

Individual Differences in Educational Engagement with a Digital Health Solution

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Background

- ❖ Diabetes self-management education and support (DSMES) is an effective and cost-effective strategy to improve patient behavior and outcomes (Chatterjee et al., 2018)
- ❖ However, patient access to and completion of DSMES programs remains challenging
- ❖ The growth in mobile devices offers new opportunities to widely reach patients with DSMES with digital health platforms (Greenwood et al. 2017)
- ❖ Understanding engagement patterns with DSMES resources on such platforms could provide insights that guide targeted support and outreach

Research Question

- ❖ Thus, our research aimed to answer the following question:

What individual characteristics are associated with greater likelihood of engaging with diabetes education material within a digital health platform?

Methods

Sample and Data

- ❖ Data from 1,185 T2D users of a digital health solution who engaged with its education feature

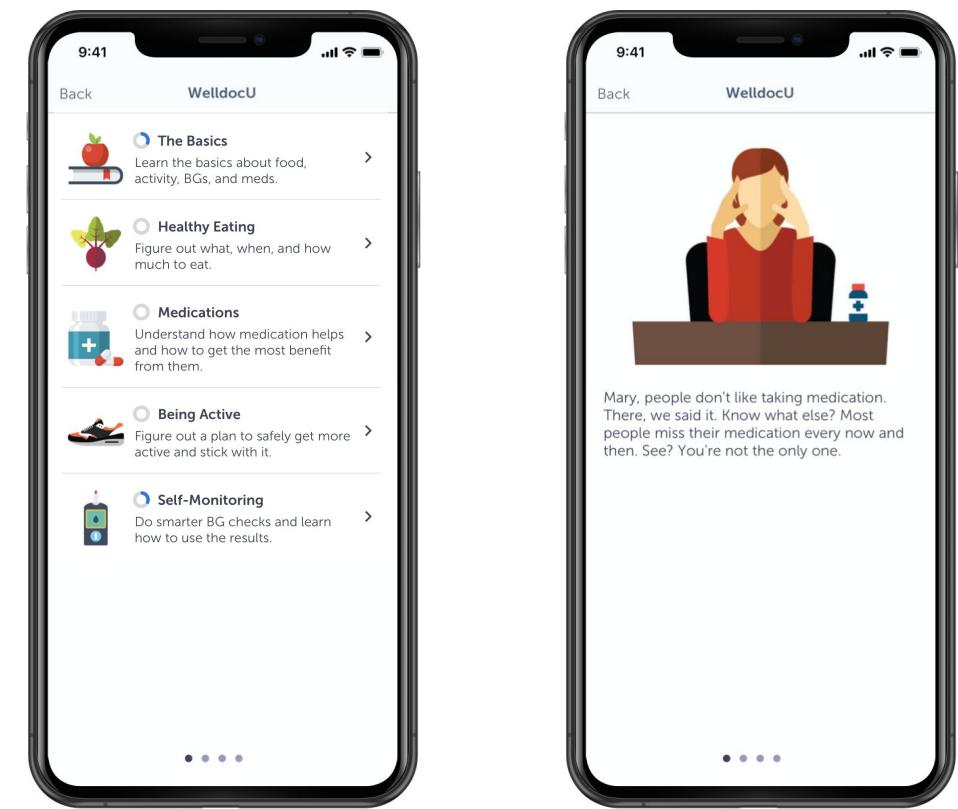


Figure 1. Screenshots of digital health solution.

ADCES21
DIABETES CARE / EDUCATION / TECHNOLOGY

Methods Cont'd

Digital Health Solution

- ❖ Retrospective data on users of an FDA-cleared digital platform for managing diabetes (BlueStar®, Welldoc Inc., Columbia, MD)
- ❖ This digital health solution is a primarily mobile platform that facilitates self-monitoring of diabetes management and provides automated coaching (Quinn et al., 2008, 2011; Dugas et al., 2020)

