





## AMIA's Focus on Diversity, Equity, and Inclusion

Kenrick Cato<sup>1,2,3</sup> Subha Airan-Javia<sup>4,5</sup>

- <sup>1</sup> School of Nursing, Columbia University, New York, New York, **United States**
- <sup>2</sup>Department of Emergency Medicine, Columbia University Irving Medical Center, New York, New York, United States
- <sup>3</sup> NewYork Presbyterian Hospital, New York, New York, United States
- <sup>4</sup>Section of Hospital Medicine, Department of Medicine, Perelman School of Medicine at the University of Pennsylvania, Philadelphia, Pennsylvania, United States
- <sup>5</sup>CareAlignAl, Philadelphia, Pennsylvania, United States

Appl Clin Inform 2022;13:1161-1162.

Address for correspondence Kenrick Cato, PhD, Department of Emergency Medicine, Columbia University Irving Medical Center, 560 West 168th Street, New York, NY 10032, United States (e-mail: kdc2110@cumc.columbia.edu).

The year 2020 was tumultuous and it was effectively impossible to ignore the national conversation about diversity, equity, and inclusion (DEI) in all domains of our lives. Within the context of the national DEI conversation, we, the cochairs of the 2021 American Medical Informatics Association Clinical Informatics Conference (AMIA CIC), believed it was important to encourage the Applied Clinical Informatics (ACI) community to think deeply about the intersection of DEI and our field, and how we might improve the current state of affairs.

To achieve this goal, the AMIA CIC in May 2021 included a major focus on DEI. Following AMIA CIC 2021 conference, the ACI journal has compiled a Special Topic Section and invited conference presenters to contribute manuscripts. And we are pleased to inform our fellow AMIA members, that there have been several excellent special topic manuscripts, specifically on health informatics and health equity, 1 as well as on the subject of equity.<sup>2</sup>

We are excited about this ACI special topic section because it provides an opportunity to broaden our community's horizons on the issue of DEI gaps in informatics, describe the work that is currently being done to advance DEI, and identify areas where we need to focus more attention and intention.

In our efforts, we were guided by the understanding that DEI is not a separate category from Applied Informatics. Rather, it should be considered part of the DNA of ACI and should be reflected at every level of our work. Systemic biases have been woven into the fabric of our society, and by extension into our work as health care providers and

clinical informaticians. We must be equally systematic about rooting out biases, by making it the norm, and not the exception, to address DEI in every applied informatics research topic.3

DEI is anchored by inclusion. Therefore, this ACI special topic section includes a range of clinical specialties, types of research/projects, areas of research, and applications of research. In their research article Tosto et al describe how they investigate the relationships between health literacy and numeracy and patient portal use.<sup>4</sup> In another research submission, Jelinek and his colleagues demonstrate approaches to improve the inclusion and equity of telemedicine.<sup>5</sup> Furthermore, Lomotan and colleague's case study highlights the importance of the patient-centered design throughout the informatics process<sup>6</sup>-which will ultimately improve the usability and acceptance for diverse patient populations.

We invite readers to approach this special topic section with openness and curiosity. We hope it will be the beginning of a frank conversation about what we as clinical informaticists miss when we do not address DEI in our work. How might our community address thorny issues of exclusion and underrepresentation, expanding our vision to include new types of informaticians, research topics, and community? Ultimately, we believe that a focus on DEI will enrich patients, our individual careers, and the entire

## **Conflict of Interest**

None declared.

received May 19, 2022 accepted after revision September 15, 2022 accepted manuscript online October 9, 2022

DOI https://doi.org/ 10.1055/a-1957-6669. ISSN 1869-0327.

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Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

## References

- 1 Veinot TC, Ancker JS, Bakken S. Health informatics and health equity: improving our reach and impact. J Am Med Inform Assoc 2019;26(8-9):689–695
- 2 Johnson KB, Bright TJ, Clark CR. Overview of the Issue. J Health Care Poor Underserved 2021;32(02):1–4
- 3 Lehmann CU, O'Connor KG, Shorte VA, Johnson TD. Use of electronic health record systems by office-based pediatricians. Pediatrics 2015;135(01):e7-e15
- 4 Di Tosto G, Walker DM, Sieck CJ, et al. Examining the relationship between health literacy, health numeracy, and patient portal use. Appl Clin Inform 2022;13(03):692–699
- 5 Jelinek R, Pandita D, Linzer M, Engoang JBBN, Rodin H. An evidence-based roadmap for the provision of more equitable telemedicine. Appl Clin Inform 2022;13(03):612–620
- 6 van Leeuwen D, Mittelman M, Fabian L, Lomotan EA. Nothing for me or about me, without me: codesign of clinical decision support. Appl Clin Inform 2022;13(03):641–646