



How Counties Can Promote Data Governance in AI-Powered Public Health: Survey Insights, Dialogue, and a Practical Checklist

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Our Goals for This Session

1

Highlight our Survey Insights

Share what counties and states are experiencing today: gaps, current momentum, and concerns

2

Showcase Success Stories

Real examples of how AI is already helping communities and staff

3

Equip You with Tools

A practical checklist to guide your organization's AI journey

What AI Means for Public Health?

Artificial Intelligence in public health refers to the use of **computational systems**—such as machine learning (ML), natural language processing (NLP), and predictive analytics—that can **identify** patterns, **automate** processes, and **generate** actionable insights from **large-scale health and environmental data**. For state and county public health agencies, AI is a tool for **augmenting** human decision-making, **enhancing** early warning systems, **optimizing** resource deployment, and **improving** service delivery—within frameworks that prioritize **transparency, equity, and public trust**.

Evaluating AI Readiness in Public Health Matters

“Artificial intelligence (AI) can rapidly analyse large and complex datasets, extract tailored recommendations, support decision making, and improve the efficiency of many tasks that involve the processing of data, text, or images.” — Panteli, Dimitra et al.*

AI's promise is huge

real-time surveillance, predictive insights, efficiency gains, and equitable communication

But adoption lags

only ~5% formal use vs. ~60% informal use in health departments**

Our survey asks the critical question

are public health departments ready?

Evaluating readiness matters

if health departments are to move from pilots/experiments to sustained, trusted, and equitable AI adoption, it is important to evaluate their readiness

*Artificial intelligence in public health: promises, challenges, and an agenda for policy makers and public health institutions. Panteli, Dimitra et al. The Lancet Public Health, Volume 10, Issue 5, e428 – e432

**McMillan-Wilhoit, J. (2025, July 15). *How public health is really using AI: Lessons from 50 conversations*. Flourish & Thrive Labs. Retrieved from <https://fandtlabs.com/how-public-health-is-really-using-ai-lessons-from-50-conversations/>

Our Survey

We surveyed your peers – people working in county and state health departments to understand their AI readiness, governance and data strategy.



AI literacy & confidence



Data governance & policies



Data integration readiness



Workforce & expertise



Ethical & compliance concerns



AI use cases

Finding 1 – Readiness Gaps vs. Capacity

Low-moderate literacy

75%+

respondents report low-moderate AI literacy

Lack of data integration

>65%+

respondents say they are not ready or only somewhat ready to integrate diverse data sources

But, capacity exists

65%

respondents say their organizations have either internal staff or consultants focused on data architecture or modernization to support AI readiness

Finding 2 — Adoption Outpaces Governance

AI is already here

~85%

of respondents report using some form of AI

Pilots are being launched

55%+

respondents say that their organization launched either one or multiple AI pilots last year

But, governance lags

>60%+

say that their organizations do not have policies that explicitly cover AI

Finding 3 — Trust, Equity & Policy

Concerns around AI exist

Data privacy/security, bias, compliance, and public trust lead the list of top concerns

But, bullish AI use cases are emerging

Counties and states are exploring AI to unify fragmented data, power health education and staff support chatbots, and automatically extract insights from unstructured case notes

Recap



Bridging the gap:

Moving from informal experimentation to structured, responsible use



Building confidence:

Raising AI literacy so staff can evaluate tools effectively



Getting the basics right:

Strong data integration, governance, and privacy protections



From pilots to practice:

Choosing high-value use cases and scaling what works

Public Health AI Project Readiness Assessment*

1	Define Clear Public Health Initiatives Amenable to AI	<ul style="list-style-type: none">❑ Identify problem areas or current gaps to prioritize to target AI solutions❑ Ensure alignment with national and regional AI strategies/constraints❑ Set measurable outcomes to assess progress❑ Involve stakeholders (e.g., epidemiologists, community health workers, etc.)
2	Evaluate Ethical, Legal, and Social Implications (ELSI) of Projects	<ul style="list-style-type: none">❑ Assess for biases in datasets & models (e.g., race/gender/geographies)❑ Ensure compliance with data protection laws (e.g., HIPAA, CCPA)❑ Include mechanisms for transparency, explainability, and accountability❑ Consider the societal impact, especially in underserved/marginalized areas
3	Assess Data Readiness and Infrastructure Needs	<ul style="list-style-type: none">❑ Evaluate the availability, quality, and interoperability of existing data sources❑ Establish data governance frameworks (ownership, consent, and sharing).❑ Determine infrastructure needs (e.g., cloud, computing power, security).❑ Identify any gaps in data semantic normalization and HIS/LIS integration
4	Evaluate AI Vendors, Partners and Anticipated Technology	<ul style="list-style-type: none">❑ Require documentation of real-world model validation & performance❑ Assess the team's track record in public health or adjacent domains.❑ Ensure the solution can integrate with existing workflows and systems.❑ Prioritize solutions offering transparent, open and explainable AI tools.
5	Plan for Sustainable Implementation and Capacity Building Beyond Pilot	<ul style="list-style-type: none">❑ Develop training programs for staff to interpret and act on AI outputs.❑ Build partnerships with academic & public institutions for ongoing support.❑ Budget for long-term maintenance, updates, and evaluation.❑ Establish a continuous feedback loop to monitor, iterate, & improve AI tools

*Developed by Anil Jain, MD, FACP, FACHDM, March, 2025



Thank You

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