



NATIONAL ASSOCIATION OF
Community Health Centers®

August 2024



2023 INNOVATION INCUBATOR

Powered by Abbott



FINAL REPORT

About NACHC and Abbott

The National Association of Community Health Centers (NACHC), founded in 1971, advocates for high-quality, comprehensive, and accessible health care that is culturally competent and patient-centered. It supports community health centers through advocacy, research, training, and partnerships, aiming to expand health care access for the underserved and uninsured. NACHC works with State and Regional Primary Care Associations and Health Center-Controlled Networks (HCCNs) to enhance community health programs, focusing on improving health outcomes and ensuring efficient health care delivery.

NACHC's Center for Community Health Innovation (CCHI) was funded in 2021 with a mission to serve as a catalyst for innovation at America's Community Health Centers and to help advance future-focused approaches that increase access to affordable, equitable, quality health care for all.

The NACHC Innovation Incubator Team includes:

SUBJECT MATTER EXPERTS	Pedro Carneiro, Efe Omadevuae, Ellen Robinson, Dr. Julia Skapik, Dr. Raymonde Uy, Gervean Williams,
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COACHES:	Yuriko de la Cruz, Cloé Destinoble, Sarah Halpin, Jessica Hinshaw, Gerrard Jolly, Cassie Lindholm, Jayson Osika, Jonathan Uy
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MENTORS:	Camila Silva, Nalani Tarrant
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EVALUATORS:	Dr. Amy Flowers, Gracy Trinoskey-Rice
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EXECUTIVE SPONSOR:	Merrill Warschoff Press
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Abbott

The global health care company Abbott is supporting the launch of the Innovation Incubator as part of its commitment to innovating for health access and equity by removing the barriers that prevent people from living healthy lives.

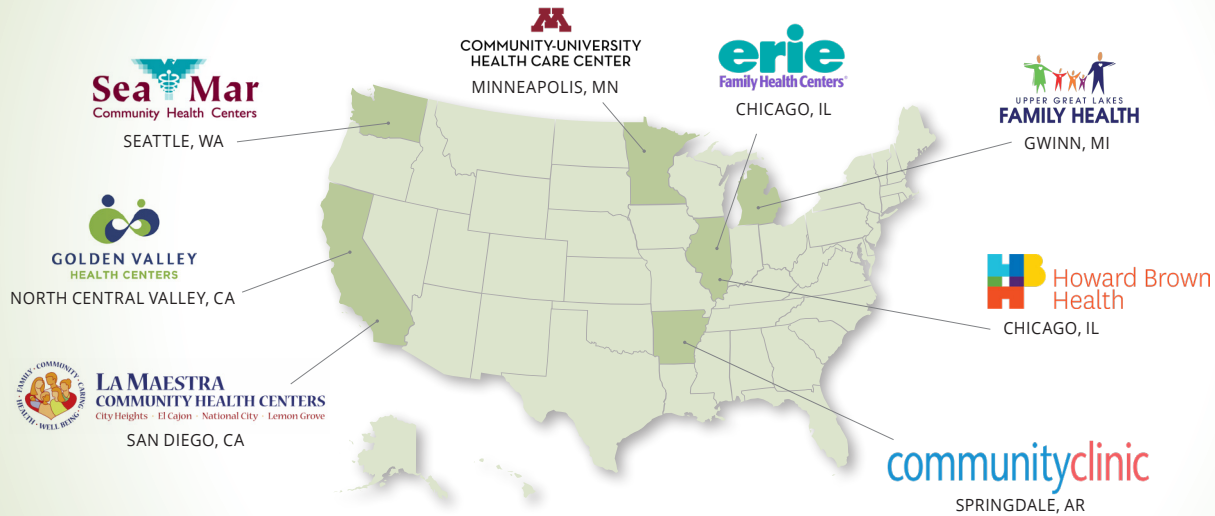
Abbott is a global health care leader that helps people live more fully at all stages of life. The company's portfolio of life-changing technologies spans the spectrum of health care, with leading businesses and products in diagnostics, medical devices, nutritionals and branded generic medicines. Abbott's 114,000 colleagues serve people in more than 160 countries. Connect with Abbott at: [abbott.com](https://www.abbott.com), [LinkedIn](#), [Facebook](#), [Instagram](#), [X](#), [YouTube](#)



IMPACT HIGHLIGHTS

8 health centers

8 different solutions



106 health center staff and subject matter experts

4,766

patients were evaluated for digital and health literacy and access needs

4,349 patients

were identified as having one or both of those challenges (91%)

During testing and implementation of the solutions, the health centers provided

603,132 services

to

45,144 patients

Services varied from internet and telehealth assistance, digital forms, and portal access

100%

of health centers

said they would be able to continue the programs created through this Incubator, even without additional funding.

A Letter from NACHC

Dear Community Health Center Innovators,

When we partnered with Abbott to launch NACHC's 2023 Innovation Incubator, the goal was to create a safe space for health centers to learn to use the human-centered design process to innovate to improve health equity. The topic for the program's inaugural year was to address health or digital literacy challenges.

As we began the work to build the program for our initial cohort of eight health centers, our NACHC team gathered around our Bethesda, MD conference table and went through our own rounds of human-centered design. Since those early days, it has been amazing to watch the health center teams work through the process, learn from each other and our subject-matter experts, and finally—after completing the seven-month program, to pitch their solutions in front of a live audience and judges at the first InnovationEx event.

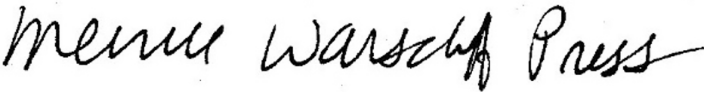
A key component of the innovative mindset is having the ability to fail and learn from those mistakes, then to refine and improve. In the health center movement, innovation is not only essential but part of its very fabric. This program was designed to help create the space for health centers to do what they do best, innovate to improve health equity in their own communities.

