SVASTHA
EXECUTIVE SUMMARY

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PROJECT DESCRIPTION

Proposition

Svastha is an integrated communication platform that helps populations with health inequities in addressing issues of health communication. Platform is designed to address cognition disparities and information assimilation, through customized user interfaces (UI). The application factors in users culture, linguistics and education in building a personalized user experience (UX). Svastha attempts to simplify the complex health information, help users in making better healthcare decisions, and build a connection in empowering their health & wellness needs.

Value

Svastha acts as a second voice for users' health needs and a centralized information hub for essential health information such as vaccination and screening. Platform will help users to receive information, understand the value of screening and immunization, help comprehend biological interactions, and finally assist in planning how to carry out their screening needs and receive their vaccinations. Users are able to customize their health status on the app based on their age, ethnicity, and cultural factors.

Alternatives

A simplified and captivating communication method will induce these individuals in making better healthcare decisions. As our main goal is to improve health literacy, which in turn will reduce health disparities and better the wellbeing of our communities. We hope to work closely with the community to make this resource accessible to the minority.
populations and work effectively to deliver healthcare information. Alternative resources are in place, and we will include those in our thinking to best help our user get the most out of each resource. Providers are the primary source of information for most patients, and our app will supplement and enhance the appointments that patients have with their physicians. Leaflets and flyers that are produced about various healthcare topics have useful information which will complement the information produced in our platform. Community organizations do have their own teams which address the healthcare of their members and improvement of health, and we hope to work closely with these organizations in order to make our resource more widely known to their members, which in turn will help these organizations to reach their own goals of creating a more health-conscious environment.

**PROBLEM**

The lack of health literacy among individuals in demographics of low socioeconomic status hinders their ability of taking necessary health precautions (i.e. vaccinations, screenings, physicals, health diet, etc). The resulting outcome of these hinderances and suboptimal behaviors lead to inequities of health, financial losses, and negative social wellness. Lower health literacy is primarily attributed to factors of *culture, gender, age, language, religion, income, education, cognition and issues of accessing and assimilation of information*.

Through this design sprint, we look to embark on a journey of developing a communication platform that aids targeted demographics in making better healthcare decisions. Our initial focus would be on health communication on *vaccination and health screening*. Health literacy issues are also drawn along the lines of race and ethnicity. A micro dive into health communication issues in Latinx communities, we discovered that linguistic barriers and the lack of cultural competency of physicians deters members of the community from getting vaccinated. Amongst the rural white adult population, there seems to be an apprehension on using the COVID-19 vaccination due to its affiliation to the government. In addition, access to information and tech literacy seem to play a negative impact on both the rural white and African American communities. Amongst African
Americans, a primary issue was missing key health screening appointments. Given these communities have a higher tendency of heart disease, diabetes and certain types of cancer, early detection is required for better quality of life. Post pandemic data suggest that prevalence of COVID-19 was higher amongst these communities. Whilst historical data suggests the same about communally transferable diseases. Amongst new immigrants lack of awareness of the health system delays getting right screening and vaccinations. Level of tertiary education within these communities play a role in comprehension and cognition of information. Therefore, having a unified quality of access to information and delivering it in a simplified manner would help these communities make better healthcare decisions. On the backdrop of our findings, we started our ideation process on the following question:

*How might we simplify, improve assimilation and increase access points of information to individuals and communities in making better healthcare decisions?*

**IDEATION**

Given health literacy issues are diverse by community, designing processes would require an empathetic approach of listening and building community-focused customized solutions. Where we see our solution making the greatest impact is lower socio-economic brackets of Latinx, African American, rural white, and recently arrived immigrants. Especially individuals and families who are uninsured, underinsured and below the poverty line. Geographically, our intention is to first target communities in and around Richmond, VA. Additionally, by tapping into DaVinci Centers’ ecosystem, we hope to build partnerships that would enable faster product development and a greater impact on communities adjacent to the ecosystem.

