



What's on the horizon for state health policy?

Improving the health and well-being of older Ohioans

Dec. 16, 2020



Vision

Ohio is a model of health, well-being and economic vitality.

Mission

To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy that improves health value.

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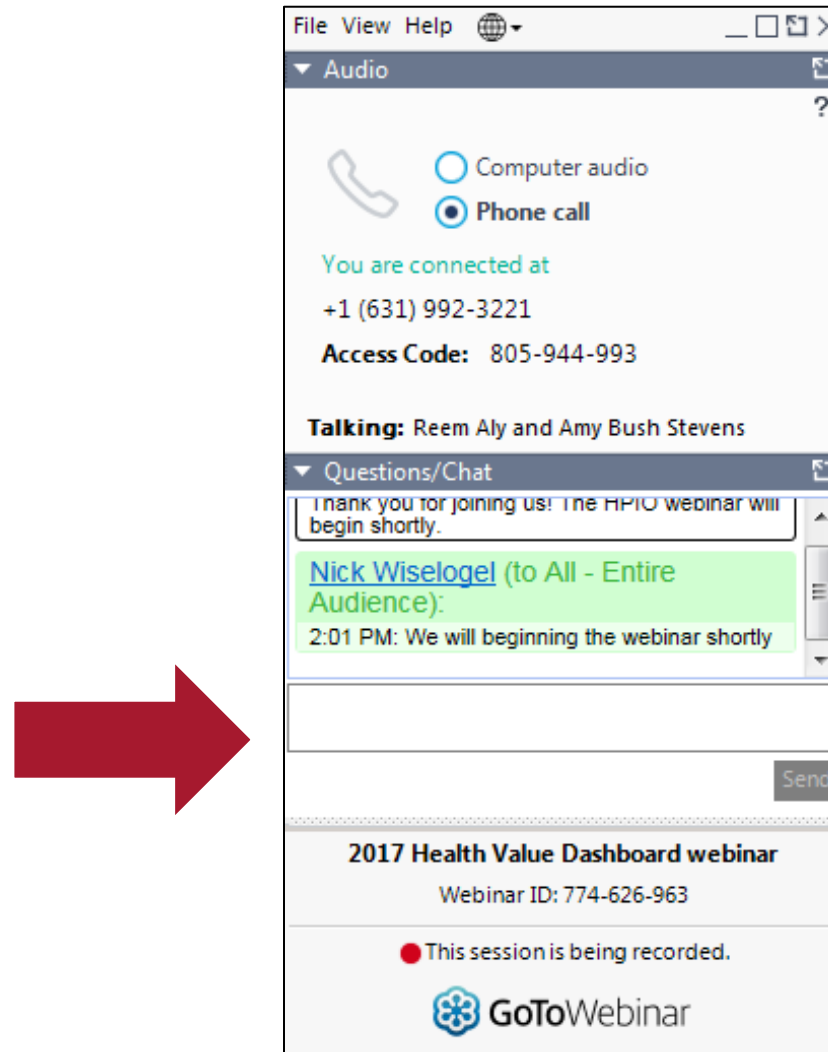


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Please type questions in the question box



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on the event page at

<http://bit.ly/HPIOevents>

Katie Smith Sloan President
and CEO, LeadingAge Executive
Director, The Global Ageing Network

Katie Smith Sloan on Ageism

HEALTH POLICY INSTITUTE OF OHIO, 12/16/20



LeadingAge®

Vision: An America Freed from Ageism

LeadingAge

- 5000+ nonprofit, mission-driven providers
- State partners – LeadingAge Ohio
- Continuum/Lego Blocks
- Advocacy, Education, Applied Research, Technology, Workforce, and other cross cutting issues



What Is Ageism?

- Often unrecognized bias against older people
- Discrimination against or assumptions about people based on age
- Ubiquitous, universal and global

From the United Nations

“ The COVID-19 pandemic not only highlighted the vulnerability of older persons in emergency situations... it also witnessed cases of ageism and worrying accounts of human rights violations affecting older persons....



Perpetuated in the Media...

[“Welcome to Biden's Senior Center”](#)

– Politico

[The Democrats Are Too Old](#)

–The New Republic

[America Is Run by Geezers](#)

–The New Republic

[Why Is Congress So Old?](#)

– Medium

“Congress’s gerontocracy problem shows no sign of abating. -The New Yorker

“Biden is further solidifying America’s drift toward gerontocracy.”

–The Washington Post

“The Supreme Court is a partisan gerontocracy. What were the Founders thinking?”

-Daily Beast

...and Elsewhere

- Public policy – no investment in long term care
- Medicine – grossly undervalue geriatrics
- Philanthropy – less than 2% philanthropic dollars
- Products –anti-aging creams
- Technology – dumbed down for older adults
- Advertising – pharmaceuticals
- Movies – “Driving Miss Daisy”

Ageism and COVID

Frequent portrayal of older adults as VULNERABLE during pandemic – an abridged version of the truth

- Older people are NOT just a homogenous group of defenseless people in need of protection
- But we DO know that being exposed to or internalizing negative representations of old age influences the health – including mental health in older adults.

Ageism and COVID

- Public health guidance – all those age 70+ stay home
- Resource distribution – hospitals before long term care
- Treatment decisions – access to life saving resources
- Clinical trials – age of sample.

We need to ask ourselves:

Would we be acting differently if COVID put young people – as opposed to older people – more at risk?

How to Check Ageism in COVID

Underpin policy with strategies demonstrated to reduce EVERYONE'S risk.

- Community spread - impacts EVERYONE
- Social Isolation – impacts EVERYONE
- Resource allocation – impacts EVERYONE

Focus on the Evidence

The value of wisdom

- Scientific leadership – Dr Fauci (at higher risk but not frail)
- Intergenerational connections – especially around technology

The value of personal resilience

- Older adults showing agency – masks, social distance, isolation
- Older adults connecting by email, phone, social media
- Older health care workers volunteering on front line

Imagine a World Freed from Ageism

- Older adults – like all – are appreciated for who they are
- Wisdom and the lived experience that comes with aging is valued
- Intergenerational engagement is natural
- Language is respectful and inclusive
- Age is a number not a social value or a judgement



An America Freed From Ageism

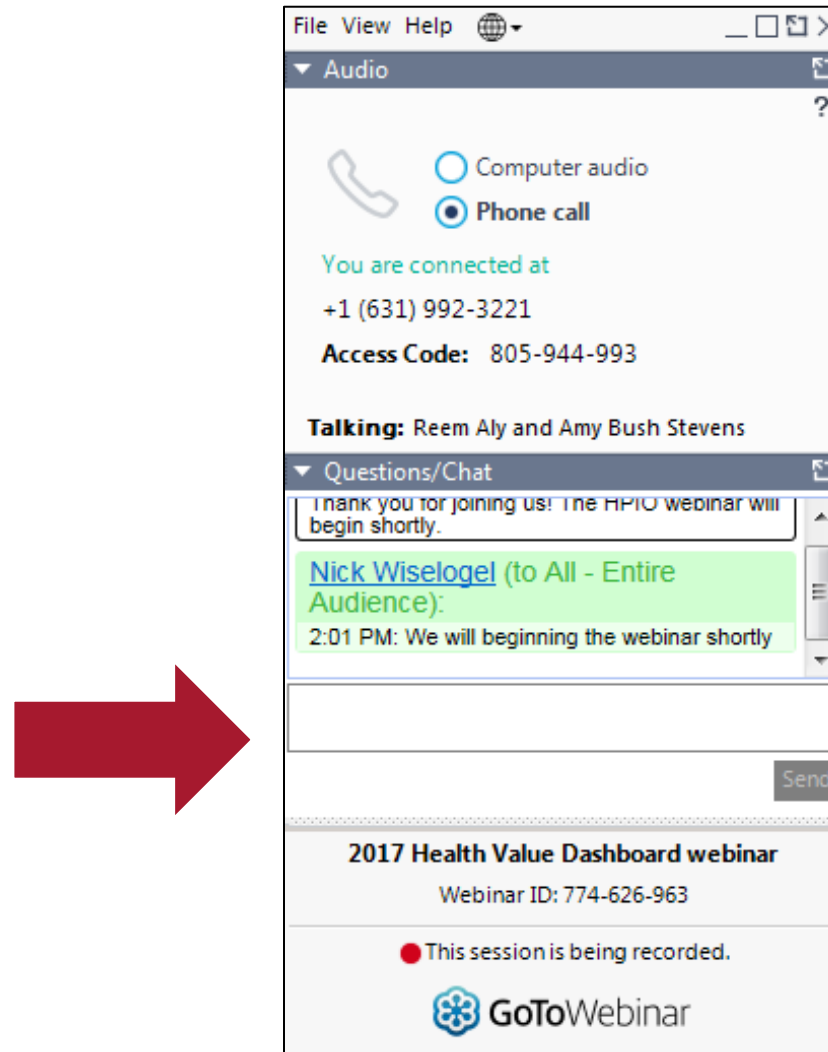




Thank You

QUESTIONS?

