Advancing Health Equity with Machine Learning

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Health Equity:"Minimizing avoidable disparities in health and its determinants–including but not limited to health care–between groups of people who have different levels of underlying social advantage or privilege, i.e., different levels of power, wealth, or prestige due to their positions in society relative to other groups." (Braveman, 2006)

Introduction

Inequality in life expectancy widens for women
Wealthier women can expect to live longer than their parents did, while life expectancy for poor women may have declined.

Life expectancy for 50-year-olds in a given year, by quintile of income over the previous 10 years

Source: National Academies of Science, Engineering and Medicine
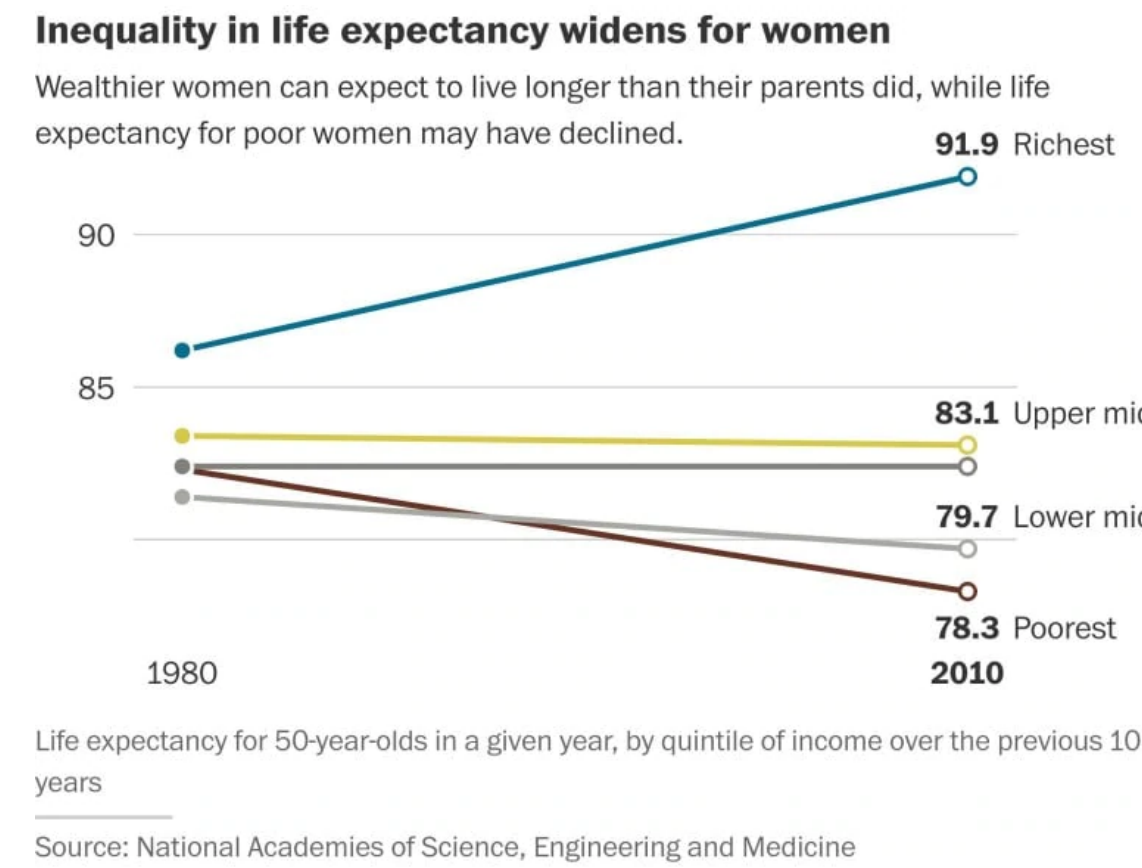
Figure 1:Growing inequalities for women in the United States (National Academies, 2015).
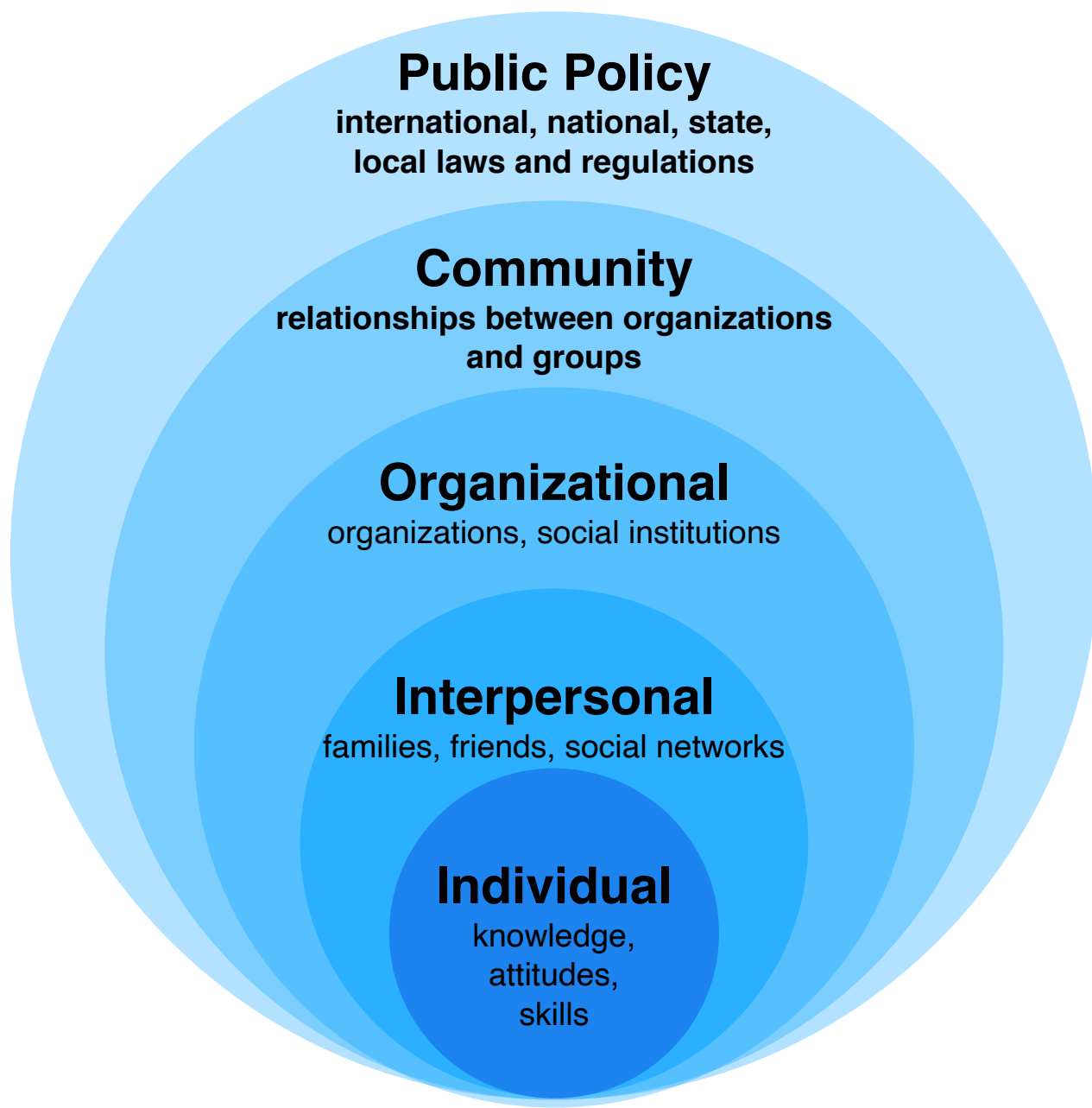

