



Driving Public Health Innovation with AI

Data Modernization, Effective Collaboration, & Ethical Policy Development



SHAPING TOMORROW'S PUBLIC HEALTH TODAY.

Agenda

- A. Arizona's Data Revolution: Pioneering Public Health Innovation Through Collaboration
- B. Using AI to Accelerate System-Level Data Modernization Assessment in Utah
- C. Building Ethical AI Policies in Public Health Organizations: Insights, Tools and Lessons from the Field
- D. Questions & Answers

The logo of the Arizona Department of Health Services is a circular emblem on the left side of the slide. It features a variety of symbols including a saguaro cactus, a mountain, a sun, a star, a flower, and a hand, all arranged in a circular pattern.

Arizona's Data Revolution: Pioneering Public Health Innovation Through Collaboration

Benjamin Mesnik, Strategic Grants Administrator, Arizona Department of Health Services (ADHS)

Susan Robinson, MPH, Assistant Director, Strategy and Innovation, Arizona Department of Health Services (ADHS)

Public Health Infrastructure Grant (PHIG) - 2025 Annual Recipient Convening (ARC)

August 18-21, 2025

Meet Ben & Susan



Benjamin Mesnik
Strategic Grants Administrator,
Strategy and Innovation



Susan Robinson, MPH
Assistant Director,
Strategy and Innovation

Session Overview & Learning Objectives

- Articulate Arizona's data modernization framework and priorities.
- Formulate strategies for effective cross-sector collaboration.
- Evaluate approaches to data governance, privacy, and security.
- Identify lessons for workforce development and partnerships.



Get to Know Arizona

- **Department Governance:** Decentralized State Public Health Agency
- **How big is our team?** Over 1,600 FTE
- **Agency Mission:** To promote, protect, and improve the health and wellness of individuals and communities in Arizona.
- **Agency Vision:** Health and Wellness for all Arizonans.
- **Populations We Serve:** All of Arizona! (113,594 square miles)
 - 7+ million Arizonans -- 15 counties and 22 tribal nations, including urban, rural and border communities.
- **Agency Values:** Integrity, Collaboration, Accountability, Equity focus, Excellence, and Dedication.



Strategic Partnerships

- Strategic partnerships aren't just deals; they're transformative alliances.
- Shift your mindset from "What can I get?" to "What can we create together?"
- This approach builds a synergy that is greater than the sum of its parts.

Why

Aligning
Purpose and
Values

What

Creating
Unprecedented
Value

Who?

The Architects,
Contributors,
and Audience

How?

Building Trust
and Resilience
through
Implementation

Partnership Details

Why (Aligning Purpose and Values)

- Find a common purpose that inspires all groups.
- Seek partners with compatible values and cultures.
- The foundation is built on a shared purpose, not just shared profit.

Who (The Architects of the Alliance)

- Identify the champions who will sell the vision and who can make the decisions.
- Empower the teams building the day-to-day relationship.
- Select partners who offer a range of experiences and voices to enrich the collaboration.

What (Creating Unprecedented Value)

- Focus on the output, solution, or creation you innovate together.
- Partner to fill your gaps, not mirror your strengths.
- The goal is to create unprecedented value that neither partner could achieve alone.

How (Building Trust and Resilience)

- Build trust with open communication.
- Ensure the partnership benefits your companies, customers, and the community.
- Start small, build momentum, and adapt.
- The journey is as important as the destination.

Why Data Modernization?

Current Challenges:

- Data Silos
- Inefficient Sharing Mechanisms
- Technological Needs

Need for Agility & Responsiveness

Improving Public Health Outcomes

Arizona Context - Unified to Prevent Divided



Arizona DMI Advisory Committee

30+ individuals representing 13 of organizations across the state

Vision Statement

The Data Modernization Advisory Committee will engage and leverage public health, data science and technology leadership throughout the Arizona public health ecosystem to align efforts of data modernization across the state. The committee will help inform data modernization initiatives at governmental level to ensure all Arizona public health can benefit.

Pillars of Arizona's Data Modernization Framework

Pillar 1: Recognizing the Ecosystem

- Knowing what resources are available from each partner
- Mapping out tools and resources

Pillar 2: Data Flow & Governance:

- Standardization efforts
- Data quality improvements
- Establishing clear governance policies

Pillar 3: Innovation & Technology Adoption:

- Exploring emerging technologies (e.g., AI)
- Developing new data sharing frameworks

Pillar 4: Strategic Cross-Sector Collaboration:

- Breaking down silos
- Building partnerships

Key Initiatives & Technologies Powering Arizona's DMI

Data Lakehouse:

Centralizing and integrating diverse data sources.

Academic Health Department

Leveraging academic expertise and research.

Master Person Index (MPI):

Enhancing data linkage and individual identification.

Public Health Data Portal

Having a one-stop shop for all data products for the public

State Health Data Commons

A platform for accessible and shared health data.

Google Gemini AI

Helping both operationally (note taking, etc) and creating efficiencies in data science work.

Workforce Advancements

Addressing Skill Gaps: Training programs, upskilling initiatives.

Fostering a Data-Driven Culture: Promoting data literacy across the organization.

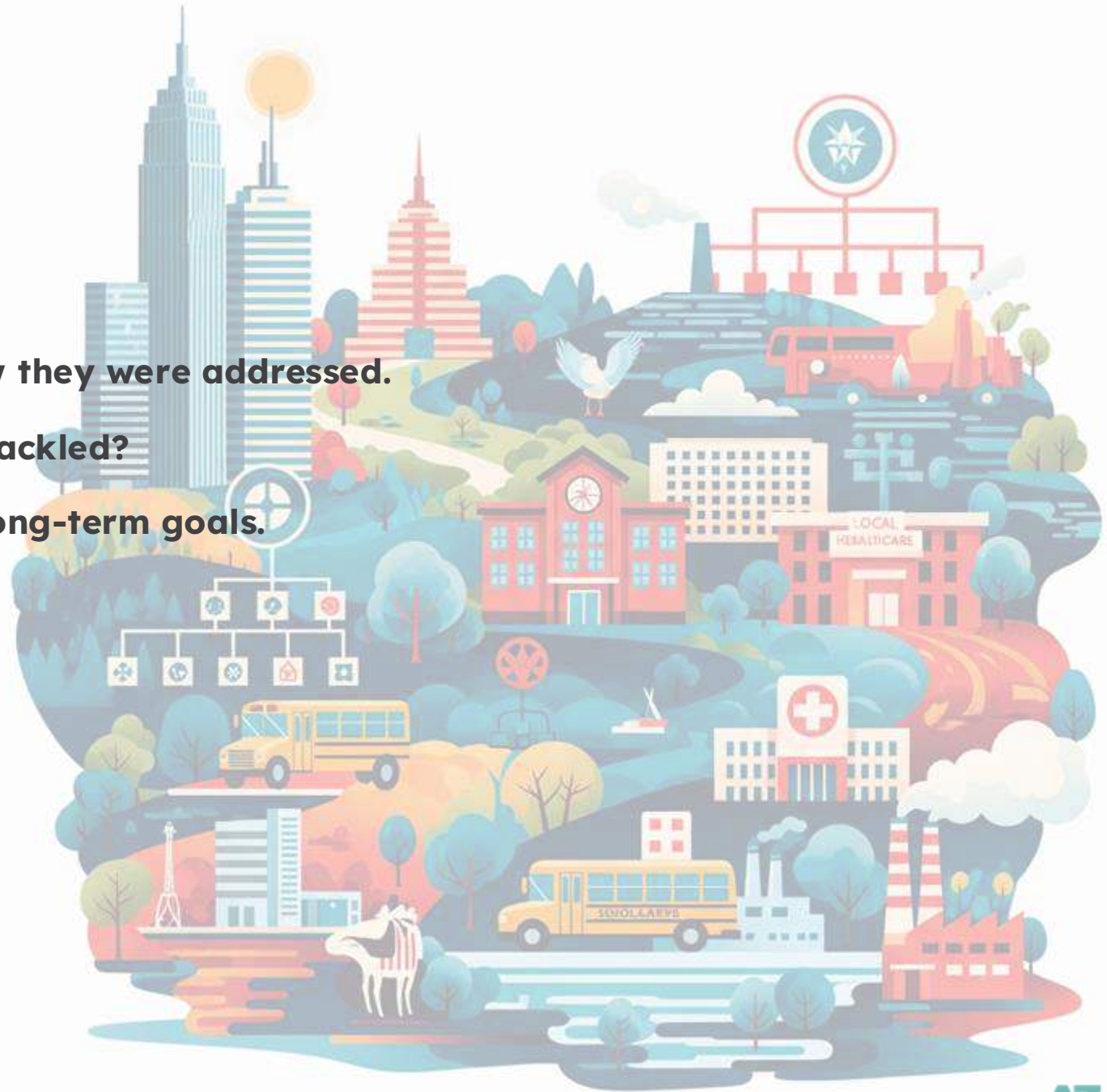
Recruitment and Retention: Attracting and retaining data talent.

Academic Partnerships: Internships, collaborative research.



