

2023 Equity in Action

Foreword

A Note from Dr. Toyin Ajayi, CEO of Cityblock



Dr. Toyin Ajayi, Cityblock CEO & co-founder

When we founded Cityblock just over five years ago, we were motivated by a radical ambition: **to demonstrate that it is not only possible, but critical, to transform outcomes for marginalized populations by delivering dignified, respectful, and high-value care to communities that the system has left behind.** For so long, the narrative around healthcare for lower-income and historically marginalized populations — people of color, folks with complex physical and behavioral health needs, individuals living in poverty, those living with disabilities and experiencing chronic illness — has implicitly and explicitly acknowledged that innovation, responsiveness and a high-quality experience would be reserved for the wealthy and the privileged. As a result, venture capital and other disruptive sources of investment were focused on finding ways to enhance care for those with privilege and access, almost entirely ignoring the opportunity for impact that could be achieved by serving lower-income individuals struggling to have their daily needs met. Our mission at Cityblock was born out of a fundamental belief that we can and must do better. Individuals and communities that suffer the most from the confluence of political, social, and institutional barriers to health deserve to be at the center of innovation designed to improve outcomes. By building a company that focused on Medicaid and dual-eligible beneficiaries, we sought to place them at the forefront, and to dedicate our collective resources, talents and energy to solving some of the most challenging problems facing our society.

Over the past five years, we've had the privilege to observe and to shape what has been a profound shift in the way that healthcare innovators, investors and analysts think about serving marginalized populations. Unlike when we founded Cityblock, today, health equity and social drivers of health are commonplace topics for discussion across the healthcare ecosystem. Today, we are no longer a rarity; instead, we are a part of a movement that is emerging, of venture-backed companies seeking to transform care for populations and needs that have been historically underserved. This evolution has been dramatic in its swiftness, and we are so proud of the role that we have played in catalyzing a much-needed shift.

In this report, we share some of what we've learned and achieved over the past five years of building for Medicaid and dual-eligible beneficiaries. Key amongst these learnings has been the importance of building and sustaining a truly diverse, inclusive and engaged workforce: one that reflects the demographics and lived experiences of our members, and in which our values and principles of care are manifested on a daily basis. Building a company that is representative of all the richness and diversity of the communities we serve, steeped in a deep understanding of historical and contemporary social injustices, and earnestly committed to anti-racism, has been a profound and rewarding undertaking. This is an active process of learning and iterating; the work will never be completely done, just as the work of dismantling injustice throughout our society will forever continue.

This work: the privilege and responsibility of serving those who need and deserve respectful, dignified and high-value care, is our calling. We are proud of the journey we've taken to get here, and excited for the path ahead.

Sincerely,

A handwritten signature in black ink, appearing to read 'Toyin Ajayi' with a stylized flourish at the end.

Dr. Toyin Ajayi
CEO
Cityblock

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Who we are

Cityblock by the numbers

Focused on the most vulnerable

89%

of our members are Medicaid or dual-eligible beneficiaries

85%

of our members have 2+ chronic conditions

47%

of our members have a behavioral health need

62%

of our members have an identified acute social need

Delivering impact for our members

80

Net Promoter Score

90%

patient engagement on mature dual-eligible cohorts

15%

decrease in emergency department visits in Washington, D.C. for members engaged in our Advanced Behavioral Health program

Emphasizing equity

79%

of our members are persons of color (POC)

63%

of individual contributors at Cityblock are POC

50%

of managers at Cityblock are POC

75%

of individual contributors at Cityblock are female

73%

of managers at Cityblock are female

Membership enrollment – internal data analysis, December 2022

Chronic conditions, behavioral health and social need data – internal data analysis, September 2022; excludes NC population, which includes full-risk Temporary Assistance for Needy Families (TANF) beneficiaries; Social need data is only shown for members for whom Cityblock has completed an assessment or was able to capture data

NPS – internal data analysis, July 2021 – June 2022

Patient engagement – internal data analysis of dual-eligible membership in Massachusetts, January - August 2022

Washington, D.C. Advanced Behavioral Health Program – internal data analysis in four months after launch of program

Member race data – race data is only shown for members for whom Cityblock has race data, December 2022

Employee data – internal employee headcount data, September 2022

Our Mission and Vision

Our mission. Our vision. Our members.



At Cityblock, we believe healthcare is a basic human right — one that begins in the community. That's why we show up for communities with radically different and remarkably better care. Cityblock provides primary care, behavioral care, and social services that seek to be as unique as the individuals in the communities we serve.

Cityblock's team-based approach to care surrounds members with the support and resources they need to meet their goals and live healthier lives. Whether it's coordinating a visit with a behavioral health provider or helping secure childcare or affordable housing, Cityblock makes those critical connections for our members to support them across all facets of their lives. And Cityblock's value-based care model means we share in the successes of our members; it is our goal to help them lead healthier lives.

Everyone deserves quality healthcare, without judgment or bias, no matter their zip code. We believe that individuals from communities that have been historically marginalized deserve to be treated with respect and dignity. We are committed to rebuilding trust, valuing lived experience, and ensuring our members access the best possible care for their needs.



Our Mission is to radically improve the health of marginalized communities at scale.

Our Vision is to be the leading provider of tech-enabled, value-based healthcare for individuals with complex needs — with a particular focus on Medicaid beneficiaries and those who are dually eligible for Medicare and Medicaid.

Our Commitment

Our commitment to our members is fundamentally human.



Be seen.
Be heard.
Be healthy.

cityblock.com



**We see
healthcare
as a basic
human right.**

Not luck of the draw. Not based on where you were born.
Or the way you look.

