

A PERINATAL CARE CASE STUDY

# Co-Designing with Community Members

A guidebook to help your organization and team meaningfully listen to community members when creating solutions, services, or products.

The case study focuses on a project to address the disparity in perinatal health outcomes specifically for Black and African American women in the Paterson community.

*Download the materials used in the workshops  
at [theinlab.org/perinatalworkshops](https://theinlab.org/perinatalworkshops).*



**“We were like family when we were there – we were just sharing.”**

**- Kimberly**  
Participant

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# General Overview

The Center for Innovation (CFI) at St. Joseph's Health (SJH) has partnered with the Health Coalition of Passaic County and The Henry and Marilyn Taub Foundation to **focus on the disparity in perinatal health outcomes specifically for Black and African American women in the Paterson community.**

This project seeks to create a participatory design framework that elevates the narratives and stories of these women to create meaningful and sustainable solutions in the healthcare system.

This document is a guidebook – it offers both a recap and reflection on four workshops that took place between June 7<sup>th</sup> and July 21<sup>st</sup>, 2022. The aim of this guidebook is to compare the theory behind the activities and expectations of the workshops with what actually took place.

This is not a definitive guide; it presents examples of collaborative workshops that put four Patersonian moms at the center to shift power dynamics between patients and healthcare providers.



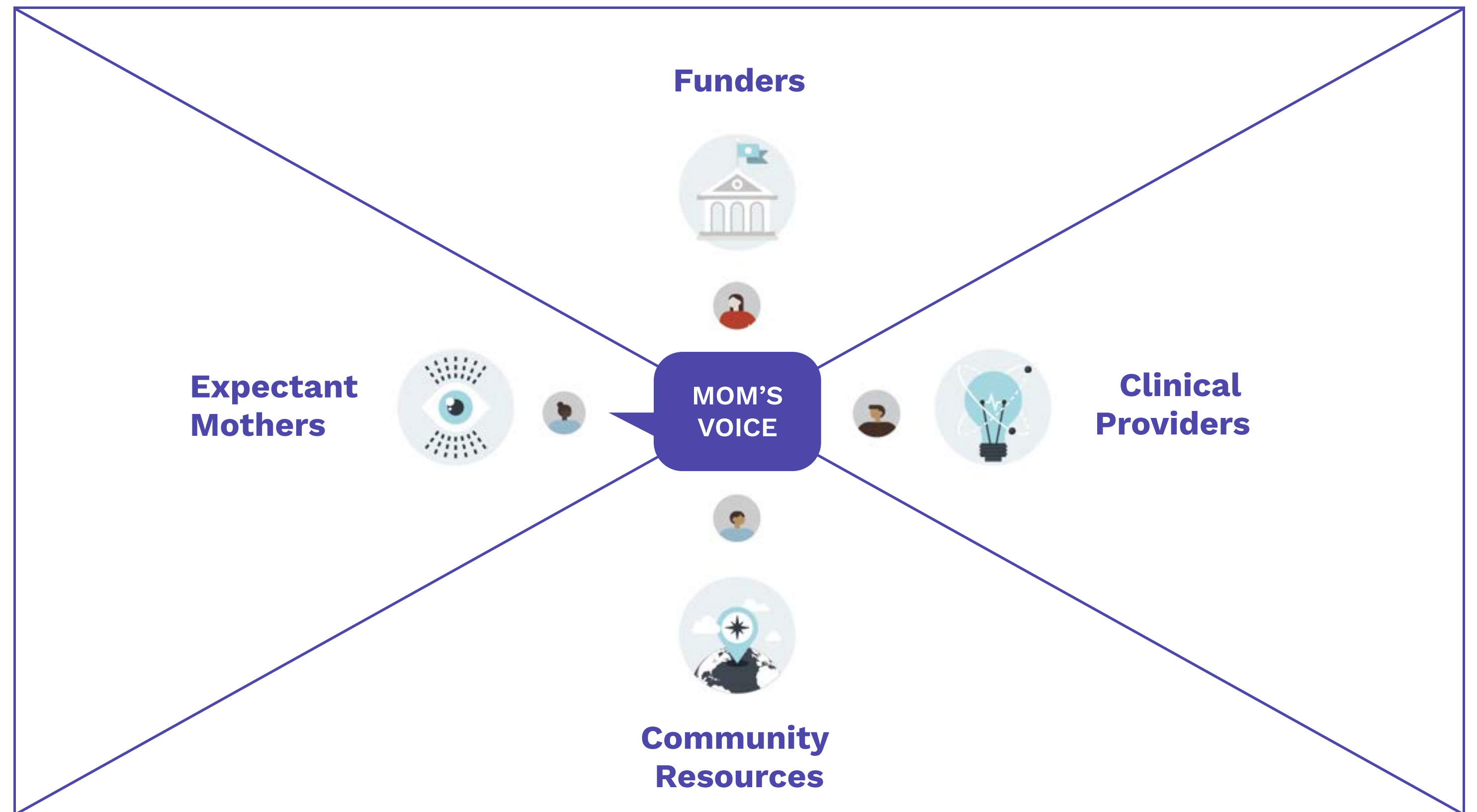
The Center for Innovation at St. Joseph's Health based in Garret Mountain, New Jersey

# Project Background

In 2020, as one part of a multi-pronged approach to improve perinatal health for the Paterson community, the Center for Innovation at St. Joseph's Health received a grant from The Taub Foundation to develop an actionable insights report around perinatal health.

The main insights from the report are the following:

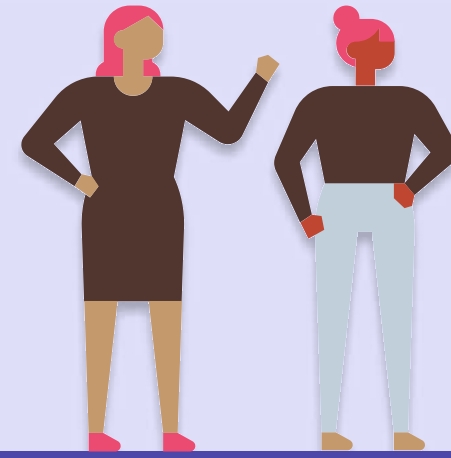
- 1** Moms do not feel seen or heard. They feel they are being seen as a pregnant person of color first, rather than a human.
- 2** Moms don't know what they need to know, until they need to know it, at which point, it's too late.
- 3** Moms have difficulty managing and navigating the existing systems as they carry the full weight of fighting and advocating for their own care.
- 4** Moms have no option but to address immediate basic needs over prioritizing their pregnancy care.



An insight-driven perinatal health ecosystem shows four stakeholders equally represented: moms, clinical providers, community-based organizations, and funders - all united and driven by the mom's voice.

Read the full report here ([Link](#)).

# Bridging the Gap through Human-Centered Design

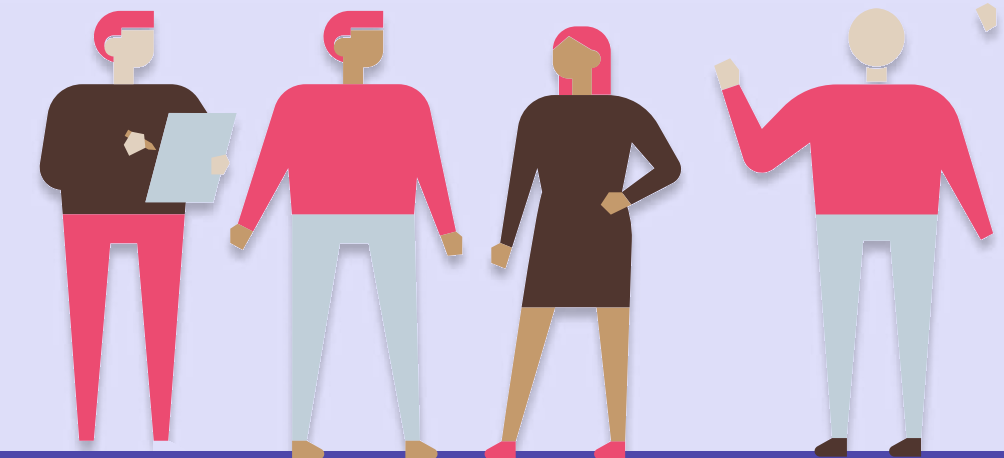


**Expectant Mothers**

## Human-Centered Design

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1. Focuses on people's stories
2. Builds shared empathy and understanding
3. Develops solutions with the community



**Clinical Providers,  
Community Resources,  
& Funders**

# We aim to address and redesign perinatal care at various levels within the healthcare system.

For this first round of co-creation, we focused on the interactions that happen within the clinic, primarily between moms and clinicians.

In future co-creation sessions, we will explore what a reimagined clinic and a perinatal health system might look like.




**Paterson  
Community**



**The Health System  
and Clinic**



**Mom and Clinician  
Interactions**



**“To me it was great because we know we could be heard... and sharing with everybody else, because not everyone is the same.**

**-Kimberly**  
Participant



# An Introduction to Co-creation

**Co-creation (or co-design) is a method of collaboratively developing solutions with multiple stakeholders. The goal of this process is to create solutions, products, and services that are valued and useful, so it is imperative to involve those who will use the final design.**

Co-creation means distributing decision-making power to community members. This was addressed by having Paterson moms share their stories, thought processes, and potential solutions. Their lived experiences are viewed as invaluable knowledge and form the basis of the collective design process.

These perinatal health workshops were created to address unmet needs of expecting mothers by developing, building, and evaluating solutions that are grounded in the lived experience of project participants. Design activities and worksheets respectively became a conduit that elevated the voice of Paterson moms.

Activities helped provide additional context to the narratives that moms expressed. By sharing their thoughts and feelings in the same space, participants formed a bond with each other and felt their opinions were valued.

As a team, we gained deeper insight into what catalyzes and inhibits these moms from experiencing proper care from a healthcare system. Additionally, it helped us collectively design for equitable care.

**Our Co-creation process centered around four main activities:**

## **Sharing**

The seemingly simple but impactful act of providing time and space to share personal narratives helped build a sense of trust not only with each other but in the design process itself.

## **Listening**

Active listening is the other - and arguably more important - part of a conversation. By listening to moms and other stakeholders in this space, there is room for empathy that makes strangers become team members and collaborators for change.

## **Thinking**

Collaboratively generating ideas enhances the creation of multidimensional ideas and concepts.

## **Building**

Putting shape, form, and actions to raw ideas transforms them into something usable and testable.


# Co-creation Mindset: Collaboration

For this design methodology to work, a collaborative mindset is key. It enables us to work with multiple points of view and develop reciprocal relationships that build on the ideas of others.

