

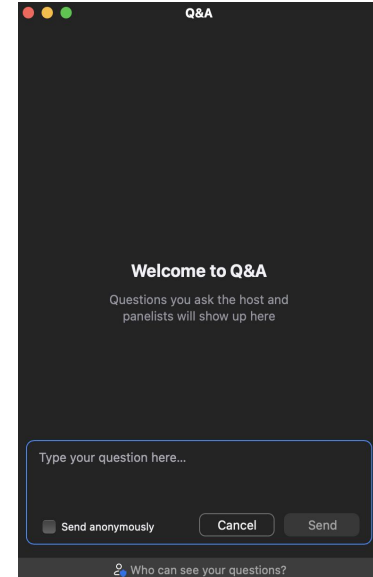
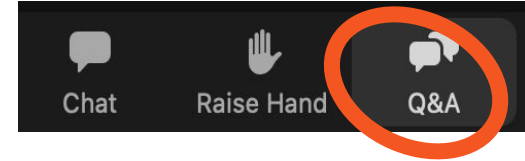
Artificial Intelligence (AI):

Understanding and Mitigating the Harms to Low-Income Communities

December 11, 2024 | 4 PM ET

Housekeeping

- Attendees are muted throughout the webinar.
- Type questions into **Chat** or **Q&A** pane.
- Send a **chat to the Hosts & Panelists** for help.
- To activate captions, select “**Live Transcript**” and “**Show Subtitle.**”
- This webinar will be recorded and shared at medical-legalpartnership.org/resources/



HRSA

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This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award to the National Center for Medical-Legal Partnership totaling \$550,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Host Organizations

[National Center for Medical-Legal Partnership \(NCMLP\)](#) is a national initiative housed at the Department of Health Policy and Management at the Milken Institute School of Public Health at the George Washington University. NCMLP is committed to advancing education, research, and technical assistance to support U.S. health organizations in incorporating legal services as an integral part of addressing patients' social needs.

[TechTonic Justice](#) is a multidimensional, community-based effort to strengthen local justice movements and build long-term power among the people and communities that AI is leaving behind. By incorporating litigation, organizing, community education, and narrative advocacy against harmful AI uses, TechTonic Justice supports low-income communities and their allies to secure the work, housing, schooling, benefits, and stability needed for a thriving life.

Today's Agenda

- Define AI, provide examples and harms of AI, and discuss how medical-legal partnerships (MLPs) fit
- Discuss problems of measurement, Medicaid functional assessments, and the need for exceptions and human review
- AI systems and bias and disability justice lens

Learning Objectives

1. **Understand Rights and Ethical Implications:** Examine the rights-related considerations and potential harms of AI use, including issues of deference, bias, and inequity.
2. **Explore Mitigation Strategies:** Discuss philosophical and practical methods to reduce AI-related risks, including transparency, equity-focused approaches, and implementing effective guardrails.
3. **Analyze Emerging Issues in AI:** Consider future challenges and opportunities in AI, including advancements and their implications for society.
4. **Adopt a Harm-Reduction and Tequity Lens:** Frame AI development and deployment through perspectives that prioritize reducing harm and promoting technological equity.

Panel of Subject Matter Experts



Kevin De Liban, JD
Founder
TechTonic Justice



David Machledt, PhD
Sr. Policy Analyst
NHLP



Bethany Hamilton, JD
Director
NCMLP

A special thank you to **Ariana Aboulafia, JD, Project Lead, Center for Democracy & Technology (CDT)** for providing content on AI systems and bias. See CDT's new report, "[Screened Out: The Impact of Digitized Hiring Assessments on Disabled Workers](#)" (Nov. 2024) to learn more.

Poll Questions

Question 1

Who is in the audience today?

(Select the option that best describes your organization)

Question 2

Do you know if or how AI is currently being used in your workflow?

Provide your responses in the poll.

Kevin De Liban, JD

Founder and President,
TechTonic Justice

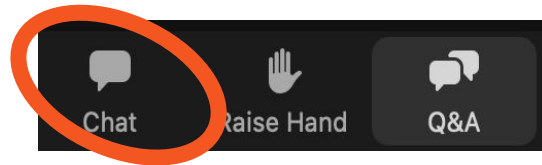
- Defining AI
- Examples and harms
- How MLPs fit in

Let us know

Question

What comes to mind when you hear or read about artificial intelligence (AI)?

