



# Healthy Aging Grants: **EVALUATION REPORT**

July 2025



Department of  
Aging

## LETTER FROM THE DIRECTOR

Dear Ohioans,

On behalf of the Ohio Department of Aging (ODA) and the Miami University Scripps Gerontology Center, I am pleased to present this evaluation report for our Healthy Aging Grants Program. This is the first of three total reports that will share the many successes of the Healthy Aging Grants and showcase why interventions like these can benefit not just older Ohioans, but the state.

In this report, you will read a broad overview of the Healthy Aging Grants, learn about their purpose, and see how various counties decided to allocate the funds distributed to them by ODA. The report's conclusion, with which I wholeheartedly agree, maintains that as Ohio continues to age, state resources must be used to keep Ohioans independent in their communities rather than concentrating funding efforts on Medicaid resources. The Healthy Aging Grants Program is one way to accomplish this mission, with results that made a significant difference across the 85 Ohio counties who received funding.

With the Healthy Aging Grants, our overall philosophy was simple: empower local communities to serve their residents. How to do that was up to local leaders who know their neighborhoods best. The grants were flexible, giving leaders the opportunity to tailor how they spent the money they received. Even within the required spending areas of food assistance, housing assistance, and internet and digital literacy, local leaders had the ability to improve the lives of their constituents in diverse ways.

Healthy Aging programs have been proven to help aging adults stay healthy, live longer, and increase their independence in the community. Fundamentally, these results are evidence-backed and fiscally responsible. By implementing programs like Healthy Aging, we will be investing in a better future for all Ohioans, their loved ones, and their caregivers. It is my hope that this report shares the program's successes and that we can make Healthy Aging a mainstay of our state's aging efforts.

In helping to establish this program, I am thankful to Governor Mike DeWine for his commitment to making Ohio the best place to age in the nation, and I am thankful to the Ohio general assembly for agreeing to fund Healthy Aging with \$40 million in the last biennium. I am thankful to our team at ODA for the work they did to connect with local leaders and distribute funds, and I am extremely grateful to those local leaders who used these funds to aid their communities with tailored programs. I am also thankful to Bob Applebaum, Jennifer Heston-Mullins, and Bailee Brekke with the Scripps Gerontology Center at Miami University for their research and work on this report.

Sincerely,



Ursel J. McElroy  
Director, Ohio Department of Aging



## HEALTHY AGING GRANTS REPORT: EXECUTIVE SUMMARY

With the bold vision of the Healthy Aging Grants Program (HAGP), the Ohio Department of Aging (ODA) is prioritizing upstream investments and changes for adults earlier in life. With these grants- which align with ODA's 2023-2026 State Plan on Aging- leaders at the local level are administering funding to the right people in the right places. This is helping to make healthy aging a reality for all Ohioans as we work to make Ohio the best place to age in the nation.

### Healthy Aging Grants Summary



**COMMUNITY SPECIFIC:** Funding provided directly to local communities who can spend money in ways they know will best impact their citizens



**FINDING GAPS:** Grants address the limitations of our current support system, helping Ohioans who do not meet Medicaid's strict eligibility criteria



**PROMOTES INDEPENDENCE:** Direct funding allows counties to make decisions to promote their citizens to age in place

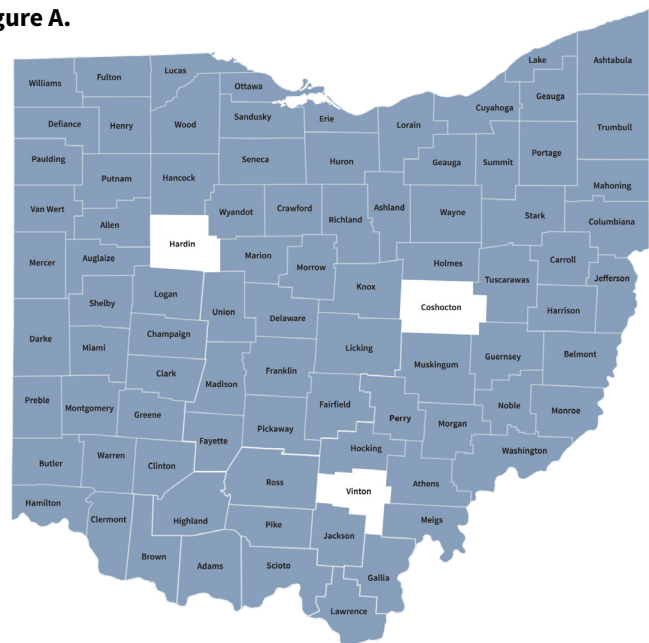


**ADDRESS POPULATION CHANGE:** Ohio's aging population will approach 20% of the state's total by 2030

Figure A.

Healthy Aging Grants totaling \$40 million were distributed to 85 of Ohio's 88 counties. (See Figure A).

This report's evaluation of HAGP examines the service and expenditure patterns reported by the 85 participating counties as well as implementation strategies, innovations, and challenges identified through in-depth interviews with 16 counties.







Used Healthy Aging Grants

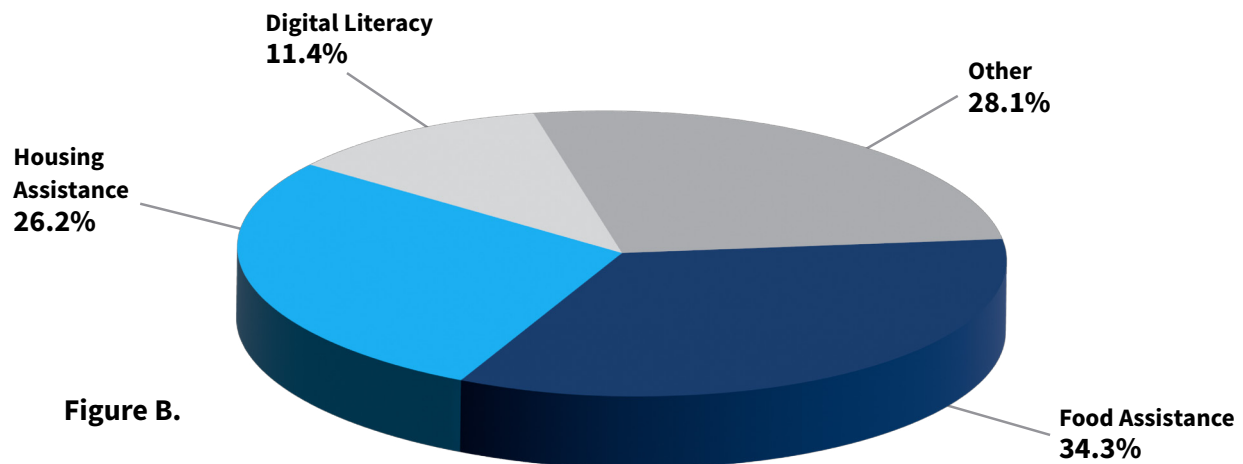


Did not use Healthy Aging Grants

## Healthy Aging Grants' Core Areas

	<b>FOOD ASSISTANCE</b>	<p>Services in this category included home-delivered meals, congregate meal sites, and food vouchers.</p> <p><i>Ohioans served: 113,000      County spending: \$150,000, on average</i></p>
	<b>HOUSING ASSISTANCE</b>	<p>Services in this category included home repairs and modifications such as roof repairs or ramp installation.</p> <p><i>Ohioans served: 10,000      County spending: \$114,000, on average</i></p>
	<b>DIGITAL LITERACY</b>	<p>Services in this category included providing technical assistance for devices, purchasing and supplying devices, and expanding internet safety education.</p> <p><i>Ohioans served: 23,000      County spending: \$55,000, on average</i></p>
	<b>OTHER</b>	<p>Other services included programs supporting health and wellness, transportation, social isolation, caregiver support, emergency response systems, care management, and mental health services.</p> <p><i>Ohioans served: 34,000</i></p>

## Percentage of Healthy Aging Grant Funding Spent in Core Areas



All told, the impacts of HAGP were highly positive at the local level. By providing funding not tied to Medicaid, HAGP empowered communities to serve their citizens to tackle their most critical needs. Nearly 179,000 older Ohioans in nearly every corner of the state saw positive impacts from the funding. HAGP was a landmark effort from ODA that, with renewed funding, could provide vital resources for Ohioans as they age.

