



ANNUAL REPORT

2022

healthbegins.org



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DEAR FRIENDS,

HealthBegins is 10 years old! It's hard to believe. We're taking the occasion to celebrate and strategize. And as we reflect on the past and future of our organization and the broader Upstream Movement, what's crucial is not just **what** we have accomplished and will continue to pursue—but **how**.

When Rishi began HealthBegins in 2012, it was out of necessity. He needed a home for lone Upstreamists like himself to come together and support each other. The organization then was essentially a social network for healthcare professionals trying to address social needs. It was a purely volunteer endeavor—a labor of love.

Now HealthBegins is a national consultancy, 18 employees strong, supporting some of the nation's pioneering health systems to build equity into the practice of health care and the policies that shape it. But there's something more to our growth than size—something with implications for all the people we work with, the institutions we accompany, and the movement we nourish.

What we have come to see as we reflect on this anniversary is that the organization that began as a labor of love has now come to be **built on love**, as a matter not only of principle but of policy. We believe that love is itself a necessity for doing the work of health equity well. And while the word may sound generic, we mean something very specific by it.

When HealthBegins transformed into a formalized company five years ago, we gathered our founding team together and set forth three guiding values: **equity, growth,** and **joy**.

These values have remained at our core as we have watched the wider world begin to reckon with the urgency of equity and the healthcare industry recognize its role in that. Ten years ago, we were still making the case for social needs to be integrated into health care. The necessity of that practice is now a given—understood in most boardrooms and underscored in the evolving standards of the Centers for Medicare and Medicaid Services and the influential Joint Commission. Our partners don't come to us wondering whether it's worth their investing in social care; they come seeking our guidance on *how*.

Rooted in deep understanding of the structural drivers of health inequity, we have also been pioneers in helping clients pursue social care integration within a multi-level, systems transformation strategy to advance health equity in communities and society. In recent years, we've seen more courageous leaders approach and ask us for guidance on how to do this work, not just technically but authentically.

Our answer is that the work must be rooted in equity, growth, and joy.

Equity is essential in part because addressing social needs can't work without an equity focus. In the past three years, people in the U.S. have come to recognize broadly that equity is important—but very few understand how to connect social-needs work to the deeper social and structural root causes of inequities. At HealthBegins, we've always had that understanding, so we're helping people expand their equity work and engage in the larger structural and policy change that it requires.

Yet equity is also essential in *the way we do the work* ourselves. It matters that we pay attention to who is at the table as we build our upstream strategies

and deliberately elevate those who have lived through inequity. It's crucial that we use the power of our positions to improve hiring, employment, and procurement practices to support thriving communities. Equity is not only the intended end of our work, it is also the means to get there.

Growth arises in the spirit of humility that makes equity work possible. Everyone who pursues equity takes personal and professional risks to do so. The chance to advance demands that we listen deeply, acknowledge mistakes, admit uncertainty, and share power with historically disenfranchised communities—as individuals and as institutions. And we have to grant each other the compassionate space to do so safely. These commitments are the paving stones on the path forward.

Joy lives in the conviction that our humanity, in all its fullness, underpins our work. We are not only workers for health equity. We are spouses, parents, children, siblings, friends, and individual humans in our own right. We need rest, nourishment, and companionship. We need space for our dreams. We need our own health and joy in order to do our work effectively, and more importantly because we each deserve it. However important our work is, we must ensure that it never costs us ourselves.

When you add these values together (equity + growth + joy), and when you not only speak them but live them, the sum is **love**—the kind of love Martin Luther King Jr. defined as a potent social and political force for change. At HealthBegins, we enact this through small and large practices—in how we structure our client meetings, design our family leave policies, and in our contracting requirement that any outside presentations we participate in include diverse voices. We take care to pause and ask, with humility, whether we're ensuring that all our employees and partners have equitable access to these benefits, and to ask how we can continually improve and grow.

As we recommit to the pursuit of health equity over the next 10 years, we intend to support others to enact these values, too. They are foundational to the Upstream Movement. They are, along with the outcomes of health equity, an essential part of the change we want to see.

Our goal in the next half-decade is to help strengthen and transform systems for health equity with at least 250 communities across the country. This means ensuring that approaches to provide health and social care are integrated (not health care working in isolation), and that healthcare and social-service institutions work together in equitable, effective ways. It also means pushing the work further upstream to transform broader policies and practices to counteract structural violence.

We envision that, 10 years from now, new windows of opportunity to advance health equity will be open—and we and our fellow Upstreamists will be ready to prop those windows open and make them permanent. It will be standard, by then, for health systems to be more just and be part of an ecosystem that advances equity at all levels, from individual social needs to community social determinants of health to society-wide structural drivers of health equity. We won't have to teach the vocabulary of structural violence and structural determinants, because our partners will already know and live by those terms.

To manifest that vision, HealthBegins will continue to grow and help grow the Upstream Movement—but we will do so while demonstrating and protecting the values that matter most. We will create spaces to elevate the people moving upstream and to counteract the exhaustion that often comes with important, hard work. Because it is only through equity, growth, joy, and love that we can truly lay down more pathways for liberation—together with you, our partners and friends, every step of the way.

Best,

Rishi & Sadena



RISHI MANCHANDA, MD, MPH
CEO



SADENA THEVARAJAH, JD
MANAGING DIRECTOR

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 specialize in helping health care executives accountable for health equity to meet growing state and federal requirements for health equity and social needs, exceed program compliance and performance goals, and achieve long-term impact.

