Ohio | Department of Aging

Mike DeWine, Governor
Jon Husted, Lt. Governor

Ursel J. McElroy, Director

TESTIMONY

MODERNIZING OUR APPROACH TO AGING
FISCAL YEAR 2024 AND 2025 EXECUTIVE BUDGET REQUEST
OHIO DEPARTMENT OF AGING

BY

URSEL J. McELROY
DIRECTOR

BEFORE THE

OHIO SENATE
HEALTH COMMITTEE

MAY 3, 2023

Introduction

Chair Huffman, Vice Chair Johnson, Ranking Member Antonio, and Members of the Senate Health Committee:

I am Ursel McElroy, Director of the Ohio Department of Aging. It is my privilege to serve on Governor DeWine's Cabinet, driving the issues that impact the lives of the 2.8 million older adults who call Ohio home, as well as their families, caregivers, and communities. As Ohio's federally designated State Unit on Aging, our department is responsible for developing and administering a multi-year State Plan on Aging: the strategic blueprint for planning, coordinating, and implementing activities the State will undertake to address the needs of older adults and build the capacity of the long-term care system.

Our department is an integral part of the state's aging network, from the development of fiscal policy to its execution through service delivery. We oversee 12 regional Area Agencies on Aging, which offer services that help older adults remain in their homes, if that is their preference, in coordination with local direct service providers.

We administer the Older Americans Act – a major vehicle for the organization and delivery of nutrition, social, and support services for older Americans and Medicaid waiver programs for eligible individuals who meet the nursing facility-based level of care and can receive services safely in their home and community.

The State Long-Term Care Ombudsman, the principal advocate for nursing home residents, and the Board of Executives of Long-Term Services and Supports (BELTSS), which licenses nursing home administrators and health services executives, are supported by the department.

Our support touches the state's nursing homes, assisted living communities, adult day centers, senior centers, and home- and community-based service providers. As a department, we respect our partners and rely on all our relationships in the aging network to achieve our shared goals of assisting older adults to live as independently as possible; promoting healthy aging and active community involvement; and supporting family members in their vital caregiving roles.

Our responsibility is large. Yet our department's footprint is modest. We have a small central office, but our reach has the potential to impact every Ohioan – those aging now and those to come later. We balance our modest staff size by bringing in the very best people. Our team consists of highly skilled experts who genuinely care about those we serve. We operate with precision and with purpose, while remaining agile enough to adapt to changing circumstances whenever necessary.

Our department is regarded as a national leader in the aging space. We have been held as a model of excellence by both our peers and federal authorities – from membership on national boards, to being called upon to present at national conferences, to providing peer-led technical assistance to support other state units on aging in the delivery of aging services.

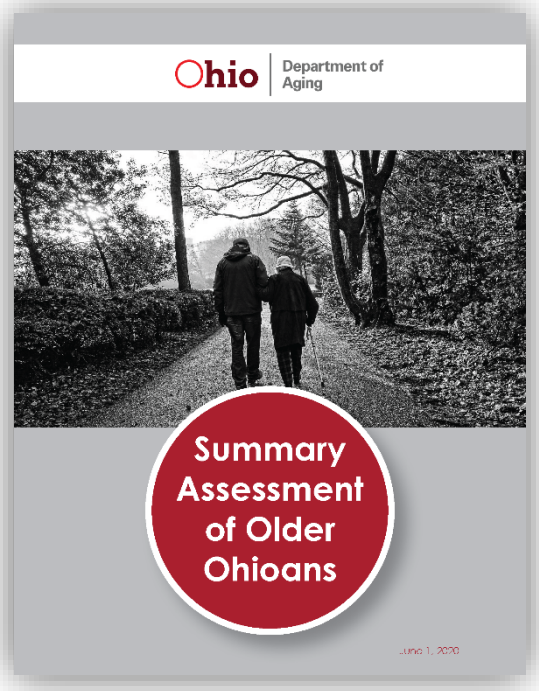
Our structure also allows us to create meaningful connections with those we work alongside. In the initial development of our budget request, we engaged in extensive dialogue with many stakeholders so we could gain a complete picture of what people across the aging network are facing every day. In the months since, these conversations have continued, and these connections have grown.

This is a department that I am proud to lead, a network I am honored to guide, and a cause I am able to champion. I am enthusiastic to stand before you today to discuss and support the critical Aging initiatives included in the DeWine-Husted Administration Budget Proposal.

I thank you – committee members – for the opportunity to address you today regarding the operating budget for State Fiscal Years 2024 and 2025.

Current Landscape of Aging

Nationwide, Ohio has the sixth-largest population age 65 and older. According to Scripps Gerontology Center at Miami University, Ohio's overall population growth is projected to be flat between 2015 and 2030. During that period, the 65 and older population is expected to increase by almost 30%, with a 24% increase in those 80 and older. While overall life expectancy has increased, notable disparities exist. According to the Summary Assessment of Older Ohioans – a report that provides a comprehensive picture of the health and wellbeing of older Ohioans – there is a gap of more than 29 years in life expectancy depending on the zip code where a person lives. (Appendix A)



Moreover, an increased number of adults are living with chronic conditions that may not affect their length of life but will dramatically impact their quality of life (National Institute on Aging).

The changing age composition of our state's population requires an aging network that can diversify and expand at a speed matching this rapid population growth. Yet the workforce infrastructure, supported by direct care workers, family caregivers, and volunteers, is at risk of burnout at a time when the demand is growing. The complexity of care needs and associated costs are rising, and the consumer demand for services delivered in a variety of settings is increasing.

Building the capacity of our aging network is an essential investment that affects our economy, the sustainability of families, and the ability to provide the needed supports to older Ohioans. The bold transformation needed is urgent and our department's budget request, coupled with the political will of our state's leaders, are the necessary first steps. We look forward to publishing a biennial economic report on aging that will be made available to you, city planners, the business community, and local government.

In previous testimony to the House Finance Committee and the House Finance Subcommittee on Health and Human Services, I explained how our budget offers a sound pathway to support older Ohioans, strengthens the aging network, and helps ensure solvency of essential funds throughout the next biennium and beyond. Today, I will continue to build upon these themes by providing you with a deep dive into the programs in our request and their funding.

Strong Budget

Our budget request includes all-funds of $171 million in fiscal year 2024 and $108.4 million in fiscal year 2025, which includes General Revenue Fund requests of $28.2 million and $27.4 million in those same years. Our budget request is sound. It is reflective of our moral imperative to see that all Ohioans have the tools and the understanding they need to live up to their God-given potential. In my role, I am privileged to work with and for older Ohioans every day. And, in this job, you come to understand quickly that the potential we each possess doesn't have an expiration date. With the right support, older Ohioans can and do contribute their talents and wisdom to their communities and our economy in meaningful ways long past retirement age.

Our budget request underscores our responsibility to our consumers and partners, as well as the taxpayers of Ohio. We assessed our services and structure as they exist and sought to address gaps and create efficiencies. To assure that we were targeting the right options for aging Ohioans, we used a results-based budgeting approach, based on evidence, research, and data, to evaluate the level of effective services that are currently being provided. We then set targets for levels of services that could be provided with the additional requested funding.

