“I wouldn't rule anyone out just yet”: Strategies for advancing health equity policy in conservative states

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Background and research objective

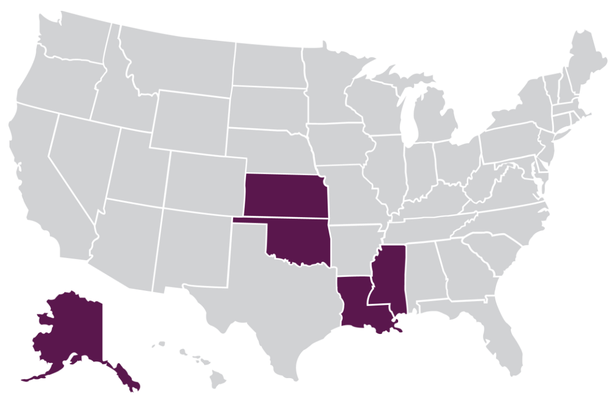
Advancing state-level health equity policies within politically polarized environments requires nuanced approaches. How ideas are communicated can affect policymakers' perceptions of whether an issue can be addressed through policy — and if so, how to formulate appropriate legislation and regulations. Nonetheless, a gap exists in research about how to do this in sociopolitically conservative areas. This study explored how state primary care associations (PCAs) and behavioral health state associations (BHSAs) participating in the Delta Center initiative[1] are approaching health equity policies in conservative states.

Study population and design

We conducted qualitative, semi-structured group interviews with 16 organizational, policy, and program leaders in roles such as CEO, policy director, and program manager from PCAs and BHSAs in 5 conservative states (AK, KS, LA, MS, and OK).

Interviews were recorded, transcribed, and assessed using a rapid qualitative analysis process that included individual and group synthesis to identify themes.

We interviewed 16 primary care association and behavioral health state association staff in 5 politically conservative states



Main findings

4 themes for advancing health equity policies in conservative states

Invest in relationships across the political spectrum, even when it requires significant emotional labor.

Interviewees reported building relationships over time using a personalized, nuanced approach, while also respecting the limits of their collaborations with policymakers.

> “[Senator] and I did not always agree…but what we agreed on, we agreed on, and agreed to work closely together and what we didn't agree on, I knew I could not come to him and ask him to support. So finding out how to establish those relationships on what you agree on and don't fight for what you know you don't agree [on].”

> “I try to make sure that in recognizing the political climate, that I'm still very authentic and true to how I know these issues exist...I am always very self-aware of when I'm using a talking point, to make sure that is not invalidating what I know is real.”

Avoid polarizing language and jargon.

Interviewees avoided terms such as diversity, equity, and inclusion; health equity; gender identity; and social determinants of health. Instead, they described populations as vulnerable or marginalized, focused on improving access to care, and highlighted disparities related to rurality or socioeconomic status.

> “I think a lot of [state residents] and [state] legislators can relate to the experience of poverty, so talking about that and the specific needs of specific communities and catering to their needs, they really understand what it's like to get in a car and drive 45 minutes to find health care and that might be something that can bring them into the conversation about social drivers of health more easily than others.”

Change is possible, but progress requires time, persistence, and adaptability.

Interviewees stressed the importance of staying realistic about the pace of progress and being flexible and strategic.

> “Send help...Sometimes national partners don't see efforts happening in red states as achievable so are less likely to put funding here. I don't think that's true. I think we can make wins…and it's worth the fight.”

Tribal nations are important allies for health equity.

Interviewees highlighted the important role tribal nations play in both policymaking and health-related service delivery.

> “They can represent the larger context of that conversation. What are we doing about health equity, to make sure that everybody's getting the level of health care? When your excluded populations also have a very large political voice, then it's a different conversation…it's a really different political context because nobody's going to come out against the tribal health organizations.”

Conclusions

Funders and collaborators of PCAs and BHSAs can support health equity policies in conservative states by giving these associations the time and flexibility to develop relationships and find common interests with policymakers. Success requires reducing equity jargon, allowing time for progress, and making pragmatic adjustments to strategy when necessary.

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Learn more at deltacenter.jsi.com.

Support for this poster was provided by the Robert Wood Johnson Foundation (RWJF). The views expressed here do not necessarily reflect the views of RWJF.

[1] Launched in 2018 and concluded in 2024, the Delta Center was a national initiative that brought together PCAs and BHSAs to advance policy and practice change through collective action. The Delta Center provided grants to PCA/BHSA teams in 19 states across 2 cohorts. The Delta Center was funded by RWJF and led by JSI Research & Training Institute, Inc., in collaboration with national partners including the Center for Accelerating Care Transformation at Kaiser Permanente Washington Health Research Institute, National Association of Community Health Centers, and National Council for Mental Wellbeing.

Grantees used their Delta Center funding to support an array of policy activities, including background research, education, stakeholder engagement, and building shared policy agendas. In alignment with RWJF policies, Delta Center grantees used other non-Delta Center funding sources when they engaged in lobbying and legislative advocacy to advance policy.

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