

An ESRC Data Investment





Asthma is a major public health concern and there are known associations between

difficult at the individual level yet increasing data availability enables modelling at lowlevel geographical units. Modern data science practices, focusing on reproducible and reusable data products, provided the foundation for this study, which predicts asthma

prescription quantities for Lower Layer Super Output Areas (LSOAs) with a focus on

Merge MedSat and Spatial Signature datasets to a common geographic granularity.

Develop interactive visualisations for Spatial Exploratory Data Analysis (EDA).

Apply models to forecast Asthma prescription outcomes.

Employ ML explainability approaches to identify significant factors.

urban configuration, land use, and pollution. Understanding these associations is



Engineering and **Physical Sciences Research Council**

Analysing Prescription Outcomes Through **Spatial Signatures**

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Datasets:

MedSat

Spatial Signatures of Great Britain²

Methodology 3

Study Area: 33,755 LSOAs across England.

Extract, Transform, Load: MedSat and Spatial Signatures (SS) data.

SS Interpolation: LSOA 'Dominant Typology' by highest areal overlap.

Exploratory Data Analysis: Review distributions and relationships with

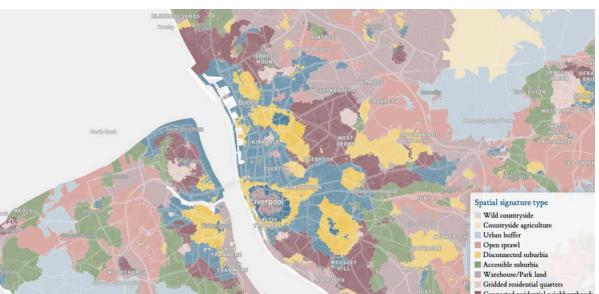
asthma prescriptions, informing feature selection for modelling.

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	ethnicity	8	N = 4	pct mixed	la contra c	_		B04	10	red		665
	religion	+	N = 7	pct Christian	all.	lenta		B05	20	veg. red edge	9	705
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	employment and profession	•	N = 13	pct professional		۳ ۱		B08	10	NIR		842
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	residence and housing		10	perbonion				B12	20	SWIR		2190
	self-reported health	\$	N = 4	pct bad health			_	·				
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MedSat Dataset Summary

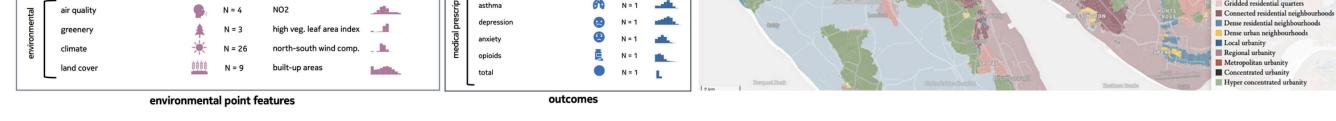
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Spatial Signatures Typologies around Liverpool²



Cross-Validation (CV): Spatial block folds with custom class

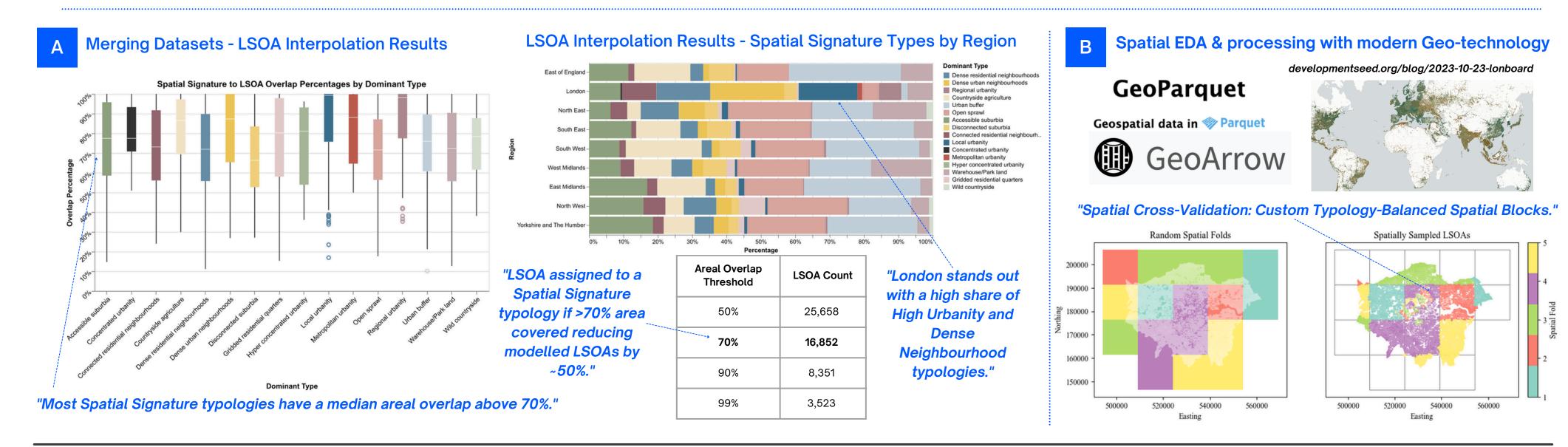
balancing CV assessed against random CV.



