

# **Landscape Analysis of Pending and Existing Bills Related to Health and Social Determinants of Health**

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### **Background/Purpose**

The Council on Black Health is a research organization that aims to develop and promote solutions that achieve healthy Black communities. Many policies and ordinances surrounding health and social determinants of health are not developed with Black populations in mind and further contribute to Black health inequities. To gain a deeper understanding of the contributing factors to the current state of Black health, a landscape analysis of existing or pending health-related bills at the federal and state level has been conducted. The landscape analysis specifically focuses on bills related to the Black Health Bill of Rights, which is a document that outlines critical values and principles needed to achieve optimal health and well-being for the Black community. Information gathered from this analysis can then be used by the Council on Black Health to develop a policy agenda and an action plan for improving Black health outcomes.

### **Methods**

#### Pubmed & Covidence

Pubmed, which is a free online resource for scientific literature, was used to search for articles related to health and social determinants of health. Relevant articles were identified by combining the search term “public policy” or “policy” with the following terms: “socioeconomic status”, “health”, “built environment”, “health disparities”, “education”, “police violence”, “employment”, “poverty”, or “housing”. Relevant articles were then uploaded onto Covidence for additional review. Covidence is a useful tool for systematic reviews where articles are screened in several steps, either individually or with a team. Steps include title and abstract screening, full text screening, data extraction, and quality assessment. This analysis will primarily focus on title and abstract screening, as the Council will conduct full-text reviews at a later date.

In Covidence articles were screened into three categories, yes, no, and maybe, based on the following inclusion criteria: Article must be published in or after 2010, the title or abstract must mention at least one social determinant of health term and policy, article may include reviews of existing policies or suggestions for new policies, and the article must be centered on policy within the United States. Articles that included all the above criteria were screened as a “Yes”. Articles were screened as “Maybe” if they were missing only one of the inclusion criteria, but still included relevant information pertaining to health policy and social determinants of health. Articles were screened as “No” if missing multiple inclusion criteria.

#### Legiscan

The Legiscan website was utilized to search for federal and state bills related to health and social determinants of health. The state bill search focused on Pennsylvania and other states where the Council has chapters, including Georgia, North Carolina, and Illinois. After selecting the

appropriate choice for federal or state bills, search terms included “health”, “black health”, “minority health”, “income”, “poverty”, “education”, “food”, and “hunger”. This analysis is not considered to be an exhaustive list of all health and social determinants of health-related bills from 2021. Only bills that relate to at least one article within the Black Health Bill of Rights were included in this analysis. Additionally, all bills with relevant content were included regardless of whether they had been passed, rejected, or are still in the legislative process.

## **Results**

### Pubmed & Covidence

Twenty-two articles were identified for title and abstract screening in Covidence. Ten articles were screened as “Yes”, eleven articles were screened as “Maybe”, and one article was screened as “No”. The majority of articles review existing health policy and or provide suggestions for policy changes and future policy work. Common themes included public policy recommendations to achieve health equity, the upstream socioeconomic factors that influence health, and discussions surrounding how the formation and effects of public policies are impacted by structural racism. Most articles also discussed topics quite broadly and referenced larger umbrellas of policies such as housing, education, and law enforcement policy, opposed to specific policies. Only two articles discussed the effect of specific policies on social determinants of health-related disparities, which were centered on Medicaid expansion<sup>7</sup> and the Earned Income Tax Credit (EITC) program<sup>5</sup>. In addition, several articles have discussed the importance of an integrated approach to merge health policy with other sectors such as transportation, education, and environmental policy to collectively improve public health<sup>4</sup>. This concept has been coined in different ways including “One Health” and “Health in All Policies”<sup>4</sup>.

