SCC-PG: Building capacity for data-driven physical activity interventions in communities with depression and obesity hotspots

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Problem

- · Depression and obesity are widespread
- Physical activity reduces BMI & depression symptoms, but only 23% of US adults meet federal guidelines
- Community-tailored exercise interventions have the potential to promote physical activity

Research questions

- 1. Which geographic communities experience a high prevalence of obesity and depression ("hotspots")?
- 2. What are the needs, barriers, and opportunities for tailored physical activity interventions among hotspot communities?

Planned activities

Aim 1. Geospatial analysis of health data to identify "hotspots" enriched for obesity & depression

Aim 2. Engage hotspot communities to inform the design of tailored physical activity interventions





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No data

Possible target community

Expected Outcome

Identify feasible interventions for hotspot communities and human factors to consider **What we have learned**

- Preliminary geospatial analysis shows more hotspots in rural than urban areas
- Some potential hotspots (e.g., Native American Tribal Nations) could take years to engage
- Partnering with community clinics gives us champions to facilitate engagement

Intellectual Merit

- Use of multiple health data sources to identify true community hotspots
- Community-tailored interventions to overcome barriers & leverage opportunities in one's routine activities and their surroundings

Broader Impacts

- Short term, we directly engage hotspot communities with interventions for reducing obesity and depression
- Longer term, communities similar to those hotspots could benefit from the interventions to promote physical activity