Veda Borgave

School of Visual Arts
MFA Design for Social Innovation
Class of 2021

Hundred
on100

ACTIVITES
BUILD STORY
FOR GATE
WHAT IS IT THAT I AM PROTOTYPING?
NEW NARRATIVE
① Introduction
Examples + building
BUT WHY?
② BUILD / GET ANY
PROMPTS TO TEST
WITH
③ PROTOTYPE
ending value
BASED
① Start with
Session?
LIKE THESIS PAPER
MANAU
WHAT ARE THE NEXT ONES?
FACILITATION GUIDE
CO-CREATION GUIDES.
RANDOM
A PROMPT
GENERATER
+QUICK DESIGN SPRINTS.
GATE
EXPLAIN OUTREACH + EXTRA RESEARCH
INTRODUCE
DETAIL
BUILD BASIC FUNTIONALITY
IN DEPTH.
INTRODUCE FUTURE PLAN.
SHARING OUT
WHAT IS THE STORY?
① Initial thesis statement
Recently Diagnosed
type 1's and their
families.
→ OFTEN FELT ALONE AND FELT LACK OF SUPPORT FROM OTHERS AROUND.
→ PRESSURE REGARDING FOOD
HABITS & DIFFERENT ACTIVITIES/
ALCOHOL CONSUMPTION,
TRAVELLING ETC.
WHY IS IT A SOCIAL PROBLEM?
MANAGEMENT
+ INDEPENDENT
SYSTEMS +
ROUTINES
AFFECT THEIR CAPACITY
TO CONTRIBUTE +
VICE A VERSA.
INSIGHTS
→ There exists gaps in
Pediatric to adult health
care systems and transition
① They lack support
systems after moving
away from families
② Manage their own diets +
meal plans along with other
imp tasks.
③ Be the ones who face stigmas +
answer direct questions & tackle
assumptions from the community.
④ keep track of the blood sugar +
other help levels + transition
into a new circle of friends
⑦ Figuring out insulin + medical facilities
when/wherever the move along with
other demands like insurances etc.
WHERE DOES THE INNOVATION LIE?
PEDIATRIC
CARE
SYSTEMS
PROTOTYPES
WHAT IS THE INDIAN
CONTEXT?
→ IMP. TO EQUIP + GEAR
THE YOUTH WITH ADEQUATE
KNOWLEDGE + INFO REGARDING
THE TRANSITION.
→ OFTEN COMES IN AS A
SURPRISE
TRANSITIONS NEED
TO BE UNIVERSAL
ADULT
CARE
SYSTEMS.
ONLY
VISIT
DOCTORS
WHEN IN
DIRE SITUATIONS
TRAVEL ALL
ON THEIR
OWN TO REACH
OLDER CARE
PROVIDERS
CO-DEPENDATION
BETWEEN
CARE PROVIDERS
IS ESSENTIAL
Need to use
a similar
language?

Hundred on 100

MFA Design for Social Innovation Thesis
School of Visual Arts, NYC
Class of 2021

Designed by:
Veda Borgave

Thesis Advisor:
Sloan Leo

Hello Hello

Co-creating to manage Type 1 diabetes during changes and transitions

Hundred on 100 was born as a thesis project and initiative to co-create community resources , we know that sometimes all it takes to change the world is a little support. At the heart of this project has been the ability of Young Adults with Type 1 diabetes to envision their ideal future with each other. The core of our efforts is to bring the community together and learn from each others stories, experiences and help in changes that happen in lives of Type 1s. Through all of our facilitations and tools we hope to build connection, love and community resources that lead to changes in the healthcare perspectives.

Community Agreements

Community agreements are a set of basic ground rules that we ask participants in the space to follow. The goal is to create an open and inclusive space so that every individual has the ability to flourish.

For example,

- This is a safe space, this is your space.
- Feel free to state your opinions, thoughts and feedback as we sail through the next couple of minutes. This space is judgement free and we are here to support each other.
- There is no right or wrong, it is what you think, because well, this is your journey.
- Keep the conversation open for anyone who doesnt feel up to it!
- And, listen to your body. Feel comfortable in starting or shutting your camera or grabbing a bite!

are the stepping stone to build connection
g the participants to each other helps build trust
s people outside the community and circle of
,
ourselves, just your name and your favourite thing to do in
be a hobby or something that you do everyday!
ething about me ——
n ahead ——

HUNDRED ON 100

Content

- HELLO HELLO!
- OPENING
- COMMUNITY AGREEMENTS
- ACTIVITY 1 - ALONG THE PROMPTS
- ACTIVITY 2 - MAKE IT YOUR OWN
- ACTIVITY 3 - LETS SHARE
- ACTIVITY 4 - FEEDBACK
- CLOSING RITUAL

Preface

I grew up in India in a joint family. I was super close to my grandfather who lived with diabetes for 40 long years. This meant personal care management and worries around health for the entire household.

Very quickly I saw my father transition from being a son to being my grandfather's confidant, doctor, nutritionist, diabetologist and educator and at times his personal chef too. 25 years later this experience continues to shape my belief in the importance of community in healthcare and is a big part of my thesis.

Throughout my thesis and the work I have done with people, their experiences, stories and trust has reshaped my belief in community-centered design and problem solving. This thesis, has also been a journey of my confidence and trust in my own ability to work independently, yet with people.

The moments of self-awareness, realization and active listening have been also personal journeys about reflection and the importance of communicating effectively in our work as social designers has grounded me in my practice and will remain an important part of my work-flow forever.

Building capacity and curating experiences for an ideal future.

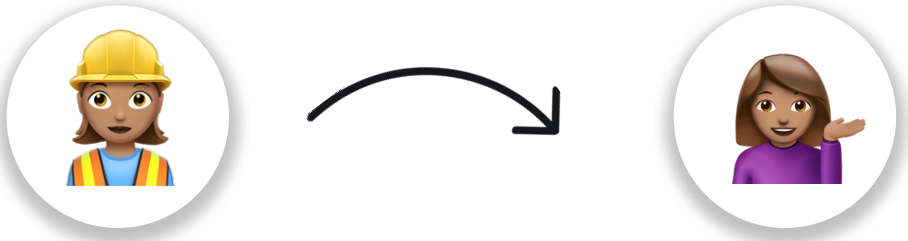
BUILDING COMMUNI-CATIONS & CONNECTIONS
14 RICE 6 SPONGE
FACILITATION GUIDELINES
EVALUATION PLAN + LOG FRAMES
PERSONAL MECHANISM BUILDING
YOU GOT THIS VEDA!
INDICATORS IN LOG FRAME. QUESTIONS ACTIVITIES
NOTION BUILDING FOR CAPACITY BUILDING
SHIFTING AWARENESS V.S. SHIFTING VALUES
BUILD OUT HOW MIGHT WE ----?
CAN GUIDES FOR FACILITATIONS PROVE EFFECTIVE ENOUGH?
POSSIBILITES TO BUILD INTERVENTIONS - CO-CREATION (NEXT?)
FOCUS ON SCOPING THE PROBLEM.
TRUST WHILE CHOOSING / BUILDING A NETWORK
SUPPORT PROCESS
REFERENCE BUILDING FOR TYPE 1 DIABETES.
HOW MIGHT WE FACILITATE A SMOOTHER TRANS. BET" CARE PROVIDERS
PREPARED TO COPE WITH TRANSITIONS
CO-ORDINATION BET" CARE PROVIDERS [PEDS → ADULT]
PEER SUPP AND NETWORK BUILDING
RESEARCH SYNTHESIS IDEATE PROTOTYPE TEST.
TOOLS + CREATION
① FINISH THE FACILITATION PLAN TODAY!
BEGIN DECK BUILDING FOR FACILITATION
INTRODUCE INSIGHTS. + CURRENT FOCUS.
ABOUT MYSELF
INTRO. SHREYA + TEAM!
EMPATHISE DEFINE IDEATE PROTOTYPE TEST RETURN TO EMPATHI
MENTION IDEAL NEXT STEPS.
EVOLVE
LOOK AT PARALLEL WORLDS AND OPTIONS.
CUSTOMER JOURNEY. BUILD A PERSONA PHASES | INSIGHTS
USER MAPPING & INFLUENCE ECOSYSTEM
BEGIN THE THESIS GATE 4 PRESENTATION [WEDNESDAY]
SAYS THINS FEELS DOES
BUILDING INSIGHTS.
BUILD THE
SEND SLOAN CDL CONTENT
EVIDENCE CUSTOMER ACTIONS FRONTSTAGE BACKSTAGE
PROTOTYPING?
Did you adjust your DOSE?
A - Z of Dealing with Transitions like a Boss!
DESK

Foreward

When I began my thesis journey, my goal was to understand and explore the process. Very quickly, my thesis was focused on creating a product-based approach and at the heart of this process was creating and building experiences. Being a product and industrial designer, my approach was streamlined, structured and output driven. The process and the intervention had been at the core of it.

Being introduced to my wonderful community of young adults with Type 1 diabetes helped me understand their experiences and stories through a people-centered lens. Their perspectives were driven from paitent perspectives in healthcare design. My role as a designer shifted from a maker or creator to a facilitator.

My community of people are close-kint, they trust each other and their drive to build towards an ideal future has truly helped me unlearn and re-learn the truest aspects of conducting authentic research driven by stories and to build together. With people, for people.



Maker / Creator **Facilitator**

The health-care system in India has been broken for a long-time. These gaps have time and again shown the world the blows and need to build better systems. The community-driven resources have been its back-bone and today have been building towards understanding support structures for the entire country.

My approach towards this project was leveraging what already existed in the community to amplify and connect resources, tools and people to each other. The current covid crisis in India and the world throws light on the broken, weak and ever crippling healthcare system. The community and people I have been working with have been fighting all along, and I hope my thesis and work provides them with the connection, love and faith in Community-centered design to build together come what may.

Steady and constant Steps with love!

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- Scoping the direction 28

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04. Learning

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01. Research

Learning from the community

- What is Type 1 Diabetes?
- The stories and my community.

Understanding the Ecosystem

- Type 1 Diabetes in India
- The Journey

Scoping the direction

- The Scope Story

Image: Sidekicks Staff

Learning from the community

What is Type 1 Diabetes?

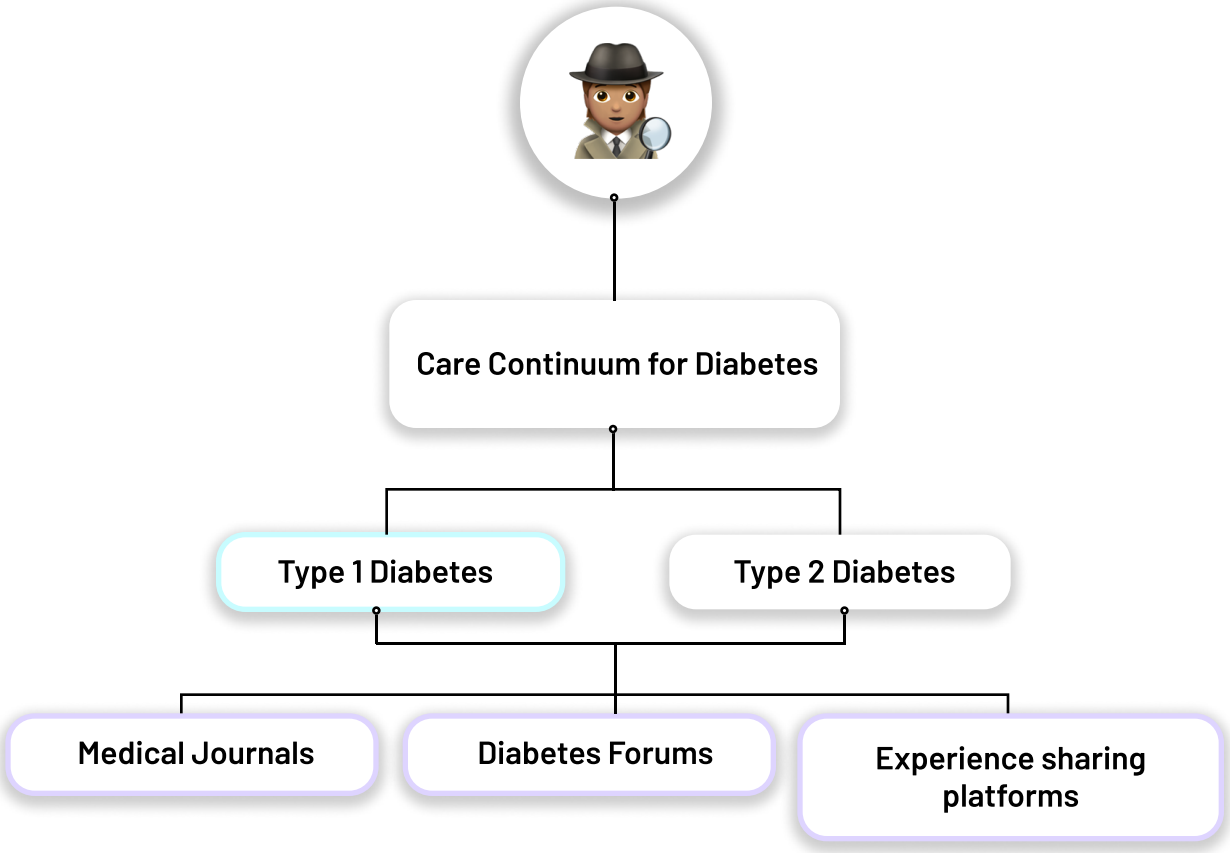
Type 1 diabetes, once known as juvenile diabetes or insulin-dependent diabetes, is a chronic condition in which the pancreas produces little or no insulin. Insulin is a hormone needed to allow sugar (glucose) to enter cells to produce energy.

Different factors, including genetics and some viruses, may contribute to type 1 diabetes. Although type 1 diabetes usually appears during childhood or adolescence, it can develop in adults.

