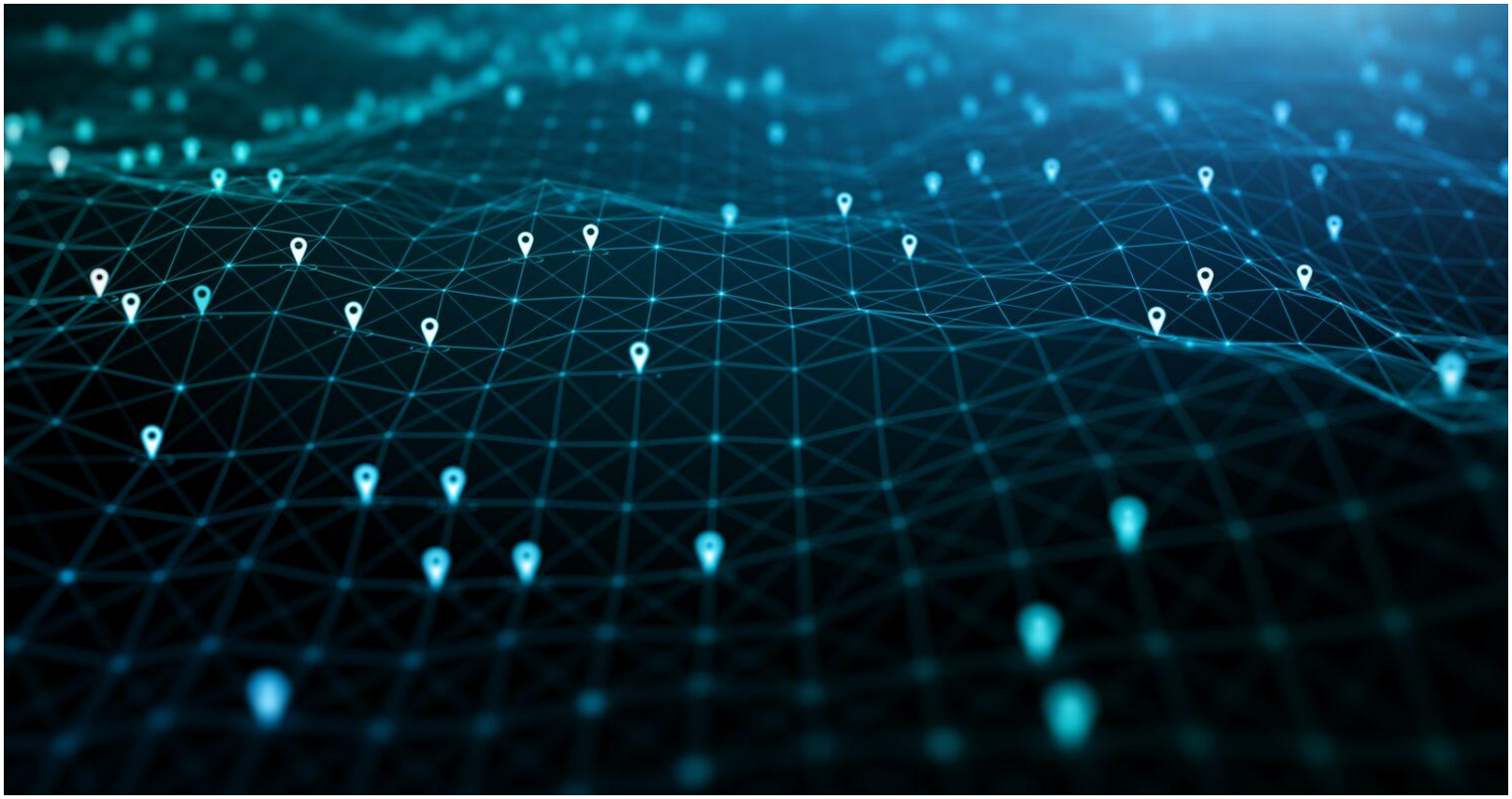
NATIONAL ACADEMIES Sciences Engineering Medicine

ROUNDTABLE ON POPULATION HEALTH IMPROVEMENT

The Data Revolution and Population Health: Tech Tools, Cross-Sector Data, and Community Expertise: A Workshop

June 25, 2026 | 10:00am–5:00pm EST
Hybrid: Washington, DC and Webcast

ATTENDEE PACKET



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Agenda

Workshop Objectives:

1. Highlight newer data sources proving to be most promising for population health and discuss barriers to access.
2. Assess extent to which latest methods and tools at our disposal (e.g., AI/ML, advanced statistics, crowdsourcing) are making an impact on our ability to protect and promote public health and explore how to facilitate a greater yield from them.
3. Showcase new forces and technologies that are allowing communities to engage in the creation, synthesizing and curation of data, integrate with data on social drivers of health, and explore what partnerships are needed for them to be effective, safe, and secure.
4. Discuss intentions behind newer data source creation, governance, and data silos regarding who has access to data, and who is responsible for ensuring the data is available, valid, and ethical.

THURSDAY, JUNE 25, 2026

10:00am **Welcome**

Ana Diez Roux, Distinguished University Professor of Epidemiology, director, Drexel Urban Health Collaborative, dean emerita Dornsife School of Public Health, Drexel University, *Roundtable Co-Chair*

10:10am **Opening Discussion**

Moderator: **Anne Zink**, senior fellow, Yale University School of Public Health*, planning committee member*

Speakers:
Gail Christopher, executive director, National Collaborative for Health Equity; director of Robert Wood Johnson Foundation's National Commission to Transform Public Health Data Systems

Nabarun Dasgupta, Gillings Innovation Fellow and Senior Scientist, UNC Injury Prevention Research Center, University of North Carolina at Chapel Hill

Q&A/Discussion

11:00am **Panel 1—Emerging Data Sources to Inform Public Health**

Moderator: **Tyler McCormick,** professor, departments of statistics and sociology, University of Washington, *planning committee member*

Speakers:
Waldo Mikels-Carrasco, director of interoperability technology, Utah Health Information Network

Meghan Mead, deputy director, Network for Public Health Law (virtual)

Sonia Angell, distinguished professor, Johns Hopkins University Bloomberg School of Public Health

Q&A/Discussion

12:00pm **Panel 2—New Methods to Create and Curate Public Health Data**

Moderator: **Lorna Thorpe,** Anita Steckler and Joseph Steckler professor and chair,

Department of Population Health, NYU Grossman School of Medicine, *Roundtable and planning committee member*

Speakers:
Monica Bharel, global clinical lead, public health and public sector health, Google

Usama Bilal, associate professor of epidemiology and co-director of the Urban Health Collaborative, Drexel University School of Public Health (virtual)

Thomas Carton, chief data and strategy officer, Louisiana Public Health Institute

Erica Pan, director and state public health officer, California Department of Public Health

Q&A/Discussion

1:00pm **LUNCH**

2:00pm **Panel 3—Data Democratization: Community, Partnerships, Technologies, and Privacy**
Moderator: **Meg Guerin-Calvert,** president, Center for Healthcare Economics and Policy and senior managing director, FTI Consulting*, Roundtable and planning committee member*

Speakers:
Melissa Moorehead, co-director, Data Across Sectors for Health and policy strategist, Michigan Public Health Institute

Mike Vickers, senior data analyst and data systems lead, Data Driven Detroit

Israel Sánchez-Cardona, associate professor of psychology, Kennesaw State University

Discussant: **Claire McKay Bowen**, senior fellow and lead, Data Governance and Privacy Team, Urban Institute, *planning committee member* (virtual)

Q&A/Discussion

3:15pm **Interactive Activity (breakout groups, followed by discussion)**
Moderators:
Abeni Bloodworth, founder, Chromatic Black

Kellie Easton, co-executive director, Action4Equity

Q&A/Discussion

4:30pm **Closing Dialogue**
Mary Pittman, consultant, *Roundtable Co-Chair*

5:00pm **Adjourn**

Roundtable on Population Health Improvement

Vision, Mission and Roster

Vision | A thriving, healthful, and equitable society

Mission | In recognition that health and quality of life for all are shaped by interdependent historical and contemporary social, political, economic, environmental, genetic, behavioral, and health care factors, the Roundtable on Population Health Improvement exists to provoke and catalyze urgently needed multi-sector community engaged collaborative action.

