



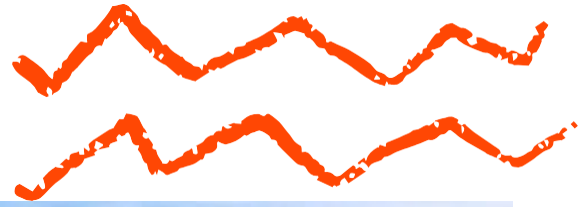
# JUSTICE EQUITY DIVERSITY INCLUSION

**PLAN  
2021**

Copyright © 2021 Partners in Equity

All rights reserved. This publication may be reproduced for educational purposes with prior written permission of the Nevada Primary Care Association or Partners In Equity

Any references to other documents have been cited to credit original authors.



## **A Message from NVPCA CEO & Board Chair:**

It will require hard work that is often uncomfortable, as well as a long-term commitment at every level of the organization to affect the transformative change and progress that NVPCA seeks. We will continue to learn and grow as an organization; and we will continue to support our health centers toward this end. We will tackle new challenges, set and achieve clear milestones and do the ongoing work to advance our justice, equity, diversity and inclusion (JEDI) priorities.

Our aim was to strive for the inclusion of stakeholders surveyed during this process, such that they hear their voices in this report, both singularly and as a part of a larger organization and community chorus. By recognizing JEDI and its accompanying parts as intellectual and social values at the heart of our mission, we believe we will create spaces across the organization that are welcoming and that offer opportunity for inclusiveness of all community members. This document lays the foundation for future planning and implementation for the NVPCA in reference to JEDI.

## Table of Contents

A Message from Leadership.....	2
Planning & Engagement Team .....	4
Executive Summary .....	5
State Demographics Profile.....	6
Context.....	8
Justice, Equity, Diversity and Inclusion Defined.....	8
Historical Context Based on the COVID-19 Pandemic & Related Events .....	9
Context for Income Inequality .....	10
Baseline Assessment .....	17
Strategic Planning/Overarching Themes .....	21
Values Statement .....	23
Statement of Assurance & Equal Employment Opportunity .....	24
Current Efforts/Assets .....	25
Cultural Competency Training.....	25
Staff and Board Diversity .....	26
Community Partners .....	27
Reproductive Education and Care in Community Health Homes (REACCHH) .....	28
Opportunities .....	30
Workforce .....	30
Policy Internal to Workforce .....	33
Policy External to the PCA/Health Center Environment.....	35
Staff Development .....	36
Training/TA.....	36
Recommendations/Suggested Goals & Actions.....	38
Sustainability .....	40
References.....	41
Proposed Workplan .....	43

## **Justice, Equity, Diversity and Inclusion (JEDI) - Planning & Engagement Team**

### **Nevada Primary Care Association**

The Nevada Primary Care Association (NVPCA) took an all hands-on-deck approach and involved senior staff during the planning process, as well as engaged staff at all levels of the organization for input. The NVPCA team also facilitated the support for its board of directors to provide essential feedback through baseline surveys. Finally, NVPCA invited critical partners to be a part of assessing gaps and identifying potential collaborations in support of the work.

### **Partners In Equity, LLC.**

Partners in Equity (PIE) is a Nonprofit Organization Partnering with Healthcare and Community Leaders to Advance Equity and Social Justice. The organization was founded in 2020 by Janice Sherman, who served as the former CEO of the Mississippi Primary Care Association.

Other Senior Principals of the PIE Team include LaShannon Spencer, former CEO of the Arkansas Primary Care Association, and Johnathan Goh of Gohwell & Associates of San Diego, CA.

### **Community Partners**

**Associate Members NVPCA invited to participate included:**

- Cleveland Clinic - Lou Ruvo Center for Brain Health
- Office of Statewide Initiatives
- Bridge Counseling Associates (CCBHC in Las Vegas)



## Executive Summary

After extensive research and a series of baseline assessments with the Nevada Primary Care Association (NVPCA) staff and board, the following plan presents information on the current state and desired future state of Justice, Equity, Diversity and Inclusion (JEDI) work within the organization. In partnership with its board and other key stakeholders, it further provides an expressed commitment to a set of recommendations and corresponding actions to be achieved in collaboration with all involved.

To initiate this process, NVPCA partnered with a consulting firm, Partners in Equity, LLC of Atlanta, GA and initiated efforts to engage staff at every level, as well as the NVPCA Board of Directors and community partners. A baseline assessment of survey responses was utilized to ascertain stakeholder (staff, board, partners) perceptions and input. Survey results yielded a 100% return among staff, 30% among NVPCA board members, and 100% among invited community partners. Preliminary data via surveys and intensive interviews provided context for the baseline assessment.

After reviewing all submitted survey responses, analyzing data and demographic trends within the state, the consulting team worked with NVPCA to design a set of overarching goals, objectives, and action items that provide a framework for NVPCA to achieve sustainable change on JEDI areas of key focus in alignment with its current work.

The JEDI Plan offers initiatives focused on four core areas:

- Environmental Assessment
- JEDI Context Setting
- Aligning NVPCA Priorities
- Sustainability of JEDI work

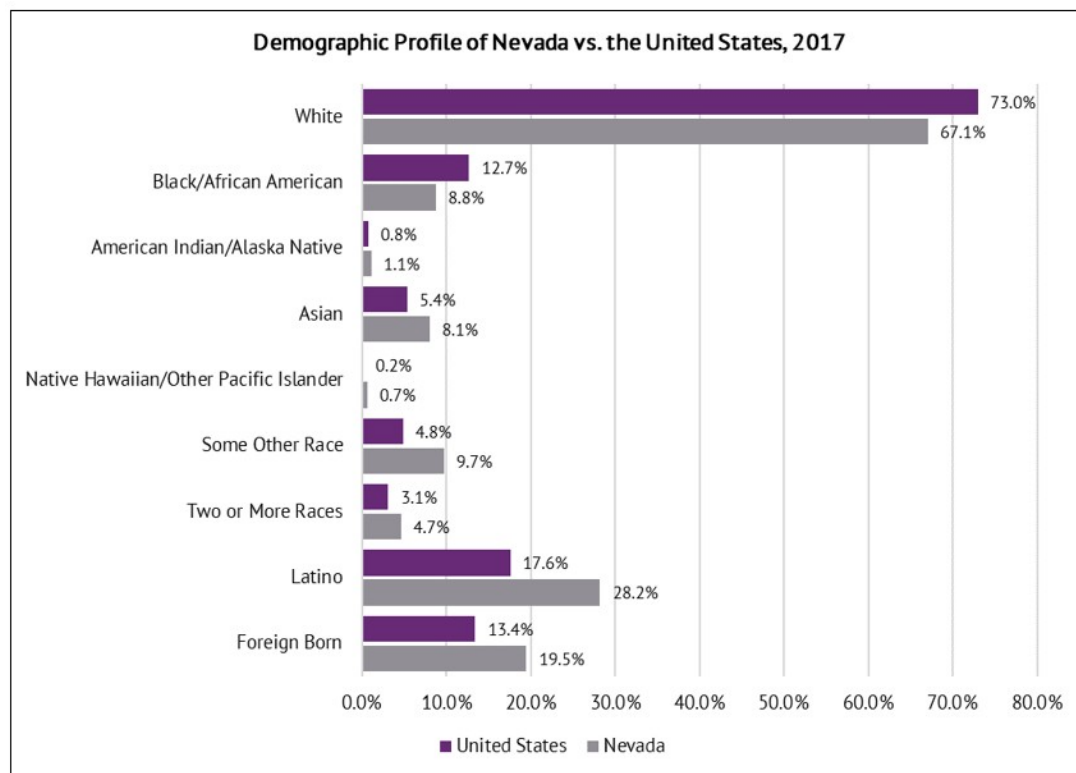
## State Demographics Profile

*Nevada has become more populous and more diverse over the past decade, adding 404,000 residents, with about 4 out of 10 identifying as Hispanic or Latino according to the U.S. Census Bureau.*

Associated Press, Carson City, NV - August 2021

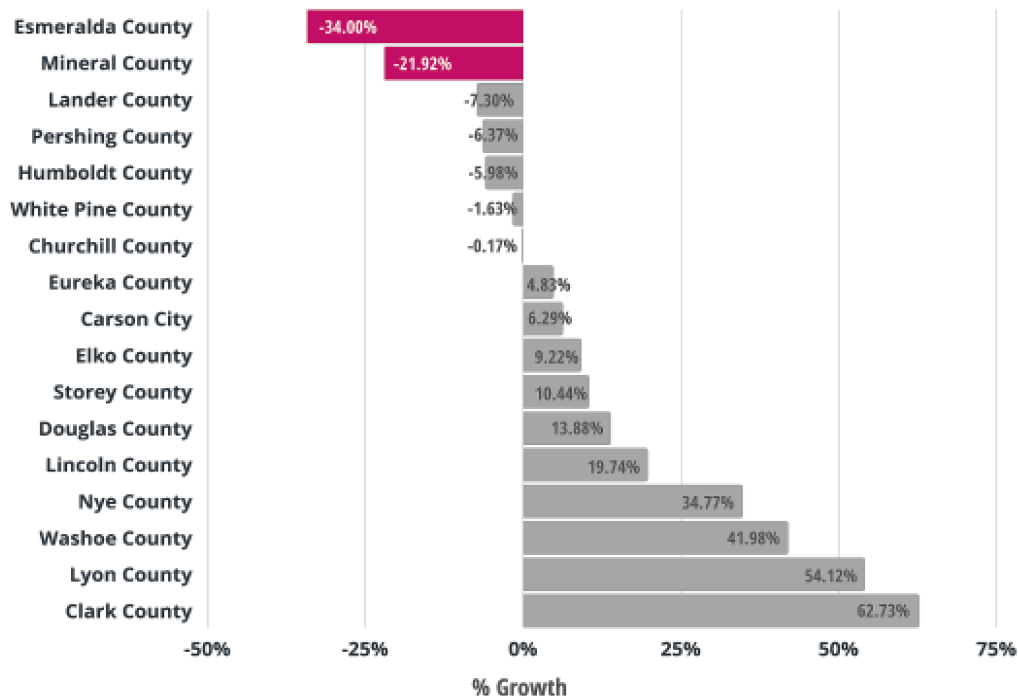
Southern Nevada's population of approximately 2.32 million residents is expected to grow by more than 1 million to 3.38 million by 2060, according to a report released in July 2021 by UNLV's Center for Business and Economic Research (CBER).

