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Designing Equitable Health Solutions

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Over the last two decades significant research has been conducted to disrupt our understanding of medicine and make the United States healthcare system more accessible to women. Until 1992, women of "childbearing potential" were omitted from clinical studies (Nedelman, 2017) resulting in many of our medical understanding skewed upon the male sex. It was not until the last two decades that we started to learn the dangers of this biased research and how it is impacting patients. For example, one notable study determined that half of women did not experience "classic warning signs of a heart attack", but rather experienced symptoms such as vomiting and jaw pain (Nedelman, 2017). Unfortunately, there are numerous recent studies identifying that women have been underrepresented with medical conditions due to biased clinical studies and have experienced adverse impacts due to it. As CNN reported, "for decades, women had heart attacks in silence" (Nedelman, 2017), and the question remains what other communities continue to suffer in silence due to systems that were not designed with and for them.

As policies evolve and universal design is adopted, we have made positive steps forward to develop more equitable health outcomes. Equitable outcomes are most commonly discussed but as a design community have we discussed the lesser explored counterpart; equitable processes and or approaches? Equity starts with

understanding how the community wants to respond to an event and how the community wants to engage with an event or a problem. By understanding how the community engages; we can design a solution that will be most effective at driving the health outcome desired. If for example vaccination is a goal, does the vaccination result in a financial outcome, a health outcome, creating a safer community for high-risk individuals such as children and the elderly. Equity can focus not only on the result but on the input and the means of obtaining the result. Often a design is focused on achieving an equitable outcome without understanding the equitable approach along the journey to achieving the result. An example of outcome focused was designing for a vaccination rate across all communities and learning through failure that achieving the outcome was very different depending on the target population. Design approaches for a densely populated community versus a rural community must be different due to various factors that can impact the desired outcome. The health campaigns for vaccination rate started with only focusing on direct interaction with the community members to obtain a higher output. The failure in this design was not considering equity differences in arriving at the vaccination centers, in contacting the vaccination center for an appointment online only, in the financial burden of multi hour queues at the vaccination center.

Completing the processes and knowing who, what, and why you are going through a process is the foundation of building an equitable solution. For example, without knowing your community (i.e., a dense community versus rural community), you can't create an equitable solution because you missed a fundamental portion of the design process. A few years ago, I was walking in the city and was

stopped by an individual who inquired, "If a new statue was established, who would you want to see be represented to empower the community?" I took a few moments on to think of local leaders and revolutionaries and asked, "What has been in the most popular answer among community members?" The woman shyly responded that a majority of community members requested for any funds not to be used to erect a new statue, but to rather fix the sidewalks that made it difficult for the elderly and individuals with disability to live their daily lives. I was awestruck by the response because the woman had clearly engaged the community but was so focused on the outcome to empower the community that she ignored the data points indicating that the solution may not necessarily be a statue. To drive equitable solutions, we must focus on the process to arrive at an equitable outcome. Hypotheses are meant to be broken and we must accept those findings and learn from the research we gather. During the pandemic, it was hypothesized that black and Hispanic communities were disproportionately impacted. However, due to the phrasing of the hypothesis, researchers assumed these communities were mutually exclusive. When re-visiting the data, it was determined that individuals who identified as black and Latino/Hispanic were experiencing even greater adverse impacts than those who were black, non-Latino/Hispanic or those who were Latino/Hispanic, not black. Simple word choices such as "and'' versus "but" can create restrictions in our mind that may result in biased and exclusionary designs.

As we progress through the design process, we must never expect that the first design will yield the ideal solution, which is why constant iteration and interaction with stakeholders is fundamental

to reaching targeted outcomes. For instance, when designing a health response in a few communities, we understood the importance of outreach material translated in multiple languages. After the successful push of the first set of material, we held interviews with community members and Community Based Organizations (CBOs) to understand the effectiveness in the Spanish targeted outreach material. The interview results found the language used in the material was translated without the target audience in mind and included complicated medical scenarios without designing for the health literacy of the community. Quick adaptation of the design and direct engagement with the community successfully delivered the essential health tips required and through design iteration the expected health outcome achieved a strong increase in vaccination rates.

When starting the design process, it is critical to complete the process prior to determining a solution. As discussed, the design process will include engagement of stakeholders and answering who, what, and why we are researching a problem or need. Equity should be a center theme throughout the process, solutioning, and outcome phases. Lastly, continuing to iterate on drafts with community members either through interviews, design sessions, surveys, or other engagement opportunities will continue to build resiliency and drive equitable solutions. An equity driven outcome may not directly result in an equitable process. For instance, we may seek to reach a certain percentage of vaccinations in Hispanic communities, but if we reach that number by only engaging high socio-economic, English speaking Hispanic communities, then we have not created an equitable process as lower socio-economic, non-

English speaking individuals were not engaged at the same rate to reach the desired outcome. Continuing to build off our learnings is how we can continue building equitable, accessible solutions that create healthier communities. For decades, women were assumed to mirror the conditions of men and it took one individual to listen to the trends to realize that a policy flaw may have resulted in adverse impact on our understanding of women's health. It is healthy and necessary to question what we know and to continue to build systems that honor and consider the diversity in our communities.

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Nedelman, M. (2017, February 14). For decades, women had heart attacks in silence. CNN. Retrieved February 1, 2023, from https://www.cnn.com/2017/02/10/health/women-heart-attack-research/index.html