

# Leadership and Governance for health: urban challenges

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Belfast Healthy Cities 25th Anniversary Lecture Series  
New policies for a New Era

# OVERVIEW



- The new era
- The new challenges
- The new policies

- Health promotion is a social science *“it has the obligation to point out problems and to attempt their theoretical solution”*.
- **it is for the politician to find the means for their actual solution.**

- Rudolf Virchow 1821-1902



# Governance

Governance is about

- **how** governments and other social organizations **interact**,
- how they **relate** to **citizens**, and
- how decisions are taken in a **complex** and **globalized** world.
- (Institute on Governance, Ottawa Policy Brief 15, 2003)

- *New types of leadership and steering*
- *New types of engagement*
- *New types of democratization*
- *New organizational forms*
- *Accountability and transparency*

# Improving governance for health and increasing health citizenship

*Governing through:*

- collaboration
- citizen engagement
- a mix of regulation and persuasion
- independent agencies and expert bodies
- adaptive policies, resilient structures and foresight

•Kickbusch/Gleicher 2012

The 21st century approach to governance for health



# Key governance questions to consider

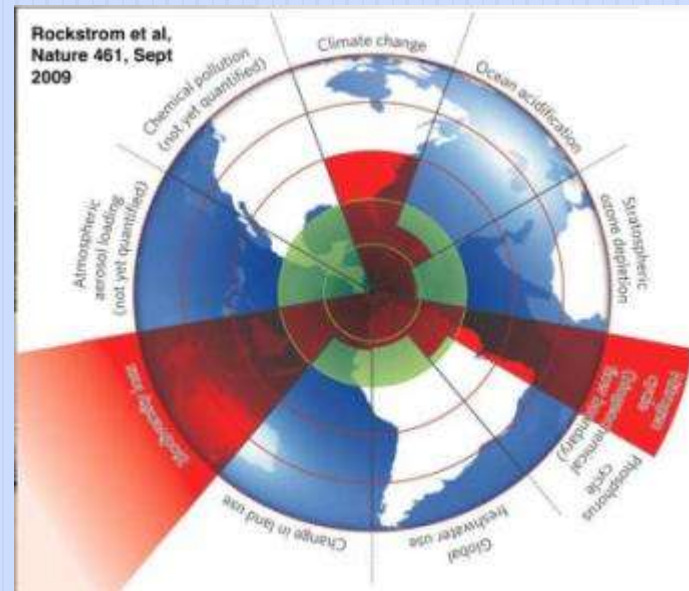
- 1) how can **joint policy goals** be developed so that health actors can contribute to addressing major challenges facing humankind (cities) such as food, water, fuel, changing consumption patterns, climate change and the environment?
- 2) through which **strategies** can a high level of complementarity and integration(co benefits) be achieved between health and the environmental, economic and social impacts?
- 3) what **conceptual framing** and common language can help move a shared agenda that addresses political and commercial determinants forward?

# ● THE NEW ERA



# THE NEW ERA

- Radically changing societies:
- Globalization
- Urbanization
- Individualization
- Virtual connectedness
- Commercialization
- Demography



# THE NEW DYNAMICS OF HEALTH

- **Development and sustainable economic growth requires healthy populations** - NCDs challenge this for developed and developing countries -a major dimension of the seminal demographic change.
- In many developed countries **health/medical care now constitutes 10-15% of GNP and 10 – 15% of the work force** – many emerging economies are making major investments in health and medical care
- **Health/medical care is a major business sector, a major employer**, part the economic competition between countries, the import and export of goods and services and of foreign policy
  - **Health damaging products are a major business sector**
  - economic crisis is affecting both

# European Union GOAL



+2



Years of healthy life expectancy

BUT



DOUBLE IMPACT OF AUSTERITY

# Two major strands of public health

George Rosen (1910-1977)



- **As inequalities increase the health debate changes:** the medical and technical development dimension of public health is increasingly overlaid by a debate on the social, political and economic/commercial factors that determine health.
- In the 19th and early 20th century the focus of public health was mainly national, social and political.
- in the course of the 20th century it moved to being national, medical and technical,
- in the late 20<sup>th</sup> and very early 21<sup>st</sup> century to being global, economic and technical.

# New dynamics of health

- Health is at the intersection of values and ideology, between market forces and “the state” – freedom, citizens rights and “nanny state”
- 21<sup>st</sup> century: Today the focus OF PUBLIC HEALTH is **increasingly global, social and political** – powered by developments in information technology which were not at our disposal even 10 years ago. (Kickbusch 2012)
- This new dynamics **CHANGES** how a range of governmental sectors and **SOCIAL AND ECONOMIC** processes contribute to health and how health contributes to societal and economic development.

# What we have chosen to forget

- **19<sup>th</sup> century:**



- **Sanitary surveys** proved that a relationship exists between communicable disease and filth in the environment, and it was said that safeguarding public health is the **province of the engineer rather than of the physician.**

- The **Poor Law** Commission argues in 1838

- “The expenditures necessary to the adoption and maintenance of measures of prevention would ultimately amount to less than the cost of the disease now constantly engendered.”

