



**Department of
Aging**

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**TESTIMONY
INVESTING IN OHIO'S FUTURE:
FISCAL YEARS 2022 AND 2023 EXECUTIVE BUDGET REQUEST
OHIO DEPARTMENT OF AGING**

**BY
URSEL J. McELROY
DIRECTOR**

**BEFORE THE
OHIO SENATE
HEALTH COMMITTEE**

MAY 5, 2021

Fostering sound public policy, research, and initiatives that benefit older Ohioans.

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

Thank you for inviting me to be here today to share with you an inspiring and attainable future for the State of Ohio. I am Ursel McElroy, Director of the Ohio Department of Aging, Ohio's federally-designated State Unit on Aging. On behalf of the department, the aging network, and 2.8 million older Ohioans who call this state home, thank you for the opportunity to speak to you today on House Bill 110, the proposed operating budget for State Fiscal Years 2022 and 2023.

First, I want to acknowledge the tremendous support you provide to older Ohioans and their families year after year -- but especially this year. This has been a trying year for all of us. In this last year, we have experienced unparalleled losses as a state and throughout this nation as we navigated the COVID-19 public health emergency. Throughout the pandemic, your constituents have contacted you for help to address their needs and express their frustrations. And as we collectively work to address their needs and resolve the matters they bring to our attention, one by one, we understand that the reality, however, is more complex.

For years, home and community-based service experts and advocates sounded the alarms that our systems and workforces were not sized to meet the imminent demand. Population health experts sounded the alarms that holistic changes to health policy were needed and about downstream impacts to health, opportunity, and longevity. Elder abuse experts sounded the alarms that crimes are increasing, and offices charged to protect and prosecute are resource challenged. Then the pandemic happened, taking disproportionate aim at older Ohioans, their loved ones, and those who work to protect their health and safety.

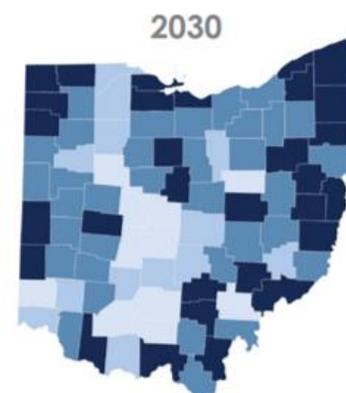
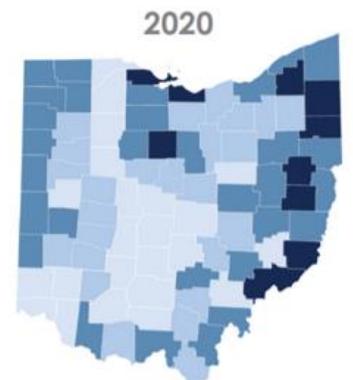
These alarms when overlaid on the exponential growth of older Ohioans and the historic funding of aging services, explain why our budget request and your support are critically important. We have an opportunity now to adequately serve those 60 and older and to prepare for those who will age into our network over the next decade. In just 20 years, the number of Ohioans age 60 and older will increase by more than 30%. That means by the year 2030, Ohioans ages 60 and older will make up more than a quarter of Ohio's total population.

I stand before you today to sound the alarms on the tremendous amount of work to do and that *together* we have a once-in-a-lifetime opportunity to do it right. Because of the pandemic, we will be forever different in how we provide support, care, connections, and programs to our older Ohioans.

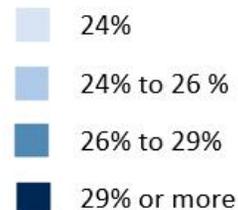
Strategy, Plans, and Action

Our funding proposal for this coming biennium builds upon two foundational themes:

- Positioning Ohio and our communities to anticipate and respond to the needs of older Ohioans
- Enabling the Ohio Department of Aging to effectively serve as Ohio's designated State Unit on Aging



Percent of Ohio Population Age 60+



Source: Miami University, Scripps Gerontology Center

Our funding proposal for this coming biennium includes our all-funds appropriations request of \$117 million in Fiscal Year 2022 and \$107.6 million in Fiscal Year 2023. With this proposal, we are making a General Revenue Fund request of \$35.4 million and \$30.4 million in those same years. This proposal includes a new Statewide Aging Initiatives line and nearly-flat funding for existing programs, with most of the increased amounts reflecting restoration of Fiscal Year 2021 holds.