Our initial ideation has driven us to look at cultural attributes, levels of individual cognition, linguistic barriers and presentation of information being key attributes of design. In addition, secondary insights point towards a high variance in the usage and comfort of technology, as well as access to technology within these demographics.

From a customer perspective, building trust and product familiarity would require a UI/UX that factors cognition, cultural and linguistic customizations. Based on these values, our hope is to design a personalized second voice in health that would help build a relationship with the user, aiding in their personal health journey. *Algorithm optimizations*
that are set to work on both the sign-in and pseudo profiling will help filter relevant information, concise data sets and information assimilation inherent to a use. Which in turn helps the personalized and simplified UX in building trust. Not only the customized UX/UI will incorporate language, but also color pallets, cultural symbols, communal identity and community events in creating a feeling of familiarity. The central feature of the app is the user's ability to set health goals at high levels through a calendar and a reminder feature. Provided health management strategy, the health buddy will support the user's journey to achieving their goals.

Another key consideration for design is HIPAA and heavily regulated privacy laws that govern the industry. First iteration of the MVP(1) will focus on creating a connection and working as a tool or a personalized information management system. However, use of pseudo profiling techniques and the use of data ranges would enhance anonymity and minimize limitations and restrictions faced by privacy laws. Therefore, MVP-1 would focus on health education, information sharing, goal setting and planning.

Bridging the gap in technology and driving the users towards a point of unified cognition will be achieved through adopting community based awareness campaigns. Alternative mediums of print, verbal, kiosks and demo sessions will be carried out through partner organizations. This could well be a sustainable strategy in product acceptance, building trust and building a brand imprint.

This project is currently at a nascent stage and more problem validation and scoping need to be done through primary and secondary research strategies. We hope to finalize the designing of a low resolution conceptual/non-functional prototype, which would be tested against the said hypothesis and used for conversations in partnerships. Post this iteration, we will move to build the MVP-1 that will be tested through our partners before being tested with the target demographics.
1. User enters in basic profile information. The individual can pick a country and language, which then will help algorithms to customize the platform to your needs.

2. Build Your health buddy: The user will build a profile who will have a connection and a dialogue on health.
Features of Svastha:

**Needs**

- Start a conversation on your health needs

**Goals**

- Let's set your health & wellness goals

**Planner**

- Planning your daily health management and milestones

**Clinical**

- Your Personal Clinical Strategy
MARKETS & SCALABILITY

Impact demographics and size

Based on the need, our high impact market lies mainly in the low socioeconomic classes and minority groups who would traditionally not have the resources to seek healthcare information outside of a provider's appointment. Therefore, our key target audience would be uninsured, underinsured and individuals below poverty in communities of Latinx origin, African American, rural white and recently arrived immigrants.

According to data there are approximately 10% people living below poverty lines and 8% of Virginia is uninsured and 12.5% of the total Virginia population are foreign born. Which highlights the size of the market that probably would have the need of using this platform.
Scaling

Lateral scaling

1. First strategy on lateral scaling will work through partnering with communities who need the platform. Key design philosophy would set around customization and a community driven solution provider. This would ideally help us in an organic growth of the platform through user adoption aided by alleviating pain points and confidence built through affiliation to the community.

2. Second is to increase the trajectory of adoption. We hope to design a built in incentivising mechanism similar to that used by go365 (https://www.go365.com/). Especially for populations with limited financial resources this would drive the popularity of the app, enabling us to create the first hurdle of adoption.

Vertical scaling

1. Tech laddering is moving to better technology or moving a consumer base to a higher tech trajectory. Parallel to generating critical mass, more cost effective and impactful features can be brought in to keep the users captivated and get better solution outcomes.

2. Integration of other modules of health literacy by which the solution can be made a comprehensive one stop shop.

3. There is also the possibility of creating modules with commercial aspirations. Where on a subscription model with higher income brackets on exercise, nutrition and health planning. The income generated from modules will be used as a funding source to provide high impact modules free of charge to lower income bracket demographics.

