Ohio | Department of Aging

2020-2022 Strategic Action Plan on Aging




February 2021

Acknowledgments

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Authors
Reem Aly, JD, MHA (HPIO)
Hailey Akah, JD, MA (HPIO)
Carrie Almasi, MPA (HPIO)
Ashley S. Davis, MA, RDN, LD (ODA)
Zach Reat, MPA (HPIO)

Contributors
Amy Rohling McGee, MSW (HPIO)
Amy Bush Stevens, MSW, MPH (HPIO)
Becky Carroll, MPA (HPIO)
Alana Clark-Kirk, BA (HPIO)
Carmen Clutter, MS, RDN, LD (ODA)
Morgan Fitzgerald, MPH, CHES (ODA)
Stephen Listisen, MPA candidate (HPIO)
Jacob Santiago, MSW (HPIO)

Graphic design and layout
Nick Wiselogel, MA (HPIO)

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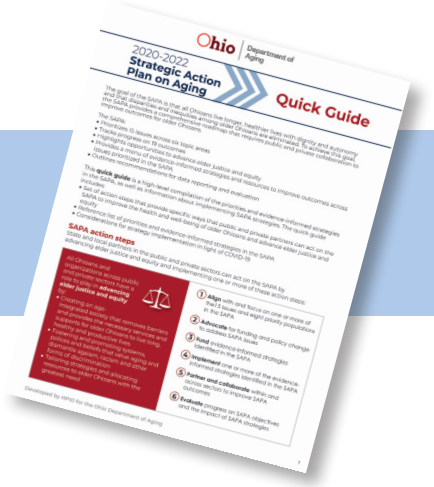
The **SAPA quick guide**, a high-level compilation of priorities and evidence-informed strategies, is available at

www.aging.ohio.gov/sapa



Letter from the Director

Dear partners:

It is with pride and with the sincerest invitation for collaboration, that we present Ohio's Strategic Action Plan on Aging, or SAPA. The SAPA is an actionable plan to advance elder justice and equity in our state. It aims to strengthen existing structures, supports, and programs, and create new and expanded opportunities allowing every Ohioan to achieve optimal health and well-being as they age.

The SAPA vision is the same as the Ohio Department of Aging: that Ohio is the best place to age in the nation. The plan is built upon the absolute truth that aging is a universal experience that should be valued and celebrated. Its goals and strategies will position Ohio to promise our residents the ability and opportunity to live longer, healthier lives, free from disparity and inequity.

Older Ohioans make substantial contributions to our society every day. They are employees and consumers who help keep Ohio's economy strong. They volunteer and advocate for worthy causes, filling real needs in their communities and allowing organizations to make the most of the resources they have. They are caregivers for young children and other family members, providing billions of dollars' worth of care. They are community leaders and mentors striving to create a better world for generations to come. And, yet, their contributions often go unrecognized. The SAPA aims to give older Ohioans the dignity and autonomy they deserve, no matter where they live.

The SAPA was developed with the input of an array of stakeholders from state and local government, area agencies on aging, organizations that serve older Ohioans and those most at risk for poor health outcomes. The plan emphasizes the need for systemic change. We must foster and promote systems, policies, and beliefs that value aging and dismantle ageism.

Achieving SAPA goals is not the responsibility of a single organization. While the Ohio Department of Aging willingly takes the role of coordinating, implementing, and tracking the strategies within the plan, we cannot achieve its goals alone. I am calling on leaders and doers in both the public and private sectors to support this work. The SAPA provides flexible options that rural, suburban, and urban communities can collaborate on to improve outcomes for older Ohioans. We all have a role to play in advancing elder justice and equity, and we look forward to achieving these goals with you.

Thank you.

Ursel J. McElroy

Overview

What is the SAPA?

The Strategic Action Plan on Aging (SAPA) is a prioritized plan to advance elder justice and equity and achieve optimal health and well-being for older Ohioans. The SAPA addresses the many challenges identified in the **2020 Summary Assessment of Older Ohioans**.

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

The SAPA:

- Prioritizes 15 issues across six topic areas (figure 1);
- Tracks progress on 19 outcomes;
- Highlights opportunities to advance elder justice and equity;
- Provides a menu of evidence-informed strategies and resources to improve outcomes across issues prioritized in the SAPA; and
- Outlines recommendations for data reporting and evaluation.

Why is the SAPA important?

Older Ohioans make substantial contributions to society, including working, volunteering, caring for young children or other family members, and serving as community leaders and mentors. Often, these contributions go unrecognized and are uncompensated. Older Ohioans also face obstacles to health and well-being and are not always afforded the opportunity to age with respect, dignity, and autonomy.

Aging is a universal experience that should be valued and celebrated. By 2030, older Ohioans (ages 60 and older) will account for more than a quarter of Ohio's population (26.3%), up from 19.8% in 2010.[1] Supporting healthy aging and valuing all older Ohioans in the face of this changing landscape is critical. Healthy aging means both living longer and extending older Ohioans' healthy and active years.

Advancing elder justice and equity

Elder justice and equity are key principles of the SAPA (figure 1). The SAPA emphasizes the need to advance elder justice and equity by:

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

How will we know if the SAPA goal is achieved?

The SAPA conceptual framework (figure 1) takes a comprehensive approach to achieving the SAPA goal by answering the following questions:

1. What factors impact the health and well-being of older Ohioans?
2. How will we know if the health and well-being of older Ohioans is improving?

There are a total of 19 outcomes and 26 objectives that will be measured to track progress toward the SAPA goal. This includes outcomes and objectives specific to improved health status for older Ohioans, increased life expectancy, reduced premature death, and reduced elder abuse and neglect. There are also outcomes and objectives specific to each of the 15 issues prioritized in the SAPA (see pages 18 and 19 for SAPA outcomes and objectives).

The Ohio Department of Aging (ODA) will track and report on SAPA objectives on an annual basis.

Figure 1. **SAPA conceptual framework**

Goal

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

- Increased life expectancy
- Reduced premature death
- Improved health status
- Reduced elder abuse and neglect

Vision

Ohio is the best place to age in the nation

What factors impact the health and well-being of older Ohioans?

Issues listed are prioritized in the SAPA

Community conditions
Livable communities

- Financial stability
- Quality and affordable housing
- Transportation access

Healthy living
Prevention and self-management

- Nutrition
- Physical activity

Access to care
Services and supports

- Health-care coverage and affordability
- Home and community-based supports
- Home care workforce capacity and caregiver supports

How will we know if the health and well-being of older Ohioans is improving?

Issues listed are prioritized in the SAPA

Social connectedness

- Social inclusion
- Volunteerism

Population health

- Cognitive health
- Cardiovascular health
- Mental health

Preserving independence

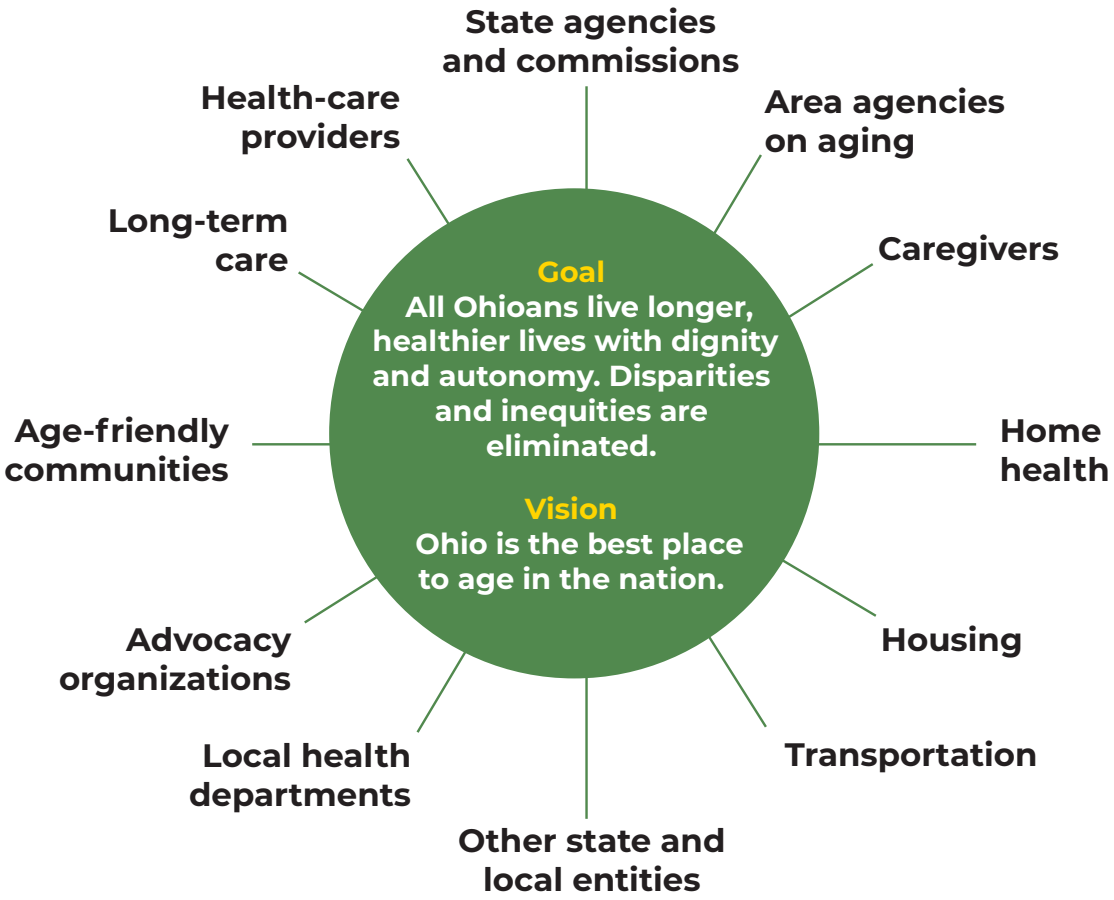
- Chronic pain management
- Falls prevention

Principles

Elder justice Elder justice is achieved by fostering and promoting systems, policies, and beliefs that value aging, dismantle ageism, and create an age-integrated society that supports older Ohioans to live longer, healthier lives with dignity and autonomy.

Equity Equity requires dismantling ageism and the compounding effects of ageism and other forms of discrimination. To eliminate disparities and inequities, SAPA strategies must be tailored to Ohioans with the greatest need, and coupled with efforts to dismantle ageism, ableism, racism, and other forms of discrimination.

Figure 2. **Achieving the SAPA goal and vision**



How will the SAPA be implemented?

Achieving the SAPA goal and vision (figure 2) will require collaboration among a range of public and private partners at the state and local levels. This includes engagement across all state agencies and traditional aging network partners (such as area agencies on aging, long-term care, home- and community-based care), as well as new partners within housing, food access, transportation, business, philanthropy, health care, public health, behavioral health, and community-based organizations, among others.

The menu of strategies in the SAPA provides flexible options on which rural, suburban, and urban communities can collaborate to improve outcomes for older Ohioans.

State and local partners in the public and private sectors can act on the SAPA in multiple ways, described in more detail on p. 9, "Acting on the SAPA."

ODA will use the SAPA to guide policy, funding, strategy, data collection, and reporting decisions.

How was the SAPA developed?

