THE MILBANK QUARTERLY
A MULTIDISCIPLINARY JOURNAL OF POPULATION HEALTH AND HEALTH POLICY

Perspective

Digital Health: An Opportunity to Advance Health Equity for People With Disabilities

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Policy Points:

- Universal Design and Inclusion: Mandate all digital health platforms, devices, and services be built on universal design principles and codeveloped with people with disabilities, ensuring compatibility with assistive technology and emergency response features.
- Standardized Disability Data Collection: Implement mandatory, standardized disability data collection in electronic health records with robust privacy protections, addressing the Patient Protection and Affordable Care Act Section 4302 gaps while enabling personalized care and research.
- Accessibility as Civil Rights: Treat accessibility as a civil rights issue with strict enforcement of Section 508, Americans With Disabilities Act, and Section 1557, including the patient interoperability mandate, penalties for noncompliance, and legal recourse for patients.
- Funding and Incentives: Establish funding incentives prioritizing disability equity, digital literacy programs, value-based payment models, and workforce training for healthcare professionals using disability-inclusive digital health tools.

Keywords: disability health, artificial intelligence, accessibility.

The Milbank Quarterly, Vol. 00, No. 0, 2025 (pp. 1-21)
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Throughout the last 50 years, the disability rights movement has made significant progress in providing statutory protections for people with disabilities in the United States. The passage of landmark legislation, including the Rehabilitation Act of 1973, the Individuals with Disabilities in Education Act (passed in 1975), and the Americans with Disabilities Act (ADA; passed in 1990), has created a foundation for disability advocates to fight against discrimination and for the expanded rights of the more than 67 million people with disabilities in the United States. In the health care context specifically, there have also been statutes passed to protect patients, including the Health Insurance Portability and Accountability Act (HIPAA; passed in 1996) and the Affordable Care Act (ACA; passed in 2010), that have helped to provide privacy and coverage protections for all patients, including people with disabilities who may have disproportionately frequent contacts with the health care system.

In spite of these legal protections, people with disabilities continue to experience discrimination, disparities, and inequitable services across their health and health care journey.[1–3] That is, although these laws provide broad nondiscrimination and accessibility protections for people with disabilities that should apply in the health care space, these promises are far from realized. Health care is a particularly high-risk context in which inequities can have severe consequences that disproportionately impact people with disabilities as well as people who identify as multiply-marginalized disabled.

The focus on addressing health and health care inequities for people with disabilities has increased over the past few years. For example, in 2022, the National Council on Disability (NCD) advocated for public and private partnerships and fundamental policy changes to ensure equitable care for people with disabilities.[4] This call to action gained momentum with the recent National Institutes of Health (NIH) designation of people with disabilities as a health disparity population. The combination of the NCD's policy push and NIH's health disparity designation creates a policy and funding tailwind to (a) mandate digital accessibility standards (e.g., Web content accessibility guidelines compliance), (b) encourage inclusive innovation in health tech, and (c) incentivize health systems and vendors to prioritize universal design principles.[5]

Against this backdrop, it is critical to distinguish among statutes whose accessibility obligations are already crystallized and those still evolving. The long-standing federal information technology mandates in Section 508 already require federal agencies—and, by extension, their vendors—to ensure that electronic and information technology is comparably accessible to people with disabilities. This ensures that clinical data streams (e.g., laboratory results, visit summaries, Fast Healthcare Interoperability Resources application programming interfaces) delivered to people without disabilities must also be accessible to people with disabilities.

In contrast, several key federal accessibility mandates are still in flux. These include the Department of Justice's new ADA Title II Web rule for state and local entities, the still-pending Title III rule for private-sector health care, the US Department of Health and Human Services (HHS)'s 2024 Section 504 rule (which is currently being litigated in *Texas v Kennedy* and includes contested provisions on digital accessibility, accessible medical equipment, and protections related to gender dysphoria), the Section 1557 nondiscrimination regulation, and interoperability mandates under the 21st Century Cures Act and Centers for Centers for Medicare & Medicaid Services rules. These evolving rules aim to close long-standing accessibility gaps across digital health infrastructure.

