

Fostering Community Success: Making a Difference through our Connections and Questions



Niagara Public Health Summit


Brenda Zimmerman, Schulich School of
Business, York University

Oct 29, 2008



Public Health as Social Innovation

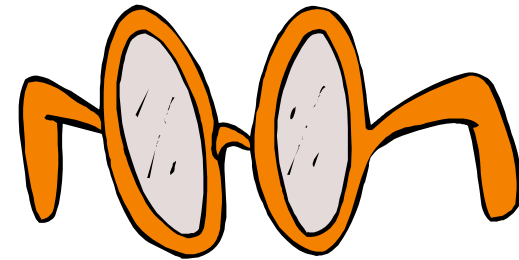
- Getting to Maybe - chapter 1
 - **Mindset** that can tolerate and engage uncertainty and ambiguity is needed
 - **Questions** are key
 - **Paradox** and tensions need to be engaged
 - **Relationships** are key to understanding and engaging with the complex dynamics of social innovation – this is not a solo operation



What are the implicit mental models that are wedded to our perspective of leadership?

Common Implicit Mental Models

- Scarcity
- Gap analysis—
what isn't
working
- Parts
- Complicated
- Machine – like



- 
- Scarcity
 - Gap analysis—
what isn't
working
 - Parts
 - Complicated
 - Machine – like

- Abundance
- Appreciative
inquiry – what is
working
- Relationships
- Complex
- Life – like



Simple

Complicated

Complex

Following a Recipe

A Rocket to the Moon

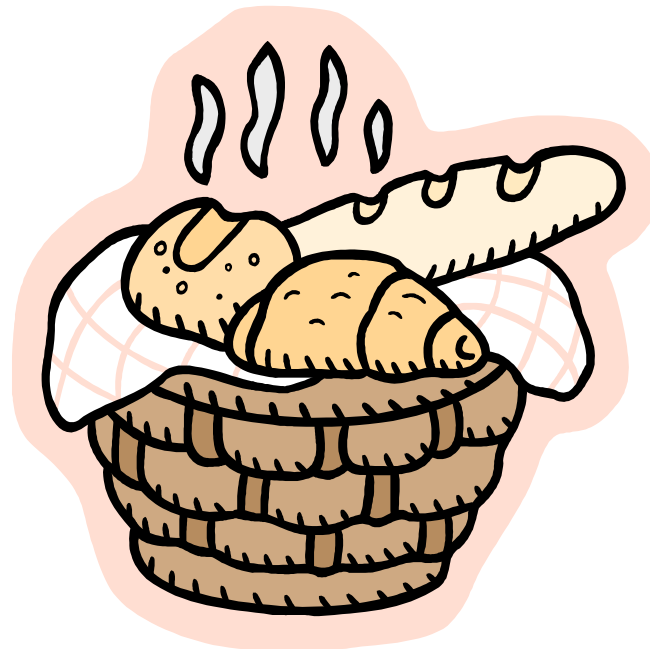
Raising a Child

The charts of Simple, Complicated and Complex are adapted from Glouberman and Zimmerman, 2002

Simple

Following a Recipe

- z The recipe is essential
- z **Recipes are tested to assure replicability of later efforts**
- z **No particular expertise; knowing how to cook increases success**
- z Recipe notes the quantity and nature of "parts" needed
- z **Recipes produce standard products**
- z **KNOWN**



Simple

Complicated

Complex

Following a Recipe *A Rocket to the Moon*

zThe recipe is essential

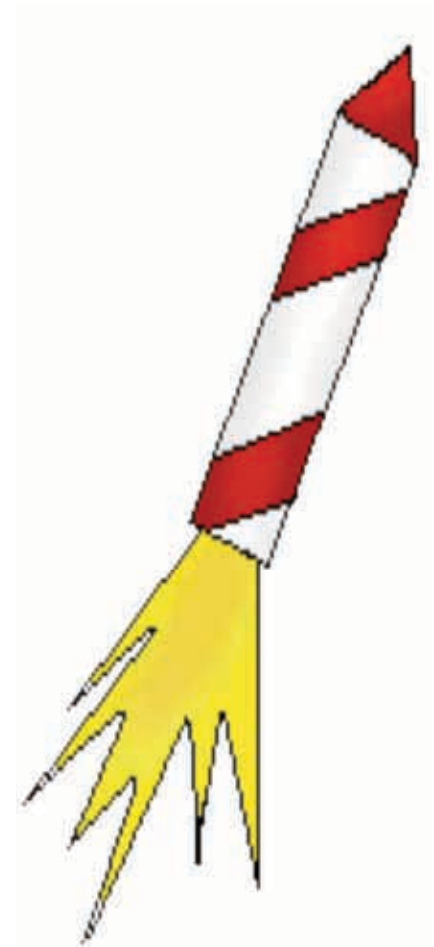
zRecipes are tested to assure replicability of later efforts

