

Artificial Intelligence/Machine Learning Consortium to Advance Health Equity and Researcher Diversity (AIM-AHEAD) Program

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**September 12, 2023** 

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#### **Current trends in Biomedical AI**

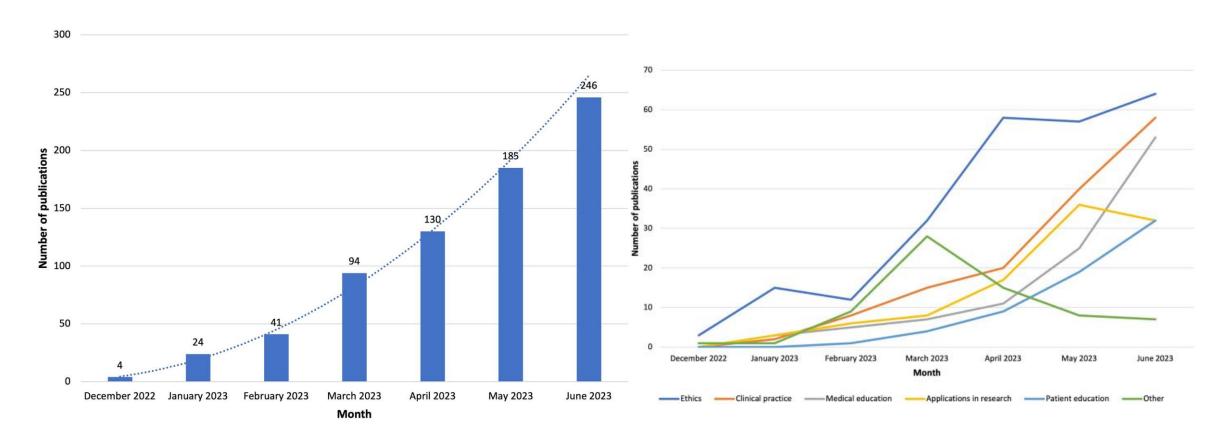
- Artificial Intelligence and Public Health
- Large Language Models and Biomedicine, improving clinical models
- New England Journal of Medicine Artificial Intelligence



#### The First Months of ChatGPT

Number of ChatGPT publications over time

Number of publications on each topic by month



Alessandri-Bonetti, M., et al. Ann Biomed Eng (2023) https://doi.org/10.1007/s10439-023-03325-8

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#### **Data Science and Nursing** | Current Trends

Nurses are leaders in using EHRs and in collecting Real World Data



#### **Data Challenges**

Specific data element might differ in practice and research

Data quality, accuracy, and completeness remains a challenge

Requirements of extensive data mapping, cleaning and curation

Lack of interoperability of data systems

Need for greater data science training in nursing research

#### **Agenda**

- 1. Promise of Al
- 2. Challenges in Al
- 3. Introduction to AIM-AHEAD
- 4. Current AIM-AHEAD research
- 5. Impact of AIM-AHEAD
- 6. New opportunities in Al

#### The Promise of AI for Medicine

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NIH Director's Blog

#### Whole-Genome Sequencing Plus Al Yields Same-Day Genetic Diagnoses

Dr. Francis Collins



Diagnosis of genetic diseases in seriously ill children by rapid whole-genome sequencing and automated phenotyping and interpretation



AI reduces time and effort for diagnosis of rare genetic disorders in infants in the ICU and can analyze 4.5M variants associated with 13,000 genetic disorders in 5 minutes.

#### **Racial Bias in AI**



SOCIAL SCIENCE

#### Assessing risk, automating racism

A health care algorithm reflects underlying racial bias in society

By Ruha Benjamin

ties was more explicit, today coded ineq-

era, the intention to deepen racial inequi- | beyond the algorithm developers by constructing a more fine-grained measure of 

