CITIES
THE FUTURE OF HEALTH

URBAN HEALTH AGENDA

Protecting and Promoting the Well-being of Our Nation's Big Cities
Building Healthier, More Equitable Communities

In this moment where so many have recognized the reality of vast inequalities in health and well-being, from racial justice awakenings to the scourge of COVID, the Big Cities Health Coalition seeks to advance a shared, actionable, vision for transforming urban health.

A city-wide ecosystem in which all facets of government take action to improve health will have a positive impact on a majority of the U.S. population, while countering structural inequities that diminish health and safety and the opportunity to fully engage in civic, community, and economic systems.

This work is phase one of a multi-part initiative and framework that uplifts and copowers big city health departments to address the many interconnected systems, structural drivers, and social determinants that impact population health.

Advancing this vision will require:

- Embracing a broad and comprehensive view of health;
- Exercising power and policy levers to motivate and inspire co-collaborators across city government and community-based organizations; and
- Centering equity and racial justice in all policies, practices, and budgeting processes.

The audiences who must collaborate to achieve this vision include:

- Local health departments, who can and must identify ways to be more fully engaged partners with other local government departments, non-profit organizations, and communities promoting health equity in urban centers.
- Local and state governments, who can and must fully leverage connections between public health and other sectors to improve social determinants of health and benefit urban health.
- Community members and advocates, who can and must engage and work meaningfully with governmental partner as well as beneficiaries and local stakeholders to facilitate change and hold local elected and appointed officials accountable for cultivating healthy urban communities.

BIG CITIES HEALTH COALITION

The Big Cities Health Coalition (BCHC) is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the 61 million people they serve. Together, these public health officials directly affect the health and well-being of nearly one in five Americans. **bigcitieshealth.org**

Big Cities: Where Big Challenges, Opportunities, and Innovations Converge

Most people in the U.S. (over 80%) live and create community in cities. In the nation's 35 largest urban areas alone, this amounts to nearly 62 million people, about one in five Americans.

Large cities and urban areas are unique in that they are where density and diversity meet; big cities bring together large numbers of people who come from an array of racial, ethnic, educational, and socioeconomic backgrounds. They are home to large employers, health systems, academic institutions, cultural destinations, and travel hubs. And as such, big cities are often drivers of local, regional, and national economies.

Just as *density* and *diversity* provide opportunities to bolster health and quality of life among large swaths of people, the consequences of generations of structural inequities also make urban areas vulnerable to extreme disparities in resources, opportunities, and health outcomes. These disparities, if not addressed urgently and systematically, threaten to undermine the immense value of our nation's cities. For instance, people in one neighborhood can expect to live 20–30 years longer than their neighbors who live just a few miles away, a disparity that can be traced back to systemic disinvestment of resources or through racist policies like redlining. This significant gap in life expectancy – particularly pronounced between Black and white communities – is magnified in cities, especially during the COVID-19 pandemic. Health inequities threaten the prosperity of cities. **All city agencies must take affirmative actions to support the health and wellness of their communities to increase and maintain their vibrancy.**

This means health should be a priority for every city department. City government has a vested interest in improved public health outcomes including an increased ability to attract and retain employers and workers and improved livability for residents. City governments also have an interest in addressing critical public health challenges like community safety, overdose prevention, and a host of chronic diseases.

Historically, cities are where transformative public health innovations have taken root. From Baltimore's efforts in 2002 to ensure water quality, to New York City removing lead from paint a decade before the federal government, to San Francisco removing flavored tobacco products from the market, cities have been, and continue to be, innovation hotbeds for health promotion. States and the federal government have followed cities' lead. The health of the U.S. population has benefited immensely from city public health advancements.

As contemporary threats to the public's health, such as novel pathogens and climate change, continue to increase, so too must our efforts to ensure that cities have the resources and authority they need to continue to be innovation hubs. One of the biggest threats to ongoing innovation at the local level is state (and sometimes federal) pre-emption.

Vision and Guiding Principles

All city departments prioritize and work fully and collaboratively with each other to improve urban health, with an intentional focus on those communities that are most affected by historical and contemporary racism and have been marginalized as the nation prospers.

Public health departments must lead and create alliances with all other city agencies, and community-based organizations, ensuring collaborative, interconnected policy and practice to achieve shared goals.

