Timothy Jay Carney, PhD, MPH, MBA
Curriculum Vitae

PERSONAL INFORMATION

4340 Henry Road
Snellville, GA 30039 US
Work Phone: 404.752.1694
Mobile: 770.362.5309
Work Email: thc8@cdc.gov
Personal Email: tcarney707@gmail.com
U.S. Citizenship – yes

EDUCATION

Doctor of Philosophy in Health Informatics   08/2006-12/2012
Minor in Public Health
GPA: 3.76 out of 4.0
Indiana University (IUPUI)
535 W Michigan Street
Indianapolis, IN 46202 USA

Dissertation (10/2012): An Organizational Informatics Analysis of Colorectal, Breast, and
Cervical Cancer Screening Clinical Decision Support and Information Systems within
Community Health Centers

Master of Business Administration in Information Science   10/2001-02/2004
Concentration in Project Management
GPA: 3.86 out of 4.0
DeVry University Keller Graduate School of Management
3575 Piedmont Road NE
Atlanta, GA 30305 USA
Graduated Magna Cum Laude

Master of Public Health in Health Systems Management   08/1995-05/1998
GPA: 3.47 out of 4.0
Tulane University School of Public Health and Tropical Medicine
1440 Canal Street #2400
New Orleans, LA 70112 USA

Bachelor of Arts in Political Science   01/1991-05/1993
GPA: 3.49 out of 4.0
Rutgers University, Newark College of Arts and Sciences
360 Dr. Martin Luther King Jr. Blvd., Hill Hall 325
Newark, NJ 07102 USA
Dean's List and Political Science Honor Society

Associate Degree of Science in Business Administration   08/1983-05/1989
GPA: 2.91 out of 4.0
San Diego City College
1313 Park Boulevard
San Diego, CA 92101 USA
Associate degree timeline interrupted by active military duty

ENTREPRENEURIAL ACTIVITIES

Senior Informatics and Data Science Consultant   10/2018-06/2019
Stewards of Change Institute (SOCI)

SOCI is a non-profit organization dedicated to advancing the health and well-being of communities through responsible, systematic information-sharing. SOCI is a "think-and-do tank" that hosts preeminent regional and national symposia for thought leaders and innovators from public and private sectors.

Founder and Managing Partner   12/2014-present
Global Health Equity Intelligence Collaborative (GHEIC), LLC.

GHEIC seeks to leverage innovative technology and systems evaluation as tools to foster smart health practices for eliminating health disparities and achieving health equity. GHEIC is dedicated to the empowerment of multilevel stakeholders, including health consumers, patients, providers, and organizations. Currently, now serving in a advisory role for GHEIC.

FELLOWSHIP TRAINING

Research Fellow - NCI CRCHD Diversity Supplement Award   09/2013-08/2015
3U54CA153602
Paul Godley (PI)

The Carolina Community Network Center to Reduce Cancer Health Disparities Diversity Supplement. This two-year supplemental award provided the recipient with intensive community-engaged training under the expert guidance facilitated through the CCN II Training Program and an integrative research, didactic study, and mentoring plan to develop skills in the design and implementation of a systems-level informatics strategy to population-based breast cancer prevention and control. The specific aims were to: (1) enhance research skills through training focused on systems science methodologies, (2) acquire in-depth training in research focused on eliminating cancer health disparities (CHDs) among African American breast cancer patients, and (3) to gain experience in using informatics analytics in responding to new or existing breast cancer health disparities threats to any one or all participants within the breast cancer care delivery system.

Post-Doctoral Fellowship   04/2012-06/2013

University of North Carolina School of Public Health
UNC Lineberger Cancer Center
Department of Health Policy and Management
1101-C McGavran-Greenberg Bldg., CB 7411
Chapel Hill, NC 27599 USA

This award provided intensive training on the dynamics of cancer health disparities and offered didactic study, peer learning, and research design mentorship on population intervention studies in cancer health disparities. I designed a pilot research study, "Smart Agents and Organizations in Breast Cancer Care in Eastern NC," funded by the Susan G. Komen Breast Cancer Foundation, which involved designing an IRB protocol, focus group survey items, and a needs assessment strategy.

National Cancer Institute TRBOCC Pre-Doctoral Fellowship   08/2009-12/2012
NCI R25CA117865
Indiana University (IUPUI)
535 W Michigan Street
Indianapolis, IN 46202 USA

This NCI-sponsored fellowship for Training in Behavioral Oncology and Cancer Control (TRBOCC) program provided experiences including a review of NCI activities, training in theoretical models in behavioral research, and training in intervention research. Recipients attended the Behavioral Cooperative Oncology Group Annual Meeting and the lecture "Overcoming Obstacles: Translating Interventions into Practice" presented by Dr. Robert T. Croyle, Director of the Division of Cancer Control and Population Sciences at NCI.

Anthem/Indiana Health Information Exchange Fellowship   08/2006-05/2008
Indiana University (IUPUI)
535 W Michigan St
Indianapolis, IN 46202 USA

This pre-doctoral fellowship provided support for didactic training in informatics and provided exposure to the national best practice model for information exchange through the Indiana Health Information Exchange (IHIE). The research project focused on develop of a requirements assessment for an electronic provider clinical dashboard leveraging IHIE data.

Associate Service Research Fellow, Informatics Specialist   08/2000-10/2003
Centers for Disease Control and Prevention
4770 Buford Hwy NE, Koger Center
Atlanta, GA 30341 USA

I assisted the Chief Information Officer with informatics-related activity within the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) by conducting research, preparing analytical reports, writing summaries, and reporting findings. I also served as the HIPAA co-coordinator, which required keeping NCCDPHP stakeholders informed of what

impact HIPAA would have on them and their projects via presentations, summary briefing documents, and development of the HIPAA intranet site at NCCDPHP.

Public Health Informatics Fellow, CDC/ORISE Fellowship   07/1998-06/2000
Centers for Disease Control and Prevention
Public Health Practice Program Office (PHPPO)
Koger Center - Williams Building
Atlanta, GA 30341 USA

This fellowship was an opportunity to gain exposure to the field of Informatics. The training included learning the Fundamentals of Computing, Database Design, Modeling, and Project Management. I developed a three-tier organizational analysis that examined organizational structure, function, and IT maturity level. This tool was modified and applied in a case study in a county level health department within the state of Georgia. I also served on project teams to develop tools for state and local public health agencies to access their overall information infrastructure capacity. This data was used in the formation of the Health Alert Network, a component of the CDC's plan to combat Bioterrorism and enhance local capacity to respond to these and other public health threats. I helped to organize a community response to a Public Health Foundation grant to establish health indicators for the Denver, Colorado Empowerment Zone residents. I also represented the CDC Public Health Informatics program during a presentation to the Georgia State University Nursing Informatics Adventure Society to discuss the merits of informatics training.

PROFESSIONAL TRAINING AND CAREER DEVELOPMENT FORUMS
NCI CRCHD Geographical Management of Cancer Health Disparities (GMaP) Program

Regional 1 & 2 GMaP Member   07/2015-02/2017
National Cancer Institute (NCI) Biomedical Research Network for Cancer Health Disparities researchers, scholars, and students to engage in collaborative research and knowledge sharing across multiple geographic boundaries to impact on cancer health disparities.
I served on the Internal Coordinating and Trainee Development Sub-committees.

2014 National Institute for Minority Health and Health Disparities (NIMHD) Translational Health Disparities Training, August 11-22, 2014, Bethesda, MD

National Cancer Institute (NCI), Center to Reduce Cancer Health Disparities (CRCHD) Professional Development and Mock Review Workshop, June 23–24, 2014, Bethesda, MD

Association of American Medical Colleges (AAMC) Minority Career Development Seminar September 20-23, 2013, New Orleans, LA

PROFESSIONAL EXPERIENCE

As the Associate Director for Informatics, I Provide leadership in the direction, development, testing, implementation, and evaluation of health informatics and information technology systems relating to the generation of public health information, data, IT, and surveillance

systems. Collaborate with high level scientific and technical staff within a variety of CIOs, government health agencies, private health and public health advocacy organizations. I also Provide leadership and direction for the broad application of health informatics and information technology throughout programmatic activities. I am Responsible for the implementation of policies, regulations, and requirements. I Direct, coordinate, and oversee work through subordinate team leaders and Advise staff about policies, procedures, and directives, of higher-level management or headquarters.