Of no surprise, the population growth explodes in Nevada among Clark and Washoe counties, home to Las Vegas and Reno, respectively. Seven of the state's rural counties lost population. However, Nye County was the state's fastest growing, adding 17.4%, or 7,600 residents to its population. Nevada's census grew to 3.1 million over the past decade and reflects the following demographics in contrast to the U.S. population:



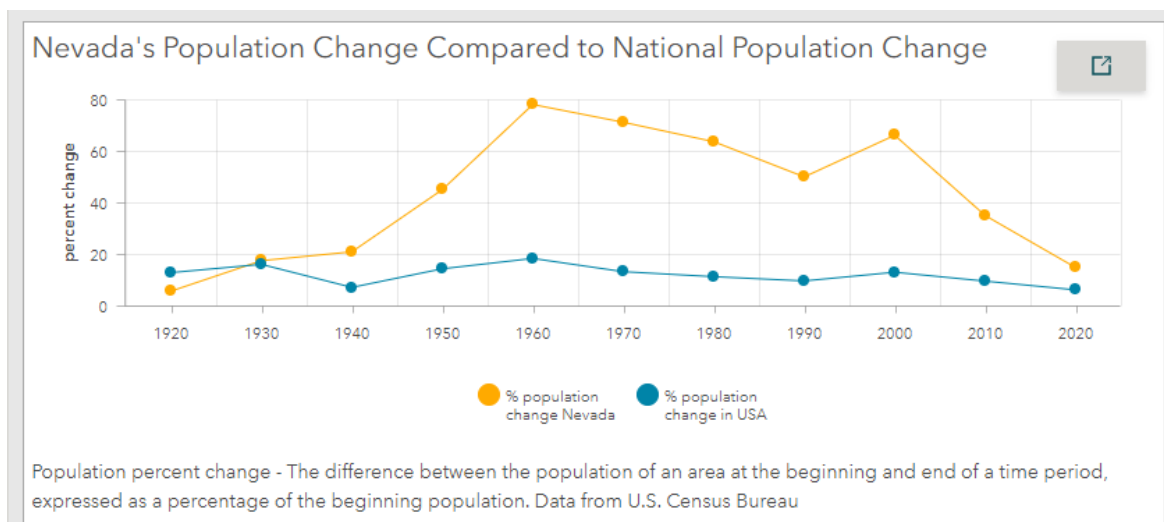
Source: American Community Survey (Race, Ethnicity, and Foreign Born)

## Esmeralda & Mineral County has noticeably lower overall Growth from 2000 to 2020



Source: Nevada Legislative Counsel Bureau April 14, 2021

Esmeralda and Mineral Counties both experienced a decrease in population from 2000 to 2010. Although Mineral County bounced back with a growth rate of 9.5% from 2010 to 2020, Esmeralda County continued to lose population from 2010 to 2020. Both counties are adjacent to fast-growing counties that buffer denser cities. The NLCB reiterates that Nevada is one of the fastest growing populations in the country. The report goes on further to state that it is important to understand population change so we can better allocate resources to communities like schools and medical centers, as well as maintain equal representation in government. This project explores recent trends and future projections for Nevada's dynamic population.





## Context

*“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”*

*- Rev. Dr. Martin Luther King Jr.’s Letter from the Birmingham Jail, April 16<sup>th</sup>, 1963*



As progress occurs through the design and implementation of the JEDI Plan, the NVPCA will continue to strive in developing a common language among each of these foundational concepts. NVPCA’s recommended working definitions are as follows:

### **Justice, Equity, Diversity and Inclusion Components Defined**

**Justice** - The view that everyone deserves equal rights and opportunities — this includes the right to good health. Today, there are inequities in health that are avoidable, unnecessary and unjust that are the result of policies and practices that create an unequal distribution of money, power and resources among communities based on race, class, gender, place and other factors. To assure that everyone has the opportunity to attain their highest level of health, we must also address the social determinants of health (SDOH).

**Sexual and Gender Minority** - individuals who identify as lesbian, gay, bisexual, transgender, queer, or intersex, as well as those who do not self-identify with one of these terms, but whose sexual orientation, gender identity, or reproductive development varies from traditional, societal, cultural, or physiological norms.

**Diversity** - A collection of individual attributes that, together, help stakeholders pursue organizational objectives effectively. The practice or quality of including or involving people from a range of social and ethnic backgrounds and of different genders, sexual orientations, etc.

**Equity** - The guarantee of fair treatment, access, opportunity, and advancement for all and active identification and elimination of barriers that have prevented the full participation of some groups. Equity is “the state, quality or ideal of being just, impartial and fair.” The concept of equity is synonymous with fairness and justice. It is helpful to think of equity as not simply a desired state of affairs or a lofty value; rather, for it to be achieved or sustained, it should be thought of as a structural and systemic concept.

**Inclusion** - The action or state of including or of being included within a group or structure. More than simply diversity and numerical representation, inclusion involves authentic and empowered participation and a true sense of belonging.

**Underrepresented Minorities** - The National Institutes of Health (NIH) defines under-represented minorities in medicine as African Americans, Hispanic Americans, Native Americans/Alaska Natives who maintain tribal affiliation or community attachment, Hawaiian Natives and natives of the U.S. Pacific Islands.

**Black, Indigenous, People of Color (BIPOC)** – An evolving movement of the 21st century launched in 2020 as a framework to acknowledge that not all people of color face equal levels of injustice. The term “BIPOC” is significant in recognizing that Black and Indigenous people are severely impacted by systemic racial injustices.

### **Historical Context Based on the COVID-19 Pandemic & Related Events**

In 2020, the COVID-19 Pandemic exposed the significant disparities to communities of color in the fight for life, health and well-being amid the crisis. It further exposed the country’s fabric of racism following the unjust murders of George Floyd, Breonna Taylor and Ahmaud Arbery. The economic challenges during the twenty-four months of the pandemic disproportionately impacted communities of color and further exacerbated the potential to close the wealth gap between White America and people of color.

Within Nevada, as with other areas of the country, intentional conversations erupted to amplify issues of race and/or diversity, equity, and/or justice. In 2020, KNPR Radio’s public affairs broadcast program, *State of Nevada*, convened a series of community conversations<sup>1</sup> in hopes of better understanding how issues of race and racism affect every Nevada resident. Sam Sanders, the show’s host, aimed to spark conversations to “unpack the social impediments to real justice.”

- Mr. Sanders and the other co-hosts delved into the structural and systemic issues of racism, both on the basis of their perceptions as well as grounding in historical facts. With a diverse representation of speakers among African-American, Asian, Hispanic and Latino residents, the series included conversations on the following:
  - *African-American History in Southern Nevada* hosted by Las Vegas Lark McCarthy, who previously worked as one of the most-respected news anchors in Washington, D.C. This series looks at the history of segregation along the Las Vegas Strip, the story of The Historically Black Westside and recent Black Lives Matter protests, and we will discuss what they say about us and where we live.

<sup>1</sup> <https://knpr.org/programs/special-projects>

- Asian-Americans and foreign-born Asians have impacted the Las Vegas economy and this region's culture during the past 20 years, building strong ties with South China and the Philippines, placing us on the map for foreign travelers and investors, as well as healthcare and tech-workers seeking to live in the United States. We asked where does Las Vegas fit in along the Pacific Rim, and how could that define our future?

- Latinx people have transformed every aspect of life here from food to music to politics, in many ways returning the cultural feel of this region to its earlier roots when Mexico controlled the American Southwest. We discussed the classic challenges faced by all immigrants and first-generation Americans in this country: how to hold onto your past while embracing your present and future.

- Native American people continue to populate this region, with Las Vegas Paiutes operating a golf resort and two tribal smoke shops, but their story here, which often goes untold, stretches back centuries. The Moapa Band of Paiute Indians live in seclusion, near Moapa. We discuss the economic and cultural challenges faced by the native people.

In summary, the exploration as described above by KNPR was intentioned to be ongoing as a means for engagement and/or partnership with other stakeholders. It also offers potential for building upon the state-based conversations for future dialogue.

---

<sup>1</sup><https://knpr.org/programs/special-projects>

### **Context for Income Inequality**

In detailed accounts of disparities among Nevada’s families, in 2019, the Guinn Center, a nonprofit bipartisan research center and policy lab based in Las Vegas, produced the report<sup>2</sup> entitled *A Step Up: Economic and Financial Security for Nevada’s Families*. The report documents that as of 2017, the average median income of a Nevada family adjusted for inflation was \$55,434, well below the pre-recession of 2007’s peak of \$63,547 in annual income — meaning half of Nevada families are earning less than they earned a decade ago.

**Of Note in the Report: Income inequality in Nevada has worsened over last decade, amid stagnant wages and rising household costs.**

The graph depicted in Table 1 below reflects tracking the share of income going to the top 10 percent of income earners versus the remaining 90 percent, which reached parity around the turn of the century but has since seen the top share of income earners increase to nearly 55 percent of all income earned in the state.

#### **Income Inequality is Growing in Nevada**



**Table 1**

“This means that more than half of the income in Nevada is received by a small share of the highest income households, while less than half is shared by the vast majority of the population,” the report states. Between 2009 and 2015, the top one percent of income earners saw their average real income grow by 22.4 percent, more than 16 times the growth seen by the remaining 99 percent of wage-earners.

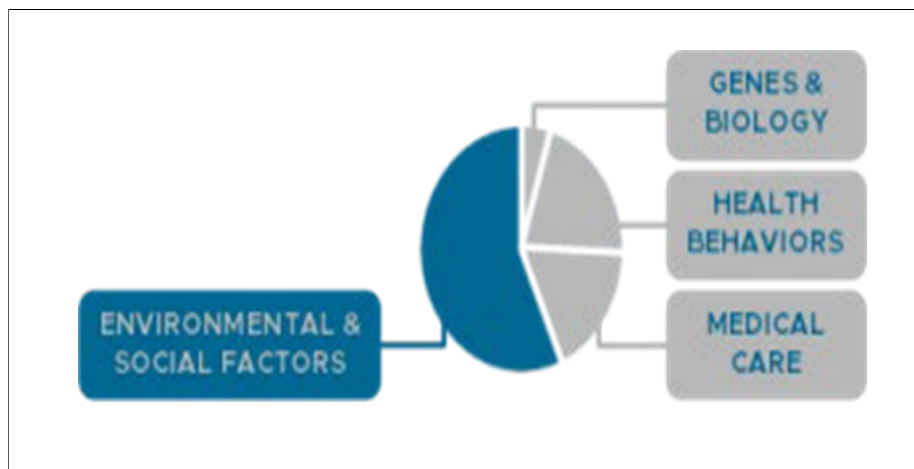
<sup>2</sup> [Report: A Step Up: Economic and Financial Security for Nevada’s Families](#)

Education, money, and power provide access to good health. However, access to those systems is limited for people of color by the historic and systemic injustices that have historically benefited white people. This is one manifestation of White Privilege.<sup>3</sup>

The social drivers of health are driven by variables such as zip code, income and race. The literature demonstrates that these have a bigger impact, estimated as high as 80%, on one's health rather than behavior, history of medical care, or genetic makeup.