Key to achieving this actionable, equitable, and inclusive vision are four key principles:

- **Health and prosperity in big cities are directly linked.** One cannot exist without the other. Economic strength and prosperity for all can only be achieved by cities that prioritize the health (broadly defined) of their communities and residents.
- **Equity and justice must drive every aspect of urban health.** Equity and justice are essential to transform systems by addressing racism, heterosexism, and classism, which among others, form the root causes of inequities and injustice. Leading for with equity and correcting injustice will help close gaps in health and quality-of-life outcomes that keep prosperity, well-being, and longevity out of reach for too many.
- **Intentional, equitable, and just use of structural tools and interventions can tangibly improve the health and wellness of communities.** These tools include laws, organizational policies, participatory budgeting or equitable budgets, collaborative governance, and data stewardship and transparency.
- **Health departments are uniquely positioned to not just highlight injustices but address equity and justice in the pursuit of good health – but they can't do it alone.** Through the tools of public health such as disease monitoring and surveillance, and root cause investigations, health departments are well-equipped to convey the many ways that every aspect of urban life – including jobs, transportation, housing, the built environment, access to care and social contexts – shapes and influences health.

What do we mean by marginalized communities?

"Marginalized groups or people are those excluded from mainstream social, economic, cultural, or political life. Examples of marginalized groups include, but are by no means limited to, groups excluded due to race, religion, political or cultural group, age, gender, or financial status. To what extent such populations are marginalized, however, is context specific and reliant on the cultural organization of the social site in question." (Source)

Why We Need an Urban Health Agenda for Big Cities

Urban health is expansive and interconnected. It encompasses the interdependence of many social and physical structures and conditions that define the urban landscape and ultimately, these factors impact how long and how well we live. An urban health agenda can highlight this interdependence and inform city departments can and must do their work to align these factors to create and sustain health.

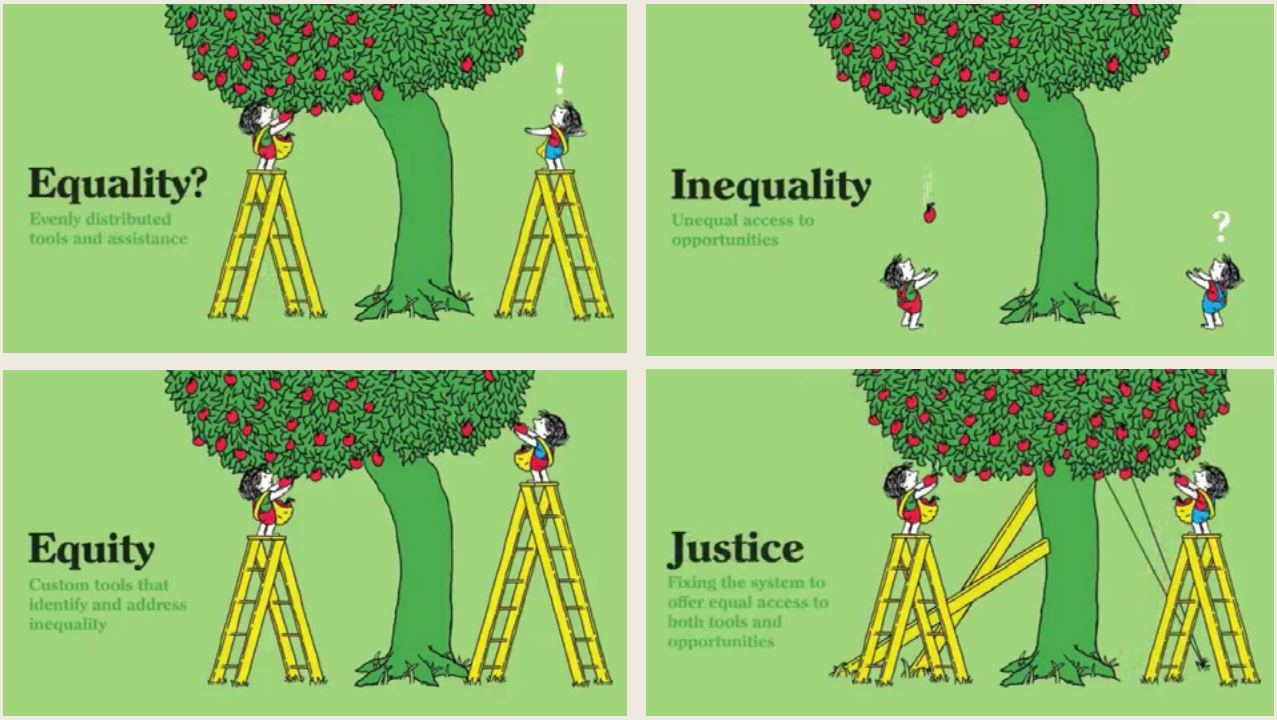
Urban health is influenced by both physical and human infrastructure. *Physical infrastructure* includes elements like sidewalks that protect pedestrians, elderly, and disabled travelers on roads; grocery stores that provide healthy, affordable options; broadband that keeps people connected to emergency, or other social, services; and homes that keep people safe and sheltered. *Human infrastructure* includes community-based non-profit organizations and other governmental and non-governmental agencies that provide assistance to elders, children, and people who are marginalized or who are in need of essential support.