Facilitated by the Health Policy Institute of Ohio (HPIO) under a contract with ODA, the SAPA builds on and aligns with the following documents:

- **2020 Summary Assessment of Older Ohioans**: This assessment provides a comprehensive picture of the health and well-being of older Ohioans, including data and information on older Ohioans' biggest health and well-being strengths and challenges.
- **2019-2022 State Plan on Aging (SPOA)**: The SPOA includes goals, objectives, and strategies that highlight many state opportunities to improve the well-being of older Ohioans, adults with disabilities, and their families and caregivers. ODA completed the SPOA in 2018 as a requirement of the federal Older Americans Act.
- **2020-2022 State Health Improvement Plan (SHIP)**: The SHIP is a tool to strengthen state and local efforts to improve health, well-being, and economic vitality in Ohio. With the long-term goal of ensuring all Ohioans achieve their full health potential, the SHIP takes a comprehensive approach to achieving equity and addressing the many factors that shape health, including housing, poverty, education, and trauma.

The SAPA was also developed with input from:

- 71 members of a multi-sector advisory committee and work teams, including subject matter experts from around the state (see Appendix A for list of organizations serving on the advisory committee and work teams);
- 19 key informants, including representatives of Ohio's area agencies on aging and organizations serving older Ohioans most at risk for poor outcomes (see Appendix B for key informant organizations); and
- Leadership from ODA and input from the following state agencies: Ohio Department of Health, Ohio Department of Mental Health and Addiction Services, Ohio Housing Finance Agency, Ohio Department of Job and Family Services, Ohio Department of Medicaid, and Ohio Department of Transportation.

SAPA and COVID-19

Older Ohioans, both inside and outside of congregate settings, face an increased risk for severe COVID-19 illness. As of Feb. 8, 2021, 93% percent of COVID-19 deaths were among Ohioans age 60 and older with 52% of total deaths occurring among Ohioans age 80 and older.[2] A total of 10,865 Ohioans age 60 and older have died with COVID-19.[3]

The pandemic has also presented unique challenges for older Ohioans across all issues prioritized in the SAPA, including increased risk for social isolation, financial instability, and delayed medical care. Many older Ohioans will continue to struggle with the lingering consequences of the virus and pandemic response. The severe impacts of COVID-19 on older Ohioans will also have devastating consequences for families, communities, and the state as a whole.

Efforts to improve the health and well-being of older Ohioans must account for the challenges surfaced and exacerbated by COVID-19. The SAPA outlines key considerations for implementing strategies in the face of these challenges.

1. Data from the U.S. Census Bureau, as compiled by the Miami University, Scripps Gerontology Center. "Interactive Data Center." Accessed Oct. 20, 2020.
2. HPIO analysis of Ohio Department of Health, Coronavirus (COVID-19) Dashboard accessed on Feb. 9, 2021 (last update listed Feb. 8, 2021).
3. Ibid.

Acting on the SAPA

This section outlines specific ways that state and local public and private organizations can act on the SAPA to improve the health and well-being of older Ohioans and advance elder justice and equity. Action steps and examples are highlighted below.

Advancing elder justice and equity

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

- **Fostering and promoting systems, policies, and beliefs that value aging** and dismantle ageism, ableism, racism, sexism, xenophobia, homophobia, and other forms of discrimination;
- **Identifying SAPA priority populations** (older Ohioans most at risk for poor outcomes) and focusing on improving outcomes among these populations;
- **Targeting resources and tailoring strategies** to meet the needs of priority populations, including culturally and linguistically adapting strategies. This includes developing language access plans, providing trauma-informed care, and eliminating barriers to accessing services (e.g., transportation, cost, internet access, etc.); and
- **Setting SAPA-aligned targets** for priority populations with the goal of eliminating disparities across outcomes by 2029 and tracking progress towards this goal.

For resources on elder justice and equity, see p. 16.

SAPA action steps

State and local partners are encouraged to **act on one or more of the action steps** and should not be limited by the examples provided.

1. **Align with the SAPA**. This means ensuring that one or more of the 15 issues and eight priority populations in the SAPA are a focus of your organization's work.

Action example

State agencies can align with and focus on one or more of the SAPA issues and priority populations in strategic or state-level planning documents, such as the Ohio Department of Transportation **Access Ohio 2045 plan**, the Ohio Department of Health **State Health Improvement Plan**, the Ohio Department of Job and Family Services **Strategic Plan Performance Indicators**, the Ohio Department of Mental Health and Addiction Services **Strategic Plan**, Ohio Housing Finance Agency **Annual Plan**, among others.

2 **Advocate for funding and policy change**. Organizations can advocate for federal, state, and local public and private funding to address SAPA issues. Organizations can also advocate for and support policies that improve outcomes across SAPA issues and result in equitable outcomes for priority populations.

Action example

Coalitions can advocate for funding or policy change to address one or more of the SAPA issues. For example, to improve housing quality and affordability, housing coalitions can advocate for increased funding for the **Ohio Housing Trust Fund** to support accessibility accomodations and other housing needs for older Ohioans. Similarly, food access coalitions can advocate for **maintaining or increasing enrollment in federal food assistance programs (SNAP)** to improve nutrition for older Ohioans.

3 **Fund strategies.** Organizations can allocate resources to the evidence-informed strategies identified in the SAPA. Resources allocated should be targeted and tailored to older Ohioans most at risk for poor outcomes.

Action example

Philanthropic organizations can fund programs or coalitions that advance SAPA outcomes through strategy implementation or policy change advocacy.

4 **Implement strategies.** State and local partners can implement one or more of the evidence-informed strategies identified in the SAPA. Strategies should be targeted, tailored, and culturally and linguistically-adapted to ensure equitable outcomes for SAPA priority populations.

Action example

Local health departments and hospitals can include and implement one or more of the evidence-informed strategies in the SAPA as part of their community health improvement activities. Cultural competency and humility trainings and language access plans can be incorporated into strategy implementation.

5 **Partner and collaborate.** Coordination within and across sectors is essential to improve the health and well-being of older adults. An organization can identify, reach out to, and work with other entities within the community or at the state level to improve SAPA outcomes.

Action example

Community organizations such as community recreation centers, libraries, parks, places of worship, K-12 schools, and colleges and universities can enter into shared use agreements that allow their facilities to be used for providing SAPA-aligned programs and services to older Ohioans.

6 **Evaluate.** Organizations can select and track progress on SAPA objectives, including closing gaps in outcomes across priority populations and evaluating implementation and impact of SAPA strategies.

Action example

Area agencies on aging can track local-level data that aligns with SAPA indicators to evaluate the impact of their services and programs on the older Ohioans they serve and SAPA priority populations.

Reduce elder abuse and neglect

Many older Ohioans face the devastating consequences of elder abuse and neglect. The Ohio Department of Job and Family Services received 14,597 reports of abuse, neglect or exploitation of Ohioans aged 60 and older in state fiscal year 2018. However, it is estimated that many more cases go unreported. Studies suggest that only 4-7% of cases of elder abuse are reported to authorities.[1]

What are elder abuse and neglect?
Elder abuse and neglect generally refer to the physical, emotional, and sexual abuse, neglect, and financial exploitation of adults over the age of 60. Elder abuse and neglect can lead to physical harm, illness, injury, emotional pain, financial loss, violations of dignity, and death. These consequences impact not only victims but their families, communities, and society at large.

Taking action

There are several action steps that state and local partners can take to prevent and mitigate the impacts of elder abuse and neglect:

- Increase public education and awareness of elder abuse and neglect;
- Target and tailor strategies to communities of older Ohioans most at risk for experiencing elder abuse and neglect;
- Provide support and prevention training for health-care workers, social service providers, and both paid and unpaid caregivers;
- Ensure compliance with Ohio's mandated reporting requirements;
- Increase funding and resources focused on preventing and mitigating the impact of elder abuse and neglect; and
- Strengthen data collection and reporting to eliminate underreporting and provide accurate estimates of the prevalence of elder abuse and neglect.

Resources

- **Adult Protective Services**, Ohio Department of Job and Family Services
- **Adult Protective Services Technical Assistance Resource Center**, U.S. Department of Health and Human Services, Administration for Community Living
- **Elder Abuse resources**, Ohio Attorney General
- **Elder justice**, Ohio Department of Aging
- **National Adult Maltreatment Reporting System**, U.S. Department of Health and Human Services, Administration for Community Living
- **National Center on Elder Abuse**, U.S. Department of Health and Human Services, Administration for Community Living
- **National Center on Law & Elder Rights**, U.S. Department of Health and Human Services, Administration for Community Living
- **OhioHOPES: Helping Ohio Protect and Empower Seniors**, Ohio Elder Abuse Commission
- **The Elder Justice Roadmap**, U.S. Department of Justice

1. 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.

Navigating the SAPA

There are five main components of the SAPA:

				
Priorities	**Advancing elder justice and equity**	**Strategies and resources**	**SMART objectives (Specific, Measurable, Achievable, Realistic, Time-bound)**	**Data reporting and evaluation recommendations**

The following sections provide additional information on these components and how to navigate the SAPA.

Priorities

Key terms

Topics are the six broad focus areas in the SAPA:
- Community conditions
- Healthy living
- Access to care
- Social connectedness
- Population health
- Preserving independence

Issues are more specific areas of focus, categorized by the six SAPA topics. There are a total of 15 issues (see figure 3).

The six topics and 15 issues prioritized in the SAPA were identified through a multi-step, multi-stakeholder process drawing upon:
- Primary data key findings from the **2019-2022 State Plan on Aging**, including regional forums and a needs assessment survey completed by 1,944 older adults and caregivers;
- Secondary analysis of more than 50 measures included in the **2020 Summary Assessment of Older Ohioans**, including data from the **2019 State Health Assessment**;
- Advisory committee and work team member feedback provided through a prioritization survey and work team discussions; and
- Input from state agencies and other subject matter experts.

See Appendix C for prioritization criteria.

Figure 3. **Topics and issues prioritized in the SAPA**

Community conditions
Livable communities
- Financial stability
- Quality and affordable housing
- Transportation access

Healthy living
Prevention and self-management
- Nutrition
- Physical activity

Access to care
Services and supports
- Health-care coverage and affordability
- Home and community-based supports
- Home care workforce capacity and caregiver supports

Social connectedness
- Social inclusion
- Volunteerism

Population health
- Cognitive health
- Cardiovascular health
- Mental health

Preserving independence
- Chronic pain management
- Falls prevention

Key
Topics
Issues

Advancing elder justice and equity

Key terms

Elder justice is achieved by fostering and promoting systems, policies, and beliefs that value aging, dismantle ageism, and create an age-integrated society that supports older Ohioans to live longer, healthier lives with dignity and autonomy.

Equity requires dismantling ageism and the compounding effects of ageism and other forms of discrimination. To eliminate disparities and inequities, SAPA strategies must be tailored to Ohioans with the greatest need, and coupled with efforts to dismantle ageism, ableism, racism, and other forms of discrimination.

Health disparities are avoidable differences in health-related outcomes (e.g., hypertension, depression, chronic pain) that exist across population groups or communities.

Inequities refer to the underlying drivers of disparities. Inequities are differences in outcomes related to the distribution of or access to social, economic, environmental, or health-care resources, such as access to affordable and quality housing, transportation, healthy foods, health insurance coverage, and home and community-based supports.

Priority populations are groups of Ohioans who are most at-risk for poor outcomes across the six topics and 15 issues prioritized in the SAPA.

To ensure all Ohioans live longer, healthier lives with dignity and autonomy, the SAPA emphasizes the need for systemic change to achieve elder justice and equity by:

- **Providing key considerations.** Each of the strategy sections in the SAPA highlights key considerations for advancing elder justice and equity. These considerations were developed based on feedback from the advisory committee, work teams, key informants, and other subject matter experts.
- **Identifying priority populations.** 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. Priority populations were also identified based on feedback from the advisory committee, work teams, key informants, and state agency objective leads (see Appendix E for more information).
- **Highlighting strategies likely to reduce disparities and inequities.** Throughout the SAPA, 〓 indicates strategies likely to reduce disparities and inequities based on a review by **What Works for Health** or the **Community Guide**. 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 targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.
- **Setting targets to eliminate disparities and inequities.** Contingent upon data availability, universal long-term targets are set across priority populations to eliminate disparities and inequities by 2029.

