

Harnessing AI and Data Science to Address and Mitigate Health Inequities

Kiran Veernapu*

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*Corresponding author: Kiran Veernapu, USA, E-mail: kiran_veernapu@yahoo.com

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ABSTRACT

Health inequities remain a persistent global challenge, disproportionately affecting underserved populations. Leveraging AI and data science can play a transformative role in identifying, understanding, and mitigating these disparities. This paper explores the potential of AI-driven solutions to address health inequities by analyzing social determinants of health, improving resource allocation, enhancing accessibility, and enabling early interventions. Furthermore, it discusses ethical considerations, data governance, and actionable frameworks for implementing AI in equitable healthcare systems. By focusing on real-world applications and aims to provide a comprehensive framework for leveraging AI to reduce health inequities.

Keywords: Health inequities, Artificial intelligence, AI in healthcare, Healthcare affordability, Access to care, fair and effective healthcare, Chronic disease, Disease prevalence, Social determinants of health.

1. Introduction

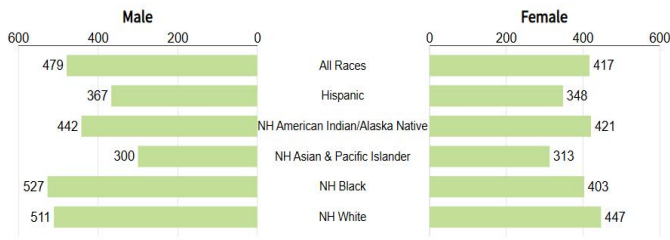
Health inequities, defined as unfair and avoidable differences in health status, are often rooted in socioeconomic, geographic, and systemic factors. Marginalized communities frequently encounter barriers to quality healthcare, ranging from limited access to medical facilities to insufficient data representation in research¹⁰. According to Nair & Schlumbrecht, even though there is advanced study of novel therapeutics for advanced metastatic cancer, significant disparities in treatment access and implementation exists. Race remains a major contributor for the health disparities.

2. Literature review

¹¹According to national cancer institute (NCI), certain population groups suffer more than the other in the United States. Black men and women have the highest new cancer diagnosis and highest death rate compared to other races as shown in (Figure 1). We see the racial differences by type of cancer, like colorectal cancer - black men and women has high new diagnosis

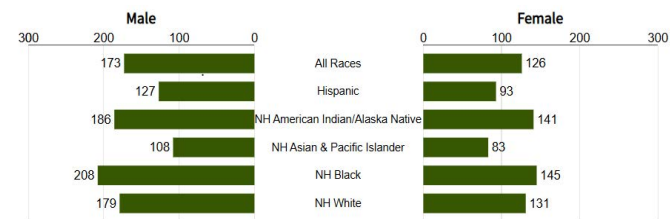
and highest death rates as shown in (Figure 2), prostate cancer - black men have more than the double high rates of new cases and highest death rates compare to other races. Women with breast cancer black women has second highest new diagnosis but the highest death rates. Liver cancer Asian pacific islander and American Indian Alaska natives has highest diagnosis rates, but the death rates highest in back women. Disparities in cancer rates seen in people with low socioeconomic groups and those living geographically isolated areas. Lack of medical coverage and barriers to earlier detection through screening, and unequal access to improvement in cancer treatment can contribute to these observed differences. Recent NCI supporting research describes more details on the reasons for the disparities.

¹There are many health diseases that can be chronic, for example considering people with diabetes, vascular disease, and asthma struggle to maintain stability in their chronic health condition particularly those in rural, living in poverty, racially and ethnically minority in population. The author recommends integrated behavioral health programs that can help to resolve health inequities.



SEER 22 2017–2021, Age-Adjusted Rate per 100,000

Figure 1: Number of People Diagnosed with Cancer by Sex and Race/Ethnicity, Picture source National cancer Institute.



U.S. Mortality 2018–2022, Age-Adjusted Rate per 100,000

Figure 2: Number of How Many People Die of Cancer by Sex and Race/Ethnicity., Picture source National cancer Institute.

⁴The authors conducted research among the American Indian and Alaskan Native about the cultural background on wellness and health. The research revealed that there is an interconnection between socioeconomic relationships and emotional health. People expressed the intense effects of grief, depression, anxiety, loneliness, guilt, numbness, feeling of anger, aggression towards other, and hopelessness. The results reveal that limited access to healthcare leading to early deaths and leaving people without professional help needed. Deploying a system that studies the socioeconomic situation, policies, healthcare stepping forward to be able to collaborate with all other systems can help these disparities. The potential system can be deploying artificial intelligence into the multiple integrated systems to bring data patterns and provide solutions as recommended models of combating the situation in the world.

