

"The Economic Impact of Delayed Diabetic Care: A Comparative Analysis from 1999 to 2021"

WEEK 4 MYSQL PROJECT

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Deimante Piraityte

Data

- 2 datasets containing rates of admissions to the hospital and a healthcare cost per person per year.
- Data going from 1999 to 2021 measuring **United States of America** in the spectrum of the whole world.

Hypothesis

Lack of early care for Diabetic Patients leads to high financial costs.

Problem Statement

DIABETIC PATIENTS THAT DO NOT GET PROPER TRAINING FROM HEALTH ADVISORS AND HAVE NO PREVIOUS EXPERIENCE END UP WITH BAD SELF CARE THAT LEADS TO DIABETIC COMPLICATIONS AND OFTEN AMBULATORY CARE COSTING A LOT OF MONEY.

Data & Challenges

Primary source of data is taken from a project of week 3 and supplementary one is coming from International Diabetes Federation website.

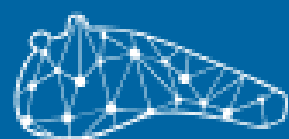
One of the biggest ones were finding correct data that would have a clear relationship with our case and hypothesis.



**International
Diabetes
Federation**



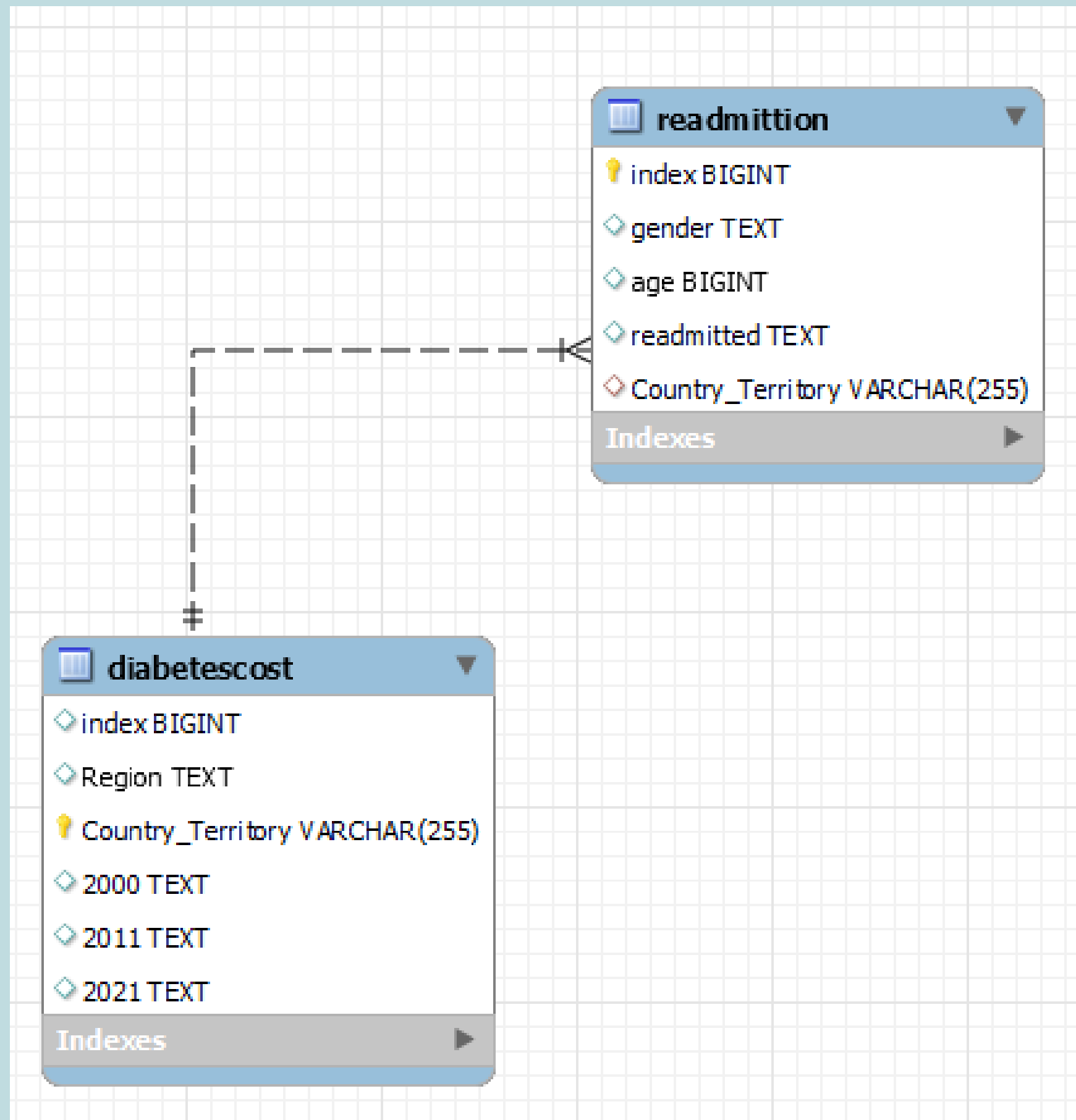
Supplemental data gives us clear vision of how much more expensive all diabetic care is already for both government, insurance and the person.



