HEAL CITIES CAMPAIGN MODEL

**HOW** our work encourages cities to prioritize & adopt "built environment" policies?

- Convene **CIRCLES of ADVISORS** to guide the project
- Create and use **MESSAGES** to frame health equity issues
- **COMMUNICATE** the relationship between health and the built environment
- Build **RELATIONSHIPS** between cities’ staff and targeted stakeholders
- **TRAIN** & provide TA about policy resources & tools
- **FOCUS INVESTMENT** in cities with significant minority & low-income populations
- **CONNECT** city decision-makers with each other
- **ADVOCATE** for health priorities, adoption & alignment of policies

**Targeted Stakeholders**

- **WHO** needs to do WHAT differently for cities to prioritize & adopt policies?

  **City Officials and Departments’ Staff will:**
  - Be receptive
  - Shift mindset
  - Increase & use knowledge
  - Dialogue with city officials
  - Partner with outsider influencers

  **Professional groups, county health departments & community coalitions will:**
  - ADVOCATE for city leadership to prioritize & adopt policies & align resources
  - **Statewide and local media will:**
    - provide a PLATFORM for our messaging

  **Civic Engagement**
  - Train and educate community members for sustainable “asks”

**WHAT** policy-related changes are desired for cities?

**WHY** will communities be better off after cities prioritize & adopt built environment policies?

- **All residents will have a greater selection of healthful options within reach making the Healthy Choice the Easy Choice**
- **Disparities in access to healthful options will be reduced**
- **Employers** will benefit from a healthier workforce
- **City workers** will have incentives to improve health
- **Communities’ improved livability will generate economic prosperity**

**PRIORITIZE**

- Health Equity

**ADOPT**

- Built Environment policies

**ALIGN**

- existing policies & resources to support current efforts

**IMPLEMENTATION**

- of policies

**EVALUATION**

- of success