MEMBERS

Ana V. Diez Roux, MD, PhD, MPH (co-chair)
Drexel University
Philadelphia, PA

Mary Pittman, DrPH (co-chair)
Public Health Institute (retired)
Oakland, CA

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Nemours
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NAM Fellows
2024-2026 NAM Fellow to Advance State Health Policy
Yohualli B. Anaya, MD, MPH
University of Wisconsin

2025 NAM Gilbert S. Omenn Fellow
Nilay S. Shah, MD, MPH
Northwestern University

Biosketches

*denotes planning committee member, †denotes roundtable member

Mary Pittman, Dr.P.H.,† was previously the chief executive officer and president of the Public Health Institute (PHI), a U.S. and global non-profit public health organization dedicated to improving health and equity through economic, social, and healthcare innovation. Dr. Pittman is a national leader in community health, addressing social determinants leading to health inequities and promoting prevention and quality of care. Her experience in public health and healthcare, including Medicaid financing and safety net systems, makes her an expert adviser in the field of population health and building healthier and more equitable communities and health systems. She has designed and launched leadership programs for women in health as well as for other population health leaders.

Dr. Pittman served for six years on the National Academies of Sciences, Engineering, and Medicine Roundtable on Population Health Improvement, and the Healthy People 2030 advisory committee to the Secretary of HHS. She served as an expert advisor to the Let's Get Healthy California Task Force, and serves on numerous advisory boards for UC Berkeley, School of Public Health, Loma Linda School of Public Health, Charles Drew University Medical School, and other non-profits and a small diagnostic company.

Ana V. Diez Roux, M.D., Ph.D., M.P.H.,*† is distinguished University professor of epidemiology at the Dornsife School of Public Health and director of the Drexel Urban Health Collaborative. Originally trained as a pediatrician in her native Buenos Aires, she completed public health training at the Johns Hopkins University School of Hygiene and Public Health. Before joining Drexel University, she served on the faculties of Columbia University and the University of Michigan, where she was chair of the Department of Epidemiology and director of the center for Social Epidemiology and Population Health. Dr. Diez Roux is internationally known for her research on the social determinants of population health and the study of how neighborhoods affect health. Her work on neighborhood health effects has been highly influential in the policy debate on population health and its determinants.

Dr. Diez Roux has served on numerous editorial boards, review panels and advisory committees including most recently the Clean Air Scientific Advisory Committee of the Environmental Protection Agency (as Chair), the Board of Scientific Counselors of the National Center for Health Statistics, the Committee on Health and Wellbeing in the Changing Urban Environment of the International Council for Science, and CDC's Community Preventive Services Taskforce. She has received the Wade Hampton Frost Award for her contributions to public health from the American Public Health Association and the Award for Outstanding Contributions to Epidemiology from the American College of Epidemiology. She is also an elected member of the American Epidemiological Society and the Academy of Behavioral Medicine Research. She was elected to the National Academy of Medicine of the National Academy of Sciences in 2009.

Sonia Angell, M.D., M.P.H., is a Bloomberg Professor of the Practice of American Health in the area of Food Systems for Health, in the Department of Epidemiology. She is an expert in public health, policy and systems change. She has over 15 years' experience in government, from the local to global level, and remains current in the practice of primary care medicine.

She is also an assistant clinical professor at Columbia University Vagelos College of Physicians and Surgeons and an Assistant Attending Physician at New York Presbyterian Hospital. She is the former Director of the California Department of Public Health and California State Public Health Officer (2019-2020), and a former Deputy Commissioner at the New York City Department of Health and Mental Hygiene (NYC DOHMH, 2014 – 2019). She was a senior advisor on Global Noncommunicable Diseases at the U.S. Centers for Disease Control and Prevention (CDC) in Atlanta from 2011-2014. Before that, she was founding director of the Cardiovascular Disease Prevention and Control Program at the NYC DOHMH (2004-2011).

Monica Bharel, M.D., M.P.H., is a physician executive, internist, and public health innovator who focuses on harnessing the power of data and analytics to drive innovation and equity in health care. She is the Global Clinical Lead for Public Health and Public Sector Health at Google, based on the Google Health team.

Monica previously served as a Senior Advisor to the Mayor of Boston, leading an effort at the intersection of mental health, substance use disorder, and homelessness. Before that, she served as Commissioner of the Massachusetts Department of Public Health from 2015 to 2021. As the Commonwealth's chief physician, she oversaw the state's aggressive response to the opioid overdose crisis. She was dedicated to reducing health disparities and developing data-driven, evidence-based solutions for keeping people healthy. Under her leadership, the Commonwealth developed the first integrated Public Health Data Warehouse. Dr. Bharel led the Massachusetts public health response to the COVID-19 pandemic.

She is a board-certified internist who has practiced general internal medicine for more than 20 years in various settings. Before becoming Commissioner, she served as the Chief Medical Officer of Boston Health Care for the Homeless.

She holds a Master of Public Health degree, supported by the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy. She holds a medical degree from Boston University School of Medicine and completed a residency and chief residency in internal medicine at Boston City Hospital/Boston Medical Center.

Usama Bilal, M.D., Ph.D., M.P.H., is an associate professor in the department of Epidemiology & Biostatistics and Co-Director of the Urban Health Collaborative and the Climate Change and Urban Health Research Center at Drexel's Dornsife School of Public Health.

His primary research interest is the macrosocial determinants of health, with an interest in describing health inequities in urban environments, specifically urban health in Latin American cities (the Urban Health Collaborative's SALURBAL project); the unequal effects of climate change on urban health; and policy modifiers that mitigate/exacerbate these effects.

Bilal received the prestigious NIH Director's Early Independence Award (DP5) in 2018 for his The Health Consequences of Urban Scaling project, and the 2024 Drexel Provost Early Career Outstanding Productivity Award.

He earned a PhD in Cardiovascular Epidemiology from the Johns Hopkins Bloomberg School of Public Health, an MPH from the Universidad de Alcala in Spain, and MD from the Universidad de Oviedo in Spain.

Abeni Bloodworth, is a senior fellow at WE in the World, a writer and artist-activist, co-founder and CEO of Chromatic.Black. Chromatic.Black is a multimedia production and distribution ecosystem designed to name and disrupt the master narrative through good storytelling. Powered

by 3,000 Black creatives through the Diaspora, the company is premised on the belief that "We are the stories we tell ourselves." Chromatic.Black's theory of change utilizes story to socialize indigenous wisdom and inspire a re-imagination of power across social, economic, political, cultural, and ecological fault lines. She has over 25 years of experience supporting organizations through periods of growth, change, and transition-disrupting systems by linking philanthropy to narrative change and leadership to transformative impact. To date, she has raised over 150M+ dollars to support transformative change.

Thomas Carton, Ph.D., M.S., is Chief Data Officer and former Director of Health Services Research for the Louisiana Public Health Institute (LPHI). Dr. Thomas Carton leads multiple teams that conduct various types of health services research that span clinical research, quality improvement, and social epidemiology. As Principal Investigator of the Research Action for Health Network (REACHnet), Dr. Carton leads a multi-institutional and multi-disciplinary team that is creating a regional informatics, patient engagement, and research infrastructure to efficiently conduct comparative effectiveness research. Both positions underscore the importance of collaborative work grounded in frequent communication, careful planning and budgeting, realistic research objectives, and mentoring within and beyond my organization. He holds (or held) multiple leadership positions within PCORnet (the national Patient Centered Research Network), including Chair of the PCORnet Steering Committee and leading or co-leading working groups on data linkage, health services and public health research, research innovations, and cross-network collaborative research. Locally, Dr. Carton serves on the board of the community health information exchange, the Greater New Orleans Health Information Exchange. He is also an Adjunct Professor in Global Health Systems and Development at the Tulane University School of Public Health and Tropical Medicine, where he teaches doctoral level econometrics classes and mentor pre-doctoral trainees in advanced statistical and econometric methods.

Gail Christopher, D.N., is an award-winning social change agent and author with expertise in the social determinants of health and well-being and related public policies. A prolific writer and presenter, Dr. Christopher is an author, co-author, and has contributed to 14 books, hundreds of articles, presentations, publications, and more. She is known for her pioneering work to infuse holistic health and diversity concepts into public sector programs and policy discourse. She retired from her role as Senior Advisor and Vice President at the W.K. Kellogg Foundation, where she was the driving force behind the America Healing initiative and the Truth, Racial Healing and Transformation effort. In 1996 she was elected as a fellow of the National Academy of Public Administration. She chaired the Board of the Trust for America's Health from 2012-2022. In 2019, Dr. Christopher became a Senior Scholar with George Mason University's Center for the Advancement of Well-Being and became the Executive Director of the National Collaborative for Health Equity. In 2021, she was elected by the APHA Governing Council to serve as the APHA Honorary Vice President for the United States. In 2023, the American Journal of Health Promotion honored Dr. Christopher as one of the 10 Most Influential Women Scholars in Health Promotion.

