

Rim-to-Rim Wearables At The Canyon for Health (R2R WATCH)

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Sandia National Laboratories



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Purpose of this Study

1) Markers for Health:

identify physiological, cognitive markers most related to health and task performance

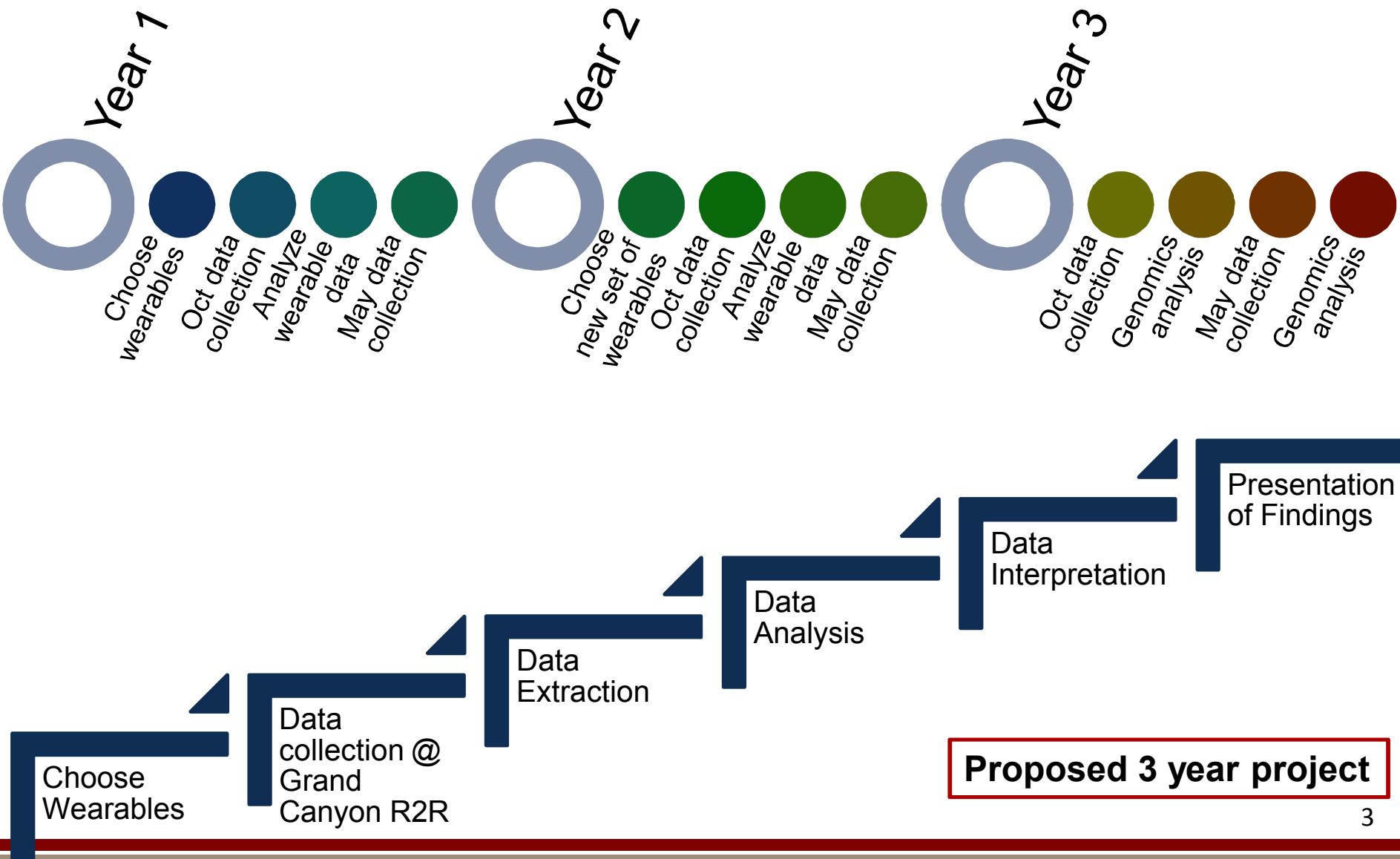
2) Data Processing:

determine key methodologies for data processing from GOTS/COTS devices

3) BSVE Integration:

integrate data into the Biosurveillance Ecosystem (BSVE)

Experimental Design



Grand Canyon Rim-2-Rim Hike

- Altitude and Temperature Change
- Extreme Environment
- Physical Strain
- 14.3 miles, 6,000 feet to the bottom
- 9.6 miles, 4,500 feet back to the South Rim

