Approaching Healthcare: Care Beyond the Clinic

Xiwen L, Yufei C, Lyra L, Haoran G

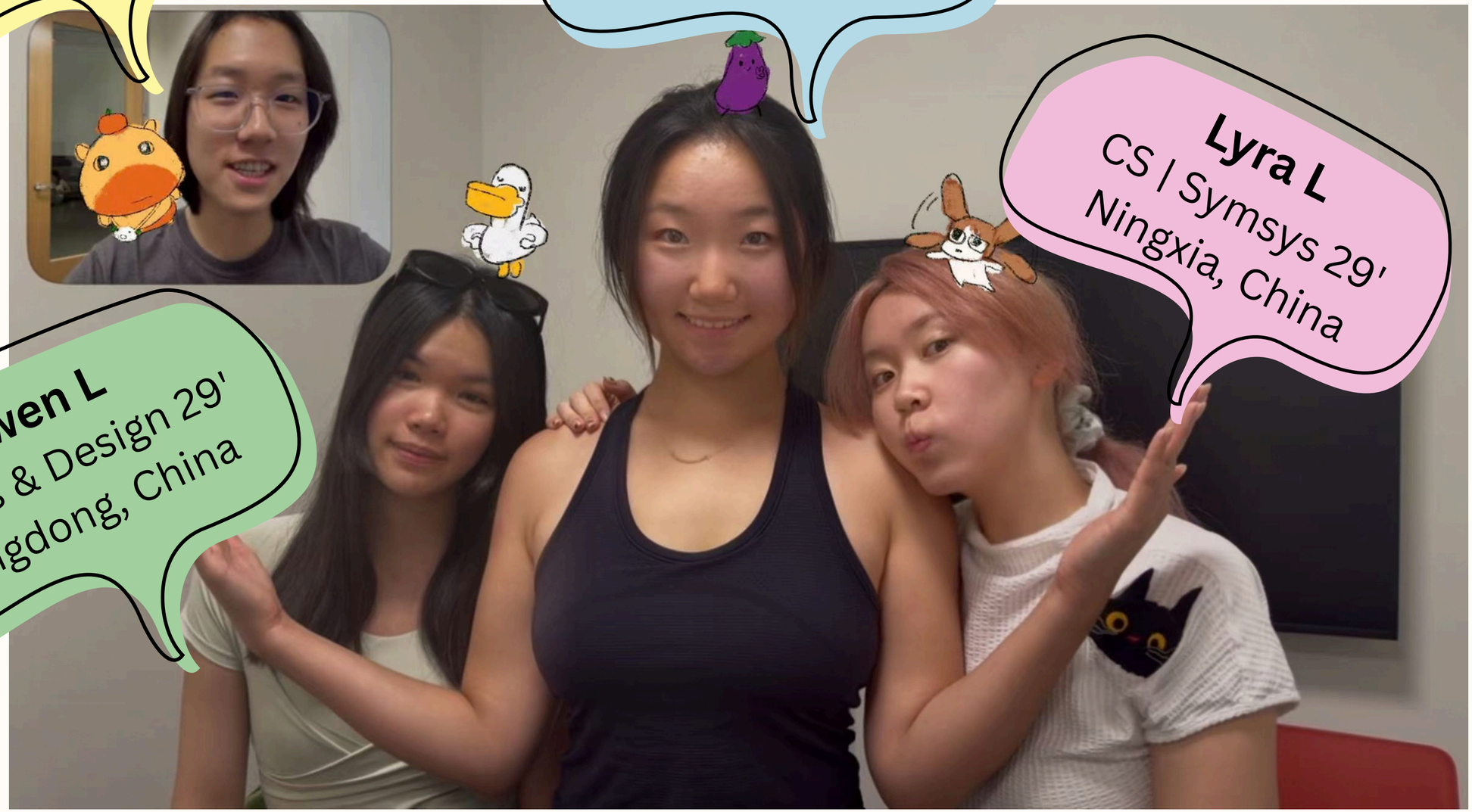
Our Team

Haoran G
Symsys 29'
Dallas, Texas

Yufei C
Symsys 29'
NY, NY

Lyra L
CS | Symsys 29'
Ningxia, China

Xiwen L
Symsys & Design 29'
Guangdong, China



Narrowing Our Focus

ORIGINAL

What do people do first when they have a health concern?

Many interviewees searched online or asked AI first.
Could the healthcare experience itself help explain why?

FOCUSED

What barriers in the healthcare experience might discourage people from seeing a doctor?

Our Participants



“Buobuo”
36 yrs
Securities Company
Account Manager
San Francisco, CA
Interviewed by: Yufei, Lyra



“Jack”
25-35 yrs
Software Engineer
San Jose, CA
Interviewed by: Lyra, Xiwen



“Yofi”
25-35 yrs
Software Engineer
San Jose, CA
Interviewed by: Xiwen, Haoran

Our Participants



“Duo”
21 yrs
Senior Clinical Medicine Student
Hunan, China
Interviewed by: Haoran, Lyra



“John”
19 yrs
Yale University Student
New Haven, CT
Interviewed by: Haoran, Yufei

Looking for Participants

After reviewing our findings, we realized that the age range of our interviewees last week was too narrow, so we'd like to find an interviewee aged 50+. We're also curious about the workings of the healthcare system, and to explore whether those working within it have any unique insights or needs, we'd like to find a professional—such as a doctor.

Random Invitation

We met Mia by approaching older adults at Stanford Shopping Center and inviting them to participate in our interview.

Professional Referral

Haoran asked his family doctor for connections in healthcare, who then referred us to Lin.

