

Real-Time Physiological Monitoring for Exercise Intensity Assessment Using Wearable Sensors

Chetan D. Patel

Department of Electrical Engineering and Computer Science, University of Missouri,
Columbia, MO, USA.

chetanpatel05@missouri.edu

Abstract

Wearable sensing systems are increasingly used to assess exercise intensity in real time, creating important opportunities for preventive health, sports performance, and clinical monitoring. However, designing such systems requires more than selecting accurate sensors or powerful classification algorithms. It demands a system-level understanding of how physiological signals are acquired, conditioned, transmitted, processed, interpreted, and governed within complex real-world environments. This paper examines the structural trade-offs involved in real-time physiological monitoring for exercise intensity assessment using wearable sensors. It discusses the foundational physiological markers that inform intensity estimation, including heart rate, movement, and respiratory indicators, and explains why multimodal sensing is necessary for robust performance. The analysis then considers architectural choices such as edge processing, data fusion, communication topologies, and feedback design. It provides a detailed examination of motion artifact management, energy constraints, personalization, and uncertainty. The paper also addresses governance challenges involving privacy, algorithmic fairness, regulatory oversight, and long-term environmental sustainability. Rather than presenting a single implementation, the paper develops a conceptual framework that connects sensor-level signal processing to broader socio-technical and infrastructure concerns. It argues that reliable real-time intensity assessment depends on careful integration of sensing hardware, computational resources, validation protocols, and institutional policies. The resulting analysis is intended for engineers, clinical researchers, and policy stakeholders who must evaluate wearable monitoring platforms not only for technical accuracy but also for robustness, equity, and sustainable deployment.

Keywords

wearable sensors, exercise intensity, real-time monitoring, physiological signal processing, system architecture, edge computing, data governance, algorithmic fairness.

1. Introduction

The development of wearable physiological monitoring has transformed how exercise intensity can be observed and managed outside laboratory settings. Consumer devices, medical wearables, and research-grade body sensor networks now collect continuous streams of heart rate, movement, and other physiological signals during everyday activity. This expansion has created new possibilities for personalized training, remote patient monitoring, and large-scale health research. At the same time, it has introduced difficult system design problems that cannot be addressed by focusing on a single sensor or a single algorithm. Wearable health technologies have shown clear potential to support behavior change and health awareness, but their accuracy, usability, and clinical utility remain uneven across contexts and populations [1]. Optical sensing methods such as photoplethysmography have

become especially important because they allow noninvasive heart rate measurement at the wrist or other peripheral sites, yet their performance is highly sensitive to motion, skin properties, and sensor placement [2].

Real-time exercise intensity assessment presents a distinct challenge because exercise simultaneously perturbs multiple physiological systems. Heart rate increases, respiratory rate changes, blood flow is redistributed, and body movement introduces substantial artifacts into sensor signals. A wearable system must extract meaningful intensity information from these dynamic and noisy streams while maintaining low latency so that feedback remains useful to the user. This requires careful coordination of sensing, local computation, data fusion, and decision logic. In addition, the relationship between physiological signals and actual exercise intensity varies across individuals because of differences in fitness, age, cardiovascular function, and autonomic regulation. A single heart rate value may indicate moderate intensity for one person and high intensity for another. Therefore, intensity assessment must incorporate personalization and contextual awareness, which increases system complexity and raises questions about calibration, validation, and fairness across diverse user populations.

This paper provides a system-level analysis of real-time physiological monitoring for exercise intensity assessment using wearable sensors. It emphasizes structural trade-offs rather than isolated algorithmic details, and it considers the full lifecycle from data acquisition to deployment, governance, and sustainability. The discussion draws on research in wearable opto-physiology, human activity recognition, wireless body area networks, edge computing, and health data policy. Rather than proposing a specific device implementation, the paper develops an interdisciplinary framework for understanding how technical and institutional components interact. The remainder of the paper is organized around measurement foundations, system architecture, sensing and data acquisition, real-time processing, robustness, governance, deployment, and cross-domain lessons. Throughout, the paper argues that reliable intensity assessment is not only a signal-processing problem but also an infrastructural problem requiring attention to equity, accountability, and long-term sustainability.

