

2022-23 Building Accountability for Health Equity Learning Collaborative

Charter

Purpose

Area Agencies on Aging (AAAs) were established under the Older Americans Act (OAA) in 1973 to respond to the needs of Americans 60 and over in every local community. By providing a range of options that allow older adults to choose the home and community-based services and living arrangements that suit them best, AAAs make it possible for older adults to “age in place” in their homes and communities. The flexibilities granted by the Act were made to ensure that local needs and preferences of older adults are taken into consideration, resulting in having local delivery systems tailored to that community.

Through Area Plans and community needs assessments, AAAs engage with their communities to inform the planning, development, coordination and delivery of a wide range of long-term services and supports to individuals in their local planning and service areas (PSA), “taking into account the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas) residing in such area, [and] the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area.”¹ Area Plans outline targeted needs and proposed recommendations for programs and services for older adults and caregivers, and are updated every two to four years to reflect emerging trends within each community.

Developing sound agency practices that are rooted in achieving equity allows AAAs to better target programs and services to underserved and historically excluded populations within their communities. Creating concrete processes for building institutional accountability for health equity—working within AAAs and with external partners—can create the means for sustaining appropriate practices and better serving their communities. This work takes on increased significance in the context

¹ <https://acl.gov/sites/default/files/about-acl/2020-04/Older%20Americans%20Act%20Of%201965%20as%20amended%20by%20Public%20Law%20116-131%20on%203-25-2020.pdf>

of the U.S. Administration for Community Living's (ACL) 2021 guidance to ensure equity in State Plans on Aging ([State Unit on Aging Directors Letter #01-2021](#)). It can also position AAAs to inform and support equity elements in new State Plans on Aging, in which SUAs are required to describe the mechanisms for assuring that preference will be given to providing services to older individuals with greatest economic need and social need (with particular attention to low-income older individuals; individuals who are Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; older individuals with limited English proficiency; and older individuals residing in rural areas).

Funded by The John A. Hartford Foundation, the Aging and Disability Business Institute at USAging, in partnership with HealthBegins, will convene the **Building Accountability for Health Equity Learning Collaborative (BAHELC)** that will provide up to twelve AAAs with the knowledge and skills necessary to strengthen and sustain institutional accountability for health equity. AAAs selected for this learning collaborative will learn how to strengthen internal diversity, equity, and inclusion (DEI) within AAAs and how to strengthen collaborations with external partners, including health care organizations, to advance health equity for older adults in greatest economic and social need. The main purpose is to equip AAA leaders with the knowledge and skills necessary to build and sustain accountability mechanisms and institutional capacity essential to implementing, tracking and reporting on efforts to address health disparities.

For the purposes of this collaborative, institutional accountability for health equity refers to the myriad expectations that are applied to AAAs by diverse internal and external stakeholders to advance health equity. This Learning Collaborative will support AAAs to learn from each other and answer three sets of questions to help build institutional accountability for health equity:

- 1) How can we pursue opportunities to build and improve internal institutional accountability for diversity, equity, inclusion and belonging within AAAs?
- 2) In light of [ACL's 2021 Guidance for State Plans on Aging](#), how can we pursue opportunities to work with external partners, including health care organizations, public health, and State Units on Aging (SUAs), to build accountability for health equity?
- 3) How can we pursue opportunities to build the courageous leadership required to advance health equity for older adults?

As learning collaborative participants, AAAs will receive expert instruction/training through a series of six facilitated interactive sessions to identify and pursue health equity goals and opportunities to strengthen institutional accountability in support of those goals. This collaborative will also address ways AAAs can leverage the learnings into the development of Area Plans for coordination of services and supports within their communities, creating meaningful methods and measures of engagement of diverse populations.

Learning Collaborative participants will:

1. Become familiar with the components of internal and external institutional accountability and courageous leadership skills
2. Learn how to create meaningful methods and measures of community, health care, and other stakeholder engagement
3. Learn strategies to assess and build capacity for implementing best practices to account for organizational DEI practices
4. Identify opportunities to work with external partners, including health care organizations, public health and State Units on Aging (SUAs), to build accountability for equity.
5. Develop a plan describing the AAA's goals and approaches to build accountability for health equity and integrate the strategies outlined above into AAA Area Plans.

Benefits to Participating Organizations

1. New business-minded approaches to thinking and acting as an equity-focused cross-sector partner.
2. Exposure to and use of practical frameworks that support the making of informed decisions that lead to the development of best practices.
3. Development of strategies to better engage diverse populations that can support more culturally responsive area plans.
4. A plan describing goals and approaches to build accountability for health equity and integrate the strategies outlined above into AAA Area Plans
5. To obtain the full value of this experience, we strongly recommend that at least two staff members from your organization participate, such as the Executive Director, program directors, managers, and front-line staff, etc.

Participant Expectations

Selected organizations are expected to complete the entire six-month BAHELC curriculum, which includes:

1. Collaborating with your team to achieve the Learning Collaborative learning objectives.
2. Dedicating four to five hours per month to prepare for Learning Collaborative lectures and complete follow up activities.
3. Participating in monthly learning sessions.
4. Completing a project plan describing the AAA's goals and approaches to build accountability for health equity
5. Reporting on progress and lessons learned to encourage shared growth among all participants
6. Submitting progress report updates and other learning assignments on time each month
7. Completing an evaluation at the conclusion of the Learning Collaborative, outlining the extent to which this experience informed AAA Area Plans and health equity strategies.

Timeline

1. Application released: October 20, 2022
2. Application deadline: November 21, 2022
3. Selected participants notified: December 20, 2022
4. Learning Collaborative sessions are being held from 2-3:30pm ET on the following dates. The first session will be a joint launch session with the [Network Diversity Equity and Inclusion collaborative](#).
 - Thursday, January 12, 2023 (joint launch)
 - Thursday, February 16, 2023
 - Thursday, March 23, 2023
 - Thursday, April 27, 2023
 - Thursday, June 1, 2023
 - Thursday, July 6, 2023

Application

The Building Accountability for Health Equity Learning Collaborative application can be found [here](#).

For more information

Please contact Maya Op de Beke (mopdebeke@usaging.org) with any questions regarding the Building Accountability for Health Equity Learning Collaborative or the application process.