👓 Overview

After the first 16-months of the Cross-sector Innovation Initiative (CSII), the Public Health National Center for Innovations at PHAB and the Center for Sharing Public Health Services developed a Building Sustainable Collaborations Topical Brief Series to share learnings from grantees. **Solving Complex Problems through Innovation**, a piece in the series, highlighted how CSII grantee's used innovative processes, tools, and thinking in their cross-sector work, with a focus on equity, community engagement, systems alignment, and COVID-19 pandemic response. This brief builds upon those learnings to highlight additional innovations in CSII grantee projects.

Highlights

- Innovations are replicable, which can lead to broad-scale transformation.
- It is never too late to introduce an innovative process to collaborative work.
- Testing is important in innovation; trying and failing should not be perceived negatively, but rather as a learning opportunity.
- Diverse perspectives, shared and ceded power, and understanding the value that all participants bring can foster an environment where innovation can thrive.
- We must think about data in new ways – what it is, how to use it, who is included and excluded, and how to share it in ways that add value, are safe, and help to build narratives around truth.

➤➤➤ Innovation Processes: Spreading Transformative Practices

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. An innovative idea can transform an organization, community, or the larger field in incremental or radical ways. **Replicability** is a key tenet of innovation, and several CSII grantee partners shared that they were able to bring innovative practices from their cross-sector work back to their organization and members to make meaningful change. A few highlights include:

- At the beginning of the grant period, **Better Health Together** (BHT) was very task-oriented, with specific agendas and activities across their agreed-upon priority areas. The work was geared towards fixing discrete problems ("applying 'band-aids'") within the context of major health system failures. BHT's approach has since evolved to one that is quite innovative. All members, from community advocates to health system representatives, recognize the power that lives in communities and include social determinants in their definition of the health system. BHT anticipates that this innovative approach will result in all clients served by the collaboration's agencies seeing better alignment between services and experience a more equitable system of care.
- Several **HIP-Cuyahoga** (Case Western Reserve University grantee) partners reported organizational culture shifts due to their work with the collaborative, especially around advancing health equity. Specifically, team members contrasted the current agendas in high level meetings with years when white supremacy and equity were taboo topics or not even considered. Now, member organizations hire staff focused on diversity, equity, and inclusion; mandate equity trainings; prioritize dismantling structural racism; and provide greater recognition and support from senior management and board leadership for equity focused work.

- **Ledge Light Health Improvement Collaborative of Southeast Connecticut** collaborative partners shared that innovation in their collaborative work led to organizational policy changes and highlighted examples of how their organizations had modified internal policies in part due to work of the Health Improvement Collaborative (HIC). For example, there were changes in their grantmaking process; funding was originally intended to support the salary of a Community Engagement Specialist, but delays in filling the position allowed the collaborative to consider the considerable and excellent community engagement work already carried out by local grassroots organizations, who often don't have access to national funding streams. They funded 6 partnership grants, which led to an expansion of their individual organizational work and outreach and established a practice and process within the collaborative of lifting up and supporting the work of these organizations.

Collaborative partner relationships often existed for many years prior to the CSII grant. However, through CSII, even partners with more established relationships found that **it is never too late to introduce an innovative process** to collaborative work. For example:

- **Live Healthy Napa County** sought to use **human-centered design**, an innovation process used in problem solving that engages the audience in problem ideation and solution finding, to increase respect and social inclusion in Napa County. Through this process, they engaged their community differently than they had before. One example was the decision to hold meetings in the language that is most common in the room; rather than bring an English to Spanish translator, they brought a Spanish to English translator. Through centering the people in their community, they were able to create a space driven by the community. This ceded power to the community, as discussed in the following section. ceded power to the community, as discussed in the following section.

CSII grantees **tested innovative ideas** to determine their effectiveness, gain buy-in, and see if it could be replicated. Innovative processes are considered valuable even if the end result is considered a failing forward moment, demonstrating the importance of testing.

- The **Community Health Improvement Partnership (CHIP) of Hennepin County** coalition shared that it was necessary to "test" support for their mini grants to ensure the executive committee was on board for community-led work and shared power. It was a great success that was demonstrated by increased support with each of the seven rounds. Community members from the very first round kept in contact with the CHIP and participated in the CHIP celebration workshop. Over 75 people participated in the process, and many have already completed the follow-up survey and asked to be included in next steps.

Fostering an Environment for Innovation and Health Equity

To dismantle systemic racism, address health inequities, and honor the lived experiences of community members that have been harmed by systems of oppression, it is critical to create a space beyond the existing system, which is structured around white supremacist processes and practices. To go beyond bringing new voices to try to work within a broken system, a new space must be co-created and driven by the community. To f**oster a space for innovative process and practices**, several CSII grantees implemented funding practices that demonstrated the value of time spent and importance of participant voices.

- As mentioned above, Live Healthy Napa County developed a solution with the community (hosting meetings in Spanish) that fostered a new environment. Previously, they had Spanish-speaking individuals involved in the collaborative, which provided opportunities for community engagement to some degree – representation and inclusion of their perspectives – but fostering a new space that factored in community members ability to communicate allowed for meaningful changes to how the collaborative operated. Facilitating innovation demands that there not only be previously excluded voices in the room, but that those voices are allowed to change the space they come into.

