



Special Interest Group of the Association for Information Systems on Healthcare related research

AMCIS SIG-HEALTH NEWSLETTER

Editor Nilmini Wickramasinghe, MBA PhD

Yes, indeed the year has flown by and it is my great pleasure to welcome you to our second newsletter for the year. What a busy year it has been.

In this action packed newsletter we have two key goals: first as always to help you to keep up-to-date with all the great things that are happening in the world of healthcare but also to pause and reflect on some of the achievements of 2008. Once again we include discussions of key research and industry perspectives from leading experts relating to healthcare – IS initiatives in North America as well as important happenings in other areas of the world. Upcoming events by Ann Fruhling are aimed to help you plan your calendars in advance regarding conferences and possible publishing outlets. In addition, we shall feature “How To’s” by knowledgeable guest contributors to help you become a successful and active participant in this vital healthcare arena.

Reflections on the year will be provided by our office bearers who will also outline thoughts, plans and ideas for 2009 in order to encourage you to keep your fingers busy, minds active and attention always on how we can provide and support superior healthcare delivery through ICT applications. In addition, based on feedback at the AMICS 2008

SigHealth meeting the “how to” section discusses how to construct successful grants. Our feature story from an industry perspective provides us with an interesting initiative that started in Canada and pertains to a pervasive wireless technology application to promote self-care in chronic disease management.

I want to thank all those who helped to compile this second newsletter of 2008. I do urge you all to send me your thoughts and ideas for what else you would like to see in future issues. As always please do not hesitate to contact me at nilmini@stuart.iit.edu Remember, this is our newsletter and we want it to be as useful as it can be to all at SIG Health.

Wishing you and your families a happy and safe holiday season and all the very best health and success for 2009.

Nilmini



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PREPARING A RESEARCH PROPOSAL FOR EXTERNAL SUPPORT

By: Elie Geisler

The preparation of a research proposal for external support is an activity

comprised of four dimensions. These may also be considered guidelines and perspectives on what works and what doesn’t. Although there are many sources for external support in our fields of inquiry, the competition is intense, so that the probability of actually obtaining external funding is small.

The first dimension is the fit between the topic you are researching and the goals and mission of the funding agency. Even within disciplinary boundaries of information systems, information technology, and healthcare systems there may exist a wide gap between what the researcher is investigating and what the funding agency wishes to explore. Such a gap is not a negative mark on the individual researcher. Rather, there is a need for matching the objectives of the agency with those of the researcher. In some instances the researcher may be working in a topic tangential to the agency’s interests. There is a possibility in this case that funding will be provided.

The second dimension of writing research proposals is the format of the proposal. Funding agencies have their own established format which they require applicants to strictly observe, including the maximum length of the proposal and the various sections that should be included in it. Investigators are eager to provide as much content as they can. One method used to circumvent the maximum length is to include much content in the appendix to the proposal. This approach simply adds bulk to the document but not quality. Whatever case that cannot be adequately presented in 10 or 15 pages, cannot be expressed in 50 or 100 pages. In fact, the research proposal is a presentation of a

case, where the investigator tells the potential funding agency what he/she is doing and why this work should be supported. Adherence to the format of the agency is crucial to a favorable “first impression” of the proposal by the agency.

The third dimension is the inclusion of the contributions of the proposed research to not only the state of the art but also to the agency and in a larger context, to society or the economy. As a case made to the agency, the research proposal is similar to that of an application for a job. The potential employer wants to know not only what the applicant has achieved (education, accomplishments, experience) but also what the applicant can contribute to the employer in the near and long term future. Some agencies, such as the National Science Foundation indeed requires the specification of the theoretical and empirical contributions from the research to the objectives of the agency and to the scientific field. Even when the research proposal is based entirely on investigations of a theoretical topic, there are contributions that can be derived from the research, in this case to the state of the art and to theory.

The fourth dimension is the uniqueness of the content, the methodology or the potential results from the research. In what way is this research uniquely qualified to be considered for support? What are the special characteristics of this research that make it stand out among other applications? Uniqueness is generally defined in terms of the convergence of the qualifications and experience of the investigator and the topic of the research itself, its methodology, and its possible outcomes.

An outstanding research proposal should be a “perfect storm” in which the assets of the researcher combine with the special attributes of the topic and methodology to form a scenario that will add value to science and to the funding agency.

