NLC NATIONAL LEAGUE OF CITIES

A CENTURY OF STRENGTHENING CITIES

WHAT WORKS:

How Cities are Building Health and Wellbeing Through the Cities of Opportunity Framework

IMPACT OVERVIEW, 2024

Executive Summary

- Cities of Opportunity (CoO) is a signature initiative of the National League of Cities (NLC) that demonstrates a core practice: providing support to cities that both drives local change and generates replicable national practices.
- The CoO initiative is built upon a unique framework based on two foundational beliefs, seven core capacities for action and an intentional technical assistance model.
- A 2024 evaluation by an independent agency of 30 cities participating in the CoO initiative's cohorts demonstrates the many ways in which the CoO initiative supports city leaders in their role as health leaders.
- Key evaluation findings include immediate successes—such as embedding health equity and wellbeing into city governance and strengthening key capacities—as well as extended CoO learnings in both scale and scope beyond formal participation in the program.
- The CoO design and efficacy offers a playbook for how NLC and other organizations can support cities across program areas, employing this model to advance comprehensive, equitable wellbeing at scale.

Introduction

For more than 100 years, the National League of Cities (NLC) has worked to strengthen local governments and help them improve the quality of life for their current and future residents.

Cities of Opportunity (CoO), a signature NLC initiative, is a prime example of how NLC delivers on that mission. With its dual focus on increasing resident health and advancing health equity, CoO demonstrates a hallmark practice that echoes throughout NLC's work: ***providing support that not only helps drive immediate change but also generates replicable practices for lasting impact.***

Health Equity means everyone has a fair, just opportunity to be as healthy as possible, regardless of their social, economic or demographic background or circumstance.

Launched in 2018 and offered through 2026 with support from the Robert Wood Johnson Foundation, CoO has worked with more than 100 small, mid-sized and large cities across the country. The initiative was designed to help cities accelerate their progress toward health equity and wellbeing by providing a robust support framework offering dedicated time, structured tools, individualized technical assistance, facilitated peer learning and more.

In 2024, an independent agency conducted an evaluation of the CoO initiative that confirmed what CoO participants have experienced firsthand: ***when provided the right support, city leaders can move from intention to tangible changes in the way they work to support the wellbeing of all their residents.***

The following 2024 Impact Overview shares the:

- **History and Defining Elements:** The CoO framework
- **What Worked**: Key findings of the evaluation
- **A Blueprint for Broader Impact:** Implications for future advancement of health, equity and wellbeing
- **City Snapshots**: Representative progress made by participating cities

Cities of Opportunity Theory of Change

Equipping city leaders to make transformative progress toward health, equity and wellbeing

Create lasting and transformative change

All city residents have fair and equitable opportunities for good health and wellbeing in vibrant and inclusive communities.

City leaders are trusted partners to achieve this vision.

Our proven framework provides:

- **Skill building workshops**
- **Content and tools for planning and action**
- **NLC's network of thought leaders and experts**
- **Peer engagement with other cities**
- **Immersive cohort-based learning**
- **NLC's credibility, reputation and brand**

So that city leaders...

Develop key capacities

- Race & Equity Lens
- Strategic Data Capacity
- Authentic Community Engagement
- Comprehensive Policy Agenda
- Cross-Departmental Alignment
- Effective Multi-Sector Partnerships
- Increased & Diversified Funding

Become effective health leaders

- Intentionally center equity in city actions
- Use data to identify priorities and monitor results
- Ensure residents' voices are centered in city health equity priorities
- Develop comprehensive health and wellbeing policies, plans and programs
- Align resources across city departments toward shared goals
- Engage external partners to support city priorities
- Maximize existing and new funding resources

Shift thinking

Deepen understanding about the role of cities in promoting systemic change for the health and wellbeing of all residents.

Cities of Opportunity

an initiative of the National League of Cities

History and Defining Elements of the Cities of Opportunity Framework

CITY LEADERS AS HEALTH LEADERS

Every aspect of living in a city, town or village impacts residents' overall health and wellbeing—from housing and economic mobility to city planning, civic engagement and access to health and human services. Put simply: health starts in communities, not clinics. City leaders are uniquely positioned to connect the many intersecting systems that shape health outcomes to what residents need to live healthy and fulfilling lives. When they embrace this role, and are supported in doing so, city leaders become health leaders.

However, while city leaders have the power to drive transformative progress toward health equity, doing so can be complex and daunting. Collaboration and partnership are essential—but it can be difficult for people to find common ground and move forward together.

City leaders know what their communities need. What they often lack is the structured support—time, tools and resources—to act with intention.

Recognizing this, NLC developed the Cities of Opportunity initiative to help local governments, alongside community partners, tackle the root causes of health inequities and spur transformative change that goes beyond clinical outcomes, fostering stronger cultures of overall health and wellbeing.

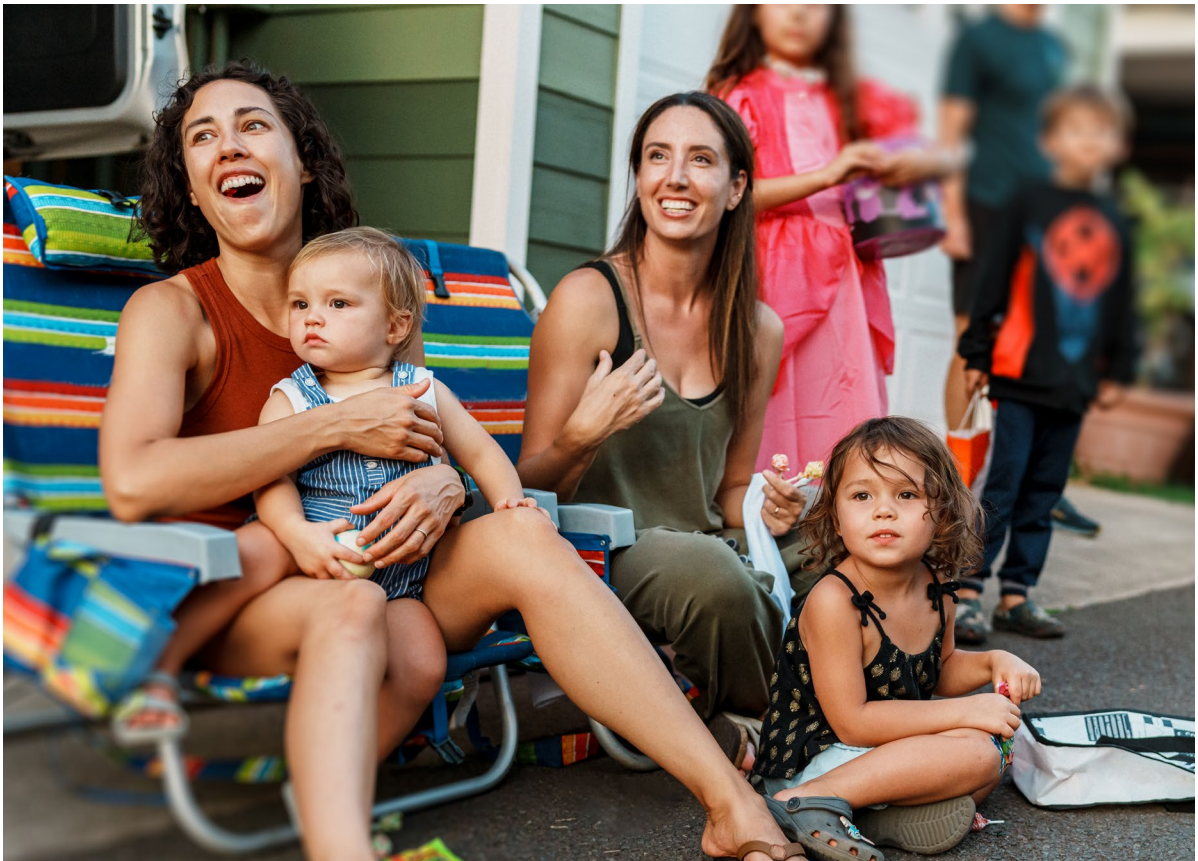
Two foundational beliefs define the CoO initiative's focus:

1. **Where you live shouldn't determine how healthy you are or how long you live**. The conditions in which people live, work and age—the social determinants of health—profoundly shape health outcomes.

