Continuous Efforts Leads to a Value for Hypertensive Patients: Development of a Casual Smart Na/K Meter and Smart Na/K Application Linked by NFC to Android

Kenju Akai^{*1,†}, Tetsuya Hirotomi^{*2}, Aoi Mishima^{*3}, Keiko Aoki^{*4}, Tsunetaka Kijima^{*1,*5}, and Toru Nabika^{*1,*5}

*¹Center for Community-based Healthcare Research and Education, Shimane University 89-1 Enya-cho, Izumo, Shimane 693-8501, Japan

[†]Corresponding author, E-mail: akai@med.shimane-u.ac.jp

*2Institute of Science and Engineering, Academic Assembly, Shimane University, Matsue, Japan

*³Interdisciplinary Faculty of Science and Engineering, Shimane University, Matsue, Japan

*4Platform of Inter/Transdisciplinary Energy Research, Kyushu University, Fukuoka, Japan

*5School of Medicine, Shimane University, Izumo, Japan

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This study develops a casual smart Na/K meter to measure the sodium and potassium in urine for hypertensive patients. To prevent hypertension from leading to cardiopathies, it is useful to reduce salt intake. The Omron Healthcare Co., Ltd. lunched the prototype, a casual Na/K meter to measure the salt intake from a diet. Nevertheless, it lacks the function to make the patients grasp the historical data. This study improves that meter by adding the NFC and developing the software application linked to Android smartphones and smart watches. Smartphones can store the data and display the historical data. Smart watches make up a part of their daily lives by alerts and messages. The concept of this study provides a continuous value for hypertensive patients. That value is similar to the learning value but it exists beyond the learning effect. For the learning value, after the subjects learn something and obtain the skills, ability, and knowledge, the value is fixed and completed. On the other hand, for the continuous value, the learning value is also included and the subjects receive the learning value; however, they need to continue that behavior until death. If they stop reducing salt intake, they return to hypertension. If they get satisfied with obtaining the learning value and stop their actions, they never receive the continuous value that exists beyond the learning value. The continuous value is brewed in the transtheoretical model of health behavior change. Throughout these stages, to encourage their behavioral change and obtain the continuous value, this study employs Fogg's theory applied to developing the communication devices. The application stocks the historical data and displays it on the smartphones. The smart watches classify alerts into five colored displays from green (good) to red (bad). It can be helpful for the patients to make the reduction of salt intake as their dietary habit. In the future, the application needs to be improved for making patients adapt with their diets and motivations.

Keywords: continuous value, smart meter, Android, NFC, health behavior change

1. Introduction

Increasing the intake of sodium increases the blood pressure, which cause the hypertension. Hypertension is defined as the systolic and diastolic blood pressures higher than 140/90 mmHg. Hypertension causes cardiopathies, nephropathies, and stroke.

In Japan, an overdose of salt is one of the main factors leading to high blood pressure; nevertheless, many Japanese meals such as miso soup and pickles have a lot of salt. The average salt intake for a Japanese per day is about 10.6 g [1], whereas 6 g is recommended by Japanese Society of Hypertension [2] and less than 5 g by the World Health Organization (WHO) [3]. It is said that about half of the Japanese are genetically sensitive to salt, and there are many hypertensive patients due to excess salt consumption [4]. In addition, Japanese tend to practice less intake of vegetables and fruits (which contain potassium) that eliminate salt from the body and suppress blood pressure.

There are nearly 43 million patients with hypertension in Japan, and only 9 million receive medical care [2]. The annual medical costs in Japan amounts for 372.72 billion USD, while the cost for hypertension is around 17.57 billion USD [5].

Hypertension has been called the "silent killer" because hypertensive patients are often asymptomatic; therefore, the ignorance about hypertension and its relationship with salt intake similarly demotivates Japanese individu-



als from reducing their salt intake to prevent hypertension.

Managing salt and potassium intake is important for managing hypertension; however, the measurement of salt intake in the diet requires a 24-h urine storage test that accumulates all or some portion of the urine for a day and analyzes it in a medical institution. This procedure is too cumbersome for patients to follow the data.

In 2014, Omron Healthcare Co., Ltd. launched a simple measurement of urine Na/K (sodium and potassium) ratio (hereinafter, the casual Na/K meter). However, it was developed as the prototype device for medical researchers not for patients. Hence, there was the absence of the function to store the historical data and to make patients see it easily.

We aimed to improve the casual Na/K meter from urine to prevent hypertension by adding the NFC and developing applications for smartphones and smart watches. These improvements add the continuous value, defined as the value for keeping continuous motivation, to the patients.

In the next section we introduce the casual Na/K meter. Section 3 defines the continuous value. Section 4 introduces the theory behind the continuous. Sections 5 and 6 explain the application. Section 7 discusses and Section 8 concludes.

