5 principles show how to foster equity using health IT innovation

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A 1985 task force convened by then-Health and Human Services Secretary Margaret Heckler concluded health inequities contributed to 60,000 excess deaths a year.

That was “nearly 40 years ago—and these gaps still exist,” said Luis Belen, CEO of the National Health IT Collaborative for the Underserved (NHIT). Indeed, a more recent analysis concluded that there were more than 70,000 excess or preventable deaths among Black people, compared with white people, each year in the U.S.

The NHIT is one of the 14 founding collaborating organizations committed to working with the AMA on the In Full Health Learning and Action Community to Advance Equitable Health Innovation, an initiative to improve health outcomes for all patients by committing to equitable health innovation opportunities that benefit historically marginalized communities.

“Health care systems grow ever more enmeshed with information technology and that development holds the potential to either close those gaps or make them wider, depending on how they are designed and implemented,” Belen said in an interview posted on the In Full Health website.

In Full Health provides a framework for shared understanding and a community for stakeholders committed to putting equity at the center of their decision-making on health innovation investment, development and purchasing.

Learn more about how this AMA effort will rev up the health tech sector by putting equity at its core.

Self-assessment is step 1
NHIT and the other In Full Health collaborators have committed to working with the AMA to support and advance these five principles for equitable health innovation.

**Dismantling structural racism, sexism and bias in health innovation resource allocations begins with organizational self-assessment.** Stakeholders should regularly and transparently assess the impact that their investment, solution-development and purchasing decisions have on historically marginalized communities.

**Impact on health equity is a fundamental metric that should be used in assessing the value created by all health innovations.** Innovators should be encouraged and financially incentivized to value and foster accountability to the members of historically marginalized communities who will be affected by the implementation of the solutions they develop.

**Greater investment is needed in health innovations developed specifically to improve health outcomes for, and eliminate inequities experienced by, historically marginalized communities—with resources and support prioritized for innovators designing from within these communities.** There should be financial resources and decision-making structures that honor, compensate and invest in the expertise of the leaders of historically marginalized communities—with allocation of funding rising to at least match that community’s proportional representation of the U.S. population.

**More health innovation investment models should support asset ownership and wealth development within historically marginalized communities.** The economic value generated from health innovations developed for, with and by people from marginalized communities should benefit those communities.

**While health innovation funders, solution developers and customers have a significant opportunity for impact at the organizational level, we need industry influencers to address systems-level barriers and needs.** Policymakers and others with industry influence to learn from the health innovators, investors, patients and caregivers from underinvested communities to inform their priorities and foster accountability.

**Learn the right questions to ask**

Principle three on greater investment “is key to our approach toward equity—no one knows the challenges and opportunities within underserved communities better than the community members and leaders themselves,” Belen said.
“Community should inform the research agenda to be sure we’re asking the right questions and evaluating the right measures,” he added.

He pointed to rural health care as one example.

“Those most at risk in rural areas include migrant farmworkers who face additional barriers due to frequent changes in residency as work demand shifts,” he said. “The health and well-being of farmworkers have significant national security implications concerning food safety, food-supply chain security and economic stability of the $1.1 trillion agricultural sector.”

Anyone who funds, develops, buys or influences the ecosystem of health solutions is invited to join the In Full Health Learning and Action Community. That includes physicians.

Learn about the AMA Center for Health Equity and the AMA’s strategic plan to embed racial justice and advance health equity.