

**Justice, Diversity, Equity, and Inclusion (JEDI) as
the North Star to Achieving Health Equity
(NACHC Pillar #1)**

STEPHANIE HARRISON

SHELLY TEN NAPEL

TAMARA SMITH

Audience Participation

Chat
(use to talk with peers)



The screenshot displays a virtual meeting interface. On the left, there are two windows: a 'Chat' window and a 'Polling' window. The 'Chat' window shows messages from participants like Brian Long, James Heskett, and Laura Wiggins. The 'Polling' window shows a poll question: '#1.) What is your biggest business writing challenge? (NO RIGHT ANSWER - OPEN QUESTION)'. The poll results are: Condition (45%), Grammar and/or Types (20%), Content Structure (10%), Tone (16%), and Other (0%). In the center, a video feed shows a man speaking. On the right, a presentation slide is visible with the title 'UDS Reporting: Preparing, Doing, and Utilizing' and the subtitle 'Cultivating Health Center Operations'. The slide also features the CURIS logo and SkillPath branding. At the bottom of the interface, there are navigation options like 'Session', 'Support', 'Profile', 'Options', and 'Windows', along with a 'Request Support' button and a 'Digitell' logo.

Polling/Q&A
(participate in polls, ask questions to faculty)

Speakers

Stephanie Harrison



Chief Executive Officer of
the Wisconsin Primary
Health Care Association

Shelly Ten Napel



Chief Executive Officer of
the Community Health
Care Association of the
Dakotas

Tamara Smith



President and Chief
Executive Officer of the
District of Columbia
Primary Care Association

Health and Racial Equity Initiatives at DCPCA

Presented by Tamara A. Smith

President and CEO

DC Primary Care Association

November 15, 2021

tsmith@dcpca.org

202-550-5362

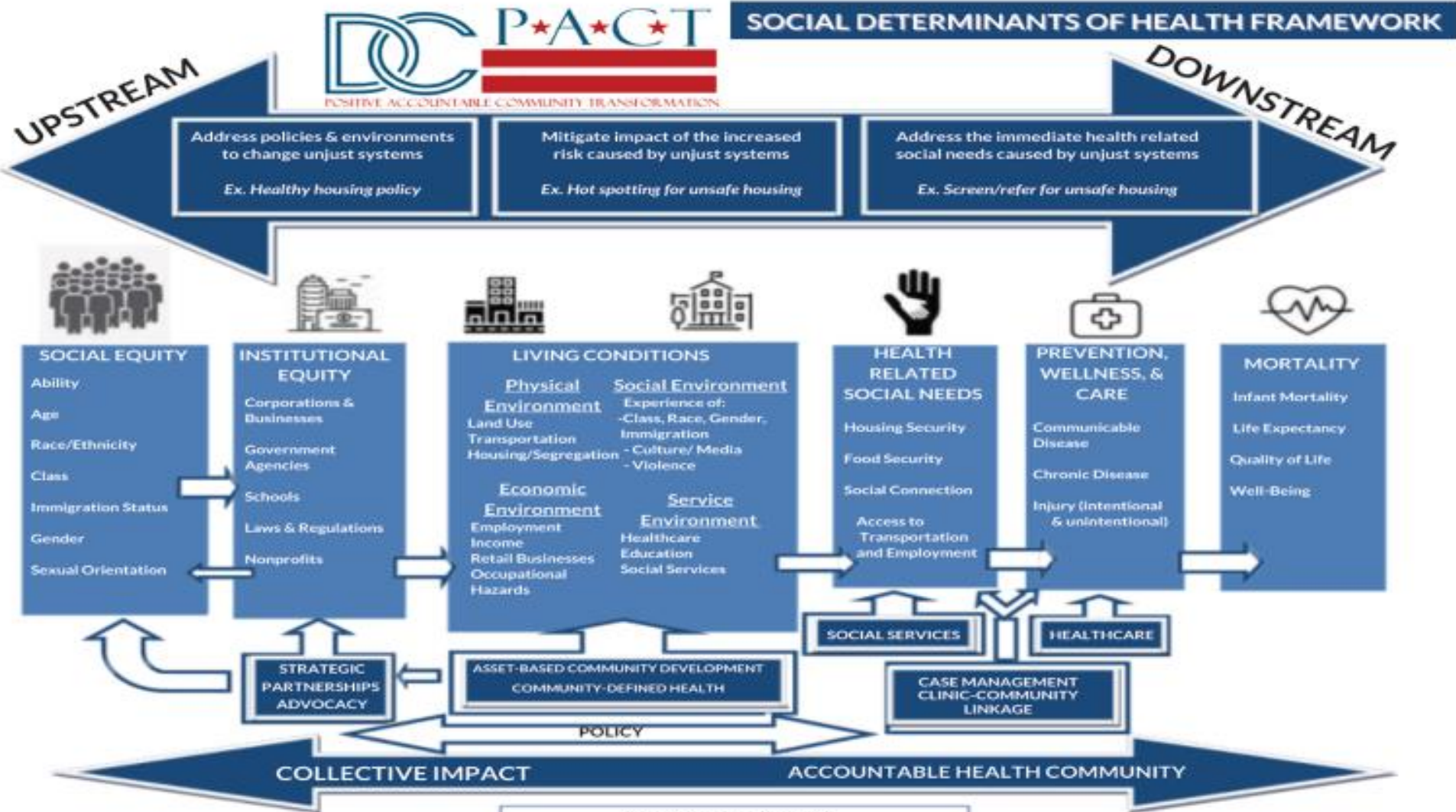
Why Pursue Racial and Health Equity at DC Primary Care Association

