# Supporting the Public Health Workforce in an Era of Change

Practical, human-centered uses of AI for grant and administrative work

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# Disclosure



**No financial interest.** I have no financial relationship with any company or product named today, including Microsoft and Anthropic. I receive no compensation, sponsorship, or other benefit from mentioning them.

**Not an endorsement.** Products are named for education only. Mention of a tool is not an endorsement by me or by MPHI.

**Tools change quickly.** Confirm features, licensing, and policies with your own IT team and leadership.

# Who we are: Michigan Public Health Institute

**Authorized by Michigan law in 1989; incorporated in 1990.** A nationally engaged nonprofit public health institute: a team of teams, process, and content experts partnering with academia, government, community organizations, and health care.

**Our mission**

To advance population health through public health innovation and collaboration, working to promote health and advance well-being for all.

**Our vision**

**A just world where tomorrow is healthier for all!**

## Our core values

### Servant Leadership

We attend to each other's growth and well-being.

### Health & Well-Being for All

We remove barriers to health and well-being.

### Authentic Relationships

We engage with integrity and transparency.

### Quality & Excellence

We exceed expectations and promote change.

# How MPHI began

## 1989

Public Act 264 of 1989 authorizes the state health department to establish a nonprofit to advance public health research.

## 1990

MPHI is incorporated as a Michigan nonprofit to carry out this public health purpose.

**MPHI's board president has represented Michigan's state health department since 1990.**

### Created by four partners

**Michigan Department of Health and Human Services**
Originally MDPH; public health functions consolidated into MDCH in 1996, then MDHHS in 2015.

**Michigan State University**

**University of Michigan**

**Wayne State University**

**Today:** a 501(c)(3) nonprofit and public-private partnership.

# 01

# Let's settle in

How we'll be together, our 60 minutes, and a check-in at your table

Settle in | What is it? | Human First | Copilot | Prompting & Use Cases | Prompt Lab | Takeaways | Resources

# Grounding: how we'll be together this hour

### Step out as needed
Duty may call. The take-home sheet has it all.

### Every voice matters
Make room for each person at your table.

### Curiosity over judgment
Every comfort level with AI is welcome.

### Protect privacy
Use made-up details, never real client data.

### Sit with discomfort
AI raises real questions. That's okay.

### Take what serves you
And leave the rest.

# Our 60 minutes

| | |
|---|---|
| 0–4 | Welcome and grounding |
| 4–7 | Let's settle in (check in at the table) |
| 7–16 | What is it? AI in the public health ecosystem |
| 16–19 | Human First |
| 19–25 | Copilot |
| 25–38 | Prompt Engineering and Use Cases |
| 38–48 | **Prompt Lab Time** |
| 48–54 | Takeaways |
| 54–60 | Resources and Q&A |

**10**

**minutes**

of hands-on prompt practice with the scenario cards on your table

# Check-in at your table

One question, in groups of 3–4

**Share your name, your organization, and one task that eats your week that you'd gladly work through with an AI thought partner.**



**3 minutes**

Listen for patterns. We'll use them in the prompt lab.

# 02

# What is it, and where is AI in the public health ecosystem?

The AI we mean, a quick poll, and the workforce realities AI can support

# What kind of AI are we talking about today?

## Predictive AI

Traditional machine learning

Finds patterns in data to predict or classify.

**Examples:** Risk scores, spam filters, outbreak forecasts

**Output:** A number, label, or alert

Today's focus

## Generative AI

Large language models (LLMs)

Learned from vast amounts of text; writes new text in response to your prompt.

**Examples:** Copilot Chat, ChatGPT, Claude, Gemini

**Output:** Drafts, summaries, tables, ideas

## Agentic AI

LLMs that take action

Plans and carries out multi-step tasks across apps.

**Examples:** Copilot Cowork and other AI agents

**Output:** Finished tasks for you to review

**Watch for "hallucinations": confident, wrong answers, even after you ask again. Keep a human in the loop.**

# AI is already part of everyday life, but...

**27%**

of U.S. adults say they interact with AI almost constantly or several times a day

**44%**

think they don't regularly interact with AI at all

*Pew Research Center, 2023*

### Search

Google's AI Overviews reach over 2 billion people a month.

