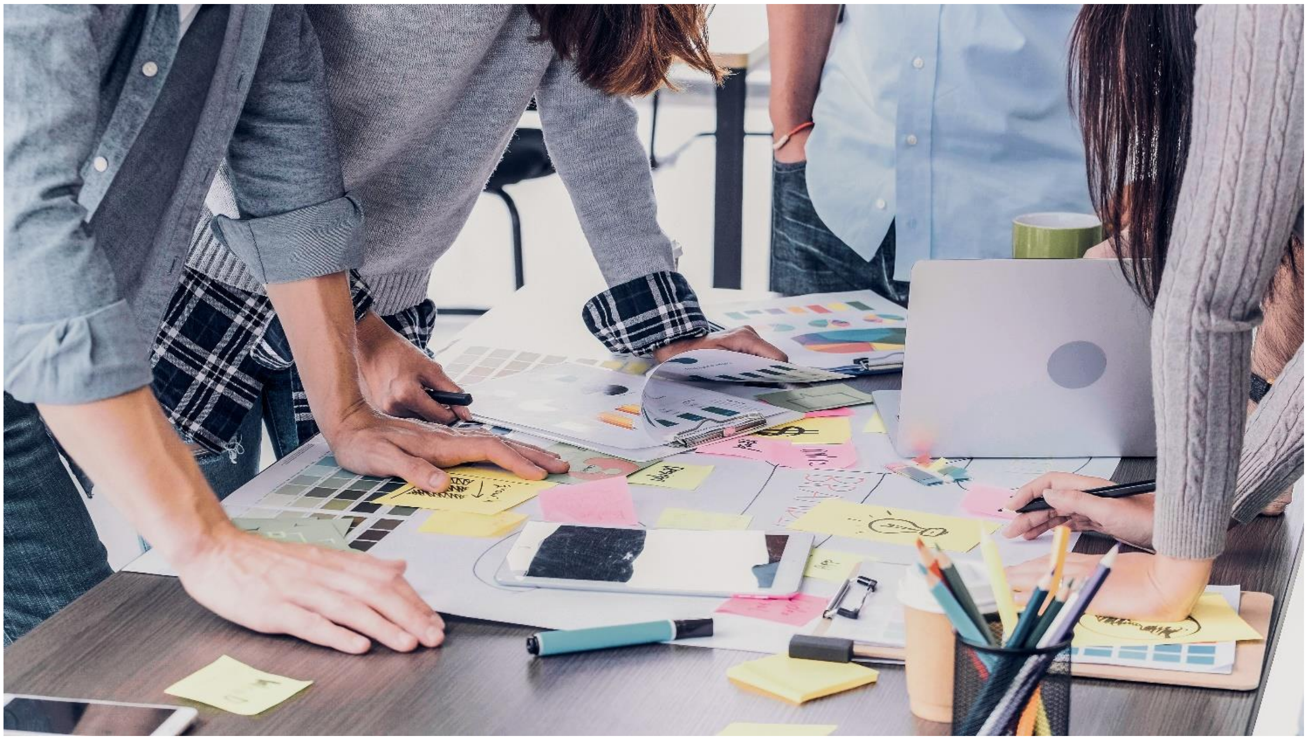
FIELD GUIDE

# Using Human-Centered Design to Increase Utilization of Covered Benefits

## A Practical Field Guide for Employers and Health Plan Administrators

*Developed through a CTSI Pilot Study*



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# Introduction

Employers and health plans invest significant resources in evidence-based interventions (EBIs) designed to improve health outcomes and reduce costs. Yet many of these programs fail to achieve their full impact because eligible individuals never enroll, participate, or remain engaged.[1-4]

Therefore, coverage does not guarantee utilization.

Low utilization is often driven by barriers related to awareness, communication, perceived relevance, competing priorities, and organizational processes.[3,4] Without understanding these barriers, organizations may struggle to realize the full value of the benefits they already provide.