This final report details the achievements of the 2023 Incubator cohort and lays out some key findings that you can apply in your own health center work. Throughout this project, health centers leveraged their similarities while building on their unique characteristics to build eight solutions to improve digital and health literacy. Their successes show what is possible when we create spaces designed for innovation.

I would like to express my sincerest gratitude to the NACHC team, with over 20 staff involved from start to finish, to our volunteer subject matter experts and pitch judges, and of course to our partner Abbott. This partnership shows how much can be accomplished when organizations come together to create true impact.

NACHC's Center for Community Health Innovation is firmly committed to supporting health centers in their innovation journey. Is your health center doing something innovative? Let me know by emailing innovation@nachc.org.

My best,



Merrill Warschoff Press
Senior Vice President
Partnership, Development & Innovation

Executive Summary

The National Association of Community Health Centers (NACHC), launched the Health Center Innovation Incubator in 2023, powered by Abbott, to foster human-centered design improving health equity. The initiative targeted digital or health literacy challenges, equipping eight NACHC-member health centers with \$40,000 in seed funding, along with expert coaching, mentorship, and online and in-person learning opportunities. Health centers also had an opportunity to pitch their solutions to win one of two additional \$25,000 awards.

The inaugural cohort generated the following solutions:



- **AWARD-WINNER Community Clinic, Springdale, AR** developed the iLEAD training, which is helping to destigmatize health technology by engaging patients and staff wherever they are along their digital literacy journey.
- **AWARD-WINNER Howard Brown Health, Chicago, IL** developed a Digital Trans and Gender-Diverse (TGD) Resource Hub to help TGD individuals access gender-affirming care.

- **Community University Health Care Center, Minneapolis, MN** concentrated on increasing MyChart engagement among patients through tailored education and support.
- **Erie Family Health Centers, Chicago, IL** focused on enabling SDOH navigators to support patients digitally, developing a telehealth resource schedule to help patients become more comfortable with digital tools before medical appointments.
- **Golden Valley Health Centers, North Central Valley, CA** sought to enhance MyChart accessibility for Spanish-speaking patients, discovering the need for more effective communication features and training resources.
- **La Maestra Community Health Centers, San Diego, CA** aimed to improve senior patients' utilization of the patient portal by addressing barriers in language and digital literacy.
- **Sea Mar Community Health Centers, Seattle, WA** identified the need for culturally and linguistically appropriate health education materials, focusing on chronic condition management and healthy lifestyle changes.
- **Upper Great Lakes Family Health Center, Gwinn, MI** pivoted from using technology to reduce care costs for older adults to integrating digital literacy screening into their care management process, enhancing patient engagement in their health care.



While the two award-winners received additional funding for their innovations, others in the cohort achieved sustainability primarily by incorporating their innovations into existing workstreams, such as patient screening and patient education. All of the teams reported that they would be able to continue their projects, though potentially at a smaller scale, without additional funding.

Reports from the cohort suggest an opportunity to reframe the relationship with funding for this kind of project. Health centers often see staff capacity and buy-in as key constraints to sustainability and scalability for work like this. However, an innovation mindset can help them see staff time as an *investment* rather than as an *expense*. This would help them justify allocating staff time to new innovations, or in some cases hiring dedicated staff, even when no upfront funding is available.

Participants unanimously recommended the program, highlighting the value of relationships for the learning and innovation process and the critical need for leadership buy-in.

The Incubator showcased the power of human-centered design to address health equity challenges. By focusing on patient

needs, fostering collaboration, and embracing flexibility, health centers can develop and spread innovations across the health center movement to improve digital and health literacy and advance health equity. Some key insights throughout the process were:

Human-centered design is an investment in innovation.

Learn from others and collaborate strategically.

Unleash collective creativity for powerful solution design.

Think outside the tech box for high-impact solutions.

Start with small tests to learn and adapt fast.

Expect unexpected benefits.

Discover hidden gems in existing data before launching new surveys.

The Health Center Innovation Incubator

NACHC's Health Center Innovation Incubator, powered by Abbott, was created to guide health centers in using human-centered design to improve health equity. Human-centered design is an approach that starts with a deep understanding of the users' needs before developing, testing, and implementing solutions.

The theme for the Incubator's inaugural cohort, in 2023, was addressing **digital or health literacy challenges**. Eight NACHC-member health centers were selected for the program, and no previous innovation experience was required. At the start of the project, participating health centers were given \$40,000 each in seed funding. At the end of the program, they had the chance to win one of two additional \$25,000 prizes by pitching their ideas at a live session.

Throughout the seven-month Incubator, participants benefited from access to expert coaching, mentorship, self-paced learning and other resources on an online Learning Hub, and two in-person convenings: a training on public speaking, and a pitch session where the teams presented their solutions to a panel of judges. This structure aimed to equip health centers with the skills and resources they will need to further develop and sustain their innovations.

By the end of the Incubator, each health center developed a solution to a specific digital or health literacy challenge. NACHC will disseminate these innovations to a wider audience, including other health centers, to advance health equity by enhancing digital and health literacy across the health care sector.

Challenges and Solutions



communityclinic

SPRINGDALE, AR



**AWARD
WINNER**

Community Clinic with its 19 sites in Northwest Arkansas, offers comprehensive care including primary, pediatric, prenatal, dental, and behavioral health services. It emphasizes health equity, patient-centered service, and cost-effectiveness through additional programs in chronic disease management, education, and prevention, alongside Medicaid enrollment. The clinic prioritizes culturally appropriate care, clinical quality, and improved health care coordination.

