**State of Illinois**
Illinois Department on Aging

# 2026 RESPITE SERVICES REPORT

**Report Date: March 2026**

## TABLE OF CONTENTS

## PROVISIONS OF THE RESPITE PROGRAM ACT

The Respite Program Act (320 ILCS 10) authorizes the Illinois Department on Aging (IDoA) to administer a respite program of assistance to persons in need and to deter the institutionalization of frail or disabled adults. The Respite Program Act also authorizes IDoA to make grants to or contract with Area Agencies on Aging (AAAs) and other appropriate community-based organizations to provide respite care under the Act.

The State of Illinois awards funding to IDoA for caregiver support services. IDoA also receives federal funds to provide respite care through two sources: Title III-B and Title III-E of the Older Americans Act (OAA). Title III-B funds In-Home, Access and Community-Based Services, and Title III-E funds the National Family Caregiver Support Program (NFCSP). Both the state and federal funds are distributed to the 13 Area Agencies on Aging (AAA) in Illinois using the Intrastate Funding Formula (IFF). The NFCSP, established in 2000 under Title III-E of the OAA, provides funding for a range of supports that assist families and informal caregivers to care for an older person and/or relative at home for as long as possible. These services include, but are not limited to, counseling, support groups, training and education, respite, case management, access & assistance, and gap-filling funds to support unmet needs.

The Respite Program Act (320 ILCS 10/12) requires that IDoA submit an annual report to the Governor and the General Assembly detailing the progress of respite care services provided under this Act. This report is based on respite services provided during FFY 2025 with both federal OAA and state funding.

As defined by the Respite Program Act (320 ILCS 10), “Respite care” means the provision of intermittent and temporary substitute care or supervision of frail adults or adults with disabilities on behalf of and in the absence of the primary care-giver, for the purpose of providing relief from the stress or responsibilities concomitant with providing constant care, so as to enable the care-giver to continue the provision of care in the home. Respite care should be available to sustain the care-giver throughout the period of care-giving, which can vary from several months to a number of years. Respite care can be provided in the home, in a day care setting during the day, overnight, in a substitute residential setting such as a long-term care facility required to be licensed under the Nursing Home Care Act or the Assisted Living and Shared Housing Act, or for more extended periods of time on a temporary basis.

# THE AGING NETWORK IN ILLINOIS

## THE ILLINOIS DEPARTMENT ON AGING

The Illinois Department on Aging (IDoA) was created by the Illinois State Legislature in 1973 for the purpose of improving the quality of life for Illinois' older adults by coordinating programs and services which enable older adults to preserve their independence for as long as possible. IDoA is the single state agency in Illinois which is authorized to receive and distribute both federal Older Americans Act funds and state funds through Area Agencies on Aging and community-based service providers.

The legislative mandate of IDoA is to provide a comprehensive and coordinated service system for the state's nearly 3 million older adults, giving high priority to those in greatest need, to conduct studies and research into the needs and issues of older adults, and to ensure participation by older adults in the planning and operation of all phases of the service system. The mission of IDoA 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 a high quality of life. In fulfilling its mission, IDoA responds to the dynamic needs of society's aging 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
- Cooperating with federal, state, local and other agencies of government in developing programs and initiatives.

## AREA AGENCIES ON AGING

The State of Illinois is divided into 13 Planning and Service Areas (PSAs). There is one Area Agency on Aging (AAA) to serve each PSA, designated by IDoA. Illinois has 12 not-for-profit agencies and one unit of local government (City of Chicago) which 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 caregivers within the boundaries of the individual PSAs. For additional information on PSAs and AAA locations, please refer to Addendum A.

Illinois Department on Aging, in accordance with the Older Americans Act, has decentralized the planning process by delegating planning responsibilities to the AAAs. This assures that programs developed and funded by the AAA are integrated into the three-year State planning cycle followed by IDoA. This cycle begins with an assessment of the service needs of local older adults, family caregivers and other relatives raising children. Through a process of public hearings, surveys, research and the assistance of the Area Agencies' advisory councils, these needs are ranked in order of importance and matched with available resources.

The proposed funding distribution, budget, and other types of planning information are then incorporated into a three-year Area Plan in each of the PSAs, following a format prescribed by IDoA. Also, included in the plan is an outline of proposed Area Agency on Aging activities for the coming three years. Following public hearings in each PSA, the Area Plan is submitted to IDoA for review and approval. Area Agencies on Aging are required to amend their Area Plans annually (during years two

and three) in response to changing needs, priorities and available funding. Federal OAA and state funds are allocated to the Area Agencies on Aging upon review and approval, by IDoA, of the three-year Area Plans and Area Plan annual amendments.

The AAAs in Illinois are not typically direct service providers. The AAAs grant or contract with local providers for services that address the needs which have been identified through the planning process. The AAAs are responsible for planning for services, evaluating, providing technical assistance as needed, monitoring their direct service providers, and reporting to IDoA. In addition, the AAAs function as advocates for older adults and caregivers and are the primary disseminators of information relating to aging issues within their respective PSAs.

### SERVICE PROVIDERS

Community-based service providers represent a key segment of the aging network in Illinois because they provide the programs and direct services to older adults and their caregivers.

The direct service delivery system consists of agencies funded with state and federal funds through Area Agencies on Aging. Service providers offer a wide range of respite services through facility-based, home-based and client-directed programs in addition to education, counseling, information and other services to support caregivers.

## BACKGROUND AND ANALYSIS

Currently, the population age 65 and older is the fastest growing segment of Illinois' older adult population. According to the Census Bureau's 2024 Population Estimates, Illinois was home to nearly 12.7 million people, with more than 2.9 million people aged 60 and over. By the year 2030, all baby boomers will be older than 65, which will place new demands on the state's long-term supportive services.

The demands for home and community-based alternatives to nursing facility care will continue to increase; aging baby boomers will demand consumer-directed information and services based on social and demographic trends. Older adults and caregivers will need increased support and assistance in gaining access to the complex array of federal, state and community benefits and services. The informal caregiver is the foundation of support for the community-based older adult. Nationwide, approximately 59 million Americans have provided unpaid care to an adult with limitations in daily activities.

***one in four***

***American adults (24%) is a family caregiver and spends an average of 27 hours per week providing care***

According to the American Association of Retired Persons (AARP) Public Policy Institute's most recent data, one in four American adults (24%) is a family caregiver and spends an average of 27 hours per week providing care. Nearly one-quarter (24%), however, provide 40 or more hours of care per week. Nationwide, family caregivers provide an estimated 36 billion hours of care with an estimated economic value of $600 billion in unpaid contributions, $21 billion in Illinois alone where caregivers contribute nearly 750 million hours of care (AARP Public Policy Institute, Valuing the Invaluable, 2023). In addition, approximately 31% of care recipients reside in rural areas, making care more difficult due to limited resources and their dependency on caregivers to provide transportation for medical appointments and other essential needs. In rural areas, 34% of caregivers report having more difficulty finding affordable services for their care recipient, compared to 27% of those living in urban areas (AARP Public Policy Institute, Caregiving in the US, 2025).