UC Irvine
Machine Learning
Repository

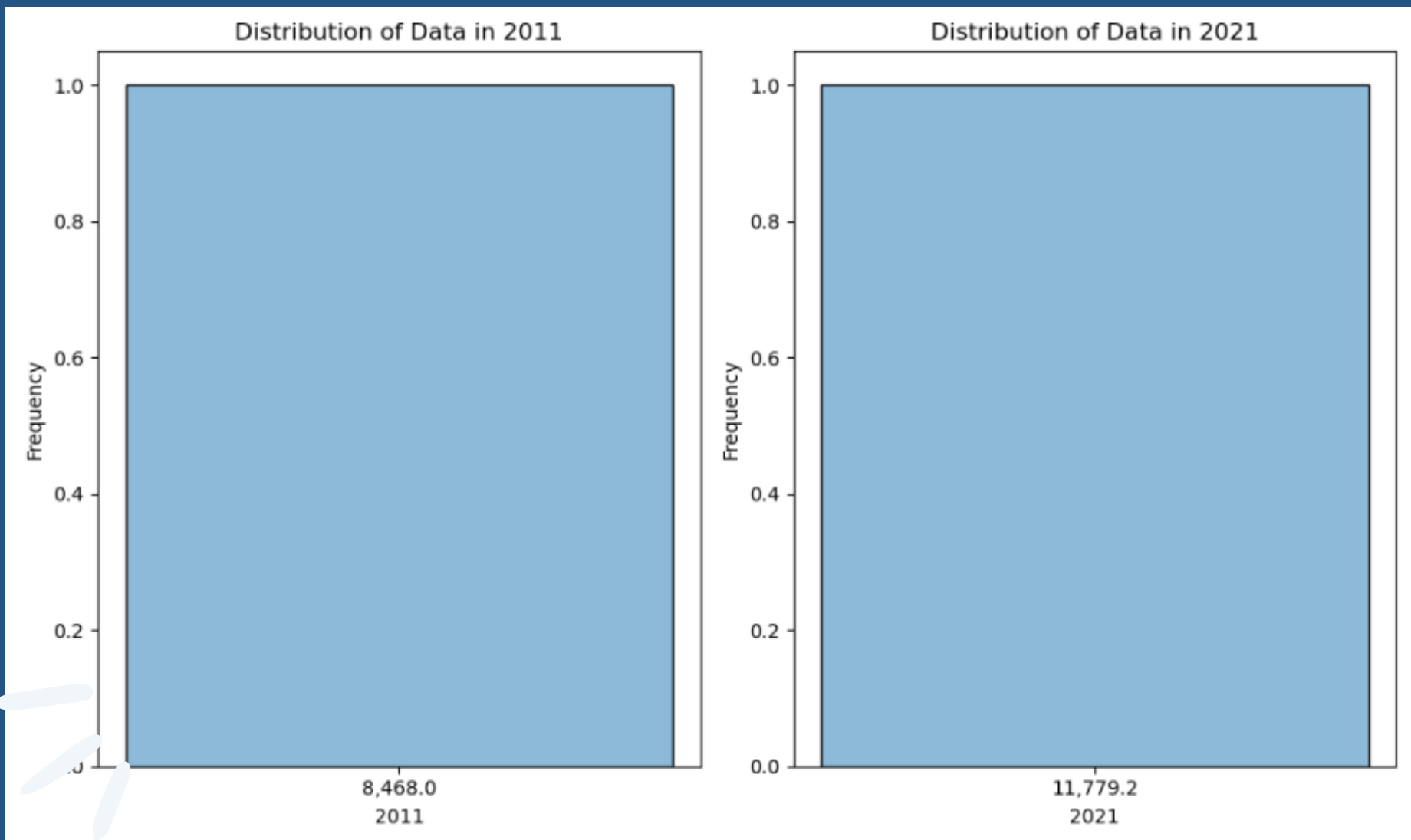
