children: Number of children covered by health insurance / Number of dependents smoker: Smoking region: the beneficiary's residential area in the US, northeast, southeast, southwest, northwest. charges: Individual medical costs billed by health insurance In [129... insurance.head() Out[129]: bmi children smoker age sex region charges 19 female 27.900 yes southwest 16884.92400 male 33.770 1725.55230 18 southeast 28 33.000 3 southeast 4449.46200 2 male male 22.705 0 21984.47061 33 northwest 32 male 28.880 0 northwest 3866.85520 insurance.describe() In [130... Out[130]: children bmi charges age count 1338.000000 1338.000000 1338.000000 1338.000000 13270.422265 mean 39.207025 30.663397 1.094918 std 14.049960 6.098187 1.205493 12110.011237 18.000000 15.960000 0.000000 1121.873900 min 25% 27.000000 26.296250 0.000000 4740.287150 **50%** 39.000000 30.400000 1.000000 9382.033000 **75%** 51.000000 34.693750 2.000000 16639.912515 64.000000 53.130000 5.000000 63770.428010 max Here's what I can interpret from the statistics for the numerical columns: Age (age): The age of individuals in the dataset ranges from 18 to 64 years, with a mean age of approximately 39.2 years. BMI (bmi): The body mass index (BMI) ranges from approximately 15.96 to 53.13, with a mean BMI of approximately 30.66. • Children (children): The number of children/dependents ranges from 0 to 5, with an average of approximately 1.09. Charges (charges): The medical charges range from 1121.87 to 63770.43, with a mean charge of approximately 13270.42.

Linear Regression Modeling: Predicting Insurance Costs

(https://www.kaggle.com/datasets/mirichoi0218/insurance?resource=download), which provides a comprehensive view of individual

medical insurance bills, including associated demographic and personal attributes of the recipients. My primary focus will be tackling a

linear regression problem, where I decipher the intricate relationship between these diverse characteristics and the total medical cost.

With this cost being a continuous and positive numerical value, it aligns perfectly with the choice of employing linear regression. The

mission of this project is to construct an optimal predictive model that can estimate medical expenses based on patient information.

The significance of this project lies in its potential to aid hospitals in revenue projection and the strategic planning of essential

Now, I will upload the explore the data and check for missing values. Below is documentation for the features in the dataset:

bmi: Body mass index, providing an understanding of body, weights that are relatively high or low relative to height, objective

In this project, I'll be delving into the Medical Cost Data Set sourced from Kaggle

healthcare procedures for their patient population.

from sklearn.linear model import LinearRegression

from sklearn.metrics import mean_squared_error, r2_score

insurance = pd.read_excel("insurance.xlsx", header=0, skiprows=1)

index of body weight (kg / m ^ 2) using the ratio of height to weight, ideally 18.5 to 24.9

from sklearn.model selection import train test split

import pandas as pd
import numpy as np

/Users/palwinderdhillon/Desktop

age: age of primary beneficiary

sex: insurance contractor gender, female, male

Exploring the Data

%cd ~/Desktop

In [127...

In [128...

In [131...

Out[131]:

insurance.dtypes

age

sex

charges

sex_binary

In [136...

In [137...

In [138...

Out[138]:

In [139...

In [140...

In [141...

In [142...

0.3

-0.021

age

the dataset.

age

bmi

smoker

Dividing the Data

 $y_{log} = np.log(y)$

y = insurance["charges"]

Building the Model

model = LinearRegression()
model.fit(X train, y train)

intercept = model.intercept

carry meaning because BMI can not be zero.

[0.03391475 0.01056129 1.54615728]

transformed medical charges.

has a strong impact on medical charges.

Residual Diagnostics

model.fit(X_train, y_train)

print(residual_mean)

plt.show()

2.0

1.5

1.0

0.5

0.0

-0.5

-1.0

In [143...

In [144...

8.0

print(train_mse)
print(test_mse)

0.21844590655300025
0.20925414547131072

Coefficient of Determination:

print(R2)

0.7421118855283422

charges.

Conclusion

accuracy for real-world applications.

