



# STATE PLAN PRIORITIES



# State Plan Priorities

The State Plan priorities are informed by the priorities of local AAAs and information gathered during the needs assessment process. The related outcomes, objectives, and strategies support older adult health and well-being.

## Ohio's 2023-2026 State Plan on Aging Priorities



For each objective with available data, this plan includes short, intermediate, and long-term targets. By setting these targets, this State Plan articulates a clear path for achieving goals and provides benchmarks for measuring progress along the way. These targets, and additional information about priority populations and data sources, are available in Attachment F.

The menu of strategies listed in the State Plan and in Attachment E provide flexible options for rural, suburban, and urban communities to collaborate and improve outcomes for older Ohioans. With each outcome, strategies selected by AAAs for implementation supported by OAA and other funds are indicated.

## Advancing Elder Justice and Equity

The objectives and strategies of this State Plan must be tailored and culturally and linguistically adapted to meet the needs of priority populations. This plan advances elder justice and equity by:

- Identifying priority populations for each objective, based on available data (see Attachment F);
- Setting universal long-term targets across priority populations to eliminate disparities and inequities by 2029 (see Attachment F); and,
- Indicating the strategies that are likely to reduce disparities and inequities based on research using this symbol (=) (see Attachment E for more detail).



# Overarching Goal

## 2023-2026 State Plan on Aging

All Ohioans live longer, healthier lives with dignity and autonomy, and disparities and inequities are eliminated.

### Outcomes and Objectives

The state will use all State Plan outcomes and objectives, including the four outcomes and objectives below, to monitor progress toward the overarching State Plan goal. Resources will be tailored and adapted to priority populations to address these broad outcomes and objectives. For more information on targets, priority populations, and data sources, see Attachment F.

#### Outcome 1: Increase Life Expectancy

**Objective 1.1** Increase the average life expectancy for all Ohioans at birth from 76.5 years (2017) to 77.6 years (2029). (Data source: ODH)

#### Outcome 2: Reduce Premature Death

**Objective 2.1** Reduce the years of potential life lost before age 75, per 100,000 population, from 8,227 years (2018) to 8,000 years (2029). (Data source: ODH)

#### Outcome 3: Improve Health Status

**Objective 3.1** Reduce the percent of adults, age 65 and older, with fair or poor health from 26.1% (2018) to 23.7% (2029). (Data source: Behavioral Risk Factor Surveillance System [BRFSS])

#### Outcome 4: Reduce Elder Abuse, Neglect, and Exploitation

**Objective 4.1** Reduce the number of reports of elder abuse, neglect, or exploitation for adults, age 60 and older, living in the community from 32,072 reports (2020) (monitor only; target not set at this time). (Data source: ODJFS)



# Community Conditions

## Outcomes and Objectives

The state will use the following outcomes and objectives to monitor progress toward supporting community conditions for older Ohioans. For more information on targets, priority populations, and data sources, see Attachment F.

Every older Ohioan lives in a community that supports financial stability, secure housing, and reliable, affordable transportation, and equity in community conditions is achieved.



### Outcome 5: Improve Financial Stability

#### Objective 5.1

Reduce the percent of Ohioans, age 65 and older, who live in households at or below the poverty level from 8.6% (2018) to 7.6% (2029). (Data source: American Community Survey [ACS], 1-year estimates).

#### Objective 5.2

Increase the median annual income in households with a householder over age 65 from \$41,406 (2018) to \$46,375 (2029). (Data source: ACS, 1-year estimates).

#### Priority Populations

Older Ohioans: of color | with disabilities | who are female | who live alone | with low income/educational attainment | who are LGBTQ+ | who live in rural or Appalachian regions | who are immigrants or refugees



### Outcome 6: Improve Housing Quality and Affordability

#### Objective 6.1

Increase the number of affordable and available units per 100 renters with income below 50% of Area Median Income from 80 (2017) to 84 (2029). (Data source: National Low-Income Housing Coalition analysis of ACS, as compiled by Ohio Housing Finance Agency [OHFA]).

#### Objective 6.2

Reduce the percent of households with a householder, age 65 or older, who spends 50% or more of their income on housing costs (rent and utilities) from 25.2% (2018) to 21% (2029). (Data source: ACS via OHFA).