Figure 2:**The socioecological model of health** (Bronfenbrenner, 1977)). Macro-properties (those above the individual level) are also key to understanding inequities and designing interventions that can reduce health inequities (Mhasawade et al., 2021)

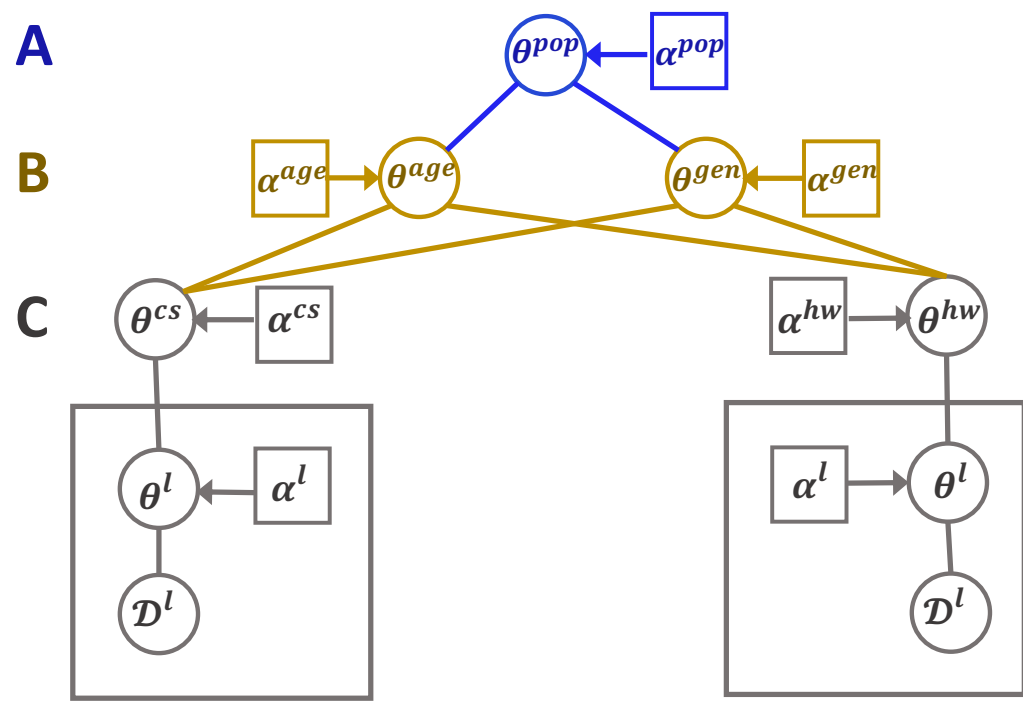## Improving subgroup prediction by combining multiple sources of data (Mhasawade et al., 2020)

