



Area Plan 2027-2030

Public Hearing

May 18, 2026



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ABOUT COA & AGING NETWORK BASICS

OUR MISSION

Enhance lives by assisting people to remain independent through a range of quality services.



OUR VALUES



Compassion



Innovation



Integrity



Service



Teamwork



Accountability

SENIOR LEADERSHIP TEAM



Suzanne Burke
Chief Executive Officer



Jacqueline Hutsell
Chief Human Resource
and Learning Officer



Ken Wilson
Chief Operating and
Programs Officer



Ronnell Spears
Chief Financial Officer



Andy Craig
Chief Information and
Security Officer



Sharon Fusco
Chief Compliance &
Privacy Officer



Judy Eschmann
Vice President – Community
Connections and Programs
Services



Brooke Gully
Vice President – Medicaid
Services

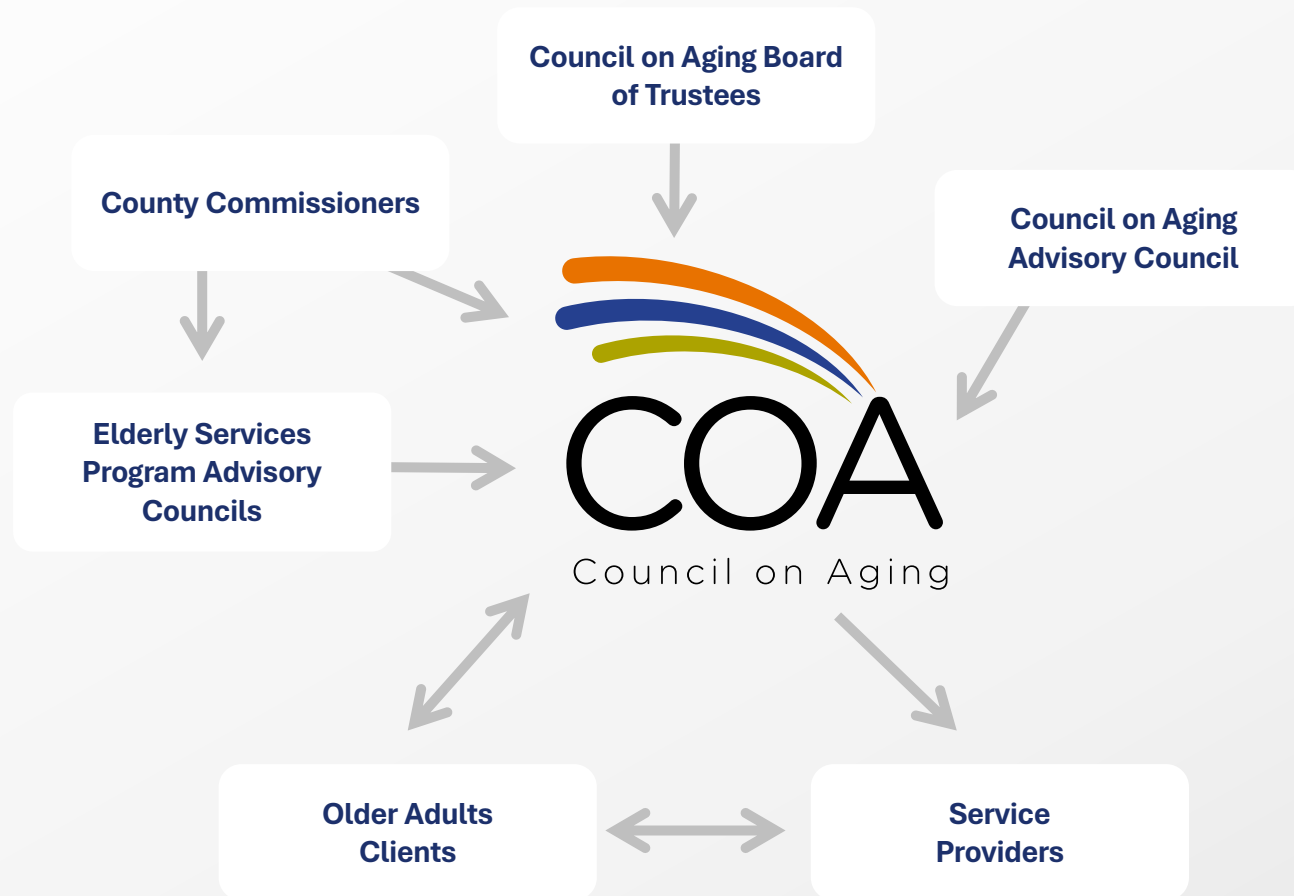


Stephanie Seyfried
Vice President – Medicaid
Services



Kim Clark
Vice President in Training –
Community Connections

ORGANIZATIONAL STRUCTURE & GOVERNANCE



- 501(C)3 “not-for-profit” organization
- Incorporated in 1971
- Governed by a Board of Trustees
- State designated Area Agency on Aging (AAA) for Southwest Ohio
- As an AAA, COA is required to have an Advisory Council, composed of representatives from all counties in the AAA service area and 50% of members must be age 60 and over