“Board Position Statement”

- Substantial scientific evidence documents the astoundingly negative impact on the physical, mental and emotional well-being of individuals who are involved in, are witnesses to, and are victims of lifelong and generational violence, racism and injustice.
- We commit to realizing the right of every person to have a full and healthy life -- free from violence, fear and despair.
- Improving health equity will be embedded in all of DCPCA’s actions because obtaining funding and transforming delivery to a whole person model will improve outcomes, improve coordination with clinical and community services, and allow us to connect with our patients to address socially determined circumstances.



DC Primary Care Association Health Equity Initiatives



DC Primary Care Association: Health Equity Initiatives

DC PACT – Principles and Goals

PRINCIPLES	#1: Health and social needs are human rights for all DC residents which require the equitable and sustainable distribution of resources	#2: Partners commit to shared responsibility, accountability, and transparency as necessary components of work performed in the service of health equity and justice	#3: Goals and interventions will be data-focused, driven by person-centered outcomes, and transformative	#4: Work will be coordinated across community services and sectors resulting in respectful and compassionate care that empowers District residents with the greatest health and social needs	#5: We prioritize creativity, flexibility, innovation, and vision in determining the coalition's strategic priorities
PROBLEM DEFINITION	Racism and the lack of accountability, alignment and investment has led to inequitable social conditions, health and well-being outcomes		VISION DC functions as a seamless accountable health community that provides care and the social conditions for racial equity, health equity, and community well-being	MISSION Build the movement to create a seamless accountable health community that achieves equitable individual and community well-being in the District of Columbia through community leadership, policy change, infrastructure development, and care improvement	
STRATEGIC GOALS	#1: By December 2024, successfully incorporate social risk management into DC Medicaid value-based payment and quality improvement forums		#2: By December 2024, implement DC PACT communication strategies to promote and sustain health system dialogue and action on SDOH		
	#3: By December 2024, ensure all relevant DC PACT partner staff are using DC HIE-connected solutions for social risk assessment and analytics, resource location, and care team coordination		#4: By December 2024, leverage citywide well-being assessment to drive health system accountability to community-defined progress measures on SDOH		

Ward 8 Community Economic Development Planning Process

Community Engagement Plan

Steering Committee

- Martha's Table
- UPO Advocacy Advisory Council
- ANC 8C
- Anacostia Coordinating Council
- Developing Economic Opportunities
- National Children's Center
- Bread for the City
- Redbrick LMD
- DC Primary Care Association

Steering Committee

- ANC 8A
- Congress Heights CTDC
- Ward 8 Faith Leaders
- City First Bank
- Anacostia Business Improvement District
- Ward 8 Health Council
- Whitman-Walker Health
- Far Southeast Family Support Collaborative
- Office of Ward 8 Councilmember Trayon White

Project Management Team

Develops governance, vision and strategy on behalf of steering committee and residents.