# On message: Rapid and radical social change...

- Produces toxic environments



- produces major inequalities and vulnerabilities, insecurities



# LEADERSHIP

- DEFINING AND FRAMING THE NEW 21st CENTURY (HEALTH) CHALLENGES



# The premise for action in a global and urbanizing world

- Cities are vital to people's health and wellbeing



- forward looking governance of cities is critical for health at all levels – role of city parliaments
- Place sensitive approaches work

# The message: larger than health

## A common challenge

- Addressing toxic environments and unsustainable lifestyles



- Addressing major social inequalities



# From the sector to the center

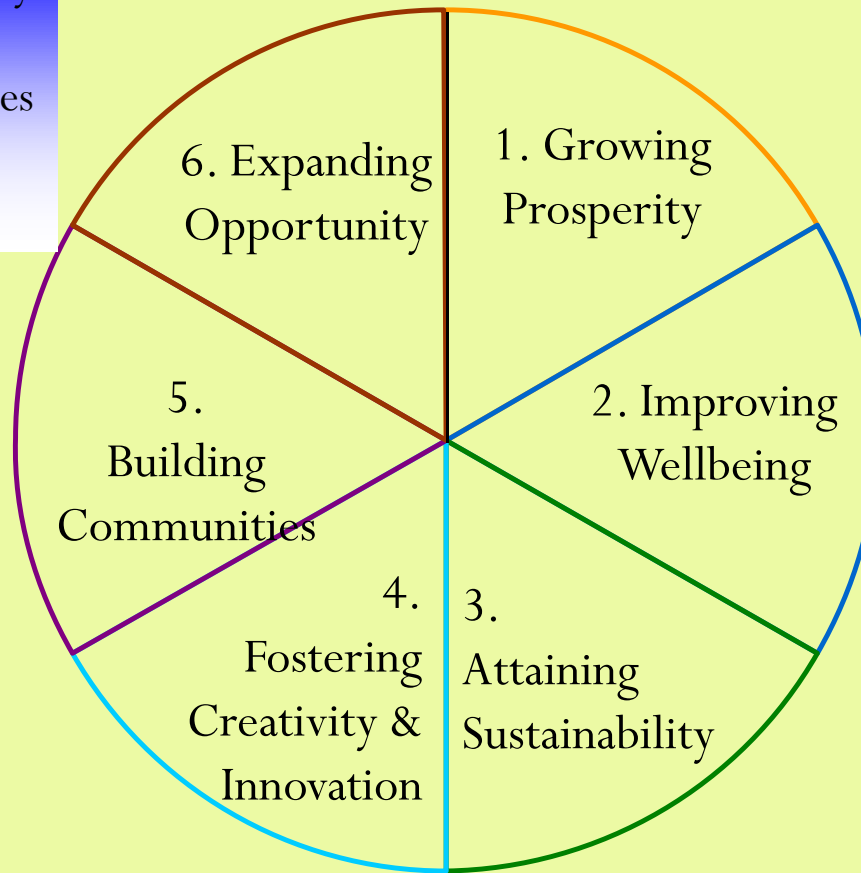
The balance appears to be shifting from **‘intersectoral action for health to intersectoral action for shared societal goals’**.

This report contends that *‘equity, with health as one important indicator, offers an entry point that may hold promise in many political contexts.*

“Crossing sectors’ by the Public Health Agency of Canada

# South Australia's Strategic Plan Objectives

Secure a good quality of life for South Australians of all ages and backgrounds



*Ensuring that a health lens is put on South Australia's strategic plan provides guidance for innovative policies **that ensure quality of life and economic growth in the state***

# HiAP-South Australian Model

- The following elements have been critical to success in adopting a **Health Lens approach**:
  - Leadership from the centre
  - A mandate
  - A dedicated strategic HiAP team within health
  - The HiAP Process itself.
  - Evaluation.

## HEALTH LENS



**Negotiate policy options**  
**Create learning organisations**

# Starting point for Belfast

- **Prepare for 2015**
- The new District council functions – do a health lens analysis – particularly in relationship to new functions



# Continuously repeat the evidence: effective interventions go beyond health (OECD)

- **and they go beyond single interventions:** effectiveness of multiple-intervention strategies
- actions on health promotion and education, regulation and fiscal measures and counseling in primary care **are all effective**
- **fiscal measures** produce larger health gains amongst the poorer
- the high involvement of both supply and demand, the long-term sustainability of effects, **the ability to generate social multiplier effects** and the combination of multiple interventions are key to successful prevention measures. (OECD)

