# SHIFTING FROM PROBLEM IDENTIFICATION TO PROBLEM SOLVING: CITYHEALTH AS AN ACCOUNTABILITY AND SOLUTION-DRIVING TOOL FOR GOVERNMENTAL ENTITIES

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ABSTRACT

*Policy is a powerful tool that can improve health and wellbeing by addressing specific risks or impacting social conditions that are drivers of health and quality of life. But governmental policies can vary immensely from one jurisdiction to another. Surveillance of policies at the local level can help facilitate evidence-based policy adoption between cities, states, and beyond. This Essay highlights the CityHealth model, which has successfully influenced policy change by illuminating the quality and quantity of nine key city policies in the forty most populous U.S. metropolitan areas. Providing the public, press, and policymakers with an easily translatable accountability framework—using gold, silver, and bronze medals to assess policy status—is a constructive lever for addressing gaps in key social determinants of health.*

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## INTRODUCTION

One of the government's primary responsibilities is to collect, maintain, and disseminate information, allowing for an informed citizenry. Not only does the public maintain a right to know about government functions but this information is key for holding the government accountable to the people. Information can take many forms, from the reporting of all laws, regulations, and executive orders to tracking key measures of a community's status, such as economic or environmental data.

Many U.S. nongovernmental organizations report information on deleterious outcomes to advocate for better laws and policies. In the environmental field, pollution levels in water, air, or consumer products are regularly used to raise public and policymaker attention to problems.[1] Similarly, health organizations often report on disease rates or dangerous conditions, from obesity to medical error rates, to keep policymakers and the general public apprised of trends.[2] Beyond furthering public knowledge, publicly tracking and reporting on the levels of injurious and harmful outcomes, such as pollution, disease rates, teenage smoking, and high school dropout rates, have been a common practice to hold government officials at the national, state, and local level accountable for their efforts and services.[3] For instance, the American Lung Association annually ranks states and cities for their levels of air pollution as a tool to encourage stricter standards and enforcement.[4]

Increasingly, nongovernmental groups are measuring and comparing the statuses of laws or specific appropriation levels as a tool to propel policy improvements. In the United States, comparisons take place on a broad range of issues, such as states' laws

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1. *See* M.E. Kraft, *Influence of American NGOs on Environmental Decisions and Policies: Evolution over Three Decades*, *in* THE ROLE OF ENVIRONMENTAL NGOS: RUSSIAN CHALLENGES, AMERICAN LESSONS: PROCEEDINGS OF A WORKSHOP 141, 144 (2001).

2. *See, e.g.*, TRUST FOR AM.'S HEALTH, THE STATE OF OBESITY: BETTER POLICIES FOR A HEALTHIER AMERICA (2019), http://www.tfah.org/wp-content/uploads/2019/09/2019ObesityReportFINAL-1.pdf [https://perma.cc/8T89-DS3G].

3. *See, e.g.*, *Tobacco Initiatives*, AM. LUNG ASS'N, http://www.lung.org/our-initiatives/tobacco/ [https://perma.cc/BN5U-Z8JX] (last visited May 1, 2020).

4. *See About State of the Air*, AM. LUNG ASS'N, http://www.lung.org/our-initiatives/healthy-air/sota/about.html [https://perma.cc/5LBE-MSTJ] (last visited May 1, 2020).

designed to prevent human trafficking or programmatic funding levels for tobacco cessation programs.[5] Advocacy organizations routinely assess policies and translate comparisons into letter grades or other relatable measures.[6] As an example, Shared Hope International assesses states on the strength of their laws related to protection against commercial sexual exploitation of children and grades them, A through F, against a model legislative framework.[7] In the past decade, states have improved their laws significantly, with forty-nine states raising their grades between 2011 and 2019.[8] This legal accountability tool, along with increased public attention to sex trafficking in this country, helps generate political will and pressure to adopt better policies at the state level.[9] Accountability tools serve a dual purpose of both highlighting and demonstrating whether existing laws, regulations and policies have been implemented with fidelity.