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Questions



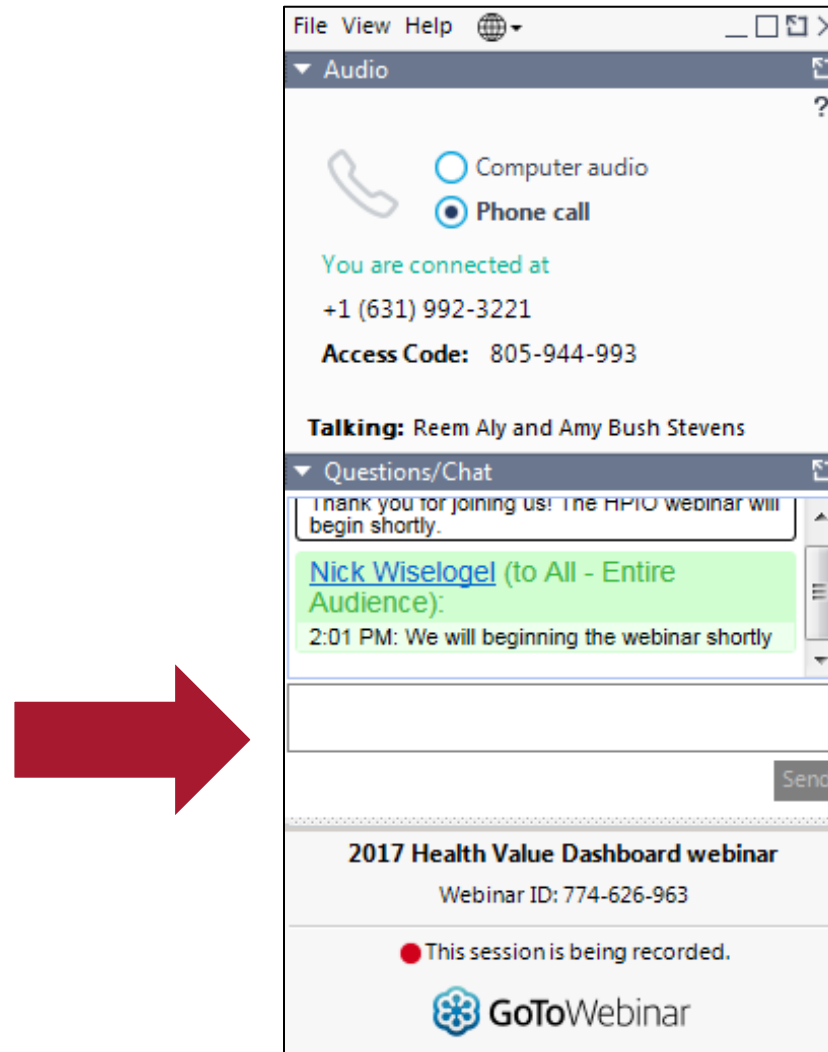
Ohio

**Department of
Aging**

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

Ursel J. McElroy
Director

Please type questions in the question box



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Questions

Kim Kehl

Trauma-Informed Care Project Coordinator
Ohio Department of Mental Health and
Addiction Services



Mike DeWine, *Governor*
Lori Criss, *Director, OhioMHAS*

Health Impacts of Adversity and Discrimination

Evidence-informed strategies to address trauma experienced by older adults
most at risk for poor health outcomes.

Health Policy Institute of Ohio

Online Forum

December 16, 2020

- With any aging person, it's not just about what happened earlier in life but also **what's happening to them now**
- That could include feelings of loss of control, chronic illness, widowhood or placement in a nursing facility—which for many older adults is a **highly stressful event of its own**
- Analyses of data from the original ACE study showed that the **ACE score increased – in a strong and graded manner** – the risk for adults of autoimmune disease such as arthritis and myocarditis; health problems, including depression and alcoholism; and problems with sleep and obesity



- The health vulnerabilities of older adults may amplify the **health effects of discrimination**.
- One study found that **experiences of discrimination** are frequent among the elderly population, with 63% and 31% of older adults reporting everyday discrimination and major discriminatory events, respectively.
- **Discrimination based on age** was most common.
- After controlling for general stress, **everyday discrimination still had effects** on emotional health, such as depressive symptoms and self-reported health in older adults.
- Although older adults perceive lower levels of discrimination as they get older, they are **more likely to associate experiences** of discrimination with their age.



Discrimination

- Discrimination can be understood as a social stressor that has a physiological effect on individuals (e.g., irregular heartbeat, anxiety, heartburn) that can be compounded over time and can lead to long-term negative health outcomes.
- Discrimination is often measured by either everyday or major discriminatory events.
 - **Everyday discrimination** taps into more ongoing and routine experiences of unfair treatment.
 - Some examples of everyday discrimination include: being treated with less courtesy or respect than other people, receiving poorer service than other people at restaurants or stores, or being threatened or harassed.
 - **Major discriminatory** events capture important or more significant experiences of unfair treatment.
 - Some examples of major discrimination include being unfairly dismissed from a job, being unfairly prevented from moving into a neighborhood because a landlord or realtor refused to sell or rent or being unfairly denied a bank loan.



- They may struggle more with even **basic activities of daily living**
- Those who **attributed disabilities such as arthritis to “old age”** had significantly higher levels of heart disease and hearing loss compared with those who did not cite age as a factor; being older and female can be a double whammy
- Even **health care providers** fall into the ageism trap
- Providers may be **reluctant to discuss using technology**, fearing that an older patient may shy away from it
- May routinely attribute physical or mental symptoms like depression or aches and pains as **a natural part of the aging process** without looking for other causes.



