



Breakout session

Assessment to Action: Policy Innovations to Support Older Ohioans

Speakers

Jacob Santiago, MSW, Senior Policy Analyst, HPIO

Julia Wiedemann, MSc., Planning & Operations Manager, Ohio Department of Aging

Ann Conn, CPA, MBA, President and CEO, The McGregor Foundation



Assessment to Action:

Policy Innovations to Support Older Ohioans

October 9, 2025

Today's speakers



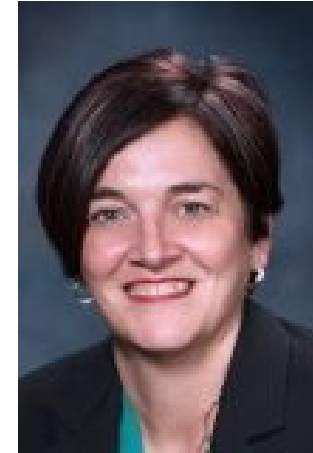
**Julia
Wiedemann**

Planning & Operations
Manager
Ohio Department
of Aging



**Jacob
Santiago**

Senior Policy Analyst
Health Policy
Institute of Ohio



Ann Conn
President and CEO
The
McGregor
Foundation



Mission:

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

Vision:

Ohio is the best place to age in the nation.



JULIA WIEDEMANN
PLANNING AND OPERATIONS MANAGER

WHAT IS THE STATE PLAN ON AGING (SPOA)?

The SPOA is a **comprehensive roadmap** to improve the overall health and well-being of older Ohioans.

THE STATE PLAN ON AGING: PURPOSE & OVERVIEW

The **State Plan on Aging** is a required document under the Older Americans Act, outlining how each state will address the needs of older adults to secure federal funding for related services and programs and designation as a State Unit on Aging.

SPOA 2027 – 2030 MILESTONES

Summary Needs Assessment

Key Informant Interviews, May
Community Listening Sessions, June
Qualitative Data Updates, completed June

Engage Older Adults on Strategies

Town Halls, completed September
Survey in Field, completed October

Develop Evaluation and Data Collection Methods

Completed December

Dissemination

August - Ongoing

2025

2026

Synthesize Assessment Results to Identify Priority Topics, completed June

Review available AAA Needs Assessments, completed July

Identify Priority Topics

Priority Work Teams Develop Objectives, completed October

Finalize list of evidence-informed strategies, completed December

Finalize Strategies and Create Objectives

First draft to ODA, January

Second Draft to ODA, February

Submit final SPOA, May

Prepare SPOA Draft

DRAFT 2027-2030 SPOA FRAMEWORK TEMPLATE

Vision

Ohio is the best place to age in the nation.

Purpose

All Ohioans live longer, healthier lives with dignity and autonomy.

Ohio's 2027-2030 State Plan on Aging Priorities

Stable finances

- Priorities TBD

Healthy food access

- Priorities TBD

Accessible housing and neighborhoods

- Priorities TBD

Reliable transportation

- Priorities TBD

Quality healthcare and supported family caregiving

- Priorities TBD

Social connectedness and civic engagement

- Priorities TBD

Long, healthy lives

- Priorities TBD

Programs and partnerships. The Ohio Department of Aging and the aging network in Ohio provides programs, services, and supports to older adults in all priority areas, and cross-sector efforts are critical to achieving the priorities of the State Plan.

Questions



Summary Assessment key findings



What is the Summary Assessment of Older Ohioans?

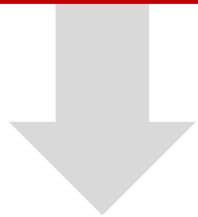
A comprehensive picture of the health and well-being of older Ohioans to inform development of the State Plan on Aging



Components of the Summary Assessment

Quantitative data metrics

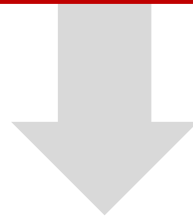
(approx. 34)



Qualitative data

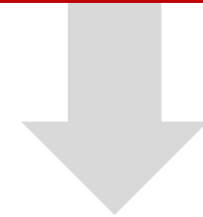
from:

- 12 key informant interviews
- 6 community listening sessions



Program and service information

Review of AAA needs assessments and area plans, and AGE program data



SUMMARY ASSESSMENT OF OLDER OHIOANS

Summary Assessment organization

- What do older Ohioans need to achieve optimal health and well-being?
 - Long, healthy lives
 - Social connection and community living
- Which factors shape the health and well-being of older Ohioans?
 - Stable finances
 - Healthy food access
 - Accessible housing and neighborhoods
 - Reliable transportation
 - Quality healthcare and supported family caregiving



Summary assessment key findings

1. Social connections and community engagement are essential behavioral health and well-being supports for older Ohioans.
2. Older adults want to remain physically active as they age to prevent and manage chronic disease, and maintain and improve their quality of life.
3. More caregiver and community-based supports are needed to sustain independent living for older Ohioans.



