

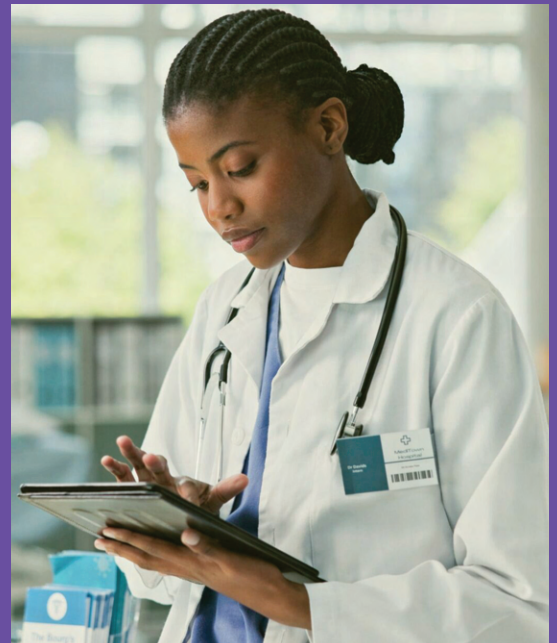


BUILDING A HEALTHIER FUTURE:
DESIGNING AI FOR
HEALTH EQUITY

NAACP Policy Perspectives on Equitable Health AI

June 2026

SUMMARY



Artificial intelligence is reshaping every aspect of the health care system. It has the potential to accelerate clinical innovation, improve diagnosis, expand access, reduce clinician burden, and personalize care in ways that can transform lives. Yet without intentional design and clear accountability, AI can also deepen longstanding racial and economic disparities in health outcomes and access to care.

In partnership with Sanofi, the NAACP published *Building a Healthier Future: Designing AI for Health Equity* to examine this moment. The white paper identifies the opportunities and risks of AI in clinical medicine, synthetic data, life sciences, patient engagement, safety-net contexts, large language models, and maternal health. It highlights how AI development and deployment can reproduce bias unless equity is built in from the start. It also outlines a governance framework that supports transparency, fairness, community participation, and responsible innovation.

This document distills those findings into four areas of focus that can guide federal, state, and local policy decisions. These are not exhaustive solutions. They are policy perspectives rooted in the white paper and informed by the lived realities of the communities most affected by inequity in health outcomes. They reflect our commitment to ensuring that health AI strengthens, rather than stratifies, the American health care system.

The following sections outline policy approaches that can help build a future where AI improves care, enhances access, and advances equity for all communities.

STRENGTHEN EQUITY IN HEALTH AI DEVELOPMENT

Equity in healthcare AI development is essential to prevent bias and ensure all communities benefit from innovation. AI systems should use representative datasets to support informed decisions for individuals with diverse backgrounds and experiences. Tools must be tested in varied settings and regions. Federal leadership should provide ethical guidance on synthetic data and set standards for equitable design, monitoring, and accountability. These measures together establish a framework that promotes fairness, protects vulnerable populations, and advances health equity through AI-driven healthcare.

Ensure representation and transparency in health AI datasets

Federal grants, contracts, and regulatory submissions for AI systems used in clinical care should meet basic standards for data quality. These standards should ensure that datasets reflect the diversity of the populations the tools will serve, including race, ethnicity, age, geography, disability status, and insurance status. Developers should be required to document who is represented, who is missing, and how subgroup performance differs. Model cards and datasheets should be mandatory disclosures. Overall, model cards describe an AI system's intended use and provide context for performance evaluations, including the limitations of these systems. In addition, datasheets document how datasets are collected and curated, which demographic populations are well represented or underrepresented, and the associated limitations in data quality stemming from these factors, amongst other variables at play. Together, they help ensure that clinical AI tools are evaluated for equity, reliability, transparency, and appropriate use across diverse patient populations.

Establish ethical guidance for the use of synthetic data

Synthetic data can help fill critical gaps for underrepresented groups, especially where privacy risks or low data volume hinder equitable development. Federal agencies should set clear expectations for how synthetic data is generated, validated, and used. This includes fidelity standards, community involvement, and requirements for fairness testing. Synthetic data should enhance representation, not mask, or reproduce existing inequities.

