

Digital Policy Hub – Working Paper

# Advancing and Governing Generative AI in Public Health: Practitioner Insights

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The Digital Policy Hub at CIGI is a collaborative space for emerging scholars and innovative thinkers from the social, natural and applied sciences. It provides opportunities for undergraduate and graduate students and post-doctoral and visiting fellows to share and develop research on the rapid evolution and governance of transformative technologies. The Hub is founded on transdisciplinary approaches that seek to increase understanding of the socio-economic and technological impacts of digitalization and improve the quality and relevance of related research. Core research areas include data, economy and society; artificial intelligence; outer space; digitalization, security and democracy; and the environment and natural resources.

The Digital Policy Hub working papers are the product of research related to the Hub's identified themes prepared by participants during their fellowship.

## Partners

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## Key Points

- The study discussed in this working paper explored the perspectives of 13 public health professionals and researchers working across Canadian universities, regional and national public health agencies, professional associations, knowledge translation hubs and international governance bodies to examine their understanding, perceptions and governance needs related to generative artificial intelligence (AI) in public health.
- Participants shared how they currently understand and use generative AI in public health, identifying both enthusiasm for potential applications (for example, tailoring health messaging, simplifying complex information, streamlining routine tasks) and recognizing that organizational uptake and oversight are still limited.
- They also highlighted perceived risks of generative AI, including threats to public trust, the rapid spread of misinformation, equity concerns tied to biased training data, and the absence of clear governance, policies and workforce readiness to responsibly use generative AI.
- Discussions extended to strategic opportunities and enablers, such as avoiding late adoption, leveraging generative AI at the population health level, addressing digital divides, investing in shared infrastructure, creating “bridging” roles between technical and public health sectors, and ensuring tools are customizable to local contexts.
- Participants stressed the need for reflexive governance and ongoing accountability, calling for continuous monitoring, community involvement and sector-specific frameworks that evolve alongside generative AI technologies to ensure the responsible and equitable integration in public health practice.

# Introduction

The advancement of generative AI technologies, such as ChatGPT, Microsoft Copilot and other large language models (LLMs), is impacting how information is produced, interpreted and disseminated across sectors. In public health, generative AI has the potential to enhance communication, improve organizational efficiency and enable novel insights. It can help tailor health information to diverse communities by creating personalized, multilingual and multi-format content, and reduce the clerical burden on staff by automating administrative tasks such as summarizing regulations or writing reports (Bharel et al. 2024; Davis et al. 2024; Panteli et al. 2025). Additionally, it can support advanced data analysis by making unstructured and complex data sources, such as medical reports, social media and geographic data, more accessible for public health insights (Bharel et al. 2024).

These capabilities align with broader policy commitments. At the 2025 Group of Seven (G7) Summit, leaders endorsed a human-centric approach for AI that emphasizes trust, transparency, accountability and public benefit (G7 Leaders 2025). They launched the G7 GovAI Grand Challenge to develop innovative, open-source and scalable solutions for members to accelerate the adoption of AI in the public sector (ibid.).

In Canada, responsible generative AI could strengthen surveillance and decision making through improved data infrastructure and analytics, enabling faster and more tailored

communication that supports health promotion and fosters collaboration between public health agencies, academia and technology experts to co-develop solutions grounded in real-world needs (Yip et al. 2024). It also advances public health goals related to equity by emphasizing bias awareness and inclusive design, ensuring that AI-driven innovations reduce rather than exacerbate health disparities (ibid.). These capabilities directly support the broader objectives of protecting population health, promoting well-being and addressing the social determinants of health across diverse communities. The adoption also raises concerns that are fundamental to public health, including the amplification of bias, data privacy, the spread of misinformation and the risk of exacerbating existing inequities (Bharel et al. 2024; Panteli et al. 2025; Leslie 2019). A recent rapid review of AI in Canadian public health identified critical equity considerations, including algorithmic bias, lack of transparency, model interpretability issues, unrepresentative training data and accessibility barriers (Ghanem et al. 2025).

