

Health Equity Strategies -- Individual Level

At the individual level, we are referring to any actions that address an individual's access to -- and quality of -- care to alleviate or prevent health outcomes or their risk. These are actions that should result in improved care, information and resources, particularly among historically marginalized or disenfranchised populations (e.g. Black, Indigenous, and People of Color (BIPOC), the impoverished, LGBTQIA+, immigrant populations, people who are unhoused, people who use drugs, etc.). Please see the examples below:

- Prioritization or targeting of resources, programming and funding for disproportionately impacted populations
- Implementation of culturally relevant care, communications and/or programming
- Hiring staff or providers that reflect the background/s (e.g. cultural) of populations being served
- Disaggregating data, using demographic and health equity indicators (e.g. race/ethnicity, gender, SES, etc.) to identify which populations are experiencing adverse health outcomes
- Consulting or involving community members in decision-making about programming, resources and other services

Strategy: Canvassing/Surveying

Health Department, Agency, or Organization: Abilene Taylor County Public Health District

Size of Jurisdiction: 100,000-499,999

Description: Community Health Workers go door-to-door in the various neighborhoods in Abilene, TX, performing surveys to get a good understanding of how community members have been affected by the COVID-19 pandemic. The goal of this is to gather information to know how to address inequities found in the People of Color and LGBTQ+ communities.

Links: N/A