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

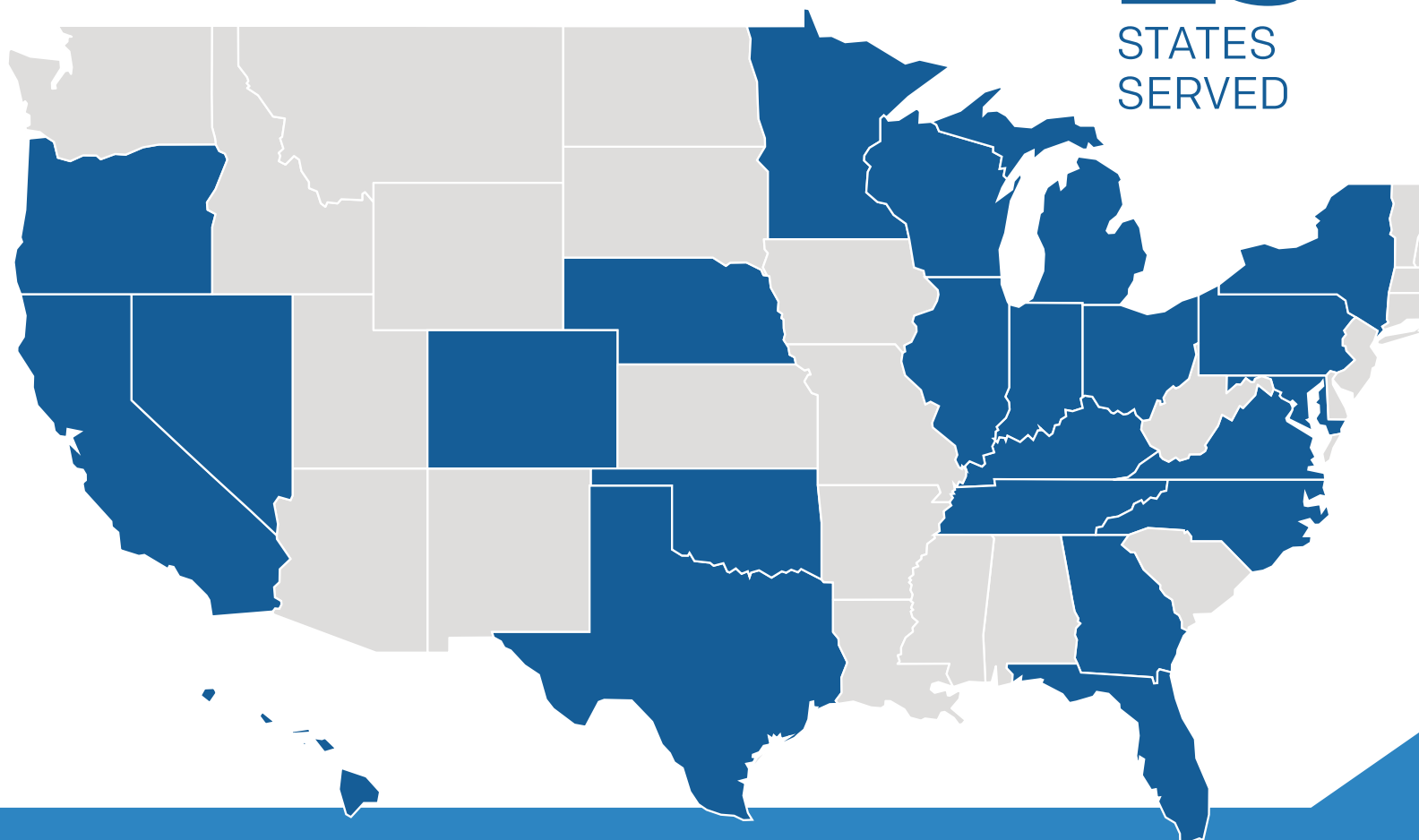
We share joy and practice disciplined hope. We recognize the human suffering caused by health inequities and racial injustice, just as we understand the energy and commitment required to combat them. To nourish and sustain ourselves and our partners in this work, we cultivate a discipline that creates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



BY THE NUMBERS

WHAT WE DID IN 2022...

23
STATES
SERVED



185 COURAGEOUS
LEADERS
SUPPORTED

4,638

REGISTRANTS ACROSS
ALL WEBINARS

65

COMMUNITIES
WHERE WE
HELPED DESIGN
AND IMPLEMENT
UPSTREAM
STRATEGIES



HEALTHBEGINS TEAM



4 NEW
BABIES
BORN

EXPANDED
HEALTHBEGINS
TEAM BY

23%



235

TOTAL BOOKS
READ BY STAFF



**Great
Place
To
Work.®**

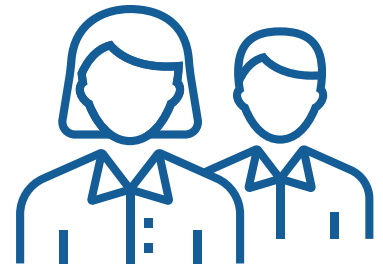
Certified

MAY 2022–MAY 2023

USA

TM

92%



OF EMPLOYEES SAY HEALTHBEGINS
IS A GREAT PLACE TO WORK.



MEET OUR TEAM



Sara Bader, MCD, CPHQ
Director, Training Programs

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.



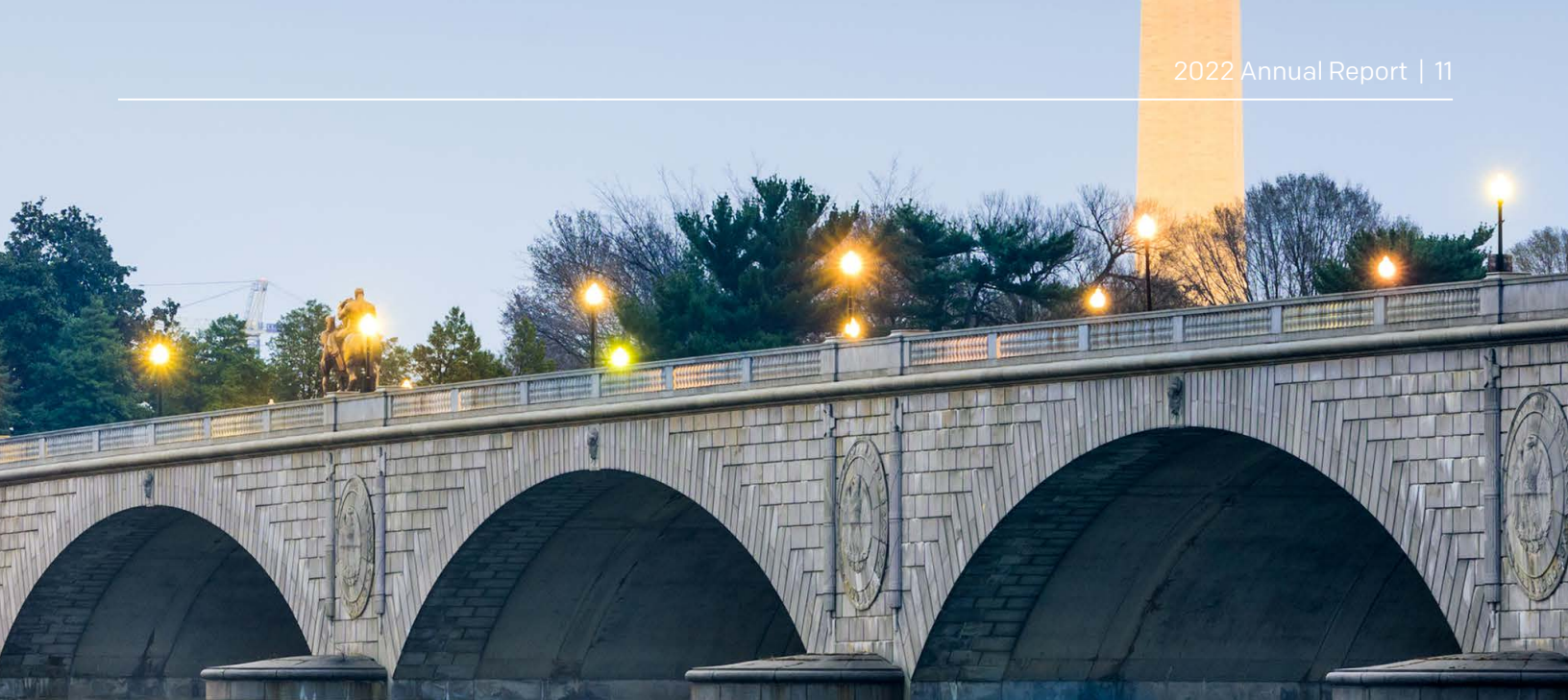
Eva Batalla-Mann, MPH, MSW
Health Equity Project Coordinator