These drivers that lead to poor health outcomes are also social determinants of economic and social class mobility – those that get good education are more likely to earn more and achieve positions of authority, those that earn more are able to take advantage of more opportunities and experiences, and those who hold positions of power are able to make and influence decisions that benefit them and their families.

In Nevada, the overall median income for families in 2019 was \$65,000. In two counties with the highest recorded income - whites on the high end of the range were at \$76,000; Native Americans at \$61,000; Hispanic at \$56,000; and Blacks at \$43,000. Table 2 depicts that your social and environmental factors (race, income, zip code) have a bigger impact on your health than your behavior, medical care or genetic code combined.



The majority of neighborhoods that are safe, environmentally friendly and that support good health outcomes are largely white, given the privilege that has been afforded to many in our nation.

Great disparities exist between white and non-whites in education, income, and the concentration of power, which gives whites a greater advantage in achieving and maintaining good health. Neighborhoods are also a critical factor in achieving good health and this is driven by economics and structural designs that are the result of racism and inequity.

<sup>3</sup> <https://centerforhealthprogress.org/blog/publications/health-white-privilege/>

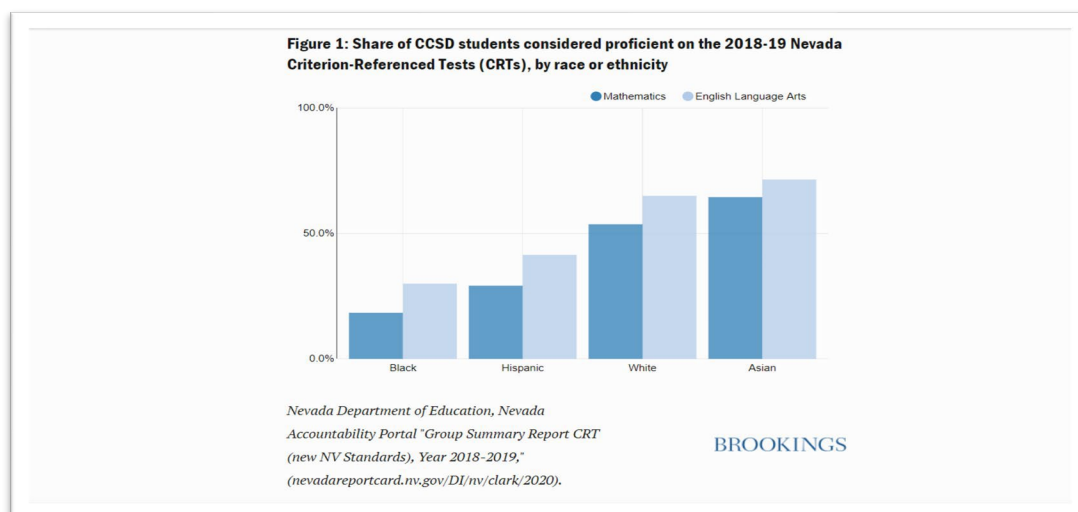
## EDUCATION

The nation's renown *Brookings Institute*<sup>4</sup> performed a July 2021 study on the disparities in education within Nevada, with a focus on the Clark County. With regard to age, race, and ethnicity, the Las Vegas-Henderson-Paradise, NV metropolitan statistical area (MSA) looks today the way the U.S. is expected to look by 2060. The demographics of the Las Vegas public school district reflects similar trends. The Clark County School District (CCSD) is the 5<sup>th</sup> largest school district in the nation, and Hispanic students make up 47% of CCSD students, compared to 27% of students in the U.S.

By 2060, the report reflects that the Hispanic population is projected to constitute over a quarter of the U.S. population. But Hispanic students are often overlooked in education discussions, perhaps in part because they are not the lowest-performing demographic. A quality K-12 education can provide students with an opportunity to move up the economic ladder by gaining skills to work or attend college.

Yet race and ethnic gaps in academic performance remain large, and Hispanic students are often underserved by their schools, contributing to lower educational attainment and lower wages compared to their peers.

Clark County School District (CCSD) students take statewide Criterion-Referenced Tests (CRTs), which are designed to assess whether a student is on track for “college and career readiness.” Long before high school, stark contrast in gaps among races emerge as in relation to proficiency rates. In the 2018-2019 school year, fewer than half of CCSD students were considered “proficient” in English Language Arts and fewer than 40% were considered proficient in mathematics.



<sup>4</sup> <https://www.brookings.edu/research/improving-k-12-education-for-hispanic-students-in-las-vegas-and-beyond/>

When students in Nevada become adults with higher educational attainment, they have better opportunities in achieving health equity and longer lifespans compared to their potential outcomes given the current data. Tertiary education, particularly, has been noted<sup>5</sup> as critical in influencing infant mortality, life expectancy, child vaccination, and enrollment rates. In addition, an economy needs to consider potential years of life lost (premature mortality) as a measure of health quality. The years 2020-21 will likely reveal that these numbers were further exacerbated. Figure 1 reveals 3<sup>rd</sup> - 8<sup>th</sup> grade CCSD students who were considered proficient in the 2018-19 school year. White and Asian students outperform their peers by a significant margin.

It is often believed that a student's learning is heavily influenced due to parental involvement. According to research studies, parental behavioral and emotional support can be associated with a higher grade-point average and fewer unexcused absences. Most notably, parental emotional support was found to be more highly correlated with academic achievement than parental behavioral support. Numerous studies have indicated that higher levels of parental involvement, determined through behavioral and emotional support, were associated with higher academic achievement, measured by both GPA and unexcused absences.

At the time of this report NVPCA supported three (3) of its health center members that were serving as school-based health centers. Innovative models such as [Pipeline Efforts to Steer Elementary School Kids into Medicine](#) might prove useful exploration in its efforts to support JEDI and parental engagement throughout the process.

---

<sup>5</sup> <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-020-00402-5>

## **EDUCATION**

Nevadans with more education have better health and lower rates of:

- Chronic Disease
- Early Death
- Being Uninsured

However, Nevadans of color have less access to high quality education.

## **MONEY**

Nevadans with more money have better health and can more easily afford:

- Safe Housing
- Health Care
- Health Insurance

However, Nevadans of color have less access to good jobs and economic opportunity.

## **POWER**

Nevadans in paid or elected positions of power can shape policies around:

- Costs of Care
- Health Priorities
- Health Insurance

However, Nevadans of color have less access to health care decision-making roles.

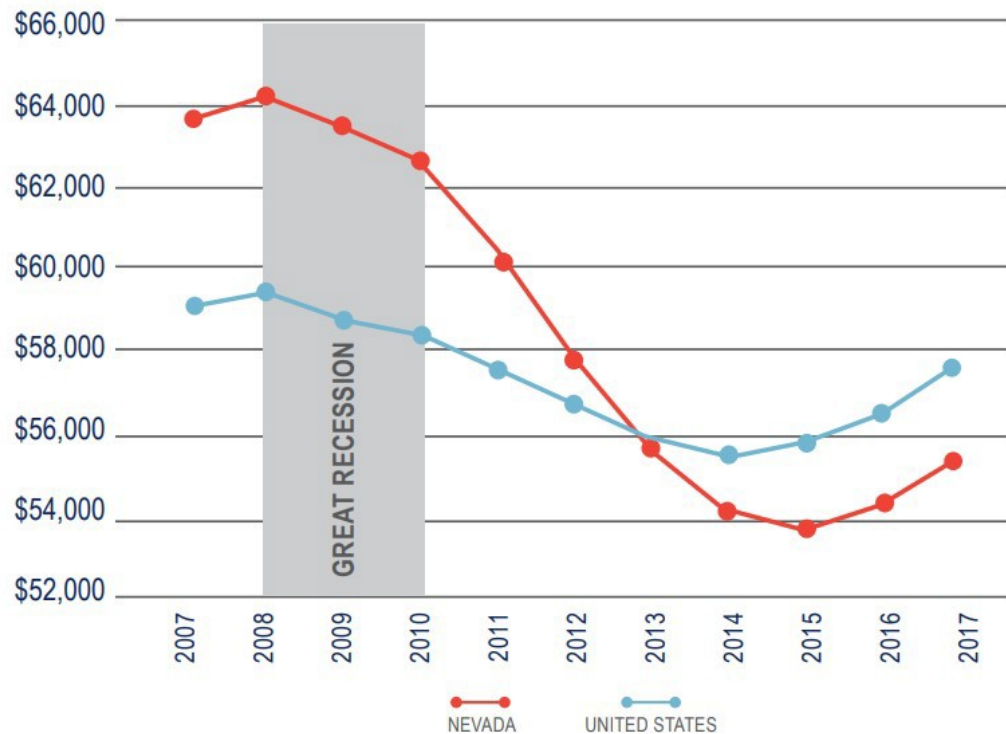
These disparities exist for many reasons, ranging from institutional policies that under-resource schools in communities of color; to discriminatory lending, hiring, and employment practices; to both the explicit and subversive ways people of color have been kept out of positions of authority in major institutions and government.