2. Casual Na/K Meter

Omron Healthcare Co., Ltd., developed a simple system for the measurement of the urine Na/K ratio for medical researchers. The modeling number is HEU-001F as shown in **Fig. 1**.

In the process of developing a convenient alternative to the 24-h urine storage test, the global epidemiological INTERSALT study showed the association between blood pressure and urine Na/K (sodium/potassium ratio) [6].

Finally, Omron Healthcare found that the numerical value measured by simply applying urine to the sensor once a day for about a week is almost equivalent to the conventional method of 24-h urine storage. This makes it possible to easily grasp the Na/K ratio in everyday life with high precision, and patients can easily check the daily salinity and potassium intake status of individuals who have been difficult to grasp [7].

The device is used according to the following steps.

- 1. Patients collect their urine into a cup.
- 2. Patients dip the Na/K meter sensor into the cup.
- 3. The meter displays the Na/K ratio instantaneously.
- 4. Researcher collects the meter.
- 5. Researcher puts the meter on the recording device to send the data in the meter to the server by Omron Healthcare.
- 6. Researcher accesses the server and obtains the data as a csv file.



Fig. 1. A flow for measuring and recording the Na/K ratio.

Omron Healthcare assumed that this casual Na/K meter is used by medical researchers. They did not build in the mechanism by which the patients could obtain the historical data by themselves, which means that the patients need to take a memo to record the Na/K ratio to grasp the data in their diets. Unfortunately, the data server run by Omron Healthcare cannot be accessed by the patients. It is for the medical researchers. Therefore, it is too cumbersome for the patients to check and remember their Na/K ratio every day.

This study improves the casual Na/K meter by adding the NFC to store the historical data and develop the application to display that data on Android smartphones and smart watches. These types of wearable devices can be used as a tool for preventing and managing hypertension, by accurately capturing the change in the diet situation due to dietary guidance for patients with high blood pressure.

Previous studies show that the wearable devices improve patient's health [8–13]. The types of wearable devices vary with parts of body [14]. In addition, the wearable device directly affects the human body condition by influencing the body temperature [15].

3. Value Creation

The challenge for the prevention and treatment of hypertension is how to increase potassium intake from fruits and raw vegetables that reduce salt and counteract its harmful effects. The casual Na/K ratio meter connected with the smartphone application (hereafter smart Na/K meter) allows patients to easily know the Na/K ratio in their diets.

The historical data makes it easy to see the effect of reducing salt and increasing potassium intake, and it seems to be a great force to support continued diet. When used in conjunction with blood pressure measurement at home, patients can also know the effect of diet on blood pressure reduction, which should help to continue improving dietary habits. Especially, to prevent hypertension, the conditions for reducing salt intake are important because humans eat every day and the salt intake predisposes to hypertension.

There are three types of stakeholders surrounding the Na/K meter: the producer of Omron Healthcare, the medical researcher, and the patients. First, Omron Healthcare assumes that the medical researcher uses that meter. Nevertheless, this study assumes that this meter is adapted to the patients by improving usability with NFC and software applications working in smartphones and smartwatches.

This study defines that the value adding to the patients is the continuous value. In medical treatment, it is important to help patients to continue paying attention to disease prevention. The transtheoretical model of health behavior change (well known as stages of change model) suggests the following stages [16]. Here we introduce the explanation following Christine Bundy [17]. "These stages include *pre-contemplation*, when the individual is not considering change; *contemplation*, when they are favorably disposed to change but have not made concrete plans or adopted any action; *planning*, when strategies have been selected but not yet used; and *action*, when attempts have been made to, for example, stop smoking, lose weight, or adhere to some other health advice; and finally the *maintenance* phase, when people make deliberate attempts to continue with the change program" (1.6-14, p. 97).

These stages can be applied into the hypertension treatment. It is generally criticized that patients tend to lose the motivation for reducing salt intake. There are some reasons. For instance, reducing salt in food makes it lose its taste, which decreases the patients' motivation. Additionally, in Japan, the medicine for reducing blood pressure, Angiotensin II Receptor Blocker (ARB), is cheap and very effective. The patients easily rely on it, which reduces their motivation for the reduction of salt intake [18].

Following the theoretical model, this study focuses on the contemplation stage. In that stage, patients start to try some action but have not yet adopted it. If they fail at any attempt, they easily give up and go on the next planning stage to make a new plan. To prevent such a motivation reduction, this study makes the patients grasp the historical data and notice the unhealthy habit by the alert given to the patients by the continuous value.

