



FAPESP Week Illinois ONE HEALTH

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UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE



Disclosures

Consultant for Alcon, Santen, Laurel Therapeutics, Roche.

Co-Founder Visstor and Vistrionics.

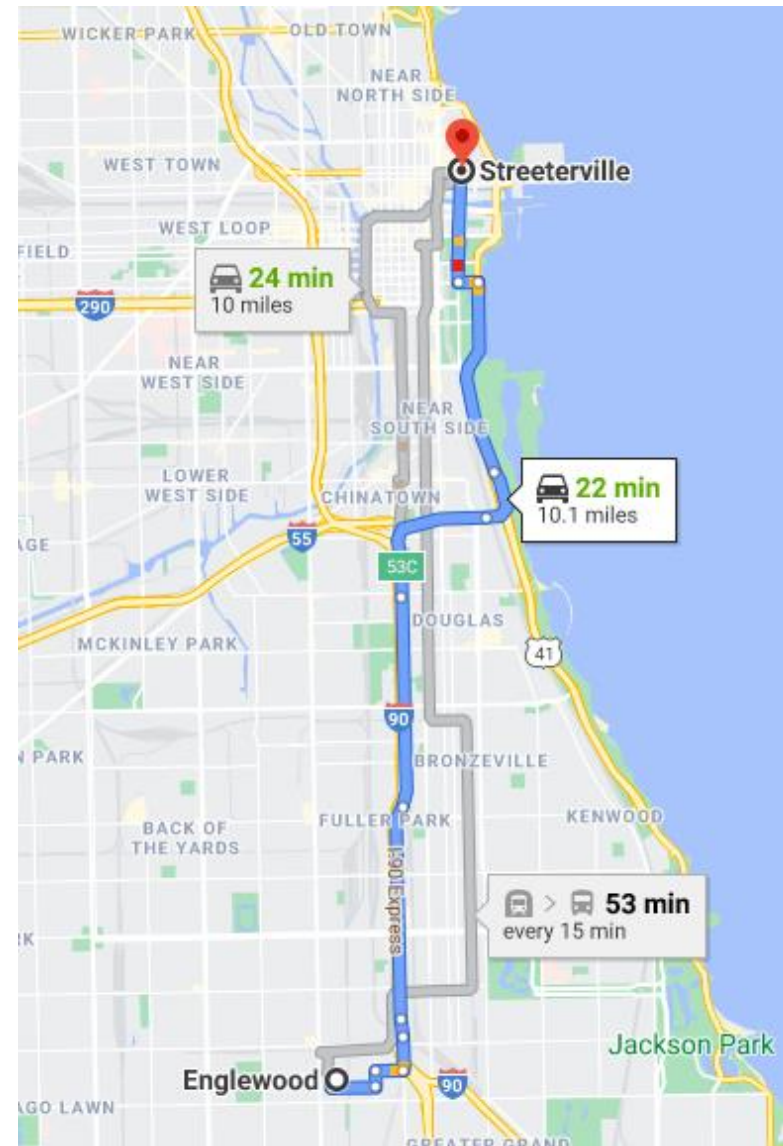
Intellectual property disclosed for use of growth factors in regenerating peripheral nerves, novel silk-based biomaterials used in ocular surface reconstruction, and the use of magnetic forces to control eyelid position.

Research supported by grants from the Falk Foundation, DoD, NIH, RPB, and NSF.

Off-label use of potential therapeutics.

