



**CANCER SUPPORT  
COMMUNITY**  
COMMUNITY IS STRONGER THAN CANCER

# Aging with Intelligence: Older Adults' Perceptions of Artificial Intelligence in Healthcare

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Cancer Support Community

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# Disclosures

## **Conflicts of interest:**

Erica Fortune, PhD reports institutional research funding in the last 2 years from Gilead Sciences, J&J, and Lilly; consulting funds from BioNTech, Novartis, and Pfizer.

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# Learning Objectives

**Recognize the multidimensional influence of AI in healthcare practices, including the implications of patient trust, bias concerns, and willingness to adopt AI in healthcare.**

**Analyze how age relates to patients' perceptions of AI in healthcare and possible implications for care approaches.**

# Our Mission

The Cancer Support Community uplifts and strengthens people impacted by cancer by providing support, fostering compassionate communities, and breaking down barriers to care.

# Our Vision

Everyone impacted by cancer receives the support they want and need throughout their experience.



# What We Do

Services, Insight, and Advocacy

**Delivering innovative support and educational programming, both in-person and online:**

- Create and disseminate new and innovative models of care
- Develop resources and tools
- Invest in growth
- Serve as the pre-eminent thought leader for the integration of psychosocial care across novel care delivery locations



# OUR REACH: GLOBAL NETWORK PARTNERS

## NATIONAL

CSC ARIZONA  
CSC SOUTH BAY  
CSC GREATER SAN GABRIEL VALLEY  
CSC LOS ANGELES  
CSC CALIFORNIA CENTRAL COAST  
CSC SAN FRANCISCO BAY AREA  
CSC VALLEY/VENTURA/SANTA BARBARA  
CSC SW COLORADO  
CSC DELAWARE  
CSC WASHINGTON D.C.  
GC SOUTH FLORIDA  
CSC ATLANTA  
GC CHICAGO  
CSC INDIANA  
CSC IOWA & NW ILLINOIS AT GILDA'S CLUB  
GC KENTUCKIANA  
CSC MASSACHUSETTS  
CSC GREATER ANN ARBOR  
GC GRAND RAPIDS  
GC METRO DETROIT  
GC MINNESOTA  
CSC GREATER ST. LOUIS  
GC KANSAS CITY  
CSC MONTANA

## CSC NEW JERSEY

CSC AT GILDA'S CLUB ROCHESTER  
CSC GREATER NY & CT AT GILDA'S CLUB  
CSC GREATER CINCINNATI-NORTHERN KENTUCKY  
CSC CENTRAL OHIO  
CSC GREATER LEHIGH VALLEY  
CSC GREATER PHILADELPHIA  
GC MIDDLE TENNESSEE  
CSC EAST TENNESSEE  
CSC NORTH TEXAS  
CSC CENTRAL WASHINGTON  
GC WISCONSIN

## HEALTH CARE PARTNERS

GC AT METHODIST CANCER INSTITUTE  
CSC AT ATRIUM HEALTH-LEVINE CANCER  
CSC AT BRECKINRIDGE HEALTH, INC.  
CSC AT HOLY NAME MEDICAL CENTER  
CSC AT MOSAIC LIFE CARE  
CSC AT LEE HEALTH  
CSC AT PRISMA HEALTH CANCER INSTITUTE  
CSC AT TUBA CITY REGIONAL HEALTH CARE  
CSC AT WHITMAN-WALKER HEALTH

## HUB AND SPOKE MODEL:

The map shows all the North America Cancer Support Community (CSC)/Gilda's Club (GC) main hubs. Following a hub and spoke model, we have over 200 locations in 50 markets worldwide.

