



Department of
Aging



Summary Assessment of Older Ohioans

June 1, 2020

Acknowledgments



Department of
Aging



The Ohio Department of Aging (ODA) contracted with the Health Policy Institute of Ohio (HPIO) to complete this Summary Assessment of Older Ohioans. ODA and HPIO are grateful to the hundreds of Ohioans who contributed to this assessment by attending a State Plan on Aging regional forum, completing the ODA 2017 Statewide Needs Assessment survey or participating in the Strategic Action Plan on Aging Advisory Committee.

HPIO

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Purpose and overview

Background and purpose

This **Summary Assessment of Older Ohioans** provides a comprehensive picture of the health and wellbeing of older Ohioans to inform development of a Strategic Action Plan on Aging (SAPA). The SAPA will be a prioritized and specific action plan that state and local partners can use to achieve health and wellbeing for older Ohioans, building from this assessment and the 2019-2022 State Plan on Aging (SPOA), and aligning with the 2020-2022 State Health Improvement Plan (SHIP).

2019-2022 State Plan on Aging (SPOA)

The SPOA includes goals, objectives and strategies that highlight many state opportunities to improve the wellbeing of older Ohioans, adults with disabilities and their families and caregivers. The Ohio Department of Aging (ODA) completed the SPOA 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, wellbeing 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 our health, including housing, poverty, education and trauma.

Stakeholder engagement

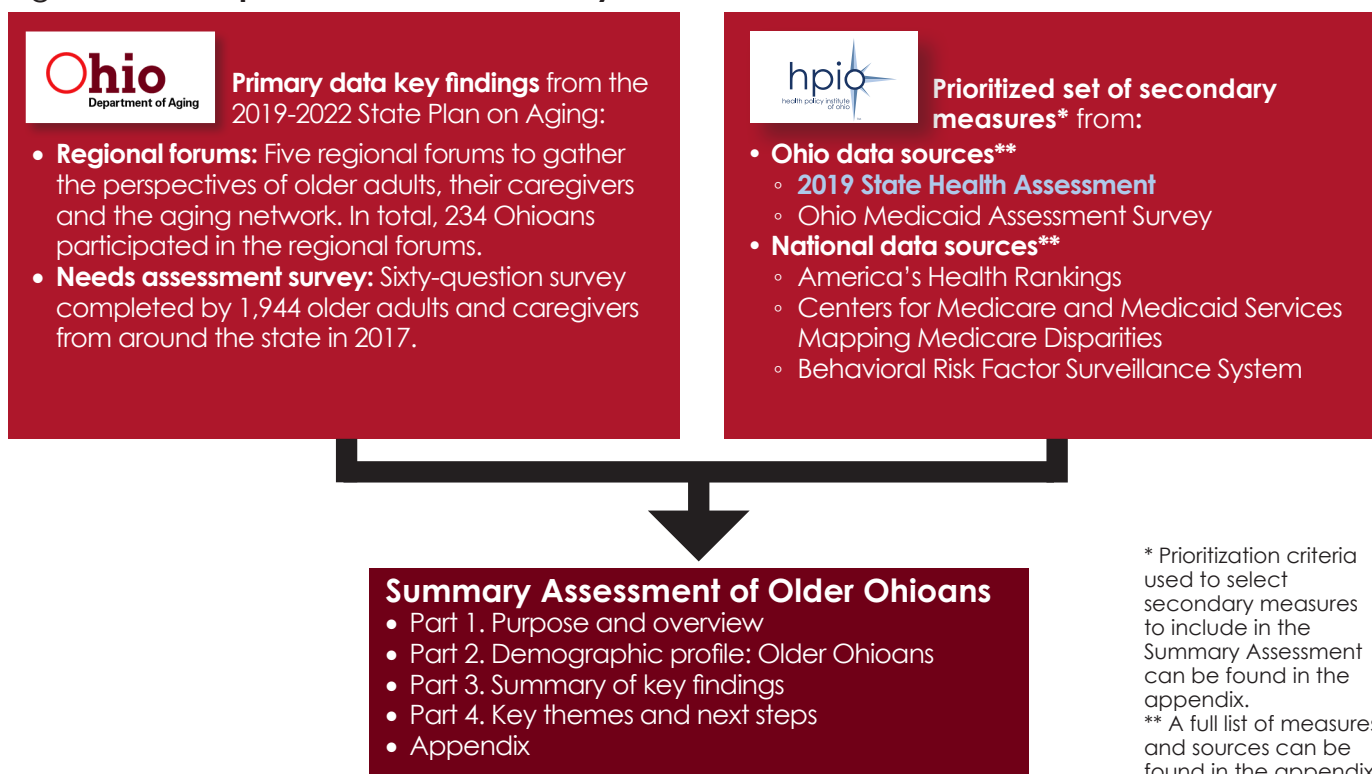
This Summary Assessment incorporates guidance from the SAPA Advisory Committee. The Advisory Committee includes 62 members (as of February 2020) representing a wide variety of sectors, including area agencies on aging, health care, long-term care, home- and community-based care, housing, transportation, food access and elder justice. Committee members will also provide guidance on the priorities and strategies included in the SAPA.

[Click here](#) to view information about Advisory Committee meetings. Member organizations are listed in the appendix.

Summary Assessment components

Figure 1.1 outlines the components of this Summary Assessment, including primary and secondary data. The Health Policy Institute of Ohio (HPIO) provided overall project management for the Summary Assessment, compiled and analyzed the secondary data and prepared this report. ODA collected the primary data used in this Summary Assessment (i.e., the regional forum discussions and survey data) in development of the 2019-2022 SPOA.

Figure 1.1 **Components of the Summary Assessment of Older Ohioans**



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Demographic profile: Older Ohioans

Population size and growth

Between 2010 and 2030, Ohio's total population is projected to grow by 0.7%, from 11,536,504 to 11,615,120.¹ In that same time period, Ohio's population, ages 60 and older, is expected to increase by 33.4%, from 2,287,424 to 3,050,200 (see figure 2.1). By 2030, Ohioans, ages 60 and older, will make up 26.3% of Ohio's total population.

The proportion of Ohio's total population, ages 85 and older, is projected to steadily increase from 2.2% in 2020 to 3.8% in 2050.²

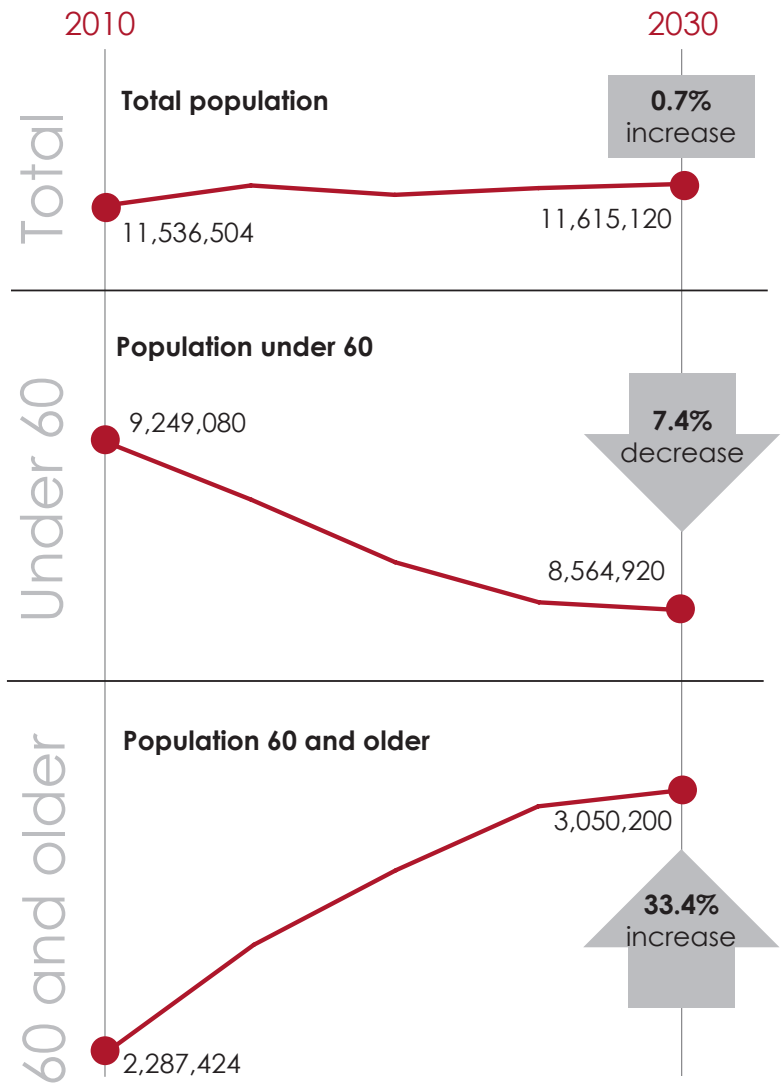
Changes in population size by county

Figure 2.2 displays the estimated percent of Ohioans, ages 60 and older, in each county from 2020 to 2050. Rural counties in the Northeast, Northwest and Southeast areas of the state have the highest proportion of older Ohioans. Urban and suburban counties, particularly in central Ohio, tend to have a smaller proportion of older Ohioans.

Age and sex of older Ohioans

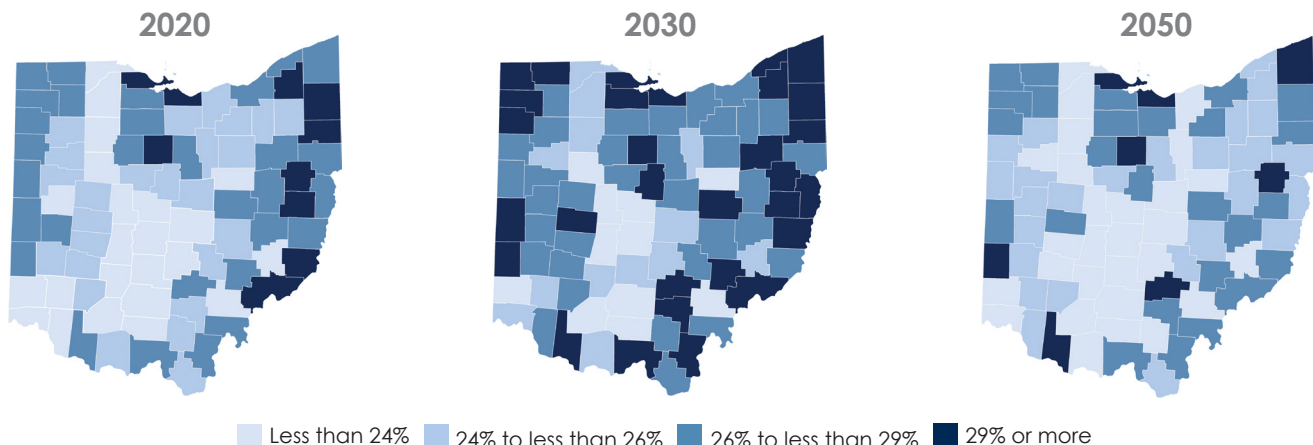
An estimated 26% of Ohio females are ages 60 and older, compared to 22.5% of males.³ Those proportions are estimated to increase by 2030 to 28% for females and 24.4% for males.⁴

Figure 2.1. Projected changes in Ohio's population, by age, 2010-2030



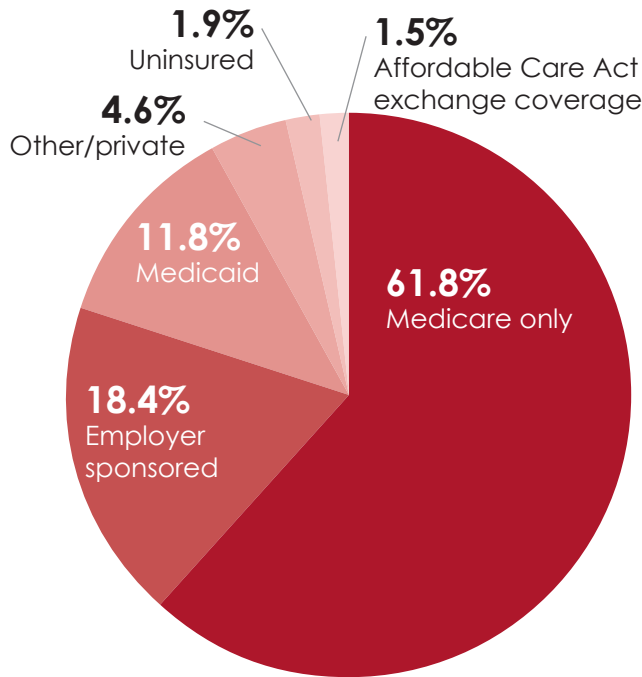
Source: Miami University, Scripps Gerontology Center