# Continuously repeat action areas and determinants

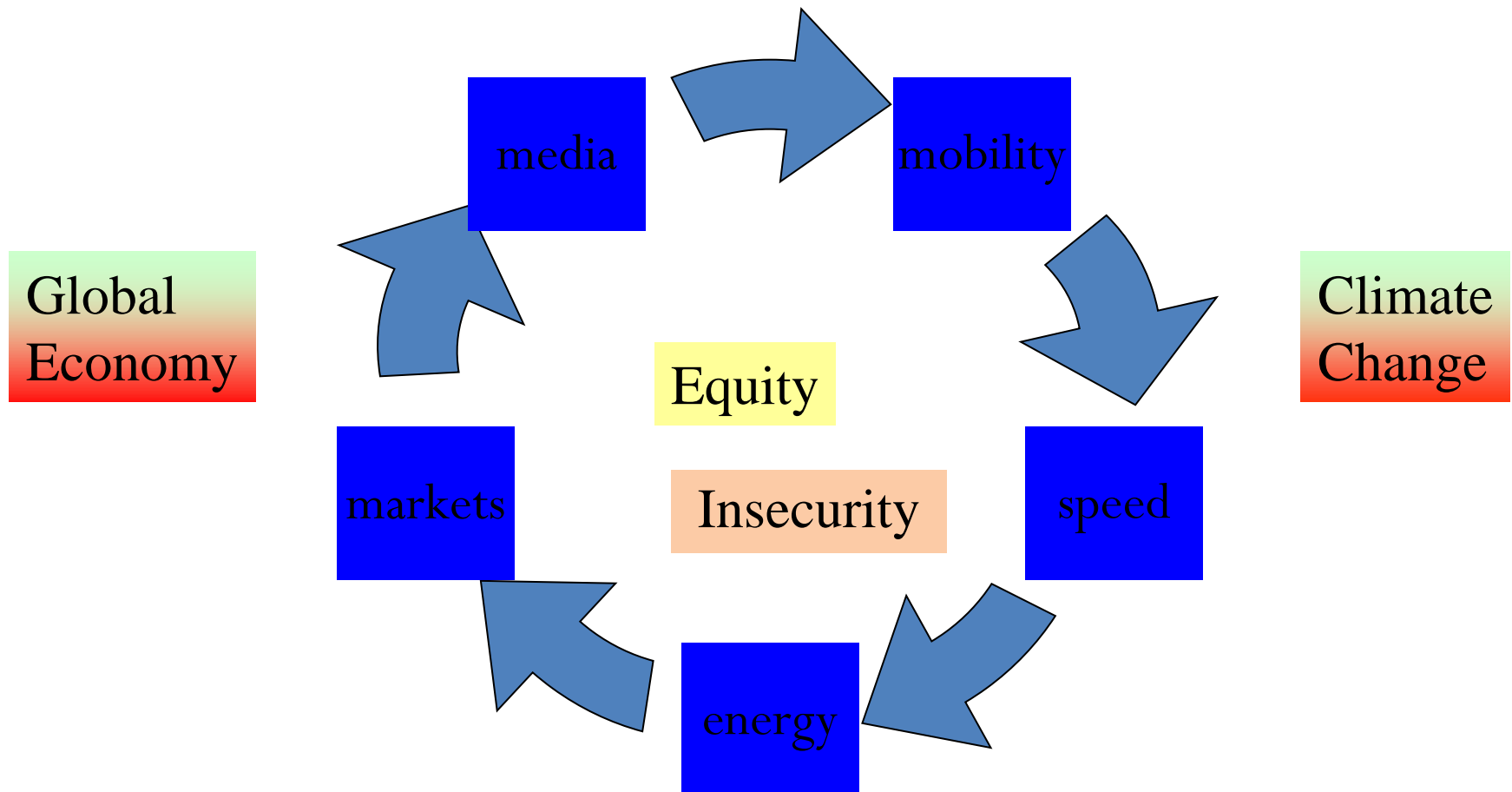
- Ottawa Charter Action Areas

- Health public policy
- Supportive Environments
- Community action
- Personal skills
- Reorient health systems
- *Health is created in the context of everyday life*

- Determinants:

- Political
- Social
- Economic
- *Commercial*
- *Environmental*
- Behavioral
- (genetic)

# 21st century health determinants



# Invest in Health and Well Being

- investing in health through a life-course approach and **empowering people**;
- Tackling major health challenges of noncommunicable and communicable diseases;
- strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response; and
- creating **resilient communities** and supportive environments

# The challenge: urban living environments (urban deserts)



- <http://newsone.com/1540235/americas-worst-9-urban-food-deserts/>

# The challenge: Consumerism 24/7

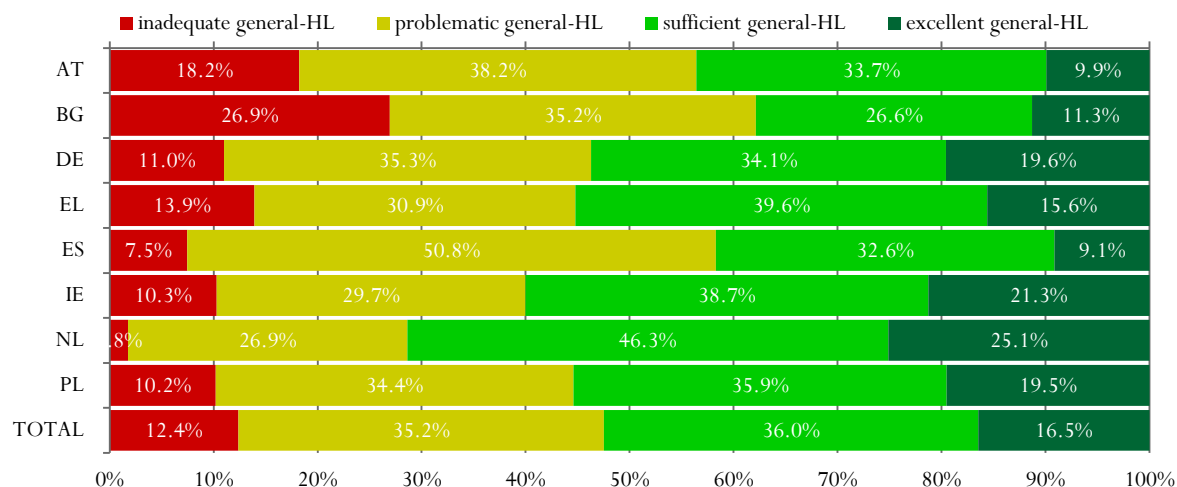


*It has become common practice to turn health issues into a fundamental debate about individual freedom and choice.*

- “Marmot’s focus on the social determinants of health needs to be matched with an equal concern for the **commercial determinants** of health” (Hastings 2012)

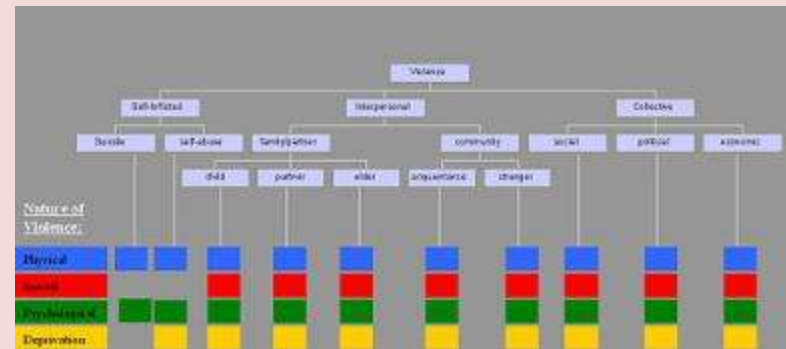


# The challenge: health literacy



# Challenge: Personal and economic security.

- *Today most of the social risks fall on young cohorts, irrespective of their educational status, as 40% youth unemployment in Southern Europe indicates.*
- *The “new” social risks include rapid skill depletion, reconciling work and family life, caring for frail relatives and inadequate social security and health coverage*
- *Violence against women, and boys.*



