

# Reimagining Opportunity and Innovation In Digital Health

*Catalyzing the Impact of  
Underrepresented and Underfunded  
Digital Health Innovators*

RockHealth.org | September 2022

**ROCK  
HEALTH**

## Publication Overview

This publication was developed by the RockHealth.org team after conducting extensive research on the challenges that women+<sup>1</sup> innovators and innovators of color face when accessing investment resources within digital health and collaborating with members of the *Reimagining Opportunity & Innovation in Digital Health Advisory Committee*. Our findings emerged from review of existing literature, analysis of startup venture investment data, and direct discussions with field experts. Thank you to everyone that contributed to this information collection, synthesis, and content development process.

## Publication Authorship & Acknowledgements

This report was written by Deonta Wortham, Katie Drasser, and Anisa Mian. Special thanks to the members of the *Reimagining Opportunity & Innovation in Digital Health Advisory Committee* for sharing their insights and stewarding this body of work. Additional thanks to Maya Chan, Sonal Purohit, Nasseef Quasim, Derick Simmons, Camille Bridger, Adriana Krasniansky, Megan Zweig, Claire Egan Doyle, and Courtney Martin for contributing to—and refining—this publication.

## About RockHealth.org

RockHealth.org is an independent 501(c)3 organization that equips innovators with the resources, reach, and recognition needed to create an equitable digital health future for all. We do this by catalyzing an inclusive digital health ecosystem, amplifying equity-centered digital health innovations, and fostering community connections.

<sup>1</sup>Innovators and individuals who identify as women as well as non-binary / transgender people with female biologies

# Letter from Rock Health's Leadership

At Rock Health, we're committed to transforming healthcare for all of humanity, and bringing greater humanity to healthcare. While each of our organizations—[Rock Health Advisory](#), [Rock Health Capital](#), and [RockHealth.org](#)—work toward this end through different means, our shared purpose continues to unite and drive us. Over the years, as our [research](#) and [analysis](#) of the [forces shaping and driving](#) digital health have deepened, we've learned from so many innovative entrepreneurs and organizations who are meaningfully pushing health and care forward in exciting ways. But our work has also exposed areas ripe for even more innovation and evolution too.

Back in 2020, when we released the [State of Diversity in Digital Health report](#), we understood the findings represented untapped opportunities to truly invest in underrepresented and underfunded entrepreneurs. In expanding [beyond those initial efforts](#), we've been inspired by our conversations with many of the dynamic leaders who are setting the standard for what it means to drive health equity forward—and recognized there was an opportunity for us to do more.

RockHealth.org's new publication—*Reimagining Opportunity and Innovation in Digital Health*—is built upon the existing foundation created by so many other organizations and efforts that have led the way. Our hope is that RockHealth.org's new *Equitable Investment Initiative* continues to expand the existing pool of knowledge, and sheds light on the further opportunities we see to continue the momentum.

Across Rock Health, we are committed to expanding our support of underrepresented and underfunded founders, collaborating with funders across capital classes, and designing with builders for overlooked and underserved populations. The publication that follows serves as an invitation for the entire Rock Health community to join us as we continue to learn and act on our commitment. We're looking forward to the path ahead.

With gratitude,

**Katie Drasser**, RockHealth.org

**Bill Evans**, Rock Health Capital

**Tom Cassels**, Rock Health Advisory

## Executive Summary

Over the last ten years, digital health has transformed healthcare. Digital health innovators have developed and scaled game-changing solutions.

Since 2011, **1900+ U.S.-based digital health firms** were founded and individually raised at least \$2M in venture funding.<sup>1</sup> [From 2019 to 2021 alone](#), the total number of venture-backed deals increased 77% (from 411 to 719), and the total amount of capital that flowed to digital health ventures increased a staggering 254% (from \$8.2B to \$29.1B) – [though funding has slowed in 2022](#). The pace of growth in digital health is expansive, [increasingly noted by several experts](#), and well on its way to transforming health for all humanity.

This is all exciting news. However, a stark reality presents itself when examining **who** is developing digital health ventures and **where** venture investment dollars are flowing.

[Rock Health's Diversity in Digital Health survey and report](#) found that though there is a diverse group of founders developing digital health innovations—46% identified as white, 25% Asian, 11% Black, 6% Latinx, and 1% multiracial. Across gender, founders self-identified—57% as men, 41% as women, 2% as non-binary, and 2% preferred not to say. There is unequal access for these founders to receive venture-backed investment.

When disaggregated by founder race/ethnicity, funding-related data showed that:

- + **Among white-identifying founders (n=117)**, 55% were venture-backed, 16% were angel-backed, 23% boot-strapped, and 6% leveraged other capital forms.
- + **Among Asian-identifying founders (n=63)**, 63% were venture-backed, 10% were angel-backed, 22% boot-strapped, and 5% leveraged other capital forms.
- + **Among Latinx-identifying founders (n=14)**, 43% were venture-backed, 21% were angel-backed, 21% boot-strapped, and 14% leveraged other capital forms.
- + **Among Black-identifying founders (n=29)**, 24% were venture-backed, 17% were angel-backed, 41% boot-strapped, and 17% leveraged other capital forms.

<sup>1</sup>Rock Health Digital Health Venture Funding Database

When disaggregated by founder gender, funding-related data showed that:

- + **Among men founders (n=141)**, 62% were venture-backed, 18% were angel-backed, 14% boot-strapped, and 6% leveraged other capital forms.
- + **Among women founders (n=104)**, 40% were venture-backed, 13% were angel-backed, 38% boot-strapped, and 8% leveraged other capital forms.

Noting these facts, we must ask—what is the lost opportunity *to all of us* if we don't meaningfully support a diverse pool of entrepreneurs addressing our most pressing health concerns? And what is the opportunity if we do?

We believe that the constrained ability of women+ innovators and innovators of color in digital health presents meaningful challenges and opportunities that have implications for the digital health industry and society at large. And urgent action is needed.

From January-June 2022, the RockHealth.org team partnered with an advisory committee of digital health experts— including digital health innovators, venture investors, impact-oriented funders, network builders, physicians, and tech executives—to identify near-term opportunities to direct investment resources to be **underrepresented and underfunded (UUDH) innovators**. During our time together, we worked to:

- + **Articulate the impact** of solutions created by UUDH innovators and the lost value—both economic and health-related—of not investing in their innovations.
- + **Acknowledge and describe the critical barriers** UUDH innovators face when accessing venture investment resources.
- + **Identify solutions to direct** an increasing flow of investment resources to UUDH innovators.

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## Executive Summary

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Through our work, we identified six near-term opportunities for change and tactical actions to increase support for UUDH innovators. We share these items as part of an ongoing iterative process. We invite others across the field to share your reactions, reflections, and learnings. These near-term opportunities include:

1. **Develop** the “building blocks” needed for field-wide discussion.
2. **Acknowledge** underrepresented and underfunded innovators as critical drivers of digital health innovation.
3. **Expand** investment criteria and sourcing strategies for digital health innovators.
4. **Demystify** the venture investment landscape.
5. **Promote** continuous learning about underrepresented and underfunded innovators and their innovations.
6. **Create** opportunities for innovator-focused, peer-to-peer learning.

What’s next? Ultimately, there are no easy fixes to alleviate the challenges that UUDH innovators face when attracting investment resources. Noting this, we hope that this publication builds on that of [comparable efforts](#) and prompts digital health actors to meaningfully support underrepresented and underfunded innovators by:

- + **Directing and allocating more funding to UUDH innovators** that are leading innovations expanding the promise and potential of digital health.
- + **Supporting field efforts and related organizations** that amplify and support the work of UUDH innovators.
- + **Determining your baseline and considering next steps**—for *investors*, this may mean auditing your portfolio and investment pipeline to ensure that UUDH innovators are represented; for *corporate leaders*, this may mean entering into discussions with UUDH innovators to understand how their work may complement your strategic goals; for *media, researchers, and advisors* this may mean intentionally elevating the stories and work of UUDH innovators; and for *peer-entrepreneurs*, this may mean finding ways to support and champion the work of fellow innovators that are advancing digital health innovation.
- + **Broadening your networks** by asking who is not at the table and engaging with the expressed purpose of connecting with and learning alongside transformative UUDH innovators.
- + **Sharing your reflections and learnings** with colleagues in your organizations and your network.

We look forward to learning, engaging, and partnering with you to meaningfully support the efforts of underrepresented and underfunded innovators catalyzing innovation across the digital health space.

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## Table of Contents

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<b>Introduction</b> .....	<b>8-15</b>
<b>The Impact of Diverse Perspective in Entrepreneurial and Business Context</b> .....	<b>16-19</b>
<b>A Snapshot of Digital Health Funding</b> .....	<b>20-21</b>
<b>Opportunities for Change</b> .....	<b>22-40</b>
+ <i>Opportunity I: Developing the “building blocks” needed for field-wide discussion</i>	
+ <i>Opportunity II: Acknowledging underrepresented and underfunded innovators as critical drivers of digital health innovation</i>	
+ <i>Opportunity III: Expanding investment criteria and sourcing strategies for digital health innovators</i>	
+ <i>Opportunity IV: Demystifying the venture investment landscape</i>	
+ <i>Opportunity V: Promoting continuous learning about underrepresented and underfunded innovators and their innovations</i>	
+ <i>Opportunity VI: Creating opportunities for innovator-focused, peer-to-peer learning</i>	
<b>What’s Next? A Call for Continued Learning, Action, and Partnership</b> .....	<b>41</b>
<b>Appendix</b> .....	<b>42-45</b>
+ <i>Reimagining Opportunity and Innovation in Digital Health Discovery Interview Participants</i>	
+ <i>Reimagining Opportunity and Innovation in Digital Health Resource Library</i>	

## Introduction & Context

### Contextualizing Digital Health Today

Over the last decade, digital health has transformed health and healthcare. During this time, digital health innovators have developed and scaled game-changing solutions, such as allowing **patients** to monitor their glucose levels, assess sleeping patterns, and attain medical products and services through virtual marketplaces; **providers** to monitor the health status of high-risk patients and engage with other patients that live in remote settings, and **payers and employers** to provide an expanded array of services to increasingly diverse populations. There is even an intrepid group of innovators that are boldly building the tech infrastructure needed to scale these approaches from the ground up. The pace of growth and possibility in digital health are expansive. Digital health is well on its way to transforming health for all humanity.

