

Research

Use Smart Phones to Promote Diabetes Self-management for Robust Elderly in China

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Research

- Overview
- Users
- Context
- Multi-level Architectural Vision
- CADA Prototype
- Next Step
- Future Aspirations
- Q & As



- Goal and importance
- Multidisciplinary Research Team





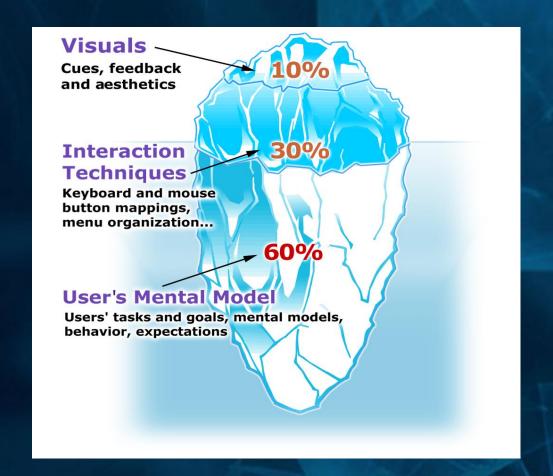
Primary collaborators

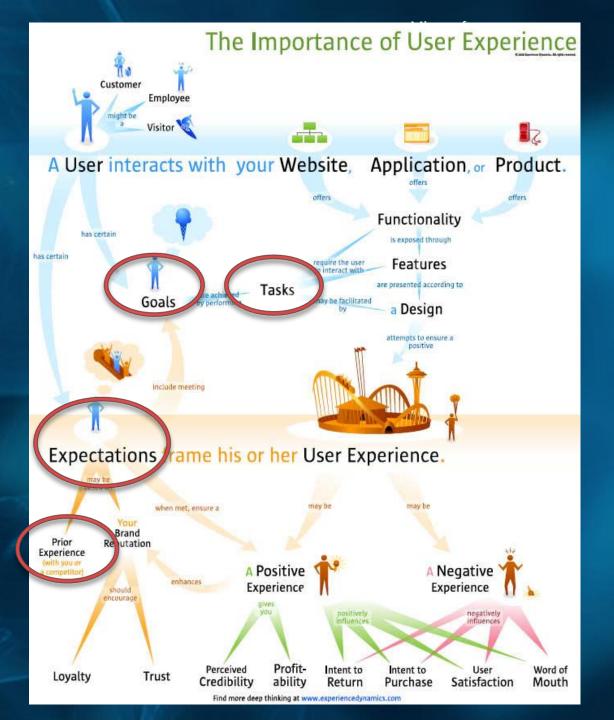






User-Centered Design



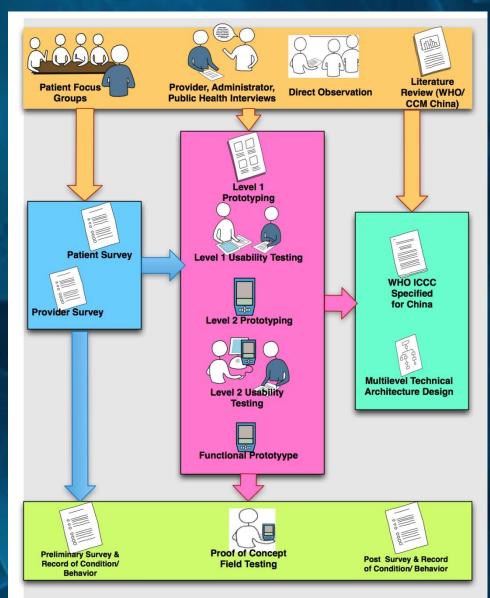


Approach for Design and Prototyping

Phase I –
User Requirements
Gathering

Phase II – Design, Prototyping & Testing

Phase III –
Proof of Concept Field
Evaluation



Persuasive Design

Primary Principles	Definition	
Reduction	Making complex tasks simpler	
Tailoring	Tailoring information based on personal needs	
Kairos	Technology intervention at the "right" opportune time	
Self-Monitoring	Eliminate tedium of tracking	
Conditioning	Operant conditioning that uses positive reinforcements to shape complex behavior	
Liking/Attractiveness	Persuasion by liking is creating an environment that a user likes to use	
Praise	Offering praise to make people feel good	
Convenience	Easy accessibility	



Target User Populations

- Primary: Urban vs. County vs. Rural Patients
- Secondary: Providers
- Secondary: Caregivers









Characteristic	"Urban"	"County"	"Rural "	
<u>Demographics</u>				
Educational Level, Intellectual Abilities, Skills of the User	All over the board from some high school to high school and college graduates.	All over the board from some functionally illiterate to high school and college graduates.	All over the board from some functionally illiterate to high school and college graduates.	
Learning Style	Mentioned games. Prefers icons and Chinese symbolic characters to text.	Mentioned games. Prefer audio outputs to reading. Do not want the language to be "doctor" language.	Mentioned games. Do not want the language to be "doctor" language.	
Diabetic physical capabilities*	Consistently robust elderly population.	Consistently robust elderly population.	Consistently robust elderly population.	
Health Value Schema (PATH)				
Health Beliefs (determined by using profile cluster analysis of	The most predominant group of urban patients can be described as avid information	The most predominant group of county patients can be described as	The most predominant group of rural patients Urban Patient	

patients can be described as avid information seeker for information on health treatment. price, nutrition, and healthy diet. They are price sensitive regarding health care, but not price prohibitive. They tend to be decision makers for the family (self and spouse) regarding health care. The urban patients are usually proactive and pay attention to

county patients can be described as information seekerfor information on health treatment, price, nutrition, and healthy diet. They are price sensitive regarding health care. They tend to be decision makers for the family (self and spouse) regarding health care. In comparison to the urban patient, the county patients tend to be more reactive and pay less attention to preventive care.

