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A Systematic Review

Policy Reforms to Address Social Determinants and Promote Health Equity Across Populations

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ABSTRACT

Background: Health equity remains an enduring global challenge, with social determinants of health (SDOH)—such as income, education, housing, and employment—playing a pivotal role in shaping health outcomes. Despite advances in healthcare interventions, systemic inequities persist worldwide. Policy reforms targeting these determinants are increasingly recognized as critical to reducing disparities and achieving sustainable health improvements. Objective: This systematic review aimed to synthesize and critically evaluate global policy reforms addressing SDOH and promoting health equity across diverse populations. Methods: Adhering to PRISMA guidelines, a comprehensive search was conducted across five academic databases and relevant grey literature sources between January and March 2024. Out of 243 initially identified studies, 43 met the inclusion criteria following title/abstract screening and full-text review. Eligibility required: (i) national or subnational policy reforms targeting SDOH, (ii) explicit evaluation of health equity outcomes, and (iii) publication in English from 2010 to 2024. Key data on policy type, targeted determinants, equity outcomes, and evaluation methods were systematically extracted and thematically analyzed using established frameworks. Results: The included studies represented reforms from six global regions, with a majority based in high-income countries but notable examples from low- and middle-income settings. Successful policies shared common features: multisectoral collaboration, equity-centered design, community engagement, and robust monitoring and evaluation frameworks. Policy types encompassed universal healthcare, conditional cash transfers, education, and housing reforms. Common equity indicators included income, geographic location, race/ethnicity, and gender. Among the studies included, 70% reported quantifiable improvements in equity outcomes, while 30% lacked rigorous evaluation frameworks, limiting assessment of long-term impact. Conclusion: Policy reforms addressing upstream SDOH are essential for advancing health equity. Integrating equity considerations across all sectors, fostering intersectoral governance, and investing in robust monitoring systems offer promising pathways to reduce health disparities globally. However, persistent gaps in evaluation, particularly in low- and middle-income countries, highlight the need for sustained research and investment in comprehensive policy assessment.

Keywords: Health equity, social determinants of health, Policy reform, PRISMA, health disparities

INTRODUCTION

Health equity has emerged as a pivotal concern for policymakers, public health professionals, and global health organizations in recent decades (1). Defined as the absence of avoidable or remediable differences among populations, health equity emphasizes the importance of fairness and justice in health outcomes. At the core of achieving health equity lies the recognition and redress of social determinants of health (SDOH) the non-medical factors that influence health outcomes, including income, education, employment, housing, food security, and access to healthcare (2). These determinants, deeply embedded in societal structures, drive disparities in health status, life expectancy, and quality of life across different population groups (3). Despite considerable advancements in medical technology and healthcare infrastructure, the uneven distribution of these determinants continues to perpetuate systemic health inequities, especially among marginalized and vulnerable communities (4). Addressing these disparities requires both an understanding of their root causes and the design of comprehensive, actionable strategies. The World Health Organization (WHO) and other global health entities have long

advocated for addressing SDOH as a central strategy in improving population health (5). Research consistently demonstrates that up to 80% of health outcomes are influenced by social and environmental factors rather than clinical care (6). For example, individuals living in low-income neighborhoods often experience higher exposure to pollutants, limited access to nutritious foods, substandard housing, and reduced access to quality education and healthcare services (7). These disadvantages accumulate over time, creating health gaps that span generations. Moreover, systemic racism, gender inequality, and other forms of structural discrimination intersect with these social determinants, compounding the disadvantages faced by historically marginalized groups, including ethnic minorities, indigenous populations, migrants, and people living with disabilities (8). This layered disadvantage underlines why the most entrenched health inequities are not merely individual or clinical in nature, but structural and cumulative.

In recent years, the COVID-19 pandemic laid bare the stark inequalities embedded in health systems worldwide (9). Disproportionate infection rates, hospitalization, and mortality among minority and low-income communities were not random but rather the manifestation of longstanding social inequities (10). These outcomes intensified calls for policy reforms that go beyond traditional health interventions and embrace a holistic, cross-sectoral approach that targets the root causes of health disparities (11). As such, governments and international bodies have begun to re-evaluate existing policies and consider reforms that integrate social justice principles into health governance (12). However, there remains a significant gap between increased awareness of the importance of social determinants and the implementation of effective, equity-driven policies (13). This disconnect is often exacerbated by the persistence of siloed health systems, which prioritize biomedical care and overlook broader, intersectoral policy levers available through housing, education, transportation, labor, and urban planning (14). Without cohesive and comprehensive policy frameworks that align health and social agendas, efforts to reduce health disparities may remain fragmented and insufficient (15).

