

2025

Area Agency on Aging, PSA 2

Community Health Needs Assessment



Executive Summary

About

The Area Agency on Aging, PSA2 2025 Community Needs Assessment drew insights from over 600 older adults (60+) in Southwestern Ohio. Through randomly mailed surveys, focus groups with hard-to-reach populations and reputable secondary data, this report details a comprehensive picture of the experiences and needs of older adults in the nine-county PSA2 service area.

Survey Responses by County



Note: N=39 respondents did not provide county

Key Research Findings

Planning for Aging

Despite most older adults not having a specific plan for their aging, the overwhelming majority (97 percent) felt that it was important to remain in their homes as they age. Only one in eight older adults in the region had a long-term plan for meeting their needs as they aged. Most (58 percent) said they would think about it once they felt they were approaching needing assistance, however close to 30 percent said they likely wouldn't have a plan until *after* they needed the services.

There is an acute awareness of the financial burdens related to aging, with half of the respondents being very or extremely concerned about being able to afford the services they will need as they age. When asked about their current situations, a quarter of respondents reported not being able to afford their medical bills, and a fifth couldn't afford their utility bills without

sacrificing other necessities. And despite the near unanimous desire to age in place, only half felt confident in being able to afford their home maintenance and upkeep, and even fewer (44 percent) were confident in affording modifications to their home for changes in mobility.

Accessing Services

About 48 percent of older adults in the region were able to quickly get assistance related to their aging needs. However, this was only true for 41.1 percent of older adults living in more rural counties, compared to half of urban residents. Older adults in rural counties were also less likely to live near amenities that they needed (medical facilities, shopping, etc.), compared to older adults in urban counties.

The first step to accessing necessary services is knowing about them. About a third of older adults reported knowing where to go or who to call when seeking assistance, but another third said this was only the case sometimes, and the remaining third had no idea. The most common sources of information for exploring available services were: through the phone followed by churches, flyers/bulletin boards, and the internet. When it comes to utilizing PSA2 as a resource, just 12 percent of older adults were very familiar with the organization, and another 33 percent were somewhat familiar.

Further Insights from the Report

This report details unique challenges and insights on topics including housing/neighborhoods, transportation, employment, and social isolation. Many older adults in the region shared that they were living rich, stable, fulfilling lives. But plenty of findings from the research indicate concerning levels of need within the region:



8.9% are unable to afford their current housing



31.7% don't have places for nutritious and affordable food nearby



35.3% aren't able to consistently access transportation



37.0% cannot retire when they want to for financial reasons



24.5% rarely/never participate in social/community events



32.9% feel that they lack companionship at least sometimes

Table of Contents

Introduction.....	6
Demographic Profile of the Region	8
Race and Ethnicity.....	10
English Proficiency.....	10
Educational Attainment.....	11
Family Status.....	11
Veteran Status.....	13
Access to the Internet	13
Poverty	15
Food Insecurity.....	17
Health: Chronic Disease.....	17
Health: Life Expectancy.....	19
Health: Health Coverage.....	20
Health: Disabilities.....	21
Health: Alzheimer's Prevalence.....	22
Top Reasons for Hospitalization	22
Leading Causes of Death	25
Survey Sample Demographics.....	26
Health Demographics.....	30
Daily Activities.....	32
Planning for Aging.....	35
General Planning.....	35
Affording Aging	39
Access to Aging Services and Information	44
Access to Information.....	44
Availability of Services.....	47
Content Areas	50

Housing	50
Neighborhood	55
Transportation	58
Employment	61
Volunteering	64
Social Engagement.....	64
Elder Abuse.....	68
PSA2 in the Community	70
Survey Data Comparisons by Key Demographics	74
Counties	74
Rural and Urban	77
Living Alone/Social Isolation.....	79
Race.....	80
Transportation challenges	81

Introduction

This report was a collaborative effort by the Area Agency on Aging, PSA2, and the Center for Community Solutions. In order to better understand the current needs of the older adult population that PSA2 serves, the Research Department at Community Solutions developed a mixed methods approach to hear directly from older adults in Champaign, Clark, Darke, Greene, Logan, Miami, Montgomery, Preble, and Shelby Counties. A comprehensive survey was mailed to 5,000 adults over the age of sixty, randomly identified using public Ohio voter records. In order to promote geographic diversity and representation across the region, thirty percent of surveys (n=1500) were mailed to older adults in Montgomery County, despite comprising about 45 percent of the older adult population across the nine counties. The remaining seventy percent of surveys (n=3,500) were mailed to the remaining eight counties, proportional to the number of older adults living in each county.

Surveys and Focus Groups

The survey was also promoted by PSA2 and through their community partners. In an effort to hear from populations who are typically underrepresented in survey data, five focus groups were conducted with older adults from the following populations: recent immigrants; LGBTQ+ identities; Rural communities; Urban lower income; and caregivers of older adults. Between July and September 2025, well over 600 older adults in the region participated in this research; 584 took the survey, and 40 participated in the focus groups.

584

survey respondents

40

focus group participants

PSA2 is thrilled to have learned from so many older adults throughout this process and will use this information to best provide services throughout the region.

Secondary Data Analysis

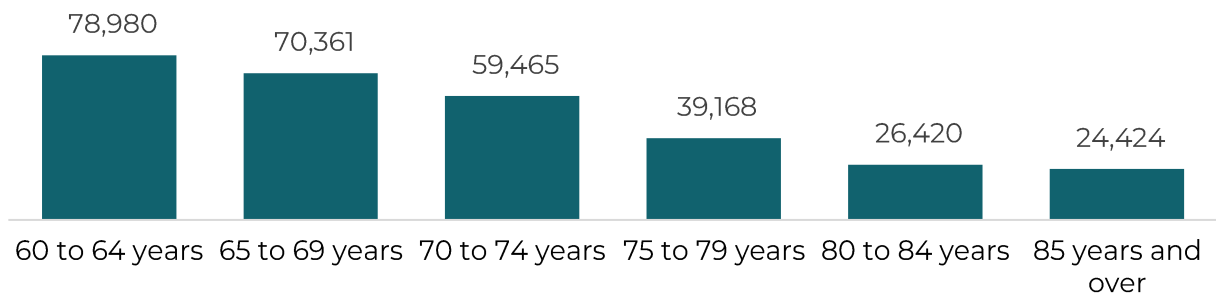
Secondary data analysis for this assessment was also compiled by The Center for Community Solutions on behalf of Area Agency on Aging, PSA2. We relied on the latest available data for the civilian, non-institutionalized population. Unless otherwise noted, the data source is the U.S. Census Bureau's American Community Survey 2023 5-Year estimates. Data was compiled for each county within the region, then aggregated for the region as a whole. When possible, data is reported for ages 60 and older. However, due to data availability, some 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 secondary indicators selected for examination provide an overview of the demographic, social, economic, and health 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.

Demographic Profile of the Region

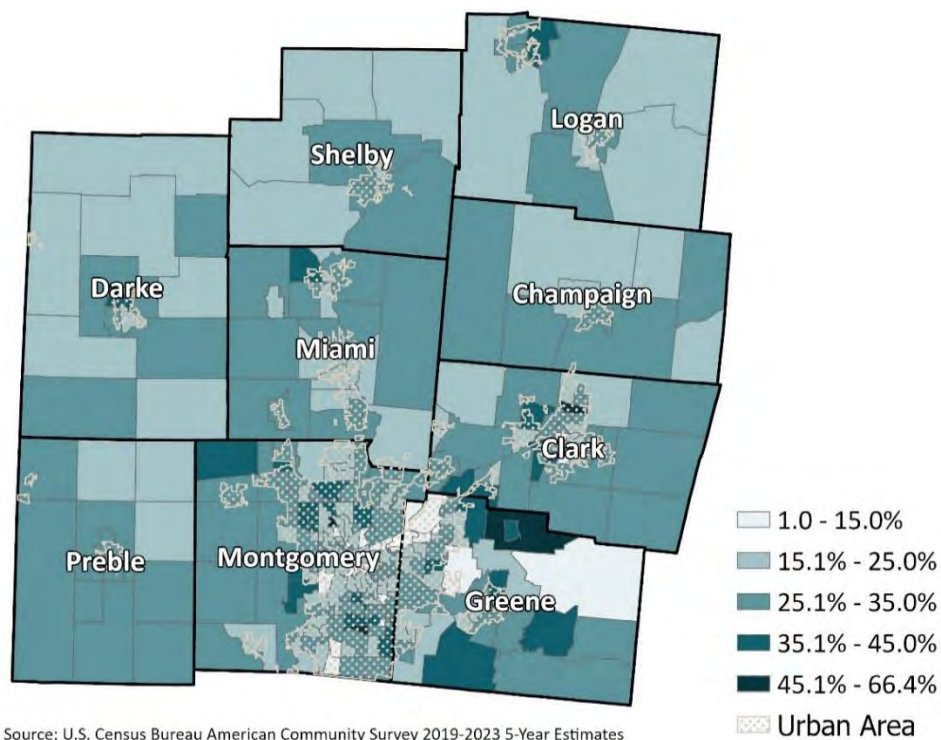
The region is home to 298,818 older adults over the age of 60, accounting for 25.4 percent of the total population of the nine counties. This includes 24,424 people who are 85 and older, accounting for 8.2 percent of older adults in the region. Around 55 percent of residents over the age of 60 are female.

Older Adults by Age in the Service Region

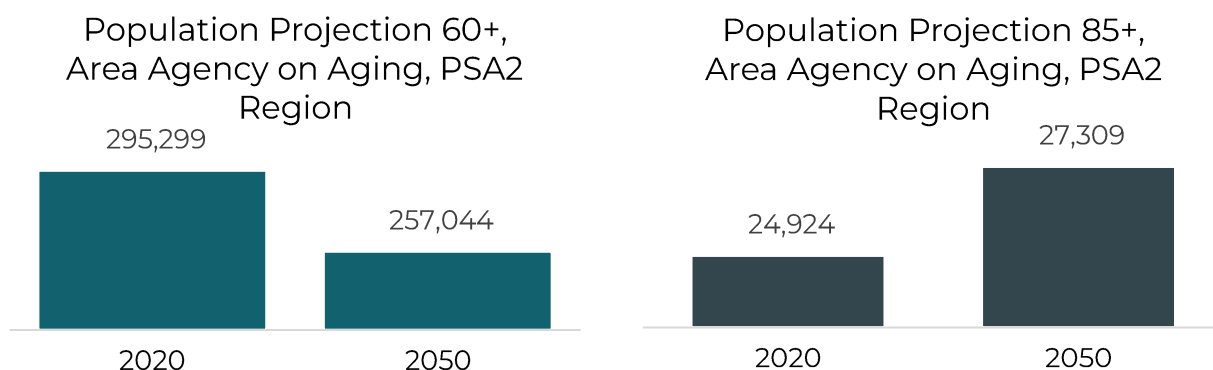


The map below shows the percentage of the population who are over the age of 60.

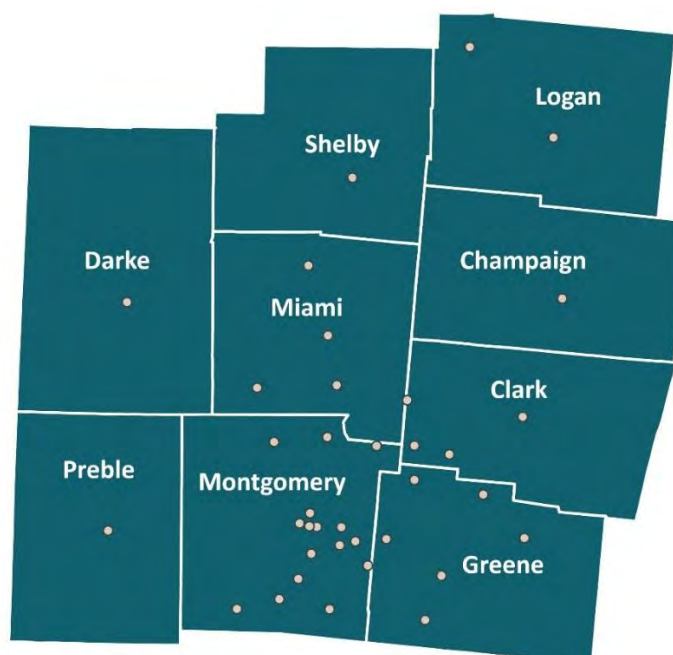
Percent of Population 60+ by Census Tract



Following state and national trends, the number and share of older adults has been growing in the region, and past projections showed this increase will peak around 2030. 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, which is projected to increase ten percent by 2050 compared to 2020. Increasing numbers of the oldest residents are expected to increase demand for supportive services including home-delivered meals, housekeeping, home modification, in-home care, and social connectedness. Area Agency on Aging, PSA2 and the entire community will need to adapt to these changes.



Senior Center Locations in the Service Region



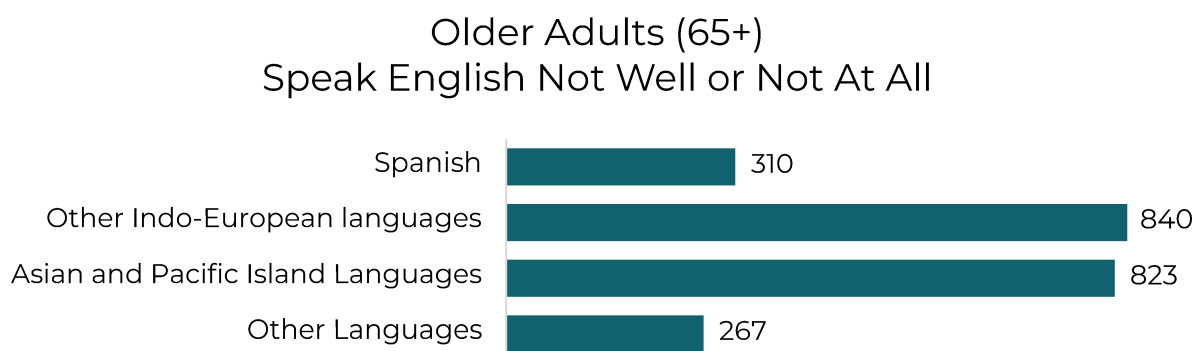
Race and Ethnicity

The Area Agency on Aging, PSA2 region has a level of racial and ethnic diversity that closely mirrors the demographics of the state of Ohio; 14.5 percent of the population over age 60 are Black, Indigenous, or People of Color (BIPOC). More detailed breakdowns of racial and ethnic makeup of the population are provided in the table below.

	Region		Ohio
Total Number of Older Adults (60+)	298,818		2,904,497
Race/Ethnicity	Number	%	%
<i>White</i>	258,286	86.4%	86.0%
<i>Black/African American</i>	28,954	9.7%	9.5%
<i>American Indian and Alaskan Native</i>	352	0.1%	0.1%
<i>Asian/Asian American</i>	3,516	1.2%	1.3%
<i>Native Hawaiian and Pacific Islander</i>	90	0.0%	0.0%
<i>Other Race</i>	1,510	0.5%	0.8%
<i>More than One Race</i>	6,049	2.0%	2.2%
<i>Hispanic or Latino/a</i>	3,626	1.2%	1.7%

English Proficiency

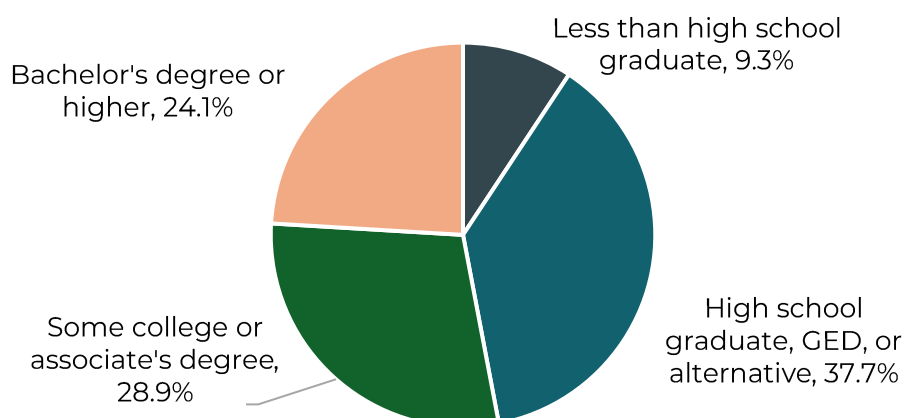
While most older adults over age 60 in the region speak only English (97.1 percent), there are 3,375 individuals over age 60 in the region who do not speak English at all or do not speak it well. As shown in the chart below, the most common languages spoken by adults over age 65 who have limited English proficiency are Indo-European Languages, Asian and Pacific Island Languages, and Spanish.



Educational Attainment

Over half of adults over age 60 in the region have at least some college education (53.0 percent). Less than ten percent of adults over age 60 do not have a high school diploma or equivalent.

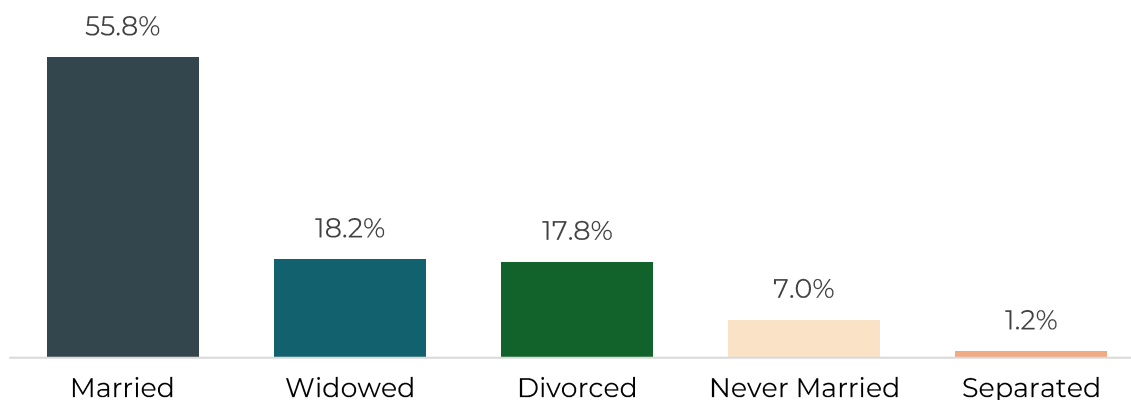
Educational Attainment



Family Status

In the region, 86,701 people (29.0 percent) over the age of 60 live alone. Living alone can contribute to social isolation and vulnerability. Of adults 60 and older, over half are married. Almost one-fifth of adults 60 and older are widowed, and an equal number are divorced. An additional seven percent have never married and one percent are separated.

Marital Status of Older Adults (60+)

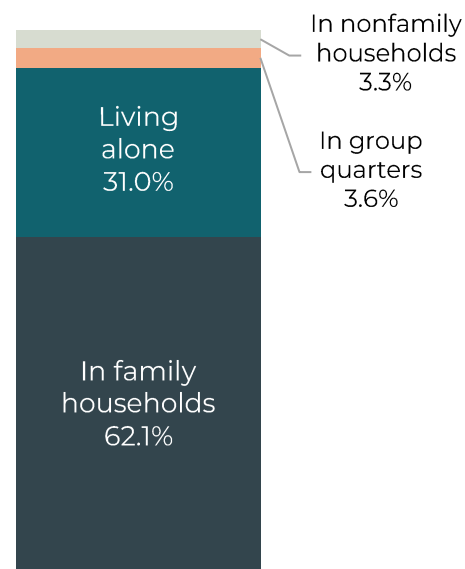


While most older adults in the region live in family households (with a spouse and/or relatives including children and grandchildren), almost a third of adults (31.0 percent) 65 and older are living alone.

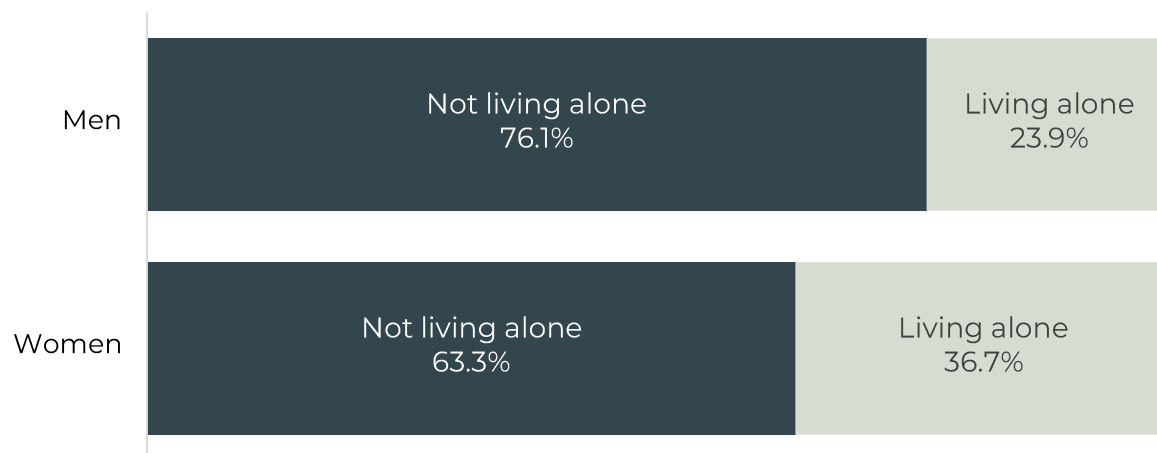
This is more pronounced for women 65 and older. Thirty-seven percent of women 65 and older are living alone, whereas twenty-four percent of men 65 and older are living alone. This difference is even more pronounced when looking at the population numbers and not just percentages.

Over 44,800 women over the age of 65 in the region live alone, compared to only around 23,400 men. Living alone can contribute to social isolation and vulnerability.

Household Types of Older Adults (65+) in the Region



Older Adults (65+) Living Alone by Sex



In the region as a whole, there are 10,511 adults over age 60 living with their own grandchildren under 18 years. This is 3.5 percent of adults over age 60 in the region. Of these older adults, 4,572 are responsible for grandchildren.

Veteran Status

One out of every seven people over the age of 60 in the region are veterans, accounting for 15.4 percent of the population. Men are much more likely to report having served in the military than women.

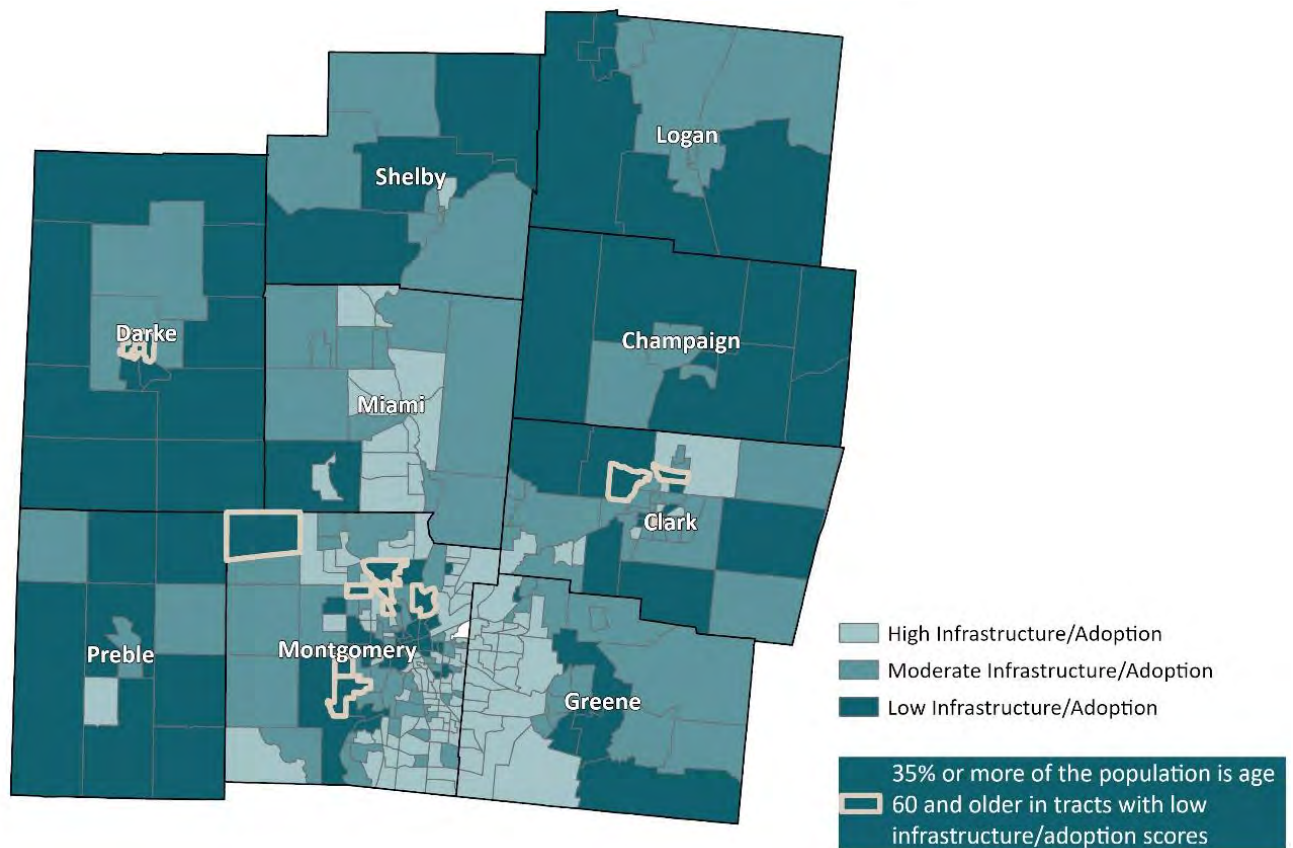
Access to the Internet

In recent years, the number of older adults who have access to the internet has increased. Around 81.7 percent of people over the age of 65 report that they have a broadband subscription. On the other hand, 24,721 adults over the age of 65 have no computer at all.

The Purdue Center for Regional Development developed a Digital Divide Index consisting of two components: a measure of infrastructure/adoption and a socioeconomic measure. The infrastructure/adoption component includes average download (DNS) and upload (UPS) speeds, percent of homes without internet access or not subscribing (NIA), and percent of homes with no computing devices (NCD).¹ This infrastructure/adoption measure is mapped by tracts below. These tracts are compared to all the tracts in Ohio and are divided into thirds. The third of the tracts with the best infrastructure/adoption scores are noted as high infrastructure/adoption, the third of the tracts with the middle infrastructure/adoption scores are noted as moderate infrastructure/adoption, and the third of the tracts with the worst infrastructure/adoption scores are noted as low infrastructure/adoption. Any tracts with low infrastructure/adoption scores that also have 35% of the population in the tract age 60 or older are outlined.

