

ACCESS TO INFORMATION AND ADVOCACY SERVICES

GOAL 1: Older Ohioans, adults with disabilities and their caregivers will be able to make person-centered decisions through seamless access to information and advocacy services.

ACCESS TO INFORMATION

Objective 1: Develop standards and measures for quality and performance regarding operation, information and resources for a consistent front-door experience for consumers.

Strategy

Standardize the statewide brand of the ADRN and develop a public campaign that re-introduces the ADRN as the one-stop solution for older adults' information, assistance and connection to services and supports. (1.1.1)

Implement standards and measures for quality and performance of ADRN operations for a consistent front-door experience for consumers. (1.1.2)

Enhance state and regional partnership with the Ohio Senior Health Insurance Information Program to strengthen coordinated use of Medicare Improvements for Patients and Providers Act funds, as well as to improve access to information about health insurance (Medicare, Medicaid, Part D, Medicare Savings Programs, Low Income Subsidy) for individuals contacting Ohio's aging and disability resource networks. (1.1.3)

Increase access to easy-to-understand information about services needed by older adults. (1.1.6)

Outcome 1-1-b: AAAs and ADRN members have adopted the standards as evidenced by progress shown by indicators of a quality dashboard.

Outcome 1-1-c: Older adults, serving as "test" volunteers, annually assess a sample of Ohio Aging Network's information and determine that information is becoming 1) easier to find and 2) easier to understand as evidenced by improving survey scores over the four years.

ACCESS TO INFORMATION AND ADVOCACY SERVICES

PRIORITY POPULATIONS

Objective 2: Ohio's Aging Network will be aware and focused on the unique needs of our older adult priority populations to deliver person-centered, culturally sensitive services and supports.

Strategy

Establish and implement a plan that increases awareness and focus among the aging network about the unique needs of our older adult priority populations (e.g., rural, low-income, low-income minority, limited English proficiency, Holocaust survivors, LGBTQ, disabled) . (1.2.1)

Outcome 1.2: Ohio's Aging Network is culturally competent as evidenced by members of Ohio's older adult priority populations who are receiving services in the manner that align with and respect their unique needs.

ADVOCACY

Objective 3: Heighten awareness of the needs and priorities of Ohio's older adults and people with disabilities with community, government, non-profit and private sector entities to achieve inclusion in decision-making opportunities that inform policies, infrastructure development processes, and strategic plans.

Strategy

Heighten awareness of the needs and priorities of Ohio's older adults to achieve inclusion in state, regional and community decision-making opportunities. (1.3.1)

Outcome: The number of older adult-related action items included in other state-level plans will increase.

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ELDER ABUSE, NEGLECT AND EXPLOITATION

Objective 4: Coordinate with partners in the prevention and response to incidences of elder abuse, neglect and exploitation.

Strategy

Establish a coordinated prevention strategy that addresses incidence of elder abuse, neglect and exploitation by self or others. (1.4.1)

Establish a coordinated response strategy in the aging network that addresses incidence of elder abuse, neglect and exploitation by self or others. (1.4.2)

Outcome 1-4: Heightened awareness and recognition of elder abuse, neglect and exploitation as evidenced by an increase in the number of reported cases.

Objective 6: Address isolation by improving access for older adults to senior centers, community facilities, technologies and opportunities where socialized environments exist or can be created.

Strategy

Increase awareness of social and geographical isolation among older adults. (1.6.1)

Encourage older adults to utilize Senior Centers and common/community facilities.(1.6.2)

Identify local existing community-based opportunities that can be engaged to reduce risks of isolation among older adults. (1.6.3)

Partner with lifelong learning programs (library systems, Senior Centers, Community Centers, etc.) using technology solutions to increase opportunities for socialization and decrease isolation among homebound seniors. (1.6.4)

Outcome 1-6-a: Ohio will have a baseline and a better understanding of isolated older adults.