## I.    MEASURING HEALTH STATUS

In the public health field, there is a plethora of indexes built upon governmental data that measure the health status of a community. The County Health Rankings & Roadmaps provides numerical scoring of most counties within each state on key indicators for health outcomes, like premature death; low birthweight; health behaviors, such as smoking, obesity, alcohol use/dependency, and teen pregnancy rates; clinical care; and social, economic, and environmental factors.[10] America's Health Rankings rates the states based on the weighted sum of the number of standard deviations each core measure is from the national average, ranging from numbers of primary physicians, vaccination rates, foodborne illness cases, and air pollution levels.[11]

At the city level, limited health-specific data are available. The Big Cities Health Coalition curates city-level data consisting of roughly thirty thousand data points across thirty of the largest U.S. cities.[12] CityHealth Dashboard reports "on 37 key measures of health and factors affecting health across five areas: Health Behaviors, Social and Economic Factors, Physical Environment, Health Outcomes, and Clinical Care."[13] The

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5.  *See, e.g.*, CTRS. FOR DISEASE CONTROL AND PREVENTION, BEST PRACTICES FOR COMPREHENSIVE TOBACCO CONTROL PROGRAMS 72–73 (2014), http://www.cdc.gov/tobacco/stateandcommunity/best_practices/ pdfs/2014/comprehensive.pdf [https://perma.cc/9X96-L9KW] (listing the annual per capita funding levels for state programs).

6.  *See, e.g.*, *Protected Innocence Challenge: Toolkit 2019*, SHARED HOPE INT'L, http://sharedhope.org/what-we-do/bring-justice/reportcards/ [https://perma.cc/32J7-MWYN] (last visited May 1, 2020).

7.  *Id.*

8.  *Id.*

9.  *See id.*

10.  CTY. HEALTH RANKINGS & ROADMAPS, 2019 COUNTY HEALTH RANKINGS KEY FINDINGS REPORT 2, 14–15 (2019), http://www.countyhealthrankings.org/reports/2019-county-health-rankings-key-findings-report [https://perma.cc/2VZ7-X2TS].

11.  AM.'S HEALTH RANKINGS, UNITED HEALTH FOUND., ANNUAL REPORT 2019, at 100–02, 109 app. (2019), http://assets.americashealthrankings.org/app/uploads/ahr_2019annualreport.pdf [https://perma.cc/ D98J-5USN].

12.  *Data Platform*, BIG CITIES HEALTH COALITION, http://www.bigcitieshealth.org/city-data [https://perma.cc/7USY-7SXB] (last visited May 1, 2020).

13.  *Metrics Background*, CITYHEALTH DASHBOARD, http://www.cityhealthdashboard.com/metrics [https://perma.cc/4F9Y-CYUQ] (last visited May 1, 2020).

categories used in the County Health Rankings & Roadmaps align with these five areas.[14] Overall, this information highlights disparities and generates attention to health problems.

In the public sphere, health is often viewed through a clinical prism or as a result of individual behavior. Yet there are myriad factors outside of the traditional health scope that influence and impact health outcomes. These social and economic conditions are known as the "social determinants" of health, and there is increasing evidence that policy is a powerful tool to help address the array of social determinants that impact the health and wellbeing of communities.[15] These determinants include the affordability of housing, access to quality education, availability of healthy foods, local emergency and health services, environments free of life-threatening toxins, public safety, and transportation.[16] Policies can be designed to enhance quality of life in ways that address health inequities and improve overall population health.[17]

Health data play an important role in assessing and highlighting the current state, trends, disparities, or needs in population health. In *The Future of the Public's Health in the 21st Century*, the National Academy of Medicine asserted that public policy is a vital framework step for improving health and eliminating disparities.[18] Policy, which should be a solution-based tool derived by evidence and data, can play a key role in achieving vital conditions for health and wellbeing.[19] As the Academy noted, systems of accountability are needed to ensure that population health goals are met.[20]

## II. CITYHEALTH—MEASURING POLICY AS AN EVOLUTION OF PROBLEM ASSESSMENT

Cities are in a prime position to innovate and lead with policy initiatives that improve the life and health of their residents, which in turn, can influence replication at the state and federal level. CityHealth, designed to assist city leaders' efforts to improve their cities and the lives of their residents, awards medals to cities based on their progress in adopting an evidence-based, "pragmatic, achievable, yet aspirational" policy package.[21] To create this policy package and provide city leaders with ideas that they can

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14. *Id.*

15. *See* MATTHEW SAUNDERS ET AL., HEALTH EVIDENCE NETWORK SYNTHESIS REPORT 52: KEY POLICIES FOR ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUITIES, at vii–x (2017), http://www.ncbi.nlm.nih.gov/books/NBK453566/pdf/Bookshelf_NBK453566.pdf [https://perma.cc/5TDK-QRNK]; U.S. DEP'T OF HEALTH AND HUMAN SERVS., PUBLIC HEALTH 3.0: A CALL TO ACTION TO CREATE A 21ST CENTURY PUBLIC HEALTH INFRASTRUCTURE 7–9 (2016), http://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf [https://perma.cc/6X57-2VJV].