DSMES Content

- ❖ Educational material jointly digitized by ADCES and Welldoc Inc., and organized to address the ADCES7™ Self-Care Behaviors
- ❖ Includes short courses covering topics related to the **8 core activities** in diabetes management (medication, eating, problem solving, etc.) and tailored to a treatment plan
- ❖ **Each course consists of multiple lessons**, and the digital health solution records when users begin and finish each course and their corresponding lessons

Analysis

- ❖ We perform logistic regression to explore characteristics associated with completing at least one course (since courses are not mandatory)

Results

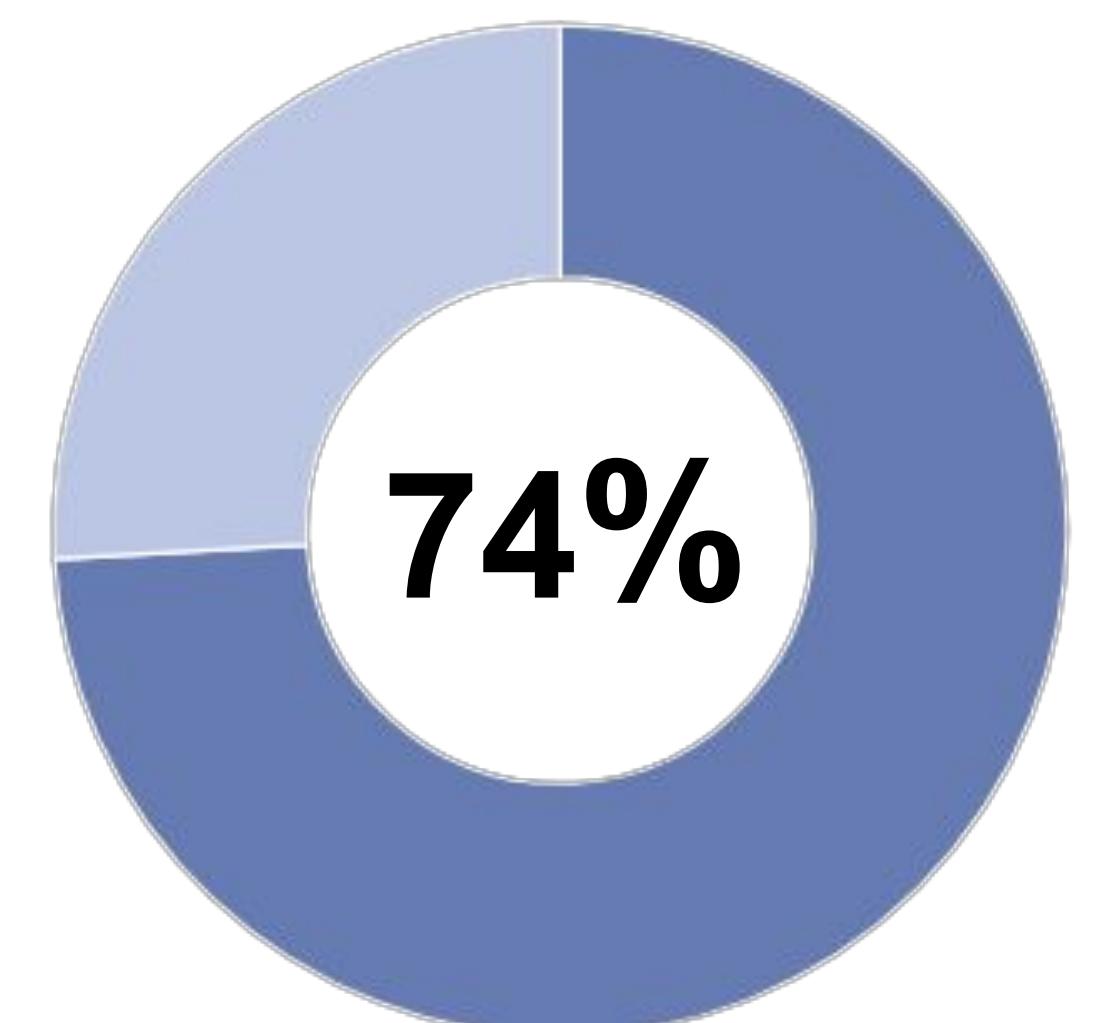


Figure 2. Percent of sample who complete at least one lesson.

