Advancing Maternal Health Equity among Migrant Communities

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Land and Labor Acknowledgment

“Standing in front of the slave quarters of our ancestors, at the Whitney Plantation.....We truly are our ancestors’ wildest dreams.”

Sydney Labat (4:39 pm 12/14/19 from New Orleans, LA Twitter for iPhone)

15 Black Medical Students, Tulane University School of Medicine

Native American Trails Project
https://www.umass.edu/nativetrails/
https://www.umass.edu/nativetrails/nations/Nipmuc/history.html
Acknowledgment

- Positionality
- Intersectional Identities
- Lived Experience
- Cisgender, Heterosexual
- Woman of Color
- OB/GYN Physician

Informs my own advocacy advancing sexual, reproductive, and gender health equity as well as social justice for minoritized communities
Learning Objectives

1. **EXPLAIN** the global migrant crisis with special attention to the vulnerabilities faced by migrant women, including considerations of the **impact of racism and sociopolitical determinants of health** on migrant women’s experiences with care, and the challenges providers face in the delivery of high quality culturally competent care.

2. **DESCRIBE** a patient-centered medical home model of care that integrates a team-based approach to health care delivery that engenders trust with refugee community stakeholders, facilitates community capacity-building, considers the social determinants of health, and promotes critical linkages to community resources and support.

3. **IDENTIFY** best practice strategies in the provision of linguistically inclusive, culturally informed care that optimizes health outcomes, and promotes the healing, health and wellness of migrant women.
Global Challenges
A Global Refugee Crisis

- 100M forcibly displaced
  - 27.1M Refugees
  - 53.2M Internally Displaced
  - 4.6M Asylum-seekers
  - 4.4M Venezuelans displaced

UNHCR Global Trends – 6/16/22

A Global COVID-19 Pandemic Crisis

GLOBAL
- 676,609,955 confirmed cases
- 6,881,955 deaths

USA
- 103,804,263 confirmed cases
- 1,123,836 deaths

JHU CSSE Dashboard 3/10/23
Who is a Refugee?

The Refugee Act of 1980

- A refugee is a person who is outside their home country and unable or unwilling to return due to persecution or a well-founded fear of persecution based on their:
  - Race
  - Religion
  - Nationality
  - Membership in a social group
  - Political opinion
Maternal Health in the Global Refugee & Migrant Crisis

- Emergencies exacerbate violence, increasing vulnerability, risks, and health inequities*
- Lack of access to safe maternity care
- Delayed services and inadequate care
- 60% preventable maternal deaths occurs in humanitarian crises¥
- Increase cesarean sections, stillbirths, and other obstetric morbidity§
- Antenatal/postnatal depression, anxiety, and PTSD§

*World Health Organization, 2021
¥In focus: Women refugees and migrants | UN Women – Europe and Central Asia
§Heslehurst N et al. BMC Medicine, 2018
In 1993, the UN General Assembly Declaration on the Elimination of Violence against Women provided a framework for action on the pandemic. But more than 20 years later, 1 in 3 women still experience physical or sexual violence, mostly by an intimate partner.

- Sexual, physical, psychological, and emotional abuse
- Sexual harassment
- Child marriage
- Domestic violence
- Female genital mutilation
- Trafficking in persons
Post-Resettlement: Immediate Protection Benefits

- Removal from abusive, exploitive situation
- Removal from hostile environment
- Prevention of future acts of violence, rape, kidnapping, forced marriage
Post-Resettlement: New Vulnerabilities Emerge

Health concerns
Supporting dependent children
Disrupted family ties/Social isolation
Illiteracy
Medical care
Mental health evaluation
Socio-Emotional support
Racism/Discrimination/Bias
Literacy/Language training
Low skilled jobs with low salaries
Lack of child care

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Literacy/Language training
Low skilled jobs with low salaries
Lack of child care

Challenges attaining economic self-sufficiency
Global COVID-19 Pandemic Crisis

Consequences to the health & human rights of women and girls

- Gender-based Violence (31 million)
- Child Marriage (13 million)
- Female Genital Mutilation/Cutting (2 million)
- Unintended Pregnancy (17 million)
- Disruption in programs, services, safe spaces, care and support
- Fear
  - Lack of PPE/Vaccines
  - Decrease Service Use

United Nations Population Fund
They Called Ukraine Home. But They Faced Violence and Racism When They Tried to Flee

They are ‘civilised’ and ‘look like us’: the racist coverage of Ukraine

Ukraine Acknowledges Racist Treatment Of Africans Fleeing Russian Invasion

Ukraine’s foreign minister said that African immigrants seeking to evacuate “need to have equal opportunities to return to their home countries safely.”