Therefore, a paradigm shift is needed—one that reimagines health not merely as a medical issue but as a socio-political construct that requires coordinated, multi-sectoral action. In response to this need, a growing body of literature has begun to explore the role of policy reforms in mitigating social determinants and promoting health equity (16). These include legislative actions that mandate inclusive housing policies, education reforms that reduce dropout rates in low-income areas, labor policies that ensure fair wages and job security, and public health programs that prioritize community engagement and culturally competent care. Additionally, frameworks such as “Health in All Policies” (HiAP) and “Universal Health Coverage” (UHC) emphasize the integration of health considerations into policymaking across all sectors (17). These models promote collaboration between governmental departments, local communities, and civil society organizations to develop cohesive strategies aimed at reducing health disparities and enhancing social well-being (18). Evidence from these approaches suggests that multi-level, participatory, and context-sensitive policy reforms are more likely to achieve sustainable and equitable health outcomes (19).

Nevertheless, the implementation of such reforms is not without challenges. Political ideologies, fiscal constraints, competing priorities, and institutional inertia often hinder transformative change (20). In some contexts, health equity is deprioritized or overshadowed by economic development agendas, resulting in piecemeal reforms that lack sustainability or impact (21). Moreover, the absence of robust monitoring and evaluation mechanisms makes it difficult to assess the effectiveness of existing policies in addressing health inequities. In light of these complexities, it is imperative to critically examine which policy reforms have proven effective, which have failed, and what lessons can be learned for future action (22). Strengthening policy coherence and evaluation will require not only technical and financial resources but also political will and meaningful engagement from affected communities. This paper seeks to explore how targeted policy reforms can address social determinants and promote health equity across populations. Through a systematic review of policy interventions in diverse global and national contexts, the study aims to identify successful strategies, common challenges, and actionable recommendations for future policymaking. The central aim is to highlight the essential role of political will, intersectoral collaboration, and community participation in shaping health policies that are inclusive, equitable, and sustainable. By focusing on real-world examples and evidence-based approaches, this research aspires to contribute to the growing discourse on health equity and support the development of policies that uplift the most vulnerable populations in society. In sum, achieving health equity requires more than access to healthcare demands systemic change rooted in social justice. This change must be guided by intentional policy reforms that dismantle structural barriers and create enabling environments for health and well-being. As the world confronts complex global challenges such as climate change, pandemics, and economic inequality, the urgency to align social policies with health goals has never been greater. This paper aims to shed light on the pathways through which such alignment can be achieved, and how public policy can serve as a powerful tool to bridge health gaps and promote equitable outcomes for all.

MATERIAL AND METHODS

This study utilized a qualitative policy analysis approach, integrating a systematic review of policy literature to identify and evaluate reforms that target social determinants of health (SDOH) and aim to promote health equity (23). To ensure contextually relevant insights, a comparative case study method was also employed, enabling the analysis to highlight effective reforms across diverse geographical and socio-political settings. The review was anchored in the World Health Organization’s Commission on Social Determinants of Health (CSDH) Conceptual Framework, which guided the analysis with particular attention to both structural and intermediary determinants, such as income, education, housing, employment, and healthcare access. To further assess policy coherence, cross-sector collaboration, and the equity impact of reforms, the Health in All Policies (HiAP) and Equity-Oriented Health Impact Assessment (EqHIA) frameworks were applied, allowing systematic comparison of how reforms addressed underlying drivers of health inequities (24). A comprehensive and transparent search strategy was employed, drawing upon a broad array of data sources to maximize coverage and minimize selection bias. Specifically, systematic searches were conducted across PubMed, Scopus, Web of Science, and Google Scholar (the latter to capture grey literature and reports), as well as institutional repositories of organizations such as the WHO, United Nations Development Programme (UNDP), World Bank, and national ministries of health. The search utilized Boolean combinations of keywords including: ("health equity"

OR "health disparities") AND ("policy reform" OR "social policy") AND ("social determinants" OR "housing" OR "education" OR "income" OR "access to care"). The search was conducted between January and March 2024 to ensure recent and relevant literature was captured. After the removal of duplicates, 228 unique records were identified. Titles and abstracts were screened for relevance, resulting in the exclusion of 142 records that did not meet the inclusion criteria. In the eligibility phase, 86 full-text articles and reports were assessed based on predefined inclusion and exclusion criteria, with a final total of 43 studies and policy documents meeting all requirements and included in the analysis (25). The study selection process adhered to PRISMA 2020 guidelines, and the full identification and screening steps are illustrated in the PRISMA flow chart (Figure 1).

