

Quality of Life Technologies Lab
University of Copenhagen & University of Geneva
qualityoflifetechnologies.org





Quantifying Quality of Life of Smartphone-Centric Humans via Human-Centric Methods

Prof. Katarzyna Wac















Quality of Life Technologies Lab
University of Copenhagen & University of Geneva
qualityoflifetechnologies.org





Quantifying Quality of Life of Smartphone-Centric Humans via Human-Centric Methods

Prof. Katarzyna Wac













A Patient (female, 69)

Type 2 Diabetes (1992)
Heart attack (2014)
Hip fracture & replacement (2016)

Loves cooking

Much (too much) food (carbs)



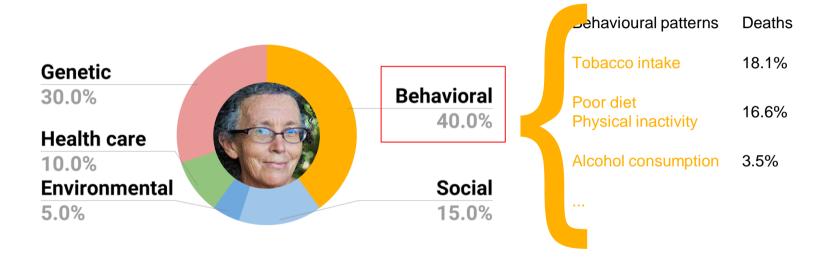








Not the Only One





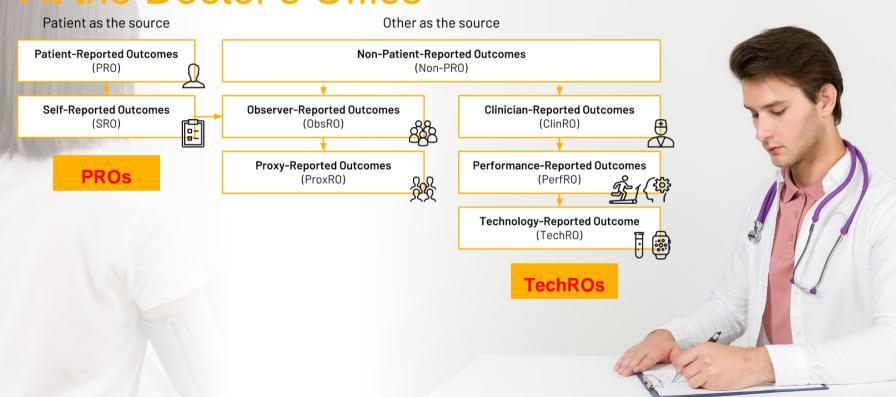
Naghavi, M., Abajobir, A. A., Abbafati, C., Abbas, K. M., Abd-Allah, F., Abera, S. F., ... & Ahmadi, A. (2017). Global, Regional, And National Age-Sex Specific Mortality For 264 Causes Of Death, 1980–2016: A Systematic Analysis For The Global Burden Of Disease Study 2016. The Lancet, 390 (10100), 1151-1210.

'Behaviour marker', 'Behaviome',

If you can't measure it, you can't improve it.



At the Doctor's Office



Sleep

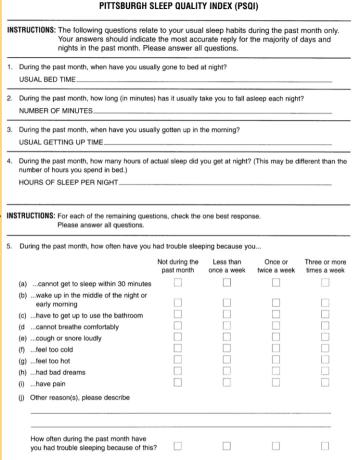
"During the past month,

How often have you had

trouble sleeping because you

INSTRUCTIONS: For each of the remaining questions, check the one best response.

