Integrating Equity and Accountability to Accelerate Your AAA's Community Impact

Pre-Conference Intensive
Monday July 8, 2024

Welcome!

8:30 AM

Special thanks to:

Principles of Accountability for Health Equity

8:35-8:55 AM

Today's Objectives

By the end of this session, participants will be able to…

- Define key principles for DEI and accountability to better serve populations and communities most impacted by health inequities
- Describe lessons learned from across sectors for building DEI and accountability practices
- Understand new rules, legislation and expectations for incorporating DEI to decrease inequities for older adults
- Identify at least one test of change to implement following the session to advance DEI within their own organization

Agenda

Welcome	8:30 am ET
Principles of Accountability for Health Equity	8:35 am ET
Panel: Update on Legislative & Industry Initiatives	8:55 am ET
Break (Coffee/tea and snacks served)	9:35 am ET
Panel: Building DEI Strategy into Organizational Culture: Lessons learned from Health Care, CCHs & AAAs	9:50 am ET
Break	10:50 am ET
Equity-Focused Quality Improvement Workshop to Advance Health Equity for Accountability Strategies	10:55 am ET
Closing Remarks	11:55 am ET

"Of all the forms of inequality; injustice in healthcare is the most shocking and inhumane."

- *Martin Luther King Jr.*

Equity and Equality

Equality is defined as "the state or quality of being equal; correspondence in quantity, degree, value, rank, or ability."

Equity is defined as "the quality of being fair or impartial; fairness; impartiality" or "something that is fair and just."

Health equity is the attainment of the highest level of health for all people.

It means that everyone has the opportunities and resources they need to be as healthy as possible and that **no one is disadvantaged due to social circumstances or policies**.

Health/Social Disparities

A particular type of health difference that is linked with social, economic, and/or environmental disadvantage and that adversely affects groups of people who have systematically experienced greater obstacles to health.

~Healthy People 2030

Preventable differences in the burden, disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups and communities.

~US Center for Disease Control

DISPARITIES IN HEALTH OUTCOMES

Diabetes

Heart Disease

Cancer Outcomes

Malnutrition

Infant Mortality

Smoking

Obesity

Substance Abuse

ROOTS OF INEQUITIES

Environmental Toxins/Hazards
Poor Quality of Care
Discrimination
Housing   Poverty   Uninsured

Provider Implicit/Explicit Biases
Poor Quality of Schools
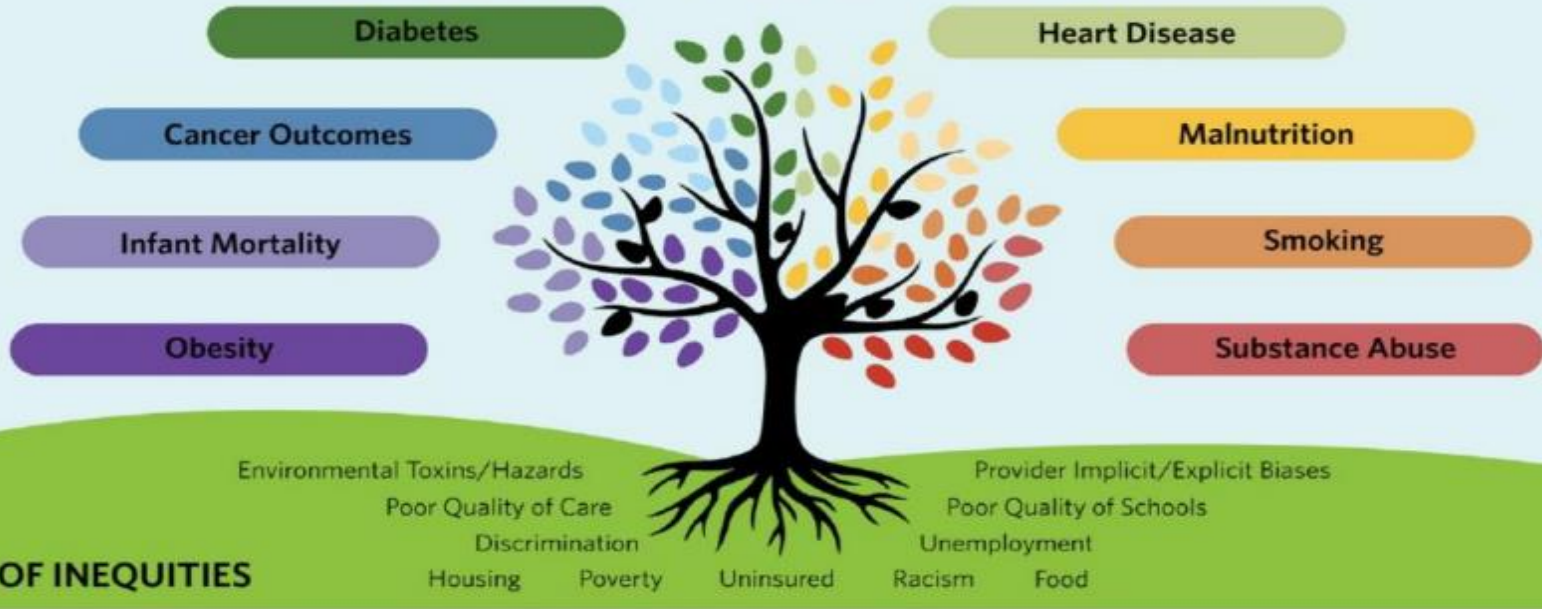Unemployment
Racism   Food

