This year was marked, once again, by the COVID-19 pandemic. Despite the physical distance separating many of us, as well as the exhaustion and fear many of us experienced — whether we were working on the front lines caring for COVID-19 patients directly or pivoting to use behaviorally informed insights to improve contact tracing, or examining the effects of the pandemic on individuals’ mental or economic well-being — CHIBE-affiliated faculty and staff persevered and rose to the occasion. I commend our team for working hard to make positive things happen while we all struggled with the physical and emotional challenges of this year.

Our Center is proud of how quickly we were able to stand up programs to help screen and monitor patients remotely, keeping our health systems and communities safer. As COVID-19 vaccines were developed, our faculty led the charge in advocating for a just and equitable allocation in the United States and abroad, and we lent our expertise and designed incentive programs like the Philly Vax Sweepstakes to increase vaccine uptake (see page 10 for more details).

Another important development this year was the establishment of a Committee for Antiracism and Social Change (CASC) — a combined effort between CHIBE and the Palliative and Advanced Illness Research (PAIR) Center. Approximately 35 faculty, staff, trainees, and administrators came together to discuss how to increase diversity, equity, and inclusion within our own organizations as well as how to tackle racism and racist policies in our world. These deliberations will inform our policies and approach going forward. In addition, CHIBE members were instrumental in creating a regional health equity initiative, which seeks to combat racism and improve health equity in a myriad of ways in Philadelphia, and which you can read more about on page 16 of this report.

We have a terrific team and unfortunately (for us) Mitesh Patel, MD, MBA, MS, one of the key members of our leadership team and the founding Director of the Penn Medicine Nudge Unit, was offered the opportunity to be the National Lead for Behavioral Insights and the VP for Clinical Transformation at Ascension Health. We wish Mitesh all the best and are grateful for his inspired leadership. David Asch, MD, MBA, executive director of the Penn Medicine Center for Health Care Innovation and I are happy to announce that Rinad Beidas, PhD, will be the new Director of the Nudge Unit, which will continue to be jointly sponsored by CHIBE and the Center for Health Care Innovation.

We have made a number of other important changes to our leadership team to further strengthen our Center and to bring emerging leaders onto the team. Alison Buttenheim, PhD, MBA, previously an Associate Director of CHIBE, took on a new leadership role as our Scientific Director. In addition, Christina Roberto, PhD, was named an Associate Director, and M. Kit Delgado, MD, MS, was also added to the leadership team as an Associate CHIBE Director. We are delighted that Harsha Thirumurthy, PhD; Jalpa Doshi, PhD; and Amol Navathe, MD, PhD; will continue in their current roles as Associate Directors as well.

Meanwhile, CHIBE teams continue to apply behavioral economic strategies to encourage healthy food choices, reduce cardiovascular disease risk, increase exercise, and other important population health challenges. In all of our work, we seek opportunities to advance the science of behavior change to improve health, particularly for populations and communities most impacted by systemic racism and social injustice.

We thank you for your continued support, interest, and contributions.

KEVIN VOLPP, MD, PHD
Director, CHIBE
Founders President’s Distinguished Professor, Perelman School of Medicine and the Wharton School University of Pennsylvania

Thank you to Hoag Levins, Editor of Digital Publications at the Leonard Davis Institute of Health Economics, as well as photographers Daniel Burke, Katie Burke, Kara Foran, and Eric Sucar, for the photos contained in this report.
CHIBE is the leading scientific organization using behavioral economics to improve health and advance health equity worldwide. Drawing on the expertise of faculty from across the University of Pennsylvania and beyond, CHIBE conducts behavioral economics research aimed at reducing the burden of disease from major public health challenges.

Our mission is to advance the science of applied behavioral economics in pursuit of knowledge, interventions, and policies that lead to higher-value health care, equal access to health care, and healthier lives for all.