2. **Advancing health equity means advancing racial equity.** The data is clear: health disparities exist across a broad range of dimensions—socioeconomic status, age, gender, sexuality, disability, resident status and, most notably, race and ethnicity.

Upon these foundational beliefs, NLC designed a framework that focuses on 1) a defined set of **seven core capacities** that set cities up for success and 2) an **intentional technical assistance model** that delivers precisely the support those in city governance need and value most: dedicated time and space, structured tools and support, individualized coaching and facilitated peer learning.

With these structural elements, Cities of Opportunity provides the scaffolding necessary to help city leaders thrive in their role as health leaders, advance equity and improve residents' lives regardless of zip code.



THE SEVEN CORE CAPACITIES FOR ACTION

NLC identified seven capacity areas that ensure cities' ability to drive progress toward health equity. Referred to as the Capacities for Action, these seven areas lay the foundation for long-term change in policies, practices, systems and structures that promote health and equity.

City teams participating in the CoO initiative's technical assistance cohorts are asked to perform structured assessments of these seven capacities to identify their strengths and weaknesses in promoting health equity and better understand areas for growth and development.

Capacity 1: Race and Equity Lens—intentionally viewing how race and equity shape and are shaped by city actions that affect health.

Capacity 2: Strategic Data Capacity—establishing infrastructure for the collection and use of strong multi-source, transparent and accessible data.

Capacity 3: Cross-Departmental Alignment—ensuring strong resource alignment across city departments and functions by maintaining structures for information-sharing and collaborative planning.

Capacity 4: Increased and Diversified Funding—establishing strategic and integrated funding and financing mechanisms that connect the work and resources of multiple departments and direct investments where they are needed most.

Capacity 5: Authentic Community Engagement—engaging residents to contribute to the decision-making process and inform planning, policy, programs, practices and city actions on key issues.

Capacity 6: Effective Multi-sector Partnerships—establishing and maintaining effective external partnerships, collaborations and alignment.

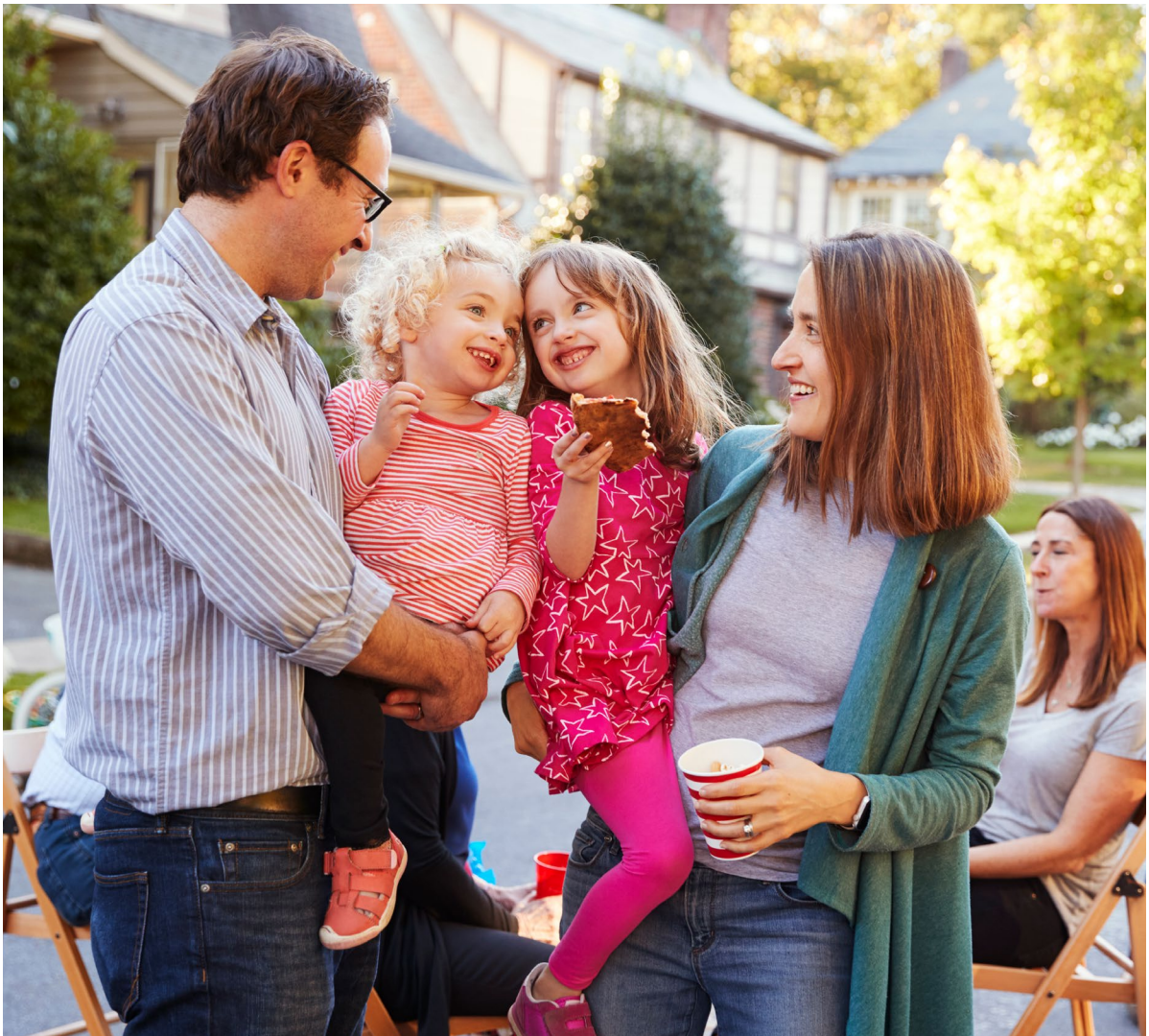
Capacity 7: Comprehensive Policy Agenda—having an effective, comprehensive and coordinated policy agenda that aligns city programs and policies for equity.

While these seven capacities are presented here in sequence, they intertwine and interact in multiple ways.

AN INTENTIONAL SUPPORT MODEL

Recognizing that cities' needs can vary, NLC, in collaboration with its technical assistance partner, Consilience Group, designed a CoO support model that is both broad and deep—providing city leaders abundant resources and ongoing support including tools, training, peer learning, customized and hands-on technical assistance, facilitation and coaching, connections to experts, convenings and more.

With a commitment to "meet cities where they are"—whatever their current stage of health equity work, or their current capacity and preparedness—CoO offers city teams multiple points of entry and pathways, from groups that work together intensively over time to shorter, focused opportunities for broad discussion and idea exchange.



