

Diabetes Prediction

```
In [1]: import numpy as np
import pandas as pd
import requests
import altair as alt
import os
from sklearn.preprocessing import StandardScaler
from sklearn.compose import make_column_transformer, make_column_selector
from sklearn.model_selection import train_test_split, GridSearchCV
from sklearn.tree import DecisionTreeClassifier
from sklearn.naive_bayes import BernoulliNB
from sklearn.pipeline import make_pipeline
from ucimlrepo import fetch_ucirepo
from sklearn.metrics import (
    accuracy_score, make_scorer, fbeta_score,
    recall_score, precision_score, ConfusionMatrixDisplay
)
alt.data_transformers.disable_max_rows()

np.random.seed(522)
```

Summary

In this project we attempt to build a model to predict diabetes disease. We compared a decision tree model and naive bayes model and found the decision tree is stronger in this context. We used f2-score as our scoring function because detecting diabetes is the priority: a false negative could be much worse than a false positive.

In the test dataset: the decision tree model correctly detected 8283 of 10604 positive cases (recall rate is about 78%). This result does come at a fairly significant cost in terms of false positives (precision rate is about 30%) with 19650 false positives. Depending on the actual cost of false positive this may need significant improvement to be a viable screening model.

Introduction

In Canada and the USA approximately 10% of people are living with diabetes. In Canada in 2023 approximately 3.7 million people were living with diabetes and in the USA in 2021 approximately 38.4 million people were living with diabetes. In the USA it is the 8th leading cause of death. Globally an estimated 44% of people living with diabetes are undiagnosed. (Snapshot of Diabetes in Canada, 2023; Rios et al., 2017; Stafford et al., 2025)

In this project we try to predicted diabetes disease based on common health factors. A reliable model could help to prescreen people and recommend following up with a physician for people who are at risk. Given the large number of people living with undiagnosed diabetes this could potentially have a significant positive impact of world health.

The analysis uses the American CDC Behavioural Risk Factor Surveillance System (BRFSS) 2015 Diabetes Health Indicators dataset (UCI ID 891), containing 253,680 survey responses with 21 health-related features and a binary diabetes outcome (0 = no diabetes/pre-diabetes, 1 = diabetes).

No missing values were present and all features were already encoded numerically. The target classes is imbalanced ($\approx 86\%$ non-diabetic, $\approx 14\%$ diabetic).

Methods and Results

The analysis uses the CDC Behavioural Risk Factor Surveillance System (BRFSS) 2015 Diabetes Health Indicators dataset (UCI ID 891), containing 253,680 survey responses with 21 health-related features and a binary diabetes outcome (0 = no diabetes/pre-diabetes, 1 = diabetes). (Dane and Teboul, 2021) No missing values were present and all features were already encoded numerically. The target classes are heavily imbalanced ($\approx 86\%$ non-diabetic, $\approx 14\%$ diabetic).

EDA

Group-wise mean differences revealed the strongest risk factors for diabetes:

- PhysHlth (days of poor physical health)
- BMI
- Age
- MentHlth (days of poor mental health)
- GenHlth (self-rated general health)

Weakest factors

- HvyAlcoholConsump
- Fruits
- Veggies
- PhysActivity
- Education
- Income

Box plots of the top five predictors clearly separate the diabetic and non-diabetic groups.

Modeling Approach

The data were split 70/30 into training and test sets with stratification on the target. Two classifiers were trained and tuned using 5-fold cross-validated grid search with **f2-score** as the scoring metric. We chose to use f2-score because it is more appropriate than accuracy or f1 because we don't want to miss true positives.