Lessons Learned

- **Key Successes:** What has worked well?
- **Challenges Overcome:** Obstacles and how they were addressed.
- **Ongoing Hurdles:** What still needs to be tackled?
- **Next Steps for Arizona:** Short-term and long-term goals.



Thank you!

Benjamin Mesnik
Strategic Grants Administrator
Strategy and Innovation
benjamin.mesnik@azdhs.gov

Susan Robinson, MPH
Assistant Director,
Strategy and Innovation,
susan.robinson@azdhs.gov



Using AI to accelerate system-level data modernization assessment in Utah



Nicole Yerkes, MPHTM, DMI Director



Background

- Decentralized public health system; 13 LHDs, 8 tribes.
- Need for data modernization assessment.
- 18 focus groups.
- 60+ hours of transcripts.

Notebook LM

Sources

+ Add

🔍 Discover

Select all sources ☒

CLEHA (Environmental Health Exec) LL Sessio...

☒

CLEHA (Environmental Health Exec) LL Sessio...

☒

Chronic Disease DMI meeting – 2024/11/05 13...

☒

Confronting Challenges to Mental Health in th...

☒

Confronting Challenges to Mental Health in th...

☒

DMI Listening and Learning Session – 2024/0...

☒

EAG Quarterly (SLCO HD) – 2024/10/03 09:2...

☒

EAG Quarterly (SLCO HD) – 2024/10/03 09:2...

☒

Health Equity DMI Listening and Learning Ses...

☒

IPHS DMI Listening and Learning Session 2 – ...

☒

IPHS DMI Listening and Learning Session – 2...

☒

Informatics DMI Listening and Learning Sessi...

☒

Medicaid/SUMH DMI Listening and Learning S...

☒

OME Listening and Learning Session – 2024/1...

☒

Sacred Circle Healthcare DMI Listening and L...

☒

U&O IHS Scoping Visit and EpiTrax Training (2...

☒

U&O IHS Scoping Visit and EpiTrax Training (2...

☒

ULACHES In-Person Brigham City (Day 1) – 2...

☒

Chat



Listening and Learning Sessions - DMI

21 sources

These transcripts capture discussions and listening sessions within Utah's Department of Health and Human Services (DHHS) and with external partners, focusing on data modernization initiatives (DMI). Participants explore challenges and opportunities related to data access, quality, processes, infrastructure, governance, and workforce capacity across various public health programs. A key aim is to develop an implementation plan and roadmap for improving data systems and decision-making. The conversations highlight issues like data sharing limitations, system interoperability problems, and the need for better standardization and policies to advance public health capabilities.

📌 Save to note

📄

📄 Add note

🔊 Audio Overview

🧠 Mind Map

⬇️ Jump to bottom

Start typing...

21 sources

▶

How do current data access challenges impact collaborative public health efforts and decisi...

➤

Studio

Audio Overview

📄

Listening and Learning Sessions - DMI

👍 🗨️ ⋮

▶

00:03 / 14:03

Interactive mode

BETA

Notes

⋮

+ Add note

📖 Study guide

📄 Briefing doc

📖 FAQ

📅 Timeline



Saved notes will appear here

Save a chat message to create a new note, or click Add note above.

NotebookLM can be inaccurate; please double check its responses.

Methodology

- Google Gemini pilot use case
- Coursera: Google AI prompting
- Notebook LM
 - 60+ hours of transcripts in 1.5 hours
- Comparative analysis
 - 3 sessions
 - NVIVO
 - 7 hours per session

Prompts

- What key DMI challenges and opportunities are identified in this transcript?
- Make a list of key DMI challenges and opportunities talked about in this transcript
- Create an executive summary of the input. Include the themes, topic areas, and sentiment within each discussion point. Use a professional tone.
 - Write a one page summary of the output above. Make it at an 8th grade reading level.
- Create a detailed SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis based on the discussion, specifically focusing on:
 - Strengths: Current capabilities, successful processes, and positive aspects of existing data systems
 - Weaknesses: Internal limitations, process inefficiencies, and gaps in current data infrastructure
 - Opportunities: Potential improvements, emerging technologies, and collaborative possibilities
 - Threats: External barriers, competing priorities, risks to data modernization efforts
- Compile a list of potential data projects mentioned or implied in the discussion. List the projects with the most support first.
- Identify action items mentioned in the transcript.

Prompting limitations

Duplicative



- What key DMI challenges and opportunities are identified in this transcript?
- ~~Make a list of key DMI challenges and opportunities talked about in this transcript~~
- Create an executive summary of the input. Include the themes, topic areas, and sentiment within each discussion point. Use a professional tone.
 - ~~Write a one page summary of the output above. Make it at an 8th grade reading level.~~
- Create a detailed SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis based on the discussion, specifically focusing on:
 - Strengths: Current capabilities, successful processes, and positive aspects of existing data systems
 - Weaknesses: Internal limitations, process inefficiencies, and gaps in current data infrastructure
 - Opportunities: Potential improvements, emerging technologies, and collaborative possibilities
 - Threats: External barriers, competing priorities, risks to data modernization efforts
- Compile a list of potential data projects mentioned or implied in the discussion. List the projects with the most support first.
- Identify action items mentioned in the transcript.

Not Useful



AI vs. NVIVO

AI

- 1.5 hours total.
- Successfully gathered overall themes and sentiment.
- Struggled with specifics and quote extraction.
- Note: transcript quality was low for some sessions.

NVIVO - manual

- 7 hours per session.
- Successfully gathered overall themes and sentiment.
- Successful with with specifics and quote extraction.
- Note: Human-in-the-loop was better able to interpret tough transcripts.

aspects because it's health equity and it's more work on the S kind of framework and understanding the What is SO then [REDACTED]? mental health. thank you. So, working on that and recognizing health disparities, is the primary goal. So, actually, I'd like to see if we can get some more qualitative data, but it seems like it's more quantita So, community focused groups and that kind of thing. Exactly. Okay. Yeah. how do you like track health disparities? do you have an Excel sheet that you work in? Do you have a program that you work through? Or how do you identify those?

00:55:00

[REDACTED] So, I've been doing surveys just to get a general sense of where, the community blacks. again, when I started, we didn't really have community health workers, but now we do. So, my ideal goal is to try to work with them and see if I can get some ways to track qualitative data from them doing focus interviews as well. So, soon kind of working towards that, but most of my data that I've been trying to gather is doing general surveys that I've done with kind of leader outreach events. Okay, that's awesome. I'm glad you have community helpers. Okay, we have two that just started out in the park That's Two weeks ago. Wow, they're tribal members that live out there, so they're familiar with the areas.

[REDACTED] So they're the trusted community members as well, which is so important. Yeah. Community health workers. That is fantastic. Okay, let's look at the threes in the middle here. Why are we at a three? I think I'm in a three because I have a epic and then with you guys I feel like what is You said you guys. So, I feel like that's what I'm doing and I like to read a lot. So, if I see a link, I dig into it. So, I think Yeah, I'm kind of the same way because I have access to, the different avenues that I need. and then I also use our EMR system quite often for data. So, I mean, there's always room for more.

[REDACTED] but for my position, I think I have pretty much what I need, okay, to do my job. So, what would the more look what's missing? So, the connection to the different avenues for [REDACTED] and the different states just for the aspect of care for our patients. the pieces that I'm missing too is just being able to get immunization from because we do have a large population that are from Arizona or New Mexico, Colorado, those places. It would just be super helpful to have access to those immunization records so that we could be more accurate with what we're administering. do you have to call them?

CODE STRIPES

• Action Items

• Funding

• Negative

• Negative

• Data Sources

• Staff Retention

• Positive

• Data Policy & Governance

• Ready for DMI

• Potential Projects

• Data Processes

• Data Quality

• Data Infrastructure

• Data Access

Coding Density

• Neutral

AI quote output

The screenshot displays the Google NotebookLM interface in a dark theme. The browser address bar shows the URL: `notebooklm.google.com/notebook/a7735251-2237-4059-a993-a159fb4c09a5`. The page title is "Listening and Learning Sessions - DM".

Sources Panel (Left): A list of audio sources for the session, including "CLEHA (Environmental Health Exec) LL Sessio...", "Chronic Disease DMI meeting - 2024/11/05 13...", "Confronting Challenges to Mental Health in th...", "DMI Listening and Learning Session - 2024/0...", "EAG Quarterly (SLOO HD) - 2024/10/03 09:2...", "EAG Quarterly (SLOO HD) - 2024/10/03 09:2...", "Health Equity DMI Listening and Learning Ses...", "IPHS DMI Listening and Learning Session 2 - ...", "IPHS DMI Listening and Learning Session - 2...", "Informatics DMI Listening and Learning Sessi...", "Medicaid/SUMH DMI Listening and Learning S...", "OME Listening and Learning Session - 2024/1...", "Sacred Circle Healthcare DMI Listening and L...", "U&O IHS Scoping Visit and EpiTrax Training (2...", and "ULACHES In-Person Brigham City (Day 1) - 2...".

