

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

The logo for CHI 2010 features the letters 'CHI' in white, set against a light green rounded square background. To the right of this square, the year '2010' is written in a large, light gray sans-serif font. Below the year, the phrase 'we are HCI' is written in a smaller, light gray sans-serif font.

CHI

2010

we are HCI

CHI 2010

Wellness Informatics Discussions

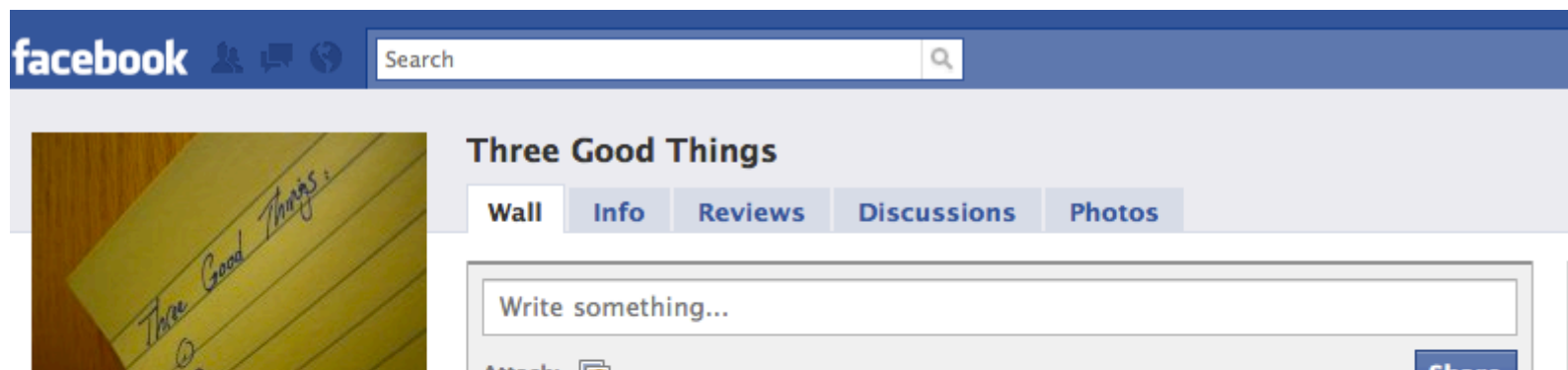
What is Wellness?

- 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