Table 13: AI and Health Equity Access

Key Points

- Broadening the scope of health equity and access beyond disability to include mental health, rainbow, migrant, Māori, Pacifica, and rural communities
- Digital equity and literacy challenges in healthcare
- AI opportunities and risks in healthcare delivery
- Data sovereignty and privacy concerns
- Trust issues in healthcare systems and AI implementation
- Funding challenges for NGOs to implement new technologies
- Patient-centred outcomes versus system-centred metrics

Discussion Items

Digital Equity and Access Challenges

- Digital poverty is a significant barrier to healthcare access, with many communities lacking basic hardware, stable internet connections, and digital literacy skills.
- Rural healthcare providers often struggle with basic infrastructure issues, making it difficult to implement new technologies or even complete required reporting.
- There's concern that telehealth and AI are sometimes positioned as replacements for human services rather than augmentations, particularly in underserved communities.
- The group discussed how early adopters of technology are typically privileged, which can initially widen rather than narrow the equity gap.

AI Applications and Opportunities

- AI could significantly reduce administrative burden for healthcare workers, potentially freeing up to 50% of time currently spent on documentation and administrative tasks.
- There's potential for AI to help patients navigate complex healthcare systems by directing them to appropriate services based on their needs.
- AI could improve continuity of care by maintaining comprehensive patient records and reducing the need for patients to repeatedly share traumatic histories.

- For some populations who experience body shame or stigma, AI interfaces might provide a less judgmental entry point to healthcare services.
- The group discussed how AI might benefit people with communication difficulties through features like speech-to-text, text-to-Braille, or sign language interpretation.

Trust and Data Concerns

- Participants expressed concerns about data sovereignty and how patient information might be used, particularly for marginalised communities who may already distrust healthcare systems.
- The group noted that while experimental medicines come with extensive warnings, AI tools often don't carry similar cautions despite their experimental nature.
- There was discussion about how AI might perpetuate existing biases if not properly designed and trained on representative data.
- Participants highlighted the importance of informed consent for AI use in healthcare settings, noting that many patients may not understand what they're agreeing to.

Design and Implementation Considerations

- The group emphasised the importance of co-design with affected communities rather than designing for the "average" user.
- Participants discussed how poor design of AI tools can actually increase workload rather than reduce it, citing examples where digital documentation systems disrupted clinical workflows.
- Accessibility features are often overlooked in rapid technology development, creating additional barriers for disabled users.
- The group noted that AI tools should be designed to support clinical decision-making rather than replace clinical judgment.

Funding and System Challenges

- NGOs face significant funding challenges to implement new technologies, with many struggling to secure funding even for basic service delivery.
- The group discussed how current funding models focus on widgets and outputs rather than meaningful outcomes for patients.
- There's a disconnect between what healthcare systems measure (waiting times, throughput) versus what matters to patients (relationships, quality of life, independence).

- Participants noted that fragmentation in healthcare systems leads to duplication of effort and lack of interoperability between tools.

Next Steps

- Develop digital literacy training programmes for healthcare workers and communities
- Explore AI tools that could reduce administrative burden as a starting point
- Create clear guidelines for ethical AI use in healthcare settings
- Advocate for funding models that support meaningful outcomes rather than just outputs
- Engage with marginalised communities in the co-design of AI healthcare solutions
- Investigate successful AI implementations in other countries, particularly Australia

Challenges

- Limited funding for NGOs to implement new technologies
- Digital poverty and literacy gaps in vulnerable communities
- Lack of trust in healthcare systems and new technologies
- Poor data quality and representation for marginalised groups
- System fragmentation and lack of interoperability
- Balancing innovation with privacy and ethical concerns
- Ensuring AI complements rather than replaces human care

Additional Notes

- The discussion highlighted the tension between waiting for government guidance on AI and taking initiative within the NGO sector.
- Participants shared examples of how AI is already being used informally by patients and healthcare workers.
- There was recognition that younger generations have different perspectives on technology and privacy that need to be considered.
- The group discussed how Te Tiriti o Waitangi principles should guide AI implementation in New Zealand.
- Participants noted that many innovative healthcare solutions come from small startups rather than large organisations, but struggle to scale due to funding and integration challenges.

- The meeting included a demonstration of an AI agent designed to handle immunisation inquiries and appointment booking, showing how guardrails can be built into AI systems.