The Importance of Computer Science for Public Health Training: An Opportunity and Call to Action

Sarah Kunkle¹; Gillian Christie¹, MA, M Phil; Derek Yach¹, MBChB, MPH; Abdulrahman M El-Sayed², MD, DPhil

¹The Vitality Group, New York, NY, United States
²Detroit Health Department, City of Detroit, Detroit, MI, United States

Corresponding Author:
Sarah Kunkle
The Vitality Group
3 Columbus Circle, Suite 1656
New York, NY, 10019
United States
Phone: 1 3122247100
Fax: 1 3122247101
Email: sek2188@cumc.columbia.edu

Abstract

A century ago, the Welch-Rose Report established a public health education system in the United States. Since then, the system has evolved to address emerging health needs and integrate new technologies. Today, personalized health technologies generate large amounts of data. Emerging computer science techniques, such as machine learning, present an opportunity to extract insights from these data that could help identify high-risk individuals and tailor health interventions and recommendations. As these technologies play a larger role in health promotion, collaboration between the public health and technology communities will become the norm. Offering public health trainees coursework in computer science alongside traditional public health disciplines will facilitate this evolution, improving public health’s capacity to harness these technologies to improve population health.

(JMIR Public Health Surveill 2016;2(1):e10) doi: 10.2196/publichealth.5018

KEYWORDS
digital health; public health; machine learning; computer science; health technology; chronic disease

Introduction

In 1915, the Rockefeller Foundation published a report by William Welch and Wickliffe Rose to delineate a knowledge base for public health practice in the United States and to design an educational system accordingly. While compiling this report, Welch, Rose, and other stakeholders struggled with the multidisciplinary nature of the field. Most professions are defined by a common disciplinary focus, but public health combines diverse disciplines to achieve a common goal [1]. Distinct from medicine and health care, public health focuses on promoting health and preventing disease at the population level. While a deep knowledge of biological and life sciences forms the core of medical training, public health requires a more comprehensive set of skills, including biology and life sciences, social sciences, public policy, and statistical reasoning [2].

The Council on Education for Public Health (CEPH), an independent agency recognized by the US Department of Education to accredit public health schools and programs, emphasizes five core areas that constitute the “intellectual framework” for public health professionals: biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral sciences [3]. One of the CEPH’s three objectives is to encourage—through periodic review, consultation, research, publications, and other means—making improvements in the quality of education for public health [4].

Since the formation of the CEPH in 1974, several reports have assessed the state of public health and made recommendations for public health education. In 1988, a US Institute of Medicine (now the National Academy of Medicine) report on the future of public health called for a greater emphasis on public health practice and relationships with academic disciplines outside of public health, including business administration and departments of physical, biological, and social sciences [5]. Following up on that report, in 2002 the Institute of Medicine again highlighted the need for public health schools to cross traditional boundaries and provide transdisciplinary training. This report specifically emphasized the need for training in computer skills and information technology [6].

http://publichealth.jmir.org/2016/1/e10/
For the 21st Century also stressed the need for the next generation of learners to “discriminate vast amounts of information and extract and synthesize knowledge that is necessary for clinical and population-based decision making” [7].

Many public health programs now offer specialization in public healthinformatics—the systematic application of information and computer science and technology to public health practice and research [8,9]. Nonetheless, curricula have rarely kept up with the data management and analytic requirements to understand the implications of new technologies [10]. One example of this is disease surveillance—a key responsibility of public health. Advances in information technology have spurred an evolution in our capacity to collect crucial information quickly, remotely, reliably, and cheaply. These technologies allow for the continuous real-time collection and analysis of health-related data. Both Google Search data and Twitter data have provided insights into disease surveillance and other “digital epidemiology” research questions [11-13].

**The Digital and Mobile Health Revolution**

Over the last few decades, the digital revolution has fueled technological progress and innovation. It is becoming clear that mobile devices will play a growing role in that process [14]. Smartphone penetration has surpassed that of personal computers, with estimates suggesting that usage will exceed 6 billion by 2020 [15]. With increases in smartphone usage, mobile phone apps have become a ubiquitous presence in users’ lives; most users report using at least 20 apps on their devices [16].

Health apps are particularly popular. A 2014 analysis estimated that there are over 100,000 health, fitness, and medical mobile apps, with the majority focusing on preventive areas such as healthy living, diet and exercise, addiction, stress, relaxation, and sleep [16]. Along with the growing presence of wearable technologies (eg, fitness trackers and smartwatches), these apps are contributing to a surge in the availability of health-related data. These apps collect tremendous information flows, in real time, and have the capacity to interact with the user, enabling changes in user behavior in response to user data.