The sense of this value is similar to the learning value. But in this study, the meaning of continuous value has an essential difference. For learning value, the subjects learn something and obtain the skills, ability, and knowledge [19, 20]. At the end of learning, the value is completed. On the other hand, for the continuous value, the learning value is also included and the subjects receive the learning value but they need to continue that behavior until death. If they stop reducing salt intake, they return to hypertension. If they get satisfied with obtaining the learning value and stop their actions, they never receive the continuous value that exists beyond the learning value.

4. Persuasive Technology

The transtheoretical model of health behavior change is just a theory. To make a bridge between that theory and developing the Internet of Things (IoT) tool, this study employs Fogg's theory.

Fogg proposed the behavior model to explain that, when a person performs a target behavior, he/she must be sufficiently motivated, have the ability to perform the behavior, and be triggered to perform the behavior [21]. Information and communication technologies can affect his/her motivation and ability, as well as provide effective triggers in order to persuade him/her to change the behavior. Such a technology is named "persuasive technology" [22]. From the view of software development, Oinas-Kukkonen and Harjumaa reshaped the persuasive design principles that Fogg proposed in the following "primary task support" [23].

- 1. *Reduction* A system that reduces complex behavior into simple tasks helps users perform the target behavior, and it may increase the benefit/cost ratio of a behavior.
- 2. *Tunneling* Using the system to guide users through a process or experience provides opportunities to persuade along the way.
- 3. *Tailoring* Information provided by the system will be more persuasive if it is tailored to the potential needs, interests, personality, usage context, or other factors relevant to a user group.
- 4. *Personalization* A system that offers personalized content or services has a greater capability for persuasion.
- 5. *Self-monitoring* A system that helps track one's own performance or status supports in achieving goals.
- 6. *Simulation* Systems that provide simulation can persuade by enabling them to observe immediately the link between the cause and its effect.
- 7. *Rehearsal* A system providing means with which to rehearse a behavior can enable people to change their attitudes or behavior in the real world.

They also classified "computer-human dialogue support" into praise, rewards, reminders, suggestion, similarity, liking, and social role. On the one hand, the primary task support assists the user in achieving the target behavior for which they are using the system. In contrast, the dialogue supports incorporate feedback to the user in the form of dialogue to engage in the target behavior. The design principles including these supports were applied to web-based interventions for promoting health and healthrelated behavior [24, 25] and mobile applications promoting physical activity [26].

5. Smart Na/K App

We have developed the "Smart Na/K App" running on Android OS. The app is designed to foster the awareness of eating behavior and physical activity to prevent hypertension based on the urinary Na/K ratio. We explored and made decisions on the app design issues (see the next section for some details). **Fig. 1** shows the flow of the measurement and recording of the Na/K ratio.

To measure the spot urinary Na/K ratio, a portable device "Na+K+scan" (HEU-001F; Omron Healthcare Co., Ltd.) was used. It has a length of 164 mm, a width of 29 mm, a height of 20 mm, and a weight of approximately 50 g. It can measure Na/K ratios ranging from 0.1 to 19.9

usually within 1 min. After the measurement, the user stores it in a special container in which the NFC antenna (EXA-30; Aisan Electric Co., Ltd.) is embedded. To start transmitting the data measured via the NFC-F, the user should open the app and put the smartphone on the container.

After receiving the data from the device, the data is stored in the database and the app displays the latest Na/K ratio, its measurement date and time, elapsed time since the last measurement, and the graph representing the time series data. In the graph, the simple moving average of 10 samples is shown by a bold blue line. The range between the minimum and maximum values within the 10 samples is visualized by a light blue background. The actual Na/K ratio for each measurement is also plotted by a thin blue line.

Finally, the notification is sent to the smart watch. The user can see the latest Na/K ratio, its measurement date and time, and the elapsed time since the last measurement with one of the following five background colors: green, light green, yellow, orange, and red. These colors are like the five points Likert scale and help users to interpret the Na/K ratio.

There is no generally acceptable target value for the Na/K ratio. The WHO guidelines recommend less than 1 [27], Yatabe et al. discussed that less than 2 might be reasonable [28], and Iwahori et al. expected that the target value in the Japanese population may be less than 3 [7]. Therefore, the app should keep encouraging users to minimize their Na/K ratio at any time. The background color is the tailored feedback for each user to support the self-monitoring of his/her dietary habit. The color is selected by the threshold based on their past measurements as shown in **Table 1** where x_i is the latest Na/K ratio. μ and σ are the average and the standard deviation, respectively, of all Na/K ratios measured in the past.

