



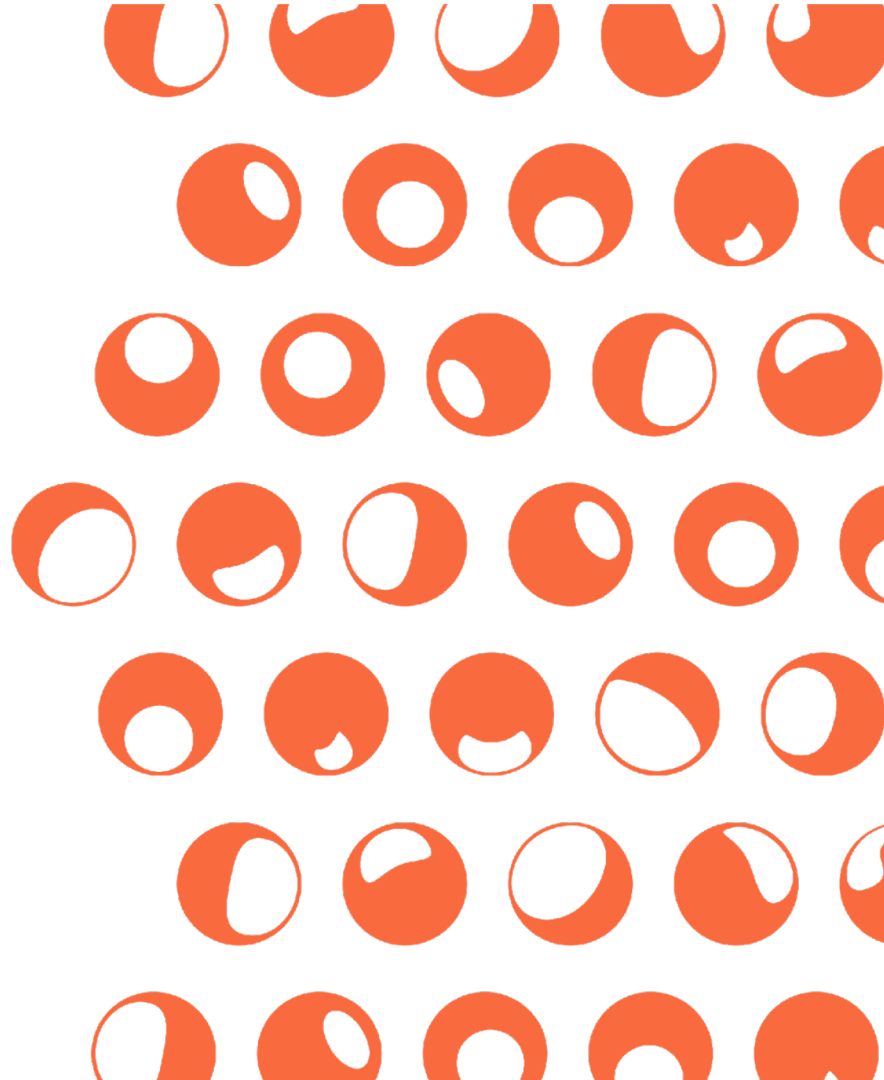
**COHERENT
DIGITAL**

AI, Trust and Impact

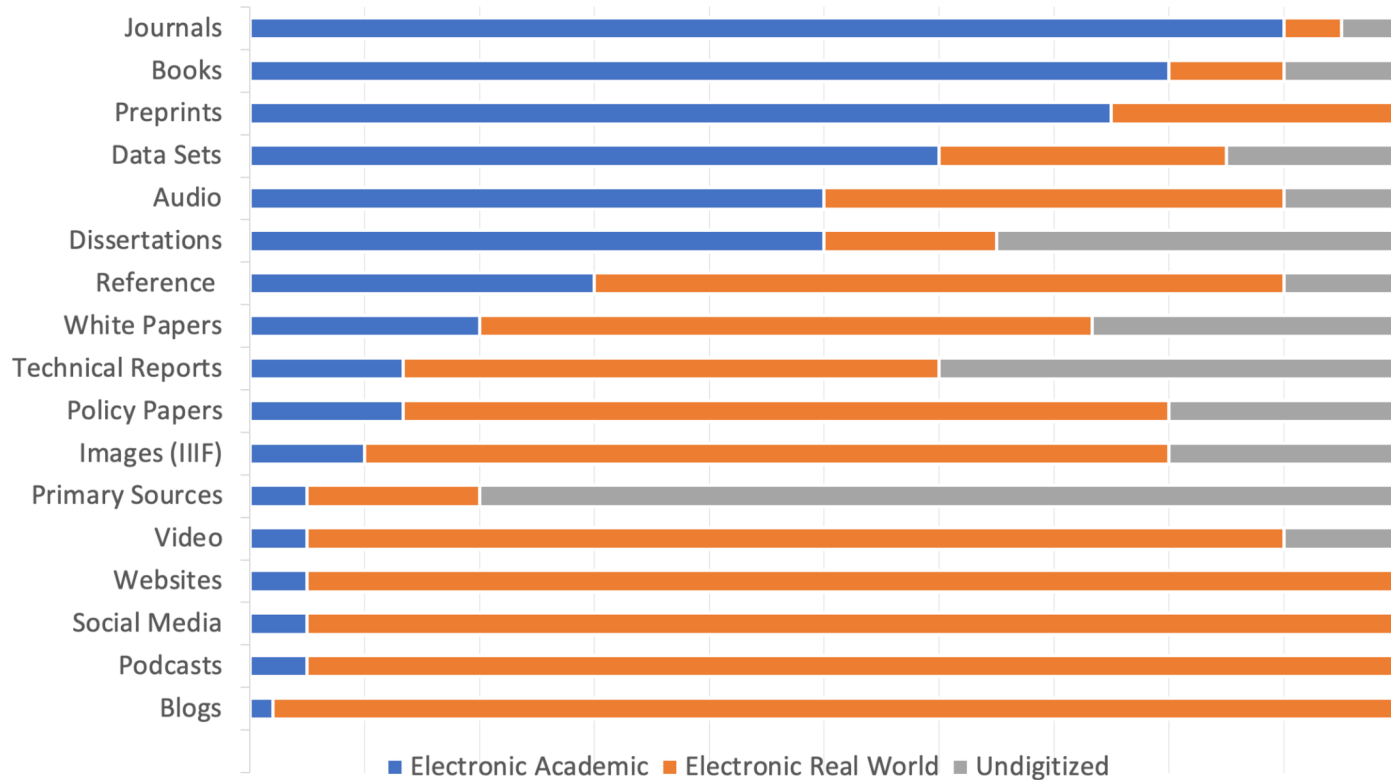
Stephen Rhind-Tutt

Fiesole Conference

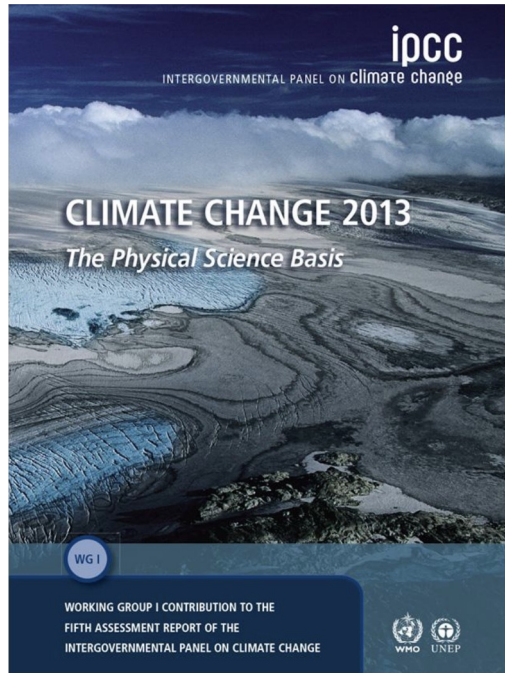
April 14th, 2026



Inside the Academy Outside the Academy



Should this report be trusted? Has it had impact?



One of 100m+ items

1. Who created it and when (metadata)?
2. Who trusts it?
3. Has it had an impact?
4. What is the reputation of its creator?
5. Has it been reviewed?



