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Editorial

Elections and Public Health

Since the late 1980s, advocates for public health have employed increasingly sophisticated tactics for advancing public policy. Whether petitioning that a public health measure be made a ballot initiative¹ or using litigation to reform a rogue industry,² public health leaders have been making progress on issues where lawmakers have been reluctant to act. In states like Maryland,³ where no ballot initiative exists, voter education is a tool that can be used to make major changes in public health policy. Although the effectiveness of voter education campaigns has not been tested in most states, our experience with gun control and tobacco control shows that these campaigns can offer a powerful alternative to the status quo.

In 1993, Marylanders Against Handgun Abuse (MAHA) sought a comprehensive gun control agenda, including banning assault weapons, limiting handgun sales to one per person per month, and licensing handgun purchasers. Conventional wisdom in the state's General Assembly was that none of these measures could pass.⁴

MAHA commissioned national pollsters to examine the issues in Maryland. The poll found overwhelming public approval for all 3 measures and showed that Marylanders would make voting decisions based on the gun issue.⁵ Registered voters were asked whom they would vote for in the 1994 gubernatorial election if the choice were between a candidate who supported these measures and another who opposed them. They chose the one who supported the measures, regardless of party affiliation (59% to 18% if the Democrat supported the measure, 52% to 19% if the Republican was the supporter).

With poll numbers in hand, MAHA launched a voter education campaign. First, MAHA built a grassroots coalition of more than 160 religious, law enforcement, health, and community groups committed to reducing gun violence. Prior to the 1994 elections, MAHA asked all candidates for state office to sign a pledge endorsing comprehensive gun

control legislation and compiled a statewide list of candidates who endorsed its platform.

MAHA publicized in a number of ways the list of candidates who signed the pledge. It held media events highlighting pro-gun control candidates.⁶ It asked for and received editorial support from major newspapers. Campaign leaders appeared on talk radio and news programs. Coalition partners distributed the list to their own members. MAHA also mailed the list to thousands of swing voters in key legislative districts.

Postelection press reports confirmed that gun control had been a winning issue in the 1994 Maryland elections.⁷ Pro-gun control gubernatorial candidate Parris Glendening defeated anti-gun control candidate Ellen Sauerbrey in a close race. A majority of those elected to both houses of the General Assembly had also signed the MAHA pledge. In at least 1 key senatorial election, a pro-gun control challenger defeated an anti-gun control incumbent on this issue.⁷ Two years later, in 1996, the Maryland General Assembly passed the landmark Gun Violence Prevention Act, which included limiting handgun sales to no more than 1 per month. Maryland became the third state in the nation to pass a 1-gun-a-month law, and national gun control advocates hailed this new law as one of the nation's strongest. Subsequently, a *Washington Post* study found that handgun sales in Maryland decreased by 25% the year following implementation of this new law.⁸

The Maryland Children's Initiative, led by the Smoke Free Maryland Coalition, conducted a similar voter education campaign from 1996 to 1999. Through polling, the initiative found that Maryland voters strongly supported increasing taxes on tobacco products by up to \$1.50 per pack and that they would make this a voting issue.⁹ The Smoke Free Maryland Coalition and the Maryland Children's Initiative made reducing teen smoking through increased tobacco taxes a key issue in the 1998 Maryland state elections. They built a coali-

tion of 365 religious, health care, and community organizations committed to enacting a tobacco tax increase. The coalition then asked candidates for state office to sign a pledge endorsing a \$1.50-per-pack tobacco tax hike.

The coalition effectively used media events to highlight poll results, announce endorsements from key organizations, and praise pro-tobacco tax candidates. In a significant departure from past practice, public health and medical leaders took an active role in electing pro-tobacco tax candidates. They wrote letters to the editor, raised funds for issue ads, volunteered to work on behalf of candidates, and sent letters to their peers urging them to vote for pro-tobacco tax candidates. As a result, several winning candidates in key races made raising the tobacco tax a top issue. Governor Glendening and Lt Gov Kathleen Kennedy Townsend ran on the tobacco tax issue in their bid for reelection. When asked why he made a \$1.00 tobacco tax increase the centerpiece of his 1999 legislative agenda, Governor Glendening said, "I ran on the tobacco tax to protect our children and won big."¹⁰

Maryland went on to enact one of the nation's first post-tobacco settlement tobacco tax increases—a measure that helped spur a 16% decline in state cigarette sales compared with the previous year.¹¹ More important, Maryland dedicated a substantial portion of its tobacco settlement to tobacco use prevention and cessation (\$30 million annually), cancer prevention and treatment (\$50 million annually), and a variety of other health matters. While other states will spend their tobacco settlement dollars on such things as roads, tax cuts, and buildings, Maryland will allocate its funds toward prevention of tobacco-caused disease.

As we enter the new millennium and the 2002 state election season, Marylanders will be faced with another decision—whether to elect a governor and a state legislature committed to providing all Maryland residents with quality and affordable health insurance. Recent polls show Marylanders think that all residents are entitled to comprehensive health insurance coverage and that they will make this a top voting issue.¹² To date, more than 700 religious, medical, labor, and community groups have pledged their support for a health care system that guarantees quality and affordable health insurance.¹³

Implications for Public Health

Elected officials, not public health experts, typically have the final word on public health policy. It is unlikely that the advances seen in Maryland would have happened without a voter education strategy. As public health activists, we believe that often the best way to advance public health is to exchange anti-

public health politicians for pro-public health politicians.

MAHA and the Maryland Children's Initiative accomplished their voter education goals without endorsing candidates or giving candidates funding. Such activities were left to individuals or groups within the coalition. Building strong and effective coalitions, holding media events to educate the public, and encouraging public health leaders to get active in political campaigns helped build an infrastructure to support public health in Maryland.

Although our voter education campaigns have been very successful, we understand that this strategy has limitations and must be used carefully. Public health strategists should avoid voter education campaigns that could alienate key progressive communities. If, for example, a pro-gun control but anti-reproductive rights candidate is running against an anti-gun control but pro-reproductive rights candidate, a voter education campaign on either issue would severely divide the public health community. Additionally, it may be more difficult in some states for public health groups to raise the funds or build the networks for some of the essential elements of the voter education campaigns described above.

When it comes to volunteer mobilization, some in the public health community may find it hard to participate fully in voter education campaigns. Government employees, for example, may fear reprisal. Similarly, some nonprofit groups are afraid of alienating elected officials. We have found that most people, regardless of their comfort level or experience, are willing and able to participate in some way by donating their time, talent, or money to such campaigns.

Public health leaders should take a hard look at the social and political conditions in their own states and decide what strategies make most sense for them. Ballot initiatives, referenda, and litigation are among the possibilities. When they are used in the proper way, we think that voter education campaigns like those conducted in Maryland should be added to the list. Rigorous evaluation of these different approaches would help activist groups like ours in choosing among these alternatives.

Next month's presidential election will have a dramatic impact on public health. The makeup of the Supreme Court, environmental regulation, HMO reform, tobacco and gun control, and reproductive choice are among the public health issues at stake. Electing candidates who will protect the public health is a responsibility we should take seriously. □

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merly the director of the Maryland Children's Initiative and Marylanders Against Handgun Abuse. Glenn E. Schneider was formerly the community organizer for the Smoke Free Maryland Coalition.

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