Outcome 1-6-b: More older adults are utilizing their local senior centers or common/community settings as evidenced by the increase in annual attendance.

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AGEISM

Objective 8: Work toward changing Ohioans' perspectives and conversations regarding the bias toward aging and promote the value of older

Strategy

Develop and implement a community-wide social norming education and awareness campaign that reflects positive aging. (1.8.1)

Investigate development of a healthy aging 101 for incorporation into K-12 and higher education "first-year experience" curriculums. (1.8.2)

Outcome 1-8: More Ohioans positively view older adults as valued contributors to the workplace and community, as evidenced by favorable survey scores pertaining to diminished views of stereotypes.

LEGAL SERVICES

Objective 9: Collaborate with existing legal services providers and advocacy groups to understand the legal service needs of Ohio's older adults and make necessary adjustments to service specifications to accommodate those needs.

Strategy

Partner with legal service providers to determine unmet needs of older Ohioans and refine funding and service requirements to meet those needs. (1.3.1.4)

Explore the need and enhance, if needed, legal assistance and services available to support cases of elder abuse, neglect and exploitation. (1.4.2.2)

Evaluate regional needs of older adults and expand offerings of Person-Centered Options Counseling to enable older adults to understand, consider and address issues such as benefits, reverse mortgages, healthcare, finances and legal, etc. (5.3.2)

Research and collect data on the underlying causes of and scope of the problem in older adults (mental health, victims of abuse, neglect, exploitation, choice, homelessness, etc.). (5.8.1)

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POPULATION HEALTH

GOAL 2: Educate and empower older Ohioans, adults with disabilities and their caregivers to live active, healthy lives to maintain independence and continue to contribute to society.

CHRONIC DISEASE MANAGEMENT AND PREVENTION

Objective 1: Take steps to promote and offer interventions that assist older adults in prevention of chronic disease as well as assist older adults who are living with chronic diseases to reduce and control symptoms that would otherwise alter the quality of their lives.

Strategy

Take steps to promote and offer interventions that assist older adults in prevention of chronic disease. (2.1.1)

Outcome 2-1-a: More older Ohioans have heightened awareness of strategies to prevent and manage chronic diseases as evidenced by the increased number of training sites and the increased number of attendees.

Outcome 2-1-b: An increase in funds expended on programs as evidenced by positive variances in the annual SPR for total expenditures.

NUTRITION

Objective 2: Take steps to address food insecurity and malnutrition in older adults.

Strategy

Focus on gaps in the community malnutrition setting utilizing recommendations, where appropriate, of the Malnutrition Prevention Commission, to better understand and address older adult needs.(2.2.1)

Outcome 2-2: An increased number of at risk older adults are being prioritized and receiving services as evidenced by improved indicators during annual reassessments.

Objective 3: Increase opportunities to access healthy affordable foods in underserved areas and establish strategies to encourage their consumption.

Encourage the expansion of local food procurement in the aging nutrition network (i.e. congregate meal sites and home delivered meals) through training, collective purchasing power and partnerships. (2.3.1)

Outcome 2-3: The number of healthy food access points in underserved areas in Ohio is increased as reported by Ohio partners.

POPULATION HEALTH

Objective 4: Maximize use of current nutrition services programs including home-delivered and congregate meals.

Strategy

Maximize use of current nutrition services programs (2.4.1)

Outcome 2-4: More older adults are receiving nutrition services as evidenced in the annual SRT units and total expenditures.

DENTAL, VISION AND HEARING

Objective 5: Promote the need for increased access to dental, vision and hearing health screenings and services for older adults, especially those with low incomes.

Strategy

Increase access to dental, vision and hearing health screenings and services for older adults. (2.5.1)

Outcome 2-5: Older adults better access public and private insurers that cover dental, vision and hearing health screenings and services.

Objective 8: Promote the importance of communities' prioritization and response to the changing needs of persons with dementia and their caregivers.

