HEALTH BEGINS

2021 ANNUAL REPORT



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DEAR FRIENDS,

In April 2020, as the novel coronavirus first gripped the world, novelist <u>Arundhati Roy wrote</u> that the pandemic "is a portal, a gateway between one world and the next. We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it."

Now, we have collectively walked through that portal and truly seen our old world as it was. We have confronted traumas and injustices that had been willfully unseen by many. And as we press ahead into a new year, we refuse to turn back. We will not return to normal, because we know what "normal" meant. Instead, we are seizing this moment to envision and invent our world anew.

What does it mean to be ready to reimagine?

In championing the Upstream Movement over the past 10 years (!), we've had the chance to reflect deeply on what reimagining means for health equity—and the opportunity to accompany courageous leaders in health systems, payer organizations, and the social sector as they embarked on this journey. And we've learned that real reinvention requires us to reimagine three things:

- Reimagine our mental models
- Reimagine our relationships
- Reimagine our systems and structures

We can't, for example, expect to achieve the quintuple aim without challenging mental models that consider health a private commodity to be monetized and consolidated, rather than a public right to be upheld and protected. (Read about a <u>human-rights-based approach</u> in action.) We won't radically improve outcomes for patients until we reimagine health care's relationships with—and accountability to—the community. And we shouldn't be content with just reducing harm and redistributing benefits within existing systems; we must work to dismantle structures and change fundamental rules that make <u>harm</u> and inequity <u>profitable</u>.

So, what does it mean to be ready to fight for the new world we imagine?

Our clients and partners enact this readiness every day. As we reflect on how they work and how we support them, we see that it takes a particular blend of resources to approach the fight: **courage, strategy, training, and community**. Courage to question age-old practices and assumptions and examine our own shortcomings. Strategy to redress harms, redesign our practices and institutions, and forge relationships. Training to implement strategy effectively and adapt to lessons learned along the way. And community, for the solidarity and support we all need when moving upstream.

The next pages in this report highlight some of the ways we're helping to support courageous leaders to do just this: to design strategies; to learn, grow, and apply new skills; to reimagine and innovate; and to build the community they need to buttress them. By design, we are a part of that community.

And we're thrilled that you are, too. We hope to work with you in 2022 and beyond to radically improve the social and structural drivers of health equity for patients and communities. Because, like many of you, we are, as Arundhati Roy wrote, "...ready to imagine another world. And ready to fight for it."





RISHI MANCHANDA, MD, MPH CEO

SADENA THEVARAJAH, JD MANAGING DIRECTOR

Best, Rishi & Sadena

HIGHLIGHTS OF OUR ACHIEVEMENTS IN 2021 INCLUDE:

• Designing Strategy

- » In May 2021, the **American Medical Association** launched a landmark <u>strategic plan</u> to advance health equity and racial justice, including a bold upstream strategy that we are proud to have helped the AMA's Center for Health Equity develop. We are now working with AMA leaders to translate that upstream strategy into demonstrable action.
- » We helped **Blue Shield of California** create a health equity evaluation plan to help staff across the enterprise understand and pursue a multi-level strategy for addressing the social drivers of health inequity at the individual, community, and structural levels.
- » We supported leaders at **Health Net**, which serves more than 3 million Californians, to update and expand their enterprise-wide health equity strategy. We also helped them develop and implement a strategy to support community-based nonprofits to improve COVID-19 vaccination access and uptake among historically marginalized communities.

Training & Coaching

- » Working closely with the National Center for Medical-Legal Partnership, we launched "Health, Housing and Justice," a flagship learning collaborative to help Kaiser Permanente hospitals across the U.S. connect with community-based legal aid organizations and build medical-legal partnerships at scale to prevent evictions and improve housing stability for Kaiser patients.
- » We partnered with the **American Medical Association** to create continuing education <u>modules</u> to help clinicians advance racial equity in healthcare settings. And we began producing a forthcoming series of free modules, providing foundational education on six "Core Competencies for Upstreamists."
- » In **South Carolina**, we facilitated a racial-equity-focused cross-sector collaborative, led by community organizations with support from healthcare system partners, to improve food security and build more equitable food systems in local communities.
- » Building on our long-standing work with the **Virginia Hospital and Healthcare Association**, we supported eight hospital-based teams to design and implement Upstream Quality Improvement campaigns to decrease Black maternal health inequities across Virginia.
- » We facilitated two Action Group Series for Centers for Medicare & Medicaid Services' Accountable Health Communities Model, helping organizations across the country run rapid quality-improvement projects to better connect patients with social services in sustainable ways.

Reimagining & Innovating

- » Together with four esteemed national partners, we created a new guidebook, <u>Bringing Light & Heat: A</u> <u>Health Equity Guide for Healthcare Transformation and Accountability</u>, to provide healthcare leaders and stakeholders with a framework to guide this needed work.
- » We launched the <u>One-Stop Shop for Clinical-Community Partnerships</u>, in collaboration with the Commonwealth Fund and the Nonprofit Finance Fund. The online guide curates the best existing resources and tools to help support new and emerging partnerships. Check out this <u>companion blog post</u>.
- » We had the honor of representing the <u>Community Based Workforce Alliance</u>, which we're proud to support and help lead, in a meeting with the White House COVID Task Force to describe the crucial role of community-based health workers in COVID response efforts.
- » With support from the California Health Care Foundation, we organized a new Partnership Development Network to help community-based organizations and managed care plans learn how to work together to advance equity and provide social services as part of a far-reaching, multi-year plan to transform California's Medicaid program.

