

Younger Hearts Guidebook

Rules and Tools for Implementing a
Community Hypertension Prevention Initiative

bridgeable





**We want to help
Canadians live
healthy lives free
of heart disease
and stroke
through the
support of their
community.**



This implementation guide was developed for **the Heart and Stroke Foundation** as part of the **Bridgeable Pro Bono Program**. This program gives organizations an opportunity to tackle a business challenge or explore a market opportunity by using a design approach, without the financial risk of a paid project. Each year, we work with participating organizations to achieve meaningful progress on a defined challenge.

Bridgeable is a strategic design firm based in Toronto, Canada. Our multi-disciplinary team of designers, strategists, and researchers uses service design techniques to understand the world and create multi-faceted solutions that improve people's lives.

The Heart and Stroke Foundation of Canada (HSF) is one of Canada's largest and most effective health charities. HSF is sustained by the commitment and generosity of more than 125,000 volunteers and 1.4 million donors. The mission of HSF is to prevent heart disease, save lives, and promote recovery.

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About this Guidebook.

We set out to design a best-in-class community-based health program to help pre-hypertensive adults 55+ manage their blood pressure.

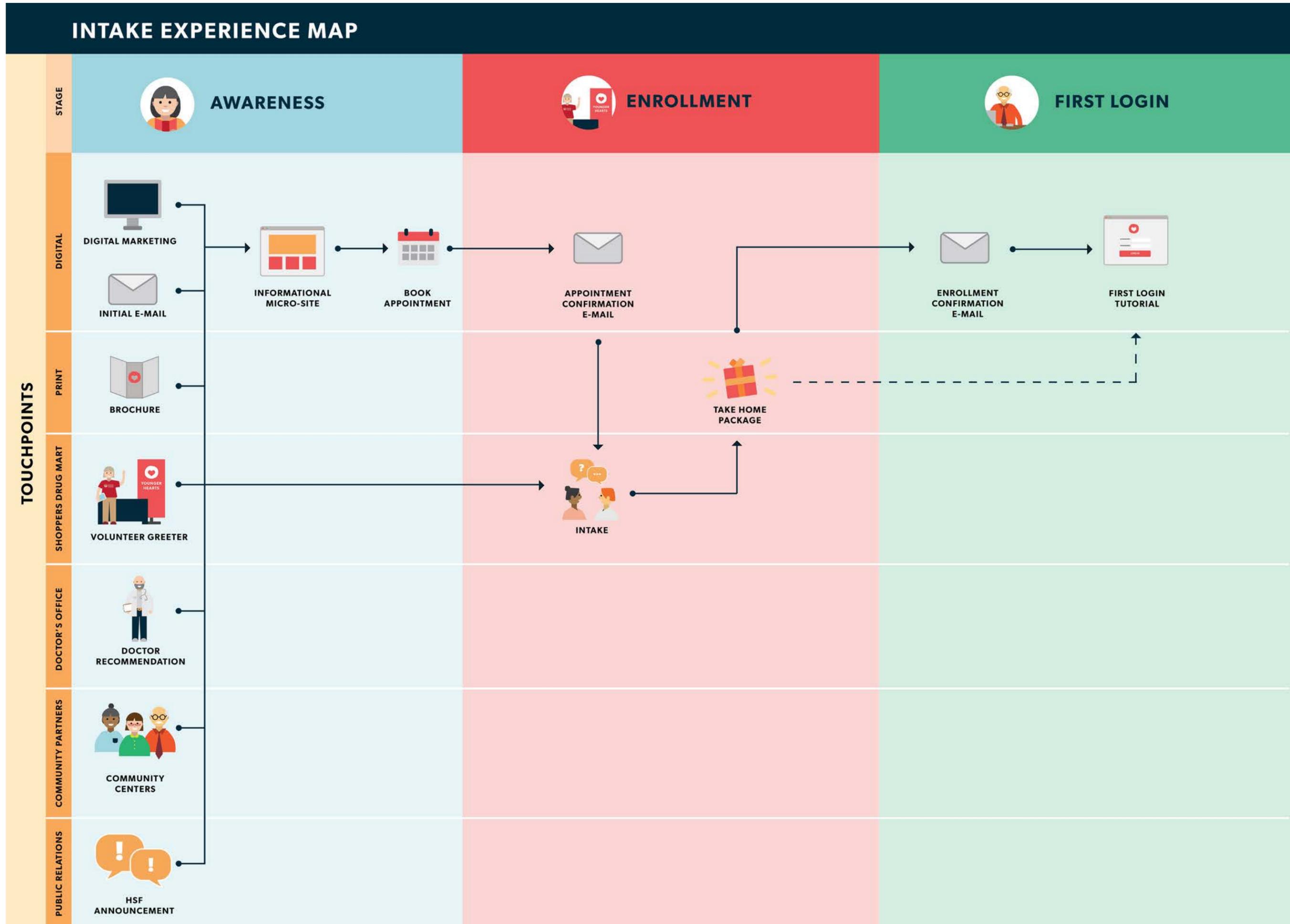
The Heart and Stroke Foundation has a strong history of providing evidence-based programs that reduce the risks associated with stroke and heart disease. Bridgeable was tasked with creating a high-level vision for the program by identifying principles and touchpoints that are critical to success.