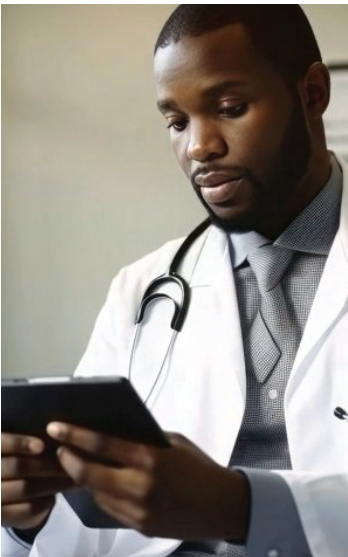
Support community-engaged AI development

Safety-net providers, patients, and local advocacy organizations possess unique insights that should guide early AI development. Federal funding should support participatory design, including patient advisory groups, safety-net practitioners, and region-specific validation. Policies should strengthen the capacity of community institutions to contribute data, shape use cases, and influence how AI is developed for populations with the least access to care.

Expand federal pilot programs that test AI tools in diverse settings

The National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), and the Centers for Medicare and Medicaid Services (CMS) should support demonstration projects that test new AI tools in urban hospitals, rural clinics, tribal communities, and other environments that differ significantly from academic medical centers. These pilots should evaluate subgroup performance, patient experience, community trust, and operational feasibility. Results should inform national standards.

IMPROVE GOVERNANCE AND ACCOUNTABILITY IN AI DEPLOYMENT



Effective governance and accountability are essential to ensure that AI deployment within healthcare systems protects patients and maintains public trust. These systems must undergo regular audits, make all available data public, include safeguards against automation bias, and prioritize clinician judgment in decision-making, while federal leadership establishes a national AI risk classification framework and a centralized incident reporting system. Together, these measures create a comprehensive framework that holds AI technologists, providers, and medical institutions accountable while supporting safe and responsible innovation in AI-enabled healthcare.

Require bias testing and public reporting for AI used in Medicare and Medicaid

CMS should establish expectations that any AI tool used to support diagnosis, risk scoring, decisions, or utilization management undergo regular audits for fairness, accuracy, and subgroup performance. These results should be available to clinicians, patients, and oversight bodies.

Strengthen clinical training and prevent automation bias

AI should support, not replace, clinical judgment. Policies should ensure that clinicians understand how to interpret AI outputs, identify errors, and maintain decision-making authority. Federal guidance should support continuing education and licensure updates that reflect the realities of AI-supported care.

Create a national health AI risk classification framework

Just as the U.S. Food and Drug Administration (FDA) regulates software as a medical device, the broader health system needs a tiered approach that distinguishes low-risk administrative tools from high-risk clinical decision support. High-risk tools should be subject to strong transparency, reporting, and validation standards to protect patient safety.

Establish a national AI incident reporting system

Clinicians, patients, and health care workers should have a way to report algorithmic errors, unexpected outcomes, and safety concerns. This reporting system should function similarly to existing medical device adverse event reporting programs and allow for real-time monitoring of risks.

Set expectations for transparency in EHR-embedded AI

Electronic Health Record (EHR) systems increasingly integrate automated decision support, risk scoring, and clinical prioritization algorithms. The Office of the National Coordinator for Health Information Technology (ONC) should ensure that certified EHR technologies meet transparency, explainability, and performance expectations and that clinicians can access information about system behavior and limitations.



PROTECT PATIENTS AND COMMUNITIES IN AN AI-DRIVEN HEALTH SYSTEM

As AI becomes increasingly embedded in healthcare delivery, protecting patients must be a central priority. Patients need to understand when and how AI is used in their care, including its limitations and risks, and have the ability to opt in or out of AI-driven platforms that inform or make decisions on their behalf. Federal investment in safety-net providers, enforceable national standards to prevent discrimination, and no-cost culturally responsive AI digital literacy together establish a comprehensive approach that centers patient safety, equity, and accountability as AI transforms healthcare delivery.