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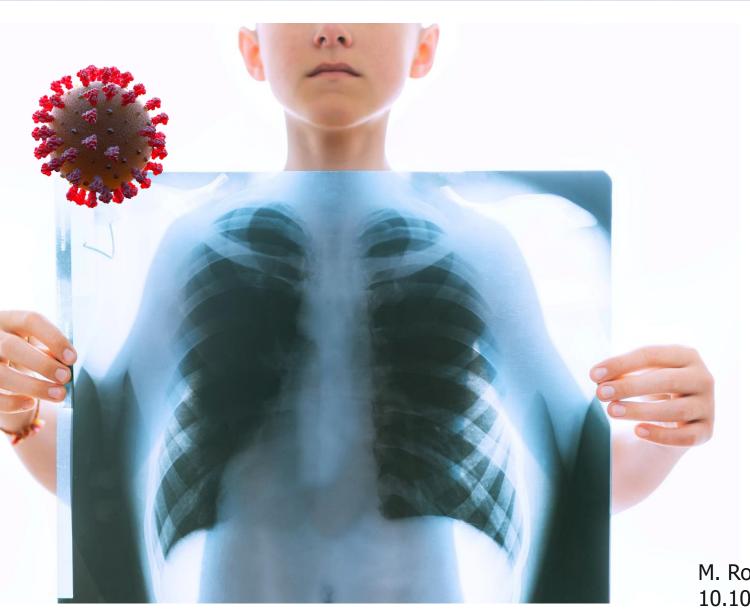
#### Millions of black people affected by racial bias in health-care algorithms

Study reveals rampant racism in decision-making software used by US hospitals – and highlights ways to correct it.

Haidi Ladford

R. Benjamin, *Science* (2019).DOI:<u>10.1126/science.aaz3873</u>

#### Age Disparities in AI



Model trained to detect COVID-19 using adult chest X-rays gave false positives in children

M. Roberts et al. Nature Machine Intelligence (2021). DOI: 10.1038/s42256-021-00307-0

#### **Potential Bias**

#### **POPULATION HEALTH NEWS**

- Unrepresentative data
- Bias within training data
- Bad design/asking the wrong question
- Bias in algorithm development and implementation
- Lack of diversity of researchers
- Lack of data in lived experiences, historical/cultural contexts such as social determinants of health (SODH)

### **SDOH Improves Performance of Heart Failure Mortality Predictive Model**

Researchers have found that machine-learning models that incorporate social determinants of health data perform better than traditional methods of predicting heart failure deaths among Black patients.



*JAMA Cardiol.* 2022;7(8):844-854. doi:10.1001/jamacardio.2022.1900

#### These problems are not static

A model may work well at the time of deployment but after some time it could started to deteriorate, dropping accuracy little by little over the course of months

**Data Shifts**, changes in data distributions over time due to external influences (i.e. SDOH) change input & output data

**Concept Shifts**, or input and output variables change (time-dept variables), for example in health-related quality-of-life surveys.

#### **Ethics: the forefront accelerating AI/ML**



https://www.ai.gov/strategic-pillars/advancing-trustworthy-ai/



https://www.federalregister.gov/documents/2020/12/08/2020-27065/promoting-the-use-of-trustworthy-artificial-intelligence-in-the-federal-government



https://www.hhs.gov/sites/default/files/hhs-ai-strategy.pdf https://www.hhs.gov/sites/default/files/hhs-trustworthy-aiplaybook.pdf





## About the Artificial Intelligence/Machine Learning Consortium to Advance Health Equity and Researcher Diversity (AIM-AHEAD)

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#### Goals

Enhance the **participation** and **representation** of researchers and communities currently underrepresented in the development of AI

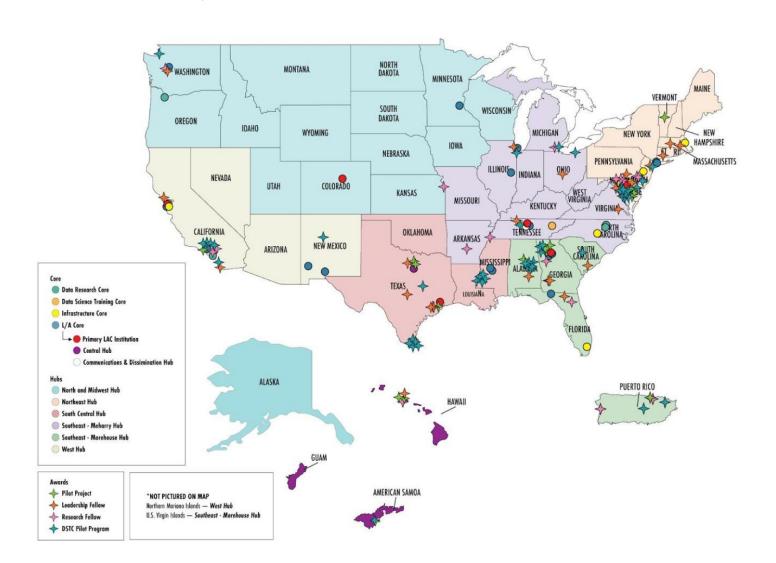
**Address health disparities** and inequities using AI/ML

