

AGING 101

A Guide to Aging, Services, and Supports in Ohio

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The following guide provides an overview of aging, services, and supports in Ohio. It outlines the current and future state of aging in Ohio; provides information regarding long-term care, post-acute care and additional supports and payment models; and discusses varying careers and workforce solutions within the field.

This fifth edition was produced by LeadingAge Ohio in February of 2023.



Aging Ohio

- The senior population is projected to peak in 2030 at 2.8 million, a 20% rise from 2020.
- Older Americans are living longer than ever before 30 years longer, on average, than a century ago.
- The 85 and up population, many with high care needs, are projected to steadily increase through 2050.

Ohio is home to the 6th largest population of older adults in the United States

Older adults now outnumber children in most Ohio counties for the first time in history.

Ohio has a large disparity of life expectancy depending on where you live. Life expectancy can vary by nearly 30 years.

WHAT ARE AGING SERVICES?

Aging services includes a range of services and supports older individuals may need to meet their personal care needs. While it encompasses medical care, it also refers to assistance with the basic personal tasks of everyday life. Care can be provided in a range of settings wherever an individual calls "home."

Types of aging services include:

- Senior living communities
- Skilled nursing facilities
- Assisted living
- Home care
- Affordable housing
- Adult day services
- Program for All-Inclusive Care for the Elderly (PACE)

At some point, support from family, friends, and local programs may not be enough. People who require help full-time might move to a residential facility that provides many or all of the long-term care services they need. **National Institute on Aging**



Long-term Facility-based long-term care services include: board and care homes, assisted living facilities, nursing homes, and continuing care retirement communities.

Services in facilities Assisted living is for people who need help with daily care, but not as much help as a nursing home provides. Nursing homes, also called skilled nursing facilities, provide a wide range of 24-hour health and personal care services.

	Home- and community-based services (HCBS) refer to services and supports that are provided to consumers in their homes or offered in the community, including: home-delivered meals, home health care, adult day services, PACE, transportation, caregiver support services and much more.
based	The cost of HCBS is significantly less than institutional care options, for both governments and the consumer, and are designed to allow older adults
services	to maintain their independence safely and for longer.

What is Hospice & Palliative Care?

For most Americans, End-of-life care is paid for by Medicare.



The majority of hospice care takes place at home.

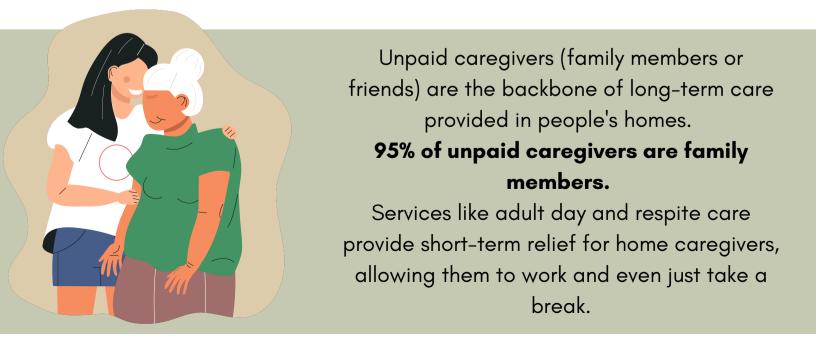
Hospice is a program of care and services that provides assistance to meet physical, psychological, social, spiritual, and other special needs that are experienced by individuals and families as they approach the end of life. Most hospice is provided in the home, and hospice care for the family continues through the bereavement process. Palliative care is specialized care for a patient of any age who has been diagnosed with a serious or lifethreatening illness. This care can be offered at an earlier

stage in illness alongside other more-aggressive treatment.

The Caregiver Dilemma

The family caregiver pool is shrinking: in 2010 there were 4.8 potential caregivers per person in need of care, but by 2030, there will be only 2.8 potential caregivers per person.

Family caregivers provide approximately \$500 billion per year in unpaid care, which is three times the amount that Medicaid spends for paid caregivers to provide long-term care services.



Who Pays for Care?