CEO: Judd Semingson

BOARD CHAIR: Meredith Taylor

PROJECT LEADS:

Amanda Echegoyen

John Reynolds

TEAM MEMBERS:

Eddie Ramos

Iana Ruheta

Julie Dobbs

Sandy Montero

communityclinicnwa.org

This team set out to learn about patients' challenges related to digital pre-registration, Community Clinic patient portal enrollment, Access Arkansas portal utilization, and kiosk check-in. In particular, they sought to destigmatize health technology by making it more accessible and user-friendly for patients.

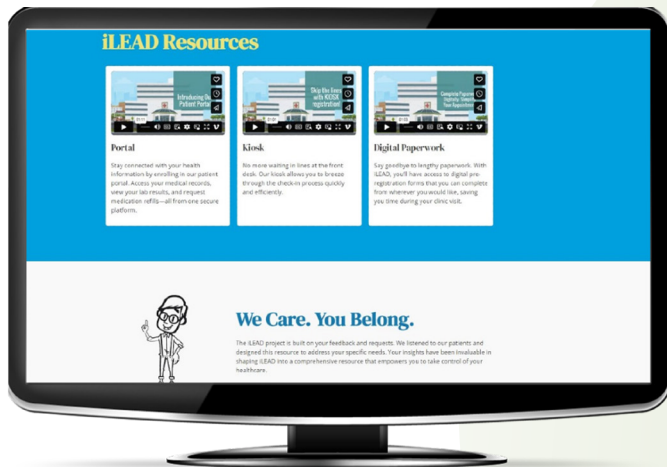
The team solicited input through text message surveys, in-person discussions and surveys, and internal committees. Based on what they learned, they created iLEAD (Inspiring Leaders in Digital Literacy), a multilingual, multimedia training toolkit designed to meet people—patients and staff alike—at any point in their digital literacy journey.

The team included staff in the target audience because they learned that staff cannot educate patients unless staff are familiar and comfortable with the tools that are in place. As of December 2023, over 120 staff have already completed the iLEAD training in the health center's learning management system, and it has also been incorporated into new employee onboarding.

The team also developed a tool for staff to use to gather qualitative and quantitative feedback from patients on their preferred instruction methods for digital tools, and developed a process for call center agents to send digital paperwork via text message without duplicating entries between systems.

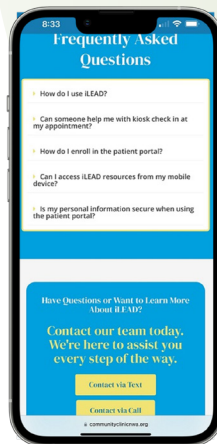
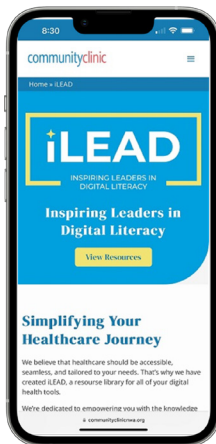
The team's efforts have already yielded a tremendous increase in kiosk check-ins and a 290% increase in digital form completion, in part by providing in-person support to answer questions and to help patients feel more comfortable checking in on their own. Their efforts also produced an increase in online medication requests and in lab result views on the patient portal.

The team will use their additional funds to expand the iLEAD library, develop an online scheduling information sheet, and begin development of a mobile application. The team is also exploring opportunities to make a customizable version of iLEAD available to other health centers, *potentially using a licensing model.*



“The Community Clinic team was honored to participate in the first Innovation Incubator cohort. Our learnings and progress from this project continue to have lasting effects in digital literacy at our health center.”

—Amanda Echegoyen
Chief Operating Officer





CHICAGO, IL

**AWARD
WINNER**

Howard Brown Health, the largest LGBTQ+ health center in the Midwest, serves over 35,000 patients in Chicago with a holistic care model that includes primary care, sexual health, behavioral health, and transgender surgical navigation. With 20% of patients identifying as transgender and gender-diverse (TGD), HBH addresses barriers like discrimination, societal violence, unemployment, geographical barriers, and housing instability, and works to increase access to gender-affirming care.

CEO: Robin Gay

BOARD CHAIR: Mario Treto, Jr., JD

PROJECT LEADS:

Camille Ellison

Jory Zhang

TEAM MEMBERS:

Tim Wang

howardbrown.org

Trans and gender-diverse (TGD) people experience many barriers when attempting to access health care, including a lack of affirming providers, discrimination in insurance coverage, and refusal of medical services, particularly among increased barriers (e.g., legislative, media) on gender-affirming care (GAC). At first, this team planned to evaluate the health center's telehealth services in order to increase access to GAC. However, based on input from patients and staff, the team realized that external resources were needed to provide TGD individuals—whether HBH patients or not—with information on how to best access GAC.

The team ultimately created a Digital Trans and Gender-Diverse Resource Hub to help TGD individuals navigate the complex web of GAC services, including by providing referrals to services the health center does not provide. In addition, the team developed digital resources such as a GAC factsheet, GAC resource guides for Chicago and Illinois, and a roadmap for changing one's legal name and gender marker in Illinois.

The team found that the learning and prototyping aspects of human-centered design helped them pivot midway through the Incubator by leveraging the feedback they had received in order to have a basic digital hub in place for patients to use, even before the Incubator "pitch session."

At the same time, the team recognized the value of slowing down to think deeply about what the community needs. The team's initial idea, focusing on the health center's telehealth services, proved to be much larger in scope and had many moving parts. However, after listening to the community, the team was able to focus on something concrete with tangible impact: a hub for resources to help TGD individuals access GAC.

Moving forward, the team will continue to update the materials on the Digital Hub, which is hosted on an external website, and will increase its outreach to find the best ways to address the needs of the TGD community. Further, the team is building out an internal insurance database.

