## 2024 Fact Sheet



Board of Directors	Who we are	CareMessage is the technology non-profit building the largest patient engagement platform for low- income populations in the United States.
<b>Kit Kaufman, Chairman</b> Founder, Kit Kaufman, Counsel to Independent Directors	Our Vision	A world where people from low-income communities achieve health equity through increased access to care, improved clinical outcomes, and addressed social drivers of health.
Andrew Principe President, Starling Advisors	Our Vision	Leverage technology to improve health equity for people from low-income communities.
<b>Anne Trester</b> Former Strategy & Financial Director at Google		
<b>Geoff Price</b> Co-founder, Chief Innovation Officer, Board	2028 Goal	By 2028, CareMessage will improve health equity for 5 million people from low-income communities annually.
Director, Oak Street Health <b>Kevin Bromer</b> Executive Director for Data & Technology Investment, Ballmer Group	What we offer	Patient Engagement for Improved Health Equity. Powered by our Health Equity Engine™, the CareMessage platform enables organizations to combine messaging, data, and interoperability to increase access to care, improve clinical outcomes, and address social drivers of health.
<b>Kristina Campbell</b> Chief Financial Officer, Wrapbook	Year Founded	2012
<b>RADM (Ret.) Michael D.</b> <b>Weahkee</b> Former 10th Director of the	EIN	27-3252911
Indian Health Service	Website	www.caremessage.org
Sarah J. DiBoise Deputy General Counsel for Healthcare, Stanford University	Team	48 Full-time employees and contractors
<b>Vineet Singal</b> Co-founder and Chief Executive Officer,	Annual Budget	2024 - \$12.5 million Roughly 2/3 Core Operating Expenses and 1/3 R&D
CareMessage	Funding Model	Earned revenue, institutional and individual donors



## The Problem

The U.S. Healthcare system continues to leave lowincome, historically marginalized communities behind as seen in longstanding healthcare disparities that impact mortality rates and incidence rates of chronic diseases, cancer, and other preventable conditions.

As new technologies emerge they disproportionately exclude these populations, widening the digital divide that impacts health equity.

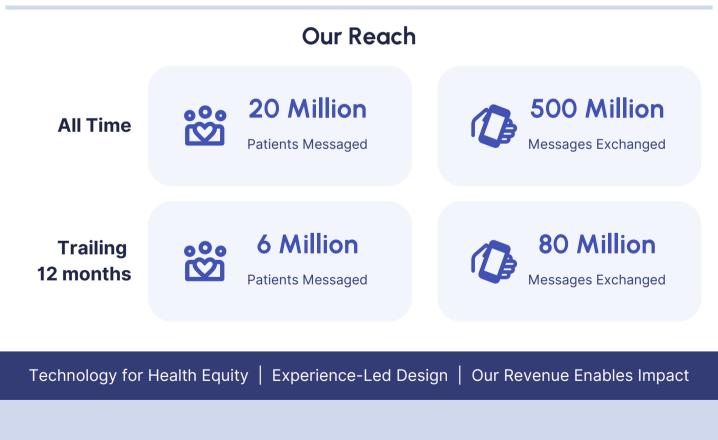
## Our Theory of Change

Building Technology to Improve Health Equity Requires a New Type of Organization. We believe technology, when built responsibly and by the people who share those lived experiences, has the power to scale improvements in health equity. This is only possible if your business model allows you to leverage revenue to enable impact.

## **Our Health Equity Framework**

We believe all people should have a fair chance to be healthy, and are focused on three dimensions of health equity we believe to be at the intersection of technology and feasibility of impact:

Access to Care - Address the systems that enable or prevent access to healthcare services, with an overall focus on driving greater usage of preventive services which start to link access to care to clinical outcomes. Clinical Outcomes - Working backwards from healthcare inequities on mortality and life expectancy, we need to tackle the path starting with prevention so that our approach keeps these various stages in mind. Social Drivers of Health - Outside of the healthcare ecosystem, given our focus on low-income populations, we must tackle non-healthcare needs that impact healthcare outcomes.



Get in touch hello@caremessage.org

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