While continued funding allows us to maintain great work, we are at a pivotal point. As public servants, it is incumbent upon us to both assess the current environment and plan for the future in a way that is responsive to the evolving needs of those we serve. Doing what we have always done is no longer a choice. Ohio has a growing 60 and older demographic, along with complex issues that require transformational, statewide changes. While Ohio is fortunate to receive federal funding to support local aging programs, the funds are tied to laws and rules governing how funds are used and limit the state from addressing historic gaps which must be closed.

Creating an infrastructure that allows us to do more of this work, more efficiently must be a priority. We can build a system which supports the 30% increase in older Ohioans. We can strengthen our system so it will not be paralyzed by unprecedented challenges. And we have the blueprint to do this: The Statewide Aging Initiatives line.

The Statewide Aging Initiatives line item requests \$14 million the first year and \$9 million the second year, allowing for strategic program implementation for older Ohioans across the state. This new fund will enable Ohio to address significant gaps at the state level due to the absence of such a fund in the past. It allows us to grow, to evolve, and to be dynamic in our actions without tying dollars to specific niches based on a singular factor such as location, income, or current health status.

We can no longer afford an aging network defined by competing priorities. Every stage on the aging continuum deserves adequate funding and support. From home delivered meals, to in-home care, to assisted living, and nursing home admission, each stage and each member of the aging network is a priority. Providers, area agencies on aging, and the Ohio Department of Aging are all critical architects charged with ensuring this system of supports can be maintained and amplified as our older population does the same.

The solution is not “this **or** that”, but “this **and** that.” It cannot be a world of mutually-exclusive options. All evidence-based solutions need to be there, be supported, and be accessible when it is the right option at the right time. The solution is making sure as we age, we have all the best options available, so we can make the choices best for us, best for our families, best for our communities. We need the consistency of general revenue funds to achieve this plan. This is why the Statewide Aging Initiatives line item is one line that has an interdependence of programs, networks, providers, communities, resources, and knowledge -- just like our Strategic Action Plan on Aging, the SAPA.

The SAPA allows us to evolve the current aging network in an impartial way, with data, with a strong understanding of where we are and where we want to go. The SAPA outlines the how to get there, detailing the exact partners, programs, and places.

The SAPA is based upon a deeply-researched assessment of older Ohioans. Here are the key findings from that assessment:

- The opportunity to live a long and full life is out of reach for many Ohioans
- Caregiver supports and workforce capacity are key issues facing Ohio’s aging population
- While most older Ohioans can cover their basic needs, many are not financially prepared for life after work

- Chronic conditions, including heart disease, dementia and related disorders, remain a concern for older Ohioans
- Older Ohioans face mounting challenges related to mental health and addiction
- Strengthening housing and transportation in Ohio supports healthy aging

One of the most startling things we found during this assessment: there is a 21-year difference in life expectancy for Ohioans living just 4 miles apart in the same county. Looking across the state, there is a gap of more than 29 years in life expectancy ranging from a low of 60 years in one Ohio neighborhood to a high of 89.2 years in another ([Ohio Department of Aging Summary Assessment of Older Ohioans](#)).

We have enough information to know where the gaps exist. We have enough information to know the factors we can modify to change the trajectory we are on. Our SAPA prioritizes 15 issues across 6 topics. With this plan, with our partners across the state, and with the Statewide Aging Initiatives line item, we will be able to improve community conditions, healthy living, access to care, social connectedness, and population health - all while preserving independence ([SAPA Quick Guide](#)). While the priorities may seem like lofty system and policy changes, the beautiful thing about the SAPA is every single priority is actionable. This is a very detailed guide that helps us drill down into the specific action steps and programs to be put in place to help Ohioans live longer, healthier lives.

