



# City Types for Improving Health and Equity

Understanding America's  
Small and Midsize Cities

August 2020





# Executive Summary

Health disparities are pervasive in America's cities. Yet while our biggest cities' challenges are often in the national spotlight, America's small and midsize cities (over 700 of them) are home to far more people, and their health disparities receive far less attention. Smaller cities also typically have fewer resources and less infrastructure with which to respond to health challenges than their large city counterparts.

We set out to better understand the wide variations in health across America's small and midsize cities and how these variations are driven by social factors like poverty, education, and housing. Three important facts about small and midsize cities framed our work:

- Economic growth and recovery have been uneven among these cities.
- Local policymakers across these cities increasingly view health as a key issue.
- Although small and midsize cities are quite distinct from larger cities and rural areas, data specific to them are scant.

With support from the Robert Wood Johnson Foundation, we have produced the first health-focused typology framework for small and midsize U.S. cities. The purpose is to enable municipal leaders and their partners to use comparative and small-area health and social data, identify local health trends, and develop effective policy approaches for building healthier cities.

To create this framework, we undertook a rigorous categorization of 719 small and midsize cities—those with 2017 populations of 50,000 to 500,000—into discrete City Types grouped according to select sociodemographic and population characteristics, such as change in population since 2000, poverty rate, manufacturing employment, and income inequality. We identified 10 City Types (See Table 1 for detailed descriptions):

- Emerging Cities
- Small Stable-Size Cities
- Big Metro Exurbs
- Smaller Commuter Suburbs
- Diverse Ring Cities
- Latino-Predominant Enclaves
- Working Towns
- Regional Hubs
- Small Industrial-Legacy Cities
- College Cities

In addition, we examined the social drivers of health in these City Types *over time* and uncovered sizable changes in indicators of health, equity, and well-being, including homicide rates, life expectancy, household poverty, and rent burden. In particular, we see that as racial and economic disparities widen over time, health disparities widen accordingly. Analysis based on City Type demonstrates how these patterns differ systematically across places; understanding of these variations can inform local policymaking decisions. Here are our key findings:

**Region and proximity to bigger cities drive local socioeconomic disparities.** Two City Types (Big Metro Exurbs, Diverse Ring Cities) are exclusively located around the country's largest metropolitan areas: metro New York City, Los Angeles, and Chicago. High-poverty cities located near the largest U.S. cities tend to have better health outcomes compared to other peer cities with high poverty. This suggests the influence of big city economies and regional historical legacies on surrounding metro areas, in some cases lifting neighboring communities and in others likely blunting economic gains.

**Cities are divided by economic and racial/ethnic measures, but wealth is concentrated in cities that are predominantly White.** City Types tend to be predominantly high income or high poverty; only two City Types are primarily middle income (Smaller Commuter Suburbs and Working Towns). Additionally, four City Types have large Black or Latino populations (Diverse Ring Cities, Latino-Predominant Enclaves, Regional Hubs, and Small Industrial-Legacy Cities), while most remaining cities have large White majority populations. In nearly all cities, Black and Latino residents earned less than non-Hispanic Whites, on average, and this racial/ethnic wage gap increased slightly from 2000 to 2017.

**Poverty, rent burden, and income inequality grew across all City Types.** Poverty rate increases in small and midsize cities were consistent with national trends. Between 2000 and 2017, the percent of renters in small and midsize cities paying more than 30 percent of their annual income for rent became the majority. By 2017, Working Towns and Regional Hubs had considerably larger Black-White income gaps than other City Types; Black households earned 41 percent and 46 percent less than their White counterparts, respectively.

**Health outcomes track closely with socioeconomic disparities most of the time.** The three wealthiest City Types (Emerging Cities, Small Stable-Size Cities, and Big Metro Exurbs) consistently have the best outcomes for life expectancy, homicide, and cardiovascular disease mortality. The two City Types with large low-income and large Black populations (Regional Hubs and Small Industrial-Legacy Cities) consistently have, on average, the highest burden of disease and mortality. On average, these more impoverished City Types also have the greatest income inequality, with life expectancy gaps within each city averaging 10 years.

City leaders can leverage a broad array of policy and programmatic approaches targeting poverty and income inequality that will also advance health. Even within City Types, state and local policy levers can lead to differences in health outcomes. More nimble, localized policy can also equate to higher-quality services.

## DEFINING SMALL AND MIDSIZE CITIES

This research defines small and midsize cities as those with populations of 50,000 to 500,000, based on 2017 American Community Survey five-year estimates. While cities with fewer than 50,000 residents likely fit into the framework, health-related data specific to such cities are difficult to acquire. And cities with more than 500,000 residents, which also share some characteristics with the cities in the population range of our study, tend to have greater resources and capacity.

For city leaders, the lessons from these findings are clear:

**Equity must be addressed head-on.** Cities can influence policies and programs that impact racial inequality, such as zoning, affordable housing, the composition of school districts, and policing.

**Optimizing municipal autonomy and flexibility in the face of regional fiscal and policy constraints is critical to effective city leadership and action on health.** For example, although increases in minimum wage have been shown to improve health among vulnerable Americans, 25 states prohibit cities from increasing the minimum wage.<sup>1</sup> To support the adoption of new and purposeful approaches to advancing local health, local governance and authority must be respected and strengthened.

**Building networks of peer cities that reflect shared characteristics beyond the usual state, regional, or population size groupings can drive new agenda-setting policies and improve well-being.**

All the cities in this analysis (plus cities with populations over 500,000) may be found on the City Health Dashboard, where users can explore additional city-specific metrics of health and its drivers. The City Type designations are also available for download to facilitate their use in analysis.

To put the City Types framework into action, we recommend the following:

- 1. Enhance access to granular health outcomes data.** The success of small and midsize cities in advancing health through tailored, data-driven policymaking relies on the availability of granular and timely health outcomes data. In addition, the development of novel approaches for gathering granular yet rigorously vetted data on a national scale, such as from electronic health records or other sources, must be accelerated.
- 2. Use benchmarking to learn from peer cities.** Cities in the same City Type share important characteristics that affect not only local health outcomes, but also the applicability and adaptation of potential policy solutions. Importantly, cities can identify high performing “model peers” within their City Type and adapt successful policies and interventions from those peers to improve local residents’ health outcomes. City governments can use these results to benchmark the performance of their policy interventions against similar interventions in peer cities.
- 3. Facilitate smarter investment.** Funders may use these results to inform investment strategies across the country. In addition, funders may be more prepared to fund an intervention in a city when that approach has proved successful in another city of the same Type. Importantly, the City Types framework provides city leaders with additional perspective as they set fiscal priorities for health initiatives.

As governments everywhere combat immediate and long-running health challenges, the City Types framework provides a data-driven foundation for sharpening understanding of small and midsize cities to inform local policy solutions that improve health and well-being.

<sup>1</sup> Wehby GL, Dave DM, Kaestner R. Effects of the minimum wage on infant health. *Journal of Policy Analysis and Management*. 2016 Jun. <https://www.nelp.org/publication/fighting-wage-preemption/>

# Introduction

America's small and midsize cities wrestle with many of the same health disparities that larger cities do. Yet while our biggest cities' challenges are often in the national spotlight, America's small and midsize cities are home to far more people, and their health disparities receive far less attention.

Cities in the United States are predominantly small and midsize. Only 10 U.S. cities have populations over one million, compared to 662 in China and 35 in Europe.<sup>2</sup>

On the other hand, 719 have populations between 50,000 and 500,000. Yet smaller cities typically must address their health challenges with far fewer resources and less infrastructure than large cities do. They also serve as key drivers of regional economies and sociodemographic trends across the country.

We set out to better understand the wide variations in health across America's small and midsize cities and how these variations are driven by social factors like poverty, education, and housing. With support from the Robert Wood Johnson Foundation, we have produced the first health-focused typology framework for small and midsize U.S. cities. The purpose is to enable municipal

leaders and their partners to use comparative and small-area health and social data, identify local health trends, and develop effective policy approaches for building healthier cities.

Our focus is America's cities, concentrating on the populations within city boundaries rather than the surrounding metropolitan areas. Cities offer an important unit of analysis due in part to the municipal structure and accountability that influences residents' health and well-being through local policies and programs.

Three important facts about small and midsize cities framed our work:

- Economic growth and recovery have been uneven among these cities.
- Local policymakers across these cities increasingly view health as a key issue.
- Although small and midsize cities are quite distinct from larger cities and rural areas, data specific to them are scant.

## Economic Growth and Recovery Are Uneven

Economic inequality has increased, both nationwide and in U.S. cities, since the 1970s. Just as wealthy and ultra-wealthy citizens account for an ever-greater share of income and assets, so too do the very large metros of New York, Chicago, and Los Angeles.

Indeed, the last two decades have seen the emergence of a new economic landscape characterized by the rise of "winner-take-all-

2 United Nations, Department of Economic and Social Affairs, Population Division (2018). *The World's Cities in 2018—Data Booklet* (ST/ESA/SER.A/417).

3 Florida, R., Mellander, C., & King, K. M. (2017). *Winner-take-all cities* (Doctoral dissertation, Rotman School of Management).

urbanism,” in which a handful of cities have captured the majority of innovation, wealth, and job creation.<sup>3</sup> For example, in an in-depth analysis of the 10 largest and smallest metros areas in the Midwest and Southeast, researchers found that, between 2009 and 2015, private sector employment expanded nearly twice as fast and income increased 50 percent faster in areas with larger populations.<sup>4</sup> There are certainly exceptions, with some smaller cities sustaining strong growth, particularly in “energy belt” states like Texas and Wyoming. But the broader landscape, even before the COVID-19 pandemic, is of many small and midsize cities struggling to recover from decades of economic and population declines.

## Health Is a Defining Issue

In addition to economic distress, small and midsize cities are grappling with major health challenges. From high smoking and obesity rates in Shreveport, La., to low access to and use of healthcare services in Salinas, Calif., the human and economic toll of poor health is gaining prominence as a priority in many small and midsize cities. (See Figures 1 and 2.)

Indeed, nearly a decade ago, New York University partnered with the National Resource Network, a White House initiative established in 2012 that engaged over 50 cities in dire fiscal straits. Though we fully expected to hear that economic issues were the driving—if not sole—focus for most locales, we were struck to find health challenges, including chronic disease management and prevention, a top priority in many places, even though local stakeholders had little sense of

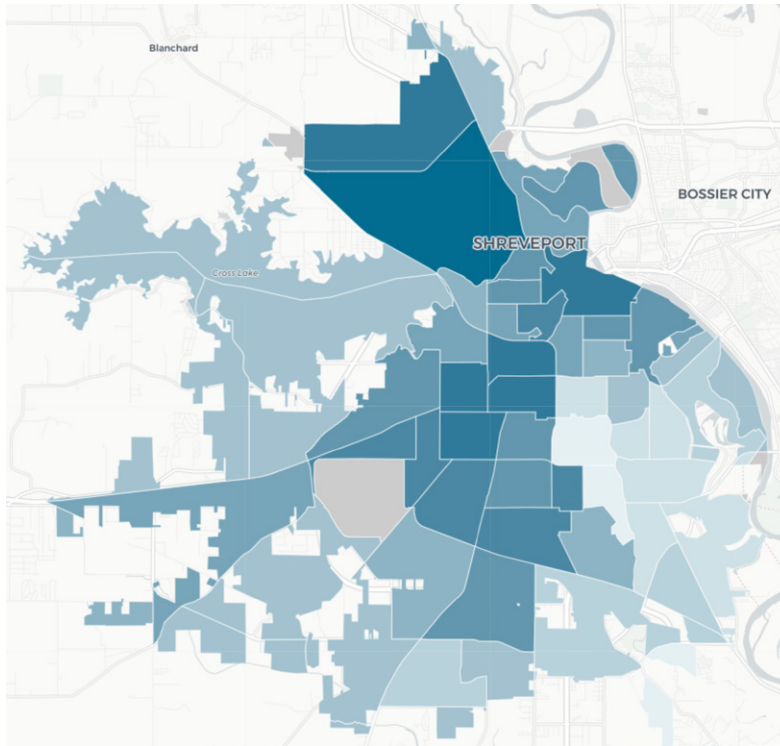
where to turn for the granular data they needed to help drive action. The COVID-19 pandemic has further underscored the essential nature of public health preparedness and the vulnerability of local populations with higher rates of chronic disease.