#### Priority Populations

Older Ohioans: of color | with disabilities | with low income/educational attainment | who live in rural or Appalachian regions | who are female | who live alone.



### Outcome 7: Improve Transportation Access

#### Objective 7.1

Reduce the percent of households with a householder 65 years or older with no vehicles available from 10.8% (2019) (monitor only; target not set at this time). (Data source: ACS, 1-year estimates).




#### Priority Populations

Older Ohioans: of color | with disabilities | with low income/educational attainment | who live in rural or Appalachian regions | who are female | who live alone | who are immigrants or refugees



## Strategies | Community Conditions

To advance the goal and achieve the objectives above, the state will support and invest in the following evidence-informed strategies. The policies, programs, and services within each strategy category are listed in Attachment E.

Outcome	Strategy Categories
 <b>Improve Financial Stability</b>	<ul style="list-style-type: none"> <li>• Financial supports (=)</li> <li>• Adult training and employment supports (=)</li> <li>• Housing supports (=)</li> <li>• Retirement and health-care planning</li> </ul>
 <b>Improve Housing Quality and Affordability</b>	<ul style="list-style-type: none"> <li>• Affordable housing development (=)</li> <li>• Rental assistance and supportive housing (=)</li> <li>• Housing accessibility and quality (=)</li> <li>• Financial supports</li> </ul>
 <b>Improve Transportation Access</b>	<ul style="list-style-type: none"> <li>• Public transportation (=)</li> <li>• Transportation and land use</li> <li>• Medical transportation</li> </ul>

**Note:** The strategy categories labeled with this symbol (=) include strategies that are likely to reduce disparities and inequities based on research

### Local Alignment

Ohio’s AAAs have committed in their Strategic Area Plans to implement strategies within all of the listed strategy categories in order to achieve the State Plan goal for Community Conditions. As a result, AAAs are responsible for implementation and reporting of their selected strategies during the 2023-2026 State Plan period. ODA will collaborate with the AAAs and other partners identified over the course of this period to ensure successful progress and implementation of these strategies.

12 out of 12 AAAs (100%) selected Community Conditions as a focus area in their Strategic Area Plans and identified corresponding priority populations, action steps, measures, and targets for strategy implementation. Within this focus area:

- 8 out of 12 AAAs (66.7%) prioritized Financial Stability strategies.
- 11 out of 12 AAAs (91.7%) prioritized Housing Quality and Affordability strategies.
- 12 out of 12 AAAs (100%) prioritized Transportation Access strategies.



# Healthy Living

## Outcomes and Objectives

The state will use the following outcomes and objectives to monitor progress toward supporting healthy living for older Ohioans. For more information on targets, priority populations, and data sources, see Attachment F.

Every older Ohioan has access to nutritious food and opportunities for physical activity that support healthy aging.



### Outcome 8: Improve Nutrition

<b>Objective 8.1</b>	Reduce the percent of Ohioans, age 65 and older, who recently lost weight without trying from 12.7% (2019) to 9.5% (2029). (Data source: BRFSS).
<b>Objective 8.2</b>	Increase the percent of Ohioans, age 65 and older, who consume fruit(s) one or more times per day from 66.4% (2017) to 67.6% (2029). (Data source: BRFSS).
<b>Objective 8.3</b>	Increase the percent of Ohioans, age 65 and older, who consume vegetable(s) one or more times per day from 82.9% (2017) to 84.1% (2029). (Data source: BRFSS).
<b>Priority Populations</b>	Older Ohioans: of color   with low income/educational attainment   who are male   who live in rural or Appalachian regions   who are immigrants or refugees   who are religious minorities.





### Outcome 9: Improve Physical Activity

<b>Objective 9.1</b>	Increase the percent of Ohioans, age 65 and older, who participated in any physical activity other than their regular job during the past month from 64.4% (2018) to 68.4% (2029). (Data source: BRFSS).
<b>Priority Populations</b>	Older Ohioans: of color   with low income/educational attainment   who are female.



## Strategies | Healthy Living

To advance the goal and achieve the objectives above, the state will implement and invest in the following evidence-informed strategies. The policies, programs, and services within each strategy category are listed in Attachment E.

