



*Empowering Elders.
Strengthening Communities.*

Mike DeWine, Governor
Ursel J. McElroy, Director

**Testimony before the
OHIO SENATE FINANCE
HEALTH AND MEDICAID SUBCOMMITTEE**

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Introduction

Chair Hackett, Vice Chair Huffman, Ranking Member Thomas, and Members of the Senate Finance Health and Medicaid Subcommittee:

I am Ursel McElroy, Director of the Ohio Department of Aging, Ohio's federally designated State Unit on Aging. It is a privilege to appear before you today to discuss the important work of the department and to present our budget request for the 2020-2021 biennium.

I proudly represent 11.5 million Ohioans, including 2.8 million older adults. I am the face of aging. You are the face of aging. All of us in this room are the faces of aging. It's a simple, yet profound realization worth embracing – the moment we stop aging, we stop living.

Investing in older Ohioans and caregivers

Ohio's population is growing older and more diverse. It ranks sixth nationally and continues to grow (see figures 1 and 2). Our state is home to three distinct generations of older adults: baby boomers, retirees, and an unprecedented number of individuals living beyond age 90. Within each generation, we have racial diversity and a mix of urban and rural cultures. We have affluence and poverty. We have individuals living alone and those who benefit from the support of friends and families. And, we have disability rates that rise with age.

To meet the needs of our diverse and rapidly growing population, we work with our area agencies on aging, senior centers, regional long-term care Ombudsman programs, non-profit organizations, and volunteer and advocacy organizations. Together, this aging network is committed to upholding the fundamental principle that older adults can live where they choose, with the people they choose, and with the ability to participate fully in their communities.

Protecting the health, safety, security, and vitality of older adults should not be optional in Ohio. Safeguarding these rights requires strategic investments and public policies that evolve with the changing populations we serve. Today, I will address our department's efforts in:

- Strengthening Ohio's caregiver infrastructure;
- Protecting the independence and vitality of older adults;
- Addressing the impact of Ohio's opioid crisis on older adults; and
- Expanding nutritional and other services that promote healthy living.

With Governor DeWine's support and direction, we will invest in these essential areas. Within our budget request, funding for core programs under the Older Americans Act is maintained with increases requested in general revenue funds to scale up programs and services that help address our most pressing issues.

Our SFY 2020 investments include:

- All Funds of \$97.7 million, which is a 6.8 percent increase from SFY 2019
- General Revenue Funds of \$19.3 million, which is a 29.4 percent increase from SFY 2019

Our SFY 2021 investments include:

- All Funds of \$99.3 million, which is a 1.6 percent increase from SFY 2020
- General Revenue Funds of \$20.8 million, which is a 7.6 percent increase from SFY 2020

Strengthening Ohio's caregiver infrastructure

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.

Caregiving in Ohio is a complex issue. Like aging, it spans a continuum, including family and professional caregivers, caregivers in institutional and home and community-based settings, and caregivers with varying levels of expertise and credentials. Having an infrastructure sufficient in scope and impact is key to modernizing our state's long-term services and supports system.

Despite important and thoughtful advances in our long-term care system, we are challenged to keep pace with the increasingly diverse and complex needs of our rapidly aging population. Nationally, and within our state, there is a shortage of available or willing workers to provide care. In 2015, AARP estimated that 1.7 million family caregivers provided unpaid care for loved ones in Ohio. This assistance is valued at an estimated \$16.5 billion annually.

According to our 2017 state needs assessment, twenty 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, but many modify their participation in the workforce to accommodate their caregiving duties. This not only strains personal and family finances, but also affects the state's workforce and overall prosperity.

For some, their care needs exceed what their friends and loved ones can provide. Ohio Medicaid's PASSPORT, MyCare Ohio, and Ohio Home Care waiver programs currently provide care for nearly 55,000 older adults in home and community-based settings each day. Ohio spent \$600 million in SFY 2017 on personal care for individuals with a nursing facility level of care. Another \$2.4 million supports providers of similar Older Americans Act and local aging service programs.

Governor DeWine reminded us during his State of the State address that we must “invest in things where the returns will not all be immediate.” Our approach includes steps we can take now, in tandem with creating systemic changes that will benefit future generations. I am confident this will position us to make informed decisions that will enable older Ohioans to: (1) age in place as contributors to their families and communities; (2) receive a consistent consumer experience and comparable care across settings, programs, and geographic locations; and (3) expect continuity of care even as needs change.

