Health Center Excellence: Essential Steps in Justice, Equity, Diversity, and Inclusion

ACU
ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

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INTRODUCTION: HEALTH CENTERS & THE PURSUIT OF JUSTICE IN CARE

Health centers were born out of the Civil Rights Movement, and for more than half a century, they have offered value-based, patient-centered care to millions of people in the United States regardless of their ability to pay. Since their inception, health centers have served as vital lifelines to care for patients who are under- or uninsured, many of whom are Black, Indigenous, or People of Color (BIPOC). Of the 28.5 million patients which health centers served in 2020, nearly half identified as BIPOC, over a third identified as Latinx, nearly a quarter were best served in languages other than English,[1] and 68% were at or below the federal poverty level.[2] Closely tied to these communities, health centers' awareness of race and racism as social determinants of health (SDOH) has evolved over past decades, and so, too, have their models of care.

Health centers are committed to offering patient-centered care, and they place a unique emphasis on cultural competence, patient centricity, and diversity in workforces. From reaching patients where they are via outreach programs to offering enabling services, FQHCs play a vital role in better addressing the needs of underserved communities and redressing inequities in health. Nevertheless, they are not immune to the systemic and institutional racism that affects the broader medical sector in the U.S., which impacts both patients and providers alike.

> *"Patients feel racism more than they experience it cognitively. They feel it in the tone they receive, and in their ability to adapt to their language and skills in a way that is 100% engaging. If you're receiving care in a place where there's not a maximal sense of belonging, you won't be able to feel safe and build a relationship of trust required for proper care."*
>
> - DR. DAMIAN ARCHER, CHIEF MEDICAL OFFICER, NORTH SHORE COMMUNITY HEALTH, CLINICAL ASSISTANT PROFESSOR, TUFTS UNIVERSITY

Racial inequities in healthcare are as pervasive as they are damaging in the U.S: both historically and currently, people of color and low-income individuals have faced greater barriers to care than Caucasians and those of higher income.[3] BIPOC individuals in the U.S. experience worse health outcomes than white patients,[4] from higher rates of chronic disease and premature death to higher rates of infant mortality, heart disease, and diabetes compared to whites.[5,6] These inequities are not only marked, but persistent—Black Americans, for example, have had significantly higher rates of infant mortality and poorer life expectancy for nearly a century.[7]

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[1] Health Resources and Services Administration. 2020. "Table 3: Demographic Characteristics." National Health Center Program Uniform Data System (UDS) Awardee Data. Retrieved from https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=3&year=2020.

[2] Health Resources and Services Administration. 2020. "Table 4: Selected Patient Characteristics.." National Health Center Program Uniform Data System (UDS) Awardee Data. Retrieved from https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=4&year=2020.

[3] Agency of Healthcare Research and Quality. (2019). "2018 National Healthcare Quality and Disparities Report." Retrieved from https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2018qdr-final.pdf.

[4] Hostetter, M., & Klein, S. (2018). "In Focus: Reducing Racial Disparities in Health Care by Confronting Racism." The Commonwealth Fund. Retrieved from https://www.commonwealthfund.org/publications/2018/sep/focus-reducing-racial-disparities-health-care-confronting-racism.

[5] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States. (2017). *Communities in Action: Pathways to Health Equity*. Baciu, A., et al, eds. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK425848/.

[6] Orsi, J. M., Margellos-Anast, H., et al. (2010). "Black–White Health Disparities in the United States and Chicago: A 15-Year Progress Analysis." *American Journal of Public Health* 100(2): 349–56.

[7] Williams, D. R., & Mohammed, S. A. (2009). "Discrimination and Racial Disparities in Health: Evidence and Needed Research." *Journal of Behavioral Medicine* 32(1): 20-47.

"Many of the patients at our health centers that are disproportionately impacted by social determinants of health are people of color or identify as LGBTQ. Until we can address these inequities at their roots and address patients where they are, we will continue to see inequities."

- SABRINA EDGINGTON, SENIOR DIRECTOR OF JEDI INITIATIVES, ACU

The causes of these inequities are many, from the structural racism[8] fueling social determinants of health such as poverty, housing instability, and discrimination to a lack of access to care in underserved communities.[9] Additionally, interpersonal racism, including implicit bias, is widespread[10] and directly affects patient care. Existing literature notes the impact of implicit bias in issues ranging from poorer patient satisfaction[11] to differing treatment recommendations[12] and poorer provider-patient relations which inevitably impact care.[13] Health centers are not removed from these unfortunate realities plaguing the healthcare system.

