



# Innovating and progressing public health in London: Lessons from New York

**Professor Yvonne Doyle**  
Regional Director  
Public Health England (London Region)





# Outline

1. An international perspective on city comparisons
2. Immediate lessons from a visit to the New York Commissioner for Health
3. What New York did to achieve change
4. Comparisons with London
5. Conclusions



Journal of Urban Health: Bulletin of the New York Academy of Medicine  
© 2002 The New York Academy of Medicine

**VARIOUS TOPICS**

**The World Cities Project: Rationale, Organization, and Design for Comparison of Megacity Health Systems**

Victor G. Rodwin and Michael K. Gusmano

**Rodwin compares four world cities – New York, Tokyo, Paris and London.**

There are common mega-city problems:

1. *Re-emergence of infectious diseases*
2. *Inequalities in health*
3. *Bioterrorism*
4. *The rising cost of healthcare*

**Diller compares US cities.**

There are solutions:

*Cities seem to be well placed to innovate for health.*

*This is despite the lower ratio of population to elected representatives.*



From the SelectedWorks of Paul Diller

January 2014

Why Do Cities Innovate in Public Health?  
Implications of Scale and Structure

City	Constituents -U.S. Senator <sup>223</sup>	Constituents -state senator	Constituents-city councilor
New York City	9,750,000	311,000	162,000
Los Angeles	19,000,000	850,000	255,000
San Francisco	19,000,000	850,000	73,000



## Lessons from public health leadership in NYC

- Think big and concentrate on what you can do at your level
- Give and seek clear, brave leadership
- Do not seek consensus on everything
- Use your relationships at city level (including political)
- Know and use your other levers
- Be public and innovative with messages
- Adopt a programmed approach for high risk health challenges- but avoid silos
- Data and evidence are crucial - But do something - don't just describe it

# The Creation of a Vision: Take Care New York



## Take Care New York

A Policy for a Healthier New York City

### What is Take Care New York?

*Take Care New York* is the City's comprehensive strategy to address the leading causes of preventable illness and death in New York City. *Take Care New York's* overarching goals are to:

- ◆ Improve the health status of all New Yorkers
- ◆ Advance health promoting policies and activities
- ◆ Create, sustain and strengthen collaborations with partners

### 10 Priority Areas and Measures for Success



# Clear Ambitions and a Staged Approach

<b>Tobacco-Free Living</b>	<ul style="list-style-type: none"> <li>Decrease the rate of adults who currently smoke citywide and in high-poverty households</li> </ul>
<b>Healthy Eating</b>	<ul style="list-style-type: none"> <li>Reduce the rate of adults who consume one or more sugar-sweetened beverages (SSB) per day citywide and in very high-poverty neighborhoods</li> <li>Lower adult obesity rates citywide</li> </ul>
<b>Active Living</b>	<ul style="list-style-type: none"> <li>Reduce the rate of physically inactive adults citywide and in very high-poverty neighborhoods</li> </ul>
<b>Heart Health</b>	<ul style="list-style-type: none"> <li>Reduce premature deaths from cardiovascular disease citywide and in very high-poverty neighborhoods</li> <li>Increase adults with high cholesterol who are taking medication and patients with controlled blood pressure citywide</li> </ul>
<b>HIV Prevention</b>	<ul style="list-style-type: none"> <li>Increase viral suppression among HIV+ persons citywide and in very high-poverty neighborhoods</li> <li>Increase HIV testing rates and condom use among adults citywide</li> </ul>
<b>Promote Mental Health</b>	<ul style="list-style-type: none"> <li>Increase depression screening rates citywide</li> <li>Improve the continuation of mental health care from hospital discharge to outpatient care citywide</li> <li>Reduce hospital emergency department visits for mental or behavioral health conditions among children and youth in very high-poverty neighborhoods</li> </ul>
<b>Reduce Alcohol &amp; Substance Abuse</b>	<ul style="list-style-type: none"> <li>Reduce unintentional/accidental drug overdose death rate citywide</li> <li>Reduce binge drinking among adults citywide</li> </ul>
<b>Prevent &amp; Treat Cancer</b>	<ul style="list-style-type: none"> <li>Increase colonoscopy screening among adults age 50+ citywide</li> <li>Improve HPV vaccination (3-series) completion rates among females age 13-17 citywide</li> <li>Increase adults with hepatitis C receiving treatment citywide</li> </ul>
<b>Healthy Indoor &amp; Outdoor Air</b>	<ul style="list-style-type: none"> <li>Improve air quality citywide</li> <li>Reduce air pollutants and asthma triggers (e.g. roaches, mice) in high-poverty neighborhoods</li> </ul>
<b>Quality Preventive Care</b>	<ul style="list-style-type: none"> <li>Reduce preventable hospitalizations citywide</li> <li>Decrease the rate of adults who did not get needed medical care in high-poverty neighborhoods</li> <li>Increase the rate of children ages 19-35 months receiving 4:3:1:3:3:1:4 series of vaccines citywide</li> </ul>

