

ASSIGNMENT 4

CONCEPT VIDEOS

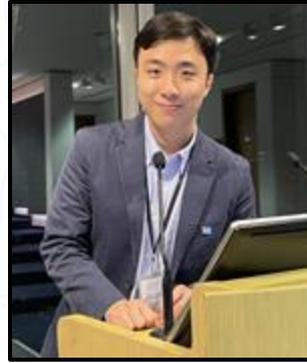
Medi-Pal: Siddhartha J, Douglas K, Nash Y

TEAM



Siddhartha J

Computer Science + Design



Douglas K

Computer Science



Nash Y

Biomedical Computation

TEAM NAME AND VALUE PROPOSITION

MEDI-PAL

DISCOVER. HEAL. THRIVE.

WHY MEDI-PAL?

- Conveys a sense of friendliness and companionship
- Designed to be a 'pal' that guides through complexities of Medi-Cal: an always-available assistant that feels approachable

WHY THIS VALUE PROPOSITION?

- Helps users *find, truly understand, and leverage* Medi-Cal resources to improve health and well-being
- Unlike catalogs or resource databases, Medi-Pal takes a *proactive* approach in users' health

PROBLEM + SOLUTION

PROBLEM

- Low awareness, confusion, and inaction due to complex Medi-Cal information and lack of personalized guidance
- Millions of low-income Californians qualify for Medi-Cal benefits but don't know where to start or how to access/leverage them
- Existing directories are overwhelming, hard to act on, and unintuitive

SOLUTION

- Platform that helps users instantly find nearby Medi-Cal resources with clear contact and access details
- Personalized recommendations and reminders based on each user's needs, eligibility, and location
- More targeted and proactive than existing platforms: Medi-Pal actively nudges users instead of waiting for them to search + leverages voice AI to provide a human-touch



PRIMARY USER

Low-income or uninsured Californians seeking accessible healthcare services through Medi-Cal



01

MARKET RESEARCH

MARKET RESEARCH

			
Summary	<ul style="list-style-type: none"> • findhelp.org is a nationwide open-access social-care network and searchable database that connects people to local social services (food, housing, cash assistance, medical services) • Widely embedded as a widget and searchable directory for organizations, governments, and healthcare providers 	<ul style="list-style-type: none"> • Long-standing nationwide phone and text hotline that connects callers to local health and social services with live, trained community resource specialists • Product is human-powered and often the first-line phone-based access point for people in crisis 	<ul style="list-style-type: none"> • Technology platform used by health systems, governments, and community-based organizations to coordinate referrals and track outcomes across social and medical services • Focused on data interoperability and closed-loop referrals • Serves as a backend care-coordination network rather than a consumer-facing directory
Similarities to Medi-Pal	<ul style="list-style-type: none"> • Both aim to connect people to local services (clinics, food, benefits) • Both serve low/no-income populations and emphasize discoverability of community resources 	<ul style="list-style-type: none"> • Both connect people to local services and aim to simplify access for vulnerable populations • Both must handle trust and credibility (people usually prefer human guidance when anxious) 	<ul style="list-style-type: none"> • Both aim to connect medical and social care and improve referrals/outcomes • Both can work with healthcare partners (clinics, hospitals)
Differences from Medi-Pal	<ul style="list-style-type: none"> • findhelp.org is primarily a directory and organizational platform; Medi-Pal is AI-first and focused on personalizing guidance, translating benefits into digestible, actionable steps, and proactively nudging users • findhelp.com's UX is web/organization embedded; Medi-Pal is voice/AI-first with real-time personalized synthesis and behaviorally designed nudges, purposefully meant to be extremely minimal and unintrusive 	<ul style="list-style-type: none"> • 211 relies on trained human specialists and a call-center model; Medi-Pal is automated with (voice) AI and designed for ongoing engagement • 211 prioritizes live conversation and crisis support; Medi-Pal focuses on everyday preventive guidance and benefit maximization 	<ul style="list-style-type: none"> • Provider-facing vs. consumer-facing: Unite Us is built for organizations to share referrals, not for low-income folks to self-navigate • Medi-Pal is consumer-first, AI-enabled, and focuses on proactive nudges and resource recommendations rather than care-network integration

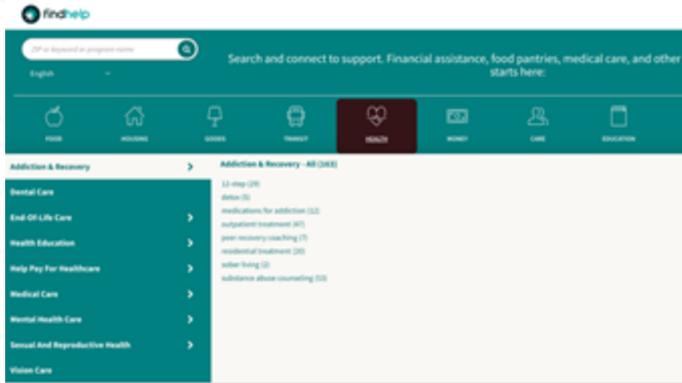
MARKET RESEARCH (CONT.)

