	Cass	7	$12,920
7	Scott	7	$11,760
PSA 7 Total		**206**	**$379,160**
9	Clay	10	$33,150
9	Effingham	12	$39,780
9	Fayette	9	$29,835
PSA 9 Total		**31**	**$102,765**
10	Edwards	33	$75,000
10	Hamilton	25	$78,690
10	Wayne	37	$83,000
10	White	40	$112,032
10	Wabash	31	$98,390
PSA 10 Total		**166**	**$447,382**
State Total		**736**	**$2,130,707**

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	507,470	78,982	11,322	0	0	597,774
2	806,476	44,420	349,203	40,558	21,261	1,261,918
3	251,135	119,339	59,930	9,920	0	440,324
4	259,679	113	26,084	1,100	0	286,976
5	545,950	48,699	52,419	6,912	0	653,980
6	73,674	19,874	33,489	1,500	0	128,537
7	292,741	438	514	64,481	0	358,174
8	134,689	3,244	379,396	21,705	0	539,034
9	117,279	2,216	282	3,453	3,386	126,616
10	148,314	0	0	0	0	148,314
11	209,942	0	104,141	0	9,473	323,556
12	385,338	2,320,901	1,980,953	0	0	4,687,192
13	751,659	201,944	257,182	50,526	73,158	1,334,469
Total	**4,484,346**	**2,840,170**	**3,254,915**	**200,155**	**107,278**	**10,886,864**

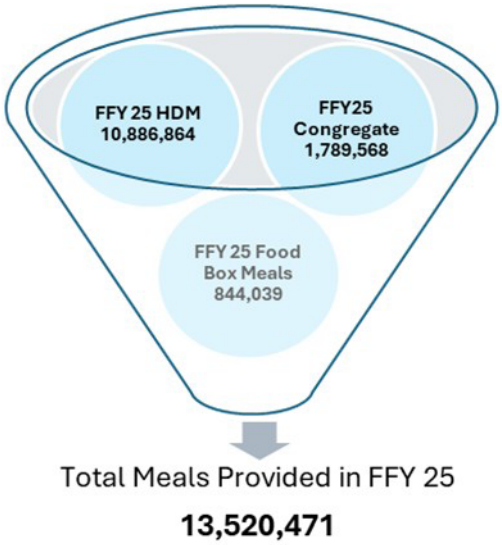
This chart is a detailed breakdown by PSA indicating the type of home delivered meals served.

Home Delivered Meal Types Served Over the Past Five Years

The chart below demonstrates the types of Home Delivered Meals provided over the past five years and pre-pandemic (FFY19) which includes Hot meals, Cold meals, Frozen meals, Shelf Stable meals, and "Grab and Go" meals. In FFY25, the total number of home-delivered meals provided has increased by 29% from pre-pandemic levels (FFY19) which demonstrates the greater need for this service. There was a decrease in total home-delivered meals from FFY24, and this is mainly due to COVID and ARPA funding has been depleted and the Area Agencies on Aging and nutrition providers are struggling to meet the demand with less funding. Focusing on the types of home-delivered meals provided in FFY25 compared to FFY24, hot meals decreased by 29%, cold meals increased by 8%, frozen meals increased by 42%, shelf stable meals decreased by 16% and "Grab and Go" meals decreased by 54%.

Home delivered meal providers have seen a decrease in the number of volunteers available to deliver meals. As a strategy, some providers have decreased the number of days per week meals are delivered which includes adding cold or frozen meals to the deliveries for the other days of the week as appropriate depending on the participant's ability to heat up the frozen meals or refrigerate the cold meals. "Grab and Go" meals were initiated due to the pandemic; however, some providers have continued this service as an option for their participants. Overall, "Grab and Go" meals have continued to decline due to costs of packaging and lack of volunteers or staff to prepare and distribute these meals.

Federal Fiscal Year	HDM Hot Meals	HDM Cold Meals	HDM Frozen Meals	HDM Shelf Stable Meals	HDM "Grab and Go" Meals	Total HDM Meals
FFY2019 Pre-pandemic	3,429,924	2,199,166	2,087,531	58,101	NA	7,716,621
FFY2021	4,577,911	3,992,932	3,215,724	540,668	1,412,808	12,226,604
FFY2022	4,238,354	3,314,318	3,084,302	466,307	1,056,976	11,165,641
FFY2023	4,289,303	2,989,302	3,284,934	328,982	429,625	10,992,953
FFY2024	6,321,120	2,605,522	1,873,399	240,317	236,156	11,276,514
FFY2025	4,484,346	2,840,170	3,254,915	200,155	107,278	10,886,864

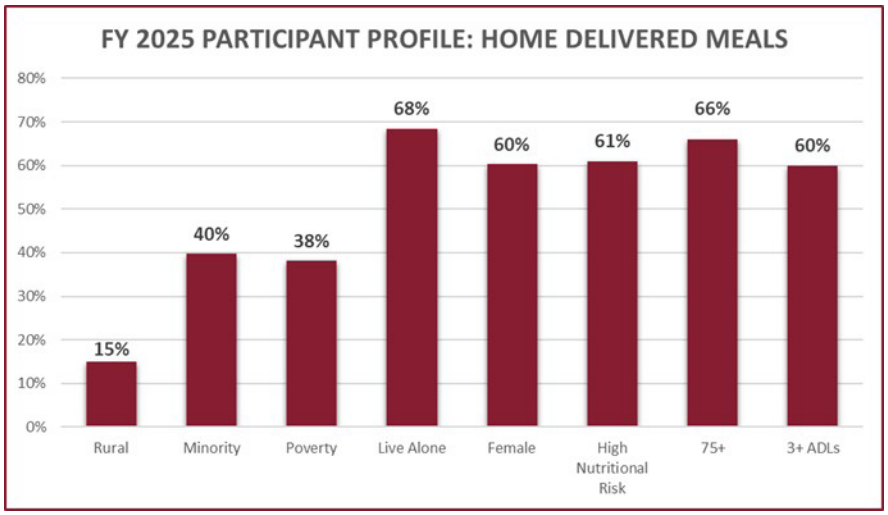


To further address the nutritional needs and food insecurity of older Illinoisans in FFY2025, 4 PSAs (02, 04, 12 & 13) distributed Food Boxes that provided for an additional 844,039 meals which are not included in the chart above but represented in the graphic to the left. Food boxes are not funded through Title III-C grants.

