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LETTER FROM THE EXECUTIVE DIRECTOR

Since our formation in 2002, our members have worked together to address the most significant and pressing public health challenges America faces. 2018 presented a number of these challenges, both natural and man-made, which our members navigated using innovation and collaboration. The Big Cities Health Coalition continued to be an essential resource and invaluable forum for leaders of the nation's largest urban health departments.

The Coalition continued to have a strong presence in the national conversation about how to advance public health and prepare for future challenges, engaging with decision-makers to advocate for public health funding and evidence-based policy making at the federal level. BCHC members brought their knowledge and experience to elected leaders throughout the year, educating them on the value of public health, demonstrating what has been achieved, and continue to make the case for a strong, stable public health system.

In addition, members shared local success stories and lessons learned through the media, the Coalition’s Front Lines blog, and by hosting webinars, to ensure that others in the field could learn from the important work they’re doing every day.

The reach of this membership is wide and deep. Members’ wide range of collective expertise is now shared across 30 member cities, with combined jurisdictions that now encompass nearly 62 million people, or one in five, Americans. We want to thank our partners at the de Beaumont Foundation, the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, and the National Association of County and City Health Officials, without whom, our work would not be possible.

Our activity remains firmly guided by our core values. By acting in a spirit of collaboration and innovation, with a commitment to evidence-based policy and practice, informed by better, timelier local data, we can work together to deliver our vision of healthy, more equitable communities. I look forward to continuing this work alongside our members in 2019 to advance our vision of a nation made up of strong, healthy communities.

Sincerely,

Chrissie Juliano, MPP
Executive Director, Big Cities Health Coalition
The greatest public health challenges in our country are being faced and solved by local health officials who are working to improve health in their cities and communities. We are proud to stand with our colleagues, as we individually and collectively respond to today’s most pressing health challenges. Our dedication to creating evidence-based policies and implementing best and promising practices is crucial not only to the health of the local populations we serve, but to the nation as a whole.

As local health officials in Tarrant County (Forth Worth), Texas, and Long Beach, California, and as members of the Big Cities Health Coalition, we deeply value the collaborative partnership the Coalition offers. When faced with a local health crisis or day-to-day challenges, every member knows they can call on any of their fellow health officials to leverage their extensive experience and share advice.

The Coalition was an especially welcome resource in 2018—communities faced a series of natural disasters caused by hurricanes, floods and fires, the fight against tobacco, violence and the opioid crisis continued. The many meetings, briefings, calls, and webinars convened by BCHC were essential to share best practices, take in the combined expertise of our peers, and work to collectively address these public health challenges.

The Coalition continues to amplify the voice of members by spreading the word about the innovative work we do in local health departments across the country, and make the case for protecting the resources that enable every health department to get their community healthy and keep constituents safe.

We look forward to building on the successes of 2018 by continuing our work together in the year ahead to further advance the field of public health.

Sincerely,

Veerinder Taneja, MBBS, MPH  
2018 Chair, Big Cities Health Coalition & Health Director, Tarrant County (Fort Worth) Health Department

Kelly Colopy, MPP  
2018 Chair-Elect, Big Cities Health Coalition & Director, Long Beach Department of Health and Human Services
STRENGTH IN NUMBERS

The coalition joined together to leverage its collective knowledge, voice and skill set to advance its objectives and promote innovative progress in the field of urban public health.

- **32,000+** Total number of data points included in the Big Cities Health Coalition Inventory Data Platform
- **30** Number of Big Cities Health Coalition members
- **56** Number of meetings Coalition members held with U.S. members of Congress
- **25** Number of new entries posted on the Coalition’s Front Lines Blog
- **16** Number of advocacy letters sent to Congress and the Trump Administration in support of public health
30 MEMBERS

AUSTIN
BALTIMORE
BOSTON
CHARLOTTE (MECKLENBURG COUNTY)
CHICAGO
CLEVELAND
COLUMBUS
DALLAS COUNTY
DENVER
DETROIT

FORT WORTH (TARRANT COUNTY)
HOUSTON
INDIANAPOLIS (MARION COUNTY)
KANSAS CITY
LAS VEGAS (SOUTHERN NV HD)
LONG BEACH
LOS ANGELES COUNTY
MIAMI-DADE COUNTY
MINNEAPOLIS
NEW YORK CITY