How well the human infrastructure interacts with the physical infrastructure depends on organizational and sociocultural factors such as fiscal practices, social cohesion, racial bias, trust in government and patterns of civic engagement, as just a few examples. Each factor is interdependent and can influence the degree to which decisions undermine or promote urban health. When health is undermined, the impact is disproportionately felt among people of color.

As big cities emerge from acute response of the COVID-19 pandemic, the lesson is clear: **health is inexorably linked to every facet of our communities and the lives of those who reside in them** – including employment, housing, carceral status, and access to food, transportation, education, and health services. Racial and ethnic inequities and disparities in any of these facets of our lives ultimately undermine the health of everyone. It is often said that a community is only as healthy as the least healthy among it, which has been illustrated in part by COVID. At the same time, we can also see positive examples of this: Angela Glover Blackwell refers to the "curb cut effect," which highlights how investing in one group (in this scenario, those in wheelchairs) affects the broader well-being of a community (making sidewalks more accessible for those pushing strollers, for example).

While health departments are positioned to protect and promote the health of their communities, no single department alone can improve urban health. There are myriad ways in which every city department can and should influence how long and how well we live.

Because there is no specific city department that is charged with seeing and, more importantly, managing the "big picture," in big cities, public health departments often step in to navigate this role. By the nature of their work, public health professionals are ideally situated to highlight the interconnections among every aspect of health and urban life. And while public health departments can catalyze efforts to create and improve health, they cannot do this work alone. To be successful, these efforts require partnerships and collaborations with all local government agencies, elected and appointed officials, and community-based organizations. **The actions of each and every department within city government are responsible for urban health.**



Shel Silverstein, The Giving Tree; John Maeda, Tony Ruth, 2019 Design in Tech Report

Understanding Equity and Justice

Equity is distinct from equality; both are different from justice.

Equality requires that every person or community receives the exact same resources or opportunities. **Equity**, however, acknowledges that everyone doesn't start from the same place in life. People and communities have been differentially impacted by a variety of circumstances, structures, and historical contexts that have intentionally advantaged some, while unjustly and intentionally disadvantaging others. As a result, those who have been disadvantaged require a differential allocation of resources and opportunities.

At its core, equity requires acknowledgement, accountability, and action: acknowledging that structural injustices have caused disproportionate harm, being accountable and taking responsibility for harms, and taking action to remedy harms. However, these actions and remedies must give disproportionately more to those who have been harmed most. Equity requires that all individuals and populations are valued equally, historical injustices are recognized and rectified, and resources are provided according to need.

Justice embraces these requirements but goes a step further: It requires repairing and transforming circumstances, structures, contexts, and systems themselves so that they achieve and sustain equity and justice through proactive and preventative measures.

> "Health is not created within the health sector. Health is impacted by the conditions of people's lives.
>
> *— Dr. Camara Jones, American epidemiologist, physician, and activist*

Achieving Our Vision: Understanding and Addressing Interconnections between Root Causes of Inequity, Structural Tools, and Determinants and Outcomes for Health

Our physical and mental health depends on systems that support everyday life, such as economic, legal, education, housing, public safety, and transportation systems.

The COVID pandemic is our most recent reminder that no city department can achieve its goals without explicitly and proactively addressing urban health. Hence, health and equity must be critical priorities for every city department, and, every department needs to understand how their work impacts health and equity for good or for bad.

To elevate the importance of these connections, build support for cross-agency collaborations, and help other sectors understand that their goals are inexorably linked to health, the Urban Health Agenda utilizes a foundational framework that is informed by research and practice and conveys direct connections between four dimensions:

1. the root causes and drivers of structural inequity;
2. the social determinants of health;
3. health and quality-of-life outcomes; and
4. structural tools that can be utilized to remedy systemic inequities.

