

# Healthcare Scenario Healthy Living and Wellness Clustering Exercise

## Healthcare Scenario: Healthy Living and Wellness Clustering Exercise

### 1. Import Libraries

```
# Install these packages if you don't have them installed
# !pip install pandas seaborn matplotlib scikit-learn
```

```
import pandas as pd
import seaborn as sns
import matplotlib.pyplot as plt
from sklearn.cluster import KMeans
from sklearn.decomposition import PCA
from sklearn.metrics import silhouette_score
from sklearn.preprocessing import StandardScaler
from sklearn.cluster import AgglomerativeClustering
```

### 2. Load Dataset

```
# Load your dataset
df = pd.read_csv(r'C:\Users\Saba\Documents\Semester - 04\Itauma\Directories\Machine_Learning')

# Show the first few rows
print(df.info())
print(df.describe())
```

```
<class 'pandas.core.frame.DataFrame'>
RangeIndex: 200 entries, 0 to 199
```

Data columns (total 5 columns):

#	Column	Non-Null Count	Dtype
0	Exercise_Time_Min	200 non-null	float64
1	Healthy_Meals_Per_Day	200 non-null	int64
2	Sleep_Hours_Per_Night	200 non-null	float64
3	Stress_Level	200 non-null	int64
4	BMI	200 non-null	float64

dtypes: float64(3), int64(2)

memory usage: 7.9 KB

None

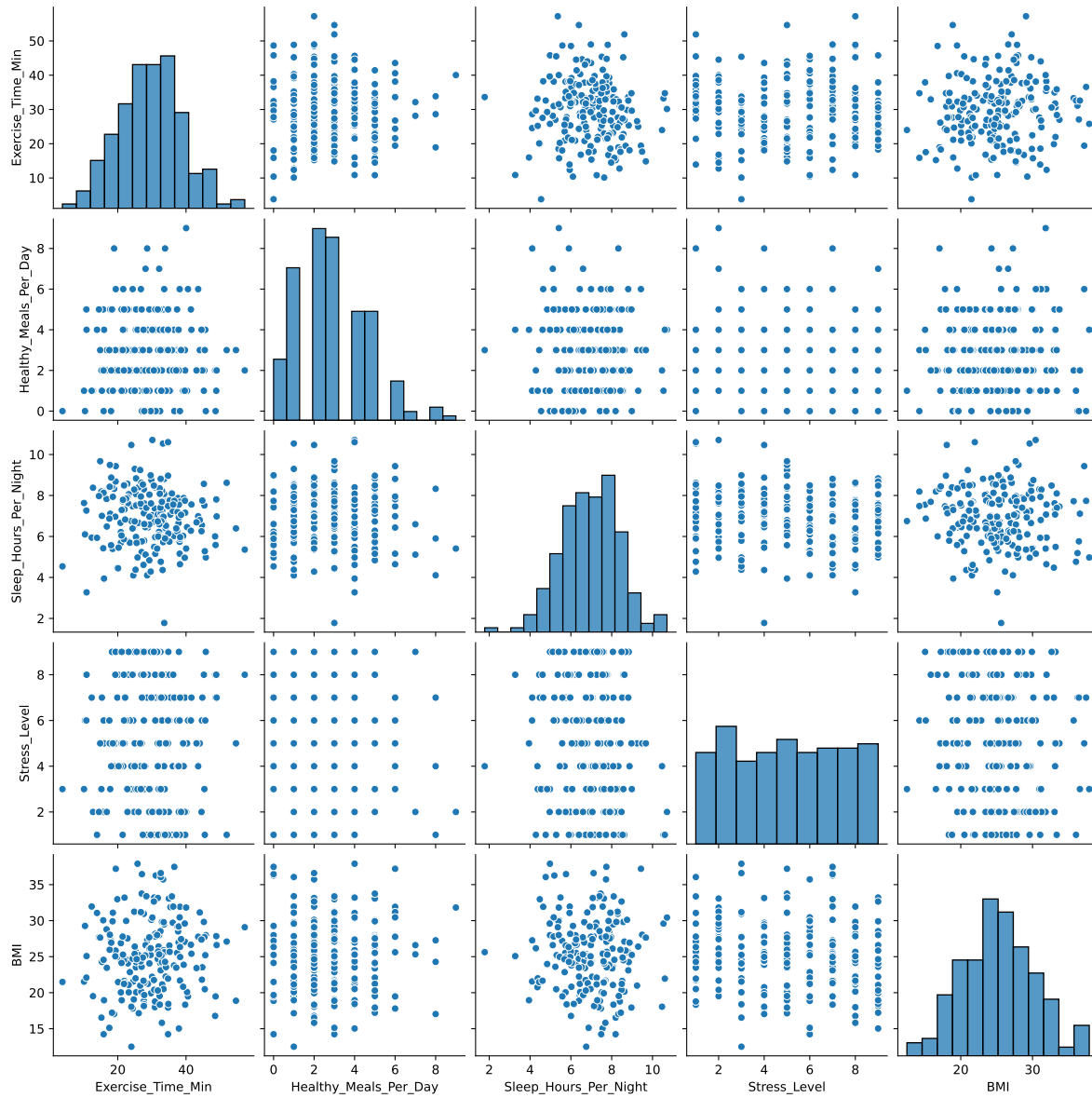
	Exercise_Time_Min	Healthy_Meals_Per_Day	Sleep_Hours_Per_Night	\
count	200.000000	200.000000	200.000000	
mean	29.592290	2.875000	6.933582	
std	9.310039	1.815449	1.422471	
min	3.802549	0.000000	1.778787	
25%	22.948723	2.000000	5.967243	
50%	29.958081	3.000000	6.972331	
75%	35.008525	4.000000	7.886509	
max	57.201692	9.000000	10.708419	

