2022

AREA AGENCY on AGING Region 9

AAA9

Community Needs Assessment

crescendo

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Executive Summary

Area Agency on Aging, Region 9, Inc. (AAA9) conducts and administers an array of programs and services for older adults within Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum, and Tuscarawas Counties. It is part of a network of similar AAAs throughout Ohio working to support the statewide goal of seeing that all Ohioans live longer, healthier lives with dignity and autonomy and that disparities and inequities among older Ohioans are eliminated.

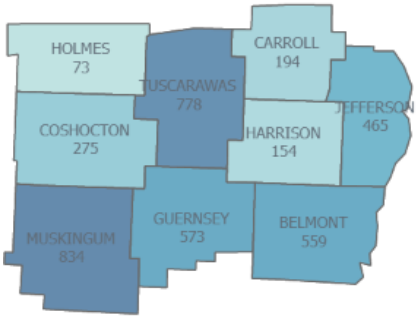
The ultimate objective of this Community Needs Assessment (CNA) is to improve the quality of life for older adults living in the AAA9 service area. Specifically, the CNA provides a comprehensive picture of the health and well-being of older Ohioans in the nine-county service area to assist AAA9 in developing a Strategic Action Plan that prioritizes specific collaborative actions to improve outcomes.

AAA9 worked with Crescendo Consulting Group (CCG) as a research and assessment partner to formalize and implement the CNA process. The process listed in the methodology section of the report outlines how the study was designed to evaluate the perspectives and opinions of area stakeholders and community members. The results will establish a baseline for continued community engagement and the development and prioritization of a broad, community-based list of needs for older adults and caregivers of older adults.

This Executive Summary serves as an introduction and an overview of the longer report. While the full report, including the detailed appendices, is designed as a resource for AAA9 and its partner organizations, all readers are encouraged to explore the main body of the report and experience the voices of community members across the service area.

Service Area

All nine counties in the AAA9 service area are within the federally designated Appalachian region. Historically, the residents of rural Appalachia are likely to experience poorer health outcomes and greater economic distress than rural populations elsewhere in the United States. The cultural characteristics of this region combined with higher rates of disability, aging, chronic disease, and lower rates of education and income, form a cascade of challenges to achieving dignity and autonomy for older Ohioans in the region.



OBLTSS Data Collected 2/1/2021 to 1/31/2022

As part of its work, the Area Agency on Aging, Region 9 collects pertinent data from callers throughout the service area seeking assistance and information on provided services and programs through the Ohio Benefits Long-Term Services and Supports System (OBLTSS).

Based on the total number of calls during the data collection period from February 1, 2021, to January 31, 2022, a majority of callers reported living in Muskingum County (21.4%), followed by Tuscarawas County (19.9%). Holmes County represents the smallest percentage of callers (1.9%). When viewed by the relative population, Holmes County had the fewest calls, but Guernsey County had the most, followed by Harrison County, which tracks closely with the percentage of the population in each respective county living in poverty.

In addition to calls for assistance, life expectancy is an important population health outcome measure that can be easier to interpret than other mortality measures. There are concerning gaps in life expectancy at birth in Ohio depending on where a person lives.

Seniors in all of the counties in the AAA9 service area, except for Holmes County, experience on average a shorter life expectancy compared to the United States. Within the service area, Holmes County presents the longest life expectancy while Jefferson County residents are likely to have the shortest life expectancy.

Life Expectancy by County

	Age
United States[1]	78.8
Ohio	77.0
Belmont County	76.6
Carroll County	76.7
Coshocton County	76.5
Guernsey County	75.1
Harrison County	76.6
Holmes County	80.2
Jefferson County	74.8
Muskingum County	75.7
Tuscarawas County	77.4

Source: County Health Roadmaps & Rankings, 2017-2019

- As one would expect, the percentage of the population living with a disability increases with age. In Ohio, this percentage jumps dramatically from 12.5% of people between the ages of 35 and 64 to nearly a quarter of the population aged 65 to 74 (24.5%) and continues to almost double for those 75 and older (47.7%).
- Within all nine counties, the percentage of the population age 65 and over with a disability ranges from a low of 12.1% in Holmes County to 18.0% and 17.0% in Muskingum and Carroll Counties, respectively. In other words, older adults in Muskingum and Carroll Counties are 50% more likely to be disabled than those in Holmes County.
- Each of the counties in the AAA9 service area is more sparsely covered by primary health care providers than Ohio and the national ratios. The range between the counties varies by a factor of three, with Muskingum County with a 1,510:1 primary health care provider to patient ratio and Carroll County with a ratio of 4,510:1.

[1] Centers for Disease Control and Prevention. National Vital Statistics Reports, Volume 70, Number 18. U.S. State Life Tables, 2019.

High-Level Qualitative Research Themes & Action Areas

Each of the themes noted in the bullets below impacts all the subsequent observations and action areas. In the full report, readers will find details on each of the key Action Areas and de-identified illustrative quotes that are representative of respondents' consensus perspectives. ***Please note, Action Areas are in alphabetical, not prioritized, order.***

- *Participants express the severe impact that the COVID-19 pandemic has had on the older adult population.*
- *The qualitative interview results highlight the substantial need for mental health and substance use treatment services, specifically for the older adult population. Related stigma was also mentioned by participants.*
- *Access to affordable prescription medications was identified as a challenge. Medications are extremely costly for those on a fixed income or living in socioeconomically depressed service areas.*
- *Inadequate health insurance coverage was cited as a barrier to services from transportation to homemaking services. A general lack of funding for community-based programs was also mentioned.*

Community Opinions of Need

A community survey was fielded to capture the importance and availability of services for older adults and caregivers within AAA9's service area. The survey was widely available to community members and captured the voices of **691** community people. To ensure equal representation from residents with little or no internet access (especially for the older adult population and rural areas) paper copies of the survey were disseminated at all nine senior centers. The community survey (available in the Appendix) consisted of **25** statements designed to quantify the importance and availability of specific needs identified in the qualitative interviews. Respondents answered how important each need is to the community, and to what extent they agree with the availability of these resources in the community. Identifying local needs quantitatively is important to process because it helps differentiate needs from area to area. In addition to service-wide tabulations, county-specific analyses were also completed to differentiate needs across the service area. The first question asked, "***How important are these issues in your community?***" and displayed the list of 25 previously mentioned issues. The second question asked, "***To what extent do you agree with the following statements about the availability of resources?***"

It is important to assess the answers to these questions in relation to one another. For example, over 80% of area seniors say it is "very" or "extremely important" that *"Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, activities*

in the community." However, only 69% agree or strongly agree that this service is available. The aggregate top 10 issues rated by importance and availability across all counties are illustrated below.

Community Needs Ranked by Importance, Total AAA9 Service Area

Rank	Need/Resource	Not Important	Slightly Important	Important	Very Important	Extremely Important
1	Medicare is sufficient to pay for prescription medications for seniors.	0.3%	2.1%	15.2%	25.8%	**56.7%**
2	Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, and activities in the community.	0.3%	1.7%	16.6%	28.4%	**52.9%**
3	Seniors can get good local medical care, screenings, and immunizations.	0.5%	1.4%	16.7%	29.1%	**52.3%**
4	Nutritious food is affordable and available for seniors.	0.5%	0.8%	18.1%	29.3%	**51.3%**
5	Our community cares about the senior population.	0.2%	1.8%	17.9%	29.1%	**51.1%**
6	Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails).	0.5%	1.3%	16.8%	31.5%	**50.0%**
7	Our community is good at helping our senior population.	0.3%	1.8%	18.3%	30.4%	**49.2%**
8	Medicare is sufficient to cover dental care needs for seniors.	1.4%	2.1%	19.0%	30.3%	**47.4%**
9	There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss.	0.6%	1.3%	21.1%	30.0%	**47.0%**
10	Help is available for seniors to pay for utilities like heat, electricity, water.	2.2%	2.8%	22.1%	26.6%	**46.4%**

Community Resources Ranked by Availability, AAA9 Service Area

Rank	Need/Resource	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	Medicare is sufficient to cover dental care needs for seniors.	**9.2%**	24.4%	23.9%	23.9%	18.5%
2	Medicare is sufficient to pay for prescription medications for seniors.	**7.5%**	23.6%	21.3%	24.6%	23.1%
3	Internet is affordable and available to seniors.	**6.5%**	21.6%	28.4%	26.8%	16.8%
4	Seniors can get training on how to use the internet and electronic devices.	**5.6%**	15.8%	34.4%	29.1%	15.1%
5	In-home care is available, affordable, and of quality for seniors.	**5.5%**	15.5%	26.3%	31.7%	21.1%
6	Local assisted/independent living communities are available and affordable.	**4.6%**	18.5%	26.8%	28.4%	21.8%
7	The community is informed about AAA9 services and programs.	**4.5%**	15.1%	24.4%	36.3%	19.7%
8	Seniors can get good local medical care, screenings, and immunizations.	**3.8%**	8.4%	22.8%	38.4%	26.7%
9	Housing for seniors in the county is available and not too expensive.	**3.7%**	17.3%	26.9%	31.6%	20.5%
10	Nutritious food is affordable and available for seniors.	**3.4%**	9.5%	17.1%	38.9%	31.1%

Community Needs Prioritization Approach

Prioritizing 25 needs identified through both qualitative and quantifiable data is a unique process essential to building consensus between organizational leadership, community members, and partnering agencies on which interventions to initiate and implement within service areas.

Prioritized Needs

Rank	Need/Resource
1	Nutritious food is affordable and available for seniors
2	Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, activities in the community
3	Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails)
4	In-home care is available, affordable, and of quality for seniors
5	Local Assisted/Independent Living Communities are available and affordable
6	Our community cares about the senior population
7	Grandparents who care for grandchildren or other children have support within the community (with schools, childcare organizations)
8	Our community is good at helping our senior population
9	There are local support groups/ educational opportunities for caregivers who care for seniors in the community
10	Housing for seniors in the county is available and not too expensive
11	The community is informed about AAA9 services and programs
12	Seniors can get good local medical care, screenings, and immunizations
13	Medicare is sufficient to pay for prescription medications for seniors
14	COVID-19 has impacted the services seniors receive in our community
15	Help is available for seniors to pay utilities like heat, electricity, water
16	There are social opportunities and entertainment available for seniors in the community
17	Internet is affordable and available to seniors
18	There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss
19	Seniors have access to local dental care
20	Seniors can get local counseling and other mental health services when needed
21	Seniors can receive care for drug addictions and/or alcohol in the community
22	Mental health crisis care is available for seniors
23	Medicare is sufficient to cover dental care needs for seniors
24	There are adequate opportunities to receive COVID-19 vaccines locally
25	Seniors can get training on how to use the internet and electronic devices

Organizational Background

Area Agency on Aging, Region 9, Inc. (AAA9) is a nonprofit organization dedicated to enhancing the quality of life for older adults, people with disabilities, their families, and caregivers. Since 1975, AAA9 has been part of the national aging services network designated by the State of Ohio as the Area Agency on Aging serving a vastly rural nine-county region in East Central Ohio.

Supported by local, state, and federal funds, including Medicaid home care waiver monies, the Older Americans Act, and State Community Services Block Grant, AAA9 employs around 140 full-time and part-time employees and directly serves over 2,500 case-managed clients, in addition to assisting over 40,000 older adults through contracts and grant programs.

Vision

"To be the recognized community leader helping older adults and people with disabilities live independently with dignity and choices in theirs and communities for as long as possible."

AAA9 provides services on the philosophy that everyone has the right to receive the care they need in the settings they prefer. For over 40 years, AAA9 has been a "front door" to information and resources for older adults and caregivers in the region, a provider of services and program administrator providing case management services, program oversight, information, and assistance; and a creator of resources designed to help people maintain their independence. AAA9 also advocates and educates the community about the need and value of aging programs and home health options. These programs help older adults maintain their independence while saving Ohio money by reducing the occurrence of institutional care.[2]

Mission

"We work with people, communities and organizations to help older adults and people with disabilities live independently and enjoy the highest quality of life possible."

Services & Programs

AAA9 conducts and administers an array of programs and services for older adults within Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum, and Tuscarawas Counties.

Programs & Services	**Ombudsman services**	Assisted Living	Care Coordination	Caring for Caregivers	**Evidenced Based Healthy Living Courses**
Home Energy Assistance Program	Home Choice	Long Term Care Consultation	Neighbor to Neighbor	Ohio Home Care Waiver	PASSPORT
Pre-Admission Review	Prescription Drug Assistance	Specialized Recovery Services	Senior Farmers' Market Nutrition Program	Housing Assistance	

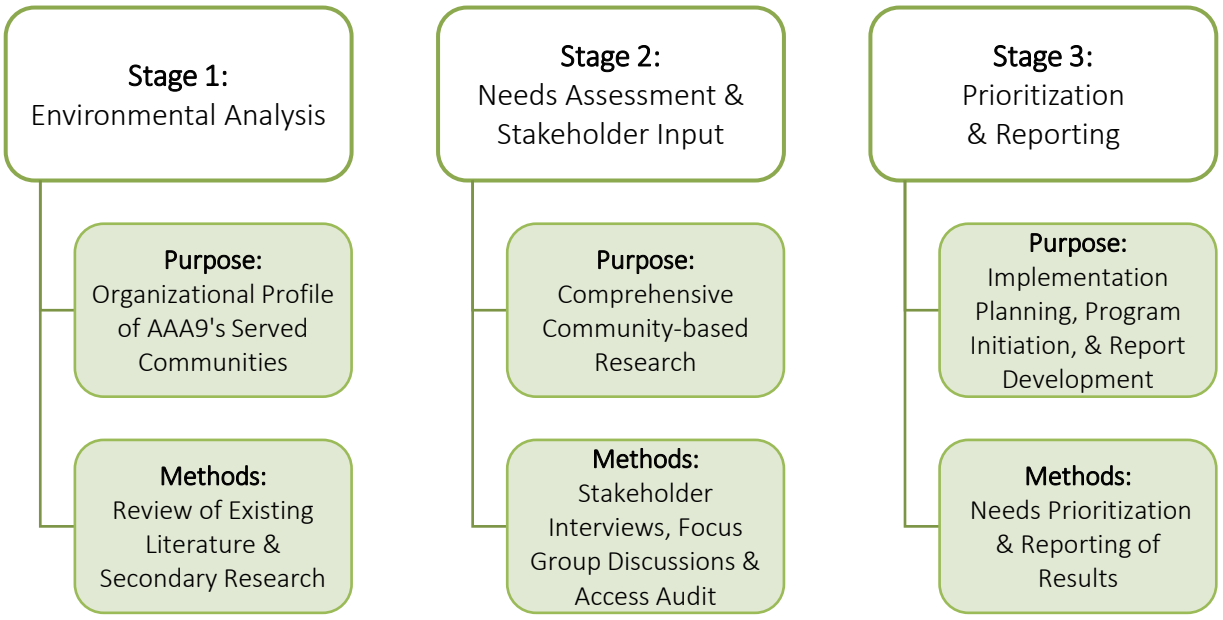
[2] Area Agency on Aging, Part One: 2019-2022 Strategic Area Plan.

Community Needs Assessment Methodology

The ultimate objective of this Community Needs Assessment (CNA) is to improve the quality of life for older adults living in the AAA9 service area. Specifically, the CNA provides a comprehensive picture of the health and well-being of older Ohioans in the nine-county service area to assist AAA9 in developing a Strategic Action Plan that prioritizes specific collaborative actions to improve outcomes.

AAA9 worked with Crescendo Consulting Group (CCG) as a research and assessment partner to formalize and implement the CNA process. The process listed in the methodology section of the report outlines how the study was designed to evaluate the perspectives and opinions of area stakeholders and community members. The results will establish a baseline for continued community engagement and the development and prioritization of a broad, community-based list of needs for older adults and caregivers of older adults.

The CNA methodology has included three stages with specific components.



- **Review of Existing Literature & Secondary Research.** This type of research includes a thorough analysis of previously published materials that provide insight regarding the community demographic profile and health-related measures. The section utilizes data tables and bulleted findings to highlight key points.
- **Primary Qualitative Interviews & Focus Groups.** This primary research includes discussion groups and interviews with partner organization staff, other community service providers, community members, and others.
- **Community Survey.** Crescendo conducted an online and paper survey with nearly 691 community members. The survey instrument included topic areas that emerged from the secondary data analysis, literature reviews of existing documents, initial qualitative research,

and other early-stage research activities. Results were analyzed, and data tables/graphs were created to illuminate the results found in this report. The survey is contained in the appendices.

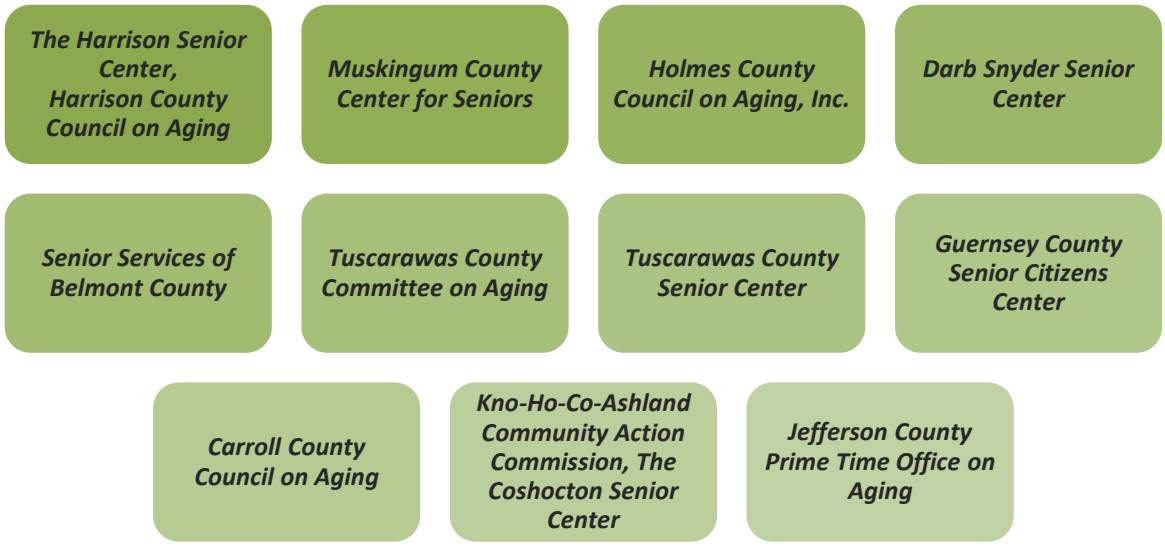
- **Access Audit.** Access audits, or "mystery shopper" calls, are an effective way to evaluate customer service data and consumer-level access to care issues. The Crescendo team evaluated all nine senior centers (or focal points) that AAA9 collaborates with.
- **Needs Prioritization Process.** Following the secondary research, qualitative interviews, focus group discussions, and community surveys, a list of 25 community needs specifically for the older adult population was generated. Crescendo worked with project leaders in nine areas to implement a modified Delphi Method to construct a prioritized list of needs.

Data Limitations

In general, secondary data uses the most current data sets available. The dramatic changes in 2020 due to COVID-19 may have impacted some of the traditional projection tools, source data, and data collection methods. For example, the American Community Survey (ACS), which provides detailed population and housing information, revised its messaging, altered its mailout strategy, and made sampling adjustments to accommodate the National Processing Center's staffing limitations. Where relevant, the impacts or new data due to COVID-19 are noted. Additionally, focus group discussions were primarily limited to telephone and virtual formats, whereas previously in-person group discussions were preferred. The decision to conduct mainly virtual focus group discussions may have impacted some traditional in-person focus group dynamics.

Community Partners

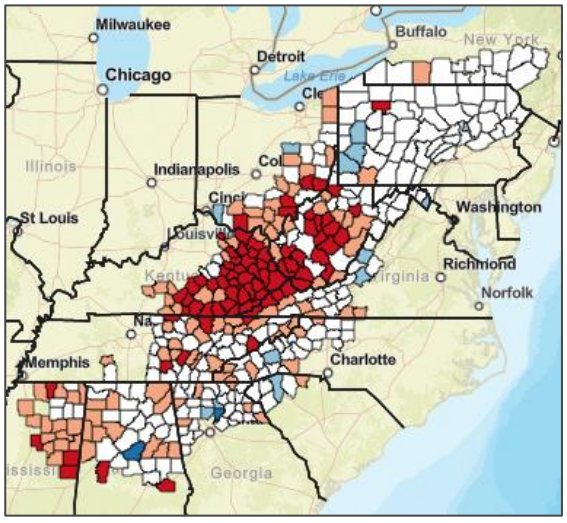
The AAA9 community needs assessment methodology sought vital input and insight from a broad spectrum of staff members from all nine focal point partners, in addition to local law enforcement, elected leaders, and service and program recipients.



Overview of Communities Served

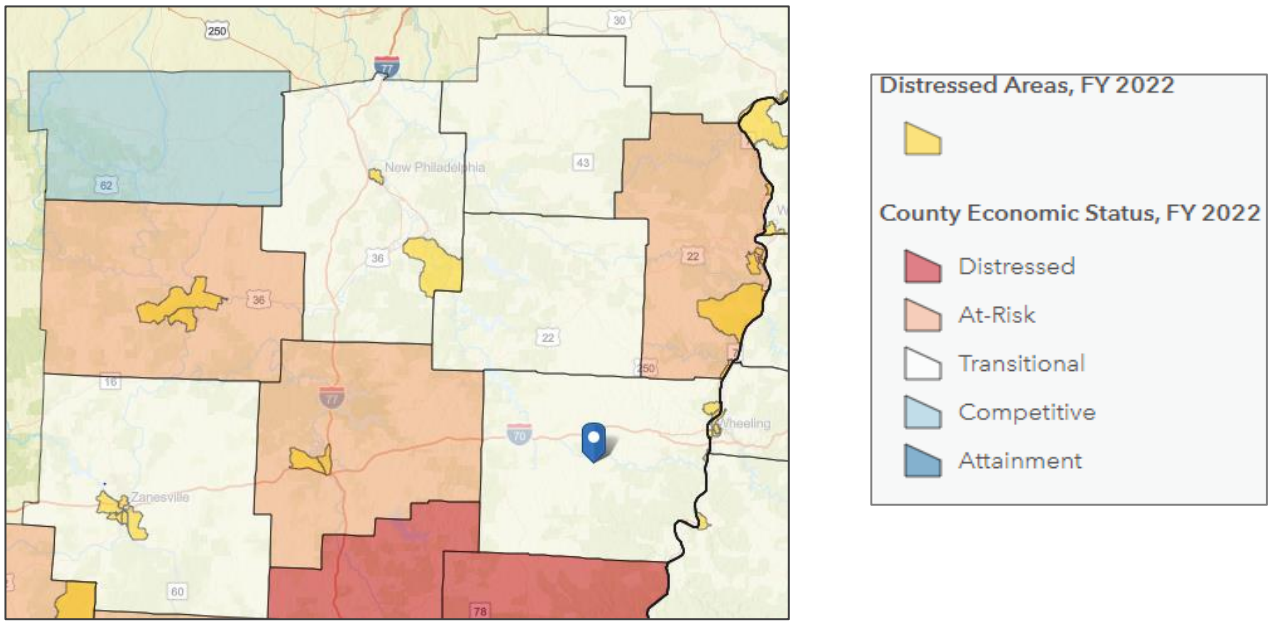
AAA9 serves a diverse community of older adults, each with distinct needs and challenges. This reality requires a unique approach, different from a "one-size-fits-all" philosophy. For instance, Holmes County is an affluent county, with a population consisting of nearly 50% Amish people, while Harrison County is the smallest county by population and is considered extremely economically depressed.

All nine counties are within the federally designated Appalachian region. Historically, the residents of rural Appalachia are likely to experience poorer health outcomes and greater economic distress than rural inhabitants elsewhere in the United States.[3] The cultural characteristics of this region combined with higher rates of disability, aging, and chronic disease, as well as lower rates of education and income, form a cascade of challenges to achieving dignity and autonomy for older Ohioans in the region.[4]



County Economic Status & Distressed Application Region, 2022

Exhibit 1: Ohio Appalachian Region County Economic Status



Source: Appalachian Region County Economic Status & Distressed Areas, 2022

[3] Innovation in Aging. Family Caregivers in Rural Appalachia Caring for Older Relatives With Dementia: Predictors of Service Use, Innovation in Aging, 2021.
[4] The Gerontological Society of America. Aging In Appalachia: Health And Quality Of Life Among Older Adults In America's Rural Coal Country, 2022.

Secondary Data Profile

The secondary data collection portion of the CNA is designed to establish a comprehensive picture of the overall service area. By collecting and analyzing data from a breadth of publicly available data sources, direct care providers, proprietary databases, and other sources, the secondary data analysis provides the framework from which to better understand geographies, population trends, and the unique features of the communities served by AAA9.

The Social Vulnerability Index

The Social Vulnerability Index (SVI) uses secondary data and is particularly helpful when comparing and contrasting the needs of seniors and other vulnerable populations across geographies.

The SVI was developed by the U.S. Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to County and State averages. The measures are grouped into four major categories: Socioeconomic Status, Household Composition and Disability, Minority Status and Language, and Housing and Transportation.

The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies (e.g., pandemics).

Socioeconomic Status	Below Poverty Unemployed Income No High School Diploma
Household Composition & People Living With a Disability	Aged 65 & Over Aged Below 18 Living With a Disability Single-Parent Households
Minority Status & Language	Minority Population Speaks English Less Than Well
Housing & Transportation	Multi-Unit Structures Mobile Homes Group Quarters No Vehicle

The following table highlights factors that impact the needs of those living in the AAA9 service area.

Exhibit 2: Social Vulnerability Index

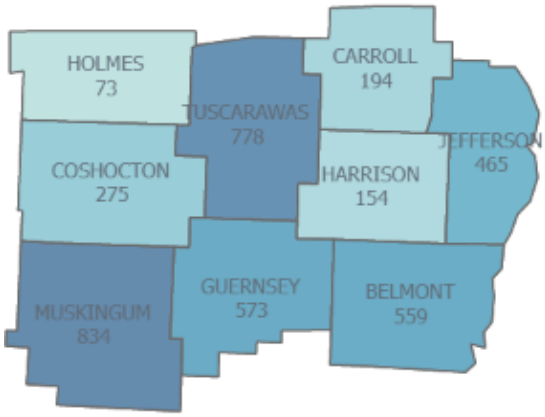
	Total Population	Below Poverty	Unemployed	Median HH Income	No High School Diploma	Multi-Unit Housing Units
United States	326,569,308	12.8%	3.4%	$64,994	6.6%	3.5%
Ohio	11,675,275	13.6%	3.3%	$58,116	6.5%	4.1%
Belmont County	67,424	11.7%	3.1%	$51,574	6.9%	3.6%
Carroll County	27,195	13.0%	2.1%	$52,574	6.7%	2.9%
Coshocton County	36,558	17.4%	3.5%	$48,552	7.9%	2.9%
Guernsey County	38,996	19.0%	2.8%	$46,352	11.1%	2.9%
Harrison County	15,132	16.3%	3.0%	$49,454	8.4%	1.2%
Holmes County	43,954	9.7%	1.5%	$64,453	7.8%	3.9%
Jefferson County	65,943	16.8%	3.1%	$46,849	6.4%	3.6%
Muskingum County	86,033	15.6%	3.1%	$48,350	8.1%	3.2%
Tuscarawas County	92,165	12.9%	3.4%	$54,451	7.4%	4.5%
	65 & Over	**No Vehicle**	**Living With a Disability**	**Minority Population[5]**	**Speaks English Less Than Well**	**Mobile Homes**
United States	16.0%	8.5%	12.7%	18.9%	8.2%	6.0%
Ohio	17.0%	7.8%	14.0%	14.9%	2.5%	3.7%
Belmont County	20.8%	6.4%	16.0%	4.3%	0.4%	8.0%
Carroll County	21.3%	7.7%	16.7%	1.1%	1.1%	13.0%
Coshocton County	19.3%	9.5%	15.8%	1.8%	2.4%	14.3%
Guernsey County	19.4%	7.2%	16.9%	2.8%	0.7%	13.7%
Harrison County	21.6%	9.2%	17.5%	3.5%	1.2%	16.4%
Holmes County	13.7%	30.5%	8.4%	0.7%	18.1%	6.4%
Jefferson County	21.5%	9.9%	17.8%	6.3%	0.8%	6.2%
Muskingum County	17.6%	6.3%	15.7%	4.2%	0.8%	8.5%
Tuscarawas County	19.5%	7.1%	14.8%	1.1%	2.4%	9.2%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

[5] Minority Population refers to the population who identify as one race alone, other than white.

Region 9 Service Use

The Area Agency on Aging, Region 9 collects pertinent data from callers throughout the service area seeking assistance and information on provided services and programs through the Ohio Benefits Long-Term Services and Supports System (OBLTSS). This standardized screening tool is designed to connect callers with resources and services to meet identified needs, including referrals to internal grant programs and community partners. Agency Specialists assist individuals interested in applying for Medicaid, Medicare Part D Extra Help, and home energy assistance programs. The following data was collected from OBLTSS calls between February 1, 2021, and January 21, 2022.



OBLTSS Data Collected 2/1/2021 to 1/31/2022

Based on the total number of calls during the data collection period, a majority of callers reported living in Muskingum County (21.4%), followed by Tuscarawas County (19.9%). Holmes County represents the smallest percentage of callers (1.9%). When viewed by the relative population, Holmes County had the fewest calls, but Guernsey County had the most, followed by Harrison County, which tracks closely with the percentage of the population in each respective county living in poverty.

Exhibit 3: Caller Breakdown by County

	Number of Calls	Percent of Callers	Population	Calls per 1,000 Population
Belmont County	559	14.3%	67,424	8.3
Carroll County	194	5.0%	27,195	7.1
Coshocton County	275	7.0%	36,558	7.5
Guernsey County	573	14.7%	38,996	14.7
Harrison County	154	3.9%	15,132	10.2
Holmes County	73	1.9%	43,954	1.7
Jefferson County	465	11.9%	65,943	7.1
Muskingum County	834	21.4%	86,033	9.7
Tuscarawas County	778	19.9%	92,165	8.4

Source: AAA9 Service Use Data

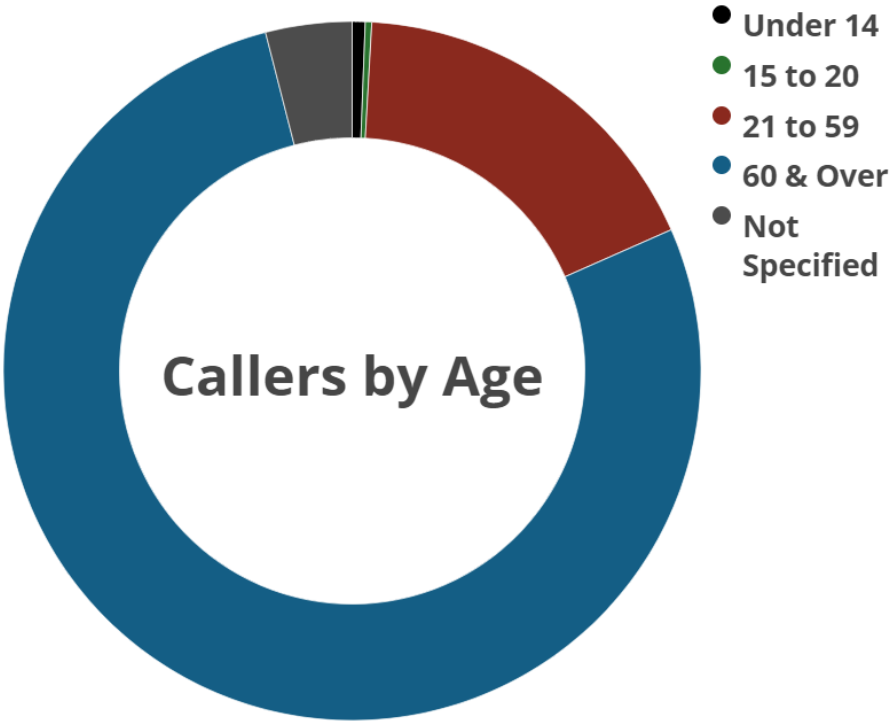
In total, over 75% of callers were aged 60, the majority of whom were in Harrison County (81.2%). Coshocton County represents the highest percentage of callers between the ages of 21 to 59 (22.2%).

Exhibit 4: Caller Breakdown by Age Bracket

	Under 14	14 to 20	21 to 59	60 & Over	Not Specified
Total Service Area	0.6%	0.3%	17.5%	77.7%	4.0%
Belmont County	0.5%	0.0%	17.0%	79.2%	3.2%
Carroll County	1.0%	0.0%	16.0%	76.8%	6.2%
Coshocton County	0.0%	0.0%	22.2%	76.4%	1.5%
Guernsey County	0.5%	0.3%	16.6%	75.9%	6.6%
Harrison County	1.3%	0.0%	11.7%	81.2%	5.2%
Holmes County	0.0%	1.4%	17.8%	76.7%	4.1%
Jefferson County	0.2%	0.2%	17.8%	78.9%	2.8%
Muskingum County	0.7%	0.4%	19.2%	75.7%	4.1%
Tuscarawas County	1.0%	0.0%	16.3%	79.3%	3.3%

Source: AAA9 Service Use Data

Exhibit 5: Total Service Area Callers by Age



Source: AAA9 Service Use Data

The most common identified need captured was Medicaid Eligibility, followed by Memory Loss. More than nine percent of callers in Jefferson County expressed a need for Veterans Services, the highest within the service area. Harrison County presents the highest percentage of callers seeking behavioral health services (20.0%).

