



Fall 2017

Dear Older Ohioans and Caregivers:

Welcome to the Ohio Department of Aging's 2017 Statewide Needs Assessment survey. The Ohio Department of Aging (ODA) is conducting this survey to collect your opinions to help us understand what matters most to our Ohioans. Your perspectives will be joined with many other Ohioans' responses and will immediately be put to good use to inform the creation of Ohio's 2019-2022 State Plan on Aging. This four-year State Plan will guide the programs and services for Ohio's older adults.

This survey is designed to allow you to answer anonymously and consists of easy-to-answer multiple-choice questions. It should take you only 10-15 minutes to complete. Please use a No. 2 pencil or a pen in blue or black ink. The survey closes on November 30, 2017.

Once you have completed this survey, please mail it to your local Area Agency on Aging office. The address for each office based on the county is located on the last two pages of the survey.

Thank you for your time and contributions. We value your perspective and greatly appreciate your participation in this important survey effort.

Sincerely,

Stephanie M. Loucka
Director, Ohio Department of Aging

1. Are you completing this survey for yourself? Circle one.
 - a. Yes **(If you answer “Yes”, please proceed to Section 1: Health Wellness and Prevention)**
 - b. No, I am completing the survey for someone else. **(Please proceed to question 2 below)**

2. What is your relationship to the older adult for whom you are completing the survey? If you are also the caregiver of the older adult, please check that box.

<ul style="list-style-type: none"> <input type="radio"/> Spouse <input type="radio"/> Significant Other or Partner <input type="radio"/> Child (Son, Daughter, Stepson or Stepdaughter) <input type="radio"/> Sibling <input type="radio"/> Cousin <input type="radio"/> Grandchild 	<ul style="list-style-type: none"> <input type="radio"/> Niece or Nephew <input type="radio"/> Case Manager or Contracted Service Provider <input type="radio"/> Other (for example, a friend or neighbor) <input type="radio"/> Caregiver
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If you are completing this survey on behalf of an older adult, please remember to answer the questions from their perspective.

Section 1: Health, Wellness and Prevention

The first set of questions will ask about your health. Questions in this section will ask about your health status, participation in physical activity, healthy food, and your overall well-being.

1. How would you rate your health? Circle one.
 - a. Excellent
 - b. Good
 - c. Fair
 - d. Poor
 - e. I prefer not to answer

2. How many days per week do you engage in moderate physical activity? Moderate physical activity would include activities such as bicycling or gardening. Circle one.

<ul style="list-style-type: none"> a. 1 day b. 2 days c. 3 days d. 4 days e. 5 days f. 6 days 	<ul style="list-style-type: none"> g. 7 days h. I don't currently engage in physical activity i. I don't know j. I prefer not to answer
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3. Do you have any of the following health conditions? Check all that apply.

- Heart Disease
- Cancer
- High Blood Pressure
- Alzheimer’s Disease or Dementia
- Arthritis
- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Osteoporosis
- High Cholesterol
- None
- I prefer not to answer
- Other (please specify):

4. Have you had your vision, hearing and/or teeth checked in the past 12 months? Check all that apply.

	Yes	No	I don’t know	I prefer not to answer
Vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Do you currently use tobacco products (this includes cigarettes, cigars, electronic cigarettes, chew, and snuff)?

- a. Yes
- b. No
- c. I have never used a tobacco product
- d. I prefer not to answer

6. Do you feel unsteady on your feet?

- a. All of the time
- b. Much of the time
- c. Some of the time
- d. Rarely
- e. Never
- f. I prefer not to answer

