AREA AGENCY on AGING Region 9
AAA9

2026

Community Needs Assessment



Prepared by

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Contents

Executive Summary

Area Agencies on Aging (AAAs) are state-designated organizations that coordinate local services to help older adults remain independent, including meals, homemaker support, and other community-based assistance. Under the Older Americans Act, AAAs conduct community needs assessments every four years to identify service gaps and inform their Area Plan on Aging. Area Agency on Aging Region 9 contracted Crescendo Consulting Group, a national consulting firm with over 20 years of experience in community needs assessments and strategic planning, to conduct this assessment.

This Community Needs Assessment provides a comprehensive overview of the health and well-being of older Ohioans in the nine-county service area to inform AAA9's Strategic Action Plan and prioritize collaborative actions for improvement. The key objectives of this assessment was to identify community assets and existing services valued by older Ohioans, assess service and support needs and gaps in service delivery for older adults, and examine barriers affecting access to services along with opportunities to mitigate those barriers.

Methodology Overview

Using a mixed-methods approach, quantitative and qualitative research was conducted from October 2025 through March 2026 to capture input from community stakeholders, including underserved populations.

- **Secondary Data Analysis:** In-depth review of dozens of validated data sources focused on the older adult population. Information was tabulated and parsed to identify disparities and other insights whenever possible.
- **Primary Qualitative Research:** This component included three focus group discussions and 14 key informant interviews.
- **Primary Quantitative Community Survey:** The community survey assessed the needs of older adults and caregivers and barriers to accessing AAA9 services. Conducted from March 2025 through January 2026, it received 270 responses through online and paper distribution across the service area, including outreach at senior centers to improve

access for rural and offline residents. Results reflect a convenience sample and are not representative of the full population.

- **Needs Prioritization:** A prioritization meeting was held on March 23, 2026, during which AAA9 executive leadership reviewed assessment findings, scored identified needs using the Hanlon Method, and finalized priorities for the next Strategic Action Plan. In total, 11 community needs were evaluated during the session.

Secondary Data Analysis

Secondary research provided critical context on community demographics, social drivers of health, behavioral health risk factors, and other key indicators to inform strategy development. Data were primarily sourced from the U.S. Census Bureau American Community Survey, the Centers for Disease Control and Prevention, and the DataOhio portal, with all data collected from original sources prior to December 2025.

Demographics

- Ohio has more than 2.2 million adults age 65+, with older adults now outnumbering children in over one-quarter of counties; the 65+ population grew more than 10.0% from 2020 to 2024.
- All counties are projected to see continued growth in older adults through 2032, especially ages 65–74, with Harrison, Jefferson, Belmont, and Carroll counties expected to have the largest older populations.
- Disability prevalence increases with age, from 12.4% (ages 35–64) to 46.5% (75+), with several counties exceeding national rates, including Carroll, Guernsey, and Jefferson.
- Veteran populations are predominantly older (ages 65–74), with Holmes County having the highest concentration of older veterans and Muskingum County having the youngest veteran profile.

Social Drivers of Health

- Across the region, 28.0% to 39.0% of households include adults aged 65 and older. While most older adults live with family, a notable portion live alone, particularly in Jefferson, Harrison, and Belmont counties, emphasizing the importance of social support programs and services to address isolation and ensure safety for older adults.
- Rates of depressive disorder vary widely across counties, with some areas showing particularly high prevalence among adults ages 55 to 64, including Carroll and Muskingum counties, where more than 40.0% of this age group report a diagnosis.

- From 2020 to 2023, mortality rates among adults 55 to 64 in Ohio increased from 15.2 to 19.2 per 100,000, while rates for adults 65 and older remained relatively stable around 16.0 per 100,000.
- Access to a personal healthcare provider varies widely across the region, ranging from 25.0%–100.0% among adults ages 55–64 and 31.0%–81.0% among adults 65+. While most counties show higher access among older adults, several report stronger access among ages 55–64, and lower rates in Jefferson, Tuscarawas, Guernsey, and Muskingum counties indicate gaps in primary care access.
- From 2018 to 2024, most counties saw a decline in operating pharmacies, with the largest decreases in Carroll and Harrison counties. While Guernsey and Tuscarawas remained stable, the trend raises concerns about medication access and emerging pharmacy deserts in rural areas.
- Guernsey, Jefferson, and Harrison counties have lower life expectancy than the state average, while Holmes County has higher life expectancy, suggesting potential protective factors worth further exploration.
- Among adults age 65+, heart disease and cancer are the leading causes of death, with rates exceeding the state figures in several counties, particularly Guernsey, Harrison, and Jefferson. Alzheimer's disease mortality is also notably high in Tuscarawas, Holmes, and Muskingum counties.
- Older adult poverty varies across the region, with several counties exceeding state and national rates. Coshocton, Jefferson, Muskingum, Harrison, and Guernsey report the highest poverty among adults age 60+, while Harrison, Holmes, Coshocton, and Tuscarawas have the highest rates among adults age 65+.
- Most housing in the region is older, with much built before 1979 and limited recent construction. This aging housing stock may present accessibility, safety, and maintenance challenges for older adults aging in place.

Primary Qualitative Research

Community Considerations

- **Large Rural Area:** Participants identified much of the nine-county service area as highly rural, contributing to older adult isolation due to low digital literacy, limited public transit, and transportation barriers for those with mobility challenges.
- **Funding for Providing and Receiving Services:** Participants noted that funding cuts have reduced services such as home nursing, Meals on Wheels, assistive technology grants, and senior center support. They also reported growing multigenerational caregiving burdens as older adults increasingly care for both parents and grandchildren.
- **Independence of Community Members:** Key informants noted that community members value independence, often preferring to age at home and hesitating to ask for help when needed.
- **Awareness of Resources:** Participants reported low awareness of available resources among older adults, with many unsure what services exist or how to access them. Rurality, limited internet access, low digital literacy, and lack of outreach contribute to these gaps and increase vulnerability to isolation and fraud.

Strengths

- **Quality Resources**: Participants highlighted valued community resources such as senior centers, caregiver supports, educational workshops, exercise programs, and engagement opportunities that benefit older adults' mental, physical, and social well-being.
- **Collaboration:** Participants described the service area as collaborative and tight-knit, with residents, businesses, and organizations working together to support one another and address resource gaps.

> ***"We are a tight-knit community that tends to take care of each other. In times of struggle, our community has been very well known for pulling together to take care of their own. We try to have several resources, such as food pantries in most of the towns and giving boxes in most of the towns for anybody, not just seniors, but anybody in need."***
>
> *Community Member, Key Informant*

- **Complex Technical Systems:** Participants noted that older adults struggle to stay informed as services shift to digital platforms, preferring in-person engagement. They highlighted a need for technology support and education, as well as help navigating complex systems like Medicare enrollment and healthcare plan selection.

- **Limited Public Transportation:** Limited public transportation in rural areas contributes to isolation and reduced access to food, care, and services. Participants noted long emergency response times, limited medical transport hours, advance scheduling barriers, and shortages of drivers and vehicles.
- **Lack of Safe, Quality, Affordable Housing:** Participants expressed concerns about unsafe, poorly maintained housing, noting that quality is a greater issue than access, despite affordability challenges and waitlists for low-income units.
- **Rising Cost of Living:** Participants reported that rising housing, utility, and rental costs are straining residents, especially older adults on fixed incomes. Many struggle with complex assistance applications, and some are forced to choose between medications and food.
- **Lack of Affordable Healthcare and In-Home Care Services:** Participants raised concerns about in-home care, noting that while older adults prefer aging at home, rural distance, waitlists, low wages, and workforce shortages limit access and quality. They also highlighted a need for respite care and concerns about dementia, with social isolation increasing risk and safety issues.

Action Areas

- **Adapt Programming to Meet Client and Caregiver Needs:** Participants recommended expanding in-person services and activities to reduce isolation, including support groups, education, and assistance with tax preparation and Medicare enrollment. They also suggested in-home caregiver education and coordinated grocery support through home health aides.
- **Increase Awareness of Resources:** Participants recommended increasing awareness of resources through in-person outreach, clearer websites, and accessible communication. They also suggested promoting transportation services, reducing stigma, and using newsletters, newspapers, community events, and senior housing outreach.
- **Expand Transportation Operating Hours and Services:** Participants noted uneven transportation access across the service area, with a need for expanded evening and weekend hours, additional trips to non-medical destinations, and more wheelchair-accessible options. They also suggested reinstating home visiting nurses and expanding mobile services to reduce transportation barriers.
- **Offer Educational Classes or Workshops:** Participants recommended free or low-cost workshops with transportation on topics like self-advocacy in healthcare, prevention, and scam awareness. They also suggested intergenerational technology classes pairing students with older adults.

Primary Quantitative Community Survey

The community survey gathered input from older adults, caregivers, and community members across the service area, with 270 valid responses analyzed. Only surveys with at least one non-demographic response were included, and the survey was designed to minimize bias. Additional community survey tables and charts are included in the Primary Quantitative Community Survey section of the report. The community survey results provided insight on a wide range of focus areas:

- Demographics
- Awareness
- Top issues affecting older adults
- Community issues affecting older adults that require more focus
- Social drivers
- Community health and needs

Needs Prioritization Process

Community needs were prioritized through a structured, multi-phase process to inform AAA9's Strategic Action Plan. On March 23, 2026, AAA9 leadership, facilitated by Crescendo Consulting Group, reviewed CHNA quantitative and qualitative data and discussed identified needs. Prioritization considered issue severity, feasibility, barriers, and potential impact if unaddressed. A total of 11 community health needs were identified and voted on during the prioritization session.

IDENTIFIED COMMUNITY NEEDS

Rank	Community Need	Score
1	Awareness of Resources	56.0
2	Navigation of Existing Resources	46.2
3	Affordable and Available Nutritious Food	46.0
4	Available, affordable, and of quality in-home care	42.2
5	Mental Health Support Services (i.e., counseling, support groups, crisis care)	40.9
6	Social Isolation	40.8
7	Safe, Quality, Affordable Housing	39.7
8	Adequate Transportation Services (i.e., expanded operating hours)	39.1
9	Support for Caregivers (i.e., in-home assessments, educational opportunities)	37.7
10	Local Healthcare Providers to Address Alzheimer's Disease, Dementia, and/or Memory loss	33.8
11	Technology Literacy (i.e., training for computers, smartphones, tablets, e-mail, internet navigation, service/program applications, social media, etc.)	33.0

Introduction

An Area Agency on Aging (AAA) is a state-designated public or nonprofit organization that serves older adults at the local or regional level. Each AAA oversees a specific planning and service area, which may include a city, county, or multi-county region. AAAs coordinate and provide services that help older adults remain independent and live at home if they choose, offering supports such as home-delivered meals, homemaker assistance, and other community-based services tailored to individual needs.

Area Agencies on Aging (AAAs) must conduct comprehensive community needs assessments every four years to develop their Area Plan on Aging, as required by the Older Americans Act. These assessments identify gaps in services, analyze demographic data (housing, transportation, health), and prioritize needs for older adults, particularly those with the greatest economic or social needs.[1]

Area Agency on Aging Region 9 (AAA9) contracted Crescendo Consulting Group to conduct this CNA. Crescendo Consulting Group is a national provider of community health needs assessments and strategic planning services, with more than 20 years of experience supporting hospitals, health systems, social service agencies, and community organizations across the United States. The firm's collaborative approach, strong data analysis expertise, and comprehensive communications capabilities support effective engagement and project success within diverse communities.[2]

Key objective of this assessment was to identify:

- Community assets and existing services that are valued by older Ohioans
- Service and support needs and gaps in service delivery to older adults
- Barriers impacting access to services and opportunities for mitigating those barriers

[1] Administration for Community Living, Area Agencies on Aging. https://acl.gov/programs/aging-and-disability-networks/area-agencies-aging
[2] Crescendo Consulting Group. https://www.crescendocg.com/

Area Agency on Aging, Region 9, Inc.

Area Agency on Aging Region 9 (AAA9) is a nonprofit organization that has served older adults and families in the region since 1976. AAA9 is part of the national aging services network, which includes the U.S. Administration on Aging at the federal level and the Ohio Department of Aging at the state level. In Ohio, there are 12 Area Agencies on Aging, and more than 600 nationwide, each responsible for supporting older adults at the regional and local level.

AAA9 employs more than 120 staff and directly supports over 2,500 older adults through case management services each year. Through partnerships, contracts, and grant-funded programs, the agency reaches approximately 40,000 older adults annually with services such as nutrition, caregiver support, health education, and in-home assistance. The organization operates with more than $53 million in local, state, and federal funding to support these services.

Programs

AAA9 works with more than 150 community providers and organizations to ensure high-quality services and responsible use of public funds. The Area Agency on Aging Region 9 (AAA9) receives more than 10,000 requests for assistance annually and conducts thousands of in-home assessments to help older adults and their families understand available care options and develop plans to remain safe at home. AAA9 also conducts reviews of nursing facility placement requests to ensure individuals receive care in the most appropriate and least restrictive setting.

AAA9's Case Management team, comprised of Registered Nurses and Licensed Social Workers, helps older adults navigate health and social services and coordinates care through programs such as PASSPORT, a Medicaid waiver program that supports aging in place. Case managers work closely with individuals and families to connect them with needed services and monitor ongoing care needs over time.

In addition to services for older adults, AAA9 provides programs for caregivers, individuals with chronic conditions, and veterans, expanding access to supportive services across the lifespan.

AAA9's in-home assessments evaluate safety, chronic disease management, functional status, and social support needs, and inform individualized care plans designed to promote independence and prevent unnecessary institutionalization. The agency also provides information and referral services to connect older adults, caregivers, and families with community resources, public benefits, and supportive programs. These services align with CHNA-identified priorities related to access to care, caregiver burden, social isolation, and navigation of complex health and social service systems. Through AAA9 and its network of contracted providers, community members receive unbiased information, consultation, and long-term care services to promote healthy aging, reduce disparities in service access, and support continued community engagement.

Community Partners

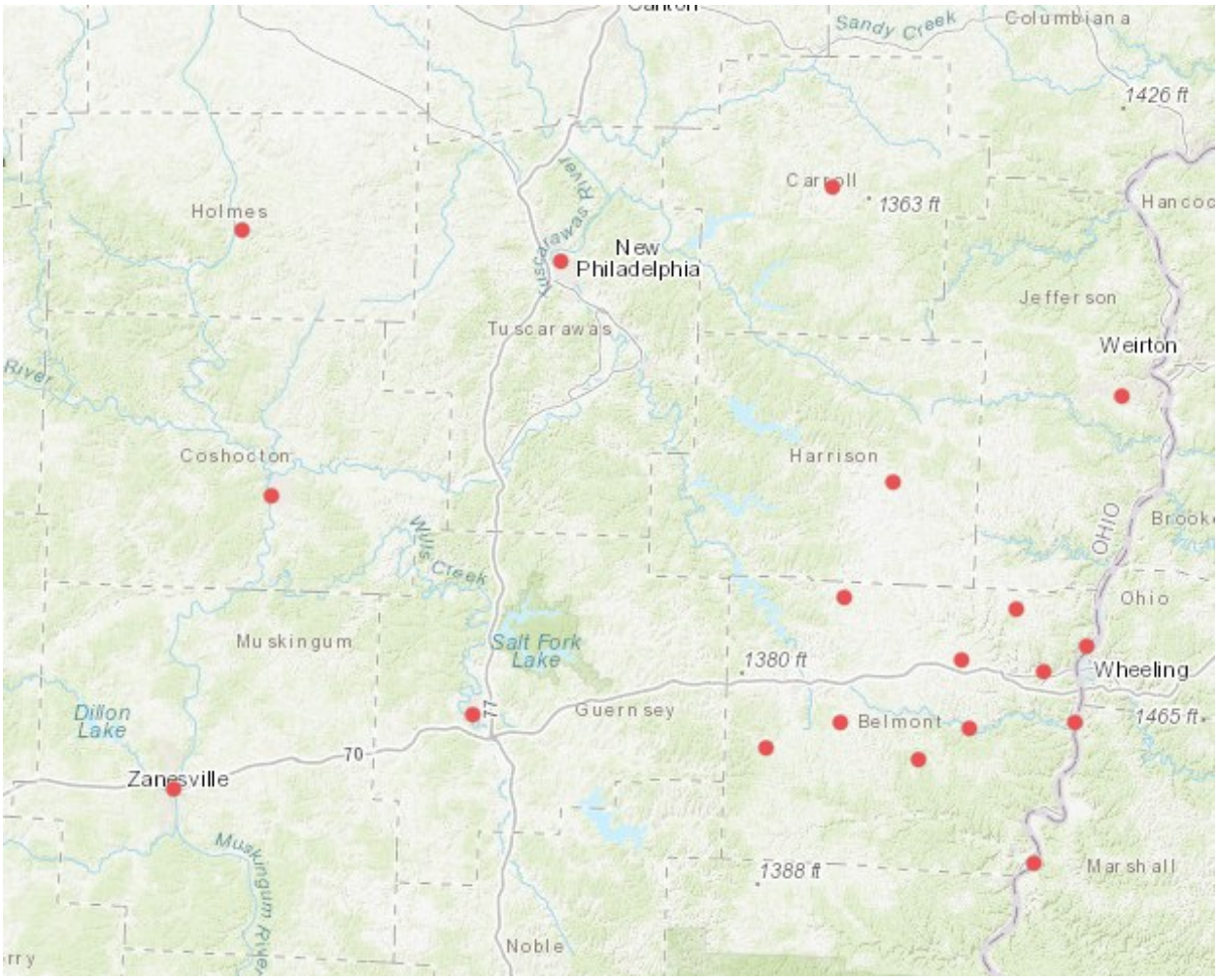
The AAA9 community needs assessment sought vital input and insight from a broad spectrum of staff members from all nine focal point partners.

Senior Services of Belmont County	https://www.ssobc.com/
Carroll County Senior Citizens Friendship Center	https://carrollcountyohio.us/agencies-and-departments/senior-citizens-friendship-center/
Guernsey County Senior Citizens Center	https://www.guernseysenior.org/
Harrison County Senior Center	https://www.harrisonohio.gov/139/Senior-Center
Holmes County Darb Snyder Senior Center	https://darbsnyderseniorcenter.com/
Coshocton Senior Center	https://knohoco.org/services/senior-center/
Muskingum County Center for Seniors	https://www.mccfs.org/
Prime Time Office on Aging, Jefferson County	https://www.primetimejeffersoncounty.com/
Tuscarawas County Senior Center	https://www.tuscsc.org/

Primary Service Area

As the designated Area Agency on Aging for the region, AAA9 plans, coordinates, and administers a range of local, state, and federally funded programs and services for older adults. AAA9's primary service area (PSA) serves Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum, and Tuscarawas counties, working with community partners to help older adults access resources that support health, independence, and quality of life.

EXHIBIT 1: AAA9 SENIOR CENTER LOCATIONS



View the interactive map here: https://arcg.is/0S0L9b0

All nine counties within the AAA9 PSA 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] The Appalachian Regional Commission (ARC) uses an economic classification system to identify and monitor the economic status of counties and census tracts in the Appalachian Region. The map below displays the 2026 classification of the region's counties into one of five economic levels (distressed, at-risk, transitional, competitive, and attainment) and the designation of distressed areas (census tracts).[5]

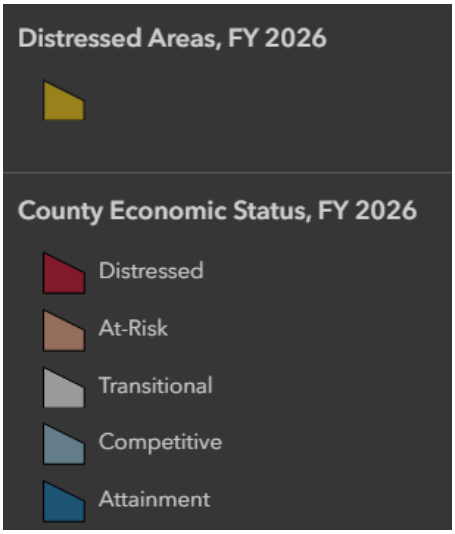
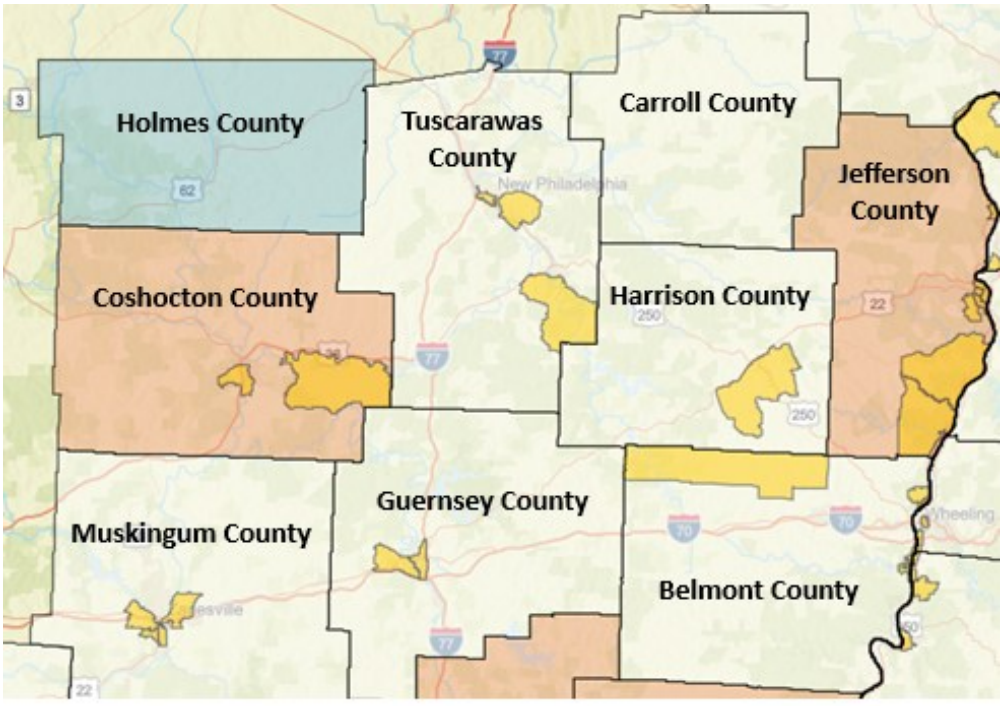


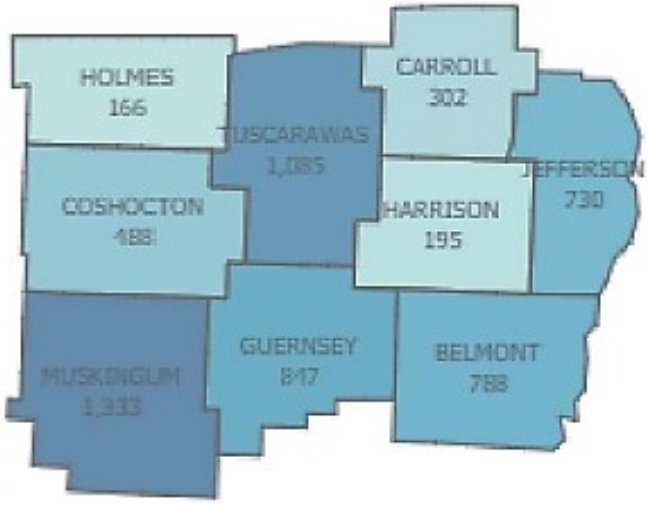
EXHIBIT 2: OHIO APPALACHIAN REGION COUNTY ECONOMIC STATUS



Source: Appalachian Region County Economic Status & Distressed Areas, 2026

[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.
[5] Appalachian Region County Economic Status & Distressed Areas, 2026

Ohio Benefits Long-Term Services and Supports System Annual Findings



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 January 1, 2025, and January 1, 2026.

EXHIBIT 3: TOTAL SERVICE AREA CALLERS BY AGE

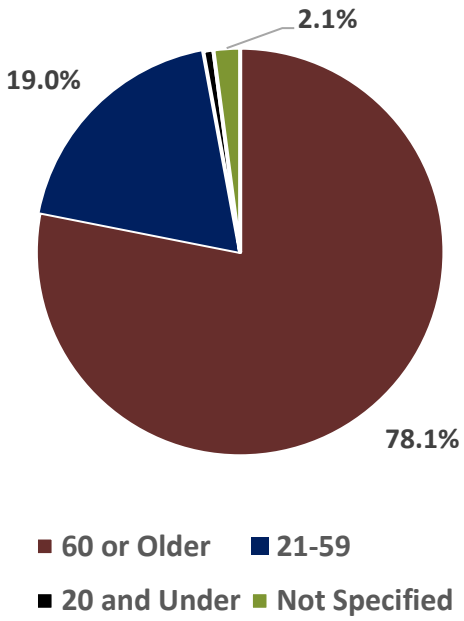
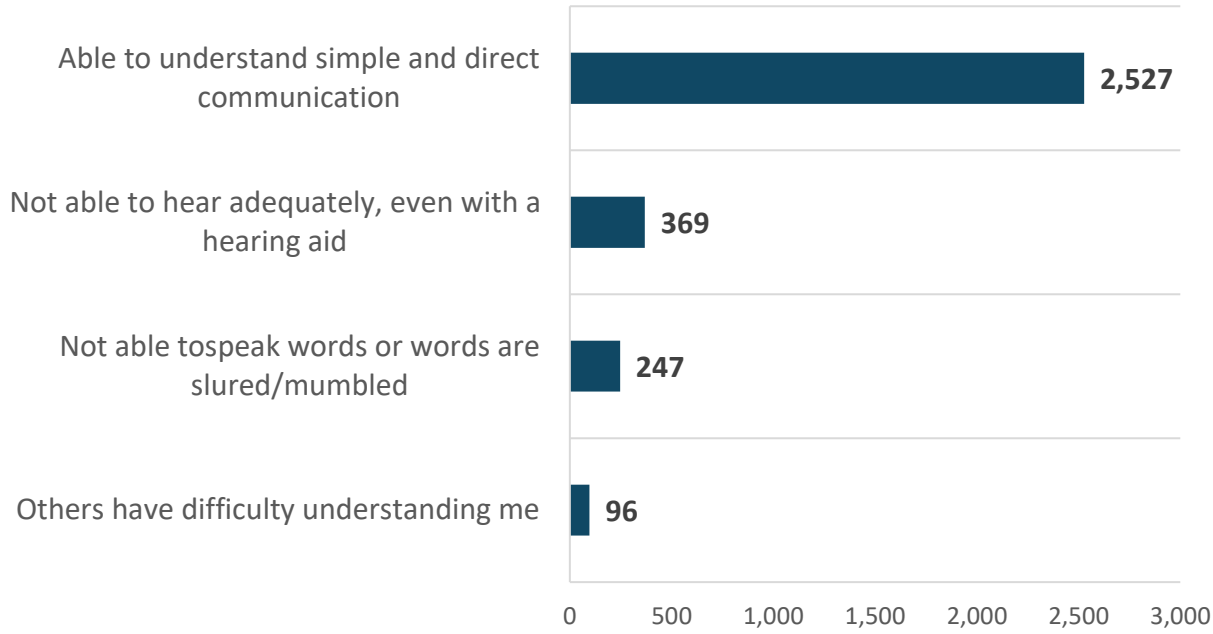


EXHIBIT 4: COMMUNICATION NEEDS



Approach and Data Sources

This Community Needs Assessment (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. A mixed-methods approach combining primary and secondary quantitative and qualitative research was implemented between October 2025 and March 2026 to evaluate the perspectives and opinions of community stakeholders, especially those from underserved populations.

Secondary Research

The following report section contains the high-level secondary research findings. Secondary research refers to information that was collected by someone other than the researcher for a different purpose. This contrasts with primary data, which is collected directly by the research team from original sources. Examples of secondary research include prior surveys, census data, administrative records, and published studies from other organizations. Secondary research can be quantitative (numerical measures and statistics) or qualitative (descriptive information such as themes, perceptions, or reported experiences).[6]

American Community Survey: Five-year Estimates

There is an intentional purpose in using five-year data estimates compared to one-year data estimates. Five-year estimates are derived from data samples gathered over several subsequent years and provide a more accurate estimate of measures, especially among numerically smaller high-risk populations or subgroups, compared to one-year estimates, which are based on more limited samples with greater variance.

Source: https://www.census.gov/data/developers/data – sets/acs – 5year.html

[6] (1993). Introduction. In D. W. Stewart, M. A. Kamins (Eds.) Introduction (2 ed., pp. 2-16). SAGE Publications, Inc., https://doi.org/10.4135/9781412985802.n1

Secondary research provides an essential framework for better understanding the fabric of the community. This analysis highlights sociodemographic factors, social drivers of health, behavioral health risk factors and other key indicators to guide the development of effective strategies further to meet evolving needs. The following data were primarily gathered from the United States Census Bureau American Community Survey Five-year Estimates, Centers for Disease Control and Prevention, and the DataOhio portal. Please note that all secondary research for the AAA9 Community Needs Assessment was pulled from their original sources prior to December 2025. All data is cited for readers to view the original data in its source if they choose. However, not all data included in this report may be publicly available on the original sources. Additional demographics and data tables is in Appendix A.

Primary Qualitative Research

Primary research included 14 one-on-one key informant interviews and three focus group discussions with over 25 participants. The primary qualitative data was collected between January and February 2026. Primary research involves collecting original data directly from participants or sources through methods such as surveys, interviews, and observations. It is especially useful for understanding specific populations, capturing opinions and experiences, identifying trends, and exploring topics with limited existing research.[7] The qualitative research efforts sought to better understand the needs of the older adult community and how these needs impact health and well-being. Both interviews and focus groups followed a similar question format that centered the conversation on the strengths, resources, gaps, and barriers present in the community and their impact on older adults, service providers, families, caregivers, and overall community well-being. The one-on-one key informant interviews provided an opportunity for in-depth discussions on the health of the community. Focus groups allowed participants to provide their firsthand experience and to identify areas of consensus and discordance with other community members.

The three concepts below are intertwined and must be considered holistically to better understand and utilize the data collected to make positive changes. Narrative summaries are based on qualitative data unless otherwise noted. Quotes from participants have been selected as a representation of the strengths, community considerations, community need root causes, and action areas identified in the data.

[7] Primary research | Research Starters | EBSCO Research. (2024). EBSCO. https://www.ebsco.com/research-starters/social-sciences-and-humanities/primary-research#full-article

Content and thematic analyses were conducted using ATLAS.ti software to extrapolate the community considerations, strengths, community needs, and action areas.

- **Strengths** are assets within the community that can serve as resources to address the needs identified.
- **Community Needs** are the underlying factors and conditions that drive the most pressing challenges, barriers, and concerns faced in the community.
- **Action Areas** are the tangible gaps, barriers, and challenges that participants identified, as well as the strategies that were highlighted as opportunities to address them.

Source: Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. Nursing & Health Sciences, 15(3), 398–405. wiley. https://doi.org/10.1111/nhs.12048

Primary Quantitative Community Survey

The community survey aimed to identify the needs of older adults and caregivers and understand barriers to accessing AAA9 services. It was available across the primary service area from March 8, 2025, through January 30, 2026, and received 270 responses. To promote equitable access, paper surveys were distributed at all nine senior centers, particularly to reach older adults and rural residents with limited internet access. The survey link was also shared during focus groups to encourage broader participation. This was a convenience sample and is not representative of the full population. Subgroup sample sizes were too small for reliable comparison, and differences were not tested for statistical significance.

Needs Prioritization Process

A prioritization meeting was held to select community priorities. On March 23, 2026, executive leadership from AAA9 reviewed data and scored needs using the Hanlon Method. The group reviewed results, assessed feasibility, consolidated related needs, and finalized priorities for the next Strategic Action Plan. A total of 11 community health needs were identified and voted on during the prioritization session.

Data Limitations

Primary and secondary data sources are often large-scale efforts that take time to collect, clean, and analyze data prior to publication. Due to the time required between data collection and publication, many of these sources publish data collected up to six to eight months before publication. Therefore, while this report was published in 2026, many data sources cited herein are dated in prior years. Data available from rural areas can also be limited due to small numbers. Participation is also often limited to those who choose to or can engage, which may not reflect the experiences of everyone in a community.

Secondary Research

Demographics

Ohio is home to more than 2.2 million people aged 65 and older, and older adults now outnumber children in more than a quarter of Ohio's counties. The state's older adult population increased by more than 10.0% between 2020 and 2024.[8] Between 2023 and 2032, all counties in the region are expected to see growth in the older adult population, with the most substantial increases in the 65 to 74 age group. Harrison, Jefferson, Belmont, and Carroll counties will have the largest shares of older adults, highlighting the need for targeted planning in healthcare, housing, and social support services to meet the needs of a rapidly aging population.

EXHIBIT 5: OLDER ADULT POPULATION AND PROJECTIONS

2023	55 to 59	60 to 64	65 to 74	75 to 84	85 and Over
United States	6.4%	6.4%	10.0%	4.9%	1.9%
Ohio	6.6%	6.8%	10.7%	5.1%	2.1%
Belmont County	7.7%	7.2%	13.1%	5.9%	2.4%
Carroll County	7.7%	7.4%	10.2%	5.1%	2.2%
Coshocton County	6.3%	7.8%	11.7%	5.5%	2.5%
Guernsey County	8.1%	6.5%	12.2%	5.9%	1.9%
Harrison County	8.0%	8.9%	14.1%	6.0%	2.4%
Holmes County	6.2%	4.9%	8.3%	3.9%	2.0%
Jefferson County	6.8%	8.0%	13.3%	6.1%	2.7%
Muskingum County	6.8%	6.8%	11.0%	5.3%	2.0%
Tuscarawas County	6.7%	7.1%	11.8%	6.0%	2.1%

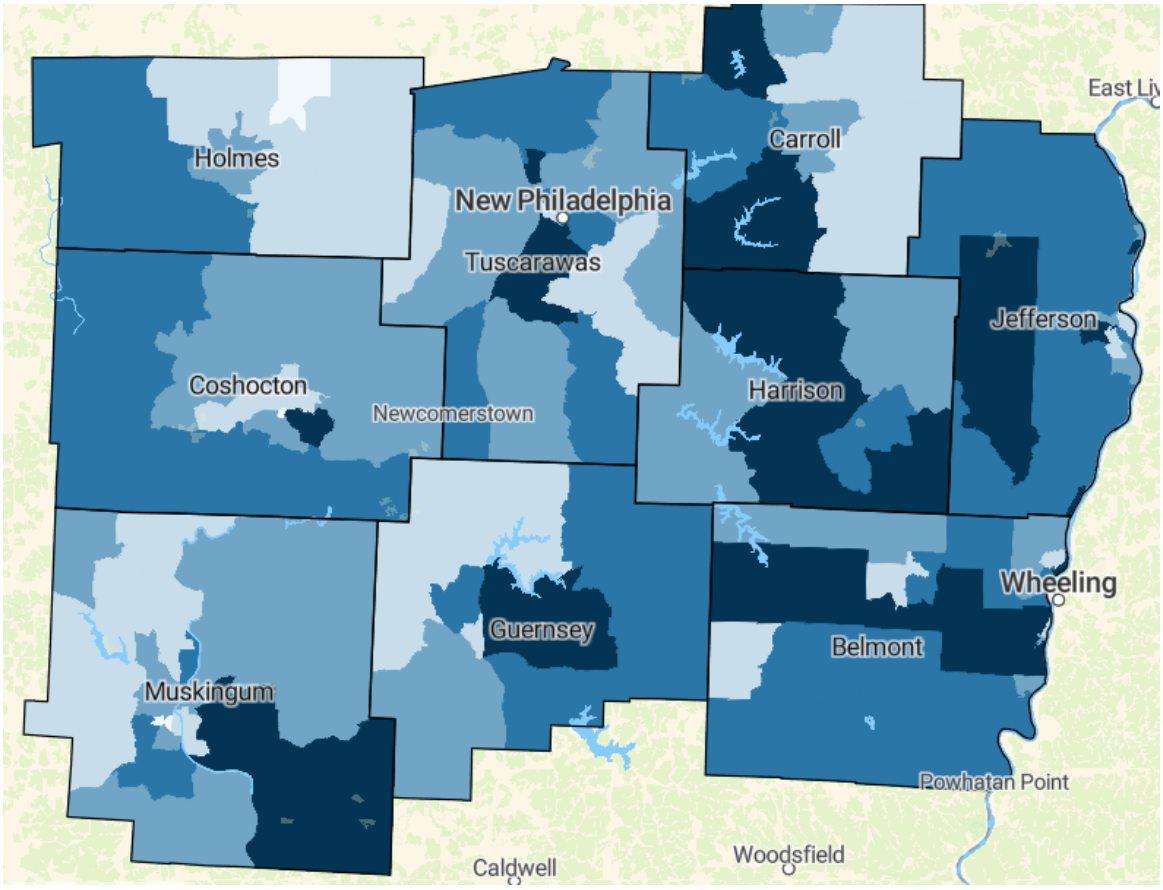
2032	55 to 59	60 to 64	65 to 74	75 to 84	85 and Over
United States	7.2%	7.0%	10.4%	5.1%	2.2%
Ohio	7.8%	7.7%	11.4%	5.5%	2.5%
Belmont County	9.2%	8.4%	13.5%	5.8%	3.0%
Carroll County	10.5%	8.5%	15.1%	8.0%	1.9%
Coshocton County	7.5%	8.6%	12.6%	6.0%	3.1%
Guernsey County	9.4%	7.7%	13.2%	6.6%	2.2%
Harrison County	9.0%	11.0%	15.5%	6.5%	2.8%
Holmes County	7.0%	5.2%	8.6%	3.9%	2.3%
Jefferson County	8.3%	9.4%	14.2%	6.8%	3.5%
Muskingum County	7.8%	7.9%	11.6%	5.6%	2.4%
Tuscarawas County	8.2%	7.7%	12.6%	6.4%	2.7%

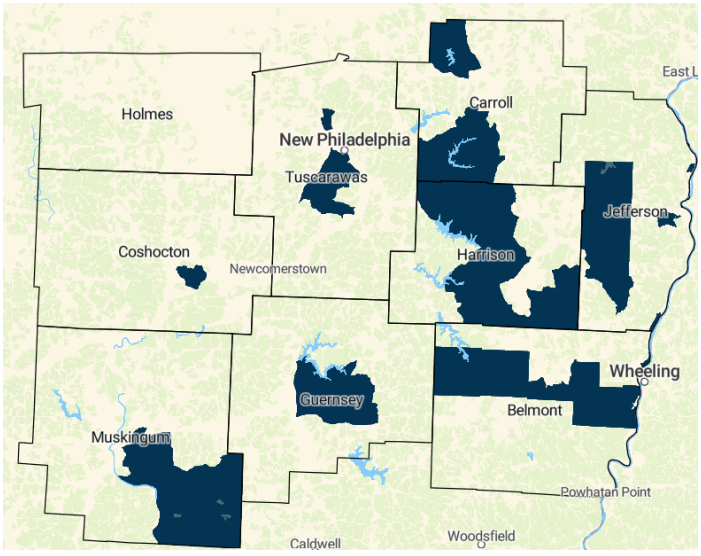
Source: U.S. Census Bureau American Community Survey Five-Year Estimates

[8] U.S. Census Bureau. Population and Housing Unit Estimates Datasets, Vintage 2024 Population Estimates. https://www.census.gov/programs-surveys/popest/data/data-sets.html

As shown in the map below, there are pockets through the PSA where over 15.0% of the population by census tract is aged 65 and over.

