

Proposals to advance equitable health and well-being

Generated from FORESIGHT's National Convening

January 2021

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In early 2020, FORESIGHT created a set of short videos—based on extensive research by professional futurists—which shared some of the trends, opportunities, and challenges on the health and well-being horizon. These videos were shared with nearly 8,000 Americans who were asked to think about the futures described in the videos and, in response, to share what they want and need in order to ensure that the future of health and well-being is equitable.

Their responses were summarized and shared with a group of 100+ people from across the country—representing a diversity of perspectives across healthcare, business, philanthropy, social services, government, and more—who came together to identify actions that could prepare for future possibilities and bring to life the wants and needs that Americans described.

The themes, ideas, and proposals shared below are this group's collective work. Together, they offer a wide range of pathways to prepare for an uncertain future and advance equitable health and well-being.

In the interest of including all of the contribution of this group, we have included all ideas and proposals, including those that were suggested but not fully detailed. Ideas that were suggested, but not developed, are marked in gray. Some of the proposals provide more detail than others, but all are intended to serve as a starting point for those interested in advancing equitable health and well-being and represent the perspectives of a diversity of National Convening participants.

If you have questions about the National Convening or any of the themes, ideas, or proposals offered here, please contact FORESIGHT at info@foresightforhealth.org.

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45. Food access and security



Economic well-being

Idea 1	Economic well-being standards
Proposal 1a	Adopt and pilot well-being standards in a region, sector, or field
Description	Select/adopt a broad and comprehensive set of economic well-being standards (inclusive of social determinants of health, education, etc.) for testing on a pilot basis. Pilot the standards in specific regions, sectors, or fields and measure impact for broader replication. Incent organizations and businesses in the pilot—through taxation and other policies—to achieve the well-being standards, including addressing wealth gap, paying living wage, instituting family/medical leave, providing childcare, and reducing climate impact. Ideal areas for piloting could include: childcare, care delivery, publicly traded companies, businesses of all sizes, a specific geographic region or municipality.
How will the proposed action advance equitable health and well-being?	Adoption and accountability to well-being standards in a region, business sector, or field will influence investments, behaviors, and ultimately health and well-being of people as the standards are achieved. The standards should span from economic policies, such as closing the wealth gap and ensuring living wages, to protecting the planet to assuring family/medical leave, early child care, and education that leads to upward mobility, repairs past injustices, and ensures housing, food access and security.
Is there work we can build on?	<p>It all starts with selecting and adopting comprehensive well-being standards in a region or sector. Many options already exist:</p> <ul style="list-style-type: none"> • Social Progress Imperative has done work in this area with approximately 40 indicators. • World Health Organization’s 8 domains of well-being: respect for the dignity of persons, autonomy to participate in health-related decisions, confidentiality, prompt attention, adequate quality of care, communication, access to social support networks, and choice of health care providers • Newly adopted California Forward’s California Dream index • US EPA indicators • Public Health Agency of Canada has identified 12 determinants of health as follows: Income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, culture

	<p>Opportunities to crosswalk with work of Caring Across Generations and the Business Roundtable</p>
<p>Who would have to act? Who would be key partners?</p>	<p>Philanthropy A willing sector/region Non-profit sector Local/regional government Policymakers Public funders Businesses of all sizes Healthcare community Community members</p>
<p>A few high-level action steps</p>	<ol style="list-style-type: none"> 1. Select set of standards, inclusive of both economic and social determinants of health 2. Choose pilot region(s), sector(s) that are willing to test the standards 3. Pilot one or more campaigns around social determinants of health and/or economic well-being standards in a region (city or county) or specific sector (e.g., care economy, early childhood) and evaluate impact 4. Incent actors in the pilot to achieve measures beyond growth via tax breaks for achieving standards, e.g., if piloting with businesses, incent achievement of employee well-being, pay equity, climate health contribution, low carbon footprint, equity reviews, community contribution, living wages, family leave, early childcare, affordable education, housing, food access 5. Organize community members and consumers to pressure organizations/sectors to achieve measures using different forms of market intelligence, e.g., carbon footprint, income gaps, civic participation, etc. 6. Influence a national narrative on economic well-being, spread learnings, and replicate at national level if possible
<p>Other comments or guidance</p>	<p>Additional notes from this working group's discussions:</p> <p>RE: Education and child care and removing disincentives to go further in education</p> <ul style="list-style-type: none"> • Addresses equity, affordability of education, could be reparative of past injustice, prepares people for life and work • Need to talk about education that includes early childhood, as part of the education continuum; not only for work supports but also for early learning. Address health concerns identified in the processes (e.g., bring healthcare to childcare)



	<ul style="list-style-type: none"> • Considering the nature of work going forward (automation, technology), minimum wage is a start but is not enough. We need training programs that retrain skill sets -- how can a corporation invest in community to train on the skills they need, investing in emerging talent and unconventional education (on-the-job, technical/trade schools.) • Connect back to early childhood education end of the continuum; structure the education system so that every child has job skills when they've completed their education. • Consider federal level initiative sponsoring free community college and trade school education (universal or targeted towards historically marginalized communities) <p>RE: Influencing a national narrative on economic well-being</p> <ul style="list-style-type: none"> • [Define message] - closing the wealth gap and achieving other well-being standards will add to GDP • Educate policy makers (local, regional, statewide) to hold them accountable. Make research available to the Biden transition team. • Coordinated activity to push an agenda, short case for why this needs to be done (e.g., communication campaign with 20,000 signatures, full-page ad in WSJ, documentary) • Strategy for change is to create models/culture/momentum at three levels (local, state, and national) and to work both ground-up (community, region) and top-down (policy, legislation, tax). Who would benefit from analysis to then leverage information to drive an agenda? • Universal basic income https://www.yang2020.com/policies/measuring-the-economy. • Nonprofit is piloting in New York • Urban Institute work on poverty
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Idea 2	Non-monetary economic structures
Proposal 2a	Implement exchange economy models
Description	Develop and implement exchanges for skilled people to utilize their skills in exchange for direct services; develop a similar model for crafters whose skills may not fall under a trade category. Support the exchanges through a directory (or possibly a cooperative structure) so that laborers can find each other and communicate. Embed an apprenticeship program so that people can build skills or learn a trade.
Proposal 2b	Establish infrastructure and supports to formalize local mutual aid networks
Description	Utilize sharing platforms to build the infrastructure and supports to expand and formalize existing local mutual aid networks.
Proposal 2c	Incubate time banks
Description	Incubate and spread the time bank model in which people volunteer their time providing services and supports to others and can bank their time and use it when they need services and supports. Test on a community or neighborhood level and build in structure and infrastructure (possibly by partnering with a local bank branch).



Economic well-being

Idea 3	Promote and strengthen social economy organizations
Proposal 3a	Incubate cooperatives generally, with an emphasis on healthcare and family care cooperatives
Description	Incubate cooperatives generally with an emphasis on healthcare and family care cooperatives. Support an understanding and incubation of healthcare models using existing models outside the U.S. and partner with organizations such as the National Cooperative Business Association. Support an understanding of family care (children, people with disabilities, older adults) cooperative models in other countries. Create regional workgroups to develop cooperative business solutions in healthcare and other fields, focused on solving specific community problems. Create new policies and incentives that would help cooperative businesses take root and thrive.
How will the proposed action advance equitable health and well-being?	The objective of cooperatives is to meet the needs and aspirations of their members; they are controlled democratically. Workers in a cooperative tend to have better working conditions, including health, safety, and social protections. Research shows that the cooperative model increases the economic and social well-being of members and the community as a whole. The economic benefit stays in the community and is not appropriated by a small subset of the community. Places that have cooperatives tend to be more resilient to fluctuations in the larger community.
Is there work we can build on?	National Cooperative Business Association International Health Cooperative Organization International Labor Organization Cooperative Unit International Organisation of Industrial and Service Cooperatives HomeCareAssociates https://phinational.org/wp-content/uploads/legacy/clearinghouse/homecarecooperatives_workownership.pdf Homecare Cooperative Initiative at the Cooperative Development Foundation Commonwealth Fund
Who would have to act? Who would be key partners?	U.S. cooperative groups Regional stakeholders, including healthcare professionals, users, local governments Foundations



A few high-level action steps	<ol style="list-style-type: none">1. Identify existing health care and care cooperatives in the U.S. Develop case studies. Learn from other industries that have succeeded in developing cooperative business models.2. Explore the opportunity to develop cooperatives for family care—including care for children, older adults, and people with disabilities. Care cooperatives are being developed in several countries around the world to address growing aging populations and improve women’s economic empowerment.3. Begin popular education about the value of cooperatives to show the possibility of cooperatives to improve worker health and well-being.
Other comments or guidance	Cooperative and union relationships/tensions; in some countries they work together.



Economic well-being

Idea 3	Promote and strengthen social economy organizations
Proposal 3b	Link cooperative business development to transitions of small businesses
Description	Link cooperative business development to transitions of small businesses owned by baby boomers who may be retiring, modeled on the work of Project Equity .
Proposal 3c	Link cooperative businesses to an anchor institution movement
Description	Link cooperative businesses to an anchor institution movement. There are opportunities to learn from cooperatives in Cleveland.
Proposal 3d	Utilize cooperative and mutual models to protect vulnerable populations
Description	Utilize cooperative and mutual models to protect vulnerable populations. Customize internationally-recognized cooperative models to the United States with a focus on vulnerable populations.



Economic well-being

Idea 4	Taxation and other policies that reduce wealth gaps
Proposal 4a	Establish guaranteed income targeted towards historically marginalized people and communities
Description	<p>Establish targeted economic policies, governmental and philanthropic programs that provide wealth access and incent upward mobility for historically marginalized people and communities, including:</p> <ul style="list-style-type: none"> • Cash payments • Baby bonds • Debt elimination • 15-year federal tax holiday • Free college <p>Equitable investment in Black communities (healthcare systems, education, community-driven solutions, Black businesses, social capital)</p>
How will the proposed action advance equitable health and well-being?	Increasing wealth access for historically marginalized people would result in significant health benefits for those populations.
Is there work we can build on?	
Who would have to act? Who would be key partners?	
A few high-level action steps	
Other comments or guidance	



Economic well-being

Idea 4	Taxation and other policies that reduce wealth gaps
Proposal 4b	Invest in family caregiving infrastructure and support
Description	Invest in family caregiving infrastructure and support. Partner with, mobilize, and help actualize Caring Across Generations’ universal family care and care infrastructure proposals to promote the economic health and well-being of family caregivers, reduce wealth gaps, and strengthen the economy and health and well-being overall.
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	Universal Family Care proposal Care Infrastructure proposal
Who would have to act? Who would be key partners?	Key partner: Caring Across Generations
A few high-level action steps	
Other comments or guidance	



Economic well-being

Idea 4	Taxation and other policies that reduce wealth gaps
Proposal 4c	Expand individual wealth tax policies and coordinate on a global level
Description	Expand individual wealth tax policies (e.g., property taxes, inheritance taxes; financial assets) and coordinate on a global level
How will the proposed action advance equitable health and well-being?	Changes in individual wealth tax policies would create funding for the government to enact policies that advance equitable health and well-being (e.g., public health investments, funding for social determinants of health, reparations)
Is there work we can build on?	Thomas Piketty, Capital in the 21st Century ; Capital and Ideology Daria Roithmayr, " Racial Cartels "
Who would have to act? Who would be key partners?	Key actors: Government International coordination across governments because wealth can migrate so quickly and easily to other countries Key partners: Tax experts in the field
A few high-level action steps	<ol style="list-style-type: none"> 1. Proportional modeling of how much taxes should come from each area (corporate, individual, property) 2. Make a case for policy change (state and federal levels) 3. Link efforts to emerging equity and reparation efforts across the U.S. (federal and state)
Other comments or guidance	



Idea 4	Taxation and other policies that reduce wealth gaps
Proposal 4d	Shift philanthropic/government social programs from a deficit- to a strength-based approach, focused on wealth-building versus income
Description	<p>Shift philanthropic/government social programs from a deficit- to a strength-based approach, focused on wealth-building versus income:</p> <ul style="list-style-type: none"> • Cash transfers • Invest in social capital • Choice and control over usage of resources <p>Continue access to resources to encourage rather than penalize upward economic mobility</p>
Proposal 4e	Introduce participatory budgeting
Description	Introduce participatory budgeting



Economic well-being

Idea 4	Taxation and other policies that reduce wealth gaps
Proposal 4f	Provide supports for workers
Description	Provide greater protection for workers , including gig workers, e.g., living wage, safety, universal basic income, national health insurance, pay-equity mandates for employers
How will the proposed action advance equitable health and well-being?	Greater protections will ensure that people’s income is adequate for current/basic living expenses, which foster health
Is there work we can build on?	There is a lot of work already underway to advocate for UBI, national health insurance, etc. Partnering with existing organizations and advocacy efforts would be critical.
Who would have to act? Who would be key partners?	
A few high-level action steps	1. Identify and join key efforts underway
Other comments or guidance	



Economic well-being

Idea 5	Support entrepreneurship, new business development, supplier diversity, and local economy
Proposal 5a	Strengthen local, state, and national fabric of support for small businesses
Description	Strengthen local, state, and national fabric of support for small businesses, including diversity of supply chains and encouraging/incenting local economies, e.g., incenting/supporting local lending and buy-local campaign.; Support local business through small business associations, chambers of commerce, and federal reserve branches. Expand the audience beyond the usual suspects to business schools, alumni, accountants, and others who influence assets.
How will the proposed action advance equitable health and well-being?	<p>Re-imagining future of work toward inclusion* For people facing discrimination, this proposal would offer the opportunity to strike out as a small business owner and get access to healthcare for their families. We know that income and job security is a social determinant of health and that the history of white locks people out of opportunity; entrepreneurship is a pathway toward undoing racism and white supremacy and facilitating opportunity in communities of color. With the right systems of support in place, entrepreneurship could lead to better mental health because it offers a sense of agency and control over one’s work environment. Small businesses allow people to work free of discrimination and can be health affirming. They build resilience in local communities, offering purpose, connection, and control that can have an impact on positive mental health and well-being. (Note that the risks involved in starting and running a small business can also be detrimental to mental health).</p> <p>We are facing significant changes in the nature and future of work, particularly for marginalized communities. How could we use small business supports to prepare for transitions in the future of work without leaving people behind? We have a history of not preparing for transitions in the economy. Entrepreneurship could offer a solution for some people.</p>
Is there work we can build on?	The Omidyar Network focuses on worker power and entrepreneurship. How do we ensure working people have life sustaining/affirming employment and sustainable income? Their work sits alongside new business creation



	<p>San Diego Mompreneurs and Justice Initiative work on talent pooling, including employee ownership & incentives for that for mom-entrepreneurs and those who are formerly incarcerated. This is a stepping stone in larger strategy: https://issuu.com/sandiegofamilymagazine/docs/san_diego_family_may_issue/s/10484204 and https://www.sandiegouniontribune.com/business/story/2020-07-03/social-justice-group-launches-effort-to-help-formerly-incarcerated-business-owners-during-covid-pandemic Carla Javits, REDF, focused on social entrepreneurship and federal policy: Next Street (women’s entrepreneurship and CDFIs) Shelterforce (focus on individuals who are formerly incarcerated):</p>
<p>Who would have to act? Who would be key partners?</p>	<p>Educational system (how can we catalyze and instill entrepreneurship in high school and undergraduate education? Building this capacity could be a driver of “downstream” activity. Mom-entrepreneurs Nonprofits (we need to reframe and consider nonprofits as part of small business fabric and ensure they have the support and incentives they need to succeed) Care economy (how can we pair the needs of the care economy with small business/entrepreneurship and particularly recognize women of color and immigrant women as entrepreneurs? These women give back to their community, and we anticipate job growth in health- and care-related fields next 10 years.) Mayor’s Institute and the National League of Cities (focus on job creation, anchor institutions, etc. Can cities offer incentives? Partnerships are key. Focus is on low- to no-income with barriers to employment. Tia Ryans can offer more detail here.) Partnerships between orgs with expertise in entrepreneurship, low-income families, and the higher education sector CDFIs (where are the bright spots in supporting entrepreneurship? Can we look to international examples? Explore access to credit, including personal credit history which can be a barrier and a risk)</p>
<p>A few high-level action steps</p>	<p>Navigation and technology - matching better with what exists; address the gaps through new solutions</p> <ol style="list-style-type: none"> 1. Remove barriers for formerly incarcerated and other marginalized groups to support small business development: how do we design for these aspiring entrepreneurs and connect them to resources? 2. Consider intersections with housing development: how could we re-imagine wrap-around services (career center, medical clinic, daycare, transportation) to expand/include business incubator space (communal workspaces, access to technology, navigation supports)? Provide communal



	<p>resources and culture to create an ecosystem of community and practice.</p> <ol style="list-style-type: none">3. Create structures in high demand sectors with living wages.4. Build business structures and market demand.5. Explore federal and state incentives and policies, including creating incentives for hiring formerly incarcerated individual, increasing awareness of existing incentives, providing access to capital, and improving literacy. Explore different financing structures, including private donors, different loan funds, and micro-finance6. Explore local partnerships, including with higher education, employers, health organizations and wrap-around services to connect aspiring entrepreneurs with more established organizations
<p>Other comments or guidance</p>	<p>Local level or national level action</p>



Economic well-being

Idea 5	Support entrepreneurship, new business development, supplier diversity, and local economy
Proposal 5b	Develop small business association-like models for IBPOC communities, family caregivers, and other unique business communities
Description	Develop small business association-like models for IBPOC communities, family caregivers, and other unique business communities. Provide business education, mentorships, access to capital, zero or low interest loans, legal support, access to broader networks/social connections, and coaching.