Despite increasing recognition of the importance of transparency, equity and inclusive design in governance frameworks,<sup>1</sup> few organizations have operationalized these principles through formal mechanisms or stakeholder engagement processes. Operational tools and oversight mechanisms need to accompany principles guiding the equitable and ethical use of generative AI to translate principles into practice (Mittelstadt 2019). For public health, in particular, aligning generative AI governance with workflows, staff responsibilities and community engagement practices while being transparent about how, why and when generative AI is being used is essential for equity, ethical standards and to maintain trust (Leslie 2019).

Recent developments in generative AI models, including natural language interfaces, multi-modal processing (image, text, audio) and more intuitive tools, allow non-technical practitioners to use AI. This is significant for public health as it expands the feasibility of AI adoption across organizational contexts, including rural and under-resourced settings, and in agencies that may not have strong technical expertise in the workforce. Many public health agencies often struggle to recruit and train personnel with the necessary technical and ethical competencies to implement AI tools effectively (Panch et al. 2019; Panteli et al. 2025).

Despite growing interest in generative AI across Canada's public health system, there is limited empirical research on how practitioners understand, use and govern these tools in practice. This lack of practice-based insight is especially problematic given the high-stakes nature of public health decision making and the sector's mandate to protect and promote health. The research presented in this working paper addresses these gaps by exploring public health professionals' experiences, perceptions and governance needs related to the responsible and trustworthy use of generative AI in Canadian public health practice. The paper reports the findings of the first empirical study capturing front-line perspectives from public health on generative AI practice and governance. Through qualitative key informant interviews, the study examines how practitioners understand and apply generative AI in their work, including its perceived benefits, risks and implications for equity. It also identifies organizational and policy-level enablers and barriers that shape the responsible use of generative AI, and explores governance needs and opportunities for meaningful community engagement in its ethical implementation.

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<sup>1</sup> See World Health Organization (2025); [www.oecd.org/en/topics/ai-principles.html](http://www.oecd.org/en/topics/ai-principles.html); Leslie (2019).

It is hoped the findings will contribute to broader discussions on AI governance that centre equity and trust.

## Method

The study discussed in this working paper used semi-structured key informant interviews with Canadian public health professionals and a small number of international experts in AI governance. The research explores how generative AI is understood and used in public health, the policy considerations it raises, and the organizational enablers, barriers and contextual factors shaping its responsible adoption. Participants were recruited through purposive and snowball sampling,<sup>2</sup> and included individuals working in public health communication, digital health, data science and AI governance, as well as those in roles influencing public health policy. Eligibility was limited to professionals employed in the Canadian public health sector or in organizations shaping international AI policy frameworks relevant to Canada. The interview guide (see Appendix 1) included questions about participants' roles and responsibilities, familiarity and experiences with generative AI, and their perceptions of its benefits, risks and equity implications, as well as governance needs and opportunities for community engagement. The interview guide provided a consistent entry point for discussions, allowing for rich, comparable insights across interviews, which were analyzed using reflexive thematic analysis. Briefly, reflexive thematic analysis (Braun and Clarke 2006, 2019, 2021) was conducted by first coding the data, then organizing it into initial themes and refining them in consultation with the research team. Ethics approval for the study was obtained from the University of Guelph's Research Ethics Board. All participants provided written informed consent.

## Results

A total of 13 participants were interviewed, representing a diverse mix of organizations across public health practice, research and policy, including international governance bodies, Canadian universities, regional and national public health agencies, professional associations and knowledge translation hubs. Participants' job titles included director, vice president, knowledge broker, research assistant, health economist, data scientist, manager, Ph.D. student and epidemiologist. Together, they brought perspectives from public health practice, academic research and system-level governance related to public health and emerging technologies such as generative AI.