Although some recent policy efforts signal progress, many legal developments, including ongoing litigation and delayed rulemaking, expose the fragility of disability rights in health care. However, amid these challenges, the role of digital health in advancing equity for people with disabilities remains underexplored. Digital health is defined as the use of digital technologies, platforms, and solutions to (a) engage consumers in making decisions regarding their health and wellness options, (b) deliver health care services, and (c) enhance quality of care, health analytics, and outcomes for consumers.[6] In this paper, we highlight eight areas of digital health powered by artificial intelligence (AI) and data science that, if ethically leveraged, can play a critical role in mitigating health inequities for people with disabilities. Based on the "Value-Based Care Framework" by Porter and Teisberg, which prioritizes care quality, health outcomes, affordability, and patient engagement, and the "Health Equity Framework for People with Disabilities" by the NCD, which prioritizes health disparities population designation, inclusion, accessibility, and data capturing, we propose a novel integrated framework for conceptualizing how digital health can help address the health disparities and inequities that people with disabilities face through three mechanisms: (a) personalization, (b) enablement, and (c) infrastructure and workforce transformation (Table 1; Figure 1).[7,8] We also outline policy and practice implications that need to be considered to activate digital health for people with disabilities (Table 2). Although general in nature, as the specific policies and strategies may vary by region, care model, and health care system, this framework outlines how health care organizations and policymakers can tailor their approaches to best meet the needs of people with disabilities. Our goal is to highlight the inclusion of people with disabilities in the development of these technologies and outline opportunities and barriers to using digital health to advance health equity for people with disabilities.

Table 1. Digital Health Activation Categories and Elements to Address the Needs of People With Disabilities

Digital Health Activation Categories	Digital Health Element	Significance
Personalization	Personalized journey mapping	Tailors pathways to unique disability needs and goals
Personalization	Patient and family engagement technology	Tools help patients manage care in personalized ways
Enablement	Affordability and access to care	Breaks down barriers to let people with disabilities access care effectively
Enablement	Coordinated support for SDOH	Supports whole-person needs like housing, transport, and jobs
Enablement	Deployment of new remote care models	Provides new ways (telehealth, home care) to access care
Infrastructure and workforce transformation	Disability competency and attitudinal development of medical professionals	Transforms the skills and mindset of the health workforce
Infrastructure and workforce transformation	Data democratization and harmonization	Modernizes data systems to support safe, coordinated care
Infrastructure and workforce transformation	Patient safety	Requires system upgrades and clinical process changes

SDOH, social determinants of health.

Table 2. Policy and Practice Implications of Digital Health for People With Disabilities

Impacts of Digital Health	Implications	Policy and Practice Recommendations	Literature References
Personalized journey mapping	• Integration of accessibility, universal design-thinking principles • Balance between data privacy and data usage for personalization and longitudinal care continuity	• Health care organizations must incorporate accessibility and universal design-thinking principles while mapping the journeys of patients with disabilities and developing health products and services • Policymakers must draft policies that prioritize health equity and strike a balance between privacy and data usage to benefit patients with personalization and continuity of longitudinal care	Barua et al. (2022)[9]

Continued

Table 2. (Continued)

Impacts of Digital Health	Implications	Policy and Practice Recommendations	Literature References
Patient and family engagement technology	• Digital literacy and training for patients and their families • Patient feedback mechanisms • Opportunity for creating a positive health care experience	• Codesign and codevelop digital health with people with disabilities • Develop digital literacy programs for patients to empower them in using digital health tools effectively • Reform digital literacy policy to enable digital determinants and enforce disability civil rights laws for equity • Establish mechanisms for people with disabilities to provide feedback on their digital health experiences, guiding improvements	Chidambaram et al. (2024)[6]; Jain et al. (2022)[7]; Jones et al. (2020)[10]

