

Lost in Translation: Population Health Ideas in the American Policy Arena

Maria Gilson Siström, RN MSN PhD
Oregon Health Sciences University
School of Nursing
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Lost in Translation: Population Health

Kindig & Stoddardt (2003) define population health as
“the health outcomes of a group of individuals,
including the distribution of such outcomes within the
group.”

The population health approach has its origins in the
“historic debate over the relationship between
economic growth and human health” (Szreter, 2004)



Lost in Translation: Social Determinants of Health

Yet, although a growing body of research reveals the determinants of population health to be social, environmental, political and economic, health policy in the United States remains largely focused on the individual and individual healthcare services.

At the same time, measures of population health in the United States are worsening or static in comparison to other developed countries and vulnerable groups continue to suffer from disparities in health and mortality.

Lost in Translation: Social Determinants of Health

All Policy is Health Policy

Lost in Translation: Research

Given the current emphasis on evidence-based medicine, public health researchers hold that policy must be informed by research

Public health practitioners, however, have had limited success translating population health research into policy.

Lost in Translation: Policy

Anthropologists suggest that policy is a manifestation of ideas, ideology, and culture, and not an exercise of science informing policy-making or political action.

Health policy is informed by research only insofar as the concept conforms to existing political ideas and cultural frames.

Policymakers' decisions are influenced as much by institutional pathways and the constraints of culture and political ideology as they are by compelling research.

It is ideas and their temporal marketability, not credible research, that are key to changing policy.

Policy and sausage-making

Cohen, March &
Olsen's Garbage Cans
John Kingdon's Policy
Primeval Soup



Lost in Translation: Purpose

The purpose of this paper was to explore the existence and character of population health ideas in the American policy arena, the influence of research on the development of health policy, and the role of American cultural individualism in the health policy process for the purpose of improving the translation of public health research into policy.

Methods: Qualitative

- For policy studies, qualitative methods hold the prospect of enhancing depth of meaning and explanation where quantitative methods fail to provide understanding of many policy processes
- Grounded theory techniques were employed to test an extension of Smith's earlier work in Britain in the context of American cultural institutions and policy processes.
- Modifications to Smith's semi-structured interview tool were made to accommodate the different cultural, institutional and political context in the US.

Smith, K. "Health inequalities in Scotland and England: the contrasting journeys of ideas from research into policy," *Social Science & Medicine* 64 (2007): 1438-1449.

Methods: the sample

- A purposive sample of policymakers was selected to gain insight into commonly held ideas and cultural frames.
- Participants' demographics, personal attributes and roles in policymaking overlapped to a great extent.
- The sample included national level health policy experts, policy experts from non-health fields, Congressional staffers, lobbyists, and a state level health policy advisor.
- Participants came from all regions of the country, except the Southern US; many had been long-time residents of Washington, DC.
- Seven participants were women; 9 were men. Six were over 40 years of age, 10 were 40 or younger
- 12 self-identified as Democrats; 4 as Republicans.

Methods: Sample

- Eight participants were identified initially and 8 more were identified via “snowball” sampling
- Saturation of ideas occurred by the 12th interview; 4 additional participants ensured depth of data.
- Eight participants were interviewed in person in Portland, Oregon and in Washington, D.C. in late fall and early winter 2007-08. Eight interviews were conducted by phone in the winter.
- All participants were asked the same questions, in the same order, using the same language to ensure uniform administration of the survey.
- All interviews were digitally recorded, transcribed, and analyzed using NVivo7 software

Results

- Analysis indicated 3 main themes:
 - (1) population health ideas are not widespread in the American health policy process (no duh!);
 - 2) scientific research does not commonly inform the policy process; and
 - (3) American cultural individualism is not the dominant force influencing the character of health policy in the United States.

Results: Population Health Ideas

All participants recognized the relationship of income to health:

“People’s health depends on the healthcare they receive and health depends on personal choices, depends on personal responsibility, to some degree it depends on income level . . .”

Fewer recognized the relationship of income inequality to health,

“One of my friends has been involved in inequality as a determinant of health. The question is though what do you do about it? Well I’m a health policy guy, I’m not equipped to come up with a policy to address inequality of income.”

Even fewer participants recognized the relationship of class structures to health.

And no participants articulated the relationship of, for example, racism to health.

Results: Population Health Ideas

Population health is not a commonly understood concept in the American policy arena.

Policymakers, however, are aware that social, political and economic structures influence health but they do not frame health policy in terms of such determinants:

“The other approach [social determinants] rubs a lot of people the wrong way. To get into a discussion of poor versus rich, maybe we should be focusing on economic equality more than just access to healthcare.”

One of the more astute participants recognized the limits of health policy to address population health determinants:

“To the extent that you want to address inequality of income, health is the tail on the dog.”

Results: Use of Research in the Policy Process.

Academic research has a limited relationship to the policy process. Participants spoke of the overwhelming volume of research:

“There’s so much . . . info is spraying out of a fire hose . . .”

and complained that researchers should

“give it to policymakers in a way that they can use it.”

and that academic research was not relevant to policy

“Academic research pursues questions that are interesting to the researcher . . . maybe they should think about policy?”

Research plays a utilitarian role in policymaking, confirming pre-existing policy solutions or avoiding implementing policy solutions

“There’re always people out there saying we don’t know enough, the people who want to stop policy. That’s the compromise that we use. People who want to do nothing, do a study.”

Results: Use of Research in the Policy Process.

One participant suggested a less intentional problem for the use of research

“The challenge is [that] the framing of information and translation of it into policy action is somehow getting lost in translation in the numerical data and the policy conversation.”