Economic well-being

Idea 6	Economic policies that provide resources for people who are undocumented
Proposal 6a	Address requirements that deter people who are undocumented for applying for help
Description	Address requirements that deter people who are undocumented from applying for help: eliminate social security number requirement on applications and accept other information for ID purposes (ITIN, passport, etc.), create a trustworthy process, make the system simpler and easier to navigate
How will the proposed action advance equitable health and well-being?	Allowing people access to lending programs and other areas of the economic landscape with their ITIN would allow people who are undocumented (and who pay taxes) to get a driver's license, open a bank account, and obtain a mortgage. All of the above would allow them to build wealth for their families.
Is there work we can build on?	Free State Direct Clinic (Wichita) Whittier Clinic (Minneapolis) offers curandera training and language/culturally-literate staff and community workshops
Who would have to act? Who would be key partners?	Philanthropy: Minneapolis Foundation and Kansas Health Foundation (if partnering with the organizations above), in addition to national foundations Community Organizers Legislators who agree with legislation aligned to serve/support undocumented Business owners Chambers of commerce Clinics/Hospitals/Physicians Fundraiser Champs/Grant writers Educators
A few high-level action steps	<ol style="list-style-type: none"> 1. Make economic resources available for undocumented individuals with minimum requirements. 2. Allow use of ITIN numbers (instead of SSN) and don't require e-verify. 3. Make benefits needed by everyone automatically accessible – do not require forms to apply for help that everyone needs 4. Collect and make available financial data about the contributions of the undocumented community. 5. Connect legislators with an understanding of these issues to those who do not.



**Other comments or
guidance**

Like the other proposals that further resources for people who are undocumented, this proposal would be aided by passing legislation for immigration reform, providing affordable (physical and mental) healthcare for undocumented immigrants, and supporting legal services in undocumented communities.



Economic well-being

Idea 6	Economic policies that provide resources for people who are undocumented
Proposal 6b	Pass legislation for access to a driver's license at the state level and support national immigration reform.
Description	Pass legislation for access to a driver's license at the state level and support national immigration reform
How will the proposed action advance equitable health and well-being?	Due to a lack of mass transit in many parts of the country, many undocumented immigrants currently drive without a license or with an expired license and these experiences can generate anxiety and depression, leading to other poor health conditions.
Is there work we can build on?	15 states currently allow undocumented immigrants to receive driver's licenses. A full list of those states here: https://www.ncsl.org/research/immigration/states-offering-driver-s-licenses-to-immigrants.aspx
Who would have to act? Who would be key partners?	
A few high-level action steps	
Other comments or guidance	



Economic well-being

Idea 6	Economic policies that provide resources for people who are undocumented
Proposal 6c	Design accessible healthcare programs for undocumented.
Description	Provide local mental and physical health resources in appropriate languages. Provide support groups in Spanish and other languages as needed by the community.
How will the proposed action advance equitable health and well-being?	Preventive care can help undocumented immigrants gain a better quality of life. Mental health support would help improve first- and second-generation quality of life and behavior. There is an urgent need for accessible mental health resources that serve undocumented individuals in their native language.
Is there work we can build on?	https://www.freestatedirect.com/ https://theclinicck.org/
Who would have to act? Who would be key partners?	
A few high-level action steps	
Other comments or guidance	



Economic well-being

Idea 6	Economic policies that provide resources for people who are undocumented
Proposal 6d	Education programs that communicate the benefits of immigration to the US and create understanding
Description	Education programs for Americans to learn more about immigrants and for immigrants to learn from and understand different systems in the U.S.. Mental healthcare access and more information about trauma for immigrants. Education support for families to ensure high school graduation and college access for undocumented, first-, and second-generation Americans
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	https://youtu.be/SBoPI0LFpKY
Who would have to act? Who would be key partners?	Interpreters Translators Hospitals Clinics Physicians
A few high-level action steps	<ol style="list-style-type: none"> 1. Get funding for preventive care and healthcare for undocumented individuals 2. Invest on translation/interpreting services
Other comments or guidance	



Economic well-being

Idea 6	Economic policies that provide resources for people who are undocumented
Proposal 6e	Language access at the state and local level
Description	Language access at the state and local level. Ensure marketing budgets provide for outreach and inclusion of the immigrant community. Policies that require Quality Interpreting Services for healthcare in rural and urban areas.
Proposal 6f	Livable wages and rights for people who are undocumented
Description	Livable wages and rights for people who are undocumented. Affordable healthcare for everyone. Provide resources not just for the undocumented here in the United States but incorporating global policies that provide for the homes/communities/households in the countries from which immigrants have come.



Idea 7	Family caregiving
Proposal 7a	Universal family care
Description	Caring Across Generations has developed a bold policy proposal for universal family care , combining childcare, paid family leave, and long-term services and supports into a public family care insurance fund that supports care and caregivers across the lifespan. This can be advanced at the local, state, and/or federal levels. Building connections with families and between advocates across these caregiving agendas is a place to start.
Proposal 7b	Care infrastructure
Description	Invest in our care infrastructure. Caring Across Generations has a proposal as part of future COVID-related economic stimulus proposals The American Prospect devoted a whole issue to “Caregiving in Crisis,” which has many great articles outlining the key issues.
Proposal 7c	Alternative business model development opportunities and access to capital for care workers
Description	Support entrepreneurship, alternative business model development opportunities, and access to capital for care workers, building social connection and wealth for many women of color.



Inclusive, just communities

Idea 9	Acknowledgement, reparations, and trauma-healing to address legacies of colonialism, slavery, and racism
Proposal 9a	Establish and secure reparations for descendants of enslaved Africans
Description	Establish and secure reparations for descendants of enslaved Africans
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	<p>Truth and Reconciliation Commission in South Africa that was developed after apartheid (1996-2016):</p> <p>City of Long Beach - Race Equity and Reconciliation Initiatives, meeting with community members and listening to their needs in an effort to make tangible changes to the system and the city's functioning (currently ongoing)</p> <p>Charles Ogletree's research on reparations:</p> <p>Learn lessons from reparations made by the US to Japanese Americans locked in internment camps during WWII</p>
Who would have to act? Who would be key partners?	<p>The key actors depend on how reparations are to be distributed, but potentially:</p> <ul style="list-style-type: none"> Governments Insurance companies Banks Descendants of white slave owners Real estate investors Universities Churches
A few high-level action steps	<ol style="list-style-type: none"> 1. Bring people together as a community to discuss this in more detail and to share stories/experiences. This step would require funding but is essential to determine what people's needs are and how reparations should be structured. These conversations must be inclusive (i.e., offering childcare, stipends, interpretation services).

	<ol style="list-style-type: none"> 2. Explore alternatives to cash reparations (i.e., land). What do people need? How do we ensure that recipients have the information they need to know how to manage their money? 3. Determine who pays reparations (many possibilities listed above). 4. Determine a process for who is the recipient of reparations, given the many different journeys and lineages of Black Americans (descendants of slaves, immigrants, etc.). The goal should be to be inclusive. Consider the multiple factors that determine someone's income and whether they've been historically oppressed/excluded from accessing resources. Could reparations be a vehicle to compensate people for the community work they do or the people they care of. 5. Consider the logistics for distributing reparations. These logistics must account for trauma and overlapping marginalized/oppressed identities. Provide a foundation for people to heal (as a stand-alone action).
<p>Other comments or guidance</p>	<p>The people who need to be part of discussions about reparations won't always agree on the best ways to implement them. There's a heaviness that comes with these having these conversations that can keep us in the discussion phase. "Always holding up a mirror, not just a finger." Always offer options for how things can be done--there's not one entity that inherently knows what's best.</p>



Inclusive, just communities

Idea 9	Acknowledgement, reparations, and trauma-healing to address legacies of colonialism, slavery, and racism
Proposal 9b	Change the power narrative and dynamics
Description	Establish and support campaigns/movements that change the narrative and practices of power; define, describe, and model collective power that allows people to lead in community and give and receive resources, support, connection, and health. Create a youth leadership pipeline into community. Change racism through the lens of compassion by creating models that demonstrate a positive return on investment for a more inclusive culture.
Proposal 9c	Heal trauma at community levels
Description	Leadership in healing trauma must come from marginalized communities and be inclusive and promote healing from traumatic experiences unique to our communities. Increase understanding of why traumatic experiences continue to happen and why these discussions are still hard to have. Normalize being uncomfortable in this process.
Proposal 9d	Systematize/normalize trauma healing and train providers
Description	Create systems and train providers to address their own trauma and better care for and protect those who have suffered from childhood trauma to prevent it from negatively affecting them as adults.



Inclusive, just communities

Idea 10	Criminal justice reform
Proposal 10a	Establish police accountability systems
Description	Establish a more detailed surveillance system for police officers to increase accountability. Videos should be released sooner so that the public can hold officers accountable.
Proposal 10c	Decrease income inequality and socioeconomic marginalization
Description	Increase public assistance funding and programs to decrease income inequality and socioeconomic marginalization
Proposal 10d	Create a leadership pipeline
Description	Create a leadership pipeline for those who are formerly incarcerated to enter into leadership positions.



Inclusive, just communities

Idea 10	Criminal justice reform
Proposal 10b	Shift funding and other resources from local police departments to social services and community well being
Description	Defund the police and increase funding for other services and institutions that can do some of the same work and intervention without the use of lethal force and with deeper training in mental and emotional health and trauma.
How will the proposed action advance equitable health and well-being?	We can advance equitable health and well-being by shifting away from a law enforcement approach to social problems and instead tackling those problems using more appropriate experts and approaches. Reducing the oppression of police in communities and confining their role to a more narrow focus would shift control from institutions built out of racism and control and into institutions that are more connected and responsive to the assets and needs of the community.
Is there work we can build on?	Funders for Justice Urban Institute's report on Public Investment in Community-Driven Safety Initiatives Learn from other cities and countries that have models like this in place or are starting to invest, for example: https://www.forbes.com/sites/jemimamcevoy/2020/08/13/at-least-13-cities-are-defunding-their-police-departments/?sh=43e0199129e3 and https://www.mprnews.org/story/2020/10/28/after-pledging-to-defund-police-mpls-city-council-still-rethinking-public-safety Smaller-scale local efforts occurring in schools, local groups, etc. For example, colleges such as Bryn Mawr and Colorado College
Who would have to act? Who would be key partners?	Local communities first and foremost Activists (BLM, ACLU etc.) Academic experts Mental health groups Family and domestic violence groups/experts Sexual assault experts Housing, food security and other social welfare experts Local, state, and federal political leadership.
A few high-level action steps	<ol style="list-style-type: none"> 1. Externally assess existing law enforcement and relevant programs and create asset/needs maps of the community. 2. Create a network of supporting leaders and constituents.



	3. Create specific proposals and try to get them enacted in the community.
Other comments or guidance	People that are most affected by these things/have the most experience should be the primary people that leading these projects and coming up with the solutions.



Inclusive, just communities

Idea 11	Build our capacity to bridge our differences with those who are not similar
Proposal 11a	Two-way cultural translation
Description	Two-way cultural translation is needed to explain your culture to people who aren't a part of your culture.
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	
Who would have to act? Who would be key partners?	
A few high-level action steps	1. Implement the idea of Disability Justice into work that can bridge any other cultural concerns.
Other comments or guidance	Share with honesty and truth one's own culture and journey. Create opportunities for white Americans to regain their own ethnic and cultural identity.



Inclusive, just communities

Idea 11	Build our capacity to bridge our differences with those who are not similar
Proposal 11b	Cultural engagement and training
Description	Require training that covers different cultural areas and listening and hearing from community on their views on providing care. Engage within cultural communities, building experience and relationships within different cultural communities. Recruit individuals in the healthcare field who understand the culture in which they work.
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	
Who would have to act? Who would be key partners?	Departments of Education (federal and state)
A few high-level action steps	<ol style="list-style-type: none"> 1. Require teaching true history in schools. 2. Use social media platforms to share history instead of burying stories in books that kids don't want to read. 3. Require curricula to be written by cultural representatives and insiders
Other comments or guidance	



Inclusive, just communities

Idea 11	Build our capacity to bridge our differences with those who are not similar
Proposal 11c	Create approaches/systems/models that respect different ways of knowing and traditional modes of healing
Description	Recognize and create approaches/systems/models that respect different ways of knowing and traditional modes of healing. Remove gatekeeping from providing healing or healthcare so that people with direct and lived experience of a culture are healing and leading. Value different modes of learning and alternative career paths. Work from human to human, with respect for others' cultures. Create more culturally diverse treatment options. Question some of the assumptions within American biomedicine and a one-size-fits-all approach—especially within mental health, where cultural understanding is especially important. Provide people with options, matching people to counselors with whom they are comfortable.
How will the proposed action advance equitable health and well-being?	Bridging culture and relationships in systems will enable people to be truly healthy. Disenfranchisement leads to adverse health effects (i.e., people hesitant to take COVID vaccine because of Tuskegee). The vaccine shines a spotlight on mistrust that pervades the system and could be healed with better cultural understanding and relationship building.
Is there work we can build on?	Community Health Worker models FQHC models Inter-generational peer counseling models: Census
Who would have to act? Who would be key partners?	A diversity of voices would be required to design any programs. Medical Schools would need to add cultural healing and history to their curricula Local community physicians who trusted in their community are needed to counter dis- and mis-information Local tribal leadership, community connectors, and “unordained” influencers in community
A few high-level action steps	<ol style="list-style-type: none"> 1. Ensure diversity in the communicators at national levels. Doctors and scientists out talking to the public need to look like the American people. Create culturally-relevant, engaging materials that counter mis-information and distrust of science.



