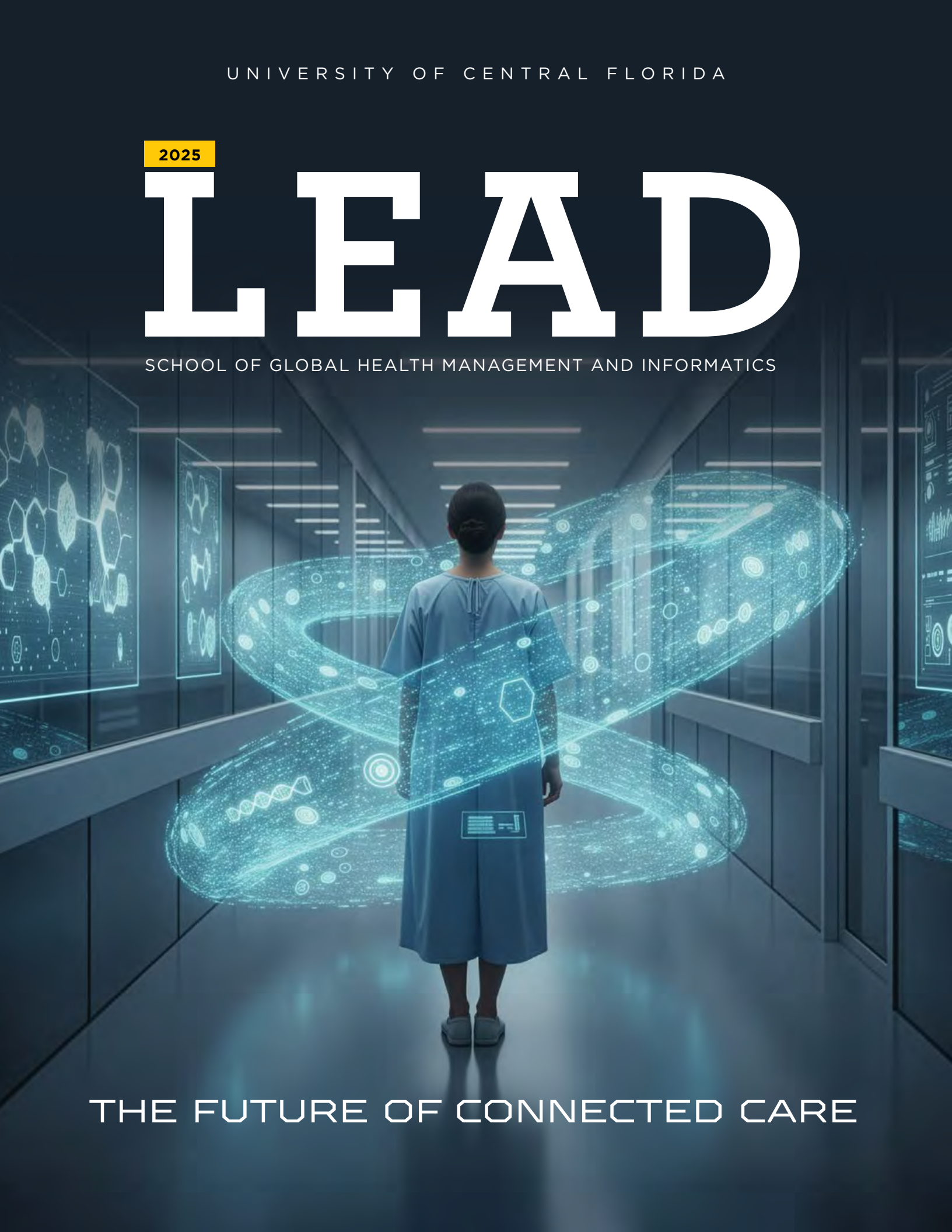
UNIVERSITY OF CENTRAL FLORIDA

2025

LEAD

SCHOOL OF GLOBAL HEALTH MANAGEMENT AND INFORMATICS



THE FUTURE OF CONNECTED CARE

INSIDE THIS ISSUE

Welcome to the 2025 edition of LEAD magazine, focused on *Connected Care: Innovating Healthcare with Data, Technology and Leadership*. This theme reflects the work happening every day within the School of Global Health Management and Informatics. We are proud to be shaping the future of healthcare by preparing students who combine the vision of administrators with the insight of informaticists. This dual strength is what sets our graduates apart — and what makes our school a leader in healthcare management and informatics education and research.

This year, we reached an important milestone: launching Florida's first Bachelor of Science in Health Informatics within the state university system. This program represents both our innovation and our commitment to meeting the workforce needs of a rapidly changing healthcare industry. We are also proud of the continued success of our students in their service, research and case competitions, showcasing the critical thinking, collaboration and professionalism that define our school.

Our faculty continue to earn recognition for high-impact research, including work advancing telehealth for substance abuse disorder treatment and strengthening connections between dental and systemic health. At the same time, our industry partnerships provide a powerful bridge to translate knowledge into practice. Together, these efforts amplify our impact and ensure that our students are not only well-prepared, but positioned to lead.

As you explore this issue of LEAD, I invite you to learn how our commitment to excellence in teaching, research and service is transforming both the student experience and the healthcare field itself. What you'll find here are not just stories of achievement, but a vision of where we are headed — a future where connected care delivers healthier patients, stronger communities and lasting impact.