Elder-specific trauma

- Loss of spouses and peers
- Chronic and life-threatening diagnoses
- Physiological changes, limitations and disability
- Cognitive and memory loss
- Loss of roles and resources
- Increased dependence on caregivers
- Retirement
- Reduced income
- Displacement (downsizing)



Reactions to trauma

- Confusion and a sense of detachment
- A numbness or "cloudy" perspective
- Heightened startle response
- Fear of situations that serve as a reminder of the event
- Physical and emotional reactions to sights, sounds, smell and feelings associated with the trauma
- Difficulties with getting to sleep, disturbing dreams or nightmares
- Intrusive and repetitive thoughts and images
- Difficulty with concentration and memory
- Intense emotional reactions, e.g., anger, crying, guilt, fear
- Loss of appetite
- Decreased emotional and physical energy
- Susceptibility to ailments (e.g., colds, joint soreness, sore muscles)
- Fear of trusting others
- Anxiousness about the future



Vicious Cycle



The ACE Comprehensive Chart



As the COVID-19 crisis and social distancing wear on, we're facing a collective trauma

- Keep in mind that you're probably dealing with the additional challenge of being cut off from many of the supports and ways of coping that are so important as we face current traumas and heal from past ones
- Social distancing might make it harder to get comfort from the people close to you, and you probably don't have access to your normal exercise or leisure activities
- ***Disrupt a sense of control, connection and meaning***



As the calls for the end to racial injustice continue, we're facing a collective trauma

- Every day we hear news about the latest death counts, and tragic stories of suffering, loss, and human pain
- If the calls for the end to racial injustice haven't already affected us personally, we worry about the safety of others and maybe for our loved ones
- These threats can feel unpredictable and uncontrollable—the signature of traumatic events –

disrupt a sense of control, connection and meaning



- The COVID-19 pandemic has also amplified systemic racism. Older black and Latinx people are more likely to die from COVID-19 than white people
 - systemic inequity when it comes to fair housing markets, access to quality healthcare, and employment practices.
- Race-related stress occurs when an individual experiences or witnesses racist incidents that evoke social and historical experiences of racism
- Age also impacts an individual's mental and physical **response to racism**.
 - For African American older adults, exposure to cumulative experiences of racism has resulted in limited access to resources such as education, employment, health care, housing, and political participation, contributing to health disparities and increased rates of mental health disorders such as depression, anxiety, and dementia.

APA Office on Aging by Frances Adomako, EdM, Howard University



What impacts the work?

Organizational stresses:

- Financial pressures
- Policy compliance
- Social pressures
- Political environment
- Staff turnover

Staff stresses:

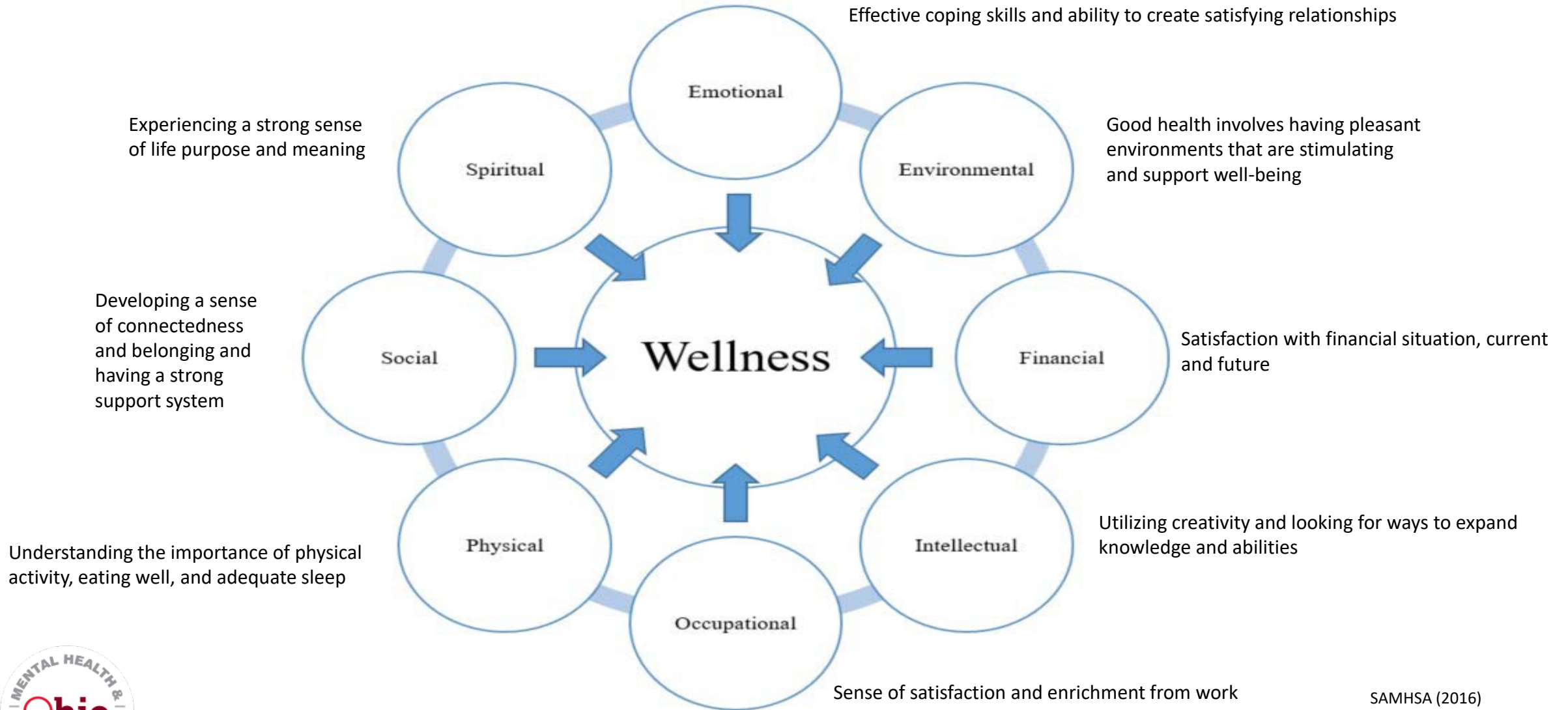
- Caseloads
- Billing requirements
- Compassion fatigue
- Burnout
- Low pay/long hours

Client stresses:

- Transition & loss
- Illness
- Abuse & neglect
- Financial
- Substance abuse



SAMHSA Dimensions of Wellness



What helps healing

- Understand that **trauma impacts a wide range human experience**, our physical, emotional, intellectual and spiritual well being. No part of the human experience is immune from the stress associated with trauma.
- **Promote self-assurance** by reminding the older adult that they survived a painful experience and that it takes time to heal.
- **Avoid comparing** oneself to how others are handling their experience.
- **Seek out persons who care for and support** the older adult.
- **Have them share** reactions, thoughts and how the experience impacted them.



What helps healing

- Know that the **reactions to trauma described are normal responses** to a very abnormal experience.
- Consider **writing a journal of their experience**. Help those who care about them become aware of how they might react in certain situations.
- Help them **gain perspective on the experience, supports** aids may include meditation, reading, spiritual reflection or involvement in support groups.
- Remember trauma places stress on the human body and **may result in illnesses** that decrease energy and ability to concentrate
- Have the older adult **promote their sense of hardiness** through healthy nutrition and exercise.