	<ol style="list-style-type: none"> 2. Focus community-building at the grassroots, local levels. Create venues to discuss and acknowledge historical injustices. Invest in existing community structures. Build bridges and relationships with local community leader, including tribal leaders and faith leaders. 3. Create a customizable toolkit that can be used widely.
<p>Other comments or guidance</p>	<p>Disability is an intersectional concept among all people. Disability justice bridges races and “isms.”</p> <p>There has to be truth telling in order for trust to happen. The massive injustices of the past (Tuskegee, immigrant camps) have to be acknowledged before we can move forward; we must surface historical pieces to the table and reckon with them. You have to go through the hurt to start to build trust. Don’t underestimate what it’ll take to address and heal historical trauma so that there is greater trust and receptivity to, for example, the COVID vaccine. Consider highlighting it as an intersectional social justice issue. How might incentives factor in?</p>



Inclusive, just communities

Idea 11	Build our capacity to bridge our differences with those who are not similar
Proposal 11d	Design peace jams
Description	Design peace jams—justice, arts, and music sessions that allow people to share stories, poems, songs, and helpful information and survival/opportunity issues in order to build trust and connection across community.



Inclusive, just communities

Idea 12	Intentional communities
Proposal 12a	Kinship groups pilot
Description	Pilot self-sustaining kinship groups with a focus on intergenerational connections that enable elders to remain in their homes. Enable communities defined by attributes such as LGBTQ and other identity and/or military status. These communities could be residential (permanent or temporary) but would also enlist members of the broader community – who identify in related ways – to provide supports and resources.
How will the proposed action advance equitable health and well-being?	<p>Studies show loneliness is a great detriment to the health of elders. Shared responsibility would provide sense of purpose. LGBTQ adults face unique circumstances, such as fear of discrimination. By 2060 this population will exceed five million and will account for more than 20 million older adults, including those who do not publicly self-identify but have engaged in same-sex sexual behavior, or romantic relationships, and/or are attracted to members of the same sex. Many do not have children to help them in older age. Senior housing, transportation, legal services, support groups, and social events were the most commonly-cited services needed in the LGBT community. These inequities increase when considered from an intersectional lens, i.e., IBPOC and IBPOtrans elders.</p> <p>There are similar concerns in other communities. For example, 20 veterans a day die by suicide. Older veterans are at greatest risk, and isolation is a key factor triggering suicide. Veterans may also be more likely to live remote from kinship groups.</p> <p>Creating community in the home is something that is accessible at all income levels. It promotes equitable well-being. It isn't expensive but it is a qualitative gain. From a positive youth development perspective, it could provide young people with relationships with caring adults who aren't their parents. Such relationships are proven to promote resilience (research by Dr. Sarah Friedman). Kinship models could intentionally support caregivers able to access pay for their work and respite care. The costs of in-home care are substantially less than care in facilities.</p>
Is there work we can build on?	<p>“Queer Kinship Models Could Heal the World” LGBTQ Policy Journal, a Harvard Kennedy Student Publication Kinship care resources compiled by the Children's Defense Fund</p>

	<p>The National LGBTQ Elder Housing Initiative led by SAGE</p> <p>VA programs that provide payments to family members for providing caregiving in the home</p> <p>VA programs that provide access to respite for family caregivers: https://www.caregiver.va.gov/ “AARP Liveable Communities” “If the Nuclear Family Has Failed, What Can Come Next?” Atlantic Monthly</p> <p>Intergenerational Partnerships Between Colleges and Retirement Homes</p>
<p>Who would have to act? Who would be key partners?</p>	<p>State and Federal HHS departments to pilot subsidies and measure outcomes of project</p> <p>Government to implement possible tax incentives for creating multi-generational homes that could be available at subsidy</p> <p>Communities that could host such a pilot, e.g., Los Angeles Veterans Village, VA subsidized apartments (e.g. in Chicago Lincoln Park), Naturally Occurring Retirement Communities (NY State)</p> <p>AARP</p> <p>Support services for these communities, including SAGE (Services and Advocacy for LGBT Elders), Los Angeles LGBTQ Center, Chicago LGBTQ Center (Center on Halstead), American Legion and VFW, and Centerlink: The Community of LGBT Centers</p>
<p>A few high-level action steps</p>	<ol style="list-style-type: none"> 1. Identify communities whose populations include significant numbers of LGBT people and veterans 2. Determine sources of potential public and private funding 3. Develop a list of currently sustainable models that could be Consider building “veteran villages” type housing developments with specially designed intergenerational housing, supported by tax subsidies, so that individuals living in these houses would be surrounded by others in the same situation. 4. replicated to focus on these populations
<p>Other comments or guidance</p>	<p>LGBTQ and veterans are two examples of communities, but the applications could be for all communities or any subcommunity (e.g., deaf, Latinx, etc.)</p>



**Holistic, innovative,
 culturally-rooted healthcare**

Idea 21	Universal healthcare access
Proposal 21a	Improve healthcare transparency
Description	Improve healthcare transparency around outcomes and revenue and explore sharing models like cooperative health systems
How will the proposed action advance equitable health and well-being?	This would improve primary care and further the goal of preventative/primary wellness
Is there work we can build on?	AAFP
Who would have to act? Who would be key partners?	
A few high-level action steps	
Other comments or guidance	



**Holistic, innovative,
 culturally-rooted healthcare**

Idea 21	Universal healthcare access
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Proposal 21b	Campaign for national insurance
Description	

Proposal 21d	Demonstration models
Description	Demonstration models at local or regional levels

Proposal 21e	Provide health services to all children in need regardless of parents' immigration status
Description	



Holistic, innovative, culturally-rooted healthcare

Idea 21	Universal healthcare access
Proposal 21c	Campaign for universal health care access / Wellness (Healthcare as a right rather than a privilege)
Description	A holistic program providing preventive care, primary care, emergency, behavioral, integrative/mind/body/spirit, specialist care, and pharmaceuticals over the life course. Available regardless of employment, income level, health status, ability to pay, geography, or living situation. Primary care focused on whole patient wellness and primary wellness (including social determinants of health).
How will the proposed action advance equitable health and well-being?	Universally-provided healthcare can provide coverage/access to services for all residents of the nation, regardless of employment, income level, health status, etc.
Is there work we can build on?	<p>Work that's been done on "Medicare for all" and other universal coverage proposals</p> <p>Complications and difficulties arising in 2020 from the connection of health care to employment during a time when employment is challenged BY a devastating public health concern (In other words: growing/urgent dissatisfaction with current approach)</p> <p>Existing efforts to increase access across geographies, cultures, etc., such as concerns regarding access to health care in rural areas. For example, it may be that a different healthcare model could make it increasingly feasible for healthcare providers to live/work/operate in sparsely populated areas, if they're not as dependent upon paying patients (i.e., customers).</p> <p>Models in other countries and in U.S. states</p>
Who would have to act? Who would be key partners?	<p>Government (primarily Congress)</p> <p>Local/state/federal policy makers</p> <p>Elected officials</p> <p>Regulatory agencies (HHS, CMS, etc.)</p> <p>Insurance Industry</p> <p>Professional healthcare organizations, including AMA, ANA, AHIP, AHA, PhRMA Integrated Health Consortium, etc.</p> <p>Public health agencies and public health organizations (e.g., APHA, NACCHO)</p> <p>Employers</p> <p>Community Clinics and FQHCs</p> <p>Integrated Care Networks</p>



	<p>Long term and acute care providers Professional schools (medical, nursing, etc. as well as healthcare professional training and education) Integrative care providers and networks and the wellness industry (health and wellness opportunities are not commonly or consistently covered by insurance) Patient advocacy organizations Change agents, influencers, artists, cultural producers. Those who are able to generate new narratives (<i>what is health? What is health care? Who should get it? how?</i>). Those who generate & help propagate new ideas regarding cultural norms/practices, those who share compelling visions of what's "normal"/"ideal"/possible, etc.</p>
<p>A few high-level action steps</p>	<ol style="list-style-type: none"> 1. Demonstration projects: Model an integrative health network to improve wellness (like New Hampshire) in regional programs to catalyze further work. <ol style="list-style-type: none"> a. This would require a landscape of what projects are in process/being developed to connect influence (for example, work underway in New Hampshire) b. Would need data from Vermont and Massachusetts to support initiatives for other states. 2. Draw a comparison to other countries to provide data to support the model. 3. Develop a public awareness campaign to inform the public of what universal access is and isn't/ <ol style="list-style-type: none"> a. Share narratives about how health care operates in other countries, to help Americans learn how things <i>can</i> work and what they <i>can</i> expect/demand <ol style="list-style-type: none"> i. Remember that many in the UK were opposed to the NHS when it began, and it's now an incredibly popular program. b. Amplify narratives from those who have experienced the devastation of employer-based insurance during the COVID19 pandemic. These are on-the-ground, grassroots indications of why a different model is critical. 4. Research all the measures that reflect overall wellness/health and make a proposal on new models of evaluating/quantifying health and wellness. 5. Consider how to lead the insurance industry out of its current space/role. Perhaps working groups or other forums to help answer questions such as: How do we forge new opportunities/trajectories that help care for those who are currently employed by that industry? How can we apply innovation and foresight to shifting the industry, as many



	<p>other industries have gone through significant shifts over time?</p> <p>Address existing and worsening provider shortages and revenue challenges. Universal coverage will require cost reductions (utilization will increase but we already lack the financial resources to pay for existing care, let alone more), but the necessity to reduce costs/capita runs counter to typical methods to increase labor supply (higher wages)</p>
<p>Other comments or guidance</p>	



Holistic, innovative, culturally-rooted healthcare

Idea 22	Health and wellness systems that focus on broad, holistic conceptions of health
Proposal 22a	Create and test self-care, trauma-healing models
Description	Create and test self-care, trauma-healing models, such as community-based trauma-healing and self-care enabled and led by the community (e.g., respected leaders across community, including religious/spiritual leaders). Leaders training people to be the healers and go-to resources for the community. Could be targeted broadly (front line workers, nurses, teachers, EMT, police) or narrowly to focus on distinct populations; reshape the way clinical education acknowledges IBPOC people. Cataloguing and communicating how disease and symptoms show up in diverse populations.
How will the proposed action advance equitable health and well-being?	<p>Provide self-care tools and a societal network builds the ability to be resilient to persist and be productive members of society.</p> <p>Shifting social norms to address trauma and health is essential to advance opportunities for health and well-being for people in all circumstances.</p> <p>Mental health in education will be vital to growing a healthy populace.</p>
Is there work we can build on?	<p>IGF Kids (Minneapolis, MN) helps kids identify and manage their trauma. Two helpful videos: https://youtu.be/3qeEolalyog and https://youtu.be/EejMVNU8v6A</p> <p>Mentoring and health education programs such as: Real Men, Real Heroes and Project Mindful</p> <p>Cities4Peace</p> <p>CASEL</p> <p>RULER program</p> <p>Center for Mind Body Medicine</p> <p>Wellbeing Trust's Pain in the Nation data</p>



<p>Who would have to act? Who would be key partners?</p>	<p>Education/school curriculum influencers (CASEL) Family centered organizations Faith organizations Philanthropy, which can support the health work that isn't covered by government Arts programs to help express, reconcile and connect; Medical school (curriculum incorporation of social determinants of health and trauma recognition incorporated into whole patient treatment)</p>
<p>A few high-level action steps</p>	<ol style="list-style-type: none"> 1. Move from a trauma-informed model, to a health-informed model, to a healing-informed model. 2. Create evidence models that this work lowers chronic disease, health benefits 3. Convene cooperatives that could collaborate on the work and create the studies needed to advocate for support 4. Convene leaders in the field to think about what might a universal program for education could look like based on this model of health.
<p>Other comments or guidance</p>	



Holistic, innovative, culturally-rooted healthcare

Idea 22	Health and wellness systems that focus on broad, holistic conceptions of health
Proposal 22b	Create payment models that support self-care
Description	<p>Create payment models that support self-care, e.g., non-narcotic pain treatment solutions. Address public finance options to make these programs accessible to Medicare populations and others. Ensure that nurses, clinical care managers, and social workers are also integrated and included in payment reform to ensure a broader population benefits from full treatment solutions (non-pharmaceutical, tech-enabled).</p> <p>Catalyst Initiative at Minneapolis Foundation is leading on payment reform for non-narcotic pain management and healing therapies. Medicare/Medicaid and private insurance reform, clinical and community education as a health equity issue.</p>
How will the proposed action advance equitable health and well-being?	<p>By creating an opportunity to not heavily rely on pharmaceutical interventions as a sole option for health and wellness, we can advance a health system that focuses on broad, holistic conceptions of health. This creates opportunities to address the whole person and create culturally relevant and non-pharmaceutical options for health and wellness and a primary preventive approach to care.</p> <p>Payment reform will make non-narcotic and healing therapies more widely accessible, acceptable and affordable.</p>
Is there work we can build on?	<p>Build on and scale up existing evidence/data for self-care modalities, such as the Stanford self-care model, Academic Consortium of Integrative Medicine's White Paper.</p> <p>Minnesota Department of Health models alternative ways of managing addiction (interim reports next year). This was legislation secured by Catalyst Initiative to test non-narcotic pain management and create a statewide mapping project to identify where these therapies are available and what barriers exist to access.</p> <p>The Oregon Collaborative for Integrative Medicine has a similar effort.</p> <p>Federal bill before HHS with payment reform for integrative care.</p>



	<p>Build off Catalyst’s legislative 2019 success and the 2020 Scoping report commissioned by the George Family Foundation to convene stakeholders and determine feasibility, create work groups and determine action plan. In 2019 Catalyst secured \$1.25M to test non-narcotic pain management and build a statewide mapping project of where non-narcotic therapies are available. Catalyst and George Family Foundation worked with Collective Action Lab to do early scoping and stakeholder interviews in late 2020. This report will be available in early January 2021.</p>
<p>Who would have to act? Who would be key partners?</p>	<p>Leaders who could push for structural change, such as Stanford self-care and the Catalyst Initiative Public Health institutions State Medicaid/Medicare directors Insurance companies End users. Broad coalition of cross sector players - health care, insurance, community, criminal justice, philanthropy. Landscaping of national models</p>
<p>A few high-level action steps</p>	<ol style="list-style-type: none"> 1. Identify ongoing demonstration projects 2. Identify other organizations pursuing aligned goals to exchange information/data/policy strategies to pursue this goal. 3. Assess the landscape for ROI models. The evidence generated should focus not only health outcomes but also economic benefits.
<p>Other comments or guidance</p>	<p>Docs for MN legislative work by Catalyst:</p> <ul style="list-style-type: none"> • https://www.house.leg.state.mn.us/comm/docs/08a1b839-36da-4a40-9e30-b5f03df699a4.pdf • https://www.house.leg.state.mn.us/comm/docs/91d9754c-4234-41b3-8b71-d6992e679b68.pdf



Holistic, innovative, culturally-rooted healthcare

Idea 22	Health and wellness systems that focus on broad, holistic conceptions of health
Proposal 22c	Engage, educate, and entrust community members to serve as trusted healers/providers and educators in community
Description	Engage and entrust community members with personal experience and education to disseminate information to the community using cultural values and connection between healthcare professionals and community members. Engage young people from IBPOC communities and support their training and education in healthcare (conventional and cultural). Support professional development opportunities mainly around trauma – their own and those they care for. Invest more deeply in FQHCs.
How will the proposed action advance equitable health and well-being?	This proposal could influence the idea of what national healthcare could look like: a network of large businesses that can umbrella smaller businesses in their insurance programs. It is a way of exploring how to promote and incentivize culturally concordant care and improve patient care and experience in the healthcare system. Providing the skills and tools to manage stress and behaviors outside of the healthcare system (social determinants of health contextual care) would alleviate stress on the healthcare system.
Is there work we can build on?	Co-operatives for pooling health insurance Catalyst Initiative
Who would have to act? Who would be key partners?	
A few high-level action steps	
Other comments or guidance	Would this require incentives or be incented by tax incentives? Might you bundle by like business interest (food industry, tech industry, etc.)?



