# Understanding Diabetes Risk Factors

This presentation explores the associations between various health indicators and the prevalence of diabetes/prediabetes in U.S. adults. I will delve into the study design, data analysis, and the insights gained from our logistic regression model, highlighting key risk factors and their impact.





# Scientific Question and Study Design

The core scientific question investigates the associations between risk factors like high blood pressure, BMI, and smoking, and the prevalence of diabetes/prediabetes in U.S. adults. I also examine how age and sex influence these associations.

### **Study Design**

The dataset used in this analysis is derived from the Behavioral Risk Factor Surveillance System (BRFSS) 2015 survey, which is a cross-sectional study collecting health-related data from a population sample at a single point in time. The specific dataset, diabetes\_binary\_5050split\_health\_indicators\_BRFSS2015.csv, has been modified to include an equal number of individuals with diabetes (cases) and without diabetes (controls), creating a 50/50 split. This manipulation transforms the dataset to resemble a case-control study design, where cases and controls are deliberately balanced. While the original cross-sectional nature of BRFSS allows prevalence estimation.

# Descriptive analysis

### **Continuous Variables**

### **Dataset Overview**

• Total Observations: 70,692

• Target Variable: Diabetes\_binary (0: No Diabetes, 1: Diabetes/Prediabetes)

• Class Distribution:

Non-Diabetic: 35,346 (50.0%)

Diabetic/Prediabetic: 35,346 (50.0%)

• Year Collected: 2015

• Source: BRFSS (Behavioral Risk Factor Surveillance System)

## **Key Health Indicators**

Indicator	Category	Overall %	Diabetic %	Non-Diabetic %
High Blood Pressure	No High BP	64.4%	25%	70%
	High BP	35.6%	75%	30%
High Cholesterol	No High Chol	57.8%	29.5%	69.1%
	High Chol	42.2%	70.5%	30.9%

## **Diabetes Prevalence by Age**

Age Range	Age Code	<b>Total Count</b>	Diabetic Count	Prevalence
18-24	1	6,714	545	8.1%
25-29	2	5,231	553	10.6%
30-34	3	7,039	1,017	14.5%
35-39	4	7,559	1,497	19.8%
40-44	5	8,812	2,096	23.8%
45-49	6	9,874	3,142	31.8%
50-54	7	10,206	3,892	38.1%
55-59	8	10,142	4,576	45.1%
60-64	9	8,887	4,526	50.9%
65-69	10	6,349	3,645	57.4%
70-74	11	4,327	2,615	60.4%
75-79	12	2,762	1,738	62.9%
80+	13	1,790	1,157	64.6%

Variable Overall Mean Diabetic Mean Non-Diabetic Mean Std Dev

25.1

6.7

32.1

29.5

BMI

Made with **GAMMA** 

# **Data Preprocessing and Visualization**

Our data preprocessing pipeline involved meticulously loading the raw dataset and recoding key categorical variables into more descriptive factors, ensuring data quality and readability. Following this, we generated a series of insightful graphs to visualize crucial distributions and relationships within the data, providing a foundational understanding before advanced modeling.

### **Load and Preprocess Data**

Initial data handling included converting numerical codes into descriptive factors for essential variables such as `Diabetes\_binary` (diabetes/prediabetes status),...

#### **Visualize Diabetes Status Distribution**

A bar plot was generated to clearly illustrate the 50/50 split of the dataset based on diabetes status, confirming the deliberate balancing of the two groups for...

### **Analyze BMI and Age Distributions**

Histograms and comparative boxplots were used to visualize the distributions of Body Mass Index (BMI) and age. These revealed that individuals in the...

### **Examine HighBP and Sex Proportions**

A stacked bar plot was created to vividly illustrate the prevalence of high blood pressure (HighBP) across different sexes and diabetes statuses, highlighting ho...

