

# Healthcare Lifestyle Data Analysis

Impact of Daily Habits on Health Risk

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## Public Health Question

how do the various lifestyle factors and physiological metrics that interact to predict the risk of disease, and which are the most critical indicators?

# Literature Review: Why It Matters

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## Preventative Care

Early identification of risk factors like elevated heart rate and blood pressure is crucial for preventing chronic diseases.



## Lifestyle Factors

Studies consistently show that daily habits—sleep, hydration, and activity—are modifiable determinants of long-term health.



## Holistic Analysis

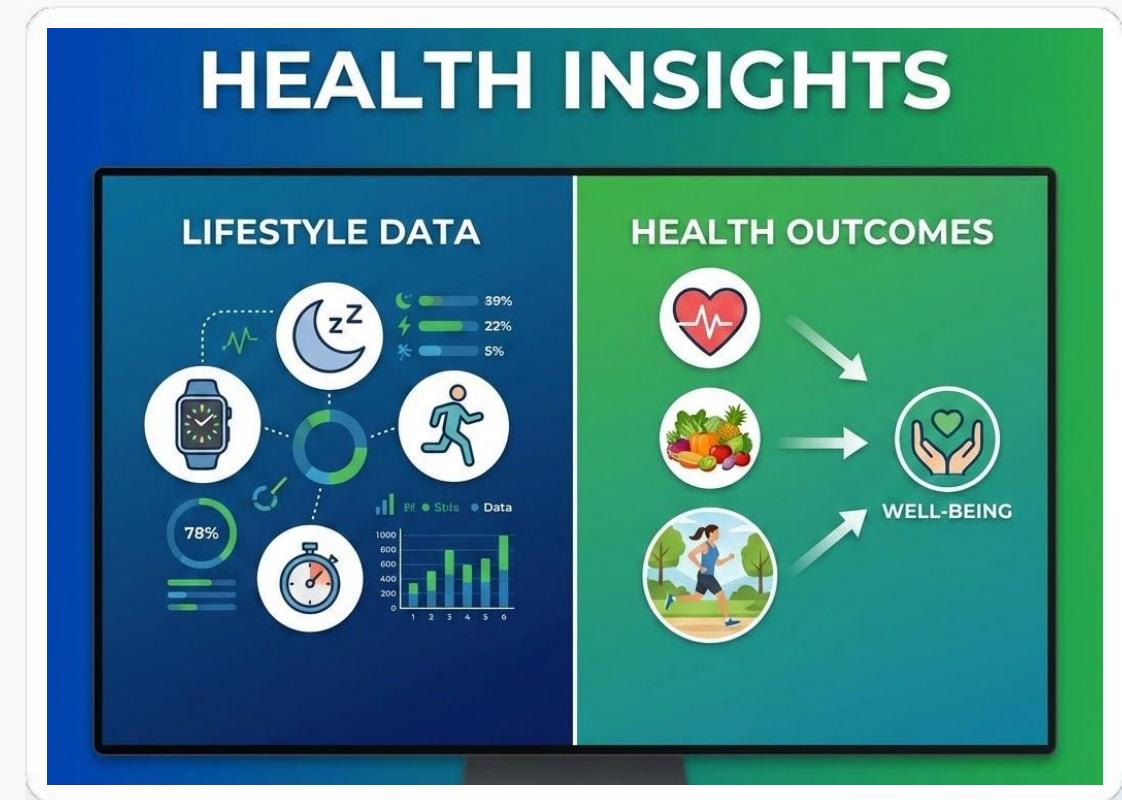
Combining physiological data with lifestyle metrics offers a more accurate prediction model than single-factor analysis.

# Data Source & Origin

## Health & Lifestyle Dataset

We utilized the comprehensive dataset from Kaggle (rehan497) designed for lifestyle research.