Priority populations in the SAPA

Many of the SAPA priority populations are systematically disadvantaged groups of older Ohioans. These groups often have inadequate access to resources and lack the supports necessary to live a long and healthy life 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, homophobia, xenophobia, 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 in the SAPA are more likely to experience poor outcomes as they age.

The icons below represent the nine priority populations identified in the SAPA.

The SAPA lays the foundation for a comprehensive and coordinated approach to advance elder justice and equity across sectors, building on the following documents:

Ohio's Executive Response: A Plan of Action to Advance Equity

COVID-19 Minority Health Strike Force Interim Report

COVID-19 Ohio Minority Health Strike Force Blueprint

2020-2022 State Health Improvement Plan (SHIP)

Additional resources on elder justice and equity that support the goal and vision of the SAPA:

- **Ageism Resources**, LeadingAge
- **Connections between racism and health: Taking action to eliminate racism and advance equity**, HPIO
- **Framing Strategies to Advance Aging and Address Ageism as Policy Issues**, FrameWorks Institute
- **HHS Administration for Community Living websites devoted to supporting Elder Justice**, U.S. Department of Health and Human Services, Administration for Community Living

Strategies and resources

Key terms

Strategy refers to an evidence-informed policy, program, or service that can be implemented by public and private state and local partners to improve outcomes on SAPA issues.

Evidence-informed means that there is either rigorous research evidence demonstrating that the strategy has positively impacted the relevant SAPA priorities or there is information provided by researchers and subject matter experts that the strategy is promising.

There is a strategy section for each of the 15 issues across the six SAPA topics. All of the strategies included in the SAPA are evidence-informed.

Strategies were identified drawing from a variety of sources including stakeholder feedback and evidence registries. See Appendix C for a more detailed list of evidence sources and strategy inclusion criteria.

In addition to the menu of evidence-informed strategies, each strategy section includes a list of national or state-based resources that provide guidance or contextual information on ways to impact SAPA issues.

Primary sources of evidence-informed strategies

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

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

The Guide to Community Preventive Services (Community Guide): Systematic reviews from the U.S. Centers for Disease Control and Prevention (CDC)

U.S. Preventive Services Task Force (USPSTF) Recommendations: Systematic reviews from the Agency for Healthcare Research and Quality

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

World Health Organization, Global Database of Age-Friendly Practices: Collection of age-friendly practices and programs from around the world

SMART objectives (Specific, Measurable, Achievable, Realistic, Time-bound)

Key terms

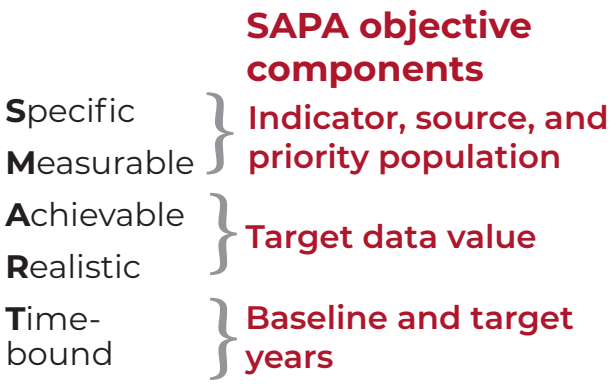
Outcomes refer to the specific desired results to be achieved in the SAPA. There are 19 outcomes prioritized in the SAPA. These include four overall outcomes and 15 outcomes specific to each of the SAPA issues.

SMART objectives are statements that describe desired outcomes and serve as a tool for measuring progress toward achieving the outcome and the SAPA goal.

SMART objectives

See figure 4 for components of a SMART objective.

Figure 4. **SMART objectives**



To the extent possible, the SAPA emphasizes the need to set SMART objectives. However, to achieve the goal and vision of the SAPA, it is critical that the gaps in outcomes across all SAPA priorities are closed. This requires a more aggressive and aspirational approach to setting long-term targets, particularly for priority populations.

Targets in the SAPA emphasize the importance of eliminating the disparities and inequities experienced by priority populations to ensure that all Ohioans live longer, healthier lives with dignity and autonomy.

SAPA outcomes

SMART objectives are included for each of the 19 outcomes in the SAPA (see figure 5).

Figure 5. **SAPA outcomes**

Overall outcomes

- Increase life expectancy
- Reduce premature death
- Improve health status
- Reduce elder abuse and neglect

Community conditions

- Improve financial stability
- Improve housing quality and affordability
- Improve transportation access

Healthy living

- Improve nutrition
- Improve physical activity

Access to care

- Improve health-care coverage and affordability
- Improve home- and community-based supports
- Improve home care workforce capacity and caregiver supports

Social connectedness

- Improve social inclusion
- Increase volunteerism

Population health

- Cognitive health: Reduce cognitive difficulty
- Cardiovascular health: Reduce hypertension
- Mental health: Reduce depression

Preserving independence

- Improve chronic pain management
- Improve falls prevention

Short, intermediate and long-term targets

ODA set SAPA targets with input from the advisory committee, key informants, and other state agencies. By setting short, intermediate, and long-term targets, the SAPA articulates a clear path for achieving its goal and vision (see figure 6) and provides benchmarks for measuring progress along the way.

Figure 6. **SAPA goal and vision**

Goal

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

- Increased life expectancy
- Reduced premature death
- Improved health status
- Reduced elder abuse and neglect

Vision

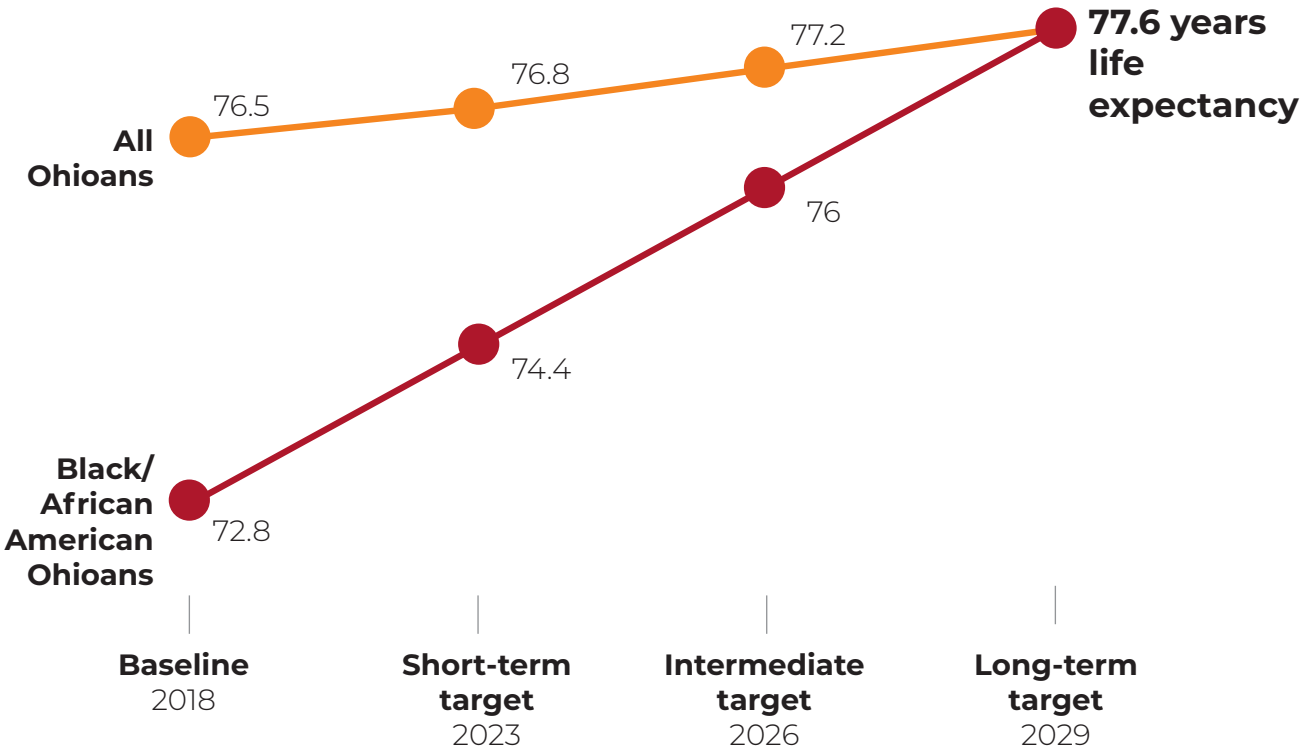
Ohio is the best place to age in the nation

Priority populations and universal long-term targets

To reinforce the importance of eliminating inequities and disparities for groups of older Ohioans that experience the worst outcomes, all SAPA 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.

To achieve the long-term targets across SAPA objectives, outcomes for all older Ohioans must improve and inequities and disparities in outcomes must be eliminated. Figure 7 provides an example of the SAPA universal target for life expectancy by race. The target requires eliminating the four year gap in life expectancy between white and Black Ohioans by 2029.

Figure 7. **Example of universal target: Life expectancy by race**



Strategies and resources

The 15 strategy sections in the SAPA include:

- **Description of the SAPA issue's impacts** on the health and well-being of older Ohioans;
- **Considerations for advancing elder justice and equity,** including identification of priority populations and considerations for implementing strategies to meet the needs of priority populations;
- **Menu of evidence-informed strategies** for improving outcomes across each SAPA issue that provides flexible options for rural, suburban and urban communities; and
- **List of national- and/or state-based resources** that provide additional guidance or contextual information on ways to impact each SAPA issue.

Strategy implementation and COVID-19 considerations

Organizations may need to modify or adapt SAPA strategies in response to the COVID-19 pandemic. For example, partners can:

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

Table of contents for strategies and objectives by SAPA issue

Improve financial stability

How does financial stability impact the health and well-being of older Ohioans?

Financial stability ensures older Ohioans can meet their basic needs and provides greater access to safe and quality housing, nutritious foods, reliable transportation, high-quality health care, and long-term care. Older Ohioans who are not financially stable are more likely to experience toxic and persistent stress and limited access to the services and supports necessary for healthy aging. Strategies that increase financial stability are critical for eliminating income and wealth inequities and improving the health and well-being of older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for experiencing financial instability:

Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Priority populations, particularly older Ohioans with lower incomes or educational attainment, may not have adequate support to budget for long-term care needs or manage day-to-day household finances.
- Providing opportunities for priority populations to develop financial planning knowledge and skills early in life contributes to financial stability at an older age. To better meet the needs of priority populations, educational programming should be community sensitive and culturally and linguistically adapted.
- Priority populations may experience barriers to accessing services from community organizations. Increasing and tailoring outreach to priority populations is necessary to ensure awareness of and engagement in programs and services.
- Accommodations or modifications may need to be made to ensure that older adults with disabilities or with symptoms that limit their activities can participate in and access programs or services.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to improve financial stability must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

Strategies to improve financial stability

Strategies	Include
Income 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 • **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**
Retirement and health-care planning	• **Financial coaching*** • Support older adults planning for retirement, including **planning for social security*** • **Support older adults planning for health-care costs, such as 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***

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

Additional resources

- **AARP Foundation Tax-Aide Program**, AARP Foundation
- **Aging and Disability Business Institute**
- **Consumer affairs resources**, Ohio Department of Commerce
- **Rise Together: A Blueprint for Reducing Poverty in Franklin County**, Franklin County Board of Commissioners

Improve housing quality and affordability

How does housing quality and affordability impact the health and well-being of older Ohioans?