By Sarah Ruiz-Grossman
Mar. 1, 2022, 07:50 PM EST
A Welcoming, Safe Haven for Some......But Not All


Biden says Border Patrol agents ‘will pay’ after whipping at Haitian migrants while charging them on horseback (yahoo.com)

A United States Border Patrol agent on horseback tries to stop a Haitian migrant from entering an encampment on the banks of the Rio Grande near the Acuna Del Rio International Bridge in Del Rio, Texas on September 19, 2021. Paul Ratje/Getty Images
The Impact of Anti-Migrant Policies/Rhetoric

Lower health services use, higher preterm birth rates/adverse birth outcomes, poorer mental health
Rise in Islamophobic Discrimination

BIRTH OUTCOMES FOR ARABIC-NAMED WOMEN IN CALIFORNIA BEFORE AND AFTER SEPTEMBER 11*

DIANE S. LAUDERDALE

Persons who were perceived to be Arabs experienced a period of increased harassment, violence, and workplace discrimination in the United States in the weeks immediately following September 11, 2001. Drawing on prior studies that have hypothesized that experiences of discrimination increase the risk of preterm birth and low birth weight, this study explores whether there was an effect on birth outcomes for pregnant women of Arab descent. California birth certificate data are used to determine the relative risk of poor birth outcomes by race, ethnicity, and nativity for women who gave birth in the six months following September 2001, compared with the same six calendar months one year earlier. The relative risk of poor birth outcomes was significantly elevated for Arabic-named women and not for any of the other groups.

Demography, 2006

Trump's travel ban fundamentally changes American history | CNN Politics, 2017

Decreased health services use, greater preterm birth and low-birth weight infants
In a horrifying history of forced sterilizations, some fear the US is beginning a new chapter

By Catherine E. Shoichet, CNN
Updated 2:11 PM ET, Wed September 16, 2020

Migrant Women in ICE Detention Undergo Forced Hysterectomies

- Mass hysterectomies performed on vulnerable migrant women is a human rights abuse
- The U.S. has a long, sordid history of reproductive coercion and forced sterilizations targeting:
  - Black
  - Latinx
  - Native American
  - Incarcerated
  - Women with disabilities

Ottenheimer D, et al J Forensic and Legal Medicine, 2022
The Socio-Ecological Model of the Impact of Racism on Migrant Communities

**SOCIETAL/POPULATION HEALTH**
- Institutional Racism
  - Anti-immigration policies/rhetoric
  - Historical legacies of exploitation/human rights abuses
  - Reproductive injustice, inequitable health/social/public policies, voter suppression

**COMMUNITY HEALTH**
- Inequitable healthcare access
- Inadequate crisis communication
- Disruption in social/community norms, ties
- Inequitable access to social safety net services/resources
- Under-resourced education, concentrated unemployment
- Multi-generational, crowded housing, impoverished communities
- Family separation, loss of social networks/support, police profiling, hate crimes

**INTERPERSONAL/FAMILY HEALTH**
- Personally Mediated Racism
  - Stigmatizing patient-provider interactions
  - Social stigma, myths, taboos, cultural mistrust
  - Implicit bias, racial discrimination, microaggressions
  - Fear, distrust, cultural disconnect, lack of empathy, ‘othering’

**INDIVIDUAL HEALTH**
- Internalized Racism
  - Negative healthcare experiences
  - Distrust of providers, delay in care-seeking
  - Gender/cultural/linguistically incongruent care
  - Acculturation, limited health/computer literacy
  - Lack of safety/security/trauma-informed care

**Adverse reproductive health outcomes**

Johnson-Agbakwu. Medical Care, 2022
Health and Health Care Use Strongly Associated with Cumulative Burden of Social Determinants of Health

Where we are born, live, work, learn, play, eat, worship, access health care

- Racism, discrimination, and violence
- Safe housing, transportation, and neighborhoods
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

Social Determinants of Health


Jones KG et al, Population Health Management, 2021
"overlapping or intersecting social identities and related systems of oppression, domination, or discrimination."

