



STATEWIDE NEEDS ASSESSMENT AND CONTEXT



Statewide Needs Assessment and Context

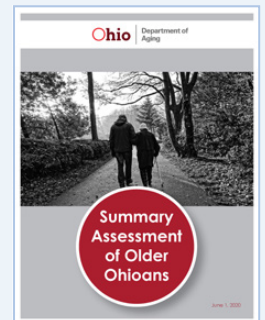
Needs Assessment Activities

Three phases of stakeholder engagement and data collection activities were completed to assess the needs of older Ohioans and caregivers and inform this State Plan on Aging.

Phase 1: 2020 Summary Assessment of Older Ohioans

The Summary Assessment of Older Ohioans (Summary Assessment), finalized in June 2020, provides a comprehensive picture of the health and well-being of older Ohioans. The assessment summarized a demographic profile of older Ohioans, an analysis of the biggest health and well-being strengths and challenges, and the most important factors that impact older Ohioan health and well-being. The key findings in the assessment were developed from:

- Primary data findings from Ohio's 2019-2022 State Plan on Aging, including five regional forums with 234 participants and a survey completed by 1,944 older adults and caregivers; and,
- Key findings from 50 state and national secondary data sources.



Phase 2: 2020-2022 Strategic Action Plan on Aging (SAPA)

The SAPA is a prioritized plan to advance elder justice and equity and to achieve optimal health and well-being for older Ohioans. It addresses the many challenges identified in the Summary Assessment. The issues prioritized in the SAPA were developed through a multi-step process with input from:

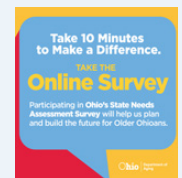
- Seventy-one members of a multi-sector advisory committee and work teams, including subject matter experts from around the state;
- Nineteen key informant interviews, including representatives of Ohio's AAAs and organizations serving older Ohioans and their caregivers;
- Leadership from ODA and input from six state agencies; and,
- Twenty-eight data metrics compiled from state and national sources.



Phase 3: Stakeholder Engagement and Data Collection for the 2023-2026 State Plan on Aging

In addition to the Summary Assessment and SAPA, the following needs assessment activities were completed to inform the development of this State Plan on Aging:

- An online statewide needs assessment survey of 1,236 older adults, adults with disabilities, and caregivers;
- An online survey of 55 ODA employees;
- Three virtual stakeholder meetings, which gathered input from 78 individuals on the SAPA Advisory Committee, the Ohio Advisory Council for Aging, staff from Ohio's 12 AAAs, and ODA leadership;
- Updated data from the Summary Assessment and SAPA, including 22 metrics from state and national sources; and,
- A public hearing on the 2023-2026 State Plan on Aging that took place on March 30, 2022.





Needs Assessment Findings

The following key themes emerged from Phases 1-3 of Ohio's needs assessment activities:

Key Themes



Vast life expectancy disparities exist, therefore the opportunity to live a long and full life is out of reach for many Ohioans.



Housing, transportation, and other community challenges persist, and strengthening these community conditions in Ohio supports aging in place.



While most older Ohioans can cover their basic needs, many are not financially prepared for life after work.



Caregiver supports and workforce capacity are key issues facing Ohio's aging population.



Older Ohioans face mounting challenges related to mental health and addiction.



Chronic conditions, including heart disease, dementia, and related disorders, remain a concern for older Ohioans.



Innovation and partnership are key strengths in Ohio's aging network.



Workforce shortages and social isolation are top challenges exacerbated by COVID-19.

For more information on Ohio's needs assessment activities and findings, see Attachment D.



Ohio's Aging Landscape and Environment

The following data points illustrate Ohio's aging landscape and environment.