Young researchers who are entering the arena of competition for external support should be aware of the pitfalls of this environment. As a general rule, one in ten proposals get funded, so that one has to submit several proposals and expect one to be successful. Failure to obtain support should not be a cause for the unsuccessful investigator to cease and desist. Rather, it should be a case for analysis and reflection. Where did I go wrong? Was my proposal not a match with the agency’s requisites? Was my proposal in violation of some aspect of format? Was my proposal not clear enough of the potential contributions it can generate, or was my proposal not unique enough, so that the reviewers considered it just another “garden variety” of the many proposals they reviewed.?

There is a learning curve in preparing proposals. The more we write and propose, the more we learn what works and what doesn’t. We also learn to create a “boilerplate” of those items of content that all funding agencies require, and the need to customize parts of each proposal to meet the unique requirements of individual agencies.

Next time you are preparing a proposal, good hunting! Do not despair—analyze, learn, and improve as you continue to request external sources to fund your research.

Elie Geisler is a Distinguished Professor of Management and Director of the Center for the Management of Medical Technology at the Illinois Institute of Technology.

**CELL PHONES AND SOCIAL NETWORKS:
AN INET SOLUTION FOR CHRONIC DISEASE MANAGEMENT**

**By Steve Goldberg
Principle, INET International Inc.**

In Canada, chronic diseases account for 70% of all deaths, more than 60% of healthcare costs and for 33% of the years of potential life lost before age 65. Diabetes, depression, congestive heart failure, hepatitis and asthma are examples of chronic diseases. World wide between 2000 and 2030 the number of people with diabetes may increase from 171 million to 366 million, a 114% increase. Of those with diabetes in 2030 it is expected that 298 million will be in developing countries. After reviewing the latest material on Chronic Disease Management a key success factor emerges which is the support of self-management. Under the medical model implementing self-care requires changes to the system, re-engineering processes, and modifying practices used in healthcare delivery. One of the most significant impacts is on the relationship between the patient and healthcare provider. Using an already restricted source of funds and resources it is going to be very challenging to transition patients into self-care. New high quality programs are required to help

patients take an active role in their healthcare rather than the traditional view as passive participants. With the added pressure to also increase a healthcare community's capacity in supporting an ever growing number of patients with chronic disease. To help facilitate this transition is the use of information and communication technology (ICT) to create new linkages between patients and their healthcare providers.

One solution is a Wireless Chronic Disease Program developed by INET International Inc, a Canadian ICT firm. Currently INET is focusing on a Wireless Diabetes program using its unique approach to deliver an extremely low cost way to link diabetes centers and patients. Through preliminary INET pilot projects the operating costs are forecasted to be as low as \$5/patient/month to monitor patients using cell phones compared to other offerings of \$60/patient/month. Moving forward INET sees the possibilities to expand the program with larger projects and more disease states. To help accelerate improvements in patient outcomes INET is also investigating the development and sharing of new knowledge through social networks, such as, facebook.

By design INET removes ICT cost barriers with a bottom up approach starting with the patient. They use cells phones and web technologies they're familiar with. This is contrary to a top down approach which is typically used for ICT infrastructure projects. For instance this is evident when comparing similar wireless systems with an INET approach. An ICT infrastructure project may require the patient to purchase proprietary software and hardware,

modified medical devices, and have patients switch to other cell phones and wireless carriers. The INET diabetes self-care solution is a low cost approach which:

- Avoids the cost of new cell phones and eliminates the associated learning curve in using them. Patients can use their own cell phone. An INET wireless monitoring application works on almost all cell phones.
- Gives a patient the option to remain with their current brand of glucose meter and test strips.
- Take advantage of low cost cell phone data offerings and no need to switch to another telecommunication company. Assuming the cell-phone network is not secure INET transmits small amounts of data and employs a privacy protocol to protect patient information.

The INET approach is also cost effective for healthcare providers:

- Maintain patient safety and prevent disruptions to provider's clinical practices by minimizing the time to access data.
- Add value and leverage the investment in a providers existing chronic disease management system.
- Make it very simple and easily to link new patient data with providers current ICT systems with open systems (moving away from proprietary ICT systems.)

Without the typical ICT infrastructure costs healthcare providers can easily scale and customize a solution from one patient to an unlimited number of patients located globally and in many

different healthcare settings. Another key benefit in using this INET solution is "freeing-up" resources and budgets to quickly actualize chronic disease management programs for many more patients.

The INET journey began about five years ago when it developed a simplified approach to diabetes management using cell phone technology. The system has three elements:

- Cell phone programmed to send data to a diabetes center.
- Patients key in glucose test results on a daily basis
- Health care personnel monitor results and provide feedback.

