

Missing in Action: The Public Health Voice in Policy Debates

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IN RECENT YEARS, scholars as well as public health advocates and governmental agencies have outlined how to use the tools of public health to influence policy in critical areas such as tobacco control and youth violence.¹⁻³ Despite this, national- and state-level public health groups have not been very successful in getting their agendas adopted in policy-making debates over violence prevention and tobacco control. The most recent example is in how the money from the states' recent \$206 billion settlement with the tobacco industry has been allocated. Congress rejected a proposal that would have required fixed percentages to be earmarked for antismoking programs and public health initiatives, and few states have indicated an intention to allocate the funds to tobacco control and prevention measures. Instead, the money will be spent on highways and general tax relief—both worthwhile needs but not related to public health.⁴

One potential explanation for this is that the public health voice is not prominent or salient in state-level policy debates. By public health voice, we mean the presence of a defined public health message that influences and shapes policy outcomes.

Based on our prior work across two different public health domains—tobacco control and youth violence prevention—we learned several lessons regarding why the public health voice appears to be absent in state-level policy-making debates. Our case studies revealed consistent deficiencies in shaping a compelling public health message. In the first study, we examined the political evolution of state-level tobacco control

legislation.⁵ The second study examined how tobacco control laws are implemented and enforced.⁶ In the third study, an evaluation of The California Wellness Foundation's Violence Prevention Initiative (VPI), we assessed the ability of public health advocates to shift the public's perception of youth violence from a criminal justice model to a public health approach.

Although each study examined a different research question, their results point to a set of common themes: (1) the public health voice is critical in facilitating public health outcomes; (2) that public health voice is heard only sporadically in the state legislatures studied; (3) there is no clear and consistent definition of what the public health message is; and (4) there is a general absence of public health leadership in legislative debates. Our findings reveal that this diffuse public health voice stems from the weakness of statewide anti-tobacco and violence prevention organizations and the general absence of an organized public health voice. Yet our results suggest that a strong, consistent public health voice can influence how the debate is framed and the resulting legislative outcomes. Absent this voice, the debate will be framed by opponents of the public health approach and legislation aimed at improving the public's health is likely to meet with limited success. Public health theory and practice typically do not animate or inspire state policy debates about gun and tobacco control. In those rare instances when they do, public health advocates' efforts on the legislative front may prove successful. For example, sustained public health activity in California led to the enactment of significant gun

control legislation and prevention-oriented programs to respond to youth violence.

The lack of a strong statewide public health voice has three consequences for public health policy debates and legislation. First, it dilutes the public health mission and the ability to influence events. This means that the terms of the debate and the policy outcomes essentially are ceded to opponents of public health measures. Second, it impedes the preservation of a strong public health role. For example, in the area of youth violence, if no alternative is presented, it should come as no surprise that the paradigm shifts slowly from criminal justice to public health, if at all. Third, it reinforces the industry message that issues should be framed in ways favorable to non-public health interests. In violence prevention, for instance, this framing reinforces the firearm industry message that the criminal justice model is the correct strategy.

The challenge for public health advocates is threefold. First, advocates need to

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restore the legitimacy of the public health model generally. It is just as important to educate average citizens as it is to educate and influence policy makers. The public needs to be reminded why public health matters and why investing in public health is a wise use of taxpayer funds. Public health coalitions must broaden the role that they have assumed historically, which has focused on enacting legislation to include leadership on implementing and enforcing public health policy.

Second, advocates—including representatives from state public health associations, medical societies, and even state and local health departments—need to undertake the often thankless task of building and leading strong statewide networks of support that force legislators to consider the public health approach/voice in policy debates. A sustained public health voice in state-level policy making is essential for achieving commonly shared public health goals and objectives.

Third, the public health voice must be strengthened by developing scientific evidence of the benefits of public health legislation. Absent this evidence, there is no effective counter to studies publicized by opposing interests such as the controversial econometric study⁷ that estimates that allowing citizens to carry concealed weapons actually reduces crime through deterrence.

Aside from perennial questions about resources, we see two fundamental obstacles to attracting attention to public health. First, in contrast to health care, which we see and feel every day, public health activities are often invisible. If we aren't feeling well or if a friend is diag-

nosed with cancer, we want the best available health care—right away. In contrast, public health operates at a much less visible level.

Second, by its very nature, public health is diffuse, encompassing a wide range of activities from surveillance to providing health care of last resort. This diffuse nature makes it hard to craft a succinct message against an often monolithic policy opponent. Powerful industries form the opposition, with the financial and political clout to influence state-level policy makers; powerful political and economic shibboleths must be overcome before the public health message can be heard. For example, in thinking about the issue of youth violence as a public health issue, the opposing gun lobby has an easy message to articulate. Just mentioning criminal justice conjures a set of arguments that fall neatly into place. But if one asks a legislature to pursue a public health approach to youth violence, the most likely response will be to ask what constitutes a public health approach.

It seems clear, therefore, that public health advocates need to begin articulating a concise and consistent message that conveys the essence of what a public health approach to policy problems would include. This is not to suggest that we succumb to policy by soundbite and that public health advocates must eschew the temptation to use the public health model as a mere rhetorical device. The strength of the public health approach lies in its fidelity to rigorous research methods.

We certainly are aware that individuals continue to have success in securing public health goals and over time the

public health movement successfully has reduced drunk driving and tobacco use. At the same time, it will be difficult to succeed in policy battles without clarifying how public health solutions operate, why they are appropriate for policy makers to adopt, and what we mean by the term public health. Just as important, it will be necessary for public health advocates and organizations to agree on what that message is, how it will be conveyed to policy makers, and how the public health community can be organized best to present the public health voice.

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