Strategic Action Plan on Aging

Advisory Committee Meeting No. 2
March 9, 2020
Welcome and overview
Vision
To improve the health and well-being of all Ohioans.

Mission
To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy.
Today’s agenda

- Welcome and overview
- Role of Summary Assessment and SAPA
- Process and timeline
- Summary Assessment key findings
- Small group discussions
- Next steps
Today’s meeting objectives

Advisory Committee members will:

• Be aware of key findings from the Summary Assessment of Older Ohioans
• Understand the timeline and process for SAPA
• Be familiar with the updated SAPA framework
• Share expertise on prioritization of topics for the SAPA

HPIO and ODA will have guidance on:

• Prioritization of sub-topics for SAPA priority outcomes and factors
Role of the Advisory Committee

Provide guidance to ODA and HPIO on:

• Key findings of the Summary Assessment of Older Ohioans
• Conceptual framework for the SAPA
• Identification of key informants and priority work team members
• Selection of SAPA priority topics, outcomes, targets and strategies
• Dissemination and outreach
Process and timeline
Role of the Advisory Committee

Provide guidance to ODA and HPIO on:

• Key findings of the Summary Assessment of Older Ohioans
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• Dissemination and outreach
# Advisory committee members

<table>
<thead>
<tr>
<th>Area Agency on Aging</th>
<th>Local health department/public health</th>
<th>Hospital/hospital association</th>
<th>Long-term care/nursing facility</th>
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</thead>
<tbody>
<tr>
<td>Home health care</td>
<td>Behavioral health</td>
<td>Memory care provider</td>
<td>Other healthcare provider</td>
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<tr>
<td>Health insurer</td>
<td>State agency</td>
<td>Local government</td>
<td>Age-friendly community</td>
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<td>Business/employer</td>
<td>Philanthropy</td>
<td>Community resident/advocacy organization</td>
<td>Housing</td>
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<td>Transportation/regional planning</td>
<td>Food access</td>
<td>Elder abuse/Adult Protective Services</td>
<td>Law enforcement/first responder</td>
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<tr>
<td>Academia/researcher</td>
<td>Caregiver</td>
<td>Representative of an at-risk aging population</td>
<td>Other community-based organization, social services or advocacy</td>
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## Deliverables

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<tbody>
<tr>
<td>Summary Assessment of Older Ohioans</td>
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<td>SAPA</td>
<td>SAPA dissemination and technical assistance materials</td>
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What is the Summary Assessment of Older Ohioans?

A comprehensive picture of the health and wellbeing of older Ohioans to inform development of the Strategic Action Plan on Aging.
Summary Assessment of Older Ohioans

Primary data key findings from the 2019-2022 State Plan on Aging

Prioritized set of secondary measures

Summary Assessment of Older Ohioans
Key findings

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 (65.2% of single older adults and 61.6% 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 support 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.
What is the Strategic Action Plan on Aging (SAPA)?

Prioritized and specific action plan that state and local partners can use to ensure all older Ohioans achieve their full health potential.
SAPA
The SAPA will focus on a narrowed set of priorities with:

• SMART objectives
• Performance targets
• Priority populations
• Evidence-informed strategies
Summary
Assessment
key findings
Key findings

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Summary Assessment of Older Ohioans

Primary data key findings from the 2019-2022 State Plan on Aging

Prioritized set of secondary measures

Summary Assessment of Older Ohioans
Summary Assessment of Older Ohioans

Prioritized set of secondary measures
(approx. 60 indicators)
HPIO

Data source examples
Criteria for selecting indicators for secondary data

• Context, U.S. comparison or trend
• Disparities/inequities data
• Relevance and alignment with other plans
• Comprehensive picture of health and wellbeing
Analysis of secondary data

Comparison to U.S.

