

Co-Designing Food Trackers with Dietitians: Identifying Design Opportunities for Food Tracker Customization

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What do people track about their food?





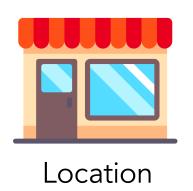
Snacks





Nutrition facts (e.g., protein)









[Grimes & Harper, 2008]

Health providers: the values of food tracking data

- Assess nutrient intake
- Perform diagnosis
- Provide treatment



[Gubney, 1997; Ma et al., 2003; Matthys, 2007]

Patients: tracking needs vary by health conditions



(Chung et al., 2015)

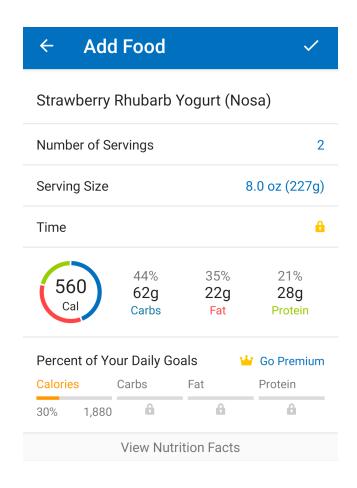


Obesity² (Ma et al., 2002)

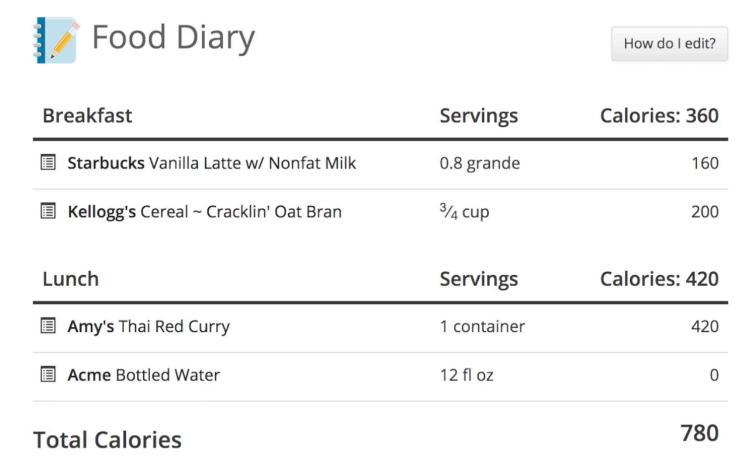


Eating disorder³ (Eikey et al., 2016)