CHIBE, which was originally founded within Penn’s Leonard Davis Institute of Health Economics (LDI), is one of two original NIH-funded Roybal Centers in Behavioral Economics and Health in the United States. Today, we continue to be part of the robust network of 15 Roybal Centers across the United States, which focus on the development of interventions to support healthy aging. Since our founding, our Center has specialized in research and dissemination strategies that support the translation of behavioral economic theories to improve health behaviors and health care delivery. We work with public and private sector organizations locally, nationally, and globally that share our passion for improving people’s lives. We have successfully conducted many observational studies and randomized trials using principles of behavioral economics to improve health in a wide variety of clinical, employer, and health plan contexts that have resulted in programs benefitting tens of millions of patients.

ABOUT OUR CENTER

Our team applies principles of behavioral economics to connected health through interventions that leverage CHIBE’s Way to Health software platform, as well as wearable fitness trackers and apps.

HEALTHY BEHAVIORS

Our investigators conduct research to understand the behavioral factors that influence food choice, medication adherence, physical activity, and smoking cessation, among other behaviors.

HEALTH CARE DELIVERY

CHIBE explores innovative behavioral economic solutions to improve health outcomes while reducing costs through the transformation of health care delivery.

DIGITAL HEALTH & WEARABLES

Our researchers examine the impact of policy initiatives and shifts in health incentives on patient, clinician, and health system outcomes through a mixture of observational studies and experimental work.
A healthier and more equitable world powered by behavioral economics

We ask @R_Thaler: What is the most common misconception about behavioral economics’ nudges that you find yourself having to dispel over and over again? He responds: “that behavioral economists think that people are dumb. We don’t. We think the world is hard.” #BeandHealth20

One way to motivate people to get vaccinated is by creating a waiting list. It becomes ‘a way to have people feel invested in getting vaccinated and then creates an endowment effect whereby people won’t want to lose their place in line’ says @kevin_volpp

‘Vaccine allocation strategies should not exacerbate racial divisions yet must consider socio-economic and racial disadvantage.’ Read more from Harald Schmidt and colleagues in this @JAMA_current Viewpoint.

A volunteer team of women scientists, many from Philly, launched @DearPandemic last year to spread real and clear information about COVID-19. They now speak to 1 million people a month. @sitabuttenheim @PennNursing

CHIBE AT A GLANCE

2020 CITATIONS: 1,677
13 YEARS SINCE CHIBE WAS FOUNDED

2020 CHIBE-AUTHORED ARTICLES: 200
100+ AFFILIATED FACULTY

2021 CHIBE-AUTHORED PUBLICATIONS TO DATE: 448
1,800+ SUBSCRIBERS TO OUR HEALTHY NUDGE NEWSLETTER

5,000 TWITTER FOLLOWERS

TOP TWEETS FROM @PENNCHIBE

A healthier and more equitable world powered by behavioral economics

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TOP TWEETS FROM @PENNCHIBE
WHAT KIND OF SALT — FROM YOUR DOCTOR’S OFFICE OR YOUR PHARMACY — MIGHT NUDGE YOU TO GET YOUR FLU SHOT? THIS WAS A QUESTION EXAMINED IN TWO “MEGASTUDIES” LED BY DR. KATY MILKMAN THAT LOOKED AT TEXT-BASED NUDGES BY THE BEHAVIOR CHANGE FOR GOOD INITIATIVE IN COLLABORATION WITH THE PENN MEDICINE NUDGE UNIT AND FUND IN PART BY THE PENN ROYAL CENTER. ONE OF THE STUDIES INVOLVED OVER 47,000 PARTICIPANTS AND TESTED 16 DIFFERENT NUDGES WITHIN PENN MEDICINE AND GEISINGER HEALTH SYSTEMS. THEY FOUND THAT CERTAIN TEXTS SENT PRIOR TO A VISIT WITH A PRIMARY CARE PROVIDER COULD INCREASE VACCINATION RATES BY UP TO 11%. THE MOST SUCCESSFUL LISTS OF NUDGES WERE THOSE FRAME AS A REMINDER TO GET THE FLU SHOT — AND SPECIFICALLY THAT IT WAS ALREADY RESERVED FOR THE PATIENT — AND THOSE THAT HAD A TONE PATIENTS EXPECTED FROM THEIR HEALTH CARE PROVIDER. THE OTHER MEGASTUDY WAS WITH WALMART AND INVOLVED 22 TEXT-BASED NUDGES DEPLOYED TO OVER 700,000 WALMART PHARMACY PATIENTS. THIS STUDY HAD STRIKINGLY SIMILAR RESULTS TO THE STUDY CONDUCTED WITH PENN MEDICINE AND GEISINGER PATIENTS. THE TOP-PERFORMING MESSAGES INFORMED PATIENTS THAT THEY COULD GET A FLU SHOT AT WALMART, AND THE SECOND MESSAGING (SENT 3 DAYS LATER) REMINDED THEM THAT A FLU SHOT WAS “WAITING FOR YOU.” ADDITIONAL CHIBE AUTHORS: DR. MITESH PATEL, ALISON BUTTENHEIM, CRETICHEN CHAPMAN, LESLIE JOHN, SILVIA SACCARDI, KEVIN VOLPP, ANGELA DUCKWORTH, MAURICE SCHWITZER.

