Bringing the Public Health Informatics and Technology Workforce Together: The PHIAT Conference

April Moreno, Huan-ju Shih, Karmen S. Williams

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Table of Contents

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Abstract

In 2023, the inaugural Public Health Informatics and Technology Conference was established as a hybrid, 3-day conference at the University of California, San Diego and virtually. The PHIAT Conference welcomed academic researchers, businesses working in health IT data platforms, and professionals in public health departments. The conference's goal was to establish a forum for academics and public health organizations to discuss and tackle new opportunities and challenges in public health informatics and technology. This paper overviews the quest for interest, speakers and topics, evaluation from the attendees, and lessons learned to be implemented in future conferences.

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Abstract

The field of public health informatics has undergone significant evolution in recent years, and advancements in technology and its applications are imperative to address emerging public health challenges. Interdisciplinary approaches and training can assist with these challenges. In 2023, the inaugural Public Health Informatics and Technology Conference was established as a hybrid, three-day conference at the University of California, San Diego and virtually. The conference's goal was to establish a forum for academics and public health organizations to discuss and tackle new opportunities and challenges in public health informatics and technology. This paper overviews the quest for interest, speakers and topics, evaluation from the attendees, and lessons learned to be implemented in future conferences.

Keywords: Public Health Informatics, Technology, Conference, Public Health Workforce

Introduction

In recent decades, the field of public health informatics has undergone significant evolution, propelled by advancements in technology and the imperative to address emerging public health challenges. From its early beginnings in manual data collection to the widespread adoption of electronic health records and sophisticated data analytics, public health informatics has played a

pivotal role in revolutionizing healthcare data management and surveillance systems. This historical trajectory underscores the continuous efforts to leverage technology and data-driven approaches to enhance public health outcomes and address the complex needs of populations worldwide. As the field continues to grow and adapt, understanding its historical context provides valuable insights into its current state and future directions. Especially after the COVID pandemic, public health informatics has continued to grow as a field, and as expected, workforce needs have and will continue to expand for health information fields.[1]

According to the US Bureau of Labor Statistics, the health information technologists and medical registrars have a growth outlook of 16% over the next 10 years with an average of 3,100 position openings per year.[2] This includes specialized positions in public health informatics and technology. However, growing and expanding does not come without workforce issues such as, recruitment, diversity, retention, burnout, and post-traumatic stress disorder among public health, public health informatics, and technology workers, which was especially exacerbated by COVID-19.[3-5] In addition to these challenges, although there is rising enrollment in public health programs, there are fewer graduates entering public health agencies.[6,7]

Although US-based conferences exist, such as American Public Health (APHA) Association Annual Meeting[8], AcademyHealth[9], other public health conferences[10-13], a range of technology conferences, such as Associates of Computing Machinery (ACM)[14] and Institute of Electrical and Electronics Engineers (IEEE)[15], and the American Medical Informatics Association (AMIA)[16] for biomedical and clinical informatics, few conferences are available to address the bridge between public health, informatics, and technology.

In 2023, the inaugural Public Health Informatics and Technology Conference (PHIAT) was held as a three-day, hybrid conference. The PHIAT Conference occurred with an in-person option on the third day at the University of California, San Diego. The aim of the conference was to create an environment for academia and public health organizations to discuss and address emerging public health challenges and opportunities specifically in and with informatics and technology.[17]

Preliminary Research: Gathering Interest

At the time of the first PHIAT conference, we had not identified any public-facing events directly focused on public health informatics and technology. To gather interest and ideas on how and where to announce the conference, we designed a preliminary survey to understand the feasibility of a conference dedicated specifically to public health informatics and technology. The survey was shared with the AMIA Public Health Informatics Working Group[18], the APHA LinkedIn Group[19], and the Chronic Disease Geographic Information Systems Basecamp group of public health agency practitioners.[20]

The preliminary survey included both closed- and open-ended questions related to interest in the idea of a Public Health IT conference, likelihood of attending a conference in June of the same year, rating of specific public health topics, preferred conference format, likelihood of attending conference in person, and preferred level of participation. The brief survey was fielded from February 2, 2023 – February 6, 2023, with most responses on the first two days.

This initial survey resulted in 46 responses and indicated a strong interest in the conference. Most of the participants had general positive reactions and indicated a willingness to pay and attend the hybrid conference. The response rates for each question varied because not all respondents answered every question, some of the questions respondents could answer more than choice, and all questions

were optional.

Based on the data presented in Figure 1, which employed a scale of 1 to 5 to denote interest levels (where 5 signifies high interest and 1 signifies low interest) in a Public Health IT conference. Most of the respondents, 55% (23 out of the 42 total), noting a high level of interest. Additionally, 40% (17 out of the 42 total) of respondents were moderately interested. Importantly, none of the respondents expressed a lack of interest in the Public Health IT conference. These statistics underscore a substantial demand for hosting more Public Health IT conferences in the future.