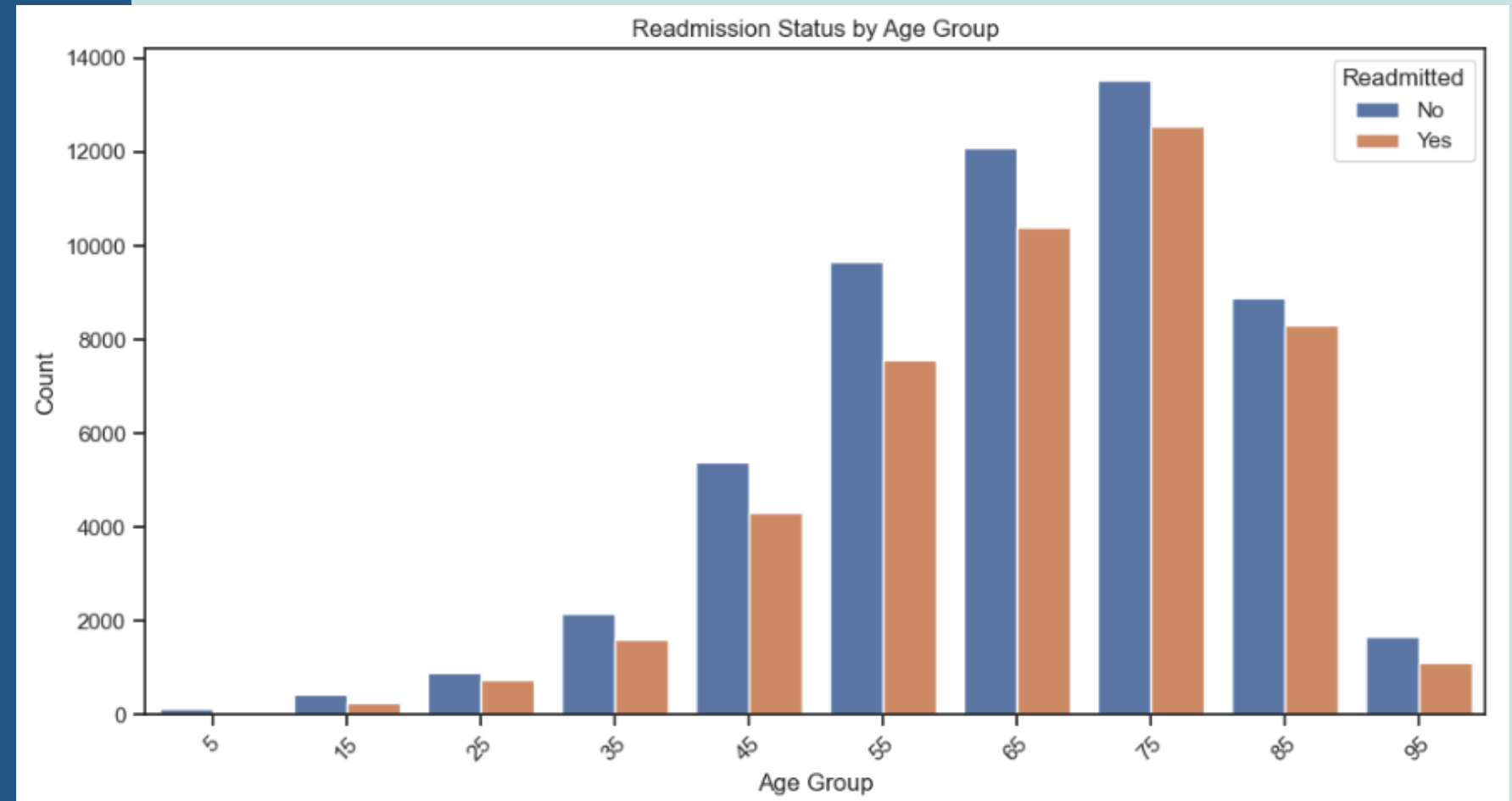