HOW TO CONVINCE PEOPLE TO ACCEPT A COVID-19 VACCINE

March 2021

CHIBE-affiliated faculty member Dr. Damon Centola spoke with Knowable Magazine about strategies to encourage COVID-19 vaccination. “People need to receive reinforcement (or ‘social proof’) from multiple adopters to be convinced — and for the new behavior to propagate,” he said. Friends, family, neighbors and acquaintances who face similar experiences or problems can be among the strongest vaccine influencers. “For new parents trying to determine the credibility and safety of vaccines, the opinions of other parents are often seen as more relevant than the opinions of expert epidemiologists.”
WHAT BEHAVIORAL SCIENCE PROJECT
DID YOU WORK ON THIS YEAR?

“Our team wrote a paper on the methods we used to cost behavioral interventions in three randomized clinical trials: the Habit Formation trial, which tested different ways of paying people for taking their statins; the Process vs Outcomes trial, which tested whether it is more effective to pay people to take statins or to achieve LDL goals; and the EMPOWER trial, which tested the efficacy of remote daily monitoring of the weight and diuretic adherence of patients with congestive heart failure.”

— Louise Russell, PhD

“We randomized hundreds of vending machines across the City of Philadelphia to different nutrition labeling interventions to see which ones are most effective at promoting healthy food choices.”

— Jessica Fishman, PhD

“We conducted  a randomized trial evaluating how test messaging outreach and behavioral messaging might increase response to COVID vaccine outreach.”

— Vandana Khunger, MD, MSc

“We randomly assigned each of our patients to one of two randomized clinical trials: the Habit Formation trial, which tested different ways of paying people for taking their statins; the Process vs Outcomes trial, which tested whether it is more effective to pay people to take statins or to achieve LDL goals; and the EMPOWER trial, which tested the efficacy of remote daily monitoring of the weight and diuretic adherence of patients with congestive heart failure.”

— Laura Gibson, PhD, and Christina Roberto, PhD

“We conducted a randomized experiment using financial incentives and various health informational technology tools to support adolescent e-cigarette/vaping cessation.”

— Brian Jenssen, MD, MSHP

“My team is testing the impact of two implementation strategies – an electronic health record-based ‘nudge’ and practice facilitation – on clinicians’ delivery of an evidence-based safe firearm storage program called S.A.F.E. (Suicide and Accident Prevention through Family Education) Firearm.”

— Shivan Mehta, MD, MBA

“We conducted a randomized experiment of behavioral nudges to increase exercise among college students.”

— Rinad Beidas, PhD

“We are conducting a randomized experiment of financial incentives to promote childhood asthma controller medication adherence in children with multiple yearly asthma exacerbations.”

— Chén Kenyon, MD, MSHP

“We conducted a randomized trial of behavioral nudges based on patient-generated health data to improve symptom management in cancer.”

— Razi Parekh, MD, MPP, FACP

“We conducted a randomized trial that used behavioral nudges and financial incentives to encourage sustained low-sodium diets in patients with liver disease.”

— Louise Russell, PhD

“We conducted a randomized trial evaluating how test messaging outreach and behavioral messaging might increase response to COVID vaccine outreach.”