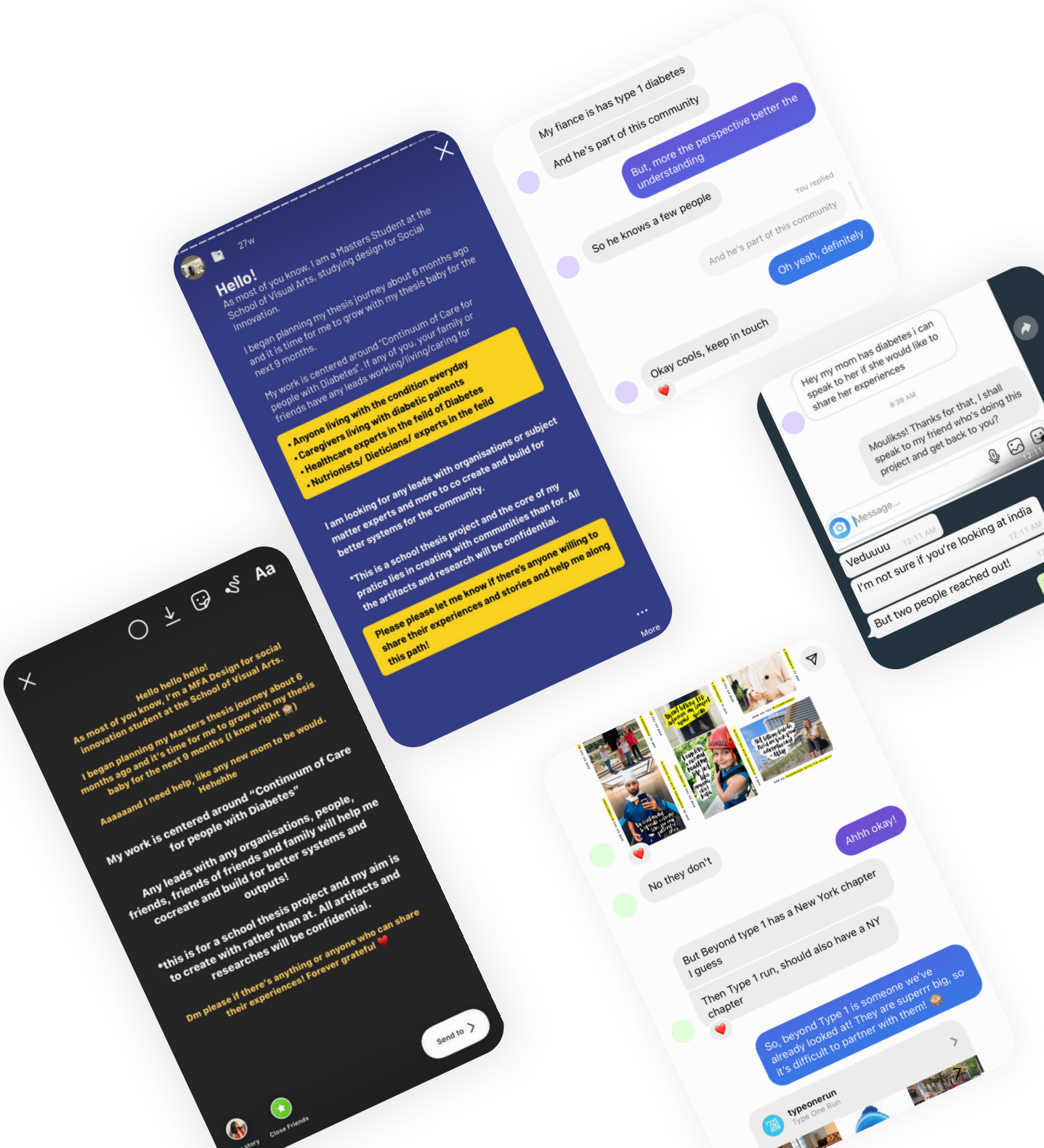
Despite active research, type 1 diabetes has no cure. Treatment focuses on managing blood sugar levels with insulin, diet and lifestyle to prevent complications.

The Stories and my Community

I started by wanting to explore the care continuum for diabetic patients in India. I reached out and spoke to a few people. I heard about two types of diabetes- Type 1 & Type 2, and in order to develop a better understanding of these, I started conducting research through different medical journals, diabetes forums, and experience sharing platforms.

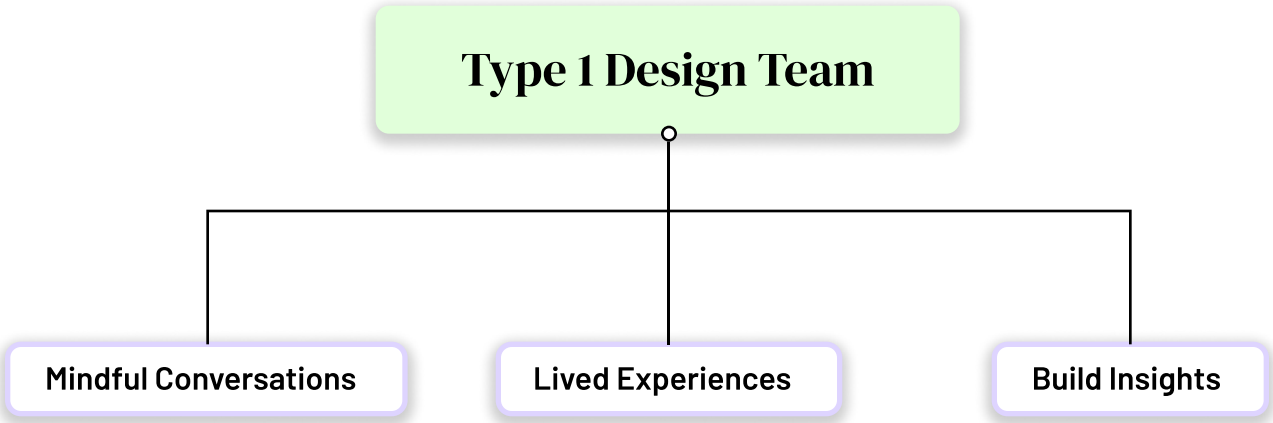


With that thought in mind, I put a call on Instagram for leads about diabetes educators or doctors, or people with type 1 who could guide me with understanding the diabetes management space. Surpassing my expectations, people responded in large numbers with connections and stories. I was introduced to Pooja, a diabetes educator and nutritionist from Pune, India who has been a Type 1 diabetic for over 25 years. Through her, I was introduced to a Type 1 diabetes community made of young people, whose experiences have guided my thesis journey.



Over the course of the last year, I was also able to build a team of designers and creators who are a part of the Type 1 community. They have been actively involved in designing facilitation, reaching out to people,& co-creating probes and add tremendous value with their lived experiences.

I learned so much about the journeys and challenges of all these different people and found a few individuals- designers and engineers who were passionate about building type 1 awareness. I thought this was a great opportunity and decided to introduce them to each other. They joined forces to become my type 1 design team who helped me build insights, and informed the process with their lived experiences. They have truly been a backbone of the thoughts, interventions and mindful conversations I've had with the community.



Understanding the Ecosystem

Type 1 Diabetes in India

The incidence and prevalence of Type 1 diabetes (T1D) is suspected to be high in India, but in the absence of a nation-wide registry, it is not possible to be sure of the numbers. The Diabetes Atlas 2017 estimates that there are 128,500 children and adolescents with diabetes in India.

However, as the country experiences' reduction in poverty, better communication and technology, greater awareness among health care personnel (HCP), and more trained specialists, this situation appears to be improving, with earlier diagnosis and increased survival.

These children and their families need a lifetime of intensive diabetes education, multiple daily insulin injections, daily blood glucose monitoring, prevention and handling of acute complications, screening for and managing chronic complications, safe disposal of sharps, psychological support, and societal support rather than discrimination. This is thus a complex, expensive, exhausting disorder for a child and family to cope with. Unless timely and ongoing care is provided by HCP familiar with its management, the quality of life can be abysmal, worsened by the frequent chronic complications, with all their costs in turn.

Type 1 Diabetes is one of the most common pediatric endocrine illnesses. Of these, over half are living in developing nations, with India being home to an estimated 97,700 children with T1DM.

Indian J Endocrinol Metab. 2015 Apr; 19(Suppl 1): S31–S33.

80% diabetics at risk of heart disease: Study

TIMES NEWS NETWORK

Mumbai: Around 80% of patients with diabetes have a higher risk of developing heart problems, found a pan-India study conducted by a chain of diabetes care clinics ahead of World Diabetes Day.

The US FDA-approved RISC (Report on Insulin Sensitivity and Control) test conducted on 8,269 patients also showed that 63% of them were at high risk of developing complications such as retinopathy in their micro blood vessels.

Retinopathy, a cause of blindness, is caused by damage to blood vessels of the retina.

The survey's significance, though, lay in the fact that it underlines shocking lack of awareness about the diabetes-related complications, despite

▶Continued on P 10

India being home to the second largest chunk of patients with diabetes. It is estimated that India is home to more than 10 crore patients with diabetes and 20 crore others with pre-diabetes.

India has largest diabetic popul

Type 1 diabetes – characterized by a lack of insulin pro
accounts for 5 percent to 10 percent of cases diagnos
An estimated 12 million to 24 million people, includin
million in the U.S., have this form of the disease.

Countries with the largest diabetic populations, 2000

Treatment w
medication
U.S., 2001

15%
Neither

SOURCES: World Health Organization; N
Information Clearinghouse

Teachers learn about Type 1 diabetes

ST CORRESPONDENT

Pune: The attitude of school students towards diabetic children needs to change and teachers can play a crucial role in bringing about this change, said Anuja Shams, project director of Nityaasha Foundation.

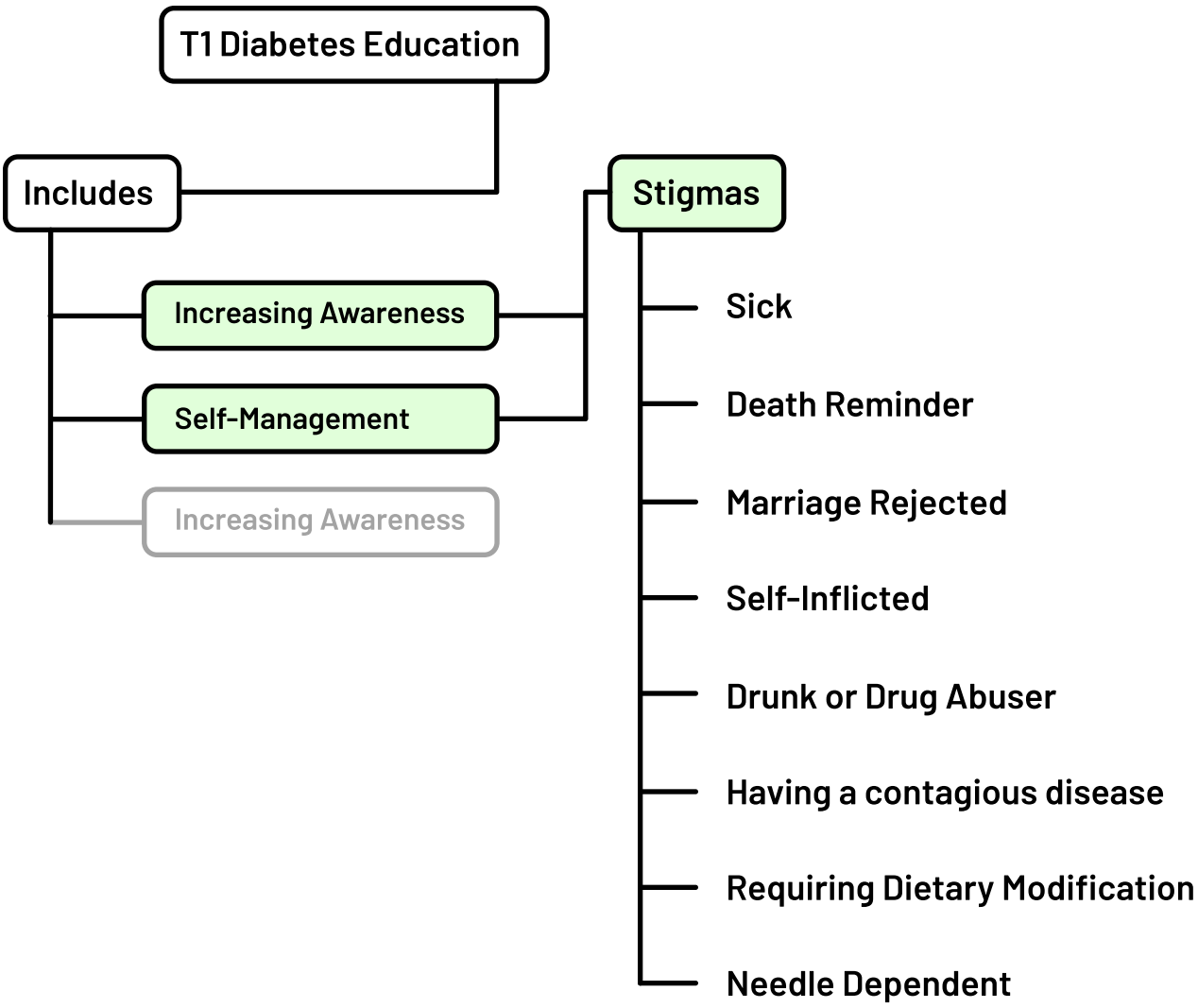
She was speaking at the teachers' awareness programme organised by Nityaasha Foundation, a city-based NGO providing treatment to underprivileged children suffering from Type I diabetes on Tuesday.

Pediatrician Dr Anuradha Khadilkar, who works for children with diabetes at Jehangir Hospital and Lavanya Parthasarthy, who has specialised in diabetic children's diet, addressed the participants.

