

A FRAMEWORK WITH PROMISING STRATEGIES TO CENTER HEALTH EQUITY: NATIONAL LANDSCAPE SCAN RESULTS

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BACKGROUND

- The Centers for Disease Control and Prevention funded states, including Georgia, to reduce COVID-19 disparities, and advance health equity.
- The Georgia Department of Public Health engaged the Georgia Health Policy Center (GHPC) to support their funded work.
- GHPC conducted a landscape scan of promising state strategies: two phases.
- In 2021-2022, the focus was on state strategies to reduce inequities in pandemic responses.
- In 2022, the focus was on state strategies to build broader health equity infrastructure.

METHODS

Phase 1: Mitigation

- Peer-reviewed and gray: 543 literature references identified
- Distilled to ~275 policies, practices, programs
- Interviewed 6 key informants from the resources
- Focus: COVID-19 pillars: prevention, testing, tracing, vaccination
- Georgia-like context (e.g., large rural population, diverse, nonexpansion state)

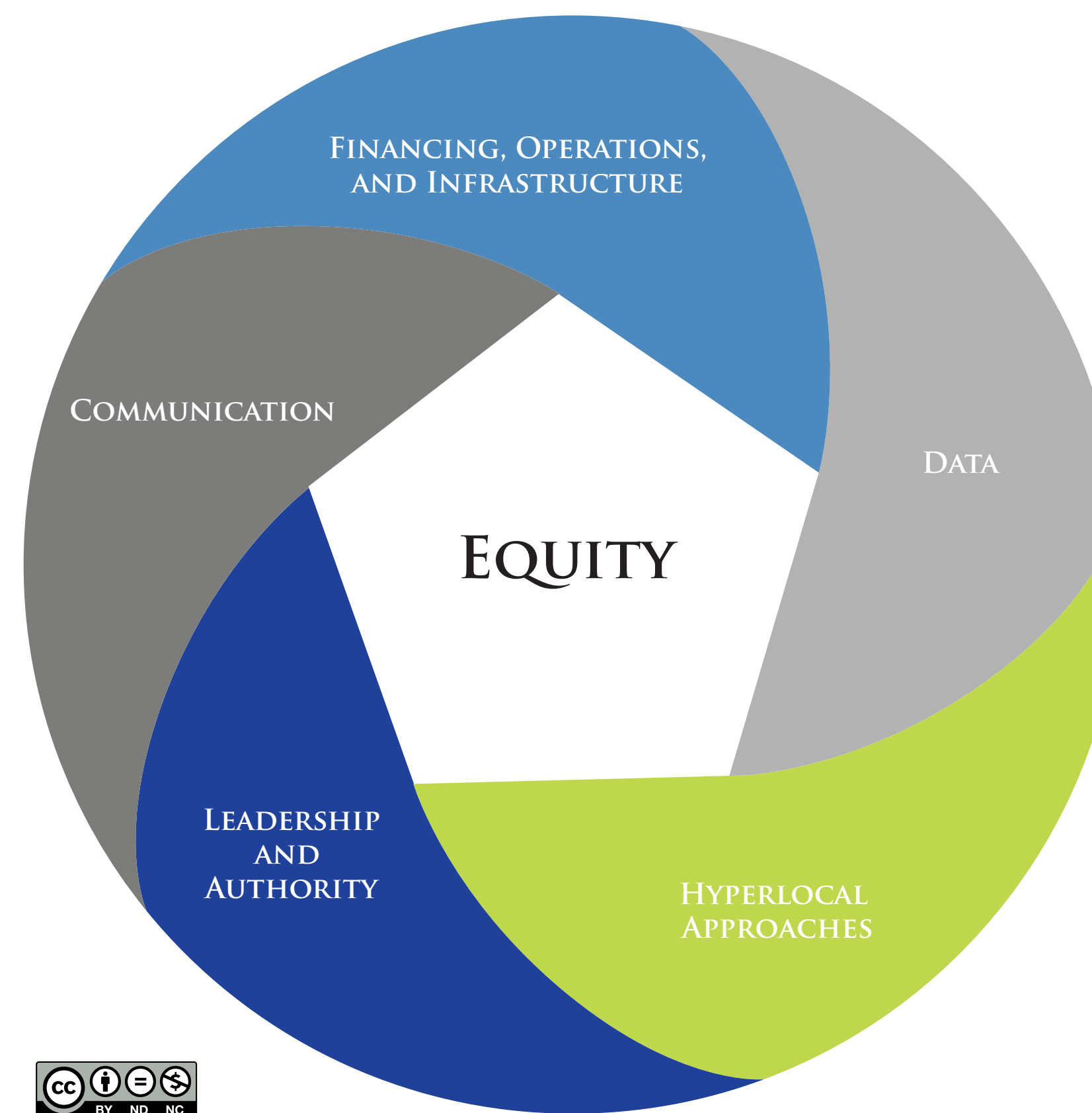
Phase 2: Health Equity Infrastructure

- Reviewed phase 1 resources relevant to health equity infrastructure (n=52)
- Additional search for additional references relevant to phase 2 (n=62)
- Interviewed 4 key informants from the resources
- Focus: state-level efforts to advance health equity
- Confirmed, clarified phase 1 health equity framework, added 5th driver
- Provide example policies/programs