Continued

Table 2. (Continued)

Impacts of Digital Health	Implications	Policy and Practice Recommendations	Literature References
Affordability and access to care	• Standardized disability survey and data collection • Enforcement of Section 4302 of the ACA, Section 1557 of the 2010 Patient Protection and ACA, and Section 508 of the Rehabilitation Act • Research and evidence-based practice	• Enforcement of Section 4302 of the ACA, Section 1557 of the 2010 Patient Protection and ACA, and Section 508 of the Rehabilitation Act are critical for digital health inclusivity of people with disabilities • Standardized disability surveys and universal disability data collection are fundamental to serving people with disabilities; promote patient-reported disability status independent of medical conditions and diagnosis • Promote policies for research on the effectiveness of digital health interventions for people with disabilities to inform evidence-based care	Jones et al. (2020)[10]; Morris et al. (2024)[11]; Morris et al. (2022)[12]

Continued

Table 2. (Continued)

Impacts of Digital Health	Implications	Policy and Practice Recommendations	Literature References
Coordinated support for SDOH	• Support DDOH for health equity and inclusivity • Collaboration among unconventional social partners for SDOH screening and triaging the needs	• Align digital health policies and initiatives with broader DDOH support and health care equity goals to reduce disparities for people with disabilities • Encourage and incentivize public–private partnerships, including engagement with CBOs, that bring supportive social determinants to people with disabilities	Chidambaram et al. (2024)[6]; Jain et al. (2024)[13]

Continued

Table 2. (Continued)

Impacts of Digital Health	Implications	Policy and Practice Recommendations	Literature References
Deployment of new remote care models	• Promotion of new contextual care models • Accessibility of digital health platforms and devices • Digital health reimbursement policies	• Ensure that digital health platforms such as mHealth, home health, telemedicine, remote patient monitoring, and remote testing are designed to be accessible to people with disabilities • Ensure that digital health platforms are compatible with assistive technologies and enable contextual care models, such as screen readers, voice recognition dictation, and medication coding • Incentivize the development of wearable devices with accessibility features to meet diverse disability needs • Establish policies that support contextual digital health services for people with disabilities	Jones et al. (2020)[10]; Rialle et al. (2002)[14]

Continued

Table 2. (Continued)

Impacts of Digital Health	Implications	Policy and Practice Recommendations	Literature References
Disability competency and attitudinal development of medical professionals	• Disability competency content and training in the workflows of providers and support organizations • Opportunity to promote interdisciplinary collaboration	• Invest in training programs for health care and social support professionals to enhance their competency in using digital health tools for people with disabilities • Facilitate interdisciplinary collaboration among health care professionals and social workers for holistic care	VanPuymbrouck et al. (2020)[15]; Crossley (2015)[16]; Bowen et al. (2020)[17]

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Table 2. (Continued)

Impacts of Digital Health	Implications	Policy and Practice Recommendations	Literature References
Data democratization and harmonization	• Open and equitable access to patient-consented data • Data privacy and security • Advance disability research and mitigation of data biases • Accessibility regulations • Interoperability standards	• Implement robust data privacy and security measures to protect sensitive health information of people with disabilities; enable open and equitable access to patient data for decision making and holistic care delivery • Develop policies to advance disability research, mitigate data biases, enhance care coordination, and improve patient outcomes; enforce collection and availability of standardized disability data in the EHR • Enforce accessibility regulations and standards for digital health platforms and data to ensure they meet disability accommodation requirements • Develop and enforce interoperability standards to ensure that digital health and social prescribing platforms can exchange information seamlessly, benefiting people with disabilities	Lupton (2014)[18]; Hiller et al. (2025)[19]

