Are Our Policy Makers on Board? What Policy Makers Think of the Social Determinants, Health Disparities, and Health in All Policies

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Are Our Policy Makers on Board? What Policy Makers Think of the Social Determinants, Health Disparities, and Health in All Policies

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Are our Policymakers on Board?
What Policymakers think of the Social Determinants of Health, Health Disparities, and Health in All Policies

Changing the way we think about health shapes our neighborhoods and our nation’s health.
“Health is an essential part of everything we do. But for too long our nation has defined health as simply not being sick. We have confined our view of health to health care services, separate from the other aspects of our lives. Yet, health is the bedrock of personal fulfillment, the backbone of prosperity, and the foundation of a strong, competitive nation. Our ZIP codes should not predict how long or how well we live. Nor should they determine access to opportunities like good jobs, safe communities, clean air, and healthy environments.”

~ Riza Lavizzo-Mourey, 2017 RWJF Annual Message
Seven Lessons I've Learned About Improving Health in America
DEFINITIONS

SOCIAL DETERMINANTS
The conditions in which people are born, grow, live, work and age... shaped by the distribution of money, power and resources at global, national and local levels... are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries (WHO, 2008)

HEALTH DISPARITIES
Is there a difference in health status rates between population groups?

HEALTH INEQUITY
Is the disparity in rates due to differences in social, economic, environmental or HC resources? Is it fair? Is it preventable?

HEALTH IN ALL POLICIES
A collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people. HiAP recognizes that health is created by a multitude of factors beyond healthcare and, in many cases, beyond the scope of traditional public health activities (CDC, 2016)
Layers of Influence on Health


Conceptual Framework for Action on the Social Determinants of Health

Reducing Disparities and Improving Population Health: The Role of a Vibrant Community Sector

Audrey Danaher, Wellesley Institute, August, 2011
Pool policies & health
- Address equity in health access and outcomes
- Bridge science and policy decision-making
- Review laws & regulations on the public’s health
- Carve effective health messages
- Nurture public health-policy relationships to benefit population health
WHY STUDY POLICYMAKERS’ PERSPECTIVES?

What grabs policymakers’ attention?

Based on the literature, what are patterns of policy action and inaction?

What lessons can be gleaned on framing health issues & communicating with policymakers?

How can we bridge the gap between a policymakers’ awareness and response to an issue?
Research Question 1
Which facets of the social determinants of health are identified by policymakers as legislative priorities?

Research Question 2
How aware are policymakers’ on the social determinants of health?

Research Question 3
Which factors facilitate or hinder a policymaker’s action on the social determinants of health?
Methods

• Systematic review of scholarly and popular media sources

• Policymakers
  - Elected and non-elected
  - Individuals and organizations
  - Local through national political level

• Inclusion criteria
  - Address social determinants of health or a related topic
  - Focus on the United States
  - Written in English
  - Mention an individual U.S. policymaker or policy making group
Methods – Search Strategy

(("social determinant*" AND health*) OR "health* disparit*" OR "health* inequit*" OR "health* inequalit*" OR "health* equit*" OR "health* equalit*" OR “health in all polic*”)

AND ("policy maker*" OR lawmaker* OR "law maker*" OR legislature* OR legislator* OR congress* OR senat* OR "house of representatives" OR commissioner* OR politician* OR governor* OR mayor* OR "urban planner*" OR "city council*")

AND (attitude* OR perceiv* OR percept* OR perspective* OR opinion* OR awareness OR understand* OR response* OR interview* OR decision* OR agenda* OR priorit* OR survey* OR questionnaire* OR "focus group*" OR expert* OR "key informant*" OR "key-informant*"
PRISMA Flow Diagram

- Electronic Database Searches
  - 30 journal and news media databases
  - Publication Date Range: 1 Jan 2000 through 31 July 2016

**Identification**
- Records identified through database searching \( n = 4,469 \)
  - Records after duplicates removed \( n = 1,832 \)

**Screening**
- Records screened \( n = 1,832 \)
  - Records excluded \( n = 1,294 \)

**Eligibility**
- Full-text articles assessed for eligibility \( n = 538 \)
  - Full-text articles excluded, with reasons \( n = 347 \)

