

Title: *Why in some cities spending on public health programs is generous? A fuzzy-set Qualitative Comparative Analysis (QCA) of Polish municipalities*

Municipal governments have played an important role in handling health problems for centuries. It was Venice, where the first modern quarantine was implemented when the plague threatened the city. It was Liverpool that had implemented a sanitary legislation two years before the national Public Health Act 1848 came into existence in the United Kingdom. During the COVID-19 pandemic, municipalities have once again been at the forefront, initiating and complementing various public health actions. One of the important tools at the disposal of municipal governments are public health programs. This includes both health promotion (e.g., health education initiatives) and disease prevention (e.g., vaccination schemes). As we face novel and reoccurring population health challenges, there is a growing need to better understand local public health efforts. However, few public policy researchers have addressed the problem of differing patterns of municipal spending on public health programs. Effects of a particular orientation towards spending on other city-wide public health policies have also been understudied.

The proposed project has four goals related to bridging this research gap:

1. Finding combinations of municipal characteristics that determine the presence or absence of **generous spending on municipal public health programs**.
2. The project tries to establish if the pre-pandemic municipal public health policies (incl. the levels of spending on programs) had **an impact on proactiveness of municipal efforts during the COVID-19 pandemic**.
3. Developing the already existing theoretical perspectives that try to explain the dynamics and change of local policies – the *local welfare systems* perspective and *policy feedback theory*. The project will discover whether these approaches are appropriate to study municipal public health efforts.
4. Instead of focusing on traditional approaches of researching differing local public health efforts, the study will apply a mixed method that combines the strengths of the traditional (quantitative and qualitative) approaches.

A comparative method of growing popularity – Qualitative Comparative Analysis – will be employed and combined with several case studies of particularly interesting cities. In the comparison, 38 out of 66 Polish city counties will be included (the cities with at least 100 000 inhabitants in 2019). QCA will help to establish which combinations of conditions present in the municipalities leads to the occurrence (or not) of generous spending on public health programs. Based on the literature review, a focus will be put on following types of conditions: demographic (i.e., population density, current life expectancy), economic (i.e. municipal affluency), and socio-political (i.e. local government's political orientation, social capital). The results of the comparison will serve as a basis of choosing the cases for further investigation. Hence, up to 4 typical and atypical cases will be studied in detail at the second stage of the research project. Case studies will involve desk research relying on existing municipal public health documents and at least 4 interviews (per city) with important public health actors, such as administrative workers, NGOs representatives, local politicians. In the proposed research design, QCA and case studies complement each other in answering the questions raised.

The project will provide a valuable addition to the growing stream of research that focuses on the dynamics and determinants of local policy. It will also serve as a basis of at least two research articles and an empirical chapter of my PhD thesis. In addition, it will contribute to our understanding of municipal efforts during the COVID-19 surge. The findings of both the comparative analysis (QCA) and its extension (case studies) could inform further research, especially regarding the impact of existing city-wide public health policies on municipal health outcomes.