OUR IMPACT



27,708

Individuals remained independent in their homes with our help



1.9 million

Meals served through home-delivered and congregate meal programs



78,165

Requests for information and referral fulfilled

Hours of in-home care via contracted providers and consumer direction



1.8 million

Trips for medical and senior center activities



202,867

Participants in the USDA Senior Farmers' Market Nutrition Program



2,752



280,000

Community members engaged through presentations and events



181,000

Visitors to help4seniors website

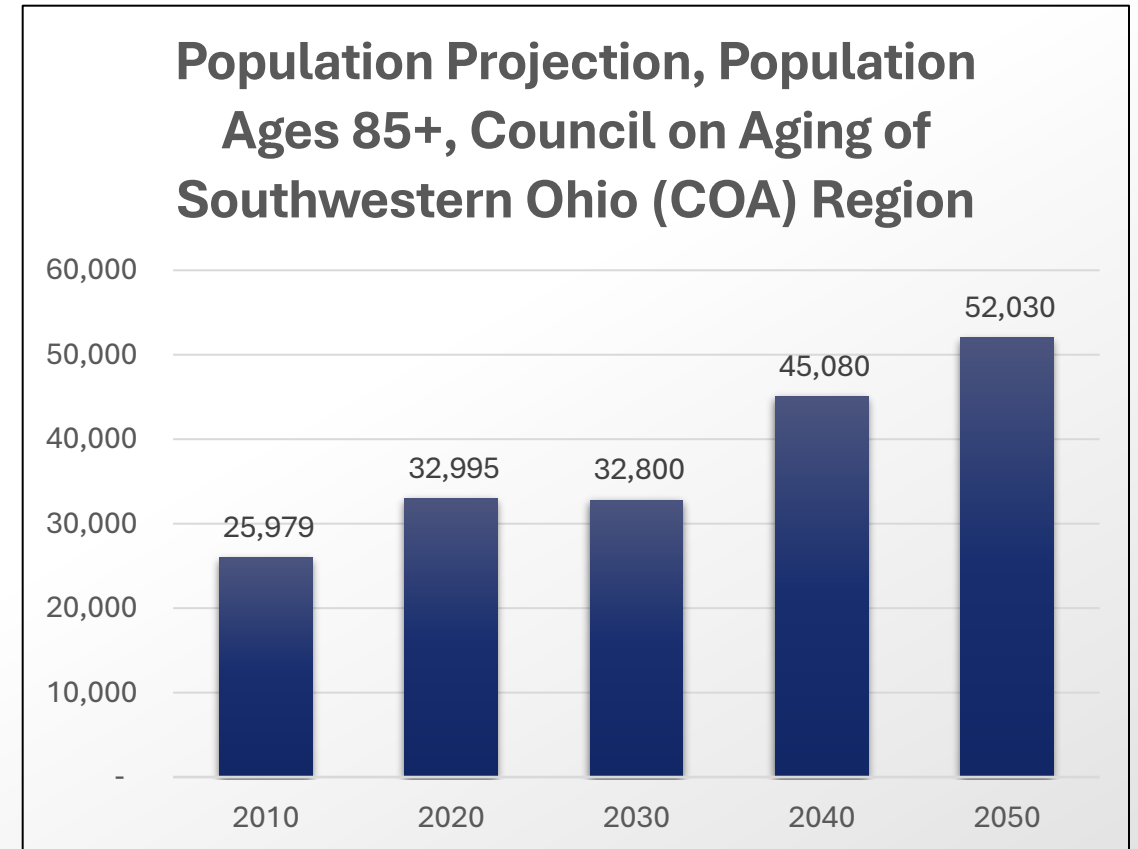


3,495

Clients supported from hospital or nursing facility to home via transitional care programs

AGING IN SOUTHWESTERN OHIO

- 365,000 age 60+ in COA's 5-county service area
 - 22% of the region's total population
- 33,000 people age 85+
 - Will double in size by 2050



WHY THIS MATTERS

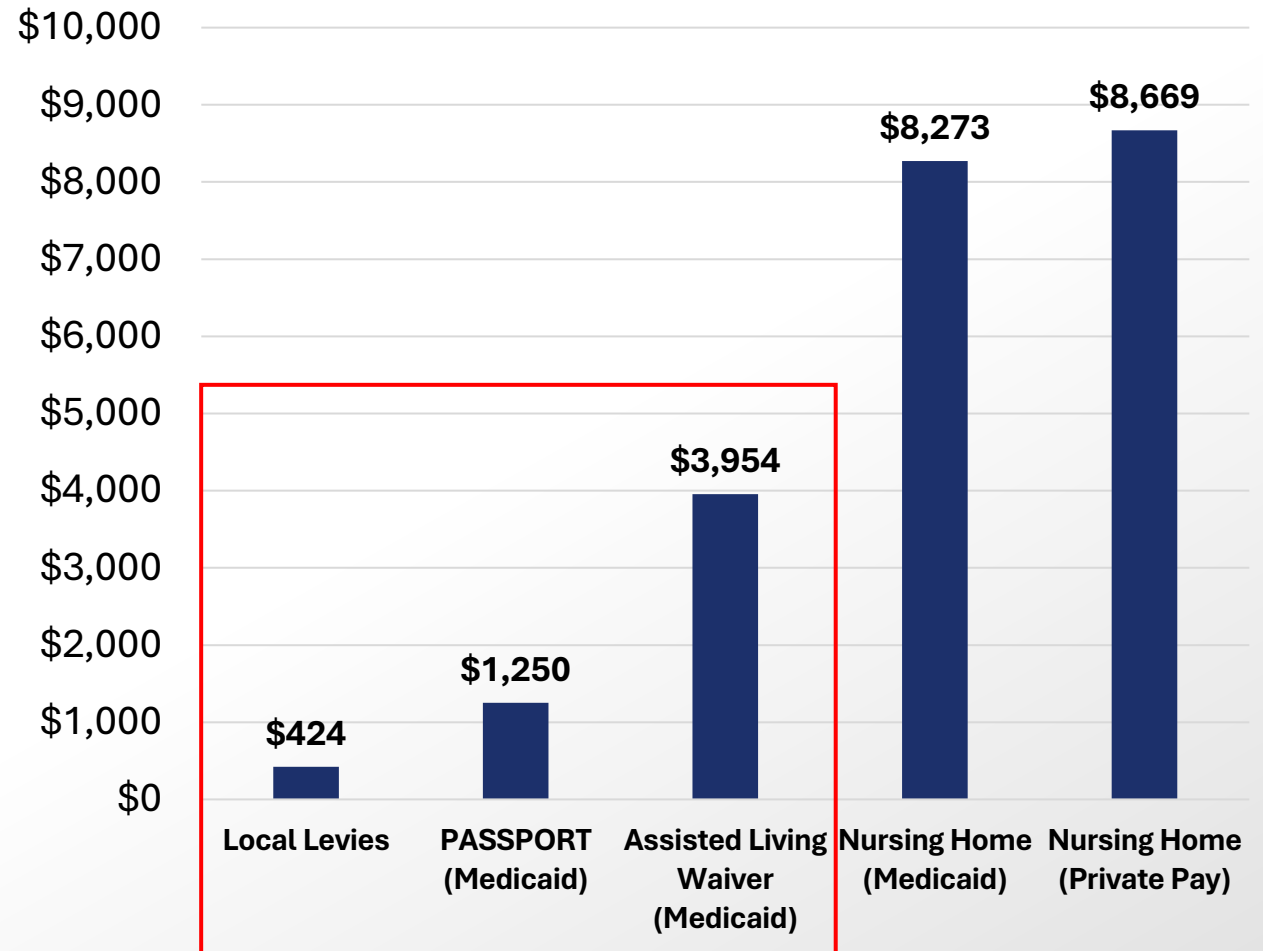
90% of individuals want to stay in their homes as they age.

70% will need some type of long-term care assistance during their lifetimes.

Council on Aging bridges the gap, helping people who need assistance with everyday activities get the support they need to remain independent in their homes and communities.

Of all taxpayer funded programs, home- and community-based care is far less expensive than nursing home care.

