Chronic Disease Prevalence Analysis

Applied Business Analytics BAN5650

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Overview & Methodology

- Observed prevalence of COPD, diabetes and osteoporosis.
- Focused on seniors aged 65+
- Calculated prevalence for each district by taking a population-weighted average of the states within that district.
- Ex: For New England, calculated weighted average of CT, ME, MA, NH, RI, VT based on 65+ population
- Used 2020 chronic disease & population data.



Calculation Methodology

District-1 (New England) COPD Prevalence Calculation:

State Prevalence = (Prevalence in State * Population of State) / Total Population of All States

State-1 Connecticut (CT):

- Prevalence in CT = 0.1143
- Population of CT = 272,491
- Total Population of All States = 1,500,653 (Sum of populations of all states)
- Prevalence in CT = $(0.1143 * 272,491) / 1,500,653 \approx 0.02068$ (Approximately)

Repeat the same calculation for all other states listed in the data.

For District-1 Weighted Average of COPD = SUM(Prevalence in State * Population of State)/ Total Population of All States

This formula multiplies the product of COPD prevalence in each state and the population of that state and then divides the summation by the total population of all states.



Calculation Methodology

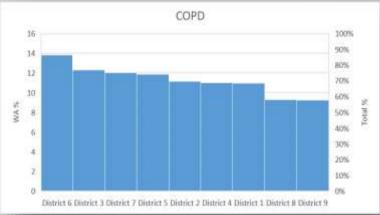
COPD												
Bene_Ge o_Lvl	Bene_Geo_D esc			_	Bene_De mo_Desc	_		State_Co de	BENES_F FS_CNT			
										Weighte d Average -		
State	Connecticut	9	65+	All	All	COPD	0.1143	CT	272491	COPD	0.109628	10.9628
State	Maine	23	65+	All	All	COPD	0.1239	ME	139297			
State	Massachusett s		65+	All	All	COPD	0.1086	MA	726872			
State	New Hampshire	33	65+	All	All	COPD	0.1023	NH	181009			
State	Rhode Island	44	65+	All	All	COPD	0.1154	RI	79526			
State	Vermont	50	65+	All	All	COPD	0.0934	VT	101458			
									1500653			

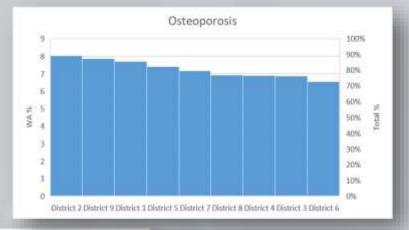
Diabetes												
Bene_Ge	Bene_Geo_D	Bene_Ge	Bene_Ag	Bene_De	Bene_De	Bene_Co		State_Co	BENES_F			
o_Lvl	esc	o_Cd	e_Lvl	mo_Lvl	mo_Desc	nd	PrvInc	de	FS_CNT			
										Weighte d Average		
State	Connecticut	9	65+	All	All	Diabetes	0.2498	СТ	272491	Diabetes	0.233255	23.32553
State	Maine	23	65+	All	All	Diabetes	0.2297	ME	139297			
State	Massachusett s		65+	All	All	Diabetes	0.2341	MA	726872			
State	New Hampshire	33	8 65+	All	All	Diabetes	0.2191	NH	181009			
State	Rhode Island	44	1 65+	All	All	Diabetes	0.2501	RI	79526			
State	Vermont	50	65+	All	All	Diabetes	0.1997	VT	101458			
	_								1500653			

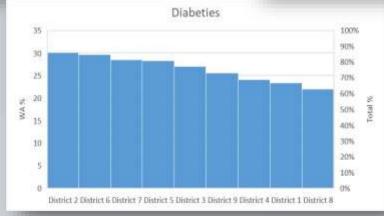
Osteopo rosis													
_	Bene_Geo_D	_		_	_	_		State_Co					
o_LvI	esc	o_Cd	e_Lvl	mo_Lvl	mo_Desc	nd	PrvInc	de	FS_CNT	Weighte d Average -			
State	Connecticut	9	65+	All	All	Osteopo rosis Osteopo	0.0839	ст	272491	Osteopo rosis	0.07688	7.687988	
State	Maine		65+	AII	AII	rosis	0.0596	ME	139297				
State	Massachusett s		65+	AII	AII	Osteopo	0.0855	MA	726872				
State	New Hampshire	33	65+	All	AII	Osteopo	0.0627	NH	181009				
State	Rhode Island	44	65+	All	AII	Osteopo rosis	0.071	RI	79526				
State	Vermont	50	65+	AII	AII	Osteopo rosis	0.0499	VT	101458				
									1500653				



Analysis









Analysis

For COPD

- Highest prevalence in District 6 (East South Central) at 13.8%
- Districts 2-7 have moderately high prevalence from 11-12%
- Lowest prevalence in Districts 8 and 9 (Mountain and Pacific) at 9-10%

For Osteoporosis

- Highest prevalence in District 2 (Middle Atlantic) with 8.02%
- Lowest prevalence in District 6 (East South Central) at 6.6%
- Other districts moderate

For Diabetes

- Highest prevalence in Districts 2 and 6 (Middle Atlantic and East South Central) at 29-30%
- Districts 1, 3-5, 7 have moderately high prevalence from 26-28%
- Lowest prevalence in Districts 8 and 9 (Mountain and Pacific) at 22-25%



Findings

- Diabetes is the most prevalent chronic disease followed by COPD and Osteoporosis.
- Around 1 million seniors in Middle Atlantic (New York, New Jersey, and Pennsylvania) have diabetes.
- Around 0.3 million seniors in Middle Atlantic (New York, New Jersey, and Pennsylvania) have Osteoporosis.
- Around 0.24 million seniors in East South Central (of Alabama, Kentucky, Mississippi, and Tennessee) have COPD
- Southern districts have higher COPD and diabetes prevalence, likely reflecting risk factors like smoking, obesity, diet or genetic conditions.
- Mountain and Pacific districts have comparatively low prevalence across all 3 conditions.
- Understanding differences can guide public health planning and resource allocation.
- Comparing a single district across multiple conditions reveals disease patterns.

