

## Solving Complex Problems through Innovation

Public health innovation refers to the creation and implementation of a novel process, policy, product, program, or system leading to improvements that impact health and equity. Tenets of public health innovation include the following:

- It is an ongoing, systematic process that can generate incremental or radical change.
- It requires both collaboration with diverse team members and partners and co-production with people with lived experience who will be affected by the results of the innovation.
- It is an open process lending itself to adaptation or replication.

This topical brief highlights some of the innovative work of the Cross-sector Innovation Initiative (CSII), a three-year endeavor to identify and support public health, healthcare, social services, and community organizations striving to build stronger, sustainable connections and systems that can more effectively address the needs of communities and ultimately improve health equity. The brief focuses on work from the CSII grantees' first year (2020), specifically around equity, community engagement, systems alignment, and COVID-19 pandemic response efforts. To meet the needs of the communities they serve, CSII grantees worked with the community on novel solutions to big challenges. Weaved throughout these efforts is innovation, which has shown up in each grantee project at different stages and to various degrees (Figure 1).



Source: Public Health National Center for Innovations. (2018). About innovations. Retrieved from [www.phnci.org/innovations/about-innovations](http://www.phnci.org/innovations/about-innovations).

### Key Points:

- Innovation processes can be applied to help guide an organization as they problem solve.
- Use a tool — like an equity assessment — to systematically identify where to focus capacity building efforts and address systemic racism and gather data to inform decisions.
- Value community voice through mini grants, stipends, and professional opportunities, which demonstrates that organizations respect and listen to community members.
- Innovation does not need to be grand. COVID-19 required innovative thinking on a regular basis that was not always tracked by grantees.

This topical brief is the last of a four-part series on Building Sustainable Collaborations. Select a link to see the other briefs in the series: [Addressing Health Equity and Population Health](#), [Aligning Partnerships Across Sectors](#), and [Community and Partner Engagement](#).

## Innovation Processes

Defined innovation processes can be used to help an organization think innovatively to address a complex problem in a systematic way. These processes can be adapted to fit many communities. CSII grantees developed or replicated several innovation processes for their efforts, including journey mapping and design thinking.

- [Minneapolis Health Department](#) (MHD), as part of their collective impact model, used **journey mapping** with community members to develop appropriate strategies for three priorities: engagement in primary care, medication management, and mental health access. Journey mapping is an innovation process that allows users to visualize how customers and other stakeholders experience a particular program or service and how they feel along the way. This process reveals areas to reimagine or redesign in order to better meet community needs. MHD also plans to host interviews with providers to understand their pain-points. From the data derived from both community voice perspectives, the grantee will develop and prioritize strategies to address them.
- [Napa County Health and Human Services, Public Health Division](#), applied **design thinking** tools to their ethnographic interview process. Interviews were conducted by individuals with trust in the community, in the native language of interviewees (Spanish), and compensation was provided through interview stipends for participants to demonstrate that organizations value expertise provided by participants. Through these interviews they learned about the mental and emotional trauma that resulted from the participants sense of powerlessness (in all realms — work, school, and home life) and inability to predict their family's health going forward, especially during COVID-19.

## Innovation in Equity Work

Addressing disparities, inequities and structural and systemic racism was central to the work of CSII grantees when the project began, but public response to recent events of racial injustice and the rise in acknowledgement of racism as a public health issue has provided increased momentum and opportunities for innovation for all grantees. As these issues are complex with no obvious technical solution, innovation processes and tools can spur creative thinking and produce innovative solutions to address equity.

Several CSII grantees used **Equity Assessments** to identify where to focus capacity-building efforts. While each grantee used a different methodology, each assessment provided data and insights that could be used to inform future planning. Through analyzing responses, grantees were also able to ground solutions in the voice of the participants, identify which voices were missing, and determine additional engagement methods. Implementing these assessments required each grantee to think about how the process would work best for their community and the next steps they would need to take to address the findings.

CSII grantee [Case Western Reserve University](#) began the hands-on phase of **community-based system dynamics modeling**. Through in-depth work, including eight group model building sessions, they developed a preliminary systems map (Figure 2) outlining the impacts of structural racism in their county with early identification of leverage points and solutions. The causal map has five major sectors or subsystems: criminal justice, equitable quality of life, healthcare, economic opportunity, and perspective transformation, and each sector consists of a set of variables with causal links that form a set of balancing and reinforcing feedback loops. This map will serve as the basis for their work this year

