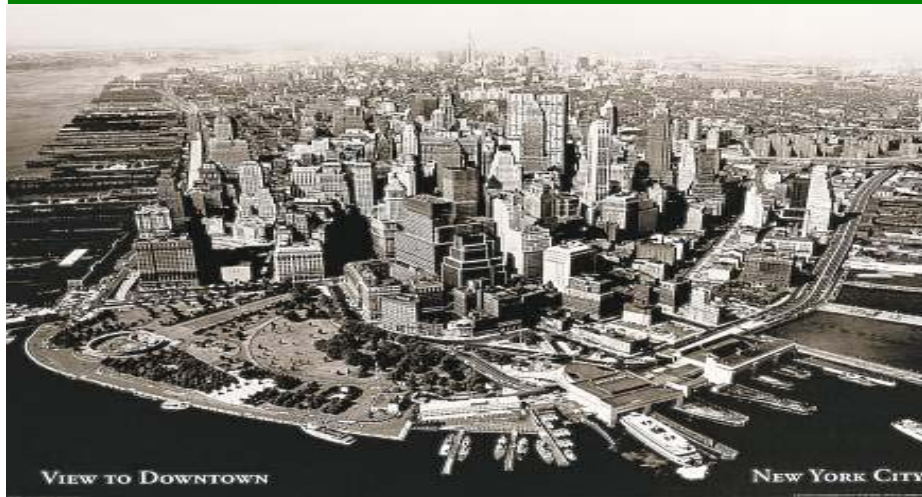


Local Intersectoral Action for Health: Examples from Coast to Coast – New York City and California



Lynn Silver, MD, MPH

WHO 8th Global Conference on Health Promotion
Session: Local government as a key player in implementation
Helsinki June 11, 2013

Health Officer, Sonoma County, California
Board Chair, Advisory Council WHO Kobe Centre for Health Development

URBAN CONDITIONS WERE A BREEDING GROUND FOR 19TH CENTURY EPIDEMICS



3. DENSE URBAN ENVIRONMENT
(Reproduced from a Photograph by Anthony J.)

Over-crowding:

By 1910, the average density in lower Manhattan was 114,000 people/ sq. mi; two wards reached densities > 400,000. (Today's density: 67,000/ sq. mi.)

+

Inadequate systems for garbage, water, and sewage, leading to pervasive filth and polluted water supplies.

Major epidemics:

Air-borne diseases:

TB

Water-borne diseases:

Cholera

Vector-borne diseases:

Yellow-fever

Intersectoral Action :The 1870 Sanitary Code of New York City Board of Health

- Dealt with housing construction
- Sidewalks and sanitation
- Regulated food and drink
- Regulated retail practices

19TH -20TH LEGAL FRAMEWORK EXPANDED FROM LOCAL HEALTH LAW TO OTHER SECTORS, BUILDING PUBLIC HEALTH INTO THE FABRIC OF THE CITY



1842 New York's **water system** established.

1857 NYC creates **Central Park**, hailed as “ventilation for the working man's lungs”

1881 **Dept. of Street-Sweeping** created, which eventually becomes the **Department of Sanitation**

1901 **New York State Tenement House Act** banned the construction of dark, airless tenement buildings



1904 First section of **Subway** opens, allowing population to expand into Northern Manhattan and the Bronx

1916 **Zoning Ordinance** requires stepped building setbacks to allow light and air into the streets

In short

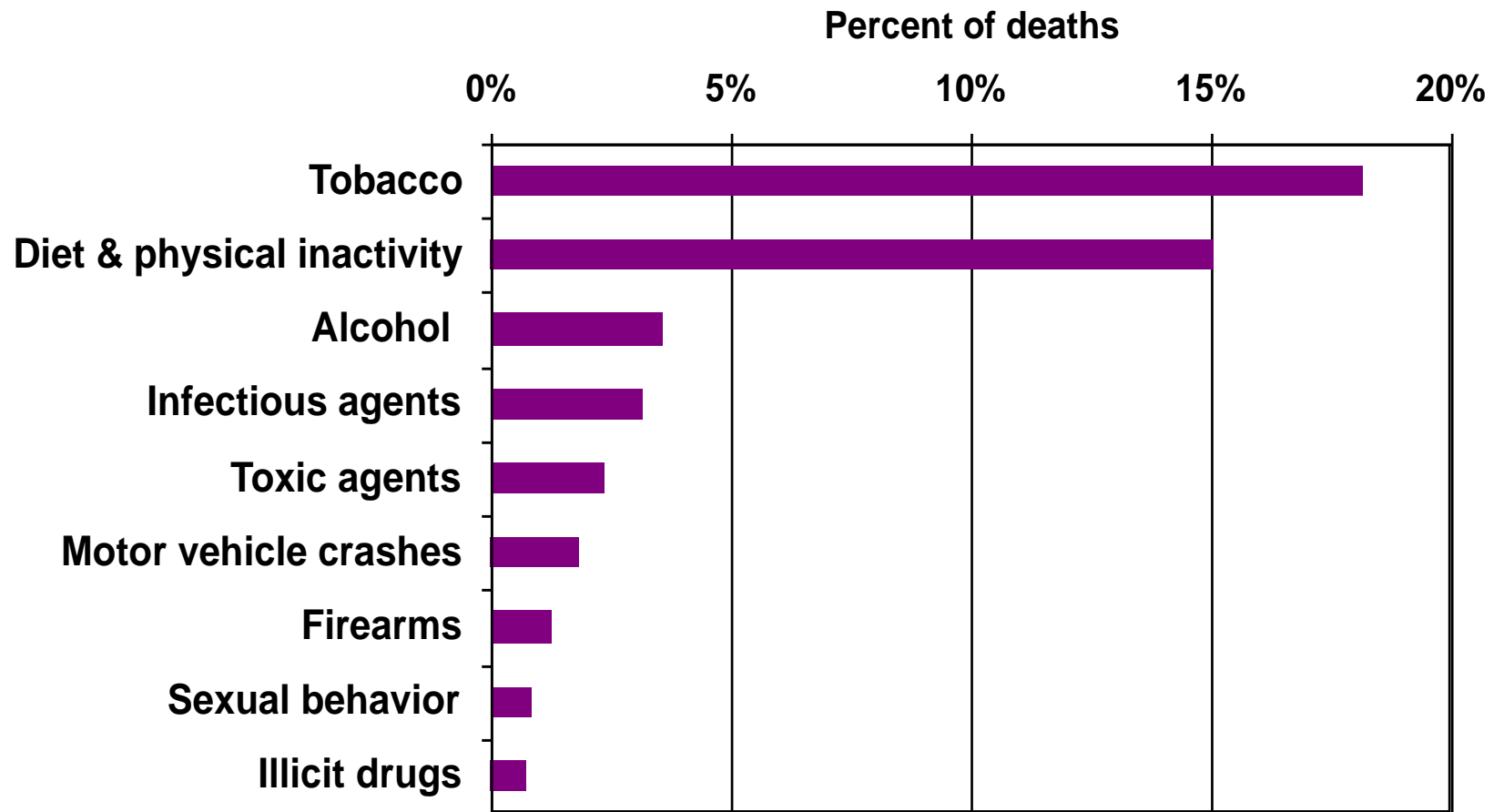
Public health reformers of the 19th century helped create a vision of a different world

.....and to catalyze the city's will to build it

However, as modern medicine showed its power

- *Public health shifted away from its history of social and environmental action, towards a more individually focused model of intervention*
- *We are now coming full circle and trying to create a vision of our city for the 21st century*

Two frames – The Behavioral Risk Factor Approach “Actual” Causes of Death United States, 2000



Social Determinants of Health – the other framework



For Example:

- Obesity affects 15% of NYC adults in wealthiest households versus 27% in the poorest ones
- Diabetes affects 5% of NYC adults in the wealthiest households vs. 13% in the poorest, or 6% in college graduates versus 14% with less than high school

Source NYC Community Health Survey 2011

NYC's - Approach to chronic disease prevention – Policy and environmental changes addressing behavioral risks, focus on poor

Health sector sought to:

- Decrease tobacco use
- Decrease consumption of unhealthy foods
- Increase access to healthy foods
- Increase physical activity

The City as a whole focused on improving education, housing and income inequalities, but not primarily driven by the health sector or “HiAP”

Some Potential Intersectoral Policy Approaches to These Goals:

- Policies to affect:
 - General economic well being
 - Population education
 - Life course approaches
 - Product price
 - Product design and production
 - Product placement
 - Retail environments/ food availability
 - Built environment (planning, design, transportation, zoning etc.)
 - Health care
 - Use of public and private purchasing power
 - Information and marketing
 - Health education and counteradvertising