Associate Director, Office of Informatics (OIIRM)   08/2019-present
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
Centers for Disease Control and Prevention (CDC)
Chamblee Campus, Bldg. 107, Suite 8108
Atlanta, GA 30341
Phone: 404.498.2895
Email: thc8@cdc.gov

- Serve as the Acting Director for the Office of Informatics providing informatics resource governance, leadership, and consultation offering innovative technical and business solutions to enable effective data driven decision-making across NCCDPHP.

- Serve as the leader for integrating emerging informatics and technology standards, public health practices and policies, and customer needs to strengthen the NCCDPHP's mission and priorities. Current co-chair for the NCCDPHP Information Resource Council (Local IT Governance Board) and represents the center on the CDC Data Modernization Advisory Board. Provide oversight for reporting NCCDPHP IT project costs, schedules, performances, and risks to public health information systems.

- Provide oversight for building the Office of Informatics and Information Resource Management (OIIRM) by setting and achieving challenging goals for Data Modernization, IT Systems Modernization, and Surveillance Modernization. Using advanced methods of informatics science and IT strategic planning, and information gathering techniques.

- Manages the OIIRM's activities to identify and approve solutions for prioritizing deliverables, hiring additional staff, awarding IT contracts that will have an impact and improve the organization's capacity to carry out its mission with greater efficiency. Translate organizational leadership and identified business needs to create infrastructure for business, technical and communications needs that align with IT strategies and planning of overall public health goals.

- Oversees team that provides oversight of enterprise-wide IT security policies and procedures and coordination with the NCCDPHP OIIRM Information Security Systems Officer and Cyber Security Program Office.

- Provide strategic leadership and consultation across the Centers and Agency as an expert in informatics, data science, and new and emerging information technology tools, platforms,

methods, and architecture best practices to support the Data, IT Systems, and Surveillance Modernization in accordance with the and CDC Data Modernization Initiative (formerly, CDC Public Health Data Strategy) and the NCCDPHP Data Modernization Roadmap.

- Work with IT technologists and program leaders to incorporate Agency objectives, goals, and processes this into the technical architecture and maintain consistency of technology across the NCCDPHP in alignment with activities such as use and adoption of technology interoperability standards (FHIR, USCDI), leveraging Cloud Technologies, applying advance Data Science methodologies, and data visualization of large, complex datasets.

- Oversees efforts to meet NCCDPHP customer needs by creating and sustaining as a Lean and Agile Program Management Office (PMO) in a flexible and adaptive organizational culture that encourages commitment to quality service and high performance. Also strategize with other offices/divisions leaders to develop Multi-Dimensional IT Strategic Action Plans ® in support of our overall NCCDPHP Data Modernization efforts for a coordinated approach to address needs across the center.

- Designed and Implemented the NCCDPHP OIIRM Data Modernization Playbook for Success ®. This eight-module playbook was designed to strategically lead and coordinate a nearly $60 million dollar Data Modernization effort across all 8 NCCDPHP Divisions, 6 Communities-of-Practice (CoP's), 4 major contractors Deloitte, MITRE, APHL, and Gartner, and a portfolio of over 20 separate projects.

- Handle disagreements and resolve conflicts between/among staff, programs, and vendors by bringing the disagreements into the open and addressing the issues before requiring elevation.

- Foster and initiate collaborations with internal (NCCDPHP Leadership and programmatic staff) and external (funding recipients and management consultant vendors) stakeholders from diverse backgrounds and perspectives to generate new and different ideas to establish functions and services for NCCDPHP Data Modernization through OIIRM Data Modernization Strategic Coordination Hub.

- Provide guidance on NCCDPHP Integrated Platform (Data Lake) that connects data across all 8 NCCDPHP divisions. Support major vendors and contracting teams in ensure timely, complete, and efficient transfer as represented in the design and execution of a division- and center-level could migration strategy.

- Leading NCCDPHP efforts to design a national Public Health Use-Case for the management of Social Determinants of Health Data (SDOH) into an integrated, standards-based, FHIR enabled environment that connects data from multi-data sources across federal, state, healthcare, and others in partnership with The Gravity Initiative and ONC. I also sit on the Gravity Initiative Advisory Board.

- Represent NCCDPHP and CDC on internal and external workgroups, advisory boards, and committee to support and advance public health informatics in support of CDC objectives and NCCDPHP efforts to address chronic disease through the application of advances in informatics, IT, Data Science.

- Provide customer service to internal (NCCDPHP Leadership and Chronic divisions/programs) and external (funding recipients and other CIOs) by analyzing customer satisfaction data and trends to identify areas for improvement.

- Deliver clear, effective communication in an organizational setting by adapting sensitive and complex information to various audiences depending on their tailored individual, organization, and systems-level needs.

- Provide oversight of performance management principles to coordinate and monitor performance of complex IT systems, represented in a nearly $100M IT Contracts Portfolio, with nearly 119 discreet IT Assets, across all NCCDPHP divisions to meet organizational and unit objectives of this $1B budgeted CDC Center.

- Ensures coordination of data harmonization and systems interoperability within the center and facilitates linkage to related CDC-wide strategies. Builds consensus to connect data sharing systems to ensure safe, compliant, and efficient transmission and aids in decision-making.

- Report operational analyses of all NCCDPHP IT systems based on feedback from the business owner and factoring in the annual expenses to determine the health of the investment. Also provide an opportunity to collect modernization and enhancement requirements for improvements by collaborating with Chronic division/program leads to capture quality assurance recommendations for the next fiscal year.

- Provide oversight for the implementation and management of NCCDPHP IT projects that are scoped at the enterprise level for complex objectives, integrated team, large number of tasks and deliverables, aggressive timelines, and tracking of vendor staff hours and monthly cost. Review and analyze burndown charts against hours used and work delivered each month.

- Develop a communication policy and protocols tailored across program areas (i.e., collection, data processing, data management, analyses, reporting, and dissemination) to provide context for audience to address the most critical issues in a compelling and diplomatic manner.

- As the Associate Director for Informatics, leading an integrated team of FTEs and contractors in identifying and proving approval for solutions that will impact and improve the office and chronic divisions/programs throughout all 8 NCCDPHP Divisions.

- Actively participates on workgroups and in meetings with various Chronic divisions/programs to help explore, identify, evolve, develop, adopt and/or recommend

appropriate informatics strategies, methodologies, and standards. Leverage expertise and/or draw from contacts across the agency who present new approaches, resources and perspectives that can then be integrated into NCCDPHP's systems.

- Develops scientific policies for public health informatics, data science, and performs a variety of complex and broad activities and analyses related to health and information technology. Including but not limited to:
    o Develops and implements scientific policies and procedures on informatics practices and principles.
    o Effectively collaborates and provides expert scientific advice to a variety of internal and external stakeholders and partners to synthesize, develop and implement informatics policies and directions for future development.
    o Provides leadership in the development, piloting, implementation and evaluation of scientific information technology and information systems and applicable software systems to meet the Center's scientific and programmatic priorities.
    o Provides expert consultation, guidance and coaching on health information systems, their methodologies and approaches and effectively oversees crosscutting projects.
    o Provides leadership and SME support to internal and external working groups, committees, strategic planning initiatives in support of public health informatics.
    o Independently plans and develops strategies for new models of health information interchange and automation in medicine and public health.
    o Provides expert consultation, guidance and support on activities related to enterprise data management, and on strategies and initiatives related to data collection, transformation, management, integration, analysis and reporting/sharing.

- Leading People and Supervising Change. Including but limited to:
    o Clearly communicates the organization's strategic vision, mission, and values and effectively integrates these into the team/work unit's strategies, goals, objectives, work plans, and work products.
    o Continually assesses employees' individual developmental needs and provides appropriate developmental opportunities as part of the overall workforce development plan.
    o Effectively analyzes and provides sound advice to high-level program officials on decisions related to broad staffing, budgetary, policy, or regulatory matters affecting the overall program.
    o Effectively guides/coaches/mentors' subordinate employees on work methods, practices, and procedures; the selection and application of appropriate problem-solving methods and techniques; and the identification of the parameters of a viable solution.
    o Effectively manages organizational change including major changes to the structure and content of the operational or long-range program goals and objectives.