1. **Decision Tree** (class_weight='balanced')
Hyperparameters: max_depth $\in \{6, 8, 10, 12, 14\}$, min_samples_leaf $\in \{175, 200, 225, 250\}$
Best parameters: max_depth=10, min_samples_leaf=200
Best CV f2-score = 0.5908
2. **Bernoulli Naive Bayes** (with StandardScaler preprocessing)
Hyperparameters: alpha $\in \{1e-3, 1e-2, 1e-1, 1e0, 1e1, 1e2, 1e3, 1e4\}$
Best parameters: alpha=1e-3
Best CV f2-score = 0.4453

Results

Model	Test Accuracy	Test f2-score	Test recall	Test precision
Decision Tree	0.706	0.587	0.783	0.293
Naive Bayes	0.814	0.460	0.489	0.373

Table: 1

Load Data

```
In [2]: # fetch dataset
cdc_diabetes_health_indicators = fetch_ucirepo(id=891)

# data (as pandas dataframes)
X = cdc_diabetes_health_indicators.data.features
y = cdc_diabetes_health_indicators.data.targets
```

Save Raw Data

```
In [3]: # check if raw folder exists
raw_data_path = "../data/raw"

if not os.path.exists(raw_data_path):
    os.makedirs(raw_data_path)

## Save Raw Data
X.to_csv("../data/raw/diabetes_raw_features.csv")
y.to_csv("../data/raw/diabetes_raw_targets.csv")
```

Data Wrangling

```
In [4]: # No major cleaning needed – dataset is already very clean!
# Combine features and targets to get a overview of the full data set
df = X.copy()
df['diabetes'] = y

# Quick info
df.info()
```

```
<class 'pandas.core.frame.DataFrame'>
RangeIndex: 253680 entries, 0 to 253679
Data columns (total 22 columns):
#   Column                                Non-Null Count  Dtype
---  -
0   HighBP                                253680 non-null  int64
1   HighChol                              253680 non-null  int64
2   CholCheck                             253680 non-null  int64
3   BMI                                    253680 non-null  int64
4   Smoker                                 253680 non-null  int64
5   Stroke                                253680 non-null  int64
6   HeartDiseaseorAttack                  253680 non-null  int64
7   PhysActivity                           253680 non-null  int64
8   Fruits                                253680 non-null  int64
9   Veggies                                253680 non-null  int64
10  HvyAlcoholConsump                     253680 non-null  int64
11  AnyHealthcare                          253680 non-null  int64
12  NoDocbcCost                            253680 non-null  int64
13  GenHlth                                253680 non-null  int64
14  MentHlth                               253680 non-null  int64
15  PhysHlth                               253680 non-null  int64
16  DiffWalk                               253680 non-null  int64
17  Sex                                    253680 non-null  int64
18  Age                                    253680 non-null  int64
19  Education                              253680 non-null  int64
20  Income                                 253680 non-null  int64
21  diabetes                               253680 non-null  int64
dtypes: int64(22)
memory usage: 42.6 MB
```

```
In [5]: df.head()
```

```
Out[5]:
```

	HighBP	HighChol	CholCheck	BMI	Smoker	Stroke	HeartDiseaseorAttack	PhysA
0	1	1	1	40	1	0	0	
1	0	0	0	25	1	0	0	
2	1	1	1	28	0	0	0	
3	1	0	1	27	0	0	0	
4	1	1	1	24	0	0	0	

5 rows × 22 columns

```
In [6]: df.tail()
```

```
Out[6]:
```

	HighBP	HighChol	CholCheck	BMI	Smoker	Stroke	HeartDiseaseorAttack
253675	1	1	1	45	0	0	0
253676	1	1	1	18	0	0	0
253677	0	0	1	28	0	0	0
253678	1	0	1	23	0	0	0
253679	1	1	1	25	0	0	1

5 rows × 22 columns

Data Summary

All the features in this dataset were selected by clinician to be relevant to a person having diabetes. We will use all features in our model.

```
In [7]: df.describe()
```

```
Out[7]:
```

	HighBP	HighChol	CholCheck	BMI	Smoker
count	253680.000000	253680.000000	253680.000000	253680.000000	253680.000000
mean	0.429001	0.424121	0.962670	28.382364	0.443160
std	0.494934	0.494210	0.189571	6.608694	0.496760
min	0.000000	0.000000	0.000000	12.000000	0.000000
25%	0.000000	0.000000	1.000000	24.000000	0.000000
50%	0.000000	0.000000	1.000000	27.000000	0.000000
75%	1.000000	1.000000	1.000000	31.000000	1.000000
max	1.000000	1.000000	1.000000	98.000000	1.000000

8 rows × 22 columns

Visualizations

```
In [8]: diabetes_count = pd.DataFrame(df['diabetes'].value_counts()).reset_index()

alt.Chart(diabetes_count).mark_bar().encode(
    x=alt.X('diabetes:0', title='Has Diabetes'),
    y="count",
    color="diabetes:N"
).properties(title='Count of Diabetes vs Non-Diabetes Records in Dataset')
```

Out [8]: **Count of Diabetes vs Non-Diabetes Recores in Dataset** ...

