University of Minnesota

Paradigm Shift: Design Thinking Framework Applied to Disability Community-Based Action Research



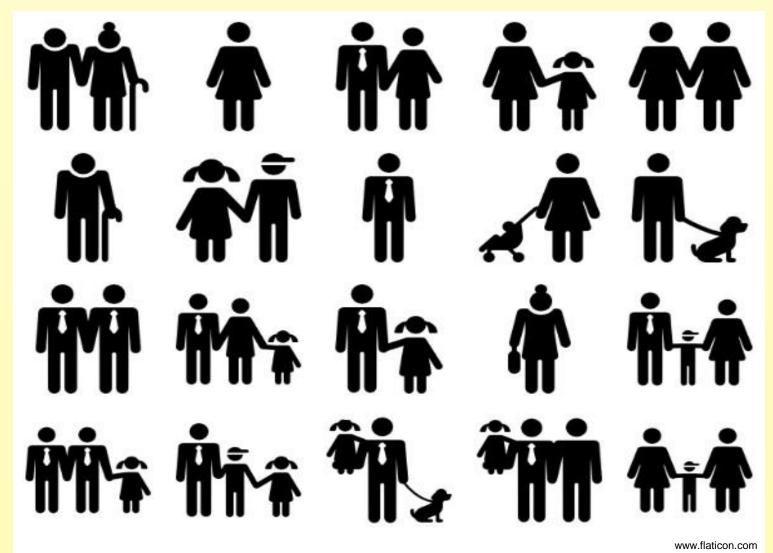
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Purpose

Bush Foundation Community Innovation Grant (2018)

- Focus: Use design thinking (DT) framework to understand and respond rapidly to "sandwich caregiver" (SCG) community experiences and expressed needs.
- SCG is inclusively defined as any person who provides care across generations within its self-defined family unit.



Studio development & structure

- Cast net-wide interviews: family members caring for 2+ members with care needs, care-receivers, and peripheral and disengaged stakeholders
- Eight themes selected from 40 1-hour interviews
- Set 8 "studios" to meet 3 x in 12-month span to discover focus and test out innovative low cost approaches for support of sandwich caregivers

