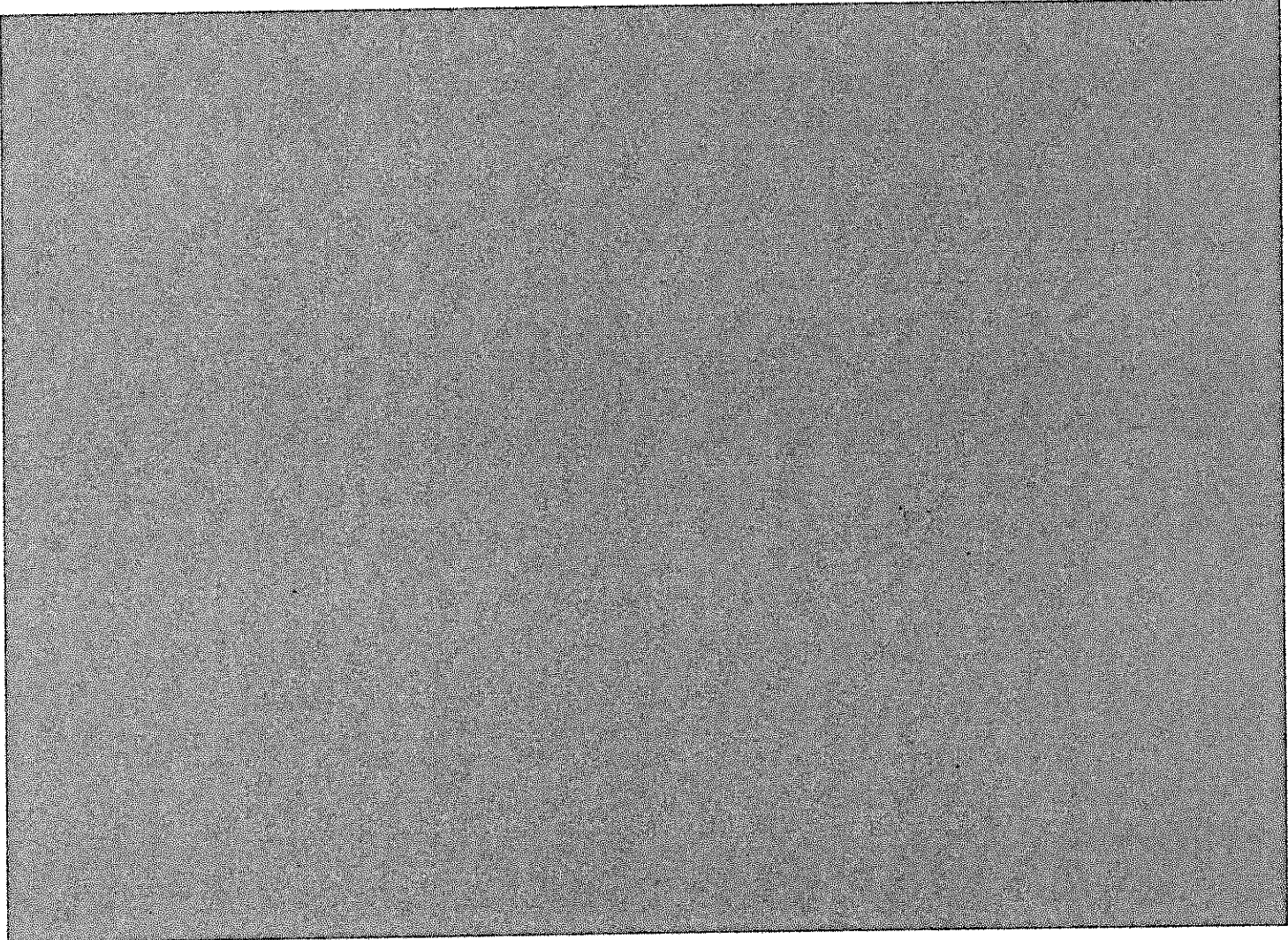


PART 2 – 2023-2026 STRATEGIC AREA PLAN
NEEDS ASSESSMENT



Introduction

This portion of the Strategic Area Plan serves to capture your AAA's needs assessment activities undertaken, the findings of such activities, and planned activities to address the identified service needs. Please refer to the 2023-2026 Strategic Area Plan Needs Assessment Guidance located on the [WAN](#) for resources that may assist with conducting your assessment. Please complete the following three sections:

1. Needs Assessment

At a minimum, the needs assessment must include:

- A description of the methods and mechanisms through which the needs within your planning and service area (PSA) were assessed (e.g. forums, surveys, reputable data sources, etc.);
- A regional profile that provides an overview of the social, economic, and demographic characteristics within your PSA;
- Emphasis on the populations identified in [42 U.S. Code § 3026\(a\)\(4\)\(B\)](#);
- A description of the extent of older adults' needs for services within your PSA, determined as a result of conducting this assessment; and,
- A description of how your needs assessment findings were used to guide your AAA's Area Plan development and proposed goals and strategies in Part 3.

