Predictive model to increase engagement on Diabetes Self-Management Education Program

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Table of Contents

- 1 Project Motivation
- 2 The Dataset
- 3 Analysis
- 4 Conclusion and Recommendations
- 5 References

1 Project Motivation

1.1 Business Objective

The Diabetes Prevention and Control Program centers on diabetes education for the public and professionals. The goals of the program are to:

- Prevent Type 2 diabetes in persons at high risk for developing the disease
- Prevent or delay the onset of Type 2 diabetes in persons with prediabetes, gestational diabetes and other risk factors
- Prevent or delay complications in persons with diabetes
- Assist persons who have diabetes in managing the disease and the complications that result if untreated

Participating in a diabetes self-management education (DSME) and support program can help manage diabetes, prevent complications, and reduce diabetes symptoms such as fatigue, pain, and depression. DSME and support programs provide knowledge, skills, and support to manage diabetes and prevent complications. Trained instructors conduct the classes and address the needs, goals, and life experiences of people with diabetes. These programs guide participants on healthy eating, active living and problem solving. Participants also learn how to monitor blood sugar, take medication, reduce risk for and/or manage other health conditions, and cope with diabetes. (1)

1.2 Framing the problem

On the 2019 Spring Managed Care Organization Survey on Diabetes Self-Management Education and Support Services, participants were asked about barriers they face implementing Diabetes Self-Management Education and Support (DSMES) services at their organizations. Of the twelve

respondents, nine said that the biggest barrier is getting clients to engage with and comply with the DSMES program. Therefore, an improvement on the way engagement and compliance with the DSMES program are managed is mandatory in order to fulfill the goals of the program.

1.3 Proposed solution

As stated in the article How to Increase Patient & Family Engagement in Healthcare, "using a more relevant and data-driven approach will help patients feel confident in their progress, and propel them to continue working on their goals. Once your patients see their results forming, it will give them motivation and align them to stay determined and focused throughout their entire journey."

Therefore, for the present project, we will introduce a predictive model, trained on features obtained from publicly available data about participants in the Austin Public Health's Diabetes Self-Management Education program. The goal of the model is to predict the likelihood of diabetes disease to be present on a patient. The target variable can have 2 possible values (Yes/No) indicating the presence of diabetes. Hence, this is a supervised, binary classification problem. To get the probabilities, we'll use algorithms than can output the predicted probability of that output.

Predicting diabetes likelihood will allow us to create and deliver personalized and adequate content and set custom goals for the users. Also, it will enable tracking peoples progress and allocating resources according to their health condition. This will let Diabetes Prevention and Control Program deliver a better service to their patients and thus fulfilling their business objective of assisting persons who have diabetes in managing the disease and the complications that result if untreated.

1.4 Performance Measure

The proposed solutions relies on offering different content and assistance according to people's probability of having diabetes. This personalization it's the core to increase their engagement and fulfill the program strategic objective of assisting persons with diabetes.

Therefore, our model's performance measure need to check the goodness of a predicted probability score. Consequently, we are going to use Brier Score. The score summarizes the magnitude of the error in the probability forecasts and is designed for binary classification problems.

Brier score is very similar to the mean squared error, but only applied for prediction probability scores, whose values range between 0 and 1. The formula is:

$$BrierScore = 1/N \sum_{t=1}^{N} (f_t, -o_t)^2$$

where:

- N: number of events (and, accordingly, predictions) under consideration
- t: indexes the events/predictions from 1 to N (the first event, the second event, etc.)
- ft: forecast (a probability from 0 to 1) for the tth event
- ot: outcome (0 or 1) of the tth event

Because it is a cost function, a lower Brier score indicates more accurate predictions while a higher Brier score indicates less accurate predictions.

We can expect that the Brier score will be suitable with a balanced dataset and misleading when there is a large imbalance between the two classes. The average Brier score will present optimistic scores on an imbalanced dataset, rewarding small prediction values that reduce error on the majority class. In these cases, Brier score should be compared relative to the naive prediction (e.g. the base rate of the minority class or 0.1 in the above example) or normalized by the naive score. This latter example is common and is called the Brier Skill Score (BSS), whose formula is

$$BSS = 1 - (BS/BSref)$$

where:

- BS: is the Brier skill of model
- BSref: is the Brier skill of the naive prediction.