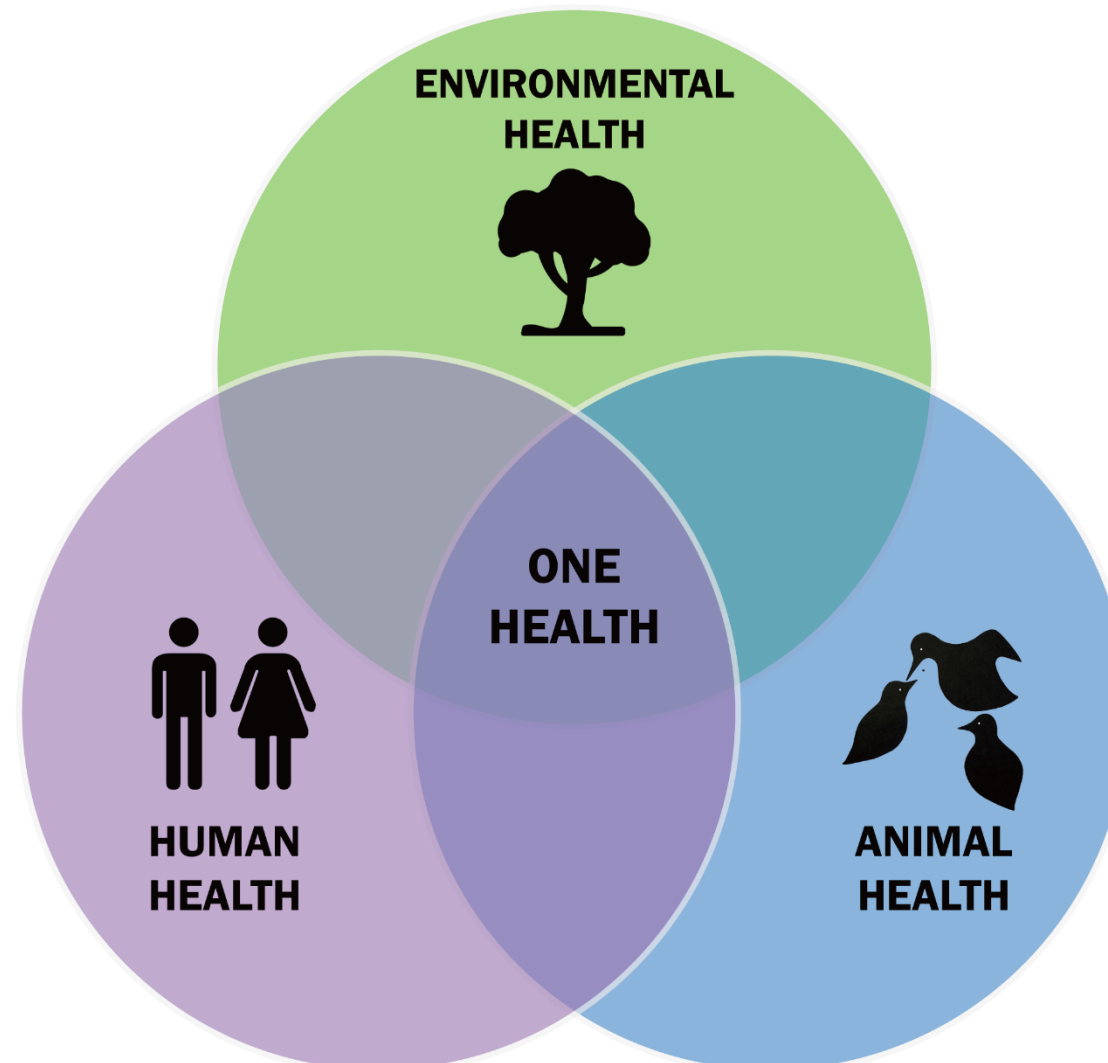
Life Expectancy

Streeterville
90 years

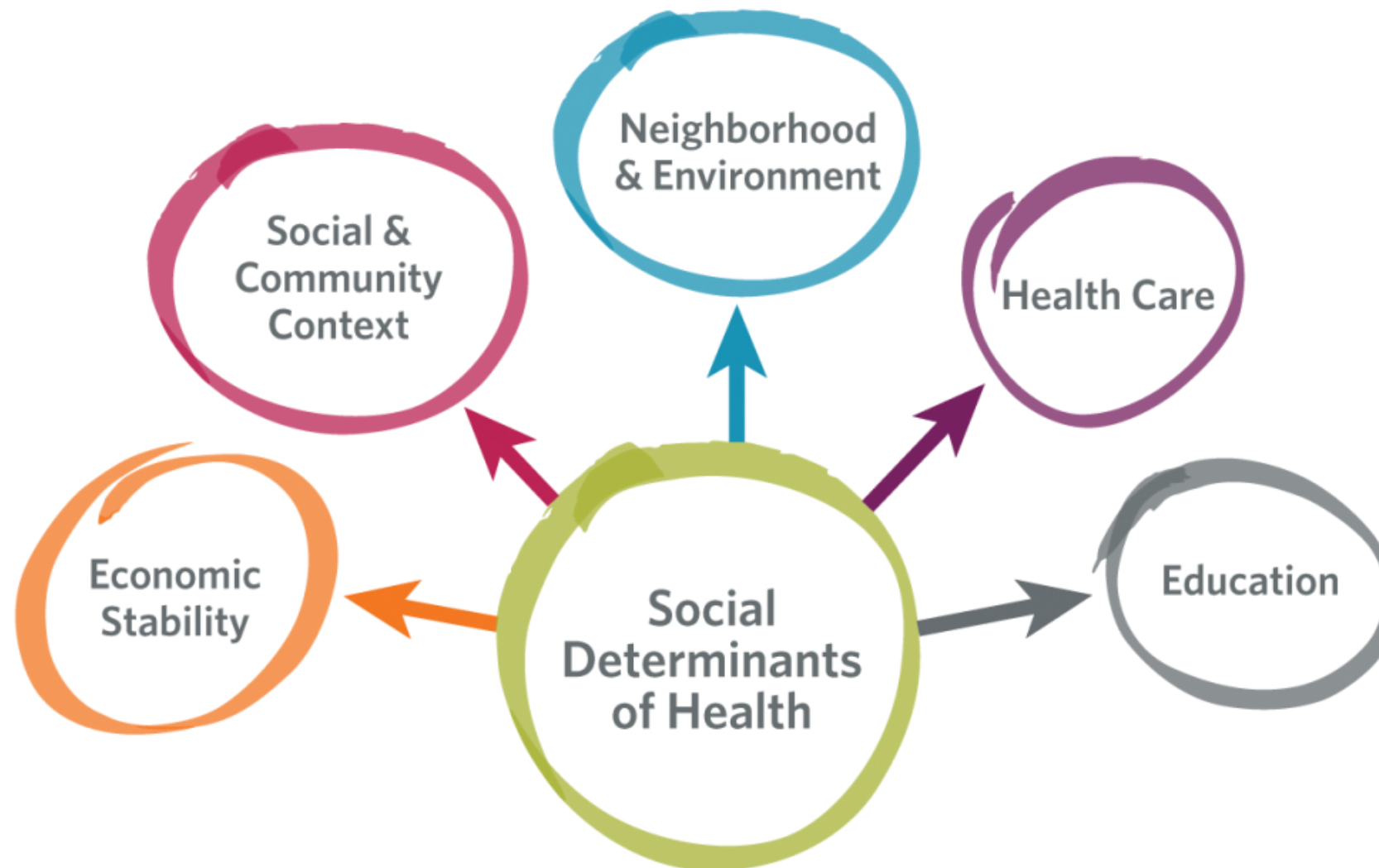


Englewood
60 years

ONE HEALTH

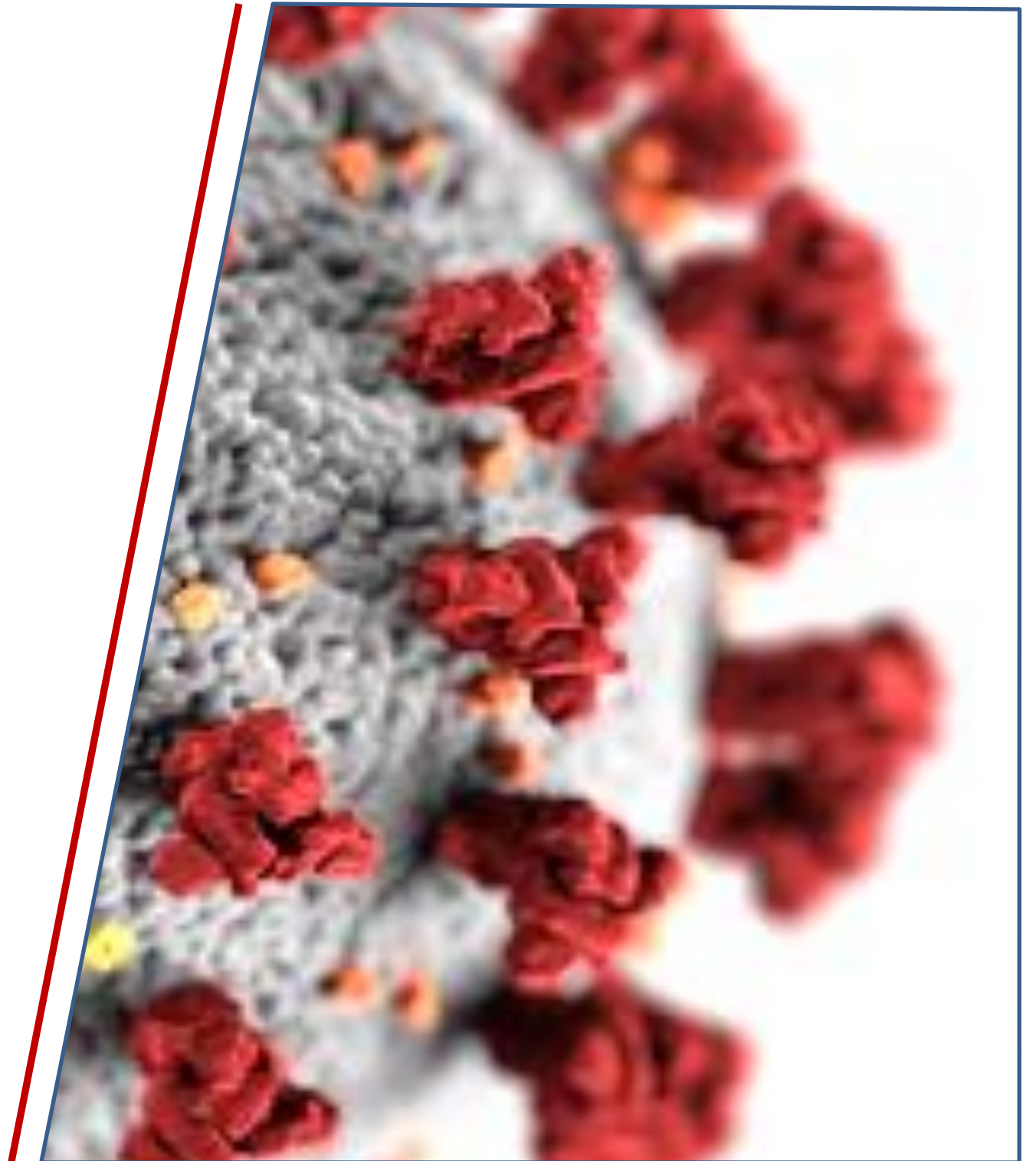


Social Determinants of Health





**Academic Health
Centers and
Universities uniquely
advance clinical care,
research, and
education.**



WE ARE UI HEALTH

