

**Empowering Change:**  
*Innovating and Scaling for a Healthier Tomorrow in the  
Face of Emerging Social Determinants of Health (SDOH)*

**Thursday, March 14, 2024**

*National Webinar Series: Part 4 of 4*

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*Brought to you by the National Training and Technical Assistance  
Partners (NTTAPs) of the SDOH Academy*



# Housekeeping

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- All participants are muted on entry to limit background noise
- Use the Q&A or chat box to ask a question during the session
- This webinar is being recorded and materials will be emailed to participants
- We would love to hear your feedback – please fill out our brief evaluation at the end of this session!



# The Social Determinants of Health (SDOH) Academy

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The SDOH Academy is a HRSA-funded virtual training series designed to help staff from health centers, health center controlled networks, and primary care associations develop, implement, and sustain SDOH interventions in their clinics and communities.

The power of The SDOH Academy is that it does not focus on a single intervention. Instead, multiple HRSA-funded national training and technical assistance partners work together to offer a coordinated curriculum on multiple community-based SDOH interventions.

To learn more, visit: <https://sdohacademy.com/>



# National Training and Technical Assistance Partners (NTTAPs)

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- Maximize impact of Health Center Programs
- Increase access to high-quality comprehensive primary health care for underserved populations
- Support HRSA awareness of issues impacting health centers and special populations
- Support HC to identify and implement evidence based and promising practices
- Leverage HC shared experience and data to improve health outcomes for patients

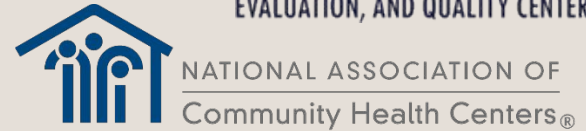
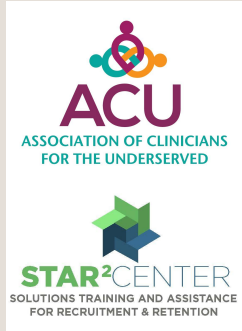
To learn more, visit:

<https://bphc.hrsa.gov/technical-assistance/strategic-partnerships/national-training-technical-assistance-partners>





# National Training and Technical Assistance Partners (NTTAPs)



## Poll

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Where are you joining  
us from?



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# Today's NTTAP Presenters

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**Helen Rhea Vernier, MSc**

*(she/her)*

*Associate Director of Workforce  
Development*  
ACU STAR<sup>2</sup> Center



**Meghan Erkel, MPH**

*(she/her)*

*Senior Project Manager*  
Health Outreach Partners (HOP)



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# Special Thanks To

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**Sarah Mitnick, MBA**

*(she/her)*

*Director of Program Operations Division  
of Education and Training  
National LGBTQIA+ Health Education  
Center,  
The Fenway Institute*



**Theresa Lyons-Clampitt**

*(she/her)*

*Senior Program Manager,  
Training and Technical  
Assistance  
Migrant Clinicians Network  
(MCN)*



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# Today's Guest Presenters

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**Marysel Pagán Santana, DrPH, MS**

*(she/her)*

*Director of Environmental and Occupational  
Health, Senior Program Manager for Puerto  
Rico*

**Migrant Clinicians Network (MCN)**



**Diana Lieu**

*(she/they)*

*Communications Manager  
San Francisco Community Health  
Center*



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# Learning Objectives

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1. Identify key components of innovation in addressing social determinants of health (SDOH) and analyze examples to understand what it means to be innovative in healthcare practices.
2. Evaluate strategies for scaling innovation in healthcare, recognizing common barriers to scale and exploring methods to overcome them effectively.
3. Consider resilience in innovation by understanding the importance of failure as part of the process, learning how to pivot and correct course when faced with challenges, and applying resilience techniques to sustain innovative efforts in addressing SDOH.



