



Introduction

Chair Oelslager, Vice Chair Plummer, Ranking Member Crawley, and Members of the Committee:

I am Ursel McElroy, Director of the Ohio Department of Aging. We are Ohio's federally-designated State Unit on Aging. I want to first start by thanking you for the support that you provide to older Ohioans and their families year after year -- but especially this year. I know it's been hard on all of you. In between crises, I've thought a lot about today. I've thought about how past Aging directors and me, two years ago, had the privilege to stand before you to present our budget proposal, talk about the opportunities, and showcase our accomplishments.

I'm certainly going to do that today but as I stand before you now, still equally honored to be here to present our budget, I have to acknowledge that it feels very different. And I know that it feels very different for all of you and for everyone who is watching. We are in the middle of a global pandemic that has claimed the lives of 10,829 older Ohioans as of Monday. With so many lives lost, it is a sobering time in our history. We must do to our systems what this disease did to our older adults -- we must take square aim at them. I ask for your support of initiatives that strengthen the safety nets, services, and supports for our most vulnerable -- from our very youngest to very oldest Ohioan.

Our continuing priorities and critical initiatives are reflective of - and responsive to Ohio's situation. Adopting our budget request for the 2022-2023 biennium will enable us to address key barriers in direct service delivery, improve health outcomes, and provide better protection of older Ohioans as they age in whatever place they call home. We'll build upon your past support of our fiscal year 2020-2021 budget by continuing to right-sizing aging services policies and programming. We continue to work to regain and maintain pace with the forecasted growth and needs of our deserving aging population.

Our funding proposal for this coming biennium includes our all-funds budget request of \$117 million in fiscal year 2022 and \$107.6 million in fiscal year 2023 which includes our General Revenue Fund requests of \$35.4 million and \$30.4 million in those same years. Our budget request builds upon two foundational themes. We need to:

1. Position Ohio and our communities to anticipate and respond to the needs of older Ohioans, and
2. Enable ODA to effectively serve as Ohio's designated State Unit on Aging

In my testimony today, I will explain our current and future programs and initiatives that contribute to these themes. Before I move onto to these themes, it's important that I set the stage and brief you on our current state relative to population and funding.

