Public-Private Partnership for Healthy City Governance:  
Focusing on New York and Seoul City

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Abstract

Given that public health is determined by political and socio-economic environments, local 
governments play a key role in promoting public health in the city level. WHO(World Health 
Organization) has encouraged ‘Healthy city’ programme (also known as Healthy Urban 
Planning) to improve physical, social environment for sustainable development. Public-
private partnership is considered efficient governance scheme for health promotion and its 
permanence. Yet, not all local governments are composing same arrangement. This article 
compares the partnership types between New York and Seoul City. Urban governance 
arrangement and the roles of members of civil society, the private sector and government are 
important to shape the public health in cities. Seoul city’s partnership is derived from 
contracting-out model while New York City is adopting voluntary network partnership. This 
study illustrates that city with network partnership is desirable for healthy city governance.

Keywords: Public-Private Partnership, Policy Consistency, Intersectoral Collaboration, 
Governance, Healthy City

1. Introduction

In the past, policy goals for improving the health of citizens focused on changing people’s 
lifestyles or treating diseases. Recently, however, policy goals have been set to consider social 
and environmental factors such as urban environment, housing, population density, education 
and local economy (Flynn, 1996; Corburn, 2009; Kim, 2012). World Health Organization 
(WHO) also supports this tendency by suggesting socio-economic factors such as urban 
governance, population characteristics and built environment as determinants of health
‘Healthy City’ is a concept advocated by WHO in 1986, in the view that social factors determine health. It is also a policy platform that cities can adopt. “A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential (WHO, 1995).” Since the healthy city programme is a close link between urban planning and public health, intersectoral collaboration, including the health sector, should be comprehensive and sustainable (Kim, 2007).

WHO has referred to cooperate between community participation and local government through the governance can help cities become healthier and more sustainable places for all people (WHO, 1995). Public-Private Partnership (PPP) is considered as effective governance scheme. Because it can effectively provide participatory opportunities for experts and community, and strengthen citizen participation capacity in cooperation with local governments and local residents (Lipp, Winters, & de Leeuw, 2013; Yoo, 2015). Yet, not all local governments are adopting same type of PPP. What kind of PPP type is appropriate for healthy city?

The well-known mega-city New York and Seoul City are adopting the public-private partnership as a governance scheme for achieving healthy cities, but adopting different types of partnership changed the governance structure.

This study argues that partnerships based on voluntary network of public, private and the third sector actors are effective in areas where consistent policy and intersectoral collaboration is essential. Consistent policies can yield short-term and long-term policy outcomes, and intersectoral collaboration can promote shared learning and innovations.

The composition of this study is as follows, Chapter II presents a concept of governance which is appropriate for healthy city. In addition, I derive the role of PPP at the city level through theoretical discussion as an independent variable that determine the structure of governance. In the third section, it presents case study methodology and compares the cases of New York and Seoul City. Finally this paper suggests the implication of PPP for healthy city governance.

2. Theory

2.1 Analytic framework: Healthy City Governance

Healthy City approach aims to improve health equity through changes in the urban
environment. The healthy city program is a long-term international development initiative that aims to place health high on the agendas of city policies and to promote comprehensive local strategies for health protection and sustainable development (WHO, 1995). WHO has required local governance to have political commitment, vision, institutional change, and networks for sustainable urban health (WHO, 2016a:204). Regarding those values, healthy city governance’s characteristics can be categorized into 1) consistent policy 2) intersectoral collaboration. Firstly, the aim of consistent policy is related to traits of health promotion which is hard to measure short-term performance. Urban policies aiming at health promotion have a considerable initial cost when new policy projects are started. In addition, consistent policies through long-term approaches are essential because urban health issues can only succeed if the value of health is integrated into the urban system based on citizen’s support and participation. Secondly, intersectoral collaboration originates from Health in All Policies (HiAP). This framework suggests that health should be prioritized in the policy making process at the national level. To adopt this framework to the city level, intersectoral collaboration would enhance coherent approach to health impacts. It includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being (WHO, 2016b). A good example is the cooperation of not only health sector but also housing, transportation and construction bureau in healthy urban planning. In short, healthy city governance can be framed like table below.