Eva Batalla-Mann has dual master's degrees in public health and social welfare from UCLA. She has experience working in various areas including arts programming for incarcerated populations, weight stigma in clinical settings, community food justice movements, and support for unhoused communities. Before joining HealthBegins, Eva created and managed programs to support community clinic staff in Los Angeles County successfully navigate challenges related to the COVID-19 pandemic.



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
Health Equity Senior Associate

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.



Shiva Dhiman
Health Equity Project Coordinator

Shiva Dhiman obtained his BA in public health from Baylor University. He aspires to generate change in health systems through equitable and innovative solutions. He brings previous consulting, policy analysis, and public service experience to his role at HealthBegins. Shiva is interested in exploring the intersection of the healthcare and legal industries, and how developing a better understanding of healthcare law can assist with creating a more equitable healthcare landscape.



Kathryn Jantz, MSW, MPH
Senior Associate

Kathryn Jantz is a public health policy expert focused on mobilizing the healthcare system to address the structural drivers of health inequity. In prior roles, she supported states in developing strategies to finance care for children and youth with special health care needs, led the implementation and design of Colorado Medicaid's primary delivery system, and ran a successful Accountable Health Communities Model in Western Colorado. Kathryn holds a master's in social work with a focus in clinical practice and a master's in public health with a focus in health law.

MEET OUR TEAM



Erica Jones

Business Operations and Special Projects Manager

Before joining HealthBegins, Erica Jones worked for a national mental health nonprofit that fights for the dignity and rights of people with serious mental illness. In this role, she supported executive leadership as well as provided direct service to members in a variety of ways that aimed to improve health, increase opportunity, and end social and economic isolation. She is a graduate of St. Francis College, in Brooklyn, NY with a BA in psychology. When Erica isn't out on a weekend road trip, she's writing, playing with her dog, and creating new food recipes.



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.



Dr. Rishi Manchanda, MD, MPH
CEO



Dr. Rishi Manchanda has designed and advanced bold strategies to help health care move upstream and advance health equity for historically marginalized patients and communities throughout his career as physician, executive, and public health champion. Dr. Manchanda served as the founding director of social medicine for a network of community health centers in South-Central Los Angeles, as the first lead primary care physician for homeless veterans at the Greater Los Angeles VA, and as the inaugural chief medical officer for a self-insured employer with a large rural agricultural workforce. In his book—*The Upstream Doctors*—and TED Talk, he introduced “Upstreamists,” a new model of healthcare professionals who improve outcomes by addressing the social and structural drivers of health equity—patients’ social needs, community-level social determinants of health, and structural determinants of health equity including structural racism.

Melissa Meza
Senior Program Manager



Melissa Meza holds a master’s in public health from the University of San Francisco and has significant experience advancing and implementing projects to increase access to equitable healthcare using a multi-disciplinary community-oriented approach. In her previous roles, she has led and designed projects with Tribal, county, and community-based organizations across various domains, including primary prevention, early cancer screening and detection, and cancer survivorship. She spends her free time assisting partners with cancer research, attending social events, reading, and spending time with family.

Vincent Pancucci, MPH
Health Equity Project Coordinator



Vince Pancucci is a public health professional with over 10 years of experience in community-based participatory research, community engagement, and health and social policy within the areas of HIV/AIDS, LGBTQ+ health, substance use, and sexual and reproductive health. Prior to joining HealthBegins, Vince held positions at a variety of health and social service organizations, including Fenway Health, AIDS Research Alliance, and most recently, the Los Angeles LGBT Center. Vince holds a master’s of public health in health policy and management from the UCLA Fielding School of Public Health.

MEET OUR TEAM



Kyron Pierce

Health Equity Project Coordinator

Kyron Pierce joins HealthBegins with a breadth of experience from various healthcare settings. With a BS in kinesiology from Temple University, Kyron began his healthcare career in clinical research at University of Pennsylvania working for the Women In Steady Exercise Research study. He also worked on the NEXUS Comprehensive Patient Navigation Program under a SAMHSA grant at Family Health Centers of San Diego to help connect MSM and transwomen of color to mental health, substance use, and HIV case management services. Kyron hopes to be a lifelong advocate for the accessibility, affordability, and equity of healthcare nationwide.