Chat Panel (Center): Displays a transcript of the listening session. The text includes:

- A strained relationship with the Utah Public Health Lab (UPHL) affecting data flow ³⁴.
- The continued use of legacy systems like NETS for data transmission, which is unmanageable, lacks developer support, and poses a threat to interoperability ³⁶. The process of onboarding conditions from NETS to the Message Mapping Guide (MMG) system is slow due to resource limitations and dependencies on the CDC ³⁷.
- Loss of institutional knowledge when staff leave, creating bottlenecks as new staff need time to learn previous processes ³⁷.
- Governance and Policy Hurdles:
 - Lack of clarity and consistency in policies regarding data access and sharing, leading to uncertainty about what can and cannot be done ⁹. Initial responses to data requests often being "no" without exploring innovative solutions ⁴⁵.
 - Challenges in software acquisition and approval processes ⁴⁶. The IRB process lacks standalone resources, making it difficult to navigate ⁴⁷.
 - Pushback from governance structures regarding the surveillance team's initiatives and perceived misalignment with their core functions ⁴³.
 - Difficulties in data sharing with academics and the CDC due to strict privacy office policies ¹⁴.
- People and Workforce Capacity:
 - Limited team capacity to meet the data analysis, visualization, and reporting needs of all programs, leading to having to say "no" to requests ¹⁸.
 - Challenges in workforce retention due to time-limited fun concerns about job security, leading to staff with "one for
 - Difficulties in hiring skilled personnel for temporary positi competitive pay ⁴⁰.
 - The need to balance responding to urgent requests with t time for long-term improvements and strategic planning
 - Resistance or fear of automation from staff whose jobs in ⁵⁴.

Opportunities:

- Building a Surveillance Communi ^{Jump to bottom}
community for endemic surveillance users to share knowle

Studio Panel (Right): Features an "Audio Overview" section with a "Load" button and an "Interactive mode BETA" toggle. Below this is a "Notes" section with an "Add note" button and buttons for "Study guide", "Briefing doc", "FAQ", and "Timeline". A message at the bottom states: "Saved notes will appear here. Save a chat message to create a new note, or click Add note above."

Chat Input Area (Bottom): Shows a text input field with the placeholder "Start typing..." and a button labeled "Jump to bottom". Below the input field, a snippet of text is visible: "Elaborate on the team's role in the data action pipeline."

Transcript Snippets (Right):

- [0:42:18] spk_1: we, we want access but we're not always willing to share
- [0:42:20] spk_0: In the area. And then it means, I think like with like, I don't know the extent of the CBC one that we're not able to, we've had times when like, we haven't been able to share data with the CDC and the CDC reports. Like Utah has zero cases and we're like, well, that's not true. That's not good. And now we've got the public being like, what's up with that? And we're like, well, just go share with them. So. Well, that is a really great lead in to the next category because this is the continent, Joe SI where does it come from? And where does it go? Where do you send your data? This one doesn't have a scale. I didn't know how to scale this because there's not really like a scalability to like where does it come from? There was only one place through

NotebookLM can be inaccurate; please double check its responses.

Cost savings

- 9 months to acquire NVIVO license - \$1,500 for one single user license
 - Gemini user - no additional cost to existing license
 - NVIVO AI use not yet approved
 - Time savings
 - Eliminates need to purchase further QA tech licenses for other users
-

AI outputs

- 18 listening and learning session summaries.
- 1 scoping project summary.
- 3 podcast episodes.

Session summaries

Surveillance LL Session Summary

Session date: August 13th, 2024

Participants: 6

Quantitative results:

Category	Data Access	Data Sources	Data Quality	Data Processes	Infrastructure	Governance/ Policy	People
Total	27	N/A	18	22	24	13	25
Average	4.5	N/A	3.0	3.7	4	2.2	4.2

**There is an N/A listed under Data Sources because no score was required for that category.*

Each participant was asked to give each category a score from 0-5. An average score closer to 0 represents an area with more opportunities for improvement. Scores closer to 5 represent stronger areas.

Session summary

Overview

The discussion centered on evaluating Utah's Department of Health and Human Services' (DHHS) Surveillance program's opportunities, strengths, and readiness for Data Modernization Initiatives (DMI). The conversation involved individuals working directly with surveillance data and aimed to identify key challenges and opportunities across various aspects of data management and utilization. Participants assessed various facets of the agency's data infrastructure, processes, and capabilities, identifying key challenges and opportunities for improvement. The tone was generally candid and constructive, with participants sharing their experiences and perspectives openly.

Executive Summary of Key Themes, Topics, and Sentiment:

Data Access: The team generally reported good access to internal data sources, rating their current access as relatively high. However, significant challenges exist in accessing external data, particularly from the lab (WGS data), healthcare facilities, and vital records, often due to cumbersome Data Sharing Agreements (DSAs) and approval processes. The lack of

- Example: [Surveillance LL Session Summary](#)
- [Utah LL Sessions Summary](#)

Notebook LM podcast



Conclusions

The use of the Google Gemini product, and Notebook LM massively accelerated our timeline for our scoping project. Using this tool to conduct a qualitative analysis of 60+ hours of focus groups transcripts in an hour and a half saved us weeks of manual work while delivering a quality product usable for public health decision making.

Acknowledgements



Jeffrey T. Eason, MPH, REHS, CPMAI
Communicable Diseases Office
Director



Chloe J. Lim, M.S. (c)
DMI Intern



Katie Zimmerman, MBA
EpiTrax Operations Manager

Building Ethical AI Policies for Health Organizations: Insights, Tools and Lessons from the Field

A Presentation for the Centers for Disease Control and Prevention (CDC) AI Community of Practice

August 19, 2025

Today's Presenters



Tatiana Lin, M.A.
*Director of Business
Strategy and Innovation*
Kansas Health Institute
tlin@khi.org



Shelby Rowell, M.P.A.
Analyst
Kansas Health Institute
srowell@khi.org

PHIG Region 7 AI Team and Region I AI Partners



Emma Uridge, M.P.H.
Analyst
Kansas Health Institute
euridge@khi.org



Aaron Davis, M.P.A., M.B.A.
*Director, Center for Public
Health Initiatives,*
Wichita State University
Community Engagement
Institute
aaron.davis@wichita.edu



Ben Wood, M.P.H.,
Senior Director
Health Resources in
Action
bwood@hria.org



Erika Gaitan, M.S.W.
Associate Director
Health Resources in
Action
egaitan@hria.org

Acknowledgement

This presentation is based on the *Developing Artificial Intelligence (AI) Policies for Public Health Organizations: A Template and Guidance* developed by the Kansas Health Institute (KHI) in collaboration with Health Resources in Action (HRiA) and the Wichita State University Community Engagement Institute (WSU CEI). This work was supported by the Public Health Infrastructure Grant from the Centers for Disease Control and Prevention (CDC).

Presentation materials and slide design were prepared by the Kansas Health Institute. Special thanks to the KHI Communications Team for their support with visual design.



Who We Are

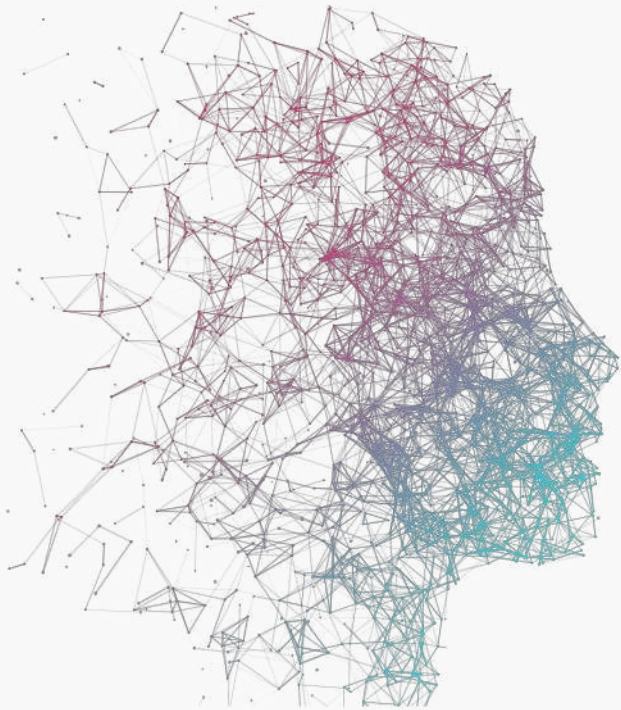


 **khi.org**

Vision: Kansas will become the healthiest place to live through evidence-based and innovative strategies, policies and practices.

Mission: To improve the health of all Kansans by providing nonpartisan information, convening crucial conversations and facilitating learning that leads to meaningful change.

Discussion Items



- Reflections From the Field
- Approach to an **AI Governance Framework**: *Role of AI Policy*
- **AI Policy Provisions**
- **Ethical Considerations**: Human Oversight and Bias Mitigation

Session Materials



AI & Public Health: Practical Resources

This handout provides an overview of key resources—including documents and webinars—to help public health professionals navigate the ethical use of Artificial Intelligence (AI). It offers guidance on defining the rationale for AI use, identifying potential applications and developing AI policies. Several resources were developed by the Kansas Health Institute (KHI) in collaboration with Wichita State University's Community Engagement Institute and Health Resources in Action, as part of the CDC's Public Health Infrastructure Grant (PHIG). Others were developed solely by KHI.

