Human-centered design (HCD) is an “Iterative process for problem-solving in which the priorities, needs, and behaviors of end-users...serve as a driving force throughout a [solution’s] conceptualization, development, and distribution.”

The “end-user” is the group or groups of people who would benefit from whatever solution is developed. For our work supporting preconception care, this may be the patients we see in the clinic, the women and men we work with in our organization, and/or the neighbors, friends, and family members we connect with in our everyday life. Their perspectives, priorities, and experiences are at the center of all phases of the HCD process.

Often the HCD process is guided by a Design Team. The Team supports the process to move through the HCD phases and may include facilitators, key stakeholders, and end-users. The HCD Mindsets frame the Team’s approach to the process. To ensure that work is effective and just, grappling with the effects of racism, power dynamics, and privilege within and outside of the Team must be central as the Team is forming and the HCD process is being designed and implemented.

The HCD process begins with the identification of a problem or challenge. The challenge is unpacked during the Understanding phase. Next, ideas for solving the challenge are brainstormed during the Ideation phase. Ideas are tested, refined, and implemented over time during the Experimentation & Implementation phase.

**HCD MINDSETS**

- **Empathy**: Strive to understand the experiences of the people you are designing for
- **Optimism**: Believe in the possibility to identify solutions
- **Iteration**: Refine and adapt work throughout the process
- **Creative Confidence**: Know that everyone has the capacity to be creative
- **Making**: Make your ideas tangible to test them
- **Embracing Ambiguity**: Recognize that uncertainty is part of the HCD process
- **Learning from Failure**: See failure as an important opportunity to improve work

*Mindsets described in Field Guide to Human Centered Design by IDEO.org*

HCD PROCESS

Start with the challenge or problem that has been observed.

Identify who are the “end-users” and the key stakeholders related to this challenge.

Consider structuring the question to inspire solutions in the answer: a “How might we” question.

EXAMPLE: How might we improve the quality of preconception care experienced during well-woman visits?

GOAL: To understand the depth and complexity of a particular problem as well as the potential resources available to address it.

SAMPLE METHODS: Community mapping, interview, observation

Synthesize insights (surprising connections identified from information)

Refine HMW question to capture the root challenge of priority to the people you are designing for.

GOAL: To build on what you learned during the understanding phase to generate ideas that can “answer” the HMW question.

TWO PARTS:
1) Brainstorm to generate many ideas without self-censoring, opening oneself to any idea, big or small, to answer the HMW question.

2) Sort and select 2-3 ideas that to begin to test.

GOAL: To make the ideas tangible and to receive feedback from the end users to refine the idea to better meet the users’ needs.

Prototyping involves creating examples of ideas and testing out those ideas with relevant end users and stakeholders.

Based on prototyping, identify which idea to focus on and develop ways to test and refine that idea, starting small and building on lessons learned to bring the idea to scale.