3. The Role of AI and Data Science in Addressing Health Inequities

Artificial intelligence (AI) and data science offer opportunities to bridge these gaps by analyzing vast datasets, identifying patterns, and generating insights that can inform equitable health policies and practices⁶. Technology and data analytics is moving towards providing promising tools to fight against health inequities⁷. Creating a comprehensive training database of health that provides information for intelligence and insights to several role players is critical for resolving the health disparities in the world¹⁷. The economic and clinical implication of AI in healthcare is beneficial patients, healthcare systems, payors, and the society to understand the inequalities and help solve those.

3.1. Identifying Health Disparities

AI tools can analyze large-scale datasets from electronic health records (EHRs), census data, and public health repositories to pinpoint disparities in healthcare access and outcomes. Key examples include:

- **Geospatial Analysis:** ¹³Geospatial artificial intelligence (GeoAI) subset of health intelligence which uses

geography of patients which may be utilized for human health improvement. Various innovative origins like EHR, Satellite remote sensing, social media and personal sensors for spatial big data can be utilized to enhance the field of public health mapping underserved regions with poor healthcare infrastructure. Leveraging this technology can be a great asset to identifying the health inequity and design strategic plans to help improve the public health on those geographical regions.

- **Disease Prevalence Models:** ³According to the research conducted by Joshi et al, over decades the prevalence of the preventable chronic diseases and the associated hospitalization that can be prevented by interventions at primary care level are increasing. The statistics shows that in 2006 there are total of 4.1 million preventable admissions to hospitals in USA due to chronic ambulatory care sensitive conditions (ACSC). Although the preventable admissions are decreasing the vulnerable groups of people are emerging as new cases among racial and ethnic minorities. Deploying AI solutions can help identifying the vulnerable groups and to help them educate with data.
- **Social Determinants of Health (SDOH):** Over last couple of decades, changes in political, social, and economic has a major impact on health inequalities. Social determinants play an important role in one’s life⁸. Economic stability, access to quality education, access to quality health care, Neighborhood and built environment, Social and community context are the most common social determinants that can affect healthcare of a person along with others. Integrating non-clinical factors with social determinants like income, education and housing into predictive models to identify at-risk populations helps to suggest improvement plans.

3.2. Improving Resource Allocation

¹⁴The beauty of data science and AI is applying mathematical and statistical models to analyze and derive data patterns to help improve the conditions of healthcare or any other problems that cannot be identified with siloed data processing. AI-driven decision-support systems can optimize the allocation of healthcare resources to underserved areas:

- **Medical resource allocation:** Due to limited resources, including space, staff, and material, efficient resource allocation can be a challenge for critical cases. By building AI driven patient triage systems, medical resources can attend to critical cases with enhanced resources and priority. The recent advancement of Robots to fill prescription medicines, virtual assistants, the burden on the physical staffing can be optimized. Allocating medical supplies, personnel, and funding to regions with the highest unmet needs.
- **Optimization Models:** Machine learning algorithms analyze data and compare the models periodically and can suggest optimization of the medical treatments. AI can review the family history, community comparisons with the regional community groups with trends of health issues. The historical data patterns can help anticipate disease outbreaks and ensuring targeted vaccination campaigns.
- **Telemedicine Deployment:** AI systems can recommend strategic locations for telehealth initiatives based on

population density and health metrics⁵. AI systems can help enable people to access useful medical information and health services without visiting healthcare facilities through personal health assistants. Personal health assistants may incorporate subsystems like medical health information systems and remote health systems for various purposes.

3.3. Enhancing Accessibility

Data science techniques can identify systemic barriers to healthcare access and propose actionable solutions:

- **Natural Language Processing (NLP):** ²Several advancements in natural language processing (NLP which is a subset of AI, brought in great application of NLP to healthcare in natural language processing and deriving models of healthcare insights. The understanding of NLP pipelines with established text or speech input goes through the process of preprocessing, feature extraction, and modeling. NLP process electronic medical records data like medical notes, physical examination notes, lab results, medical history, electronic recording from machines. Through clinical decisions support (CDS) systems physicians can get diagnosis and treatment suggestions. Many healthcare providers are using Translating medical resources into multiple languages to serve diverse populations.
- **Mobile Health Apps:** With increased use of mobile apps, social engineering and social apps, the population in rural as well as urban areas people are using mobile devices heavily. Designing accessible health platforms with user-friendly interfaces for low-literacy populations can help improve the healthcare awareness and quality of care.