Figure 2.2. Older Ohioans as percent of projected population, by county, ages 60 and older, 2020-2050



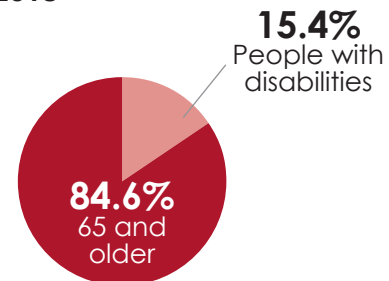
Source: Miami University, Scripps Gerontology Center

Figure 2.3. **Distribution of health insurance coverage for Ohioans, ages 60 and older, 2017**

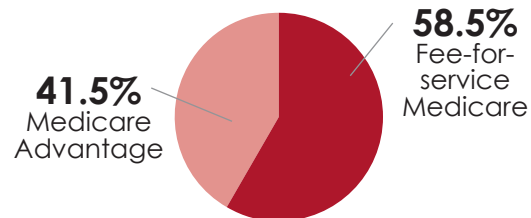


Source: Ohio Medicaid Assessment Survey Adult Dashboard

Percent of Medicare enrollees enrolled due to age and disability, Ohio, 2018



Percent of Medicare enrollees receiving services through fee-for-service Medicare and Medicare Advantage plans, Ohio, 2018



Source: U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medicare enrollment dashboard

Race and ethnicity of older Ohioans

In 2018, the majority of Ohioans, ages 60 and older, identified as white (87.7%), while much smaller percentages of older Ohioans identified as black or African American (9.6%) and Asian (1.3%), and 3.9% of Ohioans of any race are from Hispanic or Latino origins.⁵

English proficiency

In 2018, 94.8% of Ohioans, ages 65 and older, spoke only English at home.⁶ Over 103,000 Ohioans in that age group spoke a language other than English at home (5.2% of Ohioans ages 65 and older). Of the older Ohioans who spoke a language other than English, over 23,000 spoke English “not well” or “not at all” (1.2% of Ohioans ages 65 and older).⁷

For context, among all Ohioans who speak languages other than English at home, the most commonly spoken languages are Spanish (32.4%); Yiddish, Pennsylvania Dutch or other West Germanic languages (7.1%); Chinese, including Mandarin and Cantonese (6.1%); Arabic (5.9%) and German (5.6%).⁸

Health insurance coverage

Figure 2.3 displays the distribution of health insurance coverage for older Ohioans. In 2017, 61.8% of Ohioans,

ages 60 and older, were covered by Medicare only, 18.4% were covered by employer-sponsored insurance and 11.8% were covered by Medicaid.

In 2018, 84.6% of Medicare enrollees in Ohio were enrolled due to age, while 15.4% were enrolled due to disability (see figure 2.3).

Medicare enrollees’ healthcare services are paid for either through traditional fee-for-service Medicare or through Medicare Advantage. Medicare Advantage includes health plans offered by private companies that are approved by Medicare to provide health insurance coverage to Medicare enrollees. In 2018, 58.5% of enrollees in Ohio received services through traditional fee-for-service Medicare, and 41.5% received services through Medicare Advantage (see figure 2.3).

Since 2010, the uninsured rate for Ohioans, ages 60 and older, has decreased from 4.3% to 1.9%.⁹ In that same timeframe, the percent of older Ohioans covered by Medicaid increased from 7.7% to 11.8%.¹⁰ This was the result of a Medicaid eligibility change that went into effect in January 2014. As a result of this policy change, all adults ages 19 to 64 who are not eligible for other categories of Medicaid and have incomes less than 138% of the poverty level can obtain Medicaid coverage.¹¹

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Summary of key findings

Purpose and process

This section presents key findings from the Health Policy Institute of Ohio's (HPIO) review of more than 50 secondary data metrics, supplemented by primary data collected by the Ohio Department of Aging (ODA). The purpose of these key findings is to inform priority topics and outcomes in the Strategic Action Plan on Aging (SAPA).

This analysis was designed to answer the following key questions:

1. What are the biggest health and wellbeing strengths and challenges for older Ohioans?
2. Which factors that impact the health and wellbeing of older Ohioans are most important to address?

HPIO reviewed the secondary data and identified strengths and challenges for older Ohioans. A finding was notable, or rose to the level of a strength or challenge, based on one or more of these reasons:

Strengths	Challenges
<ul style="list-style-type: none"> • Ohio's performance was better than the U.S. overall by 10% or more • Ohio's trend improved by 10% or more, or other notable long-term trend in a positive direction 	<ul style="list-style-type: none"> • Ohio's performance was worse than the U.S. overall by 10% or more • Ohio's trend worsened by 10% or more, or other notable long-term trend in a negative direction • Ohioans experienced large disparities by race, ethnicity, income, disability status, geography, etc.

Note: Information on the methodology used for this analysis can be found in the appendix. Measures and sources used in the secondary data analysis are cited in the appendix.

Data considerations

Data analyzed and reported in this Summary Assessment is from publicly-available secondary sources. All metrics and sources are listed in Appendix D. A few key considerations of the data are highlighted below.

- **Age grouping.** To align with the Older Americans Act, data for adults, ages 60 and older, is analyzed whenever possible. Some secondary sources do not provide estimates for this age group. In these cases, a similar age grouping, such as ages 65 and older, was used. Age groups are specified throughout the assessment and listed in the appendix.

- **Medicare data.** Medicare outcome data was compiled from the Center for Medicare and Medicaid Services (CMS) Mapping Medicare Disparities Tool. This [source](#) uses administrative claims data for Medicare fee-for-service enrollees and does not include data for people enrolled in Medicare Advantage. Claims data for people enrolled in Medicare Advantage is not available from this source.
- **Disparity and inequity data.** To the extent possible, disparities and inequities that emerge in the secondary data analysis are highlighted. However, there is often limited or no available data on older Ohioans from communities at risk for poor outcomes (e.g., communities of color, Ohioans with disabilities or low incomes, LGBTQ communities and rural or Appalachian residents). In addition, the magnitude of disparities and inequities experienced by older Ohioans who are members of more than one group that is at risk for poor outcomes may not be fully captured in existing data.

Question 1 What are the biggest health and wellbeing strengths and challenges for older Ohioans?

All older Ohioans should have the ability to live to their full potential. However, many of the health and wellbeing challenges older Ohioans face today are rooted in experiences and conditions that could have been better managed or prevented at a younger age. This section includes data and information on older Ohioans related to:

- **Leading causes of death and life expectancy**
- **Health outcomes**, including health status, chronic conditions and mental health and addiction
- **Independence and engagement**, including functional ability and civic and social engagement

Leading causes of death and life expectancy

Ohio has seen an overall decrease in mortality among older Ohioans over the past decade. However, mortality rates for specific conditions and diseases have increased. In addition, there are large disparities related to life expectancy in Ohio.

Leading causes of death

As Ohioans age, the leading causes of death change and mortality rates sharply increase. Figure 3.1 highlights the leading causes of death for Ohioans across the life course. Causes of death related to chronic conditions are more prevalent among older Ohioans. These include cancers, heart diseases, diabetes, chronic lower respiratory diseases, cerebrovascular diseases and Alzheimer's disease.

Between 2009-2011 and 2016-2018, the all-cause mortality rate for Ohioans, ages 60 and older, decreased by 4.5%, from 3,815.9 deaths to 3,642.9 deaths per 100,000 population. Figure 3.2 highlights trends in the top ten leading causes of death for those pooled years.

The decrease in all-cause mortality was driven, in part, by decreases in deaths due to:

- Heart diseases
- Cancers
- Chronic lower respiratory diseases
- Diabetes
- Influenza and pneumonia

During the same time period, there were increases in deaths due to:

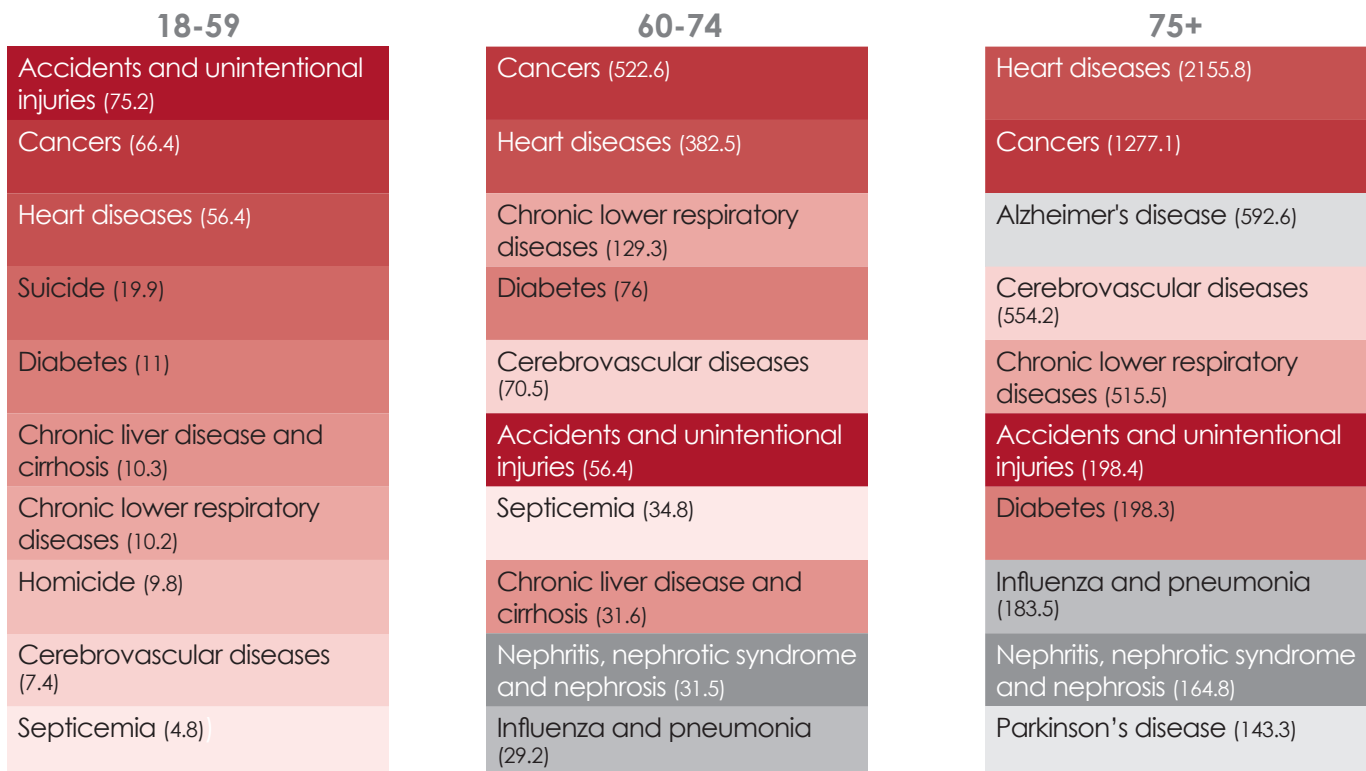
- Alzheimer's disease
- Accidents and unintentional injuries, including drug overdose deaths
- Septicemia

Life expectancy

Ohio performs similarly to the U.S. overall (less than 10% difference) and has had relatively stable trends related to life expectancy at age 65. In 2017, Ohioans who live to age 65 could expect to live, on average, an additional 18.5 years, or to age 83.5.

There is a gap of more than 29 years in life expectancy at birth in Ohio depending on where a person lives, ranging from a low of 60 years in the Franklinton neighborhood of Columbus (Franklin County) to a high of 89.2 years in the Stow area (Summit County). Figure 3.3 highlights examples of urban and rural communities in Ohio experiencing large differences in life expectancy at birth, just miles apart. These gaps in life expectancy are driven, in part, by differences in community conditions, such as access to education, income and other resources.