# Public Accountability for Progress

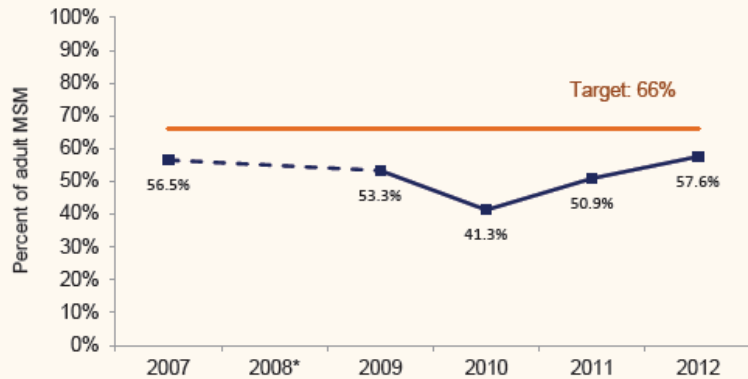
Take Care New York Area	Core Indicator	Baseline <sup>†</sup>	Five-year Progress <sup>‡</sup>	2012 Target	Progress <sup>§</sup>
1 Promote Quality Health Care for All	Preventable hospitalizations	2,044.2 per 100,000 (2006)	1,772.9 per 100,000 (2010)	1,694.0 per 100,000	+
2 Be Tobacco Free	Adults who currently smoke	16.9%	15.5% <sup>††</sup>	12.0%	+
3 Promote Physical Activity and Healthy Eating	Adults who consume one or more sugar-sweetened beverages per day	35.9%	28.2%	29.0%	✓
4 Be Heart Healthy	Premature deaths from major cardiovascular disease	54.3 per 100,000	44.2 per 100,000 (2011)	43.0 per 100,000	+
5 Stop the Spread of HIV and Other Sexually Transmitted Infections	Men who have sex with men who report using a condom every time they have anal sex	56.5%	57.6% <sup>††</sup>	66.0%	+
6 Recognize and Treat Depression	Adults with serious psychological distress who did not receive treatment	58.7% (2006)	54.8% <sup>††</sup>	56.0%	✓
7 Reduce Risky Alcohol Use and Drug Dependence	Hospitalizations for problems attributable to alcohol	380.0 per 100,000 (2006)	378.0 per 100,000 (2010)	309.0 per 100,000	+
8 Prevent and Detect Cancer	Adults 50 years and older who have had a colonoscopy in the last 10 years	61.7%	68.5%	80.0%	+
9 Raise Healthy Children	Teen pregnancies	84.9 per 1,000	69.2 per 1,000 (2011)	72 per 1,000	✓
10 Make All Neighborhoods Healthy Places	Poor housing quality by neighborhood poverty	Low poverty: 5.5% Very high poverty: 24.5% Gap: 18.9%	Low poverty: 5.2% Very high poverty: 28.5% Gap: 23.3%	Reduce gap to 16.0%	-

- Trend in wrong direction    + Progress made toward target    = Equivalent to Baseline    ✓ Target met or exceeded

<sup>†</sup> See technical notes on page 18 for definition of indicators, data sources and methodologies.  
<sup>‡</sup> Baseline data are from 2007 unless otherwise noted.  
<sup>§</sup> Five-year progress are from 2012 unless otherwise noted.  
<sup>††</sup> Change from baseline not statistically significant. See technical notes on page 18 for additional information.