Where	Program Category	FY 2020 (Actual)	FY 2021 (Actual)	FY 2022 (Appropriation)	FY 2023 (Appropriation)
do GRF	K-12 Education	\$9,460.5	\$9,364.1	\$9,926.0	\$10,077.8
moneys	HHS - Medicaid	\$15,471.8	\$18,094.4	\$15,974.4	\$20,150.1
go?	HHS - Non-Medicaid	\$1,338.4	\$1,368.4	\$1,615.4	\$1,606.3
	Higher Education	\$2,606.1	\$2,683.8	\$2,757.4	\$2,760.7
	Corrections	\$2,052.7	\$2,016.6	\$2,179.8	\$2,254.0
	General Government	\$2,134.0	\$2,043.3	\$2,391.6	\$2,395.9
/	GRF Program Tota	\$33,063.5	\$35,570.6	\$34,844.5	\$39,244.8
	% Change	2	7.6%	-2.0%	12.6%
FY 2023 (Approp	priation)				
FY 2022 (Appropriation)					
FY 2021	(Actual)				
FY 2020	(Actual)				
	0% 10% 2	20% 30% 40%	50% 60%	70% 80%	90% 100%
K-12 Education		HHS - Medicaid		HHS - Non-Medicaid	
= H	igher Education	Corrections		■ General Go	vernment

52% of Americans erroneously believe that <u>Medicare</u> will cover longterm care. In fact, it is the state-administered <u>Medicaid</u> program that funds 63%* of Ohio's long-term care.

1 in 7 people will require long-term care lasting more than 5 years and costing \$250,000 or more.

The general revenue fund (GRF) pays for government operations and public services. Including the federal match, Medicaid accounted for 46% of the general revenue fund (GRF) in 2021. Medicaid – not Medicare – is paying for 2/3** of Ohioans' long-term services and supports, providing coverage for nearly 3 million Ohioans. LTSS reflects 5% of the state's Medicaid enrollees yet 26% of Medicaid's expenditures.

Despite this, Medicaid doesn't cover the full cost of long-term care - many providers write off hundreds of thousands (smaller single-site) to millions (large site or multi-site) each year.

On average, people becoming age 65 over the next five years who ultimately experience high-need long-term care can anticipate incurring costs over their lifetimes of approximately \$138,000.

54% of middle-income seniors will not be able to afford annual costs of \$60,000 for assisted living, independent living or other housing related costs even if they allocated all of their annual resources to such housing.

Care costs for women will be higher than men. Women typically live longer and thus experience greater care needs. Women are also more likely to have served as caregivers for children, parents, and spouses, which means they reach old age with less savings.

AGING SERVICES HITHARD

With the human cost of COVID-19 not yet fully realized, long-term care organizations continue to struggle through the effects of the pandemic. From resident and staff illness and death to workforce burnout, long-term care facilities have faced their strongest challenge in over 100 years with COVID. During the first years of the pandemic, long-term care struggled to acquire crucial personal protective equipment (PPE), access to reliable testing, and reliable staffing support. Providers have found solutions to many of these challenges as the pandemic evolved over time, but continue to struggle with staffing agency price gouging, regulatory burden, and workforce flight, in addition to the ever-present dangers of COVID.

The continuing danger of COVID-19 in Ohio's system of long-term services & supports

Illness & mortality (as of January 2023)

- Over 99,000 residents and 89,000 staff contracted COVID in Ohio
- Over 9,000 long-term care residents lost their lives to COVID in Ohio
- Almost four out of five Ohioans who lost their lives to COVID were 65 and older

"Based on the numbers, we have not given ourselves every advantage that we could. Many of these deaths are, sadly, preventable."

ODH Director Dr. Bruce Vanderhoff Dayton Daily News, 2023 "Age is the strongest risk factor for severe COVID outcomes."

Dr. Becky Thomas, medical director for Public Health - Dayton and Montgomery County Dayton Daily News, 2023

A sector struggling with immunization

While 86.9% of the population of Ohioans 65 and older are fully immunized, only 38% have an updated booster.

A 10-point increase in COVID immunization would have prevented 102.9 cases per 1,000 residents, 15.6 deaths per 1,000 residents and approximately 21,000 staff infections nationwide.

Workforce Challenges PERSIST

Workforce challenges continue to wreck the long-term care sector. Building a stronger workforce continues to be the number one policy priority of LeadingAge Ohio members. From February 2020 to March 2022, longterm care facilities in Ohio and around the nation lost hundreds of thousands of employees. While this departure of workforce was not unique to long-term care, it has fallen hardest in the aging services sector.