For example, the green/red background shows that the current value is relatively low (good) / high (bad) in comparison with the user's previous values. For each background color except for yellow, we preset the tailored messages to affirm the user's commitments to foster the awareness of eating behavior and physical activity (also shown in Table 1). To answer the message, the user should select "sodium reduction," "increasing vegetable intake," and/or "more physical activity." The user's selection is also stored in the database. For the red background, the app asks the user to regret his/her insufficient behavior. For the orange and light green backgrounds, the app makes the user aware of his/her good behavior. Even in the green background, the app shows the message to motivate further behavioral changes for minimizing the Na/K ratio. For the yellow background, the app does not show any message. That is to avoid a stereotyped routine to show and confirm messages and keep the user paying attention on them.

Additionally, the app sometimes sends the following notifications to the smartwatch at noon. If the background of the last measurement was red, "What will you be aware of this afternoon?" and selection of the commitments will

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| Background color | Threshold | Message translated to English (original message in Japanese) |
|------------------|---|--|
| Red | $1.64\sigma < x_i - \mu$ | Are you busy? What are you not working on? (忙しいですか?何ができていませんか?) |
| Orange | $0.84\sigma < x_i - \mu \leq 1.64\sigma$ | How are you? What are you striving for? (調子どうですか?何をがんばっていますか?) |
| Yellow | $-0.84\sigma < x_i - \mu \leq 0.84\sigma$ | No message |
| Light Green | $-1.64\sigma < x_i - \mu \le -0.84\sigma$ | Good work! What have you been aware of? (調子良いですね。何に気を付けていますか?) |
| Green | $x_i - \mu \le -1.64\sigma$ | Excellent! What will you try next? (絶好調ですね、これから何をがんばりますか?) |

Table 1. Thresholds and personalized messages.



Fig. 2. Na/K ratio and background color.

be displayed. If the background was orange, there will be a 50% chance of displaying the same message. If 48 h or 72 h have elapsed since the last measurement, preset messages for each background color to recommend the measurement of the new urinary Na/K ratio will be displayed. In this case, the user should select the preferred time for the next measurement from "now," "later," or "never." If "later" is selected, the user will be asked to specify the time for the measurement. These notifications are aimed at keeping up the user's interest in measuring the urinary Na/K ratio and improving the eating behavior and physical activity.

6. Preliminary Data Collection for Designing the App

To make decisions on design issues of the app, one of the authors measured the urinary Na/K ratio twice a day, at wake up time and bedtime, from February 8, 2019 to May 17, 2019. **Fig. 2** shows a part of the data measured. The color of each point shows the background color of smartwatch notifications decided by the thresholds in **Table 1**.

The smartwatch notification is crucial for the app to persuade the user to change his/her behavior. We considered using the actual data of the Na/K ratio or the moving average of 10 samples as a trigger of the notifications. That is because the Na/K ratio sometimes exhibits swift fluctuations and the moving average would reduce the effect. As shown in **Fig. 2**, the actual data have several spikes with different background colors. The moving average does not have such fluctuations and the background color changes gradually.

It was a conscious choice to use the actual data as the trigger because the app should notify the user when these spikes were observed. For example, one of the spikes was observed just after eating ramen noodle. Such a quick feedback in the smartwatch seems useful for the user to understand what went right or wrong. However, it seems useful for the user to understand the trends of the Na/K ratio. We also decided to display the line graph of the moving average on the smartphone screen.

7. Discussions

This study adds NFC to the casual smart Na/K meter and develops software application for Android connected to smartphones and smart watches. The point of this development is making the patients remember and learn the intake of salt. The process of learning is affected by the continuity of the measurement of the Na/K ratio. It is well known that the Na/K ratio varies during the daytime. In this study, the most important indicator for the patients is the movement, that is, moving average. They can learn their own efforts by those movements. This learning effect is the continuous value that we earlier defined. Unfortunately, there is uncertainty of the value that each participant perceives in these movements. It is well known that a good feedback encourages the motivation, and vice versa. Therefore, there is a chance to customize the parameter of alert for the smart watches for each person. Someone who applied good efforts needs to set strict parameters than this study but those who applied poor efforts need to set lenient parameters.

Kanji Ueda proposed the value creation model in the aspect of information uncertainty between the provider and receiver and the environmental uncertainty surrounding those stakeholders. The model is classified into three classes; I) providing value, II) adaptive value, and III) cocreative value. In the health care services, Class I is often applied because the service is provided by the medical institution one-sidedly. However, even in Class I, the value for the attributes or function for service or product varies with the subject types and the information they received [29].

In this study, we assume that the patients would like

to recover the blood pressure. It is difficult to measure the amounts of sodium intake but it is easy to measure the Na/K ratio. The Na/K ratio is a useful measurement for knowing the amounts of sodium intake as the signal because they are related. Considering this, we made an alert on the past Na/K ratio.

