



WHAT COUNTS

COMMUNITY SCREENING GUIDE

INTRODUCTION

Social and environmental factors play a big role in our health. Physicians overwhelmingly agree that lack of access to essential resources like nutritious food, safe housing and even jobs is directly responsible for poor health.¹ However, hospitals, clinics and insurers have not typically accounted for issues like these in their programs, even while most care providers wish they would.

But momentum is building. There is tremendous support for course corrections that will put our healthcare system on a path to deliver the resources we all need to be healthy.

Every day innovative health system leaders, providers and community advocates are stepping up to the challenge and committing to build the healthcare system we deserve — together. We need to hear from these champions of change now more than ever, to learn and to build a more effective and equitable system of health, in which everyone has the opportunity to thrive.

The documentary film *What Counts* introduces viewers to a few of the healthcare change-makers paving a new path forward with their communities and invites viewers to join this powerful journey.

¹ 85% of physicians believe this: www.rwjf.org/en/library/research/2011/12/health-care-s-blind-side.html

ABOUT WHAT COUNTS

What Counts is a short documentary (36 minutes) by Emmy-nominated filmmaker Nicole Newnham about vital initiatives that are pushing the traditional boundaries of healthcare. The documentary highlights the stories and experiences of a growing group of leaders taking critical steps to address the social and environmental factors that affect the health of their communities.

Dr. Thea James at Boston Medical Center leads a violence prevention program at the hospital to stem harm before it begins. Kaiser Permanente CEO Bernard Tyson in Oakland is ending health disparities across the entire hospital system. They are just two examples of the featured changemakers proving that connecting people to resources essential for health is not only necessary but possible.

ABOUT THIS GUIDE

This guide is designed to support conversation and action surrounding the documentary *What Counts*. It can help motivated healthcare providers, system leaders, patient advocates and community organizers use the film to deepen understanding about the link between essential needs and health, as well as inspire steps — modest or bold — that any viewer can take to support this growing movement to redefine what counts as healthcare.

- **If you are a care provider** often frustrated by the inability to tackle poor health at the root...
- **If you are helping people access what they need outside of traditional healthcare**, like housing, employment, healthy food, transportation, violence-free communities, etc...
- **If you represent a healthcare interest group** with overlooked but important essential needs (disabilities, mental health, etc.) ...
- **If you work as a paraprofessional or patient advocate** who is often caught in a healthcare plan that does not have a full picture of your clients' health priorities...
- **If you are a concerned citizen that would like to address the unmet healthcare needs in your community**, like lack of access to affordable, healthy food...

...this film and guide are for you!

WHAT'S INSIDE?

Everything you need to host a successful screening of *What Counts*, including:

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Questions for you to consider about your goals, audiences, and planning as you begin preparing for your event.

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GETTING STARTED

A focused and clear plan for your screening is the best way to make the most of your efforts to deepen understanding and inspire action. Spend a few minutes considering the following questions and you'll be on your way!







Which unmet social needs are most pressing for the communities you work with?

The below are the most common factors that affect people's health today. But the lists are not exhaustive. Because unmet social needs are often the result of policies and practices that marginalize, segregate or disparately impact communities based on race, income or other factors, the issues and needs can look different from one context to another. Use the lists below to spark thinking, not limit it.

Essential Social Needs Domains

-  Food [and water] insecurity
-  Housing instability
-  Utility needs
-  Financial resource strain
-  Transportation
-  Exposure to Violence

Other Social Needs Domains

-  Childcare
-  Education
-  Employment
-  Health Behaviors
-  Social Isolation & Supports
-  Behavioral/Mental Health

What are your expected outcomes? How will you know you've succeeded?

All screening events can — at the very least — foster productive discussion and deepen understanding and learning. Consider your reasons for hosting a screening of *What Counts*. What else can those conversations and learnings help you accomplish? For example:

- Are you a healthcare provider who hopes to launch a pilot program of your own? The film can highlight possibilities to spark ideas and planning.

