



# Equity in Action: Addressing Disparities Through DPC and Innovation

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# Learning Objectives

1. Explore how mission and vision statements shape a DPC clinic's identity, business strategies, and patient engagement.
2. Demonstrate how DPC can serve diverse populations, including those with chronic conditions and lower socioeconomic status.
3. Define nonprofit DPC principles and show how they reduce health disparities while maintaining sustainability.
4. Learn how to collaborate with public health organizations and create solutions to advance health equity.



## Disclosures

### Byron Jasper, MD, MPH

- Enjoys caring for the underserved
- Is a Doctor and a DJ



### Wendy Molaska, MD, FAAFP

- The opposite of burnt out
- Occasionally wears a cape



# Mission vs. Vision

## Mission (*Where You Are Now*)

- **Defines your core purpose:**  
Why your organization exists day to day.
- **Focuses on the what and how:**  
What you do and how you do it.
- **Drives immediate action:**  
It informs daily operations and short-term goals.
- **Specific and measurable:**  
Should guide employee behavior and decision-making.
- **Audience-focused:**  
Often speaks to patients, staff, and stakeholders.
- **Anchored in the present:**  
Focus is on delivering value today and in the near future.



# Mission vs. Vision

## Vision (*Where You Are Going*)

- **Inspires your future direction:**  
Paints a picture of what success looks like long-term.
- **Focuses on where and why:**  
Where you're headed and why it matters.
- **Broad and aspirational:**  
Should be ambitious but not unrealistic.
- **Unifying and motivational:**  
Gives purpose to long-term planning and inspires your team and community.
- **Defines strategic growth:**  
Used for setting priorities and attracting alignment.
- **Time horizon:**  
Long-term, typically 5–10 years or more.



# Dedicated Family Care

## Mission Statement

Our mission is to champion health equity by providing an exceptional primary care experience that is personal, high-quality, accessible, and affordable through the Direct Primary Care (DPC) model.

## Vision Statement

Our vision is to bridge the gap in healthcare disparities, ensuring that every individual, regardless of socioeconomic status, race, gender, or background, has the opportunity to achieve optimal health and well-being. Through advocacy, education, and community partnerships, we strive to transform the healthcare landscape, fostering a system where preventative care and patient-centered relationships are paramount, and where health equity is a reality for all.



## Byja Clinic and Byja Charitable Alliance

### Byja Clinic Mission Statement

To improve the lives of the people we serve by caring for all people of diverse backgrounds and diverse health so that our communities will succeed for generations to come.

### Byja Charitable Alliance Mission Statement

To provide comprehensive holistic supportive services to minority communities, especially those affected by HIV, STIs, and hepatitis. We aim to improve our communities' health and empower all individuals to take active roles in maintaining their health through education, routine engagement with healthcare professionals to prevent negative outcomes, and ongoing support where needed.



**Mission and Vision statements are more than words — they are blueprints for service.**



**DPC is NOT only for the healthy and the wealthy – it's a Community Model for ALL!**

Our clinics serve people who are often overlooked by the traditional healthcare system.



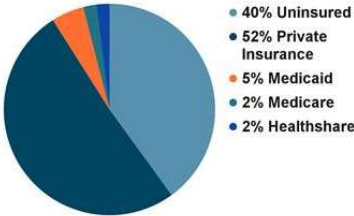


# Who We Serve Reflects Who We Are

## Dedicated Family Care

Age Range: 1 month to 84 years (as of April 2025)

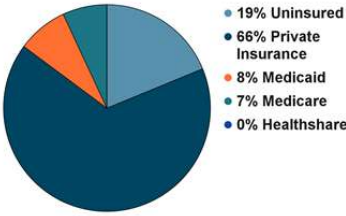
	Local Area	Our Clinic
Uninsured	8.6%	41.3%
Racial Demographics		
- Black	9%	15%
- White	60%	48%
- Latinx	16%	33%



## Byja Clinic and BCA

Age Range: 5 to 79 years (as of April 2025)

	Local Area	Our Clinic
Uninsured	8.72%	18.8%
Racial Demographics		
- Black	47%	68.3%
- White	42%	23.8%
- Latinx	6.9%	5.9%



# Who We Serve Reflects Who We Are

## Dedicated Family Care

### Unique Populations

- LGBTQAI+: 11% (PreP, PEP, trans-care/HRT)
- Immigrants
- Hospice
- Breastfeeding consults
- Home visits

Emp  
Res  
Hea



## Byja Clinic and BCA

### Unique Populations

- HIV/Hep C: 10% | PrEP: 6%
- LGBTQ+: 9%
- Home

### Employer

Non-profit  
Architect, I  
Investigato



ng, Attorney,  
Private



## The Dedicated Family Care “Family”



DPC  
SUMMIT

## The Byja “Family”



DPC  
SUMMIT



# The Dedicated Family Care “Family”



DPC  
SUMMIT

# The Byja “Family”



DPC  
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# Nonprofit DPC Clinics Meet Patients Where They Are

## Core Principles of Nonprofit DPC Clinics

- Often structured as 501(c)(3) tax-exempt entities
- Mission-driven to serve medically underserved and uninsured patients
- Reinvests all or majority of revenue back into the clinic and services for the community
- Can earn revenue through a range of methods (e.g. memberships, partnerships, paid services, and donations)
- May also qualify for unique funding programs (e.g. charitable grants, mission aligned programming, etc.)



# Nonprofit DPC Clinics Meet Patients Where They Are

## How Nonprofit DPCs Can Address Health Disparities

- Using those diverse revenue streams and collaborative agreements allows greater engagement and impact within the community
- Creative partnerships can assist with operational support and create access where it otherwise may not exist
- Robinhood model: Higher-paying members and donors can also support our low-income patient memberships, labs, and medications



# Nonprofit DPC Clinics Meet Patients Where They Are

## How Nonprofit DPCs Can Address Health Disparities

For-profit DPC (Byja Clinic) coexists with our own nonprofit arm (Byja Charitable Alliance) where the nonprofit provides wraparound services to many of our uninsured and underserved groups.



Paulette Grey, MD, MPH



Donald Carson, DO



Emily Holt, DO, MPH



Willie Talbert, MD



# Achieving the Mission in a For Profit DPC

## How For Profit DPCs Can Address Health Disparities

- Different tiers for pricing - equity fund as part of pricing (sustainable, accessible, equitable)
- Flexible payment options
- Keeping overhead low
- Providing DPC services to individuals
- Wealthy patients donating directly
- Side gig to help stay financially sound





# Collaborations and Sponsorships



# Collaborations and Sponsorships



## Who We Collaborate with Reflects Who We Serve



## Who We Collaborate with Reflects Who We Serve





# Summary

- Start somewhere
- What do you want your DPC to look like and why?
- Who do you want to serve?
- How will you accomplish this?
- What moves you?
- Where is your passion?



If you've seen one DPC,  
you've seen one DPC.



## *Live Content Slide*

*When playing as a slideshow, this slide will display live content*

## Social Q&A for Equity in Action: Address Disparities Through DPC and Innovation



# Questions?

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