But there is still a chance to customize the alert based on the patients' behavior. In this meaning, the development of the application of the smart casual Na/K meter is applied by the Class II model. The provider gives a permission for the patients to customize the parameter to fit their dietary behavior. To achieve such an adaptation, the communication between the provider and receiver is highly needed in the future.

Additionally, this system can be more expanded to include measurements for other factors including Mg. Generally, a table of salt contains 99% of sodium. On the other hand, there are different kinds of salt sold in the market. They are called Algae Salt, defined as salt made by the mixture of sea salt with seaweed. Seaweed includes enough minerals such as potassium and magnesium. Potassium is useful to cancel out sodium intake so that the Na/K ratio is important for the alert of hypertension. Magnesium also has health benefits. Thus, measuring magnesium is also a useful alert for encouraging good health to prevent hypertension.

There are two other limitations. First, the lack of indepth and longitudinal studies on the system. In this study, we have focused on increasing the patients' value of the casual Na/K meter. However, to evaluate and improve the effectiveness of the system, we need to conduct nontraditional usability tests, for example "technology probe" [30]. That is because we should install a technology into a real-world setting and then observe and analyze how the system is used, who the actual users are, and what types of persuasive technology could be successfully used in these settings by these users.

The second limitation concerns the iOS application. Android is more open than iOS. This study aims to first develop the prototype of application for Android and then obtain the data. Throughout this process, the application and the parameter setting of alerts from smart watches will be modified. The NFC system in iOS is protected by Apple so that the cost of connecting the NFC in the smart Na/K system to iOS will be increased.

The next issue is to overcome these limitations. Obtaining the data from the broadly hypertensive patients helps develop a more robust algorithm for making alerts. This system is also useful for the young generations to prevent hypertension.

Additionally, in the aspect of value creation, it is important to develop the system including feedback for patients' reflections on their lifestyle and health motivation. In this regard, the system can be expanded to the Class III model for co-creation among patients, doctors, and system developers. Hypertension is very famous health problem that has not yet been solved in the medical field. They have been ringing the alarm bell "Less salt, More move." It does not lead to a radical solution for preventing hypertension. The Class III type of co-creation will shed a new light for preventing hypertension.

The cost of medical treatment of hypertension becomes ten-fold in the generation with more than 45 years old. To reduce its cost, the smart application is useful to make reductions of salt intake as a habit for the younger generations.

To adapt for the life style and mass customization, the log system will be improved and applied into appropriate service strategies [31, 32]. Ultimately, a perfect customized smart application would change from the Class I service to the Class II service [33]. It will be very different from the present health service one-sidedly provided by the medical institutions. It should be included in the dynamics for patients' optimization of their health conditions.

The achievement and success of this system lead to the reduction of the social medical cost of hypertension and its associated diseases.

8. Conclusions

This study developed the smart Na/K meter and smart Na/K application linked by NFC to Android. The historical data in the diets are displayed in the smartphones. The data is calculated by the specific algorithm following Fogg's theory to send alerts to patients until it becomes their habitat. These functions are helpful to make the patients continue their motivation to reduce salt intake. In this regard, this new device provides the continuous value for the patients.

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References:

- Ministry of Health, Labour and Welfare, "The National Health and Nutrition Survey." https://www.mhlw.go.jp/bunya/kenkou/eiyou/ h24-houkoku.html [Accessed March 17, 2020]
- [2] J. H. Society, "Guideline for treatment of hypertension." http:// www.jpnsh.jp/guideline_g.html [Accessed March 17, 2020]
- [3] WHO, "Raised blood pressure in Global Health Observatory (GHO) data." https://www.who.int/gho/ncd/risk_factors/blood_ pressure_prevalence_text/en/ [Accessed March 17, 2020]
- [4] T. Katsuya, K. Ishikawa, K. Sugimoto, H. Rakugi, and T. Ogihara, "Salt sensitivity of Japanese from the viewpoint of gene polymorphism," Hypertension Research, Vol.26, No.7, pp. 521-525, doi: 10.1291/hypres.26.521, 2003.
- [5] Ministry of Health, Labour and Welfare, "Overview of the national health care costs in 2014." https://www.mhlw.go.jp/toukei/saikin/ hw/k-iryohi/14/ [Accessed August 1, 2018]
- [6] Intersalt Cooperative Research Group, "Intersalt: an international study of electrolyte excretion and blood pressure. Results for 24 hour urinary sodium and potassium excretion," BMJ: British Medical J., Vol.297, No.6644, pp. 319-328, 1988.
- [7] T. Iwahori et al., "Six random specimens of daytime casual urine on different days are sufficient to estimate daily sodium/potassium ratio in comparison to 7-day 24-h urine collections," Hypertension Research, Vol.37, No.8, pp. 765-771, 2014.