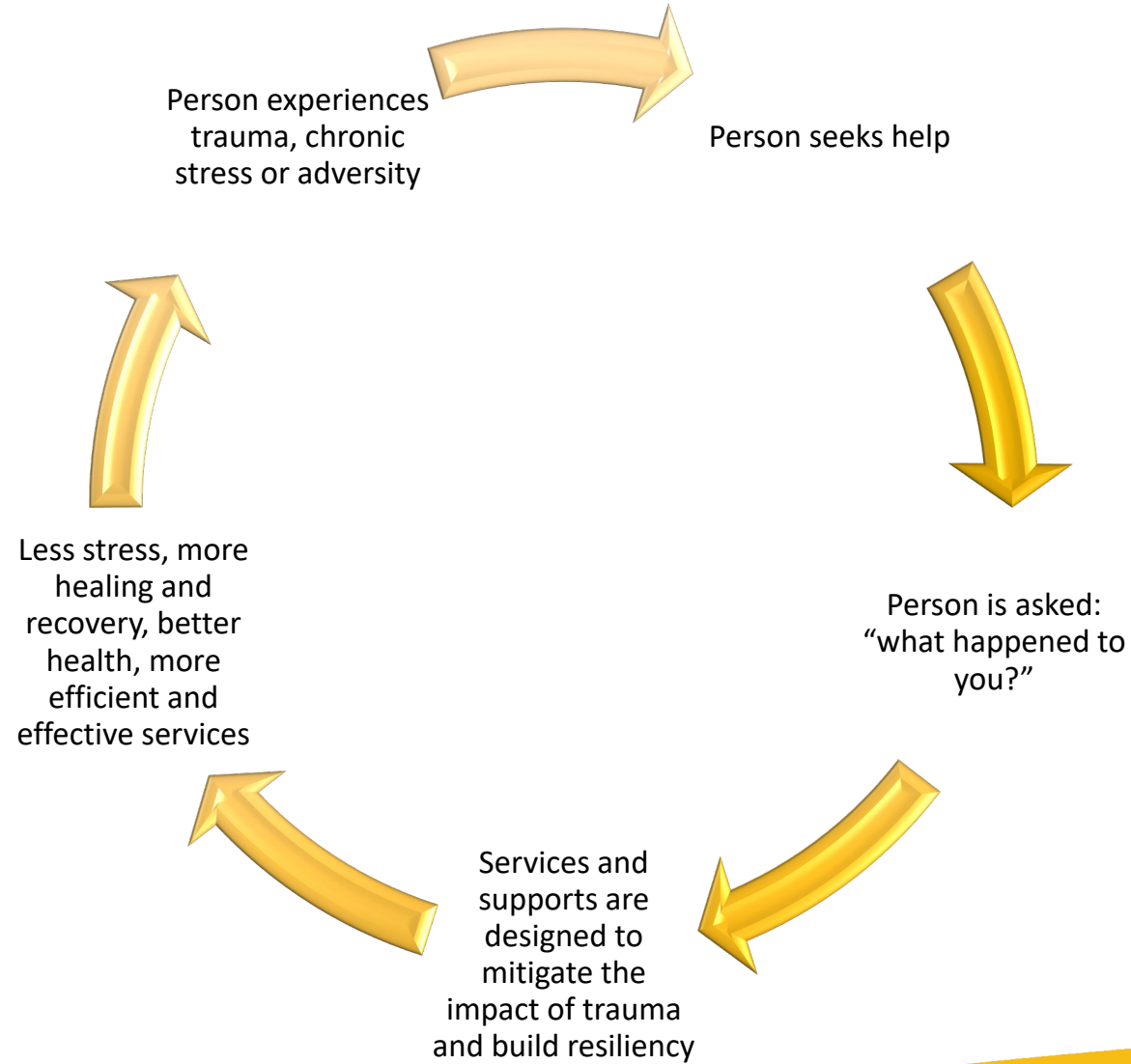


What first steps can we take

- ✓ Help staff in in-home, day and residential programs understand the prevalence of trauma and its impact on the body, brain, and development.
- ✓ Find safe and helpful ways to inquire and assess for trauma.
- ✓ Develop approaches and practices to mitigate the impact of trauma and develop resiliency.
- ✓ Design intensive trauma-responsive practices and supports for people with disabilities who have experienced significant trauma.



A New and Virtuous Cycle



Resources

- Ohio CareLine

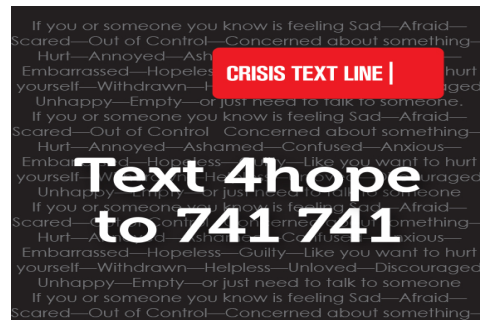
Call 1-800-720-9616 to connect

- OhioMHAS Trauma-Informed Care

<https://mha.ohio.gov/Health-Professionals/About-Mental-Health-and-Addiction-Treatment/Trauma-informed-Care>

- The Wellness Project

<https://mha.ohio.gov/Families-Children-and-Adults/For-Adults/The-Wellness-Project>



A graphic with a black background and white text. The text is a list of emotions: Sad, Afraid, Scared, Out of Control, Concerned about something, Hurt, Annoyed, Ashamed, Embarrassed, Hopeless, Guilty, Like you want to hurt yourself, Withdrawn, Discouraged, Unhappy, Empty, or just need to talk to someone. A red box with white text says "CRISIS TEXT LINE |". Below this, the text "Text 4hope to 741 741" is written in a large, white, sans-serif font.

You are not alone.



A logo for the National Suicide Prevention Lifeline. It features a green horizontal bar at the top with the word "NATIONAL" in white. Below this, the words "SUICIDE PREVENTION" are written in large, bold, black, sans-serif font. A green telephone handset icon is integrated into the letter "I" of "SUICIDE". Below "SUICIDE PREVENTION" is another green horizontal bar with the word "LIFELINE" in white. At the bottom, the text "I-800-273-TALK" and "www.suicidepreventionlifeline.org" is written in black.



Contact Information

Kim Kehl

Trauma-Informed Care Coordinator
OhioMHAS

Kim.kehl@mha.ohio.gov

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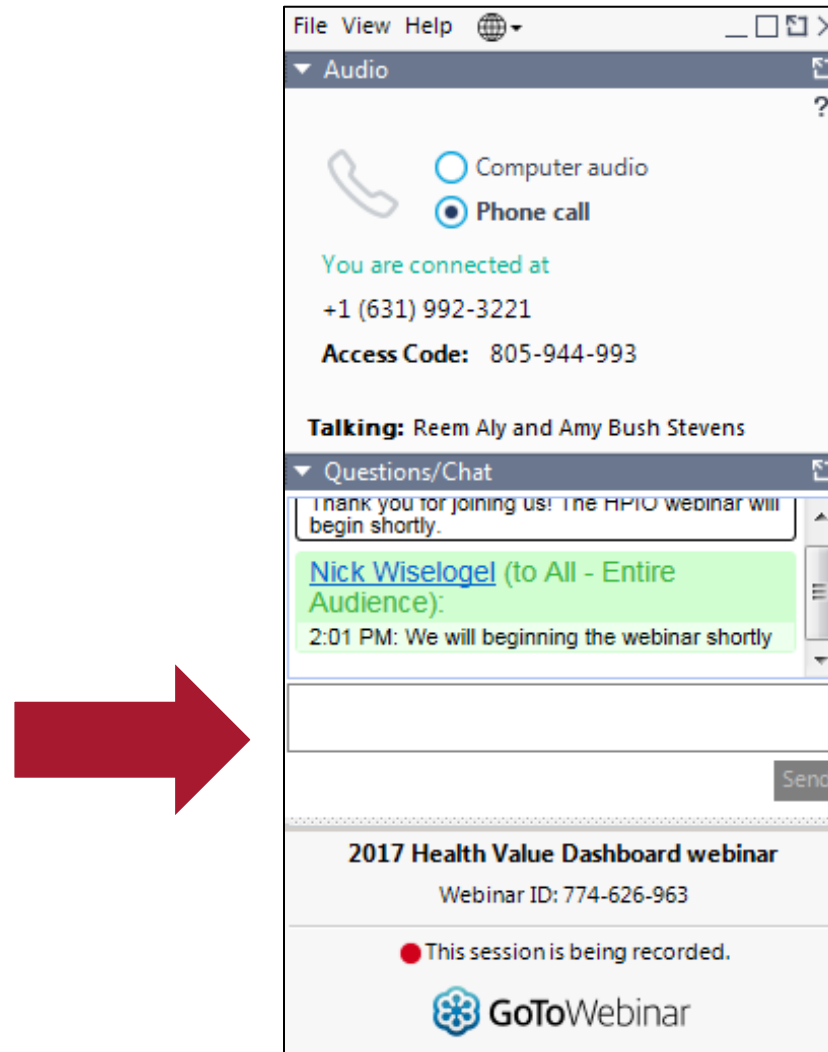


<http://mha.ohio.gov/>

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for all of the latest updates**



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Questions

Dr. Holly Holtzen

State Director

AARP Ohio

WHAT'S ON THE HORIZON FOR STATE HEALTH POLICY?
IMPROVING THE HEALTH & WELL-BEING OF OLDER OHIOANS

HOLLY HOLTZEN
AARP OHIO STATE DIRECTOR
DECEMBER 16, 2020





OVERVIEW

Long-term services and supports (LTSS)

- Family Caregiving
- AARP LTSS Scorecard
- Focus on caregiving dimension
- Policy options in Ohio and U.S.