The funding streams for our programs are varied. We have General Revenue funds from the State, Medicaid federal matching funds and grant funding from the federal government, ARPA funding from the federal government, and revenue from fees and grants for various programs and activities, such as our Ombudsman program and BELTSS. In designing our budget, we were cognizant of the requirements of each funding stream and sought to maximize our revenue through, as an example, matching dollars from Medicaid and ARPA funding for programs where feasible. In addition, we needed to assure that the base budget for our department remained funded at a level to sustain our current operations, so that we can continue to provide programs and technical assistance to our clients and partners.

Specifically, the budget provides one-time revenue from federal ARPA dollars to disburse Healthy Aging Grants to local communities and update technology for those systems that support Medicaid and other programs. It provides additional General Revenue funding for two of our main State funded programs – Senior Community Services, and Alzheimer's Disease and Other Dementia Respite. Further, it provides appropriation for us to send the final Older Americans Act ARPA funding to our partners to provide additional services for our seniors as we come out of the pandemic. And it provides additional funding for home- and community-based Medicaid programs through provider rate increases, which will allow aging Ohioans to receive nursing facility-based level of care in their own homes.

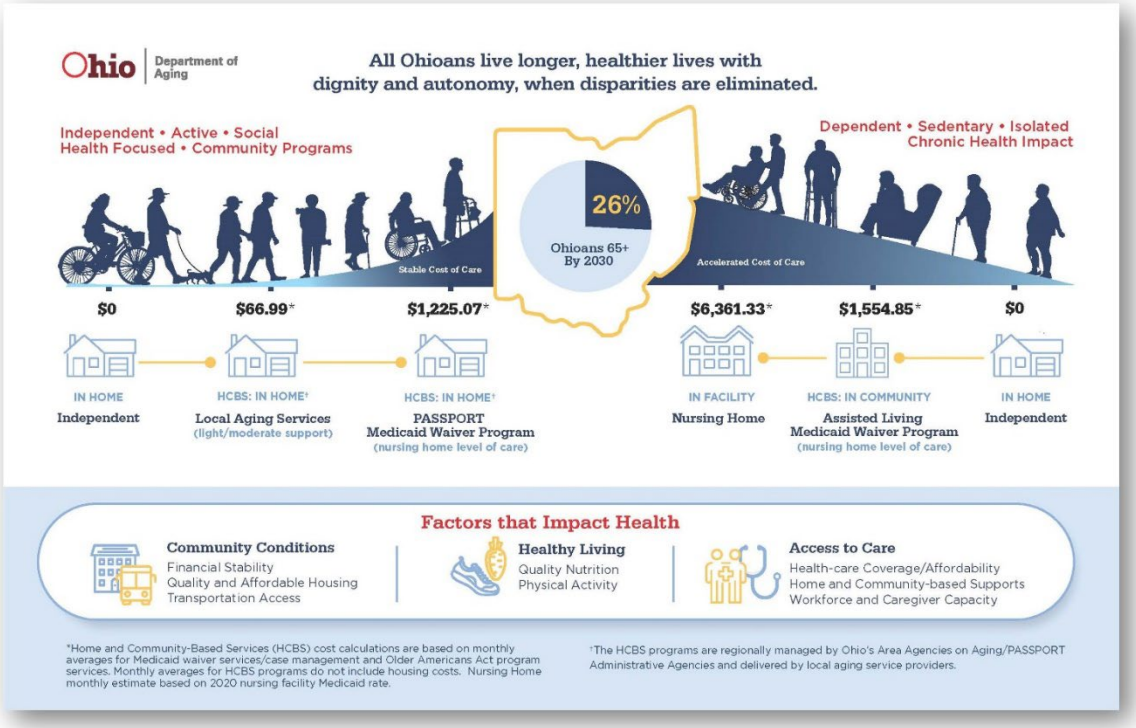
Healthy Aging Grants

Increasingly, a number of states are using alternative funding sources to better support healthier aging, focusing on evidence-based, preventive, life-style interventions, and services in the home and community.

Since announcing our budget request, the excitement and support of the $40 million Healthy Aging Grants has been considerable. Today, I stand here with strong letters of support for these transformational grants from the County Commissioners Association of Ohio and a joint letter from a large and diverse coalition of aging and community-based organizations, business leaders, healthcare providers, not-for-profit organizations and many more – all of whom are eager to be a part of this pioneering effort to keep at-risk aging Ohioans in their homes and communities while preventing or delaying the move to institutional care and reliance on Medicaid funding. Keeping dollars in the state by supporting local economies is good for the people served, local communities, and our state's economy.

Our philosophy is simple – empower local communities to serve their residents. Our choices on the design and resources to support these grants will impact overall success. By design, these grants are flexible, simple, and accessible to a broad network of providers. Local leaders know their communities best and will have an opportunity to strategically plan and deliver services tailored to the specific needs of their aging residents. They are best positioned to forge and cultivate relationships with providers that have a regular presence in their communities and can meet the many and diverse needs of their residents.

County commissioners will distribute the funds and our department will provide the necessary technical assistance. These grants will increase access to services and supports demonstrated to help aging adults stay healthy, live longer, and increase their independence in the community. This includes nutrition services, transportation, minor home modifications, chronic disease management, health promotion, personal care, respite, and more.



Compared to acute care, the state has limited investment in this area, even though, over the last decade in the U.S., the burden of chronic disease, healthcare costs, and fragmented care delivery have increased. Healthy Aging Grants are needed for these reasons, and a number of others:

- **Federal support has not kept up.** The Older Americans Act (OAA), the major federal vehicle for social support and care initiatives, has not increased with inflation or in conjunction with the growth of the older population (Congressional Research Services, 2018). Federal support generally is available only for low-income families, and often has long waiting lists.
- **Families are often called upon to provide needed care and support when services are not accessible or financially available.** According to AARP, in 2017, 41 million family caregivers provided 34 billion hours of care or $470 billion of unpaid contribution nationwide.
- **State and locally funded initiatives have become more important than ever to fill a gap in long-term services and supports for older adults.** Local initiatives fund aging services at varying levels in our state, typically funded at the county level through property taxes that raise funds for levies or through private foundations.

A measure of effectiveness is whether the Healthy Aging Grants provide access to the appropriate services and supports in a timely manner, and whether those services promote health improvements. We believe these grants will make it possible to engage during critical periods and capitalize on the optimal timing for intervention (National Institute on Aging: Directions for Research 2020-2025). This can reduce unnecessary use of the most expensive medical care (Lipson 2017).

Chairman Huffman, with your permission, I would like to introduce Dr. John Weigand, medical director for the Ohio Department of Aging and for the Ohio Department of Health. As Director, one of the best decisions I made was to add an experienced geriatrician to our department's team for the first time.

Dr. Weigand Testimony on Healthy Aging Grants

(See Addendum)

Thank you, Dr. Weigand, for sharing that with us.

Because federal policy addresses the growing number of older people requiring long-term services, primarily through Medicaid, older people currently must become impoverished to receive the type of assistance that can slow the health decline described by Dr. Weigand. More than nine in ten older Ohioans are not eligible for Medicaid, nor are they interested in relying on the program. However, when health and long-term needs become so great that personal and family resources are depleted, Medicaid becomes the dominant fallback for many.

We will provide each county a base allotment to ensure all counties receive sufficient dollars to expedite the start of the program. The additional payments would be prorated on the percentage of residents living in each county who are 60 years of age or older, who are below the federal poverty line, and who are not on Medicaid. A sample table of county-by-county allocations is available in Appendix B. Agreements with county commissioners will be executed to meet our obligation as a State to report to the U.S. Treasury.