# WHAT DOES IT MEAN TO BE INNOVATIVE?

**Meghan Erkel, MPH**  
*Senior Project Manager, HOP*

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## Poll

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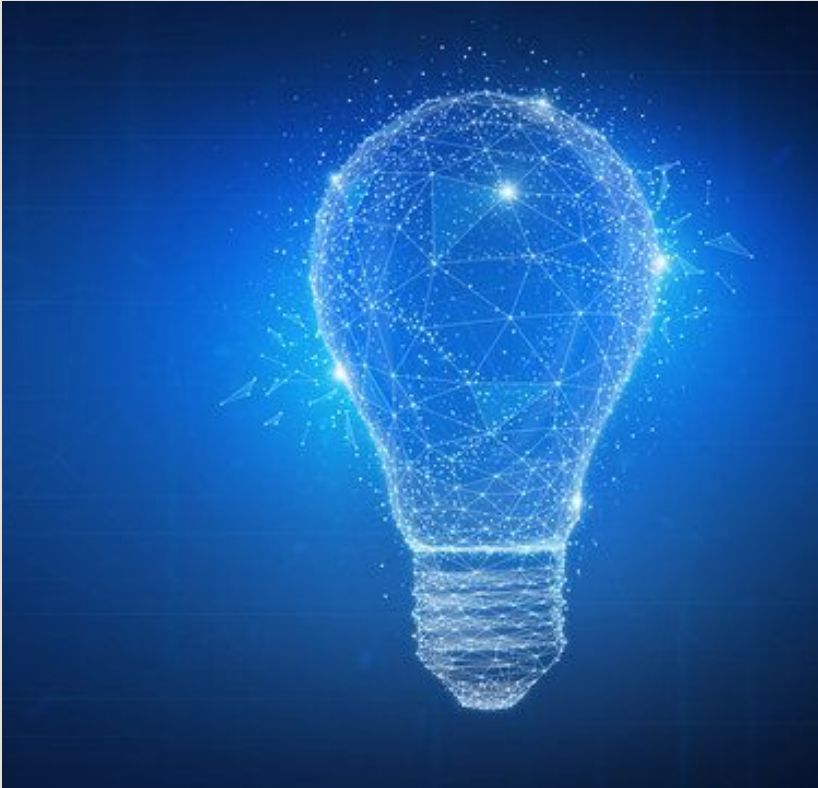
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What does it mean to  
you be innovative?



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# Public Health Innovation



- Public Health Innovation can be a new solution, policy, process, product or program that has the ability to transform systems and increase impact.
- To achieve health equity, we must turn to innovation to address root causes, structures, and social drivers of health integrated into our medical and social systems.

# Innovation & SDOH



- We know that Social Drivers of Health (SDOH) and underlying structures contribute to wide health disparities and inequities.
- Innovation has been and will be pivotal for reaching sustained, scalable solutions to to improve the conditions in people's environments and communities.

# Principles of Success

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- A solid understanding of the problem
- Use evidence to drive decision-making
- Intelligent risk
- Embrace failure
- Locally & community driven
- Facilitate cross-sector and community collaboration
- Define vision of scale