(Originally popularized by the late feminist writer bell hooks, and officially coined by Kimberlé Crenshaw in 1989)
513,000 women and girls affected by or at risk of FGM/C in the United States

Improving Health Care Services for Women and Girls in the United States Affected by Female Genital Cutting

1. Conducted Community based survey of 879 Somali women to identify FGC-related health care needs and services for women in Arizona.

2. Identified gaps, barriers, and/or assets in care

3. Trained 655 providers to improve culturally competent care for FGC-affected women.

4. Engaged in community and educational outreach to over 216 community members, increasing their awareness of FGC-related health issues, prevention and services
Key Demographics

- N=879
- Average age 31 years old (range 15-90)
- 42% Single, 42% Married
- 83% Medicaid
- 99% Muslim
- 64% less than HS education
- 80% in poverty
- Average Length of time in U.S. = 8 yrs

Most women had FGM/C

80%

Type 3 was most common

Type I 33% (N=223)
Type II 20% (N=139)
Type III 36% (N=243)
Unsure 11% (N=75)

Identifying the Gaps in Respectful Care

COMMUNITY
- Distrust
- Fear
- Stigmatization
- Care delay/refusal
- Adverse outcomes

PROVIDERS
- Poor clinical skills
- Limited cultural competence
- Inability to recognize unique care needs
Experiences of Discrimination

Quadruple Jeopardy

Intersectional relationships influence adverse health consequences among Somali migrant communities

Johnson-Agbakwu et al, *IJIR*, 2023
Intersectionality of race, class, gender, religion, age, and sexuality

Race, sex and gender bias and racism are interwoven in society and impact migrant women’s health.

- Structural racism
- Implicit bias
- Racial/ethnic stereotypes
- Cultural imperialism
- ‘Othering’ of Black women’s bodies
  - Linguistic accents, scents, hairstyles, head coverings, attire, cultural norms, religious practices, cultural practices (i.e. FGM/C)

(99) Racist Swedish Feminists, perform mock female genital mutilation on cake of african woman - YouTube

Johnson-Agbakwu & Manin. Arch Sex Behavior 2020
Local Solutions
A Patient-Centered, Community-Driven Clinic

**Mission** The Refugee Women’s Health Clinic’s (RWHC) mission is to offer culturally grounded and linguistically appropriate health services to the growing number of immigrant and refugee women in the Phoenix metropolitan area while seeking to reduce/eliminate health disparities and cultural barriers to care.

The RWHC’s staff are multilingual and bi-cultural. It is the first clinic of its kind in Arizona and one of the first such models in the US serving newly-arrived refugee women, including now serving Afghan evacuees most recently.
LOCALLY ACCESSIBLE. GLOBALLY MINDED.

OVERCOMING BARRIERS.

EMPOWERING WOMEN.

Eliminating myths surrounding labor & delivery and preventative health services.
RWHC’s Mission and Vision

**Health Services Covered:** Routine and High-Risk Prenatal Care, Delivery and Postpartum, Gynecological Care, Maternal and Child Health services, Family Planning, Management of Infertility and Menopause, Surgical modifications of the circumcision scar for Female Genital Cutting (FGC), Health Literacy Promotion, Mental health screenings and evaluations, and counseling services as needed.

**Intensive Care Coordination:** The ultimate goal is to deliver the tools that patients will need to successfully attain quality health care by removing structural barriers to care: home visits, appointment reminders, coordination of transportation, insurance coverage assistance, referrals to on site subspecialties, and advocacy to various social services and much more.

**Community Based Participatory Research Approach and Patient education:** Research activities are co-designed by engaging and partnering with the refugee communities. Culturally tailored health classes empower women and improve their health literacy. Topics include prenatal care, labor and delivery processes, postpartum care of mother, newborn care, breastfeeding, car seat safety measures, family planning and discharge planning.
Patients served at the RWHC


Top 10 Countries 2010 - 2021

Other Countries
11. Eritrea (N = 99)
12. Bangladesh (N = 53)
13. Nigeria (N = 42)
14. Morocco (N = 36)
15. Liberia (N = 33)

