



*Advocacy. Action. Answers on Aging.*

# Current Events

Beth Kowalczyk, Chief Policy Officer  
Ohio Association of Area Agencies on Aging  
September 21, 2022

# Ohio Association of Area Agencies on Aging



**Statewide Network of Agencies**



**Provides Training**

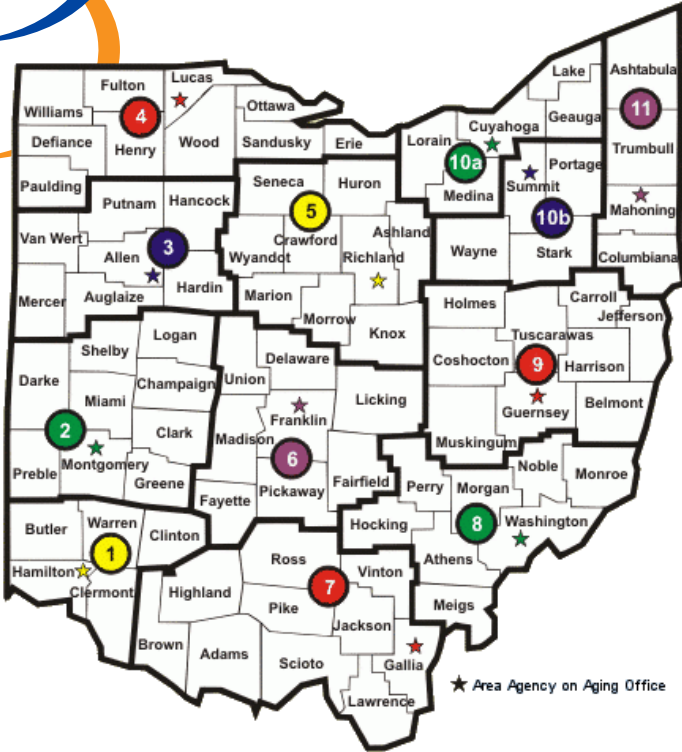


**Coordinates Advocacy**



**Creates Collective Voice**

# Ohio AAA Network



1

**Council on Aging of Southwestern Ohio**

2

**Area Agency on Aging PSA 2**

3

**Area Agency on Aging 3, Inc.**

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**Area Office on Aging of Northwestern Ohio**

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**Ohio District 5 Area Agency on Aging**

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**Central Ohio Area Agency on Aging**

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**Area Agency on Aging District 7**

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**Buckeye Hills Regional Council Aging and Disabilities**

9

**Area Agency on Aging Region 9**

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**Western Reserve Area Agency on Aging**

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**Direction Home Akron Canton Area Agency on Aging**

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**Direction Home of Eastern Ohio**

# o4a Training

[www.ohioaging.org](http://www.ohioaging.org)

- O4a Annual Conference for the Aging and Disability Network: October 20-21, 2022, in Columbus (registration open!)
- Webinar Series:
  - Ohio Developmental Disabilities System Overview For The Aging Network: September 30, 2022 (registration open!)
  - Understanding Medicare for AAAs and Aging Professionals: December 2022
- o4a Advocacy Conference: Spring 2023

# Ohio COVID Relief and Vaccine Support Funding

Enacted	Source	For	Amount
3/18/2020	Families First Coronavirus Response Act (FFCRA)	Title IIIC (meals)	\$ 8,809,218.00
3/27/2020	Coronavirus Aid, Relief, and Economic Security (CARES) - OAA	Title IIIC (meals)	\$ 17,618,435.00
	CARES Act - OAA	Title IIIB	\$ 7,341,014.00
	CARES Act - OAA	Title IIIE (Fam Caregiver)	\$ 3,527,942.00
	CARES Act	ADRN Grants	\$ 1,700,000.00
	CARES Act - State Funding	HVAC Air Quality	\$ 1,755,680.00
	CARES Act - State Funding	Rapid Response Assistance	\$ 2,633,521.00
	CARES Act - Local Funding		
12/27/2020	Consolidated Appropriations Act of 2021 -OAA	Title IIIC (meals)	\$ 6,137,000.00
	CDC-ODH-ODA (ODA notice April 1)	Vaccine Support Grants	\$ 600,000.00
3/11/2021	American Rescue Plan Act of 2021 - OAA	Title IIIB	\$ 16,719,580.00
	American Rescue Plan Act - OAA	Title IIIC (meals)	\$ 27,260,185.00
	American Rescue Plan Act - OAA	Title IIID (Evid. Based)	\$ 1,599,264.00
	American Rescue Plan Act - OAA	Title IIIE (Fam Caregiver)	\$ 5,203,527.00
3/29/2021	CDC/ACL Vaccine Access Grants	AAAs	\$ 1,826,478.00
		Total to AAAs:	\$ 102,731,844.00
		Meals (Title IIIC)	\$59,824,838