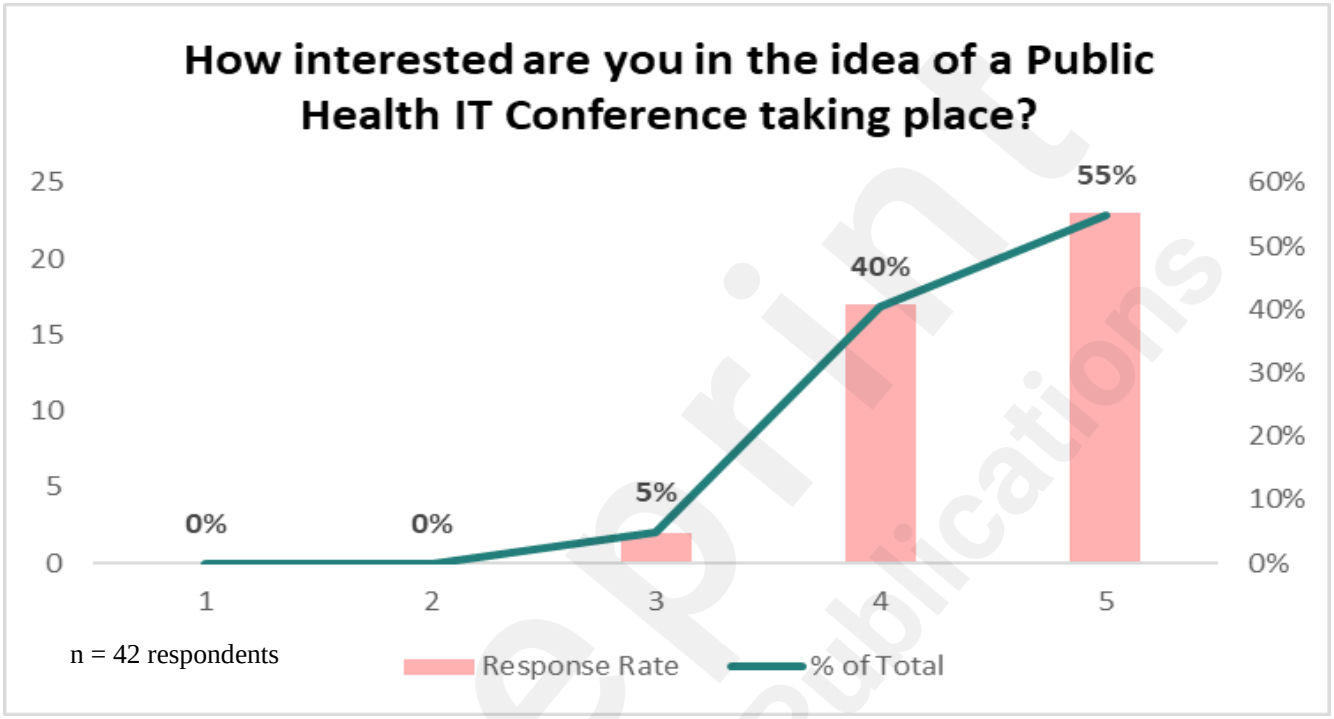

Figure 1: Interest in Attending a Public Health IT Conference

Conclusions regarding the likelihood of attending a conference months after this survey can be drawn from the data displayed in Figure 2. Using a scale of 1 to 5 to indicate interest levels (where 5 denotes strong interest and 1 denotes low interest), 34% of total responses showed a moderate degree of interest in attending the Public Health IT conference (11 out of 32 total, with 14 missing values). In addition, 31% (10 out of the total 32) gave the conference a rating of either 5 or 4 on the scale, demonstrating a strong level of interest. The significant relevance and interest respondents have expressed in attending the Public Health IT conference are illustrated in Figure 2, which supports the earlier findings.

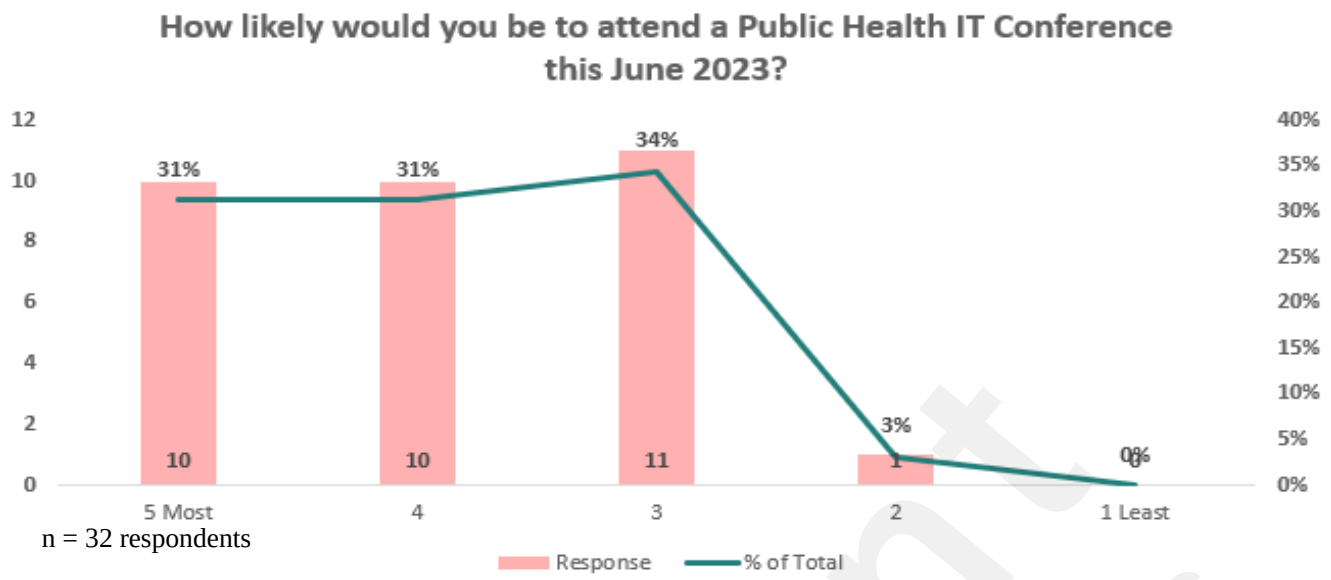

Figure 2: Likelihood of Attending the Conference in June 2023

Figure 3 provides insights into the Public Health IT topics that piqued the interest of 120 respondents. These findings were valuable for this and future conference planning. The results indicated the following trends: The highest area of interest is categorized as "other entries", such as public safety, alternatives to certain software, health information exchange and data sharing, and standards and guidance. Additionally, topics related to surveillance garnered significant attention, with 20 respondents (17%) out of the total 120 showing interest. The remaining topics garnered comparable levels of interest among respondents. Specifically Artificial Intelligence (AI)/Machine Learning, electronic health records (EHR), Informatics, and GIS attracted similar levels of interest, each capturing 15% of the respondents (18 out of 120). Lastly, GIS received interest from 17 out of the 120 respondents. These insights provide a comprehensive view of the preferences among the respondents for various Public Health IT topics.

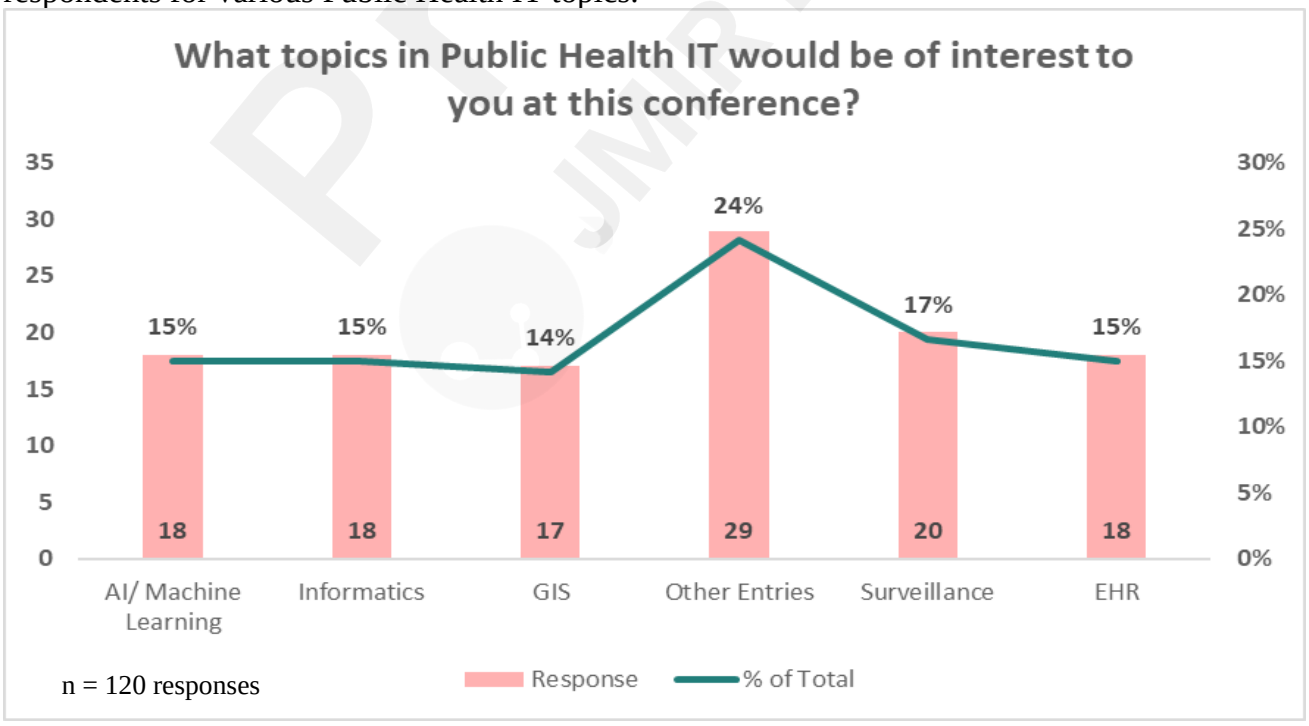

Figure 3: Preferred Public Health IT Conference Topics

Based on the data presented in Figure 4, valuable insights can be gleaned regarding the potential formats for future Public Health IT events after the COVID pandemic. These insights can be instrumental in guiding decisions on how to attract a greater number of participants while maintaining optimal learning effectiveness and efficiently budgeting the conference costs. Among the 53 responses, the preferred formats for a Public Health IT Conference were as follows: 20 responses (38%) indicated a preference for a hybrid format; 17 responses (32%) expressed a preference for an online format; and 16 responses (30%) favored an in-person format. These findings provided a clearer understanding of the preferences of respondents regarding the format of the Public Health IT Conference, thereby informing future planning and decision-making processes.