“It was vital that we built out the Digital Hub so anyone seeking gender-affirming care could do so safely and walk away feeling more informed and empowered about their options.”

APPOINTMENTS 773.388.1600 Contact Us Patient Portal Insurance & Payments DON

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How to Change Your Gender Marker in Illinois

Due to recent legislative changes, changing your gender marker on identification and birth certificates in Illinois is now easier than ever and is a relatively quick process.

— Changing Your Illinois State ID or Driver's License

1. Print, complete, and sign the [Gender Designation Change Form](#).
2. Make sure you have **acceptable identification** for proof of identity.
3. Determine your applicable fee for the change and prepare it in cash.

- If changing your driver's license, there is a \$5 fee. If changing your state ID, there is a \$10 fee.

APPOINTMENTS 773.388.1600 Contact Us Patient Portal Insurance & Payments DON

Services Providers Locations Patient Resources  News & Updates ERA About Get Involved

How to Change Your Name in Illinois

Legally changing your name can be a confusing and time intensive process. We have provided resources below to help walk you through the process. If you want more hands-on assistance with the process, we highly suggest reaching out to our friends at [the Transformative Justice Law Project of Illinois](#). They offer direct legal assistance with the name change process that can help make it a breeze to complete.

- + Eligibility
- + Required Documentation
- + Required Court Fees (and Fee Waivers)
- + Name Change Court Hearing Process



COMMUNITY-UNIVERSITY
HEALTH CARE CENTER

MINNEAPOLIS, MN

Community-University Health Care Center,

established in 1966, is dedicated to advancing health equity through a whole-person care model that includes medical, dental, and behavioral health services. It serves a diverse patient base, providing essential supportive services and serving as a significant training site for nearly 200 health professionals annually. In 2022, CUHCC delivered care to 9,945 patients across 49,886 visits, emphasizing culturally responsive care and contributing to patient care improvement through research.

CEO: Roli Dwivedi, MD

PROJECT LEADS:

Veronica Schmitz

Sara Zumbado Segura

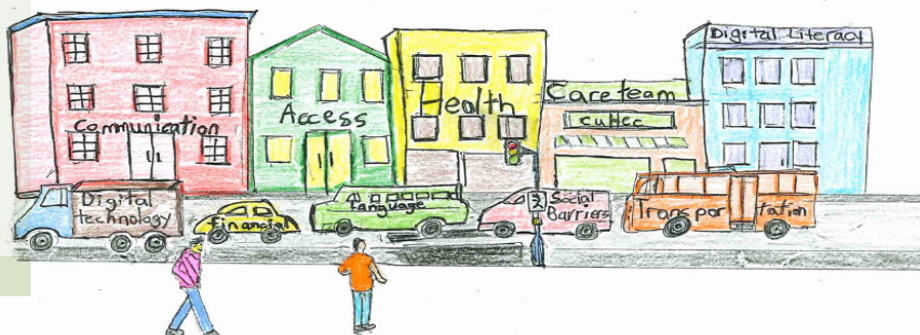
This team aimed to improve staff and patients' confidence in using digital health tools, in particular the MyChart portal. At first, they gathered patient perspectives through a survey of patients and staff, consultation with the patient advisory group, and data reports on MyChart usage.

Ultimately, the team put together a "super user" team of staff to serve as champions and MyChart experts. This team developed resources for patients, such as a how-to video on enrolling in MyChart that will be available in the various languages spoken prominently in the community. The super users, who come from across all clinic departments, also created an educational curriculum for staff. The first materials will be in English, but with planned rollout in other languages.

The team struggled to find time to work on the initiative given the other large projects underway at the clinic, including a large-scale electronic health records upgrade and a construction project. However, they were able to incorporate the concept of human-centered design process into their work, even in small increments. In particular, they led their colleagues in generating ideas for innovations and prototypes during their routine 15-minute "manager huddles." This effort yielded innovative ideas for implementation during the Incubator period and in the future as well.

Looking forward, the clinic has other grant funding that may be available to continue this effort. Also, two vendors have reached out to the clinic, eager to learn more about these activities and to offer their support.

cuhcc.umn.edu





What did our community & staff say?

- "I like learning from someone else"
- "I am willing to learn more about digital technology"
- "I like videos"
- "I like written instructions"
- "I like to read written instructions"
- "I like to have someone show me or walk me through steps alone"
- "I don't know what MyChart is, but I want to learn more"
- "I like watching videos on how to do things"



CHICAGO, IL

Erie Family Health Centers

seeing health care as a human right, Erie offers high-quality, affordable medical, dental, and behavioral health care to over 86,000 patients annually across diverse communities, regardless of their ability to pay. With 13 health centers, Erie also provides supportive services like health education and case management to tackle health inequities and social health drivers.

CEO: Lee Francis

BOARD CHAIR: Brian P. Marsella

PROJECT LEADS:

Lacey Johnson

Rafael Rauda

TEAM MEMBERS:

Bridget Magner

This team sought to find ways for social drivers of health (SDOH) navigators to support patients with digital health needs without being physically present with them. The team explored different technology options like screensharing with patients on various platforms, however, they wanted to utilize digital tools already being used by patients. By working with the health center's electronic health record vendor, the team created a resource telehealth schedule on the existing telehealth platform. This allowed for the creation of ad hoc telehealth visits with patients to help them practice before their appointment with a medical provider.

In addition, during this process the team refined the digital health navigation screening questions to be simpler, to translate better into Spanish, and to match the format of other SDOH screening questions. In the process, they gathered feedback from patients that led them to change the phrasing of other screening questions as well. The combination of simplifying and refining screening questions and utilizing ad hoc telehealth visits has allowed the health center to screen patients more meaningfully for digital health needs and to connect them to MyChart, telehealth, and other resources (e.g. food pantries, rental assistance, etc.), thus making progress in bridging the digital divide.