Fig. 1. Health disparities grow from the roots of inequities.

George Mensah, MD on Twitter: ".#Radiology: Dr. Spalluto & colleagues at @VanderbiltU say "Equality Is Not Fair"…https://t.co/pLZ3155sHb" / Twitter

U.S. Health/Social Disparities Statistics

- Transgender people face blanket denials for health insurance and providers who deny care
- Native Americans and Alaska Natives have a life expectancy that is 5.5 years < than all other US populations
- Hispanic Americans: highest uninsured rates among US populations

- Asian Americans have higher rates of ESRD due to diabetes than white counterparts
- Adults with disabilities are 5x more likely to be hospitalized
- Americans living in rural areas are more likely to die from the five leading causes of death than their urban counterparts

Cost of Health/Social Disparities

- $93B annually in excess healthcare costs
- $42 billion in lost productivity each year
- Economic impact on family resources
- Higher morbidity/mortality rates on disproportionately affected communities

DEI:
A Strategic Business Imperative

Value Proposition

- Path to improving quality outcomes-reducing health/social disparities
- DEI aligned CBOs support diverse community needs
- Workforce Management: younger workers favor culturally diverse organizations
- OAA Reauthorization strengthens commitment to supporting most vulnerable citizens
- Healthcare ecosystem DEI standards require social care integration supports

Methods and Survey Response

- Disseminated via email to 614 AAAs, 403 CILs and 173 Other CBOs
- Shared by national partners and agencies
- Launched October 2023 and in the field for 9 weeks
- Total of 514 completed surveys
- 29 Community Care Hubs

	2017	2018	2020	2021	2023
Area Agencies on Aging	351 (56%)	409 (66%)	184 (30%)	332 (54%)	296 (48%)
Centers for Independent Living	119 (38%)	174 (28%)	95 (24%)	130 (30%)	128 (32%)
Other CBOs	106	143	166	110	90
Total	576	726	455	572	514

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Role of Health Equity in Contracting

60.7%	Our ability to reach underserved populations is one of the reasons our health care partners contract with us
34.3%	Health equity has been part of our conversations with health care partners
29.6%	Health equity is part of the value proposition we provide to health care partners
12.5%	Health equity goals or initiatives are written into our contract

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Support for Community Based Organizations' (CBOs) DEI Strategies

