

Welcome!

We'll get started soon. While we wait for everyone...

- Grab a poster board and markers and **re-create your typical “Zoom background” from virtual** calls! What do folks see when they see you on screen? Drawing skills aren't important – just have fun!
- Once you're done, put your “virtual background” “on” (hold it up). **Find a partner and introduce yourselves. Share:**
 - A bit about each of your “virtual backgrounds”
 - What makes you excited to be at an in-person conference/training
 - What brings you to this session specifically



From MVP to RCT: Using Human-Centered Design to Develop a Novel Teen Pregnancy Prevention Intervention

Sarah M. Axelson, MSW
Claudia Nunez-Eddy, MS
Marisa V. Cervantes, MA

Healthy Teen Network Conference
October 17-19, 2022



Learning Objectives

By the end of this workshop, participants will be able to:

- Describe the steps in human-centered design (HCD) and how it can be used to develop novel sexual health interventions;
- Utilize at least one HCD tool or strategy in their sexual and reproductive health work; and
- Identify at least three ways that program staff and developers can position new sexual and reproductive health interventions to be ready for rigorous evaluation.

Presenters



Sarah M. Axelson, MSW

- Senior Director, Innovation, Training, & TA
- Power to Decide



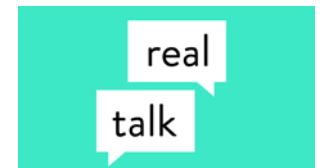
Marisa V. Cervantes, MA

- Project Director
- MyHealthEd, Inc.

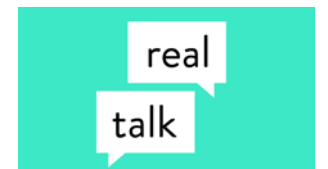



Claudia Nunez-Eddy, MS

- Program Manager
- Power to Decide



Today's Learning Journey





Human-Centered Design (HCD)