	Stress_Level	BMI
count	200.000000	200.000000
mean	4.995000	25.150008
std	2.605556	5.070778
min	1.000000	12.502971
25%	3.000000	21.458196
50%	5.000000	25.155662
75%	7.000000	28.011155
max	9.000000	37.898547

### 3. Exploratory Data Analysis (EDA)

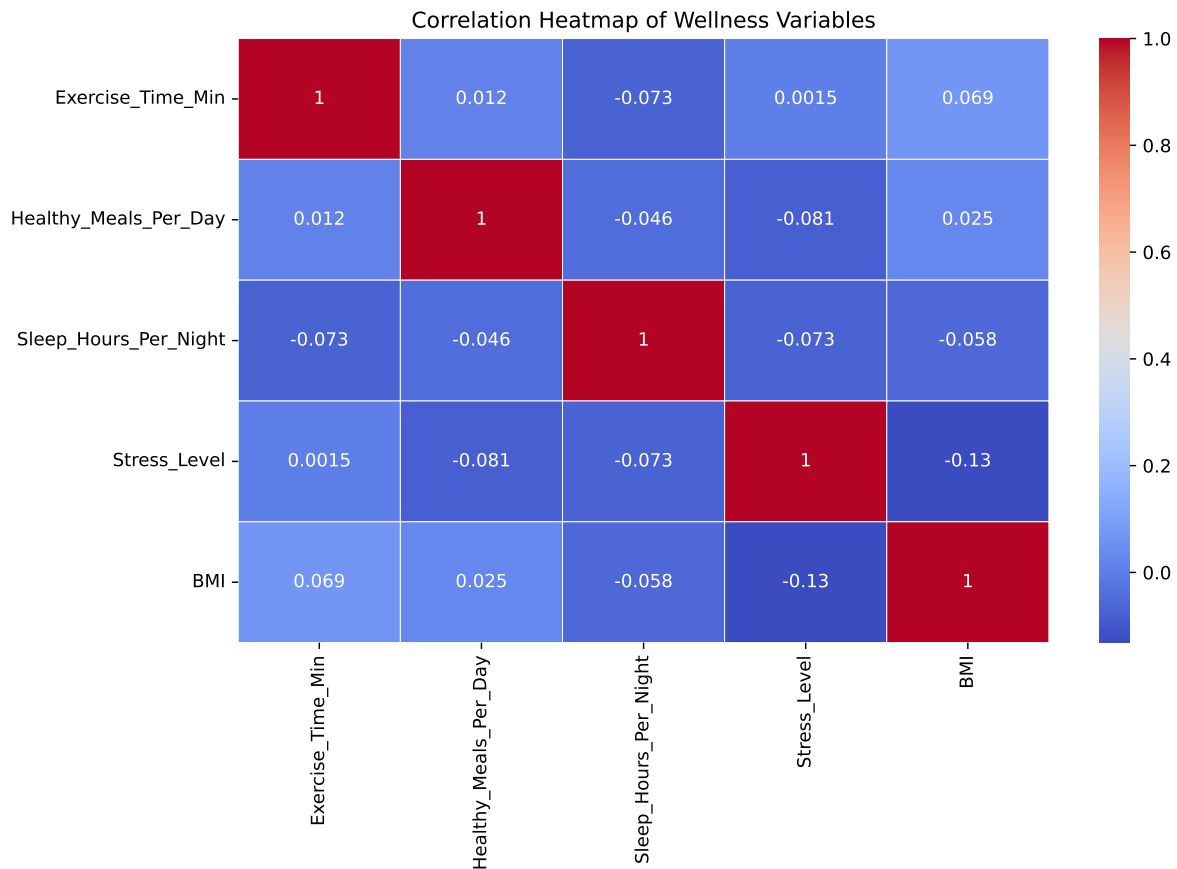
Pairplot to Visualize Relationships

```
sns.pairplot(df)
plt.show()
```



