

CONEXIONES HUMAN-CENTERED DESIGN PLAYBOOK



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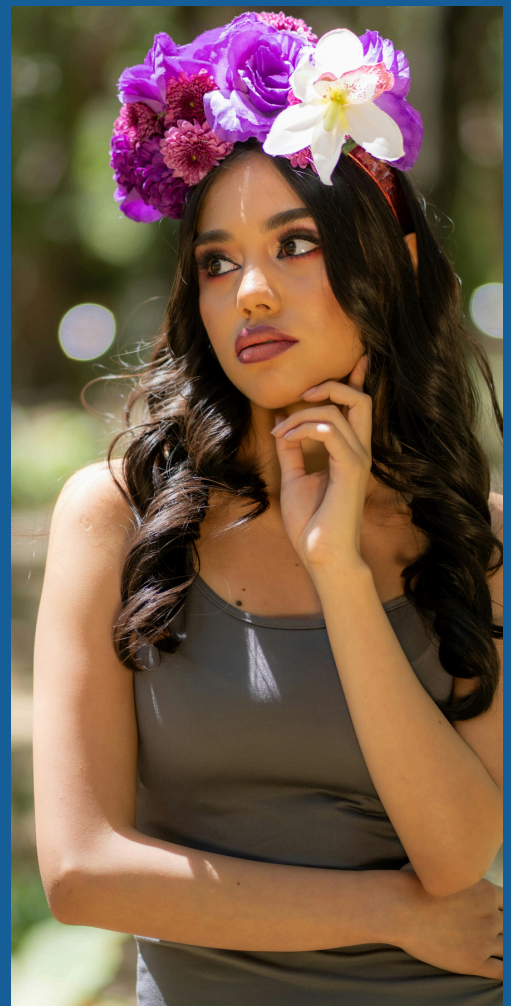
BACKGROUND

Conexiones: Primary Care Access Project

The *Conexiones: Primary Care Access Project* was a two-year initiative funded by the California Health Care Foundation (CHCF) to explore ways to improve connection to and utilization of primary care among Latino/a/x Medi-Cal members in California. The project brought together a Medi-Cal managed care plan (MCP) and a primary care provider (PCP) to better understand and address barriers to primary care. Through collaborative design and implementation of interventions, the project sought to improve primary care access and utilization among Latino/a/x Medi-Cal members in Los Angeles County.

CHCF partnered with HealthBegins, L.A. Care Health Plan, and MLK Community Healthcare to better understand barriers to primary care and develop approaches informed by community experiences.

HealthBegins served as the lead design and implementation consultant, employing a Human-Centered Design (HCD) approach to understand how community members access and use primary care and to inform the development and testing of potential community-informed solutions. Community experiences helped shape the questions explored, opportunities prioritized, and interventions developed and tested.



INTENDED AUDIENCES

This playbook is primarily intended for leaders and practitioners who can help lead, coordinate, and implement efforts to understand and address barriers to primary care access and engagement, including:

01

Health plan leaders and teams:

Teams or individuals responsible for primary care access, member engagement, quality improvement, care transformation, population health, or community partnerships.

02

Health system and primary care leaders:

Leaders responsible for primary care access, patient engagement, clinical operations, quality improvement, or care transformation.

03

Community engagement and partnership teams:

Teams working directly with patients, Medi-Cal members, community-based organizations (CBOs), or community health workers (CHWs) to understand community needs and inform improvements.

04

Philanthropic leaders, funders, and healthcare improvement organizations:

Can use the playbook to understand how the project moved from community engagement and design to intervention development and implementation, including the resources developed through the project.



4 WAYS TO USE THIS PLAYBOOK

01

Scoping and Planning a Primary Care Access Project

This playbook can be used as a starting point for teams planning an effort to understand and address low primary care utilization. It describes the process for defining the problem, developing and refining a Population of Focus, identifying the appropriate geographic focus, and understanding the experiences and barriers affecting primary care access and engagement.

02

Planning and Facilitating HCD Activities

The playbook provides examples of HCD activities used to engage community members and explore their experiences with primary care. Teams can use these examples to plan and facilitate similar activities, adapting the methods and tools to their populations, communities, and project needs.

03

Developing and Implementing Interventions

The playbook can support teams as they move from community insights to intervention development, testing, and implementation. It includes two sample interventions from the project: the Metro LIFE Program and a Coverage Campaign. The intervention toolkits provide context and implementation considerations, along with communications materials and other resources developed through the project.

04

Adapting Tools and Resources

The playbook includes selected HCD activities, facilitation resources, implementation tools, communications materials, and evaluation resources from the project. These resources are intended to be adapted and used in other health plan, primary care, and community settings rather than followed as a prescriptive process.