During the project period, 207 patients were screened for digital health needs and were linked to 574 services including MyChart enrollment, telehealth support, and other digital needs like cellphones or internet. Moving forward, the team will continue to develop additional training materials for patients in Spanish and other languages on different digital literacy topics. The team also plans to implement remote patient monitoring services for chronic conditions like diabetes and hypertension.

eriefamilyhealth.org

“Providing digital navigation services allows patients to access additional health tools while supporting their goals and reducing disparities in navigating the health care system”

—Rafael Rauda
Social Drivers of Health Navigator
Team Lead





GOLDEN VALLEY
HEALTH CENTERS

NORTH CENTRAL VALLEY, CA

Golden Valley Health

Centers, a federally qualified health center started in 1972, initially serving migrant workers in Merced with a tiny team and a modest budget. Evolving from a Migrant Health Services program, it now serves 208,000 patients annually across 45 clinics in California's Merced, Stanislaus, and San Joaquin counties. Emphasizing accessibility regardless of barriers, it has expanded services to include medical, dental, mental health, and specialty care. GVHC's growth reflects its unwavering mission to provide quality health care to underserved communities, leveraging technology and innovative programs like PACE to meet evolving health care needs.

CEO: Michael Quackenbush

BOARD CHAIR: John Prince

PROJECT LEADS:

Jose Chavez Diaz
Yamilet Valladolid

TEAM MEMBERS:

Travis Cart
Gabriela Hernandez
Richa Verma

gvhc.org

This team hoped to improve digital health access by adding a Spanish-language option on MyChart for the Spanish-speaking patient population. In the process, they discovered that additional updates, such as prescription refills and appointment options, were needed as well. To effect these changes, the team formed a MyChart work group that brought together various teams, including IT, clinical, community health workers and promotores, community affairs, and operations.

This group is now in charge of ensuring that MyChart is accessible in a culturally sensitive way and offers additional options such as prescription refills, appointment requests, and Spanish communication. After discovering that the MyChart Spanish option often produces inaccurate translations, the team ultimately decided to add common phrase options for communication between patients who speak Spanish and providers who do not.

The team also developed new one-on-one or group training that community health workers and promotores will provide at different times and in different modalities and languages. This will have a significant impact on equitable digital health access since patients have asked for access to these digital systems and for the appropriate training, which will be provided by community health workers and promotores, who are trusted members of the community.

Throughout this process, the team provided 34,366 patients with access to the patient portal. To continue this work, the team was able to supplement the NACHC Innovation Incubator funding with an additional \$45,000 in funding from a local university for a related research project.



Habla Español?

Golden Valley Health Center's MyChart work group is ensuring that MyChart is accessible in a culturally sensitive way and offers additional options such as Rx refills, appointment requests, and Spanish communication.



The initial changes put into effect provided **34,366** patients with access to the patient portal.





SAN DIEGO, CA

La Maestra Community Health Centers annually serves 45,000 low-income, uninsured, and underinsured people in San Diego County, offering culturally and linguistically appropriate health care and social services that include job training and placement, legal advocacy, transitional housing, a community garden, a food pantry, microcredit, microenterprise, and other programs.

CEO: Zara Marselian, PhD, FACHE

BOARD CHAIR: Samuel Mireles

PROJECT LEADS:

Jennifer Lopez

Shelby Skougard

TEAM MEMBERS:

Mike Barrett

Juan Jose Carmona

Corinne Hanson

Sandy Jimenez

This team sought to improve seniors' access to and utilization of the health center's patient portal—e.g., by reducing the number of registration forms and by providing materials in an easier-to-read, and print, online format. However, the team discovered through patient surveys that only 10% of patients aged 65+ even had an active patient portal, largely due to digital hesitations or language barriers.

La Maestra's overall goal was to conduct focus groups with at least 40 health center seniors ages 65+ to identify opportunities to improve access to care for the 2,760 patients in this age bracket. Through in-clinic senior medicine post-visit surveys and app-based patient surveys, at least 153 patients provided input regarding their own digital health literacy and how the patient portal could be improved. These patients reported that translation, digital security, and easy-to-follow sign up processes were their top concerns.

This project yielded a 37.5% increase in patient portal sign-ups among patients aged 65+, the benefits of which include a reduction in wait times for in-person consultations, a reduction in help-line calls, and an improvement in patient experience. Achieving this improvement required more cross-team collaboration than initially expected, with the team engaging providers (in particular, the clinic's geriatrician), IT, Quality Improvement, Development, and Community Outreach.

Following the Incubator, the team continued to solicit periodic app-based input from patients who do not have active patient portals, and is distributing materials at health fairs and Senior Bingo in an ongoing effort to improve patient portal utilization.

lamaestra.org



37.5%

increase in
patient portal
sign-ups



BINGO PARA
PERSONAS MAYORES





SEATTLE, WA

Sea Mar Community Health Centers is

a community-based organization rooted in social justice and committed to providing quality, comprehensive health, human, housing, educational and cultural services to diverse communities, specializing in service to Latinos. Sea Mar's network includes 90 medical, dental and behavioral health clinics.

CEO: Rogelio Riojas

BOARD CHAIR: Gregory J. Ma

PROJECT LEADS:

Justice Kurihara

Maddi Rinehart

TEAM MEMBERS:

Alyssa Grant

Elli Moon

Aylin Escobar Montiel

Alvaro Vasquez

seamar.org

This team hoped to help patients access resources to better manage their chronic conditions, but discovered that existing materials do not address their patients' cultural, language, and literacy needs. Thus, the group pivoted to develop digital or physically interactive materials that did, and taking different learning styles into account as well. These materials will supplement the one-on-one work that the Health Education team does with patients to help them implement healthy lifestyle changes.