As a part of the awareness drive to educate people about Type 1 diabetes, the specially designed keeping teachers in mind as they deal with juveniles and is imperative for them know what to do whe child is suffering from condition.

"We have had where classmates h abetic children to where no one c to sit with them of behaviour presses the makes them ly about th teachers portant added.

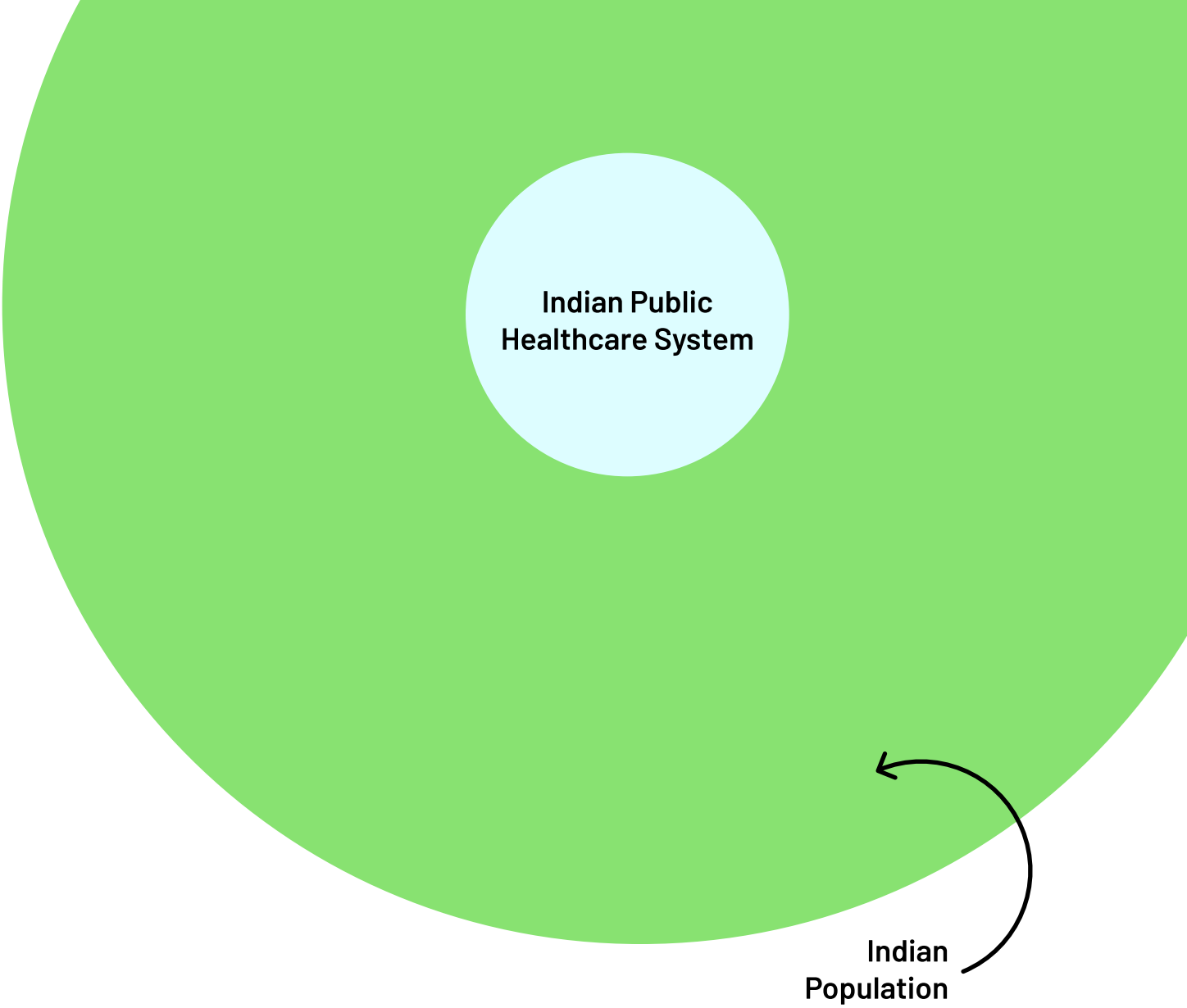
Image: Google Images



Diabetes education in India primarily focuses on Awareness, Management and Diet consultation. There is little to no focus on the mental well-being of the patient.

Topics like Needle dependency, self infliction etc are rarely addressed, leaving the families and patients unequipped to deal with the stigmas they might face in society. People with T1 Diabetes also spoke about the misconceptions around their diets and how their condition often becomes a burden for arranged marriage.

Diabetes Care. 2013 Feb; 36(2): 270–272.



Unfortunately, the Indian Public healthcare system too, does very little to support people with Type 1 diabetes. It is a very tiny system compared to the large population.

Drawbacks to India's healthcare system today include quality care, corruption, unhappiness with the system, a lack of accountability, unethical care, overcrowding onto clinics, poor cooperation between public and private spheres, barriers of access to services and medicines, lack of public health knowledge, and low cost factor. These drawbacks push wealthier Indians to use the private healthcare system, which is more accessible to low-income families, creating unequal medical treatment between classes.

Diabetes Care. 2013 Feb; 36(2): 270–272.

With extremely heavy doctor to patient ratios, the system lacks follow up, customization, organized efforts and adequate knowledge.

- Poor co-operation between public and private sectors
- Heavy Doctor to Paitent Ratios
- Need of Promoting health through organized efforts of society
- Inadequate Public health knowledge
- Lack of Follow-up
- Lack of customized options for treatment

Access to Proper Healthcare means:

- [x] Having access to diabetes educators
- [x] Having access to insulin, medicines and medical equipment
- [x] Diet Plans and Nutrition Access
- [x] Access to Doctors
- [x] Milestone Setting

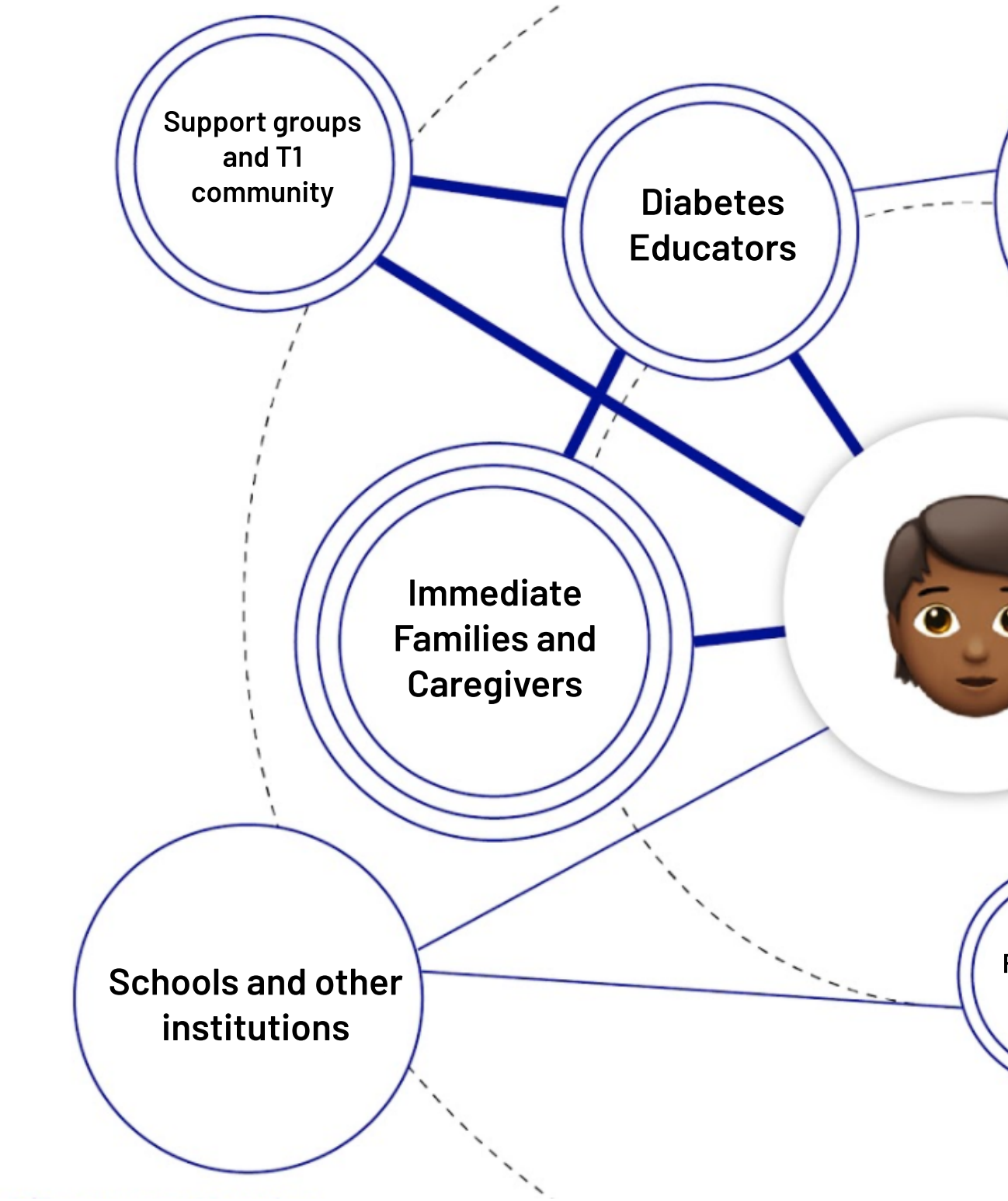
Despite all of this,

Coping with Type 1 Diabetes is still an overwhelming process for patients ans their families. They struggle with the new demands of their condition and find it hard to re imagine a whole new support system for themselves.

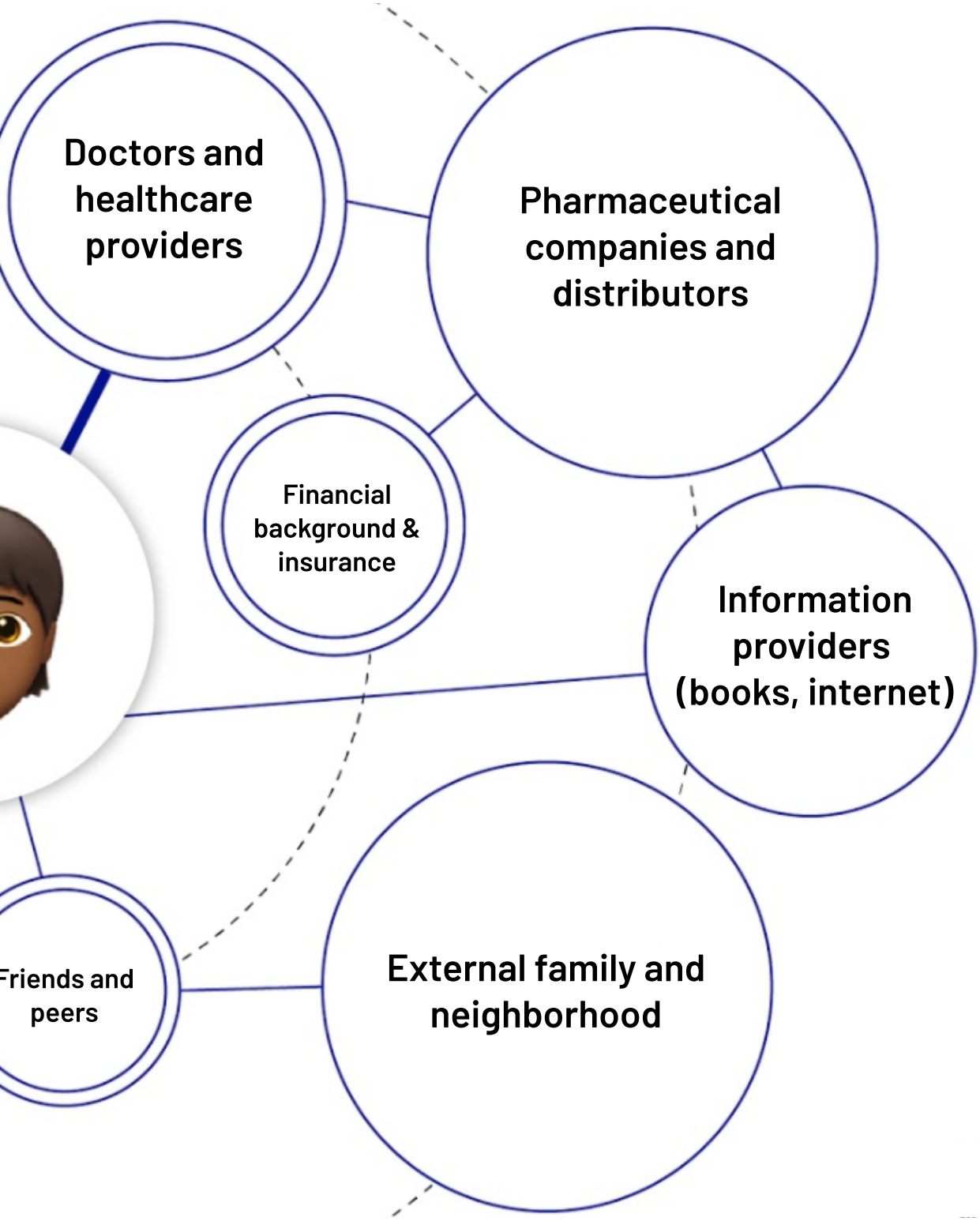
Extensive knowledge about Type 1 Diabetes does not always lead to proper management of the condition.