On this subject, we will decide which of the given performance metrics (Brier Score or Brier Skill Score) is suitable for the case following an initial exploration of the dataset. (2)(3)(4)

1.5 Analysis Plan

The project will be developed according to the following steps:

- Get the data: first, we'll be downloading the dataset from Datacamp's GitHub repo
- Create a test set: afterwards we'll set aside part of the data, to evaluate our model predictive performance on a dataset that wasn't used for training, and thus preventing any data leakage.
- Identify suitable performance metrics: we'll analyze whether our target class is balanced or not, and decide on a performance metric accordingly
- Exploratory data analysis: explore the training set to identify data problems and discover any initial insights.
- Prepare the data for machine learning algorithm: at this point, and based on the information gained during exploratory analysis, we'll create the pipelines for data cleaning, handling numerical and categorical attributes, feature scaling, and any custom transformation.
- Select and train a Model: with our data cleaned, we'll select and appropriate machine learning algorithm and train it using cross validation techniques.
- Fine-tune, evaluation and validation of the model: finally, we shall fine-tune our model using grid search techniques and evaluate our model's performance on the validation set and on a separate, unseen, test set.

2 The Dataset

The data used in this project can be obtained from the Diabetes Self-Management Repository. It contains information about participants in the Austin Public Health's Diabetes Self-Management Education program.

The data consists of 20 input variables (this includes demographic information, diabetes status, and other health indicators) and one target variable with 2 possible values (Yes/No) indicating the presence of diabetes.

2.1 Attribute Information - Features

Title	Type	Description
Class	Categorical	(APH = Austin Public Health; ARCF = Abundant Rain Christian Fellowship; EB= El Buen Samaritano; PCHW = Promotores Community Health Workers)
Class Language	Categorical	Language class was taught in
Age	Numerical	Age of participant
Year	Numerical	Year of class
Gender	Categorical	Gender of participant
Insurance Category	Categorical	Insurance type of participant
Medical Home Category	Categorical	Medical home of participant
Race/Ethnicity	Categorical	Race/ethnicity of participant
Education Level	Categorical	Education level of participant
Heart Disease (Yes/No)	Categorical	Heart disease diagnosis (yes/no)
High Blood Pressure (Yes/No)	Categorical	High blood pressure diagnosis (yes/no)
Tobacco Use (Yes/No)	Categorical	Tobacco user (yes/no)
Previous Diabetes Education (Yes/No)	Categorical	Previous diabetes education reported by participant (yes/no)
Diabetes Knowledge	Categorical	Self-reported knowledge of diabetes (poor/fair/good)
Fruits & Vegetable Consumption	Categorical	Fruits and/or vegetables eaten each week
Sugar-Sweetened Beverage Consumption	Categorical	Sugar-sweetened bevarages consumed each week
Food Measurement	Categorical	Number of times food was measured each week

Title	Type	Description
Carbohydrate Counting	Categorical	Number of times carbohydrates were counted each week
Exercise	Categorical	Number of days participant exercised each week
Problem Area in Diabetes (PAID) Scale Score	Categorical	The PAID score is a measure of difficulty in managing ones diabetes. It ranges from 0-100, with higher scores indicating more problems.

2.2 Attribute Information - Target

Title	Type	Description
Diabetes Status (Yes/No)	Categorical	Diabetes status (yes/no) of participant

Note: attribute meta data obtained from here.

3 Analysis

3.1 Getting the data

First, let's load our dataset.

```
[1]: # Import modules needed for importing and analysing data import pandas as pd import numpy as np import matplotlib.pyplot as plt import seaborn as sns %matplotlib inline
```

```
[2]: # Read raw data

df = pd.read_csv('https://raw.githubusercontent.com/datacamp/careerhub-data/

→master/Diabetes%20Self-Management/diabetes_self_management.csv')
```

3.2 Create a test set

After checking that data was properly downloaded, let's divide the dataset into a test and train set.

Let's begin by looking at our target variable, to spot any instances with missing or erroneous data on it.

```
[3]: # Look for missing values on target variable df['Diabetes Status (Yes/No)'].isna().sum()
```

[3]: 30

```
[4]: # Look for any erroneous data on target variable df.groupby(['Diabetes Status (Yes/No)']).size()
```

[4]: Diabetes Status (Yes/No)
No 932
Unknown 14
Yes 712

dtype: int64

We can spot 30 instances with missing values on our target variable. Additionally, there are 14 instances with value 'Unknown', that in the context of our objective are comparable to a missing value. Since those instances won't be of use when training and testing our model as they reflect nothing about the presence of diabetes on a given person, and their number is not big enough to impute them using an unsupervised technique like knn, we are going to drop them.

```
[5]: # Drop rows with missing/unknown target value

df.drop(df[(df['Diabetes Status (Yes/No)'].isna()) | (df['Diabetes Status (Yes/

→No)']=='Unknown')].index,

axis=0, inplace=True)
```