## ASSESSING THE NEEDS OF THE CAREGIVER POPULATION

AAAs use multiple methods to assess the needs of caregivers in Illinois. In addition to the needs assessment described on page 5, AAAs also assess levels of need on an ongoing basis throughout the year.

AAAs and their providers continue to utilize the Tailored Caregiver Assessment and Referral (TCARE) platform and tools, which was introduced to the aging network during the pandemic to address caregiver needs, including respite care. TCARE is used to complete caregiver assessments and develop care plans tailored to the individual. AAAs use TCARE to ensure the highest level of resources are allocated to caregivers at highest risk. TCARE metrics are reported to IDoA on a quarterly basis. While not currently statewide, some AAAs also provide caregivers with access to Trualta, an online platform that provides relevant educational content, practical tutorials, and a dependable online community where caregivers can join discussion forums, gain insight from support groups, and ask real questions of industry professionals. The number of caregivers and total time spent on Trualta activities are also reported to IDoA on a quarterly basis.

Beginning with the FY 2025-2027 Area Plan cycle, AAAs are required to increase public awareness and knowledge of caregiver needs, as well as resources and services available throughout the state of Illinois to promote increased caregiver engagement in person-centered, trauma-informed, and evidence-based programs and services. In addition, the AAAs are to ensure that all services, including caregiver and respite services, are provided in an efficient, effective, and equitable manner throughout the PSAs. To ensure this objective is met, AAAs are required to complete subgrantee program and fiscal monitoring. Monitoring focuses on program and organizational compliance, performance and outcome evaluation, and technical assistance to all service providers within the aging network. The AAAs are also required to indicate how services are distributed throughout each county in their PSA.

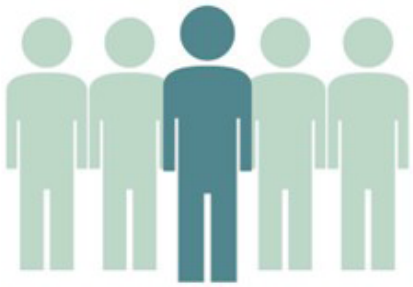
According to FFY 2025 Statewide Area Plans, the AAAs will implement the following methods to improve Caregiver Awareness and Engagement during the FFY 2025-FFY 2027 Area Plan cycle:

- Provide direct outreach, actively sharing information through various channels, in addition to providing targeted training opportunities for caregivers.
- Seamlessly integrate caregiver information into existing service delivery models.
- Foster stronger partnerships and collaborations with other organizations serving older adults and caregivers.

- Address critical needs like transportation, home modification, and legal assistance.
- Connect caregivers to support groups and peer-to-peer networks for emotional support.
- Utilize social media and online platforms to reach a broader audience.
- Recognize the importance of caregiver mental health by offering evidence-based services, counseling, and support groups.
- Utilize TCARE assessments to identify gaps in caregiver services and provide informed referrals.
- Offer training and education programs to equip caregivers with necessary skills to address the specific needs of their care recipients.

## EFFECTS OF CAREGIVING

Research has shown that caregiving exacts a heavy emotional, physical and financial toll on the caregiver. In addition, caregiving can also have a rippling effect on other members of the caregiver's family such as children living at home who may also be called upon to provide care in the absence of a caregiver, or whose needs compete with the needs of the care recipient. According to Caregiving in the US 2025, around half (53%) of caregivers say there are others in their support network who provide unpaid help, including approximately 7% (4 million) children age 18 and under living at home.



***one in five***
***family caregivers***
***rate their health as fair or poor***

Caregivers may struggle to maintain their own physical and emotional health while caring for others. According to Caregiving in the US, 2025, one in five family caregivers rate their health as fair or poor, with nearly 25% reporting difficulty caring for themselves, while forty-one percent of caregivers report their health status as excellent or very good. In reference to health issues, 45% of caregivers report physical strain and 64% emotional stress, with feelings of isolation increasing to 24% compared to 2020 data. Despite the emotional and physical strain, approximately half of caregivers feel their role has given them a sense of purpose or meaning; positive emotions that often coexist with feelings of stress or strain. In short, caregivers who cannot care for themselves may become unavailable for their caregiving duties, prompting the question, "who will care for the caregivers?"

Balancing work and caregiving can present difficulties for the 70% of caregivers who are employed while also providing care. Half of family caregivers report that they need to go in late or take time off to provide care (AARP Public Policy Institute, Caregiving in the US, 2025). With many caregivers spending approximately 27 hours a week providing care, while 24% of caregivers spend 40 or more hours per week, caregivers often require different supports depending on their loved one's condition and needs, as well as their own issues, strengths, and available resources.

For many caregivers nationwide, caregiving is not a short-term obligation; as individuals age, they tend to be in poorer health and require more services than their younger peers. In short, compounding the effects of caregiving is the longevity of providing care. According to Caregiving in the US, 2025 report, only 25% of caregivers nationwide had provided care for less than 6 months, while 17% provided care for 6 months to one year. Nearly 30% of caregivers had been providing care for 5 years or more, an increase from 24% in 2015. On average, the duration of care is 5.5 years, with 15% of caregivers providing care for 10 years or more. In addition, adults may be called on to provide care more than once in their lifetime as caregivers for grandparents, parents, spouse/partner, siblings and friends.

Many caregivers who are employed outside the home while providing care may experience conflicts between their two responsibilities, and the economic effects of family caregiving can result in financial strain. In Illinois, nearly half (47%) of family caregivers have experienced at least one negative financial impact because of caregiving. Thirty-two percent have stopped saving, 23% used up personal short-term savings, and 21% took on more debt as a direct result of caregiving, which could have longer-term repercussions on the caregivers' future financial security (AARP Public Policy Institute, Caregiving in the US, 2025). Additionally, according to a research report from the Employee Benefit and Research Institute and Research Fund, 55% of caregiving workers and 37% of caregiving retirees report that they provided financial support to their caregiving recipient. Over one-third (35%) of working caregivers and caregiving retirees (37%) report that they have provided $5,000-$14,999 in financial support to their care recipient in the past twelve months (Employee Benefit and Research Institute (EBRI) and Research Fund, Caregivers and Retirement: Findings From the 2023 Retirement Confidence Survey, EBRI Issue Brief, July 13, 2023. No. 586). In March 2023, responding to the growing demands on working caregivers, Illinois Governor JB Pritzker signed SB208 into law, making Illinois the third state in the nation and the first in the Midwest to mandate paid time off to be used for any reason. This historic legislation provides employees with up to 40 hours of paid leave during a 12-month period, meaning approximately 1.5 million workers began earning paid time off in 2024. (Illinois Department of Labor. (2024). Paid Leave for All Workers Act)

In Illinois, there are an estimated 2.2 million caregivers providing care to aging family or friends, according to the Caregiving in the US 2025 report. This is up from the 1.3 million family caregivers in 2021 who provided over 1.2 billion hours of care to family members. The economic value of unpaid care at that time ($17.70 per hour) was more than $21 billion. (AARP Public Policy Institute, Valuing the Invaluable: 2023 Update, 2023) These figures highlight the enormous contribution of unpaid caregivers to our state. Without this unpaid care, the costs of healthcare would be significantly higher.