Correlation Heatmap

```
plt.figure(figsize=(10, 6))
corr_matrix = df.corr()
sns.heatmap(corr_matrix, annot=True, cmap="coolwarm", linewidths=0.5)
plt.title("Correlation Heatmap of Wellness Variables")
plt.show()
```



#### 4. Data Preprocessing

```
# Standardize the data
scaler = StandardScaler()
scaled_data = scaler.fit_transform(df)
```

#### 5. Clustering - K-Means

```
# Fit KMeans with 3 clusters (adjust based on data exploration)
kmeans = KMeans(n_clusters=3, random_state=42)
kmeans_labels = kmeans.fit_predict(scaled_data)

# Add cluster labels to the original data
df['KMeans_Cluster'] = kmeans_labels
```

```
# Silhouette Score to measure the clustering quality
silhouette_avg = silhouette_score(scaled_data, kmeans_labels)
print(f'Silhouette Score: {silhouette_avg}')
```

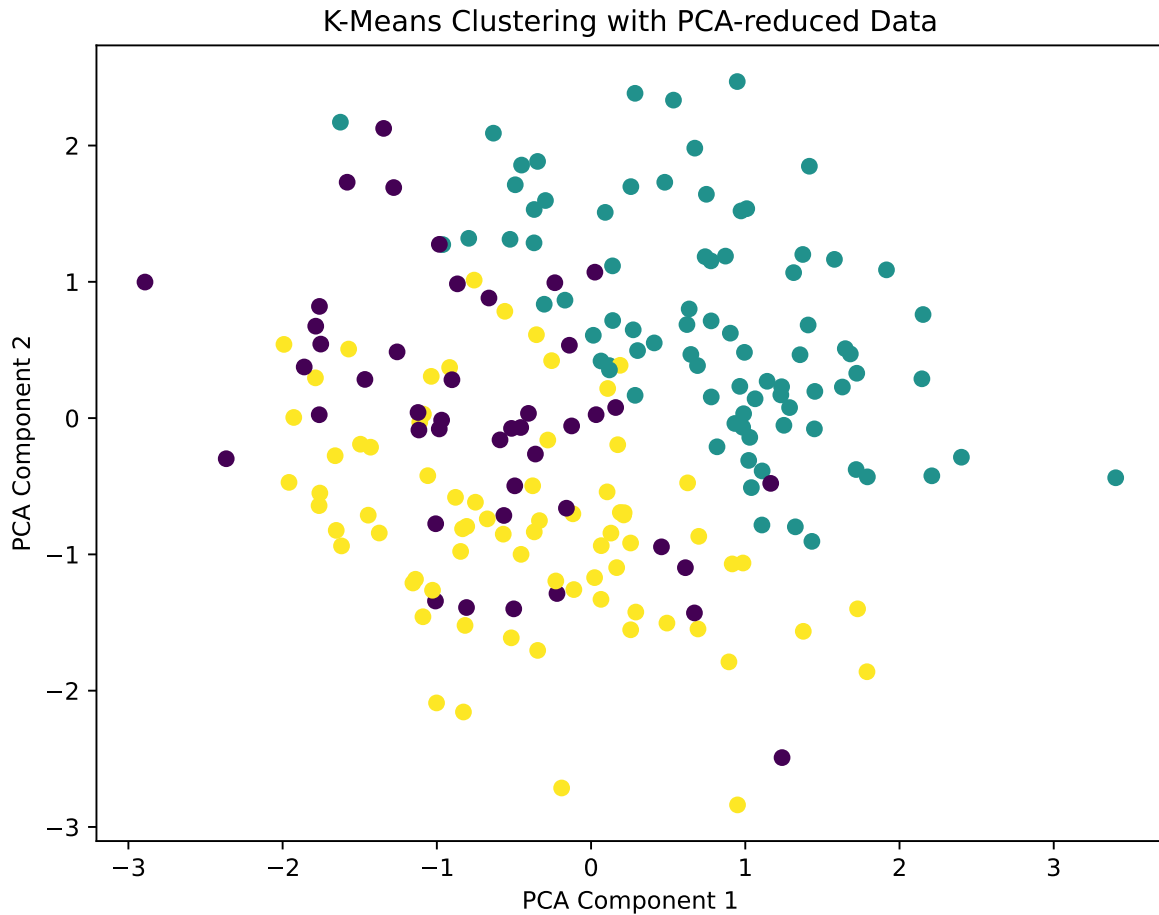
Silhouette Score: 0.1516159911787657

## 6. Dimensionality Reduction - PCA

```
# Apply PCA
pca = PCA(n_components=2)
pca_data = pca.fit_transform(scaled_data)

# Visualize the PCA-reduced data with the K-Means clusters
plt.figure(figsize=(8, 6))
plt.scatter(pca_data[:, 0], pca_data[:, 1], c=kmeans_labels, cmap='viridis')
plt.title("K-Means Clustering with PCA-reduced Data")
plt.xlabel("PCA Component 1")
plt.ylabel("PCA Component 2")
plt.show()

# Check explained variance of the components
print(f'Explained Variance Ratio: {pca.explained_variance_ratio_}')
```



Explained Variance Ratio: [0.23691549 0.22082517]

## 7. Hierarchical Clustering

```
# Apply Agglomerative (Hierarchical) Clustering
agg_clustering = AgglomerativeClustering(n_clusters=3)
agg_labels = agg_clustering.fit_predict(scaled_data)

# Add hierarchical cluster labels to the dataset
df['Agg_Cluster'] = agg_labels

# Compare silhouette scores
silhouette_avg_agg = silhouette_score(scaled_data, agg_labels)
print(f'Agglomerative Clustering Silhouette Score: {silhouette_avg_agg}')
```