7. Have you fallen in the past 12 months?
- a. Yes
 - b. No
 - c. I don't know
 - d. I prefer not to answer
8. If you have fallen in the past 12 months, please check all that apply below:
- I was injured
 - I went to the emergency room
 - I talked to a doctor about my fall
 - I did not talk to a doctor about my fall
 - I prefer not to answer
9. Do you take prescription pain relievers? Circle one.
- a. Yes
 - b. No
 - c. I don't know
 - d. I prefer not to answer
10. In the past 12 months, have you skipped taking your prescription medication or split a pill because of the price of the medicine? Circle one.
- a. Yes
 - b. No
 - c. I do not take prescription medication
 - d. I prefer not to answer
11. Overall, how satisfied are you with life these days? Circle one.
- a. Very Satisfied
 - b. Satisfied
 - c. Dissatisfied
 - d. Very Dissatisfied
 - e. I am not sure
 - f. I prefer not to answer

Section 2: Nutrition and Benefits

The next set of questions are related to nutrition and benefits. Questions in this section will ask about specific benefits you may or may not use and healthy foods.

Please remember that if you are completing this survey on behalf of an older adult to answer the questions from their perspective.

12. Do you receive food assistance?

- a. Yes
- b. No
- c. I am not sure
- d. I prefer not to answer

13. If you do not have food assistance, what are the reasons why? Check all that apply.

- I do not need it
- I am unaware of food assistance programs
- I don't think I'm eligible for food assistance programs
- I was told that I'm not eligible for food assistance programs
- I did not want to provide my personal information
- I don't think I would get enough assistance
- I don't like asking for help
- It takes too long to fill out the application
- I don't know how or where to apply to receive food assistance
- I prefer not to answer

14. If you do receive food assistance, what types are they? Check all that apply below.

- SNAP (Supplemental Nutrition Food Assistance Program) or Ohio Food Assistance Programs
- Meals on Wheels or Home – Delivered Meals
- Meals at a congregate site
- Food from family and/or friends
- Food from community groups, food banks, or religious organizations
- Assistance from my local Senior Center or Community Center
- All of the above
- I don't know
- I prefer not to answer

15. Do you have enough food?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. Rarely
- e. Never
- f. I prefer not to answer

16. Where do you get your fruits and vegetables? Check all that apply.

- Grocery Store
- Community or Local Garden
- Farmers' Market
- Family, Friends, or Neighbors
- Corner Store or Convenience Store
- I prefer not to answer
- Other (please specify): _____

17. Each week, how many days do you eat fruits and vegetables (this includes items that are canned, frozen or fresh)?

- | | |
|------|---------------------------|
| a. 0 | f. 5 |
| b. 1 | g. 6 |
| c. 2 | h. 7 |
| d. 3 | i. I don't know |
| e. 4 | j. I prefer not to answer |

18. What type(s) of assistance, benefits, services or programs do you receive or participate in? Check all that apply.

- Transportation services
- Home modification support
- In-home health services (for example, personal care such as bathing)
- In-home supportive services (for example, light cleaning)
- Legal assistance
- Health and wellness programs (for example, "Healthy U" or "Steady U")
- Senior Center or Community Center services or programs
- None of the above
- I am not sure
- I prefer not to answer

Section 3: Volunteering

The next set of questions are related to volunteering. Questions in this section will ask about your volunteering status, the amount of time you spend volunteering and for what organization. If you do not volunteer, please select the appropriate box in the first question of this section.

Please remember that if you are completing this survey on behalf of an older adult to answer the questions from their perspective.

19. Do you currently volunteer? Circle one.
- Yes (**Please answer the remaining questions in this section**)
 - No (**If you answer “No”, please go to the next section titled Section 4: Caregiver Support**)
 - I prefer not to answer (**If you answer “I prefer not to answer”, please go to the next section titled Section 4: Caregiver Support**)
20. How often do you volunteer during a typical week? Circle one.
- Less than 1 hour
 - 1 to 3 hours
 - 4 to 7 hours
 - 8 to 12 hours
 - 13 hours or more
 - I prefer not to answer
21. For what type of organization(s) do you volunteer? Check all that apply.
- Church, Religious or Faith-Based
 - School
 - Civic or Community Organization (for example, AARP or Veterans of Foreign Wars)
 - Professional Organization (for example, a fraternity, sorority or nurses’ association)
 - Senior Center or Community Center
 - Health Organization
 - Animal or Wildlife Organization
 - I prefer not to answer
 - Other (please specify): _____

