

Designing Technology to Improve Health and Wellness

Overview



General introduction to
research agenda



Computing systems can
**address fundamental
problems** in chronic care
management and
developmental disabilities



General Introduction to Research Agenda



Study human thoughts, perceptions, and behavior

**Science is
the method
of choice:**



Make
Observations



Make
Predictions



Test
predictions



Develop
intervention to
improve the
human condition



Use theories to drive research

Background in Psychology



Human Computer Interaction (HCI)

- ◆ The study of how **people interact with “computers”**
- ◆ **Focus:** design and deploy systems that are **useful, usable, and enjoyable**
- ◆ Allow users to **meet their goals**



Human Centered Computing at GT

- ◆ Move **beyond the dyad** of human and “computer” to broader understanding of **how computational artifacts effect human experience and culture**
- ◆ Focus on **sociotechnical systems**

Role as Computer Scientist



Methods: User Centered Design

1. Need Assessment
2. Design ideation
3. Prototyping
4. Evaluation



Contributions: Pragmatic or Futuristic

- ◆ **Build:** Novel interactions, interfaces, and systems
- ◆ **Ideas:** design implications and guidelines

Where do HCI and Psychology meet?



Scale human effort
over **time and space**



Allows clinicians to
reach **many people**



Propose **theories** that
can be **helpful** to HCI



Research Premise

Human Centered Computing can
improve the human condition



Why HCI for Health?

Health spending
accounts for
17.8% of GDP

By 2025 it will
increase to
20.1%



**Chronic
disease leads
to 7 of 10
deaths each
year.**
-CDC

Design technologies that bridge major gaps in chronic care management and improve wellness:



Engage the “user”

Current treatment
and practices



Bridge gaps in continuity of care

What happens between
visits to providers, such
as physicians,
therapists, and clinical
psychologists



Mediate communication at point of care

What does the care
provider want to know
& self-advocacy



Design Systems that Support Diverse Stakeholders

- ◆ Individual, families, professionals, clinicians, and researchers
- ◆ Based on **ubiquitous interfaces** (cell phones, social media, web)
- ◆ **Different needs:** physical health, wellness, mental health



Collaboration with Domain Experts is Key

- ◆ Understanding the user is central to **user centered design (UCD)**

Research Approach

Digital Asthma Action Plan



Augmented Reality Educational Game



CHOA

Patient-Centered Continuous Access System (P-CCAS) Asthma, Diabetes, Congenital Heart Disease

System Alerts

Overview

Detail View

Patients' List

SMS Data Visualization

Triage facilitation

Licensed to Isonea, LTD

Emory Hospital

Developmental Milestone Research



Phone App

Over 700k downloads!

Medical Center

Fruitful Collaborations



Chronic disorders: must last more than 1 year **and:**



and/or



and/or



a) Lead to limitation of function, activities or social role

b) Dependency on medication, special diet, assistive technology, etc.

c) Require medical, educational, psychological services beyond what is expected for an age mate.

Research Domain: Developmental Disability



Characterized by **difficulties in socialization, sensory sensitivities, communication, restricted interests, and repetitive behavior**

- ◆ About 1 in 68 children diagnosed in US
 - ◆ 1:42 boys vs 1:189 girls
- ◆ Spectrum
 - ◆ Level 3: require most support
 - ◆ minimal language and mental impairments
 - ◆ Level 1:
 - ◆ Normal language, IQ
 - ◆ Mostly social skills deficits
 - ◆ Improve wellness