Across all discussions, participants repeatedly linked trust and governance as foundational to responsible and effective generative AI use in public health. Trust was seen as fragile, influenced by the accuracy and equity of outputs and the transparency, oversight and community involvement built into governance frameworks. Governance was described as essential for protecting public trust through clear protocols, ensuring ethical use and transparency. Trust and governance are woven through most themes, from misinformation and equity to workforce readiness, customization and evaluation, emphasizing the need to proceed with caution.

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<sup>2</sup> Purposive sampling involves the researcher selecting individuals to participate based on specific characteristics relevant to the study. Snowball sampling allows individuals who receive the study promotion and participants to refer other potential participants.

## Current Understanding and Use of Generative AI in Public Health

Participants' initial reflections on generative AI often centred on how they understand its capabilities, limitations and role in public health. Participants' responses reflected both enthusiasm for potential applications and concerns about the risks.

Participants envisioned generative AI as a tool that could make public health work more efficient, support knowledge mobilization and expand the reach of communication, even if these uses were not yet fully implemented in their organizations. They described how generative AI might streamline routine tasks, free up time for complex analysis and make technical information more accessible. For instance, participant eight shared, "It helps eliminate some of those repetitive tasks...so we can actually spend more time on the science and analyzing data that actually requires our human brains to do," while participant 11 noted, "It can help me understand equations...simplify tough concepts...improve my written works."

They also perceived potential for generative AI to tailor content for different populations: "If this community is having a challenge with a specific thing...whoever's in charge of the LLM can tune it in that moment to cover that specific need...making those toolings available to all communities is really important" (participant 12). Additionally, participants described the potential impact on prevention initiatives within public health: "All the talk, all the energy, all the money is in individual and care contexts. But I don't think that's where the value will be. I think all the value will be at the public health, population health level" (participant three).

## Perceived Risks of Generative AI in Public Health

Alongside potential benefits, participants identified significant risks, including the potential impact on public trust: "It [trust] can disintegrate in an instant just like that...it's like dynamite. It [generative AI] can do a lot of good. It could do a lot of harm" (participant 13). Participant six noted, "I think there's already a lack of trust with public health to begin with. So, I'm not 100 percent sure if that trust level will change, or if it's just the reasons that people don't trust will change."

Others highlighted the risk of misinformation, particularly when AI tools generate convincing but inaccurate content that can quickly spread. Participant eight warned, "I see it more in ChatGPT, the hallucinations, where I've asked it a question and being a content expert in certain areas, looking at the sources and knowing that they don't exist. If you're not a content expert, how would you ever know as they look legitimate? I think it's going to be a huge problem and it's going to erode public trust." These reflections emphasize the challenge of maintaining credibility and trust in a digital environment where AI outputs can easily shape public understanding, even when they are inaccurate.

Finally, equity-related concerns were also shared by participants, especially concerns tied to biased training data. Participant two observed, "The training data is largely Westernized English culture," while participant seven explained, "The bot is only as equitable as the knowledge that it is trained on."

## Capacity, Oversight and Sustainability Gaps

Concerns about workforce readiness to engage in the responsible use of generative AI were common. Despite increased exposure to generative AI, many public health professionals felt unprepared to critically evaluate or supervise its use. Participant eight asked, “It’s really blown up the past year or two, maybe, and we’re all being just thrown into it. And it’s like, where do you even find the time to learn about it? And when we’re constantly forced to work quicker, do more with less, where do you even find the time to learn about it on your own and become educated?” This comment highlights the need to embed AI literacy into public health training and infrastructure.