## CAREGIVER DEMOGRAPHICS

According to AARP and The National Alliance for Caregiving, upwards of 61% of all caregivers nationwide are female. Individual adult caregivers in the US identify their race and ethnicity as the following: White, 61%; African American, 13%; Hispanic (non-White, non-African American), 16%, and Asian American/Native Hawaiian/Pacific Islander, 6%. A vast majority of caregivers (89%) care for a relative or other loved one. The National Alliance for Caregiving breaks down the relationships as follows: 47% care for a parent or parent-in-law, 15% care for a spouse, 11% care for a friend, neighbor or another non-relative, 8% care for a grandparent or grandparent-in-law, and 6% care for a child. In addition, 1 in 5 Caregivers (20%) live in rural areas, 18% report disability status, 30% report a net household income of less than $50,000, 70% of caregivers report being employed while caregiving, and nearly 30% report having children or grandchildren living in their home in addition to their caregiving responsibilities. (AARP Public Policy Institute, Caregiving in the US, 2025)

In the US, 9% of family caregivers identify as LGBTQ+. While 85% of caregivers in the US are caring for relatives, LGBTQ+ older adults are 3-4 times less likely to have children and twice as likely to be single than their non-LGBTQ+ peers. In addition, they may also be estranged from their families of origin; therefore, often lack the support that others have from family members, leaving them to rely on "families of choice" for care. (Identifying and Referring LGBT Caregivers, 2020) The aforementioned factors also contribute to higher rates of social isolation (37.7%) among LGBTQ+ caregivers compared to non-LGBTQ+ counterparts. (Diverse Elders Coalition and NAC, Family Caregiving in Diverse Communities Report, December 2021) LGBTQ+ caregivers are also less likely to access help of any kind, more likely to report negative financial impacts related to savings (44%) and ability to afford basic expenses (27%), are more likely to live with their care recipient (48%), and more likely to report their own health as fair (28%) or poor (32%). (AARP Public Policy Institute, Caregiving in the US, 2025)

In order to ensure our network is positioned to address the needs of LGBTQ+ caregivers, IDoA has encouraged the AAAs to partner with SAGE (Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders) to better serve Illinois' LGBTQ+ older adults and caregivers. Several of the AAAs have achieved the highest designation of Platinum as SAGECare providers, focusing on knowledge, cultural competency, compassion and service. AAAs also engage in additional efforts to ensure inclusive services to all including but not limited to a weekly LGBTQ+ congregate meal program offering education and socialization and providing OUTSAFE LGBTQ+ Older Adult Violence Prevention Program community training opportunities in multiple areas of the state.

With the projected growth of the older adult population in the state of Illinois, increased attention has been directed to delivering respite services to caregivers of community dwelling older adults. Caregivers are as diverse as the state of Illinois as a whole: they come from every age, gender, socioeconomic, and racial/ethnic group. Of the total caregivers in Illinois, more than 26% are millennials; 29% are men and approximately 42% represent multicultural communities. (AARP Public Policy Institute, Caregiving in the US 2025, Illinois) They are increasingly more involved in performing a range of complex care tasks such as providing pain management, changing dressings, and managing medications; these tasks go far beyond helping with traditional activities of daily living (AARP Public Policy Institute, Valuing the Invaluable, 2023). While they share positive aspects of caregiving, they also share many challenges.

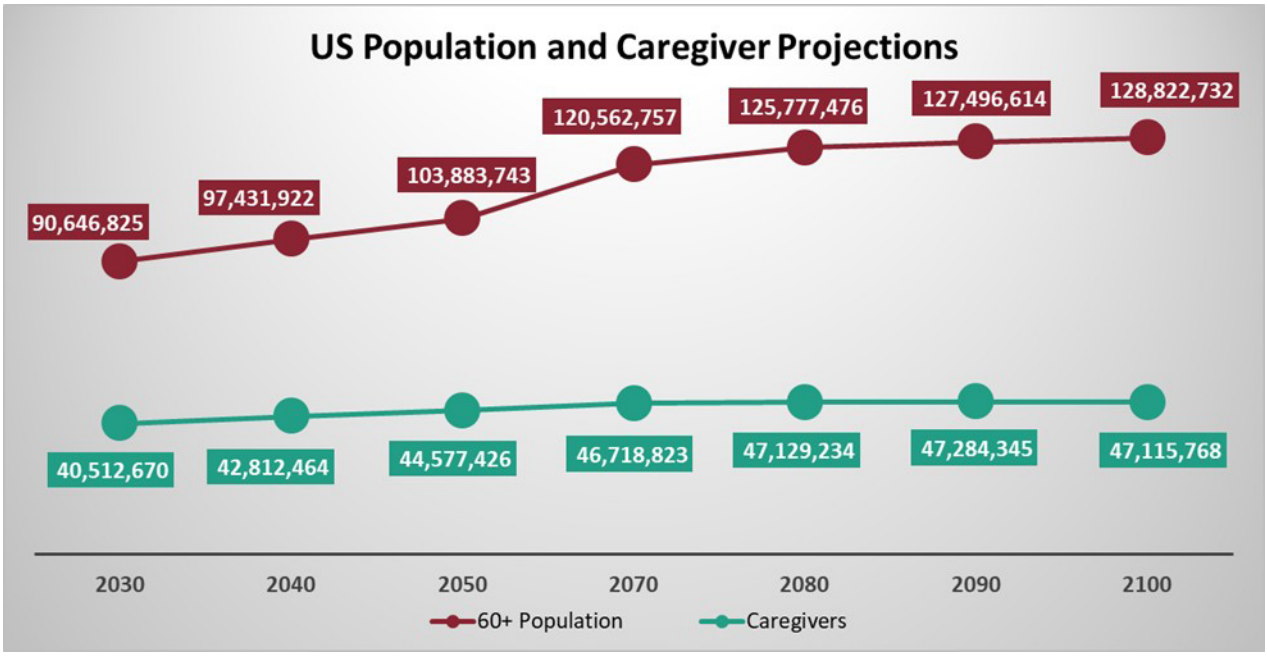
## CAREGIVER ROUNDTABLE

In response to the growing need for informal caregivers and recognizing the burden that accompanies this role, IDoA partnered with the thirteen Area Agencies on Aging (AAAs) to conduct 24 caregiver roundtables, both in-person and virtual, throughout the state in the fall of 2023. These roundtables gave IDoA the opportunity to hear directly from caregivers about needs (both met and unmet) and challenges faced by caregivers and explore additional supports that could enhance the caregiving journey. IDoA heard from more than 400 participants representing caregivers, older persons, aging network professionals, academics, and elected officials. Participants were asked questions pertaining to the following:

- Strengths and Weaknesses of Current Caregiver Resources;
- Opportunities for Caregiver Resources;
- Threats to Caregiver Resources, and;
- Knowledge and Awareness of Available Respite Services.