- Difficult Lifestyle Transition
- Lack of guidance on coping individually
- Difficulty in imagining a whole new support system
- Difficulty in imagining a whole new support system

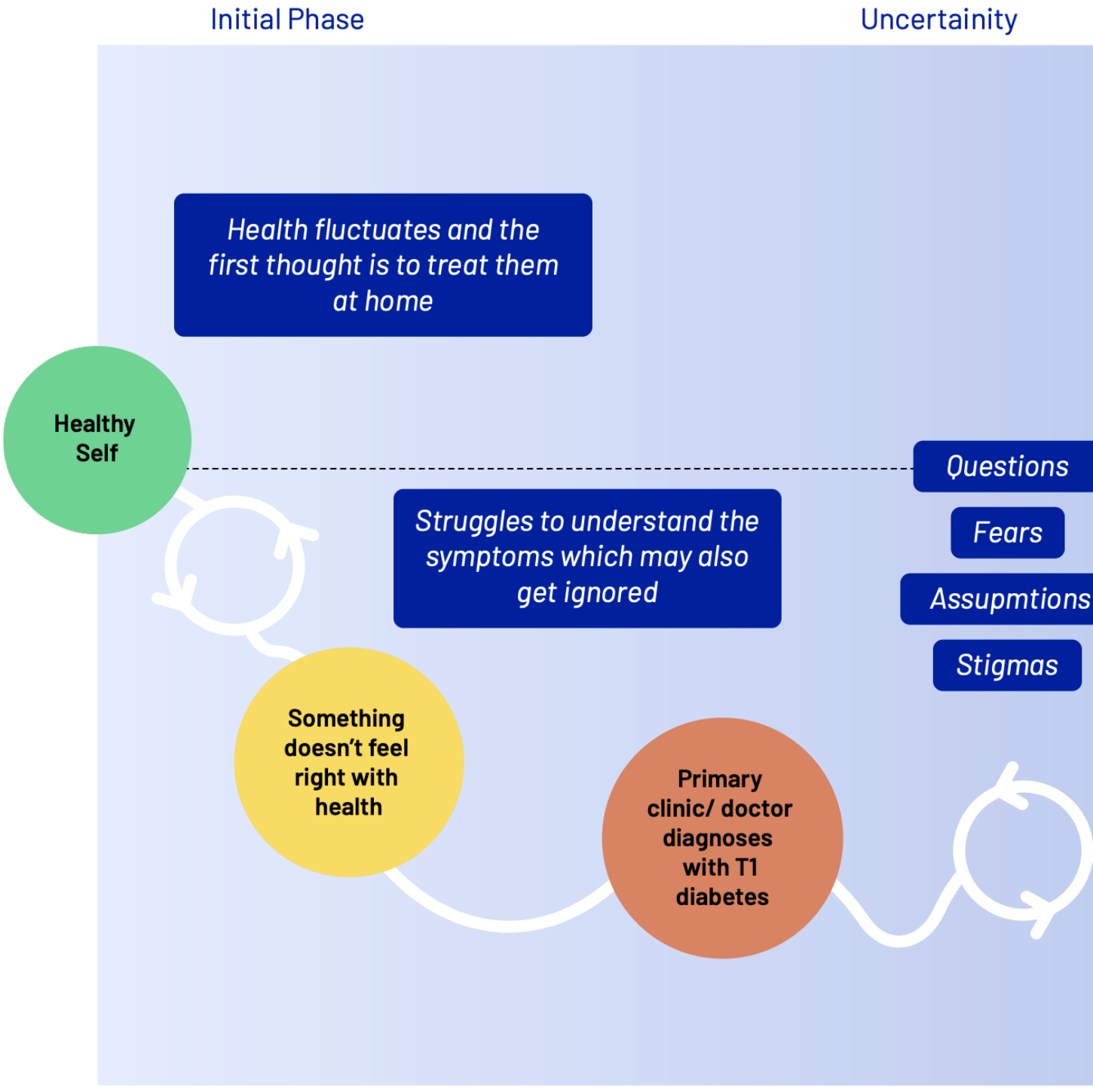
But, multiple systems, stakeholders and services define parallel systems that affect care management for type 1 diabetes.

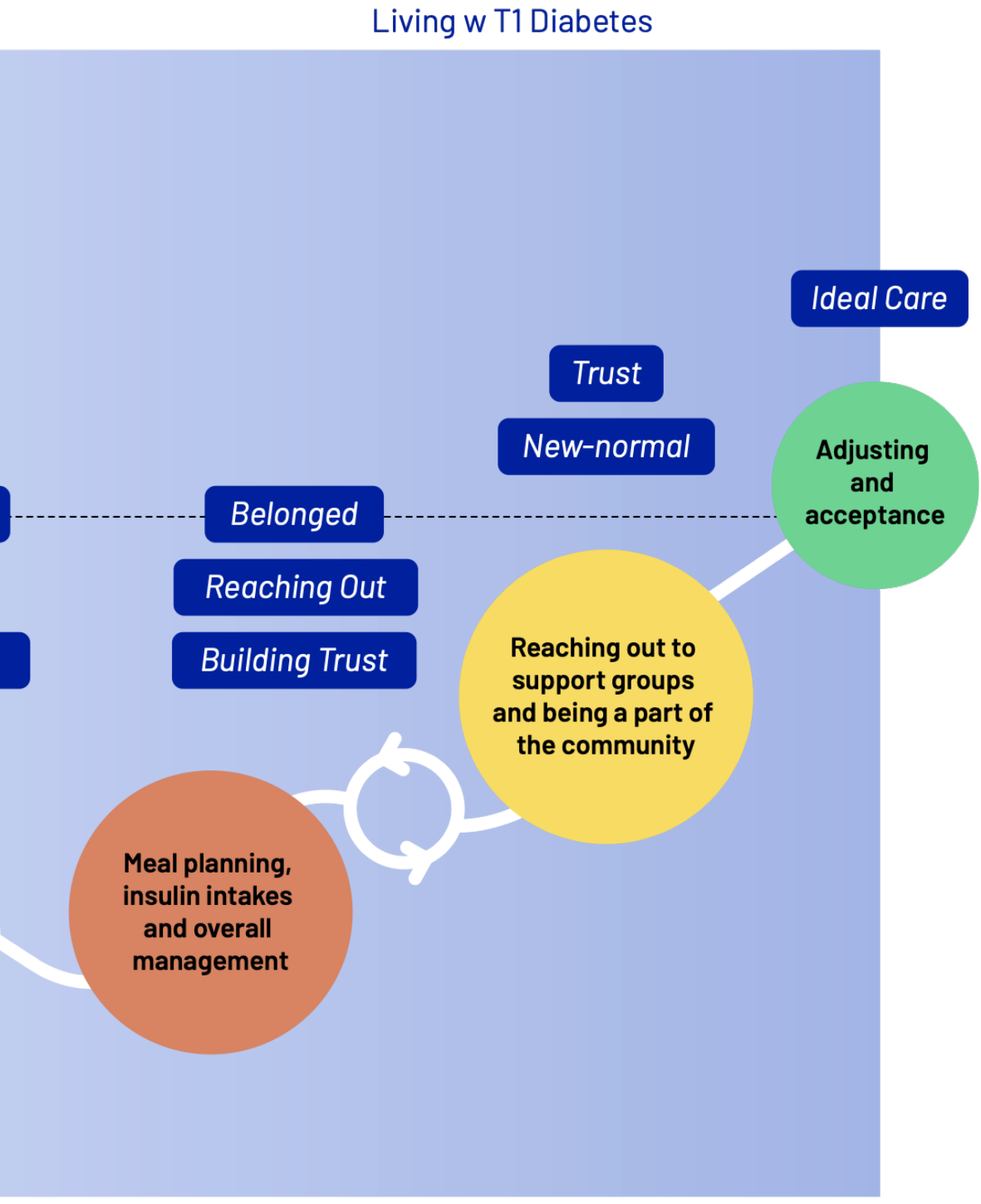


This informed and helped me map their ecosystem which includes their families and also institutions like schools, hospitals, pharmacies, diabetologists and diabetes educators.


Doctors and healthcare providers
Pharmaceutical companies and distributors
Financial background & insurance
Information providers (books, internet)
Friends and peers
External family and neighborhood

The Journey


Initial Phase
Uncertainity
Health fluctuates and the first thought is to treat them at home
Healthy Self
Questions
Fears
Assupmtions
Stigmas
Struggles to understand the symptoms which may also get ignored
Something doesn't feel right with health
Primary clinic/ doctor diagnoses with T1 diabetes


Living w T1 Diabetes
Ideal Care
Trust
New-normal
Belonged
Adjusting and acceptance
Reaching Out
Building Trust
Reaching out to support groups and being a part of the community
Meal planning, insulin intakes and overall management

Scoping the Direction

Next, it was important for me to get a deeper understanding of what it was like living with diabetes, but before that, it was crucial that the community trusted me. Since honesty is the key to that, I started with explaining my social design process and approach of building with them rather than for them. Once they were comfortable sharing with me, I began conducting one-on-one interview sessions and weekend meetups.

Struggles while moving from the pediatric care system to the adult one, where she is suddenly put in charge of her own decisions.

Is constantly worried about the kind of access to insulin he will have once he moves cities.

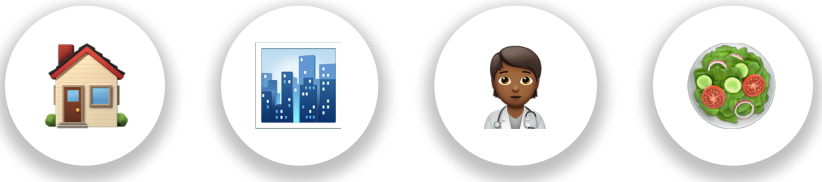
Struggles with managing and explaining her T1 management to her coach every time that she takes up a new sport or activity.

Added struggle of looking for a new trustworthy Diabetologist, closer to his new home.

Living with type 1 means having a set routine to get enough exercise and rest, constantly keeping your sugar in check with the right intake of food, monitoring the required insulin intake, and having a strong-trustworthy network for medical assistance.

This, as you can imagine, can be a lot and comes with its own challenges.

While all these challenges seem small, they have a lasting impact on the everyday lives of these young adults who already have a plate full of responsibilities even outside their chronic condition.