Root Causes: Understanding the Drivers of Inequity

Social systems that govern the distribution of power and resources through decision-making, policies, practices, norms, and values often operate as Fundamental Drivers of Health Inequity, as articulated previously by ChangeLab Solutions. Systems of power that govern the distribution of resources through decision-making structures, policies, practices, norms, and values can work to help or harm individuals and the communities in which they live. Drivers of inequity include racism, sexism, and classism.

Structural discrimination: Laws and public policies, institutional practices, cultural representations, and other norms work in multiple, often reinforcing ways to perpetuate group inequity. Structural discrimination is generally based on categories of identification, such as race, gender, sexual orientation, social class, and immigration status. Even policies designed to protect groups, if implemented unjustly in a systemic fashion, can perpetuate structural discrimination.

Income inequality and poverty: Systems of power play a central role in both concentrating wealth among the wealthy and making it difficult for those who are impoverished to escape poverty. One example is community disinvestment, wherein communities are allocated fewer resources and denied critically needed investments, which can result in chronic community-wide neglect, disenfranchisement, abandonment, and demolition. Further, building wealth is also a challenge hindered by lack of homeownership (a key way people build wealth) due to redlining and other policies that continue to harm communities of color in particular.

> "You don't have to be in charge to be leading a charge.
>
> *— Dr. Oxiris Barbot, Senior Fellow for Public Health and Social Justice, The JPB Foundation and Former Commissioner of Health in New York City and Baltimore*

Disparities in opportunity: Inequitable access to quality education and economic opportunities creates fundamental barriers to health and widens gaps in wealth and health between marginalized communities and wealthier communities.

Disparities in political power: Communities with insufficient political power find it difficult to make their problems and needs visible to government and institutional decisionmakers. This disparity is exacerbated by voting laws that create barriers to democratic participation and civic engagement. Those with greater political representation and input ultimately have the power to influence legal, political, and budgetary decisions.

Governance that limits meaningful participation: Governance is the process of aligning stakeholders and getting to agreement. Governance structures determine how power is distributed and exercised in decision-making that shapes places as well as access to resources and opportunities. However, in communities where civic participation is restricted, suppressed, or disincentivized, community-wide issues become easy to ignore and the power of these communities is perpetually diminished.

Actions Cities Must Take to Achieve Goals of Equity and Justice

- Value all people and individuals equally by recognizing all people are born free and equal in dignity and rights.
- Engage in actions to fix systems across city government that directly benefit or harm health, including how long and how well we live.
- Prioritize investments – including time, resources, funding, and people – in communities and neighborhoods that have long been ignored, disinvested, and harmed by a variety of decisions across decades, including policies and practices that were implemented by city agencies. These are the areas where investments are most needed and where they will pay off the most.
- Work to transform their own systems – both internal and external to government – so that equity and justice-focused practices (like collaborative governance and equity-informed data processes) are simply part of how the "work" gets done.
- Develop a shared analysis across government agencies in order to begin to rectify historic injustices by examining how past policies, practices, analyses, reporting requirements, and performance measures have perpetuated injustices, including poor health outcomes.

> "There is no such thing as a single-issue struggle, because we do not live single-issue lives.
>
> *– Audre Lorde, American writer, poet, and civil rights activist*

Social Determinants of Health

The social determinants of health are the conditions and contexts in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, function, quality-of-life, and life expectancy outcomes and risks. These conditions can be social, economic, or physical, and they include policies, systems, and environments.

Economic stability, which includes employers and employment-based systems, as well as public assistance systems, banks, and other systems that impact income and economic well-being.

Education, which includes early childhood education systems, K-12 school systems, colleges, universities, and technical schools, school boards, parent-teacher associations, and other related systems

Neighborhoods, housing, and the built environment, which includes private and public housing systems, city planning and zoning, developers, road engineering, parks, and other systems that influence physical spaces.

Resources, goods, and services include public transit systems, food systems, and utility providers.

Structural Challenges to Governmental Public Health

- **The workforce has been historically under-funded and under-resourced.** Investments in workforce development are needed, including organizational assessments of budgets and culture, as well as updated hiring and promotion practices, to build a highly skilled, trained, and diverse public health workforce.
- **Trust in government and science is dangerously low.** In the initial months of the COVID-19 pandemic, trust in local governmental health was high: 75 percent of responded approved of actions taken by local health leaders. A year later, other polling found that figure cut nearly in half: 44% trusted their local health department a great deal or a lot.
- **Public health authority is under attack.** In 2021, at least 15 states considered legislation that limits local and/or state public health departments from doing their most basic job – protecting the public.
- **Pre-emption, not a new threat to local jurisdictions, is on the rise.** State and federal pre-emption prevents local governments from passing regulations meant to protect and promote the public's health. This disproportionately restricts the ability cities have to enact and enforce local policies, including addressing ongoing inequities, regulating tobacco, or implementing policies to promote and protect the health of their community.