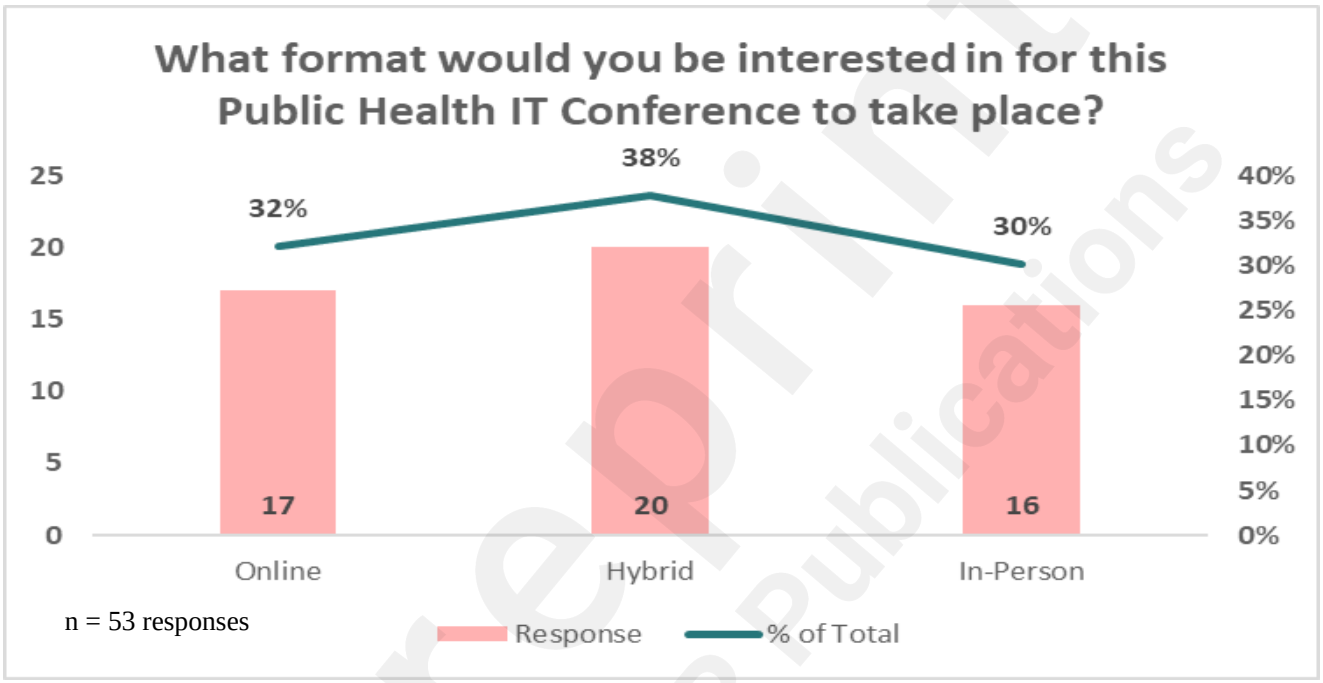

Figure 4: Preferred Format for the Conference

We extended our inquiry by posing a follow-up question based on the previous questions. Figure 5 offered valuable insights into the anticipated participation levels in Public Health IT events post-COVID. Over time, this information will facilitate the observation of growth trends within the Public Health Informatics IT conference landscape. Among the 30 total respondents, a majority of 11 individuals (37%) expressed their intention to participate in the conference. Notably, 6 respondents (20%) displayed a high likelihood of joining the conference in person in San Diego, CA. Based on the selected groups of access for the survey, these provide a view of respondents' intentions to participate, aiding in gauging interest and contributing to future conference planning endeavors.

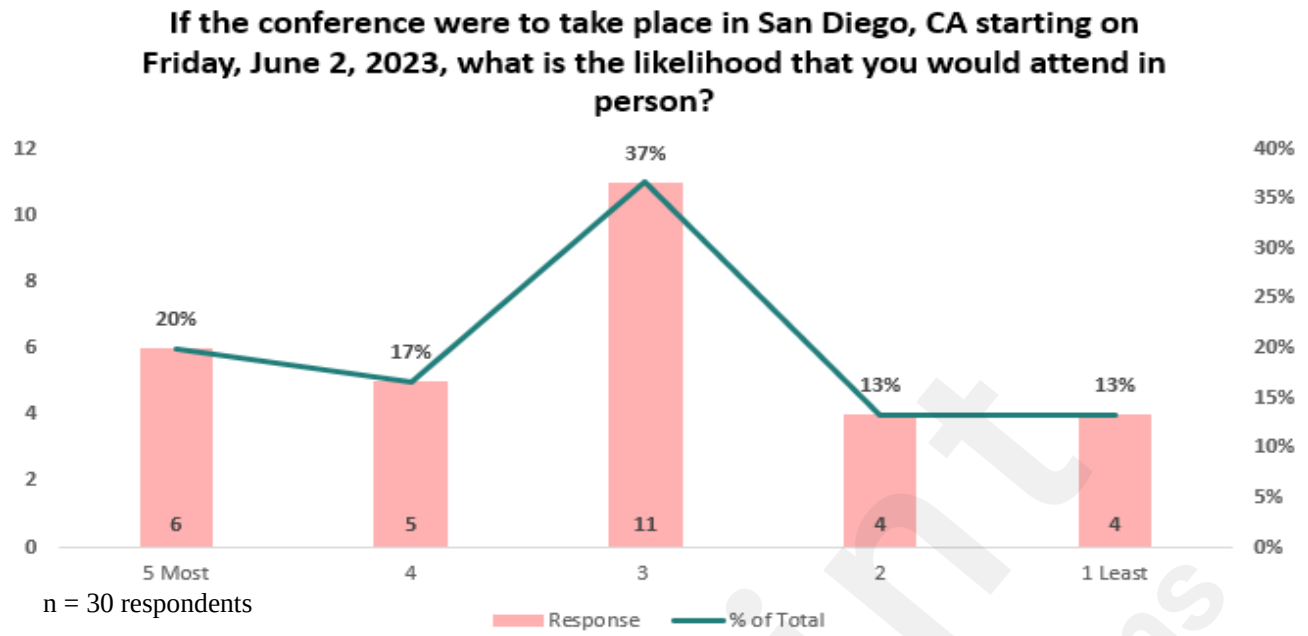

Figure 5: Likelihood of In-Person Attendance

We polled various public health and technology interest groups to learn about the preferences and interests to further increase the value of a Public Health IT conference. Five different categories were clarified by the insights (Figure 6). These insights are crucial for tailoring the conference to meet the preferences of the participants. The survey outcomes highlighted the following preferences among the 68 responses: the most popular choice, preferred by 20 individuals (29%) was attending a networking event. Attending the conference exclusively was favored by 16 respondents (24%), 13 respondents (19%) expressed their interest in volunteering at the event in exchange for registration. Additionally, 12 individuals (18%) indicated their desire to present at the conference. Lastly, 7 respondents (10%) expressed interest in sharing job postings during the conference. These findings offer a comprehensive understanding of the attendees' preferences and aspirations, which will contribute to creating a well-rounded and engaging Public Health IT conference.