COVID-19 implications

- Nursing homes
- Policy solutions

LONG-TERM SERVICES AND SUPPORTS

- **LTSS includes the support/services provided by family caregivers**
- **1 in 5 Americans are family caregivers** (53 million)
- **Increased prevalence of caregiving** (adults only)
 - 2015: 16.6%
 - 2020: 19.2%
- **Family Caregiving by race/ethnicity:**
 - 61% non-Hispanic White
 - 17% are Latinx/Hispanic
 - 14% non-Hispanic African American or Black
 - 5% Asian American and Pacific Islander
 - 3% some other race/ ethnicity, including multiracial
- **COVID-19 impact: Still to be determined**

Source: Caregiving in the U.S. 2020. https://www.caregiving.org/wp-content/uploads/2020/06/AARP1316_RPT_CaregivingintheUS_WEB.pdf

FAMILY
CAREGIVING
IN OHIO

1,510,000

Estimated number of family caregivers at some time during the year

\$16.8 billion

Annual value of family caregivers unpaid contributions

FAMILY CAREGIVING

- **6 in 10** caregivers report working while caregiving
- The majority (**61%**) have experienced at least one work-related impact
- About **32%** of family caregivers provide at least **21** hours of care a week, on average providing **59** hours of care weekly. This is in addition to their part- or full-time job.
- **54%** of caregivers expect to be caring for someone in the next five years.
- According to recent research from Harvard Business School, nearly **one in three workers** said they quit their jobs for caregiving responsibilities across the lifespan.

Source: Caregiving in the U.S. 2020. https://www.caregiving.org/wp-content/uploads/2020/06/AARP1316_RPT_CaregivingintheUS_WEB.pdf

Figure 29. Hours of Care Provided



LONG-TERM SERVICES AND SUPPORT SCORECARD

- A multidimensional approach to comprehensively measure state LTSS system performance overall and within five different domains
- Does not assess how well states or communities are managing COVID-19, and has no measures that are directly relevant to COVID-19 preparedness, impact or response.
- Funded with the support of The Commonwealth Fund and The SCAN Foundation. Updated every 3 years.

Ohio

STATE RANKINGS



Overall: 19



Quality of Life & Quality of Care: 12



Affordability and Access: 10



Support for Family Caregivers: 42



Choice of Setting and Provider: 29

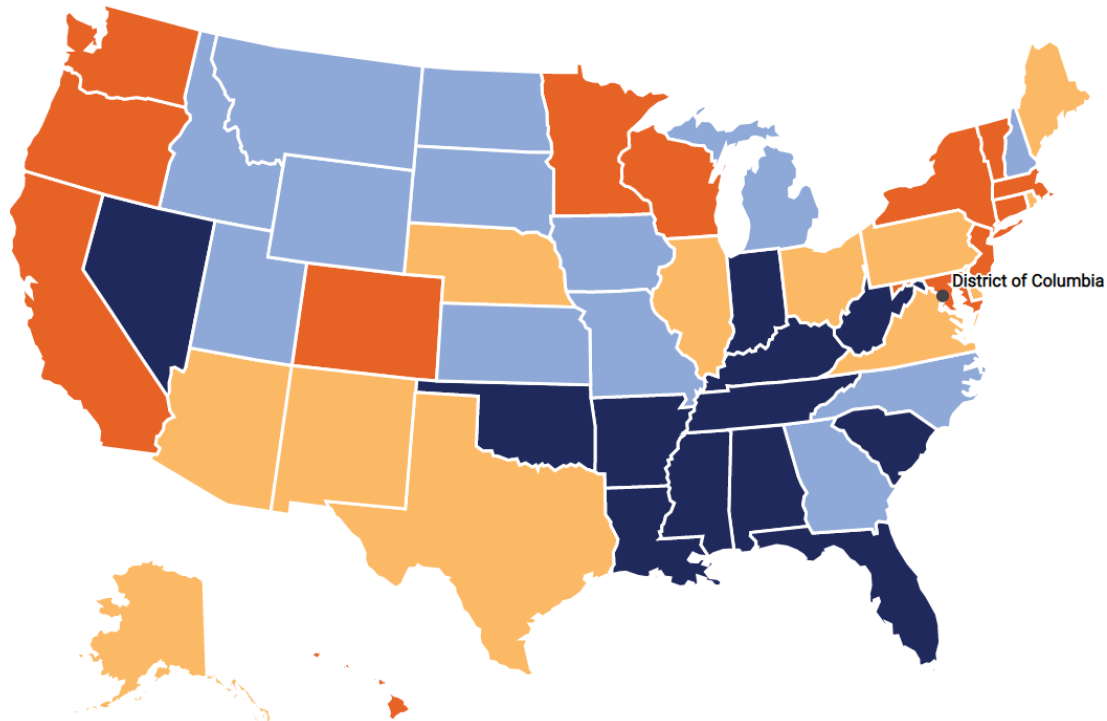


Effective Transitions: 18

LONG-TERM SERVICES AND SUPPORT SCORECARD GOALS



OVERALL RANKINGS



● Top Quartile ● Second Quartile ● Third Quartile ● Bottom Quartile

19th

2020 OHIO
RANKING

NUMBER OF INDICATORS FOR WHICH
OHIO RANKED IN THE:

Top Quartile: 4

2nd Quartile: 12

3rd Quartile: 8

Bottom Quartile: 2

BOTTOM QUARTILE: SUPPORT FOR FAMILY CAREGIVERS

Ohio

STATE RANKINGS



Overall: 19



Quality of Life & Quality of Care: 12



Affordability and Access: 10



Support for Family Caregivers: 42



Choice of Setting and Provider: 29



Effective Transitions: 18

| Dimension | Rank | Number of indicators with trend* | Number of indicators showing: | | |
|-----------------------------------|-----------|----------------------------------|-------------------------------|---------------------|---------------------|
| | | | Substantial improvement | Little or no change | Substantial decline |
| OVERALL | 19 | 21 | 6 | 15 | 0 |
| Affordability & Access | 10 | 6 | 1 | 5 | 0 |
| Choice of Setting & Provider | 29 | 6 | 1 | 5 | 0 |
| Quality of Life & Quality of Care | 12 | 2 | 1 | 1 | 0 |
| Support for Family Caregivers** | 42 | 4 | 1 | 3 | 0 |
| Effective Transitions | 18 | 3 | 2 | 1 | 0 |

* Trend cannot be shown if data are missing for either the current or baseline data year.

** The support for family caregivers dimension comprises 12 policy areas, organized into four broad categories. Change is shown at the category level in the table above. Policy data are shown on the next page.

