PREVENTIONLINK of Southern Maryland

Promoting Health Equity in Primary Care

Welcome & Introductions

Twarnisha Stokes



HEALTHCARE EQUITY

Health Equity vs Health Disparities

- Health equity refers to the principle that everyone should have a fair opportunity to attain their highest level of health, regardless of factors such as race, ethnicity, gender, socioeconomic status, or geographic location. It emphasizes the absence of avoidable, unfair, or remediable differences in health outcomes.
- In Maryland, like many other states, disparities exist in health outcomes or access to healthcare based on factors such as race, ethnicity, income, and education, Health disparities are a result of broader social inequities and can manifest in various ways, such as higher rates of chronic diseases, lower life expectancies, or limited access to healthcare services.
- Achieving health equity requires not only addressing disparities in healthcare access and outcomes but also tackling the root causes of these disparities, such as poverty, discrimination, and lack of education.



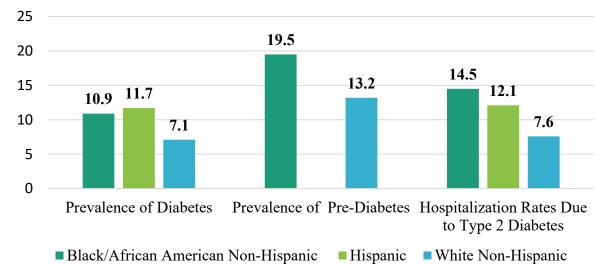
Health Indicators

20 15 13.5 13.9 15.2 13.9 15.2 13.9 15.2 13.9 15.2 13.9 15.2 10 9.8 11.1 Prevalence of Diabetes Prevalence of Pre-Diabetes Hospitalization Rates Due To Type 2 Diabetes

By State & County (%)

In Maryland In Prince George's County

By Race/Ethnicity (%)





Socioeconomic Factors

- Estimated that 14.5% of county children are food insecure (2019)
- 12.6% of children are estimated to live in poverty in the county
- One-third of Hispanic, female head of household families live in poverty
- An estimated 9.2% of county households do not have a vehicle
- Unemployment declined in the county (5.5%, 2019) but remains higher for Black residents (6.5%); for residents with a disability the unemployment rate is 12.0%



Prince George's County Current Initiatives & Efforts

- The Prince George's County Health Department (PGCHD) invested in Community Health Worker Workforce.
- The Prince George's Healthcare Action Coalition launched the Community Care Coordination Team (CCT).
- PGCHD and CCCT are collaborating to establish a high-quality community resource inventory for mitigating social determinants of health.
- PGCHD's Health Assures program reimburses FQHCs for uninsured patient visits.
- PGCHD has received federal funding from the CDC to assist targeted populations in preventing or managing chronic diseases such as diabetes.





Impact of Health Equity

Delegate Ashanti Martinez



ADA Bill of Rights

Judy Lichty-Hess



American Diabetes Associations Health Equity Bill of Rights

The right to access insulin and other drugs affordably.

The right to healthy food.

The right to insurance that covers diabetes management and future cures.

The right to not face stigma or discrimination.

The right to avoid preventable amputations.



American Diabetes Associations Health Equity Bill of Rights

The right to participate in clinical trails without fear..

The right to stop prediabetes from becoming diabetes.

The right to a built environment that does not put you at greater risk for getting diabetes.

The right to the latest medical advances.

The right to have your voice heard.

Exercise Your Rights!