Summary assessment key findings

4. Older Ohioans struggle to afford basic needs, including food and housing.
5. Reliable transportation specific to the needs of older adults is a gap in Ohio.
6. Quality health care services are inaccessible to many older Ohioans with greatest economic and social need.
7. Older adults and caregivers need reliable access to information about programs and services to support health and well-being.



Social connection and community engagement

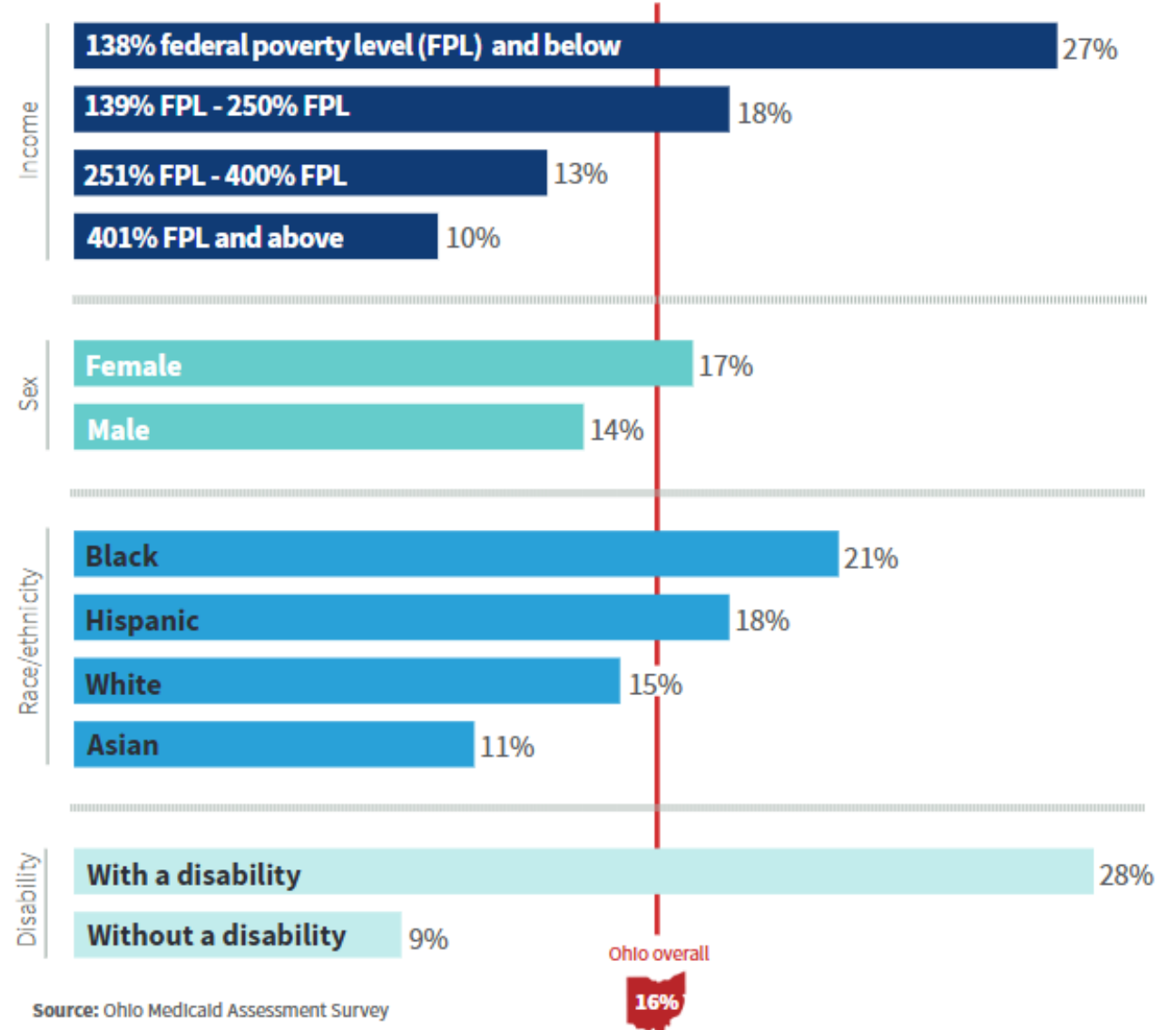


Social connection and community engagement: Loneliness

One in six older adults reported feeling lonely, with higher rates among older Ohioans with the greatest economic and social need

Figure 9. **Loneliness**

Percent of Ohio adults, age 60 and older, who feel lonely, 2023



Source: Ohio Medicaid Assessment Survey

Social connection and community engagement

“So many times, I've come across seniors who are suffering depression; and I think someone brought up being able to interact with an individual or finding a purpose. If they can't get out and about, what's their purpose now, especially if they've been an active senior. If they have no families, if—and we're in the age group now that we're seeing, every day, our friend dying. So, if we're at the age where our friends have passed away, we no longer have friends to interact with? It affects mental health.”

-- Community listening session participant



Older adults want to remain physically active



Physical activity

“A doctor once told me that **motion is lotion**. I thought that was a cute saying and I remembered it. And I just care that every day, I can keep moving. No matter what it is about it—work and working out at home. It's important to just keep moving.”