APPLYING THE CONEXIONES HUMAN-CENTERED DESIGN APPROACH



The Conexiones HCD approach provides a flexible framework for understanding Latino/a/x Medi-Cal members' barriers to accessing primary care and for translating community insights into opportunities for change.

Teams can apply the approach based on their project goals, population, community, available data, and stage of work. The process is not intended to be strictly linear.

The sections that follow describe how the Conexiones team approached each stage of the process, along with practical considerations, examples, and selected tools that can be adapted to other settings.

GENERAL APPROACH



Prepare: Build the Design Team and Engage Partners



Define: Frame the Challenge, Population, and Context



Understand: Outreach → Listen and Learn from the Community



Define: Identify Opportunities for Change



Ideate: Develop and Test Intervention Concepts



Test: Refine Intervention Concepts



Implement: Translate Design into Action



Prepare: Build the Design Team and Engage Partners

Purpose: Bring together the people and organizations needed to understand the problem, engage the Population of Focus, and support potential solutions.

01

Identify the organizations and individuals needed to inform the work, ensuring diverse perspectives across health plans, primary care providers, community-based organizations, and community members.

02

Clarify roles, areas of expertise, and responsibilities, and establish a shared understanding of the project goals and intended outcomes.

03

Identify who can provide relevant data, operational insights, community connections, and implementation support.

Recommended Tools

01

[Stakeholder Mapping Sheet](#)

02

[RASCI Project Charter HCD Overview](#)

03

[Resource Maps](#)

Please contact HealthBegins for unlinked materials.



Define: Frame the Challenge, Population, and Context

Purpose: Establish a shared, hypothesized understanding of the primary care access or utilization challenges experienced by the Population of Focus, informed by available data and stakeholder perspectives.

01

Review what you know, including:

- Available population, utilization, and/or other relevant data.
- What is known, unknown, and assumed.
- Relevant health plan, provider, community, and geographic context.

02

Develop an initial focus for:

- Drafting an initial Population of Focus (POF) hypothesis.
- Identifying potential “hot spots” by geographic area or community, and considering which population segments or locations may be most affected by the identified challenge.

Conexiones Example

Using the tools linked below, available data and stakeholder input were used to develop an initial hypothesis that Latina women of childbearing age with families in South Los Angeles/SPA 6 were experiencing barriers to primary care access and utilization.

SAMPLE MATERIALS

Root Cause Analysis

After completing this [worksheet](#), partners will be able to:

- Surface assumptions and hypotheses about the populations and problems of focus.
- Define data elements for data pulls and analysis.
- Identify areas for further exploration through primary research.

Problem Statement and Hypothesis

Use this [worksheet](#) to document an initial hypothesis about who is experiencing the challenge, where to focus the work, and what problem they may be experiencing.

You are now ready to move to [Understand: Launch Outreach](#).



Understand: Launch Outreach

Purpose: Recruit members of the Population of Focus to participate in listening sessions and share their experiences, perspectives, and insights about accessing and engaging with primary care.

01

Identify Who to Engage

Use the Population of Focus descriptors documented in the Problem Statement and Population of Focus Hypotheses Worksheet to define participant criteria and identify people who represent the population you want to learn from.

02

Develop and Launch Outreach

Develop clear, accessible outreach materials that explain the listening session, what participation involves, and how to participate.

Tips

- **Partner with internal data analysts:** Work with your data or analytics team to identify individuals who may meet the Population of Focus (POF) criteria using available demographic, geographic, enrollment, and utilization data.
- **Protect privacy:** Use only the minimum data needed for recruitment and follow applicable privacy and data-sharing requirements.
- **Don't rely solely on existing data:** Recognize that administrative data may not capture everyone who fits the POF. Use community partners and other outreach strategies to complement data-driven recruitment.
- **Use trusted channels:** community partners and messengers can support reaching members of the Population of Focus.
- **Track recruitment** and adjust outreach strategies as needed to reach the desired participants.

SAMPLE MATERIALS

[Screening Form \(Eng.\)](#)

[Interest Form \(Eng.\)](#)

[Outreach Flyer \(Eng.\)](#)

[Screening Form \(Span.\)](#)

[Interest Form \(Span.\)](#)

[Outreach Flyer \(Span.\)](#)

Please contact HealthBegins for Spanish materials.



Listen and Learn from the Community

Purpose: Explore the experiences, needs, barriers, and motivations that shape how the Population of Focus accesses and engages with primary care.

01

Schedule Listening Sessions

Schedule 1-hour 1:1 interviews with approximately 12 members of the POF to create space for participants to share their experiences, perspectives, and needs in their own words.