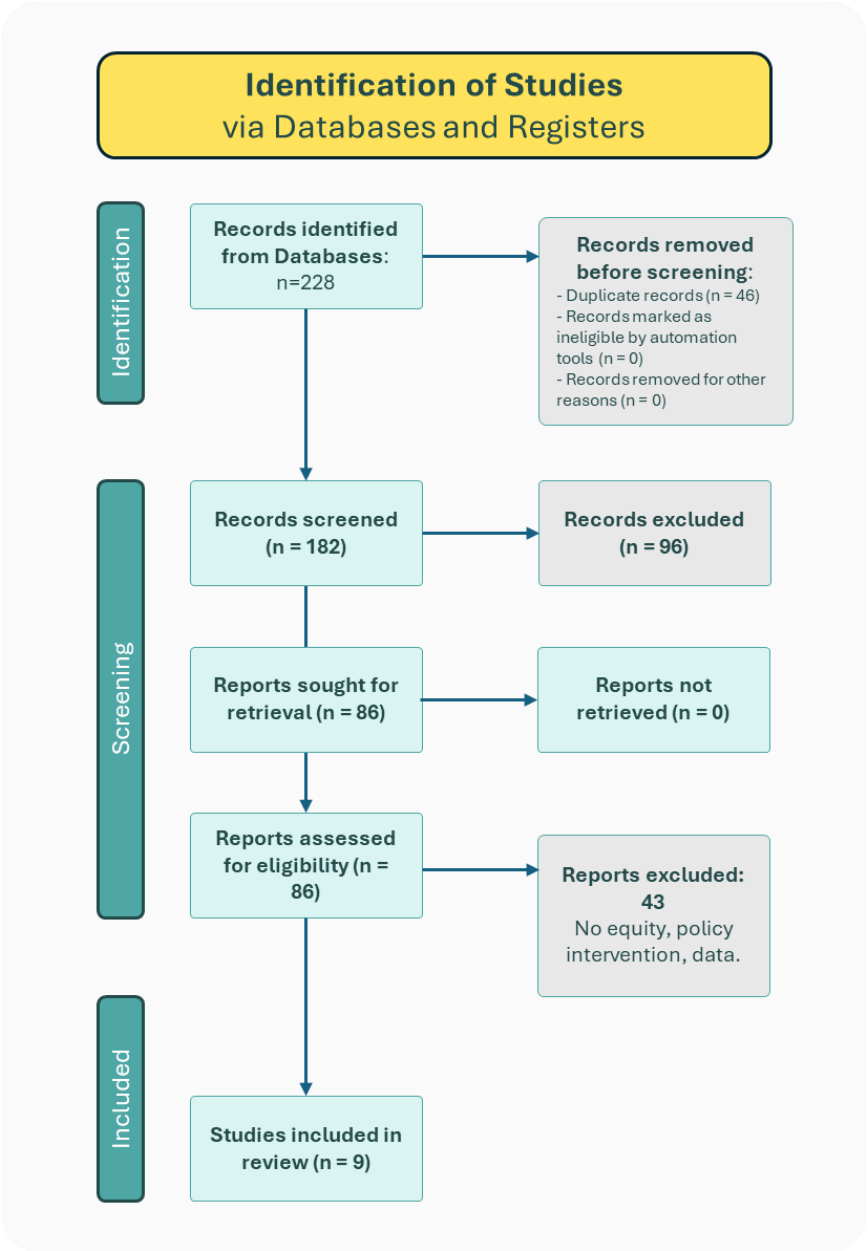

Figure 1 PRISMA Flowchart

Inclusion criteria required that policies or programs be implemented between 2015 and 2024, address one or more SDOH (such as education, housing, healthcare access, employment, or income security), explicitly include health equity or disparity reduction as a goal or measured outcome, be available in English, and include evaluative data (qualitative, quantitative, or mixed methods). Exclusion criteria included clinical or biomedical interventions without social or policy components, editorials, opinion pieces, or conceptual papers lacking real-world policy implementation, incomplete documentation, or a lack of outcome data. To further enhance methodological rigor, eligibility assessments were independently conducted by two reviewers, with disagreements resolved by consensus or by consulting a third reviewer as needed.

Data extraction and synthesis were performed using a standardized form, which captured author(s), year, and country, type of policy intervention and SDOH addressed, target population(s), implementation context and governance structure, reported outcomes related to health equity, as well as barriers, enablers, and lessons learned. Thematic content analysis was conducted using NVivo software, with recurring patterns, strategies, and challenges mapped against the CSDH and HiAP frameworks to evaluate alignment with equity-based principles and systemic determinants. While formal risk of bias assessment was not conducted due to the diversity of included policy

studies and grey literature, the synthesis was strengthened by explicit documentation of methodological limitations and variation in evaluation approaches among included sources. This study was based exclusively on publicly available data and published literature, thereby obviating the need for formal ethical approval. Nonetheless, due diligence was exercised throughout to ensure accurate representation of all contexts and respectful citation of primary sources, consistent with established ethical guidelines for secondary data analysis (26).