The program is designed to support self-management and reinforce good habits. Daily monitoring enables patients to see the link between diet, exercise and glucose levels. This leads to improved compliance and outcomes.

An initial pilot test coordinated with the Diabetes Care Center at Credit Valley Hospital, Mississauga, Ontario, Canada found marked improvement in patient self-monitoring and HbA1c levels over a three month period.

- Eighteen of 20 patients improved their HbA1c, one maintained an acceptable level, one decreased.
- Prior to the pilot only 9 of 20 patients recorded their blood sugar readings daily. After the pilot, 19 of 20 patients recorded daily or more frequently.
- Almost all of the respondents (19) said the program made a "moderate" to "substantial

- impact" on their ability to control their sugar levels.
- Eleven were "very" or "extremely" interested in continuing the program and 16 said they would recommend it to their physician.

Compared to other diabetes management programs, the INET system is:

- Less expensive.
- Easier to manage.
- Less time consuming.
- Simpler for providers and patients.
- Stand alone technology.
- Private and secure.

The INET Wireless Diabetes program is now ready for a larger test. The INET program is inexpensive and easy to try in small steps. The objectives include:

- To test the program in a wider variety of health care delivery systems.
- To test the program on a larger sample of patients.
- To carefully evaluate clinical and economic outcomes.

Diabetic patients are 2.5 times more costly to treat than comparable non-diabetic patients. Improved outcomes in even a small portion of a diabetic patient populations will more than pay for the cost of this program. INET is seeking sponsors and additional collaborators to determine if simplicity of use and improved patient compliance translate into cost savings in health care resource use.

Steps to implement the program at a Diabetes Center:

- 1) The program is currently designed to work through a diabetes center typically led by an endocrinologist.
- 2) After achieving Institutional Review Board (IRB) approval, the software can be installed in about one hour.
- 3) Center staff who are familiar with the Internet, e-mail, word processing software, spreadsheets and calendars can learn to manage incoming patient data in an hour.
- 4) The center initially enrolls two patients to test the technology and practice monitoring incoming results.
- 5) Enrollment is increased and conducted by the diabetes center.
- 6) Patient test results are evaluated (typically A1C is followed to measure control) at the beginning of the program and at three month intervals. There is a self-completed exit survey.

INET is looking for collaborators who will have the capacity to expand the program based on evidence of improved outcomes and reduced costs. In particular INET needs help of collaborators who can monitor healthcare resources used by patients before and after enrollment, and in comparison with similar patients who are not enrolled. When expanding the program other considerations include:

For providers this is an innovative program. Results from the initial pilot test indicate that it works best with physicians and nurses who are motivated to try new things. These providers will later be "champions" for the new

technology as the program is rolled out in the rest of the system.

Minimize time demands. Physicians and nurses in the initial pilot test had very little time to learn about the program and little time to implement. All explanatory materials must be kept to one page or less. All learning materials must have back-up redundancy so they can be conveniently reviewed.

What type of patient should participate? The best results are achieved with patients who had been through an initial counseling at a diabetes center or who have discussed their disease several times with a prevention oriented physician or nurse.

Post pilot costs. The pilot costs are determined for each project. For patients and providers that wish to continue the program the ongoing costs is estimated at \$5/month/patient for software licensing and support. During and after the pilot project the cell phone data charges are paid by the patient.

In the near future INET sees social networks as the next step to accelerate achievements in chronic disease management. From Jan 2004 to June 2006 the growth of social networks is represented when comparing the top ten aggregated social networks such as facebook and MySpace with Google and Yahoo. As recently as of January 9th, 2008, MySpace has more than 110 million monthly active users, 85% of MySpace users are of voting age (18 or older), and on average 300,000 new people sign up to MySpace every day. The introduction of facebook also has quickly grown to 60 million users, an average of 250,000 new registrations per

day since Jan. 2007, and an average of 3% weekly growth since Jan. 2007.

Of these social networks INET has discovered one which has grown to support a physician community. This is where physicians participate in real time peer to peer communications related to their clinical practice. Physicians can post observations and questions through the use of internet connections, blogs, instant messaging and other Web 2.0 applications. This physician community is called "sermo". It includes over 60,000 physicians and is growing between 1,000 to 2,000 physicians per week. For more details please visit their site at www.sermo.com.