NYC Food Supply

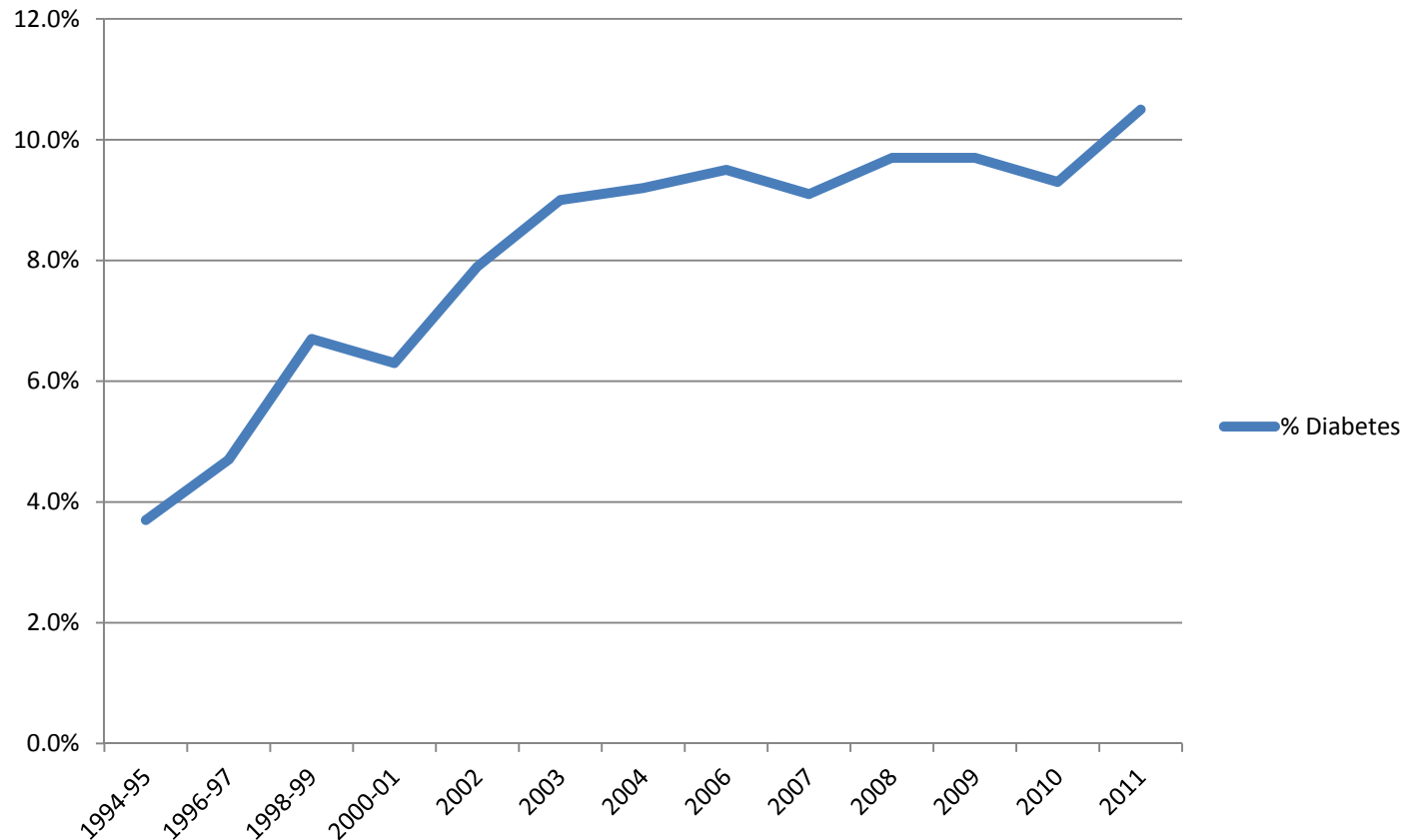




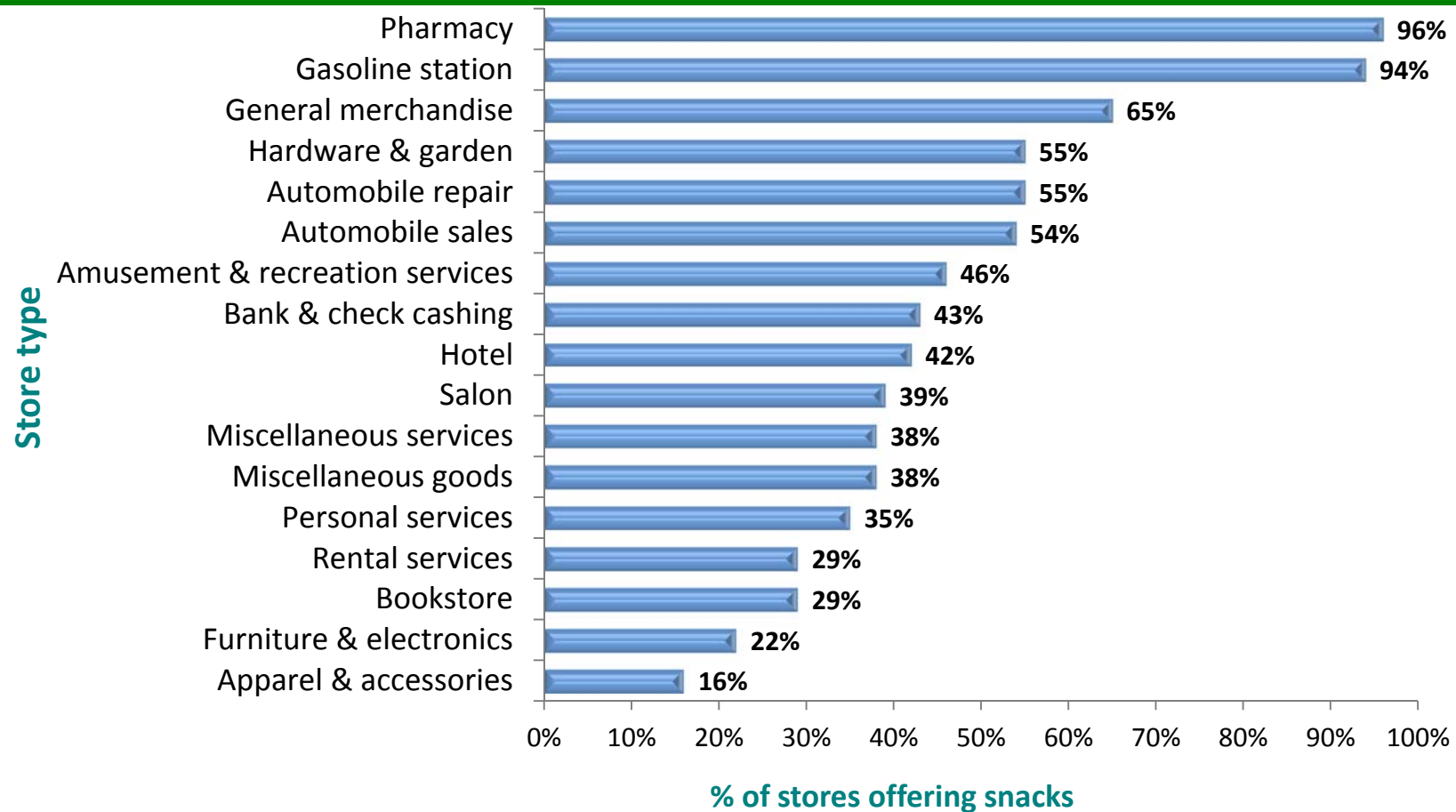
Epidemic of Diabetes in New York City.
Highest amongst the poor
Adults self reporting diabetes 1994-2011
now at 10.5%.