Illinois Congregate Meal Statistics

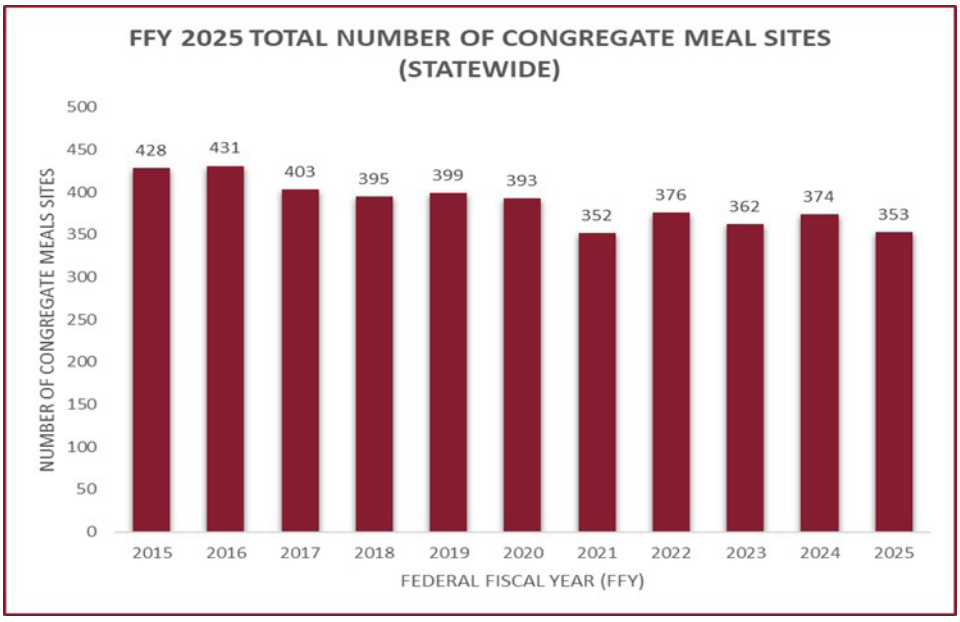
The following charts reflect statewide data for the congregate meal sites which many nutrition programs are also providing along with home delivered meals. For individuals who do not need their meal delivered, they have the option of coming to the site and eating their meal with other participants, providing a much-needed social component to the meal experience, helping to reduce social isolation and loneliness. In addition, many of the sites offer special programs, including but not limited to, health, wellness, and exercise that congregate diners can also participate in.

The following chart reflects the client profile of persons who participated in congregate meals during FFY2025. Total persons receiving congregate meals in FFY2025 was 61,622. Those 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. There were 37,495 participants who are female (61%) 37,995 participants who live alone (62%), 22,016 participants living at or below poverty (36%), 28,673 participants were minorities (47%), and 8,657 participants live in rural areas (14%). In addition, 31,560 were age 75 or older (51%) and 19,754 individuals with high nutritional risk (32%). With 51% of the current congregate participants age 75 or older, it is anticipated that many of these individuals may transition to home delivered meals in the coming years, further contributing to the already growing numbers on waitlists and in unserved/underserved areas.