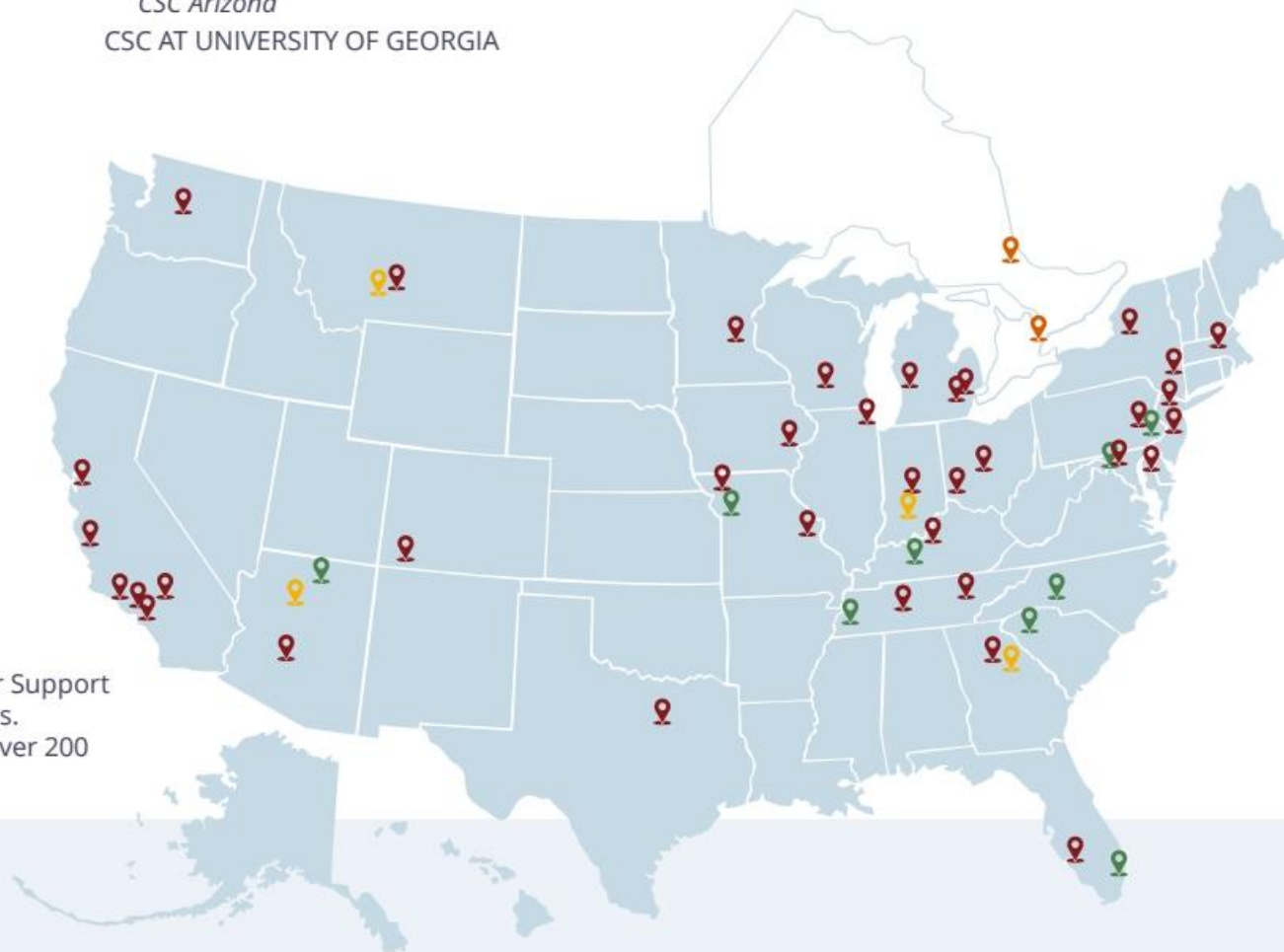


## UNIVERSITY LOCATIONS

CSC AT INDIANA UNIVERSITY  
*CSC Indiana*  
CSC AT MONTANA STATE UNIVERSITY  
*CSC Montana*  
CSC AT NORTHERN ARIZONA UNIVERSITY  
*CSC Arizona*  
CSC AT UNIVERSITY OF GEORGIA

## INTERNATIONAL

GC GREATER TORONTO  
GC SIMCOE MUSKOKA  
CSC BAGHDAD  
CSC JAPAN  
TWC TEL-AVIV





# Cancer Experience Registry

An online research study that aims to understand the emotional, physical, practical, and financial impact of cancer and identify unmet needs among patients, survivors, and caregivers.

# Cancer Experience Registry

## What?

An online research study that uncovers the broad impact of cancer

## Who?

For patients, survivors and caregivers aged 18+ impacted by **any type of cancer, regardless of time since diagnosis**

## How?

Developed in collaboration with patients, survivors, caregivers, clinicians, advocacy organizations, social workers, researchers

## Why?

To ensure all those impacted by cancer receive necessary support and resources

## When?

- At any time
- Takes about 35 minutes
- Start and stop when you like

## Where?

On your computer or mobile device from anywhere in the U.S. or Canada

# Background

- Artificial intelligence (AI) is rapidly transforming many aspects of healthcare delivery, from diagnostics to treatment planning.
- While technical performance has advanced quickly, patient perceptions of AI remain less well understood, particularly in oncology settings.
- Prior research suggests patients express:
  - Interest in AI for improving accuracy and efficiency
  - Concerns about privacy, bias, loss of human connection, and reduced clinician oversight