Changing Care Providers

Changing schools/educational institutions

Moving Cities

Getting second opinions

Finding a new community

Starting a new Job

Changes in Diet and Nutrition Plans

Changing Hobbies

Changes in brands for insulin

Moving houses/localities

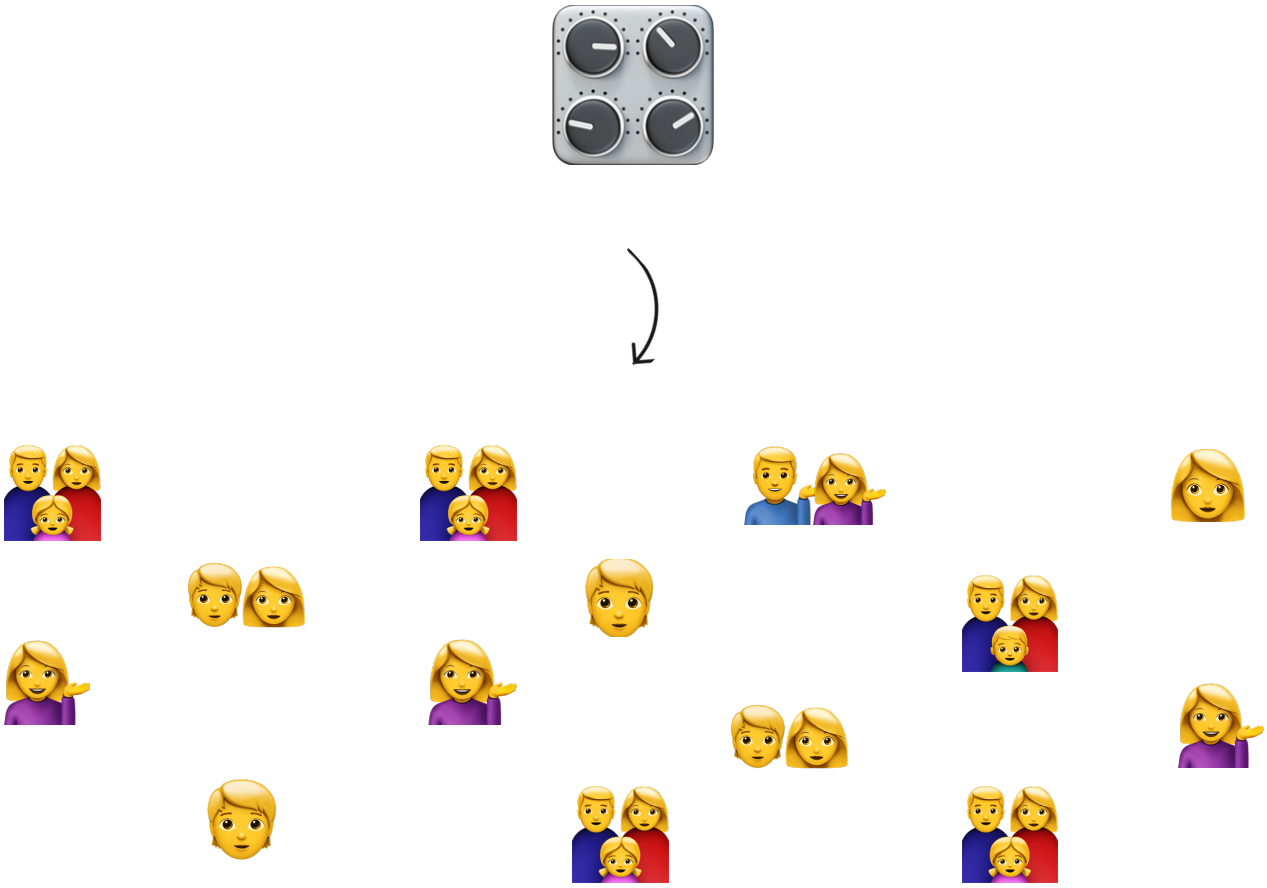
Difficult Lifestyle Transition

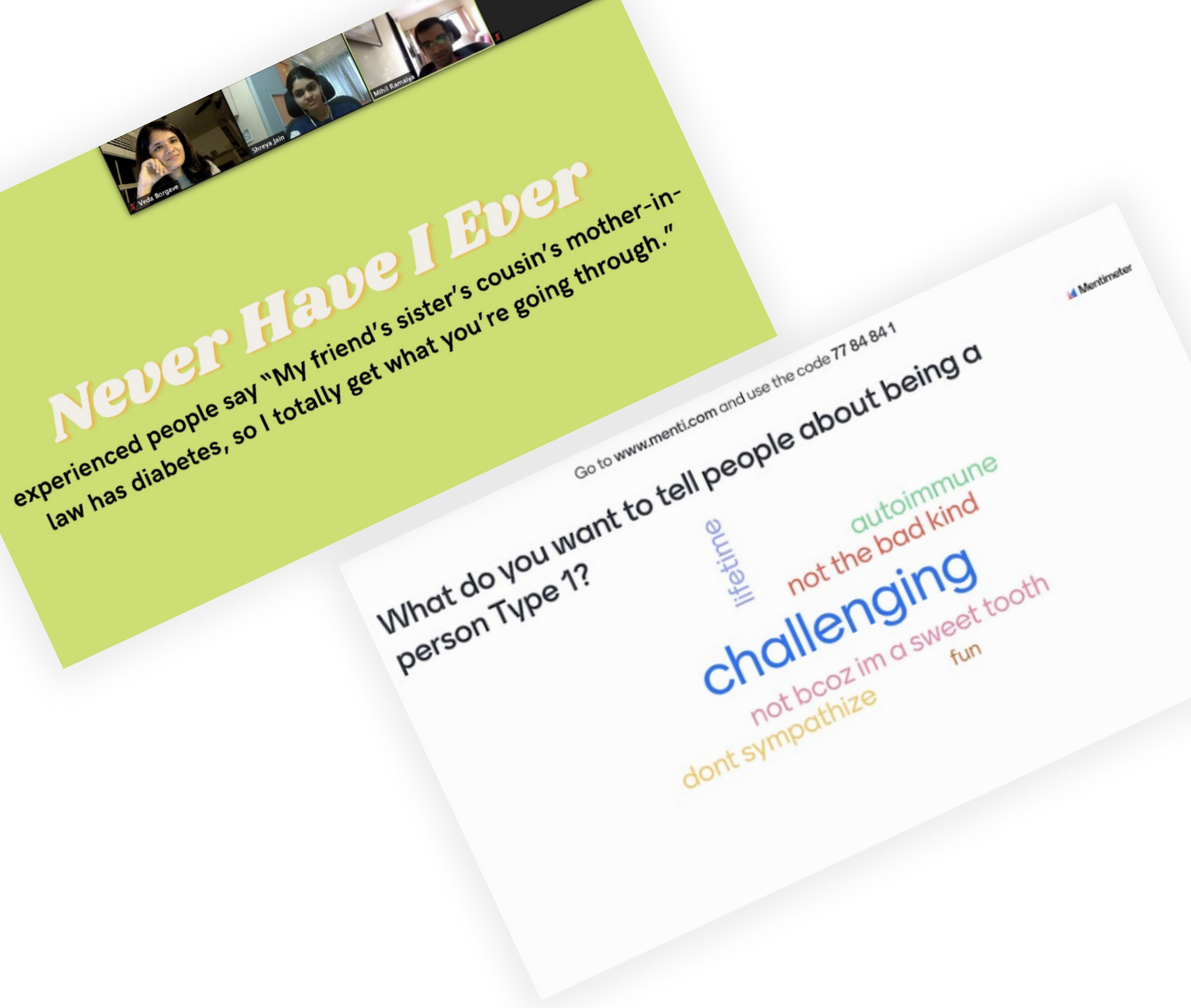
How might we facilitate a smooth transition between care providers for Young Adults with Type 1 Diabetes in India?

I noticed that the one common factor amongst all their challenges was their struggle in coping with different transitions or changes in their care management. So I decided that my thesis would focus on answering the question:

With this new realisation, my role needed to change. From designing tools for smoother transitions, I stepped into the role of a facilitator. My thesis pivoted from a product based design intervention to a leadership based approach :

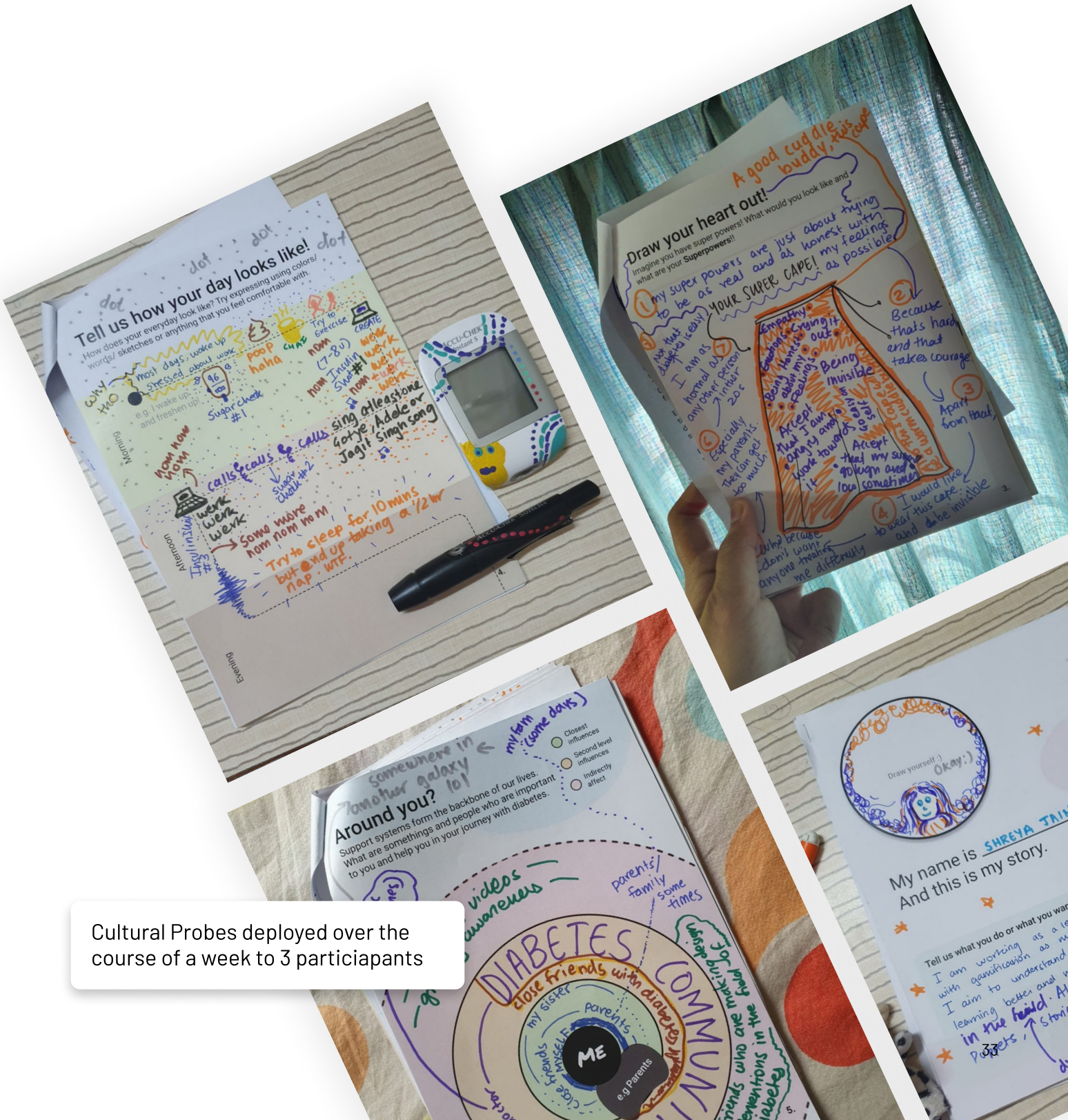
To enable members of the community to leverage their existing mechanisms and come together to share and build their own solutions.





Along with the probes, I was also able to conduct a town hall with my community. This was a safe space for the people to share their thoughts, stories and opinions on what is currently happening in their lives and what they need to make their lives easier. It was important to me that this felt personal. I tried to make the conversation engaging and fun through activities like Never Have I ever, rant sessions and more. The community spoke about how important it was for them to be able to trust their doctors. Eg. Someone spoke about how they once consulted their doctor during a common cold and the doctor casually told them that they could reduce their insulin intake while on other medication. This kind of advice might sound harmless, but can have fatal effects for a type 1 patient. They struggled to explain to their local physician how this advice was problematic. This communication gap during transition in their management was a stressor to handle.
Community members also highlighted the many challenges that they face every time they switch care providers or look for new doctors.

With my Type 1 Design team, we co-designed probes to get a peek into the everyday lives of young adults from my community between the ages of 18 to 25. These probes focused on understanding their past experiences, current struggles, future planning, support systems, and their observations regarding problems they face with any kind of change. I learnt that often change or making transitions is affected by multiple factors: Psychological readiness, Social pressures, Self Expectations, local Policies, evolving relationships and physical maturation to name a few.



Cultural Probes deployed over the course of a week to 3 particiapants

02. Prototyping

What already exists

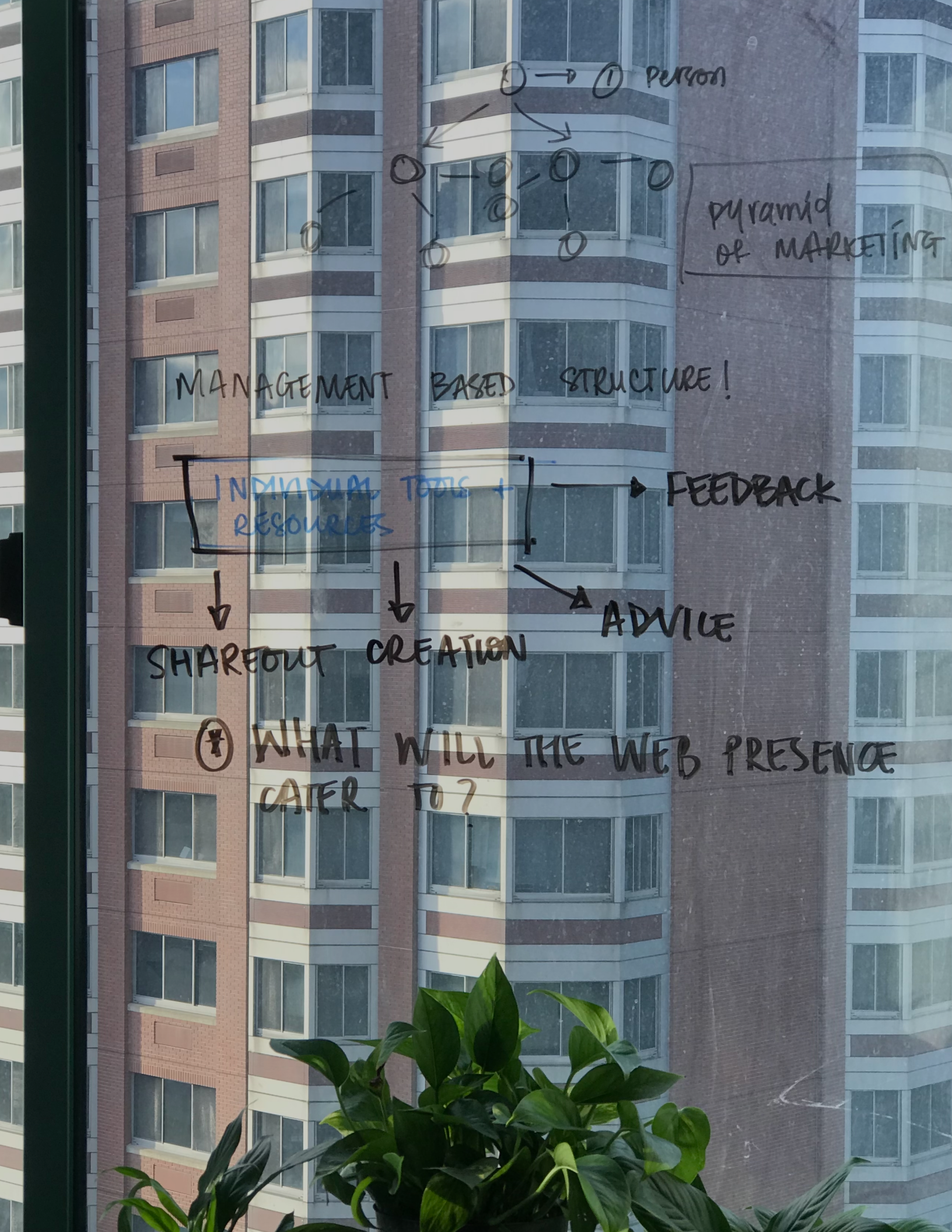
- Community Stories and Inputs
- The Shift

Co-creation as a medium

- With the community for the community

Building the support

- About Hundred on 100
- The design team


1 person
pyramid of MARKETING
MANAGEMENT BASED STRUCTURE!
INDIVIDUAL TOOLS + RESOURCES
FEEDBACK
ADVICE
SHAREOUT
CREATION
1 WHAT WILL THE WEB PRESENCE CATER TO?

What already exists?

Community Stories and Inputs

I realized that every family had a different story and struggle, but their ability to come together and build their independent mechanisms to cope with challenges was a consistent and strong driving force in their diabetes journey. People had created diet charts, insulin tracking apps and diabetes awareness sessions all by themselves.

I discovered that due to the absence of any kind of formal assistance or resources like specialized insurance, people often come up with their own informal techniques and mechanisms to deal with these challenges.