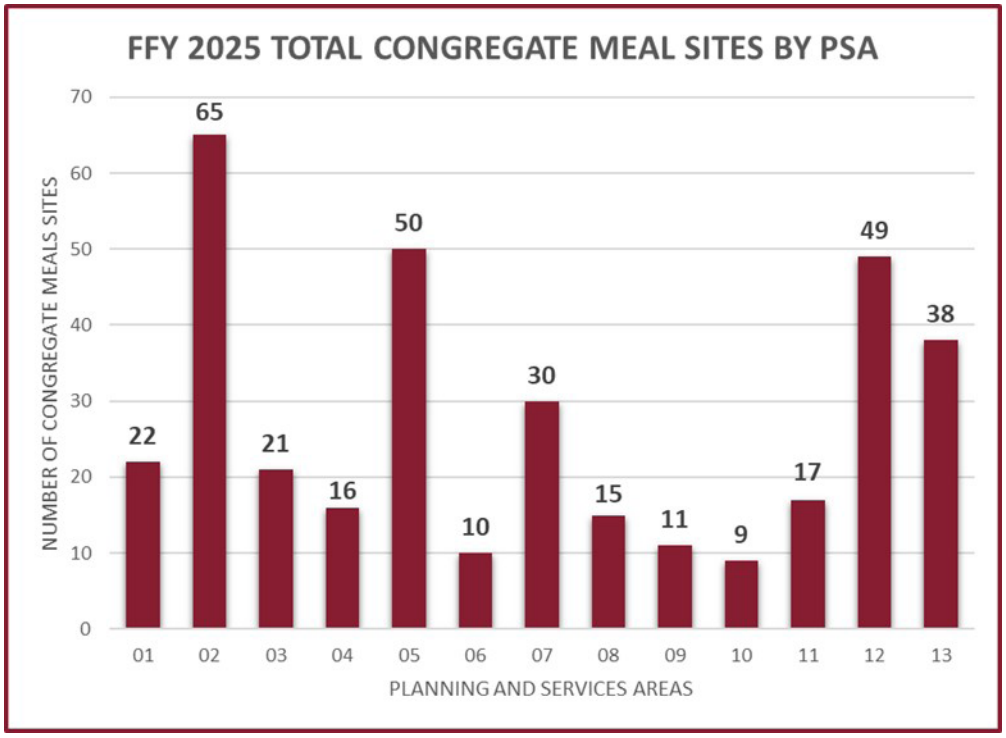


Number of Congregate Meal Sites Statewide

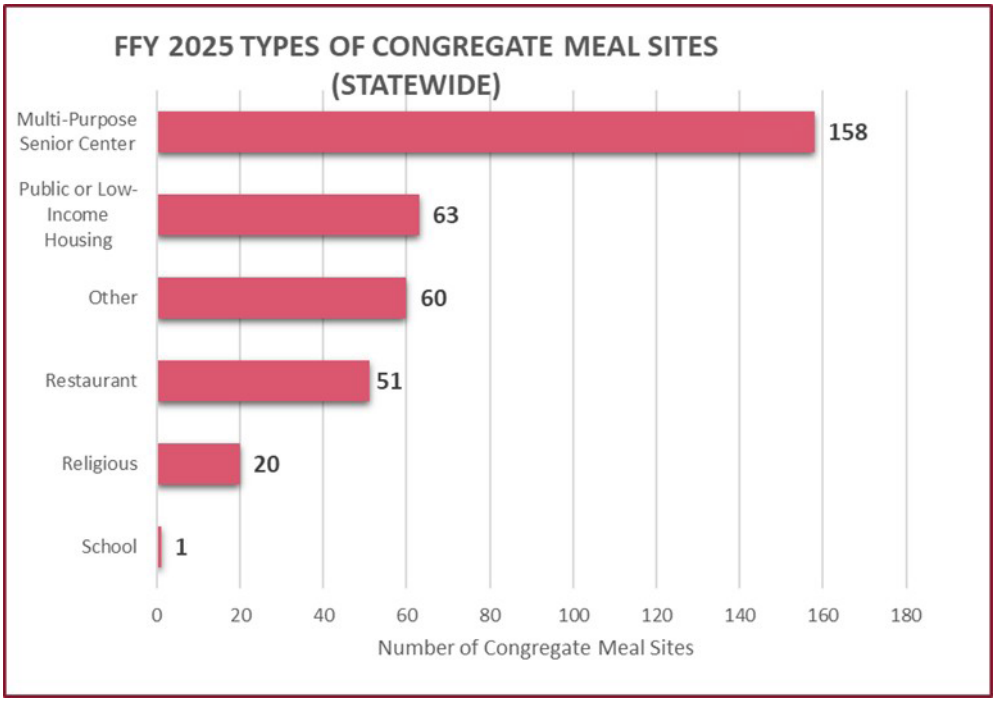
The following chart reflects the number of congregate meal sites across the state from 2015 (428) to 2025 (353) which demonstrates an overall decrease of 17.5% over the past ten years.



The chart below reflects the number of congregate meal sites per PSA in FFY2025 with the metro/urban areas of the state having more sites than the rural areas of the state.



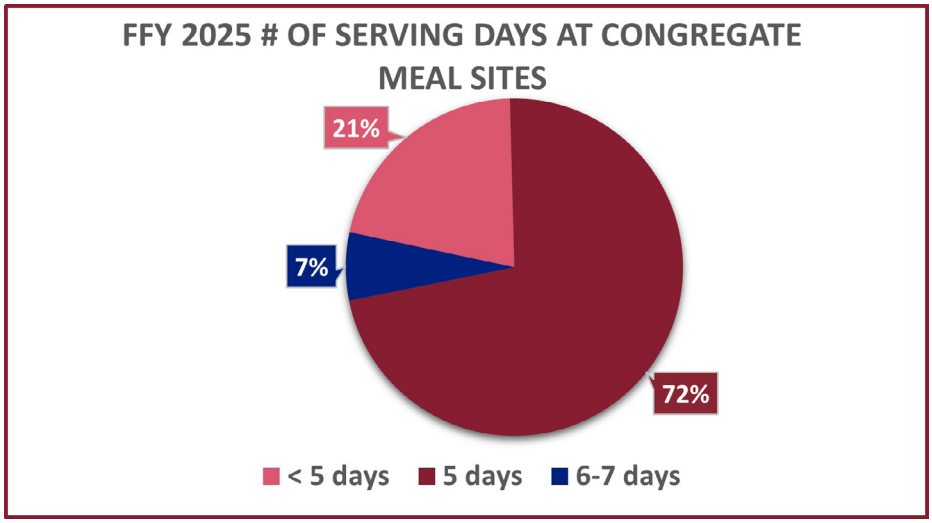
The chart below illustrates the types of congregate meal sites across the state. The majority (45%) are senior centers, 18% are at public housing buildings, 14% are at restaurants, 6% are in churches, less than 1% are in schools, and 17% are at other sites.



Congregate Meals: Number of Serving Days Per Week

The Illinois Department on Aging surveyed the thirteen Area Agencies on Aging (AAA) in November 2025 to determine the number of available serving days at each nutrition program site under the congregate meal program. Approximately 7%, up from 5% (FFY2024) of the nutrition sites served congregate meals six to seven days per week, 72%, (no change from FFY2024) of the nutrition sites served congregate meals five days per week, and 21%, down from 22% (FFY2024) of the nutrition sites served congregate meals one to four days per week. Congregate Meal sites included those that were open during the period of October 1, 2024, to September 30, 2025.

The following chart indicates there were 353 congregate meal sites of which 255 served meals five days per week (72%), 75 served meals less than five days per week (21%) and 23 served meals six to seven days per week (7%).