Outcome	Strategy Categories
 <b>Improve Nutrition</b>	<ul style="list-style-type: none"> <li>• SNAP enrollment</li> <li>• Community-based healthy food access (=)</li> <li>• Retail-based supports and incentives (=)</li> <li>• Healthy eating incentives (=)</li> <li>• Workplace supports</li> <li>• Disease management (=)</li> <li>• Malnutrition prevention and treatments (=)</li> </ul>
 <b>Improve Physical Activity</b>	<ul style="list-style-type: none"> <li>• Community fitness (=)</li> <li>• Transportation and land use</li> <li>• Physical activity programs</li> <li>• Workplace supports</li> <li>• Home modifications</li> <li>• Disease management</li> </ul>

**Note:** The strategy categories labeled with this symbol (=) include strategies that are likely to reduce disparities and inequities based on research

### Local Alignment

Ohio’s AAAs have committed in their Strategic Area Plans to implement strategies within all of the listed strategy categories, except healthy eating incentives and workplace supports, in order to achieve the State Plan goal for Healthy Living. As a result, AAAs are responsible for implementation and reporting of their selected strategies during the 2023-2026 State Plan period. ODA will collaborate with the AAAs and other partners identified over the course of this period to ensure successful progress and implementation of these strategies. ODA will identify additional opportunities to implement healthy eating incentives and workplace support strategies.

12 out of 12 AAAs (100%) selected Healthy Living as a focus area in their Strategic Area Plans and identified corresponding priority populations, action steps, measures, and targets for strategy implementation. Within this focus area:

- 12 out of 12 AAAs (100%) prioritized Nutrition strategies.
- 12 out of 12 AAAs (100%) prioritized Physical Activity strategies.



# Access to Care

## Outcomes and Objectives

The state will use the following outcomes and objectives to monitor progress toward supporting access to care for older Ohioans. For more information on targets, priority populations, and data sources, see Attachment F.

Every older Ohioan has access to the resources and services needed to support health and well-being, including affordable health-care coverage and home- and community-based supports, and workers and caregivers have the supports needed to provide high-quality care.



### Outcome 10: Improve Health-Care Coverage and Affordability

<b>Objective 10.1</b>	Reduce the percent of people, age 65 and older, who were unable to see a doctor because of cost from 4.5% (2018) to 2.7% (2029). (Data source: BRFSS)
<b>Objective 10.2</b>	Reduce health-care expenditures per capita for prescription drugs from \$1,023 per capita (2014) (monitor only; target not set at this time). (Data source: The Henry J. Kaiser Family Foundation [KFF] State Health Facts).
<b>Objective 10.3</b>	Reduce health-care expenditures per capita for nursing home care from \$605 per capita (2014) (monitor only; target not set at this time). (Data source: KFF State Health Facts).
<b>Objective 10.4</b>	Reduce health-care expenditures per capita for home health care from \$259 per capita (2014) (monitor only; target not set at this time). (Data source: KFF State Health Facts).
<b>Priority Populations</b>	Older Ohioans: of color   with low income/educational attainment   who are female   with disabilities   who live in rural or Appalachian regions   who are immigrants or refugees.



## Access to Care (continued)



### Outcome 11: Improve Home- and Community-Based Supports

**Objective 11.1**

Increase the percent of Medicaid enrollees receiving long-term services and supports (LTSS) who receive services through a home- and community-based waiver from 65% (SFY 2018) to 75% (SFY 2029). (Data source: Ohio Department of Medicaid [ODM]).

**Objective 11.2**

Increase the percent of Medicaid spending on LTSS that is for home- and community-based waiver services from 44% (SFY 2018) to 51% (SFY 2029). (Data source: ODM).

**Priority Populations**

Older Ohioans: who live alone | who live in rural or Appalachian regions | with low income/educational attainment | who are LGBTQ+ | with disabilities | who are people of color | who are immigrants or refugees | who are religious minorities.



### Outcome 12: Improve Home Care Workforce Capacity and Caregiver Supports

**Objective 12.1**

Increase the number of personal care and home health aides, per 1,000 adults, age 65 and older, with a disability from 149 (2018) to 224 (2029). (Data source: ACS via America's Health Rankings).

