Designing for Behavior Change: A Human-Centered Approach to Research and Intervention

American Heart Association Health Care by Food



Designing for Behavior Change: A Human-Centered Approach to Research









Foundations of Human-Centered Design and Behavior Change

Understand the principles of HCD and systems design, apply the COM-B model, and differentiate between systemic and individual interventions.

Mapping the Journey: A Human-Centered Approach to "Food is Medicine"

Apply journey mapping to reframe "Food is Medicine," focusing on user experiences and integrating insights into research.

Designing Targeted Interventions: Combining COM-B and Journey Mapping

Create nuanced behavior change strategies by merging COM-B and journey mapping, refining the "Food is Medicine" journey to enable critical behaviors Personas in Action: Driving Insights for Behavior Change

Develop and apply personas within the COM-B and journey mapping frameworks to generate actionable insights that inform your research strategy.



Disclaimer

Statements, opinions, and study results presented in this presentation may not reflect the policy or science position of the American Heart Association, unless otherwise noted.

American Heart Association Health Care by Food Mapping the Journey: A Human-Centered Approach to "Food is Medicine"

American Heart Association Health Care by Food





Session 2 goal:

Apply journey mapping to reframe "Food is Medicine," focusing on user experiences and integrating insights into research.

Designing for Behavior Change: A Human-Centered Approach to Research and Intervention

Learning Objectives:

- Understand and apply the journey mapping framework, a core human-centered design (HCD) tool, to analyze user experiences.
- 2. Reframe "Food is Medicine" using a human-centered journey, focusing on the user experience and needs.
- 3. Integrate the "Food is Medicine" journey into your research, utilizing insights from the journey mapping process to inform your research strategy, planning and approach.

Food is Medicine



Food and Nutrition Assistance Programs

Examples: SNAP, WIC, child nutrition programs, nutrition programs for seniors, the charitable food system.

Target population: Income-eligible people who may have other qualifying factors such as life stage.

Purpose: Improve food and nutrition security.

Funding: Federal appropriations.

Individuals Eligible for Both

Programs work in tandem to meet each individual's needs. They are independently funded and administered, and they require robust and sustained resources.



Food Is Medicine as a Health Care Intervention

Examples: Medically tailored meals, medically tailored groceries, produce prescriptions.

Target population: Patients with specified clinical conditions.

Purpose: Improve patient health and nutrition security.

Funding: Public and private health insurance.



Population-Level Healthy Food Policies and Initiatives

Examples: Dietary Guidelines for Americans, sodium reduction, nutrition labeling on menus, healthy restaurant meals, SNAP-Ed.

Target population: Everyone.

Purpose: Improve public health.

Funding: Varies depending on the policy or initiative.



Journey Map

A representation of the **individual's end-to-end experience**, highlighting their goals, actions, emotions, and interactions.

Journey maps are an essential tool for ensuring that solutions are grounded in real user needs and experiences, enabling more empathetic, effective, and human-centered intervention and study designs.

Health care journey



Clinician Interaction



Prescription by provider



Prescription Filled



Pharmacy **Prepares**



Purchase



Acquisition



Consumption



Health Outcomes

The Last Mile: From bottle to mouth

Food journey



Food & meal planning



Food selection



Purchase



Acquisition





Preparation | Consumption

Food journey



Clinician Interaction



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Purchase



Acquisition



Consumption



Health Outcomes



Food & meal planning



Food selection





Preparation Consumption

Health Care x Food journey



Clinician Interaction



Prescription by provider



Food & meal planning



Food selection





Purchase



Acquisition



Preparation



Consumption



Health Outcomes

The Last Mile: From fridge to mouth

The journey as an anchor



Clinician Interaction



Prescription by provider



Food & meal planning



Food selection



Purchase



Acquisition



Preparation



on Consumption



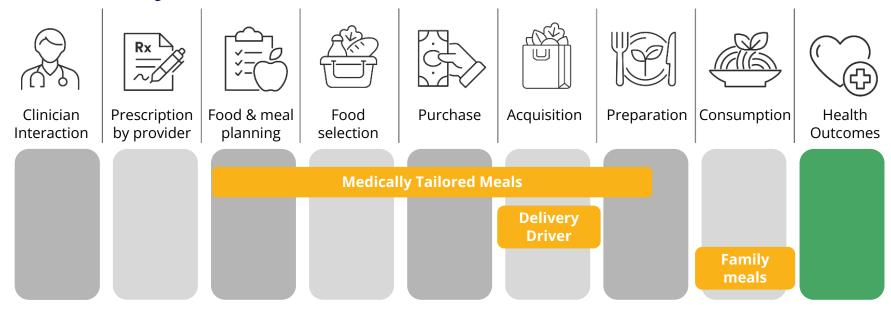
Health Outcomes

Every stage of the journey is **critical** and **contingent** on the one before it.

