

Agreement Between Northern Nevada Public
Health (referred to as "NNPH")
1001 East Ninth Street
Reno, Nevada 89512

and

THE BOARD OF REGENTS
OF THE NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF THE
UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE
(referred to as "University")
1664 N. Virginia Street
Reno, Nevada 89557

WHEREAS, the University of Nevada Reno, School of Medicine desires to have access to community and clinical public health opportunities for medical residents during their preceptorship experience; and

WHEREAS, NNPH conducts several community and clinical public health programs which would be enhanced by the services of medical residents; and

WHEREAS, it is deemed that the services hereinafter set forth are both necessary and in the best interests of the parties;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

AGREEMENT TERM. This Agreement shall be effective **July 1, 2026 through June 30, 2027** unless extended by the mutual agreement of the Parties. This agreement will automatically be renewed for successive one-year periods for a total of 3 years from the initial effective date, unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of NNPH or the University to terminate the Agreement as provided below.

TERMINATION. Either party may terminate this Agreement by giving the other party written notice of the intent to terminate. The notice will specify a date upon which termination will be effective, which date may not be less than thirty (30) calendar days from the date of the termination notice.

NOTICE. All notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Agreement incorporates the following attachments:

ATTACHMENT A: SCOPE OF COMMUNITY MEDICINE AND PUBLIC HEALTH ROTATION
(See Attachment A)

ATTACHMENT B: NORTHERN NEVADA PUBLIC HEALTH VACCINE AND TB
SCREENING REQUIREMENTS (See Attachment B)

ATTACHMENT C; PROGRAM LETTER OF AGREEMENT CONCERNING THE FAMILY MEDICINE RESIDENCY PROGRAM (See Attachment C)
EXHIBIT A: EDUCATIONAL GOALS AND OBJECTIVES-COMMUNITY MEDICINE AND PUBLIC HEALTH (see Exhibit A)

BREACH: REMEDIES. Failure of either party to perform any obligation of this Agreement shall be deemed a breach. Except as otherwise provided for by law or this Agreement, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.

LIMITED LIABILITY. The parties will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. Agreement liability of both parties shall not be subject to punitive damages. To the extent applicable, actual Agreement damages for any breach shall be limited by NRS 354.626.

INDEMNIFICATION.

a. Consistent with the Limited Liability provision stated above, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise exist as to any party or person, described in this paragraph.

b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action.

FORCE MAJEURE. Neither party shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder due to pandemics, strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Agreement after the intervening cause ceases.

HIPAA. To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d ("HIPAA") and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements.", including the Health Information Technology for Economic and Clinical Health Act ("HITECH") that was adopted as part of the American Recovery and Reinvestment Act of 2009. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive

provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors and agents with whom they share the records and data provide comparable protections to those provided by the parties. The parties agree not to use or further disclose any Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Agreement or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.

ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Agreement without the prior written consent of the other party.

PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Agreement.

PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Agreement on behalf of each party has full power and authority to enter into this Agreement and that the parties are authorized by law to perform the service set forth in this agreement.

GOVERNING LAW: JURISDICTION. This Agreement and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Washoe County, Nevada district courts for enforcement of this Agreement.

ENTIRE AGREEMENT AND MODIFICATION. This Agreement and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Agreement specifically displays a mutual intent to amend a particular part of this Agreement, general conflicts in language between any such attachment and this Agreement shall be construed consistent with the terms of this Agreement. Unless otherwise expressly authorized by the terms of this Agreement, no modification or amendment to this Agreement shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved

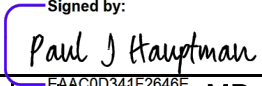
by Washoe County's legal advisor.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed and intend to be legally bound thereby.

APPROVED BY BOARD OF HEALTH:

_____ On _____
Board of Health Chair Date

APPROVED BY BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION, ON BEHALF OF UNIVERSITY OF NEVADA RENO SCHOOL OF MEDICINE

Signed by:

_____ On 16-Jun-2026 | 10:53 AM PDT
Date
Paul J. Hauptman, MD
Dean, UNR School of Medicine

ATTACHMENT A
SCOPE OF COMMUNITY MEDICINE AND PUBLIC HEALTH
ROTATION UNIVERSITY OF NEVADA RENO SCHOOL OF
MEDICINE

Responsibilities of the Parties

1. The parties agree to jointly plan for the utilization of NNPH's facilities for opportunities for medical residents during their clinical rotation. The maximum number of residents and the specific period shall be jointly determined after consideration of NNPH's facilities and adequacy, extent and variety of learning experiences available.
2. Both parties agree that residents are not considered employees of either party under this Agreement.