<Fig 1> Elements of the Healthy City Governance

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Policy Consistency

<table>
<thead>
<tr>
<th>Long-term project in a single department</th>
<th>Long-term Collaborative project</th>
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<tbody>
<tr>
<td>Short-term project in a single department</td>
<td>Short-term Collaborative project</td>
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Intersectoral Collaboration

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2.1.1 Policy Consistency

Policy consistency can be defined as the optimal policy alternatives at the time of policy formulation are maintained without being abandoned, suspended, delayed, or altered in the course of time (Cohen & Michel, 1988; Chung et al., 2010). Consistent policy refers to maintaining policy goals and policy means for the long-term (Im, 2017). The reason for long-term policy is that it is implemented with intensive stability. Also if the policies designed and implemented with a long-term vision, it can improve adaptability to multiple situations (Voß, Smith, & Grin, 2009). Negative consequences of policies which are not consistent may not be as effective as offsetting the positive effects of the policy or without the policy. Consistent policies in relation to these characteristics are essential for the infrastructure, especially for energy, environment, health and agriculture, which require government’s financial and institutional supports.

2.1.2 Intersectoral Collaboration

According to WHO, Intersectoral Collaboration’s definition is as follows. “A recognized relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone (WHO, 1998).” Intersectoral action for health is necessary for achieving health equity depends on health and other sectors collaboration, such as agriculture, education, and finance. Intersectoral collaboration can be divided into vertical and horizontal action (Axelsson & Axelsson, 2006). Vertical cooperation refers to working across different actors, such as, government, private sector and civil society. Horizontal refers to working across departments within city government, such as, health, transport and environment. A major goal in intersectoral action is to achieve greater awareness of the health consequences of policy decisions and organizational practice in different sectors, and through this, movement in the direction of healthy public policy and practices (WHO, 1998:14-15). According to comprehensive intersectoral collaboration we could expect institutional structures, mechanisms and capacities that are appropriate for achieving both near-term performance and enduring healthy public policy over the long term (WHO, 2016a:204).

Based on this concept of healthy city governance, I tried to approach comparative urban governance. Governance structure, culture and political actor which integrated to compose
urban governance will be presented (Digaetano & Strom, 2003). Similarities in cultural and political milieu will be controlled and differences in PPP arrangements will be elicited.

2.2 Public-Private Partnership

Public Private Partnership (PPP) is a governance structure that manages the interdependence among all social actors such as the public, private, and the civil sector. The governance structure and the policy outcomes are determined by how they participate (Peters & Pierre, 2000). As shown in <Table 1>, the public, the private, and civil society representors participate in complementary exchanges of human and material resources based on their capabilities. Multi-actor network is characterized by cooperative, voluntary and comprehensive decision-making processes that can ensure policies not to be centrally controlled (Scholz & Wang, 2006; Lee & Painter, 2015).

**<Table 1> Primary actors and roles of urban governance**

<table>
<thead>
<tr>
<th>Primary actors</th>
<th>Roles in urban governance</th>
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<tbody>
<tr>
<td>Mayor or City council</td>
<td>Chairing urban governance governing body</td>
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<td></td>
<td>Presenting a vision for policy implementation</td>
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<td></td>
<td>Allocating financial and human resources</td>
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<td>Coordinating municipal department</td>
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<td>City departments</td>
<td>Providing technical expertise</td>
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<td></td>
<td>Policy planning and implementation</td>
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<td>NGOs and business</td>
<td>Facilitating citizen participation</td>
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<td></td>
<td>Improving citizen awareness in policies</td>
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<td></td>
<td>Implementing policies</td>
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<td>Research community</td>
<td>Policy research</td>
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<td>Advisory role in decision-making process</td>
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Source: adapted from Lee & Painter (2015: 569).

PPP can be divided into contractual and voluntary network-like partnership, depending on the way the participants are combined. First, contracting-out is characterized by rapid decision making, low cost and rapidity. However, since it is a principal-agent relationship based on contract, the participants are limited and the joint responsibilities are insufficient (Klijin & Teisman, 2000: 86). Contracting-out delegates government’s activity to a selected enterprise or NGO. It focuses on improving administrative efficiency (Moon & Lee, 2002: 57).
In the case of governance composed of contracting-out, though the policy plan requires consistency, the policy projects are terminated if the renewal agreement with the government is not implemented.