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BY THE NUMBERS

SCHOOL OF GLOBAL HEALTH MANAGEMENT AND INFORMATICS PRIDE POINTS

51 PEER REVIEWED ARTICLES	**11** AWARDS	**#41** BEST GRAD PROGRAM FOR HEALTHCARE MANAGEMENT IN THE NATION *(US News and World Report, 2025)*
93% EXECUTIVE MHA EMPLOYMENT RATE WITHIN SIX MONTHS OF GRADUATION	**88%** HEALTH ADMINISTRATION EMPLOYMENT RATE WITHIN SIX MONTHS OF GRADUATION	**4** POST-DOCTORAL RESEARCHERS
1,122 STUDENTS	**30** FACULTY	**1:37** FACULTY TO STUDENT RATIO

UCF RANKINGS

(US News and World Report, 2025)

#9 BEST ONLINE BACHELOR'S PROGRAMS IN THE NATION	**#8** BEST ONLINE BACHELOR'S FOR VETERANS	**#12** MOST INNOVATIVE SCHOOLS

SCHOOL OF GLOBAL HEALTH MANAGEMENT AND INFORMATICS LAUNCHES HEALTH INFORMATICS BACHELOR'S DEGREE

The new program marks a first for Florida's State University System, bridging healthcare and technology education.

The School of Global Health Management and Informatics (SGHMI) at UCF has launched Florida's first health informatics bachelor's degree within the State University System. The program was designed to meet the soaring demand for data experts who can navigate the complex world of healthcare.

The creation of the fully online degree was a direct response to feedback from industry leaders, says Jillian Harrington, health informatics BS program director and lecturer. The school's advisory board — which includes partners AdventHealth, Orlando Health and Nemours Children's Hospital — expressed a need for graduates who could fill entry-level roles, armed with foundational knowledge of data analytics and emerging technologies.

The curriculum gives students a front-row seat to the future of health technology, exploring "the Medical Internet of Things, blockchain, and wearable devices," says Harrington. She notes these are the technologies "that are really impacting the industry from a tech perspective and where a lot of the money is right now in tech and healthcare."

What sets this degree apart is its interdisciplinary approach. While students gain expertise in AI, data mining and web applications, they also take classes alongside peers in health services administration and health information management.

"In healthcare, you're always working in a team with people who don't know the same things you know," says Harrington. "It's really important that our students get that same exposure right away."

This approach, combined with a required 150-hour internship and a curriculum covering tools like Python, R and SQL, ensures graduates are uniquely prepared for the workforce.

"Our students will graduate not only knowing how these different programming systems work, but also, with an expertise in how the healthcare system works," says Harrington. "It will provide students with a leg up on the competition. We need health informaticists to enter the field knowing how to manage the data, and provide real-time insights to clinicians and the C-suite."

AT A GLANCE

Degree: Bachelor of Science in Health Informatics

Format: 100% Online

Career Paths:
- Clinical Informatics Specialist
- EHR Specialist
- Health Data Analyst
- Health Informatics Manager

Industry Growth:
16% (Double the national average of jobs in this space)

National Median Pay:
$103,790

Skills in Demand:
- Data analysis & visualization
- Electronic health record (EHR) management
- Workflow optimization
- Project management & leadership

Certifications:
(Eligible upon successful completion of the health informatics program)
- CAHIMS: Certified Associate in Healthcare Information and Management Systems
- CHDA: Certified Health Data Analyst

THE FUTURE OF CONNECTED CARE

How Data, Technology and Leadership Are Shaping Tomorrow's Healthcare

Healthcare is undergoing a profound transformation. From AI-driven decision making to the integration of real-time data across health systems, the future of care is increasingly connected. At UCF's School of Global Health Management and Informatics (SGHMI), faculty are training the next generation of leaders to thrive in this new landscape — and some alumni are already experiencing it firsthand.

> **“WITH CONNECTED CARE, WE BREAK DOWN THESE SILOS SO THAT EVERYONE SEES THAT PATIENT’S INFORMATION. IT KEEPS THE PATIENT’S BEST INTEREST AT THE CENTER.”**
>
> **— MICHELLE CROZIER**

BREAKING DOWN SILOS

The promise of connected care begins with breaking down the walls that separate providers, patients and data. For decades, the U.S. healthcare system has operated in silos, resulting in fragmented records and critical insights that often fall through the cracks.

“Connected care is a huge shift from the way we currently provide care,” says Jillian Harrington, health informatics BS program director and lecturer with three decades in health policy and administration. “You tell your story to one person. Then you tell your story to another person and then you tell your story to the doctor. There’s no reason for us to do that now.”

Michelle Crozier, lecturer and public health epidemiologist, put it simply: “With connected care, we break down these silos so that everyone sees that patient’s information. It keeps the patient’s best interest at the center.”

Alumnus Jordon Schagrin, ’06, ’12MS, associate director at HealthARCH, who leads transformation initiatives across Florida’s rural communities and safety-net clinics, says large health systems are further ahead, while independent practices often lack access to specialty and pharmacy data. “There is a big gap, from where we’re trying to get to, and where we are.”

National frameworks are helping bridge this divide. In 2023, the U.S. Department of Health & Human Services launched the Trusted Exchange Framework and Common Agreement (TEFCA) to remove barriers for sharing health records electronically. Another standard, Fast Healthcare Interoperability Resources (FHIR), aims to advance safe, efficient exchange. Harrington believes these tools move the system closer to a vision long imagined.

“Think about if you went on vacation to Alaska, and you fell, and you were knocked unconscious,” says Harrington. “With this connectedness, they would know if you were diabetic or had allergies. They would have everything at their fingertips.”