(Hence the name of the project)

Results: Role of American Cultural Individualism

The commonly held assumption that American health policy is driven by cultural individualism was not consistently represented. A more nuanced view, inconsistent with individualism as the dominating influence in policymaking, was expressed:

“So I think there’s a kind of a negative side to the lifestyle thing, blame the victim, but also people can make healthy choices and the issue is how to facilitate or encourage them but I don’t think we’ve had a policy that’s really done that.”

At one extreme, participants espoused a traditional **“Lone Ranger”** philosophy as influencing the policy process: *“I think it has to do with the American ideal, I guess, of personal responsibility, let’s face it, you smoke, you get lung cancer.”*

Results: Role of American Cultural Individualism

At the other extreme, participants viewed individualism as one aspect of society that had been marketed effectively by recent Executive Branches and Congresses:

“It’s become a stronger element in the last 10-20 years. There is a strain of this, you’re on your own, you’re independent, lone ranger is part of a strain of American character that’s been there forever, that competes with a community, takes a village to raise a child, kind of approach . . . it’s part of the, excuse me, right wing conservative movement that has been in ascendance politically. They’ve just pounded away on this because it advances their political agenda.”

In this view, American individualism is used as a political tool.

Results: Institutional pathways

Participants accounted for the character of American health policy through government and political processes that exercised the dominating influence in policymaking:

“First you have to acknowledge there is a problem. Amongst policymakers, (a) that there is a problem, and (b) that they want to address it. If they want to address it, it comes down to the politics of it and if there is a solution available. In our offices, we come up with a problem or the senator would say, ‘here’s the data and here’s how we’d like to approach it, how would you feel about spending time and money on it?’”

The pathways and processes that create policy also constrain the ways in which research is used:

“It’s difficult because people come to the process with their agenda. I’ll give an example, water. There’s no department of water. There’s the EPA, which deals with drinking water, there’s the Army Corp of Engineers which deals with water resources like dams, and FEMA which deals with too much water and flooding, and those people never talk.”

Results: Institutional pathways

Finally, the ways in which policy is or is not implemented was also influenced by institutional pathways and processes.

“The [Congressional policymaking] process kind of kills it [any new idea].”

Policymakers’ concerns with re-election, the philosophical inclinations of the Executive Branch and the political phenomenon of the ***“crisis du jour”*** dictated the breadth of policy thinking, in general.

Conclusions

Population health ideas are not widespread in the American policy arena and related research has failed to make inroads into policymakers' understanding of the topic.

In addition, American cultural individualism, while a commonly understood influence, was not expressed as the main influence on American health policy.

Rather, the institutions and processes of government exercised the dominating influence on how policy is made.

Implications

Researchers' under appreciation of policymaking as a process of ideas influenced by culture, institutions, politics and ideas hampers the translation of research into policy.

Population health research may have been *“lost in the translation”* to policy in the US through institutional processes and the political context

Participants consistently noted that academic research is often irrelevant to solving policy problems because it is inaccessible, not understandable and does not address problems of policy

Yet public health is itself a policymaking institution. That its research products are not considered relevant to policymaking is a challenge to the profession.

One implication of these findings is that public health researchers must tailor their research to address those problems that currently challenge policymakers.

Further study

An idea worthy of further study is that of “vehicular” ideas or ideas that carry another related idea into the policy arena.

In the present study, the vehicular idea identified was environmental health: concepts of environmental health and climate change arose commonly in participants’ speech and many were able to relate concepts of population health to them:

“The one thing that’s missing is environmental health. In terms of a healthy community or healthy population if you think about it as a whole, if you think about it as a living organism.”

Environmental health, and the acknowledgment that environmental conditions may threaten an individual’s health, provides a link between conceptions of individual and population health.—*every participant mentioned some aspect of the environment as potentially impinging on health.*

Influencing policy: A practical way forward

Be relevant: identify and take advantage of the policy agenda, political opportunities and palatable vehicular ideas within the political context.

Collaborate: in studying phenomena outside public health's usual domain--promote *“accidental”* population health policy.

Look for opportunity: the political context has changed.

Translate!: Policymakers read the NYT, not AJPH

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CULTURE & SOCIETY


Lose Your Job, Lose Contact With Your Community

Two troubling trends have reshaped the lives of Americans over the past few decades: Our jobs are less secure, and we are less likely to participate in social and community groups. A first-of-its-kind study suggests these phenomena are linked.

By: Tom Jacobs | October 13, 2008 | 09:00 AM (PDT) | Comments

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Analyzing decades of data, sociologist Jennie Brand of the University of California, Los Angeles and Sarah Burgard of the University of Michigan found workers who have been laid off even once are 35 percent less likely to be involved in community or social organizations than workers who have

WRITTEN BY: **TOM JACOBS**

Tom Jacobs is a veteran journalist with more than 20 years experience at daily newspapers. He has served as a staff writer for the Los Angeles Daily News and the Santa Barbara News-Press. His work has also appeared in the Los...

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Limitations

- The participant panel was not randomly selected, nor did it necessarily represent a wide range of participants.
- The original study on which this study was based was performed in Britain. The interview guide and interpretative frame were developed within that particular social and political context. Although the concept of health inequality used in the British study is closely related to that of population health determinants used in the current study, it is possible that these concepts are viewed differently in the two study populations.
- Finally, qualitative methods cannot be subject to customary quantitative methods of reducing bias and confounding although a broad sampling of representative individuals partially alleviates this limitation of qualitative studies.