### Browsers

Chrome and Edge now build in Gemini and Copilot.

### Phones & wearables

Face recognition and fitness trackers that analyze sleep and exercise.

### Email

Gmail's machine learning filters spam and phishing with over 99.9% accuracy.

### Streaming TV

Recommendations shape about 80% of the hours watched on Netflix.

### Health care

The FDA has authorized 1,400+ AI-enabled medical devices.

Sources: Pew Research Center (2023); Google (2017, 2025); Gomez-Uribe & Hunt, ACM (2015); U.S. FDA AI-Enabled Medical Devices list (2026).

# Quick, anonymous poll

1

## How often do you use generative AI at work?

Never · Tried it once or twice · Monthly · Weekly or more

2

## Which Copilot do you have at work?

Copilot Chat (free) · Microsoft 365 Copilot (paid) · Not sure · None

3

## What's your biggest concern about AI at work?

One or two words. We'll see them as a word cloud.

**Your answers are anonymous.**

# Same mission. More on our plates.

### Local health departments

- Shifting state & federal funding
- Accreditation & reporting requirements
- Outbreak response
- Small teams, many programs

### Universities

- Complex sponsored-research rules
- Student & fellow turnover each term
- Research admin, funding, IRB, and more

### FQHCs

- HRSA & UDS reporting
- Clinical staff stretched thin
- Braided funding streams

**Our goal isn't more output. It's more impact for the people we serve.**

# The workforce gap is real

**80,000**

more full-time staff needed by state and local health departments to provide a minimum set of public health services

**An increase of nearly 80%**

*de Beaumont Foundation & PHNCI, Staffing Up*

**We love the communities we serve, and we can't work our way out of this gap alone. We have to do our part, in meaningful ways:**

### Grow the pipeline

Fellowships, internships, and mentoring for new talent.

### Develop the workforce

Strong onboarding and skill-building for every new hire.

### Protect the capacity we have

Lift admin burden so skilled staff stay on mission.

Source: de Beaumont Foundation and Public Health National Center for Innovations (PHNCI), Staffing Up (2021).

# AI use is rising faster than guidance and training

### NACCHO

Local health departments, national · surveyed early 2024

**5%**

**were using AI**

- 39% of non-users were interested in starting
- 78% saw AI-related threats

### ASTHO

State health agencies · 2025 Profile, released 2026

**~2 in 3**

**are using AI**

- Top uses: admin efficiency and reports (30% each)
- 55% cite lack of workforce skills

### Ohio local health districts

Statewide survey · February 2026

**83%**

**report known AI use**

- Only 28% have a written AI policy
- 65% have had no formal AI training

**Use is growing. Policy and training are not keeping pace.**
**That is where human-in-the-loop practice matters.**

Sources: NACCHO 2024 Informatics Profile; ASTHO 2025 Profile (2026); Ohio AOHC survey, via NACCHO (2026).

# Making the case to IT and leadership

1. **Name the workflow**
   Pick one task and the hours it costs each month.
2. **Check data readiness**
   Clean up sharing permissions; use sensitivity labels.
3. **Propose a small pilot**
   A few staff, human review on every output.
4. **Budget it honestly**
   Licenses, usage credits, and training time.
5. **Report back**
   Time saved, quality, and staff confidence.

## Questions to ask your IT team

- Which Copilot level do we have?
- Is web search on or off?
- What data is in scope, and who can see it?
- Is Cowork available, and what would a pilot cost?
- What does our AI policy require?

