

Introduction

Chair Ginter, Vice Chair Swearingen, Ranking Member Howse, and Members of the House Aging and LongTerm Care Committee: my name is Ursel McElroy, and I am the director of the [Ohio Department of Aging](#). It is my honor and privilege to present to you the state of aging in Ohio. More than 25 years ago, I began my professional career in the aging field. While I stepped away for a few years, I am eager and thankful to return to this work.

As director, I have been charged by Governor DeWine to offer dynamic leadership in the department. Currently, we are evaluating the impact and sustainability of our programs and services. We are identifying emerging issues faced by older Ohioans and devising strategies. I am here today with my executive team and we understand that we must do more as advocates and leaders.

Our mission is simple: to foster sound public policy, research, and initiatives that benefit older adults.

Since my appointment by Governor DeWine, I have met with many Ohioans and listened to their stories. Stories of need, loss, and hope. And today, in some small way, I hope my testimony makes clear that they are not alone.

The State of Aging in Ohio

Aging is a human experience, shared by all. I am the face of aging. You are the face of aging. We are all the faces of aging. Aging is ordinary and yet, has the potential to be extraordinary. It seems, the more we age, the more our values come into focus. Embracing our maturity fosters positive and healthy aging for us all.

Today, this is the state of aging in Ohio:

- Ohio is the sixth largest 65 plus population in the nation.¹
- There are approximately 2.8 million Ohioans over the age of 60.²
- Our 60-plus population is growing at a rate 28 times faster than the rest of the population.³

At the Ohio Department of Aging our most important work is ahead of us. We are learning, evolving, and transforming our priorities so we can deliver on our commitment to make Ohio the best place to live and age in the nation. We are traveling the state and learning what it means to age in Ohio. Through these listening sessions we have identified three priorities that enhance our [State Plan on Aging](#):

- Population Health
- Economic Stability
- Elder Justice

¹ "Population of adults aged 65 and older in the United States in 2018, by State," Statista.com, Oct. 24, 2019, <https://www.statista.com/statistics/736211/senior-population-of-the-us-by-state/>

² Interactive Data Center, Scripps Gerontology Center at Miami University, accessed Nov. 19, 2019, <https://miamioh.edu/cas/academics/centers/scripps/research/ohio-population/interactive/>

³ Interactive Data Center, Scripps Gerontology Center at Miami University, accessed Nov. 19, 2019, <https://miamioh.edu/cas/academics/centers/scripps/research/ohio-population/interactive/>

These areas drive our work at the department and define how we empower individuals, caregivers, and their communities.

Priority 1: Population Health

Social Drivers of Health – Housing, Transportation, Nutrition

Where you are born and live often can have more influence on your ability to stay healthy than your family history of illness. In certain parts of Ohio, there is as much as a 24-year difference in life expectancy for people living within 10 miles of each other.⁴ Access to affordable housing, transportation, and nutritious foods, as well as safe neighborhoods, and healthy behaviors determine health outcomes more than genetic makeup.

When addressing these community conditions, or social drivers of health, it is important that the unique needs of older adults be considered. Efforts to address health inequities across the state must be intentional and inclusive of older adults. It begins by promoting health literacy within our communities and with our leaders. Our department is prepared to work collaboratively with the Ohio Departments of Health, Job and Family Services, and Transportation and others to shape policies across sectors that promote healthy aging.

As a state, we have an opportunity to address many of these avoidable differences, such as access to safe, affordable housing and reliable transportation to medical and non-medical appointments. Often, these things are the difference between aging in place or premature displacement from one's home. This is our time to demonstrate that in our state people can live where they choose, with whom they choose, and with opportunities to participate fully in their communities. Together, we can develop the policy framework that supports aging in place in all areas of the state.

Dementia

The work of the department extends beyond improving physical health outcomes and addressing challenges caused by social drivers of health. The department's focus also includes cognitive health, such as Alzheimer's disease and related dementias.

According to the Alzheimer's Association, approximately 220,000 Ohioans live with Alzheimer's disease - the most common condition that causes dementia.⁵ Prioritizing care and supportive services are important ways to empower those living with dementia, and their caregivers, to maintain a quality of life. We are working to establish a coordinated system of dementia care, education, resources, and services that is comprehensive and inclusive.

On November 6, 2019, Governor DeWine signed S.B. 24, Senator Wilson and Leader Yuko's bill to establish the Alzheimer's Disease and Related Dementias Task Force. The bill brings together individuals diagnosed with dementia, caregivers, advocates, industry leaders, and Governor DeWine's Administration to examine the current and future needs of people living with dementia and their caregivers.

⁴ Cuyahoga County Board of Health and the Alameda County Public Health Department (California), "Life Expectancy Among Residents in Cuyahoga County, Ohio," Health and Land Use Summit in Cleveland, Ohio, Sept. 2009. ⁵ "Ohio Alzheimer's Statistics," Alzheimer's Association, accessed Nov. 19, 2019, <https://www.alz.org/alzheimersdementia/facts-figures>

The department is eager to chair this task force in partnership with the Ohio Department of Health. Together, we will lead the state's efforts to identify and support best practices which empower individuals living with dementia, and their caregivers, to thrive in their families and communities.