| Dimension and Indicator | Baseline Scorecard | | 2020 Scorecard | | | | | Change in Performance | Compare |
|---|--------------------|------------|----------------|------------|------------|-----------------|------|-----------------------|---------|
| | Data Year | State Rate | Data Year | State Rate | US Average | Best State Rate | Rank | | |
| + Quality of Life & Quality of Care | | | | | | | 12 | | |
| - Support for Family Caregivers | | | | | | | 42 | | |
| Supporting working caregivers (maximum possible score 17.0) | 2014-16 | 0.30 | 2019 | 0.30 | 3.17 | 13.50 | 35 | ↔ | Compare |
| Family responsibility protected classification | 2014 | 0.30 | 2019 | 0.30 | 0.29 | 2.00 | | | Compare |
| Exceeds Federal FMLA | 2016 | 0.00 | 2019 | 0.00 | 0.29 | 3.00 | | | Compare |
| Paid Family Leave | 2016 | 0.00 | 2019 | 0.00 | 0.50 | 3.50 | | | Compare |
| Mandatory Paid Sick Days | 2016 | 0.00 | 2019 | 0.00 | 0.85 | 3.00 | | | Compare |
| Flexible Sick Days | 2016 | 0.00 | 2019 | 0.00 | 0.75 | 3.00 | | | Compare |
| Unemployment insurance for family caregivers | 2016 | 0.00 | 2019 | 0.00 | 0.49 | 1.00 | | | Compare |
| Person- and family-centered care (maximum possible score 5.5) | 2016 | 1.50 | 2019 | 3.10 | 3.04 | 5.50 | 21 | ✓ | Compare |

| Dimension and Indicator | Baseline Scorecard | | 2020 Scorecard | | | | | Change in Performance | Compare |
|---|--------------------|------------|----------------|------------|------------|-----------------|------|-----------------------|---------|
| | Data Year | State Rate | Data Year | State Rate | US Average | Best State Rate | Rank | | |
| Person- and family-centered care (maximum possible score 5.5) | 2016 | 1.50 | 2019 | 3.10 | 3.04 | 5.50 | 21 | ✓ | Compare |
| Spousal impoverishment protections | 2015 | 0.50 | 2019 | 0.50 | 0.90 | 2.00 | | | Compare |
| Having caregiver assessment | 2016 | 1.00 | 2019 | 1.60 | 1.34 | 2.50 | | | Compare |
| CARE Act legislation | 2016 | 0.00 | 2019 | 1.00 | 0.80 | 1.00 | | | Compare |
| Nurse delegation and scope of practice (maximum possible score 5.0) | 2016 | 2.25 | 2019 | 2.25 | 3.30 | 5.00 | 37 | ↔ | Compare |
| Nursing tasks able to be delegated | 2016 | 1.75 | 2019 | 1.75 | 2.69 | 4.00 | | | Compare |
| Nurse practitioner scope of practice | 2016 | 0.50 | 2019 | 0.50 | 0.61 | 1.00 | | | Compare |
| Transportation policies (maximum possible score 1.0) | 2015-16 | 0.00 | 2019 | 0.00 | 0.14 | 1.00 | 8 | ↔ | Compare |
| Volunteer driver protection | 2015-16 | 0.00 | 2019 | 0.00 | 0.14 | 1.00 | | | Compare |

POLICY OPTIONS

- **Caregiver Advise, Record and Enable (CARES) Act** passed by Ohio in 2017
- **Caregiver tax credit** to cover out-of-pocket expenses
- Expanding **scope of practice** for advance practice nurses to address primary care shortages
- Expand access to **telehealth**
- Expanded **paid family leave** options

Figure 80. Policy Proposals for Caregiver Support

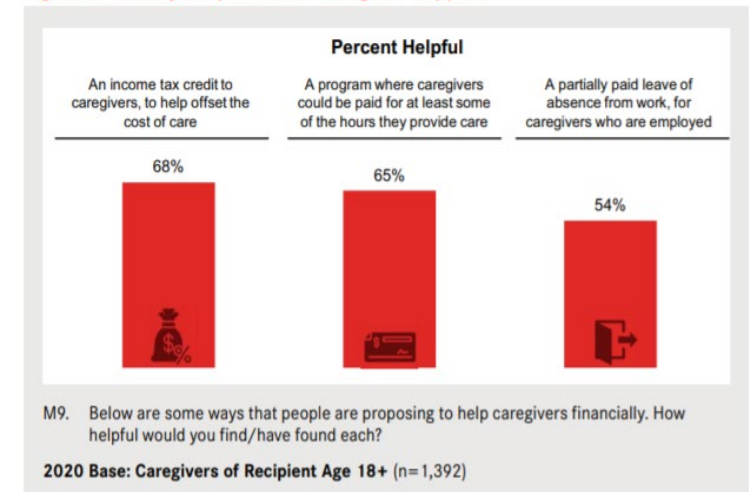
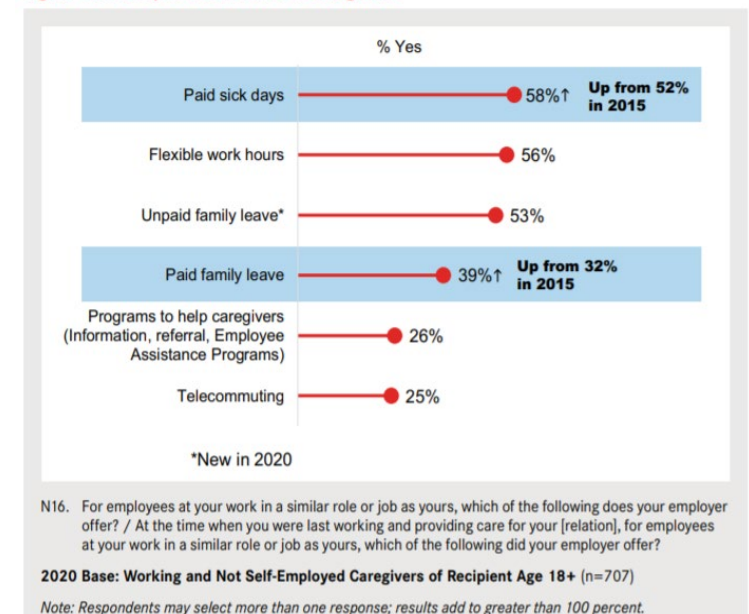


Figure 67. Workplace Benefits for Caregivers





IMPACT OF
COVID-19

Devastating impact on nursing home residents

106,000

Number of residents and staff of nursing homes, assisted living and other long-term care facilities dead from COVID-19 nationwide

3,706

Total of nursing home deaths in our state, reported by the Ohio Department of Health as of December 9.



Department
of Health

Coronavirus (COVID-19)

Ohio Public Health
Advisory System

Responsible
RestartOhio

Testing and Community
Health Centers

COVID-19
Vaccination
Program

Families and
Individuals

Healthcare Provi
Health D

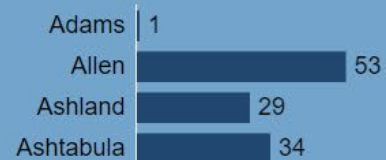
State Of Ohio | Long-term Care Facilities Mortality *

Last Updated: 12-09-20

Total Deaths Since April 15th

3,706

Death by County of Residence



AARP COVID-19 NURSING HOME DASHBOARD

- **Data Source:** Centers for Medicare & Medicaid Services—which is **self-reported** by nursing homes
- **Developed by:** The AARP Public Policy Institute, in collaboration with the Scripps Gerontology Center at Miami University in Ohio
- **Four-week snapshots** of the virus' infiltration into nursing homes and impact on nursing home residents and staff
- The complete dashboard is available at aarp.org/nursinghomedashboard