This book is intended to support the successful long-term implementation of the program. It details a high-level overview of the program (the intake experience map), the prototypes we have created to support program implementation, the rules of the program, and the research and design process that lead to these rules.

INTAKE EXPERIENCE MAP

This experience map is a high level overview of the initial intake experience of the program.

The following pages outline the individual prototypes.



These are the rules we live by...

We developed these rules through research with over 70 adults 55+. We visited people in their homes, brought them into our offices to co-create with us, and tested our prototypes with people in a real-world setting.

The rules are intended to be signposts that guide future program planning and implementation.

OUR VISION

These rules are intended to guide the program at a high-level and are aspirational. They should be carried through the whole program and are particularly important during the planning stage.

- **Build Community**
- **Simple, Clear & Easy**
- **Fun & Friendly**
- **Connect Healthy Aging to Heart Health**

OUR TACTICS

These rules are intended to guide decision making about individual materials, touchpoints, and interactions. They are useful during both the planning and implementation phases.

- **Create Agents, Not Patients**
- **Benefit Before Details**
- **Highlight Trustworthy Sources**
- **Celebrate Small Successes**
- **Involve Family & Friends**

OUR VISION

Build Community

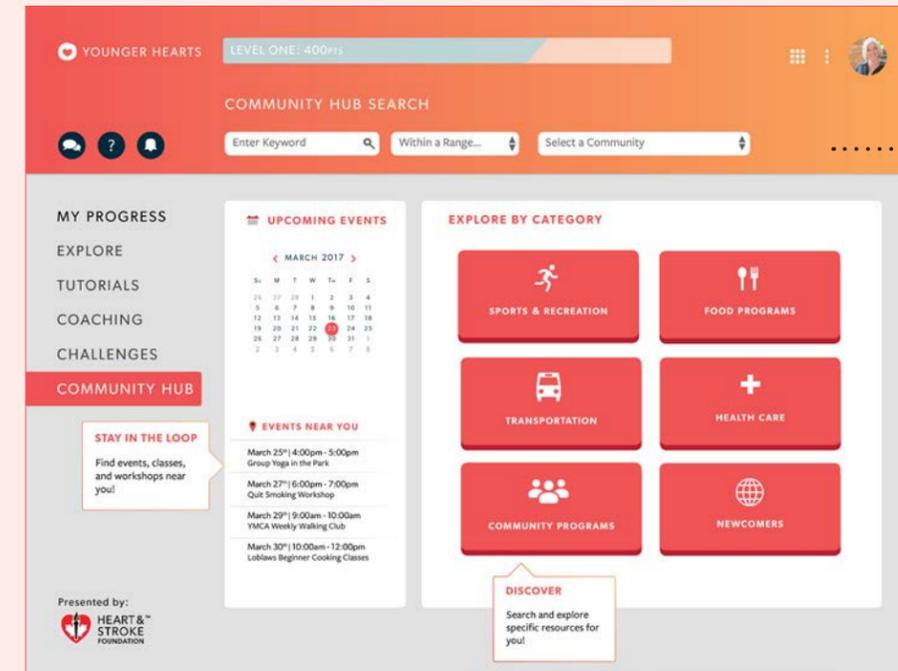
Adults 55+ are socially motivated and struggle with their changing social worlds. This program is different because it builds an authentic community of healthy aging.

● **WHAT THIS MEANS IN PRACTICE**

Facilitate community connections at all stages of the program

Emphasize that this program builds connections and community

● **RULE IN USE**



..... **Community Hub**

The community hub connects participants with local resources that support health change. Participants are given several options and are able to pick resources that are a good fit for them.

Tagline

Soft tagline that appeals to both pre-hypertensive and hypertensive people, emphasizing this is a community program.

Join a community healthy aging program for adults 55+

“**I would like to walk more and go dancing but I don't have people to go with.**”

OUR VISION

Simple, Clear & Easy

The program is optional. Moments that lack clarity or are complex are opportunities for people to leave. The program needs to be simple, clear, and easy to use at every stage.

