Thriving Cities: Building Skills to Create a Culture of Health Where We Live, Learn, Work & Play  
2016 City Summit

Trainer(s):

Sue Pechilo Polis  
Director, Health & Wellness polis@nlc.org

Rex Archer, MD, MPH,  
Director of Health City of Kansas City, Missouri

Stacy Wegley  
Community Initiatives

Lori Fresina  
Senior Vice President and New England Office Director  
M+R Strategies  
lfresina@mrss.com
Thriving Cities: Building Skills to Create a Culture of Health Where We Live, Learn, Work & Play

NLCU Culture of Health Seminar
November 16, 2016
1:30 PM – 4:30 PM
Culture of Health: The core of this work is at the intersection of where we live, learn, work & play and our health.

Goal: Lift-up and further inform city efforts, models, policies, practices & programs that improve health and well-being of city residents.
Welcome/Introductions

- Data
- Equity
- Financing
- Civic Engagement
- Sustainability
What has more to do with influencing health: Genetic codes or Zip codes?
At your table, select a partner and discuss following question: What factors create significant differences in health outcomes (e.g. life expectancy) in neighboring communities and why?
Cultivating a
“Culture of Health” Equity
Through Promoting
Interdependence and Ingenuity

Rex Archer, MD, MPH, Director of Health
City of Kansas City, Missouri
NLC, 11/16/2016

Saving Lives,
Protecting People from Health Threats,
$aving Money through Prevention
A Tale of Two Zip Codes

https://www.youtube.com/watch?v=DUfccUJoZhE

We are Kansas City, We Lead!
Robert Wood Johnson Foundation’s Culture of Health Prize

Growing Communities: Social Determinants, Behavior and Health

Our environments cultivate our communities and our communities nurture our health.

When inequities are high and community assets are low, health outcomes are worst.

Violence  
Substance Abuse  
Smoking  
HIV/AIDS  
Infant Mortality  
Nutrition  
CVD  
Obesity  
Depression  
Stress

When inequities are low and community assets are high, health outcomes are better.

HIV/AIDS  
Infant Mortality  
CVD  
Nutrition  
Stress  
Depression  
Substance Abuse  
Smoking  
Obesity  
Violence

Fragmented Systems  
Powerlessness  
Disinvestment  
Disconnected Members

Adverse Living Conditions  
Segregation  
Marketing for Tobacco and Alcohol  
Unemployment  
Environmental Toxins  
Income Inequality  
Occupational Hazards  
Institutional Racism  
Discrimination

Quality Schools  
Access to Healthy Foods  
Access to Healthcare  
Access to Recreational Facilities  
Clean Environment  
Transportation Resources  
Adequate Income  
Health Insurance  
Quality Housing  
Jobs

Sense of Community  
Social Networks  
Social Support  
Participation  
Leadership  
Political Influence  
Organizational Networks
“Public health is what we, as a society, do collectively through organized actions* to assure the conditions in which all* people can be healthy.”

-Institute of Medicine (1988), *Future of Public Health*

*The blue italic font has been added to emphasis our partnership with community organizers*
Life expectancy, KCMO 2000-2004 vs. 2010-2014

- White female: +1.3 years
- Black female: +2.6 years
- White male: +1.5 years
- Black male: +2.7 years

*Non-Hispanic white male and female and non-Hispanic black male and female.
## Life expectancy by zip code, Kansas City, MO 2010-2014

<table>
<thead>
<tr>
<th>Nonwhite</th>
<th>Below poverty @</th>
<th>Median family @</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>income ($)</td>
</tr>
<tr>
<td>16.2</td>
<td>5.8</td>
<td>97,382</td>
</tr>
<tr>
<td>34.7</td>
<td>10.6</td>
<td>59,701</td>
</tr>
<tr>
<td>83.6</td>
<td>37.5</td>
<td>30,470</td>
</tr>
</tbody>
</table>

*Too small population to calculate life expectancy*

---

### Life expectancy

- 70-72 years
- 73-79 years
- 80-83 years
- Too small pop.

---

Check out YouTube: tale of two zip codes
Figure 10.2. Homicides are more common in more unequal countries.
## Estimated Deaths Attributable to Social Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>U.S.*</th>
<th>KCMO**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School graduation</td>
<td>245,000</td>
<td>~90-160</td>
</tr>
<tr>
<td>Racial segregation</td>
<td>176,000</td>
<td>~395-560</td>
</tr>
<tr>
<td>Low social support</td>
<td>162,000</td>
<td>~203-230</td>
</tr>
<tr>
<td>Individual level poverty</td>
<td>133,000</td>
<td>~218-240</td>
</tr>
<tr>
<td>Income inequality</td>
<td>119,000</td>
<td>~148-220</td>
</tr>
<tr>
<td>Community level poverty</td>
<td>39,000</td>
<td>~108-350</td>
</tr>
</tbody>
</table>

~40% of annual KCMO deaths (33-50%)

| Total | ~1,163*** |
| Total | ~1,760*** |

*Galea, et.al., American Journal of Public Health August 2011, Vol 101 no. 8
**Very Conservative estimate for Kansas City, MO based on Galea, et.al.
***Very Conservative estimates that assume factors are not
WHO Perspective

Why treat people...