★ Iterative data collection process to capture the voice of the community on important quality of life issues

Governance, Vision, and Strategy
October 2019-June 2020

WE ARE HERE

PARTNERS

Community organizations, businesses, and stakeholders in community economic development planning

DATA COLLECTORS

Leaders embedded in community organizations like ANCs, civic associations, tenant associations, faith and educational institutions, nonprofits, or businesses

COMMUNITY MEMBERS REACHED THROUGH DATA COLLECTION

Data collectors will recruit community members with context expertise (particularly youth, seniors, and returning citizens, as well as people experiencing heightened health risk) to participate in data collection using Streetwyze platform. Community members will be invited to participate in subcommittees alongside subject matter experts to drive the development of CED strategies

Action Planning/Co-design

Common Agenda Setting

Working Principles for Health Justice & Racial Equity

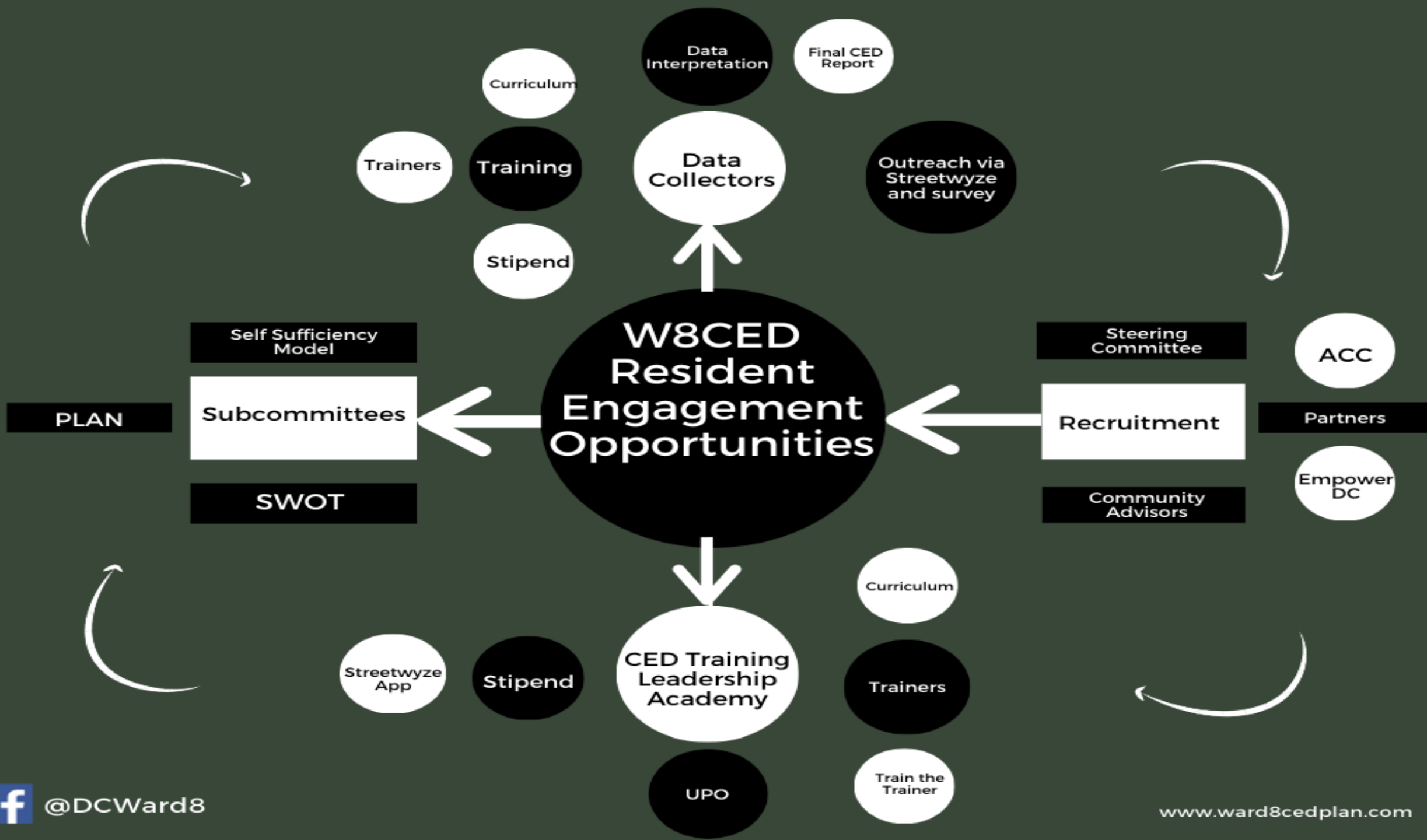
1. Act with care
2. Inclusivity
3. Authentic community collaboration
4. Sustainable solutions
5. Commitment to transform