Additionally, the needs assessment may include ([42 U.S. Code § 3026\(b\)](#)):

- An assessment of how your AAA and its service providers are prepared for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted;
- The projected change in the number of older individuals in your PSA;
- An analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- An analysis of how the programs, policies, and services provided by your agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in your PSA; and/or,
- An analysis of how the change in the number of individuals age 85 and older in the PSA is expected to affect the need for supportive services,

SEE ATTACHED DOCUMENTATION

2. Establishment and Maintenance of Information and Referral (I&R) Providers

Provide a compilation of results of the required I&R survey conducted by your AAA. Please refer to ODA policy 101-FUN-05 for additional requirements. You may also reference the 2023-2026 Strategic Area Plan Needs Assessment Guidance located on the [WAN](#) for sample survey questions.

Click or tap here to enter text, and/or attach documentation to satisfy the requirements.

Describe your AAA's plan of action to resolve unmet I&R needs. Include, at a minimum, the following:

- Identify the unmet I&R needs of the PSA;
- Specify if the unmet needs will be resolved by either:
 - A) coordinating with local providers to establish and maintain an I&R service or similar provider; or,
 - B) providing Title III funding for the establishment and maintenance of an I&R provider;
- Provide the planned completion date; and,
- Specify the amount of Title III funds involved.

AAA7 has been designated as the Aging and Disability Resource Center for several years and has established and continues to maintain an extensive electronic resources database that is easily accessible by our ADRN staff, case managers, and the general public through our AAA7 website. We provide Information, Referral, and Assistance for our ten- county region through our toll free 1-800-582-7277 line. Our provider network will provide information to callers in their respective counties about the services they provide such as transportation, home-delivered meals, and personal care then refer them to us for other information that is needed. The information in our database is for older adults, their caregivers, and individuals with disabilities as we provide case management services for the under 60 Ohio Home Care Waiver. The only services listed that we need additional information about are peer support/counseling and youth transition programs/services. We allocate a minimum (less than \$10,000) of Older Americans Act Title IIIB funds to support the ADRN since there are other funding sources utilized for that service.

3. Targeted Outreach Plan

Explain your AAA's planned outreach activities to address the identified service needs of targeted populations. At a minimum, include how your agency will:

- Identify individuals eligible for assistance, with special emphasis on –
 - Older individuals residing in rural areas;
 - Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - Older individuals with severe disabilities;
 - Older individuals with limited English proficiency;
 - Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and,
 - Older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and,
- Inform those individuals and their caregivers of the availability of assistance.

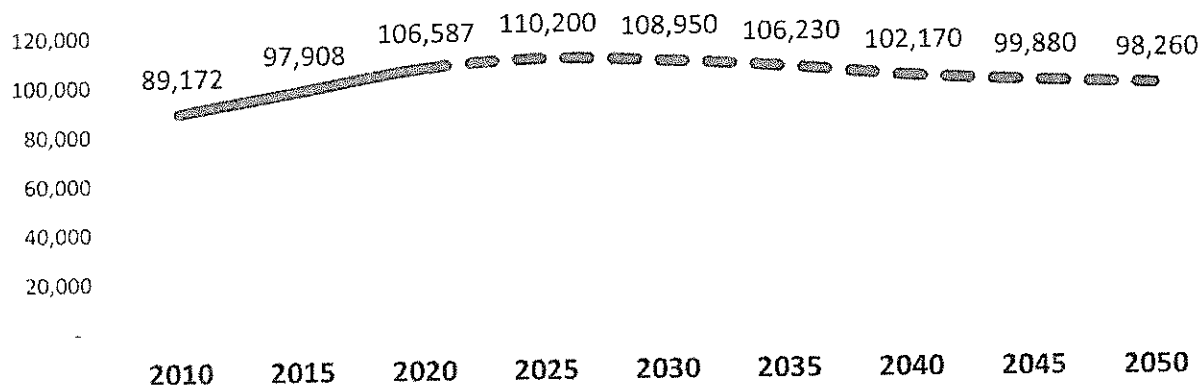
As you can read from the data collected, the older adult population in AAA7 has high percentages in each of the targeted identifiers. The only exceptions are limited English speaking and Holocaust survivors. We know of no Holocaust survivors in our region and the limited English speaking populations as a whole is small, however, we do have translation services on contract if needed. We provide outreach through print media since many older adults in our region still read newspapers, and we regularly provide interviews and program information through the local radio stations in the area. We have increased our social media presence significantly since the beginning of the pandemic. Utilizing our Facebook page for multiple live streams and archived educational sessions and updating our website regularly. We have started attending and presenting at community events during the past month to directly reach individuals in each of the counties.