The absence of policy and governance was a significant concern. While some teams developed informal practices, others lacked clear protocols. “We need clear policies. And when I say clear policies, it’s not about the length of material because in public health we are extremely good. Writing ifs, buts, and whens. And so, we have really long documents that even the writers don’t know the extent to which the information they have in there cannot be understood. So, very clear, very basic protocols around how to engage with these systems is extremely needed, and these things need to be reviewed on an ongoing basis, adapting to the new technologies that exist out there” (participant 13). Several participants stressed that these governance efforts must include intentional human oversight, particularly during early adoption and system integration. As participant four explained, “So for me, it’s having oversight, some kind of continuous quality oversight for these tools. It’s just not while it’s being developed, tested and implemented. What is the process for having ongoing oversight of these tools?”

Only two participants raised environmental sustainability as essential considerations in responsible AI deployment in public health: “It’s wild, but yeah, we’ve talked about it [environmental impacts of generative AI], but not anywhere more concrete than having our minds blown a little bit by just how much water it takes to run AI” (participant 10). The environmental impact was not widely discussed, however, highlighting the need to build environmental considerations into governance frameworks and decision making about AI deployment in public health.

## Opportunities, Priorities and Enablers for Advancing Public Health Goals Using Generative AI

While participants echoed many well-documented concerns about generative AI, including risks of bias, misinformation and public trust, the study foregrounds emerging, underexplored insights for public health policy, programs and services that are explored in the following subsections of this working paper. These findings speak to how generative AI is understood, applied and governed in public health, particularly within the structural realities of Canadian public health systems.

### Consequences of Late Adoption

Participants reflected critically on public health’s pattern of delayed engagement with new technologies, warning that failing to take early action on generative AI could repeat past mistakes. Participant 13 cautioned, “We were very late to adopt social media, for example, and now getting into the space because there’s no vacuum in the universe, other people will occupy the space that public health was

supposed to occupy. Now you have the influencers who are health influencers... And the public health institutions then end up having the least followership. And if you analyze even their followership, it is other institutions following them. It's not necessarily the public. And that's because they were late to the game...So, if we were to think about generative AI, I think that would be a mistake to say push it to the side." Hesitation or avoidance may hinder public health's visibility and authority, especially in online spaces increasingly shaped by algorithmic content.

### **Rethinking Value: From Individualized Medicine to Population Health**

Participants diverged from dominant narratives that centre AI's utility in individualized clinical settings. Instead, several emphasized the untapped potential of generative AI at the population and systems level. Participant three noted, "All the talk, all the energy, all the money is in individual and care contexts. But I don't think that's where the value will be. I think all the value will be at the public health, population health level." This perspective reframes generative AI's strategic potential to enhance surveillance, policy development and prevention, which are core functions of public health. "Thirty percent of health data that is being produced, only five are being used for decision making in the health sector. And I think there's a huge gap in how to improve the processing of health data" (participant one). There is an opportunity to leverage existing data to generate more precise insights and aid in decision making at a more granular level in a sector with limited resources, time and digital infrastructure.

### **Generative AI as a Public Health Equalizer**

Another emergent theme was generative AI's potential to reduce differences between well-resourced and under-resourced jurisdictions. Several participants warned that the benefits of generative AI could be lost if public health fails to invest in foundational infrastructure. In particular, digital divides were seen as evolving into "digital canyons" (participant one), with consequences for performance: "They don't have base infrastructure...now you've got AI...to me that's the biggest issue with getting all these incredible benefits" (participant three).

Participants discussed how the potential of AI-powered tools for communication, analysis and planning could enable smaller or rural public health units to operate with the same efficiency as larger ones. Participant 12 explained, "If it's implemented correctly, I think it's a great equalizer of resources, right? So say in the community where they can't or they don't have the same resources as Toronto, they can't hire as many Health Officers. Implementing an AI tool really equalizes the playing ground there where they can have a very similar level of support at a very high level." Generative AI can complement human expertise and help public health professionals focus in on work that is impactful. "Folks can focus on things that actually make a real impact in their job, right? Work more effectively because there are definitely some things that AI is not very good at automating, but humans are really great at too, right? So, it's a team effort there" (participant 12).