Strategy

Strengthen advocacy roles and support dementia-related activities in the PSA and be equipped with the resources, education and tools that communities need to be successful. (2.8.1)

Outcome 2-8: Older adults have access to a “no-wrong door” system of dementia resources and assistance that is championed by each community as evidenced by an increase in inquires and/or referrals recorded in the ADRN and Alzheimer's Association databases.

POPULATION HEALTH

MENTAL HEALTH

Objective 12: Take steps to increase the awareness of the need for mental health resources and services for older Ohioans.

Strategy

Partner with state, local and/or community entities to address specific mental health needs of our older adults (e.g., County Behavioral Health Authorities). (2.12.4)

Strategy

Adopt training curriculum specific to the Aging Network's ability to screen and address unique care delivery of older adults with mental health issues. (2.12.5)

Outcome 2-12: Older adults will have improved access to the resources and services they need to manage mental health concerns as evidenced by increased utilization of programs and referrals to appropriate services.

Objective 13: Raise awareness of older adult suicide risks and educate/encourage adoption and utilization of strategies to aid in the prevention of suicide.

Strategy

Provide training and education about risk factors for suicide among older adults to:

- ADRN, Providers, Nursing Facilities and First Responders, and
- Families, health care providers, and communities (2.13.2)

Outcome 2-13: Professionals, family members and older Ohioans will be more aware of the risk factors for suicide in older adults and better prepared to identify and support at-risk older adults.

POPULATION HEALTH

GOAL 2: Educate and empower older Ohioans, adults with disabilities and their caregivers to live active, healthy lives to maintain independence and continue to contribute to society.

SUBSTANCE ABUSE AND ADDICTION

Objective 14: Support increased access to the resources and services needed by older adults to better prevent and manage substance abuse and addiction.

Strategy

Monitor available data on opioid use disorder, overdoses, and deaths avoided with naloxone to forecast needs of future older adults. (2.14.1)

Support the campaign to combat the opioid crisis and substance abuse among older Ohioans through education, screenings, referrals and community-based interventions (e.g., drug take-back programs, advocacy for multidisciplinary care teams, etc.) (2.14.2)

Utilize and encourage Senior Centers and other focal points in the community to provide screenings, addiction self-management classes and support groups for addictions afflicting older adults (e.g., alcoholism, substance abuse, gambling, etc.) (2.14.3)

Strategy

Support the adoption and implementation of technology-based interventions to curb and stop the abuse of opioids in Ohio through solutions of the Ohio Opioid Technology Challenge. (2.14.4)

Outcome 2-14: In addition to the existing and emerging state strategies and interventions to combat the opiate/substance abuse crisis, the interventions employed by the Aging Network are contributing to the effective efforts as evidenced by a decline in the number of substance-related accidental deaths in older adults.

POPULATION HEALTH

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CAREGIVERS

GOAL 3: Ohio's caregivers have access to resources and services to enable them to continue to provide care for their loved ones.

CAREGIVER SUPPORT

Objective 1: Provide meaningful education and heighten awareness on caregiving issues.

Strategy

Pilot promising interventions that benefit caregivers (e.g., technology-based solutions or other emerging innovations, evidence-based and evidence-informed training programs for caregivers, etc.). (3.1.2)

Outcome 3-1: Caregivers will utilize information, resources and education opportunities about caregiving as evidenced by attendance statistics of caregiver education and referral numbers.

Objective 3: Encourage employers' adoption of best-practice policy reforms that support caregivers in the workplace.

Strategy

Encourage adoption of State of Ohio's Working Caregiver Initiative (or adoption of a similar program) by Ohio's public and private employers. (3.3.1)

Outcome 3-3: Caregivers will be better able to balance work and caregiving as evidenced by a decrease in work impacts reported.

KINSHIP CARE

Objective 4: Support older adults in kinship situations to better care for themselves and their young loved ones.