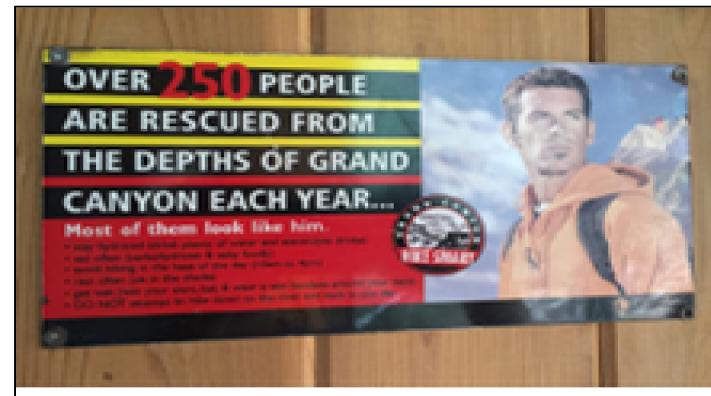
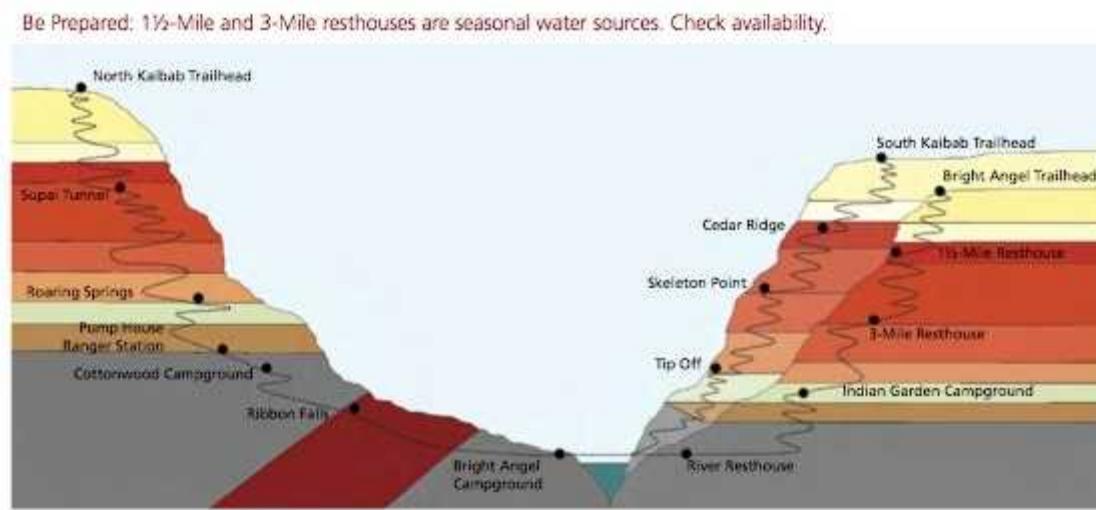
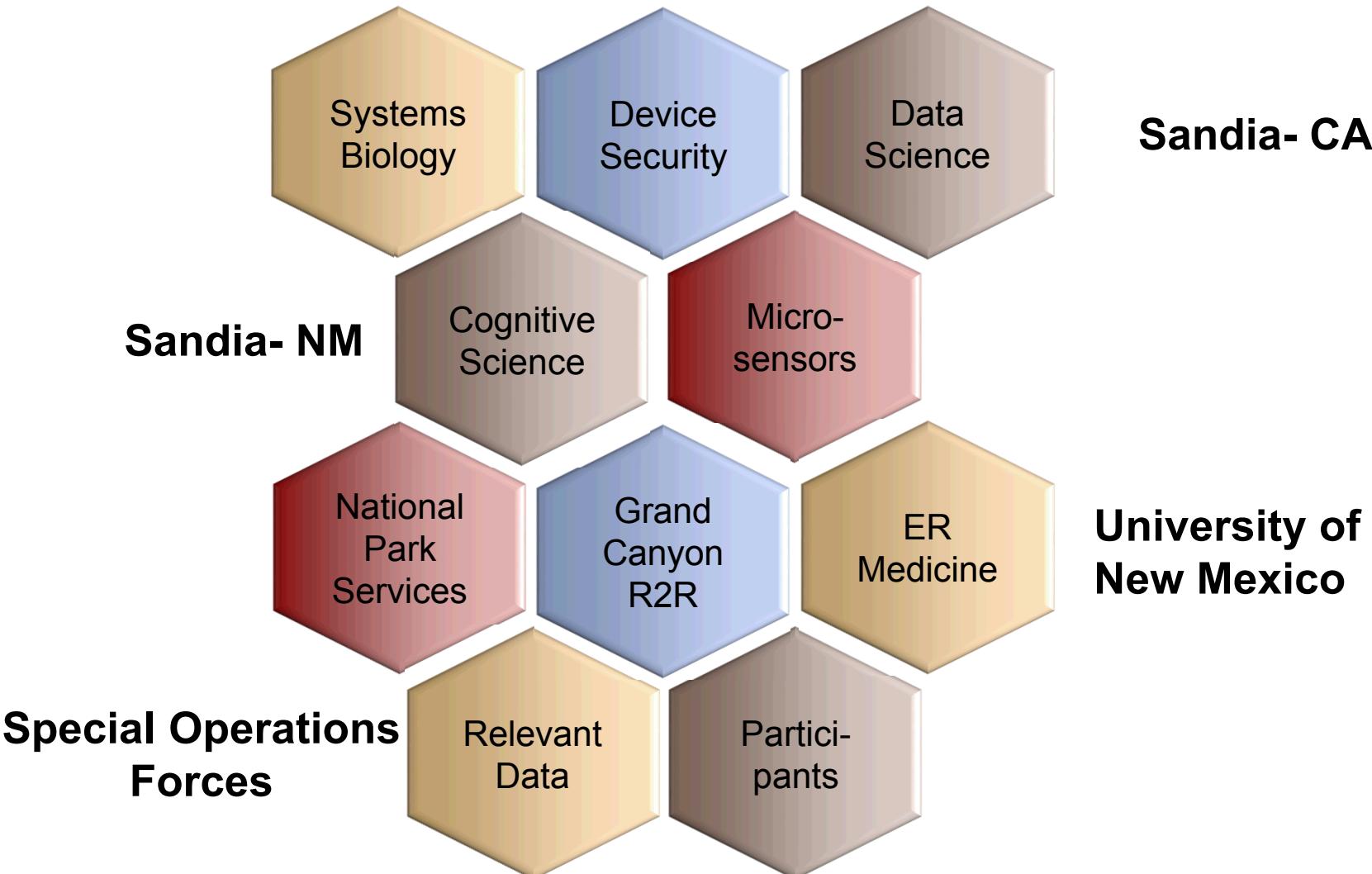


Figure 1. Signage at Bright Angel Trailhead, October 2015.



Source: <https://www.nps.gov/grca/index.htm>

Interdisciplinary Approach



R2R WATCH Team

Rob Abbott, PhD (Org 1463), Computer Scientist



Clifford Anderson-Bergman, PhD (Org 1463)