A sheer lack of diversity in the healthcare workforce is also a factor. Black and Latinx Americans constitute nearly a third of the U.S. population, but only 10% of doctors,[14] and the proportion of Black physicians has increased by less than 5% in 120 years.[15] Health centers have actively worked to diversify their workforces, and programs placing clinicians at FQHCs such as the National Health Serve Corps demonstrate far higher diversity than other sectors: in 2018 alone, for example, 15% of NHSC physicians were Black, 20% were Latinx, and 2% were Alaskan Native.[16] Nevertheless, health centers are not immune to the diversity gap in providers and staff, and the Health Resources and Services Administration has identified increasing diversity as a primary objective in its 2019-2022 Strategic Plan.[17] Growing research shows the importance of this diversity: data shows that when physicians and patients are of the same race/ethnicity (referred to as provider-patient

"JEDI work is essential for health centers who are really part of the communities they serve. We set up systems to address the whole person, and if we don't recognize the racist systems that our patients live in, we can't serve their full selves and understand their trauma."

- JONATHAN SANTOS-RAMOS, SENIOR DIRECTOR OF ORGANIZATIONAL PLANNING & SUSTAINABILITY, CALLEN-LORDE COMMUNITY HEALTH CENTER

[8] Taylor, J. (2019, December 19). "Racism, Inequality, and Health Care for African Americans." The Century Foundation. Retrieved from https://tcf.org/content/report/racism-inequality-health-care-african-americans.

[9] American College of Physicians. (2010). *Racial and Ethnic Disparities in Health Care, Updated 2010.* Retrieved from https://www.acponline.org/acp_policy/policies/racial_ethnic_disparities_2010.pdf.

[10] Hall, W. J., Chapman, M. V., et al. (2015). "Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review." *American Journal of Public Health* 105(12): 60-76.

[11] Cooper, L. A., Roter, D. L., et al. (2012). "The Association of Clinicians' Implicit Attitudes About Race with Medical Visit Communication and Patient Ratings of Interpersonal Care." *American Journal of Public Health* 102(5): 979-987.

[12] Sabin, J. A., & Greenwald, A. G. (2012). "The Influence of Implicit Bias on Treatment Recommendations for 4 Common Pediatric Conditions: Pain, Urinary Tract Infection, Attention Deficit Hyperactivity Disorder, and Asthma." *American Journal of Public Health* 102(5): 988-95.

[13] Advisory Committee on Training in Primary Care Medicine and Dentistry. (2020). *Innovations in Primary Care Education and Training: Developing Community Partnerships to Improve Population Health.* Health Resources and Services Administration. Retrieved from https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/primarycare-dentist/reports/actpcmd-17-report.pdf.

[14] Olds, G. Richard. (2021, February 7). "How to Diversify America's Doctor Workforce." *Fortune*. Retrieved from https://www.acponline.org/acp_policy/policies/racial_ethnic_disparities_2010.pdf.

[15] Ly, Dan P. (2021). "Historical Trends in the Representativeness and Incomes of Black Physicians, 1900-2018." *Journal of General Internal Medicine* 2021 Apr. 19. DOI: https://doi.org/10.1007/s11606-021-06745-1.

[16] Association of Clinicians for the Underserved. (2021). "National Health Service Corps (NHSC) Fact Sheet. Retrieved from https://clinicians.org/wp-content/uploads/2021/01/NHSC-2020-Fact-Sheet.pdf.

[17] Health Resources and Services Administration. (2019). "Vision : Healthy Communities, Healthy People: 2019-2022 Strategic Plan." Retrieved from https://www.hrsa.gov/sites/default/files/hrsa/about/strategic-plan/HRSA-strategic-plan-2019-2022.pdf.

concordance), it has a positive impact on outcomes, with visits being longer and patients reporting higher satisfaction than patients treated by providers of different races.[18,19]

For these reasons and others, it is crucial that health centers take active steps to actively incorporate principles of justice, equity, diversity, and inclusion (JEDI) to meaningfully understand and address not only how systemic racism affects the social determinants of health that impact their patients' health outcomes, but also how interpersonal racism in care and policies may hamper their ability to offer patient-centered, holistic care. This need will only grow more acute in the decades to come: BIPOC individuals will account for more than half the U.S. population by 2050,[20] and health centers, then as now, will need to be prepared to offer them culturally responsive care and incorporate JEDI at all levels of operations.

A Comprehensive Approach to Health Center JEDI Initiatives

To offer truly patient-centered and culturally responsive care, **health centers should develop data-driven, actionable plans to incorporate JEDI principles to actively address and understand their intersections with broader structural and systemic racism ("macro" level) in policies and procedures and address interpersonal institutional racism ("micro" level).** The following is a condensed list of essential practices based on the Association of Clinicians for the Underserved's "Building an Inclusive Organization" toolkit, research and assessments from the field, and interviews with health center leaders directly involved in JEDI initiatives.