– Community listening session participant



Physical activity

“We have people that are pedestrians, seniors that are pedestrians. The sidewalks are not pedestrian friendly. They are cracked. They are broken. They are raised where trees just come through.”

– Community listening session participant



More caregiver and community-based supports



Caregiver and community-based supports

“I'm a caretaker for my mother and I was for my father too... I don't know what she would do if I wasn't there every day. It's really hard if we don't have anybody.”

“I'm a caregiver for my husband. And we came home from [the hospital] with a total laryngectomy and there were no nurses here [in my community]. I was sent home with a trach and 50 boxes of supplies that I had no clue what they were.”

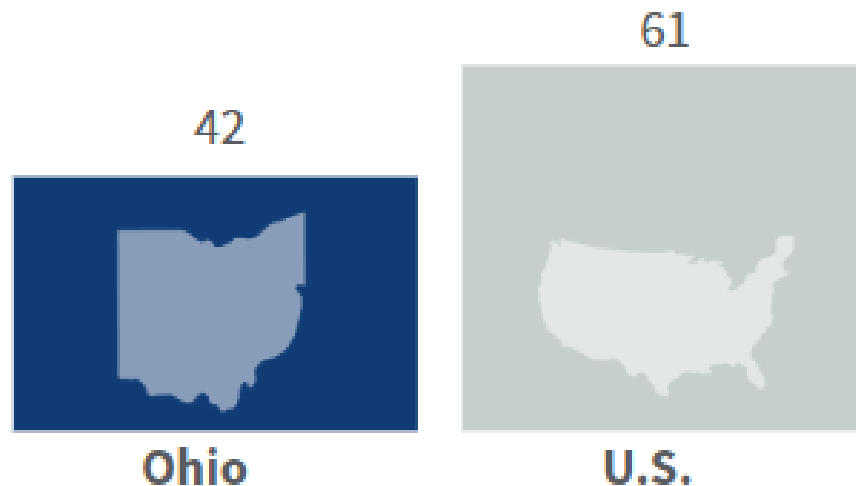
– Community listening session participants



Caregiver and community-based supports

Home care workforce

Number of personal care and home health aides, per 1,000 adults, age 65 and older, Ohio and U.S., 2022



Ohio trails the U.S. on the number of home health workers available to meet the needs of older adults.

Source: U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment and Wage Statistics Program via America's Health Rankings

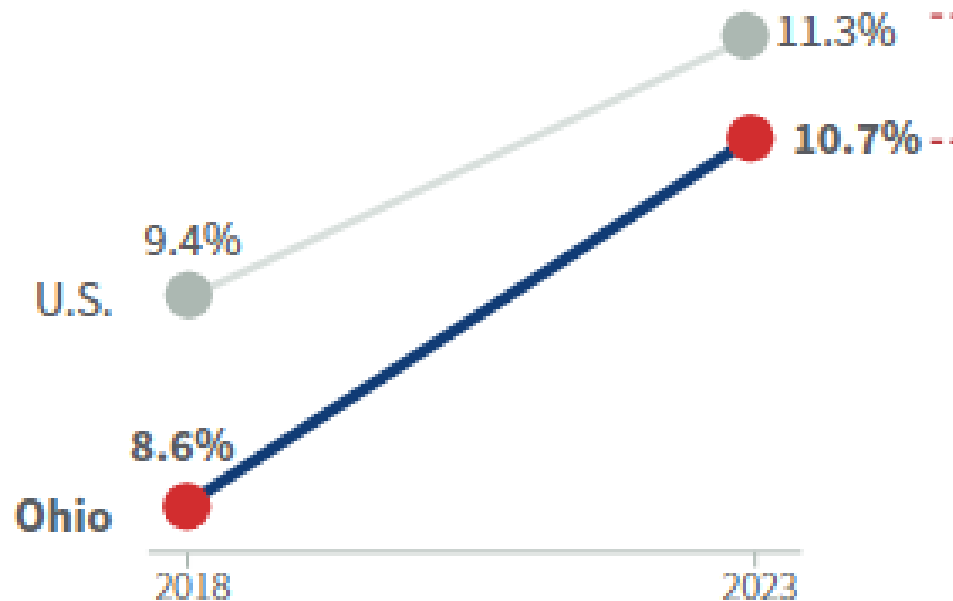
Affording basic needs, including food and housing



Affording basic needs

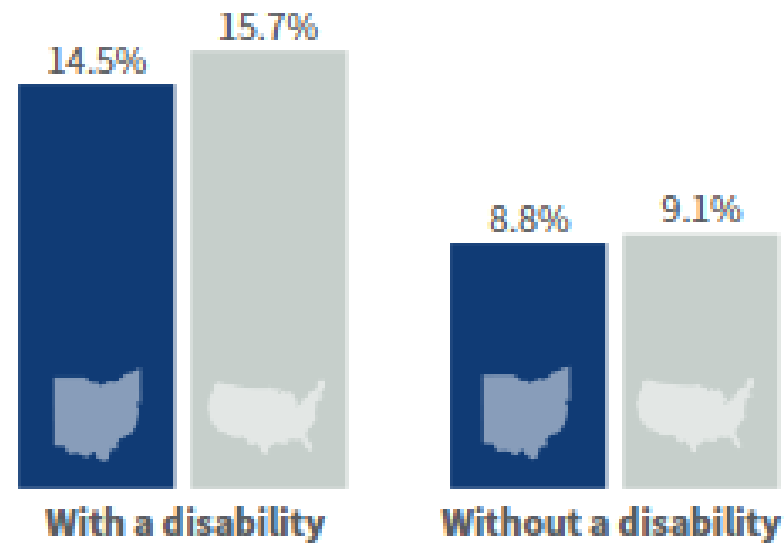
Figure 10. **Poverty**

Percent of adults, age 65 and older, who live in households at or below the poverty level, Ohio and U.S., 2018-2023



