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Policy Brief: Policy Making and Multidimensional Markers for Health Equity in Jefferson County, Alabama

July 19, 2026

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Purpose

The concept of policy in healthcare has become a cross-sectional interaction within several hubs between government institutions and healthcare professionals. According to the U.S Centers for Disease Control and Prevention, “policy is a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions” (CDC, 2025.) Health is influenced by these practices and affects community members through legislative development where people work, play and grow. In this policy brief, we will discuss an overview of policy history in Jefferson County, Alabama, advocacy for policy using SDoH, the multidimensions of the policy making process (ethics, evidence, and roles), and programs available to Jefferson County community members.

Policy Creation History & Evidence-Based Policy Making

In the United States, policy creation has a rich history of systemic interpretation of rules and laws for each consecutive state. Overall, the United States follows these general steps to pass a bill:

1. Legislation introduces a bill
2. A bill is assigned to a committee and debated
 - a. The committee approves or denies the bill.
 - b. The bill is amended and reviewed by the committee.
3. Voting takes place
 - a. Both chambers must agree on the bill version
4. The governor decides to sign the bill or veto

While all states follow legislative process involving a bill introduction, committee review, approval etcetera, Alabama legislators work in conjunction with the state's Legislative Service Agency to draft bills before it's introduced to House and Senate. However, Alabama does not have statewide initiative process that allows citizens place a proposed law directly on a ballot when voting (ACLU, 2025). It's important to note that Alabama's political arena can influence how quickly and effectively public health interventions, programs, and policies are adopted and implemented. Different levels of authority can impact governing powers and the serviceability of community members needs in their respective counties. This process has continued to hinder the urgency of public health interventions, removes community members affected by policy and legislative change from interacting in the policy making process. It is extremely important to involve community members in law and regulation to adequately address community health stresses and ailments because it constructively garners thoughtful intervention tactics to underserved communities by empowering residents.

Furthermore, creating policies for the state of Alabama and its collaboration with several policy stakeholders, organizations and community members is needed to sustain equitable health care resources. The policy making process is multidimensional and continues to be an exhaustive list involving legislative change, political motivation, ethics and targeting the needs of a singular population. While healthcare is a hot topic in current political campaigns, it is important to highlight ethics and evidence that informs public health professionals when discussing policymaking. "Evidence-informed policymaking emphasizes policy decisions and should be informed by the best available research and follow a systemic and transparent approach" (NIH, 2025.)

The National Institute of Health discusses, evidence-based policy making is the foundational pillar that communities need to flourish in their environment where residents work, play and grow. Oftentimes this recommendation is not followed, and government intervention proceeds with policies that hinder equity among communities. This is why an integrated framework where evidence-based policy is useful and will allow for affordable, sustainable and acceptable to stakeholders and community members. Furthermore, NIH empathizes evidence-based policy also creates gain in public trust when governments successfully handle policy making with factual guidelines made by respectable health organizations like the World Health Organization. Incorporating an institutionalized use of evidence in policy making can influence the success or failure of a policy intervention and health equity.

Ethic and Roles

While policy makers continue to be heavily influenced by government, deliverables and economics; it's important to highlight the need to incorporate ethics and roles within policymakers. This includes, but is not limited to the following:

1. Identifying political factors that influence policymaking
 - a. This includes the influence of different interest groups/stakeholders
2. Create an integrated framework

3. Priority of the problem
4. Benefits/Harm
5. Cost/Resources/Cost-effectiveness
6. Impact on equity
7. Feasibility
8. Applicability

The integration of these methods proposed by NIH, provides policy makers a strong foundation to “assess and manage conflicts of interest, inclusion of relevant stakeholder’s groups, and transparency” (NIH, 2025.) This framework will provide individuals to identify legitimacy, fairness and transparency to policy decisions during the deliberation process. The cultivation and integration of policy making allows for ethical decisions to protect and assess individual’s needs for the community. This will continue to provide a perspective beyond health care, but supplies structure, social and economic determinant “that promotes or inhibits the development of [a] healthy society” (NIH, 2025).

Programs for Change

The procurement of legislative change historically excludes included minorities, BIPOC communities, or people with disabilities and fail to identify Social Determinants of Health that influence health disparities. According to the World Health Organization, SDoH focuses on “non-medical conditions in which people are born, grow, live, work and age, and people’s access to power, money and resources influence health inequalities (World Health Organization). To strive for equality and equity for these communities’ residents are encouraged to use tools like non-profits and organizations to reduce health disparities and encourage funding expansion to programs like Cooper Green Mercy Health Services, Alabama Regional Medical Services, and Project Access by Jefferson County Medical Society.

In addition to utilizing established resources in the community, attending municipal town halls where discussions can facilitate better communication between community members,

Cooper Green Mercy Health Services: This provides primary care, specialty care and urgent care for uninsured community members. This health center offers comprehensive care and equips patients with financial assistance.

Alabama Regional Medical Services: Not for profit, federally qualified health center provides comprehensive medical, dental, on-site pharmacy, and behavioral health for residents of Birmingham, Alabama. This program assists community members with accessible and affordable healthcare for low-income and uninsured populations.

Project Access by Jefferson County Medical Society: This resource allows for uninsured individuals with volunteer physicians with specialty care for community members in Jefferson County.



Cooper Green Mercy Health

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stakeholders, and policy makers. Alabama's open meeting act is a longstanding open forum that mends the bridge between legislative and urgent health concerns of the public. This will allow for shared information, collect vital feedback on the needs of residents regarding healthcare and build trust within communities. Dictating official conversions with people of change, can result in cultivated understanding and provide policy makers with plans of action on community needs. This simply executes a solution-oriented environment and continue community efforts in identifying solutions to a more equitable health care system.

To further expand on solutions on equitable healthcare, policy makers can focus on community needs through increase funding and capacity for existing safety-net providers like Cooper Green Mercy Health Services. This effective model reaches uninsured residents and provides service otherwise overlooked by policy makers. Supporting businesses with state backed businesses prioritizes sustainability and funding for federally qualified health centers. This will provide the opportunity for charity-care networks to expand staff, hours, providers and service lines to individuals and open channels to operate seamlessly rather than at capacity limits.

What's Next?

In this policy brief has examined health care access in Jefferson County, Alabama, as the product of an ongoing, multistep interaction between government institutions and community-based healthcare organizations. Understanding this history equips residents with foundational knowledge of policymaking and political dynamics needed to advocate for equitable healthcare and underscores the value of sustained legislative collaboration between policymakers and the communities they serve. Addressing these disparities through integrated framework like evidence-based decision making and SDoH is a practical and grounded in affordability, sustainability, and acceptability to the stakeholders and community members served. When policy is developed with these principles can directly shape the environments where people live, work, play and grow, in turn positively affecting the health of the community. Closing the gap between policy intent and lived outcomes will deepen partnership between government, healthcare providers and residents, and continue to focus on the needs of the community.

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