Responsibilities of the University

1. University shall designate a lead faculty person for oversight of all residents during their Community Medicine and Public Health rotation.
2. University shall require residents to review and comply with NNPH policies regarding infection control, blood borne pathogen exposures, TB exposures, confidentiality of records, and to practice standard precautions while on site at NNPH's facilities.
3. University shall ensure that all residents carry and have evidence of adequate group medical insurance prior to the participation in any clinical rotation at NNPH.
4. University shall inform residents that vaccine and TB screening requirements must be met prior to the beginning of their clinical rotation on site at NNPH based on individual resident activities. These requirements are contained in Attachment B: NORTHERN NEVADA PUBLIC HEALTH VACCINE AND TB SCREENING REQUIREMENTS FOR STUDENTS/INTERNS/RESIDENTS.
5. University shall comply with all applicable laws, ordinances and regulations of governmental entities having jurisdiction over matters, which are the subject of this Agreement. Further, pursuant to NRS Chapter 239B, University shall inform residents that background checks must be completed for residents participating in the activities covered by this Agreement. The resident will pay any cost associated with the background investigation. The results of these background checks may result in removal of a participant from the program, at NNPH's discretion, or termination of this Agreement.
6. University shall immediately upon notice remove any medical resident from NNPH program under this Agreement whom NNPH determines, in its reasonable discretion, imposes an unreasonable risk of harm to NNPH's

personnel, clients, property or to him/herself, or who violates NNPH's policies, regulations or procedures despite warning.

Responsibilities of NNPH

1. NNPH shall allow the University utilization of NNPH's programs during each preceptor rotation.
2. NNPH shall be responsible for providing clinical environment for learning and evaluation of the residents while performing their Community Medicine and Public Health rotation.
3. NNPH shall not compensate residents for services provided.
4. NNPH will provide physical facilities as necessary to the administration of this Agreement and to the conduct of the learning experiences conducted under the auspices of this Agreement, within the limits of NNPH.
5. NNPH administration and personnel recognize their responsibility to maintain a learning environment of high quality in which sound educational experiences can occur.
6. NNPH will provide learning opportunities for residents within the limits of NNPH. The emphasis shall be on education rather than services without disruption of usual NNPH activities.
7. NNPH shall appoint a liaison officer and notify University of same. Such officer shall be the principal contact between NNPH and University for purposes of administration of this Agreement.
8. NNPH may remove and restrict from entry upon its premises University personnel or residents who it determines, in its reasonable discretion, impose an unreasonable risk of harm to NNPH personnel, clients, property of him/herself, or who violates NNPH policies, regulations or procedures despite warning. NNPH shall exercise reasonable efforts under the circumstances to notify University of its intent to remove or restrict prior to taking action and shall notify University as soon thereafter as is reasonable.

NNPH personnel shall not be obligated to participate in the learning experiences of residents referred to NNPH hereunder except to the extent agreed between University and NNPH. To the extent NNPH personnel are engaged in the supervision of resident learning experiences they shall adhere to the learning experience requirements established under the authority of this Agreement and shall make such reports and provide such information specified therein.

Scheduling and Tracking Resident Placements

University shall select, in consultation with NNPH, learning experiences to which the residents will be assigned from among those learning opportunities made available by NNPH. University and NNPH shall mutually determine dates and times for the use of these facilities by such residents.

University agrees to prepare residents schedules and other plans for instruction with the primary view of obtaining maximum educational benefit from NNPH's programs.

Communication between School and NNPH Program Staff

The resident's instructor will provide a copy of the course syllabus, which includes the evaluation form(s) and expectations. Each resident will identify areas of interest from those available and a mutually agreed upon plan for educational experience will be developed.