Monthly Cost of Care by Funding Source

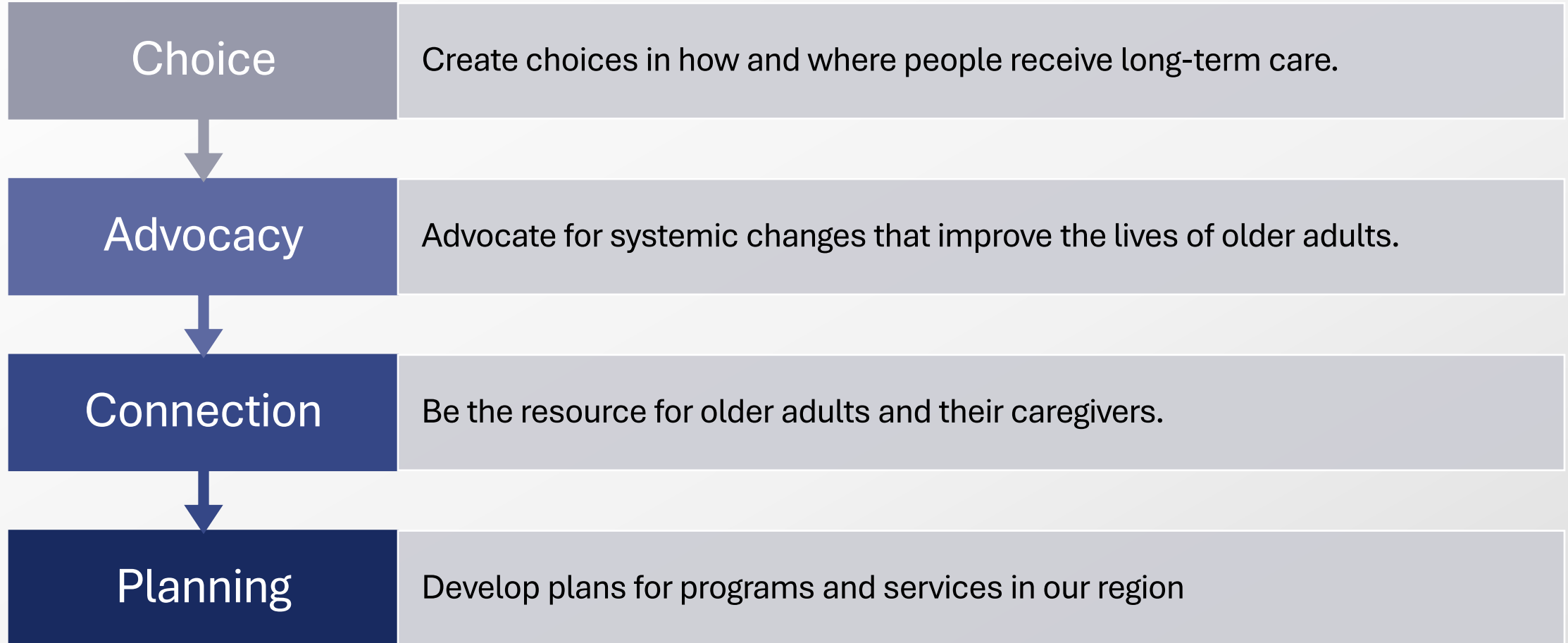


AREA AGENCIES ON AGING (AAAS)

- Older Americans Act - July 14, 1965 - Established a national framework for providing services to help older Americans stay in their homes and communities
- Area Agencies on Aging (AAA) are established and added to this framework in 1973
 - 12 in Ohio and more than 600 nationwide
- COA was designated as the AAA for southwestern Ohio, in 1974
- Serve as the front door to unbiased information and services for older adults, people with disabilities and caregivers
- Find an AAA: www.eldercare.acl.gov



THE ROLE OF AREA AGENCIES ON AGING



FEDERAL AND STATE FUNDING OVERVIEW

OLDER AMERICANS ACT FUNDING (TITLE III)

Administered by COA for our 5-county region.

- Funding is flat.

Funding to senior centers and service organizations to provide:

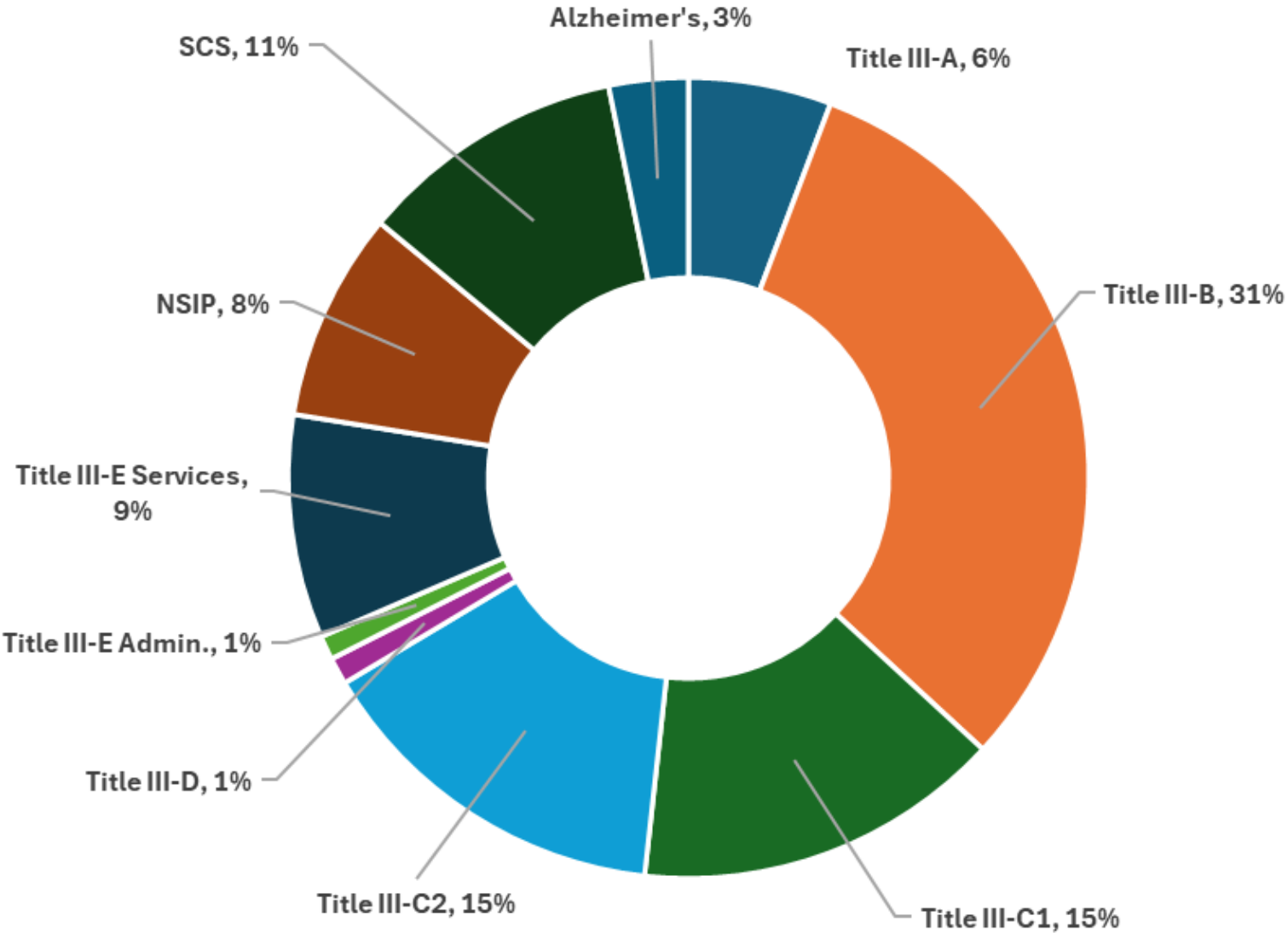
- transportation, congregate meals, legal services, wellness programs, etc.