The design of mainstream food tracking apps



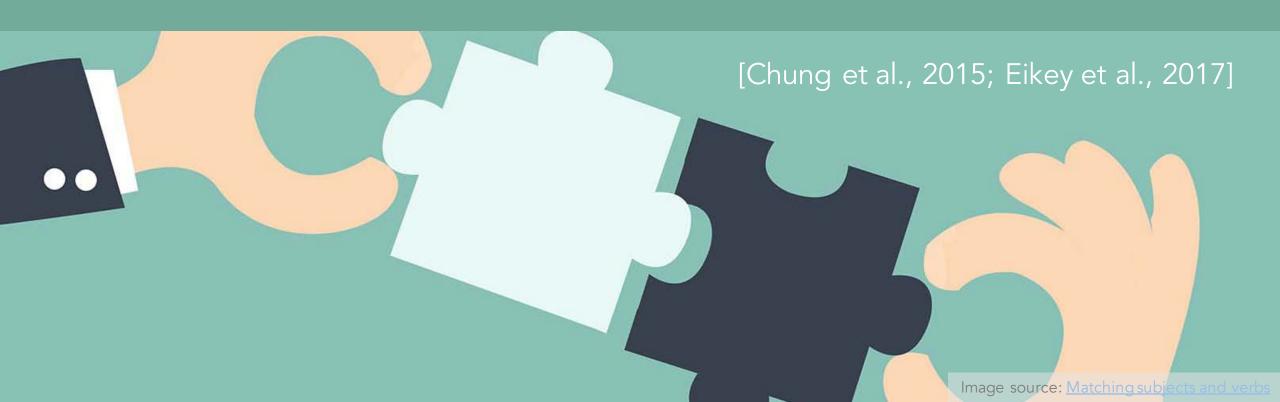
MyFitnessPal



My Food diary

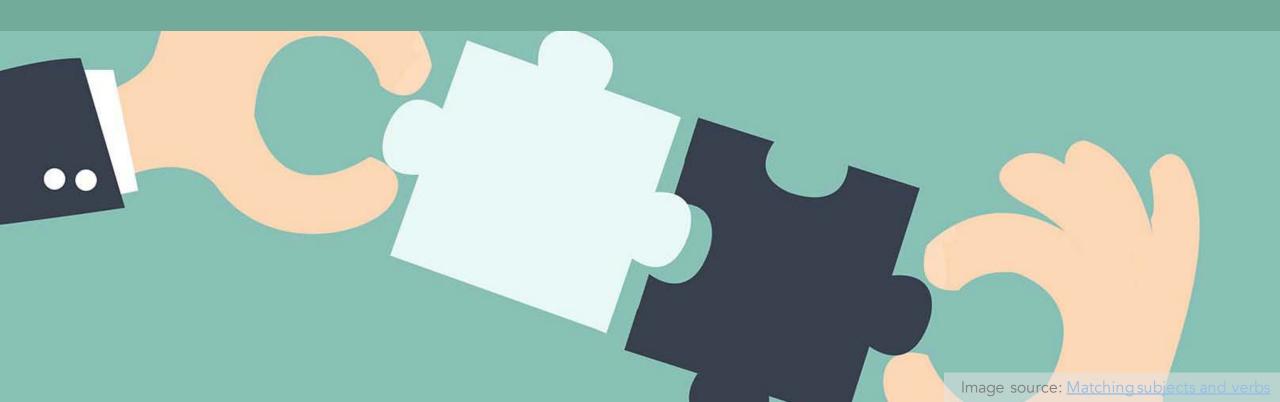
The mismatch between current tracker design & individuals' tracking needs:

- Impeding the effective use of patients' data
- Unintended consequences (e.g., over-restricting)



The opportunity:

Designing customizable tracking tools to support diverse tracking needs & provider-patient collaboration



Research Questions

RQ1. What do patients with dietary problems need to track to facilitate working with dietitians? (Tracking needs)

RQ2. How to customize food trackers to support patients with various dietary problems? (Tailoring tracker design)

Co-design sessions: participants

Six **one-on-one** co-design sessions with six registered dietitians (female, age range: 27 to 68) who employ food diaries in their practices.

ID	Age	Practice years	Work environment	Expertise
P1	68	30	Private practice	WM, ED, diabetes, GI
P2	34	11	Medical center & private practice	WM, ED
P3	27	2	Eating disorder treatment center & private practice	WM, ED, GI
P4	43	20	Private practice & corporate wellness	WM, ED, diabetes, nutrition during pregnancy, digestive issues
P5	34	9	Eating disorder treatment center	ED, diabetes
P6	60	30	Private practice	WM, GI, ED, diabetes, pregnancy, rehabilitative, autoimmune, cardiac issues

WM = weight management, ED = eating disorder, GI = gastrointestinal distress

Co-design sessions: participants

ID	Experience with existing food diaries
P1	MyFitnessPal, Fitbit, paper-based diary
P2	Recovery record
P3	Recovery Record, Healthie, email, paper- based diary
P4	MyFitnessPal, Cronometer, Lose It!, spreadsheet
P5	Recovery Record, 24-hour food recall
P6	Lose It!, 24-hour food recall, paper-based diary







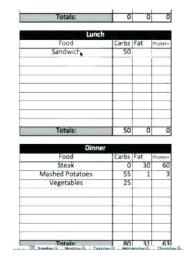














Co-design sessions: procedures

Pre-study Questionnaire

Basic demographics & practice experience

Pre-design activity

- **Patient** persona creation
- Describe practice workflow

Co-design activity

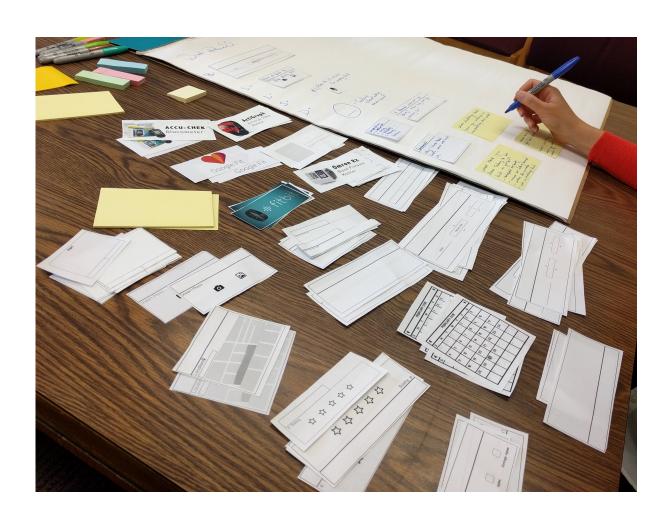
- Tracker design for patient personas with design widgets
- Thinking-aloud and explain design rationale