Digital health's promise and potential has never been more apparent than during the COVID-19 pandemic. Since 2020, the use of tech-enabled health innovations has increased by [nearly 38%](#). The contributors to this rise are multi-faceted and largely influenced by shifting consumer perceptions, increased provider usage, increased investor activity, and a rapidly evolving regulatory landscape at the state and federal levels. Alongside these developments, [an increasing array of private, public, and social sector actors](#) also acknowledged digital health's promise and potential.

Increased activity across the industry can also be observed through the formation of digital health start-ups and venture investment trends. It is estimated that since 2011, 1900+ U.S.-based digital health start-ups have been founded and have individually raised at least \$2M in venture funding.<sup>3</sup> According to [Rock Health's 2021 Digital Health Funding Report](#), from 2019 to 2021 alone, the total number of venture deals increased 77% (from 411 to 719), and the total amount of capital that flowed to digital health startups increased a staggering 254% (from \$8.2B to \$29.1B). [While venture funding has slowed in 2022](#), the field is still witnessing an overall upward trend in capital flowing to startups.

<sup>3</sup>Rock Health Digital Health Venture Funding Database

### Tensions Emerging Across The Field

However, a stark reality presents itself when examining **who** is developing digital health startups and **where** venture investment dollars are flowing.

[Rock Health's 2020 Diversity in Digital Health Report](#) surveyed digital health leaders to understand the state of the C-Suite level diversity within digital health startups. Through this effort, the team noted that of the 253 founder respondents—46% identified as white, 25% Asian, 11% Black, 6% Latinx, and 1% multiracial. The same survey found across gender founders self-identified—57% as men, 41% as women, 2% as non-binary, and 2% preferred not to say.

From this data, we can surmise that we are seeing a meaningful array of diversity across the digital health space among founders. However, when you explore **who** among these founders is gaining access to investment resources, a different picture emerges.

The same report highlighted that though digital health founders of color and women founders were developing startups at a compelling rate, these innovators faced significant hurdles attracting venture-backed capital. The report noted that while 69% of white men digital health founders were venture-backed, 36% of white women founders received venture funding, 33% of Black men founders received venture funding, and only 14% of Black women founders were venture-backed. To scale their businesses these founders often leveraged “bootstrap” capital and to a lesser extent, capital from angel investors. A deeper look at this data can be found in the “A Snapshot of Digital Health Funding” section.

The barriers these underrepresented and underfunded digital health (UUDH) innovators face do not stop at attracting venture dollars. UUDH innovators have also anecdotally shared the challenges they experience navigating the digital health venture landscape. These challenges include limited access to strategic support from peers and mentors, few “warm introductions” and “sponsorship” opportunities, and a lack of galvanizing support among investors and enterprises around the value proposition and impact of their innovations.

These insights should not be surprising given that they broadly reflect macro-level realities that are observed across the venture landscape. Over the last five years, [a number of reports have highlighted](#) the challenges that innovators from diverse backgrounds face when attracting investment resources, noting that an abysmal [2% of overall venture funding goes to women-led start-ups, 2% reaches Latinx-led start-ups, and less than 1% flows to Black-led start-ups](#). However, when considering these facts within the context of digital health, we must ask—what is the lost opportunity *to all of us* if we don't meaningfully support a diverse pool of entrepreneurs that are addressing our most pressing health concerns? And what is the opportunity if we do?

**Overview of the Equitable Investments Initiative and the Reimagining Opportunity and Innovation in Digital Health Publication**

To explore these questions, RockHealth.org launched the *Equitable Investments Initiative*. The initiative is intended to *elevate* the challenges that UUDH innovators face when attracting venture investment resources, *amplify* the impact and work of UUDH innovators, and *catalyze* increased investment for these leaders. We are excited to kick off the initiative’s work with this publication.

Through an immersive six-month process (from January-June 2022), the RockHealth.org team partnered with a group of digital health experts—including digital health innovators, venture investors, impact-oriented funders, network builders, physicians, and tech executives—to identify near-term opportunities to direct investment resources to UUDH innovators. During our time together, we developed this report and worked to:

- + **Articulate the impact** of solutions created by UUDH innovators, and the lost value—both economic and health-related—of not investing in their innovations
- + **Acknowledge and describe the critical barriers** that UUDH innovators face when accessing venture investment resources
- + **Identify solutions to direct** an increasing flow of investment resources to UUDH innovators

*The Reimagine Innovation and Opportunity in Digital Health Advisory Committee* is comprised of fourteen leaders that play a cross-section of roles within or adjacent to the digital health space.

**Digital Health Innovators**



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Javier Evelyn  
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Shivani Garg Patel  
*Skoll Foundation*

**Digital Health Philanthropic Leaders**

This publication is an output of our collaborative work and synthesizes the insights from the *Reimagining Opportunity and Innovation in Digital Health Advisory Committee*. Collectively, we hope that this work will catalyze greater discussion across digital health, prompting leaders to consider ways to:

- **Dismantle** implicit and explicit barriers that hinder the ability for scaled innovation by UUDH innovators.
- **Meaningfully influence** the flow of venture investment resources to UUDH innovators across the digital health landscape—including financial capital, strategic support, and broader network access.
- **Interrogate and shift** prevailing narratives and norms about investing in UUDH innovators and their innovations.

## Building Common Language

Throughout this report we use key terms that were developed to orient the *Reimagining Opportunity and Innovation in Digital Health* project. Our intent in outlining these terms is to provide clarity and transparency for our Committee's thinking.

- **Digital Health:** [Rock Health defines digital health](#) as solutions that sit at the intersection of healthcare and technology; and not solely in medicine, but across healthcare, including wellness and administration.
- **Investments Resources:** includes financial and non-financial venture support - including mentorship, strategic counsel, network access/navigation, and financial capital of different kinds.
- **Innovators:** leaders who have founded—or currently lead—digital health organizations and initiatives.
- **Underrepresented and Underfunded Digital Health (UUDH) Innovators:** leaders that have been historically overlooked and under-capitalized in digital health; for the purpose of this publication an emphasis has been placed an emphasis on leaders of color (with a focus on Black and Latinx leaders) and women+ leaders.
- **Overlooked Populations:** communities that face persistent systemic inequities and to date have been underserved by digital health innovations (e.g., women+, communities of color, low-income populations, rural populations, etc.).

We also hope that this work builds on the growing body of knowledge that highlights the importance of supporting innovators that bring diverse lived experiences, perspectives, and expertise to the innovation landscape—and the lost opportunity associated with their undercapitalization.

### Guiding Principles To Orient Future Efforts

Emerging from this work, our team has identified three guiding principles that we believe should orient subsequent field approaches aimed at increasing the flow of investment resources to UUDH innovators.

1. This work must be grounded in a **stance of active learning and curiosity** that is mutually held by all actors involved, including innovators, investors, enterprise representatives, etc.
2. We must acknowledge that **there is no “easy-win” or single solution** to solve this challenge and that only coordinated efforts—on the part of varied stakeholders—will bring about durable change.
3. **Equity-oriented principles** must be deep-rooted throughout your efforts, which must include talking honestly about power and how it shows up and informs behavior across this space.

### Structure of This Piece

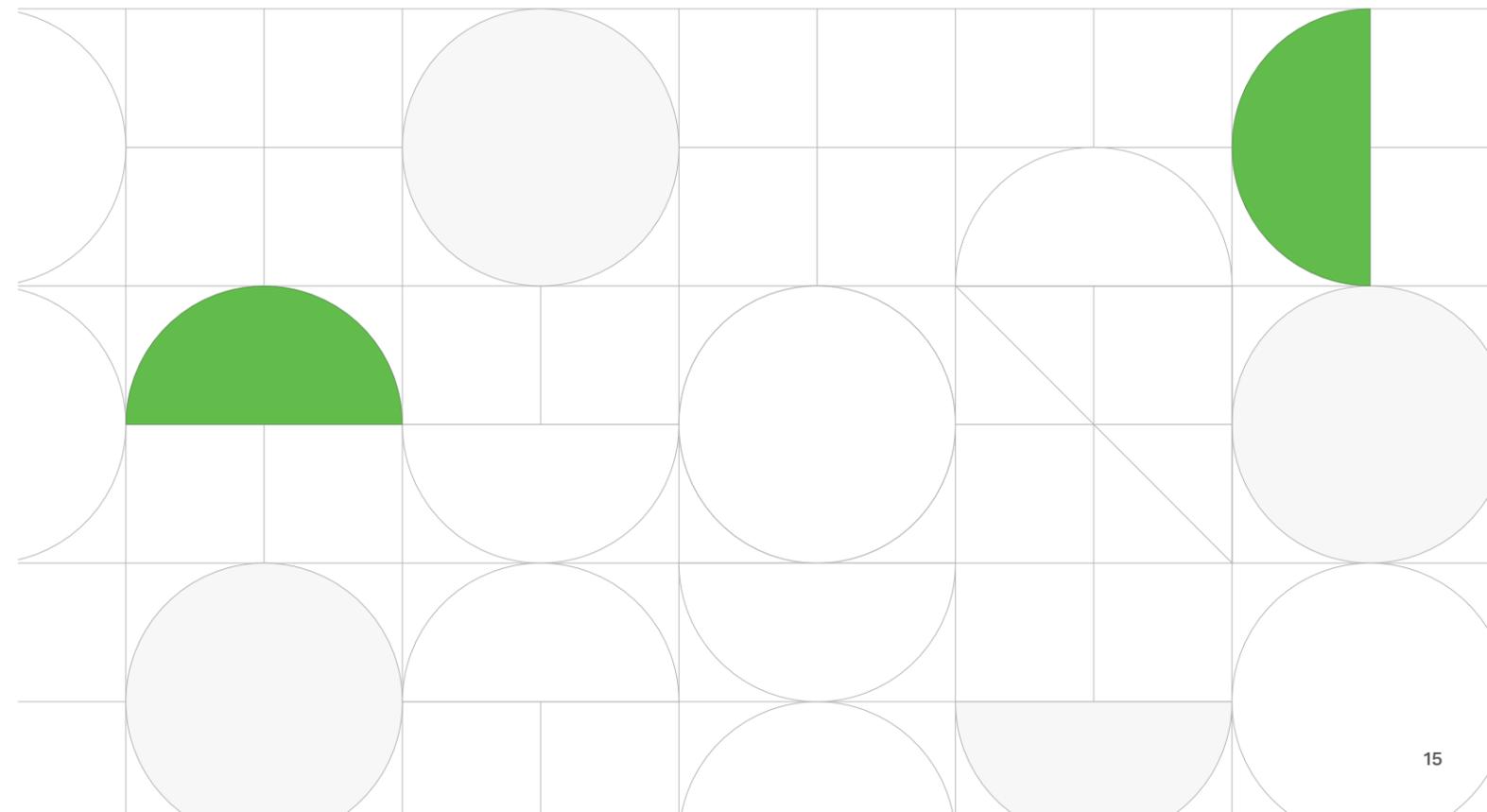
This publication is structured in three sections:

1. **The State of Play:** Our first section provides context on the state of digital health today, including: (1) a synthesis of the existing knowledge that explores the impact of diverse perspectives on business and social outcomes and (2) data from our *Diversity in Digital Health* report which sheds light on the accessibility of venture dollars for UUDH innovators.
2. **Opportunities for Change:** The second section outlines the observations and recommendations identified by our Advisory Committee. This section sheds light on (1) the critical barriers that UUDH innovators face when attracting investment resources and (2) the near-term actions that digital health actors can take today to dismantle those barriers. Additionally, this section spotlights innovators, investors, and organizations that are leading efforts to expand the promise and potential of digital health. These spotlights were chosen because of their dedication to support underrepresented innovators or overlooked populations within digital health innovation and their potential to highlight emerging practices for the digital health ecosystem.
3. **Call to Action:** In our last section, the RockHealth.org team shares a ‘Call for Continued Learning, Action, and Partnership’ where we invite actors across digital health to work—and learn—alongside us as we work to support UUDH innovators.

## SECTION I INTRODUCTION AND CONTEXT

### Intended Audiences

This publication was developed to reach multiple audiences that currently work—or have an emerging interest in—the digital health space. We anticipate that this work will spark interest among digital health innovators, venture investors, individual philanthropists, foundations, enterprises, researchers, and advisors, among others. Our choice to communicate with such a wide group is intentional. While investment-related decisions are formally made by fund managers, there are also other powerful avenues to support and amplify an innovator’s work (e.g., amplification opportunities, sharing learnings, network support, etc.). Our hope is that each of these audiences will find helpful knowledge within this publication. We also hope that this work inspires other ways to amplify, support, and invest in dynamic UUDH innovators leading incredible work across this growing field.



SECTION II

## The Impact of Diverse Perspective in Entrepreneurial and Business Contexts

### What is the Value and Impact of Diverse Perspective in Entrepreneurial and Business Contexts

There is a [large and growing knowledge base](#) that confirms the tangible impact that diverse perspectives and lived experiences have on business growth, innovation, and performance—particularly at the executive level. This research has confirmed that teams and executives with diverse lived and professional experiences are better positioned to:

1. holistically assess problems;
2. develop solutions/approaches that are more likely to address the acute needs of diverse audiences;
3. leverage pools of expertise that are commonly overlooked; and
4. identify where markets are overlooking or underserving the needs of certain populations.

Notably, there are several case examples that illustrate the ways that increasingly diverse perspectives have impacted two acute commercial and societal challenges—clinical trial participation and corporate business performance. These case examples also highlight what was at stake if diverse perspectives were not included in the design, development, and implementation of these efforts.

### Overview

#### Increased Diversity Among Clinical Trial Participants

Although 40% of the U.S. population is non-white, [in 2020 75% of the 32,000 trials](#) approved by the FDA consisted of only white participants. According to [recent research](#) the absence of diversity in the clinical research and trial process has meaningful implications given that non-diverse clinical trial participant groups can compromise the generalizability of clinical research findings; hinder clinical innovation/discoveries; and may lead to lack of access to effective medical interventions, among other things.

#### Diverse Workforces Drive Increased Innovation for Organizations

Corporate America [has been predominantly white and male-centric for decades](#). Over the last decade several companies have invested in diversity initiatives, to increase diversity within their talent pools and to increase innovation and business performance. There is [emerging research](#) that shows that some companies are reaping the benefits of workforces that develop inclusive cultures that can attract and develop talent from diverse backgrounds and lived experiences.

### Desired Impact

Different stakeholders across the U.S. healthcare ecosystem recognize the shortcomings of clinical trial diversity and urgency to increase diversity among participants. Because of the long runway for drug discovery and clinical trials, the results of increased recruitment on drug efficacy and safety will not be evident in the near future.

Research has shown that organizations that have diverse leadership teams are better positioned to innovate compared to their less diverse counterparts. A [McKinsey study](#) illustrated that top-quartile companies on executive-level gender diversity worldwide had a 21% likelihood of outperforming their fourth-quartile industry peers on earnings before interest and taxes (EBIT) margin. Companies that are advancing this work are also creating values-aligned purpose for all employees through equity and inclusion centered initiatives, which includes challenging power dynamics and perspectives that enable employees from underrepresented backgrounds to impact decision-making about products and partnerships.

Progress To Date

Multi-faceted approaches are being carried out by various stakeholders to meaningfully increase participant diversity in clinical trials. These initiatives include, but are not limited to:

- + [FDA guidance](#)— issued in 2020—to enhance the diversity in clinical trials to increase health intervention efficacy
- + Multi-Regional Clinical Trials (MRCT) centers publishing [clinical trial toolkits](#) to provide tactical guidance on improving diversity among clinical trial populations and address the barriers participants face
- + [Collaborative community efforts](#)—like those led by MedTech Color—that aim to demystify the clinical research process or diverse patient populations

Various initiatives have been implemented to increase workforce diversity and support individuals throughout an employee’s professional journey from college recruitment to the C-Suite. These initiatives include but are not limited to:

- + Adjusting hiring practices to create flexibilities to hire full-time, part-time, and contractor positions to reach numerous types of workers
- + Attracting and retaining diverse talent, by implementing fair hiring practices with equal pay initiatives
- + Engaging diverse talent through initiatives that provide peer-support and learning while also fostering connections

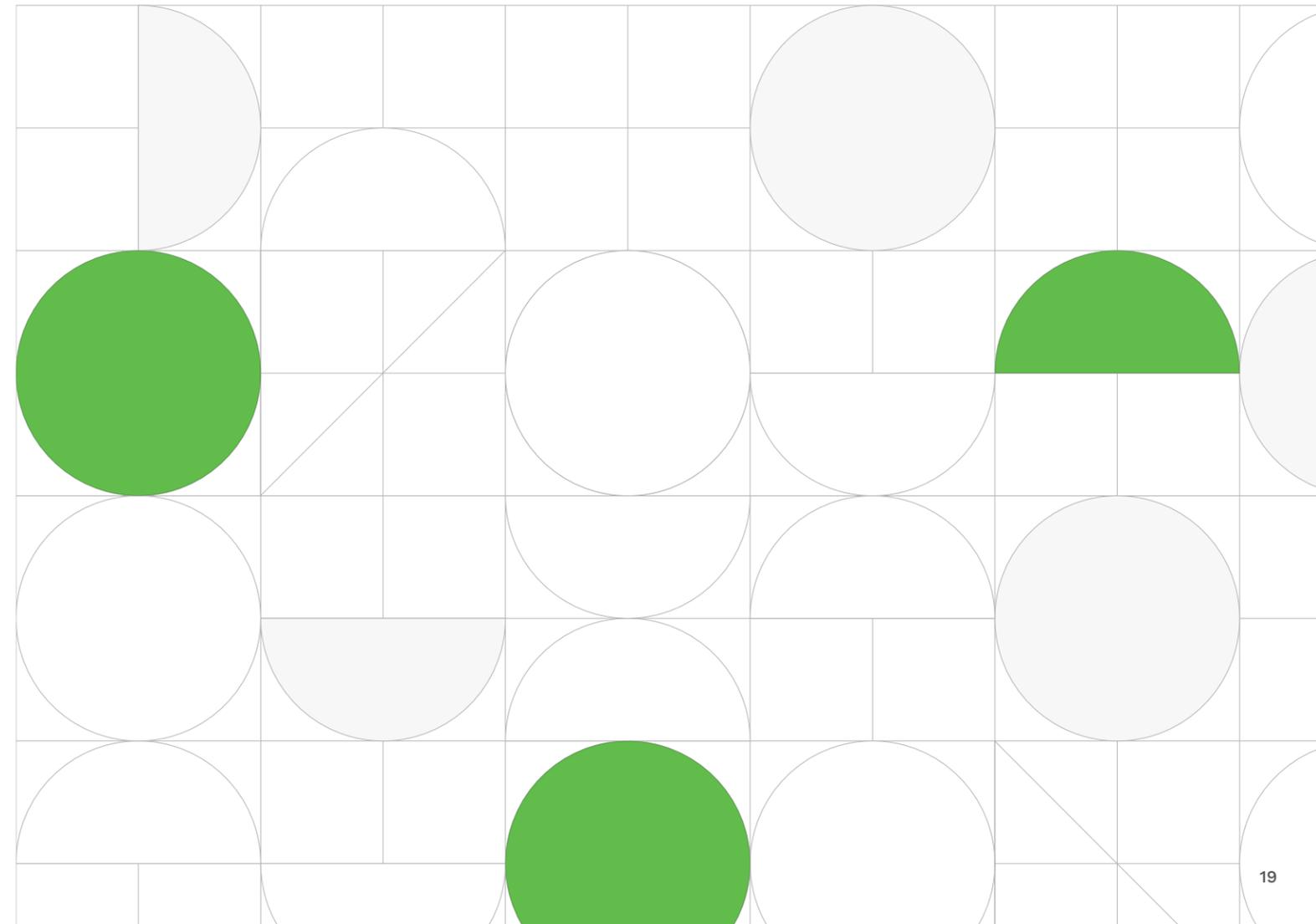
Next Steps

Clinical trials that are starting or started after November 2020 are using the updated FDA clinical trials diversity guidance. This guidance is expected to lead to greater clinical trial diversity that will develop more clinical effective interventions for the overall population in the future. New results on participation diversity and clinical efficacy can be expected in the next 5-10 years.