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

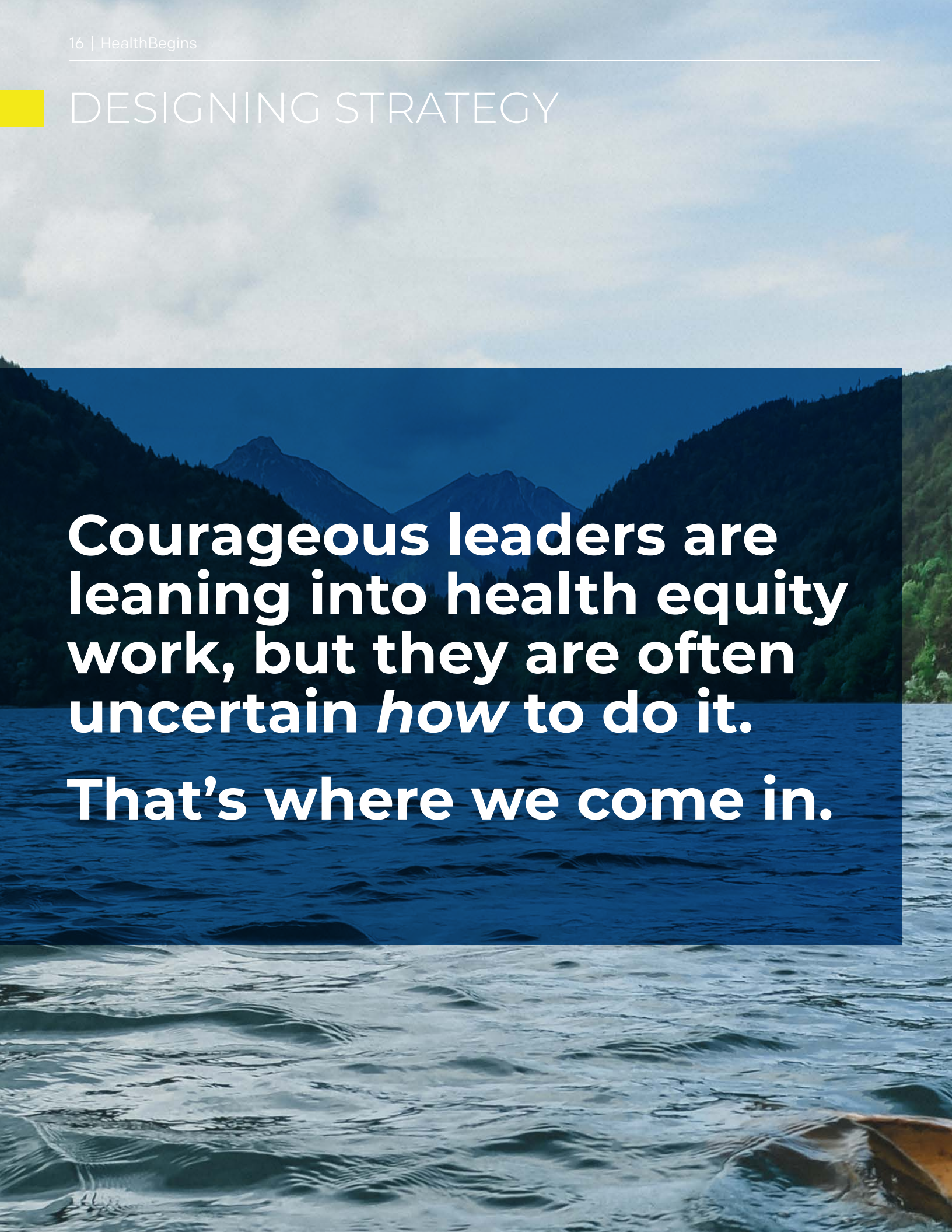
Vsem Yenovkian comes to HealthBegins with more than 14 years of marketing and communications experience, including positions at a technology startup and a medical genetic testing company. At these organizations, he focused on developing a comprehensive content marketing strategy designed to raise brand 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
Training Program Manager

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.

DESIGNING STRATEGY



**Courageous leaders are
leaning into health equity
work, but they are often
uncertain *how* to do it.
That's where we come in.**



In 2022, HealthBegins helped Medicaid managed care plans and Medicaid-serving health systems and clinicians solve three big challenges as they worked to advance health equity. These included how to:

1

DESIGN STRATEGIES TO MEET CHANGING AND GROWING REQUIREMENTS—FROM STATES, CONTRACTS, PAYERS, AND ACCREDITING BODIES—FOR HEALTH EQUITY AND SOCIAL NEEDS.

The Centers for Medicaid & Medicare Services along with many state Medicaid agencies are creating new health equity performance requirements that Medicaid managed care plans must now meet, such as CalAIM's [50 x 25 bold goals for state](#). At the same time, Medicaid-serving health systems face new health equity performance requirements from health plans and accreditation bodies alike. The Joint Commission—the nation's oldest and largest accrediting body in health care—published [new accreditation requirements](#) for providers that include identifying healthcare disparities in the patient population by stratifying quality and safety data using socio-demographic characteristics and developing a written action plan to address at least one healthcare disparity.

This year, HealthBegins helped Medicaid managed care plans, such as **Health Net**, and Medicaid-serving institutions build capacity to do this work, do it cost-effectively, link social needs to health equity, and align internal and external stakeholders—including quality improvement, utilization management, population health management, transitions of care, and cultural and linguistic services—around key results for health equity.

FEATURED TOOL

STEPS Forward

HealthBegins collaborated with the **American Medical Association** on two toolkits to help clinicians in [health systems](#) and [smaller practices](#) engage their leadership, administrators, clinicians, patients, and other stakeholders in conversations about health equity, racial equity, racism, and anti-racism.

In June 2022, The Joint Commission [cited HealthBegins' STEPS Forward](#) module when it incorporated health equity metrics into its new accreditation requirements.

2 DEMONSTRATE OUTCOMES AND KEY RESULTS, NOT JUST PROCESSES AND OUTPUTS.

It wasn't too long ago that there weren't any performance requirements for health equity. The floor has been raised to now require that many healthcare stakeholders, including Medicaid managed care plans and Medicaid-serving health systems, report on inequities that exist and screen patients for social needs. However, many of these performance requirements are currently tied to processes, not outcomes. Many Medicaid managed care plans and Medicaid-serving health systems want to exceed that floor and demonstrate outcomes.

In 2022, HealthBegins helped dozens of healthcare systems in the **California Improvement Network (CIN)** by building a [Toolkit To Advance Racial Equity in Primary Care](#), with support from the **California Health Care Foundation**. Grounded in racial equity and continuous improvement principles, the Toolkit outlines specific concrete opportunities, resources, and tips to help those who deliver, support, or pay for primary care to improve outcomes, not just processes.

