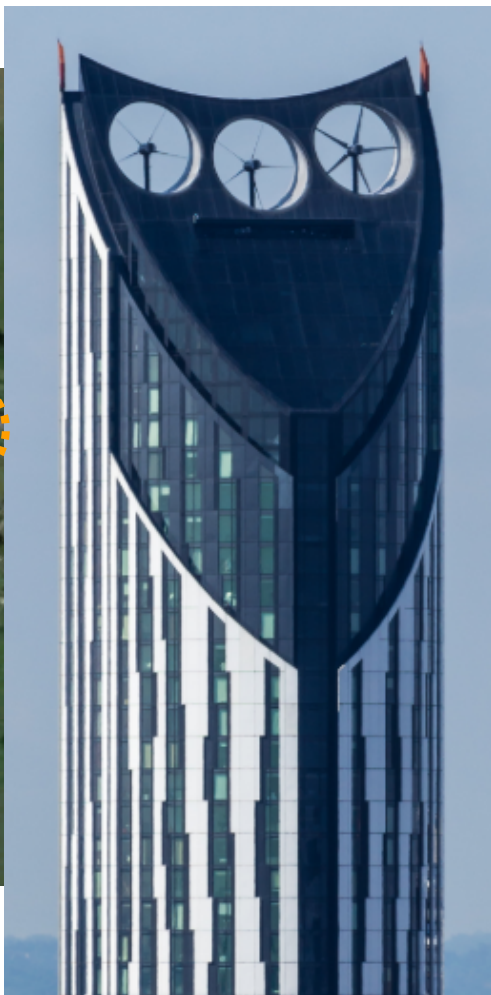


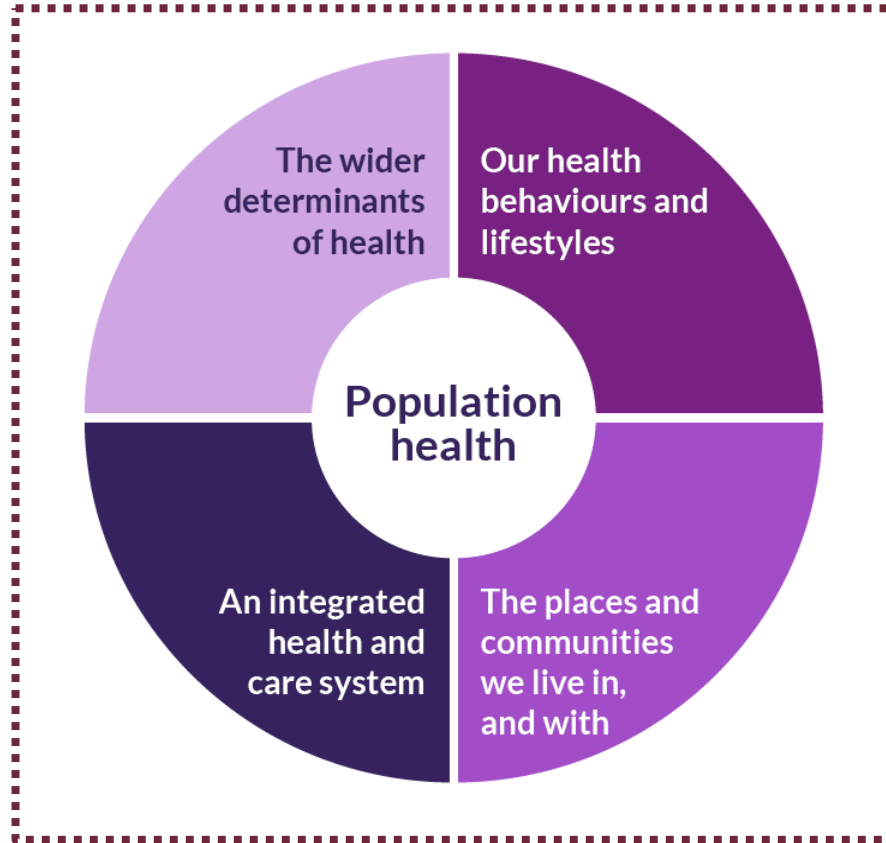
The role of cities in improving population health:

International insights

Chris Naylor – Senior Fellow, The King's Fund
David Buck – Senior Fellow, The King's Fund



Four pillars of population health improvement



City leaders and their partners can influence all four pillars

Why cities matter for health

City leaders have significant influence over the social determinants of health

- Most of the actions taken by city governments have an impact on the health of citizens, directly or indirectly, including through decisions about urban planning, the built environment, transport, economic development, housing and other matters