# GOVERNANCE

- NEW POLICIES FOR HEALTH



# Convergence of intent

- Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love.
- Ottawa Charter 1986
- Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age
- Commission on SDH 2009



- **The municipality** shall promote the population's health and well-being and good social and environmental conditions ....
- It shall promote health within the duties and means that are assigned to the municipality, including local development and planning, administration and provision of services

Norwegian Public Health Act 2011  
Entry into force 1. January 2012

# Dear Mayor.....



- All sectors and levels of government contribute to health creation. **Your leadership for health and well-being can make a tremendous difference** for the people of your country, state, region or city and for the European Region as a whole (WHO EURO Health 2020)



# Cities as important sites for governance for health

- Nation states will be unable to meet their international commitments (I.E. for addressing climate change or health) without more explicit engagement with subnational action.
- **Authority of local governments over landuse, urban planning, waste management, transport, public spaces, schools, hospitals.....(new district council functions)**
- *Australia: local authorities have a degree of influence over half of the GHG emissions — they are critical for public health*

# A determinants based 21st century public health

- **Principles:**

- Health equity
  - Health in all policies
  - Sustainable development
  - Precautionary principle
  - Participation
- 
- Norwegian Public Health Act 2011
  - Entry into force 1. January 2012

- Public Health in the 21st century places responsibility for public health as a **whole of government, whole of society and whole of municipality** responsibility rather than of the health sector alone
  
- Examples: public health acts Norway and South Australia

# Cities must regain and strengthen authority for public health – legal and conceptual base

- **Precautionary principle**
  - **Proportionate regulation principle.**
  - **Sustainability principle**
  - **Principle of prevention**
  - **Population focus principle**
  - **Participation principle**
  - **Equity principle**
- 
- **South Australian Public Health Act 2011**

- (1) The protection and promotion of public health requires collaboration and, in many cases, **joint action across various sectors and levels of government and the community.**
- (2) People acting in the administration of this Act should seek ways **to develop and strengthen partnerships** aimed at achieving identified public health goals consistent with the objects of this Act.

# Framing the issue

## Ideology - Industry

- **Cause:**
- Poor lifestyle choices of individuals



- Response: education

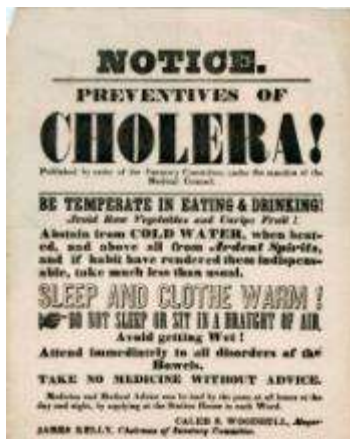
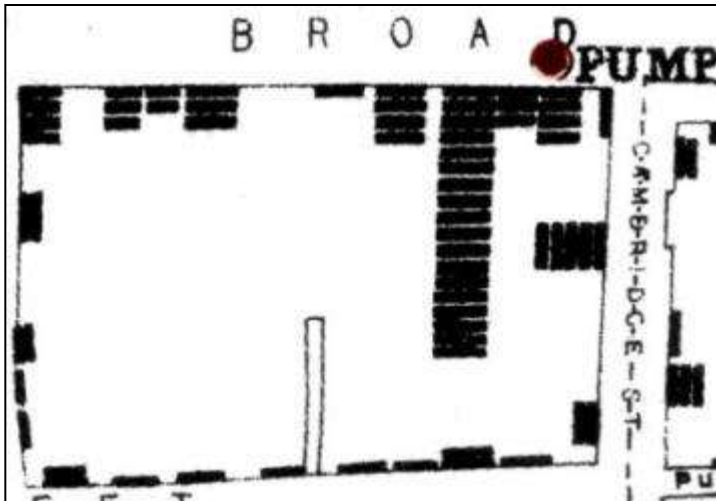
## Public Health Evidence

- **Cause:**
- Toxic (obesogenic) environments and inequalities



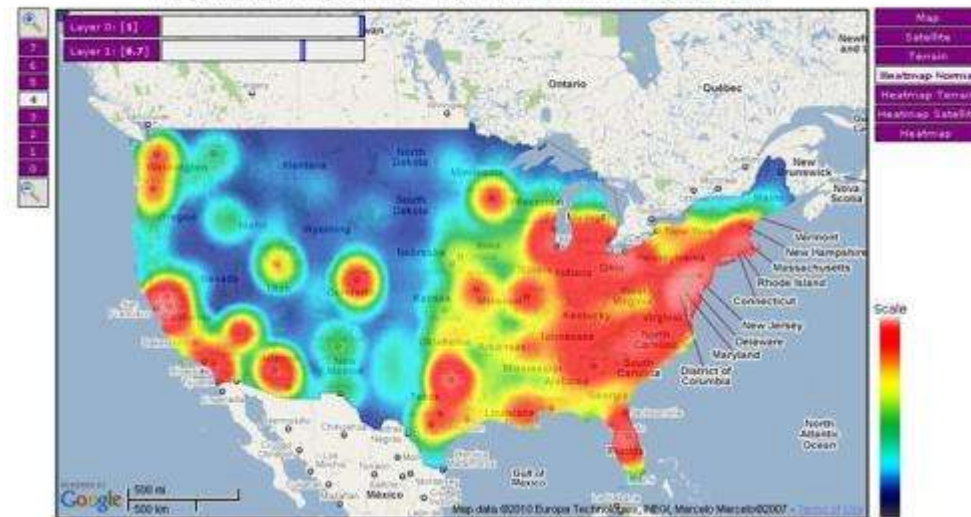
- Response: HIAP, “regulation, wider determinants, nudge