- The Minneapolis Highrise Health Alliance (HHA) pilot tested a medication therapy management program with seven residents that resulted in a total of 57 interventions (e.g., education on proper dosing; modifying the medication regimen; changing medications; etc.). The pilot was so successful that it has been expanded: one healthcare organization is providing MTM onsite to of their patients living in a specific building and another is doing this for all its members virtually and with the assistance of community health workers.

- As part of the **Health Education Council**, the West Sacramento Accountable Community for Health employed an innovative strategy on new projects. Partners collaborated to recruit and train youth as vaccine ambassadors to address vaccine hesitancy in young people. Implementing this program was collaborative, with various partners involved in funding, training, and promoting the opportunity. The same model is being deployed to support a community mobile food market, where youth will sell produce and talk to neighbors about the benefits.

> *"It is critical to treat community members as the experts they are, e.g., by reimbursing them for time and expenses when they participate in CHIP projects and meetings. A sufficient number of community members need to be included to ensure that the power dynamic is not unequal and that they are not intimidated by others in the room."*

Power in communities and collaboratives impact the trajectory of work. Historically and present-day, certain voices, have been excluded from decision-making process and did not have agency over decisions that impacted their lives. Innovative processes can be used to shift and/or cede power to previously excluded or underheard voices; these voices often have different ideas about problems in their community and ideas on solutions that will work for them, as they are most impacted:

- The **Equity for Moms and Babies Realized Across Chatham** (EMBRACe) collaborative identified blockages within their organizational structure that restricted their ability to make the significant changes needed to achieve their goals. Their innovation was to work with the women (their community) to understand the best way to incorporate their voice in practices that best the needs expressed by women with lived experience, rather than inviting them to serve on an advisory council. Through this shift, they learned that the women in their community felt they were not equipped to speak truth to power, and Story Circles evolved to give them the space to practice using their voice. Circles are designed to help them become more vocal so that they are better equipped to advocate for themselves in medical settings. Moving forward, it is up to the women to decide what steps are next to achieve the goal of having culturally-competent practices in the maternity wing.

- The **Mountain Areas Health Education Center** (MAHEC) previously hosted Mother-to-Mother, a mentoring program that grew out of a series of conversations that a MAHEC staff member had with moms at the playground of a housing project. These conversations provided real examples of innovations that occur when the power within black families is uplifted. Upon listening to these community members, Sistas Caring 4 Sistas (SC4S) was born. To fully achieve their objectives, they spun off to form a new 501c3 because they identified and wanted to meet needs that went beyond their doula service, but were beyond the scope of MAHEC's work. One example of their additional services is the S4CS housing community plan, which has worked community members to identify which services best meet their needs and continue to engage these community members to serve as the main architects of the project. The ongoing process of utilizing community voice for this project points to SC4S' larger efforts around transferring power back into the community.
- At the start of the CSII, the Ledge Light Health Improvement Collaborative of Southeast Connecticut planned to develop by-laws and membership agreements. After working with their community, they replaced this plan with a Purposes and Processes document. The document meets everything they initially committed to including institutionalizing financing and governance structures, transparency and accountability, and processes for consensus-based decision making. The reframing/retitling of the document embodies their commitment to centering community, shifting the balance of power, and of shedding the old ways and patterns to create a new way of working together.

▶▶▶ Innovation in Community Engagement: Insight from Lived Experience

Meaningful community engagement entails going beyond sharing information and seeking input to co-creating ideas and shifting power. CSII grantees used a variety of **community engagement methods to work with community members** in idea creation, decision making, and implementation. Examples of community engagement include:

- The Case Western Reserve University collaborative incorporated **Appreciative Inquiry** into community-based systems dynamics design to engage stakeholders and better understand interrelationships between multilevel factors that contribute to complex public health problems such as structural racism. Appreciative Inquiry is an assets and strengths based approach to examining challenges and engaging participants in uncovering strengths, assets, and opportunities to address complex issues.

> *"There is no substitute for having community members (not organizations) engaged in all aspects of this type of work as early as possible."*

👥 Innovation in Data

CSII grantees **redefined data to be representative of their communities**; this process required innovative data collection methods and collaboration to figure out how data could be shared amongst partners.

An example of an innovative data sharing method includes:

- The **Cabarrus County Partnership for Children SUN Project** needed to create a legal mechanism to share information and collaborate across social services, healthcare, and public health; their aim was not to create a new program but rather a system that connected already existing services and agencies in a collaborative way. Their lawyer was committed to this goal and worked within the system to find a way to do so. To facilitate this, clients are clients are asked to sign HIPAA waivers.

> *"HOW do we (not CAN we) get the data needed to meet the project goals?"*

An example of an innovative data use method includes:

- Mountain Area Health Center partner, Buncombe County Department of Health and Human Services, applied an innovative approach to community-based COVID-19 testing; they used innovative data to help guide the process of identifying testing service locations and collaborated with health care, non-profit, social service, and community members in designing and implementing the program. They continue to evaluate and adapt the program to increase access of COVID-19 testing to Black, Indigenous, and People of Color in our community. Some of the Mothering Asheville partners are engaged and it is not specifically birth equity-focused work.

Conclusion

CSII grantees, and their community members, developed innovations to meet their unique needs. Collaboratives cannot do the work alone, but can set support the process by fostering an environment that embraces innovation. This may include:

- Evaluating the structure that upholds the current norm.
- Considering who is engaged and who is not, and why this may be.
- Inviting and truly welcoming new voices to be included in developing new ways of doing things; this can help cede power to those previously excluded.
- Tracking and sharing data that honors all.