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**Original Publication Citation**  

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Navigating the Politics of Health: A Systematic Review of U.S. Policymakers’ Views on the Social Determinants of Health, Health Disparities, Health Equity, and Health in All Policies

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Roseman University Research Symposium
March 14, 2018
Layers of Influence on Health


Conceptual Framework for Action on the Social Determinants of Health

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. …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)
Research Question 1 (RQ1)

Which social determinants of health themes are identified by policymakers as legislative priorities?

Research Question 2 (RQ2)

What are the characteristics of policymakers that acted on the social determinants of health?

Research Question 3 (RQ3)

Among policymakers, which factors facilitated or hindered 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
PRISMA Flow Diagram

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 \( (n = 191) \)

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

- Type of Article
- Geographic Focus
- Study Design
- Major SDH Theme
- Gaps Mentioned
- Level of Policymaking
- Policymaker Job
Qualitative Results - Research Questions

• RQ 1 – SDH Themes
• RQ 2 – Policymakers’ Characteristics
• RQ 3 – Factors Influencing Action on SDH
### Results – RQ1 on SDH Themes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Healthcare</td>
<td>142</td>
</tr>
<tr>
<td>Public Health</td>
<td>136</td>
</tr>
<tr>
<td>Governmental</td>
<td>118</td>
</tr>
<tr>
<td>Environmental</td>
<td>37</td>
</tr>
<tr>
<td>Political</td>
<td>24</td>
</tr>
<tr>
<td>Education</td>
<td>22</td>
</tr>
<tr>
<td>Behavioral</td>
<td>21</td>
</tr>
<tr>
<td>Economy</td>
<td>20</td>
</tr>
<tr>
<td>Other</td>
<td>38</td>
</tr>
</tbody>
</table>

Number of themes identified \((n = 1,116)\)
Results – Top SDH Themes by Year

- Medical/Healthcare
- Public Health
- Governmental
Results – RQ1 on 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
Results – RQ2 on Policymakers’ Characteristics

- Informed policymakers placed SDH issues higher on their political agenda

- Policymakers with a high level of SDH interest and awareness have:
  - Previous experience with SDH issues
  - Personal connection with the issue
  - Been actively engaged in legislative health committees and groups
Results – RQ2 on Political Affiliation

- Democrat: 44%
- Republican: 15%
- Not Identified: 38%
- Independent: 3%
Results – RQ3 on Factors Influencing Action on SDH

**HINDER**
Political Action
- Having political differences on issue
- Political bureaucracy
- Lack of or minimal budget
- Lack of public support
- Lack of data/research
- Lack of workforce diversity in healthcare
- Delaying/deterring effect of existing policies

**PROMOTE**
Political Action
- Having policymakers united & directly engaged on issue
- Having sufficient budget
- Having public/constituency support
- Availability of reliable data/research on issue
- Working with other sectors
- Creating unique solutions
- Preventing tragic outcomes
Conclusions - Key Policy Points

- U.S. policymakers focused mainly on healthcare access, cost, and quality. However, policy actions did not have a systematic integration of the broader root causes of health inequities in the discussion.

- U.S. policymakers lacked a comprehensive & collaborative “health in all policies” approach.

- U.S. policymakers need to break down complex SDH problems into politically actionable short-& long-term components achievable within their term of office.
Conclusions - Moving Forward

- **Build a culture of shared accountability for health** among legislators, public health, government and private sectors

- **Advocate for a “health in all policies” approach among legislators** to have a systematic framework that accounts for the impact of policies, programs, & sector decisions on health

- **Share data and establish common metrics** on assessing community health to inform policy, practice, & research

- **Engage policymakers and increase political understanding & buy-in by having joint training, cross-sectoral communication, and collaborative action**
What Does this Mean for Utah?
Lessons Learned

LESSON 1

LESSON 2
Use health as a uniting factor across policies & sectors.

LESSON 3
Make public health a policy priority – access, cost, & quality health care.

LESSON 4
Use data as a bridge between science & policy decision-making.

LESSON 5
Create & communicate effective health messages.
Questions?