# AAAs Continue to Help

- Education/Outreach
- Scheduling Assistance
- Transportation Assistance
- Hosting Age-Friendly Vaccine Clinics in Senior Housing and other locations
- In-Home Vaccination Coordination
- Addressing Social Isolation






# American Rescue Plan Act

- **American Rescue Plan Act** provides: (\$1.444 Billion in OAA)
    - **\$470 for OAA Title III B** (\$200 mil to replace CARES + \$200 mil for vaccine work + \$70 mil for social isolation)
    - \$750 mil Title III C Nutrition
    - \$145 mil Title III E Caregiver
    - \$44 mil Title III D Health and Wellness
    - \$25 mil for Title VI Native American Aging Programs
    - \$10 mil for Title VII LTCOP
  - Expand access to **Medicaid home and community-based services** (HCBS) waiver programs and community-living options. (10% increase in FMAP)
  - Provide additional **funding for state and local governments to address budget shortfalls. Ohio to receive \$11 Billion.**
- 



# ARPA HCBS EFMAP

- The American Rescue Plan Act (ARPA) includes a provision to increase (or enhance) the federal matching rate (FMAP) for spending on Medicaid Home and Community-Based Services (HCBS) by 10 percentage points
  - Spending from April 1, 2021 through March 31, 2022 qualifies
  - States required to maintain state spending levels as of April 1, 2021
  - “The State shall implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen home and community-based services under the State Medicaid program”
- 






# ARPA HCBS EFMAP – Ohio's Plan

Joint ARPA HCBS Proposals – Summary Page	Proposed HCBS Allocation (State Share)	% of Total HCBS Allocation	Proposed Total Funding (w/Match)	All Funds
1. Provider Workforce Relief - Maintain (Calc. 10% Rev.)	\$164,343,522	29%	\$469,552,919	49%
2. Technology Enhancement	\$27,500,000	5%	\$55,000,000	6%
3. Workforce Support - Sustain and Expand	\$221,000,000	39%	\$230,000,000	24%
4. Other Program and System Enhancements	\$148,225,000	26%	\$206,500,000	21%

Submitted to CMS  
October 13, 2021

<https://medicaid.ohio.gov/stakeholders-and-partners/mcdinitiatives/ARPA+HCBS+Update>



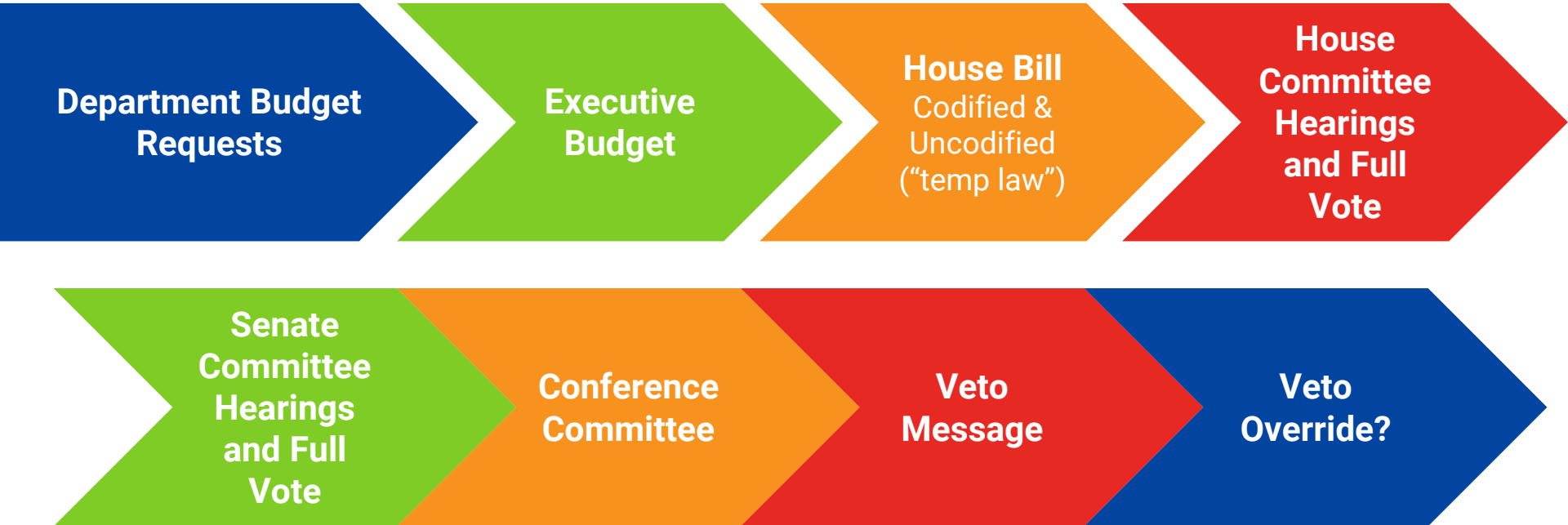


# State Advocacy: Basic State Budget Facts

- Biennium = 2 years
- Starts early and ends on June 30
- Budget has to balance
- Governor has line item veto
- The budget is the single most important state government policy document