Using AI to create metadata

30+ Indexers at Alexander Street Press



AI Assisted Metadata

<https://www.gov.uk/government/publications/ai-assisted-vs-human-only-evidence-review/>



20.500.12592/8gdcqlj

AI-Assisted vs human-only evidence review: results from a comparative study

23 Apr 2025

View 99 Cite Add to list Share Edit

A comparative study by the Behavioural Insights Team (BIT) in partnership with the UK Department for Culture, Media & Sport (DCMS) and Department for Science, Innovation & Technology (DSIT) investigated the use of generative AI in producing rapid evidence reviews. The study compared a 'human-only' review with an 'AI-assisted' review on the topic of 'How technology diffusion impacts UK growth and productivity'. The AI-assisted review was completed in less time, but required more revisions. The final reviews were similar in quality, but the study recommends further research to understand the benefits and limitations of AI in evidence reviews.

Flag this item

artificial intelligence evidence review technology diffusion productivity growth large language models chatgpt research ai behavioural insights team dcms dsit ilm

A URL of something of value



- Structured metadata
- Permanent Identifier
- Link to original
- Preserved copy (rights permitting)

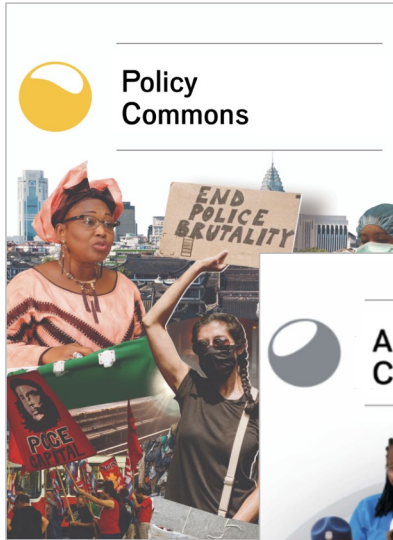
What did we learn?

	Alexander Street (2016)	Coherent Digital (2025)
Human Curatorial	Do the work	Mostly do the work
Human Indexing	Do the work	Review the AI
# of Items Processed	20k /yr	17m /yr
Cost/Item	\$1	0.01
Speed	6 months	<1 minute
Tags	8	5
Metadata Accuracy	99.9%	95%+
Workflow	'Permanent'	Monthly Improvements

Are faculty willing to wait for metadata?

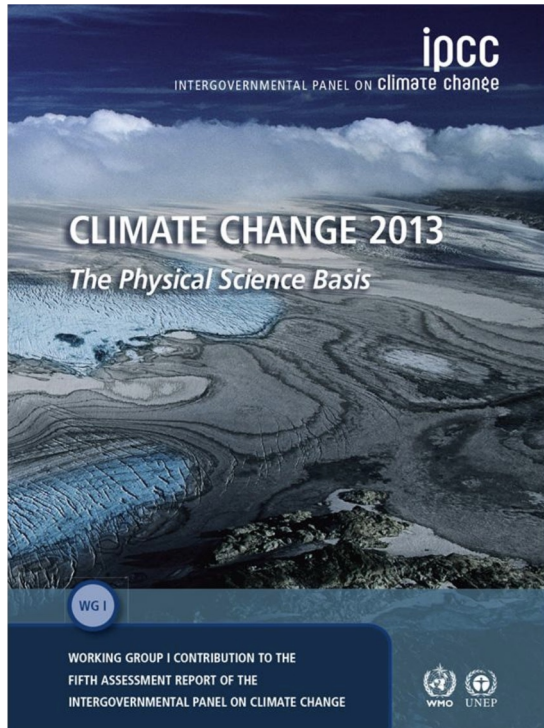


AI allowed us to create



- Indices to 40m grey literature items
- Sourced from 49,000 organizations
- Usable metadata
- Editors as supervisors, not doers
- Constantly improving

Should this report be trusted? Has it had impact?