OAKLAND (ALAMEDA COUNTY)
PHILADELPHIA
PHOENIX (MARICOPA COUNTY)
PORTLAND (MULTNOMAH COUNTY)
SAN ANTONIO
SAN DIEGO COUNTY
SAN FRANCISCO
SAN JOSE (SANTA CLARA COUNTY)
SEATTLE (SEATTLE-KING COUNTY)
WASHINGTON, D.C.
MISSION
Advancing equity and health for present and future generations

VISION
Healthy, more equitable communities through big city innovation and leadership

STRATEGIC GOALS

1. Create, promote, and disseminate innovative best and/or promising policies and practices to address shared urban health challenges.

2. Provide shared value to BCHC membership to improve local health department infrastructure, build a strong organization that is a resource to members, and foster leadership development.

3. Advocate, primarily at the national level, for policies and funding to protect and improve the health of urban America.
MEMBERSHIP

To be eligible for membership, local public health agencies must either be:

- A city in the top 30 most urban areas according to 2010 U.S. Census measures and have a minimum (city) population of at least 400,000;
  OR
- A city with a population of at least 800,000.

Further, member health departments must be locally controlled and not a state-run agency.

BCHC members are generally a city’s health commissioner, health department director, or health officer.

The relationships that are nurtured between the members and the ability to share both knowledge and innovative practices are what truly set this Coalition apart from other such organizations. For these partnerships to remain strong, the ability to come together in person, not just virtually, remains a top priority. In March 2018, the members joined together in person in Washington, D.C. to outline priorities for the year and visit with policymakers. They met again in Chicago in September of 2018 to gather and learn from each other, and continue to chart our collective path forward.

Between meetings, Coalition staff members distribute a weekly email to members, highlighting recent developments, and use monthly conference calls to learn from each other on topics of interest and reveal new resources. The Coalition also created an online member portal to house key resources for members, as well as a Local Health Official handbook to serve as a manual for new members.

The Coalition is served by a leadership team that, with staff, guides its actions and membership. The Coalition is deeply grateful to the 2018 officers:

CHAIR
Vinny Taneja, MBBS, MPH
Health Director, Tarrant County (Fort Worth) Public Health

CHAIR ELECT
Kelly Colopy, MPP
Director, Long Beach Department of Health and Human Services

VICE CHAIR
Sara Cody, MD
Health Officer and Director, Santa Clara County Public Health Department
The Coalition took on a number of projects to support one of its core objectives: the promotion of evidence-based policy and practice along with complementary research on the public health workforce in big cities. These findings were shared with members, the public health field, and the media.

**Epidemiology Capacity in Big City Health Departments**

In October, BCHC published a report in collaboration with the Council of State and Territorial Epidemiologists (CSTE) to assess the epidemiology capacity of urban health departments.

The Epidemiology Capacity Assessment (ECA) was conducted in 27 BCHC member cities. The study was designed to enumerate and analyze the epidemiologist workforce and their skills, and identify the funding and capacity of member health departments. The findings showed that in order to meet the challenges posed by both everyday work and emergent public health crises, local health departments say they need to grow their epidemiology capacity. These positions at the local level are overwhelmingly funded by local dollars, whereas the bulk of state funding comes from the federal government (see graphic). In order to make real progress to meet these workforce needs, federal support for local capacity is needed.

The report findings were presented in a widely attended webinar and are now being used to advocate for federal funding to support epidemiologists in big, urban health departments. The full report and executive summary can be found at bigcitieshealth.org/data-and-research-center.

**Advancing the Practice of Public Health**

The Coalition took on a number of projects to support one of its core objectives: the promotion of evidence-based policy and practice along with complementary research on the public health workforce in big cities. These findings were shared with members, the public health field, and the media.