School and NNPH have appointed the following principal contacts for all communications in connection with this Agreement:

Contact for NNPH:

Christina Sheppard
Division Director
Community and Clinical Health Services
1001 East Ninth Street
Reno, NV 89512
775-328-6159
Email: csheppard@nnph.org

Contact for University of Nevada, Reno School of Medicine:

Richard D. Williams, M.D.
Dept. of Family Medicine
UNR School of Medicine
1664 N. Virginia St.
Reno, NV 89557
775-784-6180
Email: rwilliams@med.unr.edu

ATTACHMENT B

NORTHERN NEVADA PUBLIC HEALTH VACCINE
AND TB SCREENING REQUIREMENTS* FOR
STUDENTS/INTERNS/RESIDENTS

	9th Street and Off-site Clinical Areas	9th Street Non-Clinical Areas	Off-site Non-Clinical Areas
MMR	Required (1 dose or immunity to Measles, Mumps and Rubella if born before 1957, 2 doses if born during or after 1957)	Required (1 dose or immunity to Measles, Mumps and Rubella if born before 1957, 2 doses if born during or after 1957)	Recommended (2 doses if born during or after 1956)
Tdap	Required if 2 or more years since last Td booster	2007 - Recommend for next Tetanus booster	2007 - Recommend for next Tetanus booster
Varicella	Required (vaccine or history of chicken pox)	Recommended	Recommended
Influenza	Required during October - March	Recommended	Recommended
Approved TB Screening	Required (for example IGRA within 30 days prior to rotation or 2-step TST with second TST placed and read within 30 days prior to rotation)	Required (for example IGRA within 30 days prior to rotation or 2-step TST with second TST placed and read within 30 days prior to rotation)	N/A
Hepatitis B	If possible human blood exposure during rotation	If possible human blood exposure during rotation	If possible human blood exposure during rotation

* Requirements are based on student activities and location.

PROGRAM LETTER
OF AGREEMENT

ATTACHMENT C to the AGREEMENT between NORTHERN NEVADA PUBLIC HEALTH (NNPH) and the BOARD OF REGENTS of the NEVADA SYSTEM OF HIGHER EDUCATION on behalf of the UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE concerning the FAMILY MEDICINE RESIDENCY PROGRAM
FOR THE PERIOD OF JULY 1, 2026 THROUGH JUNE 30, 2029

PROGRAM LETTER OF AGREEMENT

This Program Letter of Agreement is used to implement the AAMC Uniform Terms and Conditions which address important legal and business terms between the Sponsoring Institution and the Participating Site. The Uniform Terms and Conditions include provisions on the administration of the residency program; resident salaries and benefits; immunizations, criminal background checks, licensure, access to resources, resident supervision and evaluation, insurance coverage, HIPAA and other important issues. This Program Letter of Agreement should not be signed before reading and fully understanding the AAMC Uniform Terms and Conditions.

This Program Letter of Agreement is the residency training affiliation agreement between the Sponsoring Institution and the Participating Site with respect to a clinical training experience for the Sponsoring Institution's assigned residents, and the agreement of the parties to abide by all terms and conditions of the AAMC Uniform Terms and Conditions dated January 22, 2018 which is hereby incorporated by reference, without modification or exception except as specified below. Any conflict between this Program Letter of Agreement and the AAMC Uniform Terms and Conditions are to be interpreted in favor of this Program Letter of Agreement.

This Program Letter of Agreement is effective from **July 1, 2026 - June 30, 2029**, and will remain in effect until updated or changed by the Sponsoring Institution and the Participating Site or terminated by either party.

1. Parties

Sponsoring Institution: **Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno School of Medicine, Department of Family and Community Medicine**

Participating Site: **Northern Nevada Public Health**

2. Persons Responsible for Education and Supervision

Program Director at Sponsoring Institution: Richard Williams, MD

Site Director at Participating Site: Richard Williams MD

Other faculty at Participating Site (by name or general group) Northern Nevada Public Health

The above named people are responsible for the education and supervision of the residents while rotating at the Participating Site.

3. Responsibilities

The faculty at Participating Site must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the competency areas identified by ACGME or other applicable accrediting bodies. Supervision must provide safe and effective care to patients; ensure development of skills, knowledge, and attitudes required to enter the unsupervised practice of medicine and establish a foundation for continued professional growth. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at the completion of the assignment.

4. Goals and Objectives of the Educational Experiences

The goals and objectives of the educational experiences have been developed according to ACGME Residency Program Requirements or other applicable accrediting bodies, and are delineated in the attached document.

The Program Director, Site Director and the program faculty at the Participating Site are together responsible for the day-to-day activities of the residents during the course of the educational experiences at the Participating Site in furtherance of the goals and objectives.

5. Policies, Rules and Regulations that Govern Resident Education

Residents will be under the general direction of their Sponsoring Institution Program's Policy and Procedure Manual regarding educational matters as well the Participating Site's policies, rules and regulations regarding patient care activities.