Exhibit 6: Identified Needs from the Long-Term Service & Support Questionnaire

	LTSSQ	Medicaid Eligibility	Memory Loss	Developmental Disability	Skilled Nursing	Traumatic Brain Injury
Total Service Area	54.0%	52.0%	31.0%	5.0%	21.0%	13.0%
Belmont County	56.0%	54.0%	32.0%	5.0%	21.0%	13.0%
Carroll County	48.0%	49.0%	30.0%	5.0%	19.0%	9.0%
Coshocton County	60.0%	59.0%	29.0%	6.0%	27.0%	16.0%
Guernsey County	44.0%	39.0%	31.0%	3.0%	16.0%	10.0%
Harrison County	45.0%	44.0%	40.0%	3.0%	14.0%	9.0%
Holmes County	52.0%	51.0%	23.0%	5.0%	12.0%	11.0%
Jefferson County	54.0%	51.0%	27.0%	5.0%	23.0%	14.0%
Muskingum County	56.0%	54.0%	30.0%	6.0%	23.0%	14.0%
Tuscarawas County	60.0%	58.0%	33.0%	4.0%	24.0%	14.0%

Source: AAA9 Service Use Data

Exhibit 7: Continued Identified Needs from the Long-Term Service & Support Questionnaire

	LTSSQ	Veterans Services	Behavioral Health	Substance Abuse
Total Service Area	54.0%	7.0%	16.0%	2.0%
Belmont County	56.0%	7.0%	17.0%	1.0%
Carroll County	48.0%	6.0%	12.0%	1.0%
Coshocton County	60.0%	5.0%	16.0%	1.0%
Guernsey County	44.0%	5.0%	17.0%	2.0%
Harrison County	45.0%	5.0%	20.0%	1.0%
Holmes County	52.0%	3.0%	11.0%	1.0%
Jefferson County	54.0%	9.0%	12.0%	2.0%
Muskingum County	56.0%	6.0%	16.0%	2.0%
Tuscarawas County	60.0%	7.0%	17.0%	1.0%

Source: AAA9 Service Use Data

Population Demographics

The following data offers a comprehensive overview of select demographic measures to further describe the nine-county service area of AAA9. Indicators focus on important variables that strongly impact the needs of older adults, including (but not limited to) older adults living with a disability, health care access and workforce capacity, health status of older adults, and disease burden.

Based on the annualized data from the U.S. Census Bureau for the projected population for 2020 through 2040, three counties are projected to experience growth: Holmes County (3.7%), Carroll County (0.8%), and Tuscarawas County (0.4%). The remaining counties in the region are projected to lose population, with Coshocton County at -9.8% and Guernsey at - 8.5%.[6]

Exhibit 8: Projected Population

	Projected Population 55 & Over	Projected Share of the Population 55 & Over
Ohio	ND	32.0%
Belmont County	23,180	34.4%
Carroll County	9,640	38.7%
Coshocton County	12,200	35.1%
Guernsey County	12,950	34.7%
Harrison County	5,370	35.6%
Holmes County	12,090	26.5%
Jefferson County	23,000	35.2%
Muskingum County	26,910	32.1%
Tuscarawas County	31,070	33.8%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates

Exhibit 9: Median Age & Gender

	Median Age	Male	Female
United States	38.2	49.2%	50.8%
Ohio	39.5	49.0%	51.0%
Belmont County	44.5	51.1%	48.9%
Carroll County	46.1	50.4%	49.6%
Coshocton County	41.1	49.1%	50.9%
Guernsey County	42.6	49.8%	50.2%
Harrison County	46.1	49.1%	50.9%
Holmes County	32.1	49.8%	50.2%
Jefferson County	44.9	48.8%	51.2%
Muskingum County	40.5	48.7%	51.3%
Tuscarawas County	41.0	49.3%	50.7%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

[6] Area Agency on Aging, Part One: 2019-2022 Strategic Area Plan.

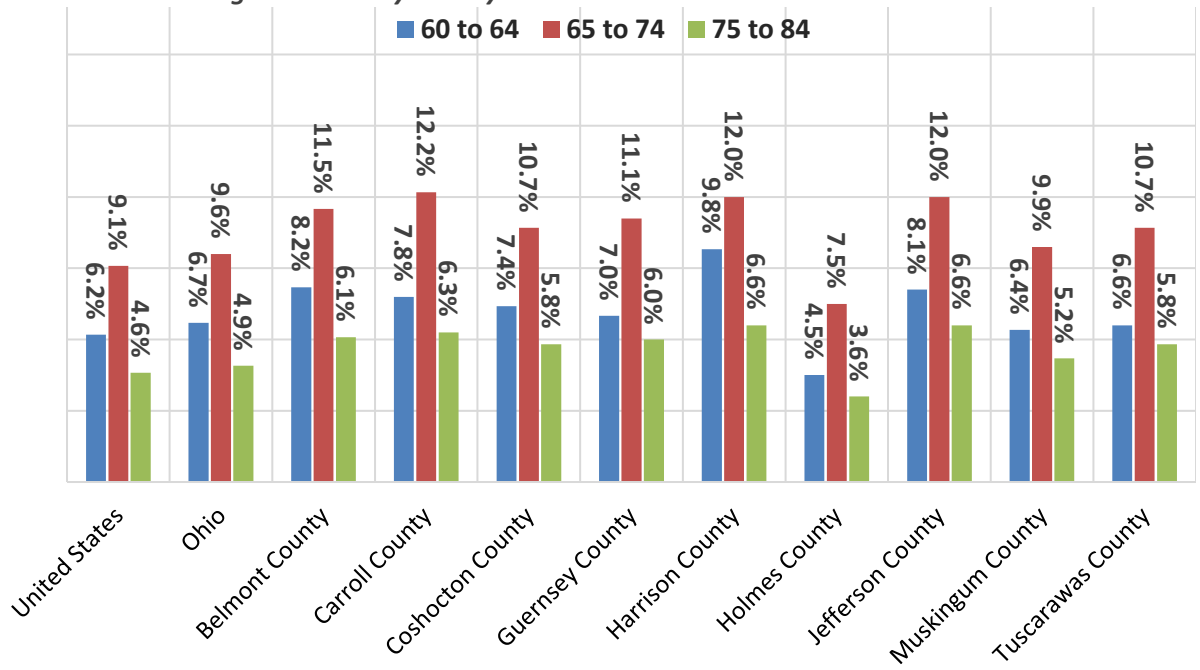
Across the service area, all nine counties present higher percentages of older adults in each age bracket shown in Exhibit 10 compared to Ohio and the United States, with the exception of Holmes County. In a majority of cases, Belmont County presents the highest percentage of older adults per county. Differences are especially noticeable concerning older adults between the ages of 65 and 74. For example, approximately 12.0% of adults aged 65 to 74 are living in Harrison County – a much larger percentage compared to 9.6% in Ohio.

Exhibit 10: Older Adult Population

	45 to 54	55 to 59	60 to 64	65 to 74	75 to 84	85 & Over
United States	13.0%	6.7%	6.2%	9.1%	4.6%	1.9%
Ohio	13.0%	7.1%	6.7%	9.6%	4.9%	2.2%
Belmont County	13.5%	7.5%	8.2%	11.5%	6.1%	2.7%
Carroll County	13.5%	8.6%	7.8%	12.2%	6.3%	2.3%
Coshocton County	12.9%	7.1%	7.4%	10.7%	5.8%	2.5%
Guernsey County	13.4%	7.6%	7.0%	11.1%	6.0%	2.0%
Harrison County	13.8%	7.1%	9.8%	12.0%	6.6%	2.3%
Holmes County	10.8%	6.2%	4.5%	7.5%	3.6%	2.2%
Jefferson County	13.0%	7.6%	8.1%	12.0%	6.6%	2.4%
Muskingum County	13.1%	7.5%	6.4%	9.9%	5.2%	2.3%
Tuscarawas County	12.5%	7.7%	6.6%	10.7%	5.8%	2.7%

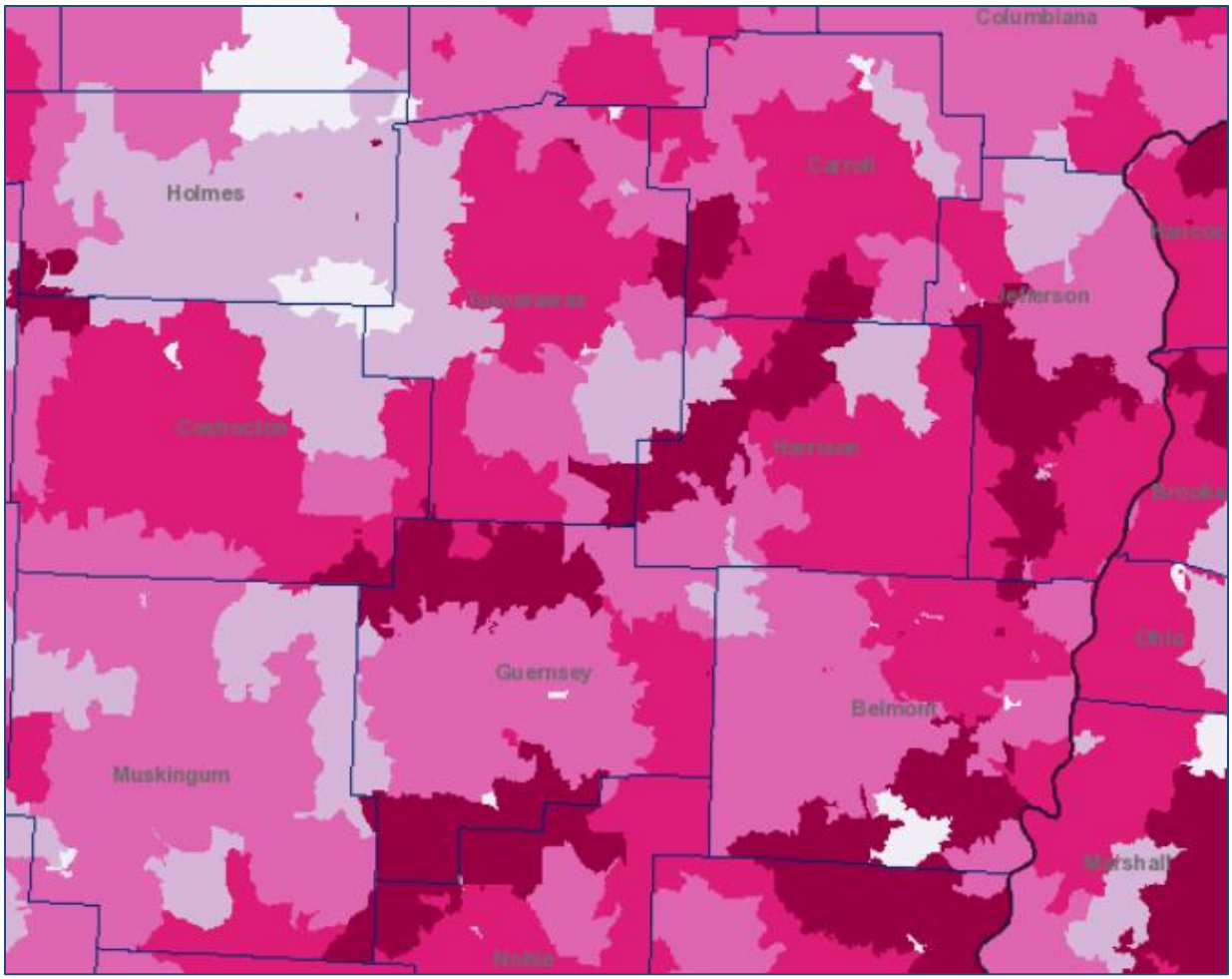
Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

Exhibit 11: Select Age Brackets by County



The map below provides a detailed display of the population aged 65 and older within the area that AAA9 provides essential programs and services using zip code tabulated areas (ZCTAs) from the U.S. Census American Community Survey Five-year estimates for 2015 to 2019. It is important to note the large swath of older adults is scattered throughout each of the nine primarily rural communities. Areas shaded in dark pink indicate areas within each county that are home to at least 25.0% of adults 65 and older.

Exhibit 12: Map of Population 65 & Over



States	
Counties	
Pop: 65 and older (%) 2015-2019	
<10%	
10 - 15%	
15 - 20%	
20 - 25%	
>25%	

Source: UDS Mapper. U.S. Census Bureau. American Community Survey Five-year estimates for ZCTAs, 2015-2019

Population Density of Older Adults

Population density is the concentration of individuals within a species in a specific geographic locale used to quantify demographic information and to assess relationships with ecosystems, human health, and infrastructure.[7] To offer a detailed view of the older adult community, the table below indicates ZCTAs that present the highest concentration of adults aged 65 and older within the AAA9 service area. This level of analysis is exceptionally important to AAA9's program planning and service delivery.

Exhibit 13: Population 65 & Over by Zip Code Tabulated Areas

	Zip Code	County	Town	65 & Older
1	43901	Holmes County	Walnut Creek	84.0%
2	43902	Belmont County	Zoar	52.5%
3	43905	Belmont County	Glencoe	48.1%
4	43906	Belmont County	Winesburg	44.8%
5	43912	Belmont County	Barton	38.3%
6	43917	Jefferson County	Sherrodsville	33.7%
7	43927	Belmont County	Brinkhaven	32.8%
8	43933	Belmont County	Beallsville	30.3%
9	43934	Belmont County	Dillonvale	27.8%
10	43967	Belmont County	Jacobsburg	27.0%
11	43974	Harrison County	Harrisville	26.9%
12	43732	Guernsey County	Cumberland	26.8%
13	43836	Coshocton County	Plainfield	26.4%
14	43722	Guernsey County	Buffalo	26.1%
15	43988	Harrison County	Scio	26.0%

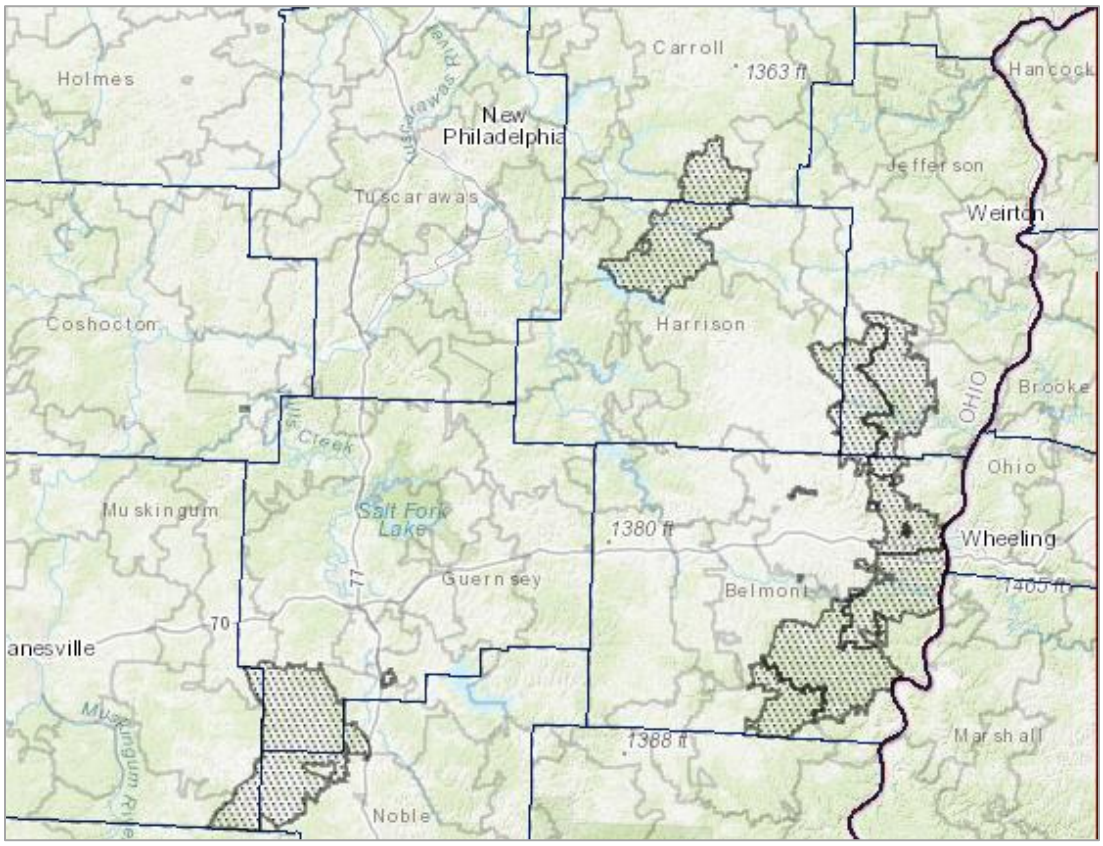
Source: UDS Mapper. U.S. Census Bureau. American Community Survey Five-year estimates for ZCTAs, 2015-2019

- On a percentage level by zip code, Belmont County is home to the majority of high concentrations of the older adult population. The Zoar, Glencoe, and Winesburg zip code tabulated areas (ZCTAs) are comprised of approximately 44.8% to 52.5% of adults aged 65 and older.
- The extraordinarily high population of those 65 and older in Walnut Creek can be tied to Holmes County's unique population. Walnut Creek is locally known as the "heart of Amish Country." While the entire population does not identify as Amish, most residents have Amish and Mennonite backgrounds.[8]
- Jefferson County's Sherrodsville is comprised of at least 33.7% of this population.

[7] National Geographic Encyclopedia.
[8] Walnut Creek, Holmes County.

Zip codes listed in Exhibit 14 are shaded on the map below to provide an additional layer of granularity.

Exhibit 14: Map of Highest Concentrations of Population 65 & Over



Source: UDS Mapper. U.S. Census Bureau, ACS Five-year estimates ZCTAs, 2015-2019

Exhibit 15 indicates the age-adjusted life expectancy of residents within the AAA9 service area. Life expectancy is an important population health outcome measure that can be easier to interpret than other mortality measures. There are concerning gaps in life expectancy at birth in Ohio depending on where a person lives.

Except for Holmes County, all service area counties present a shorter life expectancy compared to the United States. Within the service area, Holmes County residents have the longest life expectancy (80.2) while Jefferson County residents are likely to live until nearly 75 years old.

"With increased life expectancy comes a larger population of retirees. In light of the cost of care and a shortage of workers, the economic strains become harder to avoid."

- Ursel J. McElroy,
Director of Ohio Department of Aging

Shorter life expectancy is driven by factors such as education and income, disproportionately impacting older Ohioans living with a disability or who are part of racial and ethnic minorities.[9] For example, In Jefferson County, the life expectancy for the town of Steubenville is approximately 61.6 years, in contrast to those in Smithfield and surrounding areas with a life length of approximately 80 years.

Exhibit 15: Life Expectancy

	Age
United States[10]	78.8
Ohio	77.0
Belmont County	76.6
Carroll County	76.7
Coshocton County	76.5
Guernsey County	75.1
Harrison County	76.6
Holmes County	80.2
Jefferson County	74.8
Muskingum County	75.7
Tuscarawas County	77.4

Source: County Health Roadmaps & Rankings, 2017-2019

[9] The Ohio Department of Aging. Summary Assessment of Older Ohioans, 2020.
[10] Centers for Disease Control and Prevention. National Vital Statistics Reports, Volume 70, Number 18. U.S. State Life Tables, 2019.

There is very little racial and ethnic diversity in the AAA9 service area overall. Several counties have notable populations where the primary language is other than English. In Holmes County, an epicenter of the Ohio Amish community[11], nearly half the population speaks a language other than English at home, and one in Five residents consider themselves to speak English "less than very well."

Exhibit 16: Population by Race & Ethnicity

	White	Black or African American	American Indian & Alaska Native	Asian	Hispanic or Latino
United States	60.7%	12.3%	0.7%	5.5%	18.0%
Ohio	78.9%	12.2%	0.1%	2.2%	3.8%
Belmont County	92.7%	3.9%	0.2%	0.5%	1.0%
Carroll County	98.0%	0.3%	0.0%	0.0%	1.3%
Coshocton County	95.9%	1.1%	0.2%	0.3%	1.1%
Guernsey County	94.2%	1.1%	0.3%	0.4%	1.2%
Harrison County	94.8%	2.9%	0.1%	0.5%	0.4%
Holmes County	97.8%	0.1%	0.0%	0.3%	1.0%
Jefferson County	90.3%	5.4%	0.1%	0.5%	1.5%
Muskingum County	91.4%	3.1%	0.3%	0.4%	1.1%
Tuscarawas County	94.5%	0.6%	0.2%	0.4%	2.8%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

Exhibit 17: Language Characteristics

	Primary language other than English	Speak English "less than very well"	Foreign-Born Population
United States	21.6%	8.4%	13.6%
Ohio	7.2%	2.5%	4.6%
Belmont County	1.8%	0.4%	1.2%
Carroll County	2.8%	0.5%	0.5%
Coshocton County	8.6%	2.5%	0.7%
Guernsey County	4.1%	0.9%	0.9%
Harrison County	4.6%	1.3%	0.7%
Holmes County	47.4%	17.8%	0.4%
Jefferson County	2.4%	0.8%	1.5%
Muskingum County	2.0%	0.7%	0.9%
Tuscarawas County	7.7%	2.4%	1.7%

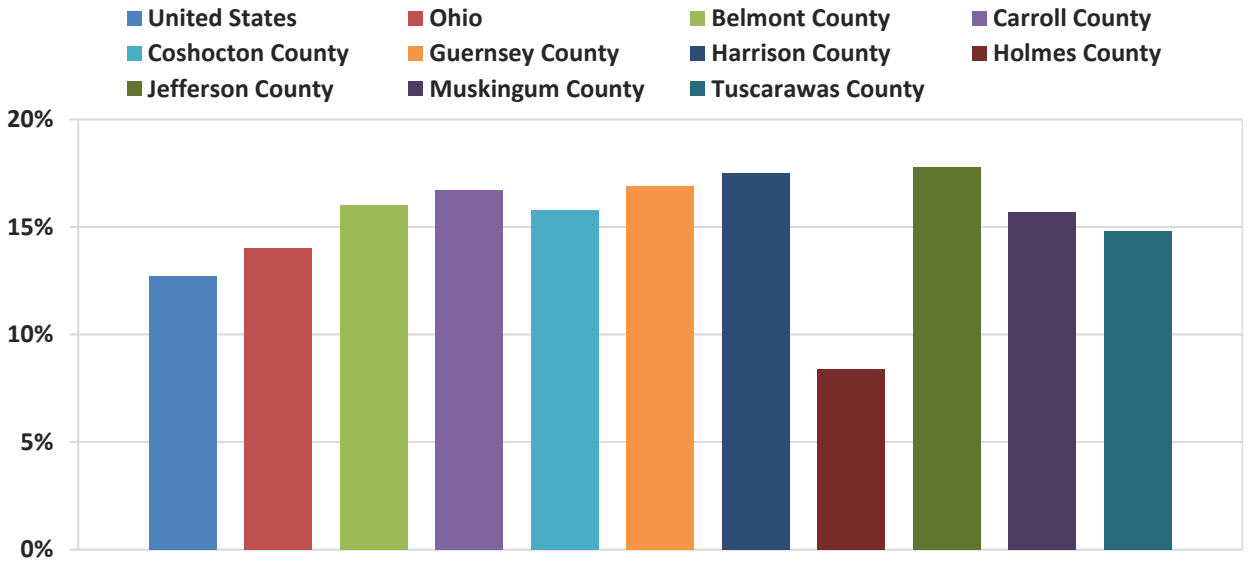
Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

[11] "Twelve Largest Amish Settlements, 2021." Young Center for Anabaptist and Pietist Studies, Elizabethtown College.

Older Adults Living with a Disability

Ohio spends an estimated 35 billion dollars per year of its health care budget on health care for people living with a disability (LWD). This figure suggests that 37% of the state's total health care funding averages nearly $17,750 per year for each person with a disability.[12] Older Ohioans living with a disability often require additional assistance navigating health care coverage options as well as accessing health care services. Older adults living with a disability require flexible and accessible transportation options that support mobility, including physical and cognitive challenge accommodations and the use of wheelchairs or other equipment.[13] Within the service area, Jefferson and Harrison County present the highest percentages of people of any age living with a disability (17.8%, 17.5%, respectively).

Exhibit 18: Total Population Living with a Disability



	Total Population LWD	Male	Female
United States	12.7%	12.5%	12.8%
Ohio	14.0%	13.8%	14.3%
Belmont County	16.0%	15.8%	16.1%
Carroll County	16.7%	18.2%	15.3%
Coshocton County	15.8%	16.4%	15.3%
Guernsey County	16.9%	16.3%	17.4%
Harrison County	17.5%	18.9%	16.1%
Holmes County	8.4%	8.1%	8.6%
Jefferson County	17.8%	18.7%	17.0%
Muskingum County	15.7%	15.2%	16.1%
Tuscarawas County	14.8%	13.8%	15.8%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

[12] National Center on Birth Defects & Developmental Disabilities. Centers for Disease Control and Prevention, 2021.
[13] Ohio Department of Aging. 2020-2022 Strategic Action Plan on Aging, February 2021.

Guernsey County has the highest percentage of people experiencing ambulatory difficulties – much higher compared to Ohio's average (11.0%, 7.5%, respectively), while Jefferson County residents experience more independent living difficulties compared to other service area counties (8.2%). Harrison County has the highest percentage of people experiencing cognitive difficulty, potentially indicating a larger population who experience difficulty remembering, concentrating, or making decisions.

Exhibit 19: Total Population With a Disability by Difficulty

	Cognitive	Ambulatory	Self-Care	Hearing	Vision	Independent Living
United States	5.1%	6.9%	2.6%	3.6%	2.4%	5.8%
Ohio	5.8%	7.5%	2.8%	3.8%	2.4%	6.3%
Belmont County	6.1%	8.9%	3.3%	4.6%	2.1%	7.3%
Carroll County	5.6%	7.9%	2.7%	5.3%	3.0%	5.8%
Coshocton County	6.1%	9.0%	3.1%	4.1%	2.2%	7.4%
Guernsey County	7.1%	11.0%	3.8%	5.3%	2.4%	7.9%
Harrison County	7.4%	10.3%	3.7%	5.3%	2.0%	7.8%
Holmes County	3.0%	4.6%	1.9%	2.2%	1.2%	4.6%
Jefferson County	6.7%	10.1%	3.8%	5.0%	3.3%	8.2%
Muskingum County	6.3%	8.2%	2.7%	5.0%	2.1%	6.9%
Tuscarawas County	5.9%	8.0%	2.4%	4.4%	2.4%	5.9%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

Exhibit 20: Total Population With a Disability by Race

	White	Black or African American	American Indian & Alaska Native	Asian	Hispanic or Latino	Other Race
United States	13.3%	14.0%	16.9%	7.2%	9.2%	9.1%
Ohio	14.1%	15.3%	25.7%	5.9%	11.1%	12.0%
Belmont County	16.4%	10.1%	22.5%	3.2%	11.2%	0.0%
Carroll County	16.6%	18.7%	ND	100.0%	24.2%	ND
Coshocton County	15.8%	28.2%	29.3%	0.0%	12.0%	78.4%
Guernsey County	16.7%	15.5%	30.5%	7.5%	23.3%	9.2%
Harrison County	17.4%	28.9%	ND	0.0%	0.0%	0.0%
Holmes County	8.2%	100.0%	100.0%	0.0%	9.1%	0.0%
Jefferson County	18.2%	13.3%	33.3%	7.7%	10.7%	6.3%
Muskingum County	15.7%	18.6%	69.5%	6.2%	9.0%	11.9%
Tuscarawas County	14.8%	14.9%	100.0%	0.0%	7.1%	2.5%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

As one would expect, the percentage of the population living with a disability increases with age. In Ohio, this percentage jumps dramatically from 12.5% of people between the ages of 35 and 64 to nearly a quarter of the population aged 65 to 74 (24.5%) and continues to almost double for those 75 and older (47.7%).

Most of the population 35 to 64 are considered "working age." Each service area county, except for Holmes County, presents a higher percentage of the population within the age group living with a disability compared to the United States and Ohio. This rate is highest in Guernsey County (18.8%).

Exhibit 21: Older Adults Living With a Disability

	35 to 64	65 to 74	75 & Over
United States	12.5%	24.4%	48.1%
Ohio	14.3%	24.5%	47.7%
Belmont County	15.3%	24.4%	48.0%
Carroll County	17.3%	24.7%	53.4%
Coshocton County	17.3%	28.1%	52.9%
Guernsey County	18.8%	30.1%	45.2%
Harrison County	15.2%	25.1%	52.5%
Holmes County	9.8%	23.0%	45.3%
Jefferson County	18.3%	26.3%	51.5%
Muskingum County	15.8%	31.8%	50.4%
Tuscarawas County	14.9%	24.1%	48.1%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

Exhibit 22: Population 65 & Over With a Disability by Type of Disability

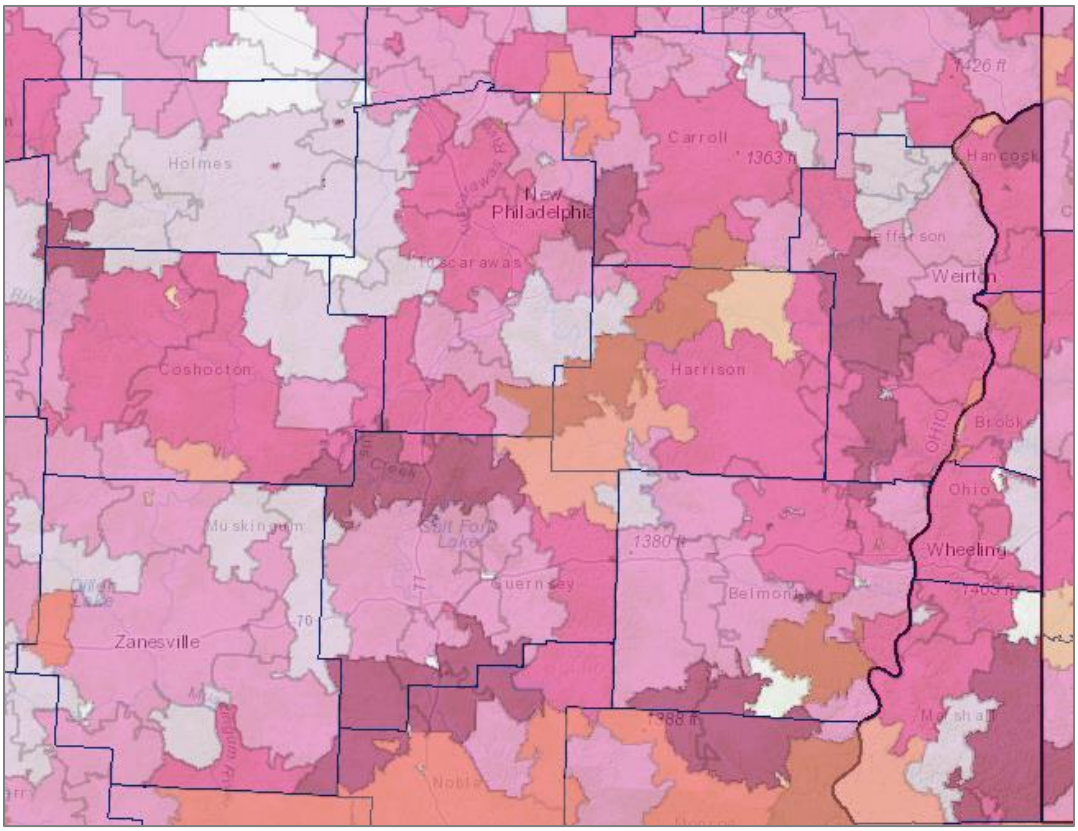
	Total	Cognitive	Ambulatory	Self-Care	Hearing	Vision	Independent Living
United States	14.1%	8.4%	21.5%	7.7%	14.0%	6.2%	14.0%
Ohio	13.9%	7.7%	21.2%	7.1%	13.4%	5.8%	13.4%
Belmont County	14.5%	8.3%	20.1%	6.6%	11.7%	4.2%	11.7%
Carroll County	17.0%	10.7%	23.6%	7.8%	13.7%	5.7%	13.7%
Coshocton County	14.3%	9.4%	22.8%	8.8%	16.4%	4.2%	16.4%
Guernsey County	16.0%	7.8%	23.9%	5.4%	13.1%	4.2%	13.1%
Harrison County	16.7%	8.6%	20.5%	5.5%	10.6%	4.4%	10.6%
Holmes County	12.1%	8.2%	21.1%	7.7%	12.9%	5.7%	12.9%
Jefferson County	14.5%	8.7%	22.7%	9.9%	15.9%	7.5%	15.9%
Muskingum County	18.0%	8.4%	21.9%	7.1%	15.6%	6.1%	15.6%
Tuscarawas County	16.0%	7.6%	22.5%	6.2%	11.1%	6.1%	11.1%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

- Within all nine counties, the percentage of the population age 65 and over with a disability ranges from a low of 12.1% in Holmes County to 18.0% in Muskingum County, and 17.0% in Carroll County. In other words, seniors in Muskingum and Carroll Counties are 50% more likely to be disabled than those in Holmes County.

To further highlight the older population living with a disability within the AAA9 service area, the map below indicates zip code tabulated areas living with a rate of 25% or higher, with an additional layer of data indicating zip code tabulated areas where residents aged 65 and older are living.

Exhibit 23: Older Population, 25% Living With a Disability



Source: UDS Mapper. U.S. Census Bureau. American Community Survey Five-year estimates for ZCTAs, 2015-2019

- The majority of the service area is comprised of zip codes where at least 15% of the population is living with a disability.
- There are pockets within the service area where 25% of the population or higher (by zip code) are living with a disability, indicating areas of greater focus when addressing the barriers these communities experience – especially for older adults.