Feedback from the roundtables indicates Illinois has a strong network and collaboration which is crucial to providing comprehensive support services for the caregiver as well as the care recipient. Overall, caregivers indicated they would like to see more awareness and outreach of available services, more affordable services, and enhanced services to support caregiver well-being. There was also a strong desire for a single hub for all caregiver resources that is easily accessible and user-friendly. Caregivers would also like to see increased availability and affordability of respite services, as well as increased training and education for the caregiver. Statewide, caregivers reported that the biggest challenges to caregiving are financial strain, navigating complex healthcare systems, caregiver stress and burnout, the growing demand for care and a shortage of caregivers, and lack of awareness or education.

Based on US Census Bureau International Database for the years 2030-2100, including older adult and total population data and applying estimated percentages of unpaid caregivers by age group from the U.S. Bureau of Labor Statistics, Unpaid Eldercare in the United States-2023-2024 Data from the American Time Use Survey, caregiver populations are projected in the following chart. In consideration of the aging demographic boom illustrated below, the need for in-home assistance, both formal and informal, will dramatically increase. By the year 2034, adults aged 65 and older will outnumber children under the age of 18 nationwide, marking the first time in American history. Given these numbers, the pool of potential caregivers is projected to continue to shrink (AARP Public Policy Institute, Valuing the Invaluable, 2023) as illustrated below.



# FFY 2025 RESPITE SERVICE PROVISION

AAAs report the provision of respite services to IDoA on a quarterly basis throughout the fiscal year. Persons, units, and expenditures are reported from AAAs to IDoA within the Periodic Performance & Detail Services Report (PPDSR). One unit of service is defined as one hour of time expended in the provision of care or supervision. IDoA aggregates the respite data from each AAA and statewide totals are reported annually to ACL via the Older Americans Act Performance System (OAAPS).

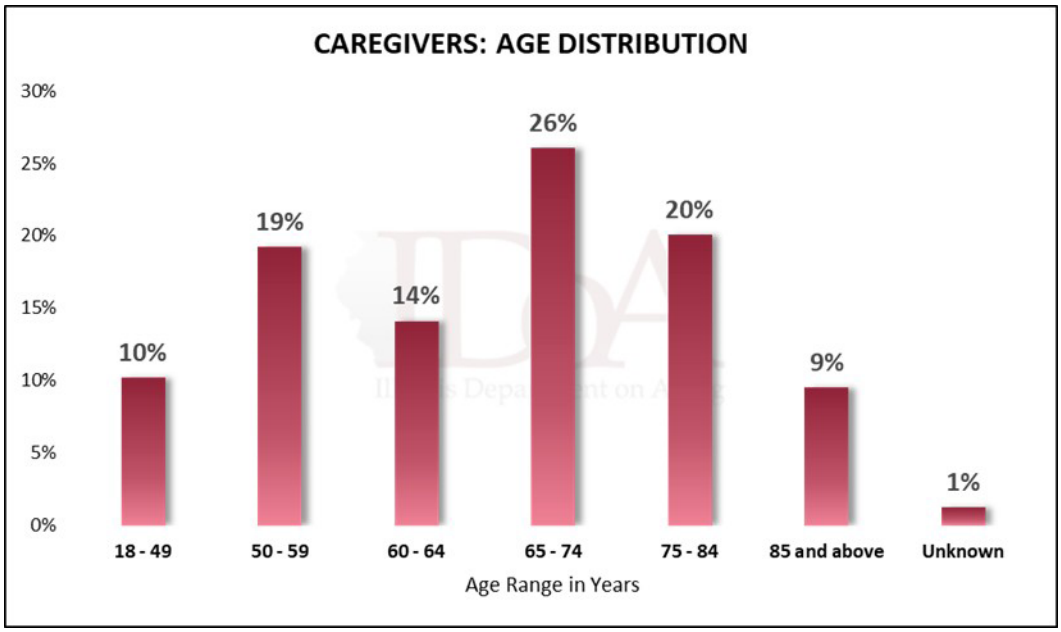
OAAPS can generate various data reports including the State Performance Report (SPR), which includes the total number of persons, units, and expenditures for each fiscal year. According to the FFY25 SPR data, of those who received respite services, the majority received respite in their own homes, while a much lower number received daytime or overnight respite outside of the home. The following is the combined respite data for III-B, III-E Older Relative, and III-E Caregiver categories from the FFY2025 SPR:

- 1,984 persons received respite care
- 135,985 hours of respite care provided
- $3,497,036 expended for respite services (see table below for funding sources)
- Cost per unit $25.72

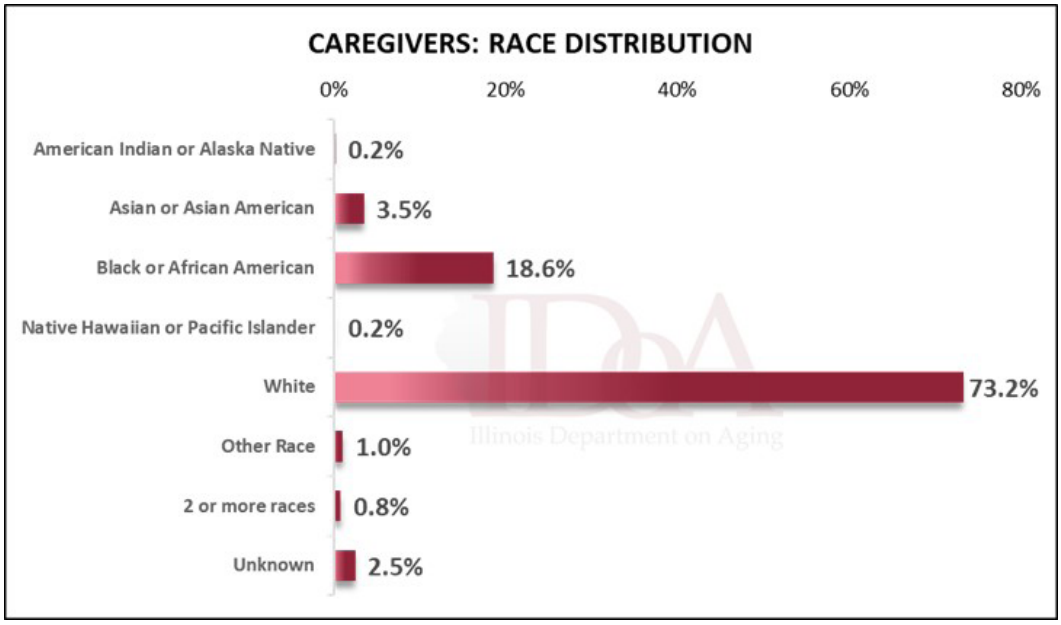
**2025 Respite Expenditures**

| | |
|---|---|
| **Federal Allocation** | $1,514,892 |
| **GRF Allocation** | $1,335,096 |
| **Local Match** | $628,290 |
| **Program Income** | $18,758 |
| **Total Expenditures** | $3,497,036 |