Figure 3:Population-aware hierarchical model; θ parameters at different nodes, $\mathcal{D}$ different data sets, α the priors. (A): Root level that represents invariant information across all data, (B): population parameters and information invariant to population-attributes (age) and ($gender$), (C): data set and environment-specific parameters and information (cs for citizen science and hw for healthworker facilitated datasets).

Table 1:AUC scores across population subgroups for Hutterite dataset.

| | Age 5-15 | | Age 16-44 | | Age 45-64 | |
	Males	Females	Males	Females	Males	Females
TR	0.780	0.995	0.358	0.860	0.741	0.971
Hier	**0.957**	**1.000**	**0.576**	**1.000**	**0.890**	**0.971**

Table 2:AUC scores across population subgroups for Fluwatch dataset.

| | Age 5-15 | | Age 16-44 | | Age 45-64 | |
	Males	Females	Males	Females	Males	Females
TR	0.762	0.726	0.808	0.708	0.293	0.678
Hier	**0.747**	**0.928**	**0.787**	**0.757**	**0.757**	**0.767**

Contributions

Improving prediction by subgroup through combining multiple sources of data and reducing disparities in prediction by incorporating social determinants of health.

Incorporating social determinants for mitigating disparate model predictions (Mhasawade and Chunara, 2021)
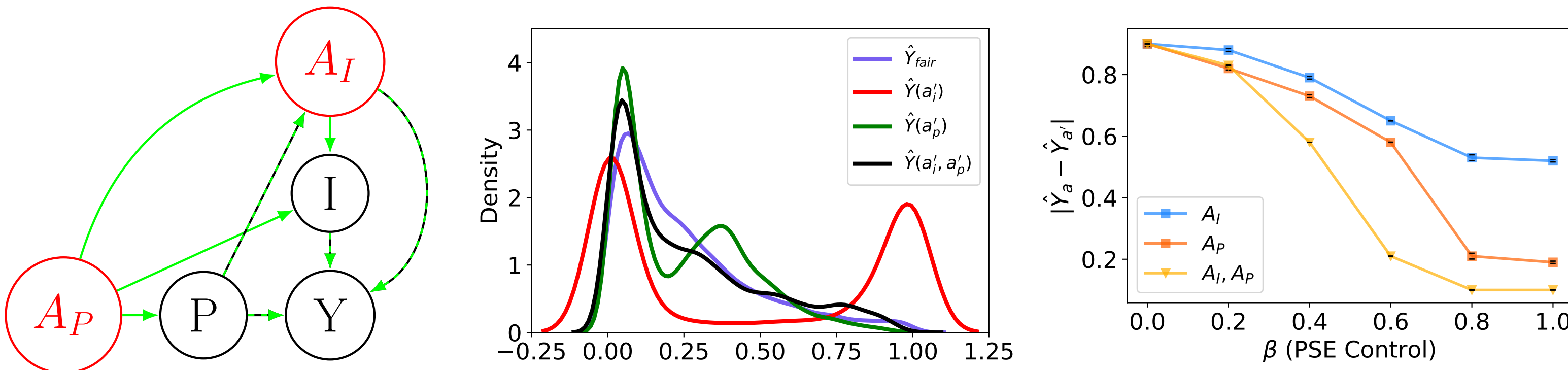

Figure 4:*Left*: Causal graph with multi-level sensitive attributes A_I, A_P. Macro-level variables, A_P (e.g. neighborhood SES), P (e.g. other zipcode level factors), and individual-level ones, A_I (e.g. perceived racial discrimination), I, affect the outcome Y (e.g. a health behavior), unfair paths are represented in green, *Center:* Density of $\hat{Y}$, *Right:* path-specific unfairness, $|\hat{Y}_a - \hat{Y}_{a'}|$ controlling for the effects of just A_I (blue), A_P (orange) and both A_I, A_P (yellow).

Conclusion

- Practitioners can save effort and cost by only labeling a proportion of data and combining data with other datasets to improve prediction.
- Using data from multiple sources for improving predictions by subgroup, thus, reducing disparities in model predictions.
- Our work extends algorithmic fairness to account for the multi-level and socially-constructed nature of forces that shape unfairness.
- We illustrate the importance of accounting for macro-level sensitive attributes by exhibiting residual unfairness if they are not accounted for.

References

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