— Vandana Khunger, MD, MSc

“We are conducting a randomized experiment of financial incentives to promote childhood asthma controller medication adherence in children with multiple yearly asthma exacerbations.”

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“We conducted a randomized experiment of behavioral nudges to increase exercise among college students.”

— Rinad Beidas, PhD

“We conducted a randomized trial of behavioral nudges based on patient-generated health data to improve symptom management in cancer.”

— Razi Parekh, MD, MPP, FACP

“We used an experimental study design to test the effects of financial incentives on vaccine hesitancy. In another study, we tested the effects of financial and non-financial incentives on randomized clinical trial enrollment.”

— Laura Gibson, PhD, and Christina Roberto, PhD
CHIPES IMPACT

POLICY ENGAGEMENT IN COVID-19 VACCINE ROLL-OUT

CHIBE faculty engaged with policymakers in a variety of ways this year to help with the COVID-19 vaccine roll-out. CHIBE Scientific Director Dr. Alison Buttenheim provided testimony on vaccine acceptance to the U.S. House of Representatives’ Committee on Science, Space, and Technology this February. In her testimony, Dr. Buttenheim provided several science-based recommendations that she hoped Congress would endorse, including some unique features driven by behavioral insights as well as a desire to target the city’s most under-vaccinated communities. For example, 20 zip codes with the lowest vaccination rates in the city were prioritized in the sweepstakes, and the sweepstakes also leveraged what behavioral scientists call a “regret lottery,” which means Philadelphians who were automatically enrolled and told whether they won or whether they would not receive a prize would be more likely to uptake the COVID-19 vaccine if they felt they had lost out.

PHILLY VAX SWEEPSTAKES

CHIBE and the Behavior Change for Good Initiative (BCFG) helped Philadelphia launch the Philly Vax Sweepstakes, an incentive program to help boost COVID-19 vaccination rates with prizes ranging from $1,000 to $50,000. Philadelphia’s program included some unique features driven by behavioral insights as well as a desire to target the city’s most under-vaccinated communities. For example, 20 zip codes with the lowest vaccination rates in the city were prioritized in the sweepstakes, and the sweepstakes also leveraged what behavioral scientists call a “regret lottery,” which means Philadelphians who were automatically enrolled and told whether they won or whether they would have won (if they had been vaccinated). BCFG Co-Director and CHIBE affiliate Dr. Katy Milkman, CHIBE Director Dr. Alison Buttenheim, and BCFG President and CEO Dr. Kevin Volpp contributed to the COVID-19 Vaccination Uptake Behavioral Science Task Force report for the CMS Chief Medical Officer and Director of the Center for Clinical Standards and Quality for distribution to the Department of Health & Human Services.

COVID ALERT PA

CHIBE assisted the Pennsylvania Department of Health (DOH) with COVID Alert PA, a free app designed to help reduce the spread of COVID-19. The app uses Bluetooth to exchange anonymous IDs between phones in close proximity. If a person with the app tests positive for COVID, the app helps alert those who were in close contact with them. This boosts traditional contact tracing efforts, casting a wider net beyond the people that an individual knows they spent time with. It can help notify people who may have been nearby a person with the virus while standing in line at the supermarket, waiting for a bus, or in some other public space. Philadelphia took with the sweepstakes.

A HEALTHIER AND MORE EQUITABLE FOOD SYSTEM

How can the food industry help create a healthy and equitable food system? This was the topic of discussion at a special event hosted by CHIBE, the PEACH Lab, LDI, and the Penn Prevention Research Center this September. The guest speakers at this virtual event, moderated by CHIBE Associate Director Dr. Christina Roberto, were Vice Admiral Dr. Jerome Adams, Surgeon General of the United States, as well as representatives from the New York City Department of Health & Mental Hygiene, Guiding Stars, Just Salads, and Healthy Food America. Dr. Adams discussed some of the key elements of his report, “Community Health and Economic Prosperity.” This report highlights the role businesses can play in engaging with and investing in communities. The panelists also discussed food industry accountability, carbon labeling, and the National Salt and Sugar Reduction Initiative, among other topics.