### Legiscan

In Legiscan, 35 health or social determinants of health-related bills were collected from 2021 at the federal and state level. Of the 35 bills collected, 22 were introduced by the House and 13 were introduced by the Senate. The majority of bills (24) have been introduced or have been passed by one entity (7), the House or Senate, and are awaiting approval by the other. The remaining two bills, Illinois Senate Bill 2294<sup>1</sup> and Georgia House Bill 163<sup>2</sup>, are the only bills that have been passed and signed into law. Illinois Senate Bill 2294<sup>1</sup> creates the Illinois Certified Community Behavioral Health Clinics Act and requires the Department of Healthcare and Family Services to develop a Comprehensive Statewide Behavioral Health Strategy. Georgia House Bill 163<sup>2</sup> directs the Department of Community Health to submit a state plan amendment to implement express lane enrollment in Medicaid. The finer details of both bills address healthcare access and are most relevant to article three of the Black Health Bill of Rights.

The values and principles outlined in articles one and three of the Black Health Bill of Rights had the highest amount of relevant bills. For article one, there were 18 relevant bills that discussed improving social conditions such as housing, employment, food security, environmental hazards, etc. as they are key factors in supporting Black Health and wellbeing. A prime example of this is North Carolina Senate Bill 632<sup>3</sup>, which if passed will make critical investments in social determinants of health that influence maternal health outcomes, like housing, transportation, and nutrition. In addition to providing funding to community-based organizations that are working to improve maternal health outcomes for Black women. For

article three, there were 22 relevant bills that discussed health equity, racial equity, and structural equity in general, along with barriers to accessing health care, and culturally relevant healthcare. A great example of this is Illinois House Bill 124<sup>4</sup> which amends the Medical Patient Rights Act and states that each patient has the right to receive care from a medical professional who is culturally sensitive to the patient's life experience.

I was unable to identify any bills that discuss the principles of article four and incorporate strengths-based approaches to improving Black Health. The language surrounding Black Health is still primarily centered around disparities and deficits instead of strengths. Article five which focuses on reclaiming our power and autonomy to improve our health, also does not seem to be a common topic on government policy agendas with only two state bills that discuss autonomy. Interestingly, both bills, which are from Pennsylvania<sup>5</sup> and North Carolina<sup>6</sup>, focus on a patient's personal right to make an informed decision about receiving or not receiving the COVID-19 vaccine without the threat of discrimination or consequences.

**Table 1:** Breakdown of federal and state bills by article within the Black Health Bill of Rights

<b>Black Health Bill of Rights</b>	<b>Federal Bills</b>	<b>State Bills</b>	<b>Total</b>
<b>Article 1:</b> We have the right to a culture of health that values our whole wellbeing and allows us to achieve optimal health.	5	13	18
<b>Article 2:</b> We have the right to receive respectful and dignified healthcare.	3	2	5
<b>Article 3:</b> We have the right to healthcare that is culturally sensitive and that incorporates cultural humility and structural equity.	7	15	22
<b>Article 4:</b> We have the right to approach solutions to Black health from a strengths-based approach that incorporates a decolonized and intersectional lens to health equity.	0	0	0
<b>Article 5:</b> We have the right to transform our health by reclaiming our power and autonomy.	0	2	2
<b>Article 6:</b> We have the right to honor and incorporate lessons from our past, present, and future as a pathway to restoring our health.	4	10	14
<b>Article 7:</b> We have the right to have our full humanity honored and valued.	2	9	11

The Council on Black Health. (2021). *Black Health Bill of Rights* | Council on Black Health. <https://councilbh.org/bill-of-rights/>

