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## Public Health

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## Guest Editorial

## What role for cities in food policy?



What roles can cities play in creating food environments that support health? The six papers in the mini symposium on food policy and cities in this issue seek to answer this question by comparing recent developments in four cities: Cape Town, London, New York and Shanghai. Based on a seminar series on urban food policy at the Roosevelt House Institute on Public Policy at Hunter College in New York City in 2012–2013, the articles explore how governance, politics, markets and inequality influence obesity, diet-related diseases, and food insecurity in cities at community, municipal, national and global scales.

A starting point for the series is the growing recognition that cities have become catalysts for change in economic, social and public policy in part because they are now home to more than half the world's population and in part because cities have demonstrated a capacity to innovate and challenge the status quo that national governments and international organizations sometimes lack.<sup>1,2</sup>

Freudenberg and Atkinson analyse food policy in relation to political processes, in this case the most recent Mayoral elections in New York City and London.<sup>3</sup> They demonstrate how civil society organizations and social movements have persuaded Mayors to put food policy on their political agenda, a pressure reinforced by the high municipal costs of diet-related diseases. At the same time, established interests such as the food industry and wealthy elites oppose policies that would address more fundamental determinants of diet-related disease such as income inequality and marketing of unhealthy food. This opposition makes it more difficult to take on the deeper social determinants of diet-related diseases that growing evidence suggests could help reduce their impact.<sup>4,5</sup> How these contests play out in cities around the world will have an important influence on the prevention of diet-related disease. For public health professionals, learning how to frame and present the evidence for effective interventions to improve food environments to policy makers, political parties, social movements and urban residents is an important priority.<sup>6</sup>

Any effort to change municipal food environments in order to promote health will require identifying the specific levers of power available to city governments. The governance differences between New York City and London are highlighted in the mayoral paper and could serve as a roadmap for political activists. The levers available to municipal governments include food procurement and institutional food, regulation of retail establishments, zoning and health education

campaigns, governmental responsibilities that differ significantly among the four cities examined here.<sup>7</sup>

Tsui et al. examine the use of institutional food in New York City as one such municipal lever.<sup>8</sup> They analyse the factors that facilitate and impede the provision of healthy foods and explain the role of procurement policies and food standards in improving the quality of institutional food in schools, hospitals, jails, and senior centres. They also identify the barriers, including limited budgets and ongoing tensions between centralized and devolved bureaucracies. New York City serves 260 million institutional meals and snacks each year, showing the potential for institutional food to improve the nutritional status of vulnerable populations.

A key question facing policy makers is to identify the appropriate scale for interventions to improve food environments. Again looking at patterns in New York City, Libman examines the relative benefits and limits of intervention at the scale of communities vs municipalities.<sup>9</sup> Based on her finding that urban residents purchase and consume food in multiple neighborhoods, she warns against falling into the 'local trap' in which a particular scale—the community—is inherently valued. Instead, she argues for a balance between local approaches and citywide policies that improve food choices for all sectors of the population and take on more directly the deeper determinants of unequal access to healthy affordable food.

Case studies comparing Cape Town and Shanghai with New York highlight other factors that influence opportunities for municipal action. Both Leung et al.<sup>10</sup> and Libman et al.<sup>11</sup> examine the interplay of history, culture and governance in shaping opportunities for the prevention of obesity and diet-related diseases. In South Africa and China, the national government has major responsibilities for education and healthcare, limiting the power of municipal governments whereas in the United States, municipal governments play an important role in these two sectors. In all three cities, growing income inequality constrains opportunities to address fundamental determinants of diet-related non-communicable diseases.<sup>12–14</sup> In addition, the growing market and political dominance of globalized food industries that profit by producing and distributing the ultra-processed foods most associated with diet-related diseases further challenge effective action in cities in low, middle and high income nations.<sup>15</sup>

Around the world, food movements and food policy analysts have advocated strengthening local production of food in order to increase the supply of healthy unprocessed food,

support local and regional agriculture and economic development, and reduce the adverse environmental impact of globalized industrial agriculture.<sup>16,17</sup> But as Angotti shows in his analysis of urban agriculture in New York City, in practice it has been a formidable challenge for urban farmers to do more than fill market niches for high value products.<sup>18</sup> He suggests some of the ways that municipal governments can create the infrastructure and policy environment in which urban agriculture could be expanded and contribute more significantly to reducing inequalities in access to healthy food.

Changing the food environments and policies that contribute to diet-related disease, food insecurity and global warming will require action at multiple levels. But this series of papers show that action at the city level can make a difference, making healthy food choices easier for a significant part of the world's population. Given the success of the food industry in shaping international and national policies to benefit their interests at the expense of public health,<sup>19</sup> using the levers and mechanisms available more locally may open paths to more effective action.

However, the impact that city level action can have nationally and globally should not be underestimated, as was seen by the national removal of trans fats from chain restaurants in response to the NYC's 'ban' on trans fats in 2007.<sup>20</sup>

Finally, these profiles of municipal engagement in food policy in four cities show that there is a public sector in food. Through institutional food programs, procurement policies, food benefits, retail regulations, subsidies, taxes, workforce development and nutrition education campaigns, city governments already have a big footprint in the food sector. In practice, however, these functions are often uncoordinated or shaped by private interests and thus miss opportunities to advance public health goals. Finding ways to use this considerable public power to prevent diet-related diseases, reduce hunger and food insecurity, promote local economic development, and decrease food-related global warming offers public health new ways to improve population health and reduce inequalities in health.

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Sue Atkinson

Joan H Tisch Distinguished Fellow in Public Health, Roosevelt House, Hunter College, New York, United States<sup>a</sup>  
Department of Epidemiology and Public Health, University College, London, UK  
E-mail address: [sueatkinsonph@gmail.com](mailto:sueatkinsonph@gmail.com)

Nicholas Freudenberg

The City University of New York School of Public Health and Hunter College, New York, NY, United States

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