Having done that, we are going to randomly split our dataset to get 80% of the samples for training, and the remaining 20% for testing.

```
[6]: # Shuffle and split the data into train, validations sets from sklearn.model_selection import train_test_split train_set, test_set = train_test_split(df, test_size=0.2, random_state=42, → shuffle=True)
```

```
[7]: train_set.shape
```

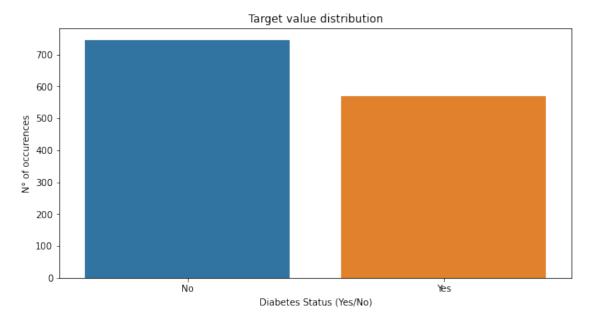
[7]: (1315, 21)

```
[8]: test_set.shape
```

[8]: (329, 21)

3.3 Identify suitable performance metrics

At this point, we'll like to know how balanced our dataset is. This will have a direct impact on the performance metrics we'll use. Then, let's take a look at the distribution of our target feature:



```
[10]: # Measure target feature distibution in percent
print('Distribution, measured in percent, of the target class:\n')
train_set['Diabetes Status (Yes/No)'].value_counts(normalize=True).round(2)*100
```

Distribution, measured in percent, of the target class:

```
[10]: No 57.0
    Yes 43.0
    Name: Diabetes Status (Yes/No), dtype: float64
```

We can see that our data appears to be pretty balances (57% - 43%), so we can continue our analysis using the Brier Score.

3.4 Exploratory Data Analysis

In this section, an initial exploratory analysis of the dataset will be done. We'll start with an exploration of numerical features, to continue later with categorical features. But first, let's take a quick glimpse at the dataset structure:

[11]: # Glimpse at the dataset train_set.info()

<class 'pandas.core.frame.DataFrame'> Int64Index: 1315 entries, 844 to 1160 Data columns (total 21 columns):

#	Column	Non-Null Count	Dtype	
0	Class	1315 non-null	object	
1	Class Language	1315 non-null	object	
2	Age	1289 non-null	float64	
3	Year	1315 non-null	int64	
4	Gender	1286 non-null	object	
5	Insurance Category	1231 non-null	object	
6	Medical Home Category	1248 non-null	object	
7	Race/Ethnicity	1289 non-null	object	
8	Education Level	1101 non-null	object	
9	Diabetes Status (Yes/No)	1315 non-null	object	
10	Heart Disease (Yes/No)	1247 non-null	object	
11	High Blood Pressure (Yes/No)	1255 non-null	object	
12	Tobacco Use (Yes/No)	1219 non-null	object	
13	Previous Diabetes Education (Yes/No)	1230 non-null	object	
14	Diabetes Knowledge	1203 non-null	object	
15	Fruits & Vegetable Consumption	1282 non-null	object	
16	Sugar-Sweetened Beverage Consumption	1285 non-null	object	
17	Food Measurement	1278 non-null	object	
18	Carbohydrate Counting	1272 non-null	object	
19	Exercise	1262 non-null	object	
20	Problem Area in Diabetes (PAID) Scale Score	507 non-null	float64	
dtypes: float64(2), int64(1), object(18)				
memory 115age 258 3+ KR				

memory usage: 258.3+ KB

Most of the features have missing values and categorical features are coded as object data type. We'll take care of this later, when preparing the data for the machine learning algorithm.

3.4.1 Exploration of the numerical features

In this section, we'll explore the 3 numerical features on the dataset.

```
[12]: # Describe numeric values
      train_set.describe()
```