Glory Emmanuel Aviña, PhD MBA (Org 8962), Principal Investigator

Kristin Divis, PhD (Org 1463), Cognitive Psychologist



Cathy Branda, PhD (Org 8920), Sr Manager, SNL Program Manager



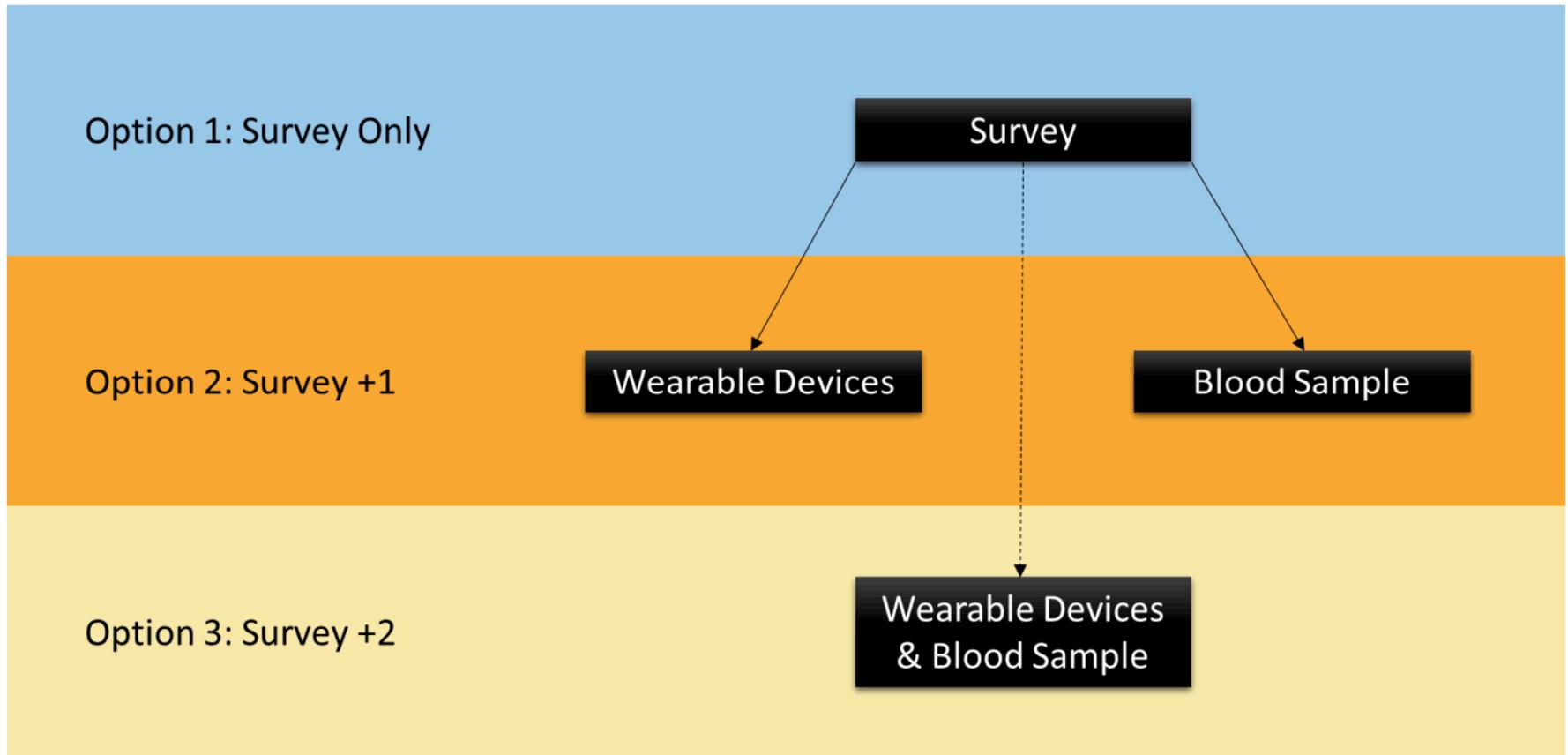
Patricia Benguerel (Org 86), Project Controller



Victoria Newton (Org 1, Project Support)



Three tiers for R2R WATCH

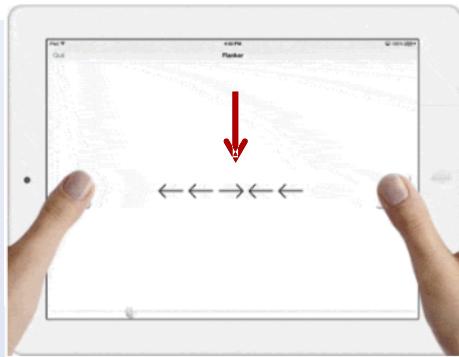


Collecting Physiological and Cognitive Data

Package	Cognitive Tests		GPS	Elevation	Heart rate (ECG)	Heart rate (Wrist)	Heart rate (Forehead)	Cadence (Wrist)	Cadence (Torso)	Temperature (Ambient)	Temperature (Direct Sun)	Temperature (Skin)	Humidity	Total	Qty
Advanced 1	iPod Touch 6	Fenix 3 HR	Fenix 3 HR	Wahoo TickrX	Fenix 3 HR	LifeBeam SmartHat	Fenix 3 HR	Wahoo TickrX	SensorPush	SensorPush	Tempe	SensorPush	\$1,115	10	
Advanced 2	iPod Touch 6	Spartan Ultra	Spartan Ultra	Smart Sensor	(None)	LifeBeam SmartHat	Spartan Ultra	(None)	SensorPush	SensorPush	(None)	SensorPush	\$1,165	10	
Basic 1	iPod Touch 6	Vivoactive HR	Vivoactive HR	(None)	Vivoactive HR	(None)	Vivoactive HR	(None)	SensorPush	(None)	(None)	SensorPush	\$515	35	
Basic 2	iPod Touch 6	eTrex 10 + 2AA	(None - 'floors')	(None)	Fitbit Charge HR	(None)	Fitbit Charge HR	(None)	SensorPush	(None)	(None)	SensorPush	\$485	15	

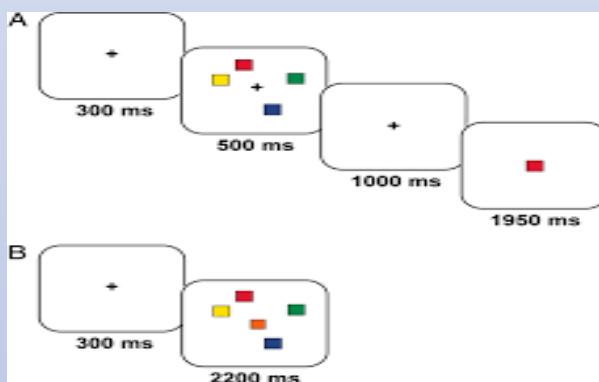
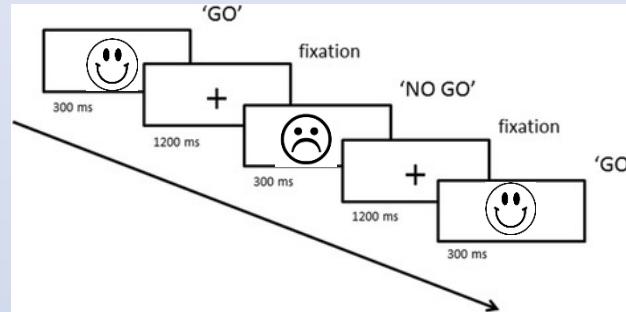