VISION

We envision a just and equitable future

in which all people can live their healthiest, most joyful lives possible. To realize this future, health care, public health, community partners, and policymakers will work together in new ways and take bold action to improve the social and structural drivers of health and equity at all levels—for individuals, communities, and society.

MISSION

We inspire and drive radical transformation in health equity

by equipping healthcare, public health, and community partners to improve the structural and social drivers of health equity.

We do this by "moving upstream,"

which means helping clients and partners to equitably and effectively integrate health and social care, address individual health-related social needs, improve community-wide social determinants of health, and dismantle deeper structural determinants of health inequity.

VALUES

Moving upstream is transformational work and must be rooted in core values. In our workplace culture, our client and partner relationships, and our role in the broader Upstream Movement, we seek to uphold these values:

1. Equity

We center our work in racial equity. From the way we show up for our teammates to the way we work with clients and allies, we understand that racial equity is not just an outcome, it's an ongoing practice.

2. Growth

We are committed to growing, as an organization and as individuals. With clients and colleagues alike, we create opportunities for continuous learning, improvement, and professional development. We grow only when we help ourselves, our partners, and our community grow.

3. Joy & Hope

We share joy and practice disciplined hope. We recognize the human suffering caused by health inequities and racial injustice, just as we understand the energy and commitment required to combat them. To nourish and sustain ourselves and our partners in this work, we cultivate a discipline that creates safe, supportive spaces to share joy, setbacks, and hope.

MEETOURTEAM



Sara Bader, MCD, CPHQ

Senior Manager, Upstream Quality Improvement

Sara Bader is an experienced QI strategist and coach with a passion for helping organizations make health care more equitable and safer. She began her career as an urban planner before transitioning to health care and quality improvement. She has worked on quality initiatives for state hospital associations and a health system, coaching organizations to plan, assess, implement, and evaluate interventions to promote safe and reliable care. She has a master's degree in civic design from the University of Liverpool, a Lean Six Sigma Black Belt from Dartmouth College, and is a certified professional in healthcare quality and patient safety.

INVANANA I



Alejandra Cabrera, MPH Senior Program Manager

Alejandra Cabrera has experience implementing and managing multifaceted community-based research and programs. She is passionate about supporting and strengthening structures and services that aim to improve health equity and social justice and reduce health disparities among vulnerable and marginalized people. She has gained deep knowledge of trauma-informed care models, harm reduction approaches, and client-centered practices.



Roza Do, MPH, MCP Consultant

Roza Do has spent the last decade working with nonprofit organizations, health systems, and cross-sector initiatives to support learning and collaborative action at the intersection of primary care and community health improvement. She brings experience in program development and management, coaching, and application of human-centered design principles. She launched various grantmaking initiatives and learning collaboratives for community health centers and hospitals focused on addressing social determinants of health and creating technology innovation hubs to improve care for marginalized communities. She holds master's degrees in public health and city and regional planning from the University of California, Berkeley.





Ellen Lawton, JD Senior Fellow

Ellen Lawton is a national expert in the integration of legal professionals into health care to address the social determinants of health. She helped found and then led the National Center for Medical-Legal Partnership at George Washington University. An expert in poverty law, she is internationally recognized for her leadership in developing the medical-legal partnership model and has published an array of articles in clinical and legal journals.



Maricela Lopez **Executive Assistant**

Maricela Lopez supports executive leadership with administrative needs. She assists with communications, strategy development, and online communication efforts. Before joining the HealthBegins team, she worked in direct client services for the Child Care Alliance, Los Angeles. She is a graduate of California State University, Northridge with a BA in liberal studies with a focus in anthropology.



Rishi Manchanda, MD, MPH CEO

Dr. Rishi Manchanda is a physician, author, and healthcare leader who has developed novel strategies to improve health in resource-poor communities. He has served as director of social medicine for a network of community health centers in South-Central Los Angeles, lead primary care physician for homeless veterans at the Greater Los Angeles VA, and chief medical officer for a self-insured employer with a large immigrant workforce. His 2013 TED Book, The Upstream Doctors, introduced the Upstreamists, a new model of healthcare workers who improve care by addressing patients' healthrelated social needs, such as food, financial, and housing insecurity.

HealthBegins has walked side by side with Blue Shield of California's Health Equity and Community Health team. Together, we've worked on countless projects propelling our work towards upstream impact, including the facilitation of strategic plans, the design of evaluation plans, reviews of now published articles, the development of national health equity trainings and serving as a credible voice when engaging with providers across the state. Rishi and team have helped us grow as individuals and a team in some of the most trying times in public health history. We look forward to continuing our partnership towards health equity!

— Shannon Cosgrove, MHA, Director, Community Health, Blue Shield of California

MEET OUR TEAM



Nasaura Miles, MHA

Health Equity Program Analyst

Nasaura Miles has her master's in healthcare administration with an emphasis in public health and health equity from the University of La Verne. She was also a part of the Randall and Lewis health policy fellowship, where she worked on making health equity and racial justice toolkits for the "Racism Is a Public Health Crisis" initiative. She aspires to mitigate health disparities one policy at a time, and she believes everyone has a divine right to life, and medical racism should not deter that notion.