● WHAT THIS MEANS IN PRACTICE

Content and behaviour change should be presented in bite-sized chunks using user-generated language

Language should be written at a grade 8 level

Participants should always have a clear call to action and a clear action to take

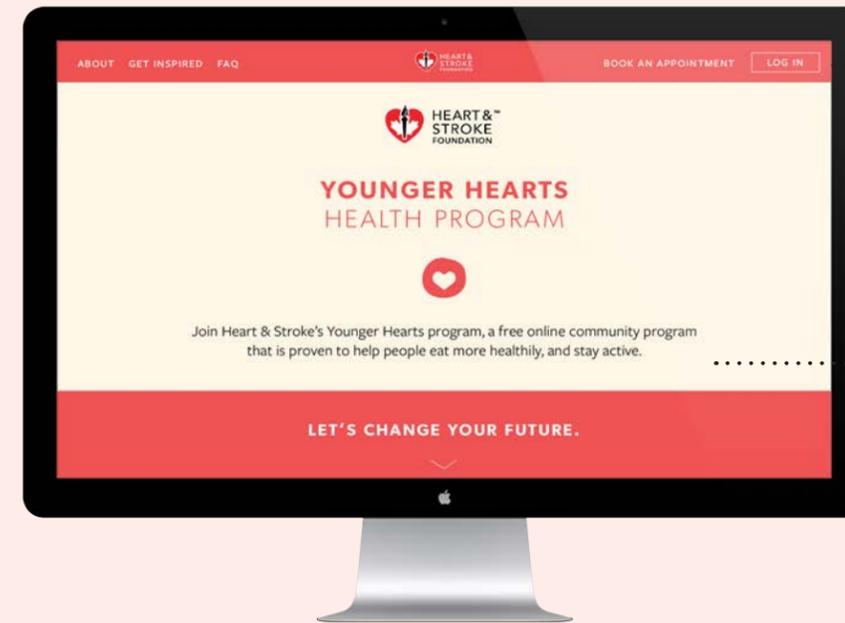
● RULE IN USE

Navigation Bar

Fixed bar gives participants the ability to navigate the microsite easily and they are constantly reminded to book an appointment.

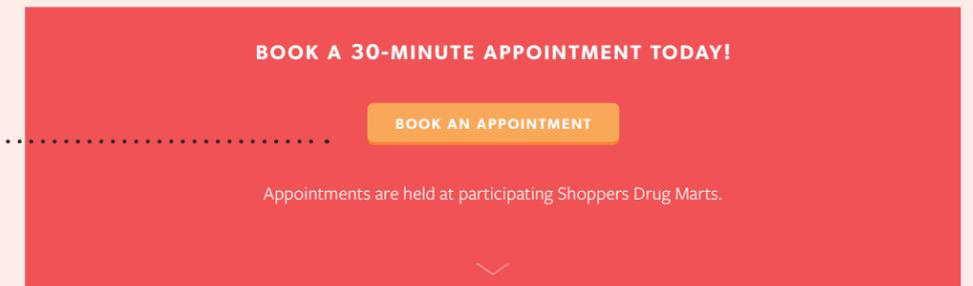
Tagline

Soft tagline that appeals to both pre-hypertensive and hypertensive people, emphasizing that it is a community based program.



Call to Action

Clear call out to click through to book an appointment; easy to book an appointment and sign-up.



“**Healthy aging means that we should be able to be aware of what we eat and also getting in at least 20-30 minutes of activity per day.**”

OUR VISION

Connect Healthy Aging to Heart Health

Adults 55+ are eager to be connected to resources that can help them age healthily. Pre-hypertensive adults are unlikely to know much about heart health and clear evidence shows that softer messaging is more effective for this group. Heart health is important to adults 55+ because it is a crucial component of healthy aging, not vice versa.

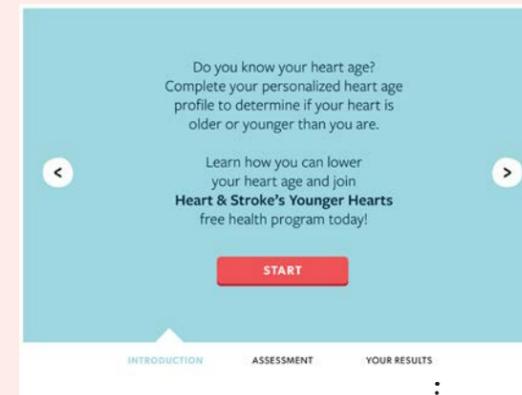
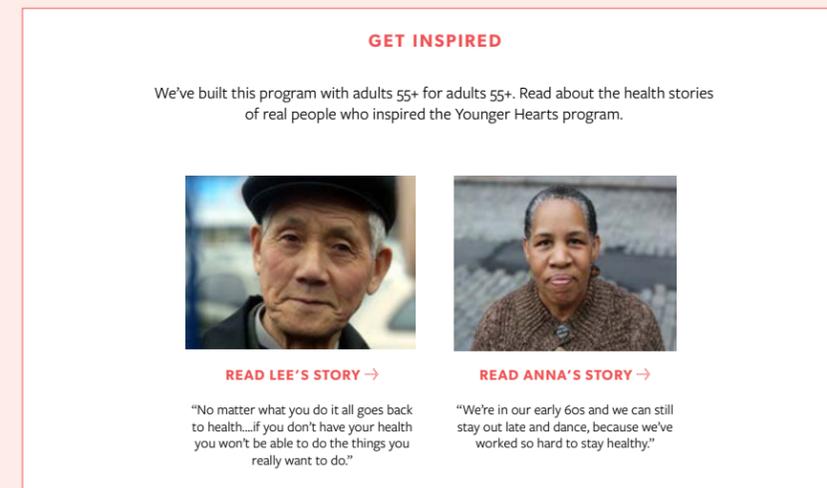
● WHAT THIS MEANS IN PRACTICE

Communicating the importance and risks of heart health needs to be done in the context of healthy aging

● RULE IN USE

Health Stories

Stories from real people that participants can read to get inspired.