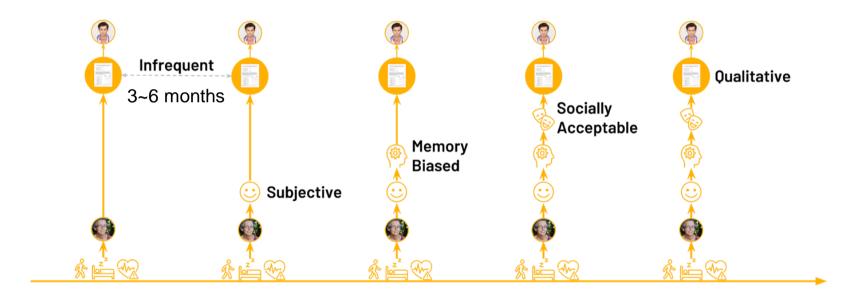
Wake up in the middle of the night or early In the morning?







Self-Reported Outcomes



The Big Picture



Smartphone

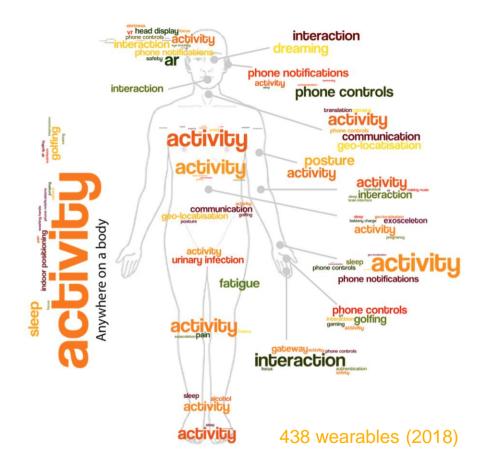


88% of the time next to us



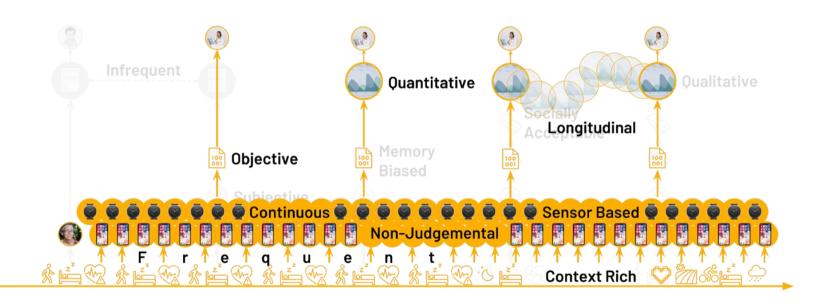
Smartphone & Wearables







*-Reported Outcomes: A New Paradigm





QoL Domains

QoL Facets

Quality of Life

Physical health

Activities of daily living
Dependence on medicinal substances and medical aids
Energy and fatigue
Mobility
Pain and discomfort
Sleep and rest
Work capacity

Psychological

Bodily image and appearance
Negative feelings
Positive feelings
Self-esteem
Spirituality / Religion / Personal beliefs
Thinking, learning, memory, and concentration

Social relationships

Personal relationships Social support Sexual activity

Financial resources

Environment

Freedom, physical safety, and security
Health and social care: accessibility, and quality
Home environment
Opportunities for acquiring new information and skills
Participation in and opportunities for recreation / leisure activities
Physical environment (pollution / noise / traffic / climate)
Transport





QoL Domains

QoL Facets

"

Physical health

Dependence on medicinal substances and medical aids Energy and fatigue Mobility Pain and discomfort Sleep and rest Work capacity

Activities of daily living

Psychological

Bodily image and appearance
Negative feelings
Positive feelings
Self-esteem
Spirituality / Religion / Personal beliefs
Thinking, learning, memory, and concentration

Social relationships

Personal relationships Social support Sexual activity

Financial resources
Freedom, physical safety, and security
Health and social care: accessibility, and quality
Home environment

Environment

Opportunities for acquiring new information and skills
Participation in and opportunities for recreation / leisure activities
Physical environment (pollution / noise / traffic / climate)
Transport

Quality of Life

Individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns.



World Health Organization | www.who.int "The World Health Organization Quality of Life Assessment (WHOQOL): development and general psychometric properties.," Soc. Sci. Med., vol. 46, no. 12, pp. 1569–85, Jun. 1998.