**AREA AGENCY ON AGING DISTRICT 7, INC.
2023-2026 STRATEGIC PLAN NEEDS ASSESSMENT**

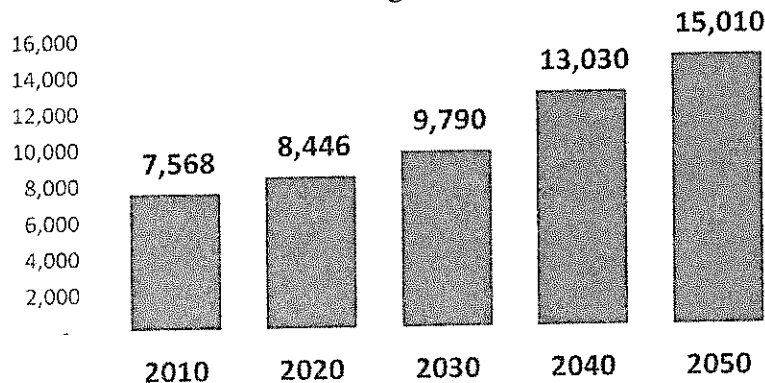
During the time the needs assessment was to be completed our region was still rating high for COVID cases and transmissions, and our offices were functioning with our hybrid work model. Doing face-to-face forums was not realistic, and telephone surveys were not advisable as many seniors were getting scammed and being warned not to give out information over the phone. Working through electronic media was also challenging as broad band issues continue to plague OUR region. Our contracted network was still providing services through alternate means (such as Grab-and-Go meals) and no senior center or congregate meal site was open until this spring. Our senior centers and congregate meal sites are not all open at this writing, and those that are have not returned to their full capacity. Due to limitations our region was experiencing, we contracted with the Center Community Solutions to collect and evaluate the required data. We also reviewed information from community health assessments that were completed by the respective counties. We are hoping as the year progresses we will be able to perform a more in-depth, individualized needs assessment.

Area Agency on Aging District 7 (Ohio Area Agency on Aging Region 7) covers a region encompassing ten counties in southern Ohio: Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto, and Vinton. This ten-county area is a part of the federal Appalachian Region designation and reflects the social, economic, and cultural attributes of Appalachia. The area is home to 106,587 older adults over the age of 60, accounting for 24.8 percent of the total population of the ten counties. Following state and national trends, the number and share of older adults has been growing in the region and is expected to continue to increase for the next several decades. This increase is the result of generational demographics and the fact that people are living longer lives and remaining in their homes and communities as they age. The growth is particularly pronounced among the population ages 85 and above. Increasing numbers of the oldest residents is expected to increase demand for supportive services including home-delivered meals, housekeeping, home modification, in-home care, and social connectedness. Area Agency on Aging District 7 and the entire community will need to adapt to these changes.

Population Projection, Population Ages 60+, Area Agency on Aging, District 7 Region



Population Projection, Population Ages 85+, Area Agency on Aging, District 7 Region

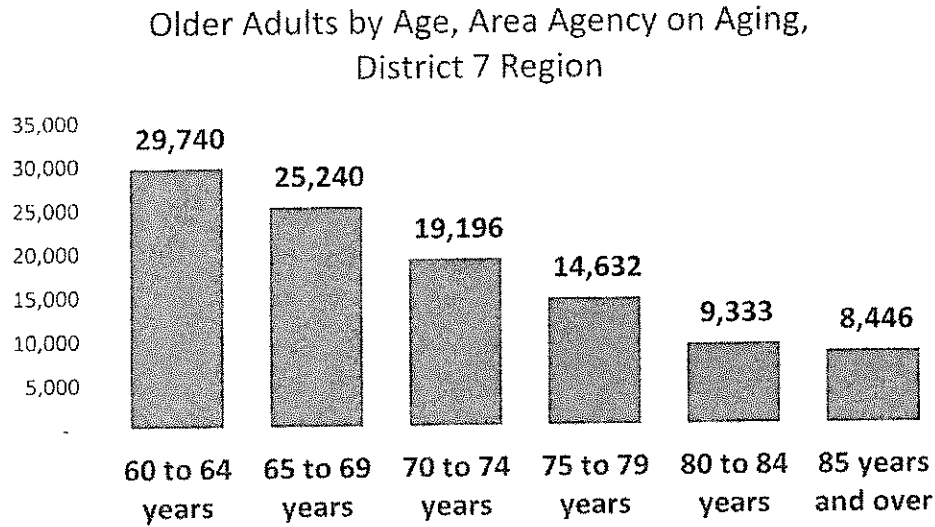


Secondary data analysis for this assessment was compiled by The Center for Community Solutions on behalf of Area Agency on Aging District 7. We relied on the latest available data for the civilian, non-institutionalized population. Unless otherwise noted, the data source is the U.S. Census Bureau’s American Community Survey 2020 5-Year estimates. Data was compiled for each county within the region then aggregated for the region as a whole. Percentages were calculated using weighted averages to reflect the share of the entire population of the region who might be experiencing certain community conditions. Where ever possible, data is reported for ages 60 and older. However, due to data availability, many indicators are for the population ages 65 and older. All the data carry margins of error. For smaller geographies and subpopulations, margins of error can be substantial and differences should be interpreted with caution.

The indicators selected for examination provide an overview of the social, economic, and demographic characteristics of the older adult population in the region with special emphasis on older individuals with greatest economic need, greatest social need, low-income minority older individuals, those with limited English proficiency, and/or those living in rural areas.