A community member has her own guide to the City from the lens of a diabetic foodie. Right from diet sheets that help them with the everyday meal planning to a dos and don't list for their friends while they vacation, the community, with time, has tried and tested these ideas and incorporated them in their lives.

Tools and mechanisms developed to maintain and manage T1D.

Images: Sent in by the community

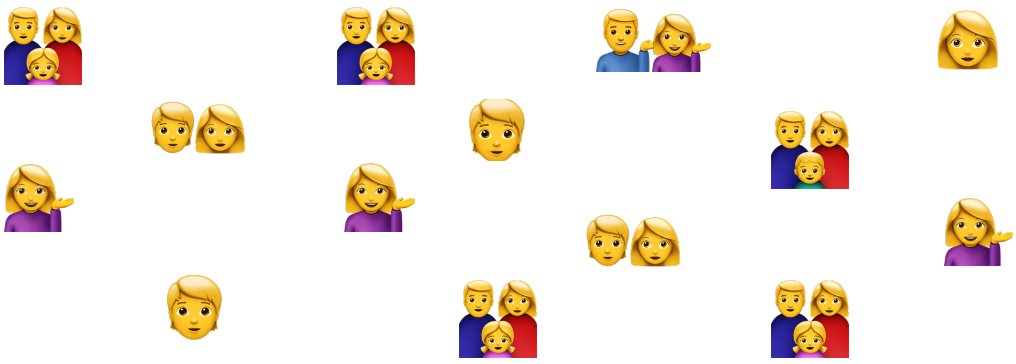
The Shift

With this new realization, my role needed to change. From designing tools for smoother transitions, I stepped into the role of a facilitator: to enable members of the community to leverage their existing mechanisms and come together to share and build their own solutions.

Maker / Creator

Facilitator

My thesis pivoted from a product based design intervention to a leadership based approach.



FAMILIES FEEL PREPARED TO COPE WITH TRANSITIONS

CO-ORDINATION BET" CARE PROVIDERS [PEDS → ADULT]

PEER SUPPORT AND NETWORK BUILDING

CAN GUIDES FOR CALCULATIONS PROVE EFFECTIVE ENOUGH?

SHIFTIN AWAR V.S SHIFTI VA

CAPACITY BUILDING

RESOURCE BUILDING

TOOLS + CREATION

POSSIBILITES TO BUILD INTERVENTIONS - CO-CREATION [NEXT?]

BU FOR B

EXTENSIVE KNOWLEDGE ≠ PROPER MANAGEMENT

BEST FORM OF CARE IS PERSONALISED CARE!

TRUST WHILE CHOOSING / BUILDING A NETWORK

INTRO. SHREYA + TEAM!

ABOUT. MYSELF

Image : Research and Clustering

Co-creation as a medium

With the Community for the Community

We built prototypes to test the hypothesis:

The prototype was divided into two parts. The first part focused on sharing out a few of their existing mechanisms that they had implemented at home. Things like recipe books and an app for logging sugars were exchanged and the conversation was free flowing.

Part 1: Existing Mechanisms

Sharing out :
• Understanding mechanisms developed at home to aid transition

Session Breakdown:
• App for logging Sugars
• Insulin Pump cycles
• Diet Plans
• City Guides
• Recipe Booklets

Part 2: Co-creation

Create :
• Co-creation using prompts
• Time-based activity

What were we testing:
• Relevance across people
• If they found value in building shared tools
• Prompt relevance
• Communication clarity and confidence

The prototype was divided into two parts. The first part focused on sharing out a few of their existing mechanisms that they had implemented at home. Things like recipe books and an app for logging sugars were exchanged and the conversation was free flowing.

The second part focused on co-creation using Prompts, inspired from all the stories I had heard from them. The aim was to test their relevance across different people and find if they helped in building shared resources. We concluded the session with an open share out for ideas and feedback.

The group felt connected, comfortable and inspired by each other's ideas and were enthusiastic about sharing what they knew. They were confident that these tools that they had made a change in their lives and would also be useful to others. They were excited about the prospect of having such resources at their disposal.

I hoped to have a little more guidance about putting down my idea. Maybe a bucket that would help me understand the exact scope of what I was creating.

The prompts were clear, they gave me enough backdrop to start thinking about the situation.

This can be catered to anyone from anywhere in the world. Anyone who has type 1 diabetes or maybe not.

There are so many types of transitions, it is always difficult even with the finest thing.

d on 100 - 28/2/2021) Facilitation Guide

foremost, thank you for joining us today! We hope you have fun and feel comfortable
g out here as much as we had while building this space together.

ening

Hello,
I am Veda and I am a social designer. I use design and systems approaches towards solving
social problems. I am currently working on my thesis which focuses on understanding care
models for young people with Type 1 Diabetes in India. And for this enquiry my aim is to design
strategies and solutions with and for the community.

Shreya (Intro)

With that in mind, it's been a journey of about a year where I have been learning everyday from
the community and have been focusing on transitions between care providers for young adults,
especially while they live with type one diabetes.

With the past few months of interviews and community town-halls, which were of course
virtual, today I am here to test out an idea for my intervention. Which means you get to tell me
what was okay for you, what could be better and what more can I do! :)

We will

Community Agreements

As we step into why we are here today, its is important to understand a few things as a group
together.

- This is a safe space, this is your space.
- Feel free to state your opinions, thoughts and feedback as we sail through the next couple
of minutes. This space is judgement free and we are here to support each other.
- There is no right or wrong, it is what you think, because well, this is your journey.
- Keep the conversation open for anyone who doesnt feel up to it!
- And, listen to your body. Feel comfortable in starting or shutting your camera or grabbing a
bite!

Ice Breakers

With that, let's jump into our first activity.
We will introduce ourselves, just your name and your favourite thing to do in the world! Can be a
hobby or something that you do everyday!
Here is something about me ——
Pass it on ahead ——

Activity 1 (Along the Prompts)

Prompts-

Shreya shares out an example and explains how to use the prompt.

- Moving from college to job
- Start new classes- tuitions/ sports
- From school to Junior college/University
- to a new place
- ulin doses over time
- rking/studying from home
- ts/diets
- vaste
- n.
- d tricks you use to optimize your diabetes management.
- Any sm

Show examples of what do you mean my creations

Activity 2 (Make it your own)

time for creation and building

derstand if it works...

HUNDRED ON 100

Come Create

Join Us to build towards an ideal future that you envision! A fun co-creation workshop where you build tools based on your experiences as a member of the Type 1 community.

Here is what you need!
Smiles, energy and your stories!

When?
4th April 2021, Sunday
10 am - 11.15 am (IST)

Where?
In the comfort of you home
zoom link! :)

P.S. A space curated and desi
community to share and lea

Facilitation guide and invitations for participants from the community

Templates that facilitate co-creation and sharing with each other!

They shared that moving forward, they could use a little more help in building their tools, for e.g.: templates to document their creations so as to explain them clearly.

Building the Support

About Hundred on 100

My thesis, 100 on 100 re imagines community support for young adults with Type 1 Diabetes. The vision is to build agency within the community so that they can co-create tools and benefit from each other's journey, experiences and stories.

Hundred on 100 re imagines community support for young adults with Type 1 Diabetes. The vision is to build agency within the community so that they can co-create tools and benefit from each other's journey, experiences and stories that help them with the changes that happen in life.

On the 20th of April, we conducted a co-creation workshop for Young adults with Type 1 Diabetes and their caregivers. This was a space for the community and the design team to come together and brainstorm solutions for their challenges, through 5 primary themes like Do's and Don't s, Guides, List-making, watch out for, Let it go. The workshop was spear-headed by Shreya, a member of the design team, and we focused on facilitating and leading within the community.

When people mark their “100” level of sugar, they often refer to it as “Catching a unicorn”. This is a symbol of hope and inspiration for the community. It was important to me that the identity was relatable to the community and felt grounded in their reality, so it derives its look and feel from this reference. The colors denote hope and magic, much like a unicorn.

03. Intervention

Hundred on 100

- Intervention Details
- The Artifacts

Measurement and Evaluation

- Theory of Change
- Activity Narrative

Looking into the future

- Why now and What next?

NOTION BUILDING FOR CAPACITY BUILDING

SHIFTING AWARENESS V.S. SHIFTING VALUES

BUILD OUT HOW MIGHT WE ....?

CAN GUIDES FOR FACILITATIONS PROVE EFFECTIVE ENOUGH?

POSSIBILITES TO BUILD INTERVENTIONS - CO-CREATION [NEXT?]

FOCUS ON SCOPING THE PROBLEM.

BUILDING COMMUNI- ATIONS & CONNECTIONS

EVALUATION PLAN + LOG FRAMES

YOU GOT THIS VEDA!

INDICATORS IN LOG FRAME. QUESTIONS ACTIVITES!

RESEARCH SUBITHSIS IDEATE PROTOTYPE TEST.

FACILITATION GUIDELINES

PERSONAL MECHANISM BUILDING

HOW MIGHT WE FACILITATE A SMOOTHER TRANS. BETⁿ. CARE PROVIDERS

PREPARED TO COPE WITH TRANSITIONS

CO-ORDINATION BETⁿ CARE PROVIDERS [PEDS→ADULT]

PEER SUPPORT AND NETWORK BUILDING

SUPPORT PROCESS

REFERENCE BUILDING FOR TYPE 1 DIABETES.

INTRODUCE INSIGHTS. + CURRENT FOCUS.

ABOUT. MYSELF

INTRO. SHREYA + TEAM!

EMPATHISE DEFINE IDEATE PROTOTYPE TEST RETURN TO EMPATHISE

MENTION IDEAL NEXT STEPS.

EVOLVE

TOOLS + CREATION

① FINISH THE FACILITATION PLAN TODAY!

INTERTION CREATION

BEGIN DECK BUILDING FOR FACILITATION

MOCK-UP

COPY → RWANDA

FLESH OUT CONTENT

HOW MIGHT?

LOOK AT PARALLEL WORLDS AND OPTIONS.

CUSTOMER JOURNEY. BUILD A PERSONA

PHASES | INSIGHTS.

USER MAPPING & INFLUENCE ECOSYS

SAYS THINS FEELS DOES

INTERCULTURAL SATURDAY

HOW? WHAT? QUESTIONS

DEFENSE TALK TRACK!

4+4 BEGINNING + END FOR SLOAN!

CANVA

VIDEOS + DECKS ALREADY EXIST.

EVIDENCE

CUSTOMER ACTIONS

FRONTSTAGE

BACKSTAGE

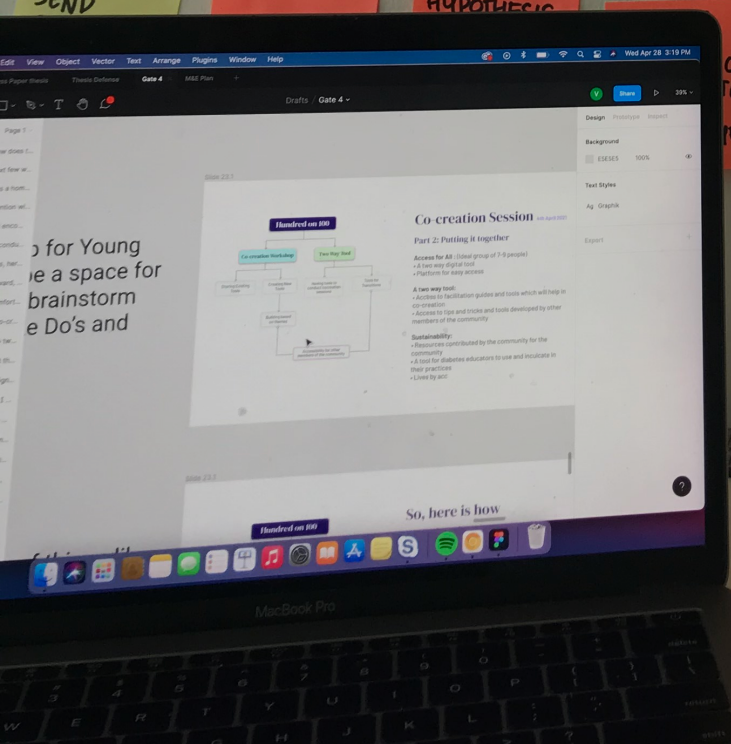
PROTOTYPING?

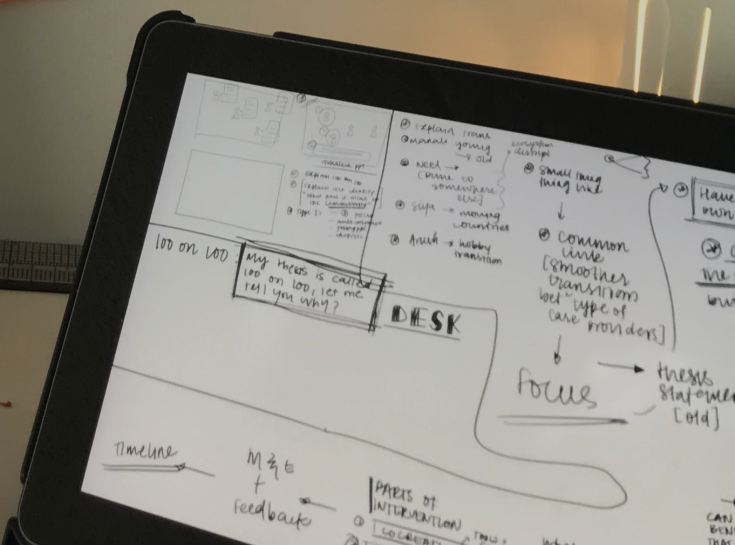
BUILDING INSIGHTS.