States	
Counties	
Pop: Disability (%) 2015-2019	25 to 100%
Pop: 65 and older (%) 2015-2019	
<10%	
10 - 15%	
15 - 20%	
20 - 25%	
>25%	

Specialty Populations

This section highlights specific populations within the AAA9 service area that may require special consideration when providing the vast array of services and programming AAA9 offers to all nine service area counties.

Veteran Community

There are just over 685,900 veterans living in the state of Ohio, and a collective 29,467 within the Region 9 service area.

By 2039, the number of elderly veterans is expected to double from 2 million to 4 million in the U.S. More recently, the Department of Veterans Affairs (VA) announced plans to expand programs that allow older veterans to age in their homes or live in home-like settings as alternatives to elder care facilities. Housing veterans has been a national concern, as the VA has historically faced challenges increasing the number of supports such as medical foster homes due to rigorous regulations and requirements of the facilities and caregivers. Additionally, more veterans have elected to use the in-home medical care and caregiver programs during the pandemic, as well as the medical foster care program, to reduce their risk of contracting COVID-19 and to have more flexibility in medical treatment. [14]

Exhibit 24: Veteran Population

	Total Veteran Population	Percent Veterans	Percent Not Veterans
United States	17,835,456	7.1%	92.9%
Ohio	685,905	7.6%	92.4%
Belmont County	4,327	7.9%	92.1%
Carroll County	1,758	8.1%	91.8%
Coshocton County	2,300	8.2%	91.8%
Guernsey County	2,720	9.0%	91.0%
Harrison County	1,021	8.6%	91.4%
Holmes County	1,268	4.2%	95.8%
Jefferson County	4,971	9.3%	90.7%
Muskingum County	5,353	8.1%	91.9%
Tuscarawas County	5,749	8.1%	91.9%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

[14] Military News. Anticipating Boom of Aging Veterans, VA to Expand Care, Services for the Elderly, 2022.

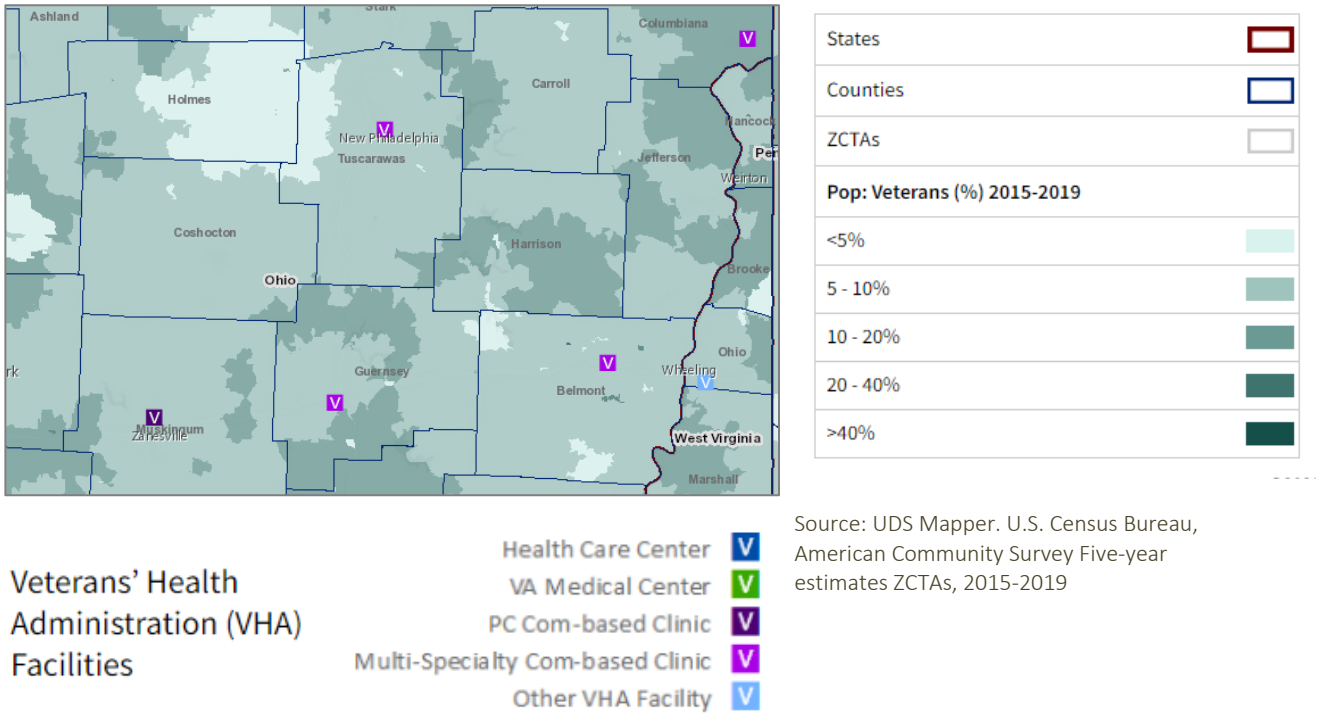
There are four Veterans' Health Administration Facilities in the AAA9 service area, located in areas that do not necessarily correlate with the geographic areas where veteran populations are most concentrated.

Exhibit 25: Total Veteran Population by Age

	35 to 54	55 to 64	65 to 74	75 & Over
United States	32.8%	16.7%	12.1%	8.7%
Ohio	23.4%	17.8%	26.1%	23.9%
Belmont County	33.5%	16.6%	11.1%	7.5%
Carroll County	31.7%	17.7%	12.7%	9.2%
Coshocton County	22.3%	18.1%	28.0%	24.0%
Guernsey County	32.5%	17.7%	11.5%	8.0%
Harrison County	30.9%	19.2%	14.8%	10.8%
Holmes County	22.2%	12.3%	31.9%	27.4%
Jefferson County	31.6%	19.8%	13.3%	9.4%
Muskingum County	30.4%	20.8%	15.8%	11.0%
Tuscarawas County	19.6%	15.8%	32.7%	25.6%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

Exhibit 26: Map of Veteran Population & VA Clinics



Source: UDS Mapper. U.S. Census Bureau, American Community Survey Five-year estimates ZCTAs, 2015-2019

Older Adult LGBTQ + Community

In the United States, a record-breaking 7.1% of adults identify as a part of the LGBTQ + community. However, Ohio falls short of this new statistic, with only 4.3% of the state's population identifying as part of the LGBTQ + community.

In Ohio, approximately eight percent of the LGBTQ + population is ages 65 and older.[15] LGBTQ + older adults, in general, are often invisible in aging service demographics, resulting in an inability to evaluate the effectiveness of existing services and inefficient planning for future programmatic expansions. Older adults in the LGBTQ + community have often lived through discrimination, social stigma, and the effects of prejudice, resulting in poor health outcomes and greater risk for chronic illnesses and mental illnesses.[16]

Holocaust Survivors

While reliable figures focused on the population density of living survivors was not identified for the purposes of this report, the Columbus Jewish Family Services estimates that approximately 200 survivors living in the Greater Columbus area alone.[17] It is also estimated that approximately 70% of Holocaust survivors in Cleveland live in poverty.[18]

AAA9 remains acutely mindful that this vulnerable, but resilient, aging population may have great needs specific to their trauma and often require a person-centered approach in regards to services and programs.

> **"For a Holocaust survivor to go to an assisted living facility or a nursing home can sometimes be very traumatic — not having that independence and relying 100% on somebody else and being in a place they're unfamiliar with."**
>
> - Garett Ray, chief program officer at Jewish Family Services in Columbus, OH

[15] The Williams Institute, UCLA School of Law. LGBT Demographics Data Interactive, January 2019.
[16] Administration for Community Living. Meeting the Unique Needs of LGBTQ+ Older Adults, 2021.
[17] King. Agencies strive to help Columbus Holocaust survivors age 'independently, with dignity', 2022.
[18] Albrecht. 70% of Holocaust survivors in Cleveland live in poverty, 2020.

Elder Abuse & Safety

Elder abuse is significantly underreported with as few as one in 24 cases being reported. In almost 60% of elder abuse and neglect incidents, the perpetrator is a family member. Social isolation is a significant risk for elder abuse. Other risk factors include cognitive impairment, physical frailty, and dependence on others for care. All these risk factors have been compounded by COVID-19.[19]

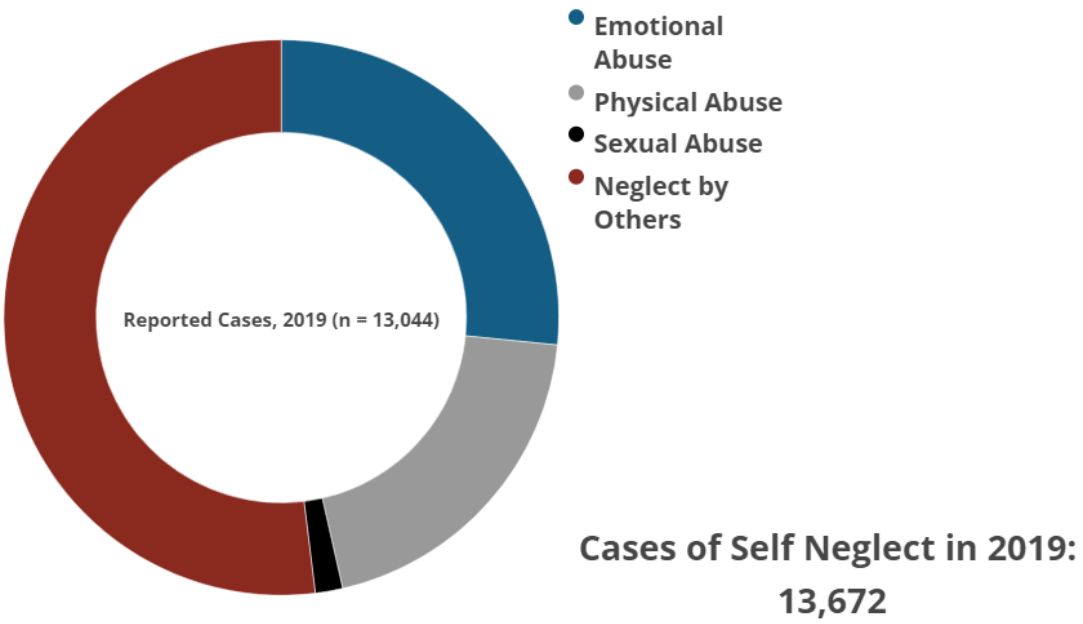
While AAA9 does not directly hire APS employees, staff and leadership work closely with local APS, as well as independently to address fraud, exploitation, abuse, and neglect.

The Ohio Department of Job and Family Services Adult Protective Services (APS) received 33,783 reports of abuse, neglect, or exploitation from July 1, 2019, through June 30, 2020. Of those, 32,072 were reports for adults aged 60 and over. Abuse was alleged in 6,267 of the reports received. Neglect was alleged in 20,449 reports received. Additionally, exploitation was alleged in 8,257 of the reports received. [20]

Elder abuse and neglect generally refer to the physical, emotional, and sexual abuse, neglect, and financial exploitation of adults over the age of 60. Elder abuse and neglect can lead to physical harm, illness, injury, emotional pain, financial loss, violations of dignity, and death. These consequences impact not only victims but their families, communities, and society at large.

- Ohio Department of Aging

Exhibit 27: Total Adult Protective Service Cases by Type



Source: Adult Protective Services. Data Fact Sheet, 2020

[19] Psychiatric Times. Elder Abuse and Ageism During COVID-19, 2020.
[20] Adult Protective Services. Data Fact Sheet, 2020.

Older adults account for a disproportionate share of fall-related injuries, and falls are particularly harmful to older adults. Falls and fall-related injuries seriously affect older adults' quality of life and present a substantial burden to the Ohio health care system. They surpass all other mechanisms of injury as a cause of emergency department (ED) visits, hospitalization, and death.[21]

Falls are the second leading cause of unintentional injury deaths worldwide. Adults older than 60 years of age suffer the greatest number of fatal falls.[22] The 2019 Ohio Unintentional Falls Report states that unintentional falls among older adults aged 65 and older are a leading cause of fatal and nonfatal injuries in the U.S. and Ohio. Though older adults make up approximately 18.0% of the Ohio population, they account for 87.0% of unintentional fall deaths across the state.[23] As age increases, the total number of deaths from unintentional falls also increases in parallel to the total and average medical costs in Ohio.

Exhibit 28: Cost of Unintentional Fatal Falls, Ohio

Age Group	Total Deaths	Medical Costs Total	Medical Costs Average
55 to 59	38	$1,238,725.40	$32,598.04
60 to 64	80	$2,717,329.28	$33,966.62
65 to 69	102	$3,414,381.50	$33,474.33
70 to 74	149	$5,240,146.79	$35,168.77
75 to 79	219	$8,935,850.83	$40,802.97
80 to 84	283	$11,955,301.43	$42,244.88
85 +	821	$35,877,047.28	$43,699.20

Source: National Center for Injury Prevention & Control. WISQARS Cost Of Injury, 2020

Exhibit 29: Five-Year Rate of Unintentional Fall Deaths, Ohio

Age Group	Per 100,000
65 to 69	14.2
70 to 74	26.8
75 to 79	56.8
80 to 84	106.1
85 +	309.8

Source: Ohio Department of Health (ODH) Bureau of Vital Statistics, 2015-2019

[21] Ohio Department of Health. Injury & Violence Prevention, Falls Among Older Adults.
[22] WHO. Falls Fact Sheet. 2021.
[23] Ohio Department of Health, 2019 Unintentional Fall Report.

Health Care Access & Capacity

The following section focuses on health care access for older adults in the AAA9 service area in addition to the current landscape of the health care sector's capacity to address the needs of the growing older adult community – not limited to facilities and the health care workforce.

Even with health insurance, many older adults struggle to cover health care and prescription drug costs. Health insurance coverage improves access to care, limits out-of-pocket spending, and makes health care costs more predictable. Strategies that improve health care coverage and affordability are critical for eliminating inequities in access to care and improving the overall health and well-being of older Ohioans. Priority populations with disabilities or limited English proficiency may need additional assistance in navigating health care coverage options and accessing health care services. [24] In the U.S., Medicare is available for people aged 65 and older, which naturally coincides with the extremely low percentage of those 65 and older who are uninsured. In comparison to the national percentages, Ohio presents a lower uninsured population.

In Holmes County, 11.7% of those who are 65 and over are not covered, although this can be attributed to the number of older adults who are Amish and pay for their care out of pocket.

- Area Agency on Aging, Part One: 2019-2022 Strategic Area Plan

Exhibit 30: Older Adults Without Health Insurance

	45 to 54	55 to 64	65 to 74	75 & Over
United States	10.8%	8.0%	1.0%	0.5%
Ohio	7.0%	5.9%	0.6%	0.4%
Belmont County	5.3%	5.3%	0.0%	0.1%
Carroll County	10.4%	12.8%	0.7%	0.0%
Coshocton County	10.2%	8.9%	0.5%	1.7%
Guernsey County	17.3%	10.5%	0.8%	0.0%
Harrison County	20.7%	12.5%	0.0%	0.0%
Holmes County	35.7%	26.1%	16.1%	15.1%
Jefferson County	6.7%	6.2%	0.2%	1.0%
Muskingum County	6.0%	6.4%	0.1%	0.5%
Tuscarawas County	6.7%	4.7%	0.8%	0.0%

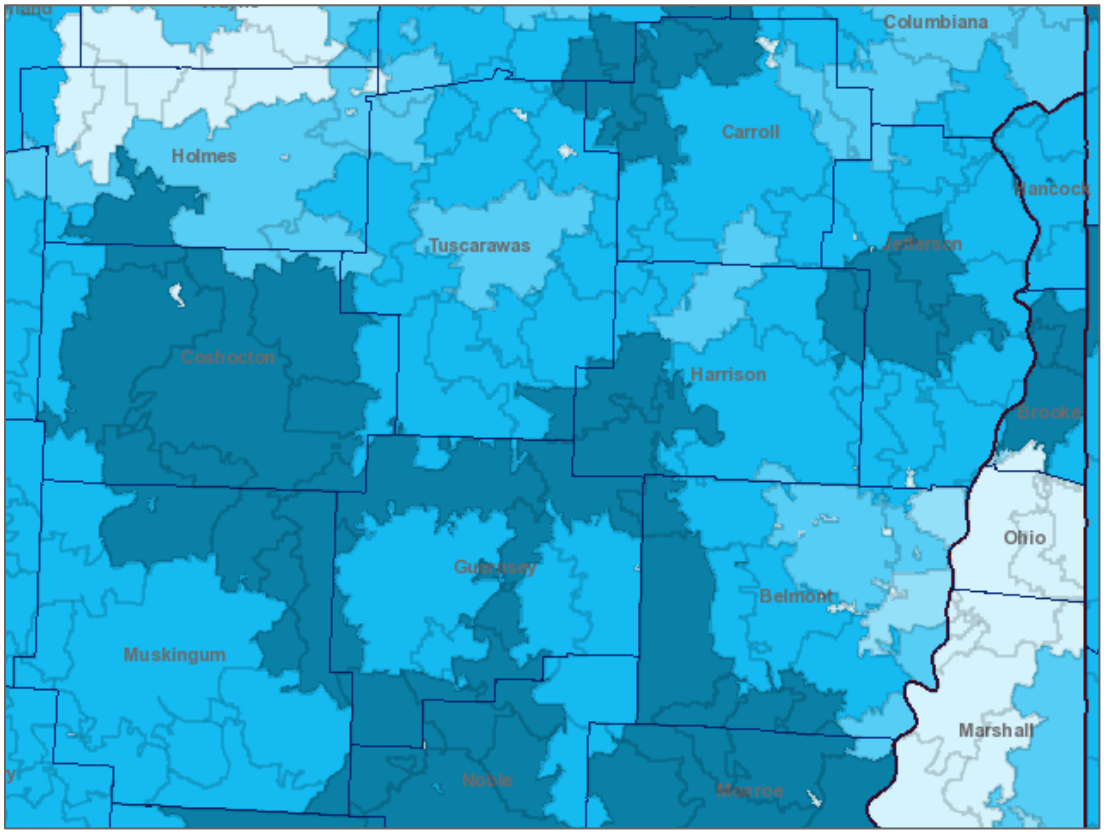
Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

- As previously referenced, Holmes County has the highest percentage of uninsured adults throughout the service area for each age bracket, attributable to the high number of older adults in the Amish community.

[24] Ohio Department of Aging. 2020-2022 Strategic Action Plan on Aging, February 2021.

The 2019-2022 State Plan on Aging suggests that older adults often are unaware of the services available in their communities. Of those who are aware of the services, many do not know where to go or what agency to contact to access them. This holds for Medicare, Medicaid, or Social Security benefits information as well. The map below displays an estimate for the percentage of the civilian, non-institutionalized population for whom poverty status is determined that has health insurance coverage under Medicare or private health insurance in 2019. There are several areas where this population is more predominant than others, especially in Coshocton County where over 60.0% of the population has Medicare or private insurance.

Exhibit 31: Population With Medicare or Private Insurance

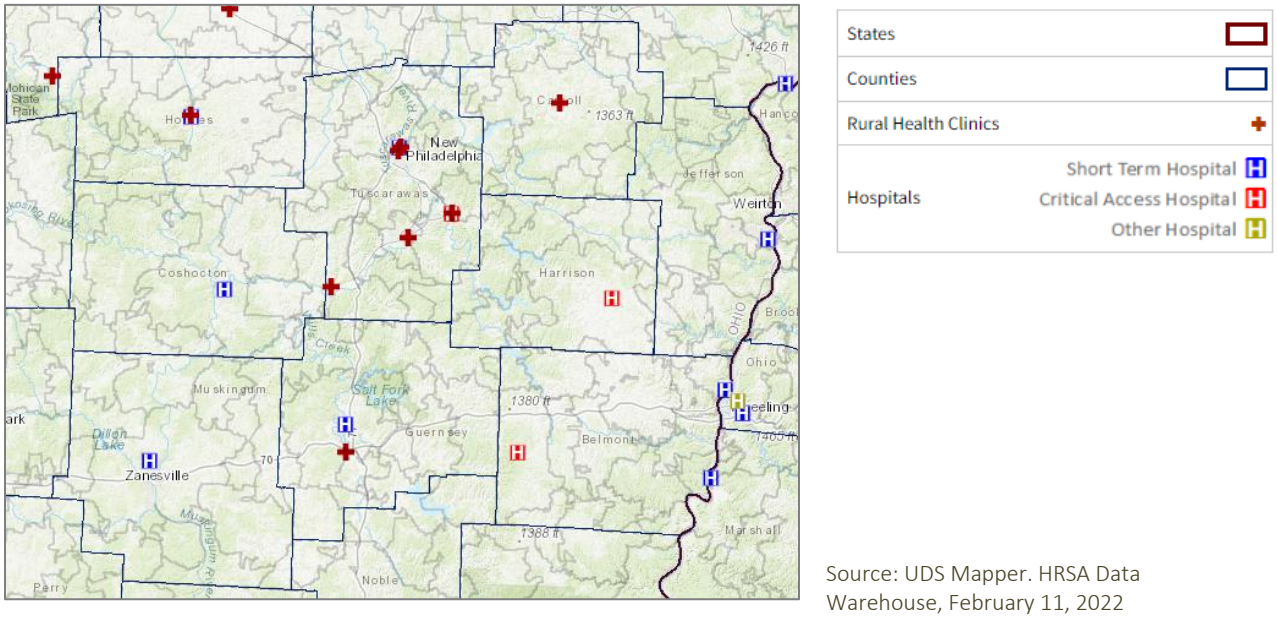


Source: UDS Mapper. U.S. Census Bureau, American Community Survey one-year estimates for PUMAs, 2019

States	
Counties	
HCP: Medicare/ Private Ins. (%) 2020 for Combined	
<10%	
10 - 20%	
20 - 40%	
40 - 60%	
>60%	

The map below displays the location of all hospitals by type (short-term, critical access, and other), as well as rural health clinics throughout the service area as of February 2022. Tuscarawas County contains the majority of rural health clinics per county whereas Harrison, Belmont, Coshocton, Jefferson, and Muskingum County have none within county limits. While the map shows that nearly all counties, except for Carroll County, have a hospital in-county, most are considered' short-term hospitals. As previously noted, older adults commonly need a higher level of care, including specialty care, that short-term hospitals may not be able to address. A comprehensive list referencing Federally Qualified Health Care Centers (FQHCs) within the service area can be found in Appendix A, page 94.

Exhibit 32: Map of Service Area Hospitals & Rural Health Clinics



Source: UDS Mapper. HRSA Data Warehouse, February 11, 2022

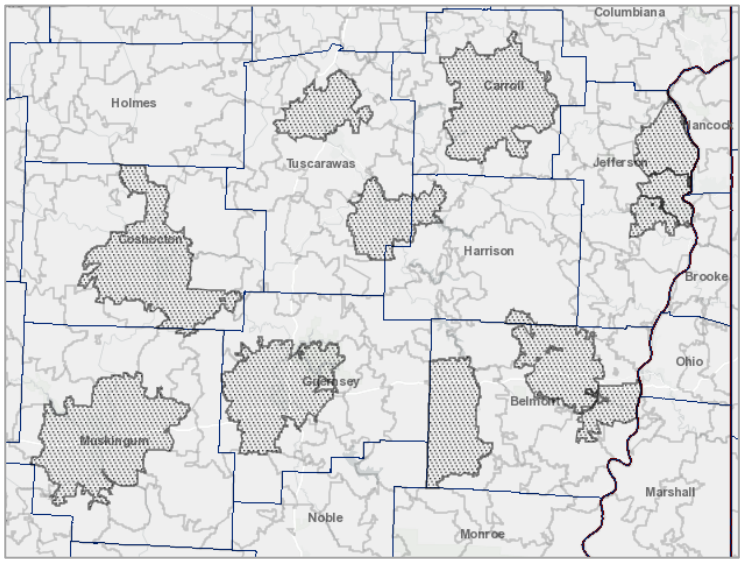
Exhibit 33: Service Area Hospitals & Rural Health Clinics

Business Name	Location County
Alecto Health care Services Martins Ferry LLC	Belmont County
Barnesville Hospital Association, Inc.	Belmont County
Prime Health care Foundation - Coshocton, LLC	Coshocton County
Southeastern Ohio Regional Medical Center	Guernsey County
Harrison Community Hospital, Inc.	Harrison County
Pomerene Hospital	Holmes County
Trinity Hospital Holding Company	Jefferson County
Genesis Health care System	Muskingum County
The Union Hospital Association	Tuscarawas County
Trinity Hospital Twin City	Tuscarawas County

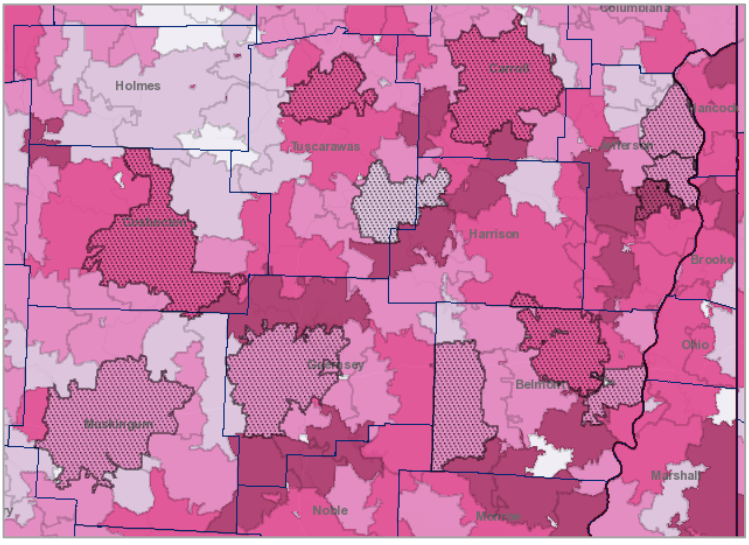
Source: UDS Mapper. HRSA Data Warehouse, February 11, 2022

The Ohio Department of Health defines a Home Health Agency (HHA) as an agency or organization that is primarily engaged in providing skilled nursing services and other therapeutic services, and that has policies established by a group of professionals (associated with the agency or organization), including one or more physicians and one or more registered professional nurses, to govern the services which it provides.[25] The maps below designate zip code tabulated areas where active Home Health Care (HHC) and Home Health Agencies (HHA) are located within the service area according to the Ohio Public Health Information Warehouse as of November 2019. While the first map simply highlights the locations of these facilities, the second map highlights where these facilities are located in relation to older adult communities. All service area counties, except for Holmes County, contain a home health care or home health agency. A complete table of HHC and HHA facilities within the service area is located in Appendix A.

Exhibit 34: Map of Home Health Care & Home Health Agencies



States	
Counties	
Selected ZCTAs	
Pop: 65 and older (%) 2015-2019	
<10%	
10 - 15%	
15 - 20%	
20 - 25%	
>25%	

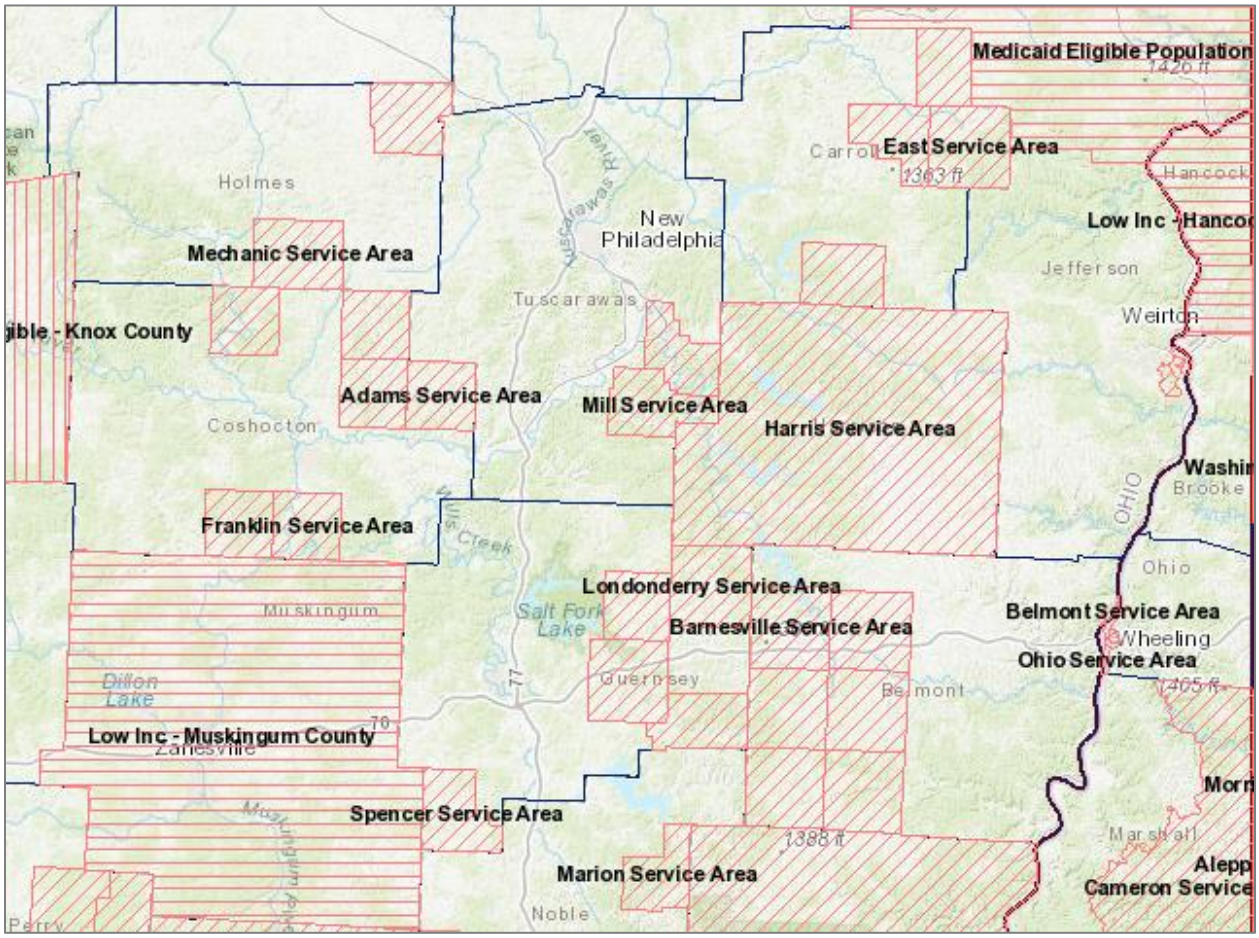


Source: Ohio Department of Health. Ohio Public Health Information Warehouse, Ohio OneSource Facility Lookup Tool 2019

[25] Ohio Department of Health, Home Health Agencies.

Exhibit 35 displays Medically Underserved Areas/Populations (MUA/Ps), which have been found to have a shortage of health services and may be urban or rural areas or population groups. A medically underserved population may include groups of persons who face economic, cultural, or linguistic barriers to health care.[26] Both Muskingum and Harrison County in their entirety are considered MUA/Ps. It is important to note that this data is as recent as February 2022. There are MMUA/Ps within every service area county.

Exhibit 35: Medically Underserved Areas/Populations



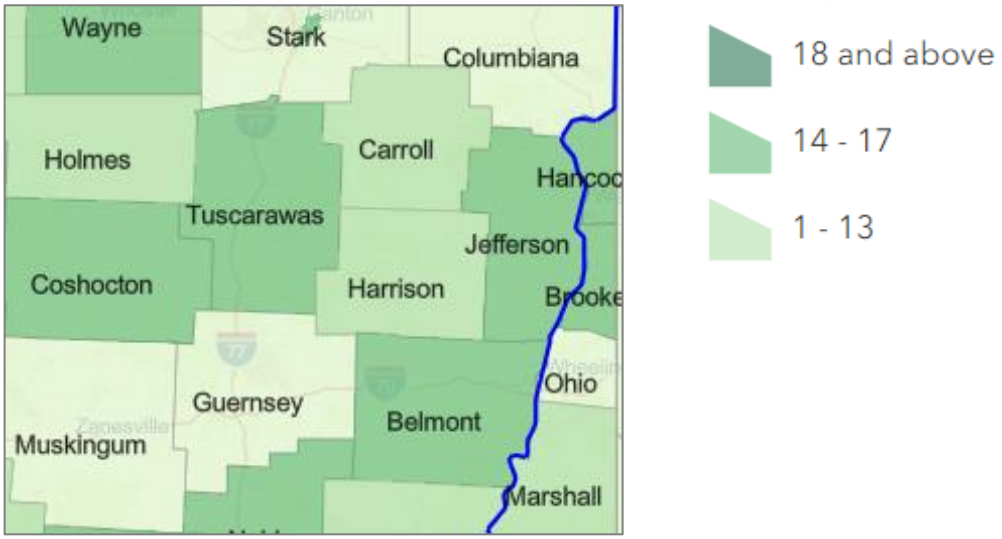
Source: UDS Mapper. HRSA Data Warehouse, February 11, 2022

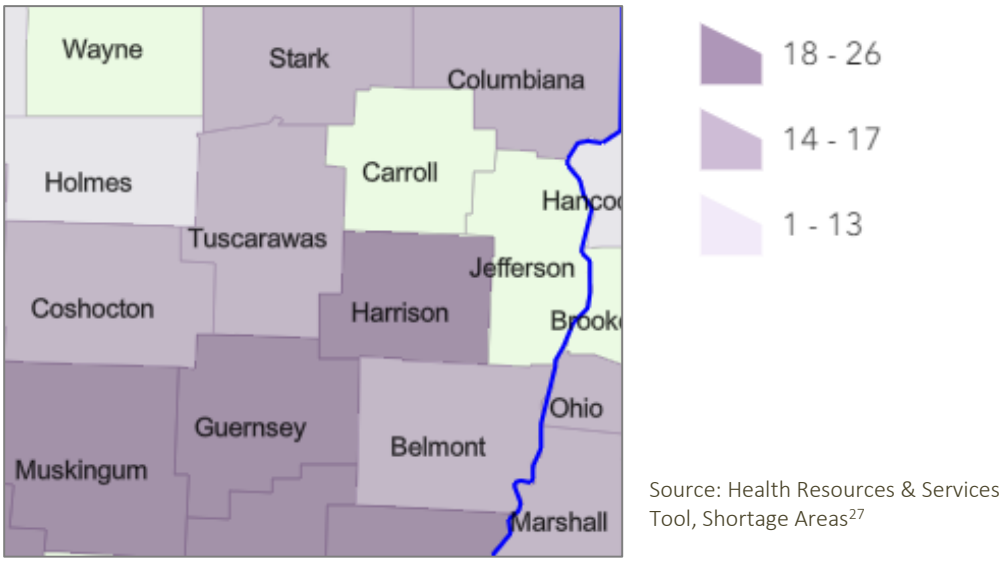
States	
Counties	
Medically Underserved Areas/Populations (MUA/P)	MUA
	MUP
	Governor Designated

[26] UDS Mapper, Glossary.