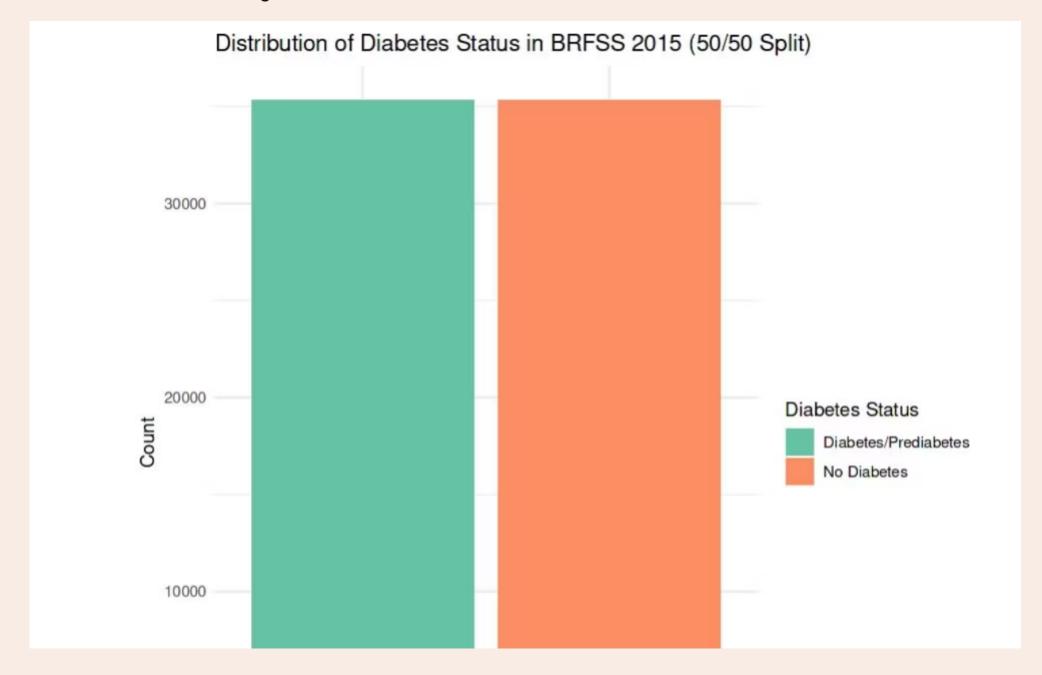
# **Load and Preprocess Data**

Initial data handling included converting numerical codes into descriptive factors for essential variables such as `Diabetes\_binary` (diabetes/prediabetes status), `Sex`, `HighBP` (high blood pressure), and `HighChol` (high cholesterol), preparing them for analysis.

```
# Step 2: Preprocess the data for visualization
cat("\n=== Data Preprocessing ===\n")
data <- data %>% mutate(     Diabetes_binary = as.factor(dplyr::recode(as.character(Diabetes_binary),
"0" = "No Diabetes",
"1" = Diabetes/Prediabetes")),
Sex = as.factor(ifelse(Sex == 0, "Female", "Male")),
HighBP = as.factor(ifelse(HighBP == 0, "No High BP", "High BP")),
HighChol = as.factor(ifelse(HighChol == 0, "No High Chol", "High Chol")) )
```

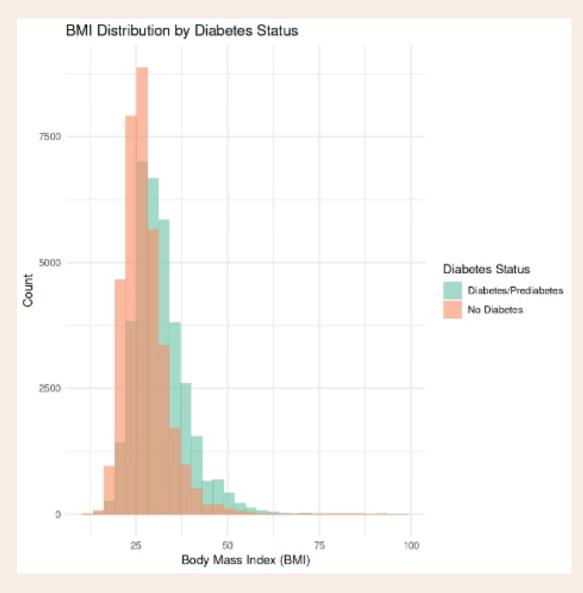
## **Visualize Diabetes Status Distribution**

