As an organization focused on improving community health, we recognize that racism is a public health issue.  We recognize that the long history of racism and violence against the Black community and other people of color drives inequities in health care and other areas of public health and safety. Our founder believed **“A community health center can serve as an agent of social change, intervening not only in the social determinants of its population’s health but also launching a process of structural change that starts to liberate that population through community empowerment from repetitive cycles of poverty and political exclusion.”**NWRPCA is committed to collectively working with health centers and communities in our region and our various partners nationwide in constructive and meaningful ways to advance this agenda. We call on both our elected leaders to take meaningful action and on ourselves, as individuals and representatives of health care organizations, to recognize our share of blame for current institutional racism and related health disparities and to rededicate ourselves to examining and refining our role in advancing racial equity both internally and as a partner in collaboration with health centers, policymakers, and partners. Perhaps most importantly, we also recommit to pursuing a holistic approach to social change, including consistently and aggressively advocating for public policies that reflect the true needs and priorities of a country in crisis. **{source: NWRPCA}**

HCAN is committed to building a culture that celebrates diversity and strives for equity. We are dedicated to combatting the public health impact of systemic inequities and racial injustice through advocacy, education, and training. Additionally, we stand in solidarity with LGBTQIA+ communities and are dedicated to the ongoing work of providing just, inclusive, and equitable care to all of our patients.

Specifically, we are committed to:

* Building organizational spaces that are inclusive, safe and welcome the unique contributions of all staff.
* Engaging in ongoing staff education that fosters an understanding of anti-racist principals and supports staff with tools and resources for both individual and organizational growth.
* Assessing and revising organizational policies, procedures and practices, including recruitment and hiring practices, to prioritize inclusivity and equity.
* Ongoing assessment of how HCAN can better align strategies and efforts to implement anti-racist policies and address systemic inequities.
* Engaging with external partners to build new collaborations to combat the intersectionality of racism, poverty and health and ensure health equity for all. {source: Nebraska PCA}

We are committed to becoming a fully inclusive, anti-racist multicultural organization whose heart is healing and equitable health care. We purposefully identify, address, and dismantle supremacist policies and practices, heal the damage they cause, and remove the barriers to achieving equity for our staff and patients.

* We are resolved to develop training, clear directives to ensure that we are accountable for achieving established EDI goals and solicit community solutions to ensure the health and healing of everyone who enters our buildings.
* We will center the voices of people of color in the conversation. When such remedies and structures are not in place, we will create them and refine them as needed.
* We acknowledge the deadly impact of racism and white supremacy in the fabric of our institutions, society and nation.
* We believe that our active, public commitment to racial justice and health equity must be reflected in the life and culture of the organization through our policies, business practices, health care delivery, communication, and leadership structures.  The results will manifest in improved health for our patients, greater inclusion, and improved work experience for our staff. {source: CHC}

We are catalysts for system change and healing justice in community health care. We recognize that the inequities coming into stark light in our communities and organizations are due to a complex web of social determinants of health & systemic violence. Therefore, we are adopting, developing, and sharing anti-racist strategies to purposefully dismantle white supremacy in the health care system, deliver wellness, and build community power. The results of our work will manifest in improved health & well-being for our patients & communities, greater inclusion, & improved work experience for our staff, community health center workforce and improvement of the vital conditions in the communities we serve. {source: R& E Subcommittee}

We have always sought to do work that is transformational: recognizing our shared humanity; centering dignity, compassion, mutual respect and supporting the right of every individual to access the highest levels of health care and every staff member to reach their fullest potential. We continue to be committed to building bridges and breaking down barriers, including systemic racism which harms us all. We provide community-based health care services that are compassionate, dignified, and culturally appropriate, incorporating social determinants of health, with the goal of breaking down the physical and systemic barriers that our patients face.

We remain committed to promoting and sustaining an inclusive environment that is welcoming, supportive, and respectful of the diverse backgrounds and life experiences of both patients and staff without regard to race, color, religion, gender, gender identity, sexual orientation, age, disability, veteran status, military services, national origin, immigration status, genetic information, or marital status. We must and will continue to strive to adapt and improve in our quest to maintain excellence in these areas. {Source: Boston HCH E&I Commitment}

Health equity is attained when there is an absence of barriers impacting positive health outcomes so that individuals within all populations can be as healthy as possible. Racism, social determinants of health and environmental factors where communities live and are located, be it urban or rural, can also impact the health outcome of persons within those communities. Achieving health equity requires undoing persistent racism experienced by Black, Indigenous, and People of color, as well as eliminating discrimination against immigrants, LGBTQ and marginalized communities like Migrant Farmworkers.

Racism and discrimination are forms of oppression that lead to inequities such as poverty, lack of access to good jobs with fair pay, quality education, language barriers, housing insecurities, safe environments and transportation, and lack of access to quality healthcare that results in poor health outcomes.    {Cali PCA}