- Serve as liaison to other science-related functions in the CC/O. Including but not limited to:
  - Effectively and proactively fosters the work to align the CIO scientific activities with CC/CDC goals, objectives, and policies.
  - Provides timely, responsive scientific advice and consultation that reflects an expert understanding of subject matter.
  - Consistently researches and/or analyzes problems, issues, or program requirements, devising new analytical methods to evaluate findings.
  - Regularly conceives and implements new initiatives and projects to strengthen, facilitate and integrate programs. Reports and analyses are thorough, accurate, and of excellent quality, as judged by the supervisor.
  - Effectively represents CDC in matters of science in appearances before national forums related to NCCDPHP informatics policy and data modernization.
  - Consistently provides important and essential input and leadership in the interactions with other CDC, federal, state, and private sector groups that consistently enhances the credibility of the CC/O and CDC.
  - Interacts effectively with and leads staff, colleagues, managers and others in the development, delivery, acceptance facilitation and implementation of strategic program change in a manner that results in a positive impact on implementing changes in the Center's information technology, informatics and data science activities.
  - Effectively provides long-range plans, directs and evaluates the Center's scientific and programmatic activities for the development of scientific personnel, developing policy for strengthening staff and scientific expertise and for facilitating collaborative activities related to information technology, informatics and data science.
  - Collaborates effectively and proactively with leaders and scientists in other CIOs, CC/O, to coordinate and facilitate information technology, informatics, and data science policies, programs, and procedures to ensure integration of the Center's efforts and alignment of activities with CDC's broader scientific enterprise.

Director of Health Policy Research, Data Science and Analytics   12/2018-08/2019
The Satcher Health Leadership Institute (SHLI)
Morehouse School of Medicine
720 Westview Drive, SW
NCPC, Suite A-241
Atlanta, GA 30310

The SHLI Health Policy Division Director is responsible for leadership and vision in Division conceptualization, sustainability, design, planning, management, coordination, communication, and evaluation. The Director leads overall strategic direction for the division, direct the Health Policy Leadership Fellowship—currently in its tenth year of operation—dedicated to training new and emerging leaders in Health Policy and Health Equity/Health Disparities, as it applies to address pressing public health and healthcare delivery population health priorities. Additionally, sustains division efforts, supervises core staff, and support other SHLI programming efforts.

KEY ACCOUNTABILITIES/ESSENTIAL FUNCTIONS:

Conceptualization

- Contributed the overall strategic direction for the Division and lead the development of programming efforts.
- Worked with the team to develop and integrate all Division activities, including idea generation, research, networking with key internal and external resources, advocacy, monitoring approach, and evaluation strategy.
- Maintained accurate and current knowledge about trends, movements, and developing policy to stimulate appropriate Division directions and capitalize on emerging opportunities.
- Oversight, implementation, and sustainability of the SHLI Health Policy Leadership Fellowship Program operations, training curriculum, mentoring, and career development.

Sustainability

- Identified appropriate funding mechanisms to sustain and grow Division programs and activities through building partnerships, leading new grant submissions, and managing current grants portfolio.
- Leverage internal and external partners to develop grant proposals, contracts, sub-awards and other funding proposals.
- Lead all aspects of grant-making process in consultation with SHLI and Institutional leadership, including screening, selecting and recommending grants for funding; preparing funding documents; conducting site visits; ensuring completion of all aspects of knowledge management; managing and monitoring grant portfolio; and evaluating for effectiveness.
- Served as Principal Investigator and Project Lead interfacing with funders, including program and fiscal officers.
- Coordinated with SHLI and Institution program and fiscal officers to ensure appropriate grant, sub-award and contract management.
- Manage Division budgets, including forecasting resource requirements related to planning and design work.

Division Leadership

- Provided leadership and vision in designing, planning, managing, communicating, evaluating, and learning from Division efforts.
- Served as an ambassador of the Division, SHLI and Morehouse School of Medicine with key external stakeholders and intermediaries.
- Provided expertise in executive-level policy analysis, education and training, and advanced methods in data science and analytics.
- Articulated explicit change strategy(ies) and convene key stakeholders and intermediaries as appropriate.
- Identified and examined the opportunities and challenges in coordinating and leveraging human and financial resources for grant making and change making emphasizing implementation, outcomes, impact, and link knowledge to practice and policy.

Management/Coordination

- Coordinated all aspects of the Division's implementation and make appropriate adjustments to ensure achievement of the initiative's purpose and goals and all aspects of accountability and reporting are fulfilled and evaluated for effectiveness.
- Directed the Health Policy Leadership Fellowship, the flagship training program within the Division.
- Provided effective communication with key internal and external stakeholders and intermediaries.
- Developed and maintained strategic relationships to leverage human and financial resources (internal and external) that support program directions and enhance.
- Participated in open communication, sharing of information, and conflict resolution both within core programming area and across the organization.

Adjunct Assistant Professor for Public Health Informatics   02/2017-present
Assistant Professor for Public Health Informatics   07/2013-01/2017
Department of Health Policy and Management
University of North Carolina School of Public Health
1101-C McGavran-Greenberg Bldg., CB 7411
Chapel Hill, NC 27599-7411 USA

- Designed and facilitated adult-based graduate level courses specific to public health informatics management and collaboratively prepared grant proposals in support of the program.
- Studied the adoption and use of Clinical Decision Support in breast, cervical, and colorectal cancer for both clinical and process program performance.
- Conceptually designed and pilot tested a smart organizational maturity assessment for multilevel health systems. The survey was tested in a local health department setting and measured capabilities, beliefs, and attitudes for extracting necessary intelligence from surveillance and information systems to support (1) a learning health system, (2) knowledge management, and (3) decision making needs.
- Trained and led future scientists in their endeavor to become leaders in cancer health disparities research.

Senior Director, Data Analytics and Public Health Informatics (DAPHI)   02/2017-09/2018
Association of State and Territorial Health Officials (ASTHO)
600 Peachtree Street NE, Suite 1000
Atlanta, GA 30308 USA

Oversaw the fulfillment of objectives in ASTHO core project areas related to health information technology, public health surveillance, and public health informatics, including workforce development, funding strategies, grant and contract management, and monitoring federal legislation.
- Fostered and maintained collaborative relationships with stakeholders and external organizations to leverage resources, funding, and promotional partnerships.

- Formulated, drafted, and reviewed national public health policy related to informatics issues.
- Wrote grants and cooperative agreements, as well-developed services and products for cooperative agreement proposals.
- Managed all aspects of budget and financial allocations of grants, contracts, and projects.
- Tracked and analyzed federal legislation related to programmatic issues and communicated trends to Chief.
- Provided staff support to relevant ASTHO committees and task forces.
- Supervised staff and managed human and fiscal resources associated with projects.

Project-by-Project Breakdown of Informatics Tasks and Accomplishments since Joining ASTHO:

BioSense – Syndromic Surveillance
- Redesigned and co-facilitated monthly BioSense Governance Group (BGG) meetings, planning meetings, and budget meetings.
- Participated in strategy sessions and workgroups associated with BioSense Community Engagement Strategy for leveraging syndromic surveillance data, Syndromic Surveillance Community of Practice, the CoP National Steering Committee, and CDC stakeholders.
- Guided the efforts to re-examine the use of Amazon Web Services platform and worked with Amazon to design an optimization strategy for BioSense server hosting.
- Created a dashboard reporting interface with CDC officials to support event reporting for BioSense events.
- Designed internal ASTHO governance oversight dashboard strategy to monitor and track BGG activities, action items, and correspondence between BGG and CDC stakeholders.
- Participated in International Society for Disease Surveillance strategic session to discuss the future of syndromic surveillance, identifying ways to expand the use of syndromic surveillance data, and measuring its value to public and population health.