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personal profile

Mrs. Shuxin Gao, a 63-yr retired account, lives with her husband in a comfortable 3-bedroom apartment in Beijing. With a family history of diabetes, Mrs. Gao was first diagnosed with gestational diabetes in 1974. Starting her mid 50's, Mrs. Gao tried to control her blood glucose through diet, but this did not work and she switched to oral medications. In 1998, Mrs. Gao's retina suddenly started bleeding, eventually she lost her left eye because diabetes induced glaucoma. She is now on insulin.

A few years back, many primary hospitals in Beijing started offering health seminars. Mrs. Gao likes attending the diabetes seminars. Although the seminars often present too much information each time for her to digest and remember, she enjoys making friends with other diabetes patients. Unfortunately, Mrs. Gao is not able to attend those seminars as often as she would like because commuting to the seminars takes a lot of time. Through the seminars, she has mastered the basic knowledge of diabetes and her blood glucose level are pretty much under control.

Mrs. Gao tests her blood glucose level often, at least once every three days. She learned from the seminars that she should record her glucose test results to see how she is doing over a period of time. Mrs. Gao only occasionally uses the log booklet that the glucose meter company provided, as it is such a hassle writing things down each time. Mrs. Gao knows that diet is important, but struggles with managing her diet during frequent family meals with her children and grandchildren and especially when they go out to eat. Mrs. Gao often forgets what or how much she ate hours later when she tries to write down what she ate in her log. Mrs. Gao enjoys group ribbon dancing in a nearby park every morning.

Ms. Gao carries her cell phone around so her husband who suffers hypertension can reach her easily. She likes to exchange short messages with her son who lives in Shanghai and only comes home for major holidays.



"I want to help other diabetics."



Microsoft*

Research

background

- Lives with her husband of 38 years, both have stable pension
- · High school graduate with an accounting certificate
- · Enjoys cooking, knitting, and learning how to play poker games on computer with her husband

attributes

- Outgoing and warm hearted
- Has a clear goal in diabetes management and likes to plan ahead
- Feels empowered by diabetes knowledge she has accumulated over the years and wants to share with others
- Avid information seeker (e.g., nutrition, healthy diet)
- Decision maker for the family regarding health care

user needs

- · Easy and portable way to log and track daily diet, glucose levels, and exercise.
- ·Better access to enjoyable diabetes education approved by her doctors.
- More time and individualized attention from her providers
- Assistance to make diabetes self-management more convenient and fun at an affordable cost

Technology Intent/Adoption

Existing Computer/Internet Skills

survey data related to health

beliefs)

All over the board from low to high.

preventive care.

