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Vision & Intelligence

EVIDENCE BRIEF
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EVIDENCE BRIEF · INNOVATION AND NETWORKS

Hackathons Count Ideas, Not Outcomes

Do health hackathons produce lasting innovation?

Hospitals, universities and sponsors run health hackathons to speed up innovation, but outcomes after the weekend are rarely measured. Reviews of 42 designathons and 22 education hackathons, a Berlin hackathon series and Swiss assistive-technology hackathons show what these events deliver and how to make results last.

By Eventamin · How we work 12 November 2026 Worldwide, Germany, Switzerland, U.S.

5 studies

health hackathons | designathons | open innovation events | hackathon outcomes | digital health | medical innovation | hackathon costs | innovation challenges | patient involvement | event follow-up

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KEY FINDING

Health hackathons reliably engage participants and generate ideas and prototypes, but their lasting effect is largely untested: across 42 designathon studies, 48 percent reported further development within 12 months, 17 percent real-world testing and only five percent costs. Small, well-matched events with structured follow-up deliver the most per participant.

Five studies, 2020–2024

Key findings

- **Outcomes after the event are rarely measured.** Among 42 designathon studies, 98 percent reported participant numbers, but only 48 percent reported further development within 12 months, 17 percent real-world testing and five percent costs [1].
- **Hackathons produce ideas and prototypes.** Designathons generated a median of eight outputs, mostly ideas and prototypes, from a median of 49 participants in eight teams [1].
- **Small events cost less per head.** In Berlin, hackathons of up to 30 participants cost up to 100 euros per participant, against about 1,000 euros at larger events [2].
- **Hackathons grow communities.** Membership of Berlin's digital health community grew by 0.6 members a day on average and by up to 2.0 a day around each hackathon [2].
- **Learning gains are self-reported.** In 22 health education hackathons, participants reported gains in knowledge and attitudes, but evaluations rested on self-assessment without long-term follow-up [3].

FOR THE MARKET

Market outcomes

What the studies mean for each part of the industry.

Organisers & associations	Planning starts six months ahead with community building and stakeholder involvement, and follow-up should run beyond the event; matching patient-users with problem-solvers, iterating on prototypes and keeping teams in contact turn ideas into products.
Exhibitors & sponsors	Sponsors gain most from hackathons that keep teams working after the weekend; support in kind, such as design studios or follow-up workshops, can replace cash prizes and keep projects alive.
Investors & advisers	Few hackathon outputs are tested in the real world; outcomes such as implementation within 12 months, follow-on funding and community growth are better signals than the number of ideas pitched on the day.