Human-Centered Design (HCD) offers a practical framework for understanding these challenges and developing solutions that reflect the experiences of the people expected to use a service.[5] This field guide provides a step-by-step process for applying HCD to improve utilization of covered benefits and evidence-based intervention.

**Quick Note**

The goal of this field guide is not to help organizations create new benefits. It is to help them ensure that the benefits they already offer are successfully used.

# Purpose of This Field Guide

This field guide provides employers, health plans, healthcare organizations, and implementation teams with a practical process for applying Human-Centered Design to improve utilization of evidence-based interventions.

Using the methods outlined in this field guide, organizations can:

- Understand barriers to utilization
- Engage stakeholders in solution development
- Generate and prioritize implementation strategies
- Test and refine solutions before large-scale implementation
- Evaluate outcomes and identify opportunities for improvement and scale

This process is designed to be adaptable across different interventions, populations, and organizational settings.

# Why This Approach Works

Traditional approaches to improving utilization often begin with assumptions.

Human-Centered Design begins with understanding.[5]

By engaging stakeholders directly, organizations can identify barriers, challenge assumptions, and develop solutions that are both meaningful to users and feasible to implement.[6,7,8]

# How This Guide Was Developed

This field guide was informed by a Human-Centered Design project conducted within an employer-sponsored health plan operating within a large integrated health system. The project focused on increasing utilization of a covered digital weight management benefit among female employees aged 18-39 enrolled in the health plan.

The project included stakeholder interviews, rapid qualitative analysis, ideation sessions, usability testing, pilot testing/implementation, and evaluation. Examples from this project are integrated throughout the guide to demonstrate how HCD methods can be applied to address utilization challenges in practice.

# Who Should Use This Guide?

This guide was developed for organizations seeking practical approaches to improving utilization of evidence-based interventions.

**Potential Users**

- Employers and benefits administrators
- Health plan leaders and population health teams
- Healthcare systems and healthcare organizations
- Program managers and operational leaders
- Quality improvement professionals
- Researchers and implementation scientists

While the examples presented within this guide are gathered from an employer-sponsored health benefit, the methods can be adapted to a wide variety of settings.

# How to Use This Guide

The process within this guide is organized into four phases:

**Understand Users** — Identify and engage stakeholders using empathy to understand barriers, motivations, needs, and experiences with the EBI.

**Generate and Prioritize Strategies** — Gather stakeholders to ideate and prioritize strategies based on the insights learned from phase 1.

**Prototype and Test** — Create and refine solutions through usability testing and iterative feedback.

**Evaluate and Scale** — Pilot and assess strategies and identify opportunities scaling.

Although these phases are presented in a specific order, HCD is iterative at its core.[5,8] Teams can expect to revisit earlier phases throughout the duration of their project. This typically occurs as new information is found or as implementation evolves.

# Before You Begin: Preparing Your Team and Scope

Before talking with stakeholders or creating solutions, it is vital that your team clearly defines the utilization challenge that should be addressed.[7,8] HCD works best when it is applied to a specific problem. While it may be tempting to simply explore all utilization challenges within an organization or team, narrowing the focus will often create more actionable insights and better solutions in the long run.

To begin, identify a single EBI, covered benefit, or program where utilization is lower than expected or desired. Then, consider the data, priorities within the organization, stakeholder concerns, and opportunities for impact.

### Questions to Think About

- What are we trying to increase utilization of?
- Who is the intended population?
- What does current program use look like?
- What decisions or changes are within our control?
- What constraints may influence implementation?

Alongside defining the challenge, organizations should identify key stakeholders to gather information from. This could include beneficiaries, providers, employers, benefits teams, health plan representatives, care managers, or community partners.[5,8] Oftentimes, the most effective teams are interdisciplinary.

Clearly defining the challenge and identifying your stakeholders early creates a solid foundation for the HCD process.

### Quick Tip

Start narrower than you would initially think.

A focused utilization challenge often produces more actionable findings than a broad exploration of multiple populations or programs.