DATA IN ACTION

When data flows, the benefits are immediate. Evidence-based decision making becomes more precise, operations more efficient and public health more responsive.

“The more information we have, the better we can make educated decisions,” says Amanda Walden, senior lecturer and certified health data analyst. “Not just on one piece of information, but on millions of data points. That can inform what is the best course of treatment for this specific patient with these specific parameters.”

Data also exposes overlooked bottlenecks. Harrington explains that patient flow issues, for instance, may look like a lab delay, “when in fact it could be the phlebotomist who has to see seven other people before bringing the specimen back to the lab.”

Crozier recalled the 2009 H1N1 pandemic, when direct access to EHRs streamlined response efforts.

“It cut down the burden of having to call your contact at that hospital,” she says.

SECURITY AND TRUST

But with greater connectivity comes greater risk. The more data is shared, the more vulnerable it becomes.

“Probably the biggest gaps are the privacy and security piece keeping pace with what’s happening today,” says Harrington. “We’re right to distrust it. We need to make sure that the data has high integrity.”

She adds that fears around a truly universal record, from identity theft to data misuse, are real, but systems must evolve to address them.

Walden agreed: “The more information we have, the more vulnerable it is. We need to make sure that we are creating data and information appropriately, accurately and protecting it the same way.”

LEADERSHIP MATTERS

Technology alone can’t deliver connected care. Success depends on leadership that bridges priorities across the system.

“Leadership can’t just be top-down, it’s got to be bottom-up,” says Schagrin. He added that priorities differ depending on perspective: “The C-suite cares about revenue. Nurses care about patient outcomes. You have to translate the priorities differently so everyone buys in.”

Harrington warns that without aligning incentives, the system will stall.

“There’s no incentive for EHR companies to work together because if they do, then they lose their competitive advantage,” she says.

THE NEXT FRONTIER

Artificial intelligence is accelerating change and raising new questions.

"The most important thing is that we treat AI as a tool," Walden says. She points to in-room AI documentation that drafts physician notes in real time, freeing doctors to focus more fully on their patients.

Crozier is equally optimistic: "It's going to revolutionize what we're doing. I can't wait to see how they leverage all of that free response that just gets lost."

For patients, the challenge and opportunity is engagement.

"An engaged patient is a healthier patient," Schagrin says. "Patients who are connected with their providers generally have better outcomes and lower costs of care."

SHAPING THE FUTURE

For Harrington, the real promise of connected care lies in personalization. By harnessing vast data sets, she says, healthcare providers can move beyond one-size-fits-all treatment and instead deliver predictive, individualized care tailored to each patient's unique needs.

"The field has changed so much in the last five years, in the last two years, in the last year," Walden says. "The more connected we are, the better care we can receive."

With faculty leading research and alumni shaping practice, SGHMI is preparing students to carry the promise of connected care forward. The future they are shaping is one where technology, leadership and compassion create healthier lives for all.

IF YOU COULD WAVE A MAGIC WAND

We asked the experts what single barrier they would eliminate to accelerate the future of connected care. Here's what they said:

JORDON SCHAGRIN: "I would wave a wand to make sure all technology speaks, it's uniform and there's not a data disparity challenge."

AMANDA WALDEN: "There are so many things that need to get fixed. I don't see one thing that will fix everything. But just having the discussion — and making sure that is the future that we're working towards — is a big part."

MICHELLE CROZIER: "Information blocking. That territorial, 'this is my data, and I'm not going to share it.' We have to change their mindset and the willingness to share freely."

JILLIAN HARRINGTON: "One of the biggest barriers right now is the way that we bill and pay for healthcare in the U.S. It's driven by volume — how many patient visits, inpatient stays, surgeries. It's not based on value, which is what we really need. There's no incentive for EHR companies to work together, even though that would save millions and create a great patient experience."

PROACTIVE AGING

HOW DATA AND TECHNOLOGY CAN RESHAPE SENIOR CARE

Technology holds immense promise for transforming elder care, offering solutions from AI-driven analytics to remote patient monitoring. But as two leading UCF researchers in the School of Global Health Management and Informatics are discovering, the true measure of innovation lies not just in the technology itself, but in how it's applied to empower patients and improve quality of life. Their work highlights a critical lesson for healthcare leaders: the future of aging care must be both high-tech and high-touch.

UNCOVERING HIDDEN CARE GAPS IN NURSING HOMES

Through her research, Associate Professor Latarsha Chisholm is exposing an alarming reality in nursing homes: advanced care planning discussions, while federally mandated, are inconsistently applied across facilities. The challenge became even more complex when federal regulators removed the standardized advanced care planning question from the Minimum Data Set — the primary tool nursing homes use for both reimbursement and quality measurement.

"Most residents living with dementia will die in the nursing home," Chisholm says. "For advanced care planning to still be so poorly implemented is troubling."

Her work explores using artificial intelligence to mine text in electronic health records. This could help identify if goals-of-care conversations are happening, even without a standardized checkbox. However, she emphasizes thoughtful implementation.

"We have to be very careful," Chisholm warns. "If staff at under-resourced homes don't have time to write detailed notes, the AI might miss some discussions. The models must be validated to ensure they are effective."

> **“WE NEED TO THINK ABOUT HOW [MODELS] IMPACT PEOPLE DIFFERENTLY ACROSS DIFFERENT PATIENT POPULATIONS.”**
>
> **— LATARSHA CHISHOLM**

EMPOWERING PATIENTS THROUGH ENGAGEMENT

Assistant Professor Cynthia Williams studies how technology can empower older adults in their homes. Her research reveals a fundamental disconnect in healthcare technology adoption.

