**Summary of Grant Opportunity:** NACHC's Workforce Development Grant Program is offered as part of a generous award to NACHC from Johnson & Johnson's "Our Race to Health Equity" initiative. This grant program has a competitive application and selection process outlined in the accompanying grant announcement.

We are seeking proposals designed to support the development and/or expansion of programs that enhance the skills of health center frontline workforce and mid-level managers; essential staff for the successful operation and sustainability of our nation's health centers and in service to health center patients and the local community.

Your organization has been identified as one of 50 eligible applicants based upon your status as a § 330 funded health center or recognized look-alike organization and by maintaining a NACHC Organizational Membership. Your organization also met the two other requirements defined by the core focus areas of our funder, Johnson & Johnson. Full criteria is outlined in the attached grant package.

Key Details & Deadlines:

- Application Due Date: April 23, 2021
- Maximum Award: $10,000
- Total Number of Awards: 10-15
- NACHC Point of Contact: Cindy Thomas, Director, Leadership Training: cthomas@nachc.com

**Carolina Health Centers Application details:**

**Staff that will be involved in Workforce Development Initiative:**

All middle and front line managers in positions that interface with the operation of clinical sites, services, and programs. These include: Director of Clinical Support Services, Clinical Coordinators for Departments of Family Medicine and Pediatrics, Practice Administrators for Departments of Family Medicine and Pediatrics, Director of Early Childhood Services, Director of Behavioral Health Services, Director of Quality and Population Health, Pharmacy Operations Manager, Clinical Coordinator for Pharmacy Services, and all site administrative and clinical support front line supervisors. In addition, all staff involved in early childhood services (including home visitors), case management, and care coordination will be included in training. The senior leadership team has also identified a few emerging leaders outside of this operations group that will be included in this initiative. Those include the following: Executive Assistant, Clinical Special Projects Coordinator, EHR Specialist, and HR Manager. All staff will be involved in the workforce assessment component of the project.

**Proposed Project (1000 words):**

According to a 2018 article published by the Commonwealth Fund, health care professionals must explicitly acknowledge that race and racism factor into health care and exacerbate racial health disparities. It is also widely accepted that, while individual racism is often a chosen system of beliefs and actions, systemic racism may be ongoing with individuals unknowingly The leadership of Carolina Health Centers (CHC) is prepared to make that explicit acknowledgement and take action that will assess the knowledge, beliefs, and attitudes within our workforce that allow the perpetuation of barriers that result in health disparities based on race and ethnicity. Phase One of the project will center on a workforce assessment of racial bias – both implicit and unconscious. Working with a consultant experienced in workforce assessment related to Diversity, Equity, and Inclusion (DEI), we will develop an anonymous survey instrument to produce two sets of data: 1) employee understanding of the body of knowledge associated with individual and systemic racism and its impact on health disparities; and 2) the individual beliefs, attitudes, and actions that may contribute to or allow the perpetuation of health disparities associated with race. These data will be compiled into an organizational profile and serve as the foundation for this, as well as additional initiatives to reduce racial bias in the care and service CHC provides. During Phase Two of the project, we plan to convene a learning community comprised of managers, supervisors, individuals with direct impact on access to care, and other emerging leaders designed to be the catalyst for change throughout the organization. Our consultant will conduct initial an initial workshop entitled "Dismantling Systemic Racism in Healthcare" with the defined learning community. In addition to defining systemic racism, this workshop is designed to demonstrate how it is masked in outpatient care settings. The workshop will specifically cover: a) how to review and utilize disaggregated data to reveal opportunities for reducing quality disparities by race and ethnicity in our patient population; how to reduce linguistic and digital divides often exacerbated by race and ethnicity; identify and address hidden to access that are perpetuated by race and ethnicity; and reduce cycle times in order to promote access to care. The workshop will conclude with a summary of how to immediately operationalize these concepts in the individual patient care settings. This is when the hard work will begin. This is when the learning community we have convened will be expected to become change agents within their individual domains of work in addition to throughout the organization. They will continue to meet with the goal of continuing their shared learning through literature review and discussion of the application of the learned principles. They will also serve as the subject matter experts to the leadership team as we work to identify and eradicate the root causes of racial bias in our system that contributes to health disparities. A final component of the project is working with our medical/informatics systems to modify our quality and population health data reporting to reflect racial and ethnic health disparities for the purpose of tracking and measuring progress, as well as identifying new opportunities for improvement. Carolina Health Centers, Inc. previously worked with a consulting firm in the design and implementation of a Practice

Transformation initiative at our largest family medicine practice, with plans to expand those theories and principles to all 12 of our medical sites, as well as to our pharmacies as applicable. The consulting firm used in that endeavor is comprised of a highly diverse group of professionals who have developed the "Dismantling Systemic Racism in Healthcare" curriculum. Because of our existing relationship with them and their extensive knowledge of the organization, we believe this project could be initiated very quickly. We would anticipate a project start date of no later than June 1, 2021 and completion of the assessment and training components by September 30, 2021. Modifications to the medical/informatics systems may take until December 31, 2021 and will be ongoing as we identify new opportunities to improve on the data.

**Using UDS measures, how will this better prepare us to impact health disparities (500 words)**

The two clinical measures that are most relevant and provide the greatest opportunity for improvement are Controlled Hypertension and Diabetics with A1c >9 or no visit in the last year. We do not provide prenatal and OBGYN services directly; therefore, have less opportunity to impact that population. According to our 2019 UDS Report, only 55% of our combined population of Hispanic and non-Hispanic Black patients with Hypertension meet the criteria for Controlled. It is our belief that by assessing the knowledge and beliefs of our front line staff regarding systemic racism and engaging our middle management and emerging leaders as change agents we will be creating a workforce that recognizes and removes what may have previously been invisible barriers, thereby pushing the needle up on this measure incrementally with a target goal of a 10% gain in 2 years. Similarly, of our combined population of Hispanic and non-Hispanic Black patients with Diabetes, nearly a quarter either have uncontrolled disease based on their A1c or are not seeking care on a regular basis. We believe our learning community turned change agents will focus our workforce on bringing those patients into more regular care and therefore increasing the chance of bringing their disease under control. In addition to these two measures of disparity, we believe that by modifying all of our medical informatics to stratify our clinical dashboards based on race and ethnicity, this information can equip our Quality and Population Health team efforts around preventive care measures. This will result in an exponential increase in health screenings and early intervention as reflected in table 6 – though not reported on UDS by race and ethnicity.

**What would be a win (1000 words)**

A win for Carolina Health Centers (CHC) would be that it become a cultural norm for us to openly discuss the role race and ethnicity play in the delivery of care, how it impacts (or rather restricts) access, and how the organization may unintentionally be perpetuating those barriers rather than eliminating them . A win CHC would be the identification of the root causes that have to this point kept us from seeing with eyes wide open and addressing these barriers. A

win for CHC would be an influx of new patients from communities of color as a result of eradicated barriers, but also more aggressive and culturally appropriate outreach. According to the 2019 UDS only 40.4% of our patients identify as Black or African America, when we know anecdotally that in some communities they make up over 70% of the population. A win for CHC would be seeing the needle move on the measures of health disparities previously mentioned; however, a more far reaching win would be a cultural shift in our organization such that all planning and decision making includes race and ethnicity as one of the key considerations and key performance indicators.