Nabarun Dasgupta, Ph.D., M.P.H., is the first Gillings Innovation Fellow as well as Senior Scientist at the UNC Injury Prevention Research Center and winner of the MacArthur "Genius Grant" Fellowship. He holds a PhD in Epidemiology from the Gillings School.

Dr. Dasgupta is a scientist and innovator with a passion for telling true stories about health with numbers. He specializes in translating research into practice. Since 2002, he has done pioneering work in pain management, opioid overdose prevention, and addiction treatment. He also has deep expertise in infectious disease surveillance, including data visualization design. Through his work, Dasgupta aims to amplify community and patient voices in public health and provide innovative health-tech and community-based solutions.

As a social entrepreneur, Dr. Dasgupta co-founded and was Chief Science Officer of Epidemico, Inc., a health informatics startup that using technology developed at Harvard Medical School to create mobile apps and websites for drug safety and infectious disease surveillance. He also co-founded the non-profit organization Project Lazarus in Wilkes County, North Carolina, the first program in the world to provide the antidote naloxone to pain patients and people who use drugs to reverse overdose. Operating with an appreciation for the social determinants of health, Dr. Dasgupta is committed to countering the impacts of racist drug policies.

At the UNC Injury Prevention Research Center, he works at the Opioid Data Lab which focuses on studies based in theory, practice, and lived experience. He has extensive experience working on health tech teams co-creating websites and mobile apps that are used by millions each year. Some include StreetRx.com, crowdsources drug street prices to better inform health interventions; mobile apps for patient reporting of side effects to health authorities in North America, Europe, and Africa; and PrescribeToPrevent.org for clinicians to prevent overdose. He applies machine learning and natural language processing to solve complex problems in applied epidemiology.

Dr. Dasgupta has served as an advisor to the US Food and Drug Administration (FDA), the US Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and local and state health authorities. His work has been funded by the US FDA, US CDC, the Council of State and Territorial Epidemiologists (CSTE), the European Union, the Robert Wood Johnson Foundation, and others. He has been featured in The New York Times, The Los Angeles Times, National Public Radio (NPR), CNN, National Geographic, Forbes, STAT News, ProPublica, Travel + Leisure, and other media.

Claire McKay Bowen, Ph.D.,* is a senior fellow in the Tax and Income Supports Division and leads the Data Governance and Privacy Team at the Urban Institute. Her research focuses on developing technical and policy solutions to safely expand access to confidential data for advancing evidence-based policymaking and ensuring everyone is responsibly represented in data. She also has an interest in improving science communication. In 2024, she became an American Statistical Association Fellow "for her significant contributions in the field of statistical data privacy, leadership activities in support of the profession, and commitment to mentoring the next generation of statisticians and data scientists." Further, she is a member of the ICPSR Governing Council and several other data governance and data privacy committees as well as an adjunct professor at Stonehill College.

Bowen holds a Honors BS in mathematics and physics from Idaho State University and an MS and PhD in statistics from the University of Notre Dame. After completing her PhD, she worked at Los Alamos National Laboratory, where she investigated cosmic ray effects on supercomputers.

Kellie P. Easton is a visionary strategist, advocate, organizer, and systems-change leader based in Winston-Salem, North Carolina. She is the Co-Founder and Co-CEO of Action4Equity, a racial justice and public advocacy organization advancing equity in education, health, economic opportunity, and community wellbeing for Black children, families, and communities. Since co-founding Action4Equity, she has helped grow a grassroots effort into a backbone organization for community power, policy change, civic infrastructure, and Black liberation.

Kellie is also a Co-Founder of Thriving Together Forsyth, a countywide social infrastructure strategy that advances wellbeing, equity, and shared accountability across sectors by addressing the seven Vital Conditions needed to thrive. She co-founded and led the design of Forsyth Family Power, a family-centered civic infrastructure initiative within the StriveTogether Network that strengthens family voice, leadership, feedback loops, and community-driven decision-making.

Together, these efforts build local infrastructure that connects families, residents, institutions, and systems partners around shared results and accountability.

Kellie led the relaunch of My Brother's Keeper Winston-Salem, an initiative of the Obama Foundation, and positioned it to become an MBK Accelerator Community, advancing local strategies to improve outcomes for boys and young men of color. Her leadership has helped align partners around education justice, youth opportunity, family power, exclusionary discipline, healing, and systems accountability.

Through Action4Equity, Kellie has led major public advocacy efforts, including the How Are the Children? campaign, which elevates community voice, public accountability, and policy demands centered on the wellbeing of Black children and families. The campaign calls for committing 1 % of local GDP to address child poverty and cultivate a child-wellbeing economy, aligning public, private, philanthropic, and community resources around the conditions children and families need to thrive. Her advocacy has contributed to significant local policy wins, including increased transparency and accountability in public systems, stronger family and community voice in decision-making, more equitable education policies, and efforts to address racial disparities in school discipline and opportunity.

Kellie's leadership is rooted in building the infrastructure communities need to move from shared concern to coordinated action. She helped launch and support the Peoples' Research Council, a research institution that builds power for communities and is the first community-governed research infrastructure in the United States. Built by Black communities for Black communities and grounded in wisdom traditions that have carried Black memory across every rupture, the Council advances community-based research, policy advocacy, education justice, health equity, family power, trauma healing, and participatory approaches that center those most impacted by systems and policies.

Margaret (Meg) Guerin-Calvert, M.P.A.,* is president of the Center for Healthcare Economics and Policy at FTI Consulting. She has over 30 years of experience as an economist in public and private sectors, in competition and regulatory policy, mergers, damages, class certification and intellectual property in healthcare and other industries. She leads FTI’s Center initiatives on health, health equity, and economic impact, which provide multi-sector collaboratives and stakeholders with actionable data and advanced analytics on drivers of medical and productivity costs of chronic conditions and their economic impact for innovative strategies and measurable benefit in their communities. Her projects include FTI’s Center selection by the Centers for Disease Control and Prevention Foundation along with the National Forum for Heart Diseases and Stroke Prevention, to build and disseminate the business case for hypertension prevention and control for employer engagement.

Her past roles include Assistant Chief, U.S. DOJ Antitrust Division, Federal Reserve Board economist, and founding director of Competition Policy Associates, Inc. (“Compass”), now Compass Lexecon. She is Co-Chair, NASEM’s Action Collaborative on Business Engagement in Building Healthy Communities; member, NASEM’s Roundtable on Population Health Improvement; member, NASEM’s BEOS Innovation Collaborative; AEA; AcademyHealth; ABA Antitrust Law Section; She has AB in economics, Brown University; MPA; Princeton School of Public and International Affairs, Princeton University.

Tyler McCormick, Ph.D.,* is professor of statistics and professor of sociology at the University of Washington. Tyler's work develops statistical models for inference and prediction in scientific settings where data are sparsely observed or measured with error. His recent projects include estimating features of social networks (e.g. the degree of clustering or how central an individual

is) using data from standard surveys, inferring a likely cause of death (when deaths happen outside of hospitals) using reports from surviving caretakers, and quantifying & communicating uncertainty in predictive models for global health policymakers. He holds a PhD in Statistics (with distinction) from Columbia University and is the recipient of the NIH Director's New Innovator Award, NIH Career Development (K01) Award, Army Research Office Young Investigator Program Award, and a Google Faculty Research Award. Currently, he is a Professor of Statistics and Sociology at the University of Washington, where he is also a core faculty member in the Center for Statistics and the Social Sciences and a Senior Data Science Fellow in the eScience Institute. During the 2019-2020 academic year Tyler was on leave as a Visiting Faculty Researcher at Google People+AI Research (PAIR). Tyler is the former Editor for the Journal of Computational and Graphical Statistics (JCGS) and was selected as a Fellow of the American Statistical Association in 2023. More information on Tyler's work is here: https://thmccormick.github.io.