Grace Rubenstein

Editorial & Communications Director

Grace Rubenstein is a journalist, editor, and podcast coach specializing in health science. She tells stories through words, sounds, images, and video while maximizing the unique storytelling power of each medium. Grace's award-winning work has appeared in the *Atlantic* online, *New York Times, Boston Globe, STAT News, Longreads,* and the Center for Investigative Reporting (*Reveal*). Her radio tales have reached the airwaves of *Morning Edition,* KQED's *The California Report,* and PRI's *The World.* She is also the story editor of TED podcasts including *WorkLife with Adam Grant* and *The TED Interview.* She earned a BA in psychology from Williams College.



Alexis Taylor, MPA

Senior Program Manager

Alexis Taylor is a third-generation advocate of structural equity who has worked to repair disparate societal outcomes through legislative advocacy and BIPOC+ community investment. Alexis is deeply committed to her family, and she is impassioned by writing, storytelling, and teaching. She holds a graduate degree in public administration and was honored to be a select scholarship recipient at the USC Gould School of Law for a second graduate degree concentrated in law.





Sadena Thevarajah, JD Managing Director

Sadena Thevarajah has spent over 10 years at the intersection of health law, policy, and stakeholder engagement. She led the first external affairs department at the USC Schaeffer Center for Health Policy and Economics and shaped patient programs at the American Cancer Society. Previously, she served in the Obama Administration, both in the Office of the HHS Secretary as well as in the White House during the passage and early implementation of the Affordable Care Act. She holds a law degree from Washington University School of Law in St. Louis and a public health degree from Johns Hopkins University.



Vsem Yenovkian

Communications Manager

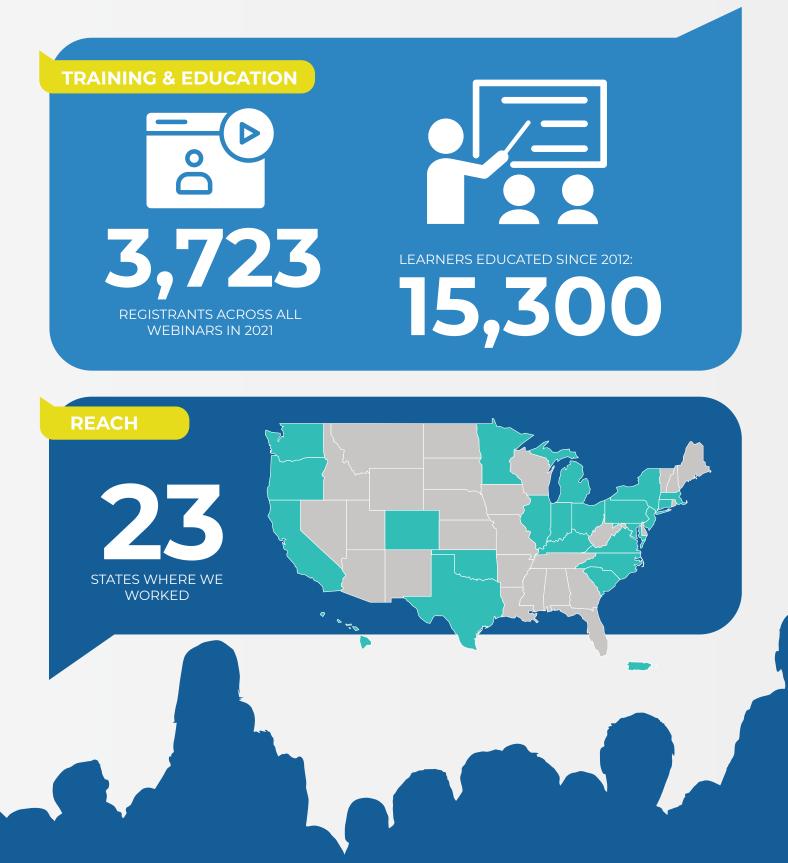
Vsem Yenovkian comes to HealthBegins with more than 14 years of marketing and communications experience, including positions at a technology startup and a medical genetic testing company. At these organizations, he focused on developing a comprehensive content marketing strategy designed to raise brand awareness and generate demand. He understands the power of words and is able to connect with an audience on all marketing channels. With this approach he successfully grew the social media outreach and market footprint at each company. Vsem holds a BA in sociology from York University in Toronto.