Our Participants This Week



“Mia”

52 yrs

Retired Teacher

NY, NY

Interviewed by: Yufei, Lyra



“Lin”

35 yrs

Oral and Maxillofacial Surgery assistant

Palo Alto, CA

Interviewed by: Haoran, Xiwen

Mia



SAYS:

- As long as I can get the appointment , that's fine.
- It was fairly close to where I live, so I chose it.
- It's all in English, so I don't understand it very well.
- My son handles all of that for me
- The interpretation was quite accurate, but it certainly wasn't as good as being able to speak directly, was it?" "I didn't offer any. I just accepted it.
- It's definitely better to have someone with you, especially for chemotherapy.
- You need to find the right hospital, then follow its arrangements.
- Once you're ill, you just move forward one step at a time.
- When I first arrived, I really wasn't used to it.
- As long as you have the appointment booked, I actually think it works quite well.
- If I have any questions, I can contact my doctor through it.

THINKS:

- Choosing the right hospital may be her main way of shaping her care.
- Trusting the medical team may make delegating treatment decisions feel reasonable.
- How much she researches may depend on how serious a decision feels.
- Reliable access to care may matter more than the particular tool used to arrange it.
- Accurate interpretation may still fall short of speaking directly for herself.
- Family help may make care accessible without removing her uncertainty about medical information.
- Knowing what happens next may help her accept an otherwise unfamiliar healthcare system.
- Familiar companionship may meet a need that professional attention alone does not.
- Avoiding outings may help her limit painful reminders, even though she wants to go outside.
- Looking at photos may preserve a connection with her dog, even when it hurts.
- Choosing when to revisit memories may matter more than avoiding memories altogether.
- She may need time to decide how much of her grief she wants to share.

DOES:

- Her expression becomes visibly sad when she talks about her dog.
- Asked for imaging options and chose a facility near home.
- Called to book her X-ray and selected the earliest available appointment.
- Searched online for hospitals specializing in cancer treatment.
- Asked her preferred hospital which insurance it accepted, then bought that insurance.
- Relies on her son to handle English-language scan information.
- Accepted the medical team's treatment plan without proposing changes.
- Usually attended chemotherapy with her husband; sometimes attended appointments alone.
- Holds her dog's photos and cries every day.
- Cries when she sees other people's dogs.
- Avoids going out because encountering other dogs is upsetting.
- Returned daily for a course of 25 radiation sessions.
- Went to the front desk after a visit to book her next follow-up.
- Her gaze shifts away when she describes initially avoiding going outside.

FEELS:

- More secure following a treatment plan after choosing a care team she trusts.
- Supported by her son, yet uncertain about navigating medical information independently.
- Reassured by accurate interpretation, but less personally connected than when speaking directly.
- Vulnerable during treatment and steadier with someone familiar beside her.
- Unsettled by unfamiliar healthcare rules, then calmer as the process becomes predictable.
- Relieved when her experience of urgent care differs from warnings about long waits.
- A sense of closeness to her dog through photos, alongside the pain of missing her dog.
- Apprehensive about encountering reminders before she feels ready for them.
- Pulled toward everyday life while also wanting protection from another painful moment.
- Emotionally exposed when discussing the loss, contributing to her initial hesitation.
- Increasingly comfortable expressing grief as the conversation progresses.
- Possibly relieved to share what she has been holding inside, while still feeling deeply sad.

Mia



Need:
Create new experiences while maintaining a meaningful connection with her dog.

Insight:
Mia repeatedly returns to photos even though they make her cry. This suggests those memories offer connection as well as pain. A solution focused only on reducing sadness could unintentionally remove something she still values.

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Lin



SAYS:

- "We can have three patients at 8:30: one post-op, one consultation, and one surgery."
- "We need to make sure everyone is on the same page."
- "A morning huddle is better, but sometimes we are too busy to have one."
- "Patients sometimes forget, even after we explain everything and give them a paper."
- "If a patient eats before sedation, we have to cancel the anesthesia."
- "Every day we may work at a different office with a different team."
- ""Some patients treat the dental chair like a counseling room."
- ""Providing emotional support is an extra part of this job."
- "We are not authorized to diagnose; the doctor has to make the diagnosis."
- "This work is flexible because you never know how a patient will react."
- "We have to communicate and respond in real time."
- "Insurance is the biggest pain point for patients."
- "The chain company helps dentists focus mainly on being doctors."

THINKS:

- A standard process only works when the person responsible understands it.
- A short morning huddle can prevent avoidable communication gaps.
- Patient safety must come before keeping the day's schedule on time.
- Written instructions alone are not enough to ensure patient compliance.
- Assistants must respect legal boundaries and leave diagnosis to doctors.
- Referral forms and X-rays can be more reliable than a patient's description.
- Emotional care matters, even when it is not formally required.
- Questions should be routed to the person with the right expertise.
- Team members need visibility into one another's progress during busy shifts.
- Centralized technology and support make large practices more efficient.
- Oral health is connected to overall physical health.
- Corporate support can reduce the business burden on practice owners.

DOES:

- Shifted in her seat when discussing situations in which procedures had to be canceled.
- Coordinates post-operative checks, consultations, and surgeries scheduled at overlapping times.
- Leaned forward when discussing the importance of clear team communication.
- Became more animated and spoke faster when describing last-minute schedule changes.
- Confirms pharmacy information and fasting requirements before sedation.
- Participates in morning huddles to clarify roles and patient needs.
- Looked away and frowned while describing scheduling conflicts.
- Coordinates with front-desk staff, office managers, specialists, and assistants.
- Reassures and reschedules patients when a procedure must be canceled.
- Listens when patients share personal, financial, or family concerns.
- Smiled when recalling moments when she helped calm an anxious patient.
- Explains procedures and offers support options when patients become anxious.
- Shook her head while talking about insurance-related difficulties.
- Counted on her fingers when describing the offices she works across.

FEELS:

- Mentally busy when several patient flows overlap at the same time.
- Uncertain whether rotating front-desk staff know every specialty instruction.
- Frustrated when handoffs fail even though a standard process exists.
- Concerned when patients ignore fasting instructions or show unsafe vital signs.
- Compassionate when patients share vulnerable personal stories.
- Worried when a high-risk patient refuses help or insists on leaving alone.
- Responsible for staying within the legal limits of the assistant role.
- Alert and adaptable when a patient becomes unexpectedly anxious.
- Pressured by constant real-time coordination and last-minute schedule changes.
- Relieved when clear explanations help an upset patient calm down.
- Concerned that insurance limits keep patients from necessary treatment.