**Objective 12.2**

Increase Ohio's score out of 17 on policies that support working caregivers (e.g., state policies that exceed federal Family and Medical Leave Act, paid family leave, mandatory paid sick days, unemployment insurance for family caregivers, and policies that protect family caregivers from employment discrimination) (monitor only; target not set at this time). (Data source: AARP Long Term Services and Supports State Scorecard).

**Priority Populations**

Older Ohioans: who live alone | who live in rural or Appalachian regions | with low income | who are people of color.



## Strategies | Access to Care

To advance the goal and achieve the objectives above, the state will implement and invest in the following evidence-informed strategies. The policies, programs, and services within each strategy category are listed in Attachment E. ODA will also document and implement best practices, programs, and policies to better support caregivers. Additionally, ODA is currently leveraging additional funding streams to invest in innovative statewide training and education for people caring for individuals with dementia, paid and unpaid.

Outcome	Strategy Categories
 <b>Improve Health-Care Coverage and Affordability</b>	<ul style="list-style-type: none"> <li>• Health insurance enrollment and coverage (=)</li> <li>• Health-care affordability policies (=)</li> <li>• Health-care cost reduction programs and services (=)</li> </ul>
 <b>Improve Home- and Community-Based Supports</b>	<ul style="list-style-type: none"> <li>• Home- and community-based care coordination (=)</li> <li>• Transitions to home- and community-based care</li> <li>• Long-term care planning and support services</li> <li>• Telehealth (=)</li> <li>• Long-term care</li> </ul>
 <b>Improve Home Care Workforce Capacity and Caregiver Supports</b>	<ul style="list-style-type: none"> <li>• General caregiver supports</li> <li>• Caregiver supports for Alzheimer’s and dementia</li> <li>• Respite care</li> <li>• Kinship caregiver supports</li> <li>• Financial supports (=)</li> <li>• Direct care workforce investment, training, and job design</li> </ul>

**Note:** The strategy categories labeled with this symbol (=) include strategies that are likely to reduce disparities and inequities based on research.

### Local Alignment

Ohio’s AAAs have committed in their Strategic Area Plans to implement strategies within all of the listed strategy categories, except healthcare affordability policies, in order to achieve the State Plan goal for Access to Care. As a result, AAAs are responsible for implementation and reporting of their selected strategies during the 2023-2026 State Plan period. ODA will collaborate with the AAAs and other partners identified over the course of this period to ensure successful progress and implementation of these strategies. ODA will work to identify opportunities for implementation of health-care affordability policies strategies.

12 out of 12 AAAs (100%) selected Access to Care as a focus area in their Strategic Area Plans and identified corresponding priority populations, action steps, measures, and targets for strategy implementation. Within this focus area:

- 9 out of 12 AAAs (75%) prioritized Health-Care Coverage and Affordability strategies.
- 11 out of 12 AAAs (91.7%) prioritized Home- and Community-Based Supports strategies.
- 12 out of 12 AAAs (100%) prioritized Home Care Workforce Capacity and Caregiver Supports strategies.



## Long-Term Care | Access to Care

Ohio continues to expand its comprehensive, coordinated system of home- and community-based long-term care services in a manner responsive to the needs and preferences of older adults and their caregivers.

Still, quality, accessible, and affordable long-term care in residential settings is an essential aspect of Ohio's supports and services for older adults. In 2014, there were 54 assisted living and residential care units per 1,000 older Ohioans, ages 75 and older. This represents a 9.3% increase from 2010 to 2014.<sup>10</sup>

Despite this increase, more can be done to ensure that all older Ohioans in need of long-term care in a residential setting can access these important supports and services. Cost is one of the most significant barriers in accessing long-term care for older Ohioans. In 2015-2016, the median annual nursing home private pay cost as a percentage of median household income for Ohioans, ages 65 and older, was 237%. Ohio ranks lower on long-term care affordability (28th) than most other states and Washington, D.C.<sup>11</sup>

To support the provision of quality, accessible, and affordable long-term care services, the state will implement and invest in the long-term care strategies listed in Attachment E.

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10. National Center for Health Statistics and the U.S. Census Bureau, American Community Survey, as compiled in the AARP Long-Term.

11. Genworth and the U.S. Census Bureau, American Community Survey, as compiled in the AARP Long-Term Services and Supports State Scorecard.