Annually in Illinois, caregiver demographic data is collected from all thirteen AAAs and compiled within the OAAPS report. OAAPS is the data reporting system for Title III, VI, and VII grantees and sub-grantees of the Older Americans Act (OAA) programs at ACL. OAAPS reports from all 13 Area Agencies on Aging are compiled into one State Performance Report (SPR) and submitted to the Administration for Community Living annually. The graphs on the following pages represent the most current demographic data collected for FFY 2025.

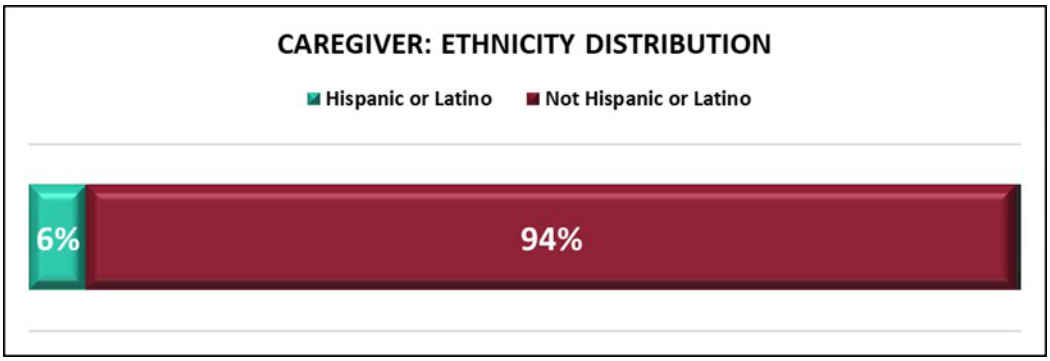



The above chart illustrates the age distribution of caregivers, showing the percentage of caregivers within different age ranges. The largest group of caregivers falls within the 65-74 age range, representing 26% of Illinois caregivers. The combined percentage of caregivers in the 65-74 and 75-84 age groups makes up almost 50% of total caregivers served in FFY 2025, highlighting the substantial role that older adults play in providing care. The presence of caregivers in the 50-64 age range (33%) supports the continued need for workplace policies and flexibility to accommodate caregiving responsibilities.

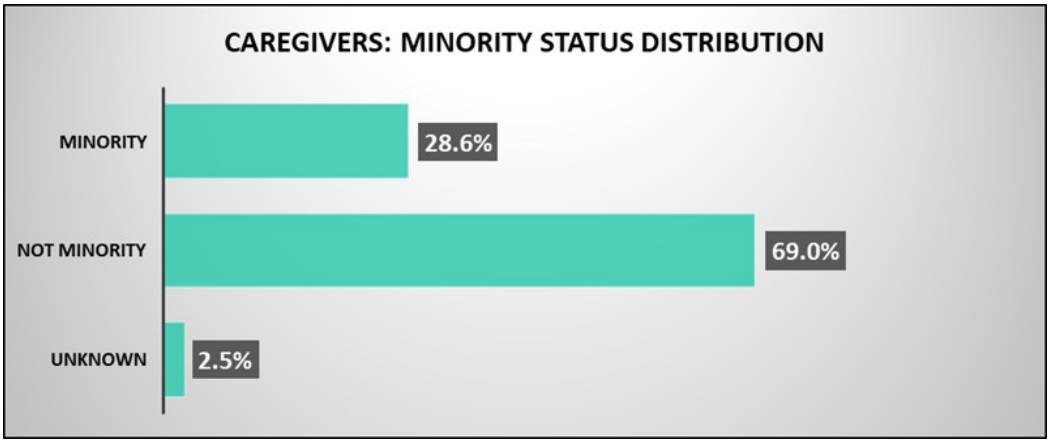



This graph above presents information on the racial distribution of caregivers in percentages. The largest group of caregivers is White, representing 73.2% of the total, down from 76% in FFY 2024. Black or African American caregivers make up the second-largest group, representing 18.6%, an increase from 14.4% of the total in FFY 2024, highlighting the significant role White and Black caregivers and the need for culturally competent caregiving services.

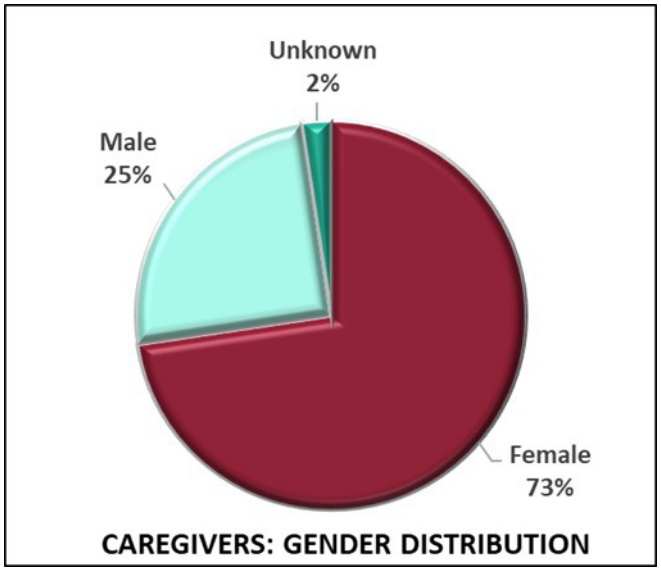
In addition, the graph below represents the percentage of family caregivers that are Hispanic or Latino versus Non-Hispanic or Latino, with 94% being Non-Hispanic or Latino.

