Nature of topic

This project will focus on the socioeconomic factors of income, education, and race which are linked to obesity in the US. One of the most critical public health concerns has been obesity, with large disparities in access to healthy food, physical activity, and medical care across social strata. Obesity rates are higher in the low-income and undereducated, who tend to exercise fewer options. We would break inequalities in access based on this as a key study of areas of health effects and obesity. We explain why only certain communities have to pay double/triple the price, considering how economic and educational access has limited their lifestyle options. The purpose of the current project is to develop an approach that can be used to conceptualize and quantify the underlying pathways leading to obesity in different populations: understanding these links will facilitate the identification of

options. The purpose of the current project is to develop an approach that can be used to conceptualize and quantify the underlying pathways leading to obesity in different populations: understanding these links will facilitate the identification of which groups are at the highest risk. Following that, public health implementations.

Why it is important?

It is very important to monitor health and get timely notifications to take precautionary measures for the prevention of obesity, a deadly chronic condition. As more and more people fall prey to obesity, regular health monitoring uncovers early signs of health risks and will ease the burden on the healthcare system. Low-income communities are targeted by social inequalities in nutrition and fitness, so proactive health tracking will be all the more relevant to them. Personal health trends knowledge will enable the individual to take precautions and hence avoid treatments that come out costly later. For example, tracking diet and physical activity easily brings into view patterns leading to obesity well in time, and appropriate interventions can be made. Personalized alerts ensure the individual is updated on his status in health, meaning he can address issues before they spiral out of hand. The education on the monitoring of health proactively thus provides him with those options leading to healthier outcomes, especially in susceptible populations. Continuous monitoring also promotes sustainable health for the future by incorporating viable lifestyle changes. Finally, the monitoring of health keeps the individuals informed and provides them with better choices of options, thus reducing obesity and other risk factors for the diseases. On a worldwide scale, this would ensure that all health disorders are at the minimum level because personal habits and systemic inequalities were being addressed at their root.

Who is affected?

In the US, it affects nearly all demographics. Weight-related health issues strike earlier in life for children and adolescents, while adults often encounter serious health consequences and a lesser quality of life. Low-income families are burdened the most as accessing healthy food and a fitness center is not easy for them. Because of cultural and economic issues, some racial and ethnic groups are more at risk, such as Black and Hispanic communities. Any person who already has a medical condition, like diabetes or heart disease, is also a candidate. As people get older, it easily becomes possible to gain weight because their metabolism is not as fast, and they tend to be less active. Cities may present challenges that make it hard for the residents to reach parks and eat healthily and may thus affect their lifestyle. Also, women are more prone than men to face pressures regarding body image, and their choices differ from those of men, making weight-related issues worse. It might also be challenging for those affected by incapacities to exercise and access clean areas. Considering everything, the general understanding of obesity in the US remains a very broad, multi-factorial theme: social setting, environment, and genetics.

What has been done so far and what gaps remain?

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Over recent decades, a lot of meaningful work has been addressed to overcome obesity. Large studies track obesity rates among different populations in order to understand who are most affected and how the rates change over time. At the same time, multiple initiatives regarding healthy nutrition and sports activities have been launched in schools and communities. Data and technology, such as mobile apps and fitness trackers, support better weight management for the individuals themselves and forecast risk groups. Governments also started policies aimed at encouraging better choices on the part of individuals, including taxing sugary drinks and putting more helpful labels on food. Many of these data are self-reported, and since many people underreport their weight and overreport healthy habits, especially the poor and uneducated, this is another source of inaccuracy. Many studies cover a time frame that is too limited to show longer secular trends in obesity prevalence. Most data sets lack measures proximal to the causes of obesity, such as diet and physical activity. These usually include such things as access to parks or availability of healthy food items. Most analyses describe what is currently happening and make no predictions regarding future risks for obesity, nor do they indicate exactly what action must be taken to solve the problem.

QUESTIONS ADDRESSED

1. How has the percentage of adults engaging in no leisure-time physical activity changed over time?

2. What is the relationship between income levels and obesity rates across different regions?

3. How does education level impact physical activity participation among adults?

4. What is the prevalence of obesity among different race/ethnic groups?

5. Which U.S. states or territories have the highest and lowest obesity rates?

6. Are there gender differences in physical activity levels?

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7. What is the trend in physical activity across different age groups over the years?

8. What percentage of adults meet recommended physical activity levels, and how has this changed over time?

9. Which demographic group (by race, income, or education) has the highest rate of physical inactivity?

10. Which age group is the least physically active, and how does this change over time?

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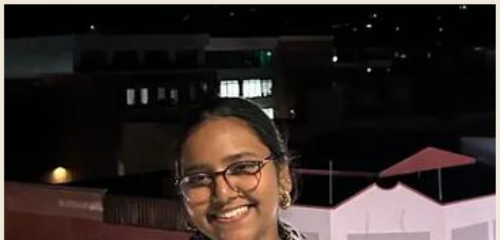

Data Science Graduate Student

Nikitha Konanki Rajeswara Rao

I'm a data science student with a passion for working with data. I have experience analyzing data and using it to solve problems. I'm always curious to learn new things and enjoy facing new challenges with a positive attitude.

Data Science Graduate Student

Harshitha Attanti

A data science graduate student with a passion for digging into data for useful insights. I love exploring patterns to solve real-world problems. In my free time, I enjoy painting and playing badminton which help me in being creative and staying active.

Data Science Graduate Student

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As a data science graduate student, I uncover the stories hidden within data to drive impactful decisions. Passionate about data mining, I also enjoy the challenges of Sudoku and math puzzles in my free time.

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