			
What has worked for them	<ul style="list-style-type: none"> Broad coverage and open-access indexing make it easy for partners (nonprofits, health systems) to embed resource lookup into workflows; widely adopted as a referral tool Their network model scales by aggregating provider listings Low cost to maintain since money isn't being generated here 	<ul style="list-style-type: none"> High trust and reach: it's well-known and available 24/7, and effective for crisis triage It has decades of operational experience and millions of referrals annually 	<ul style="list-style-type: none"> Embedding referral workflows into existing clinical systems provides high-quality data and enables coordinated care It scales across health systems and CBOs and facilitates outcome tracking Classic B2B SaaS idea which gets tons of funding and customer interest
What hasn't worked/limitations	<ul style="list-style-type: none"> Discoverability vs. comprehension gap: directories surface options but often don't translate <i>eligibility criteria, steps to enroll, or nuance</i> (e.g., MediCal-specific subtleties) A pure directory requires users to interpret, act, and familiarize themselves with platform Passive model: users must search/know to search; it does not proactively nudge beneficiaries 	<ul style="list-style-type: none"> Scaling and cost: human call centers are costly and limited in bandwidth; wait times can be long at peak demand Proactivity: 211 is reactive as users must call when they need help; doesn't surface personalized preventive nudges or notifications 	<ul style="list-style-type: none"> Consumer friction: Since it is provider-centric, people who aren't already in a health system don't get the direct benefits. It requires organizational buy-in, which is unfortunate since most of the people that need such a solution aren't in any system Not designed for low-literacy outreach: its primary UI is professional dashboards and EHR integrations, not really an accessible consumer layer
Why Medi-Pal Wins	<ul style="list-style-type: none"> AI-driven personalization: proactive identification of which MediCal benefits an individual qualifies for and how to use them, not just a list Conversational, low-literacy friendly delivery (voice-first, simple summaries) to reduce cognitive burden Behavioral nudges (timing, channel, tone) to convert awareness into action 	<ul style="list-style-type: none"> Scalable and also automated reach: Medi-Pal provides continuous nudges that engage users instead of relying on users to engage with the platform Voice AI is extremely interactive and is quick to respond as opposed to human call operators that impose long wait times 	<ul style="list-style-type: none"> Where Unite Us provides closed-loop referrals, Medi-Pal can help individuals find, understand, and act independently, including those not yet in care networks Focuses on language, tone, and behavioral design to make information digestible Voice AI is a significantly more interpretive and simpler to engage with

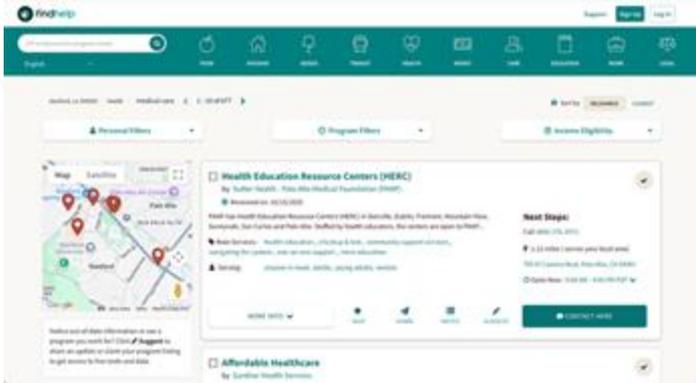
MARKET RESEARCH (CONT.)

		 Get Connected. Get Help.™	
Implications for Medi-Pal	<ul style="list-style-type: none">• We can consider using findhelp's dataset as an input layer while adding AI layers for personalization and comprehension• Design experiments to measure action conversion (did a shown resource lead to booking/attendance?), as directories alone often have low conversion	<ul style="list-style-type: none">• Human-in-the-loop hybrid is pretty important: for high-stakes scenarios, the AI should escalate to a human specialist as requested• Measure trust transfer: users trust human voice a lot more, so we need to test whether a voice-AI with community-ambassador tone can approximate that trust well	<ul style="list-style-type: none">• Opportunity to integrate with platforms like Unite Us for referrals and outcome validation could be interesting• The AI can serve consumers directly and provide structured outputs consumable by care-coordination platforms• Perhaps also connecting patient interactions and data with their trusted healthcare provider could introduce this to a more B2B model

COMPETITOR #1: FINDHELP.ORG



Provides many different tabs and lists for users to choose from.



Lists all available resources (note: there are 877 pages) and allow filters.



"More Info" page for each resource: lots to read



COMPETITOR #1: FINDHELP.ORG

Strength

One of the largest national databases of social care services, including food, housing, healthcare, and financial assistance

Deeply integrated into hospital systems and local governments, making it a trusted infrastructure partner.

Weakness

Platform functions as a static directory, where users must search, read listings, and interpret eligibility and next steps on their own

Platform does not guide or personalize the journey, often leaving users overwhelmed or unsure how to act.

Medi-Pal's Edge

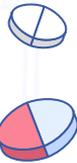
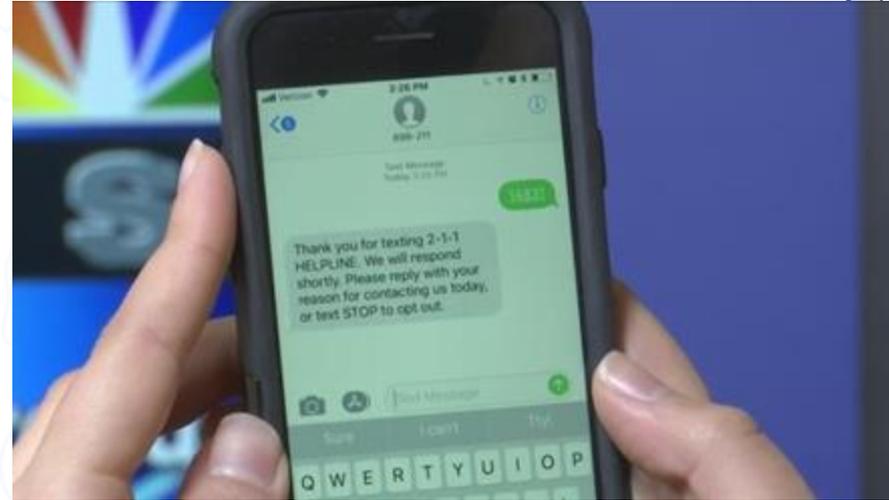
Medi-Pal transforms resource discovery by using AI-driven personalization and voice agents to explain which Medi-Cal benefits apply to each user and proactively nudges them to act. Instead of searching, users are guided step-by-step, thereby turning awareness into utilization.