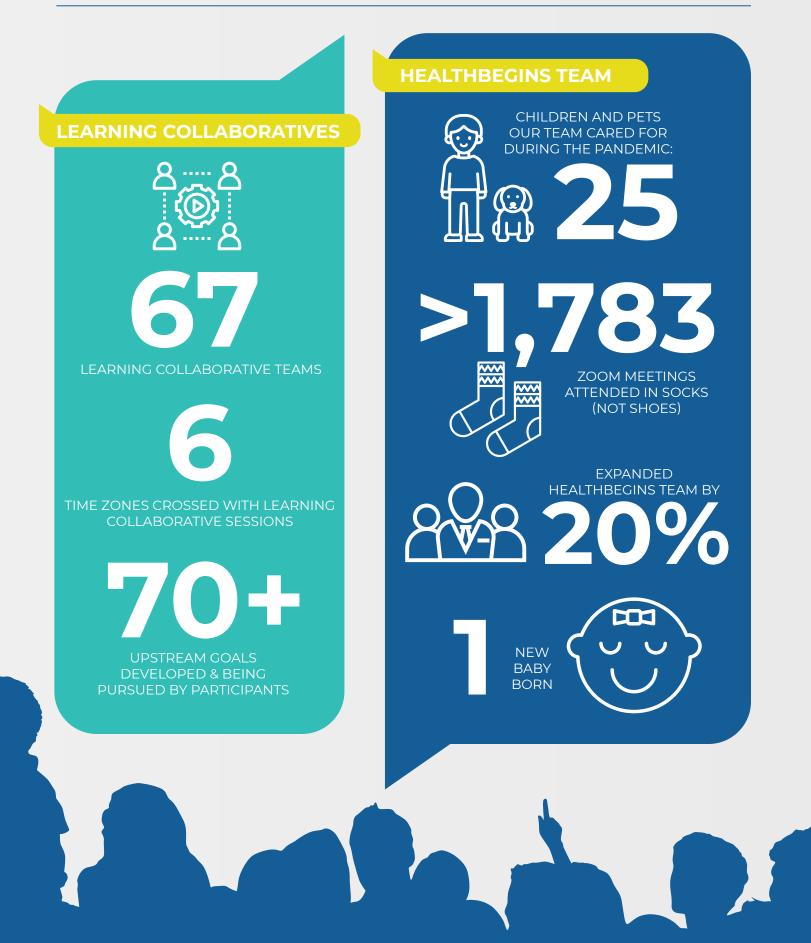


Taleen Yepremian, MHA Health Equity Project Coordinator

Taleen Yepremian has her master's degree in health administration from the University of Southern California. She aspires to improve the quality of healthcare services through innovative process improvement solutions. Through previous roles, she coordinated various projects and initiatives to improve access to mental health services for underserved youth throughout Los Angeles County, as well as worked with several stakeholders to find solutions to improve the social-structural influences on health outcomes.

BY THE NUMBERS





DESIGNING STRATEGY

DESIGNING UPSTREAM STRATEGY: OUR STRATEGIC CONSULTING AND TECHNICAL ASSISTANCE SERVICES

This year has marked a watershed in the movement for health equity. HealthBegins has long taught that to improve health equity, we need to improve the social and structural drivers of health equity at all levels: individual social needs, community-wide social determinants of health, and broader structural determinants of health equity, such as structural racism. This is our vision of what it means to "move upstream." In 2021, many more leaders came to share this vision—and embraced health care's role in helping enact it.

HealthBegins seized the chance to help even more courageous leaders translate this understanding of the social and structural drivers of health equity into concrete, enterprise-wide strategies. Grounded in this vision and years of direct, real-world experience, we helped even more clients—from vanguard health systems and health plans to foundations and crosssector collaboratives—design bold strategies to move upstream and advance equity, working across all levels of impact. Throughout this work, HealthBegins' multi-level strategic approach has helped partners clarify what it means to address social and structural drivers of health equity. The framework has even served as a guide for partners such as the American Medical Association and the CMS Accountable Health Communities model, whose work will, in turn, guide the broader field of health care. Most importantly, we are not only supporting organizations as they design strategy but staying with them as they implement and adapt it, through engagements that span multiple years. Health equity is long-term work, and we are in it with our partners for its full course.



We are so grateful to partner with and learn from the HealthBegins team and our colleagues across the country who are also participating in HealthBegins dialogues. HealthBegins has a commitment to unpacking the complexities of upstream work and using equity as both a lens and a measurement—to lead us all to true place-based health equity in our own communities.

– Laura Vail, PHR, Systemwide Director, Population Health Equity, Cone Health

HERE ARE SOME HIGHLIGHTS OF OUR WORK IN 2021

CENTERING HEALTH EQUITY AND UPSTREAM ACTION IN ORGANIZATIONAL STRATEGIES AT STATE AND NATIONAL LEVELS

American Medical Association (AMA): The AMA's Strategic Plan to Embed Racial Justice and Advance Health Equity (released May 2021) is a historic document that includes a specific and bold strategy to "push upstream" to help physicians and healthcare institutions improve social and structural drivers of health equity. HealthBegins provided strategic consulting and facilitation to help AMA leaders develop this approach—the association's first enterprise-wide upstream strategy—and now supports them in implementing it.

Health Net: As an insurer to more than 3 million Californians, Health Net is one of the only health plans to have maintained the NCQA's Multicultural Health Care Distinction for all lines of business. In 2021, Health Net leaders engaged HealthBegins to help them build on their work and develop a bold, updated, enterprise-wide health equity strategy. This strategy will help Health Net as it responds to emerging state requirements to advance health equity and participates in a national pilot for NCQA's new Health Equity Accreditation program. In addition, HealthBegins helped Health Net develop equity-focused partnerships with community-based nonprofits across California to advance COVID-19 vaccine equity goals for Medi-Cal members.