# Ohio Budget Process



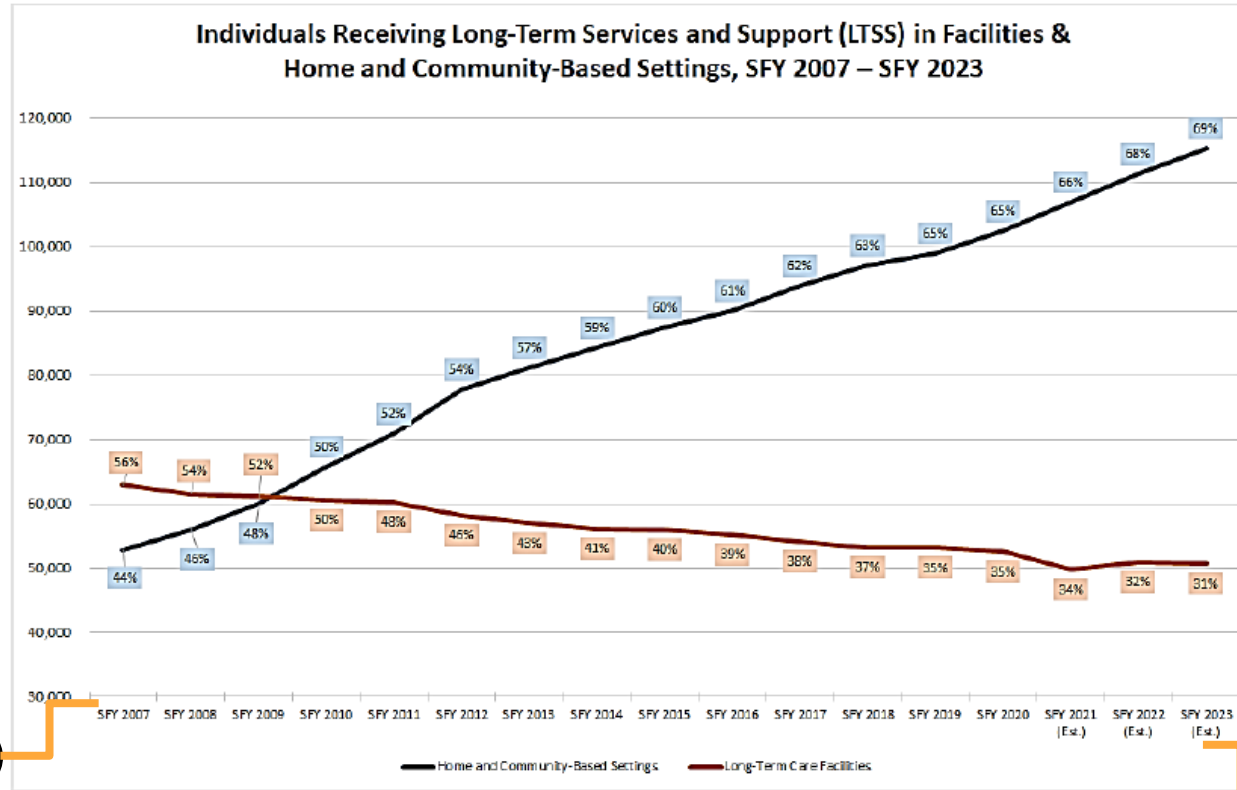


# State Department Budgets

- **Ohio Department of Aging**
  - Older Americans Act
  - State Funding: Senior Community Services, Alzheimer's Respite, etc.
  - Ombudsman
- **Ohio Department of Medicaid**
  - Medicaid waivers: PASSPORT, Ohio Home Care, SRS, MyCare Ohio, Assisted Living
  - Basic Medicaid
- **Ohio Department of Job and Family Services**
  - Adult Protective Services
  - Kinship Care and Navigator
  - SNAP



# Ohio Rebalancing Facility and Community Services



SFY  
2007

SFY  
2023

*Figure 12: Rebalancing of Ohio's Services with an increase in home and community services*

All Ohioans live longer, healthier lives with dignity and autonomy, when disparities are eliminated.