BEHAVIORAL SCIENCE AND HEALTH SYMPOSIUM AND CHIBE/PAIR ROYBAL RETREAT

This year marked CHIBE’s 10th annual Behavioral Science and Health Symposium, held virtually this year for the first time. CHIBE brought together leading academics to discuss cutting-edge research in health-related behavioral economics and goals for advancing the field forward. This year, CHIBE welcomed Drs. Emily Oster and Tali Sharot as our keynote speakers, and the event concluded with a thought leader interview (co-sponsored by the Behavior Change for Good Initiative) by Dr. Kevin Volpp with Dr. Richard Thaler, which was attended by around 450 people. Each year, our center also hosts a Royal Retreat for CHIBE faculty, trainees, and staff. This year, we held our retreat (or “mini symposium”) virtually for the first time and in collaboration with the PAIR Center. Dr. Athenendar Venkataramani served as our keynote speaker with a talk on structural racism, food industry accountability, carbon labeling, and the National Salt and Sugar Reduction Initiative, among other topics.
One area of scholarship in which PISCe@LDI has been particularly successful is in the application of behavioral economics to implementation science, made possible by its partnership with CHIBE. This work includes the Penn ALACRITY, which is funded by the National Institutes of Mental Health. The ALACRITY Center at Penn, led by Drs. Beidas, Alison Butterheim, and David Mandell, facilitates the rapid development, testing, and refinement of novel approaches that combine behavioral economics and implementation science to tackle important problems in mental health.

In addition, in 2020, the National Cancer Institute funded the Penn Implementation Science Center for Cancer Control (PENN ISC3). Led by MFIs Drs. Beidas, Justin Bekelman, and Robert Schnoll, the Center uses insights from behavioral economics and data science to develop and test innovative interventions for preventing injuries and overdoses and improve acute care. The Lab’s current projects aim to respond to the opioid crisis, prevent motor vehicle crashes, and use large existing datasets to understand the epidemiology of injury and improve emergency and trauma care. Recent work has also improved the understanding of the epidemiology of firearm injuries in the United States and how automated, remote monitoring can improve the outcomes of patients diagnosed with COVID-19.
Way to Health is an integrated, cloud-based platform that blends behavioral science with scalable digital technology to conduct randomized controlled trials of healthy behavior interventions and strategic telehealth programs. Operated as a partnership between CHIBE and the Penn Medicine Center for Health Care Innovation, the platform provides both remote monitoring and engagement solutions as well as tools for developing and deploying new interventions. The platform has supported over 200 projects that focus on a wide range of areas including monitoring blood pressure, adherence, weight loss, physical activity, and more.

During FY21, the Way to Health team implemented over 14 projects and over 200 projects that focus on a wide range of areas including monitoring blood pressure, adherence, weight loss, physical activity, and more.

As the health system needs shifted over time, the team supported a variety of COVID response efforts. This includes early work in the pandemic focused on remote monitoring of patients with or suspected to have COVID. This program, called COVID Watch, monitored over 18,000 patients to date.

The Payment Insight Team's work has been featured in numerous venues, including academic journals and media outlets. The Lab published the first paper demonstrating that taxes on sugary drinks do not lead people to substitute with other foods like sweet snacks or candy. Dr. Roberto also co-authored a commentary highlighting the threat of state-level preemption policies, which prevent local jurisdictions from passing new laws, including sugary drink taxes. The Lab is continuing its sweetened beverage tax work and to contribute to the advancement of the fields of economics to challenges in delivering HIV care and design and implemented a virtual workshop series in behavioral economics that engaged many researchers and implementers. The team is now supporting a number of Behavioural Insights Tests, which are rapid evaluations of nudges and other behavioral interventions to improve HIV prevention and treatment outcomes.

The PEACH Lab also started a new partnership with the restaurant chain Just Salad and is working with them to test the design of menu labels highlighting the threat of state-level preemption policies, which prevent local jurisdictions from passing new laws, including sugary drink taxes. The Lab is continuing its sweetened beverage tax work with funding from NIH to examine whether the tax is associated with changes in weight status and dental cavities. The PEACH Lab also started a new partnership with the restaurant chain Just Salad and is working with them to test the design of different types of carbon labels that highlight the environmental impact of our food choices.
Members of CHIBE are co-leading this initiative with a bold ambition: to identify structural and institutional causes of health inequities and racism, transform those practices, and significantly improve health equity in the City of Philadelphia.