Interactive Questions

Interactive survey lets people input their health information and receive tangible feedback about heart age.

“Hypertension is caused by stress...?”

Fun & Friendly

Adults 55+ are swimming in a sea of clinical health messages. Interactions with the program that are fun and empathetic differentiate the program and build buy-in.

● WHAT THIS MEANS IN PRACTICE

Program materials are appropriately fun and use friendly calls to action (e.g. Join the movement!)

Volunteers and coaches should be friendly, not clinical. They need to be equipped to understand peoples' challenges and provide options rather than giving prescriptive advice

Interactions with volunteers need to be person-centred and empathetic

● RULE IN USE

Colourful Visuals
Contrasting colours catch people's attention and make the overall experience of doing a risk assessment enjoyable and pleasing to the eye.

Friendly Language
Questions and messages are friendly nudges, as though coming from a family member or friend.

“**Health changes need to be fun and playful if people are going to engage.**”

OUR TACTIC

Create Agents, Not Patients

Adults 55+ are experienced in managing their health and prefer to be given the information to make their own choices over prescriptive advice. This program is effective because it builds agency by supporting adults in making informed health decisions.

● WHAT THIS MEANS IN PRACTICE

Let people guide how they want to be engaged once they are in the program

Let people choose what content is relevant to their needs in the platform

Help people to identify their modifiable risk factors

Provide tactical resources that can help people manage their risk factors

● RULE IN USE

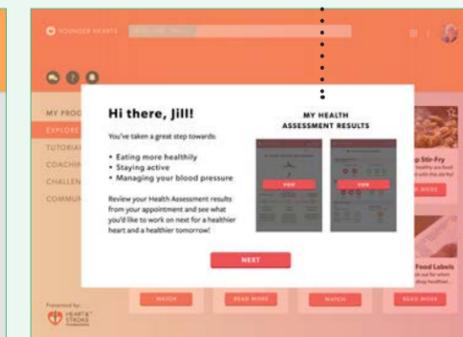
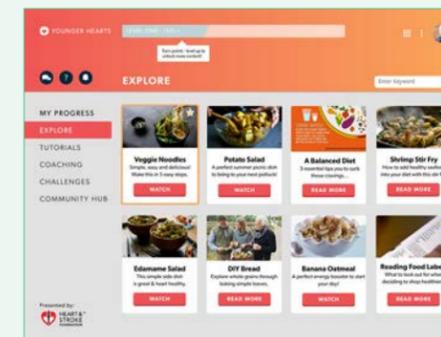


Modular Content

Participants can choose resources that are relevant to them that will help them make health changes.

Risk Factors

Participants can easily view and identify their modifiable risk factors.



I don't like to be told to eat kale...it's a hoax. I shop at the produce stand down the street. I eat lots of fresh vegetables, just not kale...

Benefit before Details

Adults 55+ are mission driven.
Communicate the “why” of participating before the “what”.

● WHAT THIS MEANS IN PRACTICE

People want to know “why” they are completing specific tasks (e.g. coaching, tracking, rewards) and it is important to give context to these tasks by tying them to a healthy aging mission

Leading with “why” makes the “what” valuable

We created this program because we want to help Canadians live healthy lives free of heart disease and stroke with the support of their community.

● RULE IN USE

Program Overview
Clearly explains why this program was created, showing the benefits before going in depth into the details of the program.

Benefits Pop-Up
Introduces tracking by stating the benefits up front. Tracking is contextualized as a tool for broader health change.

What can I do?

Join Heart & Stroke's **Younger Hearts** program, a free evidence-based online community program.

THIS IS YOUR PROGRESS PAGE

Setting goals and tracking your activity will help you to build healthy long-term habits.
Accomplish challenges and track your progress in areas such as:

WEIGHT **NUMBER OF STEPS** **BLOOD PRESSURE** **POINTS YOU HAVE EARNED**

“When I look towards aging, I want to be as independent for as long as I can...I need to be knowledgeable and aware.”

OUR TACTIC

Highlight Trustworthy Sources

Credibility is important to adults 55+. People already trust the Heart and Stroke Foundation and their existing health advisors. Make credibility visible when introducing new people and organizations.