Organizations are working to operationalize commitments to hiring, supporting, promoting, and retaining employees from diverse backgrounds at all levels—especially leadership, enact fair hiring and transparent compensation practices, and advance internally that promote inclusive cultures. Organizational leaders can also look to [existing initiatives](#) and [other related efforts](#) for guidance and inspiration.

Noting the impact that diverse perspectives, teams, and lived experiences have on individual companies, products, and projects, we would like to consider their impact on entire industries—including the ability to advance overall innovation, increase impact and reach, identify unforeseen risks, and contribute to long-term growth and sustainability.

The peril and promise for digital health is clear. We must harness the collective wisdom and genius of all innovators that are developing dynamic solutions to address our most pressing health challenges. Doing so will increase the diversity of leaders within digital health, and the possibility that digital health can address the needs of all.



### SECTION III

## A Snapshot of Digital Health Funding

In 2020 Rock Health published the [Diversity in Digital Health Report](#) to understand the state of diversity among leaders at U.S.-based digital health start-ups (i.e., managers, directors, VPs, C-suite executives, and founders). To collect data for the report, we crafted a survey to gather demographic data directly from leaders in addition to their perspectives on where critical diversity gaps exist across digital health. Survey respondents included 678 digital health startup leaders, of which 253 were digital health founders.

These leaders provided self-identified demographic data on their gender, racial/ethnic background, and sexual orientation. Founder respondents were also asked to provide context on how they were financing their startup—through venture capital, angel investment, a bootstrapped approach, or other forms of capital.

All data provided by survey respondents were anonymized and reported in aggregate to share broad diversity and funding trends across the digital health space.<sup>4</sup>

The survey found that among the 253 founder respondents—46% were white, 25% Asian, 11% Black, 6% Latinx, and 1% multiracial. Across gender, founders self-identified—57% as men, 41% as women, 2% as non-binary, and 2% preferred not to say.

Despite the diversity among digital health startup founders, there was a marked difference in the types of capital these founders used to scale their companies.

When disaggregated by founder race/ethnicity, funding-related data showed that:

- + **Among white-identifying founders (n=117)**, 55% were venture-backed, 16% were angel-backed, 23% boot-strapped, and 6% leveraged other capital forms.
- + **Among Asian-identifying founders (n=63)**, 63% were venture-backed, 10% were angel-backed, 22% boot-strapped, and 5% leveraged other capital forms.
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- + **Among women founders (n=104)**, 40% were venture-backed, 13% were angel-backed, 38% boot-strapped, and 8% leveraged other capital forms.

When an intersectional analysis was applied to demonstrate the combined factors of gender and race/ethnicity on funding approaches, Asian men and white men founder respondents reported the highest rates of being venture-backed (72% and 69% respectively)—meanwhile, they reported the lowest rates of bootstrapping (both 10% respectively) their startups. Conversely, black women founder respondents reported the lowest rates of being venture-backed (14%) and highest rates of bootstrapping (57%).

This data provides a snapshot of how venture capital is deployed across digital health, and who has access. This contextualizes the challenges UUDH innovators face when attracting growth capital and resources, and aligns with [broader trends across venture capital](#).

We hope to bring together data about founder representation with the explicit amount of capital flowing to those founders, to gain a greater picture of outstanding challenges and progress. While this type of initiative poses a number of challenges, we look forward to working with our community to ensure we hold close the values of equity, privacy, self-disclosure, and transparency as we build an approach and methodology to better understand capital allocation by gender, race, and ethnicity. As we advance our work, we intend to attract the resources and develop the infrastructure needed to launch an effort of this sort.

<sup>4</sup>2020 Diversity in Digital Health Annual Report Survey Methodology

## SECTION IV

# Opportunities for Change

Through our work with the *The Reimagining Opportunity and Innovation in Digital Health Advisory Committee*, we identified the following opportunities that are uniquely positioned to increase support to UUDH innovators in the near-term.

We believe that these opportunities can provide common language and grounding principles to support UUDH innovators, suggest tangible milestones to assess progress, and catalyze broad-based action among a wide array of digital health actors.

These near-term opportunities for change include:

- + **Opportunity I:** Developing the “building blocks” needed for field-wide discussion
- + **Opportunity II:** Acknowledging underrepresented and underfunded innovators as critical drivers of digital health innovation
- + **Opportunity III:** Expanding investment criteria and sourcing strategies for digital health innovators
- + **Opportunity IV:** Demystifying the venture investment landscape
- + **Opportunity V:** Promoting continuous learning about underrepresented and underfunded innovators and their innovations
- + **Opportunity VI:** Creating opportunities for innovator-focused, peer-to-peer learning

We share these items as a part of an ongoing and iterative process that we hope to refine over time. Noting this, we invite others across the field to share your reactions, reflections, and learnings with us.

## Ultimate Impact

Ensure that digital health innovations are ideally positioned to improve the lives and health outcomes of all—regardless of gender, race, income, sexual orientation, ability, or location

## Ultimate Outcome

Increase the flow of investment resources to underrepresented and underfunded digital health innovators (i.e., women+ innovators and innovators of color)

## Opportunities for Change/Near-Term Outcomes

1

Developing the “building blocks” needed for field-wide discussion

2

Acknowledging underrepresented and underfunded innovators as critical drivers of digital health innovation

3

Expanding investment criteria and sourcing strategies for digital health innovators

4

Demystifying the venture investment landscape

5

Promoting continuous learning about underrepresented and underfunded innovators and their innovations

6

Creating opportunities for innovator-focused, peer-to-peer learning

**Opportunity Area I**  
**Developing the “Building Blocks” Needed for Field-Wide Discussion**

To date, anecdotal references have been used to illustrate the persistent challenges that UUDH innovators face attracting investment resources. These anecdotes serve dual purposes by highlighting the first-hand experiences of these innovators and acknowledging the absence of accessible language and data that illustrates the acute challenges that they face. The absence of language and data obscures the reality that these issues do not singularly impact UUDH innovators—they also have industry and societal implications. One way to provide a holistic view of the challenges faced by UUDH innovators is to establish “building blocks”—grounding terminology and supporting data—needed for deeper awareness, understanding, and discussion. These “building blocks” are critical to identifying and addressing missed opportunities across the digital health industry.

We believe that near-term actions to make progress against this opportunity include:

- ➔ **Action 1 - Disaggregate and Amplify Data on the Impact of Digital Health Innovations for Specific Populations:** Disaggregating and amplifying industry-specific data—across demographic areas—can be used to highlight and drive activity to unexplored digital health innovation opportunities. [Approaches that support the disaggregation of impact-related data](#) could be used to highlight: which target populations are/are not being served; which health challenges are/are not being met; and the broader impact that digital health innovations have on health outcomes.
- ➔ **Action 2 - Assess the Flow of Digital Health Venture Funding:** Increased attention and resources should be used to study what digital health innovators and value propositions are receiving funding. [Morgan Stanley’s Multicultural Innovation Lab](#) has shared that by not investing in women entrepreneurs and entrepreneurs of color, the U.S. economy is leaving an estimated \$4.4 trillion in economic output on the table. [Mirroring efforts being led by other entities](#), collecting and using this data can inform our understanding of where significant gaps exist in digital health, including where innovators are persistently “getting stuck” and where course correction across the field is needed.
- ➔ **Action 3 - Align On Common Language to Discuss Digital Health Innovations:** Normalizing common approaches and tools to discuss the impact and value propositions of digital health innovations can strengthen our understanding of the role UUDH innovators play within the digital health industry. This action could support the ability for UUDH innovators to highlight their work’s impact and note where they are positioned to have an outsized impact for their target populations.



“Digital health should not be about how many customers we can get and how much we can charge them. I’m thinking about how we can help people be healthier, happier, and live longer lives.”

Kevin Dedner, MPH  
Founder and CEO,  
Hurdle Health

**FIELD SPOTLIGHT**  
**Kevin Dedner | Hurdle Health**

**THE INNOVATOR**

Kevin has dedicated his 20+ year career to the most pressing issues in public health. He founded [Hurdle Health](#) to ensure that everyone has access to culturally responsive mental healthcare.

**THE OPPORTUNITY**

For employers and payers, mental healthcare access is becoming table stakes in benefit design; however, most existing mental health solutions are not designed to meet the specific needs of overlooked and underserved communities. For example, research suggests that the Black adult community is up to [20% more likely](#) to experience serious mental health problems, but significantly less likely to utilize services.

**THE SOLUTION**

Hurdle Health offers culturally responsive, evidence-based virtual mental health services to people of all backgrounds, with a focus on people of color. The company’s unique model is rooted in dynamic cultural humility training for Hurdle therapists, frequent clinical rounds and consults, consistent patient feedback, and ongoing support to ensure that each person receives personalized care. The model’s efficacy has resulted in multiple national contracts with payers and patient retention metrics up to three times longer than industry averages.

**IMPACT**

Indicators that Hurdle uses to track the success of their work include:

<b>30M</b> Americans have access to Hurdle	<b>12</b> sessions per patient on average (3x the national average)	<b>11k+</b> sessions completed on the platform
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**RECOMMENDATION FOR THE ECOSYSTEM**

“Listen to founders who have firsthand, lived experience with the problems they’re solving. The pandemic and death of George Floyd made it clear to the market that I was solving a big problem... but I consider myself Hurdle’s first patient, and I knew I was solving a big problem well before.”



“Women’s health does not impact 50% of people on the planet—it affects 100% of people on the planet. Although only a fraction of funding goes to ovarian health, fertility, and pregnancy care, we’re actually well-positioned to catch up and capitalize on the opportunity in 2022. We can apply tools and technologies—that have been proven out in other spaces (e.g., genomics and AI-powered drug discovery)—and apply them to the big unsolved problems in women’s health.”

**Piraye Yurttas Beim, PhD**  
Founder and CEO,  
Celmatix

## FIELD SPOTLIGHT

### Piraye Yurttas Beim | Celmatix

#### THE INNOVATOR

Piraye has been an innovator in women’s health for 20+ years. Her work as a scientist and entrepreneur has spanned across digital health, diagnostics, and therapeutics. After completing her PhD at Cornell University (Weill) and post-doctoral research at the University of Cambridge, Dr. Beim launched [Celmatix](#) to develop the next generation of interventions and advancements in women’s health.

