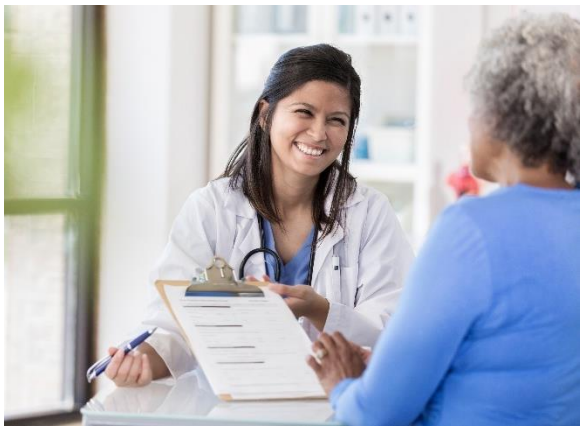
Advancing Readiness for an Aging Population Learning Community Evaluation Report

Executive summary

June 2025



California's older adult population is growing at a record pace, presenting opportunities and challenges for primary care delivery in the safety net. Community health centers have a long history of offering high-quality, integrated health services to children and adults — many with complex needs. This positions them well to provide coordinated, comprehensive, equitable care to the state's growing population of older adults. However, additional knowledge, skills, and strategies are needed for health centers to respond to the emerging needs of this population and integrate older adult services into primary care in a financially sustainable way.

The California Health Care Foundation (CHCF) is committed to strengthening the capacity of the California health care safety net to serve this population and has made several investments to understand the current state of care, including strengths, gaps, and needed support. This included developing and funding the Advancing Readiness for an Aging Population (ARAP) Learning Community, which aimed to establish a peer network of California health center organizations interested in improving their readiness to serve older adults in primary care.

ARAP Learning Community structure & evaluation methods

The ARAP Learning Community was administered by JSI, in close collaboration with CHCF, over an 18-month period. Inter-disciplinary teams from seven community health centers across California participated in the program, which was split into two phases:

1. **Community assessment**. During the first six months, grantees completed a community assessment to understand the current state related to their older adult populations.

2. **Practice change project**. Learning from the assessment informed the development and implementation of a practice change project to establish or advance a practice related to serving older adults.

ARAP Learning Community components

Program participants participated in various activities and received a range of supports including:

- $75,000 in grant funding
- Curriculum on both care delivery and financial aspects of serving older adults
- Virtual and in-person learning sessions
- Peer sharing and networking
- Applied learning through a community assessment and practice change project
- Ad hoc instruction or office hours on emergent topics
- Individualized monthly coaching
- Access to subject matter experts
- Resources and materials

Throughout these two phases teams additionally participated in regular learning sessions, and monthly coaching meetings. CHCF contracted with the Center for Community Health and Evaluation

(CCHE) to conduct an evaluation of the ARAP Learning Community. The focus of the evaluation was on the ARAP Learning Community itself, including program effectiveness and contribution, versus a deep inquiry into grantee progress and outcomes. Evaluation methods included both leveraging program activities and primary data collection with program partners (i.e., interviews, surveys). All seven health center teams participated in evaluation interviews are represented in survey results.

CCHE employed a developmental approach, sharing ongoing evaluation findings with the program staff and coaches through three strategic learning sessions during the program. In these sessions, CCHE shared interim results, facilitated reflective conversations focused on ongoing program improvements, and co-developed insights and lessons. Findings presented in this executive summary are the result of analysis across all data sources and incorporating the collective learnings from each strategic learning session.

Evaluation findings

Evaluation findings are presented in two areas:

1. Grantee impact and experience: The ARAP Learning Community **successfully advanced health center readiness** to serve older adult populations.
2. Program implementation learning: The ARAP Learning Community **increased CHCF's understanding of how to support the field** to accelerate readiness for serving older adult populations.

1 The ARAP Learning Community successfully advanced the readiness of participating health centers to better serve older adult populations.

The ARAP Learning Community successfully contributed to participants' knowledge and skill building, changes in processes and workflows, and increases in organizational capacity for serving adult populations.

Increased health center knowledge and understanding of key concepts related to older adult care, both in care delivery and financial. ARAP participants were highly engaged in program activities and experienced large learning gains.

- **ARAP participants indicated they would benefit from more introductory, foundational content related to serving older adults than the program team initially anticipated.** In the first few months, the program team shifted to ensure that they started with the care delivery and financial basics of serving older adults. This adaptation was well received by grantees.
- **The adaptability and flexibility of the program to meet participants' needs was important for engagement.** Grantees were then able to connect this content to the context of their health center, ask questions, and participate in discussions.
- **The ARAP program curriculum was valued highly by participants, and participants experienced large learning gains**, including:

- *"Knowing what we don't know."* Participants exited the program more aware of their knowledge gaps and committed to continuing to learn more.
- *The care delivery and financial components of older adult care*, with an emphasis on financial (e.g., Medicare, coding, billing). Due to the complexity of financial components and participants' lack of previous content exposure and experience, the learning community provided more content on financial than care delivery. Teams reported new knowledge around billing that they won't 'un-know,' which was anticipated to have a lasting effect on financial operations at these health centers. Finding a way to be financially stable while advancing this work is still a major challenge for health centers.
- *New, valuable insights about their communities and patient populations* through the community needs assessment process. Teams learned the importance of being proactive to retain this population and intended to build out care and processes that will attract older adults to their health centers. Teams appreciated learning how to hear directly from their patients and some planned to include patient voice as part of their health center's project planning moving forward. Most teams used the need assessment findings to build their practice change projects.