Health

A state of <u>complete</u> physical, mental and social well-being and not merely the absence of disease or infirmity.









Redefining Health

The ability to <u>adapt</u>
<u>and self manage</u> in the face of social, physical, and emotional challenges.

BMJ



QoL Domains

QoL Facets (13/24)

Bending the Curve

Activities of daily living √ Dependence on medicinal substances and medical aids Energy and fatigue √ Physical Mobility √ health Pain and discomfort J Self-management & Sleep and rest √ Work capacity **Behaviour Change Facilitation** Bodily image and appearance Negative feelings √ **Ouality** Positive feelings √ Psychological of Life Disability-Free Self-esteem Spirituality / Religion / Personal beliefs Computational Survival Thinking, learning, memory, and concentration **Models** Personal relationships < Social Social support √ Age relationships Sexual activity Financial resources 1000+ Participants Freedom, physical safety, and security √ Health and social care: accessibility, and quality (mQoL Living Lab) Home environment Environment Opportunities for acquiring new information and skills Participation in and opportunities for recreation / leisure activities

nternet Computing



World Health Organization | www.who.int

"The World Health Organization Quality of Life Assessment (WHOQOL): development and general psychometric properties.," Soc. Sci. Med., vol. 46, no. 12, pp. 1569–85, Jun. 1998.

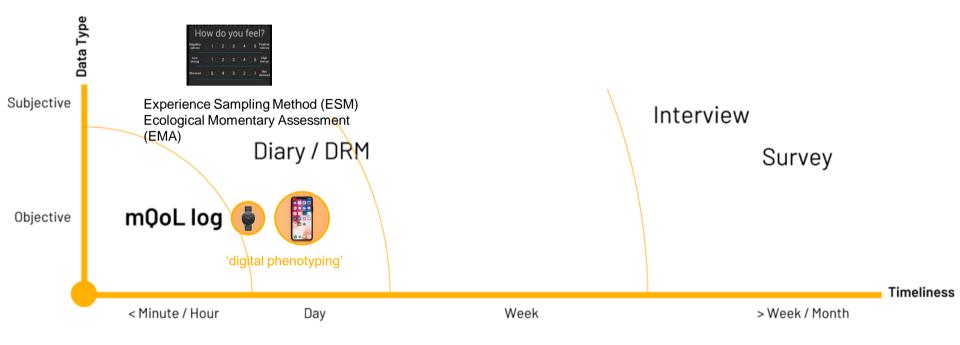
Transport √

Physical environment (pollution / noise / traffic / climate) ✓

Wac, K., Fiordelli, M., Gustarini, M., & Rivas, H. (2015). Quality of life technologies: Experiences from the field and key challenges. IEEE Internet Computing, 19(4), 28-35.

Fries, J. F. (2002). Aging, natural death, and the compression of morbidity. Bulletin of the World Health Organization, 80, 245-250.

Reproducible Methodology (Explorative, Inductive & Hypothetico-Deductive Approach)





De Masi, A., Berrocal, A., ..., & Wac, K., Mixed-Methods Research Methodology Enabling Identification, Modelling and Predicting Human Aspects of Mobile Interaction "In the Wild". User Modelling and User-Adapted Interaction (under evaluation)



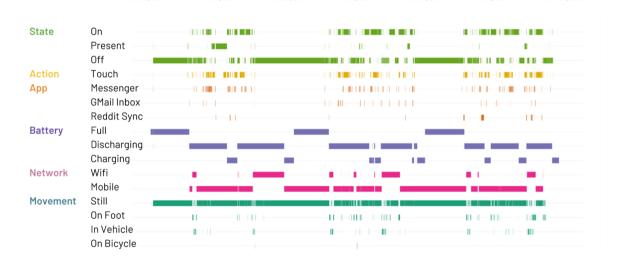
Context-based EMA/ESM



mQoL Log

00:00 12:00 00:00 12:00 00:00 12:00 00:00 Jun 25, 2018 Jun 25, 2018 Jun 26, 2018 Jun 26, 2018 Jun 27, 2018 Jun 27, 2018 Jun 27, 2018

6.6+ billion data points





Research Infrastructure Exploration Phone Sensors. Actuators. Apps Participant mQoL log **Analysis** Researcher Elderly and Not Only Collection. Storage. QoL Technologies Lab Processing Watch Sensors. Actuators. Apps Visualization





relationships







Environment





































Psychological













Social relationships







Environment



















Physical Health:

Mobility



From a Phone Accelerometer...