zNo particular expertise; knowing how to cook increases success

zRecipes produce standard products

zCertainty of same results every time

- **Formulae are critical and necessary**
- **Sending one rocket increases assurance that next will be ok**
- **High level of expertise in many specialized fields + coordination**
- **Separate into parts and then coordinate**
- **Rockets similar in critical ways**
- **KNOWABLE**



Simple

Complicated

Complex

Following a Recipe

- z The recipe is essential
- z Recipes are tested to assure replicability of later efforts
- z No particular expertise knowing how to cook increases success
- z Recipes produce standard products
- z Certainty of same results every time



A Rocket to the Moon

- Formulae are critical and necessary
- Sending rockets requires assurance that everything will be ok
- High level of expertise in many specialized fields + coordination
- Rockets similar in critical ways

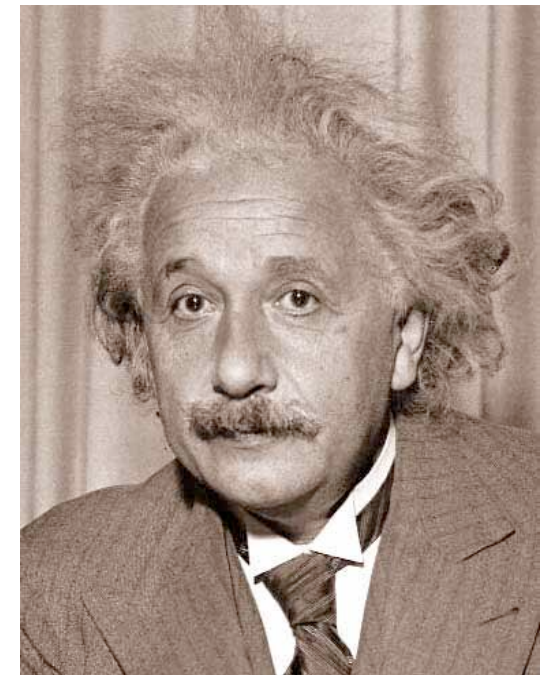
Raising a Child

- Formulae have only a limited application
- **Raising one child gives no assurance of success with the next**
- **Expertise can help but is not sufficient; relationships are key**
- Can't separate parts from the whole
- **Every child is unique**
- **UNKNOWABLE**

Albert Einstein said...

“If I had an hour to solve a problem and my life depended on the solution, I would spend the first 55 minutes determining the proper question to ask.”

Complex or wicked issues require more time in the inquiry phase AND we need to be more aware of our inquiry style





The role of "inquiry" in leadership

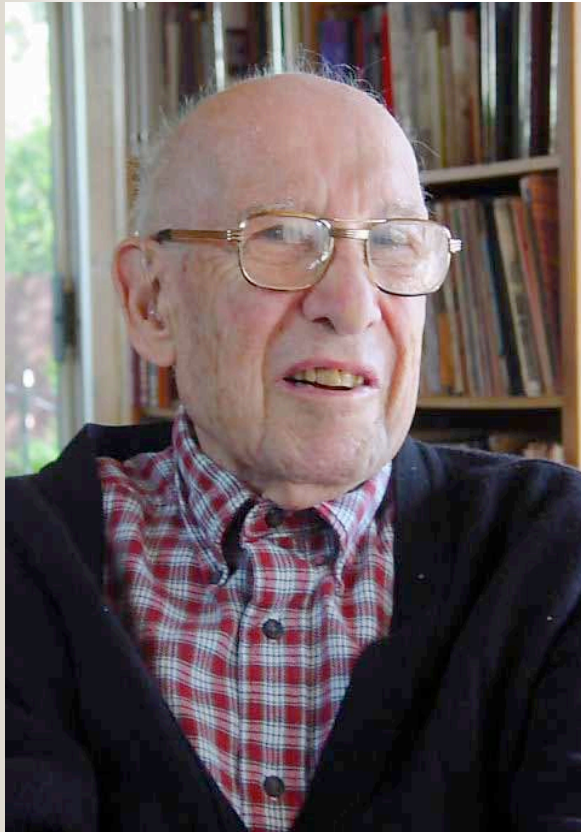
"... Human systems grow toward what they persistently ask questions about"

(Cooperrider and Whitney 1999, 10).