16. *Social Determinants of Health*, OFF. DISEASE PREVENTION AND HEALTH PROMOTION, http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health [https://perma.cc/LK8R-LGW7] (last visited May 1, 2020).

17. *Id.*

18. *See* INST. OF MED. OF THE NAT'L ACADS., THE FUTURE OF THE PUBLIC'S HEALTH IN THE 21ST CENTURY 29 fig.1-1 (2003).

19. *See* Keshia M. Pollack Porter et al., *The Importance of Policy Change for Addressing Public Health Problems*, 133 PUB. HEALTH REP. 9S, 9S–13S (2018).

20. INST. OF MED. OF THE NAT'L ACADS., *supra* note 18, at 33.

21. Elizabeth Skillen & Shelley Hearne, *Building off of Evidence-Based Policies: The CDC's Health Impact in 5 Years (HI-5) Initiative and CityHealth, an Initiative of the de Beaumont Foundation and Kaiser*

align with their city's priorities and needs, CityHealth sought out policies that leading authorities, such as the County Health Rankings & Roadmaps and the National Academy of Medicine,[22] "determined as having sufficient evidence or expert opinion to provide important health benefits."[23] Thus, CityHealth promotes "upstream policies," rather than treatment to prevent health problems and focuses only on policies that can be actionable at the city level.[24]

This Section discusses the CityHealth nine policy recommendations. These recommendations include requiring earned sick leave,[25] providing high-quality and accessible prekindergarten,[26] requiring affordable housing policy and inclusionary zoning,[27] maintaining complete streets,[28] fostering safer alcohol sales,[29] ensuring smoke-free indoor air,[30] increasing the age of tobacco sales to twenty-one,[31] incorporating effective food safety methods,[32] and having healthy food procurement policies.[33]

## A.   *Earned Sick Leave*

Earned sick leave laws require employers to provide employees with paid time off from work, enabling employees to stay home to address their own or their families' health needs without losing pay.[34] These laws generally vary on the type of employer required to provide earned sick leave, usually depending upon the size of the business. Similarly, laws will also vary on the type of employees who are allowed to receive paid

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*Permanente*, *in* THE PRACTICAL PLAYBOOK II: BUILDING MULTISECTOR PARTNERSHIPS THAT WORK 407, 413–14 (J. Lloyd Michener et al. eds., 2019).

> This policy package was derived using a three-part process that considered (1) the evidence base of policies addressing the key social determinants of health; (2) cities' jurisdictional authority and precedent; and (3) analysis by a policy advisory committee representing key partners, influencers, and community representatives.

*Id.* at 414.

22. *See, e.g.*, INST. OF MED. OF THE NAT'L ACADS., PUBLIC HEALTH IMPLICATIONS OF RAISING THE MINIMUM AGE OF LEGAL ACCESS TO TOBACCO PRODUCTS (2015), http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2015/TobaccoMinAge/tobacco_minimum_age_report_brief.pdf [https://perma.cc/Y834-LTQ7].

23. Skillen & Hearne, *supra* note 21, at 414. CityHealth initially sorted the policies received into seven categories—education, transportation, housing, public safety, financial security, environment, and tobacco control—depending on their relationships to certain social determinants of health and preventable causes of death and disability. *Id.*

24. *Id.*

25. *See infra* Part II.A.

26. *See infra* Part II.B.

27. *See infra* Part II.C.

28. *See infra* Part II.D.

29. *See infra* Part II.E.

30. *See infra* Part II.F.

31. *See infra* Part II.G.

32. *See infra* Part II.H.

33. *See infra* Part II.I.