Lin



Need: Help patients prepare for the financial side of care as well as the clinical side.

Insight: Lin can help patients become clinically ready for treatment, but insurance limits and unexpected costs may still prevent them from receiving it. Being prepared does not always mean being able to access care.

SAYS:

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Through interviews with Mia and Lin, we noticed that the medical system is quite well-deveoped. Since there aren’t many rooms for new ideas, we tries to looks into ideas beyond the medical system.

Therefore, some NEW IDEAS come in.

Initial POV - Mia

We met...
Mia, a 53-year-old woman who underwent breast cancer treatment and later lost the dog that had accompanied her through recovery.

We were surprised to notice...
She valued accurate interpretation but still preferred speaking directly with her doctor. While receiving care, she also worried about her husband's life outside caregiving. After losing her dog, she wanted to go out but avoided places where she might see other dogs. She chooses to revisit photos even when they make her cry, yet dislikes unexpected reminders. She wants companionship without every conversation focusing on her grief.

We wonder if this means...
Mia's support needs may change with her circumstances and emotions. She wants connection while retaining control over how she participates, what she shares, and when she pauses. Having these choices respected may help her feel understood and more comfortable accepting support.

It would be game changing...
For Mia to receive support that adapts to her needs while preserving her voice, choices, and pace, helping her stay connected to people and activities that make life meaningful.

Initial POV - Lin

We met...
Lin, an oral and maxillofacial surgery assistant who supports patients through consultations and treatment.

We were surprised to notice...
She described patients receiving a treatment plan and price after consultation, before surgery. She also shared that cost can frighten patients and lead them to question whether the clinic is recommending care they really need.

We wonder if this means...
The clinic’s timing for explaining costs may not match when patients need that information. Patients may want a sense of what they could owe before deciding to visit, rather than first confronting the financial implications once they are already there.

It would be game changing...
If patients could arrive with a realistic expectation of their likely costs and what could change them, feeling more prepared to discuss their care.

Initial POV - Duo

We met...
Duo, a 21-year-old fourth-year clinical medicine student in Hunan, China, who comes from a medical family and has helped care for his seriously ill grandfather.

We were surprised to notice...
He expressed deep pain and guilt over his grandfather's suffering and poor quality of life. Yet, despite his medical training and his grandfather's history of smoking and severe lung problems, Duo was smoking during our interview.

We wonder if this means...
Understanding a health risk—even seeing a loved one suffer—may not make that risk feel immediate enough to change one's own habits. Duo may need support connecting what he knows about smoking's consequences with the moment he reaches for a cigarette.

It would be game changing...
If Duo could make the future consequences of smoking feel personally relevant in the moment, helping him pause and choose a healthier action before smoking.

How Might We? - Lin

How might we help her do something about patients' cost worries while staying within her role?

How might we help patients and small clinics move from finding care to confirming an appointment through one clear process?

How might we help her feel that handing off a billing question still leads somewhere good for the patient?

How might we help her turn what she notices chairside into something the billing staff can use?

How might we help her find out what happened to a patient's cost question after she passed it along?

How might we give her mouth-body argument a voice beyond the clinic?

How might we help patients make sense of a $1,500 to $2,500 cap against a surgery that costs several thousand?

How might we help clinical assistant respond to patients' emotional concerns while staying within their professional role?



How might we help her clinic see a patient's medical, financial, and emotional needs as one picture instead of three separate handoffs?

How might we help patients see oral surgery as part of their whole-body health, the way she does?

How might we help her avoid feeling like a bystander to the problem she thinks matters most?

How might we help patients get through the wait for insurance verification without being left in uncertainty and better understand their likely cost?

How might we help patients avoid delaying needed oral surgery because of cost?

How might we help her feel her field is valued as real healthcare, not something optional?

How might we keep clear role boundaries from leaving a patient's biggest worry without an owner?

How Might We? - Duo

How might we turn Duo's medical knowledge about smoking into a cue for action in his everyday life?

How might we connect Duo's concern for his grandfather's health with care for his own?

How might we give Duo a moment to reconsider before smoking becomes an automatic action?

How might we make the gap between Duo's health knowledge and his smoking behavior noticeable without making him feel judged?

How might we channel Duo's guilt about his grandfather's suffering into a sense of agency over his own health?

How might we make the benefits of choosing not to smoke feel meaningful today?

How might we invite Duo to apply the same concern to his own health that he feels for his grandfather?

How might we make the potential consequences of everyday habits feel personally immediate to people managing health conditions at the moment of choice?



How might we make protecting his health feel like something Duo chooses for himself rather than advice he must obey?

How might we bring Duo's future self into the decisions he makes about smoking today?

How might we make a smoke-free choice feel rewarding to Duo in the moment?

How might we create a response to reaching for a cigarette that reflects Duo's personal reasons for staying healthy?

How might we help John tell the difference between healthy trust in a doctor and deference that could hurt him?

How might we make family conversations about smoking feel like shared care rather than criticism?

How might we enable Duo to notice when knowing a health risk does—and does not—change his behavior?

How Might We? - Mia

How might we help Mia feel understood when communicating about her health?

How might we support the well-being of the people caring for Mia?

How might we help Mia participate in activities she wants to enjoy?

How might we help Mia connect with meaningful memories in ways that feel right for her?

How might we help those around Mia better understand what support means to her?

How might we help Mia experience companionship beyond conversations about grief?

How might we help Mia express her emotions in ways she feels comfortable with?



How might we help Mia maintain her independence while receiving support?

How might we make support responsive to Mia's changing needs?

How might we help Mia heal from the grief of losing her beloved dog?

How might we help Mia care for others while also receiving care herself?

How might we help Mia feel supported even when she wants time to herself?

How might we help Mia cope with unexpected reminders of loss?

HMW1: How might we help patients get through the wait for insurance verification without being left in uncertainty and better understand their likely cost?

