Cities of Opportunity

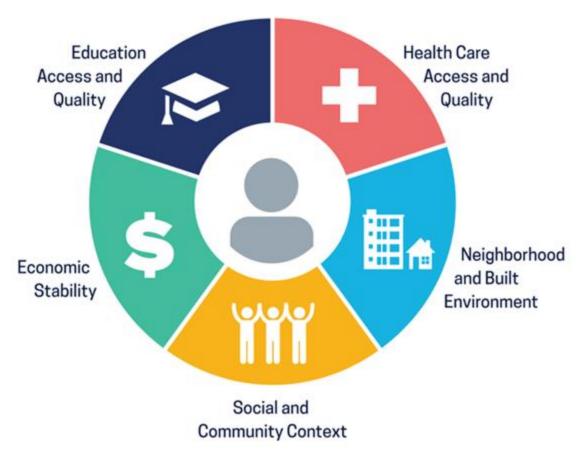
Developing New Ways to Think about Healthy Communities Alicia Hughes-Skandijs, Director of Programs Alaska Municipal League



What makes a City of Opportunity?

- A community's living conditions are determined by the relative health of all four of these:
 - Physical environment land use, transportation, housing, pollution, recreation
- Social environment urban/rural, safety, equity, diversity, media, civic engagement
- Economic and work environment employment, income, retail businesses
- Service environment education, health care, social services, childcare

Social Determinants of Health



- Non-medical factors and forces of daily life that impact an individual's health outcomes.
- Where you were born, live, work, play all contribute to your health risks.

Truly, "Political Determinants" of Health

"Medical schools should be engaging in open and robust discussions of how politicians and politics affect and shape our patients' lives, our communities, and the social determinants themselves."

Dr. Ranit Mishori



Addressing Pedestrian Fatalities

In Washington DC in 2015, a pedestrian or cyclist had been dying on the city's streets every 21 days.

The	problem
is	

The solution is...

Individual	Social Determinant	Equity-lens
Unsafe pedestrian behaviors	Unsafe community conditions	Historical injustices in investment
Increased pedestrian education	Address community conditions	Identify priority neighborhoods

Play Along!

Addressing High Asthma Hospitalization

Cityopolis has noticed increasing asthma hospitalization among young children at the city's main hospital.

	Individual	Social Determinant: Consider Physical, Social, Economic & Service Environments	Equity-lens: Consider WHO and WHY disproportionally impacted.
The problem is			
The solution is			

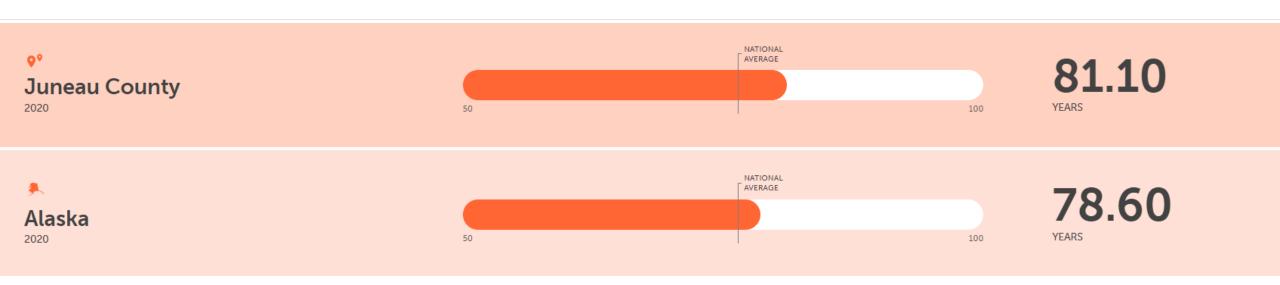
As an Example:



As an Example:



As an Example:





Based on a National League of Cities Program

 Examines city decision making processes through a Social Determinants of Health Lens