Quality and affordable housing can promote healthy aging by reducing financial stress, preventing falls and exposure to harmful contaminants, and keeping people connected to their communities. High and increasing housing costs make it difficult for older Ohioans to pay for necessities, such as food, prescriptions, and social activities. Strategies that increase access to affordable, accessible, and well-maintained housing are critical for eliminating housing inequities and improving the health and well-being of all older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for having inadequate access to quality and affordable housing:

Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Priority populations, particularly older Ohioans of color and with low incomes, are vulnerable to being displaced from their homes and communities due to rising costs of living (e.g., increases in rental housing costs and property taxes) resulting from gentrification or other factors.
- Priority populations are more likely to be targets of predatory landlords and lenders of potentially risky financial products (e.g., subprime and reverse mortgages), which can result in eviction, involuntary moves, and difficulty paying for housing.
- Developers of affordable housing, particularly multi-family rental housing, can integrate universal design concepts and provide on-site services to meet the needs of priority populations.
- Accommodations or modifications may need to be made to ensure that older adults with disabilities or with symptoms that limit their activities can participate in and access programs or services.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to improve housing quality and affordability must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

Strategies to improve housing quality and affordability

Strategies	Include
Affordable housing development	• Maximize and expand **Low Income Housing Tax Credits (LIHTCs)**, 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**
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***
Income supports	• Expand **Ohio's homestead exemption***

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Additional resources

- **2021 Annual Plan**, Ohio Housing Finance Agency (OHFA)
- **Annual Reports and other information**, Ohio Housing Trust Fund
- **Fiscal Year 2020 Ohio Housing Needs Assessment**, OHFA
- **Qualified Allocation Plan**, OHFA
- **Resources for senior citizens**, U.S. Department of Housing and Urban Development
- **Rural Housing Service**, U.S. Department of Agriculture

Improve transportation access

How does transportation access impact the health and well-being of older Ohioans?

Transportation access connects older adults to friends and family, health care, employment, volunteer opportunities and other activities and supports necessary for healthy aging. Many older adults are unable to drive and often live in places where public transportation is not available or accessible. Strategies that increase access to affordable, accessible, and reliable transportation are critical for eliminating transportation inequities and improving the health and well-being of older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for having inadequate access to transportation:

Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Transportation access is particularly important for priority populations who are less likely to have a vehicle in their household, such as older Ohioans of color and with low incomes.
- Priority populations, such as rural and Appalachian communities and Ohioans of color, may face unique transportation challenges due to limited access to public transit and lack of geographic proximity to health-care providers, grocery stores, employment, community centers, and other critical destinations.
- Older Ohioans with disabilities need flexible and accessible transportation options that support mobility, including physical and cognitive challenge accommodations and use of wheelchairs or other equipment.
- To increase transportation program and service utilization, priority populations may require additional training, educational programming, or navigation assistance. To be effective, these services and supports should be community sensitive and culturally and linguistically adapted.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to improve transportation access must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

Strategies to improve transportation access

Strategies	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**

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Additional resources

- **Access Ohio 2045 draft plan,** Ohio Department of Transportation (ODOT)
- **Active Transportation Program,** ODOT
- **Rise Together: A Blueprint for Reducing Poverty in Franklin County,** Franklin County Board of Commissioners
- **2021-2024 Statewide Transportation Improvement Program,** ODOT
- **Strategic Highway Safety Plan**, ODOT
- **Walk.Bike.Ohio Policy Plan,** ODOT

Improve nutrition

How does nutrition impact the health and well-being of older Ohioans?

Maintaining a healthy diet and eating nutritious food promotes healthy aging and disease management. Older Ohioans who lack proper nutrition due to factors such as socioeconomic challenges, drug-nutrient interactions, and mental health issues are at an increased risk for poor health outcomes including malnutrition, high hospitalization rates, and premature death. Strategies that support access to healthy foods and improve nutrition are critical for eliminating health disparities and improving the overall health and well-being of older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for poor nutrition:

Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Priority populations are at an increased risk for experiencing personal and environmental stressors, such as poverty and exposure to trauma, toxic stress, and discrimination (i.e., racism, ableism, xenophobia, etc.), that result in unhealthy eating behaviors as a way to cope and serve as barriers to maintaining a healthy diet.
- Priority populations are more likely to live in food deserts and have barriers to transportation that result in decreased access to healthy foods.
- Older Ohioans most at risk for poor nutrition outcomes are less likely to have had the supports or the knowledge and skills needed to develop healthy eating behaviors earlier in life. Educational programming, services, and supports to improve healthy eating among priority populations should be community sensitive and culturally and linguistically adapted.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to improve nutrition must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

Strategies to improve nutrition

Strategies	Include
SNAP enrollment	• Strengthened outreach and advocacy to maintain or increase enrollment in **federal food assistance programs (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 banks** 〓 **SHIP** • **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**
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** • **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**

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Strategies to improve nutrition (cont)

Strategies	Include
Malnutrition prevention and treatments	• **Community gardens** SHIP • **Mobile produce markets** = • Expand access to nutrition services, such as **Commodity Supplemental Food Program***, **The Emergency Food Assistance Program***, **The Child and Adult Care Food Program***, **C.O.R.E.***, and **HEAL*** • **Nutrition service programs for older adults**, including congregate, 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*** • **Chronic Disease Self-Management Program (CDSMP)** and **Diabetes Self-Management Program (DSMP)** (part of the **HEALTHY U Ohio** initiative) • Increase malnutrition assessments and treatments, such as **nutrition counseling***, **medical nutrition therapy***, and emphasizing nutrition in care coordination* • Improve discharge planning for malnourished patients, such as **Meals on Wheels***

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Additional resources

- **The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables**, Centers for Disease Control and Prevention
- **Creating Healthy Communities**, Ohio Department of Health (ODH)
- **Malnutrition Prevention Commission Report**, ODH
- **Meals on Wheels reports and other information**, Meals on Wheels
- **Ohio Food and Beverage Guidelines Toolkit**, ODH

Improve physical activity

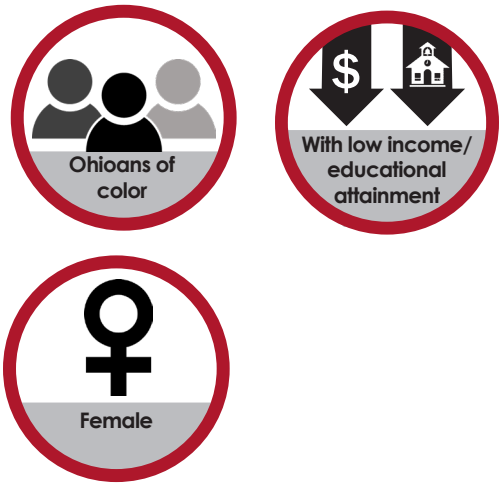
How does physical activity impact the health and well-being of older Ohioans?

Regular physical activity maintains older Ohioans' ability to live independently and provides significant health benefits, including chronic disease management and prevention, improved mental health and cognitive function, and reduced chronic pain. Lack of physical activity among older Ohioans can cause strength, stamina and muscle loss, increase the risk for falls and fractures, and lead to serious health issues. Strategies that improve physical activity and support active living are critical for eliminating health disparities and improving the overall health and well-being of older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for low levels of physical activity:



Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Priority populations are more likely to face barriers to engaging in regular physical activity, such as living in high crime or unsafe neighborhoods or in communities where there are fewer supports for active living, such as sidewalks or walking trails.
- Programs can be offered free of charge or on a sliding fee scale to minimize cost as a barrier to participation for priority populations.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to improve physical activity must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

Strategies to improve physical activity

Strategies	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**
Physical activity programs	• **Individually-adapted physical activity programs** **SHIP** • Implement **activity programs for older adults** **SHIP** and **community fitness programs** **SHIP**, including: ◦ **Active Choices** ◦ **Active Living Every Day** ◦ **Eat Smart, Move More, Weigh Less** ◦ **Geri-Fit® Strength Training Workout** ◦ **Healthy Moves for Aging Well** ◦ **Enhance®Fitness** ◦ Tai Chi, including **Tai Chi for Arthritis**, **Tai Chi Prime** and **Tai Ji Quan: Moving for Better Balance** ◦ **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 ◦ **Healthy Steps in Motion (HSIM)** ◦ **Stay Active and Independent for Life (SAIL)**

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Strategies to improve physical activity (cont)

Strategies	Include
Physical activity programs (cont.)	◦ **Bingocize®**, a 10-week program that combines exercise and health education in a bingo format ◦ **Arthritis Foundation Aquatic Program (AFAP)** ◦ **Arthritis Foundation Exercise Program (AFEP)** ◦ **PEARLS (Program to Encourage Active, Rewarding Lives for Seniors)** ◦ **The Otago Exercise Program**, a series of strength and balance exercises delivered by a physical therapist in the home ◦ **Senior Swim Program** • **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**
Home modifications	• Provide and install ramps and handrails through **Seniors Helping Other Seniors (SHOP)**
Disease management	• **Multi-component obesity prevention interventions SHIP** • **Exercise prescriptions SHIP**

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Additional resources

- **Active People, Healthy Nation**, Centers for Disease Control and Prevention
- **Creating Healthy Communities**, Ohio Department of Health (ODH)
- **Health Equity and Mobility Justice**, ODH
- **Walk.Bike.Ohio Policy Plan**, Ohio Department of Transportation

Improve health-care coverage and affordability

How does health-care coverage and affordability impact the health and well-being of older Ohioans?

Health insurance coverage improves access to care, limits out-of-pocket spending, and makes health-care costs more predictable. However, even with health insurance, many older adults struggle to cover health-care and prescription-drug costs. Strategies that improve health-care coverage and affordability are critical for eliminating inequities in access to care and improving the overall health and well-being of older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for lacking access to affordable health-care coverage:

Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Telehealth provides opportunities for affordable access to care, but internet connectivity and technology may be a barrier for some priority populations.
- Priority populations with disabilities or limited English proficiency may need additional assistance in navigating health-care coverage options and accessing health-care services.
- Accommodations or modifications may need to be made to ensure that older adults with disabilities or with symptoms that limit their activities can participate in and access programs or services.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to improve health-care coverage and affordability must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

Strategies to improve health-care coverage and affordability

Strategies	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**
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**

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Additional resources

- **Community Health Worker Statewide Assessment**, Ohio Department of Health
- **COVID-19 Emergency Telehealth Rules**, Ohio Department of Medicaid (ODM)
- **Ohio's Best Rx Program**, State of Ohio
- **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

Improve home- and community-based supports

How do home- and community-based supports impact the health and well-being of older Ohioans?

Many older adults rely on long-term care services in home- and community-based settings to support their everyday personal care needs. However, for those who do not have long-term care insurance or access to a Medicaid waiver, the high out-of-pocket costs associated with these services can be a significant barrier. Strategies that improve home- and community-based supports are critical for eliminating inequities in access to care and improving the overall health and well-being of older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for lacking access to adequate home- and community-based supports:

Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Access to home- and community-based services and supports for priority populations can be improved by: implementing cultural competency and implicit bias training for service providers; developing language access plans and providing translation services; strengthening community outreach; and ensuring that providers are demographically representative of the communities they serve.
- Services and policies that provide affordable options for home- and community-based supports are critical to increase access to care for priority populations who do not qualify for Medicaid waivers.
- Accommodations or modifications may need to be made to ensure that older adults with disabilities or with symptoms that limit their activities can participate in and access programs or services.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to improve home- and community-based supports must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

Strategies to improve home- and community-based supports

Strategies	Include
Home- and community-based care coordination	• **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 • **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
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 • **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
Telehealth	Explore **Ohio Technology First** solutions to provide technology-based care, such as **Telemedicine/telehealth** 〓 **SHIP**

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Additional resources

- **Home and community care resources**, Ohio Department of Aging (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
- **Long-Term Care Consumer Guide**, ODA
- **Long-Term Care Ombudsman Program**, ODA

Improve home care workforce capacity and caregiver supports

How do home care workers and family caregivers impact the health and well-being of older Ohioans?