USAging DEI Supports for CBOs

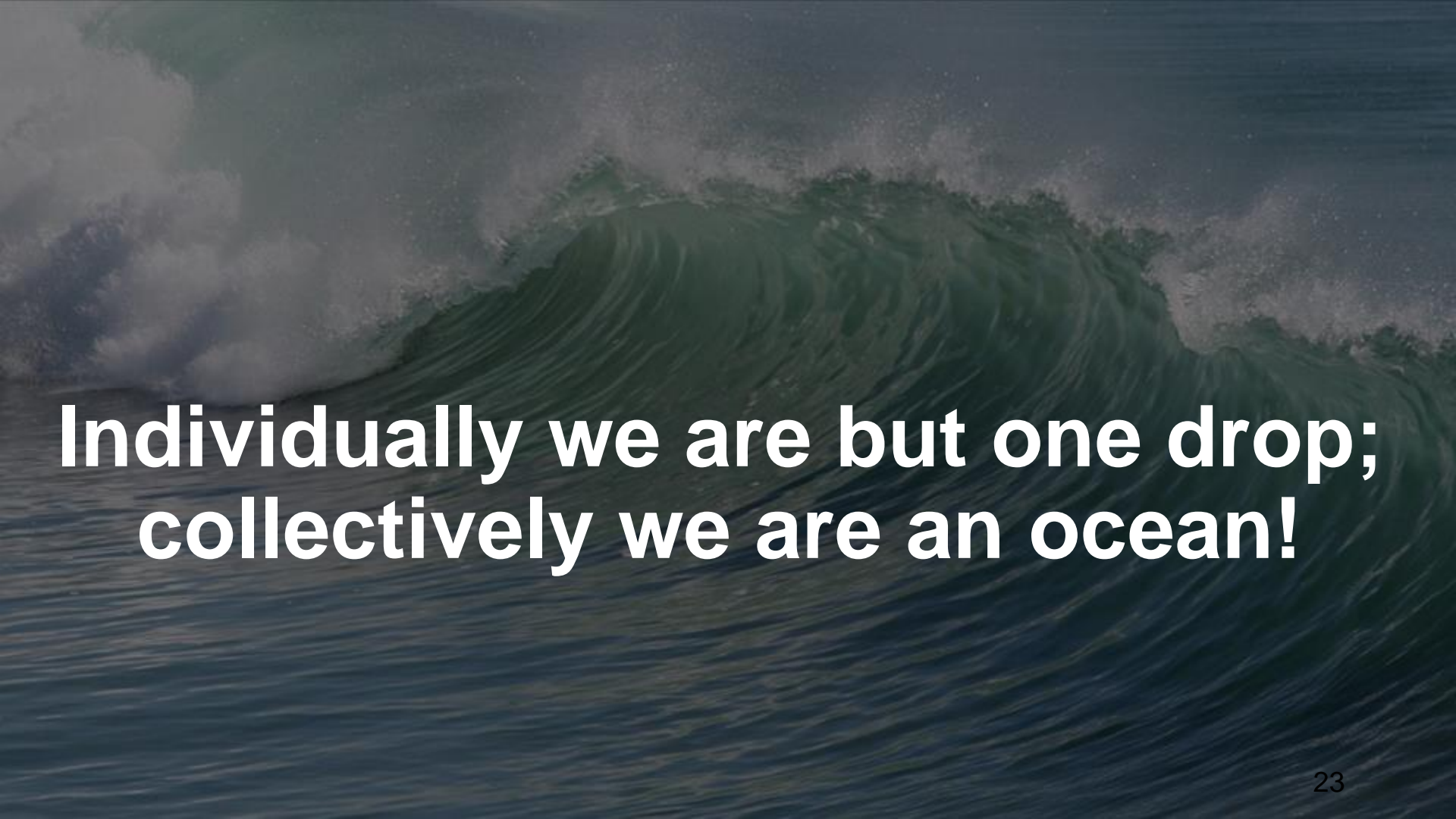Three year DEI Initiative sponsored by John A Hartford Foundation:

2023

- Area Agencies on Aging and Community Care Hub DEI Learning Collaboratives

2024

- Today's Pre-Conference Intensive Session
- Upcoming publications (stay tuned!)
    1. Community Care Hub DEI Guide
    2. Step-by-Step Guide to Aligning ACL Equity and Core Programs Requirements with Area Plans
    3. DEI Glossary