¹ Gallardo, R. (2025). Digital Divide Index. Purdue Center for Regional Development. Retrieved from Digital Divide Index (DDI): <http://pcrd.purdue.edu/ddi>

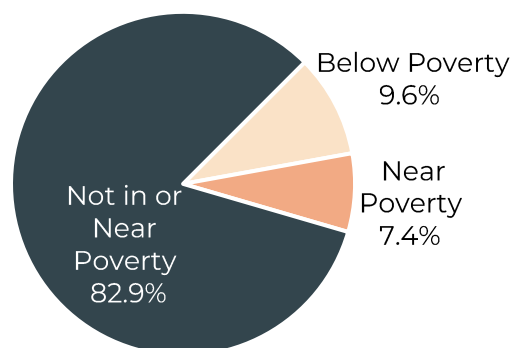
Digital Infrastructure/Adoption Score



Poverty

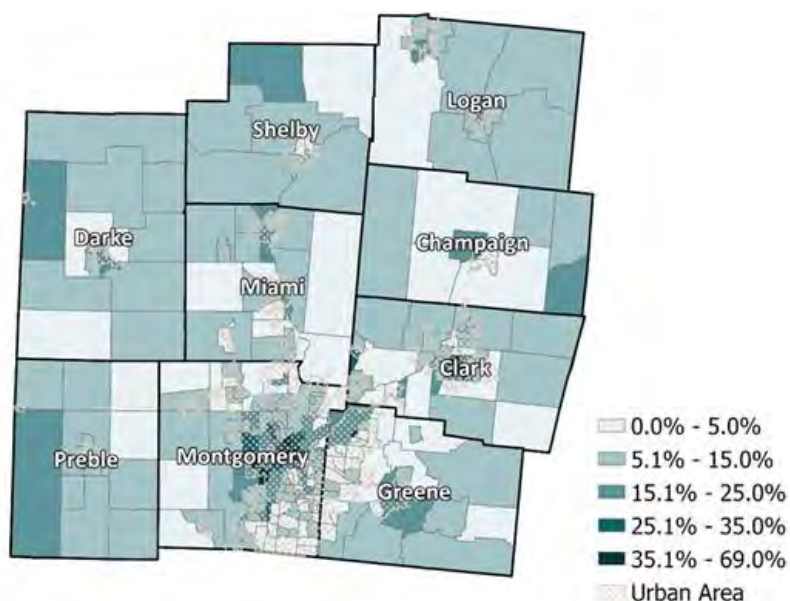
Many older adults (60+) in the region still struggle to make ends meet. One in ten older adults have incomes that officially fall below the poverty threshold meaning that over 28,000 people over age 60 in the region are living in poverty. Almost as many older adults are near poverty, with incomes between 100 and 150 percent of poverty. At 9.6 percent, the poverty rate for adults over the age of 60 in the region is slightly lower than the state average of 10.2 percent.

Older Adults (60+) at Specified Levels of Poverty



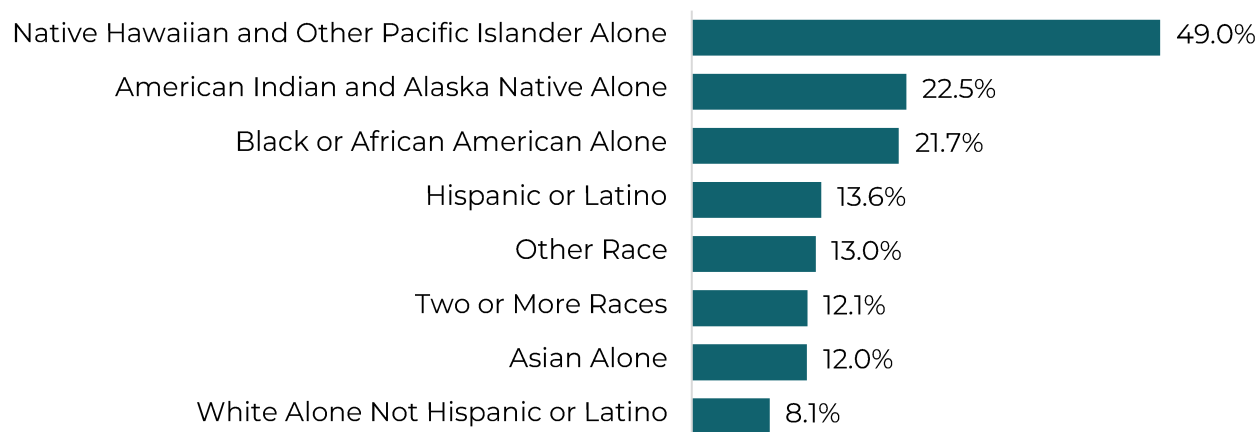
Poverty is not spread evenly throughout the region. The map below shows the concentration of older adults living in poverty in parts of the region.

Percent of Population 60+ Below the Federal Poverty Line by Census Tract



There are also racial disparities in poverty. As shown in the chart below, people over age 60 who are Black or African American are two and a half times more likely to live in poverty than non-Hispanic White older adults, and the poverty rate for Hispanic or Latino/a people over age 60 is almost twice the poverty rate for non-Hispanic Whites.

Poverty Rate (60+) by Race/Ethnicity



This poverty rate amongst older adults of different racial and ethnic backgrounds varies by counties within the region as well. See the table below for more information, where BIPOC was calculated by subtracting the number of white alone non-Hispanic residents from the total population.

County	60+ BIPOC Population Below Poverty	60+ Non- BIPOC Population Below Poverty	60+ BIPOC Population Above Poverty
Champaign	11.0%	6.7%	89.0%
Clark	22.2%	10.0%	77.8%
Darke	24.0%	10.4%	76.0%
Greene	13.0%	6.3%	87.0%
Logan	7.4%	9.1%	92.6%
Miami	15.9%	7.6%	84.1%
Montgomery	20.1%	8.0%	79.9%
Preble	15.9%	7.8%	84.1%
Shelby	4.0%	9.4%	96.0%

Food Insecurity

Many older adults experience food insecurity, the condition that leads to hunger. Across Ohio, 8.3 percent of older adults (60+) are food insecure according to the latest data from Feeding America.² Applying the state average to the population of the region, The Center for Community Solutions estimates that nearly 24,800 older adults are food insecure, defined as having “a household-level economic and social condition of limited or uncertain access to adequate food.”³ Many older adults rely on benefits from the Supplemental Nutrition Assistance Program (SNAP) to meet their basic needs. Over 20,000 households with at least one older adult (60+) in the region reported receiving SNAP.

Health: Chronic Disease

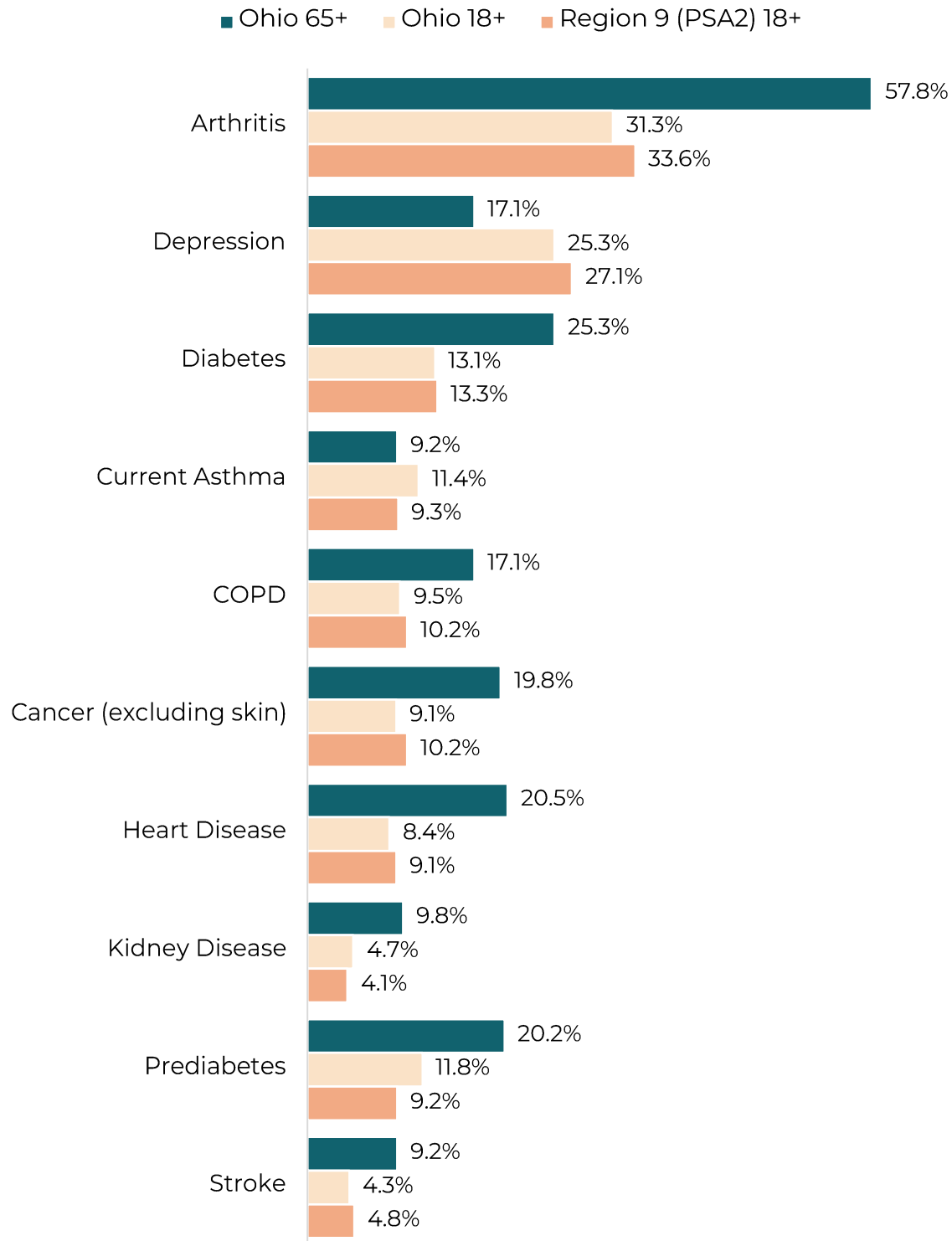
The prevalence of many chronic diseases and conditions, including arthritis, heart disease, stroke, diabetes, prediabetes, skin cancer, other cancers, COPD, and kidney disease, increases as age increases.⁴ The rates for the chronic diseases on the chart for the Area Agency on Aging, PSA2 region do not differ statistically significantly from other regions in the state. Over half of all adults (57.8%) age 65 and older in Ohio suffer from arthritis. One in four older adults has diabetes, and one in five older adults has heart disease, prediabetes, and/or cancer.

² “Food Insecurity among the Senior Population in Ohio”, Feeding America, <https://map.feedingamerica.org/county/2023/senior-60-plus/ohio>

³ “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-us/definitions-of-food-security>

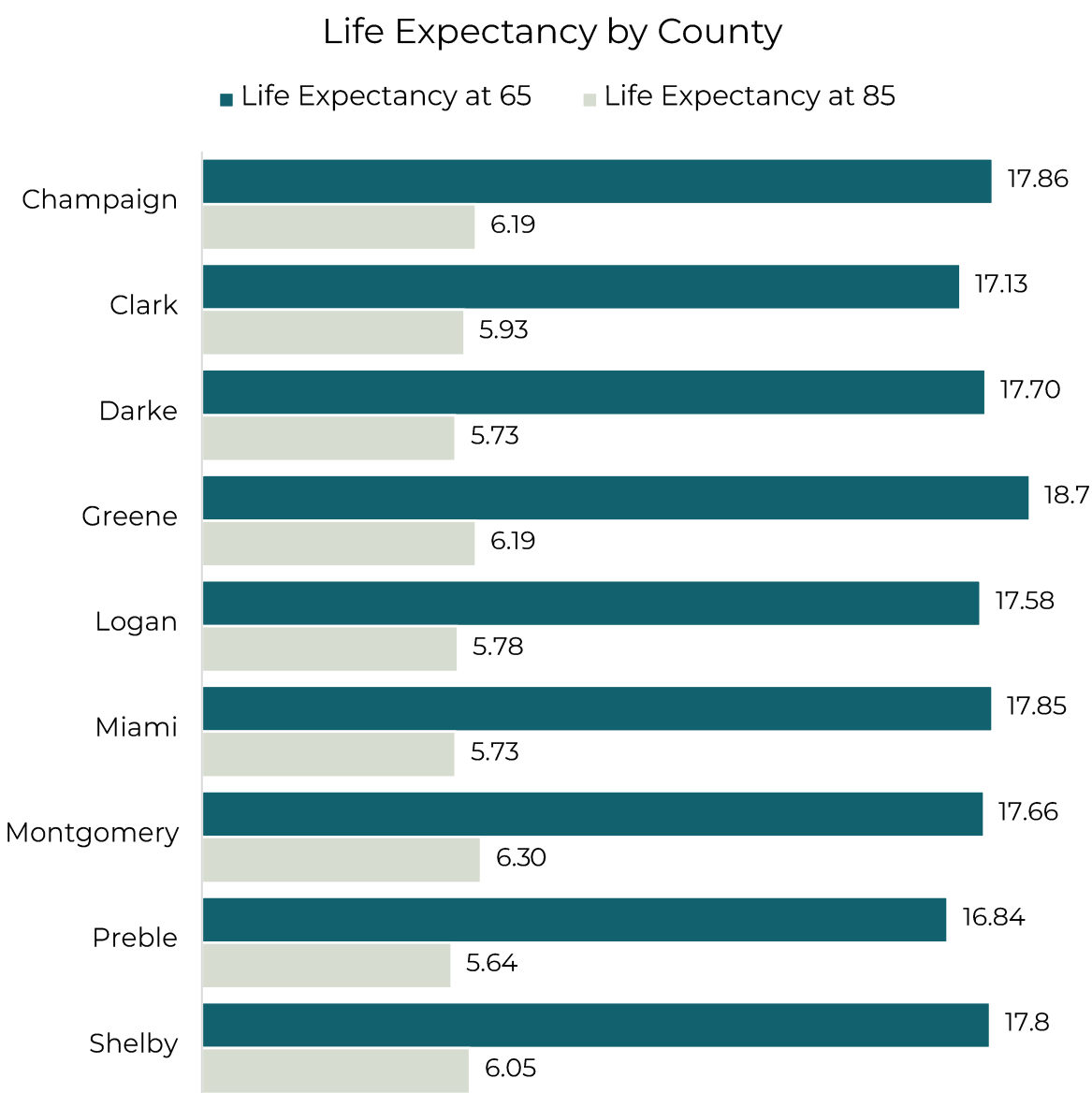
⁴ Source: Ohio Behavioral Risk Factor Surveillance System: 2022 Annual Report. Chronic Disease Epidemiology and Evaluation Section, Bureau of Health Improvement and Wellness, Ohio Department of Health, 2024.

Prevalence of Chronic Diseases and Conditions Among Adults



Health: Life Expectancy

Life expectancy is influenced by genetics, individual decisions, and the environment where people live. Large differences in life expectancy within a community are indications of community inequality. The chart below shows the average remaining life expectancy for individuals at both 65 and 85 years of age in the counties within the Area Agency on Aging, PSA2 region.⁵ Life expectancy is similar in all counties in the region.



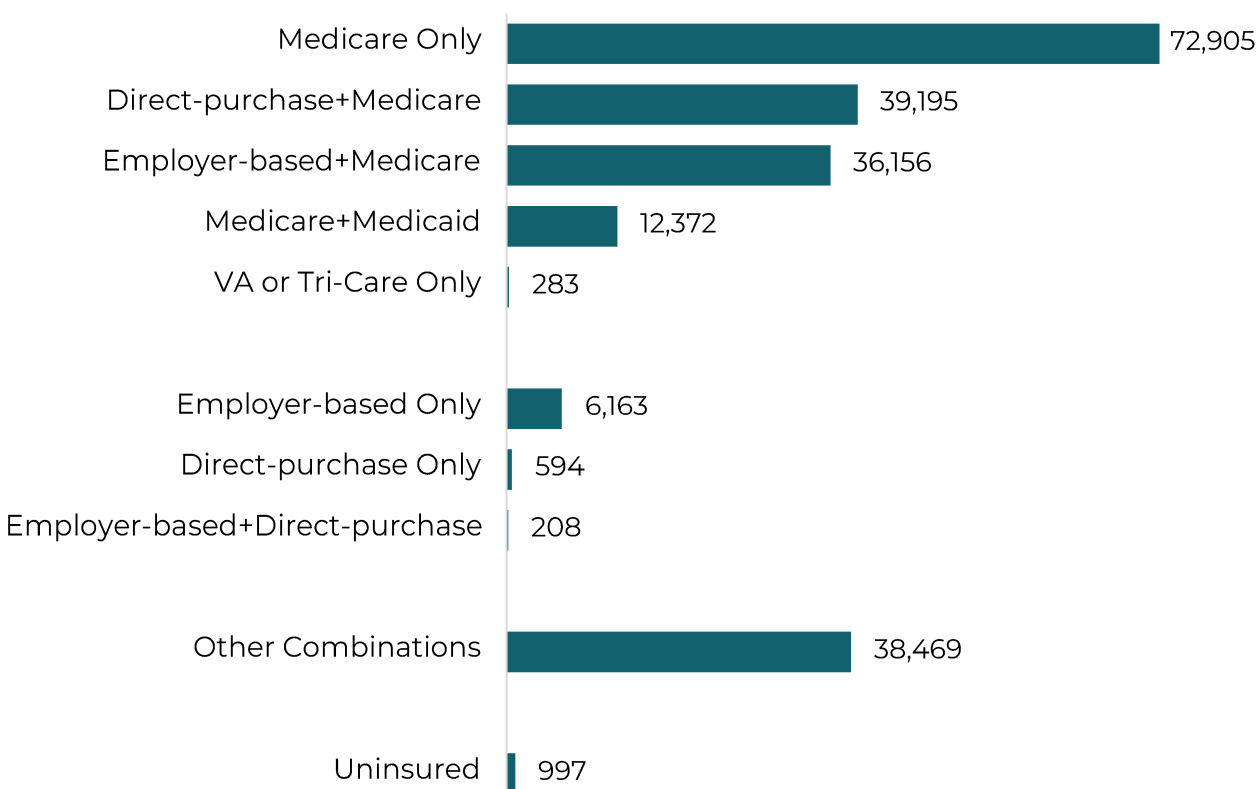
⁵ U.S. Census Bureau. and the Ohio Department of Health <https://miamioh.edu/cas/centers-institutes/scripps-gerontology-center/research/ohio-population-research.html>

Health: Health Coverage

The vast majority of adults over the age of 65 in the region have at least some health insurance coverage, but 997 older adults over the age of 65 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 12,372 dually enrolled individuals who are covered by both Medicare and Medicaid.

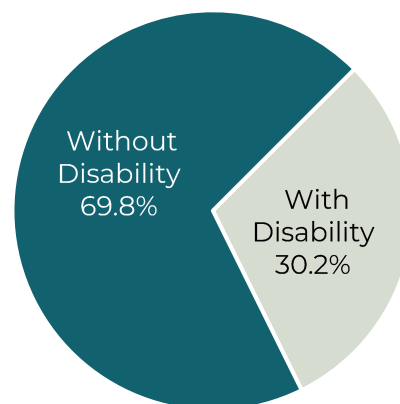
Type of Health Insurance Coverage (65+)



Health: Disabilities

Thirty percent of all non-institutionalized adults over age 60, or 87,826 people in the region, had one or more disabilities. This includes 24.8 percent of those ages 65-74 and 46.3 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.⁶

Older Adults (60+)
Disability Rate



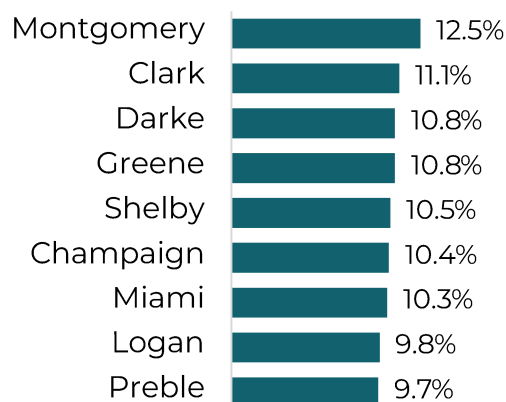
Older Adults 65+ With One or More Disabilities	#	%
With a Hearing Difficulty <i>Deafness or serious difficulty hearing</i>	27,812	13.1%
With a Vision Difficulty <i>Blindness or serious difficulty seeing, even with glasses</i>	12,507	5.9%
With a Cognitive Difficulty <i>Serious difficulty concentrating, remembering, or making decisions</i>	16,438	7.7%
With an Ambulatory Difficulty <i>Serious difficulty walking or climbing stairs</i>	45,106	21.2%
With a Self-Care Difficulty <i>Difficulty bathing or dressing</i>	13,206	6.2%
With an Independent Living Difficulty <i>Difficulty doing errands alone, such as visiting a doctor's office or shopping</i>	26,202	12.3%

⁶ "How Disability Data are Collected from The American Community Survey", U.S. Census Bureau, <https://www.census.gov/topics/health/disability/guidance/data-collection-acps.html>

Health: Alzheimer's Prevalence

It is estimated that 11.3 percent of adults 65 and older in the Area Agency on Aging, PSA2 region have Alzheimer's Disease. This is an estimate of over 25,000 older adults across the region. Alzheimer's Disease prevalence estimates vary across the nine counties, with Montgomery County having the highest estimated prevalence of 12.5 percent of the population 65 and older.⁷

Percent of Population 65 and older with Alzheimer's Disease Estimate



Top Reasons for Hospitalization

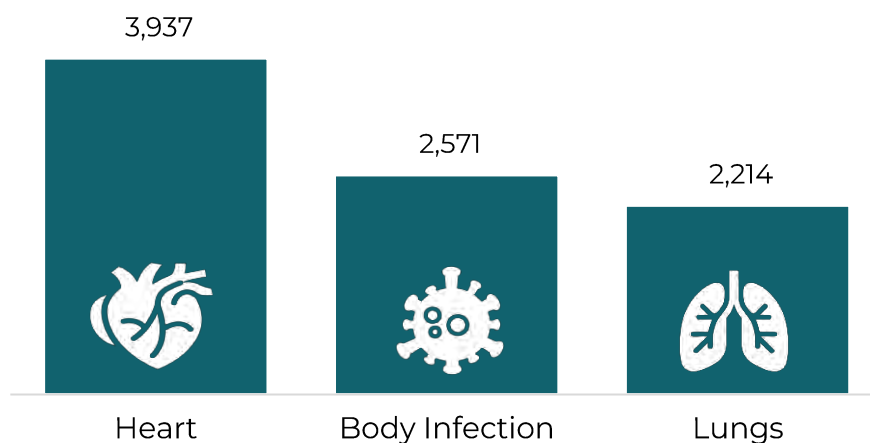
In 2023, the top three reasons for inpatient services for Medicare patients in the region were conditions of the heart, body infections, and lungs. These three categories accounted for almost half (45.9%) of all inpatient discharges.

Heart-related discharges include heart failure, cardiac arrhythmia, acute myocardial infarction, coronary bypass surgery, valve replacement, and pacemaker implant. Body infections include septicemia, sepsis, post-operative infection, and infectious and parasitic diseases. Lung-related discharges include respiratory infection, pneumonia, bronchitis, pulmonary edema, COPD, and pulmonary embolism. Adding in stays related to kidney and digestive issues accounts for two-thirds (65.9%) of all inpatient discharges. This data is for the Original Medicare (fee-for-service) population.⁸

⁷ Dhana K, Beck T, Desai P, Wilson RS, Evans DA, Rajan KB. Prevalence of Alzheimer's disease dementia in the 50 US states and 3142 counties: A population estimate using the 2020 bridged-race postcensal from the National Center for Health Statistics. *Alzheimer's Dement.* 2023;19:4388–4395. <https://doi.org/10.1002/alz.13081>

⁸ "Medicare Inpatient Hospital Look-up Tool", Centers for Medicare & Medicaid Services, <https://data.cms.gov/tools/medicare-inpatient-hospital-look-up-tool>

Top Original Medicare Inpatient Discharge by Services 2023



The chart below details all of the reasons for inpatient stays for Medicare patients in the region, ordered by the number of discharges. The average Medicare payment column details what Medicare paid on average per stay. The average total payments column indicates the Medicare payments, *as well as* co-payment and deductible amounts that the patient was responsible for, and any additional payments by third parties for coordination of benefits.