The Health Professional Shortage Area (HPSA) find tool can be utilized to identify counties and states with the most severe provider shortages for a select variety of health care disciplines. Scores range from 0 to 26, with a higher score indicating greater priority. The maps below indicate health professional shortage areas by HPSA score. Belmont, Coshocton, Jefferson, and Tuscarawas Counties have the highest levels of primary health care provider shortages. Guernsey, Harrison, and Muskingum Counties are most impacted in terms of dental provider shortages.

Exhibit 36: Map of Designated Primary Care Area & Dental Care HPSAs





Source: Health Resources & Services Administration. Map Tool, Shortage Areas[27]

[27] Health Resources & Services Administration. Map Tool, Shortage Areas.

Exhibit 37 indicates the ratio of the population to primary care and dental health providers. The ratio represents the number of individuals served by one provider per county if the population was equally distributed across providers. For example, if a county has a population of 50,000 and has 20 mental health providers, their ratio would be 2,500:1.

The value on the right side of the ratio is always 1 or 0; one indicates that there is at least one provider in the county, and zero indicates there are no registered mental health providers in the county. In Ohio, there are approximately 1,300 primary care physicians and 1,560 dentists per resident – a better ratio than the United States in general.

Exhibit 37: Ratio of Primary Care & Dental Providers

	Primary Care (2018)	Dentists (2019)
United States	1,030:1	1,210:1
Ohio	1,300:1	1,560:1
Belmont County	2,810:1	2,230:1
Carroll County	4,510:1	2,450:1
Coshocton County	3,050:1	2,820:1
Guernsey County	2,440:1	2,050:1
Harrison County	3,790:1	1,320:1
Holmes County	3,990:1	3,140:1
Jefferson County	2,440:1	1,770:1
Muskingum County	1,510:1	1,630:1
Tuscarawas County	2,490:1	2,360:1

Source: County Health Rankings & Roadmaps, 2021

- Each of the counties in the AAA9 service area is more sparsely covered by primary care providers than Ohio and national average ratios. The range between the counties varies by a factor of three, with Muskingum County at a ratio of 1,510:1 patients to providers and Carroll County with a ratio of 4,510:1.
- As far as dental care, the provider ratios have a smaller – though still notable – range of variation, with Muskingum County having the fewest residents per dentist (1,630:1), and nearly twice that rate in Holmes County (3,140:1).

Qualitative Research

The qualitative methodology for this assessment consisted of community-wide focus group discussions and one-on-one interviews with key leadership from partner senior centers within the service area.

Perceptions and insight were gathered from approximately 20 individuals which provided the opportunity for in-depth conversations focused on the challenges and barriers experienced by senior center leadership and staff, caregivers and kin, and older adults from each county.

Nine virtual focus group discussions were held via Zoom facilitated with a moderator's guide designed specifically for AAA9's target population, further enabling participants to highlight areas of consensus as to what they understand to be the greatest needs. Appendix B contains both the key stakeholder interview guide and the focus group moderator's guide.

Participant Groups

In addition to AAA9's nine regional focal points (partnering senior centers), a diverse group of community organizations provided valuable insight into the challenges and barriers the target population may experience through key stakeholder interviews and focus groups. Below is a small *sample* of organizations that participated in the qualitative data collection process.

Jarvis Law Office, Visiting Angels of Belmont County

Ohio Guidestone, Tuscarawas County Public Library, Interim Home Health

Tuscarawas County Public Library, Interim Home Health

Guernsey County Sheriff's Office, Guernsey County Commissioners, Horizons Rural Public Transportation

Qualitative Discussion Themes

The combination of qualitative methodologies resulted in several themes highlighting areas of need, referred to as ***qualitative discussion themes*****.** Each of the themes impacts the subsequent ***high-level observations and action areas.*** The themes identified below use de-identified illustrative observations that are representative of respondents' consensus perspectives. In several cases, the observations highlight examples of potential interventions.

Photo Credit: Carroll County Council on Aging

Participants express the severe impact that the COVID-19 pandemic has had on the older adult population.

- *"Seniors have suffered more. Seniors are scared to come out. The fear is almost like PTSD."*
- *"In Guernsey County, recovery from COVID-19 means being able to transition into more positive thoughts or finding the good. Trying to keep things light and upbeat for our seniors, we have a lot of work to do. We spent 50 years building really strong programs and COVID came along, and we got cleaned off the map, and we need to start over. It will take a lot of resilience, and a lot of trust-building as well - not for our agency but fellow mankind."*
- *"Before COVID, Kno-Ho-Co-Ashland Community Action Commission Senior Center had exercise programs and social events and were doing after-hours community activities. We were planning to bring that back after COVID. We are trying to do it slowly and hope we don't get shut down; other facilities have chosen to open and had outbreaks."*

The qualitative interview results highlight the substantial need for mental health and substance use treatment services, specifically for the older adult population. Related stigma was also mentioned by participants.

- *"Access is a challenge. We maybe have 15 counselors in a four-county region and most of them are at double the capacity. There is a shortage of professionals to fill those positions."*
- *"Older adults have been on opiates for quite some time and although they don't like to use the term addiction, they are reliant on the meds. There are a lot of older adults struggling."*
- *"There are a wide variety of mental health providers but they are very taxed as well with waiting lists and the stigma."*
- *"With our population as a whole, we need to be very aware that in a post-COVID world we have a lot of work to do around mental health and wellness. They have gotten used to a very anti-social lifestyle; we need to engage them so they feel comfortable being in group settings again and mingle with their peers. There's a lot of depression and loneliness - not only because of COVID, just because of the culture of the world."*
- *"Older adults who have had substance use disorders in the past are trying to maintain sobriety and there aren't the systems in place to make those things immediately happen in Tuscarawas County."*

Access to affordable prescription medications was identified as a challenge. Medications are extremely costly for those on a fixed income, or who live in socioeconomically depressed service areas.

- *"The local pharmacies will run prescriptions through different services to try to get the best help. If you didn't have the connection with the pharmacy, then they might not do that everywhere."*
- *"There is assistance out there, but they aren't broad enough for everyone. Some people don't meet all of the guidelines."*
- *"Whether it is doctors not realizing how much the medications cost, or the patient not realizing it until they get to the pharmacy. – they think Medicare takes care of it, but the plans don't do a good enough job to help the senior population."*

Inadequate health insurance coverage was cited as a barrier to services from transportation to in-home care/homemaking services. A general lack of funding for community-based programs was also mentioned.

- *"We have 140 hospitals all competing for Medicaid and Medicare money which leads to tugging and pulling on state officials and representatives. People don't understand how to go about contacting their representatives and fighting for a cause. Sometimes the biggest challenge is getting people to show up for a cause."*
- *"Especially in our communities, senior centers do a great job, but it's well known that we only provide about 5% of care that is needed, but it can be impactful. Until we fund programs within established provider networks to where we can afford to provide things like respite and friendly visiting, [they all] fall outside those traditional models."*
- *"There's a huge gap in services offered that are reimbursable under Medicaid for people 64 and older. There is no case manager for 64 and older and the needs are being unmet when it comes to social determinants of health. We can refer them to different agencies because we work well together, but that's all."*
- *"The Medicaid population is not well served because they are only taking a limited number of patients because of the low reimbursement rates."*

Concern over rising cases of elder abuse and exploitation was included in most conversations. Senior center leadership and staff indicated a strong community effort to protect older adults within their communities while working with the appropriate channels to investigate potential cases.

- *"We need more exploitation specialists to help [protect] seniors from abuse."*
- *"On a yearly basis we get 200 to 300 reports that they've been scammed. I think it goes back to seniors being afraid to report it. They are embarrassed that they have been scammed and to admit it."*
- *"From an Adult Protective Services perspective, there is an increased rate of exploitation. If it's not truly abuse and neglect APS will flip it back to the senior center so they will follow up."*
- *"If anyone knows of a situation – and it doesn't have to be an APS referral – we think out of the box. We reach out to them and get involved. Sometimes families won't let us in, but we are very creative getting in there."*

High-Level Action Areas & Observations

In addition to the ***qualitative discussion themes*** above, certain actions flow naturally to identity the greatest needs of the community and are critically important to include in any planning response. The following **High-Level Action Areas** are most representative of respondents' consensus in both qualitative interviews and focus group discussions. These key action areas and some associated observations that are representative of respondents' consensus perspectives from the interviews are included on the following pages.

Please note, Action Areas are in alphabetical, not prioritized, order.

Access to Local Specialty Health Care

While accessing primary care was not identified as a major issue, every service area county expressed several challenges to accessing specialty care for older adults. Several research studies have concluded that travel to reach a primary care provider may be costly and burdensome for patients living in remote rural areas, with subspecialty care often being even farther away. These patients may substitute local primary care providers for subspecialists or they may decide to postpone or forego care.[28] One-on-one interviews and county-wide focus groups cited a sheer lack of local specialty providers, lengthy wait-lists, and extensive travel times as common barriers. Internet access was identified as a major barrier.

"In Ohio, under the Medicaid program to get 24-hour care and assistance, you basically need to meet income guidelines - the poorer you are the more resources you get. It's very discriminatory because there's a pocket of seniors that don't meet the guidelines but can't pay for the care they need."

- Regional Focus Group

- *"Across the service area, older adults are reportedly not seeing specialists because they are not available in-county. Locally, some of the providers don't have a good reputation, so there is a lack of quality care."*
- *"We have fairly high rates of cancer in Guernsey County. Along with that, there is heart disease and some other related health issues primarily related to sedentary lifestyles. There are wait times to see some of the specialists. It's three weeks to get in with a podiatrist. Three weeks is a decent amount of time, but with an aging population, if they can't get in quickly, they will give up on the idea. It's more time to convince them to follow through."*
- *"In Jefferson County, our community health assessment scores very poorly between 78 and 88 on the list of priorities; good health is very poor, diabetes, obesity very high, one of the worst in all of Ohio, so with bad risk factors and high elderly population, we need to be able to offer more services. "*
- *"Tuscarawas County's local hospital partnered with a hospital three counties away, so specialty care is not local. We do have a lot of specialty facilities 40 minutes away from us, but services are migrating more north of us because of that new partnership. We hoped the partnership would increase access."*
- *"Belmont County has two major centrally located health care facilities, but they are both limited on what they can do. There are a few urgent cares [centers], and most use them as their primary care physician. Belmont County Senior Services brings lab services in-house because of the lack of access. The hospital system is under West Virginia University, so a lot of specialty providers are leaving. Patients have to travel to West Virginia to access care."*
- *"In Carroll County, there's a lack of occupational and speech therapists as well as visiting home nurses. Our local services just stopped cardiac rehab – so now people who need this service several times a week have to go 35 minutes away."*

[28] Rural Health Information Hub. Health care Access in Rural Communities, How does the lack of health care access affect population health and patient well-being in a community?

- *"In Harrison County, West Virginia University seems to be buying everything up. Some specialty doctors will come in-county once a week to the hospital but some clients go to Trinity to see specialists. Sometimes there are long waits."*
- *"I am 81 years old and I had a fall in December and broke my hip. I was at a care center for two months. I have a friend in Belmont County, and she told me about all the assistance she was getting – a nurse coming in two times a week, therapist two times a week – all set up before she left the hospital. My daughter checked in Harrison County, and not any of those services could come to my house. Harrison County seems like it is at the bottom of the list. I was in Wheeling Hospital and we were at the same hospital. She was discharged to Belmont County and I was [discharged] to Harrison County."*
- *"We need more locations of health care in Muskingum County. We had two hospitals before but now we have to wait a long time to get seen. My husband had the best physical therapy we could imagine. It enabled him to do things that I didn't think he could achieve. We lost the physical therapy program at the hospital because of insurance companies. It is hard to see that people can't benefit from that kind of physical therapy program. They would've carried it through to the new hospital if it wasn't all about insurance."*
- *"In the middle of the night if I fall – I would have to drive two hours to Canton. Whatever the situation, we kind of need local access as older adults."*
- *"Seniors utilize the Emergency Department as their primary physician and there is not that continuity. The ED does not know their life health history."*

Awareness of Services

Given the rural landscape of AAA9's service area, exacerbated by a lack of internet and transportation options, senior centers, older adults, and caregivers experience challenges in learning about existing programs and services. Nearly half of adults ages 65 and older watch the news on network television, compared with just eight percent of adults between the ages of 18 and 29.[29] Digital inclusion was a concern by community leadership, and participating older adults expressed frustration with dwindling print media/news outlets and the lack of previously relied-on tools like phone books and directories.

- *"There is often no one to call because of HIPAA. We're not sure who to call after hours. Who do we call at 4 p.m. on a Friday because a gentleman doesn't have heat?"*
- *"Jefferson County has a lot of knowledge out about how to get help with housing but there are some people in more remote areas who don't have access to that info or don't know where to turn to get help."*
- *"In Belmont County, information has been the big steppingstone. Information on the internet means nothing to the older population. The newspaper is what the older population reads. More information needs to go out through that method."*
- *"Older people don't know where to go or who to ask. If you don't have someone who can get online, then they don't have the support and fall through the cracks."*
- *"There is a bulletin board at the Muskingum County Senior Center, and it is very seldom [that] people use it. It is not frequently updated."*
- *"We used to have a resource guide. We have a lot online but we want to see if we have the funding to have a hard copy."*
- *"Older adults don't have the internet. They don't have phone books anymore."*
- *"Our experience with Holmes County and the Amish community [is that] they will come to educational services but they won't accept charity, Medicaid, or other services."*
- *"A lot are not aware of what is [available]. They might know it is here but they don't know what is happening."*
- *"Physicians are on a timeline and are in and out and don't want to take the time to have long discussions with seniors, which is where some of the awareness of programs that are available for the seniors [comes from]. If the physicians knew about our services and what we would do, then it would help."*
- *"I feel like we market 24/7 what we do and I still feel no one knows a third of what we do."*
- *"Some things that are a challenge is there is a large population that isn't connected for whatever reason to our senior centers even though they could benefit. They fall out of the loop and there is no PSA on the television saying this is what you need to tap into if you need the service. There is a broad campaign that is needed. If we could broadcast the information instead of waiting for them to come to us, [that] would be beneficial."*

[29] Alzheimer's News Today. Seniors Lack Easy Access to Important Health Information, 2021.

Caregivers & Kinship

Kinship care and caregiving is a critically important problem to address within the service area, particularly with a large aging population living in rural settings. Respondents indicated that there is a high volume of grandparents legally responsible for grandchildren for many reasons – parental substance use included. Even existing supports may prove challenging, as caregivers may not have the time to be on a virtual call or attend an in-person meeting because they don't have childcare while they are gone. Support groups and opportunities for respite vary across the service area. Estate planning was recognized as a common challenge.[30]

"Not every meal delivery driver can sit with someone for 15 minutes. But it would make such a difference to those individuals.

- Community Stakeholder

Qualitative data indicate that older adults are accessing senior center services too late in life after they are burnt out and options are depleted. Respondents shared that older adults don't want to ask for help because they think they can take care of it early on.

- *"There are a lot of seniors that don't have family or support in Muskingum County. Their families are dysfunctional, seniors don't have children, or their children live out of state. There's a lot of generational poverty in the area. There are a lot of parents taking care of parents."*
- *"Tuscarawas County doesn't have enough caregiver support. We have no respite care for caregivers who are stuck in the home working with their spouse who has dementia. There is a volunteer program stipend to volunteers from the federal government for a companion that can sit in with mom, so my dad can have time to go to the doctor's office. I signed up in September and I am still waiting for respite care."*
- *"There might be a stigma in asking for help. My mother had Alzheimer's and I was ashamed of asking for help when I was younger, maybe because it wasn't an accepted disease."*
- *"In Tuscarawas County, we have seen a 90-year-old taking care of a 70-year-old, because if the family doesn't do it, there's no other option for them. People are living longer. Law enforcement and church groups do welfare checks once a week to check in on heating and food insecurity."*
- *"In Guernsey County, what we lack is adult daycare centers. It is needed as the economy takes a turn, more and more people are forced to work longer than anticipated. People need to work longer in their life span, you may also be caring for aging parents and trying to work and that becomes a great challenge."*
- *"Holmes County – the Amish – don't have problems taking care of the seniors."*
- *"There are a lot of grandparents that may have legal responsibility for their grandchildren or other children in Belmont County, especially because of the substance use issues of their children. Ohio's Department of Job and Family Services does provide services, but now caseworkers only*

[30] Estate planning is a process involving the counsel of professional advisors who are familiar with the individual's goals and concerns, assets and how they are owned, and family structure. It can involve the services of a variety of professionals, including the individual's lawyer, accountant, financial planner, life insurance advisor, banker, and broker (American Bar Association).

process applications, they don't provide social work services. Families are out on their own. There's a children's service unit but they only qualify if there's abuse or neglect."

- *"There is a 72-year-old couple who has a granddaughter that is in prison and she has Five children. There are a lot of programs that are helping them, but each child has a different insurance program.*
- *"There might be a stigma in asking for help. My mother had Alzheimer's and I was ashamed of asking for help when I was younger and maybe because it wasn't an accepted disease. We need to find a way to address people to get people to work on things early on and break the generational mindset of being proud and doing things on their own."*
- *"In Carroll County, we have an Alzheimer's Disease support group, but we have not had anyone show up."*
- *"Muskingum County could benefit from support groups. At one point there was a counselor and people didn't utilize her, so she is not there anymore. People don't take advantage of systems out there."*
- *"People don't think they need support until it is a crisis point. We need to find a way to address people to get people to work on things early on and break the generational mindset of being proud and doing things on their own."*
- *"Nobody plans for it until they need it. There is no long-term planning, and when they need it, they don't understand it cause they are older themselves. There needs to be some education and encouragement to have a long-term plan for their living [situation]."*
- *"It seems like seniors in Harrison County – I don't think they need services yet – they are still young seniors, and it seems like they are waiting until they are older."*
- *"At Tuscarawas County Senior Center, we bring in the funeral homes to talk about planning and things like paying ahead of time, and who is doing what with the estate. But I have never heard of anyone talking to seniors that would sit them down [for long-term planning]."*

Expanded Transportation Services

A crucial factor to aging in place is being able to interact with one's community. Therefore, access to transportation is a key, essential component of livable communities.[31] Transportation services throughout the service area exist; however, limitations prevent older adults from thriving in their late years, such as engaging in social activities, church services, and as previously mentioned, health care services.

- *"The transportation In Muskingum County needs to cover more area. There is a bus that takes you places but you have to make an appointment over a week [in advance] and sometimes you don't have the opportunity to call ahead, like if you fall or break your arm. I can drive to the hospital in Zanesville, but if they give me something at the hospital then I can't drive home."*
- *"There's no public transportation in Belmont County. Besides our services, there is Southeastern Transportation Authority [South East Area Transit], but they only transport within a certain mile radius and it's not affordable for seniors. We have no Uber or Lyft."*
- *"Tuscarawas County Senior Center has a fleet of 26 vehicles and it's really well organized for people aged 60 and over, and another program for 50 and over two nights a week at six dollars round trip. But, if there was availability for specialty times, extended services out of the county, and weekend services, we would be able to take them to that concert at the performing arts center. It does isolate them and does not give them options the rest of the community has. Taking people from Tuscarawas county to Cleveland clinic is $350-400 roundtrip. A dollar seventy a mile."*
- *"Carroll County Council on Aging does provide transportation to low-income Medicaid recipients to get to wherever they need to go but it's only for the Medicaid-eligible. The Medicaid folks are in a different situation. Staff[ing] in Carroll County is a huge issue and was even before COVID. When you are going to a specialist that's two hours away – unless you can get an 11:00 a.m. appointment – you can't go. When our specialists are in Cleveland, that is two hours away, so we lose a lot of appointment time by needing travel time."*
- *"One of our biggest frustrations at the Tuscarawas County Senior Center is the reimbursement rate of transportation. It does not meet the true need. We are not able to expand or grow because I am paying for what I do."*
- *"We would love the funding to do transportation on Sundays. Local churches are suffering, people are afraid to go back to church and some don't have transportation to get there. Small rural churches can't fund transportation. We want to help individuals to do that. We are hoping to grow and expand it well beyond Guernsey County."*
- *"In Holmes County, there's such a need for handicapped transportation. At the center, we have one van, and our contract with AAA9 provides only a 25-mile radius, and seniors want to go into a larger city because it has a better health system and we can't take them."*

[31] Rural Health Information Hub. Transportation Programs.

Homemaking Services

Homemaking services are provided through partnering senior centers and home health agencies, although access to these services varies by county. These services may include bathing, dressing, light housekeeping, and even pet care. A lack of staffing for homemaking services is a major problem and has been even before COVID-19. For example, at one of the partnering senior centers, one of the biggest struggles reported was the employer shortage issue within the home health field with staff stating, *"Leadership is desperate to hire people".* Barriers delineated by eligibility standards were identified as a concern. For instance, one senior center shared that recipients of homemaking services require a referral from a primary care physician, and many older adults see this requirement as a barrier.

- *"There are homemaking and personal care providers around Belmont County, but they can't staff them. Muskingum County does have options for in-home care [but] it's more costly and in high demand."*
- *"There are Medicaid PASSPORT and waiver programs, but private insurers and Medicare don't pay for home care. We could help people reduce the amount of Emergency Department visits if they had a good support system at home, but it is difficult when there aren't enough measures in place. Not everyone can afford it. Some people are barely over the poverty thresholds that allow them to tap into the services."*
- *"The Harrison Senior Center is understaffed with homemaking and transportation. It's always been a problem. People come in to get a job, but you mention a drug and alcohol test and they never come back."*
- *"In Tuscarawas County, employees have to pass a background check and then be willing to work for the wage. Through the pandemic, it came to be a much larger challenge. To be eligible, it's almost on the honor system - you just say you're homebound and you get enrolled."*
- *"Since Guernsey County Senior Citizens Center is a non-profit, it is a problem to raise wages. It continues to be an issue and a concern because more and more older adults are requesting services and we just do not have available staff. It's the longest waiting list we have, but AAA9 has always worked really well with us to help. Homemaking has been a blessing, but there are people we see times after a storm when there are branches down in the backyard, and there aren't services available or affordable for our seniors to do that."*
- *"In Coshocton County, homemaking has been more popular, but they can't keep workers. A lot of people are struggling to find home aid; it's a staffing issue. I know of one instance where it took someone a while to find someone new, and someone was supposed to come but they didn't."*
- *"Carroll County is rural so typically when we hire someone to go out to give home care, they are going house to house but we're 40 minutes out from a lot of homes. A home care company will come in to serve the community and we [are] super excited, but then they last a month and they are done."*
- *"Tuscarawas County has an issue with private care. We don't have any of it. We have a few people to do private nursing care, but they aren't really trained. People are hiring neighbors down the street to stay the night with them, but they don't know their medical needs. If the seniors fell, they probably couldn't help them up. For in-home services, some people don't meet governmental assistance guidelines. We had a client who had too many assets and it was too*

expensive for him to pay out of pocket. His son had to reach out to several nurses to try to get 24/7 care because he didn't qualify for the services."

- *"We require drug and alcohol screenings for employees, and that's causing job challenges. People can't pass pre-employment and random drug and alcohol tests, [but] it adds to the credibility of our program."*

Quality Affordable Housing

The qualitative research indicates that quality, affordable housing is a major problem for AAA9 service area counties. Older adults in rural areas face housing challenges that are often worsened by differences in demographics, infrastructure, economic conditions, and density.[32] Participants mentioned the old age of much of the housing stock, as well as affordability, repairs, maintenance, and accessibility modifications.

- *"Holmes County has several apartment complexes but for some reason, it's not Holmes County people getting into these complexes because they're bringing people in from other counties that applied from other counties. It's very frustrating to the seniors. In the western or southern parts of the county, there are no apartments. Our county home facility gives older adults everything they need including their medical care. It's a beautiful complex, but it's so hard to get into because of a long waiting list."*
- *"In Guernsey County, we have a lot of older two-story German-style homes, [but] as seniors age they predominantly want one-floor ranch-style houses with a garage. They don't want to live in a high rise. We have local senior housing locally, but they no longer meet the current trends or needs of seniors and that poses a big problem whenever you have elderly living home alone with bathrooms on the second floor. The need for home modification just continues to soar - there's never enough funding for that locally - there is just never enough money for all of the repairs."*
- *"In Carroll County, we just found out that even our housing sales market is outrageous. If you go to rent a house, it's $800 to $1,000 per month whereas it used to be $400 to $500 per month. A senior could never afford to do that. We have no HUD authority in the county – there's not enough HUD housing for people to start with, so when housing vouchers open up, they forget to notify Carroll County - they act like we don't exist."*
- *"We've had no issues in Carroll County with discrimination, but we have a landlord issue. Rent increases or things break down and landlords don't fix the problem, and seniors don't have the skill set to fix it themselves. Handymen come at a premium. It's 99.9% of it is a landlord-tenant issue. We have a lack of assisted and independent living. We've had a few companies come in looking at the ground for facilities, but nothing has happened."*
- *"In Tuscarawas County, the housing situation has been described as "disgraceful at best." We have seven to eight senior living facilities in the county, but most have a two-year wait. People watch the obituaries for an opening. Around here, $800 for monthly rent is a steal – most rentals are $1,000 to $1,200 easily. Landlords don't want to rent from seniors because they could make more money renting out to a family. Our metro housing authority even raised its bottom line to*

[32] HUD User. Housing Challenges of Rural Seniors, 2017.

try to expand services. I can't tell you the amount of time I spend on the phone trying to help find housing."

- *"In Coshocton County, there is only one complex and it's the only place for people to go for assisted living. Some people that just need a little help go there; [but] now a lot of people with Alzheimer's go because it is cheaper than a care center. We need more housing for 55 years and above that is minimal assisted living."*
- *"There are several assisted living [facilities] scattered in Belmont County. Most of them aren't at capacity now, but they are struggling with capacity issues. Some of them froze admissions during COVID, and now they are scrambling to get people in the door, and people aren't going there because there is no staff or quality care. Senior housing facilities in the county have not been updated since 40 years ago. They have not been modernized – it's the same kitchen and bathroom. Any kind of senior housing has been neglected."*
- *"In Muskingum County, there are several housing options, but there are waitlists. Some seniors still have outhouses and no running water. Rentals around here, even in normal times, are gone within the hour they are posted."*
- *"I've heard from several people in Jefferson County, and I think it's true that there's a lack of senior housing available in apartment complexes geared towards senior citizens. I use a wheelchair, and there aren't very many handicapped housing choices in our area. There are some places with a 10- to the 14-month-long waiting list."*
- *"Because of COVID, there has been a mass exit out of nursing homes and assisted living because of the fear of spreading COVID in the facilities and they can't see families. If they are Medicaid eligible, they have to sign over their property and people don't want to."*

Access Audit

The purpose of the Access Audit calls was to evaluate community access to senior centers within the nine-county service area to understand practical access to service issues perceived by individuals and prospective clients. The results provided insight to access gaps, improvement strategies, and service variations. The callers sought a range of older adult-focused services from transportation options to available housing.

The factors used to identify areas of opportunity during the calls involved:

- Access to information about services & programs offered
- Availability, associated costs, & eligibility criteria
- Ability of the facility to refer the caller elsewhere when the desired services are not provided
- How staff asks questions to define prospective client needs

Access Audit calls were made to the following nine focal points of AAA9, including,

- Senior Services of Belmont County
- Muskingum County Center for Seniors
- The Harrison Senior Center
- Holmes County Darb Snyder Senior Center
- Guernsey County Senior Citizens Center
- Tuscarawas County Senior Center
- Carroll County Council on Aging
- Kno-Ho-Co-Ashland CAC Senior Center

Narrative Summary by Question Area

The purpose of the audit was to identify general access to care issues in AAA9's service area – *not to profile any site*. Access audit calls revealed key barriers that may limit an individual's ability to access older adult services in the community. The broad issues noted can be used to help guide, validate, or improve service site-level practices that impact an individual's ability to receive care. Overall, AAA9's partner agency service providers included in the access audit were typically friendly and present in the conversation. They provided clear information about the services that are offered at their center. Out of all nine facilities, callers were presented with only one automated response service. Callers reached a person immediately on nearly every call. The caller called a facility after hours and left a voicemail, which resulted in the call being returned the next business day. One facility transferred the caller to another staff member to inform the caller of specific information about the programs and eligibility criteria. Additional observations are listed below.

The ability of the site to accept new clients into programs.

All the sites that were contacted stated that there were no waitlists for older adults to enroll in their programs. Less than half (44%) of sites asked the caller which town/city the older adult lived in. All sites gave information about age requirements and costs associated with each program. The majority of facilities emphasized that the costs of general programs such as home-delivered meals, meals at the center, and activities such as Bingo are a suggested donation and not required if the older adult cannot afford to pay. In one instance, four callers seeking transportation services to different centers were calling on behalf of their parents. The four facilities verified that they have transportation that requires the older adult to call with a service request 24-48 hours in advance.

The process to enroll in programs and the facility's ability to refer the caller elsewhere when the desired services are not provided; and how staff asks questions to define prospective client needs and other information before making an appointment.

The ability to get patients immediate access to services was available at all nine facilities. For home-delivered meal services, callers were told that once the paperwork was filled out, food delivery would be available the next day. A few facilities mentioned that if the loved one doesn't answer the door when the meal is delivered, the driver will call the emergency contact and emergency services. Staff also mentioned that they do regular wellness checks when meals are delivered. When asked about other services and assistance that the facilities did not offer, staff frequently offered names, emails, and contact numbers to other facilities that could be of service such as the Area Agency for Aging. In one instance the caller asked if there were any local agencies or organizations that provided home equipment such as shower chairs and ramps. The staff member gave the caller addresses and phone numbers to local places that offered the equipment. The staff excelled in this field and were extremely knowledgeable about the programs and services provided to the community. Staff members spoke eagerly about the various activities offered through the facility. In most cases, callers received an abundance of additional detailed information when calling service sites.

Community Survey

The purpose of the community survey was to capture the importance and availability of services and needs of older adults and caregivers within AAA9's service area. The survey was available to all community members between March 8th and March 31st and captured the voices of **691** community members. To ensure equal access for residents with little to no internet access (especially for the older adult population and rural geography), paper copies of the survey were disseminated within all nine senior centers.

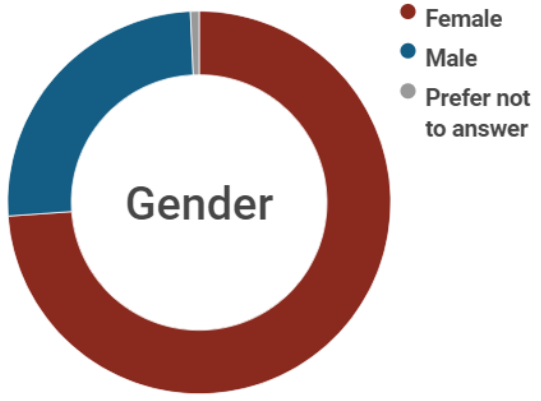
Community Survey Data Limitations

For this assessment, the community survey served as a practical tool for capturing the insights of individuals of each county. It is important to note that the sample size of respondents **does not** ensure accurate representation of the target population in each county. For example, Muskingum County contains the second largest population within the service area of AAA9 but makes up just 6.9% of respondents.

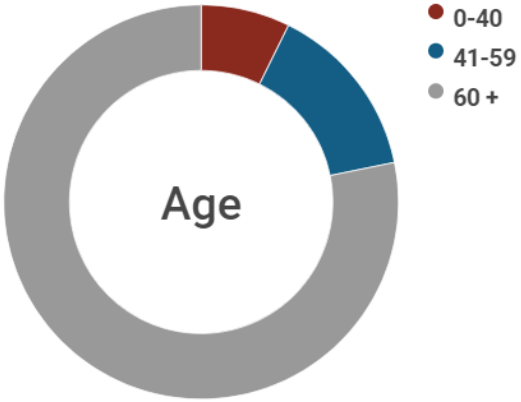
Survey Respondent Demographics

Nearly 75.0% of survey respondents identified as female, 25.4% as male, and 0.7% preferred not to answer. It is important to note that a majority of survey respondents were age 60 or older (78.2%), indicating that survey results appropriately voice the opinions and thoughts of the older adult community. Please note, that the sample size included in each chart (n) indicates the number of survey respondents who answered demographic questions.

