Ohio | Department of Aging

2023-2026 State Plan on Aging

October 2022

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Navigating the State Plan

Ohio's 2023-2026 State Plan on Aging is guided by information gathered through a multi-phased needs assessment process, as well as the local priorities established by Ohio's 12 Area Agencies on Aging (AAAs). This plan is influenced by the five federal priorities established by the Administration on Community Living (ACL). Key guiding principles of elder justice and equity are included within each priority area.

Federal Priorities

- Advancing Equity
- Building a Caregiving Infrastructure
- Expanding Access to Home- and Community-Based Services
- Recovering from the COVID-19 Pandemic
- Supporting Older Americans Act Core Programs

PRINCIPLES

Elder Justice | Equity | Federal Priorities

State Priorities

- Community Conditions
- Healthy Living
- Access to Care
- Social Connectedness
- Population Health
- Preserving Independence

Each state priority discusses:

[Objectives » Strategies » Outcomes]

Message from the Director

Dear Colleagues,

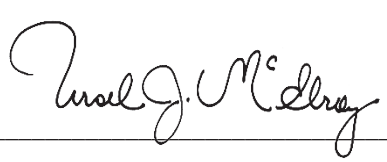
I am pleased to present Ohio's 2023-2026 State Plan on Aging. This comprehensive and actionable State Plan serves as a roadmap to ensure every Ohioan can achieve optimal health and well-being as they age. This State Plan was developed by the Ohio Department of Aging (ODA) with input from the Ohio Advisory Council for Aging and numerous aging network stakeholders.

ACL, an operating division of the U.S. Department of Health and Human Services, is the federal agency responsible for administering the Older Americans Act (OAA). Federal priorities articulated by ACL, and combined with the State's priorities informed by Ohio's aging network, create the framework for the State Plan.

The State Plan marks an opportunity to reframe how we view and approach aging and the healthy aging process. It gives us a chance to thoughtfully assess, and where needed, change our strategies as an aging network. It prompts us to rethink our approach to policymaking, service delivery, and investment decisions. At a time when our workforce is significantly constrained and our efforts to respond to the COVID-19 pandemic and future health threats are evolving, the need to act has never been more urgent.

This plan is critically ambitious and will need increased investments and innovative approaches to address the immediate needs before us, as well as obstacles that lie ahead. Failure to adopt and implement the State Plan will only perpetuate the very challenges we are currently up against.

I ask that aging network partners—public and private; state and local; past, current, and future—maintain their commitment to older Ohioans and caregivers by acting on this State Plan. While I ask for your commitment, I pledge ODA's continued and renewed dedication to the priorities established herein. I am confident that, with thoughtful, aligned execution, Ohio will become the best place to age in the nation.



Ursel J. McElroy
Director, Ohio Department of Aging

August 1, 2022
Date

Acknowledgments

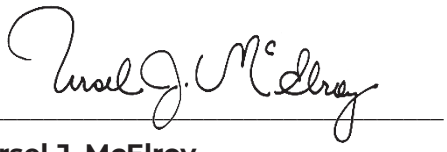
ODA contracted with the Health Policy Institute of Ohio (HPIO) to assist in the development of Ohio's 2023-2026 State Plan on Aging. ODA is grateful to the following entities, as well as Ohio's older adults, caregivers, and aging network professionals, who contributed experience and expertise to this work.

AARP
Age-Friendly Columbus and Franklin County
Alzheimer's Association
Area Agency on Aging 3, Inc.
Area Agency on Aging, District 7
Area Agency on Aging Region 9
Area Agency on Aging, PSA 2
Area Office on Aging of Northwestern Ohio
Association of Ohio Health Commissioners, Inc.
Benjamin Rose Institute on Aging
Buckeye Hills Regional Council
Case Western Reserve University
Catholic Social Services
Center for Community Solutions
Central Ohio Area Agency on Aging
Clintonville-Beechwold Community Resources Center
Council on Aging of Southwestern Ohio
Direction Home Akron Canton Area Agency on Aging & Disabilities
Direction Home of Eastern Ohio
Fairhill Partners
LeadingAge Ohio
MemoryLane Care Services
Mental Health & Addiction Advocacy Coalition
Miami University Scripps Gerontology Center
Molina Healthcare
North Canton Medical Foundation
Ohio Adult Day Healthcare Association
Ohio Advisory Council for Aging
Ohio Alliance of YMCAs
Ohio Association of Area Agencies on Aging
Ohio Association of Community Health Centers
Ohio Association of Foodbanks
Ohio Association of Health Plans
Ohio Association of Senior Centers
Ohio Attorney General's Office
Ohio Civil Rights Commission
Ohio Council for Home Care & Hospice
Ohio Department of Health
Ohio Department of Job and Family Services
Ohio Department of Medicaid
Ohio Department of Mental Health and Addiction Services
Ohio Department of Transportation
Ohio Disability and Health Program
Ohio District 5 Area Agency on Aging, Inc.
Ohio Hospital Association
Ohio House of Representatives
Ohio Housing Finance Agency
Ohio Latino Affairs Commission
Ohio Office of the State Long-Term Care Ombudsman
Ohio Statewide Independent Living Council
O'Neill Senior Center
Opportunities for Ohioans with Disabilities
Perfecting Saints Heart to Heart Ministries
Pro Seniors
RecoveryOhio
Senior Transportation Connection
SimplyEZ
Summit Coalition for Community Health Improvement
The Ohio Council of Behavioral Health & Family Services Providers
The Ohio State University Center for Healthy Aging, Self-Management and Complex Care
The Ohio State University College of Public Health
The Ohio State University College of Social Work
Universal Health Care Action Network Ohio
Western Reserve Area Agency on Aging

Verification of Intent

Ohio's 2023-2026 State Plan on Aging is hereby submitted. Included are State Plan assurances and required activities, information requirements, and plans to be administered by the Ohio Department of Aging under provisions of the Older Americans Act of 1965 as amended in 2020. The Ohio Department of Aging is primarily responsible for the development of comprehensive and coordinated services for older Ohioans, their families, and caregivers, as well as for serving as their effective and visible advocate.

Ohio's 2023-2026 State Plan on Aging was developed in accordance with all federal statutory and regulatory requirements, and has been reviewed and approved by the Office of Governor Mike DeWine, constituting authorization to proceed with activities under the plan upon approval by the U.S. Assistant Secretary for Aging.



Ursel J. McElroy
Director, Ohio Department of Aging

August 1, 2022
Date

Mike DeWine
Governor, State of Ohio

Date

EXECUTIVE SUMMARY

Executive Summary

Ohio's 2023-2026 State Plan on Aging sets a bold goal that all Ohioans live longer, healthier lives with dignity and autonomy, and that disparities and inequities are eliminated. Progress toward this goal is critical because, for too many Ohioans, opportunities for healthy aging are out of reach. For example, Ohioans living just miles apart experience strikingly different life expectancy driven by differences in community conditions and access to resources.

The global COVID-19 pandemic has accentuated the unique needs and challenges faced by older Ohioans and caregivers, exposed flaws in systems and infrastructures, and highlighted the resilience of communities and the aging network. The pandemic has profoundly impacted many Ohioans, with disproportionate impacts on some groups, such as Black Ohioans and Ohioans with disabilities.

The state's commitment to older adults and caregivers is unwavering in the face of these challenges, and this commitment is reflected in Ohio's 2023-2026 State Plan on Aging.

Achieving Ohio's State Plan on Aging Goals and Vision

This State Plan provides a comprehensive roadmap to improve the overall health and well-being of older Ohioans. Rooted in public and private collaboration, Ohio's plan ensures all partners are aligned in their approach (see figure 1).

With a focus on evidence-informed strategies, the outcomes and objectives in Ohio's State Plan are achievable. This plan requires intentional, synchronous efforts to assure that everyone in Ohio can age with grace and dignity in the setting of their choosing with rich, meaningful opportunities to contribute and thrive.

In addition, this plan highlights opportunities to advance elder justice and equity, which serve as key guiding principles. OAA has consistently emphasized these principles and required that funding be targeted to those with the greatest economic and social needs.

Figure 1. **Multi-Sector Partnerships to Achieve the State Plan Goal and Vision**

Figure 2. **2023-2026 State Plan on Aging Framework**

Aging Reframed: Investing in Health and Longevity

Prioritizing upstream investments and changes earlier in life, and in the right places, can make healthy aging a reality for all. Ohio's 2023-2026 State Plan on Aging priorities reframe how we view aging and approach the aging process, and embeds the importance of addressing the social determinants of health.

This prioritized plan reflects the strengths and needs of Ohio's communities and establishes a unifying framework (see figure 2). Using this framework, partners across the state can work together to make Ohio the best place to age in the nation. The plan prompts Ohio to broaden our approaches to policymaking, service delivery, and investment priorities.

Call to Action
Six Action Steps to Achieve Ohio's Vision and Goals

This comprehensive plan requires a cross-sector response. It relies on collaborative efforts, leveraging community strengths and key partners, and engaging and empowering communities to achieve the goal and vision. All Ohioans, including state and local partners in both the public and private sectors, can implement the State Plan through one or more of these action steps:

ALIGN	**Align with and focus on one or more of the goals, outcomes, and/or priority populations identified in the State Plan.**
ADVOCATE	**Advocate for funding and policy change to address the State Plan priorities.**
FUND	**Fund evidence-informed strategies identified in Attachment E of the State Plan.**
IMPLEMENT	**Implement one or more of the evidence-informed strategies identified.**
PARTNER	**Partner and collaborate within and across sectors to improve the State Plan outcomes.**
EVALUATE	**Evaluate progress on the State Plan objectives and the impact of the evidence-informed strategies.**

For additional guidance and information on achieving these action steps, please view the SAPA Implementation Toolkit. The toolkit provides guidance, best practices, tools, and resources that state and local partners can use to engage in this work.

ODA is proud to partner with, and relies considerably on, Ohio's network of twelve Area Agencies on Aging (AAA) and the array of state agency partners, non-profit organizations, and volunteer and advocacy organizations to implement Ohio's State Plan on Aging for 2023-2026.

STATEWIDE NEEDS ASSESSMENT AND CONTEXT

Statewide Needs Assessment and Context

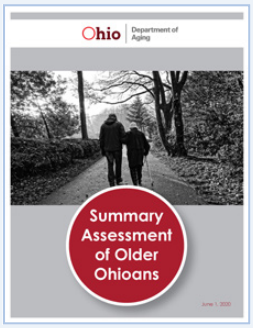
Needs Assessment Activities

Three phases of stakeholder engagement and data collection activities were completed to assess the needs of older Ohioans and caregivers and inform this State Plan on Aging.

Phase 1: 2020 Summary Assessment of Older Ohioans

The Summary Assessment of Older Ohioans (Summary Assessment), finalized in June 2020, provides a comprehensive picture of the health and well-being of older Ohioans. The assessment summarized a demographic profile of older Ohioans, an analysis of the biggest health and well-being strengths and challenges, and the most important factors that impact older Ohioan health and well-being. The key findings in the assessment were developed from:

- Primary data findings from Ohio's 2019-2022 State Plan on Aging, including five regional forums with 234 participants and a survey completed by 1,944 older adults and caregivers; and,
- Key findings from 50 state and national secondary data sources.



Phase 2: 2020-2022 Strategic Action Plan on Aging (SAPA)

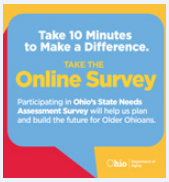
The SAPA is a prioritized plan to advance elder justice and equity and to achieve optimal health and well-being for older Ohioans. It addresses the many challenges identified in the Summary Assessment. The issues prioritized in the SAPA were developed through a multi-step process with input from:

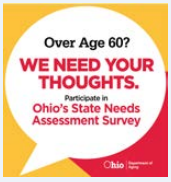
- Seventy-one members of a multi-sector advisory committee and work teams, including subject matter experts from around the state;
- Nineteen key informant interviews, including representatives of Ohio's AAAs and organizations serving older Ohioans and their caregivers;
- Leadership from ODA and input from six state agencies; and,
- Twenty-eight data metrics compiled from state and national sources.

Phase 3: Stakeholder Engagement and Data Collection for the 2023-2026 State Plan on Aging

In addition to the Summary Assessment and SAPA, the following needs assessment activities were completed to inform the development of this State Plan on Aging:

- An online statewide needs assessment survey of 1,236 older adults, adults with disabilities, and caregivers;
- An online survey of 55 ODA employees;
- Three virtual stakeholder meetings, which gathered input from 78 individuals on the SAPA Advisory Committee, the Ohio Advisory Council for Aging, staff from Ohio's 12 AAAs, and ODA leadership;
- Updated data from the Summary Assessment and SAPA, including 22 metrics from state and national sources; and,
- A public hearing on the 2023-2026 State Plan on Aging that took place on March 30, 2022.





Needs Assessment Findings

The following key themes emerged from Phases 1-3 of Ohio's needs assessment activities:

Key Themes
Vast life expectancy disparities exist, therefore the opportunity to live a long and full life is out of reach for many Ohioans.
Housing, transportation, and other community challenges persist, and strengthening these community conditions in Ohio supports aging in place.
While most older Ohioans can cover their basic needs, many are not financially prepared for life after work.
Caregiver supports and workforce capacity are key issues facing Ohio's aging population.
Older Ohioans face mounting challenges related to mental health and addiction.
Chronic conditions, including heart disease, dementia, and related disorders, remain a concern for older Ohioans.
Innovation and partnership are key strengths in Ohio's aging network.
Workforce shortages and social isolation are top challenges exacerbated by COVID-19.

For more information on Ohio's needs assessment activities and findings, see Attachment D.

Ohio's Aging Landscape and Environment

The following data points illustrate Ohio's aging landscape and environment.

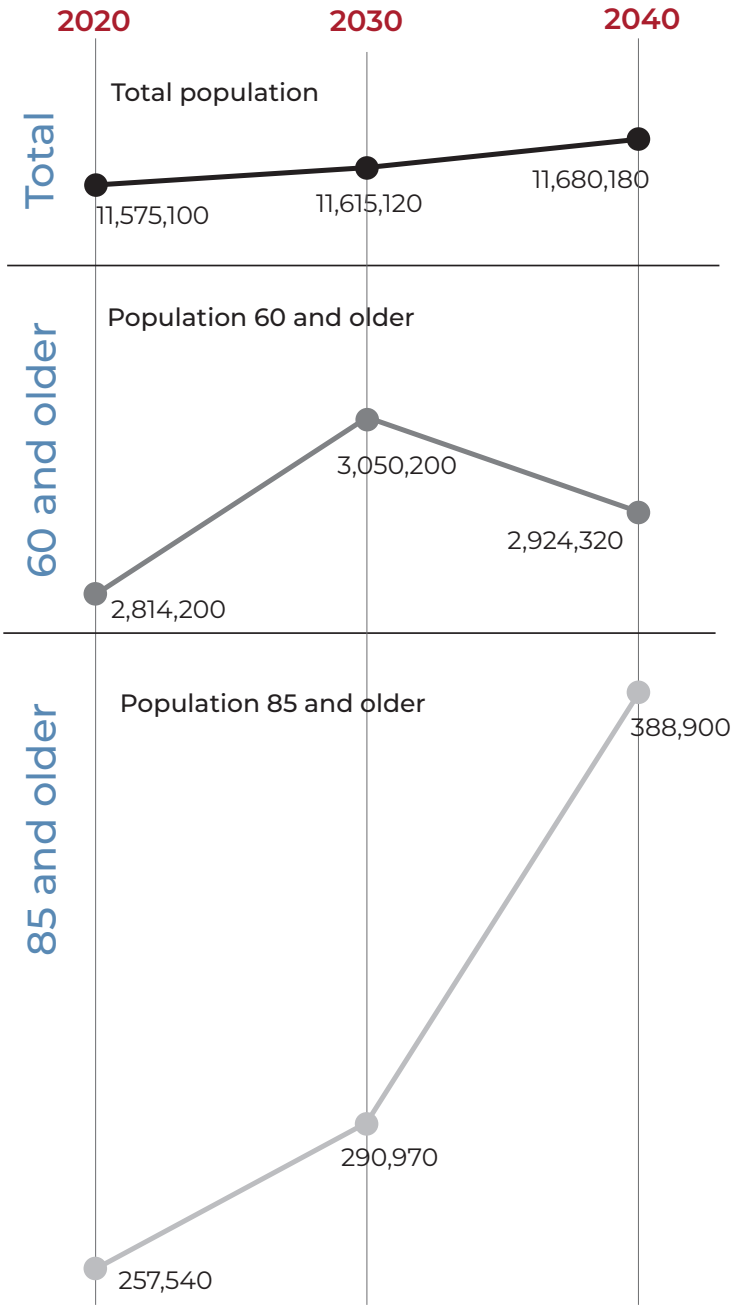
Population Growth

Between 2020 and 2040, Ohio's total population is projected to grow by 0.9%, from 11,575,100 to 11,680,180.[1] In that same period, Ohio's population, ages 60 and older, is expected to increase by 3.9%, from 2,814,200 to 2,924,320 (see figure 3). The largest population of adults ages 60 and older is expected in 2030, with 3,050,200 older adults in the state, an 8.4% increase from 2020. By 2040, Ohioans, ages 60 and older, will make up 25% of Ohio's total population. The proportion of Ohio's total population, ages 85 and older, is projected to increase at an even greater rate, growing 51% from 2020 to 2040.[2] The impact of the COVID-19 pandemic on these projections has not yet been quantified.

Life Expectancy

Ohio ranks 41 out of the 50 states and Washington, D.C. on life expectancy at birth, creating vast opportunities for improvement in comparison to the national average. In 2018, Ohioans could expect to live, on average, until age 76.8, almost two years less than the national average of 78.7.[3]

Figure 3. **Projected changes in Ohio's population, by age, 2020-2040**



Source: Miami University, Scripps Gerontology Center

1. Data from Interactive Data Center, as compiled by Scripps Gerontology Center. "Current and Projected Population by County, Age Group, and Sex, 2010-2050." Miami University: Ohio Population Research - Interactive Data Center. https://www.miamioh.edu/cas/academics/centers/scripps/research/ohio-population/interactive/index.html
2. Ibid.
3. Arias, Elizabeth, et al. "U.S. State Life Tables, 2018." National Vital Statistics Reports 70, no. 1 (2021): 1-18. doi: 10.15620/cdc:101128

As of 2015, there is a gap of more than 29 years in life expectancy at birth in Ohio depending on the zip code where a person lives, ranging from a low of 60 years in the Franklinton neighborhood of Columbus (Franklin County) to a high of 89.2 years in the city of Stow (Summit County).[4] These gaps in life expectancy are driven, in part, by differences in community conditions, such as access to education, income, and other resources. See the Summary Assessment for more information.

Premature Death

Each year, thousands of Ohioans die before they reach 75 years of age. In 2019, Ohio experienced an estimated 8,851 years of potential life lost due to premature death before age 75 per 100,000 population.[5]

Overall Health Status

Poor health contributes to many challenges for older adults, such as increased risk for social isolation. Nearly a quarter (23.1%) of older Ohioans, ages 65 and older, reported having fair or poor health in 2020.[6]

Elder Abuse, Neglect, and Exploitation

Many older Ohioans face the devastating consequences of elder abuse, neglect, and exploitation. The Ohio Department of Job and Family Services (ODJFS) received 32,072 reports of abuse, neglect, or exploitation of Ohioans, ages 60 and older, in state fiscal year 2020.[7] Studies suggest that only 4-7% of cases of elder abuse are reported to authorities.[8]

4. Centers for Disease Control and Prevention, National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project – USALEEP (2010-2015).
5. Data from the America's Health Rankings, as compiled by United Health Foundation. "Public Health Impact: Premature Death in Ohio 2021." America's Health Rankings. https://www.americashealthrankings.org/explore/annual/measure/YPLL/state/OH
6. Data from Behavioral Risk Factor Surveillance System (BRFSS). "BRFSS Web Enabled Analysis Tool." CDC. https://nccd.cdc.gov/weat/#/crossTabulation/viewReport
7. Data provided by the Ohio Department of Job and Family Services. Adult Protective Services Data for SFY2020 Fact Sheet. https://jfs.ohio.gov/OFC/APS-DateFactSheet-SFY2020.stm
8. Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America. Washington (DC): National Academies of Science, Engineering and Medicine, 2003; see also Under the Radar: New York State Elder Abuse Prevalence Study. Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, & New York City Department for the Aging. 2011.