The opportunity to live a healthy life should be a matter of fact, not a matter of privilege. When our neighbors are healthy, our communities prosper, and Nevada is stronger. These disparities will continue to exist until we address their root causes.<sup>6</sup>

Many Nevada Families Earn Less Today than Before the Great Recession of 2008-2009

Median Household Income, 2007-2017 (in 2017 Dollars)<sup>18</sup>

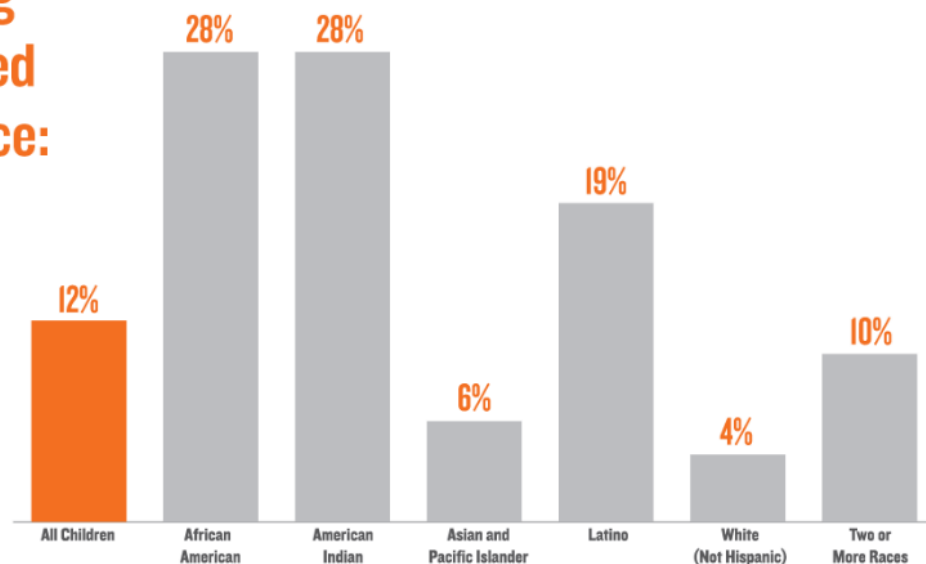


In Nevada, the percentage of children living in poverty also increased dramatically between 2007 and 2017 — rising from 14.8 percent (or 93,301 children) to 20.3 percent (or 133,668 children), a 43 percent increase. Latinos (16.4 percent live in poverty representing 27% of the state) and African Americans (24.6 percent live in poverty while representing 9% of the state) make up a disproportionate percentage of Nevadans in poverty, while 37.7 percent of single mothers with children under the age of five years old are below the poverty line. Among whites 9.6% live in poverty and make up 66% of the state.<sup>7</sup>

<sup>6</sup> <https://centerforhealthprogress.org/?s=address+root+causes>

<sup>7</sup> <https://thenevadaindependent.com/article/report-income-inequality-has-worsened-over-last-decade-amid-stagnant-wages-and-rising-household-costs>

## Children Living in Concentrated Poverty by Race: 2013–17



NV childhood poverty rate drops overall, but still high for children of color

BY: [MICHAEL LYLE](#) – *Nevada Current*, SEPTEMBER 24, 2019

## Baseline Assessment

While preparing for this document, consultants from Partners in Equity held virtual meetings with the executive leadership of NVPCA to determine their priority on establishing a plan, as well as to discuss the process for developing the plan based upon the feedback from three stakeholders: NVPCA staff members, NVPCA Board of Directors and community partners.

The survey tools focused on the overall guiding question of *“Are stakeholders of the associations (as described above) seeking to adopt and promote organizational change centered on Justice, Equity, Diversity and Inclusion (JEDI)?”* Five guiding questions, as shared below, helped to serve as content among three different survey instruments for each stakeholder group to complete.

### Guiding Research Questions

1. What are the leaders’ perceptions of the importance of JEDI to organizational change?
2. What are the leaders’ motivation(s) for adopting organizational change?
3. How do leaders promote organizational change within their association?
4. What models of organizational change do leaders consider effective for increasing JEDI?
5. How do leaders implement organizational change with their organization?
6. What is the relationship between adopting and promoting organizational change centered on JEDI and the leaders’ personal and professional characteristics?

The surveys were administered to three groups between September 16 - October 7, 2021. A copy of the survey link was emailed to each identified stakeholder by the NVPCA’s Program Manager for Performance Improvement explaining the purpose of the survey, the amount of time needed to complete the survey, and the survey submission. The NVPCA staff members had a 100% survey completion rate. The Board of Directors had a response rate of 27%, followed by responses from five (5) community partner organizations.

### Staff Member Demographics

The Nevada Primary Care Association has a total of ten (10) employed staff members (there are currently three vacant posted positions) with 60% being identified as Generation Xers and 40% Millennials. Research has indicated that Gen Xers are arguably the best educated generation which is reflective of the 80% of staff who reflect having earned a master’s degree. Among the staff the Millennials, representing 40% (n=4), grew up during an era where the young adults directed large segments the political conversation and helped to elect the first black president in 2008, President Barack Obama.

**Key Demographic of Staff Members – 7 staff during the reporting process (3 vacancies)**

Age Range of Staff Members	Race of Staff Members	Gender
50%- age 45-54	80% white	70% Female
30%- age 35 to 44	10% Asian American/Pacific Islanders	30% Male
20% age 25 to 44	10% Hispanic/Latino	

**Value Articulation from Nevada Primary Care Association Staff Members****What does JEDI mean to you?**

*"It means working on ensuring to hire a diverse staff to foster a community that embraces this mindset, and ensuring all staff are driven by the mission of the organization to support FQHCs who support the community that is most vulnerable and susceptible to inequities in health."*

*"Ensuring that all staff, clients and partners are treated with dignity and respect regardless of their racial/ethnic, sexual, religious backgrounds or disability status. We respect ourselves, our colleagues and the public. We are HUMAN and should be treated as such; no one person is better than another, we all deserve to be respected and included."*

*"It is an opportunity to reflect and take time to ensure that as a society we begin to make very deliberate decisions through our actions to treat all people the same."*

*"A safe, diverse workplace; including people of different backgrounds; being sensitive; increasing employee happiness and retention; being fair."*

*"Learning, understanding and addressing the inequities faced by individuals."*

*"Self-awareness, owning my part in the mess, self-education and a personal action plan to make the world more just for all. In this case, it means the company's self-recognition, ownership of responsibility and our action plan to make positive change."*

*"It means this survey and a very clever 'Star Wars' acronym."*

*"I think it means recognition that we can all learn from other perspectives which implies that we can't achieve our highest purpose if we aren't intentional about that as individuals and organizations. It means we can't reach our potential unless we ALL reach our potential. It is a pursuit of justice for past and current wrongs."*

*"I believe that a diverse, equitable, and inclusive organization is one where all employees, whatever their race, ethnicity, religion, national origin, age, sexual orientation, gender identity, education, income, or health condition feels valued and respected. We should value diverse life experiences and heritages and ensure that all voices are valued and heard."*

### Key Factors from NVPCA Staff Members

- 90% of staff members feel comfortable engaging in conversations about diversity, equity, and inclusion.
- 60% of staff members share perspectives about race when the topic is discussed.
- 100% of staff members agree or strongly agree that being around people who are different motivates them.
- 60% of staff members understand White Privilege<sup>8</sup>.

### Board Member Demographics

The Nevada Primary Care Association has a total of 11 Board of Directors, three of whom (33%) completed the survey assessment. Sixty-six percent (66%) of the respondents identify as being Hispanic/Latino and 33% of respondents identify as white. These survey participants have been affiliated with the NVPCA for under five (5) years and serve in an exempt senior leadership role within their health center.

### Value Articulation from Nevada Primary Care Association Board of Directors

#### **Please share two ways you are or planning to do to make your organization more inclusive?**

“Female leadership/ team minority leadership/team” - Board Member

“Hiring process” - Board Member

“Recommendations” - Board Member

### Community Partner Responses

#### Value Articulation from Community Partners

#### **If your organization is currently working on JEDI or DEI goals, what are some of the strategies your organization has used to encourage collaboration with other organizations?**

“Listening to the needs of the partners we work with.”

“Diversity, equity, and inclusion are an integral part of our values. As an organization, we recognize the need to serve a broader population, including rural and underserved communities. In effort to reach these communities, we have extended our outreach efforts to community health centers, community coalitions, FQHCs, the Office of Statewide Initiatives and Rural Health that serve patients in rural and underserved areas throughout our state.”

“Our goal is to break down barriers to access to specialty care and improve access to services within diverse populations. Our strategic focus on recognizing Alzheimer’s Disease and Related Dementia (ADRD) affects each population uniquely. We seek to understand the needs that diverse populations and the affects race, ethnicity, and location may have on the development and trajectory of ADRD within our state. Our research efforts focus on development of effective treatment modalities, suitable for all populations.”

---

<sup>8</sup> [Having white privilege and recognizing it is not racist](#)

“We seek to educate and focus on development of effective treatment modalities, suitable for all populations. We also seek to educate and support to practitioners who serve patients that live in rural and underserved communities across our state by offering no-cost ADRD specific SME/CEU programs.”

“These programs help to ensure our provider population is equipped to care for the delicate needs of ADRD patients living within their respective communities. Our no-cost patient and caregiver education programs, support groups and resources serve as wrap around services for those living with ADRD. Equipping patients and caregivers with the support they need after diagnosis is essential for optimal quality of life when living with a neurodegenerative disease.”

“We continue to do DEI trainings and most recently have created a commitment statement to DEI with accountability measures.”

It was also noted that one partner entity has expanded all of its practitioners, future practitioner, patient and caregiver education programs to virtual formats in effort to break down access barriers and ensure equal access to programming, education and support services.

**What do you see as three (3) initiatives or actions, as partnering members of the Nevada Primary Care Association, that hold promise to make organizations more inclusive?**

- Collaborating via interview panels to recruit new hires with a focus on diversity
- Shared training opportunities, which includes for Board Membership and DEI trainings
- In partnership to host focus groups, develop policies and procedures together, and storytelling to capture stories from diverse backgrounds to better understand the need.

**Please provide two (2) examples of how existing community partners can implement actions to foster inclusion -- inviting the voices of those being served (i.e. patients of healthcare and social services) -- at the community level to join such efforts.**

*No additional responses noted.*

## Strategic Planning/Overarching Themes

NVPCA's Strategic Plan identifies four main areas of strategic goals for the future:

<b>Policy:</b>  <b>Elevate the status of and improve the health policy environment for health centers.</b>
<b>Strategic Growth:</b>  Increase access to care and strengthen the network of community health centers
<b>Organizational Excellence:</b>  Ensure organizational knowledge financial sustainability and value of the NVPCA to its members.

for the PCA to incorporate JEDI work. As leaders of health care for the underserved, Nevada's PCA support to its members in the policy arena offers tremendous leverage, given the PCA's ability to address the evolving needs for JEDI. Policymakers at all state and federal levels are seeking to understand solutions that will address the Social Determinants of Health (SDOH).

