Community Centered Innovation Toolkit

A Practical Guide to Co-Designing Better Healthcare Experiences



Introduction

Healthcare environments influence how people find care, understand information, move through services, recover, work, and connect with others. Yet architecture and interior design decisions are often based on assumptions about what patients, families, and staff need. This booklet was created to help designers replace those assumptions with direct learning from patients and front-line clinicians—the people who experience healthcare spaces, systems, and workflows every day.

The activities use two complementary frameworks. Social Determinants of Health (SDOH) help teams understand how conditions such as transportation, housing, financial stability, education, food access, digital access, and social support shape a person's ability to receive care and stay healthy. The Quintuple Aim helps teams consider whether design decisions improve patient experience, population health, affordability, healthcare workforce well-being, and health equity.

Together, these frameworks give designers a broader view of healthcare performance. They connect the built environment to real-life constraints, care delivery, staff workflows, and equitable outcomes. The toolkit provides practical ways to gather and interpret feedback from patients, families, and front-line clinicians so that design opportunities are grounded in lived experience and operational knowledge. Their insights can reveal hidden workflows, workarounds, communication gaps, safety concerns, and opportunities for improving both patient and employee experiences.

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How to Use this Toolkit

BEFORE YOU BEGIN: GUIDING PRINCIPLES

1. Make participation accessible. Consider language, disability accommodations, health literacy, transportation, fatigue, and digital access.
2. Avoid assumptions.
3. Respect clinical realities. Engage front-line clinicians early, map workflow, and recognize the time, staffing, safety, and regulatory constraints that shape care.
4. Create psychological safety. Make it clear that the goal is to improve systems—not evaluate individuals—so clinicians can openly share workarounds, near misses, frustrations, and unmet needs.
5. Close the feedback loop. Show clinicians how their input influences the design, explain what could not be changed and why, and invite them to test and refine proposed solutions.

WHAT'S INSIDE?

The booklet includes a collection of interactive activities aligned with different stages of the design thinking process: Empathize, Define and Ideate.

Each activity provides:

- Purpose: What the activity helps participants achieve
- Time: Estimated time to complete the activity
- Instructions: Guidance for facilitating the activity
- Invitation Prompts: An opening question or statement to spark curiosity
- Materials: Worksheets, resource or other items needed

How to Use this Toolkit

GETTING STARTED

1. Choose an activity. Select an activity based on your team's goals and the stage of the design thinking process.
2. Prepare the materials. Print the relevant resource sheets and worksheets. Some activities may also require sticky notes, markers, or large sheets of paper.
3. Explore the examples. Review the sample scenarios to understand how each activity works before beginning.
4. Co-design together. Invite stakeholders with different perspectives to share experiences, challenge assumptions, and develop ideas collaboratively.
5. Capture and build on ideas. Document key insights and concepts to support further prototyping, testing, and improvement.

DESIGNED FOR COLLABORATION

This toolkit can be used in workshops, community engagement sessions, patient and family advisory councils, and multidisciplinary team meetings.

Activities can be used individually or combined to guide participants through a complete design thinking journey. They are designed to be flexible and adaptable to different healthcare challenges, group sizes, and available time.

The goal is not to design solutions for people, but to design with them—bringing together lived experiences, professional expertise, and community resources to create more accessible, equitable, and meaningful healthcare experiences.

Understand Competing Priorities

TEAM PREPARATIONS - EMPATHIZE BEFORE THE ENGAGMENT

ACTIVITY 1

TIME: 15 MIN

Purpose: Build empathy for the difficult tradeoffs that can affect a person's ability to receive care and support their health.



Instructions: Each participant selects a scenario and chooses one of the two provided choices. Discuss what influenced the decision, what support could reduce the tradeoff, and what assumptions the scenario reveals. Remind participants that the goal is to understand constraints.

Invitation prompt: "Choose the option that feels most realistic to you. What factors shaped your choice? What support or change could make this tradeoff less difficult? You may respond from your own experience or discuss the scenario generally."