De-briefing interview

- Reflection on tracker design
- Discussion on using & sharing the collected data

13

Design widgets: data formats used in self-tracking tools

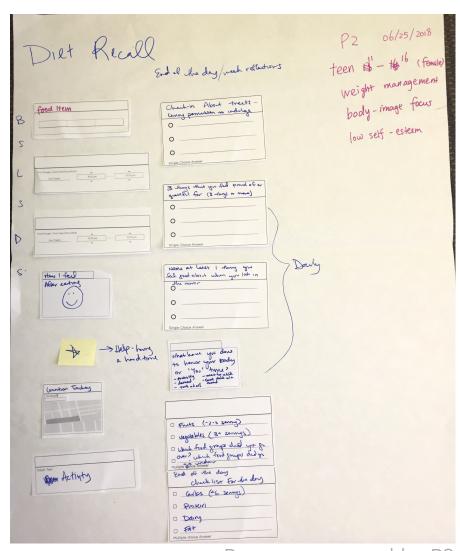


- Text
- Image
- Audio input
- Numeric
- Date
- Time
- Location
- Button
- Multiple choices
- Checklist
- Likert scale
- External sources (e.g., Fitbit)
- Blank widgets

[Kim et al., 2017]

Data analysis

- 12 patient personas
- 12 paper-based prototypes
 - Digitizing the prototypes using sketch app
 - Extracting tracking items, tracking frequency
 & timings, data format
- Audio recordings of the co-design sessions (70 – 90 minutes / session)
 - Transcribing into text
 - Generating prominent themes (e.g., design rationale) using opening coding & affinity diagram (Preece et al., 2015)



Prototype created by P2

Findings Highlights

Patient personas



D = diabetes

WM = weight management

ED = eating disorder

GI = gastrointestinal distress

Patient persona examples



20

female

Symptoms

- Anorexia Nervosa
- Over-restrict diet
- Over-exercise

Goals

- Increase calorie intake
- Increase food variety

ED-3 (P5)