MAP OF THE ESTIMATED PERCENTAGE OF POPULATION 65 AND OVER





Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

Percent Population Ages 65-74

Source: Census

Year: 2019-2023

- Insufficient Data
- 4.99% or less
- 5.00% to 9.99%
- 10.00% to 11.99%
- 12.00% to 14.99%
- 15.00% or greater

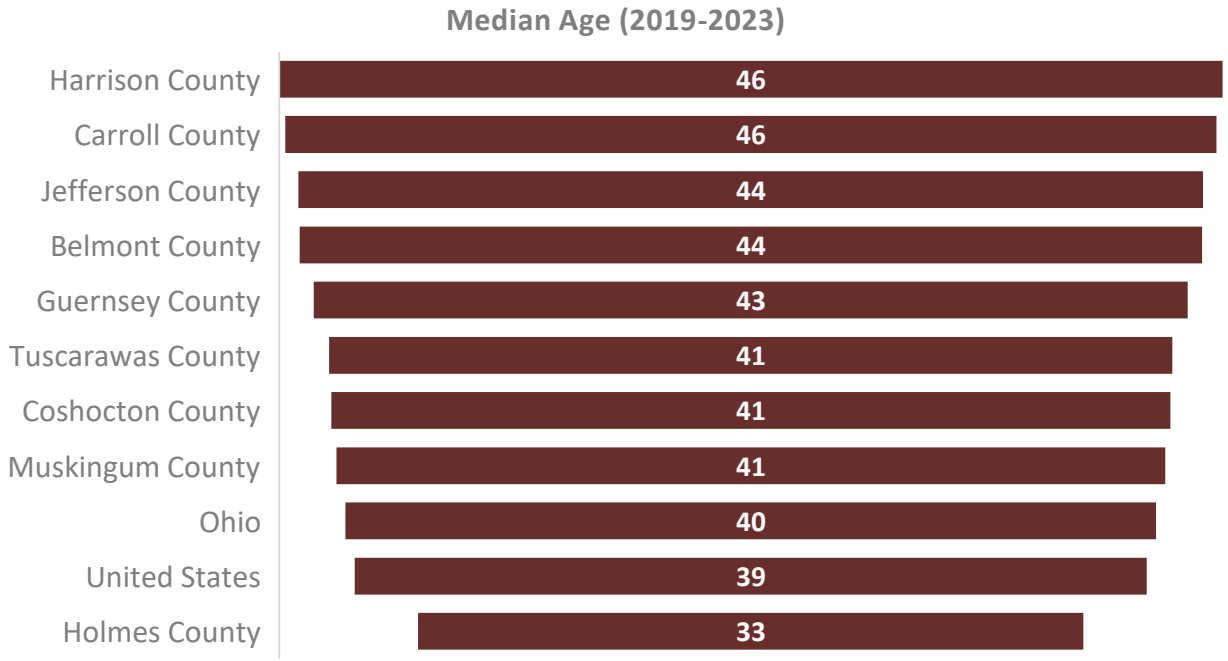
Shaded by: Census Tract, 2022

The United States is aging quickly. In 2023, the nation's median age reached 38.7, up from 35.3 in 2000. Several well-known factors are driving this shift: declining birth rates in many demographic groups, longer life expectancy compared with previous generations, and a sharp decrease in the rural population over the past century, which has pushed the median age in some states higher than in others.[9]

Between 2014 and 2023, most counties in the region experienced modest increases in the share of older adults, with Holmes County growing fastest (+8.0%). These trends highlight the importance of county-specific planning to address the needs of aging populations.

EXHIBIT 6: MEDIAN AGE

	2014	2023	2024-2023 Percent Change
United States	37.4	38.7	**+3.5%**
Ohio	39.1	39.6	**+1.3%**
Belmont County	43.7	44.1	**+0.9%**
Carroll County	43.9	45.5	**+3.6%**
Coshocton County	41.3	41.0	**-0.7%**
Guernsey County	41.9	42.7	**+1.9%**
Harrison County	45.4	46.1	**+1.5%**
Holmes County	30.1	32.5	**+8.0%**
Jefferson County	44.3	44.2	**-0.2%**
Muskingum County	40.1	40.5	**+1.0%**
Tuscarawas County	40.9	41.2	**+0.7%**



Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

[9] Social Explorer, Inc., The Median Age in the USA – and Its Implications. https://www.socialexplorer.com/home/post/median-age-usa-implications

Population Living With a Disability

Older adults living with disabilities represent a growing population that experiences both unique challenges and opportunities. Many face difficulties with daily activities and the effects of accelerated aging, yet they also benefit from longer life expectancy and expanding support resources. As people age, disabilities — especially those affecting mobility, vision, and hearing — become more common and can be intensified by natural age-related changes. Promoting independence and quality of life for this group involves leveraging assistive technologies, strengthening support networks, and connecting individuals to community and government services.[10]

The table below compares the share of older adults with disabilities across three age groups (35 to 64, 65 to 74, and 75 and over) in the United States, Ohio overall, and the AAA9 service area. As expected, disability prevalence increases sharply with age across all geographies.

Nationally, disability prevalence jumps from 12.4% (35 to 64) to 46.5% (75 and over). This same pattern appears in every county, though the degree of increase varies. For adults 35 to 64, several counties exceed the national rate (12.4%), primarily Carroll County (20.4%) and Guernsey and Jefferson counties (19.0%). For adults 75 and over, all but one county (Belmont County, 44.7%) exceeds the national rate of 46.5%.

EXHIBIT 7: OLDER ADULTS LIVING WITH A DISABILITY

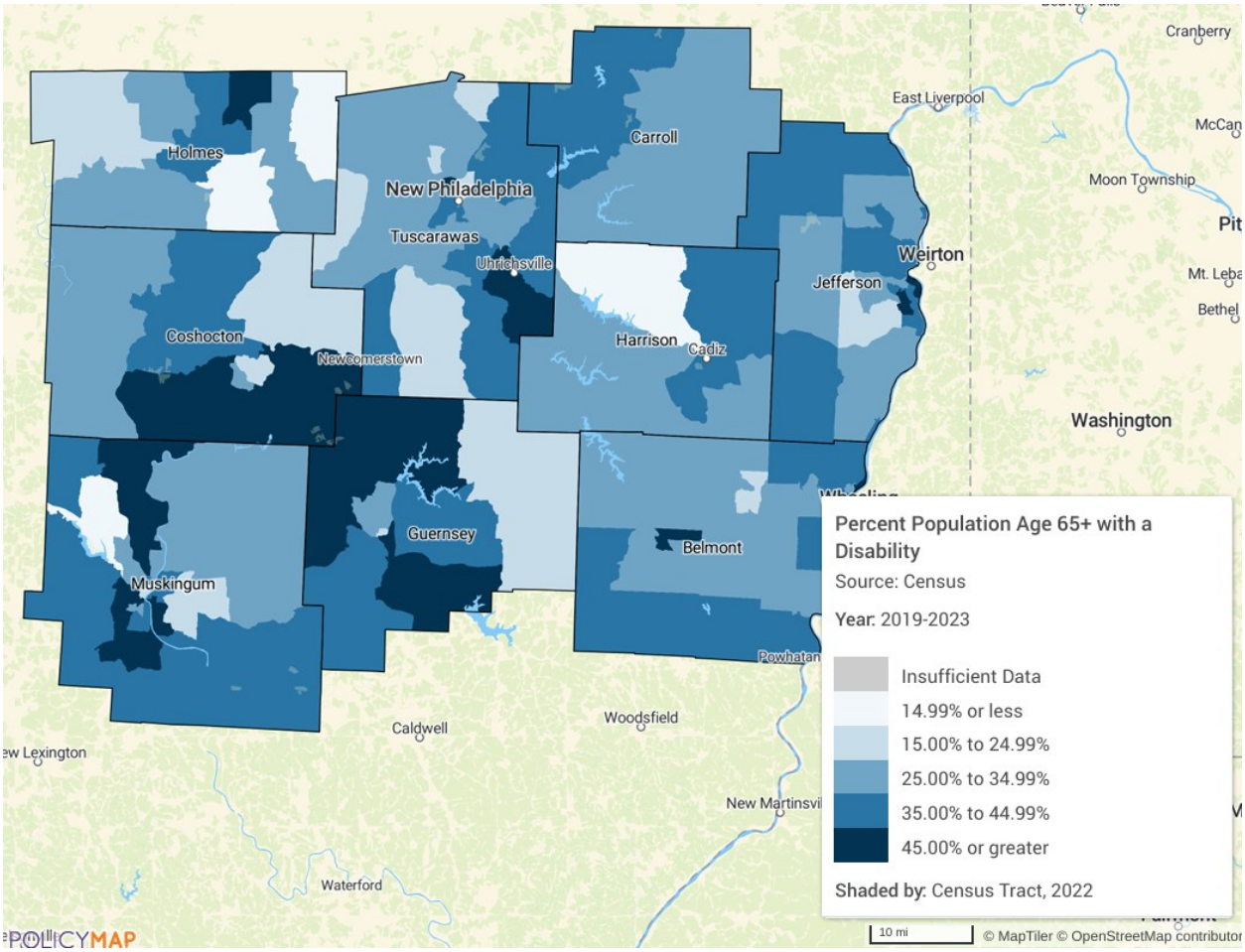
	35 to 64	65 to 74	75 and Over
United States	12.4%	24.0%	46.5%
Ohio	14.0%	24.3%	46.4%
Belmont County	15.3%	26.4%	44.7%
Carroll County	20.4%	24.7%	49.6%
Coshocton County	16.9%	26.2%	50.1%
Guernsey County	19.0%	30.9%	52.9%
Harrison County	17.3%	18.1%	51.9%
Holmes County	8.0%	17.4%	47.2%
Jefferson County	19.0%	25.2%	50.2%
Muskingum County	14.4%	28.1%	53.1%
Tuscarawas County	17.0%	23.0%	46.8%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

[10] Ramadhani WA, Rogers WA. Understanding Home Activities Challenges of Older Adults Aging with Long-term Mobility Disabilities: Recommendations for Home Environment Design. J Aging Environ. 2022;1:10.1080/26892618.2022.2092929. doi: 10.1080/26892618.2022.2092929. PMID: 36405514; PMCID: PMC9670020.https://pmc.ncbi.nlm.nih.gov/articles/PMC9670020/#:~:text=Patterns%20of%20Disability&text=Compared%20to%20other%20physical%20disabilities,effects%20of%20age%2Drelated%20declines.

Looking at the population aged 65 and over living with one or more disabilities by census tract, there are large swaths in Coshocton, Guernsey, and Muskingum counties where over 45.0% of this population has one or more disabilities.

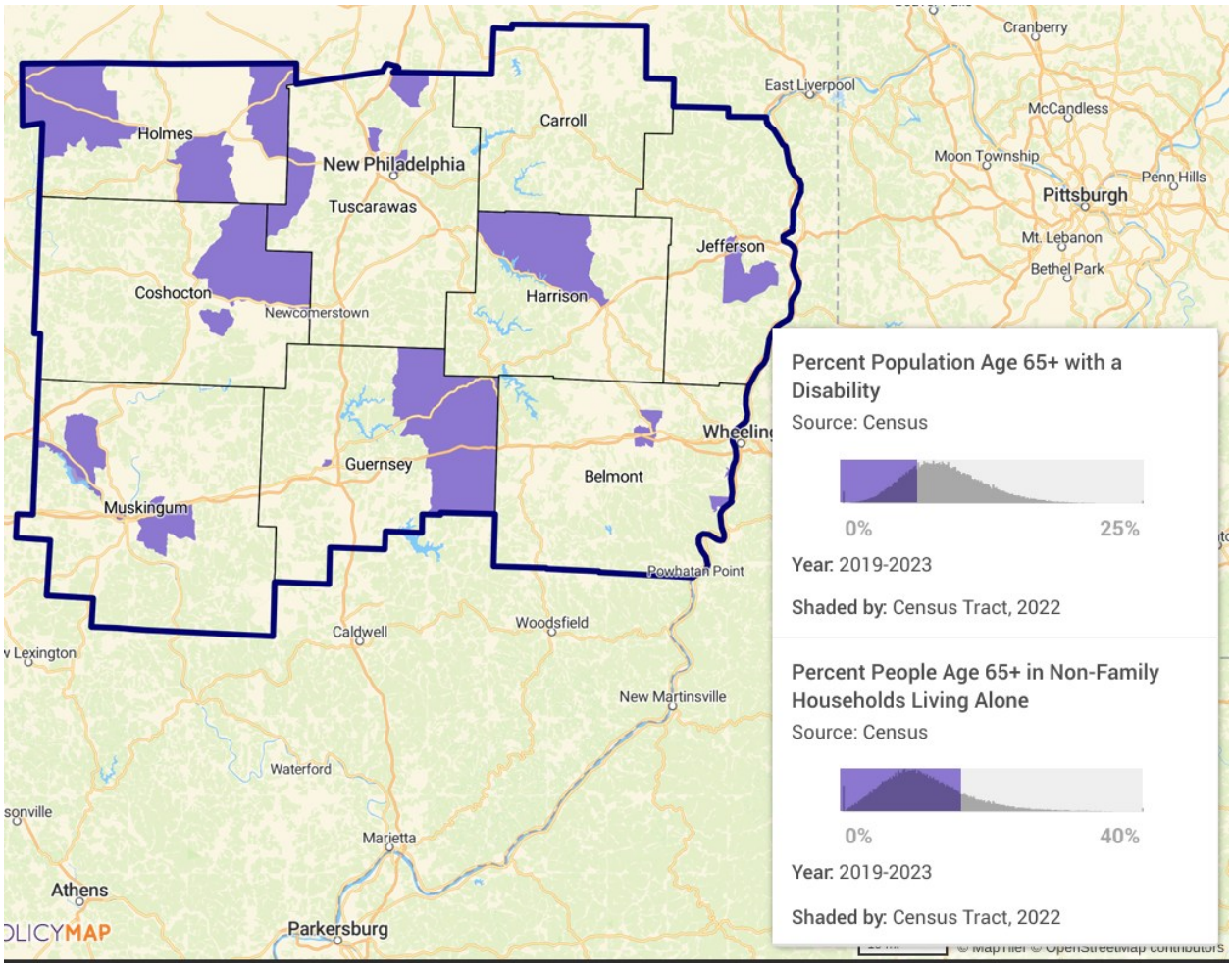
MAP OF ESTIMATED PERCENTAGE OF POPULATION 65 OR OLDER WITH ONE OR MORE DISABILITIES



Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

Older adults who are alone are at greater risk of loneliness and social isolation, which are linked to health issues such as heart disease, depression, and cognitive decline. These risks increase for those with physical or intellectual disabilities. Age-related changes like declining health, sensory loss, mobility challenges, and the loss of family and friends can further contribute to isolation.[11]

MAP OF ESTIMATED PERCENTAGE OF POPULATION 65 OR OLDER WITH ONE OR MORE DISABILITIES LIVING IN NON-FAMILY HOUSEHOLDS ALONE



11

Veteran Community

Many veterans experience premature aging as a result of the physical and psychological stressors they faced during service. This can lead to the earlier onset of age-related illnesses and disabilities, making aging in place especially challenging. Conditions such as PTSD, exposure to hazardous substances, and long-term injury effects can accelerate the aging process and increase the need for specialized care and support.[12]

Most counties in the region have a veteran population that skews older, particularly within the 65–74 age group. Holmes County stands out with the highest concentration of older veterans, while Muskingum County has the youngest veteran profile. These differences highlight the need for targeted planning to meet the unique needs of veterans across age groups.

EXHIBIT 8: TOTAL VETERAN POPULATION BY AGE

	35 to 54	55 to 64	65 to 74
United States	23.8%	18.5%	24.1%
Ohio	22.2%	19.2%	26.1%
Belmont County	21.6%	15.7%	26.9%
Carroll County	21.5%	21.4%	23.4%
Coshocton County	19.8%	16.9%	34.6%
Guernsey County	20.8%	20.7%	30.2%
Harrison County	18.7%	21.4%	27.3%
Holmes County	15.7%	9.0%	35.7%
Jefferson County	20.9%	19.9%	31.1%
Muskingum County	25.7%	15.9%	27.5%
Tuscarawas County	19.6%	14.8%	32.1%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

[12] NVHS, Supporting Aging Veterans: Resources and Tips. https://nvhs.org/supporting-aging-veterans-resources-and-tips/#:~:text=The%20Department%20of%20Veterans%20Affairs%20(VA)%20offers,Healthcare%20*%20Emotional%20support%20*%20Community%20involvement

Social Drivers of Health

Social Drivers of Health (SDoH) are the 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. They also contribute to wide health disparities. The framework has been championed by the U.S. Centers for Disease Control and Prevention (CDC) and other governmental agencies and is integrated into the Healthy People 2030 goals.[13] SDOH have a major impact on the health of all communities, as SDOH significantly affect the chances of staying healthy as the population continues to age. The growing number of older adults has significant impacts on society. Adults aged 65 and over made up 17.0% of the population in 2020, and this is expected to reach 22.0% by 2040. As the population ages, demand for health care services and both family and professional caregivers will increase. This trend highlights the importance of supporting healthy aging across the lifespan, including improving social determinants of health (SDOH) for people of all ages, backgrounds, and abilities to promote better health later in life.

The following report highlights the Social Drivers of Health with a focus on older adults.

- Older adults with lower incomes are more likely to have disabilities and die younger. In addition, disability is likely to start earlier in life for people with lower incomes — further raising the risk of early mortality.
- Social isolation and loneliness are associated with a higher risk of dementia and other serious health problems in older adults, while having positive social relationships can help people live longer, healthier lives.
- About 8 in 10 older adults struggle to use medical documents like forms or charts, which could make it harder for them to make well-informed health decisions.
- Most older adults in the United States have at least one chronic health condition, making access to affordable, quality health care a priority. However, factors like a lack of health care options in rural areas, high out-of-pocket costs, and transitions from private insurance to Medicare often complicate older adults' care.
- As mobility decreases with age, accessible neighborhoods and a built environment with convenient access to grocery stores and safe places to get active become increasingly important.

Source: Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services. Social Determinants of Health and Older Adults

[13] Healthy People 2030. https://odphp.health.gov/healthypeople/priority – areas/social – determinants – health

Ohio Well-Being Dashboard

Poverty trends vary across Ohio, often influenced by factors like employment and education. To track and address these trends, the Ohio Well-Being Dashboard was created to monitor four key county-level socioeconomic indicators, comparing each county's performance to state averages and its own progress from the previous year, and includes:

- Poverty rate
- Unemployment rate
- Percentage of students receiving free and reduced-price lunches from schools
- Four-year high school graduation rates

Five of the nine counties in the AAA9 service area are designated at level four, meaning they are performing significantly worse than most other counties.

EXHIBIT 26: OHIO'S WELL-BEING DASHBOARD

Source: Ohio Association of Community Action Agencies, 2024

Level One (L1): Indicates that a county has no metrics that are significantly worse in the comparisons.

Level Two (L2): Indicates that a county has one metric which is significantly worse in the comparisons.

Level Three (L3): Indicates that a county has 2-3 metrics which are significantly worse in the comparisons.

Level Four (L4): Indicates that a county has four or more metrics are significantly worse in the comparisons.

Health Care Access and Capacity

As people age, their health care needs become more complex, and the risk of chronic conditions like dementia, heart disease, diabetes, and arthritis increases. Most older adults live with one or more chronic conditions that require ongoing care. Yet many face barriers to accessing needed services, including long travel distances in rural areas, challenges transitioning from employer insurance to Medicare, and high out-of-pocket costs. These obstacles often delay care, worsening health issues and leading to preventable emergency visits.[14]

For ages 45 to 54, Ohio has a notably lower rate of people without health insurance compared to the United States (10.8% versus 7.3%). The highest rate of this population without insurance by county includes Holmes (36.6%), Harrison (29.6%), Guernsey (15.0%), Coshocton (13.7%), and Carroll (10.7%).

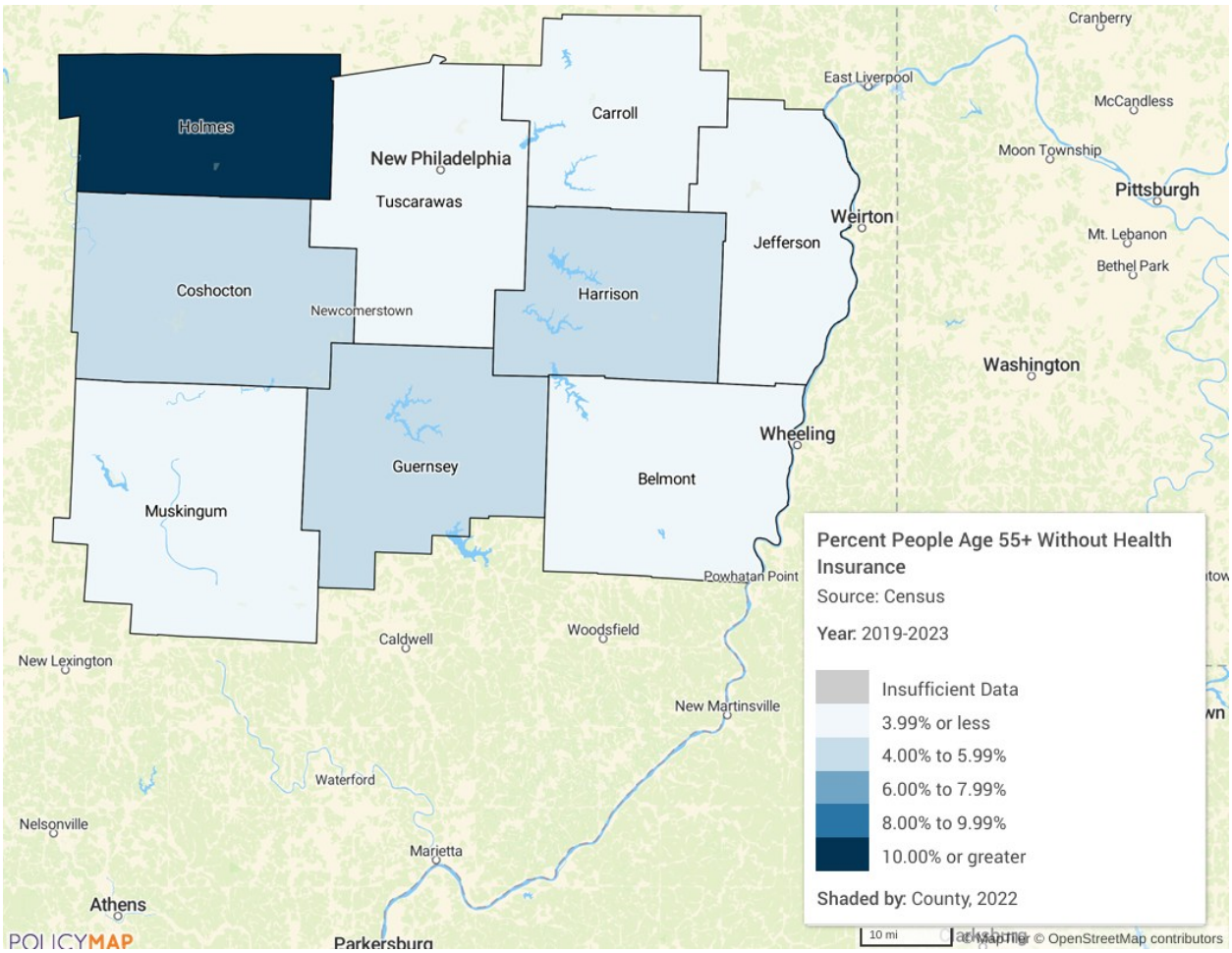
EXHIBIT 9: OLDER ADULTS WITHOUT HEALTH INSURANCE

	45 to 54	55 to 64	65 to 74	75 and Over
United States	10.8%	8.1%	1.0%	0.5%
Ohio	7.3%	6.2%	0.6%	0.4%
Belmont County	6.0%	5.2%	0.0%	0.0%
Carroll County	10.7%	7.7%	0.5%	0.0%
Coshocton County	13.7%	8.5%	1.1%	0.6%
Guernsey County	15.0%	10.5%	1.2%	0.0%
Harrison County	29.6%	12.5%	0.1%	0.6%
Holmes County	36.6%	30.0%	13.1%	12.9%
Jefferson County	6.0%	6.9%	0.3%	0.5%
Muskingum County	8.8%	5.9%	0.2%	0.4%
Tuscarawas County	8.7%	7.7%	0.2%	0.1%

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

[14] Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services. Social Determinants of Health and Older Adults. https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults#education

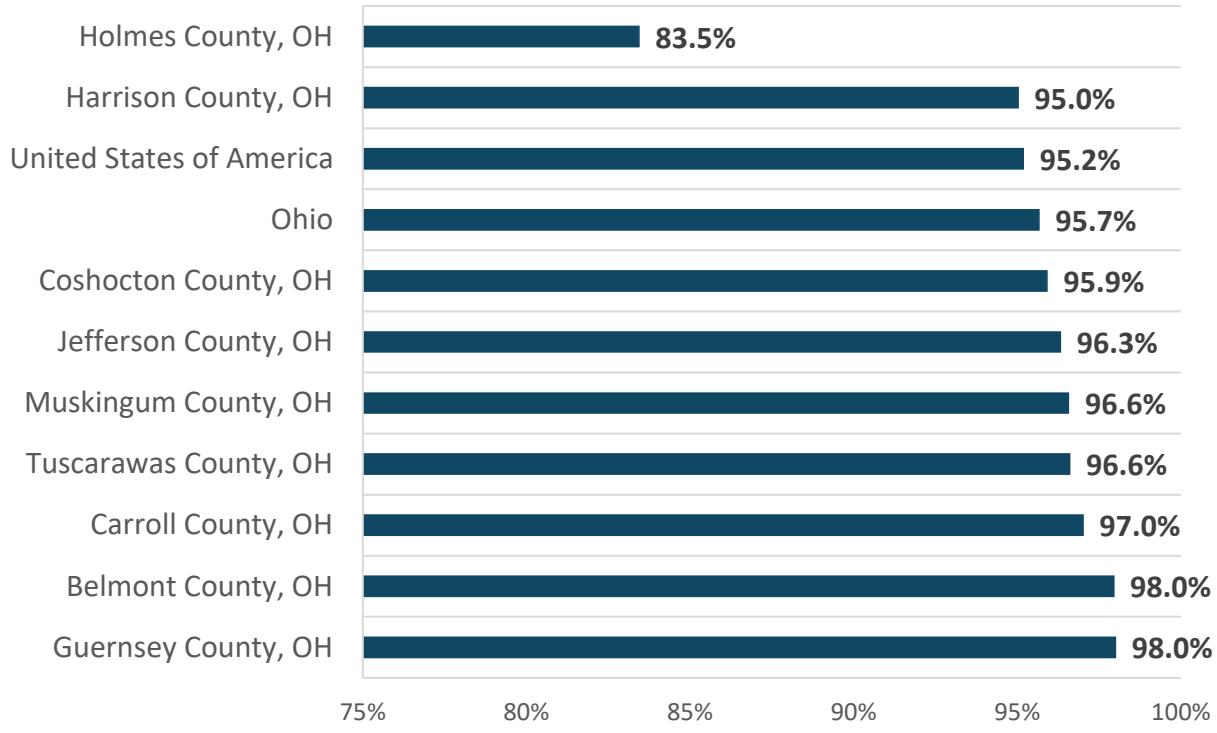
MAP OF THE ESTIMATED PERCENTAGE OF PEOPLE 55 OR OLDER WITHOUT HEALTH INSURANCE



Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

Medicare coverage among adults age 65 and older is higher across most counties in the region compared to Ohio and the United States overall. Several counties report rates around 21.0%, indicating a substantial older adult population reliant on Medicare. A few counties align more closely with the state figure, while one county reports a notably lower rate. Overall, the data highlight the need for accessible healthcare services and targeted supports for older adults, particularly in counties with the highest concentrations of Medicare beneficiaries.

EXHIBIT 10: POPULATION AGE 65 AND OVER WITH MEDICARE[15]

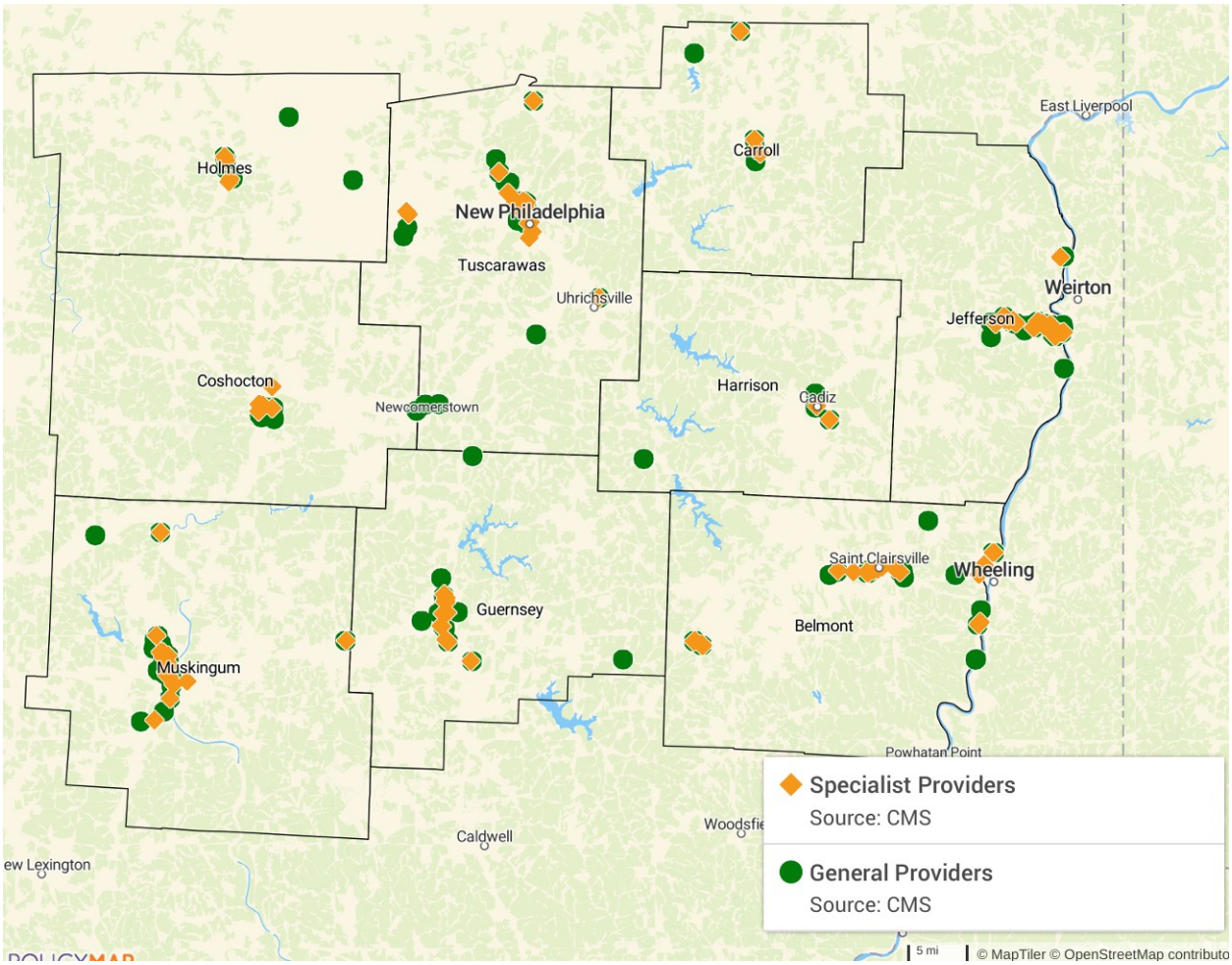


Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

[15] The Census Bureau defines Medicare as "the Federal program which helps pay health care costs for people 65 and older and for certain people under 65 with long-term disabilities. https://www.census.gov/hhes/www/hlthins/methodology/definitions/cps.html

Access to provider locations that accept Medicare is critical to achieving positive health outcomes for older adults. Research has shown that among Medicare beneficiaries aged 65 and older, those with four or more chronic conditions who saw 10 or more physicians had twice the rate of preventable hospitalizations compared with those seeing two or fewer physicians. Additionally, many reported access challenges: 15.0% had trouble getting timely appointments, 12.0% struggled to obtain needed tests or treatments, and nine percent had difficulty getting necessary medications.[16]

MAP OF PROVIDER LOCATIONS ACCEPTING MEDICARE

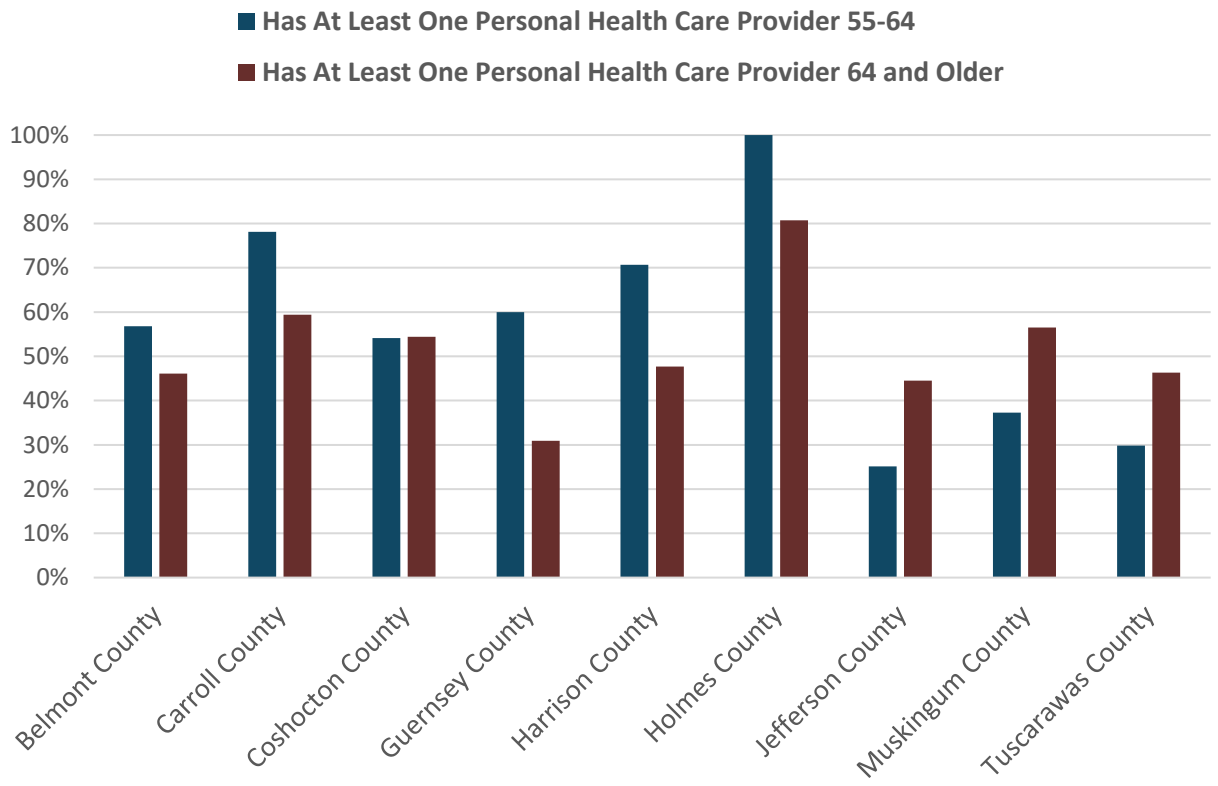


Source: Centers for Medicare and Medicaid Services, 2025

[16] NPJ Aging, Healthcare on the brink: navigating the challenges of an aging society in the United States. https://pmc.ncbi.nlm.nih.gov/articles/PMC10998868/#CR47

Access to a personal health care provider varies widely across the region. Among adults ages 55 to 64, rates range from 25.0% to 100.0%, while adults 65 and older report rates ranging from 31.0% to 81.0%. Most counties show higher provider access among older adults, but several, including Belmont, Carroll, Harrison, Holmes, and Tuscarawas, report stronger connections among those ages 55 to 64. Notably low rates in Jefferson, Tuscarawas, Guernsey, and Muskingum counties highlight potential gaps in primary care access.

EXHIBIT 11: ACCESS TO HEALTHCARE PROVIDERS



	Has At Least One Personal Health Care Provider	
Age Group	**55-64**	**64 and Older**
Belmont County	56.8%	46.1%
Carroll County	78.1%	59.4%
Coshocton County	54.1%	54.4%
Guernsey County	60.0%	30.9%
Harrison County	70.7%	47.7%
Holmes County	100.0%	80.7%
Jefferson County	25.1%	44.5%
Muskingum County	37.3%	56.5%
Tuscarawas County	29.8%	46.3%

Source: Behavioral Risk Factor Surveillance System, 2024

Routine healthcare utilization is high across the region, with most adults reporting a checkup in the past year. Adults 65 and older consistently show higher visit rates — often exceeding 95% — reflecting strong engagement with preventive care once eligible for Medicare. However, several counties, including Holmes, Jefferson, and Coshocton, report noticeably lower checkup rates among adults ages 55 to 64, suggesting barriers to routine care before Medicare enrollment. A few counties, such as Harrison and Tuscarawas, show the opposite trend, with younger adults accessing routine care at higher rates than those 65 and older. These variations highlight opportunities to strengthen access to preventive services across age groups, particularly for adults approaching retirement.

EXHIBIT 12: ROUTINE HEALTHCARE VISITS WITHIN THE PAST YEAR

	Routine Checkup	
Age Group	**55-64**	**64 and Older**
Belmont County	83.3%	94.9%
Carroll County	91.6%	98.6%
Coshocton County	75.5%	95.9%
Guernsey County	75.8%	94.4%
Harrison County	100.0%	86.2%
Holmes County	41.8%	100.0%
Jefferson County	65.7%	95.7%
Muskingum County	78.5%	94.7%
Tuscarawas County	93.4%	87.8%

Source: Behavioral Risk Factor Surveillance System, 2024

In 2025, Ohio experienced a deficit of 1,200 primary care physicians, according to estimates from the U.S. Department of Health and Human Services, impacting 24,000 Ohio patients each day, based on average primary care physician caseloads.[17] This dataset presents:

- The ratio of people per one primary care physician practicing in an area. Primary care physicians include doctors in family medicine, general practice, and family practice.[18]
- The ratio of people per one geriatric care provider practicing in an area. Geriatric care providers are healthcare professionals who have additional specialized training in treating older patients.[19]

Primary care availability is improving across the region, but many counties still lag behind state and national figures. Counties with notable improvements include Jefferson County (the largest), as well as Carroll, Harrison, and Holmes counties.

Geriatric provider shortages are substantial everywhere, with several counties reporting no available specialists. These shortages pose significant challenges as the older adult population grows, underscoring the need for expanded access to primary care, integration of telehealth services, geriatric training for general practitioners, and strategies to attract and retain providers in underserved areas. Guernsey County experienced the greatest decline.

EXHIBIT 13: RATIO OF HEALTHCARE PROVIDERS

People per Provider	Primary Care Physicians		Geriatric Care Providers	
	2022	2025	2022	2025
United States	940:1	734:1	1,843:1	1,455:1
Ohio	928:1:1	757:1	1,597:1	1,254:1
Belmont County	1,331:1	1,178:1	14,041:1	7,055:1
Carroll County	2,676:1	1,909:1	ND:1	ND:1
Coshocton County	1,928:1	1,595:1	2,385:1	2,406:1
Guernsey County	1,600:1	1,418:1	2,529:1	3,817:1
Harrison County	2,906:1	2,401:1	ND	ND
Holmes County	2,952:1	2,332:1	ND	ND
Jefferson County	1,360:1	781:1	ND	7,171:1
Muskingum County	1,309:1	1,137:1	7,733:1	5,265:1
Tuscarawas County	1,820:1	1,596:1	9,186:1	6,134:1

Source: National Plan and Provider Enumeration System, National Provider Identifier

[17] Ohio University, Heritage College of Osteopathic Medicine .A unique solution to Ohio's primary care physician shortage, 2025. https://www.ohio.edu/medicine/news-center/blog/solution-ohios-physician-shortage

[18] Any provider with the following taxonomy codes was counted: 207R00000X - Internal Medicine, 208D00000X - General Practice, 207Q00000X - Family Medicine.

[19] Any provider with the following taxonomy codes was counted: 207QG0300X - Family Medicine- Geriatric Medicine, 207RG0300X - Internal Medicine- Geriatric Medicine, 2084P0805X - Psychiatry & Neurology - Geriatric Psychiatry, 1835G0303X - Pharmacist - Geriatric Pharmacist, 2251G0304X - Physical Therapist – Geriatrics, 278G0305X - Respiratory Therapist, Certified - Geriatric Care, 2279G0305X - Respiratory Therapist, Registered- Geriatric Care, 133VN1101X - Dietitian, Registered - Nutrition, Gerontological, 163WG0600X - Registered Nurse – Gerontology, 364SG0600X - Clinical Nurse Specialist – Gerontology, 363LG0600X - Nurse Practitioner – Gerontology, 225XG0600X - Occupational Therapist – Gerontology, 103TA0700X - Adult Development & Aging Psychologist

This dataset is the ratio of people to one dentist practicing in an area. A dentist is a doctor who specializes in the treatment of teeth and gums. This dataset is the ratio of people to one optometrist practicing in an area. An optometrist is a doctor who specializes in eye and vision care.

Access to dental and vision care varies significantly across the region, with many rural counties experiencing severe provider shortages. While some counties saw improvements — such as Belmont and Guernsey for dental care and Belmont and Muskingum for optometry — others continue to face increasingly limited access. Harrison, Coshocton, and Tuscarawas counties stand out with particularly high provider-to-population ratios. The widespread lack of optometrists and uneven dentist availability pose barriers to early detection of health issues, preventive care, and management of chronic conditions, underscoring the need for targeted workforce and access strategies in underserved counties.