Our foundation in academic excellence leads to expertise in **HEALTHCARE DELIVERY**



7 health sciences colleges

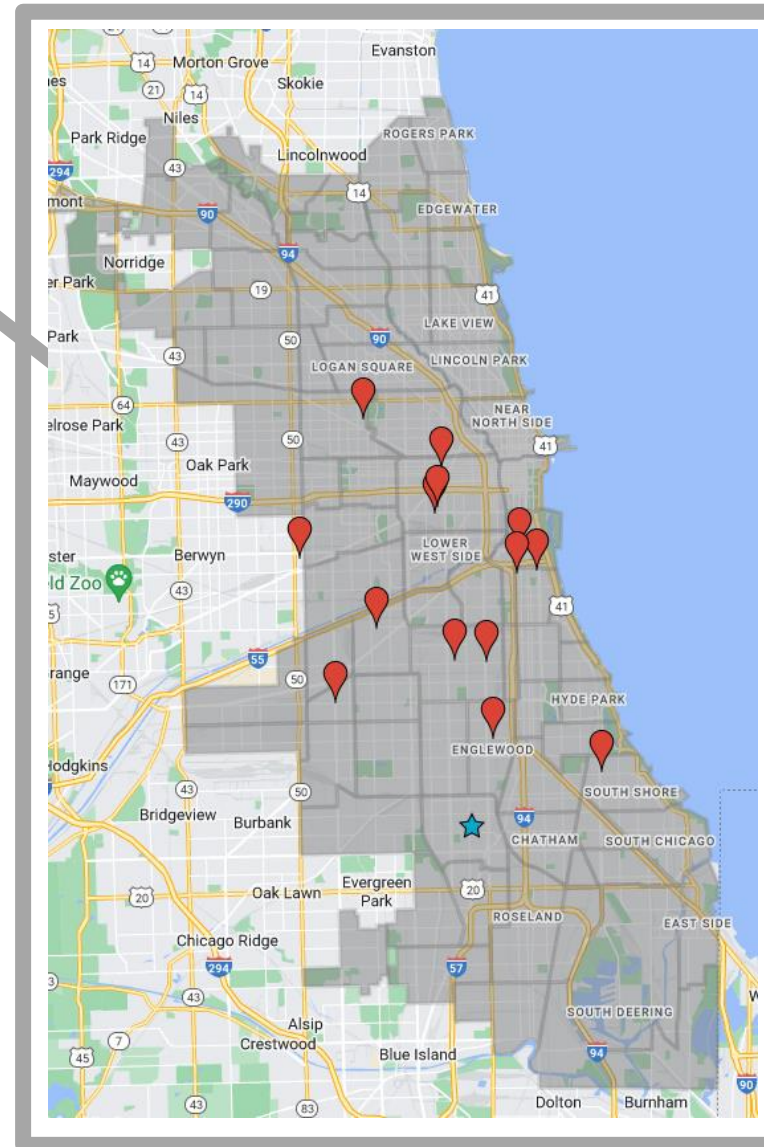
- Applied Health Sciences
- Dentistry
- Medicine
- Nursing
- Pharmacy
- Public Health
- Social Work

40+ care locations

- UI Hospital & Clinics
- Mile Square Health Center (FQHC)
- Health Sciences College Faculty Practices

UI Cancer Center
Urban Health Program

Reaching Out: Health & Wellness in the Community



UI HEALTH'S TRAINING IMPACT

- 1 in 3 IL Physicians were trained at UI Health
- 1 in 5 IL Physicians received MD here
- Over 1 in 3 IL Pharmacists trained
- Over 8,000 Practicing IL Nurses trained
- More than 1 in 3 IL Dentists trained
- Nearly 1 in 4 IL Social Workers trained



