Towards Wellness Informatics

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and to all the participants at yesterday’s workshop on Wellness Informatics
Why Wellness Informatics?

- Huge explosion of health-related HCI research
  - focus on wellness as well as health

- Health Informatics discipline growing rapidly
  - Includes many area of focus: nursing informatics, clinical informatics, etc…
  - What does the focus on Wellness imply?
Starting Points in Wellness Informatics

• Numerous sources of data input into systems
  • Patient, medical, socio-economic sources all important
• End user is the primary user of the information
  • Patients are both consumer and producer of data
• Individual, group (family, friends) and community
  • are all appropriate levels of data granularity
• The healthcare establishment *may not* be directly involved
  • People can be inspired by healthcare visits, but not necessarily
  • Over the duration they may only infrequently be engaged
• Temporality of systems engagement
  • Wellness requires on-going sustained commitment
What is Wellness?

• Wellness has a broad definition
  • Physical
  • Emotional
  • Social
  • Intellectual
  • Spiritual
  • Environmental
  • Occupational

• Being healthy is one component of this
Creating Participation Offline
Managing Participation Online

• Getting people to participate in wellness
  • Convincing people that their wellness matters
  • Online solutions appear attractive

• Online solutions bring new challenges
  • Integration impossible (too many, new ones arriving)
  • Create partial views across related technologies
  • Help end-users create these views
  • Management of mis-information that get virally spread
Life Long Learning Systems

• Wellness is life long
  • Systems need to adapt to changing circumstances as goals change
  • Systems need to accommodate negative changes
    • and not be punitive
  • Recognize and embrace context
    • Cake was for graduation, even though it was not nutritious
    • My access to fresh vegetables is much more limited
    • I cook foods from my heritage…
• Systems need to encourage habits and disappear
  • It’s not about the number of steps, it’s about walking or running

• Temporality is significant design challenge
Communities of Practice

- Inputs to Wellness
  - Theories about how people make personal change
    - e.g., Transtheoretical (TTM)
  - Theories to inform contexts that surround individual
    - e.g., roles of surrounding groups, organizational, national, cultural contexts
  - Innovation through user-designed technologies
    - including collaborative systems

- Finding inputs
  - Across a large and growing body of knowledge
  - Distributed across numerous communities
    - Who may not always communicate (thank you WISH)
Evaluation

• Clinical trials
• Field trials

• Very different approaches to assessment
  • reflective of the multiple, heterogeneous communities we participate in
  • and draw knowledge from
Since it’s WISH, we wish...

- Find the “key” to using social mechanisms to address health
  - leveraging social connections to achieve wellness
- Using technology to help reduce health disparities
- Allowing school children & college aged adults to learn how to engage in wellness self-management
  - One area where students are not just the local population but also a target population
    - Freshman 15 (number of pounds gained by average student in first year of college)
- We had design principles for how technology can help people
  - move from intent to change to actual change