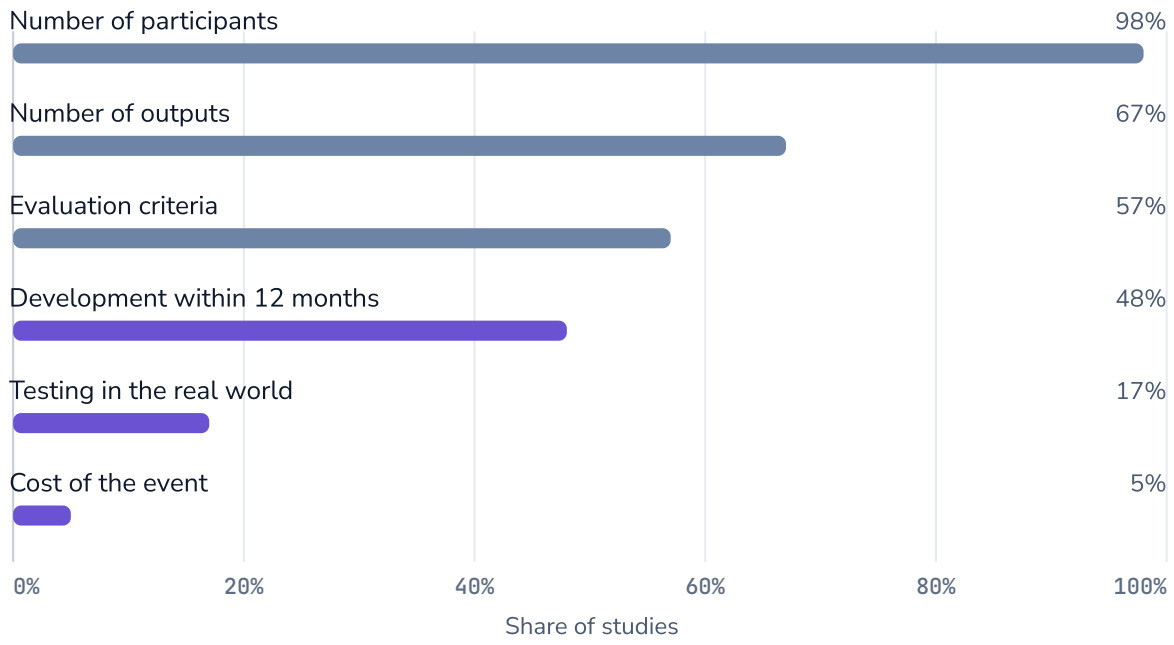
Hackathons in healthcare

Hackathons have moved from software into healthcare, where hospitals, universities and sponsors use them to bring clinicians, patients, developers and designers together for a weekend. Across 42 studies of designathons, the broader category of time-limited design events for health, 71 percent of events were called hackathons, 83 percent were held in person and 62 percent of studies came from high-income countries[1].

The events engage people easily; what happens afterward is less clear.

Share of health designathon studies reporting selected outcomes

Share of studies.



Source: Tieosapjaroen et al. · Release date: 2024 · Region: Worldwide · Studies reviewed: 42

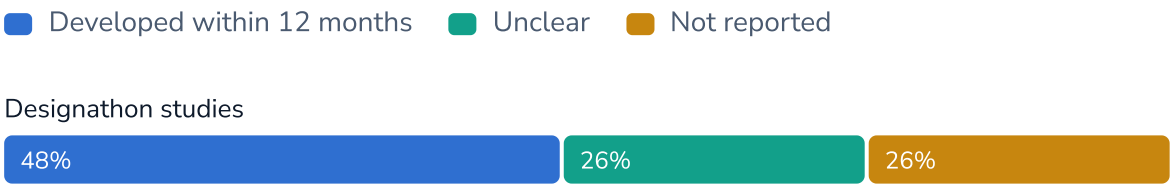
What designathons deliver

Designathons gather a median of 49 participants in eight teams and generate a median of eight outputs, split evenly between ideas and prototypes[1]. Educational programs and mobile apps were the most common outputs, followed by medical devices; 93 percent of events aimed at social innovations[1].

Follow-through is the weak point. 48 percent of studies reported that ideas or prototypes were developed further within 12 months, while the rest were unclear or did not report it, and only 17 percent tested outputs in the real world[1]. Just two studies reported costs: around 16 British pounds per participant for a two-day event in India and around 40,000 U.S. dollars for a two-day hackathon in the U.S[1]..

Further development of health designathon outputs after the event

Share of studies.



Source: Tieosapjaroen et al. · Release date: 2024 · Region: Worldwide · Studies reviewed: 42

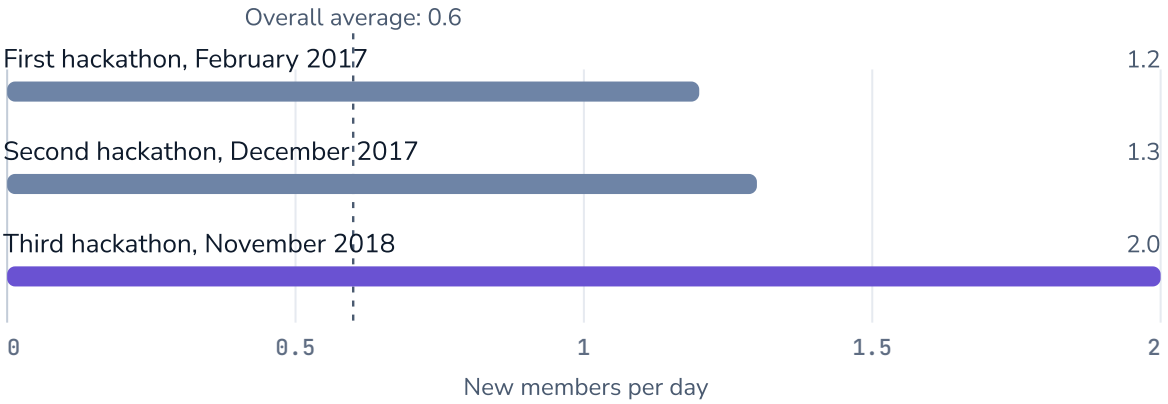
Small, focused and followed up: Berlin

A series of hackathons at Berlin's university hospital shows what small events can do. The first, in February 2017, brought together 30 participants, 30 percent of them clinicians, health professionals or patients; a jury selected five of 14 proposed projects, all mobile apps initiated by patients or clinicians[2]. Two larger hackathons followed with around 75 active participants each and more than 300 attendees at the opening and closing[2].