Providing quality services to aging Ohioans requires supporting the workforce they rely on for assistance. 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 U.S. Bureau of Labor Statistics notes that low pay and high emotional demands may cause many workers to leave these occupations.

Without a well-equipped workforce, we risk having our parents, grandparents, and so many others we love receiving low-quality services or worse, having no services at all. Providers have shared with me the tough decisions they are forced to make. Like, choosing between sending a personal care aide to give Mrs. Smith her one weekly bath or getting Mr. Jones out of bed for the day.

While the budget process has drawn attention to this important fact, I understand the ongoing need for thoughtful policy development, meaningful collaboration among state agencies, and effective use of existing resources to address this issue. Following my appointment as director, I challenged staff to engage our state agency partners, providers, and other businesses to devise strategies that create

efficiencies within our programs. This work includes a review of our current regulatory and business environments.

Much of our work in this space is linked to creating enterprise-wide solutions that yield administrative efficiencies. We have already begun collaborating with our state agency partners to align regulatory, training, and monitoring standards across waiver programs. Our goal is to make quality care, continuity of care, and consistent assignment expectations of all providers.

As we implement the phases of alignment, our systems must be responsive to regulatory and other program changes. In this budget, we request GRF of \$1.7 million in SFY 2020 and \$2.0 million in SFY 2021 to support the development of a single IT system to house a universal assessment tool for all individuals seeking services in a nursing facility or home and community-based services waiver program. Today, the Department of Aging and Department of Medicaid waivers maintain separate IT systems to complete assessments for needs identification and service planning.

This improved tool will be used for all adults seeking waiver services (there will be a separate tool for children) and will break down silos between programs to support a true continuum of care. This is achieved, in part, by requiring staff to use one tool to determine level of care and complete and update participant service plans. This tool has already been developed with the help of stakeholders. Our charge is now to build and implement the systems and training to support them.

In addition to our robust alignment efforts, we will focus on ways to increase interest in the fields of gerontology and allied professions. Making direct care jobs desirable, not just with wages and benefits, but also with opportunities to thrive, creates a gateway for growth in the profession. We do this by creating better training, evaluating wages and benefits, offering internships and apprenticeships, and addressing barriers to success. We are committed to partnering with Ohio's great teaching hospitals, the Ohio Association of Gerontology and Education, and the associations that support our direct caregiving workforces to ensure Ohio can create attractive, fulfilling long-term care career pathways, not simply short-term jobs.

Our State Plan on Aging for 2019-2022 includes short-term strategies to recruit and generate interest in the field; work collaboratively with academia and relevant professional organizations to enhance training curricula; identify and create field placement opportunities; and enhance advancement opportunities within the profession. Our long-term strategies are designed to combat ageist beliefs that too often drive a lack of interest in jobs and careers that support older adults.

Protecting the independence and vitality of older adults

The Office of the State Long-Term Care Ombudsman serves as an advocate and resource for older adults who reside in long-term care facilities and those who receive services and supports in the community. The Ombudsman, through its regional programs and volunteers, responds to matters involving a violation of rights, dignity, lack of care, inadequate care, or quality concerns. The Ombudsman provides a voice to individuals seeking assistance with dispute resolution, assists with the state's quality initiatives, and informs statewide policy development.

Long-term services and supports continue to evolve by balancing services between community and facility settings. Assuring safety and quality in facility and non-facility settings has expanded the role of the Ombudsman. Annually, the Ombudsman handles nearly 10,000 complaints, yet the capacity to serve continues to decline. The size and complexity of consumer needs has grown, program costs have increased, and programs are operating with reduced staff and fewer trained advocates to carry out the mission.

We propose total GRF funding in the amounts of \$1.8 million in SFY 2020 and \$3.1 million in SFY 2021 for the program. Year one is a net increase of \$1.4 million from SFY 2019 and year two is a net increase of \$1.3 million from SFY 2020. Building program capacity is the priority in using these funds.

