Supplementary file 1 -. Weighted proportions of the sample who supported the development of AI (aim 1) and applications of HCAI (aim 2).

		Support the development of AI	Support for unexplainable AI in healthcare	Support for HCAI that necessitates data sharing	Support for HCAI that leads to physician deskilling
	ALL	56.7%	28.7%	41.9%	27.0%
Has computer science or programming experience	No	54.0%	26.1%	39.9%	24.8%
	Yes	72.1%	43.4%	53.1%	40.0%
Self-identifies as having a chronic illness or disability	No	58.1%	29.4%	42.7%	27.9%
	Yes	51.6%	26.2%	39.1%	24.1%
Age group	18-34	61.2%	36.4%	48.4%	32.9%
	35-54	55.3%	25.3%	38.4%	25.5%
	55+	53.8%	25.0%	39.3%	23.0%
Education	high school ed	47.4%	26.7%	39.4%	25.8%
	Diploma or trade cert	57.4%	26.9%	38.7%	21.6%
	Bachelor degree	65.6%	32.1%	46.2%	32.7%
	Postgraduate degree	69.0%	35.9%	55.5%	41.9%
Speaks languages other than English at home	No	55.6%	26.9%	39.9%	24.4%
	Yes	60.4%	35.3%	49.1%	36.4%
Gender	Female	53.9%	25.1%	38.0%	22.6%
	Male	59.6%	32.5%	46.0%	31.6%
Household income	<$500 pw	45.9%	29.7%	38.6%	28.2%
	$500 - $1999 pw	55.6%	27.5%	41.4%	24.5%
	$2000+ pw	66.3%	30.5%	45.2%	31.6%
Region	Outside of capital city	54.3%	24.8%	37.2%	22.1%
	Capital City	57.8%	30.6%	44.2%	29.5%
SEIFA	most disadvantage	49.9%	27.6%	38.1%	25.8%
	moderate	56.5%	27.9%	41.5%	26.8%
	least disadvantage	61.8%	31.7%	45.5%	28.3%
Self reported health	good/fair/poor	52.4%	25.6%	39.3%	23.1%
	excellent/very good	60.3%	31.3%	44.1%	30.4%