While different agendas, such as managed care, value-based care (e.g., cost savings, quality) and Medicaid budgets often drive state-level conversations, there remains an enormous potential for PCA and health center leadership voices to serve as catalysts in embedding JEDI context. Since state policymakers are required to demonstrate the quality and cost savings via accountable care, there are natural inroads to embed aspects of JEDI efforts within the context of addressing social determinants of health.

Health center data should be used to demonstrate changes in outcomes for the sickest of patients and those whom most consider a burden to the delivery system. Health center performance data should inextricably link its providers' success in addressing care gaps, aligning risk stratification, and enabling services. The NVPCA has an integral role and can support its policy agenda by continuing to work on this narrative, which will continue to have an impact on reducing disparities and moving towards equity.

---

The Bureau of Primary Healthcare (BPHC) has historically recognized health centers nationally for demonstrating quality outcomes. Those that speak to disparities and/or issues of equity directly include a category among the five that identifies:

**Health Disparities Reducer**, which recognize health centers that:

- Meet or exceed Healthy People (HP) goals in the areas of low birth weight, hypertension, or uncontrolled diabetes for at least one racial/ethnic minority group;
- Demonstrate at least a 10% improvement in the areas of low birth weight, hypertension, or uncontrolled diabetes for at least one racial/ethnic group.

In 2019, the last year of these awards being tied to federally supported financial incentives, BPHC awarded three such awards and recognition to three (3) out of the nine (9) health centers throughout Nevada.

In addition to the organization's 2021-2022 Strategic Plan, NVPCA's 2019 Strategic Growth Assessment provides a valuable tool to build upon toward the implementation of JEDI work as it affords an opportunity to relay an equity lens to various components. The assessment was designed to "reflect a portion of NVPCA's support by providing an overview of Nevada's population, its general health care outcomes, selected health care providers, strategic planning considerations, capital financing options, and suggested resources combined to help FQHCs make informed decisions regarding sustainability, growth, and expansion." The assessment presents initial information on the capacities of Nevada's FQHC and communities' possible needs and opportunities. In this instance, high needs can be contrasted with demographics to determine if there are correlations based on race and/or social needs.

As a complement to this work, the JEDI Plan seeks to incorporate opportunities discovered for the NVPCA in its efforts to increase its own JEDI goals, objectives and activities, as well as offer support to its members.

In the area of Strategic Growth, the JEDI work has the potential to support taking a deeper dive with policy platforms like Medicaid Expansion. Nevadans have even more to look forward to as they approach the Year 2026 when Medicaid Expansion will add the element of choice for a public option.



One in four Nevadans is now enrolled in a public health insurance program. More than 810,000 Nevadans are now enrolled in Medicaid or Nevada Check-Up, the Nevada Department of Health and Human Services. The record enrollment is an expected result of the pandemic and subsequent economic downturn. In January 2020, 671,979 Nevadans were enrolled in Medicaid or Check Up. One year later, 810,818 were enrolled.<sup>9</sup>

With a 20% growth in the Medicaid program from 2020 to 2021, where do the conversations land in regard to social determinants of health?

While more providers opt out of Medicaid in Nevada, NVPCA is positioned to become an integral leader in making the business case for going beyond messages of increasing access to addressing SDOH; but the work must be intentional and can greatly support its JEDI efforts. These factors offer enormous opportunity to engage payers with a forum for sharing claims data that will inform quality and costs saving, as well as support value-based care goals.

Nevada's Health Centers, per the 2020 Uniform Data Set (UDS) Report, reflect 103,000 patients, up by 16% from previous five years, with only a slight decrease from 2019-2020 of 4% due to the pandemic. Female patients represented 57% of the total and patients who requested that a language other than English would serve them better was at 25%, up from 17% from the previous five-year data. Again, 69% of patients were identified as racial and ethnic minorities. Per HRSA UDS trend data, Nevada's health centers were trending improvements in patient clinical outcomes for the three years proceeding the pandemic. Utilizing their strength of practice, health centers can strategically partner with payers through a NVPCA-led Accountable Care Organization (ACO) and/or Independent Practice Association (IPA) models.

## Values Statement

Visibly posted on NVPCA's website is its public declaration of value which offers a call to action to work for those without access to health care.

*Nevada Primary Care Association (formerly Great Basin Primary Care Association) (NVPCA) is the federally designated Primary Care Association for the State of Nevada. NVPCA is dedicated to assisting health centers and other community health providers with the implementation of solid business practices and community-responsive programs in an effort to improve service delivery effectiveness and efficiency. Our work is based on maximizing resources, developing a strong intersection between medical care and public health at the community level, and using sound business sense in developing the capacity to serve those who do not have access to mainstream health care.*

---

<sup>9</sup><https://www.nevadacurrent.com/2021/02/23/medicaid-reaches-record-enrollment-in-nevada/>

A great value statement, such as that is currently being utilized, can offer great latitude for incorporating the tenets of JEDI or provide an adjacent space for a supplemental phrase on NVPCA's commitment to the work of JEDI.

## Statement of Assurance & Equal Employment Opportunity

During the season for this work, NVPCA had a vacancy it sought to fill and advertised it broadly on employment platforms such as *Indeed*, its website and local sources. The positioned announcement contained the standard EEOC language in advertisements.

Equal Employment Opportunity (or EEO) statements are generally considered a “best practice” when advertising for vacancies for employers. These voice commitment to equal opportunity and diversity. While their role seems simple, it often is not because EEO statements are only meaningful if they reflect the truth.

For some employers, equal opportunity commitment begins and ends with EEO statements. They may display mandatory “EEO is the Law” posters, add short statements to their job listings or write full-blown equal opportunity policies. Unfortunately, these combined efforts do not necessarily translate into equal opportunity.<sup>6</sup>

In planning for this work, research reveals data by a group of researchers who conducted a series of studies to investigate how EEO policy statements impact companies' hiring practices.<sup>7</sup> The researchers explored the consequences of candidates masking parts of their identity by deleting racial clues, such as minority scholarships, or traditional names, from their resumes (aka, ‘resume whitening’):

- *Study 1* surveyed non-white university students regarding ‘resume whitening.’ They found that one-third had ‘whitened’ their resumes, while the rest knew someone else who had. Participants stated that one of the reasons for whitening was to avoid discrimination.
- *Study 2* found that applicants were less likely to ‘whiten’ their resumes when applying to job ads with EEO statements. So, the study suggested that EEO statements make minorities more comfortable.
- *Study 3* tested how important ‘resume whitening’ was for companies. They included two employer groups: those with a pro-diversity statement and those without. They sent ‘whitened’ and ‘un-whitened’ resumes to both groups and waited for callbacks. Both employer groups seemed to favor candidates with ‘whitened’ resumes – ‘whitened’ candidates were twice as likely to receive callbacks.

Per the findings of this research, equal opportunity employer statements did not appear to make a difference when it comes to hiring discrimination. If anything, they could make discrimination worse at the initial hiring stages because they encourage applicants to disclose their race, which makes it easier for companies to screen out non-white applicants.

## Current Efforts/Assets:

NVPCA also has an important role to play in the fight against systemic racism and bias in society, as a whole. Through statewide cultural competency training, NVPCA is one of two organizations among state leadership that implements and upholds accountability for the state's mandate to ensure that healthcare organizations demonstrate the respect and dignity required to mitigate further barriers to equity. Among the current assets demonstrating NVPCAs initial work in this space, we include the following:

### **Nevada Cultural Competency Training**

The Department of Health and Human Services (DHHS) NRS 449 has established landmark standards for anti-discrimination in healthcare. In accordance with these regulations, High Sierra Area Health Education Center (AHEC) and Nevada Primary Care Association (NVPCA) have worked diligently to create a comprehensive training for Nevada Healthcare Providers.

This course is designed to satisfy the requirements set forth by Nevada Revised Statute (NRS) statute 449 for medical facilities, facilities for the dependent, and other facilities through content inclusive of varied pertinent topics. The Nevada Cultural Competency Training is approved for annual cultural competency training certification and recertification for healthcare facilities detailed therein and is focused on improvement of cultural awareness, inclusivity, and quality care delivery statewide. The course is taught over 9 hours virtually or in-person by experienced, passionate, NVPCA and High Sierra AHEC staff that have met DHHS requirements. The training is designed to not only meet the regulation requirements but leave a lasting impression on providers; strengthening equitable and accessible care delivery for years to come.

FQHCs are exempt from NRS 449.103 because NRS 449 is a state law that addresses medical organizations licensed in Nevada. Whereas, FQHCs are federal organizations, they are encouraged, but not mandated, to have staff complete the training for certification. While not required, some FQHCs have participated in this training and we will discuss more under future opportunities with this work.



Senator Pat Spearman is an African American Democrat serving in the Nevada legislature. Per her website, "Dr. Patricia Spearman embodies that of many struggles surpassed to obtain the American dream. From being one of the first African American girls to integrate her school system, to being the "1st open "same Gender Loving woman elected to the legislature". She understands that **HER-STORY** is made by taking a step forward regardless of all the battles that want to push you back."

### **2019 Nevada Revised Statutes (NRS)**

#### **Chapter 449 - Medical Facilities and Other Related Entities**

**NRS 449.103 - Regulations requiring training relating specifically to cultural competency for any agent or employee of a facility.**

1. To enable an agent or employee of a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed who provides care to a patient or resident of the facility to more effectively treat patients or care for residents, as applicable, the Board shall, by regulation, require such a facility to conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that such an agent or employee may better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who are:
  - (a) From various gender, racial and ethnic backgrounds;
  - (b) From various religious backgrounds;
  - (c) Lesbian, gay, bisexual, transgender and questioning persons;
  - (d) Children and senior citizens;
  - (e) Persons with a mental or physical disability; and
  - (f) Part of any other population that such an agent or employee may need to better understand, as determined by the Board.
2. The training relating specifically to cultural competency conducted by a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed pursuant to subsection 1 must be provided through a course or program that is approved by the Department of Health and Human Services.

### **NVPCA Staff and Board Diversity**

Per the 2020 Uniform Data Set (UDS) Report for the state of Nevada, health center patients in 2020 comprised 69% racial and ethnic minorities. With an average of 100,000 patients annually, an average of greater than 60,000 patients representing racial and ethnic minorities has remained consistent over the past four years.