Mayors' Institute: A year-long program that engages city leaders, cross-departmental city teams and community partners in a deep and collaborative exploration of a specific annual theme—such as the opioid crisis (2018) or affordable housing (2019)—and its implications for the health and wellbeing of residents.

Action Cohort: A 15-month planning and engagement process bringing together municipal leaders and cross-sector partners to identify and address health equity issues specific to their communities.

Learning Labs: Virtual, peer-led discussions that enable city leaders, staff and partners to come together to share what's working and find solutions for what's not.

Solutions Forum: A bi-annual event bringing together participating city leaders and their partners to celebrate progress, share tools and highlight the sustainable changes they are making to systems that impact health and racial disparities in their cities.

Policy and Systems Change Academy: A five-month, cohort-based experience supporting municipalities in their efforts to advance health and racial equity in a particular issue area.

With its dual focus on the social determinants of health and racial equity; its centering of the seven Capacities for Action; and its intentional support model, the CoO initiative aims to help city leaders redefine their view of "progress" from one that uses economic or growth measures alone to one that defines progress as increased health and wellbeing for all people.

What Worked: Key Findings

EVALUATION DESIGN

Success Measures, a national evaluation consulting organization, conducted an outcome evaluation of the Cities of Opportunity initiative in 2024. Their findings, and the examples from participating cities included here as City Snapshots, are based upon that 2024 evaluation and will be updated as participating cities report their progress.

The evaluation focused on the approximately 30 cities that participated in the Mayors' Institutes and Action Cohorts from 2019 - 2023, two of the more intensive cohort experiences offered by CoO. Occurring over 12 and 15 months respectively, the programs required participating cities to:

- assemble teams of four to six individuals representing cross-sector, cross-departmental staff and external partners, and
- be guided by strong executive leadership (mayor and/or city manager).

Data sources that Success Measures evaluated included documentation from CoO participation, surveys, interviews and convening conversations. Their evaluation focused on 1) what the city teams achieved during and after participating in CoO programs, 2) in what ways capacities grew and 3) what elements of the CoO framework might inform and strengthen future efforts.

Examined through the lens of these guiding questions, the evaluation found consistent evidence that the framework supported cities' progress—and increased city leaders' ability to assume and act upon their important role as health leaders.

Below is a summary of five key findings, with references to City Snapshots that highlight specific examples of cities' progress.

Key Finding #1: Cities Broadened Their View of Health and its Determinants

Using the CoO framework, city teams approached their work through a **social determinants of health lens**, recognizing that health is shaped by housing, economic opportunity, childcare, transportation and the built environment more than it is by clinical care.

CoO enabled cities to align policies and programs across these domains, often through cross-departmental teams and partnerships with healthcare systems, educational institutions, nonprofits and employers. As a result, cities launched or expanded initiatives that addressed root causes of inequity—such as workforce development pathways, affordable housing strategies, childcare access, climate resilience investments and behavioral health supports—while intentionally coordinating efforts that had previously operated in silos.

See City Snapshots: Fremont, CA; Rochester, MN; Tacoma, WA

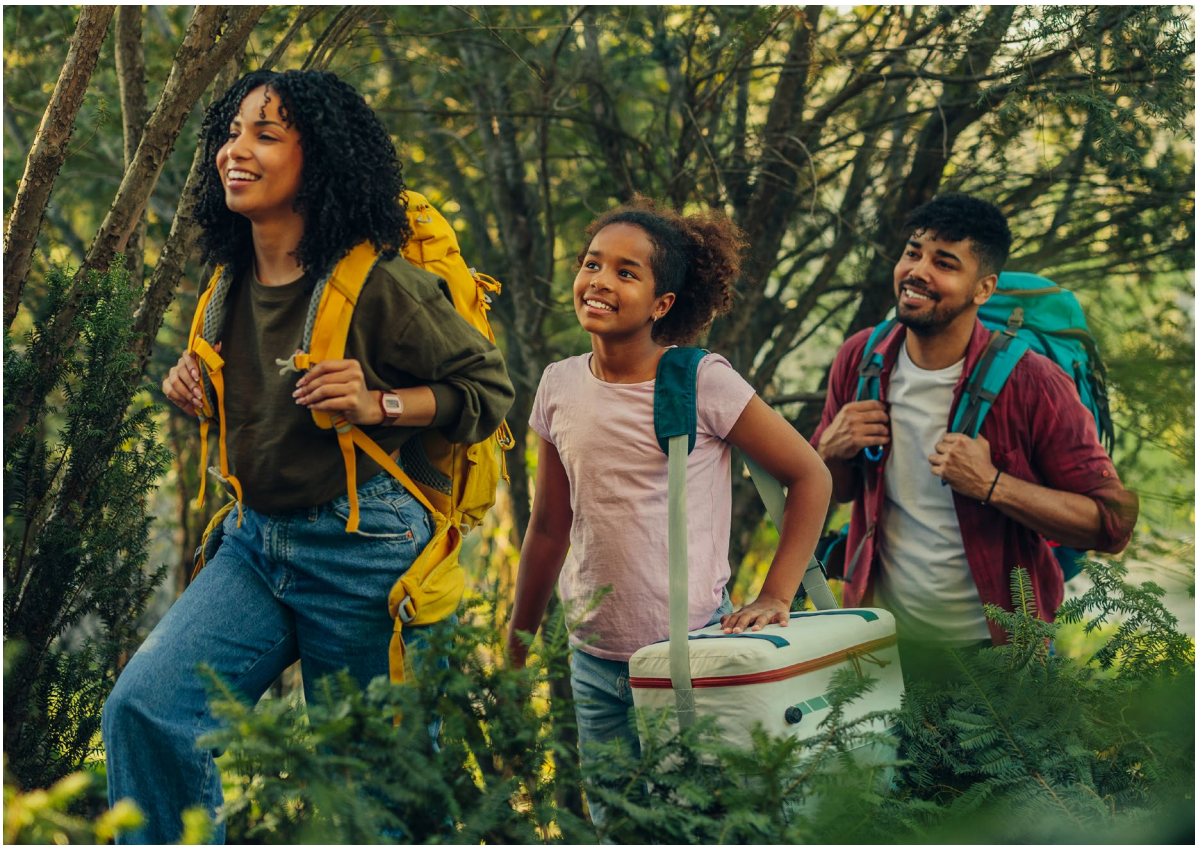
Key Finding #2: Cities Integrated Equity into Health Work

A defining feature of CoO cities' progress was their **centering of racial equity** in both decision-making and implementation. Participation in CoO deepened city leaders' and staff's understanding of how historical and structural inequities shape present-day outcomes, and provided them tools to apply an equity lens across policies and practices. Equity was treated not as a standalone initiative, but as a core operating principle shaping how cities work with and for their residents.

See City Snapshots: Fremont, CA; Rochester, MN; Tacoma, WA

Key Finding #3: Cities Strengthened their Capacities for Action

Pre- and post-survey results, as well as interviews and convening conversations, point to cities **building the capacities needed** to promote changes in policies, practices, systems and structures that impact health equity.



