



W H ealth



a window to your future health

Edward Kim, Ph.D. (Co-PI)
James Park, MD MPH MSHP (Co-PI)

Eliza Donne
Jared Krinsky

The Game

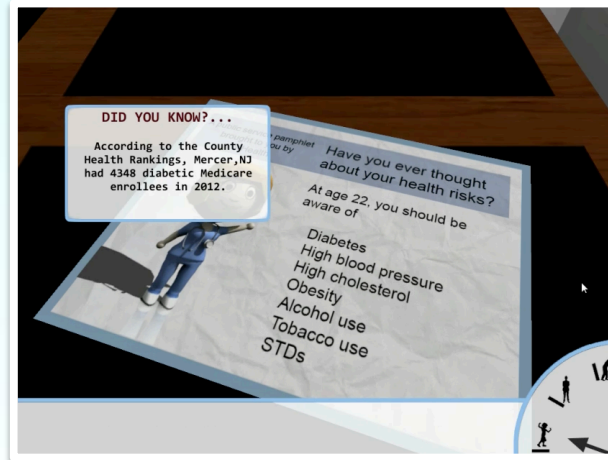
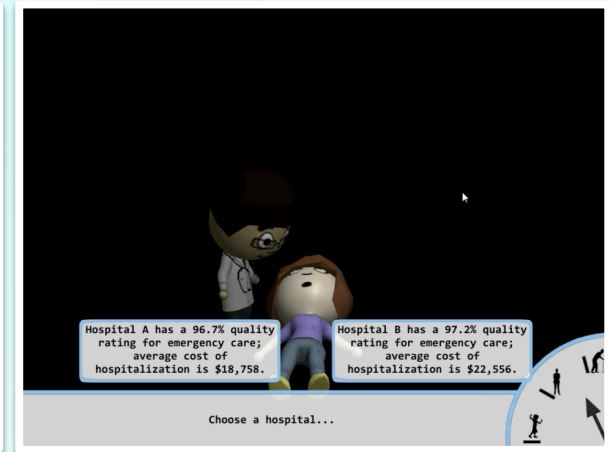
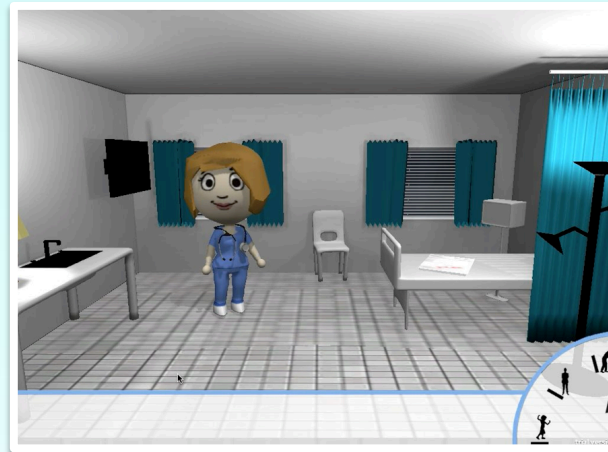
The game play is simple.

You **watch**.

You **think**.

You **decide**.

wHealth is an interactive storytelling application designed for the Health 2.0 developer challenge sponsored by the Robert Wood Johnson foundation: games to generate data challenge. For this project, our plan was to address **two big questions...**



1. How do we **improve** the health of our users?

2. What useful health data do we **collect**?

wHealth Overview

Big Question 1: How do we improve the health of our users?

We need to **engage** users . To engage the player with our application, we used one of the most powerful techniques available to games, interactive storytelling.

We need to **transfer knowledge** and behavior to users. Using virtual avatars allows the health scenarios and decisions to be relatable to the player

transference - the application of knowledge, skills and attitudes acquired during training to the environment in which they are normally used (Muchinsky, 1991)

We need to **minimize future discounting** of health benefits and behaviors. By showing the immediate consequences of unhealthy behavior, we hope to deter the behavior in real life.

future discounting - the desire to enjoy benefits in the present while deferring any negative effects of doing so. (Torgerson, 1999)



Input Data

The game is driven completely **dynamically**.