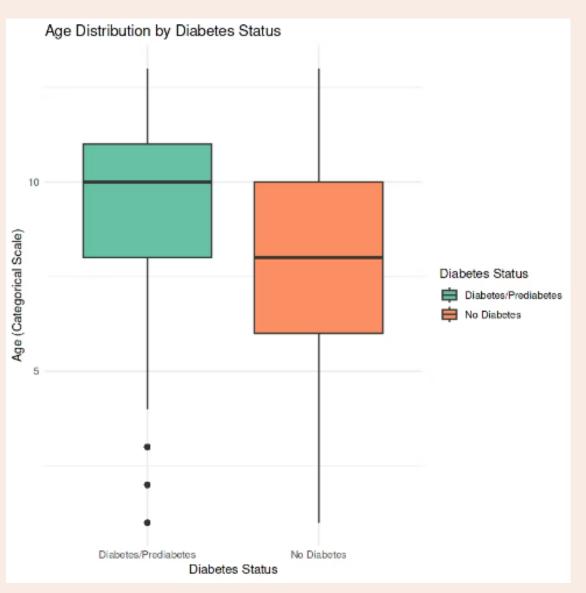
A bar plot was generated to clearly illustrate the 50/50 split of the dataset based on diabetes status, confirming the deliberate balancing of the two groups for effective model training.



# **Analyze BMI and Age Distributions**

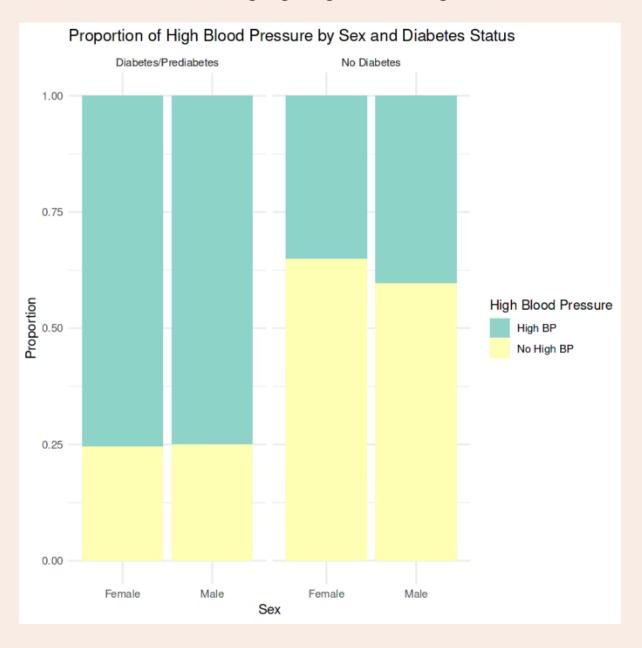
Histograms and comparative boxplots were used to visualize the distributions of Body Mass Index (BMI) and age. These revealed that individuals in the diabetes/prediabetes group generally exhibit higher BMI values and are older compared to the non-diabetes group.