Secondly, voluntary network PPP enables actors in the public, private and civil sectors to participate in decision-making process and implementation. Since NGOs participate as partners with equal rights, the effectiveness of the network is maximized through mutual communication and horizontal operation among the participants rather than the leadership of the local government. Although increasing number of actors along with the enlargement of participatory space has the disadvantage that it can degrade promptness and efficiency in the decision making process (Lee, 2012), it is possible to consider the interests of various stakeholders and remain stable policy.

<table>
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<tr>
<th>Table 2 &gt; Classification of domestic PPPs</th>
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<td><strong>actors</strong></td>
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<tr>
<td><strong>Number of actors</strong></td>
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<tr>
<td><strong>Coupling of actors</strong></td>
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<tr>
<td><strong>Task description</strong></td>
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<td><strong>Profit and risk allocation</strong></td>
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<td><strong>Management</strong></td>
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<td><strong>Criteria for evaluation</strong></td>
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<td><strong>Modes of governance</strong></td>
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3. Method

The aim of this study is to identify the type of PPP that is appropriate for the healthy city governance through comparison of New York and Seoul City’s health policy. By using most-similar systems design to focusing on different PPP types, the two cases share similarities and differences in political, socio-economic factors and structural governance. In addition, in-depth interviews and literature review were conducted for qualitative research. Interviews
were conducted with public officials, researchers and NGOs directly involved in the project via the email and telephone between September and December 2016. Literature analysis is based on the Active Design Guidelines, Fit City Conference Report, Seoul Metropolitan City Regional Health Plan, Briefing paper of healthy city projects and official website, considering the keywords such as PPP and governance.

3.1 New York City: ‘Active Design Guidelines’

The population of NYC is 8,550,405 people in 2015, with an area of 1214.4㎢. Active Design Guidelines (ADGs), NYC’s leading healthy city policy initiative, is a strategic guideline for creating a healthy urban environment which was released on January 27. ADG has been developed to improve physical activity through urban environment and building design to cope with chronic diseases such as obesity and diabetes. The goal of ADGs is to create an environment that allows urban residents to engage in healthy activities in their daily lives and making them a better place to live (NYC, 2010: 4). The beginning of the ADGs is a Fit City Conference organized by Department of Health and Mental Hygiene (DOHMH) with the American Institution of Architecture New York Chapter (AIANY). Both of the Public and NGO participated in the conference because of mutual benefits at the intersection between health and design.²

How ADGs have been developed with consistence is as follows. At the 2nd Fit City Conference in 2007, the ADGs were proposed by the working group of the Department of Design and Construction (DDC), the Department of Transportation (DOT), the Department of City Planning, Mayor’s Office of Management and Budget and DOHMH. As a result, the manual was born in January 27, 2010 through collaboration with related departments, NPOs, architects, developers and academic partners (Lee et al., 2014). The staff members, including AIANY and researchers from local universities, joined the ADG team and made organizational progress. Meanwhile, in January 2012, Mayor Michael Bloomberg convened the Obesity Task Force, which consists of various departmental members of the city hall to prevent chronic diseases. The departments have called for the adoption of ADGs for public health, particularly

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² DOHMH public official e-mail interview (7 December, 2016).
prevention of obesity, and established the Center for Active Design (CfAD), a nonprofit organization, integrated with the ADG Team. CfAD was established based on the partnership between the public and private sectors on 18 September 2012. CfAD is promoting the continued development and diffusion of ADGs and educating professionals and the general public (NYC, 2010: 30).

<Fig 2> New York City Active Design Guidelines Governance

![Diagram showing the governance structure of the New York City Active Design Guidelines]

Source: Lee (2013)

The reason for the establishment of CfAD through the voluntary network PPP was to continue ADGs after the term of Mayor Bloomberg who actively implemented healthy city policies. The initial cost of the center was funded by the City of New York, but it is currently operating as an independent organization. CfAD raises funds through donations, interest income and government support.