"We just have probably the worst shortage that we've had at least in my 35 years of doing this," said Robert Applebaum, director of the Ohio Long-Term Care Research Project at Miami University's Scripps Gerontology Center.

"The industry was in trouble before COVID, and COVID has pretty much put those problems on steroids at this point."

Dr. Robert Applebaum, Scripps Gerontology Center cleveland.com, August 2021



"The nation's nursing home industry has shed roughly 235,000 jobs since March 2020, according to an analysis of U.S. Bureau of Labor Statistics data.

That's roughly 15 percent of the nursing home workforce, gone.

The figure far outpaces the numbers lost in other health care sectors, which have also seen steep drops."

AARP, August 2022

The need for workers in this growing field continues to increase each year. The projected percentage increase in the number of positions employed in long-term services and supports between 2010 and 2030 are the following:

- 88% home health and personal care aides
- 73% RNs
- 70% LPNs
- 68% nursing assistants
- 67% food prep

The population explosion of older adults with disability is having ripple effects on the current workforce, and include the following:

- Increased workloads (64.1%)
- Increased voluntary overtime (51.2%)
- Low staff morale (45.4%)
- Increased staff turnover (41.2%)
- Increased absenteeism (25.8%)
- Increased use of temporary staff (19.4%)

What Kinds of Jobs Are Available?

Frontline Caregiver Roles

State Tested Nurse Aides (STNAs) and home health aides are the frontline caregiver positions most in need by long-term care and home- and community-based services providers. This position is often a first step towards a career in nursing and other allied medical professions, with many pathways upward.

Still, filling and retaining these roles can be difficult, and almost all Ohio providers are currently trying to hire more nurse aides.



"Ohio's projected job openings for direct care workers from 2018 to 2028 is 229,800 direct care workers who assist older adults and people with disabilities with daily tasks, such as dressing, bathing and eating.'

Crain's Cleveland Business 'Caregivers in Crisis', December 2022



A Growing List of Careers

In addition to STNAs, facilities need many other positions filled across the career spectrum. Acute care settings are the most popular field of study for many nursing students, but there is a great need within longterm care. STNAs can access continuing education, many times with employer assistance, to progress on a healthcare pathway from STNA to RN, or other careers.

Many other careers exist within aging services, including:

- Registered nurses (RNs) and other nurse professions,
- Nutrition and culinary staff,
- Environmental services,
- Administrative areas (HR, finance, etc),
- Activities professionals,
- Marketing,
- Physical therapy,
- and more.

Use this QR Code to learn more about careers in aging services

Workforce Priorities & Initiatives

LeadingAge Ohio continues its commitment to supporting the workforce needs for our members through advocacy, education, and creative programming.

Throughout 2022 and moving into 2023, LeadingAge Ohio is leading the following workforce-focused initiatives:

- LeadingAge Ohio built "Gateways to Care," a statewide communications campaign designed to engage and inform Ohioans on the rising number of older adults in their regions, showcase real stories from within the sector, connect pathways to meaningful careers in aging, and share policy solutions and news from the frontlines. This campaign launched in January of 2023.
- LeadingAge Ohio created a policy proposal to address the direct care workforce shortage in aging services through funding STNA training for approximately 3,000 new STNAs over a three-year period, in addition to recruitment and retention strategies to attract new staff. The proposal will be a focal point of LeadingAge Ohio advocacy in 2023.
- LeadingAge Ohio was chosen to participate in the High School Healthcare Preceptor Pilot program, which will utilize a Centers for Disease Control & Prevention (CDC) grant to connect high school students in urban and rural communities to careers in aging and health care, giving them the opportunity to earn an STNA or Elder Care Certification. LeadingAge Ohio members will serve as employers and partners in the program. As a result of this program, LeadingAge Ohio developed the "Grow Your Own Workforce: A guide to partnering with local high schools" toolkit.
- LeadingAge Ohio partnered with LeaderStat to bring forward Managed Service Provider Networks to alleviate cost, organization, and reliability concerns with agency staffing.
- In partnership with Cinematic Health Services, LeadingAge Ohio assisted its members in offering ReadyCNA Virtual STNA training, an innovative training program for the classroom portion of STNA certification, offered virtually to increase the accessibility of classes.
- LeadingAge Ohio is participating in the Complete to Compete Ohio Attainment Coalition, a public-private coalition of more than 40 organizations from Ohio's education and workforce systems seeking to coordinate and collaborate on efforts to help Ohioans earn a living wage and close Ohio's skills gap.