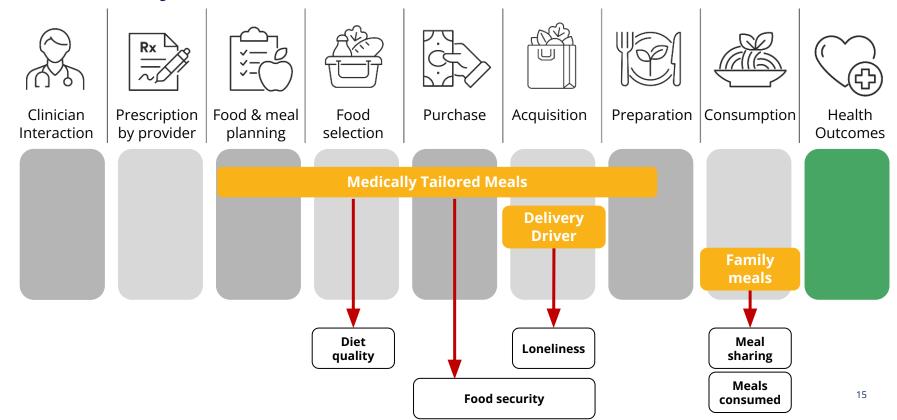
We must consider how **our research** advances our understanding across the journey.



Examples from the early studies

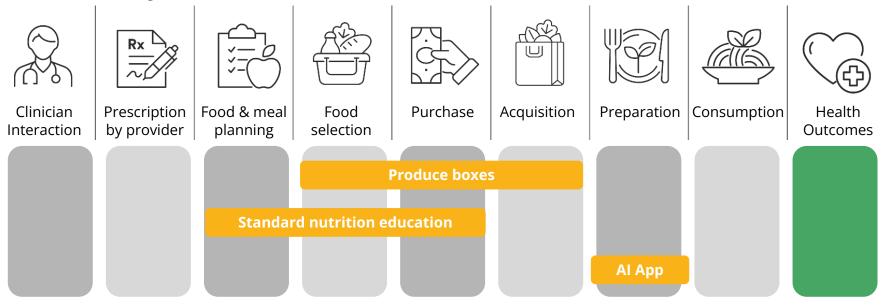


Examples from the early studies

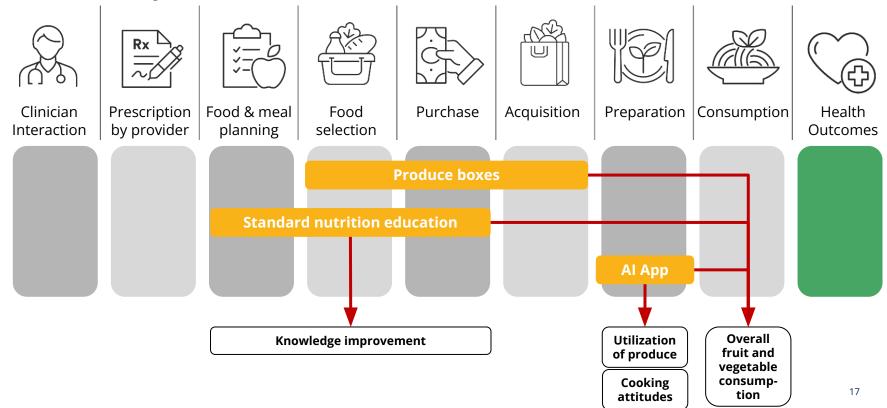




Examples from the early studies



Examples from the early studies



Exercise



Clinician Interaction



Prescription by provider



Food & meal planning



Food selection



Purchase



Acquisition



Preparation



on Consumption

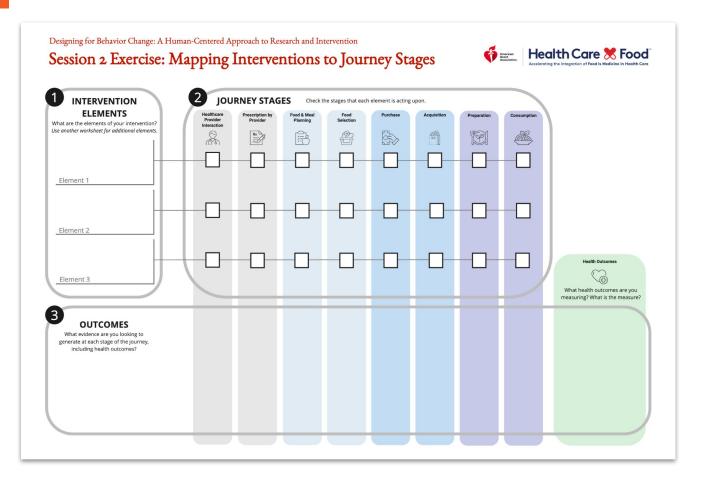


Health Outcomes

In your study teams, identify which stages of the Food is Medicine journey each element of your intervention acts upon.

Also, indicate how you are thinking about outcomes.

Session 2 Exercise



The pictured worksheet is available for download.

We encourage teams to complete this collaboratively.



Insights

INTERVENTION SPECIFICATION

- Support elements (e.g., education, counseling) are often too broadly defined
- Useful specifications include
 - Goal
 - Implementation
 - Integration

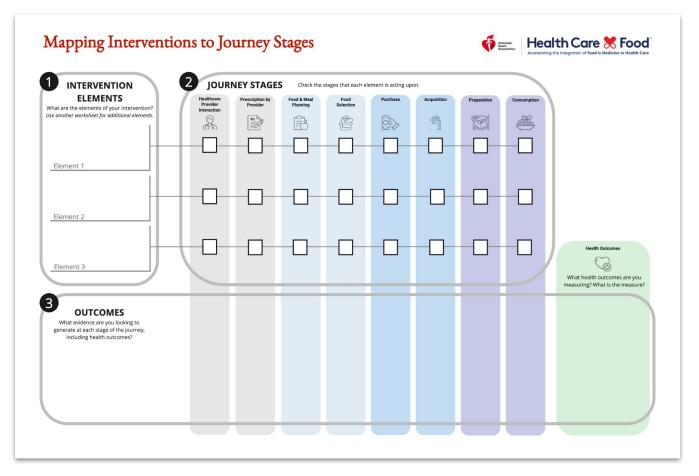
JOURNEY GAPS

- Limited focus on health care provider interactions
- Measuring consumption relies on proxy measures

HUMAN CONTEXT

- Preparation and Consumption stages are often overlooked
- In-home context and lived experience are underexplored

Session 2 Exercise



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Human-Centered Design Task Force



Stacey Chang is a designer of new creative solutions to age-old dilemmas in health. He focuses on building complex adaptive systems that can respond to the dynamic challenge of producing health in human society, and currently advises a broad array of efforts seeking to build more sustainable, equitable, and effective models. Prior to founding New Origin

Studio, Stacey served as the Founding and Executive Director of the Design Institute for Health at the University of Texas at Austin. The Design Institute was a first-of-its-kind institution, dedicated to creating systemic human-centered solutions in clinical and community contexts.

Embedded as an integrated part of an operating health system and a medical education and training program, the Institute considered topics as broad as the design of products and services, the built environment, integration of social and medical interventions, the structure and strategy of national health systems, and new models for societal health at a global scale.

Before his academic tenure, Stacey served as the Managing Director of the Healthcare practice at IDEO, the global design and innovation firm. Clients included governments, research institutions, hospitals, pharma, insurance, medtech, and all the upstarts trying to rewrite the script, in both established and emerging markets.

Stacey presents frequently and is widely published, including in the New England Journal of Medicine, NEJM Catalyst, Harvard Business Review, and Politico. He has served as a TEDMED Editorial Advisory Board member, a Thought Leader for NEJM Catalyst, an Eisenhower Fellow, and an advisor to the Global Delivery arm of the Bill and Melinda Gates Foundation. He holds degrees in engineering from MIT and Stanford.



Natalie Privett PhD leans into messy challenges and complex systems. She leverages deep expertise in systems theory, design, and health systems to reframe tenacious problems and design transformational action to advance health. Across her professional roles, Natalie has advanced systemic opportunities at every

level of health and care while also training future health systems change agents, from physicians to policy makers to designers.

Before joining New Origin Studio, Natalie was Director of Systems Design at the Design Institute for Health at the Dell Medical School at the University of Texas at Austin, a first-of-its kind academic institution dedicated to developing and applying creative design approaches to solving complex large-scale health system challenges. Concurrently, she also launched and taught in the Masters of Arts in Design in Health. Prior to University of Texas, Natalie served as Lead System Design Engineer and Assistant Professor of Health Systems Design & Global Health at the Mount Sinai Health System and Icahn School of Medicine at Mount Sinai in New York City. She was also previously Assistant Professor at New York University's Wagner Graduate School of Public Service.

Natalie has a MS and PhD in Management Science & Engineering from Stanford University and a BS in Industrial Engineering from Texas A&M University. She was a Global Health Research Fellow at the MIT-Zaragoza Logistics Center.

