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# Correction to: Human-centered design as a guide to intervention planning for non-communicable diseases: the BIGPIC study from Western Kenya



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# Correction to: BMC Health Serv Res (2020) 20:415 https://doi.org/10.1186/s12913-020-05199-1

Following the publication of the original article [1], it was noted that due to a typesetting error the Figs. 1, 4, 5 and 6 are not correct.

The correct figures have been included in this correction, and the original article has been corrected.

The author affiliations need to be revised as below and the original article has been corrected.

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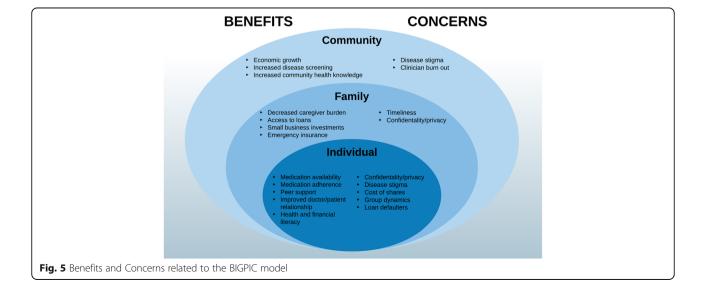
### DISCOVER. Observe, experience, and understand STEP 1: Understanding the Community 16 FGDs Participant groups: microfinance (MF) group members, clinicians, patients with NCDs across 14 communities Methods: semi-structured guided FGDs RESULTS: 5 mabaraza Barriers and Participants: constituents of four rural facilitators to care communities Contextual factors Methods: semi-structured large group discussion **DESIGN.** Organize and generate ideas **STEP 2: Designing the Intervention** Participants: A transdisciplinary team (Design Team) composed of: clinicians, CHWs, village leaders, pharmacists, nutritionist, and MF program officers RESULTS: Methods: A series of meetings over six Prototype Model weeks to define challenges to NCD care and - Monthly group care with design an intervention model that meets the concurrent microfinance specific needs of the local community. meetings CHW-led health education Village-based screening methods Established ideal group size Developed CHW and See Figure 3. Design Team Meetings participant training curriculum TEST. Test and evaluate creative strategies STEP 3a: Assess community acceptance Participant groups: MF group members, clinicians, CHWs, patients with NCDs across seven rural communities Methods: Model presented to potential end-users with collection of qualitative feedback through FGDs. **RESULTS**: Concerns STEP 3b: Pilot study Stigma 6-month community-based pilot study Confidentiality inclusive of: Group dynamics Timeliness CHW and participant training Cost of shares Screening methods Monthly MF and group care meetings Benefits FGDs and key informant interviews with Motivation and adherence personnel (clinician and CHWs) and Medication availability Health and financial literacy participants at 1-, 3-, and 6-months. Reduced burden to family Community benefit REFINE. Tailor solutions to meet client needs **STEP 4: Intervention Refinement** Participants: original Design Team, now including representatives from the pilot study Methods: A series of meetings to review the results of qualitative feedback gathered in Step 3. Prototype model refined to create a final integrated group care and BIGPIC MF model (BIGPIC model).

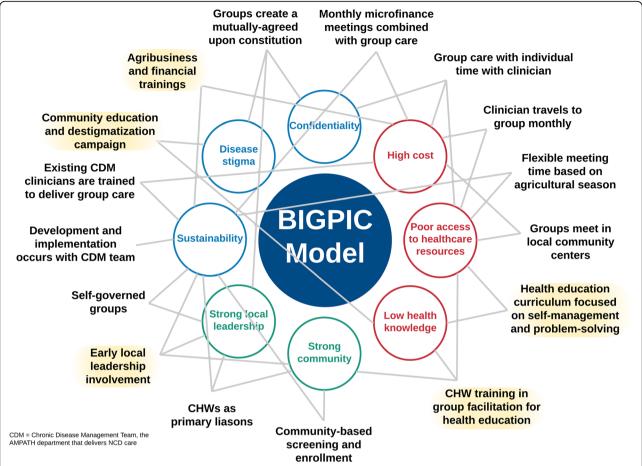
Fig. 1 Human-centered design stages and activities in the BIGPIC design process. Steps 1–4 describe each stage of our project in the context of the HCD steps (Discover, Design, Test, and Refine). As HCD is an iterative process, the arrows describe how the results of each step impact the next

See Figure 6. BIGPIC mod



Fig. 4 Key themes were organized together to stimulate idea generation





**Fig. 6** The BIGPIC model. The final BIGPIC intervention consists of an integrated group care and microfinance model. In this figure, the surrounding circles represent the unique milieu that has informed BIGPIC's development. These include community strengths (green text), barriers to care (red text), and concerns regarding the BIGPIC model (blue text) elicited from community and pilot participant feedback, as described in Fig. 1 (Steps 1, 3, and 4). The surrounding descriptors in black text are key features and implementation strategies of the BIGPIC model. Each can be mapped to a community-driven strength, barrier, or concern. The text highlighted in yellow represents changes that were made during the Design Team Re-evaluation (Fig. 1, Step 4) in response to participant feedback