

# Spark Series: Community Design Thinking

Role Director of Brand, Digital Engagement &amp; Innovation

Years 2023–2025

Organization Island Health

2

Events run, with a 3rd fully designed and ready

90+

Participants across the series

12+

Community and sector partners represented

93%

Of participants would attend a future SPARK event

## THE PROBLEM

### Wicked problems don't live inside an organization's walls.

In spring 2023, a senior colleague raised concern that Island Health's innovation response to the toxic drug supply crisis lacked the urgency it had brought to COVID-19. At the time, BC was recording approximately seven overdose deaths per day. Nanaimo's rate of increase was 1.7 times the provincial baseline. The city's Medical Health Officer position was vacant. BC's Chief Coroner had resigned.

The call to action reached many leaders across many departments. Few readily responded. Stigma is a powerful force — in communities and inside institutions alike.

## THE PROGRAM

### A portable design-thinking lab, brought into the community.

SPARK was a community-facing extension of the Innovation Lab's methodology. Rather than inviting communities to the health system, I brought the Lab's tools and facilitation capacity to the places where the problems lived. Each event used a structured design-thinking framework: shared context first, then ideation, then prototyping, ending with presentations and named next steps.

Every event was designed for deliberate mix: Island Health staff, community organizations, researchers, people with lived and living experience (PWLLE), municipal voices, and frontline service organizations — all at the same tables.

*"Rather than tackling problems in the Innovation Lab or at Code Hack, we're bringing the Lab's design-thinking process into communities to explore opportunities with the people who are affected by, and who can most benefit from, potential solutions."*

Matthew Miller · Island Health News, 2024

## THE SERIES — AT A GLANCE

- **Spark 1.0, Nanaimo (2023)** — 30 participants over two days at Vancouver Island University. Three rapid prototypes presented: a mobile low-barrier care unit, a peer-led support model (PUNK), and a community influencer strategy. 93% would attend again.
- **Spark 2.0, Nanaimo (2024)** — 60 participants, double the first event. My team ran it without external consultants. World Café format, based on participant feedback. Featured on page 53 of the Island Health 2024 Annual Report.
- **Spark ALC (2025)** — Co-designed with the BC Ministry of Health Innovation Branch, focused on Alternate Levels of Care: patients ready to leave hospital with nowhere yet to go. Six days of structured sessions planned across two weeks, with in-person and hybrid options. Cancelled before invitations were sent.

MY SPECIFIC CONTRIBUTION

ORIGINATED

Responded directly to a leadership call to action. Designed the SPARK concept, funded the first event from my own budget, and partnered with Vancouver Island University to run it within months — before my Innovation Lab team was fully staffed.

LED

Ran both Nanaimo events as program lead and primary architect. Co-designed Spark ALC from scratch with the BC Ministry of Health Innovation Branch in a matter of weeks. By Spark 2.0, my team ran the event fully — no external facilitators required.

DESIGNED

Built the full program model: facilitation structure, participant mix criteria, and the design-thinking framework anchored in the "What? So What? Now What?" reflective model. Contracted Pivot Group for the first event as a real-time training vehicle for my growing team.

CHANGED THE SYSTEM

At Spark 1.0, obtaining cash honoraria for peers with lived experience was unnecessarily onerous — a structural barrier for people without bank accounts. Before Spark 2.0, I worked with Finance to make cash payments the default process going forward.

RECOGNITION & REACH

**Featured in the Annual Report. Requested by the Ministry of Health.**

Spark 2.0 was featured on page 53 of the **Island Health 2024 Annual Report** — a board-approved publication reviewed at the executive and governance level.

Spark ALC was initiated at the direct request of the **BC Ministry of Health Innovation Branch**, who approached the Innovation Lab after finding no other hospital partner willing to co-design on the ALC topic.

COMMUNITY PARTNERS

**12+ organizations across two events.**

Each Spark brought together a cross-sector coalition that health systems rarely assemble at the same table. Partners across both Nanaimo events included:

AIDS Vancouver Island · City of Nanaimo · Island Health Addiction Medicine & Substance Use · Island Health Patient Oriented Research · Nanaimo Area Network of Drug Users · Nanaimo Art Gallery · Nanaimo Community Action Team · Nightkeepers · Peers Alliance · Pivot Group · Vancouver Island University · Vancouver Island Crisis Society · and people with lived and living experience (PWLLE) of the toxic drug crisis.

WHAT IT PROVED

**Co-design changes how communities hold problems**

At Spark 1.0, one participant arrived with what they described as "rage and frustration." By the end of the day, that had shifted to cautious optimism. By Spark 2.0, the animosity between groups that had required careful planning at the first event had largely disappeared.

**A program that grew until it mattered**

Spark 1.0 ran with thirty people. Spark 2.0 doubled to sixty. Spark ALC was cancelled before the invitations went out. That arc is not a record of failure. It is a record of a program that grew until it attracted enough attention to feel like a risk to the system it was trying to help.

**Good process generates follow-through**

The three prototypes from Spark 1.0 were presented as live updates at Spark 2.0. A process designed for two days generated real follow-through across a full year. The format made continuation natural — not exceptional.