How we usually do things



WATERFALL

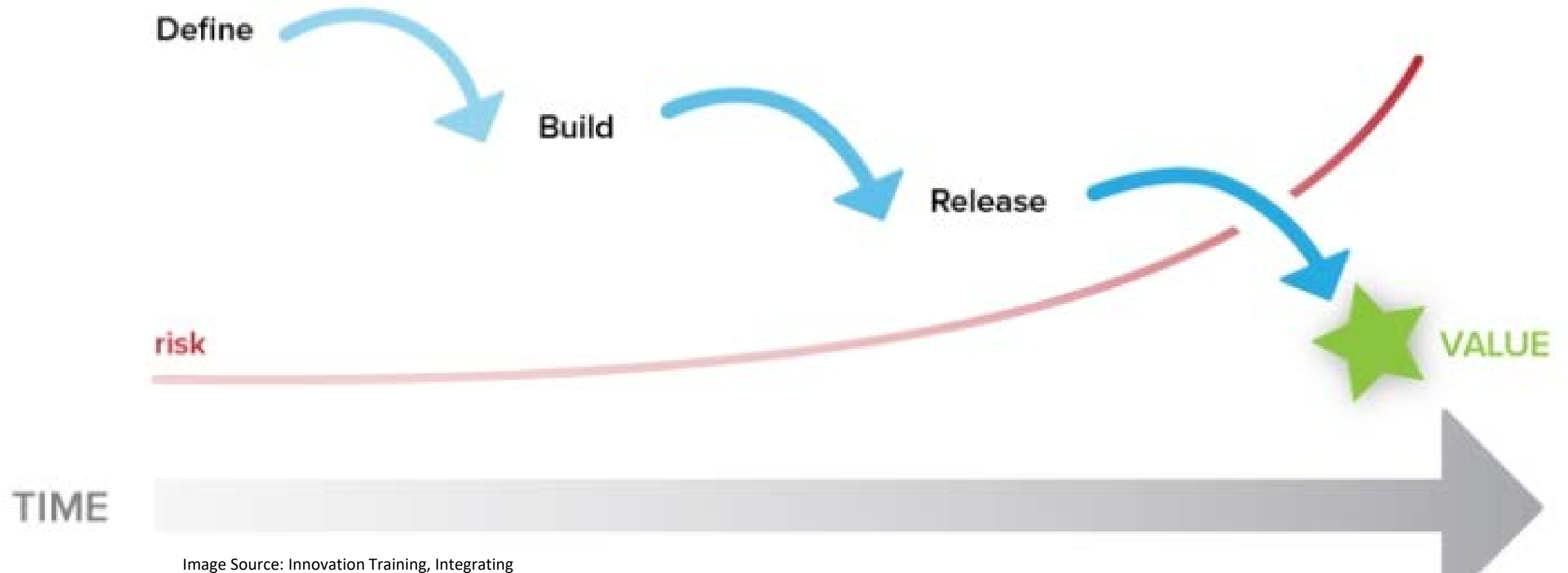
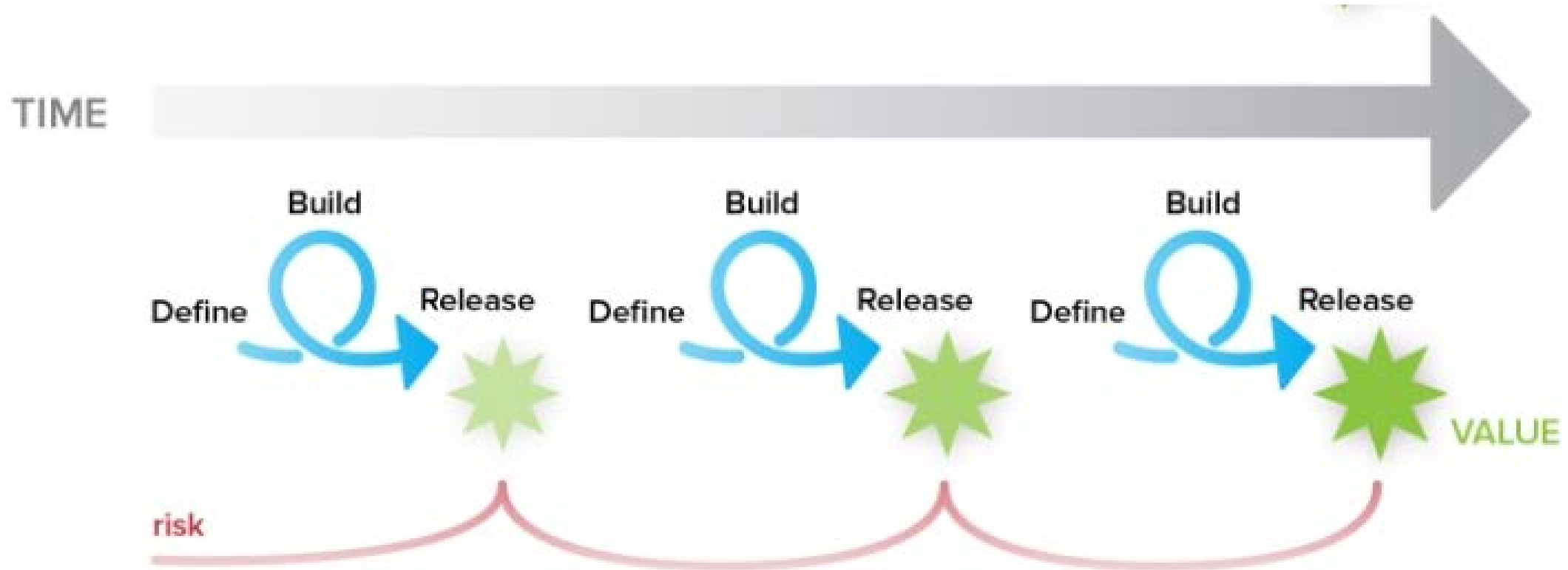
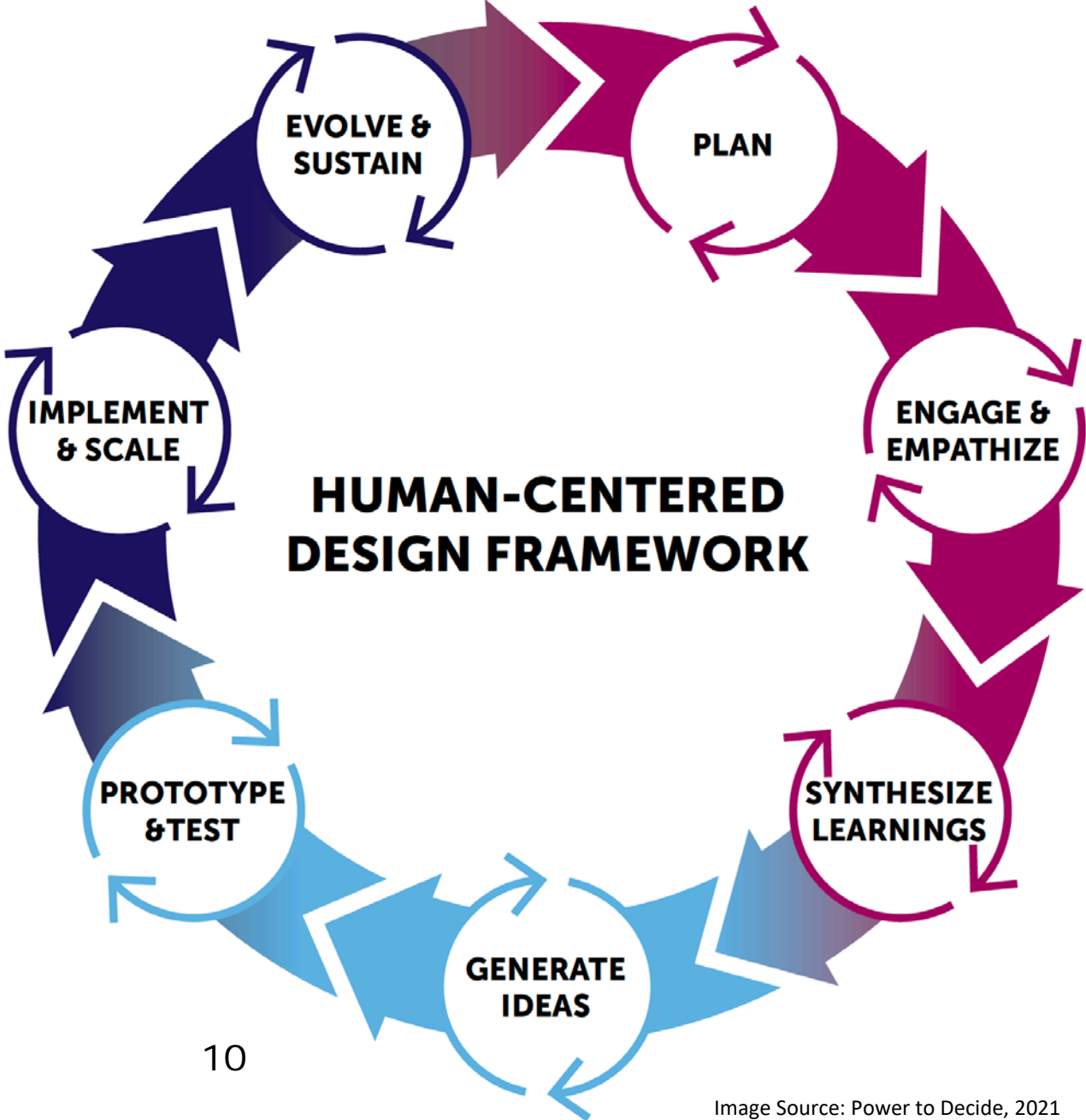


Image Source: Innovation Training, Integrating 'Agile' Approaches into 'Waterfall' Culture

The way HCD does things



HCD is a structure
for innovation...