Independent • Active • Social  
Health Focused • Community Programs



Dependent • Sedentary • Isolated  
Chronic Health Impact



### Factors that Impact Health



**Community Conditions**  
Financial Stability  
Quality and Affordable Housing  
Transportation Access



**Healthy Living**  
Quality Nutrition  
Physical Activity

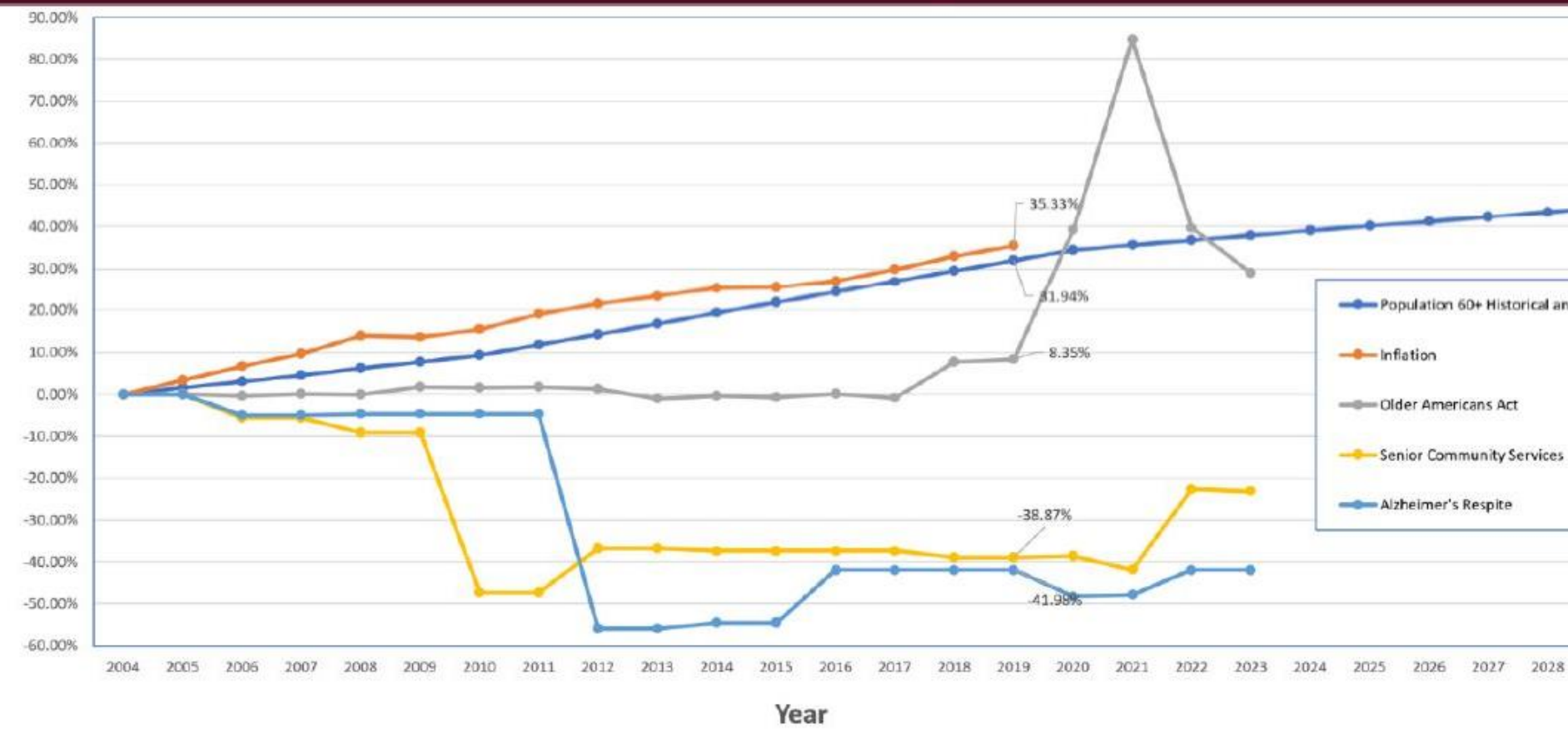


**Access to Care**  
Health-care Coverage/Affordability  
Home and Community-based Supports  
Workforce and Caregiver Capacity

\*Home and Community-Based Services (HCBS) cost calculations are based on monthly averages for Medicaid waiver services/case management and Older Americans Act program services. Monthly averages for HCBS programs do not include housing costs. Nursing Home monthly estimate based on 2020 nursing facility Medicaid rate.

\*The HCBS programs are regionally managed by Ohio's Area Agencies on Aging/PASSPORT Administrative Agencies and delivered by local aging service providers.