For example, improved financial stability comes from creating and teaching courses on retirement planning that includes long-term care planning, financial planning, healthcare, and adjusted living needs. Improved transportation access includes creating “travel training” programs that teach older adults the skills needed to travel safely and independently using public transportation. Improved nutrition is giving needed support to meal-delivery and social meal programs so they may enhance current meal options and provide locally-grown and prepared meals. But as we learned during the pandemic, these meal delivery programs serve more than just food -- they are sometimes the only lifeline an Ohioan may have. Our meal delivery programs also merge with other wrap-around services, connecting an individual to home and community-based care for needs that otherwise would have been unrecognized and unmet.

Choosing How We Age in Ohio

When the Older Americans Act passed in 1965, it deeply contemplated and eloquently expressed the humanity within each of us. Even today it holds true, older Ohioans deserve “freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation” ([Older Americans Act](#)). Unfortunately, not many of the programs designed to carry out the purposes of the Act have evolved with our modern needs or resources.

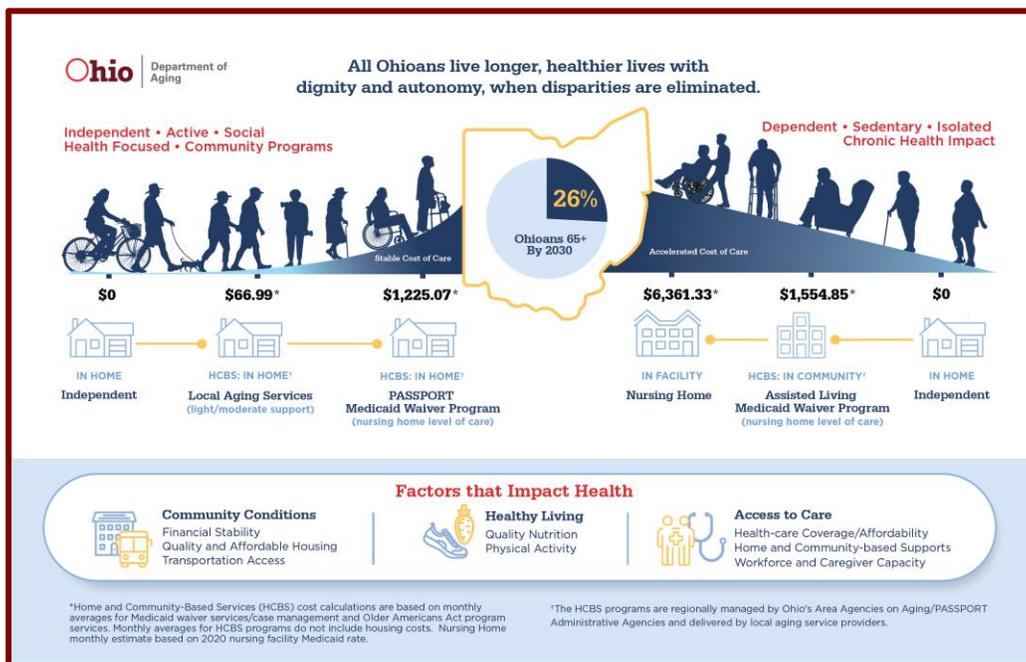
This country has matured a system that requires you to have advanced care needs before it helps you. Historic funding shows that federal policy makers chose to be more singularly-focused on those with advanced care needs enrolled in Medicaid programs rather than those with emerging, earlier needs supported through our Older Americans Act federal funding. We have supplemented stagnant federal funding levels with the state Senior Community Services fund. Although Ohio has done more than provided in the Older Americans Act for years, it hasn’t been enough. The \$8.7 million designated to senior community services allows Ohioans to participate in programs uniquely designed to meet their needs within their community, yet this number has gone down over the years. Despite the exponential growth in the number of Ohioans with needs, despite the substantial growth of programs available within communities, there is less and less funding to support these solutions.

Every Ohioan should have the option and ability to afford the right level of care for themselves at the right time. Maybe when you turn 70 that looks like having a community which supports your active lifestyle and

desire to continue working or volunteering. However, for another Ohioan at age 70 this could include in-home care services whether that is nursing or maybe just help with home maintenance. No matter your needs, both paths should be available and affordable. An expansive, flexible, and accessible network should be there for you no matter where you live in our state. We use the term “social determinants of health” so routinely that we do not always stop and think about it. I invite you to really think about the words -- determinants of health. If we have a robust system of services that support your constituents throughout their lifespan, we can narrow those disparate life expectancy numbers I described earlier.