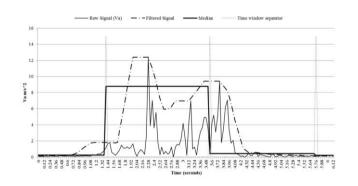












Study details

N = 7 participants, up to a week each (CH)Walking accuracy of 85.7%Activities of daily life accuracy of 76.6%

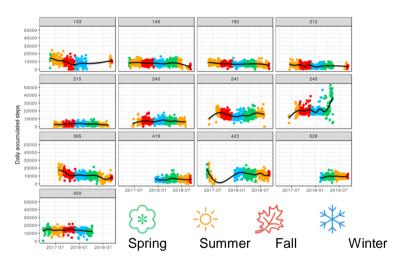




Via a Wearable & Risk Assessment







				Daily a	ccumulate	s steps			
UserID	3x/Week percentage		Statistics						
	10000	7000	5000	3000	Mean	STD	Min	Max	Mode
133	54.55	88.64	93.18	95.45	9382.58	4922.44	15	24420	8585
145	20.31	81.25	92.19	93.75	7828.04	2943.57	133	16483	9350
192	1.49	62.69	97.01	98.51	7032.82	2219.07	10	14426	6905
212	0.00	9.43	50.94	92.45	4629.41	2369.36	44	13188	6281
215	0.00	0.00	6.67	65.00	3184.44	1778.24	7	9626	4105
240	10.71	58.93	91.07	92.86	6835.83	2931.79	5	17649	11298
241	94.55	94.55	96.36	96.36	15197.89	4177.19	22	28430	19062
245	93.18	93.18	93.18	93.18	21469.72	7660.42	4588	52384	16762
365	72.88	88.14	94.92	96.61	10749.82	4268.13	17	25556	11694
419	2.56	23.08	82.05	97.44	5656.12	2571.62	204	16983	6943
423	81.25	93.75	93.75	93.75	12499.01	4545.75	15	26696	17076
528	48.39	96.77	100.0	100.0	9220.48	2519.64	1694	17668	8948
550	94.55	100.0	100.0	100.0	13841.25	3078.23	291	21982	17134

Study details

N = 42 seniors over 65 (HU, ES) Enrolled since January 2017 for at least 6 months

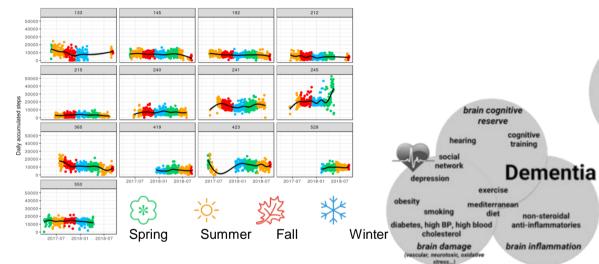


Via a Wearable & Risk Assessment



race &







diabetes

aenetic

race &

ethnicity

high BP

physical

inactivity

fat or body

high blood

cholesterol

Study details

N = 42 seniors over 65 (HU, ES)

Enrolled since January 2017 for at least 6 months

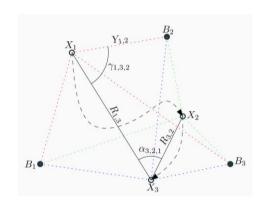
Currently: multivariable logistic regression models for IPAQ (PRO) vs. wearable dataset (TechRO)

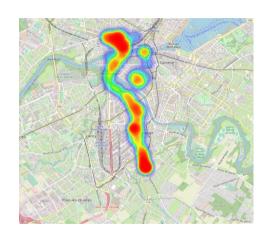


To Phone-Based Mobility









Study details

N = 191 participants, 6-12 months (CH)

Entropy-based recognition of (new) significant places within a week of data logging (no GPS)



Physical Health:

Sleep



From a Wearable...