...without changing what makes them sick?
Death rate by education among persons 25 - 34 years KCMO 2009 - 2013

- <High school: 352.6 (17.5X)
- High school: 256.2 (12.5X)
- Some college: 70.2 (3.5X)
- Graduate+: 20.0

Death rate per 100,000 population
WHAT CREATES HEALTH? what are the Determinants of Health?

- Health Behaviors: 30%
- Social and Economic Factors...
- Clinical Care: 10%
- Physical Environment: 10%
- Genes and Biology: 10%

---

WORLDVIEW

Mental Models

AXIS OF JUSTICE

Retributive Justice (Punishment)

Normalcy of Civilization*

*History/Cultural Norms, Political/Military/Industrial Economic Complex

AXIS OF POWER/INFLUENCE

Violent Force

Nonviolent Persuasion

Contributeive/Distributive And Restorative (Social) Justice

Radicality Of God**

**Values, Philosophy, or Religious Wisdom

AXIS OF JUSTICE
Your Nationally Accredited . . .

QUESTIONS/COMMENTS?
Themes of the Alternate Worldview Narrative: Interdependence (compassion for the other/no other)

- Individuals need support
- Science is essential
- Education is for critical thinking and citizenship
- Structural inequities are still present
- Free Market Checks & Balances
- Government Solutions
Themes of the Dominant Worldview (US) Narrative: Independence (primary motivation - fear of other)

- Boot Straps Individualism
- Science is suspect
- Education is for job training
- Small Government
- Free Market Solutions
- Structural Discrimination is a thing of the Past
The “Stream”

Societal Level
- Pro-Equity Policies
- Affordable Housing
- Safe neighborhoods
- Healthy Environment
- Address Structural Racism and Privilege

Community & Policy Level
- Good paying jobs
- Quality education
- Access to Healthcare
- Access to Transportation
- Access to healthy food

Individual & Family Level
- Incarceration
- Obesity
- Homelessness
- Untreated Mental Illness
- Low Birth Weight
- Healthy Environment
- Access to Physical Activity
- Access to healthy food
- Access to Physical Activity
- Low Birth Weight
- Healthy Environment
- Access to Physical Activity
- Access to healthy food
- Access to Physical Activity
- Low Birth Weight

Political structures & institutional practices that assure fairness & opportunity for all
Social, economic, & physical conditions that allow people to reach their full potential
Services for individuals and families to treat problems

Public Health
Seattle & King County
Social Structure

- Structural & Institutional Racism
- Income & Class Inequality
- Gender/Sexual Orientation Bias

Power/Influence & Wealth Imbalance

- LABOR MARKETS
- GLOBALIZATION & DEREGULATION
- HOUSING POLICY
- EDUCATION SYSTEMS
- SOCIAL SAFETY NET
- SOCIAL NETWORKS
- TAX POLICY

Social Determinants of Health

- Safe Affordable Housing
- Living Wage
- Quality Education
- Transportation
- Availability of Food
- Job Security
- Social Connection & Safety

Psychosocial Stress / Unhealthy Behaviors

Disparity in the Distribution of Disease, Illness, and Wellbeing
Definitions

Health Disparity

“A disproportionate difference in health between groups of people.”

By itself, disparity does not address the chain of events that produces it.

Social Justice

The absence of unfair, unjust advantage or privilege based on race, class, gender, or other forms of difference.

Health Inequity

“Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.” Margaret Whitehead

Health Equity

A fair, just distribution of the social resources and social opportunities needed to achieve well-being.
A Framework for Health Equity

Socio-Ecological

Medical Model

Upstream

Family & Culture

Individual Health Knowledge

Genetics

Downstream

Discriminatory Beliefs (ISMS)
- Race
- Class
- Gender
- Immigration Status
- National Origin
- Sexual Orientation
- Disability

Social Factors

Institutional Power
- Corporations & other businesses
- Government agencies
- Schools

Social Inequities
- Neighborhood conditions
  - Social
  - Physical
- Residential segregation
- Workplace conditions

Risk Factors & Behaviors
- Smoking
- Nutrition
- Physical activity
- Violence
- Chronic Stress