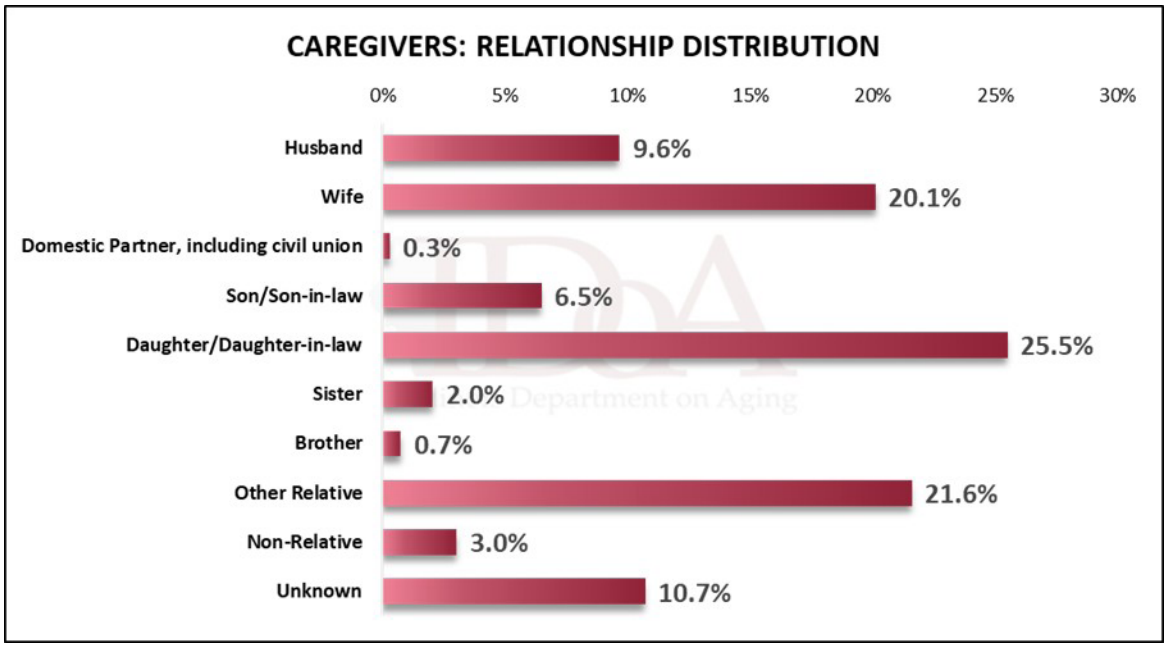



Regarding services for Minority caregivers, the chart below shows that nearly 30% of caregivers in Illinois who received services reported that they are Minority, up from 22% in FFY 2024.



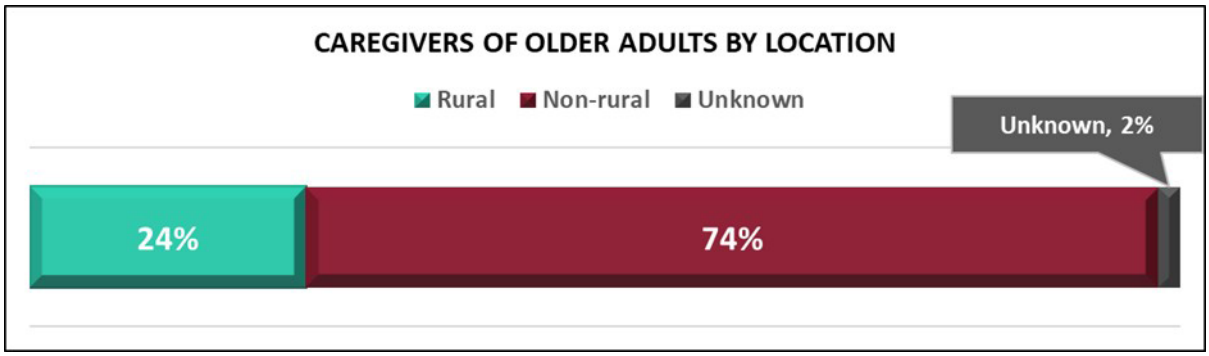

Looking at gender in the pie chart below, it is evident that females continue to make up the majority of caregivers in Illinois (73%). The high percentage of female caregivers suggests a need for targeted support programs and resources that address the specific demands and challenges faced by women in caregiving roles, including those who are part of the sandwich generation.



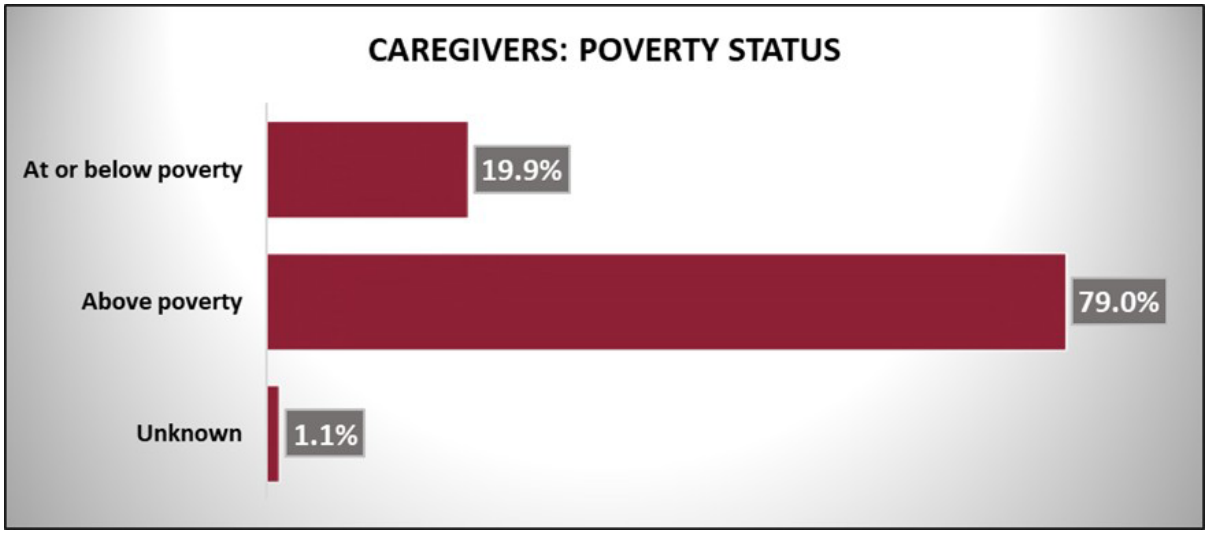



The chart above shows the percentage of caregivers categorized by their relationship with their care recipient. Excluding the “Unknown” category, the majority of caregivers are family members, with daughters/daughters-in-law, wives, other relatives, and husbands representing substantial percentages (75%); the largest of the identified groups being daughters/daughters-in-law (25.5%) and wives (20.1%).

Below, the chart shows that the majority of caregivers served in Illinois live in non-rural areas, with special consideration needed for those 24% living in rural areas, making their caregiving role more challenging.