This study was funded by the Ohio Department of Aging.



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## REPORT OVERVIEW

### Background

Ohio is experiencing a new phenomenon; population aging. We have always had older citizens, but for the first time in the United States we have an aging nation. At the beginning of the 20th century, about 3% of the U.S. population was age 65 and older. By 2030, the size of Ohio's older population will approach 20% of the state's total, and the number of individuals age 60 and older will be higher than the number of Ohioans age 18 and younger. While we celebrate the many benefits of longevity, these population changes also mean new challenges for society. An array of studies conducted by the Scripps Gerontology Center at Miami University and by other researchers across the nation highlight the consistent goal expressed by individuals who are aging — to remain living independently in their homes and communities for as long as possible. This study is an evaluation of Ohio's Healthy Aging Grant Program, a state initiative designed to support community independence.

### Aging in Ohio

- Ohio, along with the nation as a whole, is aging. With almost 2.9 million individuals age 60 and older and more than 2 million people age 65 and older in 2020, Ohio ranks sixth highest nationally in the number of older adults.
- The number of Ohioans age 60 and 65 and older will peak in 2030, reaching 2.92 million and 2.3 million respectively. The population ages 60 and 65 and older actually drops in 2040 and 2050 (60+ projected to drop 11% from 2030 to 2050).
- The population age 85 and over, which today has grown to more than 233,000, is projected to increase 24% by 2050.
- The median income in 2020 for the population age 65 and over was just under \$48,000, with 9.2% living below the federal poverty level (The 2020 federal poverty level for 65+ was \$12,670).
- Fifty-five percent of older Ohioans are women, and that proportion increases with age. Three in 10 (29%) older people in Ohio report living alone and one in five (21%) report having no access to the internet.
- Estimates in 2020 indicated that the number of older Ohioans with high levels of disability, which would allow them to meet the state nursing home level of care criteria, topped 266,000.
- Rates of disability vary dramatically by age group — about 7% of the population age 65-69 have a high level of disability requiring long-term services, but that proportion grows to 44% for those age 85 and older.
- By 2050, the number of individuals age 85 and over with a high level of disability will increase by 24%.



- The number of older people with moderate levels of disability who require assistance with grocery shopping, meals, or home maintenance includes an additional 190,000 older Ohioans.
- The current federal approach to supporting older people with disability is to provide a safety net through the Medicaid program after a high need for long-term services has resulted in impoverishment. Supportive services, even for older people with low income and moderate levels of disability, are minimally available. Ohio does have local levies that support services for older people who do not yet qualify for Medicaid, but they vary in size and availability.

## Healthy Aging Grants Program and Evaluation

All counties participating in the Healthy Aging Grants Program agreed to provide three core services: food assistance; housing assistance; and internet access and digital literacy; the remaining funds could be used for services that aligned with Ohio's 2023-2026 State Plan on Aging. Eighty-five of Ohio's 88 counties participated in the HAGP, as county participation was at the discretion of the local commissioners.

The Scripps Gerontology Center at Miami University conducted an evaluation of the HAGP examining 1) service and expenditure patterns reported by the participating HAGP counties, and 2) implementation strategies, innovations, and challenges identified through in-depth interviews with 16 different counties.

### Implementation Strategies

- Grant funds were dispersed to county commissioners allowing administration and implementation strategies to vary across the state. Commissioners, appointed an array of administrative organizations to oversee the use of funds, including area agencies on aging, county offices on aging, county departments of job and family services, and private not-for-profit agencies.

### Core Services

- Food assistance was the largest program expenditure. On average, counties spent more than one-third (34.3%) of their total funds in this area.
- The average county's food assistance expenditure was just under \$168,000, serving 113,505 older Ohioans statewide through home-delivered meals, congregate meal sites, and food vouchers for restaurants or local farmers markets.
- Housing assistance accounted for more than one-quarter of county program expenditures (26.2%). On average, counties spent \$114,000 in this area.
- Serving 10,646 older adults across the state, the bulk of housing assistance funds were used for home repairs or modifications to help older adults remain in their homes, including major repairs such as roof and HVAC system replacement.
- Less extensive home repairs included installing safety equipment such as bathroom grab bars and ramps to allow wheelchair access. In some instances, funds were used to provide emergency housing.
- Internet access and digital literacy services were provided by 83 counties and their expenditures in this area accounted for 11.4% of their total grant funding.

- On average, counties spent \$55,000 on internet access and digital literacy, serving 22,809 older Ohioans statewide.
- Internet access and digital literacy services often included providing device technical assistance, purchasing and supplying devices, and expanding access to the internet and internet safety education through partnerships with local organizations such as libraries and law enforcement.

### **Additional Line County Services**

- More than half of participating counties (48) developed services to support health and wellness, averaging \$29,000 in expenditures and serving 8,162 older adults across the state. Health and wellness services included preventative services, such as health and wellness fairs, first-aid training, and expanded exercise and recreational opportunities.
- Forty-one counties used funds to support transportation, reporting average expenditures of \$46,000. Transportation assistance was provided to 8,200 older Ohioans statewide and included safe driving classes, bus passes, and support for travel to senior center programming or visits to medical appointments.
- Thirty-three counties dedicated funds to combat social isolation in their communities, serving 12,024 older adults across the state with an average of \$94,000 in expenditures. These services included support for volunteerism, efforts to communicate with and engage homebound and isolated older adults, and support for community programming offered through senior centers and other local organizations.
- Seventeen counties used funds to support caregivers, averaging less than \$37,000 in expenditures and serving 424 individuals. These funds supported respite provided in adult day service and in-home settings, caregiver education programs, and caregiver support groups.
- Eighteen counties used funds to support emergency response systems, averaging less than \$14,000 and serving 2,673 older adults in those counties.
- Ten counties used funds to provide care management or care coordination services through which care coordinators work with individuals and family members to link them to needed community services and resources. The counties offering this service averaged \$93,000 in expenditures and in total served 1,020 older people.
- Ten counties provided mental health services to support outreach to those with mental health needs, provide brain health education programs, and offer mental health training for community members. Counties averaged \$7,700 in mental health expenditures and served 1,427 older people across the state.

## INTRODUCTION

In the 2024/2025 state biennial budget, the Ohio General Assembly allocated \$40 million to the Ohio Department of Aging (ODA) to support the HAGP.<sup>1</sup> The goal of the funding was to ensure that older Ohioans across the state had access to an array of support services that would allow them to remain in their own communities for as long as possible. The funds were dispersed to individual counties, which then developed a strategy to deliver services in local communities. This report: 1) provides an overview of the aging demographics of Ohio, including state and county level data about the size of Ohio's older population, the number of older Ohioans who experience disability requiring long-term assistance from family or friends or the formal service system, and social and economic characteristics of today's older Ohioan population; 2) examines the services and expenditure patterns in the 85 participating HAGP counties; 3) highlights HAGP accomplishments and innovations; and 4) describes challenges faced in implementing the HAGP across the state. The overview of Ohio's aging demographics and characteristics is presented to provide a better context for understanding Ohio's HAGP.

## BACKGROUND

In total, the HAGP provided services to just under 179,000 older Ohioans across the state to support their goals of remaining in their local communities. As Ohio continues to age, state resources must be used to support older Ohioans and their families in achieving the goal of community independence. The current federal approach of concentrating the vast majority of resources in the Medicaid program, when only 10% of the older population is eligible for Medicaid, means that resources become available only after individuals are impoverished. Supportive and preventative services, which could delay or reduce the need for expensive residential care options like nursing homes and assisted living facilities, are minimally supported at the federal level, and state resources are limited for such efforts. The HAGP was the first statewide effort to address this limitation and was very positively viewed across Ohio counties.