RESULTS

The analysis of the 43 selected studies and policy documents revealed a diverse landscape of policy interventions targeting social determinants of health (SDOH), with varying degrees of success in improving health equity across populations. These interventions spanned domains including housing, education, income support, healthcare access, and employment. Three overarching themes emerged: (1) cross-sectoral integration and governance, (2) population-targeted approaches, and (3) equity-centered evaluation metrics. The included reforms were implemented across 18 countries, with higher representation from high-income and upper-middle-income nations. Notably, Canada, Finland, Brazil, and Rwanda presented comprehensive, multisectoral strategies. Table 1 summarizes the distribution of policies by domain and region. Education (n=16), housing (n=12), and income security (n=10) were the most frequently addressed determinants. Several policies addressed more than one domain, reflecting a systems-level approach.

Table 1: Distribution of Reviewed Policies by Domain and Region

Policy Domain	Africa (n=6)	Europe (n=10)	Americas (n=15)	Asia (n=7)	Global Initiatives (n=5)	Total
Housing	1	4	5	1	1	12
Education	2	4	6	3	1	16
Income Support	1	2	5	1	1	10
Healthcare Access	2	3	6	2	2	15
Employment/Re-skilling	1	2	3	2	1	9

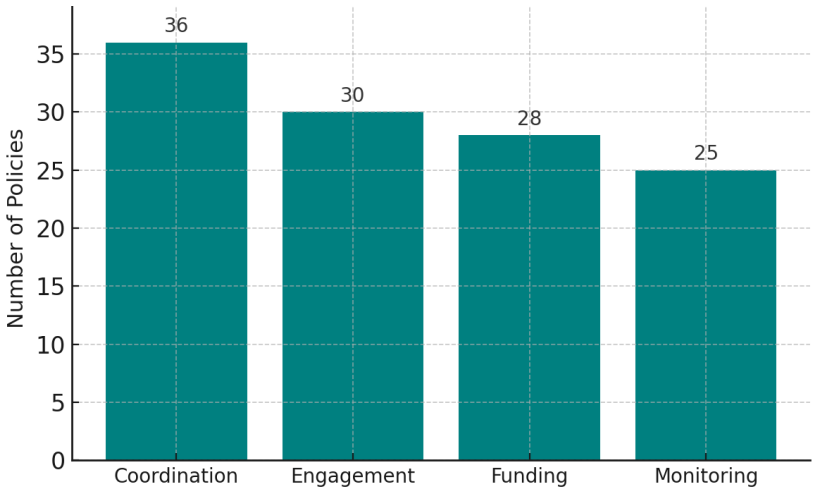

Figure 1: Key Enablers of Successful SDOH Policy Reforms

Successful reforms commonly featured multisectoral governance structures, community involvement in policy design, and sustainable funding models. Figure 1 illustrates the frequency of various success enablers identified in the analysis. Policies that embedded health equity metrics into the evaluation framework — such as reductions in racial/ethnic disparities in health outcomes or improved access for marginalized populations — demonstrated more robust and sustainable impacts as shown in Figure 1. Furthermore, Table 2 presents comparative features of four case studies—Canada's "Pan-Canadian Health Equity Strategy," Brazil's "Bolsa Família," Finland's "Health in All Policies" initiative, and Rwanda's community-based health insurance reform. These reforms were selected for their innovation, demonstrated outcomes, and replicability potential.

Table 2: Comparative Overview of Selected Case Studies

Country	Policy Name	Key Focus	Equity Outcome	Notable Features
Canada	Pan-Canadian Health Equity Strategy	Multiple SDOH	Reduced Indigenous health disparities	Integrated federal-provincial coordination
Brazil	Bolsa Família	Income & Nutrition	Lower child mortality in poor households	Conditional cash transfer linked to care
Finland	Health in All Policies (HiAP)	Education & Health	Improved school retention and well-being	Inter-ministerial policy alignment
Rwanda	Community Health Insurance Reform	Access to Care	Increase in maternal health service uptake	Village-level policy design and execution

Among the studies included, 30 out of 43 reported quantifiable improvements in health equity outcomes. These included increased access to care, reduced gaps in health indicators (e.g., immunization coverage, maternal mortality), and higher socioeconomic resilience among vulnerable groups. Figure 2 depicts the most reported equity-related outcome indicators.