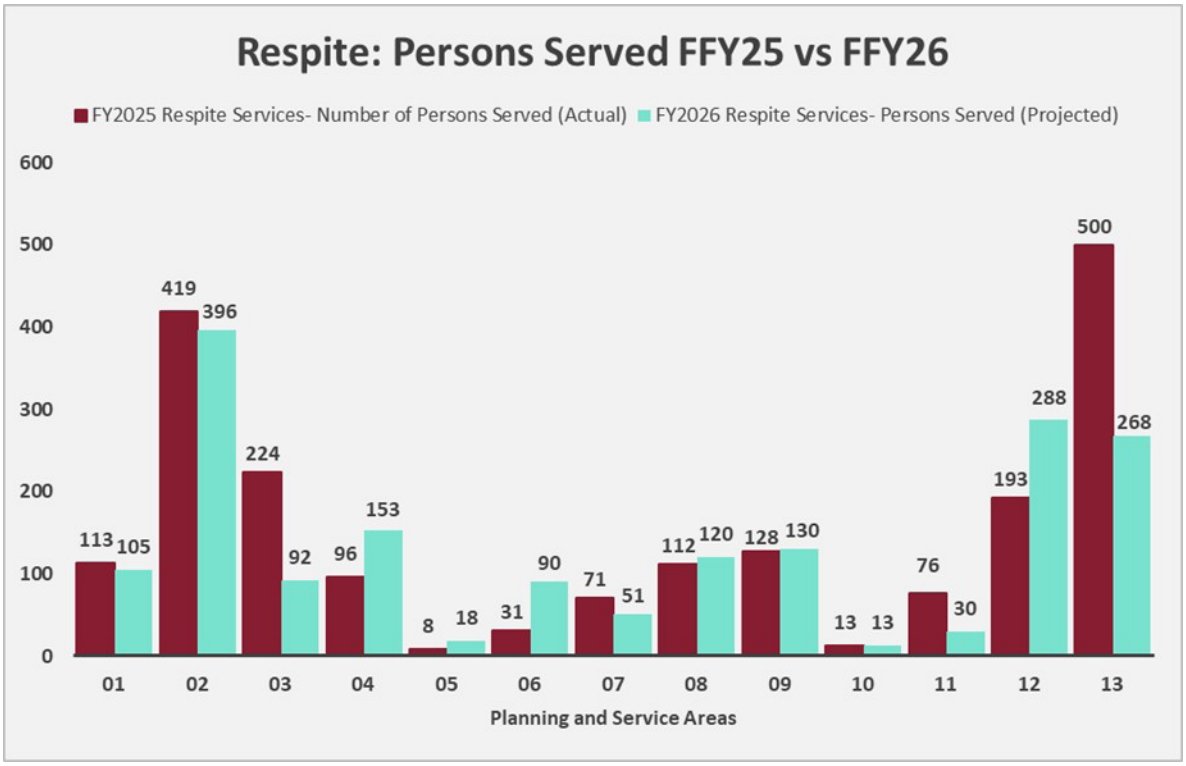
With regard to poverty status, the chart below reflects the distribution of caregivers who fall at or below the poverty level compared to those living above poverty. Note, nearly 20% of caregivers caring for an older adult live off income at or below poverty meaning they themselves likely require financial assistance or support and lack the financial resources to afford private services or support for their care recipient.



## FFY 2026 RESPITE SERVICE PROJECTIONS

The following table outlines FFY 2026 respite service projections (persons to be served) by PSA as funded by the federal Older Americans Act and state funds, compared to FFY 2025 actual persons served. The service projections are based on FFY 2026 Area Plan service projections submitted by the 13 Area Agencies on Aging. For more information on Area Agencies on Aging and their locations, please refer to  Addendum A.

During FFY 2025, nearly 2,000 caregivers received more than 135,000 hours of respite services provided with both state and federal funding. Based on the Area Plan Projections for FFY 2026, approximately 1,800 caregivers will receive nearly 120,000 hours of respite service to support their caregiving duties.




The above graph illustrates an overall decrease in the projected number of caregivers and units of respite service for FFY 2026, with some variations across different PSAs. This decrease is mostly related to the expiration of the ARPA COVID-19 funding at the conclusion of FFY 2025. Federal Fiscal Year 2025 represents actual data reported on the 2025 State Performance Report versus Federal Fiscal Year 2026 which represents projected data from the FFY 2026 Area Plans across 13 Planning and Service Areas which is subject to change based on final federal allocations.

## LOOKING FORWARD

According to the World Health Organization, the aging population will see a significant expansion of the older adults age 65+ from 2023 to 2050, with the largest increase found in the 85+ population (World Health Organization, retrieved 26 February 2026). See charts below for more detailed information.


*World Health Organization- depicting change in population from 2023 to 2050 broken down by age range and sex.*

The projected population landscape will have an impact on areas of society including, but not limited to, workforce, economy, social structures, and community needs. In addition, this dramatic change speaks to the immediate need for more healthcare services, more options for long-term care, and more investments in comprehensive programs and services to support the growing number of older adults and their caregivers.

With the growing older adult population in Illinois, Area Agencies on Agency continue to see an increased demand for supportive Caregiver services, including the need for short-term and long-term respite services; however, in some areas the need outweighs the availability of resources. With caregivers providing the equivalent of $21 billion of informal care per year (Valuing the Invaluable: 2023 Update, 2023), it is important for Illinois to understand the need and continue to invest in services that support family caregivers. Such investments are crucial to the health, economic, and social well-being of caregivers and recipients. Concurrently, over the FFY 2025 - FFY 2027 Area Plan cycle, the Area Agencies on Aging plan to place more focus on outreach to make caregivers more aware of the availability of services, provide training and education to assist with the provision of informal care, and provide more opportunities to reduce stress and burden on caregivers and their families.

To address this continued increase, in August 2024, Governor JB Pritzker signed an Executive Order establishing a cross-sector planning process to create a strategic blueprint with a focus on the needs of older adults, people with disabilities, and caregivers over the next decade. As a result of statewide efforts, a multisector plan, known as EngAging Illinois, was developed. This plan positions Illinois among the first states in the nation to develop a comprehensive strategy addressing the needs of older adults, people with disabilities, and their caregivers. Included in the plan are four focus areas with focus area three emphasizing the necessity of Investing in Caregivers. Focus area activities include improving caregiver outreach and awareness, expanding the number of people and processes necessary to support caregivers, expanding access to programs, services, supports and products for all caregivers to meet specific caregivers needs and increase the availability of paid caregivers, reducing financial challenges associated with unpaid caregiving, promoting research, identifying and adopting evidence-based programs to support caregivers and developing recruitment and retention measures to ensure a robust paid caregiver workforce. This comprehensive plan will generate new initiatives, align and coordinate resources, and set out ways to measure progress through 2036. (Illinois Department on Aging. (2026). *Engaging Illinois: A multi-sector plan for aging.*)

In addition to and in coordination with the efforts mentioned above, IDoA is also working toward the development of EngAge Central: The Illinois Aging Resource Center, an online hub of information including but not limited to assessment tools, caregiver resources, support groups, online training, a resource database, and education resources developed to increase awareness of, access to, and utilization of meaningful resources, programs, services and benefits to support older Illinoisans and their caregivers statewide.