## Cities Are Unique but City-level Data Are Scant

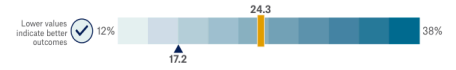
Datasets on health outcomes that cover a large number of jurisdictions have, until recently, only been available at the state or county level. Yet, because city populations often differ in many ways from those of their states and counties, data at the city level are critical to informing and supporting policymaking in small and midsize cities. Similarly, many cities have lacked a framework for comparing the health and well-being of their cities with health outcomes data from similar cities across the country. Although some context-specific labels for cities are already in use—deindustrialized cities where economies have never recovered, “gateway cities” that welcome and support new immigrant and refugee populations, and wealthy exurbs—they are not typically derived from systematic, empirical research. This report presents a rigorously derived typology of small and midsize U.S. cities, with the primary goal of understanding city characteristics associated with health and health disparities. The City Types framework we developed illuminates how health outcomes and trends vary for cities both within the same Type and among Types, supporting local leaders in finding feasible and effective approaches to improving health and health equity.

4 Muro, M., & Whiton, J. (2017). Big cities, small cities—and the gaps. Brookings (The Avenue), October, 17.





**FIGURE 1**  
Smoking in Shreveport, LA



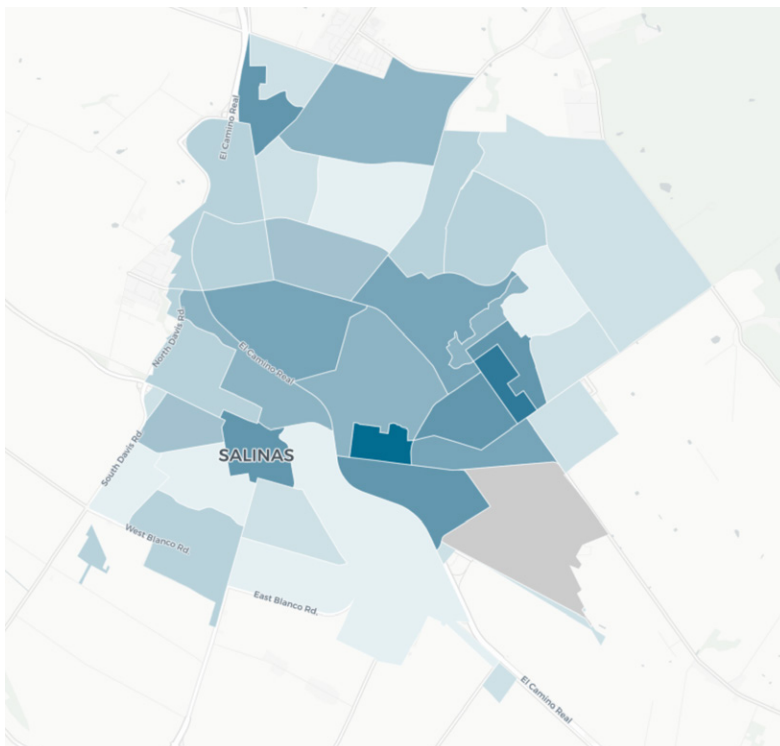
**City Value for Smoking in Shreveport, LA**



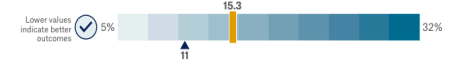
**24.3% of Shreveport's adults** reported smoking, compared to an average of **17.2%** across the Dashboard cities.

-  City or census tract value
-  Dashboard-City Average
-  Present when value is better than Dashboard-City Average
-  Better Outcomes





**FIGURE 2**  
Uninsured Rate in Salinas, CA



**City Value for Uninsured in Salinas, CA**



**15.3% of Salinas's population under age 65** were uninsured, compared to an average of **11%** across the Dashboard cities.

-  City or census tract value
-  Dashboard-City Average
-  Present when value is better than Dashboard-City Average
-  Better Outcomes



# Findings

## The City Types Framework

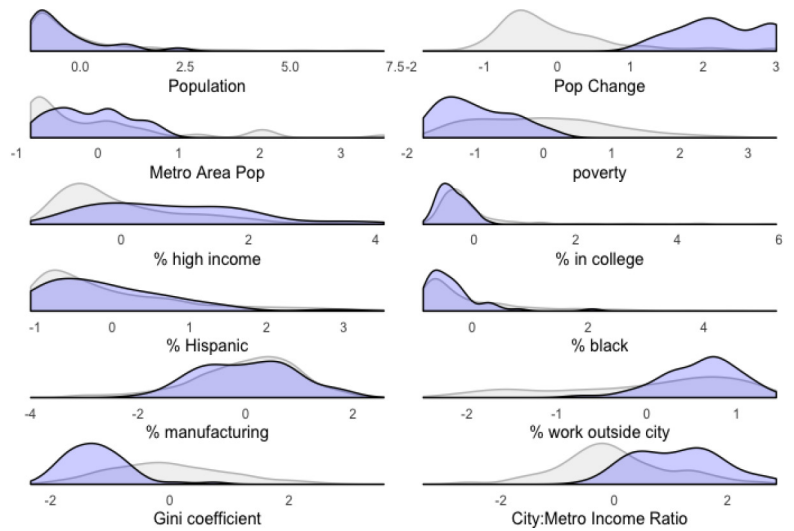
The typology framework creates a foundation to explore characteristics of cities perhaps otherwise overlooked; these findings surface some of these characteristics. A total of 719 cities were sorted into each of 10 City Types, ranging in size from 14 to 143 cities (see Figure 5 and Appendix A). For a full description of the Methodology, see Appendix C.

By way of example, Figures 3 and 4 show the distributions of input variables for Emerging Cities and College Cities.

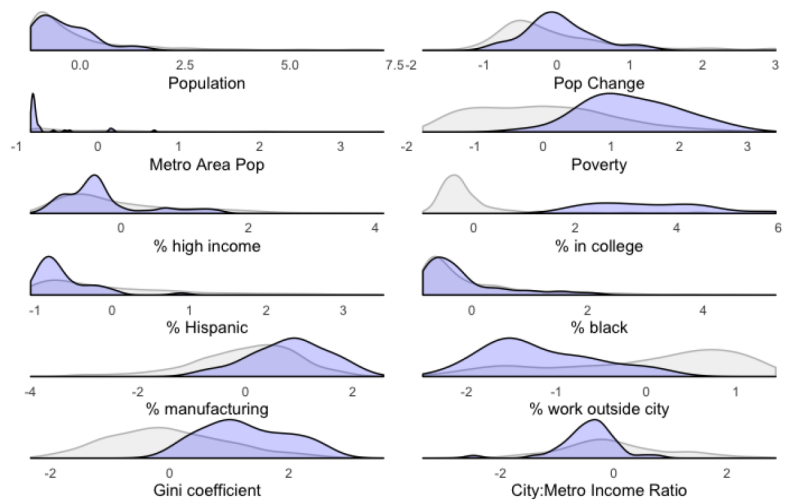
### Region and proximity to bigger cities drive local socioeconomic disparities.

Geographic region was not a factor in creating the city categories, yet many City Types exhibited distinct geographic distributions. Two City Types (Big Metro Exurbs and Diverse Ring Cities) are exclusively located around the country's largest metropolitan areas: metro New York City, Los Angeles, and Chicago. High-poverty cities located near the largest U.S. cities tend to have better health outcomes for life expectancy, homicide, and cardiovascular disease mortality. Another two City Types (Regional Hubs and Small Industrial-Legacy Cities) are located almost exclusively east of the Mississippi River and have, on average, the highest burden of disease and mortality. This is consistent with the impact that big-city economies have on surrounding metro areas,

**FIGURE 3** Distribution of Characteristics: Emerging Cities

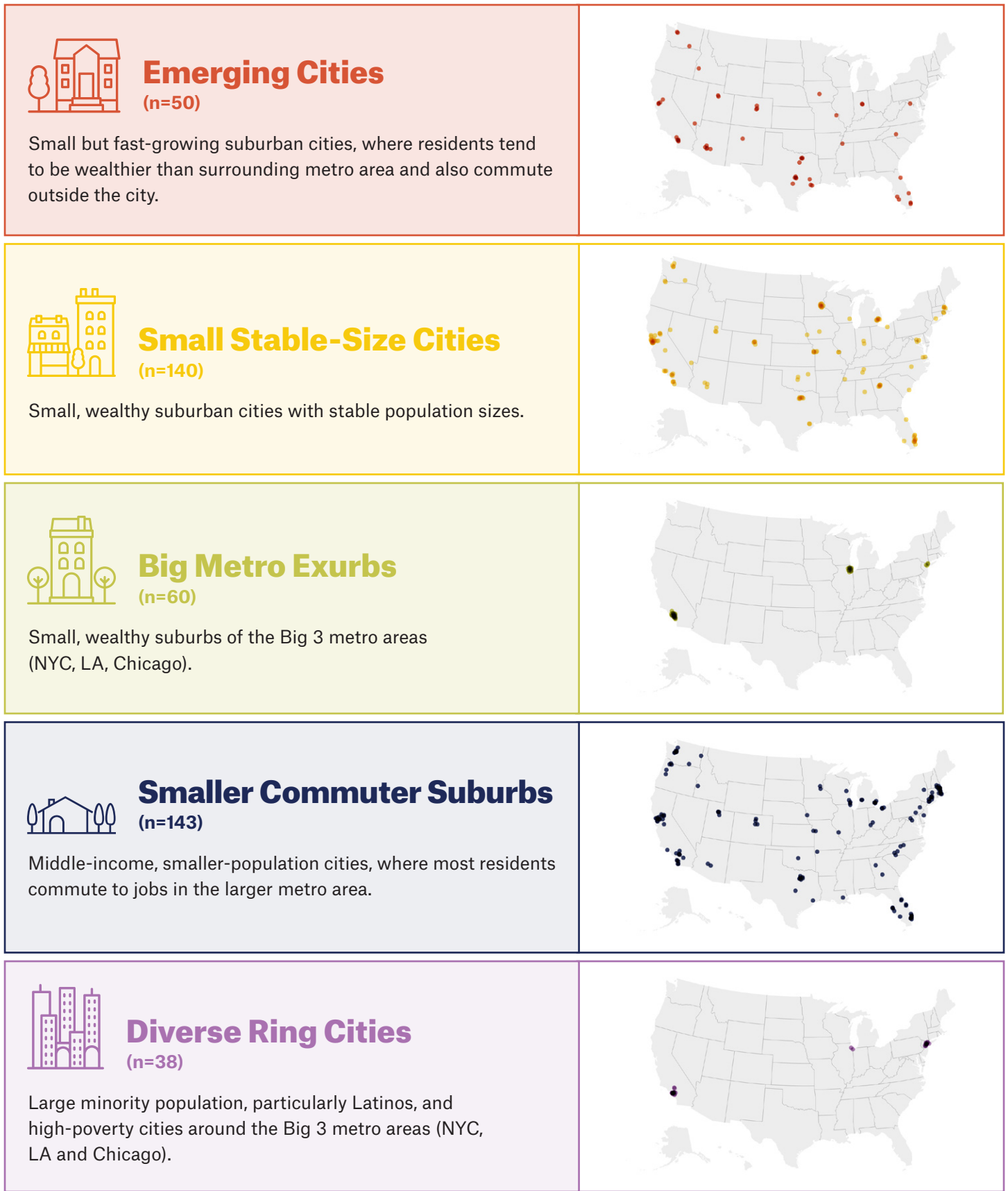


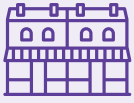
**FIGURE 4** Distribution of Characteristics: College Cities



▲ **Tip:** The most notable characteristic of Emerging Cities (Figure 3 above) is the Population Change variable, with the purple curve showing the average distribution for Emerging Cities compared to the gray curve, which depicts the average Population Change of all small and midsize cities in the analysis. Also, note that the Gini coefficient is shown for reference in these figures, but was not included in the analysis. The distributions of characteristics for all City Types are shown in Appendix B.