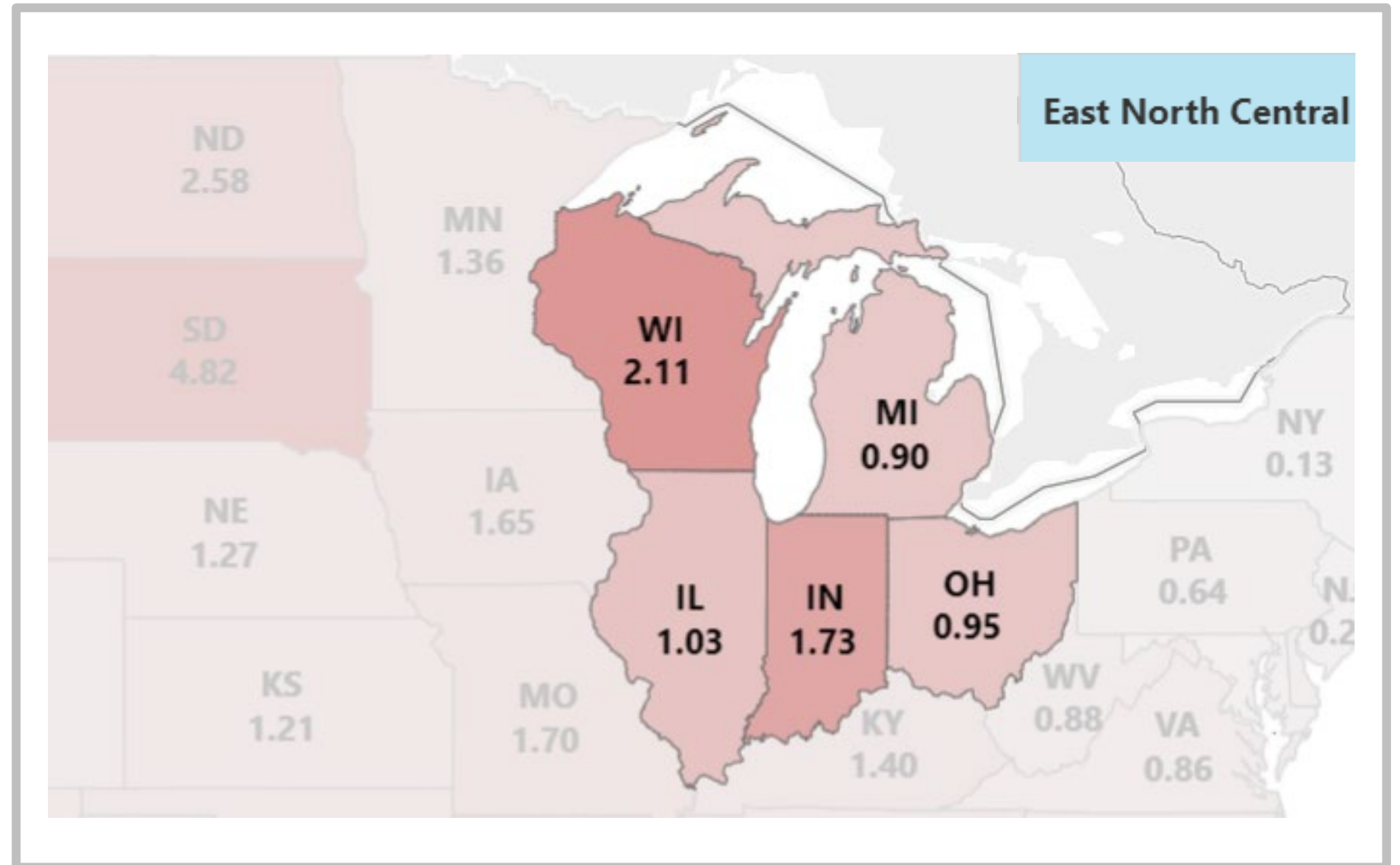
DECEMBER FINDINGS: COVID-19 NURSING HOME DASHBOARD

- In the **four weeks ending November 15**, nursing home cases and deaths reached the **highest levels** since reliable federal reporting began in June.
- Nationally, rates of COVID-19 cases among nursing home residents and staff **doubled** from the previous dashboard reporting period.
- Congress and the states must take further action to reverse these trends and ensure we have **transparent reporting, adequate staffing, and sufficient PPE and testing** to keep residents and staff safe.

NURSING HOME RESIDENT DEATHS

COVID-19 DEATHS RATE
PER 100 RESIDENTS

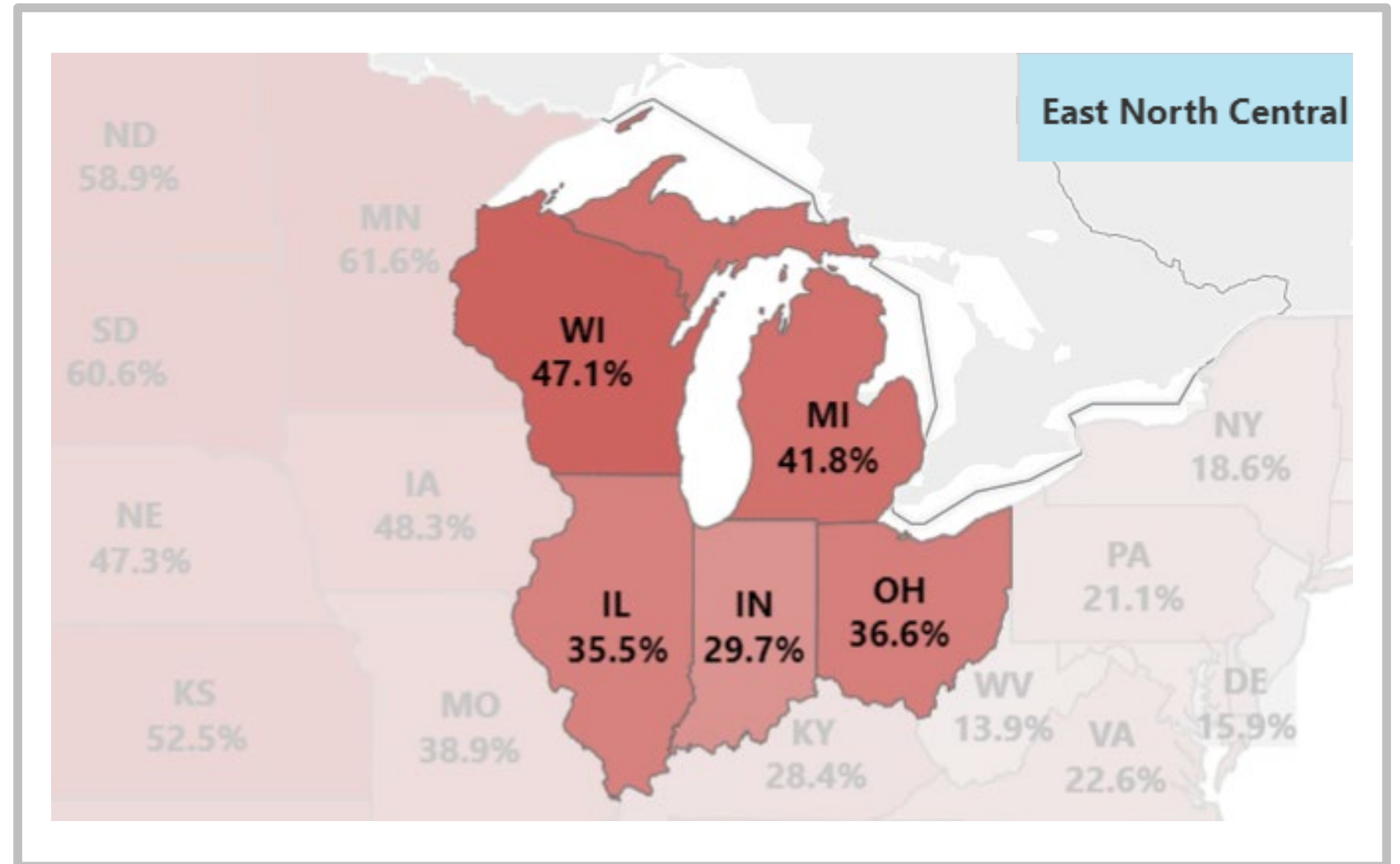
Produced by: AARP Public
Policy Institute, in collaboration
with the Scripps Gerontology
Center at Miami University