Community Engagement Training

Data Interpretation & Analysis

Data Collection using Streetwyze Platform

Community Driven CED Strategy
June 2021
Development of Community Leadership Body



COMMUNITY ENGAGEMENT AND HEALTH EQUITY

Shelly Ten Napel, CEO, Community HealthCare Association of the
Dakotas



LIFE EXPECTANCY UNITED STATES

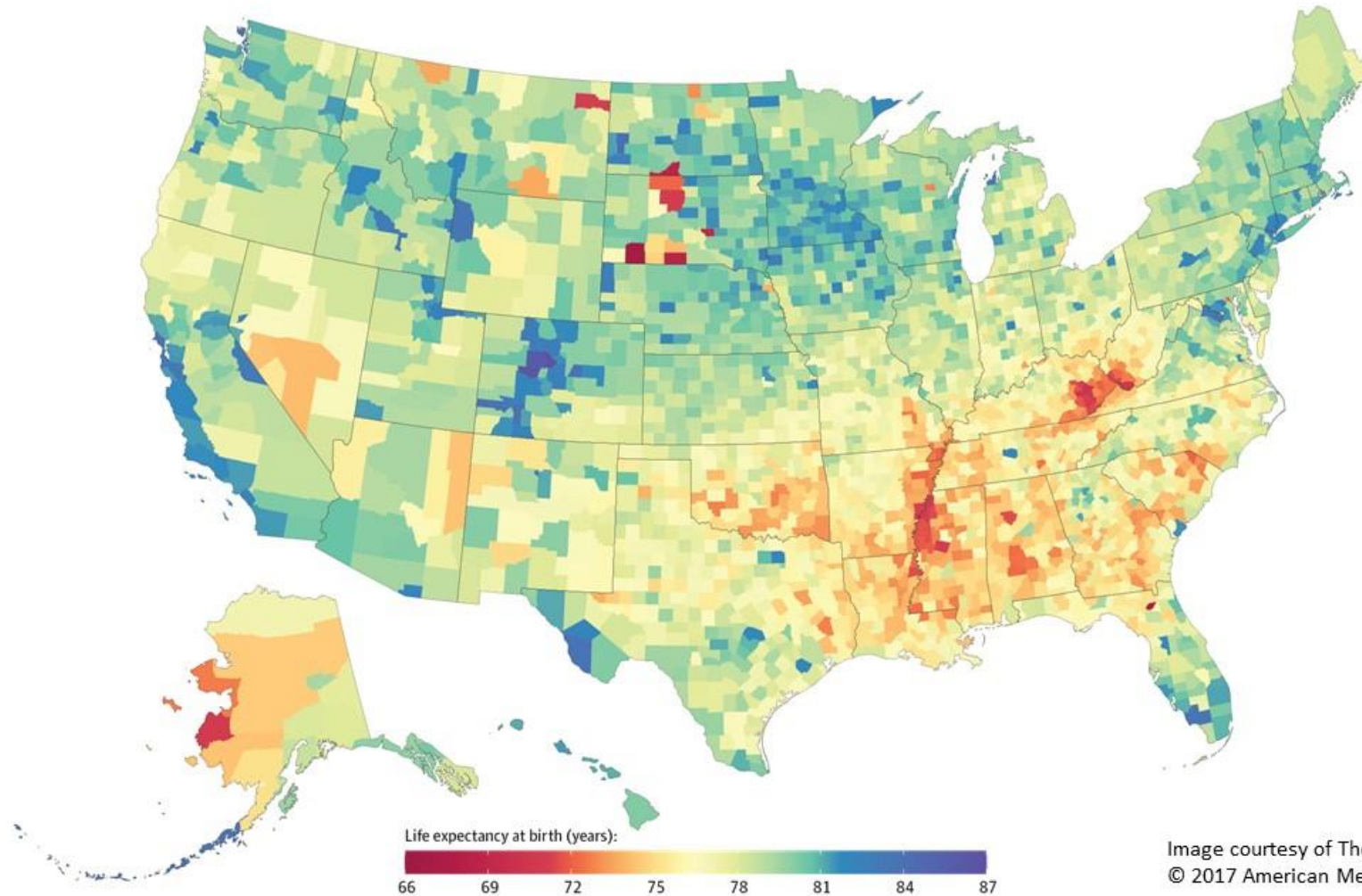


Image courtesy of The JAMA Network®
© 2017 American Medical Association



LIFE EXPECTANCY DAKOTAS



CHALLENGES/AREAS OF GROWTH

Issues are Difficult

- Develop skills
- PCA CEO Work Group
- PCA Learning Collaborative

Board reluctance

- Take opportunity to revisit
- Recruited a new board member
- Board evolves

Bandwidth