Solutions that we came up with :

1. A tracking link so patients can see where their insurance verification stands and when they'll hear back.
2. Give patients a rough cost range when they book, including how certain the estimate is.
3. Let people see what others with similar visits and insurance actually paid.
4. Turn confusing insurance benefits into a short explanation using the patient's own numbers.
5. Even a "still waiting, we'll update you Thursday" message could help.
6. Put the cash price next to the insurance estimate so patients can compare.
7. Hold the appointment while insurance is being checked. Let patients cancel for free if the cost comes back higher than expected.
8. A quick checklist beforehand to catch missing info or mistakes on insurance details.
9. Have the clinic agree that the bill won't go more than a certain amount above the estimate.
10. Show what paying over three or six months would look like.
11. A searchable list of Bay Area dentists, the plans they accept, and roughly what patients might pay. AI could help keep it updated, with estimates clearly marked as reference only.
12. Include price ranges for things like wisdom tooth removal, root canals, and crowns, broken down by plan

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The solution we picked is to create a searchable list of available hospitals nearby, the plans they accept, and roughly what patients might pay.

HMW2: How might we make the potential consequences of everyday habits feel personally immediate to people managing health conditions at the moment of choice?

Solutions that we came up with :

1. **AR glasses that display a condition-specific visual warning and personal reminder when users are about to engage in a habit that could worsen their health.**
2. A smart coaster that reveals a personally relevant health reminder when the user places a drink on it.
3. An object sleeve for a cup or cigarette case that unfolds into a visual story about the habit's potential consequences.
4. A wearable that responds to a habit gesture with a brief vibration and a reminder of the user's health goal.
5. A tabletop projection that connects the object the user reaches for with an illustration of its potential health effects.
6. A personal audio message recorded during a reflective moment and played when the user encounters the same habit.
7. A future-self postcard revealed at the moment of choice, reminding users of an experience they want to stay healthy for.
8. A branching story that contrasts how continuing or changing a habit could affect an ordinary future day.
9. A physical health sculpture that changes with logged habits, making repeated choices visible over time.
10. A paired-choice display that places the user's usual option beside an alternative aligned with their personal care plan.
11. A keepsake that reveals a meaningful family memory when the user reaches for an object associated with the habit.
12. A brief role-play that asks users what they would advise someone they care about to do in the same situation.

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Create AR glasses that display a condition-specific visual warning and personal reminder when users are about to engage in a habit that could worsen their health.

HMW3: How might we help Mia heal from the grief of losing her beloved dog?

Solutions that we came up with :

1. Through character invitations and exploration rewards, this app encourages users to start with small, everyday activities, gradually take the initiative to go out, discover new places, and rediscover a sense of anticipation in their lives.
2. Creates personal mailboxes for people who have lost their dogs, allowing them to share their feelings of longing, reply to one another's messages, and find understanding and companionship through shared experiences.
3. Users select statuses such as "Want to Chat," "Need Quiet Companionship," or "Want Some Alone Time," letting family members know their current needs and reducing the burden of having to explain themselves repeatedly.
4. Users invite trusted individuals to go for a walk, have a meal, or sit quietly together, allowing them to enjoy companionship without having to talk about their grief.
5. Matches users with others who have experienced the loss of a pet and are willing to support one another, helping them build lasting relationships through chat or in-person meetings.
6. Displays nearby spaces suitable for quiet reflection or casual interaction, allowing users to gradually reengage with in-person life at their own pace.
7. Provides kits for activities like painting and gardening that users can try at home, allowing them to explore new hobbies and add something to look forward to in their daily lives.
8. Invites friends and family to upload photos, stories, and voice messages about the beloved dog, helping users preserve more memories and see how others cherish this relationship.
9. This feature allows users to store their beloved dog's belongings, photos, and voice recordings in one place, so they can open the box when they're ready and relive memories at their own pace.
10. Users can plan time alone, companionship, or commemorative activities in advance for important dates, letting friends and family know how to provide appropriate support on these days.
11. This platform aggregates care, remembrance, and professional support services based on users' needs, helping them find support resources suited to their current situation.

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Experience Prototype 1

Before You Book

Solution1: create a searchable list of available hospitals nearby, the plans they accept, and roughly what patients might pay.

Concept & focus

Concept

A searchable directory of nearby providers, accepted insurance plans, and estimated patient costs.

Your visit → Your visit plan

Plan a consultation at Clinic B. Read the $40–$100 estimate, explain your expected cost, and choose your next step.

Setup & assumption

Participant 1: Stanford student, age 20.
Paper cards discussed at a classroom table; a facilitator presents information and records the response.

Critical assumption

A rough cost estimate helps patients feel financially prepared, even before the final amount is confirmed.

Why this assumption: We prioritized whether estimates help patients prepare; search usability and distance preferences were secondary.