3.4. Early Detection and Prevention

¹⁶According to Preeti, deployment of AI in pharmacogenomics can produce better results in the clinical outcomes of a person's genomic data to understand how patients can react to certain types of drugs. Research efforts are continuing to deploy AI to produce different predictions on genotypes and to predict the possibility of a person contracting a deadly disease. AI models can enhance early detection and preventive care:

- **Risk Stratification Algorithms:** There are many diseases that can be prevented through early detection. Identifying individuals at high risk for conditions like diabetes or hypertension. One of the factors health insurance companies would like to identify high risk members to predict the cost of insurance. AI algorithms scans through the health records and suggest the health care provider on the risks that can be associated with the health history of the patient.
- **Predictive Modeling:** ¹⁴While there are comparisons done with several prediction models, the prediction models are always a better choose than a human evaluation in predicting a disease. AI driven prediction models are helpful in forecasting future health crises in vulnerable communities.
- **Personalized Interventions:** AI can be used for intelligent learning, user modeling, adaptive coaching and can deliver personalized intervention in healthcare. Delivering tailored health recommendations based on individual risk profiles.

4. Challenges and Ethical Considerations

4.1. Bias in AI Models

AI models trained on biased datasets risk perpetuating health disparities. [6] Deploying AI without systematic ethical considerations may exacerbate global health inequities.

To address this:

- **Data Collection for reducing Bias in models:** The training data bases collected from several groups of sources need to preprocess and validated by the systems to avoid model performance issues with health inequities. Data set collected need to have proper data qualifiers to determine the data from underserved populations in training datasets.
- **Bias Auditing:** ¹⁸The journey towards the widespread healthcare practices remains complex and evolving which has potential biases, information policies, ethical considerations should not be underestimated. The potential benefit of AI warrants a responsible and patient centered approach which could achieve continuous improvement if used properly and efficiently. Implementing algorithms to detect and mitigate bias though continuous auditing of the policies and practices can help identify and mitigate the bias in AI models.

4.2. Data Privacy and Governance

The high criticality in healthcare is the patient data protection and patient data privacy. HIPPA guidelines clearly articulates the importance of protecting health information of patients. Data stored in training data models is extracted from electronic medical records and several clinical records of patients from many geographical regions of patients to be protected while implementing these AI models.

- **Consent Frameworks:** ¹⁵The government of India's vision for the national digital health mission (NDHM) a national project for digital exchange of health information of patients across the country. Healthcare providers export the data of patients for analyzing the health disparities and needs of healthcare in the lower economic groups. The data consent framework and policies are communicated to the healthcare providers across the country. Similar consents based on the law of the land and the national healthcare policies are to be enforced to ensure informed consent for data collection and usage.
- **Data Encryption:** The increase in frequency of cyber-attacks on healthcare data raises the importance of protection against unauthorized access of data, and data tampering¹⁵. Employing robust encryption methods to safeguard patient information help data security. There are many data encryption models that are tested for the healthcare data security. Healthcare data requires consistent revision of encryption algorithms to offer better data security.
- **Transparent Governance:** The proposed AI model is a collective responsibility of few health care groups like government organizations, social organizations, insurance providers, and healthcare providers. The policies of data capture, data ownership and accountability to be strictly enforced.

4.3. Technology Accessibility

Implementing electronic medical record systems is very expensive. There are many technological solutions needed to be functional in healthcare industry. Equitable AI deployment requires addressing technological divides:

- **Affordable Solutions:** While there are standard tools available in the market for several AI solution of healthcare needs, there are programming languages, and open-source AI tools to develop low-cost AI solutions for resource-limited settings. Policy makers need to think about investing in public health to help resolve the health disparities by allocating the funds for AI solutions in healthcare.
- **Capacity Building:** Training healthcare professional in use AI tools is required to understand the solutions offered by AI. Understanding the AI advised treatment plans, clinical data analysis outcome, analyzing the health issues of diversified groups.

5. Case Studies

5.1. Telehealth in Underserved Communities

¹⁰According to and based on the WHO report there are about 400 million do not have access to medical facilities worldwide. In country like India rural population is much higher than urban population. Indian system has a telemedicine facility through a system called rural medical practitioners (RMP) who help people in rural areas with medical facilities. The health system needs more lack of awareness and poor access to data cause immense health disparities among the rural population. In such situation's telemedicine offer a better solution to serve and educate the rural people making the care reachable and affordable. Telemedicine system was practiced During the COVID-19 pandemic, testing, and administering the care. Doctor Telehealth Doctor visits for minor health issues are working effectively. Telemedicine platforms equipped with AI triage systems can expand access to healthcare in remote U.S. regions.

5.2. Predictive Analytics in Rural Healthcare

⁵Echere et al, employed a comprehensive approach to study rural and urban health disparities in the United States, focusing on the strategies required to mitigate hospital readmission rates in the rural areas. They studied data related to participant's characteristics, demographics, hospital readmission, and intervention details such as telehealth and care coordination programs. The study revealed significant hospital readmissions rates in rural areas compared to urban areas. Rural areas exhibited higher readmission rates due to limited healthcare access, higher prevalence of chronic conditions, and socioeconomic challenges.