Meghan Mead, J.D., is a legal expert specializing in public health law, including data sharing, data governance, and privacy. As Deputy Director at the Network for Public Health Law, she provides legal technical assistance to a variety of public health practitioners at the state and local level, including on topics such as HIPAA, Part 2, state privacy laws, AI, and understanding the complexities at play when navigating complex legal frameworks and intergovernmental and cross-jurisdictional data-sharing agreements.

Prior to her work at the Network, Meghan served as the Director of Law and Policy at New Mexico Appleseed, where she identified and successfully advocated for effective solutions to child and family poverty at the local, state, and federal level. She also spent almost a decade in private law practice providing regulatory and transactional legal advice to health care providers, including hospitals and medical groups. She is a graduate of Stanford Law School and Mount Holyoke College.

Waldo Mikels-Carrasco, M.A., is the director of Interoperability Technology at Utah Health Information Network. Previously he was multi-sector Interoperability Specialist at MettaHealth Partners. Mikels-Carrasco is the former Director of the Center for Health Information Sharing & Innovation at the Illinois Public Health Institute (IPHI), where he led the development and design of the Chicago Regionwide Community Information Exchange. During his directorship, Waldo also served as the Co-Director of Data Across Sectors for Health (DASH), an initiative supported by the Robert Wood Johnson Foundation, and led the DASH team supporting the Data Modernization Initiative (DMI) of the CDC's Public Health Infrastructure Grant, providing technical assistance to state, local, and territorial health departments. Previous to his work at IPHI, he served as the Director of Community & Governmental Solutions at the Indiana Health Information Exchange (IHIE), where he was responsible for collaborative organizational development focusing on multi-sector data-sharing efforts to address social determinants of health (SDoH). His work at IHIE included developing partnerships to improve public health data interoperability, Transitions-in-Care for populations experiencing prison and jail reentry, homelessness/housing insecurity, HIV/AIDS, substance use disorder, and the need for Long-Term Social Services. Prior to joining the health information sector, he spent several years at the University of Notre Dame, where he served as the Community Health Research Program Manager at the Interdisciplinary Center for Network Science & Applications (iCeNSA), and as the regional liaison for the Indiana Clinical and Translational Sciences Institute's (ICTSI) Community Health Engagement Program (CHEP).

Melissa Moorehead, is a project manager in the Center for Precision Public Health at the Michigan Public Health Institute. Currently co-directing a national program office called Data Across Sectors for Health (DASH), she is a proven leader in complex organizations, finding ways

to collaborate and learn from others for collective impact promoting thriving and systems change. She is passionate about causes where nonprofit organizations can make an impact, including the environment, health, and social justice. With prior experience in HIV prevention and case management, she brings years of experience in program and evaluation management, policy analysis and strategy, and program and project management. She delights in developing diverse teams which work together to develop a data-driven approach to doing good, well. Subject matter expertise includes the Affordable Care Act, particularly Medicaid innovations, health information technology and exchange, and evaluation of prevention interventions and social services care management.

Erica Pan, M.D., M.P.H, F.I.D.S.A., F.A.A.P, serves as director and state public health officer for the California Department of Public Health, a role she assumed on February 1, 2025. As CDPH director, Dr. Pan strives to embody and promote the values of dignity, equity, compassion and humility. She works with collaborative partnerships to communicate and empower communities and institutions to transform policies and systems to include a “health in all policies” approach, acknowledging that addressing the social determinants of health are fundamental to achieving healthy communities with thriving families and individuals. As California’s public health officer, Dr. Pan exercises leadership and legal authority to protect health and prevent disease.

Prior to becoming director, Dr. Pan was the deputy director of CDPH’s Center for Infectious Diseases and state epidemiologist beginning in July 2020. Dr. Pan was also the CDPH acting state public health officer from August 10, 2020 to January 3, 2021. Before joining CDPH, Dr. Pan gained experience at the local level with a focus on infectious disease control & prevention, and public health emergency response. She served multiple roles at the Alameda County Public Health Department between 2011 and 2020, including health officer, director of communicable disease control and prevention, and deputy health officer. Dr. Pan also held several positions at the San Francisco Department of Public Health between 2004 and 2011.

Dr. Pan is a clinical professor for pediatric infectious diseases at the University of California, San Francisco. She maintained her clinical work in infectious diseases at San Francisco General Hospital and at UCSF Benioff Children's Hospitals in San Francisco and Oakland. Dr. Pan received her MD and MPH degrees from Tufts University School of Medicine, and completed her undergraduate education at Stanford University.

Chris Pernell, M.D., M.P.H.,* is the Director of the NAACP Center for Health Equity. She is a dynamic physician leader and social change agent. In her practice, she focuses on health justice, community-based advocacy, and population-wide health promotion and disease prevention. A celebrated visionary and apostle of public health, Dr. Chris serves as the Director of the NAACP Center for Health Equity. The Center is charged with driving equitable health outcomes and transforming healthcare systems while valuing the whole person. Prior to joining the nation's oldest and most venerable civil rights organization, she launched **The Esther Group**, a public health consulting and health equity strategy firm. As founder of The Esther Group, she lives the mandate to dare a future where organizations, communities and systems can innovate for a better world and humanity.

Previously, she served as the first Chief Strategic Integration and Health Equity Officer at University Hospital in Newark, New Jersey. Dr. Pernell oversaw a portfolio which included Population Health, Strategic Planning, Community Affairs, and the Human Experience. Her office was responsible for leading health equity strategy development and integrating diversity, equity, inclusion, and antiracism initiatives across all system operations.

Prior to joining University Hospital, she led the 1199SEIU/League Labor Management Initiatives

(LMI) Workplace and Community Health Program. Working with 1199SEIU leaders and frontline workers-the nation's largest healthcare union-and executive partners across NYC healthcare institutions, her efforts centered on workplace health strategies, worker empowerment, health equity, and health system transformation.

Dr. Chris is a charismatic and leading voice in preventive medicine and public health. Singled out both for her business acumen and public health expertise, her list of honors include: ROI-NJ Top 150 Business Leaders; The Greenleaf Center Hall of Fame Servant-Leader; The New Jersey Public Health Association Dr. Ezra Mundy Hunt Award for distinctive leadership in the field; an NJBiz Best 50 Women in Business Award; a ROI-NJ Women in Business Influencer; The American College of Preventive Medicine (ACPM) Ron Davis Special Recognition Award; an NJBiz Public Health Hero Award; and the NAACP NJ State Conference 100 Black People Who Changed the World Honoree.

Dr. Pernell has spearheaded issues such as criminal justice reform, care for justice-impacted populations, evidence-based wellness programs, civic health, and high-quality education. Known for her community work in the Greater Newark, New Jersey area, she serves on the Essex County Civilian Task Force as a medical expert. On Juneteenth 2023, she was tapped to join the New Jersey Reparations Council as a member of their health equity committee. Dr. Pernell is a frequent contributor across television, radio, and print media leveraging her lived experiences and insights as a public health physician and health equity champion. She regularly speaks at professional symposia and social forums and advises community, state, regional, and national leaders on health equity, racial justice, population health, community wellbeing, and faith-based initiatives.

Dr. Chris graduated cum laude from Princeton University before attending Duke University School of Medicine. She received her Master of Public Health from the Columbia Mailman School of Public Health and completed the Johns Hopkins Bloomberg School of Public Health General Preventive Medicine Residency. Dr. Pernell is a fellow and Regent-at-Large for the American College of Preventive Medicine. She holds an appointment as a Clinical Assistant Professor at the Rutgers New Jersey Medical School. Previously, she taught as an adjunct associate professor at the NYU College of Global Public Health. She labors as a faith leader in a groundbreaking assembly, BET HaSHEM YHWH Worldwide Ministries, and travels domestically and overseas helping to transform lives through love, truth, creativity, and inspiration.

Israel Sánchez-Cardona, Ph.D., is an Associate Professor of Psychology at Kennesaw State University. His research focuses on multilevel factors influencing mental health and well-being among at-risk populations and occupations, with expertise in occupational health psychology, worker well-being, social determinants of health, and advanced research methods. He has extensive experience in survey research, secondary data analysis, evaluation, implementation science, and community-based participatory research. Dr. Sánchez-Cardona has led and collaborated on numerous externally funded projects involving large-scale assessments and intervention efforts in Puerto Rico, Georgia, and other vulnerable communities.