% Adults Reporting Diabetes

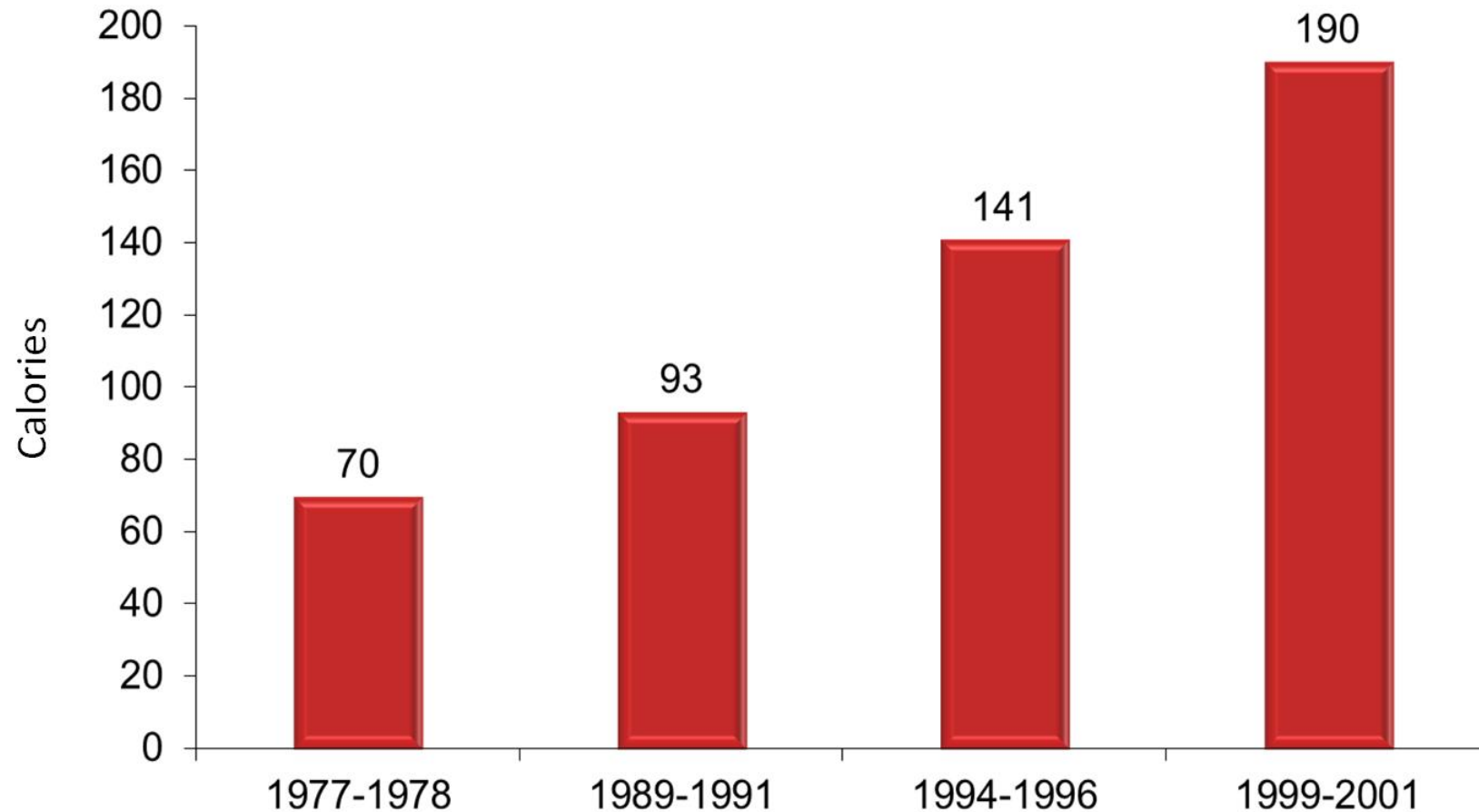


Food is Everywhere- Even in hardware stores



Fonte: Farley TA, Baker ET, Futrell L, Rice JC. The ubiquity of energy-dense snack foods: a national multicentric study. *Am J Public Health*. 2009;100:306-311.

Consumption of sugary drinks had almost tripled nationwide



Sources: Nielsen SJ, Popkin BM. Changes in beverage intake between 1977 and 2001. *Am J Prev Med.* 2004 Oct;27(3): 205-10. Woodward-Lopez G, Kao J, Ritchie L. To what extent have sweetened beverages contributed to the obesity epidemic? *Public Health Nutr.* 2010 Sep 23:1-11 [Epub ahead of print].

Bad Food is Cheap and Ubiquitous



\$1.99-\$2.59 2 litre bottle



99¢ package of three cakes



25¢ for 120 ml



\$1.59 bag 5.5 oz.

Changing environments



NYC Food Related Policies to Prevent Chronic Disease

- **Creation of 137 farmer's markets over 30 years**
- **Daycare Regulations**
 - 2006, Board of Health
- **Trans Fat Restriction (Denmark example)**
 - 2006, Board of Health - later City Council
- **Calorie Labeling Regulations**
 - 2006 – 2007, Board of Health
- **Public Procurement and Vending Standards for 260 million annual meals**
 - 2008 – 2009, Mayoral Executive Order
- **National Salt Reduction Initiative (UK, Finland)**
 - 2009, Voluntary
- **Green Carts – deregulation**
- **FRESH supermarket economic incentives**
- **Longstanding programs against hunger continue and expand by one third**

Obesity Task Force Announces Soda size restriction 2012



Mass media counteradvertising



DON'T DRINK YOURSELF FAT.
Cut back on soda and other sugary beverages.
Go with water, seltzer or low-fat milk instead.

NYC Department of Health & Mental Hygiene
311

ARE YOU POURING ON THE POUNDS?

20oz. Soda + 24oz. Medium Frozen Vanilla Coffee + 20oz. Fruit Punch + 20oz. Sweetened Tea

You're drinking **85** PACKETS OF SUGAR in just 4 sugary drinks a day.

All those extra calories can bring on obesity, type 2 diabetes and heart disease. To learn more, call 311.

NYC Health

Michael R. Bloomberg,
Mayor
Thomas Falley, M.D., M.P.H.,
Commissioner

SUGAR SWEETENED BEVERAGE TAX

- One penny per ounce
- Introduced in New York (2009, 2010, 2013 budgets), then by many states and some cities in subsequent years
- None passed yet in US



Structures Involved or Created*



- City Council
- Board of Health
- Intra-governmental City Food Policy Task Force 2007 *
- Interagency Obesity Task Force 2012 reinforced, expanded and codified work *
- New networks in civil society*
- Coalitions supported by new health reform funding 2009-now*
 - *Department of Health served as “Backbone” together with Mayor’s Office*
 - *Clear measurement framework and goals defined*

Nanny Bloomberg? Food industry attempts to mock efforts

The Nanny

You only thought you lived in the land of the free.



Bye Bye Venti
Nanny Bloomberg has taken his strange obsession with what you eat one step further. He now wants to make it illegal to serve "sugary drinks" bigger than 16 oz. What's next? Limits on the width of a pizza slice, size of a hamburger or amount of cream cheese on your bagel?



New Yorkers need a Mayor, not a Nanny. 24

Find out more at ConsumerFreedom.com
Center for Consumer Freedom

Is Government regulation of the food supply needed to prevent obesity ? The answer straight from someone who knows
NEW YORK TIMES March 16, 2013

“A COURT has struck down, at least for now, New York City’s attempt to slow the growth of obesity by limiting the portion size of sweetened beverages.

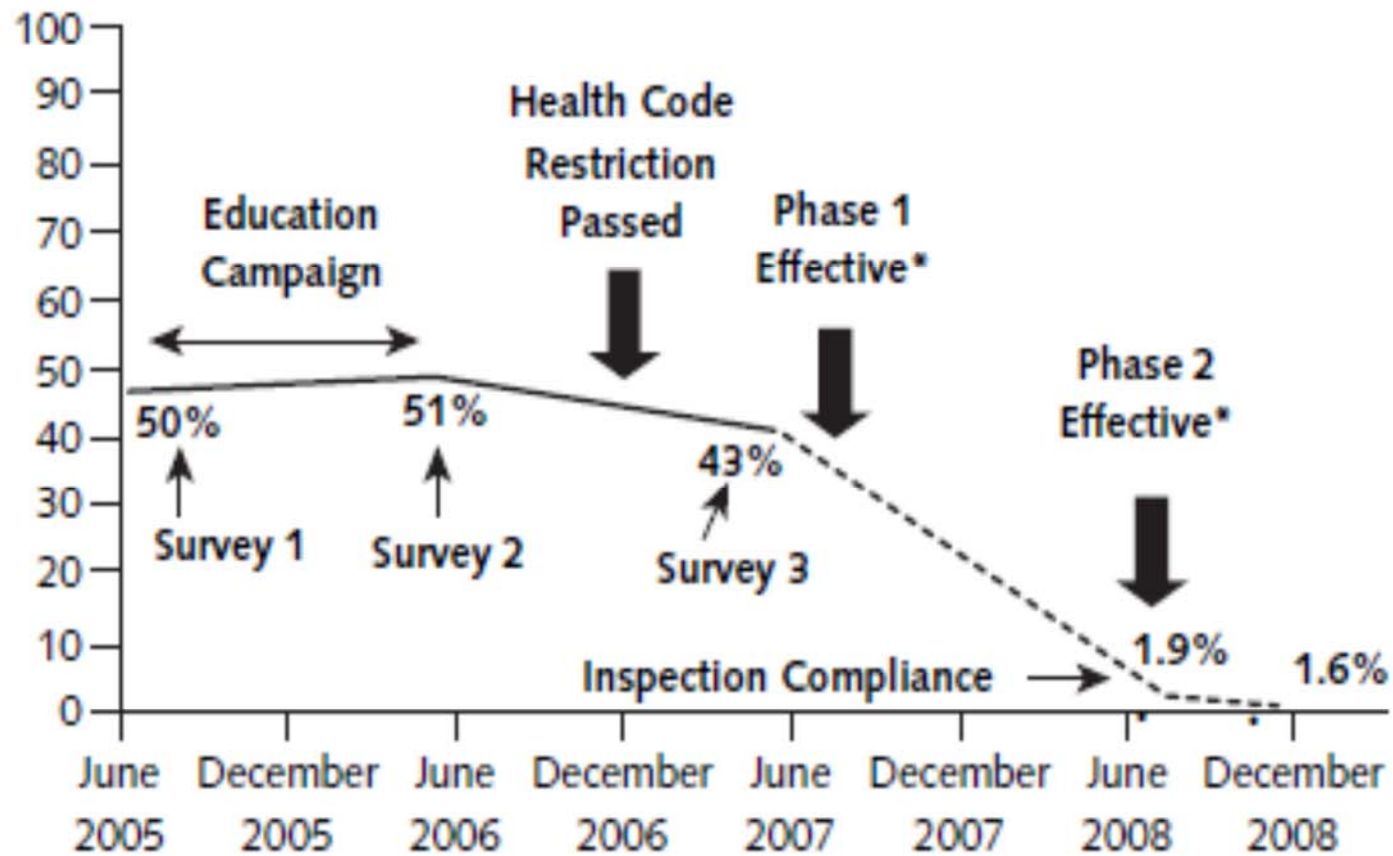
But governments should not be deterred by this and should step up their efforts to protect the public health by limiting the marketing tactics of food companies. Anyone who believes these interventions are uncalled-for doesn’t know the industry the way I do. I was part of the packaged food and beverage business for more than 20 years. ... I left the industry when I finally had to acknowledge that reform would never come from within. I could no longer accept a business model that put profits over public health — and no one else should have to, either.”