**US Autism Population Estimate
as of 2007 (ages 3-22)**
237,462

US Annual Economic Cost
\$7,123,880,989

Next Diagnosis in 6:56 mins

Data from www.FightingAutism.org

Autism

Using Computing Systems to Address Problems in Chronic Care Management

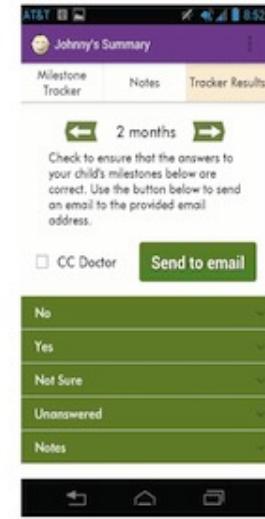
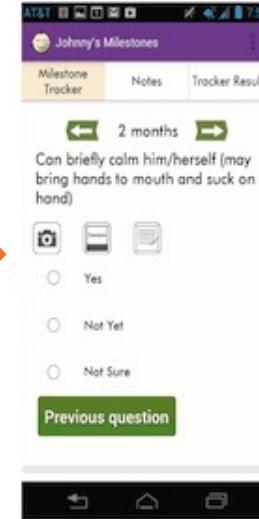
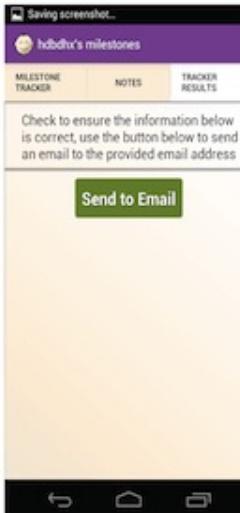
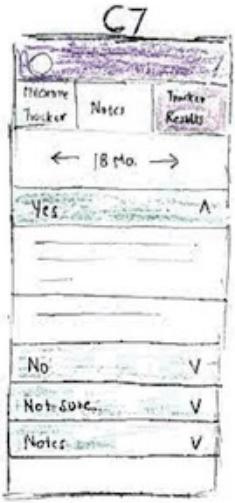
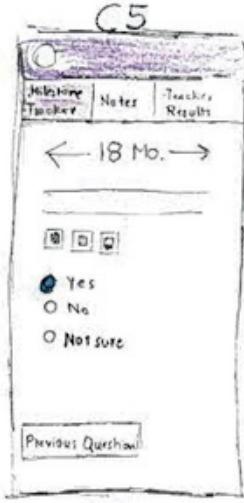
Designing Systems to Increase Awareness of Tracking Developmental Milestones

- ◆ Milestones are **cognitive, motor, emotional skills** that children acquire in a **specific timeline**
- ◆ Not meeting these milestones can **signal developmental delay**
- ◆ The sooner children are identified as having delay the **sooner they can get intervention they need**
- ◆ The **CDC** had a paper-based program on **developmental milestone tracking**





Develop an **interactive proof-of-concept prototype** for tracking developmental milestones using existing “LTS.AE” materials