Ohio trend

Gaps in outcomes between groups (e.g., race, income, sex, etc.)
Summary Assessment of Older Ohioans

Primary data key findings collected in development of the State Plan on Aging

ODA

Five regional forums

Needs assessment survey
# Summary Assessment findings

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Challenges</th>
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<tbody>
<tr>
<td>• Ohio’s performance was better than the U.S. overall by 10% or more</td>
<td>• Ohio’s performance was worse than the U.S. overall by 10% or more</td>
</tr>
<tr>
<td>• Ohio’s trend improved by 10% or more, or other notable long-term trend in a positive direction</td>
<td>• Ohio’s trend worsened by 10% or more, or other notable long-term trend in a negative direction</td>
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<tr>
<td></td>
<td>• Ohioans experienced large disparities by race, ethnicity, income, disability status, geography, etc.</td>
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</tbody>
</table>
Summary Assessment findings

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

**Question 2**
Which factors that impact the health and wellbeing of older Ohioans are most important to address?
Summary Assessment of Older Ohioans
Demographics
Projected changes in Ohio's population by age, 2010-2030

Source: Miami University, Scripps Gerontology Center
Older Ohioans as percent of projected population
by county, ages 60 and older

Source: Miami University, Scripps Gerontology Center
Distribution of health insurance coverage for Ohioans
ages 60 and older, 2017

- 1.9% Uninsured
- 4.6% Other/private
- 11.8% Medicaid
- 18.4% Employer sponsored
- 61.8% Medicare only
- 1.5% Affordable Care Act exchange coverage

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

- 84.6% 65 and older
- 15.4% People with disabilities
- 58.5% Fee-for-service Medicare
- 41.5% Medicare Advantage

Source: Ohio Medicaid Assessment Survey Adult Dashboard
Source: U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medicare enrollment dashboard
Race and ethnicity of Ohioans ages 60 and older, 2018

Source: HPIO analysis of data from the U.S. Census Bureau, American Community Survey, 1-year estimates
Key findings
The opportunity to live a long full life is out of reach for many Ohioans.
Differences in life expectancy

Franklinton
life expectancy: 60 years
42.7% are African American
21.4% have a disability
43.8% have less than a high school education
$10,176 median household income

Stow (and surrounding area)
life expectancy: 89.2 years
2.4% are African American
10.9% have a disability
6.2% have less than a high school education
$58,456 median household income

The opportunity to live a long full life is out of reach for many Ohioans.
Life expectancy at birth by race, Ohio, 2017

Source: Ohio Department of Health, Online Ohio State Health Assessment
Strengthening housing and transportation in Ohio supports healthy aging
Strengthening housing and transportation in Ohio supports healthy aging.

Percent of Ohio renters, ages 65 and older, with housing cost burden

2017

55%
More than 123,000 Ohio households have housing costs that exceed 30% of household income

Source: HPIO analysis of the U.S. Census Bureau, American Community Survey - Table B25072
Percent of Ohioans, ages 65 and older, who avoided health care due to lack of transportation

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Avoided Health Care</th>
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<tbody>
<tr>
<td>60-64</td>
<td>9.2%</td>
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<tr>
<td>65-69</td>
<td>14.5%</td>
</tr>
<tr>
<td>70-74</td>
<td>7.8%</td>
</tr>
<tr>
<td>75+</td>
<td>12.3%</td>
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While most older Ohioans can cover their basic needs, many are not financially prepared for life after work.
While most older Ohioans can cover their basic needs, many are not financially prepared for life after work.
Elder Index | Measuring the income older adults need to live independently

**Elder Index**

**STEP ONE**

Choose Your Location(s)

**County and/or State**

Choose some options

Select up to four counties and states using the drop-down menu or by typing in the name. For more than four locations, please contact us.

**STEP TWO**

Choose Your Filters

**Household**

- Single
- Couple

**Housing Status**

- Renter
- Homeowner, mortgage
- Homeowner, no mortgage

**Health Status**

- Poor health
- Good health
- Excellent health

**Source:** elderindex.org; Center for Social and Demographic Research on Aging Umass Boston
Percent of Ohioans, ages 65 and older, with incomes at or below 100% of the poverty level by race and ethnicity, 2017

- **Ohio overall**: 7.7%
- **Hispanic**: 18.7%
- **Black**: 15.6%
- **Asian**: 13.4%
- **White**: 6.7%

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

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

Median annual cost for nursing homes and home care as a percentage of median household income, Ohio, 2015-2016.