- [8] J. C. Ni, C. S. Yang, J. K. Huang, and L. C. Shiu, "Combining Non-Invasive Wearable Device and Intelligent Terminal in HealthCare IoT," Procedia Computer Science, Vol.154, pp. 161-166, 2019.
- [9] F. P. Akbulut and A. Akan, "A smart wearable system for short-term cardiovascular risk assessment with emotional dynamics," Measurement, Vol.128, pp. 237-246, 2018.
- [10] L.-P. Hung and C.-C. Lin, "A multiple warning and smart monitoring system using wearable devices for home care," Int. J. of Human-Computer Studies, Vol.136, 102381, 2020.
- [11] P. N. Ramkumar et al., "Remote patient monitoring using mobile health for total knee arthroplasty: validation of a wearable and machine learning-based surveillance platform," The J. of Arthroplasty, Vol.34, No.10, pp. 2253-2259, 2019.
- [12] M. Shojaee, S. Nasresfahani, M. Dordane, and M. Sheikhi, "Fully integrated wearable humidity sensor based on hydrothermally synthesized partially reduced graphene oxide," Sensors and Actuators A: Physical, Vol.279, pp. 448-456, 2018.
- [13] A. Colley, B. Pfleging, F. Alt, and J. Häkkilä, "Exploring public wearable display of wellness tracker data," Int. J. of Human-Computer Studies, Vol.138, 102408, 2020.
- [14] Z. Lou, L. Wang, K. Jiang, Z. Wei, and G. Shen, "Reviews of wearable healthcare systems: Materials, devices and system integration," Materials Science and Engineering: R: Reports, Vol.140, 100523, 2020.
- [15] G. Lopez, T. Tokuda, M. Oshima, K. Nkurikiyeyezu, N. Isoyama, and K. Itao, "Development and Evaluation of a Low-Energy Consumption Wearable Wrist Warming Device," Int. J. Automation Technol., Vol.12, No.6, pp. 911-920, doi: 10.20965/ijat.2018. p0911, 2018.
- [16] J. O. Prochaska and W. F. Velicer, "The transtheoretical model of health behavior change," American J. of Health Promotion, Vol.12, No.1, pp. 38-48, 1997.
- [17] C. Bundy, "Changing behaviour: using motivational interviewing techniques," J. of the Royal Society of Medicine, Vol.97, pp. 43-47, 2004.
- [18] T. Ito et al., "Effect of salt intake on blood pressure in patients receiving antihypertensive therapy: Shimane CoHRE Study," European J. of Internal Medicine, Vol.28, pp. 70-73, doi: 10.1016/j.ejim. 2015.10.013, 2016.
- [19] N. Sato, K. Akai, M. Hirose, S. Okamoto, and K. Karino, "Visualization of Acquisition Experience in Sternal Compression Maneuver Using Kinect Sensoring: For Co-Creation of Medical Technique Experiential Values," Int. J. Automation Technol., Vol.12, No.4, pp. 542-552, doi: 10.20965/ijat.2018.p0542, 2018.
- [20] Q. An et al., "Skill Abstraction of Physical Therapists in Hemiplegia Patient Rehabilitation Using a Walking Assist Robot," Int. J. Automation Technol., Vol.13, No.2, pp. 271-278, doi: 10.20965/ ijat.2019.p0271, 2019.
- [21] B. J. Fogg, "A behavior model for persuasive design," Proc. of the 4th Int. Conf. on Persuasive Technology, pp. 40:1-40:7, doi: 10. 1145/1541948.1541999, 2009.
- [22] B. J. Fogg, "Persuasive technology: using computers to change what we think and do," Morgan Kaufmann Publishers, doi: 10. 1016/B978-1-55860-643-2.X5000-8, 2003.
- [23] H. Oinas-Kukkonen and M. Harjumaa, "A systematic framework for designing and evaluating persuasive systems," Proc. of the 3rd Int. Conf. on Persuasive Technology, Lecture Notes in Computer Science, Vol.5033, pp. 164-176, doi: 10.1007/978-3-540-68504-3_15, 2008.
- [24] S. M. Kelders, R. N. Kok, H. C. Ossebaard, and J. E. Van Gemert-Pijnen, "Persuasive system design does matter: a systematic review of adherence to web-based interventions," J. of Medical Internet Research, Vol.14, No.6, e152, doi: 10.2196/jmir.2104, 2012.
- [25] G. Wildeboer, S. M. Kelders, and J. E. van Gemert-Pijnen, "The relationship between persuasive technology principles, adherence and effect of web-Based interventions for mental health: A metaanalysis," Int. J. of Medical Informatics, Vol.96, pp. 71-85, doi: 10. 1016/j.ijmedinf.2016.04.005, 2016.
- [26] J. Matthews, K. T. Win, H. Oinas-Kukkonen, and M. Freeman, "Persuasive technology in mobile applications promoting physical activity: a systematic review," J. of Medical Systems, Vol.40, No.3, pp. 72:1-72:13, doi: 10.1007/s10916-015-0425-x, 2016.
- [27] WHO, "Guideline: potassium intake for adults and children," 2012.
- [28] M. S. Yatabe et al., "Urinary sodium-to-potassium ratio tracks the changes in salt intake during an experimental feeding study using standardized low-salt and high-salt meals among healthy Japanese volunteers," Nutrients, Vol.9, No.9, pp. 951:1-951:113, doi: 10.3390/nu9090951, 2017.
- [29] K. Aoki, K. Akai, K. Ujiie, T. Shinmura, and N. Nishino, "An Actual Purchasing Experiment for Investigating the Effects of Eco-Information on Consumers' Environmental Consciousness and Attitudes Towards Agricultural Products," Int. J. Automation Technol., Vol.8, No.5, pp. 688-697, doi: 10.20965/ijat.2014.p0688, 2014.