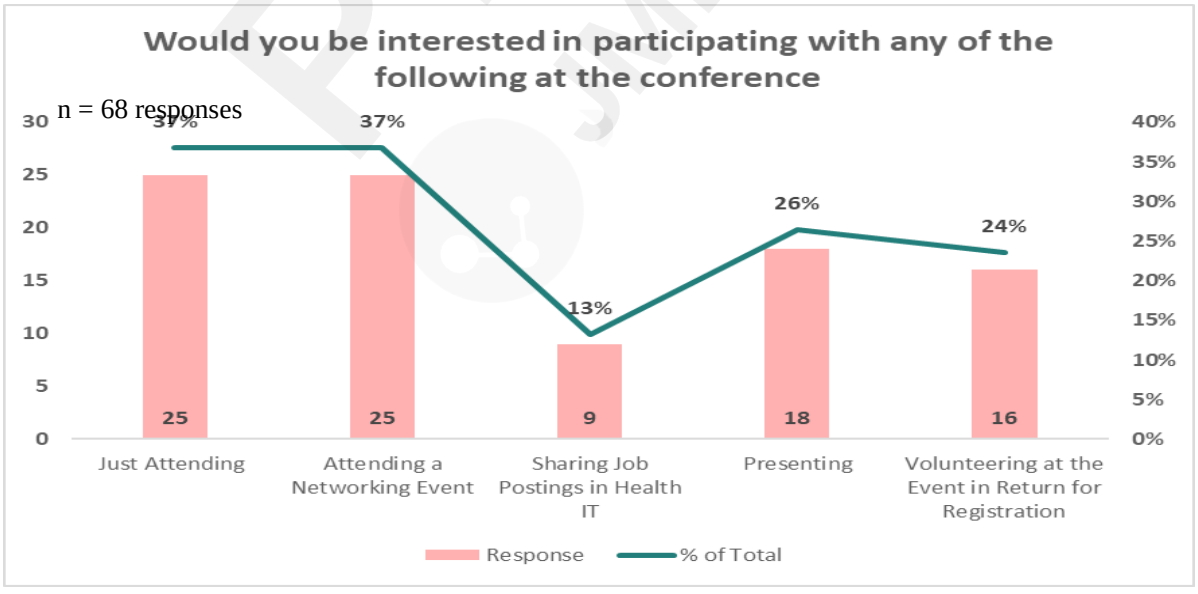

Figure 6: Preferred Levels of Participation

Description of the Conference

Cross-Sector Collaborations

The PHIAT Conference was designed to include the latest academic research on public health informatics and technology. The event featured public health department representatives, academic researchers, and businesses sharing their innovative approaches to improving public health. We enjoyed providing this space for interaction and communications across these various sectors and look forward to continuing to cultivate these discussions, to share public health informatics and technology best practices, policy implementations, case studies, and the latest innovative developments in the field

Structure of the Conference

The hybrid nature of the conference allowed for academics, organization professionals, and students to attend either online or in-person for the Day 3 workshops during Pacific Standard Time. We found that this maximized the opportunity for individuals to be able to attend across demographic, socioeconomic, and geographic spaces where time, location or cost were potentially constraining factors. The option of meeting either online or in-person provided more opportunities for individuals to attend our conference internationally. For example, speakers from other continents were able to present, sleep, and watch the rest of the event online without having to travel. Some were able to share their presentation pre-recorded and to participate online at a time-zone appropriate time, and/or watch the recording, connect with other speakers, and submit their event feedback later. Additionally, students were able to register at a discounted rate, and attend the event remotely if travel funding was a concern. Finally, for those with logistical challenges, attendees were able to attend live for a short period of time, leave, and then return without the need to travel to the event.

Some presenters, such as the National Coordinator for Health IT, ESRI Health and Human Services, and UCSD Department of Biomedical Informatics, were personally invited to speak, due to their known expertise and our familiarity with their work. Additionally, many of the presenters were selected through their abstract submissions, quality of presentation, and suitability for the theme of the conference. A team of 5 individuals selected the abstracts and talks were scheduled based on theme of the day, and time availability of speakers. In cases where the time zones were many hours apart, such as in Australia, presenters were given the opportunity to pre-record their sessions.

Event Overview

The first day of the event included a range of discussions, such as community solutions, AI, machine learning, data sharing, and health equity. There were a variety of organizations and teams, such as, universities, health centers, community-based agencies and researchers, represented.

We began the event (see Appendix for the link to the agenda) with a presentation led by KW on the status of the public health informatics workforce and workforce needs now and the near future. We continued the event with many of our featured invited presenters. The National Coordinator for Health IT, Dr. Micky Tripathi, discussed the US federal health IT strategy and goals for interoperable infrastructure under TEFCA, the Trusted Exchange Framework and Common Agreement, emphasizing further collaborations with Qualified Health Information Networks (QHINs).

As Nanette Star of Esri's Health and Human Services Team mentioned on Day 2 of her keynote speech, "pictures are worth a thousand words and maps are worth a thousand pictures". Her keynote speech was focused on understanding GIS for health to answer questions, in addition to sharing some use cases for GIS in public health. Additionally, on Day 2 AM provided a talk on developing strategy for GIS leadership, including important points such as understanding why the map is made who it is made for, as well as what is seen and remains unseen in the data provided.

The event provided space for discussion on emerging themes of blockchain technology for public health data security, presented by Dr. Tsung-ting Tim Kuo of UC San Diego Biomedical Informatics, where he shared some of his NIH funded research on blockchain models for health. The findings from opioid related disorders research through natural language processing for social media and GIS for health were presented by Dr. Anthony Corso of California Baptist University.

The broader discussion on technology and innovation for public health was provided by Dr. Azizi Seixas of University of Miami Media Innovation Lab. The organizers also led a public health big data, AI, and ethical challenges discussion with great insight from attendees. We were very aware that many of our speakers did not have literal public health backgrounds. Their topics were intentionally welcomed due to the importance and relevance of their topics for the possibilities of public health innovation, collaboration, adaptation, and framework development. They were also invited because public health professionals often have not yet been working with these topics.

On the final day of the event, we met in person at the UC San Diego campus, where we provided two workshops which were also available online. One workshop was hosted by Dr. Ming Hsiang Tsou of San Diego State University on big data and GIS for precision public health. This was followed by a workshop on artifact evaluation by Dr. Gondy Leroy of University of Arizona, followed by health informatics presentations from UC San Diego researchers and a networking reception where participants had the opportunity to discuss their conference reflections, build new partnerships, and share their interest in the future conference next year.