COMPETITOR #2: 211 (UNITED WAY)

2-1-1 Bay Area 

-  [Call 211 or \(800\) 273-6222](tel:211)
-  [Text your zip code to 898-211](sms:898-211)
-  [Search for resources online](#)

Available 24/7/365 in 180 Languages



You may call 211 to receive their services.

You may also send text messages to 211.

COMPETITOR #2: 211 (UNITED WAY)

Strength

Well-established, nationwide helpline with high public trust and human empathy

Consists of trained specialists that are effective at addressing urgent needs (like housing or medical crises), and the service is accessible by phone or text

Weakness

The human call-center model makes it expensive to scale and slow to respond during peak demand

Platform is essentially reactive as users must initiate the call, and it lacks digital continuity or long-term engagement once a call/text ends.

Medi-Pal's Edge

Medi-Pal automates this process with scalable, conversational voice AI that's available instantly. It provides the same human-like reassurance but continuously engages users through nudges and reminders, basically creating ongoing guidance rather than one-off crisis support.

COMPETITOR #3: UNITE US

The screenshot shows the 'New Referral' form in the UNITE US system. The form is titled 'CREATE REFERRAL' and includes a sidebar with navigation options. The main content area is divided into sections: 'SENDING NETWORK' (Healthy Demo Network), 'SERVICE TYPE' (Career Skills Development), and search results for 'Career Skills Development' within a 50-mile radius of 82 Parkstone Drive, Madison, WI 53719. The search results list 'Albany Community Action Partnership' and 'Healthy Coordination Center'. A 'Filters' panel on the right allows for refining the search by 'SPECIALIZED SUPPORT' (Populations Specialized in Serving, Accessibility, Languages), 'RESIDENCY REQUIREMENTS' (State, County, City), and 'DISTANCE' (Any Distance, Client Address).

The screenshot shows the client profile for Jane Smith in the UNITE US system. The profile includes personal information: Jane Smith, DOB 1/2/1984 (Age 35), TEL 123-456-7890, EMAIL jane.smith@email.com, ADDRESS 99 Main Street, New York, AK 91303, HOUSEHOLD 4, HOUSEHOLD INCOME \$12,000, and PREFERRED METHOD OF CONTACT Message | BEST TIME TO CONTACT Afternoon. A 'COMMENTS ACCEPTED' badge is visible. The profile is divided into several sections: 'Records' (a table of services), 'Forms' (a table of assessments), 'Timeline' (a list of events), and 'ADD Clothing & Housing Goals' (a form for setting goals). The 'Records' table has the following data:

SERVICE	TYPE	CREATED	ASSIGNED TO	STATUS
👕 Clothing	Referral	8/31/2017	NC Services Mainline Coordination Center	🟡 Pending
👔 Employment	Assessment Request	8/16/2017	NC Services Mainline Coordination Center	🟡 Pending
🍲 Food	Case	8/16/2017	NC Food Bank	🟢 Open
⚖️ Legal	Case	5/23/2017	Housing Works	🟢 Open
💰 Benefits	Referral	2/18/2017	Single Stop	🟡 Pending

The 'Forms' table has the following data:

NAME	STATUS	DATE
NC Services Clothing Assessment	Not Started	8/31/2017
NC Services Employment Assessment	Not Started	
NC Services Food Assessment	Not Started	

The 'Timeline' section shows events from January 14, 2018, including 'Address Added by Info', 'Employment Case Close', 'Note Added to Employee', and 'Employment Referral'.

Platform is targeted to expert users rather than everyday users.

COMPETITOR #3: UNITE US

Strength

Powers the backend of care coordination for major health systems, governments, and nonprofits

Integrates into clinical workflows and EHRs, enabling closed-loop referrals and robust outcome tracking, which is critical for interventions

Weakness

Platform is provider-facing rather than consumer-facing, meaning most low-income individuals can't access or benefit from it unless they're already in a healthcare network

Its UI and design language are geared toward professionals, not low-literacy consumers.

Medi-Pal's Edge

Medi-Pal complements systems like Unite Us by serving end users directly, providing voice-first, low-literacy-friendly navigation that helps users find and act on resources independently. In the future, Medi-Pal could potentially feed structured data back into coordination platforms to close the loop from the consumer side.

COMPETITIVE LANDSCAPE



Consumer-Facing



Reactive (search/call-based)

Proactive (AI-guided, automated)



Provider-Facing/Institutional



02

VALUES IN DESIGN

DIRECT STAKEHOLDERS

END-USERS



Medi-Pal's main users are individuals who rely on the platform to find health resources for themselves.

Possible characteristics:

- **Low media literacy and phone literacy:** may struggle with basic app navigation and using advanced features → features must be **simple and learnable**.
- **Elderly** users: may struggle with vision, hearing, and/or mobility → provide **accessibility features** such as voice readers and large text.
- Users may also qualify for free services other than those covered by Medi-Cal (e.g., Veteran Affairs) → we will focus on Medi-Cal first, and may later expand to other programs.

CARETAKERS



Caretakers (e.g., family, friends, social workers) who operate the platform on behalf of other Medi-Cal recipients.

Possible considerations:

- **Access** control: caretaker may be operating the platform on behalf of more than one person → support logins / viewing interfaces **for multiple patients**.
- **Shareable** reminders: caretakers may need to update patients about appointments and important actions → provide **concise reminders that can be shared** via different channels (e.g., text, email, phone call, print/mail).