To bolster collaboration between CFI team members and community members, the project hired an intermediary team member that connected the design work to the Paterson community. As the Community Based Research Consultant, she helped facilitate the sessions and served as a liaison between stakeholders. Most importantly, she instilled cultural competence by championing the voice of the Paterson moms. The role was influential in building trust, creating empathy, and providing an additional anchor that kept the focus on the community.

This project adhered to the model that Paterson moms drive solutions. They are also key evaluators positioned to identify if these solutions are addressing their community's needs. By listening to and building on the ideas of moms and others, we were able to achieve a forum that established and valued multiple and sometimes conflicting sources of input.





**“Everyone’s story surprised me because everyone was doing something different. I thought that now I can really tell my story – I’m going to be telling it.”**

**-Latavia**  
Participant

WHAT WE DID

# Workshops

# Workshop Overview

Because the Center for Innovation promotes the design philosophy that making and doing expands our thinking, all four workshops were activity-based. Activities allowed participants to share stories and create design concepts through various means of communication: speech, words, writing, gesture, and arts & crafts.

Moms embodied and shared their lived experience in ways that provided rich context. Stories were multifaceted and provided nuance that rarely surface in traditional focus groups or surveys.

In addition, participants activated a “learn by doing” mindset that enabled them to engage in a human-centered design process with little to no prior experience.

Each activity provided a distinct framework to collect personal stories, thoughts, and ideas. They were designed to gain empathy, spark creativity, and make non-obvious connections. The ideas generated in these moments were converted into tangible artifacts that could be reviewed after the sessions.

## WORKSHOP 1 & 2

### Share and Listen

The first two workshops centered around the theme of listening and building empathy. By sharing personal stories, both pregnancy and non-pregnancy related, moms were able to build trust with each other and the CFI design team.

## WORKSHOP 3

### Think

The third workshop centered around brainstorming ideas from insights and key problem statements derived from the first two workshops.

## WORKSHOP 4

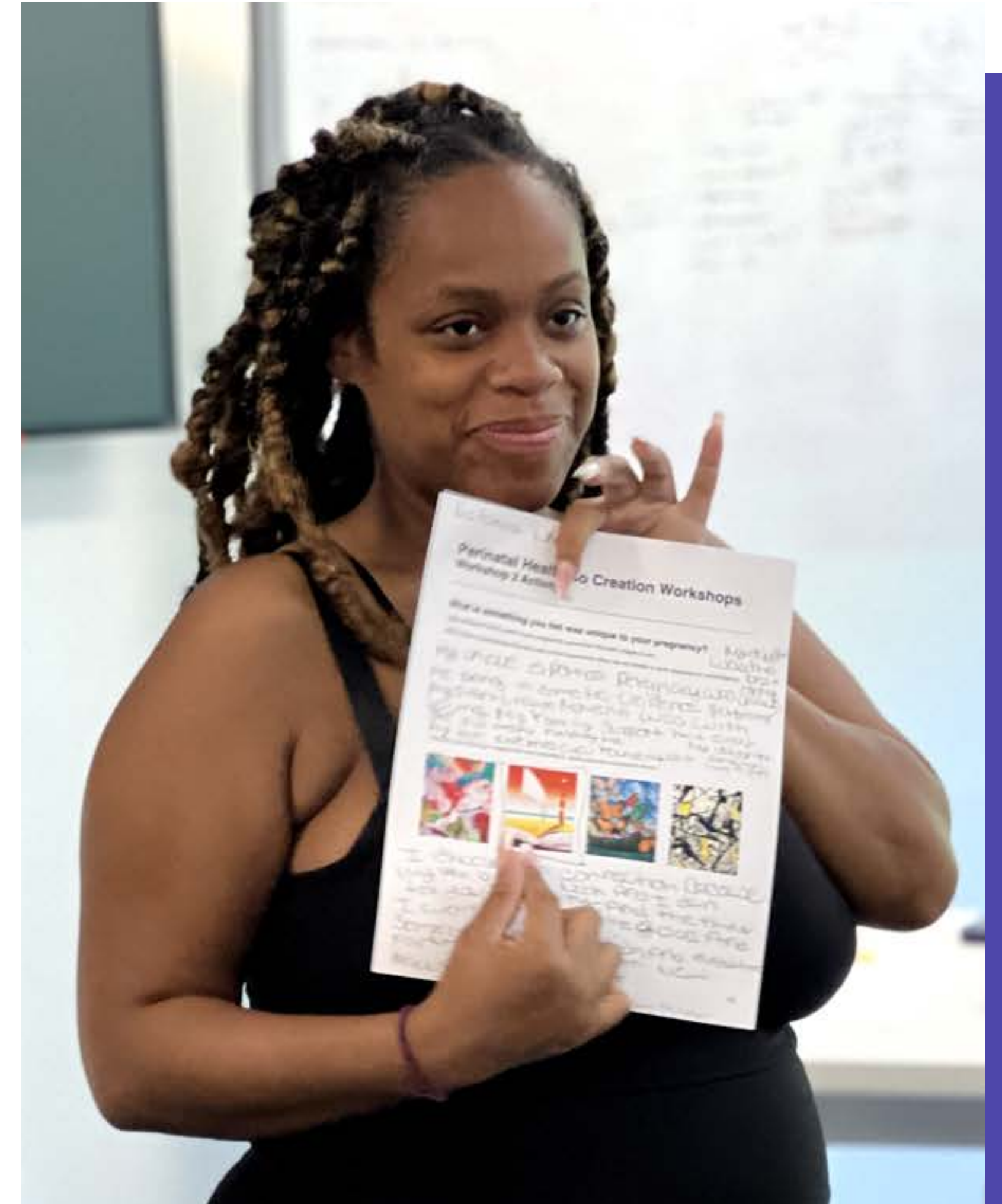
### Build

The fourth workshop centered around moms choosing which ideas to further explore through rapid prototyping and role play.

# Workshop Goals

Over the course of the four workshops, our goals for the workshop were the following:

- 1 Elevate the voices of moms
- 2 Establish a safe space for moms to share their stories
- 3 Promote a sense of collaboration and support within the team
- 4 Generate multiple ideas that enable health equity for moms
- 5 Create a framework for engaging community members in idea generation and decision-making processes



# Workshop 1 & 2: Share and Listen

## Workshop 1 Agenda

- 9:00-9:15 Breakfast and Paperwork
- 9:15-9:45 Project Vision and Activity: *Hope & Fears/Ground Rules*
- 9:45-10:30 Activity: *Tactile Journey Map*
- 10:30-10:45 Break
- 10:45-11:45 Activity: *Tactile Journey Map*
- 11:45-12:00 Closing

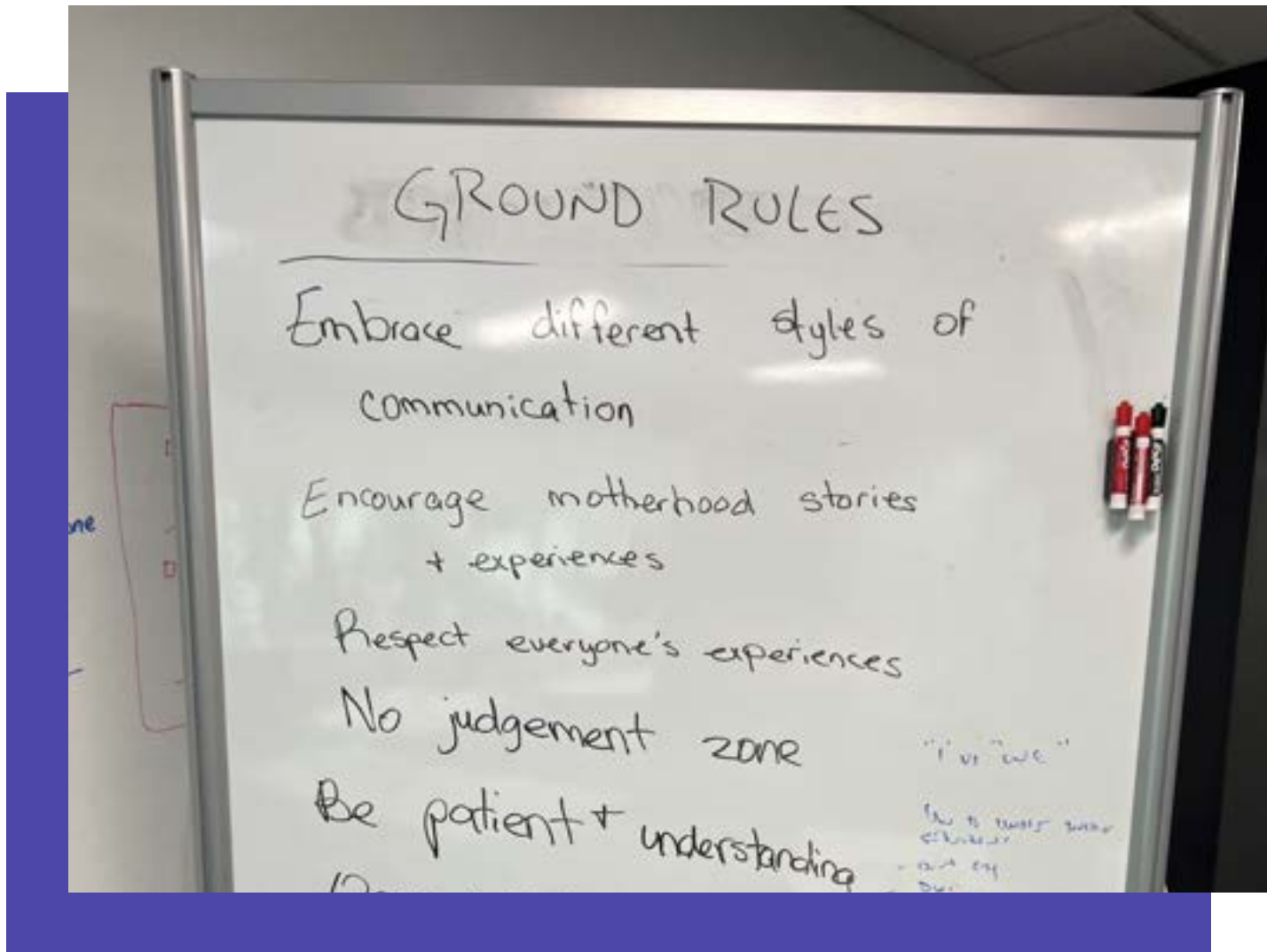
## Workshop 2 Agenda

- 9:00-9:15 Breakfast
- 9:15-9:20 Introduction of the day
- 9:20-10:20 Activity: *Tactile Journey Map*
- 10:20-10:30 Break
- 10:30-11:30 Activity: *Image Metaphors*
- 11:30-12:00 Activity: *Open Discussion*



### ACTIVITY **Hopes & Fears**

Hopes & Fears was the first workshop activity. Moms were asked to walk up to a whiteboard and write an answer to the following prompt: “What are your hopes and fears about this workshop?” Writing on a wall elicits a distinct emotional response. It’s a small act of defiance, but also one of commitment. It implies that this is a creative space – one that freely accepts your thoughts. Answers stayed on the walls for the entirety of the project. They could be referred to and reviewed by anyone. As facilitators, it was also helpful to cater our workshops to the answers. For example, some participants put “arts and crafts” as a fear. When we got to that section of the workshop, we made sure to spend extra time addressing their concerns.