Statewide Aging Initiatives funding will allow us to build an agile system which is responsive to needs and allows people to age in a healthy way no matter where they are -- geographically, financially, emotionally, genetically.

Aging in Ohio and long-term care have evolved over the past two decades. The location of care has changed and with it, so have the people providing services in those locations. The market is shifting dramatically, and people want to age healthy at home. These programs are cost-effective alternatives to nursing homes but, due to the level of care needed, you can see the critical importance of service provider capacity and family support to enable continued independent living in the community.



Although more costly, assisted living and skilled nursing homes are the right place for many older Ohioans later in their lives. However, the pandemic shined a bright light on the fragility of these healthcare systems. Staffing shortages, medical equipment shortages, and even a lack of space to stop the spread of the virus proved difficult for many skilled care facilities. This is another pandemic lesson learned, and we have the opportunity to correct this.

Initiatives such as the bed buy-back program proposed collaboratively by the Ohio Departments of Aging, Health, and Medicaid can save money, but more importantly save lives. In a recent study in the Journal of the American Medical Directors Association, a simulation found up to 31% of coronavirus deaths could have been prevented if all residents had single-occupancy rooms. Additional research found outbreaks were more likely when staff members commuted from neighborhoods with high COVID-19 circulation -- and in large homes with more staff traffic, with high-occupancy rooms associated with large outbreaks. Nursing homes

that were less crowded, such as those built on the Green House model, had better outcomes and lower hospitalization costs ([Skilled Nursing News, April 2021](#)).

Workforce Support

No matter where your “right place” to age may be, it will not be healthy or safe without appropriately-trained and supported caregivers. To be clear, this means everyone from staff in nursing homes, to family members taking care of loved ones in their own homes.

Work is already underway to improve workforce capacity and caregiver supports. An example of such efforts is a possible engagement with experts at The Ohio State University’s College of Nursing to build a unique caregiver-focused center for family and formal caregivers across Ohio. The program would build caregivers’ knowledge and skills to support them in their role as caregivers, including using evidence-based interventions to enhance the quality of life for themselves, their families, and their care recipients. Although the opportunity exists, the funding also needs to exist to make it become reality.

Supporting the workforce means strengthening our partnerships with industries such as adult day services to improve oversight to have better visibility of this industry and their needs. With the newly-formed Adult Day Health Association and LeadingAge Ohio, we have numerous opportunities for collaboration.

This means working to empower Ohio’s long-term care industry to strengthen the safety and quality of their workforce programs. We will collaborate with the Board of Executives of Long-Term Services and Supports and directors of nursing regarding lessons learned and best practices that have evolved during the pandemic. We already know that State-Tested Nursing Assistants often work in multiple long-term care facilities to make ends meet for themselves and their families and that too led to the spread of COVID-19. These front-line workers are responsible for the lives of tens of thousands of nursing home residents and they must be better equipped, better respected, and better compensated commensurate with the importance of their impact.

We will build upon and enhance existing programs that have proven to be effective, such as the Nursing Home Quality Initiative administered by our office in partnership with the Office of the State Long-Term Care Ombudsman. We will use the best ideas to yield impactful and permanent changes. We seek your support of the proposed funding for this important work and how it is benefitting Ohioans in our long-term care facilities.

We will also begin to focus on creating a certification program for our non-Medicaid providers who deliver services funded by our department. Providers who receive federal and state dollars as payment for services should expect and be held accountable by our taxpayers, across the aging continuum and most already are. This effort closes a gap by achieving certification across all programs thus strengthening standards and excellence in the care and services they are providing to older Ohioans, while at the same time providing a more consistent, efficient process for providers as we align standards across programs, where it makes sense. The Office of the State Ombudsman’s tagline is “expect excellence in your care.” We need to have the tools and system to provide that excellence.

Elder Justice

We will be able to use the Statewide Aging Initiatives funding to strengthen elder protections for Ohio by developing programs and by working collaboratively with law enforcement, prosecutors, county job and family services directors, and elder abuse experts. We want to strengthen protections by utilizing Ohio’s year-round Rapback background check program. We will use this program, which provides real-time notification if a participant-directed provider is charged with a disqualifying offense, to enhance responsiveness for older individuals using these providers.