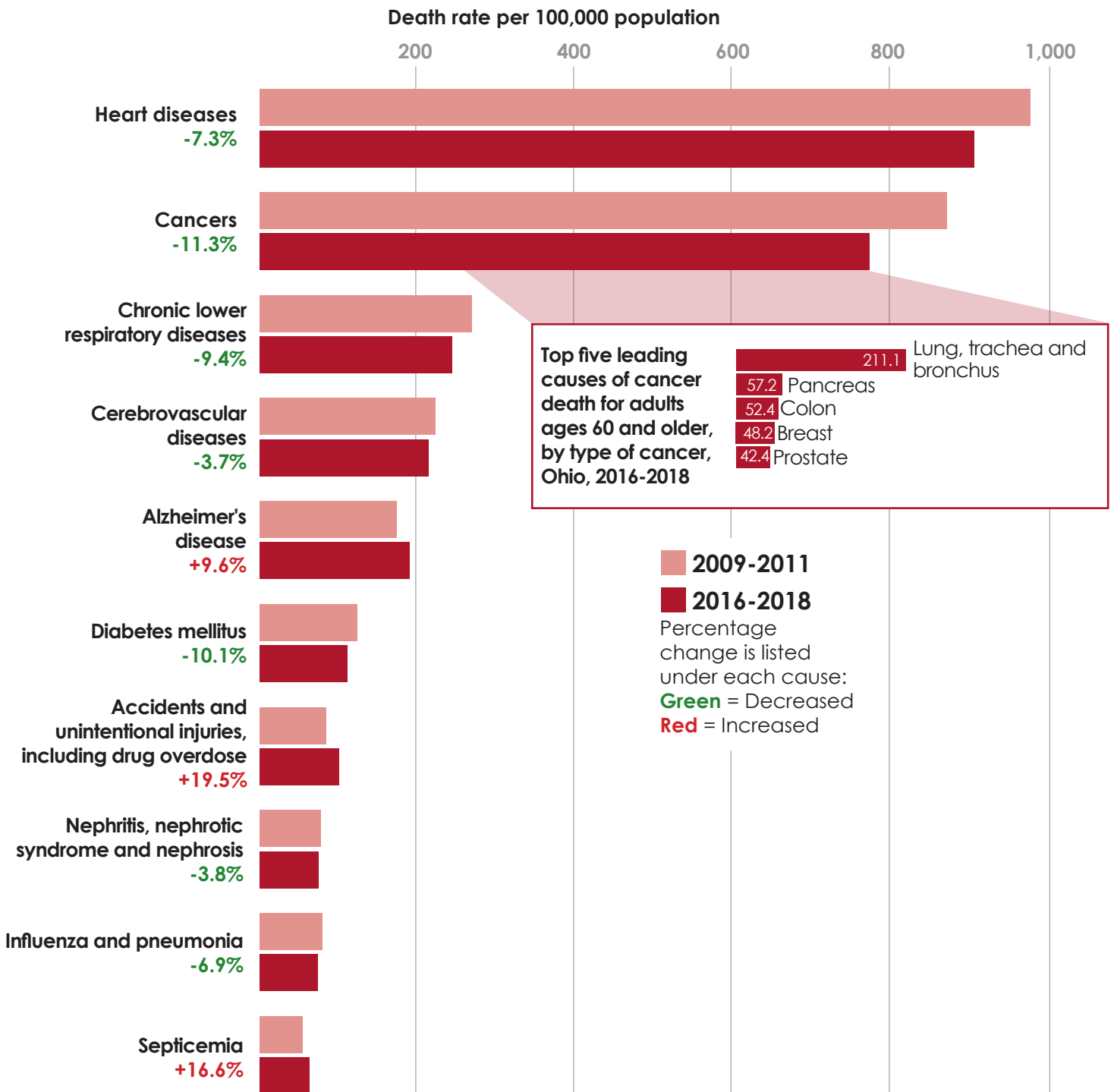
Figure 3.1. **Top ten leading causes of death for Ohioans (death rate per 100,000 population), across the life course, 2018**



Note: Colors were assigned to help readers track the placement of causes on the top ten list and to easily identify when new causes appear on the top ten list at different stages of the life course. Color codes do not indicate prevalence or disease categories.

Source: HPIO analysis of data from the Ohio Department of Health Public Health Data Warehouse. Accessed Jan. 10, 2020

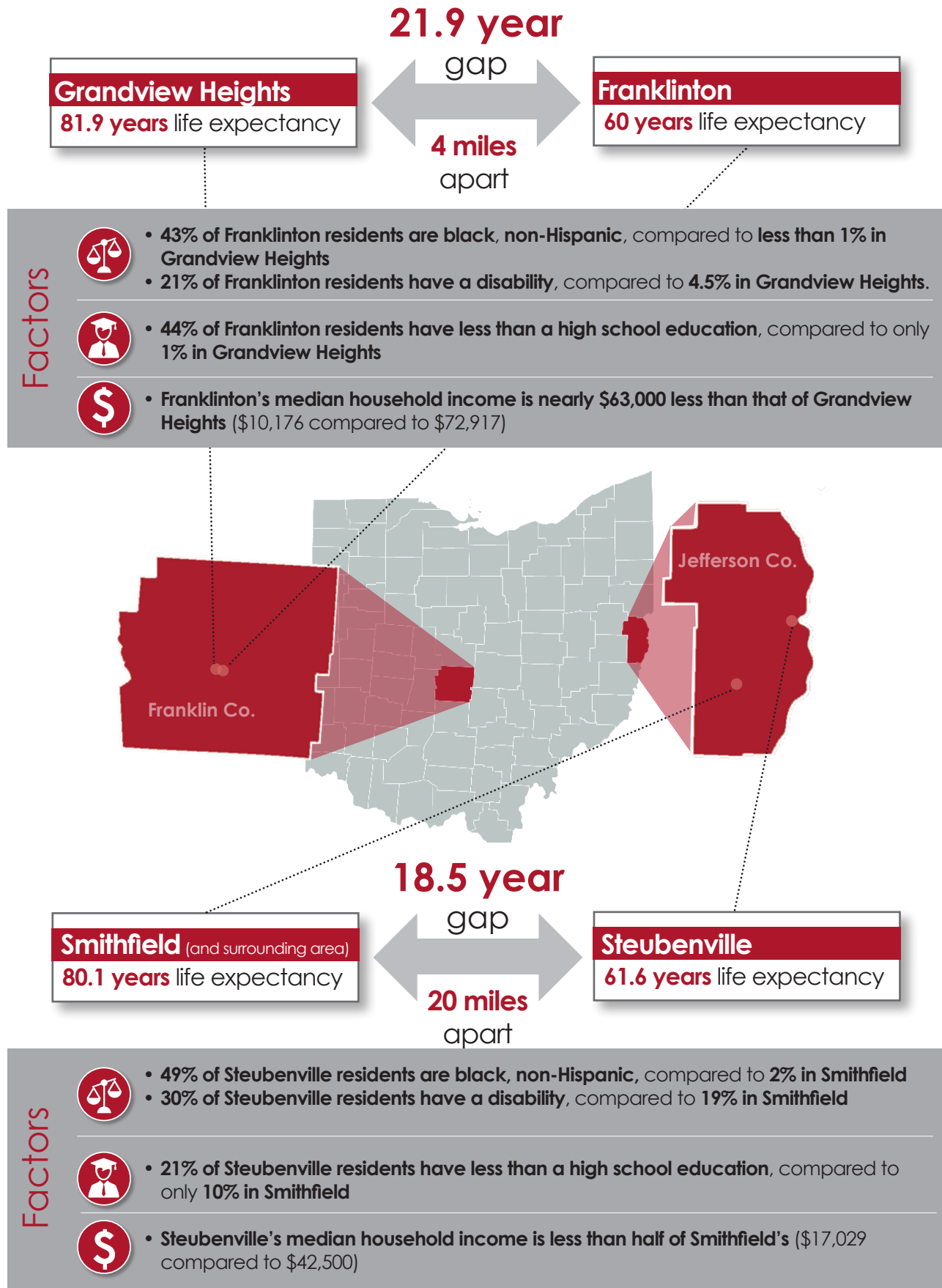
Figure 3.2. Top ten leading causes of death for Ohioans, ages 60 and older, 2016-2018 compared to 2009-2011



Source: HPIO analysis of data from the Ohio Department of Health Public Health Data Warehouse. Accessed Feb. 14, 2020

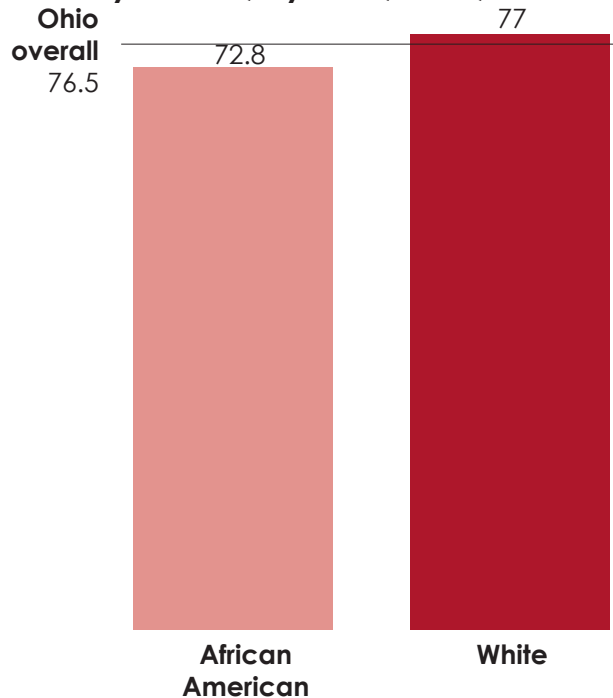
Figure 3.3. **Differences in life expectancy across select urban and rural census tracts in Ohio, 2015¹²**

Ohioans living just miles apart in urban and rural communities experience strikingly different life expectancies. Shorter life expectancy is driven by community conditions and access to resources, such as education and income, and disproportionately impacts black Ohioans and Ohioans with a disability.



Source: Life expectancy data from the Centers for Disease Control and Prevention, National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project – USALEEP (2010-2015). Demographic and socioeconomic factor data from the U.S. Census Bureau, American Community Survey, 5-year estimates (2011-2015).

Figure 3.4. Life expectancy at birth, by race, Ohio, 2017



Source: Ohio Department of Health, Online Ohio State Health Assessment



Notable disparities. Figure 3.3 illustrates that shorter life expectancies disproportionately impact black Ohioans and Ohioans with a disability. Black/African-American Ohioans are expected to live, on average, 4.2 years less than white Ohioans (see figure 3.4).

Health outcomes

Ohio performs similar to the U.S. overall (less than 10% difference) and has stable trends related to overall health status for older Ohioans. However, more than a quarter (26.1%) of older Ohioans, ages 65 and older, reported having fair or poor health in 2018.

Chronic conditions

Data findings from the Summary Assessment suggest a need to address the heart health of older Ohioans:

- **Hypertension.** Ohio performs worse than the U.S. overall and is trending in the wrong direction on hypertension. Nearly two-thirds of Medicare FFS beneficiaries (60%) in Ohio were diagnosed with hypertension in 2017.
- **Heart disease.** Heart disease was the number two cause of death for Ohioans ages 60-74 and the number one cause of death for Ohioans ages 75 and older.

Neurological disorders, including Alzheimer's and dementia, are growing challenges for older Ohioans. In 2017, 11% of Medicare FFS beneficiaries had Alzheimer's disease, dementia or related disorders, a notable increase from 2015.