A significant component of Dr. Sánchez-Cardona’s work involves long-standing collaboration with Grupo Nexos on community-engaged research, implementation science, workforce development, and systems-strengthening initiatives aimed at improving outcomes for children, youth, families, and communities in Puerto Rico. In partnership with Kennesaw State University, he has co-led multisector initiatives such as the Health Research Assembly (HeRA) and Puerto Rico Open Data (PROD), advancing data-informed decision-making, community engagement, and cross-sector collaboration across public health, nonprofit, academic, and governmental sectors. His collaborative work with Grupo Nexos also includes research dissemination,

publications, and NIH-funded initiatives such as PR-CARIBE and AIM-AHEAD, which focus on mental health equity, workforce well-being, structural interventions, and the development of community-informed AI tools to strengthen equitable public health infrastructure in Puerto Rico.

He earned a Ph.D. in Psychology from University of Puerto Rico and a Ph.D. in Work and Organizational Psychology from Universitat Jaume I (Spain). Prior to joining Kennesaw State University, he served as faculty at the University of Puerto Rico and Albizu University, and completed postdoctoral research training at Universitat Jaume I.

Dr. Sánchez-Cardona has authored more than 50 peer-reviewed publications and delivered over 150 professional presentations in national and international forums. He serves as Associate Editor of the Journal of Managerial Psychology and previously served as Associate Editor of Revista Puertorriqueña de Psicología. He also serves on the Board of Directors of the Interamerican Society of Psychology as Treasurer. In recognition of his mentorship and contributions to the field, he received the Mentor of the Year Award from the Puerto Rico Psychological Association in 2019.

Kayte Spector-Bagdady, J.D., M.Be.,* is the George E. Wantz Professor of Bioethics and an Associate Professor of Obstetrics and Gynecology at the University of Michigan (U-M) Medical School. She is the first to make tenure at the U-M medical school with a JD as a terminal degree. She is also the Director of Michigan Bioethics, which won the 2022 American Society for Bioethics & Humanities' (ASBH) Cornerstone Award. At U-M she is also the Chair of the Research Ethics Committee, the ethicist on the Michigan Medicine Human Data and Biospecimen Release Committee, and a HEC-certified clinical ethicist. She teaches the Responsible Conduct of Research as well as Research Ethics and the Law.

Prof. Spector is an Associate Editor of the American Journal of Bioethics. In the past, she was also a member of the National Academies' committee on newborn screening; Chair and lead author of the American Heart Association's "Principles for Health Information Collecting, Sharing, and Use;" a member of the ASBH Board of Directors; and Associate Director for President Obama's Presidential Commission for the Study of Bioethical Issues.

The goal of Prof. Spector's work is improving the governance of secondary research with health data and building machine learning/artificial intelligence systems to increase the accessibility of data and generalizability of advances. Prof. Spector has been continuously NIH-grant funded (.75-.9 FTE) since her appointment and has been PI or Co-I on ~$200M in extramural funding. She was a 2019 American Society of Law, Medicine & Ethics Health Law Scholar and is a current Greenwall Foundation Faculty Scholar and a Fellow of the Hastings Center for Bioethics.

Her recent articles have been published in The New England Journal of Medicine, Science, JAMA, Health Affairs, and Nature Medicine, and her research or expertise has appeared in the NY Times, The Washington Post, The Wall Street Journal, TIME, and CNN.

Prof. Spector received her JD and Masters of Bioethics from the University of Pennsylvania and graduated from Middlebury College. She completed a research fellowship in bioethics at Michigan Medicine and is a former practicing drug and device attorney.

Lorna Thorpe, Ph.D., M.P.H.,*† is the Anita and Joseph Steckler Professor and Chair of the Department of Population Health at the NYU Grossman School of Medicine. She has leadership and research experience in the field of epidemiology, with a specific focus on population-based surveillance, measuring social determinants of health, electronic health record network-based research, and translating research into policy and practice. Substantively, Thorpe's research

centers on designing and implementing population health studies to assess leading causes of disease among disadvantaged populations and investigate approaches to alleviate disparities. A former Deputy Commissioner for the NYC Department of Health and Mental Hygiene in charge of Epidemiology, she has led the design of many innovative scientific studies aimed at understanding the health of NYC residents.

Thorpe began her applied research career as a CDC Epidemic Intelligence Service (EIS) Officer in international tuberculosis (TB) control. She completed her PhD in epidemiology at the University of Illinois at Chicago, MPH at University of Michigan, and BA at Johns Hopkins University. Prior to completing her PhD, Thorpe lived and worked in China and Indonesia, focusing on designing and evaluating family planning and HIV/AIDS programs. She has published widely on both chronic and infectious disease topics.

Mike Vickers, is a Senior Data Analyst and Data Systems Lead at Data Driven Detroit, where he works on D3's in-house data systems and online tools. He spends time working with the community members who use D3's data, who have a wide range of skill sets, to understand their needs and shape the systems to meet them. He also assembles, cleans, and summarizes data for client projects. He specializes in writing Python for data analysis, machine learning, and web-based software.

Anne Zink, M.D.,* is a lecturer and Senior Fellow in Health Policy at Yale School of Public Health. Dr. Zink is nationally recognized for implementing data-driven health care solutions and advocating for health improvements at local, tribal, territorial, state, and national levels. From 2018 to 2024, Dr. Zink served as the Chief Medical Officer for the State of Alaska, where she is known for leading the state’s response to the COVID-19 pandemic and achieving exceptional vaccination rates and one of the country’s lowest death rates through effective coordination with 229 tribes, public health, and municipal leaders. In her role as CMO, she also pioneered the “Healthy Alaskans” initiative in collaboration with the Governor’s Office, started the state’s Complex Care Committee to streamline government agencies to better serve patients, and developed new initiatives on pressing health issues ranging from tuberculosis to youth mental health.

Dr. Zink is also the immediate past-president of the Association of State and Territorial Health Officials, where she represented public health leaders from all 50 states and U.S. territories, fostering collaboration and advocating for policy changes at a moment of quick transformation in the field of public health.

A throughline in her work is her special emphasis on enhancing the integration of public health and health care data across the country. She currently holds leadership roles in numerous foundations (including serving on the steering committee for the Common Health Coalition and the Biosecurity Game Changer coalition), and has served in both formal and informal advisory roles to state, private, and national health data initiatives (including as a member of the advisory committee to the Director of the CDC on Data Informatics and as board member for the Alaska Health Information Exchange).

Dr. Zink has been the recipient of numerous awards, ranging from a Special Award from the Federation of Natives, to the National Policy Pioneer Award from the American College of Emergency Physicians, to an honorary doctorate from the University of Alaska Anchorage. She also is a highly-regarded health communicator, regularly contributing to a monthly Alaskan health radio show and podcast, and having been featured in thousands of print, online, cable, and broadcast news stories. She also continues to serve on the front lines of emergency medicine, applying her hands-on experience as a practicing emergency physician to her policy and programmatic work.

Dr. Zink holds a BA from Bryn Mawr and an MD from Stanford. She completed her residency in

emergency medicine at University of Utah, served as a Thomas J. Watson Fellow in four continents, and was a long-time instructor for the National Outdoor Leadership School.

Recommended Readings and Resources

These resources include speaker contributions and staff-identified materials, organized loosely by panel. For some references we have included the abstract or high-level summary.

Opening Discussion

Dasgupta, Nabarun, and Farzana Kapadia. "The Future of the Public Health Data Dashboard." *American Journal of Public Health* 112, no. 6 (2022): 886–88. https://doi.org/10.2105/ajph.2022.306871.

> This is an editorial for a special June 2022 issue of the American Journal of Public Health titled Data Dashboards to Advance Health and Equity.
> *"The June issue of AJPH describes dashboards, which are tools for managing data and use visual analytics to display information. In this issue, a special section covers these dashboards, including what they are, how they have been used in the public health field, and if they have lived up to their promise, especially during the COVID-19 pandemic."*
> The first paragraph of the editorial:
> *"The display of surveillance data is an inherent exercise of power. Through the creation of a dashboard, a central authority, sometimes in conjunction with a predetermined group of stakeholders, will make determinations on what data ought to be included in a dashboard. That authority, often external to the community, becomes the arbiter of what data matter for priority setting within and across communities. Through reading dashboards, the central authority also has the power to make sense of what is happening across communities of which they are outsiders."*

Dasgupta, Nabarun, and Mary C Figgatt. "Invited Commentary: Drug Checking for Novel Insights into the Unregulated Drug Supply." *American Journal of Epidemiology* 191, no. 2 (2022): 248–52. https://doi.org/10.1093/aje/kwab233.