A Note on Intersectionality

While this publication focuses primarily on the role of organizational and interpersonal racism and the issue it poses to justice, equity, diversity, and inclusion at health centers, it is crucial for providers and staff to recognize the complexity of identity and the intersection of race with other aspects, such as gender expression, sexual orientation, class and income, disability, and other factors. Each of these factors play a role in patients' relationships with providers, can impact barriers to care and/or services, and require clinicians to understand unique health needs and considerations required to ensure effective care.

> *"Many of the patients at our health centers that are disproportionately impacted by social determinants of health are people of color or identify as LGBTQ. Until we can address these inequities at their roots and address patients where they are and respect their intersectionality, we will continue to see inequities."*
>
> - Sabrina Edgington, Senior Director of JEDI Initiatives, ACU

[18] Cooper, L. A., Roter, D. L., et al. (2003). "Patient-Centered Communication, Ratings of Care, and Concordance of Patient and Physician Race." *Annals of Internal Medicine* 139(11): 907-15.

[19] Takeshita, J, Wang, S., et al. (2020). "Association of Racial/Ethnic and Gender Concordance Between Patients and Physicians with Patient Experience Ratings." *JAMA Network Open* 3(11): 1-13.

[20] Passel, J. S., & Cohn, D. (2008, February 11). "U.S. Population Projections: 2005-2050." Pew Research Center. Retrieved from https://www.pewresearch.org/hispanic/2008/02/11/us-population-projections-2005-2050/.

BEST PRACTICES & RECOMMENDATIONS: DEVELOPING A JEDI PLAN

The journey to achieving better justice, equity, diversity, and inclusion in your health center begins with assessing where it currently stands. A comprehensive organizational assessment is necessary to help prepare your health center to create a JEDI action plan that understands and addresses structural and interpersonal racism.

Assessment

To begin the process, your health center should undertake a concerted self-assessment. As with all operations within your organization, this assessment should involve leaders, staff, patients, and other key stakeholders to identify both current strengths and areas for improvement. This can begin with an assessment of your existing JEDI statement or—if it does not exist—discerning how to create one as part of your action plan. Examples from Callen-Lorde Community Health Center and Central City Concern are available in ACU's "Building an Inclusive Organization Toolkit."

A variety of self-assessments exist to help your organization assess its current initiatives. ACU's "Building an Inclusive Organization Toolkit" recommends:

- Just Lead Washington: REJI Organizational Race Equity Toolkit
- Coalition of Communities of Color and All Hands Raised: Tool for Organizational Self-Assessment Related to Racial Equity
- Race Forward and the Center for Social Inclusion: Ready for Equity in Workforce Development: Racial Equity Readiness Assessment Tool[21]

Regardless of which assessment your health center chooses, however, certain key questions can serve as useful starting points. According to Sabrina Edgington, ACU's Senior Director of JEDI Initiatives, these include but are not limited to:

- How can your health center use data to assess needs, implement action, and ensure institutional accountability?
- What are best practices in implementing policies and procedures to support an inclusive environment?
- How can we create a culture of justice, equity, diversity, and inclusion that is demonstrated in our daily actions and words?

Why Data Matters

An essential starting point is assessing your organization's data and how/what data it collects. Examine whether your health center collects racial, ethnic, and linguistic data on both clients and staff. If your health center is not collecting this data, consider what would be needed to start gathering it while being mindful of legal limitations and sensitive to staff and patients' willingness to volunteer such data (*see "Ensure informed collection of racial and ethnic data" below* to learn more about the importance not only of data collection but also of explaining that activity).

[21] ACU STAR2 Center, National Health Care for the Homeless Council, and Association of Asian Pacific Community Health Organizations. (2021). "Building an Inclusive Organization Toolkit." ACU STAR2 Center. Retrieved from https://chcworkforce.org/web_links/building-an-inclusive-organization-toolkit/

Why is this collection critical? Simply put, it is impossible to measure progress in diversifying workforces or achieving meaningful progress in quality improvement measures to address racial health inequities without having collected relevant data to demonstrate measurable change. As Dr. Damian Archer, Chief Medical Officer of North Shore Community Health and Clinical Assistant Professor at Tufts University, notes. "If there's no data, no assessing whether racism is experienced here, you're not going to be able to move the needle. A definition of excellence in an environment where it's being done well is at a minimum: *data*."

Furthermore, health centers should compare their patient demographics with staff demographics via publicly available health center data through HRSA's Uniform Data System.[22] As noted above, patient-provider concordance can play an important role in patient care,[23] and your health center's workforce should ideally be reflective of its community's diversity to best meet the whole-person needs of its patients. This will also help you assess whether your health center's programs for culturally responsive care, such as language interpretation/translation services offered, are properly aligned to meet the needs of your patient population.