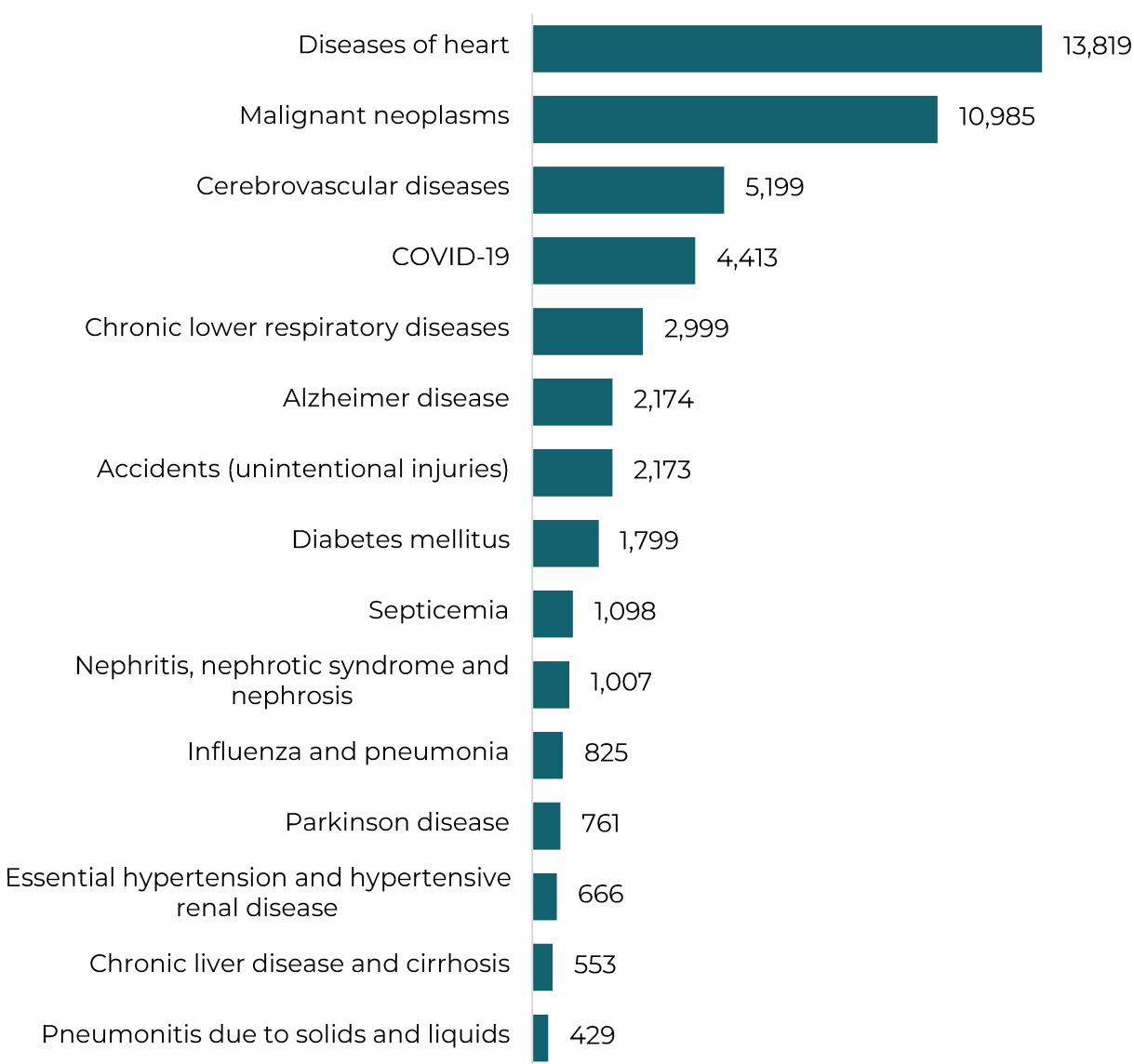
Reason for Inpatient Stay (2023)	Total Discharges	Average Total Payments	Average Medicare Payments
Heart	3,937	\$16,224	\$13,257
Body Infection	2,571	\$18,685	\$15,371
Lungs	2,214	\$12,884	\$10,275
Kidney	1,917	\$9,615	\$7,634
Digestive	1,892	\$12,026	\$9,489
Head	1,542	\$14,841	\$11,543
Bone or Muscle Related	1,008	\$16,119	\$13,317
Blood Vessels	564	\$15,832	\$12,816
Nutrition or Dehydration	513	\$8,550	\$6,834
Back	306	\$8,798	\$6,656
Blood	306	\$9,482	\$7,465
Spine	225	\$37,380	\$30,222
Fainting	222	\$7,076	\$5,383

Type of Inflammation	221	\$7,779	\$5,511
Liver	217	\$12,653	\$9,471
Nervous System	215	\$11,245	\$9,097
Diabetes	205	\$9,295	\$6,845
Blood Pressure	131	\$7,031	\$5,024
Cancer Related	130	\$12,647	\$9,908
Other Procedure	104	\$33,162	\$27,735
Chest	92	\$17,439	\$12,312
Injury	76	\$19,412	\$14,860
Treatment complications	71	\$12,619	\$9,497
Hormonal	64	\$13,019	\$8,803
Drug Abuse	43	\$9,210	\$6,656
Dizziness	40	\$6,251	\$4,259
Symptoms of Illness	39	\$6,343	\$4,858
Amputation	34	\$26,618	\$20,736
Operating Procedure	33	\$19,094	\$16,526
Bladder	13	\$6,613	\$5,232
Digestive (Cancer Related)	13	\$16,397	\$9,540
Urethra	12	\$14,527	\$9,584
Dental	11	\$8,500	\$5,122
Hernia	11	\$15,651	\$13,373
Joint, Skin, or organ	11	\$12,443	\$6,134
Wound Related	11	\$24,098	\$22,022

Leading Causes of Death

Between 2019 and 2023, the leading causes of death for adults 60 and older in the Region were diseases of the heart and malignant neoplasms, the medical term for cancerous tumors. These two causes account for half the deaths. Over 4,000 deaths were attributed to COVID, over 2,000 deaths were attributed to Alzheimer's, and over 2,000 deaths were caused by accidents. These accidents include falls, for which older adults are at an increased risk.

Leading causes of death for adults (60+) 2019-2023

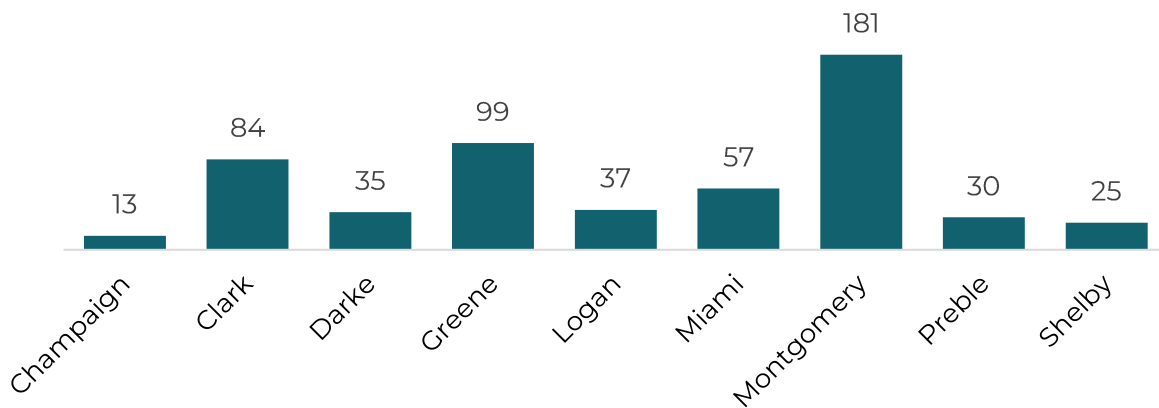




Survey Sample Demographics

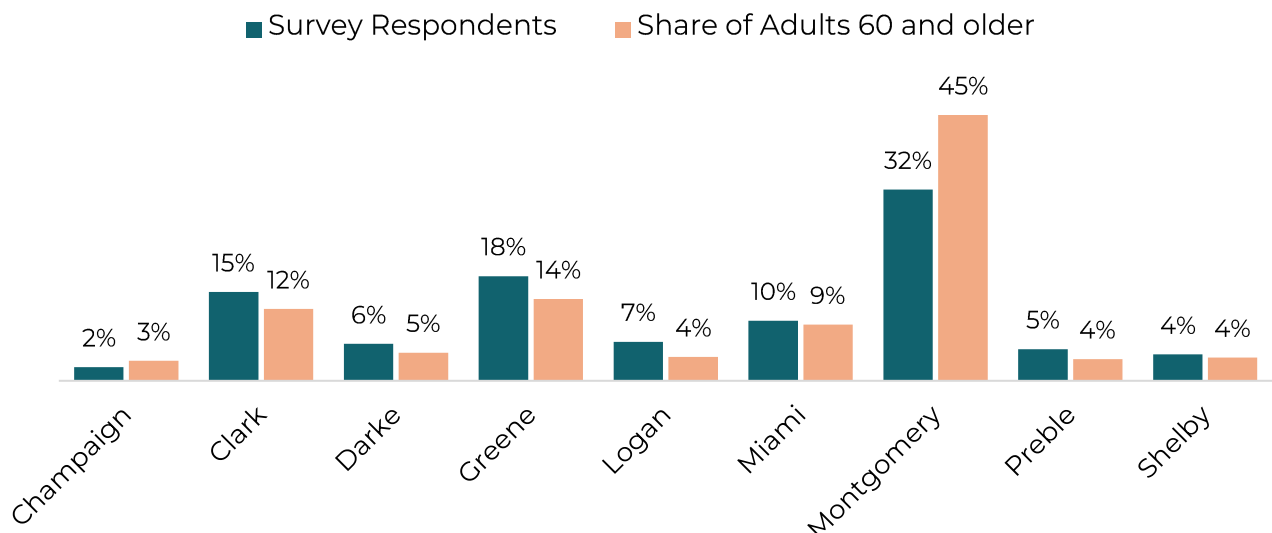
The survey sample was geographically diverse, with strong representation from a majority of the nine counties in the region.

Survey Respondents Home Counties

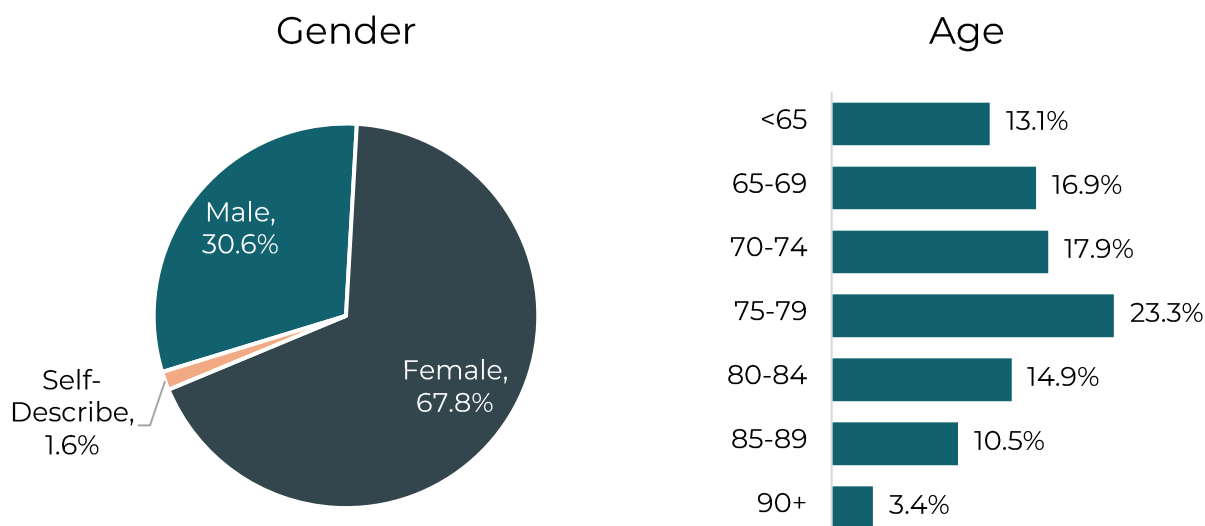


The share of survey responses also closely mirrored the geographic concentrations of older adult populations across the nine-county region. The biggest discrepancy occurred in Montgomery County, where 45 percent of the older adult population resides, but 32 percent of the survey respondents lived. Montgomery County was purposefully under sampled in order to increase representation in the less populated, more rural counties.

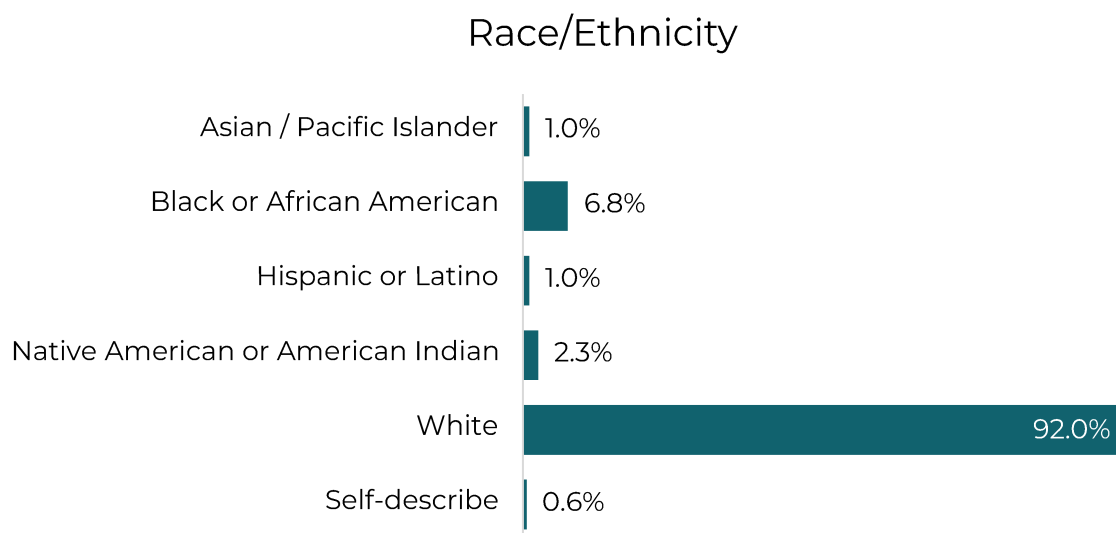
Share of Survey Respondents and the Share of Older Adults in the Region



The survey sample was largely female (68 percent). The eight respondents who elected to self-describe their gender did not write in any additional information. The average age was 74.5, with most respondents falling between the ages of 75 and 79.

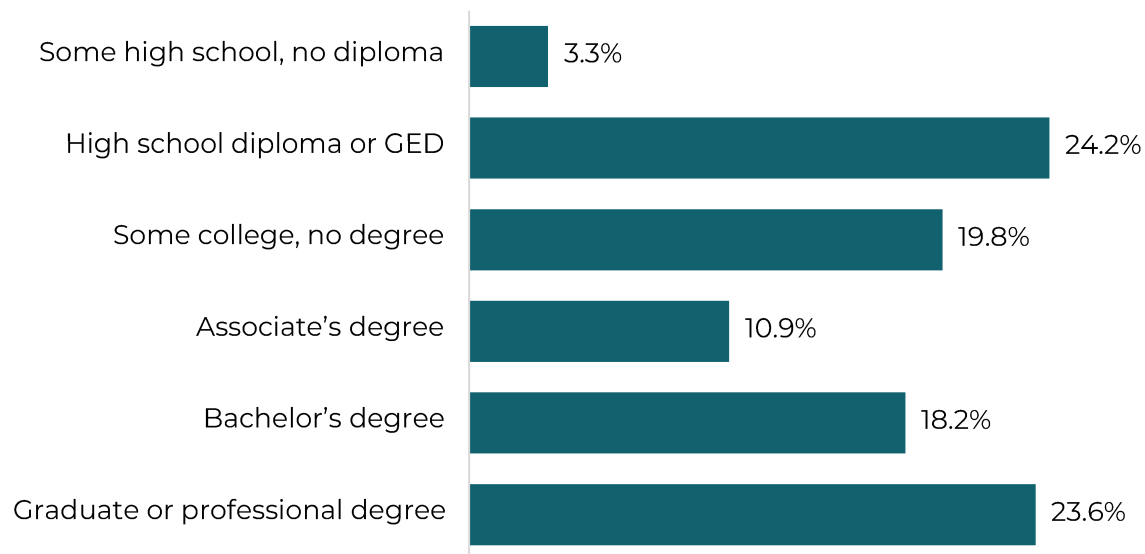


The racial/ethnic demographics of the respondents were largely white (92 percent). Participants could select multiple races, so totals will not add up to 100 percent. The survey sample is over representative of the region's white population amongst older adults (60+), and slightly under representative of the region's Black population of older adults. This is likely due to the purposeful under-sampling of the population center of Montgomery County, which is more racially diverse than the other eight counties.



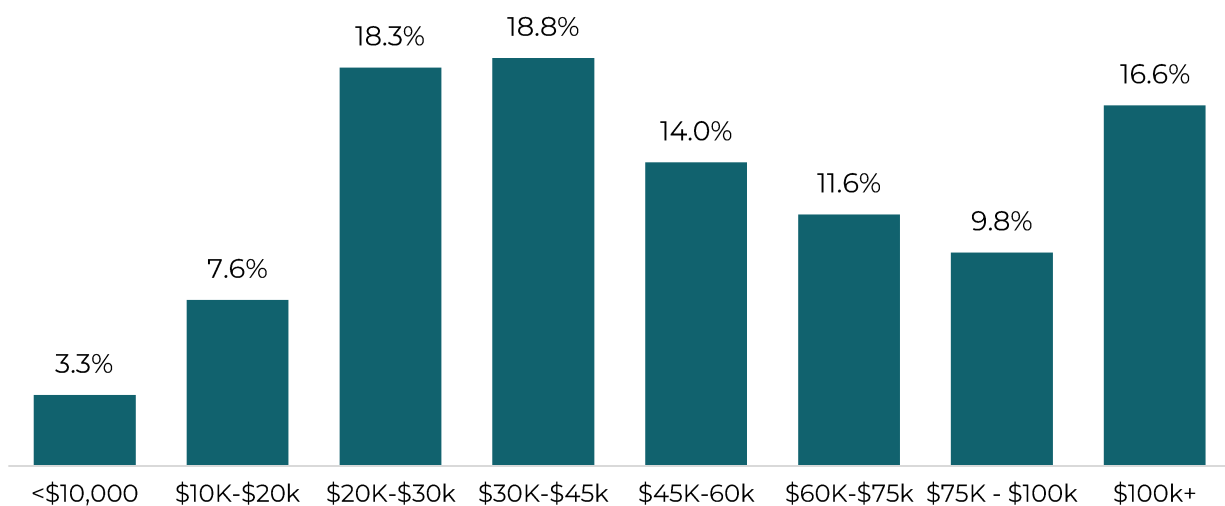
The majority of respondents (97 percent) had a high school diploma or equivalency, and roughly half (53 percent) had a college level degree.

Highest level of education

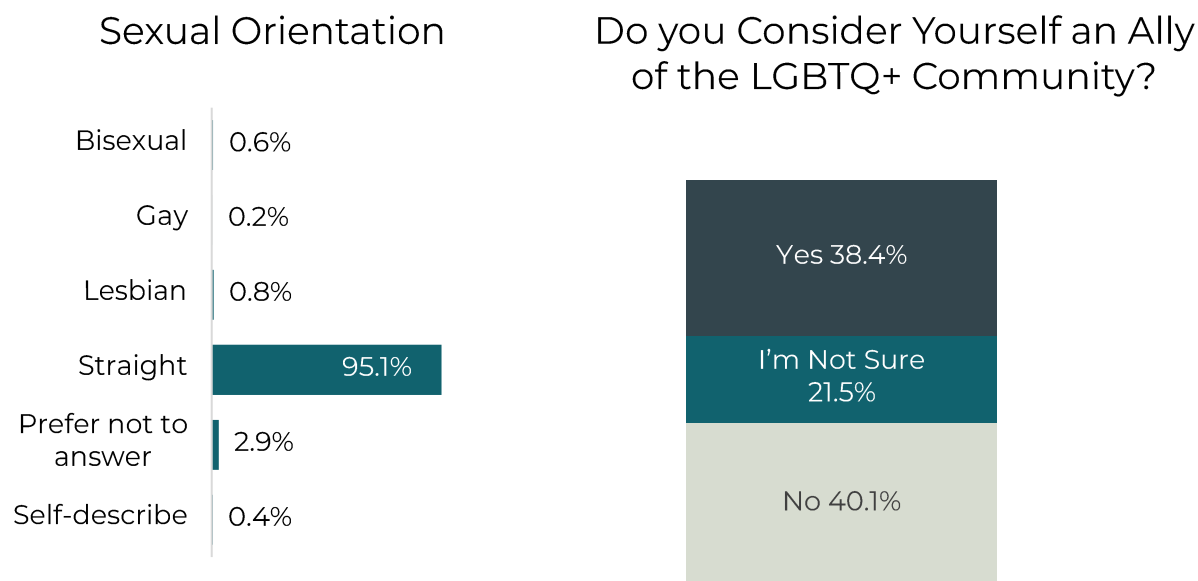


Approximately 37 percent of the respondents had annual household incomes between \$20,000 and \$45,000. About eleven percent had annual incomes under \$20,000, and just under 17 percent had annual incomes over \$100,000.

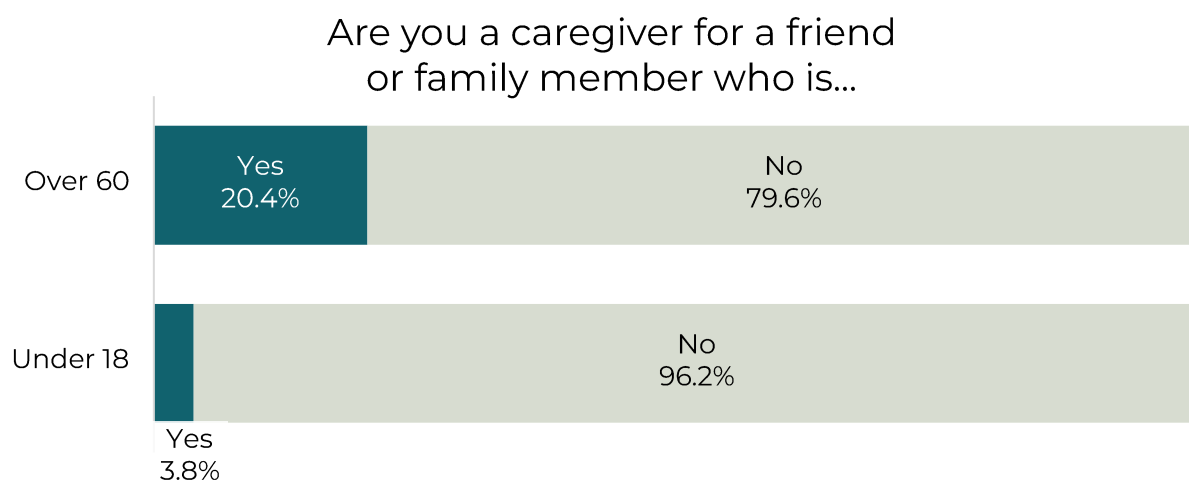
Annual Household Income



Few survey respondents identified as being a part of the LGBTQ+ community (n=8), in response to the low survey response for a focus group with this population was prioritized. Amongst older adults who did not identify as being a part of the LGBTQ+ community, 38 percent identified as an ally to the community. About 22 percent reported that they were not sure if they were allies, and 40 percent said they were not allies to the LGBTQ+ community.



One in five respondents reported being caregivers to a friend or family member who was over the age of 60. About four percent were caregivers to someone under the age of 18.



Health Demographics

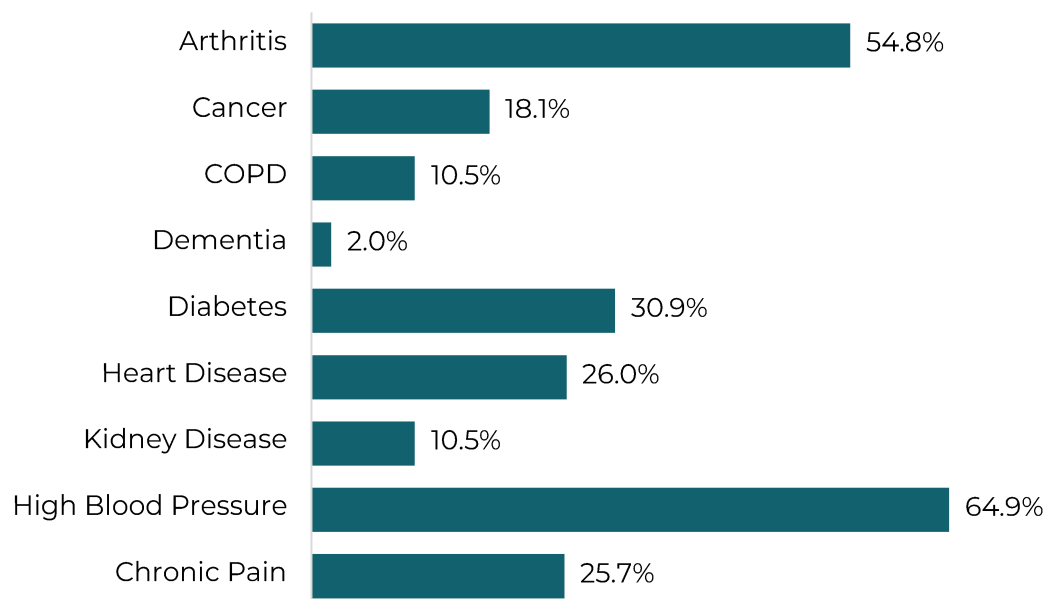
A majority of respondents reported that their physical health was in either good or excellent condition. However, a little over a quarter of respondents (25.7 percent) reported that they were in either fair or poor physical health.

About 77 percent of respondents reported being diagnosed with one or more chronic health conditions. Amongst these respondents who reported a chronic condition, the most common conditions were high blood pressure (64.9 percent), arthritis (54.8 percent), and diabetes (30.9 percent).

Physical Health Rating



Seventy-seven percent of respondents reported having chronic health conditions



For respondents who felt comfortable sharing, they replied to the question *What do you wish people knew about your health condition/s?*

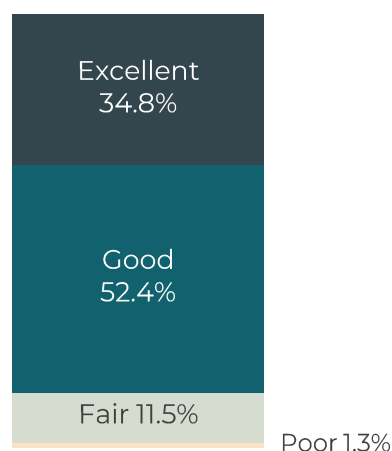
Overwhelmingly, respondents spoke about how their daily functioning had been hindered, often by mobility issues or chronic pain. As one person put it, “the amount of deep pain I struggle with day to day.” Some spoke of feeling fatigued.

Many specifically spoke about the invisible nature of their struggles, as one person explained, “No one really knows the extent of my Heart Issues, and how difficult it can be for me and a Challenge! I'm very strong, and I admire my resilient nature.” This sentiment around being resilient also came up from many respondents, like in responses such as “I can do more than people think I can.” And “I work at keeping myself healthy and fit, eating right and exercise.”

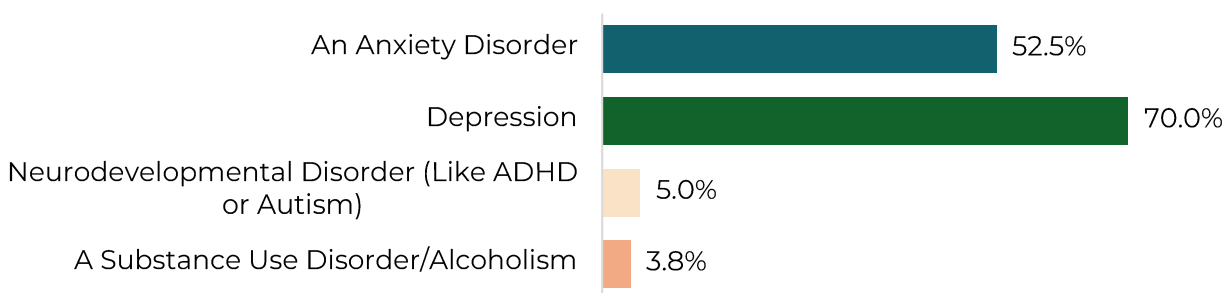
Close to nine in ten respondents (87.5 percent) reported that their mental health was either good or excellent.

A little over a quarter of respondents (27.3 percent) reported that a health care professional had told them that they had a mental health condition or concern. Amongst these 160 respondents, depression (70 percent) and anxiety (52.5 percent) were the most commonly reported.

