

BaBE: Enhancing Fairness via Estimation of Latent Explaining Variables

Experiments on the Dataset of the National Health and Nutrition Examination Survey

Introduction

Age is an important factor in determining retirement time, screening time for oncologic and cardiovascular diseases, and similar decisions. However, a chronological age (the time from birth to the current moment) does not always coincide with a biological age (an estimate based on biological markers that indicate the cellular age of an organism). Moreover, the error between biological age and chronological estimate is disparate for black and white populations. Recent studies show that black people on average are older biologically than chronologically, while white people have lower biological age compared to their chronological age [4, 1, 2].

The Data Set

The National Health and Nutrition Examination Survey (NHANES) is a series of studies that are intended to evaluate the health and nutritional status of adults and children in the United States. The survey is unique in that it incorporates in-depth interviews and detailed physical examinations. Health-related questions and demographics are included in the NHANES interview. For the survey, the sample was selected to represent the US population of all ages. To produce reliable statistics, NHANES oversamples individuals aged 60 and over, African Americans, and Hispanics. The National Health and Nutrition Examination Survey (NHANES) ¹ conducted by the National Center for Health Statistics is a popular source for studying biological aging [3, 7, 5, 6]. The data set consists of 8243 samples. For our experiments, we use three variables from the data set, race (black or white), which is our S , chronological age (20-90), which is our Z , and an estimate of the biological age of the original KDM ² biological age (variable 'kdm0') which is our E . We choose chronological or biological age of 75 or older to set the prediction for retirement $Y_Z = 1$, and the “correct decision” $Y_E = 1$, respectively. This age group shows the most racial disparity in biological aging in the NHANES data set (Figure 2). Additionally, it is a reasonable age to check for age-related diseases or consider re-

tirement.

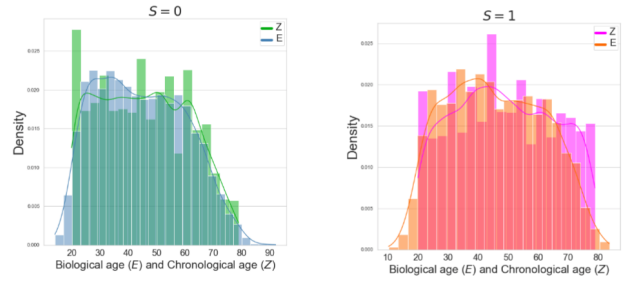


Figure 1: Distributions of E and Z for $S = 0$ (left) and $S = 1$ (right) in NHANES data set.

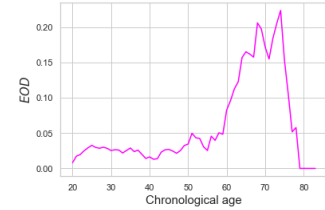


Figure 2: Equal opportunity difference (EOD) between the two groups $S = 0$ and $S = 1$, where the prediction Y_Z is based on the chronological age Z , while the “correct” decision Y_E is based on the biological age E . Namely, $EOD = P[Y_Z = 1|Y_E = 1, S = 1] - P[Y_Z = 1|Y_E = 1, S = 0]$. As we can see from the graph, the disparity is larger around the chronological age of 70 years.

The Results of the Experiments

In this section, we show statistics and plots for the NHANES dataset, where the threshold for prediction and decision is set to 75 years of age or older. We applied BaBE using Method 2, because the conditional distribution of $Z|E, S$ does not allow the accurate estimation of every individual E . However, it still allows us to recover the aggregated distribution and estimate $\hat{Y}_{\hat{E}}$. Consistently with method 2, we report only

¹https://www.cdc.gov/nchs/nhanes/about_nhanes.htm

²Klemera and Doubal’s method for calculating the biological age from the set of biomarkers.

the equal opportunity difference and the accuracy of the prediction Y_Z based on Z and the prediction \hat{E} based on the estimation of E .

Figure 3 shows the accuracy of the prediction based on Z and the predictions based on the estimation of E by the application of BaBE, DI, and NB respectively. As we can see, BaBE achieves better overall accuracy and significantly better accuracy for $S = 1$.