**Holistic, innovative,
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Idea 22	Health and wellness systems that focus on broad, holistic conceptions of health
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Proposal 22d	Leverage telehealth for chronic disease management and self-care
Description	Leverage telehealth for chronic disease management and self-care, not just for physicians but also for other specialists

Proposal 22e	Educate around and address health issues through an organization's "gateway of moms"
Description	Moms are the decision-makers around household health. Engage moms across a range of services and resources (telehealth, transportation) to educate and address family health across a broad range of issues, e.g., maternity care, doulas, urban and rural, etc.



**Holistic, innovative,
 culturally-rooted healthcare**

Idea 22	Health and wellness systems that focus on broad, holistic conceptions of health
Proposal 22f	Expand scopes of authority for medical careers and expose young people to those careers early
Description	Expand scope of practice and care beyond the MD to include NPs, midwives, PAs with full scope authority. Tiering needs with RN scope/authority increasing to elevate service (triage, etc.). Allow other clinical team members to contribute early starting with prevention, then health support, diagnosis, treatment, and post-treatment. Apprentice and expose young people to careers early.
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	
Who would have to act? Who would be key partners?	
A few high-level action steps	
Other comments or guidance	Could we engage children in their elementary curriculum to create health literacy and wellness habits (trauma, mental wellness, nutrition)?



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Idea 23	Equal valuing of and access to mental/emotional health resources
Proposal 23a	Education regarding the intertwined nature of mental/physical/emotional whole-person health
Description	Secure resources for early education and a new narrative so that people can learn about mental health, how to talk about it, learn that it's just part of overall well-being (e.g., "R U OK" program in Australia, citizenship education). Test on a hyper-local level with community teaching values and compassion, parenting skills, communal practices, and engaging communal caretaking.
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	<p>"R U OK" program in Australia</p> <p>The Good Behavior Game (elementary curriculum):</p> <p>Citizenship education models could offer a starting point for how we might teach health in a similar way.</p> <p>Coping, Caring, Connecting (CitiesRise programs for the educational system), which includes teaching hope/resilience at an early age, teaching peer support and speaking to one another about mental health, creating healthy ecosystems (parents, school, after-school, etc. learning mental health literacy and identifying concerns in young people)</p> <p>Social emotional learning</p> <p>NalandaWay Foundation offers a curriculum using arts for primary school students in India</p> <p>JED Foundation</p> <p>YMCA and community lead programs</p> <p>Youth Mental Health First Aid programming is currently designed for adolescents, but could be reimaged for younger audiences and needs</p>



	<p>Centering Pregnancy/Centering Parenting model</p>
<p>Who would have to act? Who would be key partners?</p>	<p>Formal/informal caregivers, childcare regulators, HeadStart, school systems, teachers, etc.: How to make this process exciting/interesting for caregivers/parents?</p> <p>Higher education: How to what training do teachers/educators receive in order to provide this?</p> <p>Local policymakers, school system elected officials, city council</p> <p>Faith communities, faith leaders</p> <p>Healthcare systems, particularly pediatric care: how can group session visits, community models, anticipatory guidance for the next phases of development be built into the model? How might mental health learning be incorporated into these pediatric care and practices?</p>
<p>A few high-level action steps</p>	<ol style="list-style-type: none"> 1. Informed by the “work we’re drawing on” above, develop curriculum/program to be tested in a particular school system, faith-based community, or locality. Co-develop with community (parents/caregivers, pediatricians, educators, etc. 2. Connect with new models of education for K-2 or K-5; see if there are some that already have something like this at their heart (that could be supported, scaled, etc.) and/or use those as testing grounds 3. Explore “Pay for Success” models. These have been a way to protect government from major losses, since they’re underwritten by philanthropy/private sector investors.
<p>Other comments or guidance</p>	<p>Ensure that the programming isn’t advancing “one and done” conversations but that concepts are threaded throughout a holistic approach.</p> <p>Focus on holistic campaigns, ensuring the same messages are present at home, faith-based spaces, school, etc.</p>



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Idea 23	Equal valuing of and access to mental/emotional health resources
Proposal 23b	Awareness campaign to change the narrative on what “health” means and aim for “thriving” versus absence of disease
Description	<p>Change the narrative on what “health” means and aim for “thriving” versus absence of disease. Connect/partner with the Inseparable Movement and build a repository of other partners and coordinate efforts with them. Add to, rather than recreate, work via creating a network map, assets map, and something to support collaboration and the lifting up of existing, community-driven, on-the-ground practices, organizations, people, activists, organizers, practitioners, etc. Involve faith communities and other trusted sources in communities to advance a new narrative that centers on thriving, elevates mental/emotional health, and challenges a system that makes working the goal of health and the price one is expected to pay to access healthcare.</p>
How will the proposed action advance equitable health and well-being?	<p>A focus on thriving necessitates investment in preventative care and attention to social and environmental factors that impact health, including trauma-informed practices, such investments would further health equity.</p> <p>If “health” means “thriving,” then it must include mental and emotional health. These become intuitive, rather than add-ons to the disease/biomedical model. Without <i>focus</i> on thriving, many populations aren’t able to move beyond survival & absence of disease. Meanwhile, a focus on just absence-of-disease allows thriving only for privileged groups. A standard of thriving requires that we are more inclusive of all of what drives the human condition. If we’re going to embrace emotional/mental health as overall health, we have to break down stigmas associated with certain conditions, recognize mental/emotional health as part of being human, allow everything to be part of the health conversation (rather than siloed conversations).</p> <p>Immigrants, refugee communities, and other marginalized groups experience trauma at high rates, yet lack access to responsive resources due to language, health care access, etc. A shift in the narrative (what “counts” as health? How is it defined?) would increase focus on access to mental/emotional health and trauma-informed care for all populations, and an equity lens would place particular importance on under-resourced, vulnerable, historically marginalized communities.</p>



<p>Is there work we can build on?</p>	<p>Inseparable Movement</p> <p>Positive psychology movement offers an example of how a focus on what makes people thrive shifts the entire approach, with the added benefit of reducing symptoms/suffering</p> <ul style="list-style-type: none"> • Mindfulness research/practice (connecting with self in ways that are healthier) • Research on Happiness (increasingly popular courses Yale, Harvard, etc) <p>Templeton World Charity (Grand Challenges for Flourishing) conducts interdisciplinary research on spiritual, psychological, physical wellbeing</p> <p>Social ecological model of health</p> <p>Healing Justice Movement connects with cultural practices, particularly regarding larger social justice work. What does it take to sustain justice/health/well-being, including trauma healing, historical trauma, utilizing/relearning ancient practices</p> <p>German workplace practices on burnout, which recognize that even the notion of humans-as-capital can inform an emphasis on protecting/ensuring health (vs just reactivity to disease/symptoms)</p> <p>Accountable Communities of Health emphasize social determinants and offer a model for moving away from simple health care model (moving health back into place of community)</p> <p>Cares Family (UK) seeks to address disconnection by focusing on loneliness as a determinant of health/risk factor</p> <p>Creating Healthy Communities (ArtPlace America and the University of Florida) explores how stronger and healthier communities can be built at the intersection of public health, arts, and culture</p> <p>Pioneer Portfolio at RWJF funds/supports/sustains arts and health initiatives and programs that redefine health</p>
<p>Who would have to act? Who would be key partners?</p>	<p>Higher education: Health education/pedagogy must shift to change how health researchers, professionals, etc. are taught what health is</p> <p>Intrapreneurs/Disruptors within the established health care ecosystem: such a narrative shift is disruptive, so look for those who are already disrupting</p>



	<p>Schools and families: How school programs as well as parents/caregivers can help promote ideas of wellness, etc. from a young age</p>
<p>A few high-level action steps</p>	<ol style="list-style-type: none"> 1. Build a repository of orgs/individuals/initiatives that are already shifting the narrative, and coordinate efforts with them. (Add to, rather than recreate, existing work by creating a network map, assets map, etc. to support collaboration locally and globally and the lifting up of existing, community-driven, on-the-ground efforts) 2. Connect intrapreneurs with this initiative and with one another. Look for people who are disruptors on the inside of institutions, pushing for change. How can we support their ability to shift narratives, shift ideas of health, disrupt, etc.? 3. Develop curricula for health professionals/researchers that helps challenge existing/previous definitions of health, teaches them how to co-define health with communities and co-work together toward it, etc. The popularity of courses about happiness, positive psychology suggests an appetite for this in the curriculum. 4. Engage youth voices; generate youth campaigns (co-developed with youth) that advance narrative of health as thriving, holistic well-being
<p>Other comments or guidance</p>	



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Idea 23	Equal valuing of and access to mental/emotional health resources
Proposal 23c	Use paid time off policies as a vehicle to destigmatize and normalize mental health
Description	Use PTO policies as a vehicle to destigmatize and normalize mental health by addressing mental/emotional needs for time off. Design a model for schools and workplaces that draws upon (but expands/advances) the way PTO has been rolled out in workplaces. Shift the narrative that the purpose of health is for working and for capitalistic productivity (“If you take a day off, you must be sick!”).
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	Workplace initiatives like providing “free days” each month, no questions asked. Such initiatives intentionally do not tie these days to “mental health days” or “sick days” or even just general “PTO,” but instead allow for people to need time and space without explanation. - but tying instead to need for time, space Lyra Health offers mental healthcare for companies
Who would have to act? Who would be key partners?	Large corporations: The bigger the corporation, the more likely it is for an initiative like this to catch on. Getting a big player involved would help create buzz. (If big players are already doing this type of work, amplifying it or designing press/attention around it as part of an overarching campaign toward normalizing self-care and wellness) School systems Human resources, policy makers, and company culture setters
A few high-level action steps	<ol style="list-style-type: none"> 1. Institute mental health days at schools to help students take the time and space for self-care. Ideally these would remove the connection between feeling or being sick and taking time off to ensure that students can make decisions to take care of themselves and not just recover from something in particular. 2. Monitor & adapt for unintended consequences. (Sometimes, there are unwritten rules for using free days that can have adverse effects on employees)



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Other comments or guidance	
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Idea 24	Governmental transparency requirements and surveillance limitations
Proposal 24a	Advance health in all policies
Description	Advance Health in All Policies to align government with FORESIGHT.



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Idea 24	Governmental transparency requirements and surveillance limitations
Proposal 24b	Better balance privacy with the need for data accessibility
Description	Create policy to better balance privacy with the need for data accessibility
How will the proposed action advance equitable health and well-being?	Having strict policies in place to not release information which can be traced back to an individual would protect people’s lives from being upended by privacy invasion. Information in aggregate can support important research in public health and community health and transparency efforts, without sharing personally identifiable information, which could negatively impact individuals. This reassurance would tamp down public fears of accessing publicly available benefits and decrease the amount of meaningless paperwork and administrative effort needed to access supports.
Is there work we can build on?	<p>The Census Bureau put in place extremely strong firewalls in the wake of the Japanese internment camps. The Census Bureau understands that it is core to their mission not to undermine public trust by sharing census data with law enforcement, while simultaneously assisting researchers and others. It is built into organizational DNA</p> <p>There is an analogous challenge in law enforcement; they need to be transparent in policies and procedures, but they cannot be freely release sensitive information.</p> <p>Healthcare could look to authentication in banking as a set of implemented processes.</p> <p>Enterprise Procurement for Interoperability offers an enterprise privacy approach to address issues in a more cohesive manner.</p>
Who would have to act? Who would be key partners?	<p>Those who hold data and who “the public” hold trust in</p> <p>Relevant local, state, and federal government institutions and agencies, including Human Services and social service providers</p> <p>Health systems and relevant local, state, an federal government institutions and agencies, including EMR/HER system providers and commercial players not covered by HIPAA</p>



<p>A few high-level action steps</p>	<ol style="list-style-type: none"> 1. Make it more accessible to readily enable consent. 2. Make the benefits of sharing information clear to key players and to the public. If people understood that the opacity of information in the system means they do not access all of the benefits they are eligible for, it would build public will. Convey how data can support coordination of services, facilitate the flow of information between systems, and (in aggregate) support health research. 3. Consider potential solutions: <ol style="list-style-type: none"> a. Impose rigid firewalls between data holders and those who could use data for nefarious purposes <p>Ban potentially nefarious actors from using any healthcare data (e.g., ban ICE from using data from any healthcare or social service entity in the same way that intelligence agencies are currently banned from doing so)</p>
<p>Other comments</p>	<ul style="list-style-type: none"> • Transparency vs privacy balance. • For whose benefit are we acting? Who are we protecting? • Decline in accessing public benefits due to fears, e.g., deportation • Real value of information-sharing framed as how do we enable coordination of care and social support through making data (in aggregate or as individual records) more accessible <ul style="list-style-type: none"> ○ Reframe as what individuals aren't getting that they're entitled to • Privacy about choosing what you do or don't reveal • Structure of integrated care in a siloed world doesn't really compute <p>Consider data as the fuel for healthcare; attempting to solve privacy issues in isolation from other interrelated issues just isn't going to cut it</p>



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Idea 25	Deeper investment in a more effective public health system
Proposal 25a	Deeper public health investments
Description	Deeper public health investments in infrastructure, personnel (nurses, doctors, technicians, etc.), policy makers; workforce that reflects the communities they serve; ongoing professional development and adequate salary support; evidence-based public education about public health is essential.
How will the proposed action advance equitable health and well-being?	Public health budgets are not adequate and require a patchwork approach. The funding that does emerge comes from many different sources, which can create significant gaps in funding. Mental health funding is currently treatment-focused and not directed toward preventative care. We currently collect data, but not necessarily the data that is most important and can be best leveraged to make good decisions.
Is there work we can build on?	
Who would have to act? Who would be key partners?	Governors will need to act to strengthen and drive public health services for each citizen Citizens need more education on the importance and value of public health services Public health departments must market like commercial businesses to the public Public health leaders will need to transform to more effective leadership All private and public organizations must be cultivated as key partners for public health support.
A few high-level action steps	<ol style="list-style-type: none"> 1. Educate State Governors and provide a roadmap for strengthening public health activities and leadership. 2. Educate the public about the importance and contributions of public health. Could this be built into standard education, before higher education? 3. Rebuild trust with the community. 4. Explore the possibility of per-capita based funding, with consideration of equity at the center. Direct funds to grassroots initiatives (rather than larger, more established programs). 5. Create consistent authority structures (these currently vary even within a given state) and explore national guidance on



	<p>standard measurements (a National Dashboard) that can be used to make more informed decisions.</p> <ol style="list-style-type: none">6. Be strategic in data collection to ensure equitable decisions.7. Create a public health leadership system/platform, modeled on other medical areas like clinical leadership. This will require private and public sector investment.8. Explore new payment models. VC and other funding sources do not support preventative solutions so much as reactive solutions.
Other comments or guidance	