# 03

# Human First

MPHI's approach and our north star

# Human first, AI in service: MPHI's approach

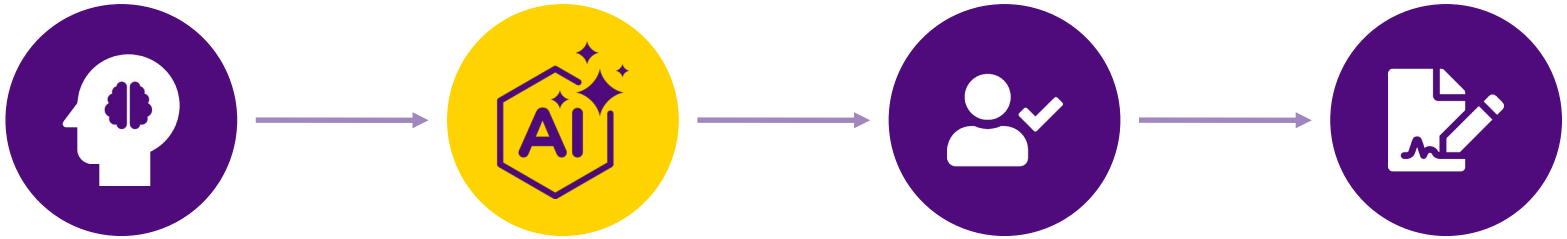
**MPHI AI Use Statement**

*"MPHI will use artificial intelligence in service of people, public health, and the communities we support … with human judgment, public health values, privacy, security, and accountability at the center of our work."*

**Guiding principles for human-centered AI use**

1. People before tools
2. **Human judgment is required**
3. Strengthen human capacity
4. Workforce learning and adaptation
5. Privacy, security, and public trust
6. Environmental responsibility and vendor accountability
7. Evidence-based evaluation

# Human in the loop: our north star




**Human**

## You frame

Purpose, context, audience, limits

**AI**

## AI drafts

First drafts, options, structure

**Human**

## You verify

Facts, numbers, tone, policy fit

**Human**

## You decide

Sign, submit, and own the result

**AI can draft. Only people can be accountable.**

# 04

# Copilot

Copilot levels, Cowork, and what your systems can and can't access

# Know your tools: three levels of Copilot



**Level 1**

## Copilot Chat

*Included with many Microsoft 365 work accounts*

- Works with the web and what you paste or upload
- Does not reach your email, files, or meetings on its own



**Level 2**

## Microsoft 365 Copilot

*Paid add-on license*

- Grounded in your work email, chats, meetings, and files
- Only content you already have permission to open



**Level 3**

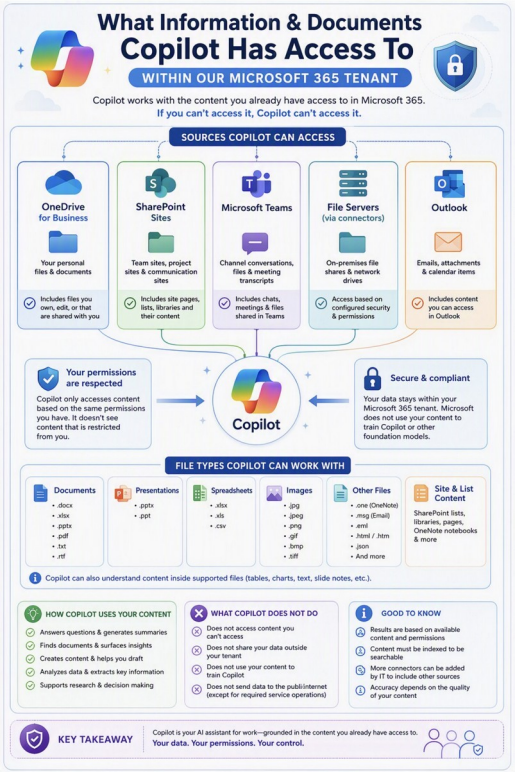
## Copilot Cowork

*Needs the M365 Copilot license, admin enablement, and usage credits*

- Carries out multi-step tasks across Microsoft 365 apps
- Returns finished work under your organization's controls

Names and features change often. Ask IT which level your organization has.