“Just because I have access to it doesn’t mean I use it,” she explains, highlighting why successful implementation requires understanding varying comfort levels and preferences across different patient populations.

Williams’ latest work explores how emerging technologies could provide more personalized care. For example, using culturally responsive AI to customize diabetic nutrition management. She says the goal is to move beyond basic recommendations to individual, real-time information that shows patients immediate cause-and-effect relationships between their behaviors and health outcomes.

“We’ve had years of telling patients what to do, and they don’t do it,” Williams says. Instead of generic advice, she says, technology could show patients: “I ate this. This is what happens. Oh, maybe the next time I won’t eat that.”

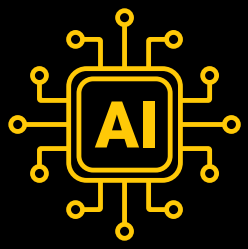
For this to succeed, she argues, technology must be developed with the patient’s perspective first — making it user-friendly, personalized and trustworthy.

A ROADMAP FOR HUMAN-CENTERED TECH

Their research offers a powerful roadmap for healthcare administrators. It underscores the need to look beyond shiny new tools and invest in human-centered implementation that also values validation.

“We need to be cautious with the models,” Chisholm warns. “We need to think about how they impact people differently across different patient populations.”

Williams advocates for community-based partnerships, while Chisholm emphasizes academic-community collaborations to translate research into sustainable practice. Both stress that successful technology adoption requires designing from the patient’s viewpoint rather than the technology’s capabilities.



NEXT GENERATION TECHNOLOGIES TRANSFORMING CARE

The researchers highlighted several cutting-edge technologies that could transform elder care delivery:

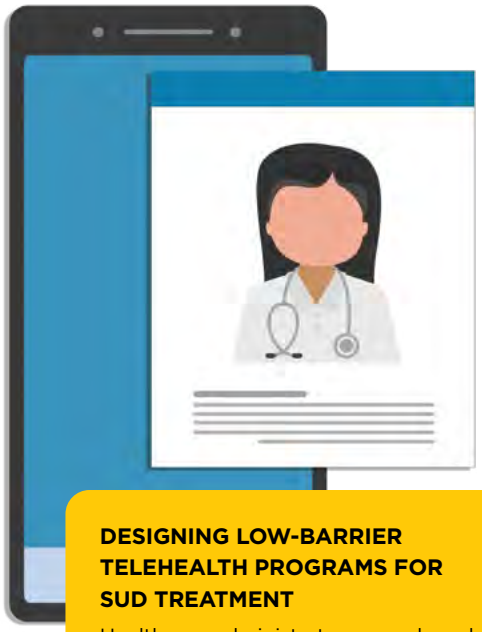
NATURAL LANGUAGE PROCESSING: AI models that can scan electronic health records to identify whether critical care conversations occurred, providing real-time insight into care quality.

PERSONALIZED AI SYSTEMS: Machine learning that creates individualized health interventions incorporating patients’ food preferences and traditional practices.

PASSIVE HEALTH MONITORING: Systems requiring zero patient participation that automatically capture vital health indicators — valuable for patients with cognitive limitations or technology barriers.

VALIDATION APPROACHES: Hybrid methods combining AI analysis with direct observation to ensure technology-driven insights accurately reflect real-world care delivery.

TELEHEALTH EXPANDS ACCESS TO SUBSTANCE USE DISORDER TREATMENT, BUT POLICY HURDLES REMAIN



After years of devastating overdose trends, early signs show progress with fewer deaths and more patients accessing treatment. Yet, according to Barbara "Basia" Andraka-Christou, an associate professor in UCF's School of Global Health Management and Informatics with a joint secondary appointment in the College of Medicine, the urgency remains.

"Typically, only about 20% of people with an addiction get any kind of formal treatment," she says. "And when they do, it's often not evidence-based." Telehealth, she explains, "creates an opportunity to expand treatment and access evidence-based treatments."

For opioid use disorder, that includes methadone and buprenorphine, "which cut the death rate by 50%," Andraka-Christou says. Telehealth lowers barriers to access: "All they have to do is hop on a phone call to get their refill. They don't have to take time off work or travel."

But stigma, transportation barriers and provider shortages have historically kept many from accessing these treatments.

State regulations add another layer of complexity. During the pandemic, "the federal government allowed, for the first time, to have buprenorphine prescribed via telehealth," she says. "But then the states were like, 'whoa, let's see what we're gonna do here.'" Some states allowed maximum flexibility, including audio-only visits, while others required video or limited telehealth.

"A number of studies in the last two to three years looking at the effects of telehealth on buprenorphine initiation and retention show overall, positive results," Andraka-Christou says. "There also appear to be no negative effects."

Still, Andraka-Christou warns against complacency.

"The federal government recently reported a stunning 27% drop in drug overdose deaths. It's a positive omen, but it risks lulling policymakers into a false sense of accomplishment when more work must be done," she says. "Overdose deaths are still unacceptably high, with tens of thousands of Americans dying each year and millions more needing evidence-based treatments."

She argues that policies must prioritize access. In drug courts, for example, participants "really appreciate the convenience of the technology when it works." But gaps in internet or devices often derail video visits and can strain relationships with court staff and treatment teams.

"Lowering that threshold of initiating and being retained in treatment is the best thing to do," Andraka-Christou says. "If we want to save lives, telehealth flexibilities have to stay in place."