**FIGURE 5** — Summary of City Types

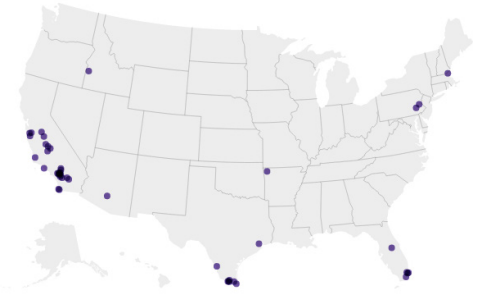




## Latino-Predominant Enclaves

(n=46)

Lower-income cities in smaller metro areas, with large Hispanic/Latino populations.



## Working Towns

(n=117)

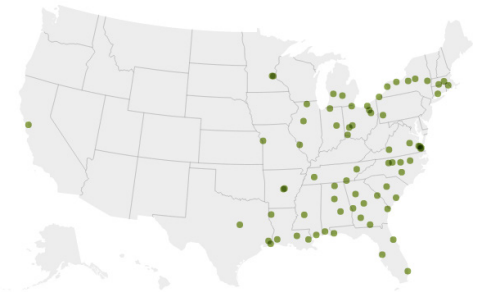
Middle-income communities in small metro areas, where residents mostly work locally.



## Regional Hubs

(n=71)

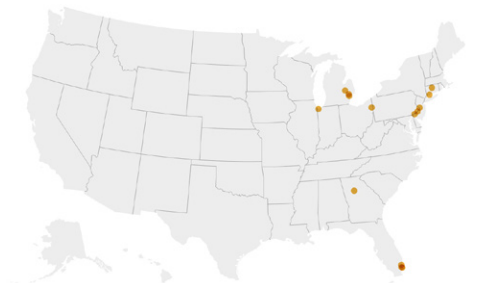
Midsize “micropolitan” cities that serve as a hub within smaller metro areas, with high inequality and large Black populations, where residents mostly work locally.



## Small Industrial-Legacy Cities

(n=14)

Small post-industrial cities in medium population metro areas, with high poverty and large Black populations.



## College Cities

(n=40)

Towns with large college populations, featuring all the benefits of productive anchor institutions and accompanying wealth disparities.



whether by lifting neighboring communities or by dividing economic gains in ways that foster disadvantage. The remaining cities were spread across the United States.

### **Cities are divided by economic and racial/ethnic measures, but wealth is concentrated in cities that are predominantly White.**

The City Types consistently reflect economic polarization: Only two Types were primarily middle income (Smaller Commuter Suburbs and Working Towns), while the remaining Types were characterized either by concentrations of high-income residents or, as in half of the 10 Types, substantial concentrations of residents living below the federal poverty line (see Figure 6). These two middle-income Types included approximately one-third of the cities analyzed and were primarily located in smaller metropolitan areas spread across the country.

Additionally, the City Types capture city-level variations in racial/ethnic composition across the United States. Four City Types (Diverse Ring Cities, Latino-Predominant Enclaves, Regional Hubs, and Small Industrial-Legacy Cities) had large Black or Latino populations, while most of the remaining cities had populations characterized by large non-Hispanic White majorities. Regional Hubs and Small Industrial-Legacy Cities both had large non-Hispanic Black populations, with Regional Hub cities having more economic activity and lower rates of poverty than Small Industrial-Legacy Cities.

In nearly all cities, Black and Latino residents earn less than non-Hispanic whites, on average, and this racial/ethnic wage gap increased slightly from 2000 to 2017.

### **Poverty, rent burden, and income inequality increased across the board.**

Reflecting national trends, the average citywide poverty rate across the 719 cities rose from 12.8 percent in 2000 to 15.6 percent in 2017. By City Type, the average increase in poverty rate ranged from 1 to 5 percentage points, with the magnitude of increase also varying across cities within each Type.

Rent burden also increased across all City Types (see Figure 7). Rent-burdened households are those paying more than 30 percent of their annual income in rent (including utilities and other associated costs). The proportion of rent-burdened households among all renters increased considerably for nearly all cities, from an overall average of 41 percent of renters in 2000 to 52 percent of renters in 2017. These findings reflect a challenge familiar to city leaders, with many residents naming rent burden and affordable housing among their top concerns. Though its impact is heaviest in low-income households, the increase in rent burden is widely felt; leaders in Shreveport, La., noted that over 50 percent of residents are considered rent-burdened, and over a quarter of those are middle and high income.

Income inequality between racial/ethnic groups also grew, on average, within small and midsize cities from 2000 to 2017. Compared to the 35 largest US cities (population >500,000), small and midsize cities have slightly lower poverty rates on average (16 percent, compared to 19 percent in large cities) and have proportionately fewer residents of color (36 percent identifying as Black or Latino, compared to 49 percent in large cities). For all 719 small and midsize cities, the median income for non-Hispanic Black residents in 2000 was 13 percent lower than that of non-Hispanic White households; by 2017 that gap

grew to 28 percent. The gap for Hispanic/Latino households relative to White households also grew, but at a slower rate (20 percent lower in 2000 to 23 percent lower in 2017). Across City Types, the average rate of change for racial income gaps was similar. By 2017, two City Types (Working Towns and Regional Hubs) had considerably larger Black-White income gaps than other City Types; Black households earned 41 percent and 46 percent less than their White counterparts, respectively.

Taken together, these results illustrate disturbing trends for small and midsize city residents. From 2000 to 2017, the percent of renters paying more than 30 percent of their annual income for rent became the majority, while the income gap separating non-Hispanic Black and Hispanic/Latino from non-Hispanic White households intensified.

► Variation between and within City Types is depicted in figures like this, called boxplots. These reflect the variation within each City Type (along the y-axis), where each colored dot is a city, the middle vertical bar marks the midpoint value for that Type, the horizontal box represents the middle 50 percent of values for the cities in that Type, and the “whiskers” extending from the box show the full range.

If a box is small, it means there is little variation of that measure in that City Type. A wide box reflects greater variation. For instance, poverty rates are more similar among Small Stable-Size Cities, while they are very different for Regional Hubs, suggesting an interesting puzzle: What accounts for how differently poverty is distributed in these two City Types?

**FIGURE 6** ———  
**Poverty Rate by City Type, 2017**



**FIGURE 7** ———  
**Change in Rent Burdened, 2000-2017**



**FIGURE 8**  
**Life Expectancy at Birth, 2015**



**FIGURE 9**  
**Cardiovascular Disease Mortality, 2015–2017**



**Health outcomes tracked closely with socioeconomic disparities most of the time.**

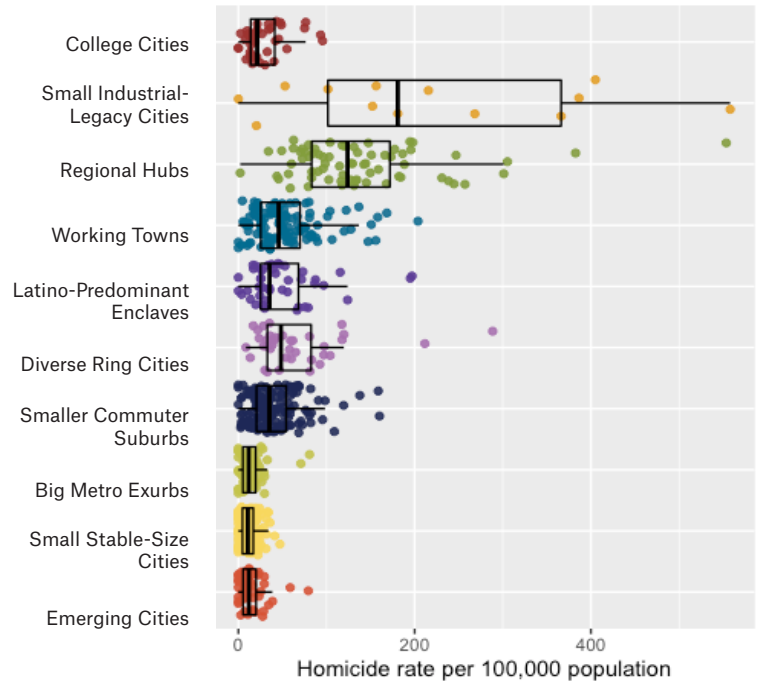
There was considerable variation across City Types— and within cities in each Type— with respect to health outcomes. The health outcomes analyzed (life expectancy, homicide, and cardiovascular disease mortality) consistently followed a social gradient that favored wealthier and Whiter cities. Specifically, the three wealthiest City Types (Emerging Cities, Small Stable-Size Cities, and Big Metro Exurbs) consistently experienced the best outcomes with regard to life expectancy, homicide, and cardiovascular disease mortality, whereas the two City Types with large low-income and relatively large Black populations (Regional Hubs and Small Industrial-Legacy Cities) consistently experienced the highest burden of violence and mortality (see Figures 8, 9, 10). Latino-Predominant Enclaves experienced slightly above average rates of cardiovascular disease mortality, but this Type also had the largest variation. Miami Beach, Fla., had the lowest rate of 139.5 deaths per 100,000 population, and Hemet, Calif., had a rate of 515.2 per 100,000, the highest of this Type and all small and midsize cities.

◀ **Note:** The mortality data used in this analysis are not released as micro-level downloadable datasets from NCHS/RDC, but as aggregated data tables whose analyses were conducted per NCHS disclosure requirements in a secure environment and released as approved output. The findings and conclusions in this report are those of the author(s) and do not represent the views of the Research Data Center, the National Center for Health Statistics, or the Centers for Disease Control and Prevention. NCHS does not recommend further analysis of this data because linking them to individually identifiable data from other NCHS or non-NCHS datasets could cause disclosure risks. If you believe a disclosure has occurred, please contact [info@cityhealthdashboard.com](mailto:info@cityhealthdashboard.com) and [RDCA@cdc.gov](mailto:RDCA@cdc.gov).

Looking at homicide, Small Industrial-Legacy Cities experienced the highest average homicide rate of all City Types, but also the widest variation (see Figure 10). The range includes a homicide rate of 20.4 per 100,000 in Southfield, Miss., up to 558 per 100,000 in Gary, Ind., the highest of small and midsize cities, with Camden, N.J., and Flint, Mich., also in the top five.