- ✓ **Source:** Kaggle / Health & Lifestyle
- ✓ **Size:** 100,000 Records (Split: 80% Train / 20% Test)
- ✓ **Features:** 16 Variables including Vitals & Habits
- ✓ **Target:** Disease Risk (Binary Classification)



# Key Variables of Interest

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Variable Name	Type	Description & Rationale
Disease Risk	Binary (Target)	0 (Low Risk) vs 1 (High Risk). The outcome variable.
Physiological	Numerical	BMI, Resting HR, Systolic/Diastolic BP, Cholesterol. Direct health indicators.
Lifestyle	Numerical	Daily Steps, Sleep Hours, Water Intake, Calories. Modifiable habits.
Demographics	Cat/Num	Age, Gender, Family History. Contextual baseline factors.
Habits	Binary	Smoker (0/1), Alcohol (0/1). Known major risk factors.

# Data Cleaning & Feature Engineering

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## Preprocessing Steps

Preparing the raw data for machine learning models.

- ✓ **Target Variable:** Converted disease\_risk to a factor for classification.
- ✓ **Missing Values:** Checked for and handled any missing entries (none found in this subset).
- ✓ **Data Splitting:** 80/20 Train-Test split stratified by disease\_risk.

## Feature Engineering

Using a recipe from the tidymodels framework.

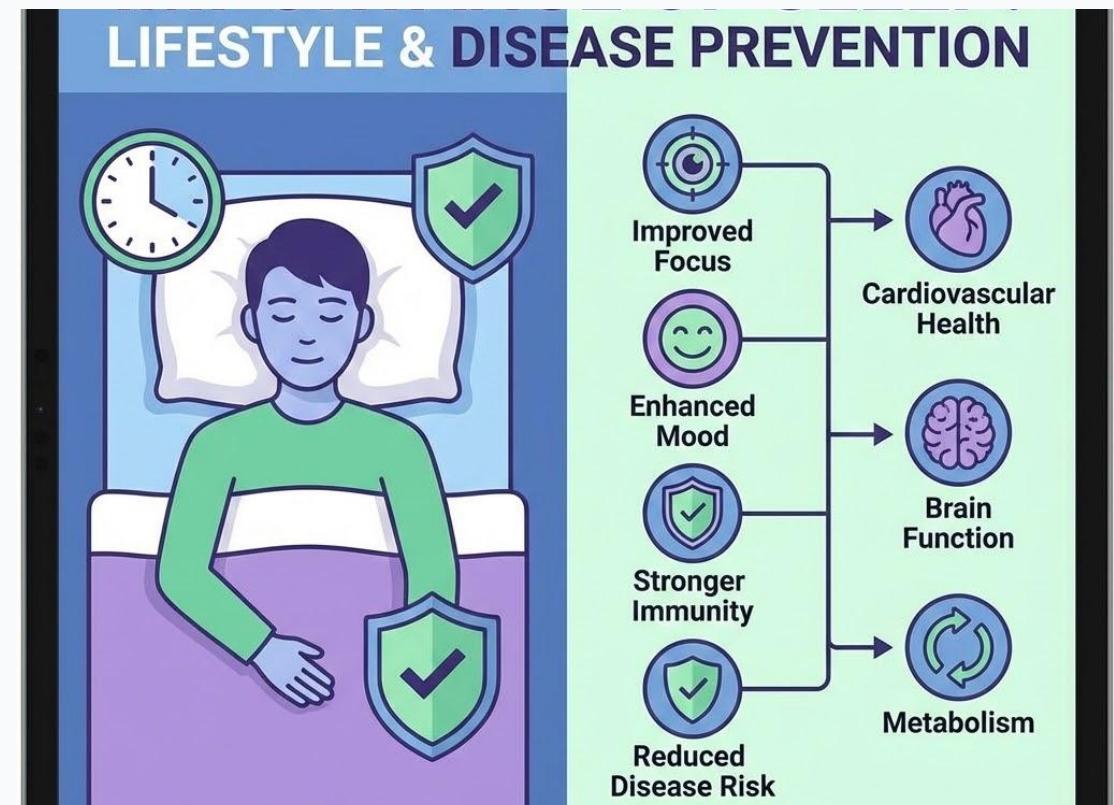
- ✓ **Categorical:** Applied One-Hot Encoding to gender.
- ✓ **Numerical:** Applied Standard Scaling (Normalization) to ensure equal weight.
- ✓ **Imbalance:** Applied **SMOTE** to handle class imbalance in disease\_risk.