Home care workers (home health and personal care aides) and family caregivers provide vital services to older Ohioans, including health care and assistance with daily living activities. However, home care workers often face challenging work conditions, including low pay, high caseloads and a lack of benefits. Family caregivers also face many challenges including high levels of stress, family responsibilities discrimination (FRD)[1] in the workplace, and financial strain. Strategies that improve home care workforce capacity and family caregiver supports are critical for eliminating inequities in access to care and improving the overall health and well-being of older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for poor outcomes resulting from inadequate home care workforce capacity and lack of family caregiver supports:

Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Family caregivers for priority populations often do not have the workplace supports, such as telecommuting and protection from FRD, that are necessary to maintain employment and provide adequate care to older Ohioans.
- Priority populations often lack access to home care services because factors, such as low reimbursement rates and lack of benefits, limit the capacity of the home care workforce. Supports and protections for home care workers, such as improved reimbursement rates for in-home care, higher pay, and stronger benefits, may increase the number of home care workers for older adults.
- Services provided by home care workers should be culturally and linguistically appropriate for priority populations.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to improve home care workforce capacity and caregiver supports must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

1. Family responsibilities discrimination (FRD) is unfair or less favorable treatment of employees with caregiving responsibilities. See Williams, Joan C., et al. "Protecting Family Caregivers from Employment Discrimination." AARP Public Policy Institute, 2012.

Strategies to improve home care workforce capacity and family caregiver supports

Strategies	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
Respite care	• **Lifespan Respite Care Programs**, coordinated systems of accessible, community-based respite care services for family caregivers • **Adult Day Services (ADS)***
Income 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***

〓 = 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 home care workforce capacity and family caregiver supports (cont.)

Strategies	Include
Career and Technical Education (CTE) for home health care	• Youth-focused programs, such as **secondary CTE***, **career academies*** and **summer work experience programs*** • Adult training and employment programs, such as **postsecondary CTE***, **GED certificate programs***, **subsidized employment programs*** and **career pathways/ apprenticeships***

= = 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

Additional resources

- **Caregiving resources**, National Alliance for Caregivers
- **Caregiver support resources**, Ohio Department of Aging
- **Consumer Guide for Family Caregivers**, ARCH National Respite Network and Resource Center
- **Eldercare Locator**, U.S. Administration on Aging
- **Caregiver resources**, Family Caregiver Alliance
- **Resources for home care workers and caregivers caring for those with Alzheimer's and dementia**, Alzheimer's Association

Improve social inclusion

How does social inclusion impact the health and well-being of older Ohioans?

Research suggests civic and social engagement are positively associated with improved levels of overall well-being, including better mental and physical health. In contrast, older adults who experience social isolation are at higher risk of hypertension, cognitive difficulty, and poor physical activity and nutrition habits. Strategies that improve social inclusion are critical for eliminating health disparities and improving the overall health and well-being of older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for social isolation:

Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Home-based programs delivered via phone or the internet may increase accessibility for priority populations living in more remote rural or Appalachian regions. However, internet connectivity and technology may be a barrier for some priority populations.
- Exposure to discrimination, such as racism and xenophobia, may lead to social isolation and disconnect older Ohioans of color or who are immigrants and refugees from the community.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to improve social inclusion must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

Strategies to improve social inclusion

Strategies	Include
Physical activity	• **Social media for civic participation** • **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** • **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)*** • **Memory Café*** network in Ohio • **Adult Day Services (ADS)***
Home-based social supports	• **Shared affordable housing** • **Homesharing for seniors** • **Life-Long Homes Coalition**
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***

〓 = 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

Additional resources

- **Community Connections**, AARP
- **Connect2Affect,** AARP Foundation
- **Eldercare Locator**, U.S. Administration on Aging
- **Experience Corps®**, AARP
- **Friendly Phone Line**, AgeFriendly Columbus and Franklin County
- **Senior Corps** (including Foster Grandparents, RSVP and Senior Companions), Corporation for National and Community Service
- **Staying Connected**, Ohio Department of Aging

Increase volunteerism

How does volunteerism impact the health and well-being of older Ohioans?

Volunteering can improve the physical and mental health of older adults who serve their communities. Older adults who volunteer are less likely to experience depression, social isolation and barriers to mobility. Strategies that increase volunteerism are critical for eliminating health disparities and improving the overall health and well-being of older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for experiencing barriers to volunteering:

Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Social, cultural, and language barriers and fear of discrimination and stigma may prevent priority populations from engaging in volunteer opportunities.
- Targeted and culturally adapted outreach is important to engage priority populations, such as immigrants and refugees, who may be less aware of volunteer opportunities.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to increase volunteerism must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

Strategies to increase volunteerism

Strategies	Include
Civic participation supports	• **Social media for civic participation** • **Intergenerational communities***
Service opportunities for older adults	• **CHORE Handyman Service – Older Adults Helping Older Adults** • **"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***

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

Additional resources

- **Age Friendly Communities Resource Page**, Ohio Department of Health
- **Age Friendly Franklin County Strategic Plan**, Age Friendly Columbus and Franklin County
- **Create the Good**, AARP
- **Community Connections**, AARP
- **ServeOhio**, Ohio Commission on Service and Volunteerism
- **Volunteer Opportunity database**, Corporation for National and Community Service
- **Volunteering Resource Page**, Ohio Department of Aging

Cognitive health: Reduce cognitive difficulty

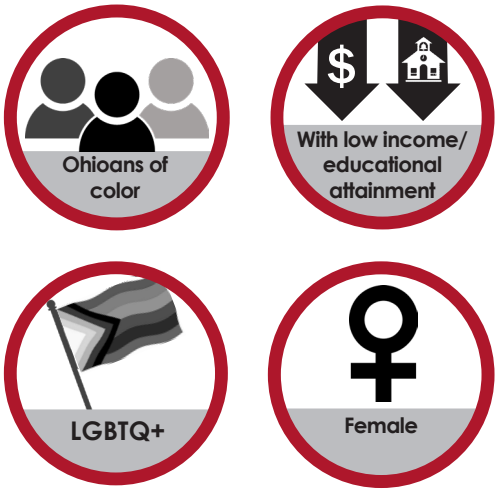
How does cognitive difficulty impact the health and well-being of older Ohioans?

Preventing and managing cognitive difficulty or decline can improve a person's ability to live independently, decrease caregiver burden, and enhance quality of life. Cognitive decline may result in dementia and can impact a person's ability to manage health-care needs, engage in social activities, and perform activities of daily living, including meal preparation, household chores, and managing finances. Strategies that promote cognitive health and prevent, improve, and effectively manage cognitive difficulty are critical for eliminating health disparities and improving the health and well-being of all older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for cognitive difficulty:



Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Priority populations are more likely to have experienced adversity early in life, including chronic stress resulting from poverty, exposure to violence, trauma, racism, and other forms of discrimination, resulting in an increased risk for severe cognitive decline.
- Policies and programs implemented to improve cognitive health should be community sensitive and culturally and linguistically adapted.
- Increasing access to and tailoring education on cognitive health to priority populations is necessary to ensure awareness and engagement in disease prevention and management programs and to combat stigma in accessing services.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to reduce cognitive difficulty must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

Strategies to reduce cognitive difficulty

Strategies	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
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** 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 • **UCLA Alzheimer's and Dementia Care Program***

〓 = 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

Additional resources

- **Chronic Diseases and Cognitive Decline – A Public Health Issue**, U.S. Centers for Disease Control and Prevention (CDC)
- **Cognitive Assessment Toolkit**, Alzheimer's Association
- **Cognitive Health Resources**, National Institute on Aging
- **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
- **Qualified Allocation Plan**, Ohio Housing Finance Agency

Cardiovascular health: Reduce hypertension

How does hypertension impact the health and well-being of older Ohioans?

Maintaining good heart health is an important part of healthy aging for older adults. Hypertension, or high blood pressure, is a chronic disease that can present with few noticeable symptoms. However, it is an important risk factor for cardiovascular morbidity and mortality, cognitive decline, and stroke. Strategies that reduce hypertension are critical for eliminating health disparities and improving the overall health and well-being of older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for hypertension:

Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Priority populations may have constraints that impact their ability to prevent or manage high blood pressure, such as living in a food desert or having poor access to transportation, health care, and safe places to exercise.
- Older Ohioans most at risk for hypertension are less likely to have had the supports or the knowledge and skills needed to develop healthy behaviors earlier in life that could prevent the development of hypertension.
- Educational programming, services and supports to improve health behaviors that prevent and manage hypertension among priority populations should be community sensitive and culturally and linguistically adapted.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to reduce hypertension must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

Strategies to reduce hypertension

Strategies	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)** (part of the **HEALTHY U Ohio** initiative) • **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** for cardiovascular disease • **Improved access and adherence to antihypertensive and lipid-lowering medications**

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SHIP = Included in **2020-2022 State Health Improvement Plan**

Additional resources

- **Heart disease tools and resources**, Ohio Department of Health (ODH)
- **High blood pressure resources**, American Heart Association
- **Hypertension Prevalence and Management in Ohio**, ODH

Mental health: Reduce depression

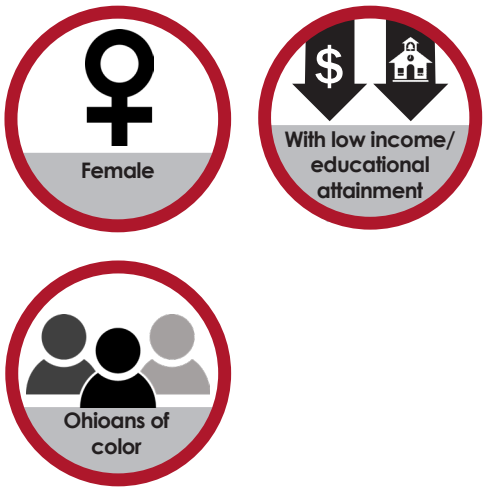
How does depression impact the health and well-being of older Ohioans?

Reducing depression among older adults can improve management of chronic pain, lower the risk of other chronic diseases, and prevent premature death. Unfortunately, older adults are more likely to live alone and have barriers to mobility, which increases the likelihood of developing depression. Depression in older adults negatively impacts the ability to perform daily functions and make social connections and may worsen the symptoms associated with and the ability to manage chronic conditions. Strategies that prevent and manage depression are critical for eliminating health disparities and improving the overall health, and well-being of older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for depression:



Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Preventive and early detection behavioral health screenings and services should be prioritized for priority populations. For example, health-care providers can universally administer depression screenings to priority populations.
- Social, cultural, and language barriers, including stigma for seeking treatment, may prevent priority populations from accessing behavioral health services.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to reduce depression must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

Strategies to reduce depression

Strategies	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 • **Crisis lines** SHIP
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**
Disease management and care coordination	• **Chronic disease management programs** SHIP • **Chronic Disease Self-Management Program (CDSMP)** (part of the **HEALTHY U Ohio** initiative) • **Workplace Chronic Disease Self-Management Program (CDSMP)** • **Case-managed 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** • **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

〓 = 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**

Additional resources

- **Depression and Aging webpage**, U.S. Centers for Disease Control and Prevention
- **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

Improve chronic pain management

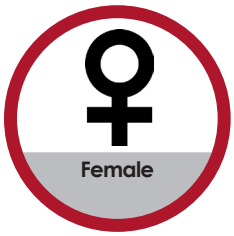
How does chronic pain management impact the health and well-being of older Ohioans?

