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 $\mathbf{01}$

* PRACTICAL MOTIVATION





422 MILLION

Individuals has diabetes worldwide according to the World Health Organisation (2022).







The prevalence of diabetes in Singapore is costing our country over \$1 billion a year to manage. Learn more about how we intend to win the war against this lifestyle condition.



The Singapore government has issued a clarion call — it officially declared war on diabetes, calling the disease one of the biggest drains on the healthcare system, and one which costs the country over \$1 billion a year to manage.

Prevalence of Diabetes

During the 2016 Committee of Supply debates in Parliament, Health Minister Gan Kim Yong revealed that over 400,000 people have diabetes in Singapore. Of these, one in three is not aware he/she has the disease, and of the rest who do know, one in three has poor control of it. If left unchecked, nearly one million people in Singapore will have diabetes by 2050.





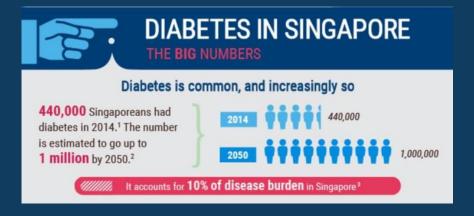


Fig. 2: *Diabetes in Singapore*. (James, T., n.d.)



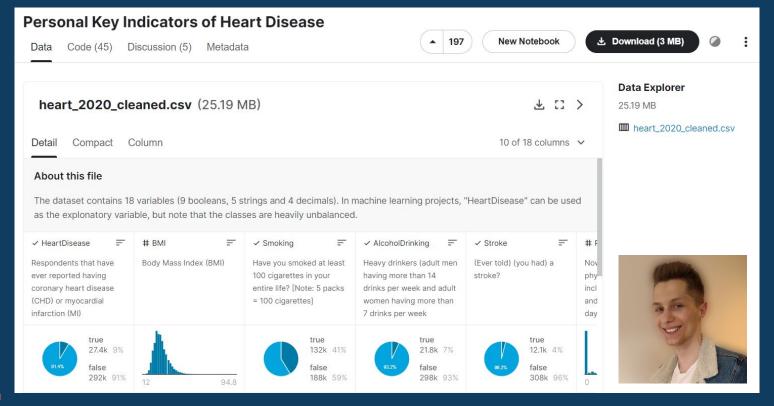


WHAT ARE SOME OF THE IMPORTANT HEALTH METRICS IN DETERMINING RISK OF DIABETES?





THE DATASET





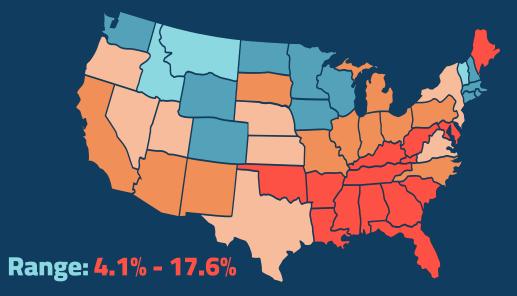


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PREVALENCE IN THE U.S. (2019)

Estimates of diagnosed diabetes across US counties



- **> 10.1%**
- **8.5 10.0** %
- **7.4 8.4 %**
- **6.6 7.3** %
- **6.6%**

Average: 8.7%



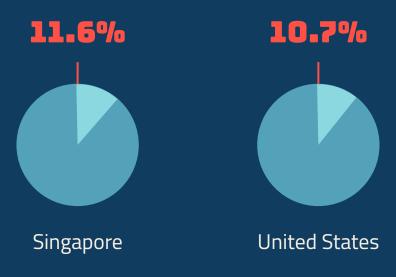
Source: National Diabetes Statistics Report (CDC, 2020)

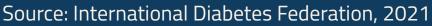






Percentage Estimates of Individuals with Diabetes (2021)









EXPLORATORY DATA ANALYSIS



INITIAL CLEANING OF DATA

- Dropping duplicate entries
- Dropping subjective variables:
 Mental health and physical health
- No missing values
- Dropping diabetic variable categories:
 No (with borderline diabetes) and Yes (during pregnancy) rows







VARIABLES AT A GLANCE



BMI	Sleep Time	Sex
Age Category	General Health	Race
Physical Activity	Alcohol Drinking	Smoking
Difficulty Walking	Asthma	Kidney Disease
Skin Cancer	Heart Disease	Stroke

Legend:

Numeric Categorical