EXHIBIT 14: RATIO OF DENTISTS AND OPTOMETRISTS

People per Provider	Dentists		Optometrists	
	2022	2025	2022	2025
United States	1,606:1	1,351:1	5,731:1	4,622:1
Ohio	1,808:1	1,574:1	1,254:1	4,306:1
Belmont County	2,080:1	1,885:1	7,055:1	3,881:1
Carroll County	2,433:1	2,056:1	ND	8,910:1
Coshocton County	3,052:1	3,057:1	2,406:1	7,336:1
Guernsey County	2,022:1	1,664:1	3,817:1	9,571:1
Harrison County	7,264:1	4,803:1	ND	7,204:1
Holmes County	2,952:1	2,462:1	ND	6,330:1
Jefferson County	2,611:1	2,594:1	7,171:1	6,486:1
Muskingum County	1,920:1	1,963:1	5,265:1	3,926:1
Tuscarawas County	2,653:1	2,723:1	6,134:1	4,208:1

Source: National Plan and Provider Enumeration System, National Provider Identifier

This dataset represents the primary care Health Professional Shortage Areas (HPSA) score. Higher values indicate a greater shortage (greater need) than areas of low score (which still have a shortage, but not as great as areas with higher score).[20] A primary care or dental health HPSA (Health Professional Shortage Area) is a geographic area with too few healthcare providers to serve the population. This indicator includes only geographic shortages, not population- or facility-based shortages. The Health Resources and Services Administration (HRSA) reviews and designates these areas, assigning a score (0 to 25 for primary care, 0 to 26 for dental health) to indicate the severity of provider shortage, with higher scores reflecting greater need.

Primary care HPSA scores range from 11 to 16 across counties, indicating moderate to high provider shortages:

- **Highest shortages (score 16):** Belmont, Carroll, Coshocton counties
- **Moderate shortages (score 15):** Harrison, Jefferson, Tuscarawas counties
- **Lower shortages (score 11):** Holmes, Muskingum counties

Dental HPSA scores range from 4 to 17, with some counties not reporting data (ND):

- **Highest shortages:** Coshocton (17), Tuscarawas (16), Guernsey (15), Belmont (13) counties
- **Moderate shortages:** Harrison (9), Muskingum (9), Holmes (4) counties

EXHIBIT 15: HEALTH PROFESSIONAL SHORTAGE AREA INDEX

	Primary Care Score	Dental Health Score
Belmont County	16	13
Carroll County	16	ND
Coshocton County	16	17
Guernsey County	13	15
Harrison County	15	9
Holmes County	11	4
Jefferson County	15	ND
Muskingum County	11	9
Tuscarawas County	15	16

Source: Health Resources & Services Administration, 2025

[20] Health Professional Shortage Areas (HPSA). https://bhw.hrsa.gov/shortage-designation/hpsas

Below are the locations of Home Health Agencies (HHA) within the AAA9 PSA according to the Health Resources and Services Administration (HRSA). This data includes locations of U.S. Dept of Health and Human Services Health Resources and Services Administration Nursing Facilities; locations of hospitals and critical access hospitals; Medically Underserved Areas; counts and rates of health resources, Heath Professional Shortage Areas, and Maternity Care Target Areas as of 2025.

EXHIBIT 16: HOME HEALTH AGENCIES

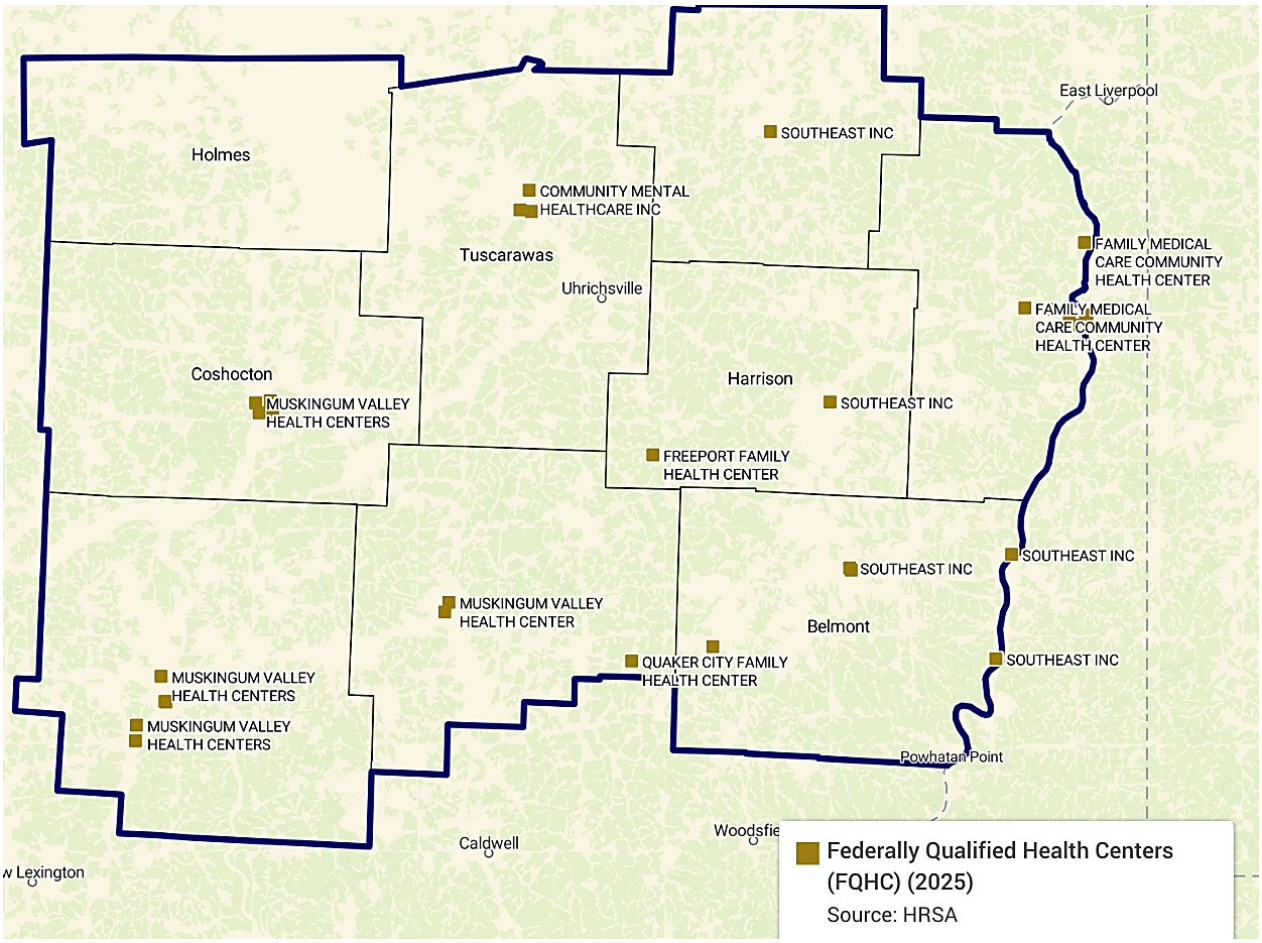
Facility Name	Address
Genesis Home Care	2503 Maple Ave, Ste B, Zanesville, OH 43701-1839
Trinity Home Health	380 Summit Ave, Steubenville, OH 43952-2667
Capital Health Home Care	201 Luray Dr, Steubenville, OH 43953-3973
Interim Healthcare Of Cambridge	2806 Bell St, Zanesville, OH 43701-1721
Union Hospital Home Health Agency	320 Oxford St, Dover, OH 44622-1963
Southeastern Home Care, LLC	1225 Woodlawn Ave, Ste 113, Cambridge, OH 43725-3094
Stonerise At Home	187 W Main St, #200, Saint Clairsville, OH 43950-1157
American Nursing Care, Inc	1206 Brandywine Blvd, Zanesville, OH 43701-1755
Carter Healthcare	2199 Sunset Blvd, Steubenville, OH 43952-1298
Ember Complete Care Inc	1800 N Water Street Ext, Uhrichsville, OH 44683-1044
Interim Healthcare Of Bridgeport	121 E Main St, Saint Clairsville, OH 43950-1527
Cambridge Caretenders	4035 Northpointe Dr, Zanesville, OH 43701-1733
Acute Nursing Care LLC	64979 Old Twenty One Rd, Cambridge, OH 43725-9619
WVUHS Home Care	280 E Main St, Saint Clairsville, OH 43950-9157
Titus Healthcare LLC	3201 Belmont St, Ste 204, Bellaire, OH 43906-1547
Muskingum Community Home Health Inc	1322 Maple Ave, Zanesville, OH 43701-2502
1st Choice Home Health Care, LLC	6105 Fairdale Dr, Cambridge, OH 43725-8865
Nina's Health Care Zanesville	1924 Maple Ave, Zanesville, OH 43701-2238
A-Z Nursing Services Inc	113 4th St Nw, New Philadelphia, OH 44663-1937

Source: Health Resources and Services Administration, 2025

View the interactive map here: https://arcg.is/1zDf9e0

Federally Qualified Health Centers (FQHC) are community-based health care providers that receive funds from the Health Resources and 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.[21] The map below shows the active service delivery sites that are appointed as FQHCs within the service area.

MAP OF FEDERALLY QUALIFIED HEALTH CENTERS



Source: Health Resources and Services Administration, 2025

[21] Health Resources & Services Administration, Health Center Program Award Recipients. https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc

Pharmacy deserts are communities where residents must travel long distances, often more than 10 miles, to reach a pharmacy. They are becoming more common, especially in rural and underserved areas where few other health care services exist. From 2010 to 2021, over 29.0% of U.S. pharmacies closed, widening gaps in access to medications and essential health services and creating significant challenges for the patients who depend on them.

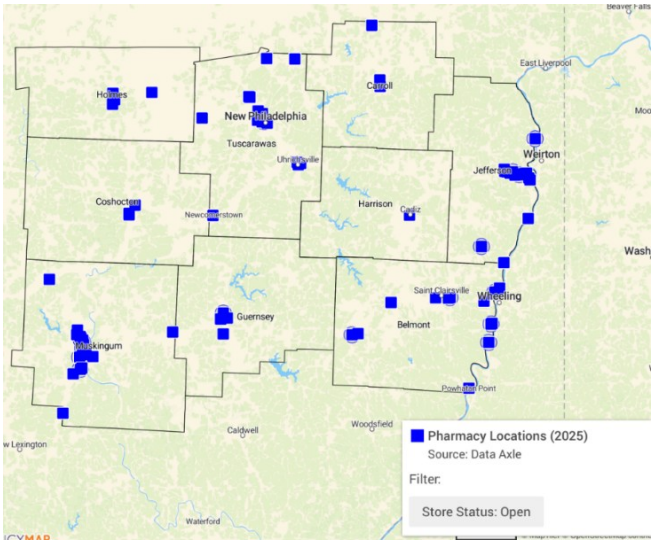
From 2018 to 2024, most counties in the region experienced a decline in pharmacies in operation, with Carroll and Harrison counties seeing the steepest reductions. While some counties, such as Guernsey and Tuscarawas, maintained stable access, the overall trend raises concerns about equitable access to medications and pharmacy-based services, particularly in rural areas. Targeted interventions may be needed to prevent pharmacy deserts and ensure that residents can reliably access prescription and over-the-counter medications.

EXHIBIT 17: PHARMACIES IN OPERATION TREND[22]

	2018	2020	2022	2024
Belmont County	21	20	19	18
Carroll County	4	3	3	2
Coshocton County	4	4	4	3
Guernsey County	5	5	5	5
Harrison County	3	3	3	1
Holmes County	4	3	4	3
Jefferson County	17	17	15	14
Muskingum County	21	20	23	19
Tuscarawas County	17	15	16	18

Source: Ohio Department of Health & Ohio Board of Pharmacy, OHio Pharmacy Access

MAP OF OPEN PHARMACY LOCATIONS



[22] These totals include independent retail, small chain retail, large chain retail, and Hospital Outpatient Community Access – Outpatient pharmacy operated by an Ohio hospital that provides a full range of outpatient (retail) pharmacy services to the public. https://data.ohio.gov/wps/portal/gov/data/view/ohio-pharmacy-assessment-?visualize=true

Health Status and Outcomes

Life expectancy is the average length of life that a hypothetical set of people would experience if they lived their entire life based on the age-specific mortality rates of a particular year.[23] Life expectancy at birth in the United States is now 76.1 years, the lowest level since 1996. Life expectancy in the U.S. fell nearly three years between 2019 and 2021—the largest decline in decades. While COVID-19 deaths contributed significantly, rising mortality from drug overdoses, suicide, liver disease, traffic accidents, homicides, and heart disease also played a major role.[24]

Within the region, Guernsey, Jefferson, and Harrison counties have notably lower life expectancy than the state's life expectancy. In contrast, Holmes County stands out with higher life expectancy, suggesting protective factors that may be worth further exploration.

EXHIBIT 18: AVERAGE LIFE EXPECTANCY AT BIRTH

	Life Expectancy at Birth
Ohio	75.9
Belmont County	74.9
Carroll County	75.9
Coshocton County	74.8
Guernsey County	73.4
Harrison County	74.0
Holmes County	79.0
Jefferson County	73.0
Muskingum County	74.8
Tuscarawas County	75.6

Source: Miami University, Scripps Gerontology Center. Ohio Population Research, 2018-2022

[23] The University of North Carolina at Chapel Hil,l U.S. life expectancy drop caused by more than pandemic (2022). https://www.unc.edu/discover/u-s-life-expectancy-drop-caused-by-more-than-pandemic/

[24] The University of North Carolina at Chapel Hil,l U.S. life expectancy drop caused by more than pandemic (2022). https://www.unc.edu/discover/u-s-life-expectancy-drop-caused-by-more-than-pandemic/

Among adults 65 and older, heart disease and cancer are the leading causes of death, with mortality rates exceeding the state figure in several counties, particularly Guernsey, Harrison, and Jefferson. Chronic lower respiratory disease and cerebrovascular disease also contribute greatly, while Alzheimer's disease mortality is notably high in Tuscarawas, Holmes, and Muskingum counties.

EXHIBIT 19: LEADING CAUSES OF DEATH, POPULATION 65 AND OVER

Age-Adjusted Death Rate per 100,000 Population	Heart Disease	Cancer	Accidents and Adverse Effects	Cerebro-vascular Diseases	Chronic Lower Respiratory Disease	Alzheimer's Disease
Ohio	1,231.5	917.6	143.6	323.7	287.6	274.8
Belmont County	1,536.2	952.0	102.7	230.8	335.5	216.8
Carroll County	1,398.4	881.9	145.0	294.4	361.5	330.5
Coshocton County	1,221.4	980.1	135.7	346.9	327.2	281.2
Guernsey County	1,680.8	1,072.5	126.4	247.3	506.1	275.2
Harrison County	1,617.3	1,010.0	121.5	235.8	474.7	283.7
Holmes County	1,384.3	787.9	133.1	324.8	266.2	309.8
Jefferson County	1,581.9	967.3	104.5	300.2	311.6	231.7
Muskingum County	1,373.8	1,067.7	120.2	270.5	356.7	307.0
Tuscarawas County	1,297.6	916.0	123.3	282.5	350.7	379.4

Source: HD*Pulse*: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities, 2019-2023

Chronic disease prevalence varies widely across the region. Arthritis and diabetes show particularly high rates in Coshocton, Harrison, and Tuscarawas counties, while COPD and stroke are elevated in Tuscarawas and Muskingum. Coronary heart disease is most prevalent in Muskingum and Belmont counties.

EXHIBIT 20: AGE-ADJUSTED CHRONIC DISEASE PREVALENCE RATES

	Arthritis	Asthma	COPD	Coronary Heart Disease	Diabetes	Kidney Disease	Stroke
Belmont County	29.2%	21.1%	8.1%	9.1%	15.3%	4.9%	9.1%
Carroll County	33.4%	13.8%	9.1%	5.3%	13.0%	2.4%	5.3%
Coshocton County	51.3%	28.7%	4.5%	3.9%	29.3%	2.8%	3.9%
Guernsey County	ND	ND	ND	ND	ND	ND	ND
Harrison County	53.8%	14.2%	6.4%	3.1%	11.9%	7.6%	3.1%
Holmes County	25.9%	15.5%	4.8%	6.8%	15.5%	2.8%	6.8%
Jefferson County	ND	ND	ND	ND	ND	ND	ND
Muskingum County	30.0%	16.4%	12.7%	11.8%	13.9%	7.6%	11.8%
Tuscarawas County	39.1%	19.6%	18.1%	4.0%	13.7%	5.5%	4.0%

Source: Behavioral Risk Factor Surveillance System, 2024

Preventive Health

Preventive health refers to care that helps protect, promote, and maintain overall well-being. Prevention is often more effective than treatment, and older adults can take steps to reduce their risk of illness through regular screenings, recommended vaccinations, and healthy lifestyle habits.[25] The U.S. Preventive Services Task Force recommends a number of preventive health screenings for both older men and women:

- All sexually active women should receive screening if they have a cervix. Women older than age 65 do not need routine screening if they have had recent screenings with normal results and are not otherwise at high risk for cervical cancer.
- All women, beginning at age 50 and continuing until age 74, should have a mammogram every two years.
- All adults, beginning at age 50 and continuing until age 75, should receive screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy or colonoscopy. Evidence suggests a maximal benefit from screening every 10 years.

EXHIBIT 21: PREVENTIVE HEALTH MEASURES

	Cervical Cancer Screening Test in the Past Year		Mammogram Screening in the Past Two Years	
Age Group	**55-64**	**64 and Older**	**55-64**	**64 and Older**
Belmont County	66.8%	19.0%	0.0%	19.1%
Carroll County	50.3%	0.0%	6.0%	7.0%
Coshocton County	0.0%	18.3%	0.0%	11.9%
Guernsey County	55.8%	16.3%	9.0%	9.7%
Harrison County	35.8%	23.8%	0.0%	12.1%
Holmes County	0.0%	0.0%	ND	ND
Jefferson County	59.3%	16.7%	10.4%	21.0%
Muskingum County	45.1%	4.0%	12.1%	20.1%
Tuscarawas County	22.3%	11.4%	9.7%	10.0%

	Colonoscopy in the Past Five Years		Sigmoidoscopy in the Past Five Years	
Age Group	**55-64**	**64 and Older**	**55-64**	**64 and Older**
Belmont County	11.8%	9.5%	0.0%	3.9%
Carroll County	35.6%	11.1%	0.0%	4.1%
Coshocton County	8.9%	21.5%	ND	ND
Guernsey County	12.4%	12.3%	24.5%	15.2%
Harrison County	17.1%	9.8%	ND	12.4%
Holmes County	19.7%	34.4%	ND	ND
Jefferson County	12.0%	9.8%	16.6%	0.0%
Muskingum County	19.7%	20.8%	16.3%	24.2%
Tuscarawas County	35.5%	30.6%	42.1%	0.0%

Source: Behavioral Risk Factor Surveillance System, 2024

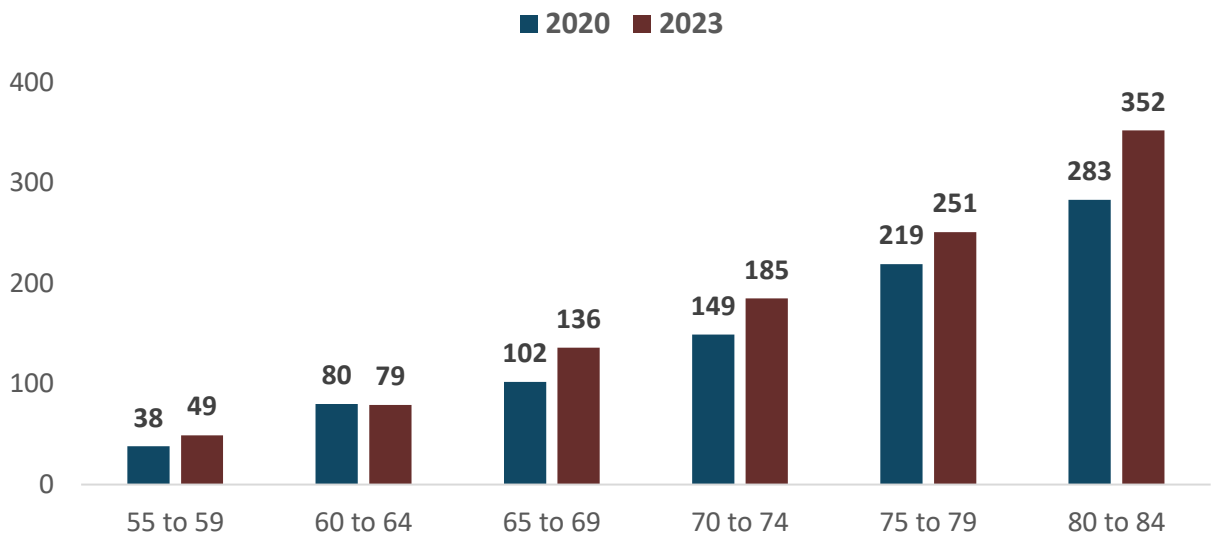
[25] Health In Aging, Wellness & Prevention. https://www.healthinaging.org/wellness-prevention

Unintentional Falls

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.[26]

Between 2020 and 2023, unintentional fatal falls among Ohio adults increased in nearly all age groups, particularly among those 65 and older. The highest numbers are seen in the 80 to 84 age group, while significant relative increases are also observed in 55 to 59 and 65 to 69. These trends underscore the growing importance of fall prevention initiatives across the older adult population to reduce mortality and improve safety.

EXHIBIT 22: NUMBER OF UNINTENTIONAL FATAL FALLS BY AGE GROUP, OHIO



Source: National Center for Injury Prevention and Control. WISQARS Cost Of Injury

[26] Ohio Department of Health. Injury & Violence Prevention, Falls Among Older Adults.

Among Ohio adults age 45 and older, falls are more prevalent among those with lower income and lower educational attainment. Adults earning less than $25,000 annually experience falls at more than twice the rate of those earning $75,000 or more. Similarly, adults without a high school diploma report higher fall prevalence than college graduates. These findings underscore the need for targeted fall prevention strategies for socioeconomically disadvantaged populations.

EXHIBIT 23: PREVALENCE OF FALLS BY INCOME AND EDUCATION, OHIO

Age 45 and Over	
Total	24.3%
Less than $15,000	39.4%
$15,000 - $24,999	37.7%
$25,000 - $34,999	30.0%
$35,000 - $49,000	26.4%
$50,000 - $74,9999	24.4%
$75,000 +	17.0%
Education	
Less than High School	31.8%
High School Diploma	26.0%
Some College	24.7%
College Graduate	19.9%

Source: Ohio Behavioral Risk Factor Surveillance System, OHio Department of Health, 2023

Between 2020 and 2023, medical costs for unintentional fatal falls in Ohio increased across nearly all age groups, with the highest total and average costs occurring among adults 85 and older. Total costs rose from $35.9M to $48.0M in this age group, while the average cost per fall reached $48,234. These trends highlight both the human and financial burden of falls among older adults and underscore the importance of fall prevention strategies to reduce fatalities and associated healthcare expenditures.

EXHIBIT 24: COST OF UNINTENTIONAL FATAL FALLS BY AGE GROUP, OHIO

	Medical Costs Total		Medical Costs Average	
	2020	**2023**	**2020**	**2023**
55 to 59	$1,238,725	$1,489,198	$32,598	$30,392
60 to 64	$2,717,329	$2,505,614	$33,967	$31,717
65 to 69	$3,414,382	$4,985,844	$33,474	$36,661
70 to 74	$5,240,147	$6,979,761	$35,169	$37,728
75 to 79	$8,935,851	$10,341,611	$40,803	$41,202
80 to 84	$11,955,301	$14,819,423	$42,245	$42,101
85 and Older	$35,877,047	$48,041,041	$43,699	$48,234

Source: National Center for Injury Prevention and Control. WISQARS Cost Of Injury

Cognitive Decline

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.[27] The CDC defines subjective cognitive decline (SCD) as self-reported worsening or more frequent memory loss or confusion, an early sign of Alzheimer's and related dementias.[28] SCD and mental distress — such as depression — both increase the risk of more severe cognitive disorders, especially when occurring together, and can significantly reduce quality of life through social withdrawal, lower activity engagement, and poorer overall well-being.[29] Difficulties with thinking or memory show significant variation across counties and age groups.

- Subjective Cognitive Decline (SCD) can significantly affect a person's overall health and well-being.
- While some cognitive decline can happen as people get older, regularly forgetting how to do everyday tasks is not a typical aspect of aging and can impact a person's capacity to live and function on their own.
- More than two-thirds of adults with SCD have two or more chronic conditions, including heart attack, coronary heart disease, stroke, asthma, cancer, arthritis, or diabetes.

Source: Centers for Disease Control and Prevention,Subjective Cognitive Decline, A Public Health Issue

Approximately one in six adults in Ohio reports cognitive decline, with prevalence increasing with age. Women experience higher rates than men, and Black adults have slightly higher prevalence than White adults. These patterns underscore the need for targeted cognitive health interventions and support services, particularly for older adults and populations at higher risk.

EXHIBIT 25: PREVALENCE OF COGNITIVE DECLINE IN OHIO, DEMOGRAPHICS

Total	**16.5%**
Age	
45 - 54	14.6%
55 - 64	16.0%
65 and Over	17.8%
Gender	
Male	13.7%
Female	18.9%
Race/Ethnicity	
White, Non-Hispanic	16.4%
Black, Non-Hispanic	17.4%

Source: Ohio Behavioral Risk Factor Surveillance System, OHio Department of Health, 2023

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

[28] Subjective cognitive decline — a public health issue. (2026). https://doi.org/10.15620/cdc/85159

[29] 3Kyoung Shin Park, Jennifer Etnier, Samantha DuBois, Samuel Kibildis, Hadassah Som-Pimpong, Jarod Vance, Christopher Wahlheim. Subjective cognitive decline moderates the association between age and memory decline in midlife. Innovation in Aging, Volume 7, Issue Supplement_1, December 2023. Available at: https://doi.org/10.1093/geroni/igad104.3605.

Cognitive decline among Ohio adults age 45 and older is strongly linked to socioeconomic status. Prevalence is highest among adults with low income (<$15,000) and those without a high school diploma, and lowest among high-income and college-educated adults.

EXHIBIT 26: PREVALENCE OF COGNITIVE DECLINE IN OHIO BY INCOME AND EDUCATION

Age 45 and Over	
Income	
Less than $15,000	30.7%
$15,000 - $24,999	27.9%
$25,000 - $34,999	21.6%
$35,000 - $49,000	17.5%
$50,000 - $74,9999	15.0%
$75,000 +	9.6%
Education	
Less than High School	31.4%
High School Diploma	17.2%
Some College	16.2%
College Graduate	11.0%

Source: Ohio Behavioral Risk Factor Surveillance System, OHio Department of Health, 2023

Behavioral Health

Older adults face unique mental health stressors, including physical and cognitive decline, loss of loved ones, and isolation, which can increase the risk of depression, anxiety, and substance use disorders. With about 10,000 Americans turning 65 each day, behavioral health in older adulthood is a growing concern, especially since common chronic conditions like diabetes, stroke, hearing loss, and heart disease further elevate mental health risks.[30]

Rates of depressive disorder vary widely across counties, with some areas showing particularly high prevalence among adults ages 55 to 64, including Carroll and Muskingum counties, where more than 40.0% of this age group report a diagnosis. Several counties, such as Jefferson, Belmont, and Coshocton, show higher rates among adults age 65 and older, suggesting increased mental health needs later in life. In contrast, a few counties report very low rates, which may reflect underdiagnosis or limited access to mental health services rather than lower need. Overall, these patterns highlight disparities in mental health burden across the region and underscore the importance of strengthening access to screening, treatment, and support for older adults.

EXHIBIT 27: OLDER ADULTS WITH DEPRESSIVE DISORDER

	Adults with Depressive Disorder	
Age Group	**55-64**	**64 and Over**
Belmont County	11.5%	12.9%
Carroll County	42.5%	12.7%
Coshocton County	6.0%	11.8%
Guernsey County	26.2%	26.0%
Harrison County	0.0%	17.7%
Holmes County	0.0%	7.6%
Jefferson County	22.0%	33.6%
Muskingum County	43.7%	17.4%
Tuscarawas County	11.1%	15.2%

Source: Behavioral Risk Factor Surveillance System, 2024

[30] American Hospital Association, Older Adult Behavioral Health. https://www.aha.org/older-adult-behavioral-health

From 2020 to 2023, mortality rates among adults 55 to 64 in Ohio increased from 15.2 to 19.2 per 100,000, while rates for adults 65 and older remained relatively stable around 16.0 per 100,000. These trends highlight growing health risks in the younger older adult population and the importance of targeted interventions for midlife adults to reduce preventable deaths.

EXHIBIT 28: RATE OF SUICIDE DEATHS IN OLDER ADULTS, OHIO

	55-64				65 and Over			
	2020	2021	2022	2023	2020	2021	2022	2023
Mortality Rate per 100,000 Population	15.2	17.4	17.4	19.2	15.8	16.2	16.5	16.3

Source: Ohio Department of Health. Suicide Report, 2023

Between 2019 and 2023, the share of older adults served increased, even as overall numbers shifted across age groups. Adults ages 45 to 64 remained the largest group served, but their share declined slightly from 21.2% (70,521 people) in 2019 to 20.7% (38,709 people) in 2023. In contrast, the proportion of older adults grew. The 65 to 74 age group nearly doubled its share of those served, from 2.3% (7,758 people) in 2019 to 4.0% (7,538 people) in 2023, while the 75 and over group increased from 0.8% (2,538 people) to 1.9% (3,552 people). Overall, while the number of adults ages 45 to 64 served decreased, both older age groups saw increases in their share of service utilization, suggesting a rising need for services among Ohioans age 65 and older.

EXHIBIT 29: OLDER ADULTS WITH SERIOUS MENTAL ILLNESS SERVED BY THE STATE MENTAL HEALTH AUTHORITY, OHIO

Age Group	2019		2023	
	Percentage of Total Served	Number of Total Served	Percentage of Total Served	Number of Total Served
45 to 64	21.2%	70,521	20.7%	38,709
65 to 74	2.3%	7,758	4.0%	7,538
75 and Over	0.8%	2,538	1.9%	3,552

Source: SAMHSA, Uniform Reporting System (URS)

The maps below show notable increases in age-adjusted unintentional drug overdose death rates across the region from 2014–2019 to 2020–2023. Every county in the area experienced a rise, with several seeing their rates more than double. Jefferson County had one of the most notable increases, rising from 39.6 to 63.0 deaths per 100,000 population, the highest rate in the region. Guernsey and Belmont counties also saw steep growth, increasing from 29.1 to 44.3 and from 29.2 to 40.4, respectively. Muskingum County experienced a substantial jump as well, moving from 24.6 to 41.9.

Counties that previously had lower overdose death rates also experienced considerable increases. Tuscarawas County rose from 15.0 to 32.6, while Coshocton County increased from 15.7 to 35.5. Harrison County nearly doubled, rising from 19.8 to 29.9.

EXHIBIT 30: AVERAGE AGE-ADJUSTED RATE OF UNINTENTIONAL DRUG OVERDOSE DEATHS BY COUNTY

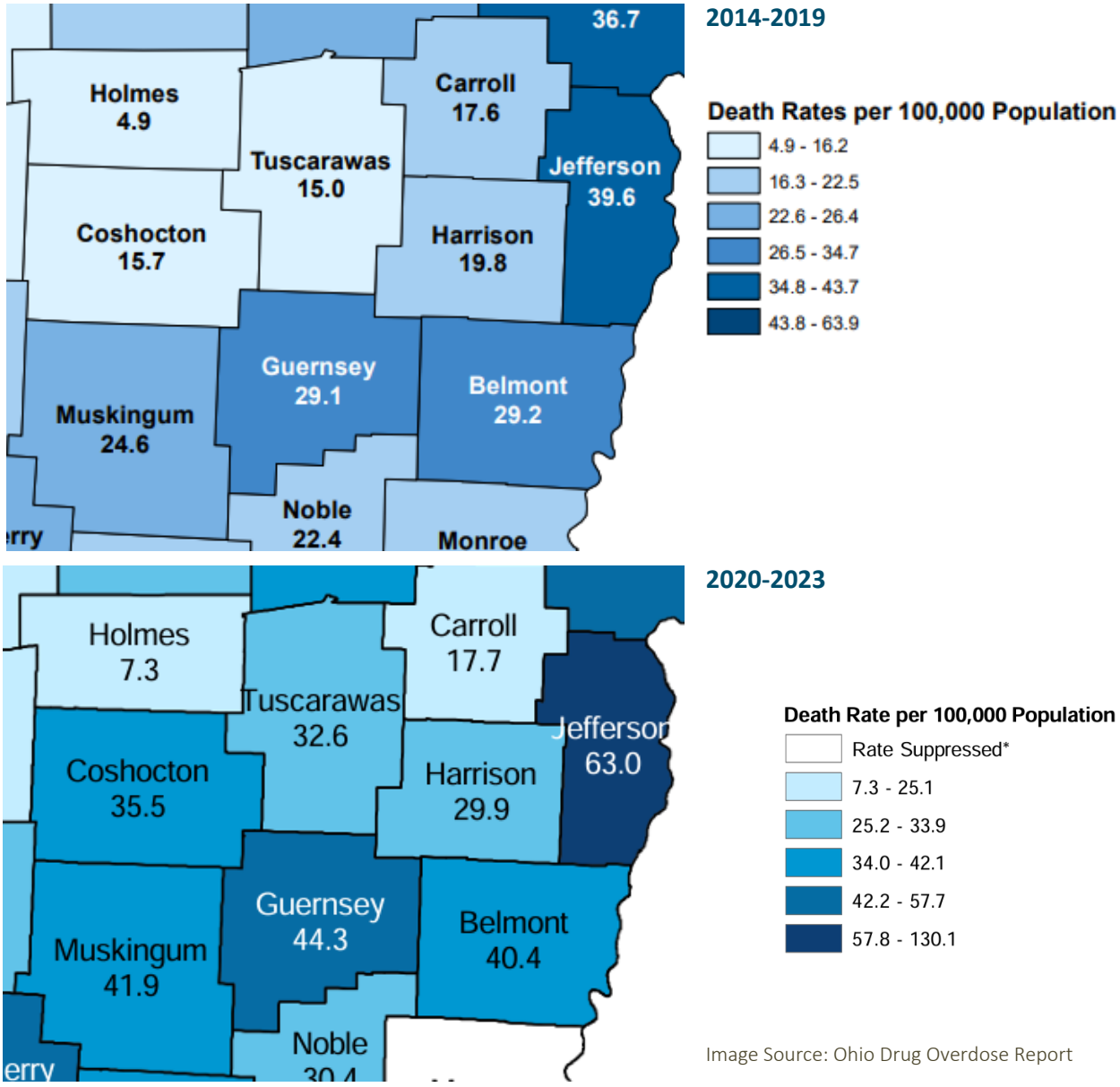


Image Source: Ohio Drug Overdose Report

From 2022 to 2023, unintentional drug overdose death rates rose among Ohioans ages 55 and older. Deaths increased by three percent for adults ages 55 to 64 and by four percent for those ages 65 and older. In 2023, involvement of fentanyl and cocaine in overdose deaths generally increased with age. Adults ages 55 to 64 had the highest share of cocaine-involved deaths, accounting for 50.0% of all fatalities in that age group.

EXHIBIT 31: RATE OF UNINTENTIONAL DRUG OVERDOSE DEATHS BY AGE, OHIO

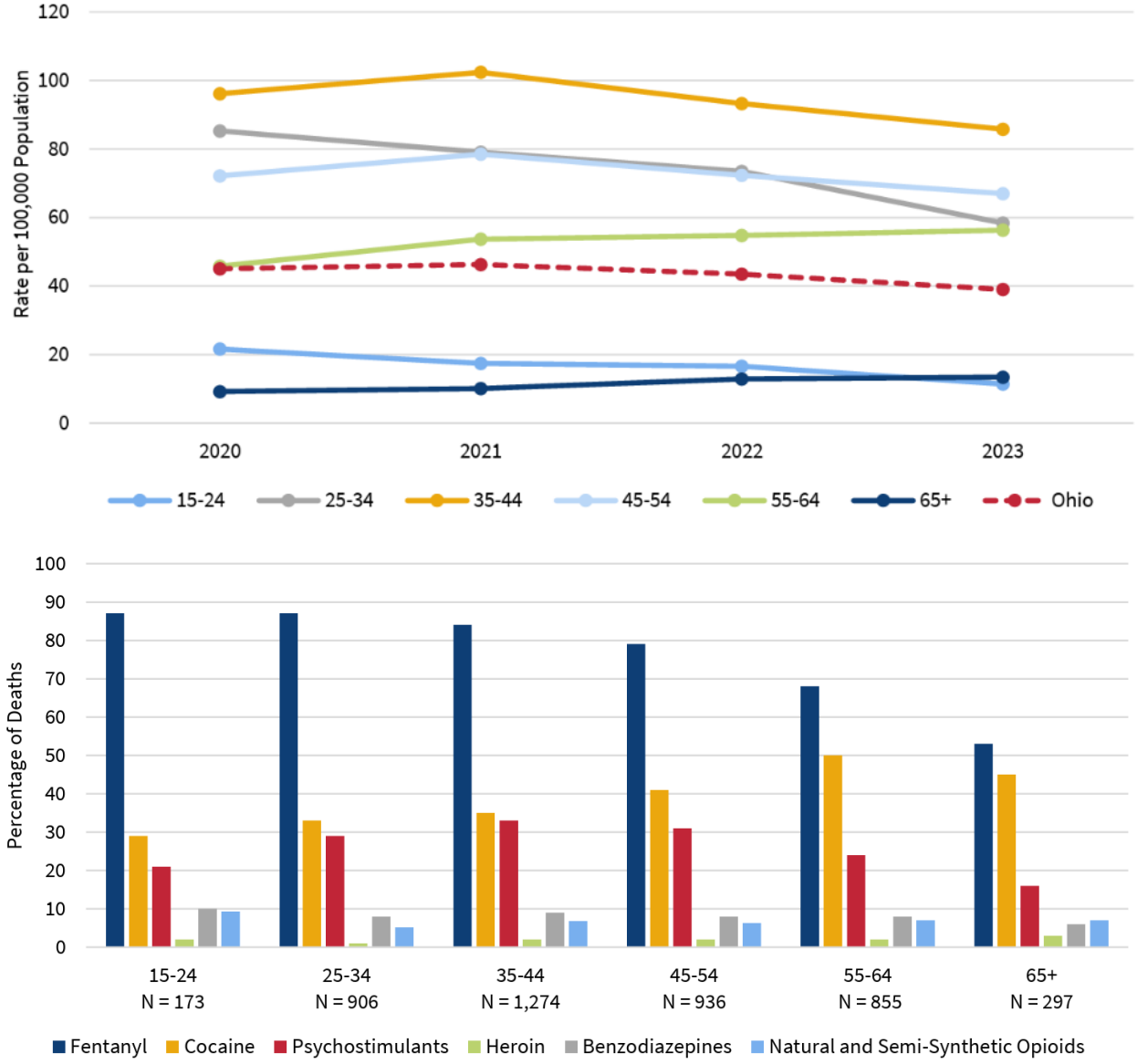


Image Source: Ohio Drug Overdose Report, 2023

Economic Stability

About one in ten older adults in the U.S. lives in poverty, though this is likely underestimated because standard measures do not account for inflation or costs specific to older adulthood. Poverty in later life is linked to early mortality, disability, and higher rates of depression, anxiety, and loneliness. Poverty and loneliness each harm older adults' health and well-being, and together they create unique challenges. These include prioritizing health expenses over social engagement, limited access to technology, greater exposure to social risk factors, and difficulties living in marginalized environments.[31]

Adults ages 45–64 have higher incomes than the overall median, reflecting peak earning years; however, most counties remain below Ohio and U.S. benchmarks. Holmes County exceeds both state and national figures, while Harrison County reports the lowest median for this age group.

For adults age 65 and over, incomes decline sharply across all areas. Every county falls below the national median, and most fall below the state median, with Coshocton County reporting the lowest income. This trend indicates heightened financial vulnerability among older adults in the region.