# What Copilot can access at work




**If you can't access it, Copilot can't access it.**

**Sources:** OneDrive, SharePoint, Teams, Outlook, and file servers IT connects

**Permissions respected:** It only sees content you already have permission to open

**Stays in your tenant:** Work content isn't used to train Copilot or other foundation models

**Accuracy depends on your content:** Messy sharing permissions and outdated files mean messy answers

*Applies to licensed Microsoft 365 Copilot. Confirm your organization's setup with IT.*

05

# Prompt Engineering and Use Cases

Six ingredients, smarter searching, and real grant and admin examples

# The six prompt ingredients

*Builds on MPHI's four Copilot ingredients (2–5)*




1. **Role & audience:** Who you are, and who the output is for
2. **Instructions:** The action you need it to take
3. **Goal:** Why you need it: the outcome you want
4. **Context:** Sources, samples, and background to use
5. **Constraints:** Length, structure, and categories
6. **Guardrails:** Tone, accuracy, ethics, and a bias check, every time

**As a grants manager writing for CDC grant reviewers, draft a budget justification for each line item below. The goal is approval without questions. Use the attached budget and workplan. Return a table, under 75 words per item. Keep a neutral tone, don't change numbers, and check the language for bias.**

# Guardrails: the ethics you write into the prompt

Add one or more of these to every prompt.



*“Use respectful, person-first language.”*



*“Don't stereotype any community or population.”*



*“Don't fabricate quotes, statistics, or sources.”*



*“Flag anything that raises an ethical or privacy concern.”*

**Guardrails** are the ethics you write into the prompt.
**Compliance** is the rules you follow before you write it: approved employer rules, tools, and policy; no PHI; your funder's AI policy.

# Level up: a reusable prompt template

### 1. The brief

- Topic and purpose
- Audience
- Tone and length
- Sources to use
- Output format

### 2. The steps

- Ask me clarifying questions first
- Research approved sources
- Outline for my approval
- Draft, then self-check
- Deliver with gaps flagged

### 3. The rules

- Never fabricate statistics, quotes, or sources
- Stop and ask if anything is missing
- Say when you're unsure

**Save it once, reuse it for every newsletter, report, or one-pager.**

# Prompt like a critical thinker

### Ask for clarifications

*"What do you need from me to do this well?"*

### Seek reasons

*"Why do you recommend this?"*

### Challenge assumptions

*"What assumptions are you making?"*

### Consider alternatives

*"Give me two other approaches."*

### Explore consequences

*"What could go wrong for our community?"*

### Request examples

*"Show me how a health dept. did this."*

### Check for bias and equity

*"Whose voices might be missing or stereotyped here? What data is this based on?"*

# Search smarter, then verify

### Point it at the source

Upload the NOFO or RFA and ask questions of that document.

### Ask for citations, then open them

Never repeat a source you haven't read yourself.

### Ask what it's unsure about

Have it separate confirmed facts from assumptions.

### Confirm on the official record

Grants.gov, NIH Guide, SAM.gov, the funder's FAQ.

**Try this**

*"Summarize the eligibility rules, deadlines, page limits, and required attachments in this NOFO. Give the page number for each item."*

# Use case: find funding for the next six months

**Copy-ready prompt**

*"Search the web for grant opportunities due in the next six months, or rolling, that fit [our health department] working on [our priorities]. Include federal, state, municipal, and philanthropic funders. Return a table: funder, title, type, link, due date, contact, why we're a fit, and potential partners. Group by funder type, A to Z. Mark anything you can't confirm."*

**Take-home Excel tracker**

- **Federal** — A to Z
- **State** — A to Z
- **Municipal and local** — A to Z
- **Philanthropic** — A to Z

**Status drop-down:** Researching, Writing, Submitted, Awarded, Denial, Pulled announcement, Will not pursue

**Turn on web search first. Without it, AI guesses and may invent links and dates. Verify every row on the funder's site.**

# Use case: budget justification narratives

1

### Paste your line items

Personnel, fringe, travel, supplies, contractual, indirect.

2

### AI drafts the justification

Each cost tied to an objective and activity in your workplan.

3

### You verify every figure

Rates, FTEs, allowability, and the funder's cost rules.

!

