

Using Artificial Intelligence and Machine Learning Strategies to Advance Health Equity for Older Adults

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Overview

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Older Adult Demographics At a Glance

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The Challenge of Health Equity

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The Potential Role of AI/ML in Addressing Health Equity

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Research Finding and Proposed Strategies

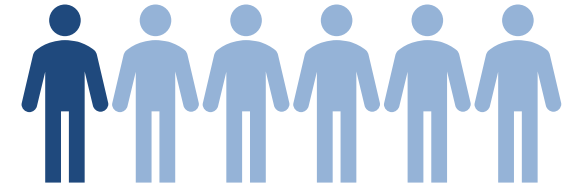
The Facts on Older Adults in the U.S

31.9M
Women

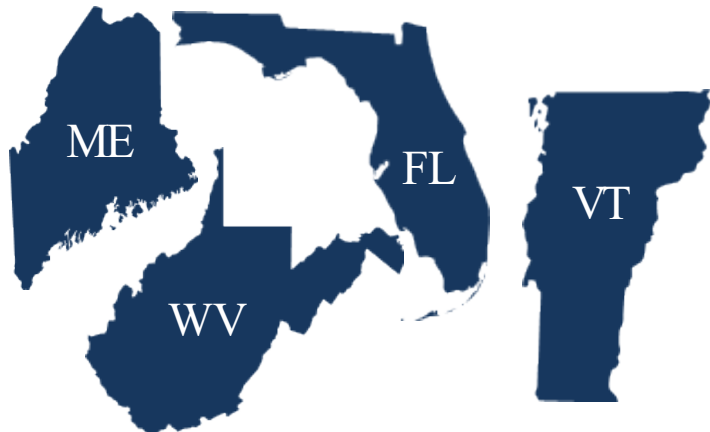
25.9M
Men

aged 65+
in 2022

17.3% of the US
population aged
65+ and growing
to 22% by 2040



States with **highest %** aged 65+



5.9M people
aged 65+ live
below poverty
level

1/4

of adults 65+
from racial and
ethnic minority
communities



Health of Older Adults in the U.S.

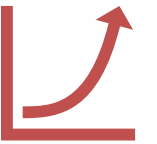
Today's
Older
Americans



Healthier overall

Living independently
for longer

In 2022, the average 65-year-old was expected to live another **18.9 years**



Most have at least one **chronic health condition** and many are dealing with multiple.

Heart Disease is the
#1 cause of death
for all Americans,
24.1% are 75+



Arthritis affects
44% of Americans
aged 65-75 and
53.9% of those 75+



20.1% of adults
65+ diagnosed
with **Diabetes**



Evidence increasingly shows that differences in chronic health conditions between racial and ethnic groups are due to non-biological factors.



The Challenge of Health Equity

Health Disparities

common among older adults

impact marginalized communities disproportionately

driven by social and economic inequities



Recent NASEM report titled ‘Ending Unequal Treatment: Strategies to Achieve Equitable Health Care and Optimal Health for All’ highlights:

“Racial and ethnic inequity remains a fundamental flaw of the U.S. health care system.”

“EHR data can be used to train AI models that can help clinicians tailor diagnostic and treatment plans.”

“Algorithms based on data that are biased or insufficient to represent the racial and ethnic diversity of the population risk inappropriate clinical decision making.”

Predictive Accuracy of Stroke Risk Models Across Black and White Race, Sex, and Age Groups

Objective

- Novel Machine Learning vs. Published Models
- Prediction of stroke across subgroups (race, sex, age)

Design and Participants

- 1983-2019
- 62,482 participants
- 45 years of age and older
- Free of Stroke or TIA

Outcome of Interest

- Primary stroke: occurrence of ischemic or hemorrhagic stroke
- Time to event or censoring measured in days since baseline

Models:

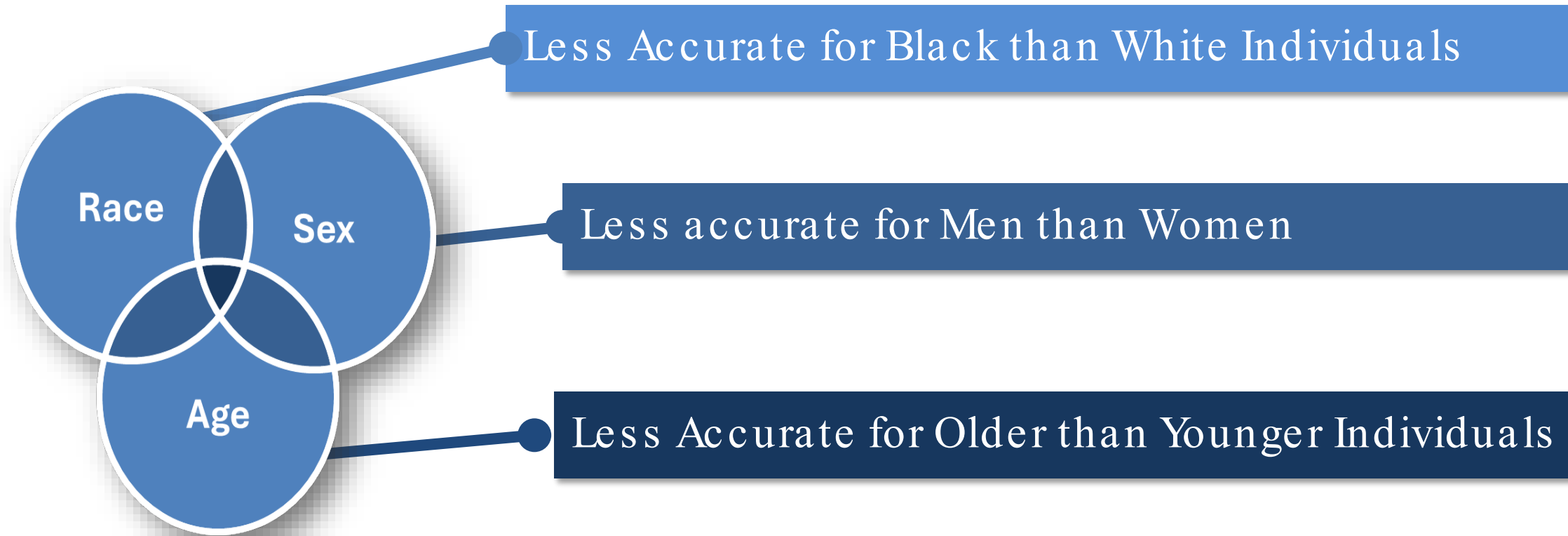
Published Models

1. Pooled Cohort Equations model for ASCVD risk estimation, adjusted for stroke risk
2. Framingham Stroke model
3. REGARDS self-report model

Machine Learning Models

1. Elastic net regularized Cox proportional hazards model (CoxNET)
2. Random Survival Forest model

Bias in Stroke Risk Prediction Models

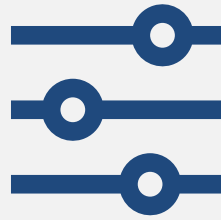


Key Takeaway: Bias Can Result in Under or Over Estimation of Stroke Risk
(potentially reducing access to care or providing unnecessary and costly treatment)

Technical Strategies to Address Bias



Diverse
Training Data



Algorithmic
Adjustment



Continuous
Monitoring and
Updating



Mitigating Racial And Ethnic Bias And Advancing Health Equity In Clinical Algorithms: A Scoping Review

Our scoping review encompassed 109 articles comprising:

16

Frameworks

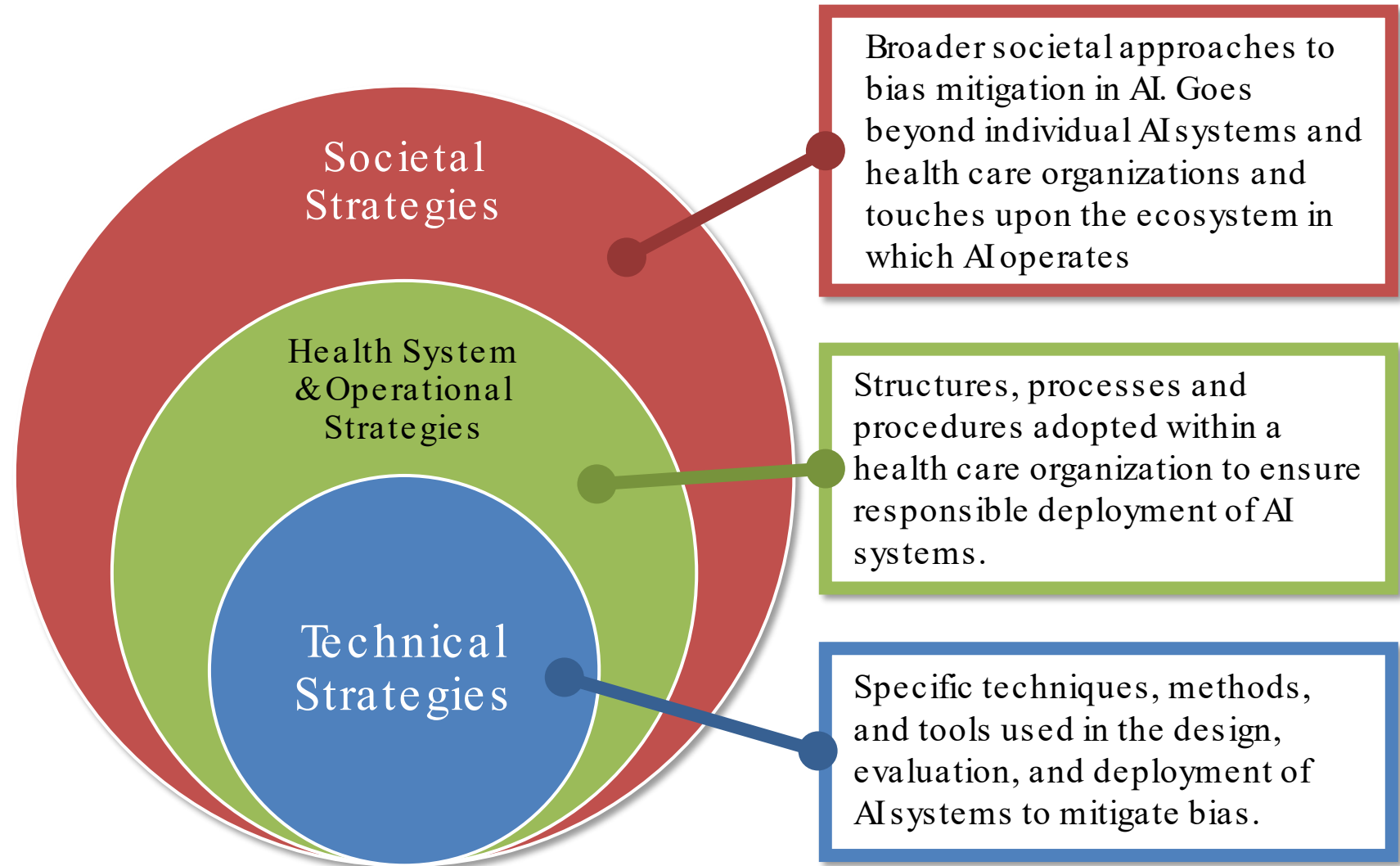
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Reviews/ Perspectives

45

Health Care Applications/
Tools

Categorizing Strategies Focused on Bias Mitigation in Clinical Algorithms



Key Takeaway: Can be used in combination to mitigate bias in clinical algorithms to advance equity promote responsible AI evaluation.