Supported participants to apply new learnings to develop and implement diverse and unique practice changes within their health centers to better serve older adult populations.

- **All ARAP Learning Community teams implemented a practice change project to pilot a new process or approach to better serve older adults**. Each team developed their own unique project, informed by their community needs assessment findings. Many of the teams reported needing to adapt their practice change projects from their initially proposed work, based on real-time contextual factors or learning. The ARAP Learning Community meaningfully supported teams throughout project development and implementation, across a variety of project types.
- **Health centers made lasting changes to their operations and workflows** because of the practice change project. Most teams also made additional changes outside their practice change project work. The types of changes varied and included: making billing and coding changes, starting specific billable services, making platform changes (e.g., telehealth), establishing processes for accessing patient data to inform ongoing needs assessments and programming, changing how they approach gathering patient feedback.
- **All teams spoke about how their project will either continue in its current form, or inform additional work focused on older adults in the future.**

Strengthened health centers' internal capacity and intention to focus on advancing care for older adult populations.

- **The ARAP Learning Community was a catalyst for participating health centers in working to build out older adult care.** Many health centers had not focused on this population prior to the program.

- **Most ARAP teams saw increased buy-in and commitment among their organization's leaders** for building out care for older adult populations.
- **ARAP participants developed new and deepened connections with their health center colleagues** by learning more about existing expertise, roles, resources, and processes withing their organizations. Developing and implementing the community needs assessment and practice change project facilitated team building and promoted staff development.
- **All health centers planned to maintain this focus and continue to improve their older adult care**. By the end of the program all teams had plans to continue their work – with consideration for how hard this might be in the changing policy landscape. Several ARAP participants reported an explicit focus on older adult populations in their organizational strategic plans for the first time. Many were already serving as advocates and messengers for this work.

2 The ARAP Learning Community increased CHCF's understanding of how to accelerate readiness for serving older adult populations by effectively developing, testing, and refining the learning community approach, curriculum, and structure.

CHCF and JSI employed an effective multi-pronged approach to increase health center readiness. All ARAP Learning Community program components contributed to learning and progress.

- **High engagement.** ARAP had high engagement across the four key components of its multi-pronged approach: webinars and didactics, applied learning, coaching, and in-person meetings.
- **Relevant content.** Participants felt program content, primarily delivered through webinars, was relevant and helpful. Participants highly valued both the financial and clinical care content. Teams felt that ARAP engaged true innovators and experts and appreciated access to new ideas and resources, and the opportunity to ask questions.
- **Peer sharing opportunities**. The learning sessions, both in-person and webinars, provided opportunities for peer connection, which was an important part of program learning. The ARAP Learning Community gave teams access to other innovative community health centers. Teams were exposed to new ideas and approaches and found it helped them feel less alone and see where they were on the right track.
- **Applied learning.** The hands-on applied learning through the community needs assessment and practice change project were seminal learning experiences for teams by directly applying learnings from ARAP to their organizational contexts. These efforts were supported by the program curriculum, peer learning, and coaching. Both program activities increased knowledge, built skills, and helped teams advance their work to better serve older adult populations
- **Facilitators for effective implementation included:**
    - Funding and strong program team oversight and support
    - Coaching support to teams
    - Consistent and predictable approach, while also flexible and responsive (e.g., scheduling, content, vehicles for information sharing and learning)

- Clear guidance and sufficient support on program deliverables
- Ongoing sharing of resources and reference materials

Future Considerations

The are opportunities for CHCF to support the field and continue to grow health center readiness to care for older adult populations.

The ARAP Learning Community along with the task force and initial paper are a good start—participants and program staff saw the ARAP program as a catalyst for participating organizations. There is a need for ongoing, long-term attention to older adult care by health centers and their partners, including funding, technical assistance, and other supports.

- **The ARAP Learning Community was successful and effective**. It provides various examples for how CHCF can continue to support the field in advancing readiness to serve older adults. Exposing more health centers to a program like this would be valuable.
- **This is a complex area;** there were a lot of additional ideas for what health centers need and how it could be delivered.
- **There is an opportunity to capitalize on team success and telling the ARAP story** – e.g., panel presentations where CHCs share what they tried and learned.
- **Opportunities to optimize partnership with CPCA** – e.g., provide basic education to broad audience; support dissemination of teams' learning.
- **CHCF's diverse strategy is promising;** ongoing policy work is needed (e.g., aligned reimbursement, preparing for D-SNPs).

More detailed information about the findings and considerations in this summary can be found in the full ARAP Learning Community evaluation slide document.

The ARAP Learning Community evaluation was conducted by the Center for Community Health and Evaluation (CCHE). CCHE designs and evaluates health-related programs and initiatives throughout