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 European Journal of Public Health, Vol. 24, No. 1, 2

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 doi:10.1093/eurpub/ckt183

Political determinants of health

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During the past decade, the idea that health issues need to be brought into the political arena to advance population health has become part of mainstream public health, often with a reference to famous antecedents like Virchow ('Politics is nothing but medicine at a larger scale'). Empirical evidence of the impact of politics on population health is, however, scarce. To the extent that recent reviews cover the whole field, the total number of publications with empirical data relating political variables to health outcomes is estimated to be less than a few hundred.^{1,2}

For public health professionals to use the political arena effectively, for example, to promote tobacco and alcohol control, to improve access to health services or to tackle health inequalities, they must not only have a basic understanding of how politics works, but also know what the impact of politics on population health has been in the recent past. It is better to come to this arena with realistic expectations about what politics can achieve because lack of knowledge will otherwise foster romantic illusions.

Politics can loosely be defined as the process of making and executing collective decisions. Like health care, it has structures, processes, outputs and outcomes. States and their legislative and executive agencies (parliaments, governments, ministries, ...) are examples of political structures. Political processes include elections, lobbying and law-making, and can be characterized by, for example, their levels of democracy. Political outputs include the laws, taxes, social security benefits, public services, etc. that will ultimately produce the health and other societal outcomes of interest.³

Europe, with its divisive history, has produced many instances of gross population health effects of political decisions, both negative and positive. Decisions of politicians have led to mass killings in war and genocide in the First and Second World Wars—and perhaps to the avoidance of further war and genocide when the European Union was created. Communism, which at first had brought rapid health improvements to the countries of Central and Eastern Europe, later led to severe health stagnation from which these countries are still recovering, >20 years after the collapse of the Soviet Union.⁴

More subtle effects—and most of the effects of politics on population health are likely to be less immediately visible in routinely collected data—are difficult to demonstrate convincingly. The main problem is that experimental studies are generally unfeasible, and that observational studies of the effect of collective decisions are liable to similar biases as observational studies of the

effect of individual decisions. Public health researchers are well aware of the dangers of studying the effect of medical treatment on health outcomes in a non-experimental framework, and should be equally wary of observationally observed 'effects' of political decisions on population health.

Take the example of left-wing versus right-wing politics: which of the two is better for population health? Several studies have found that more years of social-democratic government are associated with better population health, e.g. lower infant mortality.⁵ Typically, however, such studies have a limited control for potential confounding variables—national income is easy to control for, but other national characteristics that determine both people's voting patterns and their health-related behaviours, such as cultural values, are usually ignored.⁶

This then is the main challenge for 'political epidemiology': creating opportunities, either by design or in the analysis, for identifying causal effects of political variables (structures, processes, outputs) on population health. Overcoming this challenge will require ingenuity, as well as some stealing from other disciplines (such as comparative political science). Combining quantitative approaches, such as econometric techniques for evaluating natural experiments, with qualitative studies to reconstruct the causal pathways leading all the way from upstream politics to downstream health, is also likely to be useful. It is well worth the effort, and because of its abundant and relevant data, Europe is in a good position to lead the field.

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