Source: American Community Survey 1-year estimates

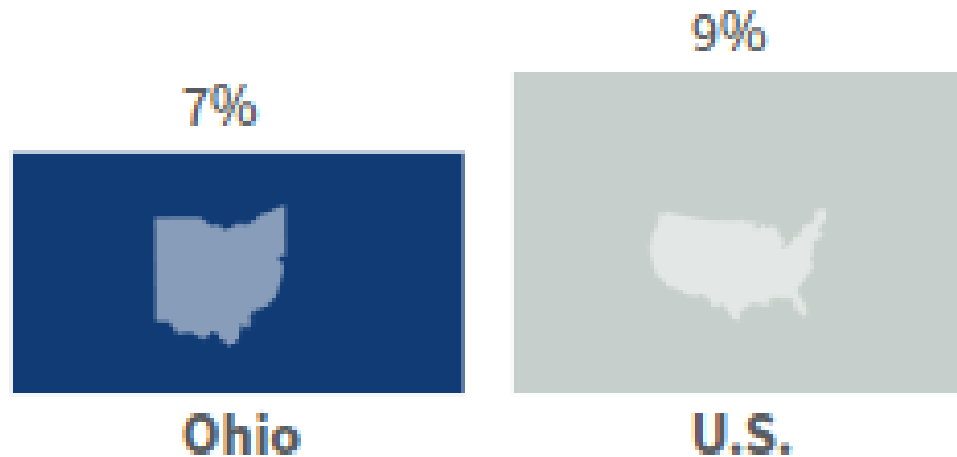
By disability status, 2023



Affording basic needs

Figure 11. Food insecurity

Percent of adults, age 60 and older, who lacked access to enough food for an active and healthy life due to limited financial resources, Ohio and U.S., 2022



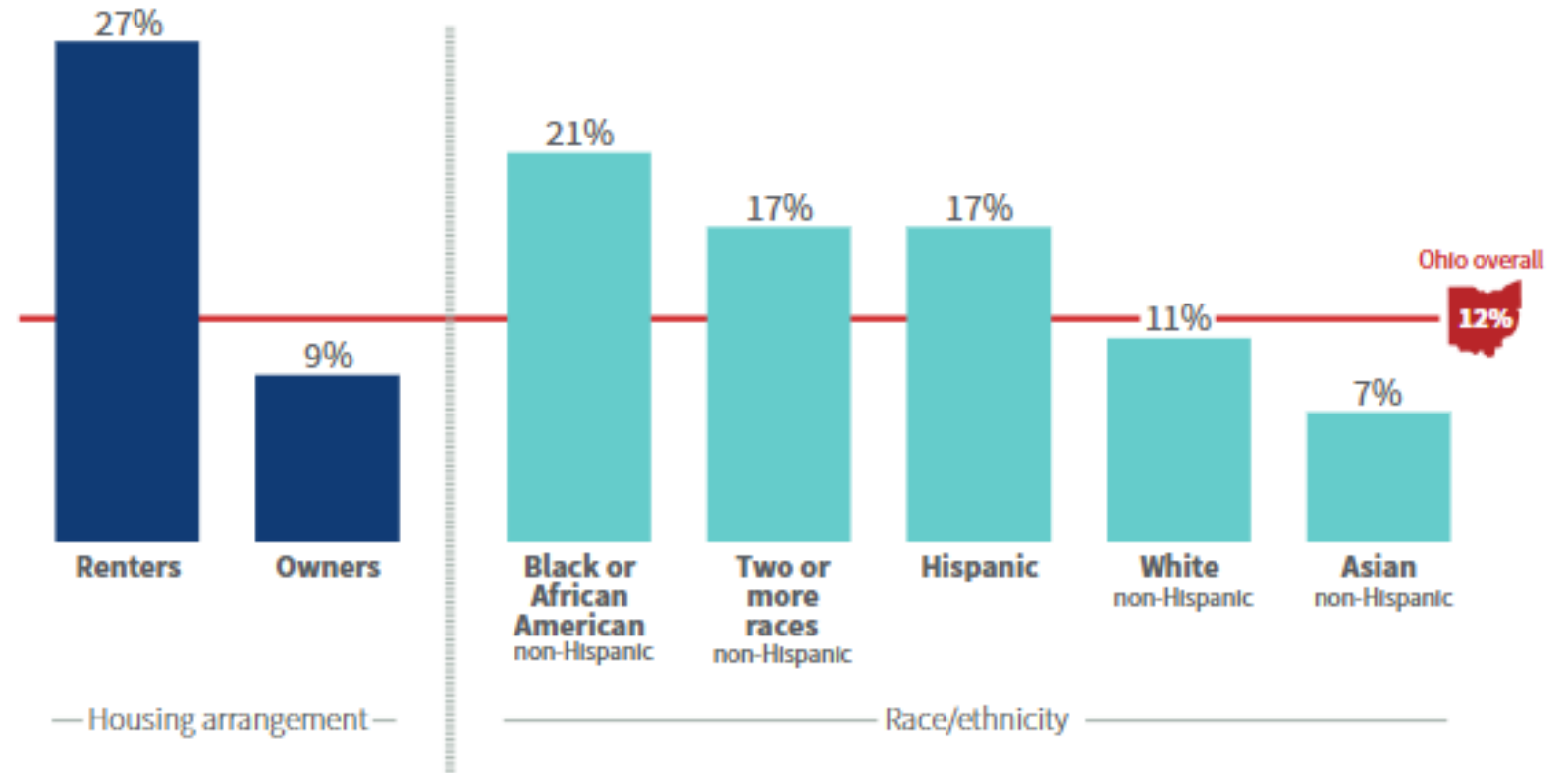
Source: Feeding America, Food Insecurity Among Seniors and Older Adults Report Series, via America's Health Rankings