**Computation and Public Health: Machine Learning as an Example**

One example of the potential for computational techniques to improve public health is machine learning. This methodological approach has emerged as a means of making sense of increasingly complex, high-volume big data such as those emerging from apps. Arthur Samuel, a machine learning pioneer, described this domain as the “field of study that gives computers the ability to learn without being explicitly programmed” [17].

Machine learning includes many different methods—regression, decision trees, neural networks, clustering, network analysis—that are more broadly categorized as either supervised or unsupervised learning. Although the field has existed for over half a century, recent progress has allowed for the development of real-world applications, including Google News clustering, Amazon product recommendations, and Facebook photo recognition. Recognizing the demand for machine learning expertise, trainees are flocking to the field: a graduate-level machine learning course is one of the most popular courses at Stanford University [18].

With the emergence of big data, machine learning is increasingly being used in real-world applications that are transforming industries. In 2013, IBM declared that the intersection of cloud computing, big data analytics, and learning technologies would usher in “a new era of cognitive systems where machines will learn, reason and engage with us in a more natural and personalized way” [19]. Large technology companies such as Amazon, Facebook, Google, IBM, and Microsoft have been at the forefront of this movement with investments in machine learning resources (including academic talent). Many smaller startups are also using these methods across a variety of sectors and receiving funding from investors [20]. In 2014, investors put US $309 million into artificial intelligence and machine learning startups across more than 40 deals [21]. Common applications of machine learning include Web search, spam filters, recommender systems, ad placement, credit scoring, and fraud detection [22].

Furthermore, an increasing number of health care stakeholders are recognizing that human-machine collaboration is critical for the development of cost-effective and potentially cost-saving solutions. Google, IBM, and Microsoft have partnered with a variety of health care organizations to implement machine learning solutions for complex problems including medication adherence, cancer treatment, and claims reimbursement. For example, Memorial Sloan Kettering Cancer Center is using IBM Watson Analytics’s cognitive computing technologies to provide oncologists and patients with tailored treatment options informed by clinical evidence and The Center’s highly specialized expertise. Google is working with Stanford University to investigate how machine learning can transform drug discovery by using data from a variety of sources to more accurately identify which chemical compounds could effectively treat a variety of diseases [23].

In the context of public health, computational methods such as machine learning could be used for both predictive and explanatory modeling, that is, identifying which individuals will benefit from an intervention, and better understanding the relationship between different exposures and health outcomes. In the realm of predictive modeling, machine learning could integrate data from a diverse set of sources—electronic health records, genomic sequencing, claims data, mobile sensors, and even social media—to better predict individuals at high risk for specific health conditions. Continually incorporating new data with minimal supervision will likely reduce the time and costs typically associated with building these insights. Once individuals have been identified, interventions and recommendations can be tailored based on personal preferences and feedback. Machine learning allows algorithms to continuously update so they become smarter and more personalized the more they are used. This data-driven approach is an improvement over traditional approaches in which individuals are stratified according to characteristics such as
age, sex, and biomarkers to predict risk and recommend interventions.

The promise of machine learning approaches is beginning to be realized. Several technologies in development and in the market are using machine learning methods in concert with behavioral and biometric data to generate personalized suggestions that promote healthier lifestyles without any human involvement [24,25]. Although the literature on efficacy is limited, a recent study of a health-tracking app provided preliminary evidence on machine learning as a tool for behavior change [26]. The app automatically translates behavioral data into personalized suggestions that promote healthier lifestyle without any human involvement. Participants in the experimental group (those who received the app’s personalized suggestions) walked significantly more and rated the suggestions more positively compared with the control group that received nonpersonalized suggestions from professionals. Although the sample size was relatively small and the time period relatively short, these results provide an optimistic outlook for machine learning and health.

Machine learning also has important implications for explanatory modeling and new insights into causality. While randomized controlled trials and experimental data are considered the criterion standard in epidemiology for causal inference, they are often criticized for a lack of external validity [27,28]. What works in a controlled research setting may not translate to an effective solution in practice. As data become increasingly complex, machine learning could help uncover patterns and identify trends, ultimately improving existing explanatory models and generating new causal hypotheses [29].