3 FORGE IMPACTFUL PARTNERSHIPS BETWEEN HEALTH SYSTEMS AND SOCIAL SERVICE NONPROFITS.

Many state Medicaid agencies have included a requirement to screen for social needs in Medicaid managed care contracts. More and more, Medicaid managed care plans and providers are trying to move beyond merely screening for social needs to start partnering with community-based organizations (CBOs) to actually address the social needs they uncover. At the same time, CBOs don't have the experience or capacity to navigate complex Medicaid performance requirements.

This is true in California, where the **Department of Health Care Services'** new CalAIM initiative is working to transition Medi-Cal to a population health approach that prioritizes prevention and whole person care, and includes a mandate to partner with CBOs to meet social needs. In 2022, HealthBegins recruited, trained, and supported **CBOs across seven counties in the state** to work with Medicaid managed care plans, [building their capacity](#) to partner, contract, and manage their performance in partnerships that address social needs. And we partnered with the **American Medical Association (AMA)** and **The Gravity Project** to help thousands of clinicians nationwide better document social risk data and [better represent the time and complexity](#) associated with caring for patients with social needs.



FEATURED CLIENT

Health Net is one of California's longest-serving and most experienced managed care plans, with approximately two-thirds of its members enrolled as Medi-Cal beneficiaries. In 2022, it wanted to build on its individual health equity initiatives to develop a clear, cohesive strategic framework to help embed health equity across the enterprise, and better align and accelerate internal equity-related initiatives to pursue a shared set of equity-related goals. They turned to HealthBegins to help them develop a health equity strategic plan and governance committee.

"HealthBegins has been a valuable partner in helping Health Net to build a comprehensive health equity strategy and also supporting our COVID vaccine equity work. They bring deep knowledge and empathy to their work as well as relationships with community leaders and organizations, which allows them to provide a 360° view on how we can be most effective in improving health equity outcomes."

– Dr. Pooja Mittal, Vice President, Chief Health Equity Officer, Health Net

TRAINING AND EDUCATION

Equity is a process, not just an outcome. As pioneering institutions embark on the change process, they need personalized training to build knowledge, deepen engagement, and translate plans into applied workstreams.

We meet them there.

FEATURED TOOL

A Toolkit to Advance Racial Health Equity in Primary Care Improvement

This [toolkit](#), created in collaboration with the **California Improvement Network**, helps build practice-level capacity to address the social and structural drivers of racial health equity. It offers seven concrete opportunities to act and advance health equity along a “road map of improvement.” Each opportunity is supported with tactics and practical resources, while case studies provide insights into how organizations have implemented improvements.

In 2022, the toolkit inspired **Health Quality Partners** to engage HealthBegins for a training on REaL data collection and stratification for its staff and the staff of its member clinics.

Moving upstream starts with courageous leadership—with the conviction that change is needed and the commitment to work through challenges to forge a vision and a plan to enact it. Once the vision is formed, however, many leaders find a gap in expertise and capacity between laying plans and taking action. They may have goals to advance equity on all three levels of influence (individual social needs, community-wide social determinants, and broader societal and structural drivers), but they need new expertise to align those efforts and eliminate silos. They need to learn the terminology, tools, and processes for integrating health and social care. They need to build a critical mass of staff members and stakeholders with the knowledge and practices to enact change. And they need to learn all this at the times and places, and with the people, that match the demands of their work and the scope of their goals.

HealthBegins' training and education services help scale vision into practice at this stage, through **peer learning networks, live learning sprints, and self-paced educational modules**. In 2022, we helped health systems, community partners, and a state hospital association to:

1 TRAVERSE THE CHALLENGING JOURNEY UPSTREAM WITH BOTH EXPERT GUIDANCE AND PEER SUPPORT.

Advancing equity through health care presents a steep, sometimes isolating learning curve. We have found that trailblazing teams fare best when they travel this journey in the company of others, gaining support and shared insight along the way. We facilitate rich peer learning communities in which leaders and frontline workers convene to gain technical strategies and skills, as well as absorb practical lessons learned from their peers. As important as the tangible lessons are the opportunities to pause amid the everyday scramble, reflect, redirect, and meet challenges and successes together. These sessions provide the structure, space, and shared accountability to accelerate health equity work—and can help to spread Upstream QI campaigns across sites, to make upstream care the norm across a health system.

FEATURED CLIENT

Building capacity for change at a rural health clinic

In 2022, HealthBegins created a Racial Health Equity Organizational Assessment that it used to help clients, such as California's rural **Hill Country Health and Wellness Center**, identify organizational strengths, improve confidence, and prioritize improvement opportunities to advance health equity. With Hill Country, we then leveraged our training and technical assistance expertise to develop a customized action plan—including training and evaluation steps—to inform a series of transformative interventions to shape and accelerate health equity initiatives organization-wide. We are poised to launch a 12-week online training program to help more Medicaid-serving health systems like Hill Country advance racial equity in primary care in 2023.

“

HealthBegins was a wonderful partner in helping us assess and plan our Health Equity work within our system. They took the time to understand who we were as a clinic as well as the uniqueness of our very rural community in Northern California. Their technical assistance provided very clear objectives and timelines to meet these objectives in ways that were manageable and achievable. They also were intentional about building relationships with us not only as an organization but as individuals. And every meeting included a little fun. We will look for ways in the future to partner with HealthBegins.

— Jo Campbell, ACSW, CWWS, CEO,
Hill Country Community Clinic

”



This year, for example, HealthBegins concluded five years of work with **Mathematica** to provide training and support to about 30 organizations pioneering the landmark **CMS Accountable Health Communities Model** to promote clinical-community linkages to address social needs. We led webinars, developed two action group series on navigation and sustainability, and developed a Health Equity Tip Sheet based on lessons learned during the implementation of the model.

2 APPLY RIGOR TO HEALTH EQUITY PLANS TO ENSURE THAT EFFORTS LEAD TO REAL IMPACT.

Moving upstream with rigor requires expertise across numerous workstreams. Teams often need coaching to translate goals into work plans, assess which community partners to connect with, and then build trust and mutual collaboration with those partners. Teams also need a deep understanding of how to collect and stratify **Race, Ethnicity and Language (REaL) data** to inform equity efforts—identifying what to measure, how to assess the data, and how to measure the effectiveness of community partnerships. Our coaching through **Upstream Quality Improvement** campaigns helps them meet these challenges. Along the way, HealthBegins encourages and supports teams to continually push their work further upstream, addressing not only individual social needs but also what are often called “the causes of the causes,” the broader structural forces that give rise to those social needs in the first place.

