

CITIES SPEAK

HEALTH AND WELLNESS

5 Things Mayors Can Do to Create Healthier Communities

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NLC's new report, [Addressing Health Disparities in Cities: Lessons from the Field](#), provides lessons learned and examples of actions that mayors and other city leaders are taking to intentionally address childhood obesity-related health disparities.



Baton Rouge, Louisiana Mayor-President Melvin L. “Kip” Holden and a young Baton Rouge resident ride bikes together at a *Healthy Baton Rouge* event.

Today's cities are facing many challenges — aging infrastructure, income inequality and health disparities — all of which threaten the economic vitality and resiliency of cities.

Health disparities — differences in incidence, prevalence or burden of disease between population groups — are chief among cities' challenges because they prevent children and families from

reaching their full potential and fully contributing to society.

If you were to ask a group of mayors why they ran for office, a likely response is that they wanted to make their community a better place to live. Health disparities threaten their ability to accomplish this goal.

Consider the health and economic consequences of childhood obesity. One in three children in the U.S. is overweight or obese. And low-income children and children of color tend to experience higher rates of obesity compared to their peers:

- Low-income young people ages 2 to 19 years old, regardless of race or ethnicity, are [1.7 times more likely to be severely obese](#) than their peers;
- Among young people ages 2-19, the [obesity rate for white youth is 14.7 percent](#), compared to 19.5 percent for black youth and 21.9 percent for Hispanic youth;
- Between ages 6 to 11, [23.8 percent of black children are obese](#) compared with 13.1 percent of whites; and
- Between ages 2 to 5, the [obesity rate among Hispanic children is 16.7 percent](#). For white children, it is just 3.5 percent.

The U.S. population is becoming more racially diverse, with more than [half of the nation's children](#) projected to be part of a minority racial or ethnic group by 2020. If low-income youth and youth of color are more likely to suffer poorer health outcomes that prevent them from reaching their full potential, what are the implications for the future workforce and for the overall social and economic health of American's cities and towns?

And what can city leaders do to reduce these health disparities?

Last year, NLC created the [Learning Collaborative on Health Disparities](#) to explore this question. Local leaders from **seven cities** were invited to share their perspectives about the challenges and opportunities associated with local efforts to address childhood obesity-related health disparities. The seven cities are:

Baton Rouge, Louisiana
Oklahoma City, Oklahoma
Cleveland, Ohio
Savannah, Georgia

Kansas City, Kansas
Virginia Beach, Virginia
Lincoln, Nebraska

Every day, mayors in these and other cities across the country make decisions in areas such as transportation, public safety, housing and economic development that directly or indirectly impact the ability of children and families to make healthy choices. As such, mayors are uniquely positioned to lead and drive change to reduce health disparities.

The Learning Collaborative identified five actions that mayors can take to address childhood obesity-related health disparities. These actions have implications for childhood obesity prevention efforts as well as broader efforts to promote a culture of health and equity in health.

1. **Speak Boldly about Race, Racism and Health** — Mayors can speak candidly about how historical patterns of racism, segregation and discrimination have resulted in the unequal distribution of social, economic and environmental resources by race and income across neighborhoods. Bold leadership, including an investment in professional development and training, can empower mayors and other city leaders to confront individual, institutional and structural racism as well as bias in policies, practices and systems.
2. **Listen to the Stories of Residents** — Mayors can bridge the divide between government and community by actively listening to and engaging with residents, especially those experiencing the poorest health outcomes. Residents' stories about the conditions in their neighborhoods can provide important insights about the barriers to healthy living that many low-income residents face. Mayors can incorporate this information into policy development and implementation.
3. **Focus on Health Equity** — Mayors can convene a broad array of city leaders, community partners and residents to create a shared vision, cross-sector commitment and goals for building a healthier city that incorporate strategies to address inequities. A strong commitment to health equity from the mayor can ensure there is an intentional focus on improving the underlying social, economic and environmental conditions that shape communities.
4. **Connect Health to Other City Priorities** — Mayors can use their bully pulpit to elevate the connections between health and other city priorities such as economic development and public safety. This messaging can help city departments outside of the local health department better understand how the core functions of their department directly and indirectly impact health, as well as specific actions they can take to advance health equity.
5. **Engage the Business Community** — Mayors can enlist the support of local business leaders to develop public-private partnerships to promote public health and address the underlying causes of health disparities, such as poverty and education, which directly impacts a city's ability to attract and maintain a healthy, educated workforce that businesses need to thrive.

Mayors can lead the way in eliminating health disparities. They can connect children and families to the social, economic and environmental resources they need to thrive, such as quality education, jobs, healthy foods and safe spaces for physical activity. The time to act is now.



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