Mental Health and Substance Abuse Crises

One in three Americans who use prescription medications is an older adult and research has shown that three out of five take their prescriptions improperly.⁵ They are also more likely to take multiple medications prescribed by several health care providers.⁶ This puts them at risk for a range of adverse effects, including misuse, abuse, and addiction.

To combat addiction, we are coordinating with other state agencies to deliver evidence-based prevention programs such as chronic pain self-management and providing a responsive system of supports and health care. Our goal is high-quality care that considers the complex situation of each person and family. Impacted populations will benefit from strategies that improve access to prevention, treatment, and recovery services.

In addition to battling addictions, the opioid epidemic has led to an increase in the number of older Ohioans called upon to provide basic childcare when their parents are unable to do so. Kinship caregiving is essential to maintain strong families throughout the state. We offer our support and advocacy to ensure older adults have the resources to provide care for younger generations.

Priority 2: Economic Stability

Our next priority is reinforcing the economic stability of aging Ohioans and their caregivers. With increased life expectancy comes a larger population of retirees. In light of the cost of care and a shortage of workers, the economic strains become harder to avoid. We must address the financial implications on three levels: 1) personal responsibility; 2) community responsibility; and 3) responsive systems.

Personal Responsibility

As we age, we envision a life that is healthy and independent – yet, our lives can take unexpected turns. We can suddenly find ourselves in need of a helping hand due to a chronic, disabling, or serious condition. We may also find ourselves facing an impending reality that a parent or other loved one needs substantial and continuing care. Both can be traumatic and life changing, yet many of us are not prepared financially, psychologically, environmentally, or socially for a long-term disability.

We have a diverse system of healthcare options, including Medicare, Medicaid, and private insurance. Opportunities exist to improve understanding of this complex planning process and to empower Ohioans to prepare for retirement, and other life events including future medical and long-term care needs. Part of this work includes providing access to information and educational resources to enable informed decisions.

For too long, we have not focused on those individuals living in the middle – who are unable to secure health care on their own and are ineligible for means-tested programs. As we move forward, our charge is to evaluate the effectiveness of federal, state, and local dollars that are, or could be, invested for those

⁵ Fact Sheet: Prescription Medication Use by Older Adults, Medscape, accessed Nov. 19, 2019, <https://www.medscape.com/viewarticle/501879>

⁶ "Polypharmacy-What to know!," Hoag Medical Group, accessed Nov. 20, 2019, <https://hoarmedicalgroup.com/articles/polypharmacy-what-to-know/>

in the middle. This will include a review of funding from the Older Americans Act, state General Revenue Fund, and local levies.

Community Responsibility

Despite important and thoughtful advances in our long-term care system, our communities are challenged to keep pace with the increasingly diverse and complex needs of our aging population. We know most older Ohioans prefer to remain in their own homes and communities as long as possible. I am pleased there is an increased emphasis on creating livable communities suitable for individuals of all ages and disabilities.

Supporting older adults in the workforce and encouraging volunteerism are also important to combat isolation and promote community engagement. Over a decade ago, the recession impacted the financial and economic security of older adults forcing them out of work or into early retirement. Age discrimination remains a problem in this country, particularly within the workforce. Older adults are overlooked for employment or promotions simply because of their age.

All generations enjoy working, volunteering, and interacting with people. There is a place for our communities to promote older adult volunteer efforts to keep our neighborhoods thriving across the generations. Additionally, we must encourage industry leaders to recruit and hire older adults. Forming intergenerational connections enriches the workplace by bringing different talents and perspectives together.

Responsive Systems

Nationally, and within our state, there is a shortage of available or willing workers to provide care. AARP estimated that 1.5 million family caregivers provided unpaid care for loved ones in Ohio. This assistance is valued at an estimated \$16.5 billion annually.⁷

In our recent state needs assessment, 20 percent of respondents said they provide care for someone. More than half of these caregivers said they balance their caregiving duties with their work responsibilities. One in three caregivers works full time while balancing their participation in the workforce with their caregiving duties. This not only strains personal and family finances, but also negatively affects Ohio's workforce.

In addition to improving our caregiver infrastructure, we understand the importance of maintaining and growing workforce capacity of direct care workers. Providing quality services to aging Ohioans requires supporting the workforce they rely on for assistance. According to the U.S Bureau of Labor Statistics, direct care workers, such as home health aides and personal care aides, are the third and fourth fastest growing occupations in the country. Yet, the bureau notes that low pay and high emotional demands may cause workers to leave these occupations.

Without a well-equipped workforce, we risk loved-ones receiving low-quality services – or worse, having no services at all. Strengthening our caregiver infrastructure remains a priority, and we join the Department of Medicaid in our support of increasing rates for the Assisted Living and PASSPORT programs.