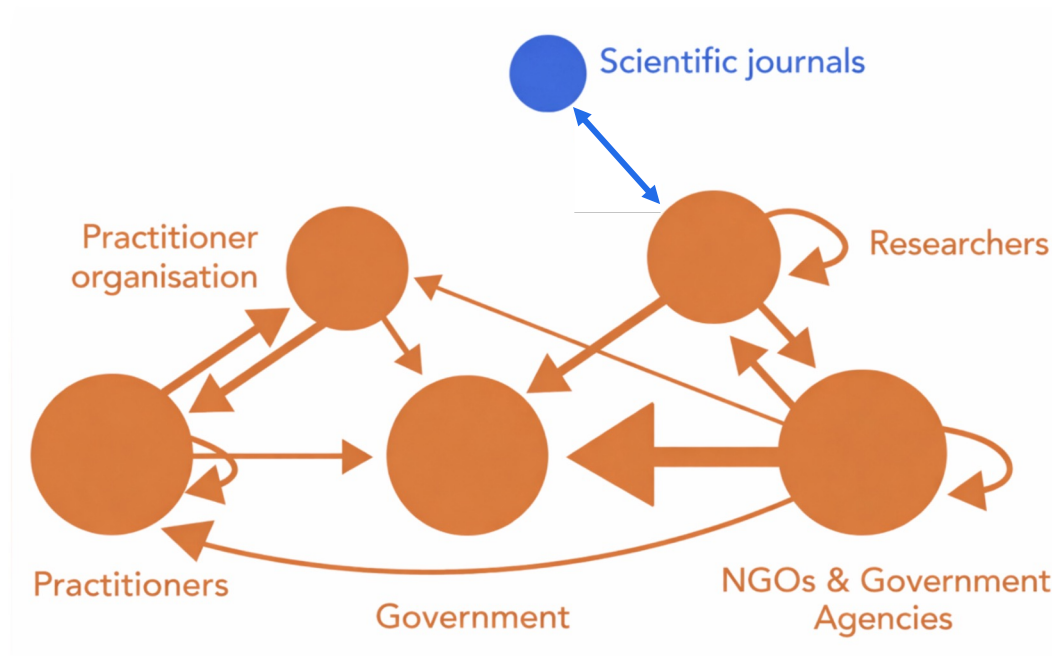


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2. Using AI to build a network of trust and impact



How research influences policy makers



Circle size represents importance of different knowledge sources

From Research → Trust → Impact

THE LANCET

Mortality from tobacco in developed countries: indirect estimation from national vital statistics

Prof R. Peto, FRS ^a · J. Boreham, PhD ^a · A.D. Lopez, PhD ^b · M. Thun, MD ^c · C. Heath, MD ^c

Affiliations & Notes [▼] Article Info [▼]

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» Abstract

Prolonged cigarette smoking causes even more deaths from other diseases than from lung cancer. In developed countries, the absolute age-sex-specific lung cancer rates can be used to indicate the approximate proportions due to tobacco of deaths not only from lung cancer itself but also, indirectly, from vascular disease and from various other categories of disease. Even in the absence of direct information on smoking histories, therefore, national mortality from tobacco can be estimated approximately just from the disease mortality statistics that are available from all major developed countries for about 1985 (and for 1975 and so, by extrapolation, for 1995). The relation between the absolute excess of lung cancer and the proportional excess of other diseases can only be approximate, and so as not to overestimate the effects of tobacco it has been taken to be only half that suggested by a recent large prospective study of smoking and death among one million Americans. Application of such methods indicates that, in developed countries alone, annual deaths from smoking number about 0.9 million in 1965, 1.3 million in 1975, 1.7 million in 1985, and 2.1 million in 1995 (and hence about 21 million in the decade 1990-99: 5.6 million European Community, 5.6 million USA, 5 million former USSR, 3 million Eastern and other Europe, and 2 million elsewhere, (ie, Australia, Canada, Japan, and New Zealand)). More than half these deaths will be at 35-69 years of age: during the 1990s tobacco will in developed countries cause about 30% of all deaths at 35-69 (making it the largest single cause of premature death) plus about 14% of all at older ages. Those killed at older ages are on average already almost 80 years old, however, and might have died soon anyway, but those killed by tobacco at 35-69 lose an average of about 23 years of life. At present just under 20% of all deaths in developed countries are attributed to tobacco, but this percentage is still rising, suggesting that on current smoking patterns just over 20% of those now living in developed countries will eventually be killed by tobacco (ie, about a quarter of a billion, out of a current total population of just under one and a quarter billion).