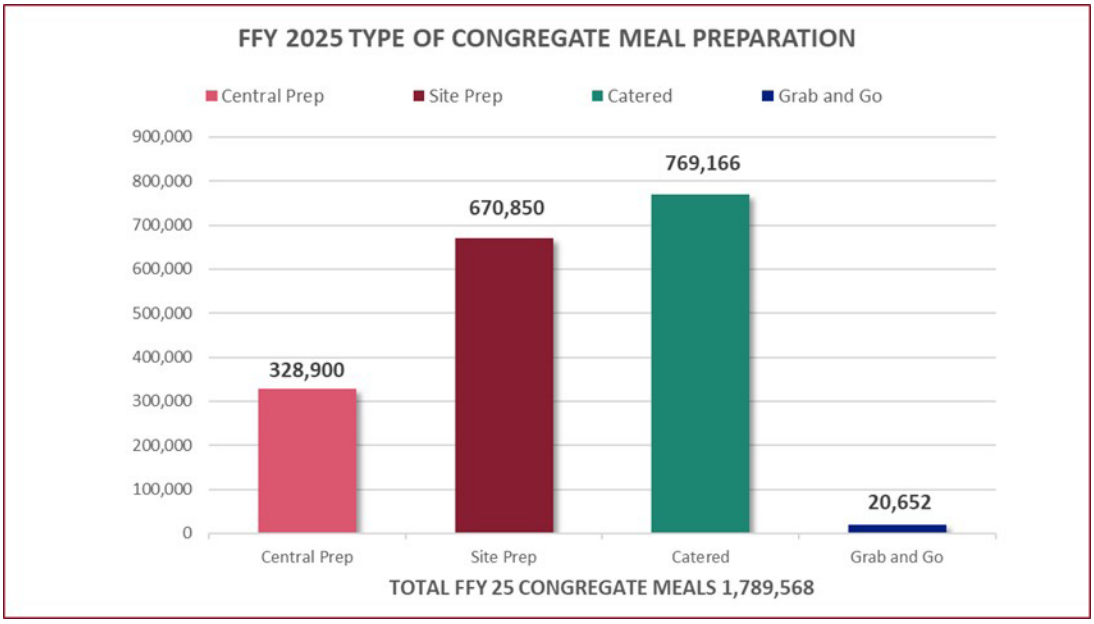


The following table provides a further breakdown to show the number of sites in each PSA by category; those serving five days/week, six to seven days per week and less than five days per week.

PSA	Sites Serving 6-7 Days/Week	Sites Serving 5 Days/Week	Sites Serving Less than 5 Days/Week	Total Number of Congregate Sites
1	3	9	10	22
2	14	13	38	65
3	0	16	5	21
4	0	16	0	16
5	6	41	3	50
6	0	9	1	10
7	0	26	4	30
8	0	12	3	15
9	0	9	2	11
10	0	9	0	9
11	0	16	1	17
12	0	48	1	49
13	0	31	7	38
Total	**23**	**255**	**75**	**353**

Type of Meal Preparation at Congregate Meal Sites

The chart below shows the number of congregate sites in FFY2025 that have meals catered (Catered 43%), sites who prepare meals on site (Site Prep 37%), 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" 1%).

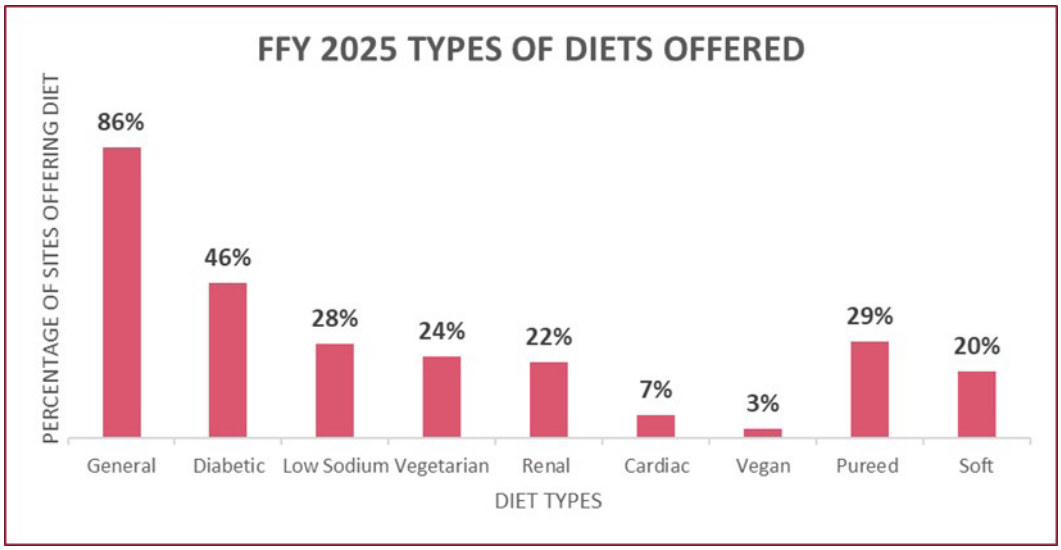


The following table outlines the number of prepandemic Congregate and "Grab and Go" meals and the last five fiscal years demonstrating a significant decrease in congregate meals during the pandemic and a gradual increase in congregate meals as sites began to reopen in FFY2023. In addition, the table shows the change in numbers for the "Grab and Go" option which IDoA began tracking in FFY2023. As seen below, "Grab and Go" meals have decreased by over 38,000 meals since FFY2023, a decrease of 65% due to nutrition providers returning to the traditional model of providing congregate meals.