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Idea 25	Deeper investment in a more effective public health system
Proposal 25b	Upgrade technology
Description	Upgrade technology from fax machines to interoperable systems; ensure staff proficient in use; high-quality labs and testing capacities
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	<p>We can build on the announcement just yesterday from ONC on a new initiative called Project US@ to develop unified specification for addressing healthcare eco system requirements.</p> <p>National Interoperability Collaborative Project Unify is developing a proof-of-concept implementation for interoperability between healthcare, human services, education, courts, etc. for the purpose of providing a 360-degree view of individual, family, household, and community social determinants of health to enable improved individual, family and population well-being.</p> <p>Project Unify is being guided by requirements from the CMMI Integrated Care for Kids (InCK) program and participation by InCK awardees.</p> <p>In addition, Project Unify is guided by and contributes to the National Action Agenda to Advance Upstream Social Determinants and Health Equity. The National Action Agenda encompasses a coordinated set of ambitious activities throughout this year and beyond, all of which are designed to significantly accelerate progress through cross-sector data-sharing, interoperability and collaboration. The National Action Agenda strongly believes that doing so will:</p> <ul style="list-style-type: none"> • Enable a more-effective response to health crises such as Covid-19; • Broadly and systemically advance holistic, person-centered care; and <p>Significantly contribute to furthering health equity and social justice.</p>



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Who would have to act? Who would be key partners?	
A few high-level action steps	
Other comments or guidance	



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Idea 25	Deeper investment in a more effective public health system
Proposal 25c	Address community social and environmental setting.
Description	Address community social and environmental setting. Connect to social sector and underlying health determinants via broad community coalitions; revise policies and align resources with community health; assure access to culturally-appropriate community health resources, either directly or via integrated services with CBOs/CHCs
How will the proposed action advance equitable health and well-being?	This could serve as a preventative tool for public health, with particular importance in urban settings.
Is there work we can build on?	
Who would have to act? Who would be key partners?	
A few high-level action steps	
Other comments or guidance	



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Idea 25	Deeper investment in a more effective public health system
Proposal 25d	Support innovations to achieve traditional public health functions
Description	Support innovations to achieve traditional public health functions – clean air, water, soil, safe environment
How will the proposed action advance equitable health and well-being?	Technology often moves more quickly than health policy and practice, and this lag can create a barrier to improvement. Patients have real and important concerns about privacy in adopting technology. Addressing these two impediments could allow for much greater uptake of technology in public health, furthering the field’s ability to achieve traditional public health functions.
Is there work we can build on?	
Who would have to act? Who would be key partners?	
A few high-level action steps	<ol style="list-style-type: none"> 1. Make MOUs easier to allow collaboration between diverse parties. 2. Explore ways to leverage the Internet of Things (IOT) in service to public health. We need a social compact in place at a broad scale that would address privacy concerns and still leave room for innovation, perhaps legislation that allows certain usages, clarifies data ownership, and allows for deidentification so that people feel less vulnerable taking advantage of these technologies. A laboratory diagnostic could be a potential framework, considering the patient’s comfort level. 3. Review national laws, many of which are outdated, to see which can be changed, renewed, or sunsetted to promote innovation and change.
Other comments or guidance	



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Idea 25	Deeper investment in a more effective public health system
Proposal 25e	Disaster preparedness
Description	Upgrade state and federal public health disaster preparedness capacities and better coordinate with other public disaster agencies, e.g., FEMA, Homeland Security, HHS



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Idea 26	Social determinants of health as a guiding framework (health, not just healthcare)
Proposal 26a	Integrate health IT with social service organizations' IT systems to better inform holistic interventions.
Description	Integrate health IT with social services organizations' IT systems to better inform holistic interventions. In order to achieve social determinants of health, we need standards for clinical information and interventions. The field faces two challenges: 1) lack of ability for healthcare IT to send referrals to human services necessary to resolve social determinants of health problems; 2) medicalization of social determinants of health leads to missing important social and environmental determinants defined by other information domains.
How will the proposed action advance equitable health and well-being?	<p>Creating technology-based models for responsible and secure data sharing across programs and domains will enhance clinicians' ability to treat the whole person. Currently, given our siloed system, people often receive medical care separate for all other assistance. In addition, having a holistic of people's social needs (housing, nutrition, transportation, behavioral health, education, civil legal, etc) provides the comprehensive view to implement coordinated care. Without the technology foundation, it is impossible or very difficult to coordinate care at scale.</p> <p>With a comprehensive view of the clinical/medical and social care needs will enable providers to intervene earlier and/or support preventive and early intervention activities. Currently, our systems generally get involved once someone has already experienced illness, or social disruption.</p>
Is there work we can build on?	<p>Gravity Project</p> <p>Work on cross-domain standards-based interoperability between health, human services, education and courts at the National Interoperability Collaborative, with a specific emphasis on health-to-human services referral. This work is part of the Stewards of Change Institute's work in these areas for over a decade. With a grant from the Kresge Foundation SOCI has been able to build a solid foundation, and a national community to address these complex, cross system challenges.</p> <p>In addition the NIC is developing an operational proof of concept demonstration project in partnership with the New Jersey Integrated</p>



	<p>Care for Kids Initiative (InCK is a federally funded 7 year project to demonstrate the value of alternative payment models to coordinate care for high risk children on medicaid to reduce out of home placement.) The NJ InCK site is the focus of the technology solution to demonstrate the flow of information within a secure and responsible environment across health (medicaid), children services, housing, behavioral health, education and the courts. This model is being designed to be open-source and replicable/customizable to other jurisdictions across the nation.</p> <p>Development of the solutions are underway and are continually being updated for review by NJ and the NIC community. Demonstrations of latest connections are planned for January 25th, March and April - and are designed to meet many requirements by NJ INCK.</p> <p>This technology POC can expedite implementation of tangible solutions in jurisdictions that are proceeding with technology-based, interoperability projects.</p> <p>Other considerations:</p> <p>360x Closed Loop Referrals: https://www.healthit.gov/techlab/ipg/node/4/submission/276</p> <p>University of Missouri has multiple data collections (health and SDOH) integrated and available at state level and at community level: https://extension.missouri.edu/programs/cares.</p> <p>Healthify offers an interesting new model using tech to connect health care providers with social service resources. They are focused on building next generation technology to move the needle on healthcare outcomes and cost for vulnerable populations:</p>
<p>Who would have to act? Who would be key partners?</p>	<p>The NJ Integrated Care for Kids site is a committed partner and has become an official member of the NIC. They have resources for NIC to design, build and test a technology proof of concept to meet the multiple, cross-domain information sharing needs of their federal program.</p> <p>Key partners include representatives of programs and systems that are engaged in the NJ site (State agencies along with Monmouth and Ocean Counties - population 1.1 million; 135,000 children in the pilot). All parties to the program are operating under a governance model and participate in a partnership council to guide the initiative over the next 7 years.</p>



	<p>More information can be found at: Project Unify National Interoperability Collaborative National Action Agenda</p>
<p>A few high-level action steps</p>	<p>We are defining the business and technology requirements; to develop a tactical road map for interoperable exchange of information that bridges the silos of New Jersey’s complex civic structure comprising myriad municipalities’ school districts, public health departments and other health and human services. Tasks include;</p> <ul style="list-style-type: none"> • A roadmap which will guide New Jersey InCK’s data strategies and information technology solutions comprising: (i) mobile screening app; (ii) mobile patient activation app; and (iii) data warehouse/population health tool with integrated case management tool with client specific portals. • Provide identity management and patient matching to ensure integrated care coordination and case management as children and adolescents cross multiple settings of care and services. And provide standardizing assessments of medical, behavioral and social risks. As data and technology solutions are developed, SCI will build modules to incorporate new databases (e.g., SNAP, School Information Systems). • Develop reference specifications and architectural models that integrate case management solutions with various client specific portals. To accomplish the InCK’s larger standards-based, interoperability and information sharing goals, SCI will explore and document promising and emerging methods, models, tools, and approaches for blending pertinent data from multiple types of Core Child Services databases (Clinical Health, Behavioral Health, SNAP, WIC, TANF, Housing Insecurity, Child Welfare, Education, Legal/Courts). • Create specific activities and artifacts which may include: (i) data element library and models to synch with Center of Excellence on Quality of Care Measures for Children with Complex Needs (COE4CCN); (ii) align workflows for ELTSS with integrated case management for client specific portals; (iii) harmonize data exchange standards and protocols for applicability to core data sets; (iv) identify pertinent semantic definitions and ontologies; and (v) participation in National Interoperability Collaboration, an open-source, open-standards, open-API community.



Other comments or guidance	This POC will provide the details needed for NJ to develop the technical requirements to procure and build the operational system beginning in 2021. This blueprint, and the related technical documentation will be customizable and replicable by sites across the country thereby expediting the cycle time from concept to development.
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Idea 26	Social determinants of health as a guiding framework (health, not just healthcare)
Proposal 26b	Enable the public health system to be able to intervene on social determinants of health issues at a community level
Description	Enable the public health system to be able to intervene on social determinants of health at a community level. This would require interoperability and integration between state-level siloed agencies, as well as with and between agencies and community-based organizations at the county and local level
How will the proposed action advance equitable health and well-being?	This proposal would revitalize Public Health, as the key partner to address social determinants of health.
Is there work we can build on?	<p>NASDOH</p> <p>Work on cross-domain interoperability at the National Interoperability Collaborative</p>
Who would have to act? Who would be key partners?	<p>Congress and state governments working closely with health systems and health plans.</p> <p>People need education to demand these basic services (ensuring clean food, water, public safety, etc.) to protect community health.</p> <p>National Interoperability Collaborative</p> <p>National Action Agenda</p> <p>Accountable Health Communities has many resources to build on</p> <p>Data Sharing Resource: https://www.movinghealthcareupstream.org/wp-content/uploads/2020/01/data-sharing-brief.pdf</p> <p>Pediatric Value Based Payment Models: https://www.movinghealthcareupstream.org/pediatric-value-base-care-models/</p>



	<p>Integrated Care for Kids (InCK) from CMMI: https://www.cms.gov/newsroom/fact-sheets/integrated-care-kids-inck-model</p> <p>Open Referral: http://openreferral.org</p>
A few high-level action steps	<ol style="list-style-type: none">1. Build interoperability for sharing data between public and private health and wellness organizations.2. Retrain and re-empower the public health leadership and workforce.3. Invest in the social service sector (211) to partner better with public health local leadership.
Other comments or guidance	<p>We need to really think hard about the misaligned incentives that prevent the collaboration required to truly improve the health of our communities.</p>



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Idea 26	Social determinants of health as a guiding framework (health, not just healthcare)
Proposal 26c	Invest in local communities to address social determinants of health on a local level
Description	Invest in local communities to address social determinants of health on a local level. Use local community voice and expertise to drive improvement of community well-being by addressing social determinants of health at a local level. This could be paid for with community bonds. Community well-being is as important as building a road or a new school. Can we use the same mechanisms to pay for improved community well-being? Address sustainability once the initial funding is used up. This may need to be addressed through long-term funding mechanisms.
How will the proposed action advance equitable health and well-being?	Investments in kids, adults, households, and families at the community level can result in savings in community healthcare as a consequence of improved individual health and well-being.
Is there work we can build on?	ReThink Health’s financing workbook to plan for how communities can fund this work in a sustainable way. Colorado Hospital Foundation’s rural health initiatives: https://www.coloradohealth.org/insights/good-health/proud-rural-health
Who would have to act? Who would be key partners?	MHA Physicians Intentional training of key communities of leaders, who could serve as innovation models
A few high-level action steps	<ol style="list-style-type: none"> 1. Intentionally train key communities of leaders. Leaders are currently trained to very efficiently do the wrong things. A cohort of transformational leaders could set a model for others. 2. Locate some early wins, demonstrate results, and then find funding, support, and regulatory relief. Track measurable impact! 3. Find solutions to the “wrong pocket” problem to ensure that savings in community healthcare are recognized as the result



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	of investments in kids, adults, households, and families at the community level.
Other comments or guidance	



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Idea 27	Health technology that improves access to care and is responsive to need
Proposal 27a	Advance research in objective assessments in clinical practice.
Description	Advance research in objective assessments in clinical practice. Ensure that these assessments are equitable and inclusive to reduce bias in development.
How will the proposed action advance equitable health and well-being?	<p>Such a proposal would help evaluate the efficacy and cost-effectiveness of IT equity. Most existing studies are based on antiquated reimbursement measures and are not model in current terms. We know that system compatibility is needed, but often are stifled by trying to gather research. This research should include the context of innovative payment models that encourage the use of technology via CMS and the Centers Medicare and Medicaid Innovation. It would help us understand what technologies support clinical practice and which streamline billing and usability, with the goal of improving patient experience and outcomes.</p> <p>Technologies exist that can help with payment access, but those new technologies have difficulties launching or proving cost-effectiveness. Better understanding their efficacy would support payment reform and help us create a patient/human centric system that holistically incentivizes supportive care and preventive services.</p>
Is there work we can build on?	<p>Electronic health record tools that help with assessment of interoperability</p> <p>How to select Health Information Exchange</p> <p>CMS Fast Healthcare Interoperability Resources (FHIR) standards</p> <p>National Information Exchange Model (NIEM)/Justice</p> <p>Within education, other models, such as CEDs and EdFi</p> <p>CMMI to do focused research on community services and other social determinants of health</p> <p>National Interoperability Collaborative (NIC)</p>



Who would have to act? Who would be key partners?	Startups in IT Key institutions (healthcare systems, government entities) who have determined that accessibility from an IT basis is a priority Patients/communities
A few high-level action steps	<ol style="list-style-type: none">1. Work IT startups to demonstrate effectiveness2. Bring on board key institutions (healthcare systems, government entities, etc.) who are committed to interoperability and accessibility3. Change contracts to focus on the importance of interoperability. Start with this as the priority and commitment.4. Reorganize Health and Human Services so that healthcare is supported and human services falls within that.
Other comments or guidance	



Holistic, innovative, culturally-rooted healthcare

Idea 27	Health technology that improves access to care and is responsive to need
Proposal 27b	Convene sector leaders to co-create solutions
Description	Convene health technology developers and health equity patient organizations to identify existing gaps and co-create solutions to meet the most pressing health needs in affected communities
How will the proposed action advance equitable health and well-being?	Physical health is only 10-20% of all wellness, so how can we create a system that is wellness-focused, rather than profit driven? Focusing on interoperability would shift the system to an equitable distribution of resources from an IT standpoint and empower healthcare consumers and patients by allowing them to access consumer information and choose the clinician who can provide the best care for them. It would build stronger partnerships between clinical practices and community-based groups.
Is there work we can build on?	<p>CURES mandate to share information with the patient:</p> <p>Medicare’s Blue button 2.0 app, which allows patients access to all claims:</p> <p>MyHealthEData initiative</p> <p>National Interoperability Collaborative</p>
Who would have to act? Who would be key partners?	National action agenda to advance social determinants of health and health equity Think tanks to support initiatives for more immediate changes to health
A few high-level action steps	<ol style="list-style-type: none"> 1. Create a roadmap for integrative models to integrate different systems within the health care community (for example, Integrated Care for Kids, run through CMMI, is working to connect high risk kids who are at risk for being removed from home in order to upstream interventions, with the goal of preventing downstream consequences through redistribution of resources. 2. Review laws and policy that are health care related (i.e., telehealth, future innovations) to determine which are applicable to current technology and which may need to be revised.



