

2023 Network Diversity, Equity and Inclusion Learning Collaborative Charter

Purpose

Effectively addressing health inequity has been a longstanding challenge facing health care in the United States. The social and economic impact of health disparities has documented for years, but the lack of formal policy and funding support to address these challenges has hampered the development of robust and integrated solutions. Community-based organizations (CBOs) also need to reflect on their approach to the delivery of equitable social care services as the impact of disparities also has adverse consequences on individuals seeking social care services. These are barriers that responsible CBO leaders must mitigate through the design and execution of meaningful diversity, equity and inclusion strategies.

According to a [2022 SameSky¹](#) report, in the US, health disparities are responsible for about \$93 billion in excess medical costs per year, \$42 billion in lost productivity per year, and additional losses from premature deaths. The report further cites that people of color have a disproportionately higher incidence of chronic disease, which often requires costly treatments. For example, 21.5 percent of Hispanic people ages 20 and older have diabetes, compared with 13 percent of White people.

The coronavirus pandemic exacerbated and further exposed health inequities in health care in the United States. The reports of health disparities during the pandemic have galvanized law makers, health care entities, social services organizations, legislators, policy leaders and advocates across all these spectrums and compelled them to address health inequity head on.

In a recent [announcement²](#), the Centers for Medicare & Medicaid Services (CMS) highlighted its plans to advance health equity:

"Health equity will be embedded within the DNA of CMS and serve as the lens through which we view all our work. Advancing health equity is one of five strategic objectives for achieving the CMS Innovation Center's 2030 vision- a health care system that achieves equitable outcomes through high quality, affordable, person-centered care."

Moreover, CMS sought feedback in the [2023 Medicare Advantage and Part D Advance Notice³](#) on considerations for deployment of a health equity index that may be introduced into Medicare Advantage and Part D Star Ratings.

The National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) will now evaluate how health plans address racial and ethnic disparities in care and outcomes. The organization added race and

ethnicity stratification for five HEDIS measures in measurement year 2022. NCQA has also introduced a [Health Equity Accreditation program](#)⁴ which provides a framework to support health plans in their health equity efforts.

Like the health care ecosystem, CBOs must also seek to eradicate inequities in the delivery of community programs and services. In the [2021 Guidance to State Unit on Aging Directors](#)⁵, Acting Assistant Secretary on Aging Alison Barkoff notes,

"...ensuring equity in OAA [Older Americans Act] funded services is not new for the Aging Network. The OAA has long required that funding be targeted to those with the greatest social need, and ACL's past guidance has stated that while the definition of greatest social need in the Older Americans Act includes isolation caused by racial or ethnic status, the definition is not intended to exclude the targeting of other populations that experience cultural, social or geographic isolation due to other factors. In some communities, such isolation may be caused by minority religious affiliation. In others, isolation due to sexual orientation or gender identity may restrict a person's ability to perform normal daily tasks or live independently. Each planning and service area must assess their environment to determine those populations best targeted based on greatest social need."

The Administration for Community Living (ACL) encourages states and Area Agencies on Aging (AAAs) to take a broad approach to ensuring services are reaching older adults in greatest social need in line with recent [Executive Orders](#)⁶ by President Biden. These populations include individuals who are Black, Latino, and Indigenous and Native American, Asian American and Pacific Islander, as well as other persons of color; members of religious minorities; individuals who are lesbian, gay, bisexual, transgender, or queer (LGBTQ+); individuals with disabilities; and those who live in rural areas.

Networks of CBOs can also play a pivotal role in advancing health equity with health care organizations. Community Care Hubs (CCHs), also known as [Network Lead Entities](#)⁷ (NLEs), serve as the central point for coordinating the services of networks of CBOs (also called Community Integrated Health Networks), and provide a unified and consistent approach to program delivery across a geographic area. They can also provide administrative oversight and take the lead in governance responsibilities. As the industry responds to the transformation of organizational culture to reflect diversity, equity and inclusion strategies, CCHs that have adapted these initiatives will be considered more valuable partners.

Funded by The John A. Hartford Foundation, the Aging and Disability Business Institute at USAging, in partnership with Williams Jaxon Consulting, LLC, will convene a Network Diversity Equity and Inclusion (DEI) Learning Collaborative (NDEILC). Up to 12 networks will be selected to participate in this leading-edge learning collaborative to build/strengthen DEI strategy and practices. The purpose

is to equip network leadership with the knowledge and skills necessary to create and sustain realistic and actionable DEI strategies which:

- Enhance their business culture,
- Create more consumer-friendly programs/services,
- Demonstrate value to the health care ecosystem and;
- Enhance compliance/reduce corporate risk.

The NDEILC learning strategy will include six monthly lectures from experts across the health care/CBO/DEI fields. The sessions will introduce participants to emerging policy trends and practical guidance for network DEI strategy development.

Learning Objectives

NDEILC participants will:

- Understand DEI key concepts, terminology, and policy drivers;
- Understand the impact of health disparities on quality outcome measures and consumer needs;
- Learn methods to take the temperature of an organization's cultural competency;
- Review of the leading DEI best practices;
- Present a framework for building a DEI infrastructure for CCHs; and
- Identify the value of DEI practices for healthcare partners.

Benefits to Participating Organizations

- New business-minded approaches to imbedding cultural competency in CCH organizations.
- Guidance for presenting a case to a health care organization that promotes DEI competencies as part of a network's value proposition.
- Exposure to and use of practical health equity planning decisions.
- Opportunity to improve DEI outcomes and demonstrate value to the community.
- Learning DEI best practices deployed by leading health care organizations/CBOs.

Participant Expectations

Selected organizations will be expected to complete the entire six-month curriculum which includes:

- Collaboration with your network team to achieve the learning objectives.
- Dedication of four to five hours per month to prepare for lectures and complete follow-up activities.
- Active participation in monthly learning sessions.
- Schedule and participate in small group calls and assignments.

- Completion of small group presentation at the end of the learning collaborative.
- Completion of an evaluation at the conclusion of the NDEILC.

Participant eligibility and recommendations

- Eligible applicants are networks of CBOs (established or emerging). Preference will be given to networks that are led by or include AAAs.
- Applicants have carefully read the NDEILC Charter, describing the purpose, expectations, and benefits of participating in the Learning Collaborative.
- Applicants agree to participate in the entire six-month NDEILC curriculum and dedicate four to five hours per month to prepare for NDEILC lectures and learning activities.
- To obtain the full value of this experience, we strongly recommend that selected agency participants (at least two representatives from your network) have a vested interest in the building of your network's business model: executive director, business development officer, human resources, quality assurance officer, member engagement, etc.
- Applicants agree to complete the session's project.

Timeline

1. Application released: October 20, 2022
2. Application deadline: November 21, 2022
3. Selected participants notified: December 20, 2022
4. Sessions will be held from 1:30-3pm ET on the following dates. The first session will be a joint launch session with the [Building Accountability for Health Equity for AAAs collaborative](#).
 - Thursday, January 12, 2023, 2-3:30pm ET (joint launch)
 - Wednesday, February 15, 2023
 - Wednesday, March 15, 2023
 - Wednesday, April 19, 2023
 - Wednesday, May 17, 2023
 - Wednesday, June 21, 2023

Application

The Network Diversity, Equity and Inclusion Learning Collaborative application can be found [here](#).

For more information

Please contact Maya Op de Beke (mopdebeke@usaging.org) with any questions regarding the Network Diversity Equity and Inclusion Learning Collaborative or the application process.