Public health and health care delivery systems, which include public health departments, as well as other organizations that are distinct from, but connected to public health, such as hospital and clinical care systems, mental health agencies, pharmacies, and health insurance systems.

Social and community contexts, which include systems that directly impact social and community structures, including election and voting systems, civic engagement processes, offices of elected officials, and the criminal legal system.

Health and Quality-of-Life Outcomes

The interplay between the drivers of inequity, structural tools, and social determinants of health ultimately influences a variety of health and quality-of-life outcomes across communities. These can include:

Physical and mental health, which includes being free of injury or illness, as well as coping with the stresses of everyday life.

Gainful employment and livable wages, which includes the extent to which people have jobs that provide living wages that allow them to meet their household's needs and provide sufficiently for their families without working multiple jobs to simply make ends meet.

Safe and stable housing and neighborhoods, including having housing that is free from health hazards and built in safe, walkable communities. Housing policies and housing instability can have a big impact on social connectedness, which is critical to the health of communities.

Educational achievement, which can include the quality of education and the rates at which high school and college students successfully graduate, as well job readiness training that matches economic opportunities.

Access to affordable and high-quality goods and services, such as public transit and grocery stores.

Community connectedness, engagement, and participation, such as voting in elections, engaging in civic activities, or attending public meetings.

Community safety, which includes people living free from fear of, and harm from, violence, reflected in both data and in perceptions of safety, where families experience a predictable level of safety and both residents and others perceive the community to be safe.

Structural Tools

Structural tools are policy levers or actions that governments – ranging from municipalities to federal agencies – can deploy to broadly address the drivers of inequity, the social determinants of health, and health and quality of life outcomes. They include, but are not limited to:

Law and public policy: A law refers specifically to the codification and institutionalization of a public policy by a government in the form of an ordinance, statute, or regulation. All laws are policies, but not all policies are laws.

Organizational policy: An organizational policy refers to a written statement by a public agency or organization outlining its position, decision, or course of action. Such policies guide decisions regarding practices and procedures that have real world implications.

Practice: A practice is a customary professional procedure that is customarily or habitually implemented based on research, theory, methods, and procedures which may or may not be codified in a formal policy.

Budgets: A budget is a plan for managing and allocated public resources, setting levels of spending, and financing spending. A budget can serve as a policy statement and a starting point for fiscal decisions and budgetary actions. The budget process is the primary means by which the governments select among competing demands for the allocation of resources and funds. A budget signifies the values a city's policymakers hold and indicates its priorities.

Collaborative governance: Collaborative governance is a governing arrangement in which public agencies directly engage non-governmental stakeholders in a collective decision-making processes that are formal, consensus-oriented, and deliberative, with the goal of making or implementing public policy or managing public programs or assets. A participatory budgeting process is an example of collaborative governance, as it involves formally engaging community members and organizations in decision-making

processes related to spending part of a public budget.

Data and research: Research includes creating new knowledge and using existing knowledge in a new and creative ways to generate new concepts, methodologies, and understandings. The analysis, synthesis, and interpretation of research and data can inform strategic decisions by revealing the root causes of persistent issues, diagnosing breakdowns in systems, highlighting obstacles, and predicting future phenomena. Data should be transparent, accessible to, and usable by policymakers and the public.

Structural tools can and should be used as "levers of change" by city departments to acknowledge and address the drivers/root causes of inequity, provide equitable and just access to the social determinants of health, and ultimately create positive health, quality-of-life, and life expectancy outcomes for every community.

These tools shape and determine access to the social determinants of health, and also shape and are shaped by the drivers of inequity depending how they are utilized to include or exclude communities that have been historically marginalized. Like any tool that is influenced by systems of power, they are not neutral. They can be used to protect those who have been historically oppressed or marginalized in ways that promote justice or they can be used to reinforce structural inequity and oppression. For instance, Jim Crow laws and redlining* were forms of discrimination that were codified in law, policy, and practice to intentionally benefit white people and harmed people of color. Laws like the Civil Rights Act of 1964, Voting Rights Act of 1965, and Fair Housing Act of 1968 were adopted in an effort to abolish these practices. However, even these robust laws fell short in many ways, illustrating that an intentional and sustained focus on equity, egalitarianism, and justice are critical for structural tools to realize their power and potential to affect positive, systemic change. Further, it is important to note that structural tools are still being used in ways that exacerbate inequities.