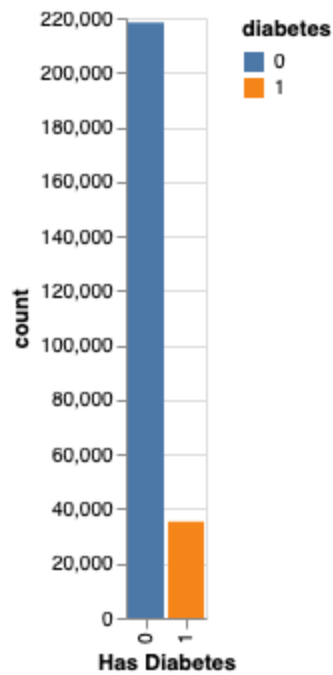


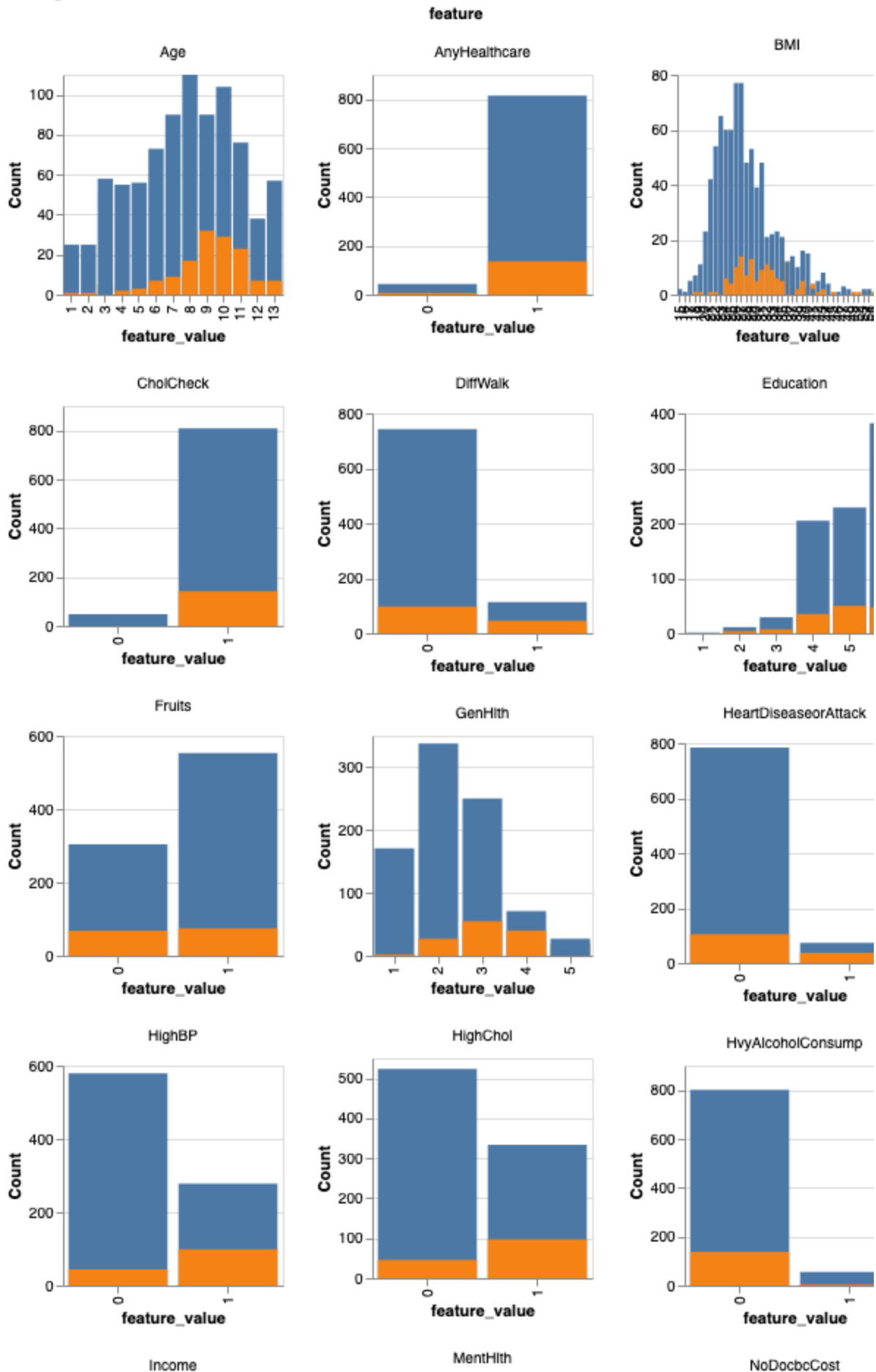
Figure 1

```
In [9]: df_sample = df.sample(n=1000, random_state=522)
features = df_sample.columns.to_list()
df_sample_long = pd.melt(df_sample, id_vars=["diabetes"], value_vars=feature

histograms = alt.Chart(df_sample_long).mark_bar().encode(
    x=alt.X("feature_value:0"), # Chose to use ordinal instead of quantitati
    y=alt.Y("count()"), title="Count").stack(False),
    color=alt.Color("diabetes:N"),
).properties(
    width=150,
    height=150,
).facet(
    "feature:N",
    columns=3,
).resolve_scale(
    x="independent",
    y="independent",
).properties(
    title='Histograms of Features',
)

histograms
```