**Included**
- Studies included in qualitative synthesis \( n = 191 \)
Methods – Coding

- Type of Article
- Geographic Focus
- Study Design
- Major SDH Theme
- Gaps Mentioned
- Level of Policymaking
- Policymaker Job
- Elected Status
- Political Party Affiliation
- Policymaker Position
- Action Taken
- Policy Impact
- Interventions/Programs
Methods – Themes

• Economy - earned income, poverty
• Employment - unemployment rates, workforce characteristics
• Education - educational attainment, school characteristics
• Political - civic participation, power groups
• Environmental - air quality, environmental hazards
• Housing - housing stock, residential patterns

Hillemeier M, et al. (2004). Data set directory of social determinants of health at the local level. Atlanta: HHS/CDC.
Methods – Themes (cont.)

• Medical/Healthcare - primary/specialty care, insurance coverage
• Governmental - funding, policy/legislation
• Public Health - programs, regulation/enforcement
• Psychosocial - volunteer organizations, crime rates
• Behavioral - substance abuse, physical activity
• Transportation - infrastructure, public transportation

Hillemeier M, et al. (2004). Data set directory of social determinants of health at the local level. Atlanta: HHS/CDC.
**Methods – Study Codebook**

| Unique ID | Author(s) | Source     | Year Published | Notes | Inclusion Coding (0 to 4) | Type of Article | Study Design | Study Design | SDH Theme 1 | SDH Theme 2 | SDH Theme 3 | SDH Theme 4 | SDH Theme 5 | Gaps Process | Level of PM 1 | Level of PM 2 | Level of PM 3 | Level of PM 4 | PM Job 1 | PM Job 2 | PM Job 3 | PM Job 4 | Elected / Non-Elected |
|-----------|-----------|------------|----------------|-------|--------------------------|-----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|---------------|---------------|---------------|---------------|----------|----------|----------|----------|------------------|
| 1         | Lee, S. S. J. | Racial rea | 2008           |        | 1                       | Nationwide      | 7            | 8            | 9            | 7            | 3            |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 2         | Brown, G. | Health Co | 2009           |        | 2                       | Nationwide      | 10           | 7            |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 3         | Cheng, C. | Mental h1 | 2009           |        | 2                       | California 1a  | 8            | 9            | 7            |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 4         | Greene Jai | The effect | 2009 with dir | 2     | 1                       | Nationwide      | 7            | 7            |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 5         | Hampton, Group Se |        | 2008           |        | 2                       | Nationwide      | 4            | 7            | 9            |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 6         | Johnson, T | APHA box | 2009           |        | 2                       | Nationwide      | 9            | 7            |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 7         | 2007 Is APHA |        | 2009           |        | 2                       | Nationwide      | 7            | 8            | 9            |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 8         | Sherrin, D. | After New | 2013           |        | 2                       | Nationwide      | 4            | 10           |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 9         | 2013 Talks ab |        | 2013           |        | 2                       | Nationwide      | 7            | 7            |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 10        | Tinsley, L | Has Mass | 2014           |        | 2                       | Nationwide      | 7            | 8            | 9            | 3            |              |              |              |              | 8 (Assistant Secretary of Health Se) | 4            |
| 11        | 2013 The artic |        | 2013           |        | 2                       | Nationwide      | 9            |              |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 12        | African A | The artic | 2013           |        | 2                       | Nationwide      | 7            | 8            | 9            |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 13        | Congress 2013 |        | 2013           |        | 2                       | Nationwide      | 7            | 8            | 9            |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 14        | National I | 2007 actually |        |        | 2                       | Nationwide      | 8            | 9            | 7            |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 15        | Senate Cc | 2013 Not rea |        |        | 2                       | Nationwide      | 7            |              |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 16        | Ahalt, C. | Paying th | 2013 Healthcl |        | 2                       | Nationwide      | 7            |              |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 17        | Clarke, T | Does men | 2013 page 6 r |        | 3                       | Nationwide      | 7            | 8            | 9            |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 18        | Colbert, S. | Reflection | 2011 No direc |        | 3                       | Nationwide      | 7            |              |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 19        | Colub, M. | A Comm | 2011 Only qui |        | 3                       | Nationwide      | 7            |              |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 20        | Greene, D. | Identifying | 2004 286-pag |        | 3                       | Nationwide      | 7            |              |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 21        | Hackbarth Collabora |        | 2001 The artic |        | 3                       | Nationwide      | 7            |              |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 22        | Hampton, Food Ins | 2007 A memb |        |        | 3                       | Nationwide      | 7            |              |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 23        | Hansen, N. | Cultural c | 2014 The Orie |        | 3                       | Nationwide      | 7            |              |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 24        | Mail, P. D. | Eliminate | 2004         |        | 3                       | Nationwide      | 7            |              |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 25        | Matsagan, Rediscov |        | 2008           |        | 2                       | Nationwide      | 7            |              |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 26        | Mphatoga, Candidate | 2010 |        |        | 3                       | Nationwide      | 7            |              |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 27        | Moy, L. | D Comping | 2005 I cant fir |        | 3                       | Nationwide      | 7            |              |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
| 28        | Experts G | 2012         |        |        | 3                       | Nationwide      | 7            |              |              |              |              |              |              |              | 8 (Assistant Secretary of Health Se) | 2            |
Quantitative Results – Publication Type