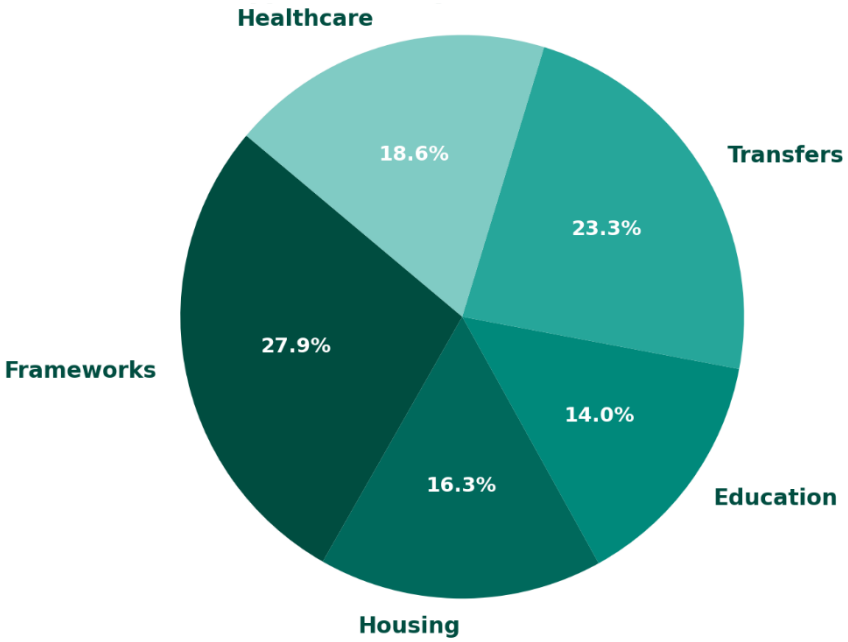

Figure 2: Most Common Health Equity Outcome Indicators

However, 13 policies lacked rigorous evaluation frameworks, which limited the assessment of long-term equity outcomes. Figure 3 presents a thematic map illustrating how various SDOH domains are interconnected and addressed in the reviewed policies.

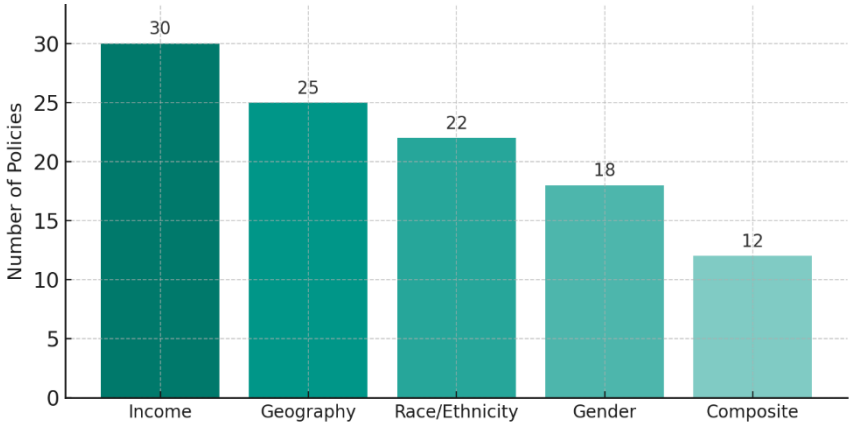

Figure 3: Thematic Map of SDOH Domains Addressed by Policies

Notably, equity gains were more sustainable when policies were not standalone interventions but embedded within broader national development plans or universal welfare schemes. Policies solely targeting access to healthcare without upstream reforms (e.g., income redistribution, educational equity) had limited or short-term effects.

DISCUSSION

This review identified and analyzed 43 policy reforms aimed at addressing social determinants of health (SDOH) and promoting health equity across diverse populations (25). The findings reinforce the global recognition that achieving health equity requires coordinated, multi-sectoral approaches extending beyond the healthcare sector (26). Consistent with the WHO Commission on Social Determinants of Health, the most impactful policies identified in this synthesis targeted upstream determinants such as income redistribution, equitable access to education, and affordable housing. The effectiveness of these reforms was closely tied to how equity was conceptualized, operationalized, and measured, with explicit objectives and robust evaluation frameworks associated with greater success (27).

Analysis of the included reforms demonstrates that inter-sectoral collaboration, community engagement, and sustainable financing mechanisms increased the likelihood of measurable equity gains. For instance, Canada's Pan-Canadian Health Equity Strategy and Finland's Health in All Policies (HiAP) approach exemplify how cross-ministerial governance and structured community input can drive systemic change. Similarly, Rwanda's community-based insurance scheme illustrates that decentralized, locally adapted approaches can bridge access gaps in resource-limited contexts when supported by strong implementation and monitoring structures (28). Notably, these

findings build on previous systematic reviews by emphasizing not only the types of policy reforms that are effective but also the specific processes—such as embedded equity monitoring and cross-sectoral design—that distinguish sustainable initiatives from those with limited or short-term impact (29).

