Strategic Action Plan on Aging (SAPA)

Social Connectedness and Preserving Independence work team meeting

Monday, June 15, 2020

Welcome!

- The webinar will begin in a few minutes.
- All slides are available at: [www.hpio.net/strategic-action-plan-on-aging](http://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.

HPIO Equity meeting 3

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The webinar will be recorded and posted on the SAPA Advisory Committee page.
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
  • Social isolation
  • Civic engagement
  • Mobility
  • Chronic pain
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 Social Connectedness and Preserving Independence

HPIO and ODA will have guidance on:
• Prioritization of desired outcomes and indicators for Social Connectedness and Preserving Independence
Fostering sound public policy, research, and initiatives that benefit older Ohioans.

Carmen Clutter, MS, RDN, LD
Population Health & Nutrition Manager
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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<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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<td>Behavioral health</td>
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<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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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 cited 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, 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.
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
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.

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):**
  - Housing affordability, accessibility and quality
  - Transportation
  - Economic conditions

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

- **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**
  - **EXAMPLES ONLY (MUST BE MEASURABLE):**
  - Social isolation
  - Civic engagement

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

- **Preserving independence**
  - **EXAMPLES ONLY (MUST BE MEASURABLE):**
  - Mobility
  - Chronic pain

All older Ohioans achieve their full health potential

- 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 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.
Social connectedness: Which of the following sub-topics do you think are most important to prioritize in the SAPA?

- Social isolation: 36
- Civic engagement: 16
- Employment: 6

Total respondents: 36
Respondents could choose no more than 2 answers
Social connectedness: Which of the following sub-topics do you think are most important to prioritize in the SAPA?

- Social isolation: 36
- Civic engagement: 16
- Employment: 6

Total respondents: 36
Respondents could choose no more than 2 answers
Preserving independence: Which of the following sub-topics do you think are most important to prioritize in the SAPA?

- Mobility: 30
- Chronic pain: 19
- Physical/sensory ability: 15

Total respondents: 36
Respondents could choose no more than 2 answers
Preserving independence: Which of the following sub-topics do you think are most important to prioritize in the SAPA?

- Mobility: 30
- Chronic pain: 19
- Physical/sensory ability: 15

Total respondents: 36
Respondents could choose no more than 2 answers
Priority outcomes

1. Social connectedness
   - Social isolation
   - Civic engagement

2. Population health
   - Depression
   - Cognitive difficulty
   - High blood pressure

3. Preserving independence
   - Mobility
   - Chronic pain
These factors are sometimes referred to as the social determinants of health or the social drivers of health.

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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

Health Behaviors
- Prevention and self-management
  - Physical activity
  - Nutrition

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

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
- Social isolation
- Civic engagement

Population health
- Depression
- Cognitive difficulty
- High blood pressure

Preserving independence
- Mobility
- Chronic pain

All older Ohioans achieve their full health potential

Vision
Ohio is the best place to age in the nation

Priority factors and outcomes will be narrowed to 1-3 measurable objectives per priority outcome or factor topic

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
Considerations for prioritizing
Social connectedness

Civic engagement

Social isolation
Preserving independence

Mobility

Chronic pain
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.

- **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
Data sources

Corporation for National and Community Service via America’s Health Ranking Senior Report

- Federal administrator of volunteerism programs, including AmeriCorps
- Access to data through an open portal
- No data disaggregation; concern for sustainability
Data sources

Behavioral Risk Factor Surveillance System (BRFSS) via America’s Health Ranking Senior Report

- Phone-based survey of adults
- Weighted, represents state population
- Annual data collection and reporting (most-recent year 2018)
- No local data for specific age groups
- Data can be disaggregated by age, including 65+, race and ethnicity, income and education; ability to pool years
Data sources

Mapping Medicare Disparities

• Traditional fee-for-service Medicare claims-based data (excludes Medicare Advantage)
• Ongoing data collection, annual reporting (most-recent year 2017)
• State and county-level data is available
• Designed to compare outcomes between groups (disparities)
• Data by sex, age, including 65-74, 75-84 and 85+, race and Medicare/Medicaid dual eligibility status
Data sources

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
Data sources

U.S. Census Bureau datasets

• American Community Survey, Current Population Survey and decennial census
• Reliable, representative data source for data on people and housing
• Secondary sources for U.S. Census Bureau data include, America's Health Rankings, State Health Facts and Miami University, Scripps Gerontology Center
Data sources

Dartmouth Atlas of Health Care

• Source of data on indicators developed from Medicare claims data
• Data lag is significant; most-recent year is 2015
Civic engagement
Desired outcomes

1. Increase volunteerism
2. Increase political engagement
Increase volunteerism

Potential indicator
Percent of adults, ages 65 and older, who reported volunteering in the past 12 months (Corporation for National & Community Service, via AHR Senior Report)

Strategy example
No clear and direct evidence-rated strategies
Increase political engagement

Potential indicator
Percent of the voter population*, ages 65 and older, who voted in the most recent general election (U.S. Census Bureau, via KFF State Health Facts)

*Voter population is U.S. citizen adults ages 18 and older

Strategy example
Social media for civic participation
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Desired outcomes