Categories of questions

- Convergent vs. **Divergent** questions
- Data questions vs. **Wicked** questions
(difference questions to reveal paradoxes and contradictions)
- Problem solving (find the gaps) vs. **appreciative inquiry** (what works and why?)



"The task of leadership is to create an alignment of strengths, making our weaknesses irrelevant".

~~Peter Drucker



Chapter 1 and 5
Getting to Maybe

The Brazil Case Study



- annual per capita income is less than \$5000
- In the 1980s, Brazil's AIDS problem was worse than South Africa's
- Today, South Africa's HIV infection rate is 20-25% and growing whereas Brazil's is 0.6% and stable
- In 1992, World Bank study underestimated prevalence in 2000 in every country except

Brazil Analysis is from Begun, Zimmerman and Dooley, 2002



The Brazil Complex Problem

- How do you respond to an AIDS epidemic in a developing country?
- No money for expensive drugs
 - problems of affordability of drugs
- A very iffy health care system
 - problems of treatment
- High levels of illiteracy
 - problems of compliance even if there were drugs
- High levels of poverty and hunger
 - problems of nutritional needs for drugs
- And... it is a sexually transmitted disease



Making the Brazil Problem Complicated

- “What will drug costs be for our infected population?”
- **“What resources are needed to manage drug therapies for illiterate patients?”**
- “What resources are needed to assure compliance with drug associated nutrition in this population?”
- **“What are the resources needed for an effective prevention program?”**




World Bank Responds to AIDS as Complicated

- Meaningful solutions require sophisticated, integrated national health care systems
- **We cannot provide treatment to all when the drug costs are so high**
- We cannot afford resources to manage treatment compliance
- **With our limited resources, we should focus more on prevention than treatment**
- It will therefore take a long time for the problem to work itself through



Brazil Implicitly Recognized the Complexity

- Began to address the AIDS issue head-on in 1994
- Were unwilling to accept the answers of the World Bank 
- Hence – had to change the questions...
 - *Changing the questions changes the focus, changes what is “analyzed”, changes what is seen as possible/impossible*



The Brazil Questions Assume Complexity

World Bank Questions

- “What will drug costs be for our infected population?”
- “What resources are needed to manage drug therapies for illiterate patients?”

Brazil Questions

- “How can we reduce costs so that we can provide treatment to all who need it?”
- “What methods of communication will work to convey the drug therapy routine to a patient – even a homeless, illiterate patient?”



The Brazil Questions

World Bank Questions

- “What resources are needed to assure compliance with drug associated nutrition in this population?”
- “What are the resources needed for an effective prevention program?”

Brazil Questions

- “If food is an issue, how can we ensure greater compliance with the routine by linking up with charities that can provide food at the right times of day?”
- “How can we achieve our prevention goals while treating all of those currently infected?”