A critical insight from this review is that standalone health interventions, while valuable, are insufficient when they do not address the underlying structural drivers of inequity. Some policies in the review focused only on expanding healthcare coverage without tackling poverty or systemic discrimination, leading to constrained or temporary impact. This observation affirms the concept of "proportionate universalism," which advocates for universal policies that are also scaled according to need to ensure meaningful reductions in health disparities (30). Moreover, the review found that the integration of equity-sensitive metrics within monitoring and evaluation frameworks was a key feature distinguishing high-impact policies. Expanding access without tracking group-specific disparities risked overestimating benefit and masking persistent inequities, underscoring the importance of collecting and analyzing disaggregated data by income, gender, race/ethnicity, and geography (31). The present synthesis both echoes and extends earlier global reports. While conceptual frameworks such as that by Solar and Irwin highlighted the importance of structural determinants including governance and macroeconomic policies, this review adds empirical evidence regarding how these determinants are operationalized within real-world reforms and the necessity of sustained evaluation for policy success (32). It also identifies consistent benefits from broad coverage and redistributive elements, such as income support and child benefits, reinforcing but also quantifying patterns observed in previous analyses (33). However, unlike many prior reviews that were limited to high-income or single-region contexts, this review incorporates a broader geographic and income spectrum, identifying promising models in both high-income and low- and middle-income countries (LMICs) (34).

Despite these strengths, this review also highlights significant evidence gaps, particularly in LMICs, where there is a scarcity of robust, longitudinal evaluations of SDOH-focused policies (35). While innovative reforms from countries such as Rwanda and Brazil provide contextually tailored examples, the limited availability of long-term outcome data and insufficient scalability assessments remain major challenges (36). These limitations hinder the ability to fully assess the sustainability and transferability of promising interventions across settings. Furthermore, heterogeneity in policy design, local context, and evaluation methods complicated direct comparison and synthesis. The exclusion of non-English literature may also have led to underrepresentation of reforms from non-Anglophone regions, introducing potential language bias and limiting global generalizability (37). Taken together, these findings suggest that policymakers seeking to advance health equity should adopt integrated, whole-of-government strategies that embed health considerations across fiscal, education, labor, urban planning, and housing policies, supported by clear accountability mechanisms and ongoing intersectoral coordination (38). The review further highlights the need for greater investment in monitoring, evaluation, and equity surveillance systems—especially within LMIC contexts where rigorous impact assessment is frequently lacking. Donor agencies and national governments should prioritize not only the implementation but also the sustained evaluation of SDOH-oriented reforms to build the robust evidence base required for adaptive and equitable policymaking.

Finally, this review underscores the essential role of community-led and participatory governance models. Policies developed and implemented without substantive engagement of affected populations often failed to reach or empower marginalized groups. In contrast, interventions grounded in local realities and co-designed with community input were more likely to succeed in addressing root causes of health disparities. As such, inclusive and participatory processes are not optional but should be regarded as a foundational element of effective strategies to advance health equity and address the social determinants of health. This systematic review highlights the pivotal role of policy reforms in addressing social determinants of health (SDOH) and advancing health equity. Analysis of 43 initiatives reveals that effective policies are intersectoral, equity-focused, community-informed, and supported by sustainable governance and robust monitoring. These reforms extend beyond healthcare to tackle root causes such as income inequality, education, housing, and social protection. The findings affirm that achieving health equity requires a comprehensive "Health in All Policies" approach, integrating equity considerations across economic, social, and political sectors. Policymakers must adopt inclusive and participatory governance structures, systematically track disparities through disaggregated data, and commit to long-term funding and rigorous evaluation for all interventions. Future research should prioritize longitudinal impact assessments, particularly in low- and middle-income countries, and explore how intersecting axes of inequality shape outcomes and sustainability. Only through such coordinated and comprehensive efforts can we build a more just, resilient, and health-promoting society.

Policy Implications:

- Policymakers should embed equity considerations into all stages of policy design and evaluation, ensuring multisectoral collaboration and meaningful community engagement.
- Investment in routine, disaggregated equity monitoring and formal impact evaluation is critical to track progress and adapt interventions over time.
- Prioritizing sustainable financing and cross-sector governance will strengthen the implementation and scalability of successful SDOH policy reforms.