Other social networks focus on the patient, an emerging area that is predicted to make a significant impact in chronic disease management. These sites are becoming the leading source for patients looking for clinical information (surpassing the physician as the patients' primary source.) One such internet-based network is CURE DiABETES which is a MySpace group. This group and others are remarkably intelligent showing how shared observation and their collective wisdom can produce some astonishing clinical insights. Another site to visit is PatientsLikeMe to see another example on how this works. These sites are demonstrating the ability to build trust by its members not allowing misinformation to remain "up" for very long. Please take a look at DiabetesMine where community members support a culture of self-policing and self-correcting.

At the point the physician (and other healthcare providers) and patient social networks intersect is the next evolutionary

step for the Wireless Chronic Disease Program. This is a new space to:

- Enhance the use of cell phone monitoring to support patient self-care and improve their outcomes.
- Bring together many community healthcare players locally and internationally.
- Create a new opportunity for equal healthcare access for developed and developing countries.

One way INET is looking to help support and fund these social networks is through sponsorship of online market research. This is where financial service companies, government agencies and health companies (especially pharmaceutical firms) pay to gain access, knowledge and insights on how physicians and patients work together in dealing with chronic diseases.

To gather more evidence for a wireless chronic disease program INET is seeking collaborators from researchers, sponsors, patients and healthcare providers to field additional pilot projects. Regardless of the location and budget INET makes it very easy to engage the program. As a first step, a Diabetes Center can start with one or two patients to quickly demonstrate the feasibility of the program. When ready the Diabetes Centers can form an expanded collaboration to formalize a project targeting 25, 50, 100, or 1000 or more patients. With success the program can quickly expand to other chronic diseases to remove additional cost barriers and most importantly

improve outcomes for a greater number of patients.

2008: Arrows Launched Towards Our Targets

Our mission: to discuss issues, develop ideas, and promote research on information technologies in the context of healthcare.

Sig-Health has launched many efforts in line with its mission in 2008. The SIG-Health 2007 officers set specific goals for the next five years were set based on extensive member input. The five-year goals included:

- One or more SIGhealth special issues in a journal with a committed focus in IS such as IJHTM, ISR, JAIS
- One SIGhealth electronic conference or pre-conference workshop,
- One SIGhealth member chaired mini-track/ tutorial/ or panel in every main IS conference (ICIS, HICSS, AMCIS, ECIS)
- One SIGhealth member paper in every main IS conference health care mini-track
- Enrich our newsletter
- Expand resources, particularly on-line for our members
- Promote member networking
- Promote relationships with related groups
- Ensure our researchers are aware of the needs in practice by actively involving practitioners in our research; every paper preferably should

have a practitioner as author. We will provide industry contacts to our members.

The 2009-2010 officers have a steady aim at these targets and have already launched quite a few arrows.

Special Issues. We hit the bull's-eye in launching a special issue for the Journal of the Association of Information Systems (JAIS) titled Health Care IT...Process, People and Patients. Submissions are due January 15th, 2010 with a camera-ready paper goal of December 2010.

Pre-conference workshop – AMCIS 2009. Another arrow is steadily aimed at our first solo-run full-day conference, which will take place on August 6, 2009 during the AMCIS tutorial day. The focus of this pre-conference will be round table work-in-progress (particularly targeted for the JAIS special issue) sessions, a grant writing presentation, and a presentation writing articles for health informatics journals.

Promoting Relationships with Related Groups. We are reaching out to related groups in a number of ways. The ICIS-2008 half-day pre-conference was our first attempt at a joint effort with SIG-ADIT (Adoption and Diffusion in Information Technology). The JAIS special issue also represents another effort to work with other related groups. The American Medical Informatics Association's People and Organizational Issues (POI) Workgroup, International Medical Informatics Association's Organizational and Social Issues Workgroup and IEEE Medical Technology Workgroup have agreed to serve as co-sponsors of this special issue

and will provide excellent sources for paper submissions and reviewers.

Newsletter Enrichment. We trust that the readership of this and the last newsletter see evidence of growth and development in our newsletter under the leadership of Nilmini Wickramasinghe with our regular features (e.g., calendar of events, voice from practice columns), special features (e.g., spotlights on centers of research in our area), new look, and commitment to issue two newsletters a year.

Expand resources particularly on-line for members. We encourage all members to visit our web site at <http://www.aissighealth.com>. There are many resources and services available to you through the web site that have been added or updated this year including health information system panel and tutorial materials that have been contributed by our members, a database of dissertations in health information systems, a list of health information systems programs, a calendar of events of interest, and how to participate in a friendly review process. We hope that our members take advantage of these resources both by using what is out there and contributing to the existing repositories.