The way we see it, healthcare should be available to you
[no matter your circumstance.](#)

But not healthcare as it exists now.

Something different. [Radically different.](#)

An approach that puts you first, knowing that
[everything affects your health.](#)

So you will no longer feel neglected and ignored
by a healthcare system that doesn't include everyone.

Or be judged before being diagnosed.

[We believe in caring for you.](#)

In looking you in the eye and asking how you're really doing.

Because we listen to you, we understand you;

[simply put — we see you.](#)

We employ a business model that aligns with better outcomes.

Cityblock uses a value-based care model that brings comprehensive, whole-person care to communities by supporting all aspects of our members' health, versus the status quo of transactional, fee-for-service care.



What is fee-for-service?

This is the predominant way that care is delivered in the U.S. today, in which providers are paid for *each service they provide*. In primary care, this has created incentives to maximize the number of visits they can see in a day, resulting in shorter visits and lower-quality experiences, particularly for those who are most marginalized by health challenges.

What is value-based care?

In value-based care arrangements, on the other hand, providers are reimbursed based on care quality and health outcomes — Cityblock's value-based care model means we are incentivized to provide care that produces the best outcomes for our members. Cityblock makes money if we are able to improve a member's health (thereby reducing spend

on the more expensive acute and emergency care) and loses money if we are unable to improve a member's health (thereby driving the same or more acute and emergency care).

Ultimately, the value-based care model incentivizes much more upfront investment in preventive care, behavioral healthcare, social care and home-based services, which also encompasses additional services that address social needs.

As an industry rife with inequities, inefficiencies, runaway costs, and perverse incentives that result in worse health outcomes despite increasing spend,¹ the healthcare system's shift to value-based care is long overdue. Cityblock is here to change the status quo.

80%

of a person's health is driven by **non-medical (social) factors²**

5-7%

of U.S. healthcare expenditures are devoted to primary care, **representing a significant underfunding³**

¹ *The World Health Report: Health System Financing*, World Health Organization, 2010

² *Medicaid's Role in Addressing Social Determinants of Health*, Robert Wood Johnson Foundation, 2019

³ *Investing in Primary Care: A State-Level Analysis*, Patient-Centered Primary Care Collaborative, 2019

Trust and engagement is crucial for serving our members.



Our Engagement Approach in Focus

We Scale Trust-Building

Our member outreach program across all channels has a cohesive, clear, and compelling strategy. Grounded in research and infused by the perspectives and feedback from the members whom we serve, our program is designed to have the right messaging to drive trust and conversion among each member archetype. This proprietary programming is automated to drive scale and to enhance our ability to continuously learn and iterate.

We Enable our Teams

Our teams who sit on the frontlines of outreach, scheduling, and engagement with our members are empowered by: (1) training and tools to go above and beyond to engage our members; (2) access to information needed to provide a custom care plan that ensures the best experience; and (3) clear expectations, accountability, and measurement that create an environment of respect, care, and support that our members deserve.

We Make Onboarding Easy

Our onboarding process is consistent and member-centered. This process ties the right care to the right member at the right time. We leverage scheduling that is most likely to get the member to their appointment.

We Stay Accountable

Throughout the entire time we are responsible for these members, we provide a scaled, tailored approach to ongoing engagement to improve outcomes and continue building trust. We hold ourselves accountable to delivering the best experience in healthcare for our members over time, whether we've just met them or whether we've been working with them for years.

Trust and engagement is essential to the care model we deliver. We strive to ensure that every member assigned to us is fully engaged, because only then can we build trust with those who have historically been left behind and ignored by our healthcare system.

For too many, the status quo is low engagement and lack of trust. Individuals who receive care via Medicaid frequently struggle to access fully integrated healthcare from providers who have the time and resources to fully address their

needs. This, plus the stigma and bias that is ubiquitous in our society, leads to broken promises, broken trust, and lack of engagement.

Our approach is compassionate, persistent, and proven. We understand historical trauma in the populations we work with, and we intentionally build trust in a way that is scalable, but also human.

80

Net Promoter Score

Internal data analysis, July 2021 – June 2022

Our Model

Our care model is integrated, holistic and human.

The traditional healthcare system is not optimized to adequately address the challenges and complex needs of the 80 million Medicaid members in the U.S. The traditional healthcare system primarily focuses on clinical care — yet in a 2022 Cityblock survey, 45% of our members said they had experienced food insecurity in the last 90 days. And in August 2022 alone, 10% lost their jobs. We know that unmet social needs, such as food and job insecurity, lead to worse health outcomes for those with lower incomes.^{1,2}

The strength of Cityblock is in understanding and caring for our members in an integrated, holistic, and human fashion. We get that people are more than just their organ systems and diagnoses and lab values. So we tailor our care to address all of the things that make us human and healthy. Our care model integrates primary, behavioral, and social care, providing always-on 24/7 support services and escalated urgent care at home.

Unmet social needs, environmental factors, and barriers to accessing healthcare contribute to worse health outcomes for people with lower incomes.^{1,2}

¹ *Social Conditions as Fundamental Causes of Health Inequalities: Theory, Evidence, and Policy Implications*, 2010

² *Social Needs and Health-Related Outcomes Among Medicaid Beneficiaries*, 2019

Cityblock's Care Model in Focus



Behavioral Health

We provide therapy, support groups and family counseling.



Primary Care

We coordinate with members' existing primary care providers or match members with Cityblock providers based on their specific needs.



Social Services

We help coordinate housing, employment, legal aid, food, childcare and other services members might need.



Care Coordination

We work with members' doctors, specialists, and case managers to arrange home-based care, in-person appointments, and virtual support as needed.