EXHIBIT 32: ANNUAL MEDIAN HOUSEHOLD INCOME BY AGE

	Overall Median	45 to 64	65 and Over
United States	$78,538	$94,847	$57,108
Ohio	$69,680	$84,899	$51,608
Belmont County	$58,411	$66,119	$44,927
Carroll County	$64,675	$78,160	$48,696
Coshocton County	$54,687	$71,044	$38,514
Guernsey County	$55,756	$64,904	$44,689
Harrison County	$53,851	$56,290	$41,003
Holmes County	$74,774	$106,207	$48,301
Jefferson County	$56,983	$67,698	$44,075
Muskingum County	$59,203	$73,300	$44,459
Tuscarawas County	$64,494	$76,300	$46,286

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

[31] The Online Journal of Issues in Nursing, Poverty in Older Adulthood: A Health and Social Crisis (2024). https://ojin.nursingworld.org/table-of-contents/volume-29-2024/number-1-january-2024/poverty-in-older-adulthood/

Among adults 65 and older, labor force participation varies across the region, from 12.4% in Harrison County to 24.7% in Holmes County. Most counties fall below the Ohio figure of 17.8%, highlighting that a majority of older adults are retired or not actively employed. These differences underscore the importance of considering local economic opportunities and retirement resources when planning for the needs of older adults.

EXHIBIT 33: POPULATION AGE 65 YEARS OR OLDER EMPLOYED CIVILIANS IN THE LABOR FORCE

	In the Labor Force
Ohio	17.8%
Belmont County	15.5%
Carroll County	12.7%
Coshocton County	12.9%
Guernsey County	12.5%
Harrison County	12.4%
Holmes County	24.7%
Jefferson County	15.6%
Muskingum County	15.7%
Tuscarawas County	16.1%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

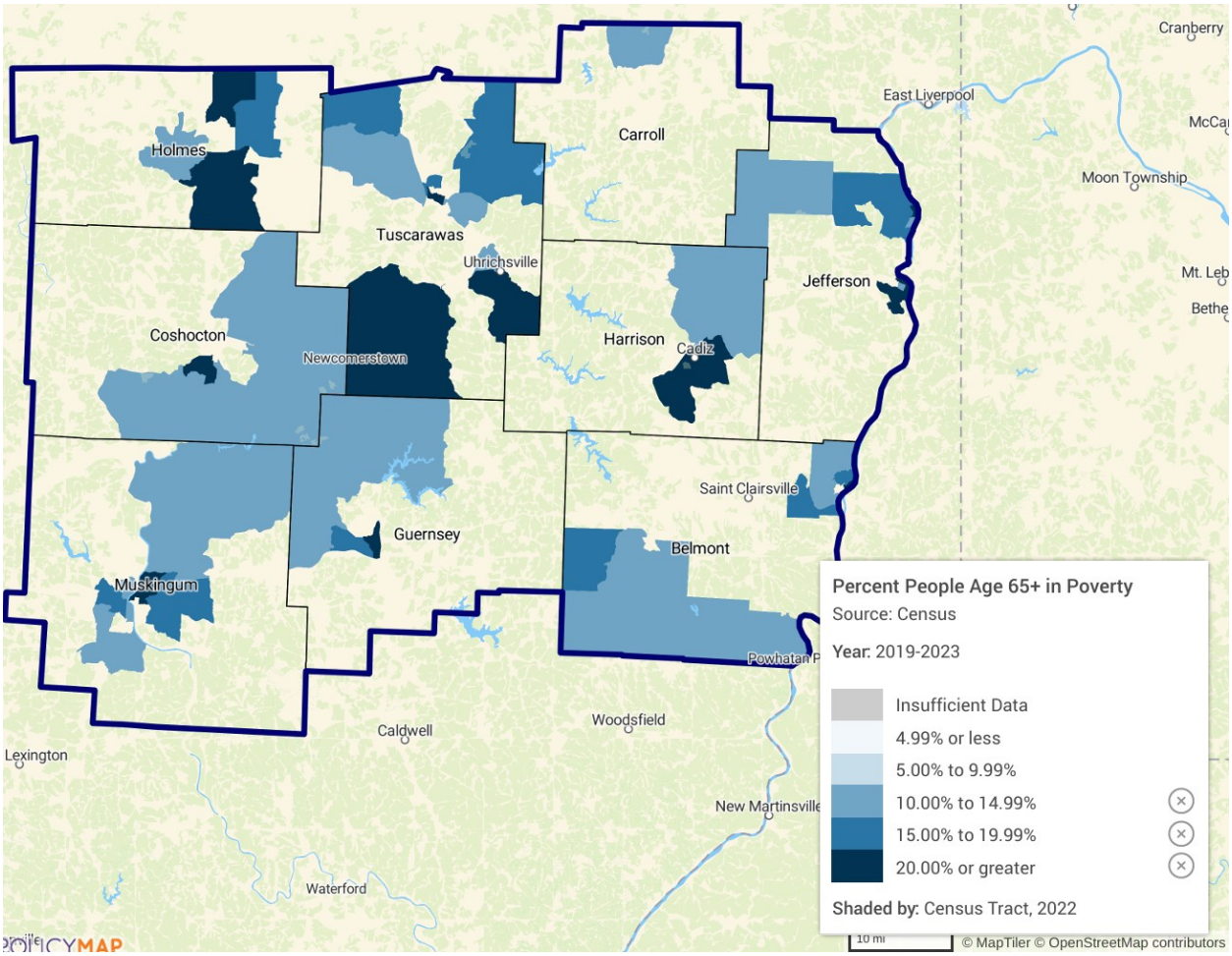
Coshocton (12.4%), Jefferson (12.2%), Muskingum (11.6%), Harrison (11.4%), and Guernsey (11.1%) report the highest poverty rates among adults age 60 and older, all above Ohio's rate of 10.2%. Among adults age 65 and older, Harrison County has the highest poverty rate (12.3%), followed by Holmes (11.5%), Coshocton (11.4%), and Tuscarawas (11.2%). In contrast, Carroll and Belmont counties report the lowest poverty rates among older adults, suggesting comparatively stronger economic stability. Overall, the data indicate notable geographic disparities in financial insecurity among older adults across the region.

EXHIBIT 34: ADULTS LIVING IN POVERTY

	18 to 64	35 to 64	60 and Over	65 and Over
United States	11.6%	10.0%	10.6%	10.4%
Ohio	12.6%	10.7%	10.2%	9.5%
Belmont County	13.7%	12.6%	8.8%	8.3%
Carroll County	10.6%	10.0%	7.7%	7.7%
Coshocton County	18.3%	15.9%	12.4%	11.4%
Guernsey County	14.9%	13.7%	11.1%	10.5%
Harrison County	13.4%	13.8%	11.4%	12.3%
Holmes County	6.1%	7.3%	10.1%	11.5%
Jefferson County	16.7%	15.5%	12.2%	10.4%
Muskingum County	15.3%	13.8%	11.6%	10.0%
Tuscarawas County	12.1%	10.6%	10.5%	11.2%

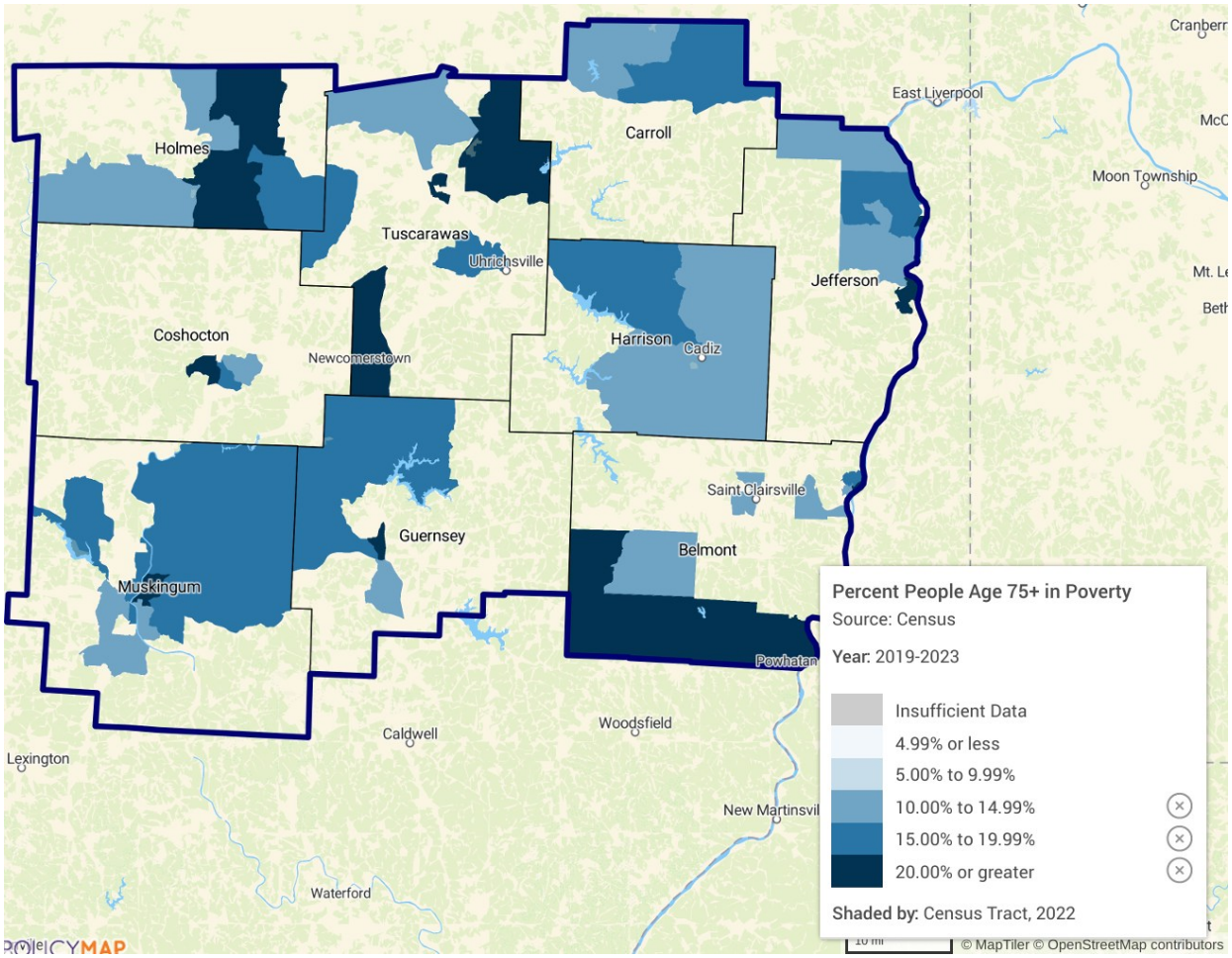
Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

MAP OF THE ESTIMATED PERCENTAGE OF POPULATION 65 OR OLDER WHO LIVE IN POVERTY (10.0% OR MORE)



Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

MAP OF THE ESTIMATED PERCENTAGE OF POPULATION 75 OR OLDER WHO LIVE IN POVERTY (10.0% OR MORE)



Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

Neighborhood and Built Environment

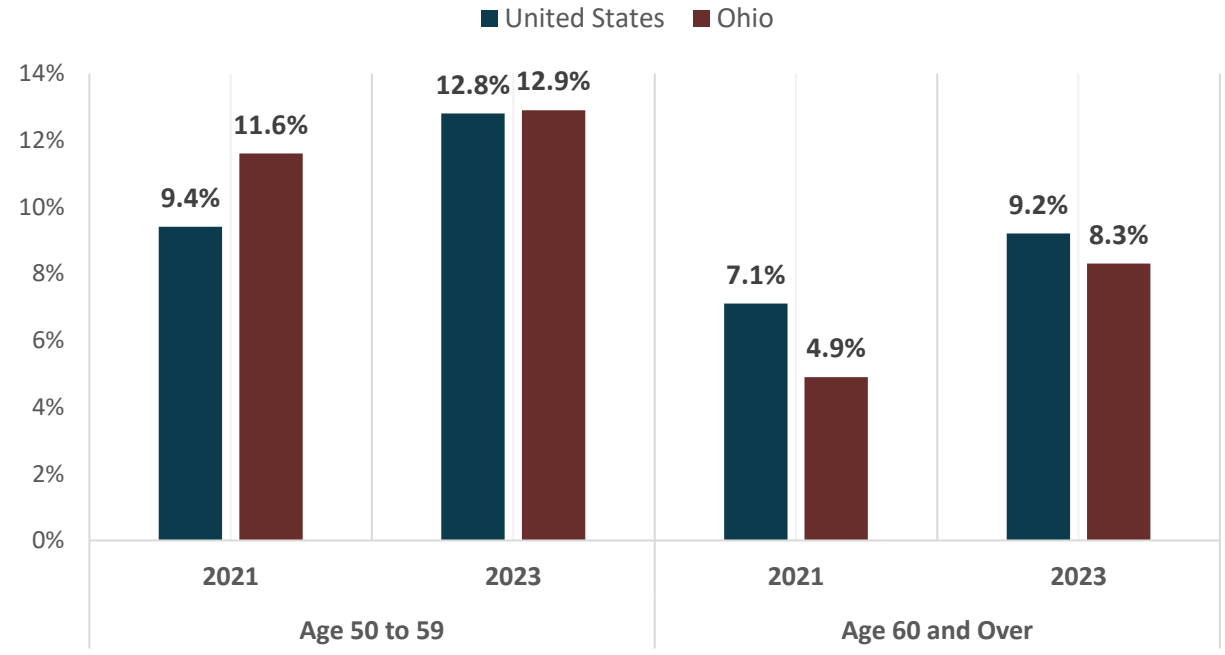
Neighborhoods and the built environment play a major role in supporting healthy aging. Features like accessible housing and dependable public transportation help older adults maintain independence. Safe, wheelchair-friendly sidewalks, trails, and green spaces also make it easier for people of all ages, especially older adults, to stay active.[32]

Food Insecurity

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.[33]

Between 2021 and 2023, food insecurity increased among older adults nationally and in Ohio. Adults 50 to 59 in Ohio experienced a rise from 11.6% to 12.9%, while adults 60 and over saw a sharper increase from 4.9% to 8.3%. These trends underscore the growing need for programs and policies addressing food access for older populations, particularly the most vulnerable seniors.

EXHIBIT 35: FOOD INSECURITY AMONG OLDER ADULTS



Source: Feeding America, Mind the Meal Gap

[32] Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services. Social Determinants of Health and Older Adults. https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults#education

[33] Feeding America, Mind the Meal Gap. https://map.feedingamerica.org/

Housing Cost and Stock

Housing availability varies widely across the region. Holmes and Tuscarawas counties have high occupancy and low vacancy, while Harrison, Belmont, and Guernsey counties have the highest vacancy rates, suggesting potential challenges in accessing suitable housing for older adults.

EXHIBIT 36: HOUSING AVAILABILITY

	Total Housing Units	Occupied Housing Units	Vacant Housing Units
United States	142,332,876	89.6%	10.4%
Ohio	5,271,573	91.6%	8.4%
Belmont County	31,599	83.7%	16.3%
Carroll County	13,391	85.7%	14.3%
Coshocton County	16,321	91.0%	9.0%
Guernsey County	19,024	85.4%	14.6%
Harrison County	7,397	80.0%	20.0%
Holmes County	14,560	91.5%	8.5%
Jefferson County	31,118	87.2%	12.8%
Muskingum County	38,343	89.3%	10.7%
Tuscarawas County	40,840	93.4%	6.6%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

Median monthly rents across the counties range from $723 in Coshocton County to $876 in Tuscarawas County, lower than the state median of $988 and the national median of $1,348. Mortgage payments follow a similar pattern, with county medians ranging from $1,064 in Harrison County to $1,414 in Holmes County, all of which are below the state median ($1,472) and the national median ($1,902).

EXHIBIT 37: HOUSING AFFORDABILITY

	Median Home Rent	Median Mortgage
United States	$1,348	$1,902
Ohio	$988	$1,472
Belmont County	$769	$1,177
Carroll County	$780	$1,298
Coshocton County	$723	$1,143
Guernsey County	$803	$1,216
Harrison County	$753	$1,064
Holmes County	$773	$1,414
Jefferson County	$792	$1,113
Muskingum County	$811	$1,294
Tuscarawas County	$876	$1,281

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

The table below indicates the estimated percentage of owner households with a householder who is 65 years or older, for whom selected monthly owner costs are 30.0% or more of household income, between 2019 and 2023. Also shown is the percentage of renter households with a householder who is 65 years or older, for whom gross rent is 30.0% or more of household income, between 2019 and 2023.[34]

Across Ohio, older renters face far higher housing cost burdens than homeowners. In the region, Muskingum, Guernsey, and Harrison counties have the largest share of older adults struggling with housing costs, highlighting the need for targeted interventions to improve affordability and support financial stability for aging populations.

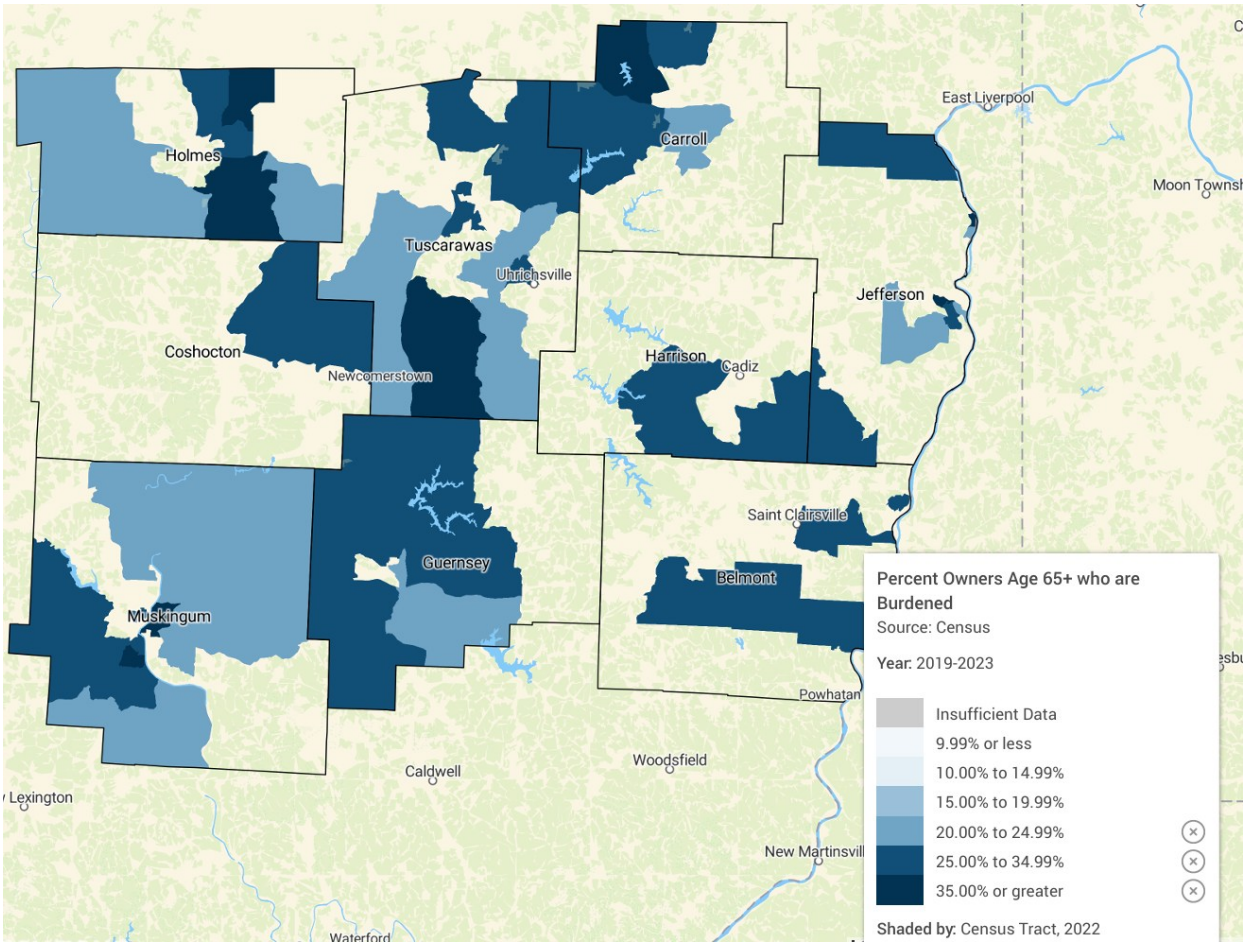
EXHIBIT 38: HOUSING COST BURDENED OLDER ADULTS

	Homeowners Aged 65 and Over	Renters Aged 65 and Over
Ohio	22.5%	52.4%
Belmont County	17.8%	36.1%
Carroll County	27.2%	34.5%
Coshocton County	14.7%	42.1%
Guernsey County	21.9%	55.2%
Harrison County	16.2%	52.0%
Holmes County	24.3%	28.5%
Jefferson County	16.1%	44.2%
Muskingum County	21.5%	59.0%
Tuscarawas County	19.5%	42.7%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

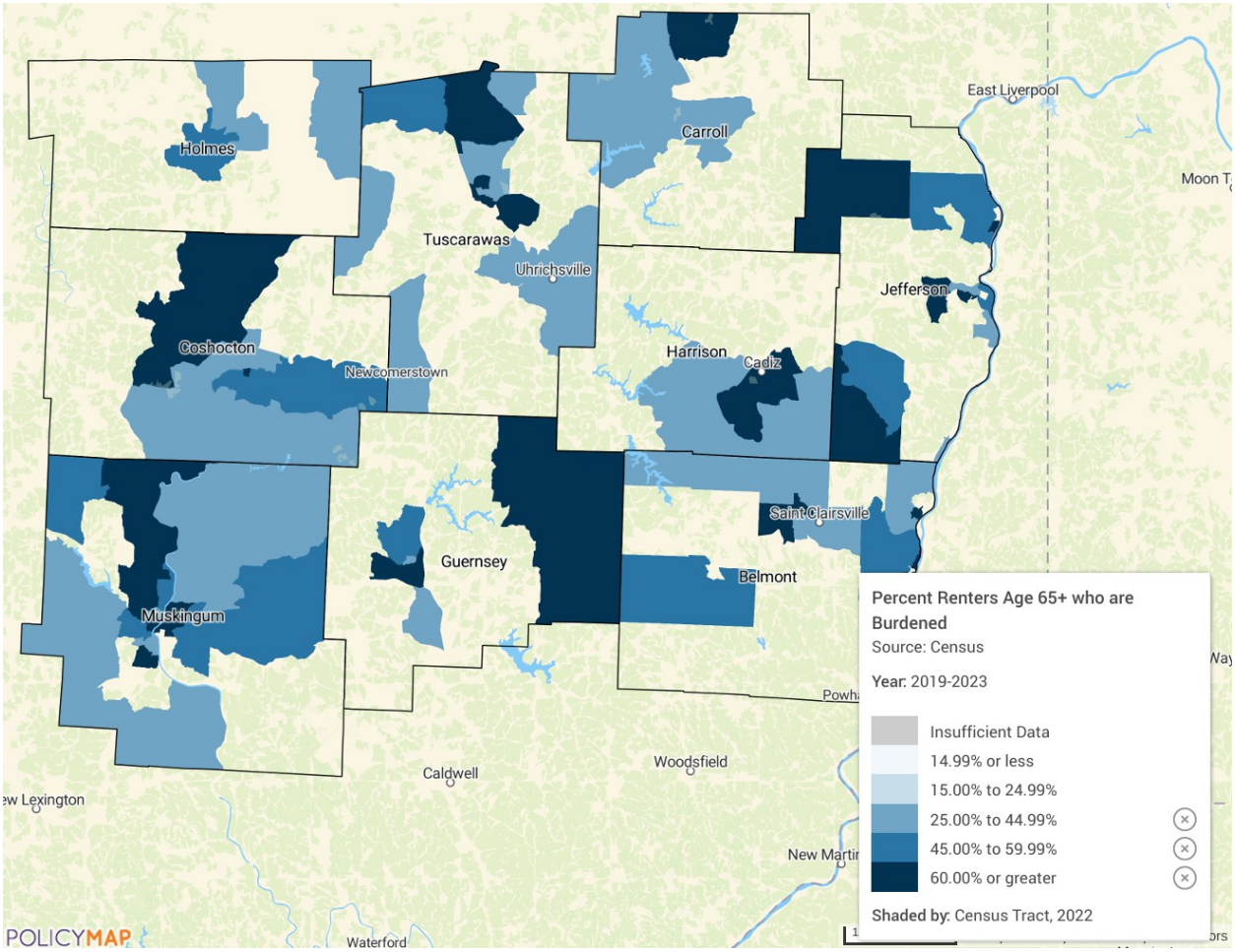
[34] Owner housing costs include all mortgage principal payments, interest payments, real estate taxes, property insurance, homeowner fees, condo or coop fees and utilities (not including telephone or cable television). Percentage calculations are suppressed in cases where the denominator of the calculation was less than 10 of the unit that is being described (e.g., households, people, householders, etc.). Gross rent is the contract rent plus the estimated average monthly cost of utilities (electricity, gas, water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else). Percentage calculations are suppressed in cases where the denominator of the calculation was less than 10 of the unit that is being described (e.g., households, people, householders, etc.).

MAP OF THE ESTIMATED PERCENTAGE OF HOMEOWNERS AGE 65 AND OVER BURDENED BY HOUSING COSTS (20.0% OR MORE)



Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

MAP OF THE ESTIMATED PERCENTAGE OF RENTERS AGE 65 AND OVER BURDENED BY HOUSING COSTS (25.0% OR MORE)



Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

Most housing in Ohio's region is older, with a significant share built before 1979 and some dating to 1939 or earlier. Only a small portion is recent construction from 2000 onward. The predominance of older homes highlights potential challenges for accessibility, safety, and maintenance, emphasizing the need for housing interventions to support older adults and aging in place.

EXHIBIT 39: AGE OF HOUSING STRUCTURE

Year Built	2020 or later	2010 to 2019	2000 to 2009	1990 to 1999	1980 to 1989
United States	1.2%	8.9%	13.6%	12.8%	13.0%
Ohio	0.7%	5.3%	9.6%	11.4%	9.1%
Belmont County	0.2%	5.9%	6.5%	8.5%	7.1%
Carroll County	0.2%	4.2%	9.1%	15.6%	9.6%
Coshocton County	0.6%	4.5%	10.8%	9.2%	9.4%
Guernsey County	0.2%	5.9%	12.0%	12.1%	7.0%
Harrison County	0.5%	5.3%	11.1%	10.6%	7.5%
Holmes County	0.9%	10.8%	17.6%	16.2%	11.1%
Jefferson County	0.2%	2.2%	4.8%	5.5%	5.5%
Muskingum County	0.5%	4.0%	12.8%	11.8%	10.3%
Tuscarawas County	0.3%	4.8%	11.2%	12.6%	8.1%
	1970 to 1979	**1960 to 1969**	**1950 to 1959**	**1940 to 1949**	**1939 or earlier**
United States	14.4%	10.0%	9.7%	4.5%	11.9%
Ohio	14.1%	11.7%	13.3%	5.7%	19.2%
Belmont County	15.9%	9.4%	12.1%	7.6%	26.9%
Carroll County	16.3%	8.7%	8.7%	4.6%	23.2%
Coshocton County	13.3%	9.3%	10.0%	4.9%	28.0%
Guernsey County	15.5%	8.9%	10.7%	4.5%	23.3%
Harrison County	12.1%	6.0%	12.1%	8.0%	26.8%
Holmes County	12.3%	5.3%	5.6%	2.2%	18.1%
Jefferson County	12.8%	15.3%	18.7%	11.1%	23.8%
Muskingum County	13.8%	10.0%	8.1%	6.3%	22.5%
Tuscarawas County	13.0%	8.5%	10.8%	5.1%	25.6%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

Across the region, some counties have notably higher rates of households lacking complete plumbing or kitchen facilities than the state figure, with Harrison, Muskingum, and Guernsey counties most affected. These housing deficiencies pose health and safety risks for older adults, underscoring the need for targeted interventions to improve home conditions and support aging in place.

EXHIBIT 40: HOUSEHOLDS WITH HOUSING PROBLEMS

	Lacking complete plumbing facilities	Lacking complete kitchen facilities
United States	0.4%	0.8%
Ohio	0.3%	0.9%
Belmont County	0.3%	0.7%
Carroll County	0.5%	0.7%
Coshocton County	0.8%	1.4%
Guernsey County	0.6%	1.5%
Harrison County	0.2%	1.5%
Holmes County	0.5%	3.1%
Jefferson County	0.2%	0.4%
Muskingum County	0.3%	1.3%
Tuscarawas County	0.2%	1.2%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

The Housing Choice Voucher Program

The Housing Choice Voucher Program (Section 8) is the federal government's primary housing assistance program for very low-income families, older adults, and people with disabilities. Public housing authorities determine eligibility based on annual income and family size, and assistance is limited to U.S. citizens and certain eligible non-citizens.[35]

Between 2021 and 2024, the Housing Choice Voucher Program remained relatively stable in unit availability, with most counties seeing small increases and only minor declines in Carroll and Jefferson counties. Occupancy trends varied, with several counties experiencing decreases. particularly Harrison and Carroll counties, while Jefferson County saw a notable improvement from 65.0% to 82.0%.

EXHIBIT 61: SELECT HOUSING CHOICE VOUCHER PROGRAM INDICATORS

	Subsidized Units Available		Percent Occupied		Average Annual Household Income	
	2021	2024	2021	2024	2021	2024
Belmont County	275	279	92%	89%	$11,475	$13,998
Carroll County	33	23	65%	58%	$9,706	$10,262
Coshocton County	253	257	94%	91%	$12,958	$14,628
Guernsey County	694	694	98%	97%	$11,074	$12,958
Harrison County	241	250	58%	51%	$12,205	$16,617
Holmes County	43	45	86%	85%	$13,794	$18,082
Jefferson County	822	819	65%	82%	$11,902	$13,599
Muskingum County	939	947	78%	77%	$12,856	$13,912
Tuscarawas County	610	612	94%	90%	$11,897	$13,922

	Head/Spouse Aged 51 to 60		Head/Spouse Aged 62 +		Head/Spouse with a disability, Aged 62 +	
	2021	2024	2021	2024	2021	2024
Belmont County	23%	21%	31%	33%	45%	38%
Carroll County	24%	31%	29%	38%	50%	60%
Coshocton County	22%	19%	38%	39%	71%	75%
Guernsey County	24%	21%	19%	25%	44%	42%
Harrison County	22%	19%	42%	46%	68%	72%
Holmes County	33%	28%	44%	38%	76%	80%
Jefferson County	25%	23%	32%	36%	66%	66%
Muskingum County	26%	23%	28%	30%	78%	85%
Tuscarawas County	29%	29%	29%	32%	73%	69%

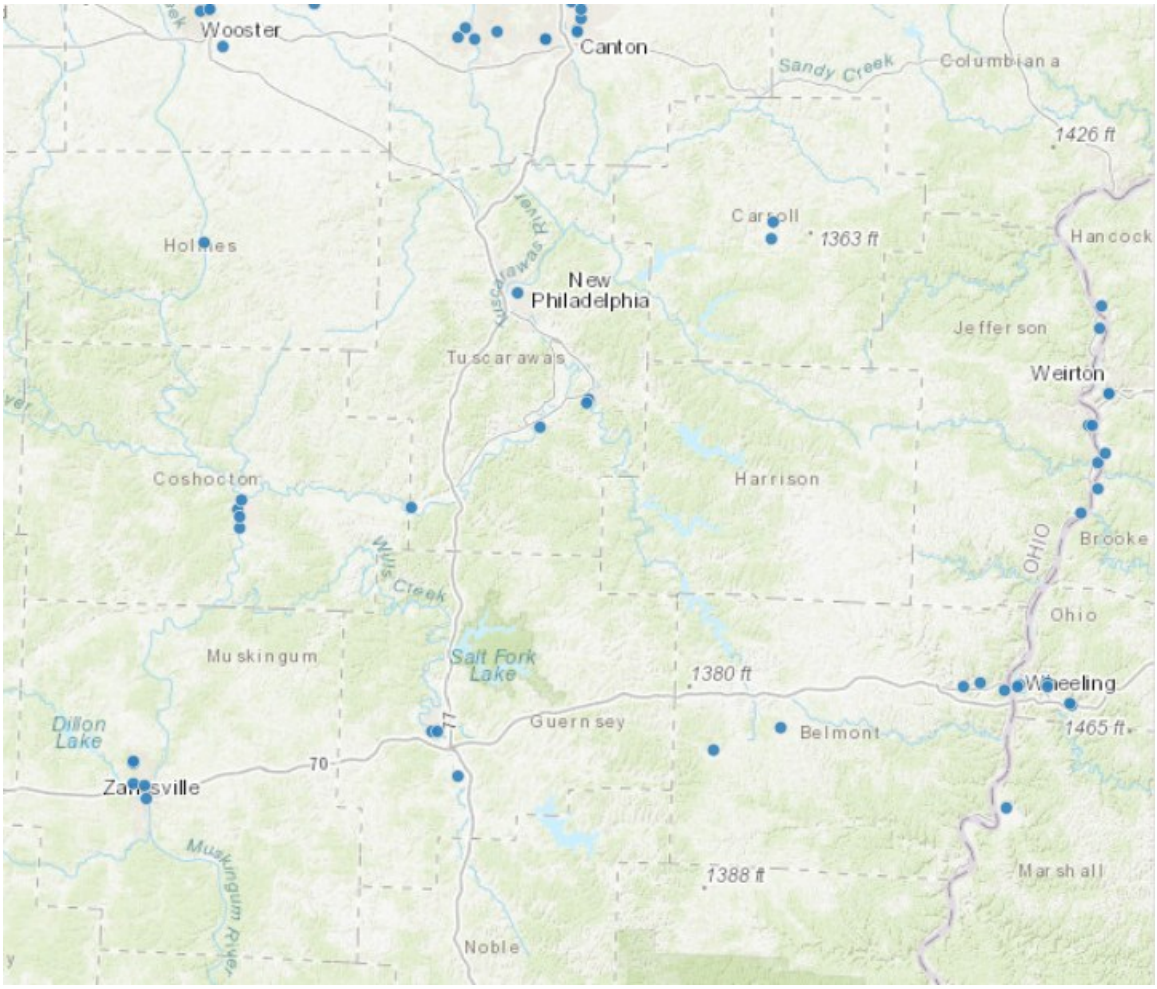
Source: HUD User. Picture of Subsidized Households Data Set

[35] 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

Housing Instability

The U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program (CoC) is designed to promote community-wide commitment to the goal of ending homelessness by providing funding for efforts by nonprofit providers and State and local governments and promoting access to and effective utilization of mainstream programs by homeless individuals and families. The Point-in-Time (PIT) Count is a count of sheltered and unsheltered people experiencing homelessness on a single night in January. HUD requires that CoCs conduct an annual count of people experiencing homelessness who are sheltered in emergency shelters, transitional housing and Safe Havens on a single night. CoCs also must conduct a count of unsheltered people experiencing homelessness every other year (odd-numbered years). Each count is planned, coordinated, and carried out locally.[36]

EXHIBIT 41: POINT-IN-TIME COUNT

	2023	2024	2025
Belmont County	21	18	22
Carroll County	0	0	0
Coshocton County	10	10	17
Guernsey County	25	39	23
Harrison County	0	0	0
Holmes County	2	10	10
Jefferson County	48	56	61
Muskingum County	38	70	52
Tuscarawas County	38	0	33

Source: Coalition on Homeless and Housing in Ohio

[36] HUD Exchange, Continuum of Care Program. https://www.hudexchange.info/programs/coc/

Transportation and Technology

Access to reliable transportation is critical for older adults, supporting their independence, health, and overall well-being. Transportation barriers can lead to missed medical appointments and reduced preventive care, and research shows that frailty and neighborhood conditions — such as poor sidewalks — can limit the use of public transit. Older adults who rely on public transportation are also more likely to face financial constraints. Beyond health care access, limited transportation contributes to social isolation, increasing risks of depression and cognitive decline. Studies show that improving transportation options, such as providing ride services, can significantly enhance older adults' quality of life and social engagement.[37]

Transportation and commuting patterns across the region reflect a strong reliance on personal vehicles and very limited access to public transit. Most counties have vehicle access rates similar to or better than state and national figures, though Holmes County stands out with 32.6% of households lacking a vehicle. Commute times are generally comparable to state and national figures. Overall, these patterns highlight transportation access as a key factor influencing mobility and economic opportunity in the region.

EXHIBIT 42: TRANSPORTATION MEANS AND COMMUTING

	Households With No Vehicle	Public Transit To Work	Mean Travel Time To Work
United States	8.3%	3.5%	26.6
Ohio	7.4%	1.1%	23.6
Belmont County	6.8%	0.1%	25.6
Carroll County	6.6%	0.1%	29.0
Coshocton County	10.7%	0.1%	24.9
Guernsey County	7.4%	0.1%	23.1
Harrison County	6.6%	0.0%	28.4
Holmes County	32.6%	0.4%	21.5
Jefferson County	9.0%	0.4%	23.5
Muskingum County	7.1%	0.1%	25.5
Tuscarawas County	7.8%	0.0%	23.2

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

[37] National Council on Aging, Inc. How Access to Affordable Transportation Leads to Better Health Outcomes for Older Adults (2024). https://www.ncoa.org/article/how-access-to-affordable-transportation-leads-to-better-health-outcomes-for-older-adults/

These are households that do not have a smartphone, desktop computer, laptop computer, tablet, or other computer device.

The share of households without a computer ranges from 8.5% in Muskingum County to 30.4% in Holmes County, the latter being a substantial outlier likely tied to cultural factors among Amish and Mennonite communities. Similarly, internet access is more limited across the region. Nationally, 7.7% of households lack internet access, compared with 8.6% in Ohio, but all counties exceed these levels. Rates range from 10.0% in Muskingum County to 35.8% in Holmes County. Several counties — Carroll, Coshocton, and Harrison — show particularly high levels of disconnected households, with 16–18% lacking internet service.

These patterns indicate that digital inequities are a significant regional issue, with many households facing barriers to education, employment, telehealth, social engagement, and other essential services that increasingly depend on reliable technology and connectivity.

EXHIBIT 43: ACCESS TO TECHNOLOGY

	Households without a Computer Device	Households without Internet Access
United States	5.2%	7.7%
Ohio	6.4%	8.6%
Belmont County	13.7%	13.9%
Carroll County	11.6%	17.9%
Coshocton County	12.8%	17.4%
Guernsey County	10.7%	13.0%
Harrison County	14.3%	16.6%
Holmes County	30.4%	35.8%
Jefferson County	12.4%	13.4%
Muskingum County	8.5%	10.0%
Tuscarawas County	10.0%	13.6%

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

Households

The number of older adults living alone is rising, with about 27.0% of those aged 60 and over living alone in 2020, and nearly 50.0% of women over 75. This isolation is compounded by age-related physical frailty and cognitive decline, with 42.0% of seniors experiencing memory problems needing help with household tasks. For seniors living alone, this increases the risk of accidents and can negatively affect mental health and self-esteem.[38]

Across the region, 28.0% to 39.0% of households include adults aged 65 and older. While most older adults live with family, a notable portion live alone, particularly in Jefferson, Harrison, and Belmont counties, emphasizing the importance of social support programs and services to address isolation and ensure safety for older adults.