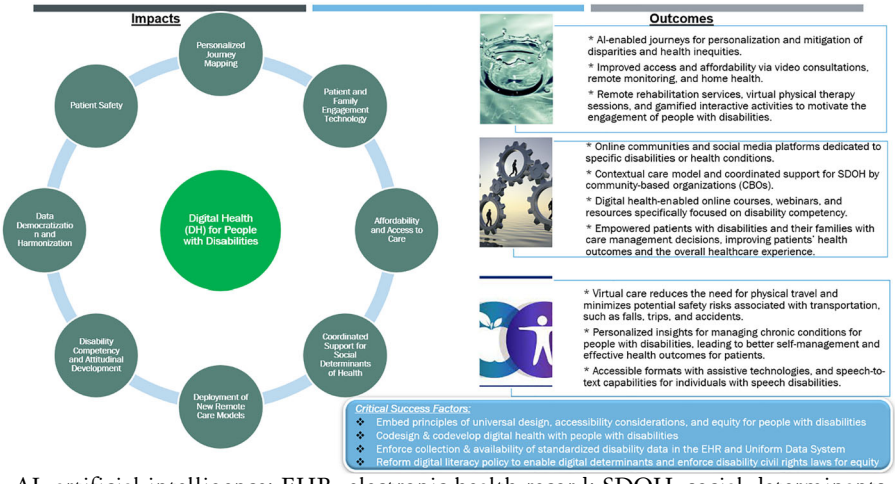
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Table 2. (Continued)

Impacts of Digital Health	Implications	Policy and Practice Recommendations	Literature References
Patient safety	• Accessibility, affordability, and digital literacy ensuring inclusivity (supportive DDOH) • Integrated emergency response features • Smart mobility apps to prevent falls and trips while navigating surroundings	• Health care organizations and policymakers must consider factors like accessibility, affordability, and digital literacy to ensure that digital health technologies are inclusive and accessible to all individuals with disabilities • Digital health systems must incorporate emergency response features, allowing people with disabilities to call for help in case of medical emergencies • Health care organizations must use design-thinking approaches to ensure smart mobility aids and navigation apps to assist individuals with mobility disabilities in navigating their surroundings, helping to prevent accidents and improve safety when moving in unfamiliar environments	Chidambaram et al. (2024)[6]; Van Kessel et al. (2022)[20]

ACA, Affordable Care Act; CBO, community-based organization; DDOH, digital determinants of health; EHR, electronic health record; mHealth, mobile health; SDOH, social determinants of health.
AI, artificial intelligence; EHR, electronic health record; SDOH, social determinants of health.

Figure 1. Critical Areas of Impacts of Digital Health and Outcomes for People With Disabilities



AI, artificial intelligence; EHR, electronic health record; SDOH, social determinants of health.

Personalization

Personalized Journey Mapping

Digital health and AI-enabled journeys can support patient touchpoints with necessary personalization for people with disabilities based on their contexts and holistic needs. For example, generative AI (GAI)-driven image and facial recognition for people who are blind or have low vision could be used to support health care interactions. Real-time translation and lip-reading recognition for people who are hard of hearing could also improve accessibility in these settings. AI-enabled measurement of the patient experience during critical events can provide inputs to the care plan and surface potential discontinuities in care delivery for people with disabilities. It is critical that the deployment of such platforms adheres rigorously to privacy regulations, including HIPAA, particularly concerning patient consent for data sharing with third-party vendors. Although such platforms are generally expected to function as HIPAA business associates, with corresponding obligations to protect patient data, the specifics of data governance, consent mechanisms, and the extent to which deidentified versus identifiable data are used warrant careful scrutiny by health care organizations to ensure that patient privacy is paramount.

However, much work remains to be done to endorse the use of such technology. Image-description tools can enrich access for users who are blind or have low vision, but recent studies have shown that their captions remain error-prone and systematically underrepresent objects linked to minority groups.[21] Facial recognition companions likewise misclassify race and gender more often in women and people of color, highlighting persistent bias and accuracy gaps.[22] Both technologies should therefore be deployed only with human-in-the-loop verification and transparent performance reporting. Despite their promise, current accessibility tools have significant limitations. Automatic speech recognition engines still post significant word error rates for accented or dysarthric speech, dampening their utility for many users with speech differences.[23] Likewise, lip-reading or captioning apps must serve strictly as supplements to certified sign language interpreters because a large share of individuals who are hard of hearing communicate solely through American Sign Language (ASL) or other signed languages.