## Leveraging Expertise

Organizations should also consider what expertise is needed to support the HCD process. While HCD can be conducted by internal teams, external partners or subject matter experts can provide valuable guidance throughout the project. This may include support with stakeholder engagement, interview design, qualitative analysis, implementation planning, or evaluation. Leveraging existing expertise and resources can strengthen the rigor, efficiency, and credibility of the process.

### Exemplar Project Example

Our project team partnered with qualitative research experts within our organization (Q-PROSR) to support development of interview guides and implementation of rapid qualitative analysis methods. Additionally, our team gathered experts in HCD, HR representatives, biostatisticians, and healthcare providers. Bringing together diverse perspectives helped strengthen processes throughout the duration of the project.

# Phase 1: Understand Users

**Goal**: Develop a deep understanding of the people, experiences, and systems that influence utilization.

## Why does this matter?

HCD begins by understanding the problem.

Stakeholders regularly experience barriers that are not visible through enrollment reports, claims data, or utilization metrics alone.[5,8] Without understanding the direct experiences, organizations risk designing solutions that address assumptions and not real needs.[7]

By the end of this phase, teams should have a distinct understanding of the factors influencing utilization. Additionally, they should have a set of actionable insights to further guide the development of helpful strategies.[5,8]

## Identify and Engage Stakeholders

Different individuals often experience different parts of the utilization process and may identify barriers that others do not see or experience.[5,6,8] When selecting stakeholders, focus on individuals who directly experience or influence awareness, access, referrals, participation, or decision-making related to the intervention.

### Exemplar Project Example

To understand barriers to utilization, we conducted 30 individual virtual interviews with stakeholders connected to the selected EBI (digital weight management benefit).

Our team recruited individuals using posters that promoted the opportunity to share insights and experiences. Stakeholders showed interest in participating by completing an online survey that was collected and managed using REDCap electronic data capture tools.[9]

Participants included:

- 10 female employees aged 18-39 enrolled in the health plan
- 10 healthcare providers who care for women of childbearing age
- 5 human resource representatives
- 5 health plan representatives

Including multiple stakeholder groups with diverse individuals allowed our team to understand utilization barriers from those experiencing the EBI at an individual level and those with system-level influence.

## Conduct Stakeholder Interviews

One of the most effective ways to understand utilization challenges is to hold semi-structured interviews.[5,8] Rather than simply seeking confirmation of existing assumptions, interviews should be structured and designed to explore experiences, barriers, perceptions, motivations, and opportunities for improvement.[7]

**Quick Tip**

Asking open ended questions rather than yes/no questions will strengthen the interview and collect more information.

**Topics May Include:**

- Awareness of the intervention
- Understanding of eligibility
- Communication preference
- Perceived benefits
- Perceived barriers
- Previous experiences
- Suggestions for improvement

*Interview guides can be found in Appendix A.*

## Analyze Findings

After interviews are completed, findings should be synthesized into actionable insights.[5,7,8] However, the objective is not to produce a lengthy research report. The objective is to identify patterns that can inform implementation strategies

Rapid Qualitative Analysis methods can help teams quickly and effectively pinpoint recurring barriers, themes, facilitators, and opportunities.[10]

*Tools for rapid analysis are provided in Appendix B.*

## Exemplar Project Example

Interview findings were analyzed using Rapid Qualitative Analysis and matrix summaries. This approach allowed our team to identify common themes across stakeholder groups while maintaining a practical timeline for strategy development.

Several themes emerged consistently across stakeholder groups:

**Awareness Was a Significant Barrier**

Many beneficiaries were unaware that the benefit existed or did not realize they were eligible to participate.

**Communication Was Inconsistent**

Stakeholders frequently described challenges related to benefit communication, including stakeholders within HR. Information was often available, but beneficiaries described a struggle to identify what applied to them or where to find the information.

**Competing Priorities Influenced Participation**

Stakeholders described work responsibilities, family obligations, caregiving demands, and limited time as barriers to engagement.

**Providers Needed Additional Visibility**

Healthcare providers reported uncertainty regarding available resources for their patients and referral pathways.