# It needs a public health revolution



Sanitary  
Revolution

Google Maps - Heatmap - Density of fast food restaurants in the 48 contiguous states  
(Made with my own Perl script - Only zoom 4 to 7 for now.)  
The same data can be seen as markers in the [Server Side Clusterer demo](#)



HIAP/GFH  
Revolution

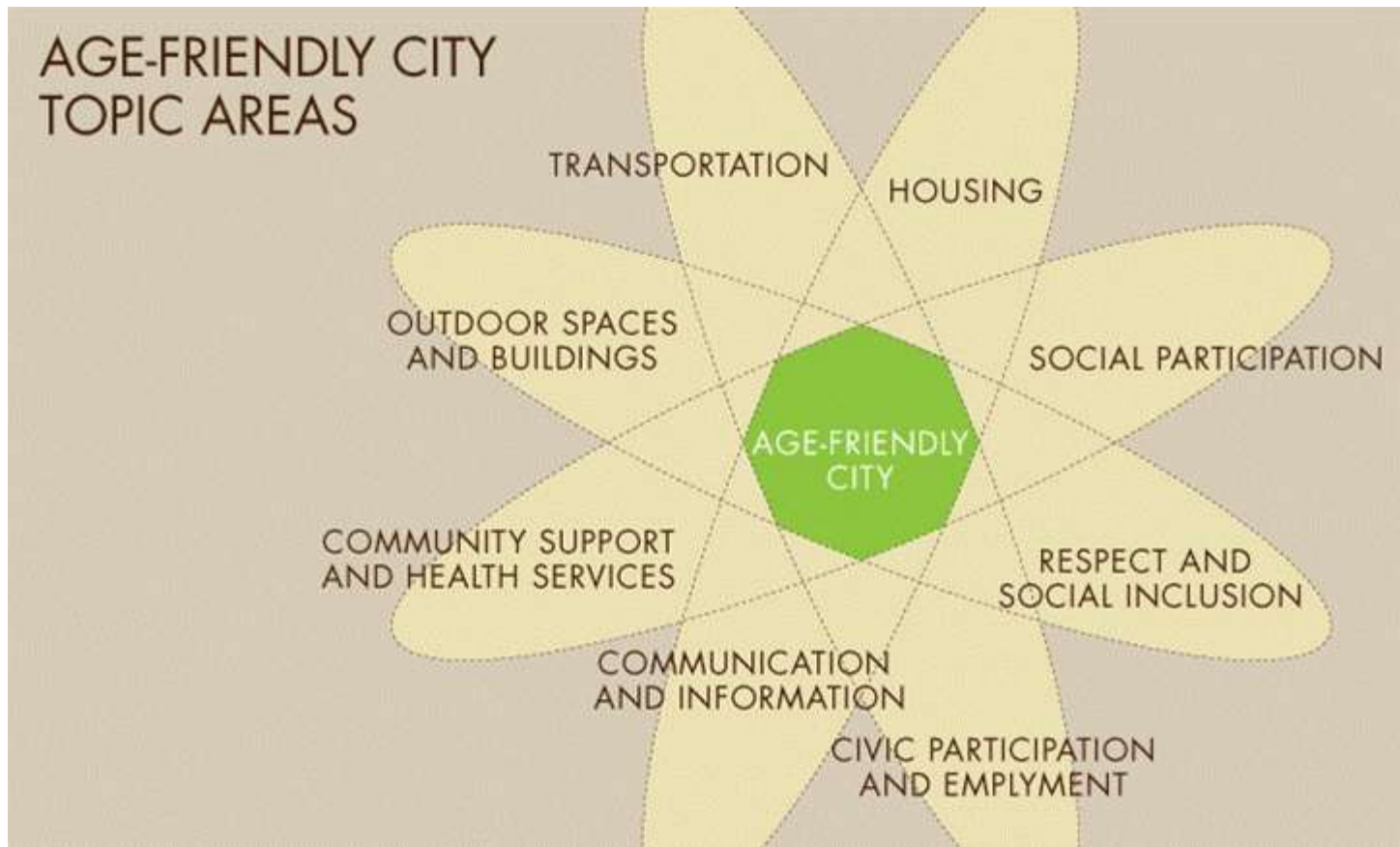
# What can cities do best?

- Create supportive environments
- Democratize health: equity, engagement and empowerment, city parliaments
- Substantially strengthen public health functions and capacity: ensuring health promotion and security – resilience
- Influence decision making environments
- Focus on (health) co benefits

