### **HEALTH CENTER EXCELLENCE**



# Essential Steps & Assessment for Justice, Equity, Diversity, & Inclusion: A Fact Sheet

Health centers arose from the Civil Rights Movement, and since their inception, they have offered inclusive, patient-centered care to historically marginalized populations. Today, they remain vital lifelines to care for patients who are Black, Indigenous, and People of Color (BIPOC): in 2022, 63% of CHC patients were from minoritized racial or ethnic groups, and 38% were Latine/x. To help organizations better meet the needs of diverse communities, this fact sheet and accompanying brief detail key facts and steps in achieving excellence in implementing justice, equity, diversity, and inclusion (JEDI).

### The Scope of Racial Inequities in Care

Racial inequities in health are pervasive in the U.S. BIPOC individuals experience worse health outcomes than white patients,<sup>2</sup> from higher rates of chronic disease and premature death to higher rates of infant mortality, heart disease, and diabetes compared to whites.<sup>3</sup> Black Americans, for example, have had significantly higher rates of infant mortality and poorer life expectancy for nearly a century. The causes of these inequities are many, ranging from the structural racism<sup>5</sup> fueling social determinants of health to implicit bias in care<sup>6</sup> and other factors

### Why Diversity & Inclusion in Care Matter

Implicit bias negatively impacts patient care, <sup>7</sup> leading to differing treatment recommendations<sup>8</sup> and poorer patient satisfaction.<sup>9</sup> Growing research also has shown that when providers and patients are of the same race/ethnicity, it has a positive impact on health outcomes, and HRSA has identified increasing workforce diversity as a strategic objective in FY24.<sup>10</sup> To improve their ability to deliver the culturally appropriate, patient-centered care that is their hallmark, CHCs can work to incorporate JEDI principles in care and build a workforce representative of their communities.

# **Key Facts**

17,932,289

health center patients of known race in 2022 who were from minoritized racial/ ethnic groups<sup>11</sup>

of CHC patients in 2022 were best served in languages other than English<sup>12</sup>

of patients surveyed in 2020 reported that they had experience discrimination in healthcare 13

of U.S. doctors are Black or Latine/x despite constituting nearly a third of the population<sup>14</sup>

## What CHCs Can Do: Achieving Excellence in Justice, Equity, Diversity, & Inclusion

"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 CHC

To best meet the needs of historically marginalized and minoritized communities, health centers should work to create inclusive and anti-racist service delivery and workforce development practices which incorporate JEDI principles in care while developing a workforce more representative of the communities they serve. To do so, CHCs should create and continuously refine data-informed JEDI action plans with community-involved accountability.

### KEY APPROACH: **Create a Living** JEDI Plan

Honestly assessing your organization's current practices, create an evolving JEDI action plan with community involvement. Then establish (or strengthen) anti-racist and inclusive policies in care and workforce development with data-informed accountability measures.

A transparent mission statement addressing your institution's place in broader systems of racism and stating unequivocally your commitment to JEDI and anti-racist principles.

**KEY DOCUMENT: JEDI Statement** 

**KEY STEPS:** Create. Implement, & **Update Your** JEDI Plan

- Assess your organization's JEDI practices and collect relevant data.
- Create or refine your institutional JEDI Plan and JEDI Statement.
- Establish or strengthen formal anti-racist and equity policies, ideally led by inclusive committees and dedicated staff at the leadership level.
- Implement mandatory anti-racist trainings and onboarding practices, as well as institutional support for minoritized staff.
- Incorporate equitable hiring and administrative processes to shape a diverse workforce representative of the community you serve.
- Continuously re-assess and refine your plan with relevant data and meaningful, community-informed accountability measures.

# Assessing Your Health Center: Steps in the Journey to Excellence

Every health center is on its own stage of the journey to excellence in integrating JEDI in care and workforce development, and this journey involves continuous assessment, planning, action, and reassessment for ongoing growth. The below graphic visualizes four categories of CHC advancement in this area, from beginning to leading. What step of the journey is your health center on?

### Leading

- Ever-evolving plan led by dedicated JEDI leader(s)
- Data continuously guides and refines all efforts
- Trauma-informed, anti-racist JEDI policies inform all care and workforce policies
- Well-developed support, mentoring, and affinity systems for minoritized staff and patients

### **Advanced**

- JEDI Plan assessed and refined as needed by dedicated staff with strong commitment from leadership
- Data regularly assessed and informs policies
- Trauma-informed, well-resourced JEDI practices integrated into most service and workforce procedures

### **Intermediate**

- JEDI Plan actively implemented and led by committees or staff
- Data regularly collected and used to inform at least some policies
- Anti-racist and equitable policies incorporated in care, workforce development, and onboarding
- Some knowledge and incorporation of trauma-informed interaction

# **Beginning**

- JEDI Statement and Plan in development or recently created
- Some ethnic, racial, and other data collected from patients and staff
- Some anti-racist and inclusive policies in care and workforce development either in place or in development

### Advancing on Your Journey to Excellence: **Further Resources**

"Many of the patients at our health centers that are disproportionately impacted by social determinants of health are people of color, have disabilities, or identify as LGBTQ. Until we can address inequities at their roots and their intersectionality, we will continue to see significant disparities in health outcomes."

- SABRINA EDGINGTON, SENIOR DIRECTOR OF JEDI INITIATIVES, ACU

**KEY RESOURCE: Building an Inclusive Organization Toolkit** 

Read our Building an Inclusive Organization Toolkit and Webinar Series to learn practical strategies to help CHCs develop more diverse, equitable, and inclusive workforces.

**KEY PARTNER: ACU's JEDI Program** 

The Justice, Equity, Diversity, and Equity program is a key resource for stakeholders to advance JEDI at organizations with resources, trainings, and technical assistance.

- JEDI Orientation Series for Healthcare Workers: these free e-courses on Understanding Racism in Healthcare and Having Tough Conversations are available to equip healthcare workers with foundational information in JEDI concepts and principles.
- Diversity, Equity, and Inclusion among Health Professionals: this webinar provides an introduction to racial and ethnic diversity in the clinical workforce, as well as initiatives to create more diverse and inclusive workspaces.

#### REFERENCES

- Health Resources and Services Administration (HRSA). 2023. "National Health Center Program Uniform Data System (UDS) Awardee Data." https://data. hrsa.gov/tools/data-reporting/program-data/national.
- 2. Agency of Healthcare Research and Quality. (2019). "2018 National Healthcare Quality and Disparities Report." Re-trieved from https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/hqrdr/2018qdr-final.pdf.
  3. 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.

  4. 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.
- 5. 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.
  6. Williams, D. R., & Mohammed, S. A. (2009). "Discrimination and Racial Disparities in Health: Evidence and Needed Re-search." *Journal of Behavioral Medicine* 32(1): 20-47.
- 32(1): 20-47.
  7. Hall, W. J., Chapman, M.V., et al. (2015).
  8. 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.
  9. 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.
  10. HRSA. 2023. "HRSA Strategic Plan FY 2024." About HRSA. Retrieved from https://www.hrsa.gov/about/strategic-plan.
  11. HRSA. 2023. "National Health Center Program Uniform Data System (UDS) Awardee Data."
  12. Ibid.

- 12. Nong, P., Raj, M., Creary, M., Kardia, S. L. R., & Platt, J. E. (2020). Patient-Reported Experiences of Discrimination in the US Health Care System. JAMA Network 3(12), e2029650.
  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.