**Improve the capabilities** of this emerging technology

https://aim-ahead.net/

#### AIM-AHEAD as a Consortium

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#### Cores

Leadership: Lead, recruit, and coordinate the AIM-AHEAD Consortium

Research: Address research priorities and needs to form an inclusive basis for AI/ML

Training: Assess, develop, and implement data science training curriculum

Infrastructure: Assess data, computing, and software infrastructure to facilitate AI/ML and health disparities research

https://aim-ahead.net/

#### **A Vision based on North Stars**

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**Diverse Workforce** 

Co-Design with Communities



**AI Infrastructure** 



Research in health disparities in cardiovascular disease and cancer



#### Increase participation of underrepresented communities in AI

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#### **Central Hub**

- Make existing Papakolea community data AI/ML ready
- Integrate genomics and EHR to address lung cancer for Native Hawaiian and Other Pacific Islanders (NH/PI)
- Train Community Health Workers in delivering information about AI/ML

#### **Southeast Hub**

- Identify healthcare biases and determinants of high cancer death rates in Rural Appalachia
- Collaborate with Vibrent Health Inc, AWS, and Appalachian Clinical Translation Science Institute

#### **West Hub**

- Conduct large-scale analysis to address cardiometabolic health in American Indian/Alaska Native (AI/AN) and NH/PI patients
- Collaborate with the Los Angeles County
   Department of Health Services on EHR and digital health uptake among Spanish-speaking patients

#### **North/Midwest Hub**

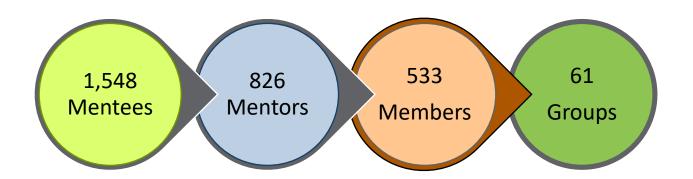
- Develop 4-year dementia risk prediction for Al/AN to improve diagnosis and care
- Al chat bot to assist Al/AN patients with a diabetes diagnosis, self-care, and management

#### Increase diversity in AI workforce through training & mentoring

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## A virtual hub for research at the intersection of AI and health equity



#### **Impacts**

25 Graduate trainees

22 Early Career Investigators

25 Leadership Fellows

46 Healthcare Worker Fellows

**AIM-AHEAD Connect** 

#### Address health disparities and inequities using AI

#### **Houston Methodist Research Institute**

Dr. Amy Waterman

- ❖ Enhance the Kidney Transplant Derailers Index to Predict Transplant Drop-Out Risk for African American and Hispanic Patients
- Novel clinical- and community-level variables in multiethnic populations

#### The University of Hawaii at Manoa

Dr. Alexander Stokes

- Address intersex under-diagnosis/underrecognition
- Mitigate bias in the application of AI/ML to intersex UD/UR

#### **University of North Texas**

Dr. Suman Niranjan

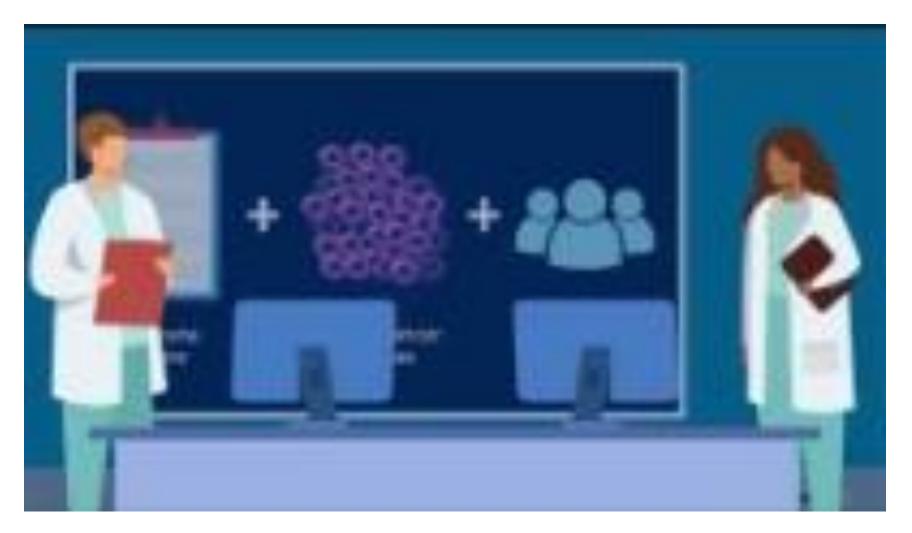
- Evaluate bias in predictive and explainable ML algorithms among older adults with cancer
- Multiple data sources, SDoH, cover diverse groups, including rural populations

