

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

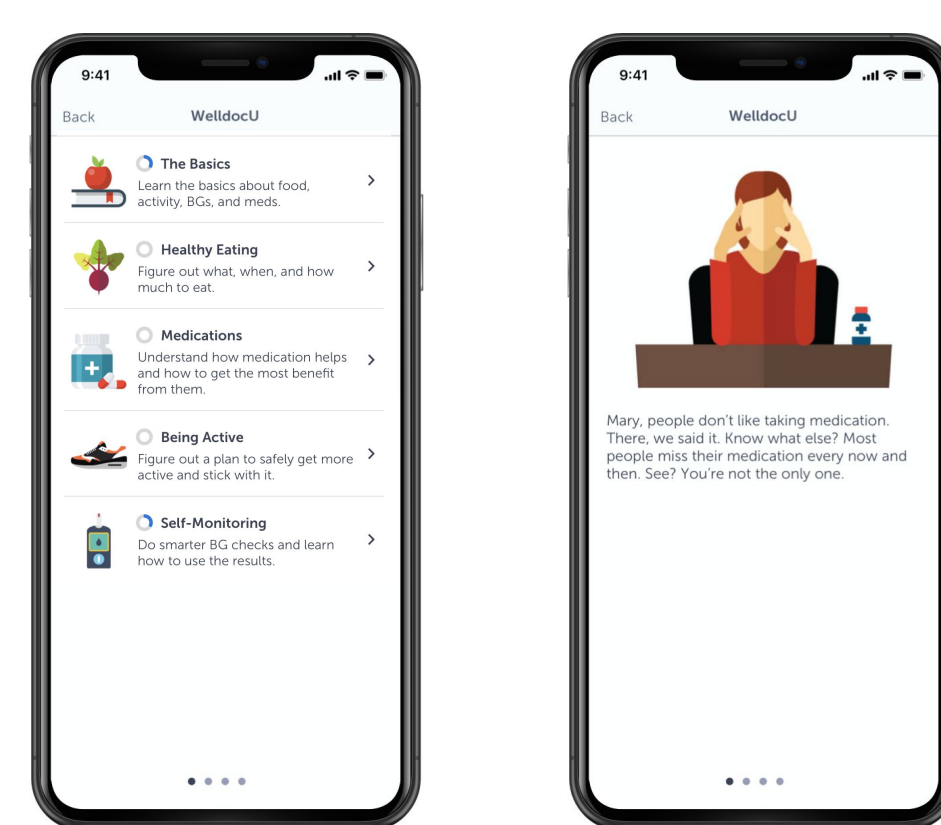


Figure 1. Screenshots of digital health solution.