Percentage Change in Actual Funding Allocations for Older Americans Act, Senior Community Services, and Alzheimer's Respite with Inflation and Age 60+ Population Data






## o4a Budget Priority



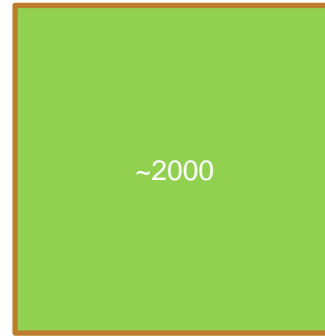
We need to prioritize home and community-based services and explore systemic solutions so that **home is a real option**. Older Ohioans and people with disabilities should be able to thrive and grow older in their homes and communities. We must do better for them, and for all of us and our families who may need help at some point in our own lives.





# Ohio AAA HCBS Programs

Individuals enrolled in programs who are  
going without personal care  
Includes Older Americans Act, Medicaid  
waivers, and local levy programs



Feb. 2021

~3000

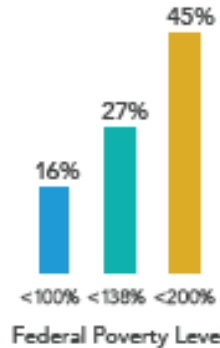
April 2021

~4000

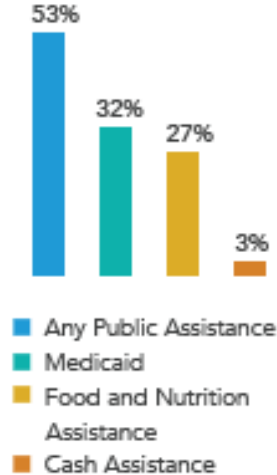
January 2022

## HOME CARE WORKERS

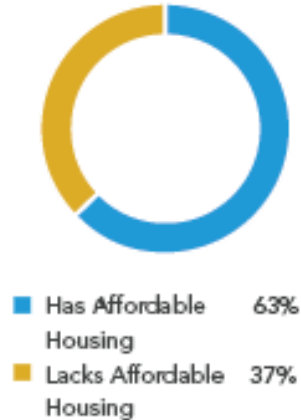
BY POVERTY LEVEL  
2019



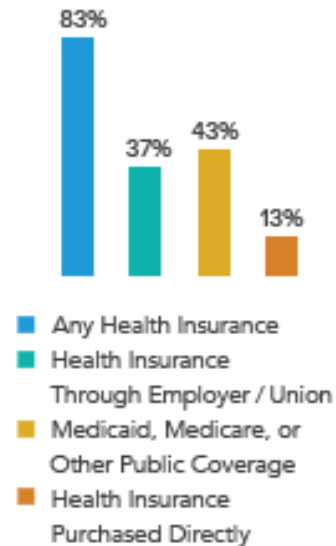
ACCESSING PUBLIC  
ASSISTANCE, 2019



LIVING IN AFFORDABLE  
HOUSING, 2019



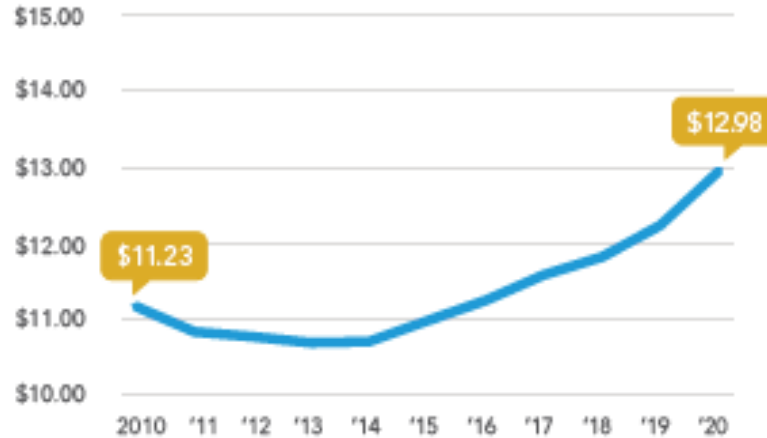
BY HEALTH INSURANCE  
STATUS, 2019



Direct Care Workers in the United States – Key Facts 2021, PHI

<https://phinational.org/national-resource-center/resource/direct-care-workers-in-the-united-states-key-facts-2/>