Post-Event Feedback

We conducted a post-event survey to gather insights from attendees' experience and feedback from the conference, aiming to better understand their preferences and optimize our marketing strategies for future PHIAT conferences. Most of the respondents learned about this conference via email and word of mouth and from Public Health Podcast Network (PHPN)[21] newsletters and monthly events. Attendees of this inaugural conference were drawn to it for the opportunity to advance their professional development.

In the post event survey, when asked why participants were interested in attending the event, the following comments were provided:

"I'm a public health informatics epidemiologist and I am really interested to learn more about how we can make our informatics program more advanced and efficient."

PHIAT was designed with the public health workforce and academia in mind. With the innovation and partnership of corporate development and academic partnerships, the goal is to improve the quality of public health data processes, while fueling innovative ideas for research and development for positive public health implications.

"*My position is focused on chronic disease informatics, and I was hoping to see examples of*

informatics methods and case studies using electronic health records or clinical data."

Developing workflows for electronic health data and building health information exchange infrastructure are continuing goals for public health, and another goal with the PHIAT conference is to cultivate better process of building public health informatics infrastructures. The use of informatics is still relatively new for public health departments, and this is often beyond the scope of departmental epidemiological methods. We hope to include more public health informatics professionals to speak at our conferences as the event becomes more established.

"I was very interested in hearing from guest speakers experienced in the IT side of public health and knew there would be a great variety in professionals sharing their knowledge."

There is a small percentage of public health professionals who have been trained in IT foundational skills such as database development, the software development life cycle, and informatics frameworks, and we were excited to invite and bring these individuals together through the conference. We also intended to welcome new professionals and researcher into this field, either for their own research or professional development interests, or to increase institutional knowledge at their public health departments.

"The main reasons for attending this conference were to foster and enhance professional growth and development. This public health informatics conference provides educational sessions (what tools can be used by combining machine learning and GIS), training workshops (how to develop a research question), and tutorials that focus on enhancing technical skills, understanding policy frameworks, and mastering health information technologies. Attending these meetings has allowed me to extend my horizons and keep ahead of the curve in my career."

The decision not to focus on one specific public health technological topic (such as epidemiological surveillance) and to focus on a broad range of topics in informatics and technology for public health professionals provided the opportunity for professionals to learn from a breadth and depth of knowledge. We hope that professionals had the opportunity to learn about ideas, topics, and developments that they had not heard of before. We also hope that attendees left the event with new ideas, approaches, and concepts to advance the quality of their work and their career development.

Respondents indicated an interest in a variety of educational seminars, training workshops, and tutorials at the conference with the goal of improving their personal technical proficiency, comprehending policy frameworks, and mastering health information technologies. A desire to learn more about developing research questions, using electronic health records and clinical data in informatics approaches and case studies, and merging machine learning and GIS technologies, which were topics covered in our conference sessions. In a quote from one of the respondents, "Attending these meetings helped me stay at the forefront of the field as a public health informatics epidemiologist with a focus on chronic illness informatics." In order to progress and refine their organization's informatics program for increased efficiency and effectiveness, attending meaningful conferences has been crucial. One participant indicated that they have learned about the conference from other guest speakers well-versed in the IT side of public health, which is driven by an insatiable need for information. They excitedly embraced the chance to receive insightful knowledge and immerse themselves in a wide range of skills.

Attendee feedback highlighted several key aspects of their experience at the public health informatics conference. They commended Nanette Star's presentation and the use of QR codes in the slides to enhance interactivity. The suggestion to include more presentations of this nature for future events

was well received. Additionally, attendees expressed interest in hearing from major healthcare organizations regarding their utilization of community healthcare data and the impact of IT developments on care improvements. In relation to the timing of the conference, we received suggestions that the length of the conference remain 1-3 days with 4-5 hours a day of presentations, and 3 hours of relevance to practice, questions and discussions.

In terms of cost, based on the three-day long conference in San Diego, including a valuable networking reception, participants suggested an average registration fee at $400 per person. In addition, based on the financial considerations that some attendees might have, participants also sought opportunities for a student discounted rate, and a reduced rate for professionals currently experiencing unemployment. Further suggestions included hiring professional teams to run the event which would help us focus on moderating the panels. In order to enhance the conference experience, attendees also suggested adding interactive sessions with explicit discussion questions or expert panels. They observed that several themes appeared to be more concerned with public health than public health informatics, which suggests that the conference's thematic substance can move towards becoming more focused on public health informatics technologies. Partnering with recognized public health informatics leaders or organizations, like the CDC's Office of Informatics and Information Resources Management, was also advised.

Overall, there was general interest in the various topics of public health technology and precision public health and enthusiasm in the discussions.

Conclusion

The inaugural PHIAT Conference was an engaging, informative, and much-needed event providing public health professionals with information that many professionals in the field were not previously familiar with. The technological side of public health is a crucial part of the future of health, yet many professionals are still new to the concepts of how AI, machine learning, and other technologies of precision public health can provide to their organization’s data and infrastructure capabilities.

Lessons Learned

We found a high level of interest in the topics presented and are looking forward to continuing these discussions to further build, support, and develop public health technological infrastructure. In addition, most attendees appreciated interactive sessions with discussion questions and expert panels, suggesting that more such sessions be included in future events.

When asked in the post-event survey about their feedback for improvement, attendees provided their feedback, including the statements below.

“I would have loved to hear from large healthcare organizations on their use of community healthcare data and improvements in care from IT developments. In general, I really enjoyed the whole experience attending virtually.”

Perhaps due to the inaugural status of the conference, the conference has not yet brought in larger organizations to speak about public health technology. We hope to invite additional organizations to speak in the years ahead. We will also continue to provide hybrid options for individuals unable to travel to attend in person.

"Public health informatics conferences can further enhance the attendee experience by incorporating working groups. These groups provide a valuable opportunity for individuals to collaborate, conduct research, and collectively submit papers. By integrating working groups into the conference format, participants can benefit from educational sessions and actively engage in putting efforts into research."

This is an excellent idea, and we highly value the power of collaboration and creative thinking when professionals with a shared vision work on new solutions. We are working on ways to build collaborative discussions and workspaces for PHIAT conference attendees.

"I think some more promotion for the event would be good to ensure a robust number of attendees and more effective discussion/interactive sessions. Maybe hosting some short form webinars throughout the year could help promote engagement."

These suggestions are valuable and hosting discussions throughout the year would be excellent for the years ahead. We are also working on a new PHIAT podcast, where we will facilitate discussions on public health informatics in the months ahead.

We plan to continue the PHIAT Conference yearly and collaborate with additional institutions who work in public health informatics. At this time, we will continue to host the event again in the San Diego or Southern California area.

Future Plans

For the time being, the conference will be presented in two formats in alternate years. For 2024 and even numbered years, the event is a one-day PHIAT Summit event to continue with updates in the field by selected leaders in Health IT, GIS, machine learning, modeling/simulation, and more to provide interim updates from policy and innovation perspectives. The event will return in odd-numbered years in the 3-day abstract submission format, highlighting the new developments from various topics of public health IT and informatics discussion from academics, public health practitioners, and enterprises. To support event accessibility, we will likely continue the next event in person for the 3 days, with the option to participate online as well for those who are unable to travel due to logistical or financial concerns. With the expansion of fellowships and programs in public health informatics and technology, we would like to collaborate and partner for a larger discussion and workforce preparedness. Additionally, we are seeking sponsorships to create a space for greater impact and reach in public health informatics and technology.

