

Dr. Rishi Manchanda

President and CEO, HealthBegins

*Dr. Rishi Manchanda is a physician, author, and healthcare leader who has spent his career developing novel strategies to improve health equity in marginalized communities. In his 2013 TEDbook, *The Upstream Doctors*, he introduced a new model of healthcare workers who improve care by addressing social and structural drivers of health equity, including patients' social needs, like food, financial and housing insecurity. The book has become recommended reading in medical schools and universities across the world.*

*Dr. Manchanda is CEO of *HealthBegins*, a mission-driven firm that provides healthcare and community partners with tools to improve care and the social and structural factors that make people sick in the first place. Their work centers around their moonshot goal to train 25,000 "upstreamists" by the end of next year to drive radical transformation in health equity.*

Necessary Optimism to Work Upstream

Dr. Rishi Manchanda, CEO of HealthBegins, went into medicine with a clear understanding of the social determinants of health equity and a personal mission to help the communities he has felt privileged to care for, from families in south central Los Angeles to homeless Veterans at VA and migrant farmers in the central valley of California. Optimism is not a naïve sense of what is possible, it is a vital sensibility that comes from engaging in collective action and seeing what it can accomplish. That optimism helps us answer key questions, "If not this, what?" and "If not now, when?"

Recognizing Rot in the Foundation

Rishi notes that social movements have shifted the national conversation on racism away from an individual level to an institutional and structural one. We now talk about the fact that, as Sherrilyn Ifill notes, there is a dangerous rot of structural racism and inequity at the foundation of our country. And it keeps showing up. A 2013 study comparing the health of Americans to other rich countries showed how

far behind we are in both general health and length of life. One outcome of the report was the acknowledgement that the fundamental inequities in our country lead all Americans to suffer from this health disadvantage. This requires us to clear the rot from our foundation. Not everyone will participate, but Rishi believes that more people will take part in this process than ever before. Until we do this, the impact of structural inequities will continue to reverberate at all points in society—business success and talent access, education performance—and leave us all at a disadvantage.

An Approach to Solutions: Private Industry

In identifying ways to clear the rot from the foundation, Rishi has suggestions for private industry. First, look inward and identify inequities by race. Understanding what employees/vendors/partners/consumers of color need and experience is fundamental. For example, analyze the design and cost of benefit plans by race and understand whether there are inequities in plan benefits, cost burden, and outcomes by race. With this information, take an anti-racist approach. This means "centering in the margins" to address inequities. In the case of benefit plans, look at how to remove cost burdens that lead to inequitable outcomes. Look at new models that are more equitable, such as a wage-based approach to plan benefit design instead of high-deductible plans. Finally, private industry must demand more government action to fix structural inequities. Because the cost of inequity is too great for any one sector to take on by itself. There are non-partisan, legal ways to do this. The pandemic revealed that institutions can and did take civic action—from speaking out against dismantling the Fair Housing Act to supporting voting rights.

An Approach to Solutions: Collaborations

Rishi believes there are a lot of collective impact models that work, and suggests the following steps. First, define a set of shared equity goals by place. For example, have a goal to

eliminate racial inequities in cancer treatment in five, specific highly-burdened zip codes by 2023. Second, identify opportunities to address the social and structural drivers of that inequity at the individual, institutional and community level. Next, identify shared accountability. If we don't do a good job, then what happens? Who is holding us accountable? There are frameworks out there (e.g., a results-based accountability method) that do this well. Finally, align strategies and incentives to work across levels of prevention and levels of action (individual, institutional, community).

The Flip Approach: A PAC for Health Equity

Political campaigns and committees (e.g. PACs) often focus on raising funds to help “flip” local congressional districts from one party to another. One idea Rishi suggests is leveraging and adapting this model to “flip” communities with inequitable local policies to adopt more policies with a health equity focus like inclusionary zoning, healthy food procurement, decarceration, or home-visiting programs for new moms and infants. This approach would raise and direct money, attention, and resources to local advocates working to ensure that cities, counties and states adopt health equity policies. What if AARP and partners committed to helping “flip the inequity” in 10 states and 100 communities in the U.S. by the end of 2023 —finding inequities, and mobilizing, organizing, and pooling funds to reduce inequities through local policy change? For example, imagine getting a call or text tonight sent from a campaign asking, “Science shows that a lack of home visiting programs for new moms contributes to maternal mortality, including inequities wherein Black women die at a rate 2 ½ times higher than white women. We’re raising funds to help expand access to safe, affordable and effective home visitation programs in 10 states. Would you be willing to donate \$10 to help save the lives of new mothers?”