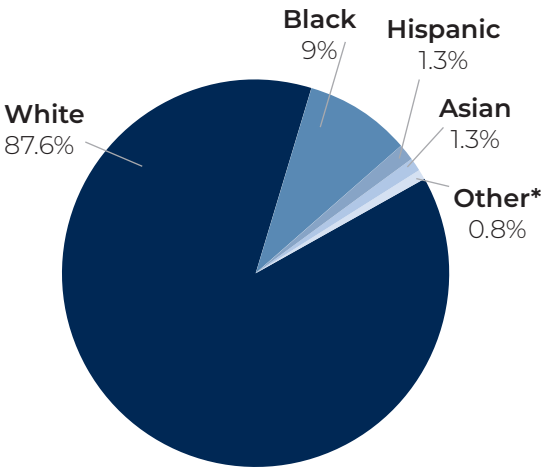
Race and Ethnicity

Ohio is a diverse state that includes representation from many different races and ethnicities (see figure 4). In 2019, 87.6% of Ohioans, ages 65 and older, identified as white, 9% identified as Black or African American, 1.3% identified as Asian, 0.2% identified as American Indian or Alaska Native, 0.02% identified as Native Hawaiian or Pacific Islander, and 0.3% identified as another race. Additionally, 1.3% of Ohioans, ages 65 and older, of any race identifed as Hispanic or Latino/a.

English Proficiency

Additionally, many older Ohioans speak languages other than English. In 2019, 99,484 Ohioans, ages 65 and older, (4.9%) spoke a language other than English at home.[9]

Figure 4. **Race of Ohioans, ages 65 and older, 2019**



*"Other" includes Ohioans, ages 65 and older, who are multiracial, non-Hispanic (0.56%), American Indian or Alaska Native, non-Hispanic (0.11%), Native Hawaiian or Pacific Islander, non-Hispanic (0.06%), and some other race (0.03%).

Source: Decennial Census, as compiled by the United States Census Bureau

9. Data from the American Community Survey, as compiled by the United States Census Bureau. "S1603: Characteristics of People by Language Spoken at Home in Ohio." United States Census Bureau. https://data.census.gov/cedsci/table?q=language%20spoken%20at%20home%20by%20age&g=0400000US39&tid=ACSST1Y2019.S1603

Advancing Elder Justice and Equity

Key findings from needs assessment activities underscore that not all older Ohioans have the same opportunity to live long, healthy lives with dignity and autonomy. This plan prioritizes achieving elder justice and equity by identifying priority populations for service delivery and partnerships to reduce elder abuse, neglect, and exploitation in Ohio.

Priority Populations

Priority populations are groups of Ohioans with greatest economic or social needs, and who are most at risk for poor outcomes. Populations were identified based on available data and feedback from expert stakeholders. Many priority populations are systematically disadvantaged groups of older Ohioans that often have inadequate access to resources and lack vital supports needed to live long, healthy lives with dignity and autonomy. In addition, these groups are more likely to:

- **Experience ageism in addition to other forms of discrimination (i.e., racism, ableism, xenophobia, homophobia, transphobia, etc.);**
- **Have increased risk of exposure to trauma, toxic stress, violence, and stigma;**
- **Face policy and system inequities;**
- **Live in environments that do not support healthy living; and,**
- **Lack access to culturally or linguistically appropriate services.**

As a result, priority populations are more likely to experience poor outcomes as they age.

These icons represent the 9 priority populations identified in this plan.

Three additional priority populations include older Ohioans with limited English proficiency, older Ohioans with Alzheimer's disease and related disorders (including their caregivers), and older Ohioans at risk for institutional placement (including survivors of the Holocaust). Delivery of OAA services are prioritized to these populations at the local levels.

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

Allocating Resources to Meet the Needs of Priority Populations

Resources allocated to the strategies identified in this plan are tailored and adapted to meet the needs of priority populations (i.e., older Ohioans with the greatest economic or social need). Additionally, there are many other groups of older Ohioans who require custom strategies and resources, including veterans, people living with HIV/AIDS, Amish communities, people who are justice-involved, and people who are unhoused. The allocation of OAA Title III funds to AAAs is based on the economic and social needs of the older Ohioans and caregivers in each planning and service area, after base level funding is assured to each agency. The awards for FFY 2022 are included in the intrastate funding formula (IFF) in Attachment C of this State Plan.

For more information about the percent of individuals with the greatest economic and social need who are receiving OAA services, see Attachment B.

Collaborating to Reduce Elder Abuse, Neglect, and Exploitation

Needs assessment findings also highlighted the importance of a multi-disciplinary approach to prevent and address elder abuse, neglect, and exploitation. Reducing elder mistreatment requires collaboration among a range of public and private partners at the state and local levels (see figure 5).

This includes engagement across state agencies and traditional aging network partners (such as AAAs and ombudsman programs), as well as partners within legal assistance programs, law enforcement, health-care, financial institutions, and other essential organizations across the state.

Figure 5. **Cross-sector response to prevent elder abuse, neglect, and exploitation**

State and local partners in the public and private sectors can collaborate and take action to address elder abuse, neglect, and exploitation by:
Increasing public education and awareness of elder abuse, neglect, and exploitation.
Tailoring and adapting strategies to communities of older Ohioans most at risk for experiencing elder abuse, neglect, and exploitation.
Providing adequate support and prevention training for health-care workers, social service providers, and both paid and unpaid caregivers.
Ensuring compliance with Ohio's mandated reporting requirements.
Increasing funding and resources focused on preventing and mitigating the impact of elder abuse, neglect, and exploitation.
Strengthening data collection and reporting to eliminate underreporting and provide accurate estimates of the prevalence of elder abuse, neglect, and exploitation.

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 complied 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
Improve Financial Stability	• Financial supports **(=)** • Adult training and employment supports **(=)** • Housing supports **(=)** • Retirement and health-care planning
Improve Housing Quality and Affordability	• Affordable housing development **(=)** • Rental assistance and supportive housing **(=)** • Housing accessibility and quality **(=)** • Financial supports
Improve Transportation Access	• Public transportation **(=)** • Transportation and land use • Medical transportation

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

Objective 8.1	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).
Objective 8.2	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).
Objective 8.3	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).
Priority Populations	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

Objective 9.1	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).
Priority Populations	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
Improve Nutrition	• SNAP enrollment • Community-based healthy food access (=) • Retail-based supports and incentives (=) • Healthy eating incentives (=) • Workplace supports • Disease management (=) • Malnutrition prevention and treatments (=)
Improve Physical Activity	• Community fitness (=) • Transportation and land use • Physical activity programs • Workplace supports • Home modifications • Disease management

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
Objective 10.1	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)
Objective 10.2	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).
Objective 10.3	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).
Objective 10.4	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).
Priority Populations	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
Improve Health-Care Coverage and Affordability	• Health insurance enrollment and coverage (=) • Health-care affordability policies (=) • Health-care cost reduction programs and services (=)
Improve Home- and Community-Based Supports	• Home- and community-based care coordination (=) • Transitions to home- and community-based care • Long-term care planning and support services • Telehealth (=) • Long-term care
Improve Home Care Workforce Capacity and Caregiver Supports	• General caregiver supports • Caregiver supports for Alzheimer's and dementia • Respite care • Kinship caregiver supports • Financial supports (=) • Direct care workforce investment, training, and job design

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.[10]

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.[11]

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.

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
Improve Social Inclusion	• **Physical activity** • **Community engagement and social supports (=)** • **Home-based social supports** • **Transportation and land use** • **Self-management and prevention**
Increase Volunteerism	• **Civic participation supports** • **Service opportunities for older adults**

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
Reduce Cognitive Difficulty	• Physical activity • Community engagement and social supports (=) • Screening and care coordination
Reduce Hypertension	• Physical activity • Screening and preventive clinical services • Disease prevention, management, and care coordination (=) • Treatment and medication adherence
Reduce Depression	• Physical activity • Mental health-care access and supports (=) • Screening and assessment • Disease management and care coordination (=)

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
Improve Chronic Pain Management	• **Self-management supports** • **Physical activity**
Improve Falls Prevention	• **Physical activity** • **Falls prevention education and self-management** • **Falls risk assessment and interventions** • **Home modifications**

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.[12] A total of 31,730 Ohioans ages 60 and older have died with COVID-19.[13] 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.

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

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Ombudsman
Expect Excellence in Your Care

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.

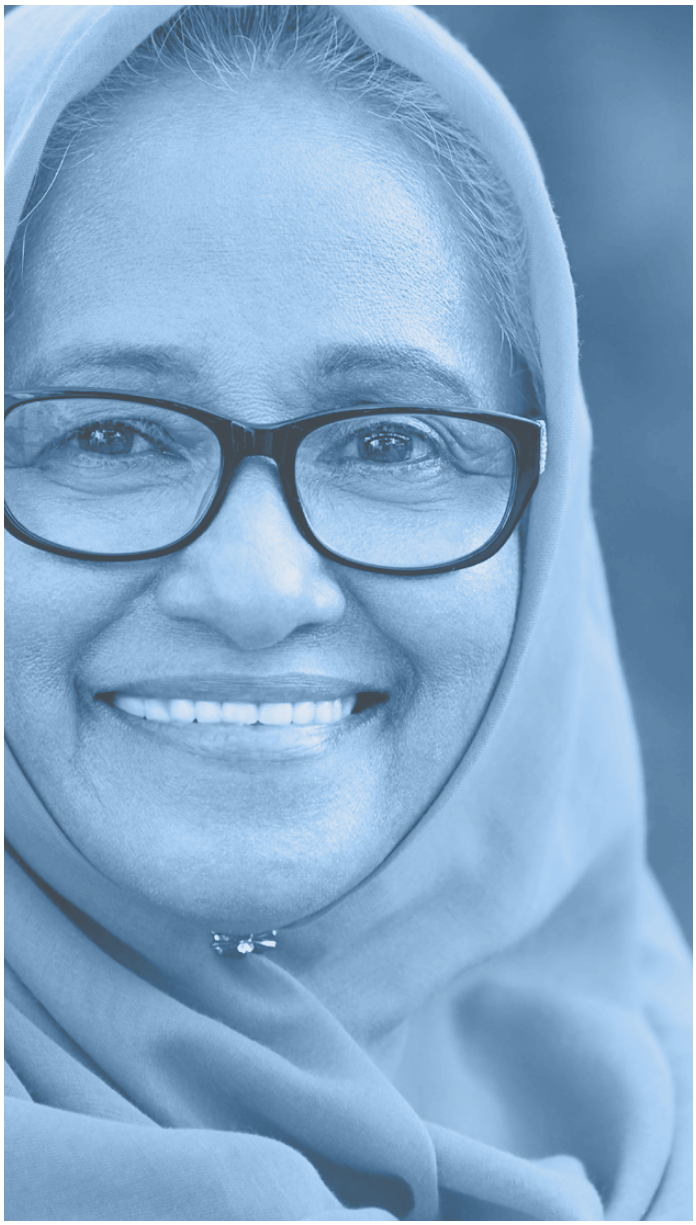
Integrating ACL Non-Formula-Based Grant Programs

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.



STATE PLAN QUALITY MANAGEMENT

State Plan Quality Management

ODA will assure the quality of the strategies of this State Plan through comprehensive evaluation activities and quality management practices to guide system and service improvements where needed. These activities include:

- **Tracking progress on State Plan outcomes;**
- **Tracking State Plan implementation;**
- **Collecting information through the AAA Strategic Area Plans and Annual Updates; and,**
- **Additional data collection and remediation activities.**

Tracking Progress on State Plan Outcomes

The State Plan provides a data reporting and evaluation framework for ODA, AAAs, and other public and private state and local partners across the aging network. Specifically, this plan articulates a clear goal and a set of 19 outcomes. There are one or more population-level SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) objectives identified for each of the 19 outcomes (28 total SMART objectives). Ohio and local communities can use these objectives to evaluate progress on the State Plan.

To assess progress toward the State Plan goals, ODA will:

- **Annually evaluate state-level performance for all objectives, including data for priority populations; and,**
- **Make local-level data on indicators accessible to AAAs and other local partners, when available.**

In addition, ODA encourages other partners to select and track progress on State Plan objectives that align with the needs of their own communities. To support these efforts, ODA developed a SAPA Implementation Toolkit. This Toolkit provides information and guidance on how state and local public and private partners can evaluate progress and engage in continuous quality improvement. To assist partners, the Toolkit provides the following evaluation tools:

- **Basic logic model template:** Provides instructions and examples to guide development of logic models that include outcome and strategy alignment, outputs, SMART objectives, and priority populations; and,
- **Evaluation plan template:** Provides instructions and examples to guide development of evaluation plans that include priority populations and components for process and outcome evaluation (i.e., methods, data sources, timeline, and leadership).

In addition to the primary State Plan outcomes and objectives identified, other programmatic indicators and outcomes are tracked by ODA and AAAs. These additional indicators include short-term measures, such as change in knowledge, and intermediate measures, such as behavior change. These measures are collected and evaluated by conducting client-level assessments and pre- and post-tests; (e.g., pre- and post-tests administered as part of an evidence-based program). Many of these short- and intermediate-term measures are collected via ODA-administered data reporting systems.

Tracking State Plan Implementation

ODA will collect data and information from AAAs and other aging network partners regarding State Plan alignment on:

- **Issues and priority populations;**
- **Strategy selection; and,**
- **Strategy implementation.**

Local partners can coordinate efforts to select State Plan strategies that best meet the needs of their community and monitor implementation by different organizations. Regular reporting of the number of organizations implementing State Plan strategies, the number of older Ohioans reached by those programs and services, the extent of outreach to priority populations, and other process evaluation indicators can be used to guide quality improvement for organizational or community-wide efforts. The SAPA Implementation Toolkit provides guidance, best practices, tools, and resources to assist partners in selecting and implementing strategies. This State Plan, the SAPA, and the Implementation Toolkit provide a shared vision, plan, and approach to the aging network in Ohio.

Lastly, ODA does not directly provide supportive services, nutrition services, or in-home services under OAA. Instead, Ohio's designated AAAs manage service delivery within the aging and disability network established in their respective planning and service areas, and this information is captured in our data reporting system. ODA does develop, manage, and enforce policies and systems to ensure the quality and efficiency of service delivery. In accordance with OAA and the contractual agreements ODA holds with AAAs, the AAAs are permitted to directly provide case management services, information and assistance services, and outreach under this State Plan.

AAA Strategic Area Plans

ODA has developed uniform templates and guidance for AAAs to develop and submit their 2023-2026 Strategic Area Plans and Area Plan Annual Updates. Each Strategic Area Plan serves as a written strategy to provide services to older adults and caregivers in each planning and service area through a comprehensive and coordinated service delivery system. This includes determining the extent of need for services in each region, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers for the provision of such services.

The Strategic Area Plan templates include OAA assurances; regional needs assessment activities; goals, objectives, and strategies with action steps, measures, and targets to demonstrate progress; and related operational elements. The goals, objectives, and strategies templates were designed to allow for Ohio's 12 Strategic Area Plans to be consolidated and summarized to inform the state's quality management activities and progress reporting.

Additional Data Collection and Remediation Activities

During this State Plan cycle, ODA will collect data, monitor, and report performance on program and service delivery with the OAA State Program Report and the new reporting system, OAA Performance System. AAAs and contracted service providers collect and enter detailed information on OAA program participants, services, and expenditures via these mechanisms, and this information is reported annually. These data provide information about the level and frequency of services provided, the number and percentages of different demographic groups of people and organizations receiving services, and

the percentage of people with the greatest economic and social need formed by each demographic group.

In addition to the activities described, ODA will continue its existing quality management initiatives which include an array of person-centered home- and community-based services efforts and compliance monitoring of AAAs to strengthen assessments and oversight responsibilities.

ATTACHMENTS

ATTACHMENT A

State Plan Assurances and Required Activities

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

The language in this Attachment A appears exactly as it is written in the statutory assurances of the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)

(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; ...

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,
(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—
(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multi-generational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;
(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)

(A)

(i)

(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and;

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)

(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area;

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;
(K) protection from elder abuse, neglect, and exploitation;
(L) assistive technology devices and services; and
(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—
(i) providing notice of an action to withhold funds;
(ii) providing documentation of the need for such action; and
(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—
(1) contracts with health care payers;
(2) consumer private pay programs; or
(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any

area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and;

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how

funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services;

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service

agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
- (A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and
- (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—
  - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
  - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—
- (A) identify individuals eligible for assistance under this Act, with special emphasis on—
  - (i) older individuals residing in rural areas;
  - (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
  - (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and (v) older individuals residing in rural areas);
  - (iv) older individuals with severe disabilities;
  - (v) older individuals with limited English-speaking ability; and
  - (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the

coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies,

relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order...

Ursel J. McElroy
Director, Ohio Department of Aging

August 1, 2022
Date

ATTACHMENT B

Information Requirements

SECTION 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

RESPONSE:

ODA will meet this requirement with the assurances included in each AAA's Strategic Area Plan, which includes a targeted outreach plan. AAAs must create a four-year plan that specifies where and how the agency intends to target its priority populations and describes the mechanisms to be used to reach those populations. ODA annually monitors Strategic Area Plans and various portions of related assurances by providing AAAs with tools to detail how each assurance is achieved.

SECTION 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

RESPONSE:

ODA will meet this requirement with the assurances included in each AAA's Strategic Area Plan. AAAs must submit a four-year plan which specifies that each agency will, to the extent feasible, coordinate with ODA to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals. AAAs provide, as part of the Strategic Area Plan, a narrative description of local and regional efforts supporting this priority. ODA annually monitors Strategic Area Plans and various portions of related assurances by providing AAAs with tools to detail how each assurance is achieved.

SECTION 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

RESPONSE:

ODA will meet this requirement with the assurances included in each AAA's Strategic Area Plan. AAAs submit their agency emergency and disaster preparedness plans to ODA for review annually. AAAs must submit a four-year plan which specifies that each agency will coordinate activities and develop long-range emergency preparedness plans with local and state agencies, organizations, and other entities that have responsibility for disaster relief. ODA annually monitors Strategic Area Plans and various portions of related assurances by providing AAAs with tools to detail how each assurance is achieved.

SECTION 307(a)(2)
The plan shall provide that the State agency will —...
(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportions determined for each category of service.)

RESPONSE:
The minimum proportion of funds required to be expended by each AAA to provide access, in-home, and legal assistance services is five percent (5%) of Title III-B funds, for each of these three service categories, before transfers. As part of the Strategic Area Plan process, each AAA is required to demonstrate its allocation of the required five percent for the service categories of access, in-home, and legal assistance. This data is captured in the operational budget portion of each AAA's Strategic Area Plan. Additionally, ODA maintains a policy for AAAs, specific to priority services, that supports and enforces the requirements.

SECTION 307(a)(3)
The plan shall—
(B) with respect to services for older individuals residing in rural areas—
- **(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;**
- **(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and**
- **(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.**

RESPONSE:
- **(i)** ODA's maintenance of effort was submitted to ACL on August 30, 2021 and is available upon request.
- **(ii)** ODA's projected costs of providing Title III services to older individuals residing in rural areas is approximately $35,116,900 annually, based on FY21 expenditures to serve these individuals, and is projected to remain static over the course of the four years of this plan.
- **(iii)** As part of developing a Strategic Area Plan, each AAA conducts a public hearing and a needs assessment to determine where gaps exist in the planning and service area. The information and strategies to meet the identified needs are included in their plans. Each AAA has areas within their regions that are considered rural. Hence, ODA includes a factor in the IFF that considers rural populations. AAAs maintain established funding formulas that focus on their respective priority populations, including those in rural areas, which are submitted to ODA for review as part of the Strategic Area Plan. AAAs annually describe their targeted outreach activities to address the identified service needs of priority populations, including older individuals residing in rural areas.