Materials: Scenario sheets (next two pages) and markers

Scenario Sheet

1 Work or Wellness? You have a medical appointment tomorrow, but your manager asks you to cover a shift. CHOICE A Attend the appointment CHOICE B Keep your work hours	**2 Medicine or Groceries?** You have $50 left until payday. Your prescription refill costs $40, and your family needs food. CHOICE A Refill the medication CHOICE B Buy groceries
3 Care for Me or My Child? Your child is sick on the same day as your specialist appointment. No one else can provide childcare. CHOICE A Attend your appointment CHOICE B Stay home with your child	**4 Rent or Recovery?** Your doctor recommends taking a week off after surgery, but you have no paid sick leave. CHOICE A Take time to recover CHOICE B Return to work early
5 A New Job or Continued Care? A new job offers better pay but requires moving away from your current healthcare team. CHOICE A Accept the new job CHOICE B Maintain continuity of care	**6 Education or Immediate Income?** A job training program could improve your future earnings, but attending means working fewer hours now. CHOICE A Invest in training CHOICE B Maintain current income

7 Healthy Food or Full Plates? Your doctor recommends a healthier diet, but affordable food options nearby are limited. CHOICE A Buy recommended foods CHOICE B Buy enough food for everyone	**8 Caregiving or Career?** Your aging parent needs regular medical visits, but taking time off threatens your job. CHOICE A Accompany your parent CHOICE B Protect your employment
9 Screening or Shift? A free cancer screening is available during your work hours. Missing a shift means losing income. CHOICE A Attend the screening CHOICE B Work your shift	**10 Utility Bill or Medical Bill?** Your electricity bill and an overdue medical bill are both due. You cannot afford both. CHOICE A Pay the medical bill CHOICE B Keep the electricity on
11 Mental Health or Family Needs? You want to begin counseling, but the copay would reduce money available for your children's activities. CHOICE A Begin counseling CHOICE B Prioritize family expenses	**12 Internet or Essentials?** Your telehealth appointment requires internet access, but your service has been disconnected. CHOICE A Restore internet service CHOICE B Pay for other essentials

Look Beyond the Patient

TEAM PREPARATIONS - EMPATHIZE BEFORE THE ENGAGMENT

ACTIVITY 2

TIME: 20-30 MIN

Purpose: See how a health challenge is shaped by factors at different levels and identify solutions beyond changing patient behavior.

Instructions: Choose one health challenge. Discuss what may contribute to it at four levels: individual, relationship, community, and society. Write one factor and one possible change for each level.

Invitation prompt: "Let's look beyond the patient. What individual, relationship, community, or societal factors may make this challenge harder? What could change at each level so the solution does not depend only on the patient?"

Materials: Socio-Ecological Model*; Blank paper and markers

*Kilanowski, J. F. (2017). Breadth of the Socio-Ecological Model. https://stacks.cdc.gov/view/cdc/230750

EXAMPLE

Health challenge: A Patient missed an appointment due to limited mobility.

Levels	Contributing Factor	Possible change
Individual	Patient can't drive	Offer remote or flexible care options
Relational	Family can't provide rides due to work	Provide cargiving assistance
Community	Limited public transit routes	Partner with local transportation services
Societal	Inadequate public transportation funding	Advocate for accesssible transportation investment

Observation—Learn from What People Do

EMPATHIZE — DISCOVER LIFE BEYOND HEALTHCARE

ACTIVITY 2 **TIME: 30-60 MIN**

Purpose: Understand how patients, families, and front-line team members experience a space, service, or workflow by observing actions, interactions, workarounds, and environmental barriers.

Instructions: Choose a specific place, journey step, or workflow to observe. Record what people do, where they pause or seek help, what tools or spaces they use, and any workarounds or barriers. Separate what you directly observe from your interpretation, and note questions to explore afterward.

Invitation prompt: "We are learning how this experience works in practice so we can improve the space, service, or workflow. With your permission, we would like to observe what happens without evaluating anyone's performance. Please continue as you normally would, tell us if you want us to stop, and share only what you are comfortable sharing."

Materials: Observation guide (next page), clipboard or notebook, pen, timer, and approved consent or privacy information

GENERAL OBSERVATION PRINCIPLES

- **Stay unobtrusive:** Observe without interrupting or participating.
- **Record facts, not assumptions:** Describe what happened before interpreting why.
- **Focus on systems, not individuals:** Look for patterns rather than personal mistakes.
- **Protect privacy:** Avoid collecting identifiable patient or employee information without appropriate authorization.
- **Consider context:** Staffing, workload, emergencies, and shift changes influence workflows.
- **Validate findings:** Follow up with staff at an appropriate time to understand observed behaviors.