Flexing New Capacities for Change

Capacity 1: Race and Equity Lens—City staff, leaders and partners had challenging conversations that led to better understandings of the foundation of inequities and ways to address them via partnerships, data and policy. *See City Snapshots: Austin, TX; Napa, CA*

Capacity 2: Strategic Data Capacity—City teams collaborated with national partners (such as mySidewalk and PorchLight Insights) to collect and make sense of data on health inequities that led to new understandings, new target areas and awareness of data gaps. *See City Snapshots: Fremont, CA; Rancho Cucamonga, CA*

Capacity 3: Cross-Departmental Alignment—Cities strengthened collaboration across departments as they recognized how housing, workforce, community development and public safety must work together to advance health equity. *See City Snapshots: Rancho Cucamonga, CA; Tacoma, WA*

Capacity 4: Increased and Diversified Funding—Some cities braided existing funding, maximized use of pandemic resources and leveraged progress to seek new grant opportunities. *See City Snapshots: Montgomery, AL; Mount Vernon, NY*

Capacity 5: Authentic Community Engagement—City teams reported their enhanced ability to create structures, processes and spaces to more effectively communicate with and engage community members. *See City Snapshots: Fremont, CA; Las Vegas, NV; Rancho Cucamonga, CA; Rochester, MN; Tacoma, WA*

Capacity 6: Effective Multi-sector Partnerships—Cities expanded relationships with external stakeholders including health care institutions, community-based organizations and universities. *See City Snapshots: Montgomery, AL*

Capacity 7: Comprehensive Policy Agenda—Cities identified ways to embed health equity into their local codes and took necessary steps to formalize and adopt these policies. *See City Snapshots: Grand Rapids, MI; Missoula, MT; Napa, CA; Tacoma, WA*

Key Finding #4: Cities Extended CoO Learnings in Both Scale and Scope

Importantly, the evaluation shows that these changes **endured beyond formal participation in Cities of Opportunity**.

Many city teams continued to build on the foundations established during their cohorts, using CoO-developed frameworks, partnerships and work plans as launchpads for sustained action, additional funding and new initiatives.

The evaluation also found that city teams reported using CoO frameworks to guide new initiatives, inform strategic planning and support cross-sector partnerships long after cohort activities ended. Equity lenses, shared metrics and collaborative practices introduced through CoO became embedded in ongoing processes, helping cities respond to emerging challenges with greater coordination and clarity. In this way, CoO functions not as a time-limited program but as a capacity-building investment—one that strengthens how cities work, learn and lead over time, and creates a foundation for sustained progress on health and equity.

The positive experience city teams had with CoO motivated some to apply to participate a second time and participate in other NLC offerings. Beyond motivating cities to return, the legitimacy of an NLC-backed initiative raised the profile of health and equity work in their cities and lent credibility to their local efforts.

See City Snapshots: Las Vegas, NV; Missoula, MT; Napa, CA; Rochester, MN

A Blueprint for Broader Impact

By pairing a clear focus on equity and the social determinants of health with practical, action-oriented capacities, CoO equips city leaders with the tools not only to address immediate challenges but also to build durable systems for change. The CoO initiative demonstrates that well-designed support frameworks can do more than drive short-term progress—they can generate **replicable practices with lasting impact**. The recent program evaluation captured insights into what elements of the CoO framework may inform and strengthen future efforts.

For example, city teams consistently reported that what they valued most about the CoO framework was **the combination of focus, structure and protected time** it provided. CoO helped these cities step back from day-to-day pressures and work more intentionally across departments and sectors, offering a shared language and set of tools to advance health equity. Participants highlighted the value of structured reflection, peer learning and tailored technical assistance, which helped them clarify priorities, surface blind spots and align work already underway.

The framework's intentional design—its integration of data, governance, community engagement and cross-sector collaboration—positions it to inform a much wider range of transformation efforts. Additionally, the CoO cohort model's requirement for cross-departmental collaboration, engagement of city leadership and high peer-to-peer engagement of mayors, was viewed as a best practice for cohort initiatives by both participants and evaluators.

The CoO initiative need not remain an isolated success. It offers a **playbook for how NLC and other organizations can support cities across program areas**. The same principles that make CoO effective—equity-centered design, peer learning, tailored technical assistance and policy integration—can strengthen work in housing, workforce development, infrastructure, sustainability and community resilience. CoO stands not only as a proven initiative, but as a model for how cities—and those who support them—can advance comprehensive, equitable wellbeing at scale.

CITY SNAPSHOTS:
Representative Progress Made by Participating Cities

AUSTIN, TX
(ACTION COHORT 2023)

The city team conducted an equity assessment of the Imagine Austin comprehensive plan to inform updates, examining how existing policies shape outcomes related to land use, affordability and opportunity.

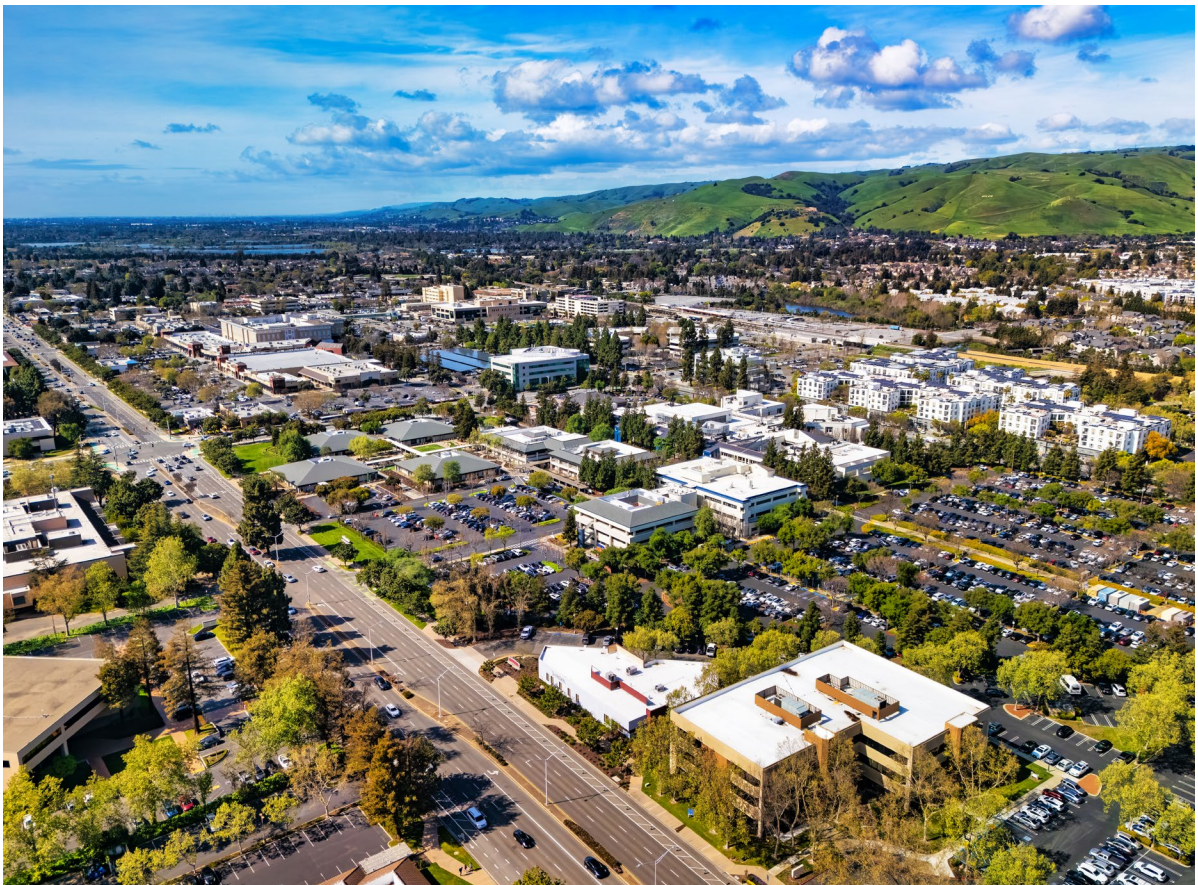
Building on this assessment, Austin began outreach efforts to align perspectives on potential solutions, working in partnership with the Community Resilience Trust to engage stakeholders around land use and affordability policies and programs. Together, these steps helped the city integrate equity considerations more intentionally into its planning and policy development.

