Strategic Action Plan on Aging (SAPA)

Access to care work team meeting

Thursday, June 25, 2020

Welcome!

• The webinar will begin in a few minutes.
• All slides are available at:
  www.hpio.net/strategic-action-plan-on-aging
Welcome and overview
Please type questions in the question box
Discussion

Click the icon to raise your hand.
The webinar will be recorded and posted on the SAPA Advisory Committee page.

Strategic Action Plan on Aging (SAPA) Advisory Committee

The Ohio Department of Aging (ODA) is contracting with the Health Policy Institute of Ohio (HPIO) to facilitate development of the Strategic Action Plan on Aging (SAPA). The SAPA will build off of ODA’s 2019-2022 State Plan on Aging (SPOA) and align with Ohio’s 2020-2022 State Health Improvement Plan.

HPIO is convening a SAPA Advisory Committee to provide guidance on a concise set of priorities, outcomes and strategies for Ohio’s aging population to include in the SAPA.

SAPA framework (DRAFT 03.06.2020)

Work Team meetings

Round #1: Outcome and indicator webinars
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.
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
Poll question
Today’s agenda

Welcome and overview
SAPA process and timeline
Prioritization survey results
Considerations for prioritizing
Prioritization discussions
  • Availability and affordability of long-term, home- and community-based supports
  • Health care coverage and affordability
  • Workforce capacity
Next steps
Today’s meeting objectives

Advisory Committee members will:
• Be aware of key findings from SAPA prioritization survey
• Share expertise on prioritization of outcomes and indicators for Access to Care

HPIO and ODA will have guidance on:
• Prioritization of desired outcomes and indicators for Access to Care
Fostering sound public policy, research, and initiatives that benefit older Ohioans.

Carmen Clutter, MS, RDN, LD
Population Health & Nutrition Manager
SAPA timeline and framework
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
## Advisory committee members

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<td>Other community-based organization, social services or advocacy</td>
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Priority outcomes work teams

Population health
11 members

Social connectedness/preserving independence
22 members

Priority factors work teams

Community conditions/health behaviors
21 members

Access to care
15 members
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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.
## 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 (66.2% of single older adults and 61.8% 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.
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.
State Plan on Aging
State Health Improvement Plan
Summary Assessment of Older Ohioans
Stakeholder input (Advisory Committee, priority work teams, key informants)

SAPA priorities
SAPA components

- SMART objectives
- Evidence-based strategies
- Priority populations
- Strategies that reduce/eliminate disparities and inequities
Strategic Action Plan on Aging (SAPA) framework

Note: Factors listed in the red box will be further 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
SELECTED OUTCOMES:
- Financial stability
- Housing quality and affordability
- Transportation access

Health Behaviors
Prevention and self-management
SELECTED OUTCOMES:
- Nutrition
- Physical activity

Access to Care
Home- and community-based services and supports
EXAMPLES ONLY (MUST BE MEASURABLE):
- Availability and affordability of long-term, home- and community-based supports
- Workforce capacity
- Healthcare coverage and affordability

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:

Social connectedness
SELECTED OUTCOMES:
- Social isolation
- Volunteerism

Population health
SELECTED OUTCOMES:
- Cognitive difficulty
- Depression
- High blood pressure

Preserving independence
SELECTED OUTCOMES:
- Chronic pain management
- Falls

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

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
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Prioritization survey results
State Plan on Aging

State Health Improvement Plan

Summary Assessment of Older Ohioans

Stakeholder input (Advisory Committee, priority work teams, key informants)

SAPA priorities
Online survey
Survey process

- Sent to SAPA Advisory Committee (61)
- 36 respondents
- 59% response rate
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 from Summary Assessment results]

- **Alignment:** With State Plan on Aging, 2020-2022 State Health Improvement Plan, local priorities, state agency plans, etc.

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

- **Connection to SAPA priority outcomes:** Extent to which the factor contributes to social connectedness, population health or preserving independence outcomes.
Which of the following sub-topics do you think are most important to prioritize in the SAPA?

- Availability and affordability of long-term, home- and community-based supports: 30
- Workforce capacity: 23
- Healthcare coverage and affordability: 17
- Caregiver supports: 12
- Preventive health care: 12
- Quality of care: 7
- End-of-life planning: 1

Total respondents: 36
Respondents could choose no more than 3 answers
Which of the following sub-topics do you think are most important to prioritize in the SAPA?