Our Integrated Care Model – 5C’s

1. Cultural health navigation
2. Communication to promote health
3. Care coordination
4. Community partnered engagement
5. Capacity building
• CHNs understand and respect the specific cultural and health care needs of refugees
• CHNs help access other health care subspecialties and services on campus such Pharmacy, Laboratory, Imaging services and more
• Coordination of clinic visits, transportation and assistance with health insurance coverage
• Referrals for Mental Health Care for Survivors of War and Trauma

Why receive care with the RWHC?
“A Unique Health Care Program Adapted to the Distinct Health Care Needs of Refugee Women”:

- Competent Care and Service delivery
- Improved Culture of Safety
- Enhanced, Culturally Informed Health Education
- Increased Coordination of Care
- Quality Outcomes
Refugee and Global Health Center

- Refugee Women’s Health Clinic
- Refugee Pediatrics Clinic
- Refugee Primary Care (Family & Internal Medicine)
- Integrated Behavioral Health/Trauma-Informed Care
Refugee Women’s Health Clinic: Mission and Vision

To provide culturally and linguistically congruent health services to the refugee and immigrant women in Phoenix

To reduce/eliminate health disparities and cultural barriers to care
Refugee Women’s Health Community Advisory Coalition (RWHCAC)

To **Empower**, to **Mentor**, to **Connect** and to **Reshape** the lives of refugee women
Value Based Care – A Strategy to Advance Maternal Health Equity in Refugee Communities

Cultural Health Navigator Pilot
• Emergency Department Visits
• Inpatient Admissions*
• Low birthweight births (<2,500 g)*
• Timely prenatal,* postpartum and newborn well child visits
• Cost Savings*

• Longitudinal Maternal & Perinatal Outcomes
• Community Health Workers
• Value for Money/Social Return on Investment
<table>
<thead>
<tr>
<th>Refugee-Specific Challenges during COVID-19</th>
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<tr>
<td><strong>Multi-generational households</strong></td>
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<tr>
<td>Cramped housing conditions</td>
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<tr>
<td>Inability to self-isolate</td>
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<tr>
<td>Caring for elders</td>
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<td>Asymptomatic carriers</td>
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<tr>
<td><strong>Employment conditions</strong></td>
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<tr>
<td>(Meatpacking, Laundering facilities)</td>
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<tr>
<td>Lack of paid sick leave</td>
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<td>Lack of social distancing</td>
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<tr>
<td>Inadequate PPE</td>
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<tr>
<td><strong>Denial/reluctance to disclose symptoms</strong></td>
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<td>Fear of losing job</td>
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<td>Delays in screening/testing</td>
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<td>Not seeking care unless sick</td>
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<td><strong>Language/Communication Barriers</strong></td>
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<td>Limited Health Literacy</td>
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<td>Limited Computer Literacy</td>
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<td>Cultural Disconnect</td>
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<td>Travel- pharmacies, grocery stores,</td>
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<td>families/friends/neighbors</td>
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<tr>
<td><strong>Contact Tracing</strong></td>
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<tr>
<td>English/Spanish language only</td>
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<tr>
<td>Text messaging/Blocked numbers</td>
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<tr>
<td>Phone lines disconnected</td>
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<td>MEDSIS reporting</td>
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<tr>
<td><strong>Distrust</strong></td>
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<td>Privacy</td>
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<td>Confidentiality</td>
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<td>Stigmatization</td>
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<td>Myths</td>
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Essential Role of Community Health Workers as Trusted Messengers
Future Directives
A Path Forward Towards Advancing Health Equity

“A Rising Tide Lifts All Boats.” John F. Kennedy, 1963
AMA Strategic Approaches to Advance Health Equity

- Build alliances and share power via meaningful engagement
- Ensure equity in innovation for marginalized and minoritized people and communities
- Push upstream to address all determinants of health
- Embed equity in practice, process, action, innovation, and organizational performance and outcomes
- Foster truth, reconciliation, racial healing, and transformation

American Medical Association, 2021
The AMA’s strategic plan to embed racial justice and advance health equity | American Medical Association (ama-assn.org)
Health is a Fundamental Human Right

- Everyone should have access to the health services they need, when and where they need them, without suffering financial hardship.
- No one should get sick and die just because they are poor, or because they cannot access the health services they need.
- Everyone should have access to safe drinking water and sanitation, nutritious foods, adequate housing, education and safe working conditions.
- Everyone should be entitled to control their own health and body, including having access to sexual and reproductive information and services, free from violence and discrimination.
- Everyone has the right to privacy and to be treated with respect and dignity.
- Nobody should be subjected to medical experimentation, forced medical examination, or given treatment without informed consent.