This resource guide also includes discussion questions on the second page for deeper reflection and suggestions for staying connected in AI policy development.

Explore *Developing Artificial Intelligence (AI) Policies for Public Health Organizations: A Template and Guidance* to create responsible AI policies!

[ACCESS THE POLICY GUIDE >](#)



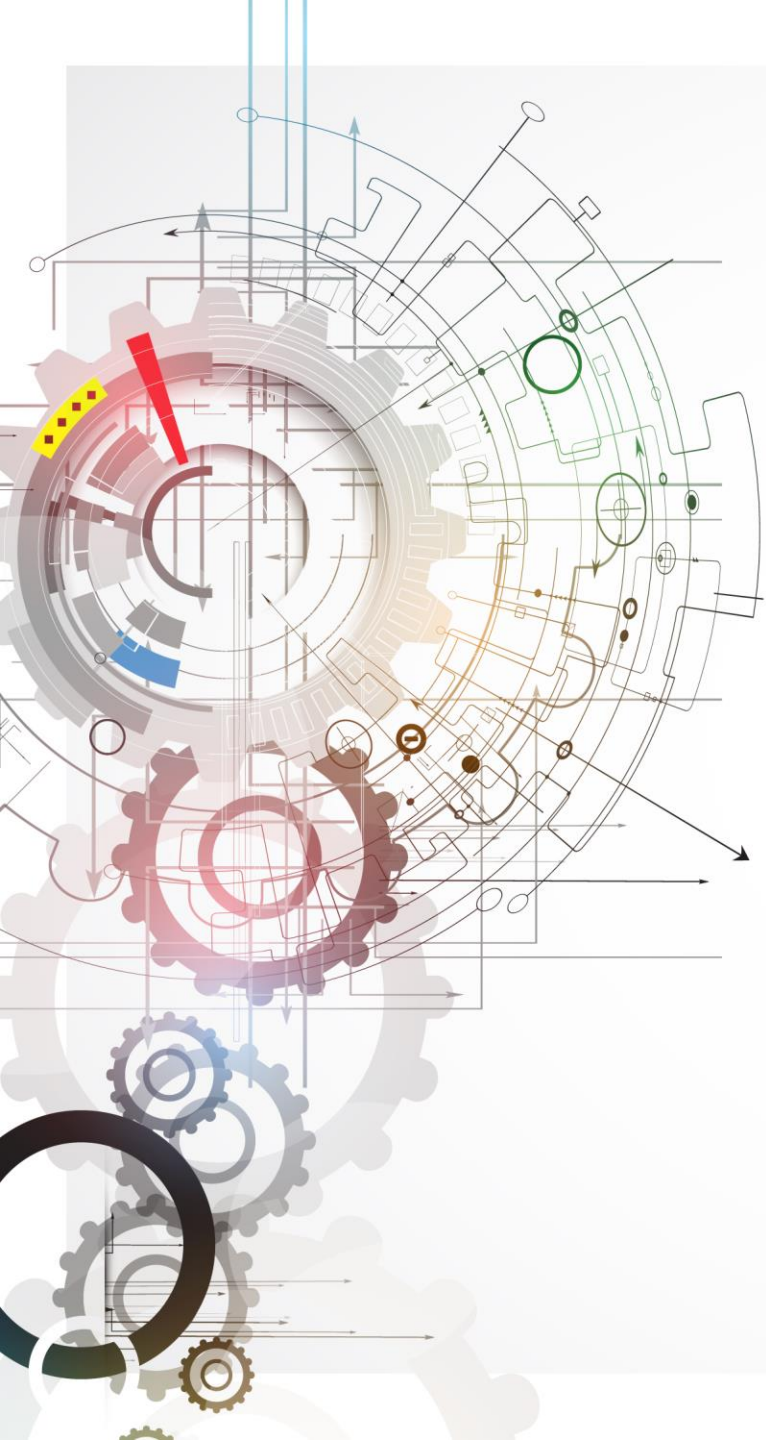
bit.ly/4aD8QgF

Discover how to apply the AI Policy Template and Guidance in this expert-led webinar on key provisions and real-world applications.

[WATCH THE RECORDING >](#)



bit.ly/4iWQGJ9



Reflections from the Field

KHI & WSU AI Trainings

(September 2023 – August 2025)



Total Trainings: 41

2023: 2 | 2024: 12 | 2025: 27 *

**more trainings scheduled in 2025*

Attendees:

- Public health professionals
- Environmental health professionals
- Elected officials and policymakers
- Faculty and students
- Nonprofit staff
- Human resources professionals

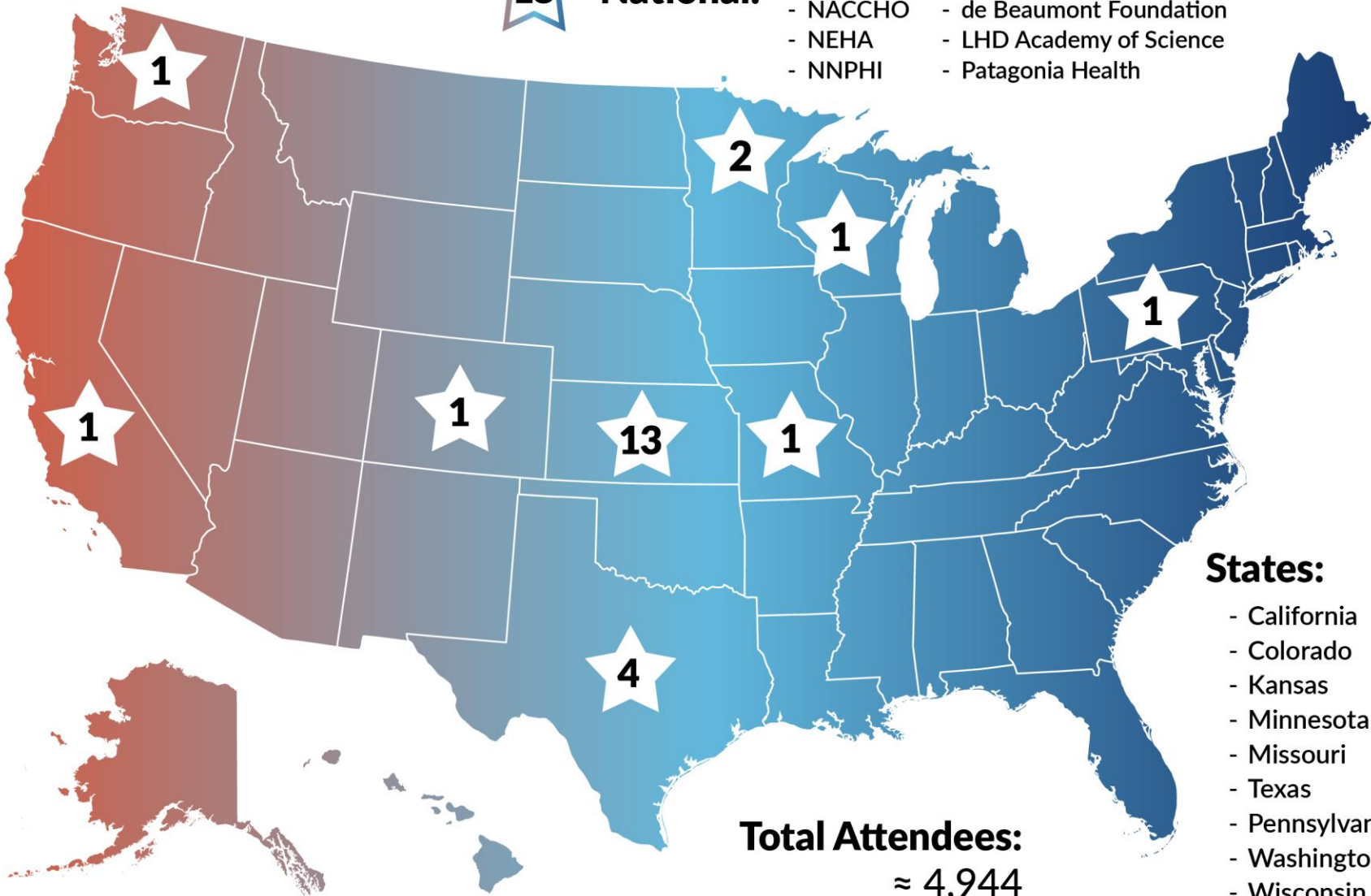
Topics:

- AI concepts, use cases, prompts and tools
- Ethics
- AI policy development
- AI policy landscape and research



National:

- ASTHO
- CDC
- NACCHO
- NEHA
- NNPHI
- NPHL
- PHIG
- de Beaumont Foundation
- LHD Academy of Science
- Patagonia Health



States:

- California
- Colorado
- Kansas
- Minnesota
- Missouri
- Texas
- Pennsylvania
- Washington
- Wisconsin

Total Attendees:
≈ 4,944

Feedback Snapshot

Health Departments
Attending AI Sessions

**How comfortable
are you currently
with using AI tools
in your work?**

- Most describe themselves as “a little curious but hesitant” or “somewhat comfortable but still learning.”
- Few respondents say they are very comfortable or comfortable.