Estimates of life expectancy were the only health outcome measure available at the census tract level that we examined. This level of granularity allowed us to analyze life expectancy at the neighborhood level. Here again we found a substantial degree of inequality within cities. Defining a city’s life expectancy gap as the difference between the neighborhood with the longest life expectancy and the neighborhood with the shortest life expectancy, the average city had a gap of seven years. But these gaps were smallest in the most economically privileged City Types, averaging six years for Emerging Cities, Small Stable-Size Cities, and Big Metro Exurbs, and largest in cities with the greatest income inequality and economic deprivation, averaging 10 years in Regional Hubs.

**FIGURE 10** — **Homicide Rate, 2015–2017**



# Discussion

## Residents of the great majority of small and midsize cities faced ever-more challenging economic circumstances over the course of the study period (2000-2017).

The proportion of impoverished residents and those burdened by rent increased in every city type, regardless of the category's median income. Rent burden is a significant driver of health, depleting resources available for health care, utilities, healthy food, and transportation.<sup>5,6</sup> Excessive housing cost and its associated stress are also linked with poor mental health, particularly anxiety and depression.<sup>7</sup> The increase in economic burden felt by city residents may reflect stagnant wages during this period, as well as the lingering impact of the 2007-2008 global financial crisis, which resulted in fiscal hardship for millions of city residents.<sup>8</sup> The immense additional impact of COVID-19 will thus compound already deep and widespread challenges.

The legacy of racial segregation and ongoing impact of structural racism are starkly reflected in our analyses of small and midsize cities. The two City Types with the largest Black populations, Regional Hubs and Small Industrial-Legacy Cities, bore a disproportionate burden of poverty, mortality, and

homicide. We found racial inequality in income to be nearly ubiquitous; the average non-Hispanic White household earned more than Latino or Black households in the vast majority of small and midsize cities. Racial income inequality not only persisted but grew, on average, over the 18-year study period.<sup>9</sup>

Our findings reinforce understanding of the relationship between social conditions and health outcomes. For example, City Types with relatively high average poverty rates (Regional Hubs and Small Industrial-Legacy Cities) also had on average higher mean homicide rates, lower life expectancy, and higher cardiovascular disease mortality. There is some variation across Types. For example, Diverse Ring Cities have high mean poverty rates, yet health outcome measures in this Type compare favorably to outcomes in other high mean poverty Types (Regional Hubs and Small Industrial-Legacy Cities). This may reflect Diverse Ring Cities residents' greater access to resources such as medical care and social programs. This difference could also reflect the health impacts of racism on Black populations,<sup>10,11</sup> because while Diverse Ring Cities, Regional Hubs and Small Industrial-Legacy Cities all have high mean poverty rates, residents of Regional Hubs and Small Industrial-Legacy Cities are predominantly Black.

### What Do These Findings Mean for City Leaders?

#### **First, equity must be addressed head-on.**

Cities can influence policies and programs that impact racial inequality, such as zoning, affordable housing, the composition of school districts, and policing. For example, policies to overturn

5 Maqbool N, Ault M, Viveiros J. The impacts of affordable housing on health: A research summary. Center for Housing Policy; 2015.

6 Bentley R, Baker E, Mason K, Subramanian SV, Kavanagh AM. Association between housing affordability and mental health: a longitudinal analysis of a nationally representative household survey in Australia. *Am J Epidemiol*. 2011;174(7):753-760.

7 Downing J. The health effects of the foreclosure crisis and unaffordable housing: A systematic review and explanation of evidence. *Soc Sci Med*. 2016;162:88-96.

8 Gould Ellen, I., & Dastrup, S. (2012). *Housing and the Great Recession*. Stanford, CA: Stanford Center on Poverty and Inequality.

9 Fry, Richard and Taylor, Paul. (2012). *The Rise of Residential Segregation by Income*. Pew Research Center: Social & Demographic Trends online report, <https://www.pewsocialtrends.org/2012/08/01/the-rise-of-residential-segregation-by-income/>.

10 Kramer, M.R. and Hogue, C.R., 2009. Is segregation bad for your health? *Epidemiologic reviews*, 31(1), pp.178-194.

11 Williams, D.R. and Collins, C., 2016. Racial residential segregation: a fundamental cause of



structurally racist practices that have long diminished the health of Black people must be fought for and prioritized.

**Second, optimizing municipal autonomy and flexibility in the face of regional fiscal and policy constraints is critical to effective city leadership and action on health.**

Local leaders emphasized the impact of regional constraints on city policies, such as through state pre-emption policies or municipal government structures that reflect state and regional historical constructs. For example, although increases in minimum wage have been shown to improve health among vulnerable Americans, 25 states prohibit cities from increasing the minimum wage.<sup>12</sup> To support the adoption of new and purposeful approaches to advancing health, local governance and authority must be respected and strengthened.

**Lastly, building networks of peer cities that reflect shared characteristics beyond the usual state, regional, or population size groupings can drive new agenda-setting policies and improve well-being.**

## **Policy Solutions as Levers for Improvement**

Fortunately, city leaders may leverage a broad array of policy and programmatic approaches to target poverty and income inequality. Legislation to increase city-level minimum wage, municipal investment in affordable housing, and rent control and stabilization programs can reduce income disparities. Inclusive zoning, attention to the configuration of school districts, and changes in policing can diminish racial inequity. Universal

pre-kindergarten education and improvements in elementary, middle, and high school success and completion rates can diminish the “achievement gap” and subsequent disparities in adulthood. GED programs, community workforce agreements, and job training initiatives can support people seeking employment. One model of cross-sector community innovation is Purpose Built Communities, an intensive, years- or decades-long intervention to combat intergenerational poverty that has been effective in helping economically deprived communities revitalize.<sup>13</sup>

Anchor institutions, such as universities and hospitals, can also serve as local catalysts for community development and affordable housing.<sup>14</sup> Kalamazoo, Mich., a College City, has recognized historic social and economic inequities resulting in ongoing health disparities. In recent years, local colleges and universities, along with hospitals, an active community foundation, and strong philanthropic, business, and nonprofit local actors, have engaged in developing policies to foster greater equity in their community. Other cities with strong anchor institutions (such as other College Cities) could adopt analogous approaches to addressing unequal resource distribution in their locales.

## **Urgent Need for Granular Data**

Our analysis and report are limited by the currently available data. While we were able to compile and parse a robust body of data on social determinants of health, only scant health outcome data to permit assessment of trends over time were publicly and uniformly available for all the small and midsize cities in our sample.

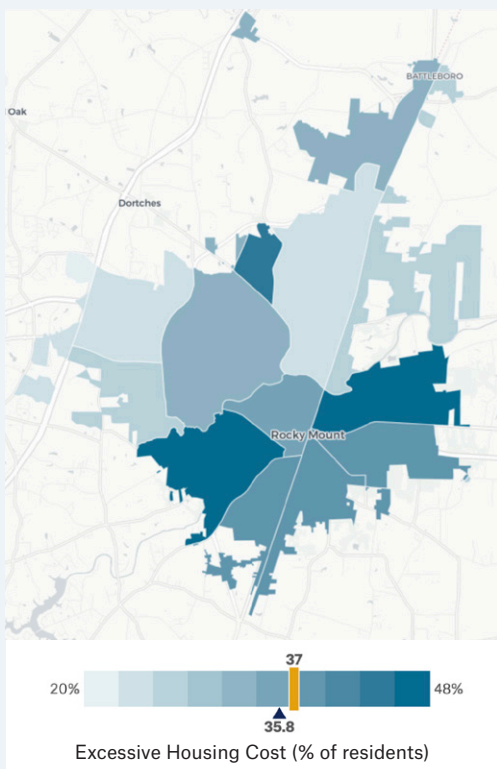
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## CASE STUDY

### Rocky Mount, N.C. – Affordable Housing and Health



Rocky Mount, N.C., a Regional Hub, is a city of just over 55,000 residents, of whom over two-thirds are Black and almost 30 percent are White. A city center in an otherwise relatively rural region, Rocky Mount has faced high unemployment and aging infrastructure, leading city policymakers to focus on socioeconomic drivers, which in turn affect health outcomes. Affordable housing and gentrification are chief concerns, related to school closings in more impoverished parts of town, inequitable access to healthy foods, and displacement of seniors. While Rocky Mount is actively working on local policy solutions like voter referendums to expand affordable and workforce housing, state property taxes remain a barrier for homeownership.

But Rocky Mount’s micropolitan features are causing businesses and industries to take notice. Major industries and companies are investing in Rocky Mount and the “Twin Counties” by building new plants and production facilities. Rocky Mount has been part of a growth transition affecting all of North Carolina, but this progress must account for the current disparities. Rocky Mount plans to connect with other Regional Hub cities in and outside North Carolina to learn of other fiscal and preventative policies that can improve access to housing, with the goal of reducing local disparities in housing, education, and health.

Health outcomes data for small and midsize cities are difficult to obtain for many reasons. Access to some federal data is restricted because of privacy concerns. Some states, however, permit access to data that support detailed analysis of health trends in their small and midsize cities (e.g., the New Jersey State Health Assessment Data portal), a boon for efforts to equip local leaders to take informed action. We aim to continue acquiring health outcomes data and share further analysis and findings in the coming months.

Access to granular data, parsed to locally meaningful geographic boundaries (e.g., municipal, neighborhood, school district), is becoming increasingly essential to efforts across the country to advance population health and health equity.

Small-area estimation techniques can also help improve understanding of local outcomes. As opportunities for change-making by small and midsize cities gather urgency and attention, federal and state health statistics systems must continue to drive innovation in increasing public access to health outcome data. Approaches to using administrative and other large-scale datasets (e.g., networks of electronic health records, city-level budget data) should be explored for surveillance and reporting purposes as well. Expanded access to timely local data, combined with enhanced local capacity to analyze such data, will advance understanding of small and midsize city health trends and help drive effective local actions for health and health equity improvement.

## Improving Health Versus “Changing Type”

In *The Death and Life of Great American Cities*, Jane Jacobs argued that urban planners needed to rethink how they identified so-called “slum” neighborhoods when targeting neighborhood redevelopment interventions. Jacobs argued that impoverished neighborhoods, frequent targets for redevelopment, often contain thriving communities that invest in their surroundings, support their neighbors, and take other actions that promote neighborhood and city health. These neighborhoods should not be judged poorly for their economic conditions, and the truth and lived experience of a place are more complicated than its economic indicators might suggest.

This framework must also be applied to our characterization of City Types. The goal of the present typology is not to encourage cities to attempt to move from one Type to another, or to characterize any City Type as “bad” or “worse” than another. Rather, the purpose of our analysis is to support cities in finding ways to improve the health and well-being of residents. The primary practical application of this analysis is to empower city leaders to identify, implement, evaluate, and improve the impact of policies that, in the context of what works in cities with similar characteristics, are likely to promote health and well-being in their cities.

**Limitations and Cautions:** This typology was created using secondary data with input from national advisors and from leaders in five cities. As such, the findings do not reflect local knowledge from most cities included in this report. Given this, the City Types are not meant to be exhaustive or deterministic, but instead should be used as a tool to guide conversation, innovation, and intervention. Local leaders should use the results of this report in combination with their deep local knowledge and expertise to guide public policy.