Similar to national rates, 7% of Ohio adults age 60 and older do not have enough food for an active and healthy life due to limited financial resources (displayed in Figure 11).

Affording basic needs

Figure 12. **Severe housing cost burden**

Percent of Ohio households, with a householder age 65 or older, who spends 50% or more of their income on housing costs, 2023



Source: American Community Survey, Public Use Microdata Files

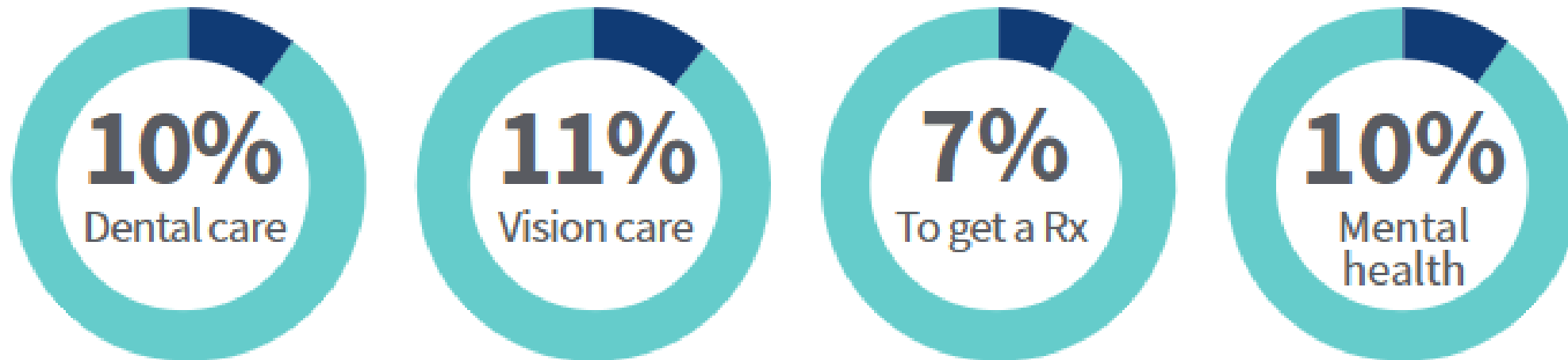
Reliable transportation



Reliable transportation

Transportation barrier

Percent of Ohio adults, 65 and older, who report unmet needs for health care services due to lack of transportation, 2023



Note: The Ohio Medicaid Assessment Survey only examines transportation barriers to the four healthcare services listed here. There is no aggregate measure of transportation challenges for accessing any form of health care. Appendix B contains the quantitative data methodology.

Source: Ohio Medicaid Assessment Survey

Reliable transportation



“As far as transportation... there's some organized transportation vans, but what about drivers to take you to the grocery store or social club meeting at your church that's held on Tuesday nights at 7:00, or to get you out to lunch to meet your friends? There's not that kind of transportation... All these counties are so spread out; you go somewhere across the county to get a service. If you have family members to take you, that's fine. If you don't, you're just stuck at home all the time.”

