



2024 Election for Board Director

Candidate: William Brown III

Professional Title & Affiliation

Associate Professor of Medicine, and Epidemiology and Biostatistics, University of California, San Francisco

Personal Statement / Short Biography

I am applying for a second and final term on the AMIA Board of Directors, but let me first say it has been an honor and a privilege to serve my first term as an elected director of the AMIA Board. I feel it has been an exceptional group, and I have served under two remarkable leaders. In that time, I have contributed strategies on how to navigate and grow post-pandemic, transition in and out a CEO, champion and help facilitate the development of both the DEI Working Group and the AMIA Advancement (ADV) Committee, serving for two years as the DEI board liaison and as the inaugural ADV board liaison. All while simultaneously being a Vice Chair on the Scientific Program Committee. I believe I have provided a young black and queer voice on the board and have advocated for changes that help AMIA move towards future-forward strategies in-line with the original mission and goals of AMIA while bridging the fresh innovation and progressive ideas of the upcoming generation. Lastly, as the board liaison for the DEI working group, I was able to help articulate board recommendations and guide both the development of our inclusive language guidelines as well as our pillars of effective integrated DEI principles and goals.

This is the first year of the Advancement Committee, a committee that I wholeheartedly advocate for. I believe that there needs to be a clear and structured path to leadership roles in AMIA. Often, it has been who you know or which university you come from that significantly impacts who ends up in leadership positions. As a Univ. of Columbia graduate, I have been given similar deference. I would like to extend my opportunities to advocate for a structure that creates more opportunities for others who don't have legacy or prominent mentorship connections, and the best way to do that is to continue as a Board of Directors and liaison to the newly formed and still shopping Advancement committee.

I also believe that in order to achieve our core goals of positively impacting medicine and healthcare systems through informatics, AMIA must continue to be a leader and look forward in both innovative technologies and scientific topics, and in helping to shape a smart and diverse group of up-and-coming informaticists. I feel as a young, black, queer, outspoken leader in multiple intersecting fields I am ideally suited to return to the board for a final term.

I am an Associate Professor of Medicine & Epidemiology and Biostatistics at the Univ. of Cal. San Francisco. I am an AMIA Board Director and was a Vice Chair for the AMIA 2022 Annual Symposium, current Vice Chair of the AMIA 2024 Annual Symposium, previous AMIA Board DEI liaison, and current AMIA Advancement Committee liaison. I am also a John A. Watson Faculty Scholar and winner of our Dean DEI fund award. I am the Founding Director of the Clinical and Observational Data Excellence (CODE) Lab, Director of DEI for the Bakar Computational Health Science Institute, Co-Director of the T32 Data Science Training to Advance Behavioral and Social Science Expertise (DaDATABASE) for Health Disparities Research Fellowship, Associate Director at the Research Coordinating Center to Reduce Disparities in Multiple Chronic Diseases (RCC RD-

MCD), Implementation Science Lead for the Center for Digital Health Innovation. My research involves applying Artificial Intelligence, Natural Language Processing, Machine Learning, mHealth, and Standards [FHIR, OMOP, UMLS, etc.] as applied to clinical Big Data and behavioral health disparities research with underserved communities. Using community-based participatory research I work to reduce chronic illness (HIV, diabetes, opioids) and health disparities among vulnerable populations (i.e., African-Americans, Latinos, youth, and LGBT). I also teach and mentor graduate students. Many of whom are now AMIA members.

Please describe your leadership skills and experience, inside and outside of AMIA

My leadership style is fundamentally anchored in collaboration, strategic vision, data-driven decision-making, inclusivity, and innovation. For instance, at both the annual symposium and CIC I actively engage with board members, committees, and the broader AMIA community to harness a wide range of perspectives and expertise. This collaborative approach ensures that decisions are well-rounded and reflective of the collective wisdom of the organization. As the AMIA DEI board liaison, I assisted the working group chairs in setting strategic goals that are forward-looking and align with AMIA's mission to transform healthcare through informatics. This involves anticipating future needs and challenges in DEI and proactively addressing them. I am committed to promoting diversity within the AMIA membership and leadership. This involves advocating for policies that support the inclusion of underrepresented groups and ensuring that all voices are heard and valued.