NVPCA staff represented ten (10) individuals, seven females and three males. Of these, eight (8) are white and two (2) are persons of different ethnic backgrounds (Hispanic/Latino and Asian American, Pacific Islander).

The 11-member board comprises a diverse group of leaders. At the time of this report,

- Nine members were CEOs of health centers and were identified by race and ethnicity as:
  - 3 whites; 1 African American; 4 Hispanic and/or Latino; and 1 Asian/Japanese American equating to a 67% NVPCA board make-up of racial and ethnic minorities which is representative of the population served among health centers in the state.
- Two (2) board members were representative of community partners and were identified by race and ethnicity as white.
- Four (4) of the eleven board members were identified as females; and seven (7) identified as male.

## **Community Partners**

### **Cleveland Clinic**

With the enormous economic impact of such a partner, totaling an economic output of \$47 million, including 320 Nevada jobs (direct jobs comprise Cleveland Clinic physicians and employees, joint venture employees, on-campus hotel jobs, on-campus parking jobs and jobs existing at spin-off companies and indirect jobs are largely with external vendors) in 2016, representing more than \$21 million in total earnings, it would be great to take a deeper dive into this data to determine who held these jobs and what the impact was, if any, to poor families. How and which vendors are selected for this work is a question that can inform potential new opportunities in support of equity and support for minority, LGBTQ and/or female-owned businesses. These earnings supported 200 households statewide, for a total of \$12 million in household spending. Cleveland Clinic produces economic impact reports every three years; this newest report was based on 2016 data. Again, the deeper dive would aid NVPCA in leveraging work with community partners.

### **Office of Statewide Initiatives**

NVPCA has a distinct opportunity to collaborate with several education and research initiatives (Project ECHO; Office of Rural Health, AHECs/Academic Medicine; AETCs and others). Of particular alignment with NVPCA priorities is the work of the Nevada Health Workforce Research Center. The Workforce Research Center not only has a wealth of data-tracking physicians in the state; but would also be a powerful resource to incorporate racial and ethnic data on physicians to support the impetus for targeting of underrepresented minorities in medicine and other areas of healthcare.

### **Bridge Counseling Associates, Inc.**

A partner in behavioral health offers the potential for significant alignment for advocacy on behalf of the underserved. Bridge shares the health center mission of providing a sliding fee scale and serving all patients regardless of inability to pay. With designation as a CCBHC, the organization has the framework to serve as a partner to move policy through the legislature in a more impactful way. FQHCs only receive prospective payment for Psychiatrists, Psychologists and Licensed Clinical Social Workers. NVPCA has been working to expand this reimbursement for several years. Certified Community Behavioral Health Centers (CCBHC) can be reimbursed for positions such as CPCs, LMFT, and LDACs if they are a state funded CCBHC.

## **Reproductive Education and Care in Community Health Homes (REACCHH)**

NVPCA's Title X program also known as Reproductive Education and Care in Community Health Homes (REACCHH) is funded by the U.S. Department of Health and Human Services (DHHS) and administered by the Office of Population Affairs (OPA).

The REACCHH program provides funding to Federally Qualified Health Centers (FQHCs) to increase access to comprehensive family planning services integrated with whole-person primary care services. NVPCA's REACCHH Network consists of four FQHCs that provide family planning services at 15 clinic sites located in Elko County, Carson City, Washoe County and Clark County.

Nevada's FQHCs serve a population that is traditionally underserved by the healthcare system. In calendar year 2019, 96% of the Title X patients seen at a REACCHH clinic site had incomes at or below 200 percent of the Federal Poverty Level, 41% identified as Hispanic, and 26% had limited English proficiency. Furthermore, FQHCs have extensive experience providing ancillary services such as connections to other community services, insurance enrollment, case management, and transportation to their patients, making them a natural fit for the Title X program.

The program offers a framework to support reproductive justice, which places the issue of reproductive rights within a social framework. This helps address the limited attention paid to diverse communities within the reproductive rights movement. Reproductive justice gives a voice to poor women, women of color, incarcerated women, immigrant women, female youth, women with disabilities and other women and girls on the margins who have been subject to reproductive coercion and discrimination. Reproductive justice extends beyond rights and choice to address historical, social and economic factors contributing to the disempowerment of women.<sup>10</sup>

These inequities are exacerbated through discrimination based on race, culture, socioeconomic status, gender identity, sexual orientation, immigrant status, religion, age and other factors. Furthermore, they contribute to poor reproductive health outcomes and threaten a woman's decision making regarding her body, her family and her community.

Reproductive justice has deep historical roots. It draws on the history of slavery, civil rights and coercion relating to sterilization and contraception. It encompasses current discrimination experienced by diverse communities such as women living with drug addictions, disabilities or in impoverished communities.

<sup>10</sup> [https://www.law.berkeley.edu/php-programs/centers/crrj/zotero/loadfile.php?entity\\_key=55RRRQP3](https://www.law.berkeley.edu/php-programs/centers/crrj/zotero/loadfile.php?entity_key=55RRRQP3)

Women from Latina and underserved communities also mobilized against acts of reproductive coercion, such as sterilization abuses, which ultimately led to tougher sterilization guidelines that continue today. Women of color have largely led this movement by connecting social justice issues with reproductive health. In the 1960s and 1970s, women like Shirley Chisholm and Frances Beal worked with others in feminist and mainstream reproductive rights organizations to shift the reproductive rights discourse to address the breadth of social justice issues that affect women, such as access to health care, child-care and economic opportunities.

NVPCA can, through its work with its members, promote its health centers as models of best practice in this area; with a focus on addressing the above social justice issues to combat stigmas such as those related to abortion and to promote an increased and diverse women's health workforce. These perceived impressions often exacerbate barriers to healthcare for women and often furthers inequity.

The data below reflects a compelling need in rural areas, due to the fact that rural America is only 51% adequate to address women's health.

Shortages in **Women's Health** Providers<sup>10</sup>

## Explore Workforce Projections



<sup>10</sup> <https://bhw.hrsa.gov/data-research/review-health-workforce-research>

## Opportunities

### Workforce

NVPCA was provided with one option from the consulting team to start this work by reviewing the findings of data and the baseline assessments. This was suggested as a way to explore opportunities to demonstrate the organization's position as being representative of a diverse and equitable employer. Formal career planning and development for NVPCA staff to maximize their professional potential could also include a focus on people of color. These efforts should include striving for greater recruitment diversity, not just of senior leaders and directors, but also of interns, experienced managers, and support teams to build a robust leadership pipeline that delivers tangible progress toward diversity.

In 2019, the March of Dimes reported that 52% of the state of Nevada was comprised of racial and/or ethnic minorities. In 2014, just five years earlier per this same source, it was 47%. As of the most recent ACS data from the Census Bureau, the state's racial and/or ethnic minorities make up 54% of the population, an increase of 7% in the past six years. Henderson and North Las Vegas are currently among the twenty fastest-growing cities in the United States with populations over 100,000. Interestingly, as Nevada continues to grow, its population becomes more diverse. The non-Hispanic white population has shrunk in every county in the state between 2010 and 2012 except for three counties, with Hispanic and Asian populations continuing to grow faster than any other. Again, health center patients are made up of greater than 60% racial and ethnic minorities, which has been consistent over the past four years and likely to grow given demographics trends.

According to Census Bureau figures, the growth in the state is driven mostly by people moving to Nevada from other countries and other states, and because the two biggest counties have lower mortality rates than the national average – despite typical fertility rates among residents. Nevada's population is expected to continue its healthy climb and is estimated to reach 3.36 million residents by 2030, reflecting greater than a 5% growth trend mostly among minorities.

Census data further states that Nevada also has the highest population of immigrants of any state in the United States, accounting for an estimated 8.8% of the total population. Although many immigrants are still erroneously referred to as “illegal aliens,” half of all immigrants in Nevada are naturalized U.S. citizens.



Fifty-one percent (51%) had naturalized as of 2018, and 109,304 immigrants were eligible to become naturalized U.S. citizens in 2017. Three in four (76%) of immigrants reported speaking English “well” or “very well.” Immigrants in Nevada are distributed across the educational spectrum. More than one-fifth (22%) of adult immigrants had a college degree or more education in 2018, while more than one-fourth (29%) had less than a high school diploma.

Integral to both NVPCA’s Strategic Plan is a goal to support growth of health center provider capacity. The challenges are well known and continue to be exacerbated by the pandemic. HRSA’s National Center for Health Workforce Analysis (NCHWA) helps public and private organizations understand how changes in population will affect future workforce demands. By estimating the supply, demand and distribution of health care workers, they inform public policy to help prevent shortages and surpluses. With this data, NVPCA, its member-organizations and partners have an opportunity to be strategic in promoting JEDI in provider recruitment efforts throughout the state over the next decade.

Shortages in **Family Medicine/Primary Care** – Rural shortages persist over both urban areas and total rural and urban combined. For urban areas, an adequate supply reaches 88%; for rural it is 80%, and the total adequate supply of providers is at 88%. This data continued to reflect similarities among the different provider disciplines.<sup>11</sup>

## Explore Workforce Projections

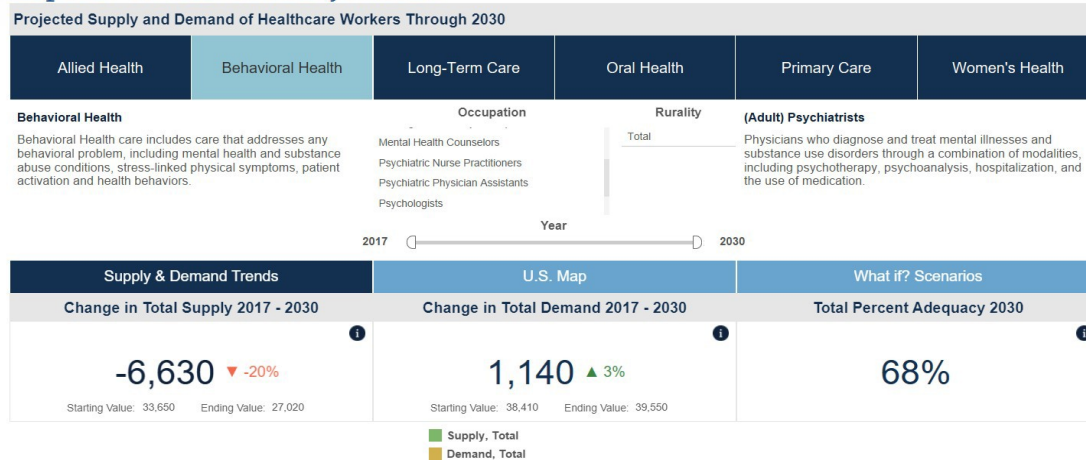
### Projected Supply and Demand of Healthcare Workers Through 2030



<sup>11</sup> <https://bhwa.hrsa.gov/data-research/projecting-health-workforce-supply-demand>

Shortages in **Behavioral Health** Providers

## Explore Workforce Projections



## Explore Workforce Projections



Workforce shortages that persist will likely require attention to a growing need for Community Health Workers in the Allied Health Professions. Demand has increased by 11% and will likely continue to evolve as these shortages remain. These are opportunities for NVPCA that will be detailed further in the “recommendations” section of the plan.