ACTIVITY

## Ground Rules

Establishing ground rules is a crucial activity. As a group, we used a large whiteboard to write and display the behaviors we wanted to promote during our time together. This provided us with collective understanding of what was appropriate and expected for our workshop. These rules were re-visited throughout the workshops when needed, such as when there were multiple conversations happening at the same time.

ACTIVITY

## Tactile Timeline

Tactile timeline is a way to recount a personal experience using “arts & crafts.” This exercise incorporates the sense of touch to recreate, reinterpret, and share this experience in a new way. While many of us are well-versed in telling stories visually or verbally, this exercise uses the feelings from our fingertips to tell a more complex version of how we experience and perceive events. The hands-on exploration of personal narrative helps jumpstart creativity, reexamine past experiences, and energize well-being.

Participants were given a large piece of card stock and asked to create a representation of their pregnancy experience by attaching various materials to the card. As facilitators, we provided a suggested timeframe as pre-pregnancy, during pregnancy, and post-pregnancy. Participants were asked to arrange these markers of time on the page and fill them with material that best represented their experience. Once completed, participants presented their timelines along with the stories that supported them. Listeners responded and asked questions about what they heard and saw.



Participant assembling a tactile timeline

This exercise worked very well as a bonding activity. It also set the tone for the type of creative exercises moms would engage in during the workshops.

There were some challenges. This activity works well in 1:1 interview sessions to excavate stories, beliefs, and metaphors but it takes time to create and intimacy to explore why design choices were made. Since there were seven participants, we chose not to dig into the timelines as deeply as with an individual interview session.

The “pre-, during, post-” pregnancy prompt helped participants express their feelings of their overall experience but their timelines had few specific moments. Specificity would have provided more clarity in what challenges they faced during pregnancy



# Perinatal Health Co Creation Workshops

## Workshop 2 Activity

### What is something you felt was unique to your pregnancy?

Take moment to think a part of your pregnancy experience that was unique to you.

Write three to five feelings that were part of that experience (they can be similar or even opposing or contradictory).

Choose one of the four images that best describe it. Write down the connection below.

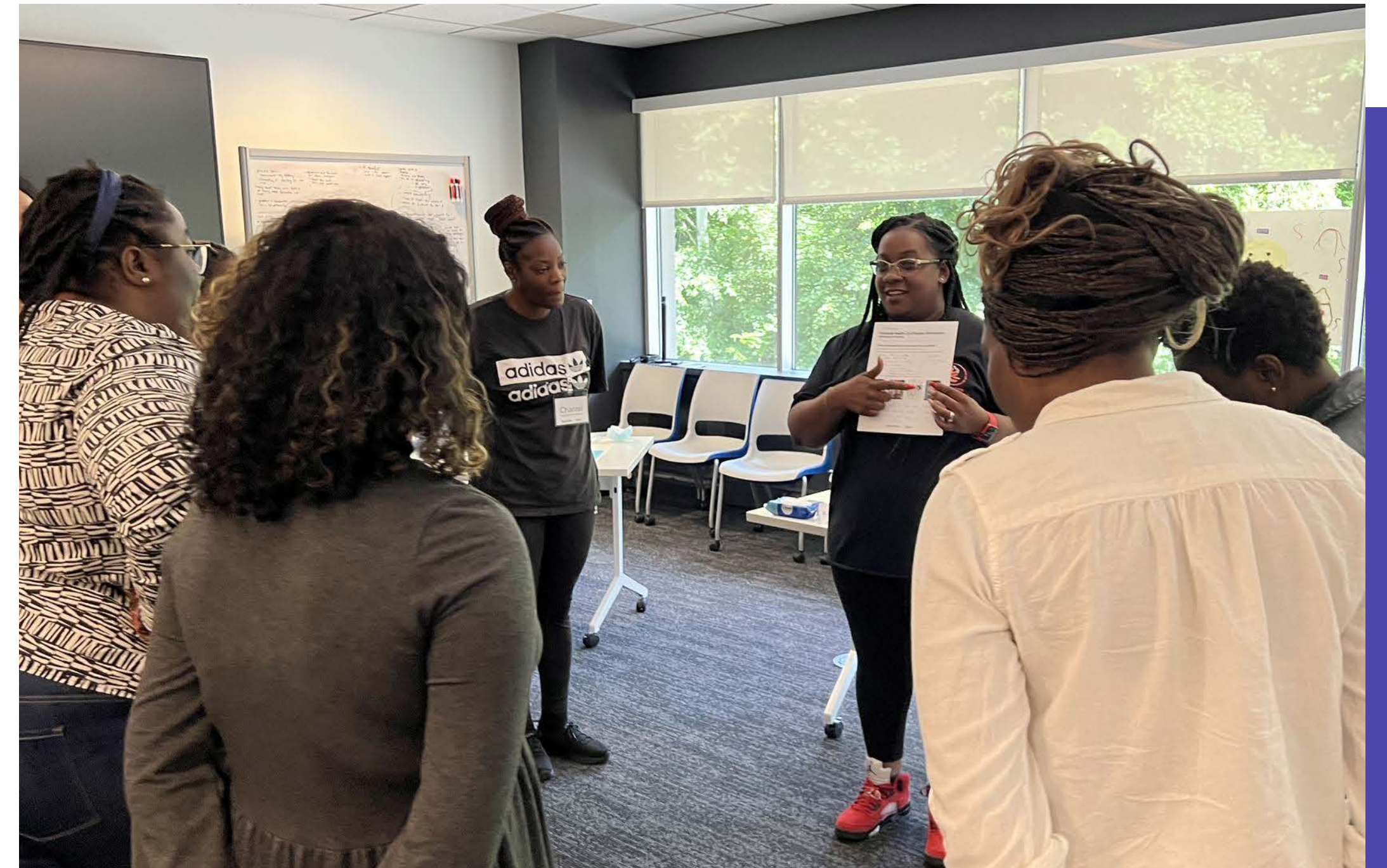


Sample metaphor worksheet

ACTIVITY

## Image Metaphors

Images helped participants share their stories, especially when they were at a loss for words. Similar to a Rorschach test, participants looked at four images of abstract art and chose which one most closely represented their maternity experience. This exercise provided metaphors about their pregnancy experience that were later categorized into themes and converted into design opportunities.

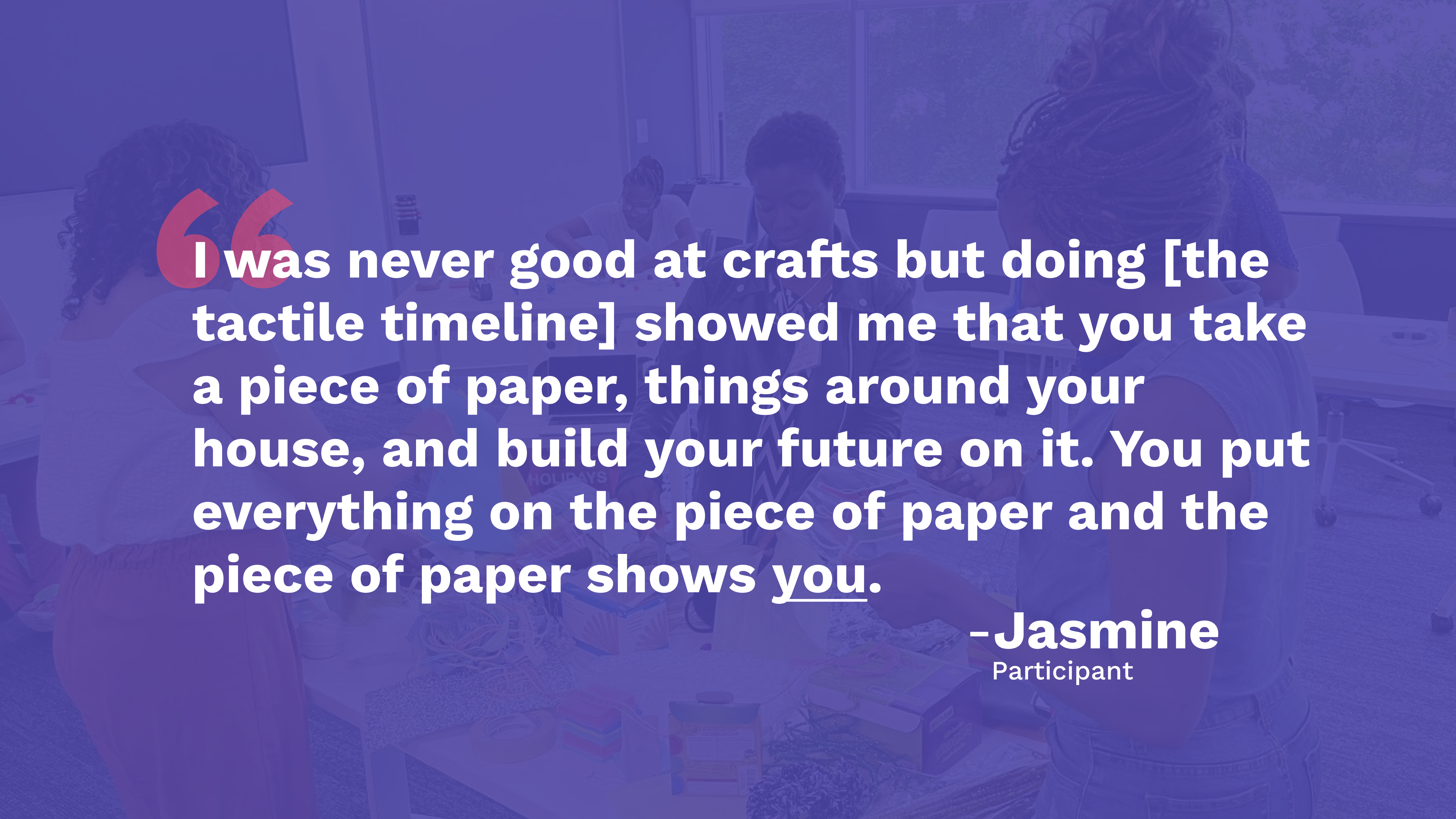


Participants Sharing Stories

ACTIVITY

## Open Discussion and Reflection

At the end of workshop 2, participants were asked to **assess their feelings toward the activities and the workshop in general**. It was important to give moms the opportunity to evaluate and share their experience. As facilitators, we could gauge participants' comfort level and address any questions they had. From a design perspective, the reflections quickly elevated stories and feelings to a level of emotional need, making a foothold for design opportunities.