While the team planned initially to conduct extensive community engagement, it found that what it needed most was to look internally to assess the health center's capacity for developing patient education materials that would meet the need it had identified.

As specific steps in this process, the team created a screening tool to obtain patient feedback on the education materials that health educators use during appointments. However, only three patients provided feedback; one of those only commented that they did not understand one of the handouts, but provided no guidance for improvement.

In the absence of broad community feedback, the team used their electronic health records to better understand their community needs, and discovered a need for materials in a wider range of languages than anticipated, most notably Russian and Vietnamese. They also learned that many digital and health literacy programs simply set up new libraries for patients to access, though a previous survey showed that most patients generally access health information through social media.

The team has sought advice from partner organizations on developing materials that incorporate community feedback, and in the future, plans to meet with the American Heart Association and Comagine Health to discuss creating education materials for hypertension and type 2 diabetes, respectively.



To help patients access resources to better manage their chronic conditions, the team is looking into developing patient education materials that address cultural, language, and literacy needs—these will supplement the existing one-on-one work with patients that aims to help them implement healthy lifestyle changes.





GWINN, MI

Upper Great Lakes Family Health Center

provides exceptional health care in the Upper Great Lakes region regardless of the patient's ability to pay. Services at its 12 clinics include medical, dental, and behavioral health care, with specialties in sports injury, substance use disorder, women's health, and pediatrics. In addition to its excellence in quality and in health information technology, the center's community health workers and case managers work to address social drivers and to reduce hospitalizations and emergency room visits.

CEO: Donald Simila

BOARD CHAIR: Steve Vairo

PROJECT LEADS:

Gregory Jones
Tabb Lonergan

TEAM MEMBERS:

Jamie Muffler

uglhealth.org

This team set out to use technology to lower the cost of care for older adults, in particular by taking greater advantage of value-based reimbursement incentives. However, during their initial conversations with patients, patients revealed that they may not be able to use the technology the team had in mind. The team concluded that they needed to first screen for digital literacy among their patients enrolled in care management services.

They engaged with the health center's care managers and community health workers to better understand patients' needs. They also solicited feedback from patients currently enrolled in care management services, who suggested adding a question about digital literacy to the existing screening tool. Further adding a physician to the team for a medical perspective, the team decided to incorporate the digital literacy question into the PRAPARE¹ screening for social drivers of health.

During the innovation process, the team engaged with other community organizations and discovered that not many agencies in the area focused on digital literacy. Those initial conversations have prompted an intention to form a consortium, in collaboration with their health information exchange (HIE), so that they can share the information they are collecting.

Moving forward, the team may incorporate the data literacy question into the Patient-Centered Medical Home questionnaire rather than the PRAPARE tool. That way, they will be able to assess the digital literacy of patients who are not enrolled in care management. Over the long-term, the team may incorporate the question into the pre-check-in process in order to capture responses ahead of time.



¹ PRAPARE <https://prapare.org/>

Sustainability & Scalability



For **Community Clinic** and **Howard Brown Health**, the additional funding awarded after their successful pitches will help them continue or expand their work. **Community Clinic** will explore the development of a mobile application to support their iLEAD curriculum, while **Howard Brown Health** will seek out, potentially through focus groups with participant compensation, additional opportunities to support the TGD community, which could include changes to electronic health records, video to improve health literacy, physical health literacy materials. In addition to the Incubator award winners, **Golden Valley** obtained a grant from a local university to fund research related to their innovation.



Across the entire cohort, many innovations have already been incorporated into existing workstreams, particularly for patient screening or education. For example, **Upper Great Lakes** has incorporated a digital literacy question into the PRAPARE social drivers screening tool, and **Sea Mar** continues to improve its patient education materials within the existing Health Education team.

Many of the teams viewed staff capacity and buy-in as barriers to the sustainability or scalability of their innovations. The most successful of the teams addressed this through clear communications when making requests of colleagues, through “quick wins” that tangibly made colleagues’ work easier, or by offering prizes for achieving goals related to digital tool uptake. For example, **Community Clinic** held a “kiosk challenge” competition that offered prizes to each team member at sites that achieved at least 20% kiosk check-ins.

From an innovation standpoint, the focus on staff capacity as a key constraint suggests an opportunity to reframe thinking about innovation and its value. Health center leadership and staff may be accustomed to seeing staff time as an *expense* rather than as an *investment*. In fact, several teams noted that any additional funding would be used to cover the salaries of staff working on their project.

However, if an innovation offers economic value—either directly in terms of cost savings or increased reimbursement, or indirectly through improved patient experience—then investing staff

time in the innovation would make sense, even if the cost of that time is not currently covered. In some cases, it may make sense to hire new staff to lead an innovation, even without dedicated upfront funding.

This distinction speaks to the potential of an innovation model to break health centers out of a more traditional, resource-constrained programmatic mindset and open the door to more fundamental improvements in the products, services, and supports offered to patients and communities. New revenue models may foster this shift in thinking, such as **Community Clinic's** idea to license their iLEAD curriculum to other health centers.

Teams noted several areas where NACHC could support sustainability and scalability going forward. First, additional funding beyond the Incubator period would provide a longer “runway” for the innovations to take off. Second, teams expressed an interest in continued access to the Incubator’s experts, mentors, and coaches. Third, NACHC could host a repository for materials and resources (e.g., for patient education) to make them available to other health centers.

Evaluation Findings



A team from NACHC’s Policy and Research Department, completely separate from the program team and judges, designed and conducted an evaluation of the Incubator. The evaluation team conducted interviews with participants at the end of the first in-person program meeting and again on the last day of the program, before participants pitched their solutions and learned the winners of the \$25,000 prizes. This ensured that there were no biases related to the award results.