DESIGNING LOW-BARRIER TELEHEALTH PROGRAMS FOR SUD TREATMENT

Healthcare administrators can play a key role in sustaining access to substance use disorder (SUD) care through telehealth. Andraka-Christou recommends:

- **Allow audio-only visits:** "Allowing audio only is the way to do it" for patients without reliable video access.
- **Integrate systems seamlessly:** "You wouldn't want extra logins or extra layers of burden for addiction treatment."
- **Support providers with training:** Many eligible clinicians avoid offering addiction treatment due to perceived complexity.
- **Match supports to need:** Given debates about drug screens and counseling intensity, avoid blanket requirements that raise barriers.
- **Center the population:** Many patients face "really difficult social determinants of health;" build for low bandwidth, limited devices and flexible scheduling.

"Lowering barriers helps both patients and providers," Andraka-Christou says. "Telehealth will only reach its full potential if we make it easy to use."

THE MISSING LINK:

WHY HEALTHCARE NEEDS UNIFIED DENTAL AND MEDICAL RECORDS

Healthcare providers understand the relationship between gum disease and diabetes better than ever before, but a critical gap remains. Dental and medical records rarely communicate with each other. UCF's Center for Decision Support Systems and Informatics researchers are working to bridge this gap.

THE BIDIRECTIONAL HEALTH CONNECTION

Giang Vu, dentist and assistant professor, emphasizes the two-way relationship between oral health and systemic conditions.

"People with uncontrolled diabetes are significantly more likely to have periodontal disease," Vu explains. "But the reverse is also true — those with periodontal disease face higher risks of diabetes complications."

Associate Professor Christian King points out that food insecurity follows a similar pattern. Poor nutrition increases the risk of diabetes, while diabetes itself can make managing nutrition more difficult.

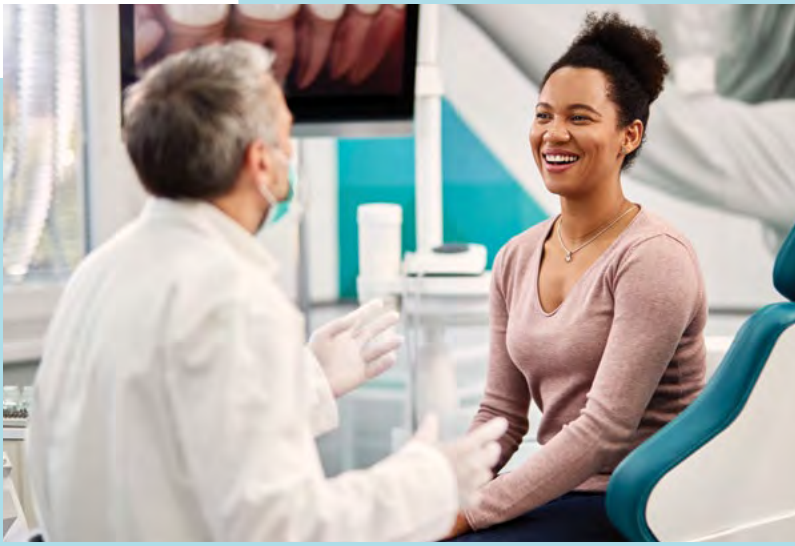
HIDDEN MEDICAL HISTORIES

The current fragmentation in healthcare records creates dangerous gaps. When diabetic patients visit dentists without access to medical records, critical information remains hidden.

"Sometimes patients lie to dentists about their medical conditions," Vu says. "If a dentist performs an extraction on someone with uncontrolled diabetes, it can lead to serious complications."

King adds that even when food insecurity is addressed, barriers remain.

"Just giving them the proper food they need may not be the end of it," King says. "If they have poor oral health, they might not be able to eat or chew properly. That makes things more complicated."



RETURN ON INVESTMENT

Their research demonstrates that preventive dental care can reduce risks of heart attacks and strokes — conditions that cost healthcare systems exponentially more than routine dental care.

"States that removed dental coverage from Medicaid saw increases in emergency room visits," Vu says. "One ER visit could cost $10,000 or more, while basic dental preventive care represents less than 3% of Medicaid budgets."

Beyond preventing expensive complications, integrated records would also eliminate costly duplicate X-rays and diagnostic tests.

"It's time-saving, cost-saving and more effective," Vu says. "And more convenient for patients."

AI-POWERED PREVENTION AND PREDICTION

The UCF researchers are leveraging technologies to identify risk factors and improve prevention strategies.

"We're going to have even more data in the future," King says. "We have to figure out a way to analyze it and link some of that data to make better use of it."

The team applies machine learning to predict which patients are at risk for severe periodontal disease or systemic complications. They are also exploring wearable devices that monitor oral hygiene behaviors.

"When we brush our teeth, a device collects data on how frequently we brush and how correctly we brush," Vu explains. This data could be transmitted to dental providers, enabling personalized coaching and early intervention.

THE PATH TO IMPLEMENTATION

While initiatives like the BigMouth Dental Data Repository connect university dental institutions' records, researchers still face barriers accessing integrated datasets due to HIPAA protections, institutional silos, and the requirements to analyze data in secure, offline facilities.

Moving forward requires policy changes enabling interoperability, workforce development to break down silos and continued research demonstrating the value of integrated care. As healthcare systems grapple with rising chronic disease costs, oral health represents an underutilized lever for population health management.

