

ATTACHMENT E

Detailed Strategy Tables

The following tables list the evidence-informed strategies for each goal area in Ohio's 2023-2026 State Plan on Aging. Strategies in the State Plan refer to an evidence-informed policy, program, or service that can be implemented by public and private state and local partners to improve outcomes on State Plan goals. Evidence-informed strategies have either rigorous research evidence demonstrating that the strategy has positively impacted the relevant plan goal; or, there is information provided by researchers and subject matter experts that the strategy is promising. Strategies identified by experts or key informants, but not an evidence registry, were included in the State Plan and identified as having “emerging evidence.”

Strategies were included in the State Plan if they met one or more of the following criteria:

- Evidence of effectiveness;
- Potential size of impact on State Plan outcomes, including equity and elder justice;
- Co-benefits (impacts multiple State Plan outcomes);
- Opportunities given current status; and/or,
- Alignment with the [2020-2022 State Health Improvement Plan](#) (SHIP). Strategies that align with the 2020-2022 SHIP are marked with a (SHIP) symbol

Throughout the State Plan and this Attachment, (=) indicates strategies likely to reduce disparities and inequities based on literature and research evidence. These sources consider potential impacts on disparities and inequities by racial/ethnic, socioeconomic, geographic, or other characteristics. However, a strategy that does not have an (=) can still be effective in advancing equity if tailored and culturally and linguistically adapted to meet the needs of priority populations.

Sources of Evidence-informed Strategies

The following table lists the sources of evidence-informed strategies for the State Plan and the recommendation level(s) of evidence included. Sources were updated as of April 2022.

Evidence registry, systematic review, or database of evidence-informed strategies	Recommendation level(s) included in this inventory (if applicable)
<p><u>What Works for Health (WWFH):</u> Evidence registry from County Health Rankings and Roadmaps, a project of the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation.</p>	<ul style="list-style-type: none"> • Scientifically supported • Some evidence • Expert opinion
<p><u>The Guide to Community Preventive Services (Community Guide):</u> Systematic reviews from the U.S. Centers for Disease Control and Prevention (CDC).</p>	<ul style="list-style-type: none"> • Recommended
<p><u>Administration for Community Living (ACL), Aging and Disability Evidence-Based Programs and Practices:</u> Collection of evidence-based programs and practices that address older adult health and wellness, long-term services and supports, and caregiver and family support.</p>	<ul style="list-style-type: none"> • N/A
<p><u>National Council on Aging (NCOA), Evidence-Based Health Promotion/Disease Prevention Programs:</u> List of evidence-based health promotion/disease prevention programs approved for Older American's Act Title III-D funding.</p>	<ul style="list-style-type: none"> • N/A
<p><u>U.S. Preventive Services Task Force (USPSTF) Recommendations:</u> Systematic reviews from the Agency for Healthcare Research and Quality.</p>	<ul style="list-style-type: none"> • Grade A (recommended; high certainty of benefit) • Grade B (recommended; moderate certainty of benefit)
<p><u>World Health Organization, Global Database of Age-Friendly Practices:</u> Collection of age-friendly practices and programs from around the world.</p>	<ul style="list-style-type: none"> • Practices from the U.S. which have been evaluated

Community Conditions

The tables below list specific strategies to advance the goal and achieve the objectives of the Community Conditions goal of the State Plan.



Strategies to Improve Financial Stability

Strategies	Examples Include
Financial Supports	<ul style="list-style-type: none"> • Debt advice for tenants with unpaid rent (=) • Unemployment insurance (UI) • Matched dollar incentives for saving tax refunds (=) SHIP • Supplemental Security Income (SSI) benefits* (=)
Adult Training and Employment Supports	<ul style="list-style-type: none"> • Post-secondary career-technical education (adult vocational training) (=) SHIP • Sector-based workforce initiatives (=) SHIP • Senior Community Service Employment Program (SCSEP)* (a community service and work-based job training program for older Americans), including coordination with other Older Americans Act programs • Transitional jobs (=) SHIP • New Hope Project, which provides work supports for low-income individuals (=)
Housing Supports	<ul style="list-style-type: none"> • Housing Choice Voucher Program (Section 8) (=) SHIP • Inclusionary zoning and housing policies (=) SHIP • Low Income Home Energy Assistance Programs (LIHEAP)* (=) • Medical-legal partnerships (=) SHIP • Rapid re-housing programs (=) SHIP • Legal Support for Tenants in Eviction Proceedings (=)
Retirement and Health-Care Planning As well as educational materials addressing the health and economic welfare of older individuals	<ul style="list-style-type: none"> • Financial coaching* and financial education for adults • Support older adults planning for retirement, including planning for social security* • Participant-directed/person-centered support for older adults and caregivers planning for health-care costs across the spectrum of LTSS, including the Ohio Senior Health Insurance Information Program (OSHIIP)* • Establish automatic enrollment Individual Retirement Account (IRA) plans* for workers without employer-provided retirement savings plans • Conduct outreach and education related to widow(er)'s benefits* • Medical-legal partnerships integrate legal services into health care settings (=) SHIP • SAGECents, a digital wellness platform made specifically for LGBTQ+ elders to increase financial stability and reduce economic stress

Additional Resources

- [AARP Foundation Tax-Aide Program, AARP Foundation](#)
- [Aging and Disability Business Institute](#)
- [Consumer affairs resources, Ohio Department of Commerce](#)
- [Real Property Tax – Homestead Means Testing, Ohio Department of Taxation](#)
- [Rise Together: A Blueprint for Reducing Poverty in Franklin County, Franklin County Board of Commissioners](#)
- [The Able Resource Center](#)
- [SAGE's LGBTQ+ Elder Housing Initiative](#)

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*Strategy is rated as "expert opinion" in WWFH, or evidence of effectiveness is emerging



