HEALTH EQUITY WORKGROUP REPORT

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FOUNDATIONS & DIRECTIONS

• Health Equity grounded in Human Equity
  • Possible Additional Frameworks to Include-
    • Birth Equity
    • Life Course
    • Human Rights

• Focus on Vulnerable Populations
  • Black & Women of Color
  • Indigenous/ Tribal Women
  • Incarcerated Women
  • Migrant/Undocumented/ Border Women
  • Rural Women
  • Homeless
FOUNDATIONS & DIRECTIONS

Recognize Champions & Hold Offenders Accountable

• Recognition that some institutions (service areas/hospitals/clinics) perpetuate health inequities
• Support systems and policies that identify offenders but also reward institutions with improved health equity

Building Trust and Sustaining Trust

• Recognition of need to build and sustain trust with vulnerable women, situated within vulnerable communities
• Successful example of community trust building in a rural community with high substance use, low resources to access—“Project Swaddle” in Indiana where EMTs provide care and shuttle service for pregnant women to their appointments
FOUNDATIONS & DIRECTIONS

Innovative Projects Bridging Gaps

Training
• Continue training providers and staff regarding health equity, [and support trainings on racism, implicit bias training]
• Office of Minority Health’s “Maternal Health Care Course”

Critical Support Systems
• In coordination with telehealth, incorporate innovative and simple technology enabling women to self-monitor their health
  • Examples: fetal heart rate monitoring via Apple Watch, Blood Pressure cuffs to monitor preeclampsia
FOUNDATIONS & DIRECTIONS

Health Literacy (connected to self monitoring)
- Facilitate maternal improved health literacy to improve health care engagement

Navigating Health Care System During COVID Era
- Confusing system at times related to care providers (Family Practitioner vs. OB vs, Midwife vs Nurse Practitioner vs Internist) and with limited face-to-face visits, supporting efforts to ease this transition of care during pregnancy, and peripartum period.