34. CITYHEALTH, 2019 REPORT METHODOLOGY 3 (2019) [hereinafter CITYHEALTH, 2019 REPORT METHODOLOGY], http://static1.squarespace.com/static/5ad9018bf93fd4ad7295ba8f/t/5dcb69786d474f159d6c8873/1573611900796/CityHealth_Methodology_2019.pdf [https://perma.cc/K3HE-D9GR].

sick time, as well as the maximum amount they can accrue within a given year. For example, New York City distinguishes coverage requirements by the number of employees: businesses with less than five employees must provide unpaid sick leave; five or greater must be paid sick leave.[35] But the N.Y.C. law distinguishes that domestic workers employed for over a year receive paid sick leave.[36] To earn a CityHealth gold medal, a city must demonstrate the following:

(1)  it has "an earned sick leave law";

(2)  it has an option for employees to "use earned sick leave to care for family members";

(3)  it has an option for employees to "use earned sick leave for domestic violence recovery";

(4)  the "[m]inimum amount of earned sick leave time an employee can earn" is greater than or equal to forty-eight hours; and

(5)  the "[s]mallest business size covered under the earned sick leave law" is one employee.[37]

## B.  *High-Quality, Accessible Prekindergarten*

CityHealth's approach to prekindergarten is that cities must develop and implement programs that are both accessible, which CityHealth defines as having "over 30% of children in the city enrolled in [prekindergarten] programs," and of high-quality.[38] Since program quality and access is not a legal assessment, CityHealth, in partnership with the National Institute for Early Education Research (NIEER), uses a survey methodology that assesses: (1) enrollment levels in the city's largest prekindergarten program, and (2) how city (or state) prekindergarten programs stack up to NIEER's ten evidence-based benchmarks for minimum standards for highly effective programs.[39] If a city lacked its own prekindergarten program, NIEER used state data to represent that city's enrollment numbers.[40]

The ten quality benchmarks, across which cities assesses cities, are as follows:

(1)  Programs require adherence to early learning and development standards.

(2)  Lead teachers are required to have at least a bachelor's degree.

(3)  Lead teachers are required to have specialization in preschool education.

(4)  Assistant teachers are required to have at least a Child Development Associate or an equivalent credential based on coursework.

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35.  N.Y.C. ADMIN. CODE § 20-913 (2018), https://codelibrary.amlegal.com/codes/newyorkcity/latest/NYCadmin/0-0-0-36072 [https://perma.cc/MZY2-H597].

36.  *Id.*

37.  *Id.*

38.  CITYHEALTH & NAT'L INST. FOR EARLY EDUC. RESEARCH, PRE-K IN AMERICAN CITIES: QUALITY AND ACCESS GROW, BUT CITIES ARE MISSING OPPORTUNITIES TO CREATE LASTING BENEFITS FOR THEIR YOUNGEST LEARNERS 7 (2019), http://static1.squarespace.com/static/5AD9018BF93FD4AD7295BA8F/t/5C4883EF7924E8130FAFEE7D/1548256243676/pre-k+in+american+cities+1-23.pdf [https://perma.cc/4LPW-DGSB].

39.  *Id.* at 4.

40.  *Id.*

(5) Programs require staff professional development (i.e., teachers and assistant teachers are required to have at least fifteen hours of annual in-service training, participate in coaching, and have individualized professional development plans).

(6) Class sizes must be limited to twenty children.

(7) Classrooms must have a teacher to child ratio of no more than one staff member to ten children.

(8) Programs must demonstrate evidence of curriculum supports.

(9) Programs require vision, hearing, health, and developmental screenings, as well as referrals to needed services.

(10) Programs must implement a system of continued quality improvement, which includes regular onsite visits to measure classroom quality and the required use of data collected through these structured observations.[41]

To earn a CityHealth gold medal, a city must meet the accessibility requirement referenced above and achieve eight out of the ten quality benchmarks.[42]

## C.   *Affordable Housing/Inclusionary Zoning*

CityHealth's affordable housing policy is inclusionary zoning "that requires developers to set aside a portion of housing units for low- and moderate-income residents."[43] To earn a gold medal in this policy area, a city must demonstrate that:

(1) it "has a mandatory inclusionary zoning law";

(2) the "[l]aw requires program evaluation";

(3) the law "[a]pplies to projects of at least 10 units or less"; and

(4) the law "[r]equires at least 20% of the total project are affordable units."[44]

## D.   *Complete Streets*

"Complete Streets" is a policy designed to balance the needs of roadway users with "safety across all forms of transportation, including walking, biking, public transit and cars."[45] To earn a CityHealth gold medal, a city must have a complete streets policy that includes the following standards:

(1) "requires compliance";

(2) "accommodates pedestrians, bicyclists, motorists, and public transit vehicles";

(3) "explicitly accommodates all ages";

(4) "explicitly accommodates all abilities";

(5) "assigns a department to oversee implementation"; and

(6) "requires development of performance measures."[46]

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41.  *Id.* at 5.

