



Practical Guidance for Public Health

AI Policies That Work

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CURRENT LANDSCAPE

AI in Local Public Health

Many local health departments lack formal AI policies or governance structures.

AI adoption remains limited, with most organizations still in early exploratory stages.

Confidence in evaluating AI tools is generally low — highlighting the need for training and guidance.

Respondents expressed both optimism and uncertainty about AI's potential impact on public health work.



Uneven adoption across public health



Emerging policy consistencies



Persistent roadblocks to scale



Exciting but fragmented landscape

THE BROADER SCOPE OF AI FOR PUBLIC HEALTH

Beyond ChatGPT



Powers analysis, prediction, and decision support



Used in surveillance, workforce support, and resource planning



Sets the stage for governance and ethical next steps





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AI Policies That Work: Practical Guidance for Public Health

Metopio

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Goal: Leverage AI Technologies to Advance Public Health

- Developing resources and toolkits (e.g., AI Policy Guidance)
- Co-Authoring AI policies (e.g., APHA)
- Developing AI policies for public health organizations
- Co-leading AI community of practice (Kansas and NNPHI)
- Testing AI tools for public health functions
- Delivering AI educational sessions

1. AI Adoption

AI Fluency Ladder for Organizations (Ai-F-L-O)



Enterprise Transformation

Organization-wide rollout: Strategy alignment, culture change, ongoing measurement.



Collaborative Integration

Teams leverage AI for projects and automation: Workflow optimization, collective innovation, pilot systems.



Individual Application

Empower individuals to use AI in tasks: Small scale experimentation, increased comfort, clear rules.



Awareness & Foundations

Build a basic and shared understanding: Shared language, demystification, relevance.

Phase 1: Awareness & Foundation



- Start with **building AI literacy** (start with assessment of literacy and capacity).
- Build **shared understanding** of AI concepts and ethics.
- Start **discussion about org rationale** for using AI.
- Identify **change management strategies** to address staff fears and hesitation with new technologies.

Phase 2: Individual Application

- Identify “**dos**” and “**don’ts**.”
- Identify **individual rationale** for AI use.
- Capture **lessons learned** and use cases.
- Additional **training support** related to use cases.



What are some ideas for “small” AI tasks?



Policy and Data Analysis

- Drafting policies
- Analyzing policies
- Summarizing literature
- Correcting data codes



Writing and Editing

- Proofreading memos
- Simplifying complex texts into plain language
- Translating information into other languages



Meeting and Administrative Support

- Formatting meeting minutes
- Organizing and drafting meeting agendas



Communication and Engagement

- Creating social media posts
- Serving as a sounding board for ideas
- Playing "devil's advocate"

Phase 3: Collaborative Application

- Create a cross-functional **AI working group** (IT, HR, legal, program leads) to align on priorities.
- Develop **draft AI guidelines/policy**.
- Set up **measures** to assess performance.
- Identify and pilot **small-scale exploration**.
- **Capture lessons learned** to refine practices before scaling.
- **Explore procurement processes** and needs as they relate to AI companies.



Set Up Measures (Examples)

Setting up measures for low-risk AI use cases means creating a structured way to track whether AI tools deliver value while staying aligned with set criteria.

Efficiency Gains

Did AI save time or effort?

Measure: minutes/hours saved per task.

Accuracy & Quality

Were outputs correct and usable with few edits?

Measure: % of content requiring only minor revision.

Usability & Adoption

Was the output helpful and easy to integrate?

Measure: staff satisfaction ratings (1–5).

Pilot Low-Risk Exploration

Define scope & process

Set clear start/end dates, expected outputs and responsible staff.

Ensure human oversight

Staff engaged in pilots are responsible for reviewing and approving all AI outputs.

Capture lessons learned

Document results against agreed measures, noting successes, challenges and edits needed.

Decide on expansion and create tips for use

Assess whether to scale AI use cases across the organization and develop practical tips for applying them effectively.

Finalize AI Guidelines

Use pilot data to further shape AI use guidelines (e.g., which tasks are appropriate, what oversight is required).

Phase 4: Enterprise Transformation



- “Integration” isn’t just about scaling pilots — it’s about **weaving them into shared ways of working**.
- Ensure **AI systems are available across the organization** and not just isolated projects or pilots.
- Ensure **AI is integrated into strategic planning**, other planning processes, budgeting and reporting processes.
- Create a **cycle of continuous improvement** (audits, staff feedback, policy updates).

2.

