I put together files of relevant literature related to New York City and started to synthesize this literature.

One thing became apparent is the fact that the governance process at the local level seems to be very different from the state level.

The literature confirms that local government is moving away from top down management and regulations to a bottom up more democratic process that integrates community groups.

Acknowledges that they are integral part of this process and creating spaces to engage them in informing the decision making process.

This is very different from what we see at the state level where the process is still very top down oriented and groups seem to struggle to be heard and incorporated in the decision making.

It would be interesting to see if this is typical of all local level governments at least in the US, or if New York City is an outlier.

Collaborative governance or inter-sectorial as well as interagency collaborations on transportation decisions affecting public health seems to be the ideal model that communities are striving for.

At its core, I see our project as measuring the extent to which collaborative governance is taking place in those cities.

There is an emerging movement called Health in All policies that is promoting the notion that public policies across sectors systematically takes into consideration health implications of decisions and avoid adverse health impacts of pubic policy decisions to improve health.

The executive order (California Executive Order, 2010) called for the California Health in All Policies Task Force to implement Health in All Policies framework. One of the key elements of this framework is inter-sectorial collaboration.

Here is an excerpt from a report:

“A Health in All Policies approach focuses on collaboration though relationship building, rather than sporadic or single project coordination. Collaboration requires partners to understand both the vision and the goals of the group as a whole, the goals and objectives of each of the partners, as well as the unique perspectives, specialized expertise, concerns and constraints, and potential contributions that each partner brings. Health in All Policies collaborative relationships depend upon not only shared vision and common goals, but also on the practices of trust, reciprocity or generosity, and mutuality” (Keast and Mandell, 2010).

The literature talks about the need for changes in the structures of government; its procedures and processes to implement Health in All Framework. A report that analyzed California’s experience concludes that to institutionalize the framework, there is a need for the following conditions:

1. Staff who are skilled in facilitation and consensus building, preparation of briefing materials for discussion, policy analysis, engagement and linking of resources, communications management.

2. Time and resources, and in most settings, training and capacity development to enable staff to work in new ways.

3. Strong and visionary leadership at the highest levels of government.

 clearly articulated vision of health and healthy communities, shared goals and objectives, and indicators for monitoring progress.

1. Permanent and adequately funded organizational structures to enable collaboration and health lens analysis.
2. Legal mandates and legislated support.

7. Robust and resourced community and stakeholder engagement.

8. Prioritization of human well-being and development, health, equity, and sustainability as core responsibilities and goals of government.