Michael Mudd is a former executive vice president of global corporate affairs for Kraft Foods. He retired in 2004.

NYC Food:
DO THESE MEASURES
WORK?

TRANS FAT USE IN NYC FOOD SERVICE ESTABLISHMENTS 2005-2008

Restaurants That Used Artificial Trans Fat-
Containing Oils, Shortenings, or Spreads, %



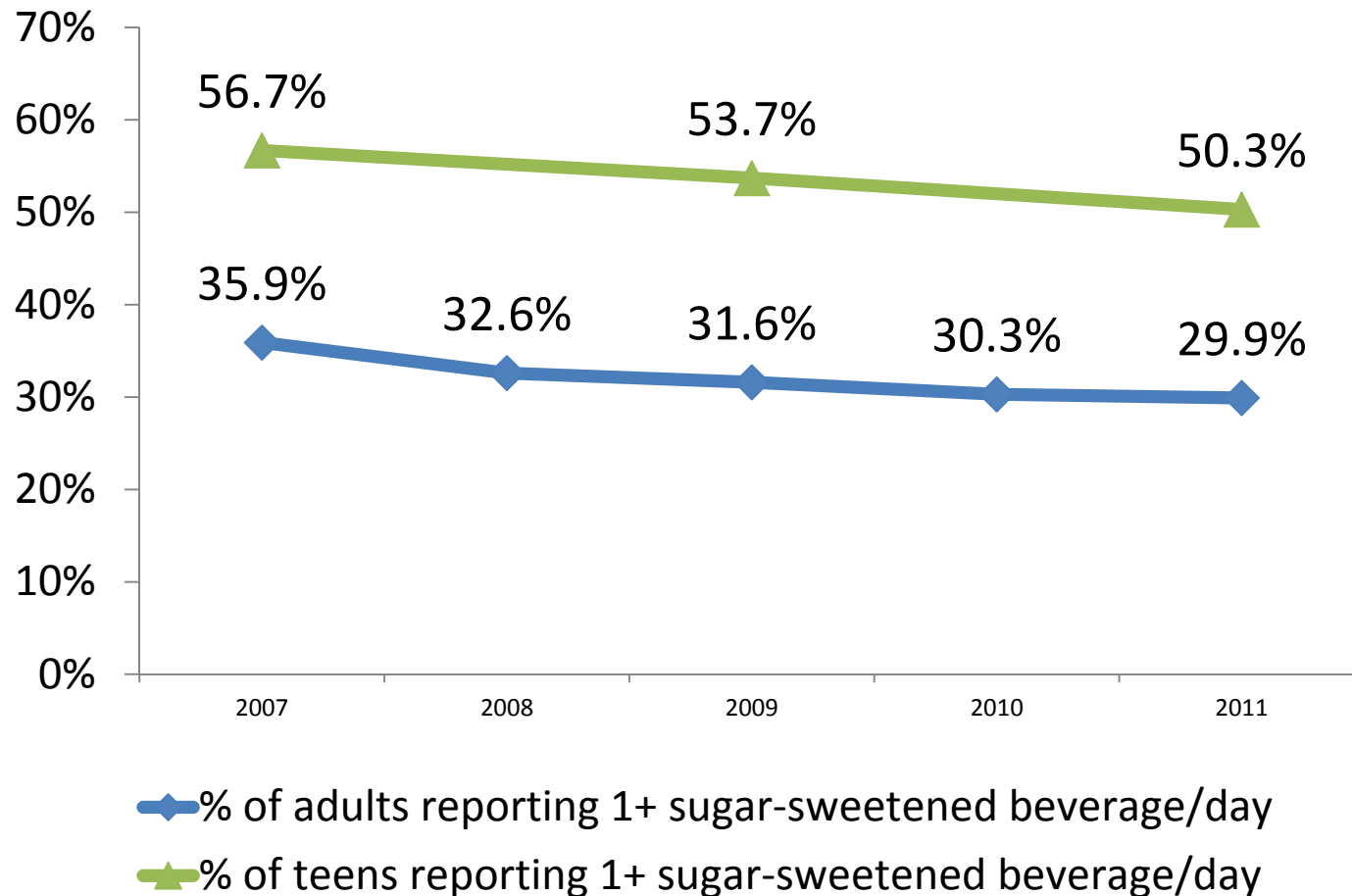
Angell SY, Silver LD, Goldstein GP, Johnson CM, Deitcher DR, Frieden TR, Bassett MT. Cholesterol control beyond the clinic: New York City's trans fat restriction. Ann Intern Med. 2009 Jul 21;151(2):129-34.

Nationally , LDL (“bad”) cholesterol in adults and teens

-

Sources: Carroll, MD. **Trends in lipids and lipoproteins in US adults, 1988-2010**. JAMA. 2012 Oct 17;308(15):1545-54. doi: 10.1001/Jama.2012.13260. and Kit BK et al **Trends in serum lipids among US youths aged 6 to 19 years, 1988-2010**. JAMA. 2012 Aug 8;308(6):591-600. doi: 10.1001/jama.2012.9136. Vesper H.

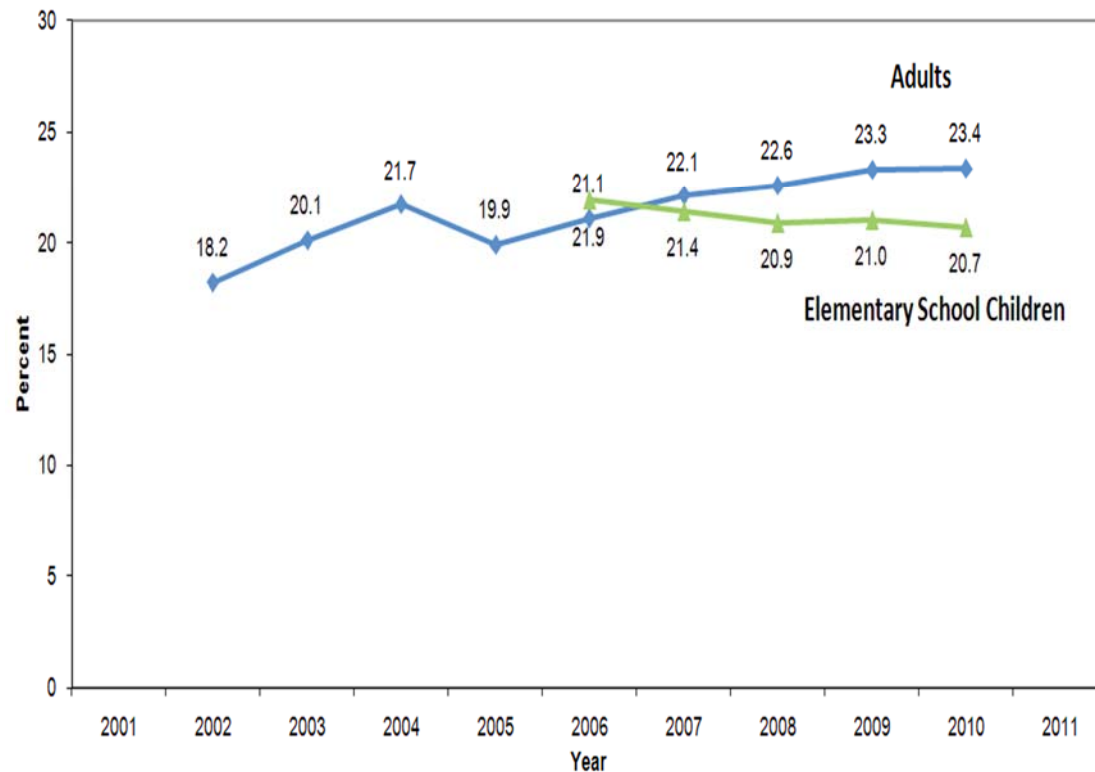
Consumption of sugary drinks has fallen NYC 2007-2011