Dasgupta, N., Lau, D. T., Thorpe, L., & Schoendorf, J. D. (2026). Public Trust, Private Data: Four Considerations for the Future of Health. *American Journal of Public Health*, *116*(1), 57–61. https://doi.org/10.2105/AJPH.2025.308328

> *"We posit that publicly held governmental data systems are better suited to answer questions of prevalence and incidence. In contrast, privately held data can often provide better in-depth detail on causes and consequences.*
>
> *"While the coming transformation of health data systems affords opportunity for genuine innovation, privatization may also decrement trust. Drawing on examples from across public health, we highlight four domains: (1) data being fit for purpose, (2) methods transparency, (3) selection bias, and (4) long-term reliability. The throughline is independent data quality assessment to build public trust and promote innovation."*

Dawes, Daniel E., Nelson J. Dunlap, and Octavio N. Martinez Jr. *Mental Health Equity.* Springer Publishing, 2025. Chapter 22: History, Hope, and Mental Well-Being: Equity-Centered Public Mental Health Considerations (Gail C. Christopher)

Christopher, Gail C., Emily B. Zimmerman, Anita Chandra, and Laurie T. Martin. *Charting a Course for an Equity-Centered Data System: Recommendations from the National Commission to Transform Public Health Data Systems.* (Robert Wood Johnson Foundation, October 2021). https://www.rwjf.org/en/insights/our-research/2021/10/charting-a-course-for-an-equity-centered-data-system.html.

Institute of Medicine. 2011. *For the Public's Health: The Role of Measurement in Action and Accountability*. Washington, DC: The National Academies Press. https://www.nationalacademies.org/projects/IOM-BPH-08-01/publication/13005

Marcom, Christopher. "The Integrity of Public Access to Federal Data: Evaluating Disruptions to Open Government Data, 2025-2026." zenodo, Updated April 13, 2026, https://zenodo.org/records/19556076.

> *"This report provides an analysis of the integrity of public access to federal open government data assets during the disruptions to the federal data ecosystem during 2025 and early 2026. Here, data integrity is defined as the "maintenance of, and the assurance of, data accuracy and consistency over its entire life-cycle", of which public access to open government data assets is assumed to be essential. The report clarifies the scale and mechanisms of data disruptions, discusses specific threats to data integrity, highlights exemplar cases of data disruption from federal agencies, and delivers a transparent methodology for reproducing auditing routines used in this assessment. The evidence used in this report was derived from multiple sources, including news reports, academic literature, materials from civic society and government oversight organizations, interviews with experts, archives, and government sources.*

Mead, Meghan. "Health Data Utilities or HDUs: A Promising New Data Sharing Framework for Advancing Health and Health Equity." (January 20, 2026 2026). https://www.networkforphl.org/news-insights/health-data-utilities-or-hdus-a-promising-new-data-sharing-framework-for-advancing-health-and-health-equity/

National Academies of Sciences, Engineering, and Medicine (NASEM). *Metrics That Matter for Population Health Action: Workshop Summary.* Edited by Joe Alper. Washington, DC: The National Academies Press, 2016. doi:10.17226/21899. https://nap.nationalacademies.org/catalog/21899/metrics-that-matter-for-population-health-action-workshop-summary.

NASEM. *Exploring the Ecosystem of Health Equity Measures: Proceedings of a Workshop—in Brief.* Edited by Alina Baciu. Washington, DC: The National Academies Press, 2024. doi:10.17226/27914. https://nap.nationalacademies.org/catalog/27914/exploring-the-ecosystem-of-health-equity-measures-proceedings-of-a.

ReThink Health. "Definitions of the Well-Being Portfolio: A Tool for Regional Leaders Ready to Create a Balanced and Impactful Set of Policies, Programs, and Practices to Transform Well-Being." The Rippel Foundation, 2023. https://rippel.org/wp-content/uploads/2023/11/RTH-WellBeingPortfolio_Definitions_1152023-1.pdf.

U.S. Government Accountability Office. "Informing Our Nation: Improving How to Understand and Assess the USA's Position and Progress." U.S. Government Accountability Office, Updated November 10, 2004, 2004, https://www.gao.gov/products/gao-05-1.

> *There has been growing activity and interest in developing a system of key national indicators that would provide an independent, trusted, reliable, widely available, and usable source of information. Such a system would facilitate fact-based assessments of the position and progress of the United States, on both an absolute and relative basis. This interest emerges from the following perspectives. The nation's complex challenges and decisions require more sophisticated information resources than are now available. Large investments have been made in indicators on a variety of topics ranging from health and education to the economy and the environment that could be aggregated and disseminated in ways to better inform the nation. The United States does not have a national system that assembles key information on economic, environmental, and social and cultural issues. Congressional and other leaders recognized that they could benefit from the experiences of others who have already developed and implemented such key indicator systems. GAO was asked to conduct a study on: (1) The state of the practice in these systems in the United States and around the world, (2) Lessons learned and implications*

for the nation, and (3) Observations, options, and next steps to be considered if further action is taken.

Panel 1 – Emerging Data Sources to Inform Public Health

American Statistical Association. *The Nation's Data at Risk: 2025 Report.* (American Statistical Association, 2025). https://www.amstat.org/policy-and-advocacy/the-nations-data-at-risk--2025-report.

Data Across Sectors for Health. "Introducing the DASH Knowledge Database (DKD)." Data Across Sectors for Health, 2026, https://www.dashconnect.org/blog/2026/04/01/introducing-the-dkb.

A publicly accessible, searchable online database with hundreds of entries related to the field of multisector data sharing for health

Kaeser, Emma, Meghan Mead, and Stephen Murphy. "Legal Frameworks to Improve Health Equity through Community Information Exchanges." (April 14, 2025). https://www.networkforphl.org/resources/legal-frameworks-to-improve-health-equity-through-community-information-exchanges/.

Mead, Meghan. "Health Data Utilities or HDUs: A Promising New Data Sharing Framework for Advancing Health and Health Equity." (January 20, 2026 2026). https://www.networkforphl.org/news-insights/health-data-utilities-or-hdus-a-promising-new-data-sharing-framework-for-advancing-health-and-health-equity/.

Mikels-Carrasco, Waldo, and Jolie Ritzo, "Aiming for Whole Health with Community-Centric Health Data Exchange." *CIVITAS Networks for Health*, April 8, 2024, https://civitasforhealth.org/whole-health-with-community-centric-health-data-exchange/.

Murphy, Stephen, Meghan Mead, and Emma Kaeser. "An Analysis of Legal Considerations for Sharing Data through Community Information Exchanges (Cies)." *Journal of Law, Medicine & Ethics* 54, no. S1 (2026): 54–61. https://doi.org/10.1017/jme.2026.10238.

NASEM. *Advances in Multimodal Artificial Intelligence to Enhance Environmental and Biomedical Data Integration: Proceedings of a Workshop—in Brief.* Edited by Lyly Luhachack and Natalie Armstrong. Washington, DC: The National Academies Press, 2023. doi:10.17226/27202. https://nap.nationalacademies.org/catalog/27202/advances-in-multimodal-artificial-intelligence-to-enhance-environmental-and-biomedical-data-integration.

"The convergence of artificial intelligence (AI), biotechnology, and biomedical big data holds promise to transform understanding of human health and disease. Driven by the increasing availability and ability to generate, collect, and analyze environmental and biomedical data along with advanced computing power, AI and machine learning (ML) applications are rapidly developing in research and health. To explore opportunities for leveraging emerging developments in AI and ML to advance multimodal data integration, [the National Academies] held a workshop focused on recent developments in AI and other data-driven approaches to integrate biomedical and environmental health data; the exploration of promising applications in human health and disease; and the ethical, social, and policy implications and challenges of health data collection and integration. This publication summarizes the presentations and discussions of the workshop."

NASEM. *Creating an Integrated System of Data and Statistics on Household Income, Consumption, and Wealth: Time to Build.* Edited by Timothy M. Smeeding, David S. Johnson and Constance F. Citro. Washington, DC: The National Academies Press, 2024. doi:10.17226/27333. https://nap.nationalacademies.org/catalog/27333/creating-an-integrated-system-of-data-and-statistics-on-household-income-consumption-and-wealth.