Acknowledgements

We would like to thank Gerardo Arellano and the UC San Diego RRC for providing space for the 2023 PHIAT Conference, as well as our volunteers Diana Carrillo, Joshua Chola, Valeria Vallejo-Montoya, Rainaclare Sibal, and Huan-ju Shih for assisting with the event.

Conflicts of Interest

AM is the founder of the Public Health Media Network, which sponsored this event. The authors have no other conflicts to disclose.

Multimedia Appendix

PHIAT Conference Agenda Booklet or link https://drive.google.com/file/d/1EkzCAOuB3mdyAxiQzRH0O5nYjVz6HjKC/view?usp=sharing

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11. Education SSfPH. 2023 SOPHE. https://www.sophe.org/professional-development/conferences_events/past-conferences/sophe-2023-annual-conference/
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14. Machinery AfC. Advancing Technology, Research and Collaboration. https://www.acm.org/conferences
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https://www.linkedin.com/groups/49480/
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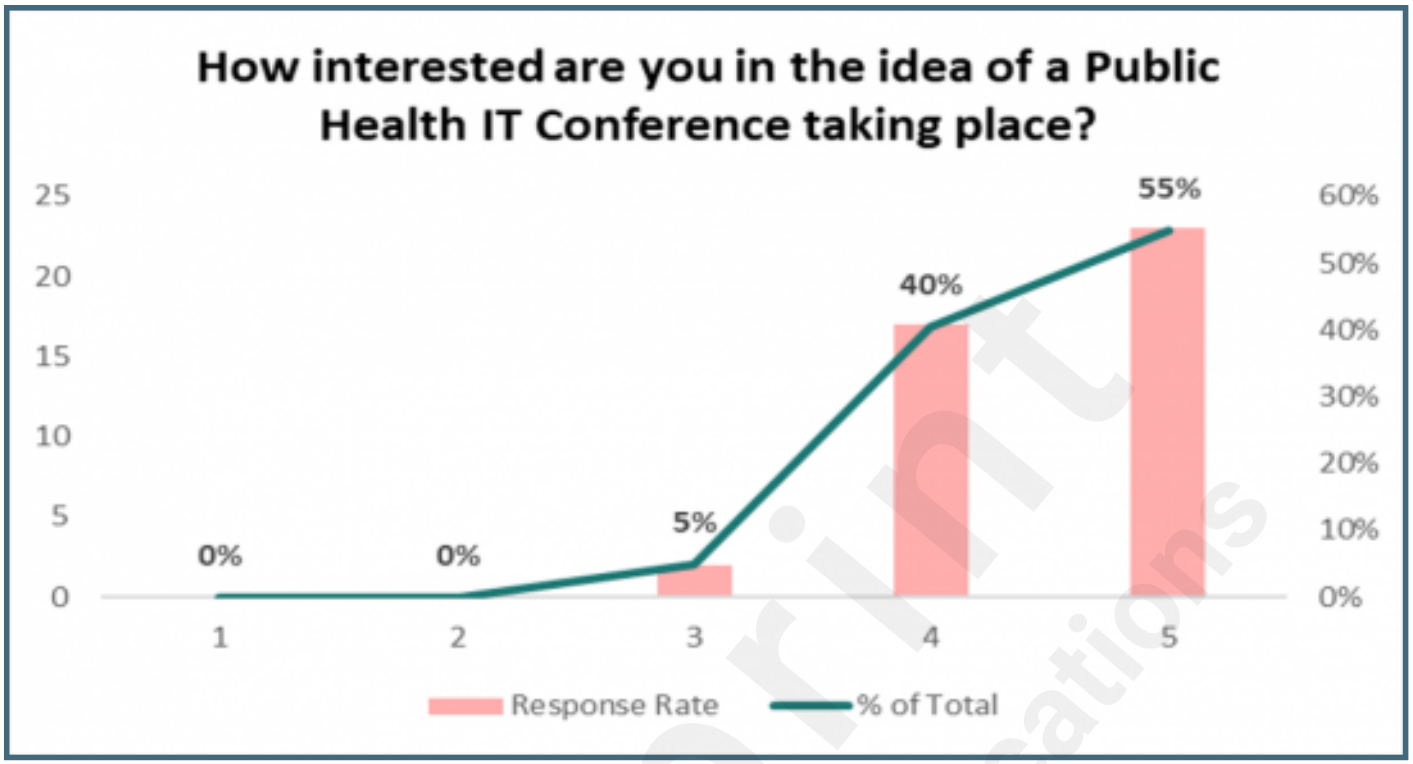
21. Network PHPaM. Welcome to the Public Health Media Network. https://www.publichealthpodcasters.com/

Abbreviations
PHIAT – Public Health Informatics and Technology
COVID – Coronavirus Disease
IT – Information Technology
EHR – electronic health record
AI – artificial intelligence
ML – machine learning
GIS – geographic information system