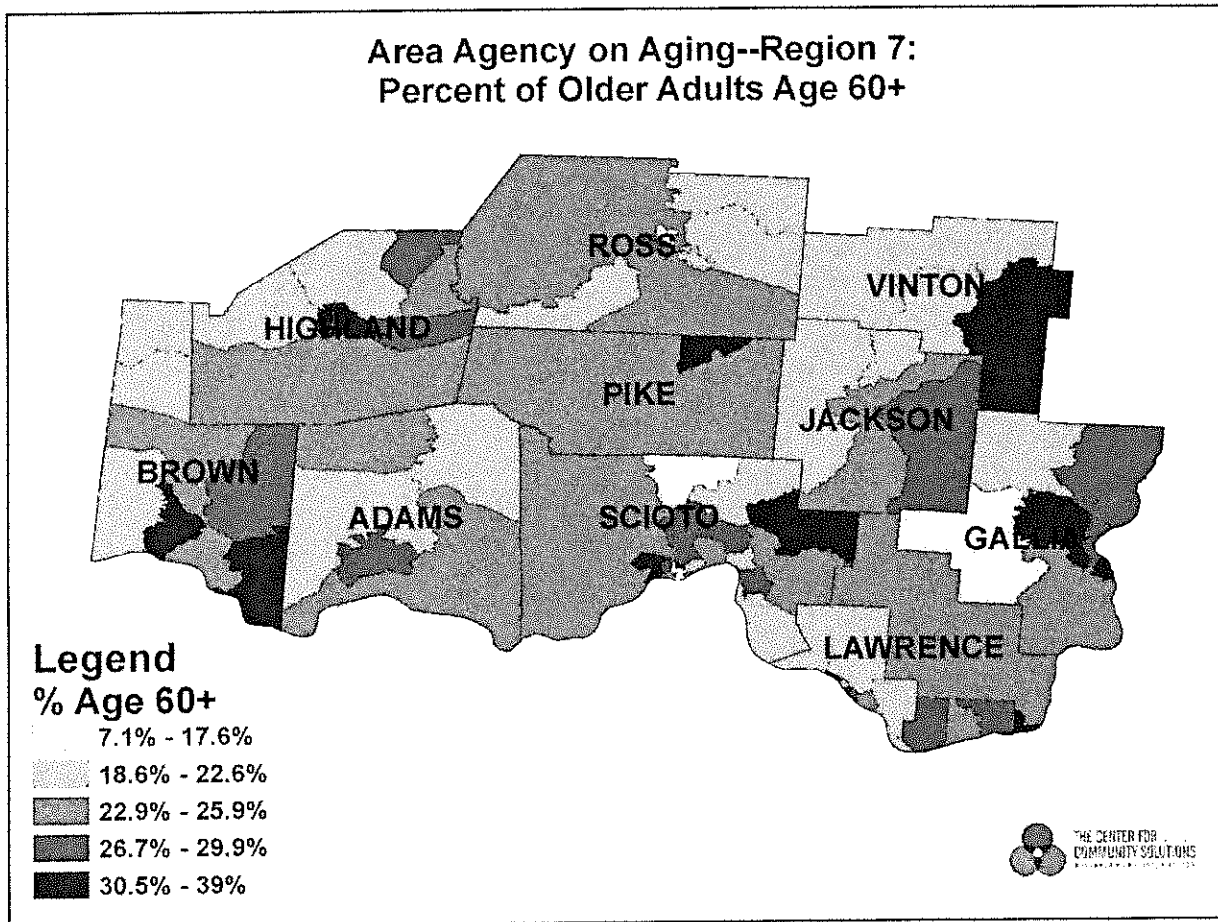
Profile of Older Adults in the Region

Over 106,000 adults age 60 and over live in the ten-county area. This includes 8,446 people who are 85 and older, accounting for 7.9 percent of older adults in the region. Around 55 percent of residents over the age of 60 are female.



The map below shows the percent of the population who are over the age of 60.

**Area Agency on Aging--Region 7:
Percent of Older Adults Age 60+**



The Area Agency on Aging District 7 region serves an area that is largely rural. Nearly 81,500 individuals ages 60 and older live in rural areas within the region, accounting for 76.4 percent of the older adult population. The population living in rural areas was calculated by The Center for Community Solutions based on guidance from the U.S. Department of Health and Human Services, and includes the entire population of counties outside Ohio’s Metropolitan areas and some individual rural Census Tracts within Metro counties.¹ For this region, rural areas include all of Adams, Gallia, Jackson, Pike, Ross, Scioto, and Vinton Counties and certain parts of Highland, Brown, and Lawrence Counties. While these certain parts may not be defined as rural do to their proximity to a more urbanized area such as Cincinnati, Dayton and Huntington, WV, there is little benefit to the older adult population with regards to access to services. Lack of transportation, significant poverty, and food insecurity exist in all areas of our region and the rural landscape is found throughout...there are no metro areas within our ten-county area.

¹ See “Defining Rural Population”, U.S. Department of Health and Human Services, Health Resources & Service Administration. <https://www.hrsa.gov/rural-health/about-us/definition/index.html>. Census Tracts in Metro counties were included if they had a rural-urban community area (RUCA) code of 4-10. RUCA codes have not been updated for 2020, so calculations are based on the 2010 RUCA codes. Visit <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/> for more information.

