UNIVERSITY OF COPENHAGEN
DEPARTMENT OF PUBLIC HEALTH

Digital Health Network News

NR. 6 31. AUGUST

Welcome back after the summer break!

We hope you had a restful summer and are ready for an exciting semester ahead. In this after-summer newsletter, we share upcoming events, opportunities, recent news, and many new publications from across the Digital Health Network. From PhD defences and interdisciplinary workshops to new research on AI, data, care, and digital health, there is plenty to look forward to.

Best regards,
Organizing committee

We encourage you to stay engaged and active within the Digital Health Network and inform us of relevant upcoming events and publications.

If you haven't been featured on our website yet, please take a moment to complete the registration form available on the website or simply click here.

CALENDAR

PhD Defence of Tine Westergaard Milbak
Data as Curation: A Design Perspective on Bias in Care Documentation Practices
September 11th 13.00
Store Auditorium, NEXS, Nørre Allé 53, 1st floor

TRUSTMIND Workshop: "Responsible AI in Mental Health"
October 5 - 6
GEUS, Festsalen
Øster Voldgade 10
1350 Copenhagen C

AAAI/ACM AIES '26 Workshop: Converging Perspectives on Health AI
Bridging Technical, Healthcare, Sociolegal, and Ethical Research
October 15
Submission deadline, September 4
Malmö, Sweden

Upcoming events

PhD Defence of Tine Westergaard Milbak
Data as Curation: A Design Perspective on Bias in Care Documentation Practices

September 11th 13.00
Store Auditorium, NEXS, Nørre Allé 53, 1st floor

Abstract: The PhD thesis investigates how healthcare data is produced through documentation practices and reconfigured as Generative AI begins to participate in them. Across three empirical studies, it shows how data takes shape through situated reasoning about what to document - or not - and thus what aspects of care come to count as data. The thesis introduces curatorial mediation to describe how practices of actively managing data intervene in what becomes representable and actionable as data across sociotechnical contexts. This offers a design-oriented lens for examining how care becomes data, and in what ways bias may emerge. Methodologically, the thesis develops a design ethnographic approach using speculative probes to explore emerging healthcare AI before it becomes established in practice.

Assessment committee:
(Committee chair) Associate Professor Tariq Osman Andersen, University of Copenhagen
Professor Helena Mentis, Drexel University
Associate Professor James Auger, Ecole normale supérieure Paris-Saclay, RMIT Europe, Interactive Technologies Institute (ITI/LARSYS)

TRUSTMIND Workshop: Responsible AI in Mental Health

5–6 October 2026 | University of Copenhagen
University of Copenhagen
GEUS, Festsalen
Øster Voldgade 10
1350 Copenhagen C

The workshop will bring together Danish and international researchers from Europe and the United States to discuss AI-based methods for mental health screening. Particular attention will be given to the ethical, legal, and societal implications of these approaches.

The project is a collaboration between the University of Copenhagen, DTU and NRU, and is supported by the Lundbeck Foundation, with Melanie Ganz-Benjaminsen serving as Principal Investigator (PI).

Registration for the workshop is available via the following link: registration link

The workshop website can be accessed via the following link: Responsible AI for mental health

Should you have any further questions regarding the event elisabeth.fischer@di.ku.dk

AAAI/ACM AIES '26 Workshop: Converging Perspectives on Health AI

*October 15, **registration deadline, September 4***
Co-located with AIES'26, Malmö, Sweden
Call for papers and registration link: https://cphai-2026.github.io/submit/

The people who build health AI, the people who regulate it, the people who study it, and the clinicians who live with it rarely sit in the same room. One question drives the day: how do we develop health AI that is clinically useful, technically robust, socially acceptable, and responsibly deployed - and just as importantly, when should AI not enter the clinic?

We welcome short papers and provocations from computer science, medicine, law, ethics, STS, and the social sciences. Registration is free.

Workshop co-chairs: Natalia Avlona, Alissa Valentine
Organizing Committee: Hubert Zając, Najmeh Abiri, Alice Schiavone, Amelia Jiménez-Sánchez, Arezoo Sarkheyli-Hägele, and Azra Abtahi

Latest news

Two PhD Fellowships in Medical Science and Technology Studies/Medical Anthropology at the Centre for Medical Science and Technology Studies, Department of Public Health

Are you interested in – or do you know someone interested in – exploring the use of Artificial Intelligence and predictive analytics in healthcare? Are you keen to use ethnographic methods to explore the implications of predictive algorithms for contemporary medical practice?