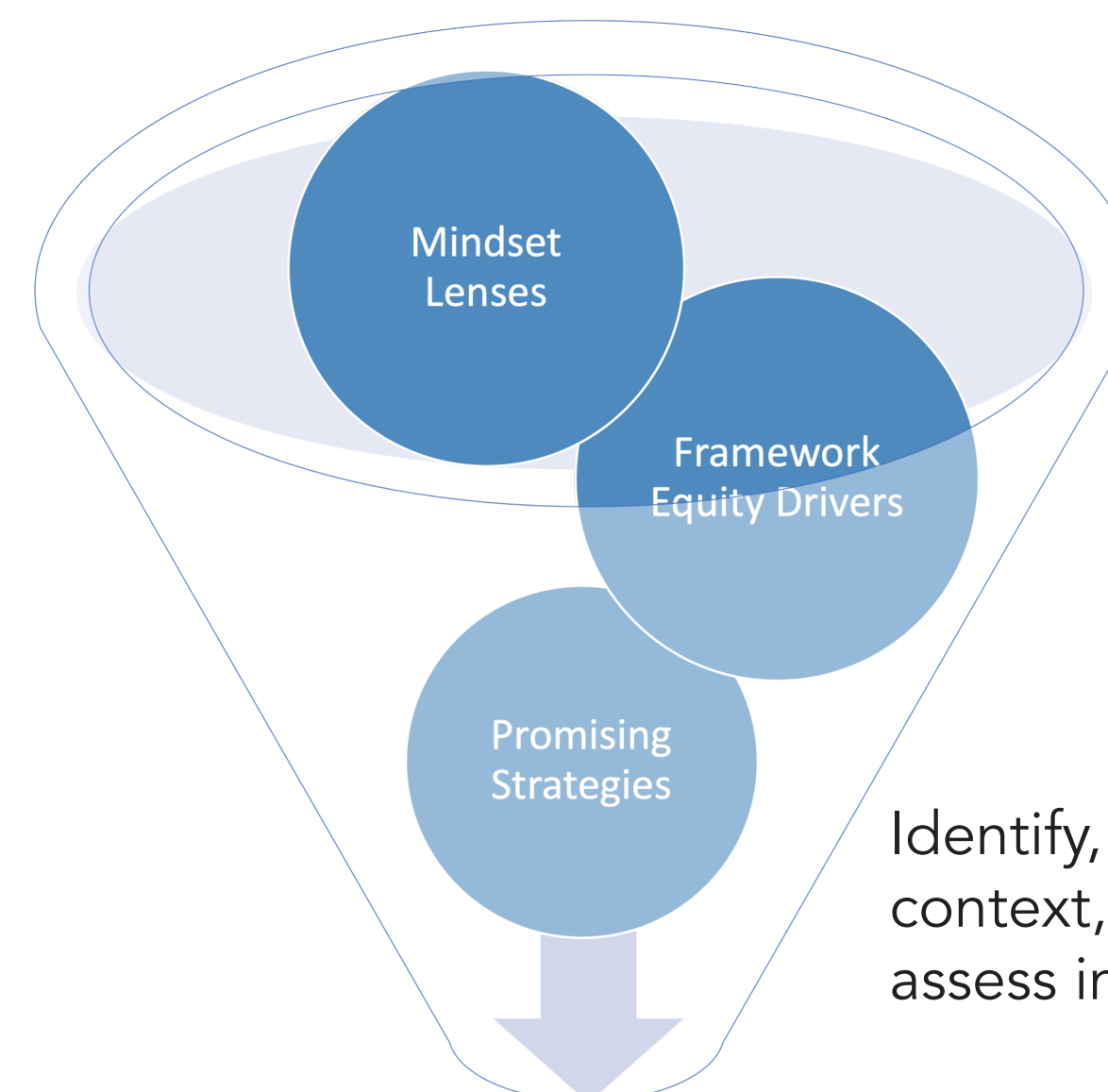
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Centering equity: consciously consider equity in all activities, decisions, and process