FREMONT, CA
(ACTION COHORT 2021)

The city team focused specifically on residents experiencing behavioral health crises and in need of immediate intervention by police or emergency services.

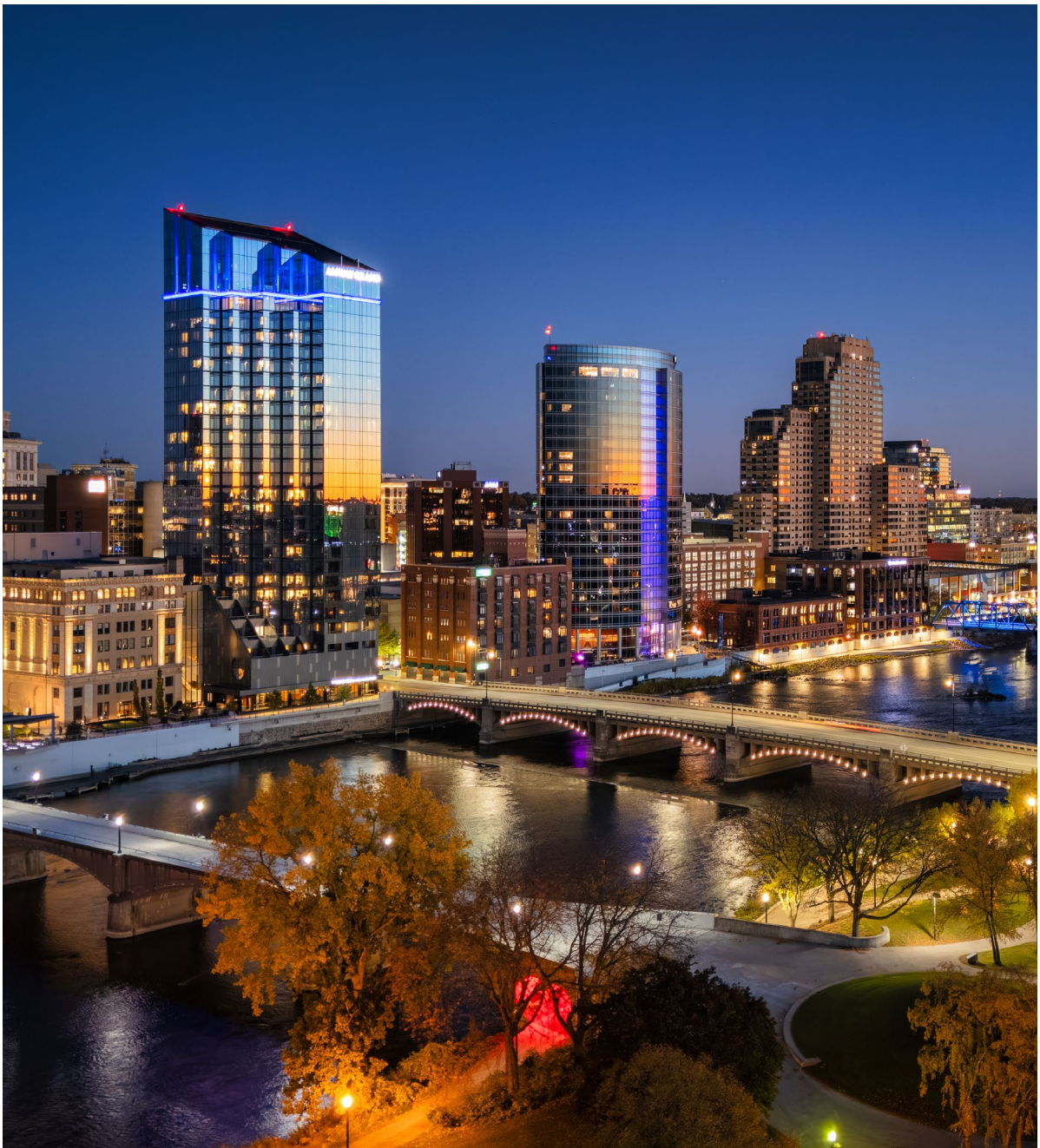
The city launched a collaborative initiative with city and county departments and a local hospital to improve mental health outcomes for vulnerable residents while reducing costly hospital visits. The effort focused on expanding behavioral health services through a multi-pronged pilot program focused on residents who frequently relied on emergency behavioral health services.

To support this work, the city established data-sharing agreements with a local hospital system and city and county emergency services to identify high utilizers of mental health emergency services and proactively connect them with appropriate support. The shared data also enabled the city and its partners to track the impact of the services and refine the program over time.



GRAND RAPIDS, MI
(ACTION COHORT PILOT 2018-2019)

With support from CoO, the City of Grand Rapids strengthened its capacity to advance a policy agenda focused on health and equity. The city incorporated a new objective on health equity and Health in All Policies into its strategic plan, creating a framework to guide future policy decisions and align city priorities around improving health outcomes.



LAS VEGAS, NV
(ACTION COHORT 2019)

City leaders began their CoO journey in 2019, focusing on the Historic Westside, a traditionally Black and culturally significant neighborhood. The neighborhood has suffered from years of segregation and disinvestment as well as literal separation from the rest of the city by highways built in the 1950s.

Las Vegas embedded the Historic Westside into city policy and operations. Building on a place-based effort to address health disparities in Historic Westside, the mayor and city council began work on The HUNDRED Plan in Action. The Office of Community Services then convened city leadership to develop a roadmap, adopted in 2021, which integrates into the city's strategic priorities and guides departments in translating those commitments into concrete policy, training and operational changes.

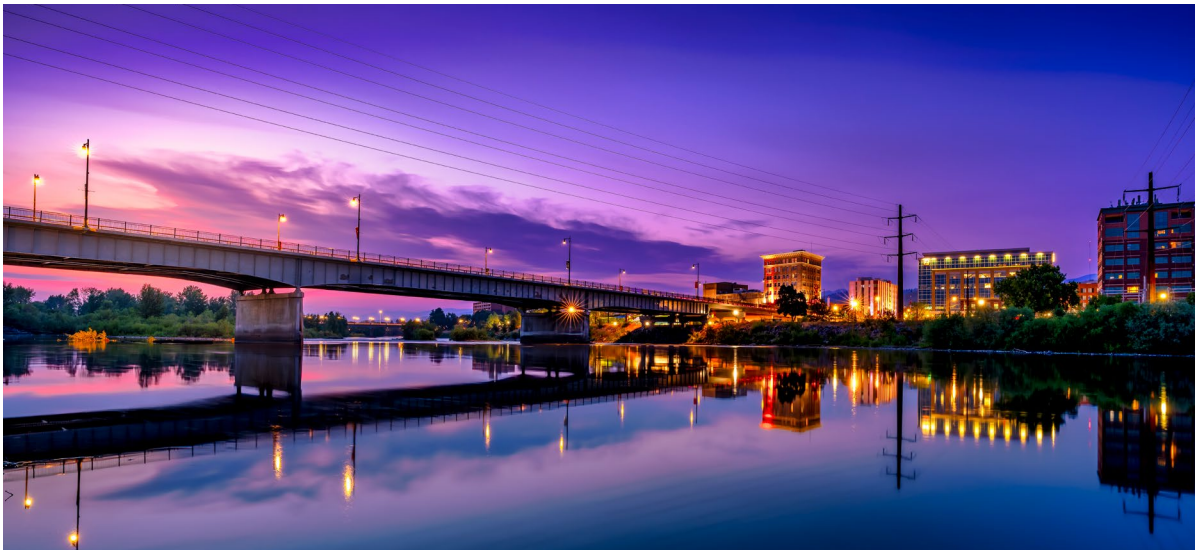
Las Vegas strengthened its capacity for meaningful community engagement while expanding its work beyond a single neighborhood initiative. The city initially joined the cohort to address health disparities in Historic Westside. With CoO support, the city designed and implemented a robust resident engagement and community leadership process—using direct outreach and listening sessions to involve residents in decision-making about local priorities.