SECTION 307(a)(10)
The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

RESPONSE:
ODA will meet this requirement through the Strategic Area Plan assurances and IFF factors and weights. Each AAA is allocated a base grant amount for Title III. After base and administrative funds are removed, the balance of Title III funding to each AAA is based on population factor weights. The IFF for Title III includes a factor specific to rural areas, which requires that a percentage of funds be allocated to rural areas. In addition, AAAs maintain established funding formulas that further focus on their respective priority populations, including those in rural areas, and conduct regular targeted outreach to ensure the needs of older individuals residing in rural areas are being met.

SECTION 307(a)(14)
The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and
(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

RESPONSE:
(A) According to the 2020 Ohio Poverty Report, the 2017-2018 poverty rate in Ohio was 25.4% for all minorities combined. Poverty rates for minorities by age group are:
- Ages 55-64: 22.5%
- Ages 65-74: 17.5%
- Age 75 and over: 14.4%

In 2018, 1.2% of Ohioans ages 65 and older had limited English proficiency (older Ohioans who spoke a language other than English, and spoke English "not well" or "not at all"). There are approximately 16,000 low income minority older individuals with limited English proficiency in Ohio. (Source: U.S. Census Bureau, American Community Survey, 1-year estimates)

(B) ODA will meet this requirement with the assurances included in each AAA's Strategic Area Plan. The plans include a section specific to targeting outreach to minority individuals, low-income minority individuals, and minority individuals with limited English proficiency. AAAs are required to indicate how preference is given to this consumer group. ODA annually incorporates various portions of the assurances into the tools used to monitor how the AAA achieves this.

SECTION 307(a)(21)

The plan shall—

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

RESPONSE:

Although there are no federally recognized tribes located within Ohio, ODA will develop partnerships with tribal representatives within the state and continue to strengthen existing partnerships to advance equity for all priority populations, including Native American Ohioans. ODA is committed to advancing equity by supporting the recommendations outlined in the COVID-19 Ohio Minority Health Strike Force Blueprint and Ohio's Executive Response: A Plan of Action to Advance Equity. ODA also serves on Ohio's Health Equity Interagency Workgroup and collaborates regularly with the ODH and the Office of Health Opportunity. Through these partnerships, ODA will advocate for the needs of older Native American Ohioans and pursue activities to further support increased access to all aging programs and benefits.

SECTION 307(a)(27)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

RESPONSE:

(i) ODA previously conducted a needs assessment to understand the needs of older adults and their caregivers across the state in addition to the region-based assessments conducted by AAAs. ODA has the projected changes in populations in each of Ohio's 88 counties for 2030 and 2040. Additional detailed information related to projected change in the number of older individuals can be found by referencing the statewide needs assessment and context section of this state plan and ODA's 2020 Summary Assessment of Older Ohioans.

(ii) Regarding the impacts of these changes on Ohio's older adult populations, the needs assessment identified and informed issues that are being addressed in Ohio's 2023-2026 State Plan on Aging such as the need for more direct care workers and strategies to support healthy aging and aging in place.

(iii) ODA, in coordination with the AAAs and through improvements made to the Strategic Area Plan templates, will have the ability to identify the local, state, and federal funds that occur outside of the Older Americans Act in support of these services and programs being delivered. The Strategic Area Plan templates will enable ODA and AAAs to analyze the potential impacts with these known

variables and position (or re-position) funding and services to best serve high-priority older adult populations. Further, ODA will modify programs (and policies that support program management) based on needs assessments to drive programmatic improvement and heightened performance.

(iv) ODA acknowledges the anticipated increase in the number of individuals age 85 and older and understands that with this increase there will be a corresponding increased need for long-term services and supports, caregiver support, and assistance to manage chronic health conditions. Through ODA's strategic framework, this dynamic and prioritized 2023-2026 State Plan on Aging will serve as a centralizing initiative to ensure Ohio moves forward, in concert, to improve the lives of all older Ohioans.

SECTION 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

RESPONSE:

ODA participates in all Ohio Emergency Operations Agency CAS 1 level briefings, including informing and, as needed, activating AAAs and aging network providers. Staff at ODA and SLTCO support emergency support functions 6 (Mass Care) and 8 (Health Care). ODA also serves on the Safe Ohio Assessment Team and is, as needed, deployed to support local disaster response and recovery efforts across the state. ODA is also preparing to utilize a web-based business continuity tool to manage its planning and response efforts.

During the last several years, ODA and Ohio's aging network have responded to a wide range of emergencies, most notably the ongoing COVID-19 pandemic. In addition to facilitating local aging network support, ODA works with sister state agencies and partners to activate "check on your neighbor" campaigns and promote "knock and talk" efforts to provide wellness checks. Due to the COVID-19 emergency, ODA created and continues to lead the Staying Connected Check-in Service to provide free, daily check-in by phone for Ohioans age 60 and older. This service provides comfort and connects older adults with aging network information and support, and triages to local sheriff departments for in-person wellness checks when needed.

Ohio's congregate care settings, including senior housing, adult day centers, and senior centers, have experienced major disruptions in service during the public health emergency. During this time, ODA, with support from the Ohio National Guard and the ODH, created the Regional Rapid Response Assistance Program (R^3AP). R^3AP was made available to nursing homes, assisted living, adult day services, and senior centers to answer specific questions about COVID-19 prevention and outbreak control. R^3AP bridged gaps in staffing, testing, and solving COVID-19 related issues utilizing teams of experts located in each of eight Emergency Preparedness Regions designated by the ODH.

Additional responses to the COVID-19 emergency led by ODA and in coordination with other entities included the rollout of congregate care testing, COVID-19 vaccine clinics at long-term care facilities, affordable senior housing and homebound locations across the state, personal protective equipment PPE distribution, and emergency staffing requests. Further, ODA continues to work closely with the AAAs to strengthen the agency network collective emergency and planning response protocols.

SECTION 307(a)(29)
The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

RESPONSE:
ODA serves on Ohio Emergency Management Agency committees to develop, update and exercise various state preparedness, response and recovery plans. Currently, ODA staff are involved in updating the State's emergency support function 14 (Recovery) housing, and health and human services recovery plans, pandemic flu and streamlining AAA emergency preparedness plans.

The ODA Director is responsible for providing leadership, direction, and support of the Department's emergency and disaster planning, training, activation and recovery efforts. The Director's objective is to assure ODA's critical businesses processes are operational in the event that normal operations are disrupted or threatened during an emergency. The Director also helps support the essential services of the State of Ohio during a catastrophic event. The Director is ODA's primary liaison with the Governor's Office and other key State agencies including, but not limited to the State Emergency Management Agency Emergency Operations Center and ODH.

During activation of ODA's Continuity of Operations Plan (COOP) or its Pandemic Plan, the ODA Director maintains ultimate responsibility for maintaining ODA's critical functions and for supporting the State of Ohio's broader essential functions which include: Maintenance of Civil Law and Order; Provision of Essential Services to the Public; Ensuring availability of Public Works; Ensuring Continuity of Government; Ensuring Economic Stability; and Offering of Resources and Logistical Support to other State agencies.

SECTION 705(a) ELIGIBILITY —
In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—
(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).
(Note: Paragraphs (1) of through (6) of this section are listed below)
In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

RESPONSE:
SLTCO is established in Ohio law and is governed by rules 173-14-01 through 173-14-27 of the Ohio Administrative Code. SLTCO staff conduct designation and service reviews to assure compliance with statute and rules that are congruent with the requirements of this subtitle. Reports of abuse and neglect in nursing facilities are reviewed and investigated by SLTCO. The state survey agency also refers potentially criminal abuse, neglect, and exploitation to the Ohio Attorney General's Health Care Fraud Unit.

ODA is working with Ohio's Board of Executives of Long-Term Services and Supports in creating and distributing training to long-term care administrators and staff to ensure they are positioned to recognize the signs of financial exploitation.

In Ohio, the Adult Protective Services (APS) program is a community program available through ODJFS and administered by the County Departments of Job and Family Services. Counties are mandated to investigate reported abuse for older adults age 60 and older. If the county in which the reported abuse occurs determines there is abuse, they connect the older adult with support services to assist them and remediate the situation.

The ODJFS budget is the dedicated source of state funding for APS in Ohio. It funds a substantial portion of the APS program for many counties in the state, though additional allocations to APS and supportive services come from other state agencies and community levies. Each community funds the wraparound services that incorporate APS. In addition to the county, ODJFS, SLTCO, local law enforcement, AAAs, local prosecutors, and probate courts all play crucial roles in the way APS are administered. The state has made significant progress in expanding the partnership between these groups and APS through the creation of interdisciplinary teams (I-Teams).

To create a coordinated elder abuse, neglect and exploitation prevention and response strategy, ODA is collaborating with ODJFS, Ohio Attorney General's Office, and AAAs to identify efficiencies and share resources where appropriate to collect and analyze data across the state with newly available data from the National Adult Maltreatment Reporting System.

SLTCO is represented on Ohio's Adult Protective Services Advisory Council. The Council is used as a platform for interested parties around the state to come together to advance better APS practices. ODA serves on the Board of the Ohio Coalition for Adult Protective Services and participates along with SLTCO on the Ohio Elder Abuse Commission which prioritizes direct services, education, policy and research. ODA and SLTCO also participates on the Supreme Court's Subcommittee on Adult Guardianship. The office advocates for the least restrictive solutions, including limited guardianships and helping consumers communicate with probate courts. Regional long-term care ombudsman programs participate in local coalitions and I-Teams to discuss elder abuse prevention, detection, investigation and protective services. Ombudsman programs engage law enforcement when complaints warrant and after appropriate consent.

ODA assisted in the development and execution of regional elder financial exploitation forums throughout the state. These regional education events are specific to financial exploitation of older adults in Ohio, and showcase many local and state resources, such as law enforcement, judges, ombudsman, senior centers, banks and other financial institutions, adult protective services, elder law attorneys and the AAAs. Attendees are empowered to make connections, learn how they can prevent financial exploitation and understand who to contact if they are victims of a scam or financial crime.

ODA and SLTCO have appointed representatives on the Ohio AMBER Alert Advisory Committee, a committee tasked with aiding in the identification and location of missing adults age 65+. When an Endangered Missing Adult Alert is issued, sufficient descriptive information about the individual and the circumstances surrounding the individual's disappearance are provided to media outlets, law enforcement, and others, who are active in search of the missing adult.

ODA will work to promote a seamless system of prevention and response through enhanced training, advocacy and legal assistance strategies as noted in this State Plan. ODA and its partners will create inclusive, culturally aware and relevant outreach materials for older adults, caregivers, and the aging network the aging network as a result of implementing these strategies. The presence and availability of these materials will be shared across all communications mediums and outlets.

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

RESPONSE:
ODA is committed to receiving the opinions and feedback of older adults, caregivers, AAAs, providers, advocates and external partners as evidenced by the thorough needs assessment conducted in preparation for this 2023-2026 State Plan on Aging. Each AAA also conducts a needs assessment, by various means including public hearings, town hall meetings and electronic or paper surveys, to develop the content of the Strategic Area Plan. This is addressed in each AAAs Strategic Area Plan as part of the certification by board president, advisory council chair, and AAA director.

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

RESPONSE:
ODA, SLTCO, regional ombudsman programs, AAAs, Ohio Senior Insurance Information Program, the Senior Medicare Patrol program and Ohio's aging and disability resource network members are committed to providing information and assistance to individuals to access benefits and exercise their rights. AAAs also have staff who assist older adults in identifying and accessing services and benefits for which they are eligible.

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

RESPONSE:
State general revenue funds, as well as Ombudsman bed fee funds, are allocated to regional ombudsman programs by formula. Title VII funds are not used to supplant funds under this subtitle. Regional ombudsman programs are required to submit budgets to SLTCO and they are reviewed to assure proper planning and expenditure of funds. Additionally, regional programs may seek additional grants or benefit from local levy funds.

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

RESPONSE:
Regulations governing the designation of sponsoring agencies for regional ombudsman programs are congruent with federal requirements.

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-
(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

RESPONSE:
All Title VII, Chapter 3 funds are distributed exclusively to local regional programs. ODA serves on the Board of the Ohio Coalition for Adult Protective Services. Both ODA and SLTCO participate in the Ohio Elder Abuse Commission. SLTCO participates in the Supreme Court's subcommittee on adult guardianship. Regional long-term care ombudsman programs participate in local coalitions and I-Teams to discuss elder abuse prevention, detection, investigation and protective services. SLTCO advocates for the least restrictive solutions, including, but not limited to limited guardianships and assisting consumers with communicating with probate courts. SLTCO programs engage law enforcement when complaints warrant and with appropriate consent. Confidentiality is a pillar of SLTCO and a regular focus of designation and service review conducted by state ombudsman designees. Legal counsel provided by ODA and the Ohio Attorney General act, as needed, to protect the records of SLTCO.

ATTACHMENT C

Intrastate Funding Formula

During the 2023-2026 State Plan period, ODA is using Census data for population factor weights in its IFF. For the FFY 2023-2026 allocations, ODA will update the relevant data sources using current data from the Census as referenced below.

The allocation of Title III funds to AAAs is based on the economic and social needs of the population of persons age 60 or older in each planning and service area after a base level of funding is assured to each agency. The awards for FFY 2022 are included in this State Plan on Aging.

Prior to distribution under the IFF to AAAs, 5% of the total award amounts from each category (Title III-B, Title III-C1, Title III-C2, Title III-D, and Title III-E) is deducted from for State Plan Administration. Next, 10% of the remaining total award balances in the following categories (Title III-B, Title III-C1, Title III-C2, and Title III-D) is deducted from Title III C-1 for Area Plan Administration (ODA refers to this as Title III-A Admin). Also, 10% of the remaining total award balance in Title III-E is deducted from that category for Area Plan Administration (ODA refers to this as Title III-E Admin). Finally, funds are deducted from the remaining Title III-B award for SLTCO set-aside based on a minimum of the maintenance of effort from 2019.

Nutrition Services Incentive Program (NSIP) funds are allocated using percentages of the AAAs reconciled FFY 2019 NSIP eligible meal counts. The COVID-19 crisis is expected to skew traditional meal service and meal counts. As a result, ACL is holding harmless meal counts from 2019 and will apply them to 2020, 2021, 2022, and 2023 NSIP allocations. ODA will continue to monitor ACL guidance regarding NSIP allocations.

TITLE III FACTORS

Each AAA is allocated a base grant of $375,000 from Title III-B, Title III-C1, and Title III-C2. Of that amount, $170,000 is allocated for administrative costs. After base and administrative funds are removed, the balance of Title III funding to each agency is based on the population factor weights:

Title III-B, III-C, and III-E funds are allocated based on these population factor weights:

- Individuals at or above age 60: 43 percent
- Individuals at or above age 75: 28 percent
- Individuals at or above age 60 and below the federal poverty level: 11 percent
- Minorities at or above age 60: 8 percent
- Individuals at or above age 60 who live alone: 8 percent
- Individuals at or above age 60 who live in rural areas: 2 percent

Title III-D funds are allocated based on these population factor weights:

- Medically Underserved Individuals at or above age 60: 40 percent
- Individuals at or above age 60: 20 percent
- Minorities at or above age 60: 20 percent
- Individuals at or above age 60 and below the federal poverty level: 20 percent

Mathematical Formula

For each weighted factor, using the data sources listed below, the total number of individuals per region for each factor is first divided by the total number of individuals across the state for that factor and then multiplied by the assigned weight. This is applied to each region, for each of the factors and weights. These are then summed to obtain a total percentage allocation.

For example, the number of individuals at or above age 60 in an AAA's region (based on the Census data source listed) is divided by the number of individuals at or above age 60 across the state, then multiplied by the 43% weight (i.e. 0.43). This is summed with the other factors, and the final percentage allocation is used to allocate into Titles III B, C, and E. This process is also followed for Title III-D using the specified factor weights.

The mathematical formula to demonstrate this is as follows:
[(factor weight * (metric for region/metric for state) + (factor weight * (metric for region/metric for state) + (factor weight * (metric for region/metric for state) ...] * total award amount in each category

Data Source

- **Ages 60+ & 75+:** "P12: Sex by Age - Universe: Total Population," U.S. Census Bureau, Census 2020 (expected).
- **Poverty 60+: "**S21042: Sex by Poverty Status in Previous Year by Household Type (Including Living Alone) and Relationship for the Population 60 Years and Older," 2012-2016 American Community Survey.
- **Minority 60+:** "P121: Sex by Age (White Alone, Not Hispanic or Latino)" and "P12: Sex by Age - Universe: Total Population," U.S. Census Bureau, Census 2020 (expected).
- **Live Alone 60+:** "P24: Households by Presence of People 60 Years and Over: Household Size and Household Type," U.S. Census Bureau, Census 2020 (expected).
- **Rural 60+:** "R: Urban/Rural Update," U.S. Census Bureau, Census 2020 (expected).
- **Medically Underserved Individuals 60+:** "Medically Underserved Areas/Populations," U.S. Department of Health and Human Services, Health Resources and Services Administration, and "P12: Sex by Age - Universe: Total Population," U.S. Census Bureau, Census 2020 (expected).

TITLE VII FACTORS

The allocation of Title VII Ombudsman funds to the AAAs is based solely on the percentage of current year licensed nursing home and residential care facility beds, licensed by the ODH, and class 2 residential facilities licensed by the Ohio Department of Mental Health and Addiction Services. Title VII Elder Abuse Prevention funds are allocated to the AAAs based on population age 75 and over (Census 2020, expected) and the square miles in each region, with a 90 percent weight given to population age 75 and over and a 10 percent weight given to square mileage.

FFY 2022 Annual Award (April 27, 2022)					
AAA	**AAA Admin**	**III-B Supportive Services**	**III-C1 Congregate Meals**	**III-C2 Home-Delivered Meals**	**III-D Preventive Health**
1	427,654	1,556,941	1,646,998	1,201,249	88,686
2	387,625	1,326,314	1,403,031	1,023,310	78,812
3	234,570	444,476	470,186	342,933	25,581
4	333,075	1,012,018	1,070,556	780,817	92,698
5	265,184	620,860	656,773	479,021	18,991
6	421,819	1,523,323	1,611,436	1,175,311	90,181
7	253,101	551,245	583,130	425,310	89,515
8	217,822	347,982	368,111	268,484	32,543
9	265,747	624,108	660,208	481,527	33,942
10A	596,604	2,530,357	2,676,720	1,952,283	198,334
10B	386,366	1,319,059	1,395,356	1,017,712	54,079
11	311,824	889,577	941,032	686,348	45,055
Total	**4,101,391**	**12,746,260**	**13,483,537**	**9,834,305**	**848,417**

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ATTACHMENT C
Intrastate Funding Formula

FFY 2022 Annual Award (April 27, 2022)						
AAA	**III-E Admin**	**III-E Services**	**Total Title III**	**Title VII Elder Abuse Prevention**	**Title VII Ombudsman**	**Total Title III and VII**
1	81,444	732,998	5,735,970	22,789	30,097	5,788,856
2	68,791	619,121	4,907,004	20,787	20,689	4,948,480
3	20,410	183,694	1,721,850	7,483	8,002	1,737,335
4	51,548	463,930	3,804,642	16,391	16,182	3,837,215
5	30,088	270,788	2,341,705	10,452	8,582	2,360,739
6	79,600	716,398	5,618,068	21,557	26,112	5,665,737
7	26,268	236,413	2,164,982	8,816	6,828	2,180,626
8	15,116	136,048	1,386,106	5,450	3,156	1,394,712
9	30,266	272,391	2,368,189	10,557	8,759	2,387,505
10A	134,849	1,213,644	9,302,791	37,839	41,784	9,382,414
10B	68,393	615,538	4,856,503	20,784	23,720	4,901,007
11	44,831	403,473	3,322,140	14,280	12,982	3,349,402
Total	**651,604**	**5,864,436**	**47,529,950**	**197,185**	**206,893**	**47,934,028**

ATTACHMENT D

Summary Report of Needs Assessment Activities

Purpose and Process

To inform Ohio's 2023-2026 State Plan on Aging, ODA, with assistance from HPIO, conducted a needs assessment process that incorporates the perspectives of a wide range of Ohioans. This process included:

- **Three virtual stakeholder meetings that gathered input from 78 experts and aging network partners on Ohio's aging landscape and environment;**
- **An online statewide needs assessment survey of 1,236 older adults, adults with disabilities, and caregivers on the programs and services that are most needed in their counties; and**
- **An online ODA staff survey in which 61 employees gave their feedback on the most important issues for addressing older adult health and well-being.**

The methods and findings from these needs assessment activities are described below. These insights provide additional and updated context to previous stakeholder engagement and data collection activities conducted in 2020 and 2021. These activities include:

- **2020 Summary Assessment of Older Ohioans.** The Summary Assessment of Older Ohioans, finalized in June 2020, provides a comprehensive picture of the health and well-being of older Ohioans. The key findings in the assessment were developed from primary data findings from Ohio's 2019-2022 State Plan on Aging, including five regional forums with 234 participants and a survey completed by 1,944 older adults and caregivers, and key findings from 50 state and national secondary data sources.
- **2020-2022 Strategic Action Plan on Aging (SAPA).** The SAPA is a prioritized plan to advance elder justice and equity and achieve optimal health and well-being for older Ohioans. It addresses the many challenges identified in the Summary Assessment. The issues prioritized in the SAPA were developed through a multi-step process with input from a multi-sector advisory committee of 71 subject matter experts, 19 key informant interviews, leadership from ODA and input from six state agencies, and 28 data metrics compiled from state and national sources.