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

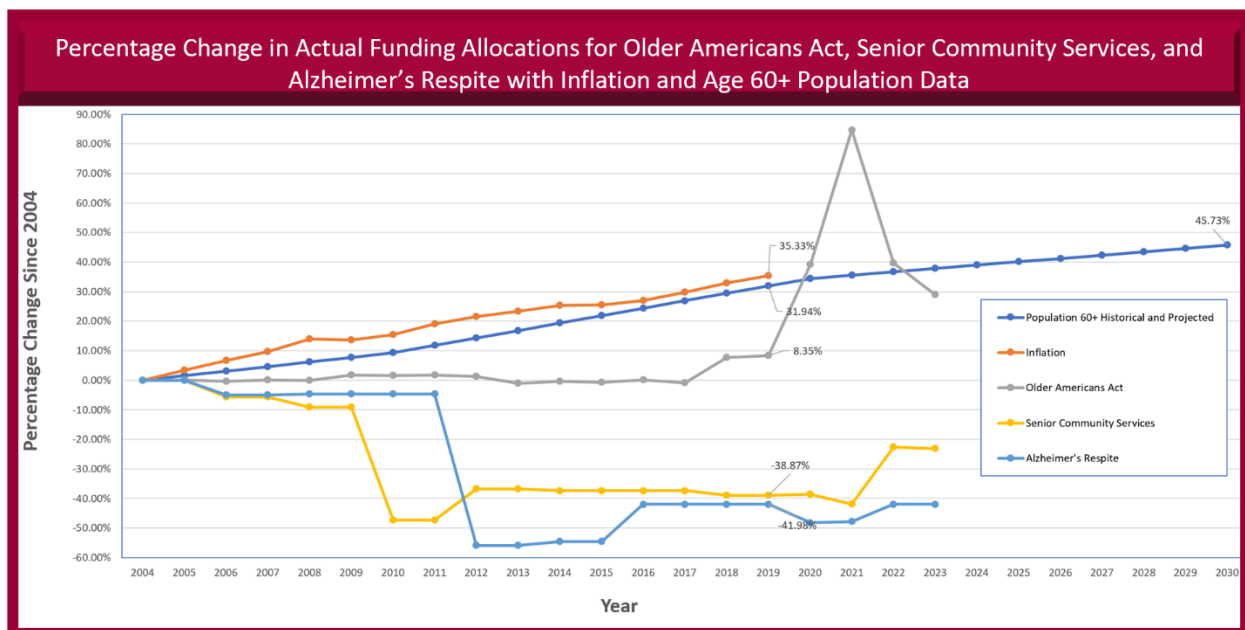
Ohio is aging and we must keep up

According to Scripps Gerontology Center, Ohio's population age 60 and older is expected to increase 33.4 percent by 2030 and account for 26.3 percent of Ohio's total population. In 2010, for example, our population was 2.2 million and in 2030, we'll increase to 3.0 million people age 60 and over. Moreover, the proportion of Ohio's age 85 and older is projected to nearly double between 2010 and 2050.

Ohio's Population by Age Group					
Year	2010	2020	2030	2040	2050
Total Population	11,536,504	11,575,100	11,615,120	11,680,180	11,646,630
60+ Population	2,287,424	2,814,200	3,050,200	2,924,320	2,809,840
65+ Population	1,622,015	2,011,260	2,381,610	2,323,420	2,176,010
85+ Population	230,429	257,540	290,970	388,900	448,790
Year	2010	2020	2030	2040	2050
%60+	19.8%	24.3%	26.3%	25.0%	24.1%
%65+	14.1%	17.4%	20.5%	19.9%	18.7%
%85+	2.0%	2.2%	2.5%	3.3%	3.9%

From a funding perspective, the chart below shows that non-Medicaid funding has not kept up with inflation and demand from Ohio's rapidly aging population. Federal funding has increased only 0.55 percent annually on average from federal fiscal years 2004 to 2019. When adjusting for inflation (the orange line), appropriations over the past 15 years failed to keep pace with population growth and fell by 23 percent.

Meanwhile, Ohio's older adult population (the blue line) has grown by 32 percent since 2004, and it will continue to grow until 2050.



While federal investments stayed relatively flat (the gray line), state investments significantly dropped and stayed low over that same period. The Senior Community Services and Alzheimer's Respite funds (the yellow and blue lines) have experienced drastic cuts and have not recovered. Between 2004 and 2019, the Senior Community Services lines reflected reductions of almost 42 percent while the Alzheimer's Respite line was down by almost 39 percent.

During our last budget, we were very pleased to receive increases of about 18 percent across each year. As you know, those amounts were reduced both years due to financial constraints due to the pandemic. We're grateful that the Administration proposes the restoration of this critical line along with a modest increase which we'll wisely invest to support older adults in our Ohio communities. The previous increases were used to support the nutritional needs of older Ohioans and to expand the Ohio Senior Farmers' Market Nutrition Program which we grew from 44 to 81 Ohio counties having programs. This expansion added 11,000 more low-income older Ohioans to the program and engaged new farmers and farmers' markets across the state.

We ask for your continued support of the proposal of the Senior Community Services fund and for your continued support of the Alzheimer's Disease and other Dementias Respite fund. Both of these funds are critical to support the growing population of older adults and the unfortunate corresponding growth of those living with a dementia.

A healthy, older population requires strategic, equitable interventions

In the past few years, our agency has worked closely with the Ohio Department of Health which is responsible for producing our State Health Improvement Plan (the SHIP) which is our strategic plan for public health initiatives for all ages. The formation of our four-year State Plan on Aging was informed by the SHIP and because of this – we knew that a translational plan was needed between the two. Thus, we created the Strategic Action Plan on Aging – known as the SAPA; a plan that focuses on addressing health disparities for older adults.

The SAPA, which we are publishing this week (and I hope you'll review along with our [Summary Assessment of Older Ohioans](#) and our [State Plan on Aging](#)), will be a critical tool for state and local partners to utilize in achieving equity in health and well-being for older Ohioans. A coordinated approach between state and local partners is needed to effect systemic change.

I want to also point out that our commitment to minority health and equity is infused throughout the SAPA. Early in this pandemic, we saw disparities forming – not only with the disproportionate impact on older Ohioans but we also saw disparities forming in the number of cases affecting our minority population in Ohio. We know that social determinants are our basic rights – and extend far beyond our basic needs. In Ohio, we know that our state and local governments must join together to address the historic decisions that were made. These are complex issues but we're the right team to coordinate and make change happen.