### Numbers come from your budget, never from the AI.

**Illustrative example**

**Personnel: Health Educator, 0.50 FTE**
Leads 12 community nutrition workshops (Objective 2.1) and enters participation data for quarterly reports to the funder.

**Travel: Local mileage**
Supports home visits across three rural townships, reimbursed at the federal mileage rate.

**Forms to know:** SF-424, SF-424A budget form, a budget narrative per CDC's Budget Preparation Guidelines, and your indirect cost rate agreement.

# Use case: does our draft answer the funder?

Check your draft against every requirement and the scoring rubric, for NOFOs, NIH, or foundation RFPs.

**Illustrative example**

| Funder requirement | Where in our draft | Rubric points | Status |
|---|---|---|---|
| Logic model aligned to funder outcomes | Section 3, p. 6 | 15 pts | **Met** |
| Evaluation plan with performance measures | Section 5 | 25 pts | **Partial: no baseline** |
| Health and well-being for all | Not found | 20 pts | **Missing** |
| Three letters of support | Attachments | Required | **Met** |
| Budget matches workplan activities | Budget justification | 10 pts | **Partial: 2 gaps** |

**Then follow the points: ask which gaps put the most technical and content review points at risk.**

# The crosswalk prompt

**Copy-ready prompt**

*“I'm attaching (1) the funder's announcement and (2) our draft proposal. List every requirement, scoring criterion, and formatting rule in the announcement. For each, show where our draft addresses it, rate it Met, Partial, or Missing, and quote the announcement's language. Do not rewrite our proposal. End with the five highest-priority gaps.”*

- Run it after your full draft, not instead of writing it
- Re-run after every major revision
- Still check page limits, fonts, and forms yourself

# Use case: smart questions for the funder

**Copy-ready prompt**

*"I'm attaching the [NOFO/RFP]. We are a [local health department serving a mid-sized county], known for [our chronic disease and maternal-child health programs]. List the top 20 questions to ask at the pre-application webinar, grouped by financial, administrative, scope of work, budget, reporting, and evaluation. Only ask what the NOFO doesn't already answer, and cite the section."*

### Financial

Is a match required? Does in-kind count?

### Administrative

Can a partner or fiscal agent apply for us?

### Scope of work

Must we address every strategy, or a subset?

### Budget

Can we budget for evaluation or software licenses?

### Reporting

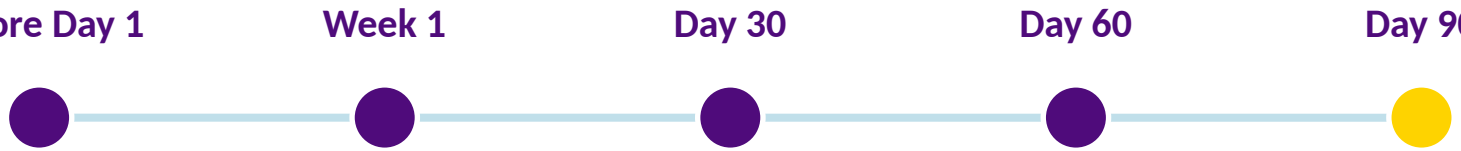
Which system, and how often?

### Evaluation

Are measures fixed, or can we propose local ones?

**Then you choose the few that matter most. All 20 are on your take-home sheet.**

# Use case: onboarding fellows & interns




- Accounts & equipment
- Policies, incl. AI use
- Mentor assigned

- Project charter
- Shadow key meetings
- Privacy training

- First deliverable
- Mentor check-in

- Midpoint feedback
- Skill-building plan

- Final presentation
- Knowledge handoff

**Prompt** *"Create a 90-day onboarding checklist for a summer public health fellow in our epidemiology unit. Group by week, assign an owner to each item, and format it to print."*

# Keep what we know when people move on

### Capture

Record a walkthrough; have AI transcribe and summarize it.

### Organize

Turn notes into SOPs, FAQs, and glossaries.

**Institutional knowledge**

### Retrieve

Ask questions of approved documents in a shared project.

