Security, Privacy, and Ownership Issues With the Use of Wearable Health Technologies

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ABSTRACT

When considering the use of mobile or wearable health technologies to collect health data, a majority of users state security and privacy of their data is a primary concern. With users being connected 24/7, there is a higher risk today of data theft or the misappropriate use of health data. Furthermore, data ownership is often a misunderstood topic in wearable technology, with many users unaware who owns the data collected by a device, what that data can be used for and who can receive that data. Many countries are reviewing privacy governance in an attempt to clarify data privacy and ownership. But is it too late? This chapter explores the concepts of security and privacy of data from mobile and wearable technology, with specific examples, and the implications for the future.

INTRODUCTION

This chapter examines at the current state of play with respect to wearables and the issues that have gained a lot of press over recent years. The chapter is broken into three main sections: the first discusses the present situation and the concerns the public has with respect to security and wearable devices. The second section discusses ownership of the data and how that effects security. Questions asked in this
section are related to who owns the data and who is responsible for any data breaches. The third section looks at the integrity of mobile health information. This includes the need for verification of results and trust that the personal information is safe and secure.

HISTORY OF WEARABLE TECHNOLOGY

Wearable health technology refers to technology devices that is worn by consumers to track, monitor, and gather information related to health and fitness. These can be worn around the wrist or ankle, may be clipped to the body, or worn around the neck. Wearable technologies include smart watches, sports watches, fitness trackers, smart clothing, smart jewellery, head-mounted displays and implantable technology and can be synced with a mobile device or computer. Using technologies such as GPS, accelerometers and gyroscopes, they can monitor the heart rate, temperature, perspiration, body fat composition, and muscle activity to provide information about the user’s health, movement, speed, and distance.

By this definition, the first wearable technology could be tracked back 700 years ago to the first wearable glasses. In 1759, John Harrison developed the H4 longitude watch that was able to determine the longitude at sea. And the first reported hearing aid was in 1911, with Siemens & Halske releasing the Esha-Phonophor (a device for the hearing impaired) (McLellan, 2014).

Whilst there was the development of numerous wearable technologies over the years, the first wearable health technology that collected and relayed health information was the pedometer. Whilst the first accurate measurement of distance walked occurred in the 15th century by Leonardo da Vinci, it was not until the late 18th century, when Thomas Jefferson developed the first prototype of the pedometer (a manual system that allowed the user to count their steps). Today’s pedometers contain a pendulum to more accurately detect movement and can capture and transmit data electronically. The first smart watch that incorporated this technology was the Garmin Forerunner, released in 2003 (McLellan, 2014).

The next wave in wearable technology was the release of the Fitbit in 2008, leading to a new revolution in wearable technologies designed to monitor, collect and disseminate information about movement and health. Today, wearable technologies can be divided into three distinct groups: Fitness trackers and complex devices for mobile devices and applications; smart accessories (smart phones, smart watches) requiring third party applications; and smart wearables directly connect to the Internet (Denecke et al, 2015). Health data can now be transmitted to the user, to healthcare providers, and share among communities and through social media.

However, this technology is still limited in the interpretation of results. Further development is required to develop software and algorithms to extract data points and markers that will inform health promotion, prevention and management, such as the ability to interpret image or vocal data. The other limitation is in privacy, security and ownership of the data collected by wearable technology, which is the focus of this chapter.

THE CURRENT SITUATION ACCORDING TO PUBLIC FORUMS

In a recent article Teena Maddox (2015) suggested that people wearing fitness bracelets are jeopardizing their security and privacy. In this TechRepublic article, Maddox suggested that fitness bracelets cannot only detect activity but also inactivity. As the data is then uploaded to the cloud, it is possible