What challenges exist in your community? The answer begins with screening.

For more information about common social needs as well as a template screening tool to help you find the answer, download the free Health Leads Social Needs Screening Toolkit.

www.healthleadsusa.org/tools-item/health-leads-screening-toolkit/

- Do you represent an underleveraged community? A screening can offer the chance to highlight local stories and needs so stakeholders take action.
- Do you want to build new community partnerships that support collaboration between healthcare and the social sector? Partnering with stakeholders for a screening is a great way to seed interest and build buy-in.

A screening can't do everything on its own, but it can be the spark that gets things moving in the direction you need it to go.

Who do you need to convince to get planning started around meeting essential needs?

What Counts presents a number of inspiring examples of social needs interventions that are improving community health. It can help make a strong and inspiring case for simple steps or bold pilot efforts. Consider which audiences in your community are best positioned to help you get this work started.

- Is the first step just getting your healthcare team on board?
- Are decision-makers at a local healthcare institution the ones you need to convince?
- Could a meeting with the community representatives help identify solutions that would work?
- Do you need to help your staff understand why you need healthcare providers on your side?

Keep in mind that if you're trying to engage an audience you don't know very well, you should partner with leaders from those communities to help you identify the best ways to reach out.



Remember! Work with members of the communities whose health and well-being are the priority so you are speaking with them and not for them. They are valuable partners who can help you be accountable and effective in your engagement.

How will you best engage your audience to get the outcomes you want?

It all depends on who you're working with, what role they might play in the solution, and what you need them to understand or do. Here are a few sample scenarios to jump-start your thinking:

- You're a nurse working at a hospital that serves a large senior population that isn't getting the around-the-clock care they need. The homecare workers they do have aren't getting the training they need to deal with the ailments common to your area. Preventable problems continue to come up, but you're not sure what to do about it. A sit down meeting and screening with your chief physician, the social service team, the CEO and CFO might be the best place to ask: what is the simple, cost-saving solution?

- Perhaps you're a doctor who has the results from a pilot needs assessment you just completed. You learned that a large percentage of your patient population without a primary care doctor is from the same farm or factory. A screening and facilitated discussion with relevant cross-sector stakeholders could be a powerful way to kick off discussion about solutions. Engage members of the patient population, workplace leadership, key healthcare team members and other relevant stakeholders (i.e., transportation if that's part of the problem, immigration or labor rights advocates depending on the group's make-up, funding partners, etc.). Build in ample time for each group to share ideas.
- You're an advocate for the homeless who wants to help hospital staff understand mutual policy challenges so you can coordinate advocacy efforts. You'll want to partner with a healthcare leader at the local hospital to find the best time and place to reach staff. You may end up using the film during a Grand Rounds presentation where you know many will be in attendance. Just note, you won't have much time to present the issues so come prepared with handouts and a sign-up sheet so you can follow up with people later.
- Maybe you're a hospital social worker who is seeing youth you work with trapped in a cycle of unplanned pregnancies and school dropout and you have an idea for a program that may help. Partnering up with a strategic education partner and healthcare partner to host a co-sponsored screening and presentation to the groups from whom you need buy-in (e.g., school board and your health center leadership) may be the way to go. Give your audience a chance to process the film together before diving into your presentation, so you have their undivided attention. Have a follow-up plan in place. What do you need them to do next?



Reminder! The film is 36 minutes long. Consider this as you draft an agenda for your screening and remember to save time for discussion.

IT WORKS!

At the end of *What Counts* we learn that many social needs interventions not only work, they can be cost-saving.

The cost of care reduced by two-thirds for the eleven patients in year one of Contra Costa's "Care Connect" pilot program.