Race and Ethnicity

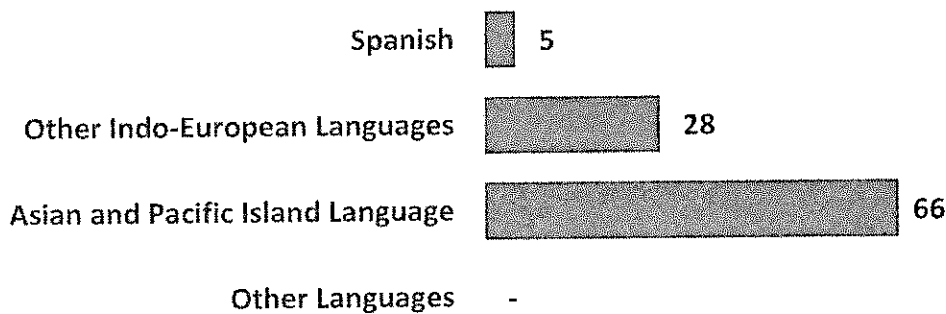
In the Area Agency on Aging, District 7 region, 3.7 percent of the population over age 65 are Black, Indigenous, or People of Color (BIPOC). More detailed breakdowns of racial and ethnic makeup of the population is provided in the table below

	Region		Ohio
Total Number of Older Adults (Age 65+)	76,847		1,990,621
Race/Ethnicity	Number	%	%
<i>White</i>	74,121	96.5%	88.2%
<i>Black/ African American</i>	1,393	1.8%	8.9%
<i>American Indian and Alaskan Native</i>	55	-	0.1%
<i>Asian/ Asian American</i>	217	0.3%	1.2%
<i>Native Hawaiian and Pacific Islander</i>	5	-	0.0%
<i>Other Race</i>	256	0.3%	0.7%
<i>More than One Race</i>	800	1.0%	0.9%
<i>Hispanic/Latinx Ethnicity</i>	405	0.5%	1.4%

Limited English Proficiency

While nearly all older adults over age 65 in the region speak only English (98.9 percent), there are around 100 individuals over age 65 in the region who do not speak English at all or do not speak it well. As shown in the chart below, the most common languages spoken by people who have limited English proficiency are Indo-European Languages, Asian and Pacific Island Languages, and Spanish.

Language Spoken, Older Adults who Speak English Not Well or Not At All, Area Agency on Aging, District 7 Region



Housing Tenure and Family Structure

According to data from the 2020 Decennial Census, there were 3,270 people in the region of all ages living in nursing facilities or skilled nursing facilities. Among older adults living in the community, most own their homes. Around 80 percent are owners and 19.6 percent are renters. In fact, although people ages 60 and above make up only 25 percent of the population, 45 percent of all people who own their homes in the ten-county area are older adults. In the Area Agency on Aging, District 7 region, 22,440 people (29.2 percent) over the age of 65 live alone. Living alone can contribute to social isolation and vulnerability. In the region as a whole, there are 5,526 grandparents who are responsible for their own grandchildren under 18 years. However, fewer than half (41.7 percent) of the grandparents raising grandchildren are older adults ages 65 and above, a total of 2,303 individuals.

Other Demographic Indicators

One out of every five people over the age of 65 in the region are veterans, accounting for 19.6 percent of the total. Men are much more likely to report having served in the military than women.

In recent years, the number of older adults who have access to the internet has increased. Around 62 percent of people over the age of 65 report that they have a broadband subscription. On the other hand, 20,640 older adult households have no computer at all.

Economic and Social Needs in the Region

Nationwide trends show that people are delaying retirement and remaining in the workforce longer than in previous generations. Over 21,911 people over the age of 60 are in the labor force, including 21,462 who are employed and 449 who are unemployed by actively looking for work. According to this data, the unemployment rate for older adults in the region overall was 2.0 percent. As shown in the chart below, labor force participation drops substantially after age 70, as people retire either by choice or by necessity.

Labor Force Participation by Age



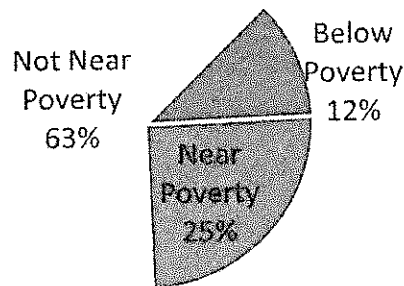
In the Area Agency on Aging, District 7 region most older adult households receive Social Security, and many have income from earnings or retirement. Retirement income is also common. Public benefits programs such as SSI, cash assistance and SNAP provide fewer resources on average than private retirement funds and earnings.