AI Policy Development

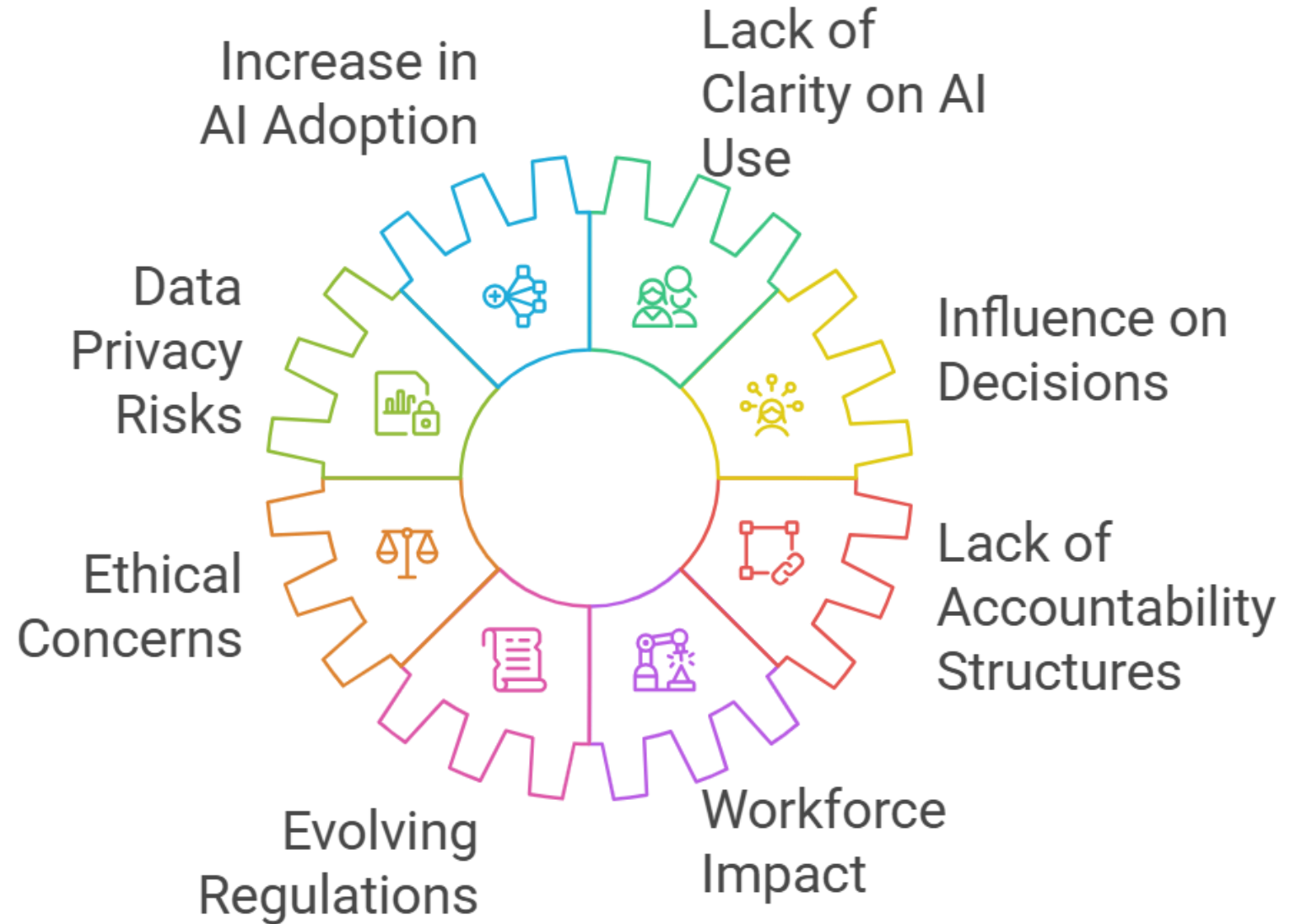
Resource to Develop Your AI Policy



bit.ly/PublicHealthAIPolicy



How does your organization know if it needs an AI policy or if the current one isn't working?



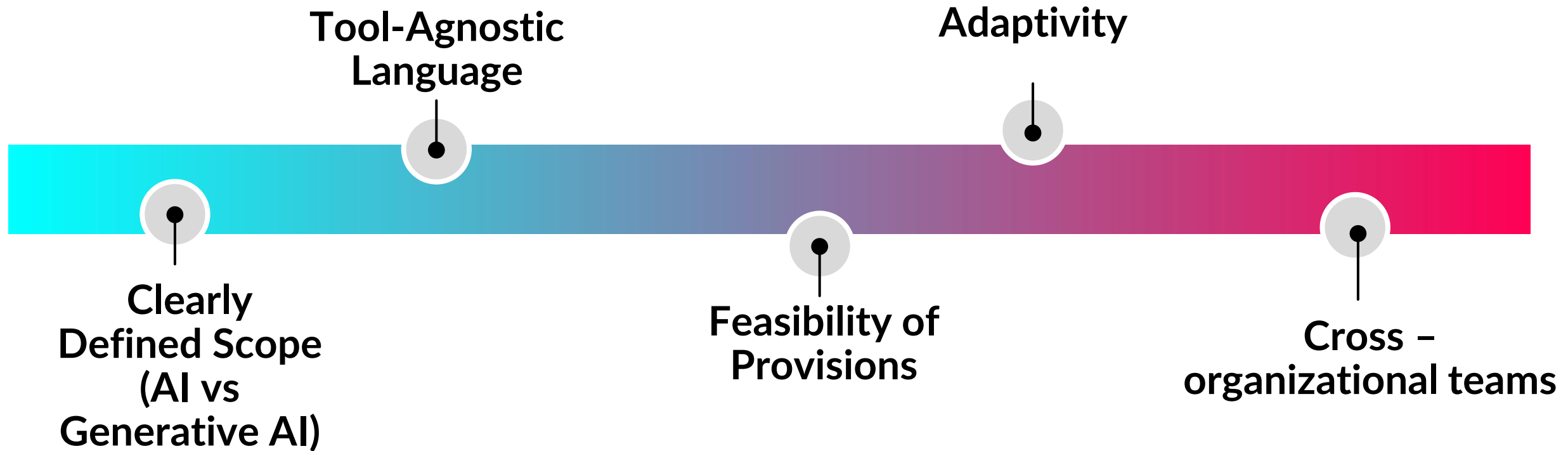
Questions to Be Addressed Before Drafting AI Policy

