

of United States adults who are currently disabled and face health disparities due to inequity in healthcare access, quality, and cost (CDC, 2023).

Through a culture of nurse heroics, disabled nurses are being implicitly and explicitly told that they do not belong. Disabled nurses are experts at adapting, but the entire healthcare culture in the United States is too large to tackle individually. By shifting to a culture that emphasizes team-based strengths, hon-

ors individual needs, and values every person's unique lived experiences and contributions, we can support health equity for disabled nurses and the disabled community seeking care (Cameron et al., 2024).

This shift requires each of us to examine our ableism through the biases and assumptions we each hold around what a nurse is, does, looks like, and should regularly push through, not just for disabled nurses but for all nurses. By

creating a more accessible and equitable culture within nursing, it can become a profession which recruits and retains a diverse, representative workforce and leads the way for reducing health disparities, including within the disability community. ■

**References online:**  
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## The Importance of Federally Qualified Health Centers and Nurse Practitioners in Advancing Equity, Diversity, and Inclusion

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Equity, Diversity, and Inclusion (EDI) have become central principles in healthcare, aiming to provide comprehensive and accessible care for all populations, regardless of race, ethnicity, or geographic location. Ohio, like many states, faces significant healthcare disparities, particularly in rural and underserved urban areas. Federally Qualified Health Centers (FQHCs) and Nurse Practitioners (NPs) are essential to addressing these disparities and ensuring equitable healthcare delivery to underserved communities. This article explores how FQHCs and NPs collaborate to advance EDI and improve access to primary care, particularly for Ohio's vulnerable populations.

### Advancing EDI and Healthcare Access

FQHCs are community-based, nonprofit healthcare organizations that provide comprehensive primary care services to underserved populations, regardless of their insurance status. These centers are

vital in both the urban and rural landscapes in Ohio where many residents have uneven access, and encounter barriers when trying to access affordable and culturally appropriate care. According to the Health Resources and Services Administration (HRSA, 2024) FQHCs serve over 30 million individuals annually, many from vulnerable populations who face significant hurdles to accessing healthcare. In Central Ohio alone, FQHCs like Lower Lights Health provide care to over 200,000 patients, 60% of whom are racial or ethnic minorities (Lower Lights Christian Health Center [LLCHC], 2023).

The funding that FQHCs receive is often dependent on the performance metrics associated with Value-Based Care (VBC) models. These models reward healthcare providers for improving patient outcomes, reducing health disparities, and providing cost-effective care. As part of the VBC structure, FQHCs are required to meet quality metrics, such as improving patient satisfaction, increas-

ing preventive care, reducing hospital readmissions, and managing chronic conditions effectively. These quality indicators are crucial in ensuring that FQHCs continue to receive the financial support needed to operate and provide services to underserved populations. This performance-based funding model not only helps ensure that FQHCs can continue operating, but also encourages the delivery of high-quality, cost-effective care to underserved communities (HRSA, 2024).

By offering a sliding fee scale, based on income, and providing comprehensive services including dental, vision, mental health, and pharmacy care, FQHCs reduce healthcare disparities. These centers are specifically equipped to meet the needs of marginalized communities, offering culturally competent care, language assistance, and health education programs (HRSA, 2024)

Culturally competent care can improve patient satisfaction and adherence to treatment. Fostering an inclusive

environment within healthcare systems is directly linked to improving health outcomes, particularly for minority and underserved communities (AHRQ, 2021). FQHCs prioritize training their staff to address cultural differences, language barriers, and health literacy challenges, all of which contribute to better patient outcomes. FQHCs focus on hiring a workforce with a mind toward the mission of providing healthcare to diverse populations and endeavor to hire an ethnically and racially diverse staff (LLCHC, 2023).

### Expanding Culturally Competent and Patient-Centered Care

Nurse Practitioners (NPs) are advanced practice nurses who diagnose, treat, manage, and educate patients. They are especially vital in underserved areas where physician shortages exacerbate healthcare access challenges. In Ohio, NPs contribute to primary care delivery, managing about 25% of all primary care visits in the U.S. (American Association of Nurse Practitioners [AANP], 2023). NPs excel in building patient-centered relationships based on trust and understanding, which is crucial for engaging diverse populations hesitant to seek care due to past negative healthcare experiences (Buppert, 2021).

NPs in FQHCs are trained to assess and address the social determinants of health

(SDOH) such as housing, nutrition, and education, which disproportionately affect underserved communities. NPs educated in a model that encourages cultural competence and respect for the individual can significantly improve patient satisfaction and by being responsive to the particular needs of the patients (Buppert, 2021).

### Collaborative Impact

The combination of FQHCs and NPs creates a powerful healthcare model. FQHCs rely on the skills and expertise of NPs which accounted for almost 40% of their provider workforce in 2023 (HRSA, 2023). NPs extend FQHCs reach and provide continuous, patient-centered care. Working within FQHCs, NPs have the flexibility to address the needs of diverse populations. In urban areas, they may focus on managing chronic diseases such as diabetes and hypertension, while in rural areas NPs may provide essential preventative care and manage conditions that would otherwise go untreated. In 2023, a reported 58.3% of FQHC patients were racial and/or ethnic minorities (HRSA, 2024). Together, FQHCs and NPs improve healthcare delivery, reduce wait times, and enhance patient outcomes for all patients.

Furthermore, both NPs and FQHCs are committed to reducing healthcare costs, which is particularly important in Ohio, where a significant proportion of the population is uninsured or under-

insured. Access to primary care reduces the burden on the entire health system by decreasing emergency department visits and identifying changing health conditions before they become a health crisis. This collaborative approach ensures healthcare remains accessible to all, regardless of socioeconomic status (National Organization of Nurse Practitioner Faculties [NONPF], 2021).

This team approach is particularly beneficial in the context of EDI as it allows for a more inclusive, accessible healthcare system. Together, these team members work with NPs adding the layer of personalized, empathetic care and the FQHCs providing the model to deliver that care with culturally competent services.

### Conclusion

FQHCs and NPs are instrumental in promoting equity, diversity, and inclusion in patient access to primary health care. They both contribute significantly to improving overall outcomes and access to broad populations that are historically underserved and underrepresented. Their efforts not only improve individual health outcomes but also strengthen the overall healthcare infrastructure in Ohio, creating a more inclusive and equitable

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## Diversity

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Diversity. . .

Diversity. . . color, yet we bleed red.

Diversity. . . age, yet we transcend time.

Diversity. . . ethnicity, yet we honor values.

Diversity. . . ability, yet we enrich each other.

Diversity. . . gender, yet we delight in our humanity.

Diversity. . . spiritual practice, yet we go beyond ourselves.

Diversity. . . differences, yet we celebrate our common ground.