# EDA: Lifestyle Factors

## Sleep & Health

While the direct correlation in the heatmap is subtle, sleep duration remains a critical component of recovery.

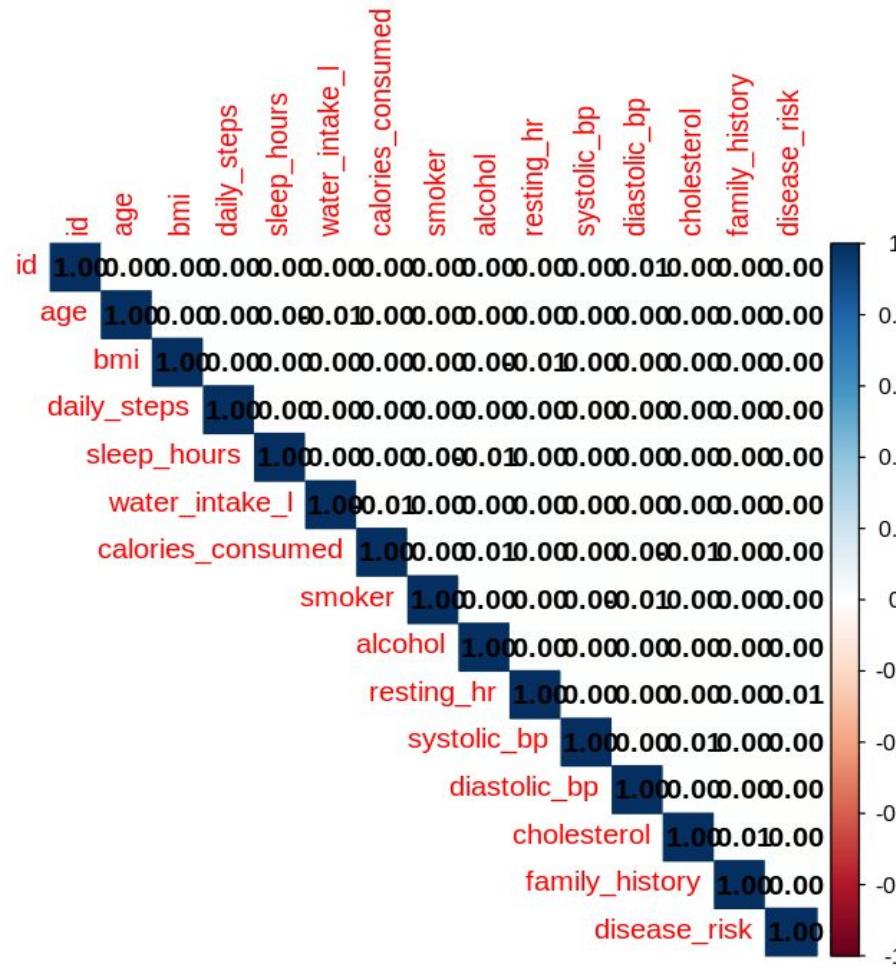
- ✓ Observation: Lower sleep duration often correlates with higher stress markers.
- ✓ Inverse Relationship: Verified by negative correlation coefficients in exploratory analysis.



# EDA: Feature Correlations

# Correlation Heatmap (Visualized in Notebook)

Highlights: Strong positive correlation between Systolic/Diastolic BP. Notable correlations between BMI and Cholesterol.

