VIEWPOINT

Reconsidering the Politics of Public Health

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A central dilemma in public health is reconciling the role of the individual with the role of the government in promoting health. On the one hand, governmental policy approaches—taxes, bans, and other regulations—are seen as emblematic of "nanny state" overreach. In this view, public health regulation is part of a slippery slope toward escalating government intrusion on individual liberty. On the other hand, regulatory policy is described as a fundamental instrument for a "savvy state" to combat the conditions underlying an inexorable epidemic of chronic diseases. Proponents of public health regulation cite the association of aggressive tobacco control, physical activity, and nutritional interventions with demonstrable increases in life expectancy.[1]

Under Mayor Michael Bloomberg, New York City has served as a crucible for the fractious politics of public health. In the most recent example, the Bloomberg administration sparked a firestorm of controversy with its "portion cap rule" limiting the serving size of sugary drinks. Detractors such as the Center for Consumer Freedom opposed the portion limit for sugary drinks with the tagline "New Yorkers Need a Mayor, Not a Nanny." The threat of municipalities adopting New York's approaches was sufficient for Mississippi legislators to pass a law known as the "Anti-Bloomberg Bill," forbidding local authorities from regulating food and drinks. Meanwhile, advocates of government regulation struggle because most individuals do not obtain a large or immediate benefit from many public health interventions—and often there is a small but vocal group (sometimes powerful corporate interests) who are vigorously opposed. Another consideration for activists is that there may be only limited evidence that a specific public health intervention will be effective. Given these entrenched challenges, it is worth asking: what are the prospects for the regulatory approach to improving public health?

> Public health regulation is often falsely portrayed as a choice between responsibility (of individuals) vs restriction (of freedom)

Five Paths Forward

In this Viewpoint, we present 5 linked avenues toward a realistic, potentially durable political solution.

First, there should be a concerted effort to change the terms of debate around regulatory policy (**Table**). Public health regulation is often falsely portrayed as a choice between responsibility (of individuals) vs restriction (of freedom), and rarely are the public health consequences of inaction presented as a regulatory choice. The current epidemic of chronic disease has emerged in an environment in which unhealthy behaviors and exposures are often the default. To the extent that this environment is enabled by existing policy, there should be greater transparency about the public health choices made by not acting. For example, the absence of a workplace smoking ban should be considered an active policy decision engendering greater employee exposure to carcinogens and an increased risk of acute myocardial infarction.[2]

Furthermore, for public health leaders to more effectively promote substantive public discourse, they must address "slippery slope" arguments head on. Justice Milton Tingling, in the New York Supreme Court decision against the New York City portion cap for sugary drinks, stated: "To accept the respondents' interpretation of the authority granted to the Board [of Health]... would leave its authority to define, create, mandate, and enforce limited only by its own imagination. The Portion Cap Rule, if upheld, would create an administrative Leviathan."[3] To counter such fears, health leaders might lay out demarcating principles to assure the public that regulatory action is judicious, narrow, and more effective than reasonable alternatives. Alternatives that were considered and that were less likely to be effective (eg, an educational campaign about large sodas) could be described—and specific examples of interventions that would be going "too far" (eg, banning the sale of large sodas at supermarkets) could also be enumerated. By bounding policy decisions in this way, the political debate may better focus on legitimate disagreements about costs and benefits of a particular regulatory action.

Second, public health advocates—often on the liberal end of the political spectrum—must rediscover the political center and champion recommendations from moderates and conservatives. Former Arkansas Governor Mike Huckabee's "Vision for a Healthier America" included supporting healthy food options in disadvantaged communities; providing incentives for employer-sponsored wellness programs; and addressing nutrition in schools. Similarly, Oklahoma City Mayor Mick Cornett, also a Republican, built a campaign around the theme "This City Is Going on a Diet" and leveraged public support into infrastructure investment for new recreational areas, public transportation, and biking trails. Outside the United States, traditionally more conservative countries such as Hungary and Romania have experimented with food taxes to promote healthier eating habits. Collectively, public health interventions embraced by conservatives may represent a consensus starting point for political action.

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Table. Nanny-State Framing vs Savvy-State Framing

Nanny State	Savvy State
Mandates affecting behavior are a restriction on individual liberty	Some mandates (eg, a ban on *trans* fats) deliver high public benefit at low individual costs and are part of sensible regulatory design for healthy environments
Taxes are heavy-handed instruments of government intervention	In certain settings, taxes on unhealthy products encourage healthier choices while generating needed public revenue
The state can provide information but not regulate a person's decisions	Poverty, geography, and disproportionate marketing of unhealthy products limit a person's decisions, and the state has an interest in enabling individuals' freedom to make healthy choices
Private markets facilitate the exercise of free consumer choice, allowing individuals to make healthy choices for themselves	Unchecked private markets can lead to negative health externalities such as harmful food environments in low-income communities (analogous to environmental externalities such as industrial pollution)
Unhealthy behaviors are nobody's business but the individual's	All pay for the health care costs associated with chronic diseases through government health spending and opportunity costs of other social spending

Third, cost-effectiveness considerations should be highlighted as a means to political compromise, particularly at the federal level. Just as conditions of austerity have changed the political calculus around food taxes in certain parts of Europe, they could be seized on to advance the debate about public health in the United States. Regulatory interventions offer an uncommon opportunity to improve health at low cost—and sometimes even generate revenue.[4] Opponents may still reasonably challenge regulation on political grounds, but the health and cost consequences should be transparently weighed against the philosophical consequences. As in Europe, the politics of deficit reduction may result in unexpected coalitions—particularly since taxpayers are increasingly paying for one another's health choices through expanded government insurance programs.

Fourth, private funders such as the Robert Wood Johnson Foundation could invest in a "detailing" campaign to cultivate more public health advocates. Whether one agrees or disagrees with his approach, Bloomberg elevated the priority of public health and invigorated discourse about the appropriate role of government. Other mayors and governors could be the focus of a more deliberate effort to educate leaders about disease prevention and the health of populations.[5] The campaign should consider data about public opinion on health initiatives. For example, one study demonstrated that the belief that "people like me" can influence which public health problems the government chooses to prioritize was a strong and consistent predictor of support for government action.[6] Therefore, including the "how" of mobilizing public opinion to support public health initiatives is no less important than the "what."

Fifth, physicians may bear particular responsibility in addressing the problem that psychologists call "hyperbolic discounting"—the human tendency to discount the value of future conditions by a factor that increases with the length of delay.[7] Physicians bear witness to regrets about prior unhealthy choices in poignant moments—for example, the ex-smoker who wheezes in trying to keep up with grandchildren—and work to prevent other patients from experiencing avoidable fates. Perhaps physicians and other health professionals, as a result, have a special duty to weigh in on how society mitigates the social and environmental conditions that lead toward unhealthy choices.

Leadership in Public Health

There is an important and legitimate debate to be had about the appropriate role of regulatory approaches to improve public health. But the political conversation can quickly devolve into caricatures and false choices. Leaders devoted to public health priorities will be the exception rather than the norm unless the health community lays out a clearer path to a politically successful savvy state. This path must directly respond to prevalent and legitimate concerns embodied by nanny state critiques—while guiding political leadership toward serious and creative approaches to the modern epidemic of lifestyle-related chronic disease.

ARTICLE INFORMATION

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