Entity-Relational-Model.



EDA

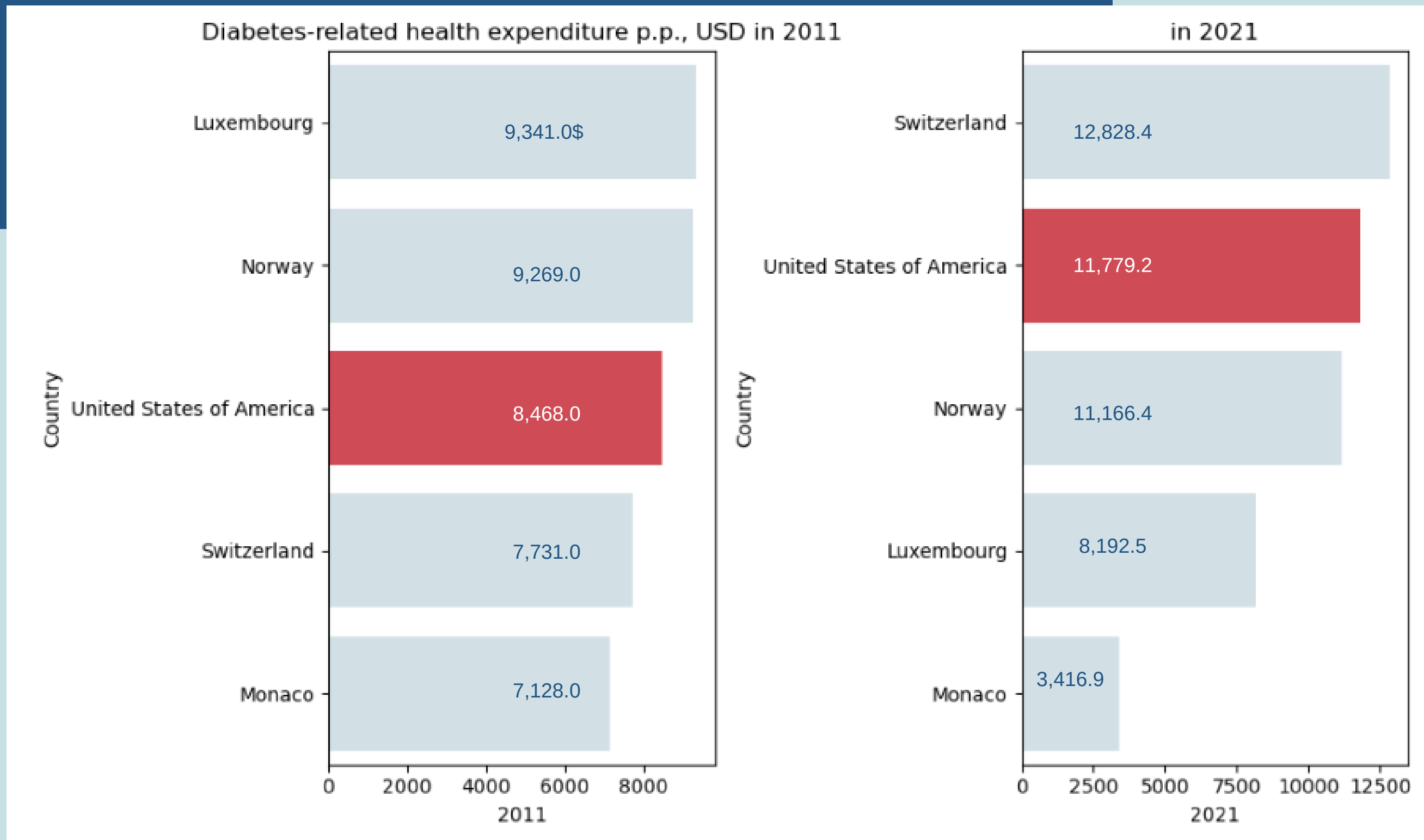
First we were able to see that going to a hospital is very common among diabetic patients living in **United States of America**.