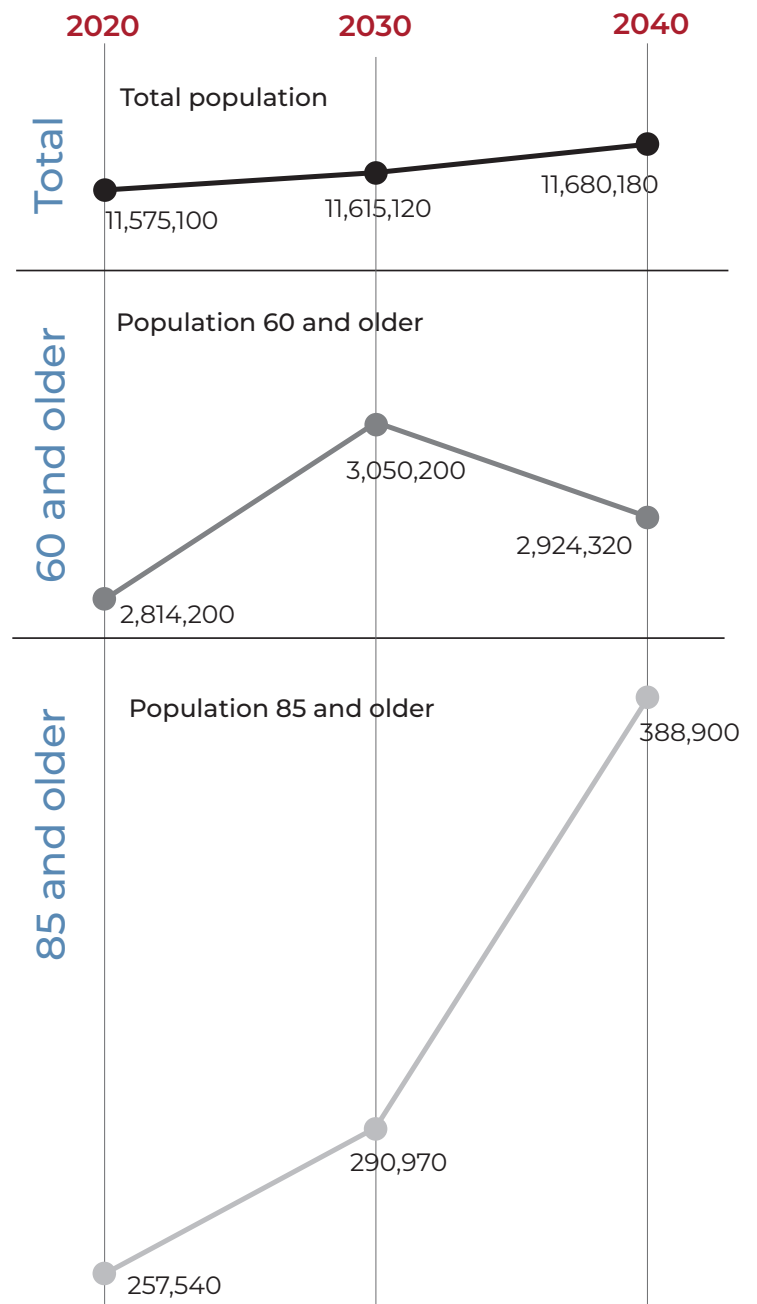
Population Growth

Between 2020 and 2040, Ohio's total population is projected to grow by 0.9%, from 11,575,100 to 11,680,180.¹ In that same period, Ohio's population, ages 60 and older, is expected to increase by 3.9%, from 2,814,200 to 2,924,320 (see figure 3). The largest population of adults ages 60 and older is expected in 2030, with 3,050,200 older adults in the state, an 8.4% increase from 2020. By 2040, Ohioans, ages 60 and older, will make up 25% of Ohio's total population. The proportion of Ohio's total population, ages 85 and older, is projected to increase at an even greater rate, growing 51% from 2020 to 2040.² The impact of the COVID-19 pandemic on these projections has not yet been quantified.

Life Expectancy

Ohio ranks 41 out of the 50 states and Washington, D.C. on life expectancy at birth, creating vast opportunities for improvement in comparison to the national average. In 2018, Ohioans could expect to live, on average, until age 76.8, almost two years less than the national average of 78.7.³

Figure 3. Projected changes in Ohio's population, by age, 2020-2040




Source: Miami University, Scripps Gerontology Center

1. Data from Interactive Data Center, as compiled by Scripps Gerontology Center. "Current and Projected Population by County, Age Group, and Sex, 2010-2050." Miami University: Ohio Population Research - Interactive Data Center. <https://www.miamioh.edu/cas/academics/centers/scripps/research/ohio-population/interactive/index.html>

2. Ibid.

3. Arias, Elizabeth, et al. "U.S. State Life Tables, 2018." National Vital Statistics Reports 70, no. 1 (2021): 1-18. doi:10.15620/cdc:101128



In Ohio, there is a 29 year life expectancy gap depending on the zip code where a person lives.