42.  *Id.* at 7.

43.  CITYHEALTH, 2019 REPORT METHODOLOGY, *supra* note 34, at 2.

44.  *Id.*

45.  *Id.*

46.  *Id.*

### E. Safer Alcohol Sales

"Safer Alcohol Sales" is CityHealth's public safety policy, which is designed to put cities in charge of the location and practices of alcohol retailers.[47] Research shows that "[n]eighborhoods with high concentrations of alcohol sales are linked to more drinking and higher rates of violence and driving under the influence."[48] To earn a gold medal for this policy, a city must demonstrate that its law:

(1) "applies to *all* alcohol sales";

(2) "addresses public health and safety"; and

(3) "authorizes the city to close an alcohol retailer for failing to comply with the law."[49]

### F. Smoke-Free Indoor Air

To earn a CityHealth gold medal for smoke-free indoor air, cities must ban indoor smoking in all of the following locations:

(1) nonhospitality workplaces, including childcare and long-term care facilities;

(2) public places;

(3) restaurants; and

(4) bars.[50]

### G. Tobacco 21

"Tobacco 21" is a policy designed to curb tobacco use among young adults.[51] As such, CityHealth's gold medal standard requires a city to meet the following criteria:

(1) sets the minimum legal sale age of tobacco products to twenty-one; and

(2) explicitly applies the age restriction to all tobacco products, including e-cigarettes and vapor products.[52]

### H. Food Safety/Restaurant Inspection Rating

CityHealth encourages right-to-know policies where food inspection scores are translated into easy to understand grades that inform consumer choices and can assist in reducing foodborne illnesses.[53] To earn a gold medal, a city must have policies that meet the following criteria:

(1) "use[] a mandatory rating system to disclose the restaurant inspection results to the public";

(2) require that restaurants "visibly post on-site rating/grades"; and

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47. *Id.* at 5.
48. *Id.*
49. *Id.*
50. *Id.*
51. *Id.* at 6.
52. *Id.*
53. *Id.* at 3.

(3)  require that restaurants "post the rating/grades outside before [the] potential customer enters."[54]

*I.   Healthy Food Procurement*

CityHealth's healthy food procurement policy allows cities to leverage their existing purchasing power by ensuring healthy food options are available on public property to aid residents and employees in making food choices "that will help them achieve and maintain a healthy weight."[55] To earn a gold medal, a city must meet the following criteria:

(1)  "has a procurement policy mandating nutrition standards"; and
(2)  applies the policy "to all city contracts."[56]

Recognizing that there may not be the political will or appetite to apply these standards across all city contracts, CityHealth awards bronze and silver medals to cities adopting policies that apply only to vending machines and require more than fifty percent or seventy-five percent of food and beverages to meet the nutrition standards.[57]

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The CityHealth policy package is neither an exclusive list nor an exhaustive one. It is designed to provide a "to do list" for basic, evidence-based policies under the control of local leaders that have been successfully implemented in a major U.S. city.[58] The initiative considered a mix of policies that were aspirational, had bipartisan support in some locations, were low cost to the city, and were "ready to be adopted in the most places with the greatest potential to improve people's lives."[59]

### III.   CITYHEALTH POLICY SURVEILLANCE METHODOLOGY

CityHealth partnered with the Center for Public Health Law Research at Temple University Beasley School of Law to assess the forty largest U.S. cities on the number and strength of their policies.[60] Utilizing sophisticated approaches known as "legal mapping"[61] and "policy surveillance,"[62] Temple began collecting publicly available data to assess and determine the existence and strength of city policies.[63] In addition to

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54.  *Id.*

55.  *Id.* at 4.

56.  *Id.*

57.  *Id.*

58.  *About CityHealth*, CITYHEALTH, http://www.cityhealth.org/about [https://perma.cc/QGA2-Z2NE] (last visited May 1, 2020).

59.  *Id.*

60.  *See* CITYHEALTH, 2019 REPORT METHODOLOGY, *supra* note 34, at 1.

