

Bloomberg era's emphasis on 'health in all policies' improved New Yorkers' heart health

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From 2002 to 2013, New York City implemented a series of policies prioritizing the public's health in areas beyond traditional healthcare policies and illustrated the potential to reduce cardiovascular disease risk. This strategy is known as employing a "health in all policies" approach. Researchers at Columbia University's Mailman School of Public Health catalogued health-relevant legislation in New York City from 1998 to 2017 and found that 7.4 percent of the 3,745 pieces of legislation introduced during the Bloomberg Administration had the potential to impact New Yorker's cardiovascular health. The researchers focused on four categories of factors associated with cardiovascular health: air pollution exposure, physical activity, dietary intake, and tobacco smoke exposure—the one most targeted by legislative efforts. The results are published online in the journal *Cities and Health*.

"Over the past 15 years, there has been growing attention to a 'health in all policies' approach by local, regional, and national governments to improve the well-being of all communities and people," said Brennan Rhodes-Bratton, MPH, a doctoral candidate in the Department of Sociomedical Sciences at the Mailman School. "Local health promotion efforts and multi-sectoral municipal policies have the potential to efficiently reach large numbers of urban residents and impact their health."

Each year during the Bloomberg Era, with the exception of 2012, saw the enactment of at least one risk factor-related bill. For comparison purposes, the enacted [legislation](#) from four years preceding and

following the three consecutive terms served by Mayor Bloomberg were also examined. Thus, the catalogue presents laws enacted during 1998-2017.

For example:

- **Air Quality:** Among 130 pieces of legislation relevant to improving air quality during the Bloomberg administration, 28 percent were enacted. Examples of policies passed included a mandate on the use of clean heating oil, retrofitting low sulfur diesel fuel for school buses, and the city's purchase of cleaner vehicles. During the preceding mayoral term, 27 bills relevant to air pollution became laws. The four years after the Bloomberg administration only saw 12 air pollution-relevant legislations pass.
- **Healthy Diet:** Legislation to address factors that influence the risk of consuming an unhealthy diet included 30 bills introduced, of which 33 percent were enacted policies. Examples: prohibiting the use of artificial trans fats by food service establishments and allowing for a larger number of New Yorkers to qualify for federally-sponsored SNAP Program (Supplemental Nutrition Assistance Program). During the preceding mayoral term, there were no enacted bills relevant to the quality of dietary intake. The four years after the Bloomberg administration passed five dietary-relevant legislations.
- **Physical Activity:** Legislation promoting physical activity—including regulation of the surface areas of playgrounds and athletic fields, the increase of bike lanes throughout the city, and creation of a public bike-sharing system—included 75 introduced and 14 enacted bills. During the preceding mayoral term, there were no enacted bills relevant to physical activity. The four years after the Bloomberg administration passed 20 bills relevant to physical activity.

- Tobacco Cessation: There were 39 bills related to reducing [tobacco smoke exposure](#) between 2002 and 2013, of which 29 percent were enacted—including an increase on the tax for cigarettes; the Smoke-Free Act of 2002, which prohibited smoking in bars and restaurants; a smoking ban at construction sites, and hospitals; and the inclusion of [public health](#) messaging where tobacco products are sold. During the preceding mayoral term, 5 bills relevant to tobacco smoke exposure became laws. The four years after the Bloomberg administration only passed 12 [tobacco smoke](#) exposure-relevant legislations.

"Following higher taxes on cigarettes and the Smoke-Free Air Act, New York City adult smoking prevalence declined 35 percent, from 22 percent to 14 percent," observed James Colgrove, PhD, professor of Sociomedical Sciences.

"Our findings illustrate the potential of a 'health in all policies' approach that a city takes— whether it's regulatory changes, taxes, or innovative health promotion campaigns —can make a difference," noted Y. Claire Wang, ScD, MD, Mailman School associate professor of Health Policy and Management. "Our data suggested that the Bloomberg administration and the legislations enacted during that period reduced cardiovascular diseases among New Yorkers; these policy efforts can serve as a model for other municipalities to pursue similar results."

"This is the first comprehensive examination of New York City's legislation in relation to the plausible impact on residents' [health](#)," said Rhodes-Bratton. "Future research on how these policies impact segments of the population—the young, older adults, and people residing in socio-economically depressed neighborhoods—are the missing pieces and will be equally important for informing legislative efforts."

Provided by Columbia University's Mailman School of Public Health

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