

Northwest PUBLIC HEALTH

From the Editor

Policy, Law, and the Public's Health



In this issue of *Northwest Public Health*, we explore how public policies and law affect the health of our communities. This focus, while completely fitting with the responsibilities of public health—indeed, the Institute of Medicine's 1988 report *The Future of Public Health* identified policy as one of public health's three "core functions"—has not always been seen as central to the field. A 1992-93 survey by the National Association of County and City Health Officials found that only 52 percent of public health departments were active in policy development compared, for example, to 72 percent who were active in core functions related to assurance. This finding suggests to me a pervasive misunderstanding.

I have found in teaching public policy to graduate public health students that the policy realm is variously viewed with some element of mystique (something that only powerful political leaders do) or as something dirty, a pollutant in an otherwise "pure" scientific profession. As you read the enlightening and instructive articles here, I think you will find something quite different: that public health policy is an everyday thing for local and state public health departments, engaged in by everyone from line staff to community organizations to ... school children. Yes, even fifth-graders can shape public policy, as Caroline Renner describes in her article about how a clean air ordinance came to pass in remote Bethel, Alaska.


Certainly, policy development is not a "clean" or simple process (despite such clichés as "Just follow the money"). Colman and Suiter's article on tobacco control in Washington State lays out an area of policy that is multifaceted and multilayered; they write that the goals are to prevent initial use, help youth and adults quit, cut secondhand exposure, and reduce use in high-risk groups. Success on all those fronts requires efforts at local, state, and federal levels, involves regulation and enforcement, and includes public education efforts aimed at changing behaviors. As the song goes, "It don't come easy"! Oliver's piece on a local initiative in Montana to reduce oral health problems also shows that developing good, successful public health policy often necessitates work on many fronts at once. This story also reveals another important lesson, that the power of government to solve problems is limited. The fact that many local residents relied on private water suppliers—whom the state may not be able to force to fluoridate—meant other, *noncoercive*, *collaborative* strategies had to be developed.

Two other characteristics of policy are well-reflected in these pages. Jones's "viewpoint" and Girvan's article warn about state funding and highlight the importance of sustainability, that a policy once implemented may not last forever. Public health advocates, by their nature, seek solutions that are durable over time, but political forces may not always—or often—be consistent with that perspective. And the two articles about HIV/AIDS (Jourden and Courogen, and Kohn and Loveless) provide a strong argument that sustainability of a policy is often related to how inclusive its development was.

Last issue, we asked Seattle University law professor Ken Wing to critique the Model Emergency Health Powers Act; in the spirit of open exchange, we invited the Act's authors, Hodge and Gostin, for a response,

which you can read. The article on gender-based violence by Fatusi and Oyeledun is what I hope will be the first of many articles that links public health issues of interest internationally and regionally. Karras, Lober, and Smith provide us with an excellent tool to evaluate electronic surveillance packages. And, last but not least, I am thrilled that efforts to develop a public health leadership institute in the northwest have come to fruition and that my longtime colleague Cindy Watts is its director.

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