2. Exercise Intensity and Wearable Measurement Foundations

Exercise intensity has traditionally been defined through markers such as heart rate, oxygen consumption, blood lactate concentration, and perceived exertion. Among these, heart rate is the most accessible continuous indicator for wearable systems because it reflects cardiovascular demand and can be measured noninvasively. Accelerometer-based monitoring has also become widely used to estimate movement intensity and energy expenditure in free-living conditions [3]. However, movement-based estimates alone do not capture the full internal physiological load. Activities such as cycling, resistance training, or uphill walking can produce high cardiovascular strain despite relatively low accelerometer counts. Conversely, high-frequency wrist movement may not always correspond to high physiological intensity. This mismatch motivates the integration of movement and physiological signals to produce a more complete picture of exercise load.

Heart rate variability provides additional information about autonomic nervous system responses during exercise and recovery. Metrics derived from interbeat intervals can reveal parasympathetic withdrawal, sympathetic activation, and post-exercise recovery dynamics [4]. These features are valuable because they reflect the body's regulatory state rather than only the mechanical output of movement. However, heart rate variability becomes increasingly difficult to measure during vigorous activity due to shortened interbeat intervals, motion

artifact, and the need for longer time windows to compute reliable variability metrics. Real-time intensity assessment often requires short windows for responsiveness, which conflicts with the longer windows needed for stable heart rate variability estimation. This trade-off is a recurring structural issue in wearable system design. Designers must decide whether to prioritize rapid feedback, deeper physiological analysis, or some adaptive combination of both.

Respiratory rate and galvanic skin response provide complementary information about exercise strain, thermoregulatory load, and sympathetic activation. These signals can improve intensity estimates when heart rate signals are unreliable, but they also introduce additional noise sources, sensor placement constraints, and data synchronization requirements. The central system-level question is not whether more signals are always better, but which combination of signals provides meaningful improvement without compromising wearability, computational cost, or real-time performance. This involves a negotiation between physiological relevance, sensor reliability, energy consumption, and user acceptability. The resulting choices shape the architecture of the entire monitoring system, from data acquisition to feedback presentation.

3. System Architecture and Functional Decomposition

A real-time wearable monitoring system can be understood as a distributed computing architecture that spans body-worn sensors, local processing units, and possibly cloud-based services. Edge computing has become an important design principle because it moves computation closer to the data source, reducing latency and dependence on continuous network connectivity [5]. In exercise monitoring, edge processing allows immediate feature extraction and feedback generation without transmitting every raw sample to a remote server. This is particularly important during high-intensity activity, where users may need rapid guidance and where connectivity may be unstable. However, edge processing also constrains the complexity of algorithms that can be executed on low-power wearable hardware. Designers must balance the benefits of local decision-making against the limited computational, memory, and battery resources available on wearable devices.

Multisensor fusion is essential for robust intensity assessment because no single sensing modality can capture the full range of physiological and biomechanical responses to exercise. Fusion approaches combine data from optical heart rate sensors, accelerometers, gyroscopes, and sometimes electrocardiographic or respiratory sensors to reduce uncertainty and improve classification accuracy [6]. The fusion process itself can occur at different levels, including raw signal fusion, feature-level fusion, or decision-level fusion. Each strategy has different implications for data volume, communication overhead, latency, and interpretability. Feature-level fusion is often preferred in wearable systems because it reduces the amount of data that must be transmitted while preserving enough information for intensity classification. Decision-level fusion, in contrast, may be used when individual sensors operate independently and produce their own intensity estimates that are later combined.

Wearable accelerometers have been studied extensively for human activity recognition, and their performance depends on sensor placement, sampling rate, feature extraction, and classification strategy [7]. The lessons from activity recognition research extend to exercise intensity assessment, although the target variable shifts from activity type to physiological load. Activity recognition systems have demonstrated that robust classification requires careful attention to sensor orientation, body position, and inter-individual variability [8]. Similar concerns apply to intensity monitoring systems, which must operate across different

exercise modalities and user populations. A well-designed architecture should therefore include mechanisms for sensor calibration, orientation normalization, and user-specific adaptation. These mechanisms are not merely preprocessing steps but are integral architectural components that determine how well the system can generalize beyond the conditions under which it was developed.

4. Sensing and Data Acquisition

The physical layer of a wearable monitoring system consists of sensing nodes, local processing units, and communication interfaces. Wireless body area networks provide the communication infrastructure that connects sensors placed on different parts of the body [9]. The topology of these networks affects data synchronization, fault tolerance, and energy consumption. A star topology, in which all sensors communicate directly with a central hub, is simple and commonly used, but it can create bottlenecks and increase energy use at the hub. A mesh topology allows sensors to relay data through one another, which can improve coverage and resilience but introduces routing complexity and variable latency. For real-time intensity assessment, synchronization across sensing nodes is critical because physiological and movement signals must be aligned in time to support meaningful fusion and classification. Even small timing mismatches can distort the relationship between heart rate and movement, leading to erroneous intensity estimates.

