



AMIA's Focus on Diversity, Equity, and Inclusion

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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 co-chairs 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.²

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.⁴ In another research submission, Jelinek and his colleagues demonstrate approaches to improve the inclusion and equity of telemedicine.⁵ Furthermore, Lomotan and colleague's case study highlights the importance of the patient-centered design throughout the informatics process⁶—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 field.

Conflict of Interest

None declared.

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