EXHIBIT 44: HOUSEHOLD CHARACTERISTICS

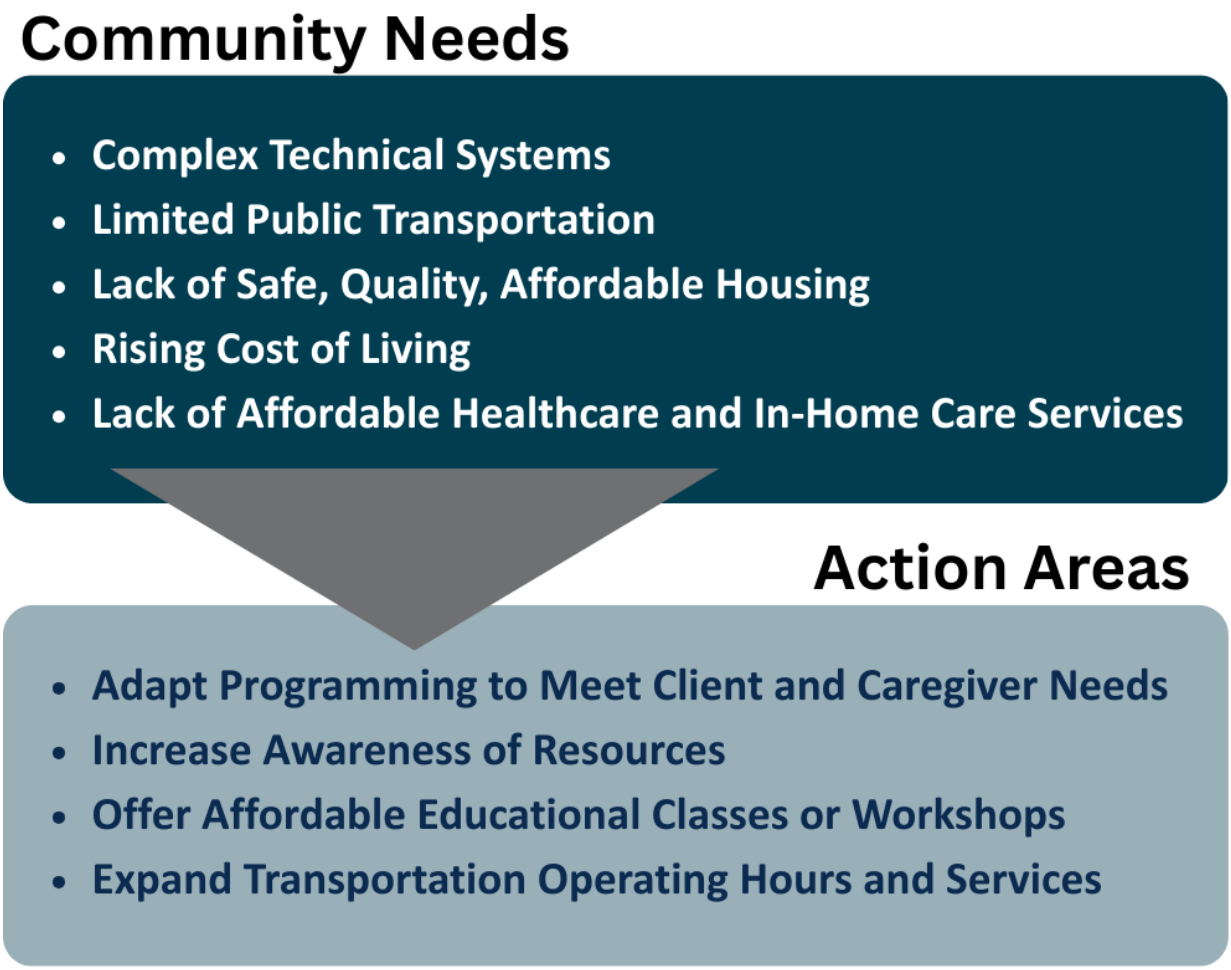
	Households with People Age 65 and Over	People Age 65 and Over who Live with Family	People Age 65 and Over who Live with Nonfamily	People Age 65 and Over who Live Alone
United States	31.3%	68.8%	3.9%	27.3%
Ohio	31.3%	65.2%	3.4%	31.3%
Belmont County	37.6%	66.0%	2.2%	31.8%
Carroll County	33.1%	72.2%	2.3%	25.5%
Coshocton County	34.8%	67.4%	4.0%	28.7%
Guernsey County	34.2%	65.6%	4.0%	30.4%
Harrison County	38.8%	65.5%	2.0%	32.5%
Holmes County	28.0%	78.3%	2.8%	18.9%
Jefferson County	38.0%	64.2%	2.8%	33.0%
Muskingum County	32.1%	68.2%	3.6%	28.1%
Tuscarawas County	34.5%	65.9%	3.6%	30.5%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

[38] Columbia University, Living Alone Can Be Hazardous for Senior Health (2024). https://www.columbiadoctors.org/news/living-alone-can-be-hazardous-senior-health

Community Input and Engagement

Primary Research



Community Considerations

Community considerations are contextual factors that allow for a deeper understanding of the community so that needs and their root causes are addressed in a way that is responsive to the culture and identity of the community.

Large Rural Area

Participants identified many parts of the nine-county service area as being very rural and described the impact that it has on individuals who live in those areas. They noted that this can drive older adults can experience isolation, especially with low levels of digital literacy and limited public transit in rural areas, particularly transportation options for individuals with mobility challenges.

Funding for Providing and Receiving Services

Participants repeatedly noted the influence of current policy and funding concerns on local resources. Participants described various services and programs that have been affected by budget cuts, such as a home nurse program, Meals on Wheels, mini grants for purchasing assistive technology, and funding for senior centers. Participants reported that instances of multi-generational caregiving are increasingly occurring, with older adults caring for both their parents and their grandchildren in one household, a burden that is amplified as a result of underfunding programs.

Policy-Related Impacts:

- Fear, stress, and uncertainty
- Fractured trust in government leadership and lower civic engagement
- Funding barriers for impactful programs and services

Independence of Community Members

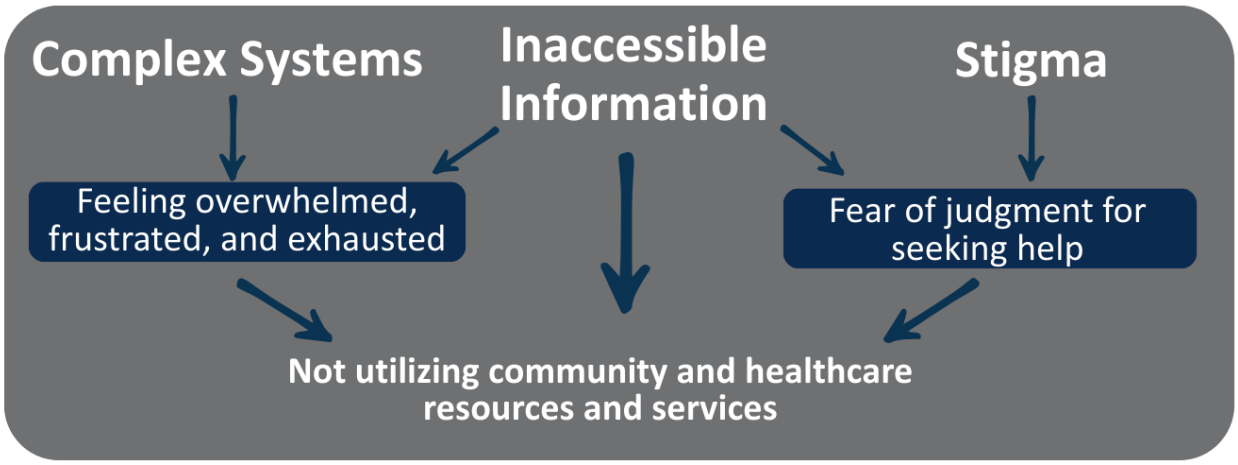
Community members are described by key informants as taking pride in their independence. This shows up as many community members preferring to age in their own home and maintain independence as they age. Individuals in need often do not want to ask for help.

> *"Growing up in this area, people tend to value privacy and not looking like you are vulnerable in some way, and not asking for help is part of that. People keep issues in their own family."*
>
> **Community Member, Key Informant**

Awareness of Resources

> *"We definitely have some clients that have issues with being taken advantage of because there's not the resources around or they can't get to the resources. We do have presenters come in and talk to them here at the Senior Center about avoiding scams and stuff, but if we can't get them in here for those presentations, then they don't know."*
>
> **Community Member, Key Informant**

Participants discussed the low levels of awareness among older adults about available resources in the community. Even though support for food, housing, and caregivers may exist in different areas, individuals may not have a complete understanding of the services and resources that exist and how to access them. For example, one participant noted that individuals in some areas may think that Meals on Wheels is a congregate meal. With the diversity and large rural areas throughout the region, key informants noted that it would be beneficial to educate people before they need services. Key informants shared that older adults are often not on social media, may lack internet access or have low levels of digital literacy, and prefer other methods of communication. The isolation that seniors experience can also lead to increased susceptibility to fraud.[39] Participants shared concerns related to fraud and connected this to the rurality of the service area, with individuals' isolation leading to limited awareness of scams that may exist, further leaving them vulnerable to them. One community member noted that there may be issues in very rural areas that "we're not even aware of."



[39] Liao, S., Wang, X., & Zhang, X. (2024). Loneliness could lead to risk of fraud victimization for middle-aged and older adults. Journal of elder abuse & neglect, 36(5), 508–527. https://doi.org/10.1080/08946566.2024.2404040

Strengths

Strengths are assets within the community that can serve as resources to address the needs identified.

Quality Resources

Participants described the various resources in the community that are of benefit to it. They note that local resources often organize various events, opportunities for community engagement, provide caregiver packages, listen to feedback, lead educational workshops, and provide exercise opportunities for older adults in the area, such as the Silver Sneakers program. The local senior centers are valued for the ample activities they provide for the community. These opportunities were identified as being beneficial for participants' mental, physical, and social well-being.

Collaboration

Participants described the communities throughout the service area as being collaborative and tight-knit. Individuals support each other, local businesses make contributions, and organizations work in tandem with other agencies to fill resource gaps, such as transportation. Local senior centers sometimes partner with each other to offer social events for older adults in the area.

> *"We are a tight-knit community that tends to take care of each other. In times of struggle, our community has been very well known for pulling together to take care of their own. We try to have several resources, such as food pantries in most of the towns and giving boxes in most of the towns for anybody, not just seniors, but anybody in need."*
>
> **Community Member, Key Informant**

Community Needs

Community Needs are the underlying factors and conditions that drive the most pressing challenges, barriers, and concerns faced in the community.

Complex Technical Systems

There is concern that older adults in the communities struggle to remain informed since many organizations share information on social media or websites, and systems are increasingly digital. Participants shared that many older adults in the community prefer to interact through in-person events, and there is a need for classes or workshops to help older adults feel more confident when using technology. Navigating complex systems, like Medicare enrollment, is also challenging. Participants emphasized the importance of understanding how to select an appropriate healthcare plan can determine whether an individual has access to necessary medications and healthcare.

> *"If you're an older person in a rural community, you're isolated in your home, and everything is going digital in terms of healthcare and insurances and stuff. It's very difficult for older people to navigate that space. And to interpret that space. For our community, there is one agency that's got three people that specifically helps with that, but it's a huge area that could be improved. Both improving digital access and improving access to Medicare and insurance programs*
>
> **Community Member, Key Informant**

Limited Public Transportation

The lack of public transportation throughout the service area is a concern. Participants explained that when individuals live in very rural areas, they may experience isolation, limited access to needed services, such as nutritious food, specialty care, or educational opportunities. Some counties in the service area are large, and if an individual is no longer driving, mobile services such as Meals on Wheels are critical resources. Those in rural areas experience long wait times for emergency services, and medical transportation can be limited to weekday business hours. Though some transportation services only require 24-hour notice, others require 10-14 days' notice, which can create logistical issues if that appointment changes to an earlier date. Some transportation services are also struggling to get drivers and are limited in the number of vehicles in their fleet.

Lack of Safe, Quality, Affordable Housing

> *"A lot of older adults are still in their homes they've been in for long time, but they might be getting run-down or they have mobility issues with stairs. […] They don't have the money to maintain the quality of their homes."*
>
> **Community Member, Key Informant**

Participants shared concerns about poorly maintained, unsafe housing in the service area. One participant noted that housing quality seems to be a larger concern than housing access, though it was acknowledged that increased housing costs are unaffordable for many community members. Though there is low-income housing in one county, there is a waitlist. Focus group participants noted that smaller living spaces are needed, which may be more manageable for older adults.

Rising Cost of Living

The rising cost of living has impacted community members who are struggling to maintain their homes and pay for the rising cost of utilities. Participants reported that individuals who do not own a home are also experiencing increased rental costs. These rising costs can be particularly difficult for those in the communities who live only on their social security. Seeking assistance can also be a challenge, with participants reporting that community members can often become overwhelmed by applications for financial assistance programs. The disconnect between the rising cost of living and the fixed income of many older adults often forces them to choose between paying for medications and buying food.

Lack of Affordable Healthcare and In-Home Care Services

Concerns around in-home care services were repeatedly mentioned throughout discussions. Despite acknowledging the importance of long-term care facilities, participants noted that older adults in the community often prefer to age at home. Some older adults who live in very rural areas are too far away from services to be eligible for them and do not

live near family members to rely on. Participants explained that there is often a waitlist for services, and wages for in-home care can be as low as $12 per hour, which can make it difficult to attract and retain quality staff. There is also concern about the trustworthiness of in-home care services, with one participant noting that the quality of services can vary.

Respite care is also needed in the community. Many participants also shared concerns about dementia in the communities. When older adults experience social isolation and loneliness, which participants noted is a concern, it can be a significant risk factor in developing dementia.[40] Additionally, if an older adult is isolated, they may experience cognitive decline without a loved one monitoring them, which can lead to various hazardous situations.

Action Areas

Action Areas are the tangible gaps, barriers, and challenges that participants identified, as well as the strategies that were highlighted as opportunities to address them.

Adapt Programming to Meet Client and Caregiver Needs

Participants suggested providing in-person activities for older adults who may be experiencing isolation. They noted that some services, such as support groups, could be improved and would gain more interest if they were available in person. Participants described various educational and assistive in-person services that existed prior to the COVID-19 pandemic, such as tax preparation and Medicare enrollment. In-home assessments for educating caregivers were also suggested as a way to reduce the barriers for caregivers in stressful situations. Creating a program that allows a handful of home health aides to go grocery shopping for a certain number of individuals was also suggested as a cost- and resource-effective opportunity.

> *"I live in a senior complex and most people don't have technology like internet services and don't want to learn. They need one-on-one services. A few years ago, we had a support group here, then we started having it online. I'm deaf but have an implant, but I couldn't participate anymore – is there any possibility of trying to start that up again? During COVID we started doing everything virtually and some services never came back."*
>
> **Community Member, Focus Group Participant**

[40] Beese, M. (2025, May 12). *How isolation affects brain disease*. American Brain Foundation.

Increase Awareness of Resources

Many participants suggested increasing awareness of resources by increasing in-person outreach and improving readability on websites to make them easier for individuals with lower literacy levels. Since isolation was noted as a significant contributing factor to accessing resources, advertising transportation services and reducing the stigma of accessing them was identified as an opportunity to improve access. Mailing a monthly newsletter, putting ads in the newspaper, tabling at local events such as fairs, and conducting community outreach in older adult apartment complexes were also suggested as successful methods of outreach.

> *"There might be support for food and housing, but people aren't aware - that's the first hurdle. Outreach to caregivers only catches those adults with caregivers. In the last year, [we have] been doing county tours for educational purposes, including state reps, caregivers, older adults, attorneys, etc., to say, 'here's what the agency can do, what do you need and how can we get more info to you?' I think it's been helping. More face-to-face outreach is so helpful."*
>
> **Community Member, Key Informant**

Expand Transportation Operating Hours and Services

Though some parts of the service area have more comprehensive transportation available, there is a high need in other parts for expanding the operating hours for all transportation options to allow for evening and weekend travel. While transportation options for reaching healthcare were reported as helpful in many areas, there is still a need for transportation to other resources, such as the grocery store or community events. Some communities offer weekly grocery shopping trips, which were noted as beneficial. Reinstituting a home visiting nurse and implementing mobile services was also identified as an opportunity to alleviate some of the issues related to transportation. In some areas, there is also a need for more wheelchair-accessible transportation.

Offer Educational Classes or Workshops

A need was identified for free or low-cost educational classes or workshops with transportation on a variety of topics. Topics suggested by participants include self-advocation and communicating in healthcare, and prevention strategies, such as mental and physical exercises. One participant suggested developing an intergenerational technology class with high school students teaching older adults how to use technology. There is also a need for educating older adults about scams and how to protect themselves from becoming victims.

"I don't think there are classes for older adults to learn tech skills. I was watching something about teenagers helping at an assisted living facility and I thought, 'that's something we have to do.' We engage quite a bit with our school kids, particularly our high school kids because we're literally a block away from the high school. I thought […] it'd be something for our group to look into and pursue with the high school kids."

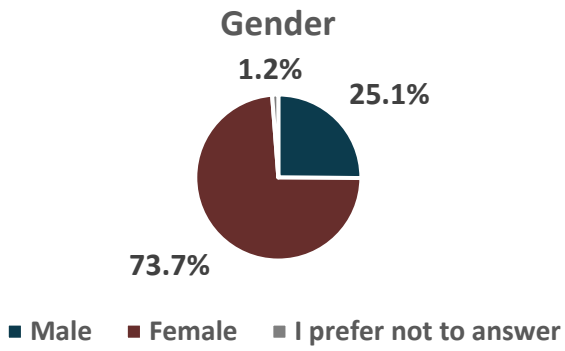
Community Member, Key Informant

Primary Quantitative Community Survey Findings

The purpose of the community survey was to enable a greater share of older adults, caregivers, and community members living throughout the service area to share their perspectives on the greatest needs affecting their community. There were 270 valid survey responses included in this analysis. To ensure valid responses, only participants who answered at least one question beyond basic demographics were included in the analysis. The survey was carefully designed to reduce potential sources of bias, including the wording and ordering of questions.

Respondent Demographics

EXHIBIT 45: GENDER AND AGE



As shown in Exhibit 46, the majority of the respondents are from Belmont County (76.6%).

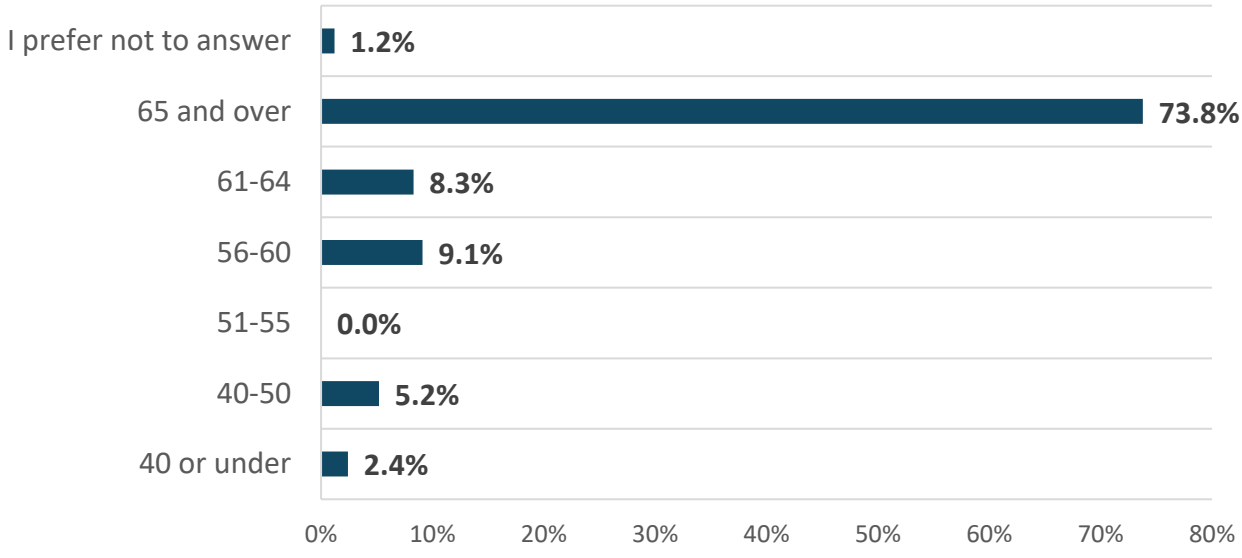
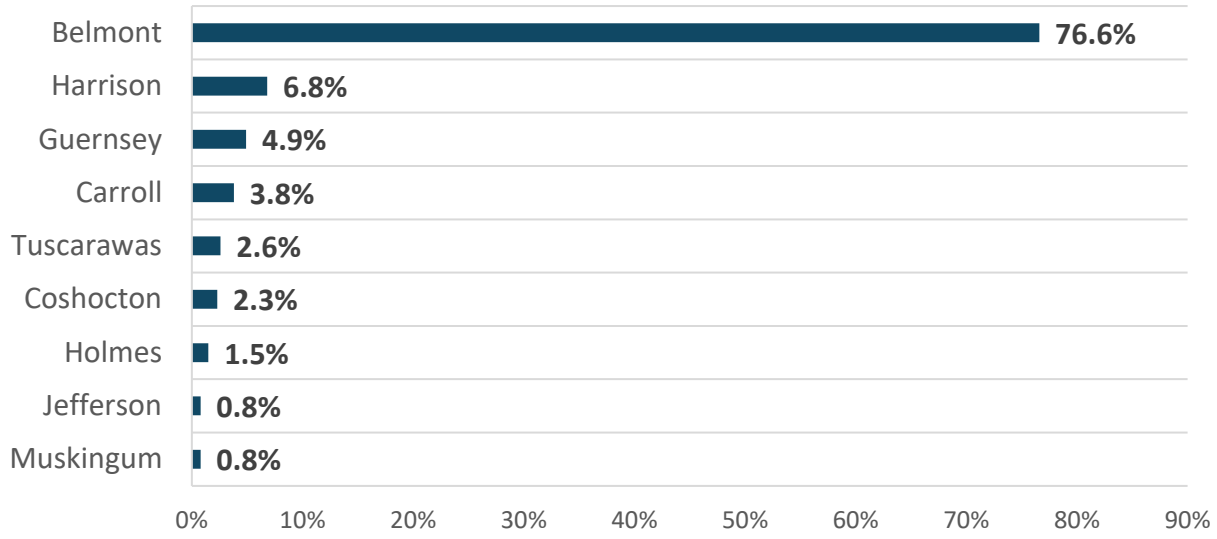
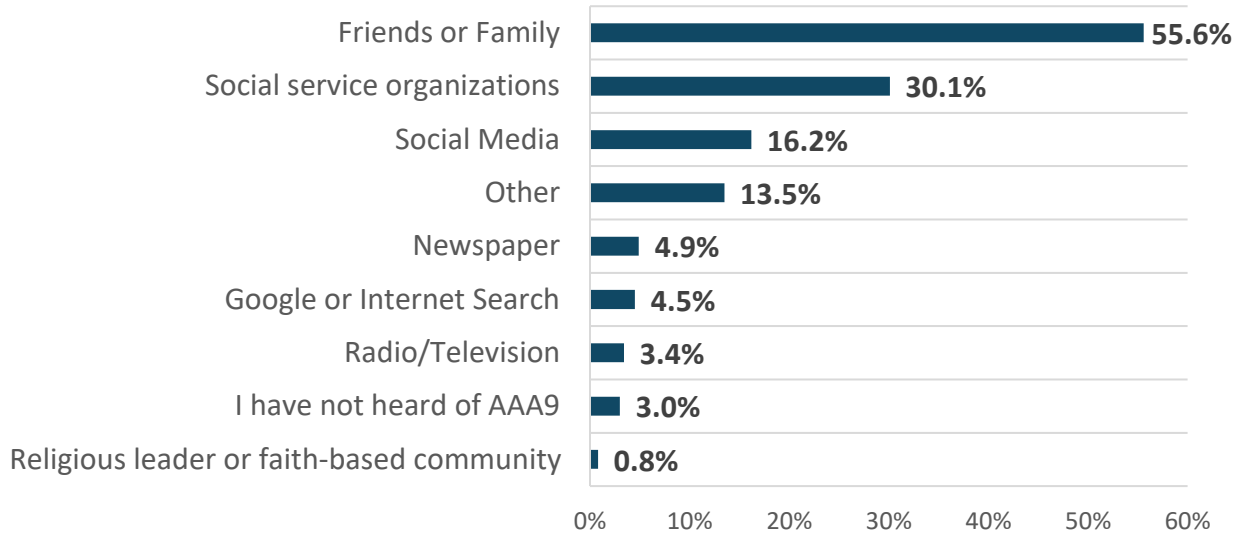


EXHIBIT 46: IN WHAT COUNTY DO YOU LIVE?



When asked about how respondents hear about resources and services in the community, shown in Exhibit 48, more than half of the respondents get their information from friends or family (55.6%), nearly one in three respondents hear from social service organizations (30.1%), and nearly one in five respondents hear it from social media (16.2%).

EXHIBIT 47: HOW DID YOU HEAR ABOUT THE AAA9 RESOURCES AND SERVICES IN YOUR COMMUNITY?[41]



[41] Other options includes senior center or nursing home, through physician, and through employment.

Across all age groups, **friends or family** are the primary way people hear about AAA9 (55.1% overall).

- Especially strong among ages **61–64 (76.2%)**
- Still highest among **65+ (54.1%)**
- Nearly half of those **60 or younger (48.8%)**

Word-of-mouth is your most powerful marketing channel. If you want growth, invest in community ambassadors and referral incentives. Strengthen relationships with existing clients—they are your distribution network. Social Service Organizations Matter, especially for those aged 65+ (32.2%). Overall, 29.8% heard about AAA9 through social service organizations.

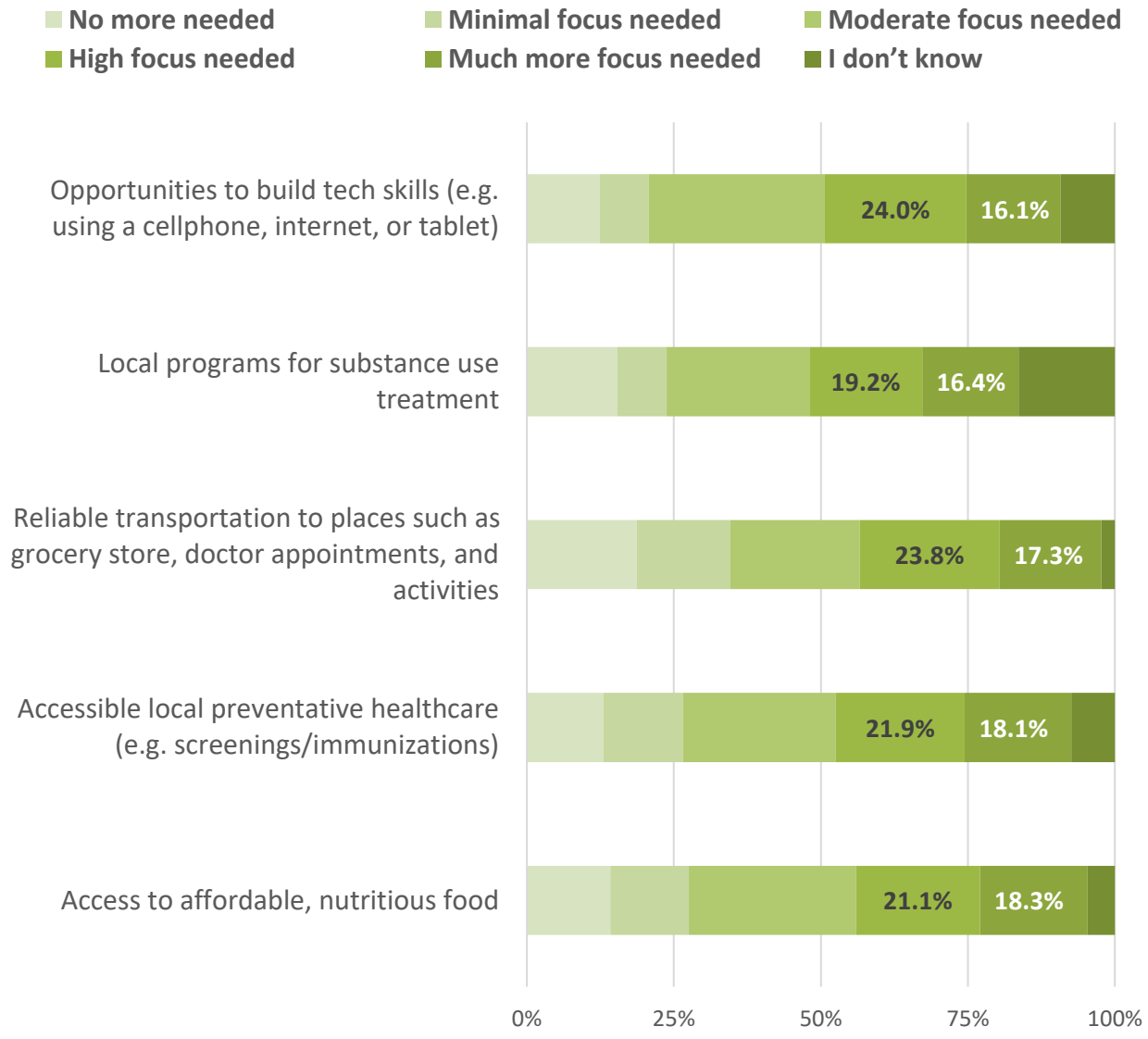
EXHIBIT 48: HOW DID YOU HEAR ABOUT THE AREA AGENCY ON AGING RESOURCES AND SERVICES IN YOUR COMMUNITY (BY AGE GROUP)?

	60 or younger	61-64	65+
Friends or Family	48.8%	76.2%	54.1%
Social Media	26.8%	19.0%	11.5%
Google or Internet Search	4.9%	4.8%	4.4%
Newspaper	0.0%	9.5%	4.9%
Radio/Television	2.4%	4.8%	3.3%
Religious leader or faith-based community	0.0%	0.0%	1.1%
Social service organizations	24.4%	19.0%	32.2%
I have not heard of AAA9	2.4%	0.0%	3.8%
Other	19.5%	19.0%	12.0%
Total	**41**	**21**	**183**

EXHIBIT 49 asked about issues affecting older adults in the community. More than half of the respondents (55.1%) identified available housing that is affordable, safe, and of quality as needing high or much more focus. Other issues that were identified as needing high or much more focus included:

- Accessible healthcare providers who treat Alzheimer's, dementia, and/or memory loss (54.4%). Financial assistance to pay utilities like heat, electricity, and water (53.5%). Available, affordable, and quality in-home care (49.5%). Resources for caregivers of older adults to learn about how to take care of their relatives or friends (47.2%)

EXHIBIT 49: HOW MUCH ATTENTION DO YOU BELIEVE EACH OF THE FOLLOWING ISSUES AFFECTING OLDER ADULTS REQUIRES IN YOUR COMMUNITY? (TOP 5)



Top Issues Affecting Older Adults by Age Group

Among respondents 60 or younger, 68.8% indicated that housing requires either "high focus" (25.0%) or "much more focus" (43.8%), representing the strongest level of concern across all groups. Only 9.4% felt no additional focus was needed. Among those ages 61–64, half (50.0%) reported that housing requires high or much more focus, with 33.3% selecting "high focus needed" and 16.7% selecting "much more focus needed." An additional 22.2% indicated moderate focus is needed. Respondents 65 and older also expressed substantial concern, with 52.9% reporting that housing requires high or much more focus (23.6% and 29.3%, respectively). While 14.0% indicated no additional focus is needed, nearly one in three (29.3%) believe much greater attention is necessary. Additionally, 8.9% reported they did not know.

EXHIBIT 50: AVAILABLE HOUSING THAT IS AFFORDABLE, SAFE, AND QUALITY BY AGE GROUP

	60 or younger	61-64	65+
No more needed	9.4%	16.7%	14.0%
Minimal focus needed	6.3%	11.1%	8.9%
Moderate focus needed	12.5%	22.2%	15.3%
High focus needed	25.0%	33.3%	23.6%
Much more focus needed	43.8%	16.7%	29.3%
I don't know	3.1%	0.0%	8.9%
Total Count	**32**	**18**	**157**

Among respondents aged 60 or younger, 68.8% reported that high or much more focus is needed on accessible healthcare providers who treat Alzheimer's, dementia, or memory loss, with 15.6% indicating moderate focus and only 6.3% reporting no additional need. Among those ages 61–64, 61.1% indicated high or much more focus is needed, though 16.7% reported they "don't know." Among respondents 65 and older, 51.2% reported that high or much more focus is needed, and 19.0% indicated moderate focus, while 12.0% reported no additional need and 12.0% indicated uncertainty, suggesting potential awareness or access gaps.

EXHIBIT 51: AN ACCESSIBLE HEALTHCARE PROVIDER WHO TREATS ALZHEIMER'S, DEMENTIA, AND/OR MEMORY LOSS

	60 or younger	61-64	65+
No more needed	6.3%	11.1%	12.0%
Minimal focus needed	9.4%	0.0%	5.7%
Moderate focus needed	15.6%	11.1%	19.0%
High focus needed	37.5%	38.9%	25.9%
Much more focus needed	31.3%	22.2%	25.3%
I don't know	0.0%	16.7%	12.0%
Total Count	**32**	**18**	**158**

Among respondents 60 or younger, 75.1% indicated that high or much more focus is needed (43.8% and 31.3%, respectively) on financial assistance to pay utilities, representing the strongest level of urgency across the three age groups.

Only 6.3% felt no additional focus was needed. Respondents ages 61–64 also demonstrated notable concern, with an estimated 44.4% reporting that high or much more focus is needed (22.2% each).

An additional 27.8% indicated moderate focus is needed, suggesting that more than 70.0% believe at least moderate attention is warranted.

Among those 65 and older, 49.4% reported that high or much more focus is needed (25.0% and 24.4%, respectively), and 23.7% indicated moderate focus is needed. While 12.2% felt no additional focus was necessary, 8.3% reported they did not know.

EXHIBIT 52: FINANCIAL ASSISTANCE TO PAY UTILITIES LIKE HEAT, ELECTRICITY, AND WATER

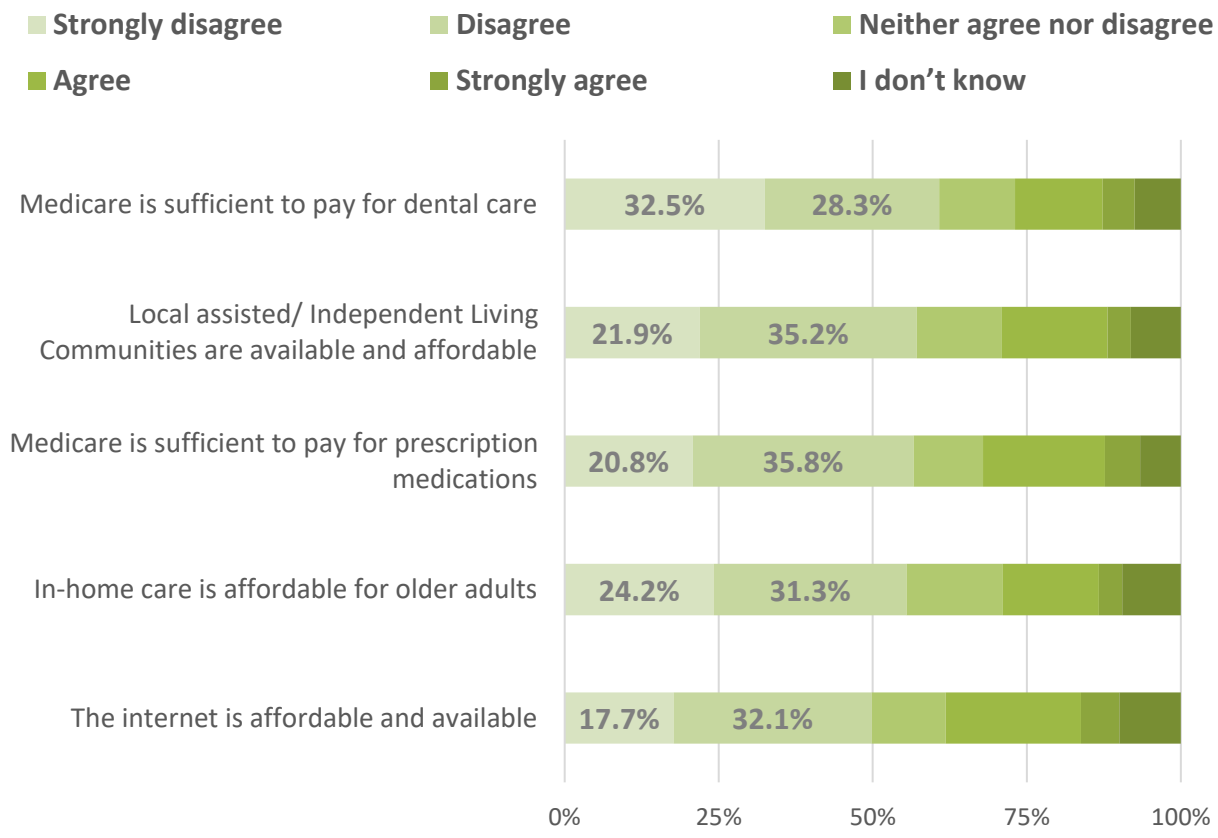
	60 or younger	61-64	65+
No more needed	6.3%	16.7%	12.2%
Minimal focus needed	6.3%	11.1%	6.4%
Moderate focus needed	12.5%	27.8%	23.7%
High focus needed	43.8%	222%	25.0%
Much more focus needed	31.3%	22.2%	24.4%
I don’t know	0.0%	0.0%	8.3%
Total Count	**32**	**18**	**156**

Exhibit 54 asks respondents to rate each statement regarding older adults in the community. Nearly three in five respondents (60.8%) disagree or strongly disagree that Medicare is sufficient to pay for dental care.

Other statements regarding older adults in the community that respondents disagree or strongly disagree with include:

- Local assisted or independent living communities are available and affordable (57.1%)
- Medicare is sufficient to pay for prescription medications (56.6%)
- In-home care is affordable for older adults (55.5%)
- The internet is affordable and available (49.8%)

EXHIBIT 53: FOR EACH STATEMENT, PLEASE RATE YOUR LEVEL OF AGREEMENT REGARDING OLDER ADULTS IN THE COMMUNITY (TOP 5)



Leading Statements: Level of Agreement Regarding Older Adults in the Community by Age Group

Across all age groups, a majority of respondents believe Medicare is not sufficient to pay for dental care. Skepticism is strongest among respondents under 60, while those ages 61–64 demonstrate the highest level of uncertainty. Even among adults 65 and older — the population most directly affected — nearly 60.0% reported that Medicare does not adequately cover dental services.

EXHIBIT 54: MEDICARE IS SUFFICIENT TO PAY FOR DENTAL CARE

	60 or younger	61-64	65+
Strongly disagree	37.5%	38.9%	30.8%
Disagree	37.5%	5.6%	28.8%
Neither agree nor disagree	9.4%	11.1%	12.2%
Agree	6.3%	22.2%	15.4%
Strongly agree	3.1%	0.0%	6.4%
I don't know	6.3%	22.2%	6.4%
Total Count	**32**	**18**	**156**

The majority of respondents across all age groups perceive local assisted and independent living communities as either unavailable or unaffordable, with the strongest concerns among adults 65 and older. Younger respondents are more likely to be uncertain about availability and cost, reflecting potential information gaps.

EXHIBIT 55: LOCAL ASSISTED/INDEPENDENT LIVING COMMUNITIES ARE AVAILABLE AND AFFORDABLE

	60 or younger	61-64	65+
Strongly disagree	28.1%	22.2%	20.8%
Disagree	25.0%	22.2%	39.0%
Neither agree nor disagree	31.3%	5.6%	11.0%
Agree	12.5%	27.8%	16.9%
Strongly agree	3.1%	0.0%	4.5%
I don't know	0.0%	22.2%	7.8%
Total Count	**32**	**18**	**154**

Respondents were asked whether in-home care is affordable for older adults. Across age groups, a majority of respondents perceive **in-home care as unaffordable**, though patterns differ by age.

Respondents 60 or younger (n=32)

- **65.7%** disagreed or strongly disagreed (34.4% disagree, 31.3% strongly disagree).
- Only **12.5%** agreed or strongly agreed.
- **21.9%** were neutral.

Respondents ages 61–64 (n=18)

- Responses were mixed. **55.5%** agreed or disagreed (44.4% strongly disagree, 11.1% disagree).
- **27.8%** agreed, reflecting some optimism about affordability in this near-Medicare population.
- **16.7%** reported "I don't know," showing uncertainty.

Respondents 65 and older (n=155)

- **52.9%** disagreed or strongly disagreed (32.9% disagree, 20.0% strongly disagree).
- **20.6%** agreed or strongly agreed.
- **16.1%** were neutral and 10.3% did not know.

EXHIBIT 56: IN-HOME CARE IS AFFORDABLE FOR OLDER ADULTS

	60 or younger	61-64	65+
Strongly disagree	31.3%	44.4%	20.0%
Disagree	34.4%	11.1%	32.9%
Neither agree nor disagree	21.9%	0.0%	16.1%
Agree	9.4%	27.8%	16.1%
Strongly agree	3.1%	0.0%	4.5%
I don't know	0.0%	16.7%	10.3%
Total Count	**32**	**18**	**155**

Needs Prioritization Process

The prioritization of community needs represents a critical step in the CNA process. To determine which needs AAA9 will focus on in the creation of the next Strategic Action Plan , a structured, multi-phase prioritization approach was conducted. The prioritization session was held on March 23, 2026, and included executive leadership from AAA9, facilitated by Crescendo Consulting Group. Participants were presented with a comprehensive review of both quantitative and qualitative data collected during the CHNA process. This was followed by a facilitated discussion of the identified community needs.