#### THE OPPORTUNITY

Women’s health represents a significant opportunity to shift the paradigm from sick care to prevention, wellness, and early interventions. Approximately half of all women have a condition early in their lives that is impacted by the health and function of their ovaries (e.g., polycystic ovary syndrome, infertility, endometriosis, etc.), and these conditions predispose women to other high-burden, high-cost diseases down the road. However, digital health innovations have primarily been based on scientific discoveries that were made early last century. Despite this lack of progress, innovations developed outside of women’s health (e.g., genomics and AI drug discovery) can enable innovators to leverage emerging technologies and rapidly break new ground in women’s health.

#### THE SOLUTION

Celmatix aims to bring women’s health into the 21st century by defining a new therapeutic category focused on ovarian health. The company has created a multi-omics and real-world data platform that includes ovarian health information for over 500,000 unique individuals, which enabled the team to identify key biological pathways underlying women’s health conditions and develop a growing pipeline of next-generation therapies. The organization’s model also leverages innovative partnerships with Evotec, Bayer, and the Bill & Melinda Gates Foundation across discovery, development, and commercialization. Celmatix has multiple pipeline programs in development, but its lead program is focused on protecting the ovarian function of the almost 2 million pre-menopausal women exposed to gonadotoxic chemotherapy each year.

#### IMPACT

Illustrative success indicators used by Celmatix:

**570K**  
unique individuals  
included in ovarian  
health datasets

**\$100M**  
in funding raised

**6**  
pre-clinical  
pipeline programs  
in development

#### RECOMMENDATION FOR THE ECOSYSTEM

“Hire female check writers, let them write checks to female founders, and empower female founders to innovate for women. Everyone will benefit. Funds will have greater returns, patients and consumers will have better products, and we’ll all have a better society. It’s a no-brainer—but if we don’t tackle each one of these pillars, we’re not going to make progress.”

## SECTION IV OPPORTUNITIES FOR CHANGE

### Opportunity Area II

## Acknowledging Underrepresented and Underfunded Innovators as Critical Drivers of Digital Health Innovation

Despite their growing numbers UUDH innovators are rarely elevated within field-level discussions. When UUDH innovators are discussed across the industry, they are often positioned solely as health equity plays or quasi-philanthropic endeavors. These restrictive and sometimes misleading frames can adversely affect the field’s ability to recognize and learn alongside UUDH innovators and the ability for UUDH innovators to attract growth resources. While there are [dedicated efforts](#) to highlight the integral contributions of UUDH innovators—particularly those exploring new issue areas or serving increasingly diverse populations—additional momentum is needed.

We believe that near-term actions to make progress against this opportunity include:

➔ **Action 1 - Understand the Distinct Focus Areas and Intended Impact of Underrepresented and Underfunded Innovators’ Work:** UUDH innovators are often presumed to (1) *only* serve overlooked populations, (2) have a *sole* health equity focus, or (3) operate as *quasi-philanthropic* endeavors. While there are UUDH innovators that fit into all three of these categories, it is not true for every innovator. This mental jump—which the Advisory Committee has termed “typecasting”—hinders—UUDH innovators from ideally positioning themselves, their companies, and the impact of their innovations. To overcome this challenge digital health actors can start discussions with UUDH innovators by asking two simple prompts— “How should I understand the power and potential of your work?” and “What do you need to succeed?” These starting points allow UUDH innovators to craft self-directed narratives that clarify their unique value proposition, their intended target population, their intended impact for that population, and their intended path for growth.

➔ **Action 2 - Recognize Underrepresented and Underfunded Innovators as Holders of Unique Knowledge and Market Understanding:** Recognizing UUDH innovators as holders of often untapped or overlooked sources of knowledge elevates them as experts and frames their innovations as valuable opportunities instead of unfamiliar risks. This reframe could also mitigate the “burden of proof” placed on underrepresented and underfunded innovators to spend a disproportionate amount of time educating investors on unfamiliar markets instead of demonstrating why their innovations are well-positioned to scale and improve health outcomes.



“We’re already seeing the effects of underinvestment—communities are dealing with intergenerational trauma and compounding factors like food deserts and violence, which are system-level problems. Without more system-level solutions, these challenges will be perpetuated.”

**Ashley Edwards**  
Founder and CEO,  
MindRight Health

## FIELD SPOTLIGHT

### ASHLEY EDWARDS | MindRight Health

#### THE INNOVATOR

After leading operations at a Newark-based school, Ashley founded [MindRight Health](#) to meet the unique mental healthcare needs of underserved communities—especially students and teens. In 2020, she became the first Black woman to raise over \$1M+ in venture capital in New Jersey.

#### THE OPPORTUNITY

People of color frequently [experience trauma and stress associated with institutional racism](#), reinforcing the need for access to high-quality mental health services. This is particularly true for adolescents of color and students from overlooked communities; however, these individuals often lack accessible, culturally-responsive, and stigma-free solutions. Technology-based interventions have the potential to reduce barriers to critical services—especially for adolescents—by providing coaching and regular check-ins via text messaging.

#### THE SOLUTION

MindRight Health provides culturally-responsive, personalized mental health coaching over text messaging to adolescents—honoring their lived experiences and meeting them where they are. The solution is uniquely designed to offer an upstream, nonclinical intervention for those in need of emotional support, especially for individuals who may not be therapy-ready and/or face barriers to accessing clinical care. While most text-based mental health solutions focus on crisis response, MindRight takes a proactive and preventative approach built on long-term relationships. The model, led by coaches and clinicians who reflect the diversity of their membership, enables the company to establish trust and build rapport so that if a crisis does strike, MindRight can provide more informed, personalized, and seamless support. MindRight has already seen demand from Medicaid MCOs with 4+ payers partnering with them to provide services in multiple states.

#### IMPACT

Here are some indicators that MindRight uses to track the success of their work:

**7 days/week**  
availability of mental  
health coaching service

**90%**  
member text  
message  
response rate

**3+**  
years of consistent  
messaging with  
most active  
members

#### RECOMMENDATION FOR THE ECOSYSTEM

“The diligence process for mental health startups should include how they’re engaging with communities—there’s some innovations that might actually be harmful for various communities. Investors should be able to answer the question, ‘At scale, how does this product/service impact the care of the most marginalized communities?’”

## SECTION IV OPPORTUNITIES FOR CHANGE

### Opportunity Area III

## Expanding Investment Criteria and Sourcing Strategies for Digital Health Innovators

Investment and partnership criteria are used by funds and enterprises to gauge potential investment and partnership opportunities. These criteria have the intended purpose of providing insight on a startup’s leadership team, total addressable market (TAM), and impact on healthcare or business outcomes. However, these criteria have often not been developed with diversity in mind and have in turn [adversely impacted UUDH innovators](#). To support an increasingly diverse pool of innovators these criteria should be [revisited and developed through new lenses](#). Doing so will support UUDH innovators access investment resources while also providing new opportunities for funds and enterprises to expand their pattern recognition and address an increasing array of health challenges.

We believe that near-term actions to make progress against this opportunity include:

- ➔ **Action 1 - Reevaluate Selection and Partnership Criteria:** Reevaluating investment and partnership criteria can highlight where initial “stage-gates” adversely impact UUDH innovators. Though these criteria may provide a surface understanding of a company’s recent history, they do not provide a robust picture of a company’s ability for sustainable growth, particularly when startups are entering or creating new markets. Specific criteria that may create initial obstacles for UUDH innovators include: (1) total addressable market (TAM) assessments, (2) assumptions about market traction/anticipated margins, (3) past entrepreneurial track records, (4) education/professional backgrounds, and (5) participants in friends and family rounds. [Comparable efforts](#) are being used to increase the flow of capital to funds led by women and/or people of color, similar approaches to refine assessment frameworks could be leveraged by venture funds to increase investment in UUDH innovators.
- ➔ **Action 2 - Elevate “Proximate” Expertise:** When exploring new market opportunities or developing solutions for traditionally overlooked populations, digital health actors can acknowledge and support innovators that have [“proximate” expertise](#), meaning those that have a deep awareness of/or connection to the problem or populations that are being solved for. This expertise, historically overlooked and undervalued, can be leveraged to strengthen market awareness, support problem analysis, and advance the development of impactful digital health innovations.

**Opportunity Area III**  
**Expanding Investment Criteria and Sourcing Strategies for Digital Health Innovators (Continued)**

- ➔ **Action 3 - Reevaluate the Investment Pitch, Selection, and Diligence**  
**Process:** [Dual realities](#) are faced by men and women+ innovators when navigating the venture investment landscape. One example of this phenomenon was highlighted in a [2017 study](#) that found that men innovators were three-times more likely to be asked “promotion-oriented” questions (highlighting upside and potential gains) while women innovators were three-times more likely to be asked “prevention-oriented” questions (highlighting potential losses and risk mitigation). [Other studies](#) have noted that implicit and explicit “stage-gates” can often curb underrepresented and underfunded innovators from advancing through an investment selection process. Investors can level the playing field by creating uniform and equitable processes through which companies are identified and accessed. Examples include creating an open call pitch process or standardizing prompt questions during introductory calls.
- ➔ **Action 4 - Identify Fund-Specific Equity Commitments:** Investment funds are well-positioned to define customized ways that their teams are uniquely suited to support UUDH innovators. In the last two years, this approach has been [leveraged by several actors](#) and has resulted in (1) the development of new funds that have the expressed purpose of investing in women innovators or leaders of color, (2) co-investment opportunities with funds led by women or people of color, (3) the application of an equity-focused lens to strategic support work, and (4) the ongoing development of fund managers that bring diverse areas of expertise and lived experience into their investing efforts. These efforts collectively create opportunities for the field to address the direct needs of UUDH innovators while also building organizations that can meaningfully support them over time.



*“If we want solutions for our communities, we have to create them. We can’t wait for others. We have to show that investing in these types of opportunities can generate great returns and better outcomes. Once we show that it works, other investors will follow. We are proud to take the torch as a pioneer in shifting the landscape of women’s health and investment.”*

**Maria Velissaris**  
Founding & Managing Partner,  
SteelSky Ventures

**FIELD SPOTLIGHT**

**Maria Velissaris | SteelSky Ventures**

**THE INNOVATOR**

A true entrepreneur, Maria started a shipping and storage company at age 19 that was later acquired by U-Haul. After leading business units across a number of organizations, Maria joined an angel investor group in 2017 and began investing in women’s health companies. She then launched her own fund, [SteelSky Ventures](#), in 2020.