Motion artifact is one of the most persistent challenges in wearable opto-physiological sensing. Photoplethysmographic signals are easily corrupted by the relative motion between the sensor and the skin, changes in tissue perfusion, and ambient light interference. Signal conditioning must therefore include motion detection, artifact reduction, and quality assessment before intensity features are computed. A general framework for heart rate monitoring during intensive physical exercise has demonstrated the value of jointly processing accelerometer and optical signals to suppress motion artifacts and recover underlying heart rate information [10]. Such approaches illustrate a broader architectural principle: robustness is best achieved not by relying on a single sensor with perfect signal quality but by designing the system to exploit correlations between sensors. The accelerometer serves both as a movement sensor and as a reference signal for motion artifact removal.

Respiratory monitoring adds another dimension to intensity assessment, particularly because respiratory rate and breathing patterns change systematically with exercise load. Wearable respiratory sensors can use chest wall movement, impedance changes, or indirect estimates derived from photoplethysmography and accelerometry [11]. The choice of sensing method affects wearability, comfort, and signal quality. Chest straps provide relatively direct respiratory measurements but may be less comfortable during prolonged exercise. Indirect methods are more convenient but may have lower accuracy under high-intensity conditions. The system designer must evaluate these trade-offs in relation to the intended use case, whether that is athletic training, cardiac rehabilitation, or general wellness monitoring. Data acquisition design therefore extends beyond the sensor itself to include placement, enclosure, skin coupling, and user instructions.

5. Real-Time Processing and Intensity Estimation

Once physiological and movement signals have been acquired and conditioned, the system must transform them into intensity estimates that are meaningful for the user or clinician. Established exercise prescription guidelines define intensity zones based on percentages of

maximal heart rate, heart rate reserve, or oxygen consumption reserve [12]. These zones provide a clinically grounded reference for interpreting continuous heart rate data. However, wearable systems often do not have access to accurate maximal heart rate for each user, and using population-based formulas can introduce substantial error. Real-time intensity estimation must therefore include mechanisms for user-specific calibration, either through initial fitness testing or through adaptive models that update over time. This need for personalization is a central challenge in translating laboratory-based intensity definitions into wearable systems.

Digital biomarkers have become an important concept for translating raw sensor data into clinically meaningful indicators [13]. In the context of exercise intensity, digital biomarkers may include heart rate response, recovery rate, movement economy, respiratory dynamics, or combinations of these features. The development of such biomarkers requires careful validation against reference measures and attention to reproducibility, sensitivity, and specificity. A real-time system must compute these biomarkers continuously and interpret them in relation to temporal context, user state, and exercise phase. For example, the same heart rate value may have different implications during warm-up, steady-state exercise, or recovery. A robust intensity estimation system must therefore incorporate temporal models and state awareness rather than applying static thresholds.

Recent advances in opto-physiological signal processing have shown that rapid vital sign extraction can be achieved even at varying physical activity intensity levels by combining adaptive filtering, motion reference signals, and efficient feature extraction [14]. This work illustrates how real-time constraints can be met without sacrificing the ability to track changing physiological states. The key system-level insight is that estimation algorithms must be designed for dynamic conditions, with mechanisms that adjust processing windows, update noise models, and detect signal quality deterioration. The estimation pipeline must also be computationally efficient enough to run continuously on wearable hardware while leaving sufficient battery capacity for other functions. These requirements highlight the interdependence between algorithm design, hardware capability, and user experience in real-time monitoring systems.

6. Robustness, Uncertainty, and Edge Case Management

Wearable optical heart rate sensors are known to exhibit varying accuracy across skin tones, sensor placement, exercise type, and environmental conditions. Investigations into the sources of error in wearable optical heart rate sensors have identified factors such as skin pigmentation, tissue thickness, motion intensity, and sensor pressure as important contributors to measurement uncertainty [15]. These findings have important implications for system design because they show that accuracy cannot be considered a static property of the sensor. Instead, the system must continuously monitor data quality and adapt its processing strategy when signal quality degrades. A transparent intensity assessment system should also communicate uncertainty to the user rather than presenting a single estimate as if it were always reliable. This requires architectures that support quality indicators, confidence measures, and fallback modes.