Collecting Physiological and Cognitive Data



Flanker

Go/No-go



VSTM

Brain Baseline

ACEBDF	Attentional Blink
938245	Digit Span
9 8 2 @ #	Digit Symbol Substitution
- → -	Flanker
afbbjm	N- Back
:(Go/No-Go
□ +	Posner Cueing
○	Speed
● ● ●	Spatial Working Memory
GREEN	Stroop
7 HIGH	Task Switching
● ● ●	Trails A & B
□ □ □	Visual Search
□ □ □ +	Visual Short-Term Memory

Participants

- **Voluntary hikers already doing Rim-to-Rim hike**
- **Special Operation Forces warfighters**

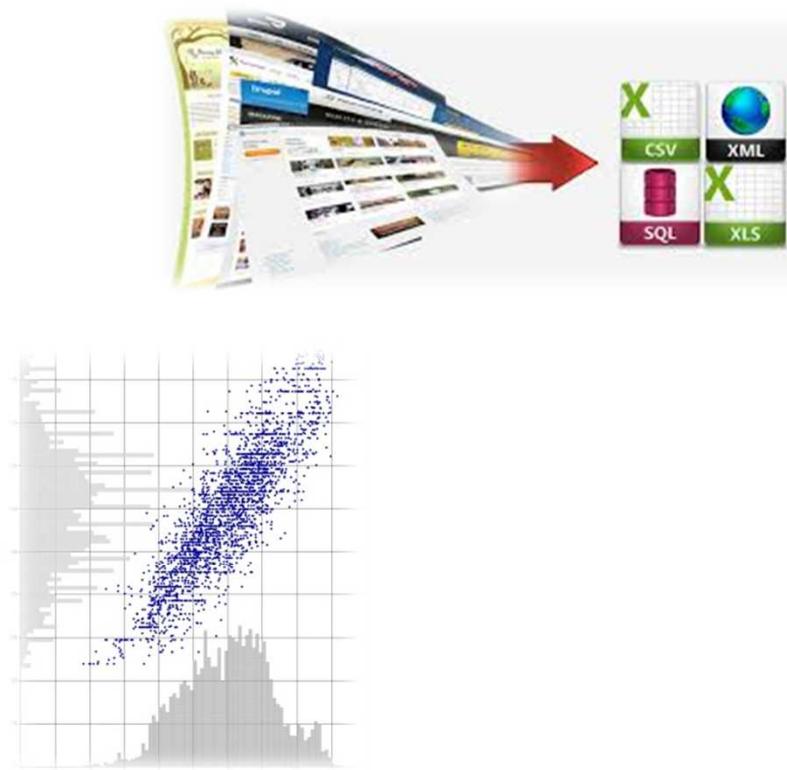


Figure 3a. Experienced hikers check-in to Rim-to-Rim study between 2 – 4am.

Figure 3b. Due to the length of the Rim-to-Rim hike, hikers hike down and up the canyon in the dark with headlamps.

Data

- **Data Extraction**
- **Device Security**
- **Data Analysis**
- **Data Interpretation**
- **Presentation of Findings**
 - Recommendations on Wearables
 - Statistical Findings