Strategies to Improve Housing Quality and Affordability

Strategies	Examples Include
<p>Affordable Housing Development</p>	<ul style="list-style-type: none"> • Maximize and expand Low Income Housing Tax Credits (LIHTCs), such as through a state-funded LIHTC, advocating for expanded federal funding of LIHTCs, and affordable housing preservation “set asides” for older adults (=) SHIP • Maximize Community Development Block Grants (CDBGs), including funds for home modification (=) SHIP • Increase investment in the Ohio Housing Trust Fund* and use of funds for a continuum of housing services that meet the needs of older adults (=) • Increase use of federal financing to support affordable housing development, such as HUD’s Supportive Housing for the Elderly Program (Section 202) and USDA’s Rural Rental Housing Loans (Section 515)* • Increase regional coordination, information sharing, and funding for affordable housing through regional councils* • Land banking (=) SHIP • Community land trusts (=) SHIP • Increase inclusionary zoning & housing policies (=) SHIP
<p>Rental Assistance and Supportive Housing</p>	<ul style="list-style-type: none"> • Expand access to tenant-based rental assistance programs, such as the Housing Choice Voucher Program (Section 8), the USDA Rural Rental Assistance Program (Section 521), and state housing subsidies/vouchers (=) SHIP • Increase source of income protection laws* for items such as tenant-based vouchers • Increase access to service-enriched housing that incorporates elements of universal design (=) • Increase access to debt advice for tenants with unpaid rent (also, legal support for tenants in eviction proceedings) (=) • Increase access to medical-legal partnerships (=) SHIP • Rent regulation policies* (=)
<p>Housing Accessibility and Quality</p>	<ul style="list-style-type: none"> • Increase use of housing rehabilitation loan and grant programs, such as from the federal Veteran’s Administration, USDA Housing Repair Loans and Grants (Section 504), locally-administered programs, and weatherization programs (=) SHIP • Livable Community model* • Shared affordable housing • Life-long homes coalition • Homesharing for seniors • Increase use of universal design and visitability policies* • Increase awareness and enforcement of requirements to maintain accessible housing* • Reduce barriers to developing accessory dwelling units* • Housing First programs to address chronic homelessness by providing access to permanent housing and ongoing support services (=) SHIP • Rapid re-housing programs (=) SHIP
<p>Financial Supports</p>	<ul style="list-style-type: none"> • Expand Ohio’s homestead exemption* • Debt advice for tenants with unpaid rent (=)

Additional Resources

- [Annual Reports and other information, Ohio Housing Trust Fund](#)
- [Certified Aging in Place Specialists, National Association of Home Builders](#)
- [Equity Action Plan Summary: U.S. Department of Housing and Urban Development](#)
- [Fiscal Year 2022 – 2023 Annual Plan, Ohio Housing Finance Agency \(OHFA\)](#)
- [Fiscal Year 2021 Ohio Housing Needs Assessment, OHFA](#)
- [Housing and Services Resource Center, Administration for Community Living \(ACL\)](#)
- [Qualified Allocation Plan, OHFA](#)
- [Resources for senior citizens, U.S. Department of Housing and Urban Development](#)
- [Rural Housing Service, U.S. Department of Agriculture](#)

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Strategies to Improve Transportation

Strategies	Examples Include
<p>Public Transportation</p>	<ul style="list-style-type: none"> • Strengthened public transportation systems (=) SHIP • Individual incentives for public transportation SHIP • CityBench Program (installation of benches at bus stops, retail corridors, and areas with high concentrations of seniors) • Rural transportation services* (=) • Mobility managers*, including development of “universal design” • Mobility as a Service* systems to meet the needs of older adults • Expand volunteer driver programs* and DRIVE Training* • Expand travel training programs* that teach older adults the skills needed to travel safely and independently using public transportation
<p>Transportation and Land Use</p>	<ul style="list-style-type: none"> • Complete streets and streetscape design initiatives SHIP • Zoning regulations for land use policy SHIP • Bike and pedestrian master plans SHIP • Multi-component workplace supports for active commuting SHIP • Open Streets* initiatives, which temporarily close streets to motorized traffic to allow community members to gather, socialize, walk, run, bike, dance, etc. • Livable Community model*
<p>Medical Transportation</p>	<ul style="list-style-type: none"> • Cultivate safety net services, including escorted rides to and from medical services and shopping and delivery of grocery orders • Elder services and engagement, including A Little Help (ALH) volunteer transportation services • Expand and improve accessibility of Non-Emergency Medical Transportation (NEMT) services* SHIP

Additional Resources

- [2021-2024 Statewide Transportation Improvement Program](#), ODOT
- [Access Ohio 2045 draft plan](#), [Ohio Department of Transportation](#), ODOT
- [Active Transportation Program](#), ODOT
- [Best Practices Compendium](#), National Aging and Disability Transportation Center
- [Equity Action Plan Summary](#), U.S. Department of Transportation
- [National Center for Mobility Management](#)
- [Ohio Mobility Management Program](#), ODOT
- [Older Driver Safety](#), ODOT
- [Rise Together: A Blueprint for Reducing Poverty in Franklin County](#), Franklin County Board of Commissioners
- [Statewide Bike and Pedestrian Plan](#), ODOT
- [Strategic Highway Safety Plan](#), ODOT
- [Transit Planning 4 All](#), ACL

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Healthy Living

The table on the following page list specific strategies to advance the goal and achieve the objectives of the Healthy Living goal of the State Plan.