Everything is controlled by XML including the **environment, movement, actions, questions asked**

Game XML

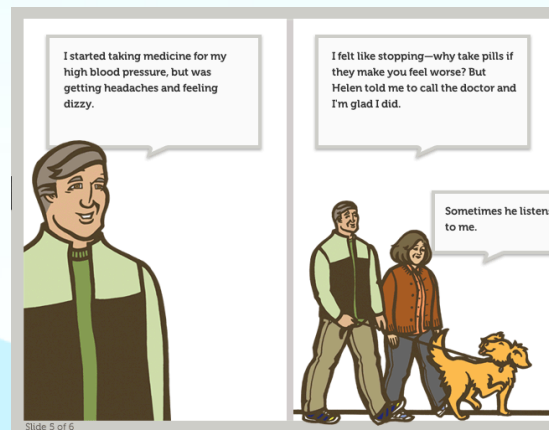
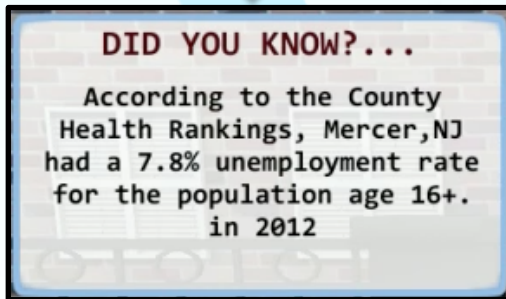
The **County Health**

Rankings for every county in the USA are accessible by our game through XML and MySQL. If you input your county into the game, it will display relevant statistics based upon the story and your location!



```
<question id="1">
  <text>Where was I? Oh yeah... Drink a beer? Eat some pizza? Call up that good looking coworker?</text>
  <qttype>button</qttype>
  <option>
    <xpos>0.33</xpos>
    <ypos>0.73</ypos>
    <bwidth>150</bwidth>
    <text>
      <option>
        <xpos>0.33</xpos>
        <ypos>0.73</ypos>
        <bwidth>150</bwidth>
        <text>Drink Beer</text>
        <plotbranchid>3</plotbranchid>
        <animationplay>0</animationplay>
        <questionid>0</questionid>
        <storedata></storedata>
      </option>
    </option>
    <xpos>0
    <ypos>0
    <bwidth>150</bwidth>
    <text>Call Coworker</text>
    <plotbranchid>1</plotbranchid>
    <animationplay></animationplay>
    <questionid>2</questionid>
    <storedata></storedata>
  </option>
</question>
```

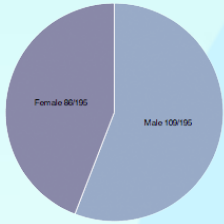
The Wisconsin Health Report (<http://www.wisconsinhealthreports.org/>) stories can be easily integrated into our game platform **without changing a line of actual game code**, just the XML!



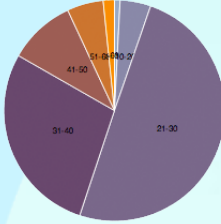
Data Generated

Big Question 2: What useful health data do we collect?