Healthy aging means both living longer and extending older Ohioans' healthy and active years. But the opportunity to live a long, full life is out of reach for many Ohioans. Ohioans living just miles apart, both in urban and rural communities, experience strikingly different life expectancies. When looking at average life expectancy at the census tract level in Ohio, there is a gap of 29 years between the tract with the highest, and the tract with the lowest life

expectancies. Shorter average life expectancies disproportionately impact black Ohioans and Ohioans with disabilities which underscores why Ohio's public health agenda is so critical.

Equity and justice are key principles of the SAPA and in our minority health response. We'll be focusing the necessary services and supports for older Ohioans to live long, healthy and productive lives. We'll foster and promote systems, policies and beliefs that dismantle ageism, racism and other forms of discrimination.

Continuing Services and New Initiatives

On the next several pages of my testimony, you will see our list of continuing priorities and new initiatives that we believe will continue to strengthen Ohio's position to better serve our current population and plan for our growing population. In the interest of time, I will summarize but am happy to further explain if you have questions:

As I mentioned at the start of my testimony, we have two themes that drive our work: Ohio has to be responsive and Aging needs to be positioned to serve.

Theme 1: Ohio must be a responsive state that is able to meet older adults' needs

The needs of Ohio's older adults widely vary based on a range of social determinants, decisions, and luck. We know from talking with our population that unexpected illness, injury, abuse, fraud, or disability can obliterate their savings leaving them in a panic and worried about their future and their rightful dream of a purposeful, quality life as they age. The priorities around which Aging strategically plans and operates are: 1) Health, quality, and safety, 2) Responsive communities, and 3) Economic stability.

Priority 1: Health, Quality, and Protection

Ohio can and should have the healthiest older adults in the nation. By concentrating our efforts on access to healthy food, affordable housing, quality education, safe neighborhoods, and freedom from biases, we can improve the health of Ohioans and increase the likelihood that all generations will age well.

A. Ohio's elder justice system

Elder abuse and its spanning prevalence caused by an array of social and environmental factors must be stopped in Ohio. Forms of abuse include neglect, exploitation, emotional, verbal, physical, and sexual as well as self-neglect. Elder abuse increases an individual's risk of hospitalization by three times, nursing home admission by four times, and mortality by three times. When our HCBS programs were conceived and funded, the risks associated with continued independence were not. Through the new proposed funding, we will begin implementing our comprehensive project plan. Phases include: 1) detecting, 2) reporting, 3) screening, 4) investigating, and 5) intervening.

B. Achieving Equity and Access

As the State Unit on Aging, our agency is expected to focus on preserving and improving the quality of life for older Ohioans but especially for those who are disadvantaged due to race, economic status, location, language barriers, etc. This will be achieved through the SAPA that I introduced earlier. Through the Strategic Aging Initiatives fund, Aging will be calling for public and private collaboration to improve outcomes for older Ohioans.

C. Continued Advocacy for our Most Vulnerable Population

During this pandemic, we know the heartbreak of limited or no visitation with residents in long-term care facilities. We are grateful to the services of the Office of the State Long-Term Care Ombudsman, regional staff, and volunteers, for assisting residents and family members during this difficult time. During the pandemic, every state in the nation struggled with retaining and recruiting Ombudsman volunteers because they were unable to visit long-term care facilities. In Ohio, we lost some volunteers but thanks to your investment in the last biennium, the Ombudsman kept many engaged and certified 111 new volunteers in the first year of the biennium. Despite the in-person restrictions, the volunteers still reached over 8,000 individuals during this pandemic and Ombudsman representatives responded to over 10,000 complaints to address concerns that have ranged from visitation to quality of care problems. We ask for your continued support for the Ombudsman programs.

D. Long-Term Care Quality Initiative

We know that this pandemic unfairly targeted older Ohioans regardless of the location of their residence yet we know that it also uncovered or affirmed challenges in congregate, long-term care settings that contributed to more severe impact of this disease. Through the Long-Term Care Quality Initiatives investment, we'll work, in collaboration with the Ohio Department of Health and our Ombudsman Office, to assist Ohio's long-term care settings in strengthening the safety and quality of their programs. The Ohio Department of Health, Ombudsman Office, and LTC industry will inform our agency on current trends and root causes of deficiency patterns, from which we can accomplish meaningful and sustainable improvements in the care being provided to our older adult population. We seek your support of the proposed funding for this important work.

