

Engaging Local Policy Makers in Public Health: Current Perceptions and Future Directions

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Mayors are on the front lines of many issues that affect public health—from housing to gun violence to addiction. Many are well-versed in the social determinants of health, and even those who may not be as knowledgeable are nevertheless committed to improving the physical, economic, and social infrastructure of their communities. But how do they perceive their roles as health allies and advocates?

To help answer this question, our team at Boston University surveyed a nationally representative sample of US mayors (N = 110) as part of our annual Menino Survey of Mayors. Results, highlighted in the recent *Mayors & the Health of Cities* report,¹ indicate the following:

- Mayors perceive obesity/chronic diseases, opioids/addiction, health care access, and mental health as the leading health challenges facing their cities.
- However, mayors identify an entirely different set of health issues for which they believe constituents hold them accountable. Traffic crashes, gun violence, and lead/toxicants are the 3 areas where mayors feel they are held most accountable.
- Although obesity emerged as the most frequently cited health challenge (beating out opioids), mayors believe they are held least accountable for obesity.

This discordance between mayors' recognition of critical health challenges and perceived accountability for such challenges needs to be addressed if we are to

engage them as key allies in promoting community well-being.

How do we shift this perspective of accountability? It can start with reframing and reenvisioning our goals. We in public health gravitate toward health as the center of the research questions we ask, the interventions we design, and the types of data we collect—that is what we are trained for. However, health is one of many priorities that mayors and other policy makers must address daily.² At the same time, much common ground between public health and local policy exists. Issues such as housing, employment, education, and neighborhood safety are social determinants of health to the public health community; to policy makers, they are top priorities they are already invested in. Whether you are a researcher or practitioner, you can be proactive in finding common ground by:

- Learning about which issues local policy makers prioritize;
- Introducing yourself and offering to serve as an expert in your field; and
- Finding ways to communicate research to nonexpert audiences. For example, you and your colleagues can write op-eds and blog posts, engage with and disseminate research via media and social media, and present at forums and conferences attended by policy makers and communities of interest.

Doing so will position you to actively participate in and learn from multisectoral collaborations that may yield multiple, mutually shared benefits (eg, health, economic, and social), as well as expand the types of interventions designed and the kinds of data collected.

For example, the New Orleans Fresh Food Retailer Initiative provides low-cost, flexible financing to help operators open, renovate, or expand food retail outlets to sell fresh fruits and vegetables. This initiative, funded by the city and matched in funding by the Hope Enterprise Corporation, targeted healthy food access as well as urban revitalization and job creation. Within 6 years, the initiative had financed 4 projects in low-income, underserved communities,

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resulting in 70 000 combined square feet of food retail space, more than 200 jobs created, and nearly 50 000 residents served.³ Cities such as Washington, District of Columbia,⁴ and New York City, New York,⁵ have pursued similar financing programs and zoning incentives among underserved communities. Such crosscutting partnerships are needed to generate approaches that meet each community's needs and that are useful to policy makers, business owners, community members, and other key stakeholders in influencing the spread and adoption of public health policies and programs. As public health experts, we need to sit at the table and engage with mayors and other stakeholders to help bring more of such efforts to fruition.

To be sure, no one sector or set of individuals can shoulder the burden of solving public health challenges—mayors are one of many stakeholders we can engage with. Much like climate change, today's health problems are complex, multifaceted issues that require cross-sectoral, multilevel solutions. Successful approaches to promote population health necessitate going outside of the health care setting and into the realm of policy makers, businesses, industry, and the community. The need to shift to a perspective of shared accountability and to try very different models of engagement is growing because if few accept accountability or if the solutions are too narrowly prescribed, little to no progress can be expected.

At a transdisciplinary Sustainable Cities conference hosted by Boston University, speakers representing fields of public health, urban ecology, transportation, housing, energy, and environmental justice spoke about how illuminating—and rare—it was to be in a

room with those outside their own disciplines. During her keynote address, former Environmental Protection Agency Administrator Gina McCarthy advised those gathered to “*stop minding your own business.*” Her message, based on her state and federal experiences tackling climate change, is that persistent and proactive involvement in other fields, agencies, and disciplines is the *only* way to advance transformative change.

Maximizing the impact and reach of our efforts will require us to go well beyond the public health domain in the search for allies. We can lead the narrative so that mayors—and other key stakeholders—recognize that they can play a major role in promoting public health while continuing to advance existing priorities. And we can start at the local level today.

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