Out [9]: **Histograms of Features**



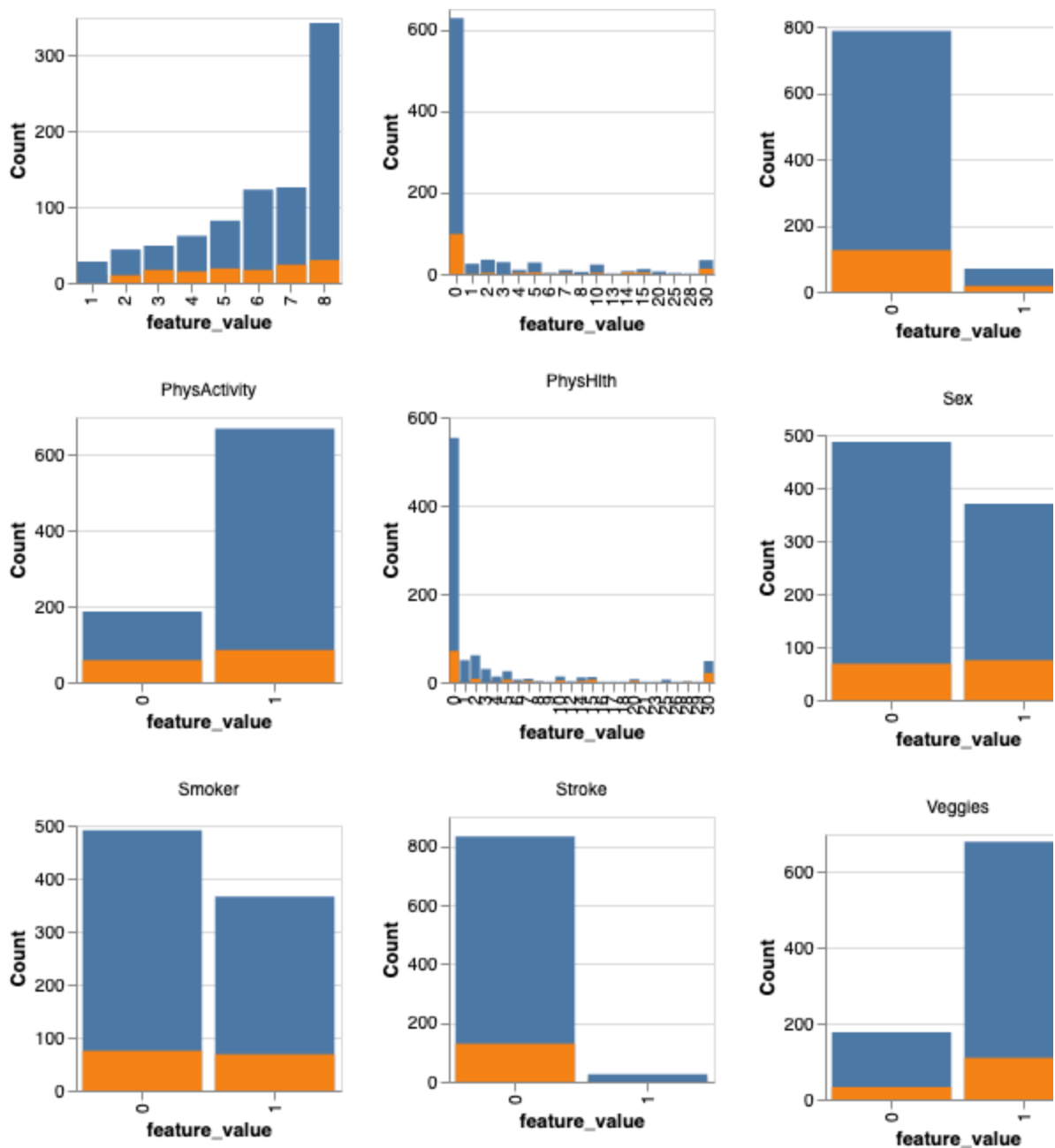


Figure 2

```
In [10]: # For binary features boxplot is not informative
non_binary_features = ['BMI', 'GenHlth', 'MentHlth', 'PhysHlth', 'Age', 'Edu']
df_sample_nonbinary = df_sample_long[df_sample_long["feature"].isin(non_binary_features)]

alt.Chart(df_sample_nonbinary).mark_boxplot().encode(
    x='diabetes:N',
    y='feature_value:Q',
    color='diabetes:N'
).facet(
    column='feature:N'
).properties(
    title='Boxplots for Non-Binary Features',
).resolve_scale('y')
```



```
y="independent"
)
```