Home- and Community Based Service Rates

Home- and Community- Based Services (HCBS) waivers became available in 1981 to provide states with an option to provide long-term services and supports outside of institutional settings.

Through Medicaid waiver programs, such as PASSPORT and the Assisted Living Waiver, direct care workers deliver hands-on assistance with activities of daily living such as bathing, toileting, dressing, and mobility to older Ohioans who meet a nursing facility-based level of care in their homes and communities. They can also assist individuals with everyday activities, like using the telephone, managing medications, doing laundry, cleaning, preparing meals, and managing finances. Without the services these waivers provide, many individuals would need to receive care in a nursing facility.

Per the Scripps Gerontology Center at Miami University, as of 1993, more than 90% of older Ohioans on Medicaid received their long-term care in a nursing facility. Today, more than half of these same individuals now receive their care services in the community. Our state's HCBS waivers serve tens of thousands of consumers daily – the second-largest amount in the nation.

Today, the progress and viability of HCBS waivers are threatened by the direct care workforce shortage. The Medicaid and CHIP Payment and Access Commission (MACPAC) cited high rates of turnover driven by low wages, lack of advancement opportunities, and worker dissatisfaction as contributors. Indicators such as waitlists, inability to accept new clients, and discontinuation of programs underscore the problem in Ohio.

Recognizing that hiring, training, and maintaining frontline staff are critical to sustaining a viable HCBS workforce, the administration undertook an analysis of the existing rates and assessed its buying power. Specifically, we examined the impact on the ability of providers to offer a fair wage and sufficient levels of services to older Ohioans.

Rates for most of our providers are not regularly adjusted for inflationary and environmental factors. From 2020-2022, the DeWine-Husted Administration and the Ohio General Assembly provided swift and targeted one-time relief payments to providers using several federal sources. While that relief was welcome, it did not create a permanent fix to wage pressures and the difficulty attracting individuals for essential positions.

The administration seeks to have comparability across similar services. If this is not achieved, Ohio will continue to face the cyclical challenge of providers hopping back and forth between waivers based on differences in rates, regulations, and overall experiences. Targeted rate increases, coupled with policy changes, are critical steps in attaining waiver alignment and cultivating a robust workforce.

We approached the calculation of the critically needed rate increases for HCBS in multiple ways. First, the need to provide a wage increase to frontline workers is critical to the ability to attract and maintain a viable workforce. Second, we recognized that the impact of inflation was causing the buying power of the rates to decline across the board. Third, we determined that specific policy changes were needed where it was clear that the current structure was no longer addressing the needs of the consumer or the provider.

<u>Supporting wage increases for frontline workers</u>

Given the structural changes of the workforce and the difficulty recruiting and retaining qualified workers, it is necessary to increase rates to a level at which providers can reasonably compete. In development of the Executive budget proposal, the departments of Aging, Developmental Disabilities, and Medicaid collaboratively proposed a rate that would support providers paying an hourly wage of $16 per hour – which we know is an ongoing conversation.

Given relevant expenditure data, it was determined that 64% of the paid rate was supporting the wages of frontline workers. Using this factor to achieve an hourly wage of $16, all three agencies proposed an increase in personal care and other related services rates to $25 per hour. As an example, this methodology was used in four PASSPORT services - Personal Care, Consumer Directed Personal Care, Homemaker, and 2nd-Hour Services – making up the largest share (63.6%) of our requested rate increases.

Adjusting for inflation to increase the buying power for services

For the balance of our HCBS rates, we calculated the inflationary growth based on Bureau of Labor Statistics data from the last rate increase for each individual service up to 2022. Then, we requested that the rate be increased by the inflationary growth since that last rate increase. This should allow the providers to at least keep pace with the increased cost pressures that have accrued over time. This methodology was also used for the remainder of the PASSPORT services, including meals, adult day, transportation, nutrition, and counseling.

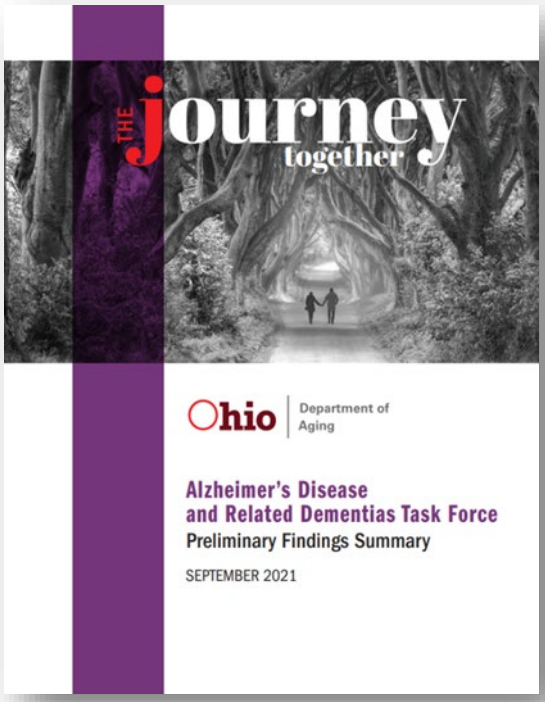
Modernizing policy for more effective service delivery

In analyzing rates and services, it became clear that the current three-tier rate structure for Assisted Living services is no longer useful. Currently, 98% of all units of service for Assisted Living facilities are in the third tier of the rate structure, so this rate structure no longer reflects the reality of service provision. In addition, there is no recognition in the rate structure that those residents with a defined dementia diagnosis require additional services over and above the standard Assisted Living services. Given those two realities, the current policy was reviewed, and a new structure was proposed. This structure will eliminate the tiers currently implemented. The structure will provide one, base day rate for Assisted Living services and then provide an add-on daily rate for those patients with a defined dementia diagnosis. The overall increase in expenditures for services under the Assisted Living Waiver will be 48%. We are still working on determining where the base rate and the add-on rate will be set, through this iterative budget process.

One final note on rates – the proposed calculations and the presentation of this work in the white paper that you have received shows aggregated percentage increases. Therefore, all rates included in each of the broader categories will not increase by this aggregated rate. They will increase at the disaggregated individual calculations, which may be above or below the aggregated rate in the white paper. Please see the sample chart below, which reflects figures from the white paper on total rate increases by type of service for the upcoming biennium:

Type of Service	FY24/FY25 Increase (in Millions)	% Rate Increase
Private Duty / Waiver Nursing / Home Health Nursing	$82.0	19.9%
Personal Care / Aide	$861.1	20.8%
Adult Day Services	$62.4	9.9%
Home-Delivered Meals	$24.6	22.2%
Assisted Living	$85.7	48.0%
Other Waiver Services	$4.2	7.6%
ICFs for Individuals with Intellectual Disabilities	$97.2	8.2%
Total	**$1,217.2**	**19.0%**

Alzheimer's Disease and Other Dementia Respite



The Alzheimer's Disease and Other Dementia Respite line supports individuals living with dementia and their caregivers. According to the Alzheimer's Association, there are now over 220,000 individuals living with Alzheimer's disease and other dementias in Ohio – a number that is expected to double as the number of older Ohioans rises.

Respite services help and strengthen caregivers in local communities by providing a short-term break from caregiving duties. Increasing this line by the proposed amount – just over $1.8 million – would enable us to provide education, networking, and supportive services, such as personal care, chore services, adult day, and care coordination, while the person living with Alzheimer's disease receives care in a safe environment – all at no required cost to any participant.