**The aim of this research is to better understand **patients' perceptions of AI** integration in their healthcare and examine age-related differences.**

# Method

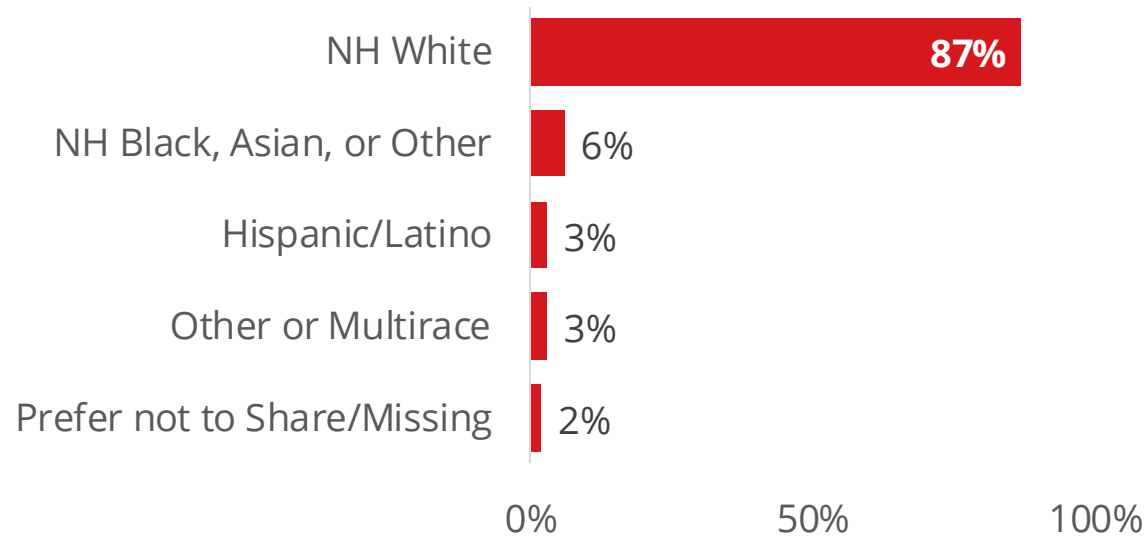
- **1,167 participants** from CSC's online **Cancer Experience Registry** (Nov 2023-July 2025) reported on sociodemographics, technology use, and AI perceptions
  - Awareness and use of AI
  - Perceptions of AI:
    - 15 Likert-scale items to assess thoughts on various aspects
    - sum captured overall attitudes, higher = more positive attitudes
- Bivariate analyses were conducted to examine the relationship between age and AI perceptions, with multivariate models adjusting for significant sociodemographic covariates.

# Participant Characteristics (N=1,167)

## ➤ Gender Identity

- 250 Men (21%)
- 904 Women (78%)
- 13 other or prefer not to share (1%)