22. If you experience any limitations to volunteering, what are they? Check all that apply.

- I am still working
- I do not have enough time
- Caregiving responsibilities
- I have health issues which prevent me from volunteering
- I have limited energy or physical disability
- I do not have an interest in volunteering
- I do not have access to transportation to be able to volunteer
- I do not experience any limitations to volunteer
- None of the above
- I prefer not to answer
- Other (please specify): _____

Section 4: Caregiver Support

The next set of questions are related to being a caregiver. Questions in this section will ask about your caregiving status, time spent providing care and the reasons you are a caregiver. If you are not a caregiver, please check the appropriate box in the first question of this section.

Please remember that if you are completing this survey on behalf of an older adult to answer the questions from their perspective.

23. Do you provide care for someone who is not able to take care of him or herself?

- a. Yes (**Please answer the remaining questions in this section**)
- b. No (**If you answer “No”, please go to the next section titled Section 5: Independent Living**)
- c. I prefer not to answer (**If you answer “I prefer not to answer”, please go to the next section titled Section 5: Independent Living**)

24. Are you a caregiver for anyone in the below age groups? Check all that apply.

- 0 months to 18 years
- 19 – 29 years
- 30 – 39 years
- 40 – 49 years
- 50 – 59 years
- 60 – 69 years
- 70 – 79 years
- 80 – 89 years
- 90 – 99 years
- 100 years or more
- I prefer not to answer

25. On average, how much care do you provide each week. Circle one.

- a. 1 - 5 hours
- b. 6 - 10 hours
- c. 11 - 15 hours
- d. 16 - 20 hours
- e. 21 or more hours
- f. I prefer not to answer

26. What are the reasons your care recipient requires care? Check all that apply.

- Age-related frailty
- Physical disability
- Developmental disability
- Injury
- Alzheimer's Disease or Dementia
- Arthritis
- Cancer
- Heart Disease
- Diabetes
- Mental health condition
- Addiction
- I prefer not to answer
- Other (please specify)

27. From your perspective, which of the following resources are helpful for caregivers? Check all that apply.

- Having a care manager that connects you to resources
- Education programs for family members who have a loved one with an illness
- A 24-hour telephone hotline for information and referral services
- Newsletters, emails or delivered mail that list local services and programs
- Support groups
- Medic alert system which helps care recipients return home safely should they wander away and become lost
- None of the above
- I prefer not to answer

Section 5: Independent Living

The next set of questions are related to your independence. Questions in this section will ask about transportation, emergency preparedness, and personal assistance.

Please remember that if you are completing this survey on behalf of an older adult to answer the questions from their perspective.

28. Do you wish you could interact with people more?

- a. Yes, all of the time
- b. Most of the time
- c. Some of the time
- d. Rarely
- e. No
- f. I prefer not to answer

29. Are you usually able to get to where you want to go?

- a. Yes, all of the time
- b. Most of the time
- c. Some of the time
- d. Rarely
- e. No
- f. I prefer not to answer

30. How do you get to where you want to go? Check all that apply.

- I drive myself
- My spouse, a family member, a friend or a neighbor drives me
- I use public transportation
- I use community transportation programs in my area
- I walk or use other forms of transportation such as a wheelchair, scooter, bicycle, or golf cart
- Church bus or van
- Taxi or other on-demand driving services (for example, Uber or Lyft)
- The above options are not available to me
- I prefer not to answer
- Other (please specify) _____

31. If you experience any limitations to getting where you want to go, what limits you? Check all that apply.

- There is no public transportation
- I do not have a car and/or driver's license
- I have a driver's license, but worry about my ability to drive
- Financial reasons (for example, the cost of public transportation or driving services are too high)
- Medical issues or physical disabilities prevent me from being able to drive
- I do not have any limitations to get to where I want to
- I prefer not to answer

32. Using the scale below, how much assistance do you need to do the following activities?

	All of the time	Most of the time	Some of the time	Rarely	No assistance needed	I prefer not to answer
Heavy chores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Light house keeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking without help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing money and paying bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing paperwork (insurance documents, legal paperwork, or hospital bills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Do you have a plan to be safe during a natural disaster or emergency?