Sig-Health representation at all major conferences. SIGhealth members have not only contributed papers or served as panel members, but chaired mini-track and/or panels at HICSS, AMCIS, and ECIS. ECIS 2008 marked our first SIG-Health ECIS panel. Many of our members presented papers and/or posters at AMIA. We now have SIGHealth conference chairs for many conferences, who work hard to promote tracks,

opportunities, and coordinate conference related events (informal and formal) for SIG-Health. Following are our conference chairs or officers designated to address opportunities at the various conferences. Please feel free to contact these members if you would like to learn more about conference efforts.

AMCIS 2009, Mark Gayor

mgaynor@bu.edu

ICIS 2008- Ron Spanjers

Ronald.Spanjers@iae.nl

BLED 2009 - Nilmini Wickramasinghe

nilmini@stuart.iit.edu

HICSS 2009- Cindy LeRouge

cynthialerouge@mac.com

BENAIS, Ton Spil

a.a.m.spil@utwente.nl

Promoting Member Networking. We hope to promote more networking through both formal and social gatherings at conferences. Our dinner at AMCIS has become a fun annual event. Plans are in the works for a dinner social associated with ICIS and lunch outing during ECIS.

To facilitate networking, members have asked for ways to better determine SIG-Health members planning to attend conferences and identify SIG-Health members once there. The SIG ribbons were a great help in identifying “birds” of a feather at AMCIS 2008 and we have our own supply now for future AIS conferences. Determining who is going to conferences proves more of a challenge. We have not had much response success to email or response systems using our web site. Our plans are to try Evite (an electronic invitation system) for the next few conferences to see if this produces more satisfactory results.

Promoting Relationships with Practice. This goal is a challenge given the geographic dispersion of our members. We have begun to address this goal by including practitioners on panel proposals sponsored by the SIG wherever possible and having a standing column in our newsletter that provides a “voice” from practice.

As you can see, SIG-Health has made “SIGnificant” progress over the last year through the hard work and dedication of its 2008 officers and members support in fulfilling the spirit of our organizational goal stated above. In fact, our progress and recognized presence caused us to be recognized by AIS as their feature SIG on the AIS main web site for July-August of this year. We thank all you that have helped us work towards our goals and look forward to your continued support as we move forward in achieving those goals.

By : Cindy LeRouge , SIG-Health Chair



ATTENTION
SIG-Health is
hosting a pre-AMCIS
workshop on August
6, 2009 in San
Francisco
By Bob Folden

Please plan to join us!

Frequent questions from our members include where can we go to get feedback on work in progress, learn more about grants, and learn how to write for a health informatics journal. Join funders, researchers, editors, and leaders in health information systems to obtain some

answers and insight. In addition, take this opportunity to socialize and connect with others interested in health information systems research through dialog about work in progress and over lunch and breaks. Registration will be kept at \$75 to defray part of the cost of the included lunch and breaks.

Instructions for registering will be sent via email and posted on the SIG-Health web site, once registration is open.

The day will start at 8:30, end no later than 3:30, and is planned as follows:

Roundtable Sessions-

During the workshop, JAIS Special Issue editors, AEs, and other workshop participants will work with interested authors to advance their works in progress towards journal submission at round table sessions. Most that have attended round table workshops to discuss work-in-progress indicate that this is a means to get some of the most valuable feedback they have received on work-in-progress given the collective dialog among the members at the table. We will particularly showcase work targeted for the JAIS Special Issue on Health Care IT...Process, People and Patients Call for Papers (see call details at

<http://www.aissighealth.com/phpbb/viewtopic.php?t=90>). Ideally, authors

intending to submit to the JAIS special issue will attend the pre-AMCIS workshop. In cases where authors will not attend, feedback will be provided via email after the close of AMCIS 2009. To provide feedback to authors of work in progress, we will conduct the following roundtable and poster sessions:

Work In Progress (full paper)

Roundtables – To discuss full paper works in progress submissions

For these two sessions, we ask that ALL interested authors submit their initial

drafts to Fay Cobb Payton at fay_payton@ncsu.edu by **April 30, 2009**. The JAIS special issue editorial team and other workshop attendees will work to provide collective feedback and comments to submissions. We anticipate two one hour sessions.

Abstract Roundtables – To discuss abstract submissions

For those authors who have developed abstracts, we will also host roundtables to also provide feedback from the JAIS Special Issue's editorial team and other workshop attendees. Authors willing to submit abstracts should do so by August 1, 2009 at fay_payton@ncsu.edu. We anticipate one abstract session.