Energy constraints are a fundamental limitation in wearable systems that must operate continuously during exercise. Although more powerful processors can support more complex algorithms, they also consume more energy and generate more heat. Energy harvesting technologies have been explored as a way to extend battery life in wearable devices [16]. Such approaches can reduce the need for frequent recharging, which is especially important

for long-duration monitoring or for users in resource-constrained settings. However, energy harvesting introduces its own system design challenges, including variable power availability, integration with rechargeable batteries, and the need to manage energy budgets across sensing, processing, and communication. A real-time intensity monitoring system must therefore be designed with a clear energy management strategy that allocates resources according to task priority. For example, the system might reduce sampling rates or defer noncritical processing when energy is scarce, while preserving the ability to issue safety alerts.

Edge case management is another important aspect of robustness. Exercise intensity assessment systems must handle a wide range of conditions, including interval training with rapid intensity changes, outdoor activities with variable lighting and temperature, and users with arrhythmias or other cardiovascular conditions. Failure to account for these edge cases can lead to missed warning signs or false alarms. A system-level approach to edge case management involves defining the intended operating envelope, testing performance across diverse conditions, and implementing mechanisms for graceful degradation. Rather than assuming that all users and conditions resemble the training data, the system should be designed to recognize when it is operating outside its validated domain and to adjust its outputs accordingly. This requires a combination of engineering, clinical input, and continuous post-deployment monitoring.

7. Governance, Privacy, and Ethical Implications

Wearable physiological monitoring generates sensitive health-related data that can reveal information about an individual's cardiovascular status, fitness level, and daily behavior. The collection and use of such data raise significant privacy concerns, particularly when data are aggregated across large populations or shared with third parties. Privacy in the age of medical big data requires attention not only to technical safeguards such as encryption and access control but also to the governance structures that determine who may use the data and for what purposes [17]. In exercise monitoring, users may not fully understand how their data are being processed or with whom they are shared. A responsible system design must therefore include transparent consent mechanisms, clear data retention policies, and user control over data sharing. These governance features are not peripheral additions but essential components of a trustworthy monitoring system.

Algorithmic fairness is a growing concern in digital health because models trained on unrepresentative populations can perform unevenly across demographic groups. Bias in clinical algorithms has been shown to affect health outcomes when models rely on proxies that do not hold equally across populations [18]. For wearable intensity assessment, fairness concerns arise when heart rate sensors or intensity models are less accurate for certain skin tones, body compositions, or age groups. If such systems are used to guide exercise prescription or detect cardiovascular risk, biased performance can lead to unequal benefit or harm. Addressing fairness requires careful attention to training data diversity, performance auditing across subgroups, and regulatory expectations that algorithms be validated in the populations for which they are intended. Fairness should be considered an ongoing system property that requires monitoring and updating rather than a one-time design requirement.

Regulatory oversight of digital health technologies has evolved to address the unique risks of wearable monitoring systems. Regulatory frameworks must balance the need to support innovation with the obligation to protect patient safety and ensure clinical validity [19]. Exercise intensity assessment systems may fall within different regulatory categories depending on whether they are marketed for general wellness, fitness, or medical purposes.

Systems that provide diagnostic information or clinical decision support are subject to more stringent oversight. The regulatory status of a system affects its design, validation requirements, and post-market surveillance obligations. System developers must therefore understand the intended use of their product and design their evidence-generation strategies accordingly. This regulatory dimension connects technical choices about sensing and algorithms to broader institutional structures and public policy.

8. Deployment and Sustainability Considerations

Deploying wearable intensity monitoring systems at scale raises important questions about environmental sustainability. The rapid turnover of consumer wearable devices contributes to electronic waste, which has significant environmental and public health consequences. The global growth of e-waste requires attention from device manufacturers and system designers [20]. Sustainable deployment involves extending device lifespan, designing for repairability, reducing packaging waste, and creating recycling pathways for sensors and batteries. These considerations are often treated as separate from technical performance, but they are deeply connected to system design. A wearable device that cannot be easily repaired or recycled may have a shorter useful life and a larger environmental footprint. Sustainable design should therefore be integrated into the initial architectural decisions rather than addressed after product development.