The Center for Decision Support Systems and Informatics, directed by UCF Professor Varadraj Gurupur, Ph.D., was established to advance clinical decision support through innovative informatics applications. Gurupur was unavailable for this interview.

MEET THE RESEARCHERS

Giang Vu, DDS, PhD, Assistant Professor
Dr. Vu's work is built on a rare combination of clinical and public health expertise. As a dental public health fellow with the Centers for Disease Control and Prevention, his research provides key insights into the link between oral and systemic disease.

Christian King, PhD, Associate Professor
A social scientist and policy expert, King's research investigates the root causes that contribute to differences in health outcomes. His work focuses on how societal and economic factors shape a person's health and access to high-quality care.

PARTNERS IN LEARNING: HOW COLLABORATION DRIVES STUDENT SUCCESS AND STRENGTHENS THE WORKFORCE

An Editorial by Steven Ton, MSHCI, Associate Instructor and Internship Director, UCF School of Global Health Management and Informatics

Building a Workforce for the Future

As someone who works daily with healthcare administrators, I hear the same challenge everywhere: finding qualified candidates who can hit the ground running. Traditional academic programs often leave gaps between classroom theory and workplace reality.

At the UCF School of Global Health Management and Informatics (SGHMI), we've learned that industry collaboration closes those gaps. Our partnerships transform students into workforce-ready professionals before they even graduate.

Real Projects, Real Impact

We've cultivated strong relationships with organizations like AdventHealth, Orlando Health and Nemours Children's Hospital, along with numerous smaller clinics across Florida and beyond. What makes these partnerships extraordinary isn't just the placement opportunities — it's that our students work on real, meaningful projects where they actively contribute to initiatives that deliver measurable value.

I'm especially proud of our recent recognition from the Downtown Orlando Partnership, which honored our collaboration with Orlando Health with a Golden Brick Award. Together, we developed Epic EHR training materials now used in our classrooms, ensuring our students are job-ready with enterprise-level software experience they'll use in the field.

Beyond Traditional Internships

These aren't typical shadowing experiences. Our students in Health Informatics, Health Information Management and Health Services Administration function as integral team members on real projects. I've witnessed incredible transformations — nervous students evolve into confident professionals with connections that frequently lead to job offers.

The Administrator's Advantage

For industry partners, the benefits are clear: cultivating a pipeline of qualified candidates who understand your organization's culture, systems and expectations. The result? A stronger, more capable healthcare workforce with reduced recruitment costs and faster onboarding.

The Bottom Line

These collaborations create sustainable talent pipelines that benefit everyone: students gain practical experience, our programs stay responsive to industry needs and healthcare organizations access a steady stream of job-ready graduates who can contribute to organizations from day one.

FROM CLASSROOM TO BOARDROOM

UCF Students Rise in Case Competitions

Inside UCF's School of Global Health Management and Informatics, the Healthcare Case Club has quickly become a launchpad for the next generation of healthcare leaders. What started just a few years ago as a student-led effort to strengthen UCF's showing at national competitions has grown into a thriving community where graduate and undergraduate students push themselves to think critically, collaborate across disciplines and deliver healthcare solutions with real-world impact.

The results speak for themselves. At this year's University of Alabama at Birmingham Health Administration Case Competition, sponsored by AdventHealth, UCF's team impressed executives so much that they were invited to the organization's Orlando offices to present their sustainability recommendations directly to the system's leadership team.

In South Florida, undergraduates Isabella Biama, Lainie Henry and Emileka Stephen scored a second-place finish at the American College of Healthcare Executives (ACHE) competition — the second consecutive year a UCF undergraduate team has claimed that honor.

Closer to home, the annual UCF Black and Gold Case Competition has become a signature downtown

(L) SGHMI graduate students competed at the University of Alabama at Birmingham Health Administration Case Competition. (R) SGHMI undergraduates earned second place at the ACHE South Florida competition.

campus event. Participation has more than doubled, with students presenting their analyses to a panel of alumni and healthcare executives who serve as judges. This year's winning team, Caira Palmer, Rocio Jimenez and Sh'Landria Roberts (all Master's in Health Administration students), stood out for their thoughtful approach to the Affordable Care Act's impact on hospital operations.

For students, the lessons last beyond competition day. Alayna Feilmeier, an MHA student, calls the experience transformative: "Case competitions require students from unique backgrounds to come together to solve challenges and develop in-depth solutions. One of the most powerful moments for me was working on a Black and Gold team with an MHA student, a BSHSA student and an MSHCI student. We combined our strengths and created a well-rounded solution to a joint commission compliance issue."

For Cathy Bush, lecturer and one of three faculty advisors guiding the club, the value lies in the professional development students gain while preparing for competitions.

"Case competitions give students a chance to build their flexibility in working with other people," Bush says. "They apply lots of the concepts that they may have mastered in classrooms to real-life situations, and learn to stand in front of a room full of people and maintain professionalism and have influence, which you need as a future healthcare leader."

With dedicated coaching and strong industry partnerships, the Healthcare Case Club is preparing UCF students to step into leadership on day one of their careers.

IN THE SPOTLIGHT

Master of Health Administration student **Adaobi Tabugbo** showcased her athletic talent on an international stage when she competed in the Nigerian Olympic Trials. Balancing the demands of graduate study and elite training, Tabugbo exemplifies the discipline and drive shared by so many SGHMI students.

Undergraduate student **Samanthaka Nandam** presented at the Florida Undergraduate Research Conference 2025. Her research, about music therapy in nursing for dementia patients, was seen by countless peers at one of the largest multi-disciplinary research conferences in the nation.