¹²Some countries in Africa and the country with highest population India has the rural health system where government realized the health inequities, government increased they healthcare budget from 4% to 25% out of their GDP. Lot of infrastructure yet to be built to deploy the electronic health record system to majority of hospitals in India.

³Echere et al believes that addressing health disparities between rural and urban populations requires an effective strategy like telehealth services, involvement of policy makers, and strengthening community-based healthcare resources and providing resources for automated systems. Majority of the rural healthcare in India depends on the government supported

hospitals without involving the insurance companies³. Echere et al also emphasized that incorporating qualitative insights to inform effective, equitable healthcare interventions and policies are required. AI-powered predictive models help rural healthcare systems improve and reduce the health iniquity in the population.

6. Recommendations for Implementation

- **Collaborative Frameworks:** To define and develop comprehensive database that feeds insights to several agencies would require participation from several organizations and bodies of interest to resolve the health inequities. The agencies can be:
- **Government Agencies:** By creating and promoting policies and allocation of funds and encouraging social organizations to drive the initiatives.
- **Community Involvement:** Social organizations and local communities need to do their part of collecting data from individuals who could not even think of approaching a healthcare for diagnosing certain issues and help designing and deploying AI tools to ensure cultural relevance.
- **Health workers:** Health worker at all capacities need to understand and participate in documenting the special cases of need in health care like gathering data, sharing data, and educating the unprivileged or people with socioeconomic issues.
- **Insurance organizations:** Insurance companies has a lot of data to help understand the health inequities of people who belong different race, ethnicity, culture, income groups, and the medical claim history with them. If insurance companies collaborate to provide data of claims and cost and affordability of people on the plans AI models can provide better insights to help identify a solution for health inequity.
- **Healthcare organizations:** Healthcare organizations treat people with different health conditions can contribute significantly by proving the data to create a training data base and help predictions of diseases of different communities, race, ethnicity, gender and geographical locations.
- **Open Data Initiatives:** Promoting data-sharing platforms to enable broader research on health inequities. The major challenge of providing a comprehensive model and solution is the ability to integrate above systems. The proposed model is can gather data similar to the situation of COVID19, where every organization can report the summary of the case without proving the details of the patient. Data can be captured at the level where it provides enough information of the health condition, social condition, and the final outcome of the case if the patient was able to afford the treatment, the kind of treatment provided, and the final result of the patient health condition can give a lot of insights. Applying AI solution on these data points can provide information to all the agencies involved in the model. Understanding diseases by race, gender, economic status, insurance affordability, out of pocket cost, genetical information can be the key drivers of identifying the health inequities. **(Figure 3)** represents the eco system of the proposed integrated system that gathers data and analyze data using data science, ML and AI policies and algorithms. This model is recommended for the developing countries where there are large healthcare providers who is not using electronic medical record (EMR)

systems, the patient history and lab work and prescription of the treatments are documented on a handwritten paper document than any healthcare repository. In these situations, collaboration and consolidation of important data is helpful to identify and address the health inequalities in the world.

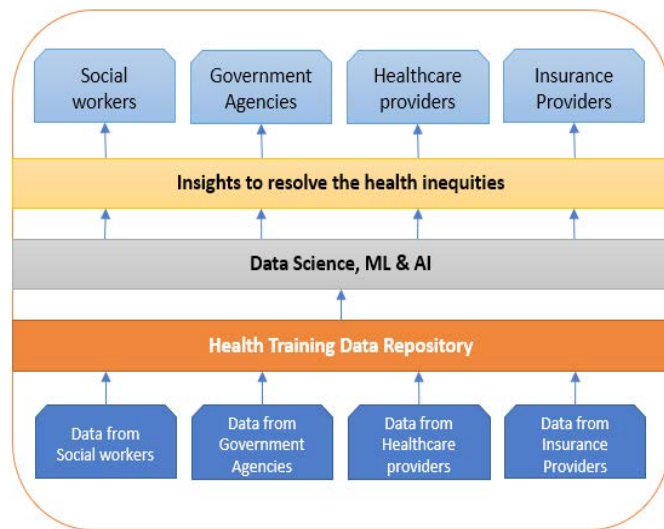


Figure 3: The ecosystem of the proposed model for health inequity.

7. Conclusion

AI and data science hold immense potential to reduce health inequities by identifying disparities, improving access, and enabling proactive interventions. However, achieving this requires a concerted effort to address challenges such as bias, privacy, and accessibility. By prioritizing ethical frameworks and inclusive practices, AI can become a powerful tool in creating a more equitable healthcare landscape.

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