Technical, Health System, and Societal Strategies for Mitigating Bias in Clinical Algorithms

Identification of common biases and strategies to mitigate them



Public Awareness Campaigns

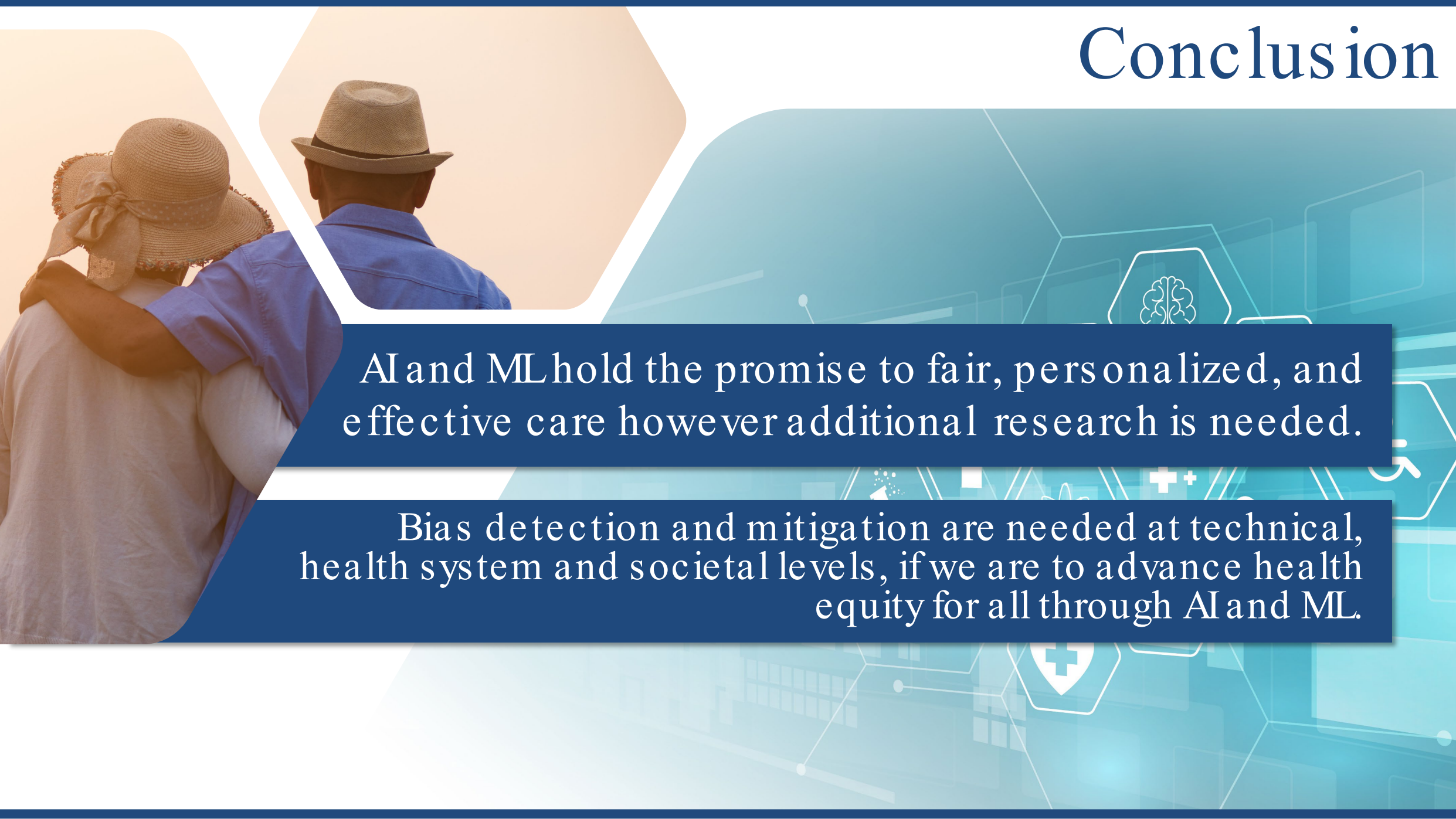


AI Governance including Inclusive Data Practices and Algorithmic Auditing



Equity by Design, Sensitive Variables, Weighting, Algorithmic Performance Review

Conclusion



AI and ML hold the promise to fair, personalized, and effective care however additional research is needed.

Bias detection and mitigation are needed at technical, health system and societal levels, if we are to advance health equity for all through AI and ML.

Team Members