During the discussion, leadership evaluated each need using the following considerations:

- Magnitude and severity of the issue
- Feasibility of intervention
- Potential barriers to implementation
- Anticipated impact on the service area if unaddressed

Following the discussion, participants independently rated each identified need on a scale of magnitude, severity, and feasibility. Scores were aggregated and analyzed using the Hanlon Method to generate an overall priority ranking.

Identified Community Needs

A total of 11 community needs were identified and voted on during the prioritization session.

EXHIBIT 80: IDENTIFIED COMMUNITY NEEDS

Rank	Community Need	Score
1	Awareness of Resources	56.0
2	Navigation of Existing Resources	46.2
3	Affordable and Available Nutritious Food	46.0
4	Available, affordable, and of quality in-home care	42.2
5	Mental Health Support Services (i.e., counseling, support groups, crisis care)	40.9
6	Social Isolation	40.8
7	Safe, Quality, Affordable Housing	39.7
8	Adequate Transportation Services (i.e., expanded operating hours)	39.1
9	Support for Caregivers (i.e., in-home assessments, educational opportunities)	37.7
10	Local Healthcare Providers to Address Alzheimer's Disease, Dementia, and/or Memory loss	33.8
11	Technology Literacy (i.e., training for computers, smartphones, tablets, e-mail, internet navigation, service/program applications, social media, etc.)	33.0

Appendix A: Secondary Research Tables

Demographics

EXHIBIT 57: PROJECTED POPULATION CHANGE

	Total Population 2014	Total Population 2023	2014-2023 Percent Change	Projected Population 2029	2023-2029 Percent Change
United States	314,107,084	332,387,540	5.8%	348,825,767	4.9%
Ohio	11,560,380	11,780,046	1.9%	11,963,567	1.6%
Belmont County	69,793	65,982	-5.5%	62,746	-4.9%
Carroll County	28,539	26,731	-6.3%	25,036	-6.3%
Coshocton County	36,768	36,679	-0.2%	36,542	-0.4%
Guernsey County	39,794	38,283	-3.8%	37,008	-3.3%
Harrison County	15,698	14,408	-8.2%	13,361	-7.3%
Holmes County	43,176	44,312	2.6%	45,363	2.4%
Jefferson County	68,510	64,855	-5.3%	61,559	-5.1%
Muskingum County	85,947	86,382	0.5%	86,744	0.4%
Tuscarawas County	92,616	92,585	0.0%	92,443	-0.2%

Source: U.S. Census Bureau American Community Survey 2010-2014 2019-2023 Five-Year Estimates

EXHIBIT 58: GENDER

	Male	Female
United States	49.5%	50.5%
Ohio	49.3%	50.7%
Belmont County	51.8%	48.2%
Carroll County	49.7%	50.3%
Coshocton County	49.7%	50.3%
Guernsey County	49.9%	50.1%
Harrison County	49.4%	50.6%
Holmes County	50.5%	49.5%
Jefferson County	49.1%	50.9%
Muskingum County	48.7%	51.3%
Tuscarawas County	50.2%	49.8%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

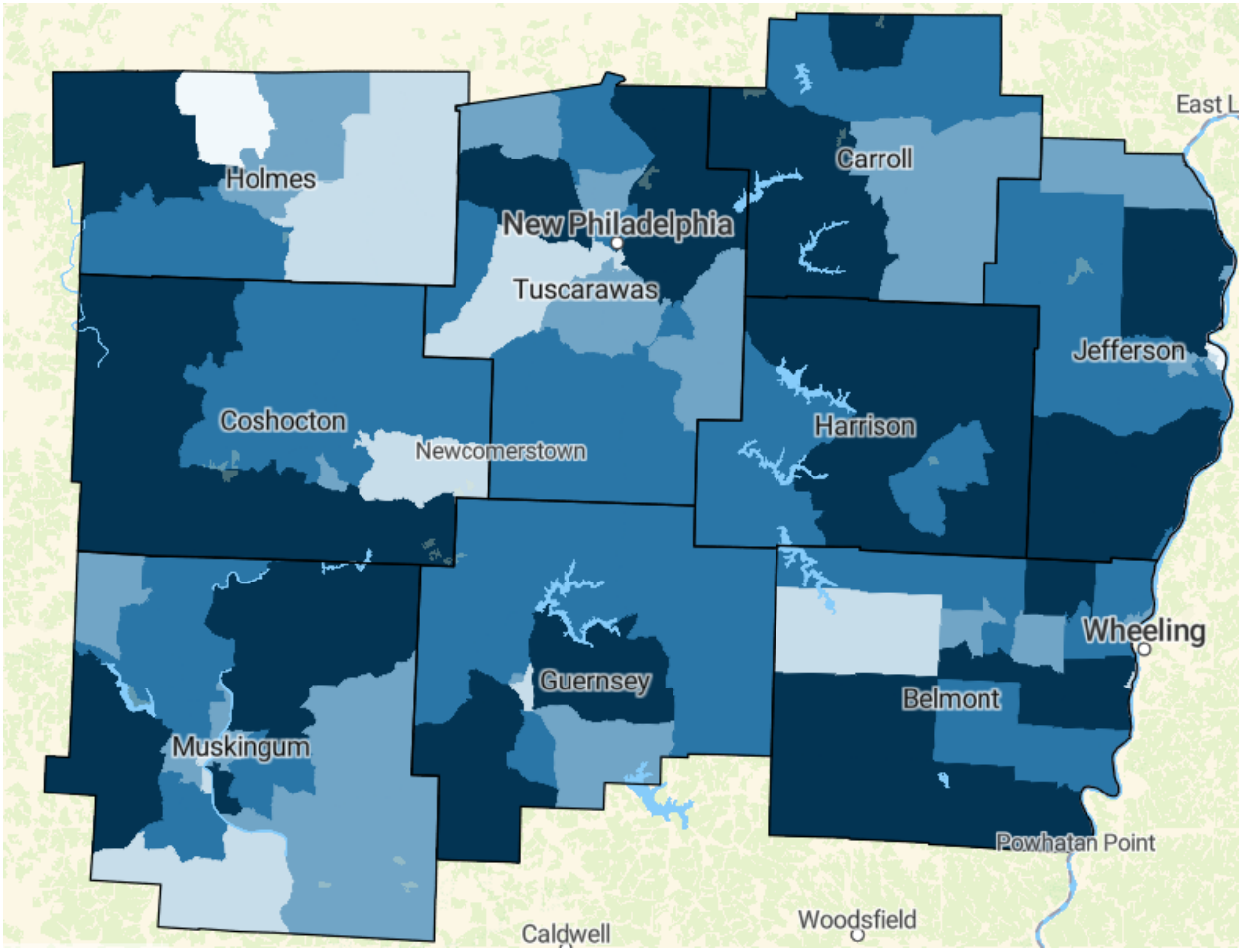
EXHIBIT 59: OLDER ADULT POPULATION AND PROJECTIONS

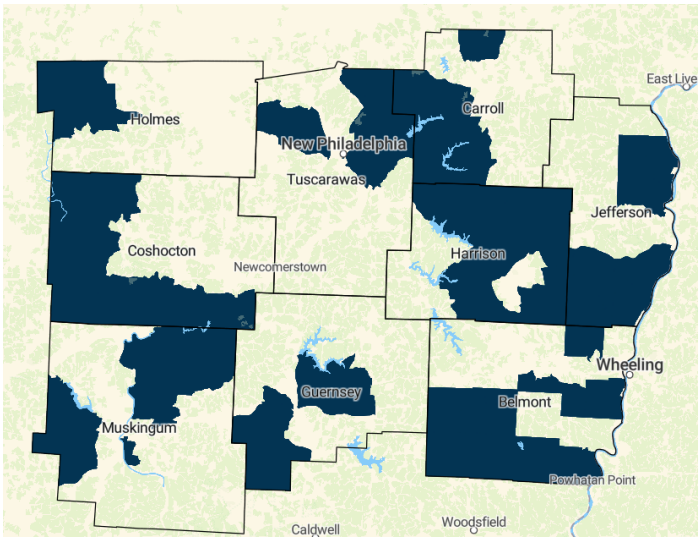
2023	55 to 59	60 to 64	65 to 74	75 to 84	85 and Over
United States	6.4%	6.4%	10.0%	4.9%	1.9%
Ohio	6.6%	6.8%	10.7%	5.1%	2.1%
Belmont County	7.7%	7.2%	13.1%	5.9%	2.4%
Carroll County	7.7%	7.4%	10.2%	5.1%	2.2%
Coshocton County	6.3%	7.8%	11.7%	5.5%	2.5%
Guernsey County	8.1%	6.5%	12.2%	5.9%	1.9%
Harrison County	8.0%	8.9%	14.1%	6.0%	2.4%
Holmes County	6.2%	4.9%	8.3%	3.9%	2.0%
Jefferson County	6.8%	8.0%	13.3%	6.1%	2.7%
Muskingum County	6.8%	6.8%	11.0%	5.3%	2.0%
Tuscarawas County	6.7%	7.1%	11.8%	6.0%	2.1%

2032	55 to 59	60 to 64	65 to 74	75 to 84	85 and Over
United States	7.2%	7.0%	10.4%	5.1%	2.2%
Ohio	7.8%	7.7%	11.4%	5.5%	2.5%
Belmont County	9.2%	8.4%	13.5%	5.8%	3.0%
Carroll County	10.5%	8.5%	15.1%	8.0%	1.9%
Coshocton County	7.5%	8.6%	12.6%	6.0%	3.1%
Guernsey County	9.4%	7.7%	13.2%	6.6%	2.2%
Harrison County	9.0%	11.0%	15.5%	6.5%	2.8%
Holmes County	7.0%	5.2%	8.6%	3.9%	2.3%
Jefferson County	8.3%	9.4%	14.2%	6.8%	3.5%
Muskingum County	7.8%	7.9%	11.6%	5.6%	2.4%
Tuscarawas County	8.2%	7.7%	12.6%	6.4%	2.7%

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

MAP OF THE ESTIMATED PERCENTAGE OF POPULATION AGE 55 TO 64





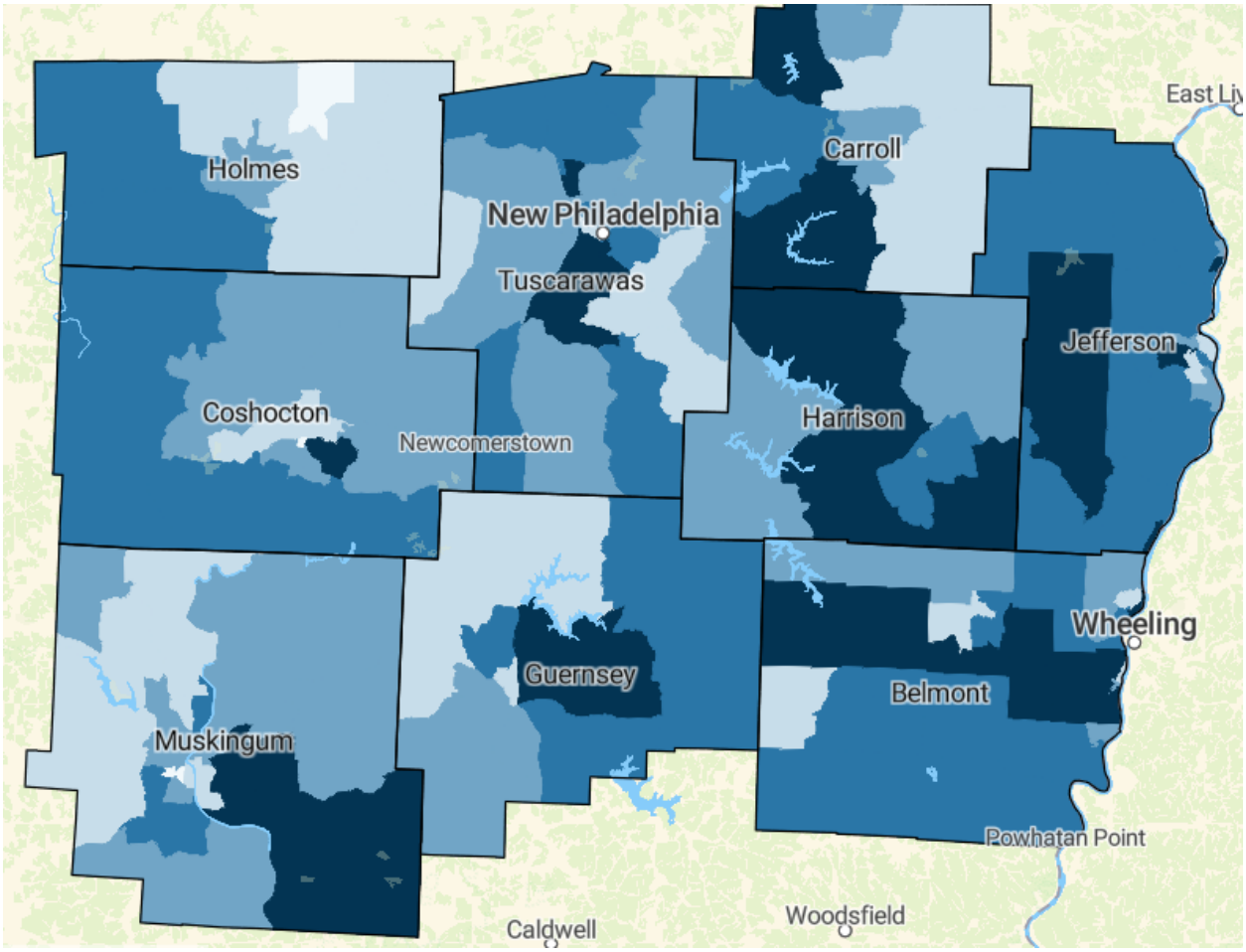
Percent Population Ages 55-64
Source: Census
Year: 2019-2023

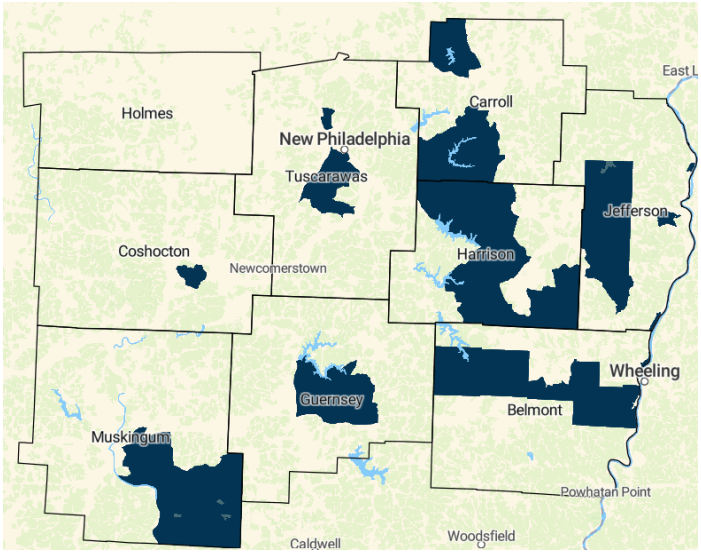
- Insufficient Data
- 6.99% or less
- 7.00% to 9.99%
- 10.00% to 12.99%
- 13.00% to 15.99%
- 16.00% or greater

Shaded by: Census Tract, 2022

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

MAP OF THE ESTIMATED PERCENTAGE OF POPULATION 65 AND OVER





Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

Percent Population Ages 65-74

Source: Census

Year: 2019-2023

- Insufficient Data
- 4.99% or less
- 5.00% to 9.99%
- 10.00% to 11.99%
- 12.00% to 14.99%
- 15.00% or greater

Shaded by: Census Tract, 2022

EXHIBIT 60: MEDIAN AGE

	2014	2023	2024-2023 Percent Change
United States	37.4	38.7	**+3.5%**
Ohio	39.1	39.6	**+1.3%**
Belmont County	43.7	44.1	**+0.9%**
Carroll County	43.9	45.5	**+3.6%**
Coshocton County	41.3	41	**-0.7%**
Guernsey County	41.9	42.7	**+1.9%**
Harrison County	45.4	46.1	**+1.5%**
Holmes County	30.1	32.5	**+8.0%**
Jefferson County	44.3	44.2	**-0.2%**
Muskingum County	40.1	40.5	**+1.0%**
Tuscarawas County	40.9	41.2	**+0.7%**

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 61: POPULATION BY RACE

	American Indian and Alaska Native	Asian	Black or African American	Some Other Race	Two or More Races	White
United States	0.9%	5.8%	12.4%	6.6%	10.7%	63.4%
Ohio	0.1%	2.4%	12.3%	1.6%	5.7%	77.8%
Belmont County	0.1%	0.6%	3.1%	0.6%	4.2%	91.4%
Carroll County	0.0%	0.0%	0.7%	0.5%	3.7%	95.1%
Coshocton County	0.1%	0.4%	0.7%	0.3%	3.7%	94.7%
Guernsey County	0.0%	0.5%	1.7%	0.6%	3.1%	94.1%
Harrison County	0.1%	0.0%	2.9%	0.3%	2.0%	94.7%
Holmes County	0.1%	0.2%	0.2%	0.2%	1.2%	98.1%
Jefferson County	0.0%	0.6%	5.4%	0.7%	3.7%	89.6%
Muskingum County	0.1%	0.5%	3.2%	0.6%	4.7%	91.0%
Tuscarawas County	0.0%	0.4%	0.7%	1.9%	2.6%	94.4%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 62: POPULATION BY ETHNICITY

	Hispanic or Latino
United States	19.0%
Ohio	4.6%
Belmont County	1.3%
Carroll County	1.3%
Coshocton County	0.3%
Guernsey County	1.3%
Harrison County	1.1%
Holmes County	1.1%
Jefferson County	1.8%
Muskingum County	1.3%
Tuscarawas County	4.4%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 63: LANGUAGE CHARACTERISTICS

	Only English is Spoken at Home	Spanish Spoken at Home
United States	87.0%	12.7%
Ohio	93.7%	2.4%
Belmont County	89.5%	0.7%
Carroll County	85.7%	0.5%
Coshocton County	90.2%	0.4%
Guernsey County	91.7%	0.7%
Harrison County	45.7%	0.2%
Holmes County	92.9%	0.3%
Jefferson County	92.0%	0.8%
Muskingum County	84.9%	0.6%
Tuscarawas County	87.0%	2.3%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 64: FOREIGN-BORN POPULATION[42]

	Foreign-Born Population
United States	13.9%
Ohio	5.0%
Belmont County	1.2%
Carroll County	0.3%
Coshocton County	0.5%
Guernsey County	1.0%
Harrison County	0.4%
Holmes County	0.3%
Jefferson County	1.2%
Muskingum County	0.9%
Tuscarawas County	2.3%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

Population Living With a Disability

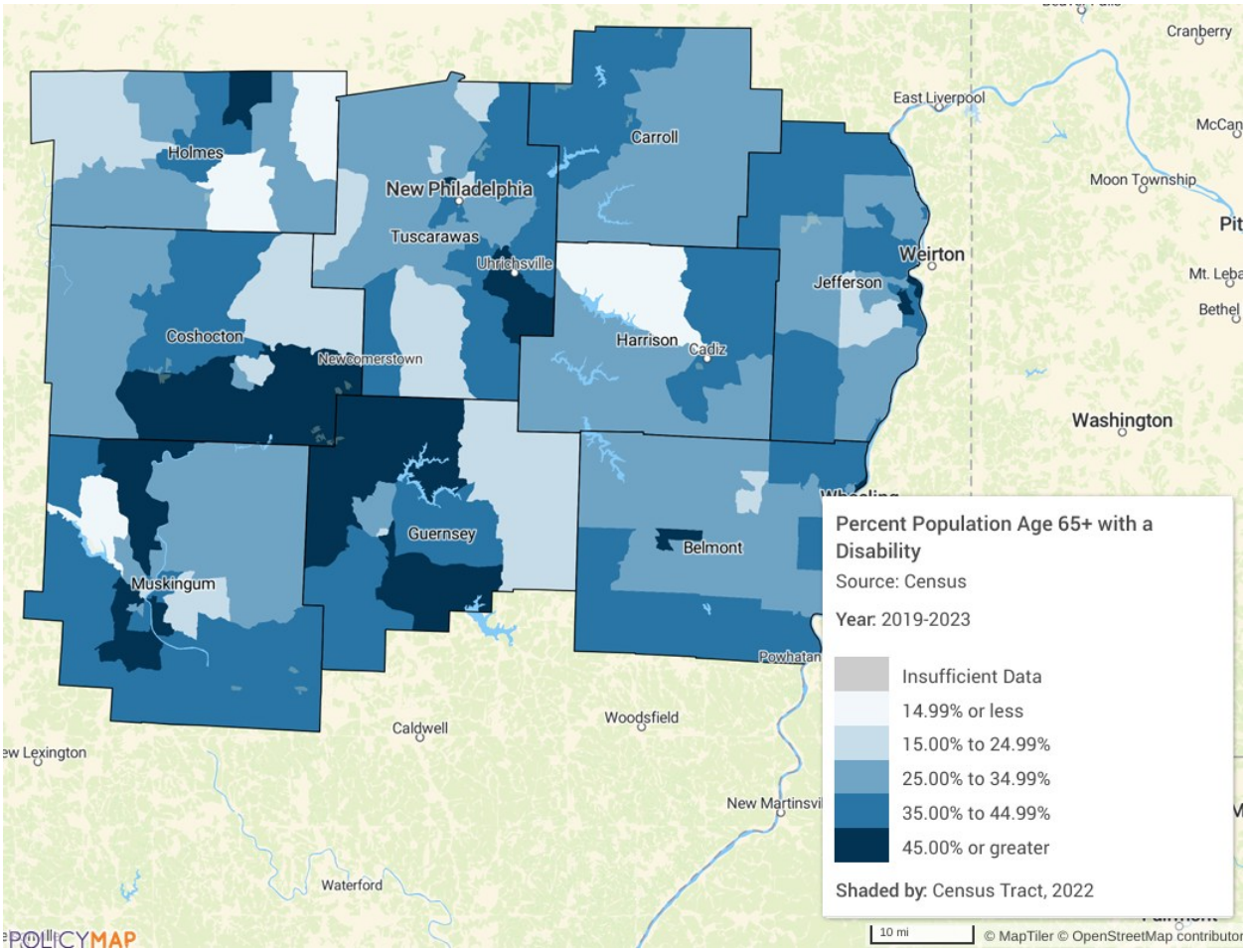
EXHIBIT 65: OLDER ADULTS LIVING WITH A DISABILITY

	35 to 64	65 to 74	75 and Over
United States	12.4%	24.0%	46.5%
Ohio	14.0%	24.3%	46.4%
Belmont County	15.3%	26.4%	44.7%
Carroll County	20.4%	24.7%	49.6%
Coshocton County	16.9%	26.2%	50.1%
Guernsey County	19.0%	30.9%	52.9%
Harrison County	17.3%	18.1%	51.9%
Holmes County	8.0%	17.4%	47.2%
Jefferson County	19.0%	25.2%	50.2%
Muskingum County	14.4%	28.1%	53.1%
Tuscarawas County	17.0%	23.0%	46.8%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

[42] The Census Bureau defines foreign born as 'people who are not U.S. citizens at birth. This includes naturalized U.S. citizens, lawful permanent residents (immigrants), temporary migrants (such as foreign students), humanitarian migrants (such as refugees and asylees), and persons illegally present in the United States...' (Source: https://www.census.gov/glossary/?term=Foreign+born).

MAP OF ESTIMATED PERCENTAGE OF POPULATION 65 OR OLDER WITH ONE OR MORE DISABILITIES



Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 66: POPULATION 65 AND OVER WITH A DISABILITY

	Total
United States	5.5%
Ohio	5.8%
Belmont County	7.1%
Carroll County	7.4%
Coshocton County	6.9%
Guernsey County	7.8%
Harrison County	6.5%
Holmes County	3.9%
Jefferson County	7.6%
Muskingum County	6.8%
Tuscarawas County	6.3%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 67: TOTAL POPULATION WITH A DISABILITY BY DIFFICULTY

	Cognitive	Ambulatory	Self-Care	Hearing	Vision	Independent Living
United States	5.1%	6.3%	2.4%	3.6%	2.4%	4.5%
Ohio	5.7%	6.8%	2.4%	3.7%	2.4%	4.8%
Belmont County	7.1%	7.7%	3.3%	4.9%	2.3%	6.0%
Carroll County	4.6%	5.2%	1.9%	3.8%	2.1%	3.8%
Coshocton County	7.4%	7.5%	2.7%	4.5%	2.2%	6.3%
Guernsey County	7.4%	9.4%	2.8%	5.7%	2.7%	5.6%
Harrison County	5.8%	9.4%	2.1%	5.2%	1.9%	4.8%
Holmes County	2.5%	3.9%	1.7%	2.6%	1.0%	2.8%
Jefferson County	6.5%	8.9%	2.8%	5.2%	3.0%	5.5%
Muskingum County	6.0%	7.7%	2.2%	4.9%	1.8%	4.9%
Tuscarawas County	6.1%	8.0%	2.1%	4.5%	2.2%	4.9%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 68: TOTAL POPULATION WITH A DISABILITY BY RACE

	White	Black or African American	American Indian and Alaska Native	Asian	Other Race
United States	13.9%	14.5%	15.7%	7.9%	10.0%
Ohio	14.3%	15.5%	21.0%	6.2%	13.2%
Belmont County	17.0%	5.4%	19.4%	0.0%	4.7%
Carroll County	12.5%	10.9%	12.4%	11.6%	8.1%
Coshocton County	15.6%	16.0%	71.9%	5.2%	8.0%
Guernsey County	17.8%	15.8%	28.6%	25.4%	18.3%
Harrison County	16.4%	16.5%	0.0%	ND	0.0%
Holmes County	7.6%	ND	73.1%	0.0%	18.3%
Jefferson County	17.6%	18.9%	0.0%	13.6%	25.0%
Muskingum County	15.7%	14.9%	71.4%	0.9%	19.7%
Tuscarawas County	15.9%	20.8%	23.5%	0.0%	1.7%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 69: TOTAL POPULATION WITH A DISABILITY BY ETHNICITY

	Hispanic or Latino Population Living With a Disability
United States	9.9%
Ohio	11.7%
Belmont County	4.8%
Carroll County	7.6%
Coshocton County	20.2%
Guernsey County	28.3%
Harrison County	1.2%
Holmes County	9.0%
Jefferson County	9.7%
Muskingum County	17.8%
Tuscarawas County	5.2%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

Veteran Community

EXHIBIT 70: VETERAN POPULATION[43]

	Total Veteran Population	Percent Veterans
United States	16,569,149	6.4%
Ohio	626,617	6.8%
Belmont County	3,800	7.1%
Carroll County	10,166	7.5%
Coshocton County	1,927	6.9%
Guernsey County	2,416	8.1%
Harrison County	761	6.7%
Holmes County	916	3.0%
Jefferson County	4,017	7.7%
Muskingum County	4,816	7.2%
Tuscarawas County	4,683	6.6%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 71: TOTAL VETERAN POPULATION BY AGE

	35 to 54	55 to 64	65 to 74
United States	23.8%	18.5%	24.1%
Ohio	22.2%	19.2%	26.1%
Belmont County	21.6%	15.7%	26.9%
Carroll County	21.5%	21.4%	23.4%
Coshocton County	19.8%	16.9%	34.6%
Guernsey County	20.8%	20.7%	30.2%
Harrison County	18.7%	21.4%	27.3%
Holmes County	15.7%	9.0%	35.7%
Jefferson County	20.9%	19.9%	31.1%
Muskingum County	25.7%	15.9%	27.5%
Tuscarawas County	19.6%	14.8%	32.1%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

[43] The Census defines a veteran as "a person 18 years old or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or military Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps. All other civilians 16 years old and over are classified as nonveterans." https://www.census.gov/glossary/?term=Veteran+Status

Educational Attainment

EXHIBIT 72: EDUCATIONAL ACHIEVEMENT

Population Age 25 and Over	Less than 9th grade	9th to 12th grade, no diploma	High school graduate (including GED)
United States	4.7%	5.9%	26.2%
Ohio	2.6%	5.7%	32.3%
Belmont County	1.8%	6.1%	45.9%
Carroll County	1.5%	3.6%	27.6%
Coshocton County	7.2%	7.8%	41.5%
Guernsey County	4.6%	9.7%	41.4%
Harrison County	3.0%	7.1%	49.1%
Holmes County	36.2%	6.8%	33.1%
Jefferson County	2.1%	5.0%	41.6%
Muskingum County	2.4%	7.2%	41.9%
Tuscarawas County	4.9%	6.2%	45.1%

	Some college, no Degree	Associate's Degree	Bachelor's Degree	Graduate or professional Degree
United States	19.4%	8.8%	21.3%	13.7%
Ohio	19.4%	9.0%	19.0%	11.9%
Belmont County	16.0%	11.5%	11.6%	7.1%
Carroll County	18.9%	8.6%	24.0%	15.7%
Coshocton County	16.9%	9.9%	11.2%	5.5%
Guernsey County	19.4%	9.5%	10.1%	5.2%
Harrison County	15.0%	12.8%	8.5%	4.5%
Holmes County	9.1%	3.9%	7.4%	3.6%
Jefferson County	17.7%	13.0%	13.4%	7.2%
Muskingum County	18.4%	9.7%	12.6%	7.7%
Tuscarawas County	16.0%	8.2%	13.5%	6.1%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

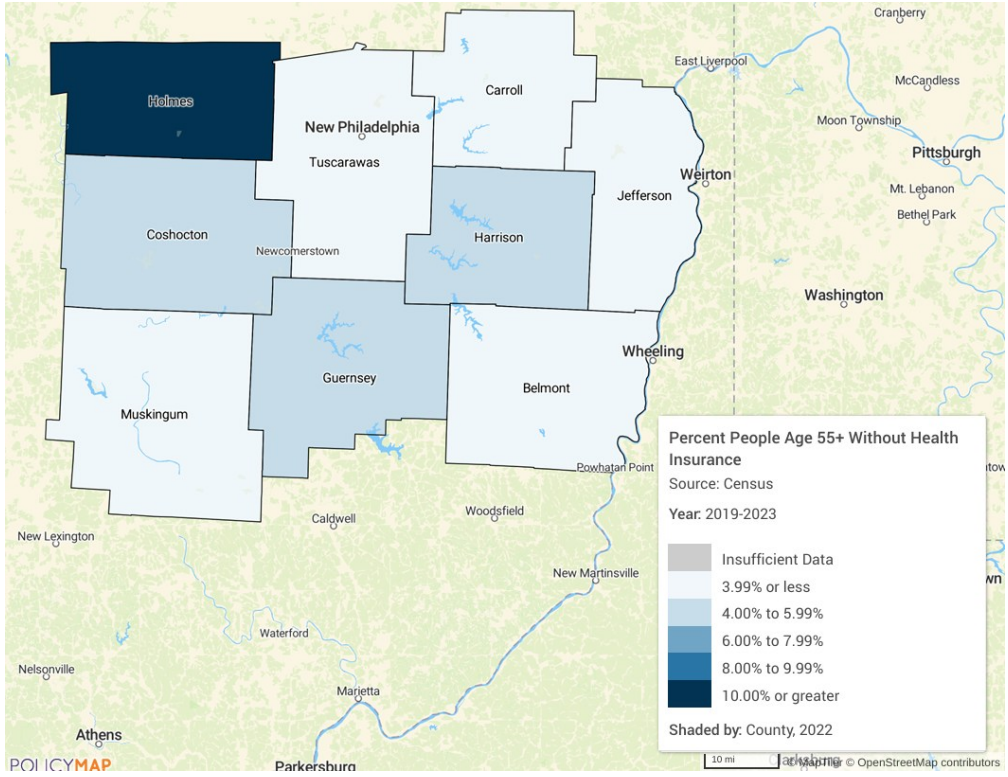
Health Care Access and Capacity

EXHIBIT 73: OLDER ADULTS WITHOUT HEALTH INSURANCE

	45 to 54	55 to 64	65 to 74	75 and Over
United States	10.8%	8.1%	1.0%	0.5%
Ohio	7.3%	6.2%	0.6%	0.4%
Belmont County	6.0%	5.2%	0.0%	0.0%
Carroll County	10.7%	7.7%	0.5%	0.0%
Coshocton County	13.7%	8.5%	1.1%	0.6%
Guernsey County	15.0%	10.5%	1.2%	0.0%
Harrison County	29.6%	12.5%	0.1%	0.6%
Holmes County	36.6%	30.0%	13.1%	12.9%
Jefferson County	6.0%	6.9%	0.3%	0.5%
Muskingum County	8.8%	5.9%	0.2%	0.4%
Tuscarawas County	8.7%	7.7%	0.2%	0.1%

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

MAP OF THE ESTIMATED PERCENTAGE OF PEOPLE 55 OR OLDER WITHOUT HEALTH INSURANCE



Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 74: POPULATION ENROLLED IN MEDICAID

	With Medicaid
United States	20.7%
Ohio	20.9%
Belmont County	23.7%
Carroll County	11.2%
Coshocton County	27.8%
Guernsey County	26.8%
Harrison County	21.8%
Holmes County	9.4%
Jefferson County	23.2%
Muskingum County	27.2%
Tuscarawas County	21.1%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

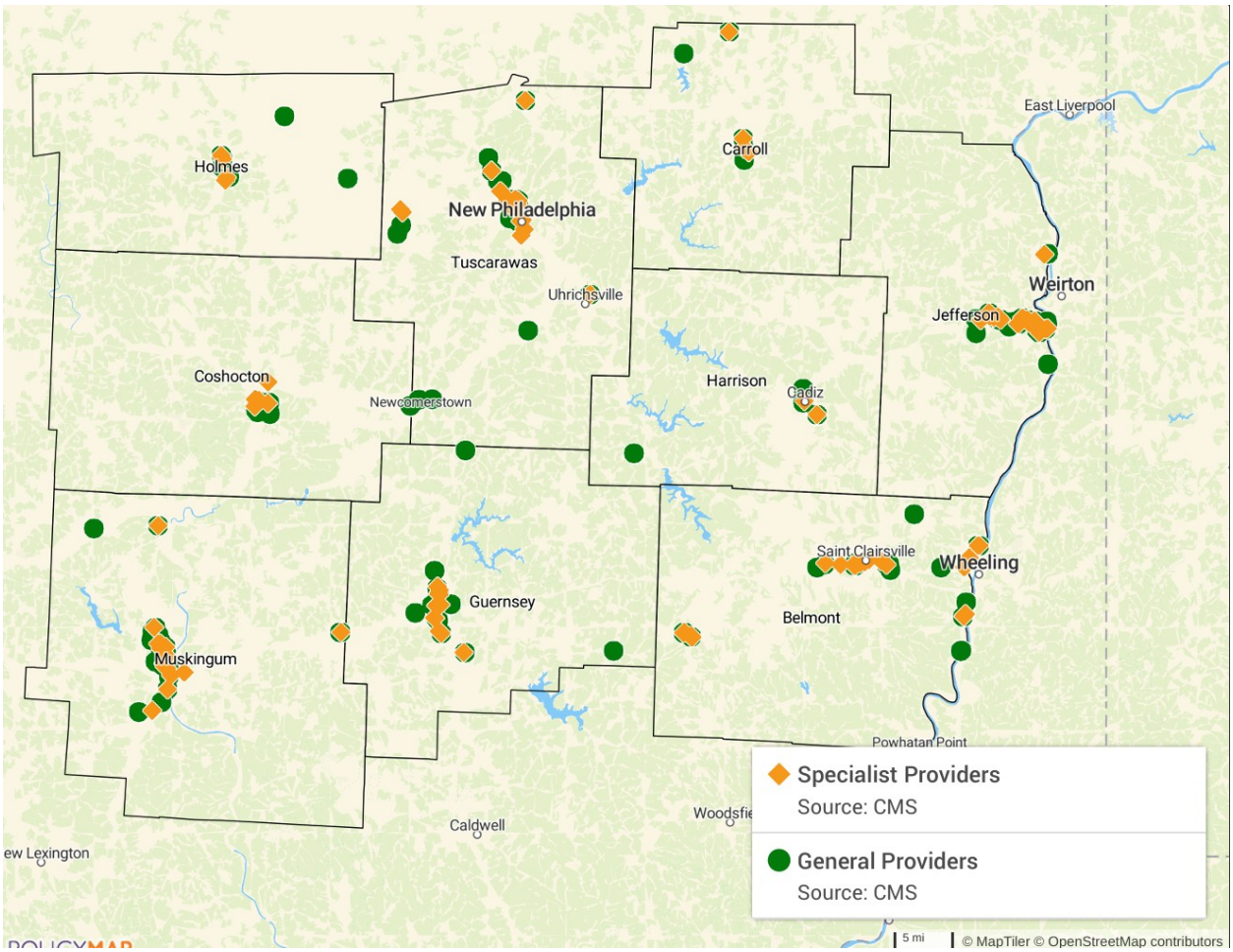
EXHIBIT 75: POPULATION AGE 65 AND OVER WITH MEDICARE[44]

	With Medicare
United States	15.9%
Ohio	16.8%
Belmont County	20.9%
Carroll County	21.0%
Coshocton County	18.5%
Guernsey County	19.2%
Harrison County	20.8%
Holmes County	10.8%
Jefferson County	21.0%
Muskingum County	17.4%
Tuscarawas County	18.7%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

[44] The Census Bureau defines Medicare as "the Federal program which helps pay health care costs for people 65 and older and for certain people under 65 with long-term disabilities. https://www.census.gov/hhes/www/hlthins/methodology/definitions/cps.html

MAP OF MEDICARE ACCEPTING PROVIDER LOCATIONS



Source: Centers for Medicare and Medicaid Services, 2025

EXHIBIT 76: ACCESS TO HEALTHCARE PROVIDERS

	Has At Least One Personal Health Care Provider	
Age Group	**55-64**	**64 and Older**
Belmont County	56.8%	46.1%
Carroll County	78.1%	59.4%
Coshocton County	54.1%	54.4%
Guernsey County	60.0%	30.9%
Harrison County	70.7%	47.7%
Holmes County	100.0%	80.7%
Jefferson County	25.1%	44.5%
Muskingum County	37.3%	56.5%
Tuscarawas County	29.8%	46.3%

Source: Behavioral Risk Factor Surveillance System, 2024

EXHIBIT 77: ROUTINE HEALTHCARE VISITS WITHIN THE PAST YEAR

	Routine Checkup	
Age Group	**55-64**	**64 and Older**
Belmont County	83.3%	94.9%
Carroll County	91.6%	98.6%
Coshocton County	75.5%	95.9%
Guernsey County	75.8%	94.4%
Harrison County	100.0%	86.2%
Holmes County	41.8%	100.0%
Jefferson County	65.7%	95.7%
Muskingum County	78.5%	94.7%
Tuscarawas County	93.4%	87.8%

Source: Behavioral Risk Factor Surveillance System, 2024

EXHIBIT 78: RATIO OF HEALTHCARE PROVIDERS

People per Provider	Primary Care Physicians		Geriatric Care Providers	
	2022	2025	2022	2025
United States	940:1	734:1	1,843:1	1,455:1
Ohio	928:1:1	757:1	1,597:1	1,254:1
Belmont County	1,331:1	1,178:1	14,041:1	7,055:1
Carroll County	2,676:1	1,909:1	ND:1	ND:1
Coshocton County	1,928:1	1,595:1	2,385:1	2,406:1
Guernsey County	1,600:1	1,418:1	2,529:1	3,817:1
Harrison County	2,906:1	2,401:1	ND	ND
Holmes County	2,952:1	2,332:1	ND	ND
Jefferson County	1,360:1	781:1	ND	7,171:1
Muskingum County	1,309:1	1,137:1	7,733:1	5,265:1
Tuscarawas County	1,820:1	1,596:1	9,186:1	6,134:1

Source: National Plan and Provider Enumeration System, National Provider Identifier

EXHIBIT 79: RATIO OF DENTISTS AND OPTOMETRISTS

People per Provider	Dentists		Optometrists	
	2022	2025	2022	2025
United States	1,606:1	1,351:1	5,731:1	4,622:1
Ohio	1,808:1	1,574:1	1,254:1	4,306:1
Belmont County	2,080:1	1,885:1	7,055:1	3,881:1
Carroll County	2,433:1	2,056:1	ND	8,910:1
Coshocton County	3,052:1	3,057:1	2,406:1	7,336:1
Guernsey County	2,022:1	1,664:1	3,817:1	9,571:1
Harrison County	7,264:1	4,803:1	ND	7,204:1
Holmes County	2,952:1	2,462:1	ND	6,330:1
Jefferson County	2,611:1	2,594:1	7,171:1	6,486:1
Muskingum County	1,920:1	1,963:1	5,265:1	3,926:1
Tuscarawas County	2,653:1	2,723:1	6,134:1	4,208:1

Source: National Plan and Provider Enumeration System, National Provider Identifier

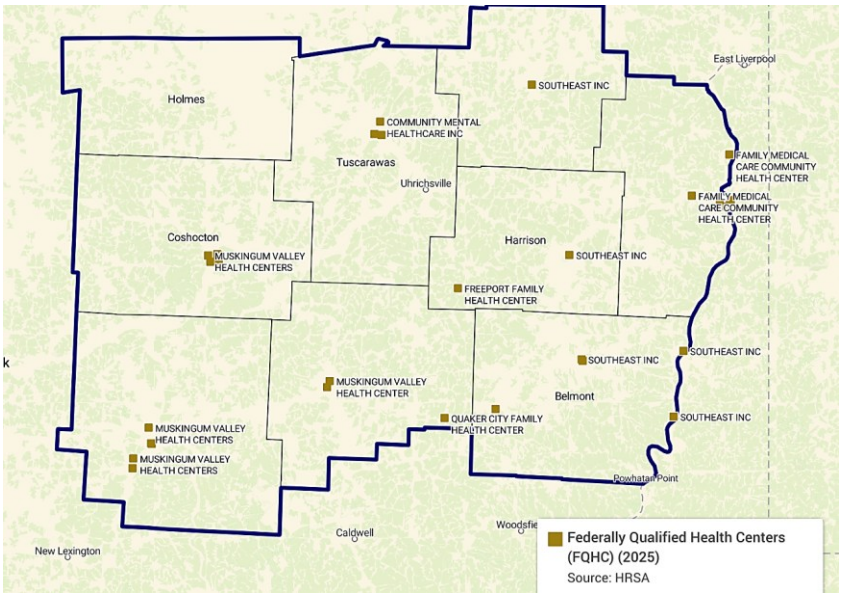
This dataset represents the primary care Health Professional Shortage Areas (HPSA) score. Higher values indicate a greater shortage (greater need) than areas of low score (which still have a shortage, but not as great as areas with higher score).[45] A primary care or dental health HPSA (Health Professional Shortage Area) is a geographic area with too few healthcare providers to serve the population. This indicator includes only geographic shortages, not population- or facility-based shortages. The Health Resources and Services Administration (HRSA) reviews and designates these areas, assigning a score (0 to 25 for primary care, 0 to 26 for dental health) to indicate the severity of provider shortage, with higher scores reflecting greater need.