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”.

World Health Organization, 2017
Advancing Maternal Health Equity: Closing the Gaps in Health Care Disparities, Interventions, and Research

Factors that influence disparities in access to care and quality of health care services, by level
Anti-racism, Implicit Bias, and Cultural Competency Training

- Address structural racism, implicit bias, microaggressions, geopolitical climate
- Foster culturally inclusive, linguistically responsive care
- **Adopt anti-racist frameworks**
  - Institutional level → interpersonal → individual
- Social Determinants of Health
- **Iterative trainings** across all staff/trainees, administrative leaders, front-desk staff
- Provide opportunities for **self-reflection**
  - Cultural/racial/gender power hierarchies
  - Challenge assumptions/stereotypes, avoid ‘othering’
  - Patient-provider interactions/non-verbal communication
  - Infuse trauma-informed care approaches
- Enduring learning materials, online resources
- **Safe spaces** to normalize reporting by providers, support staff, learners, and patients
- Cultivate culture of **inclusive excellence**

Optimize Clinical Care

• Access to care, pharmacologic and psychologic interventions, inclusion in clinical trials

• Patient safety and quality in clinical care
  • patient morbidity registries
  • longitudinal quality improvement
  • patient safety bundles
  • patient experience - non-stigmatizing, respectful care, validating, careful listening, safe spaces
  • access to digital technology (e.g. telehealth)
  • cultural, gender, and linguistic congruence
  • broadening referral networks
  • Infuse trauma-informed approaches

• Consider how sexual health messaging is being tailored to Communities of Color, Sexual and Gender Minorities, Migrant Communities
  • Consider the use of imagery in how we train providers and deliver care
  • Avoid perpetuating the ‘othering’ of minoritized bodies
Integrative, Patient-Centered Interdisciplinary Care Models

- **Address Social Determinants of Health**
  - Health Literacy
  - Distrust
  - Western vs Traditional health beliefs
  - Patient autonomy in decision-making
  - Stigma reduction
  - Community trust and embeddedness

- **Address structural barriers to care**
  - Insurance coverage
  - Legal status
  - Language barriers/Interpretation
  - Transportation
  - Cultural/gender/linguistic concordance

- **Engage the partner/spouse**

- **Sustained Provider Education**
  - Appropriate clinical documentation/coding
  - Culturally sensitive counseling
  - Clinical and surgical skills competency
  - Culturally appropriate treatment paradigms
  - Ethical dilemmas

- **Patient-Centered, Multidisciplinary Care**
  - Pediatrics, OB/GYN, Family Medicine, Urology, Emergency Medicine, PAs, CNMs, NPs, RNs, MSWs
  - Psychiatrist/Psychologist
  - Sexuality Educator/Therapist/Counselor/Sexologist
  - Pelvic Floor Physical Therapist
  - Peer Mentor/Support/Community Advocate Navigator
Community-Based Participatory Research (CBPR) Engagement

- Historical Trauma and Human Rights Atrocities
  - Gender-based Violence
    - Early Child Marriage
    - Rape as a weapon of war
    - Intimate Partner Violence
    - Human Trafficking
  - Forcibly displaced migrant communities
  - Sexual and Gender Minorities
  - Communities of Color — (J. Marion Sims, Tuskegee, Henrietta Lacks’ [HeLa] cells, George Floyd)

- Address Sexual and Gender Inequities
  - Girls’ Education
  - Women’s Empowerment
  - Unmet Contraceptive Access
  - Threats to sexual health equity and gender-affirming care

- Promote Equitable, Trust-based, Community Partnerships
  - Community Advisory Boards – empower local champions
  - Accountability
  - Educational outreach, capacity-building
  - CBPR throughout all phases of research, including dissemination
  - Cultivate, nurture and sustain safe spaces
  - Bi-directional, open dialogue
  - Representation matters
  - Public-private partnerships, multi-center collaborations

Research & Policy

• **Advance Data Equity**
  - Race/Ethnicity data must be further disaggregated by language, country of origin, ethno-cultural specificity, and geospatial residential clustering
  - Validated instruments achieve cross-cultural and linguistic equivalency
  - *Precision Population Sexual and Gender Health* – being wary of Artificial Intelligence algorithms perpetuating bias in minoritized communities