### **Policy Internal to Workforce:**

Given some of the above information regarding opportunities with workforce, how might NVPCA shape efforts at being intentional on seeking to recruit indigenous and/or people of color? Since the PCA controls its own development of job opportunity advertisements, these can be crafted in such a way that attracts potential BIPOC as candidates.

Recruit, hire, and promote with EEO principles in mind by implementing practices designed to widen and diversify the pool of candidates considered for employment openings, including those in upper-level management. NVPCA should monitor for EEO compliance by conducting self-analysis to determine whether current employment practices disadvantage people of color, treat them differently, or leave uncorrected the effects of historical discrimination in the organization.

Ensure selection criteria do not disproportionately exclude certain racial groups unless they serve as valid predictors of successful job performance and meet the employer's business needs. For example, if educational requirements disproportionately exclude certain minority or racial groups, they may be illegal if not important for job performance or business needs.

Organizations like NVPCA should strive to ensure promotion criteria are made known, and that job openings are communicated to all eligible employees. When using an outside agency to recruit for NVPCA or in support of its members, include statements in agreements which express that all qualified candidates, in alignment with the organization's JEDI principles are desired.

NVPCA should regularly monitor compensation practices and performance appraisal systems for patterns of potential discrimination. Performance appraisals should be based on employees' actual job performance. Ensure consistency (i.e. that comparable job performances receive comparable ratings regardless of the evaluator, and that appraisals are neither artificially low nor artificially high). To keep a level of accountability among all NVPCA employees toward JEDI, ensure that the appraisal system includes language to assess the employee perspectives and engagement, and reward innovations in this area.

Similar to other nonprofits that excel in this space and strengthen member capacity, with EEO in mind, NVPCA must invest in the development of employees, supervisors, and managers. Extend training and mentoring to provide workers of all backgrounds the opportunity, skill, experience, and information necessary to not only perform well; but also to ascend to upper-level jobs. In addition, employees of all backgrounds should have equal access to workplace networks that develop organically (i.e. strong member-PCA staff relationships and opportunities to network with partners that leverage the impact).

To maximize employee engagement, internal policy must also reflect content to ensure protection against retaliation. Clear and credible assurances should be offered that if employees of “any” race make complaints or provide information related to complaints, the employer will protect employees from retaliation and consistently follow through on this guarantee.

Diversity, Equal Employment Opportunity (EEO) and Affirmative Action (AA) deal with issues related to discrimination, but in unique ways. The three are complementary in function and intent but vary in their goals and outcomes. Instead of posting standard EEOC statements, such as the one referenced prior in the current NVPCA vacancy at the time of this report, the following are examples to consider expanding:

*At NVPCA, diversity, equity, and inclusion are at the core of who we are. Our work is embedded in the Community Health Center movement and a commitment to these values is unwavering – across all of our work and in service to our members. The values are central to our **mission** and to our impact. We believe having diverse perspectives helps generate better ideas to solve the complex problems of a changing—and increasingly diverse—community of community health centers*

### **Kaiser Family Foundation:**

#### **Differences Make Us Stronger**

Operating as one team, we celebrate the more than 280,000 individuals who make us better. We value the collaboration and respect between us that make us stronger, and we cherish the differences that make us richer.<sup>12</sup>

### **Cleveland Clinic**

Cleveland Clinic values a culture where caregivers integrate diversity and inclusion throughout the enterprise. We respect and appreciate our similarities and differences; they enable us to better serve our patients, one another, and our global communities.<sup>13</sup>

<sup>12</sup> <https://www.kaiserpermanentejobs.org/diversity-and-inclusion>

<sup>13</sup> <https://my.clevelandclinic.org/about/community/diversity/about>

### **Amazon's Diversity & Inclusion Mission Statement**

Amazon's **mission** is to be the earth's most customer-centric company, and this **mission** is central to our work in diversity and inclusion.

Diverse and inclusive teams have a positive impact on our products and services, and help us better serve customers, selling partners, content creators, employees, and community stakeholders from every background. We are constantly learning and iterating, whether through central programs, or work within our business teams, through programs that are local, regional, and global.<sup>14</sup>

### **Uber's Diversity & Inclusion Mission Statement**

At Uber, our **mission** is to ignite opportunity by setting the world in motion. We see direct parallels between how we ignite opportunity through our company and how we ignite it within our company. But we also know that a solely data-driven approach will never be sufficient, because D&I is more than a box to check or a target to hit.

The numbers matter, but they're only a starting point; a commitment to diversity and inclusion has to run much deeper. That's why we've set an audacious goal: to make Uber the most diverse, equitable, and inclusive workplace on the planet. And we're not just setting high expectations for our own good. We're aiming sky-high because we know from experience that reducing and eliminating inequity is hard to do if all you shoot for is incremental change.<sup>15</sup>

### **Policy External to the PCA/Health Center Environment:**

Medicaid Expansion holds enormous potential to provide leadership from a social justice perspective. With Nevada being recognized as one of the most progressive states with a then-Republican Governor who expanded Medicaid, there are excellent opportunities to continue this progression. With over 100% increase in Medicaid enrollees through expansion, and even greater potential with a public option that will be implemented in 2026, the state has a great platform for health centers to move to center stage. The opportunity to build on COVID-19 testing and vaccine efforts that have addressed inequities should be consistent with the narrative demonstrating the positive impact of Nevada's FQHCs on every public policy agenda.

With NVPCA's policy platform, there is an opportunity to catalyze on health centers becoming a model to address the needs of policymakers in reference to cost savings – which is now at a tipping point given NVPCA leadership, the health centers' involvement in the pandemic response, and the need to respond to social unrest. Solutions by NVPCA and health centers should further be led by articulating social determinants of health and the need for investments in equity as a means to achieve better health outcomes.

<sup>14</sup> <https://www.aboutamazon.com/workplace/diversity-inclusion>

<sup>15</sup> <https://www.uber.com/newsroom/2019-diversity-report/>

Among the health centers that achieved recognition in the Bureau of Primary Health Care's Quality Program Initiative (Health Disparities Reducers and Advancing Health Information Technology for Quality), NVPCA can expound on and leverage this narrative to promote its member-impact as a leader in health equity and in addressing social determinants of health to mitigate the negative impacts of social injustice. Utilizing the narrative to garner support for expanded capacity at other sites represents low-hanging fruit to reach multiple goals outlined by the organization.

The Uniform Data Set (UDS) also supports the compelling content of this narrative regarding health center impact, in that over the past five years, 90% of patients seen by Nevada's health centers have continued to have incomes at or below 200% of the federal poverty level; over 40% are Medicaid recipients and other special populations such as the homeless and farmworkers; and 90% racial and ethnic minorities also make up the average 5-year demographic trend. The UDS+ initiative planned for 2024 will warrant preparing for use of this data to further expand the value narrative.

The UDS+ initiative<sup>16</sup> will incorporate patient-level data via a health equity lens and can be optimized at the health center and state levels. Although addressing health inequity and social determinants of health is inherent in this mission, it requires great intention such as that which the NVPCA has embarked upon with production of this report.

### **Staff Development**

While there are myriad training opportunities available to organizations like NVPCA, it has sought to participate, along with its network of PCAs, in the PCA's Race & Equity Subcommittee's learning cohort hosted by the National Healthcare for the Homeless Council. Unfortunately, an application for participation did not yield selection for NVPCA in the first cohort in May 2021; however, NVPCA has continued to engage staff, build internal capacity and arrive at a concrete plan, in part through the engagement of consultants, for moving forward with this document.

### **Training/TA**

Education and training across the organization to remove biases and barriers, including an increase in anti-racism and anti-discrimination education and new programs focused on Black and Indigenous experiences, remain a priority to NVPCA's leadership. Support to members with an emphasis on workforce will drive the training context and add content for JEDI work.

Per the 2019 Strategic Growth Assessment document, UDS Data reported in the aggregate from health center member organizations only captures 57% of data on poverty. It would prove judicious to capture the data on the remaining 43% among health center patients.

---

<sup>16</sup> <https://bphc.hrsa.gov/datareporting/reporting/udsmmodernization.html>

The opportunity to determine levels of poverty would further guide the level of need regarding social determinants of health and should define an area of training needed for members. If the remaining patients fell below 100% of the federal poverty line as opposed to above 200%, there are significant implications to continue to provide training to health centers in support of their capacity to address social determinants of health, as those below 100% represent the poorest of the poor.

Among Nevada's total of nine health centers, eight responded to the Bureau of Primary Health Care's workforce reporting, which is documented in the 2020 UDS. Among those responded, six (6) cited that they do some level of health professions training with five of the six reporting that they serve as training entities for student rotations and or partnerships. Only one (1) health center reported serving or having served as a direct training program or "sponsor." Although training for comprehensive health plans was much of the focus of the BPHC directives, building upon existing efforts for career programs/apprenticeships and health professions trainings is an avenue for further exploration through partnerships and peer learning with other primary care associations.

## **JEDI Recommendations/Suggested Goals & Actions**

Initial recommendations are proposed in hopes of considering the existing organizational capacity of NVPCA to implement these tasks. Secondly, given the myriad issues and the intractable nature of them combined, the recommendations have been centralized around NVPCA's core issue of Workforce.

Workforce carries an intrinsic value to virtually every other issue (e.g. income, housing, health center capacity and growth, healthcare access, poverty, etc.) and dismantling of JEDI barriers that continue to impede progress as a state and as a health center movement.