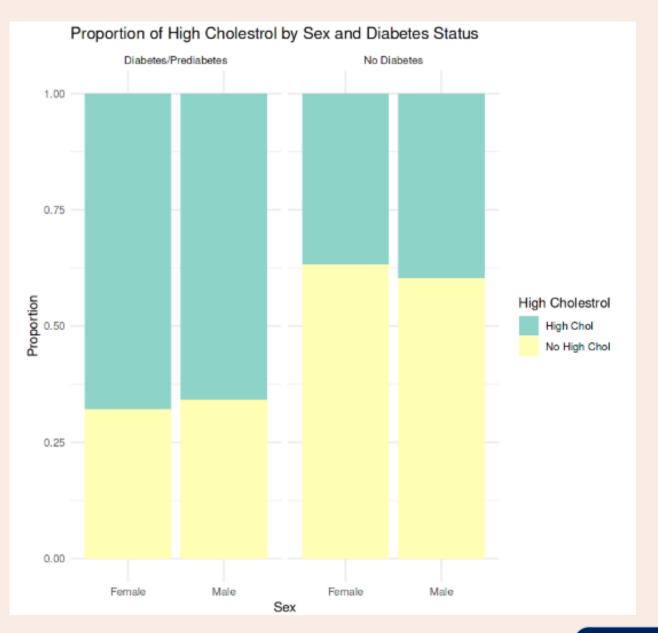




# **Examine HighBP, HighChol and Sex Proportions**

A stacked bar plot was created to vividly illustrate the prevalence of high blood pressure (HighBP) and high cholesterol (HighChol) across different sexes and diabetes statuses, highlighting how this significant risk factor varies within demographic segments.





## **Data Loading and Initial Exploration**

This section details the foundational steps of our study, including the ingestion of the dataset and a preliminary examination of its structure and content.

#### R Code for Data Loading and Summary

```
# Step 1: Load the dataset
data <- read csv("/kaggle/input/diabetes-health-indicators-</pre>
dataset/diabetes binary 5050split health indicators BRFSS2015.csv",
show col types = FALSE)
# Step 2: Explore and preprocess the data
cat("\n=== Data Summary ===\n")
# Check for missing values
cat("Missing Values Check:\n")
print(colSums(is.na(data)))
# No missing values expected in this dataset
# Convert categorical variables to factors
data <- data %>%
         mutate(
         Diabetes binary = as.factor(Diabetes binary),
         HighBP = as.factor(HighBP), HighChol = as.factor(HighChol),
PhysActivity = as.factor(PhysActivity) )
# Summary statistics
cat("\nDescriptive Statistics of Variables:\n")
print(summary(data))
```

#### **Output: Data Summary and Statistics**

```
=== Data Summary ===
Missing Values Check:
Diabetes_binary
                         HighBP
                                         HighChol
      0
                          0
                                              0
CholCheck
                                          Smoker
              HeartDiseaseorAttack
                                         PhysActivity
Stroke
                  Veggies HvyAlcoholConsump
Fruits
                     NoDocbcCost
                                            GenHlth
AnyHealthcare
         0
MentHlth
                   PhysHlth
                                       DiffWalk
                       0
                                          0
   0
Sex
                                  Education
                   Age
                                       0
Income
Descriptive Statistics of Variables:
Diabetes_binary HighBP
                       HighChol
                                   Cho1Check
                                                      BMI
                                                                Smoker
                                                 Min. :12.00
0:35346
               0:30860 0:33529
                                 Min. :0.0000
                                                                0:37094 1:35346
1:39832 1:37163 1st Qu.:1.0000 1st Qu.:25.00 1:33598
Median :1.0000 Median :29.00
                                                                          Mean
:0.9753 Mean :29.86
                                                                   3rd Qu.:1.0000
3rd Qu.:33.00
                   Max. :1.0000 Max. :98.00
```

# **Logistic Regression Model**

To answer our scientific question, we fitted a logistic regression model. This model predicts diabetes status based on age, sex, BMI, high blood pressure, high cholesterol, smoking, and physical activity.

```
# Step 3: Fit logistic regression model
cat("\n=== Logistic Regression Model ===\n")
cat("Model: Predicting Diabetes with Health Indicators\n")

# Predictors chosen based on health indicators relevant to diabetes
model <- glm( Diabetes_binary ~ Age + Sex + BMI + HighBP + HighChol + Smoker +PhysActivity, family = binomial(link = "logit"), data = data)

# Step 4: Model summary
cat("\n=== Model Coefficients and Odds Ratios ===\n")
print(summary(model))</pre>
```

# **Model Diagnostics and Performance**

We performed several diagnostic checks on our model. Model Coefficients and Odds Ratios, Effect modification for interaction between Age and BMT and The model's predictive performance was evaluated using the Area Under the ROC Curve (AUC), which showed a moderate predictive ability.