As the director of CODE Lab at UCSF I foster an environment where teamwork thrives. By encouraging open dialogue and transparent communication, I aim to build a strong and cohesive lab that can effectively tackle complex challenges in health informatics. At UCSF, as a director in multiple institutes and centers, I strive to inspire and motivate my colleagues by sharing a compelling vision for the future of health informatics and the role AMIA can play in shaping it. I emphasize the importance of making decisions grounded in robust data and evidence. This approach ensures that our strategies and actions are effective and aligned with best practices in the field. By fostering a culture of continuous improvement, I encourage the regular evaluation of our initiatives and policies to ensure they remain relevant and impactful. I work to create an equitable environment where everyone has the opportunity to contribute and succeed, recognizing the unique perspectives and contributions of each individual. Lastly, I encourage the exploration and adoption of new ideas, technologies, and methodologies that can enhance the field of informatics. This involves supporting research and development activities and staying abreast of the latest advancements in healthcare technology.

By embodying these leadership qualities, I aim to contribute effectively to AMIA's mission and ensure that the organization continues to be a leader in health informatics, providing valuable resources, education, and advocacy for professionals dedicated to improving healthcare through informatics.

Please describe your experience and accomplishments in informatics

I have been a Co-I, research scientist, or consultant for many HIV, Diabetes, and Opioids grants for NIH, AHRQ, Ford Foundation, NSF, and CDC. I have developed, implemented, and/or evaluated mHealth medication adherence and testing reminder systems, social media-based interventions and online recruitment methods, HIV data harmonization and integration methods, and health data

visualizations for low literacy patients. My research has contributed to increasing testing, facilitating access to and retention in care, improving medication adherence, and preventing HIV using biomedical (microbicides, PrEP) and behavioral (HIV home testing, partner notification) interventions. From this research, I have authored 33 publications (9 First-author, 52 Co-author). I am the founding director of the Clinical and Observational Data Excellence (CODE) Lab <code.ucsf.edu>, which leverages big data, data standards, mHealth, social media, data harmonization and integration, NLP, ML, and data visualization to improve health. We implement tools to collect data in real-time, integrate data sources, improve the quality of provider-patient communication, and the responsiveness of the clinical care delivery system to the needs of individual patients.

Currently, I am PI of a K01 and T32 and Co-PI of two studies (R01LM013045, R01LM012355-01A1) that involve NLP and ML, clinical informatics, data harmonization, integration, and implementation. Of these, the two studies I lead are related to opioid management, prescribing, and opioid use disorder (OUD). I am also MPI and Co-Director of the UCSF Data Science Training to Advance Behavioral and Social Science Expertise for Health Research (DaDATABASE) Program, the Associate Director of the Bakar Institute (academic home of ImmPort), and Associate Director of the Research Coordination and Data Management Unit of the UCSF Research Coordinating Center to Reduce Disparities in Multiple Chronic Diseases (RCC RD-MCD), coordinating the collection of common data elements across 11 health disparities research centers and 30 R01 or equivalent studies.

Share any unique skills or perspective you bring to this role

My professional journey spans both community-based participatory research and technical domains, providing a comprehensive understanding of the intersection between community-oriented healthcare delivery and information technology. This dual expertise allows me to bridge gaps between vulnerable and underserved populations and health technology professionals, fostering better collaboration and more effective interventions. I also have experience in both academic research and practical implementation of health technology tools. This dual perspective enables me to appreciate theoretical advancements while also understanding the practical challenges of deploying new technologies in real-world settings. I bring a patient-centric perspective, always considering how informatics solutions impact patient care and outcomes. This focus ensures that our initiatives prioritize patient safety, quality of care, and patient engagement. Lastly, I am passionate about and dedicated to mentoring the next generation of informatics professionals, offering guidance and support to emerging leaders in the field.

Please describe your teamwork experience and skills

I have worked within multidisciplinary healthcare teams, where collaboration between community-based organizations, public health institutions, clinicians, IT professionals, administrators, and researchers is essential. This experience has honed my ability to communicate effectively across different professional languages and priorities, ensuring that all team members are aligned toward common goals.

For instance, at UCSF, I led a complex project that involved community members, clinicians, and university stakeholders in the planning and application of new natural language processing tools for patient-physician communication. I have successfully managed teams composed of clinicians,

data scientists, software developers, and community members, guiding them toward the successful implementation of health informatics interventions. I believe in empowering team members by delegating responsibilities and trusting them to execute their tasks effectively. This approach not only builds confidence but also enhances team performance.

AMIA Engagement and Participation

AMIA member – 10-20 years

Student member; Regular member; Board member; Board DEI working group liaison; DEI Education, Governance, and Policy Subcommittee; SPC VC 2022 & 2024; Board Advancement Committee liaison.

Areas of Expertise

Big Data; Clinical Decision Support; Clinical Research; Consumer Health; Electronic Health Records; Health Information Technology; Human Computer Interaction; Implementation; Knowledge Representation; Mobile Health; Natural Language Processing; Ontologies; Patient Centered Care; Precision Medicine; Public/Population Health; Quality Improvement; Research; Social Science; Student; Telehealth; Terminologies