74 Governments

- Government of Alberta
- Government of Poland
- Parliament of Australia

24 IGOs

- World Bank Group
- World Health Organization (WHO)
- European Union (EU)

55 Think Tanks

- Cato Institute
- Fraser Institute
- Center for Global Development

42 Nonprofits

- Action on Smoking Health
- Campaign for Tobacco-Free Kids
- Cancer Association of South Africa

100 Research Institutes

- Montreal Neurological Institute (MNI)
- National Institute for Health and Care Excellence
- Medical Research Council (MRC)

49 NGO & Foundations

- Centre for Global Health Research (CGHR)
- Environmental Health Trust (EHT)
- Physicians for a Smoke-Free Canada (PSC)

50 Hospitals & Health

- Prince County Hospital
- Sussex NHS Foundation Trust
- Medstar Health

24 Cities / Local Authorities

- Santa Coloma de Gramenet (Spain)
- City of Hamilton, Ontario, Canada
- City of Allentown, Pennsylvania

The work of Dr. Richard Peto, Professor, University of Oxford, on smoking cessation

- Mentioned in **2,782 documents** from **729 organizations**, in **29 languages**.
- Multiple instances of real-world success.

Real-World Knowledge



Real-World Impact



A Smoke-Free Wales: Long-Term Tobacco Control Strategy

IWA: Sefydliad Materion Cymreig | Institute of Welsh Affairs - 26 Oct 2021



Nicotine Without Smoke: Tobacco Harm Reduction

RCP: Royal College of Physicians - 2016



UK Smoking Statistics and Trends (2024)

ASH: Action on Smoking and Health - 12 Nov 2024



Smoking and Social Housing: Supporting Residents, Addressing Inequalities

ASH: Action on Smoking and Health - 9 May 2022



Mobile-Based Intervention for Smoking Cessation i...

HITAP: Health Intervention and Technology Assessment Program - 25 Feb 2020



Smoking Cessation and Mortality: A Pooled Analysis of...

CGHR: Centre for Global Health Research - 2024



Levelling Up Lung Health: Stamping Out Smoking

Asthma + Lung UK - 2022



Smoking and Cardiovascular Disease: Risks and...

ASH: Action on Smoking and Health - 4 Aug 2021



Improved Diet, Smoking, and Alcohol Consumption Policies...

GLOBSEC: GLOBSEC Policy Institute - 18 Nov 2021



Data Standards for Smoke-Free Ontario Smoking Cessation...