Q: How do you sleep? What influences your sleep?



Alcohol
I dream more when I
have alcohol



Light My husband watched TV



Pregnancy



Stress

<u>၀</u>္၀ ၂_{႐ို}္တဲ့ Famil

Not Own Bed





Temperature
Hard to sleep when the room is too hot



Noise Get used to the noise from the street



Not Discussed
Going to bed when not sleepy (all tired)
Late food / parties
Late caffeine



No Control



Time to Bed



Pets

Study details

N = 6 working mothers (DK) Up to 6 months each

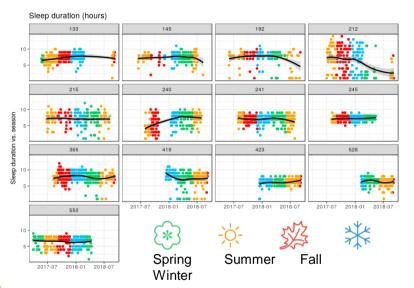
User Hours of sleep		User	Hours of sleep		
ID	Weekday	Weekend	ID	Weekday	Weekend
2	5.5 +/- 13 min.	6 +/- 20 min.	5	6 +/- 18 min.	8.25 +/- 15 min.
3	7 +/- 17 min.	7.3 +/- 23 min.	7	7 +/- 15 min.	8 +/- 15 min.
4	8 +/- 10 min.	6.25 +/- 30 min.	10	6 +/- 10 min.	5.75 +/- 10 min.



Via a Wearable & Risk Assessment







	Sleep statistics					
UserID	Sleep duration (hours)					
	Mean	Standard deviation	Min	Max		
133	7.26	1.20	1.0	10.0		
145	7.47	1.30	2.0	11.0		
192	7.45	2.18	1.0	11.0		
212	6.23	3.77	1.0	14.0		
215	7.11	2.09	1.0	12.0		
240	6.81	2.18	1.0	10.0		
241	6.94	1.26	1.0	9.0		
245	7.24	0.66	5.0	9.0		
365	7.76	1.53	1.0	12.0		
419	7.37	2.06	1.0	11.0		
423	6.16	0.94	1.0	8.0		
528	6.38	1.17	1.0	9.0		
550	6.47	1.38	1.0	9.0		

Study details

N = 75 seniors over 65 (HU, ES)

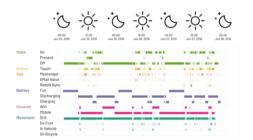
Enrolled since January 2017 for at least 6 months

Currently: multivariable logistic regression models for PSQI (PRO) vs. wearable dataset (TechRO)



...Back to Phone (ON-OFF 'Sensor')

mQoL Log



User ID	Sleep duration	Phone ON-OFF	Remark
	BASIS watch [avg±std]	Estimate [avg±std] * significantly diff	
2 (mothers)	393 +/- 10 min.	418 +/- 14 min.	
3	402 +/- 15 min.	507 +/- 16 min.*	Over
4	455 +/- 13 min.	377 +/- 34 min.*	Under
5	446 +/- 15 min.	444 +/- 25 min.	
11 (students)	429 +/- 15 min.	481 +/- 23 min.*	Over
12	473 +/- 16 min.	478 +/- 25 min.	
13	377 +/- 22 min.	377 +/- 24 min.	
14	450 +/- 15 min.	454 +/- 35 min.	
15	482 +/- 14 min.	459 +/- 24 min.	
16	478 +/- 16 min.	446 +/- 36 min.	
17	409 +/- 19 min.	378 +/- 45 min.*	Under
18	417 +/- 24 min.	374 +/- 16 min.	
19	462 +/- 16 min.	346 +/- 25 min.*	Under
20	452 +/- 29 min.	426 +/- 39 min.*	Under

Study details



N = 14: working mothers (S2-S5) and students (S11-S20), up to 6 months each (DK)