Cities are where most of the population lives

- In the UK more than eight out of every ten people live in urban areas and most of the remainder live in surrounding regions within the economic, social and cultural influence of nearby towns or cities

City populations have significant health needs and inequalities

- By concentrating people and resources in one place, the urban environment creates hazards for health as well as opportunities for health improvement. For many health conditions, cities are where concentrations are highest and inequalities are greatest

Cities are playing a growing role in national and international policy making

- They are increasingly exercising leadership on complex social and economic issues. Population health improvement is one such issue to which some city leaders are turning

Cities are becoming increasingly well connected

- There are a growing array of networks supporting city-to-city communication. Through these networks, cities are collaborating to share learning on population health and other policy challenges.

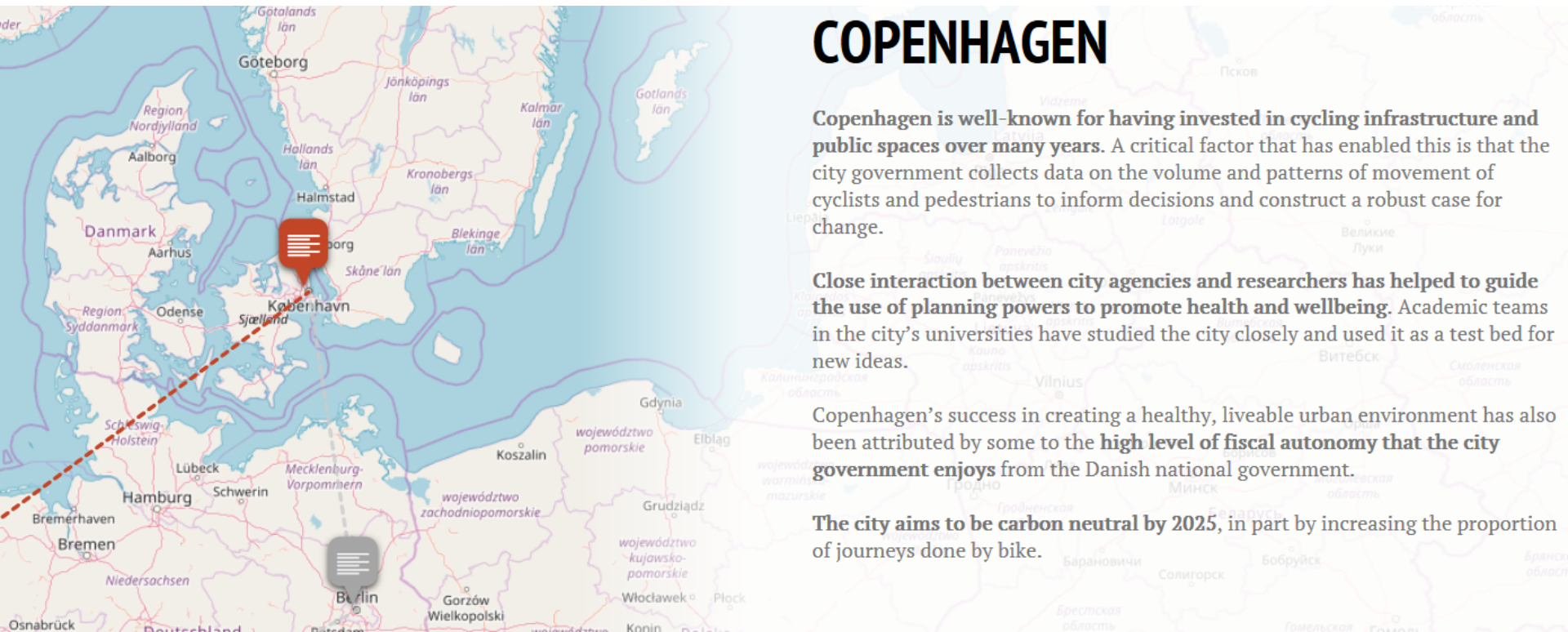
In-depth interviews with 50 city leaders