Older Adult (60+) Households		
Income Source	Share of Households	Regional Average, Annual Income
Social Security	78.6%	\$18,857
Retirement	52.0%	\$24,312
Earnings	38.2%	\$51,949
Supplemental Nutrition Assistance Program (SNAP)	16.4%	Not Applicable
Supplemental Security Income (SSI)	9.0%	\$9,287
Cash Public Assistance	2.0%	\$2,619

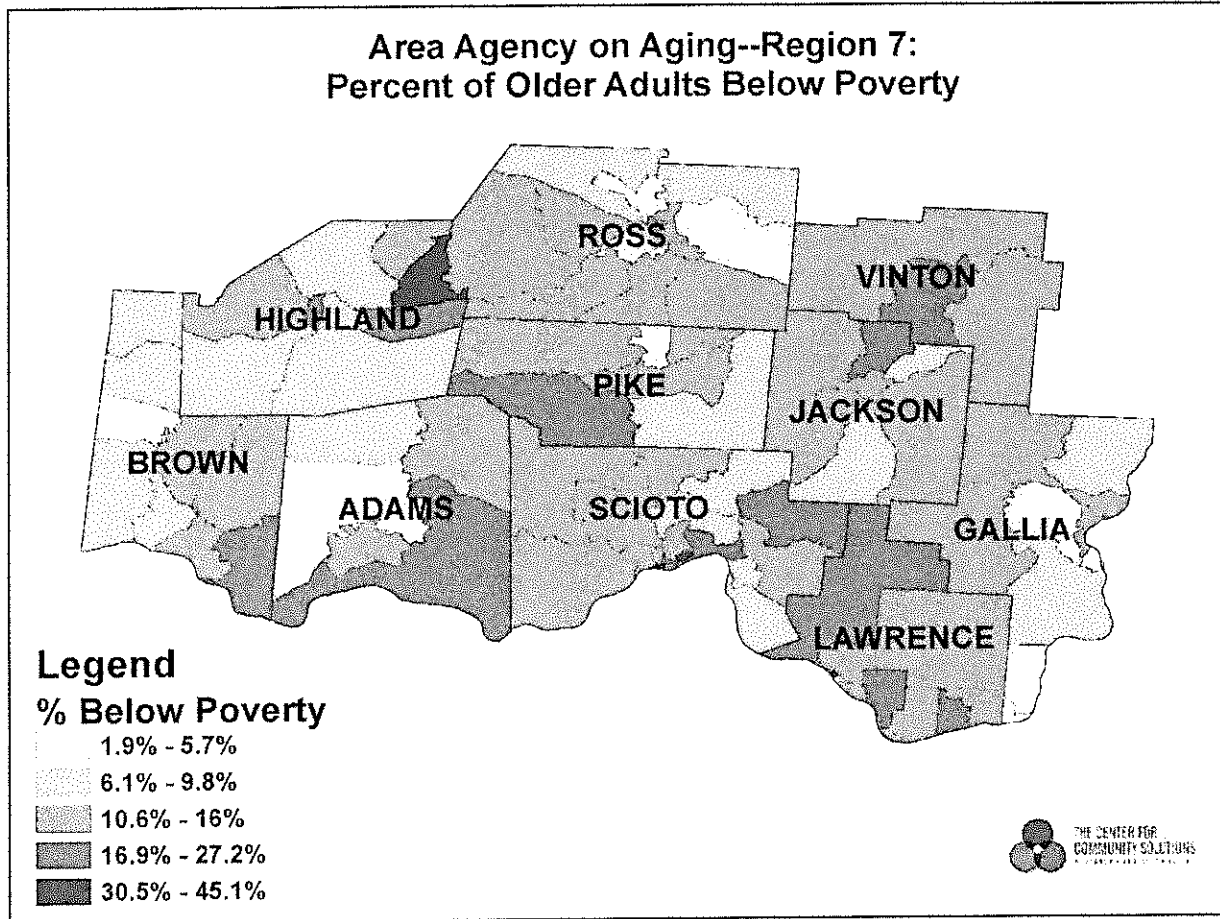
Poverty

Even with the increases in labor force participation, many older adults in the region still struggle to make ends meet. At 11.9 percent, the poverty rate for adults over the age of 65 in the region is higher than the state average of 8.2 percent. Over 8,744 people over age 65 are living in poverty, including 2,093 people who are in deep poverty, defined as having total household income that is less than 50 percent of the poverty threshold. An even greater number of older adults are considered “near poor” with incomes between 100 and 199 percent of poverty.

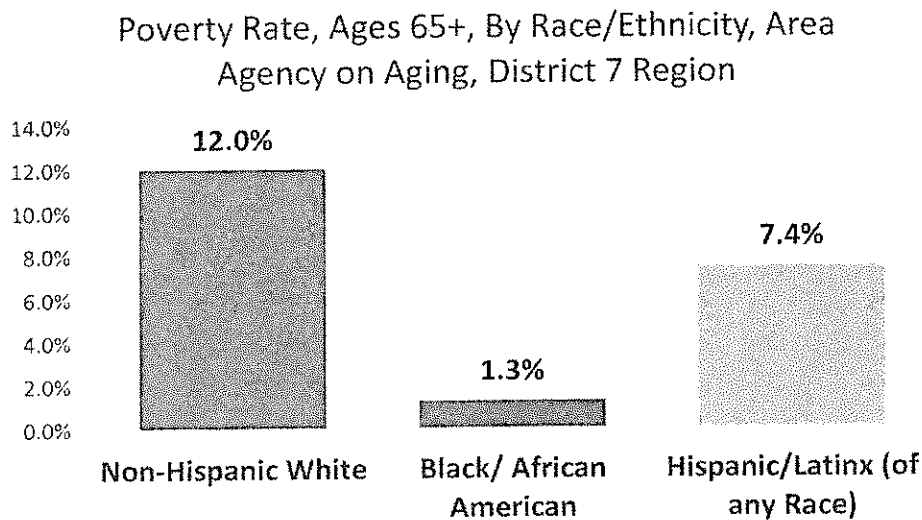
Older Adults (65+) at Specified Levels of Poverty
Area Agency on Aging, District 7 Region