Lunch Poster Session – To discuss early stage work particularly from doctoral students

We would like to especially encourage doctoral students to participate in a poster session which will take place during an extended lunch at the workshop. This is an excellent forum to get feedback from all attending the SIG-Health PreConference workshop. It also gives attendees the opportunity to review current research of emerging healthcare IS scholars.

Presentations – To discuss writing for a Health Informatics Journal and Grant Writing

The day will also include two special presentations. The first presentation, led by Medhu C. Reddy (<http://faculty.ist.psu.edu/reddy/>), will focus on writing for health informatics journals. The second presentation, led by Kristen Tolle, Microsoft Research (<http://research.microsoft.com/~ktolle/>), will focus on grant writing.

We look forward to seeing you on August 6, 2009!

AMCIS Report
By Mark Gaynor
AMCIS conference coordinator

Thanks to all SIGhealth members for a successful AMCIS 2008 conference in Toronto. We had 6 mini-tracks. Overall we were pleased with the attendance and are happy to note that the quality of the papers is increasing. The SIGhealth group sponsored a very successful and fun dinner with over 20 guests. There was a good mix between faculty, medical professionals, and students. The short walk from the hotel to the restaurant was a bit wet as it was pouring rain. We are looking forward to a successful AMCIS 2009 in San Francisco. For AMCIS 2009 we have the following 5 mini-tracks:

Mini-track #1

e-knowledge in Healthcare

Mini Track Chairs: Nilmini Wickramasinghe, Rajeev K. Bali, M. Chris Gibbons, MD, MPH, Eliezer (Elie) Geisler

Mini-track #2

Consumer-Centric Health Information Systems

Mini-track Chair(s): Bengisu Tulu, Samir Chatterjee, Thomas A. Horan

Mini-track #3

Electronic Medical Records and IT

Mini-track Chair: Alexander J. McLeod Jr.

Mini-track # 4

Reforming Healthcare: Policies, Practices and Processes

Mini-track Chair(s): Matthew W. Guah , Professor Wendy L. Currie, Kerstin Kink

Mini-track # 5

Business Processes and Standards for Healthcare Integration

Mini-track Chair: Elliot B. Sloane and Mark Gaynor

So please start planning your high quality paper now!!

SIG-Health Website

By Ron Spanjers, resource chair

We updated the website and migrated most posts from the forum to the website. This way you can find all our services in one interface. In one glance you can now see the last 10 news-items or select them per month or category. Stand by for further improvement. Suggestions at: sighealth @ aissighealth.com

A Collaborative Effort to Benefit Public Health

By Ann Fruhling

A collaborative effort to create a Center

for Public Health Informatics led by Ann Fruhling, Ph.D., associate professor of information systems at the College of Information Science & Technology, could result in improved response to public health issues, increased research synergy, a link to centralized data and the development of a unique, innovative curriculum.

A grant from the University of Nebraska Foundation for \$136,000 will enable those involved in the project to take the first steps toward establishing the center. “We’ll begin with a needs assessment to examine where we are and coordinate our efforts going forward,” says Fruhling. “We’d also like to schedule a summit meeting later this year to bring together officials from Nebraska Health and Human Services, researchers, health agency representatives and health practitioners.”

These interdisciplinary activities will help lay the groundwork for integrating existing and emerging health-related databases into an easily accessible resource for teaching, research, service, decision-making and policy development.

The project involves representatives of UNO’s College of Information Science & Technology (IS&T), the College of Public Affairs and Community Service, the College of Arts & Sciences, the UNO Center for Public Affairs Research, the University of Nebraska Medical Center’s College of Public Health and the Nebraska Public Health Laboratory.

Goals for the Center for Public Health Informatics (CPHI) include creating a Nebraska-focused Public Health Data Information Portal, conducting an

information analysis and data availability assessment, providing access to a “think tank” of medical professionals, researchers, faculty and experts; and the pursuit of additional national research grants.

Fruhling says one of the most pressing needs in public health is the ability to access, aggregate, analyze, translate and disseminate public health information. Access to this information is especially critical when responding to disasters or other emergency events.

By addressing this need, she says, the CPHI could:

Improve public health by helping identify public health issues more clearly and quickly, resulting in an improved response during emergencies and an increased awareness of important public health issues.

Increase public health research synergy by tapping into the many National Institutes of Health (NIH) and National Science Foundation (NSF) programs aimed at developing and maintaining complex data collection, processing and analysis repositories.

Enhance the linkage between public policy and academic research by providing a centralized means to promote involvement in public health issues and making data and research available for community-based health organizations, health professionals and others.

Foster the development of a unique and innovative curriculum by offering study and research opportunities for public health informatics students, giving them access to material managed by the CPHI that had not previously

been readily available.