Ohio performs similarly to the U.S. overall (less than 10% difference) on several other indicators of chronic disease prevalence among older Ohioans:

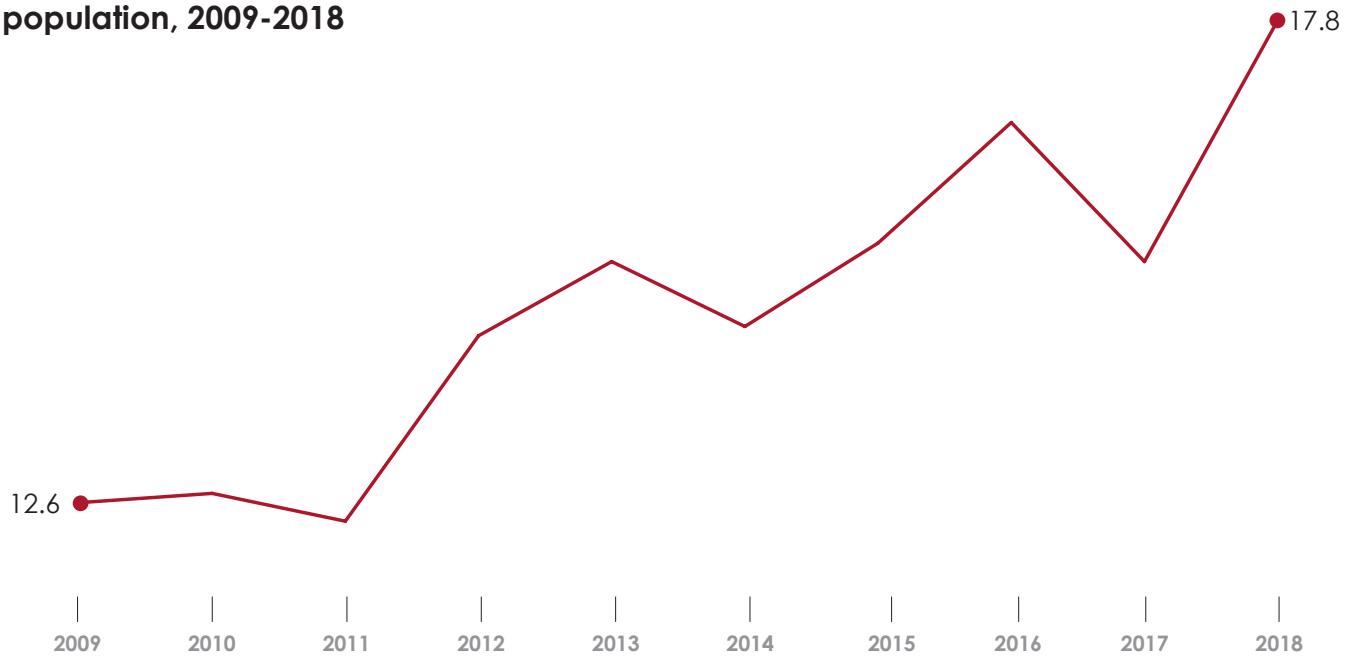
- Diabetes
- Heart failure
- Obesity



Notable disparities. There are notable disparities for both obesity and diabetes prevalence among older Ohioans:

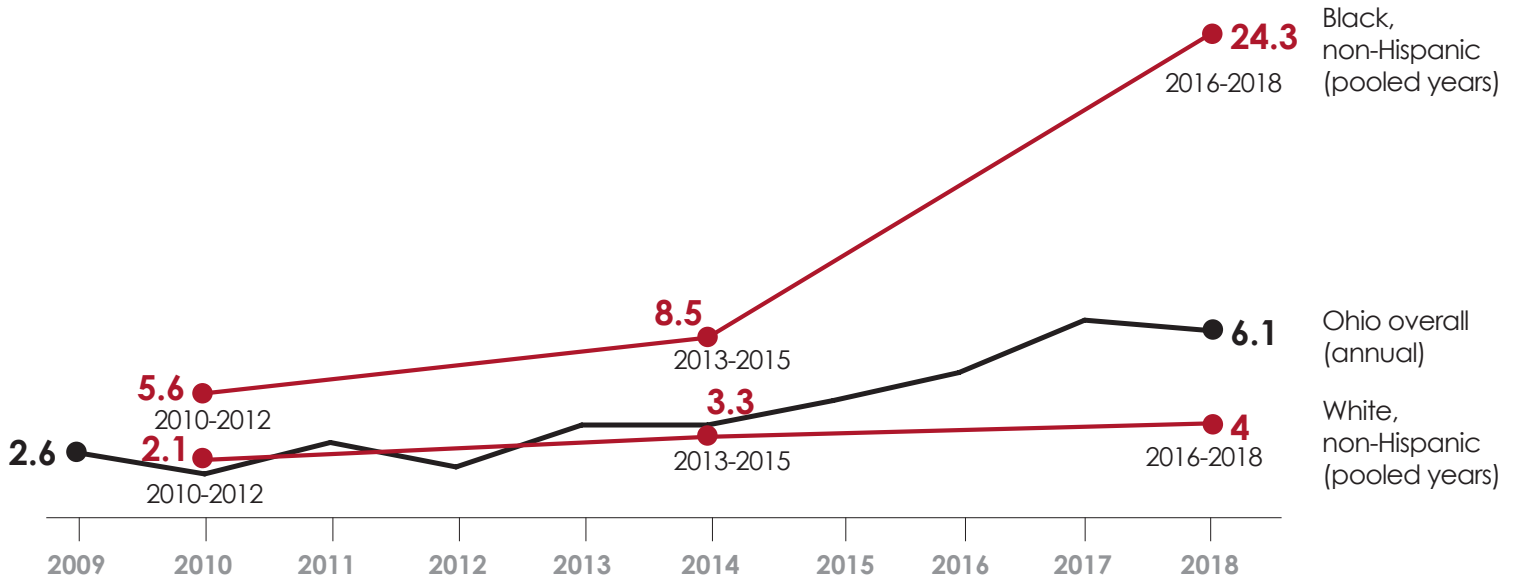
- **Obesity.** In 2017, older Ohioans, ages 65 and older with incomes below \$50,000, were more likely to be identified as having obesity than Ohioans with higher incomes.
- **Diabetes.** Ohio Medicare FFS beneficiaries who were black (36%), Hispanic (36%) or Asian/Pacific Islander (30%) were more likely to be diagnosed with diabetes in 2017 than white Ohioans (27%).

Figure 3.5. Number of deaths from suicide for Ohioans, ages 60 and older, per 100,000 population, 2009-2018



Source: HPIO analysis of data from the Ohio Department of Health Public Health Data Warehouse. Accessed Jan. 23, 2020.

Figure 3.6. Number of deaths from unintentional drug overdose for Ohioans, ages 65 and older, per 100,000 population, by race* and overall, 2009-2018**



*Values for races other than "white" and "black" are not reported due to low number of deaths per the ODH Public Health Data Warehouse.
 **To produce reliable estimates for comparing unintentional drug overdose deaths by race, years of data were pooled.
 Source: HPIO analysis of data from the ODH Public Health Data Warehouse. Accessed Jan. 24, 2020.

Mental health and addiction

Ohio performs poorly on several indicators of mental health in older Ohioans:

- **Depression.** One-fifth (20%) of Medicare fee-for-service (FFS) beneficiaries in Ohio were diagnosed with depression in 2017, compared to 18% of Medicare FFS beneficiaries in the U.S. overall.
- **Suicide.** There has been an increase in death by suicide, from 12.6 deaths per 100,000 in 2009 to 17.8 deaths per 100,000 in 2018 among Ohioans ages 60 and older (see figure 3.5).

Addiction is a significant issue for Ohioans, ages 18-64, with unintentional drug overdose deaths increasing from 19.1 deaths per 100,000 in 2009 to 51.2 deaths per 100,000 in 2018. Data also suggests that overdose death is a growing problem among older Ohioans. Figure 3.6 shows that unintentional drug overdose deaths among Ohioans, ages 65 and older, more than doubled over the past ten years from 2.6 deaths per 100,000 in 2009 to 6.1 deaths per 100,000 in 2018.



Notable disparities. Unintentional drug overdose deaths for black, non-Hispanic Ohioans, ages 65 and older, have increased at an alarming rate (see figure 3.6). During 2016-2018, black, non-Hispanic Ohioans, ages 65 and older, were dying at more than six times the rate of white, non-Hispanic Ohioans in that age group (24.3 deaths per 100,000 compared to four deaths per 100,000).

The 2015 Ohio Medicaid Assessment Survey (OMAS) provides some additional data on prescription pain use, finding that 2.7% of Ohioans, ages 60 and older, reported ever using prescription pain relievers in a way that was not prescribed.

Independence and engagement

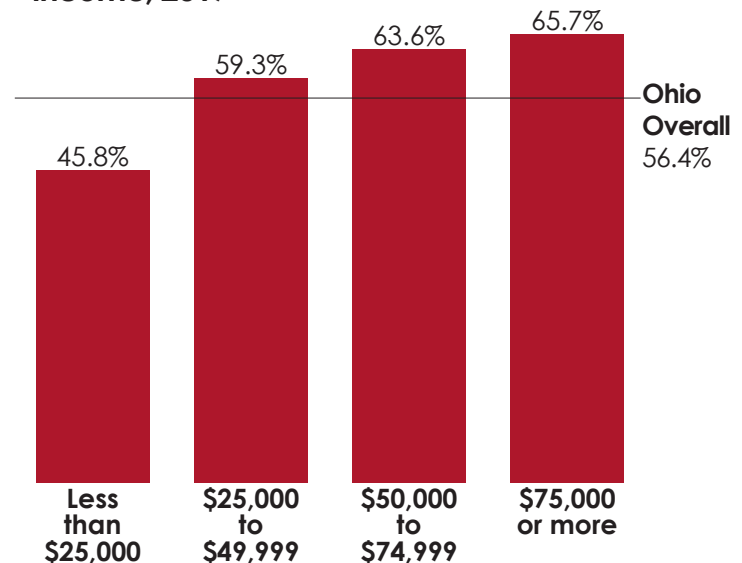
Older Ohioans face a number of barriers related to living independently and not in isolation.

Functional ability

Data suggests that the ability to live independently without functional difficulties is a challenge for many older Ohioans:

- **Falls among older adults.** The percent of Ohioans, ages 65 and older, who reported having a fall within the last 12 months increased from 26.7% in 2012 to 28.8% in 2016.
- **Chronic pain management for arthritis.** In 2017, Ohio performed notably better than the U.S. overall on the percent of Ohioans, ages 65 and older, who reported that arthritis or joint symptoms did not limit their usual activities (56.4% in Ohio compared to 52.9% for U.S. overall). However, this still leaves a large percentage of older Ohioans whose usual activities were impeded.

Figure 3.7. Percent of Ohioans, ages 65 and older, with arthritis who reported that their symptoms do not limit their usual activities, by annual household income, 2017



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, as compiled in the America's Health Rankings Senior Report, 2019 edition

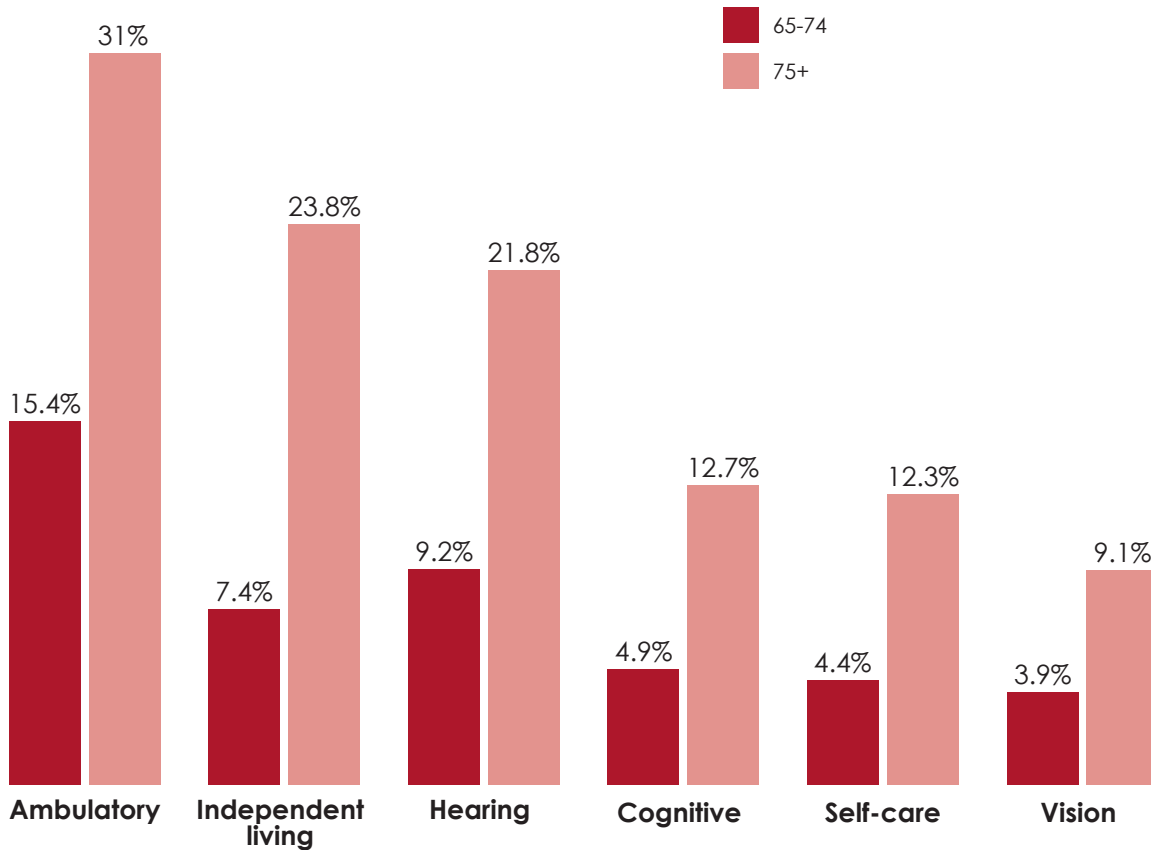
In ODA's 2017 Statewide Needs Assessment Survey, more than 36% of respondents reported feeling unsteady on their feet at least some of the time, and nearly 30% had experienced a fall within the last 12 months.