According to the AARP Public Institute, in 2017, there were over 1.5 million family caregivers in Ohio, providing close to 1.3 billion hours of unpaid family care annually – an estimated value of $16.8 million. Nearly a quarter of all the caregivers in Ohio are providing care to a loved one with Alzheimer's disease or another dementia.

Nearly two-thirds of dementia caregivers in Ohio have been providing care for at least two years. And over one-third provide 20 or more hours of care each week. Over a quarter of Ohio's Alzheimer's and dementia caregivers report frequent poor mental health and nearly 40% report a history of depression. These people are exhausted – mentally, physically, emotionally – and many also have full-time jobs.

As Chair of Ohio's Alzheimer's Disease and Related Dementias Task Force, I am proud of our accomplishments that include forging partnerships to elevate and fund research on early detection and lifestyle interventions to mitigate the risk of neurological disorder development. In March, I was pleased to officially announce that, working alongside The Ohio State University College of Nursing, the Ohio Department of Medicaid, and several other contributing organizations, our department is establishing a new Alzheimer's Disease and Other Dementias Statewide Resource Program; which is set to provide an array of resources to paid and unpaid caregivers and industry professionals. Notably through the program, we will be opening Ohio's first-ever Caregiver Center for Dementia Care at Ohio State to provide up-to-date assistance and information to families and caregivers, as well as supporting services, research, education, and policy development – all revolving around Alzheimer's and other dementias.

Senior Community Services

Our Senior Community Services line serves a dual purpose. It provides flexible funding that allows us to offer services such as home-delivered meals and transportation, while also serving as the match for federal Older Americans Act dollars that come into our state.

The full funding level of just over $13 million each fiscal year, as established within the Executive version of the budget, represents the minimum needed to continue to draw down the full $51 million available to us in the form of ARPA funds.

Ensuring that Ohio receives its fair share of federal support would benefit both rural and urban communities alike through the delivery of services on the local level. These same services make it possible for Ohioans who need the most help to remain independent, reduce waiting lists for services, and more.

Aging Technology and Infrastructure Modernization

As the approach to health services continues to evolve towards a more integrated model, the need for comprehensive, inter-operable platforms has become increasingly apparent. By adopting modern, easy-to-use technology, we can offer an enhanced user experience to our service providers and the older Ohioans they serve.

Our department intends to embark on a modernization of our IT infrastructure, which is overdue and impacts the delivery of long-term services and support to aging Ohioans.

The one-time funding of $6 million in the Executive budget request will enable us to replace our legacy systems with state-of-the-art tools that streamline level-of-care assessments, care planning, mobile case management, business process automation, electronic grants management, and customer relationship management. Our current systems are incompatible, incomplete, outdated, and unable to support the current standard of care available in present day systems.

These inefficiencies make the jobs of department staff and the thousands of providers in the local communities that rely upon our systems more cumbersome than needed and with less features to enhance the consumer experience. I'll share examples of the real-world impact.

Making provider enrollment more efficient

Provider enrollment is the entry point to our profession for so many prospective direct care workers. In today's competitive labor market, expediency is important to job seekers, and most do not want to wait months navigating a complicated hiring process. Currently, staff within our department and at the local PASSPORT Administrative Agencies that depend on our systems must access five different systems to process and approve provider applications. The processing times are lengthy, and applicants have no ability to track the progress of their application in the system.

Integrating provider oversight

Integrating provider oversight systems bolsters monitoring and support capabilities – functions essential to maintaining good quality care for our most vulnerable waiver and other program participants. The existing legacy systems lack full integration capabilities, meaning complete provider information, such as discipline or performance, is not fully viewable within one system. At this time, manual entries are required with limited capacity for automatic updates.

Enhancing care coordination in the field

The primary case management system is not on a mobile platform. Case managers must either download files before they meet with consumers in the community or print and carry along information. Case managers are unable to update case records in real time because the system is not web-based. Instead, they must transfer pertinent information into the case record at a later time. The system also does not accommodate a full case record. Documents cannot be uploaded, and to compensate for this, each consumer has two files: one electronic and one paper.

Creating transparency for consumers

Consumers do not have access to any type of "member portal" where they could log in to message their case manager, report a provider missed a visit, or see their care plan. Consumers are not easily able to access and review their own personal records, which can keep them and their families from being as active in driving their own care as they may wish to be. This can also lead to a lack of reporting issues such as changes in health conditions.

PACE

The Program of All-Inclusive Care for the Elderly, or PACE, is an innovative care model that helps people who meet a nursing facility-based level of care receive the services and support they need while in their own home and community. PACE provides the full spectrum of care covered by Medicare and Medicaid, including preventive, acute, and long-term care. Some of the services include adult day primary care, transportation to the PACE site, physical and occupational therapy, laboratory and x-ray services, prescription drugs, home care, hospital care, and more.

Care is coordinated by a team of clinicians, social workers, therapists, and direct care workers who continue to care for participants as their needs change or become more intensive. Research has shown that PACE participants receive high-quality care, resulting in improved health outcomes. Evidence demonstrates PACE initiatives are a cost-effective model of care delivery with high customer satisfaction.

Currently, access to this valuable service is only available in Cuyahoga County. This budget cycle, we sought to launch a long-overdue expansion of the program. We were extremely pleased and thankful to have the support of the previous General Assembly, which committed $50 million – via the passage of House Bill 45 – that is enabling us to embark on an exciting expansion of PACE into several new counties across Ohio.

Our department is prepared to meet our May 6th deadline to publish a request for proposal for PACE expansion sites.

Nursing Home Quality and Accountability Task Force

Before concluding, I would like to provide the Committee with an update on the Governor's Nursing Home Quality and Accountability Task Force. There are insights from our work that are relevant to this budget conversation.

During his State of the State Address, Governor DeWine announced that he would appoint a task force to study the issues surrounding quality of life and quality of care in our nursing homes. As Chair of the task force, I am honored to carry forth his mission of making excellence the expectation for all of Ohio's nursing homes. Our membership includes 19 leading experts with diverse backgrounds – from professionals in the fields of aging and health, to disability rights advocates, and leadership from a major national organization representing frontline workers.

In just over two months, we have come a long way and are on track to complete our work by our deadline of May 26th, as directed by the Governor. We have hosted 11 in-person listening sessions in every corner of Ohio and have one more scheduled next week for nursing home administrators. To date, we have heard from nursing home residents, their loved ones and caregivers, as well as industry leaders, employees, and other interested community members. We have also held three virtual listening sessions – including one designed for Ohioans with disabilities – and have launched an online survey to make sure that all Ohioans have an opportunity to share their experiences.

Through all these events, people from across the state have courageously stepped forward to share their most private and – in some cases – most painful experiences, in hopes that their stories will inspire significant change.

When you or a loved one steps into the nursing home journey, you have to make many intimate decisions that will ultimately impact the quality of life you experience every day – things like where you receive care, who you receive care from, how your care is financed, who is providing your ongoing support. All these things are intertwined.

What has become clear through this process is that both the challenges and the opportunities in front of us are complex and will require nuanced strategies to make meaningful improvements. If this was simply about money, we would have solved these problems long ago. If we intend to make a real difference, we will need to take an all-encompassing approach in considering reforms.