INDIRECT STAKEHOLDERS

RESOURCE PROVIDER



Facilities that provide Medi-Cal services and resources (e.g., health centers, gyms, dental clinics)

Possible considerations/implications:

- **Increased visibility:** Medi-Cal resources that are previously underutilized would gain more visibility and reach more users. For staff at these facilities, they may feel stronger work satisfaction and a sense of purpose.
- **Overconsumption** of resource: Medi-Pal brings increased exposure to each Medi-Cal resource. As a result, the number of patients who use each resource may increase significantly. This may **lead to issues such as staff shortages, overcrowding, and increased wait times.**
- **Funding uncertainties:** Increased resource usage may raise costs for providers. If these costs cannot be covered by additional funding, some facilities **may need to shut down their services, which leads to loss of jobs.**

SOCIAL SERVICES



In addition to providing free benefits, social service agencies (e.g., community health center) play a key role in disseminating info about covered benefits to patients.

Possible considerations/implications:

- **Reduces outreach burden:** As highlighted by Frank, the director of a community health center, staff members **spend significant time** on triaging Medi-Cal services and promoting their services to low-income patients. Frank also highlighted that these health centers are understaffed due to lack of funding. With Medi-Pal, some of these **outreach efforts can be alleviated.**
- Increased visibility, overconsumption of resource, funding uncertainties: Most social service agencies are resource providers, so they are subject to the same implications.

INDIRECT STAKEHOLDERS

GOVERNMENT AND TAXPAYERS



Medi-Cal services are funded by the government, whom receive taxes from citizens.

Possible considerations/implications:

- **Increased utilization** of resources: With Medi-Pal, existing Medi-Cal resources may become **better utilized by low-income populations**, which suggests that government funds are being put into valuable use.
- **Increased demand for funding**: As previously mentioned, Medi-Pal may dramatically increase the number of patients using each Medi-Cal resource. To accommodate these increasing expenses, the government would either need to **expand their Medi-Cal budget** (which results in increased taxes or reduced funding for other expenses) or **maintain their budget and face public scrutiny**.

PATIENTS WHO DO NOT DIRECTLY INTERACT WITH MEDI-PAL



As previously mentioned, some patients do not use Medi-Pal directly, and may have other caretakers operate Medi-Pal for them. This may include patients without digital devices or with cognitive/physical challenges.

Possible considerations/implications:

- **Caretaker (un)availability**: Patients may not have a caretaker → may need to **support alternative interfaces** such as hotline at phone booth.
- **Increased accessibility**: Patients have **access** to Medi-Pal suggestions via a caretaker that facilitates the interaction.
- **Privacy** concerns: Patients may be reluctant to share all private information with caretakers → allow patients to **provide consent** on what information can be accessed and managed by caretaker.

ETHICAL IMPLICATIONS

THE SMASH HIT

◆
What happens when
100 million people use
your product?

What would mass scale usage of
your product reveal or cause?

How might a community change if 80%
of residents used your product?

How could habits and norms change?



RESOURCE OVERCONSUMPTION (PERSPECTIVE OF RESOURCE PROVIDER)

- Risk of harm: Increased user demand may lead to overconsumption of Medi-Cal resources. This may **threaten the survival** of the resource provider (and the resource itself) due to **increasing expenses** and the **uncertainty of** whether additional **funding** could be secured.
- **Access vs Long-Term Sustainability**: How might Medi-Pal **maximize resource access** for users **without overburdening resource providers**?
- Overlooked stakeholders: Staff members of resource providers may experience **increased workloads**, and face the **risk of unemployment** if the facility shuts down.
- Mitigation strategy: **Limit** the number of user recommendations per resource **based on the facility's maximum capacity**. To ensure fair access, we may need to use random selection.

RESOURCE OVERCONSUMPTION (PERSPECTIVE OF END-USERS)

- Risk of harm: With each Medi-Cal resource being overburdened, users **may have to queue** for resources in advance, and **may not be guaranteed access** to resources.
- **More Choices vs Service Quality**: Would users prefer to have the **freedom to choose from every available resource** and bear the consequences of longer waits/reduced access, or to have fewer options but with the **assurance of guaranteed and timely access**?
- Overlooked stakeholders: Users who are **less digitally literate / familiar** with Medi-Pal may be left behind, as experienced users may have developed strategies to take advantage of Medi-Pal's features for accessing limited resources.
- Mitigation strategy: Resource queuing systems that **cannot be exploited** by advanced users.

ETHICAL IMPLICATIONS

THE BACKSTABBER

◆
What could cause
people to lose trust in
your product?

What could make people
feel unsafe or exposed?

What mechanisms are in place
for listening to your users?

How will you recognize larger
patterns in feedback so that
action can be taken?



FACTUAL ERRORS AND MISINFORMATION

- Risk of harm: If Medi-Pal contains **outdated or incorrect information** about a resource, users would have to waste **unnecessary costs on travelling** and even **lost wages**. This is **detrimental** to our target demographic of low-income users.
- **Diversity of Choice vs Accurate Information**: Should we provide users with a **wide range of resources** to choose from (which may contain unverified information), or a **smaller set of verified resources** that are carefully audited?
- Overlooked stakeholders: **Regulators** such as California Department of Health Care Services (DHCS) may hold us accountable for any misrepresentation or harm.
- Mitigation strategy: Allow users to **report incorrect information**, so we can perform **audits**.

MISLEADING WELLNESS ADVICE

- Refers to our “Personalized Wellness Planner” task.
- Risk of harm: If Medi-Pal provides **inaccurate wellness advice** (e.g., fitness, mental health), users may **adopt harmful behaviors** and experience **worsened health outcomes**.
- **Meaningful Advice vs Minimize Risk**: Should Medi-Pal provide advice that may lead to **significant behavioral change**, or adopt a **conservative** approach to minimize potential harm?
- Overlooked stakeholders: **Regulators** such as DHCS; **power users** who intend to use Medi-Cal services to support their long-term health and wellness.
- Mitigation strategy: Only make suggestions **about which resources to access**, and **avoid** giving direct **medical/lifestyle advice**; allow users to **report harmful advice**.