Observation Guide

Before observing:

Obtain organizational approval, clarify where and what you are permitted to observe, and follow applicable privacy, safety, and infection prevention requirements. Patient-specific observation may require additional permissions.

What to Observe	Tips for Non-participatory Observation
Workarounds & Repeated Steps — Unofficial processes, duplicated tasks, or repeated documentation.	Notice shortcuts, adaptations, and repeated work.
Movement & Environment — Walking, searching, physical layout, and accessibility.	Look for unnecessary travel, hard-to-find supplies, and environmental barriers.
Handoffs & Communication — How information and responsibilities transfer between people or teams.	Notice delays, clarification requests, and communication gaps.
Interruptions & Task Switching — How frequently staff pause, switch tasks, or restart work.	Observe interruption patterns and their effects on workflow.
Tools & Technology — How equipment, software, and physical tools support daily work.	Identify usability challenges, equipment availability, and staff adaptations.
Teamwork & Patient Interactions — How staff collaborate and support patients and families.	Do: Notice coordination, helpful practices, and accessibility challenges in approved settings.

After observing:

- Identify recurring patterns, possible root causes, improvement opportunities, and questions that require further validation.
- What appears inefficient may serve an important clinical, safety, or regulatory purpose. Understand why a step exists before proposing changes.
- How might we reduce unnecessary effort while protecting patient safety and supporting frontline teams?

Map the Patient Journey Through the SDOH Lens

EMPATHIZE — DISCOVER LIFE BEYOND HEALTHCARE

ACTIVITY 2

TIME: 15-20 MIN

Purpose: Identify how limited access to resources and support within an SDOH domain affects the patient journey.

Instructions: Map the key steps in a patient journey. Choose one of the five SDOH domains to explore and place it at the center of the map. At each step, identify where resources, opportunities, or support may be limited or missing, and how these gaps affect the patient's experience. Mark these points as opportunities for further research and design.



Invitation prompt: “ Think about a recent journey through care. What happened at each step? Considering the selected SDOH domain, what resources or support helped you, and what was missing that could have made the experience easier? Please share only what feels comfortable—there are no right or wrong answers.”

Materials: SDOH model, blankpaper, and markers

Map Health Barriers

EMPATHIZE — DISCOVER LIFE BEYOND HEALTHCARE

ACTIVITY 3 **TIME: 20-30 MIN**



Purpose: Identify what makes health management difficult and what could make the experience easier.

Instructions: Review each step in the worksheet. Describe what makes the step difficult today and what would make it easier. Add any missing steps. Compare responses, identify common needs, and highlight opportunities for improvement.

Invitation prompt: “We want to learn from your experience. For each step, what makes managing your health or supporting care harder today? What would make it easier? Please add steps we may have missed.”

Materials: Map Health Barrier Worksheet (next page) and markers

Map Health Barrier Worksheet

Health management steps	What makes this difficult today?	What would make it easier?
Find and access care		
Doctor’s appointment		
Lab/test		
Treatment/meds		
Coordinate care		
Understand health info		
Preventative care		
Chronic condition		
Care at home		
Healthcare costs		
Community support		

