



Communities in Action

Pathways to Health Equity

Many communities in the United States face significant challenges—such as high rates of poverty, high unemployment, and substandard school conditions. This lack of opportunity is particularly evident in the disparities that exist in health status and outcomes between different zip codes or census tracts. Universities can contribute greatly to the well-being of surrounding communities. When they're involved in solving real-world local problems, they are more likely to advance learning, research, teaching, and service.

Universities are sometimes referred to as “anchor institutions.” For the past 30 years, discussion has evolved on the role of anchor institutions in the economic, cultural, and social fabric of communities. Anchor institutions are large, usually nonprofit organizations tethered to their communities, like universities, medical centers, or local government entities. They have significant economic and social impact on their communities, and they also have an economic self-interest in making sure these communities are healthy and safe.

As anchor institutions invested in contributing to a healthy community, **what can universities do to promote health equity?**

| What are anchor institutions?

Collectively, anchor institutions have tremendous economic impact on a national scale. Two types of anchor institutions—universities and hospitals—employ 8 percent of the U.S. labor force and account for more than 7 percent of U.S. gross domestic product.

Locally, economic, intellectual, and human capital places an anchor institution in a unique position to improve and enrich the surrounding community in partnership with other key place-based stakeholders from sectors such as government, business, and faith, as well as community-based organizations and local residents. Moreover, community viability is a main driver of anchors' long-term success in workforce development, recruitment, and quality of service.

Anchor institutions can play an important role in uplifting community conditions through a series of multilevel strategies and economic investment, including creation of workforce training and living-wage jobs with good benefits, creating and improving affordable housing, increasing local safety and access to parks, and much more.

To avoid contributing to gentrification and displacement, these efforts need to be integrated with an equitable approach to economic development that meaningfully uplifts the living conditions of long-term, poor residents.

How Can Universities #PromoteHealthEquity?

Community-based innovations are often most effective when they build on efforts of various community entities, like universities, with an existing foundation or body of work and a strong presence in the community.

So what can universities do?

- ✓ Anchor institutions like universities can and should make expanding opportunities to promote health equity in their community a strategic priority. They should use specific strategies to address the multiple determinants of health through multi-sector collaboration, and they should assess the effects of anchor institutions in their communities and determine how negative impacts may be mitigated.
- ✓ While many universities have community programs as part of their community engagement and community benefit efforts, universities can also change their traditional business practices, such as hiring or procurement, to deploy economic power locally and help improve the underlying conditions that shape health.
- ✓ Universities can facilitate transdisciplinary research approaches needed to produce evidence that will inform work on health equity.
 - Universities, policy centers, and academic publications should encourage and reward more research on the social distribution of risks and resources, as well as the generation and dissemination of the evidence needed to guide the complex, multi-faceted interventions that are most likely to affect health equity.
 - Academic programs should promote development of and dialogue on theory, methods, and training of students to create a more useful knowledge base in the next generation of researchers on how to design, implement, and evaluate place-based initiatives to improve community health.

Conclusion

Universities are deeply rooted institutions that can be economic engines in the communities they serve, holding significant social capital. They are also trusted leaders in their communities, well-positioned to help lead multi-sector work aimed at eliminating health disparities. By leveraging their economic power, goodwill, and human resources, universities can make significant advancements in the promotion of health equity.

Examples of Action

Case Western University

Case Western University takes part in the Cleveland Greater University Circle Initiative (the Cleveland Model), a multi-sectoral partnership of more than 50 anchor institutions that also includes the Cleveland Orchestra, the Cleveland Museum of Art, the Cleveland Museum of Natural History, the Cleveland Public Library, and others. The Cleveland Model revolves around the four overarching goals of *buy locally* (increasing opportunities for anchors to purchase goods and services locally), *hire locally* (increasing the number of residents from the neighborhoods hired by the anchors), *live locally* (supporting employer-assisted housing to contribute to neighborhood stability), and *connect* (seeking to foster community networks and engagement).

Community-Campus Partnerships for Health (CCPH)

The Community-Campus Partnerships for Health (CCPH) is a nonprofit membership organization that promotes health equity and social justice through partnerships between communities and academic institutions. By mobilizing knowledge, providing training and technical assistance, conducting research, building coalitions, and advocating for supportive policies, CCPH helps to ensure that the reality of community engagement and partnership matches the rhetoric.

Read the report at
nationalacademies.org/promotehealthequity