OTRU: Ontario Tobacco Research Unit - 29 Oct 2013



A Smoke-Free Wales: Long-Term Tobacco Control Strategy

Welsh Government - 2022

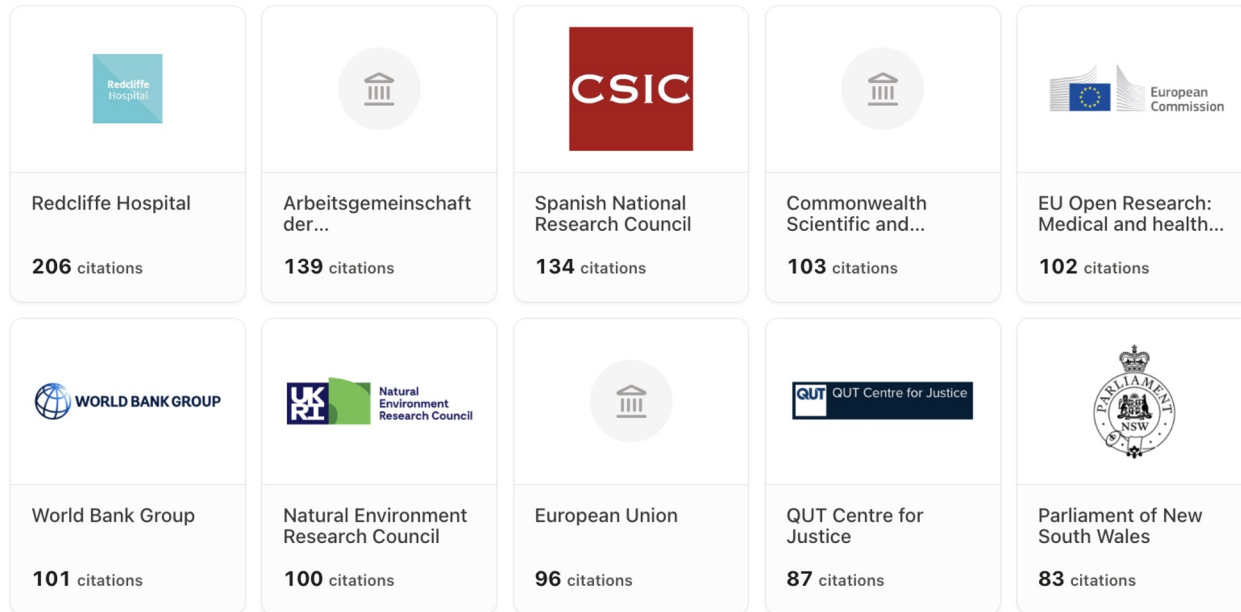


Graphic Health Warnings on Tobacco Packages: Tobacco...

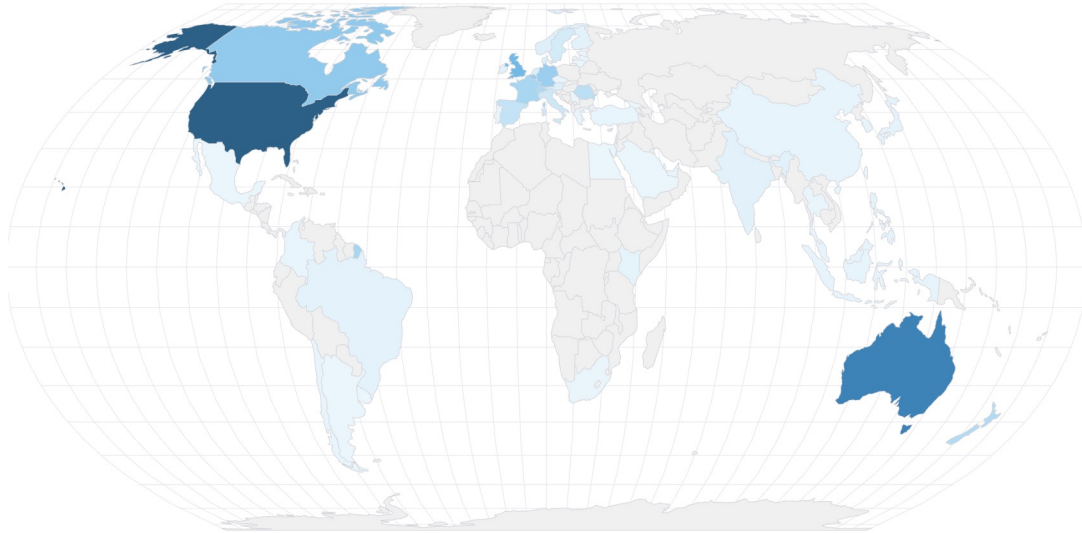
New Zealand Ministry of Health - 1 Feb 2008

Who trusts works from Griffith University?

Griffith University's 4,813 works received 7,586 citations from 1,171 policy & practice organizations in 78 countries.

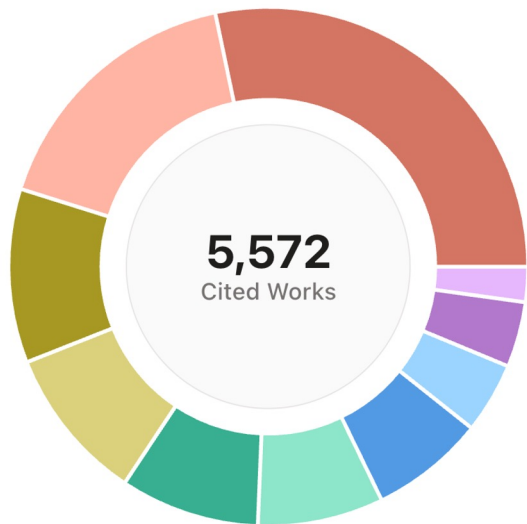


Where is Griffith being cited?