Notable disparities. Older Ohioans, ages 65 and older with incomes below \$25,000, had worse outcomes than Ohioans with incomes of \$75,000 or more for falls (33.1% compared to 22.9%) and chronic pain management for arthritis (45.8% compared to 65.7%) (see figure 3.7). In addition, females, ages 65 and older, were more likely to have reported a fall within the last 12 months as compared to males (31.7% compared to 25.1%).

Figure 3.8 highlights the percent of older Ohioans with functional difficulties, by type of difficulty, over pooled years 2013-2017. Ambulatory difficulty (i.e., having serious difficulty walking or climbing stairs) impacted the highest percent of older Ohioans for both the 65-74 (15.4%) and 75 and older (31%) age groups. This was followed by difficulties related to independent living (i.e., having difficulties doing errands alone because of physical, mental or emotional problems) and hearing difficulties. Notably, the reporting of difficulties nearly doubles or triples from the 65-74 to the 75 and older age group.

Figure 3.8. Percent of older Ohioans with functional difficulties, by type of difficulty, 2013-2017



Source: Miami University, Scripps Gerontology Center

Civic and social engagement

Research suggests civic and social engagement is positively associated with improved levels of overall wellbeing, including better mental and physical health.¹³ This Summary Assessment examines several measures of civic and social engagement among older Ohioans:

- **Volunteerism.** Nearly one-third (30.3%) of Ohioans, ages 65 and older, reported volunteering in the past 12 months, better than the U.S. rate of 26%. Ohio's rate has notably improved from 2012-2014 to 2017.
- **Social isolation:** Older Ohioans are at greater risk for social isolation than older residents of most other states. Ohio is in the bottom half of states (33rd out of 50 states and D.C.), for the risk of social isolation among adults, ages 65 and older.
- **Population living alone.** More than a quarter of Ohioans, ages 65 and older, were identified as living alone (28.8%) over pooled years 2013-2017.

Social isolation was also identified as an issue for many older Ohioans in the ODA 2017 Statewide Needs Assessment Survey:

- 35% of respondents live alone
- 16% reported feeling "dissatisfied" or "very dissatisfied" with their life
- 56% reported that they wish they could interact more with people

Question 2

Which factors that impact the health and wellbeing of older Ohioans are most important to address?

To improve the overall health and wellbeing of older Ohioans, the underlying drivers of health must be addressed. Health is influenced by several modifiable factors, including clinical care, health behaviors, and the social, economic and physical environment (also referred to as the “social drivers of health”). An estimated 80% of the modifiable factors that impact overall health are attributed to community conditions and the opportunity to make healthy choices (see figure 3.9).

Figure 3.9 also highlights the underlying drivers of inequities, such as poverty, trauma, toxic stress and discrimination and oppression, including ageism, racism, ableism and other “isms.”

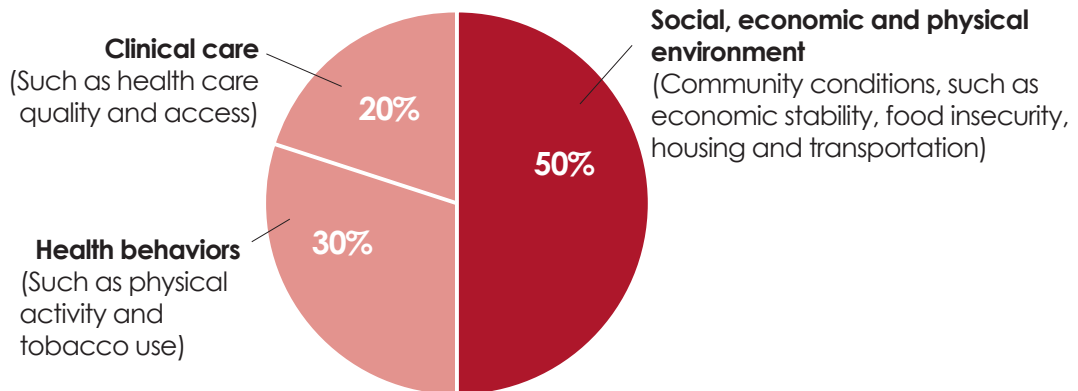
This section examines these factors and their impact on the health and wellbeing of older Ohioans, including data and information on:

- **Community conditions**, including economic stability, financial planning and resources, kinship care, food insecurity, housing, transportation and elder abuse, neglect and exploitation
- **Health behaviors**, including physical activity, nutrition, smoking and excessive drinking
- **Access to care**, including long-term home- and community-based supports, workforce capacity, healthcare access and caregiver supports

Community conditions

The conditions in which older Ohioans live, including their social, economic and physical environments,

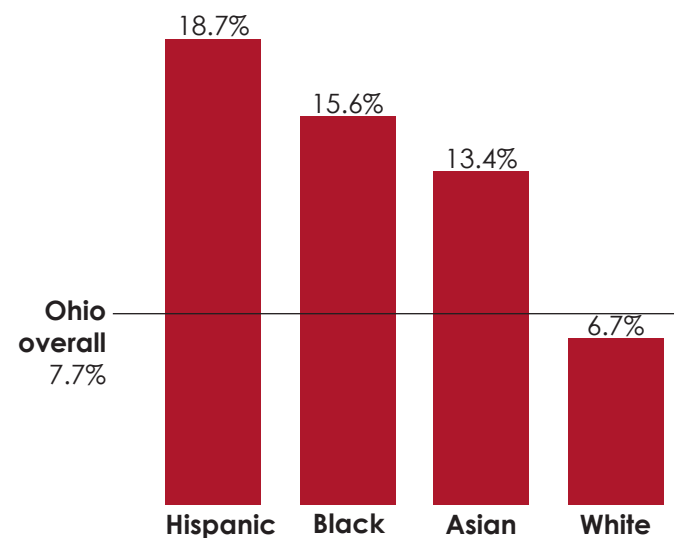
Figure 3.9. **Factors that influence health**



Underlying drivers of inequity: Poverty, trauma, toxic stress and discrimination and oppression, including ageism, racism, ableism and other “isms”

Source: Adapted from Booske, Bridget C. et. Al. *County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health*. University of Wisconsin Public Health Institute, 2010.

Figure 3.10. **Percent of Ohioans, ages 65 and older, with incomes at or below 100% of the poverty level, by race and ethnicity, 2017**



Source: U.S. Census Bureau, American Community Survey (2017), as compiled in the America's Health Rankings Senior Report, 2019 edition

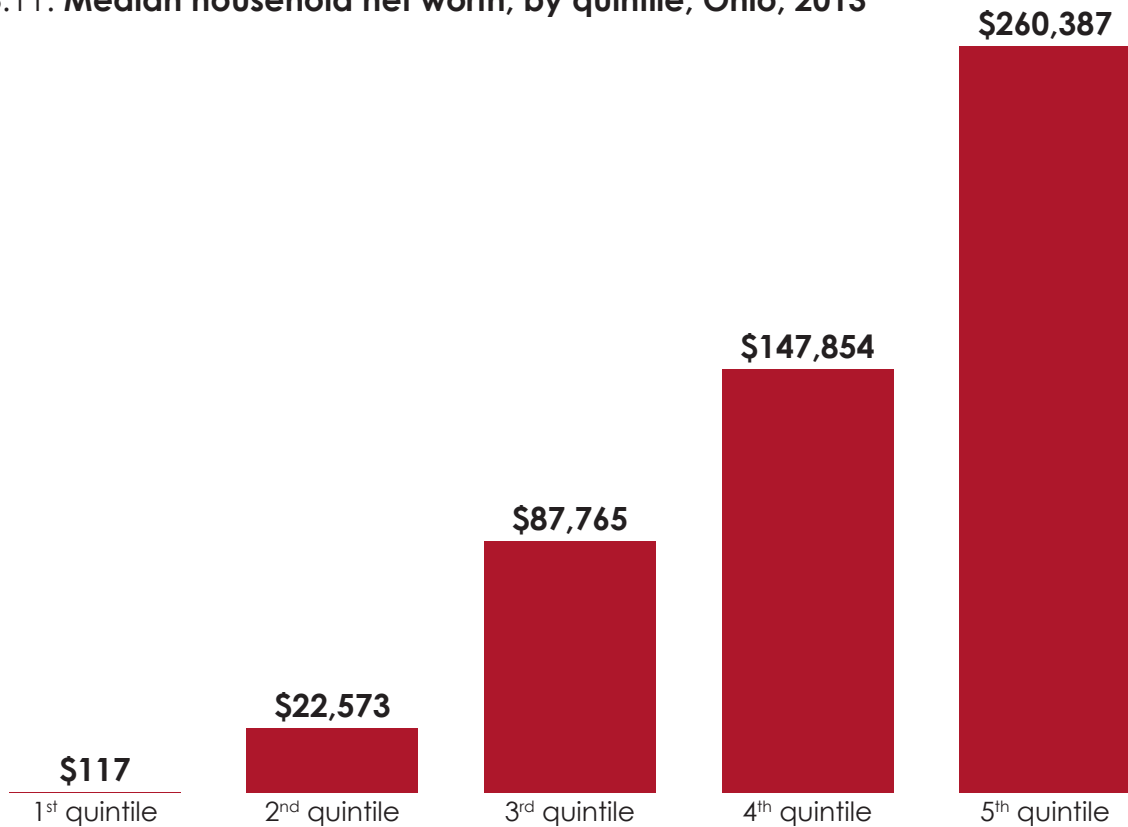
have a significant impact on their health and wellbeing. Ohio outperforms the U.S. on several measures of community conditions; however, a number of community conditions in Ohio do not provide adequate supports for healthy aging.

Economic stability

Ohio performs better than the U.S. overall on several indicators of economic stability among older adults:

- **Poverty.** In 2017, the percent of adults, ages 65 and older, who live in households with incomes at or below 100% of the poverty level was 7.7% in Ohio and 9.3% in the U.S. overall.

Figure 3.11. **Median household net worth, by quintile, Ohio, 2013**



Source: Chenevert, Rebecca et al. *Where the Wealth Is: The Geographic Distribution of Wealth in the United States*. U.S. Census Bureau, 2016.

- **Unemployment.** The percent of adults, ages 60 and older, who were unemployed but looking for work was 2.7% in Ohio and 3.1% in the U.S. overall in 2018.



Notable disparities. In 2018, black or African-American Ohioans, ages 65 and older, were more likely to be unemployed but looking for work than older Ohioans in all other racial and ethnic groups (5.1% compared to 2.9% for white Ohioans, for example). Additionally, Asian, black and Hispanic Ohioans, ages 65 and older, are more likely to live in households with incomes at or below 100% of the poverty level than older Ohioans overall (see figure 3.10).

The Gerontology Institute at the University of Massachusetts Boston developed the Elder Economic Insecurity Rate (EEIR).¹⁴ The EEIR is the percentage of independent older adults, ages 65 and older, who live in households with annual incomes that do not support economic security. Using this measure, Ohio performs well relative to the U.S. and other states; Ohio has the 4th and 5th lowest EEIRs for singles and couples.¹⁵ This means that more older Ohioans have incomes that support economic security than older adults in most other states. In Ohio during 2019, based on the EEIR, 56.2% of single older adults and 81.8% of older adult couples had incomes that were likely to cover housing costs, health care, food and other expenses.¹⁶

The EEIR builds on [the Elder Index](#), which is a tool that estimates the income older adults need to live independently based on the county or state where they reside, household composition and health status.¹⁷

Financial planning and resources

An important aspect of economic stability for older Ohioans is financial planning for life after work due to retirement, disability, caregiving or other reasons. Planning for the costs of healthcare and long-term care is particularly difficult because it is impossible to know how a person's health status will change as they age (see section titled "Affordability of services and supports" on page 19 for more information). As part of the primary data collected for the State Plan on Aging, several people who participated in the ODA aging network roundtables expressed the need for more and earlier education about planning for retirement so that people can choose whether they want to work as they age.

Data on the net worth of Ohioans shows that many Ohioans have few assets relative to debts and that Ohio lags behind the U.S. overall. The median net worth of Ohioans is \$87,717, which is notably lower than the median net worth nationally (\$96,679).¹⁸ Additionally, the median net worth of the wealthiest 20% of Ohioans (\$260,387) is \$260,270 higher than the median net worth of the least wealthy 20% of Ohioans (\$117) (see figure 3.11).

