

Summary: Co-design in times of COVID-19

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Creative research methods for healthcare innovation are changing due to COVID-19

During the Dutch Design Week 2020 (DDW2020), researchers of the project 'Creative & Health Innovation Ways of Working Analysis' (CHIWaWA) organized together with UCreate an online session on "Co-design in the 1.5 meter society", as part of the program "Embassy of Health" (World Design Embassies). In this online session, five guest speakers presented a case on how COVID-19 has changed the co-design approach in research and design projects. Three cases are Dutch projects in creative industry, and two are research projects from Eindhoven University of Technology.

The three creative industry projects are part of the creative coalition affiliated with UCREATE Center of Expertise Future Health Design, and include cases on video-call-care (presented by Ideate, a creative agency in service design, social innovation, and behavioral change), and on the development of two applications: Application 'G-moji' that helps young people with mental health problems to recognize their emotions (presented by Greenberry, a creative agency in digital design), and application 'Grow-it!' that teaches young people how to deal with feelings of sadness and fear (presented by IJsfontein, a creative agency that designs and develops playful (digital) learning). The two research projects are part of the Create Health program funded by the Dutch organization for health research and care innovation (ZonMw). Both are multidisciplinary projects that aim to develop (knowledge) on e-health applications intended to support the day-to-day functioning of people as they grow older, within the themes living at home with dementia (Casus Everyday Sounds of Dementia, Eindhoven University of Technology), and prevention of obesity by means of lifestyle influence (Casus Living Moments, Eindhoven University of Technology, and part of the project Dementia Dynamics in Design conducted by Tilburg University).

Findings of the online session with plus minus forty professionals involved in healthcare innovation or co-design for healthcare as participants provides insight in three developments in co-design in times of COVID-19:

- 1) Research in design for health becomes small scale and is taking place online, or with an appropriate distance at home.
- 2) Tools and prototypes, both online and at home, are used differently.
- 3) The researcher or designer has an increased role in involving participants.

For each finding, this summary describes an example. More experiences of participants and tips relating to those three findings can be found in the full text (in Dutch) of the whitepaper 'Co-design in de anderhalvemetermaatschappij'¹.

¹ See 'Downloads en links' on <https://www.hu.nl/onderzoek/projecten/chiwawa-creatieve-onderzoeksmethodes>

Research in design for health becomes small scale and is taking place online, or with an appropriate distance at home

Due to limited access to healthcare settings for research, for example if nursing homes permit no or limited visitors due to the corona-virus, the number of participants in research has decreased in some projects. In terms of data collection, the focus on less participants allows to focus more on individuals, which makes the research more personal. Besides, field research in healthcare institutions – for instance amongst people with dementia – has shifted to research at participants homes. It is difficult to organize online co-design sessions with certain target groups, e.g. with people with dementia, or people with a visual disability. However, it is possible to first co-design online with an expert group (including health care practitioners for example, or an advisory board), and based on that develop a game for role play or a high-fidelity prototype to test in the home-setting of the target group. By applying role play, people who need care and their caregivers each have their own task in the game, which makes that researchers can focus on (behavior of) the target group. The latter is more difficult when doing telephone interviews for example, since caregivers are then frequently answering for the participant. In times of COVID-19, it feels a bit strange to enter people's homes, but as a participant put it: "A husband then opens the door. You enter, but are not allowed to shake hands and you sit at a distance. It feels very unnatural, but once you are in that setting, you will get used to it." Participants of the session experience that the contact with the target group of research and design feels more personal because someone is sitting in their own living room. This is not only experienced by researchers who visit people's homes, but also by researchers who make video calls and see people in their own safe home environment, instead of in a lab setting.

Tools and prototypes, both online and at home, are used differently

Testing with high-fidelity prototypes in the home environment of the target group "provides more insight in the experiences at the time of use", according to one of the participants in the online session. However, design researchers often apply quick and dirty prototyping in co-design, in a short-cyclical and iterative process. Quick adjustments are more difficult when prototypes are tested in home environments on distance, however the 'Living Moments' prototype (Eindhoven University of Technology) is built in such a way that small remote adjustments are still possible. Besides, quick and dirty prototypes can be tested online in co-design sessions with expert groups (e.g. with health care practitioners), or with target groups that are used to online tools, like young people that often chat online. Both cases of Greenberry and IJfontein show how designers respond to existing resources, and make use in their research of digital tools like Whatsapp, Miro, and Mural, in a way and with a technology that suits the target group (young people). They explain that also vulnerable groups can learn to deal with technology, and participate in online co-design sessions. As one respondent put it: "There is a learning curve. You shouldn't think too easy about that and you really have to guide the target group. You can do this by, for example, sending a manual or by calling first and then taking the step to digital together."

The researcher or designer has an increased role in involving participants

The above two findings show that co-design is becoming more personal, customized, and small scale, but also becomes more distant. The latter requires an increased role of researchers and designers in involving participants in co-design. Suggestions to involve participants in co-design in times of COVID-19 that respondents in the online sessions

shared are for example that designers can come up with creative contact moments to involving vulnerable target groups in remote co-design, e.g. by using a contact container or a plastic cuddly toy column. It also help to phone vulnerable target groups in advance of a(n online) co-design session to coordinate the need, and alternating and scheduling formal and informal moments. Exercises and assignments help in online contact with the target group, and to have a moderator who also summarizes and writes everything down, so that the designers and researcher can focus on what participants contribute.

Conclusion

The three developments in the field of co-design that researchers and creative agencies inventoried in response to the corona crisis show that researchers and creative agencies have adopted a new way of working during the corona crisis, in which they have responded to the need of the target group. They have placed that need at the center of the way of designing and doing research with regards to co-design for health innovation. It became clear that, both online and offline, it is important to approach people from the target group personally before, during and after the research and the co-design sessions.

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