Cohort Model

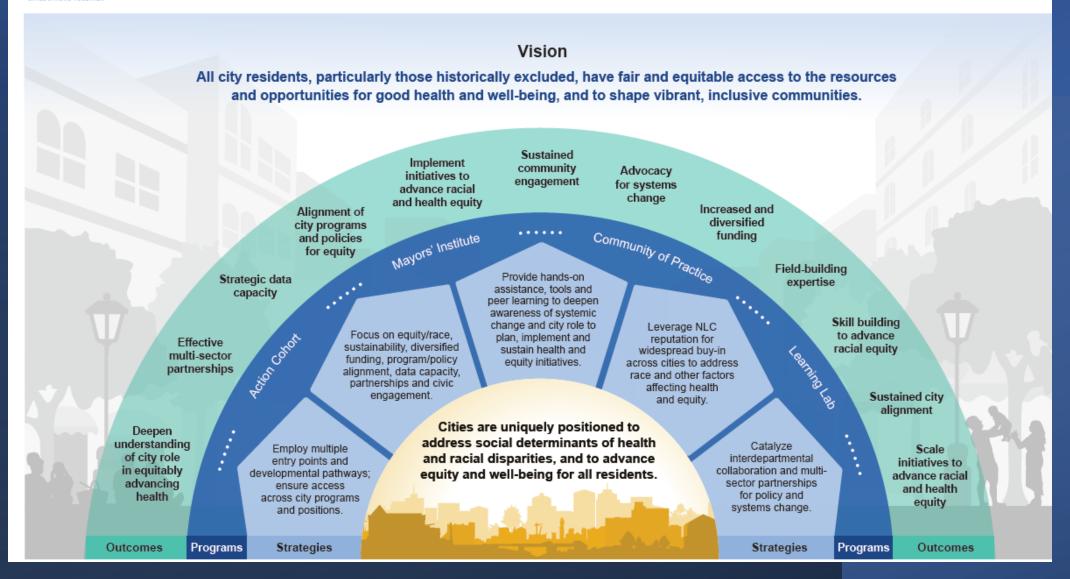
Project Based

Equity Focused

Theory of Change



Cities of Opportunity Theory of Change





- Upstream Approach to Solving Problems
- Projects in NLC cohorts based on specific needs of each community
- Trouble shoot with each other around principles of strategic change, mentored by NLC staff on trouble shooting specifics of project in addition to working with cohort
- Wide variety in projects, each addressing a different aspect of community health







- Anchor the social determinants
- Deploy Data to Identify and Address Root Causes
- Align Leadership Across City and Partners
- Invest time to lead transformative change
- Leverage Existing Assets
- Address Resistance to DEI/JEDI
- Drive systemic change: Focus in now and go big later
- Seize the Moment –ARPA & Infrastructure
- Leverage TA/Capacity Building
- Build Accountability



TOPLINE MESSAGES THAT EMERGED FROM THIS EFFORT

- ➤ Rethinking the way progress is measured to fuller picture of well being.
- ➤ Potential to allocate resources more efficiently.
- Improves outcomes while increasing accountability when the community helps define what well being looks like.
- ➤ Opportunity to work together across sectors to redefine progress and to redefine policies and practices to get there.



All this done in partnership with Department of Health

Maintain relationship built during Pandemic

Each session would allow for Public Health connection

Group of 7 emerging leaders selected from communities around the state.

Considerations in Adapting Program to Alaska

- Limited # of municipalities have health powers
- Limited # of municipalities have hospitals or other municipal health centers

- Limited capacity at municipal level
- Highest cost of health care in the nation



Our Approach:

- Maintained cohort model
- Full-day sessions bringing together participants from around the State
- Concept focused vs. project focused
- Readings, presentations from subject matter experts, and group discussions

Program Focus divided into Four Thematic Subjects by Quarter

 Q1 – Demographic change, economic development, zoning and planning

Q2 – Public education, public safety, and public health

 Q3 – Infrastructure maintenance, capital planning, and asset management

• Q4 – Housing, childcare, and transportation



As a Starting Point

- Grounding group in the principles
- Draw on National Partners experience and bring in NLC leaders
- Historical look back on how local governments have approached healthy communities
- Strategic Planning Training
- Data Sources
- Economy
- Business Development
- Demographics



Constitutional Provisions:

Public Education

School districts

Public Safety

Public Wellbeing

Police and behavioral health

Connections with nonprofit organizations and others

Distribution of funding and meaningful community engagement Two themes that continue to resonate through out each topic.









Infrastructure, Capital Planning, Asset Management

- > Addressing strengths and weaknesses of a built environment
- Taking advantage of an unprecedented funding opportunity (BIL/IIJA)
- > Formalizing capital planning processes









Do you consciously consider the condition of the four environments in your own planning?

How involved is your community in helping to define well being? Who defines what the well being of your city is?

Do your own planning processes take an upstream approach to addressing your problems?

Does a "community within a community" or other area of your town jump to mind?