## COVID-19 and City Types

What do we know about COVID-19 and the City Types? It's important to acknowledge that this report was written before the coronavirus disease (COVID-19) began. As cities across the country respond to the health and economic impact of the pandemic, a new city-oriented COVID Local Risk Index, available on the City Health Dashboard, can help municipal leaders identify cities and neighborhoods with populations at higher risk of COVID-19 infection and more severe COVID-19 illness. The Index incorporates key risk factors of race and ethnicity, age, household crowding, low income, and underlying health conditions like diabetes and obesity, and assigns a score from 1 (low risk) to 10 (high risk), allowing comparison of cities and neighborhoods. The Index is only available for cities with population 66,000 and above, and analysis by City Type shows significant variation in the average

scores of cities within each City Type, ranging from 2.6 among Small Stable-Size Cities to 9.7 among Small Industrial-Legacy Cities.

We also see child poverty and life expectancy following similar trends. For example, the average rate of children in poverty in Small Industrial-Legacy Cities is almost three times that of Small Stable-Size Cities, and the rank orders across City Types for COVID risk and poverty are almost identical. Similarly, there is substantial (6.3 year) variation in average city life expectancy between City Types, not dissimilar to the range in variation in COVID risk score (7.1), and the two City Types with the shortest average city life expectancies also have the two highest average city COVID Local Risk Index scores.

City Type	Average City COVID Local Risk Index Score	Average City Children in Poverty (%)	Average City Life Expectancy (years)
Small Stable-Size Cities	2.6	13.1	81
College Cities	3.1	24.1	79.6
Emerging Cities	3.1	12.4	80.4
Big Metro Exurbs	3.3	13	81.5
Working Towns	5.8	27	77.9
Smaller Commuter Suburbs	6	24.3	78.6
Diverse Ring Cities	7.2	26.7	79.4
Latino-Predominant Enclaves	8	28.4	78.9
Regional Hubs	8.2	34.2	76.1
Small Industrial-Legacy Cities	9.7	36.9	75.2

# Conclusions and Recommendations

At a time when safeguarding and improving health have never been more vital, the City Types framework offers policymakers and other leaders in small and midsize cities an essential perspective on trends and key issues in their communities.

City governments across the country are battling immediate and long-running health crises and planning for a drastically changing economic outlook. A review of the City Types analysis underscores the outsized role that poverty and historic structurally-racist practices play in driving health outcomes. As cities rebuild capacity in economic and health realms, specifically pursuing strategies that narrow racial and economic disparities will be fundamental to progress.

All the cities in this analysis (plus larger cities with populations over 500,000) may be found on the City Health Dashboard, where users can explore additional metrics of health and its drivers in each city. The City Type designations are available for download to facilitate their use in additional analyses.

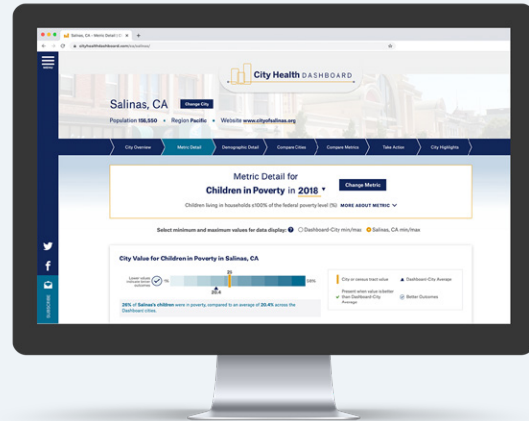
## Putting the City Types Framework into Action

- 1. Enhance access to granular health outcomes data.** The success of small and midsize cities in advancing health through tailored, data-driven policymaking relies on the availability of granular and timely health outcomes data. Innovative approaches that safeguard privacy while improving specificity are needed. Some states have adopted approaches to releasing health outcome data for small and midsize cities while maintaining a commitment to privacy. Such practices must be evaluated for their generalizability. And the development of other novel approaches to gathering granular yet rigorously vetted data on a national scale, such as from electronic health records or other sources, must be accelerated.
- 2. Learn from peer cities.** Cities in the same City Type share important characteristics that affect not only city-level health outcomes, but also the applicability and local tailoring of potential policy interventions. Importantly, cities can seek “model peers” within their City Type that perform particularly well on an outcome of interest or that do well overall, and work to emulate that city’s policies and interventions to improve local residents’ health outcomes. Evidence of success from other cities in the same City Type can also help strengthen the case for new policies.
- 3. Benchmark to better understand policy performance.** City governments can use these results to benchmark the performance of their policy interventions against similar interventions in peer cities. For example, if a policy intervention performs well in Chicopee, Mass., but not as well in Sanford, Fla.— both

Smaller Commuter Suburbs—Sanford officials can use the typology to find the causes for this difference in performance. This is one of the primary benefits of benchmarking among peer cities within a City Type.

- 4. Facilitate smarter investment.** Funders may use these results to inform investment strategies across the country. For example, homicide rates in Working Towns, Regional Hubs, and Smaller Industrial-Legacy Cities increased during the study period. Funders could target cities in these City Types for support with violence reduction initiatives. In addition, similar to the benchmarking described above, funders may be more prepared to fund an intervention in a particular city when that approach has proved successful in another city of the same Type. Importantly, the City Types framework provides city leaders with additional perspective as they set fiscal priorities for health initiatives.

America’s small and midsize cities can advance the health of their residents significantly in the decade ahead. By illuminating drivers of local and peer city outcomes, the City Types typology offers a valuable framework for supporting and refining the impact of local efforts to advance health and equity.



## Explore Your City Type on the City Health Dashboard

To facilitate exploration of peer cities, the City Health Dashboard now includes cities of populations 50,000 and above, as well as a new City Type filter in its ‘Compare Cities’ feature. This allows city stakeholders to identify cities that are similar in a number of important ways, beyond their City Type, including population size, geographic location, and others. This tool can help cities to identify comparator cities and begin to build peer networks.

Explore data for your city—and compare to peers in your City Type—at [www.cityhealthdashboard.com/CityTypes](http://www.cityhealthdashboard.com/CityTypes).

## APPENDIX A

# List of Cities in Each City Type

### Emerging Cities (50 cities)

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Allen, Texas  
Ankeny, Iowa  
Avondale, Arizona  
Brentwood, California  
Buckeye, Arizona  
Cape Coral, Florida  
Castle Rock, Colorado  
Cedar Park, Texas  
Commerce City, Colorado  
Conroe, Texas  
Doral, Florida  
Dublin, California  
Eastvale, California  
Elk Grove, California  
Fishers, Indiana  
Frisco, Texas  
Georgetown, Texas  
Gilbert, Arizona  
Goodyear, Arizona  
Huntersville, North Carolina  
Kirkland, Washington  
Lake Elsinore, California  
League City, Texas  
Leesburg, Virginia  
Lehi, Utah  
Mansfield, Texas  
McKinney, Texas  
Menifee, California  
Meridian, Idaho  
Miramar, Florida  
Murrieta, California  
New Braunfels, Texas  
Noblesville, Indiana  
North Las Vegas, Nevada

North Port, Florida  
O'Fallon, Missouri  
Palm Coast, Florida  
Parker, Colorado  
Pasco, Washington  
Pearland, Texas  
Pflugerville, Texas  
Port St. Lucie, Florida  
Rio Rancho, New Mexico  
Round Rock, Texas  
Sammamish, Washington  
San Ramon, California  
South Jordan, Utah  
Southaven, Mississippi  
Surprise, Arizona  
Temecula, California

### Small Stable-Size Cities (140)

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Alameda, California  
Alexandria, Virginia  
Alpharetta, Georgia  
Apple Valley, Minnesota  
Arvada, Colorado  
Bartlett, Tennessee  
Bellevue, Nebraska  
Bellevue, Washington  
Blaine, Minnesota  
Bloomington, Minnesota  
Blue Springs, Missouri  
Boca Raton, Florida  
Bonita Springs, Florida  
Bowie, Maryland  
Broken Arrow, Oklahoma  
Brookhaven, Georgia

Broomfield, Colorado  
Camarillo, California  
Carlsbad, California  
Carmel, Indiana  
Carrollton, Texas  
Cary, North Carolina  
Centennial, Colorado  
Chandler, Arizona  
Chesapeake, Virginia  
Chino Hills, California  
Chino, California  
Clovis, California  
Coconut Creek, Florida  
Coon Rapids, Minnesota  
Coral Gables, Florida  
Coral Springs, Florida  
Corona, California  
Cranston, Rhode Island  
Cupertino, California  
Daly City, California  
Davie, Florida  
Eagan, Minnesota  
Eden Prairie, Minnesota  
Edina, Minnesota  
Edmond, Oklahoma  
Encinitas, California  
Eules, Texas  
Farmington Hills, Michigan  
Flower Mound, Texas  
Folsom, California  
Franklin, Tennessee  
Fremont, California  
Grapevine, Texas  
Greenwood, Indiana  
Henderson, Nevada  
Hendersonville, Tennessee

Hillsboro, Oregon  
Hoover, Alabama  
Johns Creek, Georgia  
Jupiter, Florida  
Lakeville, Minnesota  
Layton, Utah  
Lee's Summit, Missouri  
Lenexa, Kansas  
Livermore, California  
Livonia, Michigan  
Manteca, California  
Maple Grove, Minnesota  
Marysville, Washington  
Medford, Massachusetts  
Milford (balance), Connecticut  
Milpitas, California  
Minnetonka, Minnesota  
Missouri City, Texas  
Moore, Oklahoma  
Mount Pleasant, South Carolina  
Mountain View, California  
Newton, Massachusetts  
North Richland Hills, Texas  
Novato, California  
Novi, Michigan  
Olathe, Kansas  
Overland Park, Kansas  
Palm Beach Gardens, Florida  
Palo Alto, California  
Parma, Ohio  
Pembroke Pines, Florida  
Peoria, Arizona  
Petaluma, California  
Plano, Texas  
Plantation, Florida  
Pleasanton, California  
Plymouth, Minnesota  
Port Orange, Florida  
Rancho Cucamonga, California  
Redmond, Washington  
Redwood City, California  
Richardson, Texas  
Richland, Washington  
Rochester Hills, Michigan

Rocklin, California  
Rockville, Maryland  
Roseville, California  
Roswell, Georgia  
Rowlett, Texas  
Royal Oak, Michigan  
San Marcos, California  
San Mateo, California  
Sandy Springs, Georgia  
Sandy, Utah  
Santa Clara, California  
Santee, California  
Scottsdale, Arizona  
Shawnee, Kansas  
Shoreline, Washington  
Simi Valley, California  
Smyrna, Georgia  
Somerville, Massachusetts  
South San Francisco, California  
Sparks, Nevada  
St. Charles, Missouri  
St. Clair Shores, Michigan  
St. Peters, Missouri  
Sterling Heights, Michigan  
Suffolk, Virginia  
Sugar Land, Texas  
Sunnyvale, California  
Thornton, Colorado  
Thousand Oaks, California  
Tigard, Oregon  
Tracy, California  
Troy, Michigan  
Union City, California  
Vacaville, California  
Walnut Creek, California  
Warwick, Rhode Island  
Waukesha, Wisconsin  
Wellington, Florida  
West Des Moines, Iowa  
West Jordan, Utah  
Westminster, Colorado  
Weston, Florida  
Weymouth Town, Massachusetts  
Woodbury, Minnesota