Housing and case management among chronically ill homeless adults resulted in:

- 29% reduction in hospitalizations
- 29% reduction in hospital days
- 24% reduction in Emergency Room (ER) visits

After moving into affordable housing, Medicaid patients in Portland, OR saw:

- Medicaid costs lower 12% per person
- ER visits decrease by 18%
- Primary care visits increase by 20%

See: <https://www.enterprisecommunity.org/research-and-resources>

FILM SCREENING PLANNING CHECKLIST

Use this checklist to map out key planning milestones for your screening and discussion of *What Counts*. Many of the items below are geared toward larger public events. Not all of the milestones apply to smaller screenings. Consider your needs and customize accordingly.

STAKEHOLDER OUTREACH (6 weeks before the event)

- Organize a meeting with relevant colleagues and stakeholders to preview the film together and discuss your responses. Leave ample time to review the Getting Started section above (pg. 4-6) as a group.
- Recruit local organizations, groups or stakeholders who can offer insight on your strategy, your target audience, help with outreach, planning or other support. Identify roles. Coordinate calendars.
- Work with event partners to draft an agenda and identify speakers, panelists or a facilitator. Develop clear action steps for the audience (see pg. 13-14), supporting handouts (as needed) and a follow-up plan.

PRELIMINARY LOGISTICS (5 weeks before the event)

- Confirm the venue and date for the event and make sure it has everything you need.
 - Do you need speakers so everyone can hear the audio? Can everyone see the screen?
 - Is there enough seating? Will you need microphones, tables and chairs? If so, are they available?
 - Do you need a projector and a computer with a DVD drive? Hard line or Wi-Fi? If the latter, is the internet speed fast enough for the video? Do you need a DVD player and a TV instead?
- Contact us if you need a DVD so we can send it to you ASAP. Reach out to whatcounts@healthleadsusa.org.

OUTREACH & FINAL LOGISTICS (4 weeks before the event)

- *Important*** Check the media (DVD or video URL) on the exact equipment you'll be using to catch technical glitches early enough to address them.
- Create your flyer, email blast and/or press release (for big events, if there is a newsworthy hook). Download the *What Counts* Hosting kit for customizable materials to help you spread the word about your screening.
- Speak with local leaders and other relevant stakeholders about the event. Submit the details to relevant newsletters or attend meetings where you can reach your target audience. Hand out flyers.
- Secure catering, translation support, and/or childcare if these are needed for your audience.

FINAL PREP (2 weeks before the event)

- Post or hand out your flyers in high-traffic areas where you know your target audience will be. If they are online, create an email blast, post and publicize the event on social media, or circulate it through relevant list-servs.
- Confirm all details with event staff (caterer, venue, IT, etc.) and finalize agenda with speakers.
- Check in with your partners, co-facilitators, and/or presenters to address any last-minute questions.

2 DAYS BEFORE (or sooner)

- Make copies of handouts to distribute at the event. Print your sign-in sheet and plan to bring extra pens.

FACILITATION IDEAS

Discussions about healthcare can often be sensitive so it's a good idea to know your audience and plan ahead so you can facilitate the discussion effectively. The facilitator's role will be to help hold a space that allows everyone to be heard and keep the conversation moving. In this section you'll find a number of issues for the facilitator to keep in mind as they head into the conversation.

DO NOT OVERLOOK THE ROLE OF RACISM

It's the "elephant in the room," so if it comes up in the post-screening discussion, it's worth addressing directly. The roots of this country are grounded in racism and our institutions, policies, practices and behaviors often reflect that. When Aparna Bole, MD says a person's ZIP code can affect their life expectancy, it's largely people of color who are affected because many of our neighborhoods are segregated by race. Mass incarceration and other policies that destabilize communities of color can throw families into cycles of poverty and violence that will affect their health and well-being for generations. That's why Thea James, MD is trying to stem the violence she's seeing at the root by addressing the trauma, providing support services and safety planning.