Effective chronic pain management can provide relief for many conditions faced by older adults such as arthritis, back pain, or cancer. Chronic pain, which is ongoing and typically lasts longer than six months, can limit a person's ability to participate in social functions and activities of daily living. Strategies that improve chronic pain management are critical for eliminating health disparities and improving the overall health and well-being of older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for experiencing chronic pain:



Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Telehealth programs can increase accessibility for chronic pain management, but internet connectivity and technology may be a barrier for some priority populations.
- Consideration should be given to offering chronic pain management programs in locations that are close, convenient, and considered safe by the community, such as local parks, libraries, senior centers, places of worship, and schools. This can remove transportation barriers faced by many priority populations and increase engagement by reducing fear of stigma or discrimination.
- Pain management programs can be offered free of charge or on a sliding fee scale to minimize cost as a barrier to participation for priority populations.
- Accommodations or modifications may be needed to ensure that older adults with disabilities or with symptoms that limit their activities can participate in and access programs or services.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to improve chronic pain management must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

Strategies to improve chronic pain management

Strategies	Include
Self-management supports	• **Chronic Pain Self-Management Program (CPSMP)** (part of the **Healthy U Ohio** initiative) • **Workplace Chronic Disease Self-Management Program (wCDSMP)**
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

Additional resources

The Impact of Chronic Disease in Ohio: 2015, Ohio Department of Health

Improve falls prevention

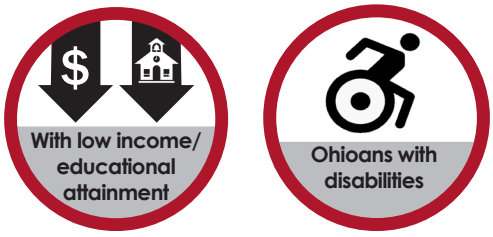
How does falls prevention impact the health and well-being of older Ohioans?

Maintaining functional mobility is an important part of independent living and healthy aging. However, falls can impede functional mobility, leading to serious injury, chronic pain, and death. Strategies that prevent falls are critical for eliminating health disparities and improving the overall health and well-being of older Ohioans.

Considerations for advancing elder justice and equity

Priority populations

The following groups of older Ohioans were identified as being most at risk for falls:



Strategy implementation considerations

Consider the following when implementing strategies to meet the needs of priority populations:

- Positive environmental factors such as neighborhood safety, walkability, and transit accessibility are important for increased mobility and falls prevention among priority populations.
- Programs can be offered free-of-charge or on a sliding fee scale to minimize cost as a barrier to participation for priority populations.
- Accommodations or modifications may need to be made to ensure that older adults with disabilities or with symptoms that limit their activities can participate in and access programs or services.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to improve falls prevention must be targeted, tailored, and culturally and linguistically adapted to meet the needs of priority populations.

Strategies to prevent falls

Strategies	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)** (part of the **STEADY U Ohio** initiative) • **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	• Provide and install 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**

SHIP = Included in **2020-2022 State Health Improvement Plan**

Additional resources

- **Elderly Fall Prevention Resource Guide**, Ohio Department of Public Safety Division of Emergency Medical Services
- **Falls prevention resources**, Ohio Department of Aging
- **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
- **Walk.Bike.Ohio Policy Plan,** Ohio Department of Transportation

Tracking SAPA progress

The SAPA 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**. Establishing objectives and reporting progress over time will improve transparency, accountability, and continuous quality improvement.

There is at least one SMART (Specific, Measurable, Achievable Realistic and Time-bound) objective for each of the 19 outcomes prioritized in the SAPA. Short, intermediate, and long-term targets and priority populations were identified for each SMART objective when data was available. A total of 26 SMART objectives are included in the SAPA.

Setting targets

The Ohio Department of Aging (ODA) set targets for the SAPA with input from the advisory committee and key informants. State agency objective leads are state agencies that provided input on setting targets and identifying priority populations, including: the Ohio Department of Health, Ohio Department of Mental Health and Addiction Services, Ohio Housing Finance Agency, Ohio Department of Job and Family Services, Ohio Department of Medicaid, and Ohio Department of Transportation. These state agency objective leads also informed identification of indicators for the objectives and provided baseline data. For more information about the target setting process, see Appendix F.

Priority populations

The priority populations listed in this section are groups for which data was available and that, based on the data, had odds of a negative outcome at least 10% worse than the state overall. Data for some groups that experience health disparities and inequities are not available or, due to low sample sizes among these populations, are unreliable. To supplement data findings, additional priority populations were identified by key informants and advisory committee members and are listed in the strategy sections.

The labels for priority populations in this section (e.g., “Black” or “Black, non-Hispanic,” “Males,” “Females”) reflect labels provided by the data source. For a detailed list of priority populations by SAPA issue, see Appendix E.

To achieve the goal and vision of the SAPA, it is critical that the gaps in outcomes across all SAPA priorities are closed. This requires a more aggressive and aspirational approach to setting long-term targets, particularly for priority populations.

Overall health and well-being

The following objectives will be used to monitor progress toward improving overall health and well-being outcomes: increase life expectancy, reduce premature death, improve health status, and reduce elder abuse and neglect.

Increase life expectancy

Indicator (source)	Baseline (2017)	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	76.8	77.2	77.6
Priority populations based on data				
Black/African American	72.8	74.4	76	77.6

Local data
Local data for this objective is available from the Centers for Disease Control and Prevention, **U.S. Small-area Life Expectancy Estimates Project – USALEEP**.

Reduce premature death

Indicator (source)	Baseline (2018)	Short-term target (2022)	Intermediate target (2025)	Long-term target (2028)
Premature death. Years of potential life lost before age 75, per 100,000 population (age adjusted) (Ohio Department of Health)	8,227	8,200	8,100	8,000
Priority populations based on data				
Black, non-Hispanic	12,159	10,269	9,134	8,000
Resident 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.

Local data
Local data is available for this objective from **County Health Rankings & Roadmaps**.

Improve health status

Indicator (source)	Baseline (2018)	Short-term target (2022)	Intermediate target (2025)	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%	25.2%	24.5%	23.7%
Priority populations based on data				
Black, non-Hispanic	33.9%	30.5%	27.1%	23.7%
Other race	34.7%	31%	27.4%	23.7%
Hispanic (2016-2018 baseline)	37.6%	33%	28.3%	23.7%
People with annual household incomes below $35,000	29.9%*	27.8%	25.8%	23.7%
People with a high school education or less	28.3%**	26.8%	25.2%	23.7%

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

Local data
Local data is available for this objective from **County Health Rankings & Roadmaps**.

Reduce elder abuse and neglect

Indicator (source)	Baseline (SFY 2018)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Elder abuse and neglect. 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	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.		
Priority populations based on data				
This indicator does not allow for disaggregation of data to identify priority populations. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify priority populations.				

Local data
For local data, contact the local County Department of Job and Family Services.

Community conditions

The following objectives will be used to monitor progress toward improving community conditions for older Ohioans: improve financial stability, improve housing quality and affordability, and improve transportation access.

Improve financial stability

Indicator #1 (source)	Baseline (2018)	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%	8.6%	7.9%	7.6%
Priority populations based on data				
Black (includes Hispanic and non-Hispanic)	17.2%	17.2%	10.8%	7.6%
Hispanic or Latino (any race)	20.5%	20.5%	11.9%	7.6%
American Indian or Alaska Native	16.7%	16.7%	10.6%	7.6%
Native Hawaiian and other Pacific Islander	48.2%	48.2%	21.1%	7.6%
Some other race	22%	22%	12.4%	7.6%
Disability	11.8%	11.8%	9%	7.6%
Female	9.8%	9.8%	8.3%	7.6%

Indicator #2 (source)	Baseline (2018)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
Household income. Median household income in the past 12 months with a householder over age 65 (ACS, 1-year estimate)	$41,406	$41,406	$44,718	$46,375
Priority populations based on data				
Women living alone	$23,029	$23,029	$30,800	$32,400*
Men living alone	$27,839	$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.

Local data

Local data is available for this objective from the **U.S. Census Bureau** using tables B17001, B18130 and B19049.

Improve housing quality and affordability

Indicator #1 (source)	Baseline (2017)	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	82	84
Priority populations based on data				
This indicator does not allow for disaggregation of data 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%
Priority populations based on data				
This indicator does not allow for disaggregation of data to identify priority populations. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify priority populations.				

Local data

Local data regarding quality and affordable housing is available through the **Ohio Housing Finance Agency Housing Needs Assessment**.

Improve transportation access

There is no strong, state-level indicator that represents the transportation access needs of older adults, particularly for older adults living in rural areas. State agencies and other stakeholders can work to improve data collection and identify or develop a stronger state-level indicator. For example, the Ohio Department of Transportation will be tracking the number of bike and pedestrian projects in areas with high need, including areas with a high proportion of older adults.

Indicator (source)	Baseline (2018)	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%	Monitor only, no target		
Priority populations based on data				
This indicator does not allow for disaggregation of data to identify priority populations. Ohio can work toward improved data collection in this area with special attention toward collecting data to identify priority populations.				

Local data

The **Center for Neighborhood Technology, AllTransit™ Score** is a source of local data and information relevant to transportation access for older adults. Local data for vehicle access is available from the **U.S. Census Bureau** using table B25045.

Healthy living

The following objectives will be used to monitor progress toward improving health behaviors for older Ohioans: improve nutrition, including malnutrition, and improve physical activity.

Improve nutrition

Indicator #1 (source)	Baseline (2019)	Short-term target (2023)	Intermediate target (2027)	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%	11.6%	10.6%	9.5%
Priority populations based on data				
This indicator does not allow for disaggregation of data 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 nutrition (cont.)

Indicator #2 (source)	Baseline (2017)	Short-term target (2023)	Intermediate target (2027)	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%	66.8%	67.2%	67.6%
Priority populations based on data				
Other race	59.9%	62.5%	65%	67.6%
People with a high school education or less	61.7%*	63%	65.3%	67.6%
People with annual household incomes below $15,000	58.5%	61.5%	64.6%	67.6%
Males	61.9%	63.8%	65.7%	67.6%
Indicator #3 (source)	**Baseline (2017)**	**Short-term target (2023)**	**Intermediate target (2027)**	**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%	83.3%	83.7%	84.1%
Priority populations based on data				
Black, non-Hispanic	78.8%	80.6%	82.3%	84.1%
People with a high school education or less	80.1%**	81.4%	82.8%	84.1%
People with annual household incomes below $25,000	76.4%***	79%	81.5%	84.1%
Males	81.2%	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% and high school graduates – 61.7%.
**The source provides estimates for two educational attainment groups that are priority populations, including people who did not graduate high school – 73.4% and high school graduates – 80.1%.
***The source provides estimates for two income groups that are priority populations, including people with annual household incomes below $15,000 – 67.9% and between $15,000 and $24,999 – 76.4%.

Improve physical activity

Indicator (source)	Baseline (2018)	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%	67%	67.7%	68.4%
Priority populations based on data				
Other race	61.5%	63.8%	66.1%	68.4%
Black, non-Hispanic	60.7%	63.3%	65.8%	68.4%
People with annual household incomes below $35,000	58.5%*	56.7%	62.5%	68.4%
Females	61.1%	63.5%	66%	68.4%
People with a high school education or less	60.7%**	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%; between $15,000 and $24,999 – 53.1%; between $25,000 and $34,999 – 58.5%.
**The source provides estimates for two educational attainment groups that are priority populations, including people who did not graduate high school – 44.8% and high school graduates – 60.7%.