Strategies to Improve Nutrition

Strategies	Examples Include
Supplemental Nutrition Assistance Program (SNAP) enrollment	<ul style="list-style-type: none"> Strengthened outreach and advocacy to maintain or increase enrollment in federal food assistance programs, such as (SNAP) SHIP Streamline the SNAP application and certification process through the Elderly Simplified Application Project (ESAP)
Community-based healthy food access	<ul style="list-style-type: none"> Healthy food initiatives in food pantries and banks (=) SHIP Fruit and Vegetable Gleaning Initiatives (=) Cultivate Safety Net Services Adult Day Services (ADS)*
Retail-based supports and incentives	<ul style="list-style-type: none"> Farmers' markets SHIP Electronic Benefit Transfer (EBT) payment at farmers' markets* (=) SHIP WIC & Senior Farmers' Market Nutrition Programs (=) SHIP Healthy food in convenience stores (Ohio example: Good Food Here Program) (=) SHIP Incentives to bring healthy food retailers to underserved communities, such as the Healthy Food Financing Initiative*
Healthy eating incentives	<ul style="list-style-type: none"> Fruit & vegetable incentive programs (=) (Ohio example: Produce Perks) SHIP Point-of-purchase prompts for healthy foods SHIP Competitive pricing for healthy foods SHIP
Workplace supports	<ul style="list-style-type: none"> Worksite obesity prevention programs SHIP Workplace Chronic Disease Self-Management Program Financial rewards for employee healthy behavior
Disease management	<ul style="list-style-type: none"> Combined diet and physical activity promotion programs to prevent Type 2 Diabetes among people at increased risk (such as the National Diabetes Prevention Program) SHIP Disease management / health promotion programs to prevent or manage chronic health conditions, such as CDC Diabetes Prevention Program (DPP), Chronic Disease Self-Management Program (CDSMP), and Diabetes Self-Management Program (DSMP). Multi-component obesity prevention interventions SHIP Eat Smart, Move More, Weigh Less, virtual classes teaching evidence-based strategies for weight loss and maintenance Nutrition prescriptions* (=) SHIP Food insecurity screening and referral* SHIP SNAP Education
Malnutrition prevention and treatments Across strategies, meals should be adjusted for cultural considerations and preferences and medically tailored to the maximum extent practicable	<ul style="list-style-type: none"> Community gardens SHIP Mobile produce markets (=) Expand access to nutrition services, such as SNAP, Commodity Supplemental Food Program*, The Emergency Food Assistance Program*, and The Child and Adult Care Food Program* Nutrition service programs for older adults, including congregate, grab-and-go (pick-up) and home-delivered meals Expand nutrition education through the Supplemental Nutrition Education Program – Education (SNAP-Ed)* and The Abbott Nutrition and Health Institute* Increase malnutrition screening, assessment, diagnosis, intervention, and monitoring/evaluation, such as nutrition counseling*, medical nutrition therapy*, and emphasizing nutrition in care coordination* Improve discharge planning for malnourished patients, such as Meals on Wheels* Stepping Up Your Nutrition (SUYN)

Additional Resources

- [Combating Food Insecurity: Tools for Helping Older Adults Access SNAP](#), AARP and Food Research and Action Center, FRAC
- [Creating Healthy Communities](#), ODH
- [Dietary Guidelines for Americans 2020-2025](#), The Departments of Agriculture, HHS
- [Food Assistance for Older Adults](#), National Council on Aging (NCOA)
- [Malnutrition Prevention Commission Report](#), ODH
- [Meals on Wheels reports and other information](#), Meals on Wheels
- [Nutrition and Aging Resource Center](#), ACL
- [Ohio Food and Beverage Guidelines Toolkit](#), ODH
- [Senior Nutrition Guide](#), Feeding America
- [The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables](#), CDC

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Strategies to Physical Activity

Strategies	Examples Include
Community fitness	<ul style="list-style-type: none"> • Provide places for physical activity • Community-based social support for physical activity SHIP • Community-wide physical activity campaigns SHIP • Shared use agreements (also referred to as joint use agreements) (=) SHIP • Point-of-decision prompts to encourage use of stairs • Lifelong learning program • Senior activity centers
Transportation and land use	<ul style="list-style-type: none"> • Complete Streets & streetscape design initiatives SHIP • Green spaces and parks (=) SHIP • Bike & pedestrian master plans (active transportation plans) SHIP • Mixed-use development SHIP • Bicycle paths, lanes, & tracks • Zoning regulations for land use policy SHIP • Traffic calming • Individual incentives for public transportation SHIP • Open Streets*
Physical activity programs	<ul style="list-style-type: none"> • Individually-adapted physical activity programs SHIP • Implement activity programs for older adults SHIP and community fitness programs SHIP, such as: <ul style="list-style-type: none"> • A Matter of Balance • Arthritis Foundation Aquatic Program (AFAP) • Arthritis Foundation Exercise Program (AFEP) • Active Choices • Active Living Every Day • Bingocize® • Eat Smart, Move More, Weigh Less • Enhance® Fitness • Fit & Strong! • Geri-Fit® Strength Training Workout • Healthy Moves for Aging Well • Healthy Steps in Motion (HSIM) • On the Move® • PEARLS (Program to Encourage Active, Rewarding Lives for Seniors) SHIP • Senior Swim Program • Stay Active and Independent for Life (SAIL) • Tai Chi, including Tai Chi for Arthritis, Tai Chi Prime and Tai Ji Quan: Moving for Better Balance • The Otago Exercise Program • Walk with Ease • Combined healthy eating and physical activity programs to prevent type 2 diabetes among people at increased risk (such as Diabetes Prevention Program) SHIP
Workplace supports	<ul style="list-style-type: none"> • Worksite obesity prevention interventions SHIP • Multi-component workplace supports for active commuting SHIP • Financial rewards for employee healthy behavior
Home modifications	<ul style="list-style-type: none"> • Provide assistive technology, including ramps and handrails, through Seniors Helping Other Seniors (SHOP) • Community Aging in Place – Advancing Better Living for Elders (CAPABLE) • Multi-component falls prevention interventions for older adults that deliver interventions to include exercise and home or environmental modification.
Disease management	<ul style="list-style-type: none"> • Multi-component obesity prevention interventions SHIP • Exercise prescriptions SHIP

Additional Resources

- [Active People, Healthy Nation](#), CDC
- [Creating Healthy Communities](#), ODH
- [Evidence-Based Programs](#), NCOA
- [Health Equity and Mobility Justice](#), ODH
- [Physical Activity Guidelines for Americans](#), HHS
- [Statewide Bike and Pedestrian Plan](#), Ohio Department of Transportation

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Access to Care

The tables below list specific strategies to advance the goal and achieve the objectives of the Access to Care goal of the State Plan.