Deployment also involves integration with existing health and fitness infrastructures. A wearable intensity monitoring system may need to interface with electronic health records, coaching platforms, rehabilitation programs, or insurance wellness initiatives. These integrations raise interoperability challenges and require standardized data formats, secure application programming interfaces, and clear data stewardship arrangements. The value of a wearable system is not limited to the accuracy of its intensity estimates but also depends on how well those estimates can be used by patients, clinicians, coaches, and researchers. A system that produces accurate data in isolation may fail to achieve meaningful health impact if it cannot be integrated into workflows and decision processes. Deployment planning must therefore include stakeholder engagement and an understanding of the social and organizational contexts in which the technology will be used.

Long-term sustainability also includes economic and operational dimensions. Continuous monitoring requires reliable supply chains for sensors, batteries, and communication modules, as well as maintenance and support services. For clinical or public health deployments, the cost of devices and data infrastructure can affect equity of access. If real-time intensity monitoring is only available to those who can afford high-end consumer devices, the benefits may be unevenly distributed. System designers and policymakers should consider how to support access through lower-cost devices, reusable components, or public health programs. These sustainability and equity concerns are as important as signal-processing accuracy in determining whether wearable intensity assessment systems fulfill their potential to improve health outcomes broadly.

9. Cross-Domain Comparison and Lessons

The challenges of real-time exercise intensity monitoring are not unique to wearable sensing. Similar issues arise in other real-time distributed systems, including industrial monitoring, environmental sensing, and autonomous vehicles. In each domain, system designers must manage noisy sensor data, limited computational resources, communication constraints, and the need for timely decision-making under uncertainty. The lesson from these domains is that

robustness is best achieved through layered architectures that combine local processing, redundancy, and graceful degradation. Exercise monitoring systems can benefit from adopting similar design principles, such as fail-safe modes, adaptive sampling, and explicit uncertainty communication. These principles transcend the specific physiological signals involved and point to general strategies for building dependable real-time systems.

A cross-domain comparison also highlights the importance of validation and standard-setting. In industrial and transportation systems, performance standards and certification processes help ensure that deployed technologies meet minimum safety and reliability requirements. Wearable health technologies are still developing comparable standards, particularly for consumer wellness devices that operate outside formal regulatory pathways. The absence of clear standards can lead to wide variation in device accuracy and user experience. Strengthening the scientific and institutional foundations for wearable validation would improve both trust and clinical utility. This includes developing open reference datasets, defining common performance metrics, and encouraging independent testing across diverse populations and conditions.

Finally, lessons from human-centered design emphasize that technical performance alone does not determine whether a monitoring system is adopted and used effectively. Users must understand the feedback provided by the system, trust its accuracy, and feel that the device is comfortable and acceptable for their daily lives. Systems that produce frequent false alarms or confusing intensity scores may be abandoned even if their underlying sensors are accurate. Real-time exercise intensity assessment should therefore be designed with attention to user interaction, cognitive load, and behavioral motivation. The system is not only a measurement instrument but also a communication tool that must support safe and informed physical activity decisions.

10. Conclusion

Real-time physiological monitoring for exercise intensity assessment using wearable sensors is a complex socio-technical challenge that requires attention to much more than signal-processing accuracy. This paper has examined the structural trade-offs involved in sensing, data acquisition, edge processing, fusion, intensity estimation, and feedback. It has argued that robust systems must integrate multiple sensing modalities, manage motion artifact and uncertainty, personalize intensity estimates, and communicate confidence to users. These technical requirements must be understood alongside governance, privacy, fairness, regulatory, and sustainability concerns. A reliable intensity assessment system is not simply a device with good heart rate accuracy but a coordinated infrastructure that balances responsiveness, energy use, user needs, and institutional responsibilities.

The analysis also shows that accuracy cannot be guaranteed by sensor selection alone. Performance varies across individuals, activities, and environments, and systems must be designed to detect and respond to their own limitations. This requires continuous data quality assessment, adaptive processing, and transparent reporting of uncertainty. It also demands validation across diverse populations to ensure that benefits are distributed equitably. The governance and regulatory dimensions of wearable monitoring are therefore inseparable from the technical design. Developers, researchers, and policymakers must work together to establish standards, protect privacy, and promote fairness.