Disease & Injury
- Infectious disease
- Chronic disease
- Injury (intentional & unintentional)

Mortality
- Infant mortality
- Life expectancy

Health Inequities

Health Disparities

- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008
A Framework for Health Equity

Socio-Ecological

Medical Model

UPSTREAM

DOWNSTREAM

Narrative
Policy
Place

Risk Factors & Behaviors
- Smoking
- Nutrition
- Physical activity
- Violence
- Chronic Stress

Disease & Injury
- Infectious disease
- Chronic disease
- Injury (intentional & unintentional)

Mortality
- Infant mortality
- Life expectancy

Social Factors

Healthcare Access

- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008
Leading Causes/Symptoms Crude Mortality Rates in Two Areas, KCMO 2008-2012 (Root Causes underlie all of these)

Rate per 100,000 population

- **Shortest life expectancy**
  - Cancer: 240
  - Heart disease: 126
  - Homicide: 108
  - Stroke: 66
  - Infectious diseases: 3
  - Mental disease: 58
  - Chronic lower respiratory: 53
  - Unintentional injuries: 52
  - Diabetes: 51
  - Nephritis: 46

- **Longest life expectancy**
  - Cancer: 108
  - Heart disease: 66
  - Homicide: 3
  - Stroke: 28
  - Infectious diseases: 24
  - Mental disease: 29
  - Chronic lower respiratory: 34
  - Unintentional injuries: 28
  - Diabetes: 41
  - Nephritis: 12

6 zipcodes include zip code 64109, 64126, 64127, 64128, 64130, and 64132, which are the shortest life expectancy.

11 zipcodes include zip code 64112, 64113, 64116, 64118, 64151, 64152, 64153, 64154, 64156, 64157, and 64158, which are the longest life expectancy.
A “Culture of Health” starts in our homes, schools, workplaces, neighborhoods, and communities.

Risa Lavizzo-Mourey, President and CEO.
Robert Wood Johnson Foundation.
Achieving Health Equity by Addressing the Social Determinants of Health

- It is time to stop thinking of health as something we get at the doctor’s office.
- Health starts—long before illness-- in our homes, neighborhoods, schools and jobs.
- All residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.
- Your neighborhood or job shouldn’t be hazardous to your health.
- The more we see the problem of health this way, the more opportunities we have to improve it.
Triple Aim of Health Equity

- Implement Health in All Policies
- Strengthen Community Capacity
- Expand Understanding of Health

- Implement a Health in All Policies Approach With Health Equity as the Goal
- Expand Our Understanding of What Creates Health
- Strengthen the Capacity of Communities to Create Their Own Healthy Future
SOCIAL DETERMINANTS OF HEALTH:
TYPES OF ISSUES ADDRESSED BY COMMUNITY ORGANIZING & PUBLIC HEALTH

- Mass Incarceration
- Childhood Poverty
- Transportation
- Healthy Food
- Living Wage
- Educational Equity
- Land Use
- Built Environment
- Affordable Housing
- Violence
Aligned Campaigns (PH&CO)

- 2012: Cap the Rate, Raise the Wage
- 2013: Ban the Box
- 2013-2014: Low Wage Worker Actions/Living Wage
- 2014: **70% Voter Approval 22 mil health levy 9yr ext.**
- 2014: Ban the Ban
- 2014: Raising of America Kansas City
- 2014: Advance KC Development Scoring
- 2015: **Council Approved (12:1) Raise Living Wage**
- Other Ongoing: Medicaid Expansion, Early Voting, Violence/Homicide Prevention
Hennekens’ Criteria

• Is there a valid statistical association?
  – Chance
  – Bias
  – Confounding

• Can this valid association be causal?
  – Strong association
  – Biologic credibility
  – Consistency with other studies
  – Time sequence/Temporality
  – Dose-response
When is an association causal?

- Types of causal relationships
  (i) necessary and sufficient
  (ii) necessary but not sufficient
  (iii) sufficient but not necessary
  (iv) neither sufficient nor necessary
Where to Start: Mapping the Social Determinants in Your City

Stacy Wegley
Community Initiatives
NLCU Culture of Health Seminar
November 16, 2016
Community Commons

To spur actions and investments that lead to healthier, more equitable, and more sustainable communities...