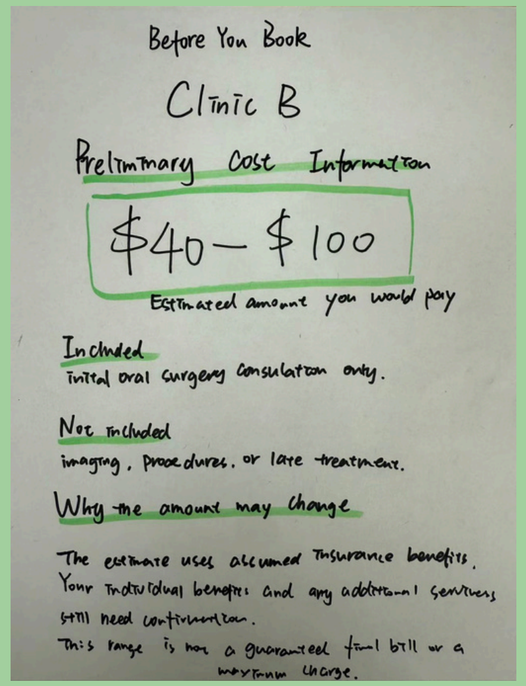
Test Evidence

Participant 1 · Stanford student · age 20

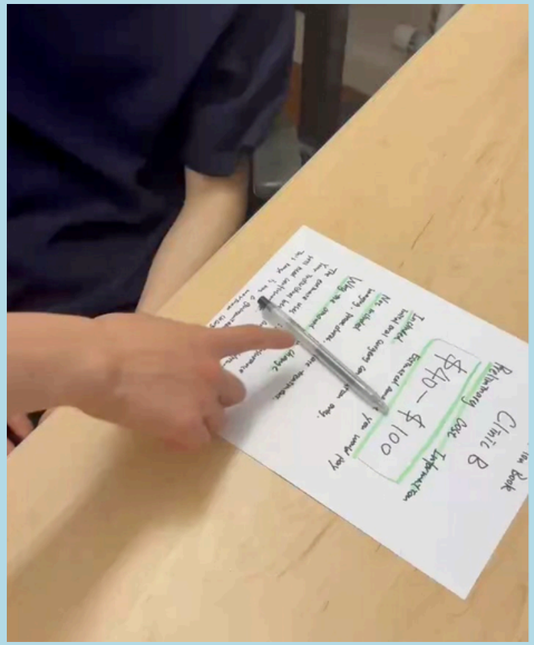


He viewed the estimate as third-party information and said he would still call the clinic to confirm it.

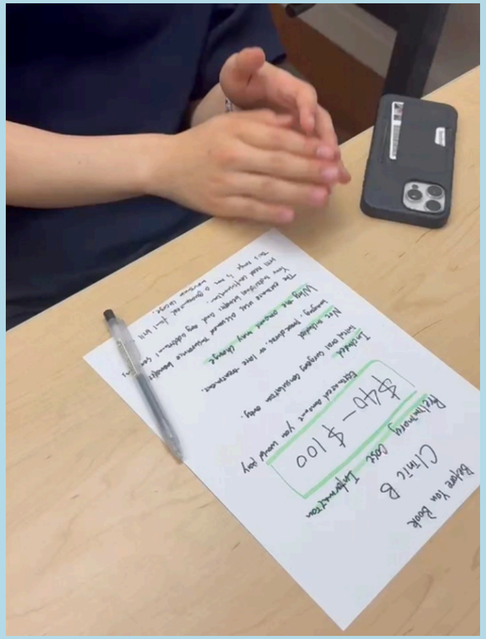
Hand-drawn card



Actual test · video screenshots



Reviewing the cost card



Discussing the estimate

What We Learned

Assumption verdict & next iteration

An estimate may not reduce uncertainty when the patient does not trust who stands behind the number.

Verdict & insight

Not supported by this test
The available response did not establish that an estimate improved financial preparedness.

A clearer trust problem
Showing a price range did not remove the need for confirmation. The information source may matter as much as the amount.

Conclusion

Why we chose not to pursue this concept
This test made us question the concept's value. Inaccurate estimates could create false confidence and mislead patients' budgeting or care decisions.

Ethical issues

- Misleading estimates could affect budgeting or delay care.
- Personalized estimates could expose sensitive information.

Experience Prototype 2

Before you eat & drink

Solution2: Create AR glasses that display a condition-specific visual warning and personal reminder when users are about to engage in a habit that could worsen their health.

Concept & focus

Concept
Smart glasses that display a strong visual warning at the moment of a food or drink decision. Paper cards simulate the warning without building the technology.

Your choice → A moment to reconsider
Reach for a drink → encounter a warning → keep or change your choice → decide whether you want another reminder.

Setup & assumption

Participant 2 Women, age 52.
At a table, a facilitator presents text-only and visual warning cards as the participant reaches for a drink prop. An observer records actions and reactions.

Critical assumption
Compared with text alone, a visual warning makes users reconsider their choice while remaining willing to receive future reminders.

Why this assumption: The concept depends on visuals prompting reconsideration without discouraging future reminders; device usability was secondary.

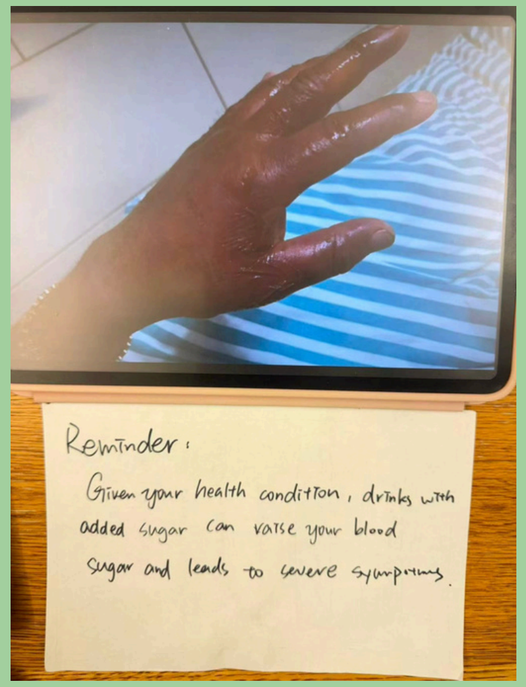
Test Evidence

Participant 2 · Women · age 52

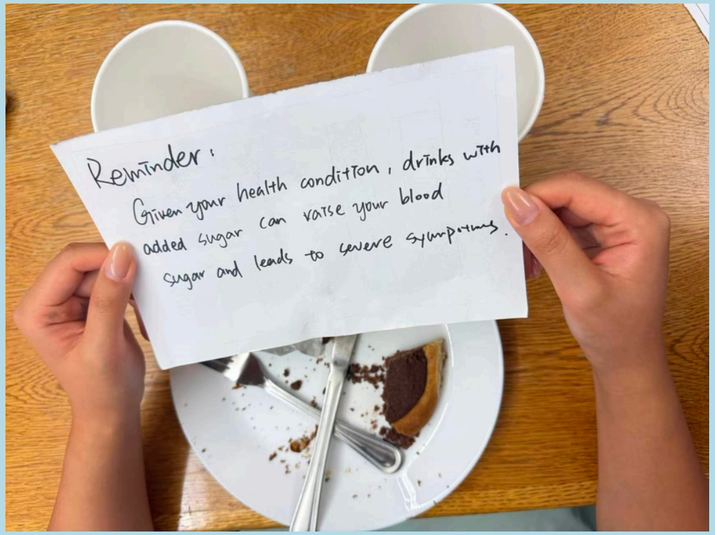


She viewed the photo and think that the photo we generate might cause mental problems.