**To Reach Full Capacity, Big City Health Departments Need:**

- 40% ↑ or
- + 434 epidemiologists

**Advancing the Practice of Public Health**

- 121% ↑ Injury/violence prevention
- 86% ↑ Maternal & child health
- 72% ↑ Chronic disease
- 66% ↑ Preparedness
- 51% ↑ Substance abuse

**More Local Dollars Support Big City Epidemiology; More Federal Dollars Support States**

**Big Cities**

- Local 47%
- Federal 27%
- State 24%

**States**

- Other 4%
- State 19%
- Federal 77%
PHWINS

In collaboration with the de Beaumont Foundation, NACCHO and ASTHO, the Coalition participated in the second wave of the Public Health Workforce Interest and Needs Survey (PH WINS). This survey gathers and distills the unique perspectives of the public health workforce.

The survey found that the public health workforce is made up of dedicated professionals who see the value of their work. It also found that nearly half are planning to leave in the next five years because of inadequate compensation, or organizational issues. The findings of the survey reveal systemic shortcomings of the field that must be addressed in order to ensure a workforce that’s able to respond to urgent public health concerns. The results were shared with the 24 cities who participated in the assessment, and a national report was released by the de Beaumont Foundation early in 2019. The Journal of Public Health Management and Practice will release a journal supplement on the PHWINS findings in 2019, which includes contributions from a number of BCHC staff and members. Learn more at PHWINS.org.

USING CITY DATA TO UNDERSTAND PUBLIC HEALTH

The Big Cities Health Inventory Data Platform continued to grow and improve in 2018. This online tool is a standardized data collection hub that allows the user to explore and compare nearly 35,000 data points from the 30 BCHC member cities.

In 2018, the Coalition nearly doubled the number of data points on more than 50 health, socio-economic, and demographic categories. Additionally, the Coalition introduced two new features that allow even easier comparison of data. The City Snapshot gives a quick look into all the health data available in one city and the Similar Cities feature makes it easy to compare health data in cities with a similar demographic makeup. The Coalition also expanded the policy and practices pages on the platform, which act to complement the data by providing examples of innovative policies and practices being implemented in cities across the country.

BCHC also provided small grants to graduate students to analyze data from the platform and present their findings at national conferences, such as the National Association of County and City Health Officials Annual meeting and the American Public Health Association Annual Meetings. One student explored the relationship between obesity and incomes using those indicators and data from the platform, while another analyzed opioid-related drug overdoses in big cities.

The data platform was first launched in 2015 and now includes data from all 30 member cities. For more information and to explore the data, please visit bigcitieshealth.org/city-data.

NATIONAL PUBLIC HEALTH WORKFORCE SURVEY RESULTS

JOB SATISFACTION AND ENGAGEMENT:

The public health workforce is mission-driven, but factors like pay, lack of opportunities for advancement, and workplace culture can negatively affect engagement and satisfaction.

- I am determined to give my best effort at work every day. [95%]
- The work I do is important. [69%]

Top 5 Reasons for Leaving

- Inadequate Pay: 46%
- Lack of Advancement: 40%
- Workplace Environment: 31%
- Job Satisfaction: 26%
- Lack of Support: 26%

Source: phwins.org
LEVERAGING OUR COLLECTIVE VOICE

In 2018, BCHC members came together to make the case for action on major public health issues, visiting 56 Congressional offices to advocate for public health priorities.

BCHC regularly wrote to Congress and the Trump Administration on a range of public health issues, including gun violence research, e-cigarettes, tobacco flavor restrictions, and the opioid crisis, as well as calling for public health funding to be protected and increased.

While BCHC members continued to prioritize and advocate for ongoing priorities like those listed above, they also took action on other pressing challenges and opportunities. In 2018, there were three such policy areas where BCHC members undertook unified activity to positively inform and influence public health policy:

- Continuing to speak out on and support efforts to save funding for critical teen pregnancy prevention programs (see page 12)
- Highlighting the growing threat of e-cigarettes and tobacco use among teens and pushing for action on the federal level (see page 13)
- Undertaking practice-based research projects to highlight the importance of a strong public health workforce (see pages 10-11)

ADVOCACY AT THE FEDERAL LEVEL

STANDING UP FOR THE TEEN PREGNANCY PREVENTION PROGRAM

In the summer of 2017, the Department of Health and Human Services (HHS) abruptly announced it would end funding for the TPPP, a five-year, evidence-based program that provides funding for community-based organizations across the country. Ending the program early would have been highly disruptive to programs and research already underway.