Digital Bridge – Electronic Case Reporting
- Participated in monthly digital bridge meetings of national stakeholders.
- Participated in monthly electronic case reporting (eCR) workgroup calls.
- Assigned to both the eCR Evaluation and eCR Communications subcommittee to assist in shaping the performance metrics/measures, overarch value proposition of eCR, and contribute to the messaging of eCR to national stakeholders.
- Co-facilitated the development of a State Health Officer (SHO) eCR Guidebook to serve as a tool for SHOs to help make the business case for eCR in their state.
- Participated in the planning and execution of three site visits to eCR implementation sites: Utah, Michigan, and Massachusetts.

Public Health Information Exchange (PHIE) – National Informatics Policy
- Participated in monthly calls of the Joint Public Health Informatics Taskforce (JPHIT) that includes member organizations from around the country and includes nine national

public health associations that help the U.S. governmental public health agencies meet national HIT objectives.

- Served as member of the JPHIT planning committee as ASTHO's co-lead.
- Facilitated and planned monthly meetings of Informatics Peer Directors Network (IDPN). Co-designed the April 2017 IDPN presentation entitled, "Supporting State and Territorial Health Agencies in Developing Smart, Learning Health Systems."
- Facilitated and planned bi-monthly ASTHO National Informatics Policy Committee Meetings, informed the development of the national policy statement, and was a contributing author to ASTHO informatics-related white papers, issues briefs, and position statements.
- Initiated a recruitment campaign to gain 100% representation on IDPN. Membership in IDPN grew from 33 to nearly 50 states and territories represented in our network.
- Organized a series dynamic speakers and webinars that covered topics on the learning health system, the vital record modernization efforts, state-/territory-wide health IT/informatics strategic plans, and more.
- Organized and facilitated the ASTHO Informatics Policy Committee (IPC) webinar on Precision Public Health that featured speakers and guests from all levels of the Public Health Informatics community including Dr. Patrick O'Carroll, Dr. William Yasnoff, Dr. Muin Khoury, Bill Brand, James Daniel, and the HHS CTO, Bruce Greenstein.
- Conducted a series of surveys of IDPN members on key topics for informatics strategy and to inform both ASTHO and CDC leadership.
- Engineered an effort to inform an ASTHO Informatics Policy Committee that approved a newly revised and robust Informatics Policy Statement that set the stage for shaping the year ahead.

Cancer Linkages of Cancer Registry and Birth Registry Data
- Participated in monthly stakeholder and project meetings to advance project-specific objectives with ASTHO, CDC, and state pilot site members.
- Participated in an in-person demonstration of cancer registry and birth registry data linkage in Georgia, one of three sites participating within this pilot study.
- Assisted in the development of the evaluation strategy to support the evidence building on the challenges and opportunities for cancer registry linkages to birth registry data.
- Co-authored AMIA 2017 abstract entitled, "Feasibility of State Public Health Agencies Linking National Program of Cancer Registries and Birth Certificate Data: Outcomes and Lessons Learned," by Roland E. Gamache, PhD, MBA, Timothy Jay Carney, PhD, MPH, MBA, Mary Ann Cooney, MPH, MSN, and Emily Moore, MPH. Manuscript due for submission in 2018.

United States Virgin Islands (USVI) Health Information Exchange Readiness Assessment
- Participated in monthly stakeholder and project meetings to advance project-specific objectives with CDC, ASTHO, USVI, and InductiveHealth Informatics (technology subcontractor).
- Participated in Feb/Mar 2017 USVI site visit to conduct stage one of a territory-wide HIT readiness assessment, examine opportunities for electronic data exchange and connectivity, and assess the technology landscape.

- Participated in a Jun 2017 USVI site visit to conduct stage two of a territory-wide assessment focused on specific interconnections between the USVI electronic vital records registry system (Genesis), public health National Notifiable Disease Surveillance System (NNDSS)-based platform, and other public health and clinical data sets.
- Led the requirements gathering exercise and development of the requirements document for our phase one visit. I originated the strategy employed: Community Engagement, Strategic Technology Assessment, and Systems Modeling (CESTASM) Sessions. This Information Ecosystem Analysis strategy is being pilot tested in USVI for use in other states, health settings, and organizational types.

Other
- Served on several national informatics committees, workgroups, and taskforces including the 2018 CDC Public Health Informatics Planning Committee, the National Academy of Medicine (NAM) Care Culture and Decision-making Innovation Collaborative Working Group on Technologies to Enhance Person, Family, & Community Activation for Advancing for Health Equity, and the HIMSS State Policy Advisory Panel.
- Was lead scientific content developer on an ASTHO grant to CDC, "Clinical Decision Support Protocol Design for Cascade Cancer Screening of Hereditary Cancers and Genetic Counseling" for $450,000. This is proposed as a two-state pilot project.
- Was lead scientific content developer on an ASTHO grant to CDC, "Chronic Disease Surveillance and Management Using EHR Data." This proposed $2.5 million grant will encompass a national assessment of state health department, local health department, and controlled health networks to engage in electronic data transfer to support chronic disease outcomes.
- Co-developed a grant response to an Office of Minority Health (OMH) grant for examining the potential data sources and linkages to support local, regional, and state health disparities efforts. I directed the science on this effort by proposing a $340,000 15 state pilot to examine the needs, capabilities, and readiness to engage in community-based knowledge exchange network (CBKEN) to foster communication, knowledge sharing, and technology best practices to support health disparities efforts.
- Instituted a weekly Informatics Team Training and Develop (ITTD) forum to allow for team informatics skill development sessions, foster ASTHO understanding of how informatics can work for their program, and provide structured opportunities to work on project deliverables, flow models, diagrams, and dashboard metrics.

Research Assistant   07/2008-07/2009
Regenstrief Institute at the Roudebush Veterans Administration Medical Center (VAMC)
1481 W 10th Street
Indianapolis, IN 46202 USA

My primary task was to serve as project manager for the Colorectal Cancer Care Engineering (CCE)/VAMC Quality Dashboard pilot project. My role was to gather requirements, evaluate software options, develop the conceptual interface design, implement the prototype, and then prepare the tool for usability testing and evaluation. This Business Intelligence application was designed to monitor and track patient populations for colorectal cancer providers and specialists, provide reminders and cues-to-action in an attempt to maintain a high level of quality

performance, and to monitor and track facility level indicators of success in screening, laboratory reporting, and treatment throughout the colorectal cancer care process. This role involved searching literature clinical dashboards, holding weekly stakeholder update meetings, and developing a prototype using dashboard development tools developed by Business Objects called Xcelsius and Axure RP Pro 5.5.

Informatics Specialist/Systems Engineer V   10/2003-11/2007
Northrop Grumman and Scientific Technologies Contractor
Centers for Disease Control and Prevention
4770 Buford Hwy NE, Koger Center
Atlanta, GA 30341 USA

I was assigned the dual roles of Lead Project Manager and Senior Informatics Analyst of an effort by the CDC's Division of Cancer to transform cancer registry operations across the nation. The National Program of Cancer Registries (NPCR) currently have a cancer registry in virtually every state in the nation and several U.S. territories that, combined, track over 95% of all cancer cases. I was charged with leading an 18-month effort to develop a Unified Modeling Language (UML) model of local hospital, state health department, and national cancer surveillance efforts. This model was to then provide a basis for the CDC's effort to lead the nation in leveraging the developing electronic health record in cancer surveillance at all levels of care.

- Project Manager (first 18 months of project) and Informatics Analyst (throughout the 3-year project) duties on the $300,000 to $400,000, 15 (core) member team included: monthly budget and performance reporting, development of project plan, logic model development, informatics analysis, Joint Application Development (JAD) session facilitation, tracking reports, and presentations.
- Team Composition: The core team consisted of 10 to 15 core CDC staff, an NCI liaison, cancer specialists and subject-matter-experts (e.g., pathologists, cancer registrars, and cancer surveillance administrators), and contract staff members from Northrop Grumman and SAIC. I facilitated weekly staff meetings and informational sessions.
- Facilitation Sessions: I co-facilitated our monthly teleconference/webcasts use-case development sessions and co-facilitated several national field exercises known as Strategic Assessment and Modeling Sessions (SAMS). These sessions consisted of 20 to 35 cancer system representatives where processes were modeled, standards were introduced, and use-case scenarios were reviewed. These sessions were designed to serve as information dissemination and intelligence gathering sessions.
- Technical Development Strategy: I redesigned the team into six major components, each responsible for engaging the partners in that sector and building a comprehensive use-case for each area that included: (1) Hospital Operations Workgroup, (2) Central Cancer Registry Workgroup, (3) E-Path Pilot Project Workgroup, (4) Messaging, Vocabulary, and Standards Workgroup, (5) RHIO/HIE (Health Information Exchange) Workgroup, and (6) Cancer Control and Data Utilization Workgroup. I guided the efforts to align the project with the growing International IHE (Integrated Health Enterprise) effort and to transfer our building use-case into a larger use-case for national chronic disease surveillance based on the electronic health record.
- Problems in Original Project Scope: Within the first 6 months of the project, I determined that it was under-budgeted, that the scale was underestimated, and that the estimated time

to completion was off by several years. I argued that the change of the magnitude they were hoping to accomplish must be participatory and not dictatorial in nature.

