Hundred on 100
MFA Design for Social Innovation Thesis
School of Visual Arts, NYC
Class of 2021

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WHAT IS THE STORY?

1. Initiated new treatment
   Reality distorted:
   Type 1 and Type 2

THEORETICAL CONCEPT:

Three main gaps in current health care systems:

1. They lack support system after moving
   away from hospital
2. Lack medical advice
3. Lack of follow-up

BE THE ONE WHO CARES:

Advocate direct questions, create
assumptions into the community
by helping individuals
get from an isolated state,
focus on making a medical section
while receiving it, and feeling good
when others need it, and for
HUNDRED ON 100

BUILDING A SYSTEM

2. Most important relationships
   + Health care professionals
   + Family

THESE TOOLS became a part of an open
space, reporting that will help
families adapt to the change

FACILITATING INNOVATION

+ Creation workshop
   + Type 1 Diabetes
   + Young people
   + Easiest way to express
     their thoughts:
     + Opinions with their families regarding
     the transition of care and the pressures
   + Workshop will focus on creating tools
   + Parents/individuals who can use with
     positive families as they become better
Hello Hello

Co-creating to manage Type 1 diabetes

HUNDRED ON 100

Content

- HELL'O 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

Community Agreements

Community agreements are a set of baselines we create that we add participants to work with us, to promote open and inclusive spaces so that everyone feels safe and supported.

For example:

- This is a safe space; this is our space.
  In the space, we are willing to share our thoughts and feelings and feedback as usual through discussion.

- We will support each other.
- We will work together.
- We will keep the conversation open for anyone who doesn’t feel comfortable in sharing or guiding in the conversation.

Content

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- ACTIVITY 3: LET’S 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.
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 patient 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.
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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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
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.

Type 1 Design Team

Mindful Conversations  Lived Experiences  Build Insights
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.

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 8,289 patients also showed that 63% of them were at high risk of developing complications such as retinopathy in their micro blood vessels.

India has largest diabetic population

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

Countries with the largest diabetic populations, 2000

<table>
<thead>
<tr>
<th>Country</th>
<th>Diabetics, in millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>20.8</td>
</tr>
<tr>
<td>China</td>
<td>17.7</td>
</tr>
<tr>
<td>U.S.</td>
<td>8.4</td>
</tr>
<tr>
<td>Indonesia</td>
<td>6.8</td>
</tr>
<tr>
<td>Japan</td>
<td>5.2</td>
</tr>
<tr>
<td>Pakistan</td>
<td>4.6</td>
</tr>
<tr>
<td>Russia</td>
<td>4.6</td>
</tr>
<tr>
<td>Brazil</td>
<td>4.3</td>
</tr>
<tr>
<td>Italy</td>
<td>4.3</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>3.2</td>
</tr>
</tbody>
</table>

Treatment with medication: U.S., 2001

<table>
<thead>
<tr>
<th>Country</th>
<th>Diabetics, in millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>15%</td>
</tr>
<tr>
<td>U.S.</td>
<td>Neither</td>
</tr>
</tbody>
</table>

SOURCES: World Health Organization, National Health Information Clearinghouse

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.

Security

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 a growing epidemic.

Continued on P 10

Teachers learn about Type 1 diabetes

ST CORRESPONDENT

Pune: The attitude of schoolchildren towards school children suffering from Type 1 diabetes on Tuesday.

Pediatrician Dr Anuradha Khadilkar, who works at children’s hospital at Jehangir Hospital and La Jeevan Trust, has specialized in diabetes children’s diet, addressed the participants.

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

We have had complaints from teachers where classes of diabetic children were not allowed to sit with the others and it is important that they realize the importance of awareness and understanding of diabetes. We want teachers to be able to help these children in every aspect.
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.

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.

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

**Access to Proper Healthcare means:**

- Having access to diabetes educators
- Having access to insulin, medicines and medical equipment
- Diet Plans and Nutrition Access
- Access to Doctors
- Milestone Setting
Despite all of this,

Coping with Type 1 Diabetes is still an overwhelming process for patients and 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

External family and neighborhood

Financial background & insurance

Information providers (books, internet)

Friends and peers

Information providers (books, internet)
The Journey

Initial Phase

Healthy Self
- Health fluctuates and the first thought is to treat them at home

Uncertainty
- Struggles to understand the symptoms which may also get ignored
- Something doesn’t feel right with health
- Primary clinic/doctor diagnoses with T1 diabetes
- Questions
  - Fears
  - Assumptions
  - Stigmas
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.
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.
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:

How might we facilitate a smooth transition between care providers for Young Adults with Type 1 Diabetes in India?
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.
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
WHAT WILL THE WEBSITE PRESENCE CATER TO?

SHAREOUT CREATION

INIVIDUAL TOOLS + RESOURCES

FEEDBACK

ADVICE

PERSON

PYRAMID OF MARKETING

MANAGEMENT BASED STRUCTURE!
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.
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.

My thesis pivoted from a product based design intervention to a leadership based approach.
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 we were 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.
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.
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 example: templates to document their creations so as to explain them clearly.

Hundred on 100 is an intervention which aims to use community resources to help young adults with Type 1 Diabetes transition between Care systems. It is for the community, by the community!

Break the Ice!

- Tell us your name.
- Tell us the one thing in the world that you like to do.
- Tell us your favorite food!
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?
Hundred on 100

Intervention Details

- Co-creation Workshop
  - Sharing Existing Tools
  - Creating New Tools
  - Building based on themes
- Two Way Tool
  - Having tools to conduct co creation sessions
  - Tools for Transitions

Accessibility for other members of the community
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.
Reference material for Co-creation sessions and meetups

Opening

Community Agreements

Hello Hello

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

HUNDRED ON 100

Content

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- CLOSING RITUAL
The Artifacts

Hundred on 100

Send us tools and resources that you create with your community!

Get in touch with Hundred on 100 to learn more about our work and how you can get involved.
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.
Did you adjust your DOSE?
Everyday is a different story!

Your COMMUNITY!
Choose and share your tribe!

A - Z of Dealing with Transitions like a Boss!
Sometimes small changes can feel like big challenges. But a little bit of time, love, and support from your community can ease Type 1 diabetes' impact.

ALLOW yourself to take a breather!
Take breaks, remember to take care of yourself.

Are you feeling BRAVE today?
Brave, loved, and in charge!
Type 1 Diabetes in India.

Type 1 diabetes mellitus (T1DM) is one of the most common pediatric illnesses. India is home to an estimated 97,000 children with Type 1 Diabetes. 

hundred on 100

hundred on 100

hundred on 100

hundred on 100

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.

** Big Goal **

** Thesis Goal **

** Preconditions **

** Outcome **

** Assumption **

** Intervention **
A future where co-creation with the community is at the core of building tools for Type 1 diabetes management that help in transition between care providers.

The community trusts each other, relies on support and believes in share knowledge building.

The community within the Type 1 Diabetes community in India to create their own tools and resources that help with transitions/changes in their lives.

More families & young adults with type 1 diabetes reach out to each other.

Increased levels of prep and management while undergoing transitions.

Increased access to community-driven resources for young adults with type 1 Diabetes.

Increased balance of sugar levels with intake during transitions.

Creating customized management plans.

Families and primary care givers document the histories for growing adults.

Having young adults with lived experience be a part of the design process (Building agency).

Diabetics often develop their own mechanisms to deal with changes.

The community trusts each other, relies on support and believes in share knowledge building.

A Hundred on 100 is an online repository of tools and resources that helps facilitate a smoother 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 (Patient centered/Patient 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