**Table 1. Ohio's Older Population 2020-2050**

Category	2020	2030	2040	2050	% Change 2020-2050
<b>Total Population of Ohio</b>	11.8 million	11.7 million	11.43 million	11.1 million	-5.7%
<b>60 and older</b>	2.86 million (24.2%)	2.94 million (25.1%)	2.72 million (23.8%)	2.62 million (23.5%)	-0.08%
<b>65 and older</b>	2.1 million (17.4%)	2.3 million (19.5%)	2.1 million (18.6%)	2.0 million (17.6%)	-0.04%
<b>85 and older</b>	232,830 (2.0%)	213,800 (1.83%)	261,400 (2.3%)	288,630 (2.6%)	+24.0%

Source: Scripps Gerontology Center, Ohio Department of Development. (n.d.). Projections of Ohio's Older Adult Population. <https://miamioh.edu/cas/centers-institutes/scripps-gerontology-center/research/ohio-population-research.html>

While a growing population is a marker of societal advancement, such increases present pressing challenges for the state, particularly in the provision of long-term services. Estimates for 2020 indicated that the number of older Ohioans with high levels of disability, which would allow them to meet the state nursing home level of care criteria, topped 266,000. The number of older people with moderate levels of disability requiring assistance with grocery shopping, meals, or home maintenance adds 190,000 individuals to the total needing assistance (See Table 2). Rates of disability vary dramatically by age group — about 7% of the population age 65-69 have a high level of disability requiring long-term services, but that proportion grows to 44% for those age 85 and older. Between 2020 and 2050 our estimates indicate that the number of individuals age 85 and over with a high level of disability will increase by 24%. However, because of the drop in the overall aging population, the growth rate in the older population with high levels of disability between 2020 and 2050 is estimated to be a more moderate 6%.

**Table 2. Disability Estimates for Ohio's Older Population: 2020, 2030, 2040, 2050**

	2020	2020	2030	2040	2050	% Change 2020-2050
<b>High Need for Long-term Services</b>						
<b>Age Group</b>	<b>% High Need</b>	<b># High Need</b>	<b># High Need</b>	<b># High Need</b>	<b># High Need</b>	<b>% Change High Need</b>
<b>65-69</b>	7.3%	49,933	50,235	41,225	42,012	-15.9%
<b>70-74</b>	8.1%	44,158	51,033	41,344	37,138	-15.9%
<b>75-79</b>	10.1%	35,473	47,081	47,025	38,178	+7.6%
<b>80-84</b>	14.7%	34,372	40,791	46,770	37,991	+10.5%
<b>85+</b>	43.9%	102,290	94,657	11,4885	126,379	+23.5%
<b>Total 65+ High Need</b>	13.0%	266,226	283,797	29,1249	281,698	+5.8%
<b>Moderate Need for Long-Term Services</b>						
<b>Age Group</b>	<b>% Moderate Need</b>	<b># Moderate Need</b>	<b># Moderate Need</b>	<b># Moderate Need</b>	<b># Moderate Need</b>	<b>% Change Moderate Need</b>
<b>65-69</b>	9.7%	66,731	67,037	54,792	55,771	-16.4%
<b>70-74</b>	8.5%	46,356	53,517	43,078	38,561	-16.8%
<b>75-79</b>	9.7%	34,109	45,315	45,303	36,868	+8.0%
<b>80-84</b>	8.2%	19,166	22,692	26,004	21,080	+10.0%
<b>85+</b>	10.8%	25,160	23,404	28,265	31,015	+23.3%
<b>Total 65+ Moderate Need</b>	9.4%	191,522	211,965	197,442	183,295	-4.3%
<b>Total Disability (High and Moderate combined)</b>	<b>22.4%</b>	<b>457,748</b>	<b>495,762</b>	<b>488,691</b>	<b>464,993</b>	<b>+1.5%</b>

Source: Scripps Gerontology Center, Ohio Department of Development. (n.d.). Projections of Ohio's Older Adult Population.  
<https://miamioh.edu/cas/centers-institutes/scripps-gerontology-center/research/ohio-population-research.html>



Table 3 presents a profile of Ohio's older population to provide additional context for the HAGP. The median income in 2020 for the population age 65 and older was just under \$48,000, with 9.2% living below the federal poverty level (The 2020 poverty rate for the population age 65 and older was \$12,670). The vast majority of Ohioans age 65 and older (94%) were white and non-Hispanic. Fifty-five percent of older Ohioans are women and that proportion increases with age. Just more than half of older Ohioans are married (55%), and three in 10 (29%) report living alone. Nine in 10 have a high school diploma or higher amounts of education. One in five (21%) older Ohioans report not having access to the internet. Life expectancy at age 65 in 2020 was an additional 18.5 years.<sup>3,4</sup>

<b>Table 3. Characteristics of Ohio's Older Population, 2020</b>	
<b>Ohioans 65 and Older</b>	<b>% or #</b>
Percent married	55.3%
Percent living alone	28.9%
Percent with high school diploma	87.4%
Percent below poverty	9.2%
Percent white, non-Hispanic	93.9%
Percent veterans	16.0%
Percent without internet access	21.0%
Median household income	\$47,840
Life expectancy at birth (years)	76.6
Life expectancy at age 65 (years)	18.5

Source: Scripps Gerontology Center, Ohio Department of Development. (n.d.). Projections of Ohio's Older Adult Population. <https://miamioh.edu/cas/centers-institutes/scripps-gerontology-center/research/ohio-population-research.html>

These demographic patterns, particularly the increase in the 85+ population, indicate that Ohio will continue to face challenges in its quest to meet the needs of older people, especially those who experience disability. In response to the growth in the number of older people with high levels of disability over the past three decades, Ohio and many states across the nation have expanded the availability of home-and community-based services (HCBS) and this change has resulted in a much different long-term services system.<sup>2</sup> Even before the COVID-19 pandemic, nursing home occupancy rates had dropped and the balance between institutional care and HCBS had changed dramatically. This continued trend means that today the Medicaid program covers more older individuals in the community than in nursing homes both nationally and in Ohio.

While the growth of HCBS options under Medicaid is widely praised, the limitation of Medicaid is that, as a welfare program, it requires that individuals deplete their financial resources and have impairments that meet the state's nursing home level of care criteria to be eligible. Nine in 10 older adults (90%) are not financially eligible for Medicaid, and for those individuals, the federal and state governments provide only limited support for long-term services.<sup>5</sup> While some states have home care programs funded through state general revenues, Ohio does not.

Even for states with these programs, they are typically a fraction of the Medicaid efforts. Non-Medicaid individuals age 60 and older rely on the federal Older Americans Act (OAA) when they use services through the public system. The OAA provision of in-home support services to older people has kept up with neither inflation, nor with the exponential growth of the older population.<sup>6</sup> These limited long-term service investments have been identified as a factor contributing to higher health and long-term care expenditures in the U.S..<sup>7,8</sup>

The current federal approach to supporting older people with disabilities is to provide a safety net through the Medicaid program after a high need for long-term services has resulted in impoverishment. Support for individuals with low and/or moderate income who are above the Medicaid threshold is very limited. The current system also does not provide programs for individuals with moderate levels of disability, even those with low income, although eventually they are likely to need long-term assistance. This means that there are very few national or state programs designed to forestall or alleviate the need for higher levels of care or to prevent ultimate reliance on Medicaid. Ohio's Medicaid budget accounts for about one-quarter of the entire state general revenue budget, and 36% of those dollars are allocated to long-term care, suggesting that future growth will continue to exert pressure on the overall state budget.

Similar to most states, Ohio's home care investment has focused on providing the required state match to the Medicaid program. While Ohio's Medicaid waiver programs are leaders in the nation, these programs do not support the majority of older Ohioans. A unique Ohio solution to this challenge has been the use of programs funded via local taxes (typically through property taxes). In 2023, 75 of Ohio's 88 counties used this approach. The vast majority are implemented at the county level, with some receiving high levels of support (higher than \$20 million and some receiving less than a few hundred thousand).<sup>9</sup> Ohio has the largest locally supported levy program in the nation, both in terms of the proportion of counties with local support and the amount of funds generated. This approach, while providing critical services at the local level, results in large variations in access to support depending on the county of residence.