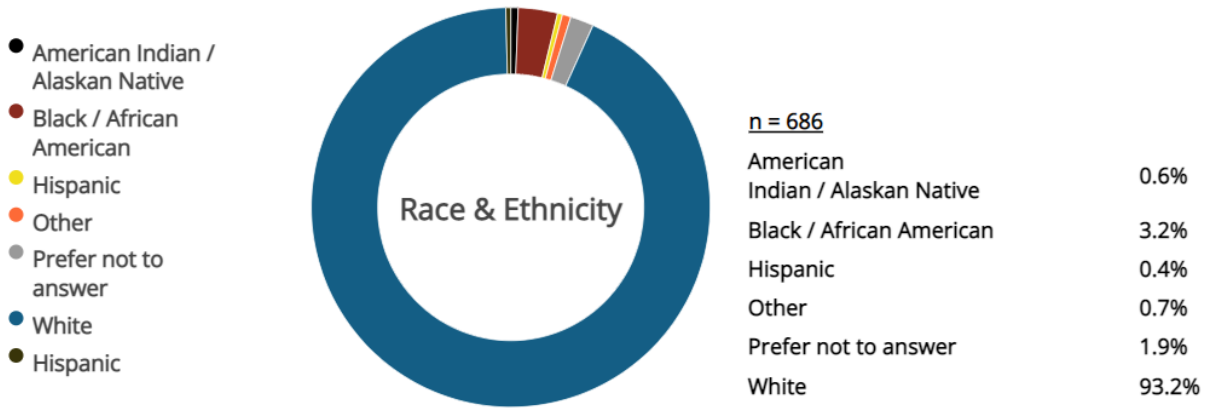
Exhibit 38: Survey Respondents' Demographics



n = 685	
Female	73.9%
Male	25.4%
Prefer not to answer	0.7%

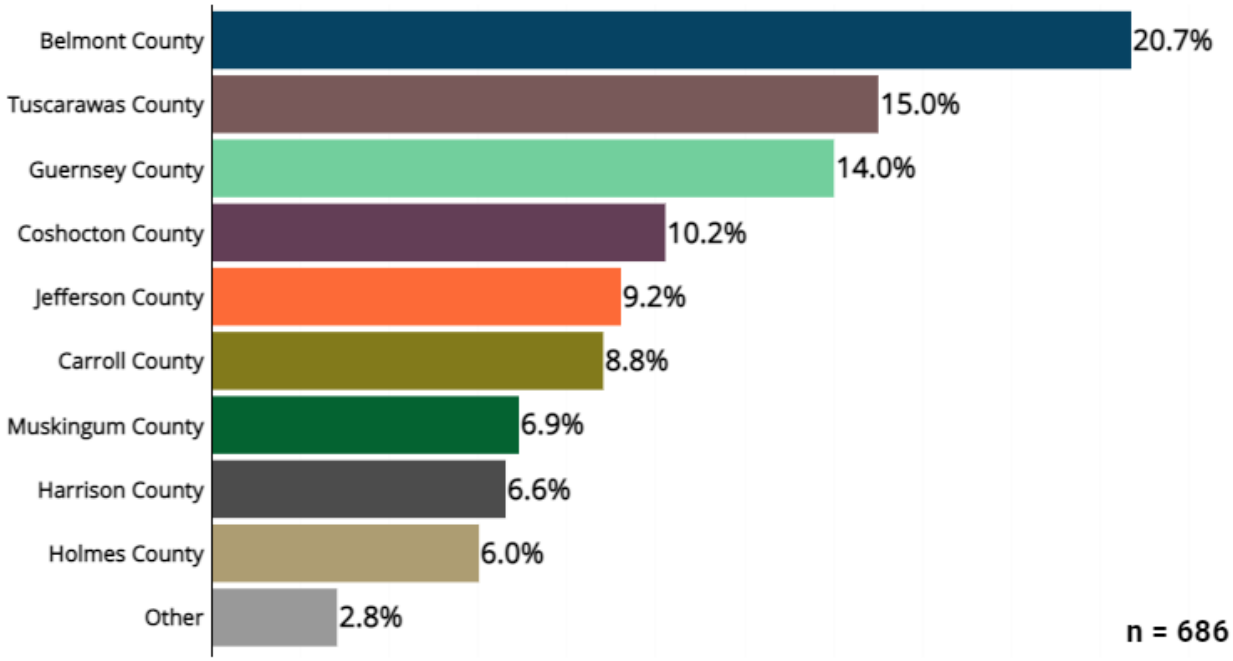


n = 684	
0-40	7.3%
41-59	14.5%
60 +	78.2%



Of the individuals who took the survey, most respondents reported living in Belmont, Tuscarawas, and Guernsey County. Respondents who reported living in other counties outside the AAA9 service area included Stark County, Franklin County, Summit County, Lake County, Warren County, and Noble County.

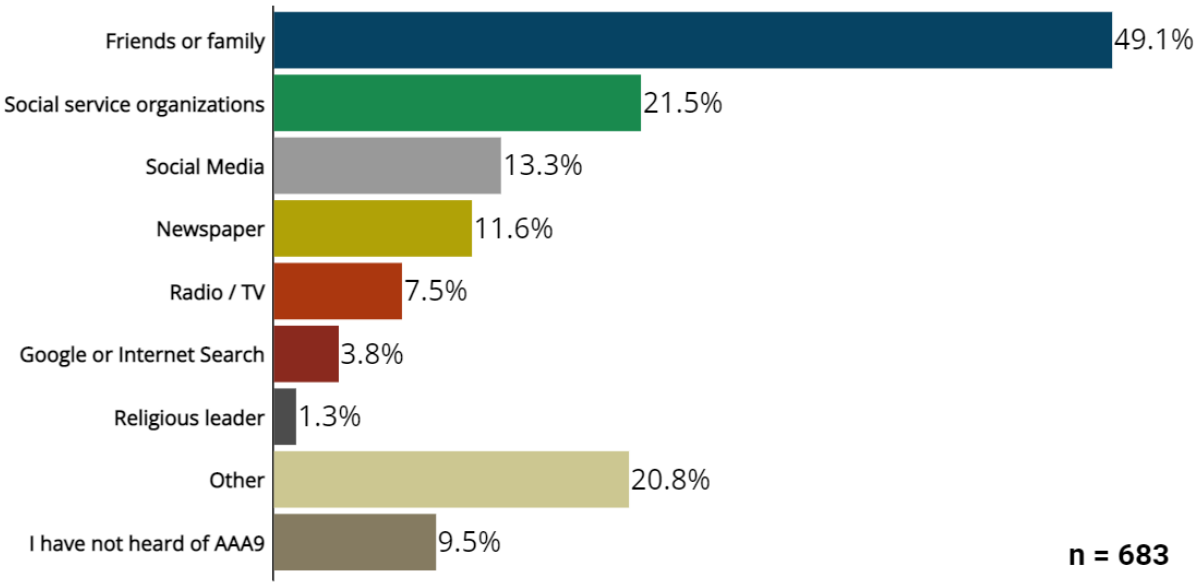
Exhibit 39: Survey Respondents by County

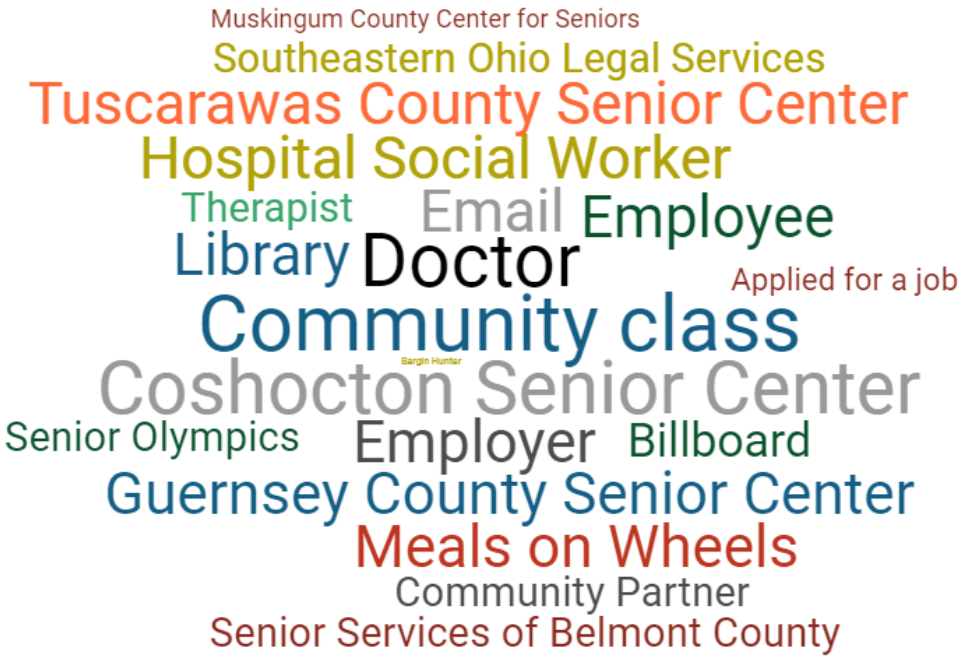


Awareness of AAA9

The community survey asked participants to select how they become aware of AAA9 services and programs. Nearly half of all respondents chose "Friends or Family," followed by "Social Service Organizations." Approximately 20.8% reported hearing about AAA9 another way. Providing an open-ended response to "Other" provided participants with the opportunity to share how they have heard of AAA9. The word cloud below displays verbatim responses to this question.

Exhibit 40: Awareness of AAA9





Importance & Availability of Needs

The survey consisted of **25** statements designed to quantify the importance and availability of specific needs identified in the quantitative interviews. Respondents answered how important each need was to the community, and to what extent they agree with the availability of resources in the community. The table below ranks select community issues by respondents in order of importance. Respondents answered, ***"How Important are these issues in your community?"*** The community issues respondents believe are "extremely important" in their community will greatly affect the needs prioritization process.

Please note, that sample size figures may vary as some paper surveys included skipped questions but were still included to provide the greatest number of opinions within the service area.

IMPORTANCE – Ranked by the percentage of respondents who identified each community aneed as 'Extremely Important'.

AVAILABILITY – Ranked by the percentage of respondents who 'Strongly Disagree' that each resource is available in their community.

Exhibit 41: Community Needs Ranked by Importance, Total AAA9 Service Area

Rank	Need/Resource by Importance	Not Important	Slightly Important	Important	Very Important	Extremely Important
1	Medicare is sufficient to pay for prescription medications for seniors.	0.3%	2.1%	15.2%	25.8%	**56.7%**
2	Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, and activities in the community.	0.3%	1.7%	16.6%	28.4%	**52.9%**
3	Seniors can get good local medical care, screenings, and immunizations.	0.5%	1.4%	16.7%	29.1%	**52.3%**
4	Nutritious food is affordable and available for seniors.	0.5%	0.8%	18.1%	29.3%	**51.3%**
5	Our community cares about the senior population.	0.2%	1.8%	17.9%	29.1%	**51.1%**
6	Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails).	0.5%	1.3%	16.8%	31.5%	**50.0%**
7	Our community is good at helping our senior population.	0.3%	1.8%	18.3%	30.4%	**49.2%**
8	Medicare is sufficient to cover dental care needs for seniors.	1.4%	2.1%	19.0%	30.3%	**47.4%**
9	There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss.	0.6%	1.3%	21.1%	30.0%	**47.0%**
10	Help is available for seniors to pay for utilities like heat, electricity, water.	2.2%	2.8%	22.1%	26.6%	**46.4%**
11	Housing for seniors in the county is available and not too expensive.	1.9%	1.7%	20.5%	30.3%	**45.6%**
12	In-home care is available, affordable, and of quality for seniors.	1.2%	3.9%	18.4%	31.1%	**45.3%**
13	Local assisted/independent living communities are available and affordable.	1.1%	1.6%	21.6%	32.6%	**43.2%**
14	Seniors have access to local dental care.	0.8%	1.8%	24.8%	30.8%	**41.9%**
15	COVID-19 has impacted the services seniors receive in our community.	1.4%	2.1%	26.0%	29.2%	**41.3%**
16	Mental health crisis care is available for seniors.	0.8%	2.2%	24.5%	32.7%	**39.9%**

17	Seniors can get local counseling and other mental health services when needed.	0.6%	2.2%	24.2%	33.1%	**39.9%**
18	Grandparents who care for grandchildren or other children have support within the community (with schools, childcare organizations).	1.9%	2.7%	27.2%	29.9%	**38.3%**
19	The community is informed about AAA9 services and programs.	0.6%	2.5%	26.9%	31.7%	**38.3%**
20	There are adequate opportunities to receive COVID-19 vaccines locally.	3.1%	7.2%	20.6%	30.9%	**38.1%**
21	There are local support groups/ educational opportunities for caregivers who care for seniors in the community.	1.6%	2.2%	25.3%	33.9%	**36.9%**
22	Seniors can receive care for drug addictions and/or alcohol in the community.	2.4%	3.1%	28.9%	30.9%	**34.7%**
23	There are social opportunities and entertainment available for seniors in the community.	1.1%	2.4%	28.3%	33.9%	**34.3%**
24	Internet is affordable and available to seniors.	2.5%	8.0%	31.7%	26.8%	**31.0%**
25	Seniors can get training on how to use the internet and electronic devices.	2.7%	7.3%	31.9%	28.4%	**29.8%**

The table below ranks the availability of community resources by respondents. Respondents answered, ***"How Important are these issues in your community?"*** The community resources respondents "strongly disagree" are available will greatly affect the needs prioritization process. **Please note, that** sample size figures may vary as some paper surveys included skipped questions but were still included to provide the greatest number of opinions within the service area.

Exhibit 42: Community Resources Ranked by Availability, Total AAA9 Service Area

Rank	Resource/Need by Availability	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	Medicare is sufficient to cover dental care needs for seniors.	**9.2%**	24.4%	23.9%	23.9%	18.5%
2	Medicare is sufficient to pay for prescription medications for seniors.	**7.5%**	23.6%	21.3%	24.6%	23.1%
3	Internet is affordable and available to seniors.	**6.5%**	21.6%	28.4%	26.8%	16.8%
4	Seniors can get training on how to use the internet and electronic devices.	**5.6%**	15.8%	34.4%	29.1%	15.1%
5	In-home care is available, affordable, and of quality for seniors.	**5.5%**	15.5%	26.3%	31.7%	21.1%
6	Local assisted/independent living communities are available and affordable.	**4.6%**	18.5%	26.8%	28.4%	21.8%
7	The community is informed about AAA9 services and programs.	**4.5%**	15.1%	24.4%	36.3%	19.7%
8	Seniors can get good local medical care, screenings, and immunizations.	**3.8%**	8.4%	22.8%	38.4%	26.7%
9	Housing for seniors in the county is available and not too expensive.	**3.7%**	17.3%	26.9%	31.6%	20.5%
10	Nutritious food is affordable and available for seniors.	**3.4%**	9.5%	17.1%	38.9%	31.1%
11	Our community cares about the senior population.	**3.3%**	6.3%	19.6%	42.0%	28.8%
12	There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss.	**3.2%**	12.3%	28.5%	33.3%	22.7%
13	Seniors have access to local dental care.	**2.8%**	12.5%	28.1%	36.0%	20.6%
14	Grandparents who care for grandchildren or other children have support within the community (with schools, childcare organizations).	**2.8%**	12.2%	35.3%	30.9%	18.7%
15	There are local support groups/educational opportunities for caregivers who care for seniors in the community.	**2.8%**	10.4%	33.7%	34.7%	18.4%
16	Our community is good at helping our senior population.	**2.6%**	7.0%	21.4%	41.2%	27.8%
17	Mental health crisis care is available for seniors.	**2.6%**	11.4%	30.7%	34.9%	20.5%
18	Seniors can get local counseling and other mental health services when needed.	**2.6%**	9.7%	30.1%	35.8%	21.8%
19	Help is available for seniors to pay for utilities like heat, electricity, water.	**2.4%**	5.9%	20.1%	44.9%	26.7%
20	Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, and activities in the community.	**2.3%**	8.6%	16.8%	39.4%	33.1%
21	There are social opportunities and entertainment available for seniors in the community.	**2.1%**	9.3%	24.3%	42.7%	21.5%
22	Seniors can receive care for drug addictions and/or alcohol in the community.	**2.1%**	8.4%	33.7%	36.8%	19.0%
23	COVID-19 has impacted the services seniors receive in our community.	**1.8%**	2.6%	15.7%	42.6%	37.3%
24	There are adequate opportunities to receive COVID-19 vaccines locally.	**1.3%**	1.5%	13.5%	44.2%	39.5%
25	Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails).	**1.2%**	11.0%	26.1%	36.5%	25.3%

Identified Needs by County

The following exhibits indicate the 10 leading community needs ranked **'Extremely Important'** as well as services respondents **'Strongly Disagreed'** with the available in each county.

Exhibit 43: Community Needs & Resources Identified as 'Extremely Important' by County

Rank	Belmont County	Carroll County	Guernsey County	Harrison County
1	Nutritious food is affordable and available for seniors.	Nutritious food is affordable and available for seniors.	COVID-19 has impacted the services seniors receive in our community.	Seniors can get good local medical care, screenings, and immunizations.
2	Our community is good at helping our senior population.	Our community is good at helping our senior population.	Medicare is sufficient to cover dental care needs for seniors.	Help is available for seniors to pay for utilities like heat, electricity, water.
3	Our community cares about the senior population.	Our community cares about the senior population.	There are adequate opportunities to receive COVID-19 vaccines locally.	Medicare is sufficient to cover dental care needs for seniors.
4	Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, and activities in the community.	Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, activities in the community.	In-home care is available, affordable, and of quality for seniors.	Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails).
5	Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails).	Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails).	Medicare is sufficient to pay for prescription medications for seniors.	Grandparents who care for grandchildren or other children have support within the community (with schools, childcare organizations).
6	Medicare is sufficient to pay for prescription medications for seniors.	Medicare is sufficient to pay for prescription medications for seniors.	Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails).	Medicare is sufficient to pay for prescription medications for seniors.
7	Seniors can get good local medical care, screenings, and immunizations.	Seniors can get good local medical care, screenings, and immunizations.	Our community cares about the senior population.	Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, activities in the community.
8	There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss.	There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss.	Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, activities in the community.	Housing for seniors in the county is available and not too expensive.
9	Help is available for seniors to pay utilities like heat, electricity, water.	There are adequate opportunities to receive COVID-19 vaccines locally.	Nutritious food is affordable and available for seniors.	Local assisted/independent living communities are available and affordable.
10	Housing for seniors in the county is available and not too expensive.	Help is available for seniors to pay utilities like heat, electricity, water.	Seniors can get good local medical care, screenings, and immunizations.	Nutritious food is affordable and available for seniors.

Rank	Holmes County	Jefferson County	Muskingum County	Tuscarawas County
1	Medicare is sufficient to pay for prescription medications for seniors.	Nutritious food is affordable and available for seniors.	Medicare is sufficient to pay for prescription medications for seniors.	Medicare is sufficient to pay for prescription medications for seniors.
2	Help is available for seniors to pay utilities like heat, electricity, water.	Medicare is sufficient to pay for prescription medications for seniors.	Nutritious food is affordable and available for seniors.	Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, activities in the community.
3	Seniors can get good local medical care, screenings, and immunizations.	Seniors can get good local medical care, screenings, and immunizations.	There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss.	Our community cares about the senior population.
4	In-home care is available, affordable, and of quality for seniors.	Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, activities in the community.	Our community cares about the senior population.	Seniors can get good local medical care, screenings, and immunizations.
5	Our community cares about the senior population.	Medicare is sufficient to cover dental care needs for seniors.	Housing for seniors in the county is available and not too expensive.	Our community is good at helping our senior population.
6	Our community is good at helping our senior population	Help is available for seniors to pay utilities like heat, electricity, water	Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, activities in the community	Local assisted/independent living communities are available and affordable.
7	Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, activities in the community.	In-home care is available, affordable, and of quality for seniors.	Seniors can get good local medical care, screenings, and immunizations.	Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails).
8	Housing for seniors in the county is available and not too expensive.	Our community cares about the senior population.	Mental health crisis care is available for seniors.	Medicare is sufficient to cover dental care needs for seniors.
9	Mental health crisis care is available for seniors.	Our community is good at helping our senior population.	Our community is good at helping our senior population.	There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss.
10	Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails).	Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails).	Seniors have access to local dental care.	Nutritious food is affordable and available for seniors.

Exhibit 44: Community Needs & Resources Respondents 'Strongly Disagree' are Available by County

Rank	Belmont County	Carroll County	Coshocton County	Guernsey County	Harrison County
1	Medicare is sufficient to cover dental care needs for seniors.	In-home care is available, affordable, and of quality for seniors.	Medicare is sufficient to cover dental care needs for seniors.	Internet is affordable and available to seniors.	Seniors can get training on how to use the internet and electronic devices.
2	Internet is affordable and available to seniors.	Medicare is sufficient to pay for prescription medications for seniors.	Medicare is sufficient to pay for prescription medications for seniors.	Medicare is sufficient to cover dental care needs for seniors.	The community is informed about AAA9 services and programs.
3	Seniors can get training on how to use the internet and electronic devices.	Nutritious food is affordable and available for seniors.	In-home care is available, affordable, and of quality for seniors.	Medicare is sufficient to pay for prescription medications for seniors.	Local assisted/independent living communities are available and affordable.
4	Medicare is sufficient to pay for prescription medications for seniors.	Seniors can get local counseling and other mental health services when needed.	Housing for seniors in the county is available and not too expensive.	Seniors can get training on how to use the internet and electronic devices.	Medicare is sufficient to cover dental care needs for seniors.
5	Seniors have access to local dental care.	Medicare is sufficient to cover dental care needs for seniors.	Help is available for seniors to pay utilities like heat, electricity, water.	There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss.	Medicare is sufficient to pay for prescription medications for seniors.
6	In-home care is available, affordable, and of quality for seniors.	Internet is affordable and available to seniors.	Internet is affordable and available to seniors.	Housing for seniors in the county is available and not too expensive.	Our community cares about the senior population.
7	Local assisted/independent living communities are available and affordable.	Local assisted/independent living communities are available and affordable.	Seniors can get training on how to use the internet and electronic devices.	Nutritious food is affordable and available for seniors.	Our community is good at helping our senior population.
8	Grandparents who care for grandchildren or other children have support within the community (with schools, childcare organizations).	Help is available for seniors to pay utilities like heat, electricity, water.	The community is informed about AAA9 services and programs.	The community is informed about AAA9 services and programs.	There are social opportunities and entertainment available for seniors in the community.
9	There are local support groups/ educational opportunities for caregivers who care for seniors in the community.	Seniors can get training on how to use the internet and electronic devices.	Seniors can get good local medical care, screenings, and immunizations.	In-home care is available, affordable, and of quality for seniors.	Internet is affordable and available to seniors.
10	The community is informed about AAA9 services and programs.	Seniors can get good local medical care, screenings, and immunizations.	Seniors can get local counseling and other mental health services when needed.	Seniors can get good local medical care, screenings, and immunizations.	Housing for seniors in the county is available and not too expensive.

Table continued.

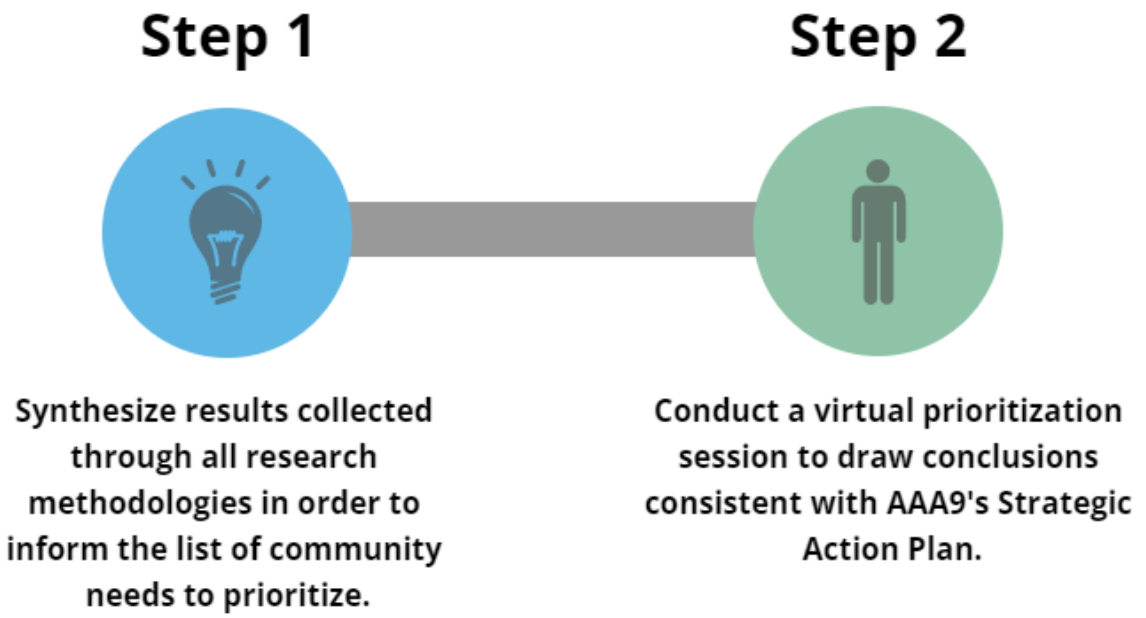
Rank	Holmes County	Jefferson County	Muskingum County	Tuscarawas County
1	Medicare is sufficient to cover dental care needs for seniors.	Medicare is sufficient to pay for prescription medications for seniors.	Seniors can get good local medical care, screenings, and immunizations.	Medicare is sufficient to cover dental care needs for seniors.
2	Our community cares about the senior population.	Medicare is sufficient to cover dental care needs for seniors.	In-home care is available, affordable, and of quality for seniors.	Medicare is sufficient to pay for prescription medications for seniors.
3	COVID-19 has impacted the services seniors receive in our community.	Our community is good at helping our senior population.	The community is informed about AAA9 services and programs.	Seniors can get good local medical care, screenings, and immunizations.
4	Seniors can get training on how to use the internet and electronic devices.	Our community cares about the senior population.	Medicare is sufficient to cover dental care needs for seniors.	Nutritious food is affordable and available for seniors.
5	Grandparents who care for grandchildren or other children have support within the community (with schools, childcare organizations).	There are local support groups/ educational opportunities for caregivers who care for seniors in the community.	Internet is affordable and available to seniors.	The community is informed about AAA9 services and programs.
6	Medicare is sufficient to pay for prescription medications for seniors.	Seniors can get training on how to use the internet and electronic devices.	Our community cares about the senior population.	Local assisted/independent living communities are available and affordable.
7	Seniors have access to local dental care.	The community is informed about AAA9 services and programs.	Housing for seniors in the county is available and not too expensive.	Help is available for seniors to pay utilities like heat, electricity, water.
8	There are social opportunities and entertainment available for seniors in the community.	There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss.	Medicare is sufficient to pay for prescription medications for seniors.	Internet is affordable and available to seniors.
9	Local assisted/independent living communities are available and affordable.	Local assisted/independent living communities are available and affordable.	Nutritious food is affordable and available for seniors.	Mental health crisis care is available for seniors.
10	Our community is good at helping our senior population.	Housing for seniors in the county is available and not too expensive.	Seniors have access to local dental care.	There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss.

Community Needs Prioritization Approach

Prioritizing the needs identified through both qualitative and quantifiable data is a unique process essential to building consensus between internal organizational leadership and staff, community members, and partnering agencies on which interventions to initiate and implement within service areas. Secondary research techniques generated an extensive list of community needs, gaps, and barriers to services, as well as recommendations to address them. A significant, common challenge often experienced by organizations is that the final prioritization is often based on positional authority, non-representative quantitative ranking, or some other process that does not fully incorporate disparate insights and build consensus among the organization.

An additional complexity to this process is the size of the predominantly rural nine-county service area geography. To address this potential challenge, Crescendo worked with AAA9's leadership to implement a two-step needs prioritization process critical to identifying the community needs related to the older adult population (steps seen below).

Research methodologies included in the needs prioritization process



Prioritized Needs

Through the virtual prioritization session, AAA9 reviewed the list to identify the degree of control that AAA9 has to enact positive change for the older adult community and caregivers, as well as a potential timeline on which positive change will reasonably be made to address the need or increase access to a specific resource.

This process resulted in a final list of **23** needs AAA9 will include in the Strategic Action Plan. The following table contains the needs in rank order. Additional information on the needs prioritization process and data tables can be found in Appendix D.

Exhibit 45: Final Ranked List

Rank	Need/Resource
1	Nutritious food is affordable and available for seniors
2	Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, activities in the community
3	Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails)
4	In-home care is available, affordable, and of quality for seniors
5	Local Assisted/Independent Living Communities are available and affordable
6	Grandparents who care for grandchildren or other children have support within the community (with schools, childcare organizations)
7	There are local support groups/ educational opportunities for caregivers who care for seniors in the community
8	Housing for seniors in the county is available and not too expensive
9	The community is informed about AAA9 services and programs
10	Seniors can get good local medical care, screenings, and immunizations
11	Medicare is sufficient to pay for prescription medications for seniors
12	COVID-19 has impacted the services seniors receive in our community
13	Help is available for seniors to pay utilities like heat, electricity, water
14	There are social opportunities and entertainment available for seniors in the community
15	Internet is affordable and available to seniors
16	There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss
17	Seniors have access to local dental care
18	Seniors can get local counseling and other mental health services when needed
19	Seniors can receive care for drug addictions and/or alcohol in the community
20	Mental health crisis care is available for seniors
21	Medicare is sufficient to cover dental care needs for seniors
22	There are adequate opportunities to receive COVID-19 vaccines locally
23	Seniors can get training on how to use the internet and electronic devices

The two needs removed from the original 25 are seen below. While these indicators are extremely important to AAA9's mission, vision, and values, the organization is consistently working to address them.

Rank	Need/Resource
6	Our community cares about the senior population
8	Our community is good at helping our senior population

Appendices

Appendix A: Social Determinants and Health Status Profile
Appendix B: Focus Group Moderator's Guide & Stakeholder Interview Guide
Appendix C: Community Survey
Appendix D: Additional Needs Prioritization Tables

Appendix A: Social Determinants and Health Status Profile

Social Determinants of Health

Social Determinants of Health (SDoH) are conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[33] These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems.[34].

Source: Healthy People 2030

Social Determinants of Health are exacerbated in numerous ways for older adults. Where appropriate, this report incorporates data related to older adults into the Social Determinants of Health

[33] Healthy People 2030, Social Determinants Of Health.
[34] World Health Organization, Social Determinants Of Health.

Educational Attainment

Older Ohioans with lower incomes and educational achievements may not have adequate support to budget for long-term care needs or manage day-to-day household finances.[35] It is important to note the high percentage of residents (36.0%) in Holmes County with a less than 9th grade education is tied to the Amish culture.

Exhibit 46: Educational Achievement

	Less than 9th grade	9th to 12th grade, no diploma	High school graduate (includes GED)	Some college, no degree
United States	4.9%	6.6%	26.7%	4.9%
Ohio	2.7%	6.5%	32.8%	2.7%
Belmont County	2.1%	6.9%	43.9%	2.1%
Carroll County	4.4%	6.7%	48.7%	4.4%
Coshocton County	6.5%	7.9%	43.8%	6.5%
Guernsey County	4.0%	11.1%	41.6%	4.0%
Harrison County	3.9%	8.4%	49.2%	3.9%
Holmes County	36.1%	7.8%	32.3%	36.1%
Jefferson County	2.2%	6.4%	44.0%	2.2%
Muskingum County	3.2%	8.1%	42.3%	3.2%
Tuscarawas County	5.4%	7.4%	45.2%	5.4%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

Exhibit 47: Higher Educational Achievement

	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
United States	20.3%	8.6%	20.2%	12.7%
Ohio	20.3%	8.8%	17.9%	10.9%
Belmont County	18.6%	12.4%	10.4%	5.7%
Carroll County	16.4%	10.6%	8.3%	4.9%
Coshocton County	17.2%	9.7%	9.8%	5.1%
Guernsey County	18.3%	9.8%	9.6%	5.5%
Harrison County	14.8%	11.4%	7.7%	4.7%
Holmes County	9.8%	3.6%	7.0%	3.3%
Jefferson County	17.8%	12.1%	11.3%	6.2%
Muskingum County	18.5%	10.5%	10.8%	6.7%
Tuscarawas County	17.0%	7.0%	11.8%	6.1%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

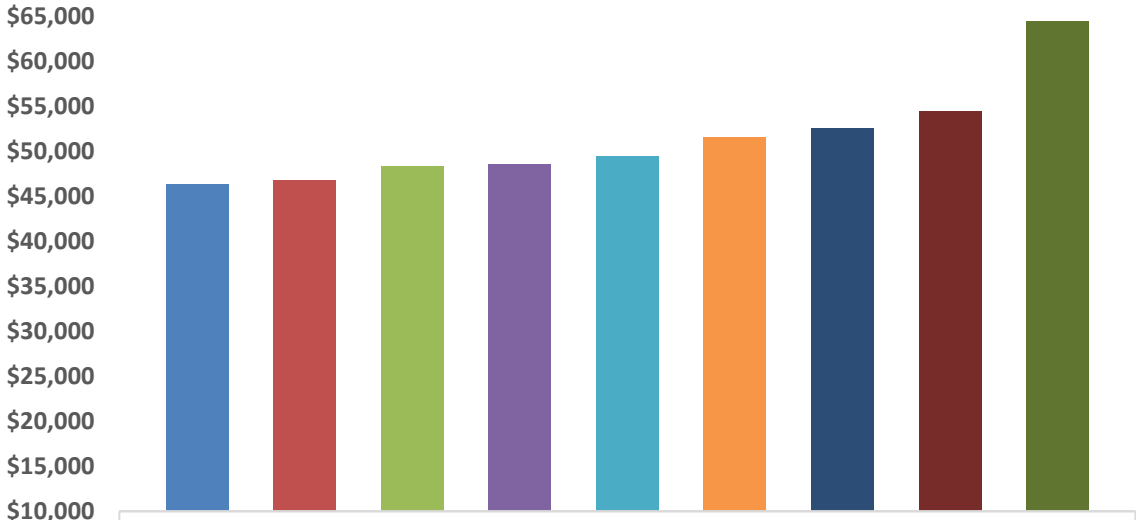
[35] Ohio Department of Aging. 2020-2022 Strategic Action Plan on Aging, February 2021.