DIABETES

A US REPORT CARD

DIABETES



About 38 million people **have diabetes**



PREDIABETES



About 98 million American adults—**more than 1 in 3**—have prediabetes



COST



RISKS

People who have diabetes are at **higher risk of serious health complications:**



Blindness



Kidney failure



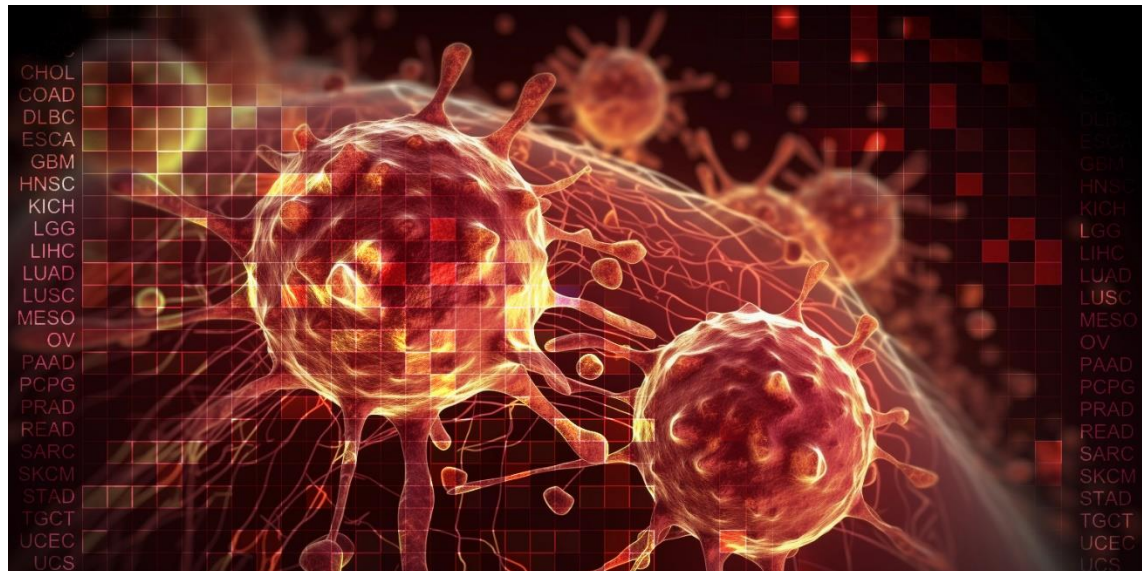
Heart disease



Stroke



Loss of toes, feet, or legs



U.S. Cancer Health Disparities at a Glance

Adverse differences in numerous measures of cancer burden exist among certain population groups in the United States. Examples of such disparities include:

**111% and 39%
HIGHER RISK**

African American men and women have a **111 percent and 39 percent higher risk of dying from prostate cancer and breast cancer**, respectively, compared with their white counterparts.

**20% and 38%
MORE LIKELY**

Hispanic children and adolescents are **20 percent and 38 percent more likely to develop leukemia** than non-Hispanic white children and adolescents, respectively.

**TWICE
AS LIKELY**

Asian/Pacific Islander adults are **twice as likely to die from stomach cancer** as white adults.

**TWICE
AS LIKELY**

American Indian/Alaska Native adults are **twice as likely to develop liver and bile duct cancer** as white adults.

**3.5X
HIGHER**

Men living in Kentucky have **lung cancer incidence and death rates that are about 3.5 times higher** than those for men living in Utah.

**<HALF
AS LONG**

Patients with localized hepatocellular carcinoma, the most common type of liver cancer, who have no health insurance have **overall survival that is less than half as long** as those who have private health insurance (8 months versus 18 months).

**35%
HIGHER**

Men living in the poorest counties in the United States have a **colorectal cancer death rate that is 35 percent higher** than that for men living in the most affluent counties.

**70%
MORE LIKELY**

Bisexual women are **70 percent more likely to be diagnosed with cancer** than heterosexual women.





1. Representative Data

- Data sets may not include data from a diverse population.
- Lack of data diversity could lead to AI with “scotomas” and that serves only a particular population.