HOME CARE WORKER MEDIAN HOURLY WAGES  
ADJUSTED FOR INFLATION, 2010 TO 2020



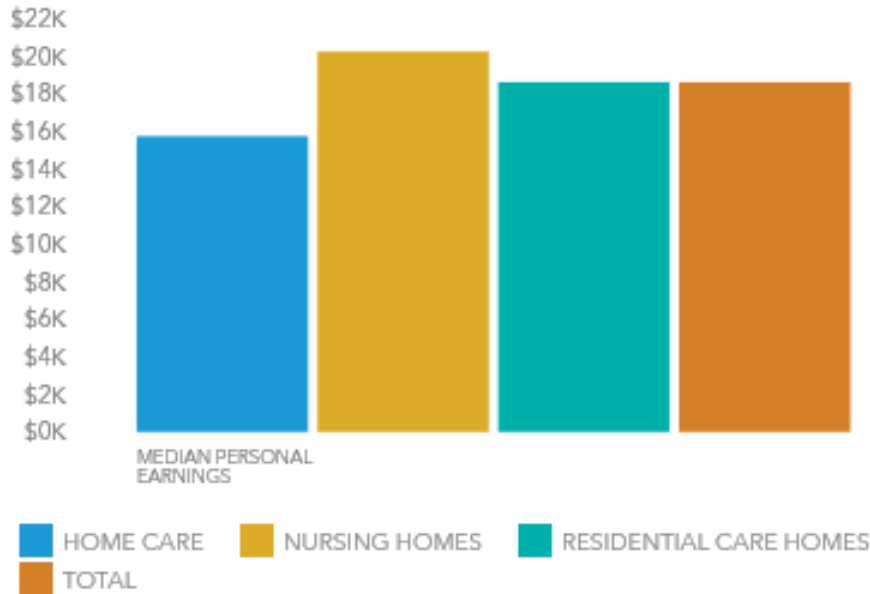
HOME CARE WORKERS  
BY EMPLOYMENT STATUS, 2020



Direct Care Workers in the United States – Key Facts 2021, PHI  
<https://phinational.org/national-resource-center/resource/direct-care-workers-in-the-united-states-key-facts-2/>

## DIRECT CARE WORKER MEDIAN ANNUAL EARNINGS, 2019


OHIO



PHI Workforce Data Center  
<https://phinational.org/policy-research/workforce-data-center/>



# The Problem

- Personal care providers want to provide quality care but have been dropping out of PASSPORT for years due to low reimbursement rates
  - Care workers receive low wages, and do not typically receive mileage reimbursement, benefits, sick or personal leave or paid training.
  - Different rates and requirements for different programs have had negative results particularly for the lowest reimbursed programs (such as PASSPORT).
  - Certification, especially for self-direction, takes too long. Care workers do not receive pay for training. Family members who want to provide care are put through too many hoops.
- 




# Impact

- People waiting months to up to two years for personal care.
- People choosing not to enroll because they don't think they will get care.
- People cannot leave the hospital or nursing home rehab safely without supports.
- Family members under increased stress.
- Home environments are declining.
- People choose to simply go without care or will go to nursing homes.





# Direct Care Workforce Advocacy

- ARPA HCBS EFMAP
  - State Direct Care Workforce Working Group
  - State Budget Process – Administration and State Legislature
  - Coalitions: Ohio HCBS Coalition; Aging network; Advocates for Ohio's Future; Olmstead Task Force
  - Home care licensure law: <https://codes.ohio.gov/ohio-revised-code/chapter-3740>
- 



# Other Budget Priorities

- PASSPORT PAA Budgets
- MyCare/MLTSS
- PACE
- Adult Day Services
- Assisted Living
- Senior Community Services







# Federal Advocacy

- Older Americans Act: appropriations and reauthorization
- Medicaid HCBS
- Medicare - Medicaid Duals – “integrated care”
- Federal legislation, rules, policy
  - Administration for Community Living (ACL)
  - Centers for Medicare & Medicaid Services (CMS)

*n4a is now* **USAging** Leaders in  
Aging Well  
at Home





Leaders in Aging Well at Home

# Policy Priorities 2022





# USAgging Policy Priorities 2022

- ✓ Invest in Cost-Effective Home and Community-Based Services
- ✓ Promote Successful, Health Aging in Community
- ✓ Connect Health Care and Aging Sectors to Improve Care and Reduce Costs
- ✓ Strengthen Systems to Support an Aging America

<https://www.usaging.org//Files/2022%20Policy%20Priorities.pdf>





# Department of Aging

## 2020-2022 Strategic Action Plan on Aging



The Strategic Action Plan on Aging (SAPA) is a prioritized plan that addresses the many challenges identified in the [2020 Summary Assessment of Older Ohioans](#).

The goal of the SAPA is that all Ohioans live longer, healthier lives with dignity and autonomy and that **disparities and inequities among older Ohioans are eliminated**. To achieve this goal, the SAPA provides a comprehensive roadmap that requires public and private collaboration to improve outcomes for older Ohioans.