As of 2015, there is a gap of more than 29 years in life expectancy at birth in Ohio depending on the zip code where a person lives, ranging from a low of 60 years in the Franklinton neighborhood of Columbus (Franklin County) to a high of 89.2 years in the city of Stow (Summit County).⁴ These gaps in life expectancy are driven, in part, by differences in community conditions, such as access to education, income, and other resources. See the [Summary Assessment](#) for more information.

Premature Death

Each year, thousands of Ohioans die before they reach 75 years of age. In 2019, Ohio experienced an estimated 8,851 years of potential life lost due to premature death before age 75 per 100,000 population.⁵

Overall Health Status

Poor health contributes to many challenges for older adults, such as increased risk for social isolation. Nearly a quarter (23.1%) of older Ohioans, ages 65 and older, reported having fair or poor health in 2020.⁶

Elder Abuse, Neglect, and Exploitation

Many older Ohioans face the devastating consequences of elder abuse, neglect, and exploitation. The Ohio Department of Job and Family Services (ODJFS) received 32,072 reports of abuse, neglect, or exploitation of Ohioans, ages 60 and older, in state fiscal year 2020.⁷ Studies suggest that only 4-7% of cases of elder abuse are reported to authorities.⁸

- Centers for Disease Control and Prevention, National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project – USALEEP (2010-2015).
- Data from the America's Health Rankings, as compiled by United Health Foundation. "Public Health Impact: Premature Death in Ohio 2021." America's Health Rankings. <https://www.americashealthrankings.org/explore/annual/measure/YPLL/state/OH>
- Data from Behavioral Risk Factor Surveillance System (BRFSS). "BRFSS Web Enabled Analysis Tool." CDC. <https://nccd.cdc.gov/weat/#/crossTabulation/viewReport>
- Data provided by the Ohio Department of Job and Family Services. Adult Protective Services Data for SFY2020 Fact Sheet. <https://jfs.ohio.gov/OFC/APS-DataFactSheet-SFY2020.stm>
- Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America. Washington (DC): National Academies of Science, Engineering and Medicine, 2003; see also Under the Radar: New York State Elder Abuse Prevalence Study. Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, & New York City Department for the Aging, 2011.



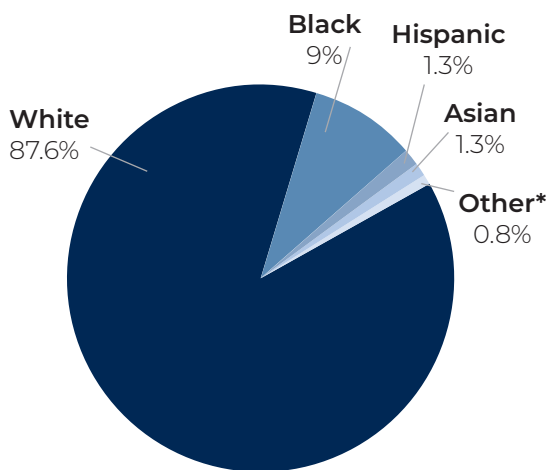
Race and Ethnicity

Ohio is a diverse state that includes representation from many different races and ethnicities (see figure 4). In 2019, 87.6% of Ohioans, ages 65 and older, identified as white, 9% identified as Black or African American, 1.3% identified as Asian, 0.2% identified as American Indian or Alaska Native, 0.02% identified as Native Hawaiian or Pacific Islander, and 0.3% identified as another race. Additionally, 1.3% of Ohioans, ages 65 and older, of any race identified as Hispanic or Latino/a.