Blue Shield of California: HealthBegins worked closely with internal leaders at this payer (which insures more than 4.5 million Californians) to develop an enterprise health equity evaluation plan to inform and assess the impact of internal training efforts. This plan will help Blue Shield of California assess and improve staff knowledge, attitudes, behaviors, and confidence to advance health equity, as well as embed health equity within internal organizational policies, practices, and programs.

HELPING CROSS-SECTOR PARTNERS DESIGN AND IMPLEMENT STATEWIDE HEALTH EQUITY STRATEGIES

CHCF Partnership Development for Medi-Cal Managed Care Plans (MCPs) & CBOs: As states like California include health equity and social needs-related requirements in Medicaid managed care contracts, nonprofit community-based organizations (CBOs) and health plans have a growing need for technical assistance and support as they to try to work together. With support from California Health Care Foundation (CHCF), HealthBegins spent the first part of 2021 designing a technical assistance package to help CBOs and Medi-Cal MCPs prepare to work together in a new, transformed state Medicaid program called CalAIM. With our partners at Aurrera Health Group, we launched statewide technical assistance sessions last fall, engaging more than 750 individuals across the state, including 150 leaders representing CBOs and MCPs in four counties. We're expanding these services in 2022.

BlueCross BlueShield of South Carolina Foundation: Working closely with funders and leaders in the state, HealthBegins facilitated, guided, and led the design of South Carolina's first statewide roadmap to improve social determinants of health and health equity in 2020. We then ran a statewide learning collaborative for food security and racial equity in 2021 to help bring that roadmap to life, all the while partnering with and elevating the work and wisdom of courageous leaders in the state. Now, in an exciting new phase of work, those leaders are moving further ahead, using the plans we laid out in the initial roadmap to build critical statewide infrastructure for health equity and social determinants. This is how we work—by convening, centering, and supporting courageous leaders and partners to work together and achieve greater health equity on their journey upstream.

TRAINING & COACHING

TRAINING LEADERS TO MOVE UPSTREAM: OUR TRAINING AND EDUCATION SERVICES

We work with clients and partners who understand that moving upstream is not just a technical challenge—it's transformational work. It requires continuous improvement and learning, new ways of working and communicating together, and sustained engagement and commitment from everyone involved in bridging clinical and community approaches to health. Drawing on years of experience and our signature Upstream Quality Improvement approach, HealthBegins helps courageous leaders meet this challenge through a suite of live, on-demand, asynchronous and bespoke trainings using evidence-informed training methods to make the complex work of advancing health equity doable and engaging.

As a pioneer in helping to popularize education on social medicine and ways to move upstream, we've educated more than 15,000 learners to date with an industry-leading competency map and innovative training methods. 2021 marked important strides in leveraging our training and coaching services to help the Upstream Movement drive deeper into transformational change by tackling the social and structural drivers of health equity at all levels: individual social needs, community-wide social determinants, and society-wide structural determinants.

As we and our clients strive toward equity, we consider partnership an essential vehicle for the journey. So even as we equip leaders and teams to drive Upstream QI campaigns, health and social care integration, and community action on social and structural drivers of health equity, we support them in strengthening collaborations within their communities and across the country. We worked with HealthBegins this year to align internally and accelerate our Health **Equity Strategy. The** HealthBegins team has been a pivotal partner as they jumped right in to understanding our complex organization and provided key bridging insights that allowed us to make real progress over the course of only a few months. Moreover, they bring compassion and kindness to all of our interactions, which is critical in any work that involves health equity and tackling structural inequit

— Dr. Pooja Mittal, Medical Director, Health Net

HERE ARE SOME HIGHLIGHTS OF OUR WORK IN 2021

ON-DEMAND LEARNING

Our self-paced, off-the-shelf modules and experiences guide learners through essential knowledge for upstream work and can be supported via individual or group coaching or technical assistance. This year, for example, we partnered with the **American Medical Association (AMA)** to create a series of practical e-learning modules to help healthcare leaders advance racial health equity in <u>larger</u> and <u>smaller</u> healthcare settings. We also developed a number of bespoke training modules and sessions on social and structural drivers of health equity for a variety of partners—from a training module on social-needs coding for the national **School-Based Health Alliance** to a program on upstream strategic planning for c-suite members of the **Association for Community Affiliated Plans** (**ACAP**), which represents plans that serve more than 20 million Americans. Finally, we partnered with the AMA to publish our foundational modules on six "Core Competencies for Upstreamists," which will be available free of charge in 2022 and will be eligible for CE credit for multiple disciplines.

LEARNING COLLABORATIVES

Drawing on best practices and tools from our entire suite of services, HealthBegins runs and supports a series of national and regional learning collaboratives. Through shared longitudinal experiences, we provide goal-directed coaching, faculty support, technical assistance—and not incidentally, camaraderie and solidarity—to help mission-driven teams define and achieve health equity milestones and drive upstream transformation.

HealthBegins **partnered** with the National Center for Medical-Legal Partnership at George Washington University to connect **Kaiser Permanente** health teams with community-based legal resources to improve housing stability and prevent eviction in the communities Kaiser Permanente serves. HealthBegins and the National Center supported six teams of clinical and legal partners to develop and implement medical-legal partnerships through a learning collaborative that prioritizes health equity and action at the individual, system, and community level. This is the first time a private, national integrated health system has committed to investing in medical-legal partnerships at this scale, and we're proud to support this historic effort.