Assets, which can be accumulated through cash savings, pension participation, contributions to individual retirement accounts or 401(k) plans and homeownership, can replace income after work. However, people who do not have assets that can be converted to income often rely on government programs, such as Social Security retirement or disability benefits, to meet basic needs. Payments from these programs do not fully replace income from work.¹⁹

For people with low net worth, meeting basic needs and/or saving for the near-term is often a priority over planning for retirement. Financial planning for life after work should acknowledge these differences in access to resources and in the opportunities to grow wealth.

Kinship care

In 2018, there were 94,130 grandparents who lived with, and were responsible for, their grandchildren under age 18 in Ohio.²⁰ Of those grandparents, 41.5% (39,019) were ages 60 and older. Ohio grandparents raising grandchildren tend to be younger than grandparents raising grandchildren in the U.S. overall.²¹

While there are many reasons that grandparents raise grandchildren, the addiction crisis has resulted in an increased need for kinship care for the children of parents struggling with substance use disorder. Many children who are in custody of the child welfare system are placed with relatives, including with grandparents. As of July 1, 2018, approximately 4,141 children in the custody of Public Children's Service Agencies had been placed in approved kinship homes, such as with grandparents, a 44.1% increase from approximately 2,873 children as of July 1, 2016.²²

Food insecurity

Food insecurity—the lack of consistent access to enough food for an active, healthy life—is trending in the right direction for older Ohioans. In 2016, 13.1% of Ohioans, ages 60 and older, had faced the threat of hunger in the past 12 months. This is a decrease from 17.6% in 2014.

The Supplemental Nutrition Assistance Program (SNAP), the federal program that provides nutrition benefits to low-income individuals used at stores to purchase food²³, is one tool communities have to combat food insecurity. SNAP participation rates for Ohioans, ages 60 and older who live in poverty, decreased from 2015 to 2017 (84 per 100 compared to 79 per 100 Ohioans, ages 60 and older). This data suggests there is an increase in the number of older Ohioans who are eligible for SNAP, but are not enrolled.

According to the ODA 2017 Statewide Needs Assessment Survey, 76% of respondents indicated that they have enough food all of the time, while 16.7% had

enough food most of the time and 5.4% had enough food some of the time.

Housing and transportation

Ohio performs better than the U.S. overall on housing costs for older Ohioans who are renters. Still, over half of Ohio renters (55%), ages 65 and older, paid rent (including utilities and fuel costs) that exceeds 30% of their household income, a commonly used definition of housing affordability, in 2017 (compared to 60.5% in the U.S. overall).

Transportation access was measured in the ODA 2017 Statewide Needs Assessment Survey. According to survey respondents:

- 65% said they are able to get where they want to go all of the time
- 84% indicated they drive to where they want to go
- 41% have a spouse, family member, friend or neighbor drive them

Transportation to healthcare settings is a challenge for some older Ohioans. In 2017, between 7.8% and 14.5% of Ohioans, ages 65 and older, avoided health care due to lack of transportation.

Elder abuse, neglect and exploitation

Physical, emotional and sexual abuse, financial exploitation, and neglect by people who are responsible for their care are critical concerns facing older adults. A national review of literature published in 2015 found that approximately 10% of older adults had experienced elder abuse in the last 12 months, including physical abuse, psychological or verbal abuse, sexual abuse, financial exploitation or neglect.²⁴

There is limited data on the prevalence of elder abuse, neglect and exploitation among older Ohioans. In state fiscal year 2018, Adult Protective Services at the Ohio Department of Job and Family Services received 14,597 reports of abuse, neglect or exploitation for Ohioans, ages 60 and older. It is estimated that many more cases go unreported. A national study from 2003 suggests that only 1 in 14 cases of elder abuse are reported to authorities.²⁵

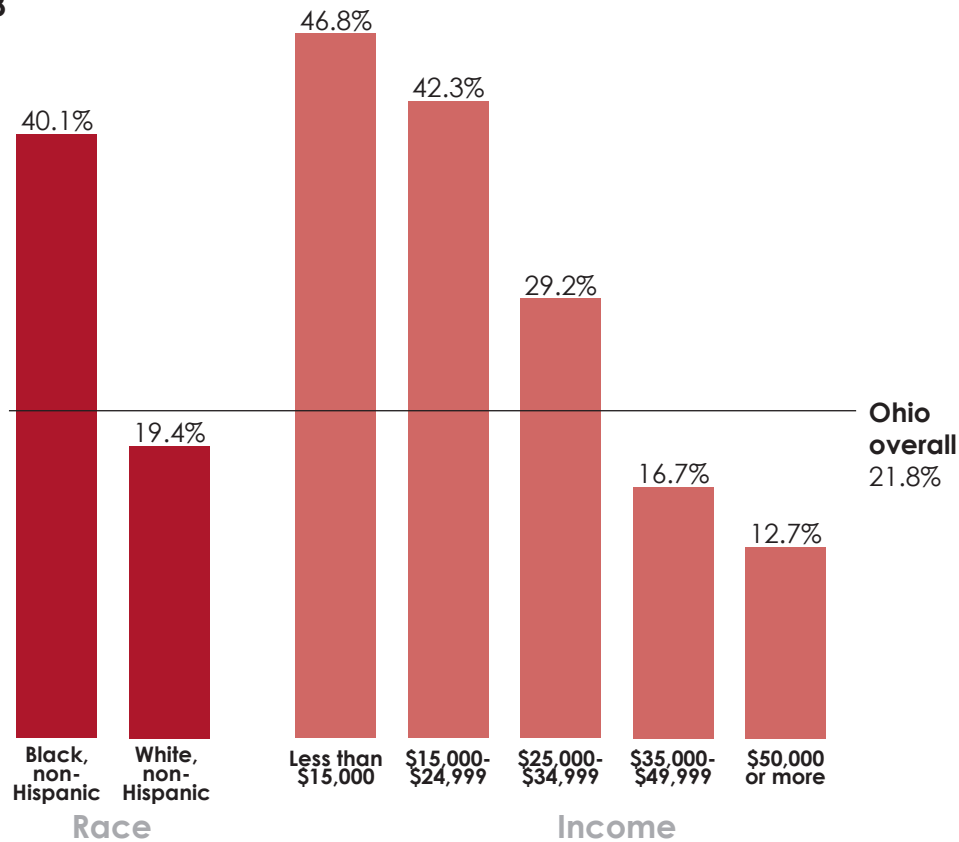
Health behaviors

Healthy behaviors support healthy aging. Unfortunately, Ohio performs poorly on several indicators of health behaviors among older adults.

Physical activity and nutrition

Physical activity among older Ohioans is trending in the wrong direction. The percent of Ohioans, ages 65 and older, who report being in fair or poor health, who engaged in no physical activity or exercise other than their regular job in the past 30 days increased from 31.5% in 2015 to 35.3% in 2017.

Figure 3.12. **Percent of Ohioans, ages 55-64, who are current smokers, by race and income, 2018**



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2018)

There was a correlation between physical inactivity and the rate of falls among respondents of ODA's 2017 Statewide Needs Assessment Survey. More than 52% of respondents who had experienced a fall within the last 12 months indicated that they engaged in only moderate physical activity two days or less each week.

were 17.4% for adults, ages 55-64, and 8.9% for adults, ages 65 and older.



Notable disparity. Older Ohioans with the lowest incomes have particularly high rates of physical inactivity. In 2017, Ohioans, ages 65 and older with annual incomes less than \$25,000, were more than twice as likely to report doing no physical activity or exercise other than their regular job in the past 30 days compared to older Ohioans with annual incomes of \$75,000 or more.

Ohio performs similarly to the U.S. (less than 10% difference) on the percent of adults, ages 65 and older, who consumed fruits and vegetables one or more times per day.

Smoking and excessive drinking

Tobacco use is a challenge for older Ohioans. In 2018, the percent of Ohioans who were current smokers was 21.8% for adults, ages 55-64, and 10.7% for adults, ages 65 and older. Both are higher than the U.S. rates, which



Notable disparities. There are notable disparities in smoking rates for older Ohioans by race and income:

- **Smoking among older Ohioans who are black.** Ohioans, ages 55-64 who are black, are twice as likely to smoke cigarettes than white Ohioans in that age group (see figure 3.12). There is a much smaller disparity in the smoking rates of black Ohioans (23.5%) and white Ohioans (20%) of all ages in 2018.²⁶ One contributor to the large disparity may be that the percent of black smokers who successfully quit smoking is lower than the percent of white smokers who quit (46.1% compared to 63.9% in 2017).²⁷ Possible reasons for this include less access to cessation treatment, more exposure to tobacco advertising and trauma experienced throughout life.²⁸
- **Smoking among older Ohioans with low incomes.** Ohioans, ages 55-64 who have low incomes, are more likely to smoke cigarettes than other Ohioans in that age group (see figure 3.12).

Ohio performed better than the U.S. on excessive drinking. In 2017, the percent of adults, ages 65 and older, who reported either binge drinking or chronic drinking was 6.3% in Ohio, lower than 7.4% in the U.S. overall.



Notable disparity. Older Ohioans who engage in excessive drinking are more likely to be male than female. In 2017, 9.2% of men, ages 65 and older, reported either binge or chronic drinking, compared to 4% of women in the same age group.

Access to care

The availability and affordability of long-term, home- and community-based supports, healthcare services, a robust workforce and supported family caregivers are critical for healthy aging.

Long-term, home- and community-based supports

Availability of services and supports

Ohio is improving on several indicators of the availability of long-term, home- and community-based services and supports for older Ohioans:

- **Assisted living supply.** In 2014, there were 54 assisted living and residential care units, per 1,000 population, for Ohioans, ages 75 and older. This is an increase from 49 units per 1,000 in 2010.
- **End-of-life hospice care.** In 2016, 62.1% of Ohioans, ages 65 and older, who died while covered by Medicare and after a diagnosis of a terminal condition, were enrolled in hospice during the last six months of life. This is an increase from 59.5% in 2013.

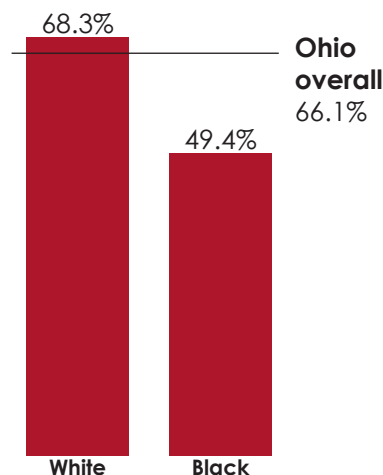
Medicaid programs can support healthy aging by providing services to beneficiaries in their homes and communities. The number of new Medicaid recipients in the aged and disabled long-term services and supports categories first receiving services in the community increased from 40.2% in 2009 to 46.6% in 2012.

Affordability of services and supports

Planning for healthcare and long-term care services is important for older adults because of the high out-of-pocket costs associated with these services, particularly for people who do not have supplemental health insurance and/or long-term care insurance. According to national estimates from the U.S. Department of Health and Human Services, about 17% of people who turn 65 will incur over \$100,000 in out-of-pocket costs for long-term services and supports.²⁹

There has been no significant change in the affordability of nursing homes or home care in Ohio, and Ohio ranks in the middle of the pack among the

Figure 3.13. **Percent of Ohioans, ages 65 and older, who visited the dentist in the past year, by race, 2016**



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey (2017), as compiled in the America's Health Rankings Senior Report, 2019 edition

50 states and D.C. on these metrics. Still, the cost of nursing home care is far out of reach for most low- and middle-income Ohioans. Although home care is more affordable than nursing home care, its cost would still consume nearly all of the average older Ohioan's annual household income.

- **Nursing home affordability.** The median annual nursing home private pay cost as a percentage of median household income for Ohioans, ages 65 and older, was 237% in 2015-2016. Ohio ranks 28th on this metric.
- **Home care affordability.** The median annual home care private pay cost as a percentage of median household income for Ohioans, ages 65 and older, was 83% in 2015-2016. Ohio ranks 27th on this metric.

There were 46 private long-term care insurance policies in effect, per 1,000 population ages 40 and older, in 2015. There has not been notable change in the number of policies in effect since 2012.