With industry input, and with input from the Ohio Department of Health on deficiency trends, and the Office of the State Long-Term Care Ombudsman on complaint trends, we will develop a robust arsenal of educational programs that will lead facilities to sustainable and meaningful improvement in the quality of life for our loved-ones living in nursing homes. One critically-important tool includes ongoing state monitoring in cases of immediate jeopardy. It is essential for surveyors to ensure that during the facility's corrective actions, residents are safe from further harm and that the compliance efforts are sustainable.

Another important proponent of elder justice is the Office of the State Long-Term Care Ombudsman. The mission of the Ombudsman is to advocate for excellence in long-term care services and supports wherever consumers live, whether in their home or in a long-term care facility. Ombudsman representatives have a regular presence in facilities so the residents know they have an advocate they can count on. The Ombudsman program relies heavily on volunteers to serve as advocates, as voices for the residents. We were grateful in the last budget; the General Assembly supported an increase to the Ombudsman program, and we ask for your continued support of the program's funding lines in our current request. During the pandemic, they have been a critical lifeline to facilitate compassionate care visits for residents and families and resolve thousands of concerns related to care and treatment.

Protecting Our Investments

The severe impact of the pandemic was the product of a system the country built, kind of like a house. If you neglect the maintenance, both preventative and as things break, the house will deteriorate.

We have been keeping our eye on these issues for years but have only been able to put in place cosmetic fixes. We utilized the funds available, making small repairs to keep our house livable. And then the storm came. This pandemic shook our foundation and spotlighted every hole we have in our structure.

If we go back to doing business as usual, tinkering with little bits around the edges, making repairs only when we are given the means to do so, we will not have the comprehensive support system that older Ohioans need and deserve. We want Ohio to be a great place to live, a place to stay. We want Ohio to be the best place to age in the nation. Investment in the Ohio Department of Aging now is an investment for all older Ohioans to achieve this goal.

As we have conversations with our partners across the state, those stakeholders who help us actualize and mobilize the strategies and opportunities outlined in the SAPA, the momentum and excitement are building. We are moving forward with this plan. But to be impactful, to truly revolutionize the aging network in Ohio, we need the means to achieve our desired end.

Chair Huffman, Vice Chair Antani, Ranking Member Antonio, and Members of the Senate Health Committee: again, thank you for this opportunity to speak to you today. At this time, I will be happy to address any questions you may have.

2020 Summary Assessment of Older Ohioans

Executive summary

This Summary Assessment provides a comprehensive picture of the health and wellbeing of older Ohioans to inform development of a Strategic Action Plan on Aging.

Between 2010 and 2030, the number of Ohioans, age 60 and older, is projected to increase by 33.4%; Ohio's total population is expected to grow by just 0.7%. By 2030, Ohioans ages 60 and older will make up 26.3% of Ohio's total population.

33.4%
increase
in Ohioans
age 60+
by 2030

Key findings



The opportunity to live a long and full life is out of reach for many Ohioans

There is a gap of more than 29 years in life expectancy at birth in Ohio depending on where a person lives. Shorter life expectancy is, in part, driven by community conditions, such as education and income, disproportionately impacting older Ohioans who are black or living with a disability.



Strengthening housing and transportation in Ohio supports healthy aging

Ohio performs better than the U.S. overall on housing costs for older Ohioans who are renters. Still, over half of Ohio renters, ages 65 and older, are burdened by high housing rental costs. Transportation barriers were also called out as challenges among key stakeholders.



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

Most older Ohioans have incomes that are sufficient to cover housing costs, health care, food and other expenses (56.2% of single older adults and 81.8% of older adult couples). Still, for low- and middle-income older Ohioans in need of a nursing home or home care, the cost of services are often out of reach.



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

Ohio performs poorly relative to other states on policies that support family caregivers, including caregivers who work. Although Ohio ranks in the top half of states on several indicators of workforce capacity, inadequate home- and community-based long-term services and supports is a concern among key stakeholders.