Although machine learning methods present an opportunity for public health, there are challenges and limitations to consider. Given that these methods generally use a diverse set of data in addition to traditional medical information, there are many concerns relating to data privacy. While the US Health Insurance Portability and Accountability Act protects medical information, existing laws in the United States do not cover data generated by most personalized health technologies. Special consideration must also be given to health inequities because innovative technologies often favor younger and affluent individuals over older, high-risk, and marginalized populations. These novel methods will also inevitably create tension between relying on algorithms and on human recommendations—the true potential of these technologies is their ability to augment rather than replace human expertise.

Conflicts of Interest
None declared.

References
1. Delta Omega Honorary Public Health Society. The Welch-Rose Report: A Public Health Classic. 1992. URL: http://www.deltaomega.org/documents/WelchRose.pdf [accessed 2016-02-29] [WebCite Cache ID 6f1NGduuz]
2. Harvard School of Public Health. Public Health and Medicine: Distinctions Between Public Health and Medicine. 2016. URL: http://www.hsph.harvard.edu/about/public-health-medicine/ [accessed 2016-02-01] [WebCite Cache ID 6eyadwiFv]
3. Council on Education for Public Health. Accreditation Criteria for Public Health Programs. 2011. URL: http://ceph.org/assets/PHP-Criteria-2011.pdf [accessed 2016-02-29] [WebCite Cache ID 6f1N51Ypi]
4. Council on Education for Public Health. About CEPH. 2016. URL: http://ceph.org/about/ [accessed 2016-02-01] [WebCite Cache ID 6eyameB6M]

5. Institute of Medicine, Committee for the Study of the Future of Public Health Division of Health Care Services. The Future of Public Health. Washington, DC: The National Academies Press; 1988.

6. Committee on Assuring the Health of the Public in the 21st Century. The Future of the Public's Health in the 21st Century. Washington, DC: National Academies Press; 2003.

7. Frenk J, Chen L, Bhatta ZA, Cohen J, Crisp N, Evans T, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet 2010 Dec 4;376(976):1923-1958. [doi: 10.1016/S0140-6736(10)61854-5] [Medline: 21112623]

8. Yasnoff WA, O’Carroll PW, Koo D, Linkins RW, Kilbourne EM. Public health informatics: improving and transforming public health in the information age. J Public Health Manag Pract 2000 Nov;6(6):67-75. [Medline: 18019962]

9. Columbia University Mailman School of Public Health. Public Health Informatics. 2016. URL: https://www.mailman.columbia.edu/become-student/degrees/masters-programs/masters-public-health/columbia-mph/certificates/public-0 [accessed 2016-02-01] [WebCite Cache ID 6eveyiFFg]

10. Centers for Disease Control and Prevention. CDC’s Vision for Public Health Surveillance in the 21st Century. 2012 Jul 27. URL: http://www.cdc.gov/mmwr/pdf/other/su6103.pdf [accessed 2016-02-29] [WebCite Cache ID 6fNwFlPnP]

11. McIlver DJ, Hawkins JB, Chunara R, Chatterjee AK, Bhandari A, Fitzgerald TP, et al. Characterizing Sleep Issues Using Twitter. J Med Internet Res 2015;17(6):e140 [FREE Full text] [doi: 10.2196/jmir.4476] [Medline: 26054530]

12. Nagar R, Yuan Q, Freifeld CC, Santillan M, Nojima A, Chunara R, et al. A case study of the New York City 2012-2013 influenza season with daily geocoded Twitter data from temporal and spatiotemporal perspectives. J Med Internet Res 2014;16(10):e236 [FREE Full text] [doi: 10.2196/jmir.3416] [Medline: 2533122]

13. Freifeld CC, Brownstein JS, Menone CM, Bao W, Pilese R, Kass-Hout T, et al. Digital drug safety surveillance: monitoring pharmaceutical products in twitter. Drug Saf 2014 May;37(5):343-350 [FREE Full text] [doi: 10.1007/s40264-014-0155-x] [Medline: 24777653]

14. Dunne R. Mobile is Driving the Digital Revolution. 2015 Feb 10. URL: https://www.microsoft.com/enterprise/industry/communications-and-media/telecommunications/articles/mobile-is-driving-the-digital-revolution.aspx [accessed 2016-02-01] [WebCite Cache ID 6evar4fEW]

15. Ericsson. Ericsson Mobility Report: On the Pulse of the Networked Society. 2015 Jun. URL: http://www.ericsson.com/res/docs/2015/ericsson-mobility-report-june-2015.pdf [accessed 2016-02-29] [WebCite Cache ID 6ffO3dOHG]