- Hired Health Equity Manager
- Funding

Relationships

- CHWs
- HEM
- Work in progress



STRATEGIC PLAN

investing in
PEOPLE & COMMUNITIES
CHAD 2021-2023 STRATEGIC PLAN

WORKFORCE:

- Leadership Training
- Apprenticeship Program

TELLING THE HEALTH CENTER STORY:

- Refine the health center story
- Equip health center staff, board, and allies to tell the health center story

HEALTH CENTER EXCELLENCE:

- Develop tools, training, and support to promote operational excellence.

COMMUNITY ENGAGEMENT & HEALTH EQUITY:

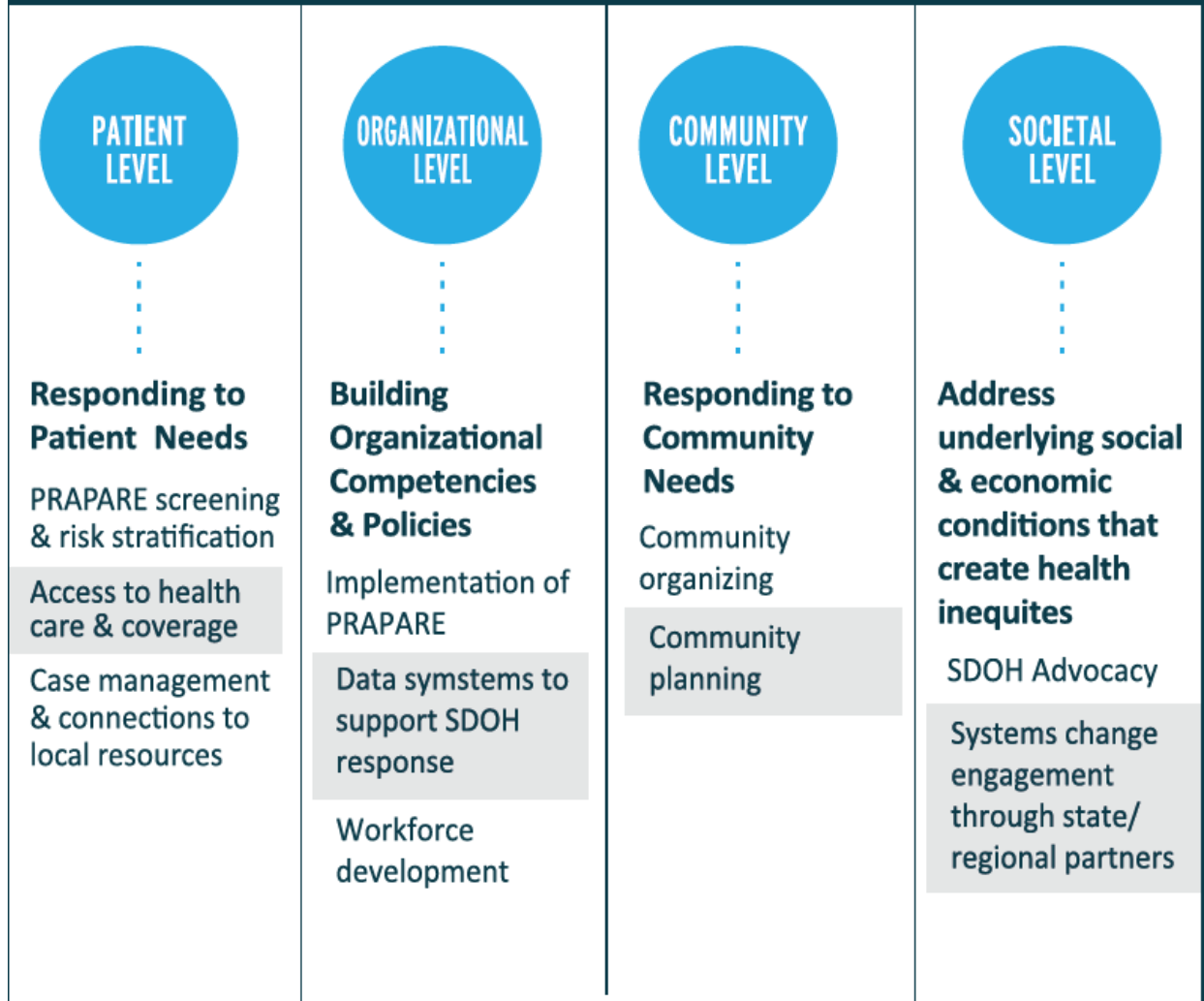
- Increase training and networking opportunities to address social determinants of health at the individual, organizational, community, and societal levels