While we have gained many valuable and unique insights from our fellow Ohioans throughout this process, some of the common threads that have emerged center around the desire for the basic human dignities we all hope for every day: to be treated well, to be valued, to be appreciated. I look forward to being able to report back to you soon to share the full picture of the challenges we are facing and to put forth concrete and actionable solutions to take advantage of this opportunity we have to make a difference.

Conclusion

As senators, you have been given a tall task to solve a long-term problem with a two-year vehicle. As Director of our State Unit on Aging, it is incumbent upon me to present the most pressing challenges and offer well-developed solutions. Our budget request provides a sound pathway to solutions that support older Ohioans, strengthens the aging network, and helps ensure solvency of essential funds throughout the next biennium and in the years to come.

Chair Huffman, Vice Chair Johnson, Ranking Member Antonio, and Members of the Senate Health Committee, thank you, once again, for the opportunity to testify before you today. I hope we will have your support for our 2024-2025 Executive budget request. Working together, we can make Ohio the best place to age in the nation. I welcome the opportunity to address any questions you may have.

ADDENDUM

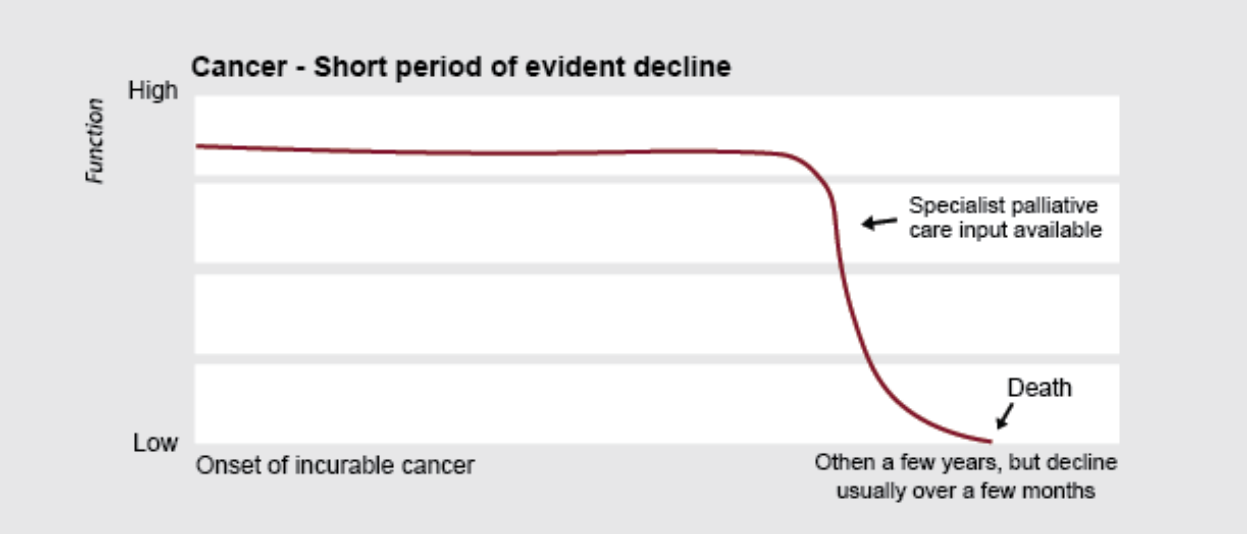
Additional Testimony on Healthy Aging Grants – Dr. John Weigand, Medical Director, Ohio Department of Aging & Ohio Department of Health

Chair Huffman, Vice Chair Johnson, Ranking Member Antonio, and Members of the Senate Health Committee:

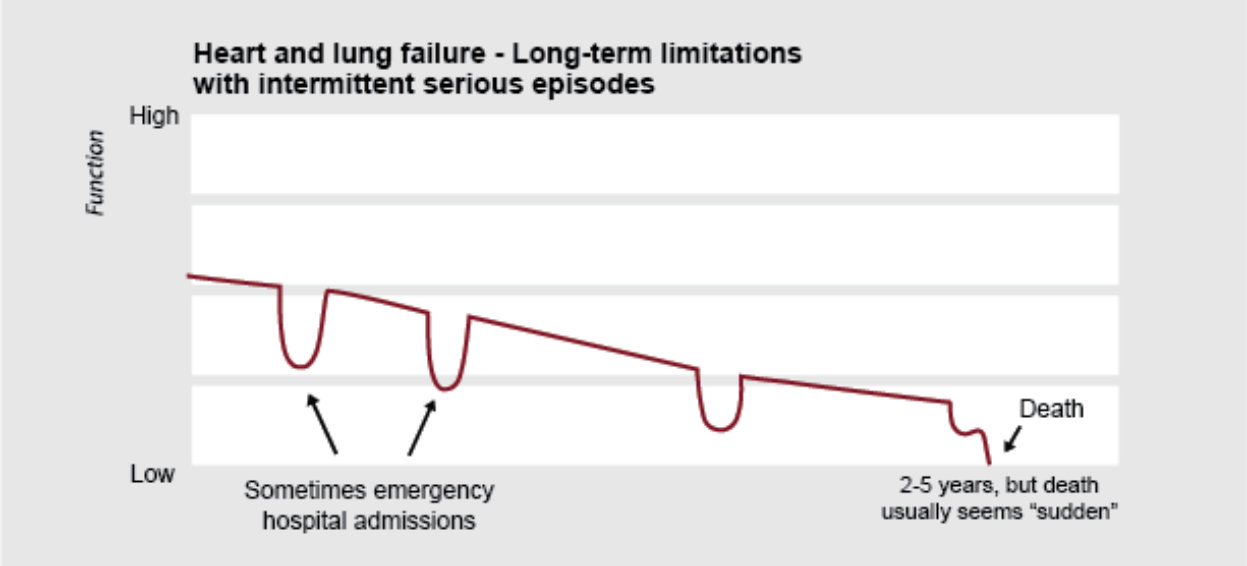
My name is John Weigand, and over the past 30 years, I've had the pleasure of working as a physician. I've dedicated the majority of my professional career – the past 20 years – to serving seniors as a geriatrician. I've worked in outpatient settings, as well as nursing homes and assisted living facilities, and I believe my experience can provide a unique glimpse into the personal side of this conversation – and why our department's request to fund these Healthy Aging Grants is so important.

Simply put, these Healthy Aging Grants will give us the opportunity to, quite literally, change the trajectory of the quality of life experienced by countless older Ohioans as they age.