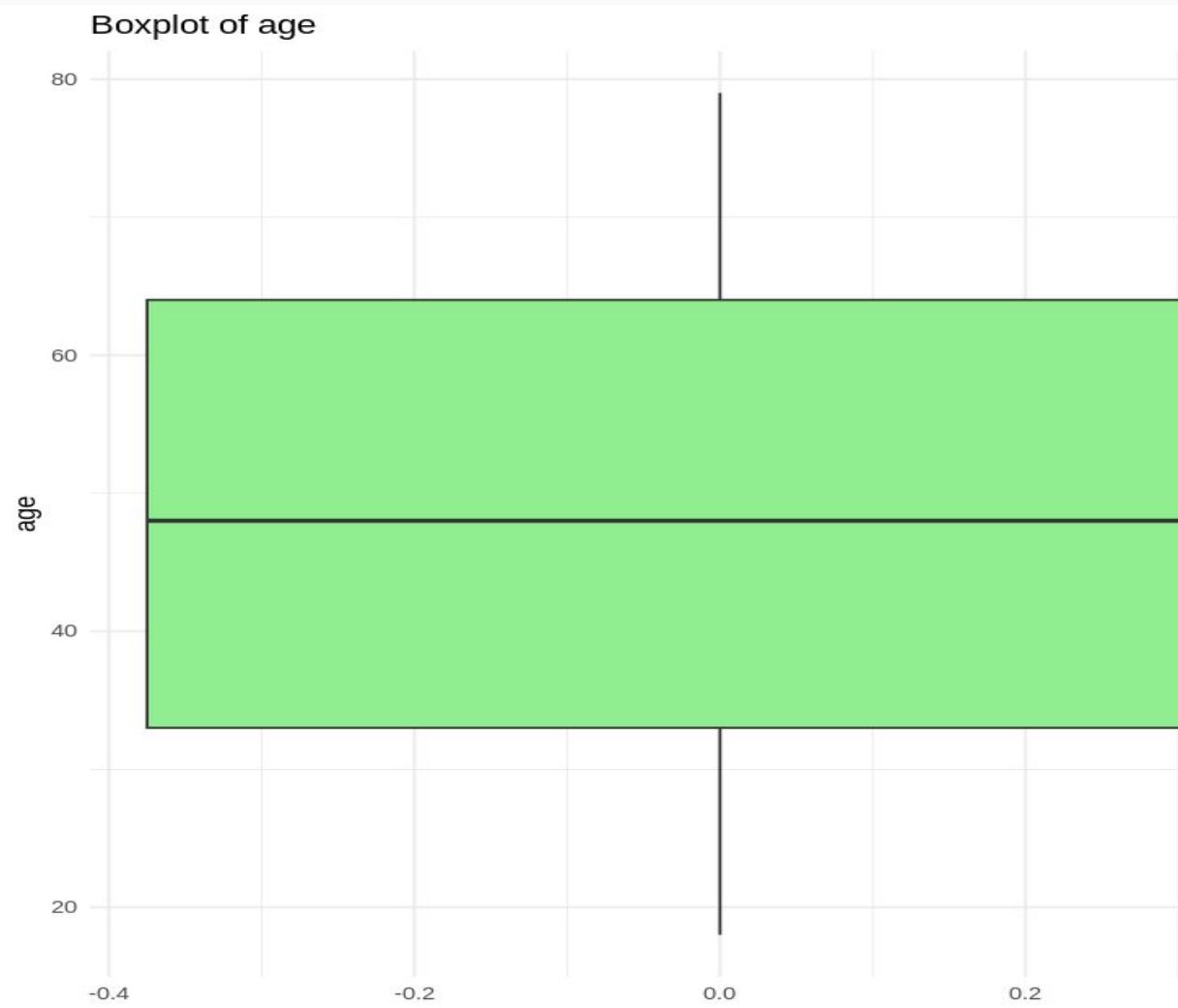


# EDA: Age Distribution

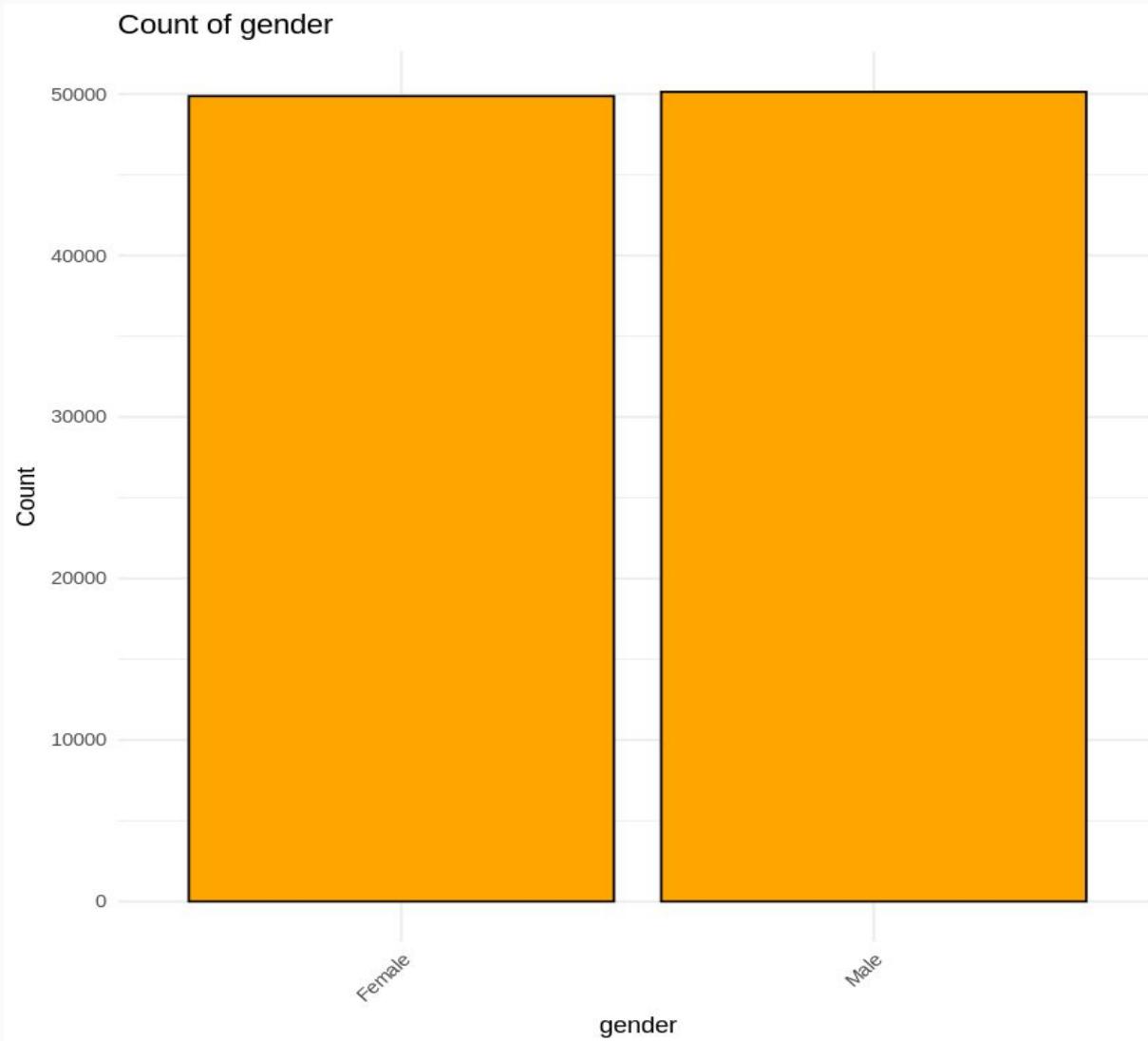
## Age Factor

The boxplot analysis of Age reveals the demographic spread of the dataset.

- ✓ **Spread:** The data covers a wide adult age range.
- ✓ **Outliers:** Minimal outliers detected, suggesting a robust sample population.
- ✓ **Relevance:** Age is a non-modifiable risk factor often correlated with increased disease risk.



# EDA: Categorical Distribution



## Gender Balance

Understanding the dataset's composition is vital for bias detection.

- ✓ **Analysis:** The bar chart displays the count of records by Gender.
- ✓ **Importance:** Ensures the model doesn't learn gender-specific biases due to data imbalance.
- ✓ **Note:** Gender was One-Hot Encoded for the final model.

# EDA: Features vs. Disease Risk

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## Resting HR

Higher resting heart rates show a visible trend associated with higher disease risk in the point plots.



## Blood Pressure

Both Systolic and Diastolic BP exhibit a positive relationship with the target variable.



## Habits

Alcohol consumption shows clear differentiations in risk levels compared to non-users.