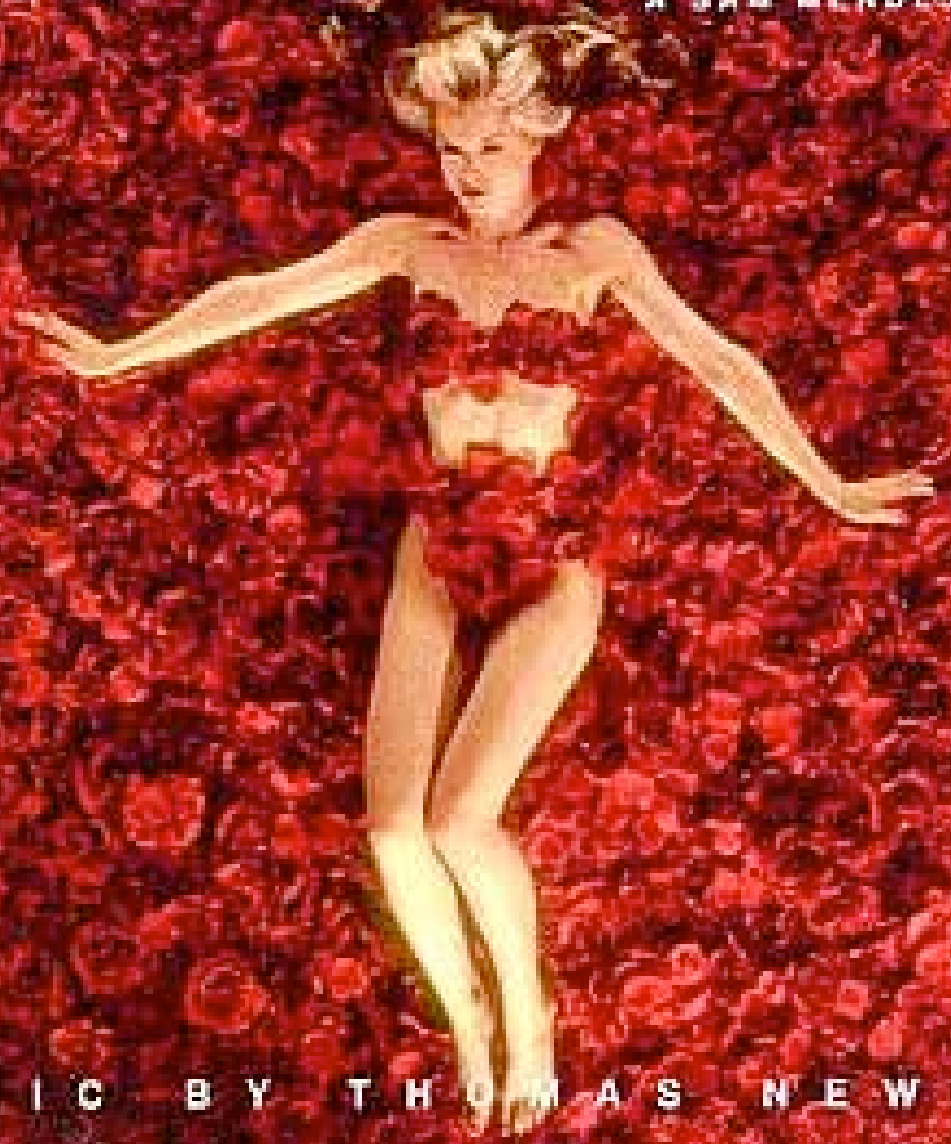


**"With a condom, they'll say,
'Yes, Yes, Yes!'
(the table is a condom)**

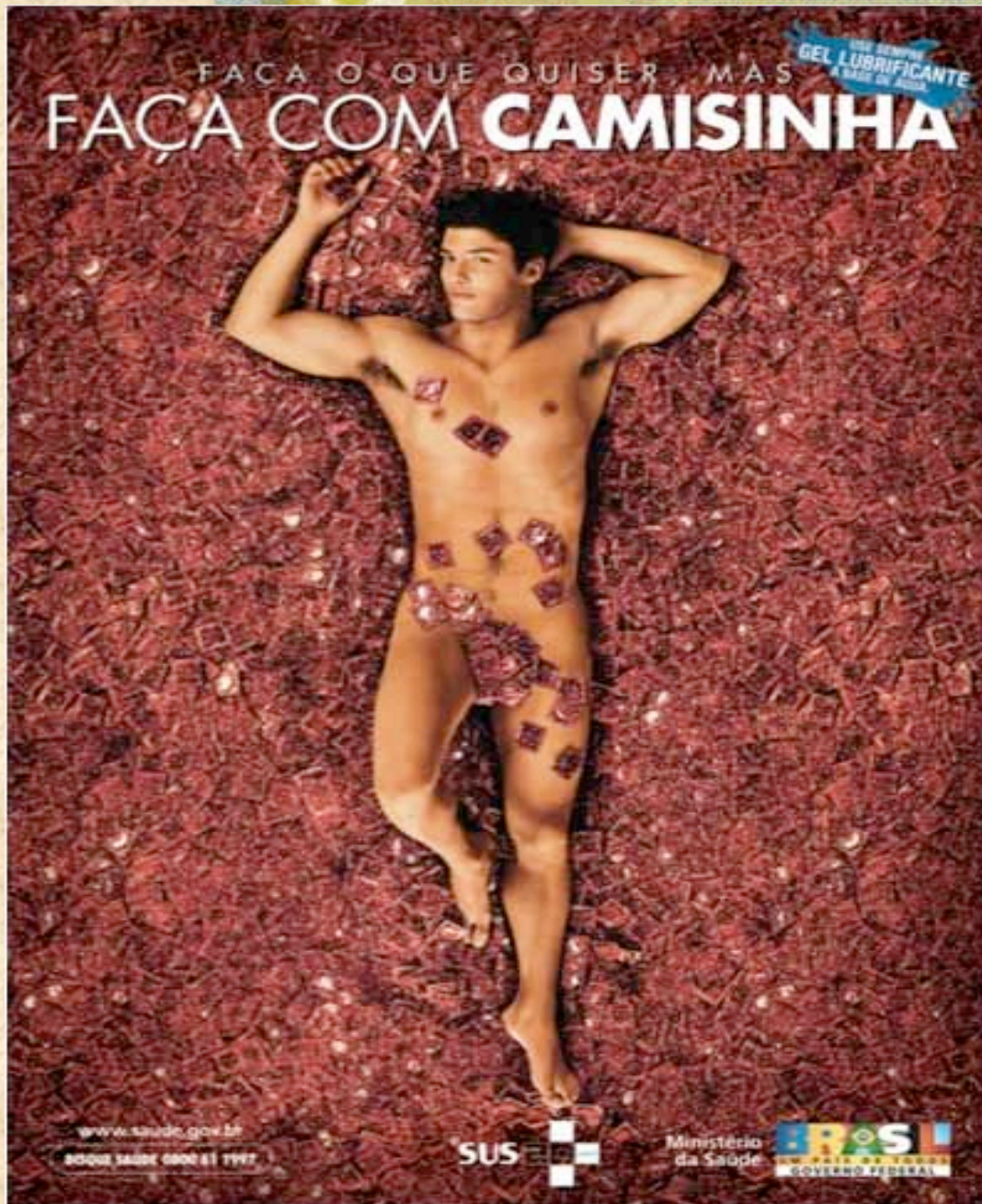
ORIGINAL MOTION PICTURE SCORE

AMERICAN BEAUTY

A SAM MENDES FILM



MUSIC BY THOMAS NEWMAN



**Do whatever you want
but do it with a condom**

The Brazil Conclusions

World Bank Conclusions

- Meaningful solutions require sophisticated, integrated national health care systems
- We cannot provide treatment to all when the drug costs are so high
- We cannot afford resources to manage treatment compliance
- With limited resources, focus more on prevention than treatment
- It will therefore take a long time for the problem to work itself through

Brazil Conclusions

- Find ways to use the resources we have to respond to the problem
- Provide drugs to all by finding ways to reduce drug costs
- Use our informal system to train people to care for themselves
- Prevention will be part of the treatment



The Brazil Responses

- A stable container: Brazil built on existing infrastructure (natural network existed)
 - A somewhat shaky health system of hospitals and clinics
 - Added to by 600 NGOs, churches (hubs)
- Free drugs to all AIDS patients: faced down drug companies in pursuit of national interest



The Brazil Responses - cont'd

- Patients managed their own drugs
 - Illiterate people were taught by local “trustworthy” folks (hubs were sought)
- Free treatment spread prevention ideas
 - No labeling of those affected
 - Prevention information readily available

The Brazil AIDS story - hope



- **COURAGE**– to challenge WTO, USA, large pharmaceuticals, World Bank
- **COMPLEXITY** – lived with the complex nature of the society, and the AIDS problem
- **RELATIONSHIPS** – used the power of existing relationships to learn and enhance their connectedness



Complicated Questions

- Data – facts
- Best practice
- Problem solving – what isn't working and how to fix it
- Questions that let us plan first and act later

Brazil's Questions

- Assumed *Abundance (and Complexity)*
- *Divergent* (versus Convergent) questions
- Implicitly used *Appreciative Inquiry* – looking at **patterns** that already work and getting leverage from that
- Focused on *relationships* – key “unit” of analysis
 - And they created *generative relationships*
- Used, rather than avoided, *paradox (wicked questions)*
- “*Min specs*” or *simple rules* created coherence



"Stop trying to change reality by attempting to eliminate complexity."

David Whyte