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

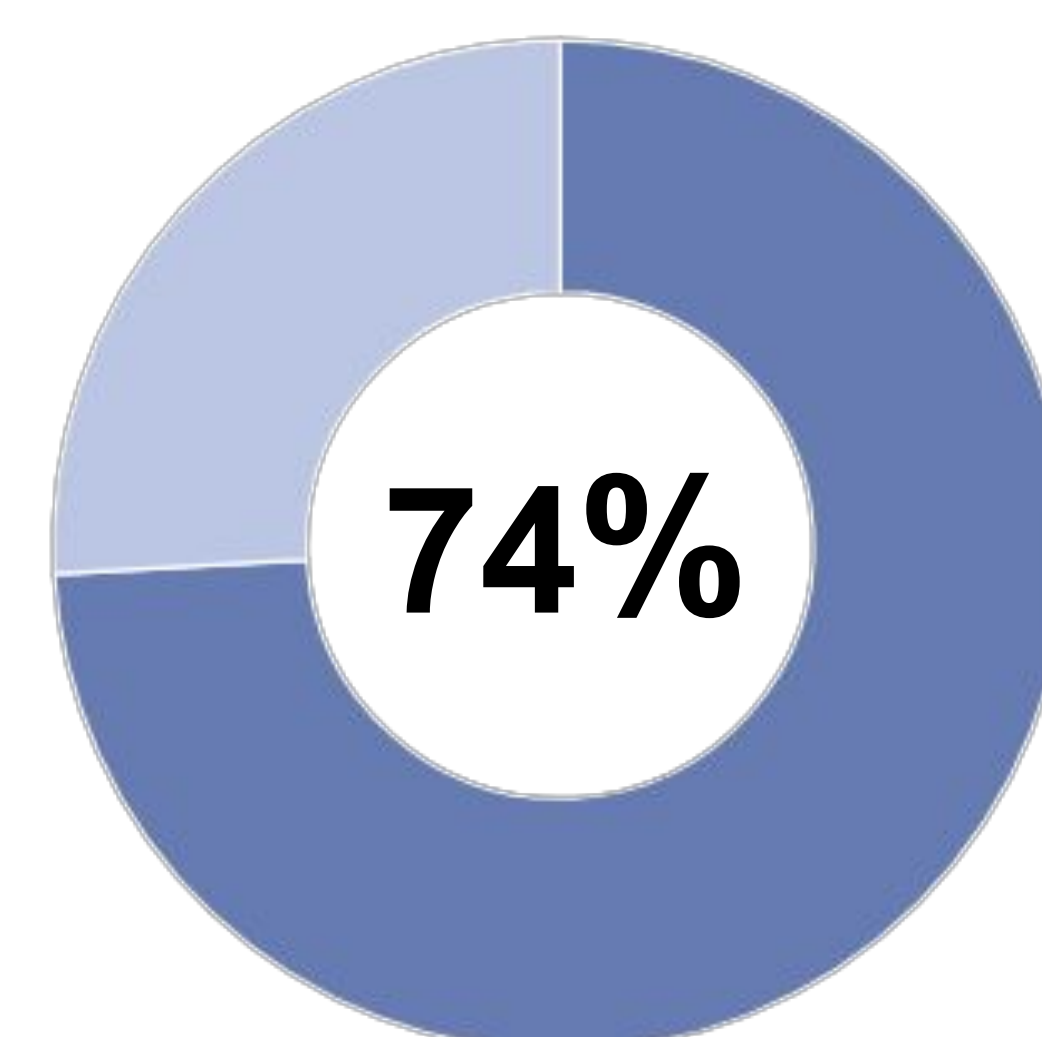


Figure 2. Percent of sample who complete at least one **lesson**.