New York
San Francisco
Mexico City

Paris
Berlin
Madrid
Barcelona
Amsterdam
Copenhagen
London

Tokyo
Seoul

Auckland



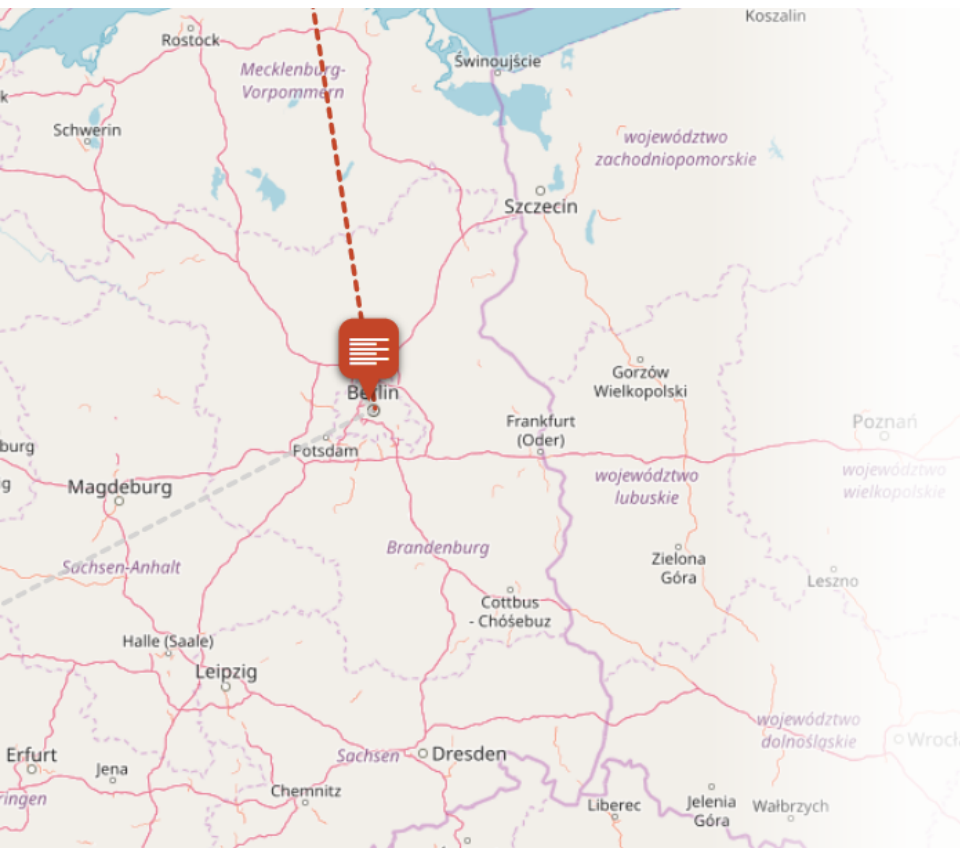
COPENHAGEN

Copenhagen is well-known for having invested in cycling infrastructure and public spaces over many years. A critical factor that has enabled this is that the city government collects data on the volume and patterns of movement of cyclists and pedestrians to inform decisions and construct a robust case for change.

Close interaction between city agencies and researchers has helped to guide the use of planning powers to promote health and wellbeing. Academic teams in the city's universities have studied the city closely and used it as a test bed for new ideas.

Copenhagen's success in creating a healthy, liveable urban environment has also been attributed by some to the **high level of fiscal autonomy that the city government enjoys** from the Danish national government.

The city aims to be carbon neutral by 2025, in part by increasing the proportion of journeys done by bike.