Doctoral candidate **Rachel Totaram** received second place and was named Judges' Choice for Graduate Students at the 2025 Impact of Research Competition for her dissertation on stigma in recovery communities. Out of more than 70 applicants, Totaram was one of just seven finalists recognized for excellence in impactful, original research.

FACULTY HIGHLIGHTS

INNOVATION AT THE FOREFRONT

Health Informatics BS program director and lecturer **Jillian Harrington** presented at the AIMed Global Summit 2024, sharing her expertise with healthcare and AI leaders and sparking discussions on innovation's role in healthcare advancement.

Multiple faculty members showcased research at the Addiction Health Services Research (AHSR) Conference, including Associate Professor Barbara "Basia" Andraka-Christou, Professor and SGHMI Director Kendall Cortelyou, Associate Lecturer M.H. Clark, Doctoral Candidate Rachel Totaram, Postdoctoral Scholar Fatema Ahmed and Research Assistant Sarah Akil.

PEACE AND PUBLIC HEALTH CHAMPIONS

The American Public Health Association honored Assistant Professor **Yara Asi** with the prestigious 2024 Victor Sidel and Barry Levy Award for Peace, recognizing her contributions to public health advocacy.

Associate Professor **Barbara "Basia" Andraka-Christou** co-authored a compelling Health Affairs Forefront commentary advocating for modernized methadone treatment to combat the fentanyl overdose epidemic, emphasizing expanded access to life-saving interventions.

ACADEMIC EXCELLENCE HONORED

The 2024-2025 College of Community Innovation and Education (CCIE) Excellence Awards recognized outstanding faculty contributions. Senior Lecturer Amanda Walden and Associate Instructor Meredith Robertson received Excellence in Undergraduate Teaching Awards — College Winners, while Associate Professor Barbara "Basia" Andraka-Christou earned the Excellence in Research Award — University Winner.

The 6th Annual AIM High event, hosted by UCF's Division of Digital Learning, celebrated numerous faculty members for their dedication to affordable course materials, including Marie White, Reid Oetjen, Randy Yniguez, Dawn Oetjen, Latarsha Chisholm, Cathy Bush, Meredith Robertson, Michelle Chandler, Bernardo Ramirez, Sung Choi, Ashley Wilt, Crystal Crider, Michelle Crozier, Su-I Hou, Christine Neubert, Alice Noblin, Jae Park, Phillip Wessel, "Navy Bob," Tim Rotarius, Lucia Russell, Martin Szczuczynski, Steven Ton, Janine Vance, Giang Vu, Amanda Walden and Yarid Wilburn. Additionally, Amanda Walden received the Individual Legacy Award.

REGIONAL RECOGNITION

Professor and SGHMI Director **Kendall Cortelyou** received the Excellence and Leadership Support Award at the American College of Healthcare Executives (ACHE) of Central Florida Annual Gala, while Associate Instructor Shannon Elswick was honored with the Lifetime Achievement Award.

GLOBAL HEALTH LEADERSHIP

Assistant Professor **Giang Vu** shared his dental publishing expertise with 50 healthcare professionals at Can Tho University of Medicine and Pharmacy in Vietnam this August, demonstrating the global reach of SGHMI faculty.

POSTDOCTORAL SCHOLARS ADVANCING HEALTH RESEARCH

Postdoctoral scholars at the School of Global Health Management and Informatics play a vital role in advancing high-impact research that shapes healthcare policy, practice and innovation. Working closely with faculty mentors, these emerging scholars are addressing some of today's most pressing challenges.

Wan-Yun Chou focuses on healthy aging-in-community, global healthcare management and dementia care. She is advised by Su-I Hou, Cynthia Williams and Latarsha Chisholm.

Suhas P. Shewale researches access to substance use disorder treatment, harm reduction, and reproductive and sexual health. Her postdoctoral work is guided by Barbara Andraka-Christou.

Fatema Zafir Ahmed studies health policy and health services, with emphasis on substance use disorders. Her research has been supported by the National Institute on Drug Abuse and published in leading journals including *Health & Justice, Health Communication* and the *Journal of Substance Abuse Treatment*. She is mentored by Kendall Cortelyou and Barbara Andraka-Christou.

Sanket Salvi explores the Internet of Things, visible light communication and healthcare data analytics. At the Center for Decision Support Systems and Informatics, he works with Varadraj Gurupur and Christian King on projects ranging from machine learning models for oral cancer to the use of artificial intelligence in mental healthcare systems.

FROM BIRTHDAY SONGS TO INDUSTRY PARTNERSHIPS, UCF STUDENTS LEARN THROUGH CARE

UPSILON PHI DELTA BRINGS COMFORT TO FAMILIES AT RONALD MCDONALD HOUSE

Students from Upsilon Phi Delta (UPD), the academic honor society for healthcare management and administration, have made meaningful connections with families during their most challenging times through monthly volunteering at Ronald McDonald House locations across Orlando.

UPD members regularly serve at the Nemours house, Orlando Health ORMC house, and AdventHealth Orlando house, where they prepare meals, bake treats and complete essential service projects. Their work includes deep cleaning common areas, organizing toy rooms and maintaining facilities to ensure comfortable stays for families with hospitalized children.

"These service-learning experiences really show us how powerful community can be and how even small actions can make a big difference in patient care," says Alayna Feilmeier, graduate student in Health Administration. "When students work directly with patients and community members, they see that caring for someone goes beyond just medical treatment."