Strategies to Improve Health-care Coverage and Affordability

Strategies	Examples Include
Health insurance enrollment and coverage	<ul style="list-style-type: none"> • Provide health insurance enrollment outreach and support, including through the Ohio Senior Health Insurance Information Program (OSHIIP) (=) SHIP • Utilize existing resources, such as community health workers (CHWs), and collaborate with state and local agencies, community groups, and health-care providers to raise awareness of health insurance enrollment assistance (=) SHIP • Insurance coverage parity for behavioral health (mental health benefits legislation) (=) SHIP • Outreach and advocacy to maintain Ohio Medicaid eligibility levels and enrollment assistance SHIP • Expand awareness of My Care My Choice Ohio • Out2Enroll
Health-care affordability policies	<ul style="list-style-type: none"> • Value-based purchasing • Value-based insurance design (=) • Price transparency initiatives for patients, including prescription drug pricing • Tobacco taxes (=)
Health-care cost reduction programs and services	<ul style="list-style-type: none"> • Patient financial incentives for preventive care (=) SHIP • Tobacco cessation therapy affordability (reduce or eliminate out-of-pocket costs) (=) SHIP • Healthy home environment assessments, such as the Healthy Homes Program (=) SHIP • Patient shared decision making (=) • Telemedicine/telehealth (=) SHIP • Federally qualified health centers (FQHCs) (=) SHIP • Medical Homes (=) SHIP • Ryan White providers

Additional Resources

- [Community Health Worker Statewide Assessment](#), ODH
- [CMS informational bulletin on Medicare Savings Programs](#), MSPs
- [Ohio's Best Rx Program](#), State of Ohio
- [COVID-19 Emergency Telehealth Rules](#), ODM
- [Ohio Mental Health Parity Report](#), Ohio Department of Insurance and Ohio Department of Mental Health and Addiction Services
- [Prescription Drug Transparency and Affordability Council](#), State of Ohio
- [State Innovation Models \(SIM\) Final Report](#), ODM

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Strategies to Improve Home- and Community-based Supports

Strategies	Examples Include
<p>Home- and community-based care coordination Coordination efforts, with an emphasis on efforts of AAAs, will be tailored to the needs of older Ohioans who:</p> <ul style="list-style-type: none"> Reside at home and are at risk of institutionalization; Are patients in hospitals and are at risk of prolonged institutionalization; or, Are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them. 	<ul style="list-style-type: none"> Case-managed care for community-dwelling frail elders Integrated long-term care for community-dwelling frail elders Utilize existing resources, such as community health workers, and collaborate with state and local agencies, community groups and health-care providers to raise awareness of community-based supports for older adults (=) SHIP Program of All-Inclusive Care for the Elderly (PACE) (provides a variety of social and medical services to help older adults who meet the criteria for admission to nursing homes stay in the community), and other efforts to integrate health, health care and social services systems, including efforts through contractual arrangements Electronic Visit Verification (EVV)* documents Medicaid service utilization for certain home- and community-based supports BRI Care Consultation links and coordinates health care, community and family services for clients (both the patient and the primary caregiver), organizes family and friends in assisting in care tasks, and provides emotional support Social Service Integration* (=) to improve coordination of services across delivery systems and disciplines
<p>Transitions to home- and community-based care</p>	<ul style="list-style-type: none"> HOME Choice Program* Care Transitions Intervention (CTI) helps individuals with complex care needs who are transitioning from hospital to home learn self-management skills
<p>Long-term care planning and support services</p>	<ul style="list-style-type: none"> Increase home- and community-based supports, such as the Elderly Services Program*, for older adults who are ineligible for services through another payer such as Medicaid or long-term care insurance The state will continue to incorporate HCBS services funded by Medicaid and other entities Respecting Choices®, an individual or group-based program delivered in community and in-home settings, which prepares individuals and their families for future health-care decisions Expand awareness and implementation of Age-Friendly Health Systems
<p>Telehealth</p>	<ul style="list-style-type: none"> Explore Ohio Technology First solutions to provide technology- based care, such as Telemedicine/telehealth (=) SHIP Telemental Health Services (=) SHIP
<p>Long-term care</p>	<ul style="list-style-type: none"> Long-term care employee compensation*, improving wages, benefits, and overall working conditions Public reporting of health care quality performance, including long-term care facilities REACH-TX, skills-training program designed to assist caregivers of dementia patients in community settings, including assisted living facilities

Additional Resources

- [Eldercare Locator](#), ACL
- [Home and community care resources](#), ODA
- [Ohio Assisted Living Waiver Program](#) pays costs of an assisted living facility for older Ohioans eligible for Medicaid
- [Ohio PASSPORT Medicaid Waiver Program](#) connects older Ohioans to long-term support services based on individual needs and preferences
- [LongTermCare.gov](#), ACL
- [Long-Term Care Consumer Guide](#), ODA
- [Long-Term Care Ombudsman Program](#), ODA
- [Nursing Home and Home Health Compare](#), CMS
- [What Matters™ to Older Adults Toolkit](#), Institute for Healthcare Improvement (IHI)
- [LGBT and HIV Resources](#), SAGE and the National Resource Center on LGBT Aging

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Strategies to Improve Home Care Workforce Capacity and Caregiver Supports