All over the board from non-existence Non-exis

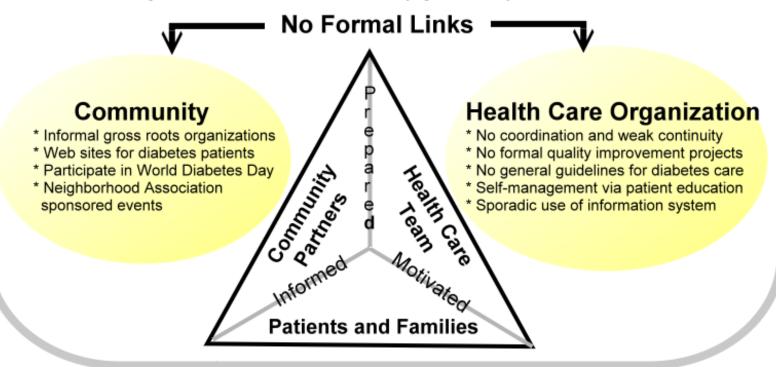




Macro, Meso, Micro

Positive Policy Environment

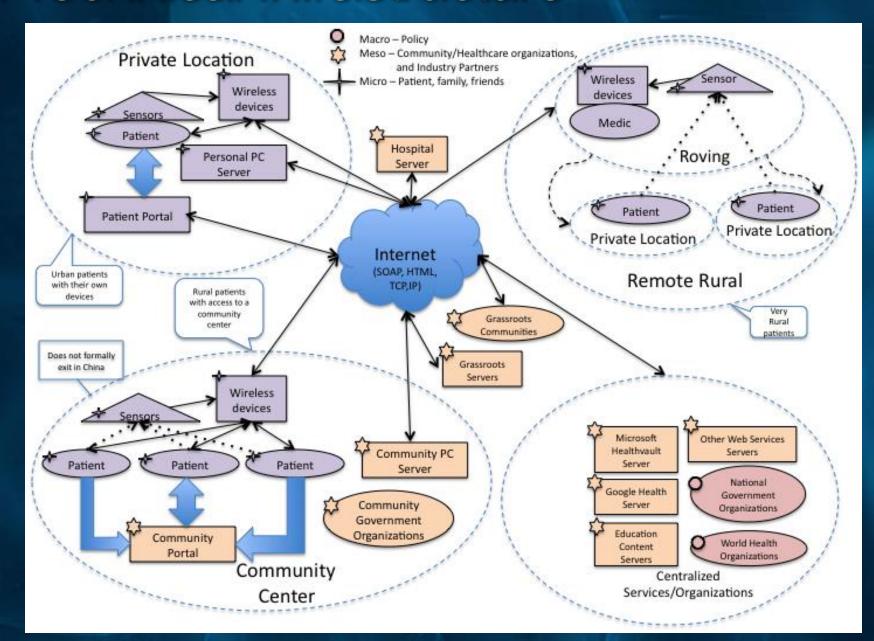
- * National project for diabetes management
- * Guideline for Chinese diabetes prevention
- * Bans on smoking and tobacco advertisement
- * Government driven health insurance
- * Diabetes prevention workshop for health professionals
- * Beijing HOPE Project



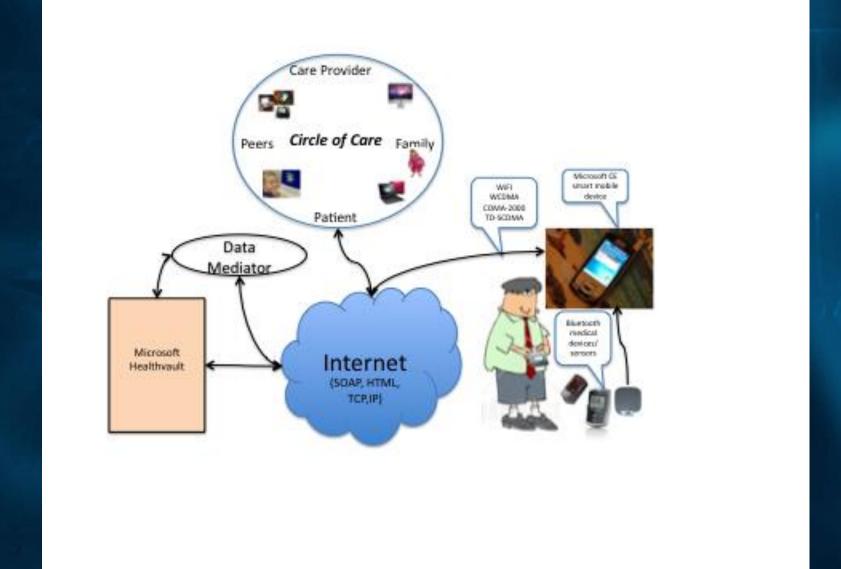
China Diabetes Chronic Care Model



China Technical Infrastructure

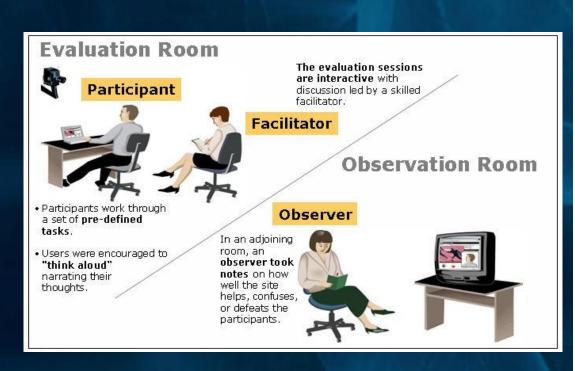


China Diabetes Chronic Care Model





Interactive and Iterative Prototyping







Dancing Mask - Level 1 Only











Tile Game – Level 1 Only









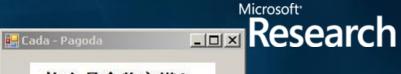


Level 2













Persuasive Design

Persuasion Design Principles	Manifestation in System
Reduction	Making complex meal
	trackingtasks simpler
Kairos	Smart phone intervention at the "right"
	opportune time, meal time
Self-Monitoring	Eliminate tedium of tracking meals
Conditioning	Reinforcement to eat well
	through trending
Liking/Attractiveness	Gaming
Praise	Offering praise with both games
Convenience	Smart phone easy accessibility



Field Testing – Proof of Concept

- Experiment vs. Control
- Over an extended period of time
- Assess the following at three time points:
 - (1) knowledge tests about diabetes, particularly hypoglycemia
 - (2) HgbA1C level and patients' weight
 - (3) satisfaction of physician











Extension of Research Pursuit

- Technical tools, e.g., Microsoft Health Vault
- Other organizations, e.g., China Red Cross
- US counterpart comparison, e.g.,
 Missouri Health Foundation
- Psychosocial needs -- "emotional" network
- Other high risk populations, e.g., overweight teens



Research

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