OCTOBER 2016 DATA COLLECTION



75 wearable devices packages
300+ wearable devices



Sandia National Laboratories Team

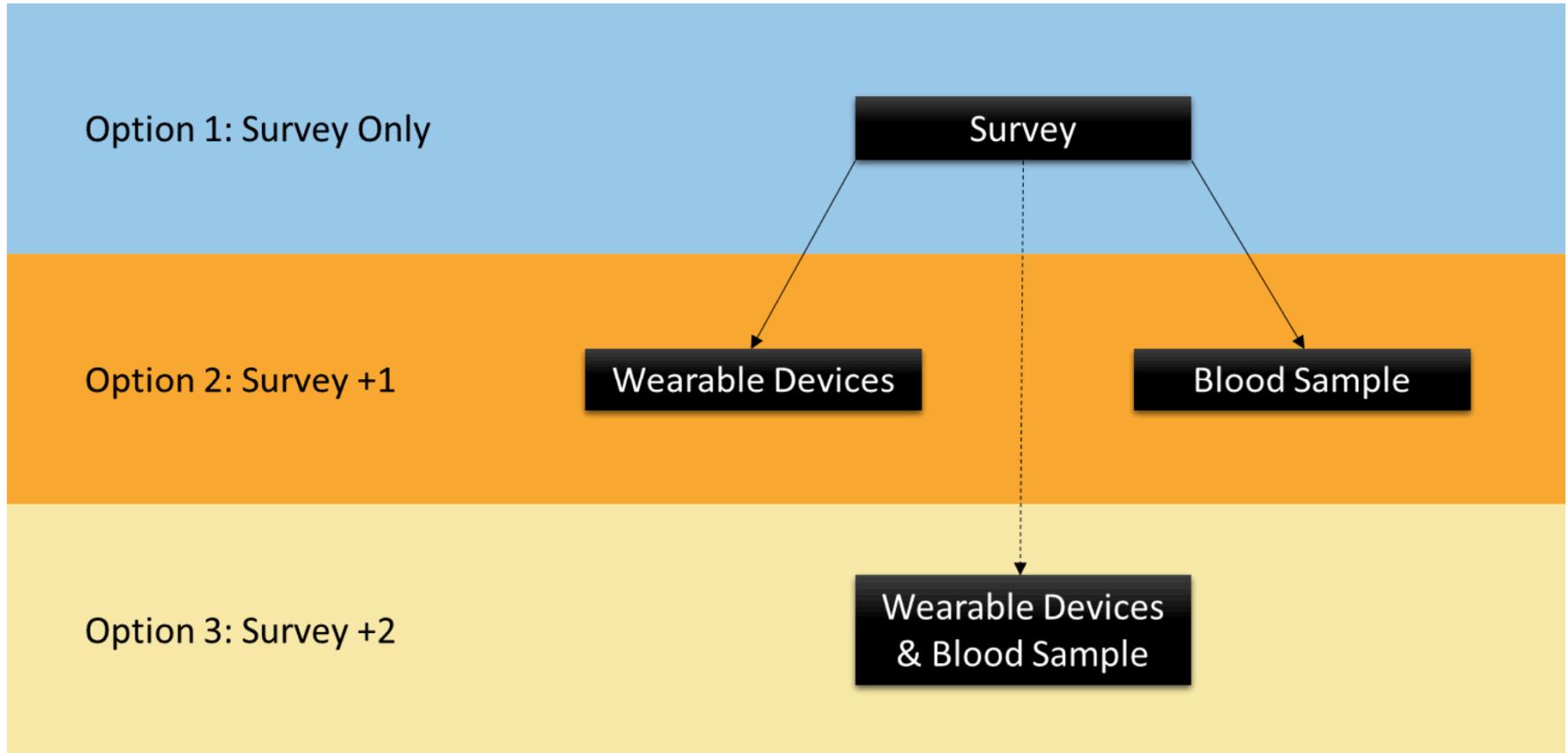


The University
of New Mexico
Health Sciences
Center

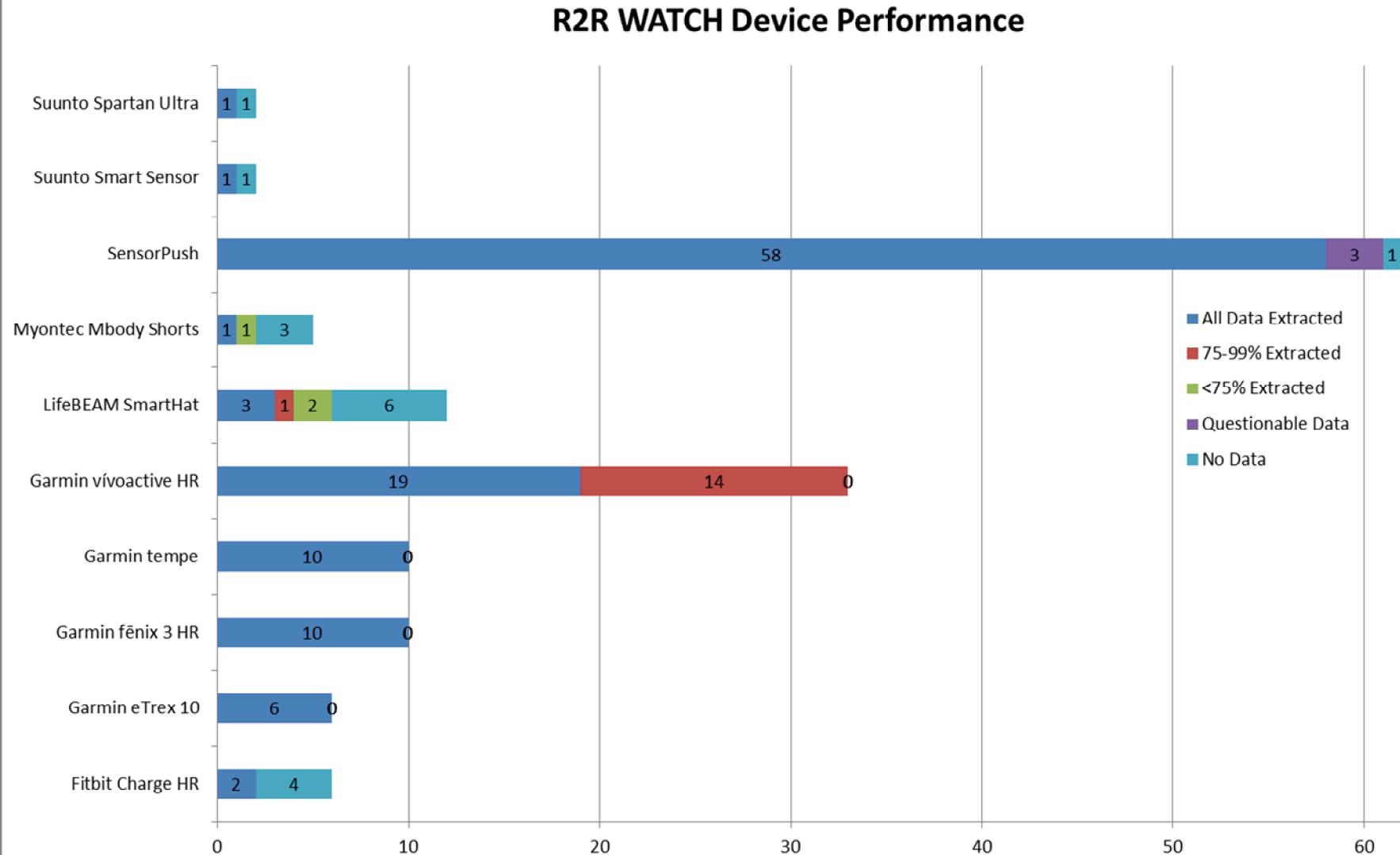




Three tiers for R2R WATCH

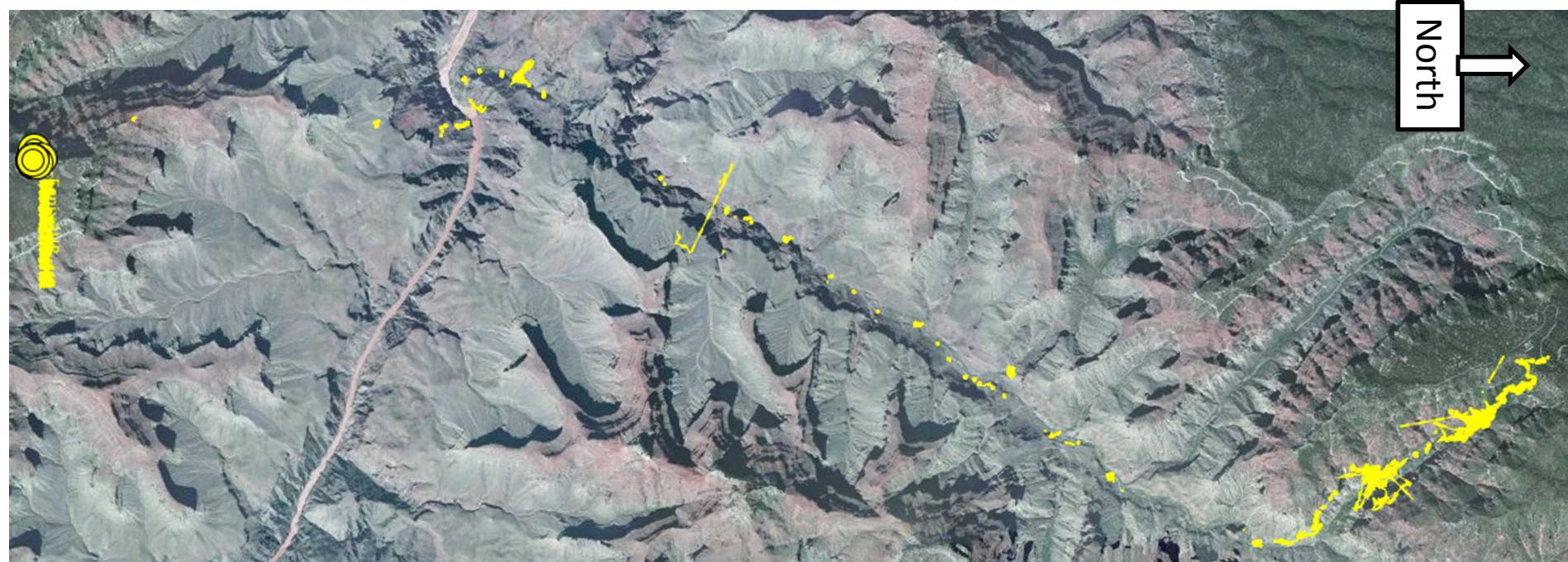


Overall Device Performance



Hypothesis: heart rate responds more quickly to changes in workload as fatigue sets in

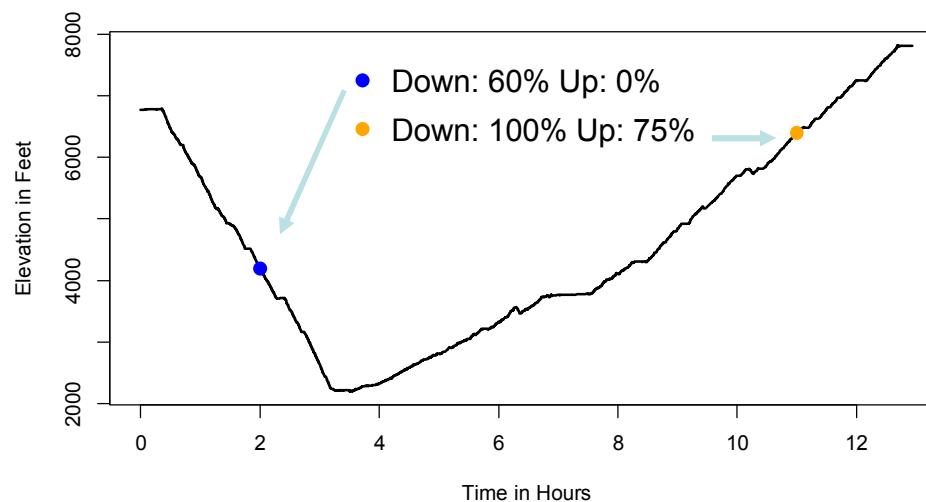
Detecting changes in workload - Breaks



- This is everywhere that somebody's pedometer (wrist-based accelerometer) read 0 for at least 80% of samples in any 5-minute period
- GPS was not used to detect breaks, only indicate where they were at the time