Economic Stability

Financial stability ensures older Ohioans can meet their basic needs and provides greater access to safe and quality housing, nutritious foods, reliable transportation, high-quality health care, and long-term care. Older Ohioans who are not financially stable are more likely to experience toxic and persistent stress and limited access to the services and supports necessary for healthy aging.[36]

Area Agency on Aging, Region 9 serves an economically diverse population. The annual median household (HH) income in Ohio and all service area counties is lower compared to the U.S. average and ranges from $46,352 in Guernsey County to $64,453 in Holmes County.

Exhibit 48: Annual Median Household Income



	Median HH Income
Guernsey County	$46,352
Jefferson County	$46,849
Muskingum County	$48,350
Coshocton County	$48,552
Harrison County	$49,454
Belmont County	$51,574
Carroll County	$52,574
Tuscarawas County	$54,451
Holmes County	$64,453

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

[36] Ohio Department of Aging. 2020-2022 Strategic Action Plan on Aging, February 2021.

Exhibit 49: Annual Median Household Income By Age

	25 to 44	45 to 64	65 & Over
United States	$71,738	$78,550	$47,484
Ohio	$64,709	$70,764	$43,386
Belmont County	$69,512	$63,172	$35,645
Carroll County	$62,000	$60,717	$43,621
Coshocton County	$51,467	$61,009	$33,425
Guernsey County	$51,786	$59,980	$37,625
Harrison County	$65,897	$57,591	$39,430
Holmes County	$63,355	$87,621	$43,093
Jefferson County	$55,594	$57,993	$34,893
Muskingum County	$56,014	$59,954	$36,321
Tuscarawas County	$67,250	$65,161	$37,104

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

Exhibit 50: Household Median Income by Race & Ethnicity

	White	Black or African American	American Indian & Alaska Native	Asian	Hispanic or Latino
United States	$68,943	$43,674	$45,877	$91,775	$54,632
Ohio	$62,546	$34,778	$36,855	$78,560	$47,130
Belmont County	$51,992	$40,893	$2,500 -	$101,002	$51,250
Carroll County	$53,702	$33,924	ND	ND	$84,365
Coshocton County	$48,780	ND	ND	ND	$77,639
Guernsey County	$47,032	ND	$38,468	ND	ND
Harrison County	$51,048	ND	ND	ND	ND
Holmes County	$64,624	ND	ND	ND	ND
Jefferson County	$49,303	$24,082	ND	$73,750	$30,603
Muskingum County	$48,728	$39,583	$18,173	$250,000 +	$70,016
Tuscarawas County	$55,119	$19,821	ND	ND	$42,585

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

- Previous demographic data indicates that the AAA9 service area contains little racial and ethnic diversity. However, statewide figures indicate that residents identifying as White earn approximately $27,768 more compared to those identifying as Black or African American, and $25,691 less than American Indian and Alaskan Natives. Ohio residents who identify as Asian make approximately $16,014 more than those identifying as White.

Exhibit 51: Sources of Income

	With Earnings	Social Security	Retirement Income	Supplemental Security Income	Cash Public Assistance Income
United States	77.7%	31.4%	21.1%	5.2%	2.4%
Ohio	75.8%	32.0%	23.7%	5.9%	2.8%
Belmont County	70.2%	39.0%	27.9%	8.3%	2.0%
Carroll County	71.5%	38.1%	29.0%	5.9%	1.9%
Coshocton County	70.1%	37.6%	28.3%	6.5%	2.4%
Guernsey County	70.9%	36.6%	26.7%	7.3%	2.3%
Harrison County	67.5%	38.9%	25.9%	8.7%	2.2%
Holmes County	86.4%	22.7%	16.1%	3.6%	1.6%
Jefferson County	67.4%	39.4%	29.5%	8.4%	2.1%
Muskingum County	71.3%	38.0%	26.1%	7.4%	3.1%
Tuscarawas County	73.7%	35.7%	24.8%	4.9%	2.4%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

Exhibit 52: Labor Force Participation Rate

	Population 16 & Over	In labor force
United States	261,649,873	63.4%
Ohio	9,385,593	63.2%
Belmont County	56,229	54.6%
Carroll County	22,405	55.6%
Coshocton County	28,906	57.9%
Guernsey County	31,668	56.2%
Harrison County	12,432	51.7%
Holmes County	31,866	64.2%
Jefferson County	54,592	54.8%
Muskingum County	68,618	59.4%
Tuscarawas County	73,404	62.2%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

The unemployment rate utilizes data from the U.S. Census Bureau American Community Survey Five-Year Estimates, 2015-2019 in comparison to the Five-year data released in March of 2022. It is important to note that these figures do not reflect the impact of the COVID-19 pandemic.

Exhibit 53: Unemployment Rate, Five-Year Comparison

	2015 - 2019	2016 - 2020
United States	5.3%	3.4%
Ohio	5.3%	3.3%
Belmont County	5.3%	3.1%
Carroll County	5.2%	2.1%
Coshocton County	5.5%	3.5%
Guernsey County	5.9%	2.8%
Harrison County	5.3%	3.0%
Holmes County	2.1%	1.5%
Jefferson County	6.0%	3.1%
Muskingum County	6.1%	3.1%
Tuscarawas County	4.2%	3.4%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2015-2019 & U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

Exhibit 54: Employed Population by Occupation

Population 16 & Over	Management, business, science & arts	Service	Sales & office	Natural resources, construction & maintenance	Production, transportation
United States	39.5%	17.4%	21.3%	8.7%	13.1%
Ohio	37.6%	16.9%	21.1%	7.4%	16.9%
Belmont County	28.1%	19.7%	22.1%	12.7%	17.3%
Carroll County	29.7%	17.1%	19.9%	12.6%	20.6%
Coshocton County	28.5%	17.8%	17.9%	12.4%	23.5%
Guernsey County	29.7%	17.2%	20.5%	13.2%	19.4%
Harrison County	22.9%	18.1%	19.7%	18.3%	21.0%
Holmes County	23.5%	12.8%	17.9%	15.1%	30.6%
Jefferson County	29.5%	18.8%	23.1%	9.8%	18.8%
Muskingum County	29.1%	18.3%	19.8%	10.6%	22.2%
Tuscarawas County	27.1%	16.7%	18.7%	10.2%	27.1%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

Impoverished Communities

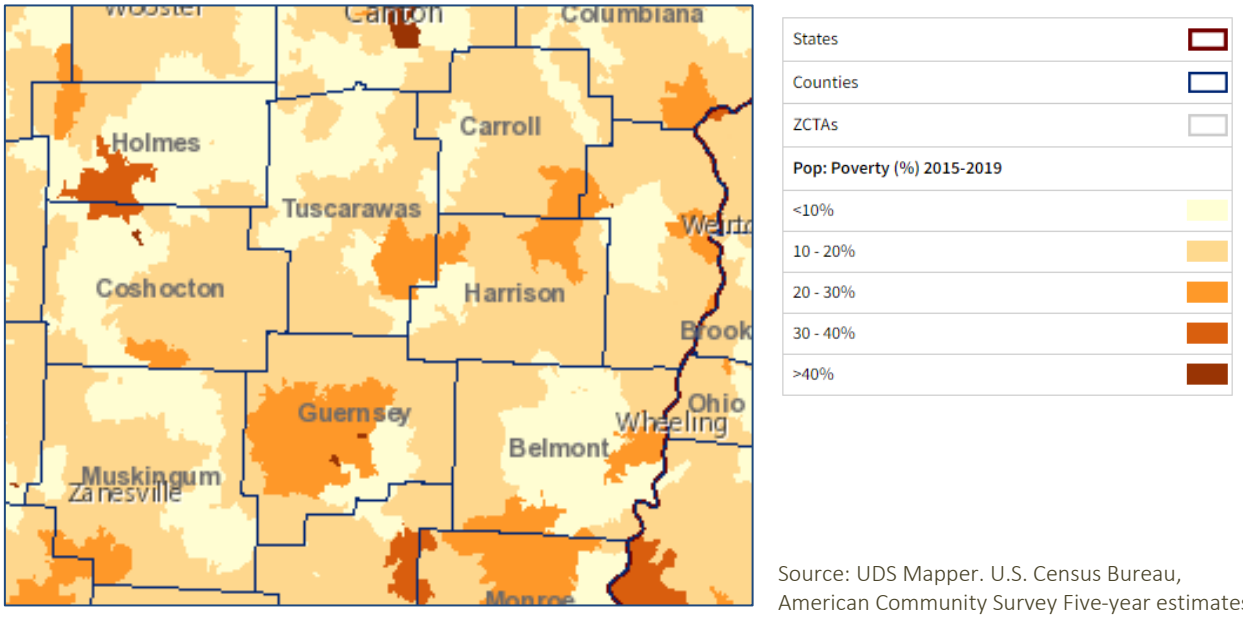
Exhibit 55 indicates where existing pockets of poverty are located within the service area. There are several areas where approximately 30% to 40% of the population lives at least 100% below the federal poverty level (FPL).

Exhibit 55: Individuals Living in Poverty

	Total Population in Poverty
United States	13.4%
Ohio	14.0%
Belmont County	12.3%
Carroll County	12.3%
Coshocton County	14.4%
Guernsey County	19.9%
Harrison County	16.0%
Holmes County	10.0%
Jefferson County	17.5%
Muskingum County	16.0%
Tuscarawas County	12.8%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

Exhibit 56: Map of Individuals Living in Poverty Level

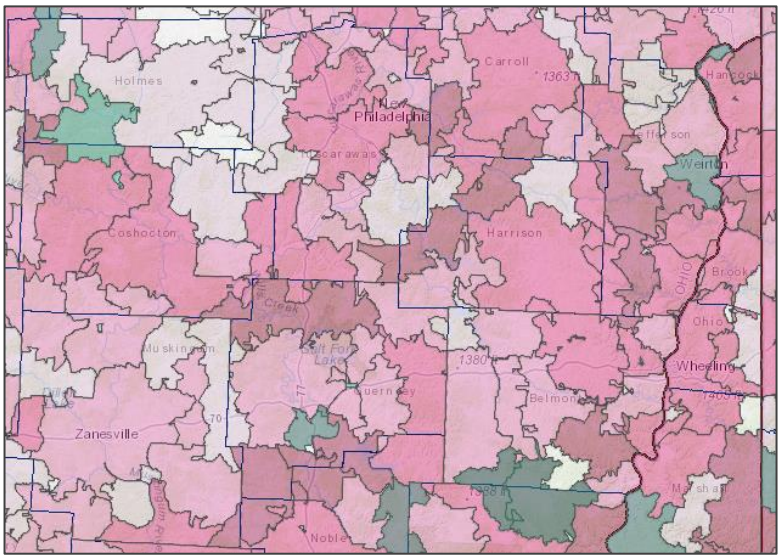


Source: UDS Mapper. U.S. Census Bureau, American Community Survey Five-year estimates

ZCTAs, 2015-2019

To further highlight impoverished communities within the service area, Exhibit 57 identifies locations with a poverty rate of 25% or higher, with an additional layer of population data to indicate the population 65 or older. Green shaded areas represent areas where 25% or more of the population is living in poverty, with an additional layer of data to indicate the population 65 or older.

Exhibit 57: Map of Older Adults Living 25% Below FPL



Source: UDS Mapper. U.S. Census Bureau, ACS Five-year estimates ZCTAs, 2015-2019

Exhibit 58: Adults Living in Poverty

	18 to 34	35 to 64	60 & Over	65 & Over
United States	16.3%	10.5%	9.6%	9.3%
Ohio	18.0%	10.9%	8.8%	8.1%
Belmont County	16.2%	10.8%	9.5%	8.7%
Carroll County	15.9%	10.9%	8.4%	7.3%
Coshocton County	18.1%	11.3%	8.2%	7.9%
Guernsey County	22.3%	16.6%	10.4%	9.3%
Harrison County	23.4%	12.7%	9.2%	8.7%
Holmes County	6.8%	7.9%	10.2%	11.0%
Jefferson County	22.3%	15.3%	9.4%	8.4%
Muskingum County	20.7%	12.3%	9.5%	8.0%
Tuscarawas County	16.1%	9.5%	8.4%	8.7%

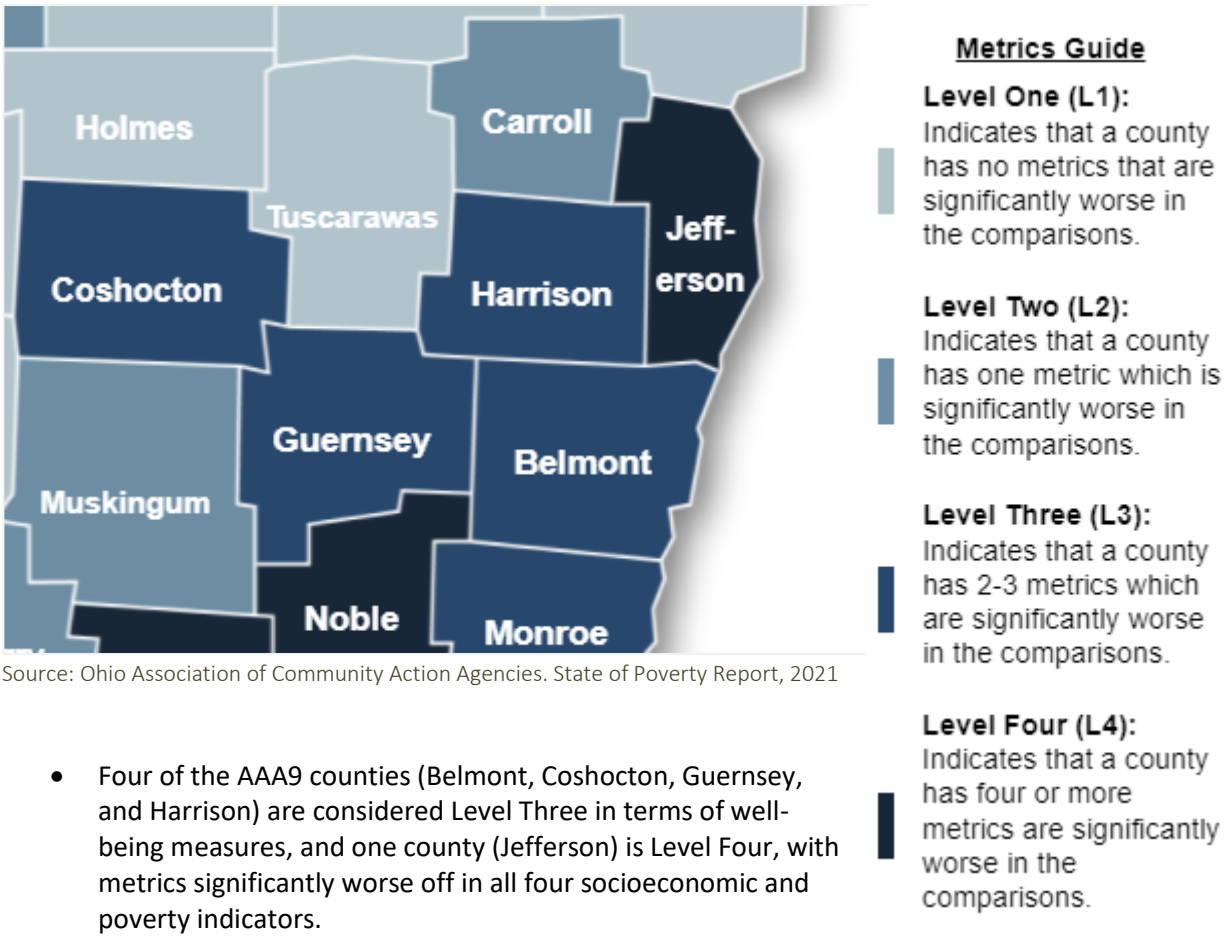
Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

- Guernsey County and Holmes's County present the highest percentages of residents aged 60 and over and 65 and over living in poverty.

Ohio Well-Being Dashboard

The Ohio Association of Community Action Agencies hosts the Ohio Well-Being Dashboard, developed to use county-level indicators to determine whether concerning trends are taking place in the counties in Ohio. The dashboard examines four socioeconomic and poverty indicators as well as how a given county is performing about the state as a whole and the county's performance in the previous year. The four indicators represent major areas that reflect social and economic well-being that are tracked yearly at the county level and include: poverty rate, unemployment rate, percentage of students receiving free and reduced-price lunches from school, and four-year high school graduation rates.[37]

Exhibit 59: Ohio's Well-Being Dashboard



Source: Ohio Association of Community Action Agencies. State of Poverty Report, 2021

- Four of the AAA9 counties (Belmont, Coshocton, Guernsey, and Harrison) are considered Level Three in terms of well-being measures, and one county (Jefferson) is Level Four, with metrics significantly worse off in all four socioeconomic and poverty indicators.
- Holmes and Tuscarawas Counties both have no well-being measures significantly worse than the comparisons (state averages and previous years' performance).

[37] The Ohio Association of Community Action Agencies, Ohio Well-Being Dashboard.

Neighborhood & Built Environment

The neighborhoods people live in have a major impact on their health and well-being. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. Quality and affordable housing can promote healthy aging by reducing financial stress, preventing falls and exposure to harmful contaminants, and keeping people connected to their communities. High and increasing housing costs make it difficult for older Ohioans to pay for necessities such as food, prescriptions, and social activities. Strategies that increase access to affordable, accessible, and well-maintained housing are critical for eliminating housing inequities and improving the health and well-being of all older Ohioans.[38]

Housing Affordability

The median rent within the AAA9 service area ranges from $665 in Belmont County to $772 in Tuscarawas County, both less than the state and national figures. The median mortgage figures indicate that residents in Holmes County pay the highest mortgage rates in the service area.

Exhibit 60: Housing Availability & Costs

	Total Housing Units	Occupied housing units	Vacant housing units	Median Rent	Median Mortgage
United States	138,432,751	88.4%	11.6%	$1,096	$1,621
Ohio	5,217,090	90.4%	9.6%	$825	$1,286
Belmont County	32,202	80.0%	20.0%	$665	$986
Carroll County	13,627	82.8%	17.2%	$713	$1,124
Coshocton County	16,441	88.7%	11.3%	$632	$990
Guernsey County	19,341	84.0%	16.0%	$715	$1,019
Harrison County	8,092	76.9%	23.1%	$585	$946
Holmes County	13,593	90.9%	9.1%	$666	$1,350
Jefferson County	32,448	84.9%	15.1%	$665	$978
Muskingum County	37,950	89.1%	10.9%	$702	$1,112
Tuscarawas County	40,247	91.7%	8.3%	$772	$1,136

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

[38] Ohio Department of Aging. 2020-2022 Strategic Action Plan on Aging, February 2021.

The U.S. Department of Housing and Urban Development (HUD) defines cost-burdened families as those "who pay more than 30% of their income for housing" and "may have difficulty affording necessities such as food, clothing, transportation, and medical care." A severe rent burden is defined as paying more than 50% of one's income on rent.[39] The tables below compare figures from the U.S. Census Bureau American Community Survey Five-Year Estimates, 2015-2019 and 2016-2020.

Exhibit 61: Cost Burdened Renters

	2015-2019	2016-2020
United States	40.5%	40.0%
Ohio	36.4%	35.6%
Belmont County	28.6%	26.4%
Carroll County	28.3%	28.6%
Coshocton County	28.6%	31.0%
Guernsey County	47.0%	44.1%
Harrison County	31.3%	32.7%
Holmes County	27.0%	24.7%
Jefferson County	38.2%	33.8%
Muskingum County	42.7%	42.0%
Tuscarawas County	34.9%	34.9%

Source: U.S. Census Bureau. American Community Survey, Five-Year Estimates, 2015-2019 & 2016-2020

Exhibit 62: Cost Burdened Homeowners With a Mortgage

	2015-2019	2016-2020
United States	20.9%	20.6%
Ohio	15.8%	15.5%
Belmont County	14.7%	13.6%
Carroll County	15.5%	16.3%
Coshocton County	15.5%	17.4%
Guernsey County	17.7%	19.9%
Harrison County	19.4%	21.8%
Holmes County	17.8%	19.2%
Jefferson County	13.9%	13.9%
Muskingum County	17.2%	15.3%
Tuscarawas County	13.8%	15.0%

Source: U.S. Census Bureau. American Community Survey, Five-Year Estimates, 2015-2019 & 2016-2020

- Overall, there was a decrease in cost-burdened homeowners and renters within the AAA9 service area.

[39] HUD. Rental Burdens: Rethinking Affordability Measures, 2014.

The Housing Choice Voucher Program

The Housing Choice Voucher Program, commonly referred to as Section 8 Housing, is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Eligibility for a housing voucher is determined by the public housing author based on the total annual gross income and family size and is limited to U.S. citizens and specified categories of non-citizens who have eligible immigration status.[40]

In the AAA9 service area, The number of units under contract for a federal subsidy and available for occupancy within the AAA9 service area varies greatly by county from 33 in Carroll County to 939 in Muskingum County. The percentage of occupied units indicates that most counties are nearly at 100% occupancy possibly indicating fewer options for older adults and others to access this program.

Exhibit 61: Select Housing Choice Voucher Program Indicators

	Subsidized Units Available	% Occupied	Average Annual HH Income	Head/Spouse Aged 51 to 60	Head/Spouse Aged 62 +	Head/Spouse with a disability, Aged 62 +
Belmont County	275	92%	$11,475	23%	31%	45%
Carroll County	33	65%	$9,706	24%	29%	50%
Coshocton County	253	94%	$12,958	22%	38%	71%
Guernsey County	694	98%	$11,074	24%	19%	44%
Harrison County	241	58%	$12,205	22%	42%	68%
Holmes County	43	86%	$13,794	33%	44%	76%
Jefferson County	822	65%	$11,902	25%	32%	66%
Muskingum County	939	78%	$12,856	26%	28%	78%
Tuscarawas County	610	94%	$11,897	29%	29%	73%

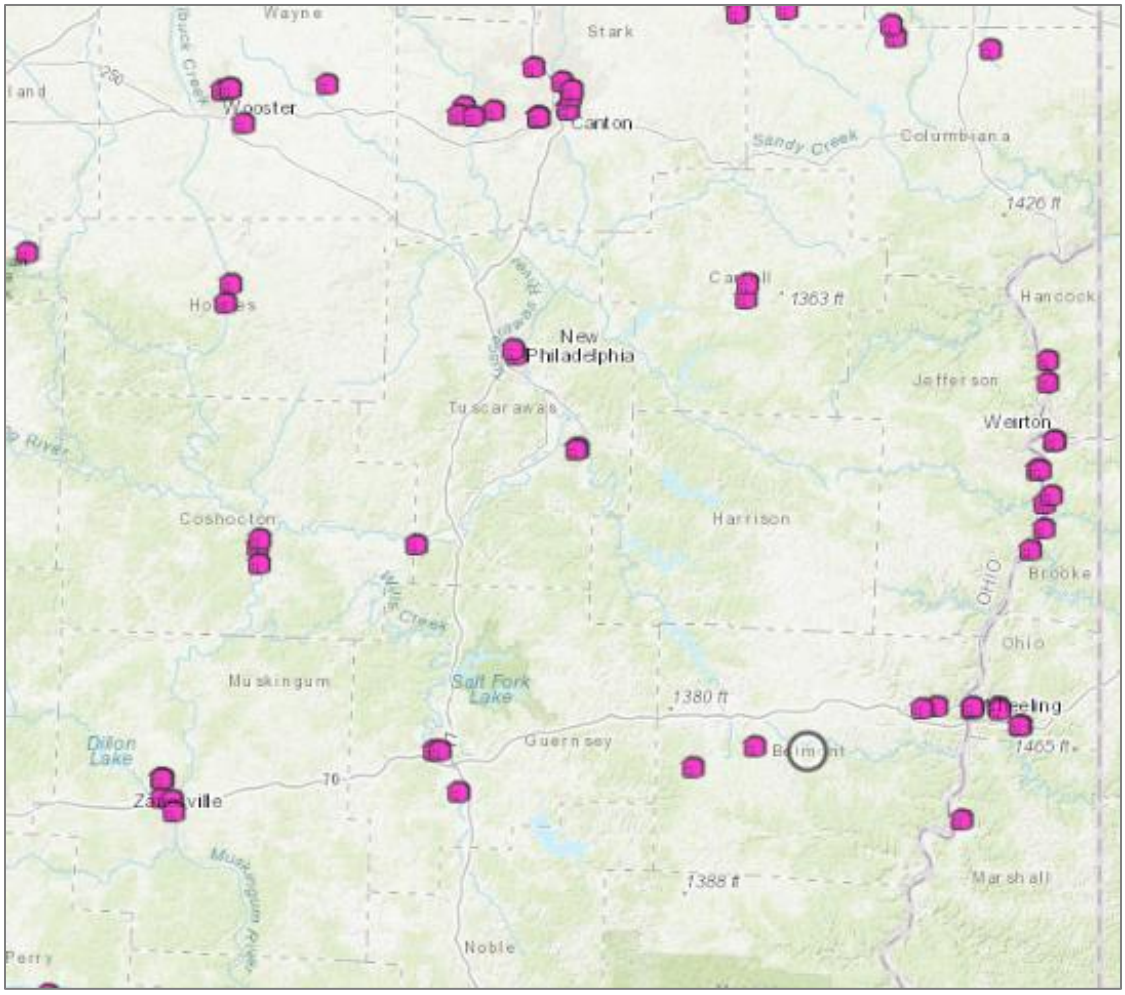
Source: HUD User. Picture of Subsidized Households Data Set, 2021

[40] U.S. Department of Housing & Urban Development (HUD), Housing Choice Vouchers Fact Sheet.

Section 202 Supportive Housing for the Elderly Program

The Section 202 program helps expand the supply of affordable housing with supportive services for the elderly. It provides the very low-income elderly with options that allow them to live independently but in an environment that provides support activities such as cleaning, cooking, transportation, etc.

Exhibit 63: Section 202 Housing Properties



Source: HUD-eGIS Storefront, Location Affordability

Ohio Senior Levies

In 2019, Ohio raised more than 166 million dollars in property tax funds to help older adults statewide age in place and remain in their communities. Funds were generated via 69 county levies ($140 million) and 14 township city or village levies ($1.6 million). Major services most often purchased and delivered with levy funds included home-delivered meals, non-medical transportation; homemaker, and personal care services.[41] Today, levies continue to be a critical component in taking care of the older adult community in Ohio.

Eight of the nine counties have a senior levy which brings in additional monies to help with the shortfalls that occur due to decreased funding for older adult programs. Holmes County is the only county within the region without a senior levy. Belmont and Guernsey Counties have the highest dollar per person tax levies.[42]

Housing Stock & Quality

The Independent Living Research Utilization (ILRU) Directory of Centers for Independent Living (CILs) and Associations indicate that while there are CILs present within the state, there are no facilities that serve any of the nine service area counties.[43]

Exhibit 64: Centers for Independent Living

Facility	Counties Served
Access Center for Independent Living, Inc. (ACIL)	Clark, Greene, Montgomery, and Preble
Center for Independent Living Options (CILO)	Adams, Brown, Butler, Clermont, Hamilton, Highland, Warren
Independent Living Center of North Central Ohio (ILCNCO)	Ashland, Crawford, Huron, Knox, Morrow, Richland
Linking Employment, Abilities & Potential (LEAP)	Cuyahoga, Erie, Geauga, Huron, Lake, Lorain, Medina
Mid-Ohio Board for IL Environment, Inc. (MOBILE)	Greater Franklin
Services for Independent Living (SIL)	Cuyahoga, Geauga, Lake
Society for Equal Access Independent Living Center (SEA)[44]	Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Tuscarawas
Southeastern Ohio Center for Independent Living (SOCIL)	Fairfield, Hocking
The Ability Center of Greater Toledo	Defiance, Fulton, Henry, Lucas, Ottawa, Williams, Wood
The Center for Disability Empowerment	Delaware, Franklin, Licking, Union
Tri-County Independent Living Center, Inc. (TCILC)	Portage, Stark, Summit
Western Reserve Independent Living Center (WRILC)	Ashtabula, Columbiana, Mahoning, Trumbull

Source: The Independent Living Research Utilization Directory of Centers for Independent Living (CILs) and Associations Quality of Housing

[41] Locally Funded Services for the Older Population: A Description of Senior-Service Property-Tax Levies in Ohio. Scripps Gerontology Center Miami University, 2012.
[42] Area Agency on Aging, Part One: 2019-2022 Strategic Area Plan.
[43] The Independent Living Research Utilization Directory of Centers for Independent Living (CILs) and Associations.
[44] Muskingum County is also served by SEA through a memorandum of understanding with AAA9.

All homes require maintenance and repairs, especially those that are aging. Approximately 20% of all homes in Ohio were built in 1939 and earlier. Many older adults live alone; one out of every nine Ohio households – or over half a million – is home to a single adult aged 65 or over, which adds substantial challenges to maintaining the cost and upkeep of a home.

Exhibit 65: Age of Housing Structure

	Built 2014 or later	Built 2010 to 2013	Built 2000 to 2009	Built 1990 to 1999	Built 1980 to 1989
United States	3.5%	2.7%	13.6%	13.9%	13.4%
Ohio	2.0%	1.6%	9.4%	11.8%	9.0%
Belmont County	1.5%	1.7%	6.1%	8.9%	6.4%
Carroll County	0.8%	2.1%	8.1%	18.1%	10.8%
Coshocton County	1.7%	0.7%	10.3%	10.2%	9.0%
Guernsey County	1.9%	1.7%	11.8%	11.9%	7.5%
Harrison County	1.6%	2.7%	9.8%	10.3%	7.7%
Holmes County	4.1%	4.4%	14.7%	18.6%	10.7%
Jefferson County	0.8%	0.7%	4.1%	6.7%	5.6%
Muskingum County	1.4%	1.4%	10.5%	10.9%	9.1%
Tuscarawas County	1.9%	1.5%	11.1%	13.0%	8.5%
	Built 1970 to 1979	**Built 1960 to 1969**	**Built 1950 to 1959**	**Built 1940 to 1949**	**Built 1939 or earlier**
United States	15.0%	10.5%	10.2%	4.8%	12.4%
Ohio	14.2%	12.0%	14.0%	6.1%	20.0%
Belmont County	15.4%	9.1%	13.4%	8.9%	28.6%
Carroll County	16.0%	6.9%	9.9%	5.7%	21.7%
Coshocton County	13.4%	10.7%	9.0%	5.6%	29.4%
Guernsey County	16.4%	9.0%	9.9%	4.9%	25.0%
Harrison County	16.9%	8.0%	12.8%	4.9%	25.4%
Holmes County	10.7%	5.9%	6.6%	3.6%	20.7%
Jefferson County	13.3%	16.6%	19.5%	9.9%	22.8%
Muskingum County	14.8%	10.7%	10.6%	6.7%	23.9%
Tuscarawas County	12.8%	8.8%	11.3%	4.0%	27.2%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

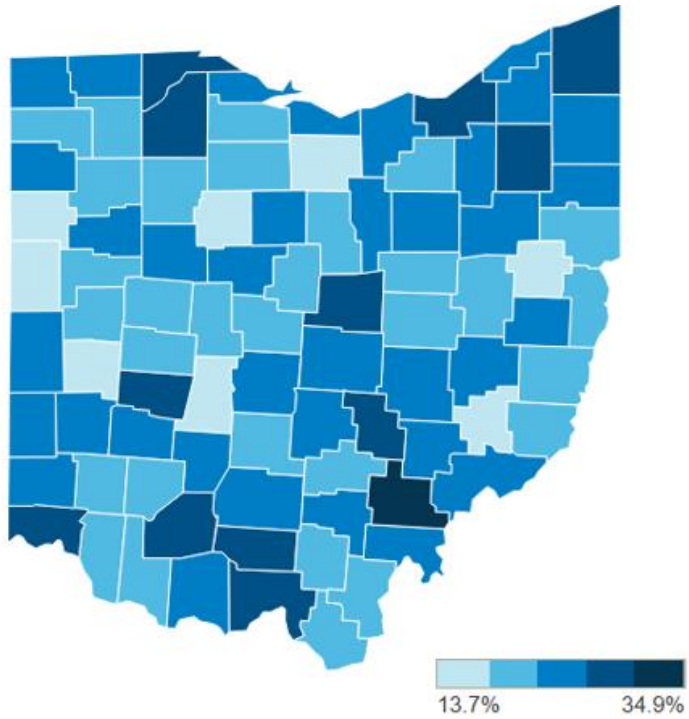
Balancing limited incomes with homes that have increasing maintenance and repair needs can be challenging. In some cases, minor modifications would allow the homeowners to increase comfort, prevent accidents and maintain their independence.[45]

Exhibit 66: Households with Housing Problems

	Lacking complete plumbing facilities	Lacking complete kitchen facilities	No telephone service is available
United States	0.4%	0.8%	1.6%
Ohio	0.3%	0.9%	1.6%
Belmont County	0.3%	0.5%	2.0%
Carroll County	0.7%	0.3%	1.5%
Coshocton County	0.8%	0.8%	3.0%
Guernsey County	1.4%	2.3%	2.9%
Harrison County	0.7%	0.8%	4.1%
Holmes County	0.7%	3.1%	10.2%
Jefferson County	0.2%	0.4%	1.2%
Muskingum County	0.3%	1.0%	1.5%
Tuscarawas County	0.2%	1.4%	2.1%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

Exhibit 67: Map of Households with Severe Housing Problems



Source: 2012–2016 Ohio Housing Finance Agency. Comprehensive Housing Affordability Strategy

[45] Ohio Department of Aging. State Plan on Aging, 2019-2022.