- 98 Journal Articles
- 64 News Media Articles
- 13 Dissertations
- 6 Magazine Articles
- 5 Books
- 5 Reports
Quantitative Results – Geographic Focus

Nationwide 68%

Map showing distribution with percentages for different regions.
Quantitative Results – Policymaker Job

- U.S. Senate: 79
- Non-Elected: 77
- U.S. House of Representatives: 67
- State Senate: 18
- President: 15
- Governor: 11
- State House of Representatives: 9
- Commissioner: 9
- Mayor: 8
- City Council: 6
- Elected (other): 3

Number of policymakers identified ($n = 302$)
Quantitative Results – Level of Policymaking

- National: 72%
- State: 19%
- City: 6%
- Other: 2%
- County: 1%
Quantitative Results – Elected Status

- Elected: 73%
- Non-Elected: 25%
- Not Identified: 2%
Qualitative Results – Research Questions

- RQ 1 – SDH Themes
- RQ 2 – Policymaker Awareness
- RQ 3 – Factors Influencing Action on SDH
RQ 1 – SDH Themes

- Medical/Healthcare: 142
- Public Health: 136
- Governmental: 118
- Environmental: 37
- Political: 24
- Education: 22
- Behavioral: 21
- Economy: 20
- Other: 38

Number of themes identified (n = 1,116)
RQ 1 – SDH Themes

Medical/Healthcare

• Insurance
  “Most members of Congress (on both sides) would agree that the progress (on universal or affordable healthcare) is far from adequate. Fortunately, more and more members on both sides of the aisle are increasingly concerned by the severity of the minority health crisis and understand the need to address it more effectively, through a federal action plan that increases minorities’ access to health care and improves the quality of care they receive.”
  U.S. Senator, Ted Kennedy (D-Massachusetts) ¹

• Access
  Distance to hospital, affordability, availability

RQ 1 – SDH Themes

Public Health

• Screening
  “Mortality rates show that the combined lack of early screening and access to care shortens the lives of African Americans and Hispanics needlessly.”
  Texas State Representative Ruth Jones McClendon (D)  

• Awareness
  “We are so proud that these sponsors have come together to increase awareness about preventive health issues in the minority communities.”
  U.S. Representative Kendrick Meek (D-Florida)  

RQ 1 – SDH Themes

Governmental

• Funding
  - Rural Funding \(^1\)

• Policy
  - Minimum Wage increase

  "Raising the minimum wage is the least we can do to help families afford health care."
  Bill Samuel, Director of Legislation, AFL-CIO \(^2\)

RQ 1 – SDH Themes

Why these Themes?

• National Spotlight
  - Healthcare most talked about theme over the past 16 years among policymakers

• Greatest Change in Shortest Time
  - Screenings prevent cancer and early deaths

• Re-election
  - Motive for some policymaker advocacy for change
RQ 2 - Policymaker Awareness

Personal Connection and Community Involvement
RQ 2 - Policymaker Awareness

- Personal connection to issue
- Minority

- Work experience
- Community involvement
RQ 2 - Policymaker Awareness
RQ 2 - Policymaker Awareness

• Personal connection

  - “I fervently believe that the medical profession is a principled one and that medicine is rooted more deeply than perhaps any other profession in the ideals of equality. That is why I, and many other medical professionals, find the disparities in U.S. health care unacceptable. They are an affront to the U.S. promise of equal opportunity for all.”
  