	<ol style="list-style-type: none"> 3. Advocate for new laws that support social determinant of health repayment in health plans. Could we rethink this as an omnibus for overhaul legislation? 4. Revise lifeline programs to allow internet coverage 5. Restructure funding and incentives on value-based care and primary care foundation for patient-centeredness
<p>Other comments or guidance</p>	<p>Focus on creating standardized products and frameworks that can be replicated elsewhere</p> <p>Evaluations of Medicare advantage enrollees who have access to social support services.</p> <p>COVID has allowed for proof of concept and we can use funds from COVID to help prove innovation that can help provide improved care models.</p> <p>User opportunity to useful access</p> <p>Patients may not want their data. They want to be trusted and known. They want to be well. Access to data may hinder accurate medical communication of information (for example, if a person does not believe that they are obese or have Diabetes)</p>



Regenerative practices for people and planet

Idea 33	Communities, corporations, and governments work together to slow and mitigate the effects of climate change
Proposal 33a	Educate and organize the community to work together; local communities, neighbors get together to work on important themes
Description	Educate and organize the community to work together; local communities, neighbors get together to work on important themes. Involve people who care about an issue, such as management and collection of trash. Encourage community voices to speak up with local authorities on the need to support household recycling (some communities where trucks don't currently collect separately). Support home ownership through subsidizing housing costs for communities to be more long term or other ways to foster longevity of neighborhoods with residents—work with local churches or civic groups to help educate and provide organization to communities to work together
How will the proposed action advance equitable health and well-being?	IBPOC communities suffer from inequities because of racism that has been translated into hostile social environments that are constantly changing (neighborhoods) and environmental racism, (pollution, neighborhoods near landfills, etc.). A community-focus on the management of trash/recycling/composting would improve the environment and address these inequities in IBPOC communities.
Is there work we can build on?	Green City Force
Who would have to act? Who would be key partners?	Churches or civic groups could be the main leaders of this effort, so that they are teaching the communities in which their church is housed. It fulfills the mission or many missions of the church to be community focused, while also meeting a direct need of the community itself.
A few high-level action steps	<ol style="list-style-type: none"> 1. Identify funders who would be willing to fund places of worship to be equipped to do this community outreach. The place of worship would have to be a diverse leader of change, not just in composting, trash, and recycling, but also in social enterprise to help motivate people through economic development outcomes from participating. It would also benefit communities to enforce churches as residents of communities in which their trash, recycling, and compost is part of the city/county program, instead of having them to determine what happens to their waste.



Other comments or guidance	
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Regenerative practices for people and planet

Idea 33	Communities, corporations, and governments work together to slow and mitigate the effects of climate change
Proposal 33b	Business and government collaborate
Description	Business and government collaborate. Local authorities and businesses collaborate to create “transit free” zones to promote walking, cycling, open-air dining, reducing energy and gas consumption.
Proposal 33c	Education and foster local initiatives and community leadership
Description	Education and foster local initiatives and community leadership. Identify existing local initiatives: what is already available and facilitate how people can contribute to it. Focus on local problems and manage resources to push solutions. Create local networks that start at the community level and are elevated to broader spheres (state, national) where these networks can cross or meet other similar or complementary efforts from other regions.
Proposal 33d	Mobilize the media
Description	Mobilize the media. Work with the media to raise awareness of local initiatives and inspire others in the community to get involved and participate.



Regenerative practices for people and planet

Idea 34	Agricultural advances to create sustainable, environmentally-friendly, and healthy food
Proposal 34a	Research the ecological, economic, and health benefits of pasture-based-and-grass-finished meats.
Description	Research the ecological, economic, and health benefits of pasture-based-and-grass-finished meats. Recognize the difference that management practices make in the nutrition and climatic impact of meat production systems
How will the proposed action advance equitable health and well-being?	Current research often asserts fruit and vegetables as the means to health and wellness and meat consumption as anti-health and wellness. Often, “red meat” is presented as a single category of food, ignoring the distinct ecological, economic, and human health advantages of 100% grass-finished meats over hidden costs of conventional industrial meat production. Research detailing the benefits of consuming pasture-based and grass-finished livestock can give consumers, health advisors, and farmers better information with which to make decisions.
Is there work we can build on?	<p>Health benefits of grass-fed/finished meat:</p> <ul style="list-style-type: none"> • Effects of winter stocker growth rate and finishing system on: III. Tissue proximate, fatty acid, vitamin, and cholesterol content • A review of fatty acid profiles and antioxidant content in grass-fed and grain-fed beef • American Grass-fed: Understanding Factors Affecting Meat Quality • What is grass-fed beef good for? • Eat Wild: Health Benefits for Grass-fed Products <p>Economic benefits of grass-fed/finished systems:</p> <ul style="list-style-type: none"> • Back to Grass: The Market Potential for US Grass-fed Beef • Scaling Up Pastured Livestock Production: Benchmarks for getting the most out of feed and land • Beefing Up Appalachia <p>Environmental benefits of grass-fed/finished systems:</p> <ul style="list-style-type: none"> • NPR: Is grass-fed beef really better for the planet? • Carbon Footprint Evaluation of Regenerative Grazing at White Oak Pastures • Cows are not killing the climate • Land Stewardship Project: Carbon Farming • FAO Report: Livestock’s Long Shadow • Beef Rules



	<ul style="list-style-type: none"> • Belching Cows and Endless Feedlots: Fixing Cattle’s Climate Issues • Ecosystem Impacts and Productive Capacity of a Multi-Species Pastured Livestock System
<p>Who would have to act? Who would be key partners?</p>	<p>USDA and state departments of agriculture Research Universities (for example, MSU Center for Regional Food Systems, OSU Initiative for Food and AgriCultural Transformation, Johns Hopkins Center for a Livable Future) Non-profits (for example, Carbon Sponge, Project Drawdown, Wallace Center Pasture Project) Ecological and farming organizations Food policy and environmental groups Regenerative farmers and ranchers Funding organizations, foundations, and philanthropists</p>
<p>A few high-level action steps</p>	<ol style="list-style-type: none"> 1. Provide more funding for research and education of pasture-based livestock production within existing channels (USDA-NRCS, SARE, state departments of agriculture) 2. Begin new and coordinate existing non-university/non-federal funded programs for farmer-led research 3. Identify/create/connect regenerative farmers and ranchers on a national level through a national database
<p>Other comments or guidance</p>	<p>This research could also inform incentives for specific management practices, and public campaigns exposing the ‘true cost’ of food.</p>



Regenerative practices for people and planet

Idea 34	Agricultural advances to create sustainable, environmentally-friendly, and healthy food
Proposal 34b	Remove unnecessary and outdated regulations that do not address human health or food safety issues
Description	Remove unnecessary and outdated regulations that do not address human health or food safety issues. Get government bureaucracy out of the way of clean-food practitioners and consumers alike.
How will the proposed action advance equitable health and well-being?	Regulations tend to appease large corporations, while creating barriers and expenses for small and midsize local farm, food, and food waste businesses, in turn suppressing innovation and entrepreneurship. Returning food safety and production regulations to the purpose of human and environmental health with sensible measures that can be achieved by all food businesses will allow more high quality, carbon-reducing food production and waste management systems.
Is there work we can build on?	<p>National Examples:</p> <ul style="list-style-type: none"> • The Strengthening Local Processing Act • PRIME Act to create and strengthen local food systems by allowing the intrastate sale of uninspected meat and meat products • New Markets for State-Inspected Meat and Poultry Act, which focuses on fostering regional food systems by lifting a ban on the interstate sale of state-inspected meat <p>State-specific Example:</p> <ul style="list-style-type: none"> • Ohio Smart Agriculture: Solutions from the Land
Who would have to act? Who would be key partners?	<p>State environmental agencies</p> <p>USDA</p> <p>Food Safety Inspection Service (FSIS)</p> <p>Environmental Protection Agency</p> <p>Farmers and ranchers</p> <p>Local health departments</p> <p>Legal, financial, and technical service providers</p>
A few high-level action steps	<ol style="list-style-type: none"> 1. Create a taskforce of national, state, and local entities across the system to review existing, outdated regulations intended to address food safety and human health across the food



	<p>system which might create unnecessary barriers for farmers and ranchers. For example:</p> <ol style="list-style-type: none"> a. Standardize commercial cold storage: A “commercial” certification requirement for equipment is much more expensive, yet it has nothing to do with maintaining food at a safe temperature. If a farmer can keep food frozen with a 30-year-old chest freezer or keep temperature-sensitive products cooled with ice, they should be allowed to do so. b. Standardize species classification: Rabbits are classified as non-amenable species in some states, but not others. In Ohio, home processing is specifically permitted for poultry, but not for rabbits (which can be harvested more easily and cleanly than poultry with less chance of food safety compromises). Instead, as a non-amenable species, rabbits actually require an additional inspection (and fee), making this healthy, lean meat untenable for most small & mid-sized farmers. c. Create smooth and sensible processes for developing regulations around innovative ideas, such as mobile meat slaughter and processing units (which are permitted in some states but not others) and geographically disperse composting. <ol style="list-style-type: none"> 2. Organize community food system coalitions/farming councils to lead and advise the resolution of existing regulation bottlenecks. <ol style="list-style-type: none"> a. Example: Create a statewide or regional composting coalition to revisit existing composting regulations to determine relevance to food safety and human health within a geographical area 3. Support existing, or create new, national legal, financial, and technical service programs that assist farmers and food businesses facing regulatory challenges
<p>Other comments or guidance</p>	



Regenerative practices for people and planet

Idea 34	Agricultural advances to create sustainable, environmentally-friendly, and healthy food
Proposal 34c	Incentivize ecological management practices within the food system
Description	Incentivize ecological management practices within the food system, including methods such as rotational grazing, animal/crop integration, cover cropping with mechanical termination, and waste management. Such practices produce healthy food while sequestering carbon and mitigating climate change
How will the proposed action advance equitable health and well-being?	Industrial agriculture frequently threatens human health and wellness by diverting and degrading valuable resources. By incentivizing farmers and organizational networks that utilize sustainable practices and reducing the overall carbon footprint of food production and waste removal, better human health and well-being will be achieved through more resilient soil, clean water and air, and more appropriate and productive land use.
Is there work we can build on?	<p><u>Environmental benefits of grass-fed/finished systems:</u></p> <ul style="list-style-type: none"> • NPR: Is grass-fed beef really better for the planet? • Carbon Footprint Evaluation of Regenerative Grazing at White Oak Pastures • Cows are not killing the climate • Land Stewardship Project: Carbon Farming • FAO Report: Livestock's Long Shadow • Beef Rules • Belching Cows and Endless Feedlots: Fixing Cattle's Climate Issues <p><u>Other:</u></p> <ul style="list-style-type: none"> • Council of Development Finance Agencies - Defining the Food System as an Asset Class • Ohio Smart Agriculture: Solutions from the Land
Who would have to act? Who would be key partners?	<p>USDA Council of Development Finance Agencies Local governments Non-profits (food and farm organizations, restaurant associations) Development and planning agencies Farmers and ranchers</p>
A few high-level action steps	<p>1. Implement more favorable lending rates and access to traditional finance tools (Tax Increment Finance, tax credits,</p>



	<p>revolving loan funds, bonds) for health/climate/community beneficial farm and food businesses</p> <ol style="list-style-type: none"> 2. Institute new funding and/or coordination among existing funding programs by foundations and independent groups 3. Enable access to special classes of financing for health/climate/community beneficial farm and food businesses (similar to FSA Microloan set asides for IBPOC/beginning farmers) 4. Provide additional funding and easier application/quicker timelines for VAPG/REAP/CRP/EQIP type programs that financially support sustainable farm and food businesses 5. Encourage disinvestment of development finance dollars and government funding from industrial livestock systems
<p>Other comments or guidance</p>	



Regenerative practices for people and planet

Idea 34	Agricultural advances to create sustainable, environmentally-friendly, and healthy food
Proposal 34d	Overhaul conventional commodity price support systems to level playing field for all methods of production
Description	Overhaul conventional commodity price support systems to level playing field for all methods of production, elevate climate-smart practices, and reward ecological and regenerative agricultural approaches.



Regenerative practices for people and planet

Idea 34	Agricultural advances to create sustainable, environmentally-friendly, and healthy food
Proposal 34e	Use cover crops – the right ones and lots of them!
Description	Cover crops – the right ones and lots of them!
How will the proposed action advance equitable health and well-being?	A cover crop is a plant used to improve soil health and farm management. It is planted primarily to slow erosion; decrease impediments to other crops such as weeds, pests, and diseases; improve soil health, and increase biodiversity in agricultural environments. Using the right cover crops will improve the quality of the soil by cycling nutrients and preventing erosion.
Is there work we can build on?	<ul style="list-style-type: none"> • SARE (Sustainable Agriculture Research and Education)
Who would have to act? Who would be key partners?	
A few high-level action steps	
Other comments or guidance	



Regenerative practices for people and planet

Idea 35	Local agricultural systems that support family and community gardens
Proposal 35a	Communities invest in infrastructure and labor for at least one garden/farm that grows fresh food in every community district
Description	Communities invest in infrastructure and labor for at least one garden/farm that grows fresh food in every community district. Provide food access and normalize consumption of healthy food for all ages. This will serve as an eco-hub to promote sustainability – farming, composting, recycling, education.
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	Green City Force Harlem Farms Out of the Garden Project (North Carolina) 596 Acres is now defunct but offers a good model The Black Church Food Security Network Workers cooperatives where community members invest in themselves
Who would have to act? Who would be key partners?	Established community leaders
A few high-level action steps	<ol style="list-style-type: none"> 1. Fund and expand on existing grassroots programs. Understand more about what programs exist, what makes them successful (and unsuccessful), and build best practices for repeatability. 2. Include local initiatives in participatory budgeting. 3. National effort to turn vacant lots into community gardens.
Other comments or guidance	



Regenerative practices for people and planet

Idea 35	Local agricultural systems that support family and community gardens
Proposal 35b	Identify and secure long-term vacant land in cities and rural areas as green space with agriculture best use prioritization
Description	Identify and secure long-term vacant land in cities and rural areas as green space with agriculture best use prioritization; use as demonstration spaces – transform green areas around churches, schools, government buildings, etc. into productive spaces for producing food and involve the community
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	
Who would have to act? Who would be key partners?	
A few high-level action steps	<ol style="list-style-type: none"> 1. Perform statewide land surveys and create a map of vacant lots. 2. Provide local organizers with the resources necessary to utilize vacant land.
Other comments or guidance	



Regenerative practices for people and planet

Idea 35	Local agricultural systems that support family and community gardens
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Proposal 35c	Create funding set-asides for land trusts to purchase agricultural land for long-term lease to sustainable and regenerative farmers
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Description	Create funding set-asides for land trusts to purchase agricultural land for long-term lease to sustainable and regenerative farmers
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Proposal 35d	Incentivize purchase of local food from local farmers by restaurants, retailers, and institutions
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Description	Incentivize purchase of local food from local farmers by restaurants, retailers, and institutions
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Regenerative practices for people and planet

Idea 35	Local agricultural systems that support family and community gardens
Proposal 35e	Fund and incentivize cooperative grocery, farm, and community development businesses
Description	Fund and incentivize cooperative grocery, farm, and community development businesses
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	National Co-operative Grocers Association (can provide training, marketing, purchasing assistance) National Cooperative Business Association (offers advocacy and support for all co-ops) EuroCoop Consumer Cooperatives Worldwide USDA Cooperative Development Center
Who would have to act? Who would be key partners?	
A few high-level action steps	<ol style="list-style-type: none"> 1. Include training about co-ops in community garden and local agriculture organizing discussions and education projects. 2. Add co-operative education into farm and food business planning programs 3. Invest in co-op specialists in communities to be a resource and spearhead efforts
Other comments or guidance	Rodrigo Gouveia can connect people to co-op development resources



Regenerative practices for people and planet

Idea 35	Local agricultural systems that support family and community gardens
Proposal 35f	Decentralize compost initiatives to the neighborhood level
Description	Decentralize compost initiatives to the neighborhood level. Update, make sane and sensible, and standardize regulations that hamper development of value-added, processing, and composting businesses. Use community farming councils to lead and advise on regulation bottlenecks. Allow and require safe community composting initiatives to transform food waste into useful products. Consider composting an essential business.
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	
Who would have to act? Who would be key partners?	United States Composting Council NYC Community Compost Coalition BKRot Compost Power Americorps Private, charter and public schools Restaurants, businesses and cultural institutions.
A few high-level action steps	<ol style="list-style-type: none"> 1. Invest in community composting initiatives. 2. Support Co-op based business models. 3. Incentivize/normalize composting in schools to educate families. 4. Remove negative myths regarding composting.
Other comments or guidance	



Regenerative practices for people and planet

Idea 36	Educating people on the importance, value, and consequences of engaging in regenerative practice and how to do so
Proposal 36a	True cost of food and/or other public campaign
Description	“True cost of food” and/or other public campaign to highlight the value (environmental, nutritional, economic, etc.) of purchasing locally and sustainably produced food, compared to artificially “cheap” options. For example: The real cost of “cheap meat,” when factoring in environmental externalities, increased disease/healthcare costs, animal welfare concerns in management practices.
Proposal 36b	Find ways to personalize the impact particularly from an economic standpoint—what’s the cost to you?
Description	Find ways to personalize the impact (particularly from an economic standpoint—what’s the cost to you?). Meet people where they are, use specific examples that resonate with people. Bring it down to a local level rather than focusing on a global scale, which can seem overwhelming.
Proposal 36c	Encourage schools to adopt regenerative and sustainable policies/practices
Description	Encourage schools to adopt regenerative and sustainable policies/practices into curriculum. Establish a school garden where students can grow food, cook meals, and learn about the importance of nutrition. Use these activities to teach traditional skills, i.e., converting ounces to liters, grams to pounds, etc.