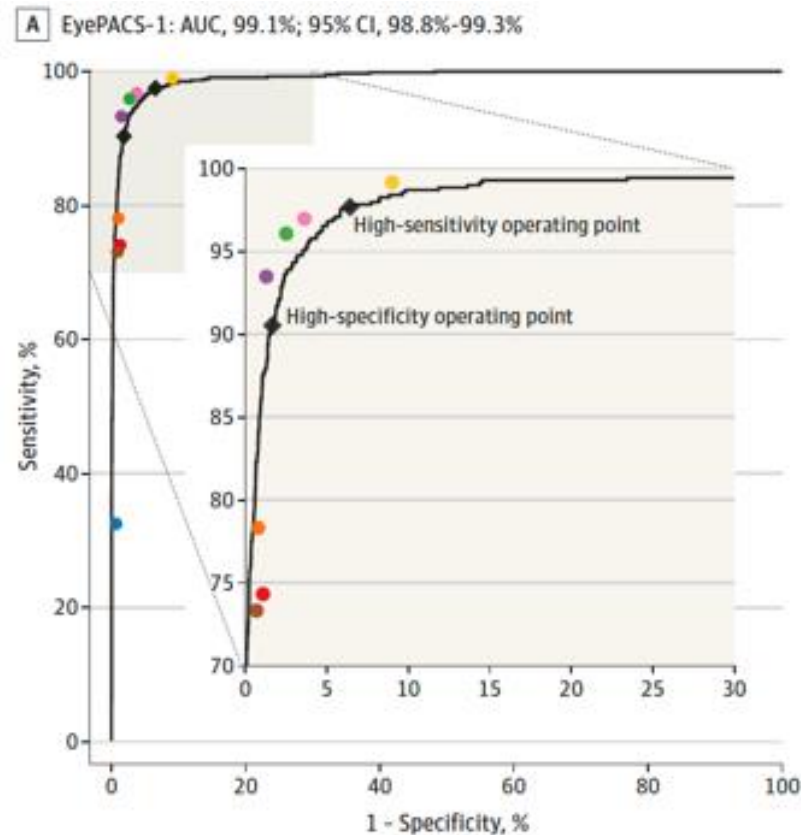




JAMA | Original Investigation | INNOVATIONS IN HEALTH CARE DELIVERY

Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs

Varun Gulshan, PhD; Lily Peng, MD, PhD; Marc Coram, PhD; Martin C. Stumpe, PhD; Derek Wu, BS; Arunachalam Narayanaswamy, PhD; Subhashini Venugopalan, MS; Kasumi Widner, MS; Tom Madams, MEng; Jorge Cuadros, OD, PhD; Ramasamy Kim, OD, DNB; Rajiv Raman, MS, DNB; Philip C. Nelson, BS; Jessica L. Mega, MD, MPH; Dale R. Webster, PhD



I-ODA, Real-World Multi-modal Longitudinal Data for Ophthalmic Applications

- Illinois Eye and Ear Infirmary real world data set
- Reflects the diversity of the patients seen at University of Illinois Hospital & Clinics
- Darwin Yi, PhD, Co-Executive Director of the AI in Ophthalmology Center, Asst Professor

2. Clinical Applications

- AI technology is applicable to almost any disease.
- Bias in the selection of clinical problems may lead to neglect of key diseases.





PubMed Search

“Artificial Intelligence” +

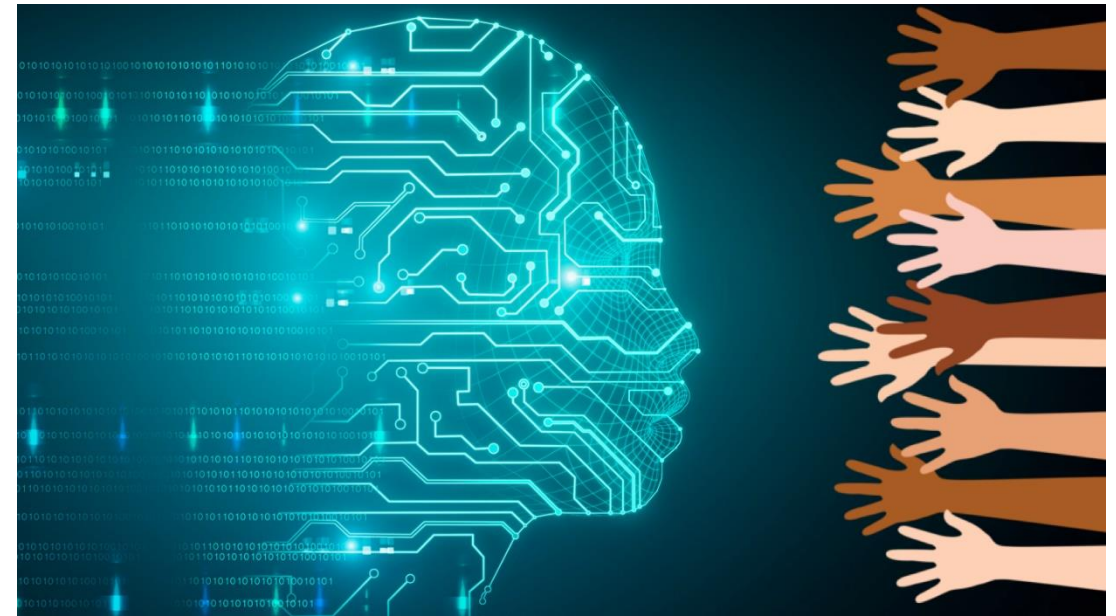
“Cancer”
17,187 Hits

**“Macular
Degeneration”**
215 Hits

“Sickle Cell”
29 Hits

Democratization of AI

- AI industry is characterized by a lack of diversity.
- AI technology is not easily independently applied by clinicians or biological scientists.
- Dr. Darvin Yi, UI COM: End-to-End AI Pipelines



3. Access

- AI has the potential to remove or accentuate health access issues.
- Access to technology necessary to avail oneself of AI remains a barrier.



