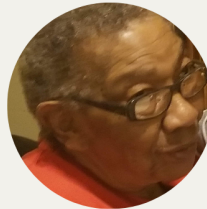




April 2026



Christomer Louise



Mary Pearl

Women of C.H.L.M.S

"If you know whence you
came, there is really no limit to
where you can go."

—James Baldwin, 20th-
century poet, novelist,
playwright and activist



Sandra Louise



Henrietta Louise

**"To be an activist is to speak. To be an advocate is to listen. Society
can't move forward without both." _ Eva Marie Lewis**



In This Issue

April is National Minority Women's Health Awareness Month—a time dedicated to highlighting health disparities affecting racial and ethnic minority communities in the United States. It emphasizes the importance of education, advocacy, and community action to advance equitable access to healthcare and improve health outcomes. From April 11 through April 18, the focus turns to the urgent crisis of Black maternal mortality. Black women are two to three times more likely to die from pregnancy-related causes than white women. Although most maternal deaths are preventable, systemic inequities continue to drive these disparities. Addressing this crisis requires both policy reform and strengthened community-based care.



Booker T. Washington's Legacy

This month originates from Booker T. Washington's 1915 National Negro Health Week, which emphasized hygiene and preventive care as essential for social and economic progress. It has since evolved into National Minority Health Month, highlighting health as a collective responsibility.



National Minority Health Month reminds us that digital access is now a core part of health access. As telehealth becomes a standard part of care, too many communities—especially Black, rural, and low-income households—still face barriers such as limited broadband, low digital literacy, and inconsistent reimbursement policies. The Big Beautiful Bill helps close this gap by expanding first-dollar telehealth coverage, removing geographic restrictions, and investing in rural digital infrastructure. Yet peer-reviewed research shows that without intentional equity frameworks, telehealth can unintentionally widen disparities for those with the least access to devices, connectivity, and support. A 2026 systematic review published in *Frontiers in Public Health* found that digital health equity requires more than technology alone; it requires addressing digital determinants of health, ensuring culturally responsive design, and building systems that work for underserved communities (*Frontiers in Public Health*, 2026).

What the Big Beautiful Bill Says About Community Health Navigators



The One Big Beautiful Bill does not include any dedicated funding, programs, or language that supports Community Health Navigators. In fact, the bill's major provisions undermine the very conditions that allow Community Health Navigators to function. This gap places even greater responsibility on individuals living in underdeveloped and underserved communities to become active participants in their own healthcare. When formal navigation programs are weakened or unfunded, families are left to manage complex systems alone — from insurance decisions to specialist referrals to digital health access. This is where Independent Professional Patient Advocates become essential. IPPAs help patients understand their options, overcome barriers, and connect with services that might otherwise remain out of reach. And this is precisely why the 14 Vashti Learning Lab courses matter now more than ever. These courses give patients, caregivers, and community leaders the tools to build health literacy, understand their

rights, navigate digital health, and advocate for themselves with confidence. In communities already facing structural inequities, accessible education and patient advocacy are not optional — these courses are lifelines.

What the Big Beautiful Bill Says About Maternal Health Equity for Black Women



The One Big Beautiful Bill contains no protections or investments for Black maternal health. Instead, its deep Medicaid cuts, provider restrictions, and potential hospital closures threaten to widen the already devastating maternal health gap. Black women—who are three to four times more likely to die from pregnancy-related causes—stand to be disproportionately harmed. Without targeted support, culturally competent care, and community-based maternal health programs, the bill risks accelerating a crisis that is already claiming far too many lives.

Call to Action: Take a Deeper Dive into the Research

If this month's focus on Black maternal health moved you, I encourage you to take the next step: explore the peer-reviewed research that continues to shape our understanding of this crisis. These articles offer deeper insight into how policy decisions, Medicaid coverage, and systemic inequities directly impact the lives of Black mothers and birthing people. Each source provides evidence-based context that strengthens our collective advocacy and equips us to push for meaningful change.

Peer-Reviewed Articles to Explore

- Scott, S. (2025). Mitigating the Black Maternal Morbidity and Mortality Crisis in the United States. *Journal of Public Health*

Policy (Springer Nature).

- A comprehensive look at why Black women face significantly higher maternal mortality rates — and how stable coverage and community-based supports are essential to saving lives.
- Hill, L., Rao, A., Artiga, S., & Ranji, U. (2025). Racial Disparities in Maternal and Infant Health: Current Status and Key Issues. Kaiser Family Foundation.
- A data-rich analysis using peer-reviewed federal surveillance showing how coverage loss and reduced access widen maternal health disparities.
- Black Maternal Health Federal Policy Collective (2025). State Actions to Protect Black Maternal Health. The Century Foundation.
- A policy-grounded review demonstrating how Medicaid cuts and weakened safety-net systems disproportionately harm Black pregnant and postpartum people.

Big things are happening at the C.H.L.M.S Medi-Helpz Foundation.

Our new website is live, the Vashti Learning Lab now offers 14 digital health courses, and our Digital Library Tour is meeting communities where they are. You can also support our mission through our Digital RoundUp Fundraiser — every penny helps someone access free health-literacy education.

We'd love your feedback on our newsletter, our new website, and your support of the RoundUp initiative. Your input helps strengthen our work.

Don't forget to visit our website at www.medihelpz.com,
www.chlmsfoundation.com & our YouTube channel at Medi-Helpz

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