- a. Yes
- b. No
- c. I am not sure
- d. I prefer not to answer

34. Do you have supplies (such as food, water, medications, and/or a first aid kit) to last three days in the event of a natural disaster or emergency?

- a. Yes
- b. No
- c. I am not sure
- d. I prefer not to answer

35. What is the best way to receive information about programs and services for older adults? Check all that apply.

- Medical provider
- Family and friends
- Area Agency on Aging
- Senior Center
- Telephone hotline
- Internet
- Email
- Social Media (for example, Facebook or Twitter)
- Professional organizations (for example, AARP)
- Government agencies
- Religious organization (for example, churches)
- Newspaper, mail or magazines
- I am not sure
- I prefer not to answer
- Other (please specify) _____

Section 6: Technology and Physical Surroundings

The next set of questions are related to your use of technology and physical surroundings. Questions in this section will ask about your level or comfort using technology, your neighborhood, and surrounding community.

Please remember that if you are completing this survey on behalf of an older adult to answer the questions from their perspective.

36. How comfortable are you with the below forms of technology? Check all that apply.

	Very Comfortable	Comfortable	Not Sure	Uncomfortable	Very Uncomfortable	I prefer not to answer
Using a computer or laptop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Browsing the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a cellphone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a tablet (for example, an iPad or Kindle)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 37.** If you fear for your safety as an older adult, what are your concerns? Check all that apply.
- I worry about the safety of my neighborhood
 - I fear some members of my family
 - I worry about the structure and safety of my home
 - I fear that someone will take advantage of me (for example, take my money or possessions)
 - I worry about all of the issues listed
 - I do not have any fears or worries
 - I prefer not to answer
 - Other (please specify)
-

If you are worried about your safety, please contact Ohio’s Office of the State Long-Term Care Ombudsman at 1-800-282-1206

- 38.** In your neighborhood, do you have access to the following? Check all that apply.

	Yes	No	I am not sure	I prefer not to answer
Safe parks in your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well-maintained public buildings such as libraries and senior centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crosswalks with pedestrian count down timers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ramps to enter buildings that do not require steps to come in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public streets and sidewalks that have enough lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 7: Ohio's Diverse Population

In Ohio, we are proud to have a very diverse population of older adults with various backgrounds and unique needs. This final set of background questions will help us understand how we can best assist and support Ohio's older adult population and caregivers.

Please remember that if you are completing this survey on behalf of an older adult to answer the questions from their perspective.

39. What is your race?

- African American/ Black
- American Indian/ Alaska Native
- Asian
- Caucasian/ White
- Hispanic/ Latino
- Native Hawaiian or other Pacific Islander
- I identify with 2 or more races
- I prefer not to answer

