Personal Health Record Design Preferences
For Minority Diabetic Patients

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PROBLEM STATEMENT

Racial and ethnic minorities experience higher rates of chronic disease prevalence and mortality and lower rates of health literacy. Yet, existing mobile and web-based Health Information Technology (HIT) applications do not have the desired health care impact on minority populations.

BACKGROUND

Patient self-management and treatment adherence, particularly for chronic conditions, has been shown to be associated with improvements in health status and decreased utilization of medical services.

RESULTS

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METHODS

BACKGROUND

Patient self-management and treatment adherence, particularly for chronic conditions, has been shown to be associated with improvements in health status and decreased utilization of medical services.

DISCUSSION

This design preference research on minority populations provides companies that develop PHRs the opportunity to design for all patients, with a focus on those that have the highest risk of non-adherence to recommended technology use. This is particularly important since minority population enrollment in usability related studies are typically low. The minority design database and interface prototype will be a critical resource to inform design guidelines for HIT, particularly for integration in regulatory decisions.

FUTURE WORK

Future research includes working with different racial and ethnic groups to further populate the patient requirements for other minority sub-populations. This includes Latino and Asian population, with additional emphasis on language barrier for PHR use.

ACKNOWLEDGEMENTS

We would like to thank the Maryland Center for Excellence in Regulatory Science and Innovation and the FDA Office of Minority Health for funding support. We would also like to thank the staff and patients at the Howard University Hospital Diabetes Treatment Center for supporting our data collection efforts.