1. What is your organization trying to safeguard (e.g., privacy) and what are you trying to promote (e.g., efficiency)?

2. What is your organization's capacity to assess and govern AI tools and systems?

3. What existing internal policies, SOPs, and governance frameworks should the AI policy align with?

Considerations for AI Policy Development



Choosing the Right Policy Structure

Operations



Start with *how things will work*,
then layer on governance,
enforcement, and strategy

Policy Outline

“Operations -First structure”

Foundation

1. Purpose
2. Scope
3. Applicability
4. Alignment with Existing Policies
5. Key Definitions

Principles & Standards

6. Guiding Principles
7. Conditions for the Responsible Use of AI
8. Ethical Considerations (e.g., human oversight, bias mitigation)

Guardrails & Accountability

9. Prohibited Uses
10. Misuse of AI by Staff
11. Contractor and Vendor Obligations

Governance & Implementation

12. Governance and Oversight
13. Acquisition of AI Tools
14. Review, Revision, and Effective Date

Choosing the Right Policy Structure

Operations



Start with *how things will work*, then layer on governance, enforcement, and strategy

Governance



Start with *who decides what* and *how oversight works*, then detail how operations and enforcement follow.

Enforcement



Start with *what happens if something goes wrong* → build everything else around ensuring that doesn't happen

Applicability



Who must comply (all divisions, contractors, grantees?)



What requirements apply to existing contracts?



What requirements apply to contracts in progress?

Existing Contracts: Transition Rules

- **Applies prospectively** — does not change existing contracts retroactively.
- **Disclosure required:** vendors must report any AI use during the transition period.
- Full compliance required after adoption:
 - New contracts — immediately.
 - Existing contracts — within transition period or upon renewal/amendment.
- **Standard transition:** 6 months (extensions up to 12 months for complex systems).
- **Non-compliance** may impact renewal, extensions, or future eligibility.

Risk-Based Oversight Framework

How to tailor oversight and safeguards to the level of impact or harm?



Low - Internal or operational tasks with minimal impact on the public.



Medium - Activities that inform or support public-facing work.



High - Activities with potential to directly affect public health decision-making, services, or trust.

Key Focus of Provisions

- Higher-risk applications require greater human oversight, documentation, and approval.
- Framework guides authorization, controls, and mitigation measures.
- Differentiates between procured AI systems and publicly accessible tools.

Procured vs. Publicly Accessible AI Systems

How should oversight and review be structured for different AI tool types (public, procured, personal) within the policy?



Procured



Publicly Accessible



Individually Purchased Tools

Key Focus of Provisions

- Public tools may only be used for low-risk tasks; sensitive data can only be processed through approved systems.
- Procured tools should be used whenever feasible.
- Individually purchased tools carry the same restrictions as public tools.
- High-risk or sensitive use requires prior authorization and must be listed in the approved AI catalog.

Ethical Considerations and Ways to Address Them

Ethical Concern	Policy Section(s)
Incorrect Outputs	Human oversight
Reinforcement of Bias	Human oversight; bias mitigation
Erosion of Human Judgment	Human competence; training & capacity building
Limited Explainability	Training & capacity building
Data Privacy Risks	Data Privacy
Authorship Concerns	Transparency
Use of Environmental Resources	Training & capacity building

Note: Procurement and vendor obligations - applicable to all sections

Ethical Considerations: AI Template Sections



Informed by a Literature Review and an Analysis of State- and City-Level Policies

3. Wrap Up

Key Takeaways for AI Policy Development In Public Health



Understand your organization's AI readiness by assessing current knowledge, capabilities and culture

Build foundational AI literacy through training and resource sharing

Develop AI policy that is risk-based approach and secures risk and allows for innovation.

Start with small-scale pilot projects to test ethical AI applications.

Connect with National Partners and resources to stay informed about AI tools and best practices

Leverage available DM TTA from programs like Public Health Infrastructure Grant

AI Support

Knowledge Building and Foundational Work:

- Introduction to AI (AI-101) and related workshops
- Support assessment of AI capacity and literacy among staff
- Support identification of potential use cases
- Support development of risk-based criteria for AI use

AI Policy:

- AI policy development workshop
- Assist with AI policy development



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THANK YOU!

Any Questions?

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