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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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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 \( (n = 4,469) \)

Screening

- Records after duplicates removed \( (n = 1,832) \)

Eligibility

- Records screened \( (n = 1,832) \)

- Full-text articles assessed for eligibility \( (n = 538) \)

Included

- Studies included in qualitative synthesis \( (n = 191) \)

Records excluded \( (n = 1,294) \)

Full-text articles excluded, with reasons \( (n = 347) \)

- 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

- 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)
Results – Top SDH Themes by Year
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?