How intersectoral collaboration works for the ADGs governance? NYC’s ADGs governance for

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3 DOHMH public official e-mail interview (7 December, 2016).

healthy city has been constantly maintained by participants’ institutional supplement. NYC Mayor’s Executive Order 359(2013) is intended to include the principles of ADGs in urban planning. In accordance with the NYC Local Act 86, building that were supported by the public sector needed to be certified as green buildings for LEED (Leadership in Energy and Environment Design) to become ecofriendly buildings. The principle of ADGs introduced LEED’s physical activity innovation credits, enabling them to acquire incentives for buildings that improve physical activity through design (Lee, 2012: 6).

The City of New York also allowed the ADGs to be sustainable through regional development strategy initiatives. The PlaNYC, released in 2007, is a long-term blueprint for economic, climate change and quality of life to prepare for 10 million people city. Over 25 city agencies and many outside partners gathered to outline specific goals, initiatives, and milestones that address future challenges. The 2011 edition of PlaNYC specifies the usage of ADGs to achieve the plan (New York, 2011: 169). After the inauguration of Mayor Bill de Blasio, Bloomberg’s successor, he continues initiative with OneNYC.5 In addition, Take Care New York 2020 of the Ministry of DOHMH, the Road Design Manual of the Ministry of Design and Construction, and the Transportation Bureau are promoting Healthy Cities by fusing ADGs strategy with the existing policies (AIANY, 2010: 8).

3.2 Seoul City: ‘Healthy Living Space’, ‘Healthy Town Development’ and ‘Healthy Ecosystem Development for Neighborhood’6

Seoul is the capital city of South Korea with a population of 10,297,138 in 605.18 km² in 2015 (Seoul Statistics, 2016). The Seoul Metropolitan Government planned the Healthy City project in September 2003 according to the Mayor. It began with the goal of improving the physical and social environment of the community through civic participation (Moon, 2015: 24). Specifically, from 2005 to 2012, efforts were made to disseminate autonomous programs, including joining the WHO Alliance for Healthy Cities (AFHC). At this time, the ‘Healthy Living Space’ project was implemented only in some boroughs. Between 2012 and 2014, the


6 Name of project written in Korean was translated into English by the author’s discretion.
‘Healthy Town Development’ project was conducted. From 2015, the ‘Healthy Ecosystem Development for Neighborhood’ was launched to promote public-private cooperation away from health center based services. The specific governance structure of each project is as follows.

The ‘Healthy Living Place’ project, which was promoted from 2005 to 2012, was run through the Health Center of the autonomous district. The center reviewed the project proposal and selected the organization to take charge of the project. The selected private or the third sector actors set up a detailed plan through the committee and proceeded with the program.

In this process, the following intersectoral collaboration can be confirmed. Seoul Metropolitan government developed the standards and guidelines necessary to conduct the project and provided financial support for the public and private sectors to carry out the actual business. The Ministry of Health and Welfare has promoted the project to prevent obesity and provided institutional support for the safety and environment development project for infants and young children. Individual autonomous regions participated in the project by expanding trails, bicycle roads and sports facilities in their jurisdictions. The autonomous community health center, along with the residents’ health promotion center, guided the establishment of walking trails and sports facilities in the municipality. The National Policy Agency participated in the Healthy City project complementary to the existing their duties through drunken driving control and traffic safety education. In the meantime, the private sector’s key players and individual business units participated in the regulation of vending machines in the company to prevent obesity. Participants in the civil sector include private organizations, schools and community rehabilitation facilities (Seoul Metropolitan Government & Seoul Development Institute, 2007). ‘Healthy Living Place’ which was led by public sector was holding various departments’ participation, but coordination and cooperation among departments were difficult. It was found that the project operated mainly on performance-oriented and episodic events (Seoul Metropolitan Government & SDI, 2007: 603).