Workforce capacity

There has been little change in the number of home health workers and geriatricians in Ohio in recent years, and Ohio ranks in the top half of states on both metrics:

- **Home care workers.** The number of personal care and home health aides, per 1,000 adults, for Ohioans, ages 75 and older, was 114.8 in 2017, compared to 112.3 for the U.S. overall. Ohio ranks 19th on this metric among the 50 states and D.C.

Figure 3.14. Ohio performance on policies that support working caregivers, 2014-2016



This composite measure includes state performance on four types of policies: Family medical leave, mandatory paid family leave and sick days, unemployment insurance and policies that protect family caregivers from employment discrimination.

Source: AARP Long-Term Services and Supports State Scorecard

Figure 3.15. Ohio performance on policies that offer caregiver protections, 2016



This indicator measures whether states offer financial protection for spouses of Medicaid beneficiaries who receive home- and community-based services, assess the health and wellbeing of family caregivers' and/or have enacted the Caregiver Advise, Record, and Enable (CARE) Act, which requires hospitals to teach family caregivers how to perform complex care tasks.

Source: AARP Long-Term Services and Supports State Scorecard

- Geriatricians.** The number of family medicine and internal medicine geriatricians per 100,000 population for Ohioans, ages 65 and older, was 13.1 in 2018, compared to 14.2 for the U.S. overall. Ohio ranks 23rd on this metric.

During the aging network roundtables hosted by ODA, participants perceived that workforce capacity for long-term services and supports in home- and community-based settings was insufficient. They suggested addressing the stigma surrounding direct-care employment so that more people can be recruited and trained to take care of their loved ones.

Additionally, roundtable participants expressed concern that vulnerable populations are often the ones providing care for older adults in home- and community-based settings. They noted that low pay, high caseloads and low reimbursement drive the placement of older Ohioans out of their homes and into institutional settings.

Healthcare access

There has been an increase in preventative healthcare screenings and visits received by older Ohioans in recent years:

- Cardiovascular screening.** Of Ohio Medicare FFS beneficiaries, 56% received a cardiovascular screening in 2017, up from 53% in 2015.
- Depression screening.** Of Medicare FFS beneficiaries, 3% received a depression screening in 2017, up from 1% in 2015. Ohio also performs worse than the U.S. (5% of Medicare FFS beneficiaries in the U.S. overall received a depression screening in 2017).

- Dental visits.** The percent of Ohioans, ages 65 and older, who visited a dental health professional within the past year rose from 63.6% in 2012 to 66.1% in 2016.

Ohio performs similarly to the U.S. overall (less than 10% difference) on diabetes screenings among older Ohioans. In 2017, 5% of Medicare FFS beneficiaries in Ohio received diabetes screenings.



Notable disparities. In 2016, black Ohioans ages 65 and older, were less likely to have visited a dental health professional than white Ohioans in the same age group (see figure 3.13). Additionally, Ohioans, ages 65 and older with annual incomes less than \$25,000, were less likely to have visited a dental health professional than older Ohioans in all other income brackets (48.4% compared to 82.4% for older Ohioans with annual incomes of \$75,000 or more).

Notably, Ohio performs worse than the U.S. overall on avoidable emergency department visits. In 2015, the number of potentially avoidable emergency department visits among Medicare beneficiaries, ages 65 and older, per 1,000 beneficiaries, was 230.2 in Ohio and 196.9 in the U.S. overall.

Caregiver supports

Family caregivers offer critical supports to older adults. According to a 2019 report from AARP, approximately 1.5 million family caregivers in Ohio provided an estimated 1.27 billion hours of care to their parents, spouses, partners and friends in 2017.³⁰

The report estimates the value of this care to be \$16.8 billion.³¹ Tasks performed by family caregivers are becoming increasingly complex, and national survey data of over 1,200 caregivers found that most family caregivers (60%) are juggling paid work and caregiving.³² Despite the necessary care they provide, many family caregivers in Ohio do not have the supports they need.

The **AARP Long-Term Services and Supports State Scorecard** includes several composite indicators that measure state policy efforts to support family caregivers. Ohio scores poorly on both policies that support working caregivers (see figure 3.14) and policies that offer caregiver protections (see figure 3.15).

ODA network roundtable participants noted that caregiver support groups are helpful resources, but that many family caregivers have difficulty attending in person. Caregivers that participated in the roundtables also shared their concerns about the availability of respite care for their loved ones, especially in the case of an emergency.

Caregiving for people with dementia

There are unique burdens placed on family caregivers that provide care for loved ones with Alzheimer's or other forms of dementia. In Ohio, in 2016³³:

- Almost 30 percent of dementia caregivers provided 20 or more hours of care per week.
- More than 60 percent of adults who provided unpaid care to loved ones with dementia have been doing so for at least two years.
- More than 1 in 4 dementia caregivers (27.2%) cared for a child or grandchild, in addition to caring for someone with dementia.

4

Key themes and next steps

The following themes emerged from the key findings of this Summary Assessment:



The opportunity to live a long and full life is out of reach for many Ohioans

There is a gap of more than 29 years in life expectancy at birth in Ohio depending on where a person lives. Shorter life expectancy is, in part, driven by community conditions, such as education and income, disproportionately impacting older Ohioans who are black or living with a disability.



Strengthening housing and transportation in Ohio supports healthy aging

Ohio performs better than the U.S. overall on housing costs for older Ohioans who are renters. Still, over half of Ohio renters, ages 65 and older, are burdened by high housing rental costs. Transportation barriers were also called out as challenges among key stakeholders.



While most older Ohioans can cover their basic needs, many are not financially prepared for life after work

Most older Ohioans have incomes that are sufficient to cover housing costs, health care, food and other expenses (56.2% of single older adults and 81.8% of older adult couples). Still, for low- and middle-income older Ohioans in need of a nursing home or home care, the cost of services are often out of reach.



Caregiver supports and workforce capacity are key issues facing Ohio's aging population

Ohio performs poorly relative to other states on policies that support family caregivers, including caregivers who work. Although Ohio ranks in the top half of states on several indicators of workforce capacity, inadequate home- and community-based long-term services and supports is a concern among key stakeholders.



Older Ohioans face mounting challenges related to mental health and addiction

Older Ohioans have high rates of depression, and suicide deaths have increased by 40% over the last 10 years. Ohio also performs worse than the U.S. overall and has large race and/or income disparities on smoking among Ohioans, ages 55 to 64, and unintentional drug overdose deaths among Ohioans, ages 65 and older, which have more than doubled over the past 10 years.



Chronic conditions, including heart disease, dementia and related disorders, remain a concern for older Ohioans

Older Ohioans have higher hypertension prevalence than the U.S. overall, and heart disease is the leading cause of death for Ohioans, ages 60 and older. Deaths caused by Alzheimer's and Parkinson's disease are among the top ten causes of death for the oldest Ohioans, ages 75 and older.

Life potential cut short

Many older Ohioans face the enduring consequences of both historical and contemporary injustices fueled by continued ageism, ableism, racism and other forms of discrimination and oppression. The impact of this can be seen in shorter lives and poorer health outcomes.³⁴ This is particularly a concern for communities of color and Ohioans with low incomes or disabilities, LGBTQ communities, immigrants and refugees and those living in rural or Appalachian regions of the state. Equity, where all older Ohioans live to their full health potential, can only be achieved by addressing these underlying drivers of poor health.

Next steps

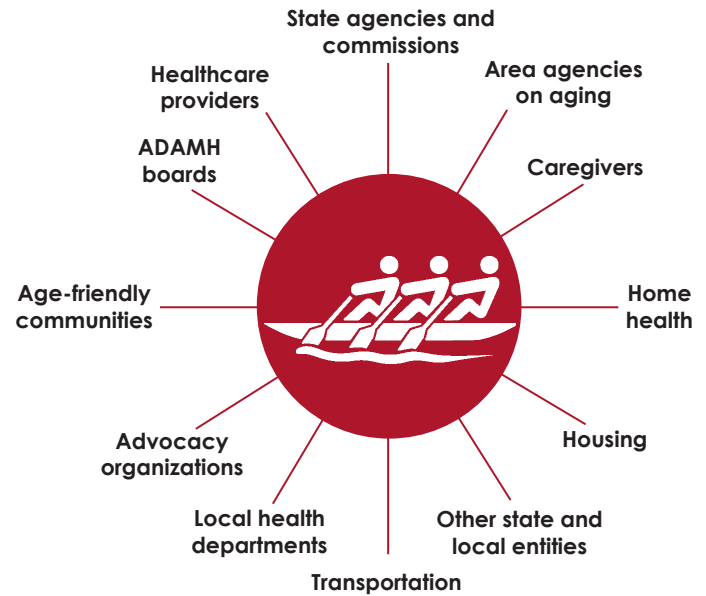
Improving the health and wellbeing of older Ohioans requires a coordinated approach that ensures all state and local partners are rowing in the same direction (see figure 4.1). The 2020-2022 Strategic Action Plan on Aging (SAPA) will provide a prioritized and specific action plan that state and local partners can use to achieve health and wellbeing for older Ohioans, informed by the key findings of this Summary Assessment and aligning with the [2019-2022 State Plan on Aging](#) and the [2020-2022 State Health Improvement Plan](#).

The SAPA will include a key set of:

- Priorities
- SMART objectives (specific, measurable, achievable and aspirational, realistic and time-bound)
- Priority populations (groups of older Ohioans most at risk for poor outcomes)
- Evidence-informed strategies

Through the spring and summer of 2020, the Health Policy Institute of Ohio and the Ohio Department of Aging will work with the SAPA Advisory Committee to review the Summary Assessment findings and prioritize topics, objectives and strategies for the 2020-2022 SAPA.

Figure 4.1 State and local partners



Notes

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**Summary
Assessment
of Older
Ohioans**

Appendix

- A** Prioritization criteria for secondary data metrics
- B** Methodology for the secondary data analysis
- C** Strategic Action Plan on Aging (SAPA) Advisory Committee
- D** Metric descriptions and sources

A Prioritization criteria for secondary data metrics

The Summary Assessment of Older Ohioans includes 53 secondary data metrics from 15 sources. The following prioritization criteria were used for selection of metrics to include:

1. **Context.** U.S. comparison and/or trend data (3+ years) available.
2. **Disparities/inequities data.** Disaggregated data is available by race/ethnicity, income level, sex, disability status or some other characteristics.
3. **Relevance and alignment.** Highly relevant to goals identified in the State Plan on Aging and/or aligns with priorities from the State Health Improvement Plan or other state plans.
4. **Comprehensive.** Provides critical information to comprehensively assess the wellbeing of older Ohioans focused on the following areas:
 - a. Health and wellbeing outcomes
 - b. Healthy behaviors
 - c. Community conditions (social, economic and physical environment)
 - d. Aging system performance and access to care

B Methodology for the secondary data analysis

To identify notable change over time, notable difference between Ohio and the U.S. overall and notable disparities in outcomes for specific groups of Ohioans, HPIO adapted the approach used in the [AARP Long-term Services and Supports State Scorecard](#).

For most metrics, a 10% threshold was used (see detail below). For metrics expressed as numbers or ratios, the actual number or ratio was analyzed. For metrics expressed as a percentage, values were converted to odds before analysis. This approach ensures that the threshold for notable change and/or difference is the same for metrics with both high and low baseline values that are expressed as percentages.