Transportation & Broadband

In 2017, the AAA9 Community Needs Assessment identified transportation as one of the most critical service needs. Transportation includes going to medical appointments and dialysis, wheelchair transport, and transportation to out-of-region and out-of-state health care facilities. Wheelchair transportation, because of a lack of accessible providers, is a growing concern. The needs assessment also indicated that most transportation for older adults is provided by family members, and these family members cannot meet all their needs. Many older adults find it difficult to access transportation services. Because AAA9 serves an entirely rural region, public transportation is extremely limited or nonexistent.

Exhibit 68: Transportation Means & Commuting

	Households With No Vehicle	Public Transit To Work	Mean Travel Time To Work
United States	8.5%	4.6%	26.9
Ohio	7.8%	1.4%	23.7
Belmont County	6.4%	0.5%	25.1
Carroll County	7.7%	0.0%	27.6
Coshocton County	9.5%	0.3%	25.0
Guernsey County	7.2%	0.2%	23.7
Harrison County	9.2%	0.0%	30.7
Holmes County	30.5%	0.2%	22.3
Jefferson County	9.9%	0.5%	24.0
Muskingum County	6.3%	0.3%	24.0
Tuscarawas County	7.1%	0.1%	23.6

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

- Only a few counties have a transit system and even those are sometimes overwhelmed with the number of requests coming in and none of them currently have the capabilities to deliver on-demand transportation.
- Given the projected growth in the older population, the need for transportation services will continue to increase rapidly.
- Besides Holmes County where the population consists of mostly Amish residents, Jefferson County consists of the highest percentage of households with no vehicles (9.9%).

Access to technology is a critical indicator for the older adult population, as these devices have become a vital component to staying connected to the community, learning about resources, applying for services, and accessing telehealth services. A recent report from the Older Adults Technology Services indicates that nearly 22 million (42%) American seniors lack wireline broadband access at home, and an older adult in a rural area is 1.6 times more likely to lack internet service at home. Additionally, Medicaid enrollees are 2.7 times more likely to be offline.[46] During the COVID-19 pandemic, it is estimated that approximately 40% of older adults were not able to access needed online services from their homes.[47] Although access to technology and broadband by age bracket was not found available for this analysis, it is clear that all service area counties present lower percentages of residents with smartphones, tablets, and computers compared to Ohio.

Exhibit 69: Access to Technology

	Has One Or More Types of Computing Devices	Smartphone	Tablet Or Another Portable Wireless Computer	No Computer
United States	91.9%	83.7%	61.9%	8.1%
Ohio	90.7%	80.8%	60.5%	9.3%
Belmont County	83.0%	69.1%	51.5%	17.0%
Carroll County	86.9%	71.8%	50.5%	13.1%
Coshocton County	83.2%	71.3%	52.9%	16.8%
Guernsey County	85.3%	73.1%	51.5%	14.7%
Harrison County	81.4%	63.2%	45.1%	18.6%
Holmes County	67.9%	59.0%	43.3%	32.1%
Jefferson County	83.9%	72.1%	53.5%	16.1%
Muskingum County	87.3%	75.7%	53.9%	12.7%
Tuscarawas County	86.7%	76.1%	56.7%	13.3%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

[46] Older Adults Technology Services. Aging Connected: Exposing the Hidden Connectivity Crisis for Older Adults, 2022.
[47] Center for Healthy Aging for Professionals. It's Time to Address Broadband Connectivity Issues for Older Adults, 2021.

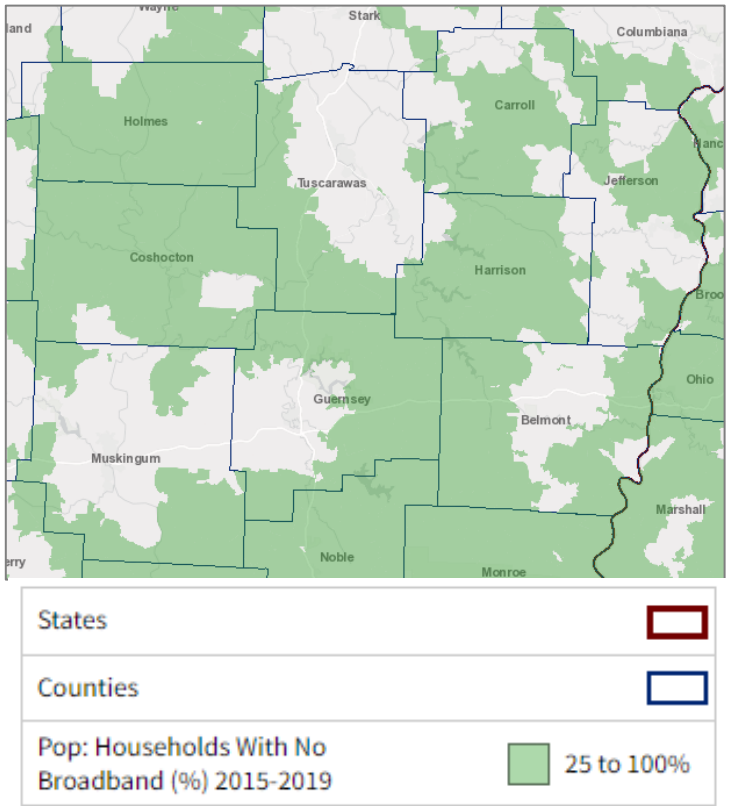
Throughout the service area, approximately 12.7% to 32.1% of the population by county does not have a computer in their household. Nearly a quarter of households in Belmont, Carroll, Guernsey and Harrison County do not have an internet subscription. Over a quarter (25.2%) of the households in Coshocton County do not have an internet subscription as well. The map below indicates ZCTAs within the service area where 25% or more of the population by zip code does not have a broadband internet subscription (including cellular data, cable, fiber optic, DSL, or satellite service).

Exhibit 70: Households With an Internet Subscription

	With an Internet Subscription	Without an Internet Subscription
United States	85.5%	14.5%
Ohio	84.9%	15.1%
Belmont County	76.9%	23.1%
Carroll County	76.3%	23.7%
Coshocton County	74.8%	25.2%
Guernsey County	77.9%	22.1%
Harrison County	76.8%	23.2%
Holmes County	59.0%	41.0%
Jefferson County	79.9%	20.1%
Muskingum County	81.5%	18.5%
Tuscarawas County	78.7%	21.3%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2016-2020

Exhibit 71: Map of Households With No Broadband



Source: UDS Mapper. U.S. Census Bureau. American Community Survey Five-year estimates for ZCTAs, 2015-2019

Food Insecurity

Older Ohioans who lack proper nutrition due to factors such as socioeconomic challenges, drug-nutrient interactions, and mental health issues are at an increased risk for poor health outcomes including malnutrition, high hospitalization rates, and premature death.[48] Food insecurity refers to USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.[49]

Exhibit 72: Food Insecurity

2021	Estimated Rate
Ohio (2019)	13.2%
Belmont County	17.9%
Carroll County	14.2%
Coshocton County	15.4%
Guernsey County	17.8%
Harrison County	16.6%
Holmes County	10.6%
Jefferson County	17.4%
Muskingum County	15.6%
Tuscarawas County	14.2%

Source: Feeding America, Mind the Meal Gap

Exhibit 73: Deaths Related to Nutritional Deficiencies

2019	Per 100,000
Belmont County	4.5
Carroll County	0.0
Coshocton County	8.2
Guernsey County	2.6
Harrison County	0.0
Holmes County	0.0
Jefferson County	6.1
Muskingum County	1.2
Tuscarawas County	1.1

Source: Ohio Department of Health. Ohio Public Health Information Warehouse, 2019

[48] Ohio Department of Aging. 2020-2022 Strategic Action Plan on Aging, February 2021.
[49] Feeding America, Mind the Meal Gap.

Leading Causes of Death & Chronic Disease

The leading causes of death among seniors have a wide degree of variation. Deaths due to unintentional injuries are dramatically lower in Holmes and Harrison Counties than in the rest of the service area. Rates of death due to influenza and pneumonia are highest in Belmont, Harrison, and Jefferson Counties, and the rates in Belmont County are more than 10 times that in Coshocton County.

Exhibit 74: Leading Causes of Death, 60 & Older[50]

Per 100,000	Circulatory System Diseases	Malignant neoplasms	Unintentional injuries	Influenza & pneumonia	Renal failure & kidney disorders	Septicemia
Belmont County	425.5	243.4	64.2	50.8	20.9	9.0
Carroll County	407.6	289.1	66.7	7.4	11.1	18.5
Coshocton County	361.2	290.0	62.9	5.5	21.9	35.6
Guernsey County	385.8	313.8	72.0	15.4	33.4	15.4
Harrison County	445.1	272.4	39.9	46.5	33.2	13.3
Holmes County	318.0	145.4	25.0	18.2	13.6	11.4
Jefferson County	500.8	285.5	80.9	42.8	24.4	35.1
Muskingum County	299.9	252.2	74.4	18.6	33.7	17.4
Tuscarawas County	392.4	248.9	67.4	17.4	16.3	17.4

Source: Ohio Department of Health. Ohio Public Health Information Warehouse, 2019

Exhibit 75: Chronic Disease Prevalence Rates

	Heart Disease	Hypertension	Stroke	Asthma	COPD	Obesity	Diabetes
Belmont County	6.5%	30.4%	3.3%	10.1%	9.0%	36.6%	10.3%
Carroll County	6.4%	31.1%	3.3%	10.3%	9.0%	37.1%	10.3%
Coshocton County	7.0%	32.9%	3.6%	10.6%	10.1%	38.5%	11.2%
Guernsey County	7.1%	32.9%	3.6%	11.0%	10.3%	37.6%	11.7%
Harrison County	6.8%	33.3%	3.5%	10.8%	9.9%	36.5%	10.9%
Holmes County	7.2%	32.7%	3.7%	11.4%	11.0%	35.8%	10.8%
Jefferson County	6.7%	33.9%	3.5%	10.8%	9.4%	38.1%	11.0%
Muskingum County	6.8%	34.4%	3.5%	10.6%	9.6%	39.4%	10.8%
Tuscarawas County	6.5%	32.6%	3.3%	10.6%	9.2%	38.2%	10.5%

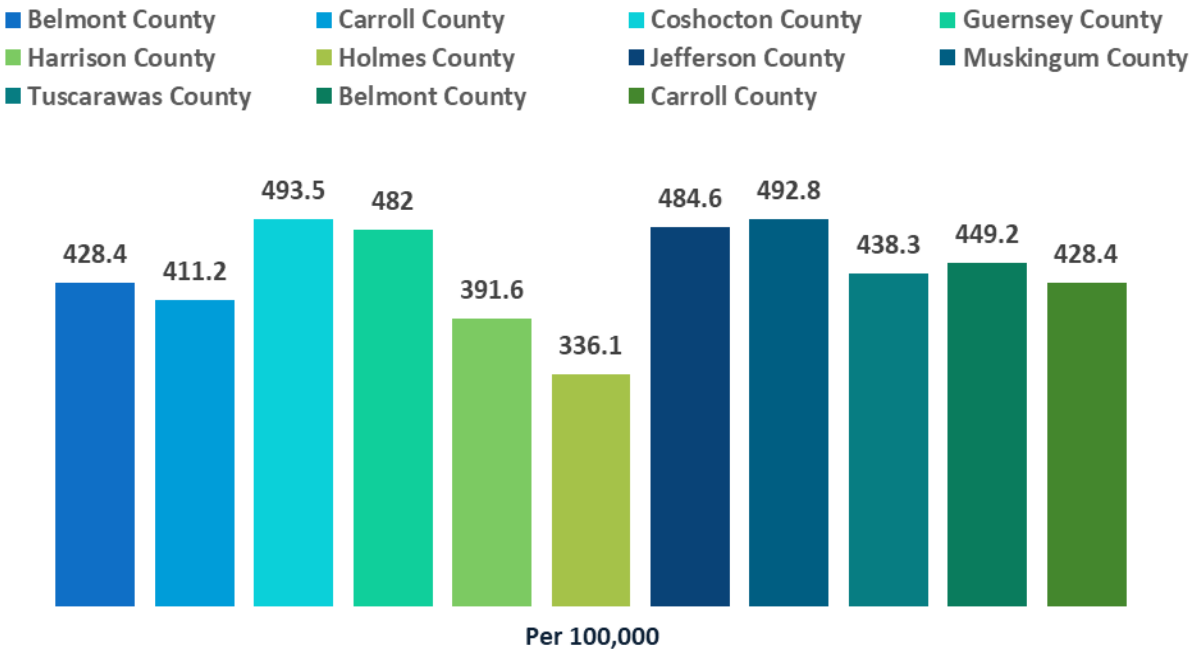
Source: National Center for Chronic Disease Prevention & Health Promotion. PLACES, 2019[51]

[50] Age-specific rates, also known as crude rates for specific age groups, represent the ratio of the number of deaths to the population within the age group. The formula to calculate is death count divided by the population times 100,000.
[51] National Center for Chronic Disease Prevention & Health Promotion. PLACES, 2019.

Cancer

Invasive cancer is cancer that has spread beyond the layer of tissue in which it developed and is growing into surrounding, healthy tissues; it is also called infiltrating cancer.[52] In terms of overall incidence of invasive cancers, the service area has the lowest rates in Holmes County (336.1 per 100,000 residents), and the highest in Coshocton and Muskingum Counties (493.5 and 492.8, respectively, per 100,000 residents) – a difference of nearly 50%.

Exhibit 76: Invasive Cancer Incidence by Type



2018	Per 100,000
Belmont County	428.4
Carroll County	411.2
Coshocton County	493.5
Guernsey County	482.0
Harrison County	391.6
Holmes County	336.1
Jefferson County	484.6
Muskingum County	492.8
Tuscarawas County	438.3
Belmont County	449.2
Carroll County	428.4

Source: Ohio Department of Health. Cancer Incidence Data, 2018

[52] National Cancer Institute, Invasive Cancer.

Variations in cancer type prevalence between the counties are more notable with some cancers than others, though sample size should be considered when concluding this data. Bladder cancer is seen twice as frequently in Guernsey County than in Belmont or Tuscarawas Counties; however, for breast cancer, Tuscarawas County's rates are over 60% higher than those in Guernsey County.

Exhibit 77: Invasive Cancer Incidence by Type

	Bladder	Breast	Colon & Rectum	Kidney & Renal Pelvis
Belmont County	17.7	52.0	44.9	9.1
Carroll County	23.6	49.6	17.6	N/A
Coshocton County	30.6	60.6	42.1	23.6
Guernsey County	39.0	40.6	45.7	26.4
Harrison County	ND	53.0	44.6	31.2
Holmes County	33.2	41.7	31.8	17.4
Jefferson County	23.1	57.8	43.6	26.7
Muskingum County	29.4	74.6	37.0	26.6
Tuscarawas County	19.3	65.3	37.9	15.1

Source: Ohio Department of Health. Cancer Incidence Data, 2018

Exhibit 78: Invasive Cancer Incidence by Type Continued

	Pancreas	Prostate	Stomach	Thyroid
Belmont County	11.3	96.7	N/A	24.6
Carroll County	N/A	84.9	10.8	N/A
Coshocton County	21.3	90.2	15.0	14.4
Guernsey County	15.9	110.5	14.8	N/A
Harrison County	N/A	99.8	N/A	N/A
Holmes County	N/A	79.0	N/A	N/A
Jefferson County	16.7	99.2	N/A	23.9
Muskingum County	13.4	126.7	5.7	17.8
Tuscarawas County	15.4	107.1	N/A	14.4

Source: Ohio Department of Health. Cancer Incidence Data, 2018

- Carroll County's colon and rectal cancer rates are notably lower than the other AAA9 counties.
- Lung and bronchial cancer rates have a large spread, ranging from 29.3 cases per 100,000 residents in Holmes County to 77.1 cases per 100,000 in Guernsey County.

Sexual Health

From 2018 to 2019, statewide indicators focusing on the prevalence of HIV and AIDS demonstrate a slight increase in prevalence for Ohio. Among the AAA9 service area counties, some variation exists in factors associated with increased risk for HIV and other sexually transmitted diseases. Exhibit 80 contains known risk factors associated with increased potential for a high prevalence of HIV and other STDs.

Exhibit 79: Statewide HIV & AIDS Indicators

	Rate per 100,000
2019	
AIDS prevalence	109.8
Estimated HIV incidence	8.8
Estimated HIV prevalence (undiagnosed and diagnosed)	275.0
HIV prevalence	235.3
2018	
AIDS prevalence	107.0
Estimated HIV incidence	9.0
Estimated HIV prevalence (undiagnosed and diagnosed)	269.1
HIV prevalence	228.0

Source: Centers for Disease Control & Prevention. National Center for HIV, Viral Hepatitis, STD & TB Prevention

Exhibit 80: Risk Factors for HIV & Other Sexually Transmitted Diseases

	Vacant housing	Uninsured	Population Over 25, No High School Diploma	Households Living Below FPL
Belmont County	19.5%	5.5%	9.8%	8.1%
Carroll County	17.0%	8.4%	10.5%	8.8%
Coshocton County	12.0%	10.2%	14.5%	9.9%
Guernsey County	16.1%	7.2%	14.5%	14.8%
Harrison County	23.1%	9.6%	13.2%	11.3%
Holmes County	9.3%	40.7%	43.1%	7.6%
Jefferson County	15.6%	5.6%	9.0%	11.9%
Muskingum County	10.7%	5.2%	12.2%	12.4%
Tuscarawas County	8.9%	7.8%	14.0%	9.4%

Source: National Center for Chronic Disease Prevention & Health Promotion. National Center for HIV, Viral Hepatitis, STDs & TB Prevention

Preventative Health

Clinical preventive services can prevent disease or find it early when treatment is more effective. Exhibit 81 indicates the percentage of men and women aged 65 years and older who reported having received all of the following preventative health measures:

- Influenza vaccination in the past year
- Pneumococcal vaccination (PPV) ever
- Either a fecal occult blood test (FOBT) within the past year or sigmoidoscopy within the past five years and an FOBT within the past three years
- Colonoscopy within the previous 10 years; and a mammogram in the past two years

Exhibit 81: Preventative Health Measures

2018	Men 65 & Over	Women 65 & Over
Belmont County	23.7%	24.0%
Carroll County	24.6%	22.0%
Coshocton County	22.6%	21.7%
Guernsey County	26.2%	21.9%
Harrison County	23.3%	22.0%
Holmes County	22.5%	21.6%
Jefferson County	22.5%	24.7%
Muskingum County	26.9%	20.5%
Tuscarawas County	28.2%	22.5%

Source: National Center for Chronic Disease Prevention & Health Promotion. PLACES, 2018

Impact of COVID-19

Findings from the 2021 International Health Policy Survey of Older Adults shares that older adults in the U.S. compared to their counterparts in the other survey countries have suffered the most economically from the COVID-19 pandemic, with more losing a job or using up all or most of their savings. Older adults with multiple chronic conditions, in the U.S., were among the most likely to have appointments canceled or postponed because of the pandemic.[53]

Exhibit 82 indicates COVID-19 vaccination rates per county. The figures below refer to the percentage of individuals 65 and over who have at least one dose of a COVID vaccine. This table also reflects the number of deaths caused by COVID-19 cases who resided in a long-term care facility. These totals do not include residents who have passed away prior to April 15, 2020. In total, 548 deaths occurred in long-term care facilities within the AAA9 service area.

Exhibit 82: COVID-19 Vaccination Rates & Long-Term Facility Deaths

	COVID-19 Vaccine	Number of Deaths in Long-Term Facilities
Ohio	85.5%	9,047
Belmont County	80.7%	34
Carroll County	79.8%	22
Coshocton County	74.6%	29
Guernsey County	77.2%	23
Harrison County	78.8%	21
Holmes County	52.7%	58
Jefferson County	82.2%	50
Muskingum County	86.0%	62
Tuscarawas County	78.9%	159

Source: Ohio Department of Health. COVID-19 Dashboard, April 21, 2022

[53] The Commonwealth Fund. The Impact of COVID-19 on Older Adults, 2021.

Health Care Capacity & Workforce

Below are the locations of Home Health Care (HHC) and Home Health Agencies (HHA) within the AAA9 service areas according to the Ohio Public Health Information Warehouse as of November 2019.

Exhibit 83: Home Health Care & Home Health

Type	Business Name	County
HHC	Titus Health care LLC	Belmont County
HHA	Alternative Home Health Inc	Belmont County
HHA	Interim Health care Of Se Ohio, Inc.	Belmont County
HHA	Southeastern Home Care, LLC	Belmont County
HHA	Stonerise Reliable Health care, LLC	Belmont County
HHA	Titus Health care LLC	Belmont County
HHA	Wheeling Hospital, Inc.	Belmont County
HHC	Carroll County Visiting Nurse Association	Carroll County
HHA	Carroll County Visiting Nurse Association and Home Health Agency	Carroll County
HHC	Interim Health care Coshocton	Coshocton County
HHA	City Of Coshocton	Coshocton County
HHA	College Park, Inc.	Coshocton County
HHA	Interim Health care	Guernsey County
HHA	Acute Nursing Care LLC	Guernsey County
HHC	Capital Health Home Care of Steubenville	Jefferson County
HHA	Atlantic Home Health Care Services Inc.	Jefferson County
HHA	CHS Of Wintersville, Inc.	Jefferson County
HHA	P.K. Mills and Company	Jefferson County
HHA	Trinity Hospital Holding Company	Jefferson County
HHA	American Nursing Care, Inc.	Muskingum County
HHA	Cambridge Home Health Care, Inc.	Muskingum County
HHA	Interim Health care of Cambridge, Inc.	Muskingum County
HHA	Muskingum Community Home Health Inc	Muskingum County
HHA	Zanesville Homecare Ventures, LLC	Muskingum County
HHA	Ember Complete Care Inc.	Tuscarawas County
HHA	Sanctuary Skilled Home Health Care, LLC	Tuscarawas County
HHA	Union Hospital Association	Tuscarawas County

Source: Ohio Department of Health. Ohio Public Health Information Warehouse, Ohio OneSource Facility Lookup Tool 2019

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHC) are community-based health care providers that receive funds from the Health Resources & Services Administration (HRSA) Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients.[54] Exhibit 84 shows the active service delivery sites that are appointed as FQHCs within the service area.

Exhibit 84: Federally Qualified Health Centers Within the Service Area

Facility	City/Town	County
Barnesville Family Dental Center	Barnesville	Belmont County
Barnesville Family Health Center	Barnesville	Belmont County
Southeast Inc., Mobile Medical Unit - Eastern Ohio	Saint Clairsville	Belmont County
Southeast, Inc. - St. Clairsville	Saint Clairsville	Belmont County
Muskingum Valley Health Centers	Coshocton	Coshocton County
Muskingum Valley Health Centers	Coshocton	Coshocton County
Muskingum Valley Health Centers	Coshocton	Coshocton County
Muskingum Valley Health Centers - Coshocton City Schools	Coshocton	Coshocton County
Muskingum Valley Health Centers - Ridgewood Schools	West Lafayette	Coshocton County
Muskingum Valley Health Center - Cambridge	Cambridge	Guernsey County
Muskingum Valley Health Center - Rolling Hills Schools	Byesville	Guernsey County
Muskingum Valley Health Centers - Cambridge Mat	Cambridge	Guernsey County
Quaker City Family Health Center	Quaker City	Guernsey County
Freeport Family Health Center	Freeport	Harrison County
Southeast, Inc. - Cadiz Health Center	Cadiz	Harrison County
Family Medical Care Community Health Center	Wintersville	Jefferson County
FMC - SBHC Garfield East Elementary School	Steubenville	Jefferson County
FMC - SBHC Harding Middle School	Steubenville	Jefferson County
FMC - SBHC Mckinley Stem Academy	Steubenville	Jefferson County
FMC - SBHC Pugliese West Elementary School	Steubenville	Jefferson County
FMC - SBHC Steubenville High School	Steubenville	Jefferson County
FMC - SBHC Toronto Complex	Toronto	Jefferson County
Muskingum Valley Health Centers	Zanesville	Muskingum County

Source: HRSA, Federally Qualified Health Centers and Look-Alikes

Federally Qualified Health Centers & Look-Alikes Look Up: Link here.

[54] HRSA, Federally Qualified Health Centers.

Alzheimer's Disease & Memory Loss

Memory loss, cognitive decline, and diseases such as Alzheimer's and dementia are devastating and often common parts of aging. Preventing and managing cognitive difficulty or decline can improve a person's ability to live independently, decrease caregiver burden, and enhance the quality of life.[55]

As stated previously in this assessment, Ohio's older adult population is growing expediently, along with the critical need for the resources to support them. According to the Ohio Department of Aging's 2021 Annual Report, Ohio's population aged 60 and older is expected to increase by 33.4% by 2030, and account for 26.3% of Ohio's total population. By 2030, Ohio's population will comprise approximately three million people aged 60 and over, while the proportion of Ohioans aged 85 and older is projected to be nearly by 2050.[56]

In 2019, 11.6% of adults aged 45 and older reported having increased confusion or memory loss, or cognitive decline, that is happening more often or is getting worse during the past year. While gender, race, and age do not present any significant differences, the prevalence of cognitive decline decreases with increasing annual household income and levels of education.

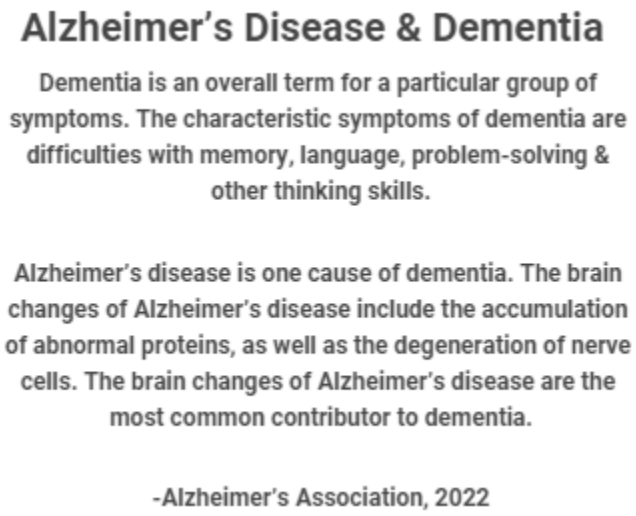


Exhibit 85: Prevalence of Cognitive Decline In Ohio, Demographics

Age 45 & Over	
Total	11.6%
Age	
50 - 54	9.9%
55 - 64	13.6%
65 & Over	11.2%
Male	12.4%
Female	11.0%
White, Non-Hispanic	11.7%
Black, Non-Hispanic	12.3%

Source: Ohio Behavioral Risk Factor Surveillance System, Ohio Department of Health, 2019

[55] Ohio Department of Aging. 2020-2022 Strategic Action Plan on Aging, February 2021.
[56] Ohio Department of Aging SFY 2021 Annual Report.

In 2019, Ohioans who earned less than $15,000 per year were five times more likely to have cognitive decline, compared with those earning $75,000 or more per year. Similarly, those who earn a college degree had a significantly lower prevalence of self-reported cognitive decline (7.2%) than those who had not completed high school (18.9%), high school graduates (11.8%), and those who had some college education (12.5%).

Exhibit 86: Prevalence of Cognitive Decline in Ohio by Income & Education

Age 45 & Over	
Total	11.6%
Less than $15,000	26.5%
$15,000 - $24,999	16.4%
$25,000 - $34,999	13.3%
$35,000 - $49,000	10.9%
$50,000 - $74,9999	9.2%
$75,000 +	5.2%
Less than High School	18.9%
High School Diploma	11.8%
Some College	12.5%
College Graduate	7.2%

Source: 2019 Ohio Behavioral Risk Factor Surveillance System, Ohio Department of Health, 2020

Behavioral Health

Depression, anxiety, addiction, and other mental health issues are not a normal part of aging. Left untreated, they can lead to fatigue, illness, and even suicide. Older adults with mental disorders are more likely than those without them to be smokers, eat an unhealthy diet, or not exercise regularly. Unfortunately, mental health problems can be under-identified by older adults, their family members, and health care professionals. The stigma surrounding mental illness makes people reluctant to seek help. According to the Ohio Department of Mental Health and Addiction Services, mental health and addiction disorders are more common than diabetes or heart disease, and they are just as treatable.[57]

Exhibit 87 illustrates the age-adjusted percentage of adults who reported experiencing 14 or more poor mental and physical health days in the past 30 days. All service area counties reported equal or more poor mental health and physical health days compared to the state average.

Exhibit 87: Poor Mental & Physical Health Days

	Poor Mental Health Days	Poor Physical Health Days
Ohio	16.0%	12.0%
Belmont County	16.0%	14.0%
Carroll County	17.0%	14.0%
Coshocton County	18.0%	15.0%
Guernsey County	18.0%	15.0%
Harrison County	17.0%	15.0%
Holmes County	19.0%	16.0%
Jefferson County	17.0%	14.0%
Muskingum County	17.0%	14.0%
Tuscarawas County	16.0%	13.0%

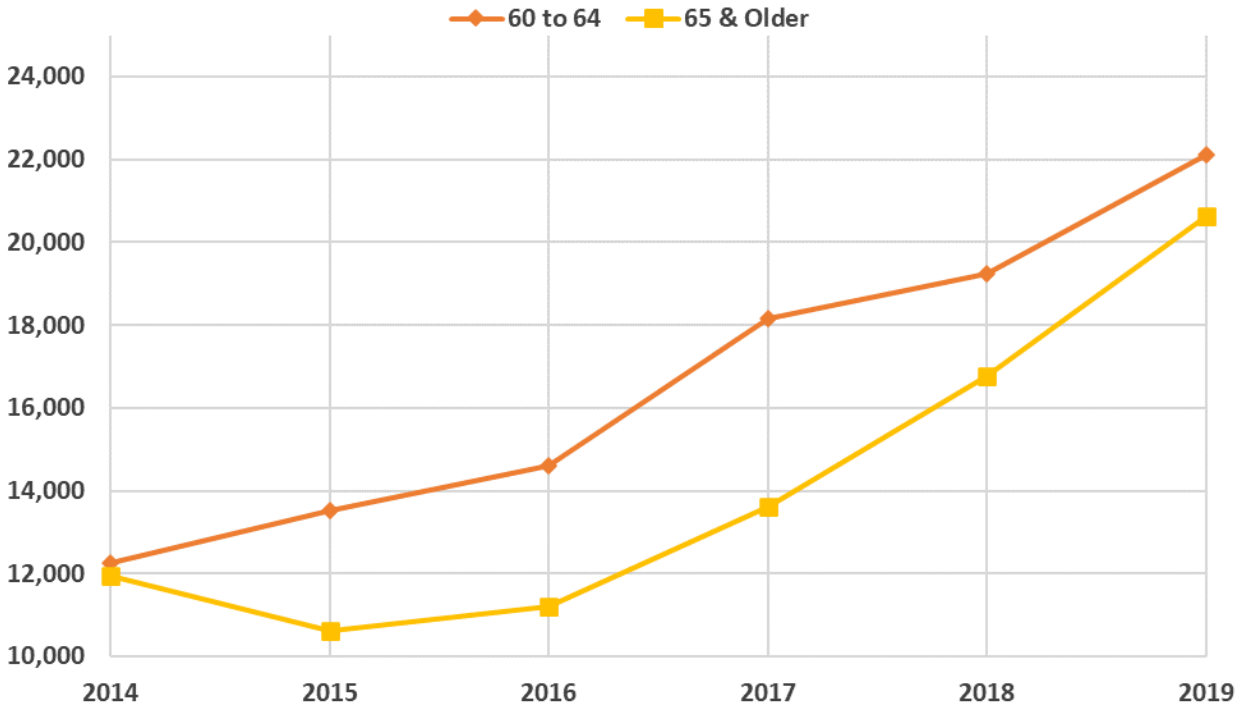
Source: County Health Rankings & Roadmaps, 2018

[57] Ohio Department of Aging. State Plan on Aging, 2019-2022.

Social isolation continues to be a concern for the rural AAA9 service area, as depression often pairs with social isolation. From 2015 to 2019 (2014 to 2019 for those 60 to 64 years old), there has been a steady year-over-year increase in the use of mental health services accessed by older adults.

It is important to note that the implications of the COVID-19 pandemic on the older adult population on a national level are expected to cause a dramatic increase in older adults seeking mental health services. Research has found that nearly one in five older adults aged 50 to 80 say their mental health has gotten worse since the pandemic began in March 2020, and an equal percentage say their sleep has suffered in that time too. More than one in four say they're more anxious or worried than before the COVID-19 era.[58]

Exhibit 88: Trend of Older Adults Receiving Mental Health Services from State Mental Health Systems



	2014	2015	2016	2017	2018	2019
60 to 64	12,245	13,533	14,593	18,173	19,242	22,113
65 & Older	11,938	10,616	11,199	13,621	16,780	20,621
Year Total	24,183	24,149	25,792	31,794	36,022	42,734

Source: Substance Abuse & Mental Health Services Administration, Center for Behavioral Health Statistics & Quality. Mental Health Annual Report: 2014–2019. Use of Mental Health Services: National Client-Level Data

- According to SAMHSA data, in 2019, there were 18,551 more residents 60 and older receiving mental health services from Ohio mental health facilities compared to 2014.

[58] National Poll on Healthy Aging, University of Michigan. Mental Health Among Older Adults Before and During the COVID-19 Pandemic, 2021.