Resources

- [Disparities in Health and Health Care: 5 Key Questions and Answers | KFF](#)
- [Nondiscrimination in Health Programs and Activities Proposed Rule | HHS.gov](#)
- [HHS Announces Proposed Rule to Strengthen Nondiscrimination in Health Care | HHS.gov](#)
- [Culturally and Linguistically Appropriate Services - Think Cultural Health (hhs.gov)](#)
- [Increase the proportion of adults with limited English proficiency who say their providers explain things clearly — HC/HIT-D11 - Healthy People 2030 | health.gov](#)
- [Summary of S. 4486 (117th): Health Equity and Accountability Act of 2022 - GovTrack.us](#)
- [Article: How to Include Age in Diversity & Inclusion - Employer Resource Center (aarp.org)](#)
- [What is diversity, equity, and inclusion (DE&I)? | McKinsey](#)
- [DISPARITIES IN HEALTHCARE - 2021 National Healthcare Quality and Disparities Report - NCBI Bookshelf (nih.gov)](#)
- [Why Are Health Disparities Everyone's Problem? (Johns Hopkins Wavelengths): Cooper, Lisa: 9781421441153: Amazon.com: Books](#)

Individually we are but one drop; collectively we are an ocean!

Panel: Update on Legislative & Industry Initiatives

8:55-9:35 AM

Break

9:35-9:50 AM

Panel: Building DEI Strategy into Organizational Culture: Lessons Learned from Health Care, Community Care Hubs & AAA Organizaitons

8:55-9:35 AM

Break

10:50-10:55 AM

THIS IS NOT JEOAPARDY!

A DEI Game Show!!!

Contestant Instructions

- You'll be organized into 5 contestant teams.

- Teams will compete to respond quickly and accurately to questions based on content from today's lecture.

- Teams must ring in before responding, first team to ring in gets the question.

- If the first team is unable to correctly answer the question, next team to ring in gets a shot.

- To the victor belongs the spoils!

Question #1

Q: What's the difference between Health-Related Social Needs and Social Determinants of Health?

A. They are the same, synonyms

Question #2

Q: Are equity and equality the same? Why or why not?

A: They are not. **equality** is defined as "the state or quality of being equal; correspondence in quantity, degree, value, rank, or ability."

equity is defined as "the quality of being fair or impartial; fairness; impartiality" or "something that is fair and just."

Question #3

Q. The Older Americans Act requires that services are provided based on:

a.   first come, first served

b. age related demographics

c. prioritizing urban vs. rural needs

d. none of the above

A: d. none of the above

Question #4

Q: Yes or no, collaboration across medical/community-based systems can help mitigate health/social disparities.

A: Yes

And The Winner Is…

Equity-Focused QI

Get Ready

Get Grounded	Engage & Reach Out	Look Within
History, Data, Culture & Structural Analysis	People with Lived Experience, Providers, & Community Partners	Data Systems, Capabilities, Competencies, Accountability Structure & Resources for Equity

Get Set

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
Identify Patterns of Inequities	Identify Priority Populations and Places	Identify Social & Structural Drivers of Health Care Inequities	Identify Opportunities for Equity- Focused, Upstream Improvement	Set Aims & Measurement Plan	Select Potential Solutions & Early Wins	Design Equity-Focused Upstream QI Campaign

Go

Launch	Learn & Share	Reinvest
Equity-focused, upstream QI campaign	progress, challenges, insights, and opportunities to address root causes with partners & coalitions	returns, value, and capacity generated by campaign into other QI efforts and community