A group of people are gathered around a table in a workshop or classroom setting. They appear to be engaged in a hands-on activity, possibly related to the quote. The scene is overlaid with a semi-transparent blue filter. A large red double quote mark is positioned at the start of the text.

**I was never good at crafts but doing [the tactile timeline] showed me that you take a piece of paper, things around your house, and build your future on it. You put everything on the piece of paper and the piece of paper shows you.**

**-Jasmine**  
Participant

# Workshop 3: Think

## Workshop 3 Agenda

<b>9:00-9:10</b>	Breakfast
<b>9:10-9:20</b>	Introduction of the day
<b>9:20-9:30</b>	Last workshop recap
<b>9:30-9:40</b>	Activity: Fish Bowls
<b>9:40-10:30</b>	Activity: How Might We
<b>10:30-10:45</b>	Break
<b>10:45-11:30</b>	Activity: How Might We
<b>11:30-11:45</b>	Share
<b>11:45-12:00</b>	Conclusion

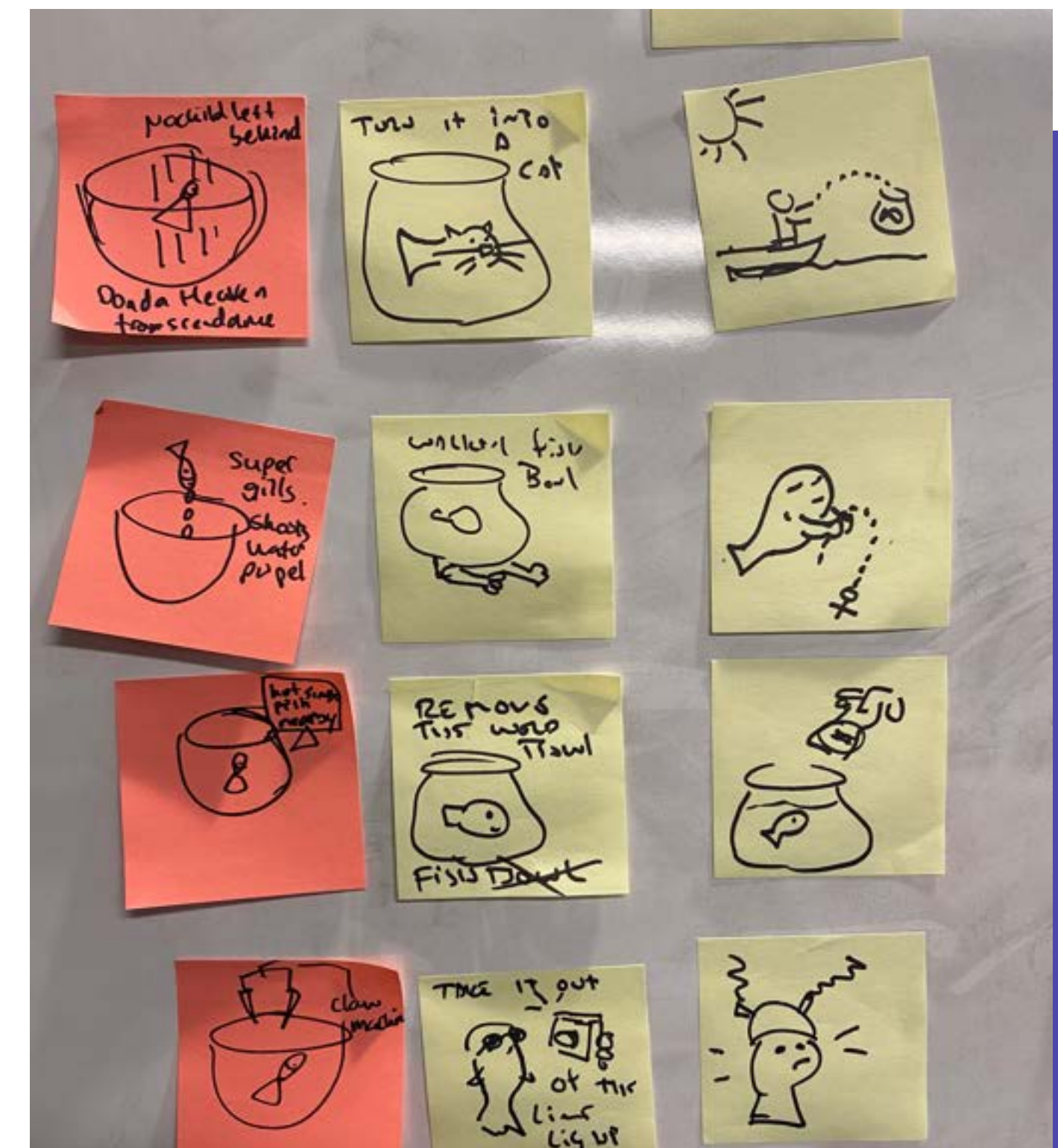
### ACTIVITY **Fish Bowls**

Fish Bowls is a cognitive warm-up activity to help introduce the realm of creative problem solving. In 5 minutes, we asked participants to **brainstorm different ways they could get a fish out of a fishbowl**. They were invited to explore the possible and the impossible.

The goal is for people to enter a creative mindset and become comfortable generating multiple solutions without prompting. By starting with an imaginary problem like “getting a fish out a fish bowl,” we can prime the creative mindset and carry that over to more relatable problems like pregnancy care.

This activity helped us gauge where people are in their comfort of creative brainstorming. We identified three levels of brainstorming:

- The practical (e.g. dump the fish out of the fishbowl or use a net to take it out)
- The creative (e.g. entice the fish out of the bowl with an attractive fish outside the bowl or give the fish wings through Red Bull)
- The meta (e.g.. cross out the word bowl in “fish bowl” so it's no longer a bowl. Or just simply take the fish out of the fishbowl).



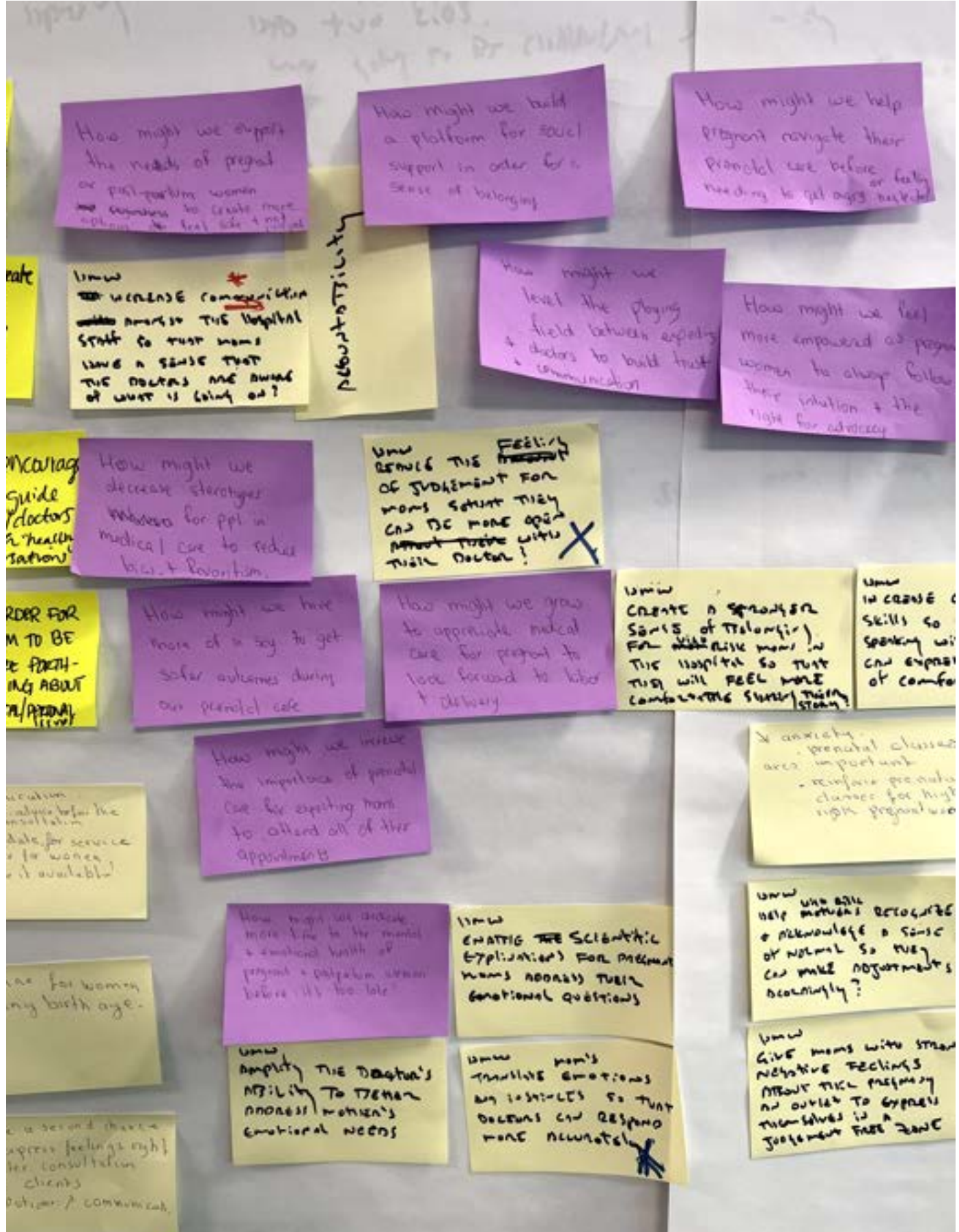
Example of fishbowl ideas

ACTIVITY

# How Might We's

How Might We's (HMWs) is an invitational stem designed to prompt idea development. It consists of identifying an end-user need, a specific challenge they face, and a desired outcome that a solution would enable. This activity is a way to explore these three elements. Arranging them in various ways stimulates creativity.