- Median annual cost for nursing homes: 237%
- Median annual cost for home care: 83%
While most older Ohioans can cover their basic needs, many are not financially prepared for life after work.

Caregiver supports and workforce capacity are key issues facing Ohio’s aging population.
Ohio performance on policies for 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
Ohio performance on policies for 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

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

Number of personal care and home health aides per 1,000 adults, ages 75 and older, 2017

<table>
<thead>
<tr>
<th></th>
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<th>U.S.</th>
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<td>Number</td>
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<td>112.3</td>
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</table>

Primary data from aging network roundtables

1. Long-term services and supports in home- and community-based settings is insufficient

2. Low pay, high caseloads and low reimbursement drive the placement in institutional settings
Older Ohioans face mounting challenges related to mental health and addiction.
Older Ohioans race mounting challenges related to mental health and addiction.
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.

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

<table>
<thead>
<tr>
<th>Race</th>
<th>Income</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Black, non-Hispanic</td>
<td>Less than $15,000</td>
<td>46.8%</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>Less than $15,000</td>
<td>42.3%</td>
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<tr>
<td></td>
<td>$15,000-$24,999</td>
<td>29.2%</td>
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<tr>
<td></td>
<td>$25,000-$49,999</td>
<td>16.7%</td>
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<td></td>
<td>$50,000 or more</td>
<td>12.7%</td>
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Chronic conditions, including heart disease, dementia and related disorders, remain a concern for older Ohioans.
### Top ten leading causes of death for Ohioans
*(death rate per 100,000 population), across the life course, 2018*

#### 18-59
- Accidents and unintentional injuries (75.2)
- Cancers (66.4)
- Heart diseases (56.4)
- Suicide (19.9)
- Diabetes (11)
- Chronic liver disease and cirrhosis (10.3)
- Chronic lower respiratory diseases (10.2)
- Homicide (9.8)
- Cerebrovascular diseases (7.4)
- Septicemia (4.8)

#### 60-74
- Cancers (522.6)
- Heart diseases (382.5)
- Chronic lower respiratory diseases (129.3)
- Diabetes (76)
- Cerebrovascular diseases (70.5)
- Accidents and unintentional injuries (56.4)
- Septicemia (34.8)
- Chronic liver disease and cirrhosis (31.6)
- Nephritis, nephrotic syndrome, and nephrosis (29.2)

#### 75+
- Heart diseases (2155.8)
- Cancers (1277.1)
- Alzheimer’s disease (592.6)
- Cerebrovascular diseases (554.2)
- Chronic lower respiratory diseases (515.5)
- Accidents and unintentional injuries (198.4)
- Diabetes (198.3)
- Influenza and pneumonia (185.5)
- Nephritis, nephrotic syndrome, and nephrosis (164.8)
- Parkinson’s disease (143.3)

**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

Chronic conditions, including heart disease, dementia and related disorders, remain a concern for older Ohioans.
Top ten leading causes of death for Ohioans, ages 60 and older
2016-2018 compared to 2009-2011

Chronic conditions, including heart disease, dementia and related disorders, remain a concern for older Ohioans.
Additional topics included in the Summary Assessment
Functional ability and civic and social engagement

Including:

• Functional difficulties
• Falls
• Chronic pain management
• Volunteerism
• Social isolation
Percent of older Ohioans with functional difficulties by type of difficulty, 2013-2017

*Source: Miami University, Scripps Gerontology Center*
Population health

Including:

• Hypertension
• Heart disease
• Alzheimer’s disease, dementia and related disorders
• Diabetes
Percent of Medicare fee-for-service beneficiaries with diabetes by race, Ohio, 2017

Source: U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Mapping Medicare Disparities
Community conditions and health behaviors

Including:

• Kinship care
• Elder abuse, neglect and exploitation
• Physical activity
• Fruit and vegetable consumption
Percent of grandparents who lived with, and were responsible for, their grandchildren under age 18, who are ages 60 and older

Ohio, 2018

Source: HPIO analysis of the U.S. Census Bureau, American Community Survey
Access to care

Including:
• Assisted living supply
• Hospice care enrollment
• Cardiovascular screening
• Depression screening
• Dental screening
Percent of Ohioans, ages 65 and older, who visited the dentist in the past year by race, 2016

Break
Small group discussions
Strategic Action Plan on Aging (SAPA) framework

Equity
Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services, that, despite historical and contemporary injustices and obstacles to health such as ageism and ableism, allows them to reach their full health potential.

Priorities
The SAPA identifies three priority factors and three priority outcomes that affect the overall health and wellbeing of older Ohioans.

What shapes the health and wellbeing of older Ohioans?
Many factors, including these SAPA priority factors*

Community conditions
Livable communities
EXAMPLES ONLY (MUST BE MEASURABLE):
- Economic stability
- Elder justice (elder abuse, neglect, exploitation)
- Healthy food access
- Housing affordability and quality
- Positive social norms about aging (reduced ageism)
- Transportation/active living

Health Behaviors
Prevention and self-management
EXAMPLES ONLY (MUST BE MEASURABLE):
- Nutrition
- Physical activity
- Tobacco use

Access to Care
Home- and community-based services and supports
EXAMPLES ONLY (MUST BE MEASURABLE):
- Caregiver systems and supports
- Home health
- Emergency preparedness
- Long-term services and supports
- Other healthcare providers
- Prevention screenings
- Workforce capacity

How will we know if the health and wellbeing of older Ohioans is improving?
The SAPA is designed to track and improve these priority outcomes:

Civic and social engagement
EXAMPLES ONLY (MUST BE MEASURABLE):
- Employment
- Social connectedness (reduced isolation)
- Volunteerism

Population health
EXAMPLES ONLY (MUST BE MEASURABLE):
- Chronic pain conditions (arthritis)
- Mental health and addiction (depression, suicide)
- Neurological conditions (Alzheimer’s, Parkinson’s, dementia)
- Substance use and addiction

Functional independence
EXAMPLES ONLY (MUST BE MEASURABLE):
- Able-bodied status
- Chronic pain conditions
- Falls
- O/D, vision and hearing impairment

All older Ohioans achieve their full health potential
Examples only:
- Premature death
- Health status
- Other indicators TBD

Vision
Ohio is the best place to age in the nation

* These factors are sometimes referred to as the social determinants of health or the social drivers of health.

The SAPA provides state and local partners with a roadmap of strategies to improve the health and wellbeing of older Ohioans. Achieving this vision requires a coordinated approach to implementation of strategies in the SAPA and the State Health Improvement Plan.
Strategic Action Plan on Aging (SAPA) framework

Note: Example factors and outcomes listed in red and green boxes will be prioritized (see yellow box).

**Equity**
Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices and obstacles to health such as ageism and ableism, allows them to reach their full health potential.

**Priorities**
The SAPA identifies three priority factors and three priority outcomes that affect the overall health and wellbeing of older Ohioans.

---

**What shapes the health and wellbeing of older Ohioans?**
Many factors, including these SAPA priority factors:

- **Community conditions**
  - Livable communities
    - EXAMPLES ONLY (MUST BE MEASURABLE):
      - Economic stability
      - Elder justice (elder abuse, neglect, exploitation)
      - Healthy food access
      - Housing affordability and quality
      - Positive social norms about aging (reduced ageism)
      - Transportation/active living

- **Health Behaviors**
  - Prevention and self-management
    - EXAMPLES ONLY (MUST BE MEASURABLE):
      - Nutrition
      - Physical activity
      - Tobacco use

- **Access to Care**
  - Home- and community-based services and supports
    - EXAMPLES ONLY (MUST BE MEASURABLE):
      - Caregiver systems and supports
      - Home health
      - Emergency preparedness
      - Long-term services and supports
      - Other healthcare providers
      - Prevention screenings
      - Workforce capacity