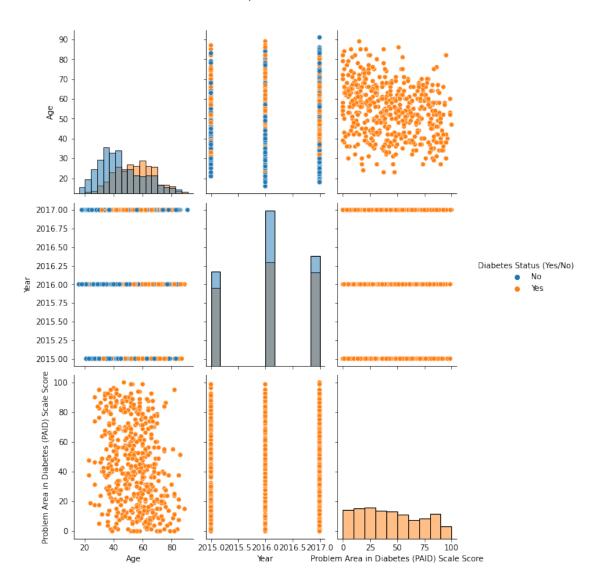
```
[12]:
                                         Problem Area in Diabetes (PAID) Scale Score
                                   Year
                      Age
      count
             1289.000000
                           1315.000000
                                                                            507.000000
                           2016.048669
      mean
               49.142746
                                                                             43.708087
      std
               15.283850
                              0.767929
                                                                             27.793219
               16.000000
                           2015.000000
                                                                              0.000000
      min
      25%
               37.000000
                           2015.000000
                                                                             20.000000
      50%
               48.000000
                           2016.000000
                                                                             40.000000
```

```
75% 60.00000 2017.000000 67.500000
max 91.00000 2017.000000 100.000000
```

```
[13]: # Pairplot on numerical features, to identify relations on the data
g = sns.pairplot(train_set, diag_kind='hist', hue='Diabetes Status (Yes/No)',

→hue_order=['No', 'Yes'])
g.fig.set_size_inches(10,10)
g.fig.suptitle('Pairplot on numerical values', y =1.05)
plt.show()
```

Pairplot on numerical values



From the table and plots above, we can conclude that:

• The Age feature appears to be a good predictor for Diabetes Status

• The PAID Scale Score is fulfilled only when the Diabetes Status is 'Yes'

3.4.2 Exploration of the categorical features

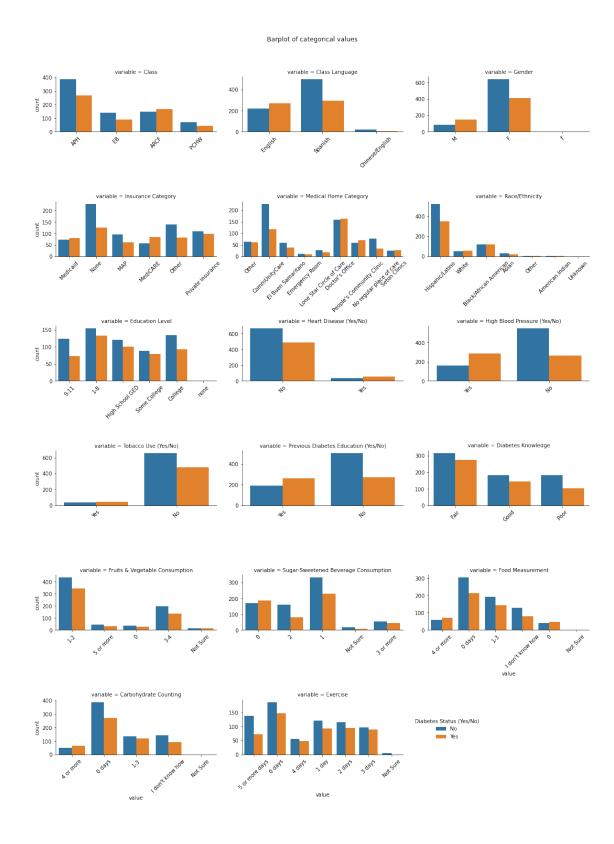
In this section, we'll explore the 17 categorical features on the dataset.

```
[14]: # Describe the 'object' type columns from the data and check for nro of unique

→values and freq

train_set.describe(include=['0']).T
```

```
[14]:
                                            count unique
                                                                       top freq
      Class
                                             1315
                                                                       APH
                                                                             654
      Class Language
                                             1315
                                                       3
                                                                  Spanish
                                                                             791
      Gender
                                             1286
                                                       3
                                                                        F 1051
                                                       6
      Insurance Category
                                             1231
                                                                     None
                                                                             354
      Medical Home Category
                                             1248
                                                       9
                                                            CommUnityCare
                                                                             346
                                                       7
                                                          Hispanic/Latino
      Race/Ethnicity
                                             1289
                                                                             875
                                                                       1-8
      Education Level
                                                       6
                                                                             287
                                             1101
      Diabetes Status (Yes/No)
                                                       2
                                             1315
                                                                       No
                                                                             745
     Heart Disease (Yes/No)
                                             1247
                                                                       No 1157
     High Blood Pressure (Yes/No)
                                             1255
                                                       2
                                                                       No
                                                                            812
      Tobacco Use (Yes/No)
                                                       2
                                                                       No 1137
                                             1219
     Previous Diabetes Education (Yes/No)
                                             1230
                                                       2
                                                                       No
                                                                            778
     Diabetes Knowledge
                                             1203
                                                       3
                                                                     Fair
                                                                            589
      Fruits & Vegetable Consumption
                                                       5
                                                                       1-2
                                                                             778
                                             1282
      Sugar-Sweetened Beverage Consumption
                                                       5
                                             1285
                                                                         1
                                                                             561
                                                                   0 days
      Food Measurement
                                             1278
                                                       6
                                                                             517
                                                                   0 days
      Carbohydrate Counting
                                             1272
                                                       5
                                                                             661
      Exercise
                                             1262
                                                       7
                                                                   0 days
                                                                             333
```