## Big Metro Exurbs (60)

Alhambra, California  
Aliso Viejo, California  
Arcadia, California  
Arlington Heights, Illinois  
Aurora, Illinois  
Berwyn, Illinois  
Bolingbrook, Illinois  
Buena Park, California  
Burbank, California  
Carson, California  
Cerritos, California  
Clifton, New Jersey  
Costa Mesa, California  
Des Plaines, Illinois  
Diamond Bar, California  
Downey, California  
Elgin, Illinois  
Evanston, Illinois  
Fountain Valley, California  
Fullerton, California  
Garden Grove, California  
Glendale, California  
Glendora, California  
Hoboken, New Jersey  
Hoffman Estates, Illinois  
Huntington Beach, California  
Irvine, California  
Joliet, Illinois  
La Habra, California  
Laguna Niguel, California  
Lake Forest, California  
Lakewood, California  
Mission Viejo, California  
Monterey Park, California  
Mount Prospect, Illinois  
Naperville, Illinois  
New Rochelle, New York  
Newport Beach, California  
Oak Lawn, Illinois  
Oak Park, Illinois  
Orange, California  
Orland Park, Illinois



Palatine, Illinois  
Pasadena, California  
Placentia, California  
Redondo Beach, California  
San Clemente, California  
Santa Clarita, California  
Santa Monica, California  
Schaumburg, Illinois  
Skokie, Illinois  
Tinley Park, Illinois  
Torrance, California  
Tustin, California  
West Covina, California  
Westminster, California  
Wheaton, Illinois  
White Plains, New York  
Whittier, California  
Yorba Linda, California

### **Smaller Commuter Suburbs (143)**

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Albany, Oregon  
Antioch, California  
Apple Valley, California  
Appleton, Wisconsin  
Arlington, Texas  
Auburn, Washington  
Aurora, Colorado  
Baytown, Texas  
Beaverton, Oregon  
Bethlehem, Pennsylvania  
Boynton Beach, Florida  
Bradenton, Florida  
Bristol, Connecticut  
Brockton, Massachusetts  
Brooklyn Park, Minnesota  
Burien, Washington  
Burlington, North Carolina  
Burnsville, Minnesota  
Chicopee, Massachusetts  
Citrus Heights, California  
Clearwater, Florida

Concord, California  
Concord, North Carolina  
Council Bluffs, Iowa  
Danbury, Connecticut  
Dearborn Heights, Michigan  
Dearborn, Michigan  
Deerfield Beach, Florida  
Delray Beach, Florida  
Deltona, Florida  
DeSoto, Texas  
El Cajon, California  
Elyria, Ohio  
Escondido, California  
Everett, Washington  
Fairfield, California  
Fall River, Massachusetts  
Federal Way, Washington  
Florissant, Missouri  
Fort Myers, Florida  
Frederick, Maryland  
Gaithersburg, Maryland  
Garland, Texas  
Gastonia, North Carolina  
Glendale, Arizona  
Grand Prairie, Texas  
Gresham, Oregon  
Hamilton, Ohio  
Haverhill, Massachusetts  
Hayward, California  
High Point, North Carolina  
Highland, California  
Hollywood, Florida  
Independence, Missouri  
Irving, Texas  
Kansas City, Kansas  
Kenner, Louisiana  
Kennewick, Washington  
Kenosha, Wisconsin  
Kent, Washington  
Kentwood, Michigan  
Kettering, Ohio  
Killeen, Texas  
La Mesa, California  
Lakewood, Colorado

Lakewood, Ohio  
Lakewood, Washington  
Lancaster, Pennsylvania  
Largo, Florida  
Lewisville, Texas  
Lodi, California  
Longmont, Colorado  
Lorain, Ohio  
Loveland, Colorado  
Lowell, Massachusetts  
Lynn, Massachusetts  
Malden, Massachusetts  
Manchester, New Hampshire  
Margate, Florida  
Marietta, Georgia  
Melbourne, Florida  
Meriden, Connecticut  
Mesa, Arizona  
Mesquite, Texas  
Midwest City, Oklahoma  
Millcreek, Utah  
Nampa, Idaho  
Nashua, New Hampshire  
New Bedford, Massachusetts  
New Britain, Connecticut  
Norwalk, Connecticut  
Oceanside, California  
Orem, Utah  
Palm Bay, Florida  
Palm Desert, California  
Pawtucket, Rhode Island  
Peabody, Massachusetts  
Pinellas Park, Florida  
Pittsburg, California  
Pompano Beach, Florida  
Quincy, Massachusetts  
Racine, Wisconsin  
Rancho Cordova, California  
Redlands, California  
Renton, Washington  
Revere, Massachusetts  
Richmond, California  
Rock Hill, South Carolina  
Rogers, Arkansas

San Buenaventura, California  
San Leandro, California  
San Rafael, California  
Sanford, Florida  
Schenectady, New York  
Spokane Valley, Washington  
Springfield, Oregon  
Stamford, Connecticut  
Sunrise, Florida  
Tacoma, Washington  
Tamarac, Florida  
Taunton, Massachusetts  
Taylor, Michigan  
Taylorsville, Utah  
Turlock, California  
Upland, California  
Vallejo, California  
Vancouver, Washington  
Vineland, New Jersey  
Vista, California  
Waltham, Massachusetts  
Warner Robins, Georgia  
Warren, Michigan  
Waterbury, Connecticut  
Waukegan, Illinois  
West Allis, Wisconsin  
West Haven, Connecticut  
West Palm Beach, Florida  
West Sacramento, California  
West Valley City, Utah  
Westland, Michigan  
Woodland, California  
Wyoming, Michigan  
Yucaipa, California

### **Diverse Ring Cities (38)**

Anaheim, California  
Baldwin Park, California  
Bayonne, New Jersey  
Bellflower, California  
Cicero, Illinois  
Compton, California

East Orange, New Jersey  
El Monte, California  
Elizabeth, New Jersey  
Gardena, California  
Hammond, Indiana  
Hawthorne, California  
Hempstead, New York  
Huntington Park, California  
Inglewood, California  
Jersey City, New Jersey  
Lancaster, California  
Long Beach, California  
Lynwood, California  
Montebello, California  
Mount Vernon, New York  
New Brunswick, New Jersey  
Newark, New Jersey  
Norwalk, California  
Palmdale, California  
Paramount, California  
Passaic, New Jersey  
Paterson, New Jersey  
Perth Amboy, New Jersey  
Pico Rivera, California  
Plainfield, New Jersey  
Pomona, California  
Rosemead, California  
Santa Ana, California  
South Gate, California  
Union City, New Jersey  
West New York, New Jersey  
Yonkers, New York

### **Latino-Predominant Enclaves (46)**

Allentown, Pennsylvania  
Brownsville, Texas  
Caldwell, Idaho  
Casa Grande, Arizona  
Cathedral City, California  
Chula Vista, California  
Colton, California

Delano, California  
Edinburg, Texas  
Fontana, California  
Gilroy, California  
Hanford, California  
Harlingen, Texas  
Hemet, California  
Hesperia, California  
Hialeah, Florida  
Homestead, Florida  
Indio, California  
Jurupa Valley, California  
Kissimmee, Florida  
Laredo, Texas  
Lawrence, Massachusetts  
Madera, California  
McAllen, Texas  
Merced, California  
Miami Beach, Florida  
Miami, Florida  
Mission, Texas  
Moreno Valley, California  
National City, California  
Ontario, California  
Oxnard, California  
Pasadena, Texas  
Perris, California  
Pharr, Texas  
Porterville, California  
Reading, Pennsylvania  
Rialto, California  
Riverside, California  
Salinas, California  
San Bernardino, California  
Santa Maria, California  
Springdale, Arkansas  
Tulare, California  
Victorville, California  
Watsonville, California

## Working Towns (117)

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Abilene, Texas  
Amarillo, Texas  
Anchorage, Alaska  
Asheville, North Carolina  
Bakersfield, California  
Battle Creek, Michigan  
Bend, Oregon  
Billings, Montana  
Bismarck, North Dakota  
Bloomington, Illinois  
Boise City, Idaho  
Bossier City, Louisiana  
Bryan, Texas  
Carson City, Nevada  
Casper, Wyoming  
Cedar Rapids, Iowa  
Charleston, South Carolina  
Cheyenne, Wyoming  
Clarksville, Tennessee  
Colorado Springs, Colorado  
Conway, Arkansas  
Corpus Christi, Texas  
Davenport, Iowa  
Decatur, Alabama  
Decatur, Illinois  
Des Moines, Iowa  
Dothan, Alabama  
Dubuque, Iowa  
Duluth, Minnesota  
Eau Claire, Wisconsin  
Elkhart, Indiana  
Enid, Oklahoma  
Eugene, Oregon  
Evansville, Indiana  
Fargo, North Dakota  
Fort Smith, Arkansas  
Fort Wayne, Indiana  
Grand Island, Nebraska  
Grand Junction, Colorado  
Great Falls, Montana  
Greeley, Colorado  
Green Bay, Wisconsin

Greenville, South Carolina  
Idaho Falls, Idaho  
Jacksonville, North Carolina  
Janesville, Wisconsin  
Johnson City, Tennessee  
Jonesboro, Arkansas  
Joplin, Missouri  
Kingsport, Tennessee  
Kokomo, Indiana  
Lafayette, Indiana  
Lafayette, Louisiana  
Lake Havasu City, Arizona  
Lakeland, Florida  
Las Cruces, New Mexico  
Lawton, Oklahoma  
Lexington-Fayette, Kentucky  
Lincoln, Nebraska  
Longview, Texas  
Lubbock, Texas  
Madison, Wisconsin  
Medford, Oregon  
Midland, Texas  
Missoula, Montana  
Modesto, California  
Murfreesboro, Tennessee  
Napa, California  
Ocala, Florida  
Odessa, Texas  
Ogden, Utah  
Omaha, Nebraska  
Orlando, Florida  
Oshkosh, Wisconsin  
Owensboro, Kentucky  
Pocatello, Idaho  
Portland, Maine  
Pueblo, Colorado  
Raleigh, North Carolina  
Rapid City, South Dakota  
Redding, California  
Reno, Nevada  
Rochester, Minnesota  
Sacramento, California  
Salem, Oregon  
Salt Lake City, Utah

San Angelo, Texas  
Santa Barbara, California  
Santa Fe, New Mexico  
Santa Rosa, California  
Sarasota, Florida  
Scranton, Pennsylvania  
Sioux City, Iowa  
Sioux Falls, South Dakota  
Spokane, Washington  
Springfield, Illinois  
Springfield, Missouri  
St. Cloud, Minnesota  
St. George, Utah  
St. Joseph, Missouri  
St. Petersburg, Florida  
Stockton, California  
Temple, Texas  
Terre Haute, Indiana  
Topeka, Kansas  
Tulsa, Oklahoma  
Tyler, Texas  
Victoria, Texas  
Virginia Beach, Virginia  
Visalia, California  
Waterloo, Iowa  
Wichita Falls, Texas  
Wichita, Kansas  
Wilmington, North Carolina  
Yakima, Washington  
Yuba City, California  
Yuma, Arizona

## Regional Hubs (71)

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Akron, Ohio  
Albany, Georgia  
Albany, New York  
Anderson, Indiana  
Atlanta, Georgia  
Augusta-Richmond County, Georgia  
Baton Rouge, Louisiana  
Beaumont, Texas  
Birmingham, Alabama