This assessment should not be limited only to patient demographics or services but should also include an assessment of health care team and staff demographics and competencies. Staff survey data is also highly valuable for assessing how your internal workplace culture is perceived, as is data from stay and exit interviews, informal staff or patient feedback, or human resources information. Key questions to ask may include:

- What training, if any, does my organization offer in anti-racism and confronting implicit bias in care?
- How well do your providers and staff understand social determinants of racial and ethnic inequities?
- Does my organization support committees and/or full-time staff dedicated to handling JEDI initiatives?
- What is the demographic breakdown of our health center's senior leadership and board compared to its direct service and administrative support staff?

Recommendations from the Field

Carefully examine trends in hiring and turnover, particularly among BIPOC staff. As Jonathan Santos-Ramos, Senior Director of Organizational Planning & Sustainability at Callen-Lorde Community Health Center, explained, Callen-Lorde began its JEDI initiatives after noticing troubling demographic commonalities in its employee turnover. Similarly, you should scrutinize your hiring patterns to detect if diverse candidates are actually applying and what is or is not being done to attract, hire, and ultimately retain BIPOC providers and staff.

> *"Our journey started 6-7 years ago when our executive director noticed a pattern of resignations of black and brown staff, particularly trans women of color. She recognized something underneath that—we had a blind spot."*
>
> – Jonathan Santos-Ramos, Senior Director of Organizational Planning & Sustainability, Callen-Lorde CHC

[22] Ibid.
[23] Cooper, L. A., Roter, D. L., et al. (2003). "Patient-Centered Communication, Ratings of Care, and Concordance of Patient and Physician Race." *Annals of Internal Medicine* 139(11): 907-15.

Addressing JEDI at the Macro Level: Understanding the Health Center's Interactions with Broader Structural and Systemic Racism

Once you have completed your organizational self-assessment, you can begin creating an actionable JEDI plan. Rather than a static plan, it should be a living, and ever-evolving document that responds not only to inequities identified in your assessment but also to other emerging issues discovered in the ongoing process. At the heart of this effort is a formal JEDI statement:[24] your health center should develop a written, transparent mission or visit statement that addresses the role of your organization in broader systems of racism and states unequivocally your commitment to justice, equity, diversity, and inclusion, as well as anti-racist principles. In developing this statement, your health center should convene stakeholders ranging from administrators to providers and frontline staff. It should also represent local communities of color, including those of your patient population.[25]

It is critical to bring leadership—including C-Suite leaders and your Board of Directors—onboard with this effort. Before any JEDI initiatives can be made, there must be a consensus at the highest levels of the organization that this is a priority. "Everything rises and falls with leadership, and resources have to be applied. If leaders aren't talking about it, not involved in doing the work, then it's not going to substantially change," Dr. Archer said. Similarly, accountability measures in JEDI, as elsewhere, should be implemented at all levels, from frontline staff to C-suite leadership. Consider adding JEDI as a standing item in staff and board meetings and integrating JEDI into your organization's strategic planning to ensure that space is made for positive, ongoing change.

Making Spaces for JEDI Work: Allocating Resources and Creating Committees

Once leadership has given its full support to the initiative, your health center should invest resources and staff time to justice, equity, diversity, and inclusion initiatives. As both Santos-Ramos and Dr. Archer note, establishing a task force or committee to lead the effort is an important first step in ensuring that your health center is accountable for making progress in JEDI efforts.[26] "JEDI Committees are a fundamental step because they create a space for conversations that have to be managed well. We can then translate those conversations into practical change in procedures and policies, limiting microaggressions, etc.," said Dr. Archer. Also important is giving staff the ability and time to work individually on JEDI training or reflection. As Dr. Archer noted, your health center should continually ask itself, "Are we giving them the space and resources to do that internal and individual work in addition to institutional work?"

Furthermore, whenever funding allows, your health center should strive to create positions dedicated to JEDI initiatives—preferably at a leadership level where they will have authority to enact change[27] in concert with established task forces. "Ultimately, it's not enough to have someone do this work on top of their job," said Edgington. "It needs to be recognized as their primary role, and

[24] ACU STAR2 Center, National Health Care for the Homeless Council, and Association of Asian Pacific Community Health Organizations. (2021).
[25] Coalition of Communities of Color and All Hands Raised. (2013). "Tool for Organizational Self-Assessment Related to Health Equity." Retrieved from https://nhchc.org/wp-content/uploads/2019/08/organizational-self-assessment-related-to-racial-equity_oct-2013.pdf.
[26] ACU STAR2 Center, National Health Care for the Homeless Council, and Association of Asian Pacific Community Health Organizations. (2021).
[27] Mallick, M. (2020, September 11). "Do You Know Why Your Company Needs a Chief Diversity Officer?" *Harvard Business Review*. Retrieved from https://hbr.org/2020/09/do-you-know-why-your-company-needs-a-chief-diversity-officer.

they need to be compensated for it. JEDI work should be integrated into strategic planning to ensure proper funding and staffing is available."