- Strategy of Engagement: In order to transform the entire cancer reporting mechanism, we needed to engage the partners at all levels, which included local hospitals, health systems, hospital associations, national laboratories, clinics, pathologist associations, radiologists, standards making bodies, the National Cancer Institute, the American Cancer Society, and many others.
- Key Spokesperson: I relinquished my role as Lead Project Manager when I left to start my PhD program in August 2006. I remained on the project for another year as Senior Informatics Analyst until November 2007 when my contract with Northrop Grumman was ended.

Senior Project Manager/Senior Business Counselor   01/1996-05/1998
City of New Orleans, Division of Economic Development
1300 Perdido Street, New Orleans City Hall Building
New Orleans, LA 70112 USA

Within the City Business Center, I counseled prospective business owners in New Orleans on the requirements for opening a business in New Orleans, was responsible for raising awareness around entrepreneurship incentive programs, and processed business license applications. Within the Office of Urban Development, I assisted the director on the management of key city projects sponsored by the Mayor's Office and assumed primary responsibility for three selected projects. I also prepared financial analysis, project reports, community briefings, and Urban Development Activity reports to be used by the office in briefings to the Mayor and the public.
City Business Center Responsibilities:
- Counseled prospective business owners in New Orleans on the requirements for opening a business in New Orleans.
- Was responsible for raising community awareness of the many incentive programs that were available to them to encourage entrepreneurship.
- Processed business license applications entered the data and tracked the progress of applications through to final issuing of the business permit.
- Represented the City Business Center at business seminars and workshops.

Office of Urban Development Responsibilities:
- Assisted the director on the management of key city projects sponsored by the Mayor's Office and assumed primary responsibility for three selected projects.
- Completed the Housing and Urban Development (HUD) 108 loan application packet.
- Assisted the director in the preparation of Urban Development activity reports and helped facilitate the communication between the developer and the Mayor's Office.
- Prepared financial analysis, project reports, community briefings, and Urban Development Activity reports to be used by the office in briefings to the Mayor and the public.

TEACHING EXPERIENCE

Full Courses
Current Course – Spring Semester Jan 2021 – April 2021
"Implementing Informatics Initiatives for Emerging Leaders" HPM 620
This course focuses on implementing informatics initiatives (e.g., programs, projects) in health organizations. Generally speaking, Health Informatics Initiatives for Emerging Leaders aim to promote effective information use for the purpose of improving the health of individuals and communities. Therefore, these initiatives have implications for various stakeholder groups, including consumers/patients, practitioners, administrators, and policy makers. This course aims to prepare students to consider informatics initiatives from various stakeholder perspectives and to assess these initiatives in the context of a health organization's mission, strategy, and operations. The goals of this course are to (1) provide an overview of clinical, consumer, and public health informatics; (2) enable students to learn about potential benefits of informatics initiatives as well as implementation challenges; and (3) provide frameworks and tools students can use to facilitate effective implementation and use of information resources within their current and/or future organizations.
University of North Carolina at Chapel Hill. Jan 2021 – April 2021

"Informatics for Population Health Management" HPM 890-008.
The course covers the uses of health information technology (HIT) to define and identify populations and sub-populations of interest, describe the health status and needs of populations, improve the health of populations, and evaluate services provided to populations. This course emphasizes the use of HIT within local, regional, and federal public health agencies and population-based private health care organizations, such as integrated delivery systems and health insurance plans.
University of North Carolina at Chapel Hill. Sep 2016-Dec 2016.

"Diagnosis and Design of Multilevel Intelligence for a Smart Health System" Formerly: "Applied Public Health Informatics: Diagnosis and Design of Public Health Intelligence" HPM 625.
This course focuses on the power of public health surveillance and system design as an instrument to improve patient and community health outcomes, interventions, policy, and programs. The course is designed to attract students from a variety of backgrounds, including researchers, providers, and public health administrators. The course seeks to provide an understanding of the role of informatics in healthcare delivery and public health systems evaluation and design. This course exposes students to the information-centric view of public health surveillance and healthcare monitoring systems as mechanisms of health systems intelligence. Students gain the essential knowledge of the metrics, measures, and methods used to evaluate intelligence in public health and healthcare delivery settings such as local public health interventions, national HIT initiatives, and global health initiatives.
University of North Carolina at Chapel Hill. Jan 2016-May 2016, Jan 2015-May 2015, Jan 2014-May 2014.

Courses in Development
"From National Data Systems to Actionable Intelligence to Eliminate Health Disparities"

This course represents a review and evaluation of the national surveillance systems, vital statistics, and national surveys that inform health disparities programs, policy, and interventions.

"National Cancer Surveillance Overview"
This course provides a historical perspective on global and national cancer surveillance and global, national, regional, and local efforts to improve registry operation and impact on cancer outcomes for the generation of health situational awareness.

Invited Lectures
Guest Lecture (08/2018). CDC Public Health Informatics Fellowship Program (PHIFP) Orientation Meeting. Association of State and Territorial Health Officials (ASTHO) Overview and Perspectives on Informatics State-Level Policy and Practice

Guest Lecture (11/2014). Course: UNC SPH-EPID 600 - Introduction to Public Health. Title: Designing Intelligence through Public Health Informatics (taught by Anissa Vines).

Guest Lecture (07/2014). Course: UNC HPM 940 - DrPH Scholars Program Introduction to Health Information Technology. Title: Designing Intelligence through Public Health Informatics (taught by Bill Gentry).

Guest Lecture (02/2014). Course: UNC-SLIS Health Informatics Lecture - UNC-Duke Health Informatics Seminar Series. Title: Meeting the Challenges of Smart and Connected Health: A Cancer Health Disparities Use-Case (taught by Javed Mostafa).

Guest Lecture (02/2014). Course: HPM 873 Seminar Series. Title: Defining an Intelligent System in Cancer Health Disparities: An Informatics Perspective (taught by Antonia Bennett).

Guest Lecture (10/2013). Course: HPM 754 Health Care in US: Structure and Policy. Title: Surveillance as a Precursor to Policy in the Context of Public Health Intelligence (taught by Sally Stearns and Suzanne Havala Hobbs).

Guest Lecture (05/2013). Course: NCCU Partners Program. Title: Response to Smart and Connected Health Announcement: Brainstorming Session (taught by Trinnette Cooper).

Guest Lecture (04/2013). Course: Participatory Systems Science Class Presentation. Title: Introduction to Dynamic Network Analysis: Using Network Analysis Tools Construct and ORA (taught by Kristin Hassmiller-Lich).

Guest Lecture (03/2013). Course: Implementing Health Informatics Initiatives. Title: An Overview of National Cancer Surveillance (taught by Chris Shea).

Guest Lecture (11/2012). Course: HPM 873 Seminar Series. Title: Generating Hypotheses in Public Health Research/Practice Using Computer Simulations (taught by Bryce Reeve).

Guest Lecture Evaluation

As part of my ongoing career development, I survey participants and faculty in attendance to offer feedback on my lecture. I use this data to provide feedback as a valuable source of continual quality improvement in my guest lecturing. Below are statistics on my guest lectures.

Survey items included in the evaluation:
1. The instructor communicated ideas and concepts clearly.
2. The instructor demonstrated a thorough grasp of the course material.
3. The instructor explained the material in an interesting manner.
4. The instructor was well-organized.
5. The instructor encouraged participation in class.
6. The pace of the lecture was good.
7. The practice exercises contributed greatly to my understanding of the subject.
8. The instructor used good examples in lecture.
9. The instructor noticed when students needed help.
10. The instructor used class time efficiently.
11. The objectives of the class were stated clearly at the beginning of the class.
12. The instructor stimulated my interest in the subject.
13. The instructor gave helpful feedback in a timely manner.