The ‘Healthy Town Development’ project, which has been underway for 3 years from 2012 to 2014, can be seen as an important attempt to pursue public-private cooperation aimed at improving local health (Hong, 2015). The seoul metropolitan government has selected ‘148 village’ in Gangbuk-gu and ‘Sam-taigi Village’ in Seongbuk-gu as target areas in 2012. In order to establish professional support system in the long term, ‘Sungkonghoe University’, ‘Urban Action Network’ and ‘Health Welfare and Social Cooperative’ formed a support group. Seoul
city has made a partnership with the support team as a contracting-out, and has entrusted the
general affairs (Hong, 2015: 51). Instead of carrying out the ‘Healthy Town Development’
directly, the city of Seoul cooperated with the ordinary aids like the existing healthy city project.
Public health centers in each autonomous district and private organizations took direct action
for the healthy city. However, as the department of ‘Healthy Town Development’ of Seoul city
changed from 2013, the policy goal and policy mean were changed to welfare policy. Finally
this project as a healthy city policy was concluded within one year without completing the
planned three years project.

In 2015, the City of Seoul established and promoted the ‘Healthy Ecosystem Development
for Neighborhood’ as a new healthy city project. The purpose of this project was to develop a
healthy ecosystem base with self-sustaining power by developing the private sector’s health
resources and establishing a network in neighborhood units. In particular, it is aimed at
building a practical public-private governance in which local residents take a leading role.
Previously, it was pointed out that the participation of residents was low and the link between
public and private was short-lived. In the first year, 4 community health centers conducted
cooperation projects with individual private organization, and 6 communities participated in
2016 (Seoul, 2016).

Public community health centers in each autonomous district and private organizations
joined contracting-out partnership. The partnership called ‘The Neighborhood Health
Network’, plays a role of locating health resources and constructing a small group of residents
so that locals can solve the health problems through the cooperation (Seoul Metropolitan
Government, 2016: 15). Public health centers and NGOs are carrying out substantial business
through contracting-out. The health centers are responsible for identifying health resources,
selecting NGOs and providing budget and administrative support. NGOs plan and support the
settlement of health problems led by residents through the process of finding health issues,
analyzing and diagnosing health problems.
As it is implemented through a contracting-out partnership, the city of Seoul supported full
payment for the project. In contrast to the purpose of establishing a network that can promote
the public health even if the public sector’s support is discontinued, the one-year consignment
contract has been a factor that hinders sustainability. In the absence of a NGOs to collaborate
with a public health center, the project could not be continued. Also, other participants who
are not directly contracted with NGOs or public health centers were difficult to cooperate with.
The role of the political leadership in the healthy city process was as follows. It is based on Mayor Lee’s policy No. 646 in 2003. ‘The Healthy Cities Promotion Committee’ was established and ‘the Ordinance on the Establishment and Operation of Seoul Metropolitan Healthy Cities Council’ was enacted. The ordinance was enacted to provide an institutional basis for healthy urban planning.

Mayor Oh, who was elected in 2006, focused on expansion of healthy city projects such as Healthy City Expo and holding international conventions. However, due to poor performance and committee’s negligence, the Ordinance was abolished in 2011 and in fact, the healthy city project was virtually stopped with budget cutback. Though Mayor Park announced a new healthy city project in 2012, it was ended with the transfer of the department in charge. Currently, ‘Healthy Ecosystem Development for Neighborhood’ is under way. In short, the introduction of the healthy city project started with the active leadership of the Mayor, but it was difficult to maintain the policy consistently due to lack of long term planning, institutional support, financed and voluntary partnerships.

4. Discussion

The case study analysis demonstrates that governance structure which attributed to PPP is a key factor in generating healthy city governance. <Fig 3> shows the status of healthy city governance in NYC and Seoul City.

![Fig 3]

The voluntary network PPP between the DOHMH and AIANY in NYC has maintained
intersectoral collaboration and created consultative body to sustain policy over the long-term. On the other hand, the City of Seoul, which has adopted the contracting-out type, has had difficulty in implementing policy consistently due to the short-term contract period. Also, the contractual relationships between autonomous district health centers and NGOs made it difficult for other actors to participate.

