

RECOMMENDATIONS

JANUARY 2017 • COMMUNITIES IN ACTION: PATHWAYS TO HEALTH EQUITY

RECOMMENDATION 3-1

Research funders should support research on (a) health disparities that examines the multiple effects of structural racism (e.g., segregation) and implicit and explicit bias across different categories of marginalized status on health and health care delivery; and (b) effective strategies to reduce and mitigate the effects of explicit and implicit bias.

RECOMMENDATION 3-2

Research funders should support and academic institutions should convene multidisciplinary research teams that include non-academics to (a) understand the cognitive and affective processes of implicit bias and (b) test interventions that disrupt and change these processes toward sustainable solutions.

RECOMMENDATION 4-1

A public–private consortium should create a publicly available repository of evidence to inform and guide efforts to promote health equity at the community level. The consortium should also offer support to communities, including technical assistance.

RECOMMENDATION 6-1

All government agencies that support or conduct planning related to land use, housing, transportation, and other areas that affect populations at high risk of health inequity should:

- Add specific requirements to outreach processes to ensure robust and authentic community participation in policy development.
- Collaborate with public health agencies and others to ensure a broad consideration of unintended consequences for health and well-being, including whether the benefits and burdens will be equitably distributed.
- Highlight the co-benefits of—or shared “wins” that could be achieved by—considering health equity in the development of comprehensive plans (for example, improving public transit in transit poor areas supports physical activity, promotes health equity, and creates more sustainable communities.)
- Prioritize affordable housing and implement strategies to mitigate and avoid displacement (and its serious health effects), and document outcomes.

RECOMMENDATION 6-2

State departments of education should provide guidance to schools on how to conduct assessments of student health needs and of the school health and wellness environment. This guidance should outline a process by which schools can identify model needs assessments, including those with a focus on student health and wellness.

RECOMMENDATION 6-3

To support schools in collecting data on student and community health, tax exempt hospitals and health systems and state and local public health agencies should:

- Make schools aware of existing health needs assessments to help them leverage the current data collection and analyses.
- Assist schools and school districts in identifying and accessing data on key health indicators that should inform school needs assessments and any related school improvement plans.

RECOMMENDATION 6-4

Through multi-sectoral partnerships, hospitals and health care systems should focus their community benefit dollars to pursue long-term strategies (including changes in law, policies, and systems) to build healthier neighborhoods, expand access to housing, drive economic development, and advance other upstream initiatives aimed at eradicating the root causes of poor health, especially in low-income communities. Hospital and health systems should also advocate for the expansion of efficient and effective services responding to health-related social needs for vulnerable populations and people living in poverty.

RECOMMENDATION 6-5

Government and non-government payers and providers should expand policies aiming to improve the quality of care, improve population health, and control health care costs to include a specific focus on improving population health for the most vulnerable and underserved. As one strategy to support a focus on health disparities, the Centers for Medicare & Medicaid Services could undertake research on payment reforms that could spur accounting for social risk factors in value-based payment programs it oversees.

RECOMMENDATION 7-1

Foundations and other funders should support community interventions to promote health equity by:

- **Supporting community organizing around important social determinants of health;**
- **Supporting community capacity building;**
- **Supporting education, compliance, and enforcement related to civil rights laws; and**
- **Prioritizing health equity and equity in the social determinants of health through investments in low-income and minority communities.**

RECOMMENDATION 7-2

A number of actions to improve the knowledge base for informing and guiding communities should be taken including:

- **Public and private research funders should support communities and their academic partners in the collection, analysis, and application of evidence from the experience of practitioners, leaders of community-based organizations, and from traditionally underrepresented participants who are typically left out of such partnerships.**
- **Universities, policy centers, and academic publications should modify current incentive structures to encourage and reward more research on the social distribution of risks and resources and the systematic generation and dissemination of the evidence needed to guide the complex, multi-faceted interventions that are most likely to reduce inequities in health outcomes.**
- **Academic programs should promote the development of and dialogue on theory, methods, and the training of students to create a more useful knowledge base in the next generation of researchers on how to design, implement, and evaluate place-based initiatives to improve community health.**

RECOMMENDATION 7-3

Anchor institutions (such as universities, hospitals, and businesses) should make expanding opportunities in their community a strategic priority. This should be done by:

- **Deploying specific strategies to address the multiple determinants of health on which anchors can have a direct impact or through multi-sector collaboration; and**
- **Assessing the negative and positive impacts of anchor institutions in their communities and how negative impacts may be mitigated.**

RECOMMENDATION 7-4

Local policy makers should assess policies, programs, initiatives, and funding allocations for their potential to create or increase health inequities in their communities.

RECOMMENDATION 7-5

Public health agencies and other health sector organizations should build internal capacity to effectively engage community development partners and to coordinate activities that address the social and economic determinants of health. They should also play a convening or supporting role with local community coalitions to advance health equity.

RECOMMENDATION 7-6

Given the strong effects of educational attainment on health outcomes and their own focus on equity (ED, 2016c), the U.S. Department of Education Institute for Educational Science and other divisions in the department should support states, localities, and their community partners with evidence and technical assistance on the impact of quality early childhood education programs, on interventions that reduce disparities in learning outcomes, and on the keys to success in school transitions (i.e., pre-K and K-12 or K-12 postsecondary).

RECOMMENDATION 7-7

Key federal government efforts, such as the Community Solutions Council, that are intended to support communities in addressing major challenges, should consider integrating health equity as a focus.

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