This regional health equity initiative is led by Penn Medicine and Independence Blue Cross (Independence) and brings together many other organizations including Children’s Hospital of Philadelphia, Temple, Drexel, Jefferson/Einstein, Philadelphia College of Osteopathic Medicine, Keystone First, Trinity, and the Philadelphia Department of Public Health, who are committed to combatting health inequity in the city.

Co-leading this initiative are: Director of the Penn Medicine Center for Digital Health (CDH) and CHIBE-affiliated faculty member, Raina Merchant, MD, MSHS; Marcy Rost, MS, Executive Vice President and Chief Strategy and Communications Officer at Independence; CHIBE Director, Kevin Volpp, MD, PhD; and Richard Snyder, MD, Executive Vice President of Facilitated Health Networks and Chief Medical Officer at Independence, with input from faculty from collaborating Penn groups including the Leonard Davis Institute of Health Economics, the Center for Health Care Innovation, the Opportunity for Health Lab, Penn Urban Health Lab, and the Penn Center for Public Health Initiatives.

“This initiative will work collaboratively with health systems, health organizations, and community partners across the city to move the needle and address health inequities in an evidence-based rigorous manner that can have sustained change,” Dr. Merchant said.

The initiative’s goal is to improve health equity in Philadelphia in a broad range of areas—not just within the city’s health systems, but also through social determinants of health and our community’s experiences outside of the health care system, such as housing, jobs, and access to affordable and healthy food, green spaces, and more.

Top priority areas of focus are:

- **Maternal and Infant Mortality and Morbidity**
- **Cardiovascular Health**
- **Behavioral Health**
- **Colorectal Cancer**
- **Neighborhood Conditions**
- **Social/Economic Disadvantage**

The team will develop a series of interventions and pilot studies to explore how to make meaningful impact in these spaces and then use those insights to develop a playbook that could have a larger, sustainable impact even beyond Philadelphia. The initiative’s website will also host a health equity dashboard to show critical targets for eliminating health inequities in Philadelphia and provide real-time updates on the work being done to address these issues.

In Pennsylvania, Philadelphia County ranks last—67th out of 67 counties—in terms of health, according to the Robert Wood Johnson Foundation’s annual County Health Rankings. Chester, Montgomery, and Bucks counties rank in the top healthiest counties in the state’s healthiest and least healthy counties, according to the County Health Rankings in Pennsylvania, Philadelphia County ranks last—67th out of 67 counties—in terms of health, according to the Robert Wood Johnson Foundation’s annual County Health Rankings.

The initiative’s website will also host a health equity dashboard to show critical targets for eliminating health inequities in Philadelphia and provide real-time updates on the work being done to address these issues.

The team will conduct both quantitative and qualitative research, leverage diverse data sources, and will also involve community members to better understand what is and isn’t working in our area. The team will also partner with community organizations on the ground who are already doing work in these areas.

“IT IS INCUMBER UPON US TO DO WHAT WE CAN TO IMPROVE HEALTH BY FOCUSING ON POPULATIONS THAT HAVE BEEN SUBJECT TO SYSTEMIC RACISM.”

---Kevin Volpp, MD, PhD
AWARDS AND RECOGNITION

NAMED IN LIST OF “10 BEHAVIORAL SCIENTISTS YOU SHOULD KNOW”
Alison Buttenheim, PhD, MBA, and Katy Milkman, PhD

AUTHORED TWO OF THE TOP 20 MOST-READ ARTICLES OF 2020
Health Affairs
Atheendar Venkataramani, PhD, MD, MPhil, Judith Long, MD, and David Asch, MD, MBA
Dr. Venkataramani was an author on “Mortality Rates From COVID-19 Are Lower In Unionized Nursing Homes.” Dr. Long and Asch were authors on “Evidence-Based Community Health Worker Program Addresses Unmet Social Needs And Generates Positive Return On Investment.”

