Mapping for Public Health: Initial Plan for Using Satellite Imagery for Micronutrient Deficiency Prediction

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ABSTRACT

The lack of micronutrients is a major threat to the health and development of populations, and it is challenging to detect such deficiency at large scale with low cost. In this work, we plan to use data from a study on micronutrient deficiency in Madagascar, which include blood draw results and corresponding questionnaires, along with satellite imagery, to determine whether there are certain cues visible in satellite imagery that could more easily and quickly suggest areas where people may be susceptible to micronutrient deficiency. We propose an approach that will (i) determine important predictors of micronutrient deficiency from blood draws and corresponding questionnaire data, such as type of food consumed, (ii) automatically detect related areas in satellite imagery, such as forest regions where sources of important food may be found, and (iii) use these to predict regions of micronutrient deficiency. As the prediction of micronutrient deficiency in satellite imagery will be done using meaningful predictors, and we anticipate using an inherently interpretable model for prediction based on these objects, such as logistic regression, we aim to create a model that will be intuitive to those in the public health community.¹

CCS CONCEPTS

• Computing methodologies \to Computer vision problems; Machine learning; • Applied computing \to Life and medical sciences.

KEYWORDS

interpretability, remote sensing, micronutrient deficiency

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1 INTRODUCTION

According to the World Health Organization, the lack of micronutrients "...represents a major threat to the health and development of populations the world over, particularly children and pregnant women in low-income countries." [1]. However, micronutrient deficiency is sometimes called "hidden hunger", as the effects often become visible only when the deficiency is already severe [29]. In other words, the majority of the types of malnutrition do not have

physical manifestations. Wasting is only one type of malnutrition that presents itself in physical manifestations. Therefore, regions with micronutrient deficiency are largely unknown to public health organizations until direct measurements are made, such as blood draws. However, these blood draws and questionnaires are costly and time-consuming, and furthermore, quantifying micronutrient levels in a sample requires specialized laboratory equipment that is not widely available. We envision a new approach to detect micronutrient deficiency at large scale with low cost.

We hypothesize that the availability of foods with sufficient micronutrients in a community depends in part on environmental factors, such as the state of forests or agriculture nearby. Madagascar is a unique area for the purposes of studying this hypothesis, as it has many different ecological regions within it [15]. A recent cross-sectional study examined micronutrient deficiency in several of these regions, in addition to anemia, malaria, and detailed questionnaire data [9], which we describe further in Section 3. We propose an approach that will use satellite imagery to identify important environmental factors that may help predict regions of micronutrient deficiency.

With such an approach, interventions such as supplementation, fortification, biofortification, and infectious disease management, could be targeted based on more up-to-date information [2]. In brief, supplementation, e.g. vitamins, is costly and therefore more targeted at an individual level, while fortification, e.g., adding iodine to salt, is inexpensive and could be applied to regions, though it requires population-wide deficiencies and an inability to reach toxic limits with too much of the micronutrient. Biofortification is similar to fortification in that it seeks to add nutrition to foods. but in this case adds nutrients during growth, e.g., adding iron to crops during growth. Finally, infectious disease management is useful to curb micronutrient deficiency, as infectious diseases often deplete micronutrients. Specific interventions would depend on the disease(s). Throughout the rest of this proposal, we will provide a brief literature review for different aspects of this hypothesis, including literature in artificial intelligence and in public health, highlight the proposed methodology, and conclude by summarizing our vision.

2 RELATED WORK

First, we reviewed several potential uses of AI in the context of nutrition, including AI and malnutrition and AI and micronutrient deficiency. There is work on predicting anemia and/or hemoglobin levels [6, 8, 24, 32], as well as predicting mutations that lead to

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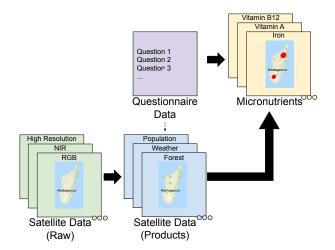


Figure 1: (i) Starting in the first row, we will use questionnaire data to determine what factors can predict micronutrient deficiency. (ii) We will then use these predictors to determine the satellite data products that are necessary (dotted arrow). (iii) We will use these products to predict micronutrient deficiency.

disease related to micronutrients [12]. However, these works do not consider the prediction of micronutrient deficiency at a regional level using satellite imagery. For malnutrition, there is a great deal of work on detecting malnutrition in children via smartphone apps and computer vision, as well as questionnaires (e.g., [11, 25, 26]). Similarly, these do not use satellite data, nor do they focus at a regional level.