The Ombudsman will rebuild its volunteer base; they are the eyes and ears of the program with a regular presence in facilities. They educate consumers about their rights and how the Ombudsman can empower them. Unfortunately, funding levels have not kept pace with the demand for services. Many regional Ombudsman programs have lost or reallocated critical resources. The volunteer corps has declined from more than 500 in 2008 to fewer than 200 today.

Today, three of our 12 regional programs have staff dedicated to volunteer coordination, and only one is full-time. This is alarming, considering the Institute of Medicine recommends one full-time volunteer coordinator for every 40 volunteers.

The funding makes it possible for each regional program to devote adequate resources and staff to volunteer recruitment, training, and retention. It will be used to hire regional Ombudsman staff dedicated to volunteer coordination, with priority being placed on those regions of the state with greatest need. Over the biennium, the Ombudsman anticipates hiring roughly 21 full-time equivalent staff in the field and one full-time staff to provide statewide leadership and ensure quality. This person will also lead the AmeriCorps Ombudsman Specialist Program partnership with ServeOhio.

Anything less than these investments will mean older Ohioans and their families will not have the protections they need and deserve. Awareness of the Ombudsman program will continue to decline. Time to identify needs and resolve complaints will continue to grow. We will see continued degradation in the state's ability to hold long-term care providers to higher standards for person-centered care. Consumers also could lose a powerful ally and support when the worst happens, such as when a facility closes and residents must find new homes.

Addressing the impact of Ohio's opioid crisis on older adults

Older adults are impacted by the state's opioid crisis in three ways. First, they are three times more likely to be prescribed opioids and are at increased risk of misusing or abusing them. Second, older adults become targets for addicts and criminals looking to steal and sell their money and assets and use their prescription medications. Third, many older Ohioans must face the tragic reality that their adult children are addicted, and their grandchildren are in need of a home due to the parents' treatment, incarceration, domestic violence, child abuse, or neglect.

Between 2002 and 2016, prescription opioid misuse increased 66 percent for those age 50-64 and more than doubled for those age 65 and older. Older adults are among the groups most affected by this problem because they often use prescription opioids to cope with painful chronic conditions, such as arthritis, or as a result of a surgical procedure. The health threat of opioids is exacerbated as we age because our bodies can no longer metabolize drugs quickly, putting older adults at a much higher risk of sedation, respiratory depression, confusion, falls, toxicity, and overdose.

In alignment with the recommendations of Recovery Ohio's Advisory Council, we are committed to joining our state partner agencies in coordinating the delivery of evidence-based prevention programs and providing a responsive system. Our goal is high-quality care that is considerate of the complex situation of each person and family. Our older adult population will benefit from strategies that improve access to prevention, treatment, and recovery services that are provided in a culturally aware manner. We believe that we can make short-term and longer-term progress on several fronts:

- Improving the ability for practitioners, caregivers, and first responders to meet the needs of older adults with opioid use disorders by strengthening our referral structures;
- Advocating for expansion of local resource networks to enable referrals to alternative pain management interventions;
- Understanding Ohio's capacity of existing alternative treatment professionals and advocate for growth, where needed;
- Increasing functional improvement and improved management of chronic pain;
- Reducing the number of medications improperly disposed; and
- Decreasing engagement or reengagement with Adult Protective Services.

Our budget includes funding to address the impact of substance abuse and misuse by older adults through our Senior Community Services and Older Americans Act Title III funding. Maintaining funding for these important programs is critical for us to continue supporting older Ohioans dealing with substance use disorder or grandparents who are providing kinship care to children.

We continue to partner with the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Health, and local community partners to increase awareness of older adult substance abuse and misuse. We collectively recognize the need for strategies targeting older Ohioans including improving access to prevention, treatment, and recovery services; better public health data and reporting; and advocating for Medicare and Medicaid-approved alternative practices for pain management.

We will continue to focus on strengthening our Aging and Disability Resource Network to reinforce the ability for Ohio physicians to refer to alternative pain treatments. We will also continue to collaborate with the Ohio Attorney General's Elder Abuse Commission to heighten our focus on prevention and response as identified in our State Plan on Aging, including increased focus on the need for legal assistance to this at-risk population. We also have collaborated to create and promote resources and supports to encourage safe medication use and disposal. These include the Start Talking! campaign, the Take Charge Ohio campaign, and a section of our website devoted to medication safety for older adults. We will also be working and advocating for more permanent, non-threatening, easy-to-access drug drop-off sites throughout Ohio, as well as advocating for drug disposal practice standards for practitioners including home health providers.