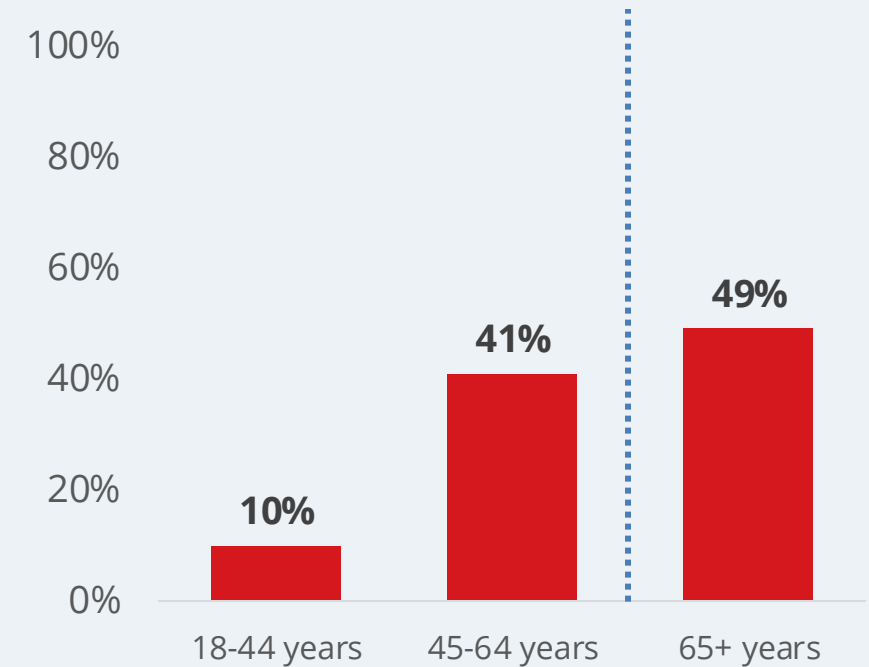
## ➤ Race/Ethnicity



**Note.** NH = Non-Hispanic, Latino, or Spanish

## Age

- Mean: **62.3 years old** (SD=12.5)
- Range: 23-91 years old

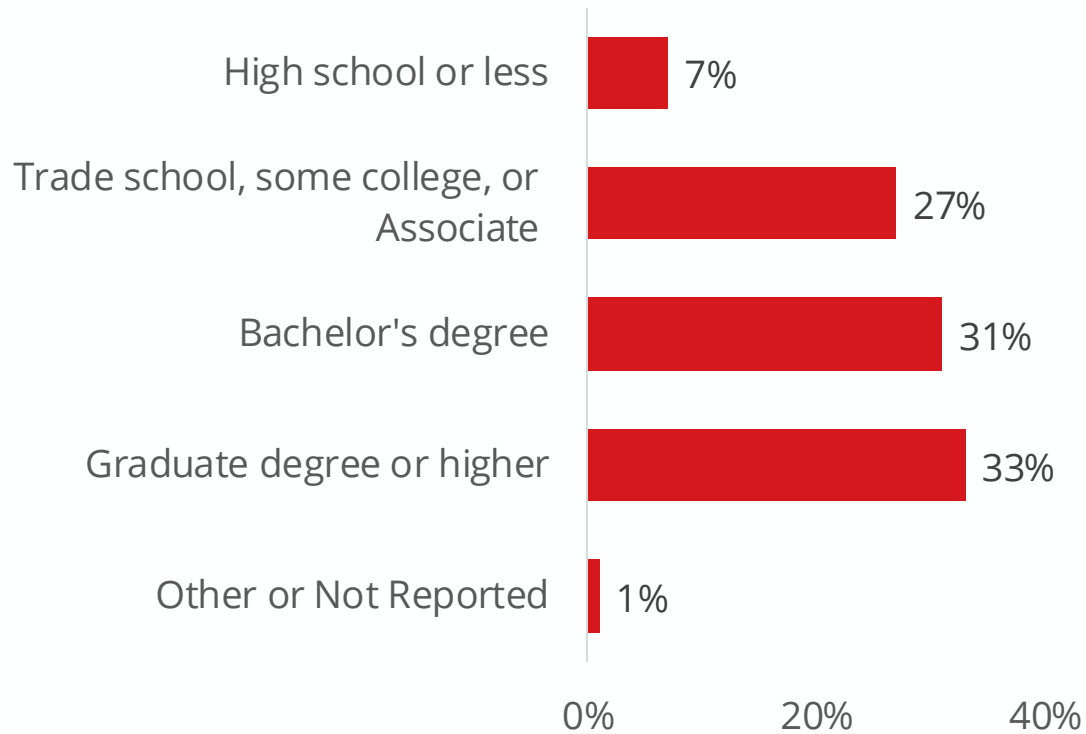


# Participant Background

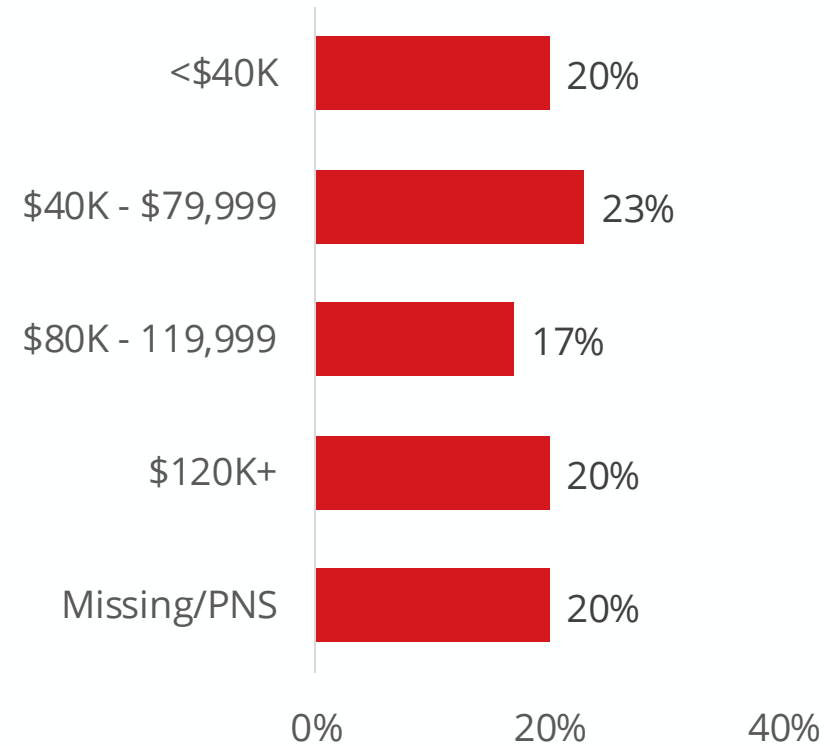
## Sociodemographic Characteristics



### ➤ Educational Attainment

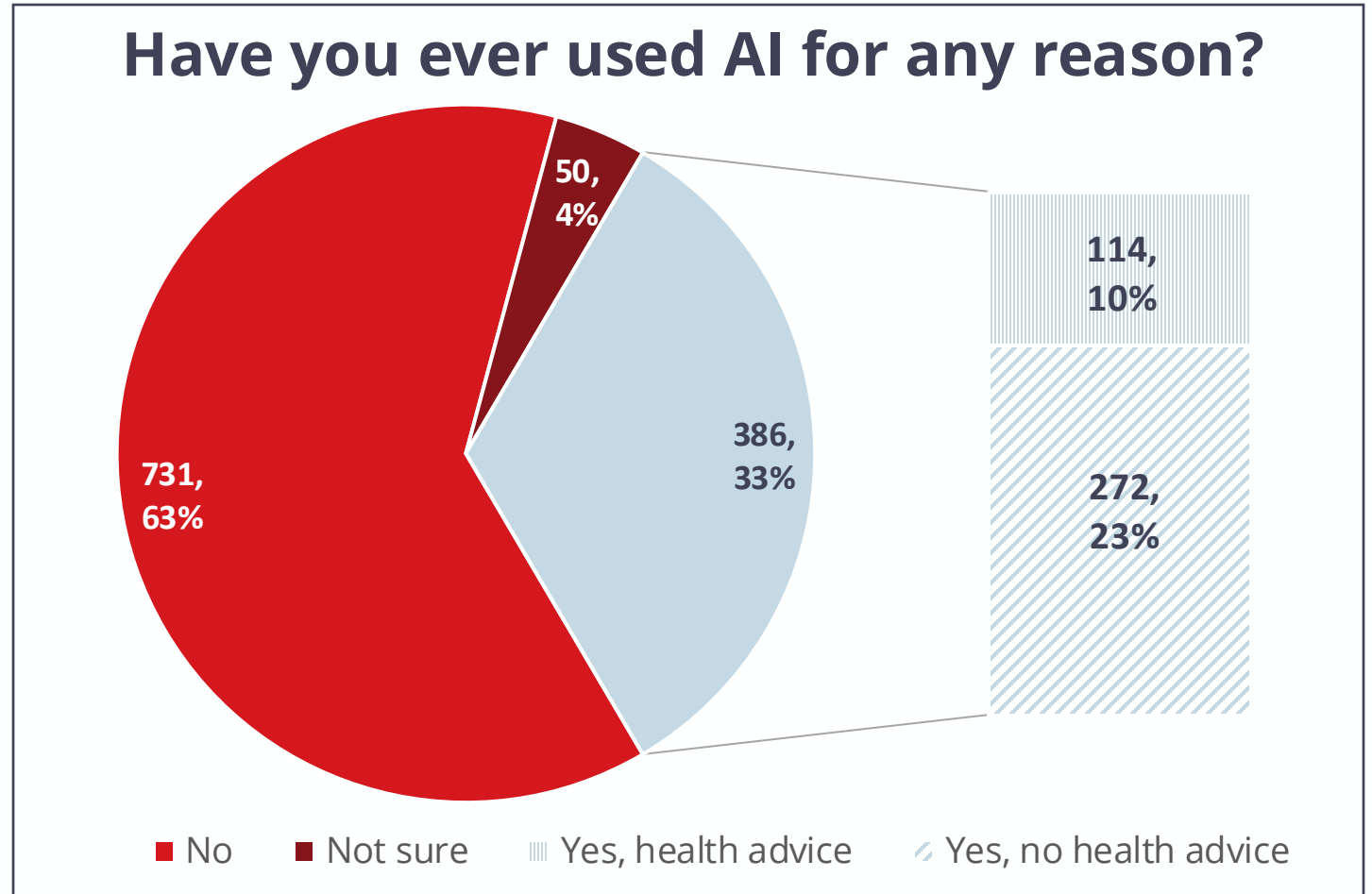


### ➤ Annual Household Income



# Results: Technology use and AI awareness

- Most **use a computer** *daily* (62%) or *regularly* (18%); 4% *never*
- Most feel **confident in their ability to use electronic devices** (87% *agree* or *strongly agree*)
- Most had **limited AI familiarity** (55% “*know a little*”; 9% “*don’t know exactly what it is*”; 2% have never heard of it)



**33%** had used AI, but only **10%** for health-related purposes

# Results: Perceptions of AI across All Ages

I would support the use of AI in healthcare if there is scientific data to show it benefits patients.