– Community listening session participant

Quality healthcare services inaccessible

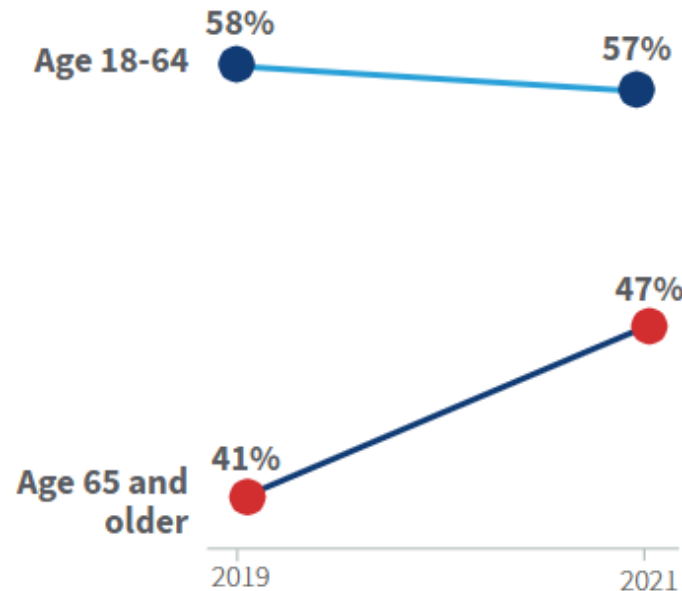


Quality healthcare services inaccessible

Missed care due to cost

Percent of Ohio adults who could not see a doctor because of cost, by age, 2019-2021

Nearly half of older Ohioans reported not seeing a doctor because of cost in 2021. This rate has increased since 2019 and differences exist based on race, sex, and educational attainment.

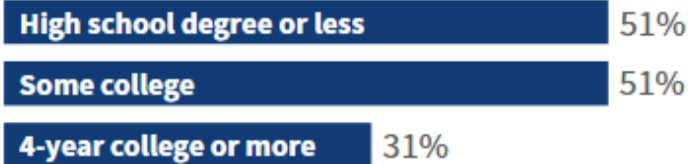


Source: Ohio Medicaid Assessment Survey

Ages 65 and older, by race, 2021



By education, 2021



By sex, 2021



Quality healthcare services inaccessible

“There aren't doctors in these [rural] counties. You might have a nurse practitioner with the lack of public transportation. ... And not every county has a facility. We don't have urgent cares. We don't have ERs in these outlying counties.”

– Community listening session participant



Reliable access to information



Reliable transportation



“Well, with technology it just depends on what level you can do it right. My husband is not technology savvy at all. He doesn't have a debit card. He wants nothing to do with any of that technology. . . But for me, he just leans on me to do it. But as we get older, I kind of get lost. And then I have to ask my kids because I'm not sure exactly where to go, what to know, how to find it, you know? ”

– Community listening session participant

Questions





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History - Beginnings

Home for Aged Women – 1910



A.M. McGregor Home
- 1927 original facility



Amasa Stone's Home for Aged
Women
- 1877
- 1992 finally opened doors to men



**Five locations in
Northeast Ohio**

575 employees

**Supporting over 1,000
older adults daily**

**\$100 million annual
revenue**





Next 20 years

- ✓ Services that meet people where they are...
- ✓ Community Based Care Expansion
- ✓ Affordable Senior Living development
- ✓ Residential Services and support

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Proven Models that are Sustainable

Affordable
Assisted Living

PACE - Program
for All-Inclusive
Care for the
Elderly

Overview of ALMW Program

Ohio Program: Eligibility and Reimbursement

Eligibility		Reimbursement				
Eligibility	AL Waiver	Service	AL Waiver Rate		Type	
Financial Need Eligibility	- Maximum of three hundred percent (300%) of Supplemental Security Income ("SSI"). For calendar year 2025, three hundred percent (300%) of SSI is an annual income of \$34,812. - Individuals may not have countable assets valued at more than two thousand dollars (\$2,000) with exceptions for spousal impoverishment protections similar to those for skilled nursing facilities.	Base Assisted Living Service	\$130		Per Day	
		Critical Access Assisted Living Service ⁽¹⁾	\$145		Per Day	
		Memory Care Assisted Living Service	\$155		Per Day	
Functional Need Eligibility	Require hands-on assistance with at least (2) two of the following: mobility, bathing, toileting, dressing, grooming, eating, and taking medicines.	Community Transition Service	Up to \$2,000		Completed Job Order or Deposit Made	
Age Eligibility	Twenty-one (21) years of age or older.	SSI	2022	2023	2024	2025
		Max. Award for Household of One	\$841	\$914	\$943	\$967
		Max. Award for Household of Two	\$1,261	\$1,371	\$1,415	\$1,450

1. The critical access rate applies to existing facilities that averaged at least 50% of its residents receiving Medicaid-funded assisted living services over the previous year and new facilities that anticipate reaching such threshold in their first fiscal year

Affordable Assisted Living Program

Program & Facility Overview	Development Objectives and Timeline	Funding Programs Utilized
90 units – 50 affordable, 40 market rate	Expand assisted living access to lower income seniors	4% tax credit program - \$3.2 million
72 one bedroom – 18 studios	Financing -11/17 – 6/18	Bonds - \$12 million – Bank debt
Food is sourced from larger industrial kitchen on campus	Construction – 7/18 – 11/19	Owner equity - \$3 million
	Residents – Jan. 2020	Seller financing - land
		Required Parent guarantee