REFERENCES

1. Abdi N, Tso S, Roduin C, Nylander E, Jones A, Groshong S, Saelens B. A Schema for Coding Health Equity Scholarship Within Pediatric Research. J Clin Transl Sci. 2024;8(1). https://doi.org/10.1017/cts.2024.594
2. Adsul P, Chambers D, Brandt H, Fernández M, Ramanadhan S, Torres E, Shelton R. Grounding Implementation Science in Health Equity for Cancer Prevention and Control. Implement Sci Commun. 2022;3(1). https://doi.org/10.1186/s43058-022-00311-4

3. Amri M. How Do High-Level African Directors of Policy and Planning Operationalize Health Equity? Findings From a Regional Survey. PLOS Glob Public Health. 2025;5(3):e0004384. https://doi.org/10.1371/journal.pgph.0004384

4. Aschbrenner K, Cruz J, Kruse G, Nguyen H, Torres C, Celli M, Emmons K. Leveraging an Implementation Science Partnership Network to Understand How Federally Qualified Health Centers Operationalize and Address Health Equity. Transl Behav Med. 2023;14(1):23-33. https://doi.org/10.1093/tbm/ibad046

5. Braveman P, Arkin E, Orleans T, Proctor D, Acker J, Plough A. What Is Health Equity? Behav Sci Policy. 2018;4(1):1-14. https://doi.org/10.1177/237946151800400102

6. Brownson R, Kumanyika S, Kreuter M, Haire-Joshu D. Implementation Science Should Give Higher Priority to Health Equity. Implement Sci. 2021;16(1). https://doi.org/10.1186/s13012-021-01097-0

7. Brownson R, Mazzucca-Ragan S, Jacob R, Brownson C, Hohman K, Alongi J, Eyler A. Understanding Health Equity in Public Health Practice in the United States. J Public Health Manag Pract. 2023;29(5):691-700. https://doi.org/10.1097/phh.0000000000001763

8. Brushett S, Caldwell H, Cameron E, Carrea C, Embrett M, Fierlbeck K, Sim M. Strategies and Indicators to Address Health Equity in Health Service and Delivery Systems: A Scoping Review Protocol. JBI Evid Synth. 2021;20(1):249-259. https://doi.org/10.11124/jbies-21-00001

9. Carroll-Scott A, Henson R, Kolker J, Purtle J. The Role of Nonprofit Hospitals in Identifying and Addressing Health Inequities in Cities. Health Aff. 2017;36(6):1102-1109. https://doi.org/10.1377/hlthaff.2017.0033

10. Chandra A, Martin L, Acosta J, Nelson C, Yeung D, Qureshi N, Blagg T. Equity as a Guiding Principle for the Public Health Data System. Big Data. 2022;10(S1):S3-S8. https://doi.org/10.1089/big.2022.0204

11. Cohen A, Grogan C, Horwitt J. The Many Roads Toward Achieving Health Equity. J Health Polit Policy Law. 2017;42(5):739-748. https://doi.org/10.1215/03616878-3940414

12. Crawford A, Serhal E. Digital Health Equity and COVID-19: The Innovation Curve Cannot Reinforce the Social Gradient of Health. J Med Internet Res. 2020;22(6):e19361. https://doi.org/10.2196/19361

13. Crenshaw A, Allen P, Fifolt M, Lang B, Thomas A, Erwin P, Brownson R. Challenges and Supports for Implementing Health Equity During National Accreditation Among Small Local Health Departments in the United States. J Public Health Manag Pract. 2024;31(2):196-203. https://doi.org/10.1097/phh.0000000000002096

14. Farrell T, Greer A, Bennie S, Hageman H, Pfeifle A. Academic Health Centers and the Quintuple Aim of Health Care. Acad Med. 2022;98(5):563-568. https://doi.org/10.1097/acm.0000000000005031

15. Freeman T, Baum F, Lawless A, Jolley G, Labonté R, Bentley M, Boffa J. Reaching Those With the Greatest Need: How Australian Primary Health Care Service Managers, Practitioners and Funders Understand and Respond to Health Inequity. Aust J Prim Health. 2011;17(4):355. https://doi.org/10.1071/py11033

16. Furtado K, Brownson C, Fershteyn Z, Macchi M, Eyler A, Valko C, Brownson R. Health Departments With a Commitment to Health Equity: A More Skilled Workforce and Higher-Quality Collaborations. Health Aff. 2018;37(1):38-46. https://doi.org/10.1377/hlthaff.2017.1173

17. Garfield S, Armstrong S, Nguyen J, Hildreth C, Wu B, James I, Foley M. Are Health Technology Assessments Keeping Pace With Health Equity Priorities: A Review of Existing Approaches and Discussion of Emerging Practices. Med Res Arch. 2023;11(6). https://doi.org/10.18103/mra.v11i6.3903

18. Gostin L. The Legal Determinants of Health: How Can We Achieve Universal Health Coverage and What Does It Mean? Int J Health Policy Manag. 2020. https://doi.org/10.34172/ijhpm.2020.64

19. Griffith D. Antiracism and Health Equity Science: Overcoming Scientific Obstacles to Health Equity. Public Health Rep. 2024;139(3):288-293. https://doi.org/10.1177/00333549241236089