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**How will we know if the health and wellbeing of older Ohioans is improving?**
The SAPA is designed to track and improve these priority outcomes:

- **Civic and social engagement**
  - EXAMPLES ONLY (MUST BE MEASURABLE):
    - Employment
    - Social connectedness (reduced isolation)
    - Volunteering

- **Population health**
  - EXAMPLES ONLY (MUST BE MEASURABLE):
    - Chronic pain conditions (arthritis)
    - Mental health and addiction (depression, suicide)
    - Neurological conditions (Alzheimer’s, Parkinson’s, dementia)
    - Substance use and addiction

- **Functional independence**
  - EXAMPLES ONLY (MUST BE MEASURABLE):
    - Able-bodied status
    - Chronic pain conditions
    - Falls
    - Oral, vision and hearing impairment

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**Vision**
Ohio is the best place to age in the nation.

The SAPA provides state and local partners with a roadmap of strategies to improve the health and wellbeing of older Ohioans. Achieving this vision requires a coordinated approach to implementation of strategies in the SAPA and the State Health Improvement Plan.

*These factors are sometimes referred to as the social determinants of health or the social drivers of health.*
Equity

Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices and obstacles to health such as ageism and ableism, allows them to reach their full health potential.

Priorities

The SAPA identifies three priority factors and three priority outcomes that affect the overall health and well-being of older Ohioans.

What shapes the health and well-being of older Ohioans?
Many factors, including these SAPA priority factors*:

- **Community conditions**
  - Livable communities
  - EXAMPLES ONLY (MUST BE MEASURABLE):
    - Economic stability
    - Elder justice (elder abuse, neglect, exploitation)
    - Healthy food access
    - Housing affordability and quality
    - Positive social norms about aging (reduced ageism)
    - Transportation/active living

- **Health Behaviors**
  - Prevention and self-management
  - EXAMPLES ONLY (MUST BE MEASURABLE):
    - Nutrition
    - Physical activity
    - Tobacco use

- **Access to Care**
  - Home- and community-based services and supports
  - EXAMPLES ONLY (MUST BE MEASURABLE):
    - Caregiver systems and supports
    - Home health
    - Emergency preparedness
    - Long-term services and supports
    - Other healthcare providers
    - Prevention screenings
    - Workforce capacity

How will we know if the health and well-being of older Ohioans is improving?
The SAPA is designed to track and improve these priority outcomes:

- **Civic and social engagement**
  - EXAMPLES ONLY (MUST BE MEASURABLE):
    - Employment
    - Social connectedness (reduced isolation)
    - Volunteerism

- **Population health**
  - EXAMPLES ONLY (MUST BE MEASURABLE):
    - Chronic pain conditions (arthritis)
    - Mental health and addiction (depression, suicide)
    - Neurological conditions (Alzheimer’s, Parkinson’s, dementia)
    - Substance use and addiction

- **Functional independence**
  - EXAMPLES ONLY (MUST BE MEASURABLE):
    - Able-bodied status
    - Chronic pain conditions
    - Fall
    - Diminished vision and hearing impairment

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* These factors are sometimes referred to as the social determinants of health or the social drivers of health.
SAPA components

SMART objectives

Evidence-based strategies

- Priority populations
- Strategies that reduce/eliminate disparities and inequities
Objectives should also be aspirational
*These factors are sometimes referred to as the social determinants of health or the social drivers of health.

<table>
<thead>
<tr>
<th>Priority factors*</th>
<th>Priority outcomes</th>
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<tbody>
<tr>
<td><strong>1</strong> Community conditions</td>
<td><strong>1</strong> Civic and social engagement</td>
</tr>
<tr>
<td>Livable communities</td>
<td>PRIORITY OBJECTIVES TO BE IDENTIFIED</td>
</tr>
<tr>
<td><strong>2</strong> Health behaviors</td>
<td><strong>2</strong> Population health</td>
</tr>
<tr>
<td>Prevention and self-management</td>
<td>PRIORITY OBJECTIVES TO BE IDENTIFIED</td>
</tr>
<tr>
<td><strong>3</strong> Access to care</td>
<td><strong>3</strong> Functional independence</td>
</tr>
<tr>
<td>Home- and community-based services and supports</td>
<td>PRIORITY OBJECTIVES TO BE IDENTIFIED</td>
</tr>
</tbody>
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Criteria for prioritizing subtopics

• **Ability to track progress:** Measurable indicators are available to assess and report progress in a meaningful way on an annual basis at the state level, with consideration for the ability to track progress at the local level.