# Model Coefficients and Odds Ratios

Calculating Coefficients and Odd ratios for all factors in our data

### **Effect Modification**

An interaction term between Age and BMI was tested, revealing a significant effect modification, suggesting their combined impact on diabetes risk is more than additive

### **ROC Curve and AUC**

The ROC curve visually represents the model's performance, and the AUC value of approximately 0.79 indicates a moderate ability to distinguish between individuals with and without diabetes/prediabetes.

## **Model Coefficients and Odds Ratios**

Calculating Coefficients and Odd ratios for all factors in our data

#### **R** Code

```
cat("\n=== Model Coefficients and Odds Ratios ===\n")
# Calculate odds ratios

odds_ratios <- exp(coef(model))

results <- cbind(odds_ratios)
print(results)</pre>
```

#### Output

```
Coefficients:
             Estimate Std. Error z value Pr(>|z|)
(Intercept)
            -4.995821 0.063625 -78.520 < 2e-16 ***
                       0.003528 48.327 < 2e-16 ***
             0.170507
Age
                       0.001507 59.756 < 2e-16 ***
             0.090052
BMI
                       0.017612 10.271 < 2e-16 ***
Sex1
             0.180890
                       0.018615 51.556 < 2e-16 ***
HighBP1
             0.959728
HighChol1
             0.709013
                       0.017874 39.668 < 2e-16 ***
                       0.017635 7.682 1.57e-14 ***
Smoker1
             0.135470
                       0.019408 -17.729 < 2e-16 ***
PhysActivity1 -0.344072
```

```
=== Odds Ratios ===
              odds_ratios
              0.006766162
(Intercept)
Age
              1.185905990
BMI
              1.094231269
              1.198282976
Sex1
HighBP1
              2.610986828
HighChol1
              2.031985408
Smoker1
              1.145074843
PhysActivity1 0.708877866
```

## **Effect Modification**

$$ext{OR}_{ ext{BMI at Age A}} = \exp(eta_{ ext{BMI}} + eta_{ ext{Age:BMI}} imes A)$$

#### **R** Code

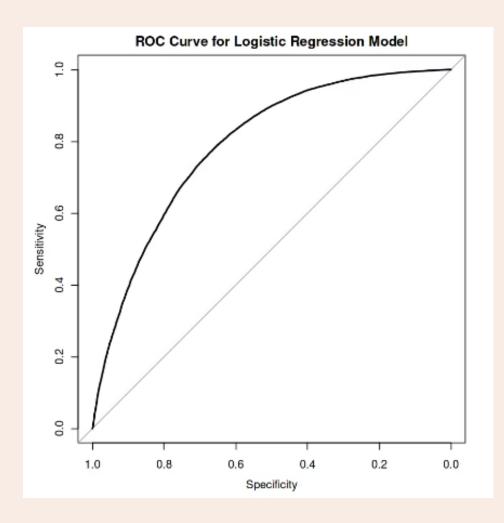
```
# Fit logistic regression model with interaction Term
model interaction <- glm(</pre>
          Diabetes binary ~ Age * BMI + Sex + HighBP + HighChol +
          Smoker + PhysActivity, family = binomial(link = "logit"),
          data = data)
# Display summary to check interaction term
significancesummary(model interaction)
# Calculate OR for BMI at different ages
beta bmi <- log(1.094231269) # From main effect
beta interaction <- 0.0045964 # Hypothetical interaction term
ages \leftarrow c(30, 50,70)
or bmi <- exp(beta bmi + beta interaction * ages)</pre>
names(or bmi) <- paste("Age", ages)</pre>
print("Odds Ratios for BMI at different ages:")
print(or bmi)
```