● WHAT THIS MEANS IN PRACTICE

Emphasize the Heart and Stroke logo to build trust

Introduce new organizations by transparently communicating their role and their access to information (e.g. Shoppers Drug Mart, the platform vendor)

Introduce coaches and volunteers by specifying their credentials or training

Promote conversations with participants existing trusted advisors

SUPPORTED BY

Public Health Agency of Canada / Agence de la santé publique du Canada

This project has been made possible through the generous support of the Public Health Agency of Canada.

SHOPPERS DRUG MART

Shoppers Drug Mart is a proud supporter of this program. Sign-up sessions will be held at select stores. Shoppers will not have access to any of your data.

Think this program could benefit someone you love?
Pass it along!

www.youngerhearts.ca

HEART & STROKE FOUNDATION

YOUNGER HEARTS HEALTH PROGRAM

● RULE IN USE

Partnerships
Clearly explains the role of each partnership, so that organizational relationships are transparent.

Logo
People already trust HSF; logo is large and is prominently placed so it catches people's eyes.

“When I see the Shoppers Drug Mart logo I think ‘they must be getting my information for marketing’.”

OUR TACTIC

Celebrate Small Successes

Change is tough. Adults 55+ particularly struggle with motivation when making health changes. Reward small steps and forgive mistakes.

● WHAT THIS MEANS IN PRACTICE

Connect small steps to the participant's broader goal and reward with points or high-fives

Draw participants back into the program with forgiveness when they fall off

The screenshot shows a mobile app interface for 'Younger Hearts' and 'Heart & Stroke Foundation'. The top section is a red banner with the text 'THANKS FOR SIGNING UP, JILL!' and 'Way to go - you've taken the first step! Start making small changes today for a healthier tomorrow!'. Below this is a dark blue section with a login form for 'Jill Smith' and a 'LOGIN' button. The next section is an orange banner with the text 'SEE WHAT'S IN STORE WHEN YOU GET STARTED TODAY!' and three cards: 'DISCOVER COMMUNITY RESOURCES', 'START YOUR HEALTH CHALLENGE', and 'SET GOALS WITH YOUR COACH'. Below this is a 'NEED HELP?' section with a search bar for 'TIMES/LOCATIONS'. The bottom of the app has a red footer with 'CONTACT US', 'WWW.YOUNGERHEARTS.CA', and 'FOLLOW US'. Annotations on the right side explain design rules: 'Connecting the Dots' (encouraging participants by showing small steps contribute to a broader goal) and 'High Five' (reinforcing positivity with small messages). A yellow callout box with a dashed border says 'Congratulations! Just by reading this, you've taken the first step.'

● RULE IN USE

Connecting the Dots

Continuously encourage participants by showing them that each small step contributes to reaching their broader health goal.

High Five

Little messages reinforce positivity, emphasizing that even by reading this brochure, participants are already taking a small step forward in making health changes.

Congratulations! Just by reading this, you've taken the first step.

“My biggest challenge in changing my diet has been staying motivated over time.”

OUR TACTIC

Involve Family & Friends

Adults 55+ are intensely social and want to be seen as engaged. They are looking for ways to deepen and expand their connections.

● WHAT THIS MEANS IN PRACTICE

Make it easy for people to invite others to sign up

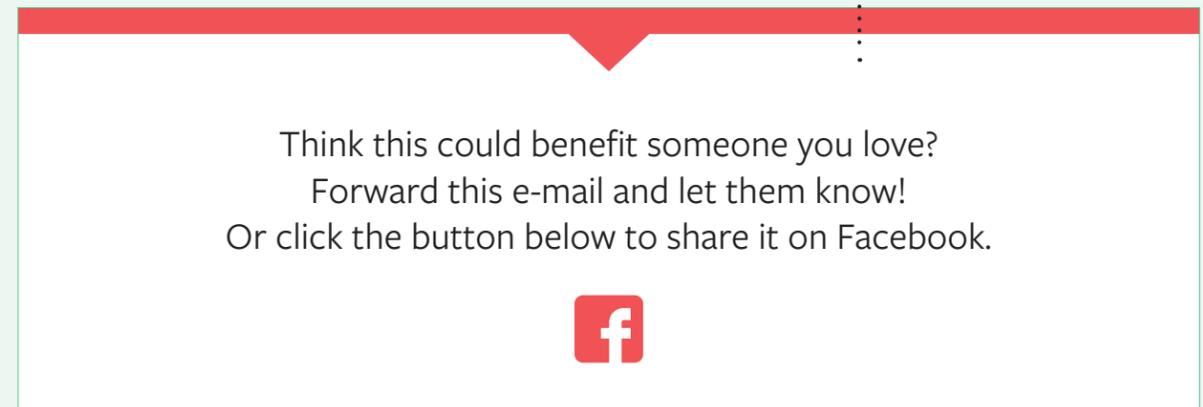
Help people to share their successes with family and friends

● RULE IN USE



Referral Opportunity

Gives participants an opportunity to share this brochure with others who might benefit from the program.