16. IMS Institute for Healthcare Informatics. Patient Apps for Improved Healthcare: From Novelty to Mainstream. 2013. URL: http://www.imshleanl.com/en/thought-leadership/ims-institute/reports/patient-apps-for-improved-healthcare [accessed 2016-02-29] [WebCite Cache ID 6ffO8C1fa]

17. Munoz A. Machine Learning and Optimization. URL: https://www.cims.nyu.edu/~munoz/files/ml_optimization.pdf [accessed 2016-03-02] [WebCite Cache ID 6fLjZvNZG]

18. Markoff J. The New York Times. 2013 Dec 28. Brainlike Computers, Learning From Experience URL: http://www.nytimes.com/2013/12/29/science/brain-like-computers-learning-from-experience.html?_r=1 [accessed 2016-02-29] [WebCite Cache ID 6fO6ECEa4]

19. IBM Corp. Smarter Planet: The IBM 5 in 5. 2016. URL: http://www.ibm.com/smarterplanet/us/en/ibm_predictions_for_future/ideas/ [accessed 2016-02-29] [WebCite Cache ID 6fOjQQ7D]

20. Waters R, Financial Times. 2015 Jan 04. Investor Rush to Artificial Intelligence is Real Deal URL: http://www.ft.com/cms/s/0/2019b3702-92a2-11e4-a1fd-001f4eabdc0.html [accessed 2016-02-29] [WebCite Cache ID 6ffOPbsHP]

21. CB Insights. Artificial Intelligence Startups See 302% Funding Jump in 2014, 2015. URL: https://www.cbinsights.com/blog/artificial-intelligence-venture-capital-2014/ [accessed 2016-02-01] [WebCite Cache ID 6eybPMSx3]

22. Domingos P. A few useful things to know about machine learning. Commun ACM 2012 Oct 01;55(10):78. [doi: 10.1145/2347736.23477552]

23. Google. Google Research Blog. 2015 Mar 02. Large-Scale Machine Learning for Drug Discovery URL: http://googleresearch.blogspot.co.uk/2015/03/large-scale-machine-learning-for-drug.html [accessed 2016-02-01] [WebCite Cache ID 6eybaBIH]

24. Welltok, Inc. CafeWell Concierge. 2015. URL: http://welltok.com/products/cafewell-concierge.html [accessed 2016-02-01] [WebCite Cache ID 6eybHIHF]

25. Kohnstamm T. Microsoft. 2014 Oct 29. Microsoft Band, the First Wearable Powered by Microsoft Health, Keeps Fitness and Productivity Insights a Glance Away URL: https://news.microsoft.com/features/microsofts-new-cloud-powered-wearable-keeps-fitness-and-productivity-insights-a-glance-away/ [accessed 2016-02-01] [WebCite Cache ID 6eybVLRP]

26. Rabbi M, Pfammatter A, Zhang M, Spring B, Choudhury T. Automated personalized feedback for physical activity and dietary behavior change with mobile phones: a randomized controlled trial on adults. JMIR Mhealth Uhealth 2015;3(2):e42 [FREE Full text] [doi: 10.2196/mhealth.4160] [Medline: 25977197]

27. Rohwer PM. Commentary: External validity of results of randomized trials: disentangling a complex concept. Int J Epidemiol 2010 Feb;39(1):94-96 [FREE Full text] [doi: 10.1093/ije/dyp305] [Medline: 19776246]
28. Steckler A, McLeroy KR. The importance of external validity. Am J Public Health 2008 Jan;98(1):9-10. [doi: 10.2105/AJPH.2007.126847] [Medline: 18048772]

29. Shmueli G. To explain or to predict? Stat Sci 2010 Aug;25(3):289-310. [doi: 10.1214/10-STS330]

30. Centers for Disease Control and Prevention. Chronic Disease Overview: Chronic Diseases: The Leading Causes of Death and Disability in the United States. 2015 Jul 26. URL: http://www.cdc.gov/chronicdisease/overview/ [accessed 2016-02-01] [WebCite Cache ID 6eybp3hnq]

31. Rosenstock L, Helsing K, Rimer B. Public health education in the United States: then and Now. Public Health Rev 2011;33(1):39-65 [FREE Full text]

Abbreviations

CEPH: Council on Education for Public Health

©Sarah Kunkle, Gillian Christie, Derek Yach, Abdulrahman M El-Sayed. Originally published in JMIR Public Health and Surveillance (http://publichealth.jmir.org), 14.03.2016. This is an open-access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in JMIR Public Health and Surveillance, is properly cited. The complete bibliographic information, a link to the original publication on http://publichealth.jmir.org, as well as this copyright and license information must be included.