40. What county do you live in? Circle one.

- | | | | |
|----------------------------------|---------------------------------|----------------------------------|----------------------------------|
| <input type="radio"/> Adams | <input type="radio"/> Fairfield | <input type="radio"/> Licking | <input type="radio"/> Portage |
| <input type="radio"/> Allen | <input type="radio"/> Fayette | <input type="radio"/> Logan | <input type="radio"/> Preble |
| <input type="radio"/> Ashland | <input type="radio"/> Franklin | <input type="radio"/> Lorain | <input type="radio"/> Putnam |
| <input type="radio"/> Ashtabula | <input type="radio"/> Fulton | <input type="radio"/> Lucas | <input type="radio"/> Richland |
| <input type="radio"/> Athens | <input type="radio"/> Gallia | <input type="radio"/> Madison | <input type="radio"/> Ross |
| <input type="radio"/> Auglaize | <input type="radio"/> Geauga | <input type="radio"/> Mahoning | <input type="radio"/> Sandusky |
| <input type="radio"/> Belmont | <input type="radio"/> Greene | <input type="radio"/> Marion | <input type="radio"/> Scioto |
| <input type="radio"/> Brown | <input type="radio"/> Guernsey | <input type="radio"/> Medina | <input type="radio"/> Seneca |
| <input type="radio"/> Butler | <input type="radio"/> Hamilton | <input type="radio"/> Meigs | <input type="radio"/> Shelby |
| <input type="radio"/> Carroll | <input type="radio"/> Hancock | <input type="radio"/> Mercer | <input type="radio"/> Stark |
| <input type="radio"/> Champaign | <input type="radio"/> Hardin | <input type="radio"/> Miami | <input type="radio"/> Summit |
| <input type="radio"/> Clark | <input type="radio"/> Harrison | <input type="radio"/> Monroe | <input type="radio"/> Trumbull |
| <input type="radio"/> Clermont | <input type="radio"/> Henry | <input type="radio"/> Montgomery | <input type="radio"/> Tuscarawas |
| <input type="radio"/> Clinton | <input type="radio"/> Highland | <input type="radio"/> Morgan | <input type="radio"/> Union |
| <input type="radio"/> Columbiana | <input type="radio"/> Hocking | <input type="radio"/> Morrow | <input type="radio"/> Van Wert |
| <input type="radio"/> Coshocton | <input type="radio"/> Holmes | <input type="radio"/> Muskingum | <input type="radio"/> Vinton |
| <input type="radio"/> Crawford | <input type="radio"/> Huron | <input type="radio"/> Noble | <input type="radio"/> Warren |
| <input type="radio"/> Cuyahoga | <input type="radio"/> Jackson | <input type="radio"/> Ottawa | <input type="radio"/> Washington |
| <input type="radio"/> Darke | <input type="radio"/> Jefferson | <input type="radio"/> Paulding | <input type="radio"/> Wayne |
| <input type="radio"/> Defiance | <input type="radio"/> Knox | <input type="radio"/> Perry | <input type="radio"/> Williams |
| <input type="radio"/> Delaware | <input type="radio"/> Lake | <input type="radio"/> Pickaway | <input type="radio"/> Wood |
| <input type="radio"/> Erie | <input type="radio"/> Lawrence | <input type="radio"/> Pike | <input type="radio"/> Wyandot |

Other (please specify County and State): _____

41. Where do you live? Would you say:

- a. In an urban area
- b. In a suburban area
- c. In a rural area
- d. I prefer not to answer

42. In what category is your age? Circle one.

- a. 49 or less
- b. 50 – 54
- c. 55 – 59
- d. 60 – 64
- e. 65 – 69
- f. 70 – 74
- g. 75 – 79
- h. 80 – 84
- i. 85 – 89
- j. 90 – 94
- k. 95 – 99
- l. 100 or more
- m. I prefer not to answer

43. What is your gender? Please write it below.

44. What is your annual income level? Circle one.

- a. \$0 - \$12,499
- b. \$12,500 - \$24,999
- c. \$25,000 - \$34,999
- d. \$35,000 - \$49,000
- e. \$50,000 - \$74,999
- f. \$75,000 - \$99,999
- g. \$100,000 - \$149,999
- h. \$150,000 - \$199,999
- i. \$200,000 or more
- j. I prefer not to answer

45. What is your marital status? Circle one.

- a. Single
- b. Married
- c. Separated
- d. Widowed
- e. Divorced
- f. I prefer not to answer

46. How many people live in your household? Circle one.

- a. I live alone
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6 or more
- g. I prefer not to answer