#### Output

```
Coefficients:
            Estimate Std. Error z value Pr(>|z|)
(Intercept)
          -3.9057326 0.1351352 -28.902 < 2e-16 ***
           0.0370070 0.0152472 2.427
Age
                                   0.0152 *
           0.0529973 0.0043445 12.199 < 2e-16 ***
BMI
           0.1749476 0.0176345 9.921 < 2e-16 ***
Sex1
HighBP1
           0.9591559 0.0186338 51.474 < 2e-16 ***
HighChol1
           Smoker1
           PhysActivity1 -0.3400024 0.0194415 -17.488 < 2e-16 ***
           0.0045964 0.0005126 8.967 < 2e-16 ***
Age:BMI
```

```
[1] "Odds Ratios for BMI at different ages:"
Age 30 Age 50 Age 70
1.256015 1.376952 1.509533
```

### **ROC Curve and AUC**



The ROC curve visually represents the model's performance, and the AUC value of approximately 0.79 indicates a moderate ability to distinguish between individuals with and without diabetes/prediabetes.

#### R Code

```
# Model diagnosticscat
("\n=== Model Performance: ROC and AUC ===\n")
# Predict probabilities
data$predicted prob <- predict(model, type = "response")</pre>
# ROC curve and Area Under the Curve (AUC)
roc_obj <- roc(data$Diabetes_binary, data$predicted_prob)</pre>
auc_value <- auc(roc_obj)</pre>
cat("Area Under the ROC Curve (AUC):", auc value, "\n")
plot(roc obj, main = "ROC Curve for Logistic Regression Model")
 === Model Performance: ROC and AUC ===
 Setting levels: control = Diabetes/Prediabetes, case = No Diabetes
 Setting direction: controls < cases
 Area Under the ROC Curve (AUC): 0.7902809
```

## **Model Evaluation**

I tried to apply train-test split and k-fold cross validation methods to improve the accuracy of the model, 0.79 is normal but still not the best

## **Train Test Split**

splitting the data into train and test, train data with 0.75 of the main data, and test is 0.25 of the main data

### K-fold cross validation

K fold is a method to split the data into k parts and use k-1 for training and 1 for testing, and repeating this process with all k parts



## **Train Test split**

#### **R** Code

```
# Load additional libraries for evaluation
library(caret)
library(pROC)
library(lattice)
# Set seed for reproducibility
set.seed(123)
# Train-Test Split
cat("\n=== Model Evaluation: Train-Test Split ===\n")
train_index <- createDataPartition(data$Diabetes binary, p = 0.75, list =</pre>
FALSE)
train data <- data[train index, ]test data <- data[-train index, ]</pre>
# Fit model on training data (same predictors as your original model)
model train <- glm(Diabetes binary ~ Age + Sex + BMI + HighBP + HighChol +
                                          family = binomial(link = "logit"),
Smoker + PhysActivity,
data = train data)
# Predict on test datatest_data$predicted_prob <- predict(model_train, newdata</pre>
= test data, type = "response")
# ROC and AUC for test data
roc_test <- roc(test_data$Diabetes_binary, test_data$predicted_prob)</pre>
auc test <- auc(roc test)cat("Test Set AUC:", auc test, "\n")plot(roc test,</pre>
main = "ROC Curve for Test Set")
```

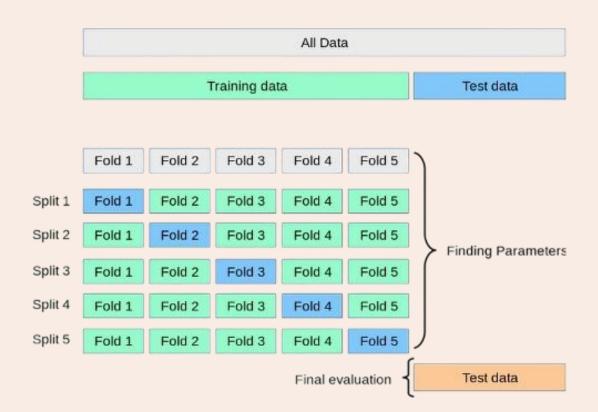


```
=== Model Evaluation: Train-Test Split ===
Setting levels: control = 0, case = 1
Setting direction: controls < cases
Test Set AUC: 0.7901041
                      ROC Curve for Test Set
   0.8
   9.0
Sensitivity
   0.2
   0.0
       1.0
                 8.0
                           0.6
                                               0.2
                                                         0.0
                              Specificity
```