## Discussion

From the title and abstract screening in Covidence, it's evident that there is a need for additional research on the impact of policies on Black health. Many articles only look at the overall effect of policies on population health instead of Black health specifically. In fact, the only articles that

explicitly mentioned Black demographics were the articles focused on the effect of law enforcement policies on Black health<sup>1</sup> and one about education policy and African American outcomes<sup>6</sup>. It would be inaccurate to assume that because a policy has an overall positive impact on population health, that it also has that same effect on Black health. Identifying evidence-based evaluation tools and or methods will be crucial to accurately assessing the impact of policies on Black health. In the upcoming full-text review, there are several articles the Council can look to for said information including the two about the effects of Medicaid expansion<sup>7</sup> and the Earned Income Tax Credit (EITC) program<sup>5</sup>, and another that discusses different approaches to effectively evaluating the impact of public policy when randomized controlled trials are not possible<sup>3</sup>. In addition, a few articles in the “Maybe” screening category discussed barriers to get social determinants of health inequities on government policy agendas<sup>2</sup>. The Council should consider including these articles in the upcoming full-text review, as these are barriers the organization could potentially face when implementing the Black Health Bill of Rights action plan.

On Legiscan, it’s refreshing to see that there are both federal and state bills dedicated towards addressing structural racism, bias, and inequities pertaining to health and the social determinants of health. For many of these bills, there are considerable systemic changes that must occur for them to be considered successful. For this reason, I find it interesting that there is no research evidence that accompanies each bill for the general public to view. It would be helpful to see what research has been conducted that supports the statements made in each bill and how these changes will be effective at addressing the issue at hand.

Regarding bill status, it’s unclear if bills have not been passed based on the subject matter, or simply because they’re too early in the legislative process to see progress. Future analyses should focus on collecting bills from previous years to determine if the stark ratio between passed and pending bills remains. To effectively address these concerns, it would be advantageous for the Council to investigate how bills related to the Black Health Bill of Rights are being discussed within the House and Senate. Doing so would allow the Council to gain a deeper understanding of the types of language and tactics that influence whether a relevant bill is passed or not. Also, as a premier research organization, the Council could look into providing research evidence to support bills that align with its mission to achieve healthy Black communities.

## References

### Covidence

*Please see shared Covidence review page for additional articles not referenced in this document.*

1. Alang, S., McAlpine, D., McCreedy, E., & Hardeman, R. (2017). Police brutality and black health: setting the agenda for public health scholars. *American Journal of Public Health (1971)*, 107(5), 662–665. <https://doi.org/10.2105/AJPH.2017.303691>
2. Baker, P., Friel, S., Kay, A., Baum, F., Strazdins, L., & Mackean, T. (2017). What Enables and Constrains the Inclusion of the Social Determinants of Health Inequities in

Government Policy Agendas? A Narrative Review. *International Journal of Health Policy and Management*, 7(2), 101–111. <https://doi.org/10.15171/ijhpm.2017.130>

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6. Teasley, M. L. (2019). Education Policy and Outcomes Within the African American Population. *Social Work in Public Health*, 34(1), 61–74. <https://doi.org/10.1080/19371918.2018.1562405>
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8. White-Means, S., Gaskin, D. J., & Osmani, A. R. (2019). Intervention and Public Policy Pathways to Achieve Health Care Equity. *International Journal of Environmental Research and Public Health*, 16(14), 2465–. <https://doi.org/10.3390/ijerph16142465>

### **Legiscan**

*Please see attached spreadsheet for Legiscan bills not referenced in this document.*

1. Illinois Senate Bill 2294 <https://www.ilga.gov/legislation/publicacts/102/102-0043.htm>
2. Georgia House Bill 163 <https://www.legis.ga.gov/api/legislation/document/20212022/200268>
3. North Carolina Senate Bill 632 <https://www.ncleg.gov/Sessions/2021/Bills/Senate/PDF/S632v0.pdf>
4. Illinois House Bill 124 <https://www.ilga.gov/legislation/102/HB/10200HB0124.htm>

5. Pennsylvania House Bill 286  
<https://www.legis.state.pa.us/cfdocs/legis/PN/Public/btCheck.cfm?txtType=PDF&sessYr=2021&sessInd=0&billBody=H&billTyp=B&billNbr=0286&pn=1193>
6. North Carolina House Bill 876  
<https://www.ncleg.gov/Sessions/2021/Bills/House/PDF/H876v0.pdf>