From the table and plots above, we can conclude that:

- Categorical features on this dataset can be classified into:
 - Ordinal variables: variables with a particular order associated with them. We can spot such a characteristic in these variables:
 - * Exercise
 - * Carbohydrate Counting
 - * Food Measurement
 - * Sugar-Sweetened Beverage Consumption
 - * Fruits and Vegetables Consumption
 - * Diabetes Knowledge
 - * Education Level
 - Nominal variables: variables that don't have any kind of order associated with them,
 such as:
 - * Class
 - * Class Languages
 - * Insurance Category
 - * Medical Home Category
 - * Race/Ethnicity
 - Binary variables: they can have only two categories, such as:
 - * Gender
 - * Heart Disease
 - * High blood pressure
 - * Tobacco Use
 - * Previous Diabetes Education
- Some categories present encoding errors (ex. female gender encoded with lower case)
- Some categories present levels with that correspond to very little instances (ex. American Indian Ethnicity)
- Most of the categories seem to be affected by the target feature.

3.4.3 Exploratory Data Analysis summary

The dataset is small for machine learning standards, with only 1315 samples for training set. It also contains many data quality issues, mainly because of missing values and errors on category encoding. These issues will be treated on the following section.

Data values range are as expected by the metadata description, and no outliers was spotted.

The labels of the target are quiet balanced. Also, cross validation would be used to evaluate the model/s on the training set, to prevent overfitting.

3.5 Prepare the data for machine learning algorithm

It's time for some data cleaning with the goal of preparing the data for the Machine Learning algorithms. The following transformation steps will be treated:

- Handling missing data
- Encoding categorical values

For all the data transformation steps, we'll use the Pipeline class to help us with such sequences.

3.5.1 Handling missing data

Let's recall the number of missing values per feature:

```
[16]: # Check for missing values
print("Count of missing values in each column of the dataset: ")
train_set.isna().sum()
```

Count of missing values in each column of the dataset:

[16]:	Class	0
	Class Language	0
	Age	26
	Year	0
	Gender	29
	Insurance Category	84
	Medical Home Category	67
	Race/Ethnicity	26
	Education Level	214
	Diabetes Status (Yes/No)	0
	Heart Disease (Yes/No)	68
	High Blood Pressure (Yes/No)	60
	Tobacco Use (Yes/No)	96
	Previous Diabetes Education (Yes/No)	85
	Diabetes Knowledge	112
	Fruits & Vegetable Consumption	33
	Sugar-Sweetened Beverage Consumption	30
	Food Measurement	37
	Carbohydrate Counting	43
	Exercise	53
	Problem Area in Diabetes (PAID) Scale Score dtype: int64	808

We are going to adopt the following strategies to impute the missing values shown above:

- For categorical features with missing values: we'll use a strategy of imputing missing values as a constant, labeled 'missing'. This decision has been taken based on the assumption that users have left blank those features on purpose, probably because they didn't want to give that particular information.
- For numerical features with missing values:
 - Age: As it appeared to be a good indicator for predicting diabetes, and the number of missing values is little, then we are going to complete them using k-Nearest Neighbors, with k=5.
 - Problem Area in Diabetes (PAID) Scale Score: during our exploratory analysis, we've saw that this feature was only fulfilled when the patient had diabetes. Recall that we aim to predict weather a patient has diabetes or no independently of a given diagnosis, and the PAID Scale Score seems to be fulfilled after de diagnosis is confirmed. Therefore, we'll drop this feature from our model training.

- Year: the feature will not be considered for training, as temporality is something we don't want to be considered in our model, given the established objectives.