Strategies	Examples Include
<p>General caregiver supports</p>	<ul style="list-style-type: none"> • BRI Care Consultation links and coordinates health care, community, and family services for clients (both the patient and the primary caregiver), organizes family and friends in assisting in care tasks, and provides emotional support • Family Caregiver Support Programs provide caregivers with information, counseling/support groups, and respite care • TCARE® Support System (Tailored Caregiver Assessment & Referral), a care management protocol designed to support family members who are providing care to adults, of any age, with chronic or acute health conditions • Powerful Tools for Caregivers, a self-care education program for family caregivers • Compassion training programs, such as Compassion Cultivation Training*
<p>Caregiver supports for Alzheimer’s and other forms of dementia</p>	<ul style="list-style-type: none"> • NYU Caregiver Intervention (NYUCI), psychosocial counseling and support to improve the well-being of spousal caregivers of people with Alzheimer’s disease • REACH Community (Resources for Enhancing Alzheimer’s Caregivers Health in the Community), a dementia caregiving behavioral intervention focusing on information, safety, caregiver health, caregiver emotional well-being, and patient behavior management • RCI REACH (Resources for Enhancing Alzheimer’s Caregiver Health), a coaching model that serves family caregivers, who are providing assistance to a loved one with Alzheimer’s disease or another type of dementia • Stress-Busting Program for Family Caregivers, a stress management program for family caregivers who provide care for people with Alzheimer’s disease or other dementias • SHARE (Support, Health, Activities, Resources, and Education) for Dementia, a care planning counseling intervention for persons living with early-stage dementia and their family caregivers.
<p>Respite care</p>	<ul style="list-style-type: none"> • Lifespan Respite Care Programs (coordinated systems of accessible, community-based respite care services for family caregivers), including coordination with Title III and state-funded Alzheimer’s Respite caregiving efforts • Adult Day Services (ADS)*
<p>Kinship caregiver supports including coordination with the National Technical Assistance Center on Grandfamilies and Kinship Families</p>	<ul style="list-style-type: none"> • Financial assistance for kinship caregivers*, including the Kinship Permanency Incentive Program and the Kinship Support Program • National Family Caregiver Support Program, federal Older American Act funded grants for states that fund respite care, counseling, and other supports for family and informal caregivers • OhioKAN (Ohio Kinship and Adoptive Navigator program)*, assistance program for kinship caregivers to help them access supports and resources • Grand Connections*, a program to support grandparents who are caring for their grandchildren, ages 5 and younger
<p>Financial supports</p>	<ul style="list-style-type: none"> • Unemployment insurance • Earned Income Tax Credit (EITC) (=) • State and local legislation protecting family caregivers from employment discrimination* • Encourage public and private employers to adopt the State of Ohio’s Working Caregiver Initiative*
<p>Direct care workforce investment, training, and job design including recommendations from PHI’s Caring for the Future: The Power and Potential of America’s Direct Care Workforce report</p>	<ul style="list-style-type: none"> • Youth-focused education and training programs, such as secondary CTE, career academies and summer work experience programs • Adult education programs, such as postsecondary CTE and GED certificate programs • Direct care workforce training programs, such as subsidized employment programs*, sector-based workforce initiatives and career pathways/ apprenticeships* • Consistent core competencies for direct care workforce training, such as the Community Support Skill Standards: Tools for Managing Change and Achieving Outcomes, CMS Direct Service Workforce Core Competencies, or the PHI Competencies for Direct Care Workers • Improved working conditions for direct care workers, such as improving supervisory skills and empowering direct care workers with respect and recognition*

Note: Additional strategy sources for kinship care include, HPIO, “Ohio addiction policy scorecard: Children, youth and families,” November 2020; HPIO, “Detailed policy scorecard: Children, youth and families,” November 2020; Final Recommendations of the Children Services Transformation Advisory Council. Columbus, OH: Office of Children Services Transformation, 2020; Initial Findings Report. Columbus, OH: Office of Children Services Transformation, 2020.

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Strategies to Improve Home Care Workforce Capacity and Caregiver Supports (cont.)

Additional Resources

- [Building a National Strategy to Support Family Caregivers](#), Advancing States
- [Caregiving resources](#) and [Caregiving in the U.S. 2020](#), AARP
- [Caregiving resources](#), National Alliance for Caregivers
- [Consumer Guide for Family Caregivers](#), ARCH National Respite Network and Resource Center
- [Grandfamilies.org](#), a partnership between Generations United, the American Bar Association Center on Children and the Law, and Casey Family Programs
- [National Plan to Address Alzheimer's Disease: 2021 Update](#), HHS
- [Overviews of Workforce Challenges and Effective Improvement Strategies](#), CMS
- [Resources for home care workers and caregivers caring for those with Alzheimer's and dementia](#), Alzheimer's Association
- [Strategies for Improving DSW Recruitment, Retention, and Quality: What We Know about What Works, What Doesn't, and Research Gaps](#), CMS, Lewin Group
- [Strengthening the Direct Care Workforce: Scan of State Strategies](#), Center for Health Care Strategies
- [Supporting Grandparents Raising Grandchildren](#), (SGRG) Act Initial Report to Congress, Advisory Council to Support Grandparents Raising Grandchildren and ACL

RAISE Family Caregiver Advisory Council Recommendations

In September 2021, the [RAISE Family Caregiving Advisory Council](#) released its initial report to Congress. This report outlines the challenges faced by family caregivers, federal programs currently available to support them, and 26 recommendations for better supporting family caregivers. ODA will consider and work to implement recommendations from the Advisory Council, such as:

- **Increase awareness of family caregiving**, including public awareness and recognition of the diverse needs, issues, and challenges family caregivers face and of the importance of recognizing and supporting them;
- **Increase emphasis on integrating the caregiver**, including integration of care through the inclusion of family caregivers in all relevant care coordination and transitions across providers and settings;
- **Increase access to meaningful and culturally relevant services and supports**, including the availability of diverse counseling, training, peer support, and education opportunities for family caregivers;
- **Increase financial and workplace protections**, including the availability, and use of, financial education and planning tools for family caregivers; and,
- **Better and more consistent research and data collection**, including the promotion, translation, and dissemination of promising and evidence-informed practices to support family caregivers in the delivery of health care and long-term services and supports.