ETHICAL IMPLICATIONS

THE FORGOTTEN



When you picture your user base, who is excluded? If they used your product, what would their experience be like?

Whose perspective is missing from product development?

Pretend the opposite of your assumptions about your core user are true—how does that change your product?



USERS WITHOUT DIGITAL DEVICES

- Risk of harm: As we learned in our Needfinding stage, not all low-income patients have digital devices. By building a digital platform, we are essentially **excluding** this user group.
- **Overall Utility vs Equitability:** Is it worth **spending** more resources on features that **benefit the majority of users** or on **inclusion and accessibility** for **marginalized** users?
- Overlooked stakeholders: Social workers and outreach programs may bridge the gap by acting as **intermediaries** that can access Medi-Pal on behalf of these marginalized users.
- Mitigation strategy: We can **partner** with the above stakeholders and regularly provide **printable handouts** about Medi-Cal resources that are tailored to each user's needs.

USERS NOT COVERED BY MEDI-CAL

- Risk of harm: Due to our focus on Medi-Cal, other low-income patients **without Medi-Cal coverage** would not benefit from our platform.
- **Inclusivity vs Feasibility:** How many types of plans (e.g., Veteran Affairs, other state's plans) can we **realistically support**? Which ones do we **include/exclude** and why?
- Overlooked stakeholders: **Alternative** healthcare and social service **providers**; low-income populations without Medi-Cal coverage.
- Mitigation strategy: Although we plan to include other plans in the future, we will start with Medi-Cal only. By focusing on one particular plan (which is highly popular), we will have the chance to **refine** our platform **before delivering it to broader populations**.

03

TASKS



SIMPLE TASKS



DISCOVER NEARBY RESOURCES

Users learn about which Medi-Cal resources/facilities are near their location.

- Why Simple:
 - **Requires minimal effort:** User consumes information and does not need to provide any manual input.
 - **Highly frequent use case:** From our Experience Prototype, we learned that most users are typically very willing to access Medi-Cal resources if they are aware of them, but long travel distances often limits access. By reducing the distance barrier, this task allows users to act on their strong willingness to use Medi-Cal resources. This suggests that it is highly likely that most users will perform this task repeatedly.
- Time stamps featured: **1:02-1:11**



OBTAIN CONTACT INFO OF RESOURCE

Users obtain contact information for a selected resource.

- Why Simple:
 - **Requires minimal effort:** given a selected resource, obtaining contact information is just a straightforward retrieval task. As output, Medi-Pal provides contact information (e.g., phone no., email address), and users can immediately act on this information without much thought.
 - **Frequent use case:** from our Experience Prototype, we observed that users often requested for the contact information of a Medi-Cal resource, even when talking to AI. Since each user will likely be viewing multiple Medi-Cal resources, with each interaction usually involving obtaining contact information, we extrapolate that this task will be completed frequently by almost all users.
- Not among the 3 tasks shown in video.

MODERATE TASKS



SEARCHING FOR SPECIFIC RESOURCE

Users can proactively find specific Medi-Cal resources based on their specified criteria.

- **Why Moderate:**
 - **Requires substantial effort:** Finding specific Medi-Cal resources is more than just a simple task because users need to formulate queries that reflect their needs (e.g., type of service, location). After results are returned, users need to spend some effort to review these resources and identify suitable options.
 - **Common use case:** We expect this to be a common task because users will perform the task whenever they recognize that they need a particular type of service (e.g., dental appointment). However, we predict that this task is not as common as discovering nearby resources, as we have learned from our Experience Prototype that users often find it difficult to articulate what kind of resource they need unless they are nudged.

- **Time stamps featured:** 0:36-1:00



CHECK ELIGIBILITY FOR RESOURCE

Users verify their eligibility for specific (types of) Medi-Cal resource(s).

- **Why Moderate:**
 - **Requires substantial effort:** This task requires substantial user input, as users will likely need to provide personal information for Medi-Cal to know their eligibility status. This assumes that users have access to their personal information.
 - **Common use case:** From our Needfinding stage, we learned that users are usually unsure about which Medi-Cal services they are eligible for. So, we expect that each user would check their eligibility before taking further action. Despite being a common task, this task is less frequent than “discovering nearby resources” because users would verify their eligibility only when they intend to use a resource they have discovered.

COMPLEX TASK



PERSONALIZED WELLNESS PLANNER

Users receive personalized guidance from Medi-Pal on how they can leverage Medi-Cal resources to support and maintain a healthy lifestyle and wellbeing.

