**I. Promote a Culture of Equity**

1. Provide training and education in the social determinants of health to staff1,2
2. Provide cultural sensitivity training to staff3–7
3. Acknowledge and manage implicit and explicit personal bias8–14
4. Promote a culture of equity15–17
5. Create a disparities dashboard18–20
6. Create a culture committed to follow-through18,21

**II. Identify Social Risks of Families and Provide Interventions to Prevent and Mitigate Those Risks**

1. Screen all families for social risks and social support using a standardized tool22–29
2. Use electronic health records to identify patterns and inform clinical decisions27,30–32
3. Include a social worker or other social health professional on the team33,34
4. Create alliances with community organizations (clinical-community partnerships)35–44
5. Include a paralegal or attorney on the team45–47
6. Provide parenting and family support tailored to individual family strengths and needs48–51
7. Provide mental health services for families during the hospital stay52–57
8. Provide referrals for drugs, alcohol, and smoking cessation counseling and treatment58–63
9. Provide housing, meals, and transportation vouchers for families64–70
10. Provide back to sleep education71–80
11. Provide sibling care for families81,82
12. Practice family-integrated care tailored to the capabilities and needs of families51,83–85
13. Provide trauma-informed care51,86,87
14. Provide lactation support using peer counsellors and other approaches88–99
15. Assess eligibility for Supplemental Security Income, Supplemental Nutrition Program for Women, Infants, and Children, early intervention, and other public benefits100–103
16. Provide language support and culturally appropriate translation services for families104–107

**III. Take Action to Assist Families After Discharge (Transition to Home)**

1. Provide discharge education and planning tailored to each family’s needs51,106,108–113
2. Begin discharge planning and teaching at admission114
3. Estimate discharge date at admission and revise regularly during the stay115–117
4. Implement a medical home model for patients and families118–123
5. Establish effective communications with the primary care provider122
6. Create a health coach program124
7. Connect families with appropriate community organizations and services18,103,125–129
8. Screen for developmental risk130
9. Provide high-risk infant follow up130–137
10. Conduct home visits before discharge and at intervals after discharge51,138–144
11. Facilitate parent support groups and peer counseling that extend beyond the stay88,98
12. Implement strategies to identify and minimize risk for readmission145–151
13. Provide telehealth support after discharge152–157
14. Use technology and social media to support families158–167
15. Facilitate access to all necessary clinical specialists after discharge122,136
16. Provide reminders to facilitate health behaviors and keeping of appointments79,168–171
17. Provide mental health and addiction services for families after the stay54,57,172
18. Provide family planning education and contraception referral173–178
19. Develop meaningful clinical-community partnerships21

**IV. Maintain Support for Families through Infancy**

1. Use parent coaches to support families98,99
2. Provide evidence-based early intervention programs103,179–184
3. Use innovative approaches to medical visits99,185–188
4. Establish a reach out and read program for patients and siblings189–194
5. Provide medical and developmental follow-up130–137
6. Provide resources regarding available public benefits at follow-up visits100
7. Establish partnerships with pre-K programs for patients and siblings195,196
8. Develop and support tools that use parent-reported outcomes197
9. Provide access to quality high risk obstetrical care198–206
10. Launch a fruit and vegetable prescription program207–210

**V. Develop Robust Quality Improvement Efforts to Ensure Equitable, High-Quality Hospital and Follow-through Care to All Newborns by Eliminating Modifiable Disparities**

1. Establish measurable improvement aims related to social determinants of health211–213
2. Adopt standardized measures for social determinants of health19,20,27,214
3. Develop strategies to support QI participation by parents including economically challenged, nontraditional, and racially and ethnically diverse families215,216
4. Include pediatricians and other primary care providers for children on QI teams217
5. Establish a charter with organizational leaders setting goals and resources for family advisors218
6. Provide salary support for family advisors218

**VI. Advocate for Social Justice at the Local, State, and National Levels**

1. Conduct and disseminate research that identifies disparities in access and outcomes21,212
2. Serve on committees and in leadership roles within the local health system and raise awareness of need for social justice in healthcare44,219–221
3. Actively recruit a diverse workforce with respect to race, ethnicity, gender, age, religion, and sexual orientation222
4. Educate organizational leaders about social determinants of health
5. Engage organizational leaders with a social determinants of health charter
6. Advocate for the protection and restoration of nature by forming alliances to prioritize access to green spaces, especially in minority neighborhoods223,224
7. Advocate, organize, inform and lobby to change policy at the local, state, and national levels225–228
8. Play a role in addressing global health inequities219,229,230
9. Advocate for environmental health and justice231–234
10. Name racism and ask, “How is racism operating here?”227,235
11. Engage local, state, and federal agencies with responsibilities for infants and families
12. Advocate to include population health and social justice in the organizational mission236,237
13. Support the establishment of a national commission to explore restitution and atonement for historical and ongoing injustices inflicted on African Americans and Native Americans238–241
14. **Speak out!**

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