Buffalo, New York  
Canton, Ohio  
Chattanooga, Tennessee  
Cincinnati, Ohio  
Cleveland, Ohio  
Columbia, South Carolina  
Columbus, Georgia  
Dayton, Ohio  
Daytona Beach, Florida  
Durham, North Carolina  
Erie, Pennsylvania  
Fayetteville, North Carolina  
Fort Lauderdale, Florida  
Grand Rapids, Michigan  
Greensboro, North Carolina  
Gulfport, Mississippi  
Hampton, Virginia  
Huntsville, Alabama  
Jackson, Mississippi  
Jackson, Tennessee  
Kansas City, Missouri  
Knoxville, Tennessee  
Lake Charles, Louisiana  
Lansing, Michigan  
Little Rock, Arkansas  
Macon-Bibb County, Georgia  
Minneapolis, Minnesota  
Mobile, Alabama  
Montgomery, Alabama  
New Haven, Connecticut  
New Orleans, Louisiana  
Newport News, Virginia  
Norfolk, Virginia  
North Charleston, South Carolina  
North Little Rock, Arkansas  
Oakland, California  
Pensacola, Florida  
Peoria, Illinois  
Pittsburgh, Pennsylvania  
Port Arthur, Texas  
Portsmouth, Virginia  
Providence, Rhode Island

Richmond, Virginia  
Roanoke, Virginia  
Rochester, New York  
Rockford, Illinois  
Rocky Mount, North Carolina  
Savannah, Georgia  
Shreveport, Louisiana  
South Bend, Indiana  
Springfield, Massachusetts  
Springfield, Ohio  
St. Louis, Missouri  
St. Paul, Minnesota  
Syracuse, New York  
Tampa, Florida  
Toledo, Ohio  
Utica, New York  
Valdosta, Georgia  
Waco, Texas  
Winston-Salem, North Carolina  
Worcester, Massachusetts

### **Small Industrial-Legacy Cities (14)**

Bridgeport, Connecticut  
Camden, New Jersey  
Flint, Michigan  
Gary, Indiana  
Hartford, Connecticut  
Lauderhill, Florida  
Miami Gardens, Florida  
North Miami, Florida  
Pontiac, Michigan  
Southfield, Michigan  
Stonecrest, Georgia  
Trenton, New Jersey  
Wilmington, Delaware  
Youngstown, Ohio

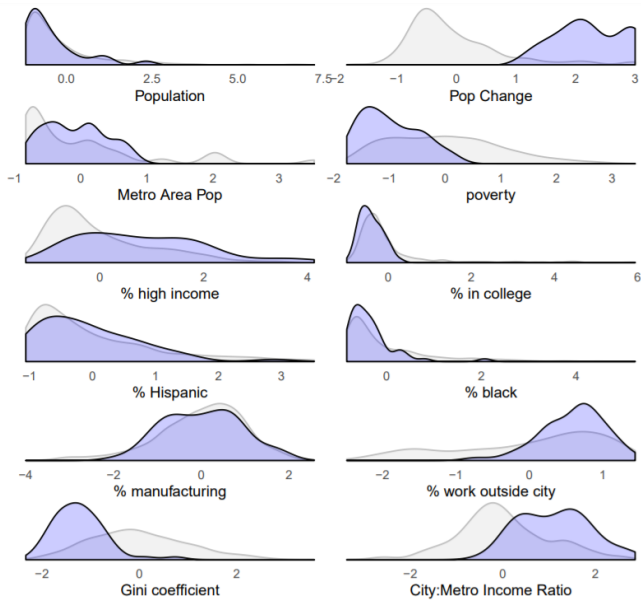
### **College Cities (40)**

Ames, Iowa  
Ann Arbor, Michigan  
Athens-Clarke County, Georgia  
Auburn, Alabama  
Bellingham, Washington  
Berkeley, California  
Bloomington, Indiana  
Boulder, Colorado  
Bowling Green, Kentucky  
Cambridge, Massachusetts  
Champaign, Illinois  
Chapel Hill, North Carolina  
Chico, California  
College Station, Texas  
Columbia, Missouri  
Corvallis, Oregon  
Davis, California  
Denton, Texas  
Fayetteville, Arkansas  
Flagstaff, Arizona  
Fort Collins, Colorado  
Gainesville, Florida  
Grand Forks, North Dakota  
Greenville, North Carolina  
Harrisonburg, Virginia  
Iowa City, Iowa  
Kalamazoo, Michigan  
La Crosse, Wisconsin  
Lawrence, Kansas  
Lynchburg, Virginia  
Manhattan, Kansas  
Muncie, Indiana  
Normal, Illinois  
Norman, Oklahoma  
Provo, Utah  
San Marcos, Texas  
Santa Cruz, California  
Tallahassee, Florida  
Tempe, Arizona  
Tuscaloosa, Alabama