**What do you
use AI for?**

- Brainstorming
- Proofreading
- Writing and summarizing information
- Grant writing
- Drafting emails

Feedback Snapshot

Health Departments
Attending AI Sessions

What challenges in your work could AI help address?

Data Analysis

- Speeding up code
- Debugging code
- Cleaning data
- Analyzing trends
- Mining data
- Improving visualization
- Categorizing data
- Conducting thematic analysis

Writing & Reporting

- Document review
- Report writing
- Summarizing
- Research
- Overcoming writer's block
- Drafting grant proposals and outreach materials

Other Use Cases

- Supporting communication efforts
- Assisting with policies
- Development
- CHA/CHIP Translation

Feedback Snapshot

Health Departments
Attending AI Sessions

Where is your organization in developing AI policy?

- Most health departments say they haven't started or are just beginning to draft an AI policy.
- A few have adopted one, while others are unsure if a policy exists.

What next steps are you planning to take regarding AI in your work or organization?

- Create a workgroup or a task force
- Develop an AI Policy
- Build internal skills and capacity

Common Themes: Questions from AI Training Attendees

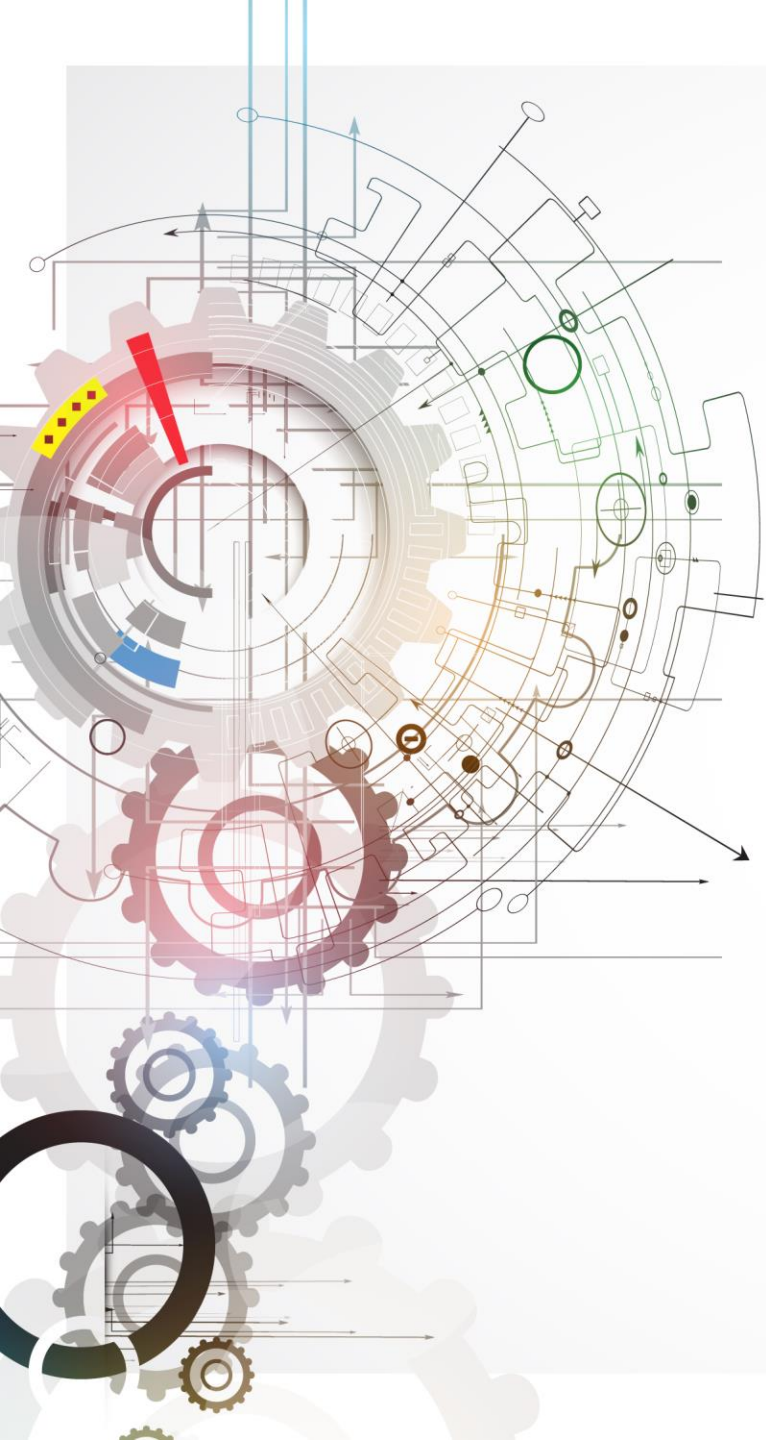
**AI Basics and
Capacity Building**

**Practical
Applications**

**Privacy, Legal
and Regulatory
Compliance**

**Ethic, Trust and
Public Perception**

**Environmental
Impacts**



Approach to an AI Governance Framework: *Role of AI Policy*

Components of an AI Governance Framework (Not Exhaustive)



bit.ly/Alpolicyblog

Laying the Groundwork

Integrate change management into each step

- 1 Establish AI working group
- 2 Determine rationale for using AI
- 3 Assess AI literacy levels
- 4 Explore low-risk tasks
- 5 Start to track use and record lessons learned
- 6 Expand AI working group to start policy development

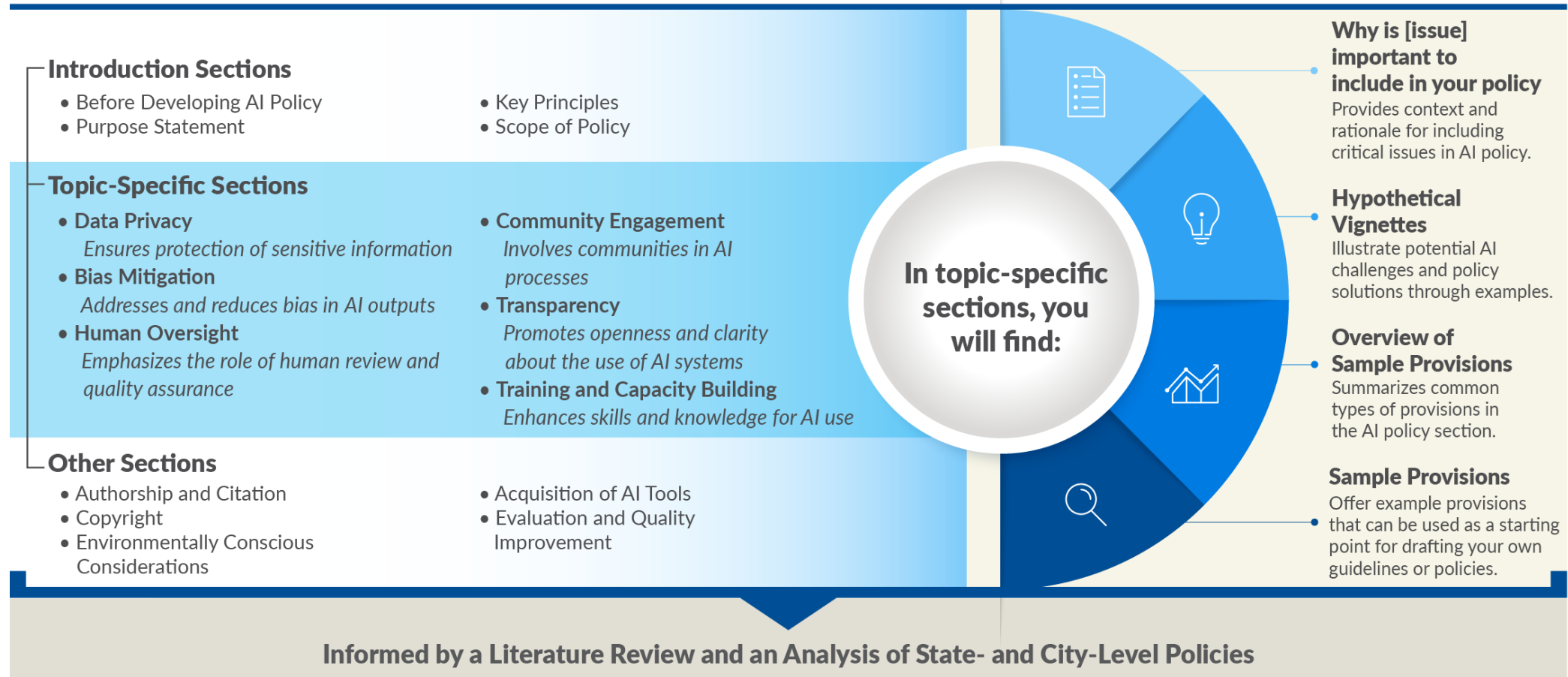
AI Policy: Key Component of an AI Governance Framework