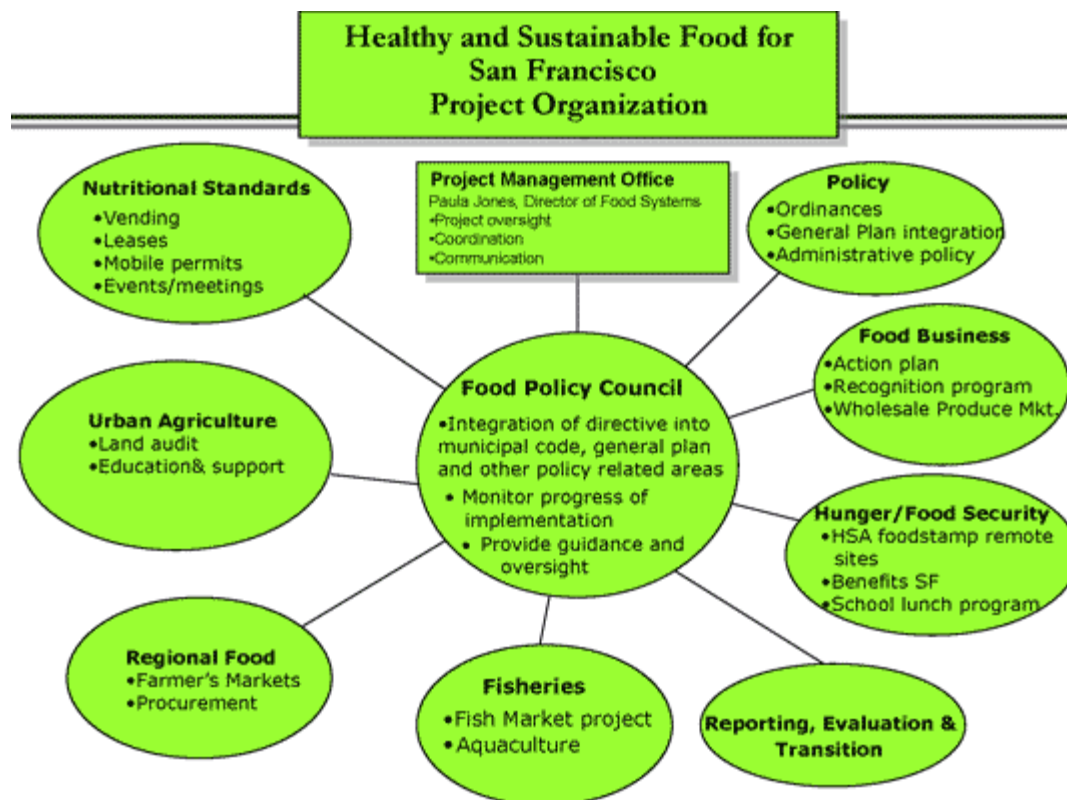
# Healthy City Strategy Vancouver



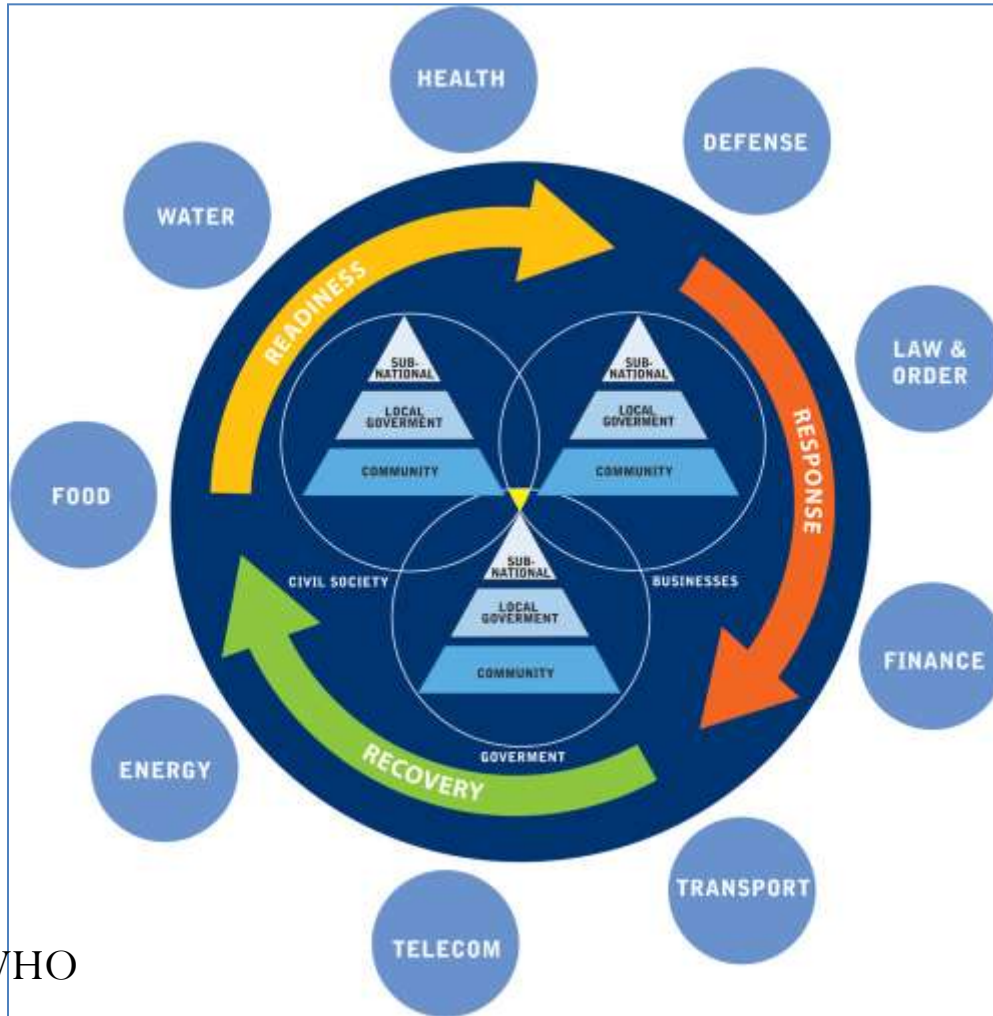
# TOPIC AREAS for action



# Local and national policies



# Global-local governance: Pandemics



Kickbusch Japan Cities 2012



# URBAN ACTION:ZONING



**2006 CDC Diabetes and Obesity Conference**

**May 18, 2006**

## **The Use of Zoning to Restrict Access to Fast Food Outlets: A Potential Strategy to Reduce Obesity**

**James G. Hodge, Jr., J.D., LL.M.**

Associate Professor, Johns Hopkins Bloomberg School of Public Health;  
Executive Director, Center for Law & the Public's Health  
at Georgetown and Johns Hopkins Universities

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# URBAN ACTION: RESTRICT ACCESS



# URBAN ACTION – ACTIVE TRANSPORT

- Copenhagen transformed itself from having a car dominated street network to being a bicycle city with a 70% increase in bicycle trips from 1970 to 2006
- In the year 2015 at least 50% will cycle to work or education in Copenhagen. This target figure will save us 80,000 tons of CO<sub>2</sub> a year.