Complex Care Management

Our care teams are experienced at working with members who are experiencing chronic conditions and disabilities.



Urgent Care

Members can call us for any urgent needs. We're here for members 24/7.



Health Equity in Action

Focusing on communities who need it the most.

The Problem

Medicaid beneficiaries and those who are dually eligible for Medicaid and Medicare have *historically been the most clinically and socially vulnerable patient populations, experiencing markedly disparate health outcomes and access to care.* Specifically, dual-eligible beneficiaries continue to experience higher rates of chronic illness, functional impairments, and disabilities, driving disproportionately high emergency room utilization, inpatient utilization and other costs. In 2019, while the dual-eligible population comprised 14% of Medicaid enrollees, they accounted for 30% of total Medicaid expenditures.¹

What We Do

Cityblock’s care model is built to serve Medicaid and dual-eligible

beneficiaries, particularly members with significant and complex clinical, behavioral, and social needs. We partner with our health plan customers to serve Medicaid and dual-eligible beneficiaries. We then deploy a high-touch care model that builds strong relationships and touchpoints between our members and care providers, that delivers care interventions for specific populations and conditions, and that leverages data and technology that enable us to continuously enhance our clinical care processes.

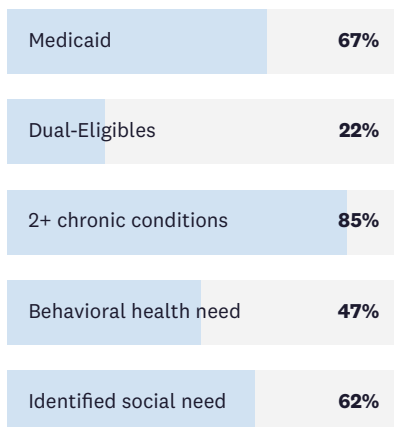
Our Members

Within Cityblock’s membership, 89% are either Medicaid or dual-eligible beneficiaries. In terms of healthcare needs, 85% of members experience 2+ chronic conditions, 47% have behavioral health needs, and 62%

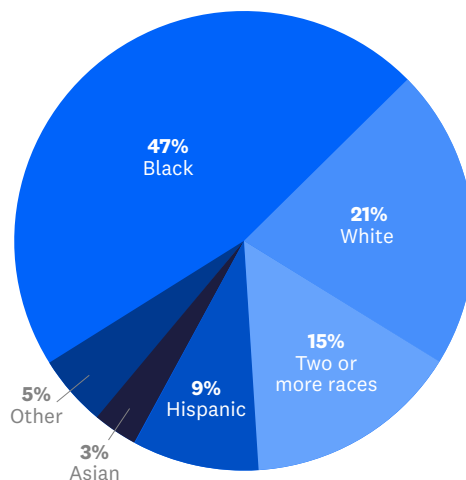
have an identified social need, such as housing and food insecurity.²

Ultimately, *health equity is a racial equity issue* — driven by issues including access to care, systemic racism, affordability, medical discrimination, and structural and economic disparities. We see this in our population, where 79% of our members for whom we have race data identify as persons of color. This reflects nationwide data that shows that Medicaid and dually-eligible individuals are more likely to be people of color than those with commercial (employer-sponsored) insurance — according to MACPAC, over 60% of Medicaid’s 73 million beneficiaries identify as Black, Hispanic, Asian American, or another non-white race or ethnicity.³ Our focus on these populations, and the differentiated care model that we deploy as a result, plays an instrumental role in mitigating health and racial disparities.

Cityblock Membership by Population and Need²



Cityblock Membership by Race⁴



¹ Integrating Medicare And Medicaid Data To Improve Care Quality And Advance Health Equity Among Dual-Eligible Beneficiaries, 2022

² Chronic condition, behavioral health, and social need statistics exclude NC population, which includes full-risk Temporary Assistance for Needy Families (TANF) beneficiaries, including children. Identified social need is based on Cityblock internal assessment data, where available.

³ MACStats: Medicaid and CHIP Data Book, December 2020

⁴ Race data is only shown for members for whom Cityblock has race data.

Building trust with dual-eligible beneficiaries.



The Problem

One of the most significant barriers to improving healthcare outcomes is engaging Medicaid and dual-eligible beneficiaries. The next challenge is keeping them engaged.

What We Do

In Massachusetts, through Cityblock's community-based engagement model, we were able to better connect members to a multidisciplinary care team while also addressing critical social issues like housing, employment, legal aid, food, and childcare — at no extra cost. Since launching in the state in March 2020, Cityblock has served over 5,000 low-income dual-eligible individuals, many who are living with disabilities.

Outcomes

We strive to ensure that every member assigned to us is engaged, because only then can we build trust with those so often left behind by our system. In Massachusetts, our members with clinical needs can:

- Receive an acute or urgent home visit from a Cityblock clinician within 90 minutes of an identified need
- Receive multiple follow ups from Cityblock after leaving the hospital, including home visits within seven days of discharge
- Obtain home-administration of long acting injectable medications, including antipsychotic medications, to stay healthy at home and out of the hospital
- Be evaluated by our Emergency Department Navigator in the emergency room and have the option to receive hospital-level care at home via Cityblock's hospital-at-home program instead of being admitted to the inpatient unit

90%

patient engagement on mature dual-eligible cohorts

60–70%

of members in Massachusetts are seen by a Cityblock provider either virtually or in their home within the first 90 days of engagement

Internal data analysis, January – August 2022

Improving perinatal and maternal health in Medicaid populations.

