

## Healthy Cities *or* the Political Building of Urban Health Government

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### Editorial

Public promoters of the main cities in France find in the health dimension of City's policy an instrument to give themselves legitimacy to act in the health sector. Institutionalized in the form of city health workshops (ASV), the integration of a health section in the city contracts (2000-2006) then in the urban contracts of social cohesion (2007-2014) constitutes a boon for public actors of health promotion policies in Bordeaux [1] and Toulouse [2] to latch on to. In contrasting ways (by elaborating a municipal plan to fight against social health inequalities in Toulouse, for example), they testify to a political voluntarism giving them the right to act beyond the area deemed a priority by City policy.

Beyond the social housing quarters initially targeted, they work towards enlarging their scope of intervention to the entire municipal territory and, beyond the city, to the greater metropolitan area [3]. The process of making the health public action legitimate by which they shape their respective local government as a healthy city, moreover, involves going beyond the traditional hygienist functions attributed to the latter. To obtain this, they refer to the Ottawa Charter of 1986, a founding text in terms of public health and health promotion, which calls for making health a part of the agenda of political persons in charge of various sectors and enlightening them about the consequences their decisions may have on health and making them acknowledge their responsibility in this regard.

The public actors of the two main cities in the Southwest of France invest the municipal skills having a direct or indirect incidence on public health and more particularly, on the social determining factors of the latter: Social development, solidarity policies, sports, school meals, early childhood, urban/town planning, transportation or even facilities are sought after in terms of their potential effects on health. True public contractors in their community, the municipal promoters of public health draw the contours of the urban health government which are likely to act in favour of health and thus reach their objectives.

Aspiring to make Bordeaux and Toulouse a part of the European healthy cities [4] certainly allows some to boast their propensity to develop measures in this field. However, these recent urban pipedreams concerning public health, seen as a global entity integrating preventive, educational and curative dimensions, also aims at enabling the entire population to reach a state of complete physical, mental and social well-being as defined, in 1946, by the World Health Organization. In other words, this local development undertaken by the public actors of Bordeaux and Toulouse is a means to make up for the time lost by a traditionally limited municipal mobilization in the health sector. Moreover, by aligning themselves with international standards, the local authorities are setting up cities as lasting, interactive, friendly places to live, while being

safe and protective to boot. The advent of both healthy and smart cities indeed, provides the local power with a strong source of legitimacy and attractiveness.

Certified as urban figures of public health [5], both cities manifest an interest for community health, also valued by the World Health Organization, as it is practiced in Quebec and, more particularly, in Montreal with the tables of concertation, which are an initiative based on supporting the local social development [6]. A specific field of public health, community health is the most capable of taking into account the local grounding of health questions by involving the entire group of actors concerned: Health and socio-educational professionals, the elected officials, public actors, but also the members and those people actively involved in associations and, even beyond the community, to include the inhabitants of the very same region, whether the latter are organized and represent a collective group or not.

Such an option appears to be an attempt allowing Bordeaux and Toulouse to place their interventions in a national institutional environment marked by profound changes. The public actors of two cities must deal with the effects brought along by a weakening of the social protection system, a reduction in the endowments from the State provided to the regional government and their uniting and a repositioning of the State operating via the government through regional health agencies (ARS), all of which contributes to the recentralization of public health action at this level [7]. The merging of regions, the redefining of territories of the City's policy and the unproductive search for the right governance of urban political regimes add to this difficulty, to such an extent that urban government finds a fertile ground for affirmation and thriving in the promotion of the health sector.

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