Out[10]: **Boxplots for Non-Binary Features**

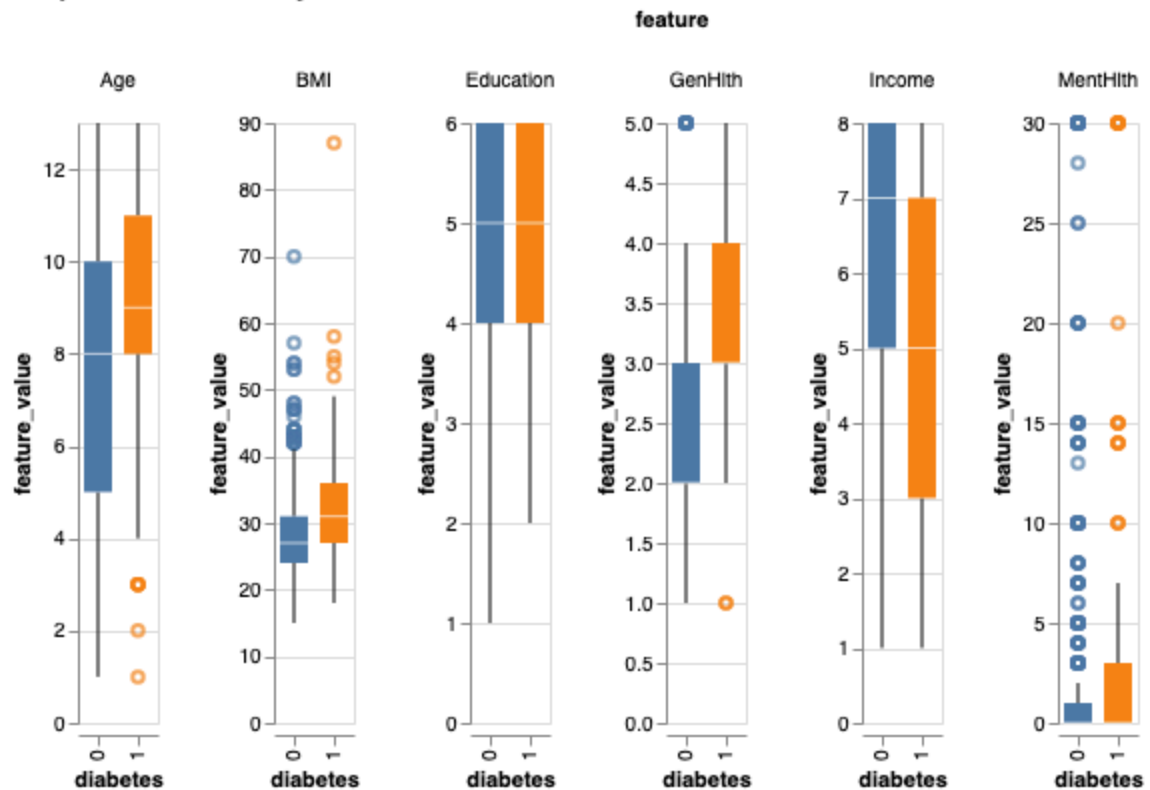


Figure 3

```
In [11]: # split the data 70-30 split
train_df, test_df = train_test_split(
    df, test_size=0.3, random_state=522, stratify=df['diabetes']
)

# check if processed folder exists
processed_data_path = "../data/processed"

if not os.path.exists(processed_data_path):
    os.makedirs(processed_data_path)

# Save processed data
train_df.to_csv(processed_data_path+"/diabetes_train.csv", index=False)
test_df.to_csv(processed_data_path+"/diabetes_test.csv", index=False)

In [12]: X_train = train_df.drop('diabetes', axis=1)
y_train = train_df['diabetes']
X_test = test_df.drop('diabetes', axis=1)
y_test = test_df['diabetes']
```

Classification Analysis

```
In [13]: f2_scorer = make_scorer(fbeta_score, beta=2)
```

```
In [14]: tree = DecisionTreeClassifier(random_state=522, class_weight='balanced')

tree_params = {
    'max_depth': [6, 8, 10, 12, 14],
    'min_samples_leaf': [175, 200, 225, 250]
}

tree_grid = GridSearchCV(tree, tree_params, cv=5, scoring=f2_scorer, n_jobs=
tree_grid.fit(X_train, y_train)

best_tree = tree_grid.best_estimator_
print("Best Decision Tree params:", tree_grid.best_params_)
print("Best CV f2-score:", tree_grid.best_score_.round(4))