Developing Community Accountability

In addition to creating an internal task force and/or staff position, your health center should proactively seek to build relationships with local organizations and communities of color as key stakeholders in JEDI work and ensure that individuals impacted by your work are including as part of the decision-making process.[28] "Health centers were originally intended to be community members helping community members," noted Edgington. "It's important that our workforce represents that community, brings in those perspectives and lived experience, and ties them into delivery of care."

Patient members of governing boards may serve as potential champions for outreach to community members interested in helping guide your JEDI work, as can patient advisory council members, which are often chosen in part for their demographic representation.[29] Consider having members of your task force or JEDI staff facilitate meetings—a best practice in formal patient engagement.[30] Mechanisms should be developed to allow community partners meaningful engagement and input to drive ongoing racial equity, inclusion, and diversity initiatives.[31]

Ensuring Equity in Workforce Development and Organizational Culture

Developing equitable workforce development practices is essential to effective JEDI initiatives. As Dr. Archer explained, "excellence in JEDI really is manifested in whether or not patients or staff feel as if they belong in the space," said Dr. Archer. "They need to feel as if they're able to fully bring themselves either to give or receive care." As part of your ongoing efforts, your health center should actively assess how elements of justice, equity, diversity, and inclusion are represented—and to what extent—in your administrative and staff practices—from hiring and onboarding to professional climate.

At a minimum, your organization should begin taking active steps to analyze and address any disparities in representation at all levels of your organization, particularly as compared to the populations you serve. It is particularly important to focus on developing benchmarks both for retention and professional development of senior leaders of color to BIPOC individuals are included in decision-making processes.[32] Health centers should also take steps to address hiring inequities (see *Recommendations from the Field)*. These can include:

[28] Coalition of Communities of Color and All Hands Raised. (2013).
[29] Sharma, A. E., Huang, B., et al. (2018). « Patient Engagement in Community Health Center Leadership: How Does It Happen?" *Journal of Community Health* 43(6): 1069-1074.
[30] Sharma, A. E., Willard-Grace, et al. (2016). "'How Can We Talk About Patient-Centered Care without Patients at the Table?' Lessons Learned from Patient Advisory Councils." *The Journal of the American Board of Family Medicine* 29(6): 775-784.
[31] Race Forward & Center for Social Inclusion. (2018). "Ready for Equity in Workforce Development: Racial Equity Readiness Assessment Tool." Retrieved from https://act.colorlines.com/acton/attachment/1069/f-02a7/1/-/-/-/-/RaceForward_WFD_ReadyForEquity_Tool_2018.pdf.
[32] Coalition of Communities of Color and All Hands Raised. (2013).

- Consider utilizing equitable hiring tools such as that developed by the City of Madison, WI's Racial Justice and Social Equity Initiative to ensure position descriptions are created equitably and actively implement practices to mitigate racial or other biases in hiring.[33]
- Incorporate postings at job boards at BIPOC-led or focused professional organizations as well to ensure you reach as diverse a base of potential employees as possible. The ACU STAR[2] Center's Job Posting Sites list can serve as a quick reference.
- Creating affinity groups or mentoring programs for minority groups
- Ensuring that hiring committees include "diverse perspectives and experiences to limit bias in candidate searches and interviews," as Edgington notes.

In addition to mandatory JEDI training as a part of onboarding, culturally responsive initiatives[34] should be created to help retain and include staff from all backgrounds. These initiatives can include:

- Establishing explicit, formal equity and anti-racism policies prohibiting microaggressions and discrimination (ideally as part of mandatory training)
- Actively considering language access/interpretation not just for patients but also for staff
- Assess organizational materials to address racial bias and create visible JEDI materials within public spaces[35] (e.g. fliers, posters, or files on employee intranets)
- Consider what your physical environment communicates to staff who may have disabilities or who are neurodiverse—many job accommodations require only minor changes but benefit all employees.[36]
- Efforts to foster awareness of intersectionality and trauma-informed interactions. "We need to be mindful of all of the different perspectives within our workforce to ensure that we can deliver culturally responsive, whole-person care," noted Edgington.

Recommendations from the Field

Implement anti-racism and JEDI training into every aspect of your onboarding process. Both Santos-Ramos and Dr. Archer noted the crucial need for level-setting with new employees. This training should be mandatory and inclusive to ensure that staff at all levels receive a common training in JEDI. Consider also having a member of your JEDI Committee or a dedicated JEDI staffer attend these trainings to collect direct feedback to improve further trainings. General trainings on medical racism should be incorporated into continuing medical education and staff training, Dr. Archer noted, and staff of all levels should be given opportunities for JEDI-related professional development.

