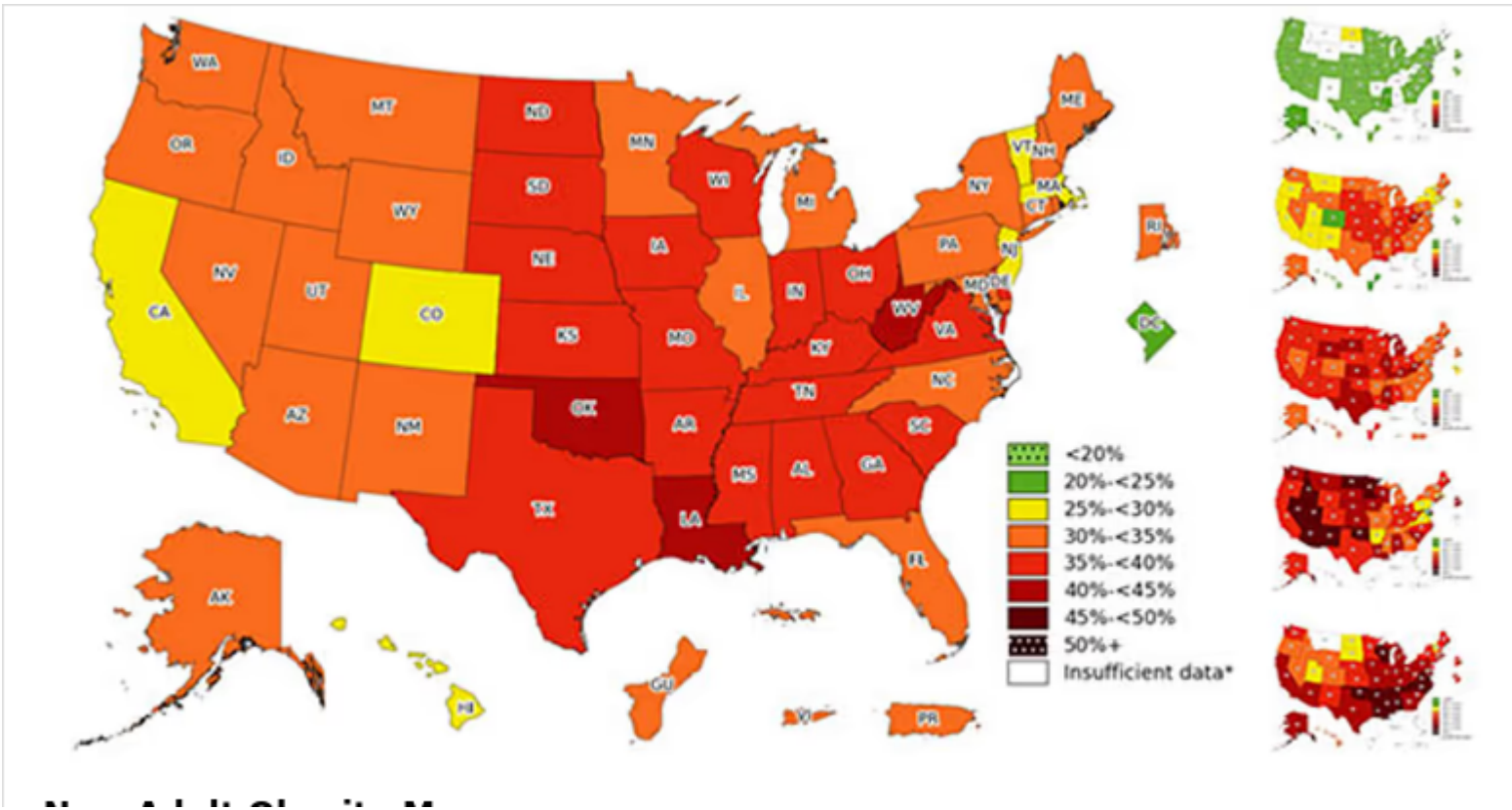


About the Datasets

CDC: Prevalence of Obesity Based on Self-Reporting Weight and Height by State and Territory

This data set is from the CDC(Centers for Disease Control and Prevention). This data was collected through people self-reporting their weight and height using the Behavioral Risk Factor Surveillance System. Then the data is organized by race, ethnicity, and location. There are 5 data sets each with 54 rows in the data and 3 columns.



Nutrition, Physical Activity, and Obesity - Youth Risk Behavior Surveillance System,

<https://catalog.data.gov/dataset/nutrition-physical-activity-and-obesity-youth-risk-behavior-surveillance-system>

This data set is from the U.S. Department of Health & Human Services. The Youth Risk Behavior Surveillance System collected information on adolescent’s diet, physical activity, and weight status. This data set includes 4096 rows and 31 columns.

Understanding the Datasets

Motivation	The reason these datasets were created is to address and understand the concern of growing childhood obesity percentages. Looking into the location and socioeconomic status of these individuals are from play a huge role in the obesity rates of that area. It is important for healthcare professionals and policymakers to address these issues to improve overall health outcomes in these areas.
Collection Process Issues	The data was collected through individual self-reporting. Although this is ethical because no one is forced to do anything, these results can be skewed. People could be reporting the wrong information, and large numbers of people could be left out in the collection process.
Uses	Information from this dataset could be used to publicly address the concern for growing childhood obesity rates. This knowledge can help communities figure out what things need to be incorporated into communities to advocate for food knowledge and accessibility.
Real-World Questions About the Dataset	Do states with the highest child obesity rates also have the highest overall obesity rates? What do the states with the highest obesity rates all have in common? Is there bias in how this data was collected? --Can people self-report without access to a vehicle or electronics? Could some of these obesity rates be more linked to genetics rather than location?
Some Human Rights Principals	<p>Privacy Privacy in this dataset is ensured because the individuals who submit their reports are anonymous.</p> <p>Accountability People and sources involved in collecting this data were cited, so any impacts of the dataset will be</p> <p>Safety and Security The CDC is very credible and will always ensure the data set is performing as intended.</p> <p>Transparency and Explainability Some of the data collection is not exactly specific to the viewer of how it was collected.</p> <p>Fairness and Non-discrimination Simply presenting the statistics of obesity rates in each state was accomplished, but identifying why different people have a higher chance of suffering from obesity was not shown. Discrimination leaves many people with no choice but to live in poor areas with limited access to healthy food, causing their obesity rates to be higher.</p> <p>Promotion of Human Values Similar to fairness, human values were not incorporated into this data set. Documentation of racism and laws in these areas was not recorded in the dataset. If it were, this would likely link to the health status and obesity rates of people.</p>