Table 3 summarizes the governance factors of both cities. First, they have a commonality in political elements of healthy city governance. They started with the strong Mayor leadership in the initial stage. Secondly, the cultural factors affecting urban governance were captured by socio-economic factors. Both cities’ populations are close to 10 million people as the mega cities. The enrollment rate for the upper secondary schools and increasing trend of the per capita income level in both cities are similar. Therefore, factors other than PPP are controlled in the case comparison.

| <Table 3> Healthy city governance milieu in both cities |
|---|---|---|
| **Policy Goal** | New York City | Seoul City |
|  | Reduce obesity and chronic diseases by creating a healthy environment | Improving citizen’s health level by strengthening health service infrastructure and service support |
| **Policy Mean** | Active Design Guidelines | ∙ Healthy Living Place  
∙ Healthy Town Development  
∙ Healthy Ecosystem Development for Neighborhood |
| **Governance Structure** | PPP participants | PPP participants |
| New York City | Voluntary Network | DOHMH, AIANY, 11 municipalities and private organizations |
| Seoul City | Contracting-out | Department of Health, Public community health center and the NGOs |
∙ Oh Se-hoon(The Grand National Party, 2006~2011)  
∙ Park Won-soon(Nonpartisan, Democratic Party, 2011~) |
| New York City | Michael Bloomberg(the Republican Party, Nonpartisan, 2002~2013)  
∙ Bill de Blasio (the Democratic Party, 2014~) |
| **Cultural factors** | Area Population and Population Density | 1214.4㎢  
8,550,405 people  
10,725.4 person/㎢ |
| New York City | 605.18㎢  
10,297,138 people  
16,291 person/㎢ |
|  | Level of Education (Higher School Enrollment rate) | 55.3%(2010)→59.7%(2014) |
| New York City | 69.67%(2003)→56.4%(2015) |
Long-term policy consistency and intersectoral collaboration are characteristics of healthy city governance, which were influenced by PPP.

First, Policy consistency is promoted when the partnership can form an organization which makes it available to oversee and promote policy initiatives. NYC established CfAD to continue to maintain and expand its policy. On the other hand, in Seoul, because the project is based on contracting-out, it is replaced with a new participant after the contract expires and it becomes inconsistent.

Second, voluntary network type is easier to cross sector gathering comparing to contracting-out because the participants are more diverse than the contracting-out. The DOHMH developed a partnership with AIANY for ADGs. It was possible to cooperate with existing institutions of various departments such as DDC, DOT, Department of City Planning and Mayor’s Office of Management and Budget etc. When the City of Seoul was implementing ‘Healthy Living Place’ project, the government also established various public sector partnerships with the Ministry of Health and Welfare, the National Police Agency and the Education office etc. However, in the case of ‘Healthy Town Development’ which was newly launched in 2012, cooperation between the public and the private was limited due to the temporary relationship based on contract. The ‘Healthy Ecosystem Development for Neighborhood’, which has been in operation since 2015, is also being carried out through a one-year unit private contract. The contracting-out strategy can improve work efficiency, but multi-sector cooperation was difficult due to limited actors.

5. Conclusion

The purpose of this study is to identify the partnership type appropriate for policy consistency and intersectoral collaboration, which are characteristics of healthy city governance. As confirmed through theory and case analysis, In healthy city governance, active participation of NGOs, professional groups, private enterprises and the general public is essential, as well as cooperation between municipal departments. In particular, since the urban health must be considered in many aspects including social and economic factors, single department or simple citizen participation does not guarantee sustainable health policy (WHO, 2016a).
Sustainable health can be achieved through cooperation with existing institutions and building independent consultative bodies.

This paper has some limitations. First, this paper conceptualized the characteristics of healthy city governance as intersectoral collaboration and policy consistency. Second, because I focused on the structural characteristics of healthy city governance, I was not able to analyze the actual performance of partnerships. Nevertheless, it is significant that the governance of healthy city policy implementation is different according to the type of PPP. The City of New York’s Voluntary network type is more suitable for intersectoral collaboration and pursuing consistent policy than the Seoul City’s contracting-out. This study contributes to offer structural implications for sustainable governance that need to be addressed on a consistent and long-term basis. In addition, it can be applied at the global level beyond the urban level of governance.

Reference