Strategy

Strengthen kinship caregiver support through advocacy and use of existing or new caregiver programs. (3.4.1)

Outcome 3-4-a: Older adults in kinship situations are receiving services which better equip them for care for themselves and their young loved ones.

Outcome 3-4: Children in kinship situations are better positioned to learn and grow while being cared for as reported by the Public Children's Services Association of Ohio.

CIVIC ENGAGEMENT

GOAL 4: Recognize and value older adults' knowledge, social and economic contributions and establish opportunities for engagement in their communities.

VOLUNTEERISM

Objective 1: Engage more older adults as well as Ohioans of all ages in volunteer activities that support both older adults and community needs.

Strategy

Continue to work with partners in volunteerism/civic engagement communities of interest to ensure that older Ohioans are included in program design and decision-making as well as implementation. (4.1.2)

Establish a best practices inventory of the types of volunteer opportunities in which older adults are serving. (4.1.3)

Outcome 4-1: More older Ohioans are serving in volunteer capacities as evidenced by an increase in Ohio's percentage and state ranking of older adults who volunteer as reported by the Corporation for National and Community Services and other volunteer community organizations.

EMPLOYMENT

Objective 2: Expand and enhance opportunities for older workers and job seekers to participate in and contribute to Ohio's workforce.

Strategy

Work with community partners and funders to advocate for the expansion of Encore Career models and programs (e.g. Cleveland Foundation, Vantage Aging). (4.2.1)

Outcome 4-2: More older Ohioans are active in the workforce as evidenced by an increase in the percentage of older workers that participate in Ohio's workforce.

AGING IN PLACE

GOAL 5: Enable older Ohioans, persons with disabilities and their caregivers to be active and supported in their homes and communities.

CARE MANAGEMENT

Objective 1: Provide comprehensive person-centered assessment and care services and supports that anticipates and addresses current and emerging needs as they arise.

Strategy

Examine Ohio's disability technology first movement created through the Governor's Executive Order and collect and analyze current and emerging innovations to provide technology-based methods to deliver care management and care services e.g., Telehealth, Skype, Virtual Assistants, etc. (5.1.2)

OUTCOME 5-1: ODA has policies and guidance that reflect comprehensive person-centered assessment and care services

LIVABLE COMMUNITIES

Objective 4: Take steps to heighten awareness and adoption of livable community models in Ohio communities.

Strategy

Partner to establish a comprehensive approach to encourage the adoption of the livable community and smart city models in support of older Ohioans and their abilities to age in place. (5.4.1)

Outcome 5-4: More older Ohioans are living in communities that are conducive to aging in place as evidenced by an increase in the number of communities that have attained an age-friendly or similar status.

TRANSPORTATION

Objective 5: Participate in alignment efforts that aim to achieve sufficient community transportation options (multi-modal) and a supportive infrastructure available for older adults in Ohio.

Strategy

Research, and advocate for use of transportation best practices (mobility management, transportation coordination, etc.) at the local and regional levels. Identify opportunities for partnership with community organizations and transportation providers and strengthen as needed the AAAs. (5.5.3)

Re-evaluate and refine transportation service specifications for older adults, persons with disabilities and those living with dementia or other impairments who require supportive services in addition to traditional transportation services. (e.g., companion services, etc.) (5.5.6)

Outcome 5-5: Older Ohioans and individuals with disabilities in need of transportation are better positioned to receive services as evidenced by an increase in annual total units reported.

EMERGENCY PREPAREDNESS

Objective 9: Strengthen planning efforts and response protocols that address the needs of vulnerable older adults during emergency events.

Strategy

Establish statewide emergency communication protocols for AAAs and aging network partners. (5.9.1)

Educate older adults through various multi-media outlets about the importance of planning for emergency events. (5.9.3)

Advocate for the heightened utilization of senior centers and during emergency events. (5.9.4)

Outcome: More older Ohioans are prepared for emergency events as evidenced by an increase in persons stating readiness in the statewide needs assessment survey.