Following the principles of human-centered design, the research team adapted IDEO’s Design Kit [Card Sort](#) methodology to collect participant feedback. Without any of the Incubator coaches or leads in the room, NACHC’s research team asked participants to group a set of cards, each of which indicated a key component of the Incubator program, in one of the three categories below:



The results of this evaluation indicate the level of accomplishment perceived by participants, as shown in the table below. The majority of items achieved at least a half-point improvement in the rating scale. Since most initial ratings clustered around 2.00, or “things I am looking forward to achieving,” the improvement in the final ratings generally indicates that participants achieved something they hoped to achieve. In some cases, it may also indicate an increased awareness of a skill they initially believed they would not need. Notably, a few items (marked in green in the “average initial rating” column) seem to have been achieved early on.

ASPIRATION	AVERAGE INITIAL RATING	AVERAGE FINAL RATING	INCREASE IN RATING
Expanding recognition and influence of my CHC	1.75	2.63	0.88
Developing a business case for my idea(s)	2.00	2.75	0.75
Field testing my idea	1.88	2.63	0.75
Improving my ability to advocate for my ideas	2.13	2.88	0.75
Building support to implement my idea(s)	1.88	2.50	0.63
Developing financial plans for implementation	1.88	2.50	0.63
Developing my pitch	2.25	2.88	0.63
Participating in a culture of learning and innovation	2.13	2.75	0.63
Discussing my idea with subject matter experts	1.88	2.38	0.50
Establishing time to focus on my innovation	2.13	2.63	0.50
Improving knowledge of available funding options	1.75	2.13	0.38
Improving team collaboration	2.00	2.38	0.38
Developing a prototype, or example of my idea	2.63	2.88	0.25
Learning about human-centered design principles	2.25	2.50	0.25
Being inspired by the ideas of my peers	2.75	2.88	0.13
Understanding scaling up beyond a single CHC	2.13	2.25	0.13
Connecting with my peers ²	2.25	2.25	0.00

RATING SCALE



1.00
Things I do not need.



2.00
Things I am looking forward to achieving.



3.00
Things I have achieved.

² Since the opportunity to connect with peers from other communities was highlighted by participants in their qualitative feedback, this low rating may have resulted from misunderstanding of the question. Clearly the participants say value in that aspect of the program.

Participant Feedback for NACHC



Participants provided feedback on the Incubator both in qualitative portions of the NACHC evaluation and in other reports they submitted. Participants reported unanimously that they would recommend the Incubator program. In particular, they pointed to the opportunity to interact with staff from other health centers as they developed their ideas, which were often similar, and they appreciated the public speaking training and the opportunity to pitch their solutions.

Additionally, participants offered the following feedback and comments:

Relationships are key to learning and innovation

Many participants reported that one of the Incubator's greatest benefits was the ability to interact with participants from other health centers. They valued the opportunity to collaborate with others and to hear what they struggled with and how they responded. In fact, several teams suggested convening future cohorts earlier in the process to start building these relationships earlier on, and to allow deeper engagement with subject matter experts. Others suggested shifting from the balance from individual activities to more group activities. The in-person convenings earned rave reviews, with the team from Erie Family Health Centers stating that "the [pitch] training was exceptional, engaging, and a lot of fun to complete and really helped us prepare for the pitch session. It helped put all the pieces of the puzzle together and get us ready."

NACHC has adapted the program as follows:

In 2024, the cohort of health centers will meet in early June rather than in August. This will enable them to ideate their solutions together and find areas of similarity. In addition, a few specific subject matter experts will be assigned to work more closely with health centers.

Teams found value in the innovation process

Participants also appreciated the learning about human-centered design and the innovation process, moving all the way from ideation to implementation. The process helped teams develop solid plans to break their ideas up into essential steps and then to move forward. The Howard Brown Health team noted the value of "being able to put together prototypes that are functional and easy for anyone to understand." Some teams, however, indicated they would have benefited from more support and feedback throughout the process to ensure they were on the right track. Others noted they would have liked to spend more time developing their idea, or to do more testing of their ideas with patients to get better feedback along the way.



NACHC has adapted the program as follows:

In 2024, NACHC shifted from having eight coaches to having a single coach who will work with all eight health center teams. This coach will be more focused on the Incubator program and will be able to spot connections and themes across the different teams' work. Furthermore, moving the ideate session earlier in the program will give the teams more time to test their ideas with patients.



Leadership buy-in is critical

The Community University team commented that for their innovation, "The entire clinic was engaged and we had significant support from Senior Leadership in participating in this project." However, several teams had mixed buy-in from senior management at their health center, which limited the time they could dedicate to the Incubator. Giving participants tools for obtaining management support may help future cohorts participate more fully. Alternatively, extending the program to spread out the effort may make it easier for teams to work into their schedules.



NACHC has adapted the program as follows:

In 2024, NACHC took steps to increase leadership buy-in by making C-suite support a required field on the application and by making the communications and business worksheets, which 2023 participants found essential for communicating the value of their projects, available from the start of the program.



Elevating the technology tools used for the Incubator

Participants valued the online training available to teams throughout the program. The La Maestra team noted that "the program and its associated workflows were made stronger and more intentional due to the education and instruction provided through the Learning Hub Assignments." However, several teams suggested migrating the Learning Hub to a different online platform. Some users found the current platform difficult to use, and this created obstacles as new people were added to the teams throughout the Incubator.



NACHC has adapted the program as follows:

While the Learning Hub platform will not change, in 2024 NACHC will restructure the online materials to make the user interface easier to navigate. This will allow the health center teams to focus on specific courses instead of being asked to complete the entire sequence. In addition, all worksheets have been migrated so that they can be used in Canva or Adobe PDF format.