Structural racism is at the root of a great many unmet social needs. And it doesn't just negatively impact people of color. Any person who moves into a black neighborhood that has been made food insecure through poor city planning, ends up also being food insecure. When schools in predominantly black communities don't get the resources they need to prepare students for a successful future, all students who attend those schools suffer as a result. And the effects go on beyond that. The best social needs interventions in healthcare understand and account for racism.

STRUCTURAL RACISM: A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with "whiteness" and disadvantages associated with "color" to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead, it has been a feature of the social, economic and political systems in which we all exist.

To learn more about this definition or other forms of racism, visit the Aspen Institute's Glossary from a roundtable on community change: www.assets.aspeninstitute.org/content/uploads/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf

REMIND PEOPLE THAT WE'RE IN THIS TOGETHER

Most of us can see that our current healthcare system is not working equally well for all communities. The kind of insurance a person can afford, if they can afford it at all; whether they live in a rural or urban setting; or in a racially segregated neighborhood; or an environmentally hazardous area — these factors and more all have an impact on our health and the health of our loved ones. That's deeply personal, and true for us all — not just low-income patients.

Nurses, doctors, physicians assistants, hospital social workers, clerical staff who interface with patients, administration and other members of healthcare teams all want to improve the health of every person they serve. In fact, 80 percent of physicians say they wish the system would cover the costs associated with addressing the social needs of their patients² That's because not doing so leaves them trapped in the same frustrating cycles as their patients: constantly trying to treat problems that will inevitably come up again. Many feel ill-equipped to deal with those factors.³ This can and does lead to burnout.

² www.rwjf.org/en/library/research/2011/12/health-care-s-blind-side.html

³ www.rwjf.org/en/library/research/2011/12/health-care-s-blind-side.html

If the conversation gets heated, remind your audience that we're all in this together. We can come up with effective solutions if we work together. Do not minimize the differential impacts experienced by people, but remind them that — as seen in *What Counts* — with a few course corrections it's possible, step-by-step, to build a stronger, more accountable healthcare system that works for us all.

REMEMBER THERE ARE RESOURCES TO HELP

After people watch *What Counts* they inevitably want to know what practical steps they can take to begin finding solutions. The good news: there are lots of resources to help you. We feature several in the “Resources” section of this guide (page 14), including The Essential Needs Roadmap by Health Leads. It is designed to help you find the right intervention for your patient population and begin the work. The film shows a number of individual-focused efforts, many of which are social work interventions. But there are also a variety of other steps a healthcare team might take; the Roadmap can help you zero-in on your best options. When integrated fully at the institutional level, even modest interventions can help shift institutional culture and leadership. As more health leaders, institutions, resource providers, community leaders and residents align with their community around a common agenda for health, the greater the impact will be on the broader system.

YOU CAN REDUCE HARM AND SAVE DOLLARS

Healthcare system leaders can also end up frustrated and angry with current healthcare priorities. Despite the fact that social needs account for 70 percent of what it takes to stay healthy, our current healthcare system strong-arms them into prioritizing decisions about their institutions' bottom lines rather than on improving their patients' health. The vast majority of these leaders — like Kaiser CEO, Bernard Tyson who we meet in *What Counts* — would prefer to do the latter. Research shows that it may even be more cost effective to do so.

Coordinating systems to close resource gaps — like connecting patients with programs ranging from supportive housing to food assistance — could yield between \$15 billion to \$72 billion in annual health care savings within 10 years⁴ And it's been shown that when added to a model that also includes increased insurance coverage and better preventative care, behavioral and environmental interventions in healthcare have the potential to save 90 percent more lives and reduce costs by 30 percent within ten years, as compared to a model that just addresses insurance and preventative care.⁵

DISCUSSION PROMPTS

The following questions are designed to help facilitator's prompt conversation and sharing among audiences about their healthcare experiences, whether from the perspective of a provider, system leader or patient. Not every question below is appropriate for every audience so pick and choose the questions that work best for the kind of conversation you hope to have. We've indicated cases where a question is best suited for a specific audience. No matter what, we recommend that you begin with the conversation starters, to give participants an opportunity to speak from the heart before diving into an analysis of the issue and experiences depicted.