“I stay very active in my community...I don't want my children to worry about me now that I'm on my own.”

A Tool for Evaluation

As you develop components of the program, use these scorecards to evaluate how effectively you're meeting each rule. A digital version is included in your implementation files so you can print and use as many times as you would like!

Rules Scorecard:

As you develop components of the program, use these scorecards to evaluate how effectively you're meeting each rule.

VISION RULES

Build Community

How we apply this in practice:	Have we achieved this?	
Participants can choose what they want to engage with in the program	YES	NO
Participants are provided with tactical resources to help manage their risk factors	YES	NO

On a scale of 0-5, 5 being the best, how effectively have we incorporated this rule? 

How could we improve in our next iteration?

-
-
-

Simple, Clear & Easy

How we apply this in practice:	Have we achieved this?	
Information is presented in bite-sized pieces	YES	NO
Language is free of clinical jargon and written for a grade 8 reading level	YES	NO
Participants always know what their next action should be	YES	NO

On a scale of 0-5, 5 being the best, how effectively have we incorporated this rule? 

How could we improve in our next iteration?

-
-
-

Connect Healthy Aging to Heart Health

How we apply this in practice:	Have we achieved this?	
Communications place the risks and importance of heart health within the general context of healthy aging	YES	NO

On a scale of 0-5, 5 being the best, how effectively have we incorporated this rule? 

How could we improve in our next iteration?

-
-
-

Fun & Friendly

How we apply this in practice:	Have we achieved this?	
Every interaction provides delight and enjoyment to participants	YES	NO
Tone of communications is warm and personal	YES	NO
Volunteers and coaches are empathic and personable	YES	NO

On a scale of 0-5, 5 being the best, how effectively have we incorporated this rule? 

How could we improve in our next iteration?



TACTICAL RULES

Create Agents, Not Patients

How we apply this in practice:	Have we achieved this?	
Participants can choose what they want to engage with in the program	YES	NO
Participants are provided with tactical resources to help manage their risk factors	YES	NO

On a scale of 0-5, 5 being the best, how effectively have we incorporated this rule? 

How could we improve in our next iteration?



Benefit Before Details

How we apply this in practice:	Have we achieved this?	
"Why" the participant is being asked to engage with a program component is communicated before the specifics of "what" the component is	YES	NO

On a scale of 0-5, 5 being the best, how effectively have we incorporated this rule? 

How could we improve in our next iteration?



Highlight Trustworthy Sources

How we apply this in practice:	Have we achieved this?	
Communications prominently feature Heart & Stroke logo	YES	NO
Communications feature PHAC logo	YES	NO
Communications transparently define the role of partner organizations (PHAC, SDM, platform vendor) and their access to personal data	YES	NO
Credentials of volunteers and coaches are highlighted in interactions	YES	NO

On a scale of 0-5, 5 being the best, how effectively have we incorporated this rule? 

How could we improve in our next iteration?



Celebrate Small Successes

How we apply this in practice:	Have we achieved this?	
Participants are rewarded or praised for every small positive action early in the program	YES	NO
Participants are forgiven and warmly invited back after periods of inactivity	YES	NO

On a scale of 0-5, 5 being the best, how effectively have we incorporated this rule? 

How could we improve in our next iteration?