The development of the our *how might we* prompt was conducted with the core CFI team including the community-based researcher. Stories and design opportunities were collected from the first two workshops and organized into themes. To ease everyone into generating “How Might We” prompts, a template was presented. We gave ourselves fifteen minutes to individually generate multiple prompts. These were then placed on a wall and discussed as a group.



Example of How Might We statements generated by moms

## HMW generation steps:

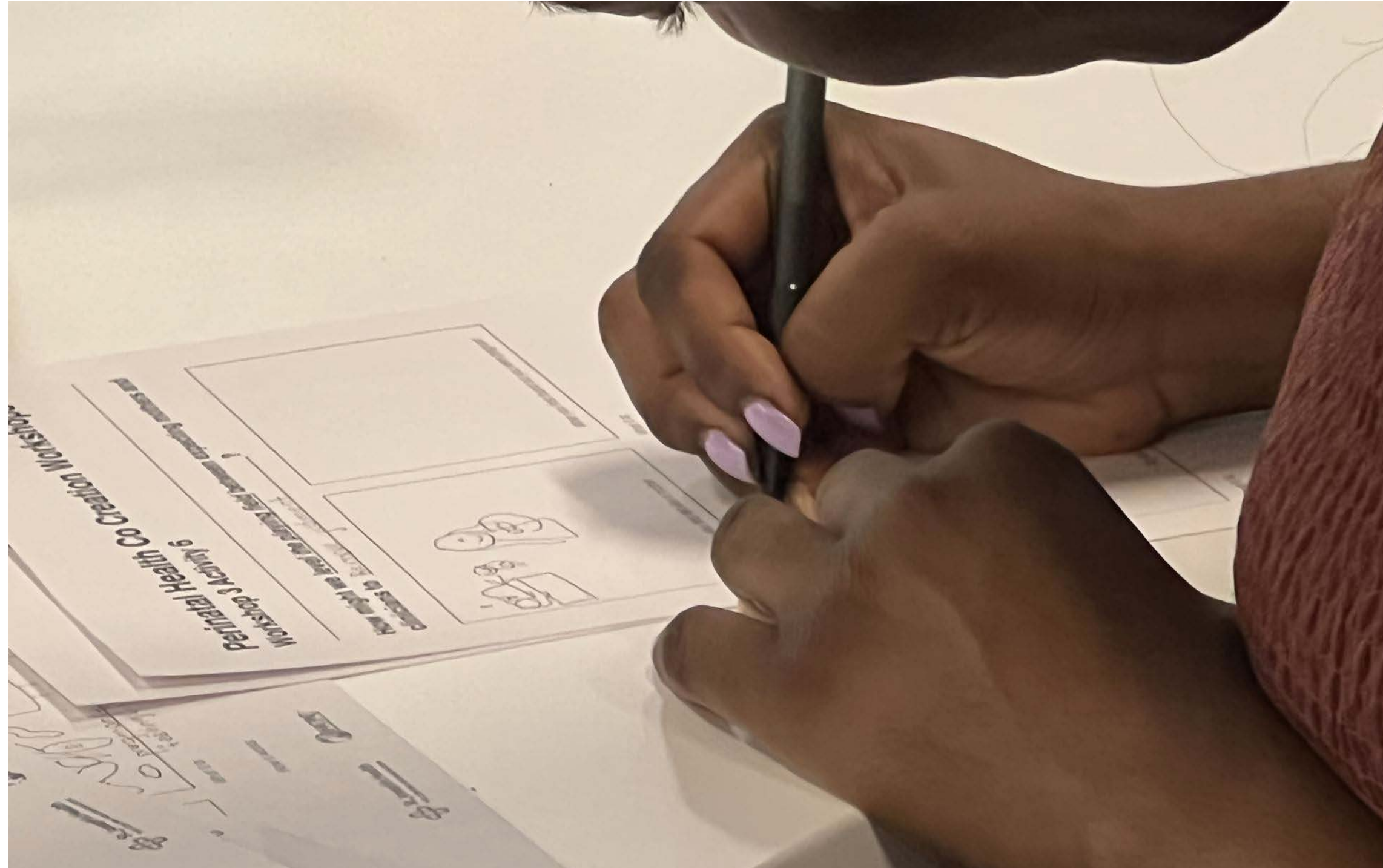
1. Present prompt template: “How might we (action) for (person) so that (desired outcome).”
2. Develop as many statements as you can in 10 minutes.
3. Share statements with each other
4. Arrange in thematic groups
5. Choose a statement to use through subjective criteria (e.g. “What do we feel highly resonates with what the moms discussed? What will generate the most solutions?”)

The core team decided on the following base statement with three variations in desired outcomes:

*How might we level the playing field between moms and clinicians to...*

- *Remove judgement*
- *Promote self-expression*
- *Ensure dignity*

This prompt was used in the workshop to foster idea generation.



**ACTIVITY**

## Idea Generation

The workshop focused on making as many ideas as we could in three hours. We engaged in multiple 10-minute rounds of idea generation dedicated to different HMW statements. After the first three rounds, we added constraints such as time (i.e. when you first felt like a mom or at your first appointment) and location (i.e. at home or at your happy place). After the brainstorming session, we created a multitude of ideas that could be further developed into more refined design concepts.

**Perinatal Health Co-Creation Workshops  
Workshop 3 Activity 7**

**Choose your favorite idea from the previous brainstorm rounds**

*Think through all your ideas. Which one do you have the most heart for? Which one do you want to explore further. It doesn't need to be perfectly conceptualized, it can be missing pieces or lacking. You can take ideas from other ideas and put them together.*

**What it is:** A mom being given the space to present her ground rules/expectations to a doctor while they listen, take notes, + sign off on an agreement about the meeting. There is also another medical professional in the room for accountability.

**How it works:** Mom is allowed to let her expectations to be known from the outset of her pregnancy. The doctor takes notes + puts it in the clients' file to reference during all follow-up appts. There is a notice medical professional in the room for accountability + a contract for everyone in the room to sign. The doctor is agreeing to hearing the patient + has someone to hold him accountable if he doesn't.

**Needs it addresses:** Ensure Dignity

**How it feels:**

**Who is involved:** Mom, clinician, + other medical professional (nurse, doula, etc.)

St. Joseph's Health THE CENTER FOR ANATOMY HCPC Nicole

**ACTIVITY**

## Design Concepts

Moms were asked to take their most promising idea and develop a more refined version of it. A worksheet provided a framework to give more details on what the concept was, how it works, the needs it addresses, how it feels, and who was involved. Moms were also asked to illustrate a scenario in which the idea could be implemented. By using this process, we were able to help moms refine their ideas and provide more detailed and specific concepts for further development.

A group of people are gathered in a meeting room, working at several long tables. The room has large windows on the left side, providing a view of trees outside. The tables are covered with papers and documents. The overall atmosphere is collaborative and focused. The image has a red tint overlay.

“

**It was a place where I could go and stress less – enjoy and have fun.**

**- Kimberly**  
Participant

# Workshop 4: Build

Due to unexpected circumstances such as participants arriving late, we had to quickly adapt and revise our plans. Activities were modified due to our new time constraint. This included dropping a “How to Prototype” activity and an idea pitch session. We wanted to ensure moms had enough time to focus on developing the prototype.

While a delayed workshop wasn't ideal, we were still able to achieve our goals with the workshops: tangible prototypes that we could test to be implemented. Being responsive and adaptable was key throughout the process. We adjusted the curriculum on the spot to respond to any challenges and needs.

## Workshop 4 Initial Agenda

<b>9:00-9:15</b>	Breakfast
<b>9:15-9:20</b>	Introduction of the day
<b>9:20-9:45</b>	Activity: Concept Presentation
<b>9:45-10:00</b>	Activity: Concept Voting
<b>10:00-10:15</b>	Break
<b>10:15-10:30</b>	Activity: How to Prototype
<b>10:30-11:00</b>	Activity: Prototype Development
<b>11:00-11:15</b>	Activity: Prototype Pitch & Feedback
<b>11:15-11:45</b>	Activity: Prototype Development & Storyboarding
<b>11:45-12:00</b>	Closing of the program

## Workshop 4 Adjusted Agenda

<b>9:00-10:00</b>	Breakfast
<b>10:00-10:10</b>	Introduction of the day
<b>10:10-10:25</b>	Activity: Concept Presentation
<b>10:25-10:35</b>	Activity: Concept Voting
<b>10:35-10:45</b>	Break
<b>10:45-11:45</b>	Activity: Prototype Pitch and Feedback
<b>11:45-12:00</b>	Closing of Programs
<b>12:00 +</b>	Finishing Lunch & Fun Games

ACTIVITY

# Concept Presentation

To give moms the ability to choose what idea they wanted to work on and develop, the team fleshed out each concept with a simple sketch and a short description. It was a quick process where each concept was presented for less than 90 seconds. In order to keep the prototype fluid, we kept the idea open-ended so moms could have some flexibility in visualizing what the prototype could end up looking like.

## Some additional concepts presented:

- A visual guide to help patients express their thoughts and feelings they don't have the words for
- A system for moms to capture questions and receive answers at their following appointment
- A process for clinicians and moms to set ground rules for the appointment
- A process for moms to express discomfort and other feelings in the appointment (*depicted on the right*)
- An empathy building experience for clinicians to better understand a mom's experience
- A unique, customizable clinic room that remains consistent throughout a mom's treatment
- A patient operated accountability system for clinicians
- A mom-led clinic appointment experience

## Perinatal Health Co Creation Workshops Workshop 4 Activity 1

### Prototype 5: Ouch



Ground rules are set in the first appointment and moms can say “ouch” after hearing words of discomfort or any thing offensive. This will open up a space for moms and clinicians to have a conversation around that where there is opportunity for growth.

Example concept worksheet



ACTIVITY

# Concept Voting

Concept voting is an activity to allow participants to choose what idea they want to develop. After polishing the concepts (that came from the previous workshop), moms voted for each concept by using a five assessment criteria responding with a number between 1-10.

- 1 From a scale of 1 to 10, how likely would you use this prototype?
- 2 From a scale of 1 to 10, how likely would your friends or family use this prototype?
- 3 From a scale of 1 to 10, how likely would this prototype create an impact in leveling the playing field between moms and clinicians?
- 4 From a scale of 1 to 10, how helpful would this prototype have been for you in your pregnancy?
- 5 From a scale of 1 to 10, how likely do you think this can be built and tested?

After adding up all the points, the top two prototypes were selected to be further developed.



ACTIVITY

# Prototype Development and Pitch

Prototype development and pitching is an activity to take the prototype from just a sketch to a tangible idea that can be seen, felt, or experienced. For physical prototypes this could mean constructing a lower fidelity version out of readily accessible materials.