Ensure equity in hiring practices, especially with community candidates. In addition to taking active steps to attract and include BIPOC staff and providers, consider also making changes to your institutional policies to ensure that your postings align with best practices in JEDI. Callen-Lorde, for example, redesigned its hiring processes after realizing that many of their job postings required education that may not have been necessary with proper work experience equivalencies,

[33] ACU STAR2 Center, National Health Care for the Homeless Council, and Association of Asian Pacific Community Health Organizations. (2021).
[34] Race Forward & Center for Social Inclusion. (2018). "Ready for Equity in Workforce Development: Racial Equity Readiness Assessment Tool."
[35] Coalition of Communities of Color and All Hands Raised. (2013).
[36] Ainey, R., & Volion, A. (2021, October 14). "Building Back Better: Utilizing Lessons Learned During COVID-19 for Inclusivity and Retention Session 1." ACU STAR[2] Center. Retrieved from https://chcworkforce.org/wp-content/uploads/2021/10/Building-Back-Better-Webinar-1.pdf.

as Santos-Ramos noted. "You have to make sure you're not ruling out potentially good candidates by the way you're writing postings," he said. "Are you cutting people from the community out who didn't have the opportunity to attain certain educational levels because of social determinants?"

Be trauma-informed and consider the implications of the JEDI process for staff. As Santos-Ramos explains, "Addressing JEDI opens up conversations about how you can improve … but none of it is easy. When you open up spaces, sometimes you open up wounds, and you have to be prepared to deal with that. Unintentionally, you can create more damage." Respect and consideration for employees—including meaningful inclusion of providers and staff of all disciplines and backgrounds, including direct service staff—is key, as is earning trust. To engage in vulnerable discussions requires trust, and unlike their White colleagues, staff of color do not have the privilege of choosing whether to actively engage or be affected by issues related to anti-racism, as Dr. Archer noted. Respecting this vulnerability and responding meaningfully to staff concerns is essential, and JEDI initiatives that do not respect employee concerns can actively damage staff morale.[37]

Ensure inclusivity in your JEDI committees and initiatives, rather than a "top-down" approach. By its very definition, JEDI work should be inclusive of staff at all levels of your organization, not just senior leaders or providers. "Direct service employees are the last to be asked how service delivery should happen … and for so many folks [at health centers], the biggest takeaway has been including front-desk staff in JEDI workgroups," said Santos-Ramos. "In FQHCs and at Callen-Lorde, if we look at who our front-desk or nurse staff are, they're often people experiencing racism outside of the doors, so you're not treating staff well if you don't address it—and if you don't address their trauma, you're not equipping and supporting them to address someone's else trauma."

Establish affinity groups. Affinity groups can create safe spaces for staff to connect with and support one another, and they can helpfully inform ongoing JEDI initiatives[38] and help in retention efforts.[39] This can be particularly important in health centers with numerous service sites and/or large numbers of remote workers where individuals of certain racial, minority, or other minority groups may feel isolated. "Affinity groups give staff a chance to come in and share their experiences in this virtual world who may not be familiar with onsite culture because they've never been there" at Callen-Lorde, Santos-Ramos noted.

Addressing JEDI at the Micro Level: Addressing Interpersonal and Institutional Racism within Your Health Center

In addition to fostering positive cultural change at an institutional or "macro" level in workplace development, professional culture, and culturally responsive internal initiatives, your health center's JEDI strategy should actively seek to address interpersonal and institutional racism at a

[37] DiMillo, V., Brown, A., et al. (2020). "Addressing Race in the Workplace: Addressing Diversity, Equity, and Inclusion." *Executive Briefing Series*. Boston College Center for Work and Family. Retrieved from https://www.bc.edu/content/bc-web/schools/carroll-school/sites/center-for-work-family/research/RaceInOrganizations.html.

[38] Partners in Diversity. (2020). "Workforce Diversity Retention Project." Partners in Diversity. Retrieved from https://d1o0i0v5q5lp8h.cloudfront.net/pardiv/live/assets/images/Diversity%20Retention%20Project/DRP-summary_final.pdf?_t=1620257277.

[39] Casey, J. C. (2016). "Employee Resource Groups: A Strategic Business Resource for Today's Workplace." *Executive Briefing Series*. Boston College Center for Work & Family. Retrieved from https://www.bc.edu/content/dam/files/centers/cwf/research/publications3/executivebriefingseries-2/ExecutiveBriefing_EmployeeResourceGroups.pdf.

"micro" level in terms of patient interactions and provider competencies. The following is a brief list of key recommendations for ensuring justice, equity, diversity, and inclusion in service delivery and care for patients from all backgrounds.

