Stephen Intille, associated professor of health sciences and computer and information science

A leader in the field of personal health informatics, Intille is building on the smartphone’s capabilities to help us track lifestyle data, such as physical activity and eating habits, almost instantaneously. He and his team are shaping fields like exercise science, sleep science, and nutrition—affecting everyone from teenagers fighting obesity to aging baby boomers.

Recent Grants

- $193,000 from the National Institutes of Health
- $187,000 from the National Institutes of Health
Tim Bickmore, professor of chemistry and chemical biology

Bickmore is the first health informatics researcher to develop healthcare avatars, like the virtual nurse above, Tanya. Bickmore’s computational algorithms enable Tanya to converse in multiple languages, access medical records, and walk patients through follow-up care instructions—the perfect advocate for the one in three U.S. adults with low health literacy.

Recent Grants
• $246,000 from the National Institutes of Health

Carmen Sceppa, associate professor of health sciences

Sceppa is in the vanguard of health scientists examining exactly how—and how much—daily exercise prevents chronic diseases. Sceppa is collaborating with colleagues in nutrition and public health to develop the evidence-based models needed for doctors to evaluate the best treatment for patients. With the results of Sceppa’s studies, doctors may soon have the scientific evidence they need to prescribe workouts instead of pills.

Recent Grants
• $63,373 from the Novartis Pharmaceutical Corporation

Shaping Healthcare Policy

Gary Young, professor of strategic management and healthcare systems, conducted a landmark study of U.S. hospitals’ provision of community benefits. His study will provide the hard data that will fuel debate on hospital spending priorities, just as provisions of the Affordable Care Act affecting those priorities begin to take effect.

The study, published in the April 18, 2013, issue of the New England Journal of Medicine, is based on newly available information about the services and activities that hospitals offer in their communities—benefits for which they receive no reimbursement.

It reveals wide disparities in hospital expenditures for those offerings and raises questions about how well hospitals are responding to ACA priorities for preventive care and population health.

Young and his interdisciplinary team at the Center for Health Policy and Healthcare Research found that some hospitals devote more than 20 percent of their operating budget to community benefits, while others contribute less than 1 percent. The study showed that, regardless of spending levels, the provided benefits were unlikely to include preventive medicine and wellness education.

For more information, contact Tim Leshan, vice president for government relations, 617.373.8528, t.leshan@neu.edu, or visit northeastern.edu/governmentrelations.