The Problem

Due to structural racism's impacts on care and health, white people are three times less likely to die from a pregnancy-related cause than Black people across the U.S.¹ Eighty percent of pregnancy-related deaths are considered preventable, and 53% occur 7–365 days postpartum.² Maternal mortality represents the tip of the iceberg of unmet needs, which include options counseling, culturally concordant and resonant care, behavioral health, social support, preventive counseling and preparation for pregnancy, childbirth, infant feeding and parenting, clinical care for high-acuity conditions, and dignity and autonomy in care, regardless of the pregnancy outcome. Based on Cityblock's data, pregnancy and neonatal needs are a leading driver of acute care utilization.

What We Do

Cityblock offers the following services to ~2,000 pregnant members today in North Carolina in a value-based care arrangement:

- Tailored outreach to drive trust and engagement
- Immediate culturally-centered support via text, video or in-person
- Intensified support and interdisciplinary nursing, behavioral health, and/or case management for members with higher acuity needs
- Providing in-person support during the birthing process
- 24/7 clinical triage, remote monitoring, and urgent or paramedicine care
- High-quality, values-aligned provider referrals and collaboration

Outcomes

By enabling a more equitable, higher-quality pregnancy care experience, Cityblock is:

- Reducing low value interventions, readmissions and costs
- Improving detection and evidence-based management of high-acuity perinatal conditions, during and following pregnancy
- Addressing racial inequities by preventing preterm births

~2,000

pregnant members attributed to Cityblock for value-based, maternity care



¹ *Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths, 2019*

² *Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019, 2022*

Providing comprehensive care for members with serious mental illness.



Outcomes

We engaged >100 of our highest risk and most difficult to reach members with behavioral health needs. Many of these members experience homelessness, transportation difficulties, and a history of irregular care. Cityblock Outreach Specialists and Community Health Partners, with specific expertise working with populations with SMI and SUDs, were critical in building trust with these members.

The program was also able to screen these members for medical, behavioral and social needs, and rapidly meet these gaps in care. For example, approximately 90% of members with food needs received services from our program and our partners. Seventy one percent of our members with schizophrenia were maintained on appropriate antipsychotic medications (including long-acting injectables). As a result of these interventions, in the first four months after launching the program, compared to the five months prior to launch, we observed a 15% decrease in emergency room visits.²

15%

decrease in emergency department visits in Washington, D.C. for members engaged in our Advanced Behavioral Health program

²

Internal data analysis, January - November 2022

The Problem

Washington, D.C. has one of the highest rates of behavioral health needs in the country. In 2021, D.C. Medicaid and local funds paid approximately \$228.4 million for mental health services claims, an increase in both people served (14%) and expenditures (22%) from 2020.¹ Individuals with serious mental illness represent some of the most vulnerable and high risk members of our society. They experience stigma, social challenges, and higher morbidity and mortality, which also results in higher healthcare costs.

¹

Mental Health and Substance Use Report on Expenditures and Services, 2021

What We Do

To support those with serious mental illness (SMI) and substance use disorder (SUD), many of whom have disproportionately high utilization, including emergency room visits, inpatient admissions and readmissions, Cityblock engages eligible members in our Advanced Behavioral Health care pathway. This program offers high-touch support, including medication, therapy and other interventions, based in the home, mobile clinic, and virtually, delivered by a dedicated interdisciplinary care team.

Member Spotlight: George

A long-time Washington, D.C. resident, George is a vibrant, 62-year-old dog lover — he dotes on his dogs Spot and Rover. George is also dyslexic, and has trouble reading. He was moved to different schools almost every year as a child, with no school ever able to truly help him. He spent time in and out of jail since he was nine years old, never had a home to call his own. He had been prescribed medication to help with his mental health, but those medications made him feel sluggish. No one had been able to support George in addressing his long-standing psychological trauma. In 2019, his mental health declined even further following the death of his son. The pandemic soon followed, and he remained mostly indoors, gained a significant amount of weight and was unable to cope with daily life. But things began to change last year when Lakima Brown, a Cityblock Community Health Partner, began calling him.

How Cityblock helped: George had been called by well-meaning case workers, nurses, social workers, and many others for years, all reaching out to help. But every time, George hung up the phone. That didn't phase Lakima who kept calling and calling — until he was ready to talk.

For George, the key difference between Cityblock and any other behavioral support he had previously received was that he truly felt listened to. Lakima didn't judge. She didn't interrupt. She didn't rush him. She listened.

Eventually, Lakima introduced George to Tracy Hamilton, a Cityblock Behavioral Healthcare Manager, who also spent time with George. Tracy opened up about trauma she had experienced the previous year, helping George understand that he wasn't alone. Tracy showed George that there was life after loss, but that it would require him to set his pride aside and to invest in himself. After seeing a psychiatrist, George started a new medication that has helped slow his mind down so that he doesn't respond to situations too abruptly, and can help him spend time being introspective and reflecting.

Next up for George? George would like to sit in his apartment and write a book about his life.



“

I've always had ways and means to make things happen, but now I know that I can feel a lot better when I don't have to walk around with my head down. I'm so glad Ms. Brown kept calling me. I needed it. She didn't give up on me.

George
Cityblock Member

Cityblock facilitated:

- Engagement in Behavioral Healthcare
- Medication Initiation
- Development of Productive Coping Skills

Names, images and other identifying information may have been adjusted to protect the member's confidentiality.

Increasing access to primary and urgent care delivered in the home.

The Problem

According to the Centers for Disease Control and Prevention (CDC), the emergency department (ED) visit rate for patients with Medicaid insurance is the highest compared with all other sources of payment — CDC research shows that in 2018, there was an average of 97 visits to the ED per 100 Medicaid recipients compared to 23 visits per 100 people with private insurance.¹ And the data are clear — many visits to the ED are unnecessary, showing a need for more preventative, proactive, primary care.