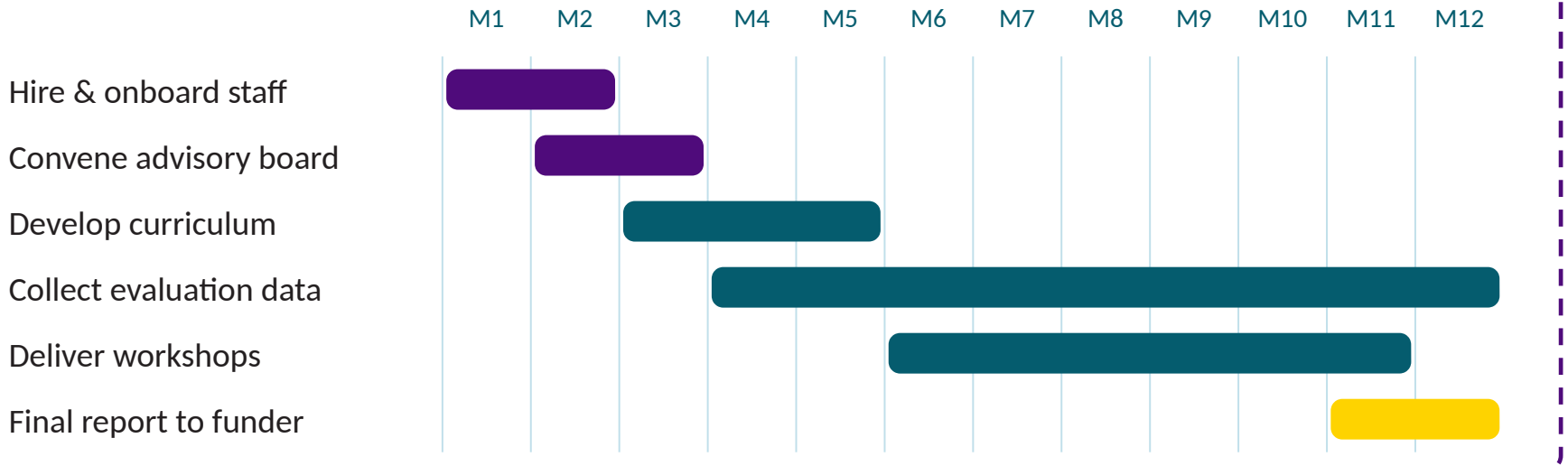
### Refresh

Give every document an owner and a review date.

**When a long-time colleague retires, their know-how shouldn't retire with them.**

# Use case: workplans to Gantt charts

**Sample workplan**




**Prompt** *"Turn this workplan into a table with task, owner, start month, and end month, then build it as an Excel Gantt chart."*

# 06

# Prompt Lab Time

10 minutes with the scenario cards on your table

Settle in | What is it? | Human First | Copilot | Prompting & Use Cases | **Prompt Lab** | Takeaways | Resources

# Prompt lab: the cards on your table

**2 min**

## Read your card

Pick one scenario card at your table.

**4 min**

## Write the prompt

Use the six prompt ingredients.

**2 min**

## Mark human checkpoints

Where must a person verify or decide? What data stays out?

**2 min**

## Share one

One table reads its prompt aloud.

No AI tool needed. We're practicing the thinking that makes any tool useful.

# 07

# Takeaways

Matching oversight to risk, the non-negotiables, and your starter kit

# Match human oversight to the risk

**Low risk** *e.g., summarizing articles*

Light staff review; keep original sources for checking

**Medium risk** *e.g., prioritizing outreach*

Review before use; document why you accepted the output; spot-check for bias

**High risk** *e.g., eligibility decisions*

Mandatory human approval; multi-level sign-off; routine audits for fairness and accuracy

## Ethical considerations

- Bias mitigation
- Human oversight
- Data privacy
- Transparency
- Explainability
- Authorship & copyright
- Environmental impacts

*Adapted from Lin, T.Y., et al. (2025). Developing AI Policies for Public Health Organizations: A Template and Guidance. Kansas Health Institute & Health Resources in Action.*