## THE HEALTHY AGING GRANTS PROGRAM: A STATEWIDE STRATEGY

In response to the concern that older Ohioans who were low and moderate income - but not eligible for Medicaid - did not always have the needed support to remain independent in the community, the Governor and General Assembly developed Ohio's HAGP. Administered by the Ohio Department of Aging, the program allocated \$40 million to be distributed to each of the state's 88 counties. The goal of the HAGP was to ensure that older Ohioans had access to an array of support services to help them remain living independently in their own communities. The allocation of funding to counties included a \$100,000 base, with additional funding for the number of individuals age 60+ below poverty and not on Medicaid within each county. Eighty-five of Ohio's 88 counties participated in the HAGP. The two largest counties, Franklin and Cuyahoga, received an allocation of about \$4 million, while the smallest counties, Wyandot, Mercer, and Monroe, received about \$140,000 (See Table 4 for a listing of allocations by county).

Counties received two allocations, the first in November 2023, and the second in July 2024. Grant guidelines required counties to allocate a minimum of 20% of funds to food assistance, 20% to housing assistance, and 10% to support internet access and digital literacy. The remaining funds were to be used to support evidence-based/informed services that aligned with Ohio's 2023-2026 State Plan on Aging.<sup>10</sup> Program guidelines did not allow funds to be allocated to capital projects, but funds could be used for routine home repairs or enhancements and maintenance, such as ramps or handrails. Ten percent of the award could be used to support administrative costs.

Each grantee was required to submit quarterly reports and a final summary report that included expenditures and the number of individuals participating in each service. Because the source of the funds came from the Coronavirus State and Local Fiscal Recovery Funds, they had to be encumbered by October 2024.<sup>11</sup> Each county had the flexibility to identify older members of their communities most at risk, but the Department of Aging encouraged counties to focus on older individuals with low to moderate income, those unemployed, those experiencing food or housing insecurity, or a member of one of the priority populations identified in the State Plan on Aging.

Table 4 also includes county-level data, highlighting the variations across Ohio counties. As noted, the HAGP allocations were driven by the size of the older population in poverty in the counties. The large allocation counties, (Cuyahoga, Franklin, and Hamilton) had 60+populations of 324,000, 235,000, and 184,000 respectively, while the smaller counties, (Noble, Paulding, Morgan, Monroe, and Harrison) had 60+ populations of about 4,000. In addition to the actual population numbers, there was also considerable variation in the proportion of each county that was age 60 and older. Ottawa (34.9%), Monroe (31.5%), and Harrison (30.6%) were the counties with the highest proportion of population age 60 and older. Franklin (17.8%), Union (18.4%), and Holmes (19.3%) were the counties with the lowest proportions of their residents age 60 and older. The large differences in the size and proportion of the population over age 60, 65, and 85 means that the number of individuals in need of long-term services also varies across the state. The larger counties - Cuyahoga (32,000), Franklin (20,260), and Hamilton (17,150), also have the most individuals with a high need for long-term services, defined as meeting the state's nursing home level of care definition (not shown). The smaller counties, (Harrison, Monroe, and Noble) all report a high-need population of about 400 individuals age 65 and older.

Counties also varied on an array of social and demographic characteristics that could be important in understanding the HAGP. The proportion of the population age 65+ living below poverty ranges from a high of 18% (Pike) and 15% (Scioto, Highland) to a low of 3.9% (Defiance) and about 4.5% (Henry, Delaware, Mercer). There is also variation in the proportion of older individuals living alone, ranging from more than 35% in Montgomery County to 18% in Union County. Access to the internet also varies widely from a high of more than 90% in Delaware County to a low of 55% in Holmes County. Finally, in looking at life expectancy from the age of 65 (projection of how many more years of life the average person will have after age 65) we see a high of 20.4 years in Delaware County and a low of 16.2 years in Jackson County. As we examine the type and amount of HAGP services used across the state, the individual and community resources available at the county level could contribute to our understanding of the local strategies implemented.

**Table 4. Healthy Aging Grant Program Allocations and County Characteristics Age 65 and Older**

County	Allocation Amount (dollars)	Population 60+	% 65 Living Alone	% 65 High School Diploma	Median Household Income 65 (dollars)	% 65 Below poverty	% 65 White, Non-Hispanic	% 65 Veteran	% 65 With Internet Access	Life Expectancy at Birth (years)	Life Expectancy at 65 (years)
<b>Ohio</b>	<b>40 million</b>	<b>2,853,985</b>	<b>28.9</b>	<b>87.4</b>	<b>47,842</b>	<b>9.2</b>	<b>93.9</b>	<b>16.0</b>	<b>79.00</b>	<b>76.6</b>	<b>18.5</b>
<b>Adams</b>	203,722	7,003	32.0	77.5	32,529	13.8	96.6	21.5	68.91	73.1	16.7
<b>Allen</b>	338,936	25,251	34.6	89.9	43,164	8.5	88.4	16.1	78.90	76.2	18.2
<b>Ashland</b>	231,586	13,740	25.2	88.4	48,356	6.7	97.2	16.7	75.95	77.3	18.5
<b>Ashtabula</b>	461,674	26,346	31.6	84.7	40,889	13.7	94.1	18.3	76.08	75.3	17.8
<b>Athens</b>	458,257	12,150	31.7	91.3	51,545	8.1	96.0	17.0	76.10	77.4	18.5
<b>Auglaize</b>	169,369	11,929	29.7	87.8	47,583	6.1	97.7	15.5	77.40	78.1	18.3
<b>Belmont</b>	224,726	19,368	31.1	89.3	43,713	7.8	97.0	16.2	72.78	76.1	17.8
<b>Brown</b>	241,174	11,266	26.6	83.7	44,811	11.4	96.6	19.9	67.81	74.4	17.4
<b>Butler</b>	942,113	83,467	27.6	87.8	55,527	7.2	89.4	15.0	82.40	76.4	18.6
<b>Carroll</b>	166,270	7,991	24.7	86.4	48,949	7.2	95.3	16.5	70.05	76.6	18.1
<b>Champaign</b>	177,156	9,891	25.6	89.8	50,257	6.4	95.1	19.1	77.75	76.6	18.2
<b>Clark</b>	480,215	35,964	32.9	88.6	45,807	9.8	90.2	19.4	79.83	73.8	17.6
<b>Clermont</b>	467,316	50,567	30.2	87.1	57,554	6.9	96.4	16.4	82.48	77.5	19.1
<b>Clinton</b>	216,886	10,388	31.0	86.7	48,138	11.8	96.5	19.5	74.72	75.1	18.0
<b>Columbiana</b>	345,928	29,402	31.4	87.5	41,725	8.6	97.9	17.9	74.71	75.9	17.9
<b>Coshocton</b>	-	9,801	27.5	83.6	36,357	11.2	96.9	18.1	68.14	76.4	18.3
<b>Crawford</b>	199,590	11,870	32.5	86.8	39,852	9.2	99.2	16.1	80.58	75.0	17.5
<b>Cuyahoga</b>	3,896,263	323,910	37.3	88.0	47,086	11.9	69.8	14.1	76.97	76.6	18.9
<b>Darke</b>	210,370	13,898	33.7	88.6	42,001	10.0	97.8	12.8	72.91	76.3	18.2