A funding formula is used to determine how much is given to each county.

Title III funds are also allocated to the levy programs to stretch the local dollars.



FEDERAL AND STATE FUNDING BY SOURCE



FUNDING FORMULA

- \$110,000 base (\$90,000 Title III plus \$20,000 Title III E)
- 43% 60+
- 28% 75+
- 11% Poverty
- 8% Minority
- 8% Living alone
- 2% Rural

*Updated every 10 years with new census

**AGE is currently reviewing options to change the Intrastate Funding Formula. COA will likely adopt those changes to be implemented with the 2030 census.

TITLE III ALLOCATION PROCESS

- Priorities are established by gathering input from stakeholders and community needs assessment
 - Top priorities will be reviewed today.
- Priorities are approved by the COA Board and Advisory Council
- Competitive Bidding Process is required by AGE and ACL.
- RFPs are issued every 3-4 years and priorities are announced in the RFP process
 - Current Title III contracts will be extended through 9/30/2027
 - A new Title III RFP will be released in 2027 with awards effective 10/1/2027

2027-2030 STRATEGIC AREA PLAN

AAA ROLE

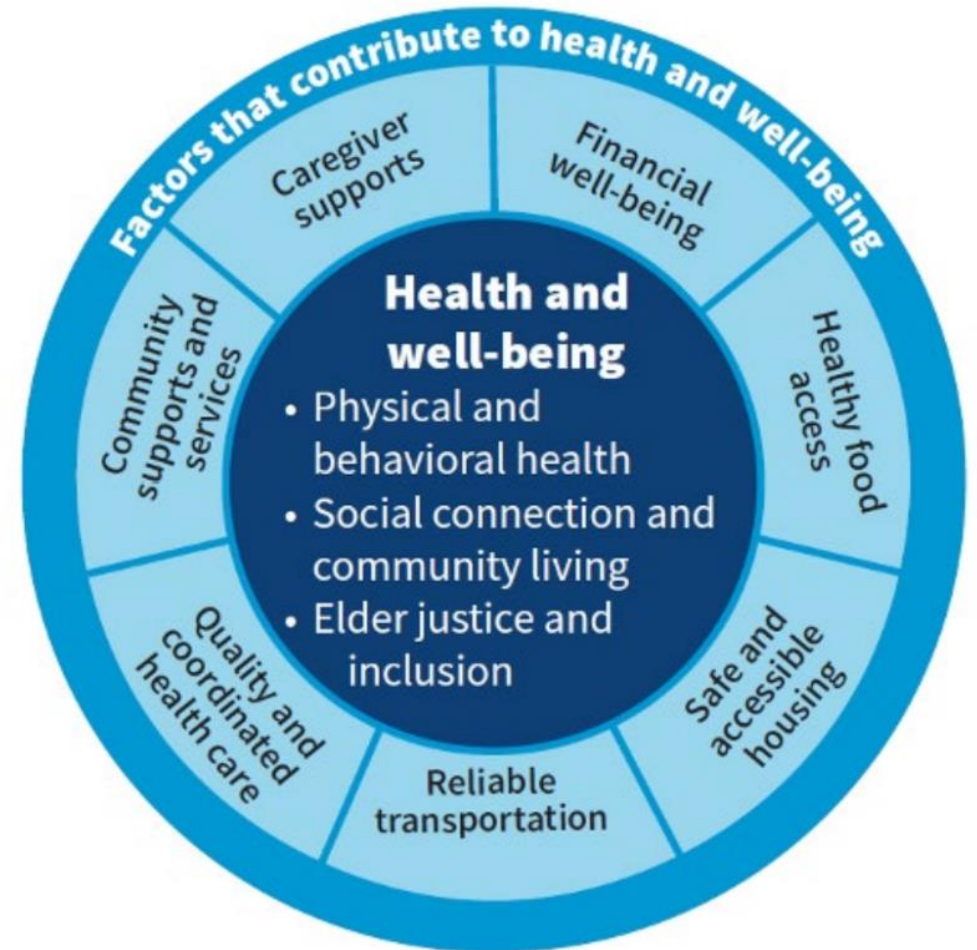
Planning, Prioritizing and Administering Funds

- COA is responsible for developing a regional Area Plan (4 years) and an annual update to determine priorities for federal/state Title III, senior community services, and Alzheimer respite funding.
- The area plan includes the state plan as well as findings from a local needs assessment



OHIO'S 7 PRIORITY AREAS

1. Caregiver supports
2. Financial well-being
3. Health food access
4. Safe and accessible housing
5. Reliable transportation
6. Quality and coordinated health care
7. Community supports and services