Customer connection partners

Another strategy is monetizing the platform at a stage of relative critical mass through customer acquisition and marketing it to pharma, insurance and other health related businesses in their customer connection, advertising and promotions.
CUSTOMER ACQUISITION

Our goal behind this app is to decrease the deficiencies in healthcare, primarily by targeting the issue of health literacy. In relation to our target customer, we plan on initially reaching out to community organizations and implementing our platform through a grassroots level outreach. We have identified a some local organizations that have already established trust with our target population (i.e. Sacred Heart, Health Brigade, Circles RVA, and The HEAL Program). We intend to use these partners for testing and validating the app. Feedback from these organizations would be used to modify the platform and then use these channels for an initial launch.

Once we are able to reach a sufficient number of community members in the initial phase, our plan is to focus on medical centers and share this app with those healthcare professionals to share with their patients. Our main target right now is having this app available to the majority of the Richmond population, we will be contacting local health clinics in the city, as well as the VCU School of Medicine to generate interest in popularizing the platform. We will appeal to these providers, as our app will help them to reach their patients and ensure that their patients will be less likely to miss future vaccinations and screening appointments. Our last phase includes expanding the usage of our app to other areas in the United States and potentially introducing it with new modules and customization to state specific requirements.

COMPETITION

Scanning through the Richmond ecosystem we do not see a parallel solution, but we see opportunities in possible implementation partners who demonstrate various resources that can compliment Svastha in improving health literacy of the residents. For example, The HEAL Program is an amazing resource that offers classes to adults on various topics to improve their health literacy. However, with such a diverse community, it is difficult to reach that individualized level in a class setting.
We can introduce this app as a resource to complement those already-existing programs and provide an avenue where residents of all backgrounds will have that cultural and personal connection to the information being presented through this app. We will reference other resources in the community that users might take advantage of, but through the accumulation of health topics of high interest in the app, we will be consolidating information that was before scattered, making the process of obtaining information relatively easier for the community.

In addition, there are apps like Wellable and go365 which target audiences in different demographics than those targeted by our platform. These apps have had a large positive impact on our society, but they do not address individuals with Medicare and populations who are underinsured and in poverty. Other resources such as WebMD, Mayo Clinic, and Patient.info provide a large collection of various information useful to patients, but due to the cumbersome nature of these websites, the information is often dense and is not individualized to the reader. Despite the differences in culture, language, and other demographic factors that were addressed earlier, these resources have generalized information that may not be presented to an appealing manner to some of these minority groups. Furthermore, pharmacies such as CVS and Walgreens may have their own apps, but like the resources mentioned above, the information presented through these apps is not molded to the user. We believe that organizations like the ones mentioned above address vital parts of what we hope to accomplish through our platform, but none of them create a centralized solution involving all aspects of the issue which will set us apart from older and more established organizations in this market.

TEAM REFLECTION

Each team member is actively engaged in different sectors of the community, which was proven beneficial when understanding the major pain points of each demographic. Given our experience in the community, each of us was able to divide and conquer in terms of researching the cultural barriers that inhibit each population from having a proficient health literacy. We were able to work as a team to draw similarities between the different pain points of each demographic to come up with the first iteration of our prototype.
As we were all passionate about this subject matter of health literacy, we were able to come together with our unique experiences and different skill sets to produce this solution. Although we only had a short period of time to get to know each other and discover the things that work well for us as a team, we were able to quickly adjust to the fast-paced environment of the sprints and devote our time and efforts to creating this solution. Our different backgrounds, instead of placing us at a disadvantage, have helped us in understanding the larger picture and finding a solution that would encompass the majority of our target population. We had a great time working together on this project, and we are excited to continue our project beyond the scope of this sprint.

IF APPLICABLE: INTELLECTUAL PROPERTY

We do not foresee acquiring any intellectual property in the free app phase. As our business model works as a philanthropic project/Social entrepreneurship model justifying expenses on IP would be challenging. However integration and addition of commercial focused models would have justification in acquiring IP to sustain the business.