Summary Results of Guest Lecture Evaluations:
Students and faculty in attendance were asked 13 questions anonymously and asked to respond on the degree of agreement for each statement, where 5=strongly agree, 4=agree, 3=unsure/neutral, 2=disagree, and 1=strongly disagree. Missing or incomplete responses were eliminated from the results.

Variable	N	Mean	Std Dev	Minimum	Maximum
Q1	86	4.42	0.62	3	5
Q2	85	4.65	0.52	3	5
Q3	86	4.37	0.73	2	5
Q4	86	4.5	0.62	2	5
Q5	77	3.56	0.9	2	5
Q6	85	4.19	0.73	2	5
Q7	39	3.85	0.89	2	5
Q8	81	4.46	0.63	3	5
Q9	32	3.44	0.75	2	5
Q10	77	4.4	0.69	2	5
Q11	75	4.48	0.7	3	5
Q12	78	4.12	0.85	2	5
Q13	38	4.13	0.77	3	5

MILITARY SERVICE

Hospital Corpsman   11/1982-11/1986
United States Navy
US Duty Stations

San Diego, CA 00000 USA

While serving in the U.S. Navy, I worked in the Primary Care Clinic and in Preventive Medicine. Primary Care involved performing patient interviews and laboratory tests for physicians, and my responsibilities in Preventive Medicine included these duties as well as emergency preparedness activities and food facility safety inspections. As a member of an overseas deployment to countries including Korea, Japan, Thailand, Singapore, and Philippines, I was charged with communicating the health importance of prevention efforts against malaria to all shipboard personnel (over 500 men). To achieve this, a live television broadcast was hosted that was seen by the entire squadron (over 2000 men). In this video, I discussed the prophylactic phase of the malaria preventive efforts and the importance of periodic screening to ensure compliance. This event was video taped for future training sessions.

Working in the Primary Care Clinic:
- Interviewed patients, took vital signs, and assisted the physician by performing laboratory tests.
- Managed the system that worked with patients needing prescription refills and assessed their conditions to determine which - if any - laboratory tests were needed during their screening.

Working in Preventive Medicine:
- Wrote reports on food facility safety inspections, assisted in military field exercises with protective spraying, water purification efforts, and training exercises.
- Assisted in emergency preparedness activities as needed, including mock drills, assessment of readiness, and preparation of educational materials.
- Assisted the shipboard physician by treating patients during clinic activity. My role consisted of conducting initial screening, diagnosing and treating patients, and assisting the physician conducting community screening for sexually transmitted diseases.

CERTIFICATE AND COURSE TRAINING

Institute for Network Analysis and Computational Modeling
Center for Computational Analysis of Social and Organizational Systems (CASOS)
Carnegie Mellon University Summer Institute Training
- Organizational network analysis
- Computational modeling and simulation
- Data system diagraming and logic modeling.

Georgia Institute of Technology Certificate Training
- Introduction to Computing and Information Technology
- Relational Database Design
- Database Modeling
- Information Security
- Introduction to IT Project Management

Additional Computer Training/Experience:
- SQL Server 2005
- .Net Development Suite
- Xcelsius (Business Objects) Business Intelligence Tool
- XML Development Tool
- Ontology Development (Protégé)
- SPSS Version15.0
- SAS Version 9.1
- Axure RP Pro 5.5
- CDC/Emory University: Informatics Management Development Program
- Public Health Informatics: A Course for Public Health Program Managers
- G.I.S. Introduction to Arcview and Spatial Analysis Techniques
- Data-Modeling Process Modeling concepts and applications

SELECTED PUBLICATIONS

Peer-Reviewed

1. **Carney TJ**, Garrett N, Shea C, Orlova A. Proposed Contextual Model for Community Interoperability and Health Information Exchange for Health Intelligence. Journal. In Preparation.

2. **Carney TJ**, Leak-Bryant A, Best N. A Conceptual Data Model of Coordinated Breast Cancer Communication for Rural Eastern North Carolina Stakeholders. In Preparation.

3. **Carney TJ**. Making Health-System Intelligence a Priority in Health Performance Evaluation. Health Policy and Technology (HPT). Under Review.

4. **Carney TJ**, William C. Closing the Gaps in Cancer Intelligence for Enhanced Surveillance & Situational Awareness. Cancer Epidemiology. Under Review.

5. **Carney TJ**, Best N. An Informatics-Focused Conceptual Framework for Systems-Level Health Disparities Performance Evaluation. International Journal of Health Policy and Management (IJHPM). In-progress.

6. **Carney TJ**, Kong AY. Leveraging health informatics to foster a smart systems response to health disparities and health equity challenges. Journal of Biomedical Informatics, (In-Press 2017) http://dx.doi.org/10.1016/j.jbi.2017.02.011.

7. **Carney TJ**, Shea, CM. Informatics Metrics and Measures for a Smart Public Health Systems Approach: Information Science Perspective, Computational and Mathematical Methods in Medicine, Volume 2017 (2017), Article ID 1452415, 12 pages, https://doi.org/10.1155/2017/1452415.

8. **Carney TJ**. Computational Modeling of Knowledge Empowerment for Health Disparities and Health Equity Stakeholders. International Journal of Civic Engagement and Social Change (IJCESC), International Journal of Civic Engagement and Social Change (IJCESC) Volume 3, Issue 3, July - September 2016, ISSN: 2328-5494; EISSN: 2328-5508.

9. **Carney TJ**, Weber DJ. Public Health Intelligence: Learning From the Ebola Crisis. Am J Public Health. 2015 Sep;105(9):1740-4. doi: 10.2105/AJPH.2015.302771. Epub 2015 Jul 16. PMID: 26180978. Pages 1740-1744.

10. **Carney TJ**, Morgan GP, Jones J, McDaniel AM, Weaver M, Weiner B, Haggstrom DA. Hypothesis generation using network structures on community health center cancer-screening performance. J Biomed Inform. 2015 Aug 11. Pages 288–307.

11. **Carney TJ**, Morgan GP, Jones J, McDaniel AM, Weaver MT, Weiner B, Haggstrom DA. Using Computational Modeling to Assess the Impact of Clinical Decision Support on Cancer Screening Improvement Strategies within Community Health Centers. Journal of Biomedical Informatics (JBI). 2014 Oct;51: pages 200-209. doi: 10.1016/j.jbi.2014.05.012. (Epub 2014 Jun 18).

12. **Carney TJ**, Weaver M, McDaniel AM, Jones J, Haggstrom DA. Organizational factors influencing the use of clinical decision support for improving cancer screening within community health centers. International Journal of Healthcare Information Systems and Informatics, 2014, January; 9(1): pages 1-29.

13. **Carney TJ**. Dissertation: "AN ORGANIZATIONAL INFORMATICS ANALYSIS OF COLORECTAL, BREAST, AND CERVICAL CANCER SCREENING CLINICAL DECISION SUPPORT AND INFORMATION SYSTEMS WITHIN COMMUNITY HEALTH CENTERS." : 380. Approved by: Josette Jones, Anna McDaniel, Michael Weaver, Matthew Palakal, David Haggstrom (2012). 380 pages.

14. Haggstrom DA, **Carney TJ**. Cancer care disparities: research regarding timeliness and potential coordination. American Journal of Managed Care 2009;15(11): pages 778-80.

15. Thames SF, Gerlach K, Martin HJ, **Carney TJ**, Penberthy LT, Lanzilotta M, Peace S. Introduction to the National Program of Cancer Registries- Modeling Electronic Reporting Project (NPCR-MERP); Journal of Registry Management 2006;33(3): pages 97-101.

Technical Reports and White Papers

1. White Paper (2018) National Academy of Medicine (NAM) Working Group on Technologies to Enhance Person, Family and Community Activation. Title: Infrastructure for Addressing State-Level Disparities (in progress)

2. White Paper on Building a Roadmap for Health Information Systems Interoperability for Public Health. The Public Health Data Standards Consortium (PHDSC) and Integrating the Healthcare Enterprise (IHE) (Contributing Author, 2007). 66 pages.