## Before Moving Forward

At the end of Phase 1 and before beginning Phase 2, teams should have:

- ✓ A clear understanding of stakeholder perspectives
- ✓ Identified barriers and facilitators to utilization
- ✓ Key themes and actionable insights
- ✓ Areas for further exploration
- ✓ A foundation for generating implementation strategies in Phase 2

# Phase 2: Generate and Prioritize Strategies

**Goal**: Generate implementation strategies that address barriers identified during stakeholder engagement and prioritize solutions that are meaningful to users and feasible to implement.

## Why Does This Matter?

Identifying barriers is simply the first step. Once organizations understand why utilization is low, the next challenge is determining what can be done about it. HCD methods recommend that teams generate a wide range of potential solutions before narrowing the focus.[5,7,8] This ultimately helps teams move beyond obvious fixes and consider new ways of addressing stakeholder needs.

### Quick Tip

Think "quantity first, quality second!"

The goal of early sessions is to generate possibilities, not set in stone fixes.

Specifically, the goal of Phase 2 is not simply to generate creative ideas.[5,8] While this can be helpful, the goal is to identify real solutions that can be implemented, sustained and scaled within the organization's existing environment.[7]

## Share Findings Before Generating Solutions

Before beginning ideation, share key findings from stakeholder interviews with project team members and stakeholders. This step can significantly improve the variety and specificity of ideas generated. When participants understand the barriers identified during interviews, they are more likely to develop solutions that address actual needs.[5,8]

### Exemplar Project Example

At the start of the ideating sessions, our team shared findings (key themes, common barriers, perspectives, and opportunities) from stakeholder interviews with those attending the sessions. This ultimately allowed session participants to react to real-world barriers and opportunities. In fact, several of the highest-priority strategies emerged directly from barriers identified during stakeholder interviews.

## Generate Ideas Broadly

The sole purpose of the ideating phase is to generate a larger number of potential solutions to the utilization challenge.[5,8] During this stage, teams should avoid trying to evaluate ideas too quickly and, instead, encourage the participants of ideating sessions to think big and to consider various approaches to each challenge. Think about brainstorming as the primary task at hand.

Brainstorming, in this phase, can primarily be mobilized using activities and exercises.[5,8] Teams should choose activities to do with participants that fit the stakeholder groups.

### Activities

- Prompts
- Storyboarding
- Affinity mapping
- Stakeholder co-design sessions

### Exemplar Project Example

Our team invited all the stakeholders that participated in interviews to join for ideating sessions. While not all stakeholders wished to take part in this next step, we had at least one representative from each stakeholder group at our meetings both virtually and in person. Between two sessions (virtual and in-person) our stakeholders co-designed approximately 25 implementation strategies. Using interview findings as the starting point, this occurred primarily using a whiteboard and question prompts to brainstorm.

Some of the brainstormed strategies included:

- Placing posters in bathrooms of our target population
- Mailing postcards for awareness
- Utilize the patient portal to promote the health benefit
- Have a champion that promotes the service
- Having more strategic email communications

## Moving from Ideas to Action

The generation of ideas is often the simpler step in the process of HCD. Deciding which strategies can be effectively and sustainably implemented is typically the more substantial challenge.[11]

**Quick Tip**

The most innovative strategy is not always the most effective.

### Ask Questions

- Can this strategy be applied with an available resource?
- Does this strategy align with organizational policy?
- Is it measurable?
- Can it reach the intended audience?

The goal within this step is to narrow the focus to strategies that balance impact, feasibility, and sustainability.[8,11]Additional considerations would include organizational fit, resource requirements, and timeline.

### Exemplar Project Example

From the co-design (ideating) sessions, approximately 25 strategies were generated. Following prioritization through a voting exercise, 9 strategies were identified as promising, and 7 went on to the next step. However, several strategies among the 7 were ultimately deprioritized because they were not acceptable to the organization.