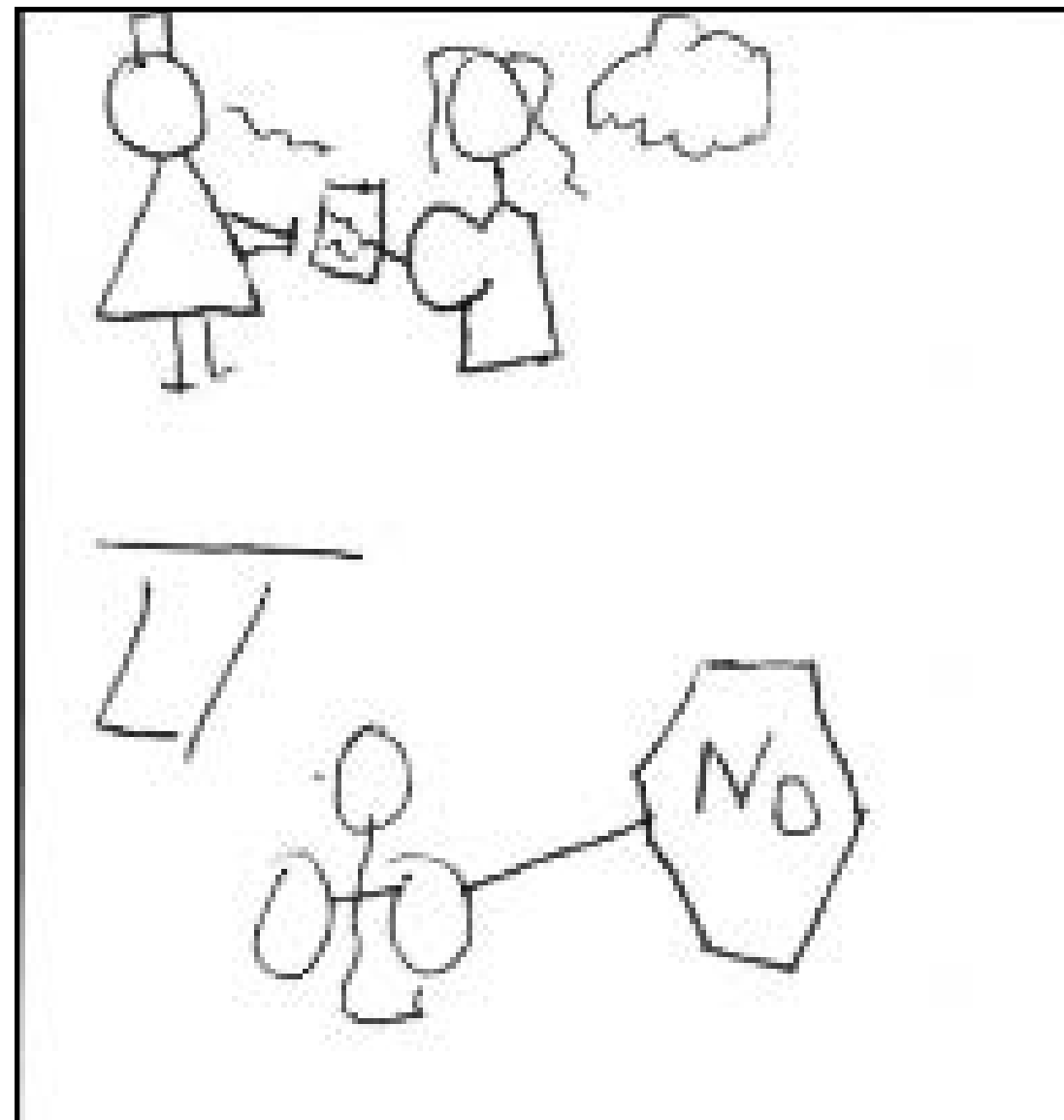
These rough prototypes capture the form and essence and experience of the idea. For digital prototypes, this looks like mock-ups of screens and flow. For service prototypes, this looks like a roleplay or storyboard of how this prototype would exist in the world. Once created, the prototype can be presented in a way that demonstrates the value of the idea and the context in which it is used.



A roleplay prototype around the first appointment

# Concept Evolution

The three sketches from participants below demonstrate how concepts evolved through brainstorming and hearing about each other's experiences.



**1** Starting from one of the earlier rounds you can see a sketch of a concept of a “No” and stopping a process.



**2** This concept evolved as a different participant further fleshed out the idea and used the phrase “Ouch!”



**3** In the final round of prototyping, two moms enact a scenario that explored the “Ouch!” idea through dialogue and self expression.

**“I used some of this [prototype] in my doctor appointment. I expressed myself to my doctor and told them how I feel – He actually told me how he felt.**

**-Latavia**  
Participant

THOUGHTS ON THE WORKSHOPS

# Findings

# Workshop Findings

During the first two workshops, participants shared stories through tactile timelines and image associations. One meta theme that surfaced was the need for “support” throughout their pregnancy journey. Support ranged from emotional to physical, from immediate to long term. “Support” surfaced as a blanket theme but further digestion of stories and narratives would help the team better uncover opportunities to design for.

We needed to unpack these stories to determine when support was needed, how it was lacking, and what would be gained if it were addressed. This served as the foundation of our synthesis which is a messy and non-linear process.

Since the team was rooted in their shared stories (and visual references to them were displayed in the room) the group could continually revisit these stories and make new connections between what we heard and experienced. The theme of support eventually evolved into the design opportunity to level the playing field between moms and clinicians. The specifics of dignity, self-expression, and judgement came from the continued revisiting of these stories and themes.



Participants generating concepts during workshop 3

# Meta Findings

Beyond the insights and findings around perinatal health there were also a lot of workshop and co-creation learnings:

## Time

Because of other work and projects, CFI had to implement a non-routine schedule for the workshops. For future sessions, we realized there should be less time between workshops and optimally a routine for the sessions.

## Transportation

Calling Ubers for the moms on the morning of the workshops was a logistic challenge for the small team. Due to constraints with the app functionality we couldn't call transportation for the moms all at once, so it resulted in the workshops starting a little later than expected. If we had more participants who needed transportation we would need to rethink how we could provide transportation assistance.

## Getting leadership on board

Leadership (hospital executives and leaders) was aware of the project and when it came to logistical support such as payment they were able to help out and give attention to this project in crucial times.

## Having a community-based researcher

The Center for Innovation recognized our ignorance of the lived realities of Paterson moms and our limitation in skills. We hired a community member to take on the role as a Community-Based Research Consultant to help facilitate and bridge the gap. Her professional experience in having safe conversations and facilitation was absolutely essential for the success of the workshops.

## Fun activities

We started the first workshop with a fun icebreaker that moms liked, but that stopped after the first workshop. For the future, we need to create spaces for fun activities to be continual and a norm.

## When to be “behind the scenes”

While we were co-creating with participants there was a lot happening within the close-knit design team and even smaller Center for Innovation team. We had to find a happy balance of being completely mom-driven (community-created) while helping prepare, set up, and synthesize information so it's digestible and easier to work with (co-created).

## “Let’s just run with it” attitude

Following the mantras “let’s just run with it” and “prototype quickly and often,” we set dates for the workshops and planned around that. We ran into scheduling difficulties with all the various stakeholders (moms, clinicians, community based organizations, and funders) involved. At the same time, we had moms and one community-based organization who were confirmed and excited. Instead of pushing the dates further into the year to have more stakeholders and groups involved, we moved ahead. We expected to learn throughout this whole process which motivated us to keep going. The faster we get into it, the faster we will learn.

Even the number of moms involved changed up to the days leading to the first workshop. At one point, we abandoned our original plan of having separate teams in parallel workshops and instead opted in for one large group.

By just going with it in this first round we learned a lot and faced many issues we didn’t expect or could even fathom during the planning phase.

## “Things we didn’t (and couldn’t) know until we experienced them”

Through our workshop series we learned a lot about what we don’t know or needed preparation around when we engage with more stakeholders. First, through the sharing a lot of sensitive content came up, including the following:

- Extreme health needs
- Domestic violence
- Abuse
- Abortion
- Religion
- Child Abandonment
- Miscarriage

The CFI design team does not have the professional skills to address many of these topics. As an example, a participant was navigating domestic violence. While we can’t be directly involved, we can listen, acknowledge, and validate their experience.

## Preparing for difficult topics

While we didn’t know the exact content, we were prepared for sensitive topics to be discussed. This was the main reason for the hiring the community research consultant. This was a person skilled in handling these scenarios and has access to resources to address such topics outside the workshop.

### Clinicians at the table

There were benefits to not having any clinicians in the room during this series of workshops. We don’t know how they would have responded to some of the health topics that moms discussed. A diagnostic mindset may have jeopardized the safe space we were cultivating.

For example one participant shared about her diabetes and some behaviors that led to her seizing on the floor. A knee jerk response may have been to prescribe health education which is what clinicians are trained to do. However, the workshops were not about solving a health case. Because of this experience the team has a better idea of how to maintain a safe space and train clinicians to move from a diagnosing mindset to one of open curiosity.



## Payment

Since we are working in a healthcare system and funded through an external foundation, we knew there would be some complexities around payment, but it was more than we expected.