- Providing change makers with public access to meaningful data, maps, & reporting capability & featured stories/guest voices

- Providing cross-sector collaboratives with digital tools to support collective action: data integration, shared measures, strategy and message alignment
Robust “Relational” Database

Access to 1,000’s GIS Data layers & Ability to Upload & Contextualize Local Data

- Environment
- Education
- Food
- Housing
- Poverty
- Economic/Income
- Transportation
- Demographic
- Health
- Civic
- Political
- Emergency Management
Investing In The Commons

WK Kellogg:
Building Next Generation Dashboards for the Kellogg Board & Grantees

CDC:
Developed “Vulnerable Population Footprint Tool” & tools to develop stronger grant proposals

RWJF:
Built Childhood Obesity GIS, Tutorial Videos and augmenting County Health Rankings (sub county estimates)

Kaiser Permanente:
Built their Community Health Needs Assessment (CHNA), partner on Everybody Walk! And Weight of the Nation Campaigns
Leveraging Shared Investments for the Common Good!

Growing A Shared Database

Generating Stories Across Networks

Innovating Together & Sharing Functionality

Co-Investing to Ensure Sustainability
Vacant Housing Units, Percent by Tract, ACS 2009-13
- Over 20.0%
- 14.1 - 20.0%
- 8.1 - 14.0%
- Under 8.1%
- No Data or Data Suppressed

Workers Traveling to Work Using Public Transit, Percent by Tract, ACS 2009-13
- Over 4.0%
- 1.1 - 4.0%
- 0.1 - 1.0%
- No Workers Using Public Transit
- No Data or Data Suppressed

Average Monthly Unemployment Rate, June 2014 – June 2015
- Hamilton County, OH (10.3%)
- Ohio (10.14%)
- United States (9.11%)

Violent Crime Rate (Per 100,000 Pop.)
- Hamilton County, OH (500.9)
- Ohio (312.8)
- United States (395.5)
10 Minute Break

We Will Resume at 2:40 PM
Connecting the Dots: Cross-Sector Strategies to Improve Health

Lori Fresina

Senior Vice President and New England Office Director

M+R Strategies

lfresina@mrss.com
Table Facilitators

**Early Childhood & Health**
- Katie Whitehouse, Senior Associate, NLC YEF
- Nick Wallace, Associate, NLC YEF

**Education & Health**
- Miles Sandler, Senior Associate, NLC YEF
- Andrew Moore, Program Director, NLC YEF

**Family Economic Success & Health**
- Sue Pechilio Polis, Director of Health and Wellness, NLC YEF
- Dawn Schluckebier, Senior Associate, NLC YEF

**Housing & Health**
- Alyia Gaskins, Senior Associate, NLC YEF
- Anthony Santiago, Senior Fellow, NLC YEF
Operationalizing the Culture of Health

**Moderator:**
**Clifford M. Johnson**  
Executive Director, Institute for Youth, Education & Families, National League of Cities  
cjohnson@nlc.org

**Panelists:**
**James W. McGee**  
Mayor, City of Vinita Park, MO  
JMcGee8220@vinitapark.org

**Rex D. Archer, MD, MPH**  
Director of Health, Health Department, Kansas City, Missouri  
rex.archer@kcmo.org

**John Lovelace**  
President, University of Pittsburgh Medical Center (UPMC) for You  
LovelaceJG@UPMC.EDU
Reflections and Key Takeaways

Healthy living

Work Together
- Public Health
- Business
- Education
- Philanthropy & Investors
- Nonprofits
- Community Development
- Healthcare
- Government

Evaluate Actions
Act on What’s Important
Assess Needs & Resources
Focus on What’s Important
Communicate
Choose Effective Policies & Programs
What’s Ahead/How to Engage?

Core Components

• **Mayors’ Institute Series:** Launching in December on Housing/Health with 5 to follow. Technical assistance among other resources provided as part of the effort.

• **Culture of Health Monthly Web Forum:** On-going monthly web series that initially explores key themes and builds with an emphasis on key issues and their connection to health (e.g. Housing & Health, Education & Health, etc).
What’s Ahead/How to Engage?

• **CoH CitiesSpeak Blog:** Augments web forum and meant to lift up city engagement around key themes and issue intersections from a variety of multi-sector perspectives.

• **LMCTC/All-Stars:** Pivot to city policy, program & practice around a Culture of Health framework and guided by solid foundation in work addressing childhood obesity.

• **On-going opportunities:** NLC March Conference in Washington – look for further session(s)
How to Join?

Contact Nick Wallace and ask to be added to our CoH email list at NWallace@nlc.org.
NLC Contact Information

Sue Pechilo Polis
Director, Health & Wellness
polis@nlc.org

Alyia Gaskins
Senior Associate, Health & Wellness
gaskins@nlc.org

Nick Wallace
Associate, Health & Wellness
nwallace@nlc.org

*To learn more about our work, check out http://www.nlc.org/find-city-solutions/institute-for-youth-education-and-families/healthy-communities.