

Glossary

Glossary: healthy public policy*

N Milio

The concept of “healthy public policy” has had distant roots—perhaps one of the earliest acknowledgments was by an aristocrat in pre-revolutionary France, speaking of the poor people of Paris, “It is in our interest to feed them, but it would be dangerous to fatten them”, later recognised in the English Poor Laws and in the first public health charter in 1847, which emphasised housing, finally cascading in 20th century social welfare and environmental policies. The term itself did not appear until the 1980s, largely formalised and disseminated through the World Health Organisation. Inevitably, its meaning has taken on different hues according to the contexts and the purposes of those who use it. The following terms attempt to place healthy public policy within other policy constructs and invite testing in use and discussion.

Policy is a guide to action to change what would otherwise occur, a decision about amounts and allocations of resources: the overall amount is a statement of commitment to certain areas of concern; the distribution of the amount shows the priorities of decision makers. Policy sets priorities and guides resource allocation.

Public policy is policy at any level of government. Some levels may have formal or legal precedence over others. Policy may be set by heads of government, legislatures, and regulatory agencies empowered by other constituted authorities. Supranational institutions’ policies, as those of the World Trade Organisation or United Nations Conventions, may overrule government policies.

Organisation policy: the policies of any organisations, whether public or not, are usually subordinate to public policy, and are always shaped by taking into account the constraints and options available under public policy, for example, tax policy, environmental policy, civil rights policy, labour policy.

Policy goals: the goal of policymaking is to shape the course and pace of change in a preferred direction by influencing actions of public and private organisations, affecting populations, environments, and behaviour. Changes in organisations’ decisions about their use of resources alters activities of managers, staff, clients and customers, affecting access to services, products, and information.

Healthy public policies improve the conditions under which people live: secure, safe, adequate,

and sustainable livelihoods, lifestyles, and environments, including housing, education, nutrition, information exchange, child care, transportation, and necessary community and personal social and health services. Policy adequacy may be measured by its impact on population health.

Policy making processes: political, social, and economic processes ultimately shape the content of public policies. Understanding the nature of these activities in any jurisdiction, which can be studied in their formal and informal aspects, can support efforts to strengthen healthy public policies. Policy making is driven by organisations and groups that have an interest in the outcomes.

Policy stakeholders/players/actors: policies develop through the actions of identifiable players. Players are groups whose status, size (or membership), revenues or activities are affected by current and prospective policies, including political parties, the media, bureaucracies, voluntary and commercial organisations, public interest and professional groups. They believe they can make a difference in policy choices that affect them.

Policy environment: stakeholders must take account of the policy context, including past policymaking, socioeconomic conditions, widely expressed values, and population demographics and epidemiology. This climate affects the feasibility of influencing any specific policy, for example, policies of the 1960s, are inconceivable today. Periodic scanning of the environment provides clues to what is feasible and timely for healthy public policy initiatives.

Policy instruments: there are broadly accepted policy instruments (types of measures) used in policy formulation, for example, economic, regulatory, and educational measures. When the policy climate precludes more effective but politically costly tools (such as a high tax on tobacco) governments can use less effective but easier to adopt measures, for example, public education or modelling by demonstrating strong tobacco control within its own sites.

Political strategy: this is a plan to improve chances of success for policy adoption and implementation. It requires identifying and targeting policymakers, organisations, the media, and populations; using persuasive

*Based on Milio N. *Public health in the market: facing managed care, lean government, and health disparities*. Ann Arbor: the University of Michigan Press, 2000.

Carrington Hall, no
7460, University of
North Carolina,
Chapel Hill, NC
27599-7460, USA

Correspondence to: Professor
Milio (milio@email.unc.edu)

Accepted for publication
9 January 2001

rationales specific to each audience; creating public debate to help “unfreeze” previously held opinions; using old and new methods of communication, persuasion, and mobilisation, revising tactics as needed.

Strategic information: strategic (or political) information is intended to persuade more than

to educate, to advocate and mobilise support, and to demonstrate the political, social and economic feasibility of a proposed policy, for example, supportive public and media opinion, organisational endorsements, model policy language, key points and examples. It is shaped to the interests of specific stakeholder groups.

Reference linking to full text of more than 200 journals

Toll free links

You can access the FULL TEXT of articles cited in the *Journal of Epidemiology and Community Health* online if the citation is to one of the more than 200 journals hosted by HighWire (<http://highwire.stanford.edu>) without a subscription to that journal.

There are also direct links from references to the Medline abstract for other titles.

www.jech.com