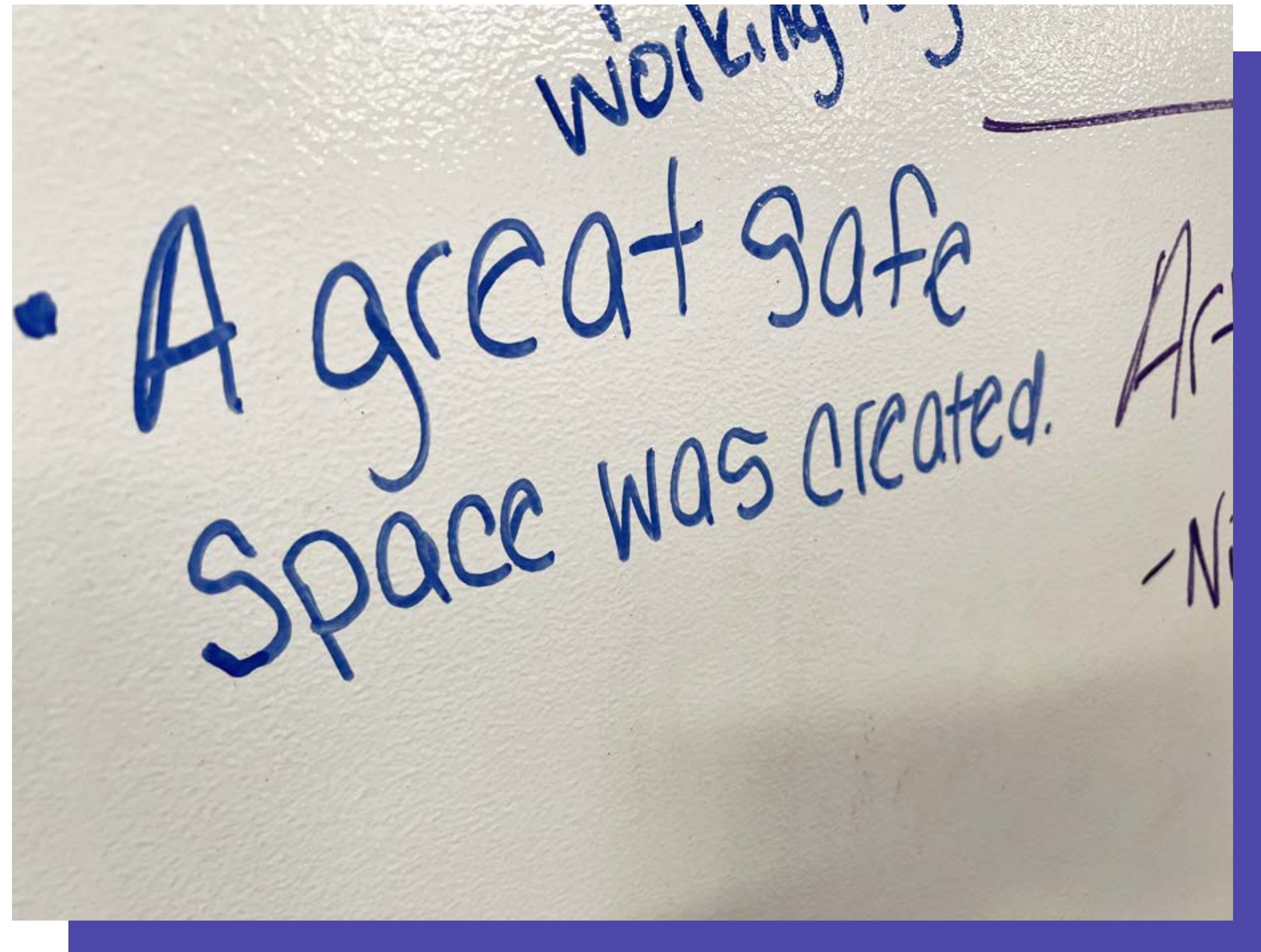
Payment to moms took much longer than expected even when we got confirmation on a specific date. Luckily, with support from the Chief Executive Officer, we were able to expedite the process and got moms their compensation (and extra) for the delay.


Establishing trust through payment helped supported moms' participation future workshops.

## Attendance

The success of the workshop series was intentionally designed for moms to participate in all workshops. When one mom did not show up to one of the workshops, we had to organize a solution on the fly.

Additionally, even though we orchestrated transportation through ride sharing services, moms still showed up considerably late. The fourth and final workshop had the most delays where half the participants arrived an hour into the workshop.





**“I’m glad we women are trying to do better everyday – as mother, as a person, as a hustler.”**

**– Kimberly**  
Participant

# Working with Non-Traditional Designers

## A CONVERSATION WITH

**Kenicia McGarrell**, Community Health Worker, Health Coalition of Passaic County

**Kashieka “Kiki” Phillips**, Community Health Worker, New Destiny Family Success Center

**Lea Menet**, Fulbright Scholar, Montclair State University

**Jerome:** Well first off, thanks to all participating in this conversation. **I wanted to start off by asking you all how was this experience?**

**Kenicia:** It was great, definitely something out of my element. I’m sure Kiki and Lea could agree. It was challenging in a lot of different ways, but also a very rewarding experience. Simply because it was a different way to approach a problem that we were not used to seeing commonly, having people sit in a room together and share those experiences.

**Kiki:** It was definitely an experience and to some degree it was indescribable. We knew what we were working towards was something we couldn’t initially comprehend. It was nice that our input was incredibly beneficial and created space to let ourselves be ourselves; to be genuine regardless of what the outcome may be.

**Lea:** For me, it was really something new. I have done workshops, but the Center for Innovation is really innovative in the way they work. They use crafts to guide free conversations. Naturally there are no rules. People were free to talk.

**Sean: What is it that is indescribable?**

**Kiki:** I think it was the unpredictable expectations of what was about to come. It was definitely a big journey of enjoying the ride, enjoying the process and having a certain degree of trust and knowing that whatever we were going through was indescribable. It was an experience of learning new methods, learning new techniques that you could really bring to life. I really appreciated learning different ways to create different outcomes.

**Jerome: Share a moment that was comfortable and one that was uncomfortable.**

**Kiki:** A moment of comfort was creating a safe space for everyone to share anything regardless of the repercussions. However, on the flip side the discomfort was not knowing what other people were going to say. You have a certain level of agreement to say that this person is compliant, and they might not necessarily be. I might say I am compliant, but I may not necessarily be. Sometimes you have to accept things, it is the way it is. It’s a challenge to accept that.

**Lea:** A discomfort for me was the language barrier. Sometimes I didn’t get all the ideas when people talk. I was worried I couldn’t bring more into the workshop, like all I could do was listen and follow-up.

**Kenicia:** It was comforting to know that we had a team of designers that understood that we are not designers and were cognizant of that and took the time to explain any terms and

**“It was challenging in a lot of different ways, but also a very rewarding experience. Simply because it was a different way to approach a problem that we were not used to seeing commonly, having people sit in a room together and share those experiences.”**

concepts so we could understand. Especially in moments when we were like ‘What do you mean by this specific term’, and we would go ‘Oh here they go again’. But at the end of the day, we were all here together as a team. I think as far as discomfort, everyone has very different working styles. There is a bit of a desire to go with the flow which Sean and Jerome are very comfortable with, whereas Kiki and I need to know what’s happening, what’s behind that door. However, it does add to the excitement of working with Center for Innovation.

**Sean: How did you overcome the challenge of navigating ambiguity?**

**Kiki:** Trust the process. In life there are a lot of things unfortunately you won’t understand, that are bigger than you, and you’re going to have to accept that. Regardless of what you accept, you have to grow bigger than it. In this type of situation, you definitely have to trust the process. Trust that whatever will happen to come you will overcome it.

**Sean: What would you think of ambiguity now and if you could go back how would you approach ambiguity?**

**Kenicia:** For me, a lot of the concerns were quelled just after seeing us discussing a particular activity, ‘Tomorrow you would see what is planned’.

But after seeing how it came together, I would be like ‘Duh these guys know what they are doing’. A lot of it was not only just trusting the process, but also embracing that everyone has a role to play. There wasn’t a time where Jerome or Sean forgot an activity and asked us to go up and do something. If I could go back, I would embrace the unknown more.

**Lea:** For me what was ambiguous was to translate my ideas into pictures. I just wondered what I am thinking, how I am able to picture it for other people to understand what I mean and this part, I am not a good designer or a good artist. I know this part was ambiguous and sometimes I have to think what what what? Sometimes I have no ideas or anything to draw.

**Kiki:** I need to ask a million questions until I understand what is happening. It is the way it is. I need to make sure I am on page and on board about what is always going to happen

next. I need to ask questions to feel comfortable.

**Sean: Do you think those questions were answered?**

**Kiki:** I always felt those questions were answered, but even in the answer I will always find something uncomfortable so I can ask more questions to be comforted.

**Jerome: How do you think your non-design background contributed to this project?**

**Kiki:** First and foremost, I want to say that I was happy that I wasn’t necessarily part of the design process. It really allowed me to be myself: to not feel consequences, to really be driven by whatever ideas could take me and I liked that. I was able to bring something different to the table. I felt valued which is a word I learned from Kenicia earlier. Everything I said was considered important. Thank you guys.

**Kenicia:** Oh my god you were really listening to me! For me, coming from an education background a lot of my approach is being student-centered. I want my students to be involved, so I saw a lot of similarities with human-centered design, with how the users are centered and involved. That’s how I viewed things as I grew to understand what human centered design was.

**“You always asked for my input, despite traditional norms that value is based on published, science research and educational level, especially in healthcare. It felt nice to have a seat at the table that will benefit many people to come and I’m glad to have that opportunity.”**

Everyone has blind spots, and as someone transitioning into a community health role working directly with moms I was able to fill in gaps where Sean and Jerome missed.

**Jerome: Share an example!**

**Kenicia:** Transportation, not to say you guys didn’t think of it. But there are resources or things you couldn’t tap into or think about, but Kiki and I would know.

**Jerome: What were some highlights in the experience?**

**Lea:** Sharing the experience before and after pregnancy in focus group was one. It was almost therapy to share what we are going through because sometimes we don’t have time to talk or reflect about it. Learning about what other women are going through, knowing we are not alone in the process. I also loved the ambiance around the tasks. Anytime I was in this room I can see my past work and see what

I did. I would think to myself ‘Is this mine? I did that?’ In the context of workshops, I can see what we are working on. This experience also helped me think out of the box like how to take a fish out a fishbowl. The only way I knew before was to take it out with my hand.

**Jerome: What’s another way to take a fish out of a fishbowl?**

**Lea:** I can open the glass below the fishbowl and the fish and water will drop out.

**Kenicia:** I love that you said that. When you walk in the room you see the art displayed around the room. And you walk in the crafts are still on the table and everything is around the room, every time you walk in the space, you’re reminded of what you are here to do. I really liked that. It was a highlight of the experience. You come in and say yup, that’s what we are doing today.

Another highlight was in the last workshop we just sat and played a game, it showed how comfortable everyone became with each other. We are here for work, but at the end of the day we are all people, we are trying to live and enjoy life. We have families, we have stories, we have so much and here we are sharing the space having a good moment.

**Kiki:** It was a highlight that you guys always

asked what my thoughts are throughout the whole process. You always asked for my input, despite traditional norms that value is based on published, science research and educational level, especially in healthcare. It felt nice to have a seat at the table that will benefit many people to come and am glad to have that opportunity.

**Jerome: What is something you are excited about for the next phase and something you are scared about for the next phase?**

**Kenicia:** I am excited about the fact that we are a team. We found our groove, our flow. Now with having the prior experience, we know what our dos and don’ts are. We can take that and move forward. I am looking forward to seeing elements we missed in our first round that will be in second round. I am excited to see how it will affect the atmosphere and how things unfold, I can’t wait.

In terms of fears and concerns, time is never enough. I am looking at the calendar and dates and I am nervous.

**Kiki:** I am very excited to hear everyone’s output and see what is about to come. What I am scared about is the level of expectation that is supposed to come as a team player and for us to do our part to contribute in this evolution.