We are partnering with area agencies on aging and senior centers around the state to distribute 20,000 drug disposal bags to older adults. This effort and continued promotion of drug take-back days will help get potentially dangerous drugs off the streets and out of our medicine cabinets. We have increased support for area agencies to offer evidence-based chronic pain and chronic disease self-management programs to teach older adults to effectively manage their symptoms and reduce reliance on prescription medications. Our chronic pain self-management classes are quick to fill and those who enroll typically complete the six-week class series, so we are working to increase the number of trained instructors across the state.

Our area agencies on aging and their local subgrantees are reliant on our federal and state funds to provide supports and services to older Ohioans. We are grateful for Congress' continued reauthorization of the Older Americans Act and the funding it provides to support older Ohioans, and we are grateful to this legislature for your continued support of our Senior Community Services fund, which is used to support older Ohioans in your communities through initiatives such as these and traditional aging services.

Expanding nutritional and other services that promote healthy living

Good nutrition supports a healthy and active lifestyle, reduces frailty and disability, improves health outcomes, and reduces health care costs. Malnutrition is caused by a range of factors, including physical changes, limited income, lack of transportation, and more. Lifelines for hunger, such as food pantries, have seen a 20 percent increase in older adults at their doors.

Older Americans Act core services in Ohio are a primary means for nutrition services to older adults and their caregivers. Nutrition programs reduce hunger and food insecurity; promote socialization, health, and well-being; and prevent or delay adverse health conditions. Through our federal Older Americans Act, state GRF, and local funding, Ohio's aging network provides more than 5.8 million home-delivered meals and 1.8 million congregate meals annually.

We are requesting an additional \$1.2 million in each fiscal year to invest in a highly successful program currently serving only a portion of the state. The Senior Farmers' Market Nutrition Program provides federally funded coupons for locally grown fruits and vegetables at participating farmers' markets and roadside stands. This puts healthy food on the tables of older adults who are otherwise unable to afford it, but it also supports Ohio's farmers, many of whom are older adults. Like our other nutrition programs, the farmers' market program helps mitigate the effects of hunger. One of the most empowering points of the program is that older adults can select items they prefer and can prepare. In doing so, they share the pride of supporting local farmers.

Currently, we receive approximately \$1.47 million annually from the U.S. Department of Agriculture for the program. We use local funds, such as senior levy dollars and donations, to supplement the funding and expand it modestly. Even with this resourcefulness, we are only able to support the program in 45 Ohio counties today. The program is very popular where it is available; there is a 95 percent redemption rate and a waiting list of nearly 1,900 individuals. We receive requests regularly from constituents all over the state to initiate the program in their regions.

We will embark on a two-year project to expand the program to more counties and eventually statewide. We will designate funds to the 43 non-participating counties based on the following per-county formula: (1) identify in rank order the counties with the highest older adult poverty rates; (2) identify in rank order the counties with the highest food insecurity rates; (3) determine the number of older adults eligible for SNAP and apply the assumption that 25 percent of those adults would sign up; and (4) establish grant awards in which 25 percent of the eligible population would receive \$50 per eligible older adult.

In year one, we plan to:

- Provide start-up funds to regions whose counties are not currently operating the program;
- Supplement the federal funds to eliminate wait lists in areas currently served by the program;
- Enable area agencies on aging currently participating in the program to expand coverage to every county in their regions;
- Centralize administrative functions to streamline and initiate a quicker response to the funding opportunity;
- Pilot the Community Supported Agriculture model for communities without access to farmers' markets; and
- Pilot a mobile market model for communities without access to farmers' markets and to address individual mobility challenges so we can take healthy fresh food to them.

In year two of the biennium, we plan to:

- Continue to supplement the counties receiving USDA funds;
- Support year-round farmer's market access;
- Increase funding for new regions and counties to continue to scale their programs; and
- Evaluate and, if appropriate, continue to fund the pilot models introduced in year one.