Which lead us to additional data set showing us the average spent value over 2 decades in **United States of America**.

Final

That's when we extracted data from 2001-2011 and 2011-2021 using the average cost value sorting it from the highest and find out that in both cases **United States of America** end up in TOP 5 of highest cost.





OUR SERVICES FOCUS ON:

Our business introduces innovative therapeutic tactics for individuals managing life with diabetes, focusing on achievable nutritional and physical health improvements. We aim to provide personalized diabetic care through manageable lifestyle changes.

THERAPEUTICAL TACTICS
ACCEPTING THE LIFE WITH
CHRONIC ILNESS



NUTRITIONAL AND PHYSICAL
HEALTH IMPROVEMENTS BASED
ON THE INDIVIDUAL



MANAGEABLE STEPS ON
DIABETES CARE TO PREVENT
COMPLIATIONS





Major Obstacle

- **TIME :**

Time management of what to do when and how to segregate the responsibilities.

- **CSV to SQL :**

Extra steps and instructions were needed to put it properly and correctly into the system. Knowledge about *sqlalchemy* and *engine*.

- **ALTERNATE AND COMMON COLUMNS :**

Matching columns and names, renaming and changing it in a script needed more precaution.

- **EDA**

EDA for non-numeric values is still a heavy part requiring a lot of adjustments and time.

Summary	Assignee
Data Acquisition: Utilize a minimum of two distinct sources for your data, such as CSV files, web scraping, or APIs	Deimante
Day 3 : README file	Karl Antwi Adjei
Day 4 : Presentation:	Deimante
Day 4 : Report Compilation and finalization: Synthesize all the analysis and insights into a comprehensive report that narrates your data story.	Deimante
Day 4 : Data Visualizations	Deimante
Day 3 :SQL Queries and Insights: use SQL commands to derive insights. Leverage functionalities like JOIN, GROUP BY, ORDER BY, CASE, and subqueries. Summarize the data using mean, max, min, std and more	Karl Antwi Adjei
Day2: Load: Safely import the sanitized data into your database, upholding its structural and data integrity	Karl Antwi Adjei
Day2 : Transform: Do data wrangling to transform your dataset according to your analysis goals.	Karl Antwi Adjei
Day2 : Translate the ERD into a functional database. Make sure to also define the proper data types for each column.	Unassigned
Day2 : Sketch an Entity-Relational-Model, highlighting primary keys, foreign keys, and table relationships.	Unassigned
Day1 : Extract data	Unassigned
Day1 : Project Planning	Deimante
Day1 : Business Framing	Unassigned
Day 1: Project Initiation & Data Selection	Deimante



Karl Antwi Adjei

Thank
you



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