Policy Development

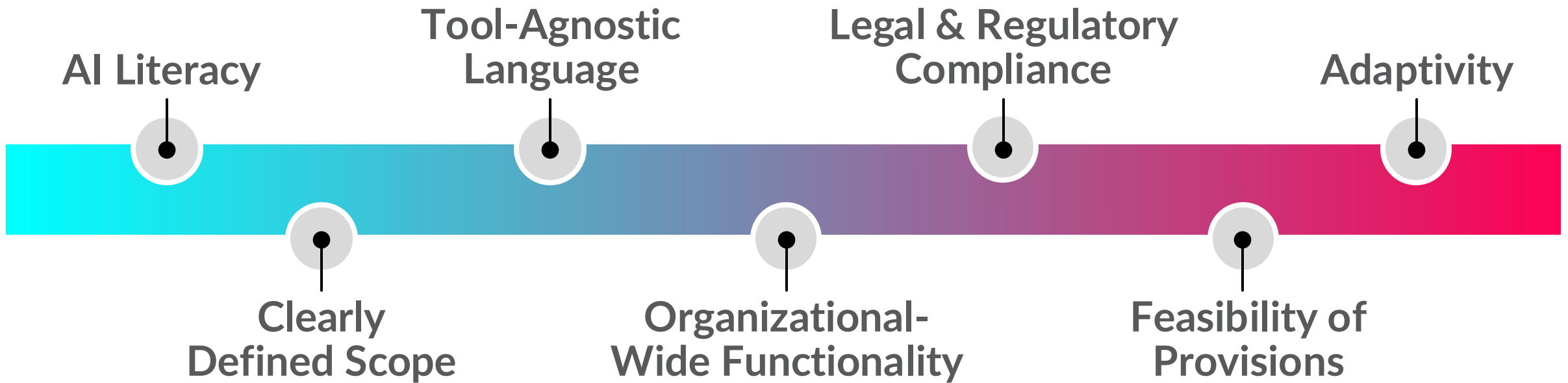
- 1 Develop purpose statement
- 2 Identify guiding principles
- 3 Specify policy scope
- 4 Determine policy provisions (e.g., data privacy, bias mitigation)**
- 5 Establish mechanisms for policy implementation
- 6 Establish a process for monitoring, evaluation, and updates

Bold = discussed during the presentation

How Does the AI Policy Guidance Resource Help Put the Framework into Practice?



Considerations for AI Policy Development



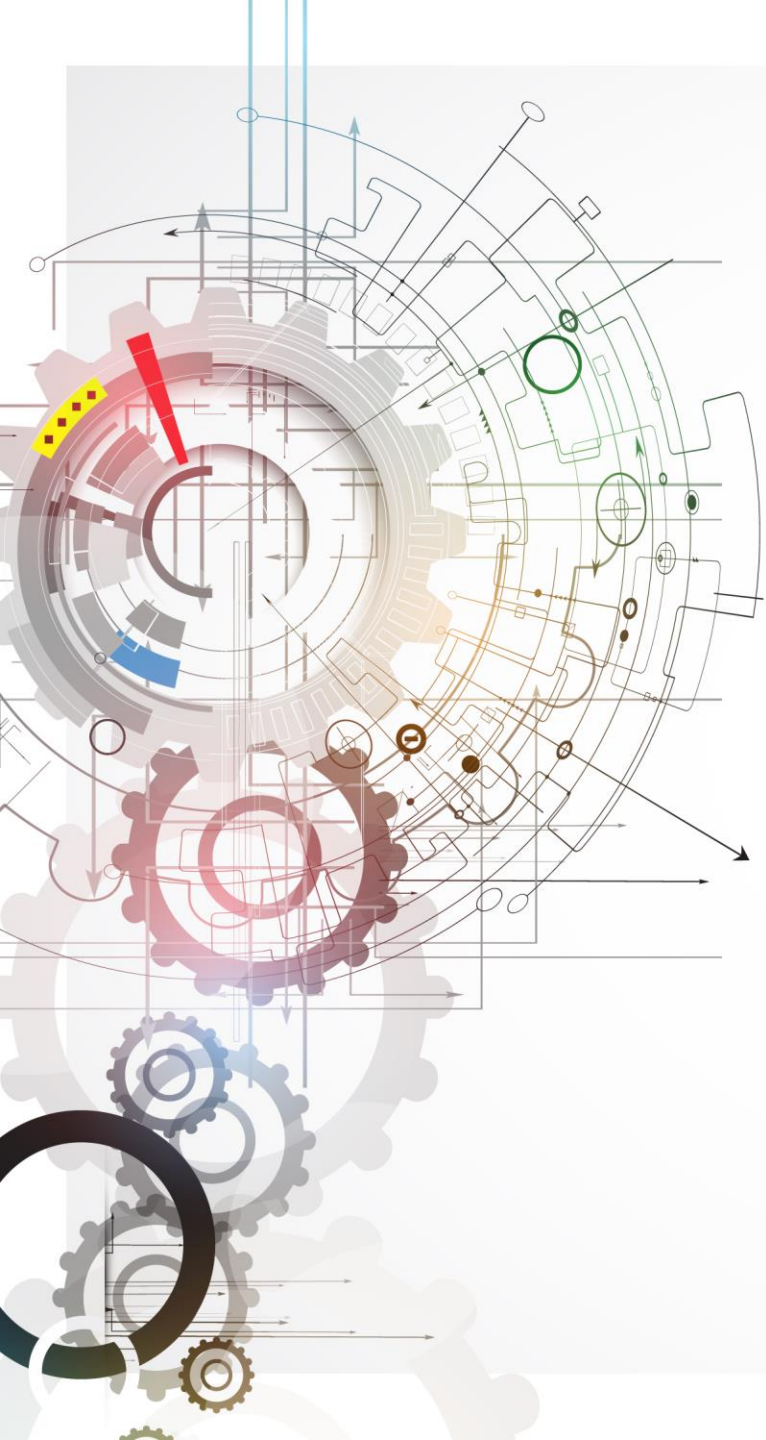
Key Elements of AI Policy



**Purpose
Statement**

**Guiding
Principles**

**Provisions
to Consider**



AI Policy Provisions

What Health Departments Want to Learn About AI Policy

Policy Development & Guidance

- How to **develop, draft, and refine AI policies** that reflect best practices and efficiencies
- Tips for **policy implementation, tracking, and avoiding pitfalls**
- Examples of **parameters, procedures, and guardrails** for when to use or not use AI

What Health Departments Want to Learn About AI Policy

Policy Development & Guidance

- How to **develop, draft, and refine AI policies** that reflect best practices and efficiencies
- Tips for **policy implementation, tracking, and avoiding pitfalls**
- Examples of **parameters, procedures, and guardrails** for when to use or not use AI

Ethics & Risk Management

- Ethical considerations, **FOIA/public records implications**, and **misinformation risks**
- How to use **AI responsibly and transparently** in public health settings
- Balancing **innovation with privacy, security, and environmental impact**

What Health Departments Want to Learn About AI Policy

Policy Development & Guidance

- How to **develop, draft, and refine AI policies** that reflect best practices and efficiencies
- Tips for **policy implementation, tracking, and avoiding pitfalls**
- Examples of **parameters, procedures, and guardrails** for when to use or not use AI

Ethics & Risk Management

- Ethical considerations, **FOIA/public records implications**, and **misinformation risks**
- How to use **AI responsibly and transparently** in public health settings
- Balancing **innovation with privacy, security, and environmental impact**