Access to care

The following objectives will be used to monitor progress toward improving access to care issues for older Ohioans: increase access to home- and community-based supports, improve health-care coverage and affordability, and improve home care workforce capacity and caregiver supports.

Improve health-care coverage and affordability

Indicator #1 (source)	Baseline (2018)	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%	3.9%	3.3%	2.7%
Priority populations based on data				
Black, non-Hispanic	7.7%	6%	4.4%	2.7%
People with annual household incomes below $25,000	7.4%*	5.8%	4.3%	2.7%
People with less than a high school education	7.9%	6.2%	4.4%	2.7%
Females	5.1%	4.3%	3.5%	2.7%

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

Improve health-care coverage and affordability (cont.)

Indicators #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 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- and community-based supports

Indicator #1 (source)	Baseline (SFY 2018)	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%	68%	72%	75%
Priority populations based on data				
This indicator does not allow for disaggregation of data 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)	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%

Improve home care workforce capacity and caregiver supports

Indicator #1 (source)	Baseline (2018)	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	174	199	224

Priority populations based on data

This indicator does not allow for disaggregation of data 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.		

Priority populations based on data

This indicator does not allow for disaggregation of data 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

The following objectives will be used to monitor progress toward improving issues of social connectedness for older Ohioans: improve social inclusion and increase volunteerism.

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%
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

The following objective and indicator will be used to monitor progress toward increased volunteerism. However, there are some concerns about the future availability of this indicator. ODA and other state agencies should work toward improved data collection in this area and develop a reliable indicator.

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%
Priority populations based on data				
This indicator does not allow for disaggregation of data 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

The following objectives will be used to monitor progress toward improving population health for older Ohioans: reduce cognitive difficulty, reduce depression, and reduce hypertension.

Cognitive health: Reduce cognitive difficulty

Indicator (source)	Baseline (2018)	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%	9.7%	9.3%	9%
Priority populations based on data				
Black, non-Hispanic	11.2%	10.5%	9.7%	9%
People with annual household incomes below $35,000	11.2%*	10.5%	9.7%	9%
People with less than a high school education	15.8%	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%; between $15,000 and $24,999 – 14.9%; and between $25,000 and $34,999 – 11.2%.

Cardiovascular health: Reduce hypertension

Indicator (source)	Baseline (2017)	Short-term target (2023)	Intermediate target (2027)	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%	57.2%	56.2%	55.2%
Priority populations based on data				
Black, non-Hispanic	68.3%	63.9%	59.6%	55.2%
People with annual household incomes below $25,000	65.8%*	62.3%	58.8%	55.2%
People with less than a high school education	65.9%	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% and between $15,000 and $24,999 – 65.8%.

Mental health: Reduce depression

Indicator (source)	Baseline (2018)	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%	7.4%	7.1%	6.8%
Priority populations based on data				
Females	8.8%	8.1%	7.5%	6.8%
People with annual household incomes below $25,000	10.7%	9.4%	8.1%	6.8%
Black	8.8%	8.1%	7.5%	6.8%
People who did not graduate high school	16%	12.9%	9.9%	6.8%

Preserving independence

The following objectives will be used to monitor progress toward preserving independence for older Ohioans: improve chronic pain management and improve falls prevention.

Improve chronic pain management

There is not a strong, state-level indicator of chronic pain management. ODA and other state agencies should work toward improving data collection in this area and develop an indicator that measures the management of chronic pain due to any cause.

Indicator (source)	Baseline (2019)	Short-term target (2023)	Intermediate target (2027)	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 Ohio Department of Health)	17.7%	16.5%	15.2%	14%
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 (2018)	Short-term target (2022)	Intermediate target (2026)	Long-term target (2028)
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%
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%

Local data
One local source of data to consider is local fire departments and other providers of emergency medical services. These entities may be able to direct service providers to neighborhoods with a high volume of fall-related emergency calls.

Data limitations
Data to assess progress toward achieving SAPA objectives, particularly for priority populations, has several limitations:

- No single data source is designed to collect state-level data about the challenges facing older adults. Data for tracking objectives in the SAPA comes from sources that sample older adults but were not designed for the purpose of identifying challenges for older adults and tracking progress toward improved health and well-being.
- Unique challenges facing older adults are often not reflected in existing data sources. For example, there is no source that reliably estimates accessible transportation for older adults or the prevalence of elder abuse and neglect at the state level. The SAPA calls for improved data collection in these areas with special attention toward collecting data to identify priority populations.
- Data is not available for some groups of Ohioans that may experience health disparities and inequities. Disaggregated data is often not available for groups such as sexual and gender minorities, veterans, immigrants and refugees, and specific sub-populations (e.g., Asian American sub-populations).
- The magnitude of health disparities and inequities may not be fully captured in existing data. For example, Ohioans who are members of more than one group facing poor health outcomes, such as Ohioans of color who also have a disability, may experience larger gaps in outcomes than the data demonstrate.

Data reporting and evaluation

Tracking progress on SAPA outcomes

The SAPA provides a data reporting and evaluation framework for the Ohio Department of Aging (ODA), area agencies on aging (AAAs), and other public and private state and local partners across the aging network. Specifically, the SAPA articulates a clear goal and a set of 19 outcomes to improve. There are one or more population-level SMART (Specific, Measurable, Achievable, Realistic and Time-bound) objectives identified for each of the SAPA's 19 outcomes (26 total SMART objectives). Ohio and local communities can use these objectives to evaluate progress on the SAPA.

To assess progress toward the SAPA goal, ODA will:

- Publicly report state-level performance for all SAPA objectives on an annual basis, including data for priority populations; and
- Make local-level data on SAPA indicators accessible to AAAs and other local partners, when available.

Other SAPA partners are encouraged to:

- Select and track progress on SAPA objectives (see p. 61-73) that align with their organization's work or community needs;
- Identify priority populations based on data and expert stakeholder or other community feedback when data is not available, or to supplement available data; and
- Set organizational targets for the overall community that align with the SAPA and that eliminate disparities and inequities experienced by priority populations.

Regular (e.g., quarterly or annually) reporting of progress on selected objectives by SAPA partners can be used to ensure progress at the state level and evaluate outcomes for organizational or community-wide efforts.

Tracking SAPA implementation

ODA will collect information from AAAs and other aging network partners regarding SAPA alignment on:

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

Local partners can coordinate efforts to select SAPA strategies that best meet the needs of their community and monitor implementation by different organizations. Regular reporting of the number of organizations implementing SAPA strategies, the number of older Ohioans reached by those programs and services, extent of outreach to priority populations, and other process evaluation indicators can be used to guide quality improvement for organizational or community-wide efforts.

AAA evaluation reporting

ODA has identified steps to strengthen the AAA Area Plan data collection and evaluation system to align with the SAPA. ODA plans to have a new system operating by July 1, 2021. Improvements to the evaluation and performance monitoring system are designed to meet the following goals:

- **Efficiency and ease of use** — Maintain low reporting burden on AAAs while maximizing usefulness for AAAs and ODA.

- **Transparency and accountability** — Ensure regular reporting of meaningful information in a format that is easily accessible for AAAs, ODA, partners across the aging network, and the general public.
- **Continuous quality improvement** — Build capacity among AAAs and ODA to routinize quality improvement based on regular reporting of State Plan on Aging and SAPA progress.
- **Focus on outcomes** — Shift from a large number of process measures to a more concise set of outputs and outcomes. Increase capacity to measure, report and summarize outcomes and to connect outputs to measurable SAPA outcomes in a way that tells a compelling story about the impact of AAAs statewide.
- **Transition and alignment** — Facilitate a transition from the State Plan on Aging framework to the SAPA framework, setting the stage for a future streamlined reporting structure.

Ohio | Department of Aging

2020-2022 Strategic Action Plan on Aging (SAPA) Appendices

View the complete

2020-2022 Strategic Action Plan on Aging

www.aging.ohio.gov/sapa

Or view the **SAPA quick guide**, a high-level compilation of priorities and evidence-informed strategies

Appendix A. Advisory committee and work team members

The following organizations are represented on the SAPA advisory committee and work teams:

Advisory committee

- AARP Ohio
- Age-Friendly Columbus and Franklin County
- Alzheimer's Association
- Area Agency on Aging 3, Inc.
- Area Agency on Aging District 7, Inc.
- Area Office on Aging of Northwestern Ohio
- Area Agency on Aging, PSA 2
- Area Agency on Aging Region 9, 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
- Community Legal Aid Services, Inc.
- Council on Aging of Southwestern Ohio
- Direction Home Akron Canton Area Agency on Aging and Disabilities
- Direction Home of Eastern Ohio
- Fairhill Partners
- Latino Affairs Commission
- LeadingAge Ohio
- MemoryLane Care Services
- Mental Health & Addiction Advocacy Coalition
- Miami University, Scripps Gerontology Center
- Molina Healthcare
- North Canton Medical Foundation
- Office of Ohio Attorney General Dave Yost
- 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 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
- Ohio Hospital Association
- Ohio House of Representatives
- Ohio Housing Finance Agency
- Ohio Office of the State Long-Term Care Ombudsman
- Ohio Statewide Independent Living Council
- O'Neill Senior Center, Inc.
- Opportunities for Ohioans with Disabilities
- Perfecting Saints Heart to Heart Ministries
- Pro Seniors, Inc.
- RecoveryOhio
- Senior Transportation Connection
- The Ohio Council of Behavioral Health & Family Services Providers
- The Ohio State University College of Public Health
- The Ohio State University College of Social Work
- Universal Health Care Action Network (UHCAN) Ohio
- Western Reserve Area Agency on Aging

Work teams

Population health

- Age-Friendly Columbus and Franklin County
- Alzheimer's Association
- Buckeye Hills Regional Council
- Community Legal Aid Services, Inc.
- MemoryLane Care Services
- Mental Health & Addiction Advocacy Coalition
- Ohio Association of Health Plans
- Ohio Disability and Health Program

- Ohio Hospital Association
- Ohio Office of the State Long-Term Care Ombudsman
- O'Neill Senior Center, Inc.
- Western Reserve Area Agency on Aging

Social connectedness and preserving independence

- AARP Ohio
- Age-Friendly Columbus and Franklin County
- Area Agency on Aging, District 7
- Area Agency on Aging, PSA 2
- Benjamin Rose Institute on Aging
- Center for Community Solutions
- Clintonville-Beechwold Community Resources Center
- Community Legal Aid Services, Inc.
- Council on Aging of Southwestern Ohio
- Miami University, Scripps Gerontology Center
- Ohio Advisory Council for Aging
- Ohio Alliance of YMCAs
- Ohio Association of Area Agencies on Aging
- Ohio Civil Rights Commission
- Ohio Disability and Health Program
- Ohio Hospital Association
- Ohio Office of the State Long-Term Care Ombudsman
- Ohio Statewide Independent Living Council
- Opportunities for Ohioans with Disabilities
- Pro Seniors, Inc.
- Senior Transportation Connection
- Western Reserve Area Agency on Aging

Community conditions and health behaviors

- AARP Ohio
- Age-Friendly Columbus and Franklin County
- Alzheimer's Association
- Area Agency on Aging Region 9, Inc.
- Benjamin Rose Institute on Aging
- Case Western Reserve University
- Center for Community Solutions
- Clintonville-Beechwold Community Resources Center
- Community Legal Aid Services, Inc.
- Council on Aging of Southwestern Ohio
- Direction Home of Eastern Ohio
- Ohio Advisory Council for Aging
- Ohio Alliance of YMCAs
- Ohio Association of Area Agencies on Aging
- Ohio Association of Community Health Centers
- Ohio Civil Rights Commission
- Ohio Disability and Health Program
- Ohio Housing Financing Agency
- Ohio Office of the State Long-Term Care Ombudsman
- Ohio Statewide Independent Living Council
- Opportunities for Ohioans with Disabilities