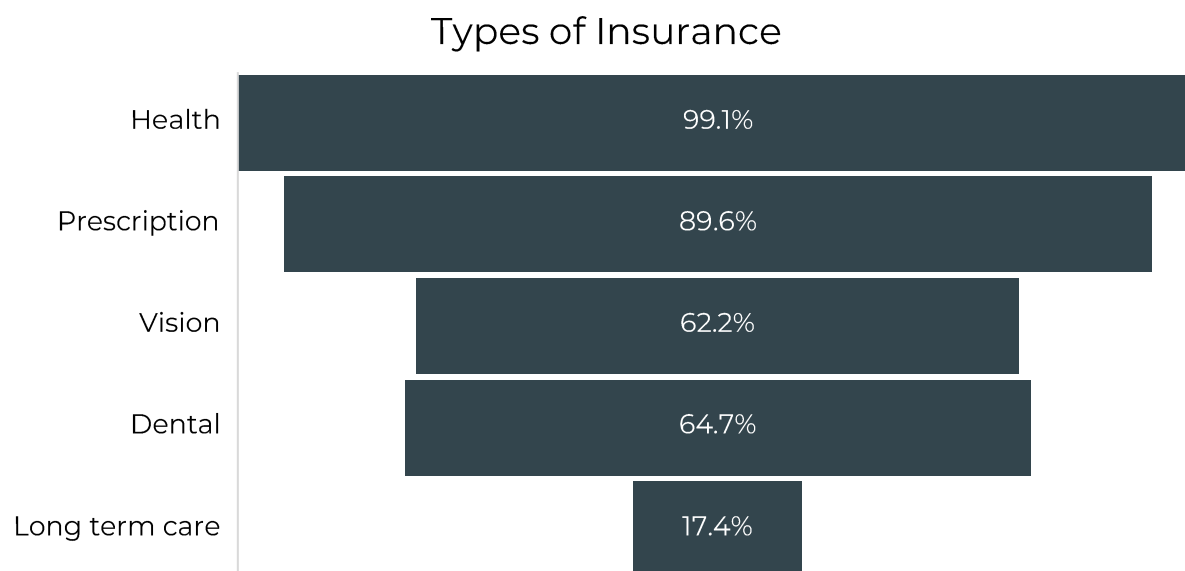
Mental Health Rating



Twenty-seven percent of respondents reported mental health conditions



Almost all respondents (99 percent) had health insurance. However, a significant portion of the sample reported that they did not have vision insurance (37.8 percent), a rate that was similar to the 35 percent of respondents who did not have dental insurance. Fewer than one in five respondents had any long-term care insurance.



Daily Activities

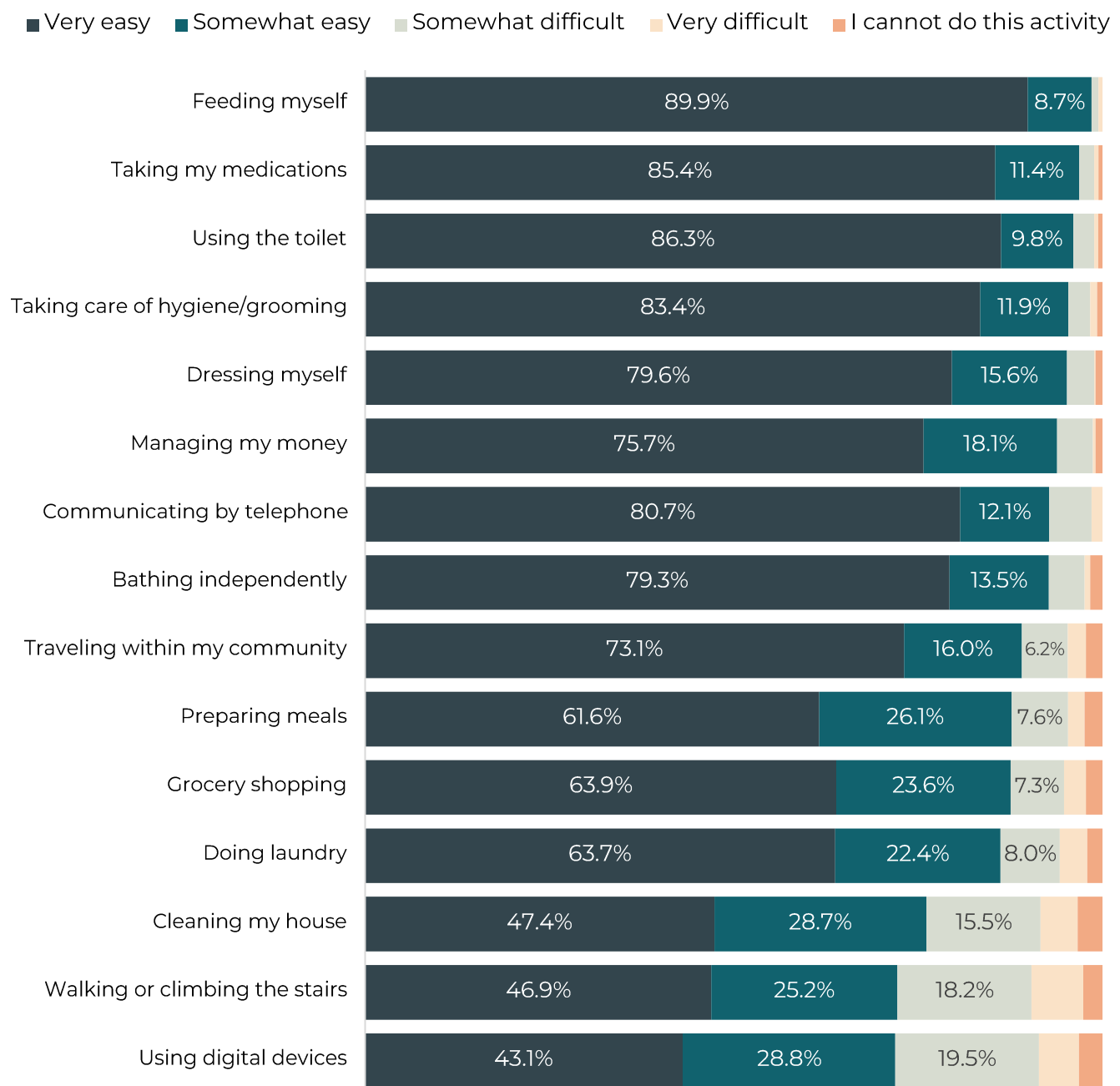
In order to develop an understanding of the day-to-day activities that older adults in the region are experiencing difficulties with, respondents were asked to rate how easy or difficult various activities were for them. This provides a helpful overview of what older adults may typically be struggling with in their daily lives.

For the majority of older adults in the region, the daily tasks of taking care of one's body and self were either very, or somewhat, easy for them to do. Over 90 percent reported that tasks such as eating, taking medications, bathing, using the toilet, taking care of personal hygiene, and getting dressed were not difficult for them. Similarly, over 90 percent reported that communicating on the telephone and managing their money were also easy tasks for them.

Where older adults reported more difficulties were with tasks that involved more physical activity. For example, 14 percent reported that doing the laundry was something they could not do, or it was an activity that was somewhat/very difficult for them to complete. Similarly, 24 percent reported

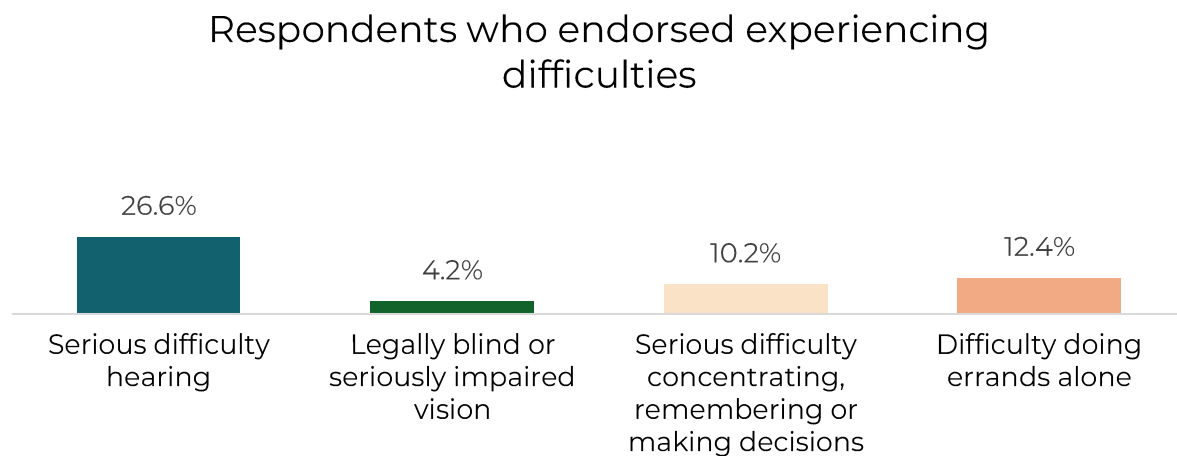
difficulty with cleaning their house, and 28 percent reported difficulties with climbing up stairs. Using digital devices was another task that was difficult for older adults in the region, with only 72 percent reporting that it was easy for them to use these devices.

Ease of Daily Activities



A little more than one in ten respondents indicated that they experienced difficulties in completing their errands alone, and a similar rate indicated having difficulty concentrating, remembering things, and/or making decisions.

The most commonly reported difficulty was related to hearing, of which 27 percent of respondents endorsed. Of those 126 respondents who reported serious difficulty hearing, 25 percent of them indicated that they do not have access to hearing aids.

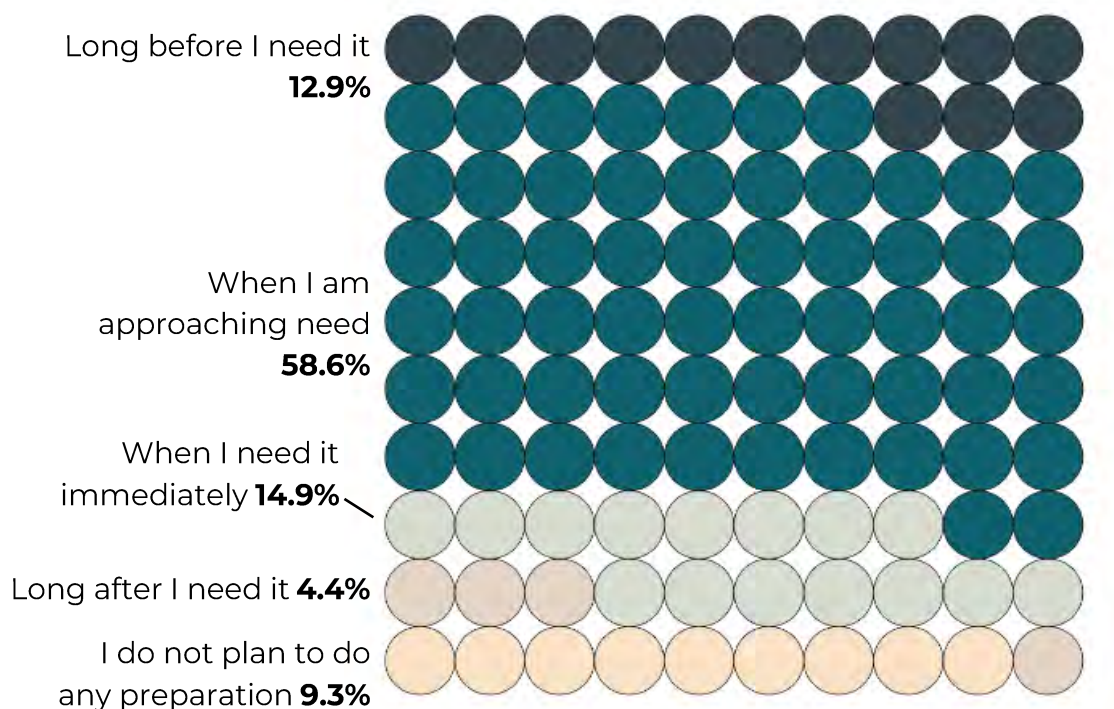


Planning for Aging

General planning

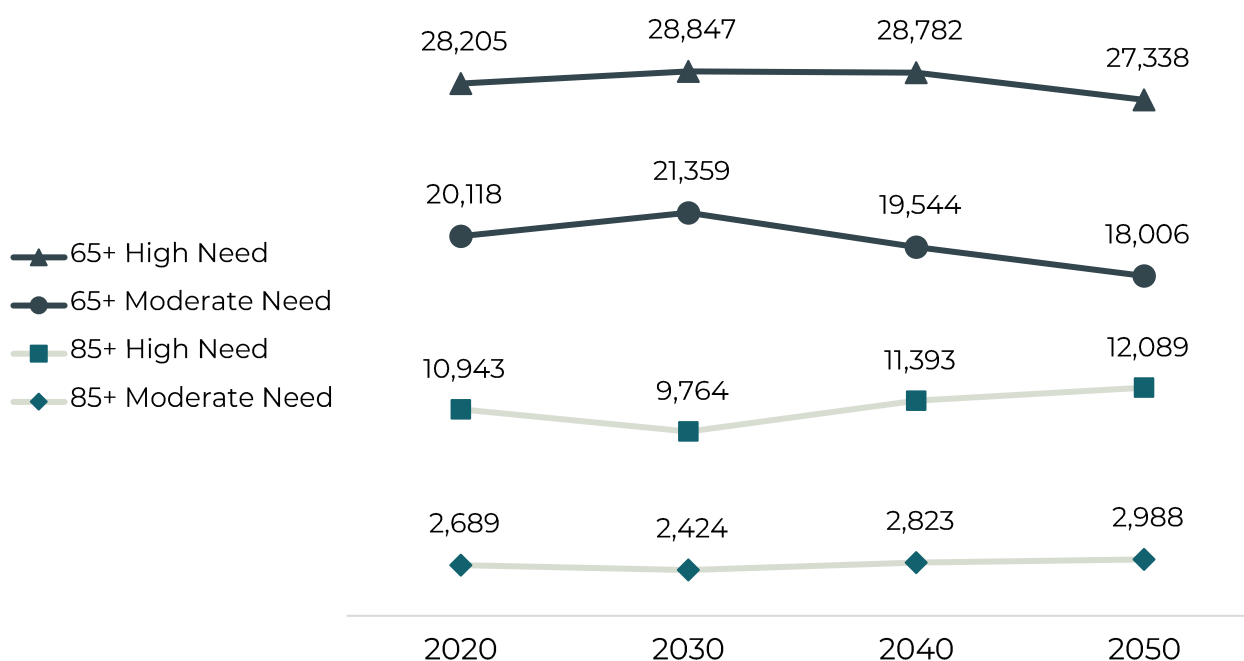
Only thirteen percent of older adults in the region shared that they were making plans to prepare for aging services *before* they were approaching needing them. While the majority (59 percent) of older adults reported that they would make plans as they *approached* needing them, roughly 29 percent stated they likely wouldn't have a plan until they needed the services.

When do you plan to prepare for aging services?



This is important because according to the Ohio Department of Development, more adults over 65 are projected to have both moderate and high need for long-term services in 2030. By 2040, more adults over 85 are projected to have both moderate and high need for long-term services.

Ohio Department of Development Projections for Need for Long-Term Services by Severity and Age for the PSA2 Region



Moderate Need is defined as having one impairment with an Activity of Daily Living (ADL) task (mobility, eating, bathing, dressing, grooming, toileting) that requires hands on assistance or two or more impairments in Instrumental Activity of Daily Living (IADL) tasks (Shopping, meal preparation, light housework) that require hands on assistance. High Need is defined as having two impairments with Activities of Daily Living (ADL) tasks (mobility, eating, bathing, dressing, grooming, toileting) that require hands on assistance or a doctor's diagnosis of Alzheimer's Disease or Related Dementia or one impairment with ADL tasks and medication management assistance.⁹

⁹ Calculated using data from the Ohio Department of Development (ODD), Office of Research, "County Population Projections: 2020-2050"



From the Survey Responses

Survey respondents were asked, *What does it mean to you to plan for aging services?* Most commonly, respondents reported learning about what services were available to them, and just as important, learning about who to contact about those services. As one respondent summarized:

“Contacting various aging services for qualifications for using services, and if need be, applying for services before actually needed.”

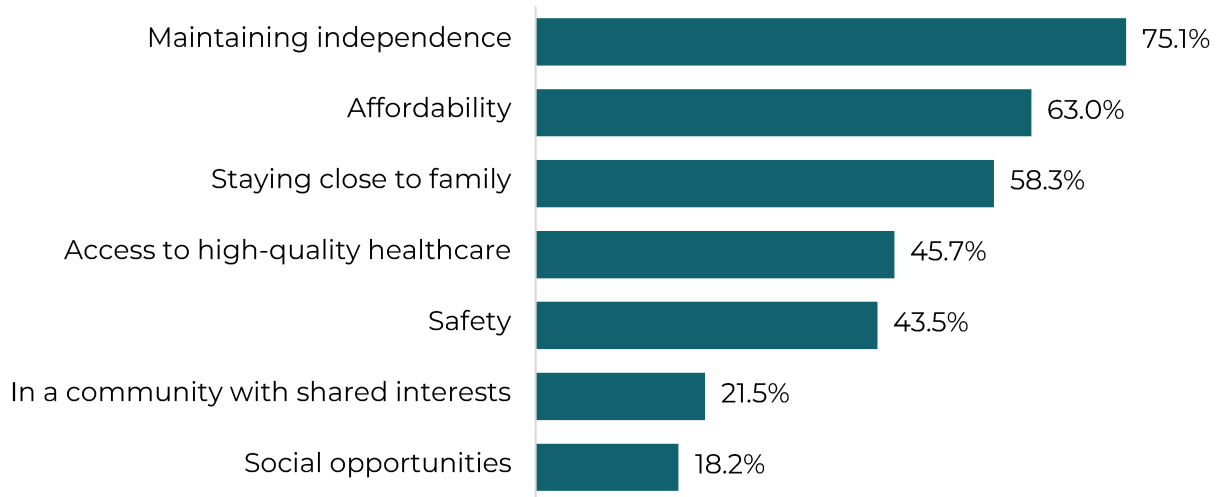
Another common theme was relying on family for assistance. As one respondent explained, “Deciding what my needs may be, and to discuss them with other family members.” Another respondent offered, “Living nearby, in separate houses, to a child who has demonstrated willingness to assist.” This desire to stay in one’s home was another particularly common theme in the responses. One respondent explained that their home is where their community is, “to be able to remain IN my home. To stay close to my Church, Children & cemetery where husband is.” Some respondents stated that they would need to make modifications to their home, “I need to make some safety changes in our home. For example, grab bars, railings. Already have a walker, wheelchair, then chair. A grabber tool too.”

Many respondents touched on the importance of financial planning, to stay in one’s home or to afford other services as well, “Personal financial resources, home modifications, family assistance available- after I am no longer able to care for myself, I plan to live in an assisted living facility.” A handful of respondents specifically identified how they will need to make sure they have their transportation needs planned for once they are unable to drive.

As it relates to long-term care, respondents were asked to identify from a list the three most important aspects of what they would want their care to look like.

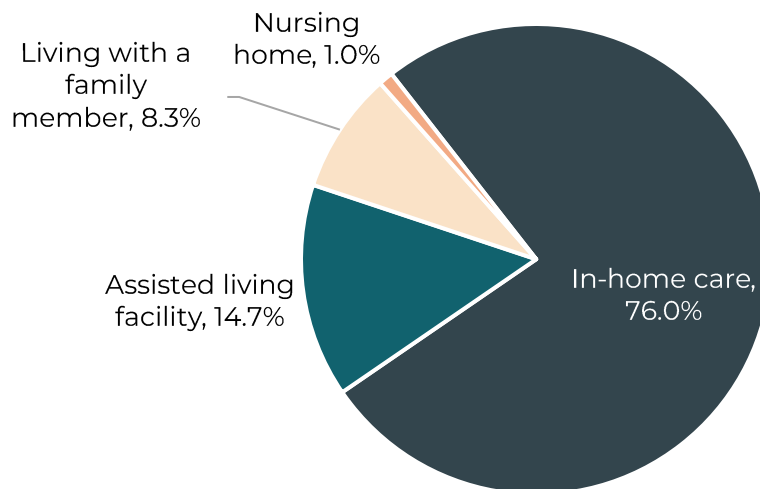
Ohio Department of Development (ODD), Office of Research, “County Population Projections: 2020-2050”; National Health and Aging Trends Study (NHATSs). Produced and distributed by www.nhats.org with funding from the National Institute on Aging (grant number NIA U01AG32947).”

Most important aspects of long-term care



For three in four respondents, remaining in their homes was the preferred setting for long-term care. Far fewer respondents preferred an assisted living facility or a nursing home.

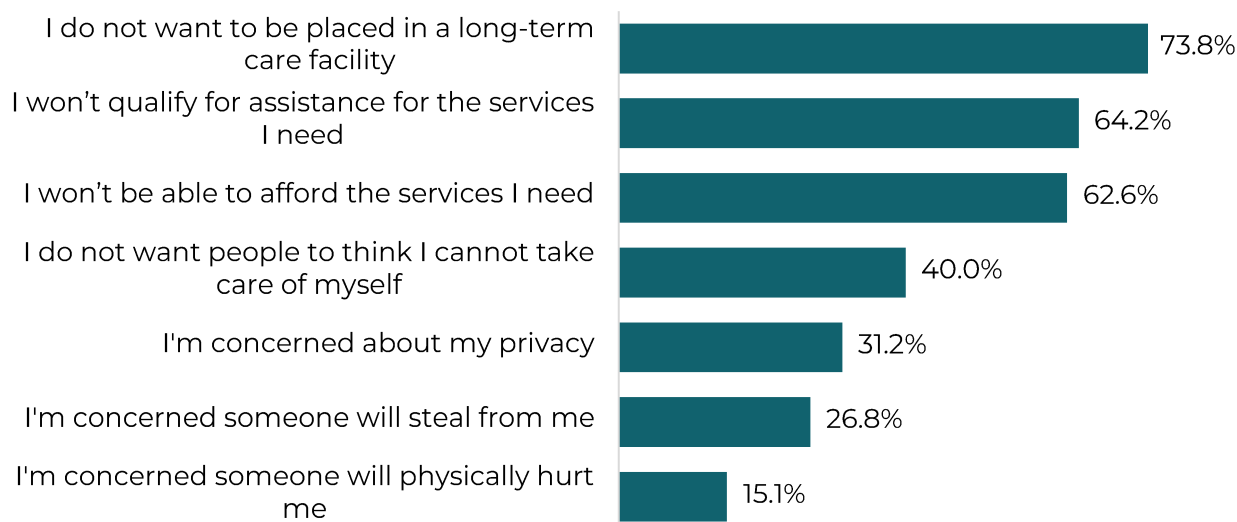
Preferred setting for long-term care



This strong preference for aging in place was evidenced throughout the survey. The number one concern respondents cited about accessing services as they aged was being placed in a long-term care facility (73.8 percent).

However, the second and third most cited concerns about accessing services were both related to affording these services; I won't qualify for the assistance I need (64.2 percent), and I won't be able to afford the services I need (62.6 percent).

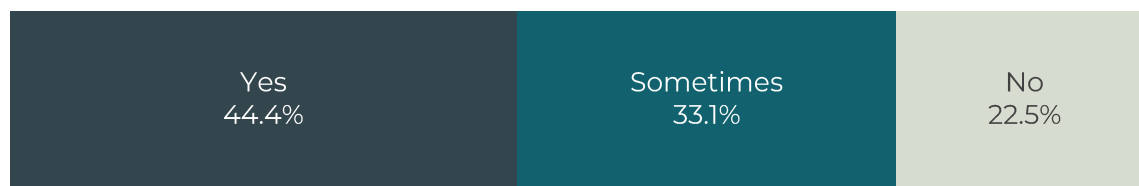
What concerns do you have about accessing services to support you as you age?



Affording Aging

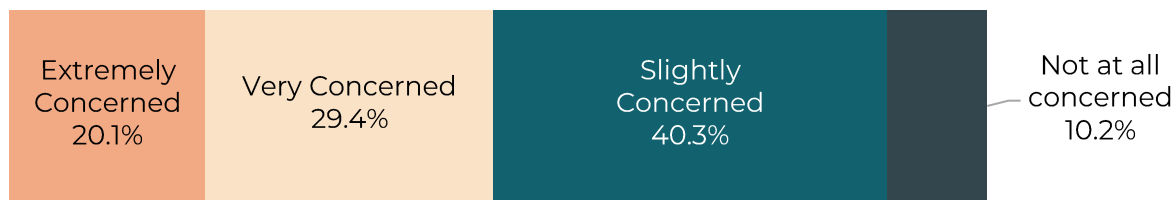
Accessing the resources, services, and supports older adults need as they age can be financially difficult. To put this into context, less than half (44 percent) of the survey participants were able to afford the help they needed, with 33 percent sometimes being able to afford this help.

I can afford the help I need...



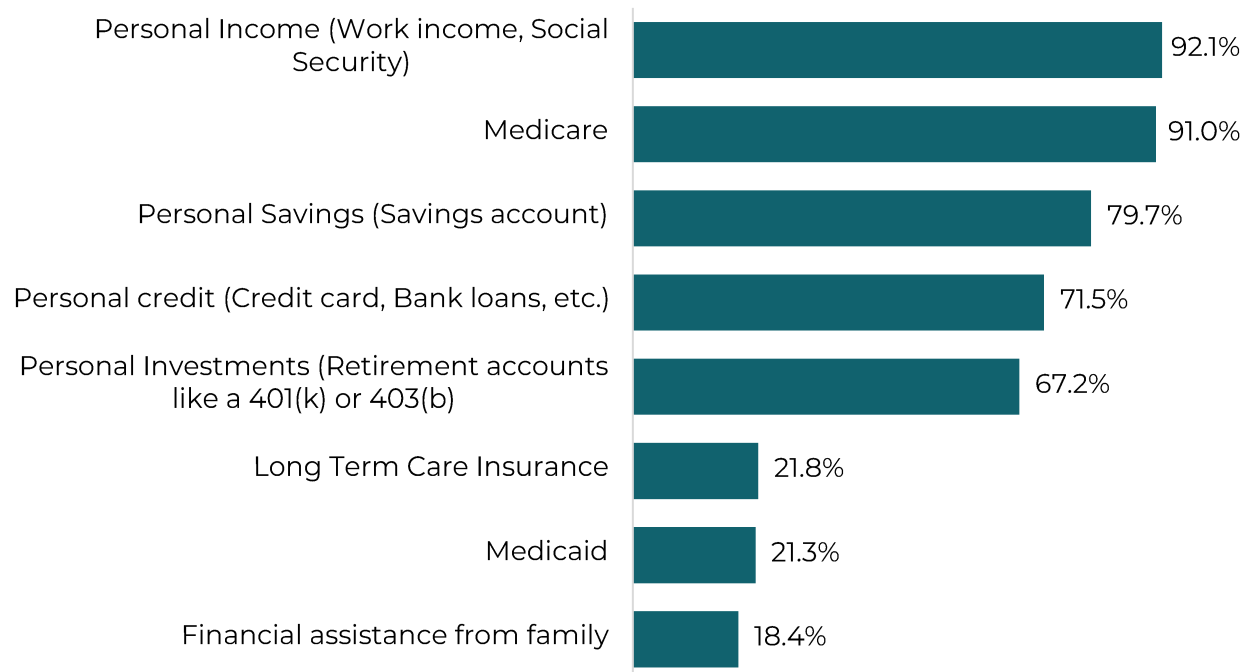
In thinking about their aging, 50 percent of respondents were either extremely or very concerned about being able to afford the services they may need as they age. Only ten percent were not concerned about affording what they may need.

How concerned are you about being able to afford the services you may need as you age?



For most older adults, personal income from work, social security, or their personal savings, will help pay for the services they need as they age. Nearly one in five will be relying on assistance from their families.

