

Health Policy Labels and Reality

When we finalized this issue in July 2011, it was difficult to imagine how the U.S. Congress could move beyond the rhetoric of extreme partisanship that characterized the debt reduction debate to allow any period of time for real governance. Yet, amazingly, this work—the creation of policies—does continue behind the scenes of these gridlocked debates. Of course, rhetoric, symbolism, and partisanship characterize governance as well. It is common for the design of public policy to actually stray quite far from the label imposed on it.

Take, for example, the French health care system. France is often described as a country with universal health care coverage, an extensive primary care system, and a system that provides world-renowned child health care. Just a few years ago, with the United States on the verge of health care reform, *Bloomberg Businessweek* published a glowing report of French public health outcomes:

[In] World Health Organization health-care ranking, France came in first, while the U.S. scored 37th, slightly better than Cuba and one notch above Slovenia. France's infant death rate is 3.9 per 1,000 live births, compared with 7 in the U.S., and average life expectancy is 79.4 years, two years more than in the U.S. The country has far more hospital beds and doctors per capita than America, and far lower rates of death from diabetes and heart disease. The difference in deaths from respiratory disease, an often preventable form of mortality, is particularly striking:

31.2 per 100,000 people in France, vs. 61.5 per 100,000 in the U.S. (*Bloomberg Businessweek* 2007)

Given these statistics, one would presume that France has an extensive public health system. But this is far from the case. While France emphasizes preventive medicine, it has an anemic public health infrastructure. At least until recently. Henri Bergeron and Constance A. Nathanson tell a fascinating story of how public health law emerged in France. While they provide a broad historical backdrop, they focus on the past decade and show how internal political dynamics played a role, as did external framing (such as health promotion campaigns), in influencing the direction of public health policy in France.

Similarly, Kor Grit, Joost den Otter, and Anneke Spreij illustrate how assumptions about the design of health care systems sometimes filter down to the treatment of particular groups in unexpected ways. Again, we see symbolism at work—the symbolism of England’s National Health Service as an equitable system, relative to other countries. While true in many ways, this does not mean that its treatment of undocumented immigrants will be more generous than that of the Netherlands’ private system, which is more likely to emphasize choice and efficiency. Grit and colleagues show how the practice of point-of-service provision in England and the power of provider negotiation in the Netherlands somewhat unintentionally affect specific policies, and therefore access to care, for undocumented immigrants in both countries.

The article by Anna Kirkland illustrates how government-mandated vaccination still remains one of the most contentious of public health issues. While many scholars have written about the ethical dilemmas that governments face between protecting liberty and minimizing coercion, on the one hand, and maximizing public safety, on the other, we know relatively little about the groups fighting against government public health efforts. Kirkland’s article gives us a detailed look into the antivaccine movement. By conducting participant observation along with in-person interviews, she is able to render an inside look at the various dimensions of this movement—its arguments, tactics, strategies, and disagreements. Not only does the article help us better understand anti-public health movements more specifically, but it also helps reveal the interplay between social movements and the role of scientific evidence and persuasion.

By luck, our second “Point-Counterpoint” section is also on the issue of vaccinations and whether government should allow religious and belief exemptions. This dovetails nicely with the vaccine critics article, and these can be read fruitfully together.

We are hoping to publish more research that provides lessons for the implementation of the Patient Protection and Affordable Care Act (ACA). Joel C. Cantor and colleagues' article on dependent coverage laws fits the bill. Dependent coverage laws allow parents to add their children to their health plans up to age twenty-six, and this same provision is included under the ACA. By drawing on data from states' experiences with similar provisions prior to reform, Cantor and colleagues provide an assessment of how far such reform will go in terms of increased coverage for young adults as well as of the distributional implications of premium costs for American families.

Logistics

I am pleased to report that in June 2011, *JHPPL* moved to a platform of advance publication of selected research articles. This means that authors submitting work to *JHPPL* will have their work available to the public in electronic format about three months prior to print.

I encourage everyone to sign up for *JHPPL* electronic alerts, which will notify you of new tables of contents (eTOC) and now also of the selected research articles available under advance publication. Please also note that you can customize your alerts, so if your expertise is prevention politics, or Medicare, or cost-effectiveness research, you can receive alerts when articles on these subjects are published in *JHPPL*.

Finally, we welcome input and feedback and ideas. First, if you have questions or ideas for submissions, please contact me, the associate editors, or the respective special-section editors (see the inside front cover for contact information). Second, we are mindful of the importance of being responsive to authors. We are working hard to keep the editorial turnaround time competitive and efficient. Please let us know how we are doing. Give us your feedback—good and bad.

Colleen M. Grogan

Reference

Bloomberg Businessweek. 2007. The French Lesson in Health Care, July 9. www.businessweek.com/magazine/content/07_28/b4042070.htm.