NASEM. *Toward a 21st Century National Data Infrastructure: Mobilizing Information for the Common Good.* Edited by Robert M. Groves, Thomas Mesenbourg and Michael Siri. Washington, DC: The National Academies Press, 2023. doi:10.17226/26688. https://nap.nationalacademies.org/catalog/26688/toward-a-21st-century-national-data-infrastructure-mobilizing-information-for-the-common-good.

> *"Historically, the U.S. national data infrastructure has relied on the operations of the federal statistical system and the data assets that it holds. Throughout the 20th century, federal statistical agencies aggregated survey responses of households and businesses to produce information about the nation and diverse subpopulations. The statistics created from such surveys provide most of what people know about the well-being of society, including health, education, employment, safety, housing, and food security. The surveys also contribute to an infrastructure for empirical social- and economic-sciences research. Research using survey-response data, with strict privacy protections, led to important discoveries about the causes and consequences of important societal challenges and also informed policymakers. Like other infrastructure, people can easily take these essential statistics for granted. Only when they are threatened do people recognize the need to protect them.*
> *"Toward a 21st Century National Data Infrastructure: Mobilizing Information for the Common Good develops a vision for a new data infrastructure for national statistics and social and economic research in the 21st century. This report describes how the country can improve the statistical information so critical to shaping the nation's future, by mobilizing data assets and blending them with existing survey data."*

Salah, Lauren Rohrs. "Angell Reveals Effects of Climate Change on Health." (October 26, 2023). https://publichealth.jhu.edu/center-for-health-equity/2023/angell-reveals-effects-of-climate-change-on-health.

Yiqun T. Chen, Tyler H. McCormick, Li Liu, and Abhirup Datta. "Lava: Language Model Assisted Verbal Autopsy for Cause-of-Death Determination." (2025). https://arxiv.org/pdf/2509.09602.

Panel 2 – New Methods to Create and Curate Public Health Data

Abernethy, Amy, Nasim Afsar, Brian Anderson, Wanda Barfield, Monica Bharel, Jeffrey Brown, Peter Embí, *et al.* "Toward a National Health Digital and Data Architecture: Laying the Foundation for Digital Transformation." (March 9, 2026). https://nam.edu/perspectives/toward-a-national-health-digital-and-data-architecture-laying-the-foundation-for-digital-transformation/.

ASPPH. "AI for Public Health." ASPPH, https://aspph.org/our-work/initiatives/ai-for-public-health/.

Data Across Sectors for Health. *The Rural Health Data Ecosystems Program.* https://static1.squarespace.com/static/6320ea657f0aff58aef9a3ca/t/69025ebe763f4278d1343000/1761763006208/DASH+RHeDE+Brief.pdf.

Feng, Mengling, Swapnil Mishra, Jingying Ma, Seth Flaxman, Samir Bhatt, Josip Car, Li Yang Hsu, and Tien Yin Wong. "Artificial Intelligence for Public Health Can Harness Data for Healthier Populations." *Nature Health* 1, no. 2 (2026/02/01 2026): 167–70. https://doi.org/10.1038/s44360-025-00005-w. https://doi.org/10.1038/s44360-025-00005-w.

Khobragade R, Shaikh MK, Mendhe HG, Borkar SK, Gurdekar A, Shendre S, Gupta S. Role of Digital Health Technologies and Artificial Intelligence in Modern Public Health Surveillance. Cureus. 2026 Apr 8;18(4):e106690. doi:10.7759/cureus.106690. https://www.cureus.com/articles/478397-role-of-digital-health-technologies-and-artificial-intelligence-in-modern-public-health-surveillance#!/

> *This narrative review explores the evolving roles of digital health technologies and AI in modern public health surveillance. It examines key technological innovations, applications in disease monitoring and outbreak prediction, integration challenges, and ethical implications. By synthesizing the current evidence, this review highlights both the opportunities and limitations of these technologies and provides insights into future directions for building resilient, equitable, and data-driven public health surveillance systems.*

National Academy of Medicine. *Generative Artificial Intelligence in Health and Medicine: Opportunities and Responsibilities for Transformative Innovation.* Edited by Thomas Maddox, Dianne Babski, Peter Embi, Jackie Gerhart, Jennifer Goldsack, Ravi Parikh, Troy Sarich, Sunita Krishnan and Audrey Elliott. Washington, DC: The National Academies Press, 2025. doi:10.17226/28907. https://www.nationalacademies.org/publications/28907https://nap.nationalacademies.org/catalog/28907/generative-artificial-intelligence-in-health-and-medicine-opportunities-and-responsibilities

Stopka, Thomas J., Jack Cordes, Dana Bernson, Ric Bayly, and Cici Bauer. Public Health Data to Action: Reframing Surveillance to Build Trust in Public Health. American Journal of Public Health 115, 279_281, https://doi.org/10.2105/AJPH.2024.307947

> *Moving away from the term "surveillance" and toward "data to action" may take us one step closer to the democratization of public health and public health data, as aspired to in Nancy Krieger's Epidemiology and the People's Health.*[11] *"Public health data to action," a term that is devoid of jargon, can help to broaden understanding of public health data and data systems without reference to surveillance, monitoring, and evaluation. Using this terminology can help us get closer to making public health data more accessible and equitable, broadening the understanding that data benefit all stakeholders through analysis, interpretation, dissemination, planning, and action.*

The Pew Charitable Trusts. "Good Public Health Policies Require Good Data: Two Former State Chief Medical Officers Discuss Efforts to Help States Use Health Data More Effectively." Interview. (September

12, 2025). https://www.pew.org/en/research-and-analysis/articles/2025/09/12/good-public-health-policies-require-good-data.

Transforming Public Health Data Systems (2021, RWJF) https://www.rwjf.org/en/insights/our-research/2021/10/charting-a-course-for-an-equity-centered-data-system.html

> *Excerpts from materials about the RWJF National Commission to Transform Public Health Data Systems:*
> *"he pandemic revealed gaps in our public health data systems, particularly impacting communities of color, who bore an outsized burden. To address this, RWJF launched the National Commission to Transform Public Health Data Systems to create a blueprint for change.*
> *"The Commission worked to find better ways to gather and use data to improve health in all communities. They focused on new ways to collect and use data, making sure it reflects different communities, helping communities with fewer resources, and involving locals in shaping decisions about data.*
> *"Now, as new threats to public health data emerge, RWJF continues to step up, knowing the simple truth: protecting data protects people.*
> *"The Commission recommendations make it clear that in our current system, data on health inequities are divorced from the history and community conditions that shape poor health outcomes, resulting in an incomplete picture of who is most impacted and why. The COVID-19 pandemic underscores the continued and substantial need for a modernized public health data infrastructure where data are collected, analyzed, and interpreted with an eye toward equity. A modern, equity-centered public health data system helps policymakers identify problems, target interventions, and allocate resources to those who need it most.*
>
> *"Data are the building blocks for how we describe the health of people and the communities where they live—stories that emerge from data help the nation understand and contextualize what drives or impedes health and how structural factors like racism and other forms of discrimination influence one's ability to live a healthy life."*

UC Berkeley School of Information. "New Federal Data Field Guide Helps Americans Navigate the Rich Diversity of Our Federal Data Ecosystem." UC Berkeley School of Information, Updated May 4, 2026, 2026, https://www.ischool.berkeley.edu/news/2026/new-federal-data-field-guide-helps-americans-navigate-rich-diversity-our-federal-data.

The Federal Data Field Guide: Ross, Denice W. and Marcum, Christopher Steven. 2026. "Federal Data Field Guide." Version 1. University of California, Berkeley. DOI: https://doi.org/10.15779/J2P043

Panel 3 – Data Democratization: Community, Partnerships, Technologies, and Privacy

Angus, Derek C., Rohan Khera, Tracy Lieu, Vincent Liu, Faraz S. Ahmad, Brian Anderson, Sivasubramanium V. Bhavani, *et al.* "AI, Health, and Health Care Today and Tomorrow: The Jama Summit Report on Artificial Intelligence." *JAMA* 334, no. 18 (2025): 1650–64. https://doi.org/10.1001/jama.2025.18490. https://doi.org/10.1001/jama.2025.18490.