Symptoms

- Bulimia Nervosa
- Weight gaining
- Prediabetes
- Fatty liver

Goals

 Decrease calorie intake



Symptoms

- In good health
- Over weight

Goals

Lose weight

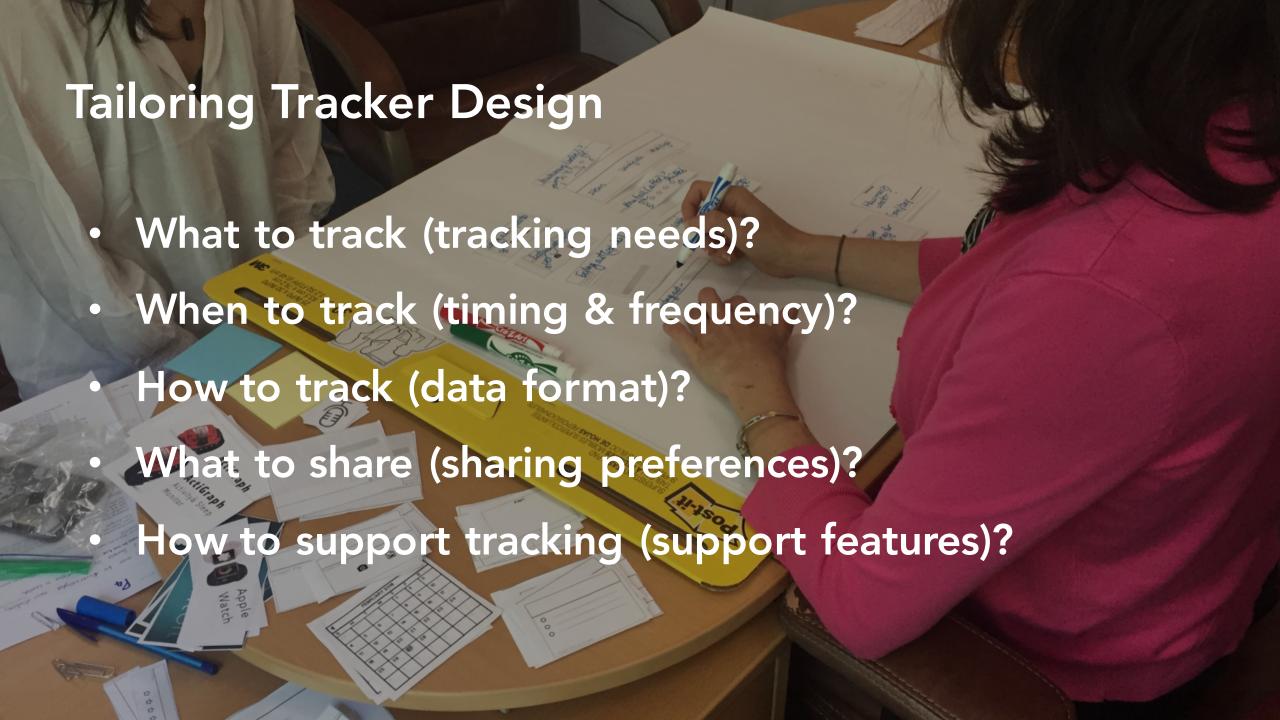
- Decrease calorie
- Drink enough water

45 • Increase protein intake

ED = eating disorder WM = weight management

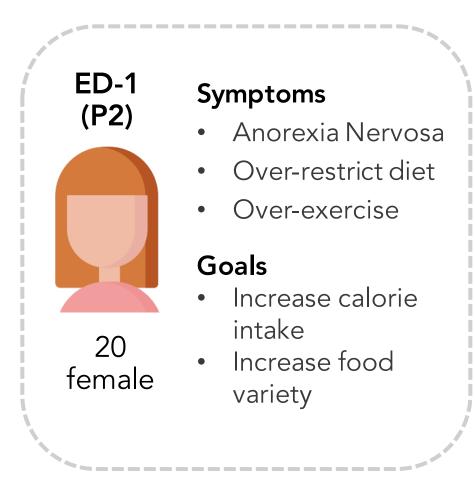
50

female





ED-1: what to track?



Tracking needs	Tracking items
Food	Food items, meal type, time
Reflection	Body image, things to be proud of, self-care behavior, challenge food, emotion on food
Symptoms	ED-behavior
Activity	Exercise and duration
Physical status	N/A

ED-1: how to track?

ED-1 (P2)



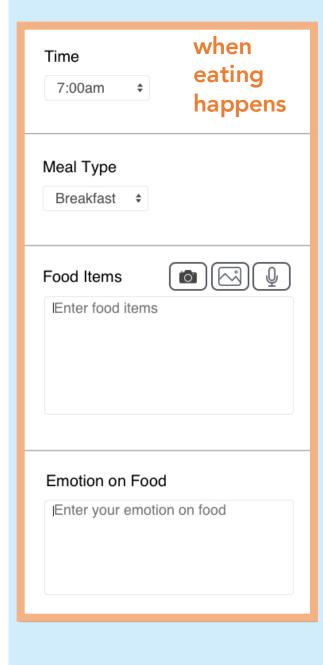
20 female

Symptoms

- Anorexia
 Nervosa
- Over-restrict diet
- Over-exercise

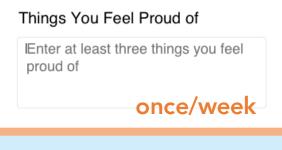
Goals

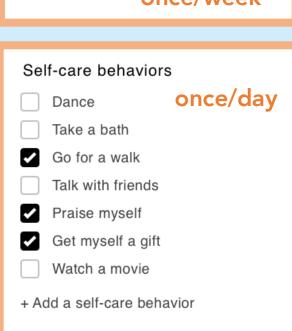
- Increase calorie intake
- Increase food variety



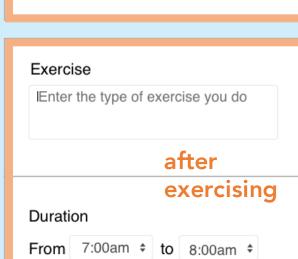
Body Image once/week Enter at least one thing you feel good about when you look in the mirror