To scale up these opportunities, health care organizations must improve the health care journeys of people with disabilities. This involves incorporating design-thinking principles—an iterative, human-centered approach to problem-solving that emphasizes empathy, ideation, prototyping, and testing—as a foundational element. Although design-thinking focuses broadly on user needs, it must be explicitly integrated with inclusive design principles, which specifically aim to create products and services that are accessible to and usable by the widest range of people, particularly those with disabilities, without the need for special adaptation. Partnerships with the disability community are also core values of product and service development. Likely, a "carrot-and-stick" approach is needed. Federal agencies such as the HHS should develop internal expertise, processes, and evaluation frameworks around disability inclusion before introducing any potential requirements for health care products and services. This foundation of knowledge and capability would enable agencies to effectively promote accessibility and equity for people with disabilities while appropriately balancing privacy concerns with the benefits of personalized, continuous care.[9] It is important to acknowledge that although such mandates are advocated for, the current regulatory and political climate may present challenges to the immediate and widespread implementation of new, comprehensive regulations in this specific area. However, existing legal frameworks continue to provide a basis for advancing accessibility. By leveraging accessibility and universal design principles in the basic design of all health products and services as these technologies continue to develop, the health care enterprise will broaden its consumer base, improve cost-effectiveness, and help advance equity.

Patient and Family Engagement Technology

People with disabilities often have complex medication regimens. Medication management apps can help individuals, their families, and caregivers track medication schedules, set reminders, and even order prescriptions online, improving adherence and overall health outcomes. By implementing patient and family engagement technology where accessibility and inclusivity for people with disabilities are primary, foundational design requirements rather than afterthoughts, health care organizations can empower patients and their families to participate in their care actively, make informed decisions, and effectively communicate with health care providers. This support includes text-based communication, video conferencing with sign language interpreters, education material in multiple accessible formats with assistive technologies, and speech-to-text capabilities for people with speech disabilities. Patient engagement platforms often incorporate patient-reported outcome measures in quality metrics and allow people with disabilities to report their symptoms, pain levels, and overall well-being as part of longitudinal care.

Moreover, digital health solutions can enable patients and their families to access electronic health records (EHRs) through secure online portals and provide personalized care plans. Advanced appointment platforms can facilitate the scheduling of complex care with patient centricity by a team of medical professionals, ensuring holistic care is organized around people with disabilities and improving their overall health care experience. However, none of these approaches are equitable unless they are codesigned with people with disabilities and developed to include and maximize accessibility for them.[6,7,10]

Enablement

Affordability and Access to Care

Digital health technologies can significantly improve both access and affordability of care. Ideally, GAI- and AI-driven technologies can learn and adapt to the unique needs of people with disabilities; they have the potential to improve ease of care delivery and equity, thereby allowing providers and patients to focus on improving health outcomes. However, a significant challenge is that these tools are often developed using data sets that lack representation of the diverse experiences and unique needs of people with disabilities.[24] This deficiency in training data can lead to AI systems that perform poorly, are biased, or are altogether unsuitable for this population, making it an uphill battle to achieve true accessibility and equity if inclusive design principles and comprehensive disability data are not integrated from the very outset of development. Despite the vast potential of digital health, there are significant challenges from both policy and practice perspectives.