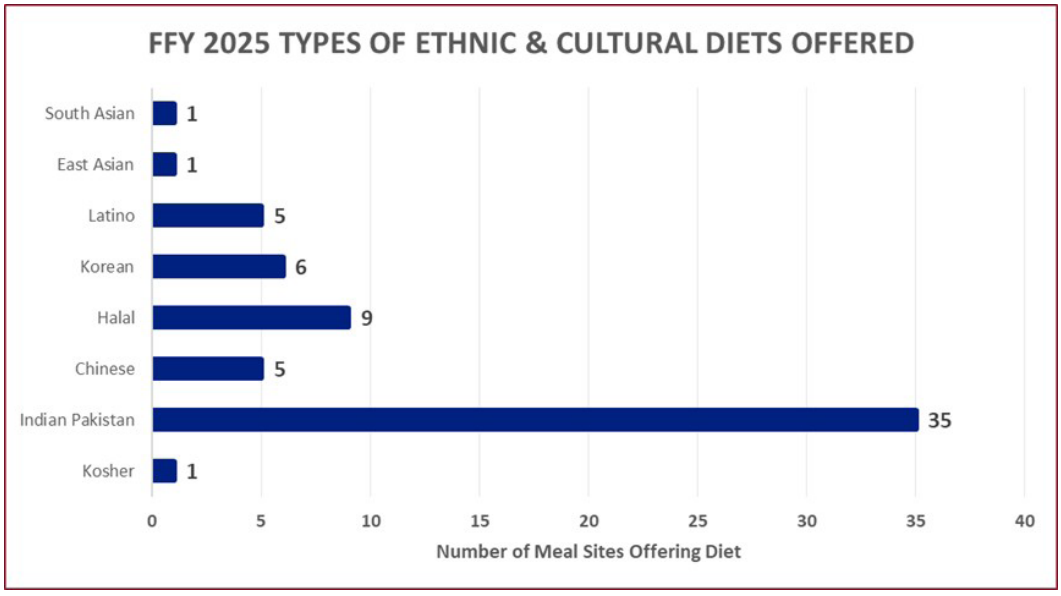
Year	Total Congregate Meals	Grab and Go Congregate Meals
FFY2019 Pre-pandemic	2,244,353	0
FFY2020	1,004,845	0
FFY2021	235,116	0
FFY2022	778,158	0
FFY2023	1,467,360	59,069
FFY2024	1,859,945	12,327
FFY2025	1,789,568	20,652

Types of Diets Offered Through Nutrition Programs

Types of diets offered at Congregate and Home Delivered meal sites vary throughout the state. In FFY2025, as demonstrated in the chart below, the top three types of diets offered at home delivered and congregate meal sites were General (86%), Diabetic (46%), and Pureed (28%).

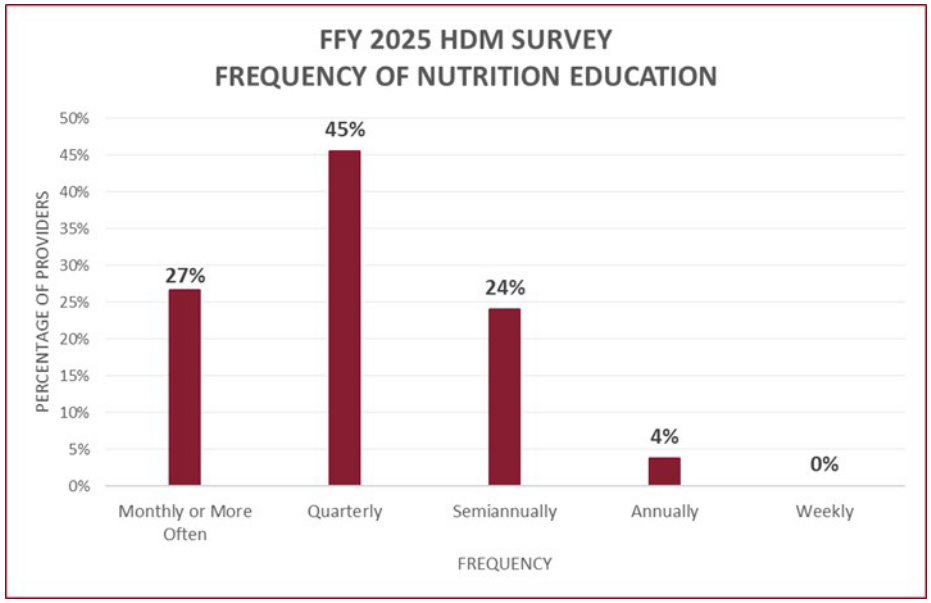


In addition to the diet types noted above, many sites also provide options to meet the ethnic or cultural diets of its diverse population. As seen in the chart below, 14% of the sites offer meals outside of the traditional and medically tailored meals above, with the most notable being Indian-Pakistan meals served at 35 (8%) of the sites. Some PSAs have opened Congregate sites which serve Arab Americans, Southeast Asian, Chinese, Latinx and Korean older adults in the community. These sites are mainly in the urban more populated parts of the state.



Nutrition Education

Nutrition education is provided to participants either at a congregate site or virtually in some programs. The frequency of nutrition education shown below was taken from November 2025 Home Delivered Meal Survey completed by the Area Agencies on Aging (AAAs) throughout the state.



Monthly Average Number of Meals

As shown in the table below, the Illinois Department on Aging collected statewide data from the 13 Area Agencies on Aging (AAA) on the monthly average number of congregate and home delivered meals served in each PSA. On average, nutrition providers served just over 1 million meals to Congregate and home-delivered meal participants each month, with 86% of which were home delivered meals.

PSA	Monthly Average Number of Congregate Meals	Monthly Average Number of Home Delivered Meals	Monthly Average Number of Total Meals
1	6,575	49,815	56,390
2	12,223	105,160	117,383
3	5,692	36,694	42,385
4	3,111	23,915	27,026
5	11,666	54,498	66,165
6	3,797	10,711	14,509
7	5,373	29,848	35,221
8	12,164	44,920	57,083
9	2,346	10,551	12,897
10	6,048	12,360	18,407
11	12,140	26,963	39,103
12	44,921	390,599	435,520
13	23,074	111,206	134,280
State Total	**149,131**	**907,239**	**1,056,369**

2025 Home Delivered Meal Survey from Aging Network

The Illinois Department on Aging surveyed the 13 Area Agencies on Aging (AAAs) and their nutrition providers in November 2025 to get feedback on various topics as well as receive important data including meals and persons served, nutrition education, types of diets offered, meal types, number of serving days per week, denied and underserved persons, waitlists and meal financials. The following questions were asked in the narrative portion of the survey and are summarized below.

1. FFY2025 Recommendations from the Aging Network on Potential Ways to Reach Unserved/ Underserved Areas and Special Populations

The following table summarizes eight different strategies to reach unserved or underserved areas throughout the state. The top responses from the AAAs were to increase funding, increase targeted outreach efforts, partner with other organizations, refer unserved clients to other nutrition programs, and increase volunteers and staff.