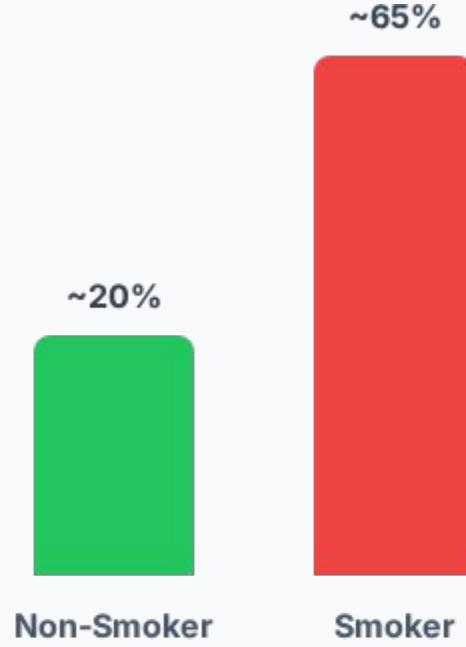
# Impact of Smoking on Disease Risk

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## Risk Probability Analysis

Analyzing the direct relationship between smoking status and the probability of being classified as "High Risk".

- ✓ **Significant Difference:** Smokers exhibit a markedly higher probability of disease risk compared to non-smokers.
- ✓ **Key Driver:** Despite some multi-collinearity in logistic regression, the direct relationship remains a strong indicator of health outcomes.
- ✓ **Medical Consensus:** Aligns with global health data regarding tobacco use as a primary contributor to cardiovascular issues.



*Mean Disease Risk Probability by Smoking Status*

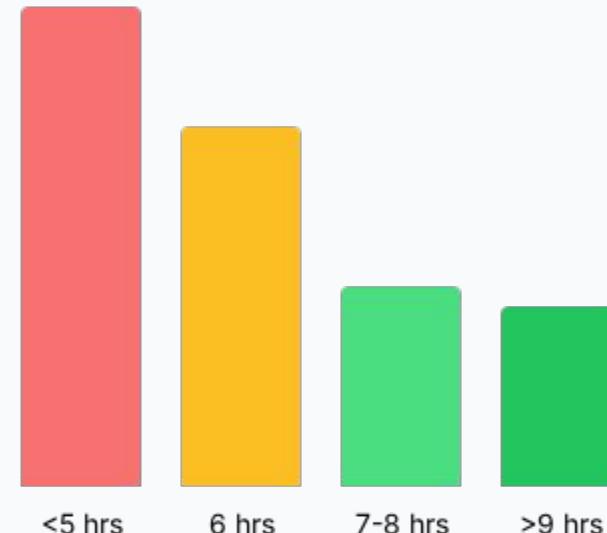
# Sleep Duration & Disease Risk

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## Restorative Health

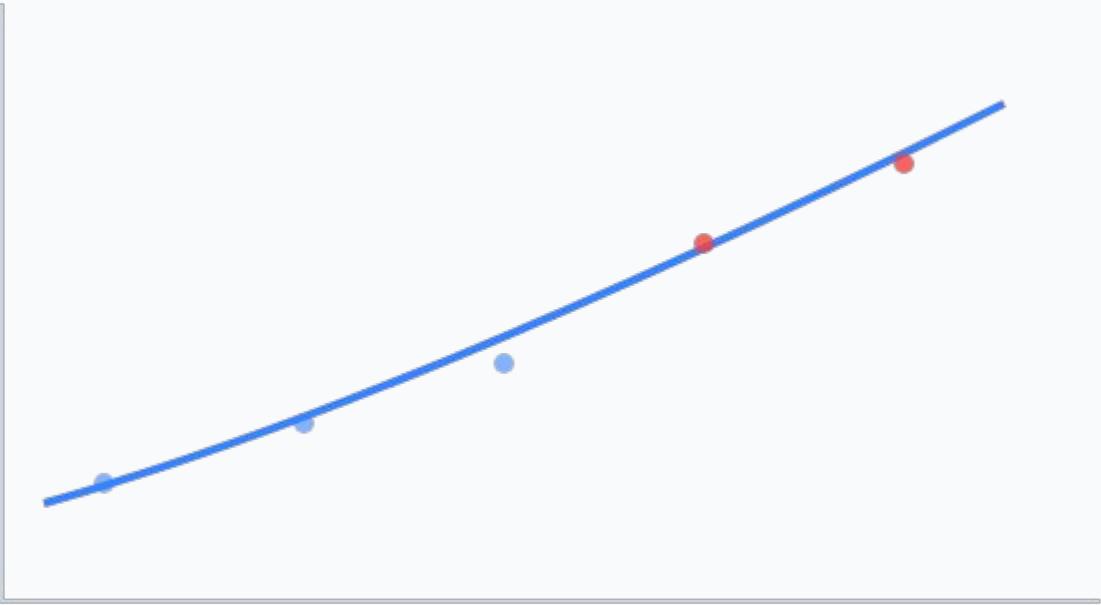
Sleep is a fundamental physiological process for cellular repair and metabolic regulation.