Map Community Resources and Gaps

EMPATHIZE — DISCOVER LIFE BEYOND HEALTHCARE

ACTIVITY 4 **TIME: 15-20 MIN**

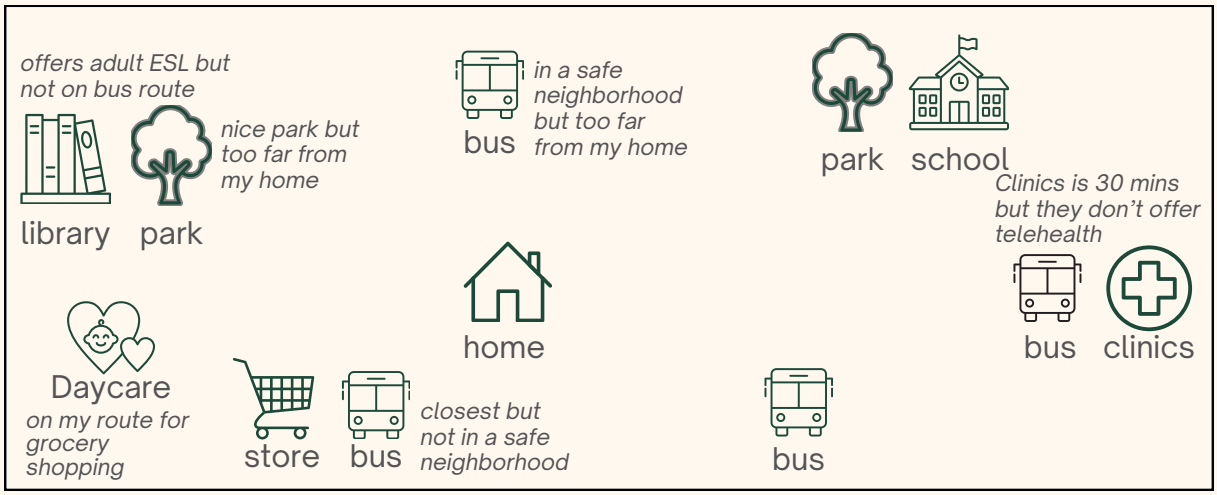
Purpose: Identify existing community resources, barriers to accessing them, and the supports that are missing.

Instructions: Place home at the center of the map. Add existing community resources people use, such as clinics, grocery stores, parks, transportation, libraries, and community organizations. Mark barriers that make each resource difficult to access and add supports that are needed but unavailable. Highlight the most important gaps as opportunities for design.

Invitation prompt: "Think about the places, services, and people in your community that support your health. Which do you use, and what makes them easy or difficult to reach or use? What support is missing? Please add anything we may have overlooked and share only what you are comfortable sharing."

Materials: Blank paper, markers, and optional Community Resources sheet (page 31)

EXAMPLE



Map How SDOH Can Support Health

EMPATHIZE — DISCOVER LIFE BEYOND HEALTHCARE

ACTIVITY 5 **TIME: 15-20 MIN**

Purpose: Define the specific conditions within each SDOH domain that help people manage their health and access care.

Instructions: Choose one of the five SDOH domains. Ask participants what conditions within that domain help them stay healthy, receive care, and recover. Write these conditions and identify which supports are missing, or difficult to access.



Invitation prompt: "Think about what helps you stay healthy, get care when you need it, and recover at home. Within this SDOH domain, what specific conditions or resources support your health? Please share only what you are comfortable sharing."

Materials: SDOH model, blank paper and markers

FIVE DOMAINS OF SDOH MODEL

Economic Stability: Help people earn steady incomes that allow them to meet their health needs

Education Access and Quality: Increase educational opportunities and help children and adolescents do well in school.

Health Care Acess and Quality: Increase access to comprehensive, high-quality health care services.

Neighborhood and Built Environment: Create neighborhoods and environments that promote health and safety.

Social and Community Context: Increase social and community support.