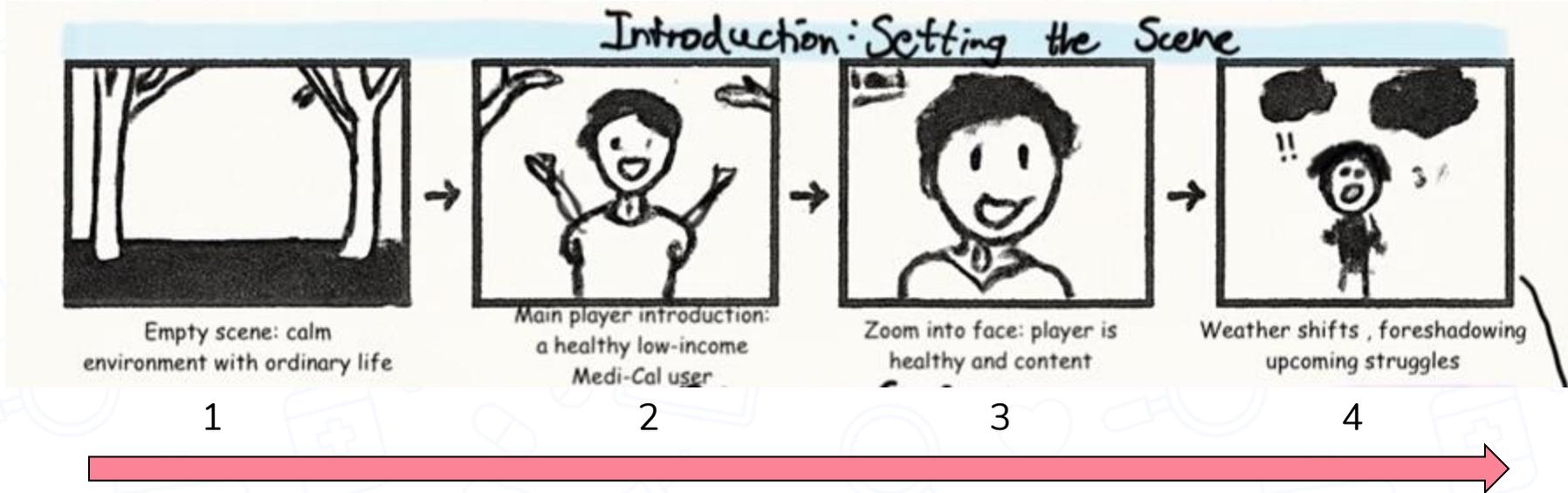
- **Why Complex:**
 - **Requires significant effort:** To achieve this task, users may need to specify their health goals and lifestyle habits, which requires thought and introspection. Additionally, users would need review Medi-Pal's suggestions and determine whether they are relevant/worthy lifestyle modifications.
 - **Infrequent use case:** Frank, the clinic director we interviewed, has highlighted that the Medi-Cal program provides resources for low-income patients to promote and maintain their health. However, from our Experience Prototype, we discovered that some users were not interested in resources that promote long-term wellness, such as fitness and mental health programs. This suggests that only a small subset of users would perform this task.
 - **Intended for power users:** This task is designed for users who wish to fully take advantage of Medi-Pal's capabilities. Whilst casual users would view Medi-Pal as a tool for finding Medi-Cal resources, power users would view Medi-Pal as a companion for health and wellness planning.
- Time stamps featured: **1:16-1:22**

04

STORYBOARD AND VIDEO



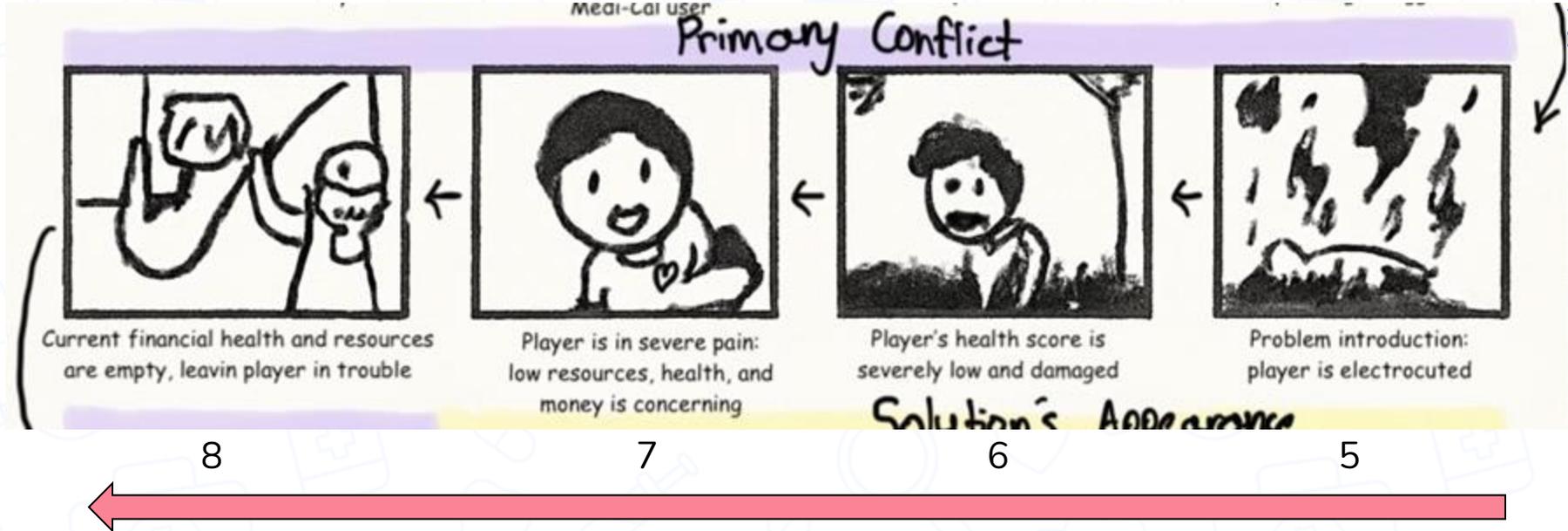
STORYBOARD: I. INTRO



- Protagonist is a low-income Medi-Cal user. Protagonist is portrayed as a game character. We will call him "Player".