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HEALTH BEGINS

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Equity-Focused QI

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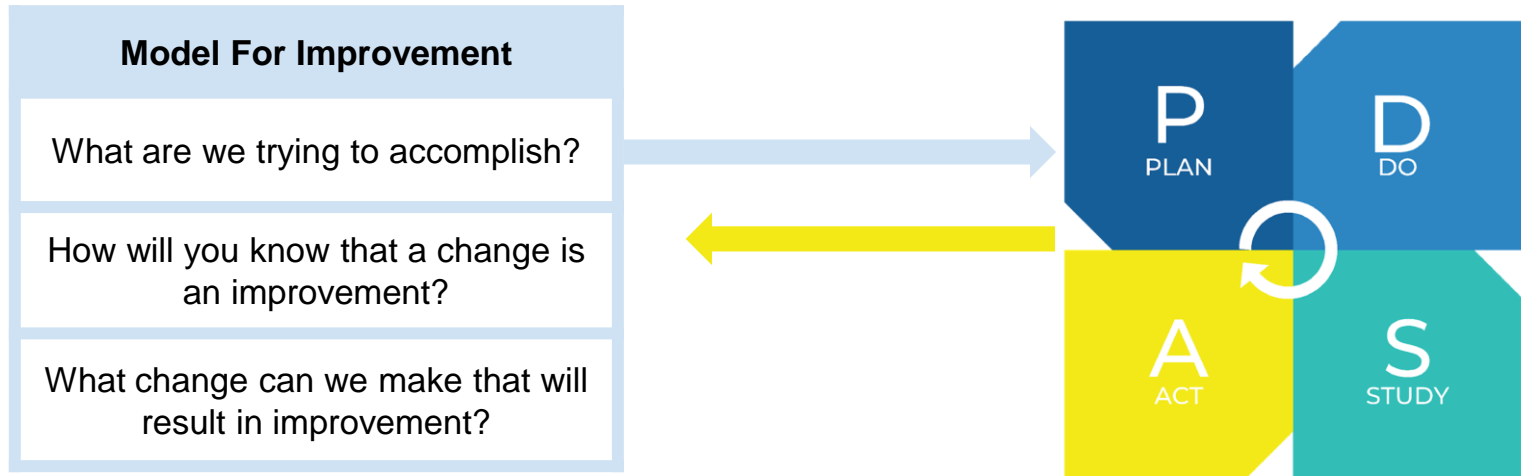| Launch	Learn & Share	Reinvest
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HEALTH BEGINS

Let's Workshop!

Go!

Launch
Equity-focused, upstream QI campaign

Learn & Share
progress, challenges, insights, and opportunities to address root causes with partners & coalitions

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returns, value, and capacity generated by campaign into other QI efforts and community

The Model for Improvement & PDSA Cycle

A framework to develop, test and implement changes leading to improvement.

Model For Improvement

What are we trying to accomplish?

How will you know that a change is an improvement?

What change can we make that will result in improvement?

P PLAN

D DO

A ACT

S STUDY

Resources

- Bringing Light and Heat: A Health Equity Guide for Healthcare Transformation & Accountability
- American Medical Association: Advancing Health Equity: A Guide to Language, Narrative and Concepts
- Groundwater Institute
- Oregon Health Authority: REALD Response Matrix
- HCUP: Race and Ethnicity Data Improvement Toolkit
- HANYs: Collecting Race, Ethnicity and Language Data - Staff FAQs and Sample Scripts
- Building Authentic and Mutually Beneficial Partnerships with Complex Care Consumers | Playbook
- Compensating consumers and considerations for public benefit recipients – Camden Coalition
- Lessons on consumer engagement from Amplify
- Exploring consumer engagement experiences: A research project co-led by the National Consumer Scholars
- Forcing a circle into a square: 12 common misconceptions about community engagement
- Who Tells the Story?
- Community Participatory Methodologies & Organizing Tool Kit
- E-Book: Partnering with Communities to Improve Health Outcomes
- Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health – National Academy of Medicine
- Center for Health Care Strategies: Developing a Multisector Plan for Aging in Your State? Advice from Someone Who's Been There
- ASPE: Methods and Emerging Strategies to Engage People with Lived Experience Improving Federal Research, Policy, and Practice
- IHI Engaging People with Lived Experience
- Patient-Centered Outcomes Research Institute (PCORI)

Upcoming Resources (Stay Tuned)!

- **Advancing Equity through Area Agency on Aging (AAA) Area Plans: A Step-by-Step Guide to Aligning Your Area Plan with the Administration for Community Living's (ACL) Equity and Core Programs Requirement**

- **DEI Guide for Community Care Hubs**

Closing Remarks

11:55-12:00 PM