Figure 1. SAPA conceptual framework

### Goal

**All Ohioans live longer, healthier lives with dignity and autonomy. Disparities and inequities are eliminated.**

- Increased life expectancy
- Reduced premature death
- Improved health status
- Reduced elder abuse and neglect

### Vision

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

### What factors impact the health and well-being of older Ohioans?

*Issues listed are prioritized in the SAPA.*

#### Community conditions

*Issues listed are prioritized in the SAPA.*

- Financial stability
- Quality and affordable housing
- Transportation access

#### Healthy living

*Issues listed are prioritized in the SAPA.*

- Nutrition
- Physical activity

#### Access to care

*Issues listed are prioritized in the SAPA.*

- Health-care coverage and affordability
- Home and community-based supports
- Home care workforce capacity and caregiver supports

### Principles

#### Elder justice

Elder justice is achieved by fostering and promoting systems, policies, and beliefs that value aging, dismantle ageism, and create an age-integrated society that supports older Ohioans to live longer, healthier lives with dignity and autonomy.

#### Equity

Equity requires dismantling ageism and the compounding effects of ageism and other forms of discrimination. To eliminate disparities and inequities, SAPA strategies must be tailored to Ohioans with the greatest need, and coupled with efforts to dismantle ageism, ableism, racism, and other forms of discrimination.

### How will we know if the health and well-being of older Ohioans is improving?

*Issues listed are prioritized in the SAPA.*

#### Social connectedness

- Social inclusion
- Volunteerism

#### Population health

- Cognitive health
- Cardiovascular health
- Mental health

#### Preserving independence

- Chronic pain management
- Falls prevention



# Health Equity

**Health equity** means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

Centers for Medicare & Medicaid Services Strategic Plan

<https://www.cms.gov/pillar/health-equity>






# Racism is a Public Health Crisis

- Health Policy Institute of Ohio research shows that Black Ohioans are expected to live, on average, 4.2 years less than white Ohioans.
- Ohio Department of Health data indicate that Black Ohioans have higher mortality rates for heart disease, stroke, diabetes, and cancer compared to other racial groups.
- There is 20-year difference in life expectancy by zip code within Franklin County.

<http://ohioaging.org/statement-and-pledge-against-racism/>

<https://kirwaninstitute.osu.edu/research/franklin-county-senior-opportunity-framework-investment>



# Experiences with everyday ageism

## AMONG ADULTS AGE 50–80

**82%**

Experienced one  
or more forms  
of everyday  
ageism in their  
day-to-day lives



**65%**

Exposure  
to ageist  
messages

**45%**

Ageism in  
interpersonal  
interactions

**36%**

Internalized  
ageism

\*Note: Percentages reflect responses of either often/  
sometimes or strongly agree/agree to forms of ageism.



# Ageism Affects Us All

- Ageism is discrimination against persons of a certain age group, especially older adults
- Tendency to regard older persons as debilitated, unworthy of attention, or unsuitable for employment

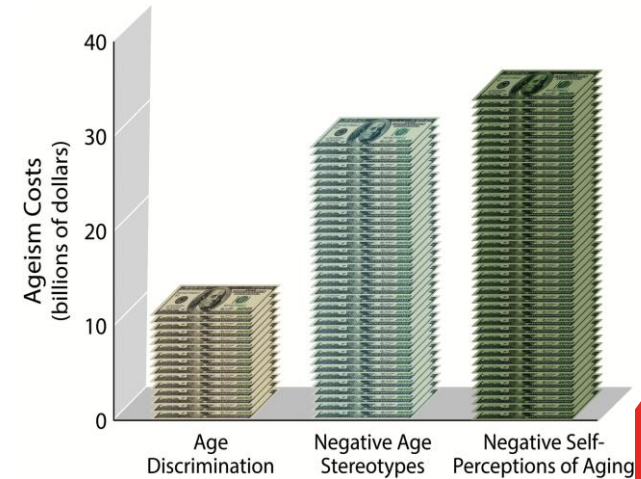




# Ageism's Impact on Health

- 1-year cost of ageism \$63 billion
- \$1 in every \$7 spent for 8 most expensive health conditions
- Negative attitudes and beliefs
  - Predictor development of Alzheimer's biomarkers
  - Decrease lifespan by 7.5 years
- Dr. Becca Levy – *Breaking the Age Code*

**Figure 1.** Health care costs of age discrimination, negative age stereotypes, and negative self-perceptions of aging in ...



*Gerontologist*, Volume 60, Issue 1,  
February 2020, Pages 174–181,  
<https://doi.org/10.1093/geront/gny131>

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please see the slide notes for details.