# SCALING INNOVATION: BARRIERS & STRATEGIES

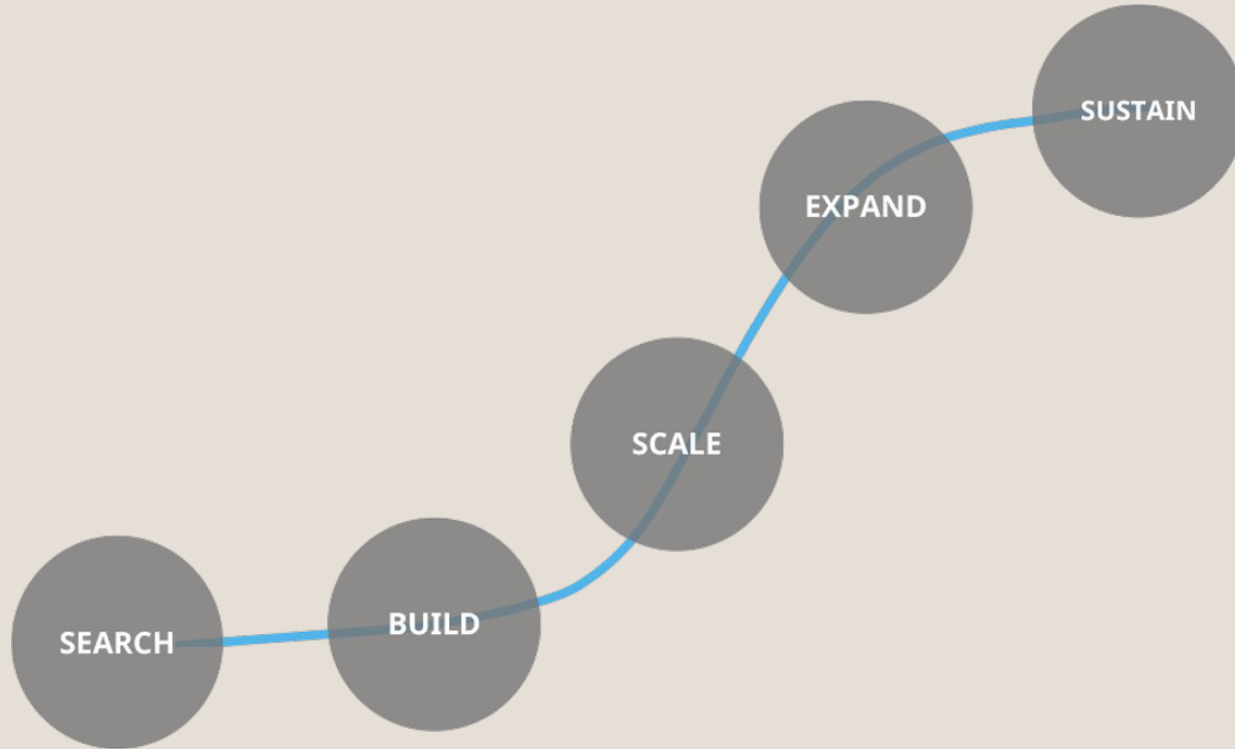
**Helen Rhea Vernier, MSc**  
*Associate Director of Workforce Development,  
ACU STAR<sup>2</sup> Center*

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# Scaling Innovation: The What

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Source: [Scaling Innovation - The What, Why, and How](#)



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## Scaling Innovation: The What

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“Scaling innovation is the process of expanding the presence and the use of the innovation to be as widespread as possible to maximize the impact the innovation can have.”



# Barriers to Scaling Innovation

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- Lack of resources
- Lack of access to talent/qualified personnel
- Inability to respond rapidly
- Cultural resistance

Source: [\*Proven Strategies To Scaling Innovations\*](#)



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# Scaling Healthcare Innovations

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- Credibility
- Relative advantage
- Simplicity
- Testability
- Observability
- Compatibility



Source: [Advancing the Public's Health by Scaling Innovations in Clinical Quality](#)



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# Scaling Innovation: Leadership Buy-In

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- Commitment to change from leaders (administrative & clinical)
  - Make the business case
    - Why resources should be spent on this innovation
    - How the innovation will fulfill the organization's goals



# Scaling Innovation: Embracing Change

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- Internal organizational capacity for change is critical
- Consider implications of:
  - Developing/modifying health information technology systems
  - New equipment
  - New/growing staff roles
  - Coordinating with external partners



# Strategies for Successful to Scaling

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- Develop partnerships
- Open innovation
- Experimentation
- Proper processes and systems

Source: [\*Proven Strategies To Scaling Innovations\*](#)



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## Poll

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- Where has your health center/organization had the most challenges?
- How have you turned those challenges into an innovation? How have you scaled that?