Modest 5.5% decrease in child obesity 2006-2011

But no reduction in inequality

Trends in Youth and Adult Obesity: NYC 2001-2011

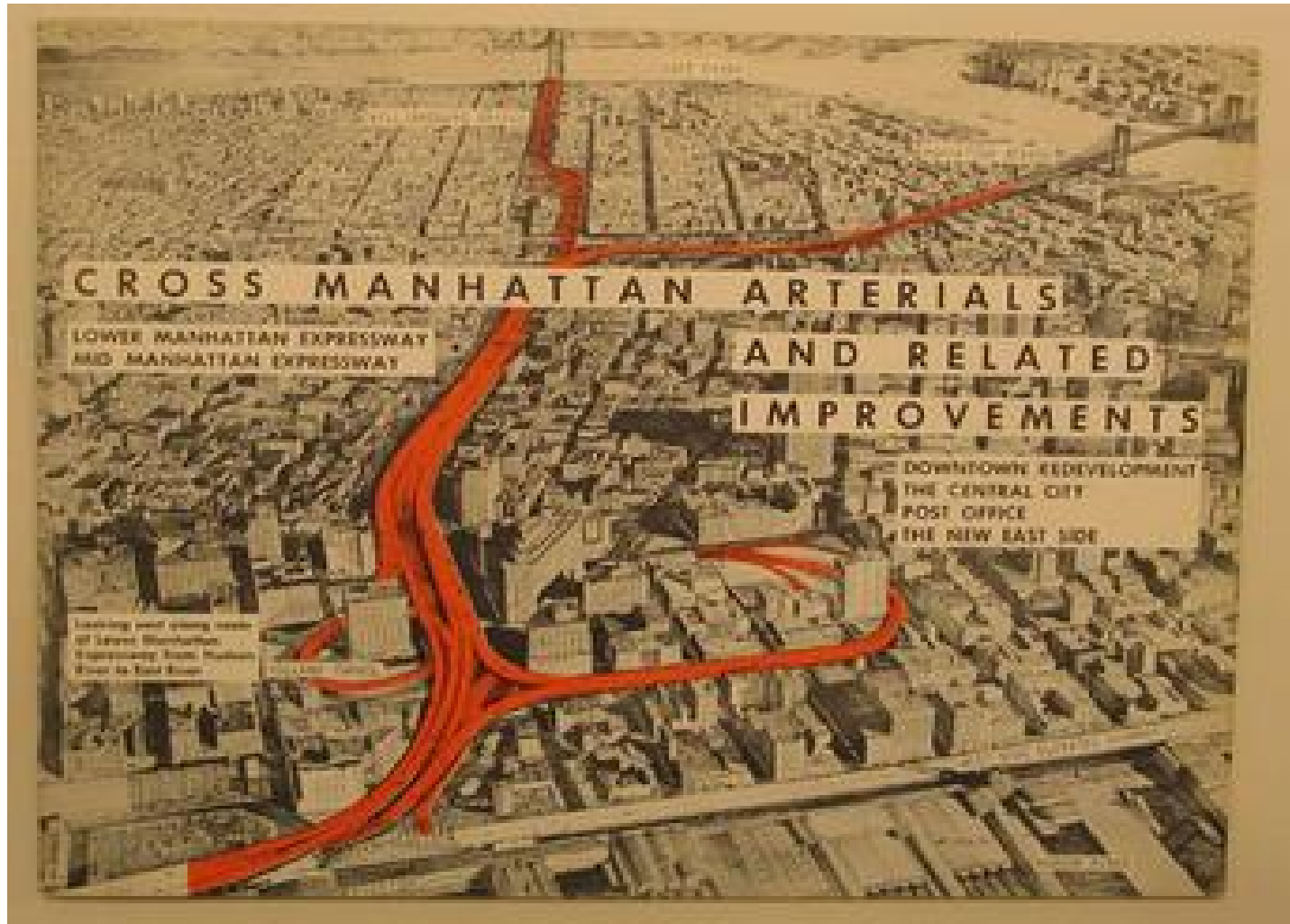


- We are still on top of the obesity epidemic mountain it is a long way down.

Source: MMWR Morb Mortal Wkly Rep. 2011 Dec 16;60(49):1673-8 **Obesity in K-8 students - New York City, 2006-07 to 2010-11 school years.**

NYC Built Environment

The old urban development model – make more room for cars



Physical activity has been systematically designed out of our environments and substituted by electric or fossil fuel energy in almost all endeavours



Fear



Isolation

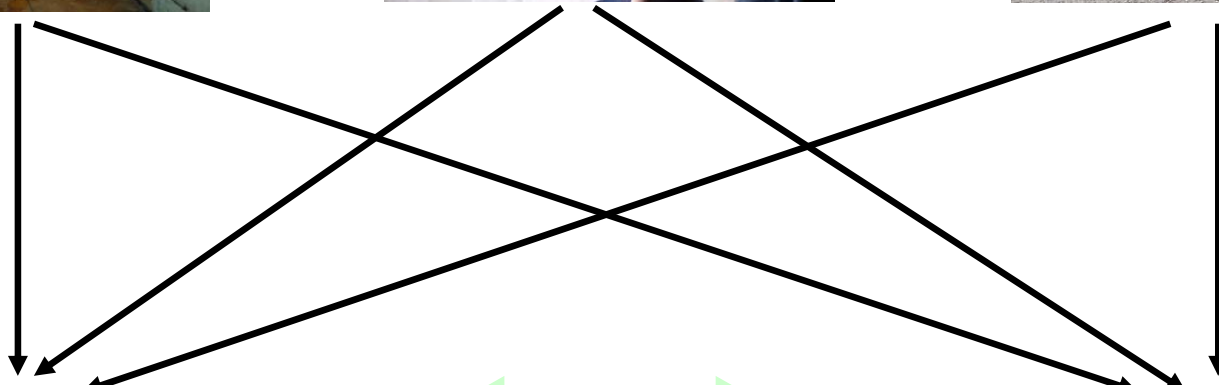
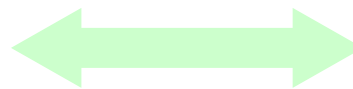


Barren Surroundings



Mental Health and Stress

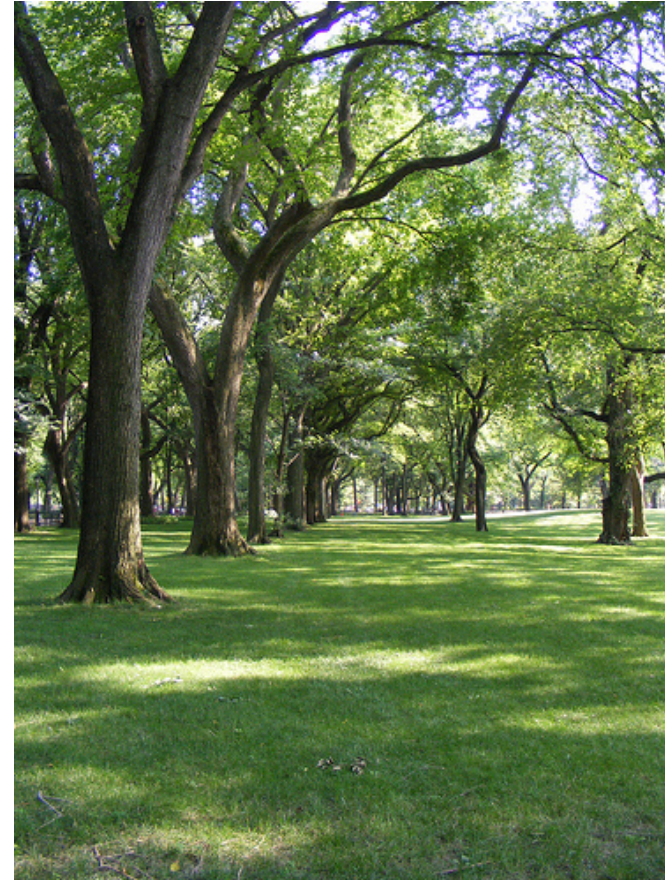
Weight and Physical Activity



Physical Activity and Sustainability promoting design

- New York City Street Design Manual (policy, mandatory, Transportation Dept.)
- New York City Active Design Guidelines (voluntary/ contractual, partnership) and Center
- PlanYC (policy/ city government partnership - City's long term sustainability plan)

**Planting a million trees, increasing park access and mass transit,
decreasing fossil fuel use
(PlanYC)**

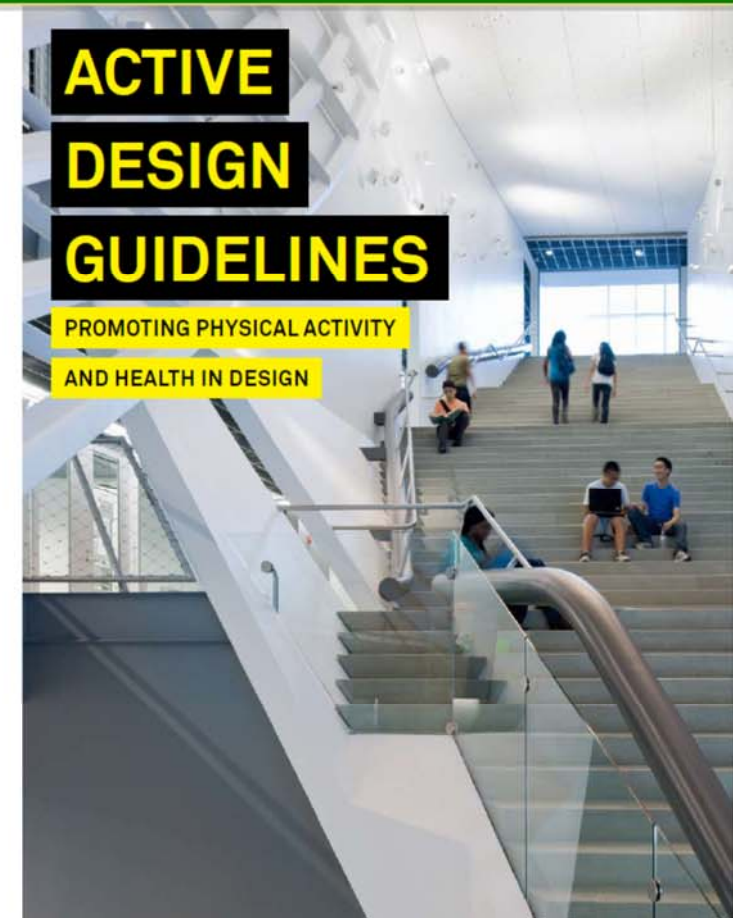


NYC Active Design Guidelines 2010

- **Broad partnership of health with construction, design, planning and transportation sectors as well as architect and designer organizations**

“The Active Design Guidelines provides architects and urban designers with a manual of strategies for creating healthier buildings, streets, and urban spaces, based on the latest academic research and best practices in the field.”