Digital Divide

- Only 55-60% of patients over 65 have access to a smartphone and broadband.
- Low-income Americans have only 53% digital literacy.

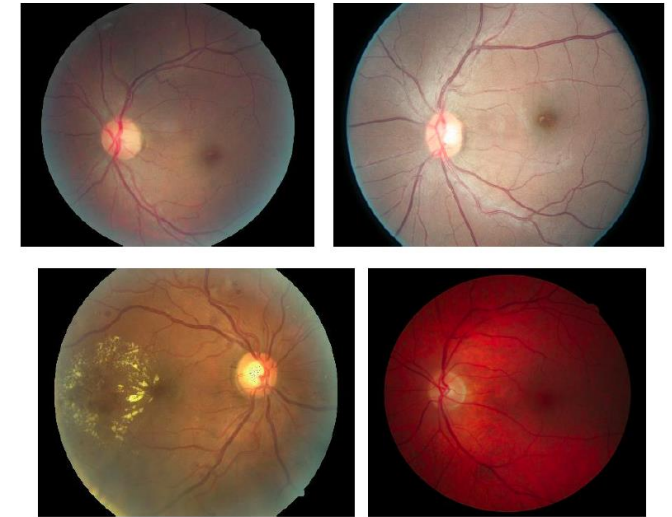


Embedding AI

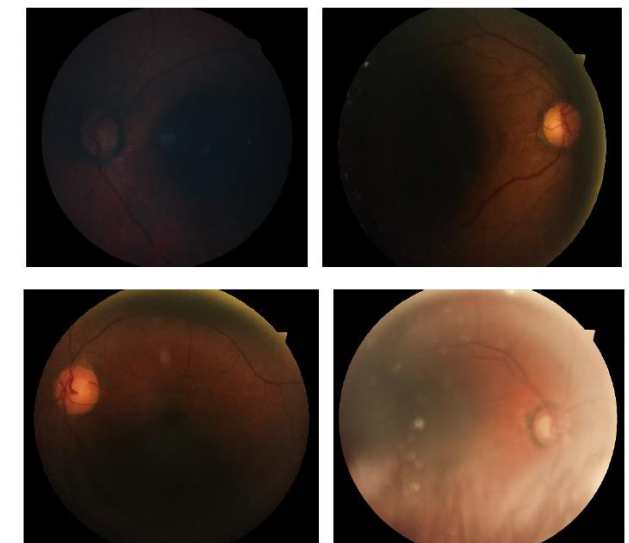


- AI is frequently “embedded” in or reliant upon other technology.
- Lack of access to non-AI technology is also lack of access to AI.