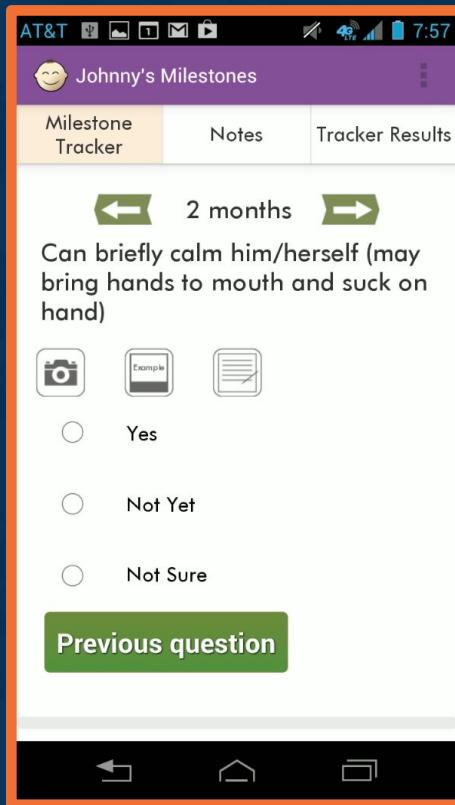
Paper Mockup

10/2012

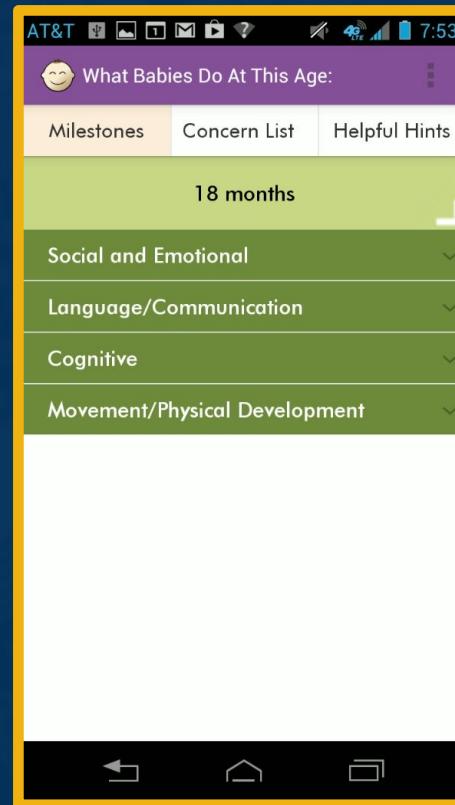
12/2012

First Study with CDC

Personalized



Non-Personalized



WIC & GT Collaboration:



Children in **low socioeconomic (SES) families** are less likely to receive **early intervention**



Past CDC interviews had **high SES families**



WIC provides **nutritional education** and is looking to **expand its services** to include **education about children's development**

Study 2: Addressing Low SES Question



Goals:



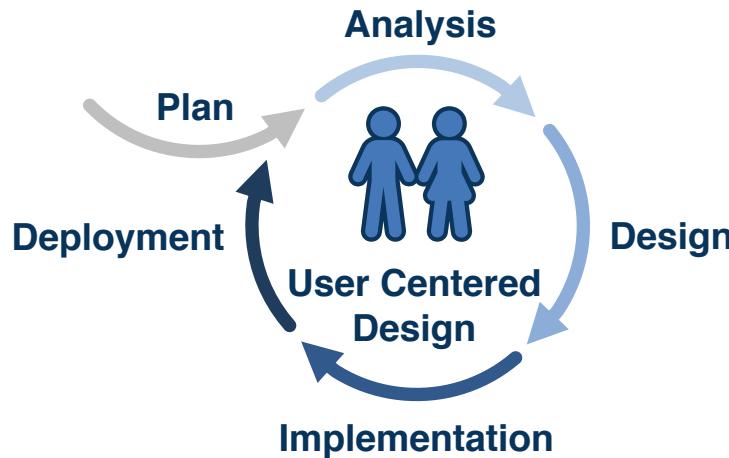
Reach low SES
families and
children



Work with families of **different language** and **racial backgrounds**
within this demographic