VISION: Access to a high-quality system of care for all Dakotans
MISSION: Foster healthy communities by promoting and supporting programs that increase access to affordable, high-quality care for all



Training, TA, Coaching, Network Team Development



State Policy and Partnerships and Resources Development





“We are all relatives”





Racial & Health Equity: Working Toward Systemic Change

STEPHANIE HARRISON



Courtesy of (top left to bottom right): UW-Madison News, WPR, Madison.com, WPR



How we got started

1. WPHCA Staff Race & Equity Lunch 'n Learns
2. WPHCA Board Race & Poverty Deep Dive

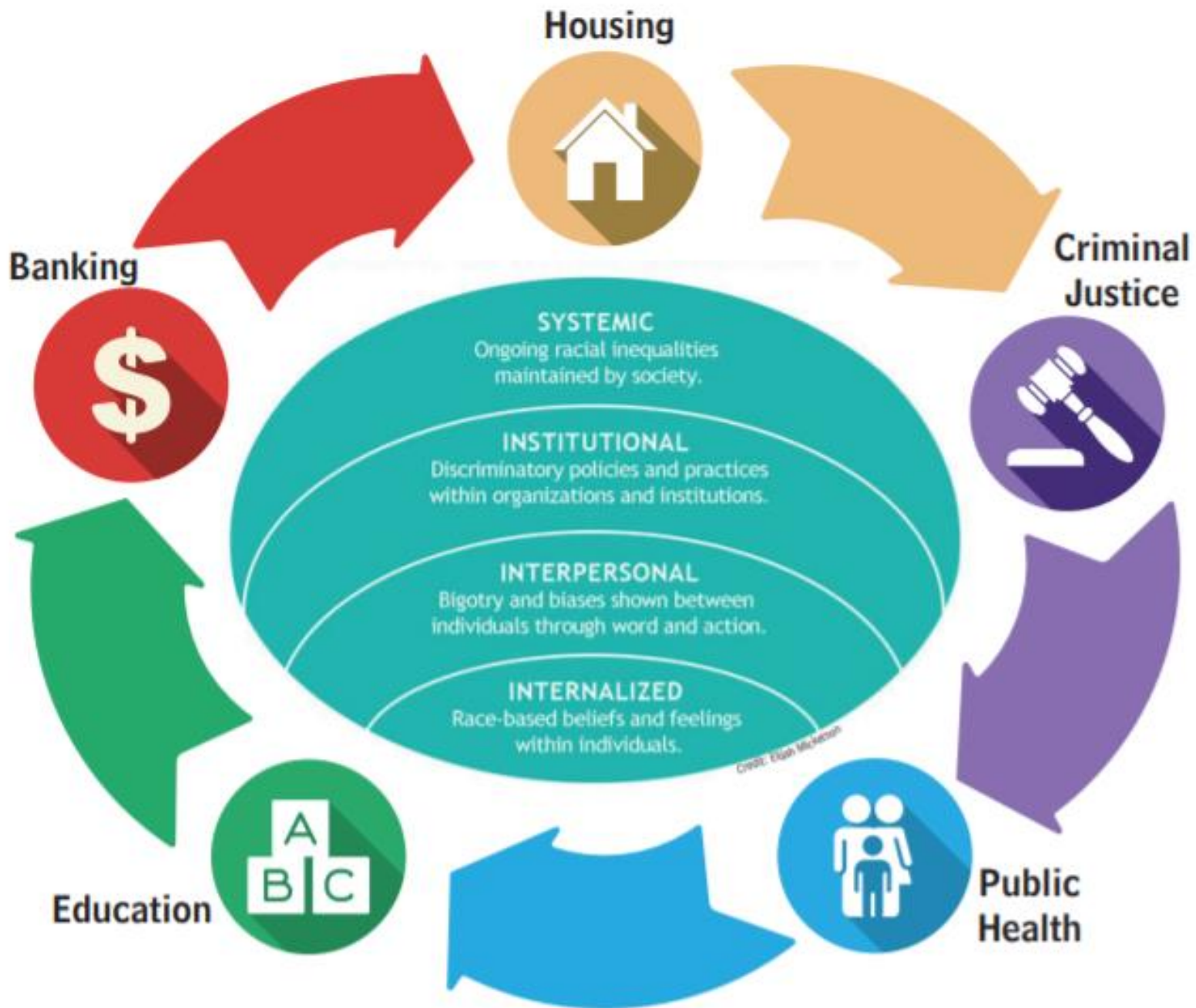
A Fixed Game: Debunking the Bootstrap Theory and the American Dream