Our team found that implementation challenges are not typically identified during brainstorming. They are typically identified during prioritization and the beginning stages of testing (see Phase 3). Organizations should expect feasibility and sustainability considerations to significantly influence final strategy selection.[11]

### Before Moving Forward

At the end of Phase 2 and before beginning Phase 3, teams should have:

- ✓ A list of implementation strategies
- ✓ Documentation of prioritization decisions
- ✓ Identified governance and operational considerations
- ✓ Strategies selected for prototype development
- ✓ A clear plan for testing and refinement in Phase 3

# Phase 3: Prototype and Test

**Goal**: Refine implementation strategies using stakeholder feedback. This occurs prior to investing resources in larger-scale implementation.

## Why This Phase Matters

The purpose of this phase is to further refine strategies before deployment.[5,8,12] Often times, ideas that are viewed as clear and effective to project teams may not be interpreted by the intended audience in the same way.

Usability testing, or prototype testing, allows organizations to identify potential misunderstandings, confusing language, unintended barriers, and opportunities for improvement before launching the strategy.[5,8] Ultimately, the objective is to determine if stakeholders understand and can engage with the strategy.[13]

## Create Sample Prototypes

Before usability testing, create draft versions of implementation materials that can be shared with stakeholders for feedback.[8] It is vital that these prototypes are unrefined when presented to stakeholders. The purpose of presenting unfinished materials is that stakeholders will feel much more comfort in critiquing an unfinished product rather than a finished one.

**Quick Tip**

If something seems obvious to your team, test it anyway.

Users often interpret information differently than a team would expect.

**Example Prototypes**

- Flyers
- Posters
- Email communications
- Social media content
- Web pages
- Workflow diagrams

Once you have these, you are ready to begin usability testing.

## Conduct Usability Testing

This is simply the process of sharing prototypes with your stakeholders and asking them to react to the materials.[8,12] Focus on asking questions about their experience with the product.[13] The goal is to leave testing with an understanding of:

- What stands out?
- What is confusing?
- What information is missing?
- What would motivate someone to act on this?
- What barriers remain?

**Quick Tip**

Testing early can prevent costly mistakes later.

## Refine and Retest

Between each round of testing, use stakeholder feedback to improve materials.[12] Small changes can impact how the next user interprets the product.[13]

**Exemplar Project Example**

For our project, three rounds of usability testing were conducted. Two participants were included in each round, allowing the pilot materials to be refined between testing cycles. Feedback focused on clarification, relevance, eligibility, messaging, and overall usability.

Usability testing revealed that many participants were unclear about who was eligible for the benefit. While the project team assumed this information was obvious, participants frequently misunderstood that the benefit was available specifically to employees enrolled in the health plan.

Participants also struggled with insurance terminology and had differing opinions about which messaging approaches were most compelling.

**Based on the testing, the team:**

- Simplified language
- Clarified eligibility requirements
- Reduced insurance jargon
- Revised messaging headers

*Tools for usability testing are provided in Appendix C.*

### Before Moving Forward

At the end of Phase 3 and before beginning Phase 4, teams should have:

- ✓ Refined implementation materials
- ✓ Strategies ready for pilot testing
- ✓ Greater confidence in implementation readiness

# Phase 4: Evaluate and Scale

**Goal:** Assess the performance, feasibility, and sustainability of implementation strategies to identify opportunities for broader use.

## Why This Phase Matters

Teams will find that not every strategy that performs well during testing is a good fit for implementation. Organizations must consider not only whether a strategy generates engagement, but also whether it can be implemented in a way that is realistic, maintainable, and scalable.[8]

This phase provides the information needed to make those decisions. By collecting simple, meaningful metrics, teams can identify which strategies are worth further investment.

## Pilot Selected Strategies

Pilot testing allows organizations to evaluate implementation strategies in real-world settings before expanding them.[8]

Depending on the intervention, pilot testing may involve a single communication channel, multiple implementation approaches, or several strategies deployed simultaneously.[8] However, teams must ensure they are able to interpret data in a way that shows how each strategy performed on its own. If possible, establish methods for tracking engagement separately for each strategy. This ultimately allows teams to compare performance and better understand which approaches were the most effective.