HCD is a
set of
tools...

Secondary research

Interviews (individual, group, expert)

Conversation starters

Immersion

Analogous experiences

Card sort/Values Exercises

Peers observing peers

Collage

Guided tour

Draw it

Journey Map

Resource Flow



HCD is
messy...

Design Challenge: Redesign the experience of traveling for your partner

Imagine, you've already:

- Assembled your team
- Identified some challenges
- Done background research
- Interviewed end-users

Pair Up!

Identify Partner A and Partner B



Think about your travel experience coming to Miami...

1. Use the handout on your table to chart your journey. The horizontal line across the page represents a timeline of your journey.
2. At the far left of the timeline, write the very first thing you did once you realized you'd need to arrange travel to Miami.
3. Think about everything you did between that first step and arriving to your hotel room in Miami.
4. Working from left to right, map out all the steps in your travel experience.

Create a journey map for your travel experience coming to Miami...

As you map your journey, consider things like:

- The steps you took to book travel
- The method of transportation you used when you left your house
- If you flew (for example), all of the things that happened at the airport
- Include everything - the things that went well and the things that didn't go so well

Dig Deeper - Interviews

1. Partner A - Walk your partner through journey map.
2. Partner B – Follow-up with questions to more deeply understand their travel experience.
3. Switch and repeat!



Tips:

- Try to understand your partner's motivations and emotions
- Ask open ended questions that get at the 'why'
- Identify decision points
- Start broad, then go deeper with questions specifically related to challenges or pain points that your partner experienced

A Young Person's Journey to Access Emergency Contraception

After
Unprotected or
Underprotected
Sex

At
Pharmacy

Take
EC

The composite journey map developed by young people.

Google what to do

Learn about Plan B

Google where to get Plan B

Go to a pharmacy

Look for Plan B in each aisle, finds placeholder card, locked box, or empty shelf

Ask a pharmacist for EC

Check-out

Take pill and wait for next period

May experience side-effects

Which aisle is it in?

Where is it? It's not on the shelf?

Why is it locked up? I have to ask a staff member to unlock this case for me?

This is so awkward.

Why is everyone looking at me?

This is so expensive.

What if my parents find out?

What if it didn't work? What if I'm pregnant?

Are these side effects normal?

Painpoints

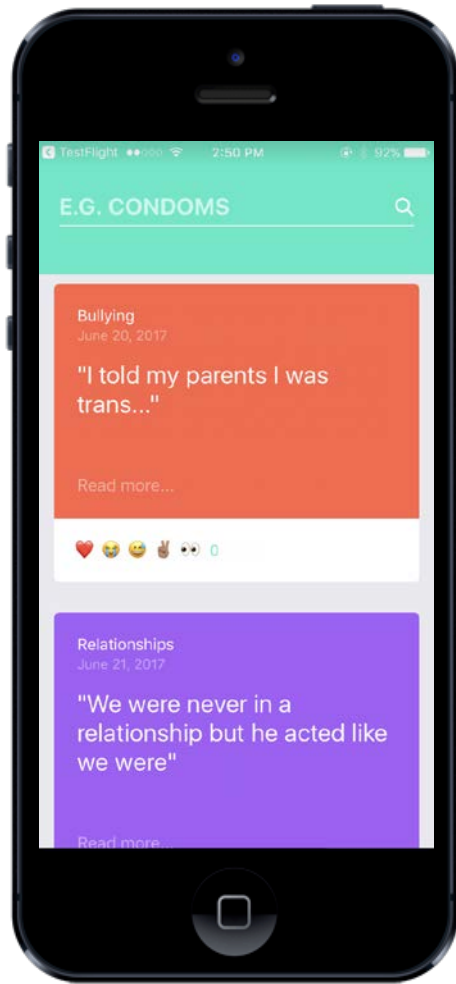
The pain points we identified across their journey, that served as potential design opportunities.





Real Talk: A Case Study in Innovation

Brief Project Overview: Real Talk Mobile App



- Real Talk provides authentic stories and trusted resources on sensitive health topics, like sexual health, mental health, and identity, to help teens know they are not alone in their experiences growing up.
- **Population(s):** Youth ages 13-15
- **Setting(s):** Low-income, rural communities

Image Source: MyHealthEd, Real Talk

Design Challenge:

How might we deliver personalized sex education to middle school students using mobile technology?