I see the benefits of using AI in healthcare.

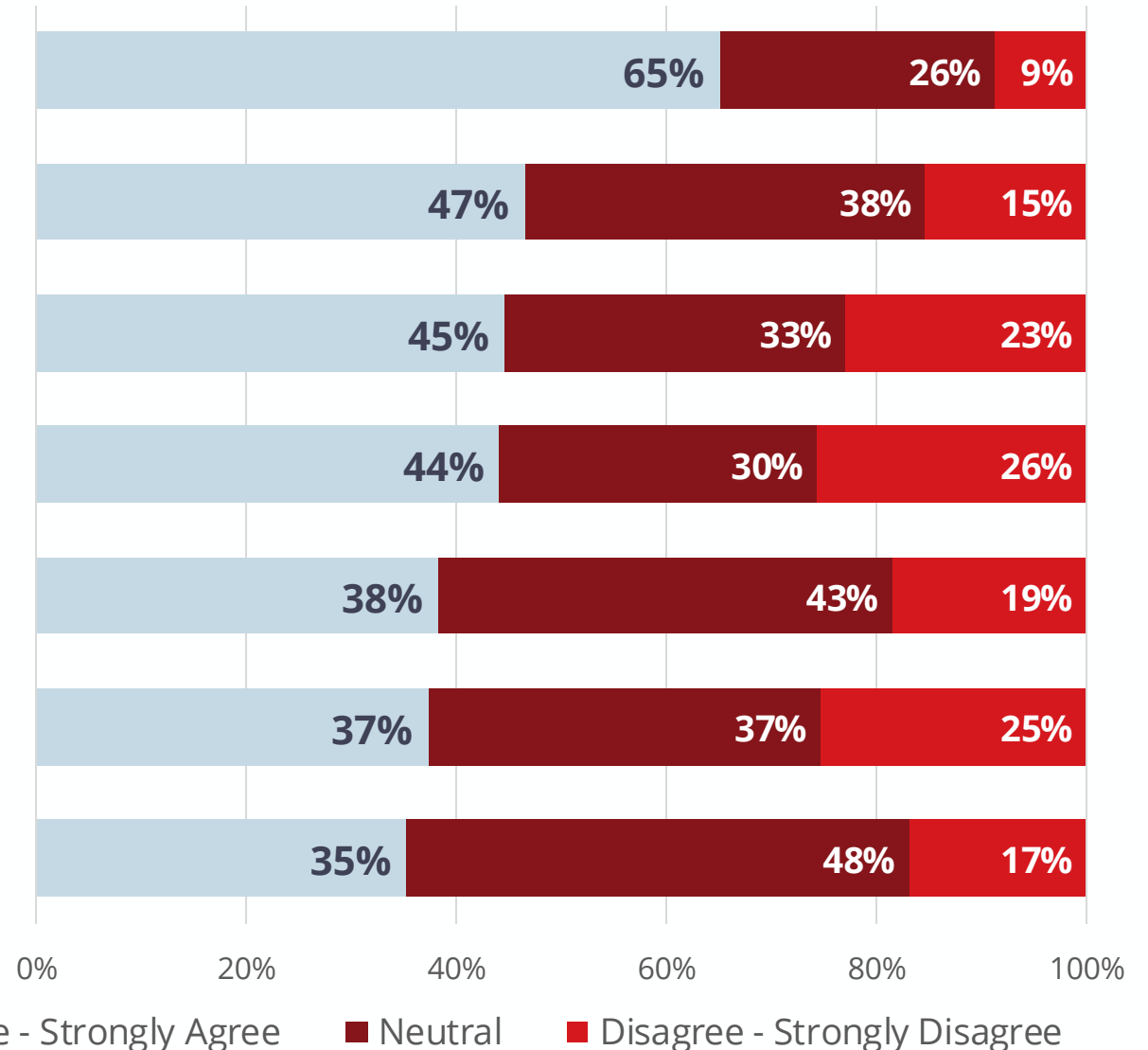
The use of AI in healthcare scares me.\*

I would be willing to share my medical data to help create better AI systems in healthcare.

I think the use of artificial intelligence will reduce the workload of doctors.

