Part III HCD Process for Preconception Screening & Care





Key Points

- We are here to provide support in thinking about how HCD may be useful in your process during this coming year
- Your HCD process (if you use it) should be tailored to your context, resources, priorities, abilities
 we can help
- The goal is to figure out how YOUR WORK can be CENTERED around the priorities and needs of women
- We want to really honor the unique opportunity we have for "Innovation"



Building on Yesterday

- HCD & Plan-Do-Study-Act (PDSA) Quality Improvement
 - Complimentary!
- Power dynamics in HCD
 - Hierarchy within an organization → everyone has valuable perspectives on the challenge and solution
 - "End-user" and "Design Team" → centered around the end-user
 - It is important to be intentional about engaging end-users if they are invited make them feel welcome, **pay them** and make sure to really listen to what they say
- YOU will decide how HCD is (or is not) incorporated into your efforts
 - The Design Sprint was a "taste" of the process
 - The State Team will likely not be the Design Team
 - HCD can be incorporated in a big or small way → challenge your team to create projects and processes that meet the needs of the people you serve in a way that works



Example 1: More Intense HCD

How might we improve the quality of preconception screening and care that women experience as a part of preventive health visits?

Design Team: 1 facilitator, 2 clinic staff members, 2 patients/patient advocates, 2 identified community partners representatives

Time: 3-4 months (Understanding, Ideation, Prototype) before developing idea for more formal testing – meetings every 2 weeks at time convenient for all Design Team members

Structure: Facilitator supports Design Team in moving through the process; Design Team members take on the parts of the Understanding phase (engaging with endusers and key stakeholders), do the Ideation phase together, and prototype initial ideas with end-users and key stakeholders



Example 1: Continued

- Understanding (2 months): Observation in clinic spaces, gathering of research on preconception screening and care, Clinic stats on preconception screening and care, focus groups with patients, focus groups with care providers, focus groups with staff → identify insights throughout, tailor HMW question
- Ideation (1 month): Idea generation within the Design Team, collaborative process to select 2-3 ideas to prototype
- (early Experimentation)- Prototyping (1 month): Design Team develops prototypes for 2-3 ideas, identifies opportunities to present prototypes to patients, care providers, and staff

• Identify idea for further development, move into more "traditional" QI project



Example 2: Less Intense HCD

How might we reduce resistance among clinic practitioners and staff to implement the new preconception screening protocol?

Design Team: 3-5 team members representing different types of staff

Time: 1 month (Understanding, Ideation, Prototyping)

Structure: Team members are actually doing the HCD process themselves, engaging with members of clinic practitioners and staff (a diverse group of end-users) and ultimately recommending an approach to be implemented in advance of the new preconception screening protocol

Team members are self-directed in this process



Example 2: Continued

- **Understanding** (2 weeks): Design Team conducts Interviews/conversations/meetings with practitioners and staff to understand why there might be resistance to the new protocol
- Ideation (1 week): Design Team brainstorms ideas and narrows to 2-3 to try
- Prototype (1 week): Design Team develops prototypes and presents them to practitioners and staff, receives feedback, develops recommendations for clinic



Types of Technical Assistance Potentially Needed

- Identification of and training for facilitator
- Team-building methods to support equitable engagement with Design Team members
- Thought partnership around the structure HCD process timeline, capacity, tools for each phase
- Check-ins during HCD process
- Providing training support/resources to team
- Thought partnership around addressing challenges



Dan Frayne and MAHEC team example



Table Discussion

- How might might we use the HCD approach to further our work around preconception screening and care this year?
- How might we we engage with end users as part of an HCD approach in our setting?
- How might we might we engage with key stakeholders as part of an HCD approach in our setting?
- What about applying the HCD approach might be challenging in our setting? What might be helpful?
- What support might we need?

Share your reflection



Thank you!

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