MISSOULA, MT
(ACTION COHORT 2021)

Despite their population being predominantly white, Missoula leaders acknowledged that a lack of diversity does not mean that the community has escaped the impact of institutionalized and historic roots of health inequities. Having conducted a community health assessment that documented how low income communities and communities of color were not receiving the same opportunities for good health outcomes as the broader population, the city's team—comprised of city staff as well as representatives from the public school district, local university, the county, and primary public health providers—entered the 2021 CoO cohort with a clear commitment to addressing those health disparities.

Missoula used its CoO participation to embed equity into governance structures. In 2021, the City and County adopted a Justice, Equity, Diversity and Inclusion (JEDI) resolution committing to make decisions through a JEDI lens and establishing a joint JEDI Advisory Board. The city then created an internal team and added a Community Engagement position to strengthen public input processes.

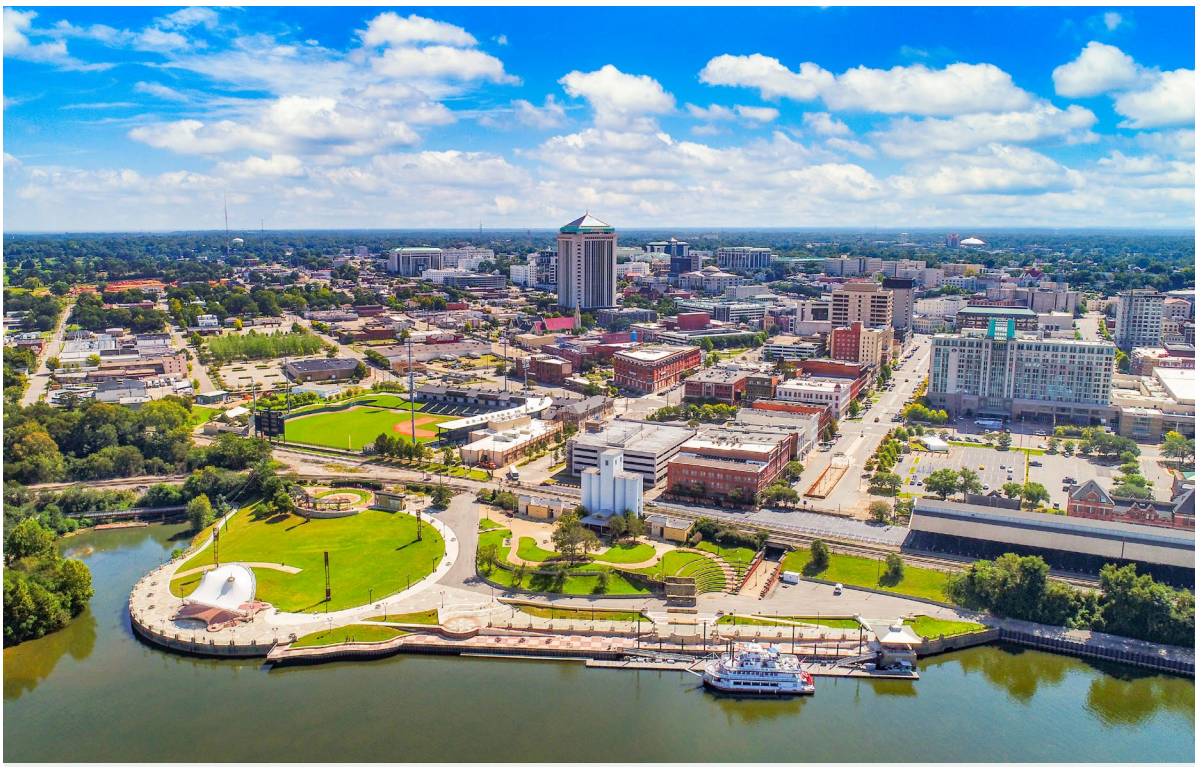
Missoula then expanded its cohort work community-wide. It grew its original CoO team into the Missoula CommUnity Network, and launched a broader community planning process around strengthening collective care and expanding access to community services, supporting everyone's needs to thrive, engaging residents, businesses, and nonprofits.



MONTGOMERY, AL
(ACTION COHORT 2023)

As a result of participating in CoO, the Montgomery city leaders were able to establish the Grants and Partnerships (GAP) initiative to engage stakeholders and build nonprofit capacity for collaboration. This in turn led to a partnership effort to win a $36 million grant from the Department of Transportation. Though rescinded, city leaders are working to have the grant award returned.