Older Ohioans face mounting challenges related to mental health and addiction

Older Ohioans have high rates of depression, and suicide deaths have increased by 40% over the last 10 years. Ohio also performs worse than the U.S. overall and has large race and/or income disparities on smoking among Ohioans, ages 55 to 64, and unintentional drug overdose deaths among Ohioans, ages 65 and older, which have more than doubled over the past 10 years.



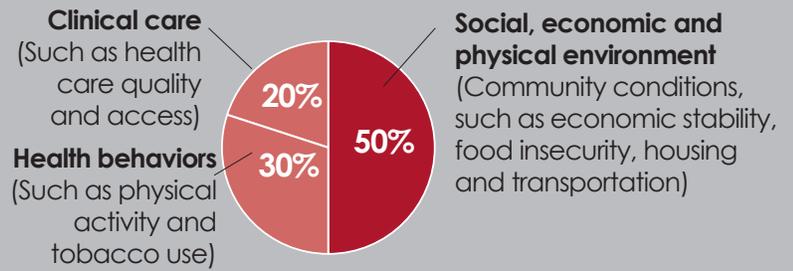
Chronic conditions, including heart disease, dementia and related disorders, remain a concern for older Ohioans

Older Ohioans have higher hypertension prevalence than the U.S. overall, and heart disease is the leading cause of death for Ohioans, ages 60 and older. Deaths caused by Alzheimer's and Parkinson's disease are among the top ten causes of death for the oldest Ohioans, ages 75 and older.

Factors impacting the health and wellbeing of older Ohioans

The health and wellbeing of older Ohioans is impacted by the conditions in which they live and their access to resources. This Summary Assessment explores strengths and challenges across all these factors as it relates to older Ohioans.

Modifiable factors that influence health

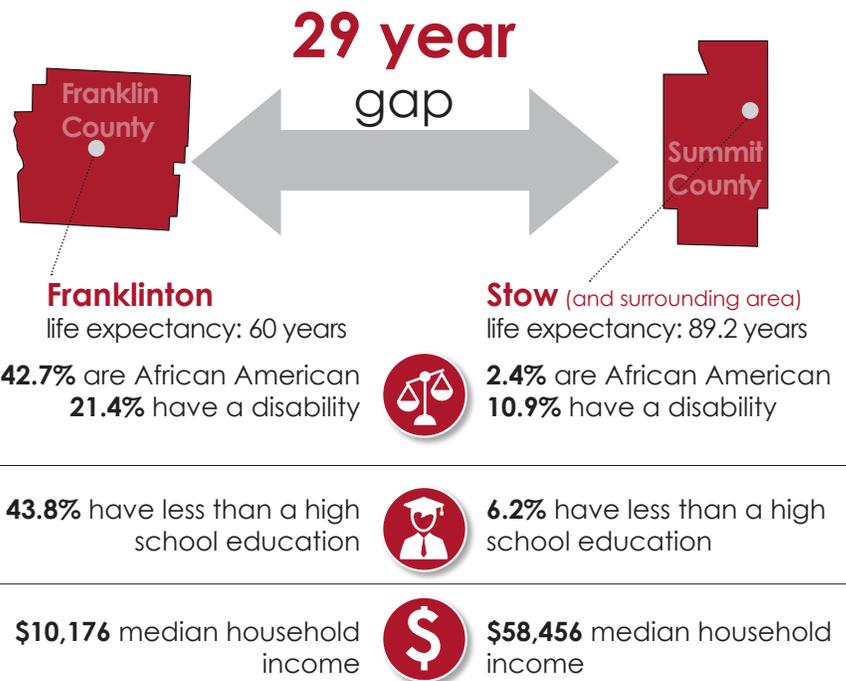


Underlying drivers of inequity: Poverty, trauma, toxic stress and discrimination and oppression, including ageism, racism, ableism and other “isms”

Life potential cut short

Many older Ohioans face the consequences of both historical and contemporary injustices fueled by continued ageism, ableism, racism and other forms of discrimination and oppression. The impact of this is shorter lives and poorer health outcomes, particularly for older Ohioans from communities of color, with low incomes or disabilities, LGBTQ communities, immigrants and refugees and those living in rural or Appalachian regions of the state. Equity, where all older Ohioans live to their full health potential, is only achieved by addressing these underlying drivers of poor health.