⁷ Sarah Hollander, "Caregiving Workshops Urge Preparation," AARP, Jun. 1, 2019, accessed on November 19, 2019, <https://states.aarp.org/ohio/caregiving-workshops-urge-preparation>

This is a collaborative effort with our provider associations to address individuals' routine and complex needs.

However, rate increases are not the only solution. We also have the responsibility to streamline regulations where it makes sense. This will attract and retain providers focused on delivering quality services that improve health outcomes and promote independence.

This Administration and our partners recognize workforce capacity as an area of need and are ready to tackle this issue. Lt. Governor Jon Husted and the Governor's Office of Workforce Transformation are working with the department to identify in-demand jobs and critical occupations to strengthen Ohio's caregiver infrastructure.

Priority 3: Elder Justice

Justice requires that all people, regardless of age or disability, are equal and full members of their communities. This includes preservation of dignity and safety. Addressing elder abuse means building our state's capacity to prevent and competently respond to allegations.

Elder abuse, neglect, and exploitation can devastate the lives of those we love. Ohio's elder justice programs have not kept pace with our aging society. Criminals targeting older Ohioans are leaving them and their families penniless, physically and emotionally injured, heart-broken by betrayal, and despondent about their futures. This diminishes health quality and lifespan.

At the heart of this crisis are innocent older Ohioans who are targeted by criminals due to several factors including:

- Health related risks brought about by cognitive and physical changes;
- The abundance of older adults; and
- Financial and retirement trends that shift responsibility to the older adult to manage their retirement savings and investments.

The wealth of older adults is an important factor in explaining why they are targets of financial exploitation, but it is not the whole story. It is worth noting that older adults with low-income are at even greater risk of financial exploitation due to their home and familial situations. Those who may have been on private pay insurance may now be prematurely forced into the Medicaid system because someone depleted their checking and savings accounts. These factors underscore the statistics that for every documented case of elder financial exploitation, anywhere between 10 and 44 went unreported according to a New York state study.⁸

We have identified gaps and capacity challenges in Ohio's current systems of protection. The issues we face are systemic and exist across multiple decentralized entities. They include:

- Fragmented reporting structure;
- Loosely coordinated responses to complaints;
- Insufficient evidence to prosecute perpetrators;

⁸ Yufan Huang and Alan Lawitz, The New York State Cost of Financial Exploitation Study, accessed Nov. 19, 2019 <https://ocfs.ny.gov/main/reports/Cost%20of%20Financial%20Exploitation%20Study%20FINAL%20May%202016.pdf>

- Limited interest in investigating cases;
- Ineffective measures to hold wrongdoers accountable; and
- Lack of oversight over the home health industry.

It is increasingly evident we need transformative change in this area. As Ohio's population ages it is critical to have a comprehensive, statewide elder protection system to prevent elder abuse and pursue those who prey on vulnerable Ohioans.

Legislative initiatives have helped us identify key areas of focus. With the passage of S.B. 158 (132nd General Assembly), the department is working with state and private partners to provide resources that identify, educate, and help prevent elder fraud and exploitation within the financial sector. We look forward to sharing our findings with you when they are available.

Improving the State of Aging for Ohio

While there is much work to be done, our vision is to make Ohio the best place to age in the nation. We must balance making incremental changes in some areas, while seeking bold change in others. Where it makes sense to continue the legacy of tried and true programs, we will. Where we need to start from scratch and innovate, we will.

Consistent with Innovate Ohio, an Administration priority, we are leveraging technology to advance our work. Technology is a vital and inextricable part of our lives. It has changed the way we do many things, from making a simple phone call, buying food, scheduling appointments, driving to where we need to be, and more. It is also an increasingly important aspect of providing services and care that has historically been underutilized. It is essential for us to be an innovative, data driven, and technology-enabled organization. Today we are focused on the following areas:

- Utilizing telepresence technologies. Telepresence technologies are specifically focused on defining both tele-health and distance learning to connect with our state partners, including our remote and rural communities. It allows us to create efficiencies within an already constrained workforce by leveraging technology.
- Building interoperability. Integrating our core systems will break down silos to create a more efficient user experience while eliminating duplication. This effort will work across organizational, geographic, and funding boundaries. It will also improve our ability to cooperatively use data in a coordinated manner.
- Advancing the science of aging. By adopting data as our second language we can create business intelligence to work smarter, targeting limited resources to the areas of greatest need. Access to data presents a great opportunity for the department to provide impactful leadership.

Closing

Chair Ginter, Vice Chair Swearingen, Ranking Member Howse, and Members of the Aging and Long-Term Care Committee: thank you again for this opportunity to present to you the state of aging in Ohio.

We recognize the significance of the task ahead of us as the decisions we make will impact the lives of all Ohioans. Our key policy priorities highlight challenges facing aging Ohioans. These rapidly emerging issues create risk for Ohioans and the state.

With your partnership, we have an opportunity to strengthen Ohio's aging network for today's and tomorrow's older adults. I look forward to working with you to develop next steps to advance the Governor's agenda for healthy aging in Ohio.