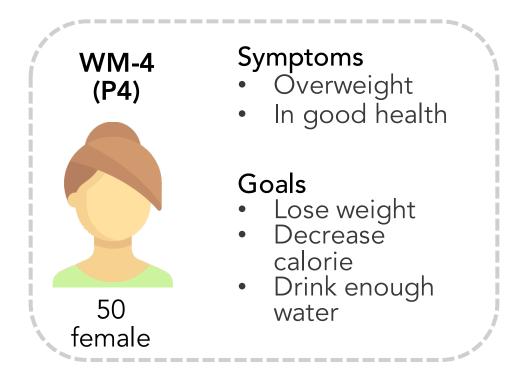






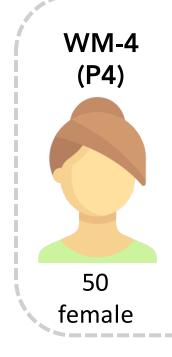


WM-4: what to track?



Tracking needs	Tracking items
Food	Food items, meal type, time, nutrition facts, portion size, location, water
Reflection	Hunger/fullness level, eating strategy
Symptoms	N/A
Activity	N/A
Physical status	N/A

WM-4: how to track?

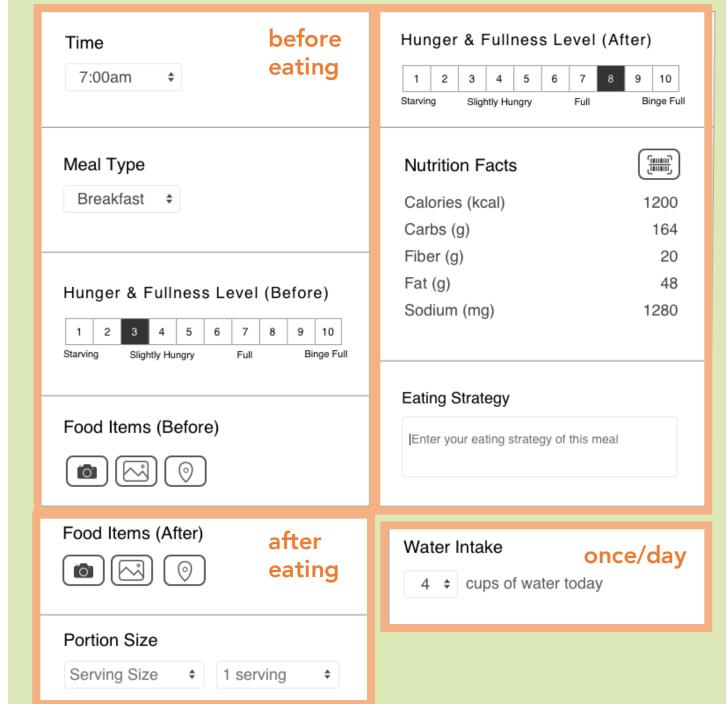


Symptoms

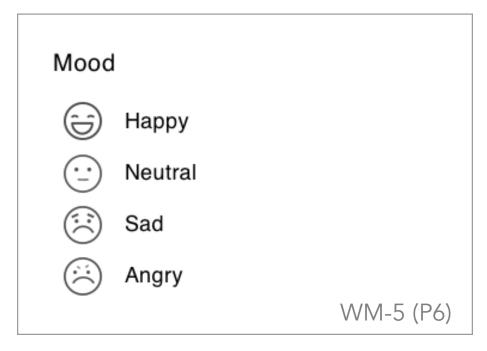
- Overweight
- In good health

Goals

- Lose weight
- Decrease calorie
- Drink enough water



Tracking the same item using different format

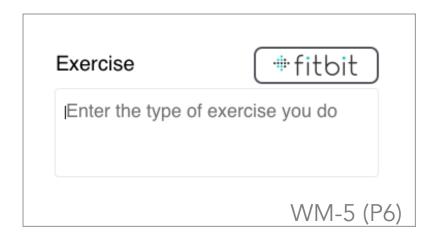


"A smiley face makes it simple and straightforward." (P6)

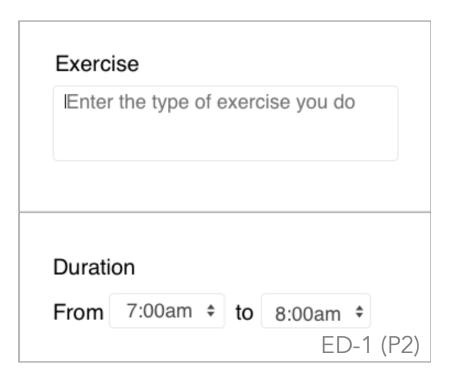


Audio-recording may afford patients to record frank thoughts without feeling "shame about the things they logged". (P5)

Tracking the same item using different format



"One thing I can think of it's like Fitbit, because it also tracks your activity intensity." (P6)



"I very much against my clients with eating disorder having any kind of tracking device because it just it's too easy to become obsessed with it." (P2)

What to share (sharing preferences)?