Psychological:

Negative Feelings, Stress

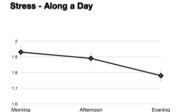


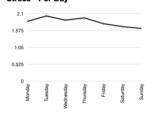
Phone Use

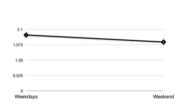












Stress - Weekdays or Weekend



F-measure evaluation

1,00

0,60

0,60

0,60

0,60

5-disses- AVG

5-disses- Global

3-disses- AVG

3-disses- Global

'Scroll' and 'Swipe' Features Ranks (Information Gain)

Rank	'Scroll' Features	'Swipe' Features
1	Average Size	Average Size
2	Time length	Mean distance top-left
3	Average pressure	Swipe interaction length
4	Scroll delta speed	Average touch pressure
5	Linearity as sum every point	

Most Significant Features for the Classification

Rank	five-class problem	three-class problem
1	'Casual' Influence	'Word' Influence
2	'Casual' Timing Influence	Score sum activity
3	'Puzzle' Influence	'Music & Audio' Timing Influence
4	'Word' Influence	'Word' Timing Influence
5	'Word' Timing Influence	'Music & Audio' Influence

Study details

N = 38 participants, 1 month (CH)



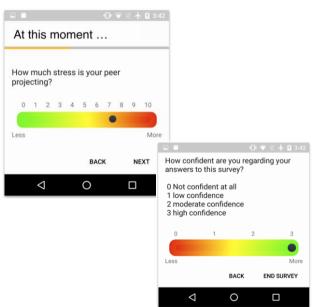
Social Relationships:

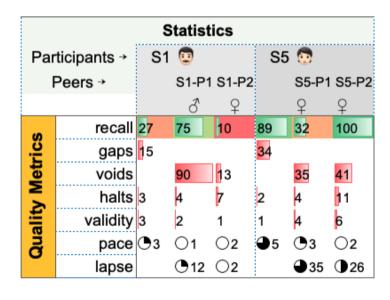
Personal Relationships as 'Sensors'

Phone Self-Reports: EMA & Peer-M











Berrocal, A., Concepcion, W., De Dominicis, S., Wac, K. (2019), Complementing Human Behavior Assessment By Leveraging Personal Ubiquitous Devices and Social Links: Evaluation of the PeerMA Method, JMIR mhealth and uhealth (forthcoming)

Berrocal, A., Wac, K., (2018). Peer-vasive Computing: Leveraging Peers to Enhance the Accuracy of Self-Reports in Mobile Human Studies, Mobile Human Contributions: Workshop in conjunction with ACM UBICOMP, Singapore,

Human Factors:

What about the Individual?



Human Factors

'I just want my life back' (S111)



What is your current experience of Quality of Life?



What applications do you use, that support your Quality of Life?





Human Factors

Q: Do you use technologies (smartphone/wearable) for your own health/care?

I don't!

I don't mix my smartphone with my health [visibly angry] It's all in here [indicating own head] I do not want a phone reminds me about my disease I have got a [fitbit as a] gift and I dropped it

I would...

Privacy is an issue It's complicated, I don't know how to use it, I am not a techie It's inaccurate: I have compared [fitbit] to my husband's Garmin and I was disappointed" [and have dropped it]

Study details

N = 200 participants (US) Affinity clustering of significant factors



Interface design

Too complex! Passwords Notifications



No sync Malfunctioning Internet is touchy



Battery

Too short Carry 2 batteries Walked for free!



Social Sharing

have enough people judging me offline Doctor won't trust it



Accuracy

Not a medical accuracy Accurate enough to recognize my efforts



Emotions

Keeps me entertained I hate it when gained weight I get addicted



Wearables: Too Costly!

Self-Efficacy

I like to see my progress I try harder I can always walk tomorrow



Routines

For me when I need it Non-routine events most critical





Wac, K., Rivas, H., & Fiordelli, M. (2016). Use and misuse of mobile health information technologies for health self-management. Annals of Behavioral Medicine, 50 (Supplement 1).