Establish core patient AI rights

Patients should know when AI is used in their care, how the system was validated, and what risks or limitations exist. These rights should mirror the principles of informed consent and respect for autonomy. Patients should be able to request explanations of AI-driven decisions and opt out of non-essential AI use where appropriate.

Invest in AI integration in safety-net environments

Safety-net clinics often have the least access to digital infrastructure but serve populations who stand to benefit most from AI-supported care. Federal investment should support broadband access, technical training, workforce capacity building, and the deployment of trusted, community-informed AI tools.

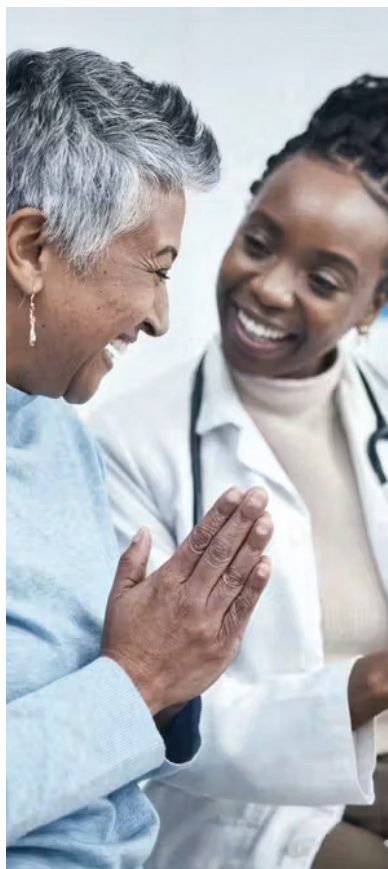
Evaluate AI tools for bias in maternal health programs

Black maternal mortality remains a national crisis. Any maternal health initiative funded by the U.S. Department of Health and Human Services (HHS) or other federal agencies should require demonstration that AI tools do not reproduce bias in risk scoring, triage, or clinical decision support. Transparency and accountability should be central to maternal AI deployment.

Expand AI literacy and community education

Communities need trusted information about how AI is used in health care, what protections exist, and how to evaluate online health content. Federal support for AI literacy should be incorporated into community health programs, chronic disease management initiatives, and digital education efforts.

As more individuals seek health guidance from AI chatbots, policies must address accuracy, safety, privacy, and the risk of misinformation. Federal agencies should support guidance that encourages responsible design, transparency, and guardrails that prevent harm to individuals seeking assistance outside of clinical settings.



BUILD A DIVERSE, FUTURE-READY HEALTH WORKFORCE

A diverse health workforce is essential to delivering culturally responsive care within AI-enabled healthcare settings. Federal investment is needed to train healthcare administrators, including doctors, nurses, and other health-related professionals, to use AI effectively in patient care. It is also important to build AI-focused hubs and pipeline programs at minority-serving institutions (MSIs) and historically Black colleges and universities (HBCUs) to cultivate the next generation of scholars committed to advancing AI innovation. Together, these measures ensure that healthcare professionals reflect the populations they serve, are prepared to work responsibly with AI, and strengthen patient trust while advancing health equity for everyone.

Expand training programs for AI-enabled care

Federal funding should support workforce development programs that train providers to use AI tools effectively, interpret algorithmic outputs, and apply AI to preventive care, chronic disease management, and administrative efficiency.

Build health AI pipelines at HBCUs and MSIs

Students from HBCUs and MSIs should have direct pathways into clinical data analysis, digital health, biomarker modeling, and AI governance. Federal grants can support curriculum development, research partnerships, internships, and employment pipelines.

Create new credentialing pathways for emerging digital health roles

As AI transforms clinical workflows, new roles will emerge in data stewardship, AI auditing, algorithmic fairness, human factors design, and health communication. Policymakers should support credentialing programs that recognize these professions and expand access to good jobs in health innovation.

Fund apprenticeships and practical training in AI-related fields

Apprenticeships can open doors for individuals from diverse backgrounds to participate in the AI economy. Federal agencies should support experiential learning programs that place trainees in clinical environments, research institutions, digital health teams, and health technology companies.