BUILD THE HYPOTHESIS

SEND

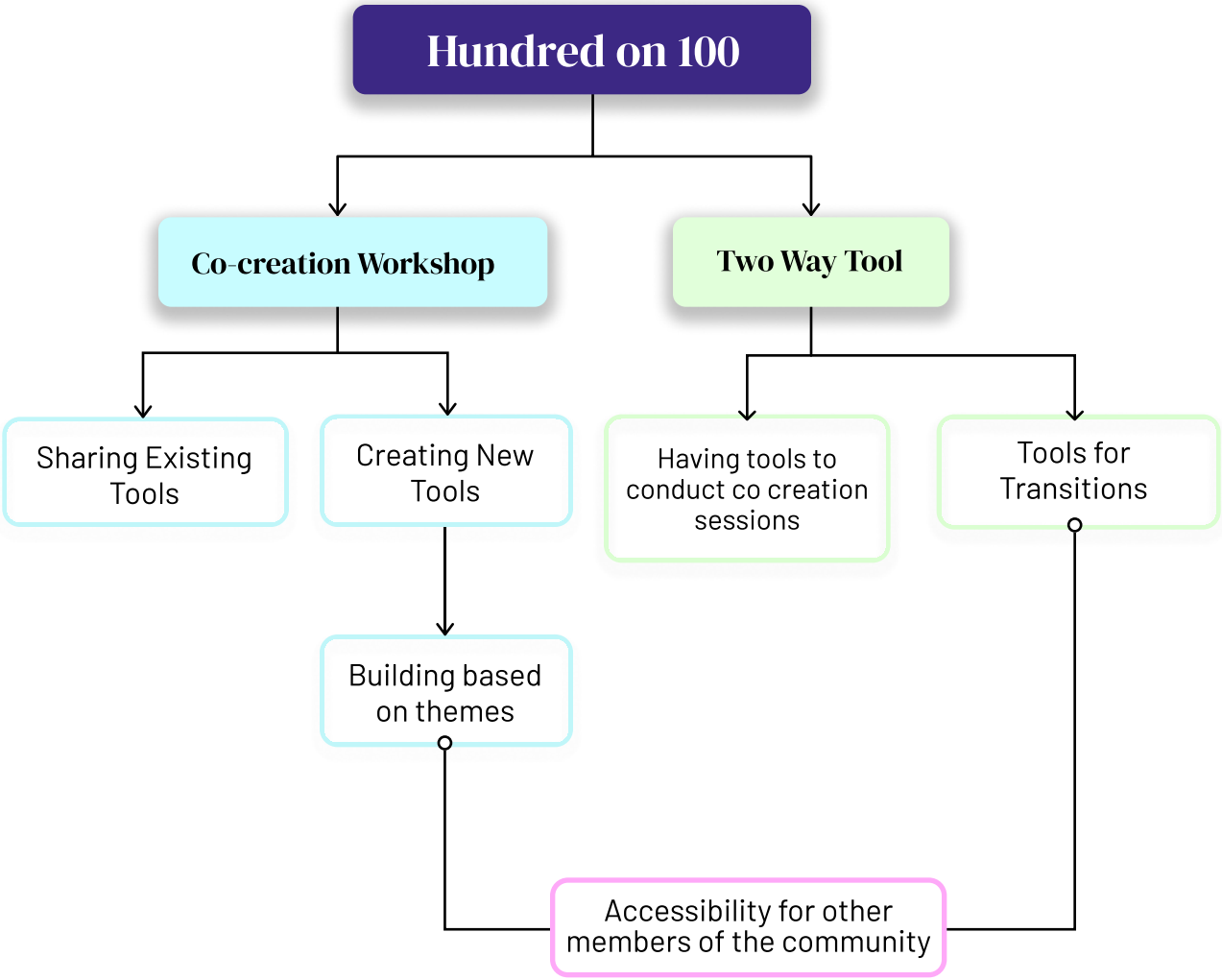
INTEGRATING HUMAN CENTERED DESIGN TO BUILD POSSIBILITIES BALANCE BETⁿ. PRACTICAL + EMO.





Hundred on 100

Intervention Details



Co-creation Session

Part 1: Creating

Participants : (Ideal group of 7-9 people)
• Young Adults with Type 1 Diabetes, Caregivers, Diabetes Educators

Session Breakdown:
• Community Agreements and Ice Breakers
• Share out your current tips and tricks
• Prompt Introductions
• Build and Create based on the themes
• Share out and Peer Feedback

Themes:
• Do's and Don'ts
• Guides
• List-Making
• Watch Out For
• Let it go

Part 2: Putting it together

Access for All : (Ideal group of 7-9 people)
• A two-way digital tool
• Platform for easy access

A two-way tool:
• Access to facilitation guides and tools which will help in co-creation
• Access to tips and tricks and tools developed by other members of the community

Sustainability:
• Resources contributed by the community for the community
• A tool for diabetes educators to use and inculcate in their practices
• Lives by contribution of the community

So, here is how Hundred on 100 works:

A two-way tool:
• Access to facilitation guides and tools which will help in co-creation
• Access to tips and tricks and tools developed by other members of the community

Sustainability:
• Resources contributed by the community for the community
• A tool for diabetes educators to use and inculcate in their practices

The experiences, stories and solutions that came out of this workshop, as well as a framework to conduct more such workshops will now live on a website (with free access for all) designed by me and curated by the community. We envision this as an opportunity to bring together diverse people to use and try out the intervention. This will eventually also be used by diabetes educators from the circle of contacts in their practice.

(7-10 mins)

Opening

Introductions are important. They are the stepping stone to build connection and communication. Introducing the participants to each other helps build trust and understand each other as people outside the community and circle of interaction. For Example,

- We will introduce ourselves, just your name and your favourite thing to do in the world! Can be a hobby or something that you do everyday!
- Here is something about me ——
- Pass it on ahead ——

Community Agreements

Community agreements are a set of basic ground rules that we ask participants in the space to follow. The goal is to create an open and inclusive space so that every individual has the ability to flourish.

For example,

- This is a safe space, this is your space.
- Feel free to state your opinions, thoughts and feedback as we sail through the next couple of minutes. This space is judgement free and we are here to support each other.
- There is no right or wrong, it is what you think, because well, this is your journey.
- Keep the conversation open for anyone who doesnt feel up to it!
- And, listen to your body. Feel comfortable in starting or shutting your camera or grabbing a bite!

Hundred on 100

Hello Hello

Co-creating to manage Type 1 diabetes during changes and transitions

Hundred on 100 was born as a thesis project and initiative to co-create community resources , we know sometimes all it takes to change the world is a little ...e heart of this project has been the ability ... Type 1 diabetes to envision their ... The core of our efforts is ...nd learn from each ...hanges that facilitation... and community re... healthcare perspectives.

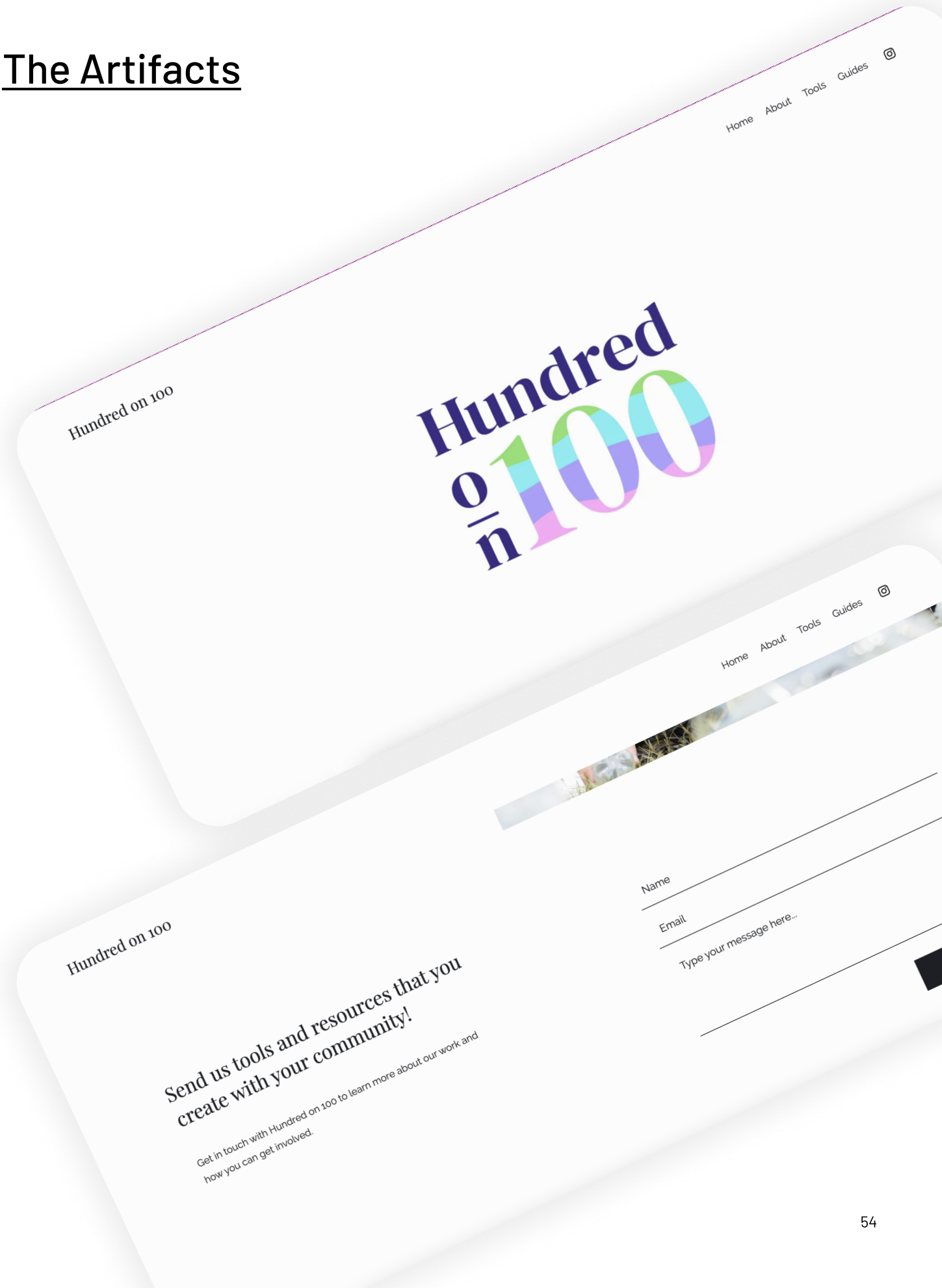
HUNDRED ON 100

Content

- HELLO HELLO!
- OPENING
- COMMUNITY AGREEMENTS
- ACTIVITY 1 - ALONG THE PROMPTS
- ACTIVITY 2 - MAKE IT YOUR OWN
- ACTIVITY 3 - LET'S SHARE
- ACTIVITY 4 - FEEDBACK
- CLOSING RITUAL

Reference material for Co-creation sessions and meetups

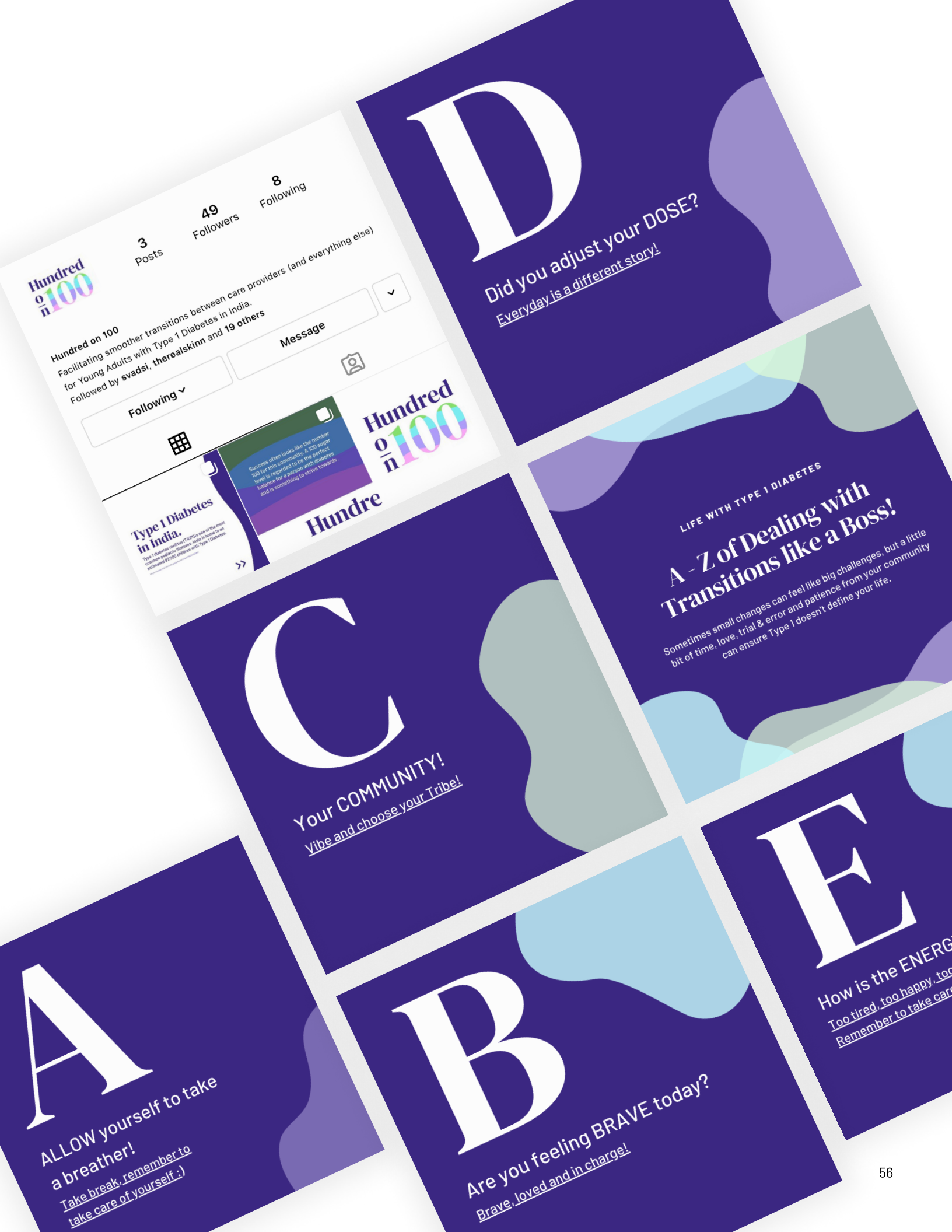
The Artifacts



Instagram

- Documenting the importance of the little changes that happen in lives of young adults with type 1.
- Promote the availability of community resources as well interact and engage with people.
- Touchpoint for more people to become part of the community.