## Measure What Matters

Evaluation is not a process that needs to be complex.[14] The most useful metrics are often the simplest metrics.

**Potential Metrics**

- QR code scans
- Landing page views
- Email open rates
- Click-through rates
- Referrals
- Inquiries
- Enrollment data
- Participation rates

**Quick Tip**

Simple engagement metrics can provide valuable and more real-world insights when more comprehensive data are unavailable.

*A sample strategy deployment tracking template is provided in Appendix D.*

## Compare Performance Across Strategies

Evaluation should focus on identifying patterns rather than declaring a single "winning" strategy. Identifying things like which types of engagement worked best, and the context of the engagement are vital patterns to recognize.[15,16] Different implementation approaches may perform differently depending on context, organizational environment, and whether it is passive or direct engagement.

## Evaluate Feasibility and Sustainability

Engagement is only one factor to consider when selecting strategies for scale.

### Factors to Evaluate

- Ease of implementation
- Resource requirements
- Operational complexity
- Organizational fit
- Long-term sustainability

A strategy that generates moderate engagement but is easy to maintain may ultimately be more valuable than a highly effective strategy that requires substantial ongoing upkeep.[11,17]

### Quick Tip

The most effective strategy is not always the most innovative strategy. Successful implementation often depends on identifying approaches that balance engagement, feasibility, and sustainability.

*Tools for feasibility and sustainability assessment are provided in Appendix E.*

### Exemplar Project Example

Following pilot testing, the four strategies were assessed based on feasibility and sustainability. This process helped the team to move beyond engagement and consider which strategies could realistically be maintained over time. Additionally, this assessment provided a structured framework for discussing future implementation.

## Prepare for Scale

Following evaluation, organizations should identify strategies that are appropriate for broader implementation.[8] The evaluation results will act as the main guiding force in this process.

### Questions to Consider

- Which strategies generated meaningful engagement?
- Which strategies are feasible to maintain?
- What resources would be required to expand implementation?
- What organizational approvals are needed?

### Before Moving Forward

At the end of Phase 4, teams should have:

- ✓ Pilot implementation results
- ✓ Engagement metrics
- ✓ Feasibility and sustainability assessments
- ✓ Recommendations for scale
- ✓ Lessons learned to inform future implementation efforts

# Moving Forward

Now that your team has completed the four phases, you have developed a deeper understanding of the factors influencing utilization, identified and tested stakeholder-informed strategies, and evaluated opportunities for broader implementation.

While the specific intervention may change, this process can be applied across a wide range of utilization challenges. Beyond informing implementation decisions, the HCD process generates broader insights regarding stakeholder needs, communication strategies, and organizational processes. The following lessons highlight key takeaways from our experience that may be applicable across settings and populations.

# What We Learned

Applying HCD to a utilization challenge reinforced several important lessons that may be relevant across interventions, populations, and settings.

1. **Coverage Does Not Guarantee Awareness**
   Many beneficiaries were unaware that the benefit existed or did not realize they were eligible to participate. Therefore, increasing utilization may require addressing awareness before addressing motivation. Organizations should not assume that the availability of a benefit means that beneficiaries understand what is available to them or how to access it.
2. **Beneficiaries Provide Essential Insights**
   The most actionable findings in our HCD process emerged from conversations with beneficiaries. These perspectives ultimately revealed communication gaps and barriers that were not fully understood by organizational stakeholders. Direct engagement with this group allowed the team to identify opportunities that would not have been apparent solely through utilization data.
3. **Utilization Challenges are Multifaceted**
   Awareness was only one barrier among many. Participants also described competing priorities, limited time, work-life balance challenges, and uncertainty about available resources. Effective implementation strategies must account for the realities that influence participation in everyday life.
4. **Governance Influences Implementation**
   Several promising strategies were ultimately constrained by governance requirements, communication policies, or operational considerations. Successful implementation requires balancing stakeholder preferences with organizational realities. Therefore, engaging governance stakeholders early can help teams identify feasible pathways for implementation and avoid investing resources in strategies that cannot be operationalized.
5. **Simple Strategies Can Be Effective**
   The strongest performing strategies were not necessarily the most complex. Organizations should not overlook straightforward solutions that can be integrated into existing communication channels and workflows.