**THE OPPORTUNITY**

Women make over [80% of healthcare spending decisions](#) in the U.S., yet women healthcare entrepreneurs face hurdles in securing venture capital funding. In 2020, women-led startups received just [2.3% of venture capital](#). Startups that specifically address women’s health needs make up just 5% of all digital health funding, according to [Rock Health research](#). In light of these funding gaps and women’s broader role in the economy, there is a significant opportunity for healthcare investors, especially early-stage funds, to focus on women-led companies in women’s health.

**THE SOLUTION**

SteelSky Ventures is built on the belief that women’s healthcare is a global market opportunity, primed for entrepreneurial innovation and growth. The fund invests across the full spectrum of women’s health (e.g., medical devices, consumer health, and digital health). SteelSky’s unique positioning centers on ensuring representation, meeting the needs of all women, and forming close relationships with strategic limited partners (LPs) and advisors who act as the voice of the market. In turn, SteelSky is able to facilitate meaningful connections and business relationships for their partners and portfolio companies. The SteelSky team recently [moved their headquarters to Atlanta](#) to engage a diverse startup ecosystem and tap into a market that has been overlooked and underserved.

**IMPACT**

Here are some indicators that SteelSky Ventures uses to track the success of their work:

**\$73M**  
in AUM raised to invest across a portfolio of companies innovating in women’s health

**94%**  
of their portfolio companies are led by at least one woman, Black, Latinx, or AAPI founder

**100%**  
of 2020 fund investments have raised follow on funding on the platform

**RECOMMENDATION FOR THE ECOSYSTEM**

*“If you want to see different solutions, you have to invest differently. You have to be open to investing in founders that may not look like you or be a part of your academic or social networks. The VC ecosystem is ripe for disruption and founders and funders with diverse backgrounds and lived experiences are going to change the landscape in a way we’ve never seen before.”*



*“If funding continues as it is currently distributed, we’re leaving women and the Black community behind—which means we’re leaving innovations and money on the table.”*

**Kathryn Cooper, MBA**  
Partner,  
Jumpstart Nova

## FIELD SPOTLIGHT

### Kathryne Cooper | Jumpstart Nova

#### THE INNOVATOR

Kathryne has dedicated her professional life, from medical school to health tech startups and venture capital, to improving patient outcomes at scale. Prior to her work as a Partner at Jumpstart Nova, Kathryne advised investments at [CTIP](#), an FDA-funded pediatric medical device accelerator, and founded [Health Tech DEI](#), which advises funds on inclusive investment strategies and solutions.

#### THE OPPORTUNITY

Black Americans make up 12.4% of the U.S. population, according to the [2020 Census](#). Yet, only [1.3% of venture funding](#) went to Black founders in 2021—and that was a record year. By investing in Black-founded and -led companies, healthcare VCs have the potential to increase funding parity, drive change and improve outcomes in healthcare, and deliver outsized returns.

#### THE SOLUTION

Jumpstart Nova is a \$55M venture fund designed to invest exclusively in Black-founded and -led early-stage (Seed and Series A) healthcare innovation companies. The fund’s thesis is rooted in the belief that traditional investors are missing out on significant innovations, ideas, and returns by ignoring founders from overlooked communities. Jumpstart Nova has developed a unique base of strategic limited partners with deep experience across a range of healthcare institutions (e.g., hospitals, health systems, medical schools). These strategic partners create a competitive advantage for Jumpstart Nova portfolio companies by offering actionable go-to-market counsel, pressure-testing product ideas, and accelerating the companies’ early-stage growth through pilots and other industry connections.

#### IMPACT

Here are some indicators that Jumpstart Nova uses to track the success of their work:



#### RECOMMENDATION FOR THE ECOSYSTEM

*“It’s simple—if folks want to invest in underrepresented founders and fund managers, they should invest in them with capital. Because capital in my opinion is what drives the needle. It’s a significant driver of innovation. Things go where money goes.”*

## SECTION IV OPPORTUNITIES FOR CHANGE

### Opportunity Area IV

## Demystifying the Venture Investment Landscape

Venture capital deals frequently take place behind closed doors. The industry is well-known for its insular culture, where deep connections are often required to identify leads and unlock capital. Given that UUDH innovators have historically been excluded from venture networks these realities disproportionately impact their ability to grow and scale their startups. [Building on existing efforts](#), more can be done to demystify the norms that inform venture investing activities for UUDH innovators and prepare them to navigate the often complex venture landscape.

We believe that near-term actions to make progress against this opportunity include:

- ➔ **Action 1 - Expand Awareness of Non-Venture Capital Funding**  
**Opportunities:** Venture capital is often the first avenue that entrepreneurs explore to grow their startups. However, venture dollars may not always be the right tool to support an innovator’s existing work and growth aspirations. Depending on the organization’s stage of development, value proposition, intended target population, and level of evidence there may be other pathways to secure growth capital. Broader awareness of other funding options, —including non-dilutive capital sources—could increase support for UUDH innovators’ throughout their company’s life cycle.
- ➔ **Action 2 - Bring Greater Transparency to Venture Investing**  
**Activities:** [Several innovators have noted that limited transparency](#) about how decisions are made across the venture investing landscape often hinders their ability to access the knowledge, connections, and resources needed to scale their startups. To address this and related challenges, venture capitalists can provide context on how they initiate and steward relationships with entrepreneurs, including paths for investment and ongoing partnership.
- ➔ **Action 3 - Strategically Broaden Venture Networks:** To support an increasingly diverse group of innovators and to enter emerging markets funds can seek opportunities to engage with innovators, investors, and organizations that have “proximate” expertise. [Several of these organizations](#) have catalyzed powerful networks that have increased the diversity of the venture investor pool and expanded support for innovators from diverse backgrounds. Meaningfully engaging these networks—with the expressed purpose of broadening startup connections or elevating emerging opportunities—could generate deeper awareness and greater investment work led by UUDH innovators.



*“Some constructs are set up to benefit certain types of people. Acting like these systems are irrefutable natural laws is a mistake—systems are based on decisions, and different decisions can produce different outcomes. We can reimagine the systems, change the game, and create something new.”*

**Erika Seth Davies**  
CEO, Rhia Ventures

**FIELD SPOTLIGHT**

**Erika Seth Davies | Rhia Ventures**

**THE INNOVATOR**

Moving from nonprofits to the world of finance, Erika has dedicated her career to advancing diversity, equity, and inclusion. In 2018 Erika founded the [Racial Equity Asset Lab \(The REAL\)](#), a venture that addresses racial equity via impact investing and works to shift capital to address disparities. Her commitment to just reproductive and maternal health and equitable investing—particularly for overlooked populations—guides her work as CEO of [Rhia Ventures](#).

**THE OPPORTUNITY**

Inequities in maternal and reproductive care are among the most glaring concerns for the U.S. healthcare system. The United States ranks [55 in the world for maternal mortality](#), faces clear [racial disparities](#) in outcomes, and has clear contraceptive usage gaps—[45% of the country’s ~6 million pregnancies](#) are unplanned. Moreover, innovation has been relatively limited as many contraceptives haven’t significantly advanced for 50+ years. This stagnation, inequity, and lack of entrepreneurial activity creates opportunity for funders and founders who understand racial, reproductive, and maternal health inequities and are motivated to effect change in the space.

**THE SOLUTION**

Rhia Ventures is purpose-built to create a strong U.S. market for sexual, reproductive, and maternal health with equitable outcomes for all. The model places women of color and birthing people at the center of investment conversations and leverages capital to generate systemic change. Rhia also advises corporations on how to best shift spending toward equitable ventures, and connects key players across the reproductive and maternal health landscape. By incorporating The REAL framework for impact investing, Rhia Ventures is embedding equitable principles into its investment decisions and collaborations with diverse founders, from sourcing to diligence and ongoing portfolio support.

**IMPACT**

Here are some indicators that Rhia Ventures uses to track the success of their work:

<b>\$29M+</b> in committed capital and 60+ Limited Partners	<b>12</b> investments in high-impact, early-stage companies in Fund II	<b>70%</b> of portfolio companies led by women or people of color
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**RECOMMENDATION FOR THE ECOSYSTEM**

*“Just do something—don’t get stuck conceptualizing. Begin by learning about the amazing things that others with lived experience and diverse perspectives have done. Then, leverage your role in the ecosystem and support founders and initiatives focused on equity. No matter your role, you have influence and can impact the system.”*



*“I’m quite used to being the only one in the room that looks like me. As I’ve grown, I’ve realized that I don’t need to turn myself into the guy that I’m working with... I’ve learned to lean into who I am and be more unapologetic—people want to work with investors who get it.”*

**Deena Shakir**  
Partner, Lux Capital

**FIELD SPOTLIGHT**

**Deena Shakir | Lux Capital**

**THE INNOVATOR**

Deena invests in transformative technologies that improve lives and livelihoods. Prior to her role as Partner at [Lux Capital](#), she was a Partner at GV (Google Ventures) and a Presidential Management Fellow at The U.S. Department of State under Secretary Clinton. Deena focuses on investing in mission-driven, equity-centered health tech companies.

**THE OPPORTUNITY**

Women and people of color are significantly underrepresented as investors and venture-backed entrepreneurs in healthcare and health tech. These disparities lead to missed opportunities for value creation, preventable downstream costs, and a dearth of needed innovation. Funds that reduce barriers to entry for diverse investors and founding teams can identify untapped opportunities and deliver significant social and financial returns.

**THE SOLUTION**

Lux Capital invests in founders and companies that are creating the future of healthcare, with a focus on health equity and women’s health. The fund’s approach is designed to support a diverse group of founders in navigating the healthcare and venture landscape, leveraging the expertise and relationships of trusted partners. The team believes that pursuing a combination of social and financial returns “takes a village” and requires resources beyond capital (e.g., public-private partnerships, increased collaboration between clinicians, activists, and fellow entrepreneurs). Therefore, Lux Capital acts as a convener for a broad group of stakeholders through their f(Lux) events, connecting founders to a diverse network of science, technology, and business leaders.