Looking forward, the field would benefit from stronger integration between wearable sensing research and systems engineering perspectives. Advances in edge computing, multisensor

fusion, energy harvesting, and adaptive algorithms will continue to improve what is technically possible. However, lasting health impact will depend on how well these advances are embedded in systems that are trustworthy, sustainable, and accessible. Real-time exercise intensity assessment has the potential to support safer training, more effective rehabilitation, and broader public health monitoring. Realizing that potential will require ongoing interdisciplinary collaboration and a commitment to designing systems that serve diverse users with accuracy, equity, and accountability.

References

1. Piwek, L., Ellis, D. A., Andrews, S., & Joinson, A. (2016). The rise of consumer health wearables: Promises and barriers. *PLoS Medicine*, 13(2), e1001953.
2. Castaneda, D., Esparza, A., Ghamari, M., Soltanpur, C., & Nazeran, H. (2018). A review on wearable photoplethysmography sensors and their potential future applications in health care. *International Journal of Biosensors and Bioelectronics*, 4(4), 195-202.
3. Chen, K. Y., Janz, K. F., Zhu, W., & Brychta, R. J. (2012). Redefining the roles of sensors in objective physical activity monitoring. *Medicine and Science in Sports and Exercise*, 44(1 Suppl 1), S13-S23.
4. Shaffer, F., & Ginsberg, J. P. (2017). An overview of heart rate variability metrics and norms. *Frontiers in Public Health*, 5, 258.
5. Shi, W., Cao, J., Zhang, Q., Li, Y., & Xu, L. (2016). Edge computing: Vision and challenges. *IEEE Internet of Things Journal*, 3(5), 637-646.
6. Gravina, R., Alinia, P., Ghasemzadeh, H., & Fortino, G. (2017). Multi-sensor fusion in body sensor networks: State-of-the-art and research challenges. *Information Fusion*, 35, 68-80.
7. Janidarmian, M., Roshan Fekr, A., Radecka, K., & Zilic, Z. (2017). A comprehensive analysis on wearable acceleration sensors in human activity recognition. *Sensors*, 17(3), 529.
8. Bulling, A., Blanke, U., & Schiele, B. (2014). A tutorial on human activity recognition using body-worn inertial sensors. *ACM Computing Surveys*, 46(3), 1-33.
9. Movassaghi, S., Abolhasan, M., Lipman, J., Smith, D., & Jamalipour, A. (2014). Wireless body area networks: A survey. *IEEE Communications Surveys and Tutorials*, 16(3), 1658-1686.
10. Zhang, Z., Pi, Z., & Liu, B. (2015). TROIKA: A general framework for heart rate monitoring using wrist-type photoplethysmographic signals during intensive physical exercise. *IEEE Transactions on Biomedical Engineering*, 62(2), 522-531.
11. Aliverti, A. (2017). Wearable technology: Role in respiratory health and disease. *Breathe*, 13(2), e27-e36.
12. American College of Sports Medicine. (2018). ACSM's guidelines for exercise testing and prescription (10th ed.). Wolters Kluwer.
13. Coravos, A., Khozin, S., & Mandl, K. D. (2019). Developing and adopting safe and effective digital biomarkers to improve patient outcomes. *npj Digital Medicine*, 2, 14.

14. Zheng, X., Dwyer, V. M., Barrett, L. A., Derakhshani, M., & Hu, S. (2023). Rapid vital sign extraction for real-time opto-physiological monitoring at varying physical activity intensity levels. *IEEE Journal of Biomedical and Health Informatics*, 27(7), 3107-3118.
15. Bent, B., Goldstein, B. A., Kibbe, W. A., & Dunn, J. P. (2020). Investigating sources of inaccuracy in wearable optical heart rate sensors. *npj Digital Medicine*, 3, 18.
16. Chong, Y. W., Ismail, W., Ko, K., & Lee, C. Y. (2019). Energy harvesting for wearable devices: A review. *IEEE Sensors Journal*, 19(20), 9047-9062.
17. Price, W. N., & Cohen, I. G. (2019). Privacy in the age of medical big data. *Nature Medicine*, 25(1), 37-43.
18. Obermeyer, Z., Powers, B., Vogeli, C., & Mullainathan, S. (2019). Dissecting racial bias in an algorithm used to manage the health of populations. *Science*, 366(6464), 447-453.
19. Gordon, W. J., & Stern, A. D. (2019). Challenges and opportunities in digital health regulation. *npj Digital Medicine*, 2, 12.
20. Forti, V., Baldé, C. P., Kuehr, R., & Bel, G. (2020). *The Global E-waste Monitor 2020*. United Nations University.