# INNOVATION RESILIENCE

**Helen Rhea Vernier, MSc**  
*Associate Director of Workforce Development,  
ACU STAR<sup>2</sup> Center*

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## Poll

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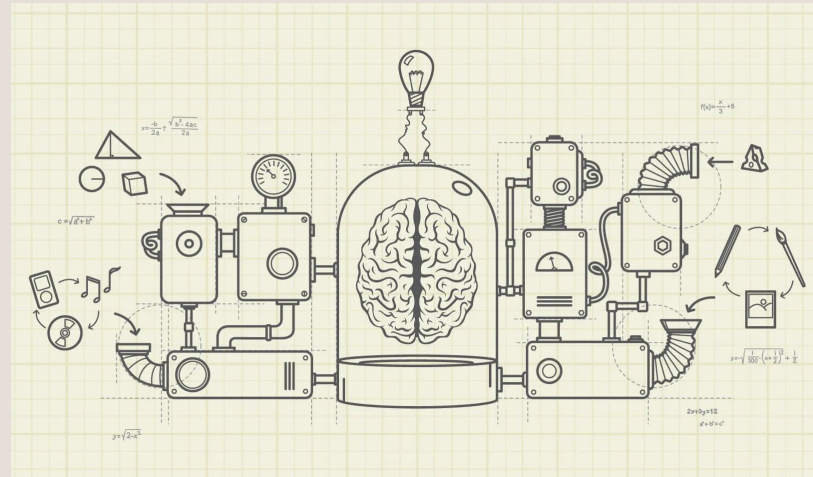
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- What are some of the most important factors for driving innovation in today's fast-paced world?
- How important do you believe resilience is for fostering innovation in a rapidly changing environment?



# The Role of Failure

“ Failure is the mother of innovation ”



Source: [Baba Shiv: Failure is the Mother of Innovation](#)



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# How Can We Embrace Failure?

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- **Silence your inner critic:** Instead of dwelling on what went wrong, look to the lessons learned and think positively about how you can improve your next approach.
- **Collect valuable data:** Do some detective work and explore why your attempt fell short; try to identify the specific variables that led to this result.
- **Value progress:** Acknowledge the progress you've made even when the result isn't ideal, and make note of how past lessons helped you improve.



# Failing the Right Way

## A Spectrum of Reasons for Failure

BLAMEWORTHY

**Deviance:** an individual chooses to violate a prescribed process or practice.

**Inattention:** an individual inadvertently deviates from specifications.

**Lack of Ability:** an individual doesn't have the skills, conditions, or training to execute a job.

**Process Inadequacy:** a competent individual adheres to a prescribed but faulty or incomplete process.

**Task Challenge:** An individual faces a task too difficult to be executed reliably every time.

**Process Complexity:** a process composed of many elements breaks down when it encounters novel interactions.

**Uncertainty:** a lack of clarity about future events causes people to take seemingly reasonable actions that produce undesired results.

PRAISEWORTHY

**Hypothesis Testing:** an experiment conducted to prove that an idea or a design will succeed fails.

**Exploratory Testing:** an experiment conducted to expand knowledge and investigate a possibility leads to an undesired result.

– Amy C. Edmondson, Harvard Business Review

Source: [Strategies for Learning from Failure](#)



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# Innovation Mindset and Resilient Responses

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- Leverage the expertise of staff
- Listen to community
- Reflect on systems and processes
- Learn from mistakes in order to pivot, adjust and move forward with intention



Source: [Innovation and Resilience](#)



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# INNOVATING FOR CLIMATE CRISES

**Marysel Pagán Santana, DrPH, MS**  
*Director of Environmental and Occupational Health,  
Senior Program Manager for Puerto Rico  
Communications Manager  
Migrant Clinicians Network (MCN)*

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# Climate Crisis and Impact



## Environmental Stressors

- Extreme heat
- Storms
- Flooding
- Wildfires



## Policies and Systems

- Worker safety and health laws and regulations
- Emergency management
- Health care
- Immigration policy
- Climate policy



## Outcomes

- Migration
- Impact on overall wellbeing
- Illness and Injuries
- Deaths





# Threats and Opportunities

- Adapting our practices to be resilient and responsive.