**IMPACT**

Here are some indicators that Lux Capital uses to track the success of their work:

<b>\$5B</b> combined valuation of Lux-backed women’s health companies	<b>\$75M+</b> investment in women’s health-focused companies	<b>20%</b> of Lux companies led by a woman-founder or CEO
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**RECOMMENDATION FOR THE ECOSYSTEM**

*“For investors: Continue to focus on equity as a real opportunity for value creation. For startups: find yourselves investors who can align the overlay of value creation and equity—find investors who truly understand your space.”*

Opportunity Area V

## Promoting Continuous Learning about Underrepresented and Underfunded Innovators and Their Innovations

Greater attention must be paid to ensure that the digital health industry continuously amplifies the work led by UUDH innovators and their impact their target populations. [The California Health Care Foundation](#) has noted that a well-defined and executed amplification efforts can widen the “artificially narrow band” of innovators that investment resources have historically been funneled to. Leveraging existing or new platforms—[like the In Full Health Initiative’s blog series](#)—to promote awareness and learning can increase awareness of the many ways that UUDH innovators are building game changing digital health startups.

We believe that a near-term action to make progress against this opportunity includes:

- ➔ **Action 1 - Use Institutional Platforms to Spotlight Underrepresented and Underfunded Innovators:** Leveraging new and existing institutional platforms to spotlighting UUDH innovators provides an opportunity to promote their work and its impact. This action would bring heightened attention to the UUDH innovators while also elevating “best practices” for broader adoption. These spotlights could include business school cases that highlight the growth journey of underrepresented and underfunded innovators and their startups, elevating the distinct choice points that they made throughout their entrepreneurial journey. Other spotlights could be developed by enterprise players to highlight how they have worked with UUDH innovators to address their patient populations.



“You need more diverse perspectives. Full stop. Healthcare is for everyone, but the biggest challenges exist for overlooked communities who need real solutions. If you’re not funding companies, partnering, or contracting with companies that are focused on people of color, that’s a problem!”

**Shruti Kothari**  
Founder,  
Women of Community and  
Black Healthcare Founder  
Spotlight

### FIELD SPOTLIGHT

## Shruti Kothari | Women of Community and Black Healthcare Founder Spotlight

#### THE INNOVATOR

Shruti has worked as a leader across health education, community engagement, quality improvement, early stage startups, and mission-driven enterprises. In addition to her role as Director of Industry Initiatives, Health Care Reform at Blue Shield of California, Shruti is the Founder of [Women of Community](#), Co-Founder and Co-CEO of [Crown Society](#), and creator of the [Black Healthcare Founder Spotlight](#).

#### THE OPPORTUNITY

Women face significant hurdles in advancing their healthcare careers, however, the barriers are magnified for women of color—30% of healthcare senior leaders are white women, while [only 4% are women of color](#). In short, while women in general are underrepresented, women of color are virtually non-existent. This lack of representation signifies a clear need for healthcare stakeholders to elevate the voices of women of color and develop executive teams that reflect the diversity of their communities.

#### THE SOLUTION

Women of Community (WOC) is an online community designed to celebrate women of color—Black, Latinx, Asian and Pacific Islander, Muslim, Indigenous—who are contributing to the health of their communities. WOC hosts community events, distributes newsletters, and launches social media advocacy campaigns to elevate the voices of women of color and improve representation in healthcare leadership. The platform also leverages powerful video interview series ([Take 10, Black Healthcare Founder Spotlight](#)) and unique storytelling to share the experiences of innovators and leaders with diverse backgrounds. WOC’s content and community engagement on [Instagram](#) and [LinkedIn](#) have attracted thousands of women of color and allies, 62% of whom are senior executives and healthcare leaders.

#### IMPACT

Here are some stats that Women of Community uses to track their success:

**5,000+**  
community members

**30K**  
average monthly  
impressions

**20%**  
women of color  
elevated and  
celebrated on the  
platform

#### RECOMMENDATION FOR THE ECOSYSTEM

“Have a bias toward action. Start with something concrete like collecting and analyzing data to identify disparities. If you’re an investor, ensure that your boards, C-suite leaders, and contracts are representative. If you’re an industry leader, look at the diversity of your suppliers and recruiting pipeline. Start with your universe—set goals and achieve them”

**Opportunity Area VI**  
**Creating Opportunities for Innovator-Focused, Peer-to-Peer Learning**

Continuous learning with peers can catalyze UUDH innovators ability to grow throughout their entrepreneurial journeys. UUDH innovators can utilize learning and connection opportunities to learn about tactics for startup development and growth from peers, mentors, and industry leaders.

We believe that near-term actions to make progress against this opportunity include:

- ➔ **Action #1 - Promote Peer Learning & Connection:** Spaces for network connections where innovators can develop intentional peer-to-peer, and mentorship-driven relationships can foster learning. Dedicated peer learning spaces can provide space for innovators to share lessons learned and offer guidance to peers navigating new challenges. These learning and connection opportunities can support innovators as they identify pertinent needs, build pattern recognition, and discuss the joys and pains of entrepreneurship.
- ➔ **Action #2 - Connect Underrepresented and Underfunded Innovators with Other Digital Health Leaders:** Leveraging the expertise of non-investing, enterprise digital health leaders—those working within enterprises, payer systems, and advisory firms—is an underleveraged tool to support UUDH innovators. These leaders hold knowledge and can provide counsel on the evidence bases that are needed to partner with large enterprises/systems, how their innovations sit within the broader context of digital health, and how their innovations may be integrated into—and impact—the lives of their target populations.



*“People expect companies to evolve—not just pay attention to equity—but actually change for the better. A company will lose its best employees if it doesn’t improve because people are becoming less willing to sacrifice themselves for their jobs. If you’re really trying to create an inclusive environment, you’ll take the time to ensure the mechanics of your company are equitable and your brand reflects those values.”*

**André Blackman**  
Founder & CEO,  
Onboard Health

**FIELD SPOTLIGHT**

**André Blackman | Onboard Health**

**THE INNOVATOR**

André is dedicated to building the future of health through an equity lens. After 15+ years of innovating in community and public health, André founded [Onboard Health](#), a specialized executive search and advisory firm focused on creating a more inclusive workforce. In 2020, he was named to Fortune Magazine’s 40 Under 40 in Healthcare.

**THE OPPORTUNITY**

Despite [growing evidence](#) that greater diversity in teams is associated with higher performance, many healthcare institutions struggle to build representative teams and inclusive environments for their people and clients. Too often organizations attempt to tackle public health issues faced by people of color, or other overlooked communities, without a single person from those communities on their team. Without improvements to representation and inclusion, healthcare companies risk losing out on top talent, more equitable outcomes, and novel approaches to care delivery.

**THE SOLUTION**

Onboard Health leverages a unique, two-sided model to help companies recruit diverse leadership teams and create cultures centered on equity and inclusion. The first pillar of the business, executive search, leverages their network of thousands of BIPOC and LGBTQ+ professionals, working across venture capital, business development, operations, health equity, design, and data science. The Onboard Health Talent Network connects individuals through community and social platforms, equips them with education and programming, and supports them through career transitions and new opportunities. The second pillar, advisory services, provides consulting and programming to help organizations develop inclusive cultures and enable all team members to thrive.

**IMPACT**

Here are some indicators that Onboard Health uses to track the success of their work:

**7.5K**  
members  
In talent network

**100+**  
ecosystem  
companies across  
the health industry

**30K**  
network effect

**RECOMMENDATION FOR THE ECOSYSTEM**

*“As leaders, take a step back and assess. Sometimes you need to get out of your own way and look around at the marketplace. Learn from what the creative, new companies are doing and decide how you want to contribute and evolve. After a self-assessment, invite a trusted partner to come in and help you identify organizational blindspots.”*



“As Black and Brown populations will be the majority groups in the coming decades, it will be critical not only for those communities, but also for the entire country, to build tools and reprogram systems for inclusivity. This allows space for innovators with cultural context and awareness to build the tools and solutions that we will need tomorrow.”

**Javier Evelyn**  
Founder and CEO of *Alerje*,  
Founding Team Member of  
*MedTech Color*

## FIELD SPOTLIGHT

### Javier Evelyn | MedTech Color

#### THE INNOVATOR

Javier is a mission-driven entrepreneur, ecosystem builder, and a Founding Team Member of [MedTech Color](#). Motivated by his personal experience living with multiple food allergies, he founded *Alerje*, a medtech and digital health startup focused on improving the lives of millions dealing with life-threatening food allergies. In 2020, Javier was selected as an awardee of the inaugural Black Founders Fund by Google for Startups.

#### THE OPPORTUNITY

The lack of diversity and inclusion in medical device product development is not only a social or cultural concern—it is a public health issue that directly affects the safety and effectiveness of medical devices and clinical outcomes for diverse patient populations. Moreover, the absence of diverse leadership and consideration for communities of color create critical gaps across the full lifecycle of medical devices. Founders of color are well-equipped to solve many of these significant, unmet needs in the medical device industry; however, Black and Hispanic entrepreneurs face the greatest barriers to accessing capital, accounting for less than [4% of all venture deals](#).

#### THE SOLUTION

MedTech Color is purpose-built to advance the representation of persons of color in the medical device industry. The organization aims to build the world's largest network of Black and Hispanic medtech leaders, increase diverse representation in clinical trials and medical device development, and help create 100 new Black and Brown CEOs by 2030. MedTech Color advances early-stage medtech companies founded by Black and Brown professionals through funding and mentorship opportunities awarded during its annual Pitch Competition. The organization creates thought leadership, professional development resources, and hosts or participates in a number of other networking events to support and grow its community. These ecosystem initiatives include panels, industry meetings, workshops, and the annual [Networking Breakfast](#) in partnership with AdvaMed at the MedTech Conference.

#### IMPACT

Here are some indicators that MedTech Color uses to track the success of their work:

<b>1,700+</b> members, contacts, and supporters in its growing network	<b>\$300k</b> cash and in-kind services provided to early-stage founders through its Pitch Competition	<b>12+</b> leading healthcare and medtech organizations as Collaborative Community Sponsors
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#### RECOMMENDATION FOR THE ECOSYSTEM

“Collaboration is the key to improving equity outcomes for any part of the healthcare industry. Leverage your community or your platform to help uplift and support diverse entrepreneurs on the come up, ensuring that the path will be easier for future generations.”