# URBAN ACTION: PROMOTE CO BENEFITS



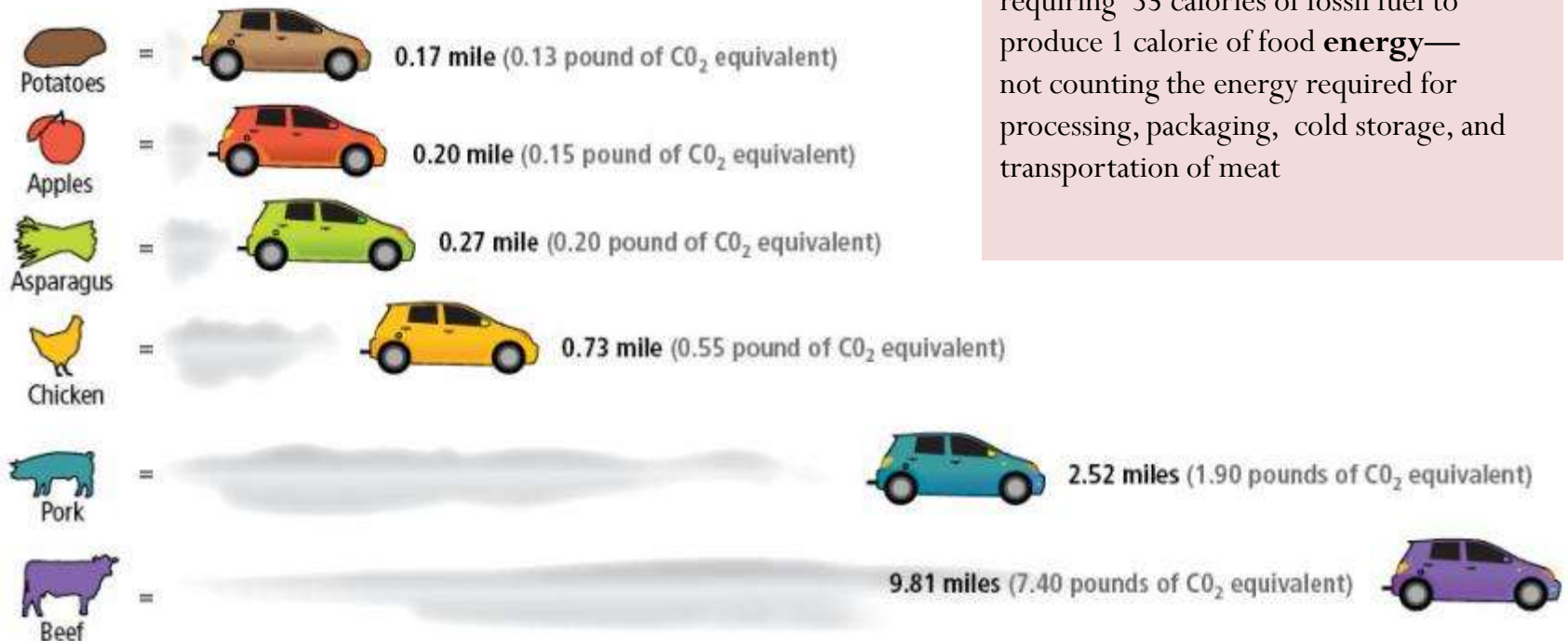
## Health Impacts of Active Transport Scenarios

	Change in disease burden		Change in premature deaths
Cardiovascular Dis.	6-15%	↓	724-1895
Diabetes	6-15%	↓	73-189
Depression	2-6%	↓	<2
Dementia	2-6%	↓	38-132
Breast cancer	2-5%	↓	15-48
Colon Cancer	2-6%	↓	17-53
Road traffic crashes	19-39%	↑	60-113

From the California Dept. of Public Health – November 2011; Neil Maizlish, PhD, MPH,

# URBAN ACTION: PROMOTE CO BENEFITS

CO<sub>2</sub>-equivalent emissions from producing half a pound of this food ... are the same as emissions from driving ...



Industrial animal production consumes especially large amounts of energy, requiring 35 calories of fossil fuel to produce 1 calorie of food **energy**—not counting the energy required for processing, packaging, cold storage, and transportation of meat

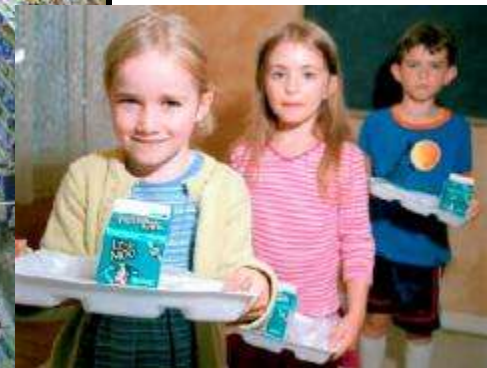
Scientific American 2009

KICKBUSCH Belfast 2013

# URBAN ACTION: standards for local SETTINGS



# The critical health settings – obesogenic environments



Fast food  
Supermarkets  
Canteens  
School food  
hospitals

# Reduce Waste



In the US, for instance, as much as 30 percent of food, worth some USD 48.3 billion, is thrown away each year.