- Continuous Efforts Leads to a Value for Hypertensive Patients: Development of a Casual Smart Na/K Meter and Smart Na/K Application Linked by NFC to Android
- [30] H. Hutchinson et al., "Technology probes: inspiring design for and with families," Proc. of the SIGCHI Conf. on Human Factors in Computing Systems – CHI '03, Vol.5, No.1, pp. 17-24, doi: 10. 1145/642611.642616, 2003.
- [31] T. Takenaka, Y. Yamamoto, K. Fukuda, A. Kimura, and K. Ueda, "Enhancing products and services using smart appliance networks," CIRP Annals, Vol.65, No.1, pp. 397-400, doi: 10.1016/j.cirp.2016. 04.062, 2016.
- [32] T. Takenaka, H. Koshiba, Y. Motomura, and K. Ueda, "Product/service variety strategy considering mixed distribution of human lifestyles," CIRP Annals, Vol.62, No.1, pp. 463-466, doi: 10.1016/j.cirp.2013.03.087, 2013.
- [33] T. Kaihara et al., "Value creation in production: Reconsideration from interdisciplinary approaches," CIRP Annals, Vol.67, No.2, pp. 791-813, doi: 10.1016/j.cirp.2018.05.002, 2018.



Name: Kenju Akai

Affiliation:

Senior Lecturer, Center for Community-based Healthcare Research and Education, Shimane University

Address:

89-1 Enya-cho, Izumo, Shimane 693-8501, Japan

Brief Biographical History:

2010 Received Ph.D. of Economics from Osaka University 2010- Postdoctoral Fellow, Institute of Social and Economic Research, Osaka University

2011- Postdoctoral Fellow, Center for Development of Advanced Medical Technology, Jichi Medical University

2011- Postdoctoral Fellow, Department of Technology Management for Innovation, Graduate School of Engineering, The University of Tokyo 2014- Project Assistant Professor, Department of Technology Management for Innovation, Graduate School of Engineering, The University of Tokyo 2016- Assistant Professor, Center for Community-based Healthcare Research and Education, Shimane University

2017- Senior Lecturer, Center for Community-based Healthcare Research and Education, Shimane University

Main Works:

K. Akai, Y. Kageyama, K. Sato, N. Nishino, and K. Kageyama, "AHP Analysis of the Preference of Engineers for Suitable CFRP for Automobile Parts," Int. J. Automation Technol., Vol.9, No.3, pp. 222-234, 2015.
N. Sato, K. Akai, M. Hirose, S. Okamoto, and K. Karino, "Visualization of Acquisition Experience in Sternal Compression Maneuver Using Kinect Sensoring: For Co-Creation of Medical Technique Experiential Values," Int. J. Automation Technol., Vol.12, No.4, pp. 542-552, 2018.

Membership in Academic Societies:

• Society for Serviceology (SfS)



Name: Tetsuya Hirotomi

Affiliation:

Associate Professor, Institute of Science and Engineering, Academic Assembly, Shimane University

Address:

1060 Nishikawatsu-cho, Matsue-shi, Shimane 690-8504, Japan **Brief Biographical History:**

2003 Received Ph.D. from The University of Aizu

2003- Research Associate, The University of Aizu

2004- Associate Professor, Shimane University

Main Works:

• "A Communication aid for people with pervasive developmental

disorders to augment the understanding of messages," IEICE Trans. on Inf. & Syst. (JPN Edition), Vol.J97-D, No.1, pp. 117-125, 2014.