## SECTION V

# What's Next? A Call for Continued Learning, Action, and Partnership

As named at the start of this publication, there are no easy-fixes to ameliorate the challenges that UUDH innovators face when attracting investment resources. Noting this, we hope that this publication—and *RockHealth.org's* emerging work—builds off the efforts of [comparable initiatives](#) and prompts other digital health actors to find avenues to support UUDH innovators.

We additionally call on these actors to consider ways that they can meaningfully contribute to efforts that support underrepresented and underfunded innovators by:

- + **Directing and allocating more funding to UUDH innovators** who are leading innovations that expand the promise and potential of digital health.
- + **Supporting field efforts and related organizations** that amplify and support the work of UUDH innovators.
- + **Determining your baseline and considering next steps**, based on your unique context—for *investors* this may mean auditing your portfolio and investment pipeline to ensure that UUDH innovators are represented; for *corporate leaders* this may mean entering into discussions with UUDH innovators to understand how their work may complement your strategic goals; for *media, researchers, and advisors* this may mean intentionally elevating the stories and work of UUDH innovators; and for *peer-entrepreneurs* this may mean finding ways to support and champion fellow innovators that are advancing digital health innovation.
- + **Broadening your networks** by asking who is not at the table and engaging with the expressed purpose of connecting with and learning alongside transformative UUDH innovators.
- + **Sharing your reflections and learnings** with colleagues in your organizations and your network.

## Reimagining Opportunity & Innovation in Digital Health Discovery Interview Participants

**Alice Lin Fabiano** | Vice President, Global Philanthropy, *American Express* (former. Global Director at Johnson & Johnson, Global Community Impact)\*

**Alice Vilma** | Managing Director, *Morgan Stanley Multicultural Strategy Group*

**Ashley Edwards** | Founder + CEO, *MindRight Health*\*

**Bill Evans** | Founder + General Partner, *Rock Health Capital*\*

**Chelsea Hanson** | former. Director, Health Equity + Innovation, *American Medical Association*\*

**Deena Shakir** | Partner, *Lux Capital*\*

**Erik Cardenas** | Co-Founder + CEO, *Zócalo Health*

**Erika Seth Davies** | CEO, *Rhia Ventures*

**Félix Manuel Chinae** | Health Equity & Inclusion Strategy, Senior Manager, *Doximity*\*

**Ivelyse Andino** | Founder + CEO, *Radical Health*

**Ivor Horn** | Director, Health Equity & Product Inclusion, *Google* / Partner, *Unseen Capital*\*

**Javier Evelyn** | Founder + CEO, *Alerje*\*

**Juan-Pablo Mas** | Partner, *Action Potential Venture Capital* / Co-founder of *LatinX VC*\*

**Kathryne Cooper** | Partner, *Jumpstart Nova*\*

**Kaakpema “KP” Yelapaala** | Co-Founder + CEO, *InOn Health*\*

**Leah Sparks** | Founder + CEO, *Wildflower Health*

**Lori Melichar** | Director, *Pioneer Portfolio*, *Robert Wood Johnson Foundation*

**Lynne Chou O’Keefe** | Founder + Managing Partner, *Define Ventures*\*

**Margaret Laws** | President + CEO, *Hopelab*

**Mariza Harden** | Co-Founder + COO, *Zócalo Health*

**Megan Zweig** | COO, *Rock Health Advisory*\*

**Monique Smith** | Executive Director, *Health DesignED*\*

**Payal Parikh** | Principal, *Unseen Capital*\*

**Selma Bueno** | Managing Director, *Morgan Stanley Multicultural Strategy Group*

**Shivani Garg Patel** | Chief Strategy Officer, *Skoll Foundation*\*

\*Reimagining Opportunity and Innovation in Digital Health Advisory Committee Member

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# Reimagining Opportunity and Innovation in Digital Health Resource Library

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## Diversity in Venture Investing

### [DIVERSITY RIDER PLEDGE](#)

Act One Ventures

### [WHY WOMEN-OWNED STARTUPS ARE A BETTER BET](#)

Boston Consulting Group

### [DIVERSITY & INCLUSION IN THE VC INDUSTRY](#)

Deloitte

### [HOW THE PITCH PROCESS IS FAILING WOMEN ENTREPRENEURS](#)

Harvard Business Review

### [INSTITUTIONAL INVESTORS MUST HELP CLOSE THE RACE AND GENDER GAPS IN VENTURE CAPITAL](#)

Harvard Business Review

### [ADVANCING GENDER EQUITY IN VENTURE CAPITAL](#)

Harvard Kennedy School

### [VC PROGRESS TOWARD RACIAL EQUITY](#)

Morgan Stanley

### [THE TRILLION-DOLLAR BLIND-SPOT](#)

Morgan Stanley Multicultural Inno. Lab

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## Diversity and Innovation

### [HOW DIVERSITY CAN DRIVE INNOVATION](#)

Harvard Business Review

### [DIVERSITY WINS: HOW INCLUSION MATTERS](#)

McKinsey & Co.

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## Digital Health and Health Equity

### [AMA'S EQUITY MISSION & STRATEGIC PLAN](#)

American Medical Association

### [ADVANCING HEALTH EQUITY: A GUIDE TO LANGUAGE, NARRATIVE AND CONCEPTS](#)

American Medical Association

### [A FRAMEWORK FOR ELIMINATING HEALTH DISPARITIES USING TELEHEALTH](#)

American Telemedicine Association

### [UNDERINVESTED: STRATEGIES FOR SUPPORTING DIVERSITY, EQUITY, AND INCLUSION IN HEALTH CARE VENTURE INVESTMENT](#)

California Health Care Foundation

### [HOW HEALTH SYSTEMS CAN HELP ADDRESS LANGUAGE BARRIERS TO ACHIEVE DIGITAL HEALTH EQUITY](#)

CHOP PolicyLab

### [DIGITAL HEALTH EQUITY PLEDGE](#)

eHealth Initiative

### [BUSINESS CASE FOR CHANGE IN U.S. HEALTH INNOVATION RESOURCING](#)

In Full Health Initiative

### [FIVE PRINCIPLES FOR EQUITABLE HEALTH INNOVATION](#)

In Full Health Initiative

### [FOCUSING ON DIGITAL HEALTH EQUITY](#)

JAMA

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## Diversity in Digital Health

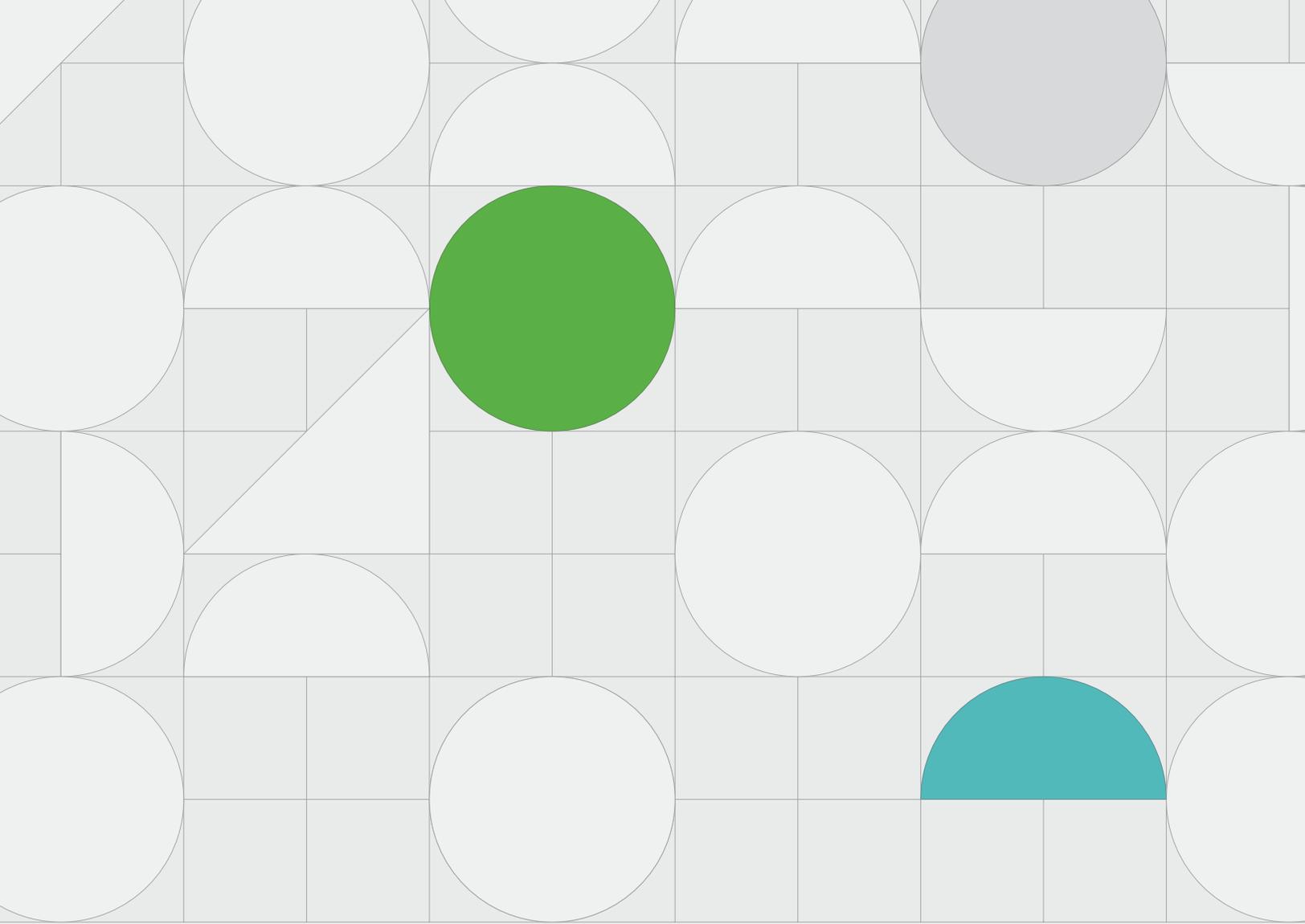
### [DIVERSITY IN DIGITAL HEALTH](#)

Rock Health

### [THE STATE OF GENDER EQUITY IN DIGITAL HEALTH](#)

Rock Health





**ROCK**  
**HEALTH+**