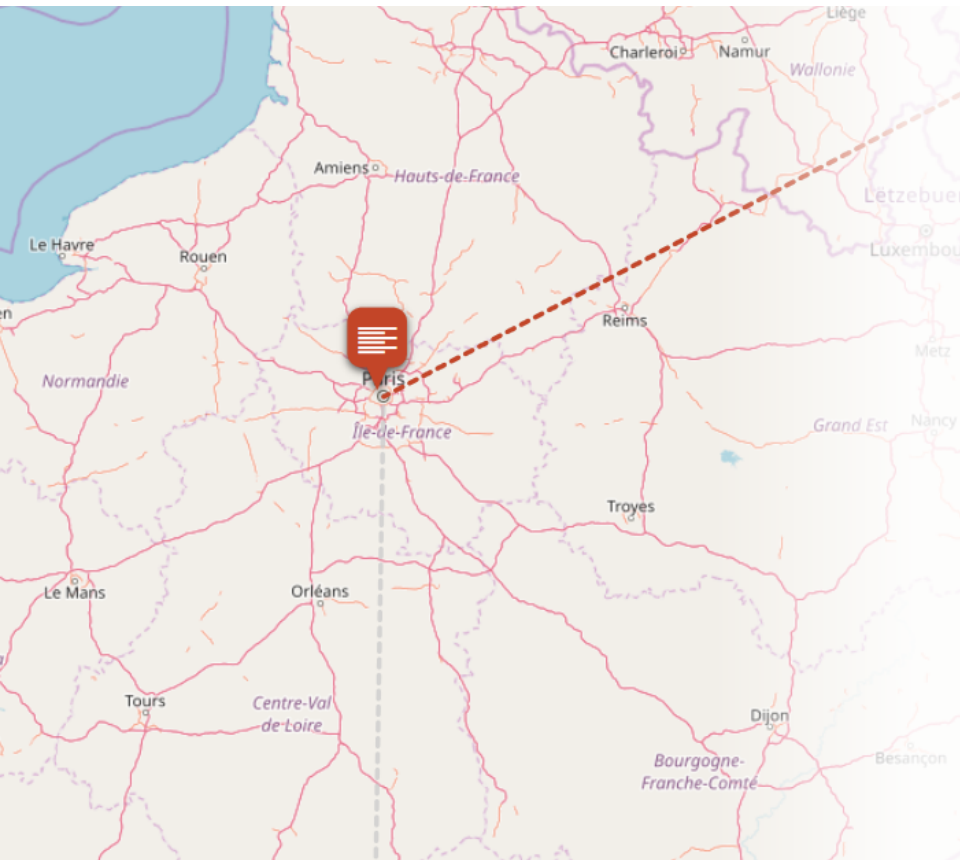
BERLIN

Berlin is a city state with much more autonomy than cities in the UK – the German constitution limits the federal government’s involvement in local policy-making to situations where there is a clear national interest at stake.

There is a longstanding commitment to increase active transport, reduce traffic, improve air quality and combat climate change, with broad-based support from politicians and the public. This includes:

- significant investment in expanding the cycling network, including mandatory cycle lanes on all major roads
- investment in a comprehensive, low-cost public transport network
- incremental reduction in the availability of car parking spaces and the number of lanes available for traffic, to create a deterrent to driving
- future measures that may include a complete ban on diesel vehicles in the city centre.

Concerted action on air quality has been enabled by strong support from environmental advocacy groups and high levels of citizen engagement.



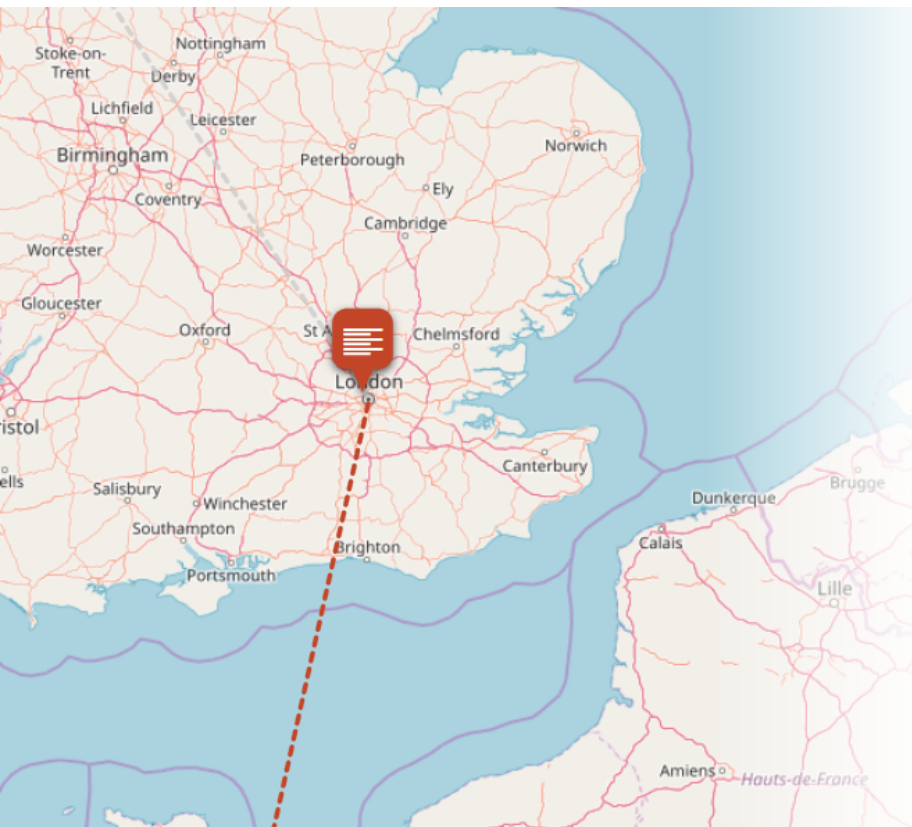
PARIS

Ambitious commitments have been made to reduce air pollution and improve the urban environment for pedestrians and cyclists, including:

- Paris Breathes – a major car-free scheme launched in 2016 in which cars are banned from large areas of the city centre on Sundays
- Paris Pedestrian Strategy – various actions to promote walking in the city, including redesign of several major public spaces
- An air quality strategy – including action to promote cleaner and more fuel-efficient vehicles, and a proposal to ban diesel vehicles from the city centre.