```

Best Decision Tree params: {'max_depth': 10, 'min_samples_leaf': 225}
Best CV f2-score: 0.5919

```
In [15]: preprocessor = make_column_transformer(
    (StandardScaler(), X_train.columns)
)

nb_pipe = make_pipeline(
    preprocessor,
    BernoulliNB()
)

nb_params = {'bernoullinb__alpha': [1e-3, 1e-2, 1e-1, 1e0, 1e1, 1e2, 1e3, 1e4]}

knn_grid = GridSearchCV(nb_pipe, nb_params, cv=5, scoring=f2_scorer, n_jobs=
knn_grid.fit(X_train, y_train)

best_nb = knn_grid.best_estimator_
print("Best NB k:", knn_grid.best_params_)
print("Best CV f2-score:", knn_grid.best_score_.round(4))
```

Best NB k: {'bernoullinb__alpha': 0.001}
Best CV f2-score: 0.4604

```
In [16]: models = {
    'Decision Tree': best_tree,
    'Naive Bayes': best_nb
}

results = []

for name, model in models.items():
    y_pred = model.predict(X_test)
    y_prob = model.predict_proba(X_test)[:, 1]

    results.append({
        'Model': name,
        'Test Accuracy': accuracy_score(y_test, y_pred).round(3),
        'Test f2-score': fbeta_score(y_test, y_pred, beta=2).round(3),
        'Test recall': recall_score(y_test, y_pred).round(3),
        'Test precision': precision_score(y_test, y_pred).round(3),
    })
```

```
score_df = pd.DataFrame(results)
score_df
```

```
Out[16]:
```