Social Connectedness

The tables below list specific strategies to advance the goal and achieve the objectives of the Social Connectedness goal of the State Plan.



Strategies to Improve Social Inclusion

Strategies	Examples Include
Physical activity	<ul style="list-style-type: none"> • Activity programs for older adults SHIP such as: <ul style="list-style-type: none"> • Arthritis Foundation Aquatic Program (AFAP) • PEARLS (Program to Encourage Active, Rewarding Lives for Seniors) SHIP • Bingocize®, a 10-week program that combines exercise and health education in a bingo format • Senior swim
Community engagement and social supports	<ul style="list-style-type: none"> • Community gardens SHIP • Fruit and Vegetable Gleaning Initiatives* (=) • Lifelong learning programs, such as those administered by the Ohio Department of Higher Education • Nutrition service programs for older adults, including congregated, pick-up, and home-delivered meals • Elder Services and Engagement, including A Little Help (ALH) • The InterAges program • Volunteering opportunities, such as “Age friendly” West Chester Universities intergenerational-mentoring • Senior activity centers • Community centers*, especially senior centers (=) • Intergenerational communities* • Senior Community Service Employment Program (SCSEP)*, including coordination with other Older Americans Act programs • Memory Café* network in Ohio • Adult Day Services (ADS)* • Creative Aging*, and other arts and cultural experiences, activities, and services • Intergenerational mentoring and activities • Broadband Initiatives for unserved and underserved areas • Affordable Connectivity Program • Social media for civic participation
Home-based social supports	<ul style="list-style-type: none"> • Shared affordable housing • Homesharing for seniors • Life-Long Homes Coalition • Village Movement, Village to Village Network
Transportation and land use	<ul style="list-style-type: none"> • Complete Streets and streetscape design initiatives SHIP • Zoning regulations for land use policy SHIP • Close-to-home supports such as neighborhood associations* and open streets*
Self-management and prevention	<ul style="list-style-type: none"> • Wellness Recovery Action Plan (WRAP®) • Aging Mastery Program® • Well Elderly Lifestyle Redesign®* • Cognitive Behavioral Therapy (CBT) • Mindfulness Meditation Apps*

Additional Resources

- [Connect2Affect](#), AARP Foundation
- [Commit to Connect](#), ACL
- [Community Connections](#), AARP
- [Connecting Generations in Senior Housing](#), Generations United
- [Eldercare Locator](#), U.S. Administration on Aging
- [engAGED: The National Resource Center for Engaging Older Adults](#)
- [Experience Corps®](#), AARP
- [Friendly Phone Line](#), Age-Friendly Columbus and Franklin County
- [Senior Corps](#) (including Foster Grandparents, RSVP and Senior Companions), Corporation for National and Community Service
- [Staying Connected](#), ODA

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Strategies to Increase Volunteerism

Strategies	Examples Include
<p>Civic participation supports</p>	<ul style="list-style-type: none"> • Social media for civic participation • Intergenerational communities*
<p>Service opportunities for older adults</p>	<ul style="list-style-type: none"> • CHORE Handyman Service – Older Adults Helping Older Adults • The Ohio Senior Health Insurance Information Program (OSHIIP)* • “Age Friendly” West Chester Universities Intergenerational-Mentoring • Senior Corps* (including Foster Grandparents, RSVP, and Senior Companions) • Experience Corps®* • Ohio Senior Medicare Patrol (SMP)* • Volunteer Health and Wellness Leader* • Volunteer Ombudsman Associate Program* • Fruits and Vegetable Gleaning Initiatives* (=)

Additional Resources

- [Age Friendly Communities Resource Page](#), ODH
- [Age Friendly Franklin County Strategic Plan](#), Age Friendly Columbus and Franklin County
- [Create the Good](#), AARP
- [Community Connections](#), AARP
- [engAGED: The National Resource Center for Engaging Older Adults](#)
- [ServeOhio](#), Ohio Commission on Service and Volunteerism
- [Village to Village Network](#)
- [Volunteer Opportunity database](#), Corporation for National and Community Service
- [Volunteering Resource Page](#), ODA

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Population Health

The tables below list specific strategies to advance the goal and achieve the objectives of the Population Health goal of the State Plan.



Strategies to Reduce Cognitive Difficulty

Strategies	Examples Include
Physical activity	<ul style="list-style-type: none"> • Activity programs for older adults SHIP • Community fitness programs SHIP • Bingocize®, a 10-week program that combines exercise and health education in a bingo format • Tai Chi Prime
Community engagement and social supports	<ul style="list-style-type: none"> • Community gardens SHIP • Telemental health services (=) SHIP • Case-managed care for community-dwelling frail elders • MUSIC & MEMORY®* • Aging Brain Care (Collaborative Care)*, in-person and telephone sessions for caregivers and persons living with dementia and/or depression to offer tools, processes, and strategies with optional support groups • Memory Cafés*, a program that facilitates relationships between individuals with dementia and caregivers • Experience Corps®*, an intergenerational volunteer-based tutoring program • Intergenerational mentoring and activities (=)
Screening and care coordination	<ul style="list-style-type: none"> • Cognitive impairment screenings, such as through the Medicare Annual Wellness Visit* • Alzheimer’s Disease Coordinated Care for San Diego Seniors (ACCESS)*, individual care coordination program for caregivers and persons living with dementia, focused on identifying problems, action planning, and linking to community services and resources • BRI Care Consultation, which links and coordinates health care, community, and family services for clients (both the patient and the primary caregiver), organizes family and friends in assisting in care tasks, and provides emotional support • Partners in Dementia Care*, care coordination and support service intervention for veterans with dementia and their family caregivers, delivered through partnerships between VA medical centers and local Alzheimer’s Association chapters • SHARE (Support, Health, Activities, Resources, and Education) for Dementia, a care planning counseling intervention for persons living with early-stage dementia and their family caregivers. • UCLA Alzheimer’s and Dementia Care Program* • Screening for fall-related traumatic brain injury (TBI), such as the HELPS Brain Injury Screening Tool and the Ohio State University TBI identification Method • Faith Community Nursing* (=)