R2 = r2_score(y_train, predictions)

and smoker status) included in the model.

8.5

train_pred = model.predict(X_train)
test_pred = model.predict(X_test)

9.0

unusable, but it puts into question the linear regression assumptions.

train_mse = mean_squared_error(y_train_log, train_pred)

test_mse = mean_squared_error(y_test, test_pred)

Here are the interpretations of the mean squared errors:

which will represent a set of new observations that it hasnt been trained on.

9.5

-8.279629336187608e-16

predictions = model.predict(X_train)
residuals = y_train - predictions
residual mean = residuals.mean()

plt.scatter(predictions, residuals)

Here are the interpretations of the slopes of the linear regression:

associated with slightly higher log-transformed medical charges.

Now, I will examine the residuals to evaluate the linear regression model.

LinearRegression()

print(intercept)

7.135077798791309

slope = model.coef

print(slope)

Now, I will divide the insurance dataset into:

X = insurance[["age", "bmi", "is_smoker"]]

0.2

0.046

bmi

charges tend to increase as well.

import scipy.stats as stats

Point-Biserial Correlation: 0.79

regression that will predict charges:

0.068

0.017

children

print(f"Point-Biserial Correlation: {correlation:.2f}")

bmi is also moderately related with charges with a correlation coefficient of .2.

I chose these three predictors due to their positive and strong correlations to higher costs.

1. A training set that will be used to estimate the regression coffecients

2. A test set that will be used to assess the predictive ability of the model

I will be transforming y (charges) using log to make extreme values less pronounced.

X_train, X_test, y_train, y_test = train_test_split(X, y_log, test_size=0.25, random_state=1)

The intercept of approximately 7.1351 in this linear regression model represents the estimated value of the log-transformed medical

charges (the dependent variable) when all the predictor variables (age, BMI, and smoker status) are set to zero. This intercept does not

1. Age (0.03391475): For each one-year increase in age, the predicted log-transformed medical charges are expected to increase by

approximately 0.0339, holding all other factors constant. This coefficient indicates that older individuals tend to have higher log-

2. BMI (0.01056129): For each one-unit increase in BMI (Body Mass Index), the predicted log-transformed medical charges are

expected to increase by approximately 0.0106, holding all other factors constant. This coefficient suggests that higher BMI is

3. Smoker Status (1.54615728): Being a smoker (compared to being a non-smoker) is associated with a substantial increase in log-

The residual mean of approximately -8.279629336187608e-16 suggests that, on average, the residuals (the differences between the

In other words, this model appears to do an excellent job of predicting the target variable (likely "charges" in this case) since, on

average, it does not have any systematic bias or tendency to consistently overpredict or underpredict the actual values. The small

actual observed values and the predicted values) of this linear regression model are extremely close to zero.

residual mean indicates that the model's predictions are, on average, nearly identical to the actual observed values.

10.0

10.5

zero and go downwards. I would expect an even band, centered around zero. This does not necessarily make the model predictions

Mean Squared Errors & Final Model Evaluation on Test data: I will now evaluate the final model by seeing how it performs on test data,

• The training MSE of approximately 0.2184 suggests that, on average, the model's predictions on the training data are off by about

0.2184 units (in terms of squared log-transformed charges). This represents the model's performance on the data it was trained

The test MSE of approximately 0.2093 suggests that, on average, the model's predictions on the test data are off by about 0.2093

The goal in model evaluation is to have lower MSE values. In this case, the test MSE is slightly lower than the training MSE, which

• The R2 value of 0.7421 indicates that the linear regression model explains approximately 74.21% of the variance in the medical

charges. In other words, about 74.21% of the variability in the charges can be accounted for by the predictor variables (age, BMI,

• R2 values range from 0 to 1, where 0 means that the model does not explain any variance, and 1 means that the model explains all

In this linear regression analysis, I aimed to develop a predictive model for medical charges based on a dataset that includes patient

age, BMI, and smoker status. After preprocessing the data, including log-transforming the target variable for improved modeling, I built

a linear regression model. The model yielded insightful coefficients: age and BMI showed relatively small but positive effects on medical

The model performed well in terms of explaining the variance in medical charges, with an R-squared (R2) value of approximately 0.7421,

signifying that it accounts for about 74.21% of the variance in charges. Additionally, the mean squared error (MSE) values of 0.2184 on

the training dataset and 0.2093 on the test dataset indicated that the model's predictions were generally close to the actual charges.