Organizational Support & Change Management

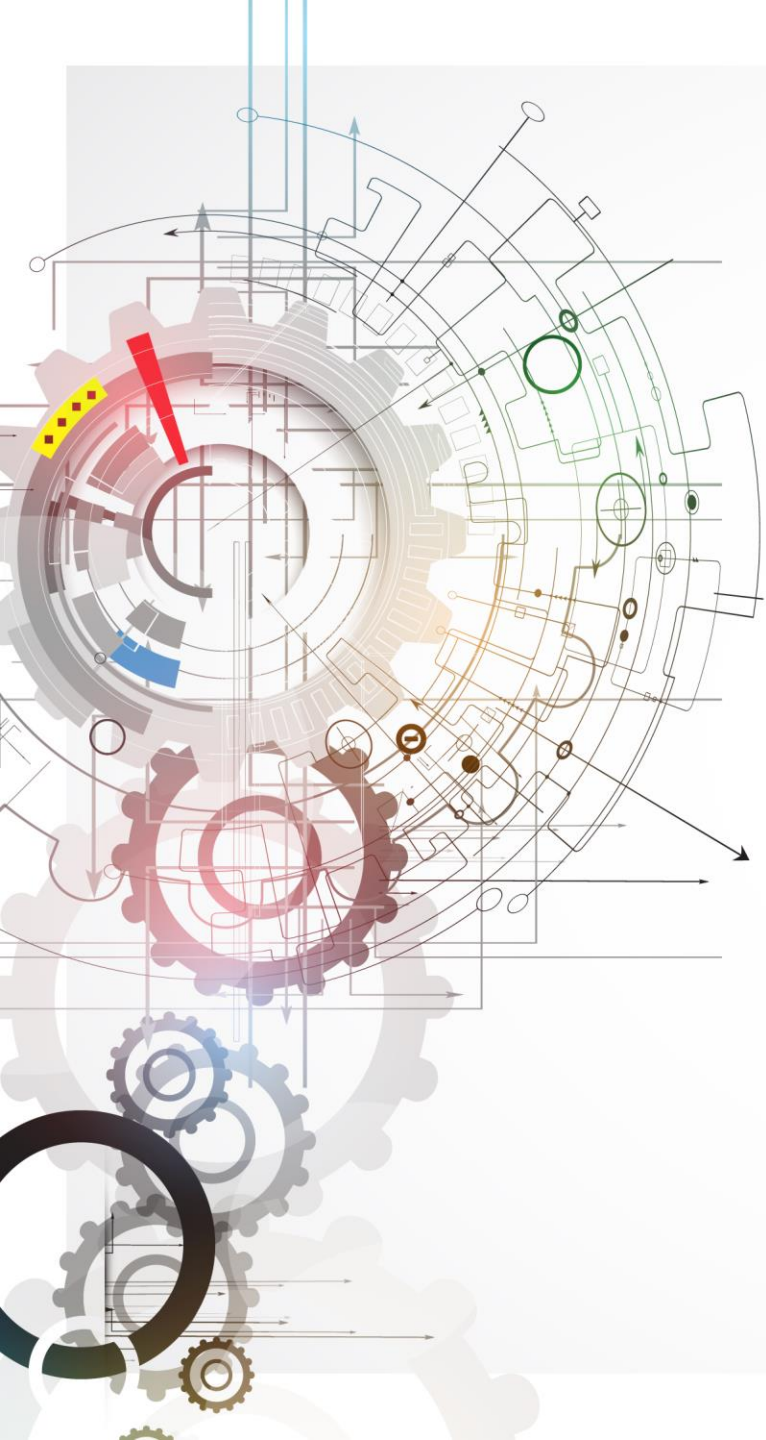
- How to **guide discussions with leadership and staff** about AI policy
- Overcoming **pushback, anxiety, and uncertainty** around AI policy



Ethical Considerations: Topics to Include in AI Policy

* **Blue – discussed**

- **Human Oversight**
- Data Privacy
- **Bias Mitigation**
- Transparency
- Community Engagement
- Training and Capacity Building
- Other Sections
 - Environmental Impacts
 - Authorship and Citation
 - Copyright
 - Acquisition of Tools
 - Evaluation and Quality Improvement