Equitable access to basic needs and supports

Idea 38	Eliminate disparities in home ownership and create affordable housing options in safe built environments
Proposal 38a	Government-funded down payments and closing costs for individuals with children/dependents
Description	Government-funded down payments and closing costs for individuals with children/dependents to purchase their own home. These would not be tied to credit or salary but only dependent on the ability to begin paying the monthly mortgage payments after the 5th year of being in the home. In the initial 5 years of being in the home, the government would work with mortgage companies to ensure that there is a forbearance in place to allow for mortgage payments to commence in the 5th year; during the initial 5 years, the new homeowners would receive assistance with a) financial literacy, b) obtaining competitive employment, and c) creating a savings account and building wealth
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	
Who would have to act? Who would be key partners?	
A few high-level action steps	
Other comments or guidance	Could this idea be connected to the community land trust concept ? After 5 years, the trust allows the individual to own the land.



Equitable access to basic needs and supports

Idea 38	Eliminate disparities in home ownership and create affordable housing options in safe built environments
Proposal 38b	Government-funded land ownership for individuals with children/dependents
Description	Government-funded land ownership for individuals with children/dependents



Equitable access to basic needs and supports

Idea 38	Eliminate disparities in home ownership and create affordable housing options in safe built environments
Proposal 38c	Quality options for low-income housing supports
Description	Quality options for low-income housing supports. Families should not be limited in choosing housing options that are geographically-based but should have the right to decide which communities and type of housing they would want to live in (e.g., townhouse, duplex, single family home rental, apartment)
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	Creating Moves to Opportunity: https://opportunityinsights.org/paper/cmtol/ and http://creatingmoves.org/ MDRC's evaluation of this work: https://www.mdrc.org/project/creating-moves-opportunity#overview
Who would have to act? Who would be key partners?	Local health authorities
A few high-level action steps	
Other comments or guidance	



Equitable access to basic needs and supports

Idea 38	Eliminate disparities in home ownership and create affordable housing options in safe built environments
Proposal 38d	Creative alternative with current housing stock
Description	Creative alternative with current housing stock, such as house-sharing, tiny houses, vacancy remodels, and redeployments (e.g., hotels in Seattle)



Equitable access to basic needs and supports

Idea 38	Eliminate disparities in home ownership and create affordable housing options in safe built environments
Proposal 38e	Vacancy collaborative
Description	Vacancy collaborative – support and encourage vacancy collaboratives regionally and statewide to address the issues of vacancy. May lead to development or land trusts or mortgage funds that could help cover appraisal gaps.
How will the proposed action advance equitable health and well-being?	Vacancy disproportionately impacts IBPOC and low-income communities. Adoption of this approach would address a key social determinant of health and foster equity.
Is there work we can build on?	Can build on the logic behind Community Land Trusts but transfer ownership after the five-year mark. Government-funded down payments could be managed by a local credit union, but the government assumes the risks and covers the appraisal gaps as necessary: https://community-wealth.org/strategies/panel/clts/index.html A similar model in Detroit: http://www.detroithomemortgage.org/ . St. Louis has a great vacancy collaborative: https://www.stlvacancy.com/ .
Who would have to act? Who would be key partners?	Local credit unions Housing authorities
A few high-level action steps	<ol style="list-style-type: none"> 1. Understand and address the appraisal gaps, creating a solution to fill those gaps (appraisal gap mortgage fund, see example in Detroit). 2. Work with local appraisal authorities or regional appraiser networks to do some racial equity training to try to help minimize some of the biases in the process
Other comments or guidance	



Equitable access to basic needs and supports

Idea 38	Eliminate disparities in home ownership and create affordable housing options in safe built environments
Proposal 38f	Safety in built environments through complete streets
Description	Safety in built environments through complete streets – support for widespread adoption and implementation (either statewide or federally) of complete streets policies that will affect transportation planning and built environment decisions. Streets will be planned in a way to offer safety, accessibility, and convenience for all users. These policies are pedestrian-driven to encourage movement (e.g., walking, biking), which helps support better health outcomes. Must ensure that communities most impacted are at the design decision-making tables.
How will the proposed action advance equitable health and well-being?	A Complete Streets strategy would ensure that streets are safer in communities that are disproportionately impacted by street deaths, have lack of transportation (including non-motorized), and lack of safe places to recreate
Is there work we can build on?	<p>Complete streets movement PedNet Smart Growth America has a list of policies that have been adopted</p> <p>There should be a groundswell to be able to try out the adoption of a statewide policy in one of the states where there has been considerable movement.</p>
Who would have to act? Who would be key partners?	Local transportation networks, such as public bus line operators Schools Organizing groups that can work across the country on Complete Streets policy adoption
A few high-level action steps	<ol style="list-style-type: none"> 1. Develop some general standards for Complete Streets. 2. Work to adopt statewide policy in one of the states where there has already been considerable movement. 3. Each policy should be developed locally by local city governments, planning and design teams, COMMUNITY, and departments of transportation <p>Could be generated from local communities or at state</p>



Equitable access to basic needs and supports



Other comments or guidance

There are considerable economic benefits to this approach so that could be the framing to use for widespread adoption.



Equitable access to basic needs and supports

Idea 39	Robust prenatal, maternal, and parenting care and resources
Proposal 39a	Promote and spread multi-generational, multi-faceted, trauma-informed models of family care and support
Description	Invest in and spread existing multi-generational, trauma-informed models of family care and support that improve health and well-being of families, pre- and post-natal outcomes, inclusion of fathers, trauma healing, food access and security, mental health, and doula support. The Redleaf Center for Family Healing offers an example for replication.



Equitable access to basic needs and supports

Idea 39	Robust prenatal, maternal, and parenting care and resources
Proposal 39b	Accessible and comprehensive support for pregnant people and babies
Description	Accessible and comprehensive support for pregnant people and babies. Develop a roadmap/toolkit to allow any community to learn about and offer active and complete support, including mental health support, for pregnant people and infants/toddlers and figure out how to get it funded
How will the proposed action advance equitable health and well-being?	Maternal death and “problem” rates are drastically higher among women of color and that has a lifelong impact on their children.
Is there work we can build on?	Nurse-Family Partnership Hello Family in Spartanburg Elevate Policy Lab at Yale MOMS Partnership (Megan Smith, Yale) 2Gen poverty work of Ascend at Aspen Jay Belsky’s work
Who would have to act? Who would be key partners?	Healthcare system Doulas Funders Pregnant people and new parents the women themselves Families Relevant institutions, including courts/child services Medicaid Caregivers Tech providers (such as Hope Lab)
A few high-level action steps	<ol style="list-style-type: none"> 1. Find bright spots of community-led/engaged maternal/child work and engage their leaders as co-designers. 2. Implement primary or secondary research to inform development of toolkit. Focus on marginalized communities (parents who are teens, low socio-economic status, rural, and communities of color) to assist in the development of the toolkit. Ensure that the toolkit is developed and ultimately used in close collaboration with community residents who are both experts in their needs and capabilities and potential users of the tool and services.



Equitable access to basic needs and supports



	<ol style="list-style-type: none">3. Develop a packet of information relevant to the community that would show the benefits (including cost savings) that such a program would have for the community.4. Engage funding expert (for example, MIECHV and other Medicaid sources, Blue Meridian, National Home Visiting Coalition, Promise Venture Studios)5. Explore funder circles in regions/locations with the highest rates of maternal mortality and low child well-being6. Explore overlap in outcomes and equitable policies that support pregnant/parenting individuals
Other comments or guidance	Hold equity at the center to ensure that benefits are experienced by those who need them the most.



Equitable access to basic needs and supports

Idea 40	Access to high-quality childcare and early childhood education
Proposal 40a	Invest in early childhood education
Description	Increase investments in early childhood education to ensure that all 0-5 year-old children have access to early learning. Increase investments in the well-being of children of all ages and ensure better salaries for teachers. Schools are struggling financially, but development and brain growth is critical from an early start.
How will the proposed action advance equitable health and well-being?	Social emotional learning builds resiliency and healthy coping mechanisms, beyond coping to survive.
Is there work we can build on?	
Who would have to act? Who would be key partners?	
A few high-level action steps	
Other comments or guidance	Facilitate personalized learning, tailored to the student and their family. Ensure children are safe in their educational environments. See differences as an opportunity for engagement and learning. Engage everyone's cultural identity so students see themselves in their learning. Incorporate intergenerational learning. Engage parents -- how can the system value the parent and caregiver? How can we address cultural divides that might prevent parents from engaging? There has to be a relationship between the primary care provider and the school.



Equitable access to basic needs and supports

Idea 40	Access to high-quality childcare and early childhood education
Proposal 40b	Promote early childhood education
Description	Promote early childhood education, childcare centers, and Head Start as part of the education continuum in alignment with K-12 public schools. Such investment will guarantee secure childcare.
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	Dependent care child tax credit: https://www.irs.gov/taxtopics/tc602
Who would have to act? Who would be key partners?	
A few high-level action steps	Increase dependent care tax credit allotment from \$5,000 for families/\$2,500 individuals to at least \$10,000 annually to ensure proper coverage of early childhood education.
Other comments or guidance	



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Idea 40	Access to high-quality childcare and early childhood education
Proposal 40c	Recruit and retain teachers
Description	Encourage people to become teachers and be intentional about retention methods
How will the proposed action advance equitable health and well-being?	Social emotional learning builds resiliency and healthy coping mechanisms, beyond coping to survive.
Is there work we can build on?	
Who would have to act? Who would be key partners?	
A few high-level action steps	
Other comments or guidance	Requires respect, as well as increased pay.



Equitable access to basic needs and supports

Idea 40	Access to high-quality childcare and early childhood education
Proposal 40d	Re-frame the profession of “educator”
Description	Re-frame the role/profession of educator in order to improve the outcomes for students, families, communities, and teachers themselves by focusing on care, retention, recruitment, greater diversity in training/pedagogy (e.g., trauma-informed, Limited English Proficiency family barriers). Invest in the future of teachers by developing a “teach a teacher” mentality. This will ensure access to collective information and help teachers themselves develop into lifelong learners. Such a thirst for knowledge will positively affect the lives of their students.
How will the proposed action advance equitable health and well-being?	By re-framing the profession (increase pay to on-par with doctors, create competition for the best students and the best teachers, stop saying “those who can’t do, teach”), and with a more diverse training program that includes trauma-informed teaching, support and approaches for students who come from Limited English Proficiency families, and greater support for future teachers from diverse backgrounds, we can create a stronger, replenished, and resilient educator workforce.
Is there work we can build on?	<p>Austin, TX, proposal to grant units in affordable housing to teachers and pre-professional students. In lieu of rent, these teachers work with the communities they live in.</p> <p>The iPromise school funded by LeBron James</p> <p>Existing efforts to elevate the status of teachers (educators for excellence, opportunity culture, etc.)</p> <p>Finland’s education model: https://www.smithsonianmag.com/innovation/why-are-finlands-schools-successful-49859555/</p>
Who would have to act? Who would be key partners?	Cross-partner with other movements working to elevate the status of and gender-balance gendered professions (e.g., partnering with nursing, Caring Across Generations, etc.)
A few high-level action steps	<ol style="list-style-type: none"> 1. Recognize the variety of roles that teachers play, beyond classroom instruction and pay for it 2. Implement school equity funding (not dependent on district tax base, as it perpetuates wealth/access gap). Consider a



Equitable access to basic needs and supports



	<p>pilot around a metropolitan school district/decoupling property tax from education</p> <p>3. Push for student loan debt forgiveness and/or programs that make higher education free for teachers. Create magnet programs for pre-teaching tracks.</p>
Other comments or guidance	



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Idea 40	Access to high-quality childcare and early childhood education
Proposal 40e	Teach a teacher
Description	Invest in the future of teachers by developing a “teach the teacher” mentality. This will ensure access to collective information and help teachers themselves develop into lifelong learners. Such a thirst for knowledge will positively affect the lives of their students.