Improving Service Delivery

As noted above, collecting race and ethnicity data on your patient population is crucial to assess the success of JEDI initiatives. Patient satisfaction, health outcomes, and other factors should each be considered in ongoing quality improvement efforts, as Santos-Ramos notes. Consider how your health center utilizes this data to inform your service delivery and decision-making—and how your organization actively solicits feedback from community stakeholders in delivering your services. A few key questions to consider are:

- Are your interpretation and language services properly aligned with your community's needs based on demographic data?
- Is your organization fully transparent in making race and ethnicity data available both to staff and to the public?[40]
- Is racial equity considered as a factor in patient satisfaction surveys and/or other pathways for feedback?
- What barriers, if any, exist that hinder marginalized patients from accessing services, and how can these be reduced or eliminated?[41]
- Are we offering equal services or equitable services? (*see Recommendations from the Field below*)

> *"It's crucial to understand intersectionality and the identities of those who are marginalized. The discrimination these patients face contributes to a level of trauma of mistrust that we must take into account to create practices shaped to deliver whole-person, culturally responsive care."*
>
> - SABRINA EDGINGTON, SENIOR DIRECTOR OF JEDI INITIATIVES, ACU

Each of these questions can help to guide your JEDI initiatives, and changes made at an organizational level will influence inclusivity in care at the provider-patient interaction level.

Addressing and Improving Provider Competencies for Inclusive Care

In addition to evaluating your services through a JEDI lens, your health center should also work to ensure that individual providers and staff understand essential practices in cultural humility and responsiveness to minimize implicit bias in care. "Cultural humility is important," explained Edgington. "We're slowly moving away from the term cultural competence because you can't be competent in all cultures. What you can be is humble and striving for lifelong learning to become culturally responsive." This lifelong learning process entails self-awareness, openness, humility, supportive interactions, and self-reflection and critique in care.[42]

In addition to implementing mandatory trainings in anti-racist principles, your health center can also consider implementing Culturally and Linguistically Appropriate Services (CLAS) Standards.

[40] Coalition of Communities of Color and All Hands Raised. (2013).
[41] Race Forward & Center for Social Inclusion. (2018).
[42] Foronda, C., Reinholdt, M. M., & Ousman, K. (2016). "Cultural Humility: A Concept Analysis." *Journal of Transcultural Nursing* 27(3): 210-217.

Developed by the U.S. Department of Health and Human Services, CLAS Standards aim to advance health equity, improve quality, and eliminate healthcare disparities by providing a blueprint of 15 action steps that health centers and other organizations can utilize to offer culturally and linguistically appropriate services.

At a minimum, your health center should create provider and staff training in recognizing and minimizing implicit bias—unconscious attitudes and stereotypes that may impact care—as a manifestation of interpersonal racism. Provider bias can actively worsen health disparities in your patient population,[43] but studies have shown that educational interventions can help reduce bias in practitioners—the simple act of having providers take bias tests with feedback can help decrease implicit bias.[44] "The way to address that is to make sure that we're continuing to learn and educate ourselves about how that bias shows up and how we can address it through continual learning and training," said Edgington.

Some other key questions to consider are:

- How well do you providers know, understand, and have relationships with communities of color and other marginalized populations which they serve?[45]
- How do we incorporate local communities of color in the development of our ongoing JEDI trainings?
- What understanding of implicit bias is there in our organization, and what active steps are we taking to minimize and eliminate it?[46]

Recommendations from the Field

Consider whether your organization delivers *equal* or *equitable* care. Some parts of your patient population may require greater outreach and dedicated services than others, and your health center should ensure that it is calibrating its programs to meet those needs with *equitable*, rather than merely *equal*, care. Dr. Archer notes that North Shore Community Health, for example, was historically:

> more concerned about general accessibility [for patients], but we noticed that when you parse out the data, you notice that some patients are extraordinarily more impacted [by gaps in care] than others … If you're a trans woman of color, you're likely to have far worse health outcomes, and so those are the people that we have to try hardest to reach. You have to be there for everybody, but also for the people who are most vulnerable. That's informed our approach to designing programs for people who are most excluded. When I talk with my leadership team about JEDI and anti-racism, it's working from that most neglected person backward.

Furthermore, it can be helpful to include JEDI elements in your patient satisfaction surveys and regularly analyze this data to determine future action steps, Santos-Ramos noted, adding that JEDI initiatives should inform your quality improvement efforts.

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[43] Advisory Committee on Training in Primary Care Medicine and Dentistry. (2020).
[44] Zestcott, C. A., Blair, I. V., & Stone, J. (2016). "Examining the Presence, Consequences, and Reduction of Implicit Bias in Health Care: A Narrative Review." *Group Processes & Intergroup Relations* 19(4): 528–542.
[45] Coalition of Communities of Color and All Hands Raised. (2013).
[46] Race Forward & Center for Social Inclusion. (2018).