> *"Although AI is a broad term that can include older technologies similar to those of traditional statistical and computer-based decision support applications, discussion was limited to more recent advances such as machine learning models using ensemble methods, deep learning, generative AI, and agentic AI (Box).[8] We used the term AI tool to represent any tool, technology, device, or application containing such AI."*
> *"This article focuses on newer AI tools used by clinicians, health care systems, and individuals with health concerns. Newer AI technology used broadly across society can also influence health. Examples include: . . ."*
> *"AI tools deployed to address social factors (eg, tools to improve housing affordability or food security) could alter downstream health.*
> *"AI tools used broadly in social communication and interaction (eg, algorithms deployed in social media platforms) could affect mental health, spread information (or disinformation) about health and health care, and influence aspects of care-seeking behavior, such as attitudes about vaccination."*

Bowen, Claire McKay. "Government Data of the People, by the People, for the People: Navigating Citizen Privacy Concerns." *Journal of Economic Perspectives* 38, no. 2 (2024): 181–200. https://doi.org/10.1257/jep.38.2.181. https://www.aeaweb.org/articles?id=10.1257/jep.38.2.181.

Build Healthy Places Network. "Shifting Power to Communities through Data." Build Healthy Places Network, https://www.buildhealthyplaces.org/tools-resources/measure-up/shifting-power-to-communities-through-data/.

City Health Dashboard. Web Page. https://www.cityhealthdashboard.com/.

> *"More than 80 percent of U.S. residents live in urban areas. But until recently, few measures have been available to assess health, the factors that shape health, and the drivers of health equity at the city level. That's where the City Health Dashboard comes in. Our goal is to provide communities and city leaders with an array of regularly updated data specific to neighborhood and/or city boundaries – such as life expectancy, park access, and children in poverty – to improve the health and well-being of everyone in the community."*
>
> *"Created by [a] team at NYU Grossman School of Medicine's Department of Population Health, and with support from the Robert Wood Johnson Foundation, the City Health Dashboard launched in 2018. The Dashboard now offers data on over 45 measures of health and drivers of health for over 1,200 cities across the U.S. – all cities over population 50,000 plus a growing set of smaller places."*
>
> *Website includes stories of cities turning data into action; select examples below:*
>
> - *https://www.cityhealthdashboard.com/blog-media/success-story-chattahoochee-hills-ga*
> - *https://www.cityhealthdashboard.com/impact/empowering-community-health-programs-with-data-in-stafford-new-jersey*

DAIR. "Need-Based Design of Ai Systems." DAIR, 2025, https://dair-institute.org/projects/need-based-design-of-ai-systems/.

Data Across Sectors for Health. DASH Knowledge Database. https://dash.app.asem.io/ (requires creating a login). Includes: "Dash Framework." Data Across Sectors for Health, https://www.dashconnect.org/who-we-are#dashframework.

National Academy of Medicine. 2025. *An Artificial Intelligence Code of Conduct for Health and Medicine: Essential Guidance for Aligned Action*. Washington, DC: The National Academies Press. https://www.nationalacademies.org/publications/29087

> *Framework to guide responsible, effective, equitable, and human-centered use of artificial intelligence (AI) in health and medicine. The development and deployment of AI in health are accelerating, and the promise for transformative gains is substantial. Yet without close attention to risks posed by these technologies, the possibility exists for unintended, potentially harmful consequences, the publication says.*
>
> *Six commitments and 10 principles to align the field around responsible development and application of AI. The commitments are:*
> - *advance humanity*
> - *ensure equity*
> - *engage impacted individuals*
> - *improve workforce well-being*
> - *monitor performance, and*
> - *innovate and learn.*

Panteli, Dimitra, Keyrellous Adib, Stefan Buttigieg, Francisco Goiana-da-Silva, Katharina Ladewig, Natasha Azzopardi-Muscat, Josep Figueras, David Novillo-Ortiz, and Martin McKee. "Artificial Intelligence in Public Health: Promises, Challenges, and an Agenda for Policy Makers and Public Health Institutions." *The Lancet Public Health* 10, no. 5 (2025): e428–e32. https://doi.org/10.1016/S2468-2667(25)00036-2. https://doi.org/10.1016/S2468-2667(25)00036-2.

Urban Institute. "Democratizing Public Safety Budget Data." Urban Institute, https://www.urban.org/events/democratizing-public-safety-budget-data.

> *SAVI. "Indianapolis Policy Budget Analysis." SAVI, Updated March 18, 2026, 2026, https://savi.org/indianapolis-police-budget-analysis/.*

Webinar series from DataKind: Data Tools for Everyone
https://www.youtube.com/playlist?list=PLatLcguzOb4GEaEv0aA9v-Wq7_RQWR6HN

World Economic Forum. Advancing Data Equity: An Action Oriented Framework. 2024.
https://www.weforum.org/publications/advancing-data-equity-an-action-oriented-framework/

> Data equity is *"the shared responsibility for fair data practices that respect and promote human rights, opportunity and dignity."*
> *Automated decision-making systems based on algorithms and data are increasingly common today, with profound implications for individuals, communities and society. More than ever before, data equity is a shared responsibility that requires collective action to create data practices and systems that promote fair and just outcomes for all.*

Yelpaala, Kaakpema, Michael Christopher Gibbons, Ines Maria Vigil, Jennifer Leaño, Terika McCall, Ijeoma Opara, Anne Zink*, et al.* "The Role of Data in Public Health and Health Innovation: Perspectives on Social Determinants of Health, Community-Based Data Approaches, and Ai." [In English]. *J Med Internet Res* 27 (2025): e78794. https://doi.org/10.2196/78794. https://www.jmir.org/2025/1/e78794 *https://doi.org/10.2196/78794*.

This article summarizes key themes from a Yale University convening titled The Role of Data in Public Health Equity and Innovation, "with intersectoral stakeholders from academia, government (local, state, and federal), health care, and private industry." The article makes "actionable, cross-cutting recommendations to guide inclusive and impactful data practices for policymakers, public health professionals, and health innovators across diverse contexts:
(1) enable big data and interoperability connecting social determinants of health and health outcomes;
(2) include diverse, nontechnical voices in AI and health discussions;
(3) fund research on data equity and AI in health sciences;
(4) modernize the Health Insurance Portability and Accountability Act (HIPAA) with new guidelines for AI and big data; and
(5) research and conceptual frameworks are needed to elucidate interconnections between data equity and health equity."

Preventing Discrimination, Harassment, and Bullying Expectations for Participants in NASEM Activities

The National Academies of Sciences, Engineering, and Medicine (NASEM) are committed to the principles of diversity, integrity, civility, and respect in all of our activities. We look to you to be a partner in this commitment by helping us to maintain a professional and cordial environment. All forms of discrimination, harassment, and bullying are prohibited in any NASEM activity. This commitment applies to all participants in all settings and locations in which NASEM work and activities are conducted, including committee meetings, workshops, conferences, and other work and social functions where employees, volunteers, sponsors, vendors, or guests are present.

Discrimination is prejudicial treatment of individuals or groups of people based on their race, ethnicity, color, national origin, sex, sexual orientation, gender identity, age, religion, disability, veteran status, or any other characteristic protected by applicable laws.

Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that creates an intimidating, hostile, or offensive environment.

Other types of harassment include any verbal or physical conduct directed at individuals or groups of people because of their race, ethnicity, color, national origin, sex, sexual orientation, gender identity, age, religion, disability, veteran status, or any other characteristic protected by applicable laws, that creates an intimidating, hostile, or offensive environment.

Bullying is unwelcome, aggressive behavior involving the use of influence, threat, intimidation, or coercion to dominate others in the professional environment.

REPORTING AND RESOLUTION

Any violation of this policy should be reported. If you experience or witness discrimination, harassment, or bullying, you are encouraged to make your unease or disapproval known to the individual, if you are comfortable doing so. You are also urged to report any incident by:

- Filing a complaint with the Office of Human Resources at 202-334-3400, or
- Reporting the incident to an employee involved in the activity in which the member or volunteer is participating, who will then file a complaint with the Office of Human Resources.

Complaints should be filed as soon as possible after an incident. To ensure the prompt and thorough investigation of the complaint, the complainant should provide as much information as is possible, such as names, dates, locations, and steps taken. The Office of Human Resources will investigate the alleged violation in consultation with the Office of the General Counsel.

If an investigation results in a finding that an individual has committed a violation, NASEM will take the actions necessary to protect those involved in its activities from any future discrimination, harassment, or bullying, including in appropriate circumstances the removal of an individual from current NASEM activities and a ban on participation in future activities.

CONFIDENTIALITY

Information contained in a complaint is kept confidential, and information is revealed only on a need-to-know basis. NASEM will not retaliate or tolerate retaliation against anyone who makes a good faith report of discrimination, harassment, or bullying.