E. Criminal records check alignment

Through the person-directed option in our HCBS programs, an older adult may prefer to hire and direct the work of someone they trust who has the skills to provide their care. ODA will be working to register this group into the Rapback program to have real-time oversight of criminal records of person-directed providers and rapid awareness of potential risks to heighten the safety of our individuals served. Additionally, the criminal record check requirements between ODM, ODH, and DODD are not currently aligned. As a result, providers may need to obtain multiple criminal record checks if they provide services in multiple systems. Collaborative efforts with our partner agencies to develop universal requirements could reduce the need and cost to providers to obtain separate criminal records checks.

F. Ohio's long-term care workforce

Although the vast majority of workers are dedicated and committed to providing quality care to those they serve, there are a select few who aren't. Issues of elder abuse and fraud perpetrated by members of this workforce affirmed that older adults receiving care, whether state-supported or private pay, would benefit from heightened oversight. Currently, the state has a lack of awareness of level of skill, employer(s), jobs being performed, or pending criminal charges or convictions. We'll be working with the long-term care industry to strengthen their and our visibility of this workforce.

G. Social connectedness of home-bound older Ohioans

In the recent state survey, an estimated 22.7 percent of older Ohioans reported feeling isolated sometimes or often. Social isolation is a public health concern because it has been shown to increase risk of dementia, heart disease, and stroke. During the COVID-19 pandemic, older adult isolation has been exacerbated across Ohio. In response, ODA is administering Staying Connected, our free, daily check-in and friendly chat program to prevent further impacts of isolation. The Strategic Aging Initiatives fund will enable the continuation of this program to combat older adult isolation post-pandemic.

Priority 2: Responsive Communities

Most older adults, if given the choice, prefer to remain in their own homes and in their communities for as long as possible. More communities are including older adults in their policies, infrastructure, and strategic plans. Services are best planned for and delivered locally, which is why ODA and the area agencies on aging foster a culture of inclusive and stable communities.

H. Increased local support through Senior Community Services:

Older Ohioans can encounter unexpected challenges with their health, their well-being, and their home, and may need a helping hand. The importance of the Senior Community Services (SCS) fund is profound in our communities, as access to one of these services can prevent the need for more costly and complex services. The absence of such services and supports can result in drastic declines in health causing the need for advanced care or moving to a nursing home. We ask for your continued support of this important fund.

I. Diversity and inclusion across the aging network

Respect for and appreciation of a person's culture and race should be an expectation of every Ohioan from our youngest to oldest citizens. Our long-term care workforce must be equipped with the appropriate knowledge to ensure they are performing with awareness, sensitivity, and inclusivity based on the demographic of those they're serving. With the new proposed fund, we will dedicate staff to work with the provider associations to assess the knowledge of the LTC workforce and develop and maintain an impactful statewide diversity and inclusion workforce training plan. Such knowledge would provide an empowering, fulfilling experience for the worker who is able to provide person-centered, quality care that takes into consideration, the unique needs of those they serve.

J. Ohio's Senior Centers

Senior centers provide nutritional, physical, emotional, and social support for older Ohioans and act as a focal point in the community where multiple senior services are provided. In many communities, senior centers serve some of the most vulnerable older adults and can be integral to an emergency response. During this emergency, Aging was constrained in reaching Senior Centers due to no formal relationship with the state. In the coming months, we'll work to determine the best approach to achieve improve coordination and oversight.

Priority 3: Economic Stability

Building and amplifying Ohio's capacity and capability to meet the long-term needs of Ohioans requires: a stable, robust aging network system; dynamic, responsible communities; personal planning and readiness; and strategic leveraging of public and taxpayer dollars to maximize services delivered. We must aim to make gerontology commonplace and position long-term care jobs among the most desired careers in our state.

K. Heighten value of our long-term care workforce

As we work to improve visibility, I want to also recite long-standing concerns that deserves consideration: the value of their work and Ohio's shortage of workers. Ohio's older adult population will continue to increase. We need to appreciate and set a pay scale that is representative of the value of the noble work that they perform. These workers have the least opportunity for furthering their income and education. I am committed to working with my state colleagues, advocates, and industry leaders to figure out these issues on behalf of this workforce and the growing population they serve. The criticality of this issue cannot be overstated.