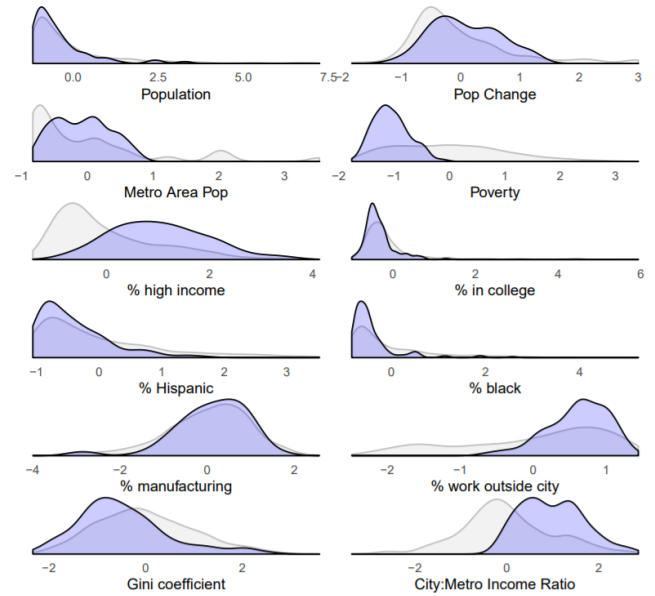
## APPENDIX B

# Typology Analysis – Distribution of Input Variables for Each City Type

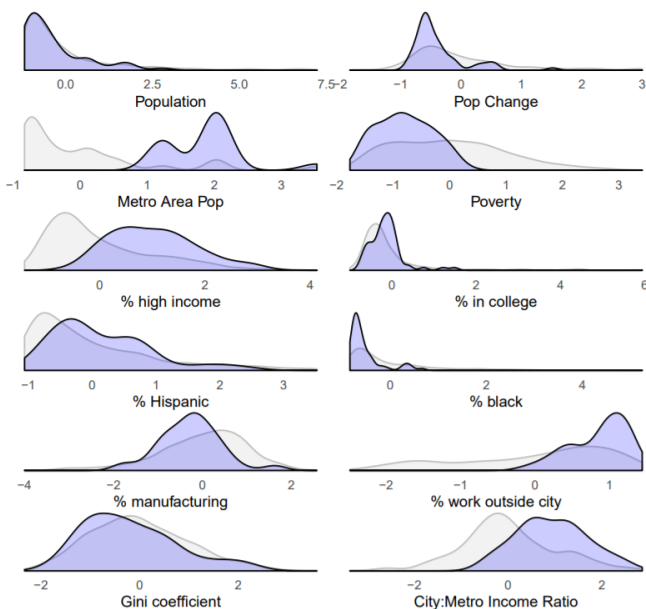
### Emerging Cities



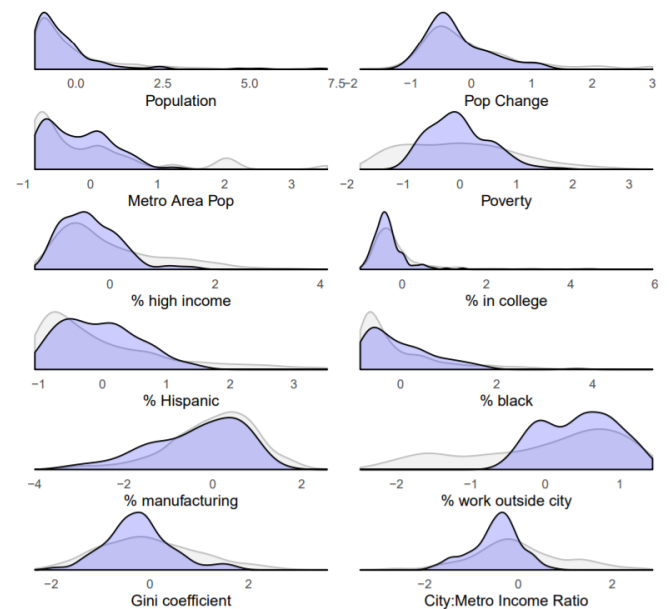
### Small Stable-Size Cities



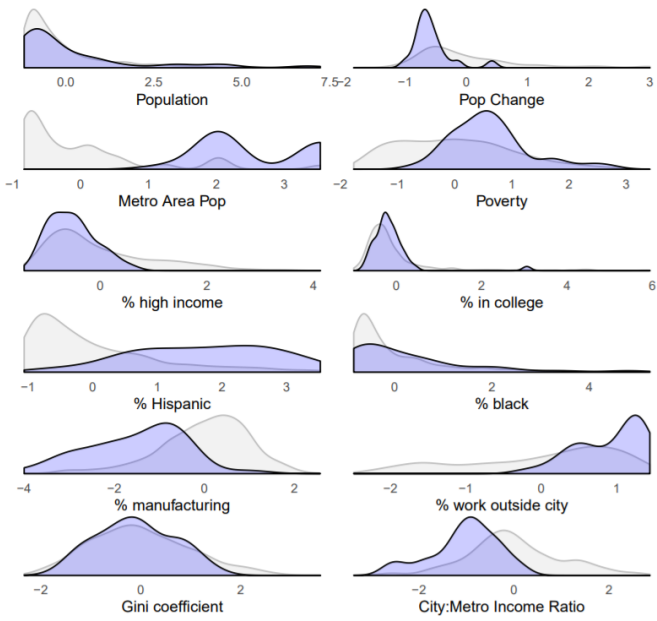
### Big Metro Exurbs



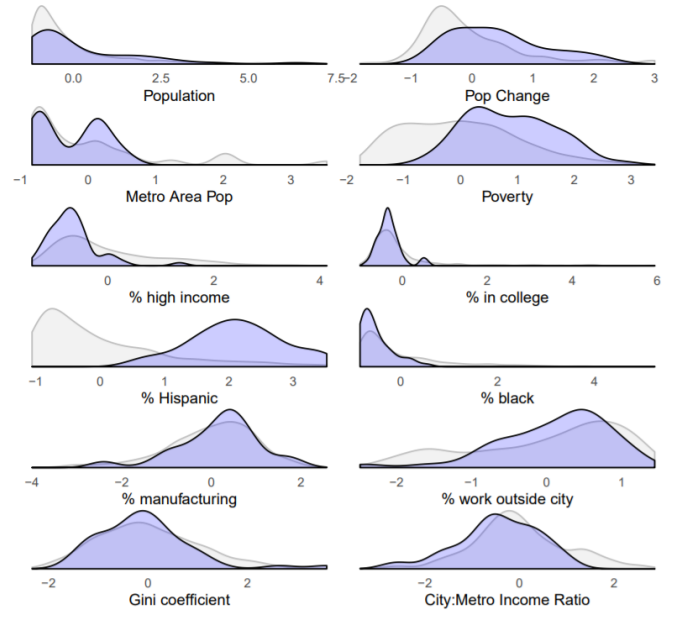
### Smaller Commuter Suburbs



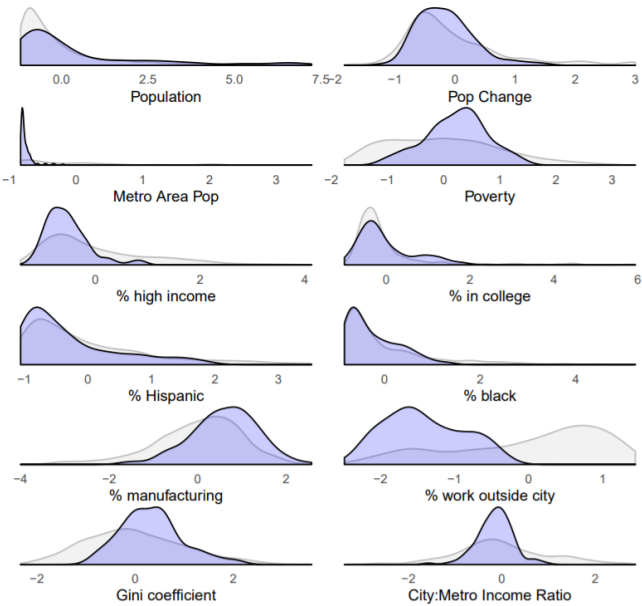
## Diverse Ring Cities



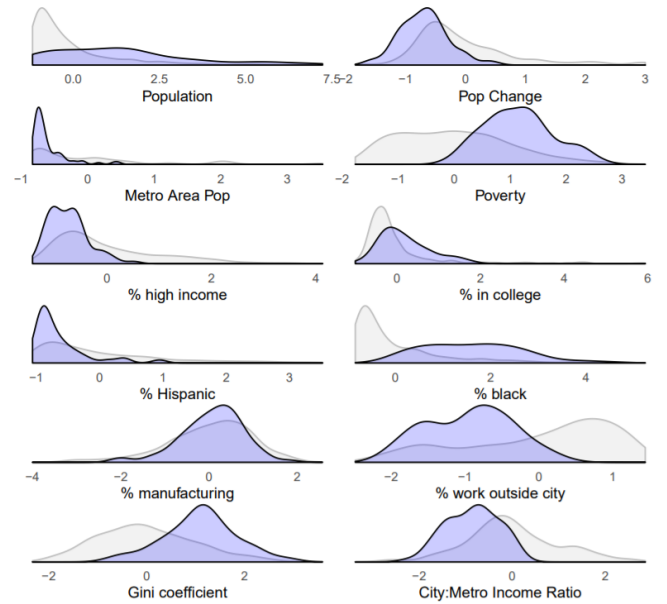
## Latino-Predominant Enclaves



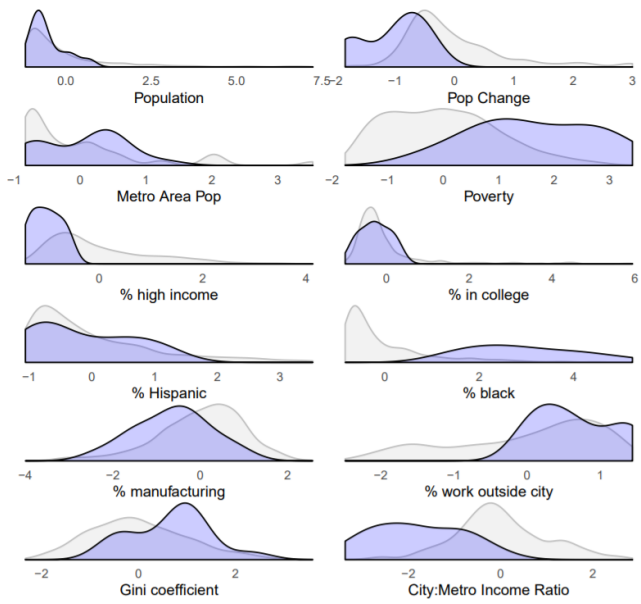
## Working Towns



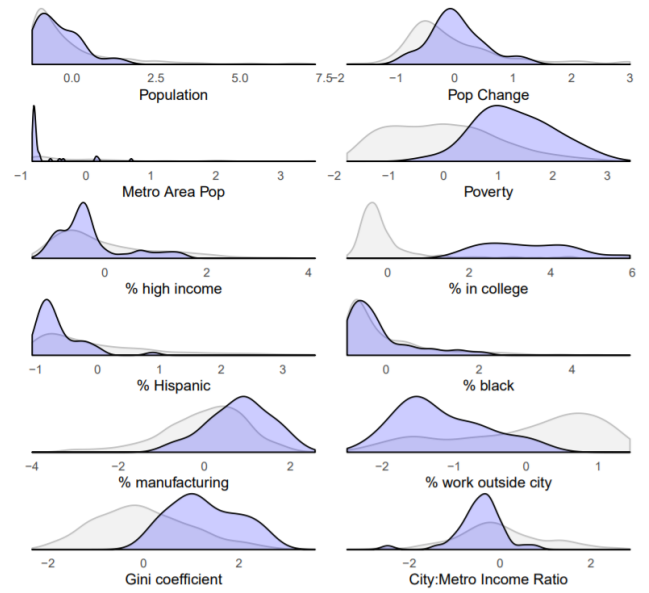
## Regional Hubs



## Small Industrial-Legacy Cities



## College Cities



## APPENDIX C

# Methodology

Using a joint quantitative and qualitative approach, we iteratively confirmed our analytical findings with city leaders and national researchers to ensure actionable outcomes of the typology.

### Quantitative Approach

We created a list of all small and midsize U.S. cities, defined as cities with populations ranging from 50,000 to 500,000, based on 2017 American Community Survey (ACS) five-year estimates, using the census category of “incorporated places,” which corresponds to the jurisdictions of general-purpose municipal governments.<sup>15</sup>

To develop the typology, we again used 2017 ACS data and, for historical variables, 2000 decennial census data, to create a dataset of city economic and socio-demographic characteristics. We selected variables that key stakeholders (city leaders, urban experts) deemed important to themselves and their peers. These variables are relatively unmodifiable by policy over the short or medium term to support comparisons of policy environments in cities that are grouped together despite having different health outcomes. This helps data users isolate the drivers, especially policy drivers, contributing to local health outcomes.

Using a method called latent profile analysis, we categorized cities into 10 distinct categories—enough to provide granular distinctions but not so many as to be excessively fragmenting—based on 11 variables. The variables included in the final analysis (based on 2017 data unless otherwise noted) were:

1. Population of the city
2. Population of the city’s broader metropolitan area
3. Percentage change in city population (2000 to 2017)
4. Percentage point change in city residents employed in the manufacturing sector (2000 to 2017)
5. Percentage of resident workers in the city who commute outside of the city for work
6. Percentage of city population that is non-Hispanic Black<sup>16</sup>
7. Percentage of city population that is Hispanic/Latino<sup>17</sup>
8. Percentage of city population, age ≥ 15, currently attending college
9. Percentage of city population living below the federal poverty level
10. Percentage of city households earning ≥ \$125,000 per year
11. Ratio of the city residents’ median income to that of residents in the entire metropolitan area

<sup>15</sup> Following prior work by the Centers for Disease Control and Prevention (CDC), we additionally included two counties: Honolulu, Hawaii and Macon-Bibb County, Georgia, because both function as municipal governments. See <https://www.nlc.org/list-of-consolidated-city-county-governments>.

<sup>16</sup> In nearly half the small and midsize cities we analyzed, people of color make up a majority of the population. The largest racial/ethnic groups were non-Hispanic White, non-Hispanic Black, and Hispanic/Latino. We recognize that non-Hispanic Black and Hispanic/Latino designations, as census categories, do not fully capture the cultural and social identities of these population groups. A small number of cities had substantial populations of Asian Americans, Native Hawaiians/Pacific Islanders, American Indians/Alaska Natives, and people identifying as more than one race. On average, however, these categories were less than 10 percent of city populations when combined. We did not include these groups in the typology analysis due to their small sizes and unequal distributions between cities.

<sup>17</sup> Ibid.v



We additionally looked at the Gini coefficient (a measure of income inequality) as a descriptive measure to better understand the City Type categories. The Gini coefficient, which ranges from 0 (complete equality) to 1 (complete inequality), was not an input in the latent profile analysis, however.

The City Types were then used as units of analysis to better understand the distribution of social determinants and health outcomes within and between City Types. We created an additional dataset with variables from the census (percent of city population living below the federal poverty level, percentage point change in poverty rate from 2000 to 2017, and percent of renting households that pay  $\geq 30$  percent of income on rent), CDC census tract-level estimates of life expectancy, and FBI Uniform Crime Report data on homicides. For a subset of the cities in the range of 66,000 to 500,000 population, we included CDC cardiovascular disease mortality data from the City Health Dashboard.

## Qualitative Approach

It would be an empty exercise to develop a typology for American cities without collaborating closely with local leaders and practitioners. Drawing on relationships with many city and community leaders, as well as “bridging partners,” including the National Resource Network, National League of Cities and the International City/County Management Association, we achieved such collaboration. This typology analysis and report reflect this inclusive and participatory process, with the establishment of a national advisory committee complemented by consultative partnerships with five cities.

The advisory committee—representing local government member organizations, federal policymakers, and scholars—convened to discuss broader policy implications and potential benefits of the typology initiative. Through group conference calls and one-on-one interviews, these partners provided high-level feedback and input on the categories overall and on how they may or may not translate to city stakeholders. They also reflected on how

the typology might work in practice through their own ongoing multi-city engagements.

We also engaged with five cities: Kalamazoo, Mich.; Rocky Mount, N.C.; Salinas, Calif.; Shreveport, La.; and Trenton, N.J. In selecting these partner cities, we applied two criteria: diversity and commitment. Regarding diversity, we looked for cities with varying population sizes, governance structures (e.g., city manager vs. strong mayor), geographic locations, demographics, poverty rates, and health challenges. Next, we sought cities committed to improving health outcomes. After selecting a city, we spoke with a range of its leaders and policy actors, including the chief executive (e.g., mayor), health and other city administrators, community leaders, and hospital administrators. We spoke with city stakeholders individually and in groups to gain their on-the-ground input in guiding typology development and in considering the typology’s practical implications.

Critical input from these qualitative discussions used to inform the analysis included:

**Neighborhood Data:** Citywide generalizations about populations and socioeconomic factors do not capture more granular neighborhood disparities. City leaders appreciated having data that extended from the state and county level to their municipalities. But they were often keen for neighborhood-level analysis as well to get the fullest possible understanding of actionable root causes.

**Policy Context:** Local and state policy environments can be critical when considering and comparing health improvement approaches available to disparate cities, and when tracking cities’ health status and related trends. For example, some states have a history of providing more local flexibility when it comes to Medicaid spending and policy reform generally; others are far more restrictive. Some counties have a tradition of working closely with municipal governments; others do not. The advisory committee recommended that our analysis be complemented by an intergovernmental and policy environment analysis to fairly gauge what reforms are possible and where.

**Anchor Institutions:** Cities and regions have long histories of sociodemographic change influenced by businesses and industries, universities, and other organizations. These local anchor institutions impact population trends through factories closures, hospital expansions, agricultural seasonal growth, and university development. Such dynamics can take generations and are important factors when considering city-level trends in health and its policy and socioeconomic drivers.

**Comparative Data:** Cities see value in benchmarking and comparing themselves to other cities with similar policy environments (e.g., within the same state) and comparable demographic profiles. When asked about peer comparisons, four of the five partner cities said trends within the same state were the most immediately relevant. We had assumed that cities would gravitate to peers across state lines whose health issues aligned most closely with their own, but we heard that in-state comparisons are often the most useful for building policy rationale.



# Credits

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