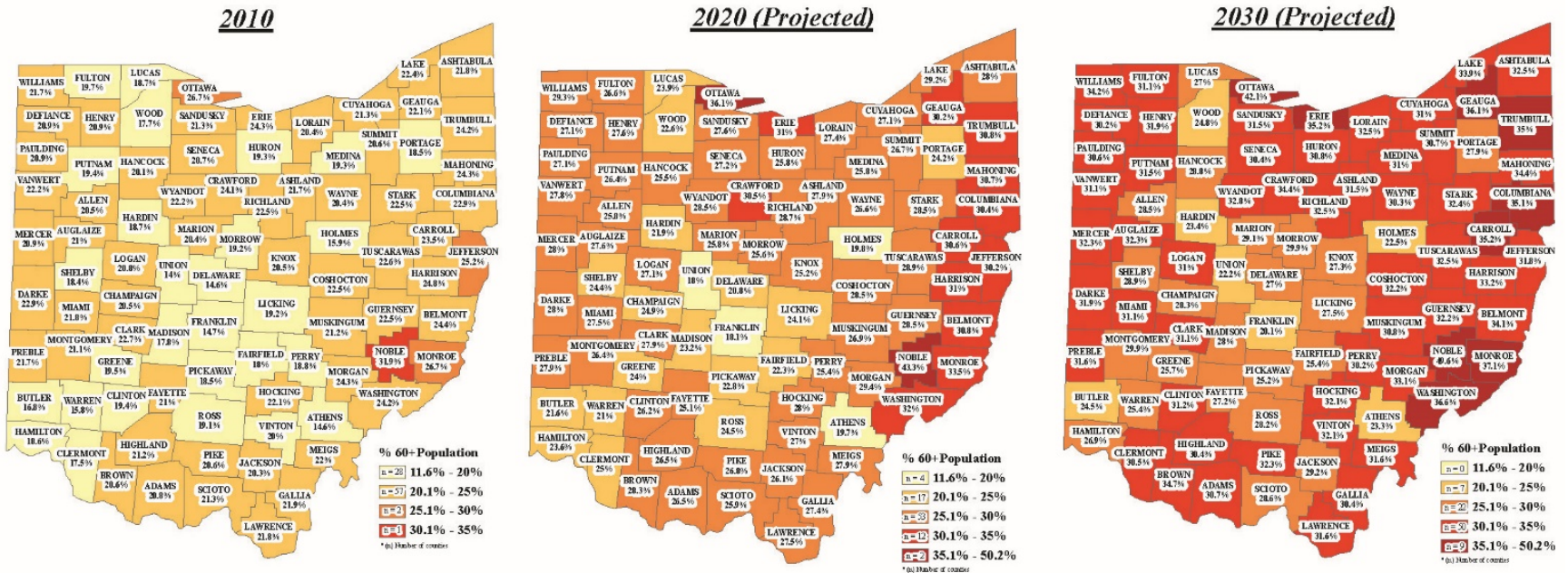
By expanding this program, we help stabilize increasing food insecurity among our growing population. In FFY 2019, we have already seen a nine percent decrease in federal funding for the Senior Farmer's Market Nutrition Program from previous years. This means approximately 3,000 fewer older Ohioans will be able to participate in the program. Area agencies on aging and local food advocates are already frustrated with current funding allocations.

Closing

Chair Hackett, Vice Chair Huffman, Ranking Member Thomas, and members of the Subcommittee, on behalf of all aging Ohioans, today and tomorrow, I humbly ask for your support of our budget request. In addition to the priority areas I addressed today, we will continue to work with our aging network to strengthen partnerships and build new relationships so that we are leveraging all available funds to ensure all Ohioans live the longest, healthiest, fullest lives possible.

In closing, I would like to announce that May is Older Americans Month. The Ohio Department of Aging, our area agencies on aging, and senior centers are planning activities throughout the month to celebrate the many ways older Ohioans connect, create, and contribute throughout their lives. We invite you to join us on May 30th in the Statehouse Atrium to celebrate the accomplishments of this year's inductees into the Ohio Senior Citizens Hall of Fame. Thank you for supporting our budget request.