02

Listen and Learn

Conduct a comprehensive HCD Listening Session using the resources below to understand how members of the POF experience primary care, including what supports or hinders access, engagement, and utilization.

Tips

- **Use 1:1 listening sessions:** Conduct sessions privately to support confidentiality and reduce the influence of other participants on individual responses.
- **Protect privacy:** Collect and document only the information needed for recruitment and participation, and follow applicable privacy requirements.
- **Lead with curiosity:** Use open-ended questions and avoid leading participants toward a particular answer or solution.
- **Let participants tell the story:** Give participants space to describe their experiences in their own words, including experiences that may not align with the team's initial hypotheses.
- **Listen for patterns and differences:** Note common experiences as well as differences across participants, rather than assuming one experience represents the entire POF.
- **Separate what you hear from what you assume:** Document participant perspectives distinctly from the team's interpretation or conclusions.

SAMPLE MATERIALS *(Full listening session guide not included.)*

[Circle of Trust](#)[Journey Mapping](#)[Sample Questions](#)[Barrier Ranking](#)[Preferences Ranking](#)[Activity Templates](#)

Please contact HealthBegins for Spanish materials.



Define: Identify Opportunities for Change

Purpose: Translate what was learned into opportunities that could improve primary care access and engagement.

01

Synthesize What You Heard

Bring together interview notes and observations to identify recurring themes, needs, barriers, and unexpected insights.

- Look across interviews for patterns and differences.
- Compare findings with the initial problem statement and POF hypothesis.
- Identify insights that warrant further exploration.

Tips

- **Stay grounded in the data:** Base themes and insights on what participants shared and what the broader data show.
- **Look beyond individual barriers:** Consider the factors, relationships, and conditions contributing to the experiences you heard.
- **Separate findings from solutions:** Describe what you learned and where opportunities may exist without proposing specific changes or interventions.
- **Capture differences:** Document experiences that vary across participants rather than forcing all findings into a single narrative.
- **Keep an open mind:** Allow unexpected themes or insights to emerge rather than organizing findings solely around the team's initial hypotheses.

Synthesis Methods

01

Thematic Analysis

02

Affinity Mapping

Journey Mapping

03

Personas

Please contact HealthBegins for support synthesizing your results.



Ideate: Develop and Test Intervention Concepts

Purpose: Translate insights from the POF into intervention concepts for further exploration and testing, following the initial listening sessions and synthesis.

01

Generate Intervention Ideas:

Ground ideas in the identified needs, barriers, and opportunities.

02

Develop Low Fidelity Prototypes:

Develop low-fidelity prototypes as a starting point for exploration, testing, and refinement.

03

Test Concepts:

Engage relevant stakeholders to assess concepts for relevance, feasibility, and alignment with the experiences of the POF.

Tips

- **Generate broadly:** Encourage multiple ideas before narrowing to a specific intervention concept.
- **Build on what exists:** Consider existing programs, workflows, resources, and community strengths that could be adapted or enhanced.
- **Keep concepts low-fidelity:** Focus on the core idea and intended experience rather than developing a polished solution.
- **Include diverse perspectives:** Bring together community, provider, health plan, and other relevant stakeholders to expand and challenge ideas.
- **Stay open to unexpected ideas:** Avoid limiting ideation to the team's initial assumptions about what might work.

SAMPLE MATERIALS

[Resonance Testing Outreach Flyer](#)

[Resonance Testing Form \(POF\)](#)

[Conexiones Prototypes](#)

[Resonance Testing Form \(Partners\)](#)



Test: Refine and Assess Intervention Concepts

Purpose: Use feedback and testing insights to refine intervention concepts and assess their readiness for further development or implementation by your selected partners.

01

Reignite stakeholders:

If needed, reconnect with the POF and relevant stakeholders to share what was learned from initial concept testing and gather additional input on the refined direction.

02

Refine the Concept:

Incorporate stakeholder feedback and testing results to strengthen the intervention concept and address identified gaps, concerns, and feasibility considerations.

03

Assess Readiness:

Determine whether the refined concept is ready to move toward implementation or requires additional testing, refinement, or stakeholder input.

Conexiones Quick 5-Step Feasibility Assessment

Use the questions below with your implementers to evaluate whether the intervention can be realistically delivered, considering population fit, operational requirements, resources, stakeholder capacity, and potential implementation barriers.

Focus Area	Key Question
Population	Will this work for the Population of Focus?
Operations	Can it fit into existing workflows and settings?
Resources	Do we have or can we obtain what is needed?
Stakeholders	Are the necessary partners able and willing to support it?
Implementation	What requirements, risks, or dependencies could affect delivery?