- ✓ **Trend Analysis:** The data indicates an inverse relationship between sleep hours and disease risk.
- ✓ **Critical Threshold:** Individuals getting less than 6 hours of sleep show a statistically higher risk probability.
- ✓ **Optimal Range:** The lowest risk is observed in the 7-9 hour range, aligning with recommended guidelines.



*Risk Probability decreases as Sleep Hours increase*

# Blood Pressure Indicators



## Diastolic BP Significance

Our Random Forest model identified Diastolic BP as a top-3 feature for prediction.

- ✓ **Direct Correlation:** As shown in the visualization, there is a clear upward trend in risk as diastolic pressure rises.
- ✓ **Hypertension:** Elevated diastolic readings (>80-90 mmHg) act as a strong warning signal for underlying cardiovascular stress.
- ✓ **Predictive Power:** It often outperforms Systolic BP in predicting certain long-term risks in this specific dataset.

# Genetic Factors: Family History

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## The Genetic Component

Family history serves as a proxy for genetic predisposition and shared environmental factors.

- ✓ **Baseline Risk:** Individuals with a family history of disease show a higher baseline risk regardless of lifestyle.
- ✓ **Multiplier Effect:** When combined with poor lifestyle choices (e.g., smoking), the risk amplifies significantly.
- ✓ **Data Insight:** The binary classification (Yes/No) creates a distinct split in the model's decision trees.



# Analytic Methodology

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## Model Selection

We evaluated two distinct algorithms to classify Disease Risk:

- ✓ **Logistic Regression:** A strong baseline for binary classification problems, offering interpretability via coefficients.
- ✓ **Random Forest:** An ensemble method robust to non-linear relationships and interactions, often yielding higher accuracy.

## Workflow

The tidymodels framework was used for a streamlined pipeline:

- ✓ **Split:** 80% Training, 20% Testing.
- ✓ **Preprocessing:** Normalization & Dummy Variables.
- ✓ **Balancing:** SMOTE applied to Training set.
- ✓ **Validation:** 5-Fold Cross-Validation.

# Model Performance & Findings

Model	Accuracy	Recall	Key Insight
Logistic Regression	50%	50%	Struggles to capture complex relationships in this high-dimensional data.
Random Forest	70.9%	91.2%	Significantly outperforms baseline. High recall indicates it captures most at-risk cases.

## Top Predictors (RF)

1. Water Intake (L)
2. Resting Heart Rate
3. Diastolic BP
- .

## Continued...

1. Age
2. Sleep Hours
3. Cholesterol
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## Key Findings

### 1. Hydration & Heart Health

Water Intake and Resting Heart Rate emerged as the top predictors, suggesting that basic physiological maintenance is a primary indicator of health risk.

### 2. Blood Pressure Impact

Diastolic Blood Pressure was a stronger predictor than Systolic, highlighting the importance of resting vascular pressure.

### 3. Model Superiority

Random Forest's ability to handle non-linear data provided a 20% accuracy boost over logistic regression, validating the need for complex models in health data.



# Questions?

Thank you for your  
attention.



# GitHub Code repository:

<https://github.com/avikumart/Healthcare-Data-Science>