Significant emphasis has been placed on public engagement and participation, for example through a participatory budgeting scheme, public workshops and community outreach work.

Participatory budgeting allows a small proportion of the city budget to be allocated through a democratic vote. Initiatives to create a more walking- and cycling-friendly city have emerged as high priorities in this.



LONDON

The Mayor of London has a legal duty to produce a strategy identifying health inequalities in London's population and specifying priorities for reducing these.

Health objectives are integrated into the London Plan (guiding spatial planning decisions) and the London Transport Strategy. The latter is based on the Healthy Streets Approach, which aims to encourage walking, cycling and use of public transport and ensure that streets and neighbourhoods are appealing places to be in.

The London Health and Care Devolution programme aims to give the Mayor, local authorities and health leaders more control over key decisions. Accompanying this are a set of new structures supporting pan-London decision-making on health.

City-wide programmes have been developed on mental health and wellbeing, HIV prevention, air quality and other public health issues. Measures being taken to improve air quality include a new toxicity charge and a planned ultra-low emissions zone.

Amsterdam Approach to Obesity

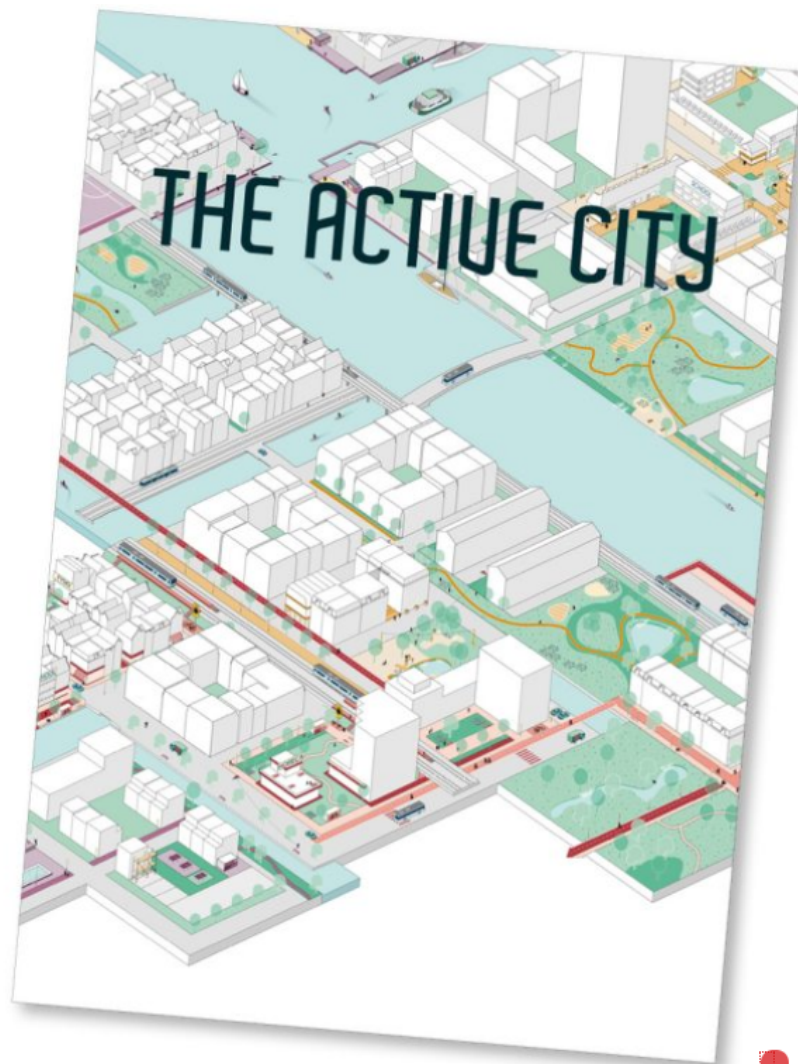
Notable features:

- Whole-system approach with central coordination of activities at city-level through strong programme management
- Long-term vision – 20-year plan divided into three main phases
- Continuous adaptive learning through ongoing monitoring and evaluation
- Backed by strong political leadership

Specific interventions include:

- New policies in schools on food & physical activity
- Restricting advertising of unhealthy foods
- Targeted interventions in specific neighbourhoods with high obesity levels
- Interventions focused on pregnancy & early years
- Working with food businesses to test new standards





Source:
<http://www.urhahn.com/>





Laboratorio para la Ciudad: Mexico City

Background

- Founded in 2013 to support fresh-thinking about public participation
- Highly multi-disciplinary staffing – half from technical/scientific backgrounds, half from humanities/creative sector

Functions

- “Filling the gap between government and civil society”
- Bridging departmental silos
- Supporting data-driven policy-making and better use of technology

NYC Opportunity

Background

- R&D lab focused on poverty reduction
- Created 10 years ago by Bloomberg

Functions

- Working with city agencies to develop new programmes
- Contributing expertise in programme design, implementation, performance monitoring and evaluation
- Developing data-sharing strategies across different city agencies
- Connecting city agencies with external research and evaluation partners



Our part

Support families to give children the best start

Create training opportunities and jobs

Provide seven day access to GP services

Help communities to support each other

Help you to remain independent for as long as possible

Provide leisure facilities to help keep you healthy and active

Your part

Lead a healthy lifestyle and be a good role model

Take advantage of training and job opportunities

Register with a GP and go for regular check ups

Get involved in your community

Support older people to be independent

Make the most of leisure facilities and be active

Roles for city governments in population health

Role	What can city governments do?
Coordinating system-wide action	<ul style="list-style-type: none">• Ensure there is coordination of activity on population health and adequate investment in central programme management• Use an explicit methodology for collaborating effectively and achieving change
Promoting innovation	<ul style="list-style-type: none">• Make full use of the assets available in a city, including universities, businesses and the philanthropic sector• Explore ways of stimulating innovation, for example using innovation labs, challenge prizes or innovation funds• Develop mechanisms for sharing learning and spreading successful innovations across the city
Using regulatory & legislative levers	<ul style="list-style-type: none">• Be evidence-based and clearly articulate the scientific rationale for introducing new regulation• Know the law and have access to expert legal advice• Use regulatory approaches as one component of a broader strategy to improve population health, rather than in isolation
Mobilising the population	<ul style="list-style-type: none">• See communities as one of the key assets in a city and empower citizens to lead small-scale local change to improve the communities they live in• Explore different tools to engage people in civic decision-making, such as online portals or participatory budgeting
Using planning powers to create healthy places	<ul style="list-style-type: none">• Draw on published guidance and evidence about using spatial planning processes to create health-promoting places• Ensure the city has the data it needs to make informed decisions about cycling, walking and the use of public spaces

Conditions for successful health governance in cities

	Enabling conditions
Governance	<ul style="list-style-type: none">• Clear decision-making processes, particularly for decisions requiring input from multiple partners• Effective partnership-working between city-wide government, sub-city government (such as local authorities in England) and other levels in the system• Arrangements for working collectively across wider metropolitan regions
Leadership	<ul style="list-style-type: none">• Bold political leadership and a willingness to invest personal political capital in championing health-promoting policies• An understanding that elected city leaders have soft powers beyond their formal responsibilities, and the ability to use these
Powers	<ul style="list-style-type: none">• Understanding and making full use of the powers available at city and local level• Devolution of regulatory and revenue-raising powers from national government to cities
Expertise	<ul style="list-style-type: none">• Adequate resourcing of public health functions at city and sub-city level• A distribution of public health expertise that matches the overall governance arrangements in a city, to ensure that the key decisions with the greatest potential impact on population health are informed by relevant data and evidence
Connectivity	<ul style="list-style-type: none">• Working with other cities to tackle shared challenges by participating in national and international city networks• A commitment to learning from other cities

Concluding thoughts

- No two cities are the same, but all have resources at their disposal that can be used to improve population health.
- Improving population health depends on co-ordinated action at multiple levels across a city – success lies more in the coherence of the whole than the efficacy of individual measures.
- We need to transcend boundaries between sectors and professions.
- The role of local political leaders is critical. Effective leadership and ‘soft power’ is often more important than the formal powers available.

Thanks

Chris Naylor
@chrisbnaylor
c.naylor@kingsfund.org.uk

www.kingsfund.org.uk