# Heat Stress

- Temperatures are rising.
- Agricultural workers at higher risk.
- *"It's hard work because the foreman constantly rushes us... Many workers have died in the fields due to dehydration or illness. I have seen men and women faint"*
  - Marisol ([Stories from the Field](#), documented by David Bacon)



# Direct and Indirect Impacts

## Global warming could create more than 100M 'climate refugees'

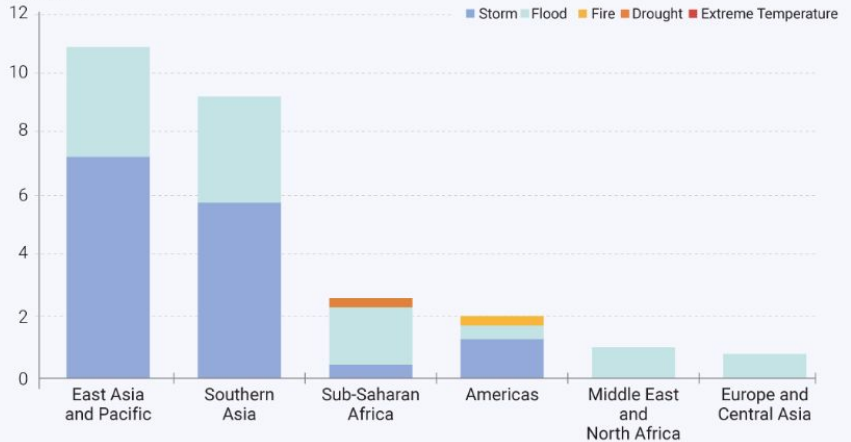


While from 44 million to 216 million people may become climate migrants by 2050, cross-border climate migrations may become more frequent as the impacts of climate change intensify

(2012-2021 AVERAGE)

### ANNUAL WEATHER-RELATED DISPLACEMENTS

Million People





## WHO ARE THE MOST VULNERABLE?

- Outdoor workers
- Low socioeconomic level
- Pregnant women
- Patients with chronic disease
- Immigrants



## **Vulnerabilities**

- Cultural and language differences
- Low income
- Inherent dangers and risks of occupation
- Migratory status
- Migratory lifestyle
- Lack of access to health care, insurance, or financial resources
- Lack of regulatory protection

# Access to Health Care

- Language
- Transportation
- Insurance / Safety
- Fear
- Loss of income
- Digital divide
- Racism and Discrimination
- Mobility or displacement





# Disparities in Emergency Planning and Response

Evacuation information and training in the appropriate language

Eligibility for services

Housing and camps infrastructure

Access to healthcare during and after

Health and safety during preparedness and cleanup

Recovery priorities (i.e., road/bridges reconstruction)



MIGRANT CLINICIANS NETWORK



## Community Mobilization in Puerto Rico





## Role of Community Health Centers

- Liaison between government response agencies and the community
- Support networks between NGOs and communities
- Sustainability of management when integrated into the operation of the health center

# Challenges and Key Lessons

Continuous process

Unique experiences

Role for outreach staff

Equity and equality

Ongoing threats



**San Francisco  
Community Health  
Center**

**Diana Lieu**  
*Communications Manager,  
San Francisco Community Health Center*

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ABOUT

# SAN FRANCISCO COMMUNITY HEALTH CENTER

Our mission is to transform lives by advancing health, wellness, & equality

We celebrate and attend to the health and wellness of the communities that define San Francisco—immigrant and communities of color, queer, trans, unhoused people, and all of us who are most impacted by oppression— through comprehensive medical, dental, and mental health services.

We believe that health care starts with healing justice and meeting the basic needs of our communities. **Our culturally informed services are designed by the very people we serve.**





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## **Our vision:** It is in our power to create the world that we deserve, one that respects, honors, and cares for all of us.

Our communities disproportionately experience systemic oppression and discrimination. We cannot truly address a person's health without recognizing and addressing the context in which they exist.

A sense of belonging is a basic human need. Our work is more than health services, it is the cultivation of belonging.

Those of us at the margins are the experts of our own experiences, and that those closest to the issue are best equipped to find solutions.

We are committed to serving and investing in the leadership of the queerest among us, and all of those whose bold existence forces us to rethink and reimagine what's possible for us all.

Instead of asking communities to be more resilient, we must strive to create the conditions for all people to thrive.

Our programs are the future. They look like our communities, empowered, thriving, and full of joy.





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# OUR VALUES IN PRACTICE

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Medical care is only one of many health care services we provide at SFCHC. Our community are queer people, trans people, unhoused neighbors, HIV+. We meet our community where they are at, and our health care services reflect what this takes.

