

Bloomberg's health legacy: Urban innovator or meddling nanny?

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(Garrison, NY) As New York City Mayor Michael Bloomberg prepares to leave office, a commentary by a leading bioethicist analyzes his controversial public health policies and concludes that he is an urban innovator who created a new paradigm of public health, "reaching beyond infectious diseases to upstream risk factors in everyday life and the human habitat." The commentary appears in the [*Hastings Center Report*](#).

Lawrence O. Gostin, University Professor and Founding O'Neill Chair in Global Health Law at Georgetown University Law Center, focuses on Bloomberg's major policies to address the obesity epidemic, improve disease surveillance, increase physical activity, and control tobacco use.

Of the policies on diet and nutrition, Gostin cites as particularly successful the city's limit on trans fatty acids, which "provide no health benefit and are unsafe at any level." In 2006, the city required that any food served to customers (unless in a sealed package) contain less than 0.5 grams of [trans fats](#) per serving. "Although the trans fat limit received a warmer public response than other diet-related policies, it still met opposition from restaurants and civil libertarians," Gostin writes. However, the city's limit on trans fats served as a model in the United States and globally, "and low trans fat has now become a widely accepted norm."

Gostin also cites Mr. Bloomberg's tobacco policies, which have dramatically reduced smoking: "Between 2002 and 2011, the rate of

smoking fell from 21.5 percent to 41.8 percent among adults and from 17.5 percent to 8.5 percent among youth." Although it is impossible to point to any single tobacco [policy](#), Bloomberg implemented "a range of policies (e.g., taxes, labeling, smoke-free laws, and advertising restrictions) that worked in combination over time to de-normalize smoking."

Gostin explains why, despite the label of "Nanny Bloomberg," the mayor's controversial soda portion limit makes sense: "The mayor relied on science to support a creative, untested strategy: sugary drinks deliver empty calories, with a direct relationship to obesity, while portion sizes have grown exponentially. Society cannot know what works until commonsense ideas are tested." The soda portion limit is currently being decided by the New York State's highest court.

Gostin also singles out Bloomberg's program for monitoring diabetes. When the prevalence of diabetes in New York City nearly tripled in a decade, rising from 3.7 percent in 1994 to 9.2 percent in 2004, the city declared it an epidemic. In response, the city required laboratories to report [blood sugar](#) test results to the health department, which then informed treating physicians and patients with elevated blood sugar. "The program is one of the first uses of surveillance that not only tracks a chronic, noncommunicable disease but also links the data to concrete interventions," Gostin writes. "It bridges the historic divide between [public health](#) and medicine, thus offering pathways for future programs."

In addition, Gostin analyzes Bloomberg's policies for menu labeling, facilitating bicycle use, and increasing the number of pedestrian paths and parks. Gostin also offers point-by-point analysis of the critiques of Bloomberg and his policies, including charges of paternalism, assertions that the policies infringe upon corporate rights, and objections to his wielding of unilateral executive power

Regardless of the mixed success of the policies and the criticisms leveled at them, Gostin concludes that Bloomberg's approach to public health is not a passing fad. "It is rather a sober and necessary response to an epidemiological transition to life-style related diseases," he writes. "The public [health](#) community should take time to recognize and defend its champions—and Mayor Bloomberg undoubtedly is among our most courageous and creative advocates for a healthier and safer population."

Provided by The Hastings Center

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