“Public health informatics is a growing field that is rich with research opportunities but without a centralized, coordinating effort,” she says. “We believe the Center for Public Health Informatics will remedy that.”

Events to Note

By Ann Fruhling, e-health SIG
Publication Chair

Greetings Everyone,

It was great to meet several of you at the AMICS 2008 e-health SIG meeting and discuss mutual research interests at dinner. Good news!! There are more and more publication and research outlets in the e-health area.

For a more in-depth listing see the www.aissighealth.com forum, Check out: *Call for Papers – Journal Call for Papers – Conferences*

Also, I would also like to recognize our colleague, Dr. Vance Wilson, Editor of *Patient-Centered E-Health*, who recently published a premier e-health reference textbook. Congratulations Vance!!

Below are highlights of some important special calls and upcoming conferences for e-health researchers.

Upcoming Conferences:

AMIA Annual Symposium –
Washington, DC, November 8-12, 2008
<http://www.amia.org/meetings/f08/>

ICIS2008 – Paris, France, December 14-17, 2008
<http://www.unice.fr/icis2008/step1/themeTracks.html>

HICSS- 42 – Information Technology in Health Care Track - Big Island,
January 5-8, 2009

[http://www.hicss.hawaii.edu/Tracks and Mini-Tracks calls for HICSS 43 are due January, 2009:](http://www.hicss.hawaii.edu/Tracks%20and%20Mini-Tracks%20calls%20for%20HICSS%2043%20are%20due%20January,%202009%3A%20http://www.hicss.hawaii.edu/hicss_42/42_tracks.htm)
http://www.hicss.hawaii.edu/hicss_42/42_tracks.htm

Current Tracks: Information Technology in Health Care

Mini Tracks:

- [Innovative Tools for Bioinformatics and Translational Research](#)
- Consumer Health Informatics
- HCI Issues in Healthcare IT
- Healthcare Systems Off the Ward
- IT Architectures and Applications in Healthcare Environments
- IT Adoption and Evaluation in Healthcare
- Strategies and Technologies to Exchange Medical Information
- Transforming Health Care through Information Technology Adoption

• **HICSS-42 Cyberinfrastructure for Public Health and Health Services: Research and Funding Directions**
January 5, 2009 9:00am – 3:30pm

Join funders, researchers, editors, and leaders in improving health care with informatics at this pre-conference symposium to be held in conjunction with the 42nd meeting of the Hawaii International Conference on System Sciences (HICSS). This symposium will explore the innovations in information systems development and the subsequent opportunities toward making significant advances in public health and health systems research by taking the broad concept of cyberinfrastructure and

adapting it to the contextual environment of public health and e-health services.

Since the publication of the "Atkins Report" in 2003, there has been a burgeoning interest in the use of informatics across disciplines such as health care. Moreover, efforts such as the American Health Information Community (AHIC) have spearheaded the advancement of Health IT in both public health and health services domains. This symposium will feature a panel of researchers, funders, and editors who will discuss developments and opportunities, with special emphasis on four topics: smoking cessation, obesity, health services, and health disparities. The goal of the symposium is to identify key areas of alignment between research directions, funding priorities, and publication opportunities.

The day, fashioned to be an interactive exchange of intellectual dialogue, features an all-star line up of presenters. Do not miss this opportunity to interact with:

Tom Horan, Kay Center for E-Health Research, Claremont Graduate University,

Brad Hesse, Health Communication and Informatics Research Branch, NCI,

Bill Chismar, University of Hawaii

David Lightfoot, Social, Behavioral and Economic Sciences, NSF

Jason Bonander, Health Informatics Strategy, CDC

Abdul Shaikh, Health Communication and Informatics Research Branch, NCI

Mike Fitzmaurice, Information Technology, AHRQ

Mary Jo Deering, Informatics Dissemination, NIH/ONC

M. Chris Gibbons, Johns Hopkins Urban Health Institute (UHI), Director, Center for Community HEALTH (CCH)

Vic Strecher, Cancer Prevention and Control Program

Patti Brennan, Dept. of Industrial and Systems Engineering, University of Wisconsin-Madison

Noshir Contractor, Science of Networks in Comm. (SONIC) lab, Northwestern University