⁴ www.healthyamericans.org/report/129/

⁵ www.content.healthaffairs.org/content/30/5/823.full.pdf+html

CONVERSATION STARTERS

- Was there a person in the film that felt relatable?
- The film represents many voices across the healthcare system (e.g., CEOs/executives, doctors, community health workers, patients). Whose voices are heard and respected most when we talk about health? What voices were missing in the film and why are they important?
- Was there a scene or experience depicted in the film that resonated with you? If so, which one and why?
- The film highlights a number of healthcare programs and interventions that are addressing the unmet essential needs of patients. Which ones did you find most compelling and why?
- What unmet needs raised in the film are also affecting your community? What communities are you representing in the discussion? Are there any perspectives missing in the room?

GENERAL QUESTIONS

1. Jack Geiger, MD, a pioneer in community health, states: The distribution of disease is in fact a social problem, not just a medical problem. What do you think? How do social disparities lead to health issues?
2. Aparna Bole, MD worries if she's really being the doctor she set out to be if she is not accounting for major health disparities. **Do you think doctors have an obligation to do something about these disparities?** Why or why not?

DID YOU KNOW?

A review of the literature on social needs interventions finds that most produce statistically significant improvements in health outcomes and that, where financial outcomes were available, they usually also reduced costs. A growing number of social needs initiatives across the country are making an impact and showing:

Up to 55% reduction in monthly patient costs¹

Nearly 30% decrease in ER admissions, hospital stays and visit duration²

It turns out, it is not only more effective but also more financially sustainable to provide great healthcare!

¹ Manatt Health Solutions. (May 2014). Addressing Patients' Social Needs: An Emerging Business Case for Provider Investment

² Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults Laura S. Sadowski, Romina A. Kee, Tyler J. VanderWeele, David Buchanan, JAMA, May 6, 2009 — Vol 301, No. 17

3. **HEALTHCARE LEADERS:** In one scene, Anna Roth, RN explains that she was not prepared for the level of despair she was seeing in her hospital. What social issues have you encountered at your hospital that have led you to feel despair? **What strategies do you employ to help you work through those feelings?**
4. **HEALTHCARE LEADERS:** Thea James, MD talks about the importance of not losing sight of the emotional impact of a person's life experience when treating them. **Can you think of a time when you acknowledged the hardships that a patient was facing?** How was that experience?
5. In one scene, Aparna Bole, MD talks about how a person's ZIP code is often a big factor in health outcomes. Consider where you live or work. **What are some key differences in living conditions between areas of town that could have an impact on the health of residents?** (E.g., environmental conditions, access to food and transportation, etc.)
6. Helen Barnes, MD worked with Dr. Geiger at a health center in Mississippi in the Sixties and quickly recognized the importance of accounting for racism, segregation, poverty and other social problems that brought on illness when treating her patients.

HEALTHCARE LEADERS: How are these issues showing up among the patients you work with today? Please explain.

COMMUNITY LEADERS: What role could healthcare leaders play to address some of the issues that your community members are dealing with? Please explain.