Differences in life expectancy



A path forward

Improving the health and wellbeing of older Ohioans requires a coordinated approach that ensures state and local partners are rowing in the same direction. The 2020-2022 Strategic Action Plan on Aging (SAPA) will provide a prioritized action plan for state and local partners to use to achieve health and wellbeing for older Ohioans. The SAPA will be informed by the key findings of this Summary Assessment and align with the [2019-2022 State Plan on Aging](#) and the [2020-2022 State Health Improvement Plan](#).

Through the spring and summer of 2020, the Health Policy Institute of Ohio and Ohio Department of Aging will work with the SAPA Advisory Committee to review the Summary Assessment findings and prioritize topics, objectives and evidence-informed strategies for the 2020-2022 SAPA.

State and local partners



Download the full report at

<https://aging.ohio.gov/wps/portal/gov/aging/about-us/reports-and-data/summary-assessment-of-older-ohioans-2020>

2020-2022 Strategic Action Plan on Aging

Quick guide

The goal of the Strategic Action Plan on Aging (SAPA) is that all Ohioans live longer, healthier lives with dignity and autonomy and that disparities and inequities among older Ohioans are eliminated. To achieve this goal, the SAPA provides a comprehensive roadmap that requires public and private collaboration to improve outcomes for older Ohioans.

This **quick guide** is a high-level compilation of the priorities and evidence-informed strategies in the SAPA, as well as information about implementing SAPA strategies. The quick guide includes:

- A set of action steps that provide specific ways that public and private partners can act on the SAPA to improve the health and well-being of older Ohioans and advance elder justice and equity;
- A reference list of priorities and evidence-informed strategies in the SAPA; and
- Considerations for strategy implementation in light of COVID-19.

SAPA action steps

State and local partners in the public and private sectors can act on the SAPA by advancing elder justice and equity and implementing one or more of these action steps:

All Ohioans and organizations across public and private sectors have a role to play in **advancing elder justice and equity** by:



- Creating an age-integrated society that removes barriers and provides the necessary services and supports for older Ohioans to live long, healthy, and productive lives;
- Fostering and promoting systems, policies, and beliefs that value aging and dismantle ageism, racism, and other forms of discrimination; and
- Tailoring strategies and allocating resources to older Ohioans with the greatest need.

- 1 **Align** with and focus on one or more of the 15 issues and eight priority populations in the SAPA.
- 2 **Advocate** for funding and policy change to address SAPA issues.
- 3 **Fund** evidence-informed strategies identified in the SAPA.
- 4 **Implement** one or more of the evidence-informed strategies identified in the SAPA.
- 5 **Partner and collaborate** within and across sectors to improve SAPA outcomes.
- 6 **Evaluate** progress on SAPA objectives and the impact of SAPA strategies.

Priority and strategy reference list

⊖ One or more specific strategies within this category are likely to reduce disparities, based on review by [What Works for Health](#) or [Community Guide](#)

🎯 The SAPA tracks progress on priorities through these objectives

SAPA priorities	Strategy categories
Community conditions	
 Improve financial stability <ul style="list-style-type: none"> 🎯 Reduce poverty • Improve household income 	Income supports ⊖
	Adult training and employment supports ⊖
	Housing supports ⊖
	Retirement and health-care planning
 Improve housing quality and affordability <ul style="list-style-type: none"> 🎯 Increase affordable housing availability • Reduce severe housing cost burden 	Affordable housing development ⊖
	Rental assistance and supportive housing ⊖
	Housing accessibility and quality ⊖
	Income supports
 Improve transportation access <ul style="list-style-type: none"> 🎯 Reduce zero-vehicle households 	Public transportation ⊖
	Transportation and land use
	Medical transportation
Healthy living	
 Improve nutrition <ul style="list-style-type: none"> 🎯 Reduce unintentional weight loss • Increase fruit consumption • Increase vegetable consumption 	SNAP enrollment
	Community-based healthy food access ⊖
	Retail-based supports and incentives ⊖
	Healthy eating incentives ⊖
	Workplace supports
	Disease management ⊖
Malnutrition prevention and treatments ⊖	