I believe the use of AI in healthcare will harm the doctor-patient relationship.\*

I think AI is more likely to make mistakes than my doctors are.\*



N = 1, 167

\*items reverse-coded for composite score

# Results: Perceptions of AI across All Ages (continued)

I think that decisions made by AI are likely to be biased in some way.\*

I would like my cancer care decisions to be supported by AI.

I think the use of AI in healthcare will allow doctors to spend more time with their patients.

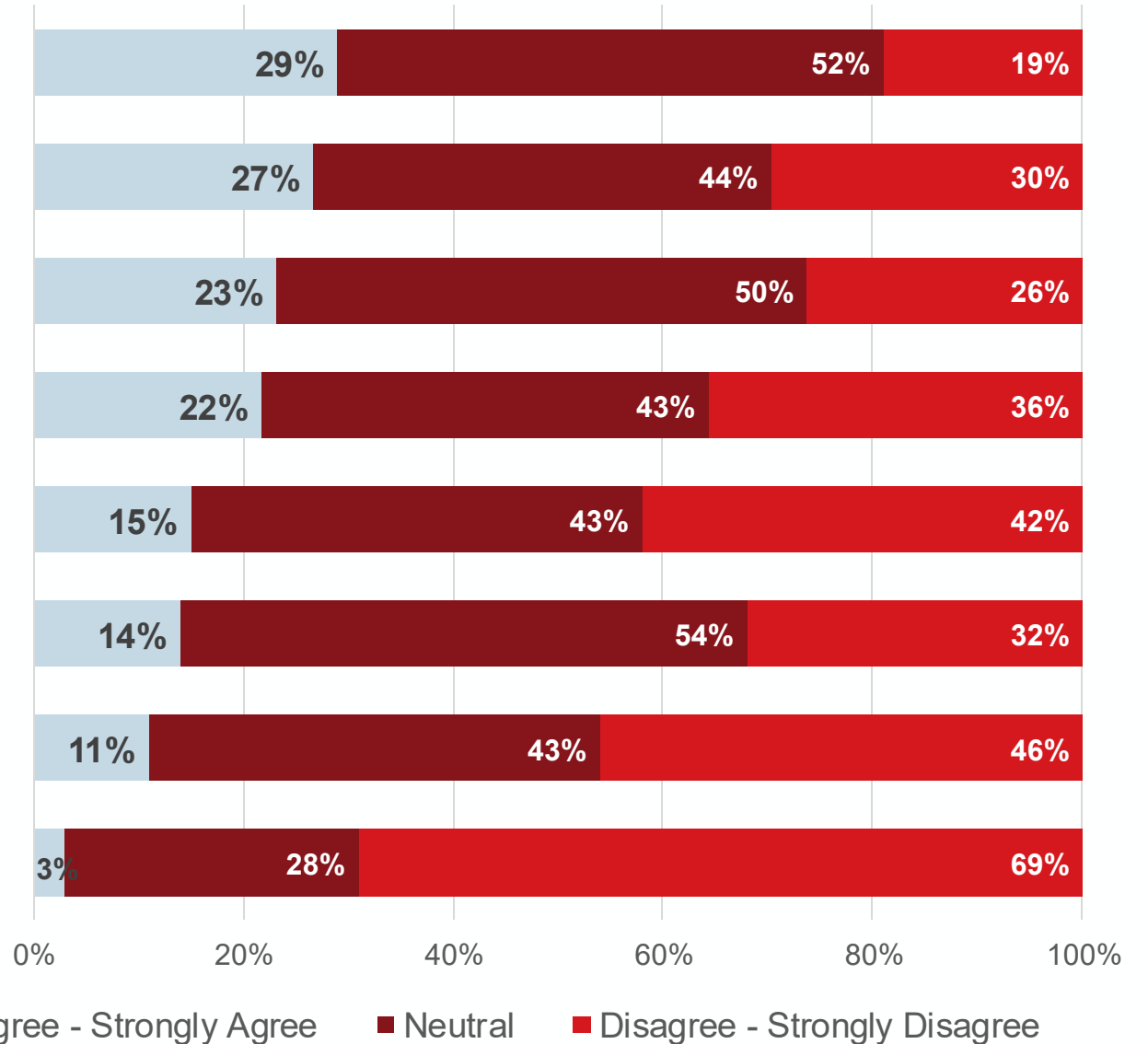
I would like my general healthcare decisions to be supported by AI.

I trust AI to make an accurate diagnosis based on a patient's data, like symptoms and test results.

As a result of using AI in healthcare, I think there will be less treatment errors in the future.

I would trust AI to propose the right treatment plan for me.