Needs Assessment Key Findings

The needs assessment activities provided information and context on Ohio's aging landscape, the top issues facing Ohioans and caregivers, and the types of programs and services that older Ohioans and caregivers would like to expand in their communities. The results of the needs assessment, including the stakeholder meetings, statewide survey of older adults, adults with disabilities, and caregivers, and the ODA staff survey, informed the following key findings:

- **Innovation and partnership are key strengths in Ohio's aging network**

  Stakeholders noted that Ohio has a strong aging network with supportive and innovative partnerships. In the next State Plan cycle, stakeholders are looking to expand partnerships with additional sectors, including leveraging community health worker and resident service coordinator networks, to further coordinate efforts across the state and proactively address challenges across systems and sectors.

- **Workforce shortages and social isolation are top challenges exacerbated by COVID-19**
  The COVID-19 pandemic exacerbated and highlighted many challenges for older Ohioans and caregivers. Stakeholders emphasized workforce challenges and social isolation as top concerns. The increased demand for services, the shortage of direct care workers, and public health precautions like social distancing resulted in unmet needs and fewer opportunities to gather and socialize.

- **More can be done to support family caregivers and ensure access to affordable, quality health care**
  Survey respondents identified affordable health care and prescription drug options as a top need in Ohio. While caregiver supports were identified as a strength by some stakeholders, older Ohioans noted that respite care and adult day programs are important services to expand in their counties.

- **Strengthening community conditions in Ohio supports healthy aging**
  Housing, transportation, and other community challenges persist in Ohio. Barriers to accessing technology and broadband, unaffordable housing, the rise in the cost of living, lack of transportation providers, and insufficient rates for providers in rural communities were top needs identified by stakeholders.

- **Older Ohioans desire to age in place**
  Older Ohioans support strategies that increase their ability to remain at home and in their communities. The majority of statewide survey respondents would like to expand supportive programs and services, such as ride assistance, affordable housing options, home-delivered meals, and home health services.

- **Social connectedness is critical to older adult health and well-being**
  To remain physically and mentally active and stay independent, older adults emphasize a need for programs and services that increase social connections and community engagement. This includes increased access to community centers, group fitness classes, and volunteer opportunities. Spending time with family and friends was the top reason that statewide survey respondents are excited about the future.

Needs Assessment Methods

Methods:

Stakeholder Meetings

ODA held a public hearing to inform the State Plan (23 attendees) and, with assistance from HPIO, conducted stakeholder meetings with three groups of aging network partners:

- **The SAPA Advisory Committee and Ohio Advisory Council for Aging (35 attendees);**
- **AAA directors, chief financial officers, and planners (27 attendees); and,**
- **Executive leadership from ODA (18 attendees).**

In the meetings with the SAPA Advisory Committee/Advisory Council for Aging and AAA staff, ODA and HPIO facilitated semi-structured small group discussions using a common set of discussion questions. A similar set of questions was used to facilitate a conversation with ODA leadership. Stakeholder meetings were held from February 16-23, 2022.

Stakeholder meetings were analyzed using written notes from small group discussions. Responses to discussion questions were coded and summarized.

Methods:

Statewide Survey of Older Adults, Adults with Disabilities, and Caregivers

Respondents represented 1,236 older adults, adults with disabilities, and caregivers from across Ohio. The survey was open from March 9-25, 2022.

Responses from the survey were analyzed using the following methods:

- Responses to closed-ended questions were totaled, and the proportion of respondents who chose each response option was calculated
- Responses to open-ended questions were coded and summarized

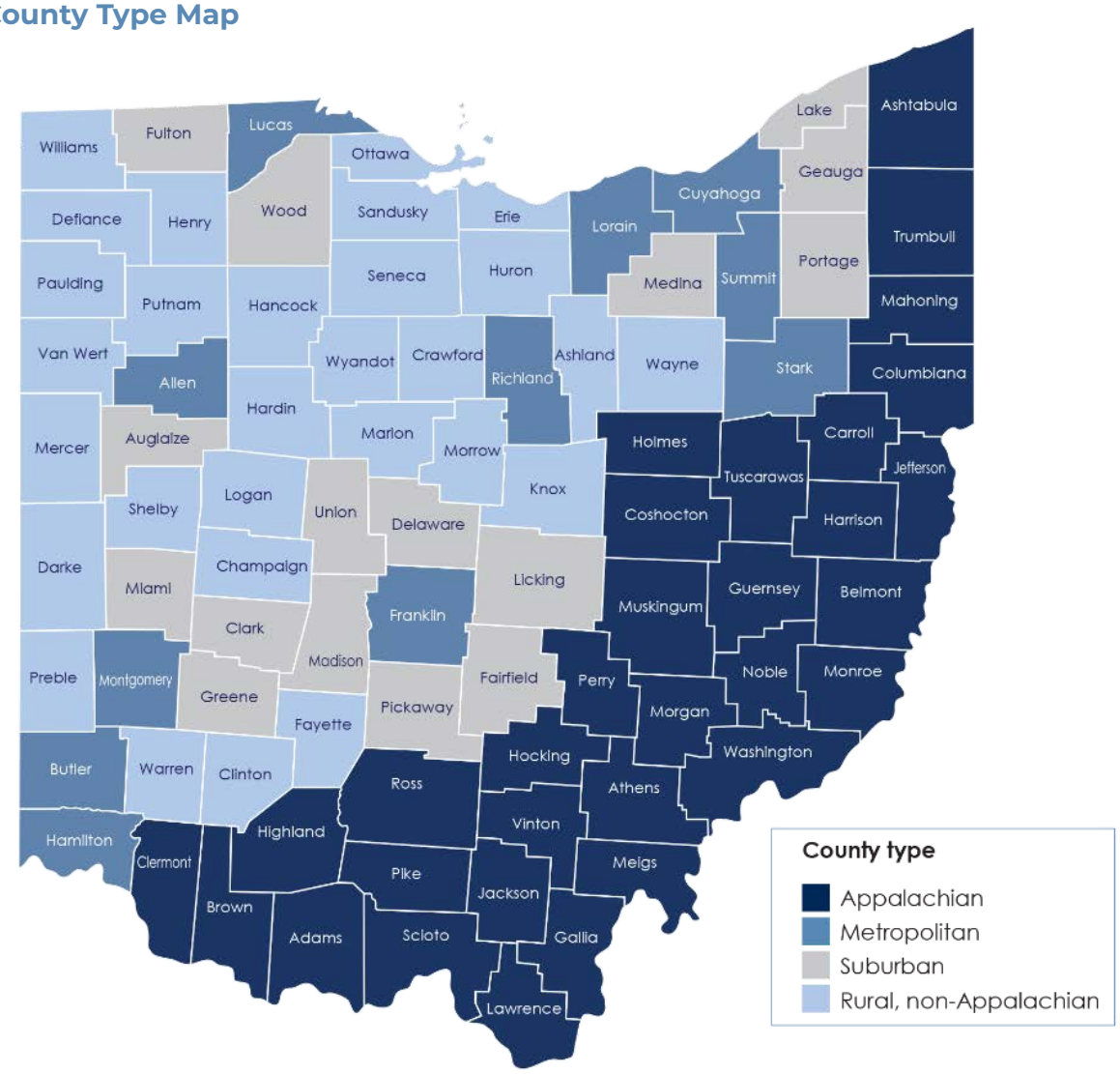
Additionally, respondents' county type was calculated by applying the county type categories used in the Ohio Medicaid Assessment Survey (OMAS) classification of Ohio counties to the survey respondent's self-identified county. See figure D.1 for a county type map.

Figures D.2-D.9 describe the characteristics of statewide survey respondents.

Fifty percent of survey respondents were older adults or adults with a disability, and the other 50% identified themselves as caregivers for an older adult or adult with a disability. Of the respondents who are caregivers, most identified themselves as either a case manager or contracted service provider (45%) or a child of the older adult or adult with a disability (28%).

The most common age group selected was ages 61-70 years old (38%), followed by 71-80 years old (20%). Most respondents live in metropolitan counties (51%), followed by Appalachian counties (25%). Respondents were overwhelmingly white (90%) and non-Hispanic (96%), most do not live with a disability (67%), and nearly a third earn an annual household income of $75,000 or more per year (31%). By comparison, in 2019, 81% of Ohio's population was white and 39% earned an annual household income of $75,000 or more.

Figure D.1. **County Type Map**



Source: County types defined by the Ohio Medicaid Assessment Survey

Figure D.2. **Type of Survey Respondent**

Responses	Number (n=1,231)	Percent
Caregiver for an older adult or an adult with a disability, or other respondent completing the survey for someone else	619	50%
Older Ohioan (60 and older) or adult with a disability completing this survey for themselves	612	50%

Figure D.3. **Respondents' Relationship* to the Older Adult or Adult With a Disability for Whom They are Completing the Survey**

Responses	Number (n=566)	Percent
Case manager or contracted service provider	252	45%
Child	159	28%
Other (for example, friend or neighbor)	66	12%
Caregiver (a relative, partner, friend, or neighbor who has a significant personal relationship with, and provides a broad range of assistance for, the older adult or adult with a disability)	56	10%
Another family member (for example, niece or nephew)	32	6%
Grandchild	26	5%
Spouse, significant other, or partner	24	4%
Sibling	10	2%

*Respondents were asked to select all roles that applied.

Figure D.4. **County Type* of Survey Respondents**

Responses	Number (n=954)	Percent
Metropolitan	487	51%
Appalachian	234	25%
Suburban	135	14%
Rural, non-Appalachian	95	10%

*County type categories are based on the Ohio Medicaid Assessment Survey (OMAS) classification of Ohio counties. See figure D.1.

Figure D.5. **Respondent Race***

Responses	Number (n=952)	Percent
White	858	90%
Black or African American	86	9%
Other	15	2%
American Indian or Alaska Native	14	1%
Asian	10	1%
I don't know	8	1%
Native Hawaiian or Pacific Islander	2	0.2%

*Respondents were asked to select all races that applied.

Figure D.6. **Respondent Ethnicity**

Responses	Number (n=931)	Percent
Not Hispanic or Latino	893	96%
I don't know	28	3%
Hispanic or Latino	10	1%

Figure D.7. **Respondent Age Group**

Responses	Number (n=952)	Percent
Under 50 years old	133	14%
50-60 years old	179	19%
61-70 years old	364	38%
71-80 years old	190	20%
81 years or older	86	9%

Figure D.8. **Respondent Annual Household Income Level**

Responses	Number (n=933)	Percent
$75,000 or more per year	286	31%
$50,000 to less than $75,000 per year	162	17%
$30,000 to less than $50,000 per year	157	17%
$10,000 to less than $20,000 per year	114	12%
I don't know	86	9%
$20,000 to less than $30,000 per year	77	8%
Less than $10,000 per year	51	5%

Figure D.9. **Respondent Disability Status**

Responses	Number (n=950)	Percent
Respondent is not living with disabilities	641	67%
Respondent is living with disabilities	287	30%
I don't know	22	2%

Methods:
Ohio Department of Aging Staff Survey

Respondents represented 61 staff members of the Ohio Department of Aging. The survey was open from March 9-25, 2022.

All survey responses were closed-ended. To analyze survey results, question responses were totaled, and the proportion of respondents who chose each response option was calculated.

Figures D.10-D.13 describe the characteristics of staff survey respondents. Five percent of staff survey respondents were older adults themselves (ages 61 or older), 23% are caregivers for an older adult or adult with a disability, and 2% are kinship caregivers.

Figure D.10. **Respondent Age Group**

Responses	Number (n=61)	Percent
18-29 years old	3	5%
30-44 years old	29	48%
45-60 years old	24	39%
61-74 years old	3	5%
75 years or older	0	0%
I prefer not to answer	2	3%

Figure D.11. **Respondent Division within the Ohio Department of Aging**

Responses	Number (n=50)	Percent
Division for Community Living (DCL)	10	20%
Information Systems Division (ISD)	8	16%
Office of the State Long-Term Care Ombudsman (OMB)	6	12%
Communications Division (CD)	5	10%
Elder Connections Division (ECD)	5	10%
Fiscal Division (FD)	4	8%
Executive Division (EXEC)	3	6%
Legal Division	3	6%
Human Resources Division (HRD)	3	6%
Board of Executives of Long-Term Services & Supports (BELTSS)	2	4%
Analytics and Compliance Division (ACD)	1	2%

Figure D.12. **Respondents Who are Caregivers for an Older Adult or Adult with a Disability**

Responses	Number (n=61)	Percent
Yes, I am a caregiver for an older adult or adult with a disability	14	23%
No, I am not a caregiver for an older adult or adult with a disability	47	77%

Figure D.13. **Respondents Who are Kinship Caregivers (i.e., a grandparent, other older relative, or non-relative taking care of a child)**

Responses	Number (n=59)	Percent
Yes, I am a kinship caregiver	1	2%
No, I am not a kinship caregiver	58	98%

Needs Assessment Results

The following section contains findings from the stakeholder meetings; statewide survey of older adults, adults with disabilities, and caregivers; and the survey of ODA staff conducted in 2022.

Results: Stakeholder Meetings

Meeting participants were asked a series of questions about the strengths and challenges in Ohio's aging landscape, the populations that are most important to prioritize for service delivery, and opportunities to increase collaboration between aging network partners.

Ohio's Aging Landscape Strengths and Challenges

Innovation and Partnership are Key Strengths of Ohio's Aging Network

Many participants noted the strengths of Ohio's aging network, including innovative home- and community-based support programs, such as such as the Program of All-Inclusive Care for the Elderly (PACE) and nutrition programs in senior centers, and high-performing AAAs. Stakeholders also noted that Ohio has a strong network of aging partners, an increasing number of age-friendly communities in the state, and is looking to expand partnerships with additional sectors in the future, including the business community and Medicaid managed care organizations. Participants also identified increased program and funding flexibility as a result of the federal Public Health Emergency and Major Disaster Declaration as a strength. This flexibility was noted as a potential solution for reducing the negative impacts of the pandemic on outcomes prioritized in the State Plan.

Stakeholders also mentioned other strengths of Ohio's aging network, including:

1. Some supportive community conditions, including housing assistance and transportation access (seven stakeholders);
2. Increased funding streams for aging services and programs from sources such as county levies and the federal government (six);
3. Public outreach efforts by the aging network (five);
4. Supports for caregivers and the health care workforce (four);
5. The SAPA (four); and,
6. Nutrition services (two).

Workforce Shortages and Social Isolation are Top Challenges Exacerbated by COVID-19

Among the many challenges heightened by the pandemic, several stakeholders (19) noted workforce challenges and social isolation (10 stakeholders) as top concerns. The increased demand for general and specialized services (i.e., caregiving for older Ohioans with dementia) and the shortage of direct care workers creates problems for older adults. Additionally, social distancing and other COVID-19 precautions result in fewer opportunities to gather for meals, volunteer, or participate in community events. Six participants noted that hardships faced by older Ohioans before the pandemic, including disparities in outcomes, have been exacerbated or highlighted in the last two years.

Housing, Transportation, and Other Community Challenges Persist

Several stakeholders also noted challenging conditions in Ohio communities. A lack of access to technology and broadband (five stakeholders), unaffordable housing (four), and a lack of transportation in rural and urban communities (four) were mentioned. In particular, eight stakeholders discussed concerns about the rising cost of living, including increases in costs related to supportive services, health insurance, food, and housing.

Other challenges mentioned by stakeholders include:

- Barriers to elder justice and equity, including insufficient systems and silos in addressing elder abuse, disparities and inequities, and a rise in ageism and ageist service delivery (six stakeholders);
- The growing population of older adults in Ohio (five)
- Decision-makers not soliciting input and feedback from community members (five);
- Delayed responses to challenges facing the aging network in Ohio, including reactive funding and planning decisions (five);
- Structural issues, such as benefit cliffs and long waitlists for services (four);
- Diminished opportunities for social connectedness (three);
- Lack of advocacy for older Ohioans (one);
- An inability to use waivers or funding for Lyft, Uber, and other ride-share programs to provide transportation for older Ohioans (one); and,
- An increase of children entering kinship care because of COVID-19 (one).

Priority Populations

Priority Populations Identified in the State Plan Align with Local Priorities

Stakeholders were asked to identify groups that should be prioritized for service delivery. Several of the groups noted by stakeholder were also identified as priority populations in the State Plan. Ohioans living in rural areas (eight stakeholders), Ohioans with low income or education attainment (eight), and Ohioans of color (five) were the most frequently mentioned State Plan-aligned priority populations.

Stakeholders also mentioned several other priority populations, including:

- Older Ohioans who are LGBTQ+ (three stakeholders);
- Older Ohioans living alone (three);
- Kinship caregivers and other caregivers (three);
- Ohioans with disabilities (two);
- Older Ohioans living in urban areas (two);
- Older Ohioans who are veterans (two);
- Older Ohioans with mental health or substance use disorders (two);
- Older Ohioans who are religious minorities (one);
- Older Ohioans who have been justice-involved (one);
- Older Ohioans who rent (one);
- Older Ohioans who are unhoused (one); and,
- Older Ohioans with limited English proficiency (one).

Opportunities for Collaboration

Diversifying and Increasing Cross-Sector Collaboration is a Priority

Stakeholders highlighted several opportunities to increase collaboration among aging network partners, including expanding age-friendly communities (three stakeholders), coordinating efforts across the state to address the social determinants of health (three), investing proactively to address challenges across systems and sectors (three), and leveraging COVID-19 pandemic relief funding (two).

Stakeholders also discussed sectors and organizations with which they would like to increase partnerships, including:

- The business community (four stakeholders);
- Medicaid managed care organizations (three);
- Grassroots organizations and local work groups (three);
- Local government (three);
- Hospitals (two);
- Colleges and universities (two);
- Nursing and assisted living facilities (two);
- Service organizations, such as Kiwanis and Rotary clubs (one); and,
- Organizations working with kinship caregivers (one).

A lack of partnership with the private sector, including private insurers and philanthropy, was specifically mentioned as a missed opportunity. In addition, stakeholders noted that older adults, multi-generational families, and grassroots and community-based organizations should be engaged early and often in planning and program implementation efforts at the state and local levels (six stakeholders).

Stakeholders discussed ways that increased collaboration among traditional and non-traditional aging network partners could address the top challenges facing older adults. Notably, partnerships with local government and the education sector can break down silos, increase funding, and bolster the direct care workforce. Increased collaboration was also noted as a way to advance elder justice and equity across the state (four), particularly through the use of local levies, philanthropic dollars, and buy-in from private businesses to ensure programs and services can reach areas with the most need.