# Ageism is not publicly recognized as a problem

- Ageism leads to social injustice and unequal treatment or exclusion. Ageism begins with biases that are implicit and unseen.
- Common, unproductive assumptions about ageism:
  - Ageism is less serious than other forms of discrimination
  - Ageism is not considered a policy issue
  - Ageism is impossible to address



# Reframing Aging

A Social Change Endeavor  
designed to improve the  
public's understanding of aging

[ReframingAging.org](http://ReframingAging.org)



@ReframingAging



*Original research conducted by the  
FrameWorks Institute and sponsored by the  
Leaders of Aging Organizations*



# Reframing Aging in Practice



*Before*



*After*

**Age Strong Shuttle Redesign**

# Reframing Aging in Practice



#ButtonUpAgeism  
@AgeFriendlyOH

# Reframing Aging in Practice

NEW ON AP STYLEBOOK ONLINE  
AP STYLE TIP

**older adult(s),  
older person/people**

Preferred over *senior citizens*, *seniors* or *elderly* as a general term when appropriate and relevant.

It is best used in general phrases that do not refer to specific individuals: *concern for older people*; *a home for older adults*. Aim for specificity when possible: *new housing for people 65 and over*; *an exercise program for women over 70*.

[apstylebook.com](https://apstylebook.com)



# Age-Friendly Communities

An age-friendly community is one that is safe and secure, has affordable and appropriate housing and transportation options, and has supportive community features and services.

Once in place, those resources enhance personal independence; allow residents to age in place; and foster residents' engagement in the community's civic, economic, and social life.

<https://www.aarp.org/livable-communities/>





# Age-Friendly Communities

- Benefit all ages.
- Reduce inequities and foster healthy aging.
- Enhance inter-generational solidarity.
- Tap into a valuable resource that powers up our communities and makes them stronger.





# The 8 Domains of Livability

AARP and WHO



**Outdoor Spaces &  
Buildings**



**Transportation**



**Housing**



**Social Participation**



**Respect & Social  
Inclusion**



**Work & Civic  
Engagement**



**Communication &  
Information**



**Community &  
Health Services**

# AARP Network of Age-Friendly States and Communities

[AARP.org/Livable](#) · [About](#) · [Age-Friendly Network](#) · [Community Challenge](#) · [Publications & Resources](#) · [Videos](#) · [Livability Index](#) · [Map](#) · [A-Z Topics](#)



## ☑ North Dakota

## ☒ Ohio

- **Akron:** Joined 2019
- **Athens County:** Joined 2020
- **Bellbrook:** Joined 2020
- **Brookville:** Joined 2022
- **Cincinnati:** Joined 2018
- **Cleveland:** Joined 2015
- **Clinton County:** Joined 2018
- **Columbus:** Joined 2015
- **Cuyahoga County:** Joined 2022
- **Delaware County:** Joined 2018
- **Franklin County:** Joined 2018
- **Harrison Township** (Montgomery County): Joined 2022
- **Oxford:** Joined 2017
- **Struthers:** Joined 2021
- **Summit County:** Joined 2020
- **Washington Township** (Montgomery County): Joined 2022
- **Westerville:** Joined: 2018
- **Worthington:** Joined 2020
- **Yellow Springs:** Joined 2019

For more information, contact: **AARP Ohio**, [ohaarp@aarp.org](mailto:ohaarp@aarp.org)



COALITION  
of Age-Friendly  
Communities of Ohio

# Coalition of Age-Friendly Communities of Ohio

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**1. Akron**

Joined: 2019

**2. Athens County**

Joined: 2020

**3. Bellbrook**

Joined: 2020

**4. Cincinnati**

Joined: 2018

**5. Cleveland**

Joined: 2014

**6. Clinton County**

Joined: 2018

**7. Columbus**

Joined: 2015



**8. Delaware County**

Joined: 2018

**9. Franklin County**

Joined: 2018

**10. Oxford**

Joined: 2017

**11. Summit County**

Joined: 2020

**12. Westerville**

Joined: 2018

**13. Worthington**

Joined: 2020

**14. Yellow Springs**

Joined: 2019

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# More Information

Ohio Association of Area Agencies on Aging

[www.ohioaging.org](http://www.ohioaging.org)

Facebook: o4aadvocacy

Twitter: @o4aadvocacy

Beth Kowalczyk

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Twitter: @KowalczykBeth



# o4a Training

[www.ohioaging.org](http://www.ohioaging.org)

- O4a Annual Conference for the Aging and Disability Network: October 20-21, 2022, in Columbus (registration open!)
- Webinar Series:
  - Ohio Developmental Disabilities System Overview For The Aging Network: September 30, 2022 (registration open!)
  - Understanding Medicare for AAAs and Aging Professionals: December 2022
- o4a Advocacy Conference: Spring 2023



# Closing Items

- Slides and handouts are available online
    - Website: <http://ohioaging.org/aging2022/>
    - Password: agingOH92022
  - Webinar is being recorded and will be made available for 30 days
  - Evaluation survey and CEU certificates sent out by email after the webinar
  - Questions? Email [o4a@ohioaging.org](mailto:o4a@ohioaging.org) or call 614-481-3511
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