First, there is no federal requirement supporting the standardized collection of disability data in EHRs.[11] Although Section 4302 of the ACA mandates the collection of disability data as a demographic variable, this guidance only applies to "population-based health surveys." In July 2022, the Office of the National Coordinator for Health Information Technology (ONC) included disability data in the US Core Data for Interoperability (USCDI) version 3. Despite specific recommendations from the ONC Interoperability Standards Workgroup to use the ACA disability standard questions and an additional question on communication disabilities, the final USCDI version 3 disability data recommendations are not specific and will likely not result in interoperability. The lack of a standardized approach to disability data collection in EHRs has led to significant information gaps in the Uniform Data System. It ultimately compromises the quality of care delivered to people with disabilities. Specific regulations for collecting disability data in EHRs are needed to support the equitable design and interoperability of digital health platforms. Although there remains debate over the ideal approach to measuring disability, a growth mindset should be applied in which the current HHS and ONC recommendations should inform disability data methods as new and more inclusive metrics are developed. There should not be a pause in efforts to capture disability data in EHRs as a core demographic because these data are urgent and necessary for health care providers to coordinate care for people with disabilities, streamline and enhance communication and accessibility, and improve health outcomes for patients with disabilities.[12]

Second, most digital health platforms are not designed to be accessible to people with disabilities. Maximizing accessibility will not only improve patients' health care interactions and support the collection of data from patients with disabilities but also help to address health care inequities for this population. When digital health platforms are developed in partnership with people with disabilities, are based on universal design principles and equity considerations, and use a coordinated omnichannel approach, they can extend the reach and cost-effectiveness of virtual health. Video consultations, remote monitoring, telehealth, and home health platforms can enable many people with disabilities to conveniently connect with health care providers from their homes and provide information in alternative formats via their preferred communication channels. As an added benefit, fewer primary care or hospital visits, reduced travel expenses, and better management of chronic conditions can result in lower health care expenses for people with disabilities and health plans.[10]

Coordinated Support for the Social Determinants of Health

Digital health can play a critical role in improving the health outcomes of people with disabilities by advancing equity across social determinants of health (SDOH). By automating SDOH screening at health centers, integrating consented data across databases, and building a longitudinal patient record, health systems can stream-

line referrals to community-based organizations (CBOs) and connect patients with community health workers.[13] By leveraging a contextual care model, AI can help synthesize information from all the touchpoints between people with disabilities and CBOs and enable longitudinal care to prevent emergency admissions and avoidable social costs. Digital health apps and websites can offer educational resources and tools to support informed decision making. However, to be effective, these digital health tools must also support the digital determinants of health (DDOH), including ease of use, interactivity, digital literacy, and accessibility.[6]

Deployment of New Remote Care Models

Digital health platforms open opportunities for how people with disabilities engage in health care services, such as virtual physical therapy sessions and gamified interactive rehabilitation activities. Digital home health has the potential to improve health outcomes and health care interactions for people with disabilities. Digital health professionals can also assess the home environment remotely and recommend modifications or adaptations to enhance safety and accessibility, potentially reducing the risk of accidents in the homes of people with disabilities. However, for these technologies to benefit people with disabilities, it is essential to ensure that they are codesigned with people with disabilities, they are accessible and affordable, and privacy and security concerns specific to people with disabilities are understood and addressed.[10,14]

Infrastructure and Workforce Transformation

Disability Competency and Attitudinal Development of Medical Professionals

Digital health can be critical in improving disability competency and cultivating positive attitudes among medical professionals. A recent study by VanPuymbrouck and colleagues of over 25,000 health care providers provided evidence that more than 60% were unaware of their own implicit bias against people with disabilities.[15] Digital health platforms can offer online courses, webinars, and personalized resources on disability competency. Furthermore, establishing advisory boards composed of mostly medical professionals, patients, and advocates with disabilities can guide the ethical and equitable development and deployment of these technologies. Health care providers can access these materials to improve their community-centered knowledge regarding people with disabilities, cultural competence, and communication skills for this population. Moreover, telehealth can connect medical professionals with those who have specific expertise in health care for patients with disabilities, allowing remote consultations and mentorship.