Our inaugural SDLC (Social Drivers of Health Equity Learning and Action Collaborative) launched with a cohort of four teams who designed and are implementing Upstream Quality Improvement campaigns with an explicit focus on addressing racial equity as part of upstream efforts. These teams, spanning from North Carolina to Ohio and Oregon, are working to close health inequities in such conditions as diabetes, lead poisoning, and asthma by leveraging data, community engagement, and HealthBegins' signature approach to developing multi-level upstream strategies.

In our **South Carolina Roadmap to Food Security Learning Collaborative**, community organizations took the lead, anchoring teams with support from healthcare system partners to improve food security and equitable food systems in local communities. In addition, teams in our **Virginia Hospital and Healthcare Association collaboratives** tackled issues such as vaccine equity and Black maternal health disparities.

LEARNING NETWORKS AND SPRINTS

Through longstanding, facilitated networks or shorter, targeted sprints, we blend coaching and technical assistance to help organizations pursue goals for equity. In 2021, HealthBegins continued its longstanding support of **CMS's landmark Accountable Health Communities Model**. Our team ran two Action Group Series—engaging 28 organizations across the country—to help them run rapid quality-improvement projects aimed at better connecting patients with services and sustaining the work beyond the grant period. In facilitated group sessions, we helped teams share lessons to scale and sustain upstream action.

REIMAGINING AND INNOVATING **REIMAGINING A MORE EQUITABLE WORLD** OUR REIMAGINING AND INNOVATION SERVICES



HealthBegins has been a valuable partner for Human Impact Partners in advancing health equity and racial justice in the healthcare sector and beyond. After the 2020 federal election, we created a Federal Policy Platform for Health Equity Now. We relied on HealthBegins' analysis and policy demands regarding how to invest in the public health infrastructure to advance their Community-Based Workforce Principles. This body of work has been a critical framework for many organizations advocating for funding of community health workers and promotoras to support COVID-19 tracing, testing, and vaccination practices that build the economic and political resilience of communities facing inequities.

By necessity, our work accelerating and supporting health equity and the Upstream Movement places Health-Begins in the interstitial spaces: between healthcare and social services; between pavers, providers, and public health; between local and national-level efforts to address the social and structural drivers of health equity. This unique position gives us the ability to see systemic gaps and barriers that are stalling broader progress toward health equity. Then, having identified these hurdles, we catalyze changes to address them.

Our catalyzing work in 2021 has emphasized the need for radical reimagining. For example, we identified a crucial need for mechanisms of accountability to ensure that health systems' actions for equity actually deliver the outcomes they espouse. We also saw healthcare and communitybased organizations face significant challenges in aligning resources, workflows, and compensation when partnering for upstream care. And we understood that these problems needed more than just slide decks to solve; they required us to dismantle inequitable practices and re-envision the infrastructure and relationships through which this work is done.

In each case, we convened partners to reimagine what new, more equitable approaches could look like-and to spark and scale not simply patch solutions, but strategies that represent paradigm shifts.

HERE ARE SOME HIGHLIGHTS OF OUR WORK IN 2021:

ACCOUNTABILITY

More and more healthcare leaders are motivated to make health equity a core part of their organization's mission but need guidance to translate that will into effective and sustainable action. Together with four other national organizations at the forefront of healthcare transformation and health equity initiatives, we created a new guidebook, Bringing Light & Heat: A Health Equity Guide for Healthcare Transformation and Accountability, to outline this needed framework. The guide outlines a strategic process for leaders and managers of healthcare institutions to commit to, own, and advance health equity and racial justice (bringing light) and outlines key questions stakeholders can use to help hold these systems accountable for this critical work (bringing heat). Our esteemed partners were Health Leads, JSI, Human Impact Partners, and SIREN at UCSF.

We also recognized the need to strengthen the mechanisms of accountability that patients, community members, and the broader public can use to hold healthcare institutions and leaders truly accountable to advancing health equity. As pervasive health and racial inequities reveal, and as any serious commitment to advancing the right to health makes clear, we simply can't rely solely on well-meaning leaders in institutions to hold themselves accountable. So HealthBegins convened leading thinkers, advocates, and practitioners across the country in a series of <u>Roundtables on Institutional Accountability for Health Equity</u> to identify a set of five major mechanisms to improve the ability of communities to work with hospital and clinic leaders to hold these institutions more accountable for health equity.

PARTNERSHIP

The highest standard of care involves the integration of health care and social services. But it can be hard for healthcare and social service partners to find the right tools to estimate and demonstrate the financial and social impact of their partnership. Working with the Commonwealth Fund and the Nonprofit Finance Fund, we curated a library of tools to help demonstrate financial and social returns for such partnerships. This One-Stop Shop for Healthcare and **Community Partnerships** (www.healthbegins.org/ partnership-resources) prioritizes tools that address the financial, operational, and technical aspects of bilateral partnerships and multi-sector coalitions. For organizations just contemplating a partnership or working to sustain or scale an established one, the library includes resources to help frame, organize, and sustainably fund the work.