• **Advocacy for Sexual and Gender Inclusive Policies**
  - Centering those with lived experience of racism, discrimination, bias, exclusion, microaggressions
  - ‘Weathering Hypothesis’ – lifelong exposure to chronic toxic stress/allostatic load
  - ‘Healthy Migrant Paradox’
  - Epigenetics (transgenerational plasticity from maternal stress exposure influences epigenetic memory)

Black Americans represent 13% of the US population, yet comprise only 5.4% of US medical professionals, of which only 2.8% are Black Women, (of which only 0.8% were full professors at U.S. medical schools in 2020) – Lancet 2021

Note: The figure does not include non-U.S. matriculants, U.S. matriculants who designated “Other” race/ethnicity, U.S. matriculants who designated multiple race/ethnicity categories, or any matriculant for whom race data are not available.

Source: AAMC Data Warehouse: Applicant and Matriculant File, as of 5/11/2015.
Capacity Building

• **Representation Matters**
  • Recruitment, retention, and promotion of diverse Faculty of Color
  • Pipeline Programs (elementary → high school → college → medical school → residency → fellowship → postdoctoral)
  • Longitudinal learning opportunities
  • Financial incentives (i.e. application fees, tuition remission, sub-I rotations)

• **Mentorship**
  • Professional Societies
    • Diversity, Equity and Inclusion (DEI)
    • Leadership opportunities
    • Workforce development/integration (*peer navigators, maternal child health champions, doulas, community health workers*)
  • Educational Symposiums
  • Inclusive representation on research teams/DEI topical focus

• **Minority Tax**

IMPACT 2025
STRATEGIC GOALS

EDUCATION
Advance practice, learning and leading by engaging fully with our communities to be the destination of choice for learners interested in interprofessional, team-based care and biomedical entrepreneurship.

BASIC SCIENCE RESEARCH
Enable the engine of discovery to generate groundbreaking scientific knowledge with continued focus on areas of world-class strength.

TRANSLATIONAL RESEARCH
Enhance innovation and increase impact by advancing the science of translation and channeling more discoveries into development and practice.

COMMUNITY & GLOBAL IMPACT
Measurably improve the health and welfare of the residents of Massachusetts and the citizens of the world by investing in an enhanced social mission that engages community partners, advances health equity research and promotes public health interventions for the benefit of those greatest in need.

OPERATIONAL EXCELLENCE & FINANCIAL STEWARDSHIP
Establish models for outstanding support services, vibrant working environments and highly efficient infrastructure to propel UMass Chan to new heights.

DIVERSITY, EQUITY & INCLUSION
Create more inclusive, equitable environments across the entirety of the medical school so that UMass Chan can better attract, support and advance diverse staff, faculty and learners.
Mission:
• Nurture and sustain community embeddedness and trust
• Center health equity through innovations in clinical care, research, education, local community, as well as global engagement
• Bolster community workforce development, participation in clinical trials, and underrepresented minorities in medicine (URiM)

Vision: Advance health equity for vulnerable, underserved, and historically marginalized communities
Asset-Based Strength Approach

- Build, nurture, sustain TRUST
- Create safe spaces
- Mutual respect
- Dignity
- Empathy
- Effective communication
- Autonomy
- Advocacy
- Empowerment
Advocacy & Empowerment

- **Silence and complicity are not options**
- Foster cultural humility, empathy
- Embrace our collective humanity
- Use our power, privilege, influence, and access to dismantle inequities
- **Step outside of your comfort zone**
  - Speak up for the voiceless and disempowered
  - Speak truth to power when encountering instances of bias, prejudice, microaggressions
  - Advocate for patients with lived experience of bias, racism in healthcare
  - Name, acknowledge, and dismantle systemic and structural inequities that perpetuate disadvantage
- **Patient empowerment**
  - Seek out: gender, racially, ethnically, culturally and/or linguistically congruent care
  - Normalize patient self-advocacy in questioning clinicians’ practices
- **Nurture safe, inclusive environments**
  - Trust, radical empathy, mutual respect

It Takes a Community

Quality Culturally Informed Care

Local Government

Social Services

Media

Health

Education

Community Based Organizations