Additional Resources

- [Chronic Diseases and Cognitive Decline – A Public Health Issue](#), CDC
- [Cognitive Assessment Toolkit](#), Alzheimer’s Association
- [Cognitive Health Resources](#), National Institute on Aging
- [Cognitive Decline and Dementia in Ohio](#) (2020), ODH
- [Community Toolkit](#), Dementia Friendly America
- [Healthy Brain Initiative](#), CDC
- [National Alzheimer’s and Dementia Resource Center](#), U.S. Department of Health and Human services, Administration for Community Living
- [Programs by State/Territory](#), Dementia Friends USA

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Strategies to Reduce Hypertension

Strategies	Examples Include
Physical activity	<ul style="list-style-type: none"> • Community-based social supports for physical activity SHIP • Community fitness programs SHIP, including: <ul style="list-style-type: none"> • Eat Smart, Move More, Weigh Less • Enhance®Fitness • Tai Chi Prime • Community-wide physical activity campaigns SHIP • Exercise prescriptions SHIP
Screening and preventive clinical services	<ul style="list-style-type: none"> • Hypertension screening and follow up SHIP • Self-measured blood pressure monitoring interventions, alone and with additional support • Medicare Annual Wellness Visits, including preventive care services • Reducing out-of-pocket costs for cardiovascular disease preventive services when paired with components aimed at improving patient-provider interaction and patient knowledge
Disease prevention, management, and care coordination	<ul style="list-style-type: none"> • Chronic disease management programs, including management of hypertension SHIP • Chronic Disease Self-Management Program (CDSMP) and Better Choices, Better Health • Workplace Chronic Disease Self-Management Program (wCDSMP) • Health coaches for hypertension control • Behavioral counseling in adults with cardiovascular risk factors • Team-based approach to controlling hypertension, including community health workers (CHWs) (=) SHIP • Interactive digital interventions for blood pressure self-management
Treatment and medication adherence	<ul style="list-style-type: none"> • Mobile health (mHealth) interventions for treatment adherence among newly diagnosed patients for cardiovascular disease • Clinical decision-support systems for cardiovascular disease • Tailored pharmacy-based interventions to improve medication adherence medication adherence for cardiovascular disease • Improved access and adherence to antihypertensive and lipid-lowering medications

Additional Resources

- [Heart disease tools and resources](#), ODH
- [High blood pressure resources](#), American Heart Association
- [High blood pressure in older adults resources](#), National Institute on Aging
- [Hypertension Prevalence and Management in Ohio](#), ODH

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Strategies to Reduce Depression

Strategies	Examples Include
Physical activity	<ul style="list-style-type: none"> • Activity programs for older adults, SHIP such as: • PEARLS (Program to Encourage Active, Rewarding Lives for Seniors) SHIP • Enhance® Fitness • Community-based social support for physical activity SHIP
Mental health-care access and supports	<ul style="list-style-type: none"> • Behavioral health primary care integration (=) SHIP • Mental health benefits legislation, along with monitoring for implementation and compliance (=) SHIP • Culturally adapted health care (=) SHIP and patient shared decision making • Crisis lines SHIP • Mental Health First Aid training (=) SHIP • Employee Assistance Programs (EAP)
Screening and assessment	<ul style="list-style-type: none"> • Screening for depression in adults SHIP • The Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) Program SHIP • Depression screenings through the Medicare Annual Wellness Visit • Crisis lines SHIP and other strategies to screen for suicide risk
Disease management and care coordination	<ul style="list-style-type: none"> • Chronic disease management programs SHIP • Chronic Disease Self-Management Program (CDSMP) • Workplace Chronic Disease Self-Management Program (wCDSMP) • Case-managed care for community-dwelling frail elders • Integrated long-term care for community-dwelling frail elders • Telemental health services (=) SHIP • Mobile health for mental health, health services delivered through telephone or videoconference SHIP • Clinic-based depression care management for older adults • Home-based depression care management for older adults • Collaborative care for the management of depressive disorders SHIP • Home-based depression care management for older adults • BRI Care Consultation • Cognitive Behavioral Therapy (CBT) • Wellness Recovery Action Plan (WRAP®), a group intervention for illness self-management, including depression • Program of All-Inclusive Care for the Elderly (PACE), which ensures the provision of a variety of social and medical services to help older adults who meet the criteria for admission to nursing homes stay in the community

Additional Resources

- [Depression and Aging webpage](#), CDC
- [Depression and Older Adults](#), National Institute on Aging
- Online mental health-care provider finder resources, such as:
- [Behavioral health treatment locator](#), Substance Abuse and Mental Health Services Administration
- [Provider locator](#), American Psychological Association
- [Provider locator](#), Anxiety and Depression Association of America
- [Provider locator](#), Psychology Today
- [engAGED The National Resource Center for Engaging Older Adults](#)
- [NIH Social Isolation and Loneliness Outreach Toolkit](#)
- [Resources for Older Adults](#), Substance Abuse and Mental Health Services Administration (SAMHSA), including [Evidence-Based Practices Kit for the Treatment of Depression in Older Adults](#)

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Preserving Independence

The tables below list specific strategies to advance the goal and achieve the objectives of the Preserving Independence goal of the State Plan.