English Proficiency

Additionally, many older Ohioans speak languages other than English. In 2019, 99,484 Ohioans, ages 65 and older, (4.9%) spoke a language other than English at home.⁹

Figure 4. Race of Ohioans, ages 65 and older, 2019



*"Other" includes Ohioans, ages 65 and older, who are multiracial, non-Hispanic (0.56%), American Indian or Alaska Native, non-Hispanic (0.11%), Native Hawaiian or Pacific Islander, non-Hispanic (0.06%), and some other race (0.03%).

Source: Decennial Census, as compiled by the United States Census Bureau

Advancing Elder Justice and Equity

Key findings from needs assessment activities underscore that not all older Ohioans have the same opportunity to live long, healthy lives with dignity and autonomy. This plan prioritizes achieving elder justice and equity by identifying priority populations for service delivery and partnerships to reduce elder abuse, neglect, and exploitation in Ohio.

Priority Populations

Priority populations are groups of Ohioans with greatest economic or social needs, and who are most at risk for poor outcomes. Populations were identified based on available data and feedback from expert stakeholders. Many priority populations are systematically disadvantaged groups of older Ohioans that often have inadequate access to resources and lack vital supports needed to live long, healthy lives with dignity and autonomy. In addition, these groups are more likely to:

- Experience ageism in addition to other forms of discrimination (i.e., racism, ableism, xenophobia, homophobia, transphobia, etc.);
- Have increased risk of exposure to trauma, toxic stress, violence, and stigma;
- Face policy and system inequities;
- Live in environments that do not support healthy living; and,
- Lack access to culturally or linguistically appropriate services.

As a result, priority populations are more likely to experience poor outcomes as they age.

9. Data from the American Community Survey, as compiled by the United States Census Bureau. "S1603: Characteristics of People by Language Spoken at Home in Ohio." United States Census Bureau. <https://data.census.gov/cedsci/table?q=language%20spoken%20at%20home%20by%20age&g=0400000US39&tid=ACST1Y2019.S1603>



These icons represent the 9 priority populations identified in this plan.

Three additional priority populations include older Ohioans with limited English proficiency, older Ohioans with Alzheimer’s disease and related disorders (including their caregivers), and older Ohioans at risk for institutional placement (including survivors of the Holocaust). Delivery of OAA services are prioritized to these populations at the local levels.

*Sex is specified as a priority population where a disparity exists.

Allocating Resources to Meet the Needs of Priority Populations

Resources allocated to the strategies identified in this plan are tailored and adapted to meet the needs of priority populations (i.e., older Ohioans with the greatest economic or social need). Additionally, there are many other groups of older Ohioans who require custom strategies and resources, including veterans, people living with HIV/AIDS, Amish communities, people who are justice-involved, and people who are unhoused. The allocation of OAA Title III funds to AAAs is based on the economic and social needs of the older Ohioans and caregivers in each planning and service area, after base level funding is assured to each agency. The awards for FFY 2022 are included in the intrastate funding formula (IFF) in Attachment C of this State Plan.

For more information about the percent of individuals with the greatest economic and social need who are receiving OAA services, see Attachment B.





Collaborating to Reduce Elder Abuse, Neglect, and Exploitation

Needs assessment findings also highlighted the importance of a multi-disciplinary approach to prevent and address elder abuse, neglect, and exploitation. Reducing elder mistreatment requires collaboration among a range of public and private partners at the state and local levels (see figure 5).

This includes engagement across state agencies and traditional aging network partners (such as AAAs and ombudsman programs), as well as partners within legal assistance programs, law enforcement, health-care, financial institutions, and other essential organizations across the state.

Figure 5. Cross-sector response to prevent elder abuse, neglect, and exploitation



State and local partners in the public and private sectors can collaborate and take action to address elder abuse, neglect, and exploitation by:

Increasing public education and awareness of elder abuse, neglect, and exploitation.

Tailoring and adapting strategies to communities of older Ohioans most at risk for experiencing elder abuse, neglect, and exploitation.

Providing adequate support and prevention training for health-care workers, social service providers, and both paid and unpaid caregivers.

Ensuring compliance with Ohio’s mandated reporting requirements.

Increasing funding and resources focused on preventing and mitigating the impact of elder abuse, neglect, and exploitation.

Strengthening data collection and reporting to eliminate underreporting and provide accurate estimates of the prevalence of elder abuse, neglect, and exploitation.