Together, these lessons highlight the importance of listening to stakeholders, testing assumptions, and balancing innovation with practicality when seeking to improve utilization of evidence-based interventions.

# Final Thoughts

Improving utilization is rarely a matter of simply increasing communication or expanding available resources. Utilization is shaped by awareness, relevance, competing priorities, organizational processes, and the lived experiences of the people a program is intended for.

Human-Centered Design provides a practical framework for understanding these factors and developing solutions that are responsive to stakeholder needs while also remaining feasible to implement. By engaging stakeholders throughout the process, organizations can ultimately move beyond assumptions and make more informed decisions about how to increase participation in EBIs.

By listening first, testing early, and scaling thoughtfully, organizations can move beyond just offering benefits and more towards helping people successfully use them.

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# Appendices

The following tools are provided to support organizations in applying the methods described throughout this guide. These resources can be adapted to fit different interventions, populations, and organizational settings.

*Appendix A. Stakeholder Interview Guides*

Sample interview guide that can be adapted for any type of stakeholder group.

*Appendix B. Rapid Qualitative Analysis Tools*

Matrix summary designed to support efficient synthesis of interview findings, identification of recurring themes, and development of actionable insights.

*Appendix C. Usability Testing Tools*

Questions to support prototype review and refinement prior to implementation.

*Appendix D. Pilot Implementation Tracking Tool*

Template for documenting implementation activities

*Appendix E. Evaluation Tools*

Assessment tools to support evaluation of feasibility and sustainability.

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## Appendix A. Stakeholder Interview Guides

**Introduction**

"Studies have shown that managing weight before pregnancy can significantly improve health outcomes for both the mother and baby. I am here to talk to you about your thoughts regarding this as well as the [insert EBI].

[EBI Overview]

Data from this study will be used to determine what could improve and increase the use of the [insert EBI]

You are free to skip and questions you do not wish to answer, you are also free to stop the interview at any time and request your data be destroyed. I am going to audio record the interview so I can capture your thoughts verbatim. Your data will be deidentified prior to any publication and will only be linked to your identity via a file accessible only to the study team. Do you have any questions before we begin?"

****START RECORDING****

**Beneficiary Questions**

"First, I want to discuss the weight management center."

| Question | Theme/Category | Notes |
|---|---|---|
| 1. Prior to this interview, what have you heard regarding the weight management center offered through Wake Forest Baptist? How did you learn about it? | Awareness | |

"Thank you for sharing that with me.

Next, I would like to discuss weight management in the context of pregnancy."

| | | |
|---|---|---|
| 2. On a 1-5 scale, how important do you believe weight management is in preparing for pregnancy? (1=Not at all important, 5= Extremely important) | Perception and Value | |

“Thank you for sharing that with me.

Next, I would like to discuss potential barriers and facilitators for weight management.”

| | | |
|---|---|---|
| 3. Do you have any current goals related to planning for pregnancy? What could help you in achieving these goals? | Barriers/Facilitators | |
| 4. Do you have any current concerns related to planning for pregnancy? What could help alleviate some of these concerns? | Barriers/Facilitators | |
| 5. What challenges have you faced in engaging with employer-sponsored wellness programs like the weight management center? | Barriers/Facilitators | |
| 6. How hesitant are you to use a weight management program? (1=Not at all hesitant, 5= extremely hesitant) What hesitations, if any, do you have when it comes to engaging in employer-sponsored wellness programs? | Barriers/Facilitators | |

“Thank you for sharing that information.

Next, I would like to discuss the social influences of weight management.”

| | | |
|---|---|---|
| - What has your doctor discussed with you regarding your health and preparing for pregnancy? Have they recommended any wellness programs? | Social Influence | |

“Thank you so much for sharing that.