ELEVATING COMMUNITY

In May 2020, in the earliest days of the COVID-19 pandemic, we convened leading national and regional health advocacy groups and proposed a radical idea: to form an alliance to elevate and support members of the community-based workforce, including community health workers, promotoras, and doulas, to make pandemic response and recovery more equitable and effective. The national Community-Based Workforce Alliance was born, and, in 2021, it continued to grow in size and impact. As a founding member of the Alliance's steering committee, HealthBegins and its partners organized a national meeting with the federal Health Resources and Service Administration (HRSA) to help more than 1,000 community-based organizations learn how to access more than \$120 million in COVID response funds.

EVENTS & MEDIA

SELECTED EVENTS:

Legal Aid Foundation of Los Angeles (LAFLA) Symposium Panel: The Next 100 Years: Advancing Racial Justice & Empowering Communities

Sadena Thevarajah, Rishi Manchanda, and fellow panelists discussed the health disparities experienced by BIPOC communities, as well as the racist policies fueling those inequities. Panelists also reflected on efforts by LAFLA and the legal community to ensure access to quality care, and how these efforts can continue to build community trust.

Alameda-Contra Costa Medical Association Bay Area Health Equity Speaker Series

Rishi Manchanda examined the connections among socioeconomic factors, systemic inequality, and health disparities. Socioeconomic factors that may not seem directly related to health outcomes are in fact closely related through systems that promote unequal treatment and thus lead to disparate outcomes.

AARP Global Thought Leadership & Social Innovation Summit: The Equitable Path to Healthy Longevity

Rishi Manchanda spoke about how we can create a future that will build equity and innovation across the lifespan.

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Trident United Way Tri-County Health Symposium

Sadena Thevarajah presented on the topic: "Health Care's Role in Policy Change."

APG Annual Conference 2021: Emerging from the Pandemic: The Path Forward

Rishi Manchanda and fellow healthcare leaders spoke on value-based care, coordinated care, and the impact of COVID-19.

HEALTHBEGINS WEBINARS:

Health Equity, Power, and the Law: Understanding and Addressing the Political & Legal Determinants of Health Equity

Ellen Lawton, Maha Jweied, and Dr. Rishi Manchanda explored health equity's relationship to the "political and legal determinants of health," why they matter now as much as ever, and what we can do about them.

https://healthbegins. org/health-equity-power-and-the-law-understanding-and-addressing-the-political-legal-determinants-of-health-equity/

Health Equity and Institutional Accountability: Setting a New Standard for Health Care

Dr. Michelle Morse, Professor Alnoor Ebrahim, Dr. Nahid Bhadelia, and Dr. Rishi Manchanda discussed what it takes to hold healthcare systems accountable for advancing racial justice and improving the social and structural drivers of health equity.

https://healthbegins.org/

<u>health-equity-and-institutional-ac-</u> <u>countability-setting-a-new-stan-</u> <u>dard-for-health-care/</u>

Civic Health in Communities, Care Settings, and Congress

Dr. Camara Jones, Dr. Kavita Patel, and Dr. Stella Safo explored how to accelerate efforts to increase civic engagement within health care and in partnership with all those whom we serve.

<u>https://healthbegins.org/civic-</u> <u>health-in-communities-care-set-</u> <u>tings-and-congress/</u>

BLOG: Kaiser Permanente — To Reduce Health Inequities, Clinics Need Lawyers On The Team

Ellen Lawton and collaborator Bethany Hamilton reflect on the important role that medical-legal partnerships (MLPs) play as part of the Upstream Movement and how we can use them to address health equity.

<u>https://www.kpihp.org/blog/to-re-</u> <u>duce-health-inequities-clinics-</u> <u>need-lawyers-on-the-team/</u>

GUIDE: Bringing Light & Heat: An Equity Guide for Healthcare Transformation and Accountability

The guide provides healthcare leaders and community stakeholders with a strategic framework to deepen, broaden, and elevate their organization's health equity work.

https://healthbegins.org/ bringing-light-heat-an-equity-guide-for-healthcare-transformation-and-accountability/

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BLOG: HealthBegins — Upstreamist in Action: How the YMCA Increased Its Diabetes Impact Through a Simple Upstream Strategy

Jen Nicodemus, Director of Health Innovations at the State Alliance of Michigan YMCAs, had a problem on her hands. Her organization had an effective program to promote the health of the members in their community, but some of the people who might benefit most weren't using it. Here's the strategy she used to make an impact.

https://healthbegins.org/ upstreamist-in-action-jen-nicodemus-on-the-upstream-journey-forymca/

PODCAST: What's Wrong With: The Podcast: Upstream Thinking in Healthcare Featuring Dr. Rishi Manchanda

Rishi Manchanda discusses the intersection of architecture and health equity.

https://www.sour.studio/podcast/ upstream-thinking-in-healthcare

PODCAST: HotDoc Podcast: Dr Rishi Manchanda—Upstream Healthcare

Rishi Manchanda speaks about the Upstream Movement and health equity.

https://practices.hotdoc.com.au/ podcast/s01e14/

RESOURCE: HealthBegins— Finding Value Faster: A New ROI One-Stop Shop For Clinical-Community Partnerships

HealthBegins, in partnership with the Commonwealth Fund and the Nonprofit Finance Fund, launched the One-Stop Shop for Clinical-Community Partnerships. The guide curates the best existing resources and tools to help support new and emerging partnerships.