6. Financial Responsibility

Sponsoring Institution Responsible Financially:

Sponsoring Institution or its affiliate as otherwise described under Section 7 herein shall continue to employ the residents and is responsible for the payment of any salary and compensation to the residents, as well as providing or requiring health insurance coverage and workers compensation coverage, and withholding all applicable **taxes**. Sponsoring Institution understands that its residents will not be covered by or entitled to any social security, unemployment compensation, retirement, pension and/or any other benefits programs or workers' compensation program offered or provided by Participating Site, and no resident shall have any right, title or claim to participate in the same.

7. Other Modifications or Exceptions to the AAMC Uniform Residency Training

7.1 This Program Letter of Agreement shall be governed by Nevada law and any dispute arising out of or in any way related to the Agreement shall be brought in a court of competent jurisdiction in the State of Nevada.

7.2 Both parties and their employees shall conduct themselves in compliance with all applicable federal, state, and local laws, rules, and regulations and the applicable standards of professional practice.

7.3 Participating Site shall maintain, at its own cost and expense, general and professional liability insurance covering Participating Site as an entity and each of its health care providers and employees against professional liability (malpractice) claims, in the minimum amount of one million dollars (\$1,000,000.00) per occurrence and three million dollars (\$3,000,000.00) aggregate. Evidence of such insurance shall be provided to Sponsoring Institution upon request. Participating Site will also maintain a commercially reasonable policy of commercial general liability insurance and maintain workers' compensation insurance in accordance with Nevada law.

7.4 Sponsoring Institution and Participating Site liability shall be limited to the amounts set forth in NRS 41.0305 to NRS 41.039, as may be amended from time to time by the Nevada Legislature. References to "governmental immunity" in the Uniform Terms and Conditions Agreement should be interpreted as meaning NRS 41.0305 to NRS41.039.

The individuals executing this program letter of agreement are authorized to sign on behalf of their institutions and certify that their institutions have accepted the MMC Uniform Terms and Conditions for Program Letters of Agreement and further agree to comply with its terms except as noted above.

[SIGNATURE PAGE FOLLOWS]



Program Letter of Agreement

**Sponsoring Institution: Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno School of Medicine, Department of Family and Community Medicine
1664 N. Virginia Street, M/S 1332, Reno, Nevada 89557-1332**

Recommended:

Signed by:
Richard D. Williams, MD 09-Jun-2026 | 9:28 AM PDT
Richard Williams, MD
Program Director
Family Medicine Residency

Signed by:
David L. Carlson, MD 09-Jun-2026 | 11:49 AM PDT
David Carlson, MD Date
Associate Dean of Graduate Medical Education

Approved:
Signed by:
Paul J. Hauptman 16-Jun-2026 | 10:53 AM PDT
Paul J. Hauptman, MD Date
Dean, School of Medicine

**Participating Site: Northern Nevada Public Health
1001 E. Ninth Street, Bldg. B
Reno, NV 89512**

Board Chair Date

FAMILY MEDICINE GOALS AND OBJECTIVES

ROTATION: COMMUNITY MEDICINE & PUBLIC HEALTH

I) GENERAL DESCRIPTION

- A) The rotation in Community Medicine & Public Health is designed to provide residents with the skills and expertise expected of family physicians with active practices involving interacting with public health offices and officials. Residents will also gain an introductory knowledge of public health.
- B) The two-week rotation in Public Health is centered on experiences offered by the Northern Nevada Public Health. The resident will meet with Community and Clinical Services officials, to discuss the time they will be spending with NNPH. Assigned readings may also be a part of the learning process.
- C) The resident will also be assigned to participate in Street Medicine learning experiences during this rotation, which may include working at Eddy House, Cares Campus, or Community Court.
- D) For contact information, contact the residency coordinator two weeks before your rotation.
- E) Residents are expected to follow their patients in the Family Medicine Center during this rotation.
- F) Level – PGY-3 year
- G) Location – Community Medicine is an office/health department-based rotation.
- H) Duration – one two-week block
- I) Community Medicine is a full-time rotation.
- J) Residents must comply with institutional and ACGME work hour reporting requirements.
- K) Evaluation of Rotation
 - 1) The evaluation of the resident on this rotation will be done by the completion of an evaluation form by the attending physician at the end of the rotation.
 - 2) The resident will fill out a rotation evaluation form at the end of the rotation.
 - 3) The knowledge, skills and competencies acquired during this rotation will be evaluated by a Family Medicine attending as the resident provides care to patients in the Family Medicine Center.
 - 4) The resident's performance on the American Board of Family Medicine In-Training examination will also be used to assess knowledge in this area.