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Idea 40	Access to high-quality childcare and early childhood education
Proposal 40f	Implement career educational tracts that allow for exploration and real-world experience
Description	<p>Develop and implement career educational tracks modeled on magnet programs available in some states</p> <p>Middle Childhood (Middle School Age): Offer Science/Health, Engineering, and Business introduced to all students during their 6th and 7th grade years. In 8th grade, students should be invited to choose a more determined pathway from the above that opens opportunities for students to attend a high school (in or out of their zip code) focused on programs in this area.</p> <p>Adolescent (High School Age): Offer programs at various schools, that result in early high-wage opportunities for high school students. These programs should be certificate/diploma-based programs that certify them to be able to contribute early to locally businesses and their communities. Examples: Leaving high school with a Licensed Practical Nursing Certification, Computer Software Engineering (Front-End or Back-End Development) Certification, Business Management and Operations Certification, Trades, etc.</p>
How will the proposed action advance equitable health and well-being?	<p>With early access, students are exposed to opportunities that they likely never knew existed. After exposure they receive certifications that certify their skill sets and allow them to contribute in the real world early on. This also allows them to have access to higher paying jobs, resulting in early wealth and resource access.</p> <p>This proposal would also build community trust in the areas of healthcare, technology, and business sectors due to the relationships between the students in the programs and the communities served.</p>
Is there work we can build on?	<p>There are magnet programs in some states that have been already implemented but offer some limited tracks. We seek to expound on this through various avenues.</p> <p>The EMPACT Foundation out of Houston, Texas is in the very early stages of this work (you can connect with Lydel Wright for more information).</p>



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Who would have to act? Who would be key partners?	School Boards and Accreditation Agencies for various professions Key Partners: City Councils Boards of Education (state and county level)
A few high-level action steps	<ol style="list-style-type: none">1. Identify test location that currently does not have this type of infrastructure2. Work and provide funding for an organization seeking to do this work3. Build out the framework for this to allow for replication
Other comments or guidance	



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Idea 40	Access to high-quality childcare and early childhood education
Proposal 40g	Establish infrastructure that supports community support & well-being, including sites for care and education provision in/near socioeconomically disadvantaged communities.
Description	Establish infrastructure and support to formalize local healthcare/ education sites serviced by student clinicians and healthcare professionals in socioeconomically disadvantaged communities, allowing for a more diverse educational experience for future clinicians, while meeting and serving the immediate needs of a community. These centers can be the locations of high school certification/education, with college and graduate students (i.e., nursing, medical school, public health, business clinics, etc) and paraprofessional colleagues serving as key staff. These can take the form of a more advanced FQHC.
How will the proposed action advance equitable health and well-being?	<p>These sites can build community trust in healthcare services, while giving training clinicians important experience in the care of diverse populations to whom they would otherwise have minimal exposure. This could decrease healthcare disparities and discrimination in care.</p> <p>Significant public health information could be gathered and studied to better serve these communities.</p> <p>Service to the community should be curative and preventative. These programs should be offered day and night to allow greater access by the community.</p> <p>These sites can also become adult learning sites during off-peak hours that further along equitable access.</p>
Is there work we can build on?	Higher education organizations tend to have healthcare institutions that service just their population. Through a modified version that focuses on community care at/near the high school, universities can offer real world experience to their training clinicians and establish sites for other organizations to begin to treat and study the care of marginalized communities.
Who would have to act? Who would be key partners?	School Board City Councils



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A few high-level action steps	<ol style="list-style-type: none">1. Identify the community to offer this pilot care relationship2. FQHC designation and must be located on/near a local high school and healthcare programs run directly from inside this site.3. Ensure accreditation (can be shared accreditation with a community college/technical school).4. Establish venues for those training in care professions. These could be through an established FQHC or through a health system to better introduce and sustain the education/care model.
Other comments or guidance	<p>This collaboration between care site and education facilitates learning across the educational continuum. It exposes high school students to population health and the opportunity to advance their education, while giving clinical and professional practitioners access to information to inform diverse population health and treatment.</p> <p>Ultimate collaboration between public and private care/education modeling and futurism that services early economic development and health prevention and treatment, increasing access to care within communities, provides opportunities to document clinical presentation and ethnically-specific care, and provides opportunities for clinical site independence (for educational institutions).</p>



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Idea 40	Access to high-quality childcare and early childhood education
Proposal 40h	Prioritize the creation of accessible, affordable childcare that promotes social/educational development of children while enabling parents to work and achieve financial security
Description	Prioritize the creation of accessible, affordable childcare that promotes social/educational development of children while enabling parents to work and achieve financial security. Childcare is a crisis in the United States, and many middle-class, working-class, and low-income families are unable to both provide stable secure environments for their young children and work consistently in a manner that fosters career growth and future stability. This is particularly critical for highly mobile families (e.g., military families and others) but affects most Americans.
How will the proposed action advance equitable health and well-being?	Accessible, affordable, high quality childcare would be transformational for improving equitable health and well-being. It would allow families to work in a manner that allows them to sustain their own financial security, which is an important social determinant of health and wellbeing.
Is there work we can build on?	Higher Ground Education is a chain of Montessori childcare/ early education centers that has experimented with pop up schools/day care and other innovative forms to test expansion: There are low-cost high-quality private schools in Africa and India (Bridge international academies) that may be models for us to try in the U.S.
Who would have to act? Who would be key partners?	Local cities and counties Local educational and cultural institutions Entrepreneurs Chambers of commerce and workforce development offices Employers (see below) Parents In rural communities (and in general), can employers play a substantial role in solving for the lack of childcare resources? Lack of childcare disproportionately affects working mothers, the same individuals who work for primary rural employers like Walmart. Could Walmart, as a benefit to its employees, fund some childcare directly for its employees (reaping the benefit of an available workforce), while also partially funding broader community childcare resources,



	which would expand capacity and capability in the broader local ecosystem?
A few high-level action steps	<ol style="list-style-type: none">1. Look at zoning permits to allow for more daycare opportunities within residential communities2. Investigate public-private partnerships to encourage local entrepreneurs to access these resources3. Explore dual-use community resources (schools, community colleges) for low cost real estate.4. Allow funding to be used to pay micro-childcares5. Develop some shared quality standards around early childhood education (perhaps at the state level) to define what quality means. Offer incentives to providers who demonstrate quality of care.6. Allow for a modified au pair program that provides subsidies for qualified foreign workers to provide au pair services in rural locations at a more affordable level for the users (e.g., au pairs are paid \$250/week plus room and board in Europe)
Other comments or guidance	



Equitable access to basic needs and supports

Idea 40	Access to high-quality childcare and early childhood education
Proposal 40i	Promoting basic needs security in higher education
Description	Create a sustained continuum of care. Basic needs security should be incorporated in the efforts to promote access to high-quality education in colleges/universities. 40% of California State University (CSU) students alone are experiencing food insecurity and 10% are experiencing homelessness, which has direct impacts on academic success and the ability to pursue career endeavors in the future; these issues are exacerbated during the pandemic. Colleges and universities need to increase their efforts to support students throughout their schooling, especially as those who are encountering these barriers come from marginalized populations (Black, Latinx, first-generation, former foster youth).
How will the proposed action advance equitable health and well-being?	When students in higher education are secure in their basic needs, they have a better capacity to focus on their schooling, pursuing extracurriculars that promote their professional experience (i.e., internships), and increasing their future success in their careers. The obstacles associated with basic needs insecurity (i.e., homelessness) has direct negative impacts on students' health and wellbeing; having this support to prevent and intervene will mitigate this harm. In the long-term, obtaining a college education helps to break generational cycles of poverty and increases access to opportunities across domains (i.e., jobs, access to health insurance, housing, etc.)
Is there work we can build on?	<p>Basic Needs Research in the CSU system - Dr. Rashida Crutchfield (CSU Long Beach) & Dr. Jennifer Maguire (Humboldt State University)</p> <p>Basic Needs Initiative within the California State University system</p> <p>Basic Needs Research via Hope Center - Dr. Sara Goldrick-Rab</p>
Who would have to act? Who would be key partners?	<p>University administration</p> <p>Faculty</p> <p>Community organizations</p> <p>Academics who research basic needs/insecurity research in higher education</p> <p>Funders (private, endowment, or federal)</p>



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A few high-level action steps	<ol style="list-style-type: none">1. Conduct pilot studies to measure student success that counts student needs/insecurities as key factors2. Create mentorship programs that help students from marginalized communities (particularly first-generation college students) become adept at maneuvering in academia (e.g., how to become competitive for spots in programs, how to balance a course load, what is acceptable/unacceptable instructor behavior, etc)
Other comments or guidance	



Equitable access to basic needs and supports

Idea 41	Internet access as a public utility to foster connection and inclusion (utilities as a basic right)
Proposal 41a	Repeal state laws limiting communities' right to create municipal broadband
Description	Repeal state laws limiting communities' right to create municipal broadband
How will the proposed action advance equitable health and well-being?	<p>Broadband internet access is crucial for a broad range of life activities, from getting (and often, performing) a job, to schooling, seeking information, connecting to other people, seeking emotional and other forms of help, and participating politically in one's community. This is especially true during the pandemic.</p> <p>Studies have found that a smartphone is no substitute for broadband access. Those who don't have good internet are at a significant disadvantage across a number of areas.</p> <p>Community broadband can provide internet access that is more equitable, inexpensive, and doesn't involve violations of privacy or network neutrality that disempower residents and empower other, centralized players outside of a community.</p> <p>Many states, however, have in place laws that put obstacles in the path of communities wishing to create community broadband. Repeal of these laws, which have been pushed by the monopolistic for-profit telecom providers, would make it easier for communities to bring their Internet service under their own control.</p>
Is there work we can build on?	<p>Community networks</p> <p>New America's work on community broadband</p> <p>ACLU's work on the public internet option</p>
Who would have to act? Who would be key partners?	<p>Ultimately, state legislators and governors would need to make this change. But they need to be pushed. Key partners would include civil society groups like the ACLU, Public Knowledge, Free Press, the Institute for Local Self Reliance (muninetworks.org) and the Open Technology Institute, and foundations. Representatives of communities that currently have poor Internet service would be key, as would groups that advocate for underserved communities. Many community broadband initiatives have also been pushed by local</p>



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	businesses who have found the lack of good connectivity has stifled their business, so any such businesses could be key allies.
A few high-level action steps	
Other comments or guidance	



Equitable access to basic needs and supports

Idea 41	Internet access as a public utility to foster connection and inclusion (utilities as a basic right)
Proposal 41b	Offer state and federal support to communities to invest in community-owned broadband
Description	Offer state and federal support to communities to invest in community-owned broadband, both financial support and expertise. Community members can ask and push their local elected representatives to invest in community broadband as an alternative or addition to existing for-profit options.
Proposal 41c	Push public broadband at the state and federal levels
Description	Push public broadband at the state and federal levels. Community members advocate with elected state representatives. At the federal level, the government’s anti-trust resources can be deployed to combat the enormous concentration in the for-profit broadband market, perhaps even including nationalizing some companies that are providing what is, in the end, a utility.



Equitable access to basic needs and supports

Idea 42	Equitable representation in power/decision-making and power-sharing
Proposal 42a	Restructure participation approaches
Description	Restructure participation approaches and create a toolkit that helps foundations/organizations transition from “tokenism” to community/population involvement in decision-making matrices. This would also include governmental boards, committees, etc.
How will the proposed action advance equitable health and well-being?	Programs risk lower data bias when they have greater diversity at the beginning of the process. For example, initial studies of ADHD only included white boys and for years scientists believed that it did not affect girls or children of color. Instead, for children of color, it was perceived as bad behavior, frequently resulting in disciplinary sanctions. Many girls were perceived as disorganized or chatterboxes. Bringing diversity to the table brings greater understanding to the issue and allows for more perspective and more smarter ideas.
Is there work we can build on?	Vu Le: www.NonProfitAF.org
Who would have to act? Who would be key partners?	Community-based organizations serving different ethnicities and cultural groups Churches serving different ethnicities and cultural groups Endowment funds that could provide multi-year, unrestricted general operating funds to create spaces and provide tools for convenings and engaging diverse stakeholders
A few high-level action steps	<ol style="list-style-type: none"> 1. Support participation in the democratic process - get out the vote 2. Dedicate resources to support the development and election of IBPOC government leaders 3. Establish a fellowship to support non-traditional leaders to step into leadership roles 4. Invest in the development of youth now to help lay the groundwork for the future. Establish mentorship programs to engage younger generations and give them community supports that share their culture, core values, and dreams 5. Create pathways to leadership and financial stability 6. Honor the value of lived experience Teach people how to translate lived experience into skills that corporate America can recognize and respect.



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	<ol style="list-style-type: none">7. Specifically connect with diverse communities (for example, Vietnamese Association providing cultural and linguistic support). Take the meeting to the community, don't expect the community to come to the meeting.8. Ensure appropriate and inclusive technology for remote/virtual meetings. Make sure that you are able to support participants in participating in the discussion; many people need tools to get to the meeting.9. Use inclusive language. Language diversity and regional slang can change a person's experience in a group. Be inclusive of the cultures and customs of people in the room. Ensure people feel that they are part of the group.10. Change the balance of power in the room. In order to stop feeling like a tokenized minority, marginalized communities need to represent at least 30% of those present. This encourages people to feel comfortable speaking out and sharing thoughts. The same is true in schools: is the leadership and teaching staff representative of the students they serve?11. Rebalance power in the community. Currently parallel communities compete for power and money.12. Use endowment funds to build leadership and engage diverse voices and representation at different decision-making tables.13. Build the capacity of individuals vital to community health. Offer trainings and opportunities to advance skills.
Other comments or guidance	



Equitable access to basic needs and supports

Idea 42	Equitable representation in power/decision-making and power-sharing
Proposal 42b	Funding projects for voter registration, engagement, and recruitment
Description	Focus on recruiting IBPOC participation in the census from the funder perspective, such as funding projects for voter registration. Re-envision strategies that encourage engagement and encourage a more diverse candidate pool.
How will the proposed action advance equitable health and well-being?	Increasing civic engagement and voting ensures IBPOC voices and perspectives will be heard on Election Day, helping these communities to overcome language barriers, fear of government, and limited civic education that lead to continued marginalization
Is there work we can build on?	My Vote. My Health
Who would have to act? Who would be key partners?	Local election commissions to ensure adequate number of locations in all communities and language support Formation of more non-partisan community groups who care about having an informed electorate, groups not funded by superPACs, who will engage the disengaged Neighborhood councils
A few high-level action steps	<ol style="list-style-type: none"> 1. Make registration easier. Support voter registration efforts, including producing marketing material in all languages to get people registered to vote and connect with them and let them know when and how to vote 2. Restore confidence in belief that your vote will be counted. 3. Educate people about how important it is to register to vote and what they need to do to vote - create videos to walk people through the steps to vote 4. Invest in nonprofits to get out the vote - increase participation in diverse communities
Other comments or guidance	



Equitable access to basic needs and supports

Idea 42	Equitable representation in power/decision-making and power-sharing
Proposal 42c	Philanthropy investing into historically under-resourced organizations
Description	Philanthropy investing into historically under-resourced organizations. Create pipelines for newer organizations that help them build their portfolio to be stronger grantees. Reimagine certain dogmas/traditions related to granting awards; require grantees/organizations to also address equity in their projects/grants.
How will the proposed action advance equitable health and well-being?	Scarce resources must be targeted to the areas where communities, particularly those that are most vulnerable, have expressed greatest need. Improving social determinants of health will improve health outcomes, and philanthropic giving should give highest priority to the communities most affected. Reimagining philanthropic investing, as well as state and federal funding resources, offers a mechanism to ensure we center community voice and have policies to center equity.
Is there work we can build on?	National Committee for Responsive Philanthropy reports/data
Who would have to act? Who would be key partners?	Researchers Funders (community endowment as well as public funding) Community partners Health systems as potential grantors
A few high-level action steps	<ol style="list-style-type: none"> 1. Explore ways to decrease reporting time, increase unrestricted funding, create more pathways for public funding, and reduce the time and expertise required to apply for grants (particularly smaller grants) 2. Requiring grant seekers to hold equity, diversity, and inclusion expertise for the community involved (for example, NIH) 3. Engage community voices in the decision-making of grant awards. Create a community trust/participation/award process to ensure community voices are heard in the process. 4. Increase pressure on health systems to give back to their communities and hold them accountable for the projects they fund.



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	<ol style="list-style-type: none">5. Ensure communities give consent to participate and <i>want</i> the proposed intervention. Mandate informed consent before the program starts.6. Center equity in the assessment of projects.7. Lower indirect costs so that more money goes to community.
Other comments or guidance	



Equitable access to basic needs and supports

Idea 42	Equitable representation in power/decision-making and power-sharing
Proposal 42d	Develop models of shared programming, power, and project development
Description	Develop models of shared programming, power, and project development. Larger institutions must learn how to share power in an authentic way, e.g., encourage or require programming to include/capture under-sourced communities, not just philanthropy but also local health departments, federal and local agencies. Model youth leadership development in creating a pipeline of future leaders within the community.