Health and quality-of-life outcomes are measures of how equitably and justly the structural tools are operationalized. Big city health departments (and their colleagues across city government) must use these structural tools to correct not only false narratives, but also to undo injustices in health outcomes brought to light by data and practice. It is not enough to describe the challenges - health departments must be active and strategic actors in collaborating with communities to leverage data and community-participatory practices to clearly convey the role of the social determinants of health in creating health and equity, as well as the urgent need for structural change.

To eliminate unjust differences in population health outcomes, big city health departments must consistently convey how all other systems and social determinants – including (but not limited to) income, neighborhood advantage, educational achievement, transportation access, law enforcement, and civic engagement – are linked to health in ways that can enhance or diminish length and quality of life. They must be centered on equity, racial justice, and resilience across all of their efforts. Simultaneously, city health departments must persuade and inspire collaborators across an urban ecosystem of city agencies and diverse community-based organizations to join them in efforts to achieve mutual goals and equitable goals across the four dimensions of the foundational framework.

** In the 1930s under the New Deal, the Federal Housing Administration – with active assistance from state and local government agencies, local realtors, and appraisers – commissioned and utilized graded and color-coded maps for hundreds of cities and thousands of neighborhoods across the nation. These maps were indispensable tools that were used to make decisions about where and what types of infrastructure, lending, and housing each neighborhood in an American city would be able to receive. Neighborhoods were generally assigned lower grades if they were largely populated by Black people or immigrants. The lowest graded areas were shaded red: hence the name – "redlining."*

How Big City Public Health Departments Can Lead Change for Their Cities

Public health departments in big cities are on the front lines of protecting and promoting health in urban America.

Public health leaders know that health is complex and is influenced by access to employment and living wages, safe and affordable homes and neighborhoods, high quality goods and services, and the ability to participate in decisions that shape our communities and our lives.

Big city public health departments understand these many interconnected aspects of health. They must serve, and be recognized, as full partners with city agencies as collaborators, thought partners, and initiators of action across **four key roles:**

Agenda Setter

- Collaborate with the community to set public health priorities.
- Convene community voices to share authentic and critical input from stakeholders and everyday residents.
- Define a plan of action that reflects community input and needs.
- Implement tactics to make this action plan happen through policy, practice, and resource allocation.
- Use data and their knowledge of history, context, and current events, in their work to improve community conditions through a racial or social justice lens.
- Update regularly published priority reports led by health departments, such the Community Health Needs Assessment and the Community Health Improvement Plan to incorporate critical, relevant quantitative indicators of health, such as % incarcerated or % rent burdened, into contributors of poor health outcomes. These documents are prime opportunities to set expectations for percent improvement over time that incorporates measurable reductions in racial inequities.

Narrative Framer

- Describe and illustrate how health is connected to every city department and every aspect of urban life.
- Acknowledge the historical contribution by government to the political, social, and economic marginalization of people of color, immigrants, Native Americans, LGBTQ people, people with disabilities, women, and others.
- Speak truth to power – and the public – about routine and emergent health threats and build support for needed policy change.
- Use quantitative and qualitative data to compellingly convey stories about the health of communities, and actions that drive injustices and inequities in outcomes.
- Identify actions that can drive justice and equity.
- Shape and amplify asset-based narratives that recognize communities as leaders and changemakers.

Community Partner, Facilitator, and Resource

- Bear witness to the conditions of community and acknowledge expertise among non-governmental stakeholders.
- Use government funding and resources to create strategic opportunities for communities to contribute their expertise and knowledge.

- Thrive on community connections and become well versed in outreach, consultation, collaboration, and shared governance models.
- Work to infuse this approach into cross-sector agencies, to engage community in their work as well.

Steward of Data-Driven Policy and Practice

- Monitor and communicate short-term progress and longer-term impacts, as well as emerging threats, in an accessible and transparent manner.
- Facilitate data collection and analysis that is intentionally representative of a community's diversity.
- Incorporate both quantitative and qualitative methods.
- Translate data into action, incorporating the context provided by engaging communities and their voices.
- Broker partnerships with academic partners to help do the work.
- Generate reports communicating progress and challenges to local communities, in as accessible a manner as possible.

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