**Table 4. Healthy Aging Grant Program Allocations and County Characteristics Age 65 and Older**

County	Allocation Amount (dollars)	Population 60+	% 65 Living Alone	% 65 High School Diploma	Median Household Income 65 (dollars)	% 65 Below poverty	% 65 White, Non-Hispanic	% 65 Veteran	% 65 With Internet Access	Life Expectancy at Birth (years)	Life Expectancy at 65 (years)
<b>Defiance</b>	172,203	10,030	22.4	88.7	54,617	3.9	93.6	15.5	75.61	77.5	18.7
<b>Delaware</b>	295,392	42,637	22.5	95.2	77,810	4.7	91.0	15.5	90.17	81.6	20.4
<b>Erie</b>	267,157	22,845	28.2	89.5	49,539	9.0	90.7	16.1	81.22	76.1	18.3
<b>Fairfield</b>	359,410	35,354	25.4	89.8	56,176	7.2	93.4	16.9	80.26	77.8	18.3
<b>Fayette</b>	182,082	7,161	32.0	83.8	40,474	10.4	95.0	14.9	75.64	73.6	16.7
<b>Franklin</b>	4,108,605	235,030	32.3	88.8	54,760	9.0	76.0	15.4	84.77	76.8	18.5
<b>Fulton</b>	172,812	10,956	28.0	91.4	50,716	7.9	95.4	16.9	79.93	77.6	18.6
<b>Gallia</b>	193,551	7,729	31.1	79.8	43,149	10.8	94.7	16.9	57.15	73.0	17.7
<b>Geauga</b>	201,576	27,463	20.3	91.7	67,208	6.9	95.4	15.8	84.27	80.6	20.2
<b>Greene</b>	464,349	40,638	25.3	91.0	64,901	6.3	90.0	19.2	84.78	78.6	19.1
<b>Guernsey</b>	245,888	10,432	30.9	83.7	43,606	9.7	97.2	18.5	72.27	75.2	17.6
<b>Hamilton</b>	2,456,719	184,030	34.4	89.7	53,904	9.3	75.2	15.6	81.39	76.4	18.6
<b>Hancock</b>	258,046	18,302	32.3	91.2	46,405	6.0	94.5	18.7	81.28	77.4	18.4
<b>Hardin</b>	-	6,845	30.1	91.8	43,215	9.0	95.7	16.0	73.71	75.7	17.5
<b>Harrison</b>	143,571	4,430	30.3	85.9	41,979	13.5	93.1	17.9	70.19	75.7	17.9
<b>Henry</b>	142,829	7,236	29.6	86.0	51,676	4.5	94.2	18.9	75.24	78.0	18.7
<b>Highland</b>	259,582	11,100	27.9	80.4	41,833	14.8	97.7	16.3	66.09	75.2	18.1
<b>Hocking</b>	182,082	7,536	24.4	82.6	45,542	10.6	98.1	16.1	73.13	75.7	17.7
<b>Holmes</b>	191,644	8,523	19.6	65.7	48,707	11.8	97.9	11.3	55.19	79.5	18.5
<b>Huron</b>	236,565	14,389	30.7	89.1	46,048	9.1	94.7	15.3	75.91	75.9	17.7



**Table 4. Healthy Aging Grant Program Allocations and County Characteristics Age 65 and Older**

County	Allocation Amount (dollars)	Population 60+	% 65 Living Alone	% 65 High School Diploma	Median Household Income 65 (dollars)	% 65 Below poverty	% 65 White, Non-Hispanic	% 65 Veteran	% 65 With Internet Access	Life Expectancy at Birth (years)	Life Expectancy at 65 (years)
<b>Jackson</b>	195,617	7,912	24.9	80.9	42,087	12.6	96.2	17.1	67.97	72.4	16.2
<b>Jefferson</b>	306,781	19,423	32.0	89.7	41,379	9.9	94.2	16.3	71.86	74.6	17.6
<b>Knox</b>	238,154	15,942	27.5	90.2	50,560	9.7	97.2	16.5	81.18	77.7	18.6
<b>Lake</b>	447,954	65,761	31.0	91.1	52,286	7.1	94.7	15.7	84.06	78.0	19.1
<b>Lawrence</b>	321,216	15,217	33.5	87.1	40,552	12.1	96.5	20.1	69.67	72.7	16.4
<b>Licking</b>	409,840	41,967	24.6	89.7	54,569	7.4	94.1	18.6	85.22	77.4	18.2
<b>Logan</b>	188,333	11,900	25.2	92.1	51,788	9.6	96.6	16.3	81.77	76.4	18.0
<b>Lorain</b>	927,493	81,052	31.3	88.2	50,038	10.1	87.6	15.7	78.82	77.4	19.0
<b>Lucas</b>	1,720,367	101,161	33.5	88.7	49,213	10.8	80.6	14.5	79.06	75.0	18.0
<b>Madison</b>	168,574	9,790	24.1	87.7	55,194	8.2	94.5	18.3	80.09	76.7	18.1
<b>Mahoning</b>	807,164	66,549	32.3	89.8	45,500	10.7	84.9	15.3	75.63	75.8	18.2
<b>Marion</b>	244,908	16,241	33.2	86.2	41,114	9.0	94.0	14.8	76.41	75.1	17.7
<b>Medina</b>	287,605	46,744	24.3	90.8	58,584	5.9	96.0	16.1	83.46	79.9	19.6
<b>Meigs</b>	188,598	6,218	28.9	82.7	37,283	14.4	97.4	17.9	64.75	73.7	17.3
<b>Mercer</b>	137,558	10,834	28.4	88.6	47,108	4.8	97.6	16.0	75.94	78.8	18.9
<b>Miami</b>	256,403	27,872	27.9	88.7	49,111	6.8	95.4	15.7	82.96	77.3	18.3
<b>Monroe</b>	137,956	4,210	25.7	83.6	42,002	11.3	98.1	19.0	66.36	77.5	18.5
<b>Montgomery</b>	1,741,212	132,514	35.4	89.6	49,213	9.0	79.2	17.6	80.59	74.6	18.2
<b>Morgan</b>	149,186	4,099	27.1	87.2	41,462	11.1	92.4	18.1	62.29	76.2	18.2
<b>Morrow</b>	156,258	8,925	19.1	86.3	52,035	10.0	94.5	16.7	78.29	77.7	19.5

**Table 4. Healthy Aging Grant Program Allocations and County Characteristics Age 65 and Older**

County	Allocation Amount (dollars)	Population 60+	% 65 Living Alone	% 65 High School Diploma	Median Household Income 65 (dollars)	% 65 Below poverty	% 65 White, Non-Hispanic	% 65 Veteran	% 65 With Internet Access	Life Expectancy at Birth (years)	Life Expectancy at 65 (years)
<b>Muskingum</b>	347,544	21,594	29.8	87.4	42,242	9.8	95.3	14.6	70.55	75.4	17.7
<b>Noble</b>	136,340	3,636	27.6	87.5	38,140	11.5	99.2	18.4	70.64	*	*
<b>Ottawa</b>	165,263	14,075	28.5	91.1	53,079	8.5	95.6	16.3	77.88	77.6	19.3
<b>Paulding</b>	139,757	4,919	29.5	84.6	47,288	5.9	96.4	16.9	65.86	77.2	17.8
<b>Perry</b>	213,389	8,602	22.0	85.4	44,879	10.5	96.2	20.4	75.85	76.0	17.8
<b>Pickaway</b>	251,742	13,083	30.0	83.3	49,020	6.2	97.5	20.3	77.47	75.4	17.3
<b>Pike</b>	192,703	6,819	31.1	80.2	35,817	18.0	96.0	17.9	66.29	72.3	17.1
<b>Portage</b>	451,874	39,101	29.5	89.5	53,499	6.9	94.1	16.3	81.48	77.7	18.7
<b>Preble</b>	164,628	11,056	28.8	86.8	47,863	9.3	98.0	16.5	74.79	75.1	17.6
<b>Putnam</b>	151,278	8,692	28.8	91.2	49,156	10.4	96.6	14.2	77.02	79.8	19.0
<b>Richland</b>	389,366	33,243	31.4	86.6	43,863	9.3	92.3	17.8	76.57	75.8	18.6
<b>Ross</b>	307,205	18,672	31.5	87.6	38,558	11.4	93.8	17.2	72.88	74.6	17.1
<b>Sandusky</b>	236,380	15,787	26.3	88.6	47,241	9.6	91.4	15.7	80.03	76.5	18.1
<b>Scioto</b>	427,242	18,774	31.2	84.0	36,867	15.0	95.4	15.9	72.95	71.5	16.7
<b>Seneca</b>	233,148	14,173	29.2	92.9	48,307	7.0	95.9	16.2	76.21	77.0	18.2
<b>Shelby</b>	199,696	11,566	27.0	87.8	49,085	8.8	95.8	18.9	83.28	76.6	18.1
<b>Stark</b>	1,041,703	101,101	29.6	89.8	49,505	7.8	92.0	16.0	77.62	76.6	18.4
<b>Summit</b>	1,360,654	138,276	31.7	90.6	50,504	8.0	85.6	14.4	80.86	76.6	18.6
<b>Trumbull</b>	779,910	59,539	32.0	88.5	45,103	9.2	91.6	18.4	72.52	75.2	18.4
<b>Tuscarawas</b>	325,348	24,997	31.8	87.5	43,224	11.1	97.3	16.8	67.83	76.9	17.9