What We Do

Cityblock delivers a consistent, reliable program to reduce ED visits, driving down costs and improving outcomes. The Mobile Integrated Care (MIC) program consists of centrally managed and locally deployed services that include 24/7 virtual urgent care, “ED at home” services, transition of care, and our prevention-focused service line, Facilitated Primary Care. MIC enhances and extends the reach of primary care to in-home and urgent needs.

Some of the services we provide through Mobile Integrated Care:

- Assisted clinical intakes and annual provider visits
- Checking vital signs

- Treatment for pain and discomfort
- Administering and reading EKG results
- Testing for the flu, COVID-19, A1C, strep, RSV and pregnancy
- Oxygen administration
- IV hydration and antibiotics

Outcomes

Over the course of one year, Cityblock conducted more than 5,600 urgent visits with its Mobile Integrated Care team.² We estimate that MIC prevents unnecessary emergency department utilization for at least one in every five encounters.³ The team also completed over 4,800 home visits through Facilitated Primary Care.² Through MIC, we have ensured that our members:

- Receive time and attention for every unique need: we know that members have a common experience of feeling rushed and neglected.
- Do not experience long wait times: we know that members often utilize the ED for less urgent needs which then results in long wait times.
- Receive care in the comfort of their own homes: we know that receiving care where members feel safest results in better overall outcomes.



20%

of emergency room visits avoided for members seen by our Mobile Integrated Care team³

“

As a paramedic for 25 years, I have seen first hand, over and over again, the lack of coordination with longitudinal care after an urgent care visit. At Cityblock, the Mobile Integrated Care team is part of our member’s overall care team, so we have seamless feedback loops with each care team. Being able to show up at our members’ doorsteps — or wherever they may be — to ensure they are getting what they need to stay healthy and out of the hospital is what makes it all worth it.



Chris Cary,
Mobile Integrated Care Market Lead,
North Carolina

¹ *Emergency department visit rates by selected characteristics: United States, 2018, 2021*

² *Internal data analysis, November 2021 – November 2022*

³ *Internal analysis, August – November 2022*

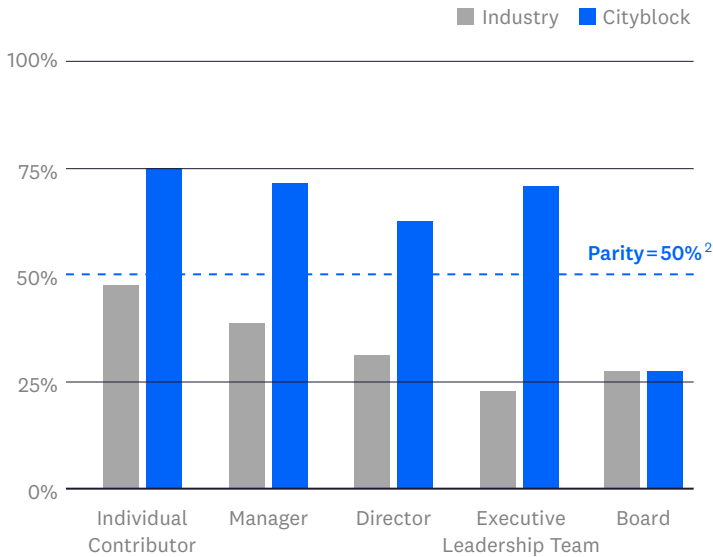


Equity in the Workplace

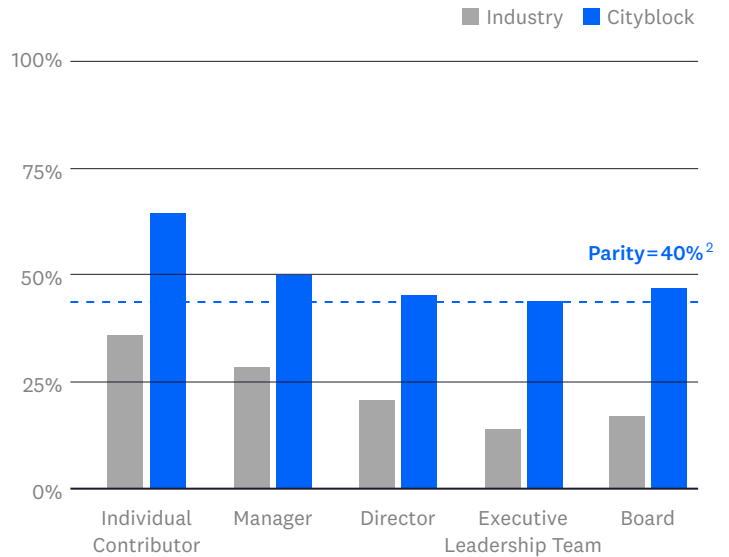
Representation

Building an inclusive workplace. Good starts from within.

Cityblock Female Representation vs. Industry¹



Cityblock People of Color Representation vs. Industry¹



Making an impact on the communities we serve means valuing and respecting the factors which impact the health of its individuals. Equitable whole-person care must start from within an organization — from how it governs itself, to how we represent the diversity of the communities we serve within our teams themselves.

We pride ourselves in building diverse teams. Across care operations, central services, technology, and throughout our organization, we strive to build a diverse and inclusive workplace. We are proud of our representation across both gender and race. We continue to have room to improve and evolve in increasing

representation up the career ladder — but our progress today represents intentional, consistent, and comprehensive efforts to ensure that our team reflects the richness and diversity of the communities we serve.