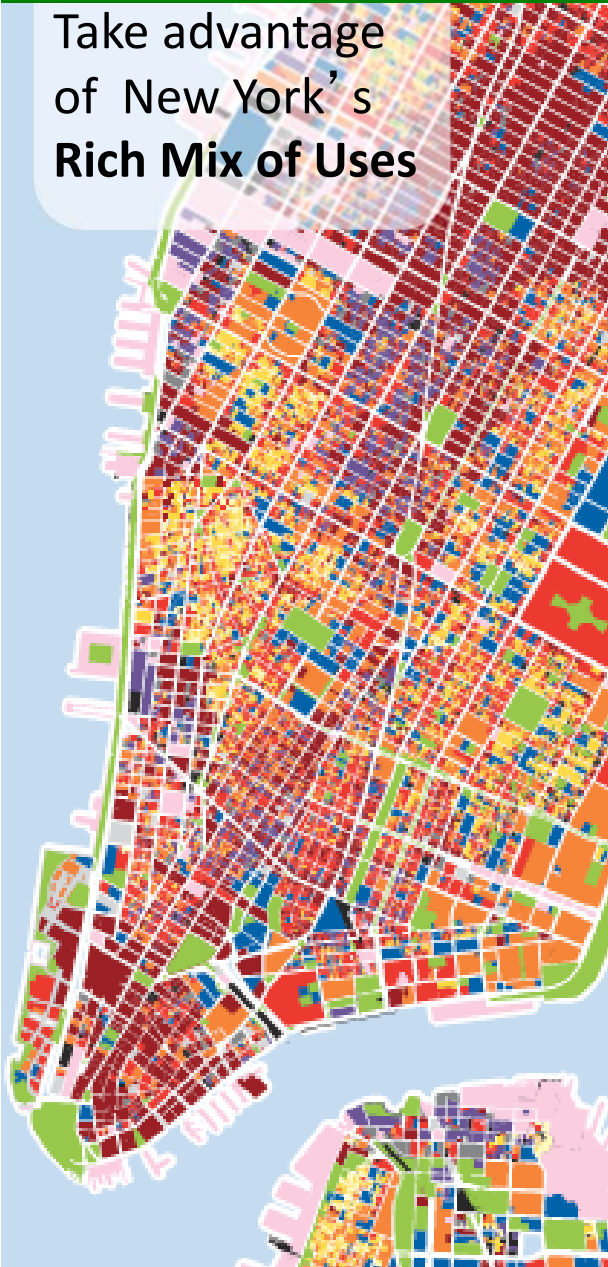
- **Over 3,000 architects and designers trained**
- **Center for Active Design Created**
- **Fit City, Fit Nation and other events continue**



www.nyc.gov/adg

Land Use Mix

Take advantage of New York's **Rich Mix of Uses**



Adjacency of offices and residences to services & amenities **promotes local walking**



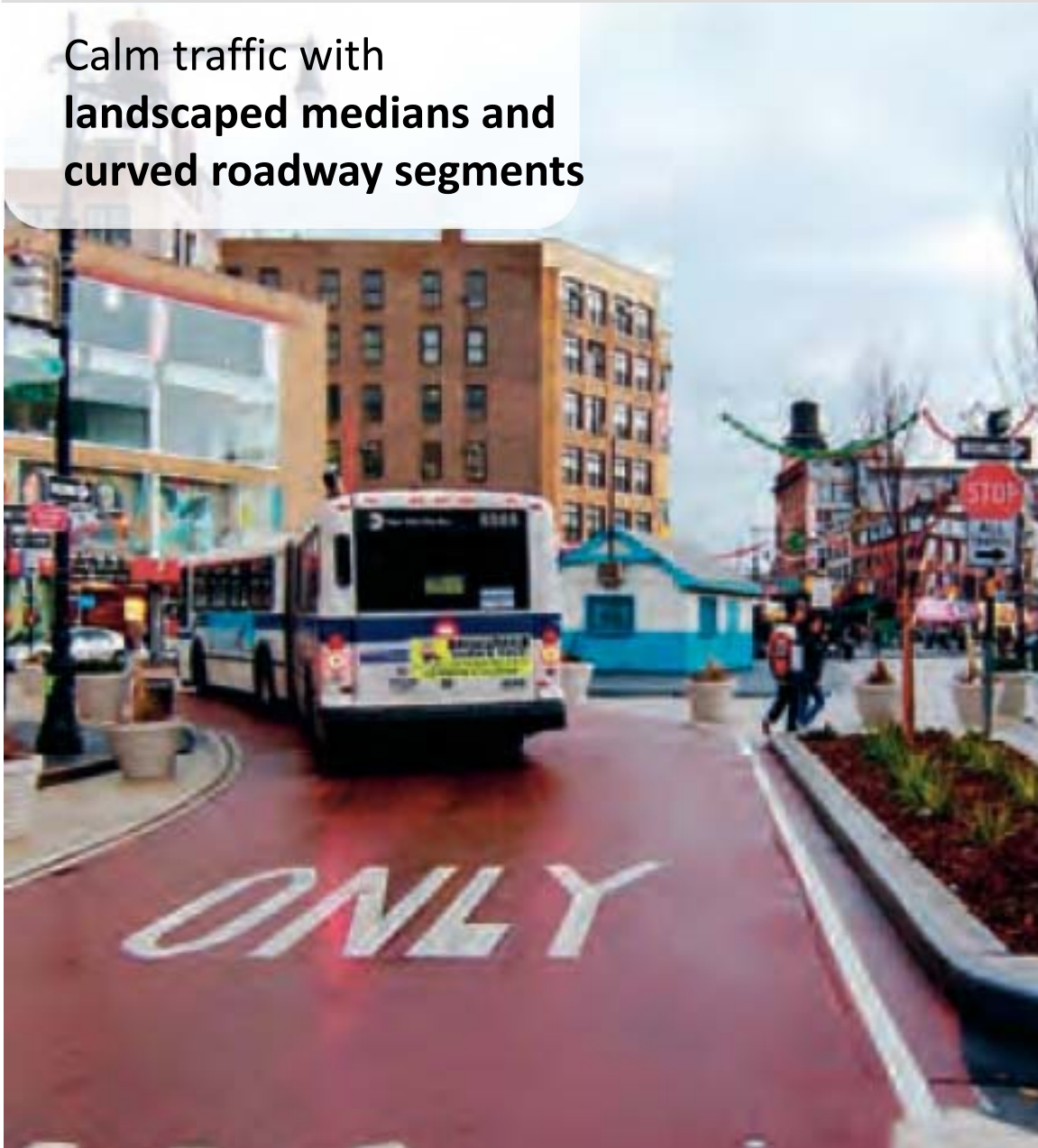
Supermarkets & farmers' markets encourage **healthy nutrition**