1. Increase volunteerism
2. Increase political engagement
Poll question
Social isolation
Desired outcomes

1. Reduce risk of social isolation
2. Increase vulnerable population engagement in Older American Act programming
3. Improve computer access
4. Reduce living alone
5. Reduce zero-vehicle households
Reduce **risk of social isolation**

**Potential indicator**
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, via AHR Senior Report)*

**Strategy examples**
- Activity programs for older adults
- Trauma-informed approaches to community building
- Community centers
Increase vulnerable population engagement in Older American Act programming

Potential indicator (exploratory)
Percent of participants in [Older American Act program with reporting in AGID] who are members of under-represented and vulnerable populations (reports to ODA)
Improve **computer access**

**Potential indicator**
Percent of adults, ages 65 and older, with a computer in the household *(U.S. Census Bureau, American Community Survey)*

**Strategy example**
Community centers (including computer classes and technology programs)
Reduce living alone

Potential indicator
Percent of adults, ages 65 and older, who live alone (U.S. Census Bureau, American Community Survey)

Strategy example
No clear and direct evidence-rated strategies
Reduce zero-vehicle households

Potential indicator
Percent of households, with a head-of-household ages 65 or older, without a vehicle (U.S. Census Bureau, American Community Survey)

Strategy example
No clear and direct evidence-rated strategies
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Desired outcomes

1. Reduce **risk of social isolation**
2. Increase **vulnerable population engagement in Older American Act programming**
3. Improve **computer access**
4. Reduce **living alone**
5. Reduce **zero-vehicle households**
Poll question
Preserving independence
Desired outcomes

1. Reduce **falls**
2. Reduce **hip fractures**
3. Reduce **functional difficulties**
4. Improve **health status among older adults with mobility impairments**
Reduce falls

Potential indicators
Fall in last 12 months. Percent of adults age 65 and older who report having had a fall within the last 12 months (BRFSS)

Strategy examples
• Multi-component fall prevention interventions for older adults
• Risk assessment and personalized approaches to fall prevention among older adults
• Healthy Steps for Older Adults, a screening, assessment and education program
Reduce **hip fractures**

**Potential indicator**

*Hip fractures.* Number of hospitalizations for hip fracture per 1,000 Medicare enrollees, ages 65 and older (*Dartmouth Atlas of Health Care)*

**Strategy examples**

*No clear and direct evidence-rated strategies*
Reduce **functional difficulties**

**Potential indicator**

**Functional difficulties.** Percent of adults with functional difficulties, including independent living, cognitive, ambulatory, self-care, hearing and vision difficulties, by age group (65-74 and 75 and older) (American Community Survey)
Reduce **functional difficulties**

**Strategy examples**

- Exercise prescriptions
- EnhanceFitness, a group physical activity program for older adults
Improve health status among older adults with mobility impairments

Potential indicator

Health status of older adults with mobility impairments. Percent of adults ages 65 and older with a mobility impairment who report “excellent, very good or good” health (BRFSS)
Improve health status among older adults with mobility impairments

Strategy examples

No clear and direct evidence-rated strategies
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Desired outcomes

1. Reduce **f**alls
2. Reduce **h**ip fractures
3. Reduce **f**unctional difficulties
4. Improve **h**ealth status among **o**lder adults with **m**obility impairments
Poll question
Chronic pain
Desired outcomes

1. Reduce fibromyalgia, chronic pain and fatigue
2. Reduce functional limitations due to arthritis
3. Reduce bone and joint pain
Reduce *fibromyalgia, chronic pain and fatigue*

**Potential indicator**

*Fibromyalgia, chronic pain and fatigue.* Percent of Medicare fee-for-service beneficiaries with fibromyalgia, chronic pain and fatigue (Mapping Medicare Disparities)

**Strategy examples**

No clear and direct evidence-rated strategies
Reduce **functional limitations due to arthritis**

**Potential indicator**

*Functional limitations due to arthritis.* Percent of adults ages 65 and older with arthritis who reported that arthritis or joint symptoms do not limit their usual activities (*BRFSS*)

**Strategy examples**

- Walk with Ease, a walking program for older adults with arthritis
- Tai Chi for Arthritis
Reduce bone and joint pain

Potential indicators

• **Osteoporosis.** Percent of Medicare fee-for-service beneficiaries with osteoporosis (*Mapping Medicare Disparities*)

• **Rheumatoid arthritis/osteoarthritis.** Percent of Medicare fee-for-service beneficiaries with rheumatoid arthritis/osteoarthritis (*Mapping Medicare Disparities*)
Reduce bone and joint pain

Strategy example
Fit and Strong!, a physical activity and behavior change program for older adults with osteoarthritis
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Desired outcomes

1. Reduce fibromyalgia, chronic pain and fatigue
2. Reduce functional limitations due to arthritis
3. Reduce bone and joint pain
Poll question
Next steps
Timeline

Dec 2019
Jan 2020
Feb 2020
March 2020
April 2020
May 2020
June 2020
July 2020
Aug 2020
Sept 2020
Oct 2020

Summary assessment

Priority topic and outcome area identification

Key informant interviews
Priority work team meetings
Recommendations for data collection and evaluation

SAPA document
SAPA presentations and technical assistance materials
Work team meetings

Identification of desired outcomes
• Community conditions/health behaviors: Monday, June 22, 1 pm-3 pm
• Access to care: Thursday, June 25, 1 pm-3 pm

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!