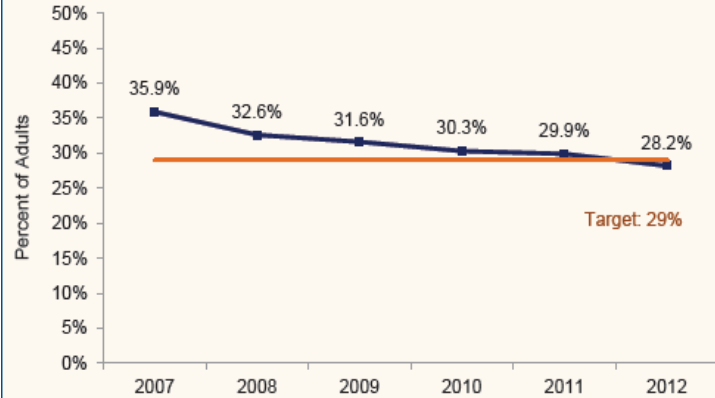


### Men Who Have Sex with Men (MSM) Who Report Using a Condom Every Time They Have Anal Sex, 2007-2012



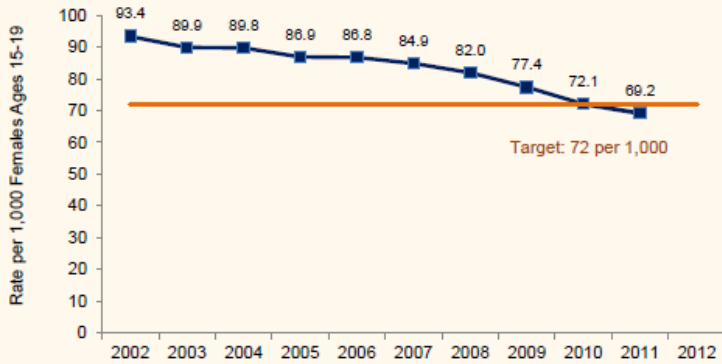
Source: NYC DOHMH Community Health Survey, 2007-2011. Data are age-adjusted. \*Data not available

### Adults Who Consume an Average of One or More Sugar-Sweetened Beverages Per Day, 2007-2012



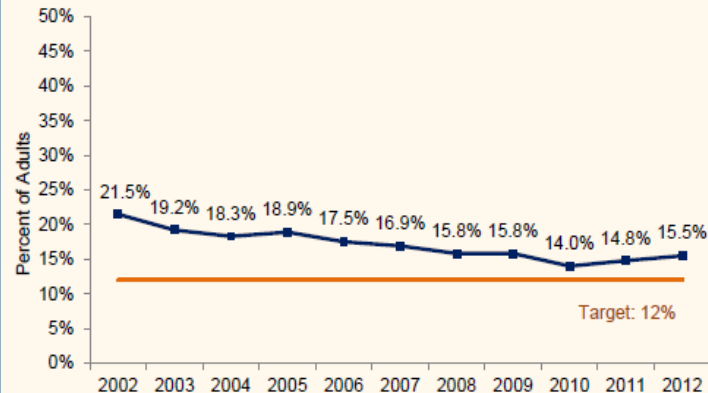
Source: NYC DOHMH Community Health Survey, 2002-2012. Data are age-adjusted.

### Teen Pregnancies, 2002-2011



Source: NYC Bureau of Vital Statistics, 2002-2011.

### Adult Smoking Rate, 2002-2012



Source: NYC DOHMH Community Health Survey, 2002-2012. Data are age-adjusted.





## Initial reflections & implications for London (1)

- While none of the material we heard in the USA is new, these cities are using leadership, the law, programmed approaches and system working differently to achieve impressive results
- The vision is very important but there were examples where the vision was not enough
  - Mental health
  - Inequalities
  - Primary care performance



## Initial reflections & implications for London (2)

- They are better resourced than London and NYC has received specific national help for serious public health threats. They also have more legal levers.
- They can do things at pace and at scale when such approaches are needed.
- The US city public health services do have serious city level political support and public leadership.
- New York does not have inroads to local, place based knowledge of populations. They do not know routinely what providers are doing at any time.



## Conclusions

- London has the potential to innovate and transform trends in poor health but needs leadership to work as a whole system – and a vision to engage Londoners.
- Ownership of agreed goals with the health, care, health economy and workforce systems is fundamental to achieving change at scale.