Affordable Assisted Living Program

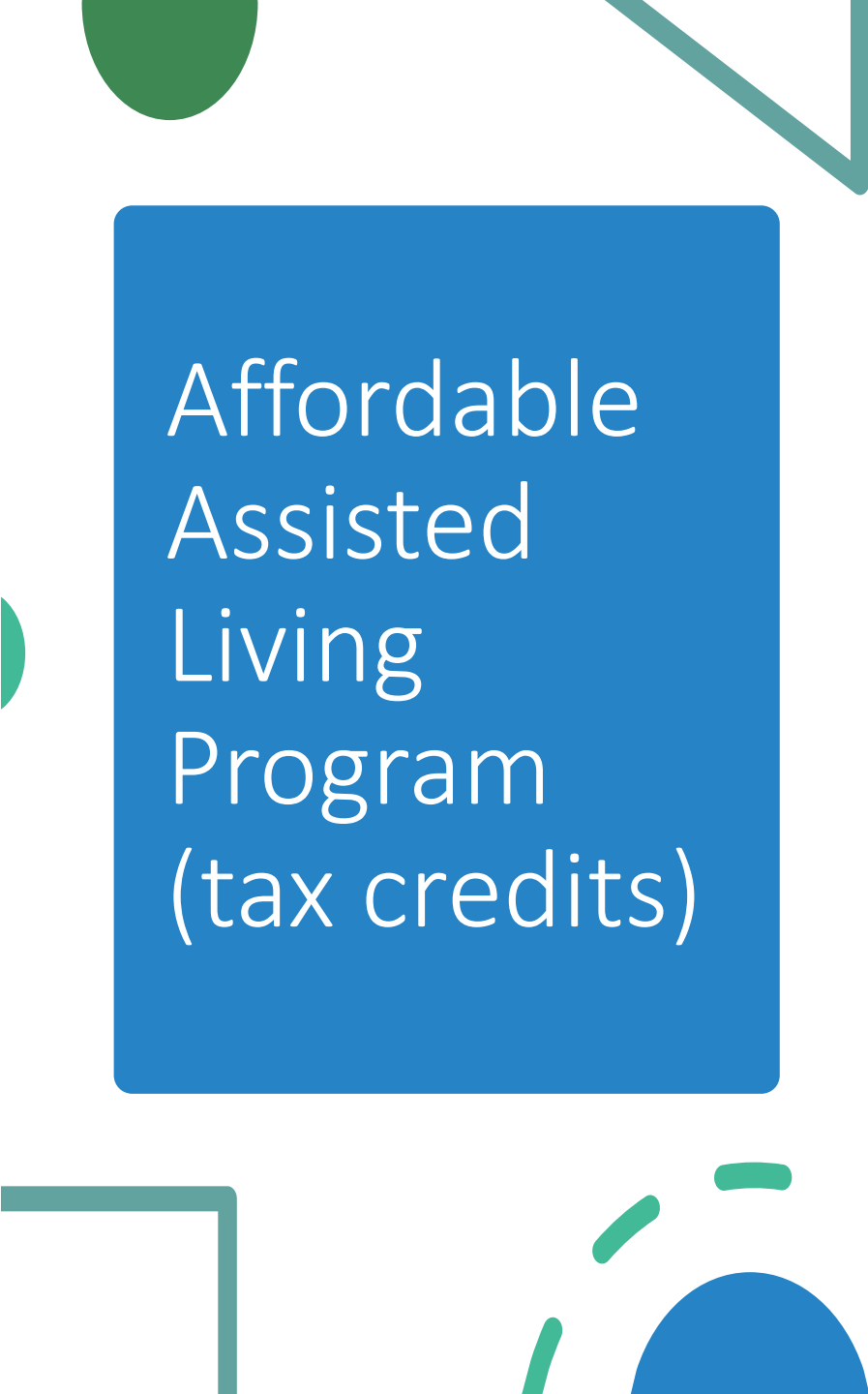
What has worked?

- Part of a larger campus – helps to lower expenses
- Meal delivery from another kitchen
- Partnership with PACE for clinical support

What has not worked?

- Larger service package – manage acuity
- Population that needs specialized programming





Affordable Assisted Living Program (tax credits)

Considerations

- Limitations on On-Site nursing coverage
- Limitations on common spaces
- Tax credit compliance requirements – partnering with families prior to move-in
- Mixed-income versus all units affordable

Outcomes to share



Average length of stay 597 days versus SNF Medicaid – 221 days

Adding this option to our campus has extended the time an individual can be supported in Assisted Living versus long-term care.



Annual cost to Medicaid - \$47,450 vs. \$110,000

Private assisted living room to the cost of semi-private SNF room

What is PACE?

