

# LIVEWELL NURSING



**COUNTY OF SAN DIEGO**

**Volume 6**

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**COUNTY OF  
SAN DIEGO**



**LIVE WELL  
SAN DIEGO**

# A Personal Reflection on Health Equity and Safety Net Care

by: Angela Mitchell, CNO



*Angela Mitchell*

As the Chief Nursing Officer, I am proud to serve in an organization where health equity is a core component of our mission, one of our Agency's promises. Supporting health equity aligns with our strategic plan to ensure that every individual, regardless of background or circumstance, has access to quality care and the opportunity to achieve optimal health. My nursing journey began in Flint, Michigan, which deepened my understanding of the crucial role nurses play in advancing this commitment.

Growing up near and working in Flint, I witnessed firsthand how social determinants shape health outcomes, such as environmental injustice, poverty, and systemic inequities. Flint's population of approximately 81,252 is characterized by resilience in the face of adversity. Its demographic profile—56.7% Black or African American and 34.4% White (non-Hispanic)—reflects the persistent disparities that influence health and well-being (U.S. Census Bureau, 2021).

During my time working at a city-owned hospital, which functioned as a vital safety net facility, I had the privilege of providing care to underserved and marginalized populations, including low-income, uninsured residents, refugees, and individuals experiencing homelessness, regardless of their ability to pay. Safety net hospitals serve as essential access points for those who are most in need, offering comprehensive services that bridge the gaps in our healthcare system. Health disparities are most visible in these facilities, and our efforts to promote equity are critically needed (Paredes et al., 2020).

Throughout my clinical experience, I have encountered complex ethical dilemmas, such as balancing the need to respect diverse religious and cultural beliefs with the requirement to provide life-saving interventions. These moments underscore the importance of cultural humility and moral sensitivity in delivering equitable care, reminding us that understanding and respecting individual values are essential to achieving health equity.

The Flint water crisis further highlighted how environmental injustices exacerbate health disparities. Lead exposure disproportionately impacted Black and low-income residents, resulting in long-term health consequences such as developmental delays and chronic illnesses. This crisis exemplifies how social determinants—like environment and socioeconomic status—are integral to understanding and addressing health inequities (Doyon, 2020).

Connecting this to our work in County HHSA, we recognize that safety net services are vital to fostering health equity. Whether serving refugee populations, the homeless, or other underserved groups, our role extends beyond clinical care to advocacy, social justice, and addressing systemic barriers. Ensuring access to vital public health and behavioral health services is crucial for empowering our community and reducing disparities.

Serving in this capacity is both an honor and a responsibility. **It challenges us to be kind, be curious, be bold, and to do the right thing by advocating for those whose voices are often unheard, working relentlessly to eliminate disparities.** Together as nurses, our daily acts of kindness, cultural humility, and advocacy will make a profound difference.

**Live Well!**



#### **References:**

- Doyon-Martin, J. (2020). The Flint water crisis: A case study of state-sponsored environmental (in) justice. In Routledge international handbook of green Criminology (pp. 317-332). Routledge.
- Paredes, A. Z., Hyer, J. M., Diaz, A., Tsilimigras, D. I., & Pawlik, T. M. (2020). Examining healthcare inequities relative to United States safety net hospitals. The American Journal of Surgery, 220(3), 525-531.
- U.S. Census Bureau. (2021). QuickFacts: Flint city, Michigan. <https://www.census.gov/quickfacts/flintcitymichigan>



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# Together as ONE

By: Carla Macias, MSN, RN, PHN, CNS, Public Health Nurse Supervisor

As nurses, we are more than caregivers, we are champions for justice, compassion, and equity in healthcare. Our calling is to ensure that every person, no matter what their background, has a fair and equal chance to live their healthiest life. We achieve this by seeing the whole person, not just their illness, but the circumstances that shape their health: where they live, work, learn, and grow. We listen, we advocate, and we lead the charge for change.

Through understanding the social determinants of health, we uncover the root causes of disparities. By advocating and being the voice for the voiceless, we fight for policies and practices that uplift the underserved. Through interdisciplinary collaboration, we unite our strengths across professions to provide holistic, patient-centered care. And by embracing diversity within our own profession, we reflect on the communities we serve and honor the richness of every individual's story.

In every action, big or small, we are creating a future where health equity is not just an ideal, it is a reality. This is the heart of nursing. This is our purpose.



## References:

- Oruche, U. M., & Zapolski, T. C. B. (2020). The Role of Nurses in Eliminating Health Disparities and Achieving Health Equity. *Journal of psychosocial nursing and mental health services*, 58(12), 2–4. <https://doi.org>

# Equity in Public Health Services

By: Denise Dizon, BSN, RN, PHN



Equity has been an important principle in the spectrum of Public Health nursing. It aligns with the County of San Diego's goals, missions, and values in striving for better health and embracing diversity. Equity is defined as fair treatment, access, opportunity, and advancement for all, while striving to identify and eliminate barriers of some groups. As a home visiting nurse, I am exposed to many different health barriers and disparities out in the communities. There can be populations that are under served or under-represented. Some examples of these barriers can be financial, cultural, access to care, transportation and language. Home visiting has given me the opportunity to build relationships with families and develop a self-awareness of other cultural groups. I've gained insight into different perspectives and continue to learn a variety of beliefs and values within a household. As we continue to strive for equity in Public Health Services, we can serve communities and deliver quality care across San Diego County.