# Social Connectedness

## Outcomes and Objectives

The state will use the following outcomes and objectives to monitor progress toward supporting social connectedness for older Ohioans. For more information on targets, priority populations, and data sources, see Attachment F.

Every older Ohioan is valued and connected to others in their community, and social isolation due to the COVID-19 pandemic is addressed across the state.



### Outcome 13: Improve Social Inclusion

#### Objective 13.1

Increase the percent of adults, age 60 and older, who report hardly ever feeling left out from 77.4% (2019) to 86% (2029). (Data source: Ohio Medicaid Assessment Survey).

#### Priority Populations

Older Ohioans: of color | who live alone | who live in rural or Appalachian regions | with low income | who are immigrants or refugees | with disabilities | who are female.



### Outcome 14: Increase Volunteerism

#### Objective 14.1

Increase the percent of adults, age 65 and older, who reported volunteering in the past year from 30.3% (2017) to 45% (2029). (Data source: Corporation for National & Community Service, via America's Health Rankings).


#### Priority Populations

Older Ohioans: of color | who are immigrants or refugees



## Strategies | Social Connectedness

To advance the goal and achieve the objectives above, the state will implement and invest in the following evidence-informed strategies. The policies, programs, and services within each strategy category are listed in Attachment E.

Outcome	Strategy Categories
 <b>Improve Social Inclusion</b>	<ul style="list-style-type: none"> <li>• Physical activity</li> <li>• Community engagement and social supports (=)</li> <li>• Home-based social supports</li> <li>• Transportation and land use</li> <li>• Self-management and prevention</li> </ul>
 <b>Increase Volunteerism</b>	<ul style="list-style-type: none"> <li>• Civic participation supports</li> <li>• Service opportunities for older adults</li> </ul>

Note: The strategy categories labeled with this symbol (=) include strategies that are likely to reduce disparities and inequities based on research

### Local Alignment

Ohio’s AAAs have committed in their Strategic Area Plans to implement strategies within all of the listed strategy categories in order to achieve the State Plan goal for Social Connectedness. As a result, AAAs are responsible for implementation and reporting of their selected strategies during the 2023-2026 State Plan period. ODA will collaborate with the AAAs and other partners identified over the course of this period to ensure successful progress and implementation of these strategies.

12 out of 12 AAAs (100%) selected Social Connectedness as a focus area in their Strategic Area Plans and identified corresponding priority populations, action steps, measures, and targets for strategy implementation. Within this focus area:

- 12 out of 12 AAAs (100%) prioritized Social Inclusion strategies.
- 6 out of 12 AAAs (50%) prioritized Volunteerism strategies.



# Population Health

## Outcomes and Objectives

The state will use the following outcomes and objectives to monitor progress toward fostering longer, healthier lives for older Ohioans. For more information on targets, priority populations, and data sources, see Attachment F.

Every older Ohioan has the opportunity to achieve optimal health, including cognitive, cardiovascular, and mental health.



### Outcome 15: Reduce Cognitive Difficulty

**Objective 15.1** Reduce the percent of adults, age 65 and older, who reported having cognitive difficulty from 10% (2018) to 9% (2029). (Data source: BRFSS)

**Priority Populations** Older Ohioans: of color | with low income/educational attainment | who are LGBTQ+ | who are female.



### Outcome 16: Reduce Hypertension

**Objective 16.1** Reduce the percent of adults, age 65 and older, who have ever been told they have high blood pressure from 60% (2017) to 55.2% (2029). (Data source: BRFSS).

**Priority Populations** Older Ohioans: of color | with low income/educational attainment



### Outcome 17: Reduce Depression




**Objective 17.1** Reduce the percent of adults, age 65 and older, who reported their mental health was not good for 14 or more days in the past 30 days from 7.7% (2018) to 6.8% (2029). (Data source: BRFSS via America's Health Rankings).

**Priority Populations** Older Ohioans: of color | low income/educational attainment | who are female.



## Strategies | Population Health

To advance the goal and achieve the objectives above, the state will implement and invest in the following evidence-informed strategies. The policies, programs, and services within each strategy category are listed in Attachment E.