In 2022, for example, we orchestrated learning sessions and office hours for teams from **seven health systems across Virginia** to address the social drivers of health that impact patients with diabetes or heart disease in their communities. Our support also helped **Cleveland’s MetroHealth** and **Oregon Health Sciences University’s (OHSU) Richmond Primary Care Clinic** forge new community partnerships—MetroHealth’s to increase voter registration and test pregnant women for lead exposure, and OHSU’s to address diabetes in specific neighborhoods.

3 ENABLE INDIVIDUALS TO ACCESS KNOWLEDGE AND SKILLS WHEN AND WHERE THEY'RE NEEDED.

In the leap from vision to action, many organizations need to equip numerous staff members with the knowledge, terminology, and tools to support upstream transformation. And even in organizations that are not yet moving upstream, many individuals want to inform themselves. Online educational modules enable many such stakeholders to learn upstream fundamentals at their own pace, when and where they can.

In 2022, HealthBegins provided such resources to the healthcare public through the online STEPS Forward modules—which help leaders in both large and small health systems advance racial health equity—developed in collaboration with the **American Medical Association**. The Joint Commission cited one of HealthBegins' modules in its new accreditation requirements, which go into effect in 2023. A second module, developed with the AMA and the **Gravity Project**, explains the implications of the new CPT coding guidelines (which determine medical billing just about everywhere) for patient social risk and equity.

In 2023, HealthBegins is partnering with the AMA to publish “Core Competencies for Upstreamists”—a set of six freely available introductory online modules designed to equip emerging healthcare leaders who are accountable for advancing equity and integrating health and social care with the skills they need to drive system transformation.



“

HealthBegins' unique approach to healthcare partnerships is helping YMCAs in three states reduce health disparities through strengthened community to clinic collaborations. Using the Community Health Detailing method, YMCAs have successfully engaged with hundreds of new providers, resulting in nearly 700 referrals to the Y for chronic disease programs last year alone.

— Amanda Metzger, MPH, Manager, Movement Engagement Network Experience, YMCA

”

IMPLEMENTING SOLUTIONS

Even well-laid plans meet challenges on the way upstream—in operations, stakeholder engagement, and relationship and project management.

We co-navigate the craft to make the difficult, doable.

FEATURED TOOL

One-Stop Shop for Healthcare & Community Partnerships

This online library, which marked its first anniversary in December, contains a suite of tools and resources to help healthcare and social service partners estimate and demonstrate the financial and social impact of their partnership as they work to integrate health care and social services. HealthBegins developed the library with the **Nonprofit Finance Fund** and the **Commonwealth Fund**.

In 2022, the One-Stop Shop was selected as the new home for a powerful partnership tool: the ROI Calculator for Partnerships to Address the Social Determinants of Health.

Driving real-life improvements—those that result in tangible impact—brings different challenges and requires different expertise from the design and training stages. We call these the **last-mile challenges** on the journey upstream. This year HealthBegins used our last-mile expertise to help major health systems, public agencies, and nonprofit partners navigate the challenges of putting great upstream plans into practice. We supported these teams to:

1 TRANSFORM WORKFLOWS AND MANAGE MANY STAKEHOLDERS TO MEET EVOLVING PERFORMANCE REQUIREMENTS FOR EQUITY.

Leaders with robust plans to improve health equity quickly find that it's one thing to design strategies but another thing to implement them. Contractual, regulatory, and accreditation requirements for health equity performance continue to evolve (as detailed in the Designing Strategy section). It's not enough just to put good plans in motion—we also must ensure that equity is actually improved, gaps closed, social needs met. It can be hard to manage stakeholders across teams, organizations, and sectors, and to integrate new operations across different levels of an organization. It can be even harder to help frontline health and social care providers meet and exceed these new requirements amid their everyday tasks. The bolder this work is, the messier it is to manage.

In 2022, HealthBegins helped both healthcare and social service organizations make this complex work manageable and successful, using approaches such as **Community Health Detailing**. This quality improvement intervention equips community-based organizations and people with lived experience to help clinical providers achieve demonstrable improvements in equity and social needs-related performance measures. For example, we supported the **YMCA of the U.S.A.** to drive more referrals of eligible patients to evidence-based health interventions, such as the Diabetes Prevention Program, using this approach.



“ We are tremendously grateful for the collaboration with HealthBegins to establish medical-legal partnerships with legal aid providers across 5 states. HealthBegins’ robust training and technical assistance are transforming Kaiser Permanente’s capacity to meet housing-related legal needs that affect the health of individuals, families, and communities. Their support has been instrumental in advancing upstream solutions to better tackle social and systemic drivers of health. ”

— Vanessa W. Davis, MPH, National Program Leader, Housing for Health, Kaiser Permanente

2 MANAGE AND SUSTAIN THRIVING PARTNERSHIPS BETWEEN HEALTHCARE AND SOCIAL SERVICE ORGANIZATIONS.

As accreditors and healthcare leaders awaken to the urgency of addressing health inequity, organizations providing health and social care need each other more than ever. Yet these essential partnerships encounter challenges on multiple levels. Coming from separate sectors, they work in different cultures with different demands and vocabularies. Nurturing partnerships can be hard for both partners, especially in identifying and quantifying value for each. Small social-service organizations partnering with big health systems also struggle with a significant power differential that can compromise their ability to negotiate and ultimately undermines the partnership itself. We help partners meet these challenges through multiple means. For example, we offer [guiding principles](#) and provide tools and resources for managing partnerships, such as the **ROI Calculator** and other assets housed in our virtual One-Stop Shop for Healthcare & Community Partnerships. We also create spaces in which partners can meet and conduct the hard conversations that make partnerships equitable, effective, and sustainable.

This year, we helped more than 760 organizations, including **community-based organizations (CBOs) across California**, build their knowledge and capabilities to partner with Medicaid managed care plans to deliver social services under the state's landmark "[in-lieu-of-services](#)" benefit. And we continued to facilitate groundbreaking cross-sector relationships between **Kaiser Permanente** clinics and their partners in local legal aid organizations as they forged medical-

legal partnerships to help improve health and housing outcomes for patients at risk of eviction and homelessness.