Dan Atkins, Research Cyberinfrastructure, University of Michigan, Ann Arbor,

Doug Stahl, Clinical Research Operations, City of Hope

Linda Hill, Preventive Medicine Residency, UCSD Medical Center

Tom Vogt, The Center for Health Research, Kaiser Permanente

Kate Christensen, Internet Services Group, Kaiser Permanente

Kevin Patrick, Family and Preventive Medicine, UCSD

Janice Nall, Division of E-Health Marketing, CDC

Ted Shortliffe, Journal of Biomedical Informatics, AMIA

Cynthia LeRouge, Guest Editor Special Edition, JAIS, St. Louis University

Symposium Co-Chairs: Dr. Thomas Horan, Dr. Bradford Hesse, Dr. William Chismar

Symposium Program Chair and Contact: Sue Feldman at Sue.Feldman@cgu.edu

HICSS Registration and website:
www.hicss.hawaii.edu

AMIA/Medinfo - South Africa - mark your calendars!!

<http://www.medinfo2010.org/>

Current publication opportunities for consideration are:

The 22nd Bled eConference

eEnablement: Facilitating an Open, Effective and Representative eSociety

June 15-18, 2009, Bled, Slovenia,

Important dates:

- Abstract or concept for friendly review not compulsory - due Dec 20, 2008

- Submission of paper - as per all Bled eConference submissions - due Feb 13, 2009

<http://bledconference.org/Next-Conferences>

ECIS – 17th Annual European Conference on Information Systems, Verona, Italy, June 8 – 10, 2009

Paper submission deadline November 15, 2008

<http://www.ecis2009.it/index.htm>

AMCIS – 15th Americas Conference on Information Systems, San Francisco, CA, August 6-9, 2008
 Important Deadlines
 January 2, 2009: General Call for Papers
<http://amcis2009.aisnet.org/>

Third International Workshop on e-Health Services and Technologies (EHST) and Second International Symposium on Computational Models for Life Sciences (CMLS), July 28, 2009, Sofia, Bulgaria

Paper submission due March 17, 2009
<http://www.icsoft.org/EHST.htm>

Journal Special Calls

Information Systems Research
 THE ROLE OF INFORMATION SYSTEMS IN HEALTHCARE ORGANIZATIONS:

Synergies from an interdisciplinary perspective

- Important Deadlines
- * Submissions Due (February 6, 2009)
 - * First Round of Decisions (June 2009)
 - * First Round Revisions due within three months of receipt of first round decision letter.

- * Research Symposium (September 2009)
- * Second Round of Decisions (February 2010)
- * Second Round Resubmissions Due (April 2010)
- * Final Decisions (June 2010)

<http://www.informs.org/site/ISR/index.php?c=8&kat=Special+Issues>

JAIS – Journal of the Association of Information Systems
 Special Issue on Healthcare IT: Process...People and Patients
 Important Dates

AMCIS 2008	SIG-Health Annual Meeting will discuss Special issue and expectations
August 2009	Abstract Deadline
January 15, 2010	Final submissions
April 30, 2010	Review decisions
August 1, 2010	Revised papers due
October 2010	Notification of acceptance
December 2010	Camera ready submission

<http://jais.aisnet.org/HealthCareIT.asp>
International Journal of Healthcare Technology and Management (IJHTM)

<http://www.inderscience.com/browse/callpaper.php?callID=876>

Submissions due January 31, 2009
 Special Issue on: "Public Health and Policy"
 Suitable topics include, but are not limited to:

- Health care administration

- Health policy and management
- Health management information
- Health informatics
- Pharmoeconomics
- Pharmacy administration
- Public health
- Epidemiology and environmental health
- International health
- Health economics and finance

Intl. J. Networking and Virtual Organisations
(www.inderscience.com/ijnvo)

And please feel free to take the lead and run a special issue in either of these journals. Just contact the Editor-in-Chief Dr Nilmini Wickramasinghe
nilmini@stuart.iit.edu

ICIS 2009 Associate Editor Invitation

ICIS 2009 would like to invite SIG-Health members to serve as an Associate Editor for the IT in Healthcare Track at ICIS 2009. If you are interested, please send a note to Matthew Guah (guah@few.eur.nl). The responsibilities of Associate Editors (AE) are to organize the review of 1 to 3 papers. AEs are asked to submit their areas of interest using Manuscript Central so we can make sensible review assignments. Paper submissions for ICIS 2009 are estimated to open on January 30, 2009 and close on May 5, 2009. Reviews will be due on June 15, 2009. Note this is not a SIG-Health sponsored event, though your participation is welcomed.

STANDING JOURNAL OPPORTUNITIES:

Remember that you can always submit your high quality healthcare and/or IS manuscript to either of

Intl. J Biomedical Engineering and Technology
(www.inderscience.com/ijbet)