1. Increase funding · Pay New Staff · Purchase Vehicles · Purchase Food and Supplies · Add New Meal Sites	**5. Increase Volunteers and Staff** · Delivery Drivers · Food Service Workers · New Site Managers · Chefs
2. Targeted Outreach Efforts · Listening Sessions · Nutrition + Wellness Days · Advertising Marketing · Education, Churches	**6. Purchase Delivery Vehicles** · Increase Delivery Routes · Provide More Meals · Reliable Deliveries · Increase Social Interaction
3. Partner with Other Organizations · Managed Care Organizations · Coordinated Care Units or Other Meal Providers · Restaurants · Hospitals, Churches	**7. Distribute Surveys** · Assess Needs · Meal Preferences · Feedback · Improve Meal Quality
4. Refer or Provide Alternate Meal Program · Frozen Meals · Shipped Meals Services or Other Meal Providers · Food Boxes · Medically Tailored Meals	**8. Add New Meal Sites** · Rural Communities · Cultural and Ethnic Groups · Food Deserts · Increase Social Interaction

2. FFY2025 Recommendations from the Aging Network on Potential Ways to Increase Federal Funding for Home Delivered Meal Programs

The following ways were recommended by the aging network to increase federal funding for home delivered and congregate meals for older adults throughout Illinois.

1. Advocate for funding increases by contacting legislators regarding supporting bills which provide funding to older adults in Illinois.
2. Apply and secure federal grants especially for a specific target group such as those needing medically tailored meals.
3. Document measurable outcomes of the home delivered and congregate meal programs such as improved nutrition scores, reduced hospitalizations, and greater independence.
4. Educate political leaders regarding the importance of home delivered and congregate meals and saved costs by eliminating nursing home placement for older adults.
5. Demonstrate the hardships older adults face without home delivered and congregate meals such as food insecurity, malnutrition, and social isolation.
6. Provide solution focused proposals that address challenges like expanding delivery routes, reducing waitlists, and providing meals in rural areas.
7. Provide videos of participants talking about the importance of the meals and promote to legislators.
8. Increase awareness of meal programs by increasing state advocacy days like “Don’t Blow Out the Candles”, use storytelling, infographics, and show trends through social media and presentations at legislative events.

3. The following table reveals that assessments and reassessments are completed by nutrition providers in 54% of the PSAs and by Coordinated Care Units (CCUs) and Managed Care Organizations (MCOs) in 46% of the PSAs. The same agency completes both the assessment and reassessment in 100% of the PSAs. Data varies on timeliness of reassessments, with some reporting no way to track timeliness since assessments and reassessments are completed by CCUs and MCOs. Reassessments often result in continued meal service for the participants, and there is not a high percentage of changes to meal service after the reassessment is completed.

PSA	Who completes the assessment and reassessment?	Same agency completes the assessment and reassessment?	Reassessments completed on time?	Continued meal service?	Changes to meal service?
PSA 1	Providers	Yes	97%	95%	5%
PSA 2	CCUs	Yes	95%	98%	2%
PSA 3	Providers	Yes	N/A	N/A	N/A
PSA 4	CCUs/MCOs	Yes	67%	85%	23%
PSA 5	Providers	Yes	78%	94%	16%
PSA 6	Providers	Yes	60%	60%	40%
PSA 7	Providers	Yes	96%	92%	8%
PSA 8	CCUs	Yes	N/A	N/A	N/A
PSA 9	Providers	Yes	98%	95%	5%

continued on next page

PSA	Who completes the assessment and reassessment?	Same agency completes the assessment and reassessment?	Reassessments completed on time?	Continued meal service?	Changes to meal service?
PSA 10	Providers	Yes	75%	98%	2%
PSA 11	CCUs/ MCOs	Yes	90%	90%	10%
PSA 12	CCUs/MCOs	Yes	N/A	N/A	N/A%
PSA 13	CCUs/MCOs	Yes	N/A	N/A	N/A

4.a. If you had older adults on a waitlist for home delivered meals, what solutions did you implement to address the waitlist?

The following table illustrates the increased demand month by month for home delivered meals and how some of the waitlists have grown by PSA in FFY2025. At the end of FFY2025, there were 758 individuals on waitlists for home delivered meals statewide.

PSA	October	November	December	January	February	March	April	May	June	July	August	September
1	0	0	21	41	63	69	79	84	80	82	41	50
2	23	29	75	100	91	67	71	85	98	100	107	108
3	111	116	193	226	264	284	313	319	317	334	348	368
4	8	9	8	8	8	8	2	2	2	2	2	2
5	0	0	0	0	0	4	0	0	5	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0
7	5	5	5	5	6	21	26	56	127	132	109	101
8	0	0	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	14	30	41	52	69	36	38	52
10	42	16	47	43	43	32	33	14	0	0	0	0
11	48	63	63	63	63	63	63	63	55	55	55	55
12	0	0	0	0	0	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0	0	0	0	0	22
Total	**237**	**238**	**412**	**486**	**552**	**578**	**628**	**675**	**753**	**741**	**700**	**758**

Strategies and Possible Solutions to Eliminating Waitlist

1. Offer meals less than five days per week to those on waitlist.
2. Eliminate second and weekend meals for the Home Delivered Meal Program.
3. Offer emergency food and resource information packets to those on the waitlist.
4. Assess and communicate with those on the waitlist to check on needs and prioritize accordingly.
5. Adjust delivery routes or purchase new delivery vehicles.
6. Refer to Community Care Program (CCP), Congregate Meal Program, or “Grab and Go” Meals.
7. Increase funding by applying for grants, increasing suggested donation amounts, using local funding, and increasing fundraising efforts.
8. Give presentations on the waitlist situation at meetings and legislative events.

4.b. What are the barriers to being able to eliminate the waitlist?