[WWW.SFCOMMUNITYHEALTH.ORG](http://WWW.SFCOMMUNITYHEALTH.ORG)



# WHAT WE DO

## HEALTH SERVICES

Existing health care often fails to meet the needs of many of our queer, trans, unhoused, HIV+ neighbors, communities of color, and otherwise historically marginalized people. At SFCHC, we fight to close these gaps. Our health services are compassionate and humanizing. Regardless of their situation, all of our patients receive the highest quality of care.

## SOCIAL SERVICES

We recognize that true well-being requires more than just medical care, addressing the layered challenges faced by individuals, such as trans women living on the streets with HIV or queer Black folks struggling with substance use. Further, many of our community members are affected by institutionalized inequality. Our social services approach is affirming and responsive to the intersectional needs of our community.

## MOVEMENT BUILDING

Building power within our communities that have endured decades of discrimination, economic exclusion, and health inequities is essential to achieving true healing, health, and wellness for our people. We work towards community-centered change through strategic partnerships, capacity-building, and persistent advocacy.

# Taimon Booton Navigation Center

*Homeless Shelter for Transgender, Gender Non-Confirming, and Cisgender Women*

**The Taimon Booton Navigation Center (TBNC) is our shelter and service center for transgender, gender non-conforming & intersex people, as well as cisgender women, to find sanctuary, community, and a pathway to housing.**

- Marginalized gender identities often face challenges in finding safe housing due to discrimination and violence. Gender-supportive housing offers a crucial refuge, fostering belonging and safety.
- Inadequate housing exacerbates health issues, making access to housing a critical public health concern.
- At TBNC, we offer beds, meals, showers, laundry facilities, medical services, case management, recreational activities and community.
- Housing is health care







# Trans:Thrive

*Transgender and Gender Non-Confirming Community Center*

## **Trans: Thrive stands for Transgender Resource and Neighborhood Space (Trans), and Transgender Health & Resource Initiative for Vital Empowerment (Thrive)**

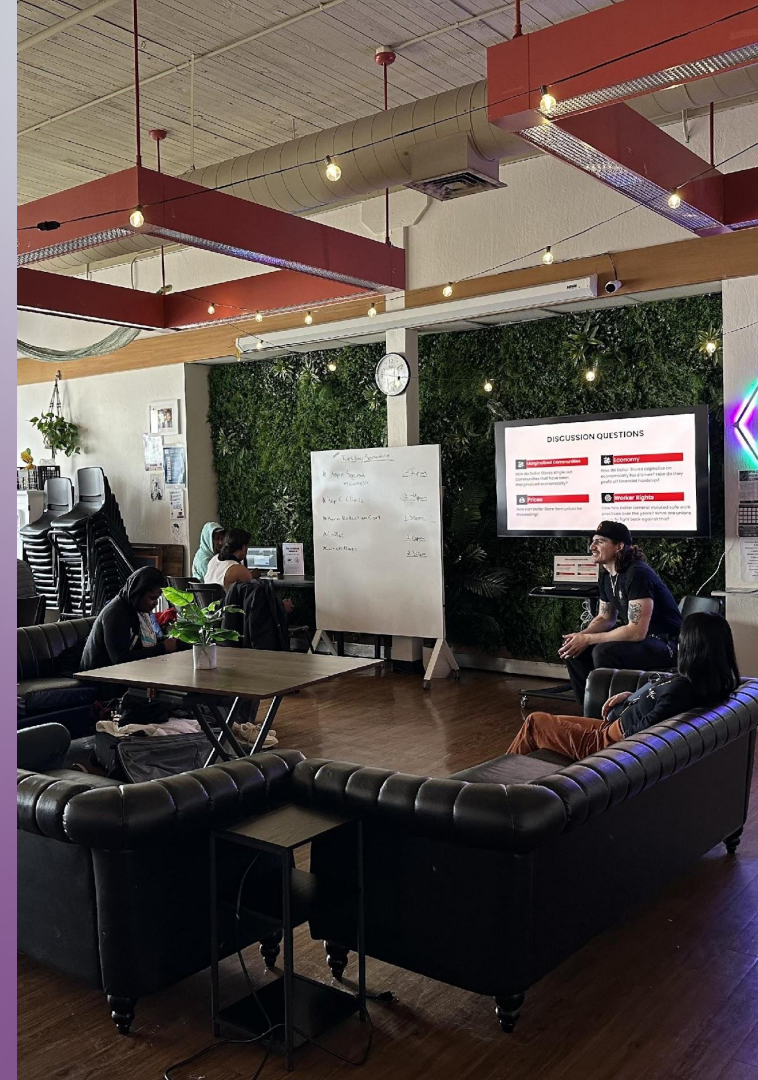
- Trans: Thrive is a transgender drop-in. Trans Thrive includes all services provided for the Trans/GNC community at SFCHC in addition to being a community center. Trans Thrive is more than a drop-in center, it's services for, by, and of the community.
- We aim to create safe spaces, events and services for the entire trans/GNC community. All staff at Trans:Thrive identify as trans or GNC.
- Services include case management and medical services (including Primary Care, HRT and Needle Exchange), to mental health and substance use support, to social groups and special events, to a drop-in center (with snacks and refreshments, clothing closet and a computer lab).
- Community and belonging is health care. Gender affirmation is health care.