EXHIBIT 80: HEALTH PROFESSIONAL SHORTAGE AREA INDEX

	Primary Care Score	Dental Health Score
Belmont County	16	13
Carroll County	16	ND
Coshocton County	16	17
Guernsey County	13	15
Harrison County	15	9
Holmes County	11	4
Jefferson County	15	ND
Muskingum County	11	9
Tuscarawas County	15	16

Source: Health Resources & Services Administration, 2025

MAP OF FEDERALLY QUALIFIED HEALTH CENTERS



Source: Health Resources and Services Administration, 2025

[45] Health Professional Shortage Areas (HPSA). https://bhw.hrsa.gov/shortage-designation/hpsas

Below are the locations of Home Health Agencies (HHA) and hospice facilities within the AAA9 service areas according to the Ohio Public Health Information Warehouse as of November 2025.

EXHIBIT 81: HOME HEALTH AGENCIES

Belmont County	Stonerise Home Health WVUHS Home Care, LLC
Carroll County	Carroll County Visiting Nurse Association
Coshocton County	The Family First Nurse
Guernsey County	Acute Nursing Care LLC Southeastern Home Care LLC
Harrison County	Live In Comfort, LLC
Holmes County	Lakeside Home Care, LLC
Jefferson County	Capital Health Home Care Carter Healthcare Trinity Home Health
Muskingum County	American Nursing Care, Inc Fell's Quality Home Care, Inc Genesis Home Care Interim Healthcare of Cambridge Nina's Health Care Zanesville
Tuscarawas County	A-Z Nursing Services, Inc Ember Complete Care, Inc Union Hospital Home Health Agency

EXHIBIT 82: HOSPICE FACILITIES

Belmont County	Amedisys Hospice Stonerise Hospice St. Clairsville
Carroll County	*None*
Coshocton County	*None*
Guernsey County	Hospice Of Guernsey, Inc
Harrison County	*None*
Holmes County	*None*
Jefferson County	First Choice Hospice Valley Hospice Inc
Muskingum County	Genesis Hospice and Palliative Care Interim Healthcare Hospice of Coshocton Shrivers Hospice
Tuscarawas County	*None*

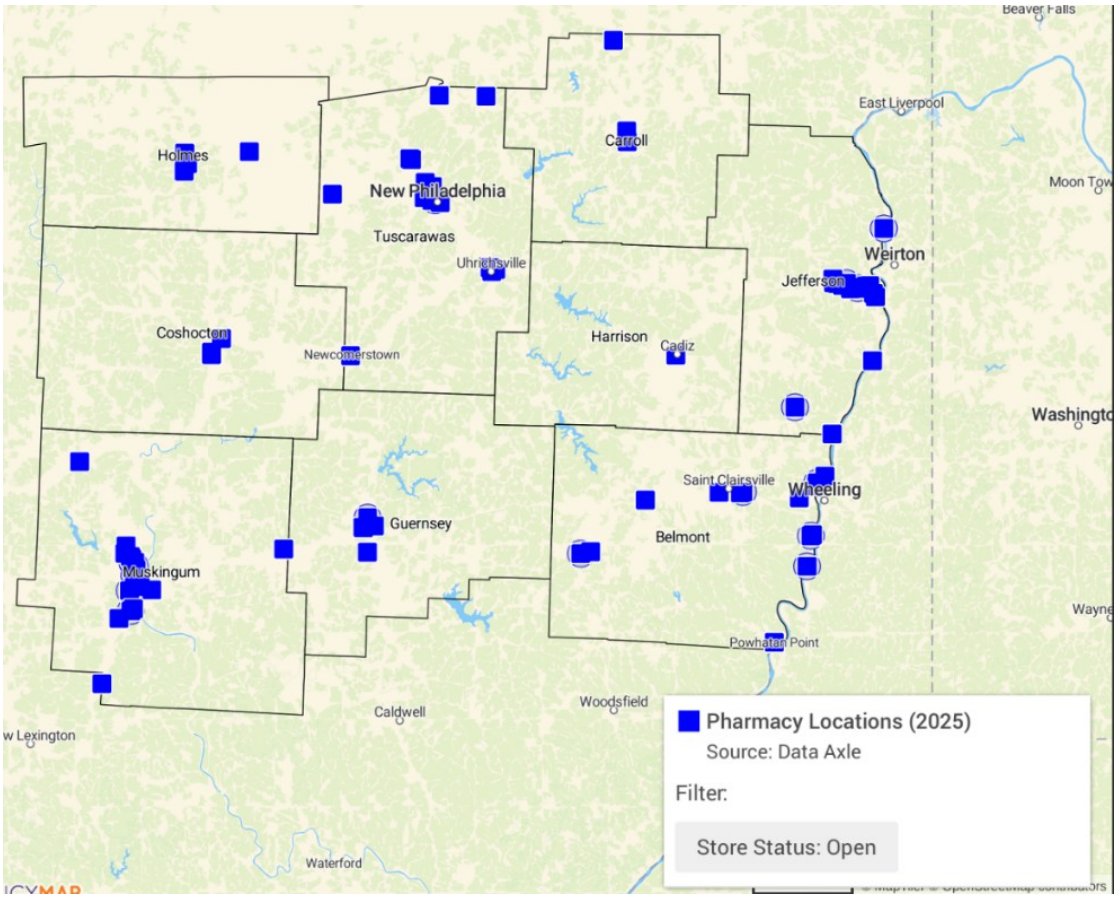
Source: Ohio Public Health Information Warehouse, November2025

EXHIBIT 83: PHARMACIES IN OPERATION TREND[46]

	2018	2020	2022	2024
Belmont County	21	20	19	18
Carroll County	4	3	3	2
Coshocton County	4	4	4	3
Guernsey County	5	5	5	5
Harrison County	3	3	3	1
Holmes County	4	3	4	3
Jefferson County	17	17	15	14
Muskingum County	21	20	23	19
Tuscarawas County	17	15	16	18

Source: Ohio Department of Health & Ohio Board of Pharmacy, OHio Pharmacy Access

MAP OF OPEN PHARMACY LOCATIONS



[46] These totals include independent retail, small chain retail, large chain retail, and Hospital Outpatient Community Access – Outpatient pharmacy operated by an Ohio hospital that provides a full range of outpatient (retail) pharmacy services to the public. https://data.ohio.gov/wps/portal/gov/data/view/ohio-pharmacy-assessment-?visualize=true

EXHIBIT 84: AVERAGE LIFE EXPECTANCY AT BIRTH

	Life Expectancy at Birth
Ohio	75.9
Belmont County	74.9
Carroll County	75.9
Coshocton County	74.8
Guernsey County	73.4
Harrison County	74.0
Holmes County	79.0
Jefferson County	72.3
Muskingum County	74.8
Tuscarawas County	75.7

Source: Miami University, Scripps Gerontology Center. Ohio Population Research, 2018-2022

EXHIBIT 85: LEADING CAUSES OF DEATH, POPULATION 65 AND OVER

Age-Adjusted Death Rate per 100,000 Population	Heart Disease	Cancer	Accidents and Adverse Effects	Cerebro-vascular Diseases	Chronic Lower Respiratory Disease	Alzheimer's Disease
Ohio	1,231.5	917.6	143.6	323.7	287.6	274.8
Belmont County	1,536.2	952.0	102.7	230.8	335.5	216.8
Carroll County	1,398.4	881.9	145.0	294.4	361.5	330.5
Coshocton County	1,221.4	980.1	135.7	346.9	327.2	281.2
Guernsey County	1,680.8	1,072.5	126.4	247.3	506.1	275.2
Harrison County	1,617.3	1,010.0	121.5	235.8	474.7	283.7
Holmes County	1,384.3	787.9	133.1	324.8	266.2	309.8
Jefferson County	1,581.9	967.3	104.5	300.2	311.6	231.7
Muskingum County	1,373.8	1,067.7	120.2	270.5	356.7	307.0
Tuscarawas County	1,297.6	916.0	123.3	282.5	350.7	379.4

Source: HD*Pulse*: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities, 2019-2023

EXHIBIT 86: AGE-ADJUSTED CHRONIC DISEASE PREVALENCE RATES

	Arthritis	Asthma	COPD	Coronary Heart Disease	Diabetes	Kidney Disease	Stroke
Belmont County	29.2%	21.1%	8.1%	9.1%	15.3%	4.9%	9.1%
Carroll County	33.4%	13.8%	9.1%	5.3%	13.0%	2.4%	5.3%
Coshocton County	51.3%	28.7%	4.5%	3.9%	29.3%	2.8%	3.9%
Guernsey County	ND	ND	ND	ND	ND	ND	ND
Harrison County	53.8%	14.2%	6.4%	3.1%	11.9%	7.6%	3.1%
Holmes County	25.9%	15.5%	4.8%	6.8%	15.5%	2.8%	6.8%
Jefferson County	ND	ND	ND	ND	ND	ND	ND
Muskingum County	30.0%	16.4%	12.7%	11.8%	13.9%	7.6%	11.8%
Tuscarawas County	39.1%	19.6%	18.1%	4.0%	13.7%	5.5%	4.0%

Source: Behavioral Risk Factor Surveillance System, 2024

EXHIBIT 87: PREVENTIVE HEALTH MEASURES AMONG WOMEN

	Cervical Cancer Screening Test in the Past Year		Mammogram Screening in the Past Two Years	
Age Group	**55-64**	**64 and Older**	**55-64**	**64 and Older**
Belmont County	66.8%	19.0%	0.0%	19.1%
Carroll County	50.3%	0.0%	6.0%	7.0%
Coshocton County	0.0%	18.3%	0.0%	11.9%
Guernsey County	55.8%	16.3%	9.0%	9.7%
Harrison County	35.8%	23.8%	0.0%	12.1%
Holmes County	0.0%	0.0%	ND	ND
Jefferson County	59.3%	16.7%	10.4%	21.0%
Muskingum County	45.1%	4.0%	12.1%	20.1%
Tuscarawas County	22.3%	11.4%	9.7%	10.0%

	Colonoscopy in the Past Five Years		Sigmoidoscopy in the Past Five Years	
Age Group	**55-64**	**64 and Older**	**55-64**	**64 and Older**
Belmont County	11.8%	9.5%	0.0%	3.9%
Carroll County	35.6%	11.1%	0.0%	4.1%
Coshocton County	8.9%	21.5%	ND	ND
Guernsey County	12.4%	12.3%	24.5%	15.2%
Harrison County	17.1%	9.8%	ND	12.4%
Holmes County	19.7%	34.4%	ND	ND
Jefferson County	12.0%	9.8%	16.6%	0.0%
Muskingum County	19.7%	20.8%	16.3%	24.2%
Tuscarawas County	35.5%	30.6%	42.1%	0.0%

Source: Behavioral Risk Factor Surveillance System, 2024

EXHIBIT 88: NUMBER OF UNINTENTIONAL FATAL FALLS, OHIO

Age Group	2020	2023
55 to 59	38	49
60 to 64	80	79
65 to 69	102	136
70 to 74	149	185
75 to 79	219	251
80 to 84	283	352

Source: National Center for Injury Prevention and Control. WISQARS Cost Of Injury

EXHIBIT 89: PREVALENCE OF FALLS BY DEMOGRAPHICS, OHIO

Total	24.3%
Age	
45 - 54	20.9%
55 - 64	24.1%
65 and Over	26.8%
Gender	
Male	22.5%
Female	26.0%
Race/Ethnicity	
White, Non-Hispanic	24.8%
Black, Non-Hispanic	22.3%
Disability Status	
Disability	42.7%
No Disability	15.1%

Source: Ohio Behavioral Risk Factor Surveillance System, OHio Department of Health, 2023

EXHIBIT 90: PREVALENCE OF FALLS BY INCOME AND EDUCATION, OHIO

Age 45 and Over	
Total	24.3%
Less than $15,000	39.4%
$15,000 - $24,999	37.7%
$25,000 - $34,999	30.0%
$35,000 - $49,000	26.4%
$50,000 - $74,9999	24.4%
$75,000 +	17.0%
Education	
Less than High School	31.8%
High School Diploma	26.0%
Some College	24.7%
College Graduate	19.9%

Source: Ohio Behavioral Risk Factor Surveillance System, OHio Department of Health, 2023

EXHIBIT 91: COST OF UNINTENTIONAL FATAL FALLS BY AGE GROUP, OHIO

	Medical Costs Total		Medical Costs Average	
	2020	**2023**	**2020**	**2023**
55 to 59	$1,238,725	$1,489,198	$32,598	$30,392
60 to 64	$2,717,329	$2,505,614	$33,967	$31,717
65 to 69	$3,414,382	$4,985,844	$33,474	$36,661
70 to 74	$5,240,147	$6,979,761	$35,169	$37,728
75 to 79	$8,935,851	$10,341,611	$40,803	$41,202
80 to 84	$11,955,301	$14,819,423	$42,245	$42,101
85 and Older	$35,877,047	$48,041,041	$43,699	$48,234

Source: National Center for Injury Prevention and Control. WISQARS Cost Of Injury

EXHIBIT 92: OLDER ADULTS EXPERIENCE MEMORY LOSS

	Experienced Difficulties With Thinking Or Memory That Are Happening More Often Or Are Getting Worse	
Age Group	**55-64**	**64 and Over**
Belmont County	34.4%	13.6%
Carroll County	0.0%	10.0%
Coshocton County	0.0%	7.0%
Guernsey County	39.6%	12.6%
Harrison County	ND	ND
Holmes County	ND	ND
Jefferson County	17.5%	27.0%
Muskingum County	42.6%	8.3%
Tuscarawas County	0.0%	35.7%

Source: Behavioral Risk Factor Surveillance System, 2024

EXHIBIT 93: PREVALENCE OF COGNITIVE DECLINE IN OHIO, DEMOGRAPHICS

Total	**16.5%**
Age	
45 - 54	14.6%
55 - 64	16.0%
65 and Over	17.8%
Gender	
Male	13.7%
Female	18.9%
Race/Ethnicity	
White, Non-Hispanic	16.4%
Black, Non-Hispanic	17.4%

Source: Ohio Behavioral Risk Factor Surveillance System, OHio Department of Health, 2023

EXHIBIT 94: PREVALENCE OF COGNITIVE DECLINE IN OHIO BY INCOME AND EDUCATION

Age 45 and Over	
Income	
Less than $15,000	30.7%
$15,000 - $24,999	27.9%
$25,000 - $34,999	21.6%
$35,000 - $49,000	17.5%
$50,000 - $74,9999	15.0%
$75,000 +	9.6%
Education	
Less than High School	31.4%
High School Diploma	17.2%
Some College	16.2%
College Graduate	11.0%

Source: Ohio Behavioral Risk Factor Surveillance System, OHio Department of Health, 2023

EXHIBIT 95: HIV AND AIDS PREVALENCE RATE IN OLDER ADULTS, OHIO

Cases per 100,000 Population	55-64		65 and Over	
	2019	**2023**	**2019**	2023
AIDS Prevalence Rate	204.3	241.5	57.5	88.3
AIDS Mortality Rate	5.2	6.7	2.9	3.7
HIV Prevalence Rate	350.0	420.5	96.8	151.2
HIV Mortality Rate	7.2	9.1	4.0	5.4

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

Behavioral Health

EXHIBIT 96: OLDER ADULTS WITH DEPRESSIVE DISORDER

	Adults with Depressive Disorder	
Age Group	**55-64**	**64 and Over**
Belmont County	11.5%	12.9%
Carroll County	42.5%	12.7%
Coshocton County	6.0%	11.8%
Guernsey County	26.2%	26.0%
Harrison County	0.0%	17.7%
Holmes County	0.0%	7.6%
Jefferson County	22.0%	33.6%
Muskingum County	43.7%	17.4%
Tuscarawas County	11.1%	15.2%

Source: Behaviora Risk Factor Surveillance System, 2024

EXHIBIT 97: RATE OF SUICIDE DEATHS IN OLDER ADULTS, OHIO

	55-64				65 and Over			
	2020	**2021**	**2022**	**2023**	**2020**	**2021**	**2022**	**2023**
Mortality Rate per 100,000 Population	15.2	17.4	17.4	19.2	15.8	16.2	16.5	16.3

Source: Ohio Department of Health. Suicide Report, 2023

EXHIBIT 98: OLDER ADULTS WITH A MENTAL HEALTH DIAGNOSIS, OHIO

Age Group	2019	2023
60 to 64	22,113	2,944
65 and Over	20,621	3,842

EXHIBIT 99: OLDER ADULTS WITH SERIOUS MENTAL ILLNESS SERVED BY THE STATE MENTAL HEALTH AUTHORITY, OHIO

Age Group	2019		2023	
	Percentage of Total Served	**Number of Total Served**	**Percentage of Total Served**	**Number of Total Served**
45 to 64	21.2%	70,521	20.7%	38,709
65 to 74	2.3%	7,758	4.0%	7,538
75 and Over	0.8%	2,538	1.9%	3,552

Source: SAMHSA, Uniform Reporting System (URS)

EXHIBIT 100: AVERAGE AGE-ADJUSTED RATE OF UNINTENTIONAL DRUG OVERDOSE DEATHS BY COUNTY

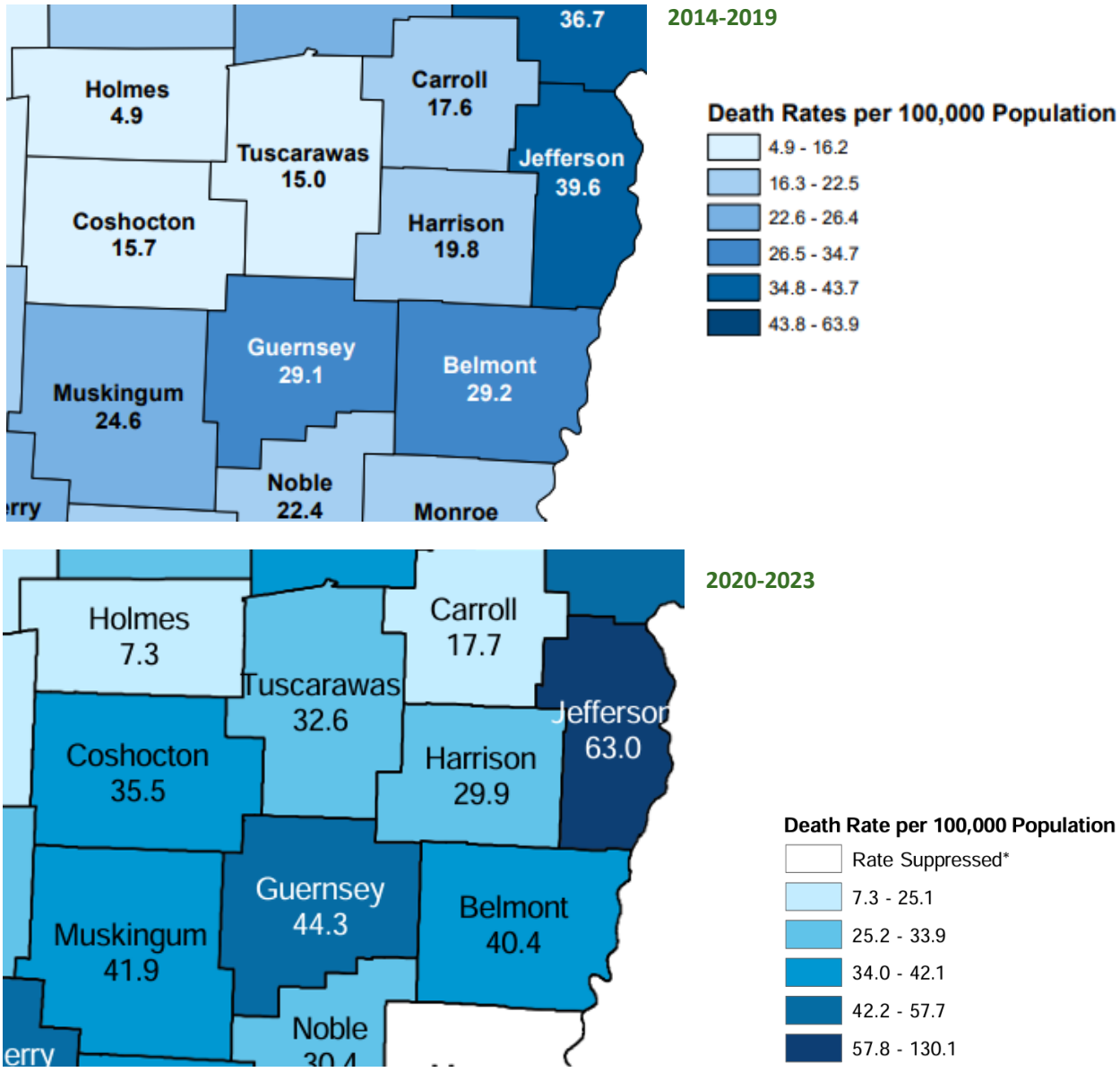


Image Source: Ohio Drug Overdose Report

EXHIBIT 101: RATE OF UNINTENTIONAL DRUG OVERDOSE DEATHS BY AGE, OHIO

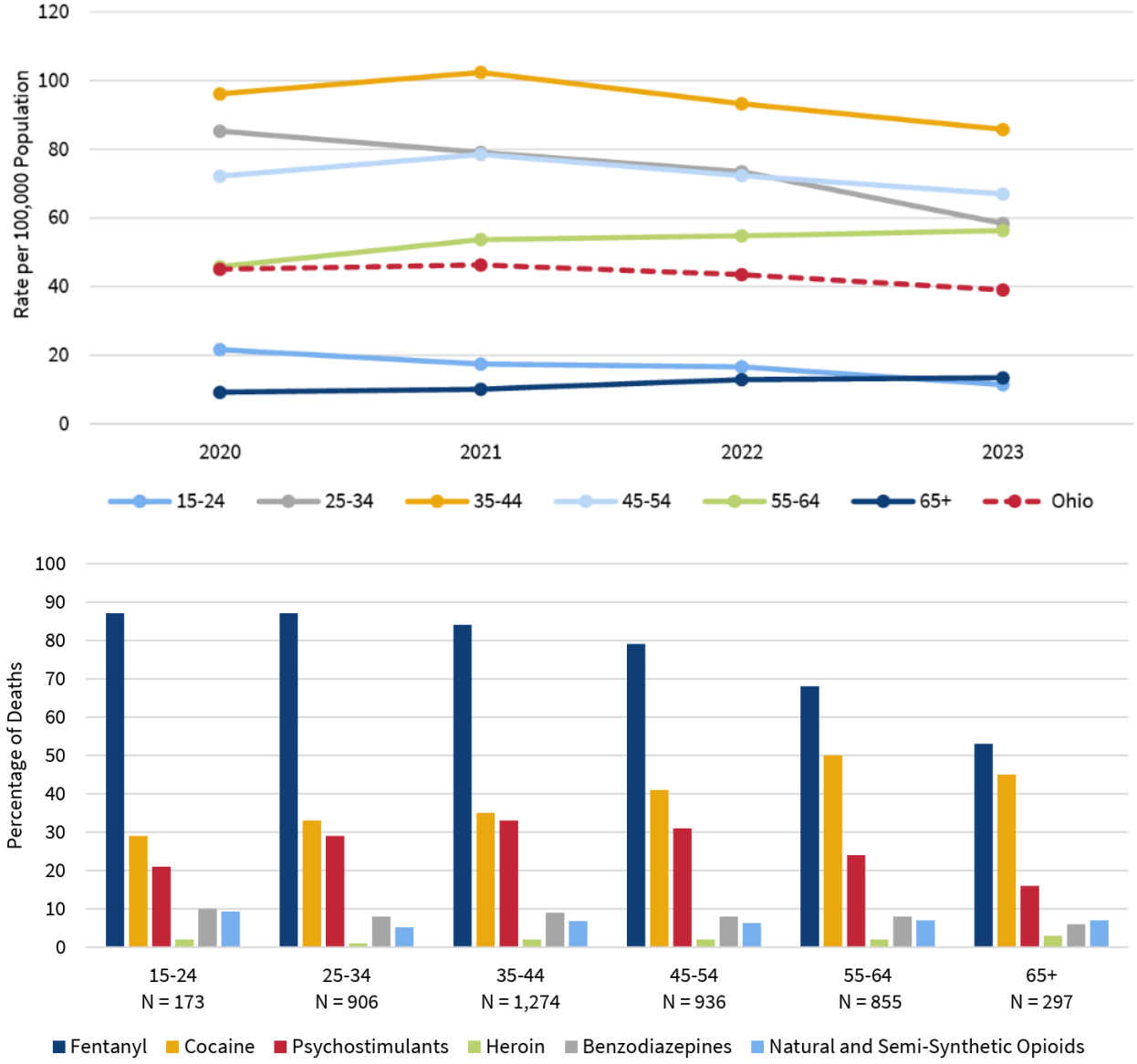


Image Source: Ohio Drug Overdose Report, 2023

Economic Stability

	Total	45 to 64	65 and Over
United States	$78,538	$94,847	$57,108
Ohio	$69,680	$84,899	$51,608
Belmont County	$58,411	$66,119	$44,927
Carroll County	$64,675	$78,160	$48,696
Coshocton County	$54,687	$71,044	$38,514
Guernsey County	$55,756	$64,904	$44,689
Harrison County	$53,851	$56,290	$41,003
Holmes County	$74,774	$106,207	$48,301
Jefferson County	$56,983	$67,698	$44,075
Muskingum County	$59,203	$73,300	$44,459
Tuscarawas County	$64,494	$76,300	$46,286

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 102: HOUSEHOLD MEDIAN INCOME BY RACE AND ETHNICITY

	White	Black or African American	American Indian and Alaska Native	Asian
United States	$83,784	$53,444	$59,393	$113,106
Ohio	$74,650	$42,433	$44,355	$98,223
Belmont County	$58,902	$37,483	$48,125	$117,556
Carroll County	$116,312	$112,953	$72,315	$100,533
Coshocton County	$54,650	ND	ND	ND
Guernsey County	$55,465	$88,125	ND	$125,313
Harrison County	$56,587	ND	ND	ND
Holmes County	$74,645	ND	ND	ND
Jefferson County	$59,450	$27,660	ND	ND
Muskingum County	$59,557	$43,829	ND	ND
Tuscarawas County	$64,583	NDND	$160,294	ND

	Hispanic or Latino
United States	$68,890
Ohio	$57,218
Belmont County	$61,464
Carroll County	$108,375
Coshocton County	ND
Guernsey County	ND
Harrison County	$34,934
Holmes County	$138,182
Jefferson County	ND
Muskingum County	$83,923
Tuscarawas County	$50,625

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 103: TREND OF UNEMPLOYMENT RATE

Population 16 Years and Over	2019	2020	2021	2022	2023	2024
United States	3.7%	8.1%	5.3%	3.6%	3.6%	4.0%
Ohio	4.2%	8.2%	5.3%	4.0%	3.7%	4.3%
Belmont County	5.7%	10.1%	6.3%	5.0%	4.5%	5.2%
Carroll County	2.7%	5.0%	3.9%	2.5%	1.8%	2.4%
Coshocton County	5.9%	8.1%	5.6%	4.5%	4.2%	4.8%
Guernsey County	5.5%	9.3%	6.2%	5.2%	4.8%	5.9%
Harrison County	5.3%	10.2%	7.0%	5.3%	4.6%	5.0%
Holmes County	3.0%	4.0%	3.0%	2.9%	3.0%	3.2%
Jefferson County	5.9%	9.4%	6.2%	5.0%	4.9%	5.8%
Muskingum County	4.9%	7.7%	5.3%	4.3%	3.9%	4.8%
Tuscarawas County	4.3%	7.4%	4.7%	3.8%	3.7%	4.2%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 104: POPULATION AGE 65 YEARS OR OLDER EMPLOYED CIVILIANS IN THE LABOR FORCE

	In the Labor Force
Ohio	17.8%
Belmont County	15.5%
Carroll County	12.7%
Coshocton County	12.9%
Guernsey County	12.5%
Harrison County	12.4%
Holmes County	24.7%
Jefferson County	15.6%
Muskingum County	15.7%
Tuscarawas County	16.1%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 105: EMPLOYMENT BY OCCUPATION

Population 16 and Over	Management	Business and Finance	Computer and Mathematical	Architecture and Engineering	Life, Physical, and Social Science
United States	11.3%	5.9%	3.7%	2.2%	1.1%
Ohio	10.8%	5.5%	3.1%	2.3%	0.9%
Belmont County	7.8%	2.6%	0.8%	1.0%	0.2%
Carroll County	15.2%	7.4%	5.0%	2.6%	1.1%
Coshocton County	7.8%	3.3%	0.9%	0.8%	1.0%
Guernsey County	9.6%	2.2%	0.2%	1.1%	0.7%
Harrison County	6.7%	2.0%	0.4%	1.1%	0.3%
Holmes County	12.4%	1.8%	0.6%	0.9%	0.2%
Jefferson County	7.8%	3.1%	1.6%	1.6%	0.6%
Muskingum County	9.7%	3.1%	1.3%	1.2%	0.4%
Tuscarawas County	8.4%	3.6%	0.8%	1.9%	0.6%

	Community and Social Service	Legal	Education, Training and Library	Arts, Design, Entertainment, Sports and Media	Health Diagnosis and Treating Practitioners
United States	1.8%	1.2%	6.2%	2.1%	4.4%
Ohio	1.9%	0.9%	5.7%	1.6%	5.0%
Belmont County	2.1%	0.5%	5.3%	0.9%	6.1%
Carroll County	1.6%	0.9%	8.0%	1.9%	4.7%
Coshocton County	3.1%	0.2%	6.1%	0.9%	3.2%
Guernsey County	2.2%	0.5%	4.1%	1.4%	3.9%
Harrison County	1.5%	0.3%	6.1%	1.1%	4.2%
Holmes County	0.9%	0.4%	3.4%	1.1%	1.0%
Jefferson County	2.1%	0.7%	5.0%	1.2%	5.4%
Muskingum County	2.1%	0.6%	5.9%	0.9%	4.8%
Tuscarawas County	1.6%	0.6%	5.4%	1.8%	3.6%

	Health Technologists and Technicians	Healthcare Support	Fire Fighting and Prevention	Law Enforcement	Food Preparation and Serving
United States	1.9%	3.3%	1.2%	1.0%	5.2%
Ohio	2.2%	3.3%	1.1%	0.9%	5.5%
Belmont County	2.6%	4.1%	1.3%	1.2%	6.4%
Carroll County	2.1%	2.2%	1.4%	1.6%	4.3%
Coshocton County	2.3%	3.3%	0.5%	0.6%	5.4%
Guernsey County	3.0%	4.9%	0.8%	1.2%	6.6%
Harrison County	1.9%	5.1%	1.1%	0.0%	5.4%
Holmes County	1.0%	1.6%	0.3%	0.3%	4.1%
Jefferson County	3.2%	2.9%	1.4%	1.3%	6.1%
Muskingum County	3.3%	3.3%	1.2%	1.1%	4.5%
Tuscarawas County	1.9%	3.8%	0.5%	0.6%	4.8%

	Building, Grounds Cleaning, and Maintenance	Personal Care and Service	Sales	Office and Administrative Support	Farming, Fishing and Forestry
United States	3.4%	2.5%	9.3%	10.6%	0.6%
Ohio	3.2%	2.2%	8.9%	11.0%	0.3%
Belmont County	3.4%	2.2%	11.0%	10.1%	0.2%
Carroll County	2.0%	2.5%	8.3%	9.8%	0.3%
Coshocton County	3.4%	1.4%	9.3%	8.8%	1.0%
Guernsey County	3.8%	1.1%	9.0%	10.6%	0.9%
Harrison County	3.7%	1.5%	7.8%	11.9%	0.2%
Holmes County	2.9%	1.3%	8.6%	11.8%	1.8%
Jefferson County	4.9%	2.0%	9.7%	12.6%	0.3%
Muskingum County	3.7%	2.1%	9.4%	10.2%	0.1%
Tuscarawas County	4.4%	2.1%	8.2%	10.5%	0.6%

	Construction and Extraction	Installation, Maintenance, and Repair	Production	Transportation	Material Moving
United States	4.9%	3.1%	5.4%	3.8%	3.8%
Ohio	4.1%	3.1%	8.0%	3.8%	5.0%
Belmont County	8.0%	4.1%	5.5%	5.8%	6.8%
Carroll County	5.9%	3.5%	3.2%	2.2%	2.4%
Coshocton County	6.8%	6.2%	12.8%	4.0%	7.0%
Guernsey County	5.0%	4.1%	10.0%	6.5%	6.6%
Harrison County	10.4%	6.1%	10.4%	7.1%	3.6%
Holmes County	10.0%	2.3%	19.5%	3.6%	8.2%
Jefferson County	6.4%	3.6%	6.5%	4.6%	5.4%
Muskingum County	6.5%	4.6%	7.9%	5.3%	6.7%
Tuscarawas County	5.6%	3.5%	13.9%	4.0%	7.2%

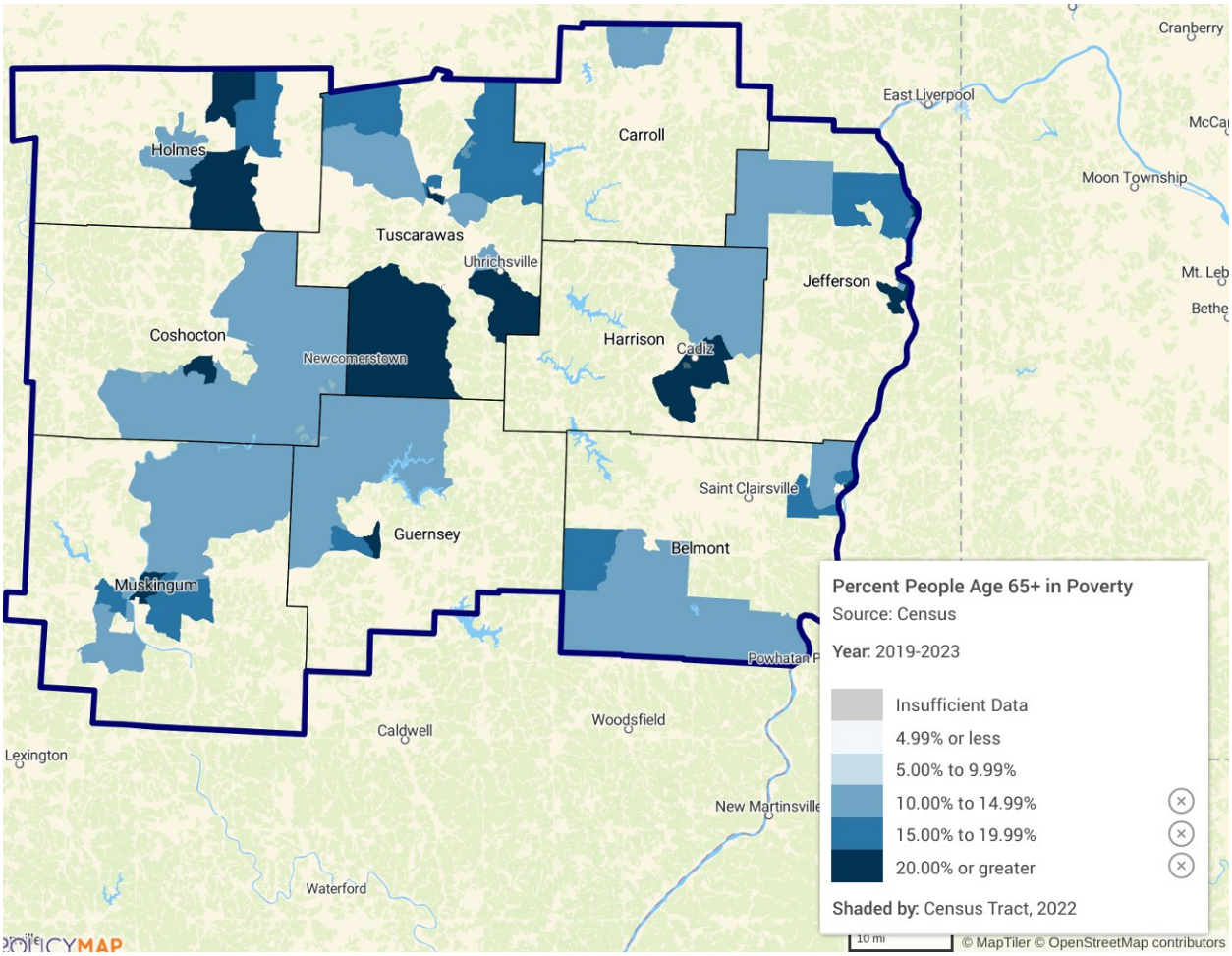
Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 106: ADULTS LIVING IN POVERTY

	18 to 64	35 to 64	60 and Over	65 and Over
United States	11.6%	10.0%	10.6%	10.4%
Ohio	12.6%	10.7%	10.2%	9.5%
Belmont County	13.7%	12.6%	8.8%	8.3%
Carroll County	10.6%	10.0%	7.7%	7.7%
Coshocton County	18.3%	15.9%	12.4%	11.4%
Guernsey County	14.9%	13.7%	11.1%	10.5%
Harrison County	13.4%	13.8%	11.4%	12.3%
Holmes County	6.1%	7.3%	10.1%	11.5%
Jefferson County	16.7%	15.5%	12.2%	10.4%
Muskingum County	15.3%	13.8%	11.6%	10.0%
Tuscarawas County	12.1%	10.6%	10.5%	11.2%