Trace the Ripple Effect

EMPATHIZE — DISCOVER LIFE BEYOND HEALTHCARE

ACTIVITY 6 **TIME: 15-20 MIN**

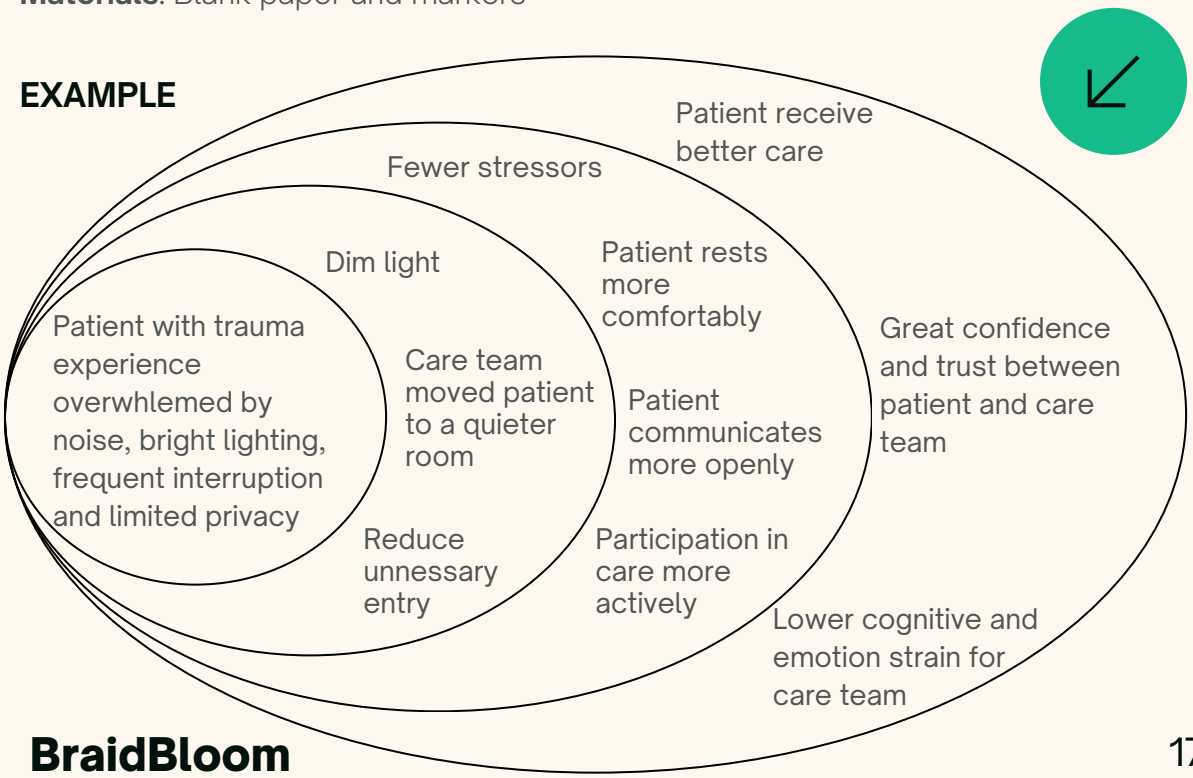
Purpose: Trace how one patient encounter can affect the patient, care team, and care process—and identify where support or design changes could help.

Instructions: Place a patient encounter in the center, add what happens next for the patient, family or caregivers, care team, and hospital operations on the outer layers. Discuss where opportunities are to make change of the environment, communication, or workflow could interrupt harm.

Invitation prompt: "Think about a positive or difficult patient experience. What happened first? How did others respond, and what happened next? What changed in the space, language, care process, or relationship between the patient and care team?"

Materials: Blank paper and markers

EXAMPLE



Learn Through Story Sharing

EMPATHIZE — DISCOVER LIFE BEYOND HEALTHCARE

ACTIVITY 7 **TIME: 30-60 MIN**

Purpose: Learn from lived experiences to identify needs, barriers, strengths, and opportunities for design

Instructions: Invite a patient, family member, or patient-family advisory council member to share a healthcare experience. Practice active listening. Capture what the person said, did, thought, and felt on the empathy map. Use the completed map to identify unmet needs, helpful supports, and questions for further research.

Invitation prompt: “We would like to learn from your healthcare experience so we can improve spaces and services. Please share only what feels comfortable. You may pause, skip a question, or stop at any time. When you are ready, tell us about the moments that stood out: What helped? What was difficult? What do you wish had been different?”

Materials: Blank paper and markers



Facilitator guidelines: Explain how the story will be used and obtain permission before taking notes. Do not ask for diagnoses or details that are not needed. Avoid interrupting, rewording, interpreting, or promising a solution. Watch for signs that the participant wants to pause, offer a break, and remind them they may stop. Protect identifying information, summarize what you heard, and ask the storyteller to correct or clarify it before the group identifies design opportunities.

Unexpected Mashup

IDEATE — IMAGINE SOLUTIONS BEYOND TRADITIONAL HEALTHCARE

ACTIVITY 1 **TIME: 20-30 MIN**

Purpose: Generate new ideas by combining a health challenge, a social barrier, and community resources.

Instructions: Choose one item from the Health Challenges sheet, one from the Social Barriers sheet, and two from the Community Resources sheet. Combine them to generate as many ideas as possible before evaluating feasibility. Change one selection at a time to create new combinations.

Invitation prompt: "How might these community resources work together to address this health challenge and social barrier? Build on one another's ideas, imagine unusual connections, and delay judging what is practical until you have several possibilities."