Figure 1



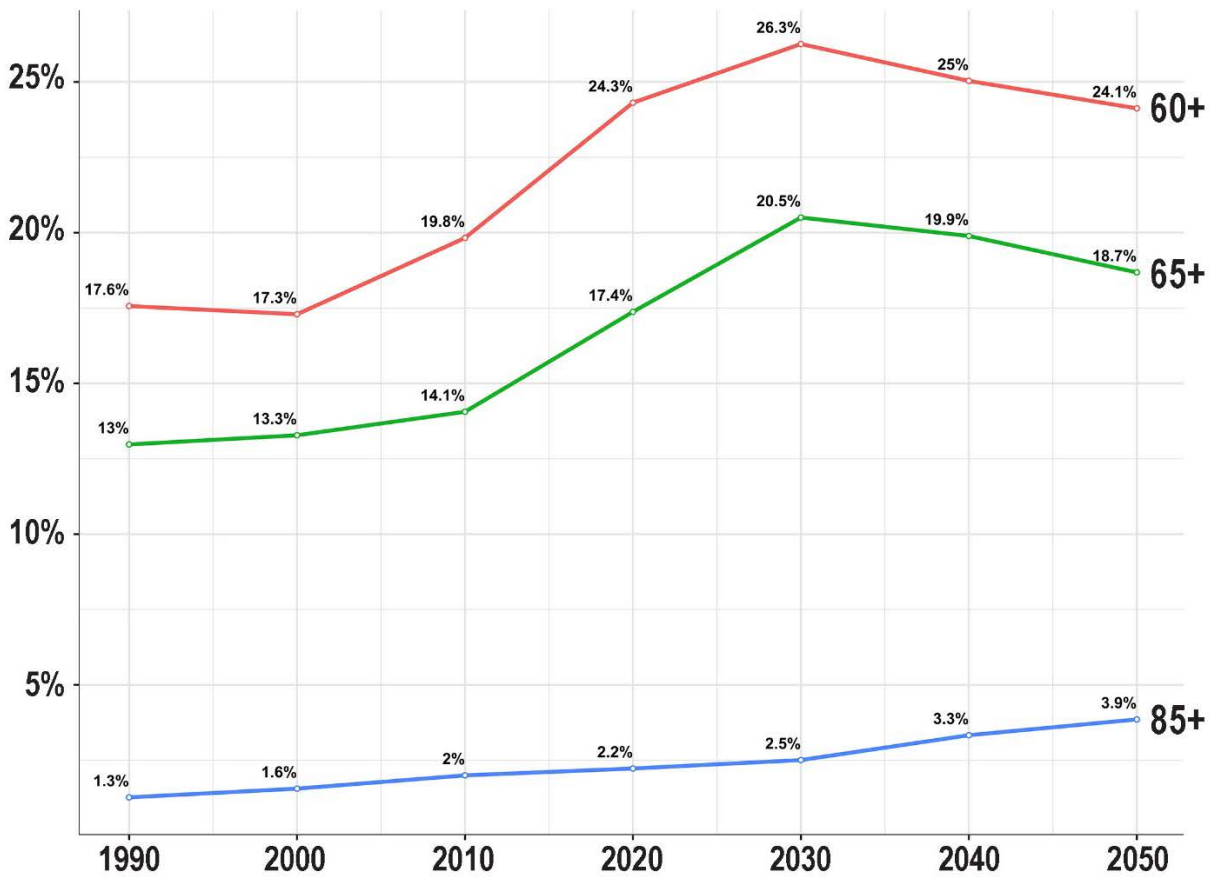
Source: Scripps Gerontology Center

Figure 2

Ohio's Population by Age Group

Year	1990	2000	2010	2020	2030	2040
Total Population	10,861,837	11,353,140	11,536,504	11,575,100	11,615,120	11,680,180
60+ Population	1,908,187	1,963,489	2,287,424	2,814,200	3,050,200	2,924,320
65+ Population	1,409,315	1,507,757	1,622,015	2,011,260	2,381,610	2,323,420
85+ Population	137,605	176,796	230,429	257,540	290,970	388,900

Year	1990	2000	2010	2020	2030	2040
% 60+	17.6%	17.3%	19.8%	24.3%	26.3%	25.0%
% 65+	13.0%	13.3%	14.1%	17.4%	20.5%	19.9%
% 85+	1.3%	1.6%	2.0%	2.2%	2.5%	3.3%



Source: Scripps Gerontology Center