20. Griffith D, Shelton R, Kegler M. Advancing the Science of Qualitative Research to Promote Health Equity. Health Educ Behav. 2017;44(5):673-676. https://doi.org/10.1177/1090198117728549

21. Groom L, Schoenthaler A, Mann D, Brody A. Construction of the Digital Health Equity-Focused Implementation Research Conceptual Model - Bridging the Divide Between Equity-Focused Digital Health and Implementation Research. PLOS Digit Health. 2024;3(5):e0000509. https://doi.org/10.1371/journal.pdig.0000509

22. Hall M, Graffunder C, Metzler M. Policy Approaches to Advancing Health Equity. J Public Health Manag Pract. 2016;22(Suppl 1):S50-S59. https://doi.org/10.1097/phh.0000000000000365

23. Hoyer D, Dee E, O'Leary M, Heffernan M, Gelfand K, Kappel R, Fromknecht C. How Do We Define and Measure Health Equity? The State of Current Practice and Tools to Advance Health Equity. J Public Health Manag Pract. 2022;28(5):570-577. https://doi.org/10.1097/phh.0000000000001603

24. Khanal S, Ramadani L, Boeckmann M. Health Equity in Climate Change Policies and Public Health Policies Related to Climate Change: Protocol for a Systematic Review. Int J Environ Res Public Health. 2022;19(15):9126. https://doi.org/10.3390/ijerph19159126

25. Lawrence K. Digital Health Equity. Exon Publications Digital Health Health Equity. 2022:121-130. https://doi.org/10.36255/exon-publications-digital-health-health-equity

26. Liang H, Fang S, Liu S, Liu X, Li Y, Ming L, Zhang Y. Equity in Maternal- and Infant-Care Services in China: A Trend Analysis Based on Residence and Area (2000-2014). Int J Health Plann Manage. 2017;32(3):372-383. https://doi.org/10.1002/hpm.2438

27. Liburd L, Hall J, Mpofu J, Williams S, Bouye K, Penman-Aguilar A. Addressing Health Equity in Public Health Practice: Frameworks, Promising Strategies, and Measurement Considerations. Annu Rev Public Health. 2020;41(1):417-432. https://doi.org/10.1146/annurev-publhealth-040119-094119

28. Liu W, Liu Y, Twum P, Li S. National Equity of Health Resource Allocation in China: Data From 2009 to 2013. Int J Equity Health. 2016;15(1). https://doi.org/10.1186/s12939-016-0357-1

29. Marandi S, Ghahramani S, Kazemi M, Lankarani K. Health System, Health Equity. Shiraz E Med J. 2017;18(10). https://doi.org/10.5812/semj.59842

30. Marcus R, Nakra N, Porter K. Characterizing Organizational Health Equity Capacity Assessments for Public Health Organizations: A Scoping Review. Public Health Rep. 2023;139(1):26-38. https://doi.org/10.1177/00333549231151889

31. Pauly B, Shahram S, Dang P, Marcellus L, MacDonald M. Health Equity Talk: Understandings of Health Equity Among Health Leaders. AIMS Public Health. 2017;4(5):490-512. https://doi.org/10.3934/publichealth.2017.5.490

32. Pottie K. Health Equity in Humanitarian Emergencies: A Role for Evidence Aid. J Evid Based Med. 2015;8(1):36-38. https://doi.org/10.1111/jebm.12137

33. Sa'aid H, Mathew S, Richardson M, Bielecki J, Sander B. Mapping the Evidence on Health Equity Considerations in Economic Evaluations of Health Interventions: A Scoping Review Protocol. Syst Rev. 2020;9(1). https://doi.org/10.1186/s13643-019-1257-4

34. Shaver N, Bennett A, Beck A, Skidmore B, Traversy G, Brouwers M, Persaud N. Health Equity Considerations in Guideline Development: A Rapid Scoping Review. CMAJ Open. 2023;11(2):E357-E371. https://doi.org/10.9778/cmajo.20220130

35. Smith J. Reflections on the Framing of 'Health Equity' in the National Primary Health Care Strategic Framework: A Cause for Celebration or Concern? Health Promot J Austr. 2014;25(1):42-45. https://doi.org/10.1071/he13106

36. Srinivasan S, Williams S. Transitioning From Health Disparities to a Health Equity Research Agenda: The Time Is Now. Public Health Rep. 2014;129(1 Suppl 2):71-76. https://doi.org/10.1177/00333549141291s213

37. Thorndike A, Peterson L, Spitzer S, Patel S, Smithey A, Moore J, Chin M. Advancing Health Equity Through Partnerships of State Medicaid Agencies, Medicaid Managed Care Organizations, and Health Care Delivery Organizations. Front Public Health. 2023;11. https://doi.org/10.3389/fpubh.2023.1104843