Figure 4 shows the equal opportunity difference for the predictions based on Z and those based on the estimation of E from the application of BaBE, DI, and NB. As we can see, BaBE achieves EOD close to zero. It is worth noting that DI and NB results do not differ significantly from those based on Z . This is because DI and NB aim to reduce the statistical parity difference, and this difference in the NHANES data is very small, due to the fact that in NHANES the minority population ($S = 0$) is oversampled.

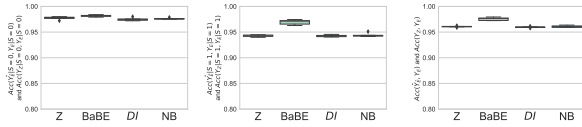


Figure 3: Accuracy $Acc(\hat{Y}_Z, Y_E)$ of the prediction Y_Z based on Z w.r.t. the correct decision Y_E , and accuracy $Acc(\hat{Y}_{\hat{E}}, Y_E)$ of the prediction $\hat{Y}_{\hat{E}}$ based on the estimation of E by BaBE, DI, and NB respectively. The leftmost graph shows the accuracy for group $S = 0$, the central one for $S = 1$, and the rightmost one for the overall accuracy.

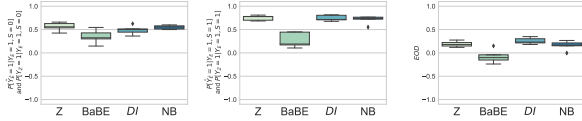


Figure 4: Equal opportunity difference EOD. The leftmost graph shows the rate of correct prediction for group 0 when the prediction is based on Z ($P[Y_Z = 1|Y_E = 1, S = 0]$) and when it is based on the estimation of E by BaBE, DI, and NB, respectively ($P[Y_{\hat{E}} = 1|Y_E = 1, S = 0]$). The central graph shows the same measures for the group 1. The rightmost one shows the EOD, namely the difference between the central and the leftmost measures. More explicitly, $EOD = P[Y_Z = 1|Y_E = 1, S = 1] - P[Y_Z = 1|Y_E = 1, S = 0]$ in the case of Z , and as $EOD = P[Y_{\hat{E}} = 1|Y_E = 1, S = 1] - P[Y_{\hat{E}} = 1|Y_E = 1, S = 0]$ in the case of BaBE, DI, and NB.

References

[1] Farina, M. P.; Kim, J. K.; and Crimmins, E. M. 2023. Racial/ethnic differences in biological aging and their life course socioeconomic determinants: The 2016

Health and Retirement Study. *Journal of aging and health*, 35(3-4): 209–220.

- [2] Graf, G. H.; Crowe, C. L.; Kothari, M.; Kwon, D.; Manly, J. J.; Turney, I. C.; Valeri, L.; and Belsky, D. W. 2022. Testing Black-White disparities in biological aging among older adults in the United States: analysis of DNA-methylation and blood-chemistry methods. *American journal of epidemiology*, 191(4): 613–625.
- [3] Kwon, D.; and Belsky, D. W. 2021. A toolkit for quantification of biological age from blood chemistry and organ function test data: BioAge. *GeroScience*, 43: 2795–2808.
- [4] Levine, M. E.; and Crimmins, E. M. 2014. Evidence of accelerated aging among African Americans and its implications for mortality. *Social Science & Medicine*, 118: 27–32.
- [5] Liu, W.; Wang, J.; Wang, M.; Hou, H.; Ding, X.; Ma, L.; and Liu, M. 2023. Oxidative Stress Factors Mediate the Association Between Life’s Essential 8 and Accelerated Phenotypic Aging: NHANES 2005–2018. *The Journals of Gerontology: Series A*, glad240.
- [6] Nguyen, L.; Chon, J.; Kim, E.; Cheng, J.; and Ebersole, J. 2022. Biological aging and periodontal disease: analysis of NHANES (2001–2002). *JDR Clinical & Translational Research*, 7(2): 145–153.
- [7] Xu, Y.; Wang, X.; Belsky, D. W.; McCall, W. V.; Liu, Y.; and Su, S. 2023. Blunted rest–activity circadian rhythm is associated with increased rate of biological aging: an analysis of NHANES 2011–2014. *The Journals of Gerontology: Series A*, 78(3): 407–413.