In February 2018, officials in Baltimore and Seattle sued the Trump administration to reinstate this funding. Building on successful media outreach in 2017, BCHC worked with Seattle & King County and the non-profit Democracy Forward to secure earned media about the lawsuit and the threat to TPPP. Patty Hayes, Director of Public Health – Seattle & King County, appeared on the POLITICO Pulse Check podcast to explain the lawsuit and what was at stake. BCHC also co-hosted a webinar for the press alongside Democracy Forward, securing coverage with NBC News and the PBS News Hour, and kept up momentum with continued social media activity.

In May, a judge ruled that HHS had acted unlawfully and ordered it to reinstate funding.
E-CIGARETTES AND FLAVORED TOBACCO

BCHC members see first-hand the impact of increasing rates of e-cigarette use among youth, and know how flavors contribute to initiation of tobacco use and addiction. To highlight the action being taken in cities, BCHC worked with Dr. Julie Morita, Commissioner of the Chicago Department of Public Health, to write and publish an op-ed in *The Hill* newspaper describing what her city had done to take on the tobacco industry, and why action on e-cigarettes and flavors must be a priority.

In September, BCHC published a blog post from the Centers for Disease Control and Prevention’s Office on Smoking and Health about the risks of e-cigarettes to teens, which provided important resources for teachers, parents and health professionals.

Also in September, Food and Drug Administration Commissioner, Scott Gottlieb, stated that the agency would consider enacting stronger restrictions on e-cigarettes and flavors in light of the “epidemic of e-cigarette use” among youth. To complement work being done in cities across the country, Coalition members wrote to the commissioner to urge him to take action. BCHC then coordinated with San Francisco’s health department to produce a second op-ed in *The Hill* highlighting their ground breaking flavor restrictions. Members followed up with a media webinar showcasing the work being done in their cities to address the teen smoking epidemic, maintaining pressure on the FDA to act.

In November, Commissioner Gottlieb announced the agency would be considering new restrictions on flavors in both e-cigarettes and traditional tobacco products, a move BCHC publicly praised.

EXTERNAL COMMUNICATIONS

The BCHC media relations and digital presence continued to grow in 2018, raising the profile of the Coalition, its members and leading public health issues.

In February, BCHC hosted its first media breakfast for members to meet with Washington, D.C. based health reporters from various outlets, including *The Atlantic*, *Vox* and *Buzzfeed*. The event allowed local health officials and reporters to find out more about each other’s priorities and interests and build relationships to highlight public health issues in the media moving forward. It also allowed BCHC to continue working with these reporters throughout the year, helping to build the media presence of the Coalition and its members.

Additional media coverage was secured as BCHC continued to work on protecting the Teen Pregnancy Prevention Program and putting pressure on the federal government to follow the lead of cities across the country to protect children from the dangers of e-cigarette and tobacco use.

Traffic to BCHC’s website, blog and social media platforms increased significantly. Members and staff published 25 blogs in 2018. Unique visitors to the website more than doubled from 2017, while a series of targeted activities on Twitter contributed to a 34% increase in followers.

Throughout 2018, BCHC secured media appearances to highlight the work of our members, including 13 unique earned media clips, two op-eds, appearances on five health policy podcasts and four webinars. The Coalition’s reach was further extended by nearly doubling newsletter subscribers in 2018.
PARTNERS & FUNDING

The Big Cities Health Coalition (BCHC) is a forum for the leaders of America’s largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the 62 million people they serve.

BCHC is affiliated with the National Association of County and City Health Officials, which represents the nation’s nearly 3,000 local health departments.

In addition to membership dues, programmatic support for the Coalition is generously provided by the de Beaumont Foundation and the Robert Wood Johnson Foundation. The U.S. Centers for Disease Control and Prevention also supports the Coalition’s Big Cities Health Inventory Data Platform.

The views expressed here do not necessarily reflect the views of the funders.