Type your response in the chat.



Defining AI

Organization for Economic Co-operation and Development:

- “...a **machine-based** system that, for explicit or implicit **objectives**, infers, from the input it receives, how to generate **outputs such as predictions, content, recommendations, or decisions** that can influence physical or virtual environments. Different AI systems vary in their levels of autonomy and adaptiveness after deployment.”

Where does AI show up in clients' lives?

What we'll cover today

- Public benefits
- Housing
- Employment
- K-12 education
- Domestic violence
- Child welfare

For another day

- Credit
- Criminal legal system
- Immigration
- Voting
- Tax enforcement
- Health care treatment protocols, diagnosis, etc.

Two Examples

- **Medicaid Home- and Community-Based Services (Arkansas):**
Deciding how much care disabled and/or elderly people can receive
- **K-12 Education (Pasco, Florida):** A massive data sharing scheme between the school district and law enforcement whereby the sheriff's office predicted “future criminals” and terrorized them and their families

Lowlights

- Enacting and justifying benefit cuts
- Erroneous denials, terminations, and fraud allegations
- Improper loss of vital benefits or economic opportunities
- Acting at speeds and scales previously impossible
- Increasing corporate power
- Exacerbating bias
- Difficult to challenge at individual level
- Defies existing political, market, and legal accountability structures

How can MLP practitioners get involved?

- Information gathering:
 - Using volume of individual patient/clients to discern patterns
 - Seeing what partners know
 - Using relationships with AI users (state agencies, landlords, schools, etc.)
 - Public record requests
- Appeals or other individual assistance
- Affirmative litigation
- Activate affected communities and allies
- Narrative advocacy (ethically done)

****Everything is permissible under LSC regulations if done well****

How can MLP practitioners get involved? (cont.)

- Learn more about AI and relevant discourse
 - Be skeptical of “AI for good”
 - Articulate dangers based on real-life examples
 - Consider the need to ban some uses
- Talk with TechTonic Justice (techtonicjustice.org)
 - Training
 - Community Education
 - Individualized Technical Assistance
 - Co-counseling (eventually)

David Machledt, PhD

Sr. Policy Analyst,
National Health Law Program

- Problems of measurement
- Medicaid Functional Assessments
- The need for exceptions and human review

For Thought

- **What are some of the biases that result from “bad historical data”?**
- **How can bad data impact your patient population?**

You are welcome to share your thoughts in the chat.

Medicaid Functional Assessment Basics

- **Two steps**
 - Level of Care (“LOC”; used for Medicaid eligibility)
 - Comprehensive Needs Assessment (used for service planning and resource allocation)
- **Typical components cover**
 - Activities of Daily Living (ADLs) – Eating, Grooming, Bathing, Toileting
 - Instrumental Activities of Daily Living (IADLs) – Housework, managing money, transportation
 - Medical Conditions/Diagnoses
 - Cognitive Function and Memory/Learning
 - Behavioral concerns

Assessments and Resource Allocation

Resource Utilization Group (RUGs) – System used to classify individuals by clinically meaningful categories with similar resource use patterns

- Originally intended for NF care and post-acute care
- Adapted to home care, but validation not as strong

Case Mix Index – A set of ratios that describe how RUGs relate to each other in terms of relative use of resources.

When the model may not fit real life

- Validity – how well does tool measure what it says it will measure?
 - What needs may not have been captured by the questions? What isn't asked, or doesn't score?
 - How well do the questions in the tools map against state LOC regulations?
 - Factors affecting resource use that are not connected to functional status
- Reliability – consistency of outcomes
 - Small differences in how one scores an answer can lead to large differences in authorized hours
 - Self-reported answers
 - Training of assessor
 - Conflict of interest

What can get “buried” in an assessment outcome?

