



Using Human-Centered Design to Better Understand Adolescent and Community Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF ADOLESCENT HEALTH

<https://www.hhs.gov/ash/oah/>

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Reflections from a Workshop Series

Addressing problems in the public sector often begins and ends with a set of formal research practices, including literature reviews, expert panels, and evaluations. While these practices have led to important policy innovations, they solve problems for, rather than with, people. Additionally, these approaches often ignore stakeholder voices and lived experiences, resulting in solutions that may not fully align with community needs. **Human-centered design** (HCD) is a framework for understanding problems and imagining possible solutions that involves, at every step, the perspectives of the people closest to the issue.

In 2018, the Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Health, engaged a group of youth-serving professionals, adolescent health practitioners, and community health leaders in a HCD process. Adolescent health is often addressed in a fragmented way, through programs designed to address specific health conditions or behaviors. Recognizing the interconnectedness of health issues and the social determinants of health, and wishing to include the voices of youth and professionals, OAH sought to explore new, integrated approaches to adolescent and community health through a series of three, two-day HCD workshops.

The human-centered approach has taken root throughout federal government. **The Lab** at the Office of Personnel Management, serves as a center for HCD excellence, and partners with federal employees and agencies to bring this approach to their work. They have worked on projects across federal agencies, helping to – among other projects - revamp [USAJOBS.gov](https://www.usajobs.gov). Within HHS, the **IDEA Lab** helps encourage and enable innovation. Both the OPM Lab and HHS IDEA Lab partnered with OAH to develop and co-facilitate the workshops.

This brief shares the HCD process, discusses how HCD thinking was applied to adolescent health, and reviews insights and lessons learned from the process. Ultimately, the goal is to inspire and equip those inside and outside of government to utilize HCD.

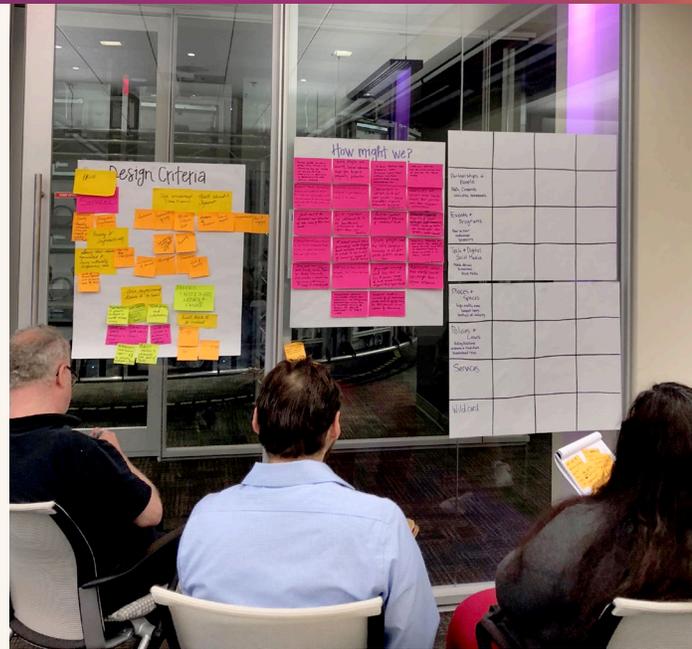
“It’s important to continually invite grassroots people and organizations—and in this case, actual youth—to be part of the process of solving problems.”

- WORKSHOP PARTICIPANT



What is HCD?

Whether enhancing a program or developing possible meaningful solutions to any complicated or multifaceted problem, HCD provides a framework that involves end-user perspectives (e.g. youth, clients, residents, communities) at all stages. While not necessarily a linear process, it has several stages.



UNDERSTAND CONTEXT

HCD starts with gaining a deep understanding of people and their needs, which design thinkers call “gaining empathy.” This process is derived from social science research methods such as interviewing and observation as well as direct participation by community members.

DEFINE THE PROBLEM

After conducting research, listening to the voices of end-users, and synthesizing that understanding, design thinkers define the problem.

IDEATE AND PROTOTYPE

The problem definition is used as a jumping off point for generating and rapidly testing ideas. Iterative changes are made as feedback is gathered and synthesized. The problem definition may also change in this process.

Each stage involves community perspectives and can include people inside and outside of the team. In co-design, end-users actively join in defining the problem, generating ideas, testing possible solutions, and refining the problem definition.

Why Did OAH Choose This Approach?

In the past, OAH convened experts and researchers for dialogue at expert panel meetings and conferences. These sessions provided useful information on specific topics. This time, to explore the use of HCD internally and as part of its ongoing youth engagement work, OAH conducted a series of HCD workshops. The workshops were an opportunity to expand the definition of experts, learn alongside youth and youth-serving professionals, better understand adolescent and community health issues, and unlock creative and unexpected ideas.

OAH previously utilized HCD through youth listening sessions conducted with grantees across the country and through the Teen Pregnancy Prevention Early Innovation Program. OAH also worked to engage stakeholders in the development and implementation of **Adolescent Health: Think, Act, Grow®**(TAG), a national call to action. These efforts yielded rich conversations with end-users and helped shape programs and policies.

OAH's HCD Workshops

Planning the Workshops

To help plan the workshops, OAH engaged a HCD facilitation firm. Additionally, OAH drew on federal HCD resources from both the Lab at OPM and HHS' IDEA Lab. Together, this team collaboratively adapted the HCD process to fit OAH's needs and constraints.

The HCD process can be time-intensive. OAH and its partners fit the process into a series of three, two-day workshops – with time spent engaging stakeholders between each session. OAH assembled a diverse group of adolescent and community health leaders drawn from OAH, outside organizations, and other federal agencies, which was capped at fifteen to allow for a deeper dive.

"It seems that there is a disconnect between adolescents and access to health services."

- HYPOTHESIS FROM THE ACCESS GROUP

and the interplay between health and juvenile justice systems. Splitting into smaller teams, these mini-groups determined hypotheses and mapped stakeholders, using thought and speech bubbles to consider their perspectives. They then crafted hypotheses to direct the questions they'd like to explore and context they'd like to understand.

For this series, the group leaned on interviews—a cornerstone of design research. The group practiced writing and asking open-ended questions and considered ways to reduce interviewer bias. The groups then wrote research plans, using their stakeholder maps to identify interviewees and questions they'd pose.

Defining Problems and Opportunities

Participants conducted interviews between the first and second workshops, with coaching support from OAH and its partners. At the second workshop, the group debriefed and synthesized what was heard. Using the **"Say, Think, Feel, Do" method**, participants combed through their interview notes to pull out quotes and observations that stood out and spoke to deeper needs and motivations. Participants clustered these to identify patterns, themes, and surprises. Overall, the group was struck by how eager youth and youth-serving professionals were to share their experiences.

Understanding Context

Workshop participants began by sharing their own experience as adolescents. Participants then went through a quick rundown of the entire HCD process, using a **Gift-Giving exercise developed by Stanford's d.school**. With a shared understanding of steps involved, the group could focus on adolescent and community health.

Next, the group explored facts, assumptions, and biases within adolescent health topics. This led to identifying a few areas of focus for the research phase (understanding context): access to health services, community violence and trauma,

The teams spent time turning the groups of quotes and observations into “insight statements,” such as:

- Mental health services often fail to adequately address young people’s needs, focusing too much on prescriptions and medication without providing holistic mental health services.
- A sense of urgency is needed for youth to seek help for health, but urgency is relative compared to what else is going on around an adolescent’s personal life or community.
- Youth and their support networks want young people to have positive coping mechanisms, but exposure to violence leads to feelings of powerlessness and an unsafe environment.

Teams translated these problem-focused insight statements into **“How Might We?” or opportunity statements**. For example, one team asked, “how might we ensure that adolescents encounter healthcare professionals that reflect their own identities?”

Teams used a matrix to generate ideas and possible solutions, and prioritized the ideas based on those with the greatest potential impact. Teams made iterative changes by spending time visually fleshing out the “top” ideas, with input from each other and OAH staff. Then they prepared to bring these ideas to youth and other youth-serving professionals for feedback before the third workshop.

Prototyping Possible Solutions and Gathering Feedback

At the third and final workshop, participants returned to their insight statements to see what (if anything) had shifted in their understanding of the context. The teams worked to make physical models of their ideas through a quick prototyping process, even acting out parts of their ideas. In a half-day session with youth from Washington, D.C., Baltimore, and New York City, teams presented their prototypes and youth offered their feedback. Using a quick sketching method, youth also presented ideas of their own.

Teams then hung their work products up for a gallery walk, where they silently reviewed and responded to the work of other groups. Teams used these responses to further rework and present their prototypes and chart implementation steps. The series wrapped up with a reflection on what the group learned and how participants might bring HCD back to their organizations.



Promising Ideas

INCENTIVIZING HEALTHCARE FOR YOUTH

Incentivize youth with gift cards, free transportation, or other prizes from popular vendors to visit their healthcare provider to encourage access and remove barriers.

YOUTH-POWERED HEALTH

Involve youth in every aspect of their health and the healthcare system that affects them, including hiring youth as frontline staff and involving them in decision-making.

Looking Back and Moving Forward

OAH LEARNED SEVERAL LESSONS FROM THE WORKSHOPS:

- It's never too early to involve end-users – in this case, youth. Having youth involved to consider ideas and generate new ones was meaningful and invigorating. The group felt they could have engaged youth earlier in more formally defining the problems and driving the design research process.
- A good facilitator is essential. The facilitator can artfully help the group reach agreed-upon objectives in a manner that encourages participation, ownership, and productivity from all involved.
- Overinvest in design research. The quality of the ideas that will be generated and the group's sense of the problem(s) depends on how well they understand the context.
- Select participants with a diversity of perspective and experience. It is important to have participants who work directly with different types of youth, as well as those who work at a systems level in government and community organizations.
- Set (and repeat) time expectations. Human-centered design - especially gaining a deep understanding of context - takes time.
- Working together - even over a few days - builds relationships that can last. Not only did participants walk away with new ideas and a better sense of HCD, but many have continued to collaborate with other participants.

THE NEXT STEPS FOR OAH ARE TO:

- Become a thought and action partner for other federal agencies looking to explore HCD approaches.
- Present its findings to internal and external stakeholders.
- Enhance its initiatives based on what was learned.
- Align partnerships with themes and ideas generated.
- Commit to engaging youth and youth-serving professionals.

Additional Information about HCD

Resources for bringing HCD to your agency or organization

At HHS, **the IDEA Lab** offers technical assistance and training opportunities. For federal agencies or offices, **the LAB at OPM** offers both technical assistance and training. For anyone, 18f, a digital agency within the General Services Administration, provides a set of **HCD method cards**. For those looking to improve a governmental service, or any program, New York City's **Service Design Studio offers this toolkit**.

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