## Investment and Shared Infrastructure

Participants described investment in public health infrastructure, particularly digital infrastructure, as foundational for enabling the responsible and equitable adoption of generative AI. Participant seven emphasized this gap, stating, “The biggest issue that public health units have is that they’re not funding the necessary infrastructure for innovation in order for it to flourish.” This was especially salient for ensuring accessibility in under-resourced, rural or remote settings.

One participant suggested establishing federated or publicly governed generative AI models, accessible across jurisdictions. As participant 12 proposed, “Not necessarily developing their own LLM per se but at least making the endpoints available to everyone...then each office can have access to this main program...everyone has this baseline level of support.” This model challenges private sector dominance by envisioning a shared digital infrastructure that enhances system-wide equity, supporting consistent, high-quality public health services across regions.

## Shifting Job Demands and the Impact on Burnout

Participants expressed a nuanced view of how generative AI may reshape the nature of public health work, with implications for both reducing and exacerbating burnout. Several emphasized that generative AI could help alleviate exhaustion by automating routine administrative or clerical tasks, freeing professionals to engage in more meaningful, intellectually stimulating work. As participant 11 reflected, “So it’s going to minimize our use of these repetitive tasks and it’s going to increase the proportion of tasks that we do that require higher knowledge work...I could spend days thinking about one particular problem and have nothing to show for it. Whereas 10 years ago I could do some of the work that ChatGPT is doing and I have something to show for it. So maybe that’s a challenge.”

This reallocation of effort away from surface-level outputs and toward complex problems was seen as both a benefit and a potential emotional burden. Participant six noted that automation might eliminate the “grey space” of a workday that offers psychological respite: “So it might take away what is pleasurable from some jobs, leading to some faster burnout.” Similarly, participant 13 cautioned against over-reliance on generative AI, highlighting its limitations in supporting the human aspects of practice: “I think that public health is a deeply human practice, one that you cannot substitute with chatbots whether you like it or not.” Even where generative AI saved time, its role in replacing foundational thinking raised concern. “It does save you time in creating summaries here and there, but it should not be a replacement of core understanding...and I think that that’s a severe risk we do face” (participant 13).

## Bridging Technical and Public Health Sectors

Participants emphasized that successful integration of generative AI requires not only technical training but also translational roles: people who can act as intermediaries between public health practitioners and AI developers. These “bridging” roles were seen as key to improving adoption, utility and trust: “I mean, it’d be nice to have a dedicated professional for every health team who, maybe it isn’t necessarily someone who is the engineer, but is someone who can translate for the engineer that they’re working

with. Yeah, bridges the divide and therefore can kind of help with acceptance rates” (participant six). There is a governance opportunity for public health to fund or train AI liaison roles, individuals with expertise in both public health and AI development who can ensure ethical, responsible and locally relevant implementation.

### **Community-Specific Customization and Control**

Participants underscored that AI must be customizable to reflect local population needs. Many widely available generative AI tools may be insufficient for public health as they reproduce dominant cultural assumptions or exclude critical variables. Participant 12 articulated this need: “If this community is having a challenge with a specific thing... whoever’s in charge of the LLM can tune it in that moment to cover that specific need... making those toolings available to all communities is really important.” Community-controllable AI systems, where tools are adaptable, transparent and reflexive, are needed. It also implies that governance frameworks should include pathways for customization, especially in contexts where top-down solutions have historically failed to meet equity goals.

### **Reflexive, Open-Ended Governance and Community Involvement**

Participants rejected one-size-fits-all governance approaches and instead called for adaptable, community-embedded models of oversight. Participant one discussed the importance for equity: “To engage users in its [generative AI’s] adoption is going to be crucial to reduce the health disparities that we already encountered in the past with other technologies, rather more basic ones such as HER [electronic health records], for example.” They advocated for flexible frameworks that evolve with technology and for early, meaningful involvement of affected communities. “I think it is not a one-size-fits-all kind of mitigation technique. I think the mitigation is just...being embedded. Either being from the community yourself that you are trying to build for, or being embedded within that community before you even start coming up with your research questions. Otherwise, how do you know that people need what you are trying to produce?” (participant six).