Poverty is not spread evenly throughout the region. The map below shows the concentration of older adults living in poverty in various parts of the region.



Across the region, there are 220 BIPOC older adults whose household income is below poverty.



Basic Needs: Food and Shelter

Although they are fewer in number older adults who rent are more likely to struggle to affording their housing. Over 42 percent of renters over age 65 pay 30 percent or more of their total income for housing costs, compared to 22.2 percent of owners. In total, 12,748 older adults are in unaffordable housing situations. When housing costs account for a large portion of a household's total income, it is more difficult for them to afford other necessities. Many older adults experience food insecurity, the condition that leads to hunger. Across Ohio, 7.2 percent of older adults are food insecure and 2.0 percent have very low food security, according to the latest data from Feeding America². Applying the state average to the population of the region, The Center for Community Solutions estimates that 7,600 older adults are food insecure, defined as having "a lack of consistent access to enough food for every person in a household to live an active, healthy lifestyle."³ Some of these individuals struggle even more with hunger, including 2,000 older adults who have very low food security. As defined by the US Department of Agriculture, individuals with very low food security report "multiple indications of disrupted eating patterns and reduced food intake."⁴ Many older adults rely on benefits from the Supplemental Nutrition Assistance Program (SNAP) to meet their basic needs. Over 12,734 households with at least one older adult in the region reported receiving SNAP.

Health Coverage and Disability

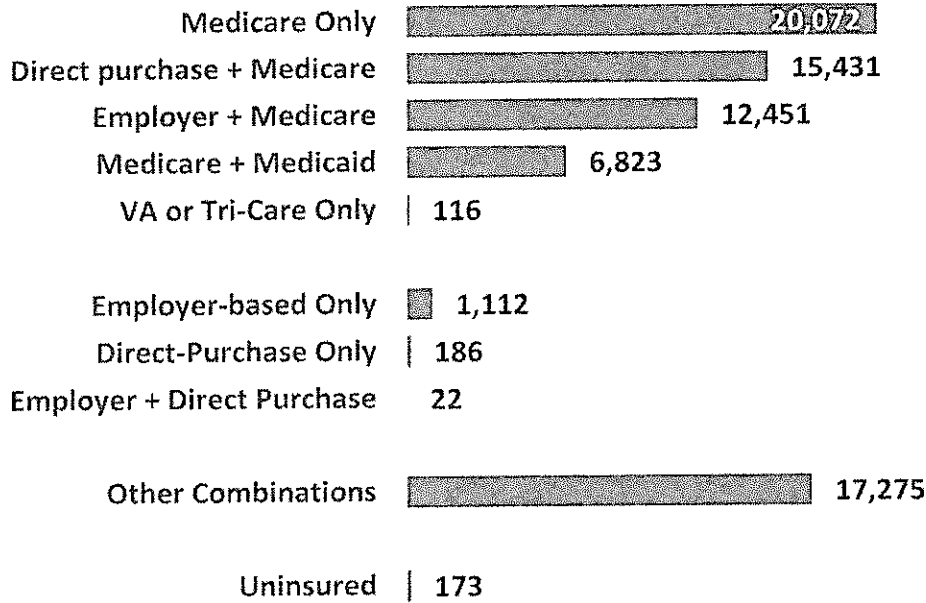
The vast majority of adults over the age of 65 in the region have at least some health insurance coverage, but 173 older adults are uninsured. Over 96 percent of non-institutionalized insured older adults have at least some public coverage. As shown below, Medicare is the most common source, either alone or in combination with other types of insurance. Most people covered by Medicare supplement it with private coverage, either purchased directly or through their employer. There are also 6,823 dually enrolled individuals who are covered by both Medicare and Medicaid.