STAFFING SHORTAGES

% OF FACILITIES WITH A SHORTAGE OF NURSES AND/OR AIDES

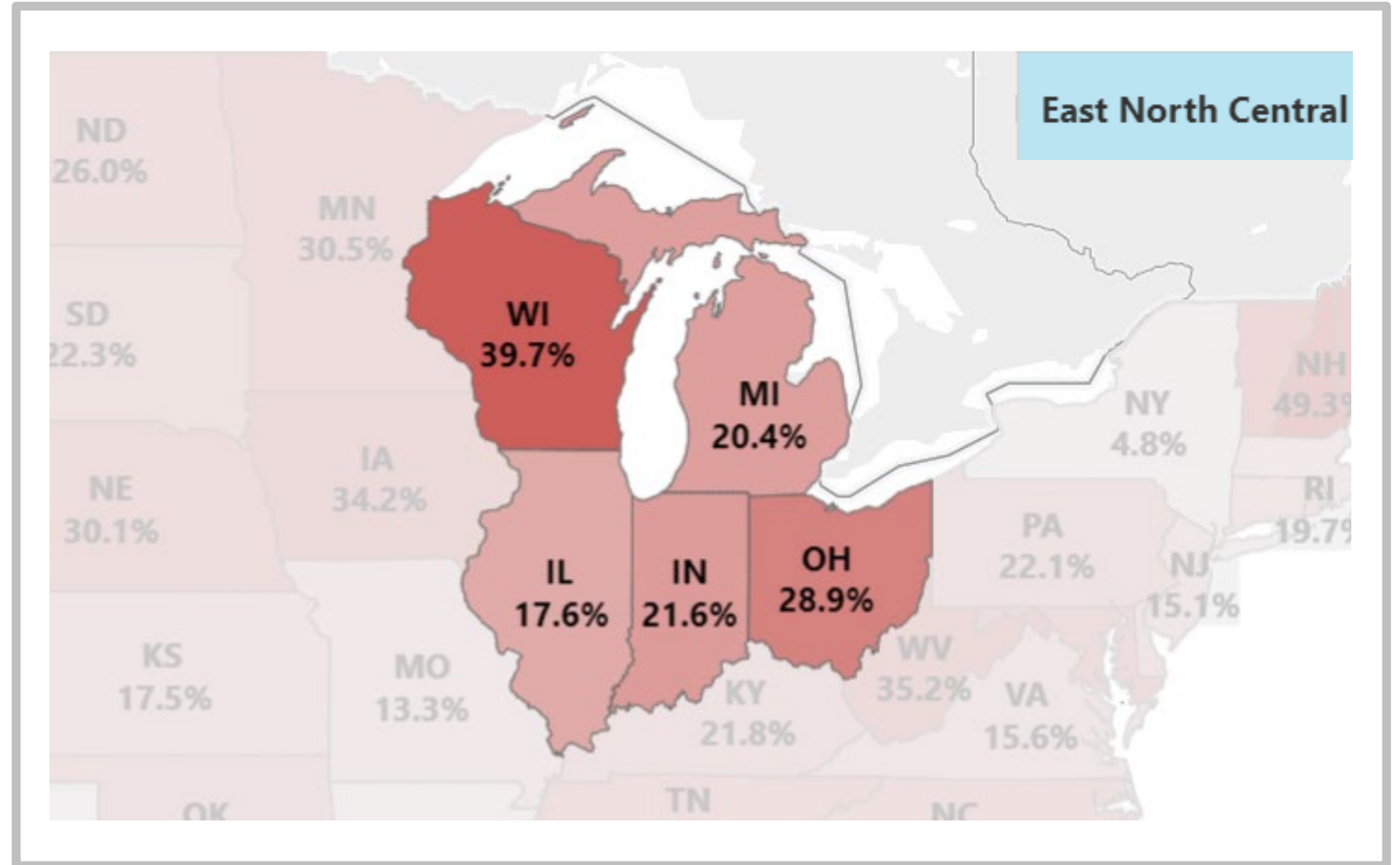
Produced by: AARP Public Policy Institute, in collaboration with the Scripps Gerontology Center at Miami University



PERSONAL PROTECTIVE EQUIPMENT

% OF FACILITIES WITHOUT AT LEAST ONE WEEK SUPPLY OF PPE

Produced by: AARP Public Policy Institute, in collaboration with the Scripps Gerontology Center at Miami University



COVID-19 POLICY SOLUTIONS

- Prioritize **regular and ongoing testing and adequate personal protective equipment for residents and staff**—as well as inspectors and any visitors.
- Improve **transparency** focused on daily, public reporting of cases and deaths in facilities; **communication with families** about discharges and transfers; and, **accountability for state and federal funding** that goes to facilities.
- Require access to **facilitated virtual visitation**, and establish timelines, milestones and accountability for facilities that have resumed in-person visitation.
- Ensure quality care for residents through **adequate staffing, oversight**, and access to in-person formal advocates, called **long-term care Ombudsmen**.
- **Reject immunity** for long-term care facilities related to COVID-19.

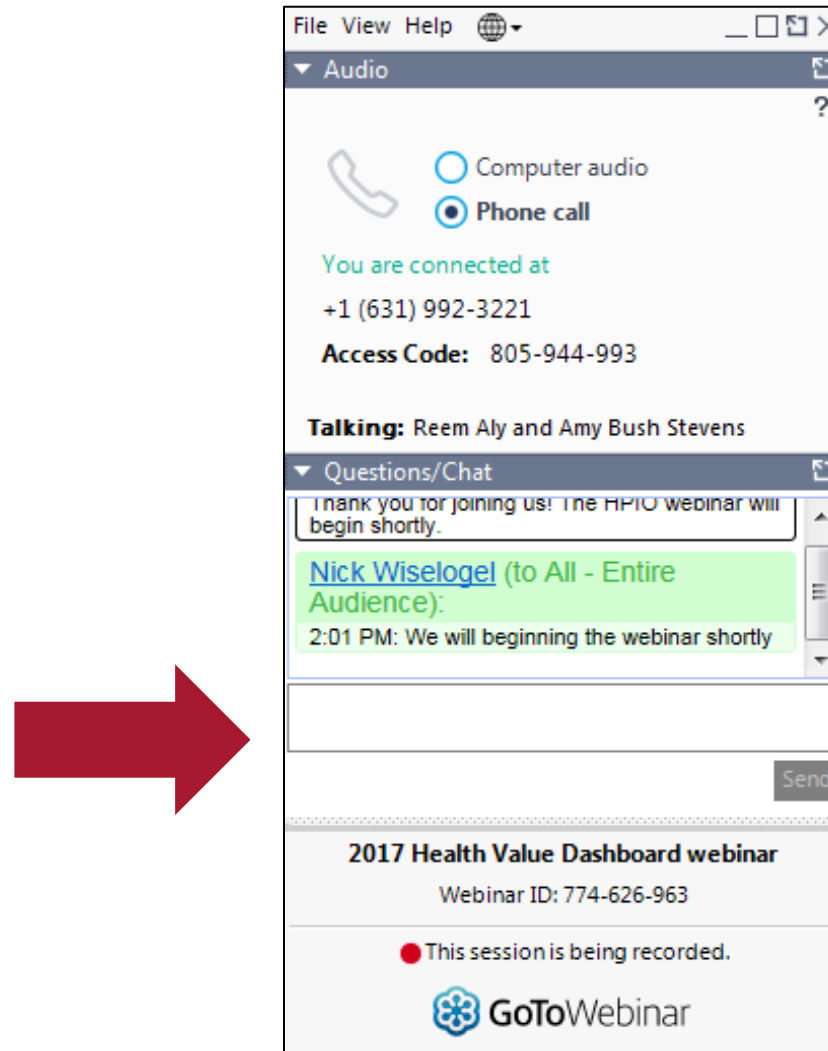
QUESTIONS

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Please type questions in the question box



The screenshot displays a GoToWebinar interface with two main sections: Audio and Questions/Chat.

Audio Section:

- Options: Computer audio, Phone call
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- Access Code: 805-944-993
- Talking: Reem Aly and Amy Bush Stevens

Questions/Chat Section:

- Message: Thank you for joining us! The HPIO webinar will begin shortly.
- Message: Nick Wiseloge (to All - Entire Audience): 2:01 PM: We will beginning the webinar shortly
- Input field: An empty text box for typing questions, with a red arrow pointing to it.
- Send button: A button labeled "Send" to submit the message.

Footer:

- 2017 Health Value Dashboard webinar
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Poll Question



Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visits your organization or speak at a meeting you host



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Thank you