- The City of San Francisco in 2007 prohibited city departments and agencies from purchasing single service bottles of water and required that they switch from large bottle dispensers to bottle-less dispensers that use the city's tap water. The directive highlights the wastefulness and unnecessary drain of environmental resources **caused by the production, transport and disposal of bottled water.**

# URBAN ACTION - health citizenship



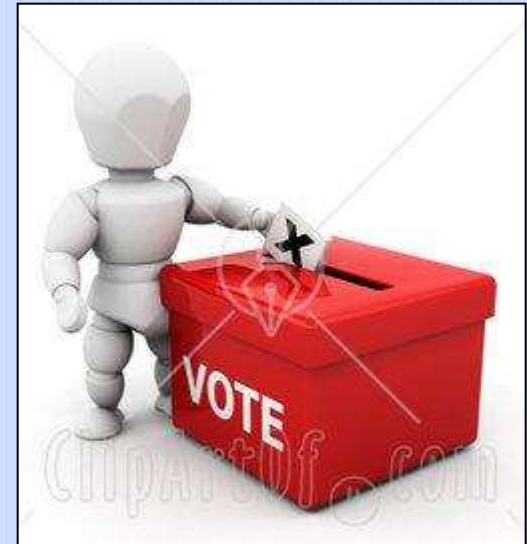
# Political determinants: Overcome Equation of market behaviour with democracy

- consumer



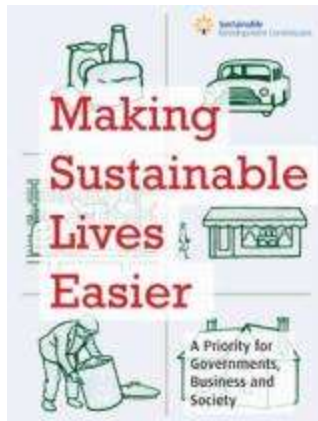
Hamilton 2010 Barber 2007

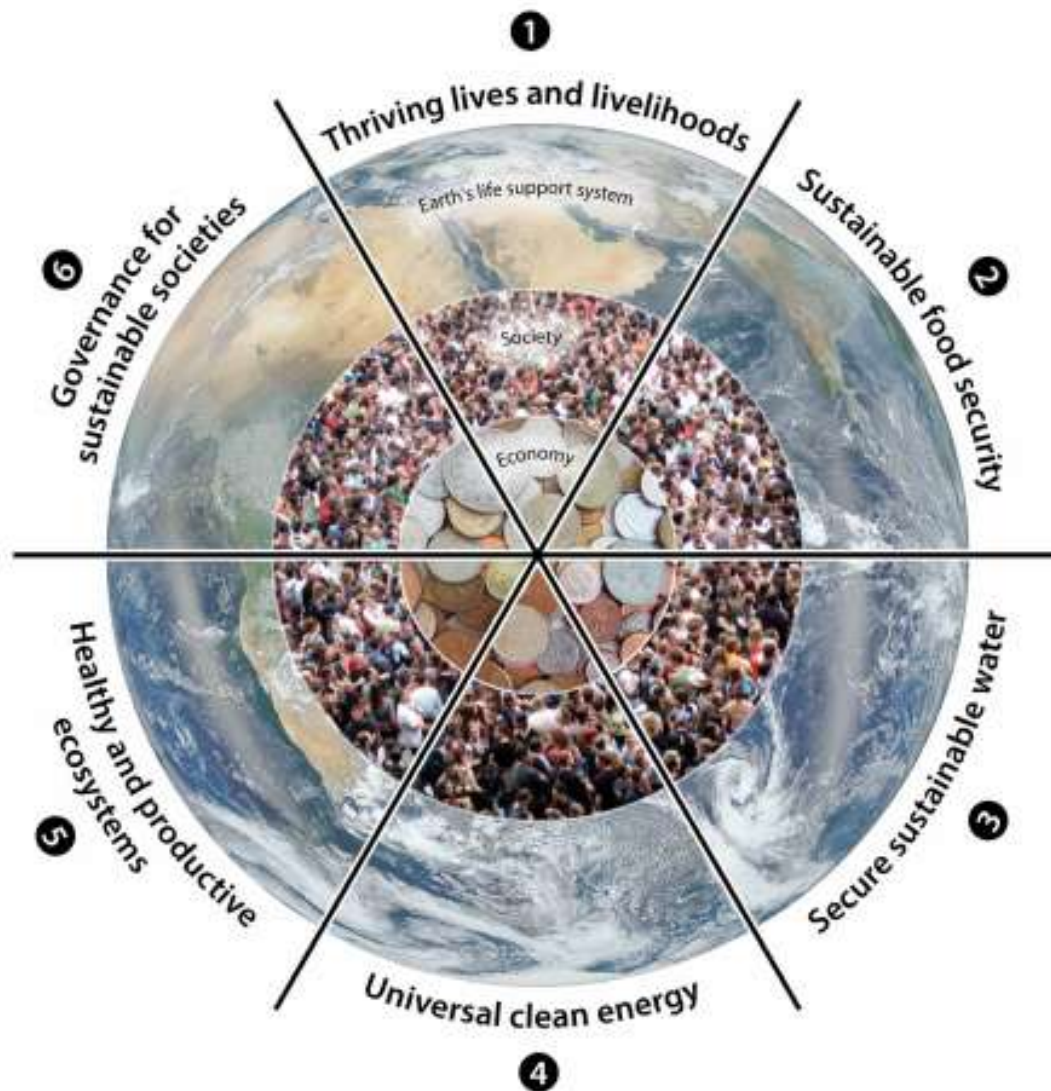
- Citizen



- **We must ensure that our democratic institutions value health.** We must invest in the health literacy of parliamentarians and of the citizens who elect them.

# From desert to urban participation





**Key governance message:** Be part of the larger agenda



**Figure 1** | Six universal Sustainable Development Goals cutting across economic, social and environmental domains.

# Justice can mean.....



1. ....maximizing utility or welfare – the greatest happiness for the greatest number
2. ....respecting freedom of choice
3. ....*reasoning together about the meaning of the good life – developing a politics of the common good – the solidarity of democratic citizenship* (Michael Sandel 2010)

# Thank you