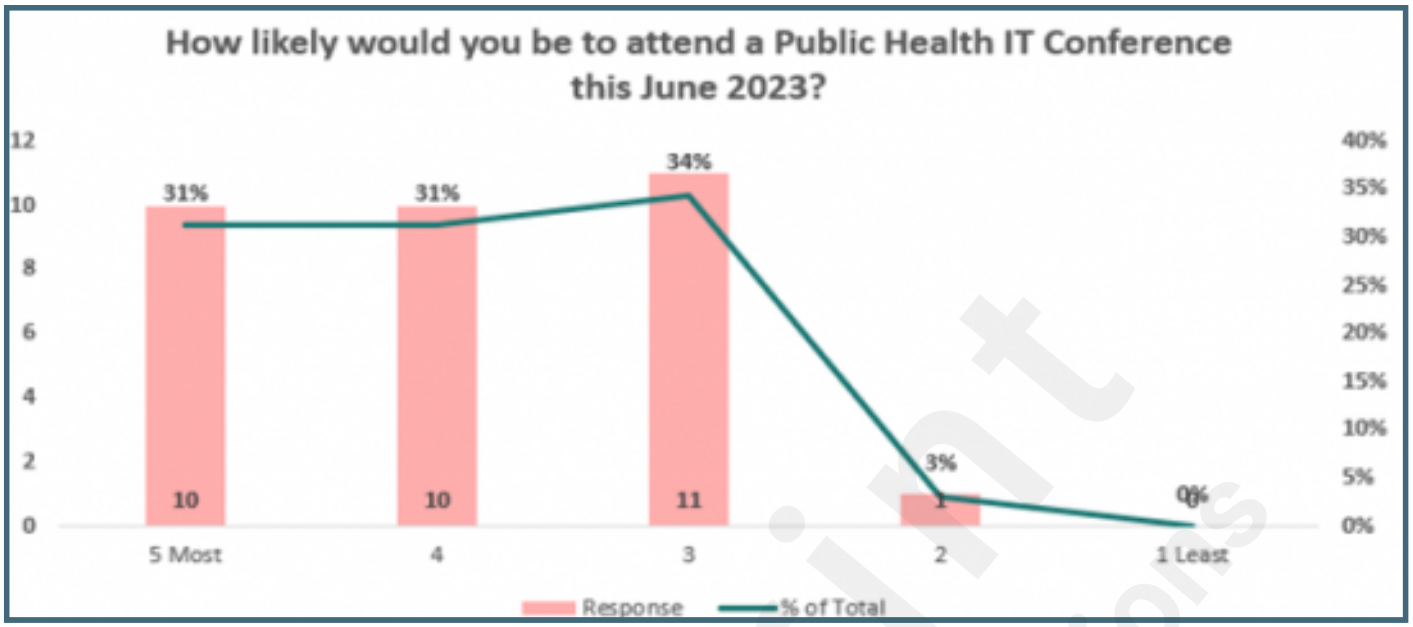
Supplementary Files

Figures

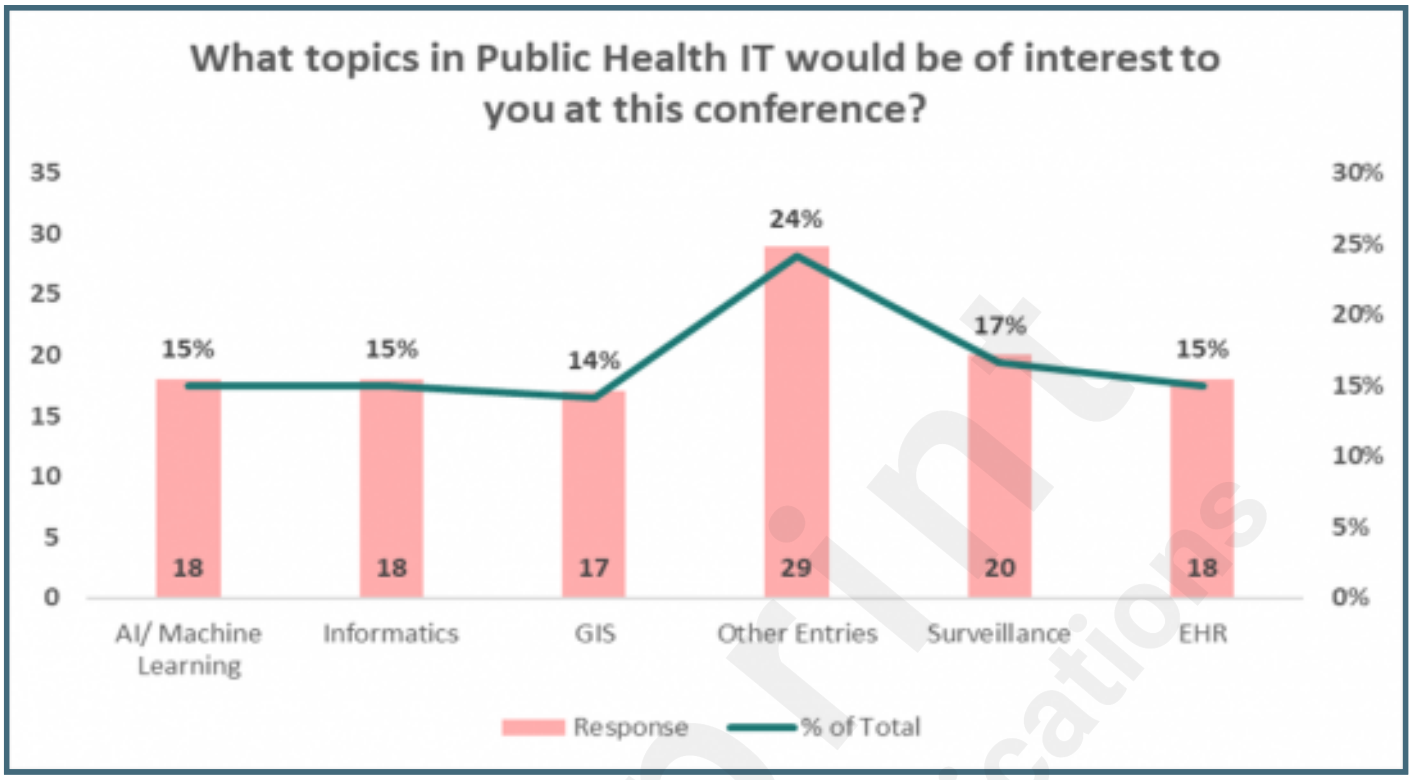
Interest in Attending a Public Health IT Conference.



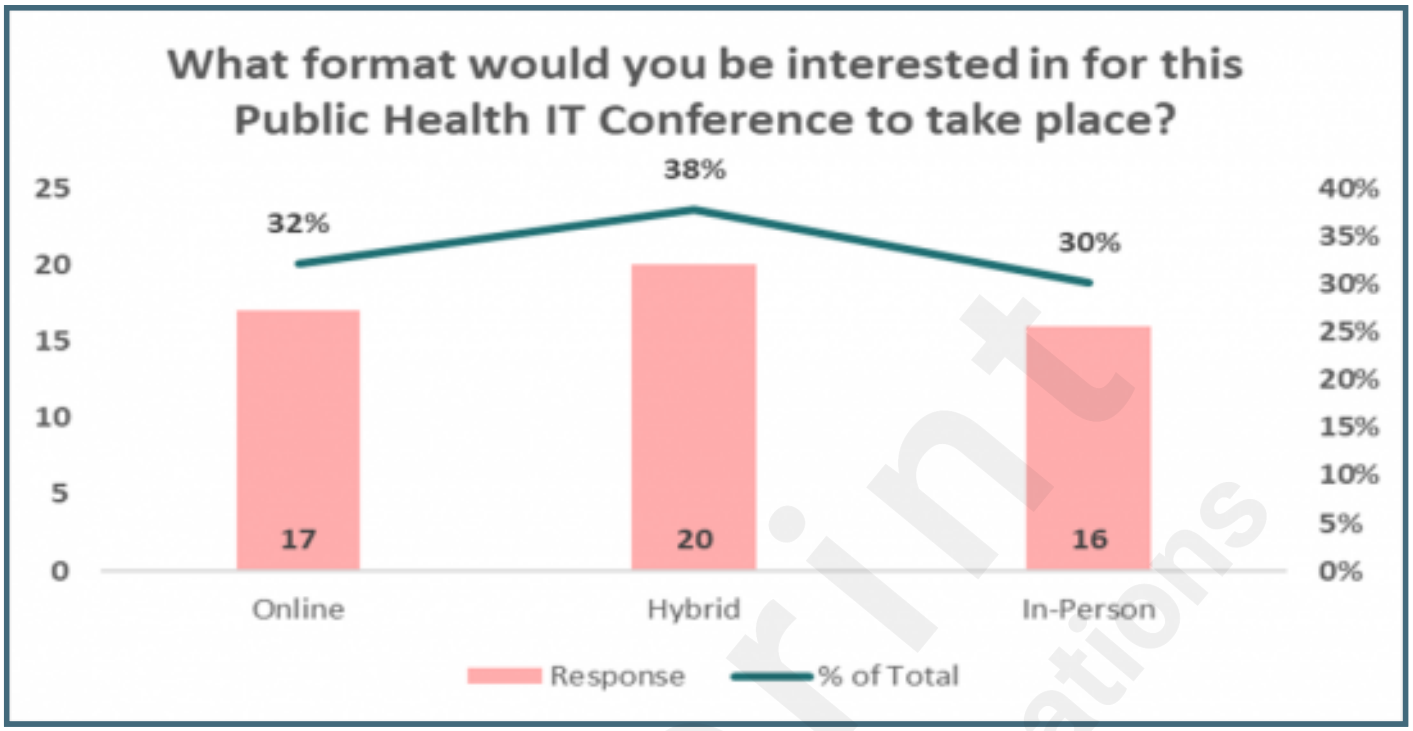
Likelihood of Attending the Conference in June 2023.