SAPA priorities	Strategy categories
Healthy living (cont.)	
 Improve physical activity  <ul style="list-style-type: none"> • Increase physical activity 	Community fitness =
	Transportation and land use
	Physical activity programs
	Workplace supports
	Home modifications
	Disease management
Access to Care	
 Improve health-care coverage and affordability  <ul style="list-style-type: none"> • Reduce missed care due to cost • Reduce annual health-care spending (prescription drug, nursing home, and home-health spending) 	Health insurance enrollment and coverage =
	Health-care affordability policies =
	Health-care cost reduction programs and services =
 Improve home- and community-based supports  <ul style="list-style-type: none"> • Increase Medicaid Home and Community-Based (HCBS) waivers for long-term services and supports • Increase Medicaid HCBS spending 	Home- and community-based care coordination =
	Transitions to home- and community-based care
	Long-term care planning and support services
	Telehealth =
 Improve home care workforce capacity and caregiver supports  <ul style="list-style-type: none"> • Increase home care workforce • Improve support for working caregivers 	General caregiver supports
	Caregiver supports for Alzheimer’s and other forms of dementia
	Respite care
	Income supports =
	Career and Technical Education (CTE) for home health care

SAPA priorities	Strategy categories
Social connectedness	
 Improve social inclusion  <ul style="list-style-type: none"> • Reduce feeling left out 	Physical activity Community engagement and social supports = Home-based social supports Transportation and land use Self-management and prevention
 Increase volunteerism  <ul style="list-style-type: none"> • Increase volunteerism 	Civic participation supports Service opportunities for older adults
Population health	
 Cognitive health: Reduce cognitive difficulty  <ul style="list-style-type: none"> • Reduce cognitive difficulty 	Physical activity Community engagement and social supports = Screening and care coordination
 Cardiovascular health: Reduce hypertension  <ul style="list-style-type: none"> • Reduce high blood pressure 	Physical activity Screening and preventive clinical services Disease prevention, management, and care coordination = Treatment and medication adherence
 Mental Health: Reduce depression  <ul style="list-style-type: none"> • Reduce poor mental health days 	Physical activity Mental health-care access and supports = Screening and assessment Disease management and care coordination =
Preserving independence	
 Improve chronic pain management  <ul style="list-style-type: none"> • Reduce arthritis limitations 	Self-management supports Physical activity

SAPA priorities	Strategy categories
Preserving independence (cont.)	
 Improve falls prevention  • Reduce recent falls	Physical activity
	Falls prevention education and self-management
	Falls risk assessment and interventions
	Home modifications

For more detail:

- See p. 14 in the SAPA for more information about SAPA priorities (topics and issues)
- See p. 17 and p. 21-59 in the SAPA for more information about strategies
- See p. 18-19 in the SAPA for more information about outcomes and SMART objectives



The SAPA also monitors progress towards improving the following overall health and well-being outcomes: increase life expectancy, reduce premature death, improve health status, and reduce elder abuse and neglect.

SAPA strategy implementation and COVID-19

Older Ohioans, both inside and outside of congregate settings, face an increased risk for severe COVID-19 illness. In addition, the pandemic has presented other challenges for older Ohioans, including increased risk for social isolation, financial instability, and delayed medical care. Consequently, strategies to improve the health and well-being of older Ohioans may need to be modified or adapted in response to the COVID-19 pandemic. For example, partners can:

- Ensure adequate supports are in place to meet the needs of older Ohioans who are disproportionately impacted by the pandemic;
- Increase financial and in-kind support to older Ohioans with reduced income, particularly older Ohioans who are unable to work;
- Adapt services to allow for virtual engagement through telehealth, online web platforms, and other technologies and ensure adequate internet and technology access;
- Adjust to and anticipate potential shortfalls or changes to program budgets and funding, including sources of funding such as bonds and levies;
- Provide adequate supports and respite for family caregivers who have increased demands/needs due to caring for children and older family members;
- Prepare the health-care and home-care workforce to meet an increased demand for services related to the pandemic and the pandemic response (e.g., increase in testing, vaccinations, delayed care, and behavioral health needs due to social isolation); and
- Adapt adult day service operations to include temporary, pandemic-related modifications and provide resources to maintain provider financial stability.

View the complete

2020-2022 Strategic Action Plan on Aging
www.aging.ohio.gov/sapa