In conclusion, this linear regression model offers valuable insights into the factors influencing medical charges. Smoker status emerged

Next steps: Further refinement and validation may be necessary, and consideration of other relevant variables could enhance predictive

as a particularly significant determinant, while age and BMI played smaller roles. The model's relatively high R2 and low MSE values

The small residual mean of nearly zero further emphasized that the model's predictions align well with the observed values.

charges, while being a smoker had a significant positive impact. The intercept indicated the estimated log-transformed charges when

all predictors were at their baseline values, although its interpretation does not carry significance.

suggest that it provides a reasonable basis for predicting medical charges based on these factors.

the variance. In this case, an R2 value of 0.7421 suggests that the model captures a substantial portion of the variation in medical

can be a positive sign. It indicates that the model is not significantly overfitting the training data, as the test performance is similar.

units (in terms of squared log-transformed charges). This represents the model's performance on new, unseen data.

The residuals suggest some violations to the assumptions of linear regression. As fitted values get larger, the residuals trend away from

11.0

transformed medical charges. On average, smokers are predicted to have log-transformed medical charges approximately 1.5462

units higher than non-smokers, holding all other factors constant. This is a significant positive effect, indicating that smoker status

insurance['is smoker'] = (insurance['smoker'] == 'yes').astype(int)

1

0.057

0.057

1

• As expected, I can see a moderate relationship of .3 where when the age of individuals in the dataset increases, the medical

correlation, p_value = stats.pointbiserialr(insurance['smoker'].map({'yes': 1, 'no': 0}), insurance['charges'])

The positive sign of the correlation coefficient (0.79) indicates a strong positive linear relationship between being a smoker and medical

Based on the correlations I have investigated in this section of the project, I have chosen to include the following predictors in my linear

charges. In other words, individuals who are smokers tend to have significantly higher medical charges compared to non-smokers in

charges sex_binary

int64

object

bmi float64 children int64 smoker object region object float64 charges dtype: object In [132... insurance.isnull().sum() 0 age Out[132]: 0 sex bmi 0 children 0 smoker region charges dtype: int64 I can see there are not any missing values in the dataset. In [133... import matplotlib.pyplot as plt import seaborn as sns gender counts = insurance['sex'].value counts() gender_percentages = (gender_counts / gender_counts.sum()) * 100 plt.figure(figsize=(8, 6)) sns.barplot(x=gender_percentages.index, y=gender_percentages.values, palette="Set2") plt.title('Percentage of Males and Females in the Dataset') plt.xlabel('Gender') plt.ylabel('Percentage') plt.show() Percentage of Males and Females in the Dataset 50 40 30

Percentage 20 10 0 female male Gender The gender distribution in the dataset is nearly equivalent. In [134... insurance['sex_binary'] = insurance['sex'].map({'female': 0, 'male': 1}) correlation coefficient, p value = stats.pointbiserialr(insurance['sex binary'], insurance['charges']) print(f"Point-Biserial Correlation Coefficient: {correlation coefficient:.2f}") print(f"P-value: {p value:.4f}") Point-Biserial Correlation Coefficient: 0.06 P-value: 0.0361 The value of 0.06 is quite close to zero, which suggests that there is very little linear relationship between gender (sex) and medical charges in the dataset. In [135... correlation_matrix = insurance.corr() sns.heatmap(correlation_matrix, annot=True, cmap='coolwarm') plt.title('Correlation Heatmap') plt.show() Correlation Heatmap 1.0 age 0.11 0.042 0.3 -0.021- 0.8 bmi 0.11 1 0.013 0.2 0.046 - 0.6 children 0.042 0.013 1 0.068 0.017

- 0.4

0.2

0.0