Next, I would like to hear how you feel you could be supported more in weight management and accessing wellness programs.”

| | | |
|---|---|---|
| - How accessible do you feel the Weight Management Center and other wellness programs are? (1=Not at all accessible, 5=Extremely accessible) | Accessibility and Support | |
| - What kind of support or resources would make the weight management center feel more accessible or appealing to you? | Accessibility and Support | |
| - How do you prefer to receive health related information or support? (i.e. Flyers, emails, word-of-mouth, videos). What type of communication have you received about employer-sponsored wellness programs at AHWFB? | Communication Preferences | |
| - How does it make you feel to discuss your weight management in the context of work? (1=Not comfortable at all, 5=Extremely comfortable) | Workplace Discussion | |
| 6. How supportive is your employer in helping you manage your weight? (1=Not at all supportive, 5=Extremely supportive) | Workplace Support | |
| 7. What type of support do you receive or wish to receive from your employer to focus on your health and wellbeing, specifically weight management? | Workplace Support | |

**Follow Up Questions**

| Question |
|---|
| 1. Can you tell me more about what that experience was like for you? |
| 2. What makes that (insert challenge, concern, or idea) important to you? |
| 3. How do you feel about that situation or process? |
| 4. Can you share an example of when that (insert barrier/facilitator) came up? |
| 5. What would it look like if that barrier wasn't there or if things worked differently? |

## Appendix B. Rapid Qualitative Analysis Tools

The following tool should be used for each category of stakeholders to compare interview results. This will assist in the identification of common themes between participants.

| Participant ID | Context | Awareness of EBI | Perception of EBI | Barriers | Facilitators | Opportunities | Quotes |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

## Appendix C. Usability Testing Template

Use one template per participant. Complete sections during or immediately after the session. Focus on first impressions, points of confusion, and suggested wording changes. Rate issue severity and capture verbatim quotes.

**Session Information**

| | |
|---|---|
| **Role (Beneficiary/Teammate / Provider)** | |
| **Date & Time** | |
| **Round (1 / 2 / 3)** | |
| **Notes on participant context** | |

**Tasks**

- Read the item as if you encountered it naturally.
- Tell us what it is asking you to do.
- Share anything confusing or unclear.
- Would you take action? Why/why not?

**Observation Notes**

- Misinterpretations observed:

**Prompted Questions**

- First impression:
- Message clarity:
- Call-to-action clarity:
- Placement cues (where would you notice it?)

**Suggested Wording Changes**

Draft alternative headlines, CTAs, and coverage language here.

**Summary & Prioritization**

Top 3 issues to fix before next round:

1)
2)
3)

**Lightweight Metrics**

Comprehension: Could the participant restate the offer correctly? (Y/N)

Action intent: Said they would enroll or scan? (Y/N)

Recall: Could they recall the flyer's meaning after 5 minutes? (Y/N

## Appendix D. Pilot Implementation Tracking Tool

| Strategy | Target Audience | Channel / Setting | Core Components | Intended Mechanism (Utilization Pathway) | Tracking / Data Source | Primary Metrics | Key Feasibility Considerations | Start Date | End Date |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

## Appendix E. Evaluation Tools

Use these assessment tools to rank each strategy based on metrics and the implementation process.

**Feasibility Assessment**

| Score | Rating | Definition |
|---|---|---|
| 1 | Low | Significant barriers to implementation; required extensive coordination, resources, or effort |
| 2 | Moderate | Required coordination, access, or monitoring but was achievable within the study context |
| 3 | High | Easy to implement with minimal coordination, low resource requirements, and limited ongoing effort |

**Sustainability Assessment**

| Score | Rating | Definition |
|---|---|---|
| 1 | Low | Difficult to maintain due to structural or environmental barriers |
| 2 | Moderate | Requires ongoing maintenance or affected by environmental/system-level barriers |
| 3 | High | Stable once implemented, scalable, and requires minimal ongoing effort |