Ohio to U.S. comparison: Identify notable differences in outcomes for Ohio relative to the U.S. overall using a 10% threshold:

$$\frac{\text{Ohio's most recent value} - \text{U.S. most recent value}}{\text{U.S. most recent value}}$$

Ohio trend: Identify notable changes over time between the most recent year of available data and the third most recent year of data available in Ohio using a 10% threshold:

$$\frac{\text{Ohio's most recent value} - \text{Ohio's third-most recent value}}{\text{Ohio's third-most recent value}}$$

Disparities in outcomes for specific groups of Ohioans: Identify notable disparities in outcomes between Ohio overall and specific groups of Ohioans using a 10% threshold:

$$\frac{\text{Group's most recent value} - \text{Ohio's most recent value}}{\text{Ohio's most recent value}}$$

Strategic Action Plan on Aging (SAPA) Advisory Committee

The following organizations are represented on the SAPA Advisory Committee, as of February 2020:

AARP
Age-Friendly Columbus and Franklin County
Alzheimer's Association
Area Agency on Aging 3
Area Agency on Aging 9
Area Agency on Aging District 7, Inc.
Area Agency on Aging, planning and servicing area 2
Area Office on Aging of Northwestern Ohio
Association of Ohio Health Commissioners
Benjamin Rose Institute on Aging
Case Western Reserve University
Center for Community Solutions
Central Ohio Area Agency on Aging
Clintonville-Beechwold Community Resources Center
Council on Aging
Direction Home Akron Canton Area Agency on Aging
Direction Home of Eastern Ohio, Inc.
Fairhill Partners
Latino Affairs Commission
LeadingAge Ohio
McGregor PACE (Program for All-inclusive Care of the Elderly)
MemoryLane Care Services
Mental Health and Addiction Advocacy Coalition
Miami University, Scripps Gerontology Center
Molina Healthcare
North Canton Medical Foundation
Ohio Advisory Council on 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 Attorney General Dave Yost
Ohio Civil Rights Commission
Ohio Council for Home Care and Hospice
Ohio Department of Aging
Ohio Department of Health
Ohio Department of Job and Family Services
Ohio Department of Medicaid
Ohio Department of Mental Health and Addiction Services
Ohio Disability and Health Program
Ohio Hospital Association
Ohio House of Representatives
Ohio Housing Finance Agency
Ohio Office of the State Long-Term Care Ombudsman
Ohio State University College of Public Health
Ohio Statewide Independent Living Center
O'Neill Senior Center, Inc./Ohio Association of Senior Centers
Opportunities for Ohioans with Disabilities
Perfecting Saints Heart to Heart Ministries
Pro Seniors
Senior Transportation Connection
Summit Coalition for Community Health Improvement
The Ohio Council of Behavioral Health and Family Services Providers
The Ohio State University College of Social Work
Universal Health Care Action Network (UHCAN) Ohio
Western Reserve Area Agency on Aging

D Metric descriptions and sources

Metric name and description	Source
Alzheimer's disease, dementia and related disorders. Percent of Medicare fee-for-service beneficiaries with Alzheimer's disease, related disorders or senile dementia, per year	U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Mapping Medicare Disparities
Assisted living supply. Number of assisted living and residential care units, per 1,000 population ages 75 and older	National Center for Health Statistics and the U.S. Census Bureau, American Community Survey, as compiled in the AARP Long-Term Services and Supports State Scorecard
Avoidable emergency department visits. Potentially avoidable emergency department visits among Medicare fee-for-service beneficiaries, per 1,000 beneficiaries ages 65 and older	U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), Chronic Conditions Data Warehouse, via CMS Geographic Variation Public Use File, as compiled in the 2019 Commonwealth Fund Scorecard on State Health System Performance
Cardiovascular screening. Percent of Medicare fee-for-service beneficiaries who received cardiovascular disease screening, per year	U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Mapping Medicare Disparities
Caregiver protections. Composite measure assessing state-level policies in these areas: policies on financial protection for spouses of Medicaid beneficiaries who receive home- and community-based services, state assessment of family caregiver needs when a family member is assessed for long-term services and supports and state Caregiver Advise, Record, Enable (CARE) legislation	AARP Long-Term Services and Supports State Scorecard
Children placed in approved relative/kinship home. Number of children in the custody of Public Children Services Agencies who are placed in approved relative/kinship home placements	HPIO analysis of 2019 PCSAO Factbook. Public Children Services Association of Ohio, 2019 and 2016-2017 PCSAO Factbook. Public Children Services Association of Ohio, 2017.
Chronic pain management (arthritis). Percent of adults, ages 65 and older, with arthritis who reported that arthritis or joint symptoms do not limit their usual activities	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, as compiled in the America's Health Rankings Senior Report
Dental visits. Percent of adults, ages 65 and older, who reported visiting a dental health professional within the past year	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, as compiled in the America's Health Rankings Senior Report
Depression screening. Percent of Medicare fee-for-service beneficiaries who received depression screening, per year	U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Mapping Medicare Disparities
Depression prevalence. Percent of Medicare fee-for-service beneficiaries with depression, per year	U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Mapping Medicare Disparities
Diabetes prevalence. Percent of Medicare fee-for-service beneficiaries with diabetes, per year	U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Mapping Medicare Disparities
Diabetes screening. Percent of Medicare fee-for-service beneficiaries who received diabetes screening, per year	U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Mapping Medicare Disparities

Metric name and description	Source
Unintentional drug overdose deaths. Number of deaths due to drug overdose for adults, ages 65 and older, per 100,000 population	For analysis of long-term trend for unintentional drug overdose deaths in Ohio, HPIO used data from the Ohio Department of Health Public Health Data Warehouse. Accessed on Jan. 24, 2020.
Unintentional drug overdose deaths. Number of deaths due to drug overdose for adults, ages 65 and older, per 100,000 population (age-adjusted rate)	For analysis of unintentional drug overdose deaths in Ohio compared to the U.S., HPIO used data from the Centers for Disease Control and Prevention, WONDER. Accessed on Jan. 24, 2020.
Elder abuse, neglect and exploitation. Number of reports of abuse, neglect or exploitation for adults ages 60 and older	Ohio Department of Job and Family Services, Adult Protective Services data fact sheets
End-of-life hospice care. Percent of Medicare decedents, ages 65 and older, who were enrolled in hospice during the last six months of life after a diagnosis of a condition with a high probability of death	The Dartmouth Atlas of Health Care, as compiled in the America's Health Rankings Senior Report
Excessive drinking. Percent of adults, ages 65 and older, who reported either binge drinking or chronic drinking	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, as compiled in the America's Health Rankings Senior Report
Falls among older adults. Percent of adults, ages 65 and older, who report having had a fall within the last 12 months	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, as compiled in the America's Health Rankings Senior Report
Food insecurity. Percent of adults, ages 60 and older, who faced the threat of hunger in the past 12 months	National Foundation to End Senior Hunger, The State of Senior Hunger in America, as compiled in the America's Health Rankings Senior Report
Fruit consumption. Percent of adults, ages 65 and older, who consume fruit one or more times per day	HPIO analysis of data from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System using the Web-Enabled Analysis Tool. Accessed on Jan. 20, 2020.
Functional difficulties, by age group. Percent of adults with functional difficulties, by type of difficulty and by age group (65-74 and 75 and older)	Miami University, Scripps Gerontology Center, Projections and Characteristics of Ohio's 65+ Population
Geriatricians. Number of family medicine and internal medicine geriatricians, per 100,000 population ages 65 and older	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System and the U.S. Census Bureau, as compiled in the America's Health Rankings Senior Report
Grandparents raising grandchildren. Number of grandparents raising grandchildren	HPIO analysis of the U.S. Census Bureau, American Community Survey - Table B10058
Grandparents who are responsible for grandchildren - labor force participation. Percent of people, ages 60 and older, who are grandparents that live with, and are responsible for, their own grandchildren under the age of 18 who are in the labor force	HPIO analysis of the U.S. Census Bureau, American Community Survey - Table B10058
Grandparents who are responsible for grandchildren - over 60. Percent of people who are grandparents that live with, and are responsible for, their own grandchildren under the age of 18 who are age 60 and older	HPIO analysis of the U.S. Census Bureau, American Community Survey - Table B10058

Metric name and description	Source
Heart failure. Percent of Medicare fee-for-service beneficiaries with heart failure, per year	U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Mapping Medicare Disparities
Home care affordability. Median annual home care private pay cost as a percentage of median household income for people ages 65 and older	Genworth and the U.S. Census Bureau, American Community Survey, as compiled in the AARP Long-Term Services and Supports State Scorecard
Home care workers. Number of personal care and home health aides, per 1,000 adults ages 75 and older	U.S. Department of Labor, Bureau of Labor Statistics; U.S. Census Bureau, American Community Survey, as compiled in the America's Health Rankings Senior Report
Housing cost burden for renters. Percent of adults, ages 65 and older, who pay rent (including utilities and fuel costs) that exceeds 30% of household income	HPIO analysis of the U.S. Census Bureau, American Community Survey - Table B25072
Hypertension. Percent of Medicare fee-for-service beneficiaries with hypertension, per year	U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Mapping Medicare Disparities
Leading causes of death, by age group. Top ten leading causes of death for adults, by age group (18-59, 60-74 and 75 and older)	HPIO analysis of data from the Ohio Department of Health Public Health Data Warehouse. Accessed on Jan. 10, 2020.
Leading causes of death, trend. Ten-year trend for the top ten leading causes of death for adults, ages 60 and older	HPIO analysis of data from the Ohio Department of Health Public Health Data Warehouse. Accessed on Jan. 23, 2020.
Life expectancy at age 65. Life expectancy at age 65, based on current mortality rates	Ohio Department of Health, Bureau of Vital Statistics, as compiled in the 2019 Online State Health Assessment
Life expectancy at birth. Life expectancy at birth, based on current mortality rates	Ohio Department of Health, Bureau of Vital Statistics, as compiled in the 2019 Online State Health Assessment
Long-term care insurance coverage. Number of private long-term care insurance policies in effect, per 1,000 population ages 40 and older	National Association of Insurance Commissioners, as compiled in the AARP Long-Term Services and Supports State Scorecard
Medicaid LTSS community services. Number of new Medicaid aged/disabled LTSS users first receiving services in the community	Money Follows the Person Report from the field and analysis by the AARP Public Policy Institute, as compiled in the AARP Long-Term Services and Supports State Scorecard
Misuse of prescription medications. Percent of adults, ages 60 and older, who ever used prescription pain relievers in a way that was not prescribed	The Ohio Medicaid Assessment Survey Dashboard. grcapps.osu.edu/omas/ . Accessed Jan. 10, 2020.
Net worth. Median net worth of household, overall and by net worth-holding quintile	Chenevert, Rebecca et al. <i>Where the Wealth Is: The Geographic Distribution of Wealth in the United States</i> . U.S. Census Bureau, 2016.
Nursing home affordability. Median annual nursing home private pay cost as a percentage of median household income for people ages 65 and older	Genworth and the U.S. Census Bureau, American Community Survey, as compiled in the AARP Long-Term Services and Supports State Scorecard
Obesity. Percent of adults, ages 65 and older, with a calculated body mass index of 30 or higher	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, as compiled in the America's Health Rankings Senior Report
Overall health status. Percent of adults, ages 65 and older, who report fair or poor health	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Physical inactivity. Percent of adults, ages 65 and older, in fair or better health who reported doing no physical activity or exercise other than their regular job in the past 30 days	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, as compiled in the America's Health Rankings Senior Report

Metric name and description	Source
Population living alone. Percent of adults, ages 65 and older, who live alone	Miami University, Scripps Gerontology Center, Projections and Characteristics of Ohio's 65+ Population
Poverty. Percent of adults, ages 65 and older, who live in households with incomes at or below 100% of the poverty level	U.S. Census Bureau, American Community Survey, as compiled in the America's Health Rankings Senior Report
Smoking, by age group. Percent of adults who are current smokers, by age group (55-64 and 65 and older)	HPIO analysis of data from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System using the Web-Enabled Analysis Tool. Accessed on Jan. 20, 2020.
Social isolation. Percentile of the mean z-scores for six risk factors of social isolation in adults, ages 65 and older (poverty; living alone; divorced, separated or widowed; never married; disability; independent living difficulty)	U.S. Census Bureau, American Community Survey, as compiled in the America's Health Rankings Senior Report
Suicide. Number of deaths from suicide for adults ages 60 and older, per 100,000 population	HPIO analysis of data from the Ohio Department of Health Public Health Data Warehouse. Accessed on Jan. 23, 2020.
Supplemental Nutrition Assistance Program (SNAP) participation. Number of adults ages 60 and older who participate in SNAP, per 100 adults ages 60 and older living in poverty	U.S. Department of Agriculture, Food and Nutrition Service and the U.S. Census Bureau, American Community Survey, as compiled in the America's Health Rankings Senior Report
Supporting working caregivers. Composite measure assessing state-level policies in these areas: family medical leave, mandatory paid family leave and sick days, unemployment insurance and policies that protect family caregivers from employment discrimination	AARP Long-Term Services and Supports State Scorecard
Transportation as barrier to health care. Percent of adults who avoided health care due to lack of transportation, by age group	Raiz, Lisa, Ashley Sweeny Davis, and John Myers. <i>Older Ohioan Health Profile</i> . Ohio Medicaid Assessment Survey. January 2019.
Unemployment. Percent of adults, ages 60 and older, who are unemployed and looking for work (i.e., in the labor force)	HPIO analysis of the U.S. Census Bureau, American Community Survey - Table B23001
Vegetable consumption. Percent of adults, ages 65 and older, who consume vegetables one or more times per day	HPIO analysis of data from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System using the Web-Enabled Analysis Tool. Accessed on Jan. 20, 2020.
Volunteerism. Percent of adults, ages 65 and older, who reported volunteering in the past 12 months	Corporation for National & Community Service, as compiled in the America's Health Rankings Senior Report

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