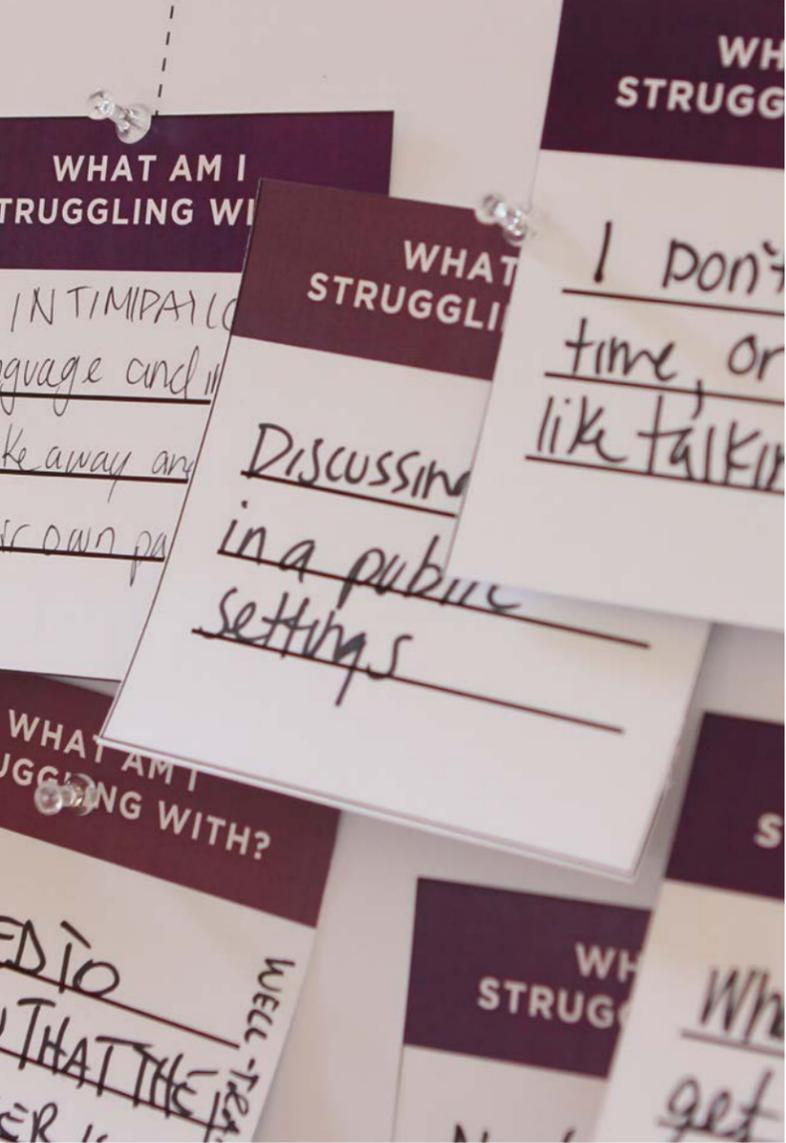
Involve Family & Friends

How we apply this in practice:	Have we achieved this?	
It is easy to invite others to join the program	YES	NO
Referrals into the program are rewarded	YES	NO
The program provides opportunities to share successes with family and friends	YES	NO

On a scale of 0-5, 5 being the best, how effectively have we incorporated this rule? 

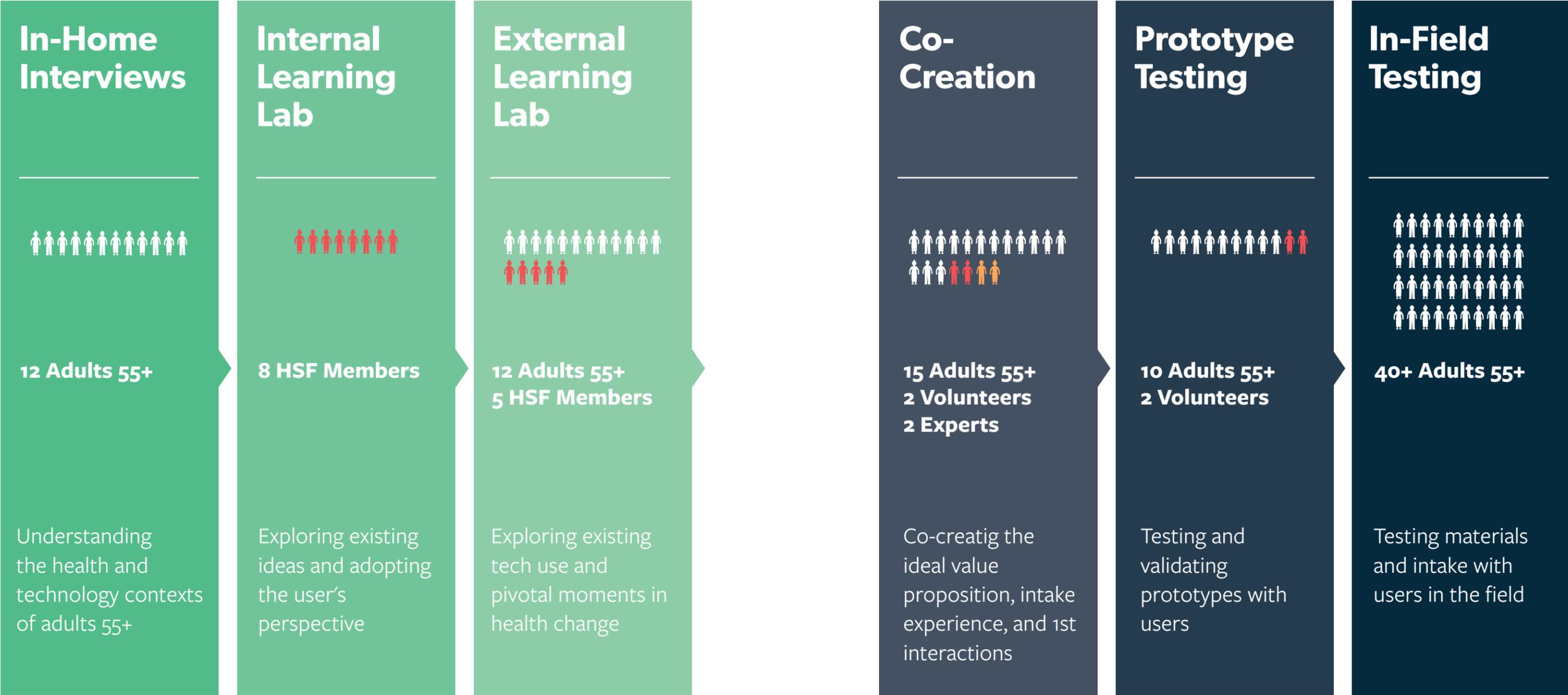
How could we improve in our next iteration?





