

# Case: Hälsokollen. Design methods for creating services that supports longterm behavioural change.

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## Case background

The Swedish pharmacy Apoteket has launched a new health service, "Hälsokollen", in cooperation with the Swedish service design agency Doberman. "Hälsokollen" includes an assessment tool for peoples risk profile for heart diseases, advice from a trained health advisor, a meeting application and a wide range of tools for self-support. The goal is to inspire people to live a healthy life.

The case presents two perspectives – the client's and the agency's. The case covers general principles as well as specific learnings, mistakes and success factors, shown by hands-on examples.

The starting point of the case is the huge challenge the project was facing: how to create a long term change in daily behaviour towards a more healthy life? The rationale behind the project was the following:

1. Insight about ones health status (in reality the risk for heart diseases now and at the age of 65) plus
2. Insight about the relation between the risk profile and the persons daily behaviour plus
3. Identification of the most relevant and feasible way to change ones behaviour toward a healthier daily life plus
4. A toolbox of motivating tools to support behavioural changes gives
5. Establishment of a sustainable healthier lifestyle

These steps may seem easy and logical, but raised a number of challenging questions: How to transfer the measurement of the risk for heart disease to a understandable view of the health status? How to transfer this insight to motivation to behavioural changes? How to transfer motivation into action? And how to transfer these actions into routines, to support a sustainable change in daily life?

The design process was built upon five foundations:

- A. Theoretical knowledge. Despite this being a practical and commercial project, knowledge built from scientific theories was an important foundation. Health science,

behavioural science and sociological and market theories were “in use”, via reports, involvement of experts and the participants academic background.

- B. Cross-disciplinary team. Involved in the projects were different health experts, interaction designers, visual designers, system developers, pharmacists and business developers.
- C. On-going innovation. An on-going innovative climate was created by a number of workshops, visualisation of ideas, shared hypothesis and prototypes.
- D. Self involvement. In contradiction to the notion of “you are not the user”, we did instead involve ourselves extensively, by introspection and using ourselves as the basis for both idea generating and evaluation: “What would help me to change my life?” and “Would I really use this?” We also tested the whole customer journey ourselves, including the real health test. The result of self involvement: Passion!
- E. Empirical studies. During the project we used a mix of different research methods: Focus groups, interviews and prototype tests in different phases of the project.

The case will share our learnings from design process: Both success factors and difficulties and experiences about overcoming these difficulties. We will cover all five different foundations as well as the relation between them.

## Take home

After listening to our case, the audience will be able to take with them

- Methods for how service design projects can take insight from theory and empirical studies into practical use for guiding design decisions – and know the challenges in doing this.
- Best practices for involving a broad spectrum of competences in a creative, idea-generating and problem-solving work