Ohio's Response to the COVID-19 Pandemic

When discussing ways that the state can address the impacts of the COVID-19 pandemic, many stakeholders mentioned issues related to funding. This includes making federal funding changes permanent (i.e., increases in rates and payments for providers) (five stakeholders) and utilizing federal funding for priorities outlined in the SAPA (four). Other top responses include increasing support for telehealth and other virtual programs (four) and continuing flexibility for programs given during the pandemic (three). Five stakeholders identified accessibility and inclusion for priority populations as key for addressing disparities and inequities that surfaced or were heightened by the pandemic.

Stakeholders also discussed other changes they hope to see as a result of the COVID-19 pandemic, including:

- Increased respect for the direct care workforce (four stakeholders);
- Increased outreach on available programs and services for older Ohioans (three);
- Additional measurement of program outcomes at the state-level (two);
- Increased partnership between ODA and AAAs on programs (two);
- Acknowledgment of the lasting impacts of the COVID-19 pandemic on the aging environment (i.e., permanent closure of some services and programs) (two); and,
- A statewide focus to population health and evidence-based programs (two).

Results: Statewide Survey of Older Adults, Adults with Disabilities, and Caregivers

Statewide survey respondents were asked which programs and services (i.e., State Plan strategies) are most important to expand or increase in their counties to support health and well-being for older adults, adults with disabilities, and their families and caregivers.

Factors that Impact Older Adult Health and Well-Being: Community Conditions, Healthy Living, and Access to Care

The survey began by asking about the drivers of older adult health and well-being. Figures D.14-D.21 display the programs and services that respondents selected as most important to expand or increase in their counties to improve community conditions, healthy living, and access to care. A top need identified by respondents was affordable health care and prescription drug options (72%). Additionally, the majority of respondents prioritized options that support aging in place, such as ride assistance (81%), home health services (69%), community activity centers (62%), respite care (55%), affordable housing (51%), and home-delivered meals (47%).

Figure D.14. **Which housing options are most important to expand in your county? Select up to two answers.**

Responses	Number (n=1,008)	Percent
More affordable housing options, like apartments with rent that people can afford	518	51%
Updates to homes so that they work for people who have a hard time walking or getting around, like ramps, grab bars, and first-floor bathrooms	464	46%
Financial help for people so that they can stay in their homes, like help paying rent or property taxes	438	43%
Help with home repairs	377	37%
None of the above	20	2%

Figure D.15. **Which transportation options are most important to expand in your county? Select up to two answers.**

Responses	Number (n=1,008)	Percent
Rides to medical appointments, the grocery store, and other places people need to go	813	81%
Public transportation, like buses and trains	408	40%
Safe places to walk or bike, like sidewalks, crosswalks, trails, and bike lanes	253	25%
Information on how to use public transportation	121	12%
None of the above	42	4%

Figure D.16. **Which options to increase financial security are most important to expand in your county? Select up to two answers.**

Responses	Number (n=1,008)	Percent
Help paying for housing or help finding affordable housing	541	54%
Support programs for people who are in debt or who have lost income because of illness or unemployment, like unemployment insurance and Supplemental Security Income benefits	473	47%
Help planning for retirement and future health-care expenses	455	45%
Training and education to help people get and/or keep their jobs	171	17%
None of the above	42	4%

Figure D.17. **Which healthy eating options are most important to expand in your county? Select up to two answers.**

Responses	Number (n=1008)	Percent
Home-delivered meals, like Meals on Wheels, carryout, and grab-and-go meals	477	47%
Healthy foods in places like food pantries, senior centers, and adult day programs	414	41%
Rewards, perks, or discounts that encourage purchasing healthy foods	304	30%
Farmers' markets	180	18%
Healthy foods at grocery stores and convenience stores	150	15%
Help enrolling in the SNAP program (food stamps)	127	13%
Classes or workshops to learn about healthy eating	91	9%
Direct help from a medical professional to talk about diet and healthy food options	90	9%
None of the above	21	2%

Figure D.18. **Which exercise or physical activity options are most important to expand in your county? Select up to two answers.**

Responses	Number (n=1008)	Percent
Places for people to be active, like fitness centers or senior centers	629	62%
Safe public places to be active outside, like parks, bike paths, or sidewalks	487	48%
Physical activity programs, like exercise classes	334	33%
Workplace health and activity programs	135	13%
Advice and information from the doctor's office on how to stay active	104	10%
None of the above	64	6%

Figure D.19. **Which options to make health care more affordable and available are most important to expand in your county? Select up to two answers.**

Responses	Number (n=1008)	Percent
More affordable health-care and prescription drug options	724	72%
Help understanding and enrolling in health insurance plans, like Medicare, Medicaid, and private insurance options	651	65%
Services that make getting health care easier, like telemedicine (medical appointments on the phone or computer)	365	36%
None of the above	17	2%

Figure D.20. **Many older adults and people with disabilities prefer to live at home, rather than in assisted living or a nursing home. Which options to support people who choose to remain at home are most important to expand in your county? Select up to two answers.**

Responses	Number (n=1008)	Percent
Home health services and other programs that provide medical care and other support at home	697	69%
Help with coordinating medical appointments, health insurance issues, transportation, housekeeping, groceries, and other tasks	483	48%
Help with finding services so that people with health issues can live independently	419	42%
Help planning for the future so that peoples' choices about medical care and where they live are respected	137	14%
Medical appointments from home using telemedicine (on the phone or computer)	117	12%
None of the above	20	2%

Figure D.21. **Which options to support caregivers are most important to expand in your county? Select up to two answers.**

Responses	Number (n=1008)	Percent
Temporary care for adults so caregivers can take a break or meet other needs	557	55%
Adult day programs that provide meals and social activities for the adult during the day, so caregivers can work or meet other needs	508	50%
Help finding and coordinating services for the adult they are caring for, like home health, transportation, or meal delivery	477	47%
Emotional support for caregivers, like support groups or classes to learn how to cope with the stress of caregiving	264	26%
None of the above	30	3%

Older Adult Health and Well-Being: Social Connectedness, Population Health, and Preserving Independence

In addition to the drivers of older adult health and well-being, the survey asked about strategies to support health and well-being outcomes. Figures D.22-D.24 display the programs and services that respondents selected as most important to expand or increase in their counties to improve social connectedness, improve population health, and preserve independence.

Across these questions, a top need identified by respondents was home modifications, like ramps and handrails, to reduce falls (69%). Additionally, most respondents supported policies and programs that involve social connections and community engagement. This includes social opportunities in senior centers and community centers (53%), fitness classes that focus on balance and strength (57%), and staying healthy by engaging in the community (e.g., volunteering and social events) (39%).

Figure D.22. **Which social opportunities are most important to expand in your county? Select up to two answers.**

Responses	Number (n=1008)	Percent
Gathering places, like senior centers and community centers	535	53%
Programs that help people get involved in their communities, like community gardens	392	39%
Safe places to walk, bike, and be active, like sidewalks and bike lanes	268	27%
Group physical activity programs, like fitness classes	230	23%
Volunteer opportunities, like mentoring	190	19%
Shared housing, like roommates	111	11%
None of the above	57	6%

Figure D.23. **Which options for staying healthy and preventing illness are most important to increase in your county? Select up to two answers.**

Responses	Number (n=1008)	Percent
Activities that keep people engaged in the community, like volunteering and social events	392	39%
Services that make getting health care easier, like telemedicine (medical appointments on the phone or computer)	316	31%
Help from a health professional to coordinate health care and medications	302	30%
Programs to help manage health and conditions like diabetes and high blood pressure	298	30%
Physical activity programs, like fitness classes	267	26%
Going to regular medical appointments	212	21%
None of the above	29	3%

Figure D.24. **Which options are most important to expand in your county to keep people from falling? Select up to two answers.**

Responses	Number (n=1008)	Percent
Adding things like ramps and handrails in homes	691	69%
Physical activity programs, like fitness classes that focus on balance and strength	579	57%
Education programs about fall risks and how to avoid falls	327	32%
Screenings and information received at the doctor's office	196	19%
None of the above	16	2%

COVID-19

The survey also collected information on the impact of the COVID-19 pandemic on respondents and the people close to them (see figures D.25-D.27). Sixty-four percent of survey respondents, or someone close to them, had COVID-19 and fully recovered. Twenty-seven percent of respondents had someone close to them die with COVID-19.

When asked which activities became more difficult because of the pandemic, the most common responses were social gatherings, like seeing friends and family (76%), staying active (40%), and attending worship services or religious activities (35%). When asked which services and supports made the COVID-19 pandemic easier for them, the most common responses include telemedicine (56%), online access to worship services or religious activities (39%), and more access to home-delivered meals and carryout or grab-and-go meals (25%).

Figure D.25. **How has COVID-19 affected you and the people close to you? Select all that apply.**

Responses	Number (n=965)	Percent
I or someone close to me had COVID-19 and fully recovered	614	64%
Someone close to me died with COVID-19	263	27%
I or someone close to me had COVID-19 and are still having health problems because of it (sometimes called "long COVID")	254	26%
I or someone close to me was in the hospital with COVID-19	230	24%
I or someone close to me retired early or left a job due to the pandemic	169	18%
I or someone close to me lost a job due to the pandemic	136	14%
Other (Mental health challenges, social and physical isolation, restrictions in long-term care facilities, lack of child and adult caregivers, fear of exposing family members to COVID-19, and financial challenges)	68	7%
None of the above	154	16%

Figure D.26. **Which of the following have become more difficult for you because of the COVID-19 pandemic? Select all that apply.**

Responses	Number (n=965)	Percent
Social gatherings, like seeing friends and family	738	76%
Staying active	383	40%
Attending worship services or religious activities	337	35%
Seeing my doctor(s) or other medical provider(s)	293	30%
Taking care of my health	210	22%
Getting where I need to go	180	19%
Maintaining my independence	129	13%
Buying healthy food	122	13%
None of the above	87	9%
Other (Accessing home health services, travel and entertainment, maintaining mental health, fear and stress related to COVID-19, hearing challenges related to mask wearing, and inflation/supply chain issues)	53	5%

Figure D.27. **Have any of the following options made dealing with the pandemic easier for you? Select all that apply.**

Responses	Number (n=957)	Percent
Telemedicine (medical appointments on the phone or computer)	532	56%
Online access to worship services or religious activities	370	39%
More access to home-delivered meals and carryout or grab-and-go meals	239	25%
Virtual physical activity classes or other activity programs	157	16%
Other (Zoom or virtual social activities like book clubs, educational or spiritual programs, and family gatherings, curbside groceries, and working from home)	47	5%
None of the above	189	20%

Outlook on the Future

The survey concluded by asking respondents about their outlook on the future. In open-ended questions, respondents were asked to think about the next 5-10 years and identify what they are most worried about and what they are most excited about.

When asked what respondents are most worried about, common responses include:

- Financial concerns, including inflation and the ability to afford necessities (33%)
- Health concerns, including cognitive decline and chronic health issues (21%)
- Housing affordability and the ability to age at home (16%)
- Finding affordable, quality in-home care (15%)
- Maintaining independence and not burdening family members (12%)

When asked what respondents are most excited about, common responses include:

- Spending time with family and friends (26%)
- Exploring hobbies, entertainment, travel, and leisure (15%)
- Retiring, working less, and/or downsizing their home (15%)
- Seeing progress toward implementing policies, programs, and services that they care about (9%)
- Remaining independent, active, and healthy (9%)

Results: Ohio Department of Aging Staff Survey

State Plan Priorities

Given their expertise, ODA staff survey respondents were asked how important each State Plan priority is for older adult health and wellness. Overall, respondents identified access to care as the top priority (91%), followed by community conditions (i.e., housing and transportation) (82%) and population health (i.e., freedom from disease and chronic health conditions) (78%). See figure D.28 for complete results.

Figure D.28. **In your area(s) of expertise, when considering an older adult's overall health and wellness, how important are the following? Please select one answer for each topic area. (n=55)**

Responses	Very Important	Somewhat Important	Not Important	I don't know
Having access to health care	**91%**	**7%**	**2%**	**0%**
Living in a community with access to resources like affordable housing and transportation	**82%**	**16%**	**2%**	**0%**
Being free from disease and chronic health conditions	**78%**	**22%**	**0%**	**0%**
Being socially connected to others	**71%**	**25%**	**2%**	**2%**
Maintaining independence	**71%**	**27%**	**0%**	**2%**
Living a healthy lifestyle	**64%**	**35%**	**2%**	**0%**

In addition, respondents were asked how important each of the State Plan outcomes are for older adults. See figures D.28-D.34 for results. The top responses across these questions include:

- Affordable health-care coverage (93%)
- Brain health (including preventing dementia) (91%)
- Access to transportation (89%)

Figure D.29. **In your area(s) of expertise, when considering community conditions, how important are the following issues for older adults? Please select one answer for each topic area. (n=55)**

Responses	Very Important	Somewhat Important	Not Important	I don't know
Access to transportation	**89%**	**11%**	**0%**	**0%**
Financial stability	**87%**	**11%**	**2%**	**0%**
Affordable and quality housing	**85%**	**13%**	**2%**	**0%**

Figure D.30. **In your area(s) of expertise, when considering living a healthy lifestyle, how important are the following issues for older adults? Please select one answer for each issue. (n=55)**

Responses	Very Important	Somewhat Important	Not Important	I don't know
Nutrition	**84%**	**14%**	**2%**	**0%**
Physical Activity	**67%**	**31%**	**2%**	**0%**

Figure D.31. **In your area(s) of expertise, when considering the resources and services to support one's overall health, how important are the following issues for older adults? Please select one answer for each issue. (n=55)**

Responses	Very Important	Somewhat Important	Not Important	I don't know
Affordable health-care coverage	**93%**	**4%**	**4%**	**0%**
Access to in-home and community supports (such as home health aides)	**85%**	**11%**	**2%**	**2%**
Supports for home care workers and caregivers in my community (such as caregiver support groups)	**65%**	**28%**	**5%**	**2%**

Figure D.32. **In your area(s) of expertise, when you think about feeling connected to others, how important are the following issues for older adults? Please select one answer for each issue. (n=54)**

Responses	Very Important	Somewhat Important	Not Important	I don't know
Feeling included and not isolated	**83%**	**13%**	**2%**	**2%**
Volunteering in the community	**24%**	**52%**	**20%**	**4%**

Figure D.33. **In your area(s) of expertise, when considering prevention of disease and chronic conditions, how important are the following issues for older adults? Please select one answer for each issue. (n=55)**

Responses	Very Important	Somewhat Important	Not Important	I don't know
Brain health (including preventing dementia)	**91%**	**9%**	**0%**	**0%**
Mental health (including preventing depression)	**85%**	**15%**	**0%**	**0%**
Heart health (including preventing high blood pressure)	**80%**	**18%**	**2%**	**0%**

Figure D.34. **In your area(s) of expertise, when you think about maintaining independence, how important are the following issues for older adults? Please select one answer for each issue. (n=55)**

Responses	Very Important	Somewhat Important	Not Important	I don't know
Preventing falls	**84%**	**16%**	**0%**	**0%**
Managing chronic pain	**78%**	**18%**	**4%**	**0%**

Caregiving Supports

For survey respondents who indicated they are a caregiver for an older adult or adult with a disability, the survey included several questions about challenges and supports for family caregivers. Of the 14 respondents who are family caregivers, six care for a child (43%), two care for a grandchild (14%), four care for another family member, such as a niece or nephew (49%), and two care for another person, such as a friend or neighbor (14%).

Figures D.35-D.37 display results for questions related to caregiving workload, challenges, and access to resources. Working while caregiving (71%), accessing information and resources related to caregiving (36%), and stress and strain on the caregiver's mental health (36%) were identified as top challenges for respondents who are caregivers.

Figure D.35. **As a caregiver, on average, how many hours per week do you spend caring for an older adult or adult with a disability? Please select one.**

Responses	Number (n=14)	Percent
1-10 hours	10	71%
11-20 hours	2	14%
21 or more hours	1	7%
I don't know	1	7%
I prefer not to answer	0	0%

Figure D.36. **What are the biggest challenges you face as a caregiver for an older adult or adult with a disability? Please select up to two.**

Responses	Number (n=14)	Percent
Working while caregiving	10	71%
Challenges accessing information and resources	5	36%
Stress and strain on my mental health	5	36%
Financial challenges	3	21%
Other (No alone time, no wheelchair accessible vehicle, and managing long-term care issues)	3	21%
Challenges related to the COVID-19 pandemic	1	7%
Inability to take time to myself	0	0%
None of the above	0	0%

Figure D.37. **How would you rate the ease of access to resources for caregivers of older adults or adults with a disability, including support services, financial resources, respite care, information/resources, etc.?**

Responses	Number (n=14)	Percent
Not easy	10	71%
Somewhat easy	1	7%
Very easy	0	0%
I don't know	3	21%

ATTACHMENT E

Detailed Strategy Tables

The following tables list the evidence-informed strategies for each goal area in Ohio's 2023-2026 State Plan on Aging. Strategies in the State Plan refer to an evidence-informed policy, program, or service that can be implemented by public and private state and local partners to improve outcomes on State Plan goals. Evidence-informed strategies have either rigorous research evidence demonstrating that the strategy has positively impacted the relevant plan goal; or, there is information provided by researchers and subject matter experts that the strategy is promising. Strategies identified by experts or key informants, but not an evidence registry, were included in the State Plan and identified as having "emerging evidence."

Strategies were included in the State Plan if they met one or more of the following criteria:

- **Evidence of effectiveness;**
- **Potential size of impact on State Plan outcomes, including equity and elder justice;**
- **Co-benefits (impacts multiple State Plan outcomes);**
- **Opportunities given current status; and/or,**
- **Alignment with the 2020-2022 State Health Improvement Plan (SHIP). Strategies that align with the 2020-2022 SHIP are marked with a (SHIP) symbol**

Throughout the State Plan and this Attachment, **(=)** indicates strategies likely to reduce disparities and inequities based on literature and research evidence. These sources consider potential impacts on disparities and inequities by racial/ethnic, socioeconomic, geographic, or other characteristics. However, a strategy that does not have an **(=)** can still be effective in advancing equity if tailored and culturally and linguistically adapted to meet the needs of priority populations.

Sources of Evidence-informed Strategies

The following table lists the sources of evidence-informed strategies for the State Plan and the recommendation level(s) of evidence included. Sources were updated as of April 2022.

Evidence registry, systematic review, or database of evidence-informed strategies	Recommendation level(s) included in this inventory (if applicable)
What Works for Health (WWFH): Evidence registry from County Health Rankings and Roadmaps, a project of the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation.	• Scientifically supported • Some evidence • Expert opinion
The Guide to Community Preventive Services (Community Guide): Systematic reviews from the U.S. Centers for Disease Control and Prevention (CDC).	• Recommended
Administration for Community Living (ACL), Aging and Disability Evidence-Based Programs and Practices: Collection of evidence-based programs and practices that address older adult health and wellness, long-term services and supports, and caregiver and family support.	• N/A
National Council on Aging (NCOA), Evidence-Based Health Promotion/Disease Prevention Programs: List of evidence-based health promotion/disease prevention programs approved for Older American's Act Title III-D funding.	• N/A
U.S. Preventive Services Task Force (USPSTF) Recommendations: Systematic reviews from the Agency for Healthcare Research and Quality.	• Grade A (recommended; high certainty of benefit) • Grade B (recommended; moderate certainty of benefit)
World Health Organization, Global Database of Age-Friendly Practices: Collection of age-friendly practices and programs from around the world.	• Practices from the U.S. which have been evaluated

Community Conditions

The tables below list specific strategies to advance the goal and achieve the objectives of the Community Conditions goal of the State Plan.