Patients' sharing preferences are different depending on

- The sensitivity of the data
- Provider-patient relationship

"They may not want to share the information due to the feeling of shame and fear of judgment." (P5)

Sharing preferences can change during treatment

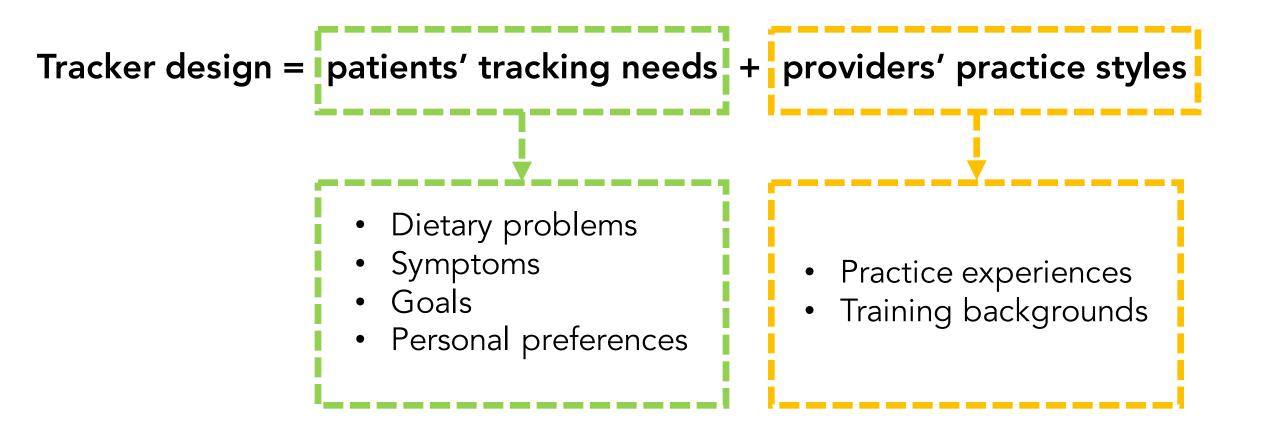
Patients may be "willing to share more with the clinicians as their shame might have decreased throughout the recovery." (P5)





Discussion

Customizing trackers to generate relevant data



Supporting provider-patient collaboration

Tracker design = patients' tracking needs + providers' practice style

Providers: revise tracking items

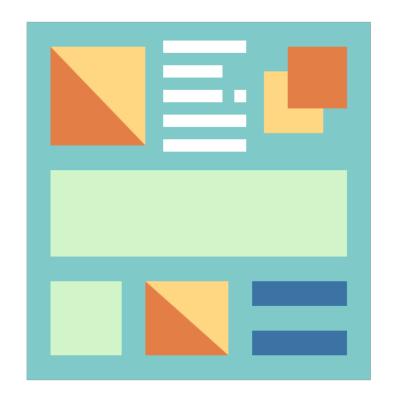


Patients: adjust sharing preferences

Customizing trackers to generate relevant data

Tracker design = patients' tracking needs + providers' practice style

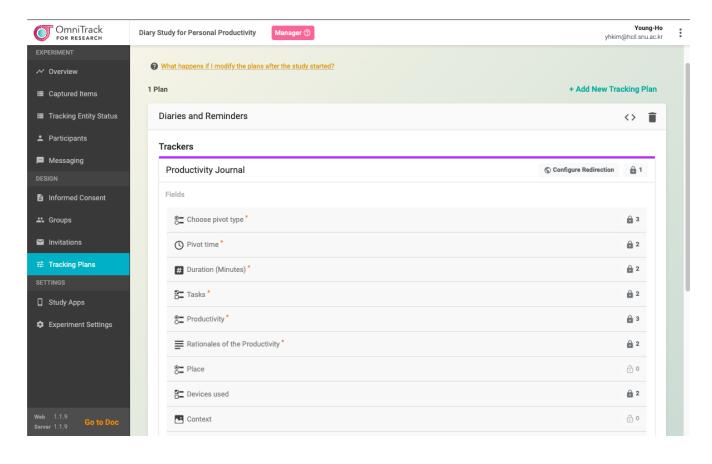
Creating "Tracking Template"