Overall, the cohort found the NACHC Innovation Incubator experience useful and meaningful. As the Community Clinic team stated, "The experience and research has improved and will continue to improve the lives of both our patients and our staff."

Advice for Future Cohorts



Incubator participants reported lessons learned from their own experience, which were consistent across the cohort as a whole. These included:

Maintain focus on patients and the community

It is critical to prioritize patient needs and engage with both patients and providers early in the design process. Several teams leveraged patient and community feedback to refine their projects, or change course altogether, to increase access, particularly for marginalized groups.

Plan the project appropriately

Effective planning and proactive management were underlined as crucial for the success of health literacy projects. The importance of detailed timelines, workload management, and anticipating capacity issues was discussed. The cohort recommended developing clear workflows and meeting expectations early to navigate time and resource limitations efficiently.

Build and leverage trust within the community

The teams recognized that building trust within the community was fundamental to their success. Often, teams found that doctors, nurses, and community health workers, who have existing relationships with patients, facilitated greater community engagement, while relying on administrative staff, who do not have the same level of patient contact, to lead the innovation proved more difficult. As the Upper Great Lakes team noted, “We’ve seen great improvements in culture by having a MD and RN Care Manager lead the project.”

Strengthen collaboration across teams and departments

In many cases, innovation teams needed to add others to their teams so that their perspectives were represented and skills could be brought to bear on the challenge. Frequent meetings and effective communication, as well as broad buy-in from executive leadership and staff, proved essential. As the Sea Mar team noted, “We also have greater insight on organizational coordination, staff buy-in, and external assets.”



Be flexible and willing to pivot if necessary

The cohort learned the importance of pivoting project plans based on patient needs and cultural sensitivities. During the Incubator process, several teams revised both the challenge they sought to address and the solution they provided. The Golden Valley Health team commented, “We learned to pivot and find an actual solution that would work for patients.” Human-centered design requires innovators to challenge their own assumptions, and this often led to significant improvements in the solutions the teams developed.

Concluding Remarks



Human-centered design has proven effective in improving solutions in the private, public, and nonprofit sectors. Its focus on listening to end-users of a product service and then developing innovations that meet their needs is particularly appropriate for the community health center movement, which has a long history of identifying and addressing local community needs and desires.

At the same time, human-centered design can—depending on how it is implemented—place additional demands on health center patients for their time and attention. If it is often difficult to get health center patients to engage in their own health, it makes sense that it is also difficult to get them to provide input on health center innovations. For example, one Incubator team only received three responses when it reached out to its community for feedback on health education materials.

Historically, health centers have joked that “if you’ve seen one health center, you’ve seen one health center”—that is, that the diversity of health centers precludes any comparison among them. But of course this isn’t true. Health centers work under the same program requirements, address the same general social failings, and seek to have similar impacts—at least in a general sense—in the lives of their patients and community.

A more useful approach might be to assume, adapting Murray and Kluckhohn², that “every health center is in certain respects: (a) like all other health centers; (b) like some other health centers; and (c) like no other health centers.”

2 Murray, Henry A., and Clyde Kluckhohn (1953). *Personality in Nature, Society, and Culture*.

Easier than you think

With low entry barriers, human-centered design should be seen as an investment that can lead to widespread innovation.

Beyond your walls

Find opportunities to co-design solutions with other health centers or partners.

Don't Guess, test

Starting with small tests to ideas can uncover additional insights into the root cause of the challenge.



Think outside the tech

Sometimes, the solutions with the highest impact are the ones with the lowest tech—find what works for your patients.

Where health centers face similar challenges, there may be best practices, either from a cutting-edge health center or from the digital health sector more generally, that could be quickly deployed across the entire movement. Arguably, some of the teams in this Incubator cohort were tackling very similar issues. Thus, treating each health center as utterly unique might lead to many reinvented wheels, at great expense in time, money, and other resources.

Where a subset of health centers face similar challenges, there may be an opportunity to gather staff from different health centers into teams that can innovate together. This will reduce the staff burden on each health center, it will likely produce more robust solutions, and it will generate innovations that can be spread to other health centers in similar circumstances.

Unexpected outcomes

Be on the lookout for unexpected outcomes; increasing digital access can help decrease the burden for providers.

Where a health center faces a unique challenge, this is where a cross-functional innovation team within that health center can be more effective. A small group, close to the problem and gathering input from those most affected, can apply the skills taught in the Incubator to impact the lives of those they serve. They can then share with the rest of the movement not the solution itself but the process, the learning, and the inspiration.

In all three forms, innovation does not always need to rely on a high level of direct survey input from patients and community members, which places a burden on them. (Notably, health center teams were encouraged to fail fast, fail often, and fail forward, which meant using different tools to gather

Unleash the power of your team

By empowering your team with human-centered design tools, you can exponentially increase your insights into a challenge.



Learn from all, collaborate with some, be your own

Identify what works best for your health center and the challenge you are trying to solve.

feedback from patients, though this did not always require a direct survey.) In the future, technology will provide ever more opportunities to understand community needs, not only by asking for input but also by observing the data generated through countless daily activities. By expanding their approaches to being “human-centered,” health centers can develop rigorous and intelligent ongoing capacities for innovation and health improvement.

With all this in mind, NACHC’s Health Center Innovation Incubator should not be seen merely as a one-off training program to help a defined set of health centers address challenges that they face in isolation, but rather as a broader invitation for the entire health center movement into a new way of thinking about meeting the deepest needs of the communities and patients they serve—whether the innovation takes place nationally, within specific networks or affinity groups, or around a table at one health center in a specific time and place.

Hidden Gems

Data is essential for designing quality solutions, but there might not be a need for a new survey; look at the data you already have.