Outcome	Strategy Categories
 <b>Reduce Cognitive Difficulty</b>	<ul style="list-style-type: none"> <li>• Physical activity</li> <li>• Community engagement and social supports (=)</li> <li>• Screening and care coordination</li> </ul>
 <b>Reduce Hypertension</b>	<ul style="list-style-type: none"> <li>• Physical activity</li> <li>• Screening and preventive clinical services</li> <li>• Disease prevention, management, and care coordination (=)</li> <li>• Treatment and medication adherence</li> </ul>
 <b>Reduce Depression</b>	<ul style="list-style-type: none"> <li>• Physical activity</li> <li>• Mental health-care access and supports (=)</li> <li>• Screening and assessment</li> <li>• Disease management and care coordination (=)</li> </ul>

**Note:** The strategy categories labeled with this symbol (=) include strategies that are likely to reduce disparities and inequities based on research

### Local Alignment

Ohio’s AAAs have committed in their Strategic Area Plans to implement strategies within all of the listed categories, except treatment and medication adherence, in order to achieve the State Plan goal for Population Health. As a result, AAAs are responsible for implementation and reporting of their selected strategies during the 2023-2026 State Plan period. ODA will collaborate with the AAAs and other partners identified over the course of this period to ensure successful progress and implementation of these strategies. ODA will work to identify opportunities to implement treatment and medication adherence strategies.

9 out of 12 AAAs (75%) selected Population Health as a focus area in their Strategic Area Plans and identified corresponding priority populations, action steps, measures, and targets for strategy implementation. Within this focus area:

- 6 out of 12 AAAs (50%) prioritized Cognitive Difficulty strategies.
- 7 out of 12 AAAs (58.3%) prioritized Hypertension strategies.
- 8 out of 12 AAAs (66.7%) prioritized Depression strategies.



# Preserving Independence

## Outcomes and Objectives

The state will use the following outcomes and objectives to monitor progress toward preserving independence for older Ohioans. For more information on targets, priority populations, and data sources, see Attachment F.

Every older Ohioan is empowered and able to maintain independence as they age, and chronic pain and falls are minimized.



### Outcome 18: Improve Chronic Pain Management

#### Objective 18.1

Reduce the percent of people, age 65 and older, who have arthritis that limits usual activities from 17.7% (2019) to 14% (2029). (Data source: BRFSS via ODH)

#### Priority Populations

Older Ohioans: with low income/educational attainment | with disabilities | who are female.



### Outcome 19: Improve Falls Prevention

#### Objective 19.1

Reduce the percent of adults, age 65 and older, who report having had a fall within the last year from 25.6% (2018) to 15.4% (2029). (Data source: BRFSS via America's Health Rankings).



#### Priority Populations

Older Ohioans: with low income/educational attainment | with disabilities



## Strategies | Preserving Independence

To advance the goal and achieve the objectives above, the state will implement and invest in the following evidence-informed strategies. The policies, programs, and services within each strategy category are listed in Attachment E.

Outcome	Strategy Categories
 <b>Improve Chronic Pain Management</b>	<ul style="list-style-type: none"> <li>• Self-management supports</li> <li>• Physical activity</li> </ul>
 <b>Improve Falls Prevention</b>	<ul style="list-style-type: none"> <li>• Physical activity</li> <li>• Falls prevention education and self-management</li> <li>• Falls risk assessment and interventions</li> <li>• Home modifications</li> </ul>

### Local Alignment

Ohio’s AAAs have committed in their Strategic Area Plans to implement strategies within all of the listed strategy categories in order to achieve the State Plan goal for Preserving Independence. As a result, AAAs are responsible for implementation and reporting of their selected strategies during the 2023-2026 State Plan period. ODA will collaborate with the AAAs and other partners identified over the course of this period to ensure successful progress and implementation of these strategies.

11 out of 12 AAAs (91.7%) selected Preserving Independence as a focus area in their Strategic Area Plans and identified corresponding priority populations, action steps, measures, and targets for strategy implementation. Within this focus area:

- 9 out of 12 AAAs (75%) prioritized Chronic Pain Management strategies.
- 11 out of 12 AAAs (91.7%) prioritized Falls Prevention strategies.