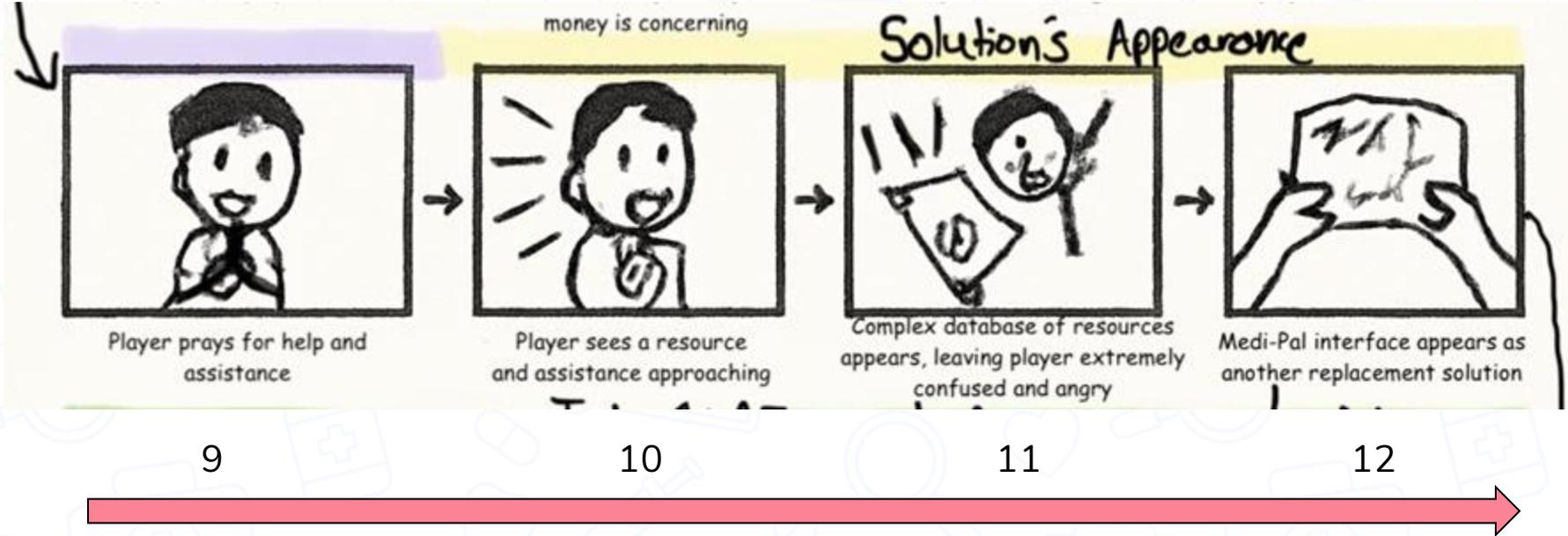
STORYBOARD: 2. LOW HEALTH AND NO RESOURCES

- Note: Please read this part backwards and follow the arrows.



- Main Conflict: Player is in severe pain and does not have any resources. He would later see an existing solution, i.e., complex database of resources, which makes him feel overwhelmed instead of helped (on next page).

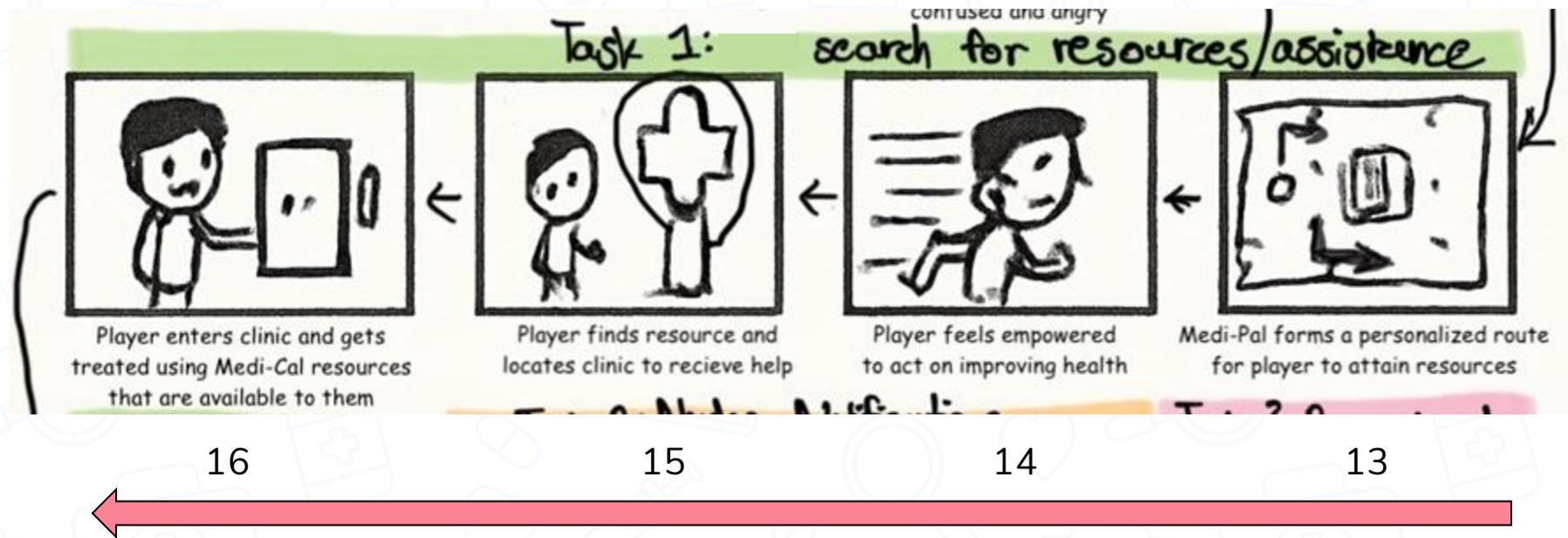
STORYBOARD: 3. EXISTING SOLUTIONS DON'T HELP



- We first show an existing solution (i.e., our competitors) and how our protagonist feels unsatisfied and overwhelmed with its complexity.
- Then, we will present our solution, Medi-Pal.