	COUNTRY	CITED WORKS
1	 United States	479
2	 Australia	397
3	 United Kingdom	229
4	 Canada	165
5	 Germany	148
6	 Belgium	147
7	 France	121
8	 Switzerland	107
9	 New Zealand	100
10	 Romania	83

Griffith impact by organization



TYPE	WORKS	SHARE	TYPE	WORKS	SHARE
● Government	1,576	28.3%	● NGO	437	7.8%
● Research Center	940	16.9%	● Nonprofit	397	7.1%
● IGO	604	10.8%	● Other	246	4.4%
● Healthcare	539	9.7%	● Think Tank	227	4.1%
● Higher Education	484	8.7%	● Patient Group	122	2.2%

Griffith Impact on SDGs



GOAL	WORKS	SHARE	GOAL	WORKS	SHARE
● Good Health	1,007	27.7%	● Clean Water	137	3.8%
● Life Below Water	381	10.5%	● Decent Work	137	3.8%
● Life on Land	334	9.2%	● Partnerships	133	3.7%
● Gender Equality	238	6.5%	● Zero Hunger	117	3.2%
● Climate Action	224	6.2%	● Sustainable Cities	79	2.2%
● No Poverty	199	5.5%	● Industry & Innovation	48	1.3%
● Quality Education	181	5.0%	● Responsible Consumption	42	1.2%
● Peace & Justice	175	4.8%	● Affordable Energy	34	0.9%
● Reduced Inequalities	174	4.8%			

Categorizing citations using AI

Advances in Machine Learning for Healthcare

Journal: Journal of AI in Medicine · March 2023

Authors: Emily Zhang, Michael Lee, Sara Patel, ...

Affiliations: Stanford University, MIT, Harvard Medical School, ...

[View all authors, affiliations, and paper metadata](#)

Cited by 2 Policy and Practice Documents

Policy Guidelines on AI Ethics

OECD · February 2024

"The research detailed in Advances in Machine Learning for Healthcare has significantly influenced the development of ethical AI policies, particularly in the realm of patient ...

[View in full text](#)

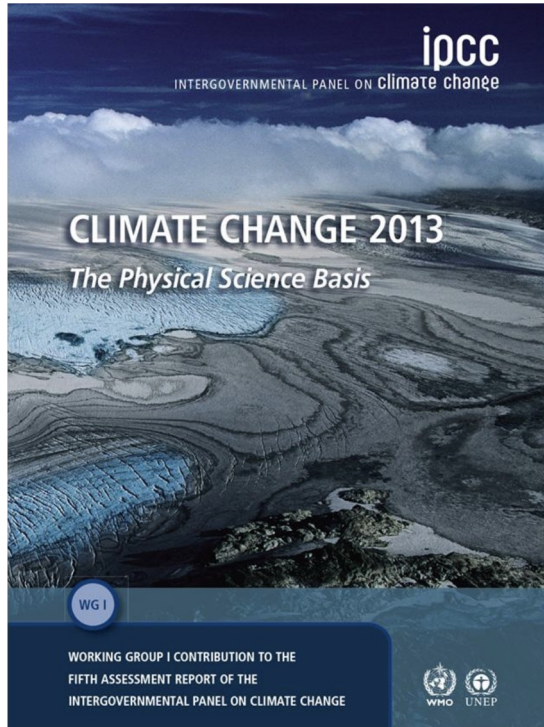
"The research detailed in Advances in Machine Learning for Healthcare has significantly influenced the development of ethical AI policies, particularly in the realm of patient data protection, model governance, and the establishment of regulatory frameworks that balance innovation with clinical responsibility."
(Zhang et al., 2023)(Page 8)

Mouseover



AI can categorize intellectual relationships—are authors building on, agreeing with, or arguing against prior work?

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4 & 5: Reputation and Expert Review


Non-traditional outputs *do* have forms of review



- Our corpus has over 20,000 expert and peer review methods from non-traditional publishers
- AI helps us synthesize a standard for others to adopt
- How can we make this explicit to readers?