Cost

Back to

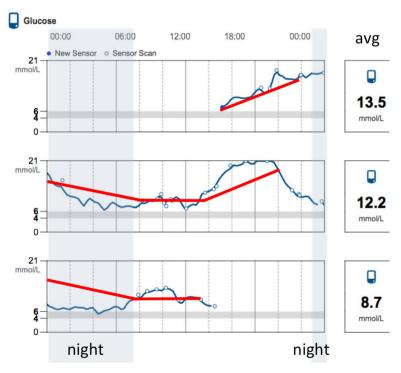
The Big Picture



What about my Mom?



Freestyle Libre



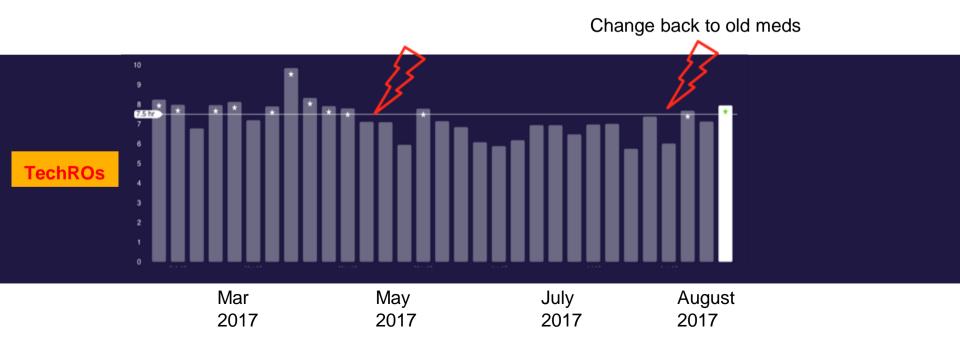
Red: infrequent finger pricks, 3 / day

What about my Mom?

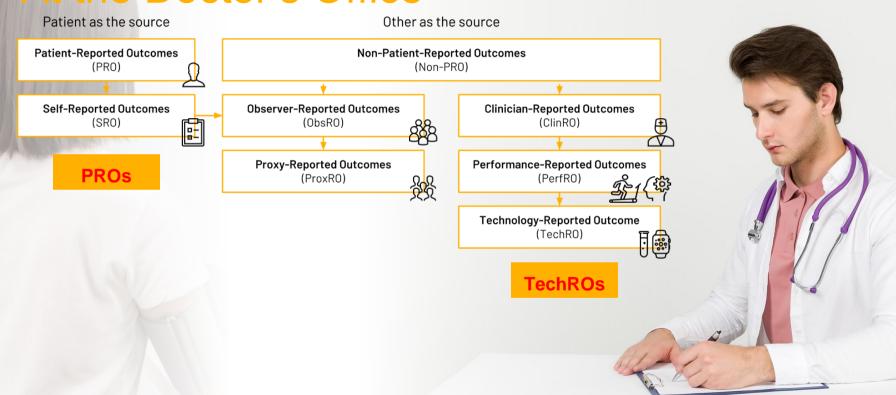
PROs

New medication → worse sleep...





At the Doctor's Office



How Can Our Research Help Others?

- Human factors & behaviour change
 - "I just want my life back" (S111)
 - effectiveness of feedback
- Data quality, accuracy, reliability
 - Meaningful data analysis
 - Safety & Quality of care
 - → Fyidence
- Data privacy, security
 - Trust in service providers
 - Data ownership



→ EPR integration

Opportunities

- Meaningful, actionable, high resolution (if needed) knowledge From routine check-up,
- prevention to treatment decisions, medication change, and treatment follow-up
- Future: better (self-) care and long-term QoL

Current Research

Can it Work?

Yes.







Quality of Life Technologies Lab qualityoflifetechnologies.org





Thank You





Prof. Katarzyna Wac and the QoL Team



Human-Centered Computing, University of Copenhagen, Denmark Quality of Life, Center for Informatics, University of Geneva, Switzerland

wac@di.ku.dk & katarzyna.wac@unige.ch

Images: unsplash.com and icons8.com





