3 APPLY RIGOROUS PROGRAM MANAGEMENT STRATEGIES TO ENSURE THAT COMPLEX NEW WORKFLOWS, OPERATIONS, AND DATA SYSTEMS ROLL OUT SMOOTHLY.

Transformative health equity work comes with significant program management demands. These demands require leadership by people who have not only general program management experience, but specific experience managing upstream care campaigns—especially with Medicaid-serving clients. HealthBegins brings the skills to catalyze this stage of implementation, from supplying activation energy to setting up a program management structure to coaching clients to operate that structure themselves. We're intentional about providing this support in a way that builds capacity in our clients, rather than replacing their capacity, so that we can ultimately step back as they forge ahead.

In 2022, HealthBegins helped **Kaiser Permanente** clinics develop new medical-legal partnerships in a national initiative (detailed below). As the partnerships grow and additional sites come online, HealthBegins is supporting them to design and implement new project management methods—equipping frontline staff (both clinical and legal) to set up and streamline processes, and to do so effectively across separate organizations in separate industries, each with its own technologies, methods, and worldviews.

FEATURED CLIENT

Spotlight: Transforming housing assistance at Kaiser Permanente

Together with HealthBegins and the **National Center for Medical-Legal Partnership**, **Kaiser Permanente** is undertaking the largest-ever medical-legal partnership investment, with the greatest potential for impact. In 2022, HealthBegins helped design and then ran the Program Management Office (PMO) for this national initiative (as we will continue to do in 2023). We also provided training and technical assistance to launch new medical-legal partnerships with Kaiser Permanente clinics across different U.S. regions. Four sites are now in action, using Kaiser Permanente's Thrive Local (UniteUs) platform, with two more sites to come in the next year. This unprecedented initiative stands to demonstrate nationally how legal aid can help stabilize housing and prevent evictions for Kaiser Permanente members at risk of homelessness.

A close-up portrait of a young woman with voluminous, curly brown hair. She is smiling broadly, showing her teeth. She is wearing a grey zip-up jacket over a dark grey tank top. The background is a soft, out-of-focus grey.

FEATURED TOOL

Technical Assistance and Resources for Community Supports Providers

California's CalAIM initiative aims to transform Medi-Cal to a population health approach and requires health plans to partner with CBOs to meet social needs. HealthBegins has trained and supported CBOs to participate and facilitated their partnership-building work with health plans. We also developed [this website](#), which centralizes resources and recordings. All are part of a broader effort to build capacity for cross-sector work to get more Medi-Cal beneficiaries access to critical health-related social services.

Based on our work connecting these key stakeholders in 2022, the **California Department of Health Care Services** selected HealthBegins to facilitate further work between CBOs and health-plan partners to implement community supports in the new year.

EVENTS & MEDIA

SELECTED EVENTS:

Kaiser Permanente Institute for Health Policy forum: "A Journey Home: Transforming Care, Providing Support, Expanding Access."

Rishi Manchanda spoke about HealthBegins' work supporting Kaiser Permanente to expand medical-legal partnerships, as well as the broader implications of using a human rights framework for housing and health policy.

ACHP 2022 February Virtual Clinical Summit: "Re-Thinking Chronic Illness: What's on the Horizon?"

Rishi Manchanda was a speaker in the session "*A New Age of Equity and Accountability: Achieving Market Differentiation Through ACHP's 2030 Roadmap to Reform*," which explored new approaches to quality and member engagement in chronic disease management that incorporate equity and partnership as drivers of health plan competitiveness and value.

AMA Webinar: "Racial and Health Equity: Concrete STEPS for Health Systems"

Rishi Manchanda was a co-presenter with Denard Cummings in The AMA STEPS Forward webinar series as they highlighted key strategies on streamlining practice efficiencies and promoting joy in medicine.

CIN Webinar: "Introducing a Toolkit to Advance Racial Health Equity in Primary Care Improvement Efforts"

Rishi Manchanda, Roza Do, and Nasaura Miles presented at this webinar from the California Improvement Network (CIN) to discuss how the toolkit was developed in partnership between HealthBegins and CIN, to hear from workgroup members who helped develop the toolkit, and to understand how to use the toolkit.

The Civitas Networks for Health 2022 Annual Conference

Rishi Manchanda spoke during his presentation "*Moving Upstream: How to Seize This Momentum to Transform the Social and Structural Drivers of Health Equity in Our Communities*," where he explained the core tenets of what health equity means, as well as discussed threats to equitable treatment and steps we can all take to build health equity into our careers and lives.

Putting Care at the Center Conference 2022

Sadana Thevarajah and Alexis Taylor were on a panel where they described key learnings from partnership development work within the context of CalAIM, identified pain points that remain for Community Based Organizations and Medi-Cal Managed Care Plans in delivering on CalAIM requirements, and named bright spots that have come about through CalAIM partnership development.

Milbank and Blue Shield CA Primary Care Payment Innovation

Rishi Manchanda and fellow speakers discussed the need for payers to come together to collaboratively improve collection and share social needs data, leverage area-based social risk data, and align with place-based strategies to address social and structural drivers of health equity.

HEALTHBEGINS PUBLICATIONS:

WEBINAR: Centering Racial Equity In Social Needs Interventions

Natalie Harper, Dan Behrens, Susan Frantz, Ma'ta Crawford, and Sara Bader discussed how to center racial equity in social needs interventions and share lessons learned from the field.

<https://youtu.be/QuMzxQ5EokA>

WEBINAR: How CBOs and Healthcare Organizations Can Create Mutually Beneficial Partnerships for Equity

Denise Octavia Smith, Aurora Grant Wingate, Maria Lemus, and Dr. Rishi Manchanda discussed how partnerships can help CBOs achieve financial stability, along with strategies for making these partnerships sustainable and effective.

<https://youtu.be/8cZmsDa48MY>

WEBINAR: Health Equity Zones: Opportunities for Plans, Providers & States to Align & Advance Equity by Place

Dr. Pooja Mittal, Chris Ausura, Sadana Thevarajah, and Dr. Rishi Manchanda demonstrated what can happen at a state and Medicaid health plan level when addressing social and structural drivers of health equity in defined communities.

<https://youtu.be/33xamKOBc44>

WEBINAR: Housing Justice: Policy Opportunities to Prevent Evictions, Stabilize Housing & Advance Equity

Akeem Anderson, Rasheedah Phillips, Bethany Hamilton, and Ellen Lawton spoke as housing justice advocates about the critical role of legal aid for renters in improving health equity.