**Table 4. Healthy Aging Grant Program Allocations and County Characteristics Age 65 and Older**

County	Allocation Amount (dollars)	Population 60+	% 65 Living Alone	% 65 High School Diploma	Median Household Income 65 (dollars)	% 65 Below poverty	% 65 White, Non-Hispanic	% 65 Veteran	% 65 With Internet Access	Life Expectancy at Birth (years)	Life Expectancy at 65 (years)
Union	149,451	11,545	18.1	91.6	64,917	6.1	93.3	15.6	83.63	79.1	18.4
Van Wert	150,087	7,628	30.1	89.2	50,039	6.8	97.7	15.6	74.94	77.1	18.4
Vinton	-	3,363	24.6	73.7	43,140	8.8	96.0	11.7	57.63	73.3	17.4
Warren	283,870	51,301	21.6	91.1	64,460	5.5	93.9	16.0	86.65	79.0	18.7
Washington	241,439	17,461	30.6	88.4	43,958	10.2	97.4	18.0	72.32	76.5	18.2
Wayne	334,539	29,140	27.6	88.1	49,399	8.6	97.3	14.9	73.92	77.7	18.8
Williams	174,216	9,954	32.1	87.6	46,581	6.8	97.4	15.7	71.66	77.2	18.5
Wood	466,495	28,773	31.3	93.3	57,056	7.8	94.4	14.8	82.75	78.5	18.2
Wyandot	124,342	5,916	32.5	89.6	38,125	12.0	98.2	16.9	69.90	77.3	18.5

## EVALUATION APPROACH

The Scripps Gerontology Center at Miami University conducted an evaluation of the Healthy Aging Grants Program examining: 1) service and expenditure patterns reported by the participating HAGP counties, and 2) implementation strategies, innovations, and challenges identified through in-depth interviews with 27 HAGP participants representing 16 different counties.

This evaluation of the HAGP utilized data from two major sources. The description of services used and the tracking of program expenditures comes from the final reports submitted to the Ohio Department of Aging by each county. The evaluation team combined information from those reports with county demographics and characteristics data into an analytic file and generated state summary data. In four cases, county-reported data could not be used because the results did not report an unduplicated count of individuals served. Data for those counties were imputed by taking the utilization rates for similar-sized counties and applying those rates to counties reporting duplicated results. The second data source was interviews with county HAGP program staff. The evaluation team reviewed HAGP participant quarterly reports to identify counties that had developed innovative service strategies that aligned with the HAGP mandated services or aligned with the 2023-2026 State Plan on Aging.

The evaluation team developed an interview guide with questions related to implementation strategies, successes, and challenges; innovative services, partnerships and collaborations; and advice for other counties and ODA regarding the HAGP. These semi-structured, in-depth interviews were conducted with 27 local county officials from 16 different HAGP counties across the state. All interviews were recorded, transcribed, and analyzed by the evaluation team to identify common themes and innovation strategies between counties. Table 5 shows the counties selected and the service categories reviewed.

Table 5. Counties Included in Qualitative Interviews

County	Administrative Organization	Allocation	Service Innovation Areas
<b>Allen</b>	Allen County Council on Aging	\$338,936	Internet Access and Digital Literacy Mental Health & Physical Health Service
<b>Butler</b>	Council on Aging of Southwestern Ohio	\$942,113	Housing Assistance Internet Access and Digital Literacy Care Coordination Caregiver Support/Respite Emergency Response Equipment
<b>Champaign</b>	Champaign County Board of Commissioners	\$177,156	Food Assistance Housing Assistance Internet Access and Digital Literacy Mental Health & Physical Health Services Socialization Transportation
<b>Columbiana</b>	Columbiana County Dept. of Job and Family Services	\$345,928	Housing Assistance Internet Access and Digital Literacy
<b>Delaware</b>	SourcePoint	\$295,392	Housing Assistance Mental Health & Physical Health Services
<b>Hamilton</b>	Council on Aging of Southwestern Ohio	\$2,456,719	Housing Assistance Internet Access and Digital Literacy Care Coordination Caregiver Support/Respite Emergency Response Equipment
<b>Highland</b>	Highland County Community Action Organization, Inc.	\$259,582	Food Assistance Housing Assistance Internet Access and Digital Literacy Socialization Transportation
<b>Licking</b>	Licking County Aging Partners	\$409,840	Food and Housing Assistance Internet Access and Digital Literacy Mental Health & Physical Health Services



Table 5. Counties Included in Qualitative Interviews

County	Administrative Organization	Allocation	Service Innovation Areas
<b>Lucas</b>	Area Office on Aging of Northwestern Ohio, Inc.	\$1,720,367	Food Assistance Housing Assistance Internet Access and Digital Literacy Care Coordination Socialization Transportation
<b>Madison</b>	Madison County Board of DD	\$168,574	Food Assistance Housing Assistance Internet Access and Digital Literacy
<b>Mahoning</b>	Direction Home of Eastern Ohio	\$807,164	Food Assistance Housing Assistance Internet Access and Digital Literacy Caregiver Support/Respite Socialization
<b>Mercer</b>	Mercer County Job & Family Services	\$137,558	Food Assistance Housing Assistance Internet Access and Digital Literacy Mental Health & Physical Health Services
<b>Ottawa</b>	Ottawa County Senior Resources	\$165,263	Food Assistance Internet Access and Digital Literacy Mental Health & Physical Health Services
<b>Preble</b>	Preble County Senior Center	\$164,628	Food Assistance Housing Assistance Internet Access and Digital Literacy Mental Health & Physical Health Services Caregiver Support/Respite
<b>Putnam</b>	Putnam County Council on Aging, Inc.	\$151,278	Food Assistance Housing Assistance Internet Access and Digital Literacy Mental Health & Physical Health Services
<b>Union</b>	Union County Human Services	\$149,451	Internet Access and Digital Literacy Care Coordination Caregiver Support/Respite



## FINDINGS

### IMPLEMENTING THE HEALTHY AGING GRANTS PROGRAM

The HAGP funds were dispersed to county commissioners, and administration and implementation strategies varied across the state. Commissioners appointed an array of administrative organizations to oversee the use of funds, including: area agencies on aging, county offices on aging, county departments of job and family services, and private not-for-profit agencies. Regardless of the host agency, each of the county developed a plan for program expenditures based on the specific needs of its area. Even in the three required categories of food assistance, housing assistance, and internet access and digital literacy, counties used local discretion to target program funds.

Some organizations were asked to administer the funds based on the fact that these organizations were already a part of the aging network, while other organizations jointly dispersed the funds alongside other community agencies. Once the county commissioners distributed the HAGP funds to the administrative organizations, those organizations implemented different strategies for dispersing the funds.

A number of organizations used a request for proposal (RFP) process to determine which providers in the local community could help meet the HAGP parameters. Others created committees with partners in the local community they had worked with before or others that had been suggested by the County Commissioners or other committee members. A handful of administrative organizations had partnerships already in place that they were able to utilize right from the start. Previous needs assessments were used by various counties to determine which services to provide. Others focused primarily on services that had current waitlists, in an effort to supplement the already needed areas with the HAGP funds. One theme that remained constant among all of the counties was the importance of collaboration. Even counties that had pre-existing partnerships expressed that they had built new partnerships in order to meet the needs of their communities and the HAGP parameters.