INSPIRATION

IDEATION

IMPLEMENTATION

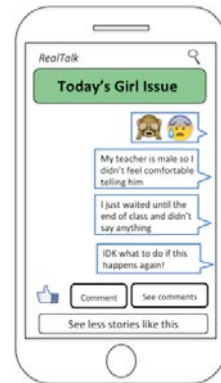
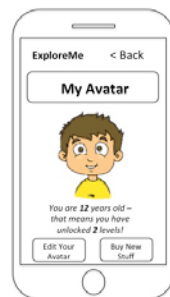
BETA LAUNCH

Spring 2016

Summer 2016

Fall 2016

Fall 2017



**POWER
TO DECIDE**

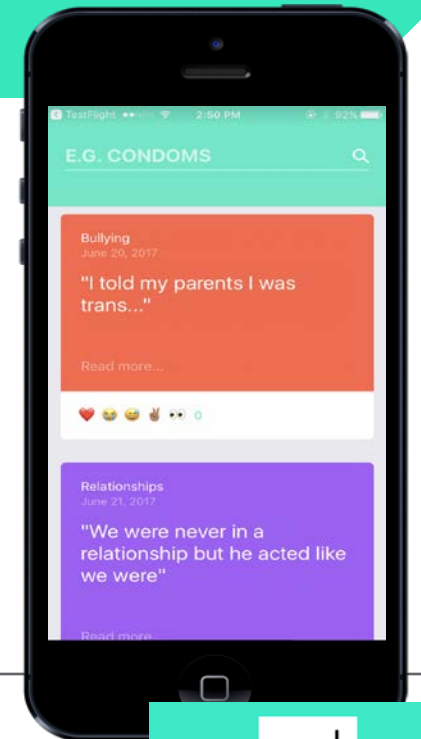
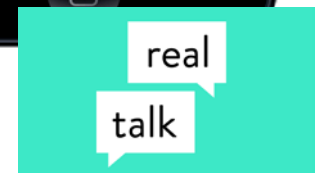
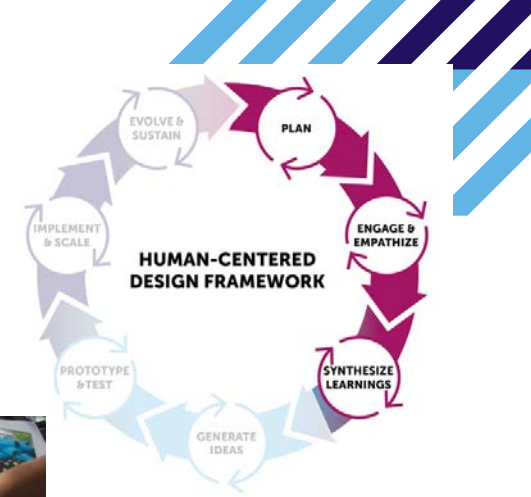


Image Source: MyHealthEd, Real Talk



Inspiration Phase: Methods & Key Findings



WHAT WE DID:

- Interviews with “extremes & mainstreams”
- Card sorts
- Observations
- Analogous experiences

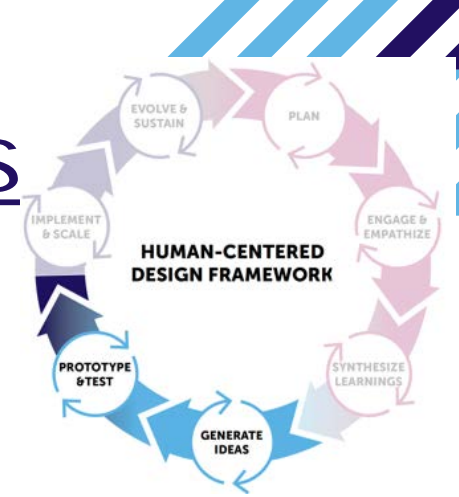


WHAT WE LEARNED:

- Schools are not where teens want to learn this information
- Concerns over privacy, safety, and credibility of information
- Mobile apps preferred over computers/browsers

Image Source: MyHealthEd, Real Talk

Ideation Phase: Methods & Key Findings



WHAT WE DID

- Brainstorming
- Co-creation
- Rapid prototyping
- Iteration

WHAT WE LEARNED

- Key emotions -
 - To know they are not alone
 - Do not want to be judged
- Prefer information through stories rather than facts
- Prefer text messages over prose, videos, and images
- Teens like reading stories from different perspectives

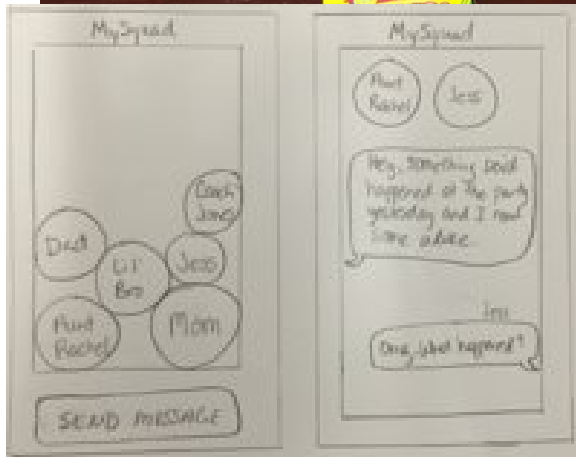
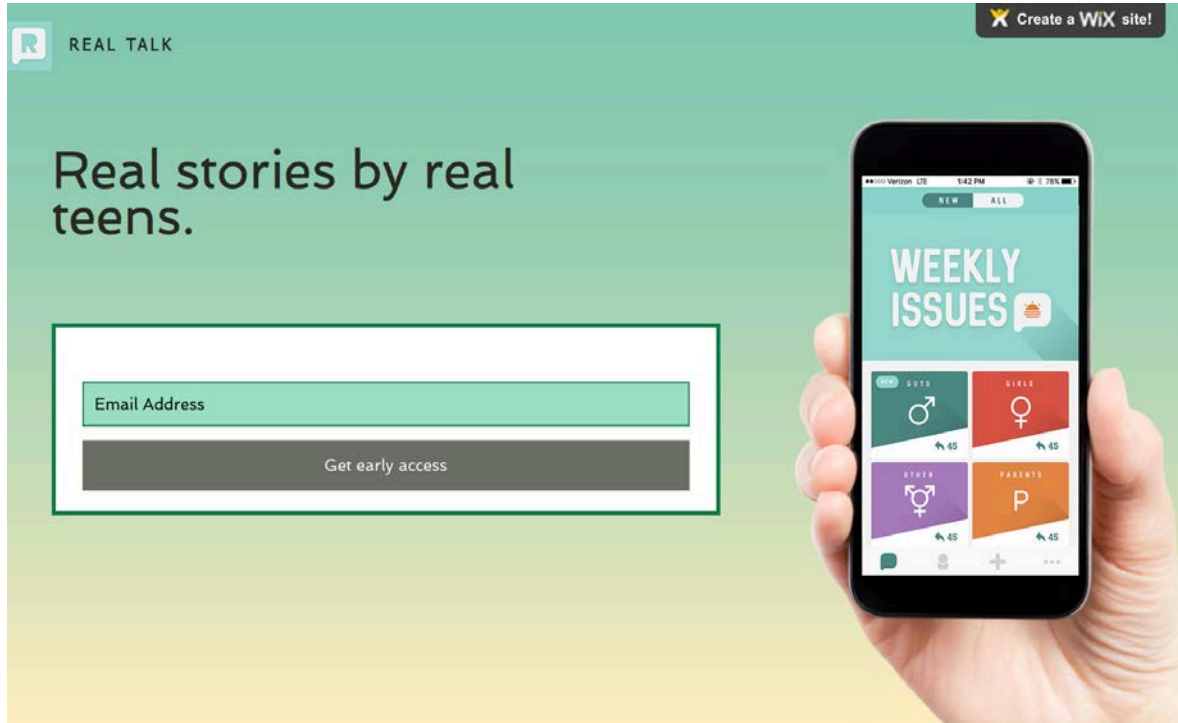
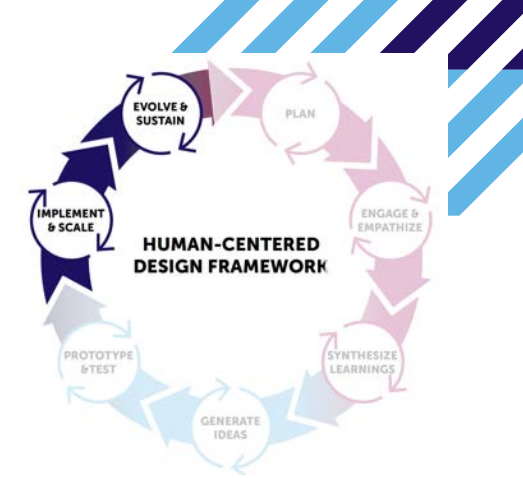


Image Source: MyHealthEd, Real Talk

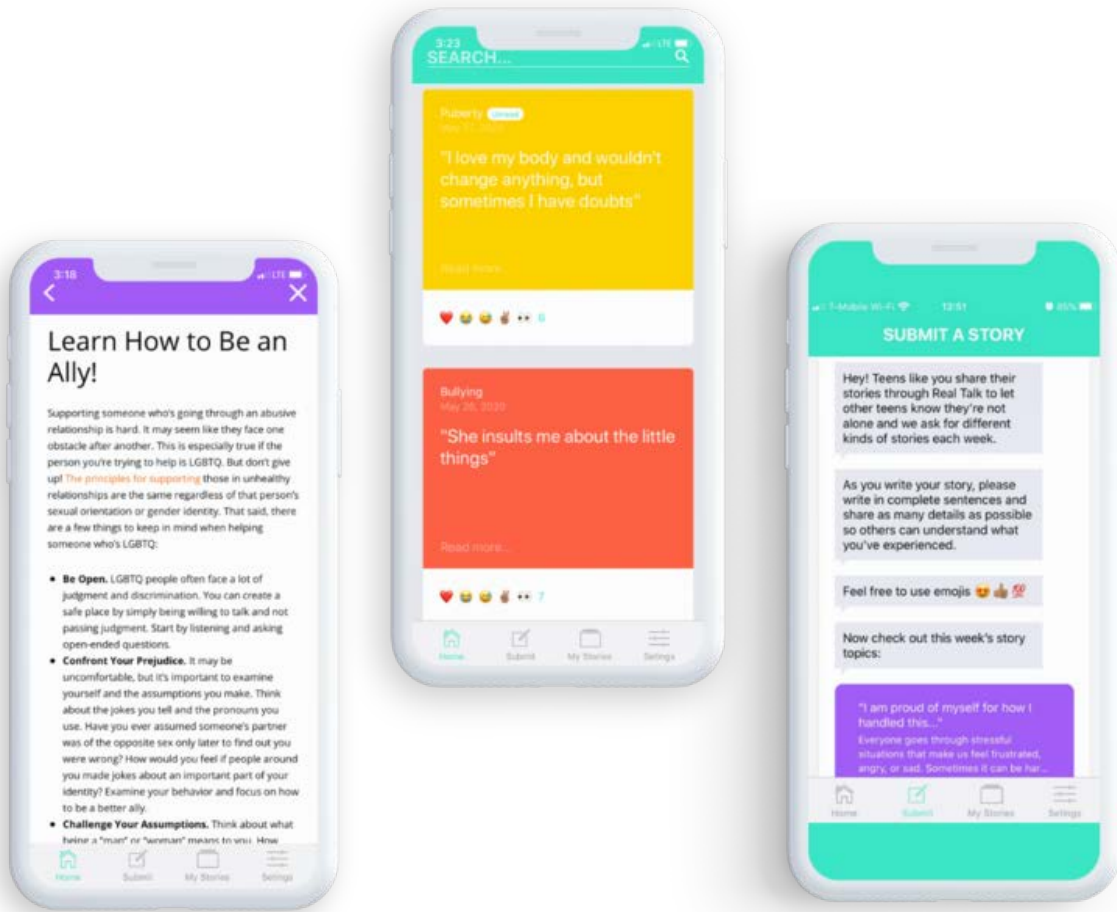
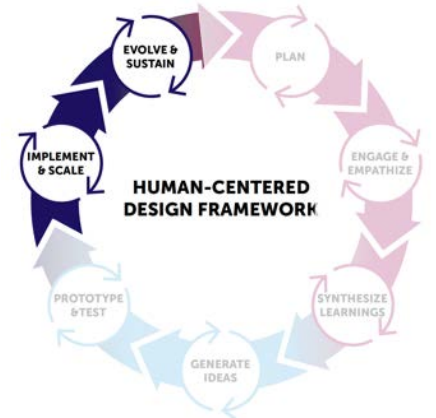
Implementation Phase: Methods



- Live prototyping
 - Sign up form
 - Online story submissions
 - Web app version
- Short pilot tests
- Beta app launch
- In-app experiments & iteration

Image Source: MyHealthEd, Real Talk

Final Concept – Real Talk



A mobile app using storytelling and technology to improve teen mental, emotional, and behavioral health.

Provides a safe space for youth to share their stories and access relevant, accurate resources to support their health and well-being.



Preparing for Rigorous Evaluation

Beginning to Track our Data

- Assess user satisfaction with the intervention
- Understand whether the intervention is useful/fills a need among end users
- Measure impact (effectiveness) of the intervention
- Potentially position the intervention for scaling via inclusion on lists of evidence-based programs

Data Carousel

Imagine that you were working with us on Real Talk shortly after our MVP launch. Listed on flip charts around the room are the categories/types of data that we decided to begin collecting after launch.

We will split you into small groups. As we tell you to, move around the room.

At each flip chart, consider **what are some specific questions within that category/type that you think Real Talk would have wanted to have data for?**

List your questions on each of the flipcharts.

Real Talk Data Collection Questions

Let's explore three of these categories/types and see what data Real Talk actually collected.

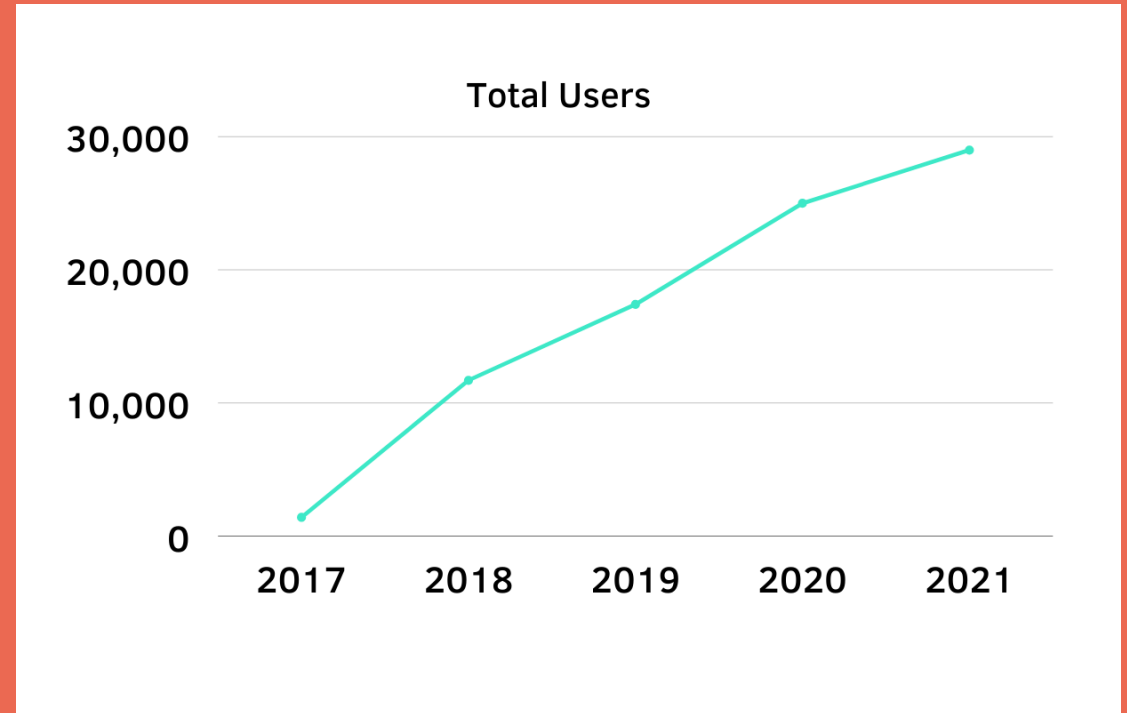
- Population
- Content and resources
- Impact

Can we reach our priority population?

Conducted marketing experiments to test messaging, content, and channels for dissemination

Key User Demographics:

- 84% identify as female, non-binary, or some other gender
- 60% identify as BIPOC
- 46% identify as LGBTQ+



Are we providing high quality content?

Conducted health education standards alignment with Real Talk content

Key Findings:

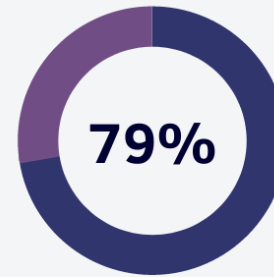
- Provides developmentally appropriate content that aligns with CDC health education recommendations.
- Fills important content gaps that youth may not be exposed to in traditional health education programming.

73%

of all Real Talk stories reviewed aligned to at least one knowledge standard

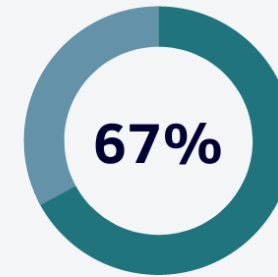
Percentage of Knowledge Standards with Aligned Real Talk Stories

Overall



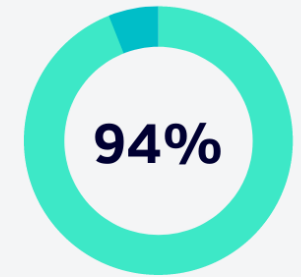
of all knowledge standards had at least 1 aligned story

Sexual Health



of SH knowledge standards had at least 1 aligned story

Mental Health



of MH knowledge standards had at least 1 aligned story

64%

of all knowledge standards with aligned Real Talk stories had 5 or more aligned stories per standard

Are we building evidence of impact?

Gathered preliminary data on engagement and impact through in-app surveys and in-person pilot testing

Summary of results:

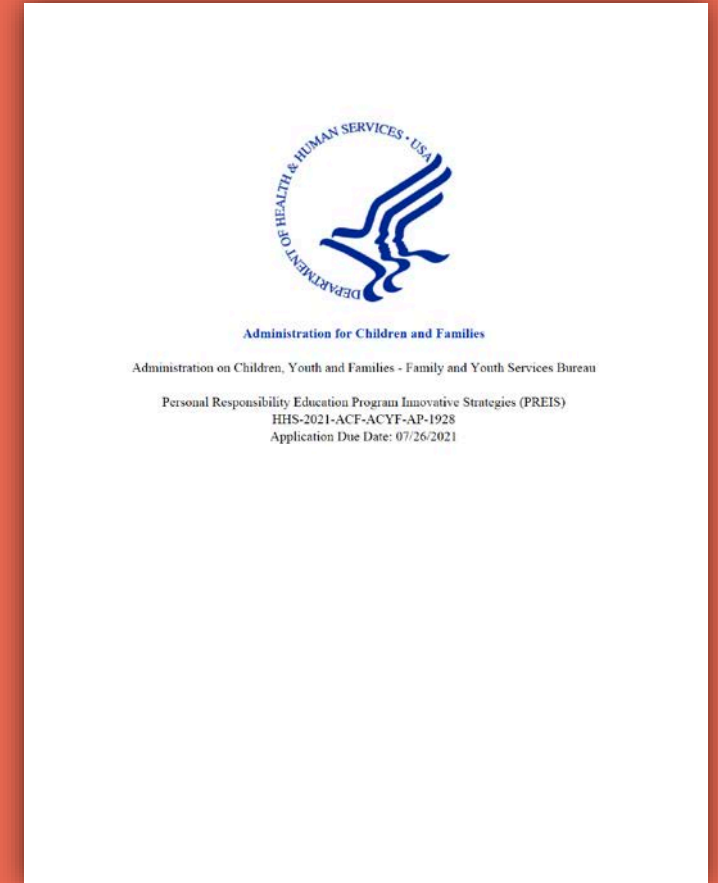
- Real Talk improves socio-emotional competencies, knowledge, skills, and other positive health behaviors.

<input checked="" type="checkbox"/> Helpfulness	92% found Real Talk helpful
<input checked="" type="checkbox"/> Knowledge	73% learned something new
<input checked="" type="checkbox"/> Communication	30% talked with others about health topics
<input checked="" type="checkbox"/> Connectedness	21% increase in feeling understood by others
<input checked="" type="checkbox"/> Self-Esteem	6% increase in feeling good about themselves

@realtalkapp

How This Data Prepared Real Talk for an RCT

- PREIS programs strategies must be innovative - “innovations are new products, programs, ideas or practices that are implemented, adopted or disseminated within groups, organizations or networks.”
- Proposed interventions must have:
 - relevant evaluation findings
 - promising evidence of effectiveness
 - Demonstrate significant quantitative outcomes related to attitudes, intentions, or behaviors
 - not been previously rigorously evaluated.



Pair-Share

Turn to a partner:

Thinking about your own reproductive health work/MVPs, what metrics or pieces of data would you want to collect to build a foundation for rigorous evaluation?





Reflection



What is one thing you are **thinking** about innovation/HCD?



What is one thing you are **feeling** about HCD?



What is one thing you will **do** after this session ends?

Tools and Resources for Innovation

- IDEO: www.ideo.org
- IDEO Design Kit: <http://www.designkit.org/resources/1>
- IDEO U: <https://www.ideou.com/pages/design-thinking-resources>
- IDEO Creative Confidence Podcast
- Stanford d. School: <https://dschool.stanford.edu/>



HUMAN-CENTERED DESIGN IN REPRODUCTIVE HEALTH

CATALYZING INNOVATION IN REPRODUCTIVE AND SEXUAL HEALTH

Power to Decide catalyzes innovation in reproductive and sexual health by using human-centered design (HCD), also known as design thinking, to find creative solutions to challenges and pain points in the field.

HCD is a powerful framework for finding user-driven solutions that can have deep impact on target audiences and in the field. HCD enables us to gain radical empathy for end-users through observations and interviews and to synthesize those learnings into insights that inform the design of a product, program, or service. It also requires us to be flexible, confronting, and dismantling assumptions based on what we learn throughout the process.



Foundations of Human Centered Design for Reproductive Health

11 modules

[Resume course →](#)

Overview

This introductory training will provide an overview of human centered design, with a specific focus on how it has been used to develop interventions to support reproductive health. The training includes information about the design thinking process, tools and strategies that are used in design thinking, and real stories of how this has been used in the field.

What you will learn

At the end of this training, participants will be able to:

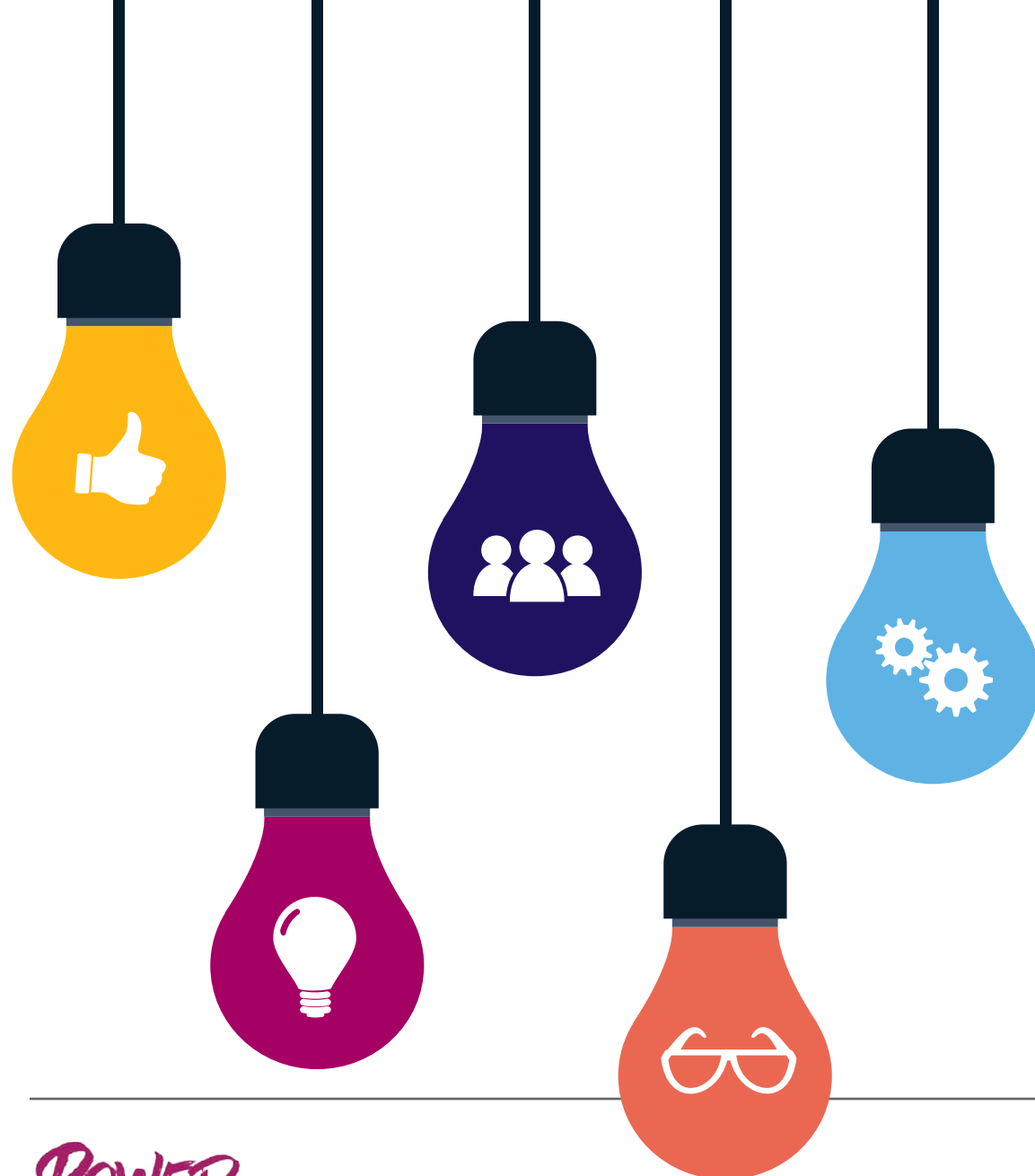
- Define human-centered design;
- Identify the steps involved in the human centered design process;
- List up to three tools that can be helpful in implementing human centered design approaches; and
- Describe how human centered design has been used in reproductive health.

Course content

1	Course Overview	100%
2	Human Centered Design	100%
3	Design Thinking Process for Reproductive Health	75%
4	Phase 1: Plan	100%
5	Phase 2: Engage and Empathize	20%

References:

- IDEO. *Mindsets*. Design Kit. Retrieved May 25, 2022, from <https://www.designkit.org/mindsets>.
- IDEO. *Design Thinking Defined*. Retrieved May 25, 2022, from <https://designthinking.ideo.com/>.
- Webne-Behrman, H. (2022, February 1). *Integrating 'Agile' Approaches into 'Waterfall' Cultures*. Innovation Training. Retrieved May 25, 2022, from <https://www.innovationtraining.org/integrating-agile-approaches-into-waterfall-cultures/>



Thank You!!

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What Did You Think?

Please remember to fill out this session's survey!

1. Go to the Schedule
2. Find & open this session.
3. Scroll down.
4. Select *Session Survey*.
5. Complete & submit!