L. Funding models for older adult services

Ohio is fortunate to have 74 counties with local levies that generate approximately \$190 million annually to serve and support their older adult constituents. It could be beneficial for state and local public officials to understand and determine if there is a model that could achieve an agreed-upon prioritization of services, heighten use of available federal funds, while maintaining autonomous control by levy owners. In the coming months, ODA will begin to explore this issue working closely with the relevant local government associations.

M. Adult Day Service providers

Adult day service enables working caregivers to earn a living knowing their loved one is receiving quality care. The presence of this service may support a family to avoid or delay the decision of nursing home placement. During the pandemic, the State was unable to fully identify every adult day service provider to communicate the order and to provide a means for technical assistance and oversight. The pandemic has highlighted the need for the state to more effectively interact with ADS providers and understand the challenges and opportunities surrounding this industry. In the coming months, we'll work to identify the best approach to do so.

N. Ohio's working adults caring for loved ones with Alzheimer's disease or other dementia

The rise in Ohioans with Alzheimer's disease or other dementia is on trend with the growth of Ohio's older adult population. Pre- and post-pandemic, family caregivers faced and will face challenges to care for their loved ones while balancing work and everyday life. Through the Alzheimer's Disease and Other Dementia Respite line item, caregivers are provided much-needed services and support. We seek support for the continuation of this funding level to support the growing population of Ohioans with this disease.

O. Benefitting local businesses and older Ohioans

Older adults enjoy supporting their local communities and businesses and appreciate opportunities to save money. We have heard from Ohio businesses that they would appreciate a program that is quick, efficient, and benefits their bottom line. ODA's Golden Buckeye Card Program has long been in need of an overhaul to become a conduit that brings together Ohio's businesses and the spending capabilities of older Ohioans. ODA will begin working with state agency partners to contemplate options to leverage the Golden Buckeye Card Program in a modernized way that is mutually beneficial to all who utilize it or support it.

Technological Investments

The pandemic has illuminated the need for our state's digital ecosystem to be sound and innovative. From harnessing data to drive our decisions, to ensuring that technology is user-friendly and effectively connects our citizens to the services they seek and need. It has changed the way we do many things, from making a simple phone call, buying food, scheduling appointments, driving, maintaining our health, and more. This is especially important to ease the burden on Ohio's aging service providers and their workforces as they strive to stabilize their services due to COVID-19.

Theme 2: ODA must effectively serve as Ohio's designated State Unit on Aging

Our second theme focuses on the reality that our agency needs to continually strengthen our position to effectively serve as Ohio's designated State Unit on Aging. We must achieve statewide policy-level changes that influence positive health outcomes, enable impactful responses in our communities, and drive improved economic stability for our citizens, communities, and state. This is possible only if we have in place our foundational business infrastructure, technological solutions, and framework that cultivates our ability to make data-driven decisions.

P. Critical aging services systems

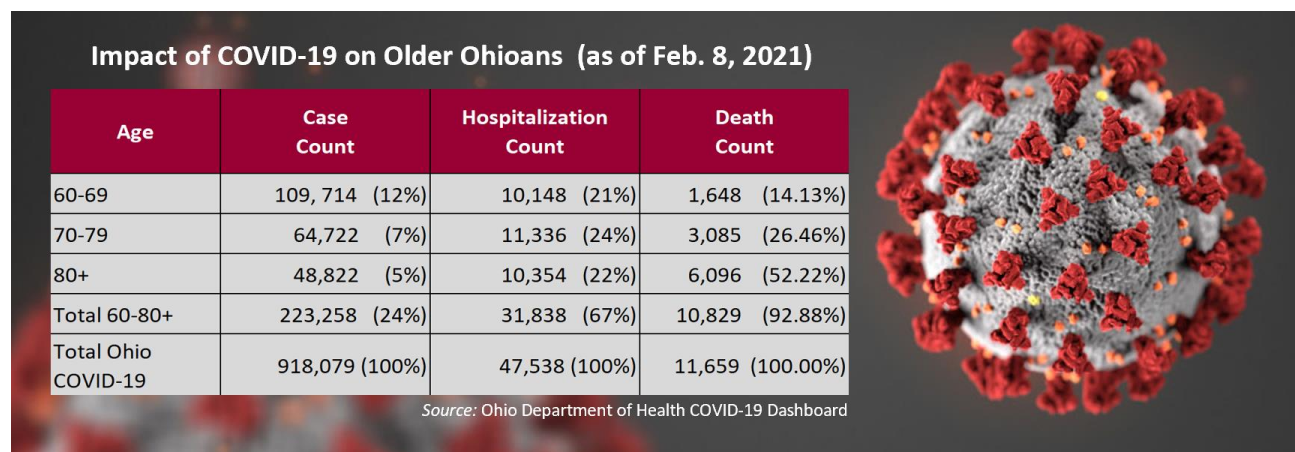
ODA administers more than ten major custom applications that support service delivery to our most at-risk older Ohioans. These applications standardize quality level-of-care assessments, coordinate information exchange between hospitals, nursing homes, and state agencies, and connect citizens to services and care plans. They are regularly utilized by more than 23,000 users including Ohio's hospitals, nursing facilities, health services providers, area agencies on aging, and state agencies including the Ohio Departments of Developmental Disabilities, Medicaid, and Mental Health and Addiction Services. While ODA is excellent at doing more with less, a few strategic investments to modernizing our IT operations and implementing major system upgrades should be a priority.