## Strategy Implementation Considerations for Priority Populations

State Plan priority populations are at an increased risk of experiencing personal and environmental stressors, such as discrimination (i.e., racism, ableism, xenophobia, homophobia, transphobia, etc.), poverty, and exposure to trauma and toxic stress. Priority Populations, as indicated below, may also face unique challenges to accessing programs and services, including limited access to public transit, lack of geographic proximity to providers, and inadequate internet connectivity.

To ensure that policies, programs, and services reach and meet the needs of priority populations, the following elder justice and equity considerations will inform the implementation of State Plan strategies:



- Tailored outreach and messaging, language access plans, and translation services to increase access and engagement.
- To reduce program participation barriers, accommodations and modifications are made available to support older adults with disabilities or with symptoms that limit their activities.
- Services and programs are tailored or adjusted to better meet the individual needs of older adults living with chronic conditions, such as HIV/AIDS.
- Providers select locations that are close, convenient, and considered safe by the community to increase engagement and remove transportation barriers.
- Programs are offered free of charge with a voluntary contribution or donation, or on a sliding fee scale, in accordance with OAA cost sharing requirements if funded by Title III, to minimize cost as a barrier to participation.
- Virtual services, as applicable and allowable, to increase access to care.
- Service providers complete cultural competency and implicit bias training to improve knowledge, understanding, and skills for serving priority populations.
- Providers are demographically representative of the communities they serve to ensure programs and services are community-sensitive.
- Services and supports are trauma-informed, including using a holistic approach, promoting the dignity, strength, and empowerment of victims of trauma, and incorporating research-based practices.

\* Sex is specified as a priority population where a disparity exists



## COVID-19: Impact and Considerations

Older Ohioans, both inside and outside of congregate settings, face an increased risk for severe COVID-19 illness. As of February 28, 2022, 86.7% of COVID-19 deaths were among Ohioans ages 60 and older, with 42% of total deaths occurring among Ohioans ages 80 and older.<sup>12</sup> A total of 31,730 Ohioans ages 60 and older have died with COVID-19.<sup>13</sup> Needs assessment findings, including the stakeholder meetings and survey of older adults and caregivers, also highlight the many challenges associated with the COVID-19 pandemic.

As the pandemic persists, state and local partners will continue to modify and adapt program and service delivery to best meet the needs of older Ohioans and their caregivers. The following COVID-19 considerations will inform the implementation of State Plan strategies:

The pandemic created opportunities to improve services for older Ohioans and their caregivers.

- Tailored supports and person-centered, trauma-informed services are necessary to meet the needs of older Ohioans who are disproportionately impacted by the pandemic, such as older Ohioans of color, who live in rural or Appalachian regions, or who live alone.
- Adequate internet and technology access are crucial to allow for virtual engagement through telehealth, online web platforms, and other technologies.
- The health-care and home-care workforce require added supports as they experience 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).
- Anticipating changes to eligibility requirements and benefit levels as a result of the end of the federal Public Health Emergency.
- Family caregivers need adequate supports and respite due to increased demands or unique needs caused by the pandemic.
- Aging service providers, such as senior centers, community centers, and adult day centers, can continue to adapt programming to provide services, such as home-delivered or grab-and-go meals, social activities, and health and wellness programming, in virtual or distanced ways.

See Attachment E for strategies to prevent and address COVID-19.

The priority populations identified in this State Plan will be prioritized for ongoing efforts to address the COVID-19 pandemic. The impact of these efforts will be assessed using the outcomes and objectives in this State Plan, including improved social isolation, improved nutrition, and reduced depression.

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12. HPIO analysis of ODH Coronavirus (COVID-19) Dashboard accessed on Feb. 28, 2022 (last update listed Feb. 25, 2022).

13. Ibid.



## Preparing for Future Public Health Emergencies

ODA remains committed to long-term preparedness planning for future public health emergencies. The state will incorporate lessons learned from the pandemic, including innovative practices that have emerged to extend service access to priority populations as well as ensure quality, long-range emergency preparedness plans are established across Ohio's AAAs.

