



# Advancing Health Equity Through the Legislative Process



## Legislative Overview Series: 2023 Public Health Spotlight

### Intro

Persistent patterns of health disparities are largely the result of structural and institutional factors that influence health outcomes.<sup>1</sup> Public health officials work to advance health equity, providing leadership in defining health equity, supporting community coalitions to dismantle structural discrimination, and partnering with other government agencies to improve the health of all people regardless of race, ethnicity, gender, sexual orientation, disability, or social status.

The COVID-19 pandemic continues to amplify health inequities in populations living in urban and rural communities who have been historically marginalized.<sup>2</sup> Hospital closures in rural areas impact emergency medical service transportation, causing additional health disparities, while significant limitations to mental and behavioral health services magnify the need for continued policy change. To address these disparities, several state legislatures are redefining their minority health offices' duties to include health equity, improving health data collection, and focusing on healthcare access for rural communities.

### Legislative Trends

#### Incorporating Health Equity and Anti-Racism Policies

Local and state jurisdictions continue to declare racism a public health crisis. As of December 2022, over 300 local and state legislative bodies have acknowledged the impact of racism on public health and are promoting health equity.<sup>3</sup> Furthering the impact of these declarations, some states are funding improvements and supporting communities impacted by racism. In 2022, at least five states (Arizona, California, Massachusetts, New Jersey, and Oregon) considered bills declaring racism a public health crisis or dedicating resources to address racial health disparities. Oregon enacted emergency legislation to fund pilot programs to improve health outcomes for those impacted by racism.

Several state legislatures adopted laws to improve racial representation in the healthcare workforce and improve cultural awareness. A new Colorado law directs the Office of Health Equity to develop a grant program to empower nonprofits and statewide associations to create and

implement culturally responsive training programs for engaging with communities disproportionately impacted by racism. Illinois adopted the Equity and Representation in Healthcare Act to increase representation in the healthcare workforce by providing scholarships and loan repayment opportunities for practitioners working in under-resourced areas.

#### Collecting Health Disparity Data

Assessing health equity requires disaggregated socioeconomic information (e.g., data on race, ethnicity, income, education) in addition to population health information. Public health agencies have not routinely collected this information however, in 2022, at least 10 states (Colorado, Iowa, Kansas, Maryland, Massachusetts, Mississippi, New York, Tennessee, Vermont, and Virginia) considered bills related to collecting demographic data. A new Colorado law directs the Department of Public Health and Environment to collect race, ethnicity, disability, sexual orientation, and gender identity data to address health disparities in the state. Similarly, a new Virginia law directs the Department of Health to collect and analyze demographic data related to the social determinants of health and publicize related analyses on its website. Maryland enacted a law clarifying that data from the state health information exchange must be shared with public health officials for the purposes of promoting health equity.

#### Rural Healthcare Access

Public health officials continue to address health inequities between urban and rural communities. A critical component of improving health outcomes for rural communities is implementing broadband internet access to allow rural residents better access to telehealth. Internet access allows for expansion of telehealth usage. Broadband access has been described as a "super determinant of health" because communities rely on it for education, employment, and healthcare access—which are themselves social determinants of health.<sup>4</sup> During the 2022 legislative sessions, at least two states (Hawaii and Illinois) considered bills related to broadband infrastructure. Hawaii enacted a law directing the University of Hawaii to convene a working group to implement, operate, and maintain broadband infrastructure within the state. Additionally, the Hawaii legislature provided resources and direction to the Hawaii State Department of Health to begin a telehealth pilot project increasing reimbursement for nurse practitioners and physicians who continue to serve rural areas.

In addition to expanding broadband access, several states have considered measures to address healthcare workforce shortages. The Louisiana legislature created a Health Disparities in Rural Areas Task Force that includes the secretary of health and leaders from the Rural Hospital Coalition of Louisiana, the Louisiana State Medical Society, and other entities to identify key drivers of rural health disparities and provide solutions for addressing healthcare provider shortages. Illinois created the new Safety-Net Hospital Health Equity and Access Leadership grant program to provide up to \$100 million to support hospitals in medically underserved communities that would reduce health disparities and improve health equity within a service area.

## Looking Ahead

ASTHO expects states and territories to continue considering legislative proposals to address health disparities by working to reduce structural discrimination, improving access for rural communities through infrastructure investments, and supporting the collection of race and ethnicity health data. Future state legislative action may include:

- Creating additional access in rural communities to address healthcare access to mental health services.
- Enhancing efforts to collect more robust disaggregated data, including information on race, ethnicity, economic status, gender identity, and sexual orientation, to better understand health disparities in the state or territory.
- Investing in programs to reduce health disparities and dismantle structural racism.

People's quality of life and overall health is affected by the environments in which they live, work, and play, known as social determinants of health.<sup>5</sup> These determinants can be grouped into five domains:

1. Economic Stability
2. Education Access and Quality
3. Healthcare Access and Quality
4. Neighborhood and Built Environment
5. Social and Community Context

Approximately 25% of rural hospitals are at risk of closure due to financial unsustainability.<sup>6</sup>

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