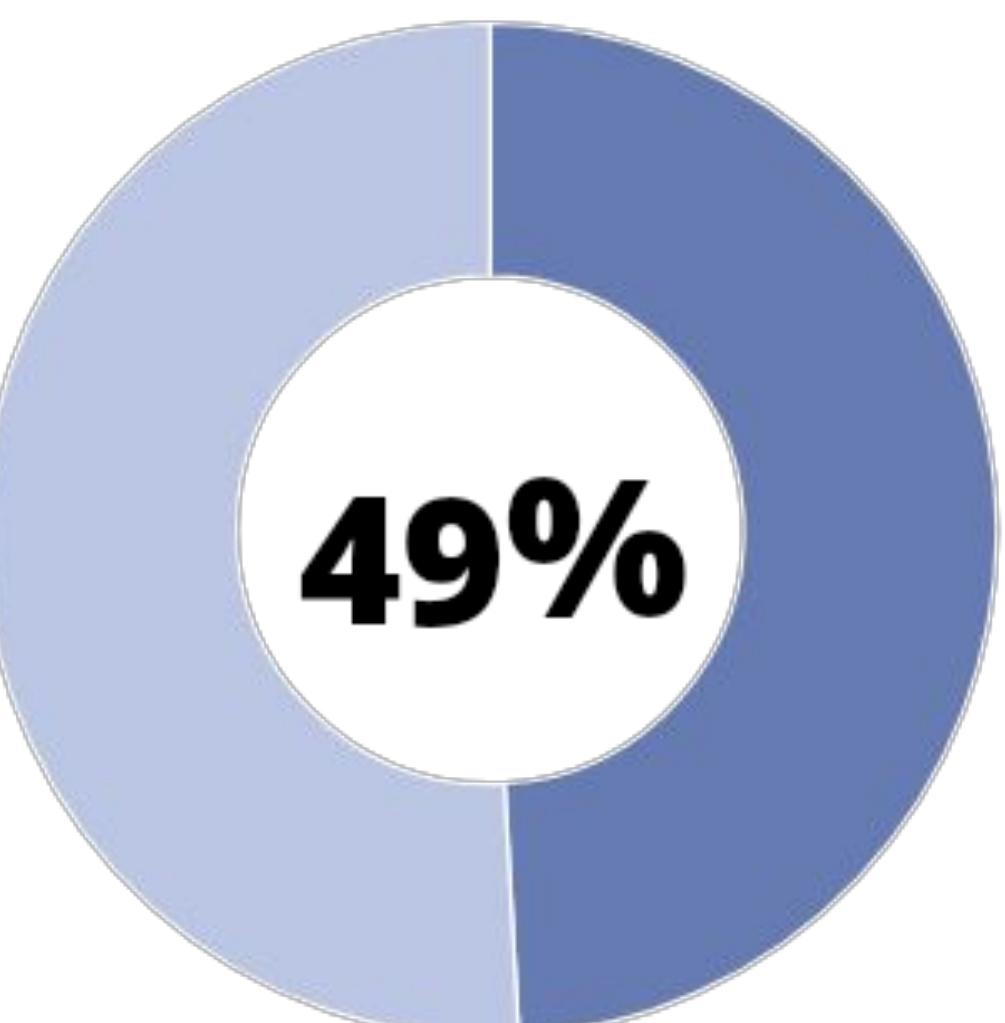
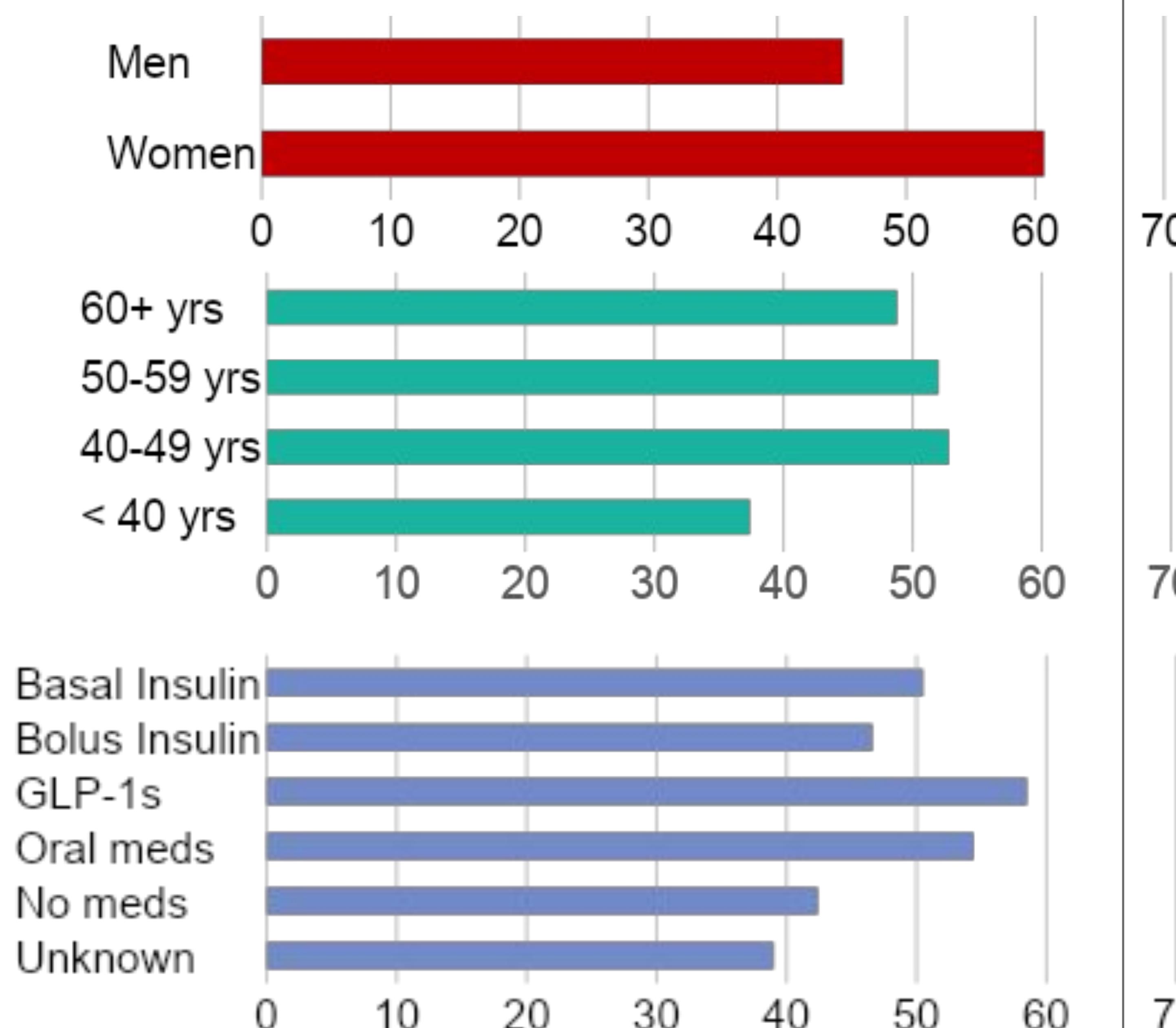


Figure 3. Percent of sample who complete at least one course.

Logistic regression revealed the following users were more likely to complete at least one course:

- ❖ **Women** compared with men ($b = 0.35, p < .001$)
- ❖ **Older users** compared with those under 40 years of age, (multiple $b > 0.46, p < .05$).
- ❖ Those prescribed **oral medications** ($b = 0.47, p = .02$) and **GLP-1s** ($b = 0.57, p = .03$) compared with those with no medication

Fig 4. Proportion of Users who Completed At Least One Course by Demographics



Conclusion

- ❖ Digital health platforms may be a useful and scalable medium for delivering individualized DSMES
- ❖ Future research is focused on tailoring education content based on demographics, engagement patterns, and treatment plans as well as correlating education behaviors with outcomes