Method of focus: Interviews

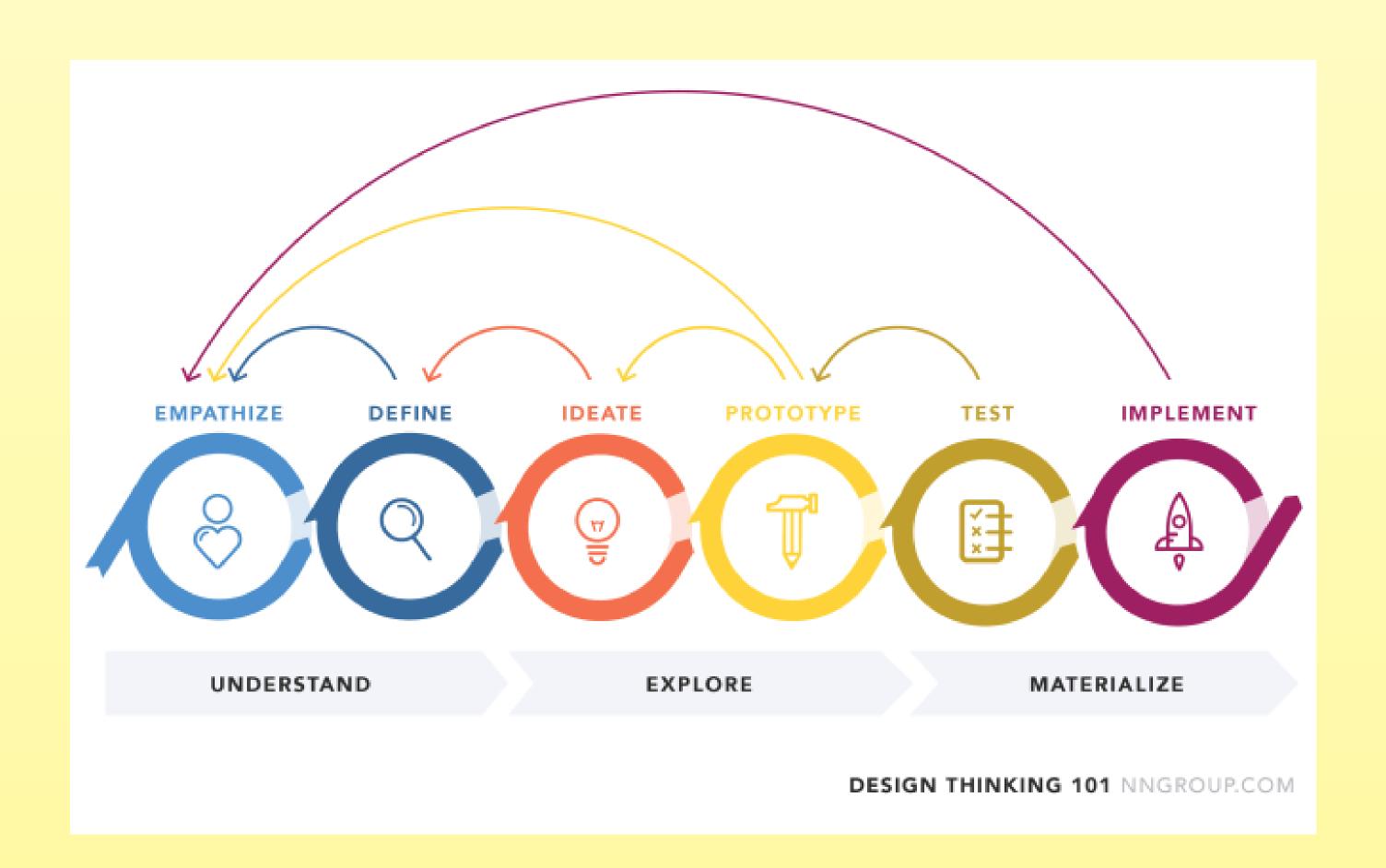
Interviews gathered scope and experiences of range of users and non-users in SCG communities as Empathize/Define phases.

- Users s included:
- Extreme User: heavily connected to long-term services and supports (LTSS) but not in typical ways
- Typical-User: use LTSS for typical scope and scale
- Related User: People not directly giving or receiving care, but part of process
- Non-User: does not or cannot access LTSS, such as people facing multiple cultural/linguistic barriers to access

What is Design Thinking?

Design thinking (DT) is a future-oriented problems-based framework that came out of architecture and design schools, later adapted to business and healthcare sectors.

DT is a paradigm shift for disability research because it does not start with a solution or pre-defined problem or hypothesis. Exploratory and iterative, DT concepts, such as empathetic engagement, problem-framing, radical collaboration, and rapid prototyping complement and could support a push for person- and family-centered (P/FCP) systems change in disability communities.



Design Thinking (DT) is an iterative (repeated) process that is not expert-driven, but human-centered and human-driven.

Works cited & resources to learn more

"Approach." Ideo.org. Retrieved at: https://www.ideo.org/approach
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Roberts, J., Fischer, T. et al. (2016). A design thinking framework for healthcare management and innovation. *Healthcare* 4(2016)11–14. *Tools for taking action* (2018). D School at Stanford University: Retrieved at:

https://dschool.stanford.edu/resources/#all-resources

Comparison between DT to Person/Family-Centered Planning

Similar: DT (like PFCP) centers approaches around those most intimate with a problem.

Similar: Both processes make no assumptions on problem(s) or act on pre-defined approaches. Both use in-person empathetic listening with stakeholders engaged in issue.

Different: DT is less planned and more action-based, as a highly non-linear, iterative process. Rapid reassessment and reflection based on low and high fidelity testing of prototypes in real world (field) lead toward refinement of useful, practical design approaches for specific audiences.

Different: DT is concerned with more than one extreme user or one individual. It seeks input from unapparent users of system. DT process specifically locates most marginalized in our communities as well as stakeholders from parallel or related systems. All potential stakeholders (users), even disengaged, have voice to enrich understanding. It is useful in social justice if applied to approaches versus solutions (Miller, 2017).

Thanks

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