Across all levels in the company — individual contributor, manager, director, executive and Board — our teams maintain above-parity and above-industry levels of diversity across gender and race representation. Importantly, this includes the leadership of the organization, where representation of women and people of color (POC) in our executive leadership team are both three times higher than industry levels.

We believe it is deeply important that we continue to cultivate and grow our internal talent — through professional development plans, performance management programs, annual promotion cycles, total compensation evaluations, and more — in order to increase representation up the career ladder.

¹ Benchmarking on demographics obtained from McKinsey's Women in the Workplace 2022 report and The New York Times' "Board Diversity Increased in 2021. Some Ask What Took So Long."

² Race and gender parity obtained from 2020 census data and The Brookings Institute

Investing in our people makes us a top company to work for.



We support our employees at every stage of their journey. At Cityblock, we are supporting our people today to help them have a more successful tomorrow. We are doing this in many ways, including:

Coaching

We partner with top coaching services to provide group or 1:1 support for all employees. This includes group-based and individual coaching targeted towards individual contributors and managers — as well as leadership coaching for our highest-performing team members.

Ongoing Learning & Development

In addition to formal professional development with managers, we provide access to LinkedIn Learning for all employees, with access to 16,000+ courses. We have also developed our robust in-house learning module, Cityblock U, which now offers 50,000+ courses. These courses include tailored, bespoke trainings offered through a platform that enables field access via mobile devices in order to meet our employees where they are.

100%

of promotions are audited for evidence of bias

95%

of Cityblock employees report having regular check-ins with their manager

86%

of Cityblock employees agree that people from all backgrounds have equal opportunities to succeed at Cityblock

Internal Employee Engagement Survey, 2022

Empowering our People

Empowering employees. Enabling change.

Cityblock is committed to cultivating a safe and inclusive workplace for our employees. One way this happens is through employee-led resource groups. These are dedicated working groups that aim to create safe spaces for all individuals belonging to underrepresented groups, and for causes that matter to our employees. Other aims include:

- Celebrating diversity
- Promoting community and solidarity
- Creating safe spaces for problem solving
- Growing professionally
- Increasing collective cultural intelligence
- Building bridges across work locations

All employees are welcome to join Cityblock's employee-led resource groups. To recognize their efforts, leaders of each group are provided cash compensation based on their level of contribution.

Each employee-led resource group has senior executive sponsorship to ensure support and advocacy.

7

employee-led resource groups

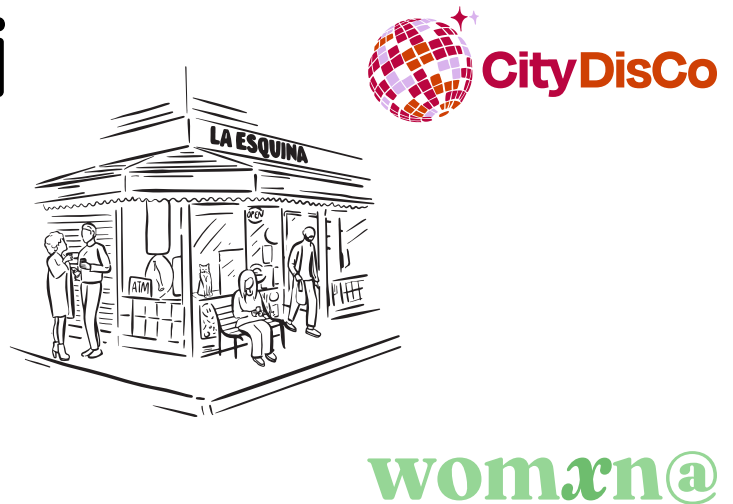
>40%

of employees participate in employee-led resource groups

Our employee resource groups represent:

- AAPI community**
- Black community**
- Disability community**
- Faith community**
- Female community**
- LatinX community**
- LGBTQIA+ community**

aapi



Employee Spotlight: Dr. Pooja Mehta (she/her)



Pooja Mehta, MD, Head of Women's Health

Our Head of Women's Health, Dr. Pooja Mehta, calls working for Cityblock a "dream come true." An obstetrician gynecologist, Pooja designs and advocates for equitable healthcare that is informed by the perspectives of low-income and birthing people.

As a physician and a parent, Pooja believes wholeheartedly in Cityblock's mission, not only because of the work being done to support marginalized communities, but also because of the robust benefits offered to all employees, including remote work flexibility, parental leave, and learning and development opportunities.

Q. How does Cityblock support women in the workplace?

As someone who gave birth during the COVID-19 pandemic, in addition to the benefits of working remotely, it was important to me as an advocate for birth equity and women's health to have robust parental leave for both birthing and non-birthing parents, to destigmatize the concept of taking time for family. I celebrate Cityblock's commitment to this important societal need. Building an intentional culture is as important to gender equity as the leave policy itself.

Personal coaching has also been invaluable as I seek to be a self-aware leader with a deepening impact. I don't think many women of color have equitable access to fully-funded development and coaching opportunities as part of their regular employment, particularly in the healthcare world and especially in academia and government, the sectors from which I came.

Q. How has Cityblock built an inclusive and equitable culture for women?

I am really proud of our equity, inclusion, and belonging initiatives at Cityblock, since these principles must run through everything that we do. This includes employee resource groups focused on community building. I love that I can be part of a women's group, an LGBTQIA+ group, and an Asian American group, affirming these different parts of my identity. At the end of the day, building an inclusive and equitable workplace is a huge part of our business and engagement success more broadly.