# Community Living Room

*Homeless Drop-In Center*

**Community Living Room is a vital, life-saving resource for our most marginalized communities in the Tenderloin. It is open to everyone and acts as an access point for linkage to other services.**

- Our programs are humanizing and a bridge to helping people get off the streets, housed, and well.
- Community Living Room is a daily drop-in and one of those bridges.
- It is accessed by an average of 100 unhoused residents every day who receive care, socialize, enjoy a meal together, and participate in activities that foster and build a stronger and healthier community.
- Comfort is health care. Food is health care.





## Street Medicine

*Primary Care on the street, in drop-in centers, and in homes*

**SFCHC Street Medicine offers primary and mental health care to unhoused and unstably housed individuals in the tenderloin community who have barriers in accessing a traditional 4 walled clinic.**

- We are expanding to two full-time Street Medicine teams.
- We provide Primary Care through street medicine. This is not urgent care, emergency care, or episodic care. We see the same patients and build a medical history for them.
- In addition to primary care, street medicine offers psychiatric care; case management; mobile lab draws and injections; HIV, STI, Hepatitis C testing and treatment; specialty referrals; substance treatment and harm reduction; and community health worker support.
- Patients who have transitioned to housing see street medicine providers in their homes.

## Health Policy

- Policies have a profound impact on the distribution of resources, access to care, and the social determinants of health within our communities.
- By actively participating in health policy initiatives, we can advocate for equitable policies that address health disparities and systemic injustices.
- Our policy work challenges discriminatory practices; promotes inclusive healthcare systems; addresses structural inequities around housing, access to affirming health care, and systemic racism; and ensures that our voices are heard in decision-making processes.
- As an organization based in the Tenderloin neighborhood, SFCHC leads the charge to keep our city's most fragile and ill-resourced communities, especially people experiencing homeless and transgender individuals, as safe as possible. We are uniquely qualified to not only reflect on the specific state of San Francisco, but speak more broadly to issues related to homelessness, mental/behavioral health, substance use, and protecting vulnerable populations.

## SAN FRANCISCO MEASURES



### Proposition A: Affordable Housing

~ Supported by the Mayor's Office, Board of Supervisors, and housing advocates, this commits \$300 million as a general obligation bond to fund subsidized affordable housing.

***SFCHC SUPPORTS Prop A. We believe that housing IS healthcare. This measure will move San Francisco in the right direction of solving the housing crisis.***





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COMMUNITY  
HEALTH CENTER

# THANK YOU

[www.sfcommunityhealth.org](http://www.sfcommunityhealth.org) | IG-FB-YT: [sfcommunityhealth](#) | X: [sfhc415](#)

Diana Lieu, [dlieu@sfcommunityhealth.org](mailto:dlieu@sfcommunityhealth.org)



# Questions?

Use the chat box or Q&A feature!

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# THANK YOU!

Please help us  
improve future  
sessions by  
completing our  
short evaluation.



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