I had a conversation with Kenicia earlier, we are a part of this roller coaster and I want to enjoy this ride, but I need to make sure that I have my seat belt on so and that I am enjoying this process because it is so exciting to be a part of. I just want to make sure that I am doing my part, that my seat belt is safely secure. I am very grateful to say that I can ride the roller coaster and I can be a part of this.

**Jerome:** Any part of this process or work you applied elsewhere in your work or life?

\*Kenicia laughing\*

**Kiki:** I see you laughing Kenicia. I had a conversation with Kenicia earlier about using How Might We's in my personal life, and my husband is tired of it. How might we create a lifestyle, and I didn't take it far enough because the conversation died out, but I took it with me.

There are certain skills that I learned from our conversation that have really benefited me. You all gave me a new title I couldn't understand, but at the same time I am able to bring these skills to the way of thinking, to the way of my life, to the way that can benefit me outside to what was granted to me as a child.

**Kenicia:** I think for me I find myself I look at, everything I use, everything I do, everywhere I

am. It can be in an elevator, in a car, in a bridge. I think what would Sero-, Sean and Jerome, I almost said Serome, gave you a Bradley and Angelina name. What would Sean and Jerome do? How can this be better? I am constantly in my mind with everything. I eat, breathe, sleep design now. You guys have broken my brain.

**Lea:** For me, when I was learning in English, we have an expression "think out of the box." Now when I started this adventure with Center for Innovation I know what it means to be out of the box.

**Jerome:** Last question, for other people who luckily find themselves in this same position you are in, what advice would you give them?

**Kiki:** Be yourself. That's it.

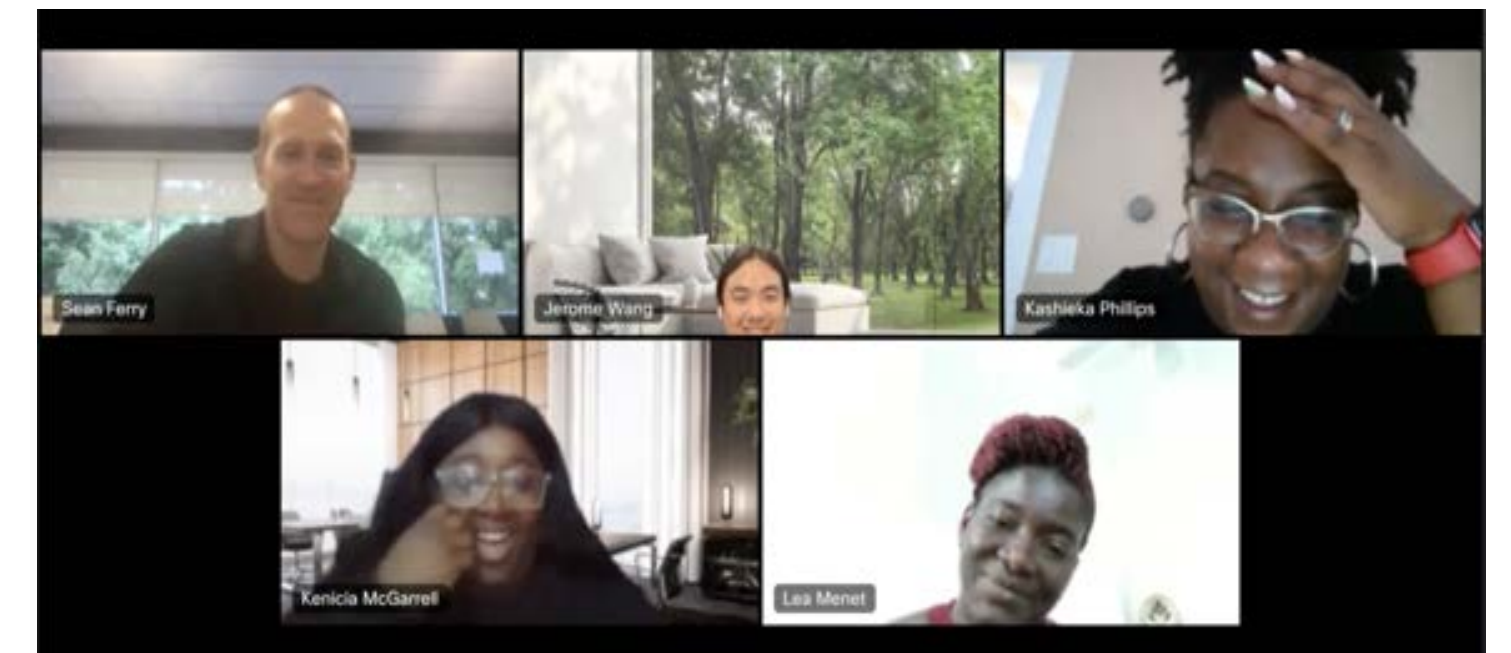
**Lea:** Don't over think, just take what's coming.

**Kenicia:** Just surrender to the process. Just surrender. Because as Lea said, overthinking is not going to help you here. You just have to be here. It's important to come as yourself as Kiki said. Looking to your neighbor won't help you either in this experience because ultimately, it's about you. My main thing is just surrendering to the experience.

**Kiki:** I was saying to Kenicia before, I have no idea where this is going to go. I am going to

trust you guys, I am excited to see what is going to come from this experience. I have no doubt that in my head that you guys are going to deliver, and I am looking really excited what is going to come from this.

*Our conversation has been edited and condensed for clarity. Conducted October 18th 2022 by Sean Ferry & Jerome Wang, CFI*



# Tales from the Recruitment Room

BY KENICIA MCGARRELL

Proper recruitment is crucial to the progression and overall success of any project or study. So, it goes without saying that mishaps in this portion of the process will have a vast impact on the study's purpose, participants' experience and understanding of said study, and data extracted. With participant recruitment being part of my work in this project, it was essential to have a thorough understanding of every facet from the ground up.

Defining and clarifying parameters for ideal participants were key to developing a baseline for this perinatal health project. From there my colleagues and I discussed personality and characteristics of ideal participants. It was not just about bringing African American/ Black moms from Paterson into a shared space to unpack both fond and traumatic memories of pregnancy and giving birth, but enabling their creativity and critical thinking skills as applied to the aspects of design.

In order to get an idea of how potential participants would fare in our workshops we crafted screening questions. From the outside looking in one may have found posing questions about desired superpowers and the like to be random and inapplicable to perinatal health and Human Centered Design [HCD], but they served a purpose. I was not necessarily listening for their chosen superpower, but how far out-of-the-box they were willing to go and their justifications.

In addition to setting up the framework for screening interviews, we discussed how we would relay information about the project to eligible participants visually and with simplicity. The team created a flyer that was circulated throughout Paterson at any and every local organization I could reach, through other colleagues at conferences, and other outreach opportunities.

If there was chance to speak about the purpose of our work or a place for flyers to catch the eyes of interested community members, I tried my best to take full advantage. Despite all the hard work put forth to ensure our recruitment process was smooth, hiccups were inevitable.



Original Flyer

## First Impressions

“I can’t give this to my daughter-in-law...she just lost her baby...” The illustration of the pregnant woman on our flyer reminded women of loss. “I’m not pregnant...” It gave them the impression that if they weren’t currently pregnant, they couldn’t participate in “co-designing with the Center for Innovation.” Before they could engage with any of the words or scan the QR code to the website, people were met with the image of a pregnant woman. Their eyes saw nothing else.

Feedback on our perinatal health flyer gave valuable insight into the perception of women out and about in the community. We had discussed the importance of inclusivity in our brainstorm sessions, but what I was hearing during outreach alluded to the exact opposite. It was imperative that we made changes to our flyer so as not to alienate potentially good candidates who may have had compelling stories to share.



New flyer based on feedback



## The Social Network

As the saying goes, sometimes “It’s not what you know. It’s who you know.” From tabling at local community organizations to engaging with folks on busy street corners to online meetings, garnering interest from willing participants through various outreach methods proved to be unavailing at times. It was not until leveraging the right contact within the Paterson community that we were able to tap into a stream of potential moms. Kiki, a community health worker at New Destiny Family Success Center, was able to utilize the information provided to seek out reliable and eligible moms to speak with me.

The key here was having a solid relationship with someone who was able to vouch for me as well as had good rapport with the exact population I was hoping to connect with.

## Tick Tock

Among the many challenges faced during the initial stages of recruitment, time seemed to be the biggest. As the date for the first workshop drew nearer, what had initially felt like a small task came to feel like an insurmountable feat. Shifting from seeking 12 participants to 4 made a difference in the race against time, especially with few interested participants to pull from.

## To Be or Not to Be

I was initially ecstatic about the sudden influx of interested potential participants. A larger participant pool meant we would have some variability in experiences and stories. Unfortunately, I did not account for the amount of folks that would be interested despite not fitting the base criteria. It wasn’t until the screening interview via phone that I’d learn a majority of moms were either not from Paterson or didn’t identify as Black or African American, two key elements for addressing Black maternal health for this specific project. I tried to look on the bright side and spun this screening process in favor of both myself and those who had taken the time to speak with me. With their permission, I documented valuable information for future reference should other projects surface in which they fit the criteria, and it was an opportunity to give moms, regardless of background, a space to vent instead of abruptly ending the screening process.

## Takeaway

Although my expectations were massively different from the reality of this experience, it gave valuable insight into how to better approach the process in the future. Successfully pooling participants requires a great amount of patience, charisma, trust, and solid communicative abilities. Exhausting all recruitment methods is a must but should be done sensibly. There were areas in which I paid far too much attention and others I gave very little, if any, energy. Whether it be out of comfort or an oversight, I could have been more meticulous in where and how I disseminated information regarding this project. Fortunately, knocking on the right doors and talking to the right people granted access to some spaces and people I wouldn’t have met had I not been a dash persistent. Most importantly, being backed by a team that could draw their own windows and doors in places that felt walled off made a world of a difference throughout this experience.

# Conclusion

When we embarked on this journey of defining and starting co-design, we didn't have a clear picture of the end, but we held firmly to our conviction that if the mom's voice was centered, everything would work out.

While there were learning moments and challenges we need to figure out for future co-design work, we created a space for Paterson moms to not only share their experiences but also build potential solutions.

While we write this guidebook, we are refining the prototypes that came from these workshops and testing them in-house in the SJH OB-GYN Clinic.

The groundwork of co-designing has been extremely rewarding and hopefully applicable to others. It is truly a healing experience for everyone involved, especially the moms.

Please contact us to learn more about how the Center for Innovation is using human-centered design and co-design techniques to build better, community-informed solutions.



For more information, contact **The Center for Innovation** at St. Joseph's University Medical Center.

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