Barriers to Eliminating Waitlist

1. **Funding.**
2. **Increased demand for meals.**
3. **Staff/Volunteer numbers inadequate.**
4. **Meal production constraints.**
5. **Competing with other groups and meal providers for funding.**
6. **Lack of kitchen space to prepare meals.**
7. **Not having reliable delivery vehicles.**

4.c. How do you prioritize those on the waitlist? Low priority referrals may not be processed and may be considered an unmet need instead of being placed on the waitlist. The priority level screening questions built into the home delivered meal assessment help with prioritizing all participants on the program. Some PSAs prioritize on a first come first serve basis.

Prioritization Strategies to Reduce or Eliminate Waitlists

Emergency situations are prioritized first, then in no particular order, prioritize participants by:

1. **Nutrition risk score.**
2. **Homebound status.**
3. **Health status (recent hospitalizations, recent stroke, heart attack, or dementia diagnosis).**
4. **Mobility status (ability to prepare meals).**
5. **Caregiver support status (living alone).**
6. **Activities of Daily Living (ADL) status.**
7. **Poverty status.**

5. Do you have a method to track Home Delivered Meal participants who also receive Community Care Program (CCP) services?

Only three out of thirteen PSAs (23%) track participants who are receiving services from both the Home Delivered Meals and Community Care Program (CCP) programs funded by Illinois Department on Aging.

How many participants in FFY 2025 (October 1, 2024, to September 30, 2025), received both home-delivered meals and CCP services?

This data is unavailable currently as many areas do not track this data. However, coordination can be managed through communication between CCP care coordinators and Home Delivered Meals staff. PSA 6 is exploring the development of a shared data flag or reporting process to improve tracking and enhance service coordination. Some PSAs have identified the need to work with other AAAs and nutrition program providers to collaborate and discuss ways to track this information. Some benefits of tracking this data are reducing duplication of services, improving case coordination and participant outcomes, providing data for funding justification and program evaluation, and helping identify participants with higher levels of need who may be at risk of service gaps.

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 and allowing individuals to stay in their homes for as long as safely possible while they age. While the pandemic increased the demand for home delivered meals from 2020-2022, the continued heightened numbers above pre-pandemic levels speak to the continued need for this valuable service.

The decrease in both congregate and home delivered meal participants and total meals served in FFY2025 compared to FFY2024 is a result of COVID and ARPA funding being fully expended and the challenges presented to the aging network of continuing to meet the demand for these services with considerably less funding.

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 continues to grow, which has forced some areas to start waiting lists due to the inability to fund these additional meals.

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 Act nutrition programs throughout the state of Illinois.

References:

Administration of Community Living (2022). Aging, Independence, and Disability (AGID) Program Data Portal 16th National Survey of Older Americans Act Participants, 2022. Retrieved from: https://agid.acl.gov/

Administration of Community Living, 2023 Profile of Older Americans Publication Date: May 2024. 2023 Profile of Older Americans (acl.gov)

Administration of Community Living, Mabili, Ghosh, Schmitz, Shenk, Panzarella, Carlson & Flick, (2018) Evaluation of the Older Americans Act Nutrition Services Program Outcomes Report – Part II. Retrieved from: Evaluation of the Effect of the Older Americans Act Title III-C Nutrition Services Program on Participants' Health Care Utilization (acl.gov)

2025 Annual Report | Interagency Workgroup On Poverty and Economic Insecurity

USDA Economic Research Service, Definitions of Food Security. Retrieved from: USDA ERS - Definitions of Food Security in the U.S. - Measurement | Economic Research Service

USDA Economic Research Service, Key Statistics and Graphics. Retrieved from: USDA ERS - Key Statistics & Graphics

USDA, Rabbitt, M. P., Reed-Jones, M., Hales, L. J., & Burke, M. P. (2024). Household food security in the United States in 2023 (Report No. ERR-337). U.S. Department of Agriculture, Economic Research Service. https://doi.org/10.32747/2024.8583175.ers

Illinois Department of Public Health (September 2024). Illinois Food Deserts Annual Report July 1, 2023-June 30, 2024. Retrieved from: https://www.ilga.gov/reports/ReportsSubmitted/4622RSGAEmail9762RSGAAttachFood%20 Desert%2 0Annual%20Report%202024.pdf

Meals on Wheels America, State of Illinois Fact Sheet, Retrieved from: https://member.mealsonwheelsamerica.org/wp-content/uploads/2025/05/Illinois-State-Fact-Sheet-2025.pdf

Feeding America, Ziliak, J., & Gundersen, C. (2022). The state of senior hunger in America in 2022: An annual report. Retrieved from: https://www.feedingamerica.org/research/state-senior-hunger