Interview



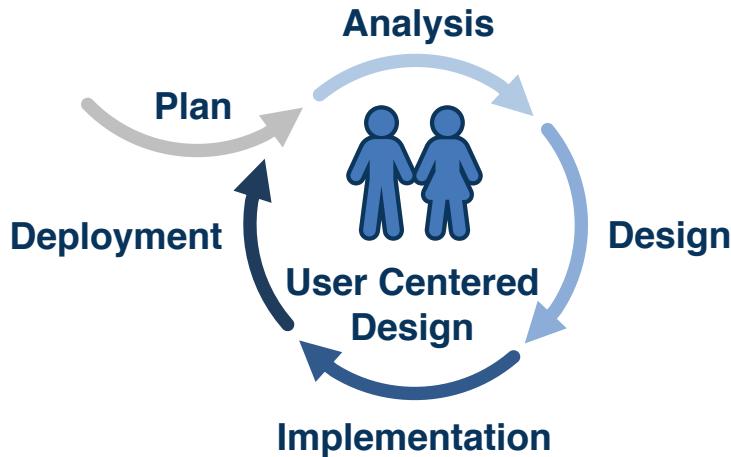
Affinity Diagramming



Personas

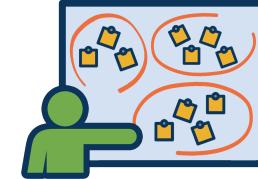
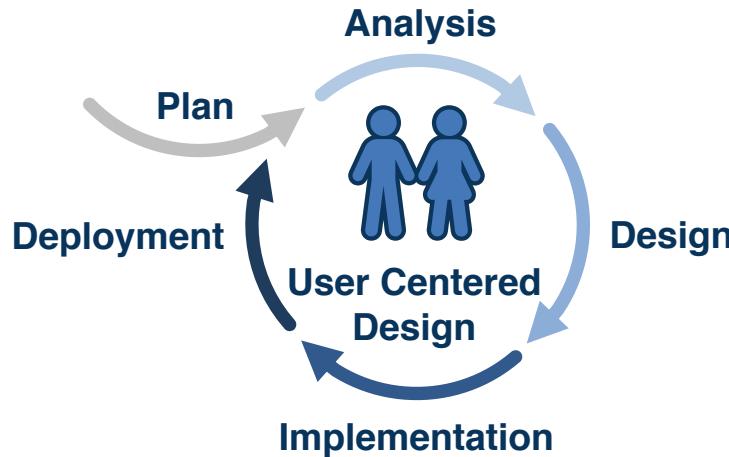
- ❖ Interview WIC parents
- ❖ Review transcripts to find parents' attitudes towards technology & children's development

Methods



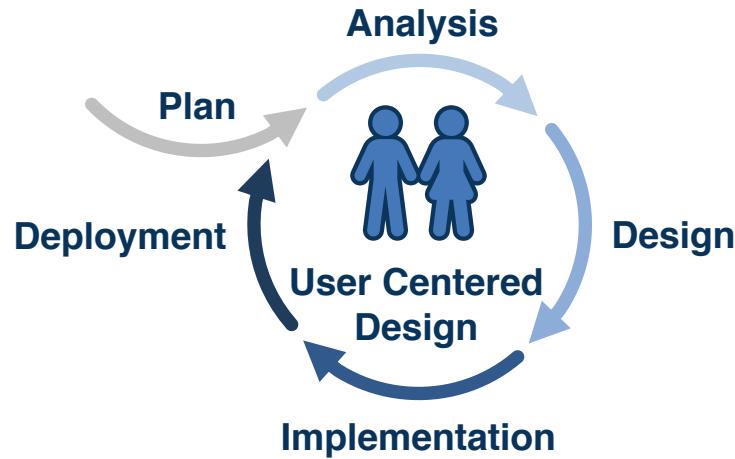
- ◆ Knowledge about Developmental Milestones
- ◆ Use of technology (general use)
- ◆ Use of technology (for learning about children's health & development)
- ◆ Experience with the WIC program

Interview Topics



- ◆ ~2 out of 51 parents “knew” the term “developmental milestones”

Knowledge about Developmental Milestones



Understanding Parents' Tech Utilization & Values



Defined developmental milestones



Probed their knowledge of developmental milestones by introducing various ways that these could be accessed by technology

Used 5 interfaces:



Booklet



Website



Phone App



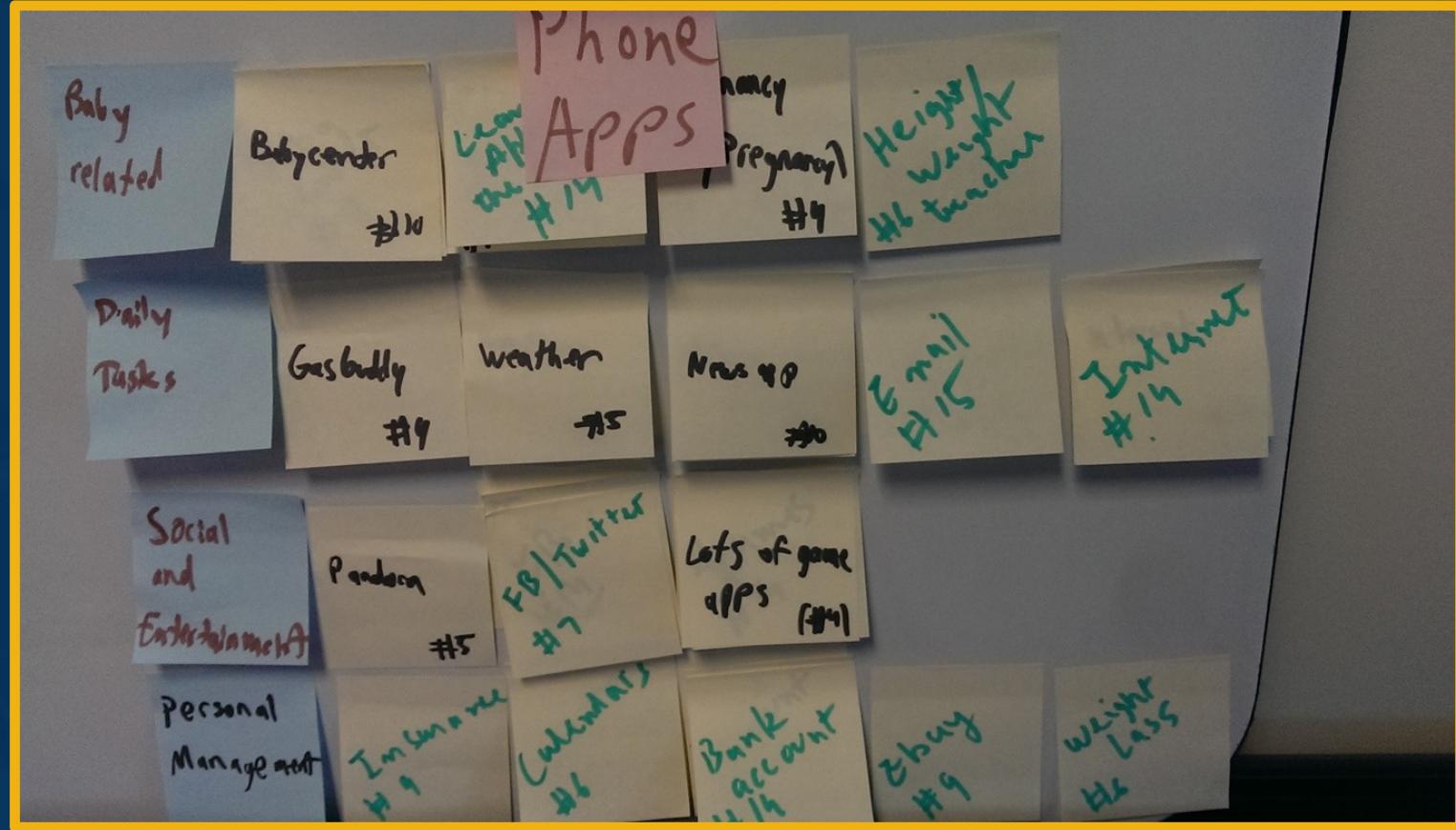
Kiosk



Text Message

| | Smartphone | Tablet | Laptop | Desktop |
|--------------------------|------------|--------|--------|---------|
| African American N=24 | 21 | 16 | 18 | 7 |
| White N=6 | 5 | 2 | 2 | 3 |
| Hispanic N=21 | 15 | 3 | 8 | 4 |
| All Clients N=51 | 41 | 21 | 28 | 14 |

Technology Usage



App Usage

N = 51



Convenience: Access to content & ease of use
(16 parents)



Security (19 parents)



Learning or Bonding (19 parents)

Parent Values

| | 1 st Choice | 2 nd Choice | 3 rd Choice |
|-----------------------------|------------------------|------------------------|------------------------|
| Convenience (16) | Website | App | Booklet |
| Security (19) | App | Website | Text |
| Learning or Bonding (16) | App | Website | Booklet/Text |

Interface Preference by Values



**You are not
the expert:**

Partner with people
that are experts



**You are not
your “user”:**

You have skills &
experience that effect the
way you perceive needs



**“Design is an
evidence based &
systematic process”:**

Follow human-centered
design approach



Free Coursera GT Course:

Google search: Arriaga User Experience (enrollment over 230K
and 4.5 stars)

Good Design Requirements

*David Muñoz and Rosa I. Arriaga. 2015. **Low-Income Parents' Values Involving the Use of Technology for Accessing Health Information.** In 15th IFIP TC 13 International Conference on Human-Computer Interaction -- - INTERACT 2015 - Volume 9298. Springer-Verlag, Berlin, Heidelberg, 53–70. DOI: https://doi.org/10.1007/978-3-319-22698-9_5*

Link to Paper