Hand-drawn card



Actual test · video screenshots



Reviewing the texting warning

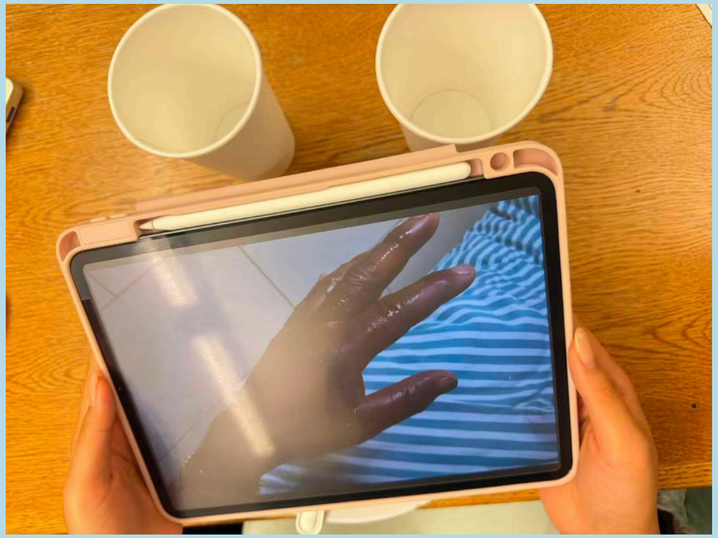


Image warning shows up

What We Learned

Assumption verdict & next iteration

A warning designed to protect physical health raised concerns about emotional well-being. Stronger imagery is not necessarily a better reminder.

Verdict & insight

Acceptability assumption challenged

The participant worried that the generated image could cause emotional distress. This challenged our assumption that strong visual warnings would be accepted as helpful reminders.

The warning itself became a concern

We intended the image to draw attention to a health risk. Her feedback instead raised a question about the reminder itself: could its emotional impact outweigh its intended benefit?

Conclusion

Retain the reminder at the moment of choice, but test a non-graphic version with a clear, practical next step. Let participants choose whether to receive another reminder.

Ethical issues

- Disturbing imagery may cause distress rather than support healthier decisions.
- Generated images may be mistaken for a diagnosis or an inevitable consequence of one drink.

Experience Prototype 3

Before You Close Your Door

Solution 3: An app encourages users to rediscover a sense of anticipation in life with small, everyday activities through character invitations and exploration rewards.

Concept & focus

Concept
A virtual snake invites the user to draw, rewards participation with affection points, then asks for a mood diary. The prototype tests willingness to engage.

Your first activity
Meet the snake, respond to its drawing invitation, receive affection points, then record a mood diary.

Setup & assumption

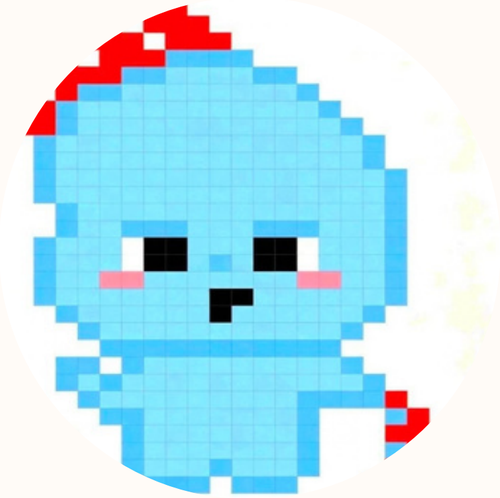
Participant 3: Male, age 19.
A student who recently lost his pet snake, experienced the drawing and diary prompts, then gave feedback.

Critical assumption
A familiar virtual pet and affection rewards will motivate a grieving user to begin a small activity despite low energy.

Why this assumption: The idea relies on emotional connection motivating the first activity. Long-term mood improvement remains untested.

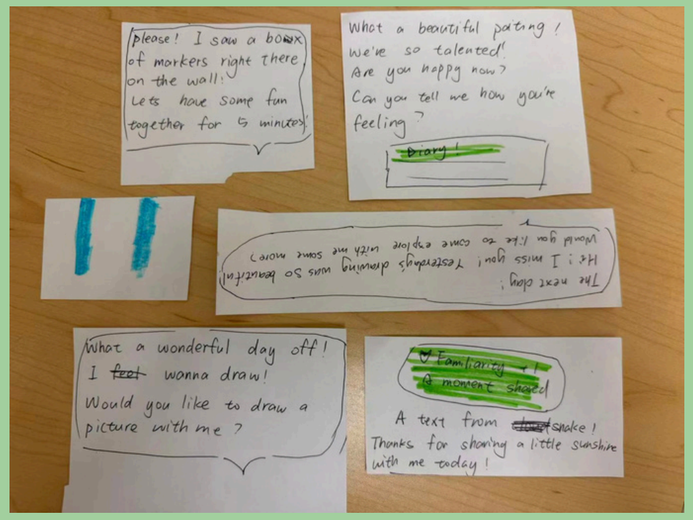
Test Evidence

Participant 3 · Stanford student · age 19

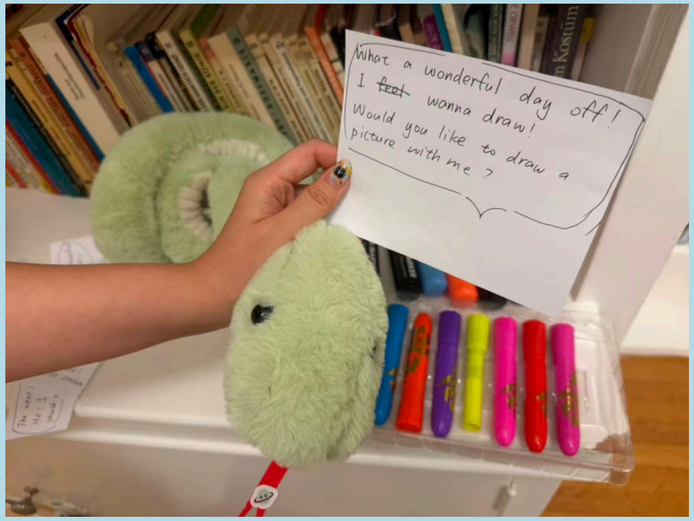


He viewed the app as unhelpful since he could not convince himself to interact with a virtual pet.