3.5.2 Encoding categorical values

During our exploratory phase, we discovered categorical features with encoding errors and/or levels with few instances. We also spotted that categorical variables on the dataset could be divided onto three groups: ordinal, nominal and binary features. Each of them will have a different treatment:

- Binary categories (Gender, Heart Disease, High blood pressure, Tobacco Use, Previous Diabetes Education): all of these variables are completed with "Yes" or "No", except "Gender" that it's coded as M or F. Regarding this last variable, we've spotted some data quality issues regarding the use of lower and upper cases. We'll fix this last issue first, converting all of the strings from "Gender" to upper cases. Let's also recall that on the previous step we've filled categorical missing values with the label 'missing'. Therefore, our binary categories, did turned up to have three possible values (Yes/No or M/F and missing). Hence, one hot encoding will be used.
- Ordinal categories (Exercise, Carbohydrate Counting, Food Measurement, Sugar-Sweetened Beverage Consumption, Fruits and Vegetables Consumption, Diabetes Knowledge, Education Level): as they have an implicit order on the information provided by them, they will be encoded ordinally. Missing values and values that lack of information (ex. 'not sure') will be encoded with 0, followed by the categories expected in the features natural order
- Nominal categories (Class, Class Languages, Insurance Category, Medical Home Category, Race/Ethnicity): One hot encoding will be used.

3.5.3 Preprocessing pipeline

Having stablished our roadmap, let's create our transformation pipeline.

```
carbohydrate counting order = ['missing','0 days', '1-3', '4 or more']
food_measurement_order = ['missing','0 days', '1-3', '4 or more']
sugar_consumption_order = ['missing','0 days', '1', '2', '3 or more']
fruits_consumption_order = ['missing', '0 days', '1-2', '3-4', '5 or more']
diabetes_knowledge_order = ['missing', 'Poor', 'Fair', 'Good']
education_level_order = ['missing', '1-8', '9-11', 'High School GED', 'Some_
expected_orders = [exercise_order, carbohydrate_counting_order,_
→food_measurement_order,
                   sugar_consumption_order, fruits_consumption_order,_
→diabetes knowledge order,
                   education_level_order]
# Dict of values to replace
ordinal_values_to_replace = {'none': 'missing', 'Not Sure': 'missing',
                             'I don\'t know how': 'missing', '0': '0 days'}
# Create a transformer that maps values to replace according to a dict_{\sqcup}
\rightarrow specified by user
class ReplaceValues(BaseEstimator, TransformerMixin):
   def init (self, recode dic):
        self.recode_dic = recode_dic
   def fit(self, X, y=None):
       return self
   def transform(self, X, y=None):
        for recode in list(self.recode_dic.items()):
            X[X==recode[0]] = new=recode[1]
       return X
# Ignore warning regarding future version of Scikit-Learn modification on
\rightarrow Ordinal Encoder
import warnings
warnings.filterwarnings('ignore')
# Create ordinal categorical features pipeline
ordinal_cat_pipeline = Pipeline([
    ('imputer', SimpleImputer(strategy='constant', fill_value='missing')),
    ('custom_transformer_wrong_values', ReplaceValues(recode_dic =__
→ordinal_values_to_replace)),
    ('encoder', OrdinalEncoder(expected orders))
     ])
###### Binary and Nominal Categorical Features ############
# List column names of binary and nominal features
```

```
bin_nom_categorical = ['Gender', 'Heart Disease (Yes/No)', 'High Blood Pressure_
 'Tobacco Use (Yes/No)', 'Previous Diabetes Education⊔
'Class', 'Class Language', 'Insurance Category',
                      'Medical Home Category', 'Race/Ethnicity']
# Dict of values to replace
binary_values_to_replace = {'f': 'F', 'm': 'M'}
# Create binary and nominal categorical features pipeline
bin nom cat pipeline = Pipeline([
    ('imputer', SimpleImputer(strategy='constant', fill_value='missing')),
    ('custom_transformer_wrong_values', ReplaceValues(recode_dic =__
→binary_values_to_replace)),
    ('encoder', OneHotEncoder(handle unknown='ignore'))
    ])
# List column names of numerical features
numerical_attribs = ['Age']
# Create numerical features pipeline
numerical_pipeline = Pipeline([
    ('imputer', KNNImputer(n_neighbors=5))
1)
###### Create transformation pipeline ##############
transformation_pipeline = ColumnTransformer([
    ('ordinal', ordinal_cat_pipeline, ordinal_attribs),
    ('binary_nominal', bin_nom_cat_pipeline, bin_nom_categorical),
    ('numerical', numerical_pipeline, numerical_attribs)
])
```

Now, we can apply our pipeline to the dataset, and create the objects that will be used during training and testing. On this behalf, our target variable will be recoded with integer, in such a way that people with Diabetes will be encoded with 1, and those that don't have the disease will be identified with 0.