- Availability and affordability of long-term, home- and community-based supports: 30
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Priority outcomes

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2. Population health
   SELECTED OUTCOMES:
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   - Depression
   - High blood pressure

3. Preserving independence
   SELECTED OUTCOMES:
   - Chronic pain management
   - Falls
### Priority factors

1. **Community conditions**
   - Livable communities
   - **SELECTED OUTCOMES:**
     - Financial stability
     - Housing quality and affordability
     - Transportation access

2. **Health Behaviors**
   - Prevention and self-management
   - **SELECTED OUTCOMES:**
     - Nutrition
     - Physical activity

3. **Access to Care**
   - Home- and community-based services and supports
   - **EXAMPLES ONLY (MUST BE MEASURABLE):**
     - Availability and affordability of long-term, home- and community-based supports
     - Workforce capacity
     - Healthcare coverage and affordability

**Note:** 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.

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Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Considerations for prioritizing
Access to care

- Long-term home- and community-based supports
- Health care coverage and affordability
- Workforce capacity
Criteria for prioritizing outcomes

- **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.

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Priority outcomes

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   SELECTED OUTCOMES:
   - Cognitive difficulty
   - Depression
   - High blood pressure

3. Preserving independence
   SELECTED OUTCOMES:
   - Chronic pain management
   - Falls
Data sources

AARP Long Term Services and Supports Scorecard

• Secondary source that provides analysis of data related to long-term services for older adults and people living with disabilities
• Report produced periodically (every 3 years)
• Some indicators are difficult to understand
• Indicators are not disaggregated
• AARP, Valuing the Invaluable reports
Data sources

America’s Health Rankings, Senior Report and Kaiser Family Foundation, State Health Facts

- Secondary sources that provides analysis of data related to health and health factors, including behaviors, environments and clinical care
- Annual report (AHR); indicators updated as new data is available (Kaiser)
- Indicators often disaggregated as allowed by primary source
Ohio Medicaid Assessment Survey

• Ohio specific, survey of health, health care access and behaviors
• Data collected every two years; most-recent year is 2017
• Data by age, sex, race/ethnicity, income, disability status, county type and insurance type
Availability and affordability of long-term, home- and community-based supports
Desired outcomes

1. Improve long-term care affordability
2. Improve home care affordability
3. Increase supply of assisted living and residential care units
4. Increase access to end-of-life hospice care
5. Increase patient-directed transitions out of nursing homes
6. Improve access to community-based LTSS
Improve long-term care affordability

Potential indicators

• Median annual nursing home private pay cost as a percentage of median household income for people ages 65 and older (AARP LTSS Scorecard)
• Number of private long-term care insurance policies in effect, per 1,000 population ages 40 and older (AARP LTSS Scorecard)

Strategy examples

No clear and direct strategies for improving
Improve **home care affordability**

**Potential indicator**
Median annual home care private pay cost as a percentage of median household income for people ages 65 and older (AARP LTSS Scorecard)

**Strategy examples**
No clear and direct strategies for improving
Increase supply of assisted living and residential care units

Potential indicator
Number of assisted living and residential care units, per 1,000 population ages 75 and older (AARP LTSS Scorecard)

Strategy examples
No clear and direct strategies for improving
Increase **access to end-of-life hospice care**

**Potential indicator**
Percent of Medicare decedents, ages 65 and older, who were enrolled in hospice at the time of death (AHR Senior Report)

**Strategy examples**
No clear and direct strategies for improving
Increase patient-directed transitions out of nursing homes

Potential indicators

• Percent of nursing home residents with low care needs (AARP LTSS Scorecard)
• Percent of people with nursing home stays of 90 days or more successfully transitioning back to the community (AARP LTSS Scorecard)

Strategy examples

• Case-managed care for community-dwelling frail elders
• Integrated long-term care for community dwelling frail elders
Improve access to community-based LTSS

Potential indicator
Percent of new Medicaid aged/disabled LTSS users first receiving services in the community (AARP LTSS Scorecard)

Strategy examples
• Case-managed care for community-dwelling frail elders
• Integrated long-term care for community dwelling frail elders
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Desired outcomes

1. Improve long-term care affordability
2. Improve home care affordability
3. Increase supply of assisted living and residential care units
4. Increase access to end-of-life hospice care
5. Increase patient-directed transitions out of nursing homes
6. Improve access to community-based LTSS
Poll question
Health care coverage and affordability
Desired outcomes

1. Increase health insurance coverage
2. Increase prescription drug coverage and affordability
3. Reduce out-of-pocket spending on health care
4. Reduce unmet healthcare need due to cost
Increase health insurance coverage

Potential indicators

- **Uninsured rate.** Uninsured rate for adults, ages 60 and older (OMAS)
- **Type of insurance coverage.** Percent of adults, ages 60 and older, covered by Medicare, employer-sponsored insurance, Medicaid and other types of insurance (OMAS)
Increase **health insurance coverage**

**Strategy examples**

- Health insurance enrollment outreach & support
- Maximize Ohio Medicaid enrollment for eligible individuals
- Utilize existing resources, such as Community Health Workers, to raise awareness of health insurance enrollment assistance
- Mental health benefits legislation
Increase **prescription drug coverage and affordability**