The table below displays the number of seniors who received mental health services from state mental health systems in 2019. Those aged 60 to 64 were more likely to seek treatment for personality, bipolar, and attention disorders than those over 65, and only slightly more likely in the case of diagnoses including trauma, anxiety disorders, and depressive disorders.

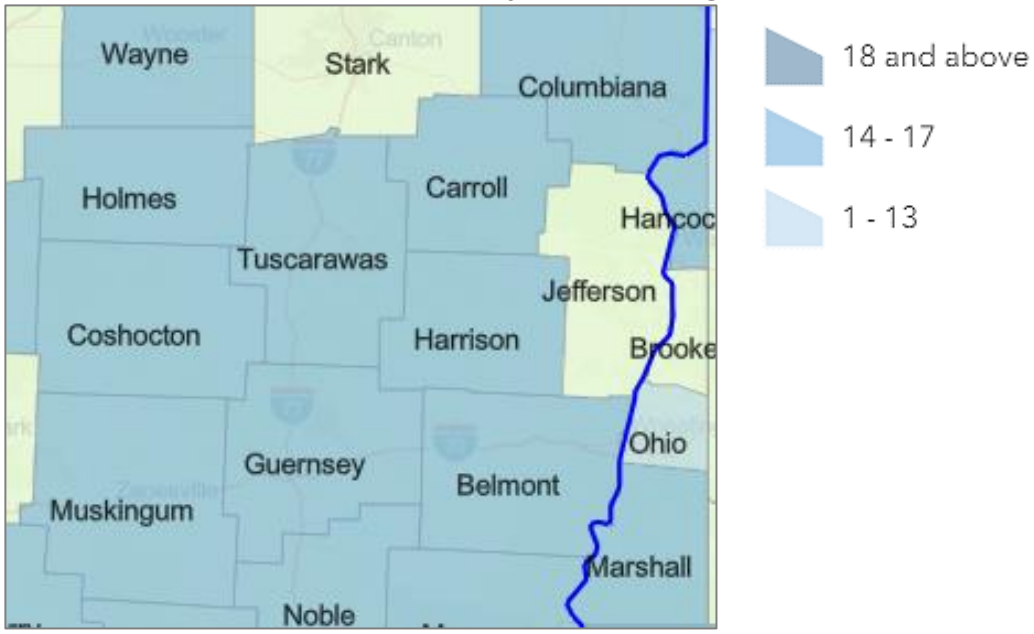
Exhibit 89: Mental Health Diagnosis by Age[59]

	60 to 64	%	65 & Over	%
Total	21,990	3.8%	20,456	3.6%
Trauma & Stressor-Related Disorders	2,697	1.9%	2,392	1.7%
Anxiety Disorders	4,821	3.6%	4,371	3.2%
Attention-Deficit Hyperactivity Disorder	213	†	81	†
Bipolar	3,379	4.9%	2,449	3.6%
Depressive Disorders	9,107	5.4%	8,763	5.2%
Personality Disorders	443	4.8%	260	2.8%

Source: Substance Abuse & Mental Health Services Administration, Center for Behavioral Health Statistics & Quality

The Health Professional Shortage Area (HPSA) find tool can be used to identify counties and states with the most severe provider shortages for a select variety of health care disciplines. Scores range from 0 to 26, with a higher score indicating greater priority. The map below indicates health professional shortage areas by HPSA score. All service area counties, except for Jefferson County, are considered mental health provider shortage areas with a score of 14 to 17.

Exhibit 90: Mental Health Area Health Professional Shortage Area



Source: Health Resources & Services Administration. Map Tool, Shortage Areas

[59] *† Less than 1% of individuals.*

Exhibit 91 indicates that in Ohio, there are approximately 380 mental health providers per resident – a better ratio than the United States in general. However, while no counties in Region 9 have ratios as low as Ohio generally, some counties have fewer mental health providers per resident. The ratios represent the number of individuals served by one mental health care provider for the county if the population was equally distributed across all mental health providers.

Exhibit 91: Ratio of Mental Health Providers

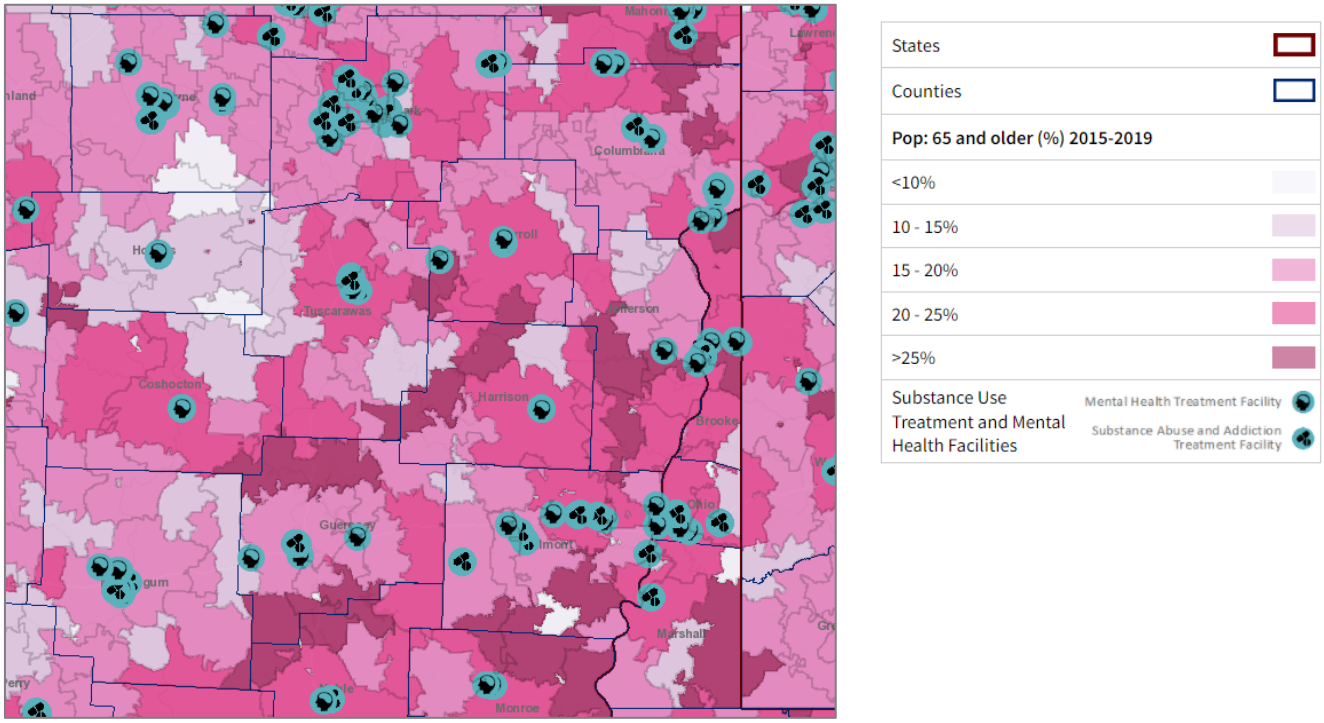
2020	Ratio to Population
United States	1,649:1
Ohio	380:1
Belmont County	500:1
Carroll County	1,920:1
Coshocton County	1,180:1
Guernsey County	490:1
Harrison County	3,760:1
Holmes County	7,330:1
Jefferson County	490:1
Muskingum County	580:1
Tuscarawas County	630:1

Source: County Health Rankings & Roadmaps, 2020

- Belmont, Guernsey, Jefferson, Muskingum, Tuscarawas, and most notably, Coshocton Counties have lower access to (higher ratios of) mental health providers than Ohio averages, while still having ratios better than United States averages.
- Carroll, Harrison, and Holmes Counties (1,920:1, 3,760:1, and 7,330:1 respectively) have the fewest mental health providers per resident – ratios notably higher than both state and national averages (380:1 and 1,649:1, respectively).

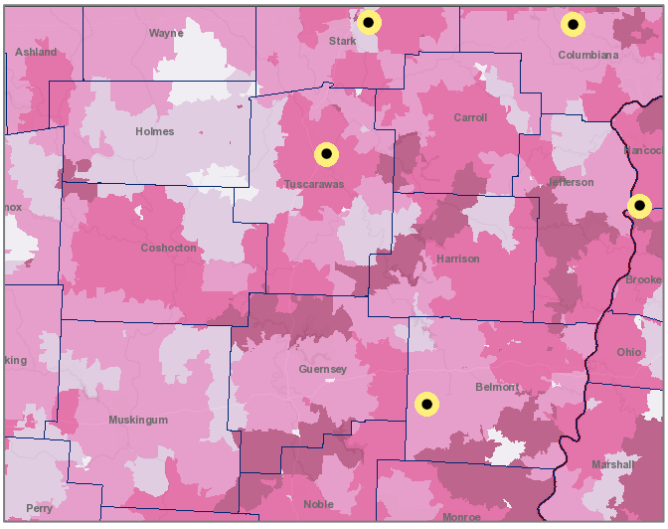
The map below displays health centers with a physician, physician assistant, and/or nurse practitioner providing medication-assisted treatment (MAT) for opioid use disorders, layered on top of the total population 65 and over. [60]

Exhibit 92: Mental Health & Substance Use Disorder Treatment Facilities



Source: UDS Mapper. Substance Abuse & Mental Health Services Administration, 2021

Exhibit 93: Health Centers With DATA Waived Providers



Source: UDS Mapper. Substance Abuse & Mental Health Services Administration, 2021

[60] UDS Mapper. Substance Abuse and Mental Health Services Administration (SAMHSA), October 2021.

Between the AAA9 counties, there is a wide variety in the availability of medication-assisted treatment (MAT) for opioid disorders. The table below shows the rate of physicians, physician assistants, and nurse practitioners with a waiver to provide MAT for opioid use disorder, per 100,000 population. Opioid dispensing rates vary between the counties, with the highest rates in Jefferson and Muskingum Counties, and the lowest in Holmes and Harrison Counties.

Exhibit 94: Rate of Data Waived Providers by County

	Rate Per 100,000	Count
Belmont County	19.1	13
Carroll County	14.6	4
Coshocton County	8.2	3
Guernsey County	5.1	2
Harrison County	0.0	0
Holmes County	0.0	0
Jefferson County	6.0	4
Muskingum County	27.9	24
Tuscarawas County	13.0	12

Source: UDS Mapper. Substance Abuse & Mental Health Services Administration, 2021

Substance Use Among Older Adults

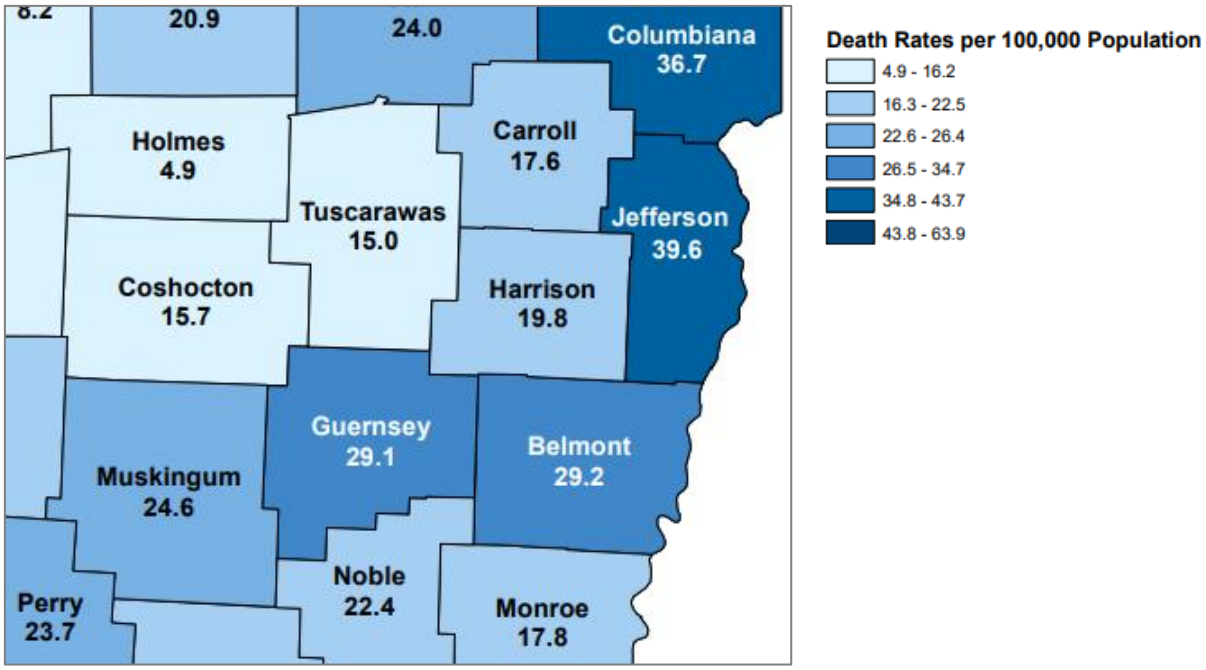
The 2019 Ohio Drug Overdose Report shares that statewide, people between the ages of 35 and 44 had the highest overdose death rate among all sex and race/ethnicity groups except Black non-Hispanic males. Additionally, among Black non-Hispanic males, 55- to 64-year-olds had the highest rate.[61]

Exhibit 95: Demographic Summary of Unintentional Drug Overdose Deaths, Ohio

	2014	2015	2016	2017	2018	2019
45-54	601	676	886	1,051	703	807
55-64	361	417	557	700	571	643
65 & Older	61	75	93	124	122	153

Source: Ohio Department of Health, Bureau of Vital Statistics. Analysis: ODH Violence and Injury Prevention Section. Includes Ohio residents who died due to unintentional drug poisoning (the underlying cause of death ICD-10 codes X40-X44).

Exhibit 96: Average Rate of Unintentional Drug Overdose Deaths by County, 2014-2019



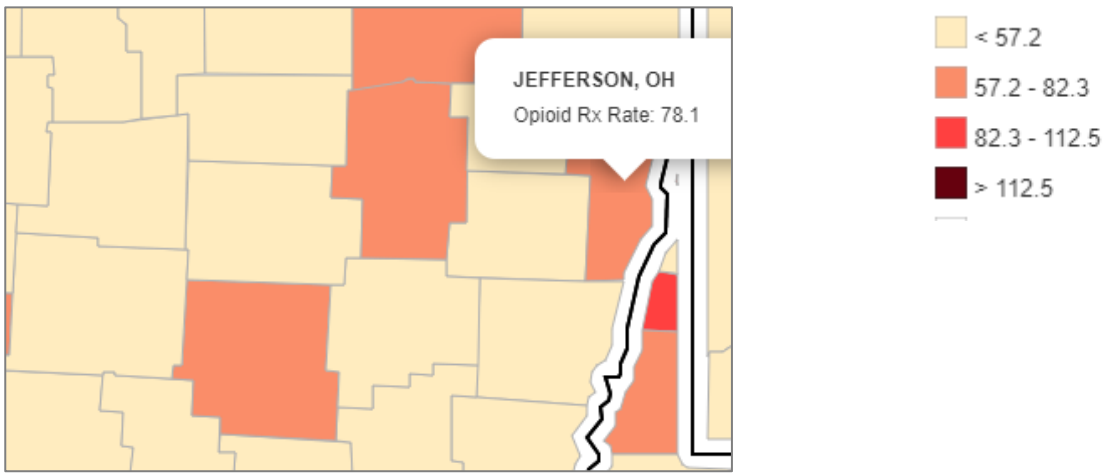
Source: Ohio Department of Health, Bureau of Vital Statistics, U.S. Census Bureau (Vintage 2019 population estimates)

- The 2014-2019 average age-adjusted rate of unintentional drug overdose deaths in Jefferson County is the highest within the nine-county service area (39.6 deaths per 100,000 people), while Holmes County presents the lowest rate (4.9 deaths per 100,000 people).

[61] Ohio Department of Health, 2019 Ohio Drug Overdose Report.

In 2019, opioid dispensing rates ranged from 78.1 per 100,000 people in Jefferson County to 8.6 per 100,000 people in Harrison County.

Exhibit 97: Opioid Dispensing Rates



Source: Centers for Disease Control & Prevention, National Center for Injury Prevention & Control, 2019

Exhibit 98: Retail Opioid Dispensing Rate

2019	Per 100,000
Belmont County	43.7
Carroll County	16.8
Coshocton County	27.7
Guernsey County	30.2
Harrison County	8.6
Holmes County	8.8
Jefferson County	78.1
Muskingum County	65.4
Tuscarawas County	57.3

Source: Centers for Disease Control & Prevention, National Center for Injury Prevention & Control, 2019

Appendix B: Stakeholder Interview & Focus Group Moderator's Guide

Community Needs Assessment
Stakeholder Interview Guide

Introduction

As you saw in the Stakeholder Interview invitation, Crescendo Consulting Group is assisting the Area Agency on Aging for Region 9 in conducting its 2022 Community Needs Assessment (CNA). The purpose of this conversation is to learn more about the senior communities AAA9 helps to serve including strengths, resources, service gaps, and ideas about potential ways to address the needs of seniors.

Some of the goals of the process are to:

- Identify and understand the area needs of seniors within the community.
- Identify barriers that prevent seniors from accessing AAA9 services.
- Identify vulnerable/underserved communities within the senior population.
- Determine gaps in services for the senior community and service levels required to meet those needs.
- Build upon existing inter-organizational partnerships to maximize the effectiveness of AAA9 resources.
- Determine the services and service levels required to meet those needs.

Today's discussion will be anonymous, and your name or any identifiable information will not be connected to this project in any way. The discussion will include questions from a few broad categories, and it will take less than 20 minutes. Do you have any questions for me?

Community Strengths & Challenges

1. What are some of the positive things or strengths that the community has to offer? *[PROBE: outdoor activities, lifestyle, other]*

2. Overall, what are the three greatest challenges the community will face in the next three years *(applies to all ages)*?

Housing

3. To what degree is the cost of housing impacting seniors?
    a. Are most seniors able to afford their current housing? Is this changing or stable?
    b. Are there assisted living facilities in the area? If so, are they trusted, quality facilities?

4. Overall, are there adequate community-based services for seniors requiring in-home care?
    a. Is in-home care affordable for seniors with a lower socioeconomic status?
    b. Are services limited?

5. What are some of the barriers one may face when seeking in-home care?
    a. Are there often waitlists for in-home services?
    b. Are these organizations/services often adequately staffed?
    c. Are staff competent and trusted?

6. What supports exist for seniors who may struggle to afford utilities such as heating fuel, electricity, and water?
    a. Are seniors generally aware of where to turn for assistance or ask questions?
    b. Is there proactive outreach to seniors and informing them of support or information?

Transportation & Internet

7. Do seniors have reliable transportation to places such as the grocery store, doctor appointments, activities in the community, etc.? *[PROBE: Do you know people who struggle to get places?]*

8. Is there any type of public transportation system for the senior population?

9. Is broadband/internet access available to most areas? If so, is it affordable to most?
    a. Are there opportunities for seniors (and/or caregivers) to learn how to be more technologically savvy – like classes or other programs?

Basic Needs & Quality of Life

10. To what degree do seniors have access to nutritious food?
    a. Are there food pantry programs, or home delivery services that provide hot meals to seniors with limited mobility?
    b. For seniors who have disabilities or are otherwise largely home-bound, how do they get needed food and prescription medication?

11. In general, are there social activities and opportunities to engage others?
    a. When thinking of the overall quality of life, are there opportunities for seniors to make friends and socialize?

Health Care

12. What are some of the most common health challenges the older community faces (e.g., obesity, diabetes, etc.)?

13. What is health care like for seniors in the area?
    a. Are there enough providers in the area/specialty care?
    b. Describe access to care – awareness of services, transportation and affordability, coordination of care between providers, case management, or support for seniors with complicated health needs.
    c. What are the biggest barriers faced by seniors?

14. Are there providers that specifically provide care to seniors with memory loss conditions such as Alzheimer's or dementia?
    a. What services are available?
    b. Do providers work with seniors, their families (if needed), and/or caregivers to provide education and additional resources?

15. To what degree is Medicare sufficient to meet seniors' needs for prescription medication? *[PROBE: Do seniors struggle to afford their medications due to high copays or lack of insurance?]*

16. To what degree is Medicare or other insurances sufficient to meet seniors' needs for dental care?

Caregiving (caregiver support & kinship care)

17. For grandparents that may have legal responsibility for their grandchildren or other children, what supports are available, if any, within the community? *[PROBE: Do schools work with grandparents that may need further guidance? Do other organizations provide sliding scale childcare costs? Are there legal or other structural supports (or barriers)]?*

18. Where do caregivers go to learn about how to take care of their relatives or friend? *[PROBE: Are there support groups or events for caregivers? Do workplaces provide flexibility for caregivers that may need additional schedule changes?]*

    a. Where can caregivers get questions answered regarding their loved one?

Mental Health & Substance Use

19. What are mental health services like for seniors in your area? What are the challenges?
    a. Are there good crisis care services – especially for seniors?

20. Describe the substance use disorder care services in your area. What are the challenges for seniors?

COVID-19 Pandemic Impacts

21. How has the pandemic impacted seniors regarding mental health, social isolation, and depression or anxiety?

22. How has the COVID-19 pandemic impacted the senior community in other ways? What are they struggling with the most? Have there been any "silver linings?"

Vulnerable Senior Communities

23. What services/programs exist in the community for seniors with cognitive/physical disabilities?

24. Is there an existing LGBTQ+ senior community? If so, what additional supports/resources are out there? If none, what could be provided?

25. For seniors and caregivers that have limited English proficiency, what type of assistance, if any, is offered? *[PROBE: Translation services, at no cost]*

Community Needs Assessment
Focus Group Moderator's Guide

Welcome, Introductions & Attendance

Welcome! As you may know, Crescendo Consulting Group is assisting the Area Agency on Aging for Region 9 in conducting its 2022 Community Needs Assessment (CNA). The purpose of today's conversation is to learn more about the older adult population and communities AAA9 helps to serve – including strengths, resources, service gaps, and ideas about potential ways to address the needs of older adults.

Thank you for taking the time to join us for this important discussion.

Explain the general purpose of the discussion.

The purpose of our meeting today is to learn more about strengths and resources in your community regarding the older adult population, and ways that older adults, including caregivers, generally seek services as well as the ongoing impacts of the COVID-19 pandemic. The goal is to collect your insights regarding service gaps and ways to better meet the needs of the older adult community and those who care for them.

Explain the necessity for notetaking and recording.

We're taking notes and recording the session to assist us in recalling your thoughts. We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say and hear during this focus group to be confidential.

Describe logistics.

Logistics are a bit different than normal since we're virtual, but we'd appreciate it if you gave us your full attention for the next hour or so. If you need to take a break to use the restroom, please do.

Describe the protocol for those who have not been to a group before.

For those of you who have not participated in a focus group before, the basic process is that I will ask questions throughout our session; however, please feel free to speak up at any time. I encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feels comfortable.

If you have a private question, feel free to type it in the chat area of Zoom. Please be respectful of the opinions of others. Honest opinions are the key to this process, and there are no right or wrong answers

to the questions. I'd like to hear from each of you and learn more about your opinions, both positive and negative.

Do you have any questions for me before we start?

Community Strengths & Challenges

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2. Overall, what are the three greatest challenges the community will face in the next three years *(applies to all ages)*?

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    b. Are these organizations/services often adequately staffed?
    c. Are staff competent and trusted?

6. What supports exist for seniors who may struggle to afford utilities such as heating fuel, electricity, and water?
    a. Are seniors generally aware of where to turn for assistance or ask questions?
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Transportation & Internet

7. Do seniors have reliable transportation to places such as the grocery store, doctor appointments, activities in the community, etc.? *[PROBE: Do you know people who struggle to get places?]*

8. Is there any type of public transportation system for the senior population?

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    a. Are there opportunities for seniors (and/or caregivers) to learn how to be more technologically savvy – like classes or other programs?

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10. To what degree do seniors have access to nutritious food?
    a. Are there food pantry programs, or home delivery services that provide hot meals to seniors with limited mobility?
    b. For seniors who have disabilities or are otherwise largely home-bound, how do they get needed food and prescription medication?

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    a. When thinking of the overall quality of life, are there opportunities for seniors to make friends and socialize?

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    a. Are there enough providers in the area/specialty care?
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    c. What are the biggest barriers faced by seniors?

14. Are there providers that specifically provide care to seniors with memory loss conditions such as Alzheimer's or dementia?
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16. To what degree is Medicare or other insurances sufficient to meet seniors' needs for dental care?

Caregiving (caregiver support & kinship care)

17. For grandparents that may have legal responsibility for their grandchildren or other children, what supports are available, if any, within the community? *[PROBE: Do schools work with grandparents that may need further guidance? Do other organizations provide sliding scale childcare costs? Are there legal or other structural supports (or barriers)]?*

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21. How has the pandemic impacted seniors regarding mental health, social isolation, and depression or anxiety?

22. How has the COVID-19 pandemic impacted the senior community in other ways? What are they struggling with the most? Have there been any "silver linings?"

Vulnerable Senior Communities

23. What services/programs exist in the community for seniors with cognitive/physical disabilities?

24. Is there an existing LGBTQ+ senior community? If so, what additional supports/resources are out there? If none, what could be provided?

25. For seniors and caregivers that have limited English proficiency, what type of assistance, if any, is offered? *[PROBE: Translation services, at no cost]*

Appendix C: Community Survey

Area Agency on Aging - Region 9, Inc.
710 Wheeling Avenue, Cambridge, Ohio 43725
Voice (800)945–4250 ♦ Fax (740)439-0064
Serving Ohio's Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum, and Tuscarawas counties for over 40 years

Community Needs Survey

The Area Agency on Aging, Region 9 is seeking community input on the IMPORTANCE and AVAILABILITY of health-related services for seniors in **your** community. We use results to create and improve programs. We appreciate your participation in this important survey **by March 31, 2022**.

What county do you live in?

☐ Belmont
☐ Carroll
☐ Coshocton
☐ Guernsey
☐ Harrison
☐ Holmes
☐ Jefferson
☐ Muskingum
☐ Tuscarawas

What is your gender?

☐ Male
☐ Female
☐ Prefer not to answer

What age group do you fall within?

☐ 0-40
☐ 41-59
☐ 60+

What race are you?

☐ White
☐ Black/African American
☐ Native American/Alaskan Native
☐ Hispanic
☐ Other
☐ Prefer not to answer

How did you hear about the Area Agency on Aging, Region 9 (AAA9) resources and services in your community? Select all that apply.

☐ Friends or family
☐ Social media
☐ Google or internet search
☐ Newspaper
☐ Radio/Television
☐ Religious leader or faith-based community
☐ Social service organizations
☐ Other (please specify)
☐ I have not heard of AAA9

IMPORTANCE

The community is informed about AAA9 services and programs.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

Mental health crisis care is available for seniors.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

Seniors can receive care for drug addictions and/or alcohol in the community.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, activities in the community.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

Internet is affordable and available to seniors.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

AVAILABILITY

The community is informed about AAA9 services and programs.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Mental health crisis care is available for seniors.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Seniors can receive care for drug addictions and/or alcohol in the community.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, activities in the community.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Internet is affordable and available to seniors.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

How important are these issues in your community?

Help is available for seniors to pay utilities like heat, electricity, water.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

Housing for seniors in the county is available and not too expensive.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

In-home care is available, affordable, and of quality for seniors.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

Local Assisted/Independent Living Communities are available and affordable.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

Seniors can get local counseling and other mental health services when needed.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

To what extent do you agree with the availability of resources?

Help is available for seniors to pay utilities like heat, electricity, water.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Housing for seniors in the county is available and not too expensive.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

In-home care is available, affordable, and of quality for seniors.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Local Assisted/Independent Living Communities are available and affordable.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Seniors can get local counseling and other mental health services when needed.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

IMPORTANCE

Seniors can get training on how to use the internet and electronic devices.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

Nutritious food is affordable and available for seniors.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

Medicare is sufficient to pay for prescription medications for seniors.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

Medicare is sufficient to cover dental care needs for seniors.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

Seniors can get good local medical care, screenings, and immunizations.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important

AVAILABILITY

Seniors can get training on how to use the internet and electronic devices.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Nutritious food is affordable and available for seniors.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Medicare is sufficient to pay for prescription medications for seniors.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Medicare is sufficient to cover dental care needs for seniors.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Seniors can get good local medical care, screenings, and immunizations.
☐ 1 Strongly ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

IMPORTANCE	AVAILABILITY
There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss.	There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important	☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree
Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails).	Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails).
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important	☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree
Seniors have access to local dental care.	Seniors have access to local dental care.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important	☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree
Our community cares about the senior population.	Our community cares about the senior population.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important	☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree
Our community is good at helping our senior population.	Our community is good at helping our senior population.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important	☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

IMPORTANCE	AVAILABILITY
There are social opportunities and entertainment available for seniors in the community.	There are social opportunities and entertainment available for seniors in the community.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important	☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree
Grandparents who care for grandchildren or other children have support within the community (with schools, childcare organizations).	Grandparents who care for grandchildren or other children have support within the community (with schools, childcare organizations).
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important	☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree
There are local support groups/educational opportunities for caregivers who care for seniors in the community.	There are local support groups/educational opportunities for caregivers who care for seniors in the community.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important	☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree
There are adequate opportunities to receive COVID-19 vaccines locally.	There are adequate opportunities to receive COVID-19 vaccines locally.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important	☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree
COVID-19 has impacted the services seniors receive in our community.	COVID-19 has impacted the services seniors receive in our community.
☐ 1 Not important ☐ 2 Slightly important ☐ 3 Important ☐ 4 Very important ☐ 5 Extremely important	☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Thank you for completing the AAA9 Community Needs Survey! Please return your completed survey to your local senior center by March 31, 2022

Appendix D: Additional Needs Prioritization Tables

Part of the needs prioritization session included a 'gap analysis' to further understand the community's thoughts on the importance and availability o needs and resources tailored to older adults and caregivers. The table below is read as follows,

"The results indicate that 82.5% of respondents think it is important that Medicare is sufficient to pay for prescription medications, but only 42.4% agree that this is available to their community."

Exhibit 99: Gap Analysis Ranking Results

Rank	Need/Resource	Imp.	Avail.	% Point Gap
1	Medicare is sufficient to pay for prescription medications for seniors	82.5%	42.4%	**40.1**
2	Seniors can get good local medical care, screenings, and immunizations	81.4%	43.6%	**37.8**
3	Nutritious food is affordable and available for seniors	80.6%	44.2%	**36.4**
4	Seniors with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, activities in the community	81.3%	47.7%	**33.6**
5	Seniors with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails)	81.5%	50.2%	**31.3**
6	Our community cares about the senior population	80.2%	52.8%	**27.4**
7	There are local health care providers that provide care for seniors with Alzheimer's, dementia, and/or memory loss	77.0%	52.1%	**24.9**
8	Our community is good at helping our senior population	79.6%	56.0%	**23.6**
9	Seniors have access to local dental care	72.7%	49.6%	**23.1**
10	In-home care is available, affordable, and of quality for seniors	76.4%	56.0%	**20.4**
11	Local Assisted/Independent Living Communities are available and affordable	75.8%	56.6%	**19.2**
12	Seniors can get local counseling and other mental health services when needed	73.0%	55.4%	**17.6**
13	COVID-19 has impacted the services seniors receive in our community	70.5%	53.1%	**17.4**
14	Medicare is sufficient to cover dental care needs for seniors	77.7%	65.1%	**12.6**
15	Grandparents who care for grandchildren or other children have support within the community (with schools, childcare organizations)	68.2%	57.6%	**10.5**
16	Seniors can receive care for drug addictions and/or alcohol in the community	65.6%	55.8%	**9.8**
17	There are local support groups/ educational opportunities for caregivers who care for seniors in the community	70.8%	64.2%	**6.6**
18	Housing for seniors in the county is available and not too expensive	75.9%	70.8%	**5.1**
19	Mental health crisis care is available for seniors	72.6%	69.0%	**3.6**
20	Help is available for seniors to pay utilities like heat, electricity, water	73.0%	70.0%	**3**
21	The community is informed about AAA9 services and programs	70.0%	71.6%	**-1.6**
22	There are adequate opportunities to receive COVID-19 vaccines locally	69.0%	72.5%	**-3.5**
23	Seniors can get training on how to use the internet and electronic devices	58.2%	61.8%	**-3.6**
24	There are social opportunities and entertainment available for seniors in the community	68.2%	79.9%	**-11.7**
25	Internet is affordable and available to seniors	57.8%	83.7%	**-25.9**

Exhibit 100 indicates the percentage of community survey respondents who believe it 'Extremely Important' that their community cares about the senior (older adult) population in each county. Only 0.2% of the service area said this was 'Not Important.' Overall, 49.2% of community survey respondents believe it is important that their community is good at helping our senior population by county. Only 0.3% of the service area said this was 'Not Important.'

Exhibit 100: Our Community Cares About the Senior Population by County

	Percent of residents who answered, 'Extremely Important'
Total Service Area	51.1%
Belmont County	45.3%
Carroll County	45.3%
Coshocton County	48.5%
Guernsey County	64.0%
Harrison County	27.5%
Holmes County	52.6%
Jefferson County	56.7%
Muskingum County	66.7%
Tuscarawas County	41.6%

Exhibit 101: Our Community Is Good At Helping Our Senior Population by County

	Percent of residents who answered, 'Extremely Important'
Total Service Area	49.2%
Belmont County	45.5%
Carroll County	45.3%
Coshocton County	48.5%
Guernsey County	56.7%
Harrison County	27.5%
Holmes County	52.6%
Jefferson County	55.9%
Muskingum County	57.1%
Tuscarawas County	40.9%