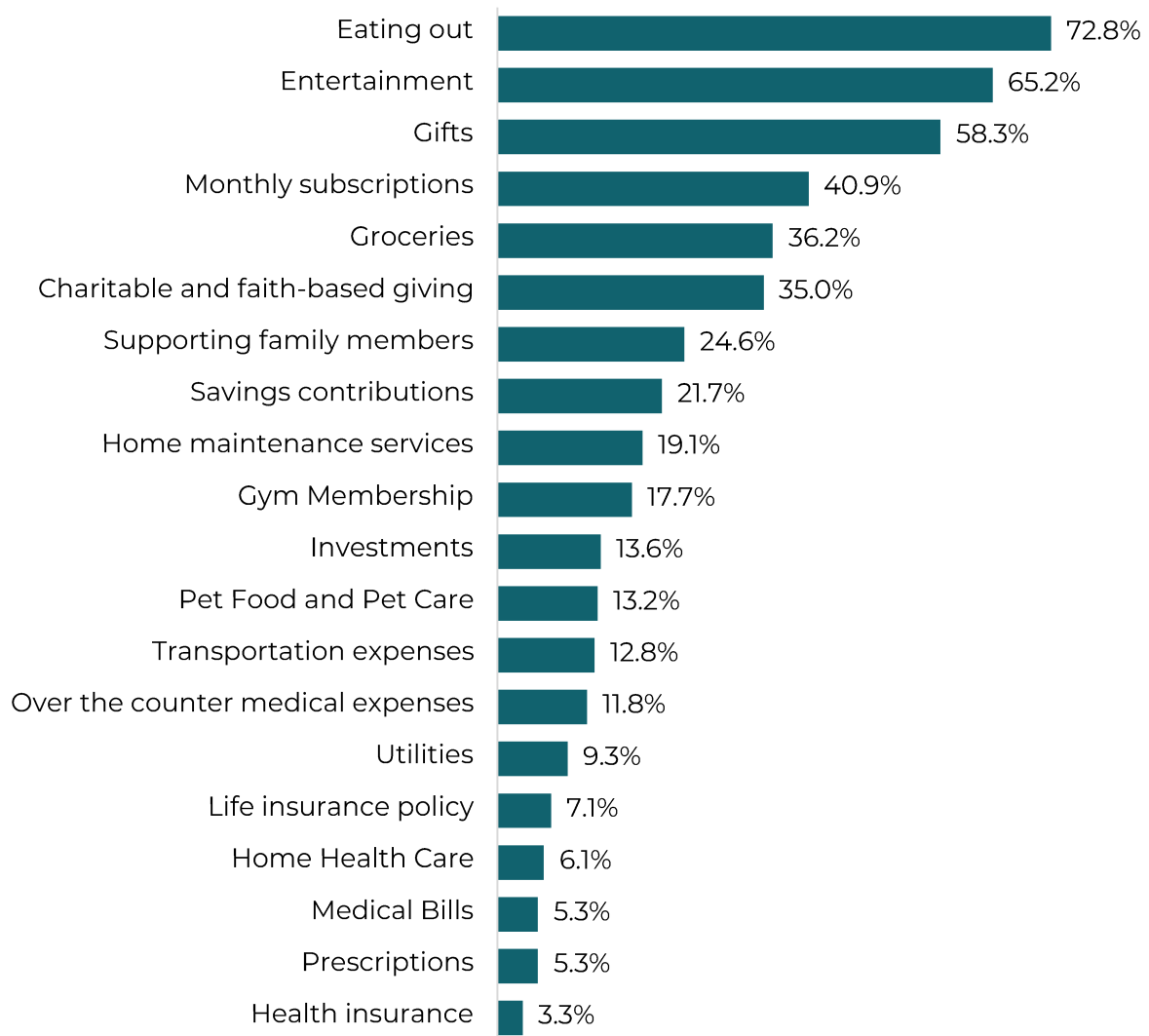
Which of the following will help pay for services as you age?



The financial strain placed on older adults as they age often comes with having to make sacrifices for lifestyle and other necessities. Respondents were asked to identify what they would spend less money on, in the event of an increase in medical or home health costs. The most agreed upon ways to save money were to spend less on eating out, general entertainment, gifts, and

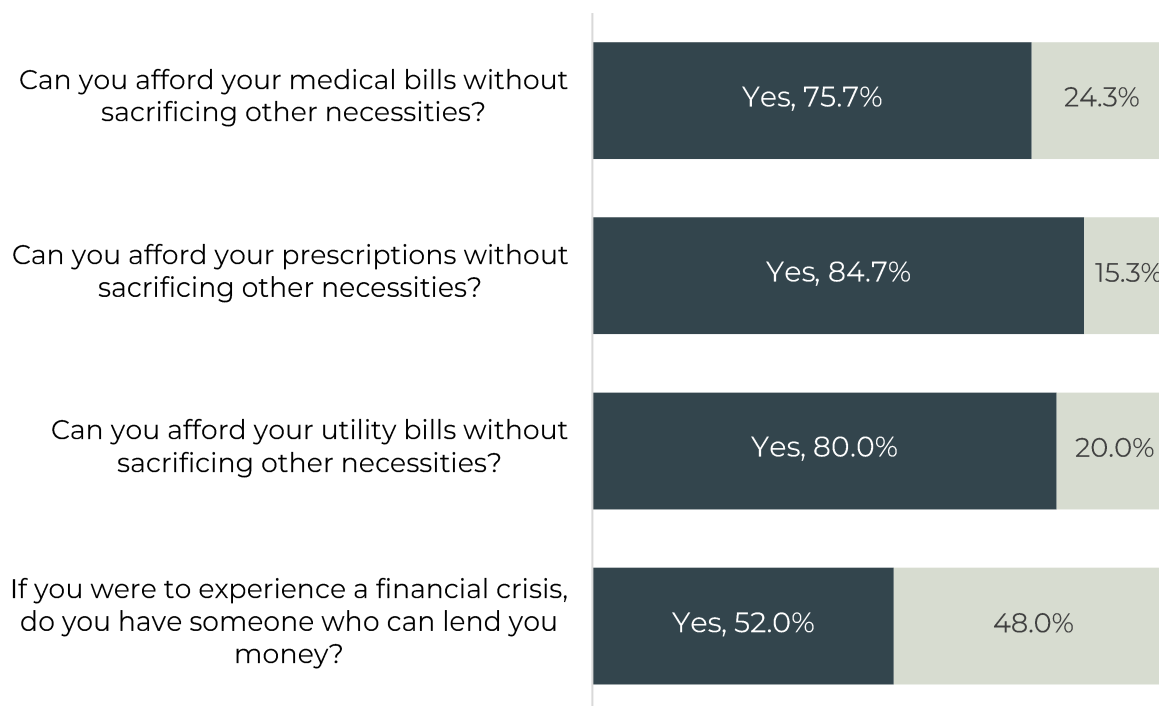
their monthly subscriptions. Roughly a third of the sample stated they would cut back on their groceries or their charitable giving. About 25 percent would spend less supporting their family members.

Where would you decrease your monthly spending if you had an increase in medical or home health costs?



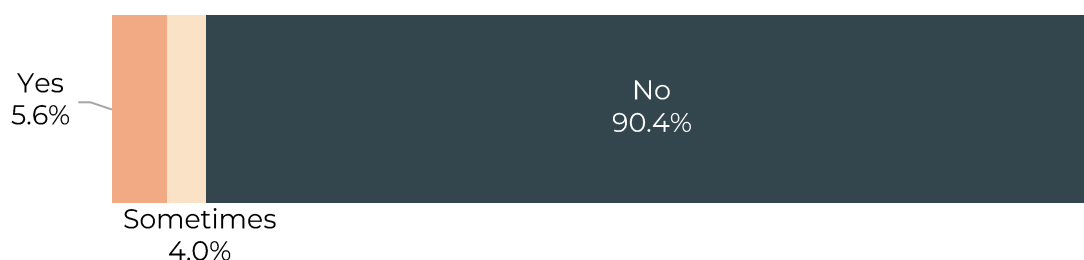
When asked about sacrifices currently being made, only 76 percent of older adults could consistently afford their medical bills without sacrificing other necessities. Twenty-four percent reported they could only afford these bills sometimes, or not at all. Only eighty percent could consistently afford their

utilities. And in the case of a financial crisis, just half of the sample had someone who could lend them money.



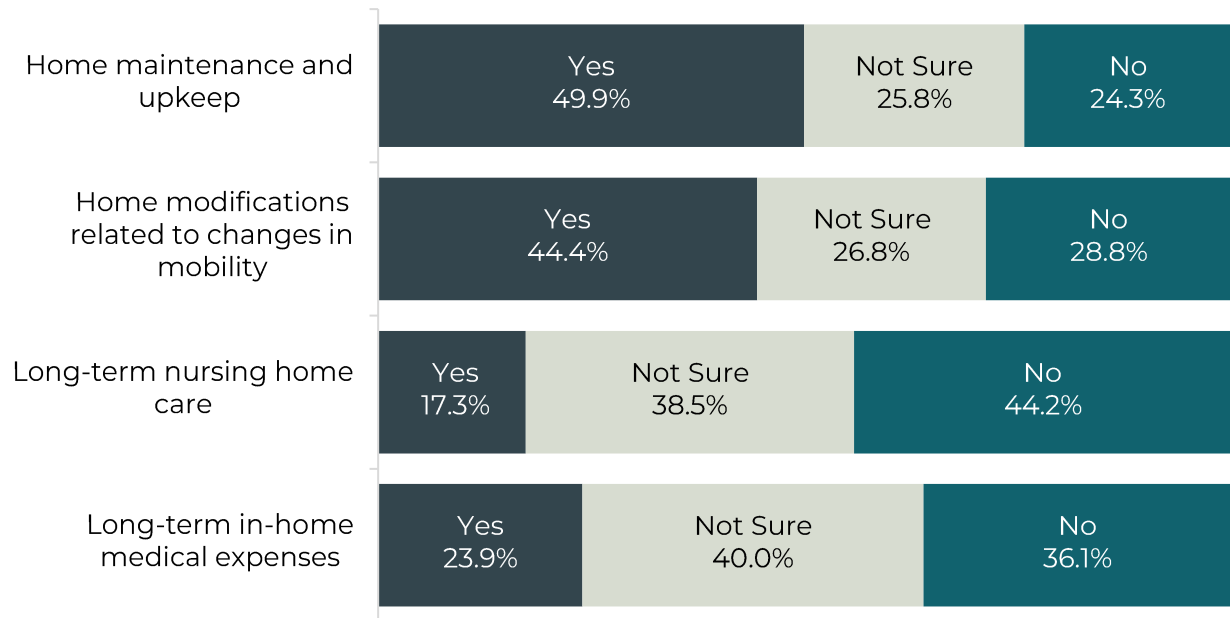
Despite some of these concerning findings, the majority of respondents (90.4 percent) did not depend on others for financial support.

Do you depend on others for financial support?



When asked if you feel confident you could pay for the following aging services, the most common response for all options was the combination of not being sure, or just not confident. Respondents were certainly *more* confident when it came to being able to pay for home maintenance/upkeep and being able to afford modifications to their homes to accommodate mobility changes. However, these findings reveal the lack of certainty older adults have to afford the services they'll need they age.

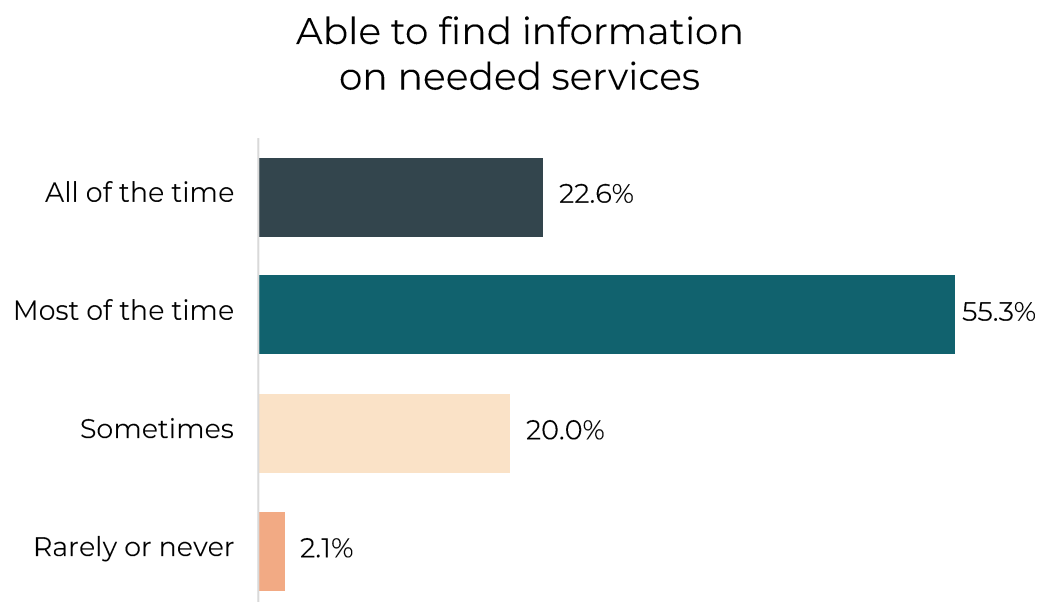
Do you feel confident that
you would be able to pay for...



Access to Aging Services and Information

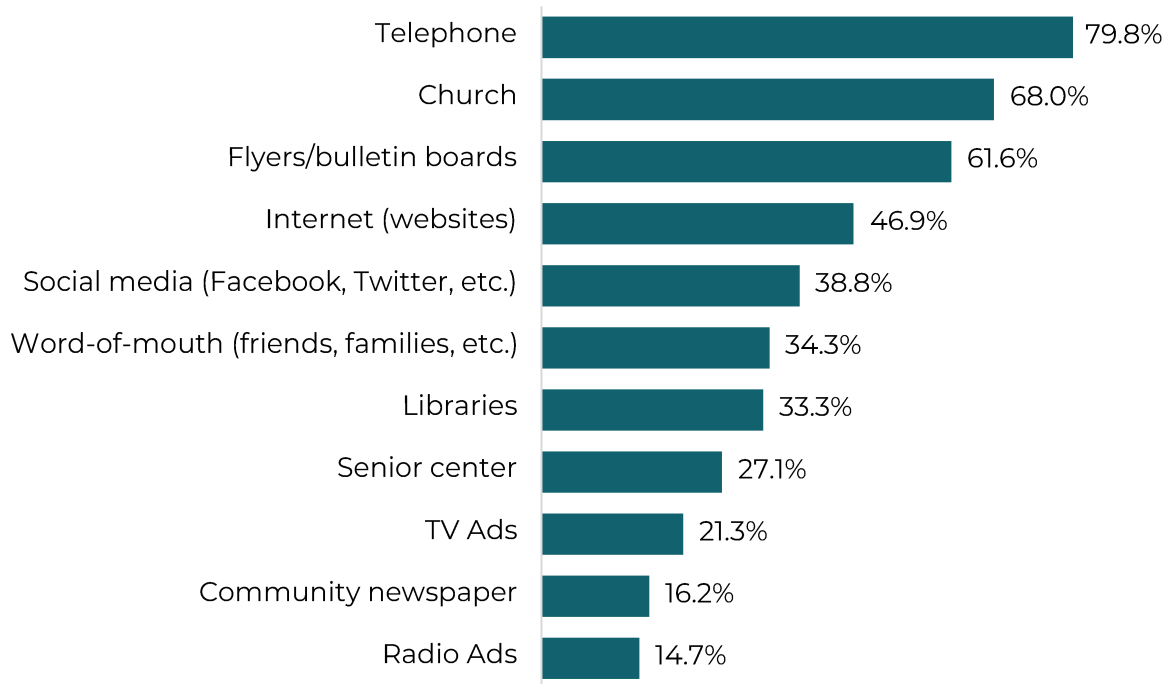
Access to Information

When it comes to preparing for aging, and getting the help one needs, information about what is available is key. A majority of older adults reported being able to find relevant information about the services they need most of the time.



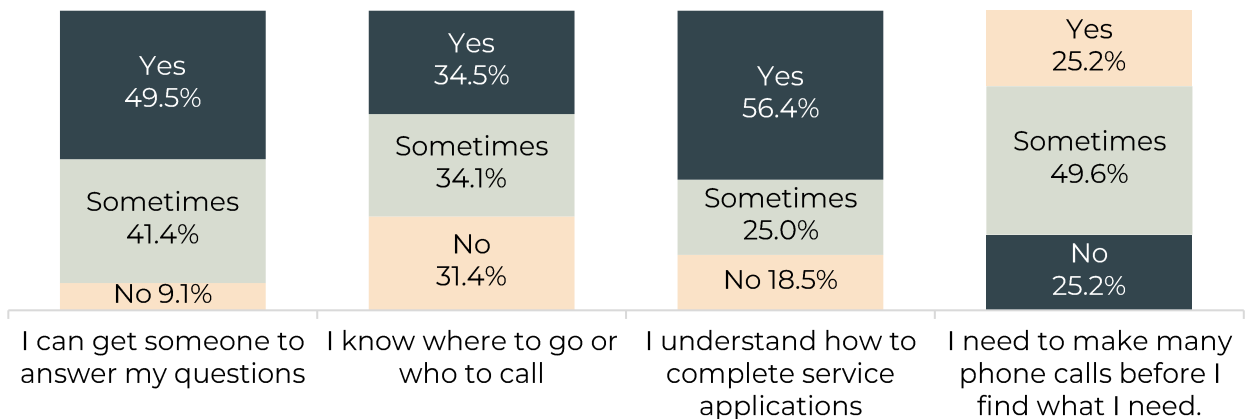
The most commonly reported method for identifying and accessing community services was the telephone (79.8 percent). Church (68.0 percent), as well as flyers/bulletin boards (61.6 percent) were the next most commonly cited methods. Of note, less than half of the respondents (46.9 percent) reported the internet, and even fewer (38.8 percent) said social media. If a service is being advertised solely online, it is likely that a significant number of older adults who could benefit might not hear about it. This does not appear to be fully related to internet access; however, 92.2 percent of respondents reported having access to the internet.

What sources do you use to identify and access community services?



For respondents who had sought help with meeting their needs as they got older, they were asked about their experiences in doing so. Fortunately, only 9.1 percent reported *not* being able to connect with someone who could answer their questions.

What is your experience when seeking help in meeting your needs as you get older?





From the Focus Groups

Almost all of the older adults who participated in the focus groups reported having access to and being comfortable with the internet. Folks reported using the internet to stay on top of local and national news, use social media, stream shows and movies, shop, and one woman even used it to play games online with friends. There was discussion in the rural focus group how, in some particularly rural areas in the region, there really is not good internet access, and some older adults are just not interested. However, it is more common to find older adults who *do* want to learn how to engage with new technology and the internet, but it is particularly difficult to teach these skills in a group setting. One woman who had experience trying to teach older adults a basic computer skills class explained that everyone comes to these classes with different levels of skill, and different kinds of laptops/tablets, with operating systems and program versions. She summed it up by saying “Nobody is learning anything in groups.”

Focus group participants were also asked about how they receive information or local news. There were plenty of expected answers, like watching local news, listening to the radio, or reading the paper (online or a physical copy). There were some thoughtful remarks from a few participants about trying to get fair and unbiased news. The older adults in the LGBTQ+ focus group spoke about the importance of The Greater Dayton LGBT Center center’s newsletter, as well as communications from other like-minded organizations and social media accounts, to learn about what was happening locally.

Of note was the importance of word of mouth sharing of information. This came up in the LGBTQ+ focus group, the Immigrant population focus group, and in a focus group with adults living in subsidized senior housing.

“Information travels extremely fast around here” as one woman put it. A man from a different group described it like, “Hey, I’m going over here to check this out, want to come with?”

Participants across multiple groups expressed frustration with struggling to find information about available resources. One woman explained:

“If you want to know about a nursing home, they are always telling you! Ads, commercials, they are everywhere. But if you need services, it is so hard to find information.”

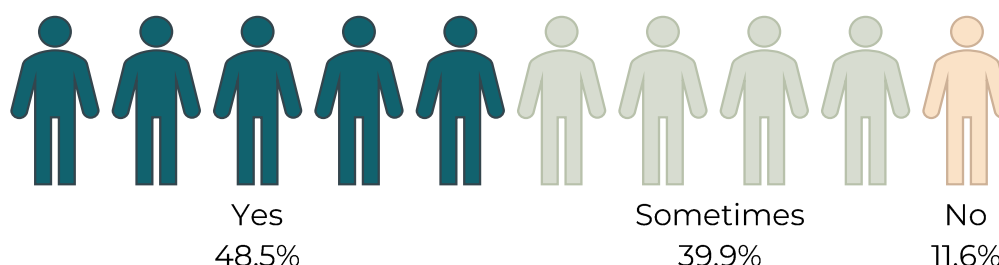
The immigrant community focus group in particular expressed exasperation when it came to finding services and understanding the benefits they may or may not be eligible for.

In the focus group with adult caregivers, there was lots of frustration with not knowing what services were available to them as caregivers, and who to call to access those services. One woman in this group explained, “Most of the resources I’ve come up with come from networking with other caregivers.”

Availability of Services

Older adults were asked if they can get help quickly as it relates to seeking help in meeting their needs as they get older. Just under half (48.5 percent) indicated yes, while 39.9 percent replied only sometimes. Close to twelve percent said no, they could not get help quickly.

When seeking help in meeting your
needs as you get older, can get help quickly?



From the Survey Responses

Survey respondents were asked to describe in their own words if they had any needs related to growing older that were not currently being met. While most reported having no unmet needs at this time, the top needs amongst those who did report concerns were related to:

- Being able to manage the financial strains of paying for services and the rising costs of goods while on a fixed income.
- Finding reliable transportation
- Maintaining one's home, finding someone to do repairs, and general house upkeep.

Some respondents also mentioned the need for more social opportunities or companionship. A couple of poignant quotes that describe some of these difficulties with unmet needs:

"I know of a few of the services but I am disabled and don't know how to get to some of them. I don't drive much due to vision impairment and can't wait for buses on street corners, etc. I really need to know more about transportation options."

"No rural handicapped transportation services. No home repair services. No services in the rural area of Darke county. I pay taxes, but nothings available."

"Social connections. When I retire, I will lose all of those social connections, creating a void."



From the Focus Groups

In the focus groups, participants were asked, *When someone needs a service, for instance a home delivered meal or a ride to an appointment, a home health aide, or help with utilities – who can they call?*

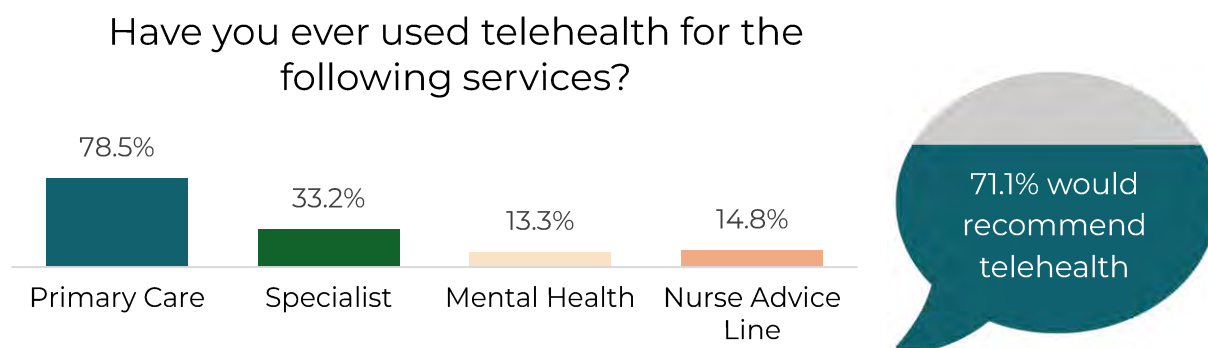
Answers to this question were varied. Some mentioned relying on family and friends to help them out with tasks. Others mentioned their faith-community has been helpful when they were in need. The focus group for rural older adults explained that where in the county, whether it is specifically inside of city limits or not, dictates what services are available to you. Folks who live outside of the city tend to have access to less resources.

The importance of having a strong connection with the person assisting you with your needs (your service coordinator or caseworker) was a salient theme. If your relationship is good, and your caseworker/coordinator is consistent and

helpful, it can be so helpful. But this is not always the case, and there were times when participants explained that this relationship hindered their ability to access necessary services. As one gentleman explained:

“I have a caseworker that does not respond to anything. When I do connect with her, she talks about nothing. Getting to her is tough [the gentleman who said this had a mobility disability]. She doesn’t give much help. Some but not much.”

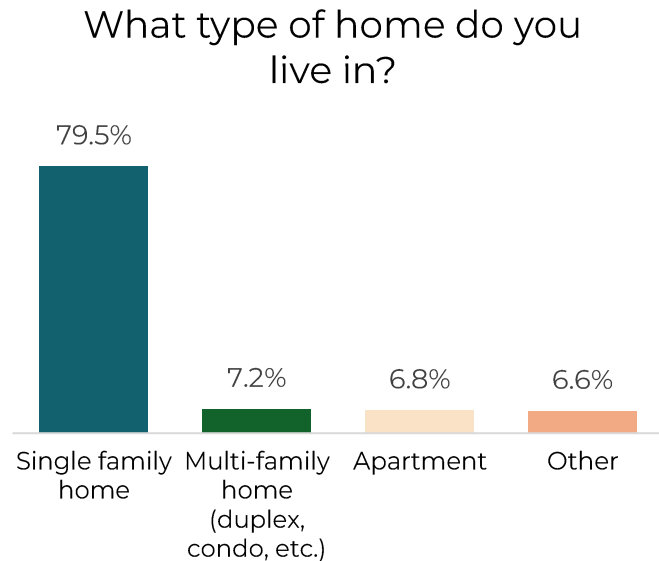
One potential way to increase the availability of services, especially to older adults with transportation barriers, is through telehealth. About 43.8 percent of the respondents had used telehealth before. Of those 256 older adults, 78.5 percent used telehealth for their primary care, 33.2 percent saw a specialist, and 13.3 percent used it for mental health purposes. Just over 70 percent of respondents who used telehealth services would recommend it to a friend or family member.



Content Areas

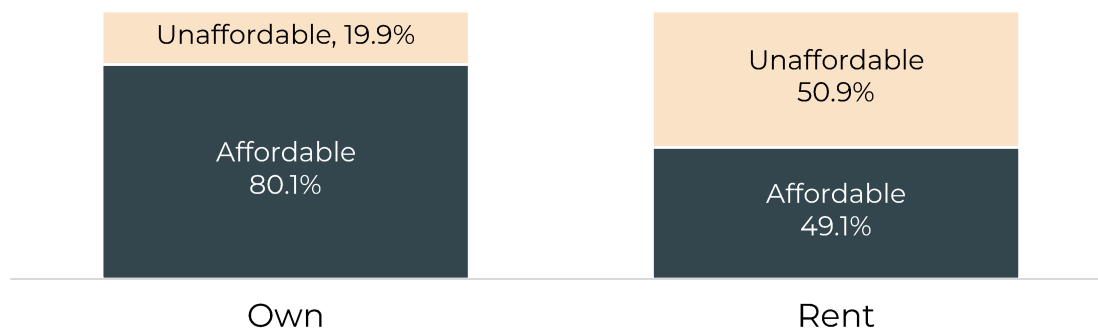
Housing

According to data from the 2020 Decennial Census, there were 7,970 people in the region age 60 and older living in nursing facilities or skilled nursing facilities. Among older adults living in the community, most own their homes. Around 78 percent are owners and 22 percent are renters. In fact, although people ages sixty and above make up only 25 percent of the population, 45 percent of all people who own their homes in the nine-county area are older adults.