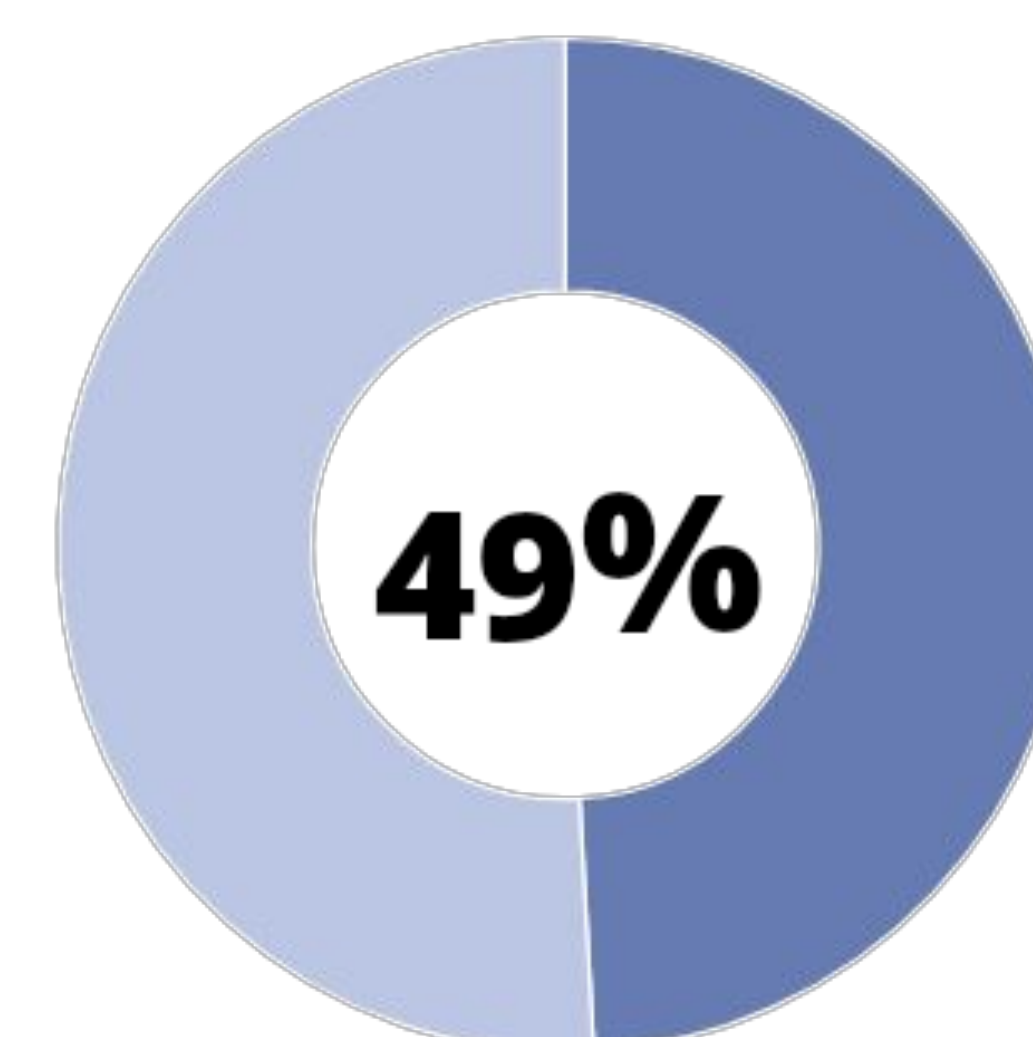
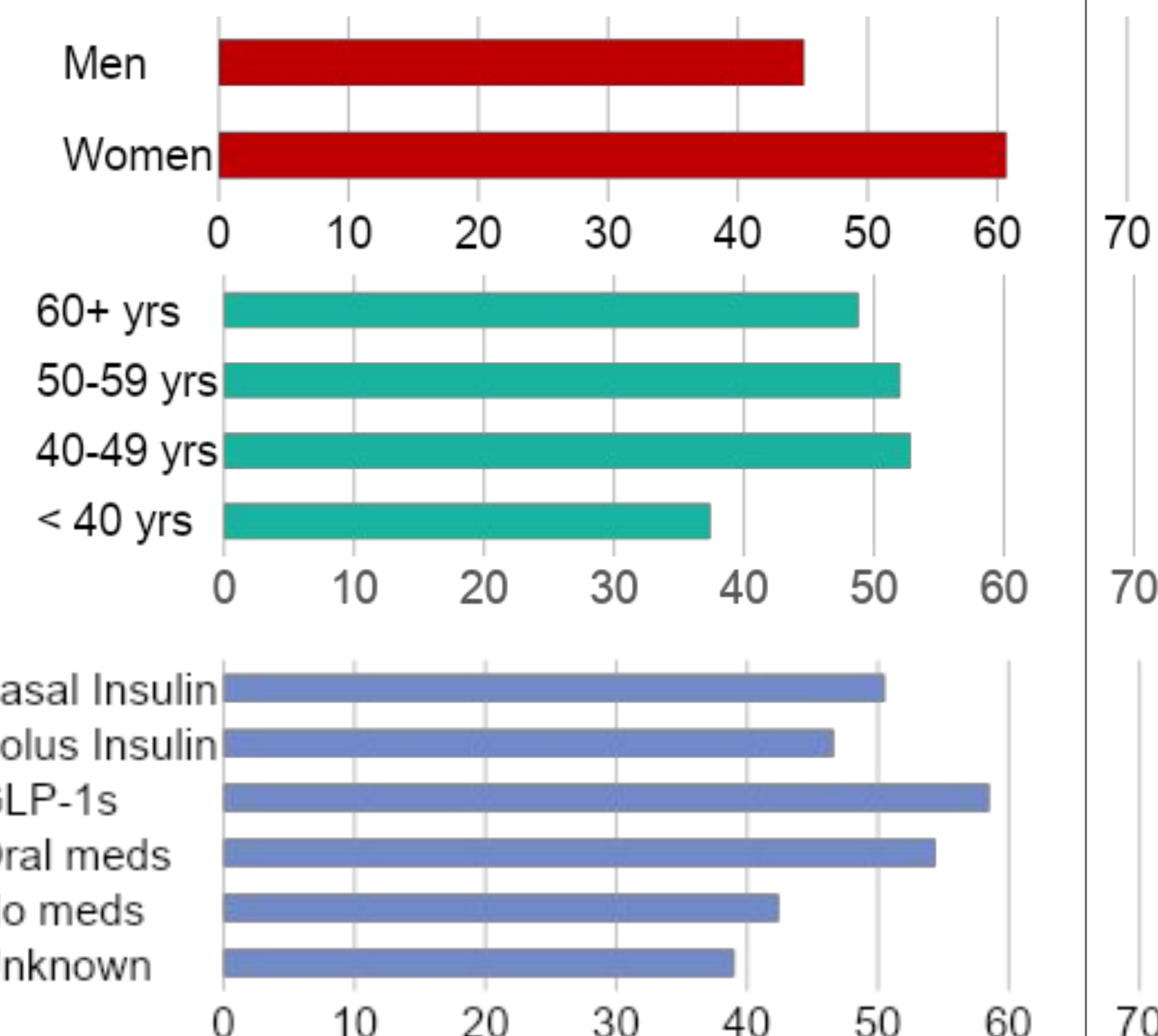


Figure 3. Percent of sample who complete at least one **course**.

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