In January of 2023, LeadingAge Ohio announced the launch of Gateways to Care, a public awareness campaign designed to change the narrative around aging services, generate pathways to aging service careers, highlight real stories and experiences from the sector, and support policy priorities that directly benefit older Ohioans and caregivers.

With the number of older Ohioans projected to more than double by 2030, the aging services sector continues to expand with opportunity and growth in careers that offer flexibility, advancement, and personal fulfillment.

The campaign features a website landing page, www.gatewaystocare.org, which includes links to the job boards of aging services providers, as well as data on Ohio's aging landscape, policy solutions, stories from the frontlines of care, and latest news from the sector.

The first round of digital and traditional advertising will focus on career and technical centers, colleges and universities, and other educational institutions to help bridge the gap between those interested in healthcare fields to rewarding careers in aging services. As the legislative budget cycle gains momentum mid-year, digital targeting will be used to educate lawmakers and the public on relative policy initiatives that benefit the older population.

GATEWAYS TOCARE

CAMPAIGN GOALS

Change the narrative around aging services.

Generate pathways to aging service careers.

Highlight real stories and experiences from the sector.

Share data on Ohio's aging population and services.

Support policy priorities that directly benefit older Ohioans and caregivers.



COMPONENTS OF THE CAMPAIGN







Policy briefings

Policy proposals to speed the aging services comeback

With older adults still at great risk from COVID-19, workforce recruitment and retention struggling, and aging services providers pushed to their physical, economic, and mental limit, it is crucial to ensure sound state policy that addresses the needs of elders and caregivers.

Boosts through ARPA

The American Rescue Plan Act

The American Rescue Plan Act (ARPA) was signed into law in 2021 to speed up the country's recovery from the economic and health effects of the COVID-19 pandemic and the ongoing recession. The Ohio General Assembly and DeWine Husted Administration wisely allocated many of these funds in the waning months of 2022 through House Bill (HB) 45. Providers will use these funds to offset staffing challenges and invest in innovative, cost-effective methods of service.

The following provider types saw boosts through HB 45:

- \$350 million for nursing homes with 40 percent going out based on Medicaid days and 60 percent being based on a quality formula derived from the Quality Incentive Payment (QIP)
- \$50 million for expansion of the Program for All-Inclusive Care for the Elderly (PACE)
- \$40 million for assisted living
- \$30 million for hospices
- \$10 million for home health home and community based services
- \$8 million for adult day services

State budget on the horizon

<u>G</u>R*E*,

With the 135th General Assembly underway, LeadingAge Ohio is preparing to advocate for a strong state budget for aging services.

Reimbursement

LeadingAge Ohio supports reimbursement that covers costs, makes sense, and creates jobs by raising the Medicaid rates to meet the true cost of care with 2022 cost report data and developing a plan to convert the capital price to one based on fair rental value and a private room add-on.

Assisted living (AL) waiver

Increasing the AL Waiver rates for all providers utilizing the program or through an enhanced rate to providers serving a high Medicaid waiver population could incentivize more providers to utilize the program and provide greater access to affordable assisted living.

State tested nursing aide (STNA) recruitment

Following Wisconsin and Minnesota's lead, Ohio could create an STNA recruitment/retention program that covers the cost of STNA training, provides retention bonuses, and supports communications support to get the word out on the program. A similar proposal could be enacted to support HCBS aides.

Affordable Housing Challenged

Despite the urging of dozens of associations and providers to veto language in HB 45 that harms affordable housing tax valuation and limits historic tax credit usage, the bill was signed into action as is. Governor DeWine assured stakeholders and the public that his executive budget proposal will feature a "comprehensive approach" to affordable housing issues. LeadingAge Ohio is committed to helping housing members take this threat to their viability head on, and advocate for enhanced support in the budget for housing providers.



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