Project Hundred on 100 now also has a page on Instagram which is a place for people to engage and interact, share community resources and is also a touchpoint for more people to become a part of the community. Today, this page is handled by the community where they share tips, tricks and experiences to build communication and support changes and transitions for other fellow young type 1 diabetics.


Hundred on 100
3 Posts
49 Followers
8 Following
Hundred on 100
Facilitating smoother transitions between care providers (and everything else) for Young Adults with Type 1 Diabetes in India.
Followed by svadsi, therealskinn and 19 others
Message
Following
Type 1 Diabetes in India.
Success often looks like the number 100 for this community. A 100 sugar level is regarded to be the perfect balance for a person with diabetes and is something to strive towards.
Hundre
Hundred on 100
D
Did you adjust your DOSE?
Everyday is a different story!
LIFE WITH TYPE 1 DIABETES
A - Z of Dealing with Transitions like a Boss!
Sometimes small changes can feel like big challenges, but a little bit of time, love, trial & error and patience from your community can ensure Type 1 doesn't define your life.
C
Your COMMUNITY!
Vibe and choose your Tribe!
A
ALLOW yourself to take a breather!
Take break, remember to take care of yourself ;)
B
Are you feeling BRAVE today?
Brave, loved and in charge!
E
How is the ENERG
Too tired, too happy, too
Remember to take car

Acknowledgement certificates for the Design team

Measurement and Evaluation

Theory of Change

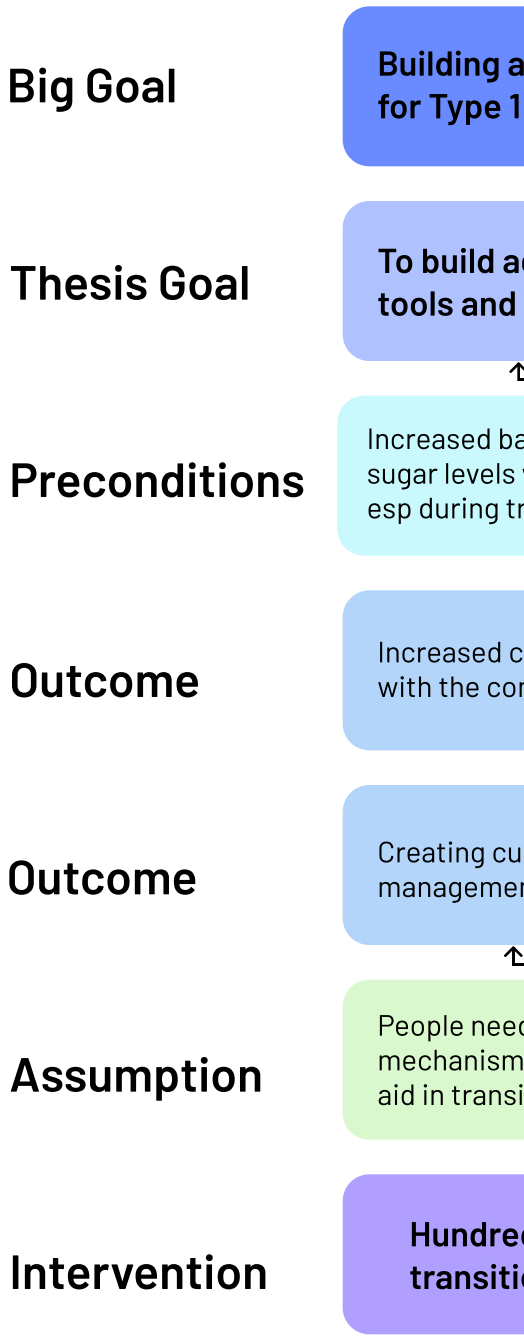
Goal and Thesis Goal: My big thesis goal focuses on building a future where community-driven and co-created tools for type 1 diabetes management help with the transition between care providers. Health care in India often focuses on management and care-capacities at an individual and doctor-patient levels. There lacks focus on diabetes management and health especially during transitions between care providers. Thus, community-driven resources and co-created tools with people with lived experiences lie at the top-most priority levels in my theory of change model.

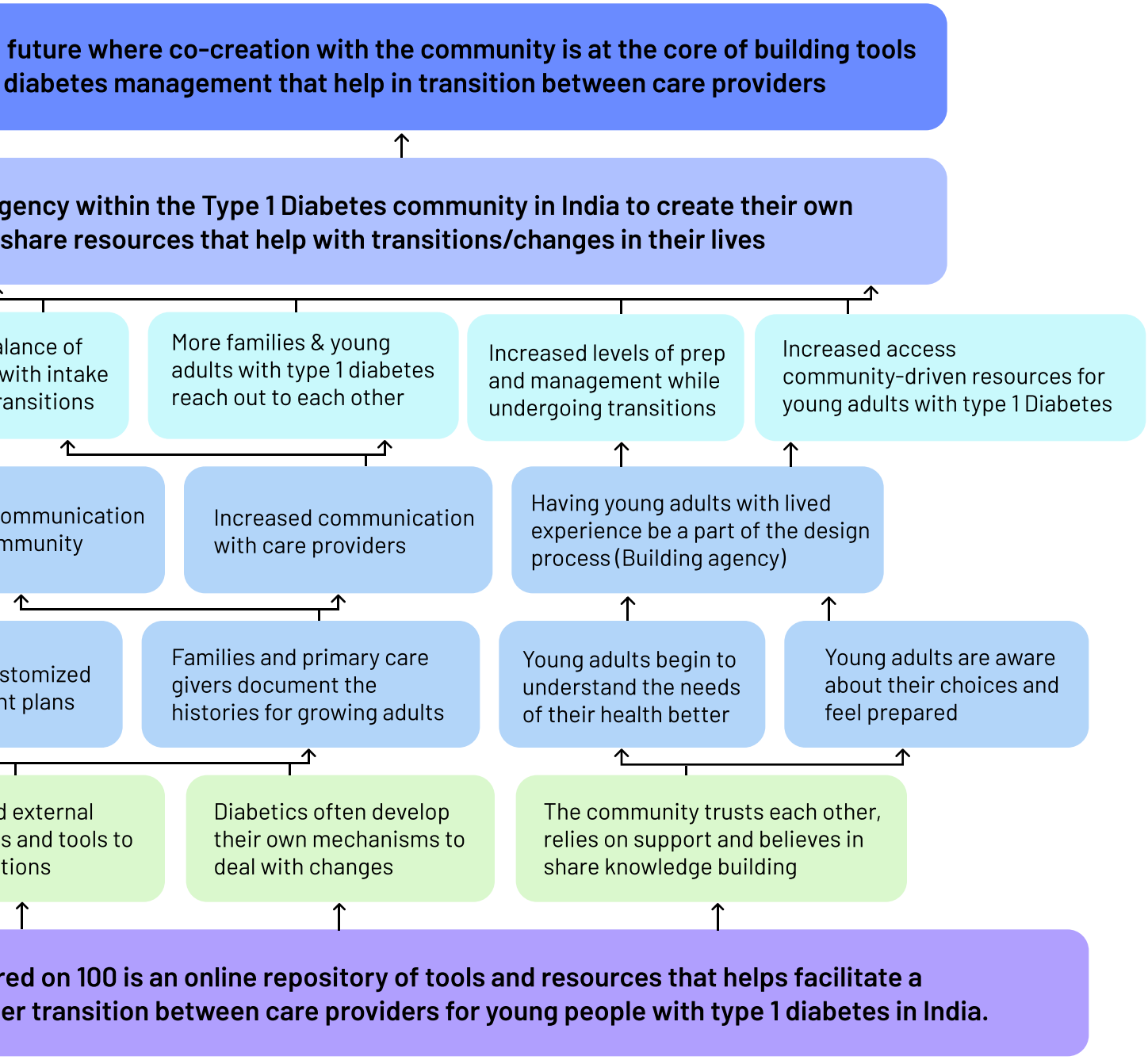
Preconditions: The preconditions to this goal focus on increasing accessibility for community driven resources where families and young adults with type 1 diabetes can also reach out to each other actively. They feel prepared to undergo transitions and are at capacity with balancing their sugar levels during transitions.

Outcomes: Working upwards, these preconditions are fueled by different outcomes. Increased customized management plans and efficient documenting of chronic condition for histories will also ensure for a proper and smoother transition. Through the research conducted so far, the importance of self monitoring and responsibility is high in managing a chronic condition like type 1 diabetes. An awareness regarding their own health patterns and an increased communication with care providers will also lead towards the precondition.

Inputs: The inputs focus on the resources and direct tools in form on knowledge, sourcing and providing with tried and tested tools and services to the community.

Intervention: 100 on 100 is an online platform/repository of tools and services that facilitate a smoother transition between care providers for young adults with type 1 diabetes.




future where co-creation with the community is at the core of building tools
diabetes management that help in transition between care providers
gency within the Type 1 Diabetes community in India to create their own
share resources that help with transitions/changes in their lives
lance of
with intake
ransitions
More families & young adults with type 1 diabetes reach out to each other
Increased levels of prep and management while undergoing transitions
Increased access community-driven resources for young adults with type 1 Diabetes
ommunication
mmunity
Increased communication with care providers
Having young adults with lived experience be a part of the design process (Building agency)
stomized
nt plans
Families and primary care givers document the histories for growing adults
Young adults begin to understand the needs of their health better
Young adults are aware about their choices and feel prepared
d external
s and tools to
tions
Diabetics often develop their own mechanisms to deal with changes
The community trusts each other, relies on support and believes in share knowledge building
red on 100 is an online repository of tools and resources that helps facilitate a
er transition between care providers for young people with type 1 diabetes in India.

Activity Narrative

Our activities will include facilitating co-creation sessions between the Type 1 community, diabetes educators and primary care-givers. It is an open session with prompts and shareouts where tried and tested methods of management, routine care and self-care will be shared. The second prompt revolves around building new tools to help cater the ever-increasing needs of change support. This space is also a platform to build community, connections and learn from each others experiences and stories.

The results and tools from this co creation session will live on a website with free access to all. A guide to conduct more such sessions will also be accessible. At the core of these activities is the ability of the community to take charge and lead these sessions.

Did the intervention increase the utilization of community-driven care resources?

Do young adults with type 1 diabetes find value in building tools together?

Do they use tried and tested mechanism to cater to their change transitions?

Did understanding of/perceptions of co-creation with communities in health-care (Paitent centered/paitent led) change over the project period?

Looking into the Future

Why now and What next?

At the core of my thesis journey was building capacity within the community to build their ideal future by leveraging what has already been a part of their lives. The honesty in the stories, the conversations to build better relationships and systems form the foundation of my thesis intervention and journey. The workshop and co-creation sessions have taught me over and over again to listen actively and build with people to drive towards their ideal future. The intervention built is for the community by the community.

The current covid crisis in India and the world throws light on the broken, weak and ever crippling healthcare system. The community and people I have been working with have been fighting all along, and I hope my thesis and work provides them with the connection, love and faith in Community-centered design to build together come what may.

Covid-19 second wave hits India the hardest, the T1D community are the most vulnerable

04.
Learning

Here's what the last 15 months have taught me...

Active Listening is the strength of working with communities. The ability to understand and listen from these stories have truly shaped my thesis journey. The stories and experiences that have marked and mapped the intervention are the communities vision towards an ideal future.

Pause. My thesis journey has been an individual process and the ability to take a break and pause to reflect has been an important learning along the road. I have realized the importance of shaping my thoughts and pausing to do better.

Get your hands dirty. Building and testing things helps better understand the usability and interactions. These testings need to be authentic and being clear and true with your intentions.

Trust. Trust your community, your gut and the people to build towards an ideal future to understand to build with them. The community trust build with each other has basis and builds the foundation to community building.

The communities we work with understand their problems the best. Listen, ask, act and build together, for the people, by the people.

I am because you all are...

For my Grandfather, who had the innate belief in both his grandchildren and who taught me to love with all my heart.

For my parents, Archu and Giru, the faith, trust and space you have given me while pushing me to do my best has been my anchor.

To Dhruv and the Kuttans, for all the love, phone calls and confidence you have in me, to swim through these vast and open seas.

To the wonderful Sloan Leo, for being my friend, mentor, source of inspiration and the best thesis advisor I could have ever asked for. Your trust in my abilities has only given me the courage and confidence to face the world.

To Pooja Lodha and Shreya Jain, for understanding my work, letting me into the stories and introducing me to this wonderful community of people who trust me with their dreams.

To Miya Osaki, for guiding my work into the realms of healthcare design and the nudges and encouragement to stay put and on track.

For my home away from home, Chinmayee, Pranav, Amit and Amruta. My friends and fire from India, my MIT bunch, For staying up late, being present and asking me to pause.

To Aditi, Kartik, Alisha, Hrudaya and my DSI seniors, I have learned so much from you, it has shaped my thesis, my journey and will guide me for years to come.

And my DSI Cohort and Karen Proctor, for the missed year we've had and the love beyond screens we have for each other.

Upwards and onward from here on!

An SVA DSI Thesis Project
Class of 2021