There is another body of work on food security in the context of agriculture and food rescues, as well as foodborne illnesses [27]. There is also a great deal of work on AI and agriculture, for example in aiding smallholder farmers [16], finding crop disease [20], and developing systems to improve agricultural output [4, 7]. While these works may apply at a wider level than those mentioned previously, they still do not make use of satellite imagery, nor do they specifically pertain to micronutrient deficiency.

One main focus of AI and agriculture work is on remote sensing with satellite images, such as crop yield prediction [31], estimates of crop area and cropping intensities, agricultural productivity assessments, and water planning and irrigation management [19]. Other areas of work include land cover mapping [13], which has implications for conservation and deforestation monitoring (e.g., [21]), poverty prediction [5], and infrastructure assessment [18] to name a few. The most similar works in terms of topic are probably those concerning agriculture, but they do not consider the human nutrition component to the best of our knowledge.

Finally, there has been a great deal of work towards understanding the relationship between the environment and public health. For example, one focuses on disease prevalence [22], while another focuses on the relationship between conservation practices and human well-being [3]. Our work will provide additional quantitative results to support and build on many of these ideas.

3 PROPOSED METHODOLOGY

We propose to (i) use the questionnaire data, which specifically consist of responses of 6292 individuals from 1125 households within 24 communities in four of the ecological regions of Madagascar, to determine what predicts micronutrient deficiency in the 2881 individuals who also have micronutrient data, then (ii) use these predictors to determine relevant satellite data products to include and/or derive, such as forest cover [28], climate [14], agriculture (e.g., determined via computer vision techniques), and/or roads [17], and finally (iii) use these products to predict micronutrient deficiency. We plan to use logistic regression for (i) and (iii) to foster interpretability, and deep learning to create/interpret relevant satellite data products in (ii). This is illustrated in Fig. 1.

To compute intermediate satellite image products in (ii), we will likely use segmentation techniques, e.g., U-Net [23], to determine exact regions of forest, road, agriculture, etc. within a satellite image. We plan to use information from all respondents (about 6000) to provide labels for these intermediate products, and to augment our training data through the use of additional datasets such as the Demographic and Health Survey/Malaria Indicator Survey in Madagascar [30]. The most recent survey includes anemia results and information collected regarding food and lifestyle, such as roof material, which may be used as additional labels. Training and testing data would therefore be done on regions within Madagascar, with hopes of creating a more widely generalizable process for use in other places. To predict micronutrient deficiency in (iii), we will train using 2000 inputs derived from the intermediate products in (ii) and their corresponding micronutrient result, and test on the remaining 881 micronutrient results.

We hypothesize that several environmental factors may be particularly important, including the presence and health of forests and agriculture. We also believe that micronutrient deficiency and its potential environmental influences could be confounded by poverty, so plan to include poverty measures (e.g., from [10]) to control for these effects. Furthermore, we hypothesize that easy access to larger food markets reflected by proximity to roads would lead to less micronutrient deficiency. If this proved to be true in our analysis, for example, it may indicate that there is increased participation in markets or healthcare along roads, and interventions could focus on widening access to these necessities nearby, for example via supplementation. As drawing this conclusion will rely heavily on model interpretability, we draw inspiration from [5] in our goal to create an interpretable pipeline for policy makers, but are not able to use the same methodology, as we must examine larger regions to determine environmental factors linked to micronutrient deficiency. We may be able to similarly consider more fine-grained areas such as households depending on the factors that prove to be important predictors of micronutrient deficiency.

4 OVERALL VISION

To summarize, our vision is to provide predictions for micronutrient deficiency, a global public health concern, based on cues in satellite imagery, i.e., environmental factors. We propose an interpretable model in order to do this, both to determine which factors will be important to study, and how they effect micronutrient deficiency prediction. We hope that such a system could be used around the

world to aid public health understanding and interventions, more frequently and more easily than traditional questionnaire-based methods.

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