Then apply for one of these two fully funded three-year PhD fellowships in Medical Science and Technology Studies/Medical Anthropology. The fellowships are available through the Carlsberg Foundation Semper Ardens Accelerate-funded project *PATHWAYs of precision: AI-driven predictions in neurocognitive and mental illness* (PATHWAY), led by Associate Professor Iben M. Gjødsbøl. The application deadline is September 7, 2026.

The job announcement can be found here: *Talentech - Two PhD fellowships in Medical Science and Technology Studies/Medical Anthropology at the Department of Public Health*

Link to the project: *PATHWAYs of precision: AI-driven predictions in neurocognitive and mental illness | Carlsbergfondet.dk*

WHAT?

PATHWAY explores how AI-driven predictions in neurocognitive and mental illness establish new pathways for patient selfhood, professional practice, and healthcare delivery. Examining the existential, practical, and organizational dilemmas introduced by novel predictive tools, the project aims to guide a socially and ethically robust implementation of AI in Danish healthcare.

WHY?

AI-driven risk predictions promise to personalize prevention, diagnosis, and treatment, yet predictive tools in neurocognitive and mental illness also bring dilemmas and existential threats into the present. There is a need to explore what predictive AI tools actually do in everyday clinical practice - good and bad, intended and unintended - to patients, health professionals, and healthcare delivery.

HOW?

PATHWAY conducts empirical research to investigate how frontier predictive AI tools are employed to predict dementia and re-admission risk for patients with mental illness. The project conducts ethnographic fieldwork in clinical practice; interviews with patients, families, and health professionals; and Ethical Laboratories to foster interdisciplinary moral deliberation among diverse stakeholders.

Tenure Track Assistant Professor Sarah Homewood's work featured in The Verge

My fitness tracker is a secret weapon against my chronic illness

Disabled folks are using their devices to manage long Covid, POTS, and more — and it's working.

https://www.theverge.com/

New UCPH Publications in Digital Health

Good-Enough Awareness: Patient and Caregiver Perspectives on Care Workflow Visibility in Single-Patient Room

Patients often experience hospitalization as dis-empowering, with little awareness of the workflows that coordinate their care. The transition to single-bed patient rooms further heightens information asymmetries by removing the ambient and informal cues that multi-bed rooms once provided. We conducted design-oriented online focus groups with diverse patient types, as well as in-hospital interviews with patients and their caregivers, to examine what care workflow data representations they find meaningful for maintaining awareness of the care work performed by healthcare workers (HCWs), such as nurses and healthcare assistants. Our findings suggest that even minimal, non-intrusive data, such as an HCW's last visit, when a porter is scheduled to arrive, or approximately when a doctor is expected, can enhance patients' preparedness, create space for rest, and restore agency. This paper makes two contributions: 1) we provide empirical insights into what types of data about care workflows patients and caregivers find meaningful for supporting awareness of care workflows in single-patient hospital rooms; and 2) we empirically show how the CSCW concept of mutual awareness also encompasses affective dimensions, illustrating how awareness technologies may foster patients' autonomy, agency, and well-being.

Nielsen, Trine Rask; Møller, Naja Holten (2026): Good-Enough Awareness: Patient and Caregiver Perspectives on Care Workflow Visibility in Single-Patient Room. Proc. EUSSET Conf. on Computer-Supported Cooperative Work. DOI: 10.48340/ecscw2026_035. Siegen: EUSSET. Conference Paper. Munich, Germany. June 29 - July 3, 2026
https://doi.org/10.48340/ecscw2026_035

The Human Instructor Is Gone - What If We Cast GenAI for the Role?

As the technical ease of deploying Generative AI (GenAI) has led to its rapid adoption in healthcare training workflows, a critical gap has emerged in understanding how it reconfigures key aspects of work practice; e.g., instructional authority, responsibility, and interpretation in CPR training. In this speculative study, we enact three probes in a simulation-based training setup that positions GenAI as: 1) exploratory (e.g., noise); 2) instructional (e.g., context); and 3) procedural (e.g., performance measures). Inspired by Blythe (2023), we present Casting GenAI, which treats AI as a design material by casting it as role-based proxies. Across these probes, we examine how GenAI mediates data, surfacing both opportunities and challenges. We argue that moments of GenAI overreach and breakdown should be understood as productive design signals that expose assumptions embedded in proxy roles. The paper contributes a role-based probe approach for early-stage design inquiry and offers insights for design teams exploring GenAI integration in high-stakes sociotechnical systems.