Access to care

- Age-Friendly Columbus and Franklin County
- Alzheimer's Association
- Area Agency on Aging 3, Inc.
- Area Agency on Aging, PSA 2
- Benjamin Rose Institute on Aging
- Buckeye Hills Regional Council
- Community Legal Aid Services, Inc.
- LeadingAge Ohio
- Miami University, Scripps Gerontology Center
- Ohio Advisory Council for Aging
- Ohio Association of Area Agencies on Aging
- Ohio Association of Community Health Centers
- Ohio Association of Health Plans
- Ohio Hospital Association
- Ohio Office of the State Long-Term Care Ombudsman
- O'Neill Senior Center, Inc.
- Universal Health Care Action Network (UHCAN) Ohio

Appendix B. Key informants

The following organizations, representing Ohio's area agencies on aging and organizations serving older Ohioans most at risk for poor outcomes, served as key informants for the SAPA:

- Age-Friendly Columbus and Franklin County
- Area Agency on Aging 3, Inc.
- Area Agency on Aging District 7, Inc.
- Area Agency on Aging, PSA 2
- Area Office on Aging of Northwestern Ohio, Inc.
- Benjamin Rose Institute on Aging
- Community Refugee & Immigration Services
- Direction Home of Eastern Ohio
- MemoryLane Care Services
- National Caucus and Center on Black Aging, Inc. (Cleveland Office)
- National Church Residences
- Ohio Asian American Health Coalition
- Ohio District 5 Area Agency on Aging
- Ohio Statewide Independent Living Council

Appendix C. Advisory committee prioritization survey and criteria

Advisory committee prioritization survey

To gather specific feedback on the areas of focus to prioritize in the SAPA, SAPA advisory committee members were asked to complete a prioritization survey. The survey was sent to the advisory committee on May 13, 2020. There were 36 advisory committee members who completed the survey.

The prioritization survey questions are available on the **HPIO website**.

Prioritization criteria

Stakeholders used the following criteria to prioritize the topics and issues to focus on in the SAPA:

Ability to track progress: Measurable indicators are available to assess and report progress in a meaningful way on an annual basis at the state level, with consideration for the ability to track progress at the local level
Nature of the problem: Magnitude, severity, disparities/inequities, U.S. comparison, trends [Data from **Summary Assessment** results]
Alignment: With **State Plan on Aging**, **2020-2022 State Health Improvement Plan**, local priorities, state agency plans, etc.
Potential for impact: Availability of evidence-informed strategies, co-benefits, feasibility to address at state and/or local level
Connection to SAPA priority outcomes: Extent to which the factor contributes to social connectedness, population health, or preserving independence outcomes

Appendix D: Sources of evidence-informed strategies

The following table lists the sources of evidence-informed strategies for the SAPA and the recommendation level(s) of evidence included. Sources were consulted as of August 2020.

Evidence registry, systematic review or database of evidence-informed strategies	Recommendation level(s) included in this inventory (if applicable)
What Works for Health (WWFH)	• Scientifically supported • Some evidence • Expert opinion
The Guide to Community Preventive Services (Community Guide)	Recommended
National Council on Aging (NCOA), Evidence-Based Health Promotion/Disease Prevention Programs	N/A
Administration for Community Living (ACL), Aging and Disability Evidence-Based Programs and Practices	N/A
U.S. Preventive Services Task Force (USPSTF) Recommendations	• Grade A (recommended; high certainty of benefit) • Grade B (recommended; moderate certainty of benefit)
World Health Organization, Global Database of Age-Friendly Practices	Practices from the U.S. which have been evaluated

Strategies were identified as "emerging evidence" if they were:

- Categorized as "expert opinion" in WWFH or
- Identified by experts and key informants, but were not included in one of the above sources.

Criteria for strategies to be included in the SAPA

- Evidence of effectiveness
- Potential size of impact on SAPA outcomes, including equity
- Co-benefits (impacts multiple SAPA outcomes)
- Opportunities given current status
- Alignment with the **2020-2022 State Health Improvement Plan**

Appendix E. Priority population identification

Priority populations are groups of Ohioans who are most at-risk for poor outcomes across the six topics and 15 issues in the SAPA.

Groups of Ohioans were identified as priority populations in the SAPA based on available data and feedback from expert stakeholders. The following table lists the priority populations and SAPA priorities and outcomes to which they correspond:

SAPA priorities and outcomes	Identified in the data as a group with higher odds of a negative outcome*	Identified by expert stakeholders***
Overall health and well-being		
Increase life expectancy	• Ohioans of color	
Reduce premature death	• Ohioans of color • People in rural or Appalachian regions • Males	
Improve health status	• Ohioans of color • People with low incomes and educational attainment	
Reduce elder abuse and neglect	N/A**	
Community conditions		
Improve financial stability • Reduce poverty • Improve household income	• Ohioans of color • People with disabilities • Females • People who live alone	• People with low incomes and educational attainment • People who identify as LGBTQ+ • People in rural or Appalachian regions • People who are immigrants or refugees
Improve housing quality and affordability • Increase affordable housing availability • Reduce severe housing cost burden	N/A**	• Ohioans of color • People with disabilities • People with low incomes and educational attainment • People in rural or Appalachian regions • Females • People who live alone

SAPA priorities and outcomes	Identified in the data as a group with higher odds of a negative outcome*	Identified by expert stakeholders***
Community conditions (cont.)		
Improve transportation access Reduce zero-vehicle households	N/A**	• Ohioans of color • People with disabilities • People with low incomes and educational attainment • People in rural or Appalachian regions • Females • People who live alone • People who are immigrants or refugees
Healthy living		
Improve nutrition • Reduce unintentional weight loss • Increase fruit consumption • Increase vegetable consumption	• Ohioans of color • People with low incomes and educational attainment • Males	• People in rural or Appalachian regions • People who are immigrants or refugees • People who are religious minorities
Improve physical activity Increase physical activity	• Ohioans of color • People with low incomes and educational attainment • Females	
Access to Care		
Improve health-care coverage and affordability • Reduce missed care due to cost • Reduce annual prescription drug spending • Reduce annual nursing home spending • Reduce annual home health spending	• Ohioans of color • People with low incomes and educational attainment • Females	• People with disabilities • People in rural or Appalachian regions • People who are immigrants or refugees

SAPA priorities and outcomes	Identified in the data as a group with higher odds of a negative outcome*	Identified by expert stakeholders***
Access to Care (cont.)		
Improve home- and community-based supports • Increase Medicaid Home and Community-Based (HCBS) waivers for long-term services and supports • Increase Medicaid HCBS spending	N/A**	• People who live alone • People in rural or Appalachian regions • People with low incomes • People who identify as LGBTQ+ • People with disabilities • Ohioans of color • People who are immigrants or refugees • People who are religious minorities
Improve home care workforce capacity and caregiver supports • Increase home care workforce • Improve support for working caregivers	N/A**	• People who live alone • People in rural or Appalachian regions • People with low incomes • Ohioans of color
Social connectedness		
Improve social inclusion Reduce feeling left out	• People with low incomes • Females • Ohioans of color • People with disabilities	• People who live alone • People in rural or Appalachian regions • People who are immigrants or refugees
Increase volunteerism Increase volunteerism	N/A**	• Ohioans of color • People who are immigrants or refugees
Population health		
Cognitive health: Reduce cognitive difficulty Reduce cognitive difficulty	• Ohioans of color • People with low incomes and educational attainment	• Females • People who identify as LGBTQ+
Cardiovascular health: Reduce hypertension Reduce high blood pressure	• Ohioans of color • People with low incomes and educational attainment	

SAPA priorities and outcomes	Identified in the data as a group with higher odds of a negative outcome*	Identified by expert stakeholders***
Population health (cont.)		
Mental health: Reduce depression Reduce poor mental health days	• Ohioans of color • Females • People with low incomes and educational attainment	
Preserving independence		
Improve chronic pain management Reduce arthritis limitations	• People with low incomes and educational attainment • Females	People with disabilities
Improve falls prevention Reduce recent falls	• People with low incomes and educational attainment	People with disabilities

*Based on available data, this group was identified as having odds of a negative outcome that were at least 10% higher than the state overall.
**Data for the indicators used for the objective do not allow for disaggregation to identify priority populations. Ohio can work toward improved data collection in this area, with special attention toward collecting and disaggregating data to identify priority populations.
***Gray shading indicates that expert stakeholders either did not identify a priority population for this priority or that there were no additions to the priority populations identified by the data.
Note: The "Tracking progress" section of the SAPA highlights priority populations identified by the data at the indicator level.

Appendix F. Target-setting process

For each indicator in the SAPA, there is a state agency objective lead. These agencies are typically responsible for compiling or managing the relevant data for a SAPA objective. State agency objective leads set the SAPA targets in partnership with other relevant agencies.

To ensure consistency, the Health Policy Institute of Ohio (HPIO) and the Ohio Department of Aging (ODA) provided an objective worksheet and the following guidance to state agencies for setting targets:

1. **General approach**. Strike a balance between being achievable/realistic and aspirational when setting targets. Reach for a more aspirational target when there is momentum for positive change or changes are currently underway that will likely yield improvement by 2029. In addition, to achieve the goal and vision of the SAPA, it is critical that the gaps in outcomes across all SAPA priorities are closed. This requires a more aggressive and aspirational approach to setting long-term targets, particularly for priority populations. Targets in the SAPA emphasize the importance of eliminating the disparities and inequities experienced by priority populations to ensure that all Ohioans live longer, healthier lives with dignity and autonomy.
2. **Short-term, intermediate, and long-term targets:** Each objective should have a short-term, intermediate, and long-term target. Targets should be set for 2023, 2026, and 2029, but will be adjusted to reflect indicator data availability. For example, if indicator data is released every other year, on even-numbered years, targets will be adjusted to 2022 (or 2024), 2026, and 2028 (or 2030). To help set these targets, HPIO provided baseline data, notes on input provided by advisory committee members, and HPIO's target-setting template. The target-setting template is an HPIO tool that allows the user to calculate short-term and intermediate targets for the state overall based on baseline data and a long-term goal input by the user.
3. **Priority populations and universal long-term targets.** The SAPA will highlight priority populations for each outcome. Priority populations are population groups who, based on available data, experience worse outcomes than the state overall. To advance equity, the SAPA will include universal long-term targets for priority populations. This means that the long-term goal for the state overall and priority populations will be the same, eliminating all disparities and inequities between the state's total population and priority populations.
4. **For objectives with indicators in the 2020-2022 State Health Improvement Plan (SHIP)**: Align with SHIP targets or use them as benchmarks for setting short-term, intermediate, and long-term targets.
5. **For all indicators**:
   a. **Identify any existing targets and suggest them for the SAPA.** If your agency already has a target for your indicator(s), let HPIO know what that target is (data value and year). HPIO has indicated when the 2020-2022 SHIP includes a target for older adults for a SAPA-aligned outcome.
   b. **Identify existing benchmarks.** If your agency does not already have a target for your indicator(s), please refer to any existing benchmarks in your sector, such as goals set by national organizations, outcomes achieved by high-performing states, etc. If relevant, set Ohio's 2029 target to align with the existing benchmark.
   c. **Review trend data.** If available, review long-term annual trend data for your indicator(s) to get a sense of what rate of change is realistic. Then, apply that rate of change with an aspirational reach to set the 2029 target. HPIO provided a link to trend data, when trend data was easily available, in the objective worksheet.