#### **University of California, Irvine**

Dr. Luohua Jaing

- Cardiometabolic risk prediction among AI/AN adults
- Increase AI/AN stakeholder active engagement and collaboration in the AIM-AHEAD Consortium

## AIM-AHEAD Supported Pilot Project Developed A New Risk Assessment Model for Blood Clots in Patients with Cancer



BIG DATA & ARTIFICIAL INTELLIGENCE

## AIM-AHEAD's Bridge the Gap Initiative

AIM-AHEAD engages and empowers the Birmingham, AL community through the Bridge the Gap Initiative.

Participants presented their ideas for how AI/ML could be used to positively impact health topics of their choice.

Click here to watch a video recap.



"I came to learn about heart disease, **hypertension** because it runs in my family...and **cancer**.

It's been beneficial working with other people, learning to take responsibility for my health.... and how AI can help me with that." - Participant



#### **Impact**

- Improved participant understanding of AI
- Helped identify opportunities where AI could impact individual and community health outcomes
- Increased understanding of ethical challenges and biases that can occur within the field of Al
- **Enabled** underrepresented communities to contribute to the conversation on AI and health care

# Advancing the Ethical Development and Use of AI/ML in Biomedical & Behavioral Sciences

NOT-OD-22-065 Example Awards



**Explainable AI to Improve the Trust of & Detect the Bias of AI Models** 

Qing Zeng, George Washington University



**Genetics of Deep-Learning-Derived Neuroimaging for Alzheimer's Disease** 

Degui Zhi, Univ. of Texas Health Science Center



**Characterizing Patients at Risk** for Sepsis Through Big Data

Andre Holder, Emory University

#### **New Opportunities in Artificial Intelligence**

The activities below will introduce new opportunities to support collaborations in developing socio-technical solutions, including guidelines and principles, for ethical AI, including new technologies and methods for foundational models.



**Develop** social and technical solutions for ethical AI



Create and validate an approach for using synthetic clinical datasets for AI



Leverage new technologies and methods for AI and foundational models to accelerate biomedical and behavioral research



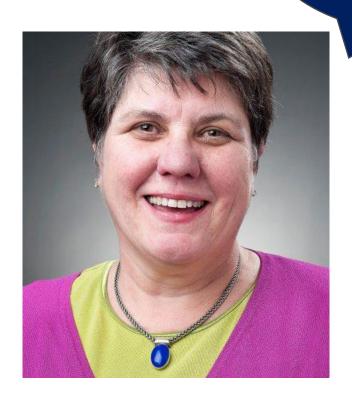
Develop new AI technologies that will enable the translation of data to knowledge



Enhance NIH capabilities in AI through partnerships across federal agencies and communities

#### Thank you for your time and attention today

"Nursing needs big data and big data needs nursing"



Brennan and Bakken (2015) Journal of Nursing Scholarship

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## **Building Sustainable Foundations for Open Software & Tools**

Efforts to support open software and tools are critical to creating a modernized biomedical data ecosystem that will catalyze advances in science. For more information, access the Council of Councils Concept Clearance Presentation.

# 3 JECTIVES

- Support exceptional research software engineers (nontraditional researchers)
- Make **sustainable impact** on NIH research projects
- Enhance autonomy and career continuity for highlyskilled software engineers working in research
- Pilot solution to software engineering workforce challenge
- Support projects to develop robust, sharable, sustainable software and tools
- Bring software development best-practices & emerging technologies to NIH research projects
- Foster collaborations between biomedical and behavioral scientists and software engineers
- Extend impact of investment by fostering communities for open software development