Tina Westergaard Milbak, Marisa Leavitt Cohn, Joachim Halse, and Naja Holten Møller. 2026. The Human Instructor Is Gone - What If We Cast GenAI for the Role?. In Proceedings of the 14th Nordic Conference on Human- Computer Interaction (NordiCHI '26), October 03–07, 2026, Vaasa, Finland. ACM, NewYork, NY, USA, 18 pages.
https://doi.org/10.1145/3829807.3829907

Designing the dash in Human–AI Collaboration: A Redesign Probe for Working with Tensions in Care Documentation Practices

Designing Human–AI collaboration in healthcare requires understanding how generative AI (GenAI) reshapes how care is represented and made accountable through documentation. Instead of treating GenAI as a tool for automation, this paper examines how its introduction reconfigures care documentation practices by reshaping judgment and responsibility in nursing work. We report on a speculative co-design workshop with eight hospital nurses, where GenAI was used as a redesign probe to explore how documentation tasks might be distributed across four roles: human, system, shared, and invisible agent. Through AI-mediated scenario reconfigurations, nurses articulated which forms of judgment and relational work could be supported by systems and which remained inseparable from human practice. AI-generated scenarios were often operationally plausible yet professionally misaligned, surfacing tensions around responsibility, visibility, and trust. The paper contributes an empirical account of how professional judgment is negotiated through AI-generated representations and introduces a redesign probe as a way to engage with AI integration in practice.

Tina Westergaard Milbak, Marisa Leavitt Cohn, and Naja Holten Møller. 2026. Designing the dash in Human–AI Collaboration: A Redesign Probe for Working with Tensions in Care Documentation Practices. In Proceedings of the 14th Nordic Conference on Human-Computer Interaction (NordiCHI '26), October 03–07, 2026, Vaasa, Finland. ACM, New York, NY, USA, 17 pages.
https://doi.org/10.1145/3829807.3829909

Design for Dis/Ability: A Crip Inquiry into Personal Energy Tracking

This study explores the phenomenon of energy and self-tracking technologies, moving beyond the context of managing chronic conditions. Our approach to designing from the experiences of people with disability is informed by crip theory, which challenges societal norms of health and ability. We analysed 50 survey responses and 15 interviews with wearable tracker users and found that self-tracking shapes interpretation of energy and self-care strategies. Our findings indicate that tracking significantly affect perceptions and judgments of bodily activity, energy and rest. We found a notable disconnect between the metrics provided by the trackers and the subjective understanding of personal energy meanings, especially during events of bodily and contextual changes such as travelling, illness, or menstrual cycle. This research contributes to discourses on energy in self-tracking technologies and advocates for designing more inclusive, crip futures for everyone that celebrate irregularity, fluctuation, and change, accommodating diverse bodily rhythms in energy tracking practices.

Irene Kaklopoulou, Sarah Homewood, and Pedro Sanches. 2026. Design for Dis/Ability: A Crip Inquiry into Personal Energy Tracking. In Proceedings of the 2026 CHI Conference on Human Factors in Computing Systems (CHI '26). Association for Computing Machinery, New York, NY, USA, Article 260, 1–19
https://doi.org/10.1145/3772318.3790404

Digitalizing Risk Minimization Measures in EU: Explorative Co-design Workshops with Expert Stakeholders

Post-marketing risk minimization measures for medicines, e.g. package leaflets and patient cards, aim to ensure that patients and health care professionals receive timely and relevant medicines safety information. The use of digital technologies for risk minimization is emerging but still limited, despite being central in patients' and healthcare professionals' information access. There is currently limited high-level, strategic discussion about the digitalization of additional risk minimization measures. To elicit key expert stakeholders' future visions of digital risk minimization measures in the European Union and to explore possible policy and healthcare implications of future digital risk minimization technologies. Digitalizing risk minimization measures will transform roles, responsibilities, and collaborations, as stakeholders revise their remits with digital strategies and forge new collaborations to ensure the effectiveness and sustainability of new digital solutions. Success depends on revised implementation pathways that reflect patients' and healthcare professionals' digital access to medicines information and the diverse information ecosystems across the EU. Patients may gain new roles as active data subjects through remote monitoring, raising new ethical and legal considerations.

Møllebæk, Mathias, Amalie Christine Bagger, Kirstine Lund Hansen, Sarah Homewood, and Christine Hallgreen. "Digitalizing Risk Minimization Measures in EU: Explorative Co-design Workshops with Expert Stakeholders." Therapeutic Innovation & Regulatory Science 60, no. 2 (2026): 551-562.

What is the problem and what can be done when data sharing challenges public legitimacy?

Surveys suggest that health data sharing with industry and across national borders challenges public legitimacy. We argue that this resistance reflects deeper concerns about profit motives and loss of control and provide guidance on responsive governance to ensure public trust.

Hoeyer, K., Skovgaard, L. What is the problem and what can be done when data sharing challenges public legitimacy?. Nat Commun (2026)
https://doi.org/10.1038/s41467-026-77006-0