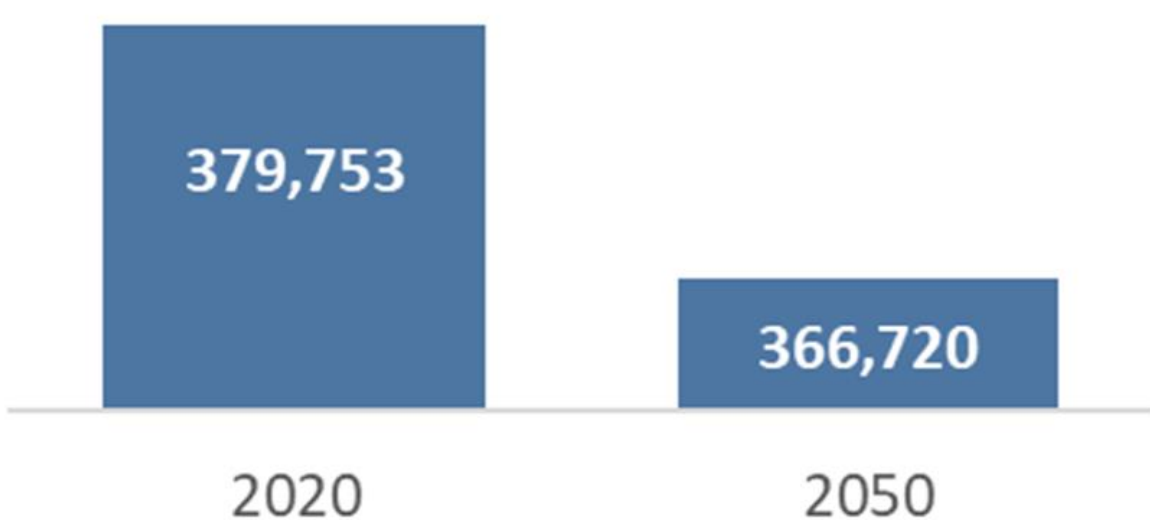


COA Data Profile

POPULATION GROWTH

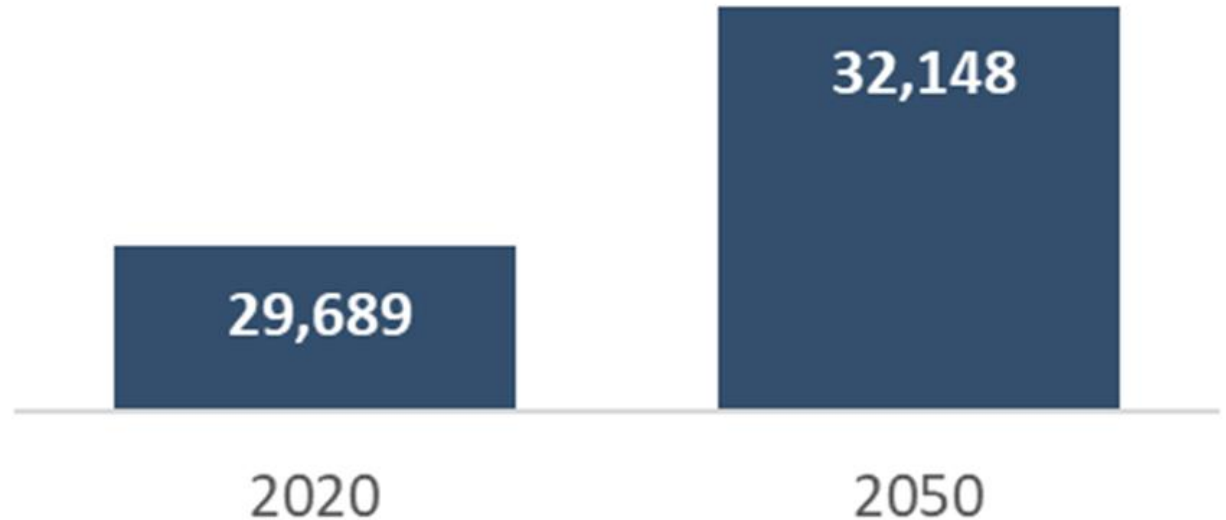
Population Projections 60+

Council on Aging of
Southwestern Ohio



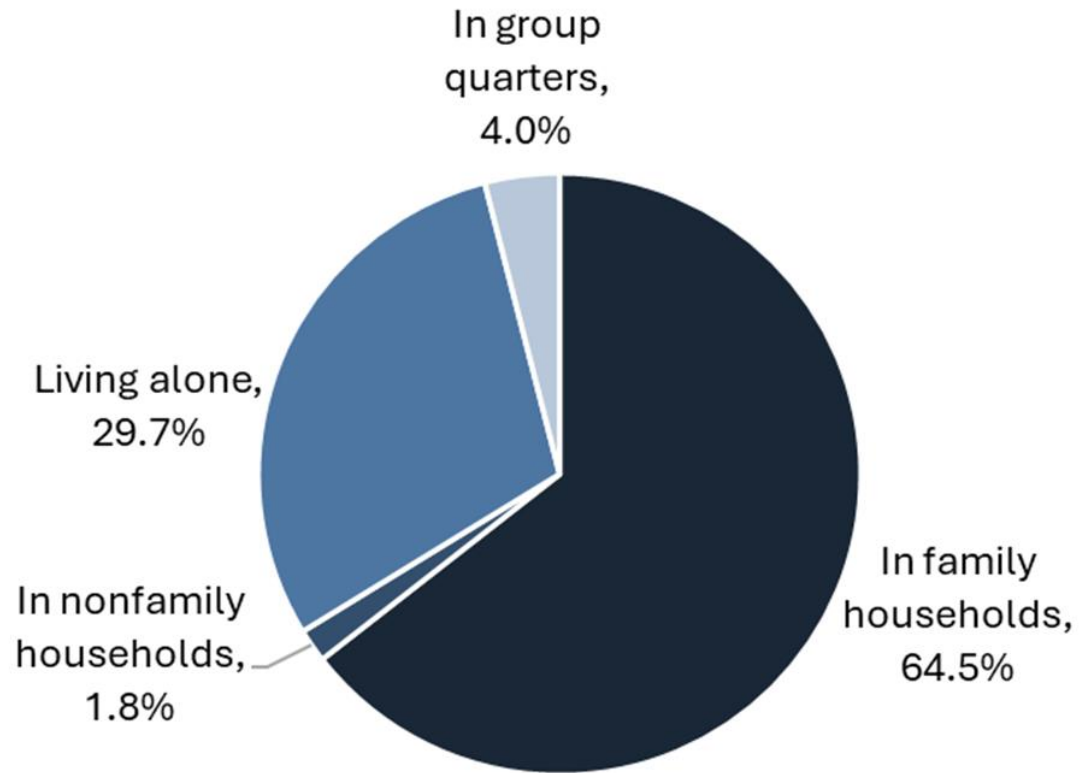
Population Projections 85+

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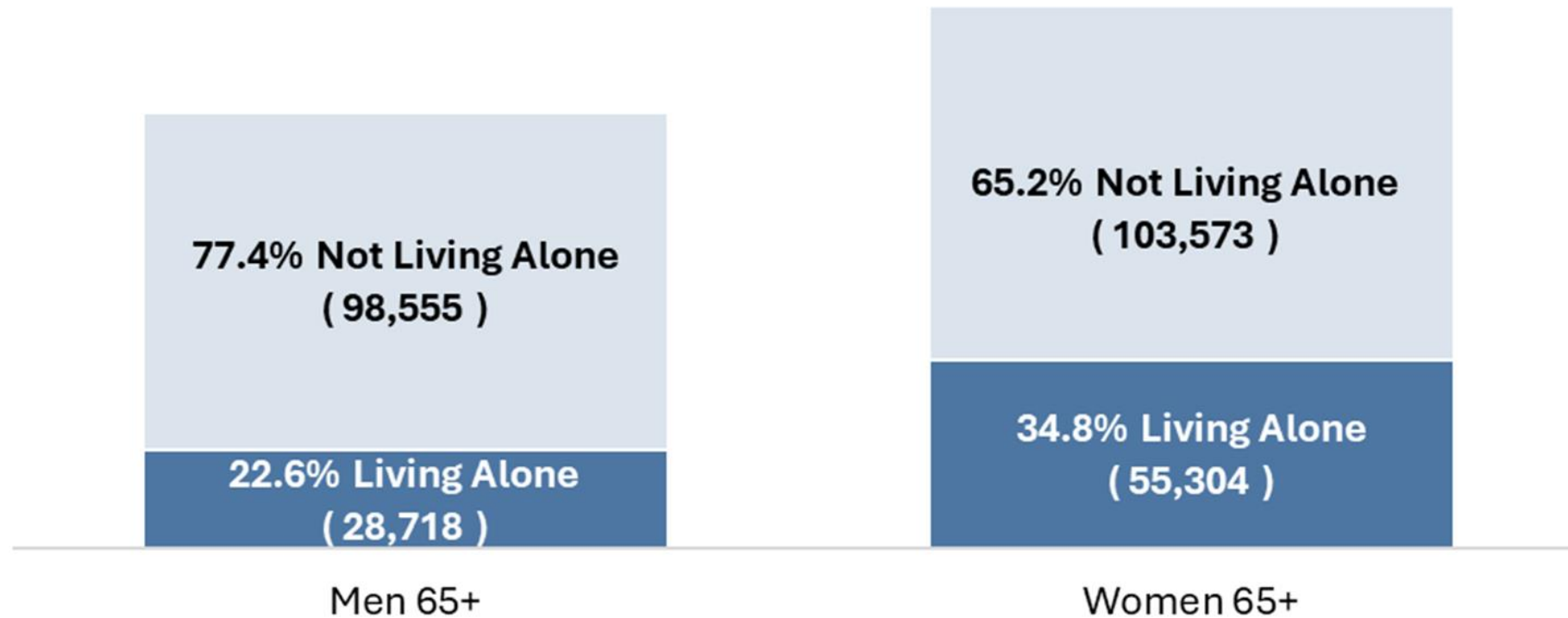
SOCIAL ISOLATION

Household Types for Adults 65+
Council on Aging of Southwestern Ohio



SOCIAL ISOLATION

Adults 65 and Older Living Alone by Sex
Council on Aging of Southwestern Ohio



DIGITAL ACCESS & GAPS

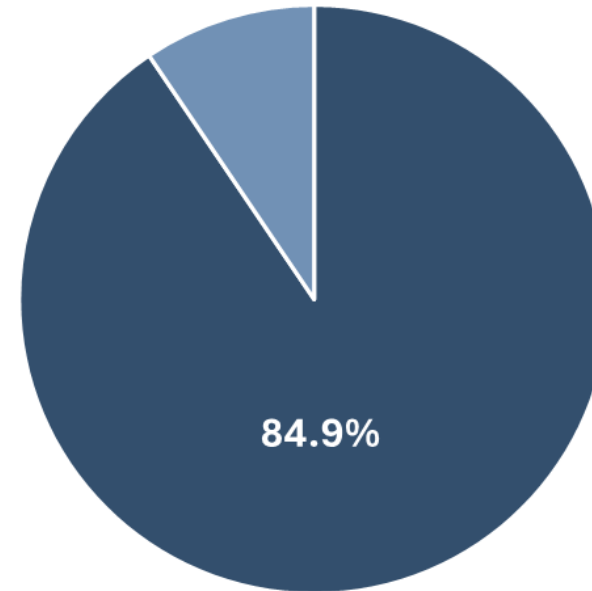
Access to the Internet

In recent years, the number of older adults who have access to the internet has increased.

Around 84.9 percent of people over the age of 65 report that they have a broadband subscription compared to 77.8% in 2021. On the other hand, 24,379 adults over the age of 65 have no computer at all.

Population with Broadband Internet Access, 65+

Council on Aging of Southwestern Ohio



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. Applying the state average to the population of the region, The Center for Community Solutions estimates that nearly 33,000 older adults are food insecure, defined as having “a household-level economic and social condition of limited or uncertain access to adequate food.” Many older adults rely on benefits from the Supplemental Nutrition Assistance Program (SNAP) to meet their basic needs. **Over 26,000 households with at least one older adult in the region reported receiving SNAP.**

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

“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>

COMMUNITY NEEDS ASSESSMENT

WHAT IS THE COMMUNITY NEEDS ASSESSMENT?

- Focused primarily on questions about the respondents' desires to age in the community, and knowledge about the availability of resources to support older people, along with day-to-day life for older adults
- The survey had 34 questions, including open-response, multiple choice, Likert scales, and numeric value options.
- Online and paper survey options ran from February to April 2025, and February-March 2026
- Launched on COA Website and social media via COA
- E-mail distribution and newsletters
- Local news outlets within COA's service areas
- Paper survey: given at wellness events, senior housing buildings, during home visits