Employee Spotlight: Ekira Taylor (she/her)



Ekira Taylor, Manager of Care Teams

Ekira Taylor, Manager of Care Teams in Washington, D.C., has grit, passion, and commitment — qualities that she believes she inherited from her mother. “There was nothing my mother could not do, and she instilled in me that there’s never a challenge that I can’t take care of.”

As a care team leader, Ekira believes in demanding of herself what she is asking of her teams. She aims to continuously provide empathy, support and care that will make her teams feel like they’re not going through anything alone.

At Cityblock, Ekira has found a community of peers who continue to help her cultivate her leadership skills, grow professionally, and balance her personal and professional selves.

Q. What has Cityblock done to build communities within the workplace?

I’m a leader of the women’s employee resource group, and it is a super important part of me. I’ve never worked for a company that actually offers dedicated, safe spaces like these. The fact that I get to not only advocate for our members in my role as care team lead, but also get to spend time supporting the women of Cityblock — it is so meaningful.

It doesn’t matter where you are — Indiana, North Carolina, New York, Ohio — we know we are stronger together. The women’s ERG also is a breath of fresh air — it gives me that *balance*. People search for that balance in the workplace all the time, but I have it right here. This balance gives me time to step away from the member-facing work and get an opportunity to genuinely connect with the women of Cityblock.

Q. There can be ups and downs in trying to achieve the Cityblock mission. As a leader, how do you keep people on your teams motivated?

I truly believe that we are the voice and sometimes even the heroes for our members. I take pride in knowing that this is someone’s mother, cousin, brother, sister who we’re helping, who we are advocating for. We’re here for our members. Despite all the noise that may be going on around us, we always have that job to do. And if you love this work, then that noise will cancel itself out, and we’ll get through it. There’s nothing we can’t get through, I’ll tell you that.

Q. What is one thing that you and your team have been able to deliver that just makes you feel, “This is what I’m here to do”?

If I had to say one particular thing, it would be when we got “Blocky,” our mobile health hub. While we were making it work without a clinic in D.C. (after all, we meet members where they are!), when we got Blocky, it felt like it was our home. We were able to execute on our behavioral health connections and execute on our somatic health with our providers and our team. It was such a nice moment for us to come together as a team and realize that we now have something else to offer our members.



Alumni driving better services, better care, better outcomes.

Cityblock prides ourselves on our ability to cultivate dedicated, focused, business-oriented talent. From the beginning of their time with Cityblock, through their next challenge, our alumni are focused on improving health outcomes, particularly for marginalized populations and those with stigmatized conditions — goals that are aligned with ours.

Through our alumni network, Cityblock is enhancing the ecosystem of values-aligned businesses to combat the status quo of a healthcare system that continues to fail in delivering value and outcomes for communities that have been marginalized.

The healthcare challenges our alumni are tackling are varied and complex:

- Empowering women navigating menopause with evidence-based support
- Improving access to high-quality and affordable behavioral healthcare
- Developing new clinical pathways and payment models for behavioral healthcare
- Improving healthcare experiences for older Americans
- Developing integrated treatment programs for substance use disorders
- Providing affirming, inclusive care for those with eating disorders

10+

total alumni-founded companies

“

Cityblock’s mission and member-centric focus helped inspire me to build in an underserved area of women’s health — menopause, which is a traditionally taboo and stigmatized space within medicine, despite affecting half the population. As a member of Cityblock’s founding team, I was fortunate to see how culture is built — authentically and from the ground up. I’ve carried these invaluable lessons forward in how we approach hiring and culture at Elektra today. I also couldn’t be more grateful to the vibrant Cityblock alumni community for their support and friendship in my own founder journey.



Jannine Versi
Co-founder & COO
Elektra Health

Healthcare Companies Founded by Cityblock Alumni





Corporate Responsibility

Our Approach

Our corporate governance structures prioritize equity.



At Cityblock, we believe that good governance is key to creating good culture. That means ensuring accountability at all levels of the organization, creating multiple forums and spaces for feedback and escalation, and holding ourselves to the highest standards when it comes to data privacy and security.

Transparency is a guiding principle we aim to continuously uphold. With our leaders, we build multiple regular touchpoints with our colleagues — through town hall meetings, department all-hands, and team offsites.

For our employees, we provide multiple channels for escalated communication. This includes a dedicated People Strategic Business Partner team that provides support for all employees, a separate Support & Advocacy team that provides internal space and resources for anonymous support, and an anonymous hotline which employees can use at any time to report concerns.

We believe that a key part of ensuring management accountability is an empowered Board of Directors, with clear roles and responsibilities,

agency to oversee key areas of our business, and the visibility to understand business priorities and risks. In addition, as an employer in an ever-competitive talent market, we believe our compensation philosophy must be market-leading. Our approach ensures intentionality in how we position our total rewards relative to industry, and ensures accountability and review for key executive roles.

Board Committees

Our Board of Directors oversees the health of our organization.

Our Board is responsible for providing guidance for and ensuring the accountability of our executive team. Our Board members regularly engage with our CEO and executive team to provide crucial counsel on how we deliver the best outcomes for our members and scale our impact across the country. Our 11 Board members come from a number of diverse backgrounds, representing management, our investors, industry experts, and national leaders.

Cityblock has three standing committees:

1. Audit & Risk Committee
2. Talent & Compensation Committee
3. Governance Committee

The Audit & Risk Committee is responsible for, among other things, assisting the Board with oversight on the key areas of finance and risk for our organization. This includes ensuring the integrity of Cityblock's financial statements, compliance with legal, regulatory, and data privacy requirements, and the independence and performance of our auditor.