Through these efforts, including respite programs, Illinois will support older adults and family caregivers of all ages in diverse communities across our state.

# REFERENCES


ACL Administration for Community Living. (2020). *Acl.gov.* Retrieved 22 February 2021, from https://www.acl.gov/

Bureau of Labor Statistics. (2023). Unpaid eldercare in the United States. U.S. Department of Labor available at: Unpaid eldercare in the United States News Release

Caregiving for Family and Friends — A Public Health Issue available at https://www.cdc.gov/aging/caregiving/caregiver-brief. Retrieved 28 February 2024.

Diverse Elders Coalition and National Alliance for Caregiving. *Family Caregiving in Diverse Communities Report*. (2021) DEC and NAC. Retrieved 26 February 2026 from Family-Caregiving-in-Dirverse-Communities-Report-Final.pdf.

Employee Benefit Research Institute & Employee Benefit Research Fund. (2023). *Caregivers and retirement: Findings from the 2023 Retirement Confidence Survey* (Issue Brief No. 586). Employee Benefit Research Institute. Retrieved 02 March 2026, from Employee Benefit Research Institute

Identifying and Referring LGBT Caregivers. (2020). Retrieved 19 February 2021, from https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-how-to-guide-identifying-referring-lgbt-caregivers.pdf

Illinois Department of Labor. (2024). Paid Leave for All Workers Act. Paid Leave for All Workers Act

Illinois Department on Aging. (2026). *Engaging Illinois: A multisector plan for aging*. Illinois Department on Aging. Retrieved 02 March 2026, from ENGAGING ILLINOIS-A MULTISECTOR PLAN

National Alliance for Caregiving and AARP Public Policy Institute. (2025). *Caregiving in the U.S.* NAC and AARP.

Respite Program Act 320 ILCS 10/12 (2024). Accessed from 320 ILCS 10/ Respite Program Act.

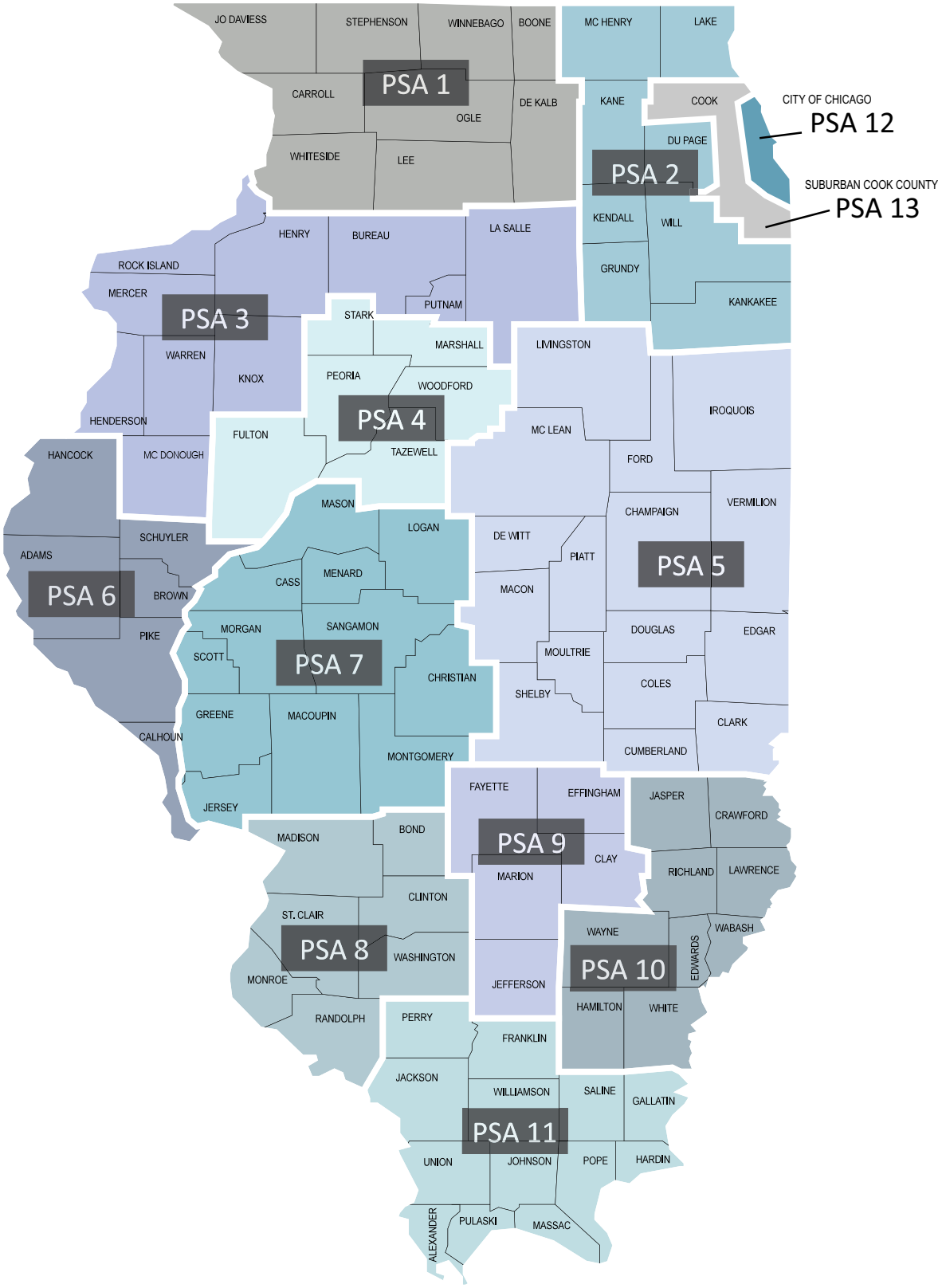
Susan C. Reinhard, S.C. (2023) *Valuing the invaluable 2023 update: Strengthening supports for family caregivers, AARP.* Available at: https://www.aarp.org/ppi/info-2015/valuing-the-invaluable-2015-update.html (Accessed: 07 June 2023).

U.S. Census Bureau. (2023). *National population projections by single year of age, sex, race, and Hispanic origin for the U.S.: 2022–2100* [IDB]. Retrieved 02 March 2026, from International Database.

World Health Organization. (2026). *Population: United States of America* [840]. Retrieved 26 February 2026, from https://data.who.int/countries/840.

# ADDENDUM A

## ILLINOIS PLANNING AND SERVICES AREAS



## 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 • digital • IL-402-1274 (3/26)