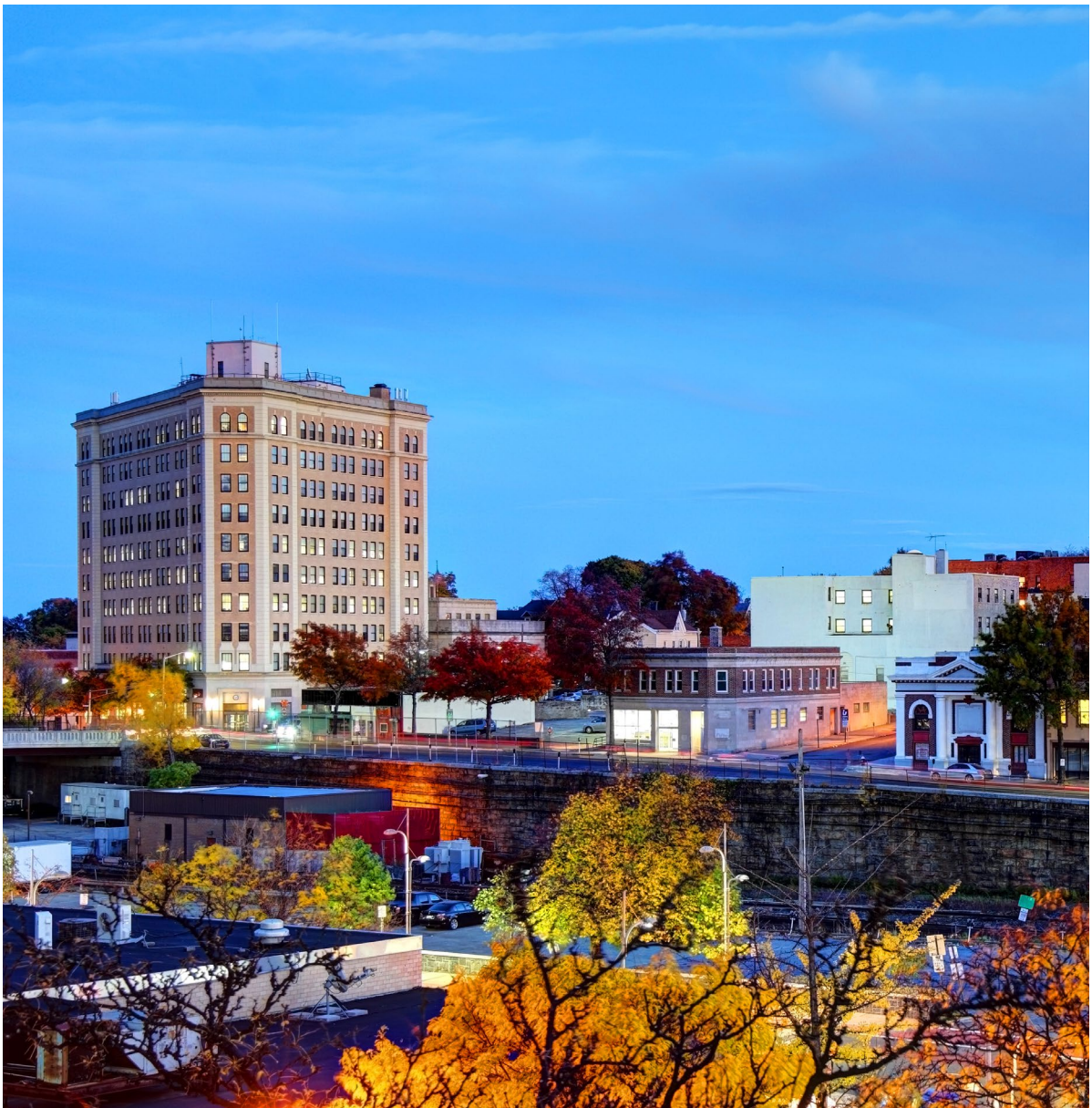
Adapting to the current context, the city has, through collaboration with numerous partnerships, become a prospect city for the Purpose-Built Community Program. This initiative focuses on the Purpose-Built Model, "Cradle to College," while focusing redevelopment in seven low-income communities in the southern part of the city. This initiative has brought together nearly 25 partners from the public school system, healthcare providers, housing developers, churches and other community entities to assist in obtaining this designation. Focused on a target area with one of the city's highest poverty rates and the most disinvestment over the past 60 years, the project will focus on K-12 education, college, healthcare, business/retail development and workforce development, recreation, urban agriculture and housing.



MOUNT VERNON, NY
(MAYORS' INSTITUTE 2023)

Through its participation in CoO, Mount Vernon increased and diversified its funding by applying knowledge gained through the cohort to pursue new grant opportunities. The city successfully secured a $300,000 Complete Streets Planning Grant and a $1 million USDA Urban Agriculture Program grant to support tree planting initiatives.

City leaders also increased their strategic use of data, working to better identify health issues and needs in the city, including air quality and traffic incident data within smaller geographies.

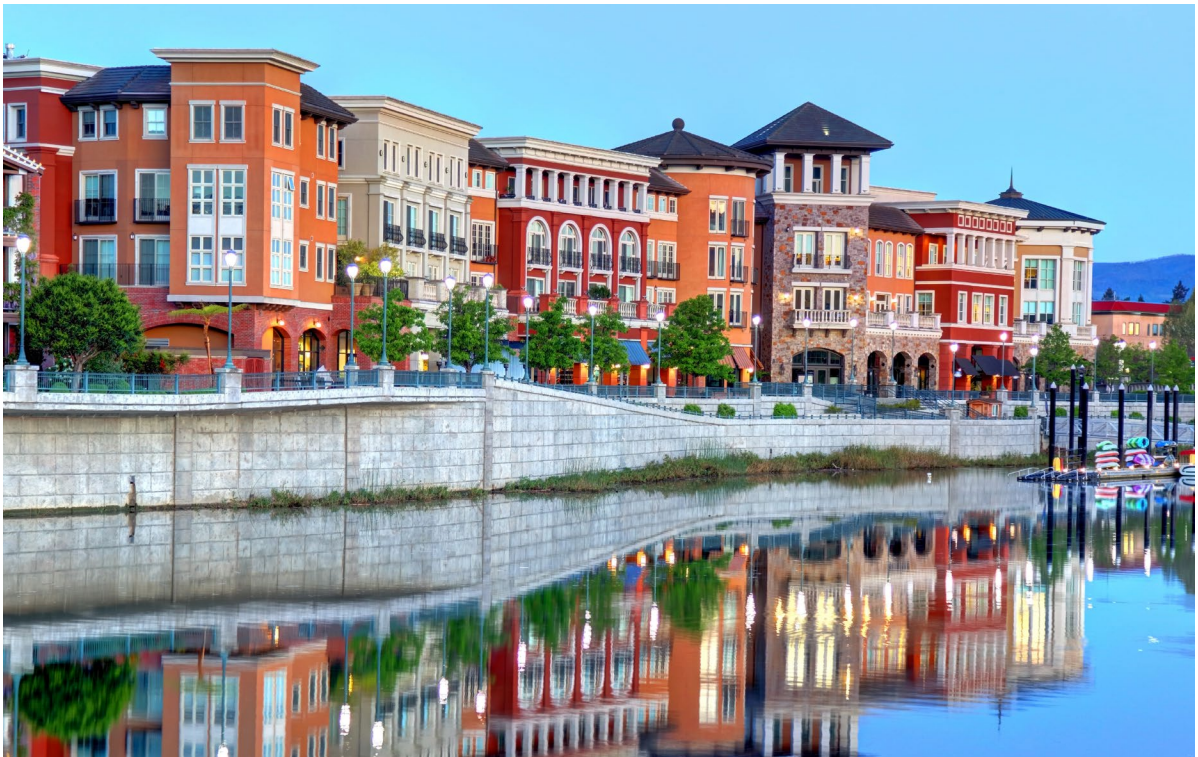


NAPA, CA
(ACTION COHORT 2019)

Building on a city council resolution declaring systemic racism a public health crisis, the city used the Action Cohort to review policies, inventory cross-sector efforts and select a Health in All Policies (HiAP) framework to guide decision-making. That work culminated in the October 2022 adoption of a new General Plan that includes Public Health & Equity as a stand-alone element—embedding equity into the city's long-term governance framework.

Napa established a staff-led team to conduct policy-by-policy reviews of internal and external practices. The city also partnered with the Government Alliance on Race and Equity (GARE) and Circle Up to provide staff training and deepen institutional knowledge, ensuring equity principles are integrated into departmental policies and standard operating procedures. Updates to housing policy have further operationalized this lens, aligning equity goals with concrete planning decisions.

What began as a framework discussion evolved into sustained structural change—formalized in the General Plan, embedded in staff practice and reinforced through ongoing partnerships and policy refinement.