<https://youtu.be/xmGIui3Eug>



WEBINAR: First, Do No Harm: Healthcare Profiteering, Hospital Never Events, and Implications for Racial Equity

Dr. Dave Chokshi, Adam Beckman, Berneta Haynes, and Quynh Chi Nguyen highlighted how mission-driven healthcare leaders and providers can support patients and counteract harmful financial practices, healthcare profiteering, and racial capitalism.

<https://youtu.be/yHnvjoluO8g>

RESOURCE: CalAIM Links

CalAIM Links is a collaboration between Transform Health, Aurrera Health Group, and HealthBegins, with funding from the California Health Care Foundation to provide community based organizations with much-needed support in response to the rollout of a new DHCS equity initiative: CalAIM.

<https://healthbegins.org/calaim/>

GUIDE: A Toolkit to Advance Racial Health Equity in Primary Care Improvement

Developed in partnership with HealthBegins and the California Improvement Network (CIN), this practical toolkit is designed to help health care organizations—including those that provide, pay for, or support primary care—to increase the primary care improvement efforts that center racial equity.

<https://www.chcf.org/publication/toolkit-racial-equity-primary-care-improvement/>

BLOG: How a Health System Acknowledged Historic Racism to Build Community Trust

An exchange during a HealthBegins workshop between a community-based organization leader and a health system executive captured an underlying truth: how a health system holds itself accountable to the community is central to their health equity work.

<https://healthbegins.org/cone-health-greensboro-housing/>

BLOG: Why Health Systems Are Putting Lawyers on the Care Team

Having lawyers who work alongside the healthcare team provides opportunities for healthcare staff to grow their own knowledge and capacity for supporting patients' housing needs.

<https://healthbegins.org/why-health-systems-are-putting-lawyers-on-the-care-team/>

BLOG: Organizing Health Equity Work By Place

Health Equity Zones offer a blueprint for how health systems and payers can organize and align their own internal health equity strategies and resources by place.

<https://healthbegins.org/organizing-health-equity-work-by-place/>

BLOG: 5 Ways to Hold Institutions Accountable for Health Equity

Embracing community-driven governance and monitoring helps ensure the success of everything a healthcare institution does to advance health equity.

<https://healthbegins.org/5-ways-to-hold-institutions-accountable-for-health-equity/>

BLOG: 6 Lessons for Moving Upstream to Dismantle Structural Racism

Addressing structural drivers of racial and health inequity is a challenge many health systems and clinics face—how can teams approach that formidable challenge from inside a healthcare institution?

<https://healthbegins.org/six-lessons-for-moving-upstream-to-dismantle-structural-racism/>



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 [2022 newsletters](#) follow:

JANUARY 2022:

Big Goals For The Next Chapter In Moving Upstream

With this blossoming of more organizations and leaders eager to act on those core beliefs, we recognize that we're entering a new chapter, where the movements to advance health equity and move upstream can—and must—go wide and deep together.

FEBRUARY 2022:

What Is A Health Equity Improvement Zone?

If the pursuit of health equity is predominantly a pursuit of reducing inequities that occur in the healthcare system, those are healthcare inequities, not health inequities. Health begins outside the clinic walls. So the pursuit of equity has to be place based—addressing inequities experienced by whole communities.

MARCH 2022:

What Paul Farmer Taught Me

Paul Farmer cared for the poor, but he eschewed charity. He focused instead on compelling those with privilege to challenge unjust structures that made and kept his patients sick; and compelling those with resources and power to finance the staff, space, stuff, and systems needed to keep his patients well.

APRIL 2022:

Four Questions To Ask About Your Organization's History

We are living in another watershed era for advancing racial justice and health equity. And just as the reforms of the Civil Rights era reshaped the society in which Judge Jackson grew up, we have the awareness and momentum now to undo inequities across sectors and transform America for the next generation.

MAY 2022:

What Changes When You See Health Equity Through A Structural Lens

A structural lens reveals that inequities are not simply the unfortunate results and by-products of large forces in society, such as income inequality, structural racism, and generational poverty. Rather, inequities are harms against people. They are harms done by design. And they require structural solutions.

JUNE 2022:

The Antidote For Overwhelm Is Partnership

Finding strength and solace in partnership is especially important when the problems we wish to solve are not merely individual forms of harm (e.g. gun violence, health inequities, food insecurity, substandard housing, or other social needs) but structural forms of violence (disenfranchisement, redlining, or firearm laws that propagate and increase the frequency of injury and death due to firearms).

AUGUST 2022:

4 Ways You Can Support Reproductive Health Justice in a Post-Roe America

We know this decision will widen health inequities by exacerbating structural violence and disproportionately harming low-income women and Black, Latina, Indigenous, Asian, and other women of color who already have a difficult time accessing the reproductive health care that meets their needs.

SEPTEMBER 2022:

3 Ways To Build Equity into Medicaid Transformation

To combat the structures that cause harm, we need to build infrastructure for equity. This means embedding equity into policy design and implementation as well as into the critical community infrastructure that helps us translate those policies into action.

OCTOBER 2022:

Hospitals & Profiteering - 4 Ways to 'First, Do No Harm'

Hospitals can't tout their health equity and social determinants work on a Monday and then unfairly extract wealth from marginalized patients on a Tuesday. This hypocrisy is underscored by research that demonstrates the ways medical debt fuels poor health outcomes and increases the risk of social needs like housing and food insecurity.

NOVEMBER 2022:

The Midterms Were An Invitation To Fight For Equity

The midterms gave me hope, but they should not make us complacent. Nothing in public opinion holds still. To make an impact, we need to seize this opportunity to act, to build on this moment, not wait to see what the next election cycle will show us.

DECEMBER 2022:

Reflections On 10 Years In The Upstream Movement

Our New Year's wish is that every one of us has opportunities to see hope and progress and reaffirm our commitment to the values that animate us. Because it is only through equity, growth, joy, and love that we can lay down more pathways for liberation—together with you, every step of the way.





HealthBegins is a national design and implementation partner that helps Medicaid-serving clients move upstream and advance health equity for people and communities harmed by societal practices.

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 supports clients and partners with Strategic Planning and Design, Training and Education, and Solution Implementation. 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 Northern California, Washington, Colorado, and Massachusetts, 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:



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