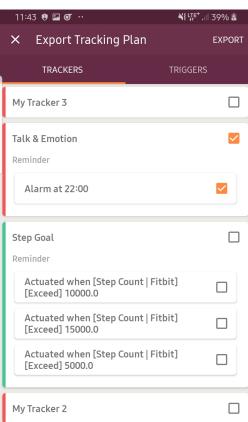


- Sharing with other providers
- Modification & adoption

Customizing trackers to generate relevant data

OmniTrack: a customizable tracking tool





[Kim et al., 2017]

Limitations and future work

Limitation

Patient personas may not perfectly capture patients' lived experiences

Future work

- Involving patients' into the design process
- Field study with providers and patients



Thank you!

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Appendix

Patient Personas

WM = weight management, ED = eating disorder, GI = gastrointestinal distress

ID	Created by	Age	Sex	Symptoms	Goals
D-1	P1	mid-50	М	Weight gaining, prediabetes (AIC = 7)	Not rely on insulin, maintain his job
WM-1	P1	30	F	Weight gaining, in good health	Identify what in her diet caused weight gaining
WM-2	P2	11-16	F	Overweight, body-image focus, low-self esteem, anxiety	Build self-esteem, make food choices she feels good about, increase food variety
WM-3	P4	60	М	Overweight, new diabetes (AIC = 8.5)	Decrease calorie, balance glucose level
WM-4	P4	50	F	Overweight, in good health	Lose weight, decrease calorie, drinking more water
WM-5	P6	45-50	F	Overweight	Get healthier, lose weight
ED-1	P2	20	F	Anorexia Nervosa, over-restricting eating, over- exercise	Increase calorie & food variety
ED-2	P3	22	F	Anorexia Nervosa & Orthorexia tendencies (non-diagnosed)	Regain menstrual cycle, overcome social isolation & preoccupations on food
ED-3	P5	18	F	Other specified feeding or eating disorder (OSFED), Anorexia Nervosa & Orthorexia, severe obsessive compulsive disorder	Increase life quality, overcome social isolation, increase calorie and food variety
ED-4	P5	45	F	Bulimia Nervosa, prediabetes, weight gaining, fatty liver	Decrease calorie, eat more protein
GI-1	P3	mid-40s	F	Gastrointestinal distress (GI), diarrhea, constipation	Identify the food that triggers her GI symptoms
GI-2	P6	45	F	Gastrointestinal distress (GI), sleep problem	Identify the food that triggers her GI symptoms

Tracking Needs

32 unique tracking items → 5 dimensions

Tracking needs	# of items	Examples	
Food	7	Food items, time, location, portion size, meal type, nutrition facts, water	
Reflection	12	Body image, things to be proud of, self-care behaviors, treats, food groups, emotion on food, mood, hunger/fullness level, hunger satisfaction rating, challenge food, thoughts, eating strategy	
Symptoms	4	ED-behavior, GI-symptom, time, severity	
Activity	6	Exercise type, time, duration, location, intensity, sleep	
Physical status	3	Weight, glucose level, blood pressure	

When to track (timing & frequency)?

Tracking needs	Tracking timing & frequency
Food	Before/during/after eating
Reflection	Together with food (e.g., hunger/fullness level), once a day/week (e.g., body image)
Symptoms	Whenever they occur
Activity	Once/twice a day, once a week
Physical status	Once a week

How to track (data format)?

Tracking needs	Data format
Food	Text/audio/photo, drop-down menu, auto-generated time, auto-tracked location, barcode, add button
Reflection	Likert scale, text, checklist, audio, emoji
Symptoms	Text, checklist, auto-generated time, Likert scale
Activity	Text, checklist, external tracker (fitbit), autogenerated time/location, rating
Physical status	External tracker (BP monitor, glucometer), clinical scale

How to support tracking (supporting features)?



Reminder: water/snack intake (D-1, WM-3, WM-4)



Warning: calorie watcher (WM-1)



Positive reinforcement (ED-3, ED-4)

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How to support tracking (supporting features)?



Communication: commenting options for providers (ED-2, GI-1, ED-3, ED-4)



In-situ help: emergency contact (WM-2, ED-1)



External support: coping skills, educational resources (ED-3, ED-4, WM-5, GI-2)