

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
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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.



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