From the Editor

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THIS ISSUE OF THE *QUARTERLY* CONTAINS A POTPOURRI OF opinion pieces, original scholarship articles, and a new feature, all of which are timely and relevant to population health and health policy. Among the scholarly opinions:

- Lawrence Gostin offers a national action plan to achieve near universal vaccine coverage to counter the alarming surge in measles cases in the United States.
- Sandro Galea and Margaret Kruk explore the implications for population health of the 2018 Declaration of Astana, reflecting on the 40 years that have transpired since the 1978 Declaration of Alma Ata first made primary care the central element for achieving health for all nations.
- Joshua Sharfstein examines the potential for states to take the lead in innovation for health, arguing that a new era of state experimentation in health care is now dawning as more states expand their Medicaid programs and some look to global budgets to contain spending growth.
- Gail Wilensky reviews the recent spate of Medicare for All proposals introduced in Congress and analyzes their potential impact and political feasibility.
- John McDonough looks at Medicare for All in the context of states, extracting lessons learned from the outcomes of single-payer efforts in four diverse states.
- Sara Rosenbaum ponders the disquieting assault on women's reproductive rights now taking place in many states and calls attention to the dangers that threaten public health and access to safe health care.
- David Rosner describes the nightmare that awaits the nation and the world if immediate remedial action, such as radically limiting our CO₂ emissions, is not taken to deal with the indisputable effects of climate change.

With each issue, the *Quarterly* pursues its aim of publishing long-form original research articles and brief scholarly opinions on important issues involving population health and health policy. From time to time, however, we receive manuscripts of intermediate length that fall neither into the category of original research or that of opinion, but nonetheless offer valuable insights into key issues of interest to our readers. These tend to be thoughtful, well-referenced manuscripts that redefine core concepts, definitions, and terminology, and, in some cases, offer novel perspectives challenging conventional wisdom. Such manuscripts can enhance our collective understanding of population health and health policy matters, and can stimulate beneficial dialogue and debate within the field. In this issue, we introduce a new medium-length article, *Perspectives*, that is intended to spark collegial debate on an important topic.

In a *Perspective* addressing the different meanings and interpretations of the words and concepts used by many in the field to describe “social determinants of health” and “population health,” Hugh Alderwick and Laura Gottlieb note the lack of a universal vocabulary and the growing use of jargon that threatens to sow confusion among researchers, policymakers, and practitioners. Their proposed solution is to offer a common lexicon that promotes a national discussion about these terms and hopefully untangles the Gordian knot of routinely conflated concepts. Readers also may find valuable perspective in an opinion piece authored by contributing writer Paula Lantz on *The Medicalization of Population Health: Who Will Stay Upstream?* which appeared in the March issue (pages 36–39).

Of the six original research articles featured in this issue, three are studies by investigators at RTI reporting evaluation findings from Round 1 of the State Innovation Models (SIM) initiative funded by the Center for Medicare and Medicaid Innovation (CMMI) within the federal Centers for Medicare and Medicaid Services (CMS). Joshua Sharfstein, a former state health official in Maryland, introduces the three articles, citing the importance of understanding the SIM Initiative and its impact as well as the lessons learned that may instruct the development of the next generation of state-based health care reforms. We are pleased to partner with CMS in disseminating the SIM evaluation findings. The three studies are:

- *States Encouraging Value-Based Payment: Lessons From CMS's State Innovation Models Initiative* by Stephanie Kissam and colleagues;

- *Behavioral Health Integration with Primary Care: Implementation Experience and Impacts From the State Innovation Model Round 1 States* by Heather Biel and colleagues; and
- *Medicaid Accountable Care Organizations in Four States: Implementation and Early Impacts* by Regina Rutledge and colleagues.

A growing body of evidence in the scientific literature points to the likelihood that processed meats are carcinogenic, yet dietary guidelines in the United States have been slow to respond. In *Legal Feasibility of US Government Policies to Reduce Cancer Risk by Reducing Intake of Processed and Red Meat*, Parke Wilde and colleagues review the evidence and explore the legal feasibility of adopting different policy options for reducing the consumption of processed meats.

Strategies that aim to denormalize tobacco product manufacturers as deadly businesses have been used successfully by public health advocates to spur governments to enact tobacco control policies. However, as Holly Jarman describes in *Normalizing Tobacco? The Politics of Trade, Investment and Tobacco Control*, the tobacco industry increasingly is employing international trade and investment law to challenge such policies and to renormalize tobacco as part of world trade. The author discusses how the politics of trade and tobacco control raise questions about the role of the state in protecting public health.

Population-level health harms from stigma are pervasive in US society, but the anti-discrimination laws intended to protect stigmatized groups from such harms are slowly being eroded by the federal government, leading to health inequalities and other negative consequences. In *Legal Remedies to Address Stigma-Based Health Inequalities in the United States: Challenges and Opportunities*, Valarie Blake and Mark Hatzenbuehler identify the key challenges that currently limit the potential of anti-discrimination law to address stigma-based health inequalities, and offer several practical solutions for promoting health equity.