- Acuity related
 - Cognitive function, particularly intermittent problems
 - Variation within categories and “outlier” cases
- Not acuity related
 - Coding errors
 - Access to/value of unpaid supports
 - Setting where services are received
- SIS validation study: Acuity explained 18.8% of variation in resource use, but setting explained 28%!
- Historic underfunding of HCBS program

Mitigating Potential Harm from Needs Assessments

- Increased transparency in process and outcomes
 - “Ascertainable standards”
- Exceptions and adequate due process – Need for human accountability
- Protections from service cuts when changing tools
- Adequate training of assessors
- Minimization of conflicts-of-interest

Question for discussion:

- Are these tools worth the effort? Are there better ways to achieve consistency and limit bias?

Ariana Aboulafia, JD

Project Lead, Disability Rights in
Technology Policy
Center for Democracy &
Technology

- AI systems and Bias
- A Disability Justice Lens

Why Are AI Systems Biased Towards Certain Marginalized Groups?

- AI and algorithmic systems are trained on pattern recognition
 - Anyone who interacts with these systems who may exist outside of the pattern – including people with disabilities – may face risk of discrimination and harm
- Lack of inclusive data, and why?
 - Difficulty reaching disabled people or other marginalized groups
 - Stigma or lack of trust leading to lower response rates among certain populations
 - Issues with definitions
- Automation bias

How does this impact disabled people?

- People with disabilities are more likely to be low-income than people without disabilities – unemployment, underemployment, multiple-marginalization, pay gaps. Also more likely, as a result, to interact with systems like Medicaid.
 - This means that disabled people are more likely to experience the potential harms of the integration of algorithms into these systems – which can be severe.
 - Disabled people also have disproportionate contacts with the healthcare and criminal legal systems, and are more likely to experience harms of algorithmic systems in those contexts, as well.
 - What do those harms look like?

What can be done?

- Getting better data
 - Using principles of inclusive design
 - Better data collection, better systems
- Raising awareness & getting involved
- Centering marginalized groups
 - Ensuring people with disabilities and low-income people are being centered in conversations surrounding not only data gathering, but creation, deployment, and auditing of any AI or algorithmic systems, as well as any policies that aim to regulate them.

Bethany Hamilton, JD

Director
National Center for
Medical-Legal Partnership

- Key takeaways
- Group discussion

Key Takeaways and Speaker Insights

Moderated Questions

How would frontline workers incorporate these considerations into their practice with patients?

We seem to be moving towards rapid integration of AI. What are your thoughts on the ability of AI to benefit low-income people?

Can the problems identified today be addressed through better data practices and analysis?

Audience Q&A

Key Resources

- NCMLP Website: <https://medical-legalpartnership.org/>
- Toolkit: A planning, implementation, and practice guide for building and sustaining a health center-based MLP: <https://medical-legalpartnership.org/mlp-resources/health-center-toolkit/>
- Health Center MLP Planning, Implementation & Practice (PIP) Webinar Series: https://medical-legalpartnership.org/mlp-resources/pip-webinarseries_2024/
- Medicaid Assessments for Long-Term Supports & Services (LTSS) : <https://healthlaw.org/resource/medicaid-assessments-for-long-term-supports-services-ltss/>
- TechTonic Justice website: techttonicjustice.org
- Inescapable AI report: techttonicjustice.org/reports/inescapable-ai
- Benefits Tech Advocacy Hub: btah.org
- CDT Report: [Screened Out: The Impact of Digitized Hiring Assessments on Disabled Workers](https://techttonicjustice.org/reports/screened-out-the-impact-of-digitized-hiring-assessments-on-disabled-workers)
- Evaluating Functional Assessments for Older Adults: <https://healthlaw.org/resource/evaluating-functional-assessments-for-older-adults/>
- Principles for Fairer, More Responsive Automated Decision-Making Systems: <https://healthlaw.org/resource/principles-for-fairer-more-responsive-automated-decision-making-systems/>



THANK YOU!

Please take a moment to complete our post-session evaluation survey!

<https://www.surveymonkey.com/r/29359SY>

A link to the survey is also in the chat.

Contact us for assistance

The National Center for Medical-Legal Partnership would be happy to answer your questions, connect you with other medical-legal partnerships in your state, and provide additional resources.

- For more information, contact us at ncmlp@gwu.edu.
- Sign up for our newsletter at <https://medical-legalpartnership.org/about-us/newsletter/>
- Upcoming trainings: <https://medical-legalpartnership.org/learning-opportunities/>