<u>https://healthbegins.org/partner-ship-resources/</u>

2021 NEWSLETTER HIGHLIGHTS

Our monthly newsletter is a touchpoint for Upstreamists at all stages of the journey, presenting essential considerations and big ideas in the Upstream Movement. Key points from our <u>2021 newsletters</u> follow:

January 2021: "And Yet the Dawn is Ours"

As we march forward into this new day, intent on shaping it, let's draw our fuel from both the past and the future. We remember what this last year did to us (the grief, outrage, and exhaustion), yet also what we did this last year (the courage, compassion, and commitment). We remember, as Amanda Gorman said, "That even as we grieved, we grew / That even as we hurt, we hoped / That even as we tired, we tried."

<u>February 2021: To Advance Equity, Leaders Across</u> <u>Departments Need to Move Upstream Together</u>

This is the opportunity—and the imperative—that we have now. As a growing number of leaders across health-system departments work to improve health and equity by addressing factors beyond the hospital or clinic walls, we need to connect these efforts more than ever. In forging these connections, we have a major opportunity to advance health equity by setting clear goals and bold strategies to improve the social and structural drivers of health equity.

March 2021: Holding Our Institutions Accountable for Health Equity

As we work to advance health equity and racial justice, we still have a lot to learn in pursuit of institutional accountability and, by extension, impact. But these foundational practices are a sound beginning, allowing us to take the best principles of accountability and apply them to our journey upstream—not only to set our sights on a more equitable horizon, but to ensure we get there.

May 2021: From A Moment To Momentum

Momentum does not mean we get to coast. Instead, this is exactly the moment to dial up our rigor, to ensure that the steps we're taking will result in real change—meaningful, impactful, and long-lasting. And that requires accountability. Institutional accountability is fundamental to addressing the social and structural drivers of health inequity. That's why we're clarifying what it looks like and supporting teams to build it into their work.

June 2021: Understanding History, Shaping Our Future

The AMA's process of examining and acknowledging its own history of injustice, through policies and practices that were either explicit or unintentional, serves as a powerful model for institutions across the country. Because we can't shape a more just and equitable future if we don't understand our history—including the ways in which our own institutions have denied (and still deny) justice and opportunities for health.

July 2021: Health Care's Spotlight Is Finally On Health Equity. Will We Get It Right?

Relying solely on healthcare institutions to hold themselves accountable for advancing equity hasn't worked to date. We must also demand proof that healthcare leaders and policymakers are building the capacity of stakeholders—including patients and residents from marginalized communities—to hold institutions more accountable for equity.

August 2021: What Upstreamists Can Do Now About The Eviction Surge

We know that America's housing crisis long predates the pandemic. Federal officials have now delayed catastrophe with a limited temporary moratorium, which is important. But no such strategy will change the fundamental sickness of a system that is inequitable by design, in which the people and communities we serve remain at risk.

<u>September 2021: Primary Care, Equity, & Alma Ata: Our</u> <u>Time Is Now</u>

As we witness resurgent calls for health equity, we should remember that primary care, implemented right, is an equity strategy. But only if it's designed in the right way, with aligned incentives and adequate support.

October 2021: Equity & Place: The Next Frontier For Value-Based Payment Reform

In our work with many at the forefront of trying to transform their systems to meet value-based payment models we find that a focus on value alone is not enough. For payment reform truly to be transformative, there are two more payment priorities required: place and equity.

November 2021: Why Self-Care Is Vital To Upstreamists

We have real progress to celebrate. But the inequities that persist (or even deepen, in some areas) continue to take a substantial toll on historically marginalized communities in the U.S. and abroad. By extension, they also take an emotional toll on those who've dedicated their lives to providing care and eradicating health inequity.

December 2021: One Idea To Unify Our Efforts— Reflections On 2021

This vision for multi-level action on the social and structural drivers of health equity is actually one that we've been applying and refining for years. And we see it now resonating more deeply with healthcare, social sector, and public health leaders as they seek to align their strategies—lending the clarity to make these efforts more purposeful and successful.



HealthBegins is a national mission-driven consulting and training firm that drives radical improvements in health equity by helping clients and partners address the social and structural drivers of health equity.

Founded in 2012 by physicians and public health experts, we believe that we all can and must take bold action to improve health care and the social and structural conditions that marginalize people and make them sick in the first place. While we are national thought leaders and pioneers in this space, HealthBegins is not a think tank. We are a "learn by doing" operation that helps clients and partners drive continuous improvement, learning, and action at all levels: addressing individual health-related social needs, improving community-wide social determinants of health, and dismantling deeper structural determinants of health inequity.

HealthBegins provides clients and partners with strategic consulting, technical assistance, and training and education solutions. True to our mission, we also work with select partners to reimagine, innovate, and scale solutions to address pressing health equity challenges and systemic barriers. Over the years, we have activated and educated thousands of providers, educators, payers, and community partners around the world—and then equipped them to drive upstream radical transformation for health equity.

With headquarters in Los Angeles and employees based in Oakland, Seattle, and Boston, HealthBegins has helped organizations in over 25 states and supports clients and partners throughout the country.

healthbegins.org

CONNECT WITH US

The journey upstream requires a strong community, and we'd love for you to be a part of it. Join us online as we shed light on all the important discussions around the Upstream Movement, from social justice to health equity to public health efforts.

Connect with the HealthBegins community on social media or by subscribing to our newsletter:

