

EDITOR'S CHOICE

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After Bloomberg: what's next for public health?

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New York City has long been a world leader. From fashion and finance to the cronut—the surely epoch defining combination of croissant and donut—where the city leads, the world often follows.

Over the past decade, it has also become an unassailable global leader in public health. Under the mayorship of Michael Bloomberg, following the bans on smoking in public places and trans fats in restaurant foods, came 200 miles of cycle lanes, a bike share scheme, and 500 “Green Cart” permits for mobile fruit and vegetable vendors.

Most recently Bloomberg attempted to limit sales of sugary drinks to quantities of no more than 16 oz. The restriction fell at the final hurdle, but whether citizens were critics or supporters of the plan, it pushed public health to the forefront of newspapers, television channels, and watercooler conversations across the city and beyond (www.bmj.com/content/345/bmj.e6768).

It's important to say that some of this progress was built on the work of his predecessors in government, but the benefits the city has seen have been profound. During Bloomberg's 12 years in office, average life expectancy in New York City has increased by three years to 80.9 years, which makes it 2.2 years longer than for the United States as a whole.

But with Bloomberg stepping down and a new mayor set to be elected in the coming weeks, all this could be about to change—so this week we look at Bloomberg's public health legacy and the election promises of those seeking to replace him (doi:10.1136/bmj.f6272).

The two front runners, Democratic nominee Bill de Blasio and Republican nominee Joe Lhota, have both at one time or another made statements on public health. But most of the rhetoric around this election is public health free. While poverty and income disparity are high on the agenda, and undoubted drivers of health outcomes, reference directly to public health, to the Bloomberg legacy, or to future plans to bolster the health of the city, are few and far between.

All of which leaves a gap for a new leader in public health. Bloomberg's policies have not been universally popular, and many felt—indeed, the courts ultimately agreed—that the soda ban, in particular, overstepped the bounds of what a mayor (or government in general) should be allowed to do. But his results have been plain to see.

So when Bloomberg steps down next month, are other mayors willing to take on his mantle, or should we now be looking elsewhere for leaders in public health?

Cite this as: *BMJ* 2013;347:f6322

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