## References:

- Strategic Plan for Diversity & Inclusion. (n.d.). County of San Diego. <https://www.sandiegocounty.gov/content/sdc/diversity/strategic-plan.html>



# Equity through the Black Infant Health Program

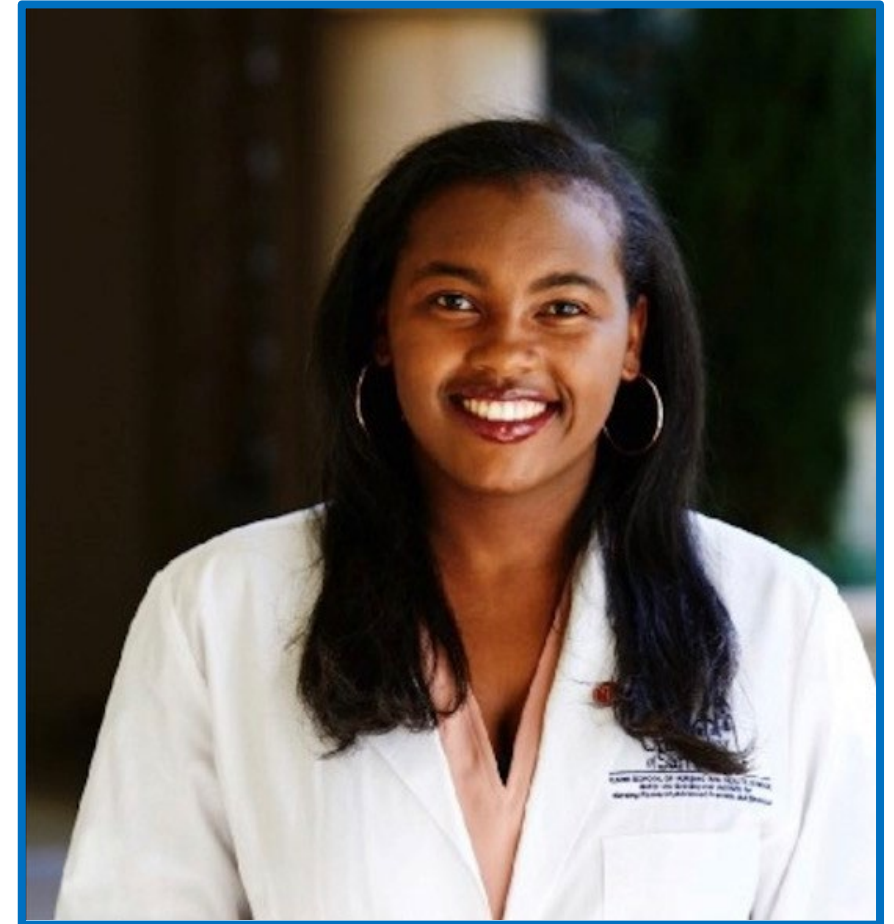
By: Jacquelyn Gaynor, BSN, RN, PHN

In society we are told everyone has an equal opportunity to succeed. Many minorities recognize that is not the case. Some of us are born with certain privileges whereas others are not. Implicit bias within the health profession is what distances us from achieving equity in black maternal and child health (Green et al., 2021). Equity is the bridge that allows those not born with privilege to accomplish their goals. The Black Infant Health (BIH) Program is equity. We provide education, social support, and resources for black women that empower and educate them. With these services our participants approach interactions with their health care providers knowing they deserve fair and just treatment. In my role as the Public Health Nurse, I have been given the privilege to assist BIH participants on their journey throughout motherhood. Their journey can be rattled with happiness, grief, and anxiety. Participants come from all walks of life seeking social support and community. Others search for education, resources, and mental health support. While each interaction is different, they all have one thing in common. They are all black women striving for connection and a place to belong. The BIH Program provides that connection through group sessions and home visits. Support is provided from birth to one year of age. Participants leave BIH knowing they have a safe place to return – one that made them feel seen, heard, and cared.

"Equality is leaving the door open for anyone who has the means to approach it; EQUITY is ensuring there is a pathway to that door for those who need it (Belden, 2018)."

## References:

- Green, Tiffany L. PhD; Zapata, Jasmine Y. MD, MPH; Brown, Heidi W. MD, MAS; Hagiwara, Nao PhD. Rethinking Bias to Achieve Maternal Health Equity: Changing Organizations, Not Just Individuals. *Obstetrics & Gynecology* 137(5):p 935-940, May 2021. | DOI: 10.1097/AOG.0000000000004363
- Belden, C. (2018, July 5). Equity vs. equality: What does "access" really mean? *The Inclusion Solution*. <https://theinclusionsolution.me/equity-vs-equality7-access/>



# LIVEWELL NURSING



**July: Service Delivery Coordination**



Please e-mail submission (ideas, photos, articles, trainings, dates, accolades, local or national news, etc.) to

[Araceli.Casas@sdcounty.ca.gov](mailto:Araceli.Casas@sdcounty.ca.gov)



For consideration in next issue, please submit entries by close of business on **July 18, 2025**.  
Submission limits: 125-275 words



## 2025 Topics

January: New Beginnings/Resolutions

February: Sustainability

March: Workplace Engagement

April: Community Engagement

May: Nurses Week posters

June: Equity

July: Service Delivery Coordination

August: Immunization Awareness

September: Preparedness Month (shelters/wildfires, etc.)

October: Domestic Violence Awareness Month

November: Gratitude & Kindness

December: Systems & Technology