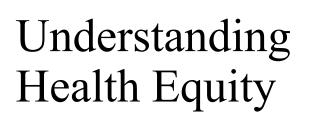


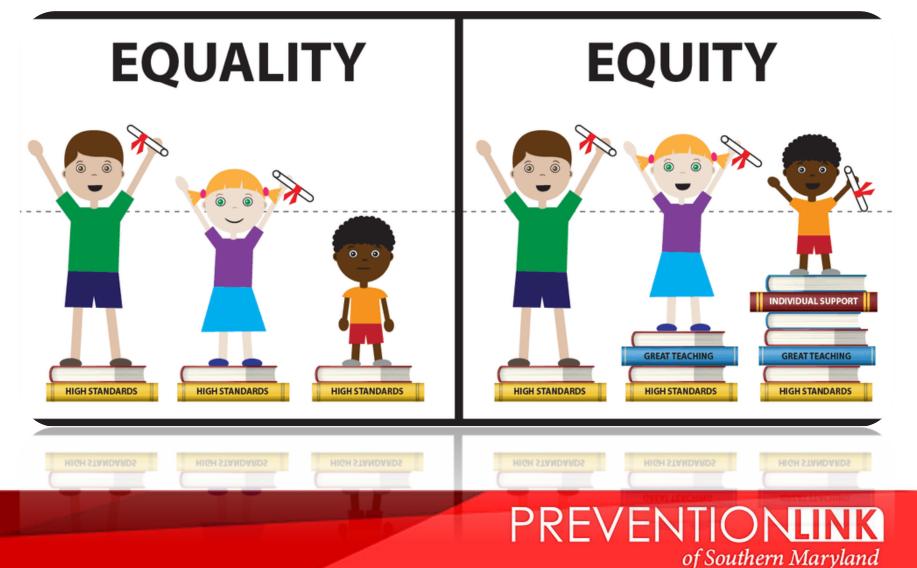
How to Make Health Equity Practical

Leah Chambers



• Definition: Health equity is everyone having a fair and just opportunity to attain their highest level of health.





Making Health Equity Practical in Primary Care

It is important to translate health equity from concept to action in primary care

Critical questions:

- What does operationalizing health equity look like in day-to-day practice?
- Are current efforts effective, or are there opportunities for improvement?

Primary care providers are uniquely positioned to drive this progress.

Key strategies:

- Address social drivers of health, injustices, and break down barriers.
- Rethink systems and policies
- Diversify teams and include community voices
- Collect data to reveal disparities and target resources



Putting Health Equity into Practice



Look beyond clinical needs - address social drivers of health

Ex: Partner with housing, food banks, transportation



Rethink your systems and policies

Ex: Ensure all patients can access telehealth



Diversify your team to reflect the community

Ex: Include community voices in decisions



Collect data to reveal disparities and target resources

Ex: Compare diabetes outcomes by race, income



Advancing Health Equity in Practice



Empower patients and communities as agents of change Prioritize equity initiatives with stakeholders Hold yourself accountable for equitable outcomes



Stories from the CHW's Denise Feliz & Magaly Esquivel

Looking Ahead Twarnisha Stokes



Challenges & Opportunities

Challenges that hinder progress toward health equity in MD

- Persistent socioeconomic disparities.
- Limited access to healthcare in rural and underserved areas.
- Cultural and linguistic barriers to healthcare.
- Institutional biases and systemic inequities.

Opportunities for Improvement Toward Health Equity in Maryland

- Strengthening community partnerships and engagement.
- Investing in social determinants of health interventions.
- Promoting diversity and inclusion in healthcare delivery and workforce.



Future Priorities

Strategies for Advancing Health Equity in Maryland



IMPROVEMENT.

ACROSS SECTORS TO CREATE SUSTAINABLE SOLUTIONS AND ACHIEVE MEANINGFUL PROGRESS TOWARD HEALTH EQUITY GOALS.

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Questions/Wrap-Up

Twarnisha Stokes



Resources

- <u>Health Equity | ADA (diabetes.org)</u>
- <u>American Diabetes Association Launches Campaign for Health Equity</u> (diatribe.org)
- <u>NIH-funded study highlights the financial toll of health disparities in</u> <u>the United States | National Institutes of Health (NIH)</u>
- Economic cost of health disparities | Deloitte Insights
- <u>0553_otce_vol_1_no_1_advancing_health_equity_in_diabetes.pdf</u>



References

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