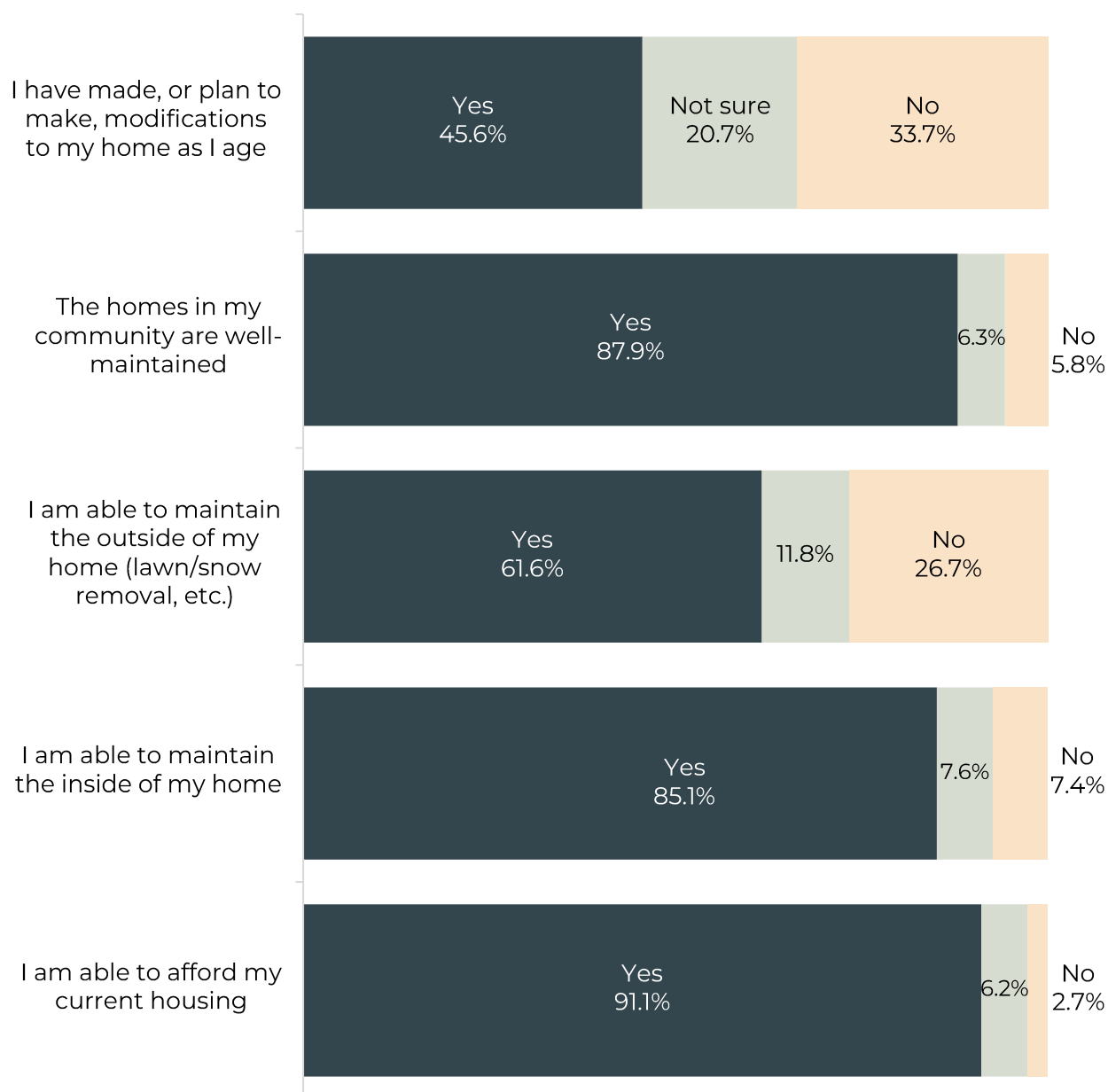


Although they are fewer in number, older adults who rent are more likely to struggle to afford their housing. Nearly half (49.1 percent) of renters over age 60 pay 30 percent or more of their total income for housing costs, compared to 19.9 percent of owners. In total, 51,229 older adult (60+) households in the region 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.

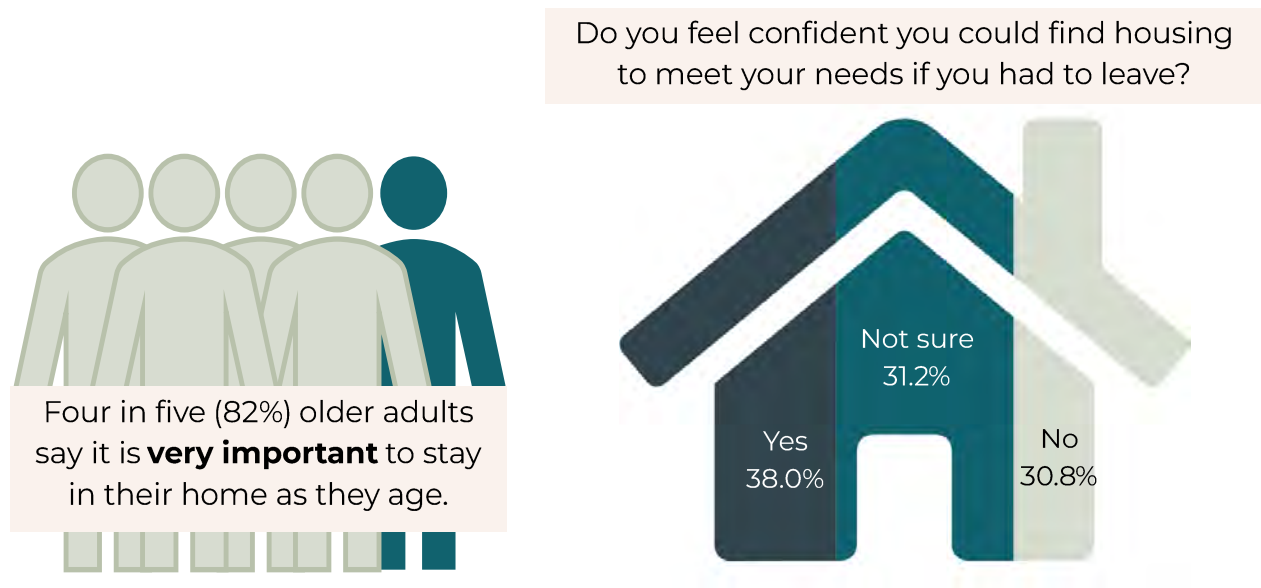
Housing Affordability by Tenure (60+)



Older adults in the region were asked about their homes, and their capabilities of maintaining them. Most respondents (91.1 percent) reported being able to afford their current housing and maintain the insides of their home (85.1 percent). Fewer respondents (61.6 percent) felt confident in their ability to maintain the outsides of their home, and even fewer (45.6 percent) had made (or had plans to make) adjustments to their home as they age.



As has been discussed elsewhere in this report, a salient theme from the older adults in the region is the importance of aging in place. Eighty-two percent of respondents reported that it is very important to remain in their homes as they age, and 14.7 percent said it was somewhat important. Less than one percent of respondents said it was not at all important to them. And if these older adults were to have to leave their homes due to health or mobility issues, only 38 percent were confident they could find suitable housing.



The overwhelming majority of respondents (97.2 percent) reported feeling safe in their home. However, when asked if they were concerned about accidents or falls occurring in their homes, 29.5 percent indicated they were, and another 8.9 percent said they were not sure. As previously discussed, only 45.6 percent of respondents had made plans to, or had already made modifications to their homes to make them more suitable for aging.

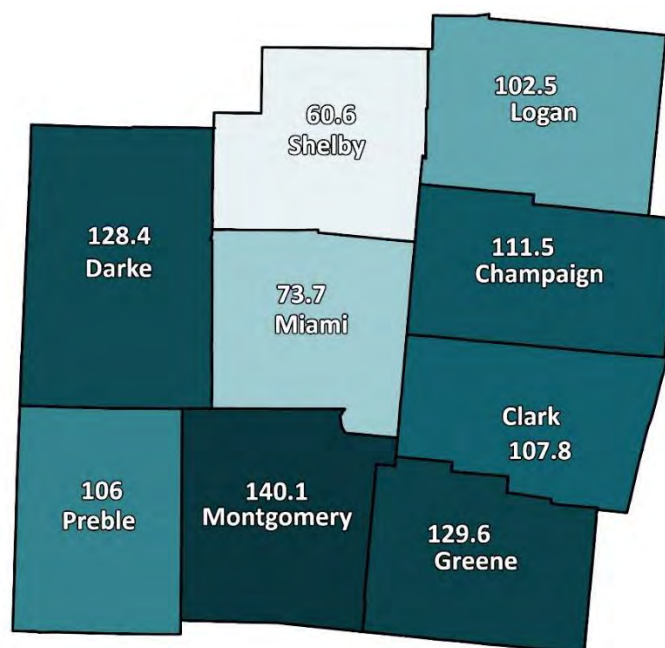
Unintentional falls among older adults are a leading cause of fatal and nonfatal injuries. The risk of falling increases with aging-related realities such as vision loss, hearing loss, side effects from medications, and symptoms from conditions such as diabetes and arthritis. In the Area Agency on Aging, PSA2 region, between 2019-2023 there has been a year-over-year increase in the

number of deaths from unintentional falls among adults 65 years and older. In 2023, 251 adults aged 65 or older died in the region from unintentional falls.¹⁰

Number and Age-Adjusted Rate of Unintentional Fall Deaths Among Adults 65+ Years by County in PSA2							
County	2019	2020	2021	2022	2023	2023 Rate	2020-2023 Rate
Champaign	5	6	8	5	11	159.5	111.5
Clark	23	18	30	34	24	96.3	107.8
Darke	10	15	15	16	6	.	128.4
Greene	31	31	34	39	41	144.6	129.6
Logan	5	9	6	4	11	149.9	102.5
Miami	11	21	8	15	11	57.5	73.7
Montgomery	135	121	135	130	133	142.9	140.1
Preble	9	6	5	11	7	.	106
Shelby	6	6	2	3	7	.	60.6

*Rate is per 100,000 population and rates are suppressed when there are fewer than 10 total deaths

2020-2023 Age-Adjusted Rate (per 100,000 people) of Unintentional Fall Deaths Among Adults (65+) by County



¹⁰ ODH Bureau of Vital Statistics. Analysis: ODH Violence and Injury Epidemiology and Surveillance Section. Includes Ohio residents who died due to unintentional fall (underlying cause of death ICD-10 codes W00-W19).



From the Focus Groups

Adequate housing for older adults was a concern that was voiced in all of the focus groups. Participants spoke about concerns about affordability, with most options feeling so expensive. There was some poignant concern from the residents in a subsidized senior housing apartment about federal changes negatively affecting their housing assistance. Without that assistance, the residents made it clear that they would not be able to afford an adequate apartment at market rate. And if they had to, they would have to give up something like food or medicine (a sentiment that was echoed in multiple focus groups). Even for folks who already own their homes, there was talk of a house “bankrupting you” with necessary repairs and upkeep. There was also concern about many houses not being adequate for aging adults, having multiple stories in them.

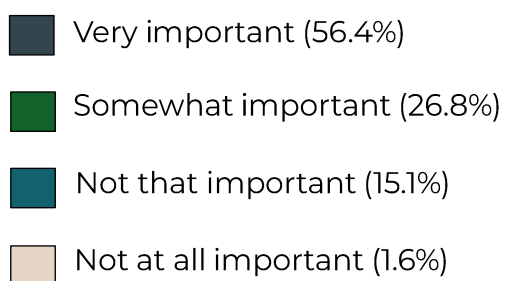
The rural communities focus group highlighted just how isolated so many older adults in the community are, living in big older farmhouses out in the countryside. There was also concern about limited options. According to the group members there are not many rentals in general, and even fewer that accept any kind of federal assistance. While some of these options do exist (rentals that will take housing vouchers, and assisted living options that accept Medicaid), they are in high demand and can be hard to access.

The immigrant population focus group spent a significant amount of time discussing housing concerns. In fact, when asked to rank their biggest concerns, affording rent was at the forefront of most participants’ minds. Many participants had no idea what programs existed nor how to access them. Some spoke of absentee landlords and untenable living situations, such as too many people living in a small space, things breaking and not being fixed, and not having working heat. For a few of these participants reported being worried about being evicted soon.

Neighborhood

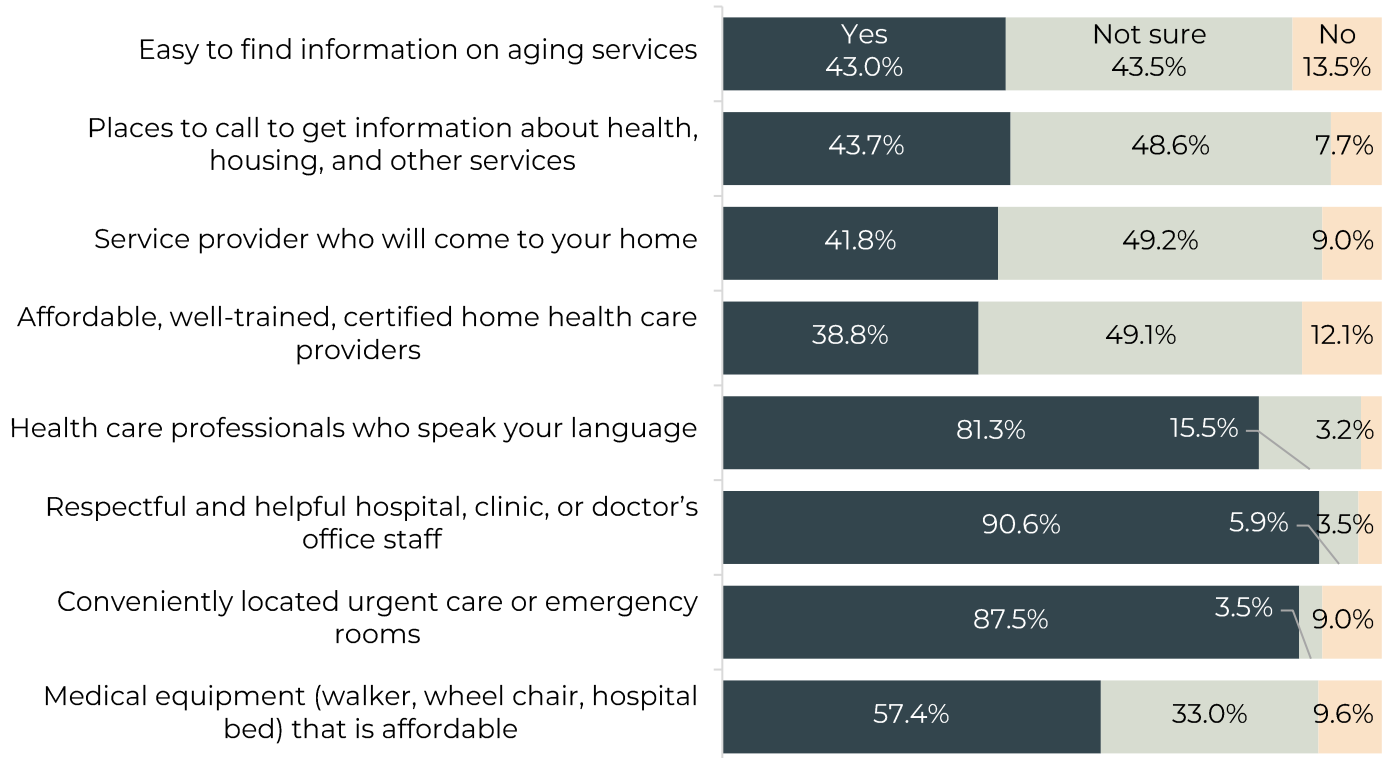
A key aspect of the importance of one's home is one's neighborhood and community. Neighborhoods can strongly influence important things like social connections, resource access, and feelings of safety. For the older adults in the region, over half (56.4 percent) reported that remaining in their neighborhoods as they age was very important to them, and another 26.8 percent said it was somewhat important to them. This comports with related survey data, where 80.3 percent of respondents reported that their neighbors/neighborhood makes them feel safe and protected. And 86.5 percent explained that they live near the amenities (shopping, medical facilities, restaurants, parks, etc.) that they need and want.

How important is it to you to be able to remain in your neighborhood as you age?

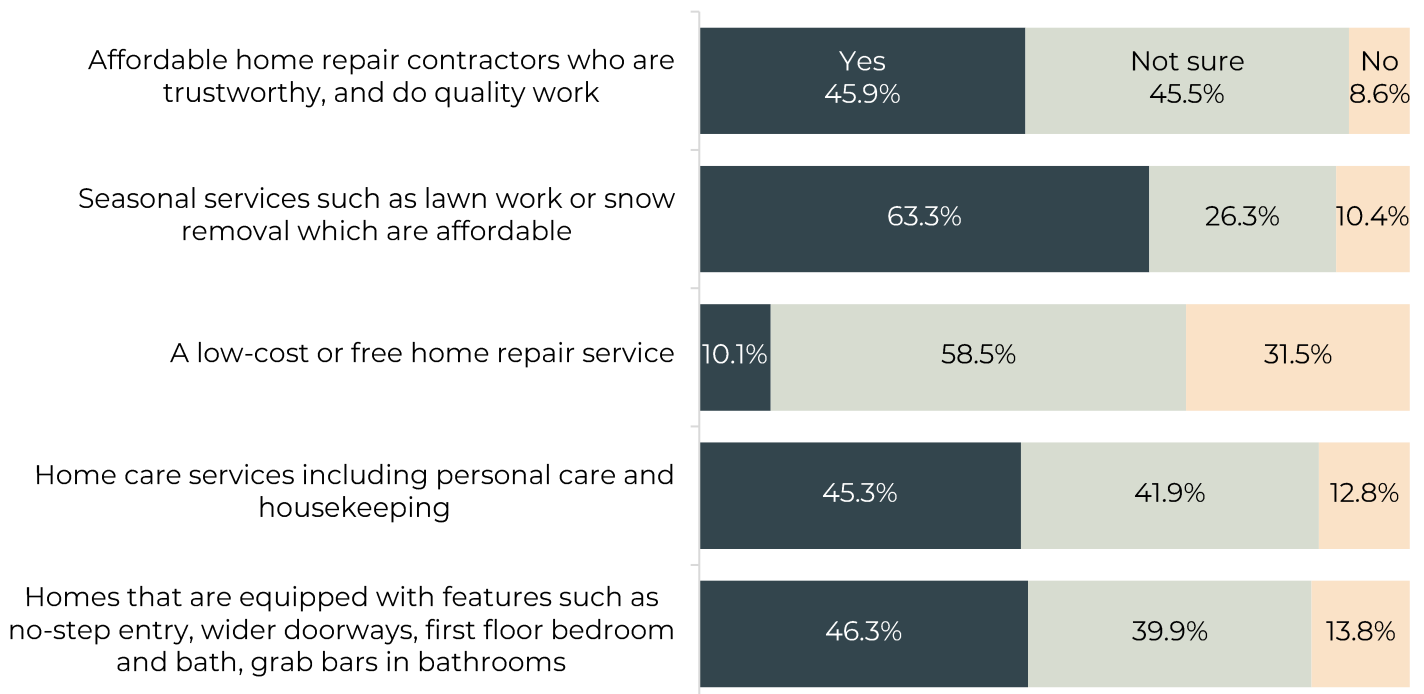


Respondents were asked about various resources they had access to in their communities. The charts below detail the different health and aging services, home maintenance services, and neighborhood amenities/other services.

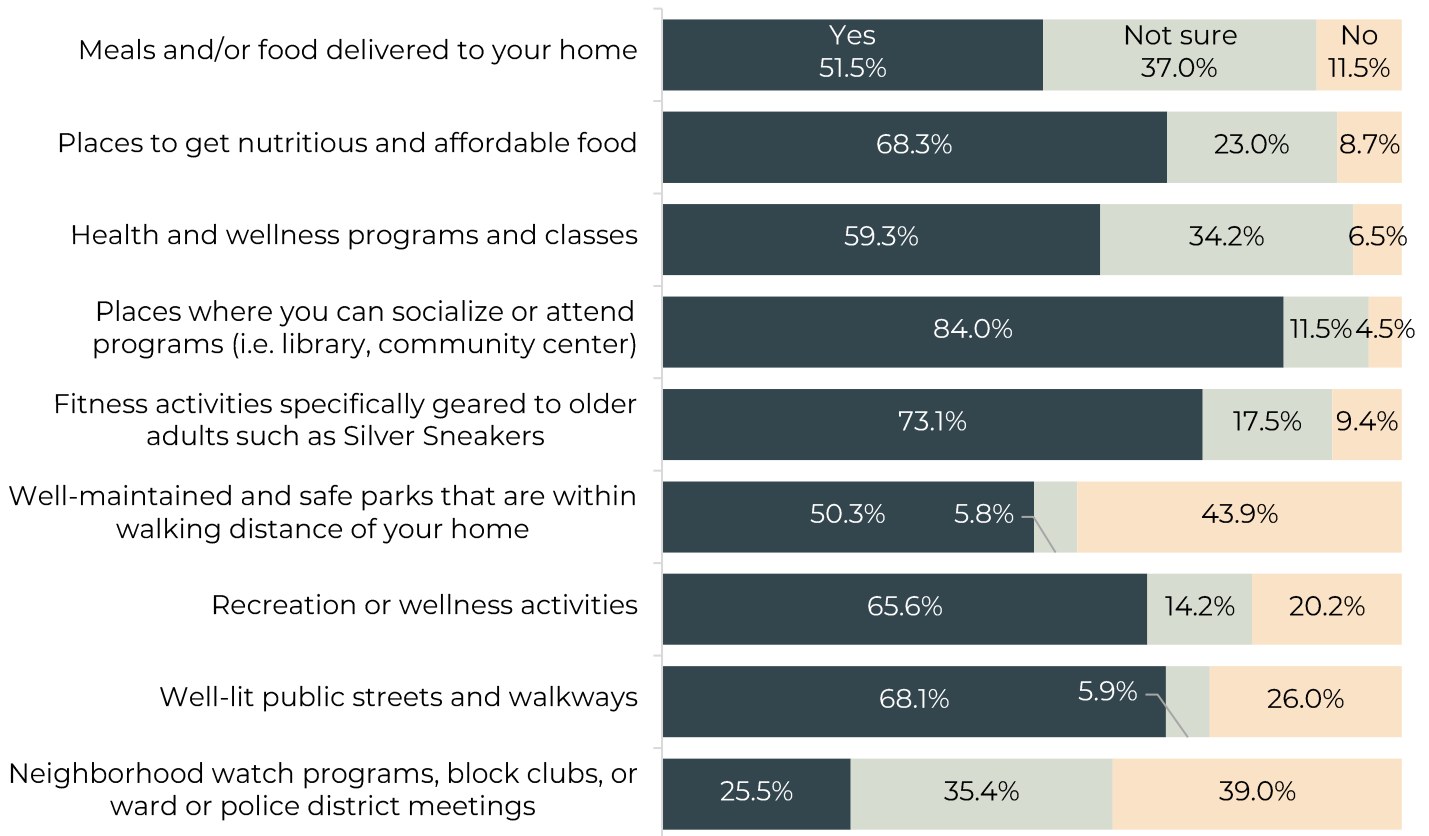
Health and Aging Services



Home Maintenance



Neighborhood Ammenities and Other Services



From the Focus Groups

Focus group participants were asked to share what was going well for older adults where they lived. Multiple participants spoke about the great parks and nature in their communities. The rural participants mentioned they liked the peace and quiet, with some saying it felt safer than when they had previously lived closer to a city. Residents in and around Dayton highlighted the joy of living around many people and not feeling isolated. As one gentleman put it:

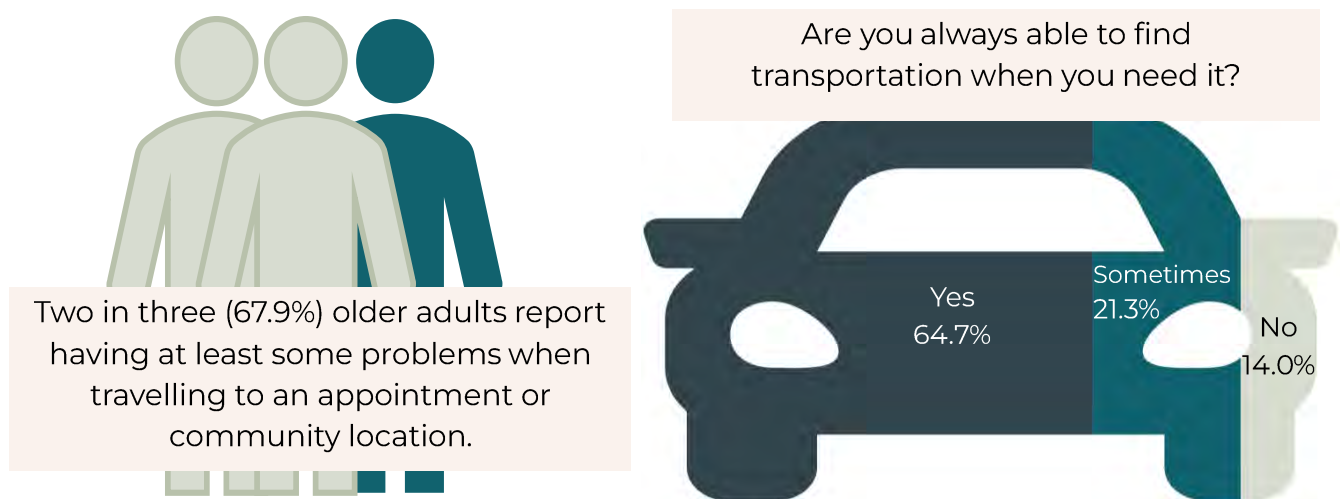
“Having the opportunity to just go outside and see people. Get some coffee. Just feel like you’re part of a community.”

This was echoed by the residents in the senior housing, who highlighted the very important opportunities for socialization that occurred in their building. Other residents in and around Dayton mentioned enjoying the local festivals,

the theatre, the great libraries. Some members from the LGBTQ+ group mentioned not feeling safe outside of the city.