Map the Meal Gap 2025 Report.pdf Feeding America

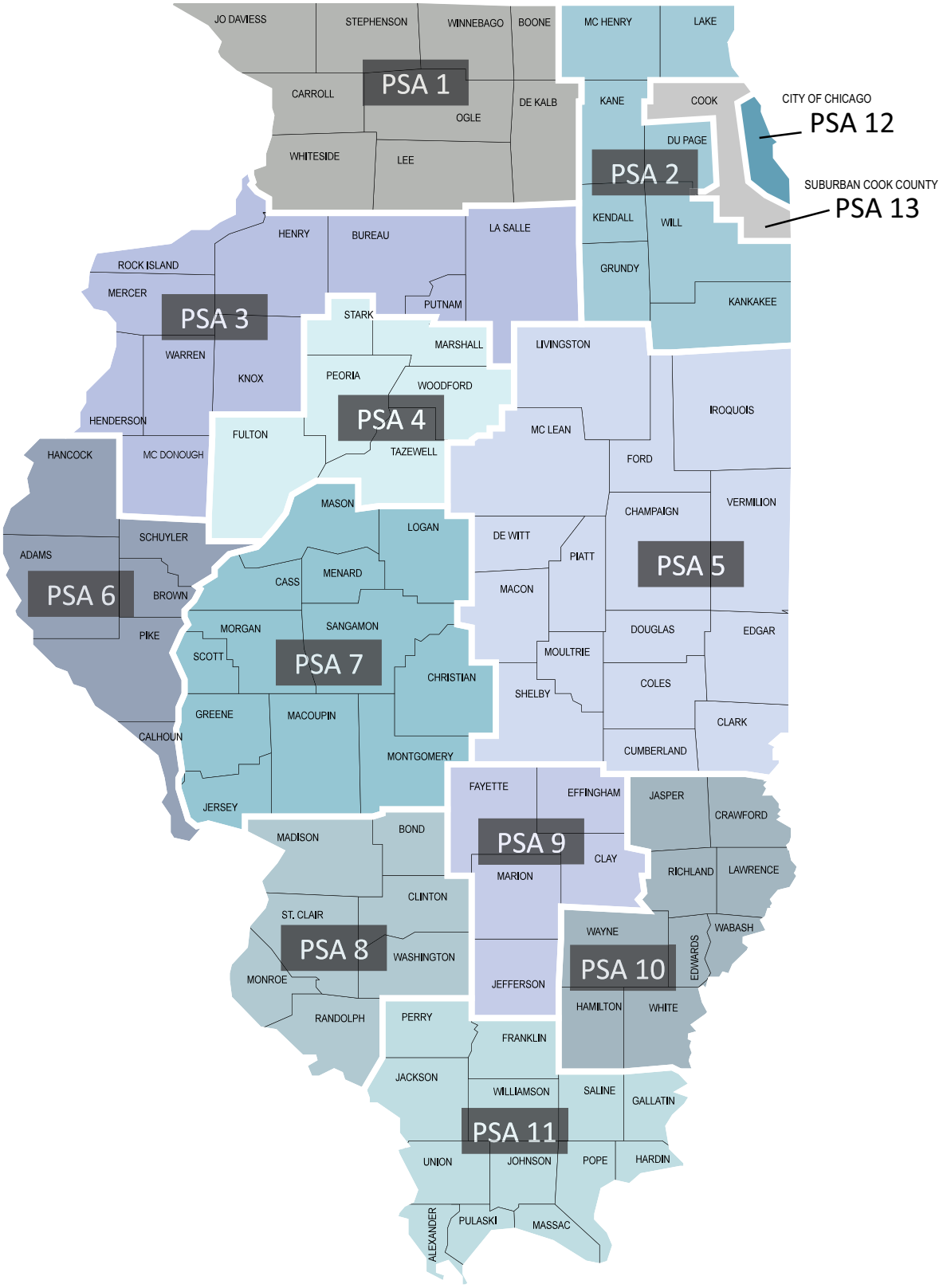
Public Act 93-0484 Section 4.07 Illinois Act on the Aging (20 ILCS 105)

U.S. Census Bureau Population Data, 1970-2024. Multiple tables.

U.S. Census, Ortman, J., Velkoff, V., & Hogan, H. (2014). An Aging Nation: The older population in the United States, current population reports. Retrieved from: https://www.census.gov/library/publications/2014/demo/p25-1140.html

U.S. Census Bureau, U.S. Department of Commerce. (n.d.). Profile of General Population and Housing Characteristics. Decennial Census, DEC Demographic Profile, Table DP1. Retrieved March 11, 2026, from https://data.census.gov/table/DECENNIALDP2020.DP1?g=040XX00US17&d=DEC+Demographic+Profile.

Planning and Service Areas in Illinois



Area Agencies on Aging

AREA 01

Northwestern Illinois Area Agency on Aging
Jeffrey Barnes, Executive Director
1111 South Alpine Road, Suite 600
Rockford, IL 61108
815/226-4901; FAX: 815/226-8984;
1-800-542-8402 (nine county area ONLY)
Web: www.nwilaaa.org

AREA 02

AgeGuide Northeastern Illinois
Marla Fronczak, CEO
1910 S. Highland Ave., Suite 100
Lombard, Illinois 60148
630/293-5990; 800/528-2000; FAX: 630/293-7488
Web: www.ageguide.org

AREA 03

Western Illinois Area Agency on Aging
Lacey Matkovic, Executive Director
729 - 34th Avenue
Rock Island, IL 61201-5950
309/793-6800; FAX: 309/793-6807;
1-800-322-1051 (I & A)
Web: www.wiaaa.org

AREA 04

Central Illinois Agency on Aging, Inc.
Tessa Mahoney, Executive Director
700 Hamilton Boulevard
Peoria, IL 61603-3617
309/674-2071; FAX: 309/674-3639;
1-877-777-2422; 309/674-1831 (TTY)
Web: www.ciaoa.net

AREA 05

East Central Illinois Area Agency on Aging, Inc.
Susan Real, Executive Director
1003 Maple Hill Road
Bloomington, IL 61704-9327
309/829-2065; FAX: 309/829-6021;
1-800-888-4456 (I & A) (sixteen county area ONLY)
Web: www.eciaaa.org

AREA 06

West Central Illinois Area Agency on Aging
Vanessa Monahan Keppner, Director
639 York Street, Suite 333
Quincy, IL 62301
217/223-7904; FAX: 217/222-1220;
1-800-252-9027 (I & A) (Voice & TTY)
Web: www.wcian.org

AREA 07

AgeLinc
Carolyn Austin, Chief Executive Officer
2731 S. MacArthur Blvd.
Springfield, IL 62704
217/787-9234 (Voice & TTY); FAX:217/787-6290;
1-800-252-2918 (I & A) (217, 309 & 618 area codes ONLY)
Web: www.agelinc.org

AREA 08

AgeSmart Community Resources
Marjorie Moore, Chief Executive Officer
7 Bronze Pointe S; Ste B
Swansea, IL 62226-8303
618/222-2561; FAX: 618/222-2567;
Web: www.AgeSmart.org

AREA 09

Midland Area Agency on Aging
Tracy Barczewski, Executive Director Mailing Address:
434 South Poplar
Centralia, IL 62801-1420
618/532-1853; FAX: 618/532-5259;1-877-532-1853
Web:www.midlandaaa.org

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

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

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

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

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}

Printed by Authority State of Illinois (20 copies) IL-402-1273 (3/26)