### Healthy Aging Grants Program Service Use and Expenditures

As noted earlier, program guidelines required that counties direct funds to three core areas: food assistance, housing assistance, and internet access and digital literacy. All 85 participating counties reported providing food and housing assistance and 83 counties (96%) reported offering digital access or literacy services.

#### *Core Services*

Overall, **food assistance** was the largest HAGP expenditure and, on average, participating counties spent more than one-third (34.3%) of their total funds in this area (See Table 6). The average county food assistance expenditure was just less than \$168,000 and ranged from \$25,000 to more than \$2.2 million. More than 113,505 older Ohioans received help statewide through home-delivered meals, congregate meal sites, food vouchers for restaurants or local farmers markets, and educational activities to support healthy eating. An average of 1,335 individuals were served per county, with the largest expenditure county serving more than 12,000 individuals in this area.

Food assistance was provided in a number of different ways to uniquely fit the needs of community members. For example, Madison County partnered with The Ohio State University to provide healthy meal preparation videos for older adults to cook independently at home. Other counties partnered with Kroger, Walmart, or other local grocery stores to provide food assistance for community members. Counties also supplied food pantries with funding for food or provided individuals with home-delivered pantry items. In another example, Champaign County provided “senior kits” that included pantry items, Ensure (a nutritional supplement), and food-only gift cards for local grocers.

Housing assistance accounted for more than one-quarter (26.2%) of county program expenditures. On average, counties spent just more than \$114,000 with a range of \$4,600 to \$825,000. Serving 10,646 older adults across the state, the bulk of housing assistance funds were used for home repairs or modifications to help older adults remain in their homes, including major repairs such as roof and HVAC system replacement. Less extensive home repairs included installing safety equipment such as bathroom grab bars and ramps to allow wheelchair access. In some instances, funds were used to provide emergency housing. On average, 125 older people per county received housing assistance.

A number of counties provided housing assistance through the use of home modifications, such as plumbing repairs. One specific example in southwestern Ohio involved someone who had been bathing out of their sink for years. With the help of the HAGP, the area agency on aging was able to fund the necessary repairs to get their shower working again. Other counties focused more on those nearing homelessness. Mahoning County provided hotel stays for older adults who were transitioning from the hospital and did not financially qualify for nursing home level care. Without the HAGP funds, these individuals would have had nowhere to safely reside while they recuperated.

Internet access and digital literacy services were provided by 83 counties and their expenditures in this area accounted for 11.7% of their total grant funding. On average, counties, reported spending \$53,000 on this service area, ranging from \$11,800 to more than \$500,000. Internet access and digital literacy services often included providing device technical assistance, purchasing and supplying devices, and expanding access to the internet and internet safety education through partnerships with local organizations such as libraries and law enforcement. A total of 22,809 older Ohioans were served statewide, with programs serving on average about 275 individuals.

There was a lot of flexibility in how counties supported accessible internet and digital literacy. For example, Licking County contracted with Verizon to provide tablets and hot spots for community members to borrow for up to four weeks at a time. Other counties provided internet scam awareness classes and presentations. Preble County held a number of scam presentations offered by the Sheriff's office and the local police department. It was apparent that older adults in the community were interested in learning more. As one Union County official stated, “They want technology, and they want knowledge around technology. They're just nervous about it. And so, they want to get that information from a trusted source or a trusted organization.”

**Table 6. Healthy Aging Grants Program Core Service Use and Expenditures**

Service Area	Number of Counties Providing Service	Mean Expenditure and Range	Percent of Total Allocation Expenditures	Mean Number Served
Food Assistance	85	\$167,650 (\$24,870 - \$2,259,730)	34.3%	1,335
Housing Assistance	85	\$114,490 (\$4,630 - \$821,720)	26.2%	125
Internet Access /Digital Literacy	83	55,220 (\$11,800 - \$506,510)	11.4%	275

**Total Unduplicated Consumers Served Statewide: 178,845**

### *Additional Aligned County Services*

In addition to the three core services, food assistance, housing assistance, and internet access and digital literacy, the remaining funds could be used for services that aligned with Ohio's 2023-2026 State Plan on Aging. Those services included care management, caregiver support, emergency response systems, health and wellness, mental health, social connectedness to combat social isolation, transportation, and an array of other services deemed important for their specific counties, such as legal assistance and insurance support. Table 7 shows the number of counties providing each additional aligned service, the mean expenditure of counties that offered each service, the percent of each county's total allocation expenditures that went to each service, and the mean number of individuals served.

**Table 7. Additional Aligned County Service Use and Expenditures**

Service Area	Number of Counties Providing Service	Mean Expenditure	Percent of Total Allocation Expenditures	Mean Number Served
Care Management	10	\$92,980	9.2%	102
Caregiver Support	17	\$36,690	11.5%	25
Emergency Response	18	\$13,920	5.9%	149
Health & Wellness	48	\$29,250	10.9%	200
Mental Health	10	\$7,690	2.4%	143
Social Connectedness	33	\$93,690	9.9%	364
Transportation	41	\$45,780	13.3%	199
Other Services	32	\$38,850	7.9%	296

Ten of the counties used funds to provide a care management or care coordination service. The counties offering this service averaged \$93,000 in expenditures and in total served 1,018 older people. Care coordinators work with individuals and family members to link them to needed community services. With services funded by an array of federal, state, and local public entities, and provided by a network of local not-for-profit and proprietary agencies, some individuals and families need assistance in navigating the complexities of the home-care system. Counties providing care management or coordination services allocated 9.2% of their HAGP funds to this service area.

Seventeen counties used HAGP funds to support caregivers, averaging less than under \$37,000 in expenditures and serving a total of 424 individuals. Funds included support for respite services that could be provided in an adult day care or in-home setting, caregiver education programs, or caregiver support groups. These funds supported respite provided in adult day service and in-home settings, caregiver education programs, and caregiver support groups. Counties providing these services allocated 11.5% of their HAGP funds to this area.

Preble County offered a specific program for family and friend caregivers, titled “Stress Busting for Caregivers.” Members of the program met every week for eight weeks, virtually and in-person, to provide support and make connections with other caregivers. The program was directed by a trained staff member and created a supportive community for fellow caregivers to come together and converse with others in similar situations. Some counties chose to target other caregiver populations, such as grandparents raising grandchildren. Ottawa County created “Grandlove Meal Boxes,” which promoted intergenerational activities between grandparents and grandchildren. These boxes included a full meal with protein, milk, fresh fruits, vegetables, and were themed each month with an activity or materials to stimulate conversation and promote relationships between older adults and their younger family members or neighbors.

Eighteen counties used HAGP funds to support **emergency response systems**. Typically, this involved purchasing or leasing systems and then paying the monthly monitoring fees. For those counties offering this service area, the average expenditure was just less than \$14,000, and in total they served 2,673 older adults. Emergency response funds represented just less than 6% of the total HAGP allocation for participating counties.

More than half of participating counties (48) developed services to support **health and wellness**. Health and wellness services included preventative services such as health and wellness fairs, first-aid training, and expanded exercise and recreational opportunities. Recognizing that the vast majority of services available to older individuals are directed toward individuals with disabilities, HAGP counties allocated resources to preventative services. Counties averaged \$29,000 in expenditures, accounting for just less than 11% of budget for those using funds in this area. Counties reported a total of 9,622 older adults across the state.

Physical health and wellness proved to be an important area for creative-service provision. Delaware County created “wellness bags” for local community members. These bags included at-home exercise equipment, a water bottle, and a laminated sheet with an exercise routine using the equipment provided. The sheet included pictures and descriptions of each movement as well as a QR code linked to a digital library showing the wellness supervisor demonstrating the exercises. Other counties focused on providing more accessible spaces for community members to exercise. Allen County created a new outdoor recreation area located at the Adult Day Services building and offering a 220-foot paved walking track for community members to use.

