

Global Reach:

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Patricia Flatley Brennan-

My name is Patti Brennan and I've known Dave since early 1980s when I was searching for a professor to study computerized decision making with and met him through Joy Calkin and other colleagues that knew of his work and I have worked on and off in different relationships with Dave over the last 30 years. Now we're both well known for our work in homecare technologies. We've taken slightly different, but overlapping pathways through this. Dave's work has been really innovative in the areas of direct delivery of certain kinds of content. My work has been more focused on either support for homecare processes by visiting nurse, or nurses, or self-care management, and I've worked a little bit more in the self-assessment and self-monitoring end. One of, one of the things Dave's work has influence mine about is just to understand the right set of tools needed. They are really highly individualized for each kind of approach and so there is no "one size fits all" when it comes to homecare technology. The other part of Dave's work that really shaped my work quite a bit was the recognition that you not only had to do good research, but you had to keep public policy abreast with the direction that you are going and you had a responsibility [inaudible] to work with federal, state, and national, international groups to advance public policies that were needed to ensure that information technologies were available for people to use and that they were safe and secure and were able to be paid for or at least developed in a low cost fashion so they weren't excessively burdensome to individuals. Another big part of our work has always been the focus of engaging students in our work from the very beginning. So as, in my own days as a student of Daves I had learned a lot about bringing students into projects, maybe before the students even thought they were ready, but really encouraging students to stretch and I, then, in my own career have always had students involved in all levels of the research that I do. Finally, the ma-- Dave is a master at generating support for research and through him I learned an awful lot about working with federal agencies and state agencies to provide the exchange of funding that were needed to make sure that the research could be done and could be supported.

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Don Holloway-

This is Don Holloway and Dave Gustafson was my major professor, and I graduated with a Ph.D. in 1971, and I was Dave's first Ph.D. student. And, he was working in the health care field and I was interested in that, so I devoted my career, as he has, to improving healthcare both reducing costs and improving quality. From 96 until 2000 I was on the board of The Women's Recovery Association in Burlingame which is an addiction treatment program and I was Chair of the Board for two of those years and off and on I would run into Dave Gustafson and, if I had

mentioned to him my interests as to what I was doing, my interest in improving addiction treatment programs, so when he got approached by the Robert Wood Johnson Foundation, and I think it was like, 2001, they called me and asked if I would be interested in working with him, if he got funded, and I said absolutely, and he did get funded and I've worked with him ever since and it's been, with him and, Todd Molfenter, and Kim Johnson, and all the team is there, so he's a lot of fun to work with. And he's brilliant, fantastic writer, simplifies things so everybody can understand them, he's just, very innovative. So hanging out with him, you know, hasn't been easy, [laughs] sometimes when we disagree I couldn't [inaudible] and, but over time [inaudible] been able to figure it out. For example, I was pretty convinced in the 90s that when we went to solve a problem, we should really know the root cause and we should invest heavily in trying to figure out why we had problems, and when I joined Dave in 2002, now, so, our careers are remerging, yeah, he would focus in on possible solutions, and testing the solutions, and before he actually knew what the prob-- what caused the problem. So we, you know, we argued about that, and worked it out, and finally realized that it was, first of all, more fun to work on solutions, and second if the solution worked it probably meant that whatever the cause was, whatever caused the problem also got removed. So, that's just a story, or example of how I've been influenced with, with his work and now when I, it's a lot of fun to be a coach using his way which, to try something and see if it works and try something, don't spend a lot of time planning, just do it, learn from it, do it again, learn from it and good stuff just happens. It's [inaudible] it's not an ex-- it's not a stretch to say that it's, that some of this stuff is mo-- it's a miracle, I mean, you know, we don't really understand why some of these things work, but they do.

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Hsi-Peng Lu-

Hi, this is Hsi-Peng, I am now a Dean of Management School and a professor of Information Management at National Taiwan University of Science and Technology. All of my research is on innovation in building and technology acceptance. You know, my first academic paper is on the technology of acceptance behaviors of HIV positive users, which had been done with CHESS 20 years ago. Twenty years ago, I was one of Dave's doctoral students and working for CHESS as a programmer. Dave is very open to accept any innovative idea. As I remembered, while I proposed a silly idea, Dave's response was not teasing me but saying great, great, great, fantastic! Those words encouraged me to keep thinking. Finally, I was not only coding for CHESS, but also writing two journal articles about CHESS.

Let's talk about CHESS. CHESS is just like my father. First of all, he gave me money because I am working as a programmer for him. He grew me up with a PhD degree because my dissertation idea was from him. He taught me how to make a decision by group discussion. Now I am doing research on social networking, which CHESS is one of the pioneers applying social networking technology to help people. Most amazingly, I came back to Taiwan in 1992 and visited Madison again in 2010, CHESS is still alive and it becomes stronger and bigger. Dave shows me what success means. When you focus on one thing for longer than 20 years, you are successful. Long life to CHESS, and long life to Dave.

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Neeraj Arora-

My name is Neeraj Arora, my, I work for the National Cancer Institute, which is part of the National Institutes of Health, Department of Health and Human Services in the United States, and my title is, I am a program director for patient's center care research. The goal of my work essentially is focusing on patient centered care to make sure that we provide high quality cancer care from the patient's perspective that's responsive to the needs of patients and gives them the tools that they need to improve their health outcomes, including their health related quality of life. And it's, it's totally indirect, continuous, you know, the work and the training I got while working on cancer care and others because what CHESSE stood for was improving patient empowerment and giving them the skills and tools they need to take care of themselves, and once they are diagnosed it happens less and I worked in the breast cancer modules of CHESSE so, and some of the favors I did while working there were looking at the impact of chess on patients quality of life. So what we do in our runs essentially is looking at patients reported outcomes, so going beyond just clinical endpoint and clinical outcomes such as mortality and disease status. We focus on the patient's health status, we focus on patient's experiences of care, all the things that, you know, I learned while I was working at the Center.

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Armando Rotondi-

My name is Armando Rotondi, I was a graduate student of Dave Gustafson, he was my mentor when I was in the department of industrial engineering. I've continued a number of things that I learned under Dave. So I do online interventions, really sort of, a continuation of the CHESSE model. I do them with people who have schizophrenia, and their family members and people with moderate to severe traumatic brain injury and their family members, so it's really trying to provide services using in-home computers and other technologies in ways that involve the family members in care of the person with schizophrenia and, or with the care of the person with traumatic brain injuries so sort of a family and group approach to it. And I do it in a way so that other families who are in a similar situation can be involved, providing support and, and also helping people get through some of the issues they are facing. So, in my working with Dave and a little bit with CHESSE it allowed me to, sort of, associate with CHESSE and learn from it. I really learned that you have to understand the needs of consumers of health services if you, if you want to try and provide services or design interventions and treatments it can, help them, help them move forward. And I think that the, the basic and original model of CHESSE identifies really key components of consumer's desires and needs and ways of coping, and in and of itself, the model is I think highly instructive and insightful, and Dave identified that people basing on health crisis need knowledge information, access to experts, social networking, support, decision

making and I think that his model of CHESS is really quite insightful in terms of just understanding the needs of consumers of health, health services when they face a crisis. Much of what they did seems obvious now, but at the time it was original and it was really groundbreaking, and as, right on in it and as insightful as this model was, it really would have been useless in terms of delivering services and getting people to engage in them if it wasn't provided in the right context, and I think those were the two, the really big things about CHESS, they've figured out what people need and they figured out how to give it to them in a context where they would use it and could benefit from it.