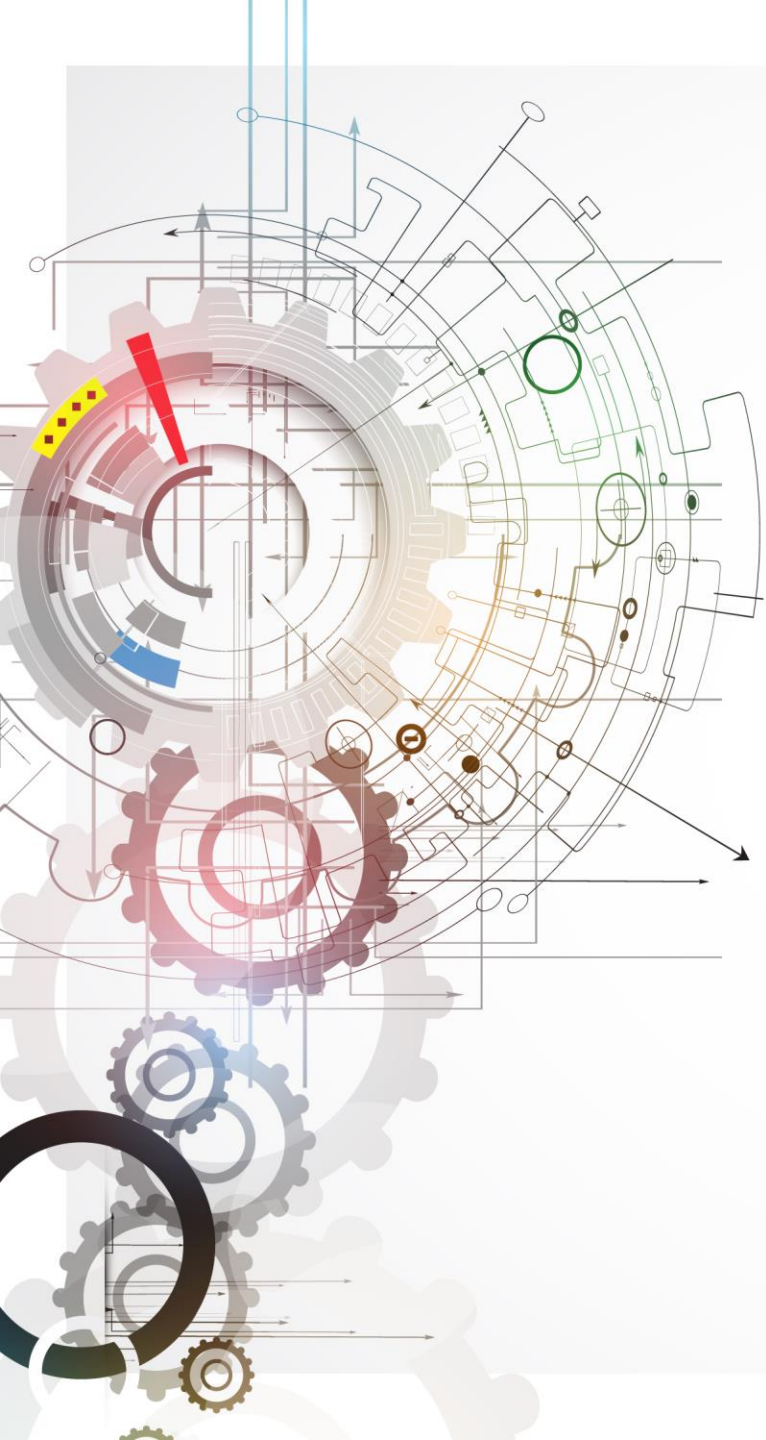
Ethical Consideration: Human Oversight



Human Oversight

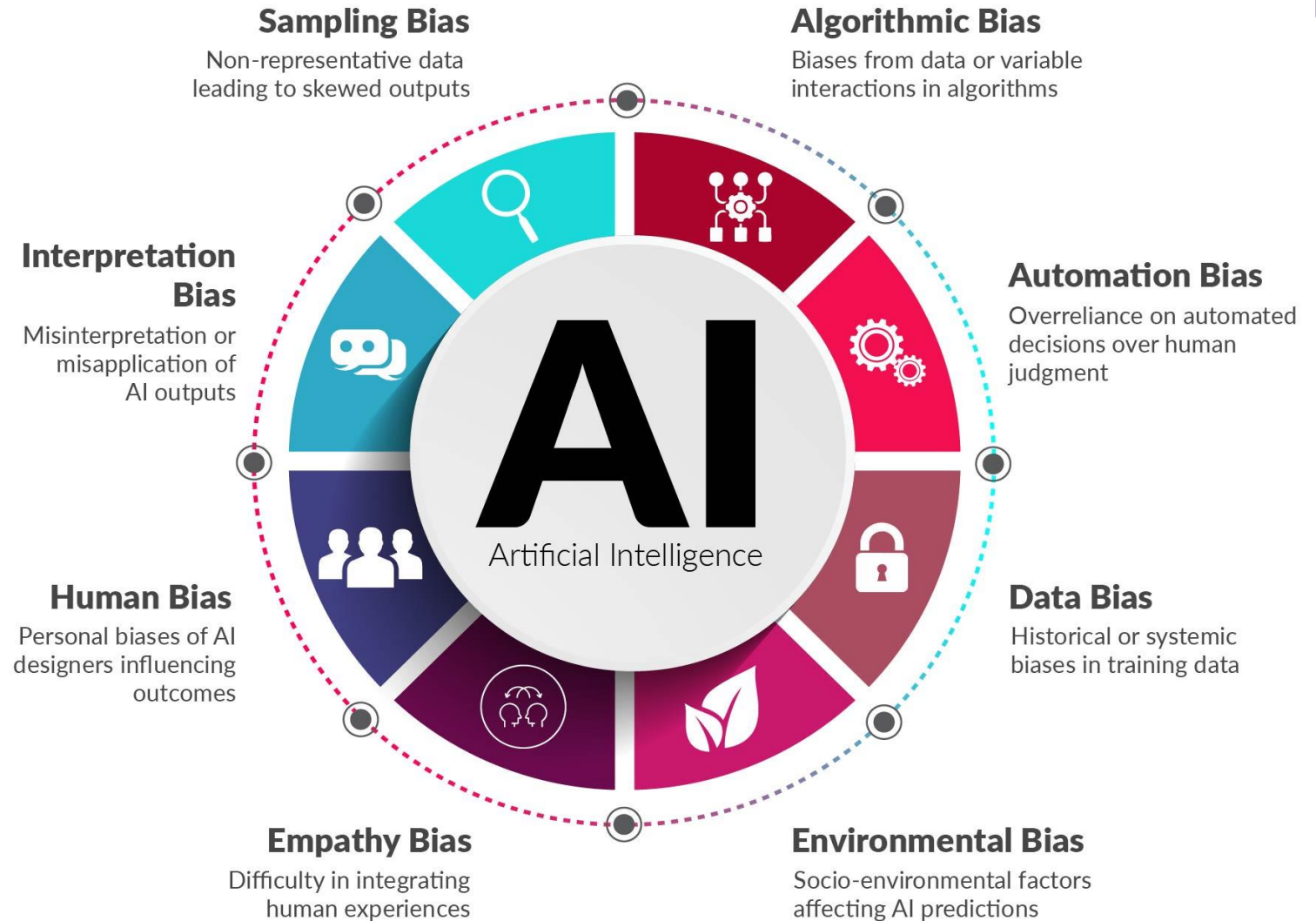
Sample Provisions

Oversight Processes and Protocols	[Organization] will develop oversight processes for AI use dependent on the task's risk level. Activities deemed low risk will be overseen by the user, while tasks classified as higher risk will follow the established quality assurance process.
Human Operator Responsibilities and Intervention	[Organization] will prohibit the full automation of decisions without human review, especially pertaining to whether individuals qualify for services or benefits.
AI Content Validation and Review	[Organization] will provide a thorough review by verifying and fact-checking content created by Generative AI through multiple sources. The [organization] will promote accuracy and strive to eliminate instances of bias, offensive, inaccurate or harmful material if it has been produced by AI.



Ethical Consideration: Bias Mitigation

Types of Biases



Source: The visual was developed by the Kansas Health Institute based on the findings from the literature review.



Bias Mitigation

Sample Provisions

Prompt Engineering	[Organization] will establish a process within your [organization or team] to review and finalize prompts before use.
	[Organization] will create guidance for users to actively reflect on personal assumptions or perspectives that may introduce bias into their prompts.
Language and Tone in AI Output	[Organization] will ensure that Generative AI outputs align with vocabulary or tone consistent with the [organization] and its values.
Transparency and Communication	[Organization] will establish guidelines for staff members to maintain transparent documentation regarding their usage of AI systems, including any known limitations or biases.

Key Takeaways for AI Use and Policy In Public Health *Needs*

Capacity-building on AI fundamentals and public health applications

Support for evaluating and navigating the growing number of AI tools

Clear, practical use cases to support real-world implementation

Clear strategies for mitigating ethical concerns while exploring AI opportunities

Real-world examples of state and local AI policies

Including AI in data modernization efforts and grants

AI PHIG Support

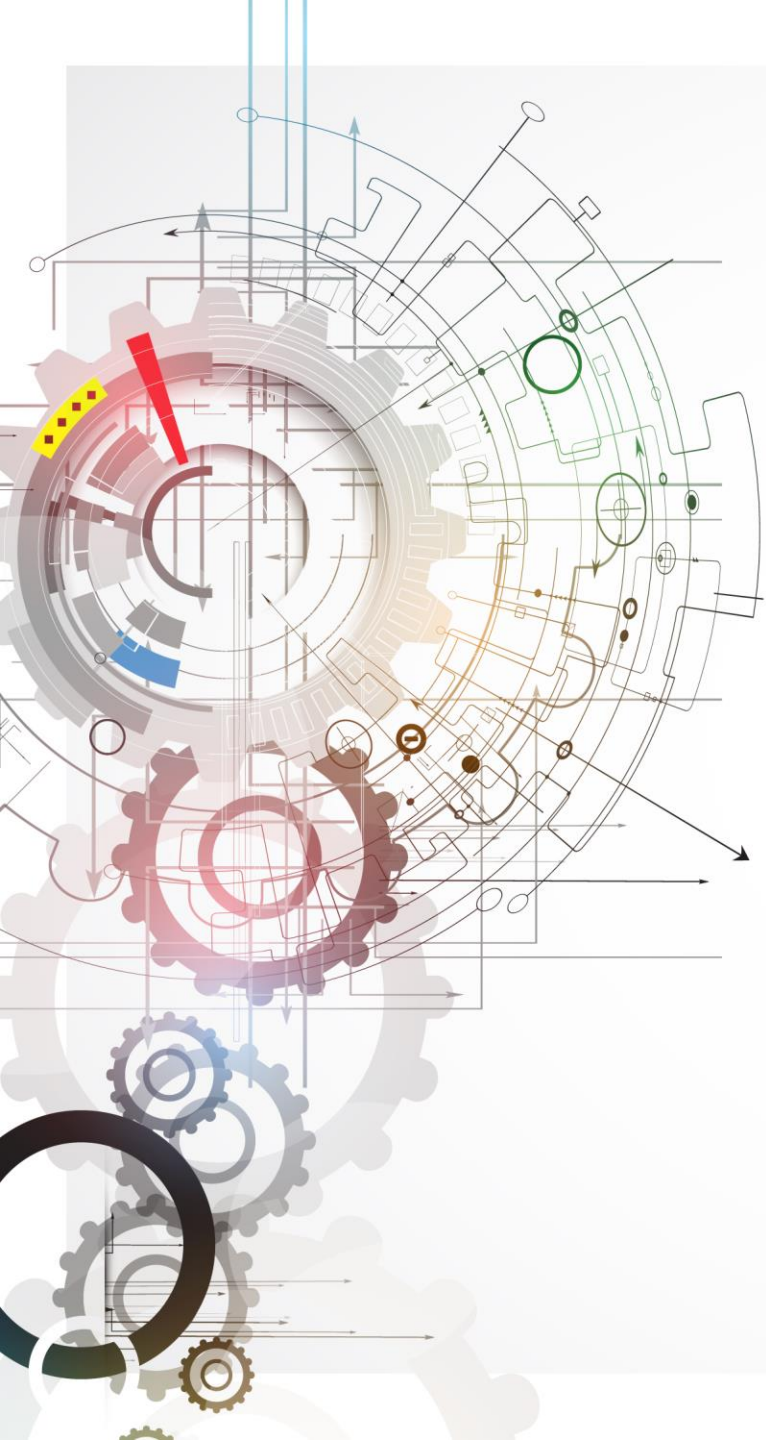
- Introduction to AI (AI-101)
- Prompt Engineering Workshops
- AI Policy for Public Health Organizations
- AI Policy Technical Assistance
- AI Tools for Public Health Practice
- AI for Quality Improvement Workshops
- AI for Logic Model Workshops
- AI for Public Health Communications
- AI Ethics Workshop
- And more...



Tatiana Lin, M.A.
*Director of Business Strategy
and Innovation, Kansas
Health Institute*
tlin@khi.org




Aaron Davis, M.P.A., M.B.A
*Director, Center for Public
Health Initiatives, Wichita
State University Community
Engagement Institute*
aaron.davis@wichita.edu



THANK YOU!
Any Questions?

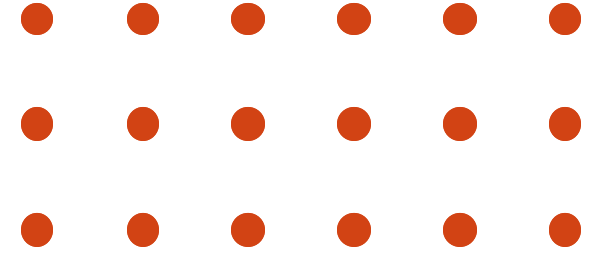


 bit.ly/4mx2u6E

We Value Your Feedback and Questions!

Resources

- Lin, T. Y., Rowell, S. C., & Uridge, E. (2025, April 30). Ready, Set, AI: From Groundwork to Guidelines for a Policy That Works. Kansas Health Institute. <https://www.khi.org/articles/ready-set-ai-from-groundwork-to-guidelines-for-a-policy-that-works/>
- Lin, T. Y., Rowell, S. C., Uridge, E., et al. (2024, December 18). *Developing Artificial Intelligence (AI) Policies for Public Health Organizations: A Template and Guidance*. Kansas Health Institute. <https://www.khi.org/articles/developing-artificial-intelligence-ai-policies-for-public-health-organizations-a-template-and-guidance/>
- Lin, T. Y., & Davis, A. (2024, September 11). Why and How Kansas Public Health Could Be Key in Shaping a Statewide AI Roadmap. Kansas Health Institute. <https://www.khi.org/articles/why-and-how-kansas-public-health-could-be-key-in-shaping-a-statewide-ai-roadmap/>
- Lin, T. Y., & Davis A. (2024, September 11). *Why and how Kansas public health could be key in shaping a statewide AI roadmap*. Kansas Health Institute. <https://www.khi.org/articles/why-and-how-kansas-public-health-could-be-key-in-shaping-a-statewide-ai-roadmap/>
- Equitably applying artificial intelligence in the United States workforce using training and collaboration. American Public Health Association. <https://www.apha.org/-/media/files/pdf/policy/2024/20245aiworkforcetrainfinal125.pdf>
- National Association of Counties (NACo). *AI County compass: A comprehensive toolkit for local governance and implementation of artificial intelligence*. <https://www.naco.org/resource/ai-county-compass-comprehensive-toolkit-local-governance-and-implementation-artificial>



Questions?