47. What is your highest level of education? Circle one.

- a. Elementary School
- b. Less than High School
- c. High School Diploma or GED
- d. Some College (no degree)
- e. Associate's Degree
- f. Bachelor's Degree
- g. Master's or Professional Degree
- h. Doctorate of Philosophy (Ph.D.), Juris Doctor Degree (J.D.), Doctor of Medicine Degree (M.D.), or some other doctoral-level degree
- i. I prefer not to answer

48. Are you a person living with disabilities?

- a. Yes
- b. No
- c. I don't know
- d. I prefer not to answer

49. What is your employment status? Circle one.

- a. Full Time
- b. Part Time
- c. Unemployed
- d. Fully Retired
- e. Retired, but still work
- f. Self-Employed
- g. On leave from work
- h. Unemployed, but looking for work
- i. I have a disability, but I still work either part time or full time
- j. I do not work because of a disability
- k. I prefer not to answer
- l. Other (please specify)



Thank you for completing the Ohio Department of Aging's 2017 Statewide Needs Assessment survey! Your investment of time and your survey responses are greatly appreciated and will assist Ohio in creating our 2019-2022 State Plan on Aging. If you know other older adults and caregivers, encourage them to take the survey which can be found on the Ohio Department of Aging's main web page at www.aging.ohio.gov.

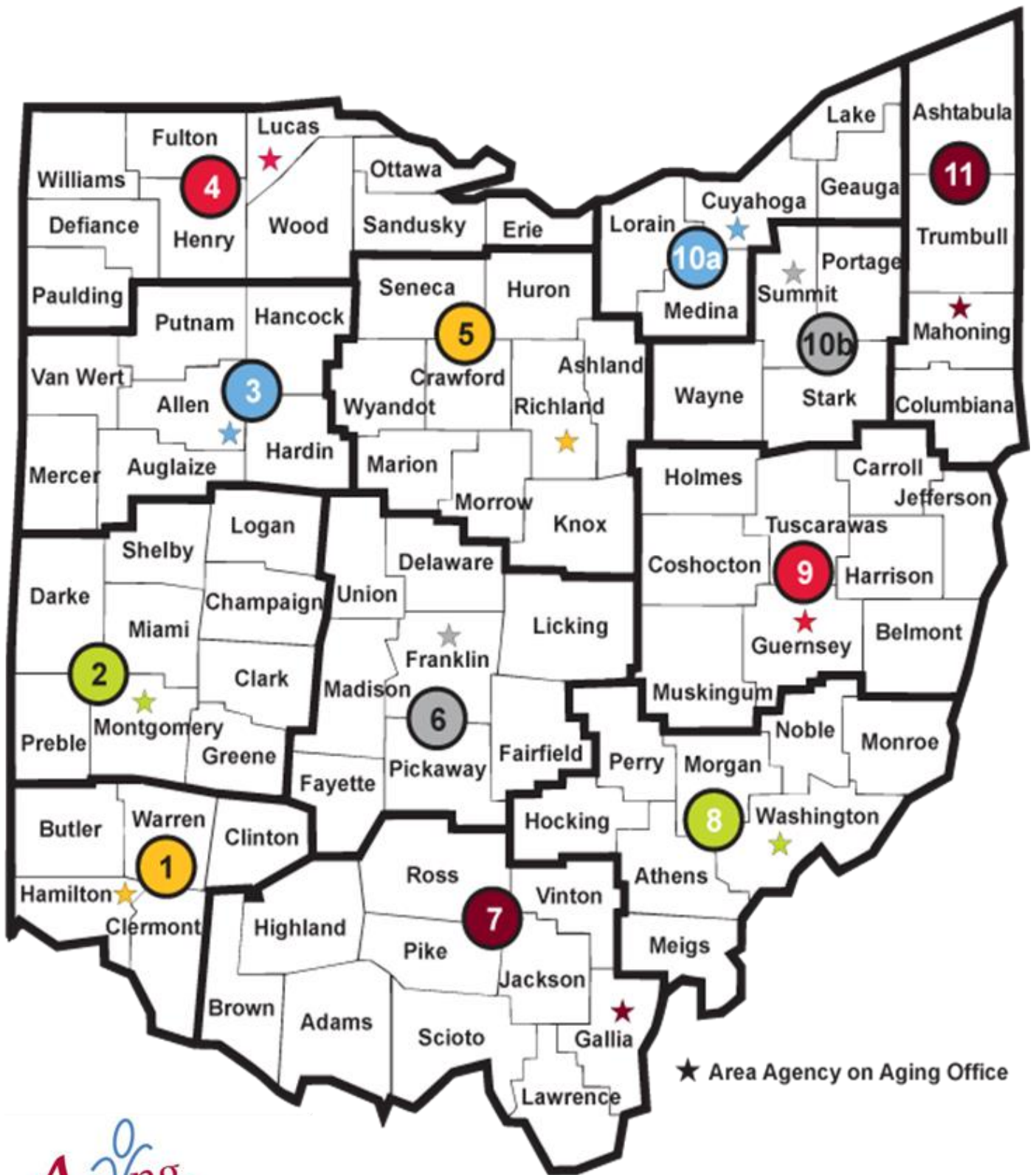
The survey will remain open until November 30, 2017. If you have any questions about services or programs for older adults in your area, please contact your local Area Agency on Aging toll free at 1-866-243-5678.