Urban Design

Mass Transit/ Traffic Calming

Calm traffic with landscaped medians and curved roadway segments

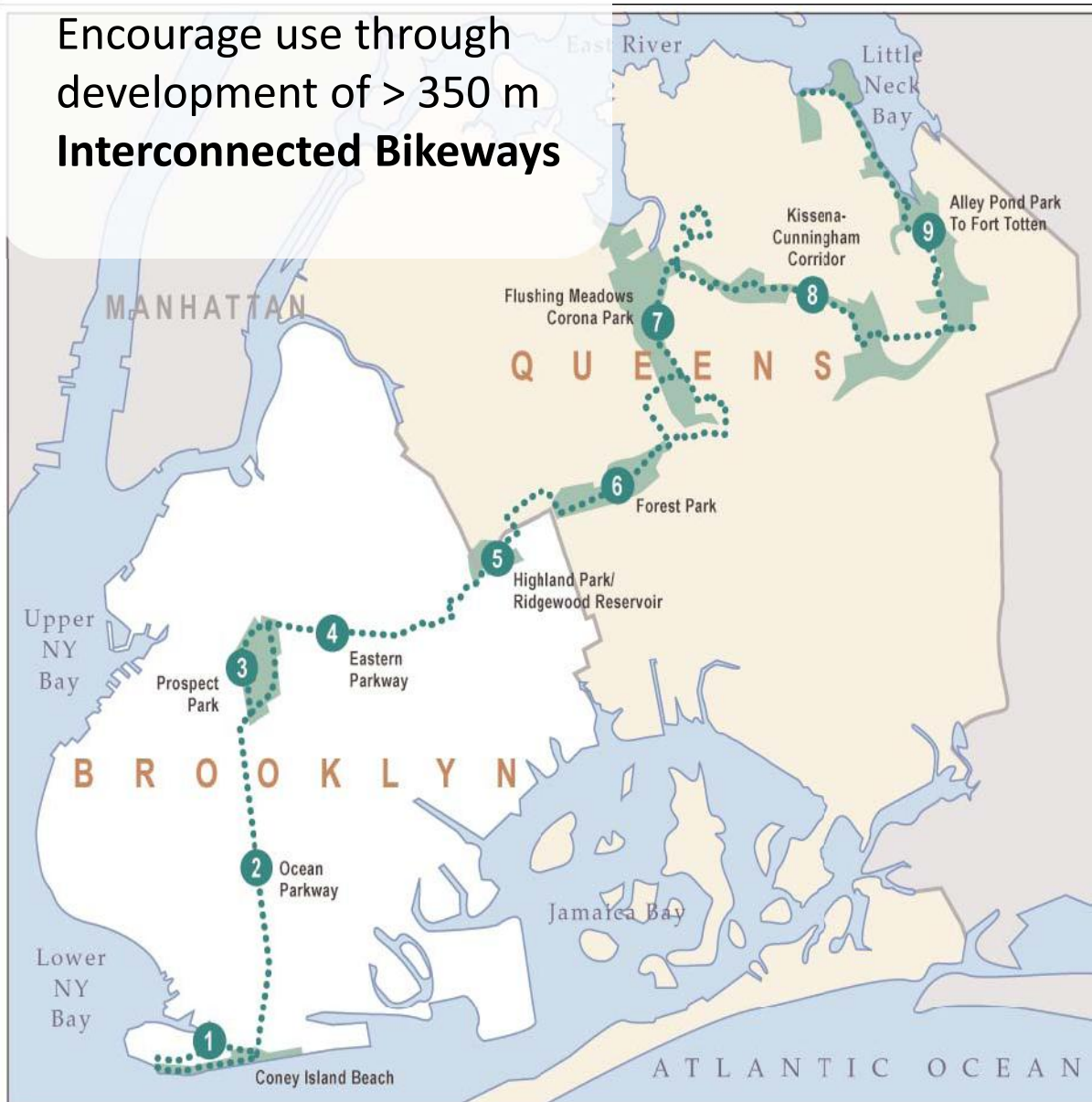


Reduce crossing distances with median refuge islands



Bicycle Networks and Infrastructure

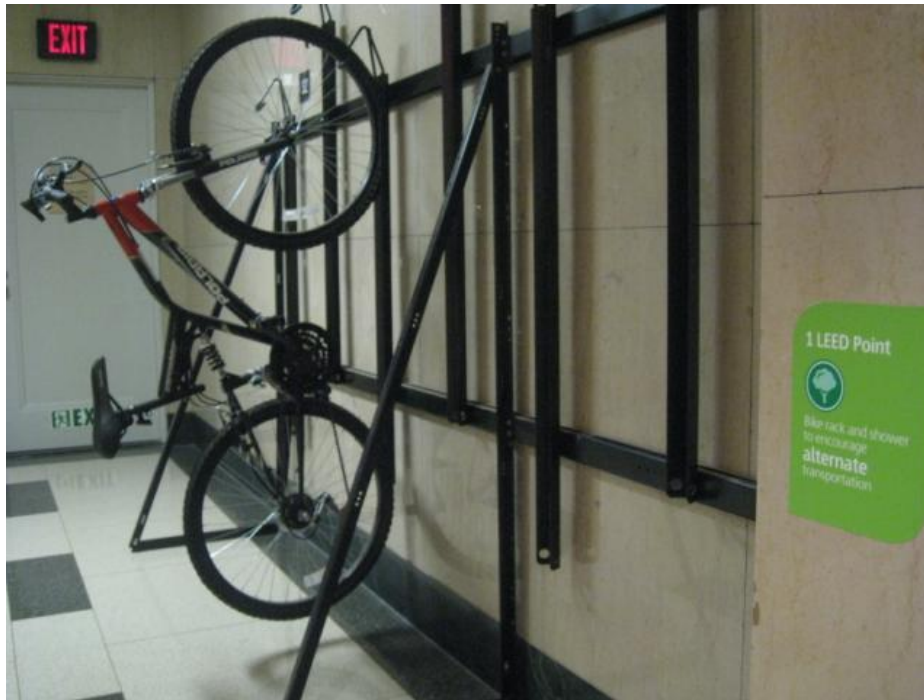
Encourage use through development of > 350 m
Interconnected Bikeways



Graphically delineate and physically separate bikeways from cars



Bicycle Parking + Storage



**Secure Bike Storage with Easy Access
Required by Law**

Stairs: Prominence, Convenience, Visibility, Aesthetics

Stair of **Prominence**
and **Visual Interest**



Stair prompts to
encourage use > 30,000
Distributed



Queme calorías,
no electricidad.



¡Use la escalera!

Subir por la escalera sólo 2 minutos al día previene el aumento de peso. También ayuda al medio ambiente.

Aprenda más en www.nyc.gov o llamando al 311.

NYC Making Smoking Tougher

Making smoking tougher

NYC Smoke-Free Air Act Local Law No. 47 of 2002

No Smoking

This is a smoke-free establishment.



To report violations of the law, call 311
or visit www.nyc.gov/health

For help quitting smoking call 1 866 NY QUIT

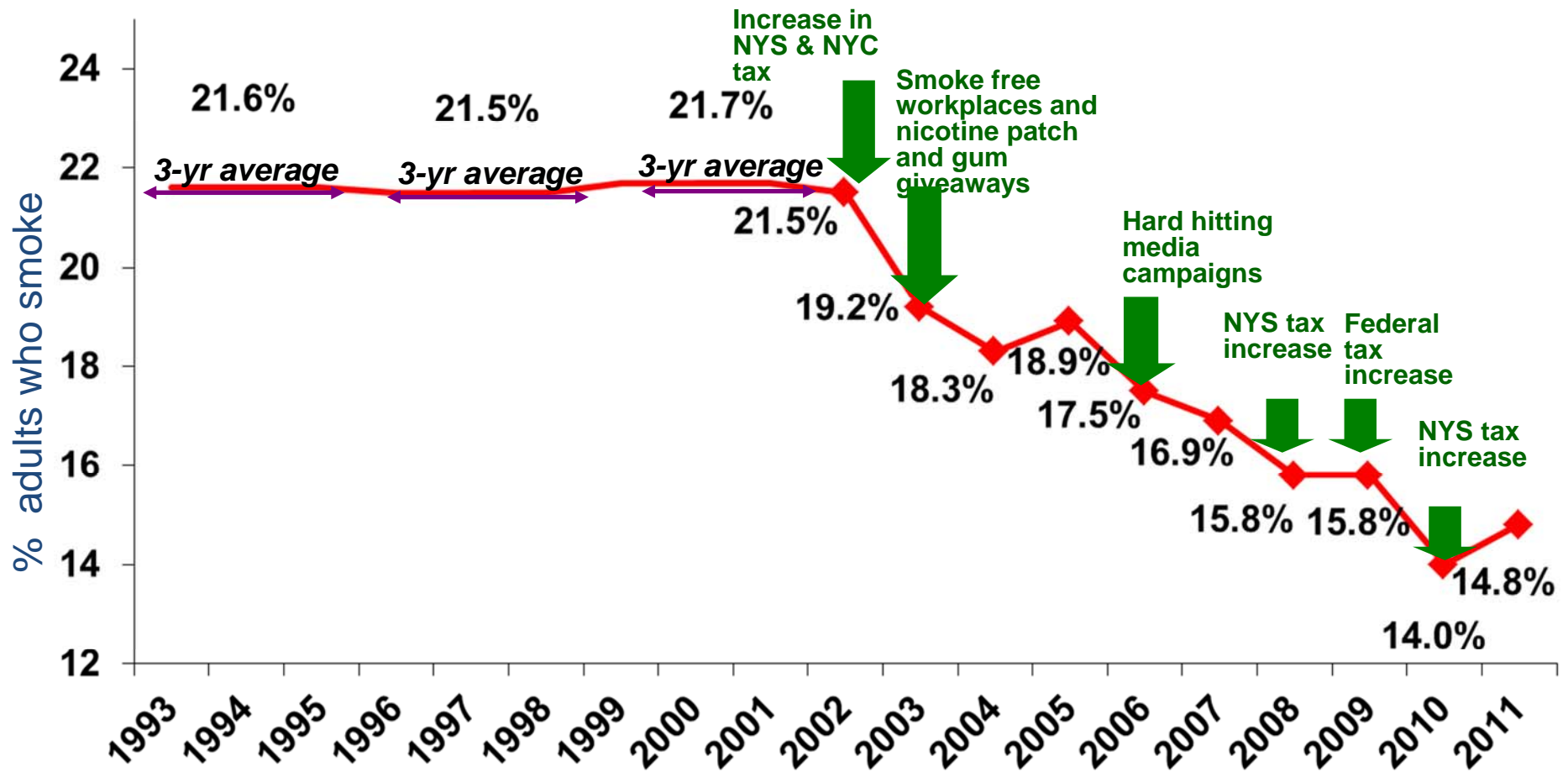
- **Comprehensive smoke free air in all workplaces including restaurants and bars (2002-3)**
- *Good idea stolen from California*