Recommendations for Using Report

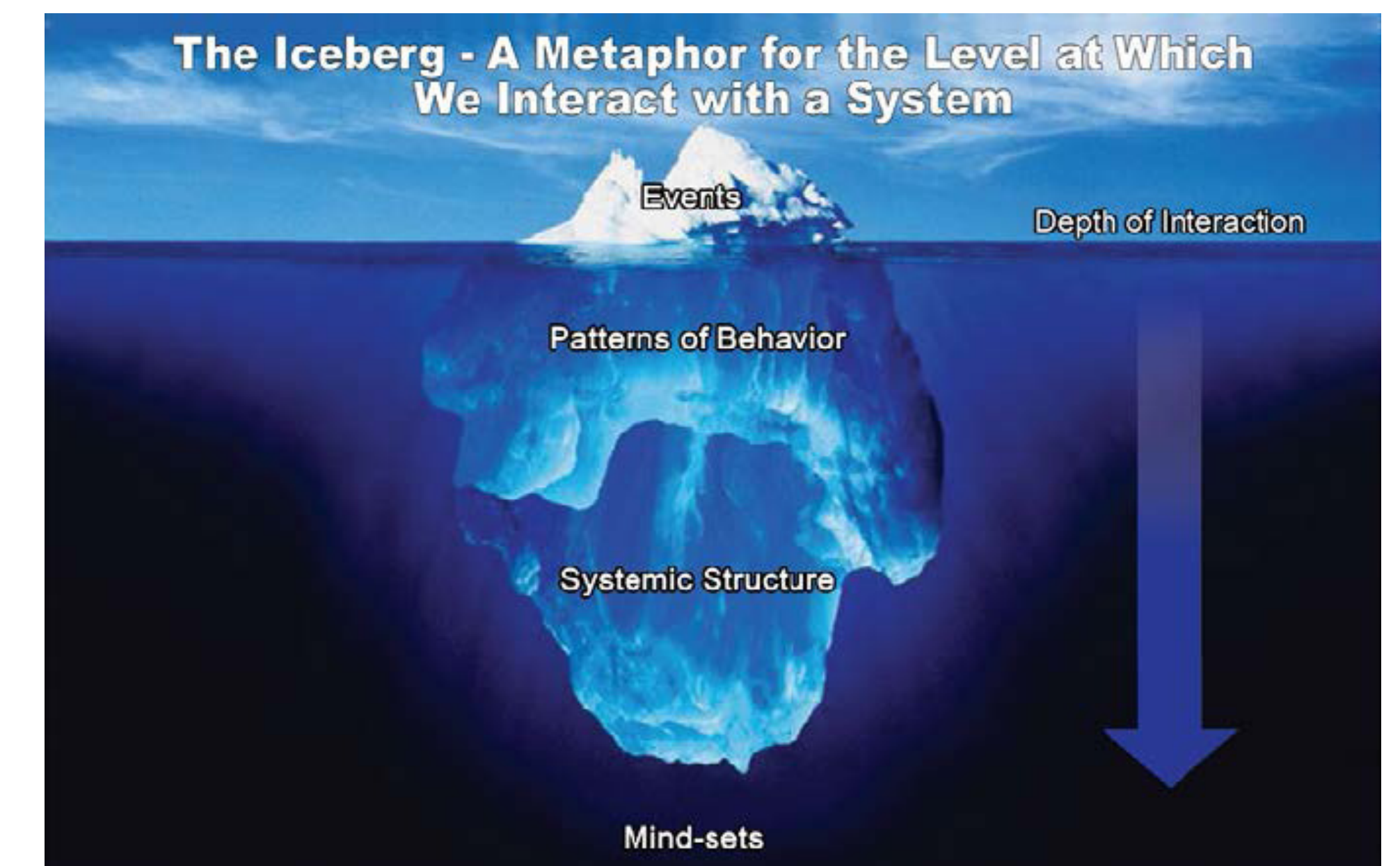


Identify, adapt for context, implement, assess insights, iterate

FINDINGS: MINDSETS NEEDED

- Centering equity
- Systems thinking
- Adaptive capacity and leadership

Mindsets Example: Systems Thinking



FINDINGS: FRAMEWORK, SAMPLE STRATEGIES

1. Financing, operations, and infrastructure to center equity policies: ensure policies and practices to secure and apply sufficient resources to conduct public health activities and equity initiatives
2. Leadership and authority to center equity: develop policies and practices to provide leaders with explicit authority, responsibility, and accountability to implement health equity initiatives; say no to initiatives that do not advance equity
3. Hyperlocal community-led decision making (CLDM): engage well-defined geographically or identity-defined populations as leaders and partners
4. CREDible Data: (Contextualized, Reframed, Ethical, Democratized): cocreate and implement with community policies and practices on the collection, use, ownership, meaning, and reporting of information
5. Communication: underlies every aspect of health equity work, from mass messaging about the initiative to interpersonal communication with individuals experiencing disparities, and includes framing, messaging, and identifying relevant platforms to reach the community