61.  For a thorough explanation of legal mapping, see Scott Burris, *How To Write a Legal Mapping Paper* (The Policy Surveillance Program & Temple Univ., Working Paper No. 2018-10, 2018).

62.  For an explanation of policy surveillance, see Scott Burris et al., *Policy Surveillance: A Vital Public Health Practice Comes of Age*, 41 J. HEALTH POL., POL'Y & L. 1151 (2016).

63.  For granular information on the data compiled for each of the nine policy initiatives outlined in the 2019 Policy Assessment, refer to the "data deep dive" section under each policy initiative on the CityHealth website. *See, e.g.*, *Complete Streets*, CITYHEALTH, http://cityhealthdata.org/policy/40-cities-complete-streets

analyzing city codes, regulations, and executive orders, Temple also contacted city leaders directly, a quality assurance and quality control process, to ensure the accuracy of the data and information identified during the surveillance.[64]

Under the CityHealth model, CityHealth awards cities nine policy-specific medals, according to the quality and strength of their laws.[65] CityHealth developed criteria for scoring individual policies based on subject matter experts' opinions on best practices in at least one major U.S. city.[66] Criteria needed to be specific elements that would be measurable in the law and enforceable as a policy.[67] For instance, working with tobacco-control experts, CityHealth determined that cities would be awarded gold, silver, bronze, or no medal for smoke-free indoor air laws based on the criteria outlined in Figure 1[68] below:

FIGURE 1

EXAMPLE OF POLICY SURVEILLANCE CRITERIA FOR MEDAL SCORING

**Measuring big cities' smoke-free indoor air policies**

| CATEGORY | BRONZE | SILVER | GOLD |
| --- | --- | --- | --- |
| Total number of met criteria* | Total 2 out of 4 criteria listed below | Total 3 out of 4 criteria listed below | Total 4 out of 4 criteria listed below |
| 1. Smoking is banned in non-hospitality workplaces, including workplaces, child care, and long-term care facilities | | | Yes |
| 2. Smoking is banned in public places | | | Yes |
| 3. Smoking is banned in restaurants | | | Yes |
| 4. Smoking is banned in bars | | | Yes |

* Note: For a bronze medal, a city must meet any 2 of the 4 criteria. For a silver medal, a city must meet any 3 of the 4 criteria. For a gold medal, a city must meet all 4 of the criteria.

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[https://perma.cc/9YQA-RT67] (last visited May 1, 2020). For general information on public policy research methods, see PUBLIC HEALTH LAW RESEARCH: THEORY AND METHODS (Alexander C. Wagenaar & Scott Burris eds., 2013).

64. *See*, *e.g.*, CTR. FOR PUB. HEALTH LAW RESEARCH, RESEARCH PROTOCOL FOR CITYHEALTH: COMPLETE STREETS (2019). Each policy initiative contains a Research Protocol available in the "data deep dive" section under each policy initiative on the CityHealth website. For more on each of the policy initiatives, see *Policies*, CITYHEALTH, http://cityhealthdata.org/policy [https://perma.cc/9JHC-558P] (last visited May 1, 2020).

65. CITYHEALTH, 2019 POLICY ASSESSMENT 4 (2019) [hereinafter CITYHEALTH, 2019 POLICY ASSESSMENT], http://static1.squarespace.com/static/5ad9018bf93fd4ad7295ba8f/t/5dcc533c33e6e87259 475e36/1573671758573/CH_Policy+Assessment_2019+Designed.pdf [https://perma.cc/XMP2-MMQ3].

66. *See About CityHealth*, *supra* note 58.

67. *See id.*

68. *E.g.*, CITYHEALTH, 2019 REPORT METHODOLOGY, *supra* note 34, at 5.

CityHealth also awards cities an overall city-wide medal based on how many policy medals they have earned: gold for five or more gold medal policies, silver for five or more silver or gold medal policies, and bronze for four policies with any combination of medals.[69] Recognizing that cities have different needs, priorities, and realities, CityHealth does not weigh the type of policies and only requires a plurality to win top marks in order to medal.[70] In addition, if the state restricts cities from implementing one of these laws, CityHealth notes that preemption.[71]

## IV.    CityHealth Mix and Match of Surveillance, Media Attention and Technical Support

Recognizing that policy does not happen in a vacuum, CityHealth provides its city partners with technical assistance and communication to spur city leaders to adopt policy.[72] In doing so, CityHealth places a particular emphasis on supporting local health department officials to serve as chief health strategists who can help champion policies that best align with their cities' needs and interests.[73] CityHealth worked closely with the Big Cities Health Coalition to forge these opportunities.

When cities have expressed interest, CityHealth has worked closely with city leaders to identify policy best practices, identify model legislation, and link them to peer cities that have successfully implemented relevant policies. For instance, with the support of the Robert Wood Johnson Foundation, CityHealth established a prekindergarten learning collaboration that networked early education leaders in major cities with subject matter experts to help those jurisdictions advance their quality benchmarks.[74] In addition, CityHealth provides resources to nongovernmental organizations with experience promoting health policies, such as the Campaign for Tobacco Free Kids, or experts that can provide city leaders with technical assistance, such as Smart Growth America and the MD Anderson Cancer Center.

## V.    CityHealth Findings and Discussion

While passing new policies routinely takes multiple years, city leaders have embraced the CityHealth model and have made remarkable progress in adopting these nine evidence-based policies. Over the past three years of assessing these nine policies in forty of the largest U.S. cities, CityHealth has monitored substantial progress. In 2017,

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69.    *Id.* at 1.

70.    *See id.*

71.    *Id.*

72.    For more information on policy adoption and implementation, see Ross C. Brownson et al., *Understanding Evidence-Based Public Health Policy*, 99 Am. J. Pub. Health 1576, 1577–80 (2009).

73.    For more on the importance of supporting local leaders in their public health initiatives, see Karen B. DeSalvo, Editorial, *Prepare and Support Our Chief Health Strategists on the Front Lines*, 107 Am. J. Pub. Health 1205, 1205–06 (2017).

74.    *See* Tim Burgess, *City Health Through Pre-K – Learning from Our Peers and Building Relationships Across Sectors Is Key to the Success of Our Cities' Young Children*, CityHealth Blog (Aug. 8, 2019), http://www.cityhealth.org/blog/2019/8/8/city-health-through-pre-k-learning-from-our-peers-and-building-relationships-across-sectors-is-key-to-the-success-of-our-cities-young-children    [https://perma.cc/AJ7G-GQXD] (explaining the positive impact of the prekindergarten leadership summit).

less than half of the cities obtained an overall medal (nineteen out of forty).[75] In 2019, three-quarters of the largest U.S. cities earned an overall medal: eight gold, eight silver, and fourteen bronze.[76] In total, fifty-nine policies improved from 2017 to 2019.[77]

In many cities, local leaders used the CityHealth policy package to focus on creating a thriving health environment. In San Antonio, Texas, where the city received no overall medal in 2017, the city's mayor and chief health officer declared a commitment to obtain gold within three years.[78] After being the first Texas city to pass Tobacco 21,[79] followed by an earned sick leave law, healthy food procurement requirements, and other policies, San Antonio achieved gold status in 2019.[80] Seattle, Washington, also obtained gold in 2019 after the mayor working with the county charged a working group of key agencies and officials to create and implement a CityHealth policy plan.[81]

Some CityHealth medal winners have used this accountability framework to inform the public about the status of their policies. For instance, the Boston Public Health Commission's 2018 Annual Report opened with a full page revealing their medal status in the nine areas.[82] Atlanta, Georgia, has used its medals to show achievements and where gaps still exist: an Atlanta City Council member tweeted about the city's new gold medals in prekindergarten and smoke-free indoor air,[83] while the Atlanta Department of Transportation Commissioner announced a quest for gold in 2020 by considering a Complete Streets policy.[84] CityHealth's curated list of nine pragmatic, evidence-based policies gives government officials measurable, aspirational, yet achievable, community health goals to discuss and implement.

The World Health Organization Constitution envisions "the highest attainable standard of health as a fundamental right of every human being," which implies not only health care access but also access to the underlying determinants of health.[85] Cities can be important catalysts for the country by testing, incubating, and driving widespread

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75.    CITYHEALTH, EXECUTIVE SUMMARY REPORT 7 (2017) [hereinafter CITYHEALTH, 2017 EXECUTIVE SUMMARY REPORT], https://static1.squarespace.com/static/5ad9018bf93fd4ad7295ba8f/t/5c5340ece2c4838 dc88da719/1548959986278/2017CityHealth_ExecutiveSummaryReport.pdf [https://perma.cc/4KHJ-HPU3].