Strategies to Improve Financial Stability

Strategies	Examples Include
Financial Supports	• Debt advice for tenants with unpaid rent **(=)** • Unemployment insurance (UI) • Matched dollar incentives for saving tax refunds **(=)** SHIP • Supplemental Security Income (SSI) benefits* **(=)**
Adult Training and Employment Supports	• Post-secondary career-technical education (adult vocational training) **(=) SHIP** • Sector-based workforce initiatives **(=) SHIP** • Senior Community Service Employment Program (SCSEP)* (a community service and work-based job training program for older Americans), including coordination with other Older Americans Act programs • Transitional jobs **(=) SHIP** • New Hope Project, which provides work supports for low-income individuals **(=)**
Housing Supports	• Housing Choice Voucher Program (Section 8) **(=) SHIP** • Inclusionary zoning and housing policies **(=) SHIP** • Low Income Home Energy Assistance Programs (LIHEAP)* **(=)** • Medical-legal partnerships **(=) SHIP** • Rapid re-housing programs **(=) SHIP** • Legal Support for Tenants in Eviction Proceedings **(=)**
Retirement and Health-Care Planning As well as educational materials addressing the health and economic welfare of older individuals	• Financial coaching* and financial education for adults • Support older adults planning for retirement, including planning for social security* • Participant-directed/person-centered support for older adults and caregivers planning for health-care costs across the spectrum of LTSS, including the Ohio Senior Health Insurance Information Program (OSHIIP)* • Establish automatic enrollment Individual Retirement Account (IRA) plans* for workers without employer-provided retirement savings plans • Conduct outreach and education related to widow(er)'s benefits* • Medical-legal partnerships integrate legal services into health care settings **(=) SHIP** • SAGECents, a digital wellness platform made specifically for LGBTQ+ elders to increase financial stability and reduce economic stress

Additional Resources

- AARP Foundation Tax-Aide Program, AARP Foundation
- Aging and Disability Business Institute
- Consumer affairs resources, Ohio Department of Commerce
- Real Property Tax – Homestead Means Testing, Ohio Department of Taxation
- Rise Together: A Blueprint for Reducing Poverty in Franklin County, Franklin County Board of Commissioners
- The Able Resource Center
- SAGE's LGBTQ+ Elder Housing Initiative

(=) = Likely to reduce disparities, based on review by WWFH, or health equity strategy in Community Guide

SHIP = Included in 2020-2022 State Health Improvement Plan

*Strategy is rated as "expert opinion" in WWFH, or evidence of effectiveness is emerging

Strategies to Improve Housing Quality and Affordability

Strategies	Examples Include
Affordable Housing Development	• Maximize and expand Low Income Housing Tax Credits (LHTCs), such as through a state-funded LIHTC, advocating for expanded federal funding of LIHTCs, and affordable housing preservation "set asides" for older adults **(=) SHIP** • Maximize Community Development Block Grants (CDBGs), including funds for home modification **(=) SHIP** • Increase investment in the Ohio Housing Trust Fund* and use of funds for a continuum of housing services that meet the needs of older adults **(=)** • Increase use of federal financing to support affordable housing development, such as HUD's Supportive Housing for the Elderly Program (Section 202) and USDA's Rural Rental Housing Loans (Section 515)* • Increase regional coordination, information sharing, and funding for affordable housing through regional councils* • Land banking **(=) SHIP** • Community land trusts **(=) SHIP** • Increase inclusionary zoning & housing policies **(=) SHIP**
Rental Assistance and Supportive Housing	• Expand access to tenant-based rental assistance programs, such as the Housing Choice Voucher Program (Section 8), the USDA Rural Rental Assistance Program (Section 521), and state housing subsidies/vouchers **(=) SHIP** • Increase source of income protection laws* for items such as tenant-based vouchers • Increase access to service-enriched housing that incorporates elements of universal design **(=)** • Increase access to debt advice for tenants with unpaid rent (also, legal support for tenants in eviction proceedings) **(=)** • Increase access to medical-legal partnerships **(=) SHIP** • Rent regulation policies* **(=)**
Housing Accessibility and Quality	• Increase use of housing rehabilitation loan and grant programs, such as from the federal Veteran's Administration, USDA Housing Repair Loans and Grants (Section 504), locally-administered programs, and weatherization programs **(=) SHIP** • Livable Community model* • Shared affordable housing • Life-long homes coalition • Homesharing for seniors • Increase use of universal design and visitability policies* • Increase awareness and enforcement of requirements to maintain accessible housing* • Reduce barriers to developing accessory dwelling units* • Housing First programs to address chronic homelessness by providing access to permanent housing and ongoing support services **(=) SHIP** • Rapid re-housing programs **(=) SHIP**
Financial Supports	• Expand Ohio's homestead exemption* • Debt advice for tenants with unpaid rent **(=)**

Additional Resources

- Annual Reports and other information, Ohio Housing Trust Fund
- Certified Aging in Place Specialists, National Association of Home Builders
- Equity Action Plan Summary: U.S. Department of Housing and Urban Development
- Fiscal Year 2022 – 2023 Annual Plan, Ohio Housing Finance Agency (OHFA)
- Fiscal Year 2021 Ohio Housing Needs Assessment, OHFA
- Housing and Services Resource Center, Administration for Community Living (ACL)
- Qualified Allocation Plan, OHFA
- Resources for senior citizens, U.S. Department of Housing and Urban Development
- Rural Housing Service, U.S. Department of Agriculture

(=) = Likely to reduce disparities, based on review by WWFH, or health equity strategy in Community Guide

SHIP = Included in 2020-2022 State Health Improvement Plan

*Strategy is rated as "expert opinion" in WWFH, or evidence of effectiveness is emerging

Strategies to Improve Transportation

Strategies	Examples Include
Public Transportation	• Strengthened public transportation systems **(=)** **SHIP** • Individual incentives for public transportation **SHIP** • CityBench Program (installation of benches at bus stops, retail corridors, and areas with high concentrations of seniors) • Rural transportation services* **(=)** • Mobility managers*, including development of "universal design" • Mobility as a Service* systems to meet the needs of older adults • Expand volunteer driver programs* and DRIVE Training* • Expand travel training programs* that teach older adults the skills needed to travel safely and independently using public transportation
Transportation and Land Use	• Complete streets and streetscape design initiatives **SHIP** • Zoning regulations for land use policy **SHIP** • Bike and pedestrian master plans **SHIP** • Multi-component workplace supports for active commuting **SHIP** • Open Streets* initiatives, which temporarily close streets to motorized traffic to allow community members to gather, socialize, walk, run, bike, dance, etc. • Livable Community model*
Medical Transportation	• Cultivate safety net services, including escorted rides to and from medical services and shopping and delivery of grocery orders • Elder services and engagement, including A Little Help (ALH) volunteer transportation services • Expand and improve accessibility of Non-Emergency Medical Transportation (NEMT) services* **SHIP**

Additional Resources

- 2021-2024 Statewide Transportation Improvement Program, ODOT
- Access Ohio 2045 draft plan, Ohio Department of Transportation, ODOT
- Active Transportation Program, ODOT
- Best Practices Compendium, National Aging and Disability Transportation Center
- Equity Action Plan Summary, U.S. Department of Transportation
- National Center for Mobility Management
- Ohio Mobility Management Program, ODOT
- Older Driver Safety, ODOT
- Rise Together: A Blueprint for Reducing Poverty in Franklin County, Franklin County Board of Commissioners
- Statewide Bike and Pedestrian Plan, ODOT
- Strategic Highway Safety Plan, ODOT
- Transit Planning 4 All, ACL

(=) = Likely to reduce disparities, based on review by WWFH, or health equity strategy in Community Guide

SHIP = Included in 2020-2022 State Health Improvement Plan

*Strategy is rated as "expert opinion" in WWFH, or evidence of effectiveness is emerging

Healthy Living

The table on the following page list specific strategies to advance the goal and achieve the objectives of the Healthy Living goal of the State Plan.

Strategies to Improve Nutrition

Strategies	Examples Include
Supplemental Nutrition Assistance Program (SNAP) enrollment	• Strengthened outreach and advocacy to maintain or increase enrollment in federal food assistance programs, such as (SNAP) **SHIP** • Streamline the SNAP application and certification process through the Elderly Simplified Application Project (ESAP)
Community-based healthy food access	• Healthy food initiatives in food pantries and banks **(=)** **SHIP** • Fruit and Vegetable Gleaning Initiatives **(=)** • Cultivate Safety Net Services • Adult Day Services (ADS)*
Retail-based supports and incentives	• Farmers' markets **SHIP** • Electronic Benefit Transfer (EBT) payment at farmers' markets* **(=)** **SHIP** • WIC & Senior Farmers' Market Nutrition Programs (=) **SHIP** • Healthy food in convenience stores (Ohio example: Good Food Here Program) **(=)** SHIP • Incentives to bring healthy food retailers to underserved communities, such as the Healthy Food Financing Initiative*
Healthy eating incentives	• Fruit & vegetable incentive programs **(=)** (Ohio example: Produce Perks) **SHIP** • Point-of-purchase prompts for healthy foods **SHIP** • Competitive pricing for healthy foods **SHIP**
Workplace supports	• Worksite obesity prevention programs **SHIP** • Workplace Chronic Disease Self-Management Program • Financial rewards for employee healthy behavior
Disease management	• Combined diet and physical activity promotion programs to prevent Type 2 Diabetes among people at increased risk (such as the National Diabetes Prevention Program) **SHIP** • Disease management / health promotion programs to prevent or manage chronic health conditions, such as CDC Diabetes Prevention Program (DPP), Chronic Disease Self-Management Program (CDSMP), and Diabetes Self-Management Program (DSMP). • Multi-component obesity prevention interventions **SHIP** • Eat Smart, Move More, Weigh Less, virtual classes teaching evidence-based strategies for weight loss and maintenance • Nutrition prescriptions* **(=)** **SHIP** • Food insecurity screening and referral* **SHIP** • SNAP Education
Malnutrition prevention and treatments Across strategies, meals should be adjusted for cultural considerations and preferences and medically tailored to the maximum extent practicable	• Community gardens **SHIP** • Mobile produce markets **(=)** Expand access to nutrition services, such as SNAP, Commodity Supplemental Food Program*, The Emergency Food Assistance Program*, and The Child and Adult Care Food Program* • Nutrition service programs for older adults, including congregate, grab-and-go (pick-up) and home-delivered meals • Expand nutrition education through the Supplemental Nutrition Education Program – Education (SNAP-Ed)* and The Abbott Nutrition and Health Institute* • Increase malnutrition screening, assessment, diagnosis, intervention, and monitoring/ evaluation , such as nutrition counseling*, medical nutrition therapy*, and emphasizing nutrition in care coordination* • Improve discharge planning for malnourished patients, such as Meals on Wheels* • Stepping Up Your Nutrition (SUYN)

Additional Resources

- Combating Food Insecurity: Tools for Helping Older Adults Access SNAP, AARP and Food Research and Action Center, FRAC
- Creating Healthy Communities, ODH
- Dietary Guidelines for Americans 2020-2025, The Departments of Agriculture, HHS
  Food Assistance for Older Adults, National Council on Aging (NCOA)
- Malnutrition Prevention Commission Report, ODH
- Meals on Wheels reports and other information, Meals on Wheels
- Nutrition and Aging Resource Center, ACL
- Ohio Food and Beverage Guidelines Toolkit, ODH
- Senior Nutrition Guide, Feeding America
- The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables, CDC

(=) = Likely to reduce disparities, based on review by WWFH, or health equity strategy in Community Guide

SHIP = Included in 2020-2022 State Health Improvement Plan

*Strategy is rated as "expert opinion" in WWFH, or evidence of effectiveness is emerging

Strategies to Physical Activity

Strategies	Examples Include
Community fitness	• Provide places for physical activity • Community-based social support for physical activity **SHIP** • Community-wide physical activity campaigns **SHIP** • Shared use agreements (also referred to as joint use agreements) **(=)** **SHIP** • Point-of-decision prompts to encourage use of stairs • Lifelong learning program • Senior activity centers
Transportation and land use	• Complete Streets & streetscape design initiatives **SHIP** • Green spaces and parks **(=)** **SHIP** • Bike & pedestrian master plans (active transportation plans) **SHIP** • Mixed-use development **SHIP** • Bicycle paths, lanes, & tracks • Zoning regulations for land use policy **SHIP** • Traffic calming • Individual incentives for public transportation **SHIP** • Open Streets*

Physical activity programs	• Individually-adapted physical activity programs **SHIP**
	• Implement activity programs for older adults **SHIP** and community fitness programs **SHIP,** such as:
	  • A Matter of Balance
	  • Arthritis Foundation Aquatic Program (AFAP)
	  • Arthritis Foundation Exercise Program (AFEP)
	  • Active Choices
	  • Active Living Every Day
	  • Bingocize®
	  • Eat Smart, Move More, Weigh Less
	  • Enhance® Fitness
	  • Fit & Strong!
	  • Geri-Fit® Strength Training Workout
	  • Healthy Moves for Aging Well
	  • Healthy Steps in Motion (HSIM)
	  • On the Move®
	  • PEARLS (Program to Encourage Active, Rewarding Lives for Seniors) **SHIP**
	  • Senior Swim Program
	  • Stay Active and Independent for Life (SAIL)
	  • Tai Chi, including Tai Chi for Arthritis, Tai Chi Prime and Tai Ji Quan: Moving for Better Balance
	  • The Otago Exercise Program
	  • Walk with Ease
	• Combined healthy eating and physical activity programs to prevent type 2 diabetes among people at increased risk (such as Diabetes Prevention Program) **SHIP**

Workplace supports	• Worksite obesity prevention interventions **SHIP** • Multi-component workplace supports for active commuting **SHIP** • Financial rewards for employee healthy behavior
Home modifications	• Provide assistive technology, including ramps and handrails, through Seniors Helping Other Seniors (SHOP) • Community Aging in Place – Advancing Better Living for Elders (CAPABLE) • Multi-component falls prevention interventions for older adults that deliver interventions to include exercise and home or environmental modification.
Disease management	• Multi-component obesity prevention interventions **SHIP** • Exercise prescriptions **SHIP**

Additional Resources

- Active People, Healthy Nation, CDC
- Creating Healthy Communities, ODH
- Evidence-Based Programs, NCOA
- Health Equity and Mobility Justice, ODH
- Physical Activity Guidelines for Americans, HHS
- Statewide Bike and Pedestrian Plan, Ohio Department of Transportation

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SHIP = Included in 2020-2022 State Health Improvement Plan

*Strategy is rated as "expert opinion" inWWFH, or evidence of effectiveness is emerging

Access to Care

The tables below list specific strategies to advance the goal and achieve the objectives of the Access to Care goal of the State Plan.

Strategies to Improve Health-care Coverage and Affordability

Strategies	Examples Include
Health insurance enrollment and coverage	• Provide health insurance enrollment outreach and support, including through the Ohio Senior Health Insurance Information Program (OSHIIP) **(=) SHIP** • Utilize existing resources, such as community health workers (CHWs), and collaborate with state and local agencies, community groups, and health-care providers to raise awareness of health insurance enrollment assistance **(=) SHIP** • Insurance coverage parity for behavioral health (mental health benefits legislation) **(=) SHIP** • Outreach and advocacy to maintain Ohio Medicaid eligibility levels and enrollment assistance **SHIP** • Expand awareness of My Care My Choice Ohio • Out2Enroll
Health-care affordability policies	• Value-based purchasing • Value-based insurance design **(=)** • Price transparency initiatives for patients, including prescription drug pricing • Tobacco taxes **(=)**
Health-care cost reduction programs and services	• Patient financial incentives for preventive care **(=) SHIP** • Tobacco cessation therapy affordability (reduce or eliminate out-of-pocket costs) **(=) SHIP** • Healthy home environment assessments, such as the Healthy Homes Program **(=) SHIP** • Patient shared decision making **(=)** • Telemedicine/telehealth **(=) SHIP** • Federally qualified health centers (FQHCs) **(=) SHIP** • Medical Homes **(=) SHIP** • Ryan White providers

Additional Resources

- Community Health Worker Statewide Assessment, ODH
- CMS informational bulletin on Medicare Savings Programs, MSPs
- Ohio's Best Rx Program, State of Ohio
- COVID-19 Emergency Telehealth Rules, ODM
- Ohio Mental Health Parity Report, Ohio Department of Insurance and Ohio Department of Mental Health and Addiction Services
- Prescription Drug Transparency and Affordability Council, State of Ohio
- State Innovation Models (SIM) Final Report, ODM

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Strategies to Improve Home- and Community-based Supports

Strategies	Examples Include
Home- and community-based care coordination Coordination efforts, with an emphasis on efforts of AAAs, will be tailored to the needs of older Ohioans who: • Reside at home and are at risk of institutionalization; • Are patients in hospitals and are at risk of prolonged institutionalization; or, • Are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.	• Case-managed care for community-dwelling frail elders • Integrated long-term care for community-dwelling frail elders • Utilize existing resources, such as community health workers, and collaborate with state and local agencies, community groups and health-care providers to raise awareness of community-based supports for older adults **(=) SHIP** • Program of All-Inclusive Care for the Elderly (PACE) (provides a variety of social and medical services to help older adults who meet the criteria for admission to nursing homes stay in the community), and other efforts to integrate health, health care and social services systems, including efforts through contractual arrangements • Electronic Visit Verification (EVV)* documents Medicaid service utilization for certain home- and community-based supports • BRI Care Consultation links and coordinates health care, community and family services for clients (both the patient and the primary caregiver), organizes family and friends in assisting in care tasks, and provides emotional support • Social Service Integration* **(=)** to improve coordination of services across delivery systems and disciplines
Transitions to home- and community-based care	• HOME Choice Program* • Care Transitions Intervention (CTI) helps individuals with complex care needs who are transitioning from hospital to home learn self-management skills
Long-term care planning and support services	• Increase home- and community-based supports, such as the Elderly Services Program*, for older adults who are ineligible for services through another payer such as Medicaid or long-term care insurance • The state will continue to incorporate HCBS services funded by Medicaid and other entities • Respecting Choices®, an individual or group-based program delivered in community and in-home settings, which prepares individuals and their families for future health-care decisions • Expand awareness and implementation of Age-Friendly Health Systems
Telehealth	• Explore Ohio Technology First solutions to provide technology- based care, such as Telemedicine/telehealth **(=) SHIP** • Telemental Health Services **(=) SHIP**
Long-term care	• Long-term care employee compensation* , improving wages, benefits, and overall working conditions • Public reporting of health care quality performance, including long-term care facilities • REACH-TX, skills-training program designed to assist caregivers of dementia patients in community settings, including assisted living facilities

Additional Resources

- Eldercare Locator, ACL
- Home and community care resources, ODA
- Ohio Assisted Living Waiver Program pays costs of an assisted living facility for older Ohioans eligible for Medicaid
- Ohio PASSPORT Medicaid Waiver Program connects older Ohioans to long-term support services based on individual needs and preferences
- LongTermCare.gov, ACL
- Long-Term Care Consumer Guide, ODA
- Long-Term Care Ombudsman Program, ODA
- Nursing Home and Home Health Compare, CMS
- What Matters" to Older Adults Toolkit, Institute for Healthcare Improvement (IHI)
- LGBT and HIV Resources, SAGE and the National Resource Center on LGBT Aging

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Strategies to Improve Home Care Workforce Capacity and Caregiver Supports

Strategies	Examples Include
General caregiver supports	• BRI Care Consultation links and coordinates health care, community, and family services for clients (both the patient and the primary caregiver), organizes family and friends in assisting in care tasks, and provides emotional support • Family Caregiver Support Programs provide caregivers with information, counseling/support groups, and respite care • TCARE® Support System (Tailored Caregiver Assessment & Referral), a care management protocol designed to support family members who are providing care to adults, of any age, with chronic or acute health conditions • Powerful Tools for Caregivers, a self-care education program for family caregivers • Compassion training programs, such as Compassion Cultivation Training*
Caregiver supports for Alzheimer's and other forms of dementia	• NYU Caregiver Intervention (NYUCI), psychosocial counseling and support to improve the well-being of spousal caregivers of people with Alzheimer's disease • REACH Community (Resources for Enhancing Alzheimer's Caregivers Health in the Community), a dementia caregiving behavioral intervention focusing on information, safety, caregiver health, caregiver emotional well-being, and patient behavior management • RCI REACH (Resources for Enhancing Alzheimer's Caregiver Health), a coaching model that serves family caregivers, who are providing assistance to a loved one with Alzheimer's disease or another type of dementia • Stress-Busting Program for Family Caregivers, a stress management program for family caregivers who provide care for people with Alzheimer's disease or other dementias • SHARE (Support, Health, Activities, Resources, and Education) for Dementia, a care planning counseling intervention for persons living with early-stage dementia and their family caregivers.
Respite care	• Lifespan Respite Care Programs (coordinated systems of accessible, community-based respite care services for family caregivers), including coordination with Title III and state-funded Alzheimer's Respite caregiving efforts • Adult Day Services (ADS)*
Kinship caregiver supports Including coordination with the National Technical Assistance Center on Grandfamilies and Kinship Families	• Financial assistance for kinship caregivers*, including the Kinship Permanency Incentive Program and the Kinship Support Program • National Family Caregiver Support Program, federal Older American Act funded grants for states that fund respite care, counseling, and other supports for family and informal caregivers • OhioKAN (Ohio Kinship and Adoptive Navigator program)*, assistance program for kinship caregivers to help them access supports and resources • Grand Connections*, a program to support grandparents who are caring for their grandchildren, ages 5 and younger
Financial supports	• Unemployment insurance • Earned Income Tax Credit (EITC) **(=)** • State and local legislation protecting family caregivers from employment discrimination* • Encourage public and private employers to adopt the State of Ohio's Working Caregiver Initiative*
Direct care workforce investment, training, and job design including recommendations from PHI's Caring for the Future: The Power and Potential of America's Direct Care Workforce report	• Youth-focused education and training programs, such as secondary CTE, career academies and summer work experience programs • Adult education programs, such as postsecondary CTE and GED certificate programs • Direct care workforce training programs, such as subsidized employment programs*, sector-based workforce initiatives and career pathways/ apprenticeships* • Consistent core competencies for direct care workforce training, such as the Community Support Skill Standards: Tools for Managing Change and Achieving Outcomes, CMS Direct Service Workforce Core Competencies, or the PHI Competencies for Direct Care Workers • Improved working conditions for direct care workers, such as improving supervisory skills and empowering direct care workers with respect and recognition*

Note: Additional strategy sources for kinship care include, HPIO, "Ohio addiction policy scorecard: Children, youth and families," November 2020; HPIO, "Detailed policy scorecard: Children, youth and families," November 2020; Final Recommendations of the Children Services Transformation Advisory Council. Columbus, OH: Office of Children Services Transformation, 2020; Initial Findings Report. Columbus, OH: Office of Children Services Transformation, 2020.