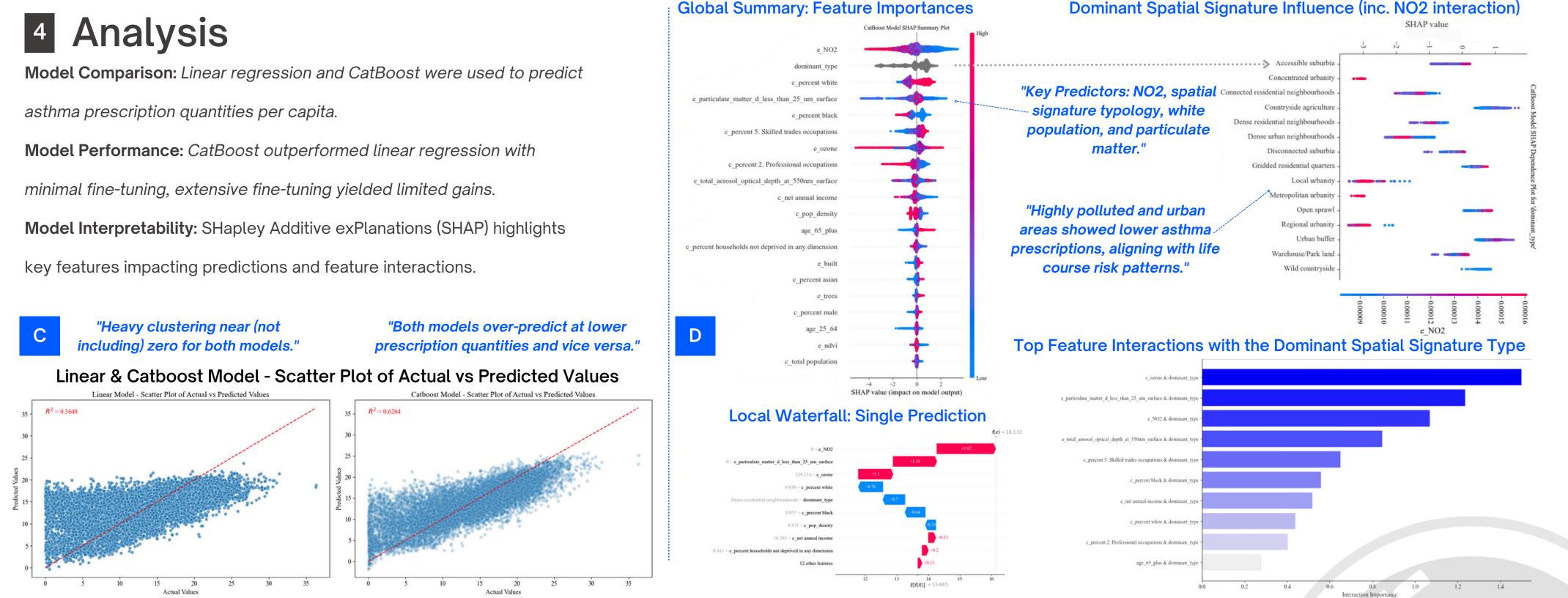
Introduction

model interpretability.

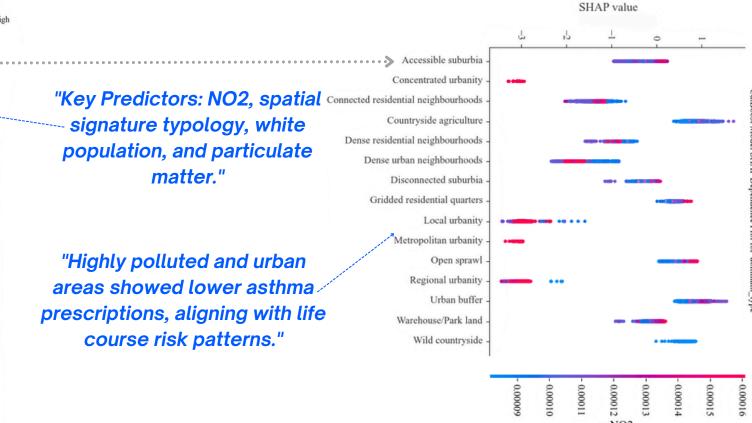
Objectives



minimal fine-tuning, extensive fine-tuning yielded limited gains.



Dominant Spatial Signature Influence (inc. NO2 interaction)



Discussion & Future Work 5

Urban areas with younger populations had lower asthma prescriptions despite higher pollution compared to rural, older areas. Considering population movement could help account for confounding variables and enhance understanding of which elements of urban form and function impact asthma and public health more generally.

- Modelling: CatBoost outperformed linear models and avoided extensive feature engineering, though the linear model served as a useful benchmark and EDA tool.
- Interactive Tools: Lonboard/GeoArrow enable fast spatial EDA. Work is ongoing to build a drop-in framework for any tabular data.
- Spatial Signatures: Classifications may benefit from hierarchy or ordering. Future work should test sensitivity to data changes and census geometry impacts.
- Spatial Interpolation: Future work should enumerate and evaluate various methods of spatial interpolation across a range of datasets to measure signal loss.
- Spatial Cross Validation: Future work should assess the utility of spatial versus traditional cross-validation techniques.

Related literature

Scepanovic et al. (2023). MedSat: A Public Health Dataset for England. NeurIPS 36, 77810–77851. https://doi.org/10.14459/2023mp1714817

² Arribas-Bel & Fleischmann (2022). Spatial Signatures: Understanding Urban Spaces. Habitat International, 128, 102641. https://doi.org/10.1016/J.HABITATINT.2022.102641