3. Requirements Findings: NPCR-MERP Central Cancer Registry Strategic Assessment and Modeling Session (SAMS) Atlanta, GA. October 6th- 8th 2006 CDC/DCPC/NPCR National Program of Cancer Registries – Modeling Electronic Reporting Project (NPCR-MERP) (Contributing Author). 18 pages.

4. Requirements Findings: NPCR-MERP Hospital Cancer Registry Strategic Assessment and Modeling Session (SAMS) Richmond, VA February 6th- 8th 2006 CDC/DCPC/NPCR National Program of Cancer Registries – Modeling Electronic Reporting Project (NPCR-MERP) (Contributing Author). 53 pages.

5. Abe T, **Carney TJ**, Durbin E, Gerlach K, Gordon B, Havener L, Hill K, Kennedy M, Madden J, Martin J, Menck H, Peace S, Phillips JL, Reichman M, Ries L, Rycroft R, Smith B, Van Galen G, Van Heest S. (2006). Real-Time Reporting Task Force: Report to the Board. North American Association of Central Cancer Registries (NAACCR). 27 pages.

6. **Carney TJ**, et al. (2004). Logic Model Demonstrating the Application of Informatics Concepts to Meeting Chronic Disease Surveillance, Evaluation and Program Objectives. National Center for Chronic Disease Prevention and Health Promotion. 1 page.

7. **Carney TJ**, et al. (2003) Race and Ethnicity: Implementing the Office of Management and Budget (OMB) Policy Directive Number 15 in NCCDPHP Surveillance Systems. CDC/NCCDPHP Workgroup on Race & Ethnicity. 69 pages.

PRESENTATIONS

1. **Carney, TJ**. (2018) National Academy of Medicine (NAM) Working Group on Technologies to Enhance Person, Family and Community Activation. Title: Infrastructure for Addressing State-Level Disparities

2. **Carney TJ**. (2018) Health Information Management Systems Society (HIMSS) State Advisory Panel Meeting. Title: Association of State and Territorial Health Officials (ASTHO) Overview and Perspectives on Informatics State-Level Policy and Practice

3. **Carney TJ**. Stewards of Change Institute (SOIC) Symposium in the National Interoperability Collaborative - Advancing Information-Sharing in California and Beyond: Title: Building Collaborations and Information-Sharing Across Multiple Domains.

4. Moore E., **Carney TJ.** (2017) National webinar to the Association of State and Territorial Health Officials (ASTHO), Informatics Directors Peer Network (IDPN). Title:

Supporting State and Territorial Health Agencies in Developing Smart, Learning Health Systems

5. **Carney TJ**. (2016) American Association of Health Information Managers (AHIMA) Live Webinar Series. Title: The New Role of Health Information Managers in Smart, Intelligent, and Learning Health Systems.

6. **Carney TJ**. (2016) Henry Ford Medical Center Presentation. Title: Conceptual Stages in Modeling, Measuring, and Precision Intelligence for Cancer Prevention and Control.

7. **Carney TJ**, Ising A. (2016) UNC Chapel Hill Carolina Health Informatics Program (CHIP) Spring Retreat: Public Health Informatics Topics Overview.

8. **Carney TJ**. (2015) UNC Board of Trustees Session Briefing on Informatics Research Activity: Diagnosis and Design of Smart, Equitable, and Empowering Health Care.

9. **Carney TJ**. (2015) University of Michigan Learning Health Systems Lecture: Smart Individuals, Organizations, and Networks in Cancer Health Disparities: Modeling, Measuring, and Managing Knowledge Empowerment.

10. **Carney TJ**. (2015) University of Michigan Learning Health Systems Lecture: Multilevel Intelligence Assessment Strategy for Smart Response to Health Disparities.

11. **Carney TJ**, Callaham M. Godley PA, Weiner BJ. (2014) Smart Agents and Organizations: Conceptual Design of a Community-Based Knowledge Exchange Network to Address Cancer Health Disparities/Health Inequities. National Cancer Institute (NCI), Center to Reduce Cancer Health Disparities (CRCHD) Workshop, Bethesda, MD.

12. **Carney TJ**. (2014) UNC-Duke Health Informatics Seminar Series. Title: Meeting the Challenges of Smart and Connected Health: A Cancer Health Disparities Use-Case, Chapel Hill, NC.

13. **Carney TJ**. (2012) Complex Adaptive Systems for Public Health Practice and Research. Gillings School of Global Public Health, Public Health Informatics Workshop, Chapel Hill, NC.

14. **Carney TJ**. (2012) Diagnosis and Design of an Informatics Strategy to Eliminate Health Disparities. Gillings School of Global Public Health, ECHO Conference Seminar Series, Chapel Hill, NC.

15. **Carney TJ**. (2012) Using Computational Modeling to Analyze Community Health Center Cancer Screening Performance. Science of Eliminating Health Disparities Conference, Washington, DC.

16. **Carney TJ**, McDaniel, AM, Weaver, M, Jones, J, Palakal, MJ, Haggstrom, DA. (2011) An Organizational Informatics Approach to Studying Colorectal, Breast, and Cervical Cancer Screening Clinical Decision Support and Information Systems within Community Health Centers. Multilevel Interventions in Health Care: Building the Foundation for Future Research Conference, Las Vegas, NV.

17. **Carney TJ**, McDaniel AM, Weaver M, Jones J, Palakal MJ, Haggstrom DA. (2011) An Organizational Informatics Approach to Studying Colorectal, Breast, and Cervical Cancer Screening Clinical Decision Support and Information Systems within Community Health Centers. IU Simon Cancer Center Cancer Research Day Conference, Indianapolis, IN.

18. **Carney TJ**, McDaniel AM, Weaver M, Jones J, Palakal MJ, Haggstrom DA. (2011) An Organizational Informatics Approach to Studying Colorectal, Breast, and Cervical Cancer Screening Clinical Decision Support and Information Systems within Community Health Centers. AMIA Doctoral Consortium on Sociotechnical Issues in Medical Informatics, Washington, DC.

19. **Carney TJ**, McDaniel AM, Weaver M, Jones J, Palakal MJ, Haggstrom DA. (2011) An Organizational Informatics Approach to Studying Colorectal, Breast, and Cervical Cancer Screening Clinical Decision Support and Information Systems within Community Health Centers. Workshop on Interactive Systems in Healthcare (WISH), Washington, DC.

20. **Carney TJ**, Matthews P, Thames S, Rogers J, Gerlach K. (2007) CDC NPCR-MERP/HIMSS e-Surveillance Assessment for Electronic Reporting in Cancer Registry. Operations National Cancer Registrars Association Annual Meeting, Detroit, MI.

21. **Carney TJ**. (2006) Analyzing Collection of Medical Data from EMR to Disease Registry: Based on Cancer Registry Examples United Kingdom Association of Cancer Registries (UKACR). The Netherlands Cancer Registry (NCR) Conference - The Role of Cancer Registries in Surveillance and Cancer Care, Amsterdam, Holland.

22. **Carney TJ**, Thames S, Lyalin D, Burolla M, Scharber W. (2006) Conceptual Model of Electronic Reporting in Hospital and Central Cancer Registries: Initial Efforts. National Cancer Registrars Association Annual Meeting, Regina, Saskatchewan, Canada.

23. **Carney TJ**, Thames S, Lyalin D, Burolla M, Scharber W, Agrawal M. (2006) Analyzing Collection of Medical Data from EMR to Disease Registry: Based on Cancer Registration Examples. AMIA Spring Meeting, Phoenix, AZ.

24. Thames S, **Carney TJ**. (2006) NPCR-MERP: A National Model Phase II. Public Health Information Network (PHIN) Conference, Atlanta, GA.

25. Thames S, **Carney TJ**. (2006). NPCR-MERP: A National Model Phase II. National Cancer Registrars Association Annual Meeting, Regina, Saskatchewan, Canada.

26. Thames S, **Carney TJ**. (2005) NPCR-MERP National Program of Cancer Registries-Modeling Electronic Reporting Project Overview. Public Health Information Network (PHIN) Conference, Atlanta, GA.