How We Arrived at the Rules

We undertook a 6 step research process.





In-Home Interviews

CRITICAL UNCERTAINTY:

What are the health and digital contexts of adults 55+?

In-Home Interviews | We visited seniors in their homes to gain a deep understanding of how they think about their health, observe their behaviours around activity tracking and technology use, and gather their reactions to early program concepts.

- **Independence**
Adults 55+ care about health because it is central to maintaining independence and aging-in-place.
- **New social identities**
When adults hit 55 their identities are in flux as they retire, and transition from providers of care to receivers of care.
- **Time and finances**
The barriers to health described by adults were time (they have active social lives) and finances (they are adjusting to fixed-incomes).
- **Technology facilitates in-person interactions**
Adults 55+ described using technology primarily to facilitate in-person interactions with friends and family.



Internal Learning Lab

CRITICAL UNCERTAINTY:

How do we harness our shared expertise to develop early concepts?

Internal Learning Lab | In a collaborative workshop, we harnessed the expertise and program ideas of the HSF team in order to ground early concepts in existing knowledge.

- **Interpersonal connections**
For the program to be successful it needs to move beyond content and facilitate connections with volunteers, coaches, and family and friends.
- **Agents not patients**
Program components should seek to build agency not dependency.
- **Healthy + hypertension**
The context of the program is healthy aging – heart health is only one piece of healthy aging.
- **Meet people where they are**
People have unique circumstances and challenges; it is important for the program to meet adults 55+ at their current level of health.



External Learning Lab

CRITICAL UNCERTAINTY:

What are the crucial moments of health change our early concepts should address?

External Learning Lab | In a collaborative workshop, we gathered seniors to better understand their past health behaviour changes, and to collect their ideas about the program through a series of hands-on activities.

- Motivation is a key challenge**
 When adults 55+ described past health change, motivation was the most common challenge and peer-support and accountability were described as the most effective correctives.
- Crucial conversations**
 Adults 55+ described crucial conversations with trusted advisors (adult children and physicians) as the catalyst for personal health change.
- Simple, clear goals**
 When asked about past health change adults 55+ who were able to identify simple, clear goals (e.g. take 70,000 steps a week) were successful in changing health behaviour.



Co-Creation

CRITICAL UNCERTAINTY:

What elements of the intake process will build excitement and engagement in the program?

Co-Creation | In an all-day collaborative workshop, we engaged seniors, volunteers, and the HSF team to gather a broad range of perspectives and feedback on critical program elements, enabling later prototype concepts to effectively incorporate the needs of all stakeholders.

- Fun + playful**
 Prototypes that were fun and playful were highly resonant with adults 55+.
- Positive, jargon-free messaging**
 Without exception, all prototypes made by adults 55+ used positive as opposed to risk-based health messaging. Adults 55+ don't like jargon (e.g. acronyms and clinical terms like "hypertension")
- Flexible commitment**
 Adults 55+ preferred flexible commitment to being asked to sign-up for a 6-month program.



Prototype Testing

CRITICAL UNCERTAINTY:

Do our materials effectively communicate the program and build excitement among users? Is sign-up simple and easy for users?

Prototype Testing | We refined prototype concepts from the co-creation workshop and tested them in high-fidelity with seniors, building confidence for implementation in later stages of the project.

- **Healthy Aging for pre-hypertension**
People with low exposure to information about heart health (like people who are pre-hypertensive) resonate with positive messaging about healthy aging as opposed to risk-based messaging which is favoured by people with a high degree of exposure to heart health.



In-Field Testing

CRITICAL UNCERTAINTY:

Are our materials, value proposition, and intake process resonant with unprimed participants in a real world setting?

In-Field Testing | We tested high-fidelity prototype concepts with unprimed seniors in a community centre, building confidence for implementation in later stages of the project.

- **Lead with "Free Program"**
The offer of a free program to help stay active and eat healthily is resonant with adults 55+. When approached in public space, the HSF logo triggered an expectation of being asked to donate. It is important to communicate the volunteer is offering something as opposed to asking for something.

Applying What We Learned

The rules we live by are our guiding principles that will lead this program into success. As we move forward, reflect on these questions to help move this program from good to great.

- **How can we incorporate the Rules into the program and our brand?**
- **How will we integrate community partners into this experience?**
- **How will we equip participants after they finish their 6 months?**
- **How will we help participants re-engage if they start to drop off the program?**
- **How will we implement an iterative, participatory approach to developing this program?**
- **How will we build a volunteer experience that is meaningful and helps them stay engaged?**