Smaller hackathons proved more cost-efficient, at up to 100 euros per participant against about 1,000 euros at larger events[2]. Instead of cash prizes, winners received continued design support, and the local digital health community grew faster around each event, from 0.6 new members a day on average to 1.2, 1.3 and 2.0 around the three hackathons[2]. Teams moved back and forth between brainstorming, building and pitching rather than following a linear process[2].

Growth of the Hacking Health Berlin community around three health hackathons, 2017 to 2018

Average new members per day.



Source: Poncette et al. · Release date: 2020 · Region: Germany (Berlin) · Window: four weeks before to two weeks after each event

Planning for impact

The Berlin organizers derived an eight-step plan that starts six months before the event and continues after it[2]. Organizers of four assistive-technology hackathons in Zurich and Geneva, with more than 20 patient-users, warn that many health hackathons are more theater than innovation engine and recommend practices from open innovation for each phase[4]. A proposed framework measures the outcomes of open innovation events with indicators for each participating group[5].

PHASE	PRACTICE	EXAMPLE
Six months before	Build the community and involve stakeholders [2]	Sponsors, hospital departments and patient groups [2]
Two to four months before	Set the theme, venue and date; announce [2]	Theme framed by clinical needs [2]
Before the event	Match patient-users with problem-solvers [4]	Questions that reveal backgrounds to guide matching [4]
During the event	Iterate on prototypes; involve outside stakeholders [4]	Academics, officials and hardware and software firms [4]
After the event	Create a sense of ownership to follow through [4]	Open communication channels and follow-up events [4]
One month after	Capture lessons and follow up with teams [2]	Design-thinking workshops for winning teams [2]

Learning gains are self-reported

Hackathons in health education show positive results, with limits. A review of 22 studies, half of them from the U.S., found high satisfaction and gains in knowledge and attitudes, and solutions ranging from algorithms and imaging devices to hospital logistics apps [3]. Most evaluations relied on self-assessment at the end of the program, without long-term follow-up [3].

Notes on the data

The figures are based on five studies published between 2020 and 2024: a systematic review of 42 designathon studies, a scoping review of 22 hackathon studies in health education, a case study of three Berlin hackathons written by their organizers, a commentary on four Swiss hackathons and a conference abstract proposing outcome measures [1–5]. Most reviewed studies are case reports. Cost figures from Berlin are the organizers' estimates. Community growth shows correlation with the events, not cause.

Sources

● Study ○ Industry source

1 Tieosapjaroen, W., Chen, E., Ritchwood, T., Li, C., Conklin, J. L., Babatunde, A. O., Ongkeko, A. M., Nwaozuru, U., Tucker, J. D., Carandang, N. T. C., & Ong, J. J. (2024). Designathons in health research: a global systematic review [Journal article]. *BMJ Global Health, 9, e013961*. https://doi.org/10.1136/bmjgh-2023-013961 First-hand

2 Poncette, A.-S., Rojas, P.-D., Hofferbert, J., Sosa, A. V., Balzer, F., & Braune, K. (2020). Hackathons as Stepping Stones in Health Care Innovation: Case Study With Systematic Recommendations [Journal article]. *Journal of Medical Internet Research, 22(3), e17004*. https://doi.org/10.2196/17004 First-hand

3 Rooholamini, A., & Salajegheh, M. (2024). Health profession education hackathons: a scoping review of current trends and best practices [Journal article]. *BMC Medical Education, 24*. https://doi.org/10.1186/s12909-024-05519-7 First-hand

4 Park, C. H., von Krogh, G., Stadtfeld, C., Meboldt, M., & Shrestha, Y. R. (2023). Healthcare hackathons as open innovation [Journal article]. *Nature Reviews Bioengineering, 1, 610–611*. https://doi.org/10.1038/s44222-023-00070-4 First-hand

5 Gagné, C., Veilleux, S., Armellini, F., Cohendet, P., & Sirois, L. (2021). Measuring the Outcomes of Open Innovation Events [Conference paper]. *Paper presented at the ISPIM Innovation Conference, Berlin*. First-hand

The evidence

5 studies

SAMPLE

Five studies: a review of 42 designathon studies, a review of 22 hackathons in health education, a case of three Berlin hackathons, a commentary on four Swiss hackathons and a framework for measuring event outcomes

YEARS

2020–2024

METHOD

Systematic and scoping reviews, a case study and conceptual work

About Eventamin

Eventamin reads the peer-reviewed research on events, exhibitions and hospitality, sets it against industry data and states what it means for the market. Every brief is published by Eventamin as an organisation: its sources, method and corrections are open.

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