- This appears to be a reasonably promising, if crude, way to detect changes in workload
- But maybe it would be easier to just get a sample of more controlled data to start with

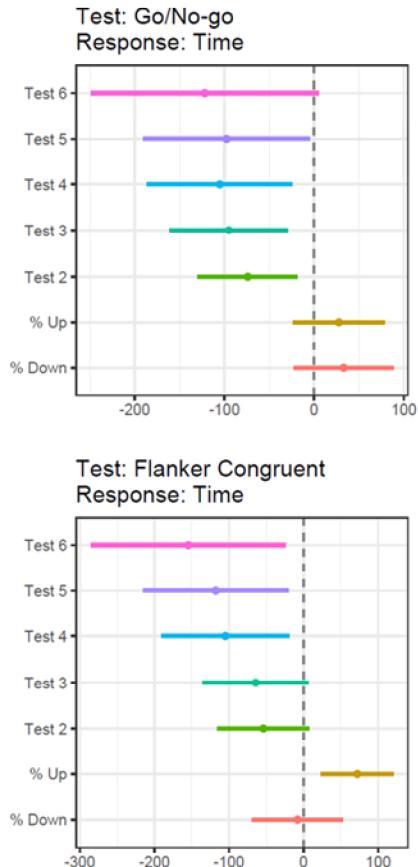
Cognitive-HR Connection to examine fatigue

- Goal of Model 1: validate that BrainBaseline captures fatigue effect
- Take advantage of structure of experiment for robust measures
 - Know subjects start experiencing light fatigue hiking down the Canyon, heavy fatigue hiking back up the Canyon
 - Capture this in two variables: Percent descended, percent ascended
- Important to validate, but results do not extend to a non-controlled environment



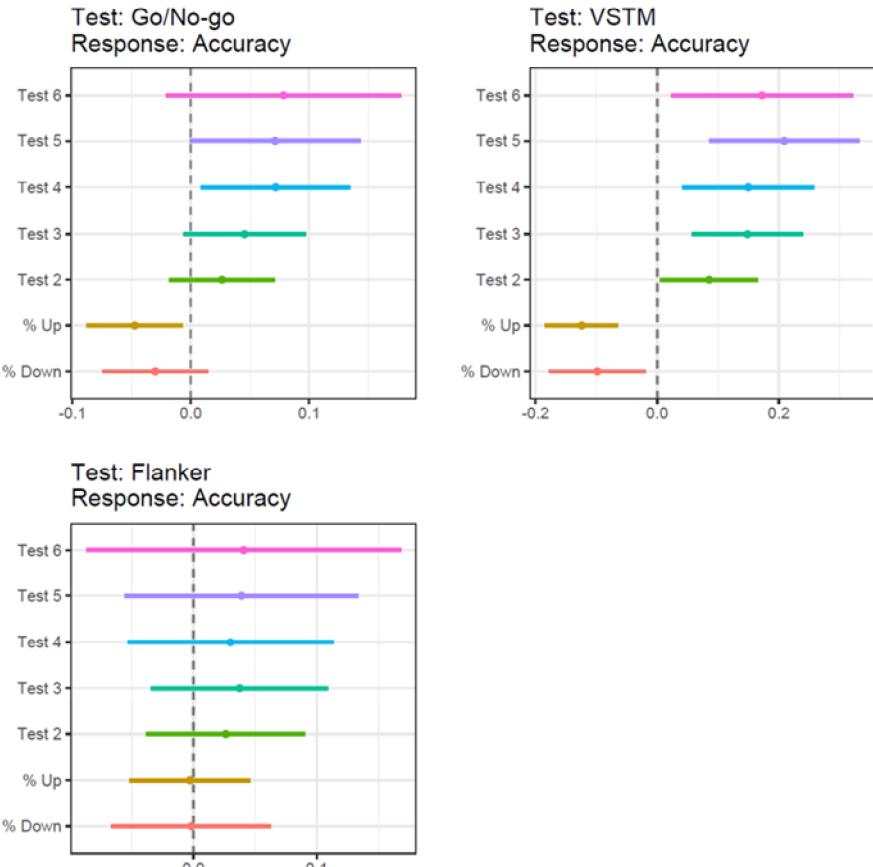
Brainbaseline-Fatigue Connection

Figure 2.