I am more confident in recommendations provided by AI than those given by my doctor.\*



N = 1,167

\*items reverse-coded for composite score

# Bivariate Results: Age & Perceptions of AI

- A significant positive correlation emerged between age and AI perceptions ( $r=.16$ ,  $p<.001$ ), with **older adults holding more favorable views**.
- When comparing older adults (65+ years of age) to younger adults (<65), **younger adults**:
  - had *greater* **fear** of AI in healthcare (**51% vs. 38%**;  $\chi^2=22.172$ ,  $p<.001$ )
  - were *more* likely to perceive AI as **biased** (**33% vs. 25%**;  $\chi^2=11.152$ ,  $p<.005$ )
  - Were *more* likely to believe AI will **harm** the doctor-patient relationship (**43% vs. 31%**;  $\chi^2=18.186$ ,  $p<.001$ )
  - *less* likely to want their general healthcare decisions supported by AI (**17% vs. 27%**;  $\chi^2=28.394$ ,  $p<.001$ )
  - *less* likely to support the use of AI in healthcare EVEN IF there is scientific data to show it benefits patients (**60% vs. 70%**;  $\chi^2=21.093$ ,  $p<.001$ )

# Multivariate Results: Age & Perceptions of AI

Predictor	B	SE	$\beta$	t	p	95% CI for B
Age (years)	0.16	0.03	.20	6.63	< .001	[0.11, 0.21]
<b>Race/Ethnicity</b>						
Hispanic/Latino	-2.70	1.73	-.04	-1.56	.120	[-6.10, 0.71]
NH Black, Asian, or Other	-0.56	1.18	-.01	-0.47	.637	[-2.86, 1.75]
Other or Multiracial	-2.05	1.76	-.03	-1.17	.244	[-5.51, 1.41]
<b>Education</b>						
High school or less	-2.19	1.17	-.06	-1.87	.062	[-4.50, 0.11]
Trade school/Some college /Associates	-0.86	0.74	-.04	-1.17	.242	[-2.31, 0.58]
Advanced degree	-0.35	0.69	-.02	-0.50	.617	[-1.70, 1.01]
<b>Gender</b>						
Woman	-3.16	0.69	-.13	-4.59	< .001	[-4.51, -1.81]
<b>Income</b>						
< \$40,000	-4.65	0.93	-.19	-5.02	< .001	[-6.47, -2.83]
\$40,000-\$79,999	-3.36	0.85	-.14	-3.93	< .001	[-5.03, -1.68]
\$80,000-\$119,999	-2.84	0.91	-.11	-3.12	.002	[-4.63, -1.06]
<b>AI History</b>						
No	-4.18	0.64	-.20	-6.56	< .001	[-5.43, -2.93]
Don't know / Missing	-2.21	1.43	-.05	-1.54	.124	[-5.01, 0.60]

- **Older age, higher income, being a man, and having a prior AI history** were associated with more positive perceptions of AI.
- **Income differences and AI history showed particularly strong relationships** with AI perceptions.
- Race/ethnicity and education showed little independent association with AI scores in this model.

*Note. DV = AI Total Score. Coefficients represent comparisons with reference categories. Reference groups: Race/Ethnicity = NH White; Education = Bachelor's degree; Gender = Man; Income =  $\geq$  \$120,000; AI History = Yes. Categories for missing/prefer not to share included for all variables to retain full sample in model but not shown in table due to lack of interpretability.*

# Summary of Results

- **Most have limited familiarity with AI**; 33% have used it, but only 10% for health-related needs
- Across all ages, most (65%) support AI in healthcare *if* evidence shows patient benefit; 47% recognize benefits and 44% are willing to share medical data to improve AI systems. However, only **22% support AI in general decision-making, 26% in cancer care, and 11% would trust AI to recommend their treatment**
- **Older adults appear more receptive to AI**, even after accounting for sociodemographic differences: After adjusting for demographics, AI perceptions were higher among participants who were older, had higher incomes, and reported prior AI experience, while women and lower-income groups reported lower AI scores.

# Conclusions & Implications

- Patients recognize **AI's potential but remain cautious** about its role in care and treatment decisions, with older adults having more positive perceptions of AI use in healthcare.
- These findings suggest that **familiarity and socioeconomic factors may shape comfort with AI in healthcare**, highlighting the importance of patient education, transparent communication about AI tools, and targeted support for populations with less exposure or lower trust in AI-based systems.
- As AI becomes increasingly embedded in clinical workflows, **understanding patient perceptions, especially among older adults who represent a large and growing cancer population**, is essential to guiding successful implementation.



# Questions

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