76.    CITYHEALTH, 2019 POLICY ASSESSMENT, *supra* note 65, at 1.

77.    *Compare* CITYHEALTH, 2017 EXECUTIVE SUMMARY REPORT, *supra* note 75, at 7 (listing the cities' medals for each policy initiative in 2017), *with* CITYHEALTH, 2019 POLICY ASSESSMENT, *supra* note 65, at 5 (listing the cities' medals for each policy initiative in 2019).

78.    Skillen & Hearne, *supra* note 21, at 418–19.

79.    *Id.* at 419.

80.    CITYHEALTH, 2019 POLICY ASSESSMENT, *supra* note 65, at 2–3, 5.

81.    Conversation with Patty Hayes, Dir., Pub. Health, Seattle & King Counties, Washington.

82.    BOS. PUB. HEALTH COMM'N, 2018 ANNUAL REPORT 4 (2019), http://www.bphc.org/aboutus/ Documents/Annual%20Report%202018%20(Final%20for%20Web-Combined).pdf [https://perma.cc/87VE-PF7K].

83.    Matt Westmoreland (@WestmorelandATL), TWITTER (Nov. 16, 2019, 1:01 PM), http://twitter.com/westmorelandatl/status/1195763940665352192?s=11 [https://perma.cc/4VWU-Q75Z].

84.    Commissioner ATL DOT (@CommishATLDOT), TWITTER (Nov. 16, 2019, 10:33 PM), http://twitter.com/commishatldot/status/1195907864453435392?s=21 [https://perma.cc/R8ZJ-NC4H] ("We are chasing that gold for complete streets.").

85.    *Human Rights and Health*, WORLD HEALTH ORG. (Dec. 29, 2017), http://www.who.int/news-room/ fact-sheets/detail/human-rights-and-health [https://perma.cc/J6FC-PQQ5] (quoting Constitution of the World Health Organization (July 22, 1946), http://www.who.int/governance/eb/who_constitution_en.pdf [https://perma.cc/K5RL-4VMR]).

adoption of policies found to be effective and pragmatic in improving health conditions.[86] One recent example is Tobacco 21, which is a relatively new policy to help reduce the risks of teenage and lifelong addiction to tobacco, nicotine, and e-cigarette/vaping by raising the minimum legal sale age for tobacco products to twenty-one.[87] Over five hundred local jurisdictions had enacted this policy,[88] which helped build support for its adoption into federal law on December 20, 2019.[89]

## CONCLUSION

The public health law approach posits that the law can be used to create conditions that allow people to lead healthier lives and that the government has both the power and the duty to promote and protect the public's health. CityHealth is based on the premise that policy is one of the most powerful tools to improve people's lives and to help cities thrive for generations. Throughout history, some of the most critical public health victories, such as reduced rates of smoking or motor vehicle-related deaths and increased life expectancy, are the direct result of mandatory, measurable, and enforceable legal policy.

Public accountability is a critical lever and influential force for assuring that evidence-based, best practice policies are known and enacted. Providing the public, press, and policymakers with an easily translatable accountability framework—using gold, silver, and bronze medals for legal/policy solutions—is a constructive tool for addressing gaps in the key social determinants of health. Surveillance of policies at the local level can help facilitate evidence-based policy adoption between cities, states, and beyond. CityHealth has demonstrated that the old axiom—"what gets measured gets done"—can hold true in the policy surveillance world.

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86. *See, e.g.*, Shelley Hearne et al., *The Future of Urban Health: Needs, Barriers, Opportunities, and Policy Advancement at Large Urban Health Departments*, 21 J. PUB. HEALTH MGMT. & PRAC. S4, S4–S13 (2015).

87. *See supra* Part II.G.

88. CAMPAIGN FOR TOBACCO FREE KIDS, STATES AND LOCALITIES THAT HAVE RAISED THE MINIMUM LEGAL SALE AGE FOR TOBACCO PRODUCTS TO 21, at 1 (2019), https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/sales_21/states_localities_MLSA_21.pdf [https://perma.cc/VNJ6-SJ7M].

89. Pub. L. No. 116-94, div. N, tit. I, sec. 603, § 387f(d), 133 Stat. 2534, 3123 (2019).