² Ziliak, James P. and Craig Gunderson, "The State of Senior Hunger in America in 2019", *Feeding America*, August 2021. Available at <https://www.feedingamerica.org/sites/default/files/2021-08/2021%20-%20State%20of%20Senior%20Hunger%20in%202019.pdf>

³ "Hunger and Food Insecurity", Feeding America, <https://www.feedingamerica.org/hunger-in-america/food-insecurity>

⁴ "Definitions of Food Security", U.S. Department of Agriculture, Economic Research Service. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/definitions-of-food-security/>

Type of Health Insurance Coverage, Ages 65+, Area
Agency on Aging, District 7 Region



Just over 44 percent of all non-institutionalized older adults over age 65, or 32,921 people, had one or more disabilities. This includes 35.5 percent of those ages 65-74 and 58.0 percent who are 75 and older. As shown below, Ambulatory difficulties, defined as having serious difficulty walking or climbing stairs, were most common, followed by hearing difficulty, and independent living difficulties, where a person has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional problem.⁵

⁵ "How Disability Data are Collected from The American Community Survey", U.S. Census Bureau, <https://www.census.gov/topics/health/disability/guidance/data-collection-acr.html>

Older Adults 60+ With One or More Disabilities	32,921
With a Hearing Difficulty <i>Having serious difficulty hearing</i>	13,964
With a Vision Difficulty <i>Blind or having serious difficulty seeing, even when wearing glasses</i>	6,826
With a Cognitive Difficulty <i>Because of a physical mental, or emotional problem, having difficulty remembering, concentrating, or making decisions</i>	8,573
With an Ambulatory Difficulty <i>Having serious difficult walking or climbing stairs</i>	21,436
With a self-care difficulty <i>Having difficult bathing or dressing</i>	6,809
With an Independent Living Difficulty <i>Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping</i>	12,856

Census data shows that 8,573 older adults in the region have a cognitive difficulty or face challenges remembering, concentrating, or making decisions because of a physical, mental, or emotional problem. Dementia is one type of cognitive difficulty. Research by the Alzheimer's Association shows that the share of people with Alzheimer's dementia increases with age, from 5.0 percent among people ages 65 to 74, to 13.1 percent of people ages 75 to 84, rising to around one third (33.2 percent) among people age 85 and older. Utilizing these statistics, The Center for Community Solutions estimates that as many as 9,800 people ages 65 and older in the region may be living with Alzheimer's dementia. As the population ages, these numbers are growing rapidly. Across Ohio, the number of people over age 65 who have Alzheimer's is projected to increase 13.6 percent between 2020 and 2025.

Data indicates that there are thousands of older adults in the region served by Area Agency on Aging, District 7 who have great economic and social needs. It is these individuals, as well as low-income minority older adults and those with limited English proficiency that Area Agency on Aging, District 7 seeks to serve. While the previous paragraph from The Center for Community Solutions makes a very general statement about the region the statement is accurate. The data shows and has shown consistently the great economic and social needs throughout the region combined with an increasing number of older adults. Another source for economic indicators is the Appalachian Regional Commission's index-based county economic classification system. This information from the ARC website for clearly explains their process: Source and Methodology: Since 2007, the Appalachian Regional Commission (ARC) has used an index-based county economic classification system to identify and monitor the economic status of Appalachian counties. The system involves the creation of a national index of county economic status through a comparison of each county's averages for three economic indicators—three-year average unemployment rate, per capita market income, and poverty rate—with national averages. The resulting values are summed and averaged to create a

composite index value for each county. Each county in the nation is then ranked, based on its composite index value, with higher values indicating higher levels of distress.

County Economic Levels

Each Appalachian county is classified into one of five economic status designations, based on its position in the national ranking.

Distressed

Distressed counties are the most economically depressed counties. They rank in the worst 10 percent of the nation's counties.

At-Risk

At-Risk counties are those at risk of becoming economically distressed. They rank between the worst 10 percent and 25 percent of the nation's counties.

Transitional

Transitional counties are those transitioning between strong and weak economies. They make up the largest economic status designation. Transitional counties rank between the worst 25 percent and the best 25 percent of the nation's counties.

Competitive

Competitive counties are those that are able to compete in the national economy but are not in the highest 10 percent of the nation's counties. Counties ranking between the best 10 percent and 25 percent of the nation's counties are classified competitive.

Attainment

Attainment counties are the economically strongest counties. Counties ranking in the best 10 percent of the nation's counties are classified attainment.

It should be noted in FY 2022 that none of the counties in the AAA7 region have been identified in the top two categories. The designations are as follows:

Adams – distressed
Brown – transitional
Gallia – at-risk
Highland – at-risk
Jackson – at-risk
Lawrence – at-risk
Pike – at-risk
Ross – transitional
Scioto – at-risk
Vinton – at-risk

A review of the Community Health Assessment and/or Updated Plans for the ten counties revealed that all had similar priorities. The assessments were completed from 2017 through 2021. The priority issues were identified as being in three major categories: 1) substance abuse/addiction/mental health; 2) Obesity/Nutrition/Tobacco Use/Health Promotion; and 3) Chronic Disease Management – Diabetes/Cardiovascular issues.

Based on the information gained through this process we believe it is essential to maintain our level of contracting for the nutrition programs (both home-delivered and congregate meals), transportation, and in-home care...all services which support the Social Determinants of Health. We continue to be committed to the MIPPA outreach and assistance as it focuses on addressing access to healthcare and the low income population which is a large percentage of the individuals we serve, and to our "Porch Talk" program to reduce social isolation. Since we had very little participation in our evidenced-based health promotion and disease prevention programs during the pandemic (even though we tried diligently to engage individuals through different means), we are exploring other eligible programs to address the numerous health-related issues in our region.