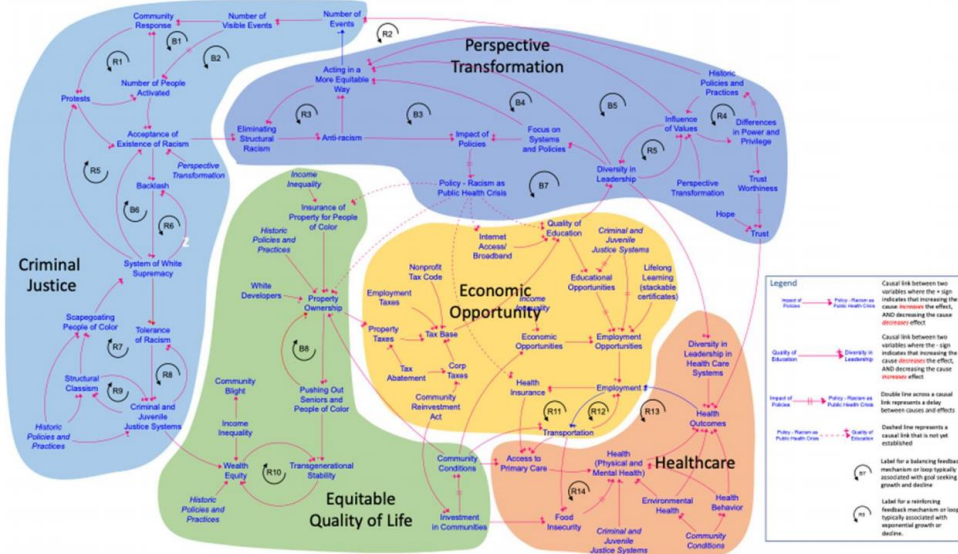
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and allows others to see themselves in the map and to identify where their work and perspectives may be focused for maximal change while being part of a much larger systems movement.

Figure 2. Causal Map of Structural Racism as a Public Health Crisis



Source: Cuyahoga County Citizen's Advisory Council on Equity. (2020). A status report to the community. Retrieved from [http://executive.cuyahogacounty.us/pdf\\_executive/en-US/CACEStatusReport.pdf](http://executive.cuyahogacounty.us/pdf_executive/en-US/CACEStatusReport.pdf).

### Innovation in Community Engagement

CSII grantees recognize that their organizational partnerships do not have all the answers – community members are needed when working on innovative solutions as they know their community needs. To include authentic community voices and ideas, CSII grantees developed opportunities for community members to contribute to a range of engagement – from providing input to being engaged in decision-making – and receive support and/or compensation for their efforts.

**Mini grants** served as a way to put power within community-based organizations or for members to directly develop and implement solutions that work for the community. The process for each grantee was different because each community is different. The mini grants, which ranged from \$300 to thousands of dollars, funded community members or grassroots organizations and required easy applications or final reports. Ultimately, mini grants provided platforms for CSII grantees to listen and act upon community member ideas. For example:

- [Health Education Council](#) developed a mini-grant process which provided community members with the opportunity to identify challenges and then offer up solutions for under \$500 each. This process showed community members that the organization respected and listened to residents and emphasized the importance for residents to connect their communities with resources related to fresh food, physical activity, and social connections. Learnings from grantees will be captured through interviews.
- [Hennepin County Public Health Department](#) invited award recipients to present to the Executive Committee and/or one of their action teams and shared it has been their biggest **power-building endeavor**. They shared that mini grant recipients reported “how powerful it is that ‘professional’ organizations trust community members to know what to do and how to do it” and provide funding for their communities. They also lifted these community voices by

submitting applications to share about the projects to state and national conferences, pending acceptance.

### Innovation in Response to COVID-19

As the COVID-19 pandemic unfolded, grantees responded with agility to reach individuals virtually that went far beyond switching to a new platform. While COVID-19 presented challenges for all, it also created opportunities for innovations that the field may not have been expecting.

CSII grantees were challenged with how to effectively engage people virtually and ensure community voice was centered. Grantees were determined to “actively identify inequities as we create them and work quickly to pivot processes to be more inclusive.” Innovations by CSII grantee [Better Health Together](#) included developing plans to implement a new approach to “speed dating,” a process they use in person for relationship building. They developed a showcase model, which involves a group of partners introducing themselves, their work, and partnerships they are hoping to form/organizations they are hoping to meet during monthly meetings. Other attendees can then indicate their interest in being digitally introduced, via a “request for coffee date” follow-up.

In these uncertain times, and with any major challenge, grantees have embraced a creative and risk-willing mindset to address the new challenge of the day. For CSII grantee [Mountain Area Health Education Council](#) (MAHEC), the pandemic impacted how they did community engagement and how they define it moving forward. These challenges, and their city and county’s declaration for community reparations and declaring racism a public health crisis, presented an opportunity for them to shift power to a community-based organization in order to remove institutional barriers.

*“We already had a strong focus on racial justice, but we also made a decision to shift power from institutions to community.”*

For other grantees, it meant changing programmatic focus to address the most pressing community needs during the pandemic. This included access to food, mental health, and contact tracing. This work could not be done alone, and required cross-sector collaboration, a key component to CSII. Additional COVID-19 innovation stories from CSII grantees can be found [here](#).

*“COVID-19 reinforced the need for more connected programs that go beyond focus on one health condition. COVID-19 challenges offered a new opportunity to re-imagine issues like food insecurity.”*

### Conclusion

During the first year of CSII grantee projects, many innovations strongly focused on achieving equity and dismantling structural racism, engaging community members in problem solving, and responding to the impact of the COVID-19 pandemic. While some themes across partners emerged, innovation by nature is novel. The next step is replication, which may require adaptations to fit the needs of specific communities.

### Cross-sector Innovation Initiative

The [Center for Sharing Public Health Services](#) (CSPHS) and the [Public Health National Center for Innovations](#) (PHNCI) are co-leading the [Cross-sector Innovation Initiative](#) (CSII), which is comprised of [ten cross-sector projects](#) working toward specific population health goals through systems alignment efforts. To learn more about this initiative, visit [www.phnci.org/cross-sector/csii](http://www.phnci.org/cross-sector/csii).