Response time effects for the cognitive battery as a function of proportion up and down the canyon, including learning effects.

Figure 3.



Accuracy effects for the cognitive battery as a function of proportion up and down the canyon, including learning effects.

Table 2.

Estimated Effects on Response Time			
	Estimate	95% CI	P value
Flanker-congruent: Proportion up	72.1	(23.7, 120.6)	0.004
Flanker-congruent: Proportion down	-8.0	(-69.1, 53.1)	0.797
Flanker-incongruent: Proportion up	49.8	(-8.2, 107.9)	0.093
Flanker-incongruent: Proportion down	6.5	(-67.7, 80.8)	0.863
Go/no-go: Proportion up	27.7	(-23.6, 78.9)	0.290
Go/no-go: Proportion down	32.9	(-22.7, 88.5)	0.247
VSTM: Proportion up	206.8	(10.8, 402.9)	0.039
VSTM: Proportion down	225.2	(-33, 483.4)	0.087

Response time effects for the cognitive battery as a function of proportion up and down the canyon.

Table 3.

Estimated Effects on Accuracy			
	Estimate	95% CI	P value
Flanker: Proportion up	-0.003	(-0.052, 0.046)	0.9102
Flanker: Proportion down	-0.002	(-0.067, 0.063)	0.9562
Go/no-go: Proportion up	-0.047	(-0.088, -0.007)	0.0229
Go/no-go: Proportion down	-0.030	(-0.074, 0.015)	0.1878
VSTM: Proportion up	-0.124	(-0.184, -0.064)	0.0001
VSTM: Proportion down	-0.098	(-0.178, -0.019)	0.0155

Accuracy effects for the cognitive battery as a function of proportion up and down the canyon.

Hypotheses

- Fatigue would have a positive effect on response time (increase)
- Fatigue would have a negative effect on accuracy (decrease)
- In 13/14 estimated effects, this trend was observed (p-value from sign test: 0.0009).
- **Brain Baseline scores decline as fatigue increases**

Differences between SOF & Civilians

	SOF	Civilians
Count	12 hikers	38 hikers
Gender	50% male	50% male
Age	35.9 years ($stdev = 6.3$)	46.3 years ($stdev = 11.9$)
Elevation (residence)^t	283.8 ft ($stdev = 209.0$)	1542.8 ft ($stdev = 2226.4$)
Weight*	169.4 lb ($stdev = 29.4$)	163.3 lb ($stdev = 23.6$)
SpO2*	95.0% ($stdev = 3.4$)	95.5% ($stdev = 3.1$)
Heart rate (standing)*	84.6 bpm ($stdev = 9.0$)	79.4 bpm ($stdev = 13.5$)
Heart rate (sitting)*	81.9 bpm ($stdev = 8.9$)	77.4 bpm ($stdev = 13.4$)
Sleep	5.9 hrs ($stdev = 1.1$)	5.9 hrs ($stdev = 1.4$)
Longest distance	33.4 mi ($stdev = 23.2$)	40.3 mi ($stdev = 26.7$)
Prev. completed R2R	8% yes	39% yes

^tElevation along the R2R trail ranges from 2400 to 8200 ft

*Prior to beginning hike

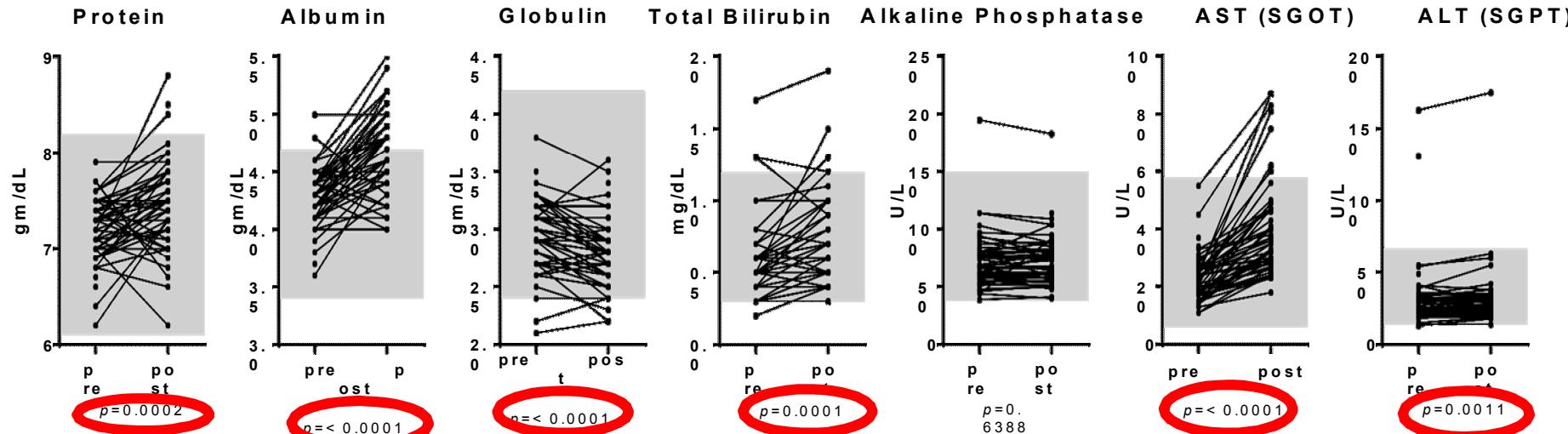
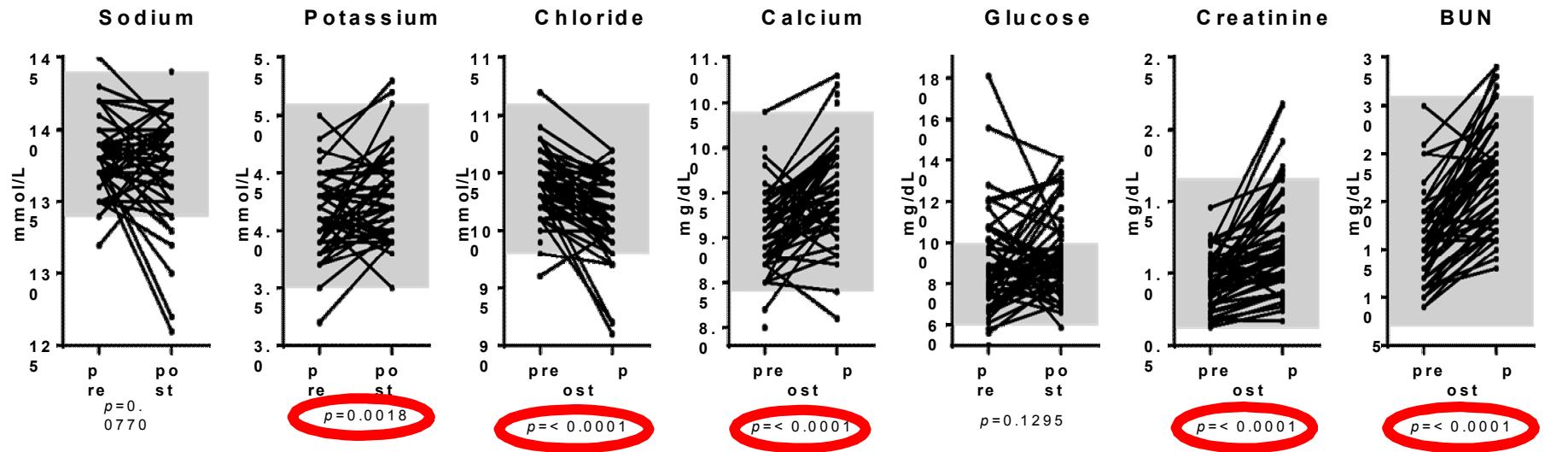
SOF vs Civilian: Cognitive Differences