NAMED TO BEHAVIORAL AND SOCIAL SCIENCES RESEARCH INTEGRATION WORKING GROUP
Karen Glanz, PhD, MPH

NAMED IN List OF “76 MOST INFLUENTIAL PHILADELPHIANS”
Philadelphia Magazine
Angela Duckworth, PhD, MA, MSc, and Kevin Mahoney, MBA

ELECTED HASTINGS CENTER FELLOW
The Hastings Center
Scott Halpern, MD, PhD

NAMED IN LIST OF 1,000 INSPIRING BLACK SCIENTISTS IN AMERICA
Raina Merchant, MD, MSHP, FAHA

2020 DAVID YURMAN-PCF VALOR YOUNG INVESTIGATOR AWARD
Prostate Cancer Foundation
Ravi Parikh, MD, MPP

SAMUEL MARTIN HEALTH EVALUATION SCIENCES RESEARCH AWARD
Penn Medicine
Peter P. Reese, MD, MSCE

APPOINTED TO NASEM COMMITTEE ON THE QUALITY OF CARE IN NURSING HOMES
National Academies of Sciences, Engineering, and Medicine
Rachel Werner, MD, PhD

ELIZABETH KIRK ROSE, M’26, INT’30 WOMEN IN MEDICINE AWARD
Penn Medicine
Carmen Guerra, MD, MSCE

CHRISTIAN R. AND MARY F. LINDBACK AWARD FOR DISTINGUISHED TEACHING
University of Pennsylvania
Judy Shea, PhD

2021 MILBANK QUARTERLY EARLY CAREER AWARD IN POPULATION HEALTH
Interdisciplinary Association for Population Health Science
Atheendar Venkataramani, MD, PhD

AUTHORED TWO OF THE TOP 20 MOST-READ ARTICLES OF 2020
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2020 DAVID YURMAN-PCF VALOR YOUNG INVESTIGATOR AWARD
Prostate Cancer Foundation
Ravi Parikh, MD, MPP

SAMUEL MARTIN HEALTH EVALUATION SCIENCES RESEARCH AWARD
Penn Medicine
Peter P. Reese, MD, MSCE

APPOINTED TO NASEM COMMITTEE ON THE QUALITY OF CARE IN NURSING HOMES
National Academies of Sciences, Engineering, and Medicine
Rachel Werner, MD, PhD
CHIBE receives project-specific funding from foundation, corporate, and federal sponsors. Diversification of our portfolio has been a strategic priority over the past several years, and we have been successful in securing funding from several commercial entities and foundations. In addition, CHIBE receives support from the University of Pennsylvania Health System and the Perelman School of Medicine that has enabled us to make strategic investments, strengthen our infrastructure, and support junior faculty and trainees. We are also grateful to the Otto Haas Charitable Trust, whose gifts allow us to continue strengthening the infrastructure of Way to Health, making it more accessible to junior faculty and trainees by increasing the ease of use and reducing the cost. Generous support from the Otto Haas Charitable Trust has also allowed us to continue to contribute to CHIBE’s permanent endowment fund. This year also marked a gift from Independence Blue Cross to support the regional health equity initiative. In addition, we received a generous gift from an anonymous donor for a Director’s innovation fund for the support of high priority, quick-turnaround initiatives.

**THE DISTRIBUTION FOR FY21 GRANT ACTIVITY IS AS FOLLOWS**

- **Foundation**
  - $3.8M

- **Corporate**
  - $1.8M

- **Gifts**
  - $3.3M

- **Federal**
  - $21.8M

- **Total Award for FY21 Active Projects**
  - $157M

**FUNDING PORTFOLIO**
CHIBE would like to remember our beloved and late friend and colleague Sandra Vanderslice. Sandy was an integral member of our community, who never hesitated to help others. While Sandy was a superb employee for us since 2017, she was much more than that to us. She filled a special role within our center — she was someone who was always available to provide sage advice or a friendly smile. She provided levity when needed, comfort when it was sought, and a sense of camaraderie to pull us together as a team.

We miss her dearly.