

Health Literacy and Health Information Technology Research: Gaps and Priorities

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Focus (out of focus)

- Infrastructure
- Information
- Behavioral Informatics
 - Patient self-management support
 - Behavior change oriented (sustained!)
 - Intervention oriented



Where we are now

- Amazing period of creativity
- Rapid developments in technology
 - Generally and health specific
- Rapid cultural transformation



Worries about where we are now

- ① Reach
- ② Usability
- ③ Sustainability / Dissemination
- ④ Moving very fast

Likely that HIT will INCREASE health disparities in the next few years.

What we need to do

① Attain Reach by ensuring access:

- Develop with technologies that are broadly available – Phones
- Plan now for a future with broad connectivity (enabled phones, computers, monitoring systems, wearable sensors)



What we need to do

- ② Ensure usability by attending to interface:
 - Develop technologies that are easy to use
 - Tested with people who have low literacy





I'm sick

I hurt myself.

I'm tired.

I'm feeling down.

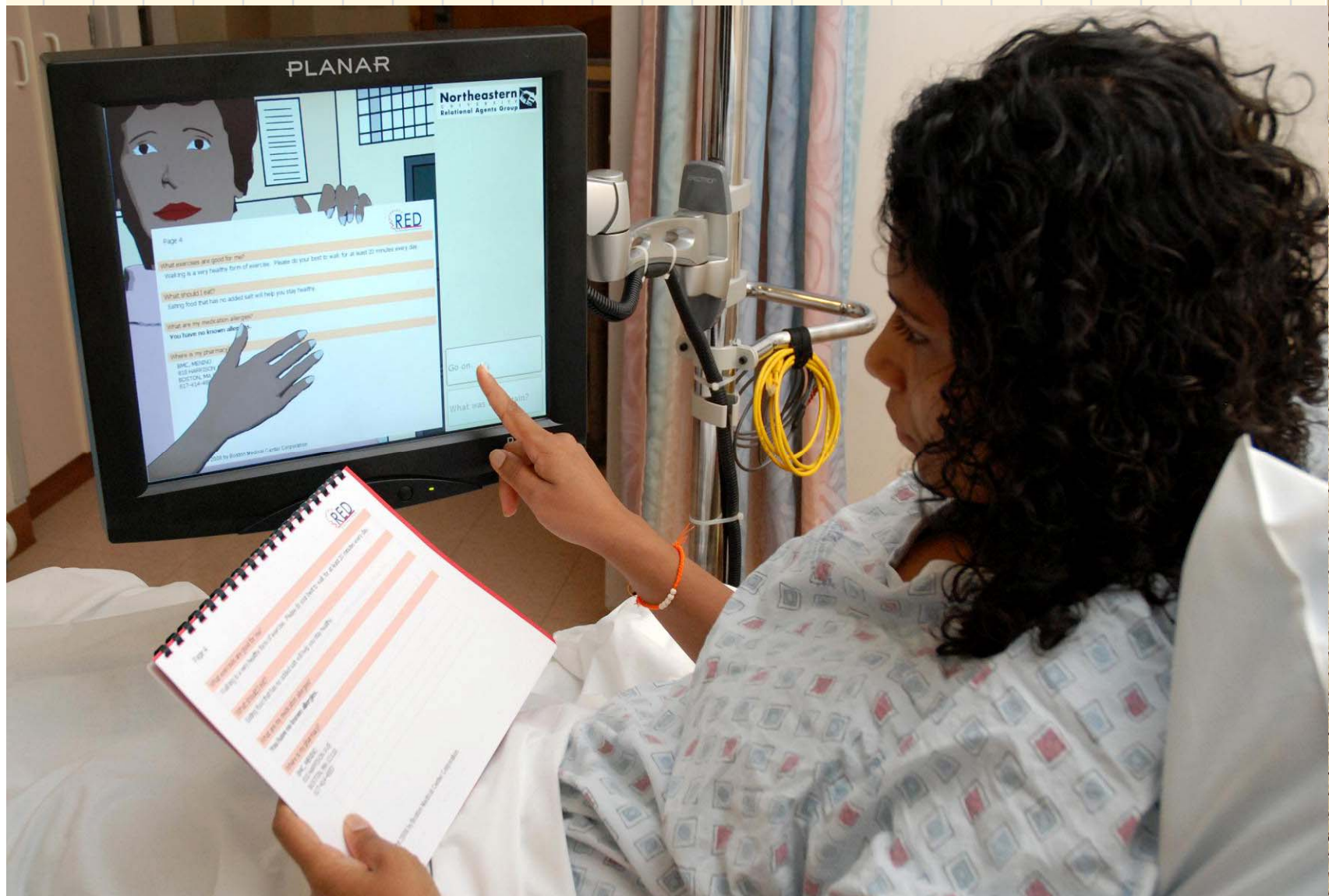
I'm feeling upset.

I'm a little **STRESSED**
OUT.

I'm OK.



Patient interacting with Louise



What we need to do

③ Sustainability / Dissemination (DS)

- Flexible? How will it be re-branded?
- Adaptable? How will it be updated?
- Who will fix it if it breaks?
- Who will monitor if it is working?
 - How will providers not subvert it?
 - How to represent in the medical record?
 - How to be paid?
 - How will risk be abated?
 - How to be engaging, relevant, useful - over time?



What we need to do

④ Moving fast

- Current mechanisms too slow
- Current mechanisms not fit for computer engineering (RO1 vs RFTO) [OMB]
- Ex: virtual social networks,
 - Users will be able to share their stories into network
 - snowball