	Model	Test Accuracy	Test f2-score	Test recall	Test precision
0	Decision Tree	0.706	0.587	0.784	0.293
1	Naive Bayes	0.814	0.460	0.489	0.373

Result Visualizations

```
In [17]: score_melt = score_df.melt(id_vars='Model', var_name='Metric', value_name='Score')

alt.Chart(score_melt).mark_bar().encode(
    x='Model:N',
    y='Score:Q',
    color='Model:N',
    column='Metric:N'
).properties(
    title='Decision Tree vs Naive Bayes Performance on Test Set'
)
```

```
Out[17]:
```

Decision Tree vs Naive Bayes Performance on Test Set

Metric

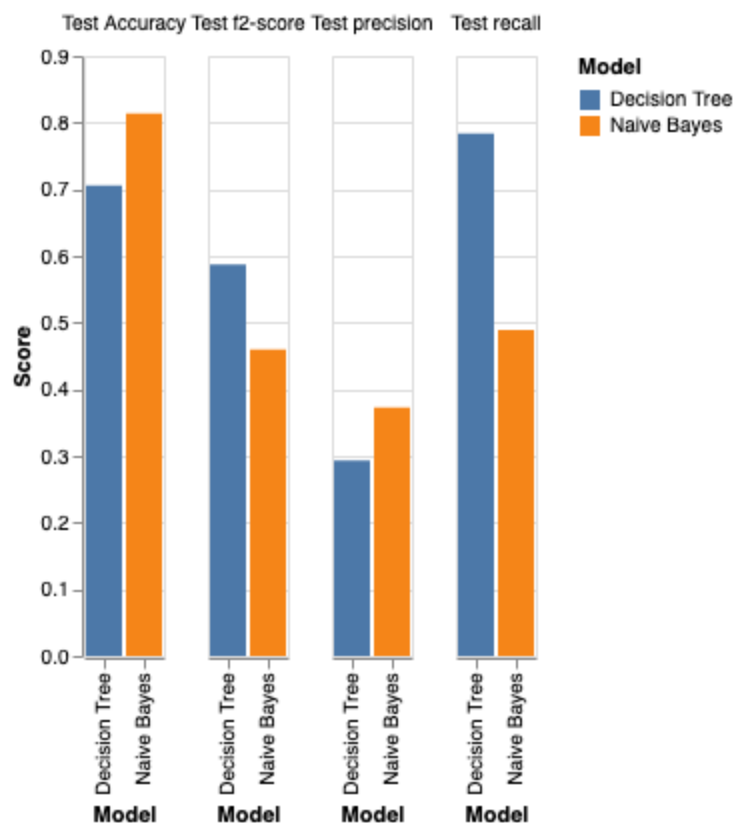


Figure 4

```
In [18]: # Confusion matrix for best model (decision tree)
```

```
ConfusionMatrixDisplay.from_estimator(  
    best_tree,  
    X_test,  
    y_test,  
    values_format="d",  
)
```

```
Out[18]: <sklearn.metrics._plot.confusion_matrix.ConfusionMatrixDisplay at 0x156ab3c50>
```