First Test		SOF	Civilian
Go/No-go: Time	Time	527 ms (sd = 66)	554 ms (sd = 87)
	Accuracy	0.964 (sd = 0.061)	0.957 (sd = 0.070)
Flanker: Time	Time	594 ms (sd = 109)	592 ms (sd = 98)
	Accuracy	0.935 (sd = 0.140)	0.943 (sd = 0.107)
VSTM: Time	Time	1012 ms (sd = 206)	1139 ms (sd = 309)
	Accuracy	0.779 (sd = 0.082)	0.732 (sd = 0.093)
Last Test		SOF	Civilian
Go/No-go: Time	Time	488 ms (sd = 92)	530 ms (sd = 71)
	Accuracy	0.940 (sd = 0.060)	0.949 (0.070)
Flanker: Time	Time	496 ms (sd = 64)	559 ms (sd = 71)
	Accuracy	0.975 (sd = 0.026)	0.956 (sd = 0.098)
VSTM: Time	Time	978 ms (sd = 411)	1088 (sd = 343)
	Accuracy	0.779 (sd = 0.082)	0.702 (sd = 0.106)

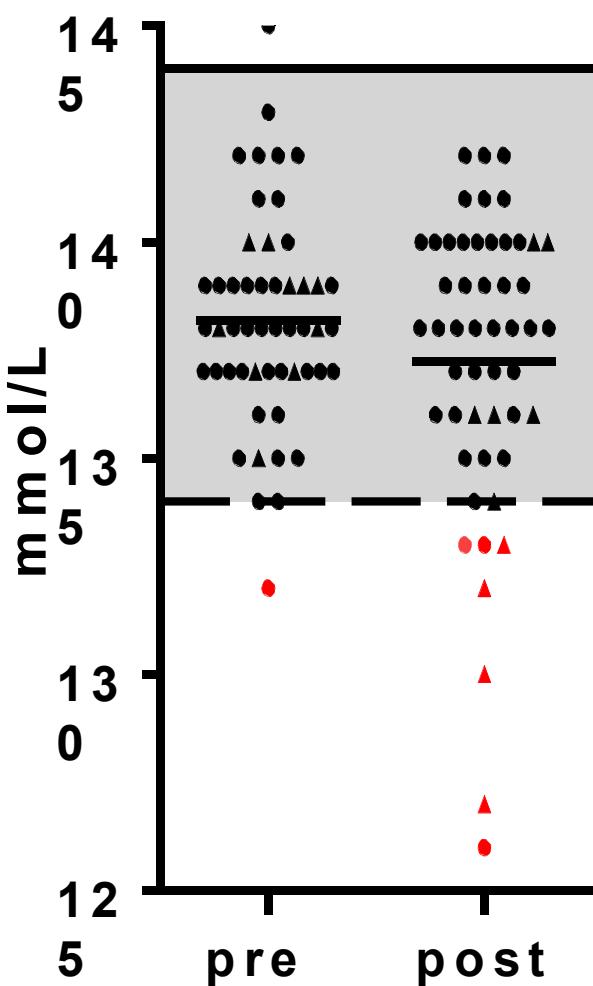
SOF performed better in 10 / 12 measures

SOF's advantage increased in later trials, especially with response time: Could be less fatigue or better learning

“Complete Metabolic Panel” – Standard Clinical Laboratory tests used commonly in most patients who receive blood tests. $n = 51$ matched samples, 60 total subjects p values from paired T-test between pre and post crossing samples. **Red circles** highlight significant differences.



Sodium



$$p = 0.0770$$

Slightly elevated levels are less clinically significant

Sudden drops in sodium to these levels (over hours) can lead to seizures and death

Sodium levels did not change significantly as a population. This is in part because half of the subjects sodium concentrations increased, while the other half decreased. This has important implications as decreases in sodium can lead to catastrophic outcomes including seizure, coma, and death. In less severe cases it can lead to nausea and declines in performance.

Previous literature implicates human behavioral factors like amounts of food and water ingestion as significant predictors. Molecular mechanisms through Arginine Vasopressin have also been implicated.



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THANK YOU

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