

# INDIVIDUAL & COMMUNITY HEALTH GOALS

## COMMISSION ON INVESTMENT IMPERATIVES FOR A HEALTHY NATION

### A Discussion Paper from the National Academy of Medicine

Across health care, public health, and the health science enterprise, decisions are often driven by institutional priorities, financial incentives, and narrow definitions of health rather than by the goals, preferences and expectations of individuals and communities. As a result, individuals and communities are often treated as passive recipients rather than active partners. This misalignment contributes to ineffective interventions, persistent inequities, rising costs, and declining trust. To achieve optimal outcomes, health systems must align actions, investments, and accountability with **what matters most to people**.

This discussion paper outlines a vision for reorienting health systems around individual and community-defined goals and identifies actions to strengthen alignment, trust, and shared accountability across sectors. With the advancement of generative AI and its potential application, new tools are developing to enhance the prospects of these needed shifts.

#### Why Trust Matters

Trust is foundational to effective health systems, but it is fragile and varies considerably with organizational practices and individual circumstances. Historical harms, systemic inequities, and transactional approaches to care have eroded confidence in health institutions. Trust can never be assumed; it must be earned through consistent action. Systems that demonstrate transparency, respect lived experience, and share decision-making power are more likely to achieve meaningful engagement and better outcomes. Without trust, even well-designed policies and interventions will fall short. With trust, health systems can foster collaboration and strengthen long-term relationships with the communities they serve.

#### Reasons for Misalignment

Multiple, interconnected factors contribute to a persistent mismatch between health systems and the goals and priorities of individuals and communities including, but not limited to:

**Fragmented Systems and Silos** – Health care, public health, research, and social services operate in disconnected systems with limited coordination, hindering comprehensive, person-centered approaches to health.

**Limited Definition of Health** – Health systems continue to prioritize diagnosis and treatment of disease over whole person health and well-being. Physical, mental, social, and environmental factors are often treated as secondary rather than central to health outcomes.

**Lack of Multidirectional Trust** – Trust between communities and health institutions has been eroded by historical harms, inequities, and transactional care models. Systems often fail to trust or meaningfully incorporate community knowledge and lived experience.

**Misaligned Financial Incentives** – Payment and financing structures consistently reward volume, short-term outcomes, and institutional priorities rather than long-term health, prevention, and alignment with individual and community goals.

**Workforce Gaps and Misaligned Training** – Health sector professionals often lack the time, training, and incentives to engage meaningfully with individuals and communities, while community-based roles remain under-resourced and undervalued.

**Evidence Not Aligned with Community Needs** – Data systems are fragmented and often fail to capture lived experience or community priorities. Evidence generation is frequently driven by academic or institutional interests rather than real-world needs.

## Opportunities to Mobilize Efforts

Although certain systemic issues require intentional, sustained efforts over time, a range of policies, programs, practices, and emerging tools can be leveraged to help support a reimagined health system that is aligned with and authentically accountable to individuals and communities.

The following priorities outline practical actions and highlight policy, financing, workforce, and system levers to advance alignment:

### Operationalize Whole Person Health

- Align health sector investments to engage the full range of factors that shape well-being.
- Support cross-sector partnerships addressing social, economic, and environmental drivers of health.
- Create data systems that integrate whole-person and community needs while leveraging generative AI to enhance insights.

### Enable Shared Decision Making and Accountability

- Establish structures for meaningful individual and community engagement.
- Embed shared decision making in care delivery, research, and policy.
- Develop metrics that reflect community-defined priorities and outcomes.

### Advance Community-Driven Research and Learning

- Prioritize research agendas shaped by individuals and communities.
- Invest in participatory and community-based research models.
- Strengthen continuous learning systems that integrate lived experience and real-world data.

### Strengthen a People-Centered Workforce

- Train and support a workforce equipped for authentic engagement.
- Invest in community-based roles (e.g., community health workers, navigators).
- Align incentives and resources to enable relationship-centered care.

## Path Forward

Transforming the health system will require both bottom-up innovation and top-down change. Communities, institutions, policymakers, and funders must work together to realign incentives, structures, and culture around shared goals. This transformation is not only possible—it is necessary. A health system that uses all available approaches to listen, learn, and act on what matters most to people will improve health outcomes, strengthen trust, and create a more equitable and sustainable future.

The path forward is clear: align with people, invest in relationships, and build a system that is truly accountable to the individuals and communities it serves.

**Download the discussion paper at [nam.edu/perspectives](https://nam.edu/perspectives).**



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