RANCHO CUCAMONGA, CA
(ACTION COHORT PILOT 2018; ACTION COHORT 2023)

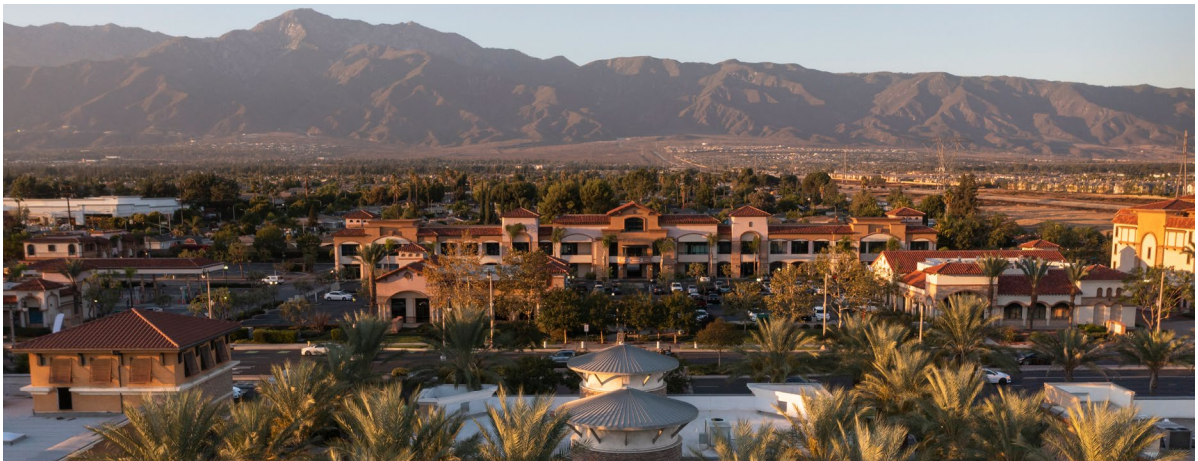
Rancho Cucamonga demonstrates how structural change can embed community engagement into city policy.

Building on Healthy RC, a cross-sector collaborative of businesses, nonprofits and faith-based organizations, the city developed a community engagement policy grounded in health equity, ensuring resident perspectives shape public policies, practices and services.

To put that policy into practice, the city conducted an internal audit of staff knowledge and capacity, which revealed that a majority of City staff did not have a working understanding of health equity. In response, the city launched a series of foundational trainings on health equity and community engagement principles, developed a staff toolkit for ongoing skill-building and required each department to designate an ambassador to champion the work from within. These principles were also integrated into the city's General Plan Update, a comprehensive community-based blueprint for building a city rooted in health, equity and stewardship over the next 20 years.

Rancho Cucamonga further advanced cross-departmental coordination by establishing a core team to address housing affordability and homelessness. Acting as a housing "quarterback," the team coordinates initiatives across departments, helping identify gaps and align strategies so that each department now plays a role in advancing the city's housing goals.

Finally, the city leaders implemented a citywide Quality of Life survey and worked with CoO data partners to strengthen its use of data to examine city actions and priorities through an equity lens.



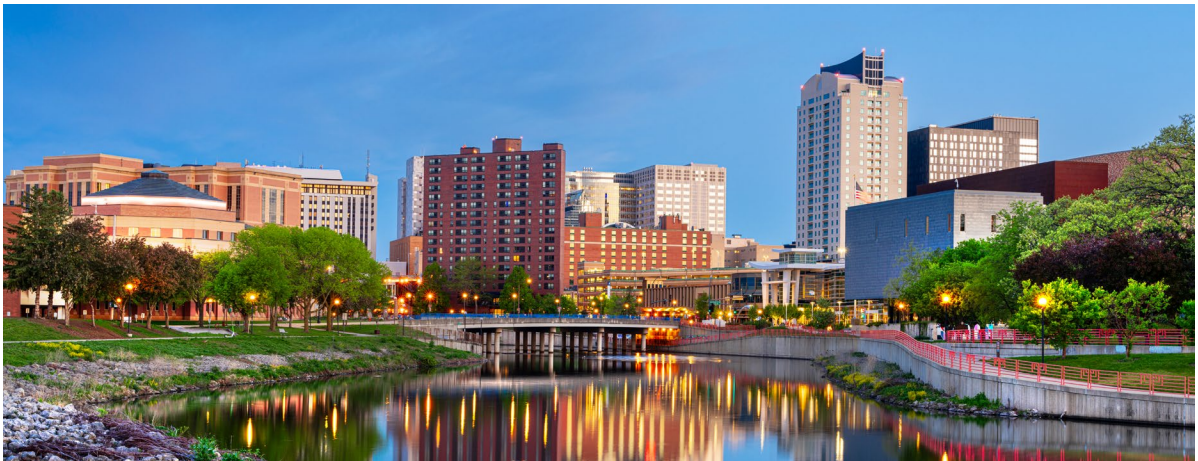
ROCHESTER, MN
(MAYORS' INSTITUTE 2021)

Rochester is globally recognized as the home of Mayo Clinic and a destination for world-class health and wellness. Yet, within the same community, many immigrant, refugee, Black, Indigenous and other residents of color continue to experience disproportionately poor health outcomes and barriers to care.

Through its participation in the Mayors' Institute on Economic Opportunity and Health, Rochester broadened its understanding of health to include economic opportunity and equity. Data analysis revealed that women—especially women of color—were not benefiting from the region's economic growth, limiting access to stable employment, health care and other opportunities. This work initiated on-going conversations around equitable ecosystem building, bringing together a cross-sector team—including the Collider Foundation, Rochester Area Economic Development, Inc. (RAEDI), the Small Business Development Center (SBDC) and private businesses—to coordinate entrepreneurial and career pathway services.

The City also developed a Community Co-Design model in partnership with Destination Medical Center (DMC). This approach centers residents as experts in their lived experience, involving community members directly in problem identification and program development, and empowering them to shape solutions that address barriers to participation.

The City refined and strengthened the career pathways and wraparound supports developed during CoO and secured a $1 million Bloomberg Philanthropies Global Mayors Challenge grant to continue advancing opportunities for Black, Indigenous and People of Color (BIPOC) women in construction and built environment careers. The City has applied the co-design methodology to other initiatives, including street and community space design and BIPOC homeownership efforts.



TACOMA, WA
(MAYORS' INSTITUTE 2021)

Tacoma's Healthcare Apprentice Pathways pilot began in 2021 as a collective effort of the City's Tacoma Anchor Network, a partnership of Tacoma-based agencies, education institutions and hospital systems. The focus of the effort was on place-based change through local workforce development, local procurement and business support, and local impact investing.

Through its participation in the Mayors' Institute, Tacoma expanded its understanding of health to include the economic and structural factors that shape access to opportunity. Recognizing workforce development as a public health strategy, the city centered equity in its response to pandemic-driven job loss and rising health care demand by creating an "earn and learn" pathway into health care careers for marginalized and underemployed residents.

With support from CoO, Tacoma convened local agencies, education institutions, hospital systems and community residents to co-design the Introduction to Healthcare Apprentice Pathways (IHAP) program. The city braided city, county and federal resources—including WIOA and ARPA funds—to align funding and provide paid training alongside wraparound supports such as childcare, transportation and technology access.

What began as a targeted pilot in the Salishan neighborhood evolved into a coordinated workforce policy agenda. The earn-and-learn model has since been embedded into every city-funded apprenticeship pathway across multiple sectors and expanded into Pierce County, reflecting sustained cross-sector alignment and a systemic approach to health, equity and economic mobility.

ABOUT THE NATIONAL LEAGUE OF CITIES

Founded in 1924 by a coalition of state leagues, NLC has grown into a trusted resource and powerful advocate for more than 2,700 cities, towns and villages across the country. From its earliest days as a clearinghouse for municipal information to its role today influencing federal policy and driving innovation, NLC has helped ensure that communities have the leadership, resources and partnerships they need to thrive. Across its many programs and initiatives, NLC's work is grounded in a clear and consistent belief: strong cities build strong communities.

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