“Program for the All-inclusive Care for the Elderly”

Coordinates and provides all preventive, primary, acute and long- term care services

Primary care delivered through onsite clinics

Interdisciplinary care management team meets daily

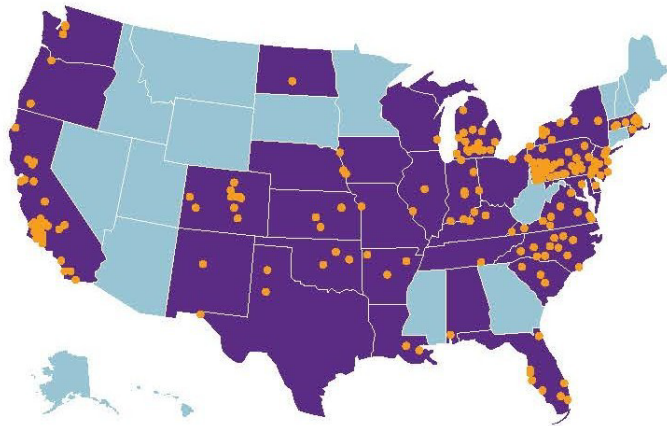
Regulated by Centers for Medicare and Medicaid Services (CMS) and Ohio Dept. of Aging (ODA)



PACE by the NUMBERS

Programs of All-Inclusive Care for the Elderly

PACE IS GROWING



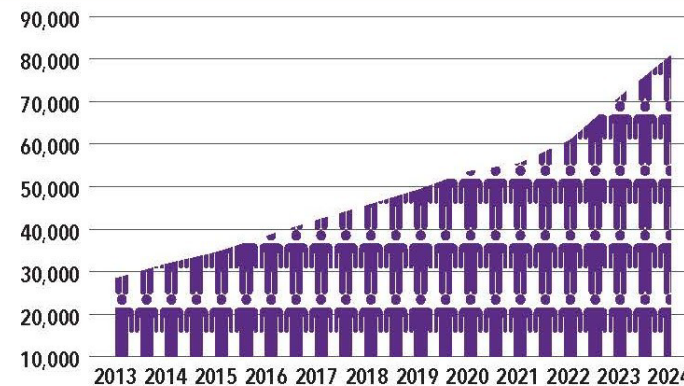
PACE Programs currently exist in 33 States and the District of Columbia.¹

186 PACE Organizations
374 PACE Centers
as of June 2025¹

PACE ENROLLMENT ELIGIBILITY

- Age 55 and over
- Live in the PACE service area
- Certified to need nursing home care
- Able to live safely in the community with PACE support at time of enrollment

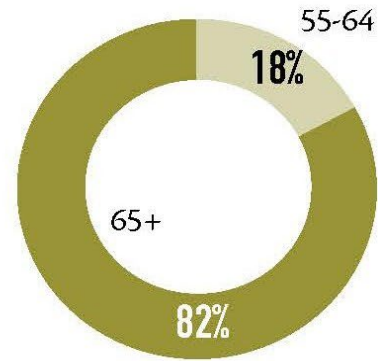
PACE ENROLLMENT OVER 83,000ⁱ



PACE SERVES OUR SENIORSⁱⁱ

94% Live in the community

75
Average age



65% WOMEN
35% MEN

PACE HELPS WITH ACTIVITIES OF DAILY LIVING



Dressing



Bathing



Transferring



Toileting



Eating



Walking



PACE VALUE

PACE Saves Taxpayer Dollars



States pay PACE programs

12% LESS

than the cost of other
Medicaid services

- States pay PACE programs on average 12 percent less than the cost of caring for a comparable population through other Medicaid services, including nursing homes and home and community-based waiver programs.^v
- In Medicare, payments to PACE organizations are equivalent to the predicted costs for a comparable population to receive services through the fee-for-service program.^{vi}

PACE Provides High-Quality Outcomes



LESS THAN 1 ER VISIT PER YEAR

- Lower Hospitalization Rate: A 24 percent lower hospitalization rate than dually-eligible beneficiaries who receive Medicaid nursing home services.^{vii}
- Decreased Rehospitalizations: 16 percent less than the national rehospitalization rate of 22.9 percent for dually-eligible beneficiaries age 65 and over.^{vii}
- Reduced ER Visits: Less than one emergency room visit per member per year.^{viii, x}

ONLY 6.6%

of nursing home-eligible PACE participants
currently reside in a nursing homeⁱⁱ

- Fewer Nursing Home Admissions: Despite being at nursing home level of care, PACE participants have a low risk of being admitted to a nursing home.^{xi}
- PACE participants receive better preventive care, specifically with respect to hearing and vision screenings, flu shots and pneumococcal vaccines.^{xii}



1/3

The rate of COVID Cases and Deaths as Compared to Nursing Homes

IDT: Interdisciplinary Team



Each participant is assigned to a team that works closely with them.

The team meets regularly to review assessments, exchange information, and troubleshoot problems as conditions and needs of participants change.

PACE in Action



Consider the example of a patient who has frequent ED visits to be treated for skin infections caused by flea bites.

In a PACE program, the IDT may decide that it is necessary to pay for pest extermination in the home to address the root cause of the problem.



The traditional, fragmented care delivery system would have trouble addressing the root cause of the condition and might just keep treating the patient's flea bites.

This flexibility can produce more cost-effective solutions and a higher quality of life than prescribing costly medications and continually providing hospital services.

Outcomes to share



99% participant satisfaction

When asked if they would recommend the program to friends and family – 99% stated yes.



Annual cost to Medicaid - \$54,132 vs. \$110,000

PACE capitated monthly payment compared to the cost of semi-private SNF room



Employee retention > 82.5%

Strong employee engagement data demonstrated by high retention

McGregor



Questions?

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Thank you!





We value your opinion

Please fill out our evaluation form to share your thoughts on this breakout session