Ensure informed collection of racial and ethnic data. Don't assume that patients understand what your health center means when it asks for race and ethnicity data as part of your ongoing JEDI efforts; instead, explain it deliberately. "Provide context and information around why you're collecting that data because racism impacts your health negatively," advises Dr. Archer. Take care to explain what is meant by race and ethnicity, and "don't assume patients understand the nuances of this and will be willing to give you the information if they don't understand it."

Re-Assessment and Evolution: The Continuing Work

No health center ever reaches the end of its journey with justice, equity, diversity, and inclusion: rather, it is a continuing process of assessment, planning, action, and re-assessment for continual growth. For smaller organizations just beginning their JEDI efforts, initial steps may take the form of collecting more detailed racial and ethnic data that can be disaggregated for analysis and creating a JEDI taskforce and implementing basic trainings. For larger, more established organizations, this may take the form of more aggressively analyzing existing data, creating or expanding dedicated JEDI staff positions, or creating broader community coalitions for continual improvement in anti-racist initiatives.

> *"What is the difference between equity and equality? You have to understand that you can't treat people equally in an inequitable society. It's not about equal care. It's about equitable care. Not just for patients but for each other."*
>
> - Dr. Damian Archer, Chief Medical Officer, North Shore Community Health Center, Clinical Assistant Professor, Tufts University

Regardless of where your health center lies on the spectrum of justice, equity, diversity, and inclusion efforts, however, the initiatives are not only worth making, but core to the mission of the community health center movement: "as in any relationship, the trust between an institution and the people and community it serves must be forged over time: tested, challenged, and constantly improved."[47] Perseverance, humility, and continual learning are key, as Edgington noted.

"There's no quick fix," says Santos-Ramos. "If you're going to commit, you have to understand that this is now your new reality." Callen-Lorde began working with their JEDI consultants in the summer of 2018, and their process is still ongoing. "A 400-person organization isn't going to erase all racism from its environment in a matter of years," he said. "So, we can commit to a long-term process of continually addressing systems and institutions and accepting our place in the framework." Furthermore, as Dr. Archer noted, continual training is necessary to ensure that JEDI knowledge is not lost as staff depart. The process should be one of continual renewal.

Upcoming Resources

In 2022, the Association of Clinicians for the Underserved will launch a dedicated justice, equity, diversity, and equity curriculum with an integrated Anti-Racism 101 training for health center staff, micro-learning videos, and a JEDI train-the-trainer pilot curriculum to help train JEDI champions to become strong internal voices at FQHCs. Sign up for our mailing list to be notified of our curriculum's launch and stay tuned for further resources.

[47] Cole, M., Jolliffe, M., et al. (2021). "Power and Participation : How Community Health Centers Address the Determinants of the Social Determinants of Health." *NEJM Catalyst Innovations in Care Delivery* 3(1). Retrieved from https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0303.

Further Resources

- Building an Inclusive Organization: Developed by ACU's STAR² Center, the National Health Care for the Homeless Council, and the Association of Asian Pacific Community Health Organizations, this toolkit provides information and resources to support health centers in their journeys to achieving a more diverse, equitable, and inclusive workforce. It addresses common questions related to workplace assessment, strategies, and accountability. An accompanying webinar in English and Spanish is available.

- Building Back Better: Utilizing Lessons Learned During the COVID-19 Pandemic for Retention and Inclusivity: This webinar series provides practical strategies for creating inclusive cultures at health centers with a focus on individuals with physical disabilities, people who are d/Deaf, blind, and visually impaired, and neurodiverse people.

- The National LGBTQIA+ Health Education Center: A program of the Fenway Institute, this partner organization provides education, resources, and consultations to healthcare organizations to improve care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) patients.

- Diversity, Equity, and Inclusion at Public Health Seattle-King County: This archived webinar provides a useful case study in innovative JEDI initiatives at Public Health Seattle-King County, including policies and procedures, lessons learned, and strategies to support inclusive workforces.

- Diversity, Equity, And Inclusion: Managing for a New Culture: This archived webinar explores drivers of diversity, equity, and inclusion and how organizations can create and maintain an equitable environment from the hiring process to day-to-day operations.

- Practicing Cultural Humility at Health Centers and Supporting Asians and Asian Americans Experiencing Hate and Violence: This archived webinar provides an in-depth look at cultural humility as it relates to health centers' work with Asian American patients and colleagues and how organizations can respond to recent increases in anti-Asian hate crimes and violence.

- MHP Salud: This partner organization provides offers tailored training and technical assistance for health centers and other organizations to help establish or improve community health worker programs for Latinx communities.