3.6 Select and train a Model

3.6.1 Model selection

Our problem requires that our model predicts accurate probabilities. However, we have to clearly assume that the Diabetes Self-Management Education Program, has to comply with certain standards and laws. Therefore, explainability of the model has to be considered.

On this subject, there is a trade-off between models interpretability and explainability, and its prediction power. For this project we'll take a balance approach between those extremes, and will fit a random forest model. This algorithm, fits a number of decision tree classifiers on various sub-samples of the dataset and uses averaging to improve the predictive accuracy and control over-fitting.

Random forest provide all the complexity of patter identification that ensemble models have, and provide the possibility of measure the importance of the features, allowing the user to gain insights on how the model it's working. They are also suitable for a mix of categorical and numerical features, as we have, and are insensitive to scaling of numerical features, which is good because preprocessing can introduce an extra source of variance.

3.6.2 Training and fine-tuning

Brier score will be the metric choice to assess the performance of the classifier. As the dataset is small, we will make sure to evaluate the generalization performance of the models using a 10-fold cross-validation.

Fine tuning will be approached using grid search to find the best model hyper-parameters. On this behalf, the most important parameters of a random forest are:

- n_estimators: number of trees in the forest. More trees are better, since averaging more trees will lead to a more robust ensemble by reducing overfitting.
- max_depth: maximum depth of the tree.

```
[20]: # View best params
print('Best parameters found for our random forest model:\n\n', gridsearch_rf.

→best_params_)
```

Best parameters found for our random forest model:

```
{'max_depth': 10, 'n_estimators': 40}
```

3.7 Evaluation and validation of the model

3.7.1 Analysis of cross validation folds

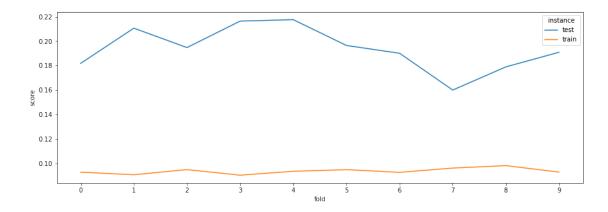
The grid search process determined that a random forest with 40 trees with a max depth of 10 achieved the best average brier score during testing on validation folds.

Now, let's take a look on how the model performed during training. For that, we'll analyze how it performed compared to validation test sets created during cross validation process.

10 fold Cross Validation Brier Score Summary:

```
[22]: Score
mean_train_score 0.093608
std_train_score 0.002274
mean_test_score 0.193752
std_test_score 0.017027
```

[23]: []



As we can see, the model does seem to be overfitting the training set, situation that would explain

the different scores measured on training and validation test sets (0.09 on average in training vs 0.19 on average in testing).

Nonetheless, and considering that Brier Score always takes on a value between 0 (perfect accuracy) and 1 (perfect inaccuracy), an average score on validation testing set of 0.19 with a standard deviation of 0.01 does seem to be performing well, given the small size of the data set.

3.7.2 Evaluating the model on the test set

After looking how the model performed on our validation set, let's evaluate it on an independent test set we've separated at the beginning of our project. Let's also remember that this test set was not used at any time during any phase of our work, not even the exploratory data analysis. Therefore, the evaluation on this test set it's a good estimation on how the model will performed in future, unseen data.

```
[24]: # Order of the classes of the estimator gridsearch_rf.best_estimator_.classes_
```

```
[24]: array([0, 1], dtype=int64)
```

```
[25]: # Create a data frame with the actual classes of the test set, and the predicted probabilities of our model

df_test = pd.DataFrame()

df_test['Target'] = y_test

df_test['prob_No'] = gridsearch_rf.best_estimator_.predict_proba(X_test)[:,0]

df_test['prob_Yes'] = gridsearch_rf.best_estimator_.predict_proba(X_test)[:,1]
```

```
[26]: # Import module for evaluation
from sklearn.metrics import brier_score_loss

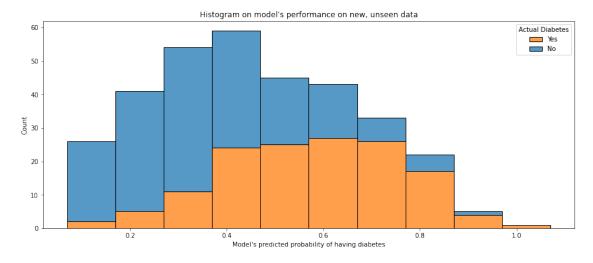
# Evaluate performance on test set
print("Brier Score on test set is:\n")
brier_score_loss(df_test['Target'], df_test['prob_Yes'])
```