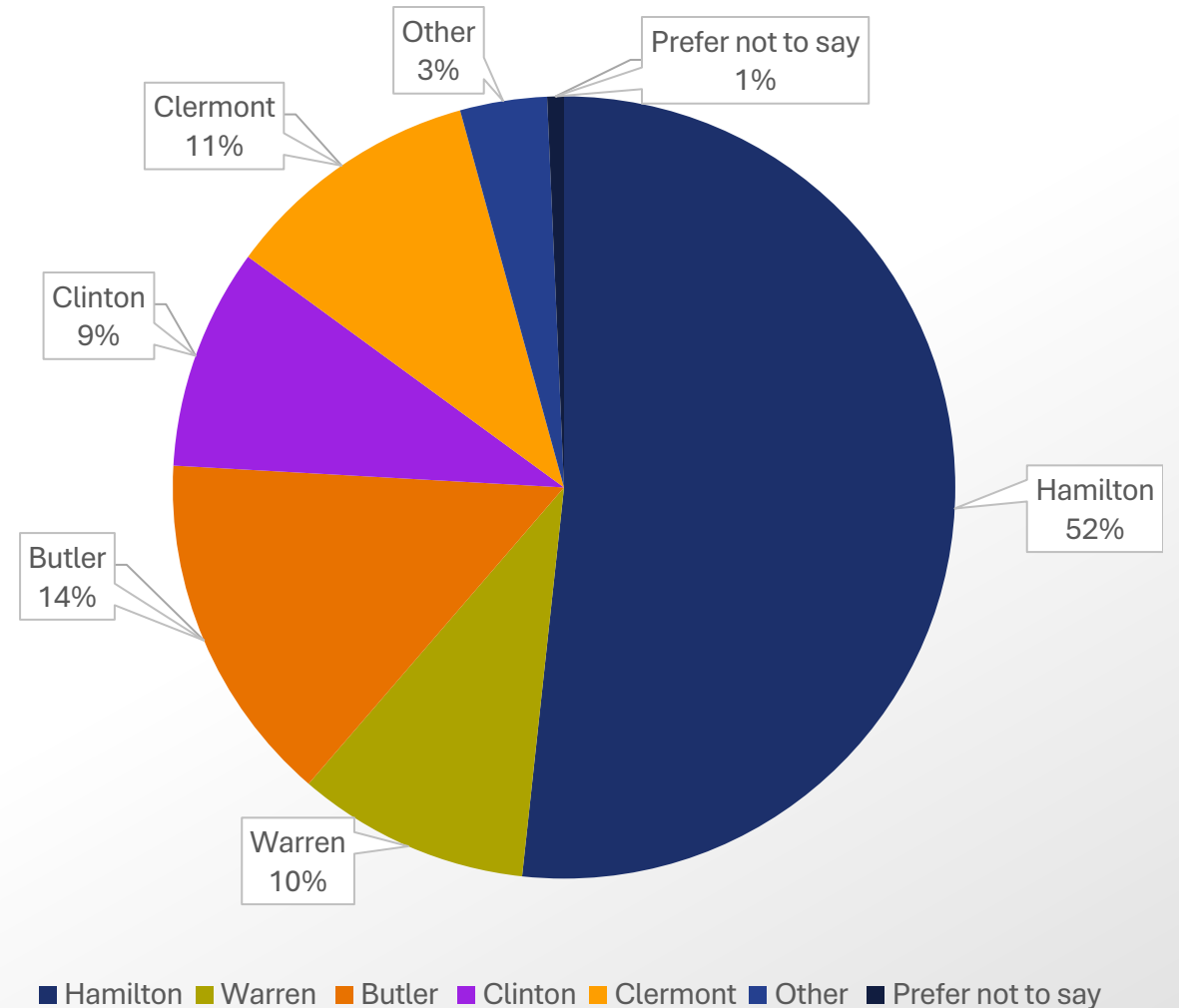
WHAT GOALS DID THE SURVEY IDENTIFY?

- Service needs and gaps
 - Align our work more closely with the COA mission to provide comprehensive, compassionate, and effective support
- Priorities
 - Gathering feedback allows us to prioritize programs, initiatives, and improvements in a way to reflect the commitment to person-centered care
- Where financial investment is needed
 - Understanding where resources are most needed ensures we maximize the impact of every dollar spent toward our clients, allowing us to improve client outcomes
- Which services are working and not working
 - Ensures we remain accountable to our mission, and allows us to improve or reimagine programs to evolve with client needs

WHO RESPONDED?

Aggregated Data Across All Counties and Key Populations Served

- 1,311 Survey Respondents
 - 871 Older Adults
 - 169 Aging Services Professionals
 - 271 Caregivers (190 were 60 or older)
- 45.10% were 65-74 years of age
- 81.79% were female



WHAT WERE THE KEY FINDINGS?



- **Transportation**
 - 43% noted issues with attending medical appointments, running errands, connecting to a social group. 63% noted quality of public transportation as poor or fair.

- **Cost of living/financial assistance**
 - 64.18% of participants described the affordability of their current housing as completely unaffordable or slightly unaffordable

- **Caregiver Strain**
 - 74% noted they have cut back or postponed personal activities they enjoy due to caregiving. 64% reported emotional tolls present – fatigued, stressed, and unhappy.

- **Challenges with Daily Activities**
 - Most cited challenges were home repairs (58.91%) and yard work or tree care (52.21%), followed by general cleaning and household management, with 40.72% of respondents identifying them as a challenge

- **Barriers to Aging-in-Place**
 - 79.36% stating that it is either “very important” or “absolutely essential” to remain in their homes as they grow older, but only 37.32% reported that their current home fully meets their needs as they age.

HIGHEST PRIORITY SERVICES

- Coordinated health care/access to care
- Home Modifications
- Home Repair/ maintenance supports
- In home supportive services for independent living
- Healthy food access/nutrition
- Caregiver supports
- Social Isolation/Mental Health & Supportive services- connection to community
- Legal/Ombudsman Services
- Technology Supports- accessing resource and care



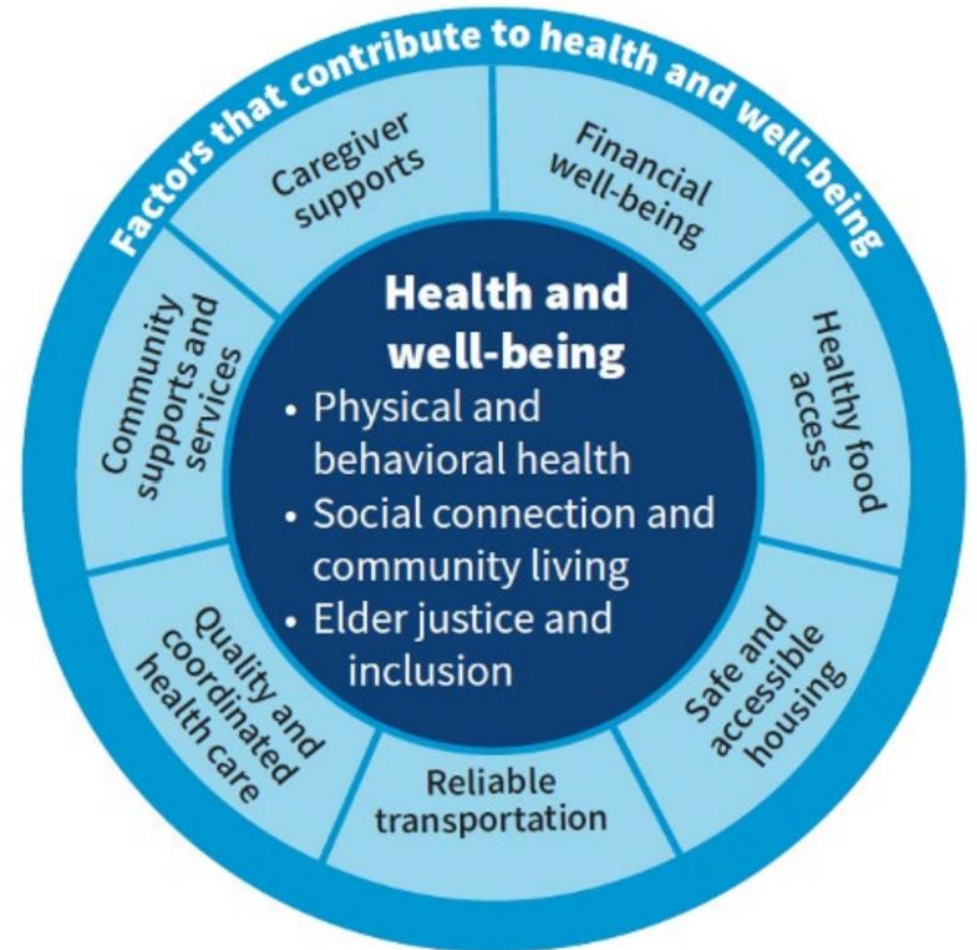
WHAT ARE THE TOP FIVE UNMET NEEDS?