  U.S. Senator Bill Frist (R-Tennessee) ¹

  - “Being a grateful cancer survivor made me realize we need a greater awareness that cancer impacts minority groups in ways that differ from the general population.”

  Texas State Representative Ruth Jones McClendon (D) ²

RQ 2 - Policymaker Awareness

• Minorities or family members who are minorities
  “The goal is to achieve more equitable healthcare services across lines of race, and ethnicity, gender and geography”
  U.S. Representative Donna Christensen (D- Virgin Islands) ¹

  “Disparities in prostate health mirror the broader health gaps the African-American community is facing and we all must do our part to help improve early diagnosis and treatment of all prostate diseases.”
  Louis Sullivan, Former Secretary of Health and Human Services ²

RQ 2 - Policymaker Political Affiliation

- Democrat: 44%
- Republican: 15%
- Not Identified: 38%
- Independent: 3%
RQ 2 - Policymaker Awareness

• Democrats were more inclined to demand:
  - social security
  - more socialized healthcare
  - easier access to organic and healthy food
  - access to parks
  - vaccines
  - environmental protection
RQ 2 - Policymaker Awareness

- Involved in groups that talk about, promote, or address specific health issues
  - Groups: Medical Student Association, “Who’s My Doctor”
  - "Here in Baltimore, there are neighborhoods just blocks apart where the life expectancy differs by 20 years. These disparities tie into every single part of the work we do. They don’t only affect health, they also affect employment, education and opportunity"

Dr. Leana Wen, Baltimore City Commissioner

RQ 2 - Policymaker Awareness

• Involved in groups that talk about, promote, or address specific health issues
  - Group: Congressional Hispanic Task Force on Health and Environment
  - “The Community Health Workers Act of 2007”
    o “Community Health Workers play a key role in the battle against health disparities.”
      U.S. Representative Hilda L. Solis (D- California)¹

RQ 2 - Policymaker Awareness

• Takeaway

- Policymakers who were informed on SDH placed SDH higher on their agenda
RQ 3 – Factors Influencing Action on SDH

Factors Influencing Action on SDH

Hinder Action
- Political Differences
  - Changes in Power
- Red Tape
- Lack of Diversity in Healthcare Workforce
- Existing Policies

Hinder/Promote Action
- Size of Budget Available
- Research/Data
  - Boston’s Zip Code Campaign¹
  - Insufficient data for minorities
- Public Support

Promote Action
- Collaborating with Others
  - Academic Groups, community and Business Leaders, etc.
- Creating Unique Solutions
  - Zumba with the Mayor in Gary, Indiana.²
  - Maryland’s Health Enterprise Zones²
- Preventing Tragic Events
- Direct Policy Maker Participation

References:
3. Exploring Digital Storytelling Applications in the Community: Implementation and Impact of Four Community Forums in King County, WA. Benson S. ProQuest Dissertations and Theses. 2012.
RQ 3 – Factors Influencing Action on SDH

The Importance of Data/Research

• "Data drives so many decisions in our lives. Data drives decisions on the best educational policies to implement and how to implement them.”
  Former Lt. Governor of Maryland, Anthony Brown (D)¹

More research is needed on ethnic/racial minorities.²

RQ 3 – Factors Influencing Action on SDH

Collaborating for Policy: Thinking Collectively
What Does this Mean for Utah?
Lessons Learned

LESSON 1
Collaborate for Health – Build Relationships
Collective thinking and effort are critical for action. Engage policymakers who can champion health causes that they can personally connect with and act upon.

LESSON 2
Health, Social Determinants, & Policy
Use health as a uniting factor across policies & sectors to address the social factors that result in inequities in health.

LESSON 3
Public Health as a Policy Priority
Health & access to quality health is a concern that resonates with policymakers & their constituents.

LESSON 4
Use Science as a Bridge to Policy
Use data and research to narrow the gap between science and policy decision-making.

LESSON 5
Create Effective Health Messages
Communicate health information effectively to non-scientific audiences.
Questions?