### K-fold cross validation

#### **R** Code

```
# Load necessary libraries (already in your code, repeated for
completeness)
library(caret)
library(pROC)
# Fix factor levels for Diabetes binary to be valid R variable names
cat("\n=== Fixing Factor Levels for Diabetes binary ===\n")
data$Diabetes binary <-</pre>
as.factor(data$Diabetes binary)levels(data$Diabetes binary) <-</pre>
make.names(levels(data$Diabetes binary))
# Convert to valid names
cat("Updated levels for Diabetes binary:\n")
print(levels(data$Diabetes binary))
# 5-Fold Cross-Validation (k=5) with classProbs = TRUE
cat("\n=== Model Evaluation: 5-Fold Cross-Validation ===\n")
set.seed(123)
# For reproducibility
cv control <- trainControl( method = "cv", number = 5,</pre>
summaryFunction = twoClassSummary, classProbs = TRUE
# Enable class probabilities for ROC)
cv results <- train( Diabetes binary ~ Age + Sex + BMI + HighBP +
HighChol + Smoker + PhysActivity, data = data, method = "glm",
family = "binomial", trControl = cv control, metric = "ROC")
# Extract and display cross-validated AUC
cv auc <- cv results$results$ROC</pre>
cat("Cross-Validated AUC:", cv auc, "\n")
print(cv results$results)
```



#### **Output**



=== Model Evaluation: 5-Fold Cross-Validation ===

Cross-Validated AUC: 0.7902278

parameter ROC Sens Spec ROCSD SensSD SpecSD

none 0.7902278 0.6922705 0.7475244 0.00435297 0.005036996 0.005268072

## **Test the model**

Trying to input sample data and see the results

#### **R** Code

```
trial_data <- data.frame(</pre>
 Age = 20, Sex = factor(1, levels = c(0, 1)),
# No labels if model uses numeric factors
BMI = 19,
HighBP = factor(0, levels = c(0, 1)), # Match model's format
HighChol = factor(0, levels = c(0, 1)),
Smoker = factor(0, levels = c(0, 1)),
PhysActivity = factor(1, levels = c(0, 1))
# Ensure column names EXACTLY match training
datacolnames(trial data) <- c("Age", "Sex", "BMI", "HighBP",</pre>
"HighChol", "Smoker", "PhysActivity")
# Predict
prob <- predict(model train, newdata = trial data, type =</pre>
"response")
# Converts to 0/1
binary prediction <- ifelse(prob > 0.5, 'Diabetes', 'No diabetes')
cat(binary prediction)
```

#### Output

```
First trial with:

age = 20 , BMI = 19 , HighBP = 0, HighChol = 0, Smoker = 0 ,

PhysActivity = 1
```

Output: No diabetes

Second trial with:

```
age = 35 , BMI = 19 , HighBP = 1, HighChol = 0, Smoker = 0 , 
PhysActivity = 1
```

Output: **Diabetes** 

# **Conclusion and Limitations**

Our analysis revealed significant associations between high blood pressure, high cholesterol, and higher BMI with increased diabetes/prediabetes risk. Older age and male sex also correlated with higher prevalence. While the model shows moderate predictive ability.

### **Key Findings**

Strong link between HighBP, HighChol, BMI and diabetes risk.

Older age and male sex correlate with higher prevalence.

The Age:BMI interaction indicates that BMI's impact on diabetes risk is stronger in older individuals.

Model AUC of ~0.79 indicates moderate predictive ability.

Evaluation model techniques didn't improve the model



# Thank You!

We appreciate your attention and engagement throughout this presentation. We hope our insights on diabetes risk factors have been valuable.

## **Questions?**

Please feel free to ask any questions you may have. We are happy to discuss our findings further.

### **Contact Us**

For more information or collaboration opportunities, please reach out:

• Email: ahmedtarek2632@gmail.com