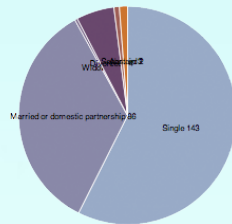
Gender



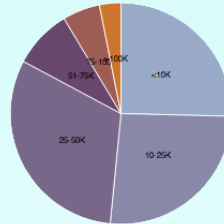
Age



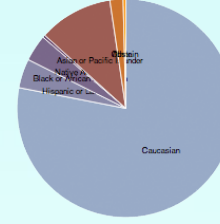
Marital Status



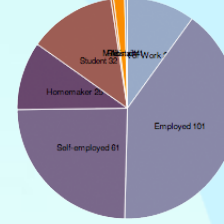
Household Income



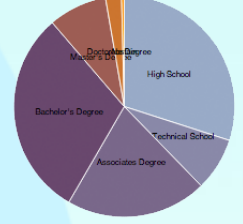
Ethnicity



Employment

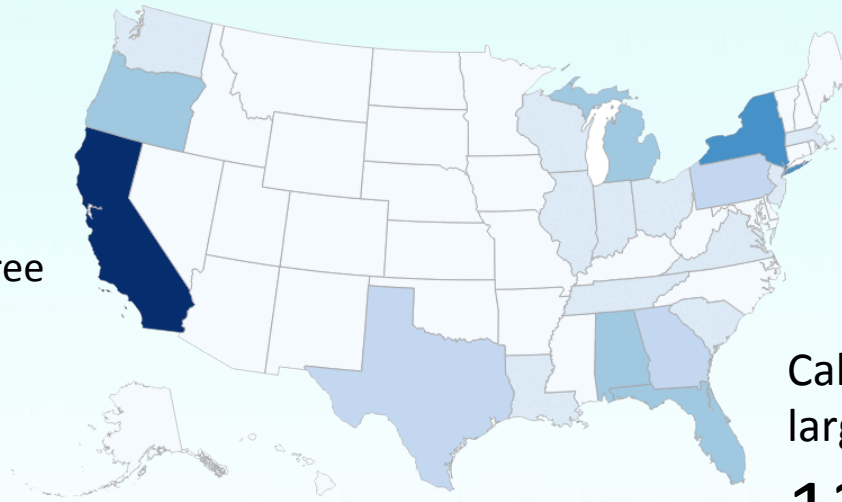


Education



Majority Statistics

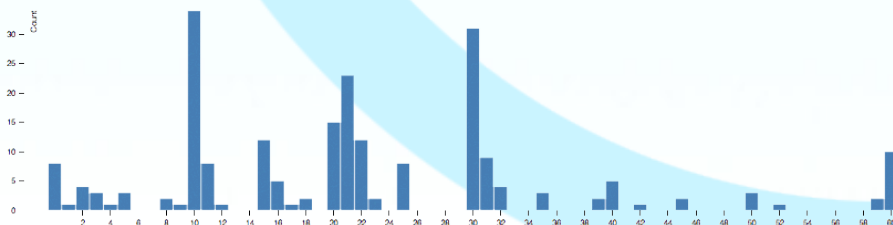
- 55.89% Male
- 46.21% 21-30 yrs old
- 75.37% Caucasian
- 29.54% Bachelor's degree
- 54.16% Single
- 38.25% Employed
- 30.30% 25-50K income



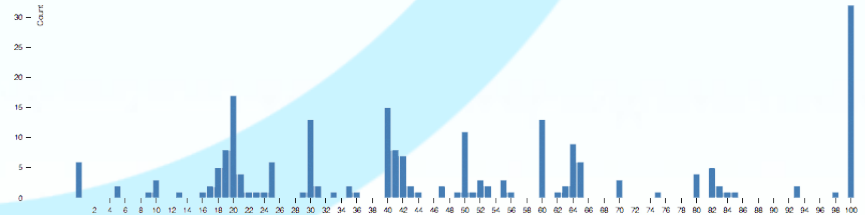
201 unique workers from Amazon Mechanical Turk from the USA. The data was collected in **26** hours.

California had the largest participation at **13.6 %**

Time Travel in Minutes



Cost in Dollars



Data Generated

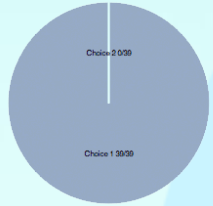
Message Framing* Questions and Answers

*Our use of message framing was primarily integrated after our **feedback** from the 1 on 1 mentoring session

the framing effect- framing effect refers to a phenomenon whereby the choices people make are systematically altered by the language used in the formulation of options.

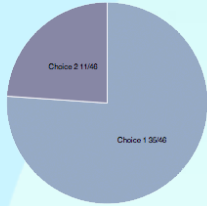
Time A

Choice 1 - Dr. A – completes 90% of recommended care for diabetes, located 10 minutes away, and costs \$10 per visit
Choice 2 - Dr. T – completes 70% of recommended care for diabetes, located 10 minutes away, and costs \$10 per visit



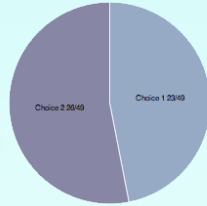
Time B

Choice 1 - Dr. B – completes 90% of recommended care for diabetes, located 30 minutes away, and costs \$25 per visit
Choice 2 - Dr. S – completes 70% of recommended care for diabetes, located 10 minutes away, and costs \$10 per visit



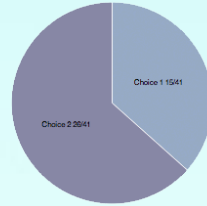
Time C

Choice 1 - Dr. C – completes 90% of recommended care for diabetes, located 60 minutes away, and costs \$10 per visit
Choice 2 - Dr. T – completes 70% of recommended care for diabetes, located 10 minutes away, and costs \$10 per visit