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Strategies to Improve Home Care Workforce Capacity and Caregiver Supports (cont.)

Additional Resources

- Building a National Strategy to Support Family Caregivers, Advancing States
- Caregiving resources and Caregiving in the U.S. 2020, AARP
- Caregiving resources, National Alliance for Caregivers
- Consumer Guide for Family Caregivers, ARCH National Respite Network and Resource Center
- Grandfamilies.org, a partnership between Generations United, the American Bar Association Center on Children and the Law, and Casey Family Programs
- National Plan to Address Alzheimer's Disease: 2021 Update, HHS
- Overviews of Workforce Challenges and Effective Improvement Strategies, CMS
- Resources for home care workers and caregivers caring for those with Alzheimer's and dementia, Alzheimer's Association
- Strategies for Improving DSW Recruitment, Retention, and Quality: What We Know about What Works, What Doesn't, and Research Gaps, CMS, Lewin Group
- Strengthening the Direct Care Workforce: Scan of State Strategies, Center for Health Care Strategies
- Supporting Grandparents Raising Grandchildren, (SGRG) Act Initial Report to Congress, Advisory Council to Support Grandparents Raising Grandchildren and ACL

RAISE Family Caregiver Advisory Council Recommendations

In September 2021, the **RAISE Family Caregiving Advisory Council** released its initial report to Congress. This report outlines the challenges faced by family caregivers, federal programs currently available to support them, and 26 recommendations for better supporting family caregivers. ODA will consider and work to implement recommendations from the Advisory Council, such as:

- **Increase awareness of family caregiving**, including public awareness and recognition of the diverse needs, issues, and challenges family caregivers face and of the importance of recognizing and supporting them;
- **Increase emphasis on integrating the caregiver**, including integration of care through the inclusion of family caregivers in all relevant care coordination and transitions across providers and settings;
- **Increase access to meaningful and culturally relevant services and supports**, including the availability of diverse counseling, training, peer support, and education opportunities for family caregivers;
- **Increase financial and workplace protections,** including the availability, and use of, financial education and planning tools for family caregivers; and,
- **Better and more consistent research and data collection**, including the promotion, translation, and dissemination of promising and evidence-informed practices to support family caregivers in the delivery of health care and long-term services and supports.

Social Connectedness

The tables below list specific strategies to advance the goal and achieve the objectives of the Social Connectedness goal of the State Plan.

Strategies to Improve Social Inclusion

Strategies	Examples Include

Physical activity	• Activity programs for older adults **SHIP** such as:
	  • Arthritis Foundation Aquatic Program (AFAP)
	  • PEARLS (Program to Encourage Active, Rewarding Lives for Seniors) **SHIP**
	  • Bingocize®, a 10-week program that combines exercise and health education in a bingo format
	  • Senior swim

Community engagement and social supports	• Community gardens **SHIP** • Fruit and Vegetable Gleaning Initiatives* **(=)** • Lifelong learning programs, such as those administered by the Ohio Department of Higher Education • Nutrition service programs for older adults, including congregate, pick-up, and home-delivered meals • Elder Services and Engagement, including A Little Help (ALH) • The InterAges program • Volunteering opportunities, such as "Age friendly" West Chester Universities intergenerational-mentoring • Senior activity centers • Community centers*, especially senior centers **(=)** • Intergenerational communities* • Senior Community Service Employment Program (SCSEP)*, including coordination with other Older Americans Act programs • Memory Café* network in Ohio • Adult Day Services (ADS)* • Creative Aging*, and other arts and cultural experiences, activities, and services • Intergenerational mentoring and activities • Broadband Initiatives for unserved and underserved areas • Affordable Connectivity Program • Social media for civic participation
Home-based social supports	• Shared affordable housing • Homesharing for seniors • Life-Long Homes Coalition • Village Movement, Village to Village Network
Transportation and land use	• Complete Streets and streetscape design initiatives **SHIP** • Zoning regulations for land use policy **SHIP** • Close-to-home supports such as neighborhood associations* and open streets*
Self-management and prevention	• Wellness Recovery Action Plan (WRAP®) • Aging Mastery Program® • Well Elderly Lifestyle Redesign®* • Cognitive Behavioral Therapy (CBT) • Mindfulness Meditation Apps*

Additional Resources

- Connect2Affect, AARP Foundation
- Commit to Connect, ACL
- Community Connections, AARP
- Connecting Generations in Senior Housing, Generations United
- Eldercare Locator, U.S. Administration on Aging
- engAGED: The National Resource Center for Engaging Older Adults
- Experience Corps®, AARP
- Friendly Phone Line, Age-Friendly Columbus and Franklin County
- Senior Corps (including Foster Grandparents, RSVP and Senior Companions), Corporation for National and Community Service
- Staying Connected, ODA

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Strategies to Increase Volunteerism

Strategies	Examples Include
Civic participation supports	• Social media for civic participation • Intergenerational communities*
Service opportunities for older adults	• CHORE Handyman Service – Older Adults Helping Older Adults • The Ohio Senior Health Insurance Information Program (OSHIIP)* • "Age Friendly" West Chester Universities Intergenerational-Mentoring • Senior Corps* (including Foster Grandparents, RSVP, and Senior Companions) • Experience Corps®* • Ohio Senior Medicare Patrol (SMP)* • Volunteer Health and Wellness Leader* • Volunteer Ombudsman Associate Program* • Fruits and Vegetable Gleaning Initiatives* **(=)**

Additional Resources

- Age Friendly Communities Resource Page, ODH
- Age Friendly Franklin County Strategic Plan, Age Friendly Columbus and Franklin County
- Create the Good, AARP
- Community Connections, AARP
- engAGED: The National Resource Center for Engaging Older Adults
- ServeOhio, Ohio Commission on Service and Volunteerism
- Village to Village Network
- Volunteer Opportunity database, Corporation for National and Community Service
- Volunteering Resource Page, ODA

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Population Health

The tables below list specific strategies to advance the goal and achieve the objectives of the Population Health goal of the State Plan.

Strategies to Reduce Cognitive Difficulty

Strategies	Examples Include
Physical activity	• Activity programs for older adults **SHIP** • Community fitness programs **SHIP** • Bingocize®, a 10-week program that combines exercise and health education in a bingo format • Tai Chi Prime
Community engagement and social supports	• Community gardens **SHIP** • Telemental health services **(=) SHIP** • Case-managed care for community-dwelling frail elders • MUSIC & MEMORY®* • Aging Brain Care (Collaborative Care)*, in-person and telephone sessions for caregivers and persons living with dementia and/or depression to offer tools, processes, and strategies with optional support groups • Memory Cafés*, a program that facilitates relationships between individuals with dementia and caregivers • Experience Corps®*, an intergenerational volunteer-based tutoring program • Intergenerational mentoring and activities **(=)**
Screening and care coordination	• Cognitive impairment screenings, such as through the Medicare Annual Wellness Visit* • Alzheimer's Disease Coordinated Care for San Diego Seniors (ACCESS)*, individual care coordination program for caregivers and persons living with dementia, focused on identifying problems, action planning, and linking to community services and resources • BRI Care Consultation, which links and coordinates health care, community, and family services for clients (both the patient and the primary caregiver), organizes family and friends in assisting in care tasks, and provides emotional support • Partners in Dementia Care*, care coordination and support service intervention for veterans with dementia and their family caregivers, delivered through partnerships between VA medical centers and local Alzheimer's Association chapters • SHARE (Support, Health, Activities, Resources, and Education) for Dementia, a care planning counseling intervention for persons living with early-stage dementia and their family caregivers. • UCLA Alzheimer's and Dementia Care Program* • Screening for fall-related traumatic brain injury (TBI), such as the HELPS Brain Injury Screening Tool and the Ohio State University TBI identification Method • Faith Community Nursing* **(=)**

Additional Resources

- Chronic Diseases and Cognitive Decline – A Public Health Issue, CDC
  Cognitive Assessment Toolkit, Alzheimer's Association
- Cognitive Health Resources, National Institute on Aging
- Cognitive Decline and Dementia in Ohio (2020), ODH
- Community Toolkit, Dementia Friendly America
- Healthy Brain Initiative, CDC
- National Alzheimer's and Dementia Resource Center, U.S. Department of Health and Human services, Administration for Community Living
- Programs by State/Territory, Dementia Friends USA

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Strategies to Reduce Hypertension

Strategies	Examples Include

Physical activity	• Community-based social supports for physical activity **SHIP**
	• Community fitness programs **SHIP**, including:
	  • Eat Smart, Move More, Weigh Less
	  • Enhance®Fitness
	  • Tai Chi Prime
	• Community-wide physical activity campaigns **SHIP**
	• Exercise prescriptions **SHIP**

Screening and preventive clinical services	• Hypertension screening and follow up **SHIP** • Self-measured blood pressure monitoring interventions, alone and with additional support • Medicare Annual Wellness Visits, including preventive care services • Reducing out-of-pocket costs for cardiovascular disease preventive services when paired with components aimed at improving patient-provider interaction and patient knowledge
Disease prevention, management, and care coordination	• Chronic disease management programs, including management of hypertension **SHIP** • Chronic Disease Self-Management Program (CDSMP) and Better Choices, Better Health • Workplace Chronic Disease Self-Management Program (wCDSMP) • Health coaches for hypertension control • Behavioral counseling in adults with cardiovascular risk factors • Team-based approach to controlling hypertension, including community health workers (CHWs) **(=)** **SHIP** • Interactive digital interventions for blood pressure self-management
Treatment and medication adherence	• Mobile health (mHealth) interventions for treatment adherence among newly diagnosed patients for cardiovascular disease • Clinical decision-support systems for cardiovascular disease • Tailored pharmacy-based interventions to improve medication adherence medication adherence for cardiovascular disease • Improved access and adherence to antihypertensive and lipid-lowering medications

Additional Resources

- Heart disease tools and resources, ODH
- High blood pressure resources, American Heart Association
- High blood pressure in older adults resources, National Institute on Aging
- Hypertension Prevalence and Management in Ohio, ODH

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Strategies to Reduce Depression

Strategies	Examples Include
Physical activity	• Activity programs for older adults, **SHIP** such as: • PEARLS (Program to Encourage Active, Rewarding Lives for Seniors) **SHIP** • Enhance® Fitness • Community-based social support for physical activity **SHIP**
Mental health-care access and supports	• Behavioral health primary care integration **(=) SHIP** • Mental health benefits legislation, along with monitoring for implementation and compliance **(=) SHIP** • Culturally adapted health care **(=) SHIP** and patient shared decision making • Crisis lines SHIP • Mental Health First Aid training **(=) SHIP** • Employee Assistance Programs (EAP)
Screening and assessment	• Screening for depression in adults **SHIP** • The Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) Program **SHIP** • Depression screenings through the Medicare Annual Wellness Visit • Crisis lines **SHIP** and other strategies to screen for suicide risk
Disease management and care coordination	• Chronic disease management programs **SHIP** • Chronic Disease Self-Management Program (CDSMP) • Workplace Chronic Disease Self-Management Program (wCDSMP) • Case-managed care for community-dwelling frail elders • Integrated long-term care for community-dwelling frail elders • Telemental health services **(=) SHIP** • Mobile health for mental health, health services delivered through telephone or videoconference **SHIP** • Clinic-based depression care management for older adults • Home-based depression care management for older adults • Collaborative care for the management of depressive disorders **SHIP** • Home-based depression care management for older adults • BRI Care Consultation • Cognitive Behavioral Therapy (CBT) • Wellness Recovery Action Plan (WRAP®), a group intervention for illness self-management, including depression • Program of All-Inclusive Care for the Elderly (PACE), which ensures the provision of a variety of social and medical services to help older adults who meet the criteria for admission to nursing homes stay in the community

Additional Resources

- Depression and Aging webpage, CDC
- Depression and Older Adults, National Institute on Aging
- Online mental health-care provider finder resources, such as:
- Behavioral health treatment locator, Substance Abuse and Mental Health Services Administration
- Provider locator, American Psychological Association
- Provider locator, Anxiety and Depression Association of America
- Provider locator, Psychology Today
- engAGED The National Resource Center for Engaging Older Adults
- NIH Social Isolation and Loneliness Outreach Toolkit
- Resources for Older Adults, Substance Abuse and Mental Health Services Administration (SAMHSA), including Evidence-Based Practices Kit for the Treatment of Depression in Older Adults

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Preserving Independence

The tables below list specific strategies to advance the goal and achieve the objectives of the Preserving Independence goal of the State Plan.

Strategies to Improve Chronic Pain Management

Strategies	Examples Include
Physical activity	• Arthritis Foundation Aquatic Program (AFAP) • Arthritis Foundation Exercise Program (AFEP) • Tai Chi for Arthritis • Walk with Ease, a group and self-directed walking and education program • Fit & Strong!, a multi-component physical activity program for older adults with osteoarthritis
Provider-based supports	• Nonpharmacologic and Nonopioid Pharmacologic Treatments (exercise, weight loss, acupuncture, massage, physical therapy, massage therapy, etc)
Self-management supports	• Chronic Pain Self-Management Program (CPSMP) • Chronic Disease Self-Management Program (CDSMP) and Workplace Chronic Disease Self-Management Program (wCDSMP) • Better Choices, Better Health® • Cancer Thriving and Surviving (CTS) • HomeMeds

Additional Resources

- AAFP Chronic Pain Toolkit, American Academy of Family Physicians
- CMS Roadmap, Strategy to Fight the Opioid Crisis
- Joint Pain and Arthritis, CDC
- The American Chronic Pain Association

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Strategies to Prevent Falls

Strategies	Examples Include
Physical activity	• Activity programs for older adults **SHIP** • Falls Prevention in Community-Dwelling Older Adults: Exercise Interventions • Enhance®Fitness • Healthy Steps in Motion (HSIM) • The Otago Exercise Program, a series of strength and balance exercises delivered by a physical therapist in the home • Stay Active and Independent for Life (SAIL) • Bingocize®, a 10-week program that combines exercise and health education in a bingo format • Tai Chi, including Tai Chi for Arthritis and Falls Prevention, Tai Chi Prime, and Tai Ji Quan: Moving for Better Balance (TJQMBB)
Falls prevention education and self-management	• A Matter of Balance (MOB) • CAPABLE (Community Aging in Place – Advancing Better Living for Elders) • FallsTalk and FallScape • Healthy Steps for Older Adults (HSOA) • Stepping On
Falls risk assessment and interventions	• STEADI (Stopping Elderly Accidents, Deaths & Injuries) • Multi-component fall prevention interventions for older adults, including exercise, education, medication management, and home modifications • Risk assessments & personalized approaches to fall prevention among older adults
Home modifications Including providing assistive technology through AT (Assistive Technology) Ohio and the Ohio Department of Developmental Disabilities	• Provide assistive technology, including ramps and handrails, through Seniors Helping Other Seniors (SHOP) • NeighborLink (Low-Income Senior Home Repairs) • CHORE Handyman service – Older adults helping older adults • Cultivate Safety Net Services • Disability housing grants for Veterans

Additional Resources

- Check for Safety: A Home Fall Prevention Checklist for Older Adults, CDC
- Elderly Fall Prevention Resource Guide, Ohio Department of Public Safety Division of Emergency Medical Services
- Falls prevention resources, ODA
- Falls Prevention, National Council on Aging
- Ohio Older Adults Falls Prevention Coalition 2017 to 2021 State Plan, Ohio Department of Health, Violence and Injury Prevention Program
- Statewide Bike and Pedestrian Plan, Ohio Department of Transportation

SHIP = Included in 2020-2022 State Health Improvement Plan

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Strategies to Prevent and Address COVID-19

Due to the devastating effects of the pandemic on older Ohioans, the state acknowledges the importance of ongoing efforts to prevent and address COVID-19 infections, hospitalizations, and deaths, even though reducing COVID-19 was not identified as an outcome for this State Plan. ODA will support implementation of the following strategies as part of that effort.

Strategies	Examples Include
Testing access	• Expand and improve accessibility of Non-Emergency Medical Transportation (NEMT) services* to help people get to testing sites **SHIP** • Offer testing onsite, at the time of existing medical appointments* • HRSA COVID-19 Testing Supply Program, which provides free COVID-19 testing supplies, including at-home self-tests
Vaccination access and screening	• Mobile clinics* • Expand and improve accessibility of Non-Emergency Medical Transportation (NEMT) services* **SHIP** • Utilize small financial incentives to increase vaccine uptake* • Offer vaccines on-site, at the time of existing medical appointments* • Utilize multiple media formats and channels to reach older adults who prefer to receive vaccine-related information in diverse ways • Utilize the CDC's best practice guidelines for assessing for vaccines* • Use motivational interviewing to discuss concerns patients may have about the vaccine* • Include vaccination screening as part of evidence-based health promotion programs, such as A Matter of Balance (MOB) and Chronic Disease Self-Management Program (CDSMP)
Public health emergency and emerging health threats	• Provide services that are part of a public health emergency • Provide services that address emerging health threat and emergency preparedness
Funding	• Expend American Rescue Plan funding and any other COVID-19 supplemental funding still available for expenditure
Telehealth and other innovative practices to increase access to services	• Telemedicine/telehealth **(=)** **SHIP** • Telemental health services **(=)** **SHIP** • Mobile health for mental health, health services delivered through telephone or videoconference **SHIP**

Additional Resources

- COVID-19 Emergency Telehealth Rules, ODM
- COVID-19, CDC
- COVID-19, USA Government Information and Services
- COVID-19 Recommendations for Older Adults, CDC
- COVID-19 Toolkit for People with Disabilities, CDC
- Coronavirus (COVID-19), ODH
- Government COVID-19 resources for older adults, National Institute on Aging

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ATTACHMENT F

Detailed Objective Tables

Ohio's 2023-2026 State Plan on Aging sets clear objectives to meet its goal that **all Ohioans live longer, healthier lives with dignity and autonomy** and that **disparities and inequities among older Ohioans are eliminated.** There is at least one SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) objective for each of the outcomes identified in the State Plan. Short, intermediate, and long-term targets and priority populations were identified for each SMART objective when data was available.