# Responsible use: the non-negotiables

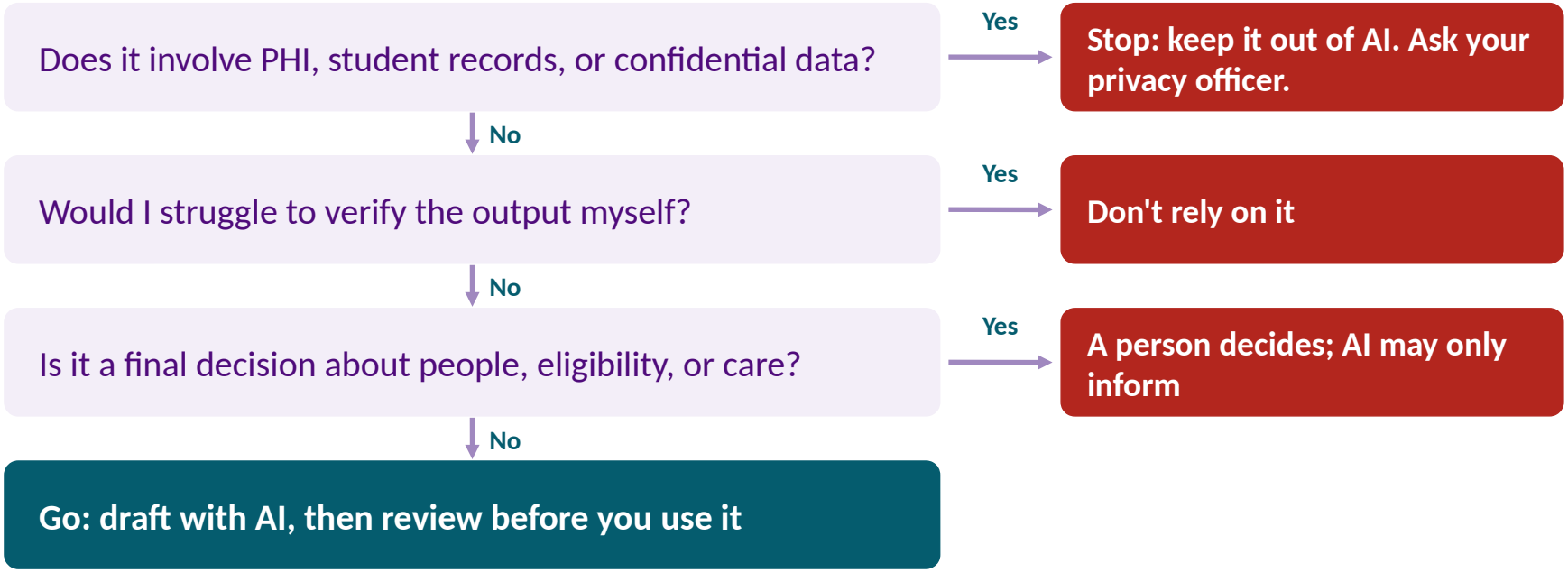
## Do

- Use tools your organization has approved
- Remove names and identifiers before pasting
- Disclose when a deliverable was AI-assisted, per your policy
- Check each funder's policy on AI use

## Don't

- Paste PHI, student records, or 42 CFR Part 2 data into public tools
- Let AI make eligibility, clinical, or personnel decisions
- Submit anything you haven't read line by line
- Treat AI-supplied citations as verified

# Decision tool: should AI help with this?




Use this before every new AI workflow, not every keystroke.

# Your starter prompt kit

### Budget narrative

*“Draft a justification for each line item below. Tie each to a workplan objective. Don't change any numbers; flag anything unclear.”*

### Funder crosswalk

*“Compare our draft to this announcement. Rate each requirement Met, Partial, or Missing, and cite the page.”*

### Onboarding checklist

*“Build a 90-day onboarding checklist for a new intern, grouped by week, with an owner for each task.”*

### QI aim statement

*“Rewrite this goal as a SMART aim statement and suggest three measures we could track monthly.”*

# Four things to take home

1. Human first: AI drafts; people decide and stay accountable.
2. Start from the funder's own document, and verify everything.
3. Know your tools and protect data first.
4. Pilot one workflow and measure the time returned to mission.