Strategies to Improve Chronic Pain Management

Strategies	Examples Include
Physical activity	<ul style="list-style-type: none"> • Arthritis Foundation Aquatic Program (AFAP) • Arthritis Foundation Exercise Program (AFEP) • Tai Chi for Arthritis • Walk with Ease, a group and self-directed walking and education program • Fit & Strong!, a multi-component physical activity program for older adults with osteoarthritis
Provider-based supports	<ul style="list-style-type: none"> • Nonpharmacologic and Nonopioid Pharmacologic Treatments (exercise, weight loss, acupuncture, massage, physical therapy, massage therapy, etc)
Self-management supports	<ul style="list-style-type: none"> • Chronic Pain Self-Management Program (CPSMP) • Chronic Disease Self-Management Program (CDSMP) and Workplace Chronic Disease Self-Management Program (wCDSMP) • Better Choices, Better Health[®] • Cancer Thriving and Surviving (CTS) • HomeMeds

Additional Resources

- [AAFP Chronic Pain Toolkit](#), American Academy of Family Physicians
- [CMS Roadmap](#), Strategy to Fight the Opioid Crisis
- [Joint Pain and Arthritis](#), CDC
- [The American Chronic Pain Association](#)

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Strategies to Prevent Falls

Strategies	Examples Include
Physical activity	<ul style="list-style-type: none"> • Activity programs for older adults SHIP • Falls Prevention in Community-Dwelling Older Adults: Exercise Interventions • Enhance®Fitness • Healthy Steps in Motion (HSIM) • The Otago Exercise Program, a series of strength and balance exercises delivered by a physical therapist in the home • Stay Active and Independent for Life (SAIL) • Bingocize®, a 10-week program that combines exercise and health education in a bingo format • Tai Chi, including Tai Chi for Arthritis and Falls Prevention, Tai Chi Prime, and Tai Ji Quan: Moving for Better Balance (TJQMBB)
Falls prevention education and self-management	<ul style="list-style-type: none"> • A Matter of Balance (MOB) • CAPABLE (Community Aging in Place – Advancing Better Living for Elders) • FallsTalk and FallScape • Healthy Steps for Older Adults (HSOA) • Stepping On
Falls risk assessment and interventions	<ul style="list-style-type: none"> • STEADI (Stopping Elderly Accidents, Deaths & Injuries) • Multi-component fall prevention interventions for older adults, including exercise, education, medication management, and home modifications • Risk assessments & personalized approaches to fall prevention among older adults
Home modifications Including providing assistive technology through AT (Assistive Technology) Ohio and the Ohio Department of Developmental Disabilities	<ul style="list-style-type: none"> • Provide assistive technology, including ramps and handrails, through Seniors Helping Other Seniors (SHOP) • NeighborLink (Low-Income Senior Home Repairs) • CHORE Handyman service – Older adults helping older adults • Cultivate Safety Net Services • Disability housing grants for Veterans

Additional Resources

- [Check for Safety: A Home Fall Prevention Checklist for Older Adults](#), CDC
- [Elderly Fall Prevention Resource Guide](#), Ohio Department of Public Safety Division of Emergency Medical Services
- [Falls prevention resources](#), ODA
- [Falls Prevention](#), National Council on Aging
- [Ohio Older Adults Falls Prevention Coalition](#) 2017 to 2021 State Plan, Ohio Department of Health, Violence and Injury Prevention Program
- [Statewide Bike and Pedestrian Plan](#), Ohio Department of Transportation

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Strategies to Prevent and Address COVID-19

Due to the devastating effects of the pandemic on older Ohioans, the state acknowledges the importance of ongoing efforts to prevent and address COVID-19 infections, hospitalizations, and deaths, even though reducing COVID-19 was not identified as an outcome for this State Plan. ODA will support implementation of the following strategies as part of that effort.

Strategies	Examples Include
Testing access	<ul style="list-style-type: none"> Expand and improve accessibility of Non-Emergency Medical Transportation (NEMT) services* to help people get to testing sites SHIP Offer testing onsite, at the time of existing medical appointments* HRSA COVID-19 Testing Supply Program, which provides free COVID-19 testing supplies, including at-home self-tests
Vaccination access and screening	<ul style="list-style-type: none"> Mobile clinics* Expand and improve accessibility of Non-Emergency Medical Transportation (NEMT) services* SHIP Utilize small financial incentives to increase vaccine uptake* Offer vaccines on-site, at the time of existing medical appointments* Utilize multiple media formats and channels to reach older adults who prefer to receive vaccine-related information in diverse ways Utilize the CDC's best practice guidelines for assessing for vaccines* Use motivational interviewing to discuss concerns patients may have about the vaccine* Include vaccination screening as part of evidence-based health promotion programs, such as A Matter of Balance (MOB) and Chronic Disease Self-Management Program (CDSMP)
Public health emergency and emerging health threats	<ul style="list-style-type: none"> Provide services that are part of a public health emergency Provide services that address emerging health threat and emergency preparedness
Funding	<ul style="list-style-type: none"> Expend American Rescue Plan funding and any other COVID-19 supplemental funding still available for expenditure
Telehealth and other innovative practices to increase access to services	<ul style="list-style-type: none"> Telemedicine/telehealth (=) SHIP Telemental health services (=) SHIP Mobile health for mental health, health services delivered through telephone or videoconference SHIP

Additional Resources

- [COVID-19 Emergency Telehealth Rules](#), ODM
- [COVID-19](#), CDC
- [COVID-19](#), USA Government Information and Services
- [COVID-19 Recommendations for Older Adults](#), CDC
- [COVID-19 Toolkit for People with Disabilities](#), CDC
- [Coronavirus \(COVID-19\)](#), ODH
- [Government COVID-19 resources for older adults](#), National Institute on Aging

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