Priority Populations and Universal Long-Term Targets

Based on available data, groups of Ohioans with odds of a negative outcome at least 10% worse than the state overall were identified as priority populations. When indicators did not allow for disaggregation of data, feedback from expert stakeholders was utilized to identify priority populations. To reinforce the importance of eliminating inequities and disparities for groups of older Ohioans that experience the worst outcomes, all State Plan objectives for which data was available include universal long-term targets for priority populations. This means that the long-term targets for all priority populations are the same as the long-term targets for the state overall. The labels for priority populations in this section (e.g., “Black” or “Black, non-Hispanic,” “Males,” “Females”) reflect labels provided by the data source.

Overall Health and Well-Being

Increase Life Expectancy

Indicator (source)	Baseline (2017)	Progress (2019)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Life expectancy Average life expectancy for all Ohioans at birth based on current mortality rates (Ohio Department of Health)*	**76.5**	**76.9**	**76.8**	**77.2**	**77.6**
Older adult priority populations based on data					
Black/African American	**72.8**		**74.4**	**76**	**77.6**

*2019 data source: National Vital Statistics Reports: U.S. State Life Tables, 2019, Centers for Disease Control and Prevention, 2022.

Reduce Premature Death

Indicator (source)	Baseline (2018)	Progress (2019)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Premature death Years of potential life lost before age 75, per 100,000 population (age adjusted) (Ohio Department of Health)	**8,227**	**8,851**	**8,200**	**8,100**	**8,000**
Older adult priority populations based on data					
Black, non-Hispanic	**12,159**		**10,269**	**9,134**	**8,000**
Residents of Appalachian counties*	**9,382**		**8,754**	**8,377**	**8,000**
Male	**10,312**		**9,261**	**8,630**	**8,000**

*County typology from the Ohio Medicaid Assessment Survey

Improve Health Status

Indicator (source)	Baseline (2018)	Progress (2020)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Overall health status Percent of adults age 65 and older with fair or poor health (Behavioral Risk Factor Surveillance System)	**26.1%**	**23.1%**	**25.2%**	**24.5%**	**23.7%**
Older adult priority populations based on data					
Black, non-Hispanic	**33.9%**	**27.5%**	**30.5%**	**27.1%**	**23.7%**
Other race	**34.7%**	**34.3%**	**31%**	**27.4%**	**23.7%**
Hispanic (2016-2018 baseline)	**37.6%**	**24.8%***	**33%**	**28.3%**	**23.7%**
People with annual household incomes below $35,000	**29.9%****	**23.7%****	**27.8%**	**25.8%**	**23.7%**
People with a high school education or less	**28.3%*****	**24.2%*****	**26.8%**	**25.2%**	**23.7%**

* Combined years 2018, 2019, and 2020
**The source provides estimates for several income groups that are priority populations, including annual household incomes below $15,000 – 43.5% (2018) and 43.5% (2020); between $15,000 and $24,999 – 39.1% (2018) and 33.8% (2020); and between $25,000 and $34,999 – 29.9% (2018) and 23.7% (2020).
***The source provides estimates for two educational attainment groups that are priority populations, including people who did not graduate high school - 47.4% (2018) and 43.7% (2020); and high school graduates - 28.3% (2018) and 24.2% (2020).

Reduce Elder Abuse, Neglect, and Exploitation

Indicator (source)	Baseline (SFY 2018)	Progress (SFY 2020)	Short-term target (SFY 2023)	Intermediate target (SFY 2026)	Long-term target (SFY 2029)
Elder abuse, neglect, and exploitation Number of reports of elder abuse, neglect, or exploitation for adults age 60 and older living in the community (Ohio Department of Job and Family Services)	**14,597**	**32,072**	Elder abuse, neglect, and exploitation are significantly underreported in Ohio. ODA and partners will work to increase reporting. Data for this indicator will be monitored and reported annually. A target for reducing reports should be set once underreporting is not an issue and prevalence of elder abuse, neglect, and exploitation is more fully captured in the data.		

Older adult priority populations based on data

This indicator does not allow for disaggregation of data. Feedback from expert stakeholders was utilized to identify priority populations. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify priority populations.

Community Conditions

Improve Financial Stability

Indicator #1 (source)	Baseline (2018)	Progress (2019)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Poverty Percent of adults age 65 and older who live in households at or below the poverty level (American Community Survey (ACS), 1-year estimate)	**8.6%**	**8.3%**	**8.6%**	**7.9%**	**7.6%**
Older adult priority populations based on data					
Black (includes Hispanic and non-Hispanic)	**17.2%**	**18.8%**	**17.2%**	**10.8%**	**7.6%**
Hispanic or Latino (any race)	**20.5%**	**12.1%**	**20.5%**	**11.9%**	**7.6%**
American Indian or Alaska Native	**16.7%**	**15.8%**	**16.7%**	**10.6%**	**7.6%**
Native Hawaiian and other Pacific Islander	**48.2%**	**40.8%**	**48.2%**	**21.1%**	**7.6%**
Some other race	**22%**	**12%**	**22%**	**12.4%**	**7.6%**
Disability	**11.8%**	**12.5%**	**11.8%**	**9%**	**7.6%**
Female	**9.8%**	**10%**	**9.8%**	**8.3%**	**7.6%**
Indicator #2 (source)					
Household income Median household income in the past 12 months with a householder over age 65 (ACS, 1-year estimate)	**$41,406**	**$44,260**	**$41,406**	**$44,718**	**$46,375**
Older adult priority populations based on data					
Women living alone	**$23,029**	**$24,746**	**$23,029**	**$30,800**	**$32,400***
Men living alone	**$27,839**	**$30,501**	**$27,839**	**$30,800**	**$32,400***

* Living expenses for a household of one are generally lower than for a household of two or more. For this reason, the long-term target for this indicator is not a universal target.

Improve Housing Quality and Affordability

Indicator #1 (source)	Baseline (2017)	Progress (2018)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Affordable housing availability Number of affordable and available units per 100 renters with income below 50% of Area Median Income (National Low-Income Housing Coalition analysis of the American Community Survey (ACS), as compiled by Ohio Housing Finance Agency (OHFA))	**80**	**80**	**80**	**82**	**84**

Older adult priority populations based on data

This indicator does not allow for disaggregation of data. Feedback from expert stakeholders was utilized to identify priority populations. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify priority populations.

Indicator #2 (source)	Baseline (2018)		Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Severe housing cost burden Percent of households with a householder age 65 or older who spends 50% or more of their income on housing costs (rent and utilities) (ACS via OHFA)	**25.2%**		**25%**	**23%**	**21%**

Older adult priority populations based on data

This indicator does not allow for disaggregation of data. Feedback from expert stakeholders was utilized to identify priority populations. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify priority populations.

Improve Transportation Access

Indicator #1 (source)	Baseline (2018)	Progress (2019)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Zero-vehicle households Percent of households with a householder 65 years or older with no vehicles available (American Community Survey, 1-year estimates)	**10.5%**	**10.8%**	**Monitor only, no target**		

Older adult priority populations based on data

This indicator does not allow for disaggregation of data. Feedback from expert stakeholders was utilized to identify priority populations. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify priority populations.

Healthy Living

Improve Nutrition

Indicator #1 (source)	Baseline (2019)	Progress (2020)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Unintentional weight loss Percent of Ohioans age 65 and older who recently lost weight without trying (Behavioral Risk Factor Surveillance System) [BRFSS]	**12.7%**	**12%**	**11.6%**	**10.6%**	**9.5%**
Older adult priority populations based on data					

This indicator does not allow for disaggregation of data. Feedback from expert stakeholders was utilized to identify priority populations. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify priority populations.

Indicator #2 (source)	Baseline (2017)	Progress (2019)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Fruit consumption Percent of Ohioans age 65 and older who consume fruit(s) one or more times per day (BRFSS)	**66.4%**	**63.8%**	**66.8%**	**67.2%**	**67.6%**
Older adult priority populations based on data					
Other race	**59.9%**	**72.2%**	**62.5%**	**65%**	**67.6%**
People with a high school education or less	**61.7%***	**59.9%***	**63%**	**65.3%**	**67.6%**
People with annual household incomes below $15,000	**58.5%**	**51.7%**	**61.5%**	**64.6%**	**67.6%**
Males	**61.9%**	**61.0%**	**63.8%**	**65.7%**	**67.6%**

Indicator #3 (source)	Baseline (2017)	Progress (2019)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Vegetable consumption Percent of Ohioans age 65 and older who consume vegetables one or more times per day (BRFSS)	**82.9%**	**79.9%**	**83.3%**	**83.7%**	**84.1%**
Older adult priority populations based on data					
Black, non-Hispanic	**78.8%**	**71.30%**	**80.6%**	**82.3%**	**84.1%**
People with a high school education or less	**80.1%****	**77.4%****	**81.4%**	**82.8%**	**84.1%**
People with annual household incomes below $25,000	**76.4%*****	**73.4%*****	**79%**	**81.5%**	**84.1%**
Males	**81.2%**	**76.6%**	**82.2%**	**83.1%**	**84.1%**

*The source provides estimates for two educational attainment groups that are priority populations, including people who did not graduate high school – 60.7% (2017) and 55.7% (2019); and high school graduates – 61.7% (2017) and 59.9% (2019).
**The source provides estimates for two educational attainment groups that are priority populations, including people who did not graduate high school – 73.4% (2017) and 70% (2019); and high school graduates – 80.1% (2017) and 77.4% (2019).
***The source provides estimates for two income groups that are priority populations, including people with annual household incomes below $15,000 – 67.9% (2017) and 72.9% (2019); and between $15,000 and $24,999 – 76.4% (2017) and 73.4% (2019).

Improve Physical Activity

Indicator #1 (source)	Baseline (2018)	Progress (2020)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Physical activity Percent of Ohioans age 65 and older who participated in any physical activity other than their regular job during the past month (Behavioral Risk Factor Surveillance System)	**64.4%**	**64.7%**	**67%**	**67.7%**	**68.4%**
Older adult priority populations based on data					
Other race	**61.5%**	**65%**	**63.8%**	**66.1%**	**68.4%**
Black, non-Hispanic	**60.7%**	**62.1%**	**63.3%**	**65.8%**	**68.4%**
People with annual household incomes below $35,000	**58.5%***	**61.8%***	**56.7%**	**62.5%**	**68.4%**
Females	**61.1%**	**61.8%**	**63.5%**	**66%**	**68.4%**
People with a high school education or less	**60.7%****	**56.6%****	**63.3%**	**65.8%**	**68.4%**

*The source provides estimates for several income groups that are priority populations, including people with annual household incomes below $15,000 – 50.8% (2018) and 46.2% (2020); between $15,000 and $24,999 – 53.1% (2018) and 49.9% (2020); between $25,000 and $34,999 – 58.5% (2018) and 61.8% (2020).
**The source provides estimates for two educational attainment groups that are priority populations, including people who did not graduate high school – 44.8% (2018) and 51.3% (2020); and high school graduates – 60.7% (2018) and 56.6% (2020)

Access to Care

Improve Health-Care Coverage and Affordability

Indicator #1 (source)	Baseline (2018)	Progress (2020)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Missed care due to cost Percent of people age 65 and older who could not see a doctor because of cost (Behavioral Risk Factor Surveillance System)	**4.5%**	**4.2%**	**3.9%**	**3.3%**	**2.7%**
Older adult priority populations based on data					
Black, non-Hispanic	**7.7%**	**8.2%**	**6%**	**4.4%**	**2.7%**
People with annual household incomes below $25,000	**7.4%***	**10.9%***	**5.8%**	**4.3%**	**2.7%**
People with less than a high school education	**7.9%**	**4.8%**	**6.2%**	**4.4%**	**2.7%**
Females	**5.1%**	**4.10%**	**4.3%**	**3.5%**	**2.7%**

Indicator #2-4 (source)	Baseline (2014)		Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Annual prescription drug spending Health-care expenditures per capita for prescription drugs (The Henry J. Kaiser Family Foundation, State Health Facts (SHF))	**$1,023**		**Monitor only, no target**		
Annual nursing home spending. Health-care expenditures per capita for nursing home care (SHF)	**$605**		**Monitor only, no target**		
Annual home health spending Health-care expenditures per capita for home health care (SHF)	**$259**		**Monitor only, no target**		
Priority populations based on data					
This indicator does not allow for disaggregation of data. Feedback from expert stakeholders was utilized to identify priority populations. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify priority populations.					

*The source provides estimates for two income groups that are priority populations, including annual household incomes below $15,000 – 7.4% (2018) and 10.9% (2020); and between $15,000 and $24,999 – 8.7% (2018) and 5.8% (2020).

Improve Home- and Community-Based Supports

Indicator (source)	Baseline (SFY 2018)	Progress (SFY 2021)	Short-term target (SFY 2023)	Intermediate target (SFY 2026)	Long-term target (SFY 2029)
Medicaid Home and Community-Based (HCBS) waivers Percent of Medicaid enrollees receiving long-term services and supports (LTSS) who receive services through a home- and community-based waiver (Ohio Department of Medicaid (ODM))	**65%**	**69%**	**68%**	**72%**	**75%**

Older adult priority populations based on data

This indicator does not allow for disaggregation of data. Feedback from expert stakeholders was utilized to identify priority populations. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify priority populations.

Indicator #2 (source)	Baseline (SFY 2018)	Progress (SFY 2021)	Short-term target (SFY 2023)	Intermediate target (SFY 2026)	Long-term target (SFY 2029)
Medicaid HCBS spending Percent of Medicaid spending on LTSS that is for home- and community -based waiver services (ODM)	**44%**		**46%**	**48.5%**	**51%**

Older adult priority populations based on data

This indicator does not allow for disaggregation of data. Feedback from expert stakeholders was utilized to identify priority populations. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify priority populations.

Improve Home Care Workforce Capacity and Caregiver Supports

Indicator (source)	Baseline (2018)	Progress (2019)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Home care workforce Number of personal care and home health aides, per 1,000 adults age 65 and older with a disability (American Community Survey via America's Health Rankings)	**149**	**145**	**174**	**199**	**224**

Older adult priority populations based on data

This indicator does not allow for disaggregation of data. Feedback from expert stakeholders was utilized to identify priority populations. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify priority populations.

Indicator #2 (source)	Baseline (2019)		Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Supporting working caregivers Ohio's score out of 17 on policies that support working caregivers (i.e., exceeds 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) (AARP Long Term Services and Supports State Scorecard)	**0.3**		**Monitor progress on this indicator and advocate for policies that support working caregivers.**		

Older adult priority populations based on data

This indicator does not allow for disaggregation of data. Feedback from expert stakeholders was utilized to identify priority populations. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify priority populations.

Social Connectedness

Improve Social Inclusion

Indicator (source)	Baseline (2019)		Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Feeling left out Percent of adults age 60 and older who hardly ever feel left out (Ohio Medicaid Assessment Survey)	**77.4%**		**77.4%**	**83%**	**86%**
Older adult priority populations based on data					
People with annual household incomes below 250% of the federal poverty level	**74.1%***		**74.1%**	**82%**	**86%**
Female	**75.5%**		**75.5%**	**82.5%**	**86%**
Black, non-Hispanic	**69.5%**		**69.5%**	**80.5%**	**86%**
Hispanic	**75.1%**		**75.1%**	**82.4%**	**86%**
Adults with a disability	**64.7%**		**64.7%**	**79%**	**86%**

*The source provides estimates for several income groups that are priority populations, including incomes between 0%-75% of the federal poverty level (FPL) – 63.1%; 75%-100% FPL – 69.4%; 100%-138% FPL – 64.1%; 138%-206% FPL – 74.2%; 206%-250% FPL – 74.1%

Increase Volunteerism

Indicator (source)	Baseline (2017)		Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Volunteerism Percent of adults age 65 and older who reported volunteering in the past 12 months (Corporation for National & Community Service, via America's Health Rankings)	**30.3%**		**30.3%**	**40.1%**	**45%**
Older adult priority populations based on data					

This indicator does not allow for disaggregation of data. Feedback from expert stakeholders was utilized to identify priority populations. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify priority populations.

Population Health

Cognitive Health: Reduce Cognitive Difficulty

Indicator (source)	Baseline (2018)	Progress (2020)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Cognitive difficulty Percent of adults age 65 and older who reported having cognitive difficulty (Behavioral Risk Factor Surveillance System)	**10%**	**8%**	**9.7%**	**9.3%**	**9%**
Older adult priority populations based on data					
Black, non-Hispanic	**11.2%**	**10.2%**	**10.5%**	**9.7%**	**9%**
People with annual household incomes below $35,000	**11.2%***	**8.6%***	**10.5%**	**9.7%**	**9%**
People with less than a high school education	**15.8%****	**15.6%**	**13.5%**	**11.3%**	**9%**

*The source provides estimates for several income groups that are priority populations, including people with annual household incomes below $15,000 – 17.2% (2018) and 14.8% (2020); between $15,000 and $24,999 – 14.9% (2018) and 11.7% (2020); and between $25,000 and $34,999 – 11.2% (2018) and 8.6% (2020).
**The 2020-2022 Strategic Action Plan on Aging reported the 2018 value as 15.8%. However, current data from BRFSS Web Enabled Analysis Tool indicates that the 2018 value is 19%. All short term, intermediate and long-term targets are based on the original SAPA source report of 15.8%

Cardiovascular Health: Reduce Hypertension

Indicator (source)	Baseline (2017)	Progress (2019)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
High blood pressure Percent of adults age 65 and older who have ever been told they have high blood pressure (Behavioral Risk Factor Surveillance System)	**60%**	**58.2%**	**57.2%**	**56.2%**	**55.2%**
Older adult priority populations based on data					
Black, non-Hispanic	**68.3%**	**67.8%**	**63.9%**	**59.6%**	**55.2%**
People with annual household incomes below $25,000	**65.8%***	**63.1%***	**62.3%**	**58.8%**	**55.2%**
People with less than a high school education	**65.9%**	**62.5%**	**62.3%**	**58.8%**	**55.2%**

*The source provides estimates for two income groups that are priority populations, including less than $15,000 – 66.3% (2017) and 61.0% (2019); and between $15,000 and $24,999 – 65.8% (2017) and 63.1% (2019).

Mental Health: Reduce Depression

Indicator (source)	Baseline (2018)	Progress (2020)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Poor mental health days 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 (Behavioral Risk Factor Surveillance System via America's Health Rankings)	7.7%	8.6%	7.4%	7.1%	6.8%
Older adult priority populations based on data					
Females	8.8%	9.6%	8.1%	7.5%	6.8%
People with annual household incomes below $25,000	10.7%	14.5%	9.4%	8.1%	6.8%
Black	8.8%	N/A	8.1%	7.5%	6.8%
People who did not graduate high school	16%	15.3%	12.9%	9.9%	6.8%

Preserving Independence

Improve Chronic Pain Management

Indicator (source)	Baseline (2019)		Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Arthritis limitations Percent of people age 65 and older who have arthritis that limits usual activities (Behavioral Risk Factor Surveillance System via ODH)	17.7%		16.5%	15.2%	14%
Older adult priority populations based on data					
Females	20.2%		18.1%	16.1%	14%
People with annual household incomes below $25,000	22%*		19.3%	16.7%	14%
People who did not graduate high school	24.4%		20.9%	17.5%	14%

*The source provides estimates for two income groups that are priority populations, including incomes below $15,000 – 26% and between $15,000 and $24,999 – 22%.

Improve Falls Prevention

Indicator (source)	Baseline (2019)		Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Recent falls Percent of adults age 65 and older who report having had a fall within the last 12 months (Behavioral Risk Factor Surveillance System via America's Health Rankings)	**25.6%**		**22.2%**	**18.8%**	**15.4%**
Older adult priority populations based on data					
People with less than a high school education	**30%**		**25.1%**	**20.3%**	**15.4%**
People with annual household incomes between $25,000 and $49,999	**28.8%**		**24.3%**	**19.9%**	**15.4%**

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