### **JEDI Goal # 1: Establish Structure for JEDI and Promote Within Organizational Culture**

- Seek consensus on the JEDI Plan as integral to the Association's strategic plan over the next twelve months with goals aligned for Workforce according to examples provided in the Action Plan.
- Secure approval for newly drafted value statements and language around any potential or new vacancies, such as examples provided in the plan.
- Create a focus and strategy at the board level for maintaining the work (i.e. annual review and assessment of the action plan outlined as an addendum to this document).
- Assess potential incremental support to grow an FTE at NVPCA responsible for DEI focus
- Develop or strengthen policies to promote diversity in recruitment and retention at PCA and board levels.

### **JEDI Goal # 2: Education and Training**

- Although exempt by law from NRS 449.103, promote health center providers that would voluntarily increase the percentage of health center leaders trained in cultural competence.
- Develop talking points for board members to cultivate and assign senior leadership at health centers the responsibility for leading and sponsoring the diversity and inclusion programs, as desired.
- Incentivize PCA team members as they demonstrate accountability for defined results (providing T/TA specific to elements of the JEDI Plan); document in annual evaluations of NVPCA staff.
- Incorporate no less than annual T/TA for PCA Team training people at all levels on topics like unconscious bias, anti-racism, white privilege.



- Incorporate TA to support health centers strengthening policies to promote diversity in recruitment and retention at the community level.
- Provide training to health centers in support of their capacity to track data on social determinants of health for all patients, as those below 100% represent the poorest of the poor. An estimated 43,003 patients, per the Strategic Growth Report, have no documentation of income in the UDS.

### **JEDI Goal # 3: Policy and Advocacy**

- Strengthen existing partnerships by incorporating meeting agenda items that address advocacy around legislation that supports mitigating structural inequity. For example, partner to address the negative impact of Nevada's efforts not to reinstate a driver's license to anyone with traffic violations, as 80% of those being targeted are among families who make less than \$40,000 annually.
- Develop advocacy positions in support of legislative bills such as SB379 or others that focus on workforce and did/did not pass through the 2021 Nevada Legislative Session to join forces to support recruitment of diverse providers by collecting data to inform the same.
- Define advocacy focus for Community Health Worker Models based on evidence-based demonstrations; assess apprenticeship programs (e.g. Medical Assistants & CHWs) for development of new support personnel to the workforce.
- Beyond healthcare, Nevada legislation for bills that impact social determinants of health, such as housing, employment, raising the minimum wage, etc., and penalties such as reinstating driver's licenses. These social drivers likely impact dramatically the 69% racial and ethnic minorities served by health centers. NVPCA participated in a "Get Out The Vote" campaign several years ago in which the CHCs did participate. As part of the State Based Insurance Exchange, navigators must provide information to enrollees on voter registration.

### **JEDI Goal #4: Workforce Specific Actions**

- Work to secure sources of data extrapolating racial and ethnic data for the workforce to include primary care providers.
- Work to secure sources of data extrapolating low-wage workers among health center staff to further demonstrate equity in the distribution of income for Nevada's low-wage workers and garner support for policy described below (e.g. income inequality and support for career paths).

- Explore workforce projections above; use as targets for partnerships to assess expanding health centers as health professions training sites by engaging the lone health center that is currently doing this work. Seek to engage around lessons learned and opportunities to expand training residents.
- Advocate for 2<sup>nd</sup> phase of RTAT to have demographic data as a category among staffing at all levels.
- The demographic shifts represent clear indications that, at least in Clark and Washoe Counties among others, there will be significant growth and a corresponding need for a growing workforce. This presents the opportunity to hire diverse workers, but we recommend development of specific targets. (i.e. If there are potentially 10,000 new workers who can be hired and/or trained, what are the areas of need and what is the training necessary for alignment?)
- In the seven counties identified as having declining populations, what are the member alignments and what differs in priority (i.e. focus on workforce vs. telehealth provisions) that is advocated for as permanent solutions (e.g. audio-only provisions).
- To recruit new primary care providers, given major demographic shifts, we recommend NVPCA do an assessment and map assets of all potential resources to complete a gap analysis. With guiding principles to recruit and retain a cohort of providers over the next decade, identify the gaps between qualified candidates and competencies needed: At the end of seven years (Medical school & Residency cycle), what will it take to increase the providers among persons of color? What resources will be needed?

## Sustainability

### JEDI Goal # 5: Monitoring & Sustainability

- Create an externally visible scorecard to measure progress including metrics for recruiting, promotion rates, compensation levels, turnover, participation in Employee Resources Groups (ERGs), supplier diversity, and partnerships with other stakeholders that aim to mitigate inequalities.
- Metrics such as these, among others for no less than annual tracking (source: [Lown Index for Social Responsibility](#)):
  - **Employee equity (by demographic)** - Promotion rate; Retention rate; Termination rate; Pay equity
  - **Community equity** - Community benefit; local jobs created by health centers; Percent of spend with diverse suppliers

- Health care equity - Outcomes by condition: Explore Alternative Payment models for health centers. With a significant Medicaid payer mix, Nevada health centers have great leverage with MCOs/payers to secure and sustain value-based contracts. These relationships can be leveraged to capture and track outcomes (i.e. ED visits, length of stay, inpatient admissions, quality scores, cost of care, primary care spend).

## References

Bika, N. (2020) Why EEO Statements Fall Short. *Inside HR/Stories & Insights*. Website Accessed: <https://resources.workable.com/stories-and-insights/eeo-statement>.

Brune, N., Levine, M., Kim, J. (April 2019). A Step Up: Economic and Financial Security for Nevada's Families. *Guinn Center*.

Girnus, A. (February 23, 2021). Medicaid reaches Record Enrollment In Nevada. *Nevada Current*. Website Accessed: August 4, 2021.

Lyle, M. (September 24, 2019). Nevada Childhood Poverty Rate Drops Overall, But Still high for Children of Color. *Nevada Current*.

Raghupathi, V., Raghupathi, W. The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015. *Arch Public Health* **78**, 20 (2020). Website Access: October 5, 2021. <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-020-00402-5>.

Snyder, R. (April 25, 2019). Income Inequality Has Worsened Over Last Decade Amid Stagnant Wages and Rising Household Costs. *The Nevada Independent*. Website Accessed: September 18, 2021. <https://thenevadaindependent.com/article/report-income-inequality-has-worsened-over-last-decade-amid-stagnant-wages-and-rising-household-costs>

Gilliam, M. Neustadt, A., Gordon, R. (April 2009) A Call to Incorporate A Reproductive Justice Agenda into Reproductive Health Clinical Practice and Polic. *Contraception Journal*. Website Accessed: September 08, 2021. [https://www.law.berkeley.edu/php-programs/centers/crrj/zotero/loadfile.php?entity\\_key=55RRRQP3](https://www.law.berkeley.edu/php-programs/centers/crrj/zotero/loadfile.php?entity_key=55RRRQP3)

Reeves, R. and Smith, E. (July 15, 2021). The Brookings Institute. Website Accessed on September 18, 2021. <https://www.brookings.edu/research/improving-k-12-education-for-hispanic-students-in-las-vegas-and-beyond/>

Young, L.B. (July 15, 2019). Uber's 2019 Diversity Report. *Uber Newsroom*. <https://www.uber.com/newsroom/2019-diversity-report/>

Website Access: August 4, 2021. <https://centerforhealthprogress.org/blog/publications/health-white-privilege/>

Website Access: August 4, 2021. *Nevada Legislative Counsel Bureau*. (April 14, 2021) Chart Diagram. Esmeralda & Mineral County has noticeably lower overall Growth from 2000 to 2020.  
<https://www.leg.state.nv.us/App/InterimCommittee/REL/Interim2019/Meeting/21173>

Website Access: August 5, 2021. American Community Survey. <https://www.census.gov/programs-surveys/acs>

Website Access: August 5, 2021. <https://bphc.hrsa.gov/datareporting/reporting/udsmmodernization.html>

Website Access: August 17, 2021. <https://knpr.org/programs/special-projects>

Website Access: August 31, 2021. <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>

Website Access: September 3, 2021. <https://www.kaiserpermanentejobs.org/diversity-and-inclusion>

Website Access: September 3, 2021. <https://www.aboutamazon.com/workplace/diversity-inclusion>

Website Accessed: September 7, 2021.  
<https://centerforhealthprogress.org/?s=address+root+causes>

Website Access: September 09, 2021. <https://bhw.hrsa.gov/data-research/review-health-workforce-research>

Website Access: October 4, 2021. <https://my.clevelandclinic.org/about/community/diversity/about>

THIS PAGE INTENTIONALLY LEFT BLANK

## Proposed Workplan

The workplan is proposed as a format in this iteration of the report, such that the NVPCA has a starting point. Additional specificity (dates, time, ownership) was deemed to be more appropriate, where added by the organization's leadership. It is recommended that each of the above goals follow the process of developing and finalizing this format.

Objectives	Key Tasks	Person Responsible	HRSA Workplan Alignment	Start Date (By Month/Year in Project Cycle)	End Date (By Month/Year in Project Cycle)
<b>Establish Structure for JEDI and Promote Within Organizational Culture</b>	Assess potential incremental support to grow an FTE or essential capacity at NVPCA responsible for JEDI focus	PCA CEO/ NVPCA Team Lead on support JEDI	Goal C: Foster a Workforce to Address Current and Emerging Needs i.e. on Workforce Plans.  Promote incorporating JEDI context such as supporting programs that grow future workforce with a focus on recruiting underrepresented minorities.	July 1, 2021 Year ____	June 30, 20_
	Seek board consensus to embed JEDI Plan components into the Association's strategic plan & HRSA workplan	PCA Senior leadership  Board Committee?	Goal E: Advance Health Center Clinical Quality and Performance E4: PCA TA Support to Health Centers on collecting SDOH		

Objectives	Key Tasks	Person Responsible	HRSA Workplan Alignment	Start Date (By Month/Year in Project Cycle)	End Date (By Month/Year in Project Cycle)
	Draft new value statements and language on any potential or new vacant job announcements, such as examples provided in the plan.	NVPCA Communications Team Lead	N/A		
	Secure board approval to review outcomes metrics as a standing agenda item to PCA Annual Mtg.	NVPCA CEO & Board			
<b>Increase diversity among NVPCA staff over next five years to more closely align with board and health center patient diversity</b>	Develop or strengthen policies to promote diversity in recruitment and retention at PCA and board level	PCA Leadership	F2: Health Workforce Supplemental Funding: Incorporate diversity element in TA to support health professions development and/or training		