• "An AAC system designed for improving behaviors and attitudes in communication between children with CCN and their peers," UAHCI 2018, Lecture Notes in Computer Science, Vol.10907, pp. 530-541, 2018. Membership in Academic Societies:

Association for Computing Machinery (ACM)

International Society for Augmentative and Alternative Communication (ISAAC)

• Institute of Electronics, Information and Communication Engineers (IEICE)

• Rehabilitation Engineering Society of Japan (RESJA)

 Japanese Society for Wellbeing Science and Assistive Technology (JSWSAT)



Name: Aoi Mishima

Affiliation:

Bachelor Course Student, Department of Mathematics and Computer Science, Interdisciplinary Faculty of Science and Engineering, Shimane University

Address:

1060 Nishikawatsu-cho, Matsue-shi, Shimane 690-8504, Japan Brief Biographical History:

2020 Received Bachelor's degree from Department of Mathematics and Computer Science, Interdisciplinary Faculty of Science and Engineering, Shimane University



Name: Keiko Aoki

Affiliation:

Platform of Inter/Transdisciplinary Energy Research, Kyushu University

Address:

744 Motooka, Nishi-ku, Fukuoka 819-0395, Japan **Brief Biographical History:**

2009- Institute of Social and Economic Research, Osaka University
2013- Center for Transdisciplinary Research, Niigata University
2014- Department of Research Promotion, Yokohama National University
2017- Kyushu University

Main Works:

• K. Aoki, K. Akai, K. Ujiie, T. Shinmura, and N. Nishino, "An actual purchasing experiment for investigating the effects of eco-information on consumers' environmental consciousness and attitudes towards agricultural products," Int. J. Automation Technol., Vol.8, No.5, pp. 688-697, 2014. Membership in Academic Societies:

• Society for Serviceology (SfS)



Name: Tsunetaka Kijima

Affiliation:

Center for Community-based Healthcare Research and Education, Shimane University Senior Lecturer, Department of General Medicine, School of Medicine, Shimane University

Address:

89-1 Enya-cho, Izumo, Shimane 693-8501, Japan

Brief Biographical History:

2008-2011 Family Practice Center of Okayama / Family Medicine Residency Program, Tsuyama Central Hospital

2011-2013 Medical Staff, Family Practice Center of Okayama, Nagi Family Clinic

2014-2018 Graduate School of Medical Research, Shimane University 2019- Senior Lecturer, Department of General Medicine, Faculty of Medicine, Shimane University

Main Works:

• "Adhesion-induced chronic abdominal pain: a case report on the diagnostic value of Carnett's test," J. of Medical Case Reports, Vol.13, No.1, pp. 1-7, 2019.

• "Development of the Japanese version of the general practice assessment questionnaire: measurement of patient experience and testing of data quality," BMC Family Practice, Vol.19, No.1, 181, 2018.

• "Diagnostic difficulties and factors affecting diagnosis in acutely ill elderly Japanese patients living at home," Int. J. of Gerontology, Vol.12, No.4, pp. 326-330, 2018.

Membership in Academic Societies:

Japan Primary Care Association (JPCA)

- Japanese Society of Internal Medicine (JSIM)
- Society of Ambulatory and General Pediatrics of Japan (SAGPJ)
- Japan Society for Medical Education (JSME)

Continuous Efforts Leads to a Value for Hypertensive Patients: Development of a Casual Smart Na/K Meter and Smart Na/K Application Linked by NFC to Android



Name: Toru Nabika

Affiliation:

Head, Center for Community-based Healthcare Research and Education, Shimane University Professor, Department of Pathology, School of Medicine, Shimane University

Address:

89-1 Enya-cho, Izumo, Shimane 693-8501, Japan

Brief Biographical History:

1982- Visiting Fellow, National Heart, Lung and Blood Institute, National Institutes of Health (NIH)

1985- Assistant Professor, The Central Clinical Laboratory, The University Hospital, Shimane Medical University

1992- Research Fellow, INSERM U358/U36

1995- Assistant Professor, Department of Laboratory Medicine, School of Medicine, Shimane Medical University

1997- Associate Professor, Department of Laboratory Medicine, School of Medicine, Shimane Medical University

2003- Professor, Department of Functional Pathology, School of Medicine, Shimane University

2018- Head, Center for Community-based Healthcare Research and Education, Shimane University $% \left({{{\rm{C}}_{{\rm{B}}}} \right)$

Main Works:

• "Two genomic regions of chromosomes 1 and 18 explain most of the stroke susceptibility under salt loading in stroke-prone spontaneously hypertensive rat/Izm," Hypertension, Vol.62, No.1, pp. 55-61, 2013.

Membership in Academic Societies:

- European Society of Hypertension (ESH)
- Japanese Society of Hypertension (JSH)
- Japanese Society of Pathology (JSP)
- European Atherosclerosis Society (EAS)
- Society for the Hypertension Related Disease Model Research (SHR)