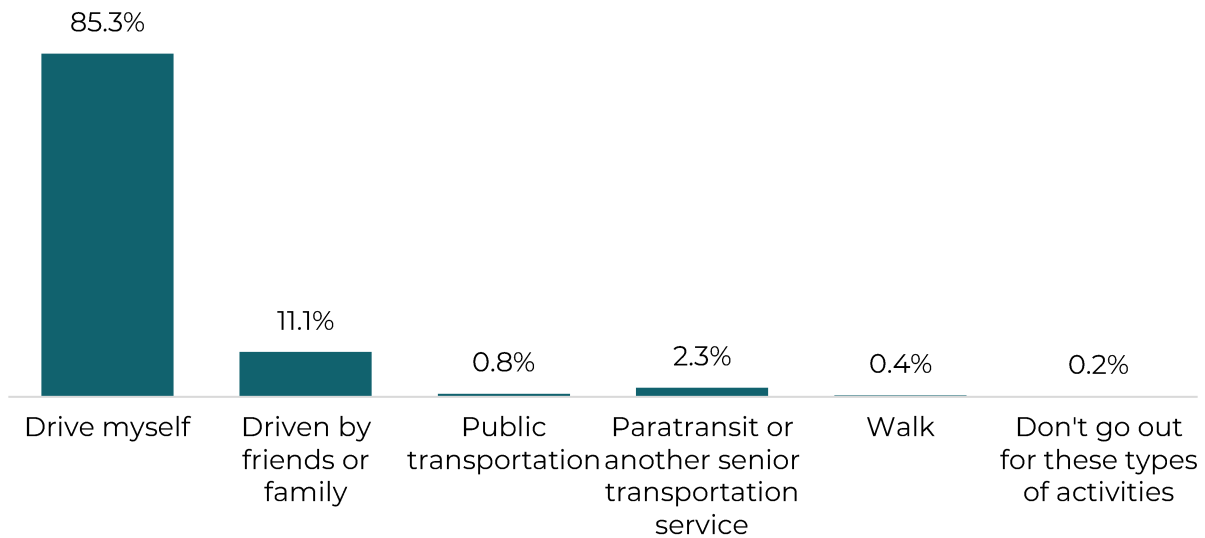
Transportation

A key component of being able to access necessary aging services is the ability to get to them. This is especially true in more rural counties where public transportation options are more limited. About 35 percent of respondents reported not always being able to find transportation when they needed it, and close to 70 percent reported having at least *some* problems when travelling to an appointment or other location.



Having access to a vehicle and the ability to drive, or having someone who can drive you, is often necessary for daily life in areas with limited public transportation. The vast majority (96.4 percent) of older adults in the survey reported either driving themselves, or being driven by family/friends, as their usual way of getting around. Less than one percent of respondents relied on public transportation.

What is your usual way of running errands, getting to medical appointments, or attending events?

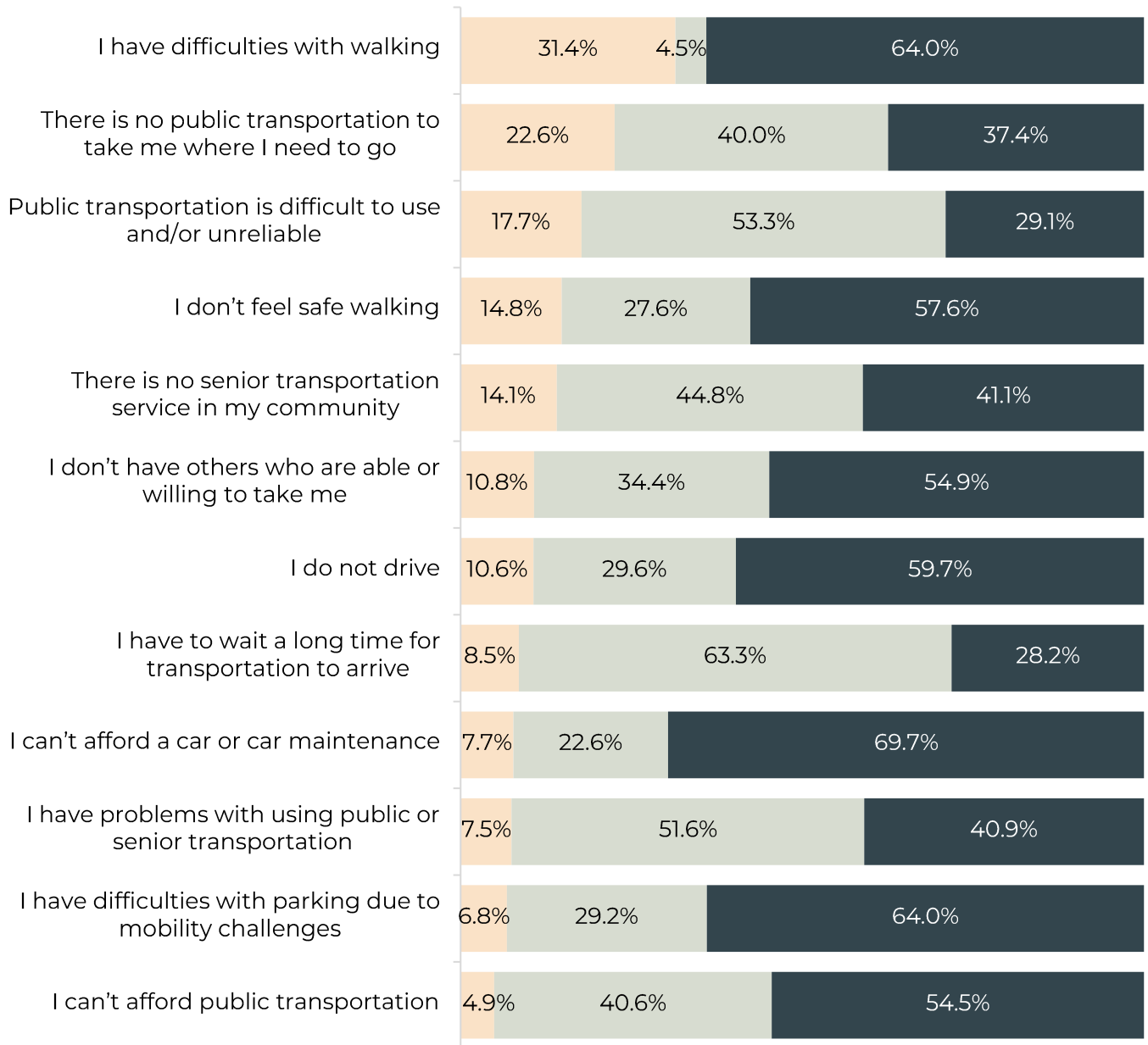


Almost one in eleven households (9.2 percent) with a householder 65 years and older do not have access to a vehicle. This is 13,269 older adult households across the region. Access to a vehicle varies greatly by households that rent vs. own. Almost a third (28.4 percent) of older adult households that rent do not have access to a vehicle, whereas less than five percent (4.1 percent) of older adult households that own their home do not have access to a vehicle.

When specifically asked about challenges with travelling to an appointment, event, or community location, the most common response was difficulty with walking (31.4 percent endorsed). Other top challenges centered around using public transportation, such as there is no public transportation to take me where I need to go (22.6 percent), and public transportation is difficult to use and/or unreliable (17.7 percent). However, given that 85.3 percent of respondents drive themselves where they need to go, it is likely that the 'Not applicable' responses related to the public transportation questions reflect the service not being readily available in their community, or at least a lack of familiarity with them.

Do you face challenges when travelling to an appointment, event, or community location?

Yes Not applicable No





From the Focus Groups

Transportation difficulties were a common area of concern amongst the focus group participants. Some felt the downtown Dayton area public transportation was pretty good. But even for some in the Dayton area with this access to public transportation, cost was still a barrier. Transportation was the first concern to be voiced in the rural communities focus group. As one woman put it succinctly:

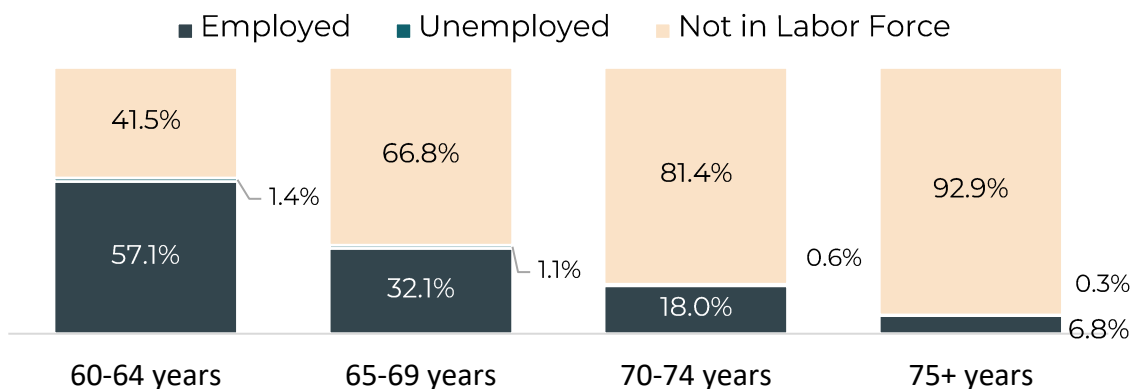
“Transportation is terrible. Probably the worst. We love the location of this senior center, but the location is difficult to get to. A location in town would be best.”

Some participants knew there were services for arranging transportation for older adults, but there was some confusion about whether or not they would qualify, or if the services were even still available.

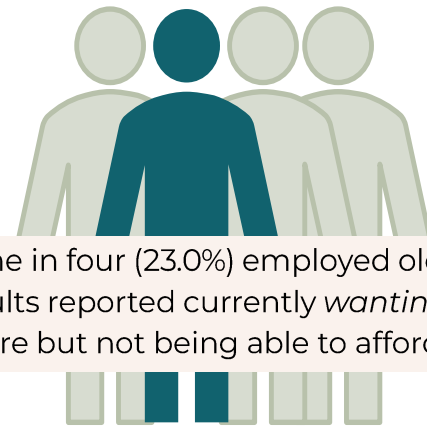
Employment

Nationwide trends show that people are remaining in the workforce longer than in previous generations. In the Area Agency on Aging, PSA2 region, over 87,000 people over the age of 60 are in the labor force, including 84,572 who are employed and 2,451 who are unemployed and actively looking for work. According to data from the census, less than one percent of older adults are unemployed. As shown in the chart below, labor force participation drops substantially after age 65, as people retire either by choice or by necessity.

Labor Force Participation by Age, Area Agency on Aging, PSA2 Region

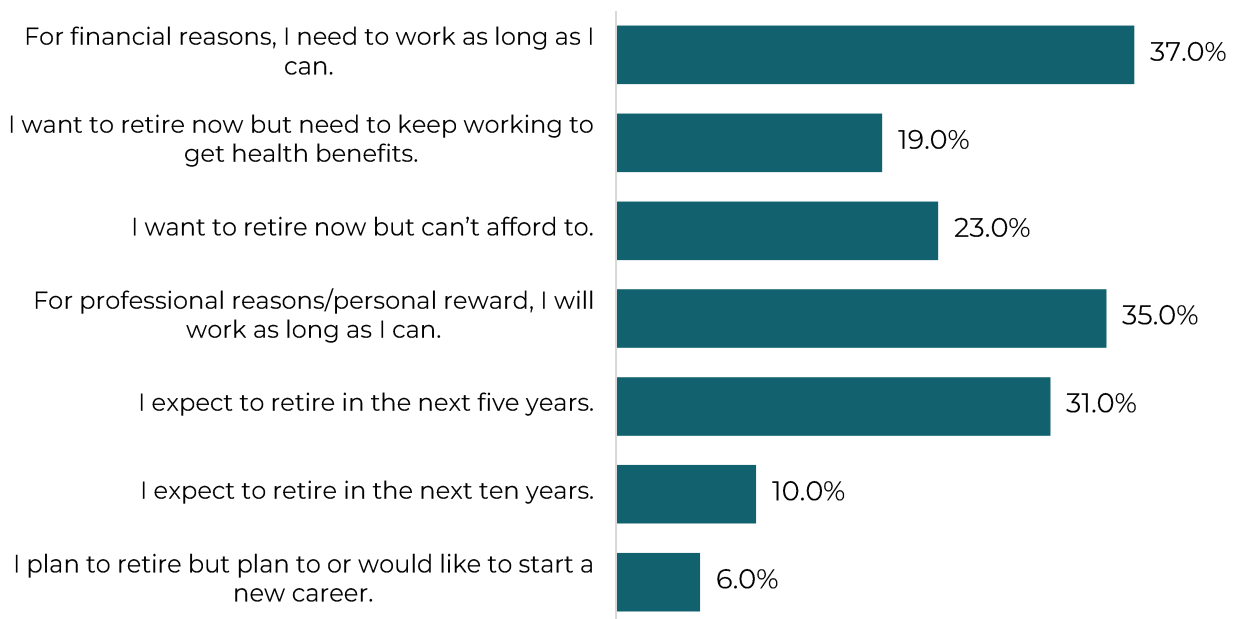


Just under a quarter of older adults who were still employed (n=100) reported wanting to retire right now but being unable to due to financial reasons. Thirty-seven percent said they needed to work as long as possible for financial reasons. However, another 35 percent indicated that they would work as long as they can for professional reasons or personal reward.



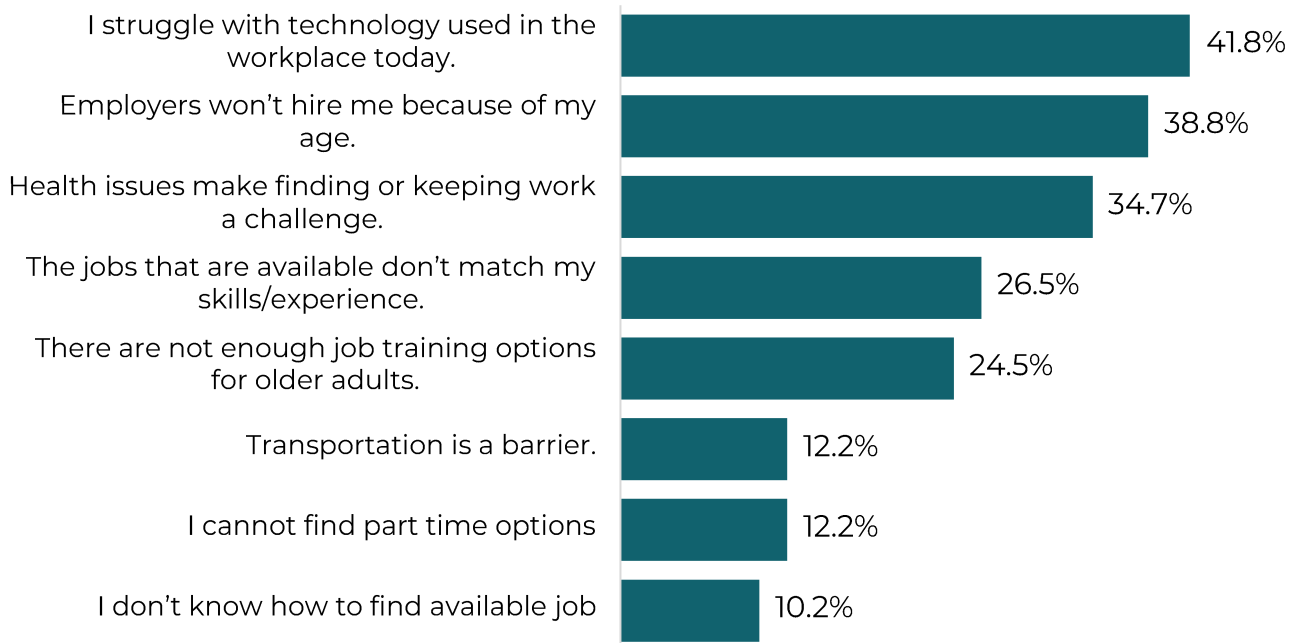
One in four (23.0%) employed older adults reported currently *wanting* to retire but not being able to afford to.

If you are employed, what are your plans for retirement?



Amongst respondents who sought employment as an older adult (n=354), the most commonly cited barrier was struggling with the technology used in the workplace today (41.8 percent). Close to 40 percent of respondents also experienced employers not hiring because of their age, and just over a third (34.7 percent) reported that their health issues make finding or keeping work a challenge.

If you have sought employment as an older adult, have you experienced...

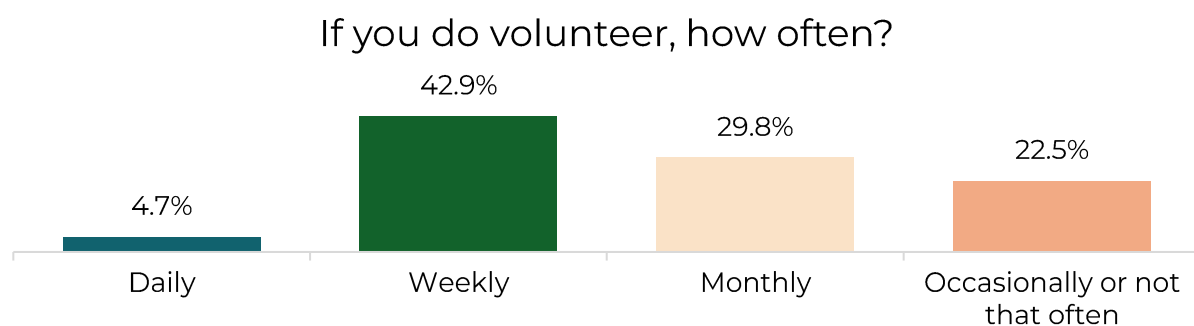
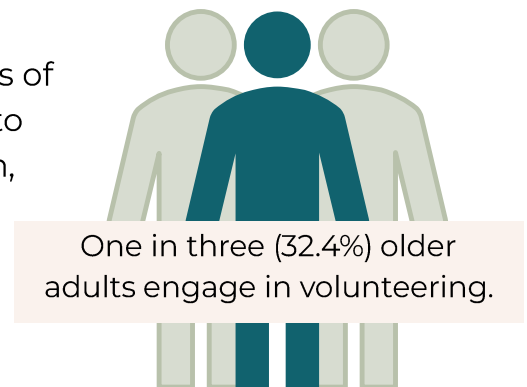


In the region, most older adult (60+) households receive Social Security, and many have income from earnings or retirement. Public benefits programs such as SSI, cash assistance and SNAP support far fewer households and provide fewer resources on average than private retirement funds and earnings.

Older Adult (60+) Households		
Income Source	Share of Households	Regional Average, Annual Amount
Social Security	73.7%	\$23,389
Retirement	57.8%	\$32,690
Earnings	45.2%	\$71,032
Supplemental Nutrition Assistance Program (SNAP)	9.5%	-
Supplemental Security Income (SSI)	6.7%	\$11,719
Cash Public Assistance	1.5%	\$3,649

Volunteering

Volunteering can be a meaningful activity for folks of any age. But for older adults who are more likely to be retired, and potentially at risk of social isolation, volunteering can be a particularly enriching activity. Thirty-two percent of older adults reported volunteering, most commonly on a weekly or monthly basis.

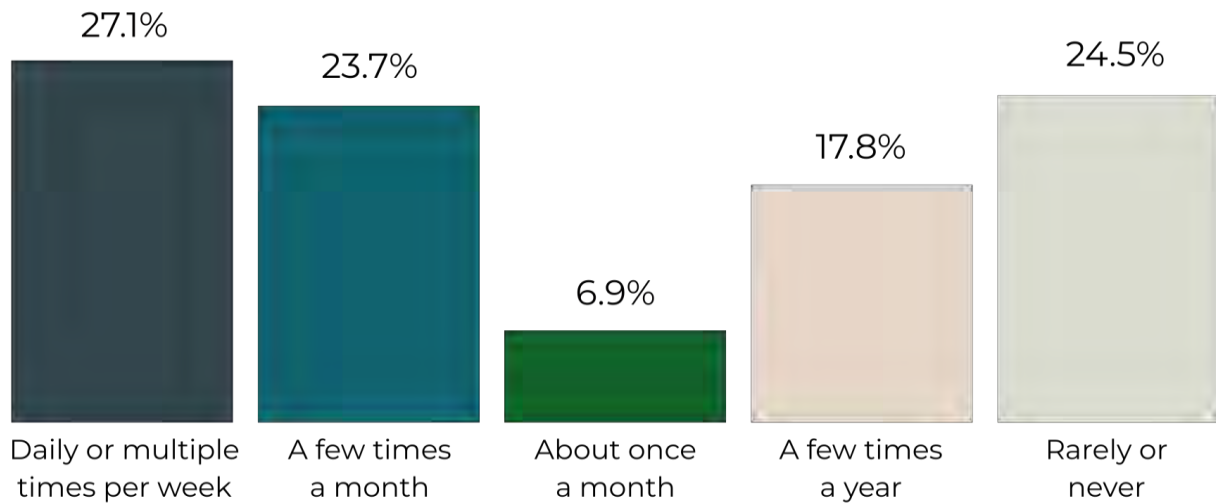


For older adults who might be interested in getting involved with volunteering, only 54.7 percent were confident they could find a suitable place to do so. Even fewer (36.5 percent) reported that they had access to a range of volunteer options for individuals with a variety of physical abilities and interests where they lived.

Social Engagement

The importance of remaining socially engaged, having community, social connections, and participating in events cannot be overstated. The impacts of being socially isolated can be devastating for physical and mental health. Older adults are often at a higher risk of social isolation due to things like chronic illness, mobility/transportation challenges, and losing a loved one. Therefore it is critical that older adults stay socially connected and engaged with their communities, and have access to events that are accommodating to their needs. Roughly half (50.8 percent) of the older adults who participated in the survey reported that they engaged in social events or community events at least a few times a month. Roughly a quarter (24.5 percent) reported never engaging in these kinds of events.

How often do you participate in social/community events?

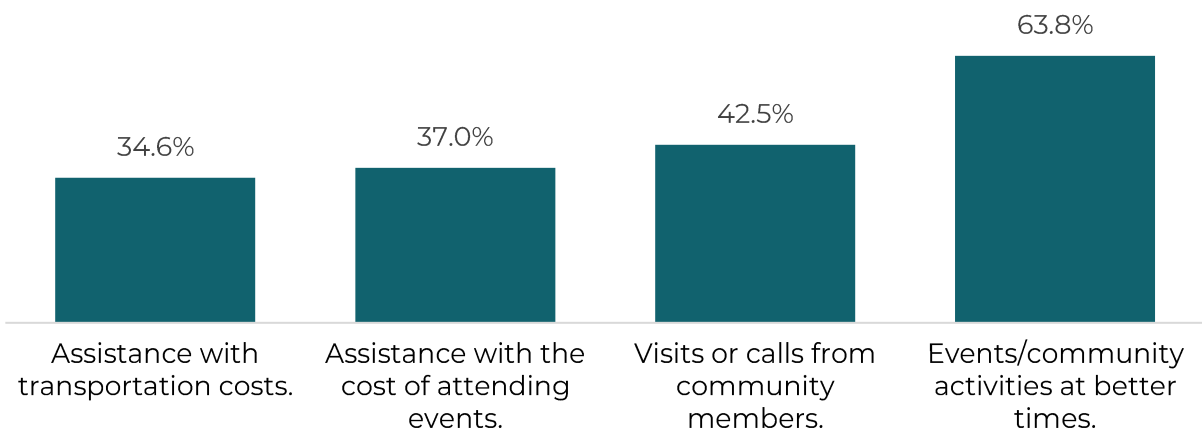


A majority of respondents reported feeling connected to their communities. For the 31.4 percent who did not feel connected, the most commonly reported way to help them feel more connected was to have events/community activities at better times (63.8 percent).

Nearly 70% feel connected to their community



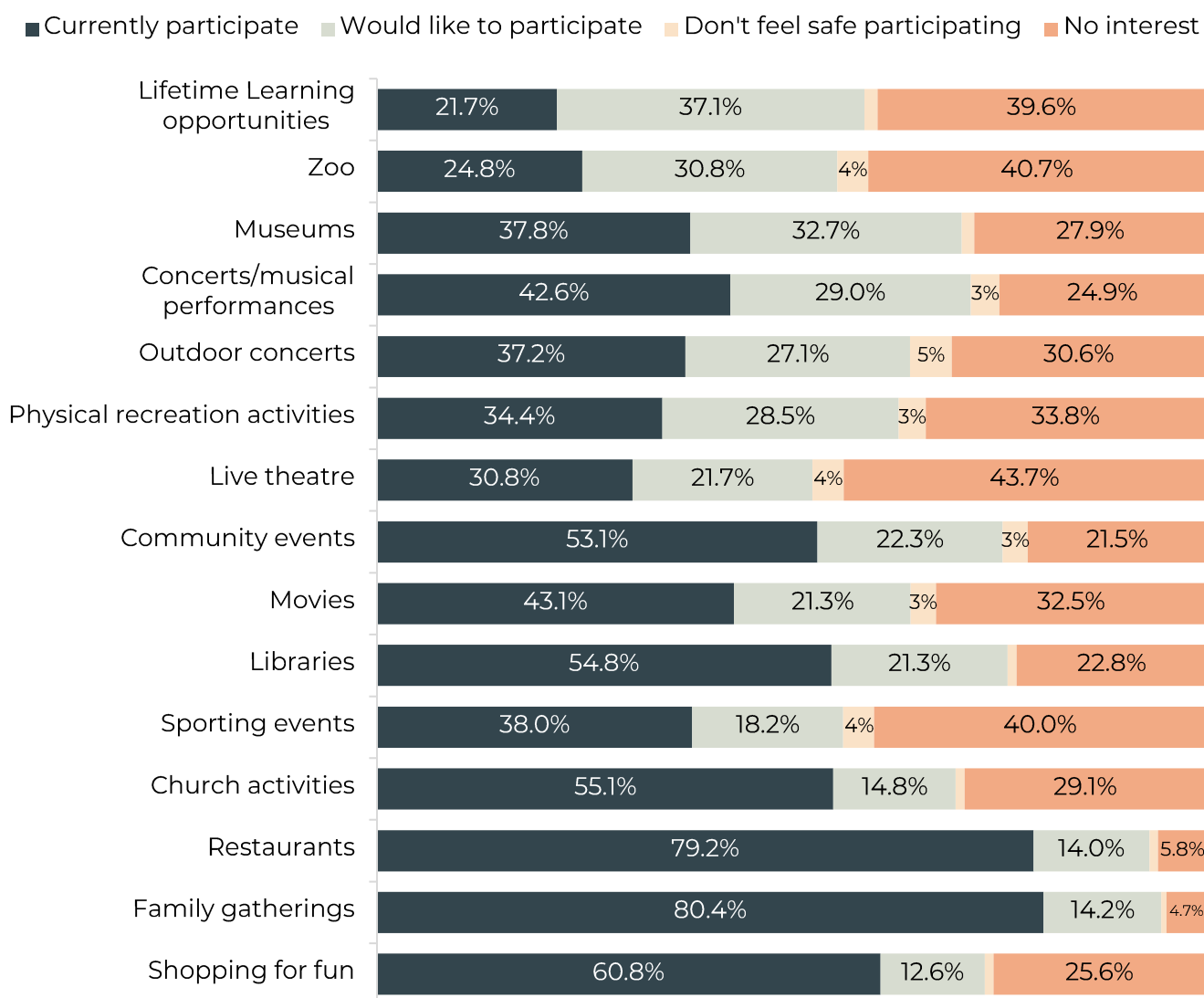
What would make you feel more connected to your community?