Ten counties reported providing **mental health services** to support outreach to those with mental health problems, provide brain health education programs, and offer mental health training for community members. Counties providing support for this service area averaged \$7,700 in expenditures and served a total of 1,427 older people across the state.

Mercer County developed a community health fair including 15-20 vendors who provided information regarding internet safety, personal defense, chair yoga, Tai Chi, vitamins, and fire safety. Vendors included the local fire and sheriff's departments, a pharmacy, a massage therapist, and other local community partners. At the end of the day, attendees also received a free healthy lunch from a local establishment. County officials expressed that the event was extremely "well received," and they have already received inquiries about next year's fair.

Other counties provided more direct mental health training and programs for staff and community members. Preble County offered the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS). This program not only helped community members, but also provided staff with the proper training to support individuals in the community who may need mental health support.

Thirty-three counties dedicated funds to combat **social isolation** in their communities, serving 12,024 older adults across the state with an average of \$94,000 in expenditures. These services included support for volunteerism, efforts to communicate with and engage homebound and isolated older adults, and support for community programming offered through senior centers and other local organizations.

Putnam County created social events titled "Golden Gatherings" that brought together local community members for connection over food. These gatherings always provided a healthy meal option for attendees and were hosted in a number of different locations, including local office space, parks, and restaurants. These events were so popular that one town within the county began championing their own local group to ensure more consistent meetings.

**Transportation** continues to be a high-need area, and 41 counties used funds to support transportation, reporting average expenditures of \$46,000 (13% of total budget). Transportation assistance was provided to 8,162 older Ohioans statewide and included safe driving classes, bus passes, and support for travel to senior center programming or medical appointments.

A number of counties supplemented their current transportation services with the HAGP funds, while other counties provided bus passes directly to individuals. Highland County helped fund various car repairs for older people living in the community. These small repairs not only allowed individuals to travel where they needed to, and also restored their sense of freedom. One county official expressed that available funds for car repairs are typically used to support those in the workforce, but less common for older adults in need. The HAGP funds were able to go directly to older adults in need of such repairs.

Thirty-two HAGP counties reported providing an array of other services deemed important in their communities, such as legal services or health insurance benefits assistance.

## UNDERSTANDING PROGRAM IMPLEMENTATION

The study team conducted interviews with 27 individuals from 16 participating counties across the state to get a better idea of how the program was implemented. The interviews examined how the counties determined which services were critical to their local delivery system and how the funds supported innovative service development. Counties were also asked how the program could be enhanced to provide future services for older individuals in their communities.

### IMPLEMENTATION CHALLENGES AND BARRIERS

A number of counties mentioned challenges and barriers surrounding the timeframe of the grant funding and the difficulties associated with allocating and fully expensing the funds in a timely manner. The qualitative interviews asked if and how counties measured the success of their offered programs. Many officials expressed that they received a lot of positive verbal feedback, but the short time constraints associated with the grant funds did not provide enough time to develop surveys or other measures. These time constraints also placed pressure on community partners to spend their allocations in a timely manner and for those partners that did not, funding was redirected to a different organization to provide services.

Interview respondents also discussed the struggles associated with one-time funding. The HAGP funds resulted in a number of new programs; however, as soon as the funds were exhausted, many of these programs were either discontinued or those receiving services were placed on waitlists. Another challenge that was echoed throughout the interviews was skepticism regarding the funds and new opportunities. One county official expressed that some older adults who were offered services would reply, “Sounds too good to be true. What’s the catch?” Respondents indicated that an ongoing HAGP would be a solution to these challenges.

### ADVICE FROM HEALTHY AGING GRANTS PROGRAM PARTICIPANTS

The evaluation team asked interview respondents what advice they would have if these grants were offered again in the future. Many respondents emphasized the importance of being proactive and asking community members and partners to identify the needs of older adults in their communities. One county emphasized the importance of “getting the right people at the table.” Other counties suggested the need for communicating or advertising the grant-funded programs more to community members. Two counties expressed that they would have broadcasted more or sent out a big press release to inform individuals of the offered services. These interview respondents felt that more communication could have led to more uptake of services and less skepticism among the community.

Many interview respondents also highlighted the importance of continuing to build relationships with different community partners. A majority of the counties had partnerships set in place prior to receiving the HAGP funds; however, many others developed new programs based on the relationships built with new partners. These services and partnerships were vital to meeting the HAGP parameters and being able to meet the needs of the older adults in the local community. Along with the importance of communicating and developing new programs and partnerships, one county advised, “Be creative and try new things, but don’t spread yourself in too many different directions.” Some counties cautioned against trying to do too much in such a short timeframe.



A number of mixed reviews surrounded the HAGP parameters in terms of the percentages of funding mandated toward food assistance, housing assistance, and internet access and digital literacy. Some counties reported that they really appreciated the direction and felt these parameters met the needs of their local community. Other participating counties found the parameters to be limiting. Ultimately, those administrative organizations that already had a sense of the needs of their community felt they could have allocated more funding to one area and less to others. It is important to note the uniqueness of every community to ensure the needs of all older adults are met.

Lastly, all of the counties expressed their sincere appreciation for the HAGP and the difference the funds were able to make in the lives of older community members. One local official expressed the sentiment echoed by a number of respondents: “Truly, I had so many people in tears with this money...\$1,000 dollars might not seem like a lot of money, but when you don’t have any, it’s the world.”

## EVALUATION TAKEAWAYS

The HAGP addressed limitations of the current support system, with the goal of supporting older Ohioans with disabilities who do not meet the stringent financial and functional Medicaid eligibility criteria. The HAGP created a unique opportunity for counties to examine service and programming gaps for older adults in their communities and direct funds or design services accordingly. Ohio counties demonstrated innovations in service and program development that resulted in progress toward addressing the barriers to community independence and aging in place.

- The HAGP was viewed very positively by local communities. A common statement heard from counties described the importance of the funds in bringing community agencies together to support older people locally.
- Having a flexible source of funds not bound by federal and state Medicaid restrictions was a major strength of the HAGP and a critical advantage to communities, allowing counties to tailor services to uniquely meet the needs of their community members.
- Allocating funds to prevention and support for people before they are severely disabled can lead to a better quality of life and more efficient and effective use of state resources.
- The HAGP inspired a series of new partnerships between local government, community agencies serving older people, and public and private organizations.
- The HAGP had three major limitations: 1) the federal requirement that funds had to be spent by the end of the fiscal year meant that counties could not always allocate services in the most efficient and effective manner, 2) because there was no guarantee of additional HAGP funds, the potential for long-range planning, innovation, and partnerships was more limited than would be in an ongoing program, and 3) as counties wound down the program, waitlists for services developed and new programs had to end or counties had to incur additional costs to continue them.

## RECOMMENDATIONS

Based on the feedback of HAGP participants, future state initiatives should:

- Recognize the importance of non-Medicaid funds designed to support older people with disabilities who want to remain in their communities, improving the quality of life of older Ohioans and more efficiently using state resources.
- Retain and expand flexibility in how funds are allocated and utilized. This recommendation encourages innovation, cross-sector community partnerships, and services tailored to meet the unique needs of local older adults.
- Ensure adequate time for counties to plan and execute implementation once funds are dispersed. This recommendation allows counties to explore and build community partnerships essential to delivering older adult services and programming effectively and efficiently.

## CONCLUSION

In total, the Healthy Aging Grants provided services to just under 179,000 older Ohioans across the state to support them in their local communities. As Ohio continues to age, state resources must be used to support older Ohioans and their families in achieving community independence. The current federal approach of concentrating the vast majority of resources in the Medicaid program, when only 10% of the older population is eligible for Medicaid, means that resources become available only after individuals are impoverished. Supportive and preventative services, which could delay or reduce the need for expensive residential care options like nursing homes and assisted living facilities, are minimally supported at the federal level and state resources are limited for such efforts. The HAGP was the first statewide effort to address this limitation and was very positively viewed across Ohio counties.

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