**Time returned to mission is the real return on investment.**

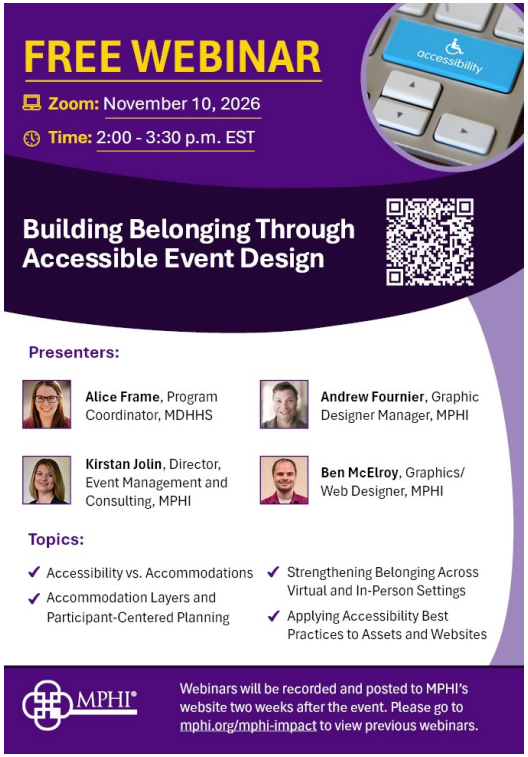
# 08

# Resources

Free webinars, ways to keep learning, partnership, and how to stay connected

# Free webinars this fall




**Tues., Oct. 20, 2026**

2:00–3:00 p.m. EST

**Nourishing the Workplace with Somatic Exercises**

**Tues., Nov. 10, 2026**

2:00–3:30 p.m. EST

**Building Belonging Through Accessible Event Design**

**Free on Zoom. Scan a QR code to register. Recordings at mphi.org/mphi-impact.**

# Keep learning with MPHI




## Coming in 2027: The Relational Learning Collaborative

## Free webinars

- **AI and the Public Health Workforce**
- Vaping: The Hidden Health Risks
- Beyond the Headlines: Forever Chemicals and Your Health
- Facilitation Basics: Essential Skills and Mindsets
- Leadership Tools for Success: Where Leaders and Teams Win Together

**Also: sprint courses and workshops · ilcprograms@mphi.org**

# How MPHI can partner with you

### Grants & proposals

Grant administration, RFP development, business writing, contract management

### Technical assistance & facilitation

Consultation, group dialogue and facilitation, coalition convening, community partnerships

### Research, evaluation & QI

Research and evaluation, quality improvement, project management

### Learning & training

Continuing education, eLearning design, training and learning labs, workshops

### Events & communications

Event management and consulting, communication services, creative design and video

### Technology & data

Data management, process automation, web applications and websites

**Let's talk about your needs. Contact Hope Rollins at hrollins@mphi.org · mphi.org/our-teams**

# Acknowledgments and resources


**Christian Bethea, Chief Information Officer, Michigan Public Health Institute**

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**Tatiana Y. Lin, M.A., Kansas Health Institute**

With gratitude for leadership in AI ethics and governance. Lin, Rowell, Uridge, Gaitan & Wood (2025), Developing AI Policies for Public Health Organizations: A Template and Guidance. khi.org

**Johns Hopkins University, Whiting School of Engineering**

Applied Generative AI coursework (2025), which informed this session.

**Michigan Public Health Institute**

Human First, AI in Service: MPHI AI Use Statement and Guiding Principles (2026).

**Pragmatic Works AI Academy**

Microsoft Copilot overview video. youtube.com/watch?v=lMA_nhdcb6Y

**Microsoft 365 Blog**

“Copilot Cowork is now generally available,” June 16, 2026.

# Thank you

Questions and discussion

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