Agglomerative Clustering Silhouette Score: 0.13628495765267165

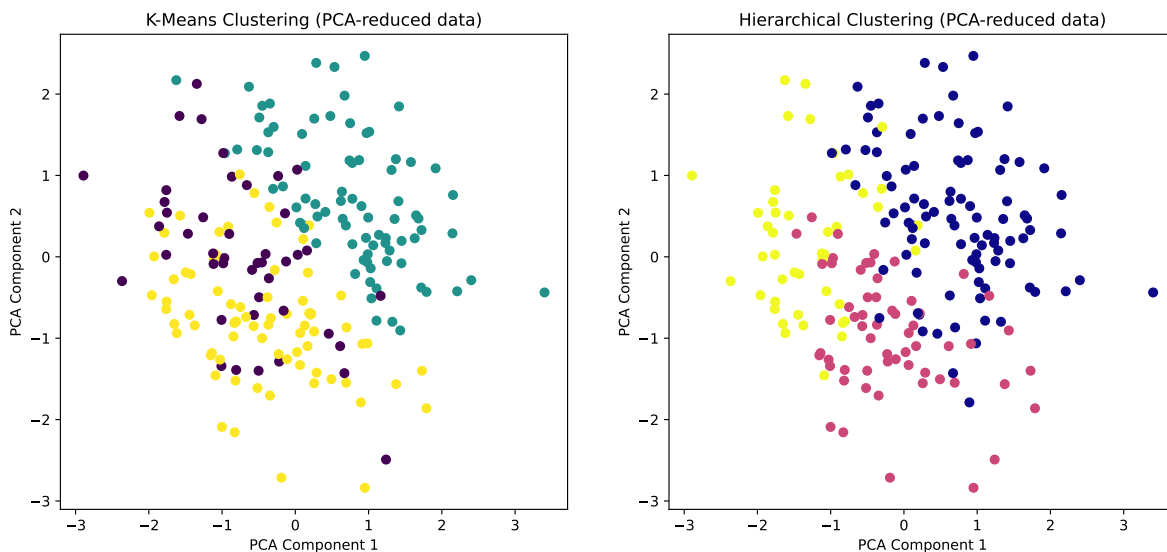
## 8. Compare K-Means with Hierarchical Clustering

```
# Plot both K-Means and Hierarchical clusters on the PCA-reduced data
fig, (ax1, ax2) = plt.subplots(1, 2, figsize=(14, 6))

# K-Means plot
ax1.scatter(pca_data[:, 0], pca_data[:, 1], c=kmeans_labels, cmap='viridis')
ax1.set_title('K-Means Clustering (PCA-reduced data)')
ax1.set_xlabel('PCA Component 1')
ax1.set_ylabel('PCA Component 2')

# Hierarchical clustering plot
ax2.scatter(pca_data[:, 0], pca_data[:, 1], c=agg_labels, cmap='plasma')
ax2.set_title('Hierarchical Clustering (PCA-reduced data)')
ax2.set_xlabel('PCA Component 1')
ax2.set_ylabel('PCA Component 2')

plt.show()
```



## 9. Conclusion:

Below are the insights:

- The pairplot and correlation heatmap revealed the relationships between variables like exercise time, healthy meals, sleep hours, stress level, and BMI.
- Variables, such as stress level and BMI, showed weaker relationships with other variables, suggesting potential independence in certain wellness attributes.
- K-Means successfully segmented the patients into distinct groups, as demonstrated by the silhouette score (a measure of how well clusters are formed). A higher silhouette score (closer to 1) indicates well-separated and cohesive clusters.
- Agglomerative (hierarchical) clustering also segmented patients into clusters, the silhouette score may reveal that K-Means performed better in terms of distinct segmentation. Hierarchical clustering may still offer useful insights in cases of non-linear relationships.
- PCA effectively reduced the dataset into two principal components, capturing most of the variance (explained variance ratio). This allowed for a visual representation of the clusters in two dimensions.
- The scatter plot of PCA components clearly visualized how well the clusters formed. The clusters from both K-Means and hierarchical methods were distinguishable, though K-Means appeared to have more distinct boundaries.
- The silhouette score comparison highlighted that K-Means clustering had slightly better performance in separating the patient groups, while hierarchical clustering was also able to group patients but with potentially more overlapping clusters.
- K-Means, being more efficient with larger datasets, might be preferred for segmenting patients based on wellness data, whereas hierarchical clustering can offer more granular insights, especially for smaller datasets or in exploratory analysis.
- Based on the clustering, health interventions can be tailored to different patient groups. For instance, patients in clusters with lower exercise time and high BMI could benefit from targeted fitness programs, while those with high stress levels but good physical health might need stress-reduction initiatives.
- Additional analysis with more advanced clustering algorithms (e.g., DBSCAN) or incorporation of more features (such as mental health scores) might reveal deeper insights into patient behavior.

Both clustering methods revealed distinct patient profiles in terms of wellness, but K-Means combined with PCA provided clearer and more actionable groupings.