Implement: Translate Design into Action

Purpose: Move a refined intervention into implementation while establishing the conditions to monitor, learn, and adapt based on real-world experience.

01

Prepare for Launch:

Confirm the intervention, implementation owner, key dependencies, and immediate launch requirements.

02

Implement and Monitor:

Launch the intervention and track implementation, participation, early results, and emerging challenges.

03

Review implementation findings and feedback:

Identify what is working, what needs adjustment, and what should be carried forward or changed.

Tips

- **Start with a clear owner:** Confirm who is responsible for coordinating implementation and who owns key activities and decisions.
- **Start small when possible:** Consider a phased or limited launch to identify implementation challenges before scaling.
- **Monitor both delivery and experience:** Track whether the intervention is being implemented as intended and how it is experienced by the Population of Focus and implementers.
- **Expect to adapt:** Treat early implementation as an opportunity to learn and make adjustments rather than assuming the intervention will work exactly as designed.
- **Document learning:** Capture implementation insights, changes made, and lessons that can inform future adaptation or scale.

CONEXIONES SAMPLE INTERVENTIONS

Metro LIFE Program

The Metro LIFE Program component connected eligible patients with available transportation benefits and provided additional transportation support when needed. The intervention workflow addressed transportation from identification of need through eligibility, enrollment, distribution, education, and tracking.

Coverage Campaign

The intervention concept addressed gaps in how Medi-Cal and primary care information were presented and accessed. The concept called for accessible materials that could be delivered through channels such as promotoras, concierge carts, digital outreach, and other community-facing communications.



Monitoring & Evaluation

Purpose: Integrate monitoring and evaluation throughout the HCD process to establish a baseline, track learning and progress, assess intervention implementation and outcomes, and inform ongoing refinement.

Principles for Integrating Evaluation

01

Start early:

Establish a baseline and identify key questions before intervention development begins.

02

Use mixed methods:

Combine quantitative data with lived experiences and qualitative insights to understand both what is happening and why.

03

Measure what matters: Focus on information that helps the team understand the POF, make decisions, assess progress, and determine whether an intervention is working as intended.

04

Build learning into the process:

Use findings and feedback to inform decisions, refine assumptions, and adapt the intervention throughout implementation.

05

Keep measures proportional to the work:

Select a focused set of meaningful measures rather than attempting to measure every activity or outcome.

Sample Evaluation Questions

Across the HCD process, teams can anchor in these questions:

- Who is experiencing the challenge, and what does the baseline tell us about their access and utilization?
- What are members of the POF experiencing, and what factors appear to influence their engagement with primary care?
- What patterns or contributing factors emerge across data sources?
- How do proposed intervention concepts resonate with the POF and relevant stakeholders?
- Can the intervention realistically be implemented in the intended setting?
- What happens during implementation, and what are we learning that should inform adaptation?
- Are there early indications of changes in access, engagement, utilization, or other intended outcomes?



Monitoring & Evaluation

Conexiones Examples

Rather than treating evaluation as a final step, the Conexiones approach integrated measurement and learning into each phase of the HCD process. See the sample table below.

HCD Phase	How M&E Was Incorporated	Sample Metrics / Measures
Define	Established the baseline and identified what needed to be understood about the challenge, POF, and context.	POF characteristics; baseline PCP utilization; access measures; geographic and demographic patterns; etc.
Listen & Learn	Collected qualitative information about experiences, barriers, needs, and factors influencing access and utilization.	# participants engaged; participant characteristics; # listening sessions; reported barriers; recurring themes
Synthesize & Identify Opportunities	Combined quantitative and qualitative findings to identify patterns, validate or challenge initial assumptions, and identify areas for further exploration.	Themes and patterns; differences across participants; alignment with initial hypotheses; identified opportunity areas
Ideate & Test	Used participant and stakeholder feedback to understand how intervention concepts resonated and whether they appeared relevant and feasible.	# concepts developed; # stakeholders engaged; relevance; acceptability; feasibility; alignment with POF needs
Refine & Assess Readiness	Used testing and feedback to refine concepts and assess whether they were sufficiently relevant and feasible to move toward implementation.	Changes made based on feedback; feasibility considerations addressed; remaining risks or gaps; readiness criteria
Implement & Learn	Monitored implementation, participant experience, and emerging outcomes to support continuous learning and adaptation.	Reach; participation; implementation progress; participant experience; PCP utilization; access measures; project-specific outcomes

SAMPLE MATERIALS

[Metric Identification](#)

[Outreach Monitoring
Template](#)

[Pilot Implementation
Monitoring Sheet](#)

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