7. **Will it matter, asks Rebecca Onie, if a health team gets a diabetes diagnosis exactly right** if a patient can't refrigerate the medication because their electricity was shut off? What do you think?
8. **Do you agree with Aparna Bole, MD when, talking about healthcare today, she says: "We are not paid to keep people well"?** Why or why not.
9. Patty DePompei, RN describes a decision her NICU team made to limit how often they induced the early delivery of babies because they learned most home environments were not optimal for premature infants. **If you were in this situation, how do you think you may have weighed the factors to decide what to do?** What would make the decision easy? What would make it difficult?
10. In Oakland, Kaiser CEO Bernard Tyson talks about inefficiencies in the healthcare system: if you don't have health coverage, you end up in an emergency room, which is by design too late and more expensive than catching the problem upstream. **"What is not being done," he asks, "to begin to change this equation?"** What do you think?
11. Through the violence intervention program that Thea James, MD started, she envisions "knitting together" hospitals with dozens of community programs. Consider the issues that persist in your healthcare institution or community. **What "knitting together" of programs could help?**
12. Rebecca Onie, the co-founder of Health Leads, urges health leaders to begin asking questions that will help shift our definition of health. From your vantage, **what is one key question that you want to ask that would move the conversation forward?** (It can be targeted and specific or broad and general. It can be from the vantage of a member of a healthcare team, a patient, or advocate.)

HEALTHCARE LEADERS: In what ways does your current situation allow you to be the kind of healthcare leader you set out to be? In what ways does it limit you? What changes could help?

13. Anna Roth, RN got tired of working in a system that was not designed to even acknowledge that people did not know where their next meal was coming from or where they were going to sleep. So she launched a working group to strategize and redesign policies.

HEALTHCARE LEADERS: If you could launch a social needs intervention at your health center, what would it look like? Please describe it.

COMMUNITY LEADERS: If you could get your local health center to address one issue that affects health in the community, what would it be? Please explain.

14. Dr. Geiger reminds viewers that we're making progress in the healthcare sector. He urges leaders to be "happy warriors." **What will the sector look like if these "happy warriors" push on so that addressing essential needs becomes a standard part of care?** Describe it.
15. **Who in your healthcare community do you think of as a "social needs champion"? Why?**



HEALTHCARE LEADERS: REFLECTING ON NEXT STEPS

Have you created or used a social needs screening tool?

- If so, does the tool you chose align with health communication standards?
- If not, is there someone at your healthcare institution you should speak with to begin screening patients for basic social needs? Refer to the Roadmap on page.

What changes to workflow are needed to successfully implement social needs screenings?

Drawing on the examples you saw, what resources or support around social needs could help you better ensure the health of your patient population?

Do you know of local organizations or networks that focus on these issues? What qualities would you be looking for in a community resource or partner?

What can you do Monday morning to move this forward in your institution?

What support do you need to get started and who can help?

TAKE ACTION

Here are a few actions you can encourage audience members to take. Consider your audience and your reasons for bringing people together and point people in the right direction.

1. **Ready to be an Essential Health Ambassador?** Help spread the word about the work and:
 - Host a screening of *What Counts* with healthcare teams or other partners to spark thinking and discussion about what counts in healthcare and affirm what's possible. Use this guide and download the Hosting Kit to help plan your event. <https://healthleadsusa.org/champions-of-change/what-counts/watch-discuss/>
 - Or simply share the film with a stakeholder who can make a difference. It can be viewed for free online.
 - Share a description of the Essential Needs Roadmap (page 14 below) with providers so they know where to turn for resources to help them.
2. **Are you a provider? You can begin addressing social needs now!** Health Leads can help.
 - Get in touch with Health Leads to talk about how you can potentially partner on community health initiatives. <https://healthleadsusa.org/about-us/contact-us/>
 - Visit the Essential Needs Roadmap. This online resource created by Health Leads can point you in the right direction. <https://healthleadsusa.org/resource-library/roadmap/>
3. **Are you an educator? Download the Classroom Curriculum for *What Counts*** to support student learning. You can find it here: <https://healthleadsusa.org/champions-of-change/what-counts/teach-learn/>
4. **Join the movement.** Sign up to keep apprised of ongoing efforts and communities who are working in concert to include social needs in what counts as healthcare. <https://healthleadsusa.org/about-us/contact-us/newsletter-sign-up/>
5. **Learn more** about the relationship between social needs and health, and why bridging the two matters. <https://healthleadsusa.org/the-opportunity/>



ROADMAP TO ESSENTIAL HEALTH

Have you been thinking about the various social factors that keep patients from getting healthy?