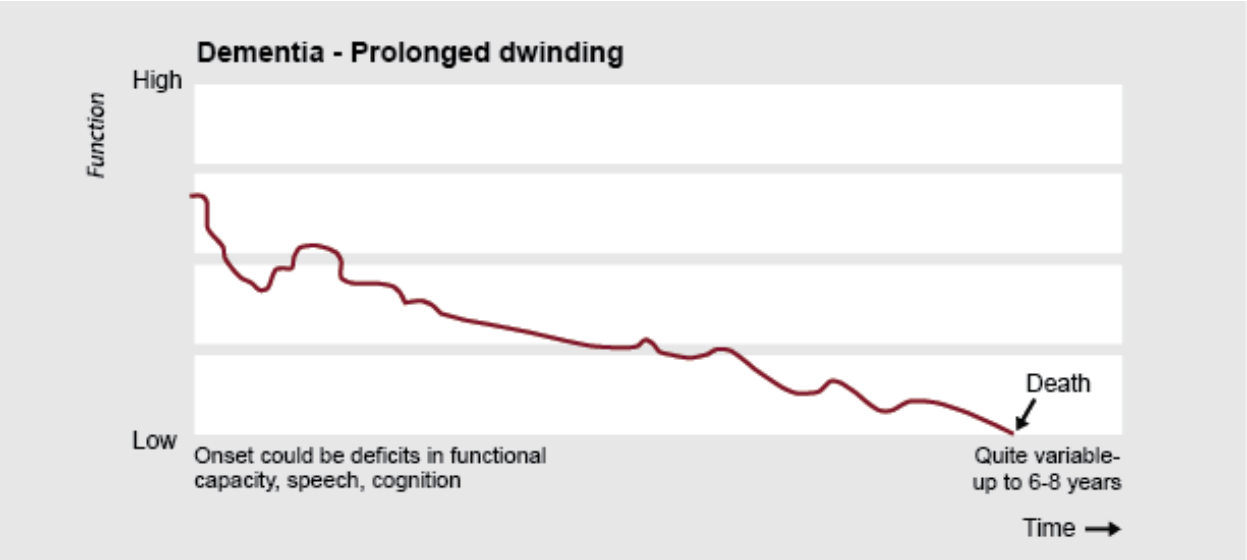
End-of-life trajectories were the subject of a study that was published in a prestigious peer-reviewed medical journal years ago. The study focused on three primary end-of-life trajectories for people with certain illnesses (1 Illness trajectories and palliative care. BMJ, 2005 Apr 30; 330(7498): 1007-1011). But, in my experience, I've seen the same patterns time and time again when it comes to how people are able, or not able, to maintain their health as they age. These trajectories are visualized in the following charts, which display an individual's level of function over time.



The first chart displays what is often seen in younger patients who have cancer, but I've found the same pattern holds true for older adults who have practiced healthy lifestyles, who have not suffered from chronic illnesses, and who have maintained independence as long as possible. In this curve, the level of functioning remains extremely high for essentially the individual's entire life, until they experience a precipitous drop at the very end. As we all know, death is an inevitability of life. But, in this scenario, death is often fast and painless, and following a life well-led.



The remaining two scenarios are not as desirable. The second trajectory is what happens when an individual battles chronic illness, like heart or lung disease. This curve represents a progressive decline in function, exacerbated by multiple acute events – like congestive heart failure, or an acute exacerbation of chronic obstructive pulmonary disease (COPD). In this scenario, even upon release from the hospital, the patient never fully returns to their previous level of functioning. In this case, individuals often endure a long decline with a steep decrease in function, high costs of care, and high suffering that can occur for a long period of time. Even still – this trajectory can lead to sudden unexpected death.



The third trajectory is commonly seen in individuals who have either cognitive impairment or frailty. In these cases, individuals suffer from a persistent decline over the course of years or decades. This is accompanied by low function, a low quality of life, and, again, a high cost of care related to either the need for nursing home care or a high toll exacted on family caregivers.

One thing you'll notice about all three of these scenarios is that the individual's quality of life starts off at roughly the same point. But, even just halfway along the chart, there is a noticeable difference.

From a clinical standpoint, the preferred trajectory is the first one, where an individual can remain independent for as long as possible.

So how do we get more people on that trajectory? When I meet with older patients, I often talk to them about the importance of maintaining the six domains of wellness; which include physical wellness, as well as emotional, social, intellectual, spiritual, and financial wellness. This is an important conversation to have because, when I see a patient who is experiencing difficulties in one or more of these domains, often times their overall functioning and quality of life begins to suffer.

That's where Healthy Aging Grants come in. They achieve the balance needed to support that preferred trajectory; the idea being that we need to promote factors in our patients' lives that provide the best opportunity to maintain all of these dimensions of wellness.

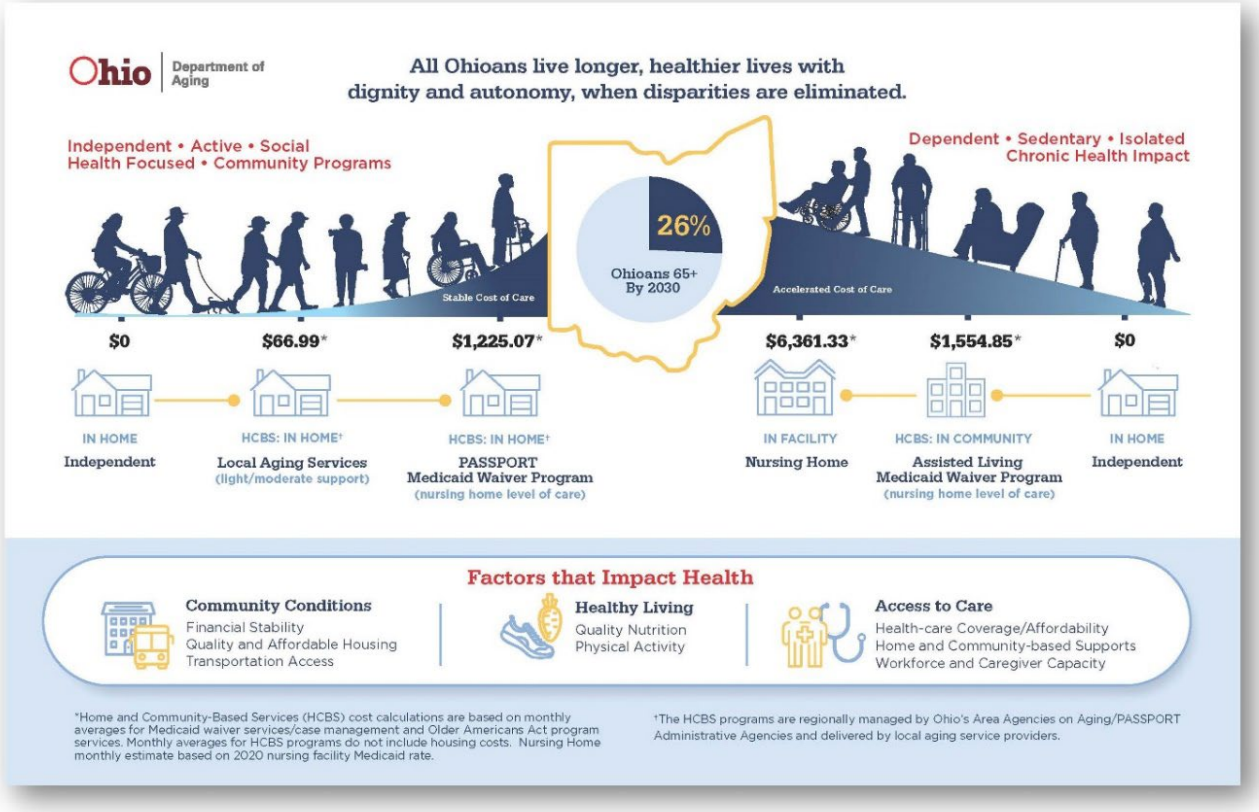
By providing in-home services such as nutrition services, transportation, minor home modifications, chronic disease management, health promotion, personal care, respite, and more, Healthy Aging Grants are a wonderful proactive measure to make sure older adults can stay healthy, live longer, and remain in their homes and communities for as long as possible.