ACCEPT

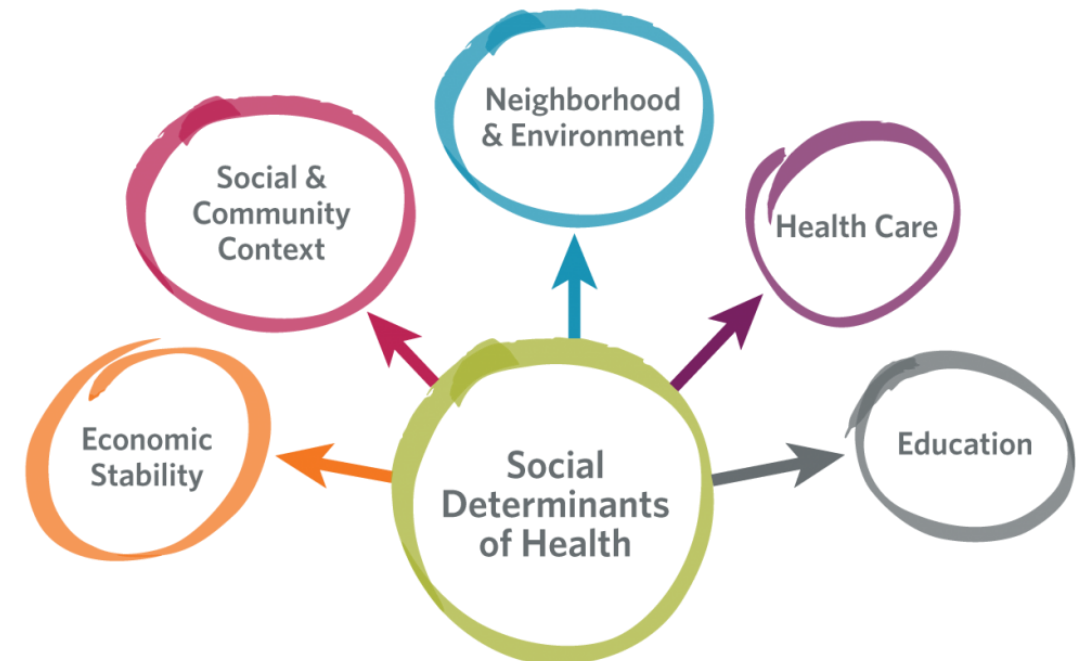


REJECT



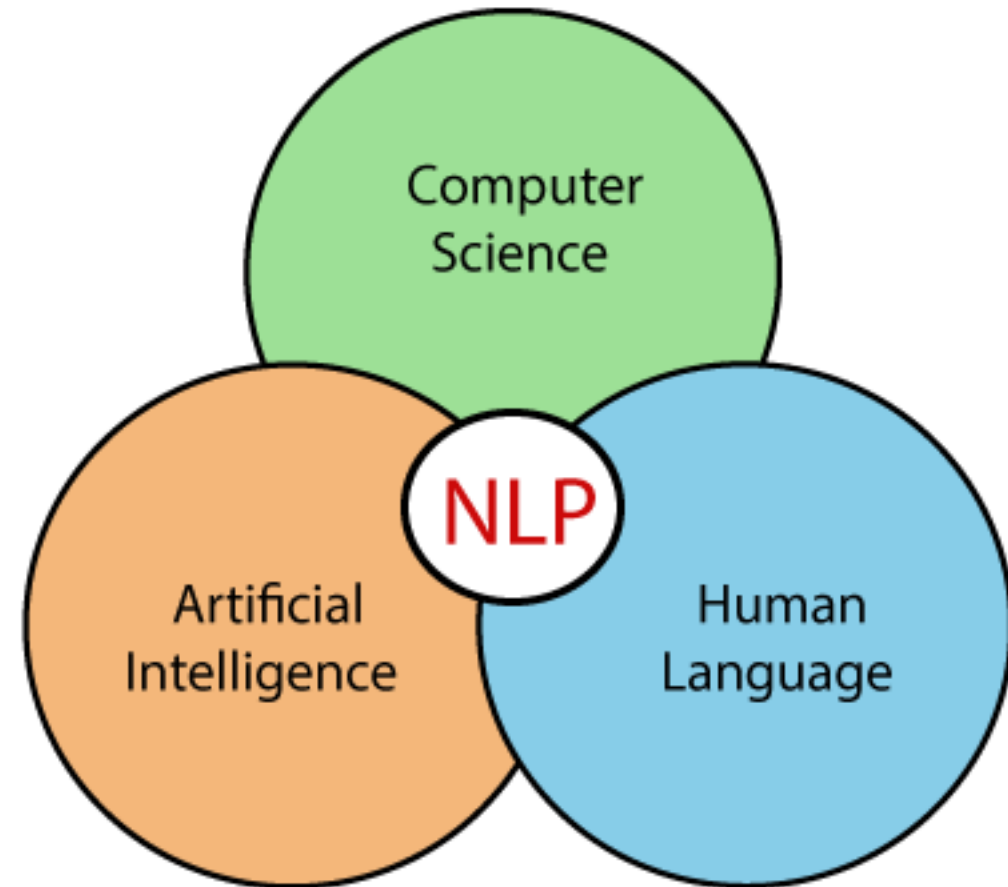
4. Social Determinants of Health

- Many determinants of health reside outside of the healthcare system.
- AI can be applied to many areas which will impact health.



5. Natural Language Processing

- Branch of AI giving computers the ability to understand text and spoken words in much the same way human beings can.
- Patients and physicians may communicate in different languages and dialects



6. Data Privacy





**Artificial Intelligence
may possess the greatest potential
of any technology
to create health equity.**

The background image is a composite of futuristic elements. In the upper left, a white robotic hand with blue joints is positioned as if interacting with a glowing, semi-transparent human figure in the center. The human figure has a bright yellow and orange glow emanating from its chest area. In the lower right, a human hand in a white glove points towards the center. The background is a light blue with abstract white lines and shapes, suggesting a digital or data environment.

**Center for Health Equity
Using Machine Learning &
Artificial Intelligence
(CHEMA)**



*“Optimism is the faith that leads to achievement.
Nothing can be done without hope and confidence.”*

Helen Keller