Materials: Health Challenges, Social Barriers, and Community Resources sheets (page 26-31); Blank paper and markers

EXAMPLE

Health challenges	Social barriers	Community Resources	Ideas
Chronic disease management	Limited transportation/ mobility	Local libraries, internet access	A library-based virtual health support station
Chronic disease managment	limited transportation/ mobility	Food banks, volunteer driver program	Special diet food boxes

Connect Community Resources

IDEATE — IMAGINE SOLUTIONS BEYOND TRADITIONAL HEALTHCARE

ACTIVITY 2 **TIME: 20-30 MIN**

Purpose: Combine community resources to reduce social barriers and make care easier to access.

Instructions: Choose one health challenge and two related social barriers. Select two community resources that could help. Combine the resources into one coordinated idea that makes the support easier to access.

Invitation prompt: "How could these two community resources work together to reduce both barriers and make care easier to access? Consider communication, scheduling, transportation, technology, and personal support."

Materials: Health Challenges, Social Barriers, and Community Resources sheets (page 26-31); Blank paper and markers

EXAMPLE

Health challenge	Preventive care participation
Social barriers	1. Long waits for appointments 2. Hearing and vision impairments
Community resources	1. Community computer and internet access center 2. Community health worker or patient navigator
Idea to better coordinate resources	Create an accessible scheduling hub at the computer center. A community health worker helps the person use screen-reading, magnification, captioning, or relay services to find cancellations, join a priority waitlist, and book an earlier appointment.

Redesign the Care Journey

IDEATE — IMAGINE SOLUTIONS BEYOND TRADITIONAL HEALTHCARE

ACTIVITY 3

TIME: 20-30 MIN

Purpose: Redesign a care journey by reducing social barriers and using community resources.

Instructions: Choose one health challenge and map the current journey in 3–5 steps. Select two social barriers and mark where they make the journey difficult. Then choose two community resources and redraw the journey to show how they could improve the experience.

Invitation prompt: "Where does the journey become difficult? How could these community resources make it easier, more comfortable, or more accessible?"

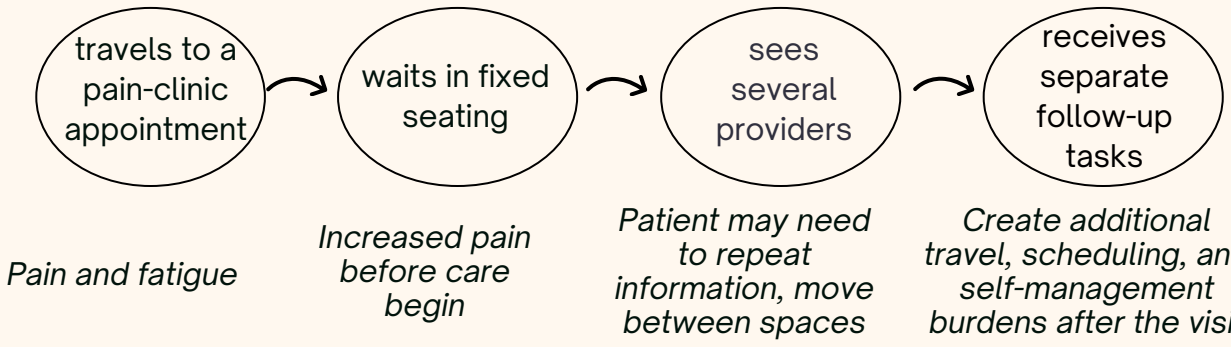
Materials: Health Challenges, Social Barriers, and Community Resources sheets (page 26-31); blank paper; sticky notes; and markers

EXAMPLE

Health challenge:
Chronic pain mangement

Social barriers:
Pain and fatigue make travel, waiting, and repeated visits difficult.

Community resources:
Patient navigator and community shuttle service.



Imagine Healthcare Without Walls

IDEATE — IMAGINE SOLUTIONS BEYOND TRADITIONAL HEALTHCARE

ACTIVITY 4 **TIME: 20-30 MIN**

Purpose: Imagine how healthcare could be supported in the places and relationships already present in people's lives.



Instructions: Choose one health challenge and one place people already visit, such as a library, school, workplace, faith community, or grocery store. Imagine how that place could support care if technology and budget were unlimited. Sketch the idea, then identify what would make it useful, welcoming, and accessible.

Invitation prompt: "If healthcare could meet people where they already live, work, learn, or gather, what could this place offer? How would the experience work, and what would make it easy to use?"