### Examples of innovative practices to incorporate during public health emergencies:

- Permitting state and federal flexibilities in spending, when possible, to better meet the local needs and priorities for service delivery; for example, flexibilities with Title III transfer limits and spending across Title III B, C-1, C-2, D and E for disaster relief.
- Prioritizing consumers to ensure every service client is assigned a disaster priority level. This will facilitate the network's ability to prioritize the care needs of consumers most impacted by emergency situations.
- Prioritizing and maintaining essential services, such as meals, personal care, and adult day services. Non-essential services, such as chore, home-maintenance, and non-medical transportation could be briefly postponed/paused until the emergency period has resolved or stabilized.
- Partnering with public health entities including federally qualified health centers, local health districts, and pharmacies to address public health needs and provide services that are part of a public health emergency or emerging health threat; for example, partnering with such entities to expand access to vaccines for older adults.
- Utilizing innovative service delivery methods to increase access, such as grab-and-go meals, grocery ordering and delivery, and virtual evidence-based health and wellness programming.

In the coming months and years ahead, ODA will also stay apprised of promising practices for disaster and emergency preparedness and response in aging and disability programs that are identified and shared at the state and national level, including those shared by the ACL and the National Information and Referral Support Center.





## Older Americans Act Services

ODA serves as Ohio's federally-designated State Unit on Aging to carry out OAA core programs found in Titles III, V, and VII. OAA programs serve as the foundation of the aging services network and include:

- **Supportive services, nutrition, disease prevention/health promotion, and caregiver programs in accordance with Title III;**
- **Economic self-sufficiency, community service, and work-based job training in accordance with Title V; and,**
- **Elder rights programs, including the State Long-Term Care Ombudsman (SLTCO) Program in accordance with Title VII.**

Authorized by Title V and administered through the U.S. Department of Labor, the Senior Community Service Employment Program (SCSEP) fosters and promotes opportunities in community service for unemployed, low-income older adults. SCSEP extends training and education to develop and enhance a person's skills to promote financial stability and encourage their success in the workforce.

OAA Titles III, V, and VII services will be strengthened in Ohio's aging services network by leveraging the multi-sector partnerships and concerted efforts identified in this State Plan, including the partnerships illustrated in figures 1 (see pg. 7) and 5 (see pg. 17).

Additionally, Ohio has been fortunate to receive substantial supplemental funding in response to the COVID-19 pandemic. Ohio has and will continue



Ohio's SLTCO advocates for older Ohioans receiving home care, assisted living, and nursing home care. Paid and volunteer staff help Ombudsmen connect consumers to services and providers by:

- **Advocating for person-centered approaches by providers to meet the needs and honor the preferences of residents.**
- **Linking older Ohioans with services or agencies.**
- **Offering resources to help older Ohioans select long-term care providers.**
- **Providing information and assistance with benefits and insurance.**



to leverage these supplemental relief funds in a strategic manner by concentrating resources and aligning service delivery with the priorities set forth in this State Plan. Supplemental funds have also afforded Ohio the opportunity to invest in the aging network infrastructure. Ohio's aging network will continue to expend American Rescue Plan funding and other supplemental funding available by exploring options for expanding service delivery, reducing waitlists, and developing greater capacity to foster ongoing development and implementation of a comprehensive and coordinated system.

### **Integrating ACL Non-Formula-Based Grant Programs**

ODA will incorporate ACL non-formula-based grants and other discretionary funds into administration of core OAA programs by aligning all funds with the priorities set forth in this State Plan framework and with consideration of our aging services network, AAAs, and local/regional needs.

ODA is not currently awarded any non-formula-based ACL grants; however, in all funding received, ODA aligns grants with the priorities and strategies identified in the State Plan and allocates funding in accordance with priority populations and areas of the state with greatest need. In some cases, for example, ODA selects to utilize the IFF for distribution of state-funded grants such as Ohio's Senior Community Services Block Grant and Alzheimer's Respite Line Item. This ensures equitable distribution and integration of these additional funds with core OAA programs. Ohio AAAs also develop their Strategic Area Plans by incorporating funds allocated via the IFF into their operational budgets and related Area Plan components. This positions our state to become strong applicants in future ACL grant opportunities.

In addition, ODA continuously collaborates with other agencies and organizations to ensure inclusion of the

priorities set forth in this framework. For example, ODA works closely with other State of Ohio agencies, local agencies, and community-based organizations. Several of our partners have current ACL grant awards, including:

- Alzheimer's Disease Programs Initiative;
- Falls Prevention Grant; and,
- Innovations in Nutrition Programs and Services.