Feilmeier recalls memorable moments that exemplify this impact. During one visit, UPD students served lasagna to grateful families, sharing an intimate dinner moment together. Another standout experience occurred when students discovered it was a young patient's birthday while making cupcakes. They immediately decorated cupcakes specifically for her and sang Happy Birthday, bringing joy amid her hospital treatment.

SHIMA STRENGTHENS INDUSTRY PARTNERSHIPS

The Student Health Information Management Association (SHIMA) at UCF has actively supported industry partnerships through targeted initiatives throughout the year. During Health Information Professionals' week, students created appreciation baskets for UCF healthcare partners, including Orlando Health, AdventHealth, Nemours and Lake Nona HCA — organizations that provide internships and mentorship opportunities.

"Our partner organizations support students and help them develop leadership skills," says Olga Russell, associate instructor and SHIMA advisor.

This past year, SHIMA students also assembled and delivered Christmas bags to Nemours Children's Hospital, demonstrating their commitment to patient care beyond academic requirements while strengthening community healthcare partnerships.

SHIMA members have achieved notable recognition for their service, with students selected as Student Liaisons for the Florida Health Information Management Association and recipients of Outstanding Young Professional and Outstanding Student Awards.

TWO HEARTS, ONE MISSION:
THE SCHAGRIN STORY

Love stories don't typically begin with database design and quality improvement metrics. But for Lindsay Schagrin '06, '12MS, and Jordon Schagrin '06, '12MS, a shared passion for transforming healthcare became the foundation for both their careers and their life together.

Finding Each Other Through Shared Purpose

Both alumni of UCF's Health Services Administration bachelor's program and the inaugural cohort of the Healthcare Informatics master's program, the Schagrins have carved out impressive careers.

The couple first met as undergraduates but reconnected just before beginning the Healthcare Informatics master's program. The program's collaborative structure gave them countless opportunities to work together on project teams, and their friendship naturally deepened. They began dating early in the program and married in 2011.

Building Careers on Complementary Paths

Both began their careers at UCF's College of Medicine Regional Extension Center (REC), supporting providers during the early adoption of electronic health records — an effort that marked the start of healthcare's digital transformation.

Today, they've become a power couple tackling the industry's biggest challenges from opposite sides.

Jordon serves as Associate Director at HealthARCH (an evolution of the former REC within the UCF College of Medicine), leading transformation initiatives across Florida's rural communities and safety net clinics. His work — spanning CDC grants and population health improvement — creates "effects that will be seen for a decade or more."

Lindsay serves as Director of Product for Payment Integrity at Optum, overseeing solutions that save $35 billion annually by ensuring claims are paid accurately and reducing fraud, waste and abuse.

Lindsay and Jordon Schagrin met while studying healthcare administration. Today, they share two daughters and a passion for improving healthcare.

Each learns from the other's perspective — Jordon from the payer side and Lindsay from quality improvement in provider settings.

The Foundation That Launched It All

Both credit their UCF education as foundational to their success. For Lindsay, whose passion for healthcare transformation was ignited after her grandfather died from a medical error, UCF provided the perfect launchpad.

"The informatics program really helped me understand the knowledge that's needed to innovate in this space and move it to a more modernized, advanced system," she says.

Jordon echoes this sentiment: "I wouldn't be able to do the work that I do now without the preparation and education I received from UCF."

What began as a shared passion for transforming healthcare at UCF has grown into two thriving careers and a lifelong partnership dedicated to making meaningful change across healthcare's complex ecosystem.

SHAPING THE FUTURE OF HEALTH MANAGEMENT AND INFORMATICS

The UCF School of Global Health Management and Informatics (SGHMI) is preparing the next generation of leaders to meet the complex challenges of modern healthcare. Through a unique blend of research-driven teaching, experiential learning and interdisciplinary collaboration, SGHMI equips graduates to excel in health administration and informatics roles across the country.

Based at UCF Downtown, just steps from Central Florida's largest healthcare systems, students gain direct access to hospital executives, public health organizations and industry innovators. This proximity fosters meaningful partnerships, impactful internships and joint research opportunities that strengthen both the academic and healthcare communities.

With flexible learning options, accredited programs and faculty recognized for their scholarship and industry expertise, SGHMI continues to advance healthcare leadership and innovation while serving as a valuable partner to organizations seeking to improve systems and outcomes.

HEALTH ADMINISTRATION

Managers of health systems, healthcare organizations and hospital networks

UNDERGRADUATE

- Health Services Administration, BS
- Health Services Administration, Minor

GRADUATE

- Health Administration, MHA
  - Health Services Administration Track (MHA)
  - Executive Health Services Administration Track (eMHA)

HEALTH INFORMATICS

Leaders in the clinical, management and business aspects of health informatics

UNDERGRADUATE

- Health Informatics, BS
- Health Information Management, BS
- Health Information Management, Minor
- Healthcare Quality and Revenue Management, Minor

GRADUATE

- Health Care Informatics, Professional Science, MS

CAHME Accredited

AUPHA Certified

CAHIM ACCREDITED PROGRAM

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BLACK AND GOLD CHAMPIONS

Winners of the 2025 Black and Gold Case Competition, Caira Palmer, Rocio Jimenez and Sh'Landria Roberts, impressed a panel of alumni and healthcare executives with their analysis of how the Affordable Care Act impacts hospital operations. Their innovative solutions and polished presentation earned first place, reflecting the professional growth fostered through the Healthcare Case Club.