This will be especially helpful to the seniors whose financial dimension of wellness is already vulnerable. All too often, we hear about people who are close to the point where they would need Medicaid, but are resistant to seeking preventative medical care out of a concern for the associated cost, which often results in a faster, ultimately more expensive decline that was entirely avoidable.

The Healthy Aging Grants proposed in the Ohio Department of Aging budget request directly addresses these factors that increase the vulnerability of our state's seniors. Through a needs-based assessment of local communities – taking into account the number of seniors and the level of local senior levy support – Healthy Aging Grants will assist seniors who are considered at "rising risk" of economic instability, before they are subject to reliance on Medicaid.

In my opinion, we have a real opportunity with these Healthy Aging Grants to help vulnerable populations become empowered to maintain their independence.

In my practice, I've seen – time and time again – seniors who track along the right side of the graphic on the following page:



They start out independent. But, through a variety of life events, they experience an accelerated decline that often results in an increased reliance on institutional facilities. These are the factors that would be addressed directly by the Healthy Aging Grants. What we want to do is to focus on proactive healthcare to prevent people from going through the decline demonstrated on the right side of the graphic, leading to expensive, institutionalized care.

The Healthy Aging Grants would help more seniors remain on the left side of this graphic, allowing them to stay in their preferred environment for as long as possible; which is preferred due to a maintenance of function, independence, and higher quality of life.

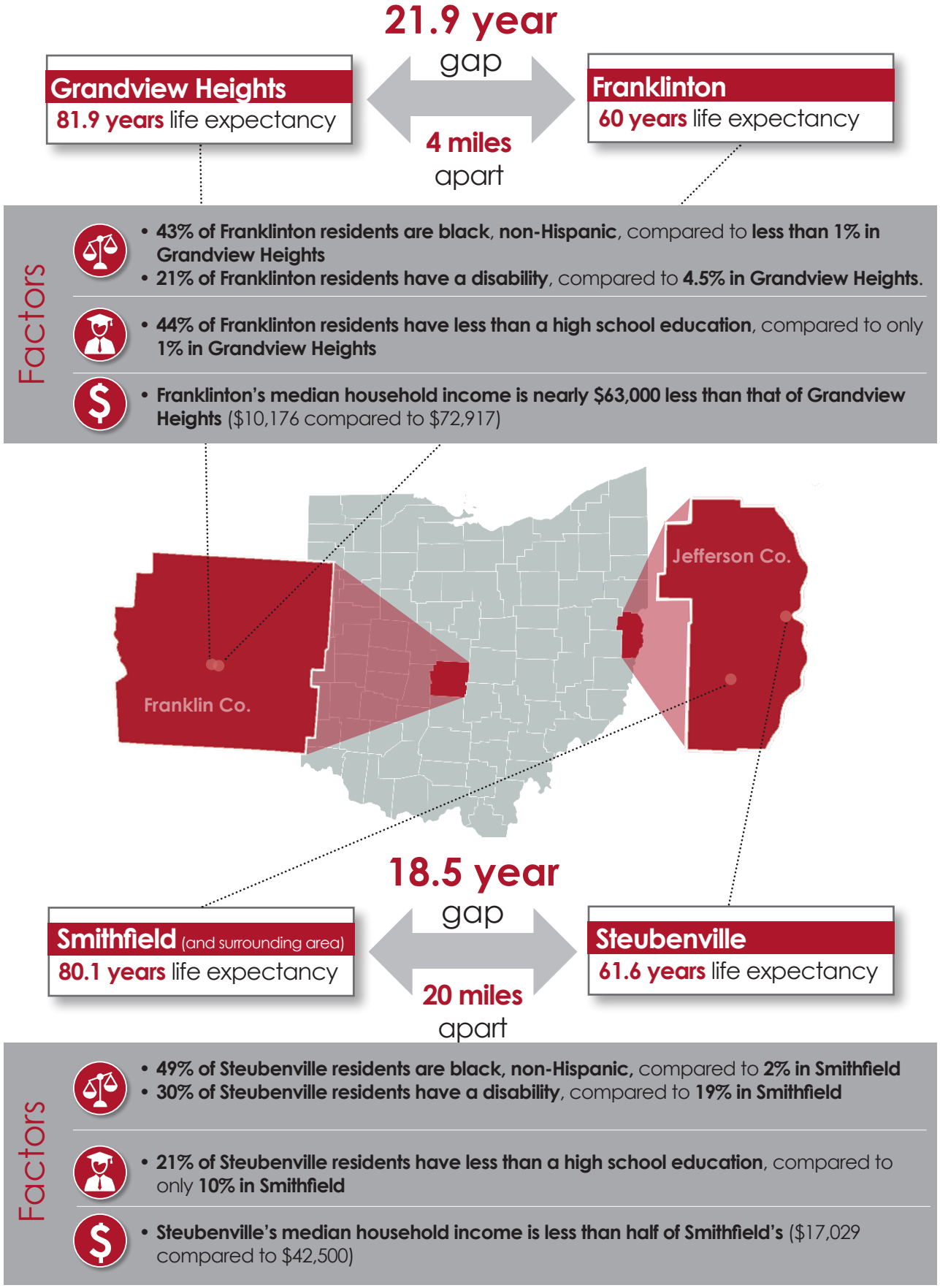
By addressing the areas that most adversely affect the dimensions of wellness and social determinants of health – like safe housing, food security, transportation, and avoidance of social isolation as previously described – Healthy Aging Grants will provide a direct return on investment through promotion of independence, maintenance, potential improvement in quality of life, and potential delayed increased utilization of long-term care services and supports.

Thank you, committee members, for your time and consideration.

APPENDIX

Figure 3.3. **Differences in life expectancy across select urban and rural census tracts in Ohio, 2015**[12]

Ohioans living just miles apart in urban and rural communities experience strikingly different life expectancies. Shorter life expectancy is driven by community conditions and access to resources, such as education and income, and disproportionately impacts black Ohioans and Ohioans with a disability.



Source: Life expectancy data from the Centers for Disease Control and Prevention, National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project – USALEEP (2010-2015). Demographic and socioeconomic factor data from the U.S. Census Bureau, American Community Survey, 5-year estimates (2011-2015).

APPENDIX B (Page 1 of 2)