Hand-drawn card



Actual test · video screenshots



The pet prompts user for an activity



Update familiarity w/ the pet

What We Learned

Assumption verdict & next iteration

Small activities and a responsive companion helped him get started. Completing the drawing brought a sense of companionship and achievement, improving his mood.

Verdict & insight

Initial support for the motivation assumption

He hesitated because grief left him tired. He initially declined, then accepted after the snake responded. Drawing at home for just five minutes felt manageable.

Companionship and achievement mattered

He felt accompanied again during the activity. Finishing the drawing gave him a sense of achievement and made him happier. This suggests that both the interaction and completing a small task contributed to the experience.

Conclusion

Keep activities short and easy to do at home as first step. Let the companion respond to hesitation while respecting the user's choice. Test whether users return voluntarily and whether the mood benefit lasts beyond one activity.

Ethical issues

Respect a clear refusal. Let users skip or stop without guilt or losing rewards. Avoid presenting the character as a replacement for a lost pet. Keep mood diaries private.

Ethics & Community Impact

Who we serve, what could go wrong, and who may be left out

1 Insurance & Cost transparency tool

Designed for

Patients planning costs before a clinic visit.

Ethical risks

Wrong estimates could mislead budgets or delay care. Personalization raises privacy risks.

May leave out

Uninsured patients, people with limited digital access, and rural communities.

2 Visual Reminders

Designed for

People seeking support with health-related habits.

Ethical risks

Graphic warnings may cause distress or shame. Images may seem like diagnoses. Cameras risk privacy.

May leave out

People unable to afford AR glasses or use visual prompts comfortably.

3 Companion App

Designed for

Families facing serious illness and people experiencing loss.

Ethical risks

Tasks may pressure users to “recover.” Location sharing and meetups raise safety risks.

May leave out

People with limited mobility, time, phone access, or safe outdoor spaces.

Why We Chose Prototype 3

Our choice for the next iteration

We chose the everyday activity app for its potential to engage more users. Broader appeal still needs testing.

Key drawbacks

Prototype 1: Cost directory
The tester still wanted clinic confirmation. Unreliable estimates could mislead budgeting and care decisions.

Prototype 2: Visual warnings
The tester worried that generated images could cause distress. Strong warnings may discourage continued use.

Our choice

Broader potential audience
Small activities could appeal to people seeking motivation or companionship. A phone app needs no AR glasses.

Engagement to test
Invitations and rewards may encourage return visits.
The tester found the pet unconvincing. Test personal prompts and an optional pet.

Ethics in Our Next Design

Prototype 3: Companion App

We will test user control, safety and access with people who may be excluded before claiming broader benefits.

Care & control

Pressure to recover
Make activities optional. Add pause and skip controls, remove streak penalties, and let users choose reminder frequency.

Grief & attachment
Offer a non-pet mode and an easy exit. Encourage human support and state that the app cannot replace professional care.

Safeguards

Privacy & personal safety
Minimize data collection. Keep mood and location sharing off by default, allow deletion, and leave stranger meetups out of the first version.

Barriers to participation
Offer indoor, seated and offline activities, plus printable cards. Add adjustable text and screen reader support. Test with people facing mobility, time or device barriers.

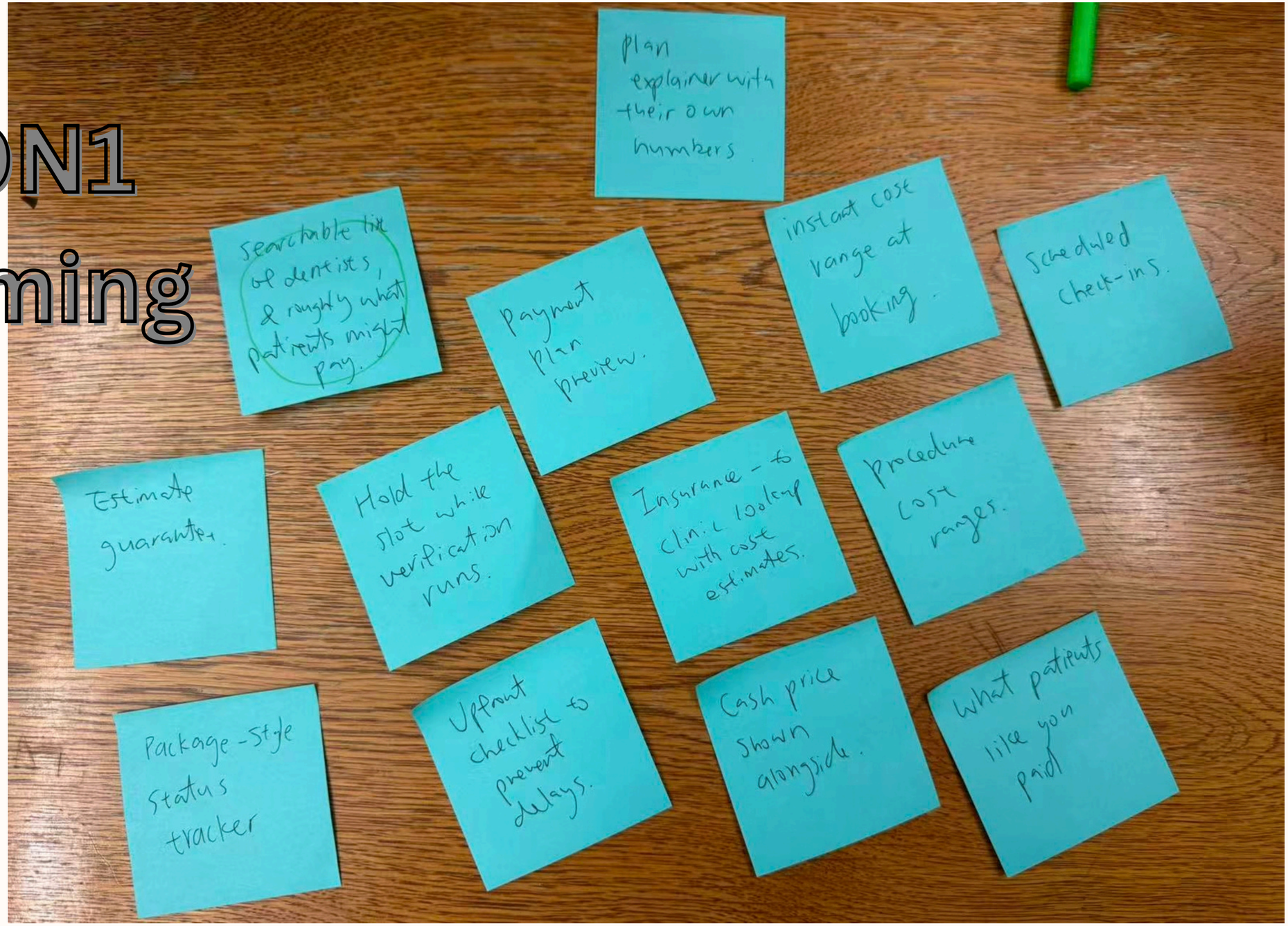
Thank you!