• **Nature of the problem:** Magnitude, severity, disparities/inequities, U.S. comparison, trends [Data and information from Summary Assessment results]

• **Alignment:** With State Plan on Aging, 2020-2022 State Health Improvement Plan, local priorities, state agency plans and other initiatives

• **Potential for impact:** Availability of evidence-informed strategies, co-benefits, feasibility to address at state and/or local level
Priority outcomes

1. Civic and social engagement
   EXAMPLES ONLY (MUST BE MEASURABLE):
   - Employment
   - Social connectedness (reduced isolation)
   - Volunteerism

2. Population health
   EXAMPLES ONLY (MUST BE MEASURABLE):
   - Chronic disease (heart disease, diabetes)
   - Neurological conditions (Alzheimer’s, Parkinson’s, dementia)
   - Mental health (depression, grief, loneliness)
   - Substance use and addiction

3. Functional independence
   EXAMPLES ONLY (MUST BE MEASURABLE):
   - Able-bodied status
   - Falls
   - Oral, vision and hearing impairment
   - Chronic pain conditions

Each priority outcome will be narrowed to 1-3 subtopics
## Priority factors

### Community conditions
**Livable communities**

- Economic stability
- Elder justice (i.e., elder abuse, neglect, exploitation)
- Healthy food access
- Housing affordability and quality
- Positive social norms about aging (reduced ageism)
- Transportation/active living

### Health Behaviors
**Prevention and self-management**

- Nutrition
- Physical activity
- Tobacco use

### Access to Care
**Home- and community-based services and supports**

- Caregiver systems and supports
- Home health
- Emergency preparedness
- Long-term services and supports
- Other healthcare providers
- Prevention screenings
- Workforce capacity

---

*These factors are sometimes referred to as the social determinants of health or the social drivers of health.*

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Each priority factor will be narrowed to 1-3 subtopics.
## Strategic Action Plan on Aging (SAPA) framework

**Equity**

Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices and obstacles to health such as ageism and ableism, allows them to reach their full health potential.

**Priorities**

The SAPA identifies three priority factors and three priority outcomes that affect the overall health and wellbeing of older Ohioans.

### What shapes the health and wellbeing of older Ohioans? 
Many factors, including these SAPA priority factors:

<table>
<thead>
<tr>
<th>Community conditions</th>
<th>How will we know if the health and wellbeing of older Ohioans is improving?</th>
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<tbody>
<tr>
<td>Livable communities</td>
<td>Civic and social engagement</td>
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<tr>
<td>EXAMPLES ONLY (MUST BE MEASURABLE):</td>
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<td>• Elder justice (elder abuse, neglect, exploitation)</td>
<td>• Volunteerism</td>
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<td>EXAMPLES ONLY (MUST BE MEASURABLE):</td>
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<td>• Nutrition</td>
<td>• Mental health and addiction (depression, suicide)</td>
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<tr>
<td>• Physical activity</td>
<td>• Neurological conditions (Alzheimer’s, Parkinson’s, dementia)</td>
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<td>• Workforce capacity</td>
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The SAPA provides state and local partners with a roadmap of strategies to improve the health and wellbeing of older Ohioans. Achieving this vision requires a coordinated approach to implementation of strategies in the SAPA and the State Health Improvement Plan.

* These factors are sometimes referred to as the social determinants of health or the social drivers of health.
Next steps
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Online survey
The webinar will be recorded and posted on the SAPA Advisory Committee page.
Thank you!