27. **Carney TJ**. (2005). NPCR-MERP National Program of Cancer Registries- Modeling Electronic Reporting Project Overview. National American Association of Central Cancer Registries Association, Boston, MA.

28. **Carney TJ**. (2004). NPCR-MERP National Program of Cancer Registries- Modeling Electronic Reporting Project Overview. National Cancer Registrars Association Annual Conference, New Orleans, LA.

29. **Carney TJ**. (2002). Understanding HIPAA: Deciphering the Transaction Rule. 2002 National Breast Cervical Cancer Program Directors Meeting, Atlanta, GA.

30. **Carney TJ**. (1999). Organizational Development through Informatics: Building an Information Processing Entity. American Public Health Association Meeting, Chicago, IL.

31. **Carney TJ**. (1998). Annual Surveillance Conference for E.I.S. Officers: An Evaluation of the Behavioral Risk Factor Surveillance System (BRFSS). CDC, Atlanta, GA.

SERVICE

National Outreach

Professional Affiliation and Workgroups
- 2018 CDC Public Health Informatics Conference Planning Committee
- National Academy of Medicine (NAM) workgroup Care Culture and Decision-making Innovation Collaborative Working Group on Technologies to Enhance Person, Family, & Community Activation for Advancing Health Equity (current)
- Health Information Management Systems Society (HIMSS) State Policy Advisory Panel (former)

Regional Outreach
Board Member   07/2013 to 01/2011
Resource Member of the Quality Committee   01/2011 to 01/2017
Piedmont Health Service
This large community health center provides primary health care to residents of five largely rural counties in North Carolina. PHS is a national best practice model for Patient-Centered Medical Home models delivered thorough a Community Health Center/Federally Qualified Health Center (FQHC) that primarily serves vulnerable populations. I started out at a resource member to the board and elected as a full board member

Volunteer Member   11/2015-01/2018
North Carolina State Cancer Control Planning Committee
I served on the Early Detection and Surveillance & Evaluation Sub-committees.

Economic Development Volunteer   01/1996-07/1996
City of New Orleans, Division of Economic Development
New Orleans City Hall Building, 1300 Perdido Street
New Orleans, LA 70112 USA
My role as volunteer in the New Orleans Mayor's Office of Small and Emerging Business
Development was to assist to Division in its efforts to educate and inform the citizens of New
Orleans of the funding opportunities afforded to them for business development, expansion, and
job creation.

Sub-committee Member   2005-2007
REACH Coalition, Atlanta GA
This is a community-based coalition formulated to create and implement strategies to reduce the
incidence of heart disease within designated areas of Fulton County. I participated on a
subcommittee to design a strategy and action plan to help get churches located within the area to
participate in the effort to install Automatics External Defibrillators (AED's) and to train church
members on the usage of the device, thus helping to provide more immediate response to
medical emergencies.

Health Ministry Member   2001-2006
Antioch North Baptist Church North /
My primary role in the group was to help coordinate the annual Church Health Fair. This
required coordinating with various health-based agencies and organizations to provide health
services and information for both church members and the community at large. Previous
participants have included: Fulton County Department of Health, the American Heart
Association, Morehouse University School of Medicine, The American Cancer Society, and
other local health practitioners.

Chair, Information Systems and Health Assessment Section   2005
Georgia Public Health Association
As Chair, I attended statewide association meetings and strategic sessions, and participated in
section strategy development sessions designed to increase exposure and increase membership.

Chair, Disease Management Workgroup   2005
Georgia Health Information Exchange/RHIO Executive Committee
I chaired workgroup meetings with key stakeholders, and coordinated the development of the
initial Disease Management Georgia Health Information Exchange Business Plan.

Volunteer Marketing Strategist   1998
Algiers-Fischer Community Health Clinic
As a graduate student at Tulane University, I co-developed a strategic marketing plan designed
to enhance community awareness of the services offered by the clinic and to increase patient
visits. This consisted of analyzing factors such as utilization trends, competitors, expenditures,

and patient profiles. This analysis was followed by the formation of a plan of action aimed at increasing community usage of the clinic.

Institutional Service
Search Committee Member
Department of Health Policy and Management
University of North Carolina School of Public Health
1101-C McGavran-Greenberg Bldg., CB 7411
Chapel Hill, NC 27599-7411 USA

Search Committee Member
Department of Health Informatics
University of North Carolina School of Public Health
100 Manning Hall
Chapel Hill, NC 27599 USA

mHealth Research Committee Member
University of North Carolina
This committee's purpose was to explore smart and connected health funding opportunities and research capacity across the UNC campus.

I often review manuscript submissions to leading informatics, health services, and community health journals.

Mentorship
Recommendation Writer
Allison Young, position??CDC Fellowship Award Application
Won the CDC Public Health Informatics Fellowship Award

Recommendation Writer
Mary Kristina Wharton, Doctoral Candidate at Tulane University School of Public Health

Doctoral Dissertation Committee Member   2014-2017
Doug Ball, DrPH candidate in Health Policy and Management, UNC

Doctoral Dissertation Committee Member   2014-2018
Lindsey Katherine Shonteé Yates, PhD candidate in Health Policy and Management, UNC

Masters Paper Reader and Graduate Research Project Supervisor   2014-2015
Melissa Callaham, MSPH in Health Policy and Management, UNC
                    Won the CDC Public Health Informatics Fellowship Award

Undergraduate Honors Thesis Reader   2014-2015
Sara McCauley, BSPH in Health Policy and Management, UNC

Academic Advisor   2014

Cassandra Corbyons, MHA in Health Policy and Management, UNC

Academic Advisor   2014
Deen Gu, MHA in Health Policy and Management, UNC

Academic Advisor   2014
Caitlin Christine Johnson, MHA in Health Policy and Management, UNC

Graduate Research Project Supervisor   2014
Seri Link, MSPH/PhD in Maternal and Child Health, UNC

Academic Advisor   2014
Andrew Novokhatny, MS in SLIS Health Informatics Program, UNC

Academic Advisor   2013-2015
Leah Gardner, MSPH in Health Policy and Management, UNC

Academic Advisor   2013-2015
Megan Miller, MHA Student in Health Policy and Management, UNC

Academic Advisor   2013-2014
Amir Alishahitabriz, MSPH in Health Policy and Management, UNC

Graduate Research Project Supervisor   2013-2014
Kathleen Miller, PhD in Health Policy and Management, UNC

SELECTED AWARDS

UNC Teaching Innovation Award   06/2012
University of North Carolina

PI, Smart Agents and Organizations in Breast Cancer Care in Eastern NC 12/2013-08/2015
Eastern North Carolina Upper Coastal Plain Region Community Engagement and Mobilization
Grant, NC Triangle to the Coast Affiliate of Susan G. Komen

Project Director, (U27RH01080-11-00), Moscovice (PI)   09/2013-08/2018
Health Resources and Services Administration (HRSA) Rural Hospital Flexibility Program
Evaluation Cooperative Agreement. Technical and Non-Financial Assistance for the Office of
Rural Health Policy.

Research Fellow, 3U54CA153602, Godley (PI)   09/2013-08/2015
The Carolina Community Network Center to Reduce Cancer Health Disparities Diversity
Supplement

Post-Doctoral Fellow, T32CA128582, Campbell/O'Malley (PIs)   04/2012-04/2013

Cancer Health Disparities Training Fellowship

Training in Research for Behavioral Oncology and Cancer Control Fellow 08/2009-12/2012
National Cancer Institute

Anthem/Indiana Health Information Exchange Fellowship Award   2006-2008

Magna Cum Laude   02/2004
MBA in Information Sciences from Devry University's Keller Graduate School of Management.

Pi Sigma Alpha – Political Science Honor Society   05/1993
BA in Political Science from Rutgers University.

PROFESSIONAL SOCIETIES

American Medical Informatics Association (AMIA)
American Public Health Association (APHA)
Healthcare Information and Management Systems Society (HIMSS)

TECHNICAL SKILLS

Informatics research study design: technology needs and capabilities assessments; community
focus groups using community-based participatory research methods (CBPR); engaging
multilevel stakeholders; Qualtrics online survey tool development; community engagement;
systems maturity assessments; use-case development; modeling community information
exchange