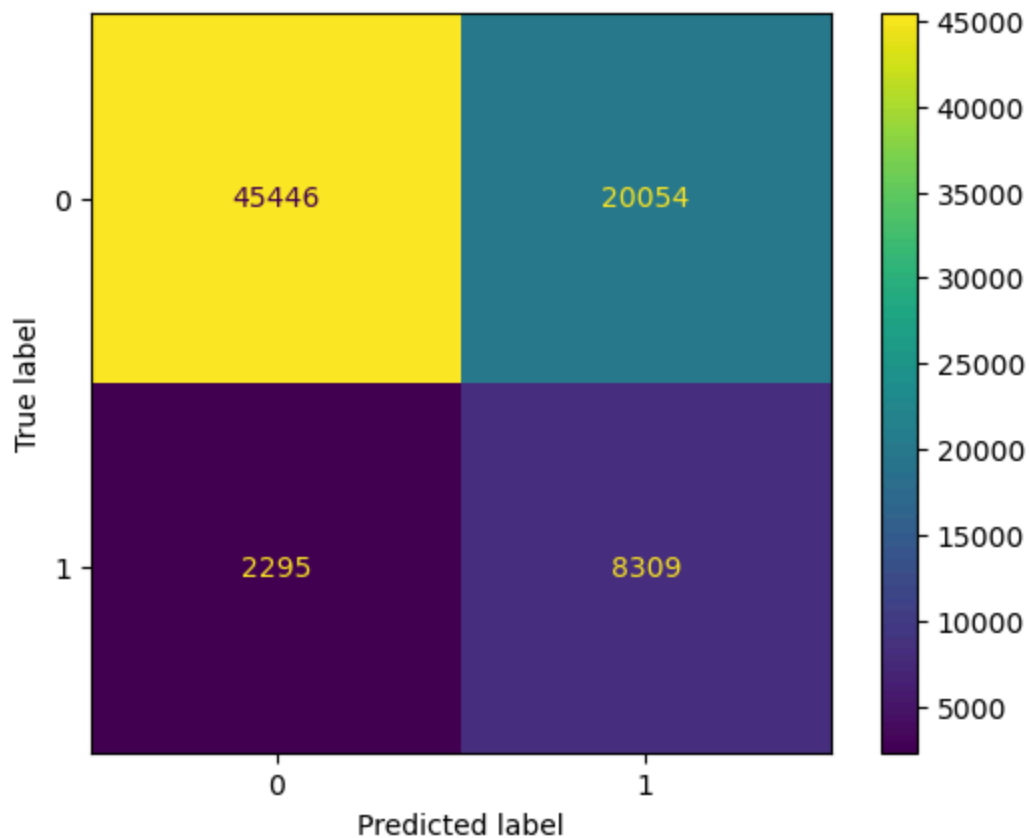


Figure 5

Discussion

The current performance of the tree model is likely already good enough to offer some benefit in the real world given the large number of people with undiagnosed diabetes. However the the recall score likely could be improved on and the precision score definitely leaves something to be desired.

We were surprised by the high rate of false positives. This might be an indication of how many non-diabetic people are at risk.

Further improvements to predicting diabetes could likely be found by 1) trying a wider variety of model type and using a wider hyperparameter search 2) possibly through

more feature engineering.

A future study could be done to find a smaller set of the most easy to obtain features. Such a model would be more usable by the average person. Some work is needed to determine this smaller number of easy to obtain features that doesn't significantly reduce model performance.

Another question is if a regression model could be made that predicts a persons risk as a percent chance of developing diabetes. Longitudinal data might be required for this type of prediction.

References

Dane, Sohier, and Alex Teboul. Diabetes Health Indicators Dataset. 2021, <https://www.kaggle.com/datasets/alexteboul/diabetes-health-indicators-dataset/data>.

Kelly, Markelle, et al. The UCI Machine Learning Repository. 2021, Utilized the ucimlrepo library for data access. Further documentation on the library is located at <https://github.com/uci-ml-repo/ucimlrepo.archive.ics.uci.edu/ml>.

Python 3.12.12 documentation. 2021-2025, <https://docs.python.org/3.12/reference/index.html>.

Rios, Nilka Burrows, et al. Incidence of End-Stage Renal Disease Attributed to Diabetes Among Persons with Diagnosed Diabetes — United States and Puerto Rico. Morb Mortal Wkly Rep, 66(43), Nov. 2017, <http://dx.doi.org/10.15585/mmwr.mm6643a2>, pp. 1165–70.

Snapshot of Diabetes in Canada, 2023. 2023, <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/snapshot-diabetes-canada-2023.html>.

Stafford, Lauryn K, et al. "Global, regional, and national cascades of diabetes care, 2000–23: a systematic review and modelling analysis using findings from the Global Burden of Disease Study". The Lancet Diabetes & Endocrinology, 13(11), 2025, [https://doi.org/10.1016/S2213-8587\(25\)00217-7](https://doi.org/10.1016/S2213-8587(25)00217-7), pp. 924–34.