**Potential indicators**

- **Prescription drug coverage.** Percentage of Medicare enrollees, ages 65 and older, who have a creditable prescription drug plan (America's Health Rankings Senior Report)

- **Prescription drug spending.** Health care expenditures per capita for prescription drugs (State Health Facts)
Increase **prescription drug coverage and affordability**

**Strategy examples**

- **Increase prescription drug coverage:**
  - Health insurance enrollment outreach & support
  - Maximize Ohio Medicaid enrollment for eligible individuals
  - Utilize existing resources, such as Community Health Workers, to raise awareness of health insurance enrollment assistance

- **Increase prescription drug affordability:**
  - Value-based purchasing for drugs
Reduce **out-of-pocket spending on health care**

**Potential indicator**
Health care expenditures per capita for 1) prescription drugs, 2) nursing home care and 3) home health care (State Health Facts)
Reduce out-of-pocket spending on health care

Strategy examples

• Reducing out-of-pocket costs for cardiovascular disease preventive services for patients with high blood pressure and high cholesterol
• Reducing out-of-pocket costs for evidence-based tobacco cessation treatments
• Client or family incentive rewards programs for vaccination
Reduce **unmet healthcare need due to cost**

Potential indicator
Percent of people, ages 65 and older, who could not see doctor because of cost (BRFSS)

Strategy examples
No clear and direct strategies for improving
Discussion

Click the icon to raise your hand.
Desired outcomes

1. Increase health insurance coverage
2. Increase prescription drug coverage and affordability
3. Reduce out-of-pocket spending on health care
4. Reduce unmet healthcare need due to cost
Poll question
Workforce capacity
Desired outcomes

1. Increase access to healthcare providers
2. Increase access to primary care providers
3. Increase access to mental health care providers
4. Increase home care workforce capacity
5. Increase geriatrician workforce capacity
6. Increase caregiver supports
Increase access to healthcare providers

Potential indicator
Percentage of adults, ages 65 and older, who report having one or more people they think of as their personal doctor or healthcare provider (BRFSS)
Increase access to healthcare providers

Strategy examples

- Community health workers
- Health career recruitment for minority students
- Higher educational financial incentives for health professionals servicing underserved areas
- Rural training in medical education
Increase access to primary care providers

Potential indicator
Percent of Ohioans living in a primary care health professional shortage area (State Health Facts)

Strategy example
Telemedicine
Increase **access to mental health care providers**

**Potential indicator**
Percent of Ohioans living in a mental health care health professional shortage area (State Health Facts)

**Strategy example**
Telemental health services
Increase **home care workforce capacity**

**Potential indicator**
Number of personal care and home health aides, per 1,000 adults ages 65 and older with a disability (BLS and ACS)

**Strategy example**
- Career-technical education for high school graduation or postsecondary education
- Career pathways and sector-focused employment programs
Increase **geriatrician workforce capacity**

**Potential indicator**
Number of family medicine and internal medicine geriatricians, per 100,000 population ages 65 and older (CMS and the U.S. Census Bureau)

**Strategy example**
No clear and direct strategies for improving
Increase **caregiver supports**

**Potential indicators**

- Number of family caregivers in Ohio (AARP Public Policy Institute)
- Number of care hours provided by caregivers in Ohio (AARP Public Policy Institute)
- Ohio performance, on a scale from 0-9, on policies that support working caregivers (i.e. family medical leave, mandatory paid family leave and sick days, unemployment insurance and policies that protect family caregivers from employment discrimination) (AARP LTSS State Scorecard)
Increase **caregiver supports**

**Strategy examples**

- **BRI Care Consultation**, which links health care, community and family services for adults with chronic health conditions and their caregivers
- **REACH Community**, a dementia caregiving behavioral intervention
- **Stress-Busting Program for Family Caregivers**, a program for family caregivers of people with Alzheimer’s and dementia
- **TCARE**, a care management protocol to support family caregivers of adults with chronic or acute health conditions
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3

GoToWebinar™
1. Increase access to healthcare providers
2. Increase access to primary care providers
3. Increase access to mental health care providers
4. Increase home care workforce capacity
5. Increase geriatrician workforce capacity
6. Increase caregiver supports
Poll question
Next steps
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Work team meetings

Target setting and strategies

• **Priority outcomes:** Thursday, July 9, 1 pm-3:30 pm
  (i.e. population health, preserving independence and social connectedness)

• **Priority factors:** Wednesday, July 15, 1 pm-3:30 pm
  (i.e. community conditions, health behaviors and access to care)
The webinar will be recorded and posted on the SAPA Advisory Committee page.
Thank you!