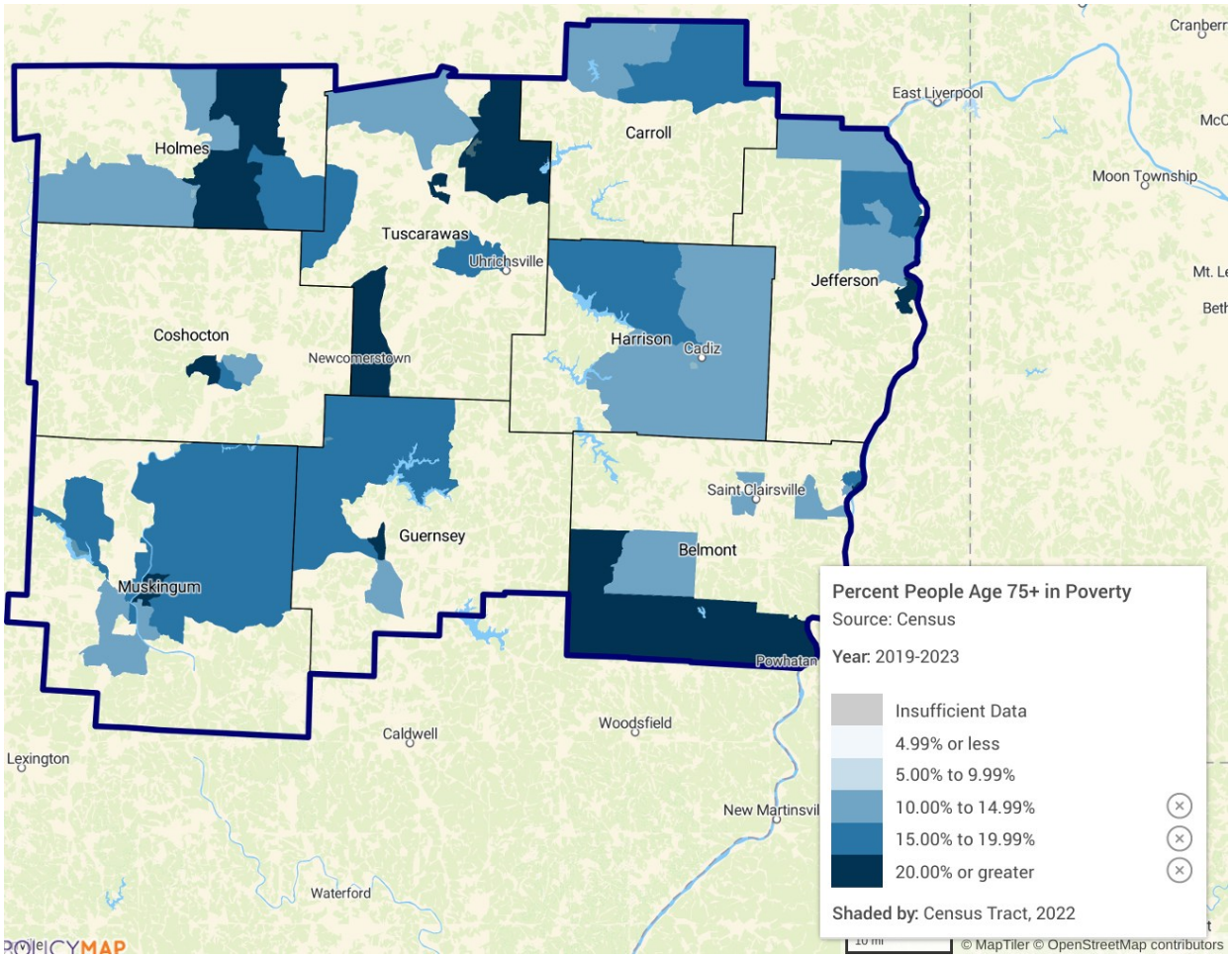
Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

MAP OF THE ESTIMATED PERCENTAGE OF POPULATION 65 OR OLDER WHO LIVE IN POVERTY (10.0% OR MORE)



Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

MAP OF THE ESTIMATED PERCENTAGE OF POPULATION 75 OR OLDER WHO LIVE IN POVERTY (10.0% OR MORE)



Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 107: BELOW POVERTY LEVEL BY RACE AND ETHNICITY

	White	Black or African American	American Indian and Alaska Native	Asian
United States	9.9%	21.3%	21.8%	9.9%
Ohio	10.4%	26.9%	26.8%	11.5%
Belmont County	12.8%	19.5%	74.2%	22.8%
Carroll County	4.4%	14.3%	0.0%	10.4%
Coshocton County	17.5%	42.8%	71.9%	81.3%
Guernsey County	15.5%	20.1%	0.0%	16.9%
Harrison County	13.4%	55.7%	0.0%	ND
Holmes County	8.8%	ND	19.2%	0.0%
Jefferson County	15.0%	39.1%	0.0%	14.8%
Muskingum County	14.9%	33.0%	0.0%	0.0%
Tuscarawas County	12.8%	27.4%	11.8%	10.1%

	Hispanic or Latino
United States	16.9%
Ohio	21.7%
Belmont County	32.6%
Carroll County	15.5%
Coshocton County	49.5%
Guernsey County	33.6%
Harrison County	22.2%
Holmes County	15.5%
Jefferson County	31.8%
Muskingum County	11.6%
Tuscarawas County	26.0%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

Neighborhood and Built Environment

EXHIBIT 108: HOUSEHOLD CHARACTERISTICS

	Households with People Age 65 and Over	People Age 65 and Over who Live with Family	People Age 65 and Over who Live with Nonfamily	People Age 65 and Over who Live Alone
United States	31.3%	68.8%	3.9%	27.3%
Ohio	31.3%	65.2%	3.4%	31.3%
Belmont County	37.6%	66.0%	2.2%	31.8%
Carroll County	33.1%	72.2%	2.3%	25.5%
Coshocton County	34.8%	67.4%	4.0%	28.7%
Guernsey County	34.2%	65.6%	4.0%	30.4%
Harrison County	38.8%	65.5%	2.0%	32.5%
Holmes County	28.0%	78.3%	2.8%	18.9%
Jefferson County	38.0%	64.2%	2.8%	33.0%
Muskingum County	32.1%	68.2%	3.6%	28.1%
Tuscarawas County	34.5%	65.9%	3.6%	30.5%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 109: HOUSING AVAILABILITY

	Total Housing Units	Occupied Housing Units	Vacant Housing Units
United States	142,332,876	89.6%	10.4%
Ohio	5,271,573	91.6%	8.4%
Belmont County	31,599	83.7%	16.3%
Carroll County	13,391	85.7%	14.3%
Coshocton County	16,321	91.0%	9.0%
Guernsey County	19,024	85.4%	14.6%
Harrison County	7,397	80.0%	20.0%
Holmes County	14,560	91.5%	8.5%
Jefferson County	31,118	87.2%	12.8%
Muskingum County	38,343	89.3%	10.7%
Tuscarawas County	40,840	93.4%	6.6%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 110: HOUSING AFFORDABILITY

	Median Home Rent	Median Mortgage
United States	$1,348	$1,902
Ohio	$988	$1,472
Belmont County	$769	$1,177
Carroll County	$780	$1,298
Coshocton County	$723	$1,143
Guernsey County	$803	$1,216
Harrison County	$753	$1,064
Holmes County	$773	$1,414
Jefferson County	$792	$1,113
Muskingum County	$811	$1,294
Tuscarawas County	$876	$1,281

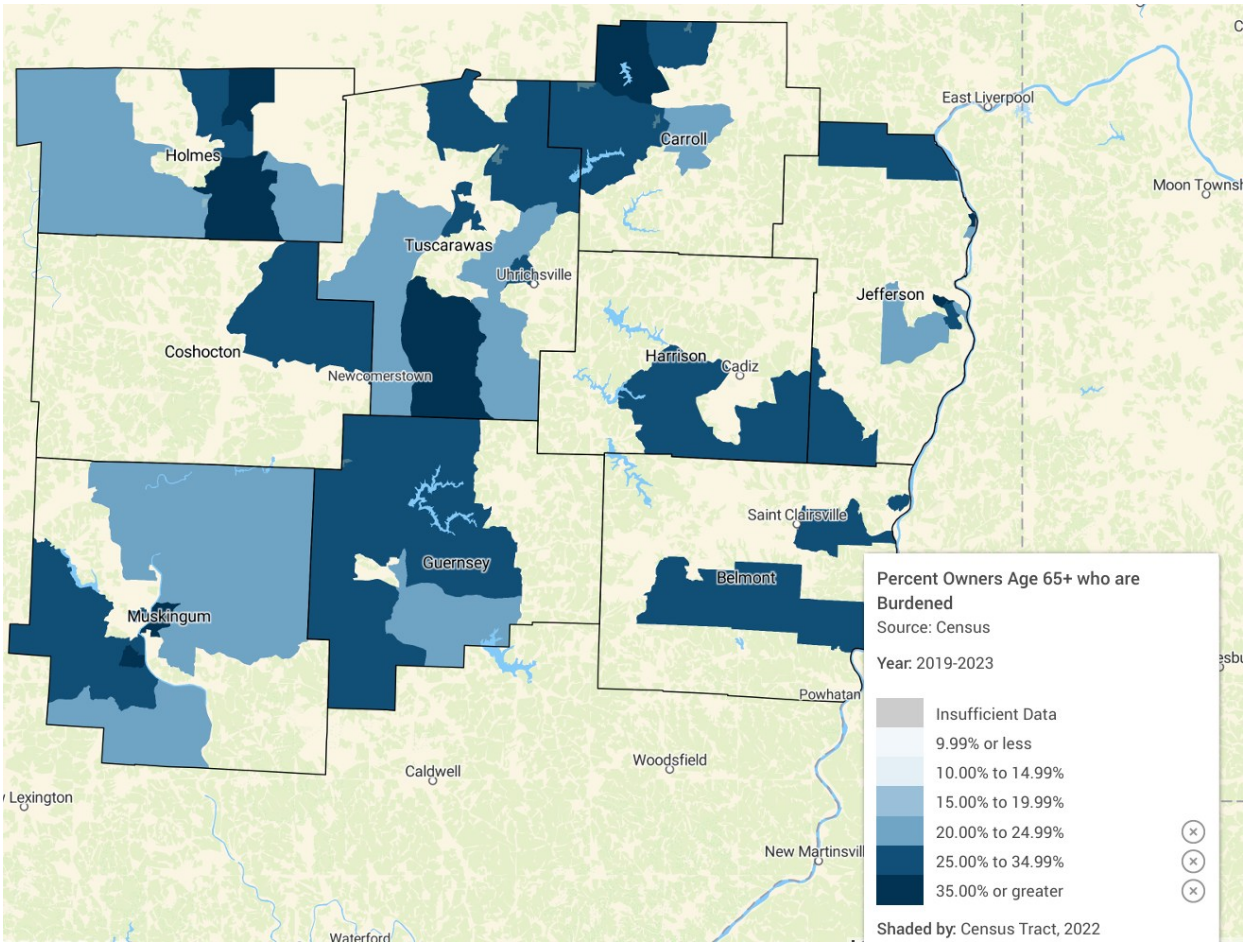
Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 111: HOUSING COST BURDENED OLDER ADULTS

	Homeowners Aged 65 and Over	Renters Aged 65 and Over
Ohio	22.5%	52.4%
Belmont County	17.8%	36.1%
Carroll County	27.2%	34.5%
Coshocton County	14.7%	42.1%
Guernsey County	21.9%	55.2%
Harrison County	16.2%	52.0%
Holmes County	24.3%	28.5%
Jefferson County	16.1%	44.2%
Muskingum County	21.5%	59.0%
Tuscarawas County	19.5%	42.7%

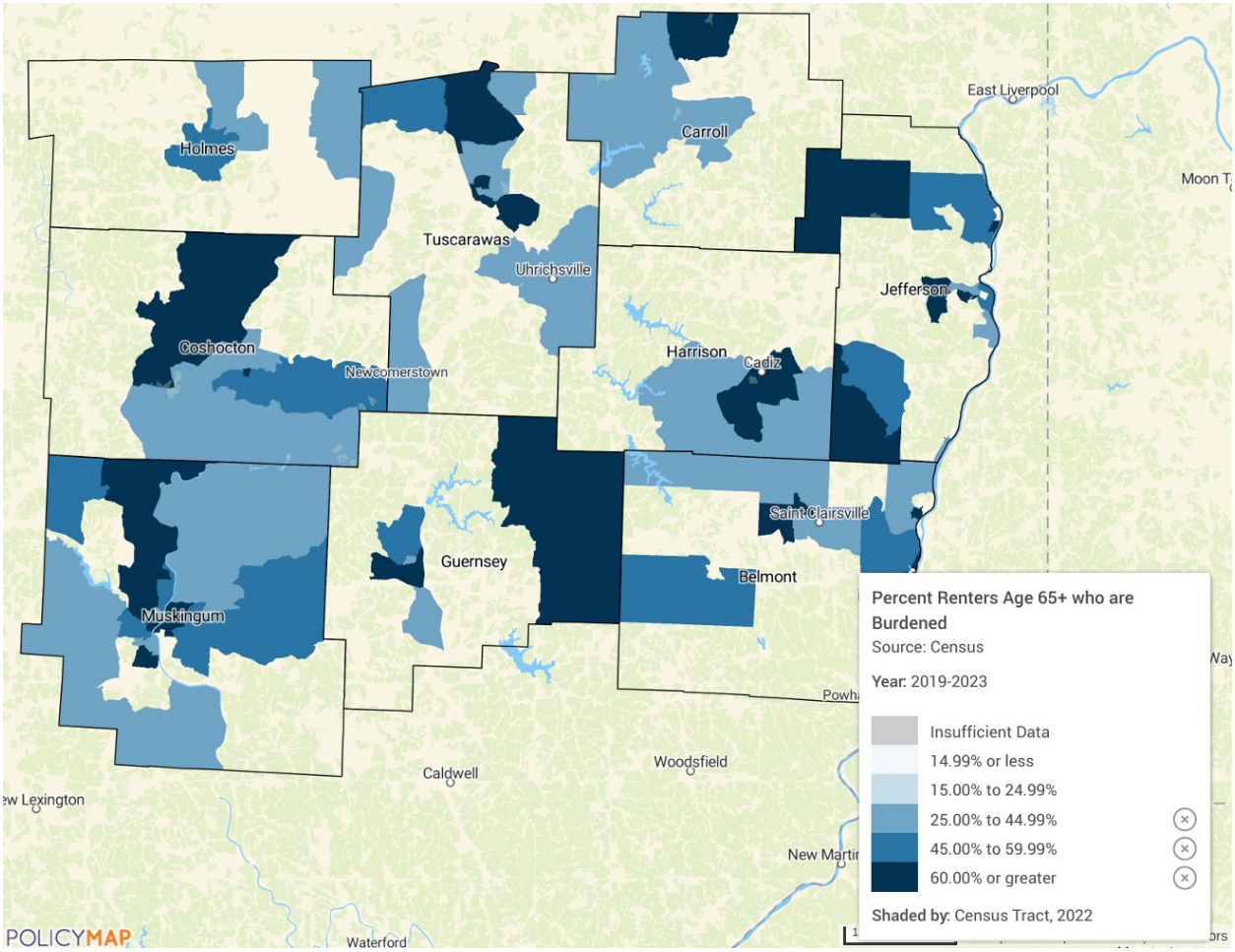
Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

MAP OF THE ESTIMATED PERCENTAGE OF HOMEOWNERS AGE 65 AND OVER BURDENED BY HOUSING COSTS (20.0% OR MORE)



Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

MAP OF THE ESTIMATED PERCENTAGE OF RENTERS AGE 65 AND OVER BURDENED BY HOUSING COSTS (25.0% OR MORE)



Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 112: AGE OF HOUSING STRUCTURE

Year Built	2020 or later	2010 to 2019	2000 to 2009	1990 to 1999	1980 to 1989
United States	1.2%	8.9%	13.6%	12.8%	13.0%
Ohio	0.7%	5.3%	9.6%	11.4%	9.1%
Belmont County	0.2%	5.9%	6.5%	8.5%	7.1%
Carroll County	0.2%	4.2%	9.1%	15.6%	9.6%
Coshocton County	0.6%	4.5%	10.8%	9.2%	9.4%
Guernsey County	0.2%	5.9%	12.0%	12.1%	7.0%
Harrison County	0.5%	5.3%	11.1%	10.6%	7.5%
Holmes County	0.9%	10.8%	17.6%	16.2%	11.1%
Jefferson County	0.2%	2.2%	4.8%	5.5%	5.5%
Muskingum County	0.5%	4.0%	12.8%	11.8%	10.3%
Tuscarawas County	0.3%	4.8%	11.2%	12.6%	8.1%

	1970 to 1979	1960 to 1969	1950 to 1959	1940 to 1949	1939 or earlier
United States	14.4%	10.0%	9.7%	4.5%	11.9%
Ohio	14.1%	11.7%	13.3%	5.7%	19.2%
Belmont County	15.9%	9.4%	12.1%	7.6%	26.9%
Carroll County	16.3%	8.7%	8.7%	4.6%	23.2%
Coshocton County	13.3%	9.3%	10.0%	4.9%	28.0%
Guernsey County	15.5%	8.9%	10.7%	4.5%	23.3%
Harrison County	12.1%	6.0%	12.1%	8.0%	26.8%
Holmes County	12.3%	5.3%	5.6%	2.2%	18.1%
Jefferson County	12.8%	15.3%	18.7%	11.1%	23.8%
Muskingum County	13.8%	10.0%	8.1%	6.3%	22.5%
Tuscarawas County	13.0%	8.5%	10.8%	5.1%	25.6%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 113: HOUSEHOLDS WITH HOUSING PROBLEMS

	Lacking complete plumbing facilities	Lacking complete kitchen facilities
United States	1.8%	2.3%
Ohio	2.1%	2.9%
Belmont County	4.2%	3.8%
Carroll County	1.0%	1.2%
Coshocton County	2.6%	4.3%
Guernsey County	4.6%	4.7%
Harrison County	5.2%	6.7%
Holmes County	1.8%	4.6%
Jefferson County	3.4%	4.4%
Muskingum County	4.2%	6.5%
Tuscarawas County	2.0%	3.4%

Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

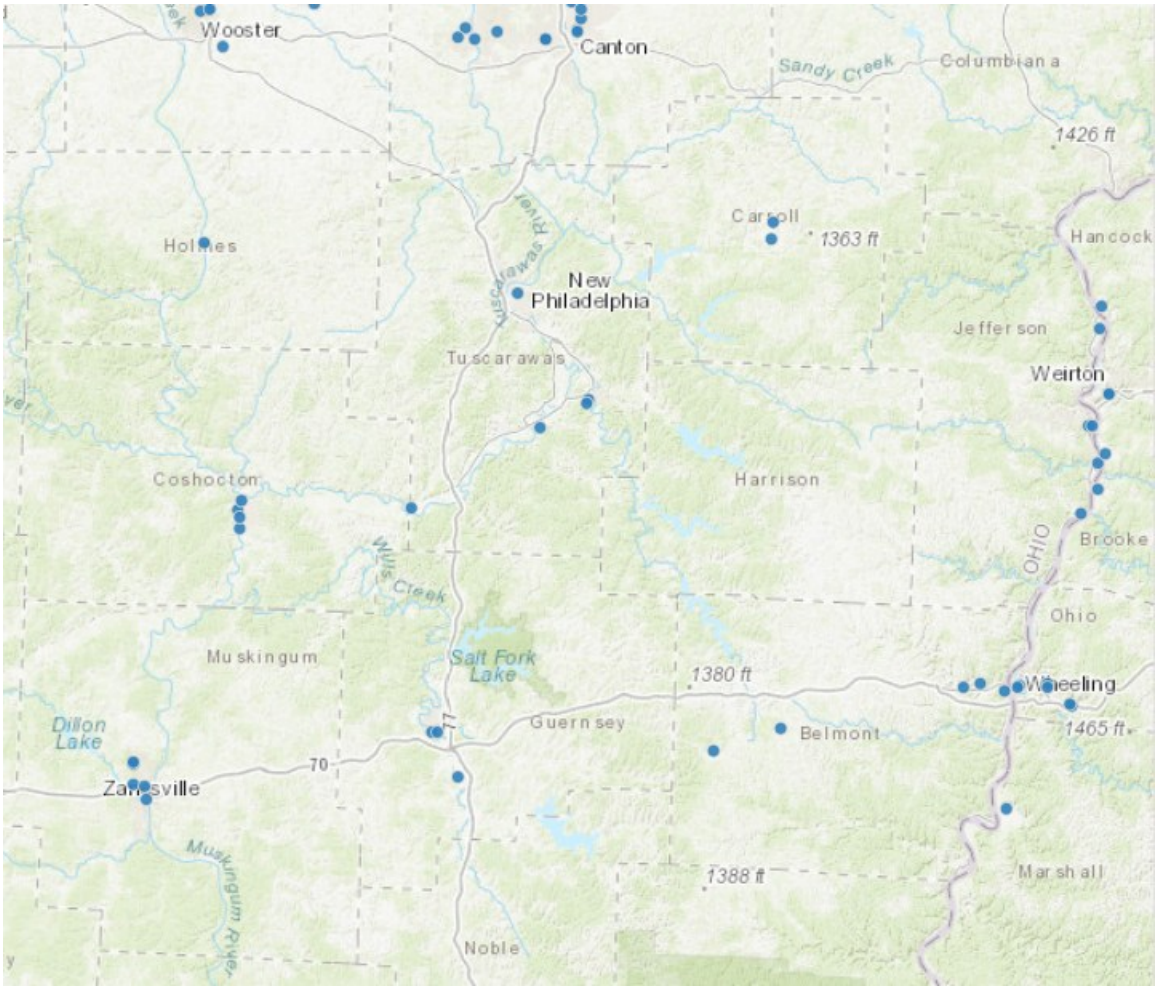
EXHIBIT 61: SELECT HOUSING CHOICE VOUCHER PROGRAM INDICATORS

	Subsidized Units Available		Percent Occupied		Average Annual Household Income	
	2021	2024	2021	2024	2021	2024
Belmont County	275	279	92%	89%	$11,475	$13,998
Carroll County	33	23	65%	58%	$9,706	$10,262
Coshocton County	253	257	94%	91%	$12,958	$14,628
Guernsey County	694	694	98%	97%	$11,074	$12,958
Harrison County	241	250	58%	51%	$12,205	$16,617
Holmes County	43	45	86%	85%	$13,794	$18,082
Jefferson County	822	819	65%	82%	$11,902	$13,599
Muskingum County	939	947	78%	77%	$12,856	$13,912
Tuscarawas County	610	612	94%	90%	$11,897	$13,922

	Head/Spouse Aged 51 to 60		Head/Spouse Aged 62 +		Head/Spouse with a disability, Aged 62 +	
	2021	2024	2021	2024	2021	2024
Belmont County	23%	21%	31%	33%	45%	38%
Carroll County	24%	31%	29%	38%	50%	60%
Coshocton County	22%	19%	38%	39%	71%	75%
Guernsey County	24%	21%	19%	25%	44%	42%
Harrison County	22%	19%	42%	46%	68%	72%
Holmes County	33%	28%	44%	38%	76%	80%
Jefferson County	25%	23%	32%	36%	66%	66%
Muskingum County	26%	23%	28%	30%	78%	85%
Tuscarawas County	29%	29%	29%	32%	73%	69%

Source: HUD User. Picture of Subsidized Households Data Set

EXHIBIT 63: SECTION 202 HOUSING PROPERTIES



Source: HUD-eGIS Storefront, Location Affordability

EXHIBIT 114: RESIDENTIAL CARE AND ASSISTED LIVING

Facility	Counties Served
Belmont County	Beacon House Senior Living Center Country Club Retirement Center Senior Suites at St Clair Commons Walton Retirement Home
Carroll County	Centreville Village Senior Suites at Century Farms, LLC
Coshocton County	Windsorwood Place
Guernsey County	Cambridge Place Cardinal Place The Loft at Cambridge
Harrison County	*None*
Holmes County	Als Millersburg Greenridge, Inc Millersburg Danbury Walnut Hills Retirement Home
Jefferson County	Carriage House Assisted Living
Muskingum County	Brookdale Zanesville Clay Gardens Place Continuing Healthcare at Sterling Suite Helen Purcell Home The Oaks at Bethesda Primrose Retirement Communities The Oaks Rehabilitation and Healthcare
Tuscarawas County	Country Club Center/Homes, Inc The Inn at Northwood Village New Dawn Retirement Center Park Village Al, Np, LLC Park Village Assisted Living Park Village Assisted Living North

Source: The Independent Living Research Utilization Directory of Centers for Independent Living (CILs) and Associations Quality of Housing, 2025

EXHIBIT 115: POINT-IN-TIME COUNT

	2023	2024	2025
Belmont County	21	18	22
Carroll County	0	0	0
Coshocton County	10	10	17
Guernsey County	25	39	23
Harrison County	0	0	0
Holmes County	2	10	10
Jefferson County	48	56	61
Muskingum County	38	70	52
Tuscarawas County	38	0	33

Source: Coalition on Homeless and Housing in Ohio

EXHIBIT 116: TRANSPORTATION MEANS AND COMMUTING

	Households With No Vehicle	Public Transit To Work	Mean Travel Time To Work
United States	8.3%	3.5%	26.6
Ohio	7.4%	1.1%	23.6
Belmont County	6.8%	0.1%	25.6
Carroll County	6.6%	0.1%	29.0
Coshocton County	10.7%	0.1%	24.9
Guernsey County	7.4%	0.1%	23.1
Harrison County	6.6%	0.0%	28.4
Holmes County	32.6%	0.4%	21.5
Jefferson County	9.0%	0.4%	23.5
Muskingum County	7.1%	0.1%	25.5
Tuscarawas County	7.8%	0.0%	23.2

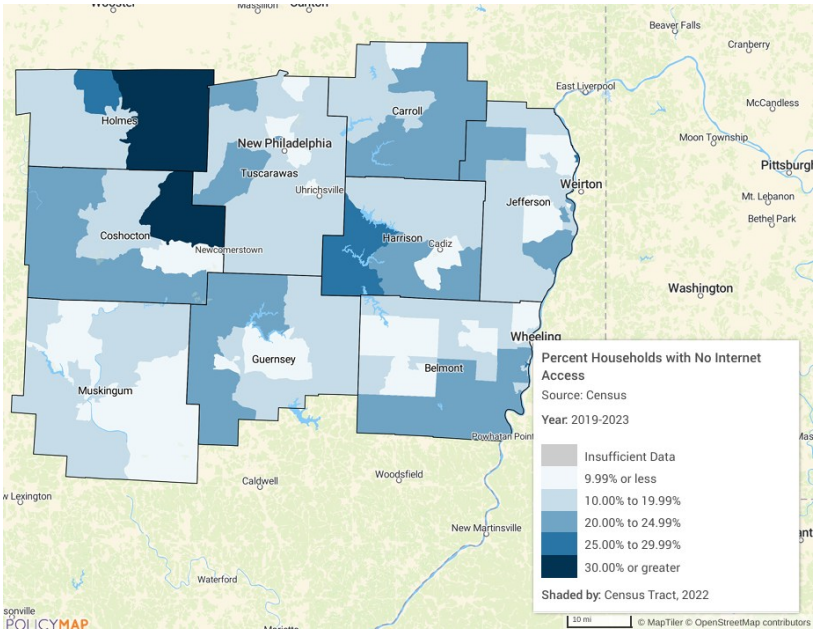
Source: U.S. Census Bureau American Community Survey Five-Year Estimates, 2019-2023

EXHIBIT 117: ACCESS TO TECHNOLOGY

	Households without a Computer Device	Households without Internet Access
United States	5.2%	7.7%
Ohio	6.4%	8.6%
Belmont County	13.7%	13.9%
Carroll County	11.6%	17.9%
Coshocton County	12.8%	17.4%
Guernsey County	10.7%	13.0%
Harrison County	14.3%	16.6%
Holmes County	30.4%	35.8%
Jefferson County	12.4%	13.4%
Muskingum County	8.5%	10.0%
Tuscarawas County	10.0%	13.6%

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

MAP OF THE ESTIMATED PERCENTAGE OF HOUSEHOLDS WITH NO INTERNET ACCESS



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

EXHIBIT 118: FOOD INSECURITY AMONG OLDER ADULTS

	Age 50 to 59		Age 60 and Over	
	2021	2023	2021	2023
United States	9.4%	12.8%	7.1%	9.2%
Ohio	11.6%	12.9%	4.9%	8.3%

Source: Feeding America, Mind the Meal Gap

EXHIBIT 119: FOOD INSECURITY RATE, TOTAL POPULATION

	2021	2023
Ohio	11.8%	15.3%
Belmont County	12.2%	16.5%
Carroll County	12.9%	15.7%
Coshocton County	15.1%	18.1%
Guernsey County	14.7%	17.4%
Harrison County	13.7%	16.4%
Holmes County	8.2%	11.7%
Jefferson County	14.6%	17.8%
Muskingum County	13.3%	16.7%
Tuscarawas County	12.1%	15.7%

Source: Feeding America, Mind the Meal Gap

Appendix B: Focus Group Moderator's Guide

AAA9 Community Needs Assessment

Focus Group Discussion Guide

Introduction

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with AAA9 to conduct a community needs assessment of the community.

Explain the general purpose of the discussion

The purpose of this conversation is to better understand the needs of older adults in the community and identify barriers that may prevent them from accessing AAA9 services. The information gathered will help reveal gaps in existing services and determine the level of support needed to meet these needs effectively. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals.

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 here to be confidential.

Describe protocol and logistics 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. In fact, 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 feel comfortable. If you need to take a break to use the restroom, please do.

If virtual

If you have a private question, feel free to type it in the Chat area of the software. 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?

Focus Group:

County:

Number of Attendees:

Introduction

1. What are some of the positive things or strengths that the community has to offer? (Such as outdoor activities, lifestyle, family-centered)

2. What are the biggest concerns and/or conditions older adults in your community struggle with?

Social Drivers of Health

3. From your perspective, what are the top **non-health-related needs** for older adults in your community and why?

Probe List:

- To what degree do older adults have access to affordable, nutritious food? (PROBE: Are there food pantry programs or home-delivery services that provide hot meals to older adults with limited mobility?)
- In general, are there local and accessible social activities and opportunities for older adults to engage with others?
- Do older adults have reliable transportation to places such as the grocery store, doctor appointments, and activities in the community? Is there any type of public transportation system for the older adult population?
- Is reliable internet access available to most areas? Are there opportunities for older adults (and/or caregivers) to learn how to be more technologically savvy – like classes or other programs around how to use a cellphone, internet, or tablet?
- To what degree is the cost of housing impacting older adults? Are most older adults able to afford their current housing?
- What support exists for older adults who may struggle to afford utilities such as heating fuel, electricity, and water?

4. You indicated that **[restate the top needs mentioned above]** are significant needs in your community. What are one or two of the biggest challenges to addressing each of these needs?

In-home Care

5. What resources exist for older adults requiring in-home care?
    - Are they accessible? Is in-home care affordable for older adults with a lower socioeconomic status?

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

Healthcare Access and Quality

7. What are some of the most common health challenges the older community faces (i.e., obesity, diabetes, cancer, heart disease, dementia, COPD, chronic kidney disease, etc.)?

8. What, if any, health care services are difficult to find and/or access for older adults? Why? **OR** You indicated that [restate top health challenges mentioned above] are significant health needs in your community. What are the biggest challenges older adults experience in addressing each of these needs?

9. What resources exist for older adults with memory loss conditions such as Alzheimer's Disease or dementia?
    - Who are these resources targeted at? (Older adults, caregivers, families, etc.)

10. To what extent does Medicare adequately meet older adults' prescription medication, dental, and other health needs?
    - Do older adults face challenges affording their medications due to high copays or insufficient insurance coverage?

Caregiving (Caregiver Support/Kinship Care)

11. For grandparents or other older adults who have legal responsibility for their grandchildren or other children, what types of community support or resources are available to assist them?
    - Do schools work with grandparents who may need further guidance? Do other organizations provide sliding-scale childcare costs? Are there legal or other structural supports or barriers?
12. Where do caregivers for older individuals go to learn about how to take care of their relatives or friends?
    - Are there support groups or events for caregivers? Do workplaces provide flexibility for caregivers who may need additional schedule changes?)

Behavioral Health (Mental Health and Substance Use Disorder)

13. What are mental health services like for older adults in your area? What are the challenges?
    - Are there good crisis care services, inpatient, outpatient, and recovery services, especially for older adults?

14. Describe the substance use disorder care services in your area. What are the challenges for older adults?

Vulnerable Communities

15. Are there certain older adult populations, social groups, or geographic areas that are more significantly impacted by the issues we've been talking about? How so?
    - What do you think can be done to address the inequities these communities experience?

Community Resources and Awareness

16. What are the key community resources, assets, or partnerships in the area that can help address the needs we talked about today?

17. How do older adults (and/or caregivers) learn about resources that are available in the community?
    - (If the interviewee indicates that resources are not widely known) What recommendations do you have for increasing awareness of these resources?

Conclusion

18. Are there any other thoughts or comments you would like to share that we have not discussed?

Appendix C: Key Informant Interview Guide

AAA9 Community Needs Assessment

Key Informant Interview Guide

Introduction

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with the Area Agency on Aging for Region 9 (AAA9) to conduct interviews for a Community Needs Assessment. The purpose of this conversation is to better understand the needs of older adults in the community and identify barriers that may prevent them from accessing AAA9 services. The information gathered will help reveal gaps in existing services and determine the level of support needed to meet these needs effectively.

While we will describe our discussion in a written report, specific quotes will not be attributed to individuals. Is that ok with you?

[IF RECORDING] Is it ok if I record and transcribe this meeting using an AI-based note taker?

Do you have any questions for me before we start?

Researcher Notes:

1. Use your best judgment and knowledge of the key informant to prioritize questions pertinent to their area of expertise.
2. Take notes in first-person point of view (use "I" statements), verbatim language as much as possible.
3. If key informants provide one-word answers, PROBE for more details. For example, if you ask about top priority needs/challenges and they say "transportation," PROBE for WHY transportation is challenging – is there a public transit system? What issues do people face when using it?
4. After the interview, review the notes for any typos that make the message unclear or confusing.
5. Remove all instructions and questions that were not covered.
6. Not all topics may be covered in all interviews. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.
7. Save the file with the following naming configuration in the client folder:
    - KII_location(if applicable)_last name_date

Key Informant:

County:

Organization:

Sector Representation:

Introduction

19. What are some of the positive things or strengths that the community has to offer? (Such as outdoor activities, lifestyle, family-centered)

20. What are the biggest concerns and/or conditions older adults in your community struggle with?

Social Drivers of Health

21. From your perspective, what are the top **non-health-related needs** for older adults in your community and why?

    Probe List:

    - To what degree do older adults have access to affordable, nutritious food? (PROBE: Are there food pantry programs or home-delivery services that provide hot meals to older adults with limited mobility?)
    - In general, are there local and accessible social activities and opportunities for older adults to engage with others?
    - Do older adults have reliable transportation to places such as the grocery store, doctor appointments, and activities in the community? Is there any type of public transportation system for the older adult population?
    - Is reliable internet access available to most areas? Are there opportunities for older adults (and/or caregivers) to learn how to be more technologically savvy – like classes or other programs around how to use a cellphone, internet, or tablet?
    - To what degree is the cost of housing impacting older adults? Are most older adults able to afford their current housing?
    - What support exists for older adults who may struggle to afford utilities such as heating fuel, electricity, and water?

22. You indicated that **[restate the top needs mentioned above]** are significant needs in your community. What are one or two of the biggest challenges to addressing each of these needs?

In-home Care

23. What resources exist for older adults requiring in-home care?
    - Are they accessible? Is in-home care affordable for older adults with a lower socioeconomic status?

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

Healthcare Access and Quality

25. What are some of the most common health challenges the older community faces (i.e., obesity, diabetes, cancer, heart disease, dementia, COPD, chronic kidney disease, etc.)?

26. What, if any, health care services are difficult to find and/or access for older adults? Why? **OR** You indicated that [restate top health challenges mentioned above] are significant health needs in your community. What are the biggest challenges older adults experience in addressing each of these needs?

27. What resources exist for older adults with memory loss conditions such as Alzheimer's Disease or dementia?
    - Who are these resources targeted at? (Older adults, caregivers, families, etc.)

28. To what extent does Medicare adequately meet older adults' prescription medication, dental, and other health needs?
    - Do older adults face challenges affording their medications due to high copays or insufficient insurance coverage?

Caregiving (Caregiver Support/Kinship Care)

29. For grandparents or other older adults who have legal responsibility for their grandchildren or other children, what types of community support or resources are available to assist them?
    - Do schools work with grandparents who may need further guidance? Do other organizations provide sliding-scale childcare costs? Are there legal or other structural supports or barriers?

30. Where do caregivers for older individuals go to learn about how to take care of their relatives or friends?
    - Are there support groups or events for caregivers? Do workplaces provide flexibility for caregivers who may need additional schedule changes?)

Behavioral Health (Mental Health and Substance Use Disorder)

31. What are mental health services like for older adults in your area? What are the challenges?
    - Are there good crisis care services, inpatient, outpatient, and recovery services, especially for older adults?

32. Describe the substance use disorder care services in your area. What are the challenges for older adults?

Vulnerable Communities

33. Are there certain older adult populations, social groups, or geographic areas that are more significantly impacted by the issues we've been talking about? How so?
    - What do you think can be done to address the inequities these communities experience?

Community Resources and Awareness

34. What are the key community resources, assets, or partnerships in the area that can help address the needs we talked about today?

35. How do older adults (and/or caregivers) learn about resources that are available in the community?
    - (If the interviewee indicates that resources are not widely known) What recommendations do you have for increasing awareness of these resources?

Conclusion

36. Are there any other thoughts or comments you would like to share that we have not discussed?

Appendix D: Community Survey

Thank you for completing this short Community Needs Assessment survey for the Area Agency on Aging Region 9 (AAA9). The results of this survey will help AAA9 better understand the needs of older adults and caregivers in the community and identify barriers that may prevent them from accessing AAA9 services. This will take less than 10 minutes.

Please return your completed survey to your local AAA9 senior center by Friday, January 30th.

In what **County** do you live?

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

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

Using a scale from 1 to 5 — where 1 means no additional focus is needed and 5 means much more focus is needed — how much attention do you believe each of the following issues affecting older adults requires in your community?

	1 No more needed	2 Minimal Focus Needed	3 Moderate Focus Needed	4 High Focus Needed	5 Much More Focus Needed	I do not know
Access to affordable, nutritious food						
Local and accessible social activities and opportunities to engage with others						
Reliable transportation to places such as the grocery store, doctor appointments, and activities						
Opportunities to build tech skills (e.g., using a cellphone, internet, or tablet)						
Available housing that is affordable, safe, and of quality						
Financial assistance to pay utilities like heat, electricity, and water						
Available, affordable, and of quality in-home care						
Local counseling and other mental health services (when needed)						
Mental health crisis care is available						
Local programs for substance use treatment						
Resources for caregivers of older adults to learn about how to take care of their relatives or friends						
Accessible local preventative healthcare (e.g., screenings/immunization)						

Accessible healthcare providers who treat Alzheimer's, dementia, and/or memory loss						

Using a scale from 1 to 5 — where 1 means no additional focus is needed and 5 means much more focus is needed — how much attention do you believe each of the following issues affecting older adults requires in your community?

	1 No more needed	**2 Minimal Focus Needed**	**3 Moderate Focus Needed**	**4 High Focus Needed**	**5 Much More Focus Needed**	**I do not know**
Legal services for older adults (e.g., estate planning, wills/trusts, power of attorneys)						
Available resources for older adults and caregivers who have limited English proficiency (e.g., translation services at no cost)						

For each statement below, please rate your level of agreement regarding older adults in your community using a scale from 1 to 5, where 1 means strongly disagree and 5 means strongly agree.

	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree	I do not know
Our community cares about the older adult population						
Our community is good at helping our older adult population						
The community is informed about AAA9 services and programs						
There are resources and/or programs to improve health literacy for older adults						
There are resources and/or programs for older adults in the LGBTQIA+ community (e.g., SAGE)						

For each statement below, please rate your level of agreement regarding older adults in your community using a scale from 1 to 5, where 1 means strongly disagree and 5 means strongly agree.

	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree	I do not know
Older adults with limited mobility can easily access community spaces (e.g., ramps/rails)						
The internet is affordable and available						
Medicare is sufficient to pay for prescription medications						
Medicare is sufficient to pay for dental care						
In-home care is affordable for older adults						
Local Assisted/Independent Living Communities are available and affordable						
There are local support groups/educational opportunities for caregivers who care for older adults						
There are local social opportunities and entertainment available for older adults						
Community support for grandparents raising grandchildren (e.g., through schools/childcare)						

About You

The following questions are used to sort and compare groups of responses and **will not** be used to identify individual respondents.

What age group do you fall within?

- ☐ 40 or Under
- ☐ 40-50
- ☐ 51-55
- ☐ 56-60
- ☐ 61-64
- ☐ 65 and Over
- ☐ I prefer not to answer

What is your gender?

- ☐ Male
- ☐ Female
- ☐ I prefer not to answer

What is your race? (check all that apply)

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ Asian
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Another race
- ☐ I prefer not to answer

Are you of Hispanic, Latino, or another Spanish origin?

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer