

Final Report

NM Act Early Statewide Team

3/14/2018 • Prepared by T.J. Cook, Facilitator

HOW MIGHT WE AS A COMMUNITY OF PARENTS, FAMILY, NEIGHBORS, AND SERVICE PROVIDERS BETTER MONITOR OUR CHILDREN'S DEVELOPMENT SO THAT EARLY, REGULAR SCREENING LEADS TO BETTER SERVICE REFERRALS AND THUS BETTER LONG-TERM OUTCOMES?

What did we do?

Five 3-hour sessions every three months between September 2016 and February 2018

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Activity	Count
Planning Sessions	8
On-site meetings	6
Meals Shared	100+

Planning Sessions

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On-site meetings

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Meals Shared

[For photos taken throughout the process, click here.](#)

What did we do?

Facilitated six 3-hour sessions every three months, December 2016 to February 2018



What did we do?

Provided a hands-on introduction to Human-Centered Design in the context of the group's mission.

Human-Centered Design

Process



What did we do?

Created prototypes for real solutions to problems identified throughout the process

Culturally-relevant, positively-oriented ways to engage/ inform about existing services and resources.



**A better way to
reach/engage
parents and
community
members**



**A better way to
improve service
provider
campaigns**



**A better way to
build awareness/
connections
among service
providers about
resources**

MEETING SUMMARIES

Planning – September to December 2016

Our facilitator, T.J. Cook, Nancy Lewis, and Michael Weinberg set the stage

Prior to the first meeting facilitated in the spirit of Human-Centered Design, T.J. Cook met with Nancy Lewis and Michael Weinberg to discuss goals for the engagement and how best to infuse design thinking in the meeting format. T.J. also spoke with 5 members of the team who made themselves available by phone, and received email replies to the same questions from 5 others.

All indicated positive trust in the motives of everyone else on the team as being passionate for improving the lives of children and their families in NM.

Many talked about specific initiatives already underway that they see making progress toward the problem of parent engagement in monitoring.

Many shared strong views about the need to approach the problem of “parent engagement” in a fundamentally more inclusive way.

Meeting 1 - December 14, 2016

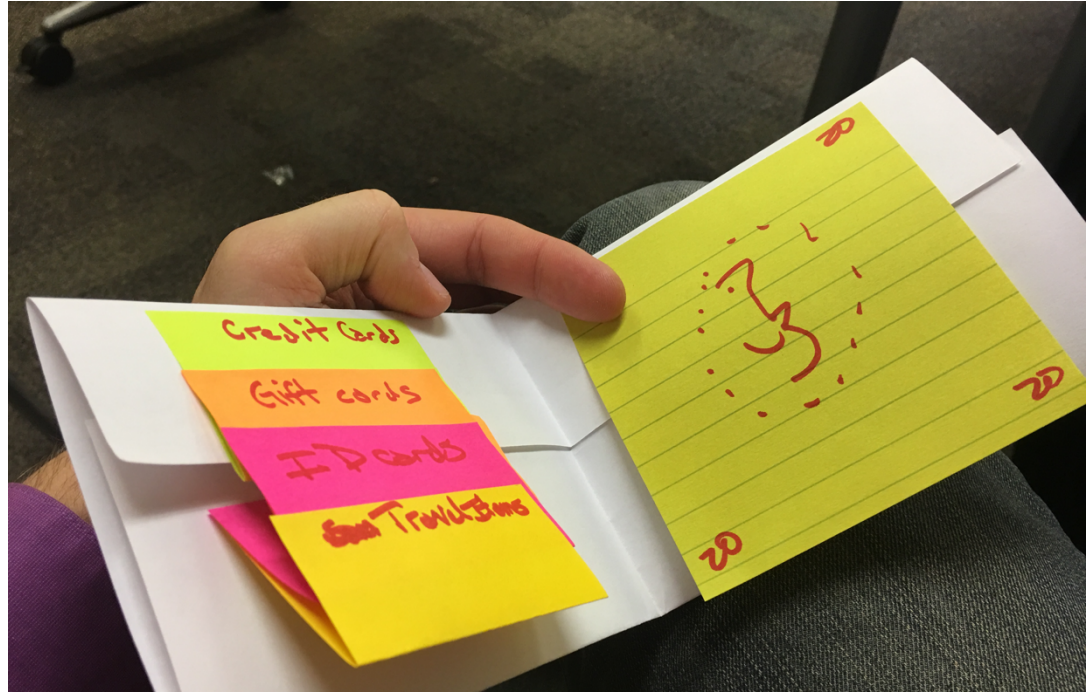
Exploring the problem statement and taking a crash course in Human-Centered Design

We unveiled and iterated the problem statement through discussion as a group:

How might we as a community of parents, family, neighbors, and service providers better monitor our children's development so that early, regular screening leads to better service referrals and thus better long-term outcomes?

We also went hands-on with human-centered design by redesigning our partners' wallets, starting with empathy and using real materials to build and test prototypes.

[Full meeting notes here.](#)



Meeting 2 – March 8, 2017

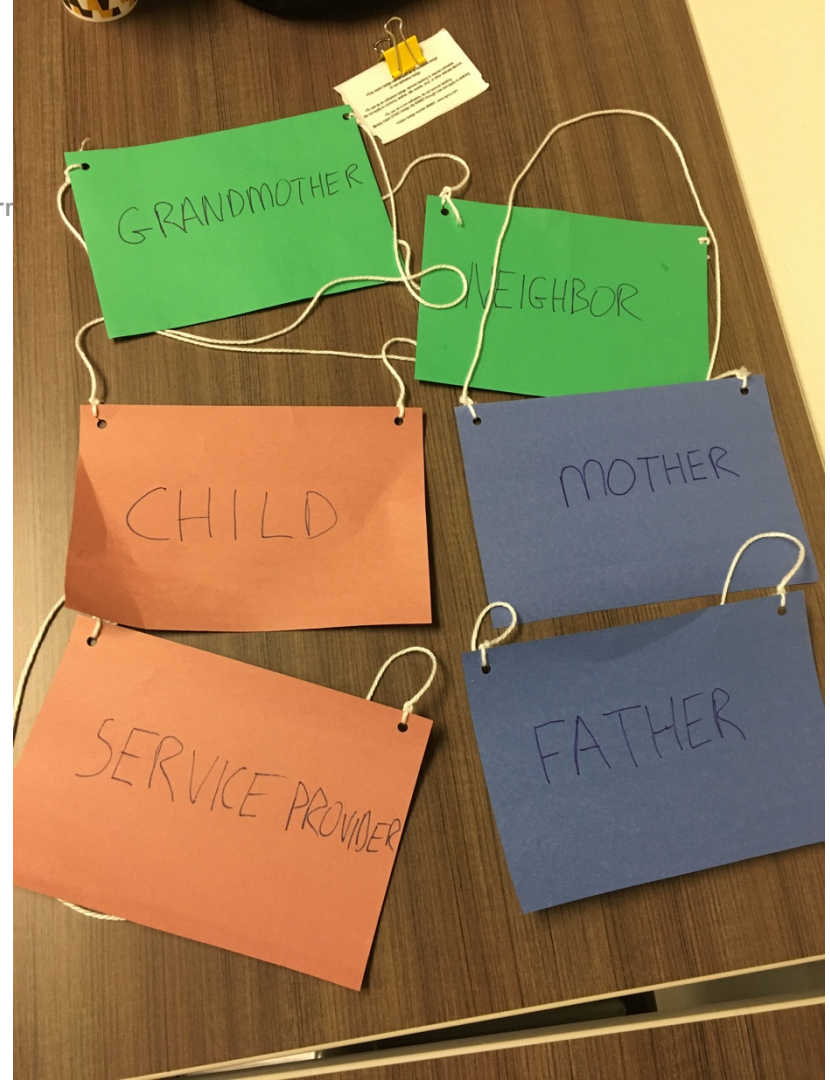
Exploring the Problem Statement, Fishbowl Exercise, and Activity Brainstorm

We discussed times **we** have been engaged deeply on an issue as a way to pave the way for brainstorming ways we might brainstorm engagement around our problem statement.

We role-played common roles and how they felt about the issues facing children in their lives and how they experienced providers.

Finally, we debriefed all this in the form of a brainstorm where we asked, “Based on what we know leads to real engagement, and what came out in the fishbowl, what activities might we use to empathize directly with stakeholders of our problem statement?”

[Full meeting notes here.](#)



Meeting 3 – June 14, 2017

Exploring the Problem Statement, Fishbowl Exercise, and Activity Brainstorm

Meeting 3 did not go as planned. We had a lower number of attendees, and faced obstacles in thinking about how to practically organize into teams to conduct field work to gather empathy around the problem statement.

We regrouped with the video linked on the right, which was an 18-minute review of what we had done to date and how we wanted to collect empathy. It provided new energy going into Meeting #4 where we would attempt to bring stories of empathy into the room.

[Watch the video here.](#)



Meeting 4 – September 13, 2017

Connecting to Empathy, Creating Prototypes

In meeting we broke into small groups to discuss the stories we were able to collect through interviews, observation, or scenarios. Many shared personal stories and stories of friends and family.

From these stories we gathered a list of ideas around which we could prototype solutions. Between the 4th and 5th meeting, a sub-group met to refine the list of ideas into 3 categories, and 1 category was selected for the group to work on based on feasibility and impact given the group's time constraints.

[Full meeting notes here.](#)

Act Early Statewide Team IDEAS

Created in a one hour ideation session in three groups of 5-6 people each.

Group 1

1. **Health Literacy.** How do we teach various ideas? Where in the process for providers do we teach about health literacy? If you're taking child dev courses where in there is it beyond washing hands/brushing teeth, but also to help parents be better advocates for their children.
2. **Incentivize Screening from providers.** Pay better reimbursement rates for screening so that they're motivated to ensure families are getting screened.
3. **Collect Data to identify gaps.** To know where screening is not happening as much so we can target communities or kinds of providers.
4. **App for Parents.** Empower parents to keep track of checkups, screenings, etc — THEY OWN IT and feel possession with it.
5. **Public Health Campaign around screening.** Normalize it, make it universal. "NM True for developmental screening." Standardize developmental screening. i.e. SWIC, publicly available.

Group 2

1. **One-stop-shop clinic.** Get well, get WIC, get a lot of services. Some areas are working towards this but mostly in the bigger cities—what about Española?
2. **311 for Parents.** They can call and get what they need, it's safe, it's a warm fuzzy feeling, you can ask about anything
 1. cf. NM Kids Resource and Referral
3. **Positive Approach Manifesto.** Program out of UNM through parents reaching out doing home visits with providers. Can we do it statewide where doctors can work 1on1 with families in their natural environment? Gain empathy.

Meeting 5 – December 13, 2017

Connecting to Empathy, Creating Prototypes

We took the idea of a Campaign chosen from the list of ideas from the previous meeting and broke into three groups to try to build prototypes. One group storyboarded a video concept that would improve providers' outreach efforts. Another acted out a scenario in which diverse people came to a community event to connect with providers. A third group imagined a campaign around #maketheconnectionNM whereby anyone anywhere would have one place to go to get connected to the right early childhood development resource.

The prototypes were captured on video and [can be seen here](#).

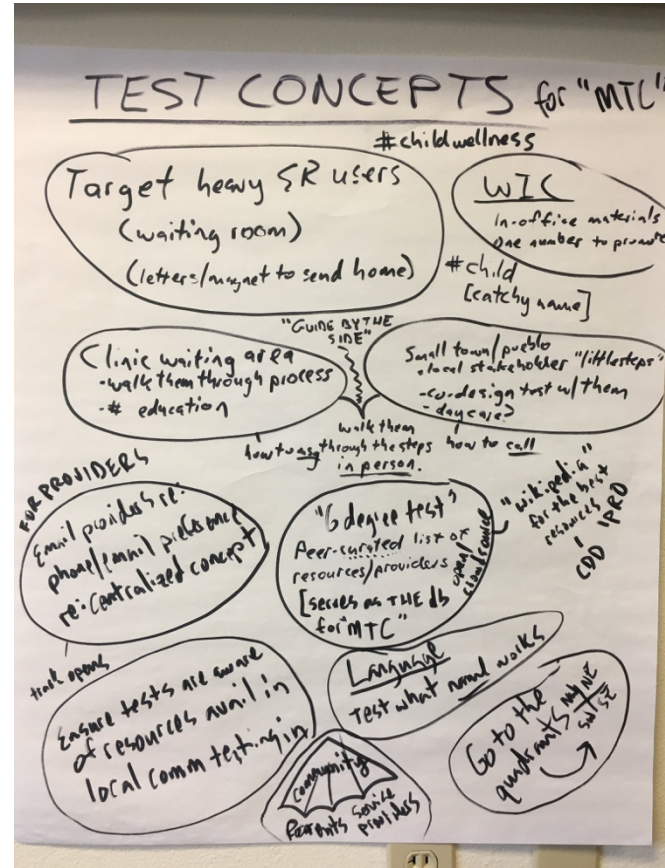


Meeting 6 – February 14, 2018

Connecting to Empathy, Creating Prototypes

In our last meeting we reviewed the prototypes, brainstormed ways we could test them with real people in a limited fashion, and then enlisted those interested in being part of continuing the work.

[The full list of testing ideas and other notes from the meeting can be found here.](#)



What did we accomplish?

Over 30 people educated about human-centered design and its usefulness for eliciting collaboration and new solutions for early childhood development.

Before the process, 30% reported familiarity with human-centered design. Afterwards, 90% reported familiarity.

6/9 survey respondents reported plans to use the tools introduced throughout the process in their work.

Three prototypes were developed that hold new promise for solutions to the problem statement.

(Note: Statistics derived from a survey of 9 participants present at the final meeting)

What did we learn?

1. Human-Centered Design is best done with a core team who has the capacity and resources to truly immerse in the process. Our format of 3-hour meetings in an office setting spread out over three months was nearly antithetical to a true HCD process.
2. Consistency in participants is key. We spent a lot of time reviewing previous meetings not only because of time between them but because different organizations were often represented by different people across meetings. This change made it difficult to achieve continuity of momentum.
3. Human-Centered Design is a powerful tool in increasing collaboration and eliciting new ideas. With a strong problem statement, great ideas can be generated, prototyped, and tested in a short amount of time at relatively low expense in order to effective positive, potentially high-impact, change.

What's next?

Many people raised their hand to carry the baton of this group's labors into its next phase of testing and validation. NM Pediatrics Society has volunteered to play a lead role organizing this group's actions and pursuing financing to enable them to get to a level of validation for one of the strong prototyping concepts the Act Early group developed.

We strongly encourage this work to continue, not only for the advancement of the specific prototype that merits testing, but for the quality and caliber of interactions that the process enabled between various stakeholders in New Mexico's early childhood development ecosystem.



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