### **Evaluation and Monitoring for Accountability in Generative AI Systems**

Participants emphasized the importance of establishing evaluation and monitoring mechanisms to ensure the responsible and effective use of generative AI in public health. While human oversight is a well-known principle, several participants offered novel and actionable insights. Participant 2 likened generative AI risk monitoring to drug safety surveillance: “It sounds a lot like drug monitoring to be honest, because it is. And the funny thing is, AI is actually at a far bigger scale than drugs...So, how do we scale up our current and future monitoring schemes in order to meet the anticipated future demand?” Participant five suggested confidence scores to “enable human oversight rather than having this process stops now, the human takes over. It’s kind of like deliberate human supervision. I’d say, you know, confidence scores throughout a process, a threshold for when we kick things out to be dealt with by humans, as well as probably some randomized assessment of results.” Participant four suggested grounding evaluation in public health outcomes and understanding “the impact on the reporting of the disease, the outcome for the client. Did it get resolved for the client? Did they

understand that they should follow up with the recommendation?” Several participants also discussed how standardized frameworks for validation and verification remain underdeveloped, with participant eight noting, “We need rules and regulations and well-known ways to verify, validate, evaluate, whatever. All that, I find, is not there yet. I think we’re still in the infancy.”

## Recommendations

- **Strengthen trust and governance as foundational, cross-cutting priorities:** Given their centrality to nearly every theme in this study, trust and governance should be treated as ongoing, interdependent priorities in all generative AI-related public health work. Government and national public health agencies should consider establishing clear, adaptable governance frameworks with embedded human oversight, transparent decision making and active community participation, while also fostering public trust through openness about benefits, limitations and safeguards.
- **Develop adaptive governance frameworks that enable innovation and human oversight:** National, provincial and regional/local public health agencies should implement clear, adaptable policies that create space for innovation that advances public health goals. Frameworks should support emerging applications identified by participants in this study, while ensuring these uses evolve responsibly and collaboratively alongside technological advances.
- **Invest in shared and equitable digital infrastructure:** To support equitable implementation, federal and provincial governments should fund or explore open-access generative AI platforms that can be tailored to local needs and used across jurisdictions. Centralized but customizable infrastructure will help smaller or under-resourced health units benefit from AI, but also enable the advanced uses participants described, reducing the risk of widening digital and health inequities.
- **Expand public health capacity with targeted training and translational roles:** Alongside broad generative AI literacy training and education in public health supported by academia and federal and provincial public health agencies, public health agencies could support dedicated “translator” roles, individuals who bridge technical and public health domains. Both trained professionals and translator roles can help identify and implement the most impactful uses of generative AI, while also ensuring integration is ethical, context-sensitive and responsive to evolving needs.
- **Monitor broader impacts to guide responsible evolution of generative AI in public health:** Public health systems should regularly assess the downstream impacts of generative AI, including shifts in job demands, impacts on burnout, environmental sustainability and equity outcomes. These evaluations should also track generative AI impacts on prevention, decision making and health equity, adjusting policies and practices as needed. Only a small number of participants raised concerns about the environmental impacts of generative AI. This limited attention suggests that environmental considerations are not yet widely integrated into public health discussions about AI adoption. Governance must incorporate environmental sustainability considerations to ensure that generative AI development and use align with broader health and environmental goals.

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## About the Author

Melissa MacKay (she/her), M.P.H, Ph.D., is a former Digital Policy Hub post-doctoral fellow who specializes in health, risk and crisis communication, as well as health promotion. Previously a postdoctoral scholar at the University of Guelph's Health by Design Lab, she focused on developing a modernized health communication framework and using artificial intelligence for tailored health communication. Her research employs qualitative and mixed methods and evidence synthesis, and emphasizes knowledge mobilization for impact. Her dissertation examined trust in public health communication during the COVID-19 pandemic and she is the lead author of the *Social Media Crisis Communication Guidebook for Public Health*. Melissa is currently an assistant professor and coordinator of the master of public health program at the University of Guelph and has extensive experience in public health and knowledge mobilization.