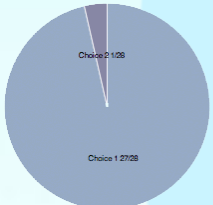
Time D

Choice 1 - Dr. D – completes 90% of recommended care for diabetes, located 90 minutes away, and costs \$10 per visit
Choice 2 - Dr. T – completes 70% of recommended care for diabetes, located 10 minutes away, and costs \$10 per visit



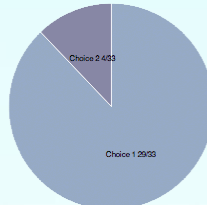
Higher Quality A

Choice 1 - Dr. A – completes 90% of recommended care for diabetes, located 10 minutes away, and costs \$25 per visit
Choice 2 - Dr. T – completes 70% of recommended care for diabetes, located 10 minutes away, and costs \$10 per visit



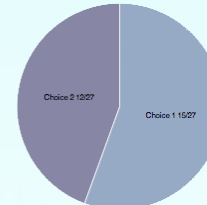
Higher Quality B

Choice 1 - Dr. B – completes 90% of recommended care for diabetes, located 10 minutes away, and costs \$25 per visit
Choice 2 - Dr. T – completes 70% of recommended care for diabetes, located 10 minutes away, and costs \$10 per visit



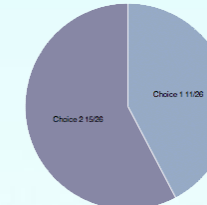
Higher Quality C

Choice 1 - Dr. C – completes 90% of recommended care for diabetes, located 10 minutes away, and costs \$50 per visit
Choice 2 - Dr. T – completes 70% of recommended care for diabetes, located 10 minutes away, and costs \$10 per visit



Higher Quality D

Choice 1 - Dr. D – completes 90% of recommended care for diabetes, located 10 minutes away, and costs \$100 per visit
Choice 2 - Dr. T – completes 70% of recommended care for diabetes, located 10 minutes away, and costs \$10 per visit



8 of 38

Here we present collected questions for doctor / hospital quality, cost, and time

By varying a single piece of information within a question, we can compare the rate of choosing a particular physician or hospital with a control group to determine how cost and quality data influence a user's decision to seek care.

Example shown above:

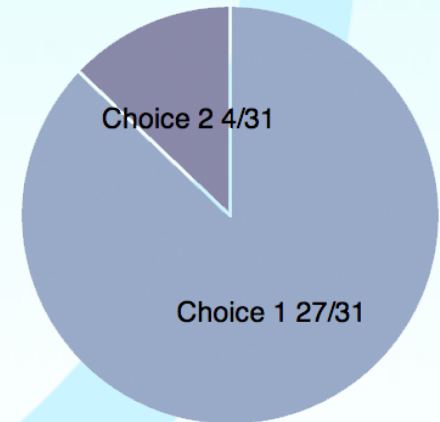
Choice 1 - Dr. D completes **90%** of recommended care for diabetes, located **10** minutes away, and costs **\$100** per visit

Choice 2 - Dr. T completes **70%** of recommended care for diabetes, located **10** minutes away, and costs **\$10** per visit

Data Quality Control

Choice 1 - Dr. A – completes 90% of recommended care for diabetes, located 30 minutes away, and costs \$10 per visit

Choice 2 - Dr. S – completes 70% of recommended care for diabetes, located 30 minutes away, and costs \$10 per visit



Data Quality Control is embedded in our system. The data associated with "Choice 2" can be flagged as questionable or discarded.

Conclusion and Future Plans

Conclusion

wHealth is an interactive storytelling application that can...

- provide insight into a user's willingness to pay for health care
- provide insight into how quality information, such as that included in AF4Q, influences a user's decision to seek care
- compare aggregate rates or perform subgroup analyses, i.e. gender/age/income differences in what factors are most important

This novel platform can be adapted to investigate or identify new areas that may influence a user's decision to seek care, thus providing AF4Q with more detailed insight about information most useful to users of their website. We can achieve this by varying things such as...

- time/distance/ cost
- physician characteristics e.g. years of experience, training background, etc.
- outcome data measures
- patient satisfaction scores

Future plans

- We will continue developing the game and its innovative platform to conduct health services research in the aforementioned areas of health care quality and cost as it pertains to the individual consumer. We will continue refining the questions to answer empirical questions in this area.
- Because this game allows us to collect real data, we have the opportunity to inform the academic community and public policy makers about how individuals decide to "purchase" health care. We intend to submit peer-reviewed papers with the data derived from this game.