Introducing the TrustMarc



WHO Country Cooperation Strategy


Uzbekistan 2025-2030


20.500.12592/23qj7sf

Who Country Cooperation Strategy

29 Oct 2025

[View](#) [Cite](#) [Add to list](#) [Share](#)





Flag this item

Metadata enriched with AI

uzbekistan world health organization country cooperation strategy

health system health policy public health primary health care

sustainable development goals health equity governance

Authors

World Health Organization. Regional Office for Europe



World Health Organization

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Guidelines for contributors

1. Scope and editorial policy

1.1 Content

The mission of the *Bulletin of the World Health Organization* is "to publish and disseminate scientifically rigorous public health information of international significance that enables policy-makers, researchers and practitioners to be more effective; it aims to improve health, particularly among vulnerable populations." The *Bulletin* is fully open-access and charges no author fees.

The *Bulletin* welcomes a variety of unsolicited manuscripts (see below, 1.1.1). These are initially screened in-house for originality, relevance to an international public health audience and scientific rigour. If they pass the initial screening, they are sent to peer reviewers whose opinions are considered by the journal's editorial advisers when they decide whether to progress with the manuscript. Papers may need several rounds of revision and review before being accepted. All accepted papers are subject to editorial revision, which may involve substantive changes, shortening or restructuring the text and deleting superfluous tables and figures. Large language models may be used to check for redundancies. The title of every paper accepted for publication in the *Bulletin* is edited

20.500.12592/23qj7sf

- Open
- Machine readable
- Portable



Shows end users what items can be trusted



World Health
Organization

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE



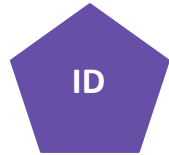
OECD

- We're working with these organizations to define their review standards
- Papers that meet these standards get a **TrustMarc** badge
- Users can click an **open permanent link** to verify the standards
- By June 2026, **1 million grey literature items** will have TrustMarcs





Show organizational trust measures to end users



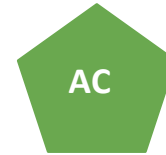
Identity

- Verifiably real via at least one cross-sector registry: Wikidata, LEI, ISNI, or national business/charity register
- Domain ownership consistent with claimed organizational identity



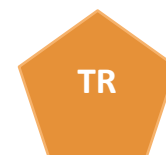
Stability

- Domain or official web presence continuously active for minimum 2 years (exceptions allowed)
- Has a history of producing items



Accountability

- A public contact point for the producer is listed and resolvable
- Named authorship (individual or institutional) is unambiguous and matches verified identity

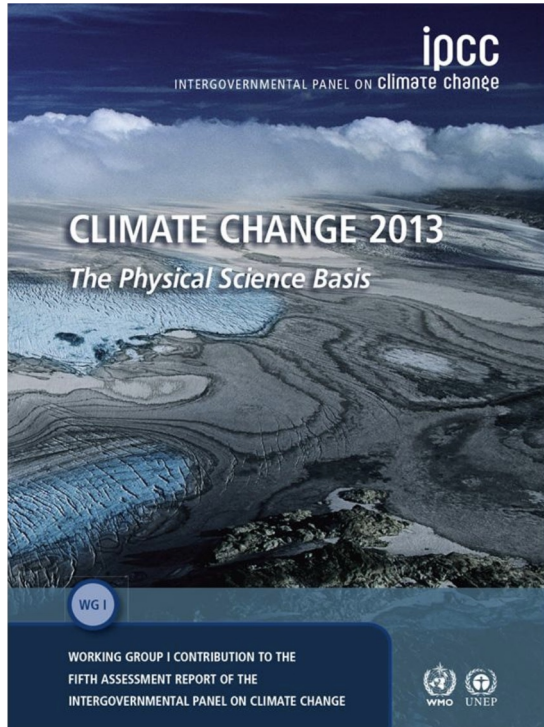


Transparency

- Funding source or organizational mandate is stated — even implicitly (e.g. 'Published by the City of Amsterdam')
- A corrections or updates mechanism exists, even if only a contact address



Should this report be trusted? Has it had impact?



- ✓ Who created it and when (metadata)
- ✓ How much has it been cited?
- ✓ Has it had an impact?
- ✓ What is the reputation of its creator?
- ✓ Has it been reviewed?

More?



<https://coherentdigital.net>



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Stephen Rhind-Tutt: srhindtutt@coherentdigital.net