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# Appendix 1: Key Informant Interview Guide

## **Topic: Exploring the Responsible and Trustworthy Use of Generative AI in Public Health**

Date: \_\_\_\_\_

Interviewer/Researcher: \_\_\_\_\_

Participant Identification Number: \_\_\_\_\_

### **Introduction:**

Thank you for agreeing to participate in our research. The purpose is to engage in a 45-minute discussion with individuals who work or conduct research in public health communication, informatics, technology and information systems in Canada. We are conducting interviews to understand uses, risks, and policy considerations for using generative AI in public health. Interviews will be one-on-one online or by telephone and will be semi-structured (not just “yes or no” answers). Because of this, the exact wording may change a little. Sometimes I will use other short probing questions to make sure I understand what you told me or if I need more information when we are talking, such as “please tell me more,” or “why do you think that?”

As a reminder, we will ensure your identity is not shared by anonymizing all interview transcripts after completion and keeping all files confidential. You are also free to decline to answer any questions you do not wish to answer, and which may make you feel uncomfortable, or to stop participating at any time by asking the researchers to end the interview. The researchers also encourage you not to reveal any sensitive or confidential information in the interview. You can withdraw your participation by emailing Dr. Melissa MacKay at any time up until August 1, 2025. Do you have any questions about this or any of the information in the consent form?

### **Demographic Questions:**

1. Please describe your current role in public health including how it relates to technology, communication, and data use.
2. How long have you been in your current role?
3. What type of public health organization do you work in?
4. What jurisdiction does the organization serve (e.g., local/regional, provincial, federal)?

### **Introduction Questions:**

5. How familiar are you with generative AI (e.g., ChatGPT, Copilot)?
6. Have you or your team used generative AI in public health initiatives? If so, can you share any examples?

**Perceptions of Generative AI in Public Health:**

7. What are the potential benefits of using generative AI in public health?
8. What are the potential risk and challenges you anticipate with the use of generative AI in public health?

**Responsible Use:**

9. What concerns, if any, do you have about the use of generative AI in public health, especially regarding bias, equity, or the spread of misinformation?
  - a. Prompt: Are there particular populations or communities that may be disproportionately affected?
10. What safeguards or mechanisms need to be in place to mitigate these risks?

**Trust:**

11. How do you think generative AI use in public health could impact trust?
12. Have you encountered concerns about generative AI use in public health?
  - a. How might/did you address these concerns?

**Implementation:**

13. What things are needed to support the responsible use of generative AI in public health?
  - a. Examples: Training? Resources? Capacity building? Legislation?
14. Do implementation needs differ for community/population-level interventions versus individual health-care delivery?
  - a. How should communities be engaged in decisions about the use?
  - b. Are you aware of any evaluation or monitoring tools for assessing generative AI impacts in public health settings?

**Organizational Policy:**

15. Do you have any policies and/or procedures for the use of generative AI in your organization?
  - a. If yes, can you provide an overview of the policy?
    - i. Did you gather community feedback on the policy and use?
  - b. If no, why do you think a policy has not yet been developed? Do you anticipate one in the future? What principles or guidelines do you think are needed to guide the responsible and trustworthy use of generative AI in public health?
16. Who do you think should be involved in decision making about the governance and use of generative AI in public health?

17. What governance or policy supports do you think are needed to ensure the trustworthy and responsible use of generative AI in public health?

**Conclusion:**

Is there anything else you would like to add?

\*Thank you and remind them of snowball sampling — forward invite to anyone else they think would be good for us to talk to.