The Talent & Compensation Committee is responsible for, among other things, assisting the Board with oversight of Cityblock's talent development strategy as well as executive compensation decisions. This includes reviewing our overall People organization

strategy, reviewing Cityblock's compensation philosophy and salary and benefit design, overseeing the compensation of our executive team and Board Directors, and overseeing our Diversity, Equity & Inclusion agenda.

The Governance Committee is responsible for, among other things, overseeing the nomination of our Board Directors for service on our Board and our Board Committees. This includes overseeing the evaluation of our Board, considering developments in corporate governance practices, setting appropriate corporate governance policies and procedures for Cityblock, and overseeing our ESG agenda.



Equity is embedded at the core of our total rewards strategy.



Cityblock ensures that our total rewards strategy and compensation philosophy is equitable and robust. This means more than seeking to pay our employees fairly for the work that they do. It also means ensuring that the total suite of compensation and benefits is fulsome, that we have processes and controls in place to maintain pay equity, and that we have enhanced controls and reviews for executive compensation.

Total rewards at Cityblock are exhaustive in scope and industry-leading. In addition to competitive salaries, Cityblock offers all employees — regardless of experience or position — an equity

stake in the company. Our benefits package also includes multiple low-cost medical, dental, and vision plans, as well as generous paid time off. Our parental leave and paid leave programs are industry-leading.

At least on an annual basis, we conduct pay equity reviews to ensure we compensate equitably.

Our salaries are benchmarked on a regular basis relative to the job families that we are hiring, leveraging the latest data sources. We review for equity across multiple factors, including, but not limited to, race, gender, age, geography, performance, job description, and job level.

For executives, our compensation philosophy is more stringent. On an annual basis, our Board of Directors reviews and approves executive team compensation to ensure that we are paying our executives appropriately and equitably based on the scope of their roles.

We believe environmental health is community health.



The health of one's environment is a critical component of a population's health. Part of Cityblock's mission is to do our part to foster a healthier environment for our communities. While our own sustainability journey is just beginning, we have taken initial steps to measure electricity and natural gas consumption and Scope 1 and 2 greenhouse gas emissions.

In 2021, our clinics' electricity and gas usage were significantly lower compared to the healthcare industry average.

– *Total Electricity Consumption* across our clinics averaged 5.4 kilowatt-hours (kWh) per square foot. The average U.S. medical office consumed approximately 15.0 kWh per square foot.¹

– *Total Gas Usage* across our clinics averaged 2.1 CCF per square foot (volume equal to one hundred cubic feet of gas). The average hospital uses 109.8 CCF per square foot.²

We have begun measuring our greenhouse gas emissions using the Greenhouse Gas Protocol, starting with Scope 1 and Scope 2. In 2021, across our owned and leased real estate, facilities, vehicles, and purchased energy our total Scope 1 emissions were 86 tCO₂e and our total location-based Scope 2 emissions were 141 tCO₂e.

Our journey is just beginning. We aim to continue reporting on our electricity and gas usage — while holding ourselves accountable in additional ways and seeking

opportunities to further reduce our environmental footprint.

86 tCO₂e

Scope 1 Emissions (2021)

141 tCO₂e

Scope 2 Emissions (2021)

¹ U.S. Energy Use Intensity by Property Type, 2021

² Managing Energy Costs in Hospitals, 2010



Future-built

Cityblock Health. Built for the future.



Healthcare delivery will only become more complex as the needs of populations evolve. This means that successful healthcare organizations must be actively building for the future by making mission-driven decisions that position their members, organizations, talent, and customers for success in the months and years ahead.

At Cityblock, we've built our business to not only withstand, but to anticipate and embrace what's ahead of us. And it's paying off.

Our mission in the coming years remains unchanged: [to radically improve the health of marginalized communities at scale, which we'll accomplish by:](#)

– *Supercharging our Engagement and Trust:* Fundamentally, our model

is all about our ability to earn the trust of those who have historically been left behind and ignored by our healthcare system. We will continue to strengthen our efforts to build empathetic relationships with our members.

– *Scaling our Differentiated Care Model:* We see promising evidence of the impact of our engagement engine and our integrated care delivery model. We will continue to drive innovation and industrialize the core for scale.

– *Leveraging Data as Fuel:* Building on the daily work that we do with members to provide real and new insights on how to serve marginalized populations, which then drives a flywheel of member segmentation, to care model actions, to health outcomes.

– *Growing for Scale:* Taking our model out to the world, across local, regional and national payers. Despite little investment in our brand to date, we have built a reputation and a following in the market with a valued product that is highly differentiated — we plan to use that to spread our model nationwide.



Certain statements in this report constitute “forward-looking statements.” These statements are based on management’s current opinions, expectations, beliefs, plans, objectives, assumptions, or projections regarding future events or results, including, but not limited to, our commitments, strategies, and initiatives; our business plans and strategy; our technology and services; our opportunities for growth; and our stakeholder engagement efforts. These forward-looking statements are only predictions, not historical fact, and involve certain risks and uncertainties, as well as assumptions. Actual results, levels of activity, performance, achievements, and events could differ materially from those stated, anticipated, or implied by such forward-looking statements. While we believe that our assumptions are reasonable, there are many risks and uncertainties that could cause actual results to differ materially from forward-looking statements, including, among others, changes or developments in Medicaid and Medicare; unfavorable changes in local reimbursement rates, competition and economic conditions; the current and future impact of the COVID-19 pandemic; increasing expenses; small number of payer partners; competitive healthcare landscape; challenges in expanding our member base or into new markets. We undertake no obligation to update or revise any forward-looking statement contained in this report, except as otherwise required by law.