Appendix

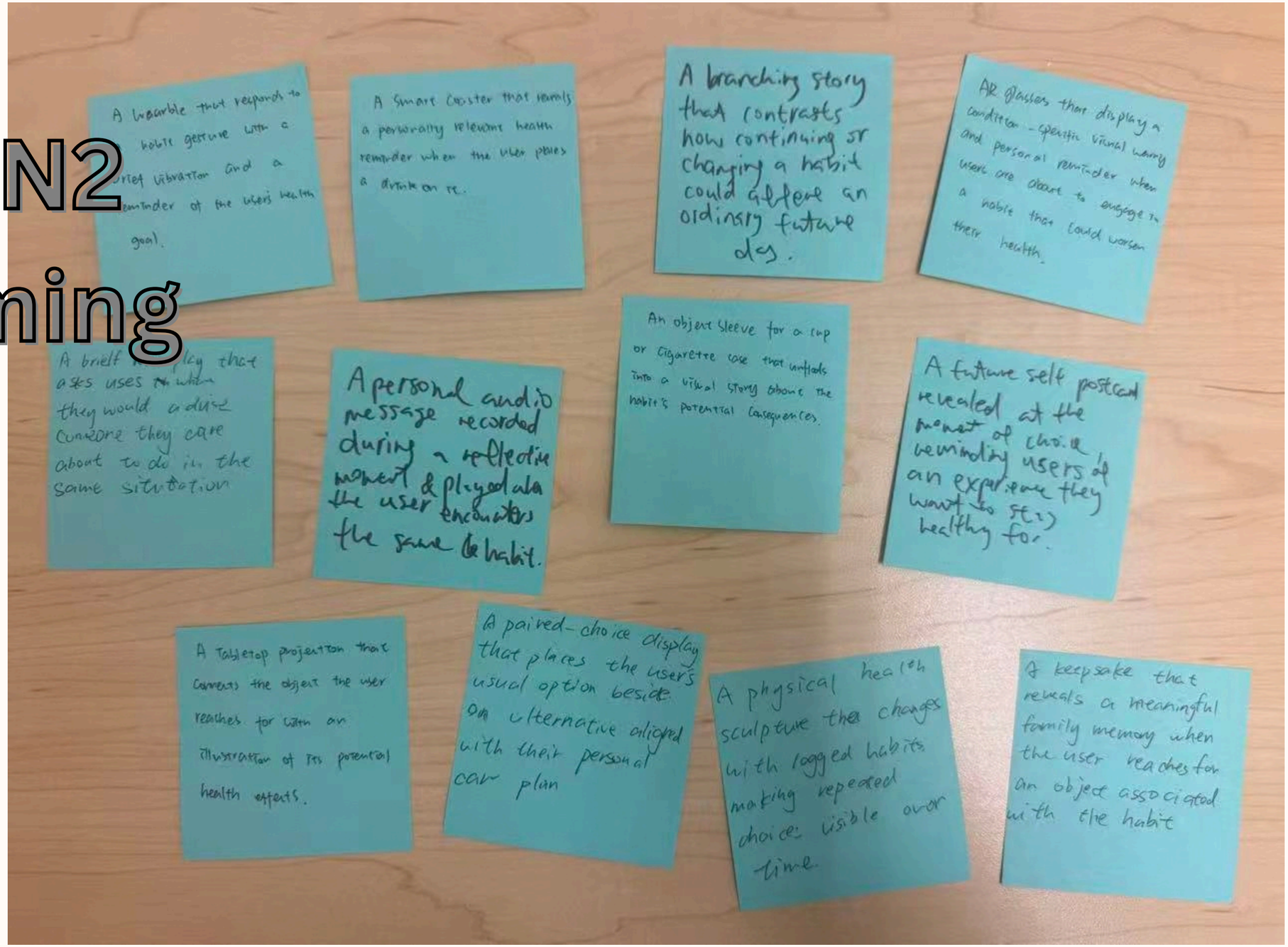
We Gathered for our Brainstorming



SOLUTION1 Brainstorming



SOLUTION2
Brainstroming



SOLUTION3
Brainstroming