You're not alone! Health Leads — a nonprofit at the forefront of this growing movement — aims to shine light on key decisions and areas where different healthcare leaders, from no matter where they stand, can take first steps down a path to success. They've created The Essential Needs Roadmap to help them do that. It's a tool that directs healthcare leaders to practical things they can do to jump-start social needs planning from where they stand and in a way that is tailored to their specific needs. Health Leads has also created a learning and support network for people just like you who are interested in learning how to connect patients to the essential resources they need to be healthy.

ABOUT HEALTH LEADS

Health Leads is a U.S.-based non-profit organization working toward a vision of health, well-being and dignity for every person in every community.

For more than 20 years, we've worked closely with hospitals and clinics to connect people to essentials — like food, housing and transportation — alongside medical care. Today, we're partnering with communities and their local organizations to address systemic causes of inequity and disease. We do this by removing barriers that keep people from identifying, accessing and choosing the resources everyone needs to be healthy.

Learn more at www.healthleadsusa.org, and follow us on [Twitter](#), [Facebook](#) and [LinkedIn](#).

OTHER RESOURCES

- **Enterprise.** Research and resources that relate to affordable housing, community development and connecting low-income families to opportunity. www.enterprisecommunity.org/research-and-resources
- **Health Leads.** The Health Leads approach can be used to address social needs in a range of care settings and with a variety of resources. Instruction, tools, workshops and more are available to help care providers build a plan for starting or expanding a program.
 - Resource Library: www.healthleadsusa.org/resource-library/
 - Social Needs Screening Toolkit: <https://healthleadsusa.org/resources/the-health-leads-screening-toolkit/>
 - The Essential Needs Roadmap: <https://healthleadsusa.org/resource-library/roadmap/>
- **Race Forward's Racial Equity Impact Assessment (REIA).** This is a systematic examination of how different racial and ethnic groups will likely be affected by a proposed

action or decision. REIAs are used to minimize unanticipated adverse consequences in a variety of contexts, including the analysis of proposed policies, institutional practices, programs, plans and budgetary decisions. The REIA can be a vital tool for preventing institutional racism and for identifying new options to remedy long-standing inequities. www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit

- **Racial Equity Tools.** Racial Equity Tools is designed to support individuals and groups working to achieve racial equity. This site offers tools, research, tips, curricula and ideas for people who want to increase their own understanding and to help those working toward justice at every level — in systems, organizations, communities and the culture at large. Have a look at this workbook to start: www.racialequitytools.org/resourcefiles/race_power_policy_workbook.pdf.

READING

- **Blueprint for a Healthier America 2016: Policy Priorities for the Next Administration and Congress** by Trust for America's Health (November 2016). www.healthyamericans.org/report/129/
- **Leveraging the Social Determinants of Health: What Works?** Prepared for the Blue Cross Blue Shield of Massachusetts Foundation by Lauren A. Taylor, Caitlin E. Coyle, Chima Ndumele, Erika Rogan, Maureen Canavan, Leslie Curry, and Elizabeth H. Bradley (June 2015). www.bluecrossfoundation.org/sites/default/files/download/publication/Social_Equity_Report_Final.pdf
- **Robert Wood Johnson Foundation: Healthcare's Blind Side** by Fenton. www.rwjf.org/en/library/research/2011/12/health-care-s-blind-side.html
- **The Upstream Doctors: Medical Innovators Track Sickness to Its Source**, by Dr. Rishi Manchanda. <https://blog.ted.com/tackling-sickness-at-its-source-an-interview-with-ted-book-author-rishi-manchanda/>

ACKNOWLEDGEMENTS

Generous support and funding for the *What Counts* documentary and related public engagement resources and activities come from Flex Fund, a joint initiative of the Skoll Foundation, Ford Foundation and DocSociety. www.britdoc.org/flex.



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