Healthy Aging Grants

Allocations by County - Sample Table

ADAMS COUNTY - LAWRENCE COUNTY					
County	**Individuals 60 Years and Older; Below Poverty; Not on Medicaid**	**Percent of Total County Population**	**Allocation Based on Individuals 60 Years and Older; Below Poverty; Not on Medicaid**	**Base Funding**	**Total Allocation**
Adams	3,916	0.34%	$103,721.27	$100,000.00	$203,721.27
Allen	9,021	0.79%	$238,935.03	$100,000.00	$338,935.03
Ashland	4,968	0.44%	$131,585.11	$100,000.00	$231,585.11
Ashtabula	13,655	1.20%	$361,673.63	$100,000.00	$461,673.63
Athens	13,526	1.19%	$358,256.87	$100,000.00	$458,256.87
Auglaize	2,619	0.23%	$69,368.23	$100,000.00	$169,368.23
Belmont	4,709	0.41%	$124,725.09	$100,000.00	$224,725.09
Brown	5,330	0.47%	$141,173.23	$100,000.00	$241,173.23
Butler	31,794	2.79%	$842,112.89	$100,000.00	$942,112.89
Carroll	2,502	0.22%	$66,269.31	$100,000.00	$166,269.31
Champaign	2,913	0.26%	$77,155.28	$100,000.00	$177,155.28
Clark	14,355	1.26%	$380,214.21	$100,000.00	$480,214.21
Clermont	13,868	1.22%	$367,315.27	$100,000.00	$467,315.27
Clinton	4,413	0.39%	$116,885.08	$100,000.00	$216,885.08
Columbiana	9,285	0.81%	$245,927.48	$100,000.00	$345,927.48
Coshocton	4,636	0.41%	$122,791.58	$100,000.00	$222,791.58
Crawford	3,760	0.33%	$99,589.37	$100,000.00	$199,589.37
Cuyahoga	143,328	12.57%	$3,796,262.07	$100,000.00	$3,896,262.07
Darke	4,167	0.37%	$110,369.39	$100,000.00	$210,369.39
Defiance	2,726	0.24%	$72,202.29	$100,000.00	$172,202.29
Delaware	7,377	0.65%	$195,391.17	$100,000.00	$295,391.17
Erie	6,311	0.55%	$167,156.52	$100,000.00	$267,156.52
Fairfield	9,794	0.86%	$259,409.12	$100,000.00	$359,409.12
Fayette	3,099	0.27%	$82,081.77	$100,000.00	$182,081.77
Franklin	151,345	13.27%	$4,008,604.62	$100,000.00	$4,108,604.62
Fulton	2,749	0.24%	$72,811.48	$100,000.00	$172,811.48
Gallia	3,532	0.31%	$93,550.44	$100,000.00	$193,550.44
Geauga	3,835	0.34%	$101,575.86	$100,000.00	$201,575.86
Greene	13,756	1.21%	$364,348.77	$100,000.00	$464,348.77
Guernsey	5,508	0.48%	$145,887.83	$100,000.00	$245,887.83
Hamilton	88,978	7.80%	$2,356,718.90	$100,000.00	$2,456,718.90
Hancock	5,967	0.52%	$158,045.15	$100,000.00	$258,045.15
Hardin	3,199	0.28%	$84,730.42	$100,000.00	$184,730.42
Harrison	1,645	0.14%	$43,570.35	$100,000.00	$143,570.35
Henry	1,617	0.14%	$42,828.73	$100,000.00	$142,828.73
Highland	6,025	0.53%	$159,581.37	$100,000.00	$259,581.37
Hocking	3,099	0.27%	$82,081.77	$100,000.00	$182,081.77
Holmes	3,460	0.30%	$91,643.41	$100,000.00	$191,643.41
Huron	5,156	0.45%	$136,564.57	$100,000.00	$236,564.57
Jackson	3,610	0.32%	$95,616.39	$100,000.00	$195,616.39
Jefferson	7,807	0.68%	$206,780.38	$100,000.00	$306,780.38
Knox	5,216	0.46%	$138,153.77	$100,000.00	$238,153.77
Lake	13,137	1.15%	$347,953.61	$100,000.00	$447,953.61
Lawrence	8,352	0.73%	$221,215.54	$100,000.00	$321,215.54

Continued on Next Page

APPENDIX B (Page 2 of 2)

Healthy Aging Grants

Allocations by County - Sample Table

LICKING COUNTY - WYANDOT COUNTY					
County	**Individuals 60 Years and Older; Below Poverty; Not on Medicaid**	**Percent of Total County Population**	**Allocation Based on Individuals 60 Years and Older; Below Poverty; Not on Medicaid**	**Base Funding**	**Total Allocation**
Licking	11,698	1.03%	$309,839.48	$100,000.00	$409,839.48
Logan	3,335	0.29%	$88,332.59	$100,000.00	$188,332.59
Lorain	31,242	2.74%	$827,492.32	$100,000.00	$927,492.32
Lucas	61,177	5.37%	$1,620,366.74	$100,000.00	$1,720,366.74
Madison	2,589	0.23%	$68,573.64	$100,000.00	$168,573.64
Mahoning	26,699	2.34%	$707,163.99	$100,000.00	$807,163.99
Marion	5,471	0.48%	$144,907.83	$100,000.00	$244,907.83
Medina	7,083	0.62%	$187,604.13	$100,000.00	$287,604.13
Meigs	3,345	0.29%	$88,597.46	$100,000.00	$188,597.46
Mercer	1,418	0.12%	$37,557.91	$100,000.00	$137,557.91
Miami	5,905	0.52%	$156,402.99	$100,000.00	$256,402.99
Monroe	1,433	0.13%	$37,955.20	$100,000.00	$137,955.20
Montgomery	61,964	5.43%	$1,641,211.64	$100,000.00	$1,741,211.64
Morgan	1,857	0.16%	$49,185.50	$100,000.00	$149,185.50
Morrow	2,124	0.19%	$56,257.40	$100,000.00	$156,257.40
Muskingum	9,346	0.82%	$247,543.15	$100,000.00	$347,543.15
Noble	1,372	0.12%	$36,339.53	$100,000.00	$136,339.53
Ottawa	2,464	0.22%	$65,262.82	$100,000.00	$165,262.82
Paulding	1,501	0.13%	$39,756.29	$100,000.00	$139,756.29
Perry	4,281	0.38%	$113,388.86	$100,000.00	$213,388.86
Pickaway	5,729	0.50%	$151,741.36	$100,000.00	$251,741.36
Pike	3,500	0.31%	$92,702.87	$100,000.00	$192,702.87
Portage	13,285	1.17%	$351,873.62	$100,000.00	$451,873.62
Preble	2,440	0.21%	$64,627.15	$100,000.00	$164,627.15
Putnam	1,936	0.17%	$51,277.93	$100,000.00	$151,277.93
Richland	10,925	0.96%	$289,365.39	$100,000.00	$389,365.39
Ross	7,823	0.69%	$207,204.16	$100,000.00	$307,204.16
Sandusky	5,149	0.45%	$136,379.17	$100,000.00	$236,379.17
Scioto	12,355	1.08%	$327,241.14	$100,000.00	$427,241.14
Seneca	5,027	0.44%	$133,147.81	$100,000.00	$233,147.81
Shelby	3,764	0.33%	$99,695.32	$100,000.00	$199,695.32
Stark	35,554	3.12%	$941,702.26	$100,000.00	$1,041,702.26
Summit	47,596	4.17%	$1,260,653.11	$100,000.00	$1,360,653.11
Trumbull	25,670	2.25%	$679,909.35	$100,000.00	$779,909.35
Tuscarawas	8,508	0.75%	$225,347.44	$100,000.00	$325,347.44
Union	1,867	0.16%	$49,450.36	$100,000.00	$149,450.36
VanWert	1,891	0.17%	$50,086.04	$100,000.00	$150,086.04
Vinton	2,119	0.19%	$56,124.97	$100,000.00	$156,124.97
Warren	6,942	0.61%	$183,869.52	$100,000.00	$283,869.52
Washington	5,340	0.47%	$141,438.10	$100,000.00	$241,438.10
Wayne	8,855	0.78%	$234,538.27	$100,000.00	$334,538.27
Williams	2,802	0.25%	$74,215.27	$100,000.00	$174,215.27
Wood	13,837	1.21%	$366,494.18	$100,000.00	$466,494.18
Wyandot	919	0.08%	$24,341.13	$100,000.00	$124,341.13
TOTAL	**1,140,202**		**$30,200,000**	**$8,800,000**	**$39,000,000**