Q. Critical technological investments to support older Ohioans

Aging recognizes the power that technology can bring to older Ohioans in our communities. Within our IT Strategic Budget, we have identified an array of technological investments that achieve heightened efficiency for users, data privacy and protection, mobile capability for our users, assistive technologies for older adults with limitations, as well as continued integration with the state's strategic InnovateOhio Platform. We'll monitor for grant and funding opportunities to support these efforts.

COVID-19 Amplifies the Need for Investment

With the fiscal year 2020-2021 budget, we began laying the foundation to bolster needed resources for both the short- and long-term needs of this population in Ohio. Although the lives lost weigh so heavily on all of us and we continue to grieve with the families who have lost loved ones, I am humbled and proud of Ohio's aging services providers, their workers, our area agencies on aging, and my team for every effort that they have taken to help keep our population safe during this emergency.



Our agency stepped up at the onset of the pandemic and has not let off the gas. From helping Ohioans in long-term care facilities to those in the community, the needs have been great and the response has been forceful. Our agency is entrenched in supporting nursing facilities, assisted living facilities, adult day services, senior centers, and senior independent housing along with providing continuous guidance and technical assistance to countless home- and community-based providers statewide. What is abundantly clear and as my testimony has shown, is that this emergency has affirmed the needs of older Ohioans and especially those who are more vulnerable or disadvantaged.

Putting Ohio's Investment to Work for Older Ohioans

At ODA, we highly respect the authority and funds entrusted and bestowed upon us by Ohio's legislators. We are equally grateful for the continued support of our federal partners: the U.S. Department of Health and Human Services, U.S. Department of Agriculture, and U.S. Department of Labor.

During this time of great economic constraint, Ohio's aging population grows by the day and there is significant work to be done. I want to commit to you today and affirm that the Department of Aging - we're a sound investment. We're clear about our mission because we have to be. We have 2.8 million older Ohioans counting on us and we know that they deserve our very best. We know the problems and we don't shy away from them. I want to assure you that through the wise stewardship of the funds entrusted to our agency, we will continue to focus on making life better for older Ohioans as they age in whatever place they choose to call home.

Conclusion

I want to close today's testimony by reciting a few lines from the "Declarations of Objectives for Older Americans, from Title I of the federal Older Americans Act written in 1965. I won't read the entire passage but wish to call your attention to these beautiful words:

The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to...secure equal opportunity to the full and free enjoyment of the following objectives:

- An adequate income in retirement
- The best possible physical and mental health
- Suitable housing at costs which older citizens can afford.
- Opportunity for employment with no discriminatory personnel practices because of age.
- Retirement in health, honor, dignity—after years of contribution to the economy.
- Meaningful activity within the widest range of opportunities.
- Efficient community services.
- Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
- Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives

Isn't that the way it should be for every older Ohioan? **Fifty six years** after those compelling words were written, I stand before you on behalf of every older Ohioan, the untold number of aging service workers, advocates, ombudsmen, associations, and families who serve and support older Ohioans - to express our appreciation of your past support and ask for your continued and new support of our budget request - so that every older Ohioan can enjoy these foundational rights as they age.