Additionally, digital platforms can facilitate collaborative learning among health care professionals and the codesigning of these resources with people with disabilities. Virtual conferences, forums, and discussion groups can provide experiences and insights regarding disability competency and attitudinal development. Digital health platforms can offer accessible information resources in various formats, including plain language, easy-to-read materials, and multimedia presentations. These resources ensure that health care providers can access information regarding people with disabilities in a way that aligns with their own and their patients' learning styles and needs. One such mode of information sharing may include patient stories and testimonials from people with disabilities, including health care providers with disabilities, providing firsthand accounts of their experiences, challenges, and successes in health care encounters. Digital health education can include modules on cultural competence, which encompass understanding the diverse experiences and identities of people with disabilities, including the additional barriers experienced by people with disabilities from intersecting socioeconomic, racial, ethnic, and gender identity groups, and can support efforts to better include people with disabilities in the health care workforce. These platforms can facilitate feedback collection from people with disabilities regarding their health care experiences, which can help health care providers assess and improve their attitudes and approaches toward people with disabilities. Digital health platforms can facilitate interdisciplinary collaboration among health care professionals, including physicians, nurses, therapists, and social workers, to enhance holistic care for and inclusion of people with disabilities.[16,17]

Data Democratization and Harmonization

The democratization of data—that is, ensuring open and equitable access for all—is critical for informed decision making, accountability, and holistic care for people with disabilities. Notably, democratizing digital health aggregate or system-level data provides opportunities for people with disabilities to understand where and when inequities are occurring in health care settings and make informed decisions. For example, digital health data can enable measurement, tracking, and open sharing of information regarding the accessibility of health care settings and encounters, helping patients make decisions regarding where and how they seek care. Responsible access to data from digital health technologies can also support research to identify and address disability health inequities. These technologies provide opportunities to create the large data sets necessary for personalizing and tailoring health care and SDOH support for people with disabilities. However, these efforts must first develop policies to support digital health data privacy, security, and ethics informed by and codeveloped with members of the disability community.[18,19,25]

Patient Safety

Digital health technologies can significantly improve safety in health care settings for people with disabilities by providing personalization and mitigating risks associated with patient transportation, such as falls, trips, and accidents. As is the case with all technology, it is essential to consider factors like accessibility, affordability, and DDOH to ensure that these technologies are inclusive and accessible to people with disabilities.[6] Designed with the aforementioned considerations, digital health devices and wearables hold much promise for improving health and health care outcomes for people with disabilities. When designed with inclusivity considerations, these technologies could monitor vital signs and health metrics; provide early detection of health issues; enable effective medication management such as dosage reminders, drug interaction alerts, and prescription refills; incorporate emergency response features; and assist with navigating surroundings, preventing accidents, and improving safety.[20]

Conclusion

As more than 70 million American adults have disabilities, efforts to improve digital health accessibility and equity for people with disabilities must become a national priority.[26] Digital health can be critical for mitigating health disparities and inequities among people with disabilities. However, it still lags in embedding principles of universal design and prioritizing equity for people with disabilities. To address these gaps, we provide eight areas where digital health can significantly contribute to disability health equity. However, achieving these goals will require action from health care organizations and regulators and meaningful partnerships with the disability community. Specifically, the collection and availability of standardized disability data in the EHR and Uniform Data System, digital literacy policy reform, and enforcement of disability civil rights laws are critical to health care equity. Policymakers need to balance data privacy and enablement of longitudinal care; enable patient-reported disability status as a core demographic variable; incentivize AI development for social prescribing and behavioral health; and promote universal, accessible, and assistive technologies that expand digital health to include people with disabilities.[27] Public and private partnerships supporting DDOH for people with disabilities are also crucial for digital health to be effective. Finally, but perhaps most importantly, all digital health platforms and technology must be designed in partnership with the disability community. Such partnerships should be intentionally cross-disability in nature, ensuring that a wide range of perspectives are included, and must actively seek to center the perspectives and experiences of disabled people, especially those who identify as multiply-marginalized disabled (e.g., those at the

intersections of disability, race, ethnicity, gender identity, socioeconomic status, and other marginalized identities) to address complex and often overlooked barriers.

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