- Transportation
 - Transportation challenges to medical appointments, non-medical/social, accessibility issues, affordability, and rural areas
- Housing
 - Housing affordability, safety, accessibility, repairs/modifications, aging in place, long waitlist for senior housing, and property tax burdens
- Access to Care-
 - Respite and supportive care, care coordination, social isolation/mental health resources
- Cost of Living
 - Financial strain, medications, food, utilities, in-home care, challenges living on a fixed income
- Independent Living
 - caregiving, homemaking, home modifications, lawn care, snow removal and safety improvements

AREA PLAN PRIORITY AREAS & GOALS

OHIO'S 7 PRIORITY AREAS

1. Caregiver supports
2. Financial well-being
3. Healthy food access
4. Safe and accessible housing
5. Reliable transportation
6. Quality and coordinated health care
7. Community supports and services



CAREGIVER SUPPORTS

Expand overnight respite options

- Expand facility options
- Pilot in-home respite options
- Provide overnight respite options

Better utilize Adult Day

- Create & provide education on Adult Day service
- Coordinate Adult Day provider tour for staff

Increase awareness of the Caregiver Support Program

- Attend community events and promote program
- Provide education, resources and referrals pathways through program to caregivers.
- Provide education and support to unpaid caregivers

FINANCIAL WELL-BEING

Provide utility assistance and resources to older adults

- **Work with local county commissioners to ensure all areas are represented**

Assist individuals with understanding benefit programs and application process

- **Engage with community partners, provide education and referrals**
- **Work with local programs to educate and provide referrals**
- **Ensure individuals have knowledge of what to expect and how to continue benefits**

Connect individuals with available resources through Medicare Advantage plans

- **Provide resources to individuals to better understand benefits**
- **Provide education, awareness and knowledge of referral process**
- **Provide connection to plans**

HEALTHY FOOD ACCESS

Enhance congregate meal options in restaurant settings (Swipe N' Dine program)

- Incorporate clear program details and requirements into the Title III Request for Proposals
- Prioritize targeted communication and outreach efforts to communities with the greatest social and economic need.
- Develop program education materials and communication with participating restaurants

Increase redemption rates for the Senior Farmers Market Nutrition Program

- Use Policy Map platform/website to map out farmers markets, roadside stands and residents age 60+ in low economic areas.
- Distribute a survey to identify barriers to program participation
- Distribute a survey to gather input from stakeholders (farmers, markets, senior housing managers and contracted providers)

SAFE AND ACCESSIBLE HOUSING

Provide individuals with a resource to search available housing options

- **Add new housing options as available**
- **Ensure database is always accessible**

Provide resources and information when needing assisted living or nursing home care

- **Educate staff**
- **Provide talking points to staff**

Provide options and explore grant opportunities that support home modifications

- **Follow COA's outreach plan and initiatives**
- **Explore all potential grant and funding opportunities to support home modifications**

RELIABLE TRANSPORTATION

**Expand home52
Transportation
Coordination Services
to other counties in
service area**

- **Research grant opportunities, create relationships and explore partnerships**
- **Surveys of riders**
- **Review needs assessment to determine transportation gaps**

**Educate Care
Management staff on
all available
transportation options**

- **Create information sharing resources on transportation**
- **Create training**
- **Audit a sample of clients annually**

QUALITY AND COORDINATED HEALTH CARE

Expand FastTrack Home in all counties

- Track outreach activities for each hospital

Ensure PACE is provided as an option

- Develop training materials and educate staff

Provide Care Transition services through MedMutual

- Timely engagement of referrals

Continued collaboration with VA and growth in program

- Collaborate on referrals
- Meet with VA
- Work to keep veterans in homes

Monitor data to improve access of services

- Hold monthly meetings to discuss and review data
- Collaborate and strategize
- Create trainings

COMMUNITY SUPPORTS AND SERVICES

Increase awareness of available services and supports

- Collaborate with 513 Relief Bus to provide screening services
- Provide additional resources and information (in collaboration with Benefits Enrollment Center)

Expand the UPLIFT program in Butler County

- Increase awareness through outreach and distribution of informational materials
- Determine gaps in service and implement new programs and services
- Provide education and training to staff

Expand and strengthen the partnership with Senior Connections

- Identify 2 events annually for Senior Connections to attend and provide information
- Attend quarterly board meetings with Senior Connections and mental health board
- Invite Senior Connections to department meetings

COMMUNITY SUPPORTS AND SERVICES – CONT.

Address a gap in available Guardianship services in Hamilton County

- **Coordinate with local entities**
- **Develop written procedures**
- **Leverage expertise and resources of the collaborative**

Expand and diversify evidence-based programming in service area

- **Leverage community relationships**
- **Leverage grant writers expertise**
- **Review approved evidence base programs to identify with fit COA's hybrid community model**

Address unmet needs identified in Community Needs Assessment

- **Work with grant team to explore funding opportunities**

DIRECT SERVICE WAIVER

DIRECT SERVICE WAIVER

- COA does not intend to issue an RFP for Title III-D funded evidence-based health promotion and disease prevention programs. COA provides these programs through a hybrid community model:
 - COA pays for community members to be certified as Leaders and/or Master Trainers to facilitate evidence-based programs and oversee program fidelity requirements.
 - COA provides stipend payments to Leaders and Master Trainers to facilitate workshops.
 - COA engages host site sponsors (neighborhood community organizations) to host programs and recruit participants.
 - COA provides stipend payments to host site sponsors based on number of program completers.
- COA intends to request a direct service waiver for \$25,000 to provide administrative support for the hybrid community model.

QUESTIONS



Thank You!