When asked about the kinds of activities respondents engaged in, the most common responses were family gatherings (80.4 percent), going to restaurants (79.2 percent), and shopping for fun (60.8 percent).

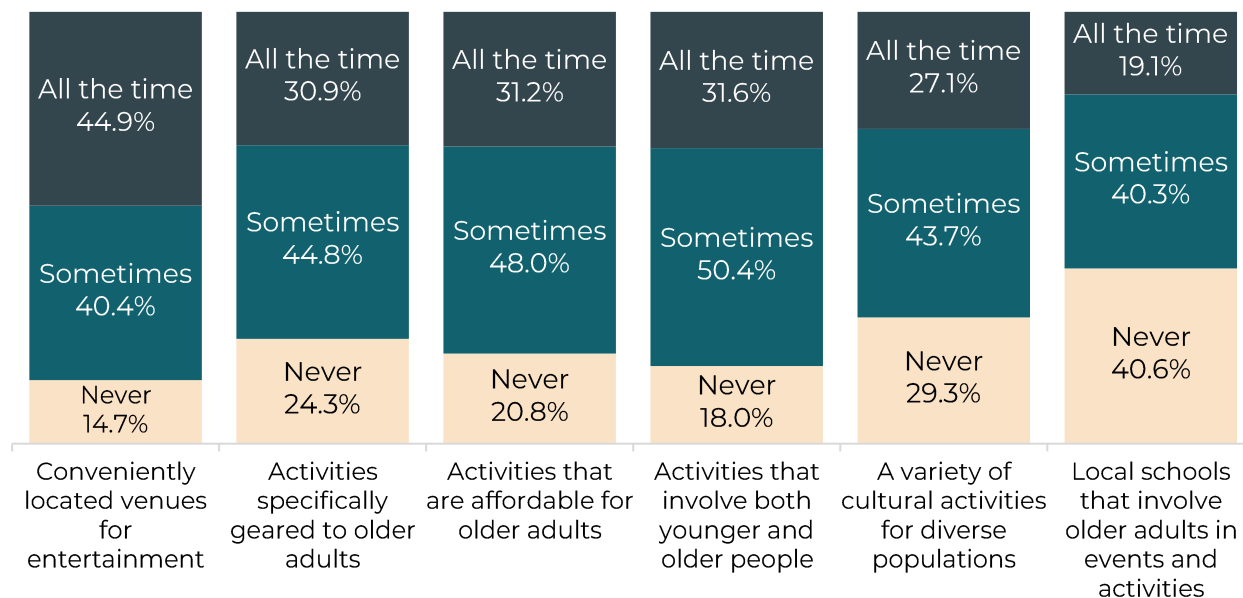
The most commonly reported activities that older adults *wanted* to participate in but for whatever reason were not lifetime learning opportunities (37.1 percent), going to museums (32.7 percent), the zoo (30.8 percent), and concerts/musical events (29 percent). For most kinds of activities, the majority of older adults (over 95 percent) reported that they would feel safe participating.

Do you participate in the following activities?



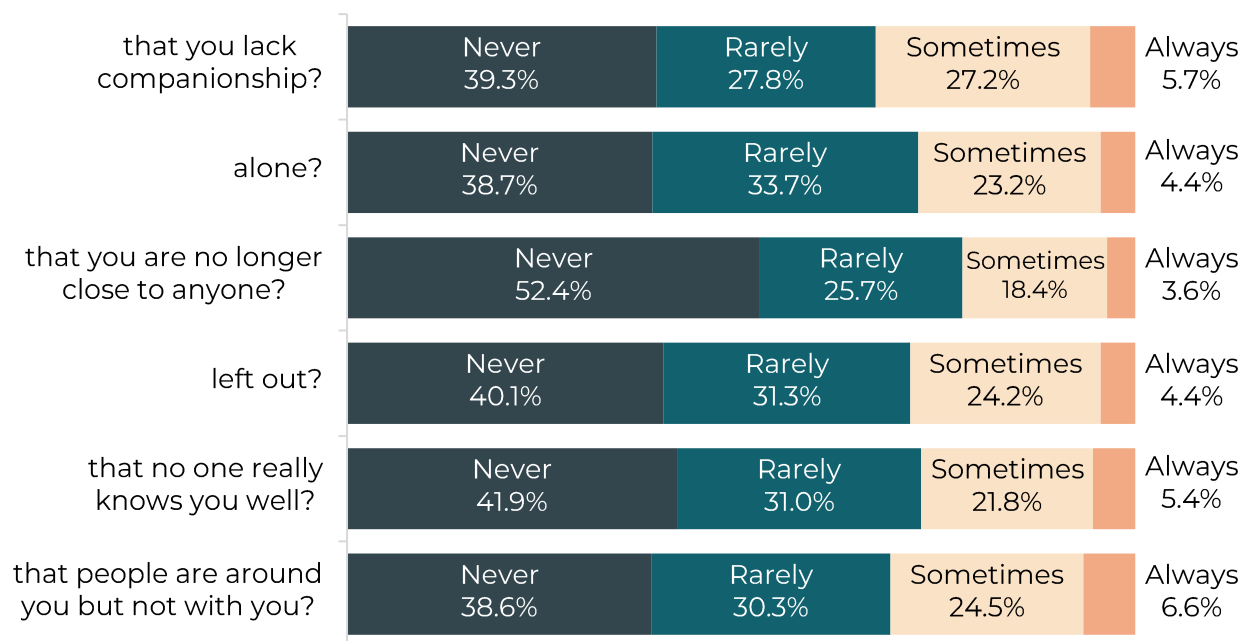
Respondents were asked if they had access to activities that were suited for older adults in their communities. Of note, close to a quarter (24.3 percent) reported that where they lived never had activities specifically geared towards older adults. Twenty-nine percent reported their community never had culturally relevant activities for diverse populations.

Where you live, do you have access to the following?



A very concerning four to seven percent of respondents reported always feeling alone, left out, or that no one really knows you well. A much larger 18 to 27 percent of respondents reported *sometimes* feeling these aspects of loneliness.

How often do you feel...

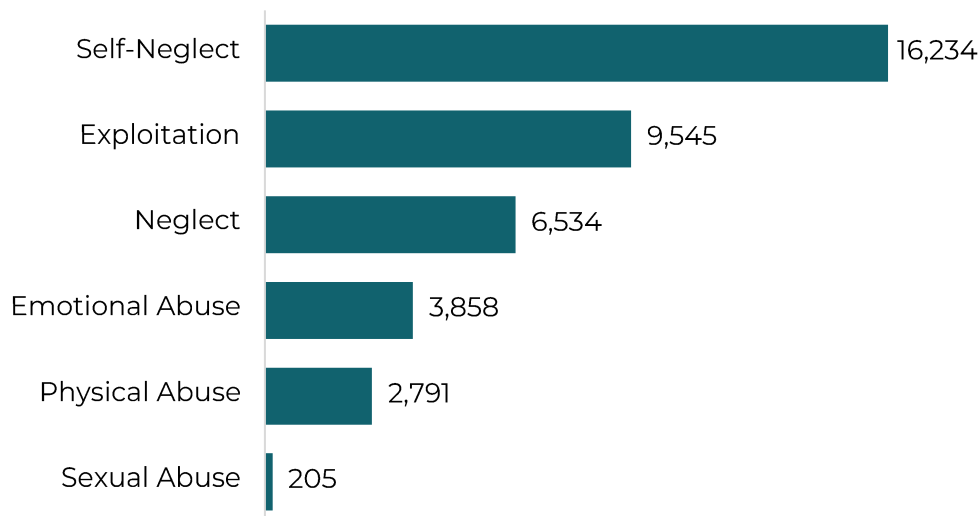


Elder Abuse

Elder abuse is an intentional or negligent act by any person that causes harm or a serious risk of harm to an older adult. Older adults are considered vulnerable populations due to their higher rates of social isolation, cognitive decline, physical limitations, and related increased dependence on others. County agencies in Ohio track statistics about elder abuse with their county and share this information with the state, which is reported in combined state-level data. From July 1, 2021, through June 30, 2022, a total of 36,016 referrals of abuse, neglect, and exploitation were received by the county departments of job and family services for adults aged 60 and over.¹¹

¹¹“Adult Protective Services Data Fact Sheet for SFY 2022”, Ohio Department of Job and Family Services, <https://jfs.ohio.gov/static/APS/APS+Data+Fact+Sheet+2022+SFY.pdf>

Types of Referrals Received by Ohio Adult Protective Services in SFY 2022



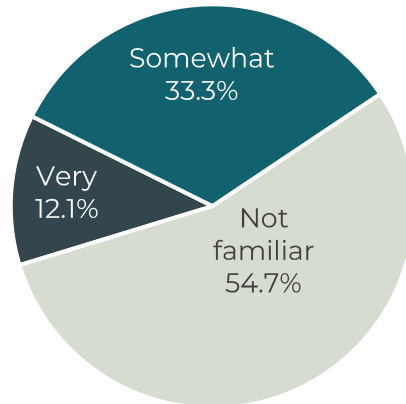
Only eleven respondents reported ever experiencing, or not being sure about experiencing, elder abuse. All eleven respondents elaborated that the nature of the abuse involved someone taking their money or property without their permission or tricking them into spending money they didn't want to spend. Eight respondents said their abuse also involved someone who was supposed to be helping them with their needs and not doing so.

PSA2 in the Community

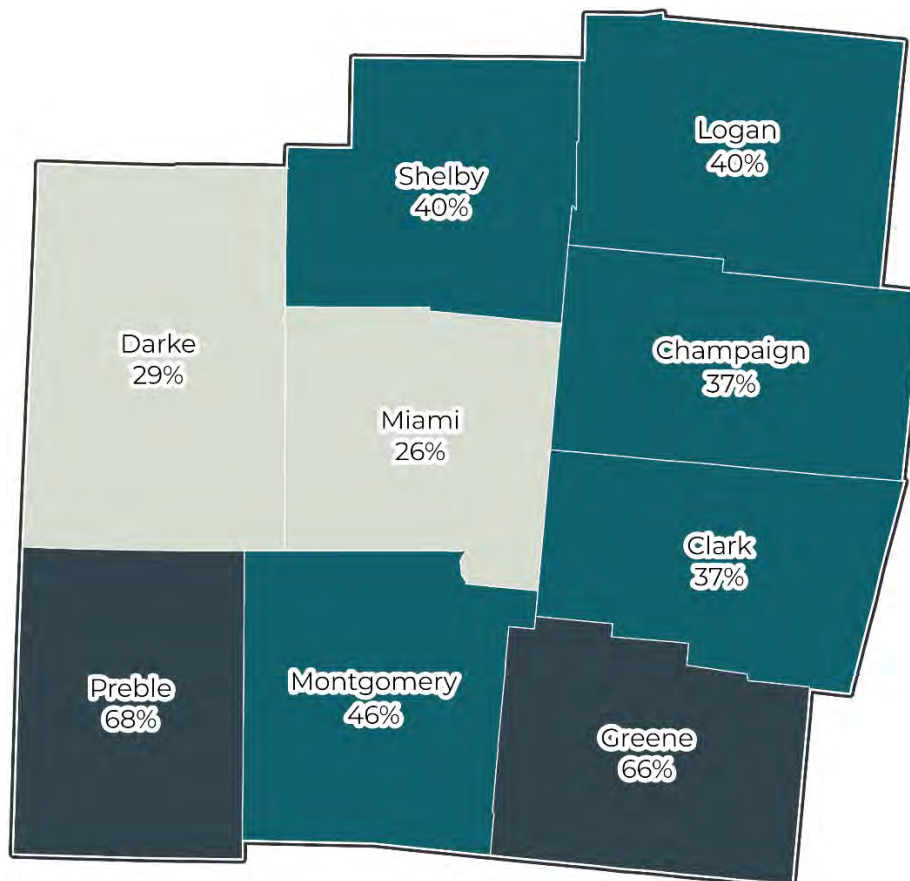
Less than half (46.3 percent) of the older adults in the PSA 2 service region reported having some level of familiarity with the organization.

Respondents were also asked about their level of familiarity with specific services offered by Area Agency on Aging, PSA 2.

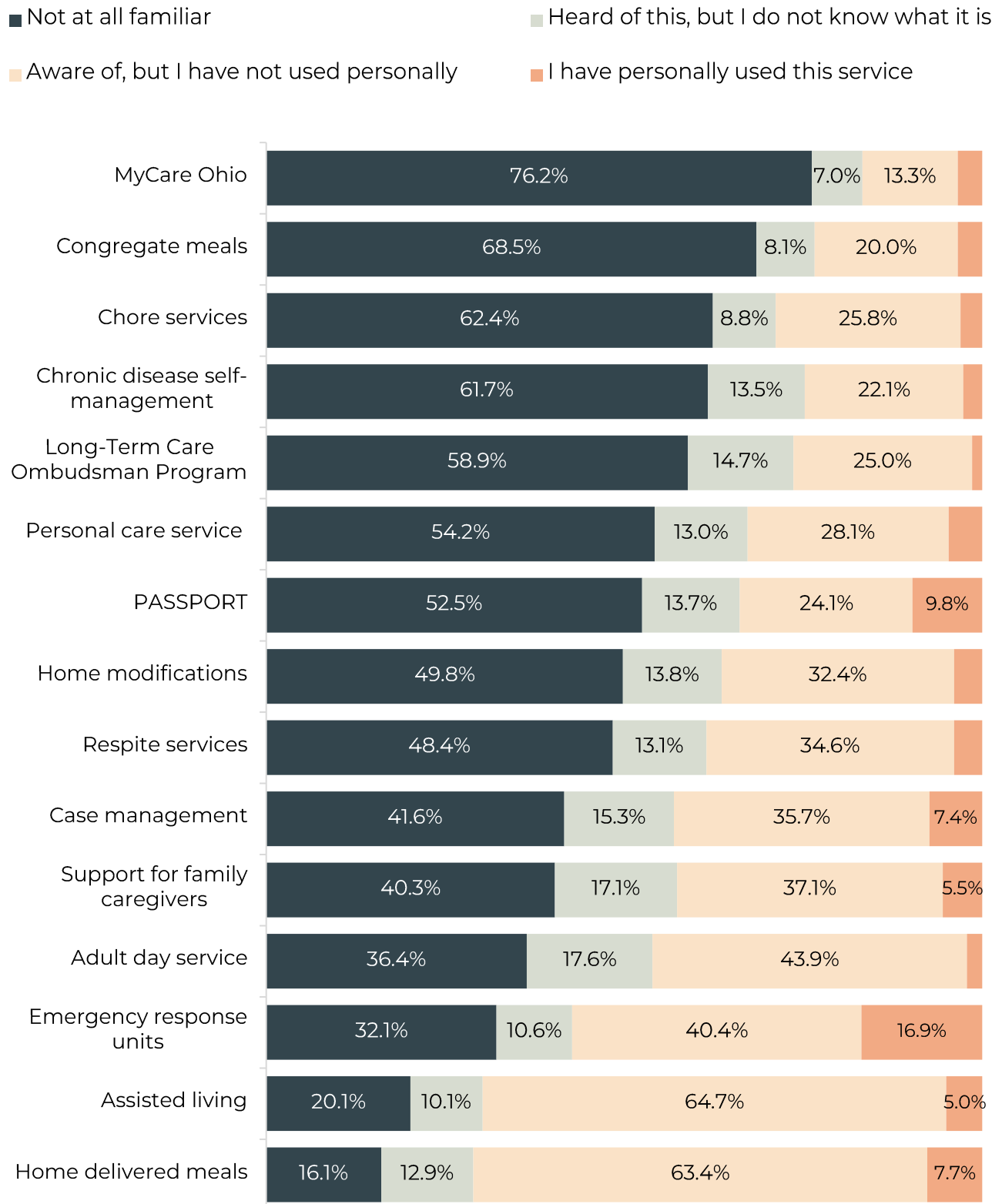
How familiar are you with Area Agency on Aging PSA2?



Percent of respondents by County who were somewhat or very familiar with PSA2



Familiarity with Area Agency Services





From the Focus Groups

Focus group participants were asked if they were familiar with the Area Agency on Aging, and the results were largely dependent on the focus group. The immigrant population focus group was entirely unfamiliar. Two members of the LGBTQ+ group were familiar, but they felt their experiences weren't particularly helpful. In both cases, folks were seeking help with home modifications, and were told they either did not qualify, or were given advice that wasn't helpful. A small handful of the people at the rural community focus group were familiar with PSA2 through some partner programs/classes that PSA2 had run at the local senior center.

The participants from the caregivers focus group and the focus group at the subsidized senior apartments in Dayton were the most familiar with PSA2. The caregiver group had glowing experiences working with PSA2. They felt that they could rely on PSA2 to get connected with resources and find support. One caregiver said:

"There are so many things I've needed info on for my mother, they were always able to connect me to great information. I highly recommend them. They're reaching out, trying their best. Still so many people who need help. But they went above and beyond for me. There's not a lot of agencies that actually focus on caregivers, I appreciate that AAA recognizes us, they see what we do. A lot of places don't do that."

The participants in the senior living focus group had mixed experiences. From their perspective, it hinged almost entirely on the assigned case worker. Some caseworkers were described as "amazing" and "the best," while others were nonresponsive or just "bad."

A common concern that both groups familiar with PSA2 shared was the turnover with case workers. As one woman expressed:

"One time I had a problem with my caseworkers changing over. And I don't get a notice. And I have to start from scratch with them."

Participants who weren't familiar with PSA2 were asked what the Agency could do to better connect with older adults in the community. For the immigrant group, the translator for the group offered that coming to Catholic

Charity Services, or anywhere else the folks are already familiar with would be the best way to connect. The participants in the rural communities focus group encouraged PSA2 to continue with their partnerships at the local senior center, as one participant put it, “The seniors are saying we are here, come to us!” The participants in the LGBTQ+ group explained that if PSA2 wants to be seen as an LGBTQ+ friendly organization, they need to make that explicitly clear by proudly displaying it on their website and being seen in the community at all the Pride events. That would help build trust. As one participant put it, “Looking at how the current climate is, they need to be forcefully accepting.”

Survey Data Comparisons by Key Demographics

Counties

To show differences in how respondents living in different counties responded to key questions, four counties had to be joined into two regions to increase the size of the samples: Champaign and Clark Counties; and Shelby and Logan Counties.

How familiar are you with the Area Agency on Aging serving your region, PSA 2?			
County	Very familiar	Somewhat familiar	Not familiar
Champaign & Clark	7.3%	29.2%	63.5%
Shelby & Logan	14.5%	25.8%	59.7%
Darke	5.7%	22.9%	71.4%
Greene	15.2%	50.5%	34.3%
Miami	5.3%	21.1%	73.7%
Montgomery	13.9%	32.2%	53.9%
Preble	14.3%	53.6%	32.1%

I can get help quickly.			
County	Yes	Sometimes	No
Champaign & Clark	51.9%	38.3%	9.9%
Shelby & Logan	35.8%	49.1%	15.1%
Darke	36.7%	46.7%	16.7%
Greene	56.8%	36.4%	6.8%
Miami	33.3%	50.0%	16.7%
Montgomery	51.9%	36.3%	11.9%
Preble	52.4%	38.1%	9.5%

How concerned are you about being able to afford the services you may need as you age?			
County	Yes	Sometimes	No
Champaign & Clark	14.3%	29.7%	46.2%
Shelby & Logan	35.1%	26.3%	29.8%
Darke	30.3%	27.3%	30.3%
Greene	9.4%	30.2%	50.0%
Miami	20.0%	25.5%	45.5%
Montgomery	22.4%	31.8%	35.3%
Preble	23.1%	30.8%	34.6%

I am always able to find transportation when I need it.			
County	Yes	Sometimes	No
Champaign & Clark	69.0%	19.0%	11.9%
Shelby & Logan	62.3%	15.1%	22.6%
Darke	53.6%	28.6%	17.9%
Greene	71.6%	18.2%	10.2%
Miami	66.7%	22.9%	10.4%
Montgomery	58.3%	26.4%	15.3%
Preble	73.9%	17.4%	8.7%

How important is it to you to be able to remain in your home as you age?				
County	Very important	Somewhat important	Not that important	Not at all important
Champaign & Clark	81.5%	15.2%	3.3%	0.0%
Shelby & Logan	81.0%	12.1%	5.2%	1.7%
Darke	84.8%	15.2%	0.0%	0.0%
Greene	77.3%	20.6%	1.0%	1.0%
Miami	82.1%	12.5%	5.4%	0.0%
Montgomery	84.4%	13.9%	1.7%	0.0%
Preble	85.2%	11.1%	3.7%	0.0%

How important is it to you to be able to remain in your neighborhood as you age?				
County	Very important	Somewhat important	Not that important	Not at all important
Champaign & Clark	52.2%	32.6%	13.0%	2.2%
Shelby & Logan	50.8%	28.8%	18.6%	1.7%
Darke	65.6%	18.8%	9.4%	6.3%
Greene	50.0%	30.6%	18.4%	1.0%
Miami	58.9%	25.0%	16.1%	0.0%
Montgomery	61.6%	23.8%	13.4%	1.2%
Preble	40.7%	33.3%	25.9%	0.0%

Rural and Urban

Of all people in the Area Agency on Aging, PSA2 region, 73,075 individuals aged 60 and older live in rural areas within the region, accounting for 24 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. Census Bureau. The Center for Community Solutions applied the percentage of the 2020 Decennial Census population count designated as living in rural areas to the American Community Survey 2019-2023 5-Year Estimates. The percentage of the population in each county living in areas defined as rural is shown in the table below.

To make comparisons, counties with rural populations larger than 50.0 percent were coded as primarily rural, and all other counties were coded as primarily urban. There were n=140 respondents in primarily rural counties, and n=421 respondents in primarily urban counties.

County	Percent of Population living in areas defined as Rural	Rural or Urban
Champaign	70.6%	Rural
Clark	25.4%	Urban
Darke	71.7%	Rural
Greene	22.4%	Urban
Logan	55.6%	Rural
Miami	30.6%	Urban
Montgomery	5.5%	Urban
Preble	76.3%	Rural
Shelby	57.0%	Rural

How familiar are you with the Area Agency on Aging serving your region, PSA 2?			
County	Very familiar	Somewhat familiar	Not familiar
Rural Counties	11.6%	29.7%	58.7%
Urban Counties	11.7%	34.8%	53.5%

I can get help quickly.			
County	Yes	Sometimes	No
Rural Counties	41.1%	44.6%	14.3%
Urban Counties	50.4%	38.8%	10.8%

I can afford the help I need.			
County	Yes	Sometimes	No
Rural Counties	35.6%	39.0%	25.4%
Urban Counties	46.6%	31.5%	22.0%

I live near amenities (shopping, medical facilities, restaurants, parks, etc.) that I need and want.			
County	Yes	No	Not sure
Rural Counties	76.4%	18.1%	5.5%
Urban Counties	89.1%	8.6%	2.3%

If you had to leave your home due to health or mobility issues, do you feel confident that you could find alternative housing to meet your needs?			
County	Yes	No	Not sure
Rural Counties	34.4%	34.4%	31.3%
Urban Counties	38.3%	29.5%	32.3%

Traveling within my community.					
County	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Cannot do this
Rural Counties	69.9%	21.1%	5.7%	1.6%	1.6%
Urban Counties	75.5%	13.2%	6.5%	2.6%	2.3%

How often do you participate in social/community events?					
County	Daily or multiple times per week	A few times a month	About once a month	A few times a year	Rarely or never
Rural Counties	27.7%	29.5%	5.4%	13.4%	24.1%
Urban Counties	26.4%	21.9%	7.5%	18.9%	25.3%

Living Alone/Social Isolation

A total of n=192 respondents reported living alone, and n=322 reported living with at least one other person.

How often do you feel that you lack companionship?				
Living situation	Never	Rarely	Sometimes	Always
Don't live alone	48.4%	32.1%	17.9%	1.6%
Lives alone	23.7%	21.0%	43.5%	11.8%

How often do you feel alone?				
Living situation	Never	Rarely	Sometimes	Always
Don't live alone	48.1%	36.5%	13.9%	1.6%
Lives alone	22.4%	30.1%	38.8%	8.7%

How often do you participate in social/community events?					
Living situation	Daily or multiple times per week	A few times a month	About once a month	A few times a year	Rarely or never
Don't live alone	27.3%	24.0%	8.2%	20.7%	19.7%
Lives alone	27.3%	23.3%	5.1%	13.6%	30.7%

How concerned are you about being able to afford the services you may need as you age?				
Living situation	Extremely Concerned	Very Concerned	Slightly Concerned	Not at all concerned
Don't live alone	17.5%	28.3%	44.3%	9.9%
Lives alone	20.9%	28.9%	38.5%	11.8%

Race

Among the respondents who reported their race/ethnicities, n=49 reported a race that would be categorized as BIPOC. N=460 reported their race as white alone, non-Hispanic.

How familiar are you with the Area Agency on Aging serving your region, PSA 2?			
Race	Very familiar	Somewhat familiar	Not familiar
BIPOC	20.8%	29.2%	50.0%
White alone non-Hispanic	7.2%	33.3%	59.5%

How important is it to you to be able to remain in your home as you age?				
Race	Very important	Somewhat important	Not that important	Not at all important
BIPOC	79.2%	14.6%	4.2%	2.1%
White alone non-Hispanic	81.6%	15.1%	2.9%	0.4%

How important is it to you to be able to remain in your neighborhood as you age?				
Race	Very important	Somewhat important	Not that important	Not at all important
BIPOC	63.8%	12.8%	17.0%	6.4%
White alone non-Hispanic	55.1%	27.4%	16.2%	1.3%

My neighbors or neighborhood make me feel safe and protected.			
Race	Yes	No	Not sure
BIPOC	72.3%	12.8%	14.9%
White alone non-Hispanic	80.8%	4.9%	14.3%

Transportation challenges

For the purpose of comparison, not having transportation challenges was determined by the respondents who agreed with the statement “I have no problems getting around” (n=294). Everyone else was categorized as having transportation challenges (n=197).

I can get help quickly.			
Transit Challenges	Yes	Sometimes	No
Transit challenges	43.2%	42.6%	14.2%
No challenges	54.2%	35.4%	10.4%

How difficult is grocery shopping for you?					
Transit Challenges	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Cannot do this
Transit challenges	53.4%	24.9%	11.4%	5.2%	5.2%
No challenges	73.2%	21.0%	4.1%	1.7%	0.0%

How difficult is traveling within my community?					
Transit Challenges	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Cannot do this
Transit challenges	65.4%	19.4%	7.9%	3.1%	4.2%
No challenges	82.2%	11.5%	3.5%	2.4%	0.3%

How often do you participate in social/community events?					
Transit Challenges	Daily or multiple times per week	A few times a month	About once a month	A few times a year	Rarely or never
Transit challenges	22.1%	21.0%	6.1%	17.1%	33.7%
No challenges	31.1%	26.7%	7.7%	18.3%	16.1%