II) PATIENT CARE and MEDICAL KNOWLEDGE skills to be mastered

- A) Assess and analyze the health needs of the community in which they practice, including social determinants of health and population-level risk factors.
- B) Understand and be able to interact with community health resources that may be utilized in the care of patients and their families, including health department services and public health (including environmental health and infectious disease) services.
- C) Understand and be able to implement disease prevention/health promotion, including appropriate strategies and behaviors relevant to Community and Preventive Medicine such as immunizations, family planning, communicable disease management, and healthful lifestyle changes that will protect children, adults, and families from illness or injury.
- D) Recognize the impact of health disparities, health equity, and access to care on patient and community health outcomes.

FAMILY MEDICINE GOALS AND OBJECTIVES

ROTATION: COMMUNITY MEDICINE & PUBLIC HEALTH

III) PRACTICE BASED LEARNING AND IMPROVEMENT

- A) This competency is addressed longitudinally throughout the rotation.
- 1) Scientific evidence will be reviewed by the resident and supervisors.
 - 2) The practical implementation of evidence-based medicine will be discussed as the medical decision making and public health decision making is reviewed.
 - 3) Information technology will be utilized by the resident as he or she is required to research topics for completing the community medicine rotation.
 - 4) The resident will demonstrate insight into areas for improvement and engage in self-directed learning related to community health and population-based care.

IV) INTERPERSONAL AND COMMUNICATION SKILLS

- A) This competency is addressed longitudinally throughout the rotation by helping the resident improve his or her ability to communicate effectively with public health workers at all levels.

V) PROFESSIONALISM

- A) This competency is addressed longitudinally throughout the rotation.
- 1) The resident's sense of personal responsibility including attendance, promptness, motivation, completion of duties, and appropriate dress will be observed and evaluated.
 - 2) Ethical and legal principles relevant to public health and community-based practice will be taught and assessed.
 - 3) Respect for cultural, gender and age, differences will be taught, observed and evaluated.
 - 4) The resident is expected to treat patients, families, public health workers and colleagues with respect, understanding, sympathy and honesty

VI) SYSTEMS BASED PRACTICE

- A) This competency is addressed longitudinally throughout the rotation.
- 1) The resident will learn to become aware of available resources and the cost effectiveness of testing and therapeutic options from a public health point of view
 - 2) The resident will gain an increasing understanding of the role of the patient, physician, support staff, public resources and insurer in the health care environment
 - 3) The resident will recognize both the available resources within the community and the limitations of those resources, including barriers to access and structural constraints.
 - 4) The resident will demonstrate understanding of public health reporting requirements, communicable disease surveillance, and collaboration with community agencies.

FAMILY MEDICINE GOALS AND OBJECTIVES

ROTATION: COMMUNITY MEDICINE & PUBLIC HEALTH

Suggested Readings:

1. Institute of Medicine. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academies Press; 2003.
2. Fadiman A. *The Spirit Catches You and You Fall Down*. New York: Farrar, Straus and Giroux; 1997.
3. Manheimer E. *Twelve Patients: Life and Death at Bellevue Hospital*. New York: Grand Central Publishing; 2012.
4. Lantz PM, Golberstein E, House JS, Morenoff D. Socioeconomic and behavioral risk factors for mortality in a national 19-year prospective study of US adults. *Soc Sci Med*. 2010;70:1558–1566.
5. Carrillo JE, Green AR, Betancourt JR. Cross-cultural primary care: a patient-based approach. *Ann Intern Med*. 1999;130:829–834.
6. Hughes LS, Likumahuwa-Ackman S. Acting on social determinants of health: a primer for family physicians. *Am Fam Physician*. 2017;95(11):695–696.
7. McCartney G, Popham F, McMaster R, Cumbers A. Defining health and health inequalities. *Public Health*. 2019;172:22–30.
8. Troiano G, Nardi A. Vaccine hesitancy in the era of COVID-19. 2021;194:245–251.
9. Kelly MP, Barker M. Why is changing health-related behavior so difficult? *Public Health*. 2016;136:109–116.
10. Douthit N, Kiv S, Dwolatzky T, Biswas S. Exposing barriers to health care access in the rural USA. *Public Health*. 2015;129(6):611–620.