Materials: Health Challenges sheets (page 26-27); blank paper; sticky notes; and markers

Build on the Idea

IDEATE — IMAGINE SOLUTIONS BEYOND TRADITIONAL HEALTHCARE

ACTIVITY 5 **TIME: 15-20 MIN**



Purpose: Strengthen an idea by combining lived experience, clinical knowledge, operations, and design perspectives.

Instructions: Start with one idea from a patient, family member, or front-line team member. Ask each participant to add one improvement from their perspective. Combine the additions into one stronger idea, then note what still needs to be tested.

Invitation prompt: "What can you add from your perspective to make this idea more useful, workable, and inclusive? Build on the idea rather than replacing it."

Materials: Selected idea, blank paper, sticky notes, and markers

Flip Challenges into Opportunities

IDEATE — IMAGINE SOLUTIONS BEYOND TRADITIONAL HEALTHCARE

ACTIVITY 6 **TIME: 15-20 MIN**



Purpose: Reframe a health challenge and social barrier as opportunities for design.

Instructions: Choose one health challenge and one social barrier from the sheets. Turn the problem into a "How might we..." question. Generate several responses, then identify community resources that could help make the strongest ideas possible.

Invitation prompt: "How might we reduce this barrier so people can manage the health challenge more easily? What community resources could support the change?"

Materials: Health Challenges and Social Barriers sheets (page 26-29); sticky notes; and markers

Generate Ideas Around Social Barriers

IDEATE — IMAGINE SOLUTIONS BEYOND TRADITIONAL HEALTHCARE

ACTIVITY 7

TIME: 20-30 MIN

Purpose: Generate a wide range of ideas for reducing social barriers connected to a health challenge.



Instructions: Choose one health challenge and one or more social barriers. Generate ideas individually, one per sticky note. Group similar ideas on an affinity map, name each group, and identify where community resources could strengthen the ideas.

Invitation prompt: "What are all the ways we could reduce this barrier for people facing this health challenge? Add ideas freely, then look for patterns and community resources that could help."

Materials: Health Challenges, Social Barriers, and Community Resources sheets (page 26-31); sticky notes; large paper; and markers

Health challenges:

Patient Experience		
Navigating complex care Coordinate appointments meds, labs, and treatments	**Understand medical information** Make diagnosis, test results, and treatment instruction easier to understand	**Reducing waiting and delays** Reduce unnecessary waiting throughout the patient journey
Shared Decision-Making Participate meaningfully in treatment decisions that reflect their needs and preferences	**Support Care at Home** Feel confident managing health between healthcare visit	**Continuity of Care** Make transition between primary care, specialist, hospitals, and home more seamless

Population Health		
Preventative Care Participation Encourage more people to complete recommended screenings, vaccinations, and preventative visits.	**Chronic Disease Management** Support people living with chronic conditions in managing their health between appointments	**Early Identification of Health Risks** Identify and support people at risk of developing preventable health conditions before they become severe
Community Health Education Make trustworthy health information accessible, relevant, and actionable for different communities	**Connecting Health and Social Services** Connect patients with food, housing, transportation, and other resources that influence health outcomes	**Community-Based Healthcare** bring preventive and primary care closer to where people live, work, and gather

Health challenges:

Cost of Care		
Avoidable Emergency Visits Patients access appropriate care before non-emergency conditions escalate into costly emergency visits	**Administrative Inefficiency** Reduce repetitive paperwork, duplicate data entry, and unnecessary administrative processes	**Medication Affordability** Access affordable prescribed medications without compromising treatment effectiveness
Financial Transparency Patients understand healthcare expenses before receiving care	**Resource Optimization** Improve the use of clinical spaces, staff time, and equipment while maintaining quality and safety	**Reducing Unnecessary Testing** Improve coordination and information sharing to prevent avoidable duplicate tests and procedures

Healthcare Workforce Well-being		
Reducing Administrative Burden Reduce documentation and repetitive tasks so healthcare professionals can spend more time providing care	**Preventing Burnout** Redesign work environments and processes to reduce stress, exhaustion, and burnout	**Psychological Safety** Create an environment where healthcare workers feel safe speaking up, reporting concerns, and suggesting improvements
Workforce Recognition Healthcare employees feel valued, heard, and connected to the purpose of their work	**Flexible Workforce Models** Design staffing and scheduling to support employee well-being while meeting patient care needs	**Team Communication** Improve communication and coordination between clinical and nonclinical teams

Social barriers:

Economic Stability 1. Limited income or financial insecurity 2. Unemployment or unstable employment 3. Lack of paid sick leave 4. Unpredictable work schedule 5. Difficulty affording medications 6. High out-of-pocket healthcare costs 7. Food insecurity 8. Housing instability or risk of eviction 9. Difficulty affording childcare 10. Medical debt	**Healthcare Access & Quality** 11. Transportation barriers 12. No health insurance or inadequate coverage 12. Limited access to primary care providers 13. Long wait times for appointments 14. Lack of nearby specialists 15. Difficulty navigating healthcare systems 16. Fragmented care coordination 17. Limited access to mental health services 18. Inaccessible healthcare facilities 19. Lack of culturally responsive care 20. Difficulty obtaining timely prescriptions
Education Access & Quality 21. Low literacy or education 22. Limited English proficiency 23. Limited digital literacy 24. Limited access to reliable internet for learning 25. Limited health literacy	**Neighborhood & Built Environment** 26. Unsafe neighborhood or community violence 27. Limited access to affordable healthy food 28. Poor housing conditions 29. Limited access to parks or safe outdoor spaces 30. Unreliable broadband or cellular connectivity

Social barriers:

Social & Community Context	Individual Health & Care Circumstances
31. Lack of trust in healthcare institutions 32. Social isolation or loneliness 33. Limited family or caregiver support 34. Experiences of discrimination or stigma 35. Cultural differences affecting communication 36. Limited community support networks 37. Caregiver responsibilities or burden 38. Fear of judgment when seeking care	These are important contextual factors that can interact with SDOH barriers. 39. Living with a chronic disease 40. Physical disability or mobility limitations 41. Hearing or vision impairment 42. Cognitive impairment or memory difficulties 43. Multiple chronic conditions 44. Mental health challenges

Community Resources

Healthcare & Medical Support	Food & Nutrition
1. Federally Qualified Health Centers (FQHCs) 2. Free and charitable clinics 3. Community pharmacies 4. Mobile health clinics 5. Community mental health centers 6. Public health departments	7. Food banks and food pantries 8. food assistance program 9. WIC nutrition program 10. Community kitchens and meal programs 11. Meals on Wheels 12. Community gardens
Housing & Utilities	**Transportation & Mobility**
13. Emergency housing shelters 14. Rental assistance programs 15. Affordable housing organizations 16. Utility bill assistance programs 17. Homelessness prevention services	18. Public transportation systems 19. Medicaid non-emergency medical transportation (NEMT) 20. Paratransit services 21. Volunteer driver programs 22. Community shuttle services
Financial & Employment Support	**Social Connection & Community Support**
23. Workforce development centers 24. Job training and career placement programs 25. Unemployment benefits offices 26. Financial counseling services 27. Medical financial assistance programs	28. Senior centers 29. Faith-based community organizations 30. Neighborhood community centers 31. Peer support groups 32. Community volunteer networks

Community Resources

Family & Caregiver Support 33. Childcare assistance programs 34. Family resource centers 35. Caregiver support groups 36. Respite care programs 37. Early childhood intervention programs	**Education & Digital Access** 38. Public libraries 39. Adult literacy and ESL programs 40. Community colleges 41. Digital literacy training programs
Disability & Aging Support 43 Area Agencies on Aging (AAA) 44 Centers for Independent Living (CILs) 45 Disability advocacy and support organizations 46 Assistive technology lending programs	**Navigation & Legal Assistance** 47. 211 community resource referral services 48. Community health workers and patient navigators 49. Legal aid organizations 50. Health insurance enrollment assistance

BraidBloom

A different kind of consultancy—built around your challenge, your people and your context.

WHY US:

- **Deeply customized:** We take the time to understand your people, your organization, your environment, and the challenge you're actually facing.
- **Different perspectives, woven together:** The name BraidBloom reflects the way meaningful solutions emerge because it was born from a career that has crossed three very different domains: engineering, design, and healthcare.
- **Personal by design:** BraidBloom is a founder-led practice. That means you work directly with the designer/founder throughout the engagement—not through layers of account managers, project managers, and rotating teams.
- **Hands-on from insight to action:** We believe meaningful work shouldn't stop at recommendations.
  We research to understand.
  We collaborate to explore.
  We prototype to learn.
  And we iterate to move ideas closer to something that can work in the real world.

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