Anti Smoking Environmental Change Policies



- Taxation – multiple increases. **Pack is US\$ 12**
- Prohibition on flavored smokeless tobacco (2009)
- Signage requirements at point of sale (overturned) (2009)
- Prohibition in parks and beaches (2011)
- Recently introduced – Raising age, restricting displays, prohibiting discounts

Smoking amongst adults fell by more than 30% since 2002



NYC – Conclusions

Health successfully used behavioral risk factor approach
Upstream approaches to social determinants used,
but led by other sectors

- **Life expectancy up 3 years since 2001 (vs. 1.8 nationally) , up 3.8 years in black population**
- **Health status and life expectancy have improved across all groups, with some reduction in inequity, in spite of increasing income inequality**
- **Using targeted environmental and economic strategies that :**
 - Address a highly significant health problem
 - Are likely to be effective
 - Have broad population reach
 - Are financially sustainable
- **Many goals required intersectoral action. Others did not.**
 - Some food sector and tobacco measures are under traditional public health authority
 - Addressing environmental design, poverty, housing and education require intersectoral approaches
 - Community participation present and sought but not always fully integrated
- **Improvement of underlying social determinants still the central challenge**

California

Health In All Policies

Top down + Bottom up



California – Health In All Policies Experience

- 38 million people
- Car based, sprawling community design

Long history of:

- Activism for preservation of open space and agricultural land
- Leadership on environmental issues
- Boards of health abolished decades earlier by conservative governor, so all health laws must pass through legislatures

The California Strategic Growth Council

- Created by law in 2008
- Cabinet level committee
- Coordinates activities of state agencies to:
 - *Improve air and water quality*
 - *Assist state and local entities in the planning of sustainable communities*
 - *Protect natural resources and agriculture lands*
 - *Increase the availability of affordable housing*
 - *Promote public health*
 - *Improve transportation*
 - *Encourage greater infill and compact development*
 - *Revitalize community and urban centers*

2010 Governor Creates California Health in All Policies Task Force of SGC

- 19 State Agencies involved
- The Task Force identified the priority as ***building healthy communities*** where all California residents :
 - ***Can safely walk, bicycle, or take public transit***
 - ***Live in safe, healthy, and affordable housing***
 - ***Have access to places to be active,***
 - ***Can live in their communities without fear of violence or crime***
 - ***Have access to healthy, affordable food***

and That California's decision makers ***apply a “health lens”***



What is happening?



- First formal governmental commitment to HiAP in the US
- State legislature approved a HiAP resolution, but did not finance
- Preparing statewide guidance for:
 - Local general plans
 - Environmental design to reduce violence
- HiAP Guide (CDPH/CDC/APHA)
- **But real change is at the local level**

California – Local Government



- Increasing use of Health Impact Assessment (San Francisco, Los Angeles)
- Collective impact approaches to building economic equity and educational equity (Bay Area)
- Towns doing general plan revisions to reduce sprawl and encourage mixed use
- Restrictions on fast food and alcohol outlets (LA, Mendocino)
- Increasing community mobilization on health issues

Results: California seeing changes in community development models, small falls in childhood obesity and larger ones in child sugary drink consumption.

But economic inequality still rising

Sonoma County – Local Government

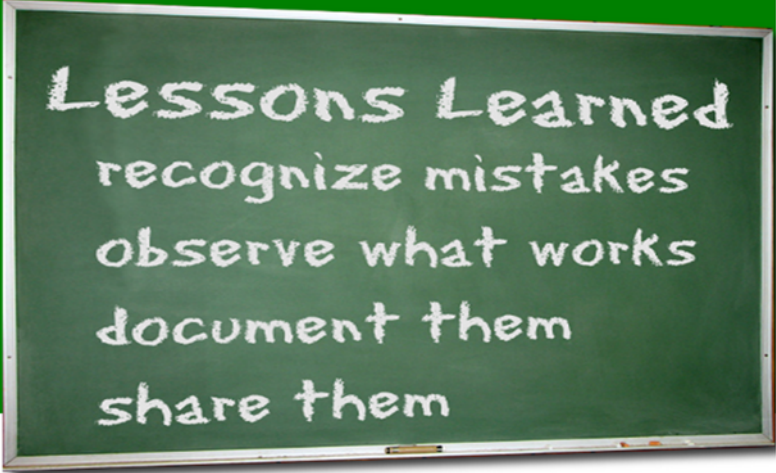


- Rural county of 500,000 with growing immigrant population
- Formal broad community participation structure for intersectoral “Health Action” since 2007
- Explicit commitment to investments in upstream determinants of health: education and early childhood
- Collaborations to encourage active, mixed use urban design and open space – “Healthy by Design”
- No formal HiAP laws

Results: Education outcomes improving, adult obesity falling, but economic inequality still rising

Conclusions

Lessons



Lessons Learned
recognize mistakes
observe what works
document them
share them

- **Local government can** implement high impact health promotion measures and foster intersectoral action
- It is possible to improve life expectancy even with increasing income inequality, but **reducing social inequity** continues to be the central challenge for our society
- Prevention of disease is **not always expensive**
- **Environmental approaches are more effective and sustainable** than promoting individual behavior change alone.
- **Synergy with environmental sustainability efforts will strengthen our work**
- **Political will** at the highest level is needed

Limits



- Lack of specific funding
- Coordinating a unified response to social determinants of health
- An often false perception of public opposition.
Finland's (Ridiculous → Dangerous → Normal)

Limits



- **Recession exacerbated** underlying economic inequities
- **Powerful political lobbies** for food, tobacco and fossil fuels
- **Legal** - US constitution interpreted as blocking attempts to limit marketing of unhealthy products

Evaluation Challenges



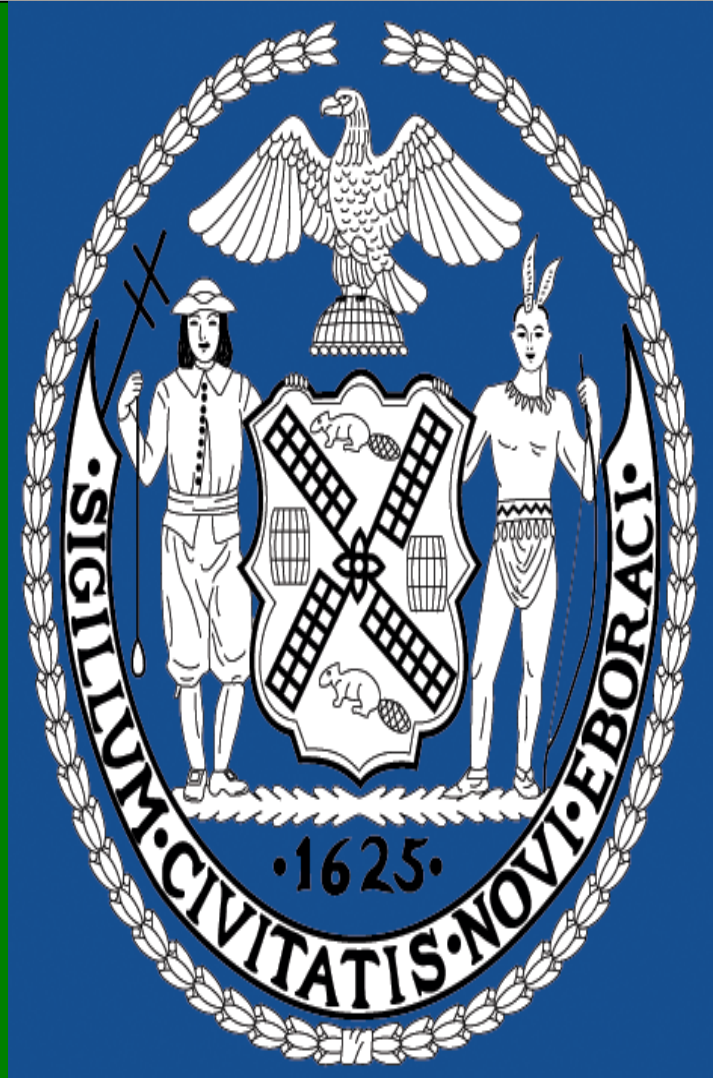
- Scarcity of experimental evidence for policies
- Understanding the fraction of change attributable to public policies
- Timely financing for evaluating policy impact
- Building shared measurement frameworks for intersectoral work

Recommendations at the local level

- Continue to **re-envision a more just and healthful future**
- **Reinvent and use traditional areas of policy and legal authority (food safety, building safety and transportation)** for the 21st century, by extending their scope to target reduction of chronic disease and inequity
- **Mobilize the community and build new intersectoral partnerships** to pursue that vision, across and outside government, by whatever names and routes, can work in your local jurisdiction

"It is one of the happy incidents of the federal system, that a single courageous state may, if its citizens choose, serve as a laboratory; and try novel social and economic experiments without risk to the rest of the country."

Justice Louis D. Brandeis, 1932



Thank You

This talk depicts the work of many, many people, amongst them:

- Commissioner Thomas Frieden, Dr. Mary Bassett, Commissioner Thomas Farley, Mayor Michael Bloomberg, Candace Young, Cathy Nonas, Dr. Sonia Angell, Christine Johnson, Wilfredo Lopez, Thomas Merrill, Dr. Karen Lee, Dr. Susan Kansagra, Dr. Linda Rudolph, Dr. Connie Mitchell and many others