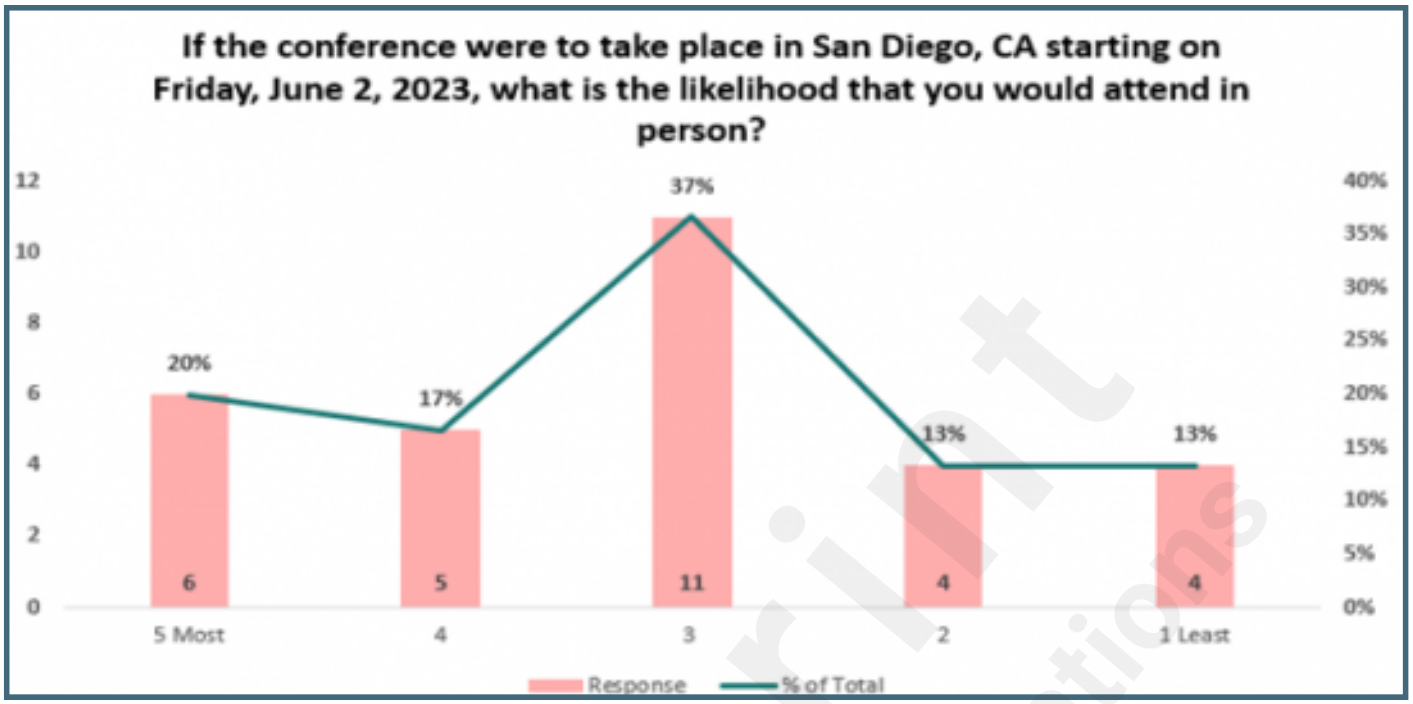
Preferred Public Health IT Conference Topics.



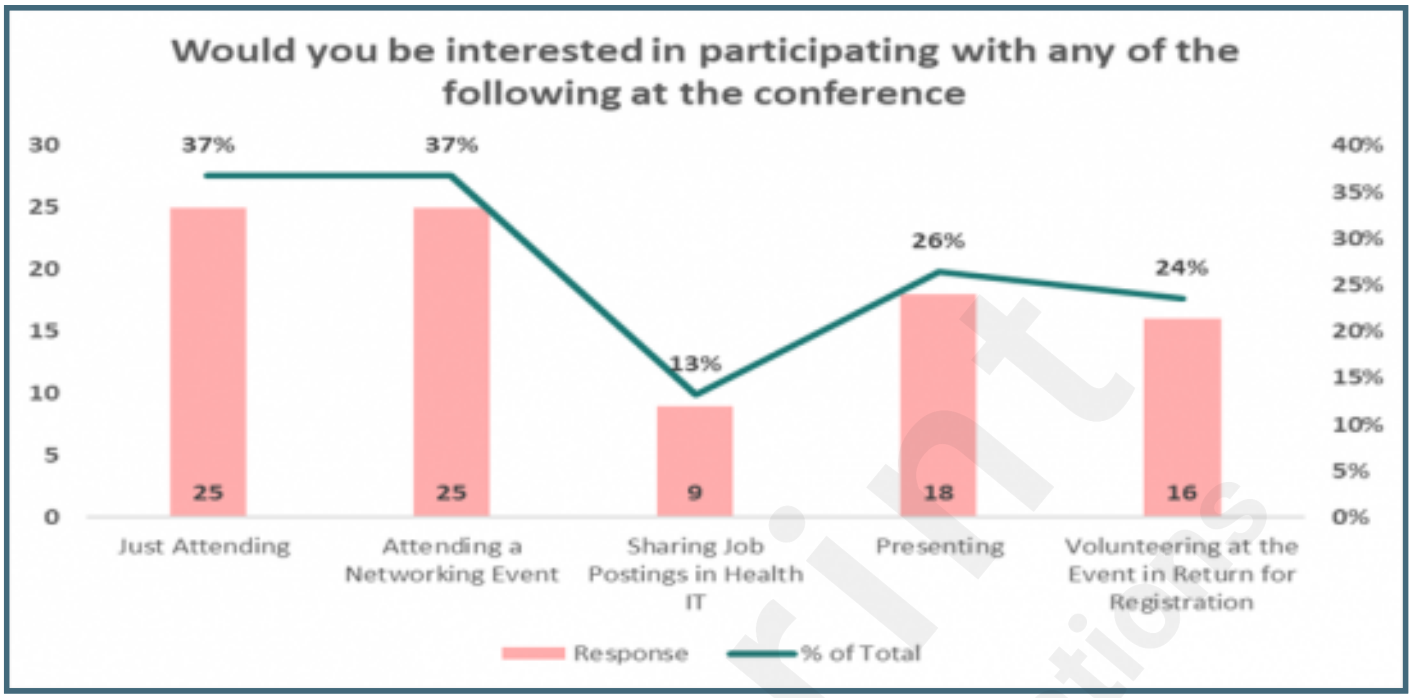
Preferred Format for the Conference.



Likelihood of In-Person Attendance.



Preferred Levels of Participation in a Pubilc Health IT Conference.



Multimedia Appendixes

The 2023 Public Health Informatics and Technology Conference Agenda Booklet.
URL: http://asset.jmir.pub/assets/bbeb877a2850a0f28a3a254b0641a0ee.pdf

Related publication(s) - for reviewers eyes onlies

Track changes version of the manuscript.
URL: http://asset.jmir.pub/assets/2bb89bb39656633876442bd8db7d6717.pdf

Separate file of the response to reviewer comments.
URL: http://asset.jmir.pub/assets/22553bd7815ebc46e09f37ae81d9a9ae.pdf