Brier Score on test set is:

[26]: 0.1892130140695992

As we can see, the model achieves a Brier Score of 0.189 on unseen test data, which is quite similar to the performance on validation sets. We can conclude that, given the short amount of data available, and the range that Brier Score has (0-1), the model is performing at acceptable rates, as we can spot on the following histogram:

```
plt.legend(title='Actual Diabetes', loc='upper right', labels=['Yes', 'No'])
plt.show(g)
```



3.7.3 Feature importance

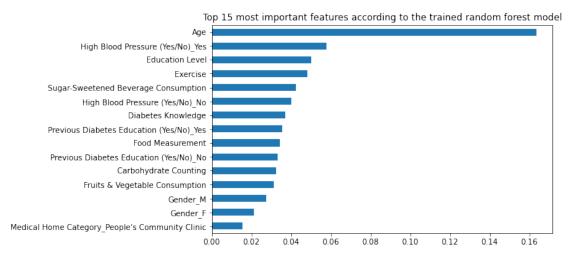
Finally, and as we've said when choosing the Random Forest model, an analysis of feature's importance can be done, to gain more insights on how the model work.

```
[28]: # Function for getting features names from the column transformer
      # https://github.com/scikit-learn/scikit-learn/issues/12525
      def get_column_names_from_ColumnTransformer(column_transformer):
          col_name = []
          for transformer_in_columns in_column_transformer.transformers_[:-1]:#the_
       → last transformer is ColumnTransformer's 'remainder'
              raw col name = transformer in columns[2]
              if isinstance(transformer in columns[1],Pipeline):
                  transformer = transformer_in_columns[1].steps[-1][1]
              else:
                  transformer = transformer_in_columns[1]
              try:
                  names = transformer.get_feature_names()
              except AttributeError: # if no 'get_feature_names' function, use raw_
       →column name
                  names = raw_col_name
              if isinstance(names,np.ndarray): # eg.
                  col name += names.tolist()
              elif isinstance(names,list):
                  col name += names
              elif isinstance(names,str):
                  col_name.append(names)
```

```
[29]: # Generate feature importance series
importances_rf = pd.Series(gridsearch_rf.best_estimator_.feature_importances_,

→col_names)
importances_rf = importances_rf.sort_values(ascending=False)
```





Having this kind of information is an enabler from the Diabetes Self-Management Program Managers to spot which are those features more related to diabetes development and act accordingly. Therefore, following Pareto Principle (80% of consequences come from 20% of the causes), they can focus their efforts on an small amount of things with a bigger impact.

For example, we can spot that age is quite related with the development of diabetes. With that information, they will be able to adjust their communication piezes according to an aged based segmentation. High blood presure and sugar-sweetened consumption are also high among the features importances, so they can focus their attention on developing and communicatin better diets. The same can be said for exercise, in which case different rutines can be elaborated. This are all examples that serve like an ilustration of possible outcomes that the our model facilitates for a better and bigger impact on bussiness targets.

4 Conclusion and Recommendations

The project aimed to investigate the potential to develop a predictive model to predict the likelihood of developing diabetes. The results from the model can be then used to help Diabetes Self-Management Education Program deliver personalized content and goals adequate to the user's health status, tracking their progress and therefore improving their experience and engagement with the program. Assistance to people with diabetes or tendency of developing the disease can be increased and experience with the program improved as:

- Content will be personalized according to their likelihood of developing the disease, giving people better understanding of their condition and relevant sources of information to deal or prevent it (food & exercise recommendations, etc.) This allows the program to deliver a distinctive coaching program to improve self-management and drive behavior change.
- Set goals and track their progress, both to engage and correct behavior when deviations arise (ex. when likelihood increases between two periods, send push notifications, reminders, etc.)

Using the available dataset, a random forest model was developed that achieved a Brier Score on the test set of 0.189, demonstrating potential to help us achieve our business goals. However, it does seem to be suffering from overfitting, so collecting more training data it's strongly advised.

The importance of the features was determined using information extracted from the random forest model. The model showed that most important features for prediction are concentrated on a few groups, related with age and habits (exercise and type of foods consumption). This result can help reduce the cost associated with data collection by focusing efforts on these features. On this behalf, the dataset suffers some missing data issues, so this should be addressed when collecting new data. Also new type of measurements related to those features can be created, allowing us to explore them and gain more insights on them.

5 References

- (1) Austin Public Health's Diabetes Self-Management Education program
- (2) What is a Brier score?
- (3) A Gentle Introduction to Probability Metrics for Imbalanced Classification
- (4) A Gentle Introduction to Probability Scoring Methods in Python