7/9/2020

WPHCA BOARD

**RACE & POVERTY
DEEP DIVE**







Anti-Racist **Vision** Statement

WPHCA is a wildly welcoming and inclusive organization that models growth and learning in a multiracial, multicultural workforce. We are a catalyst for change in Wisconsin as we address and repair past and present harms in healthcare.

To achieve this vision, we will adopt anti-racist strategies, working at the intersections of structural racism and the social determinants of health, and will support our partners in doing the same.

nINA Recommendations

1. Continue and build on successes in normalizing conversations about race and equity, prioritize and support personal and organizational learning
2. Build infrastructure to elevate, resource, and build power
3. Continue working toward an inclusive, multiracial organizational climate and culture
4. Operationalize racial equity analysis in decision-making
5. Prioritize the wellness of Black, Indigenous, and other people of color (BIPOC) in the organization
6. Elevate Black, Indigenous, and other people of color (BIPOC) in decision making
7. Model and develop with CHCs strategies that support their collective racial equity impact
8. Understand, discuss, and prioritize where WPHCA can lead to take risks on racial equity while also learning how to support and follow CHCs as they take their own risks for racial equity

Primary Care Association (PCA) Race & Equity Subcommittee

Potential 1 st Steps	Within Individual Organizations (CHCs; PCAs; etc.)	PCA Program & Policy Work	National Collaborative Work	(Potential) Support Needed
Goal	<ul style="list-style-type: none"> Our organizations are moving towards true representation of the communities we serve (Board, staff, leadership) so that we are seen 	<ul style="list-style-type: none"> PCAs support Health Centers in becoming just and equitable organizations, lead efforts around racial and 	<ul style="list-style-type: none"> A national collaborative of Health Center stakeholders is collectively building and 	<ul style="list-style-type: none"> BPHC engagement on ensuring that our goals are SMART.
	<p>PCA Capacity Building</p> <ul style="list-style-type: none"> JEDI Collaborative Ad hoc and monthly trainings 	<p>Racial & Health Equity Lens on Policy Work</p> <ul style="list-style-type: none"> Environmental scan & partnership development 		<p>Supporting CHCs in Achieving Health Equity</p> <ul style="list-style-type: none"> Not yet started
Workforce Development	<ul style="list-style-type: none"> Develop comprehensive workforce plans, that include diversity, equity, and inclusion components Develop pipeline programs to grow the workforce from the community being served Develop relationships with health professions schools to influence enrollment and matriculation of health providers reflecting the racial/ethnic make-up of the community Encourage professional development & career laddering for existing HC workforce Develop programs to help get Health Center patients & community members engaged with school boards, city councils, county boards (where a lot of equity work does or does not happen) 			<ul style="list-style-type: none"> Explicitly allow PCAs to use existing resources to address these workforce Increase awareness and support coordination with other national efforts to address health care workforce shortages Identify and secure long-term funding to support this aligned work.

PCA Justice, Equity, Diversity, and Inclusion (JEDI) Learning Collaborative

Objectives

- Develop/strengthen network of PCA staff dedicated to racial equity work
- Peer-to-peer mentoring, share resources and best practices

Outcome

- Commit to at least one initiative or tangible action to advance DEI
- Evaluate progress towards initiative(s) 6 and 12 months later

Tool to Clarify Engagement

	Access to Care	Workforce	Funding / Reimbursement	Community / Public Health
Sponsor (Lead)				
Support Others Taking the Lead				
Monitor				

Thank you!



tsmith@dcpca.org



shellytennapel@communityhealthcare.net



sharrison@wphca.org