On behalf of Ohio's older adult population, many thanks for your time and contributions to this important survey effort.

Sincerely,

Stephanie M. Loucka
Director, Ohio Department of Aging

Area Agencies on Aging (AAA)



AAA1

Council on Aging of
Southwestern Ohio
175 Tri County Parkway
Cincinnati, Ohio 45246
Phone: 513/721-1025
1-800/252-0155
Fax: 513/721-0090
www.help4seniors.org

AAA6

Central Ohio Area Agency
on Aging
3776 South High St
Columbus, Ohio 43207
Phone: 614/645-7250
1-800/589-7277
Fax: 614/645-3884
www.coaaa.org

AAA 10A

Western Reserve Area
Agency on Aging
925 Euclid Avenue Ste. 600
Cleveland, Ohio 44115
Phone: 216/621-8010
1-800/626-7277
Fax: 216/621-9262
www.psa10a.org

AAA2

Area Agency on Aging,
AAA2
40 W. Second St., Ste. 400
Dayton, Ohio 45402
Phone: 937/341-3000
1-800/258-7277
Fax: 937/341-3005
www.info4seniors.org

AAA 7

Area Agency on Aging
District 7, Inc.
University of Rio
Grande/F32
160 Dorsey Drive
PO Box 500
Rio Grande, Ohio 45674
Phone: 740/245-5306
1-800/582-7277
Fax: 740/245-5979
www.aaa7.org

AAA 10B

Direction Home Akron
Canton Area Agency on
Aging
1550 Corporate Woods
Parkway, Suite 100
Uniontown, Ohio 44685
Phone: 330/896-9172
1-800/421-7277
Fax: 330/896-6647
www.services4aging.org

AAA3

Area Agency on Aging 3
2423 Allentown Rd.
Lima, Ohio 45805
Phone: 419/222-7723
1-800/653-7723
Fax: 419/222-6212
www.aaa3.org

AAA8

Buckeye Hills Regional Council
Aging & Disability
1400 Pike Street
Marietta, Ohio 45750
Phone: 740/373-6400
1-800/331-2644
Fax: 740/373-1594
www.areaagency8.org

AAA 11

Area Agency on Aging 11, Inc.
5555 Youngstown-Warren
Suite 2685 Second Floor
Niles, Ohio 44446
Phone: 330/505-2300
1-800/686-7367
Fax: 330/530-8862
www.aaa11.org

AAA4

Area Office on Aging of
Northwestern Ohio, Inc.
2155 Arlington Avenue
Toledo, Ohio 43609
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