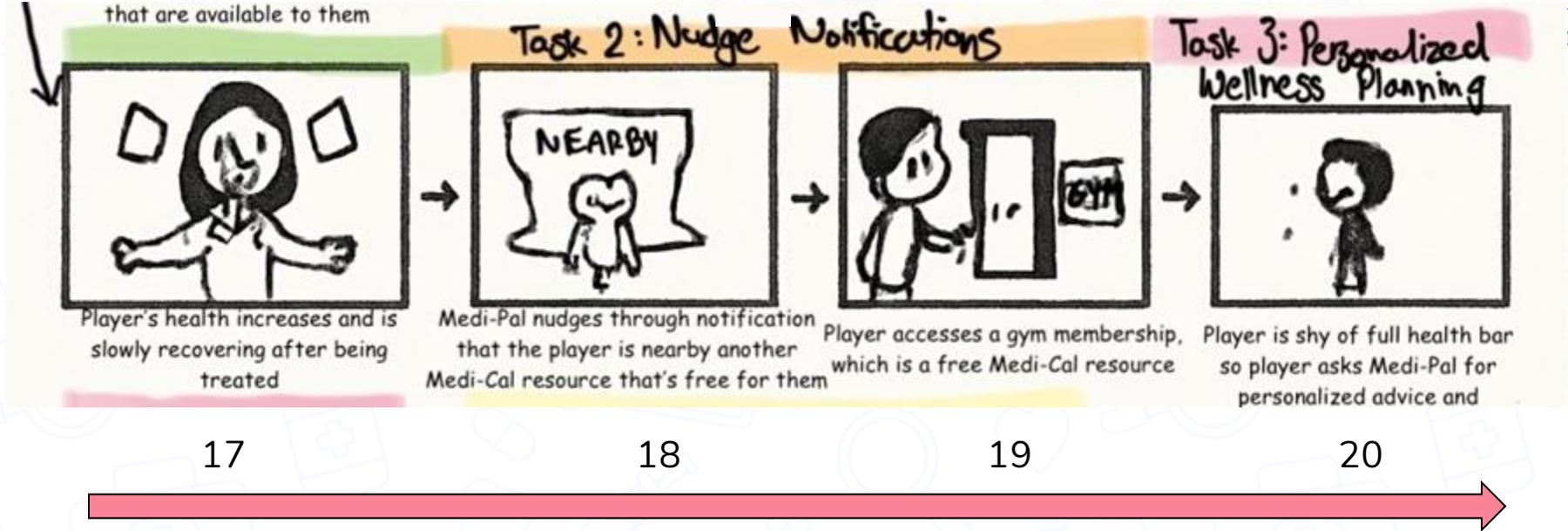
STORYBOARD: 4. PLAYER DISCOVERS + HEALS

- Note: Please read this part backwards and follow the arrows.



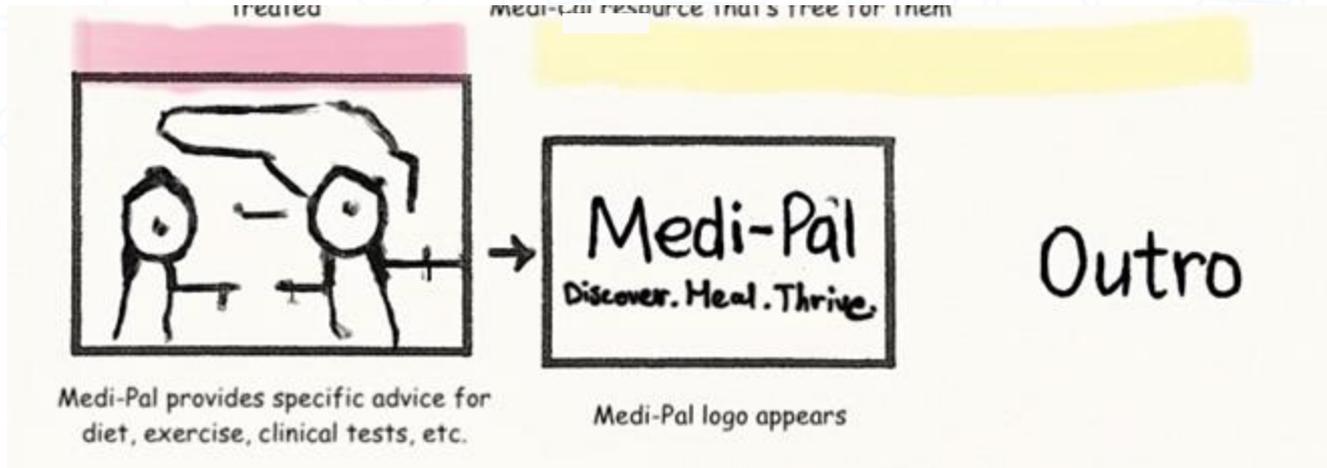
- Task 1: Player proactively searches for a specific Medi-Cal resource - i.e., clinic. This is a moderate task.
- Completing this task significantly increases his health to 75% (shown on next page)

STORYBOARD: 5. MORE DISCOVER + HEAL



- Task 2: Player discovers a nearby Medi-Cal resource - i.e., free gym. This is a simple task. Completing it increases health to 90%.
- Task 3: Player seeks personalized wellness guidance from Medi-Pal to increase long-term health. This is a complex task.

STORYBOARD: 6. PLAYER THRIVES!



21

22

23

- Continuation of Task 3: Player receives suggestions and plans on which Medi-Cal resources can help him boost long-term health and wellness.
- We don't actually show the player increasing their health to 100%. We believe this can be better portrayed as an open ending where viewers can imagine how the player acts on wellness suggestions.

MEDI-PAL: THE CONCEPT VIDEO (REVISED VERSION)

Here is the YouTube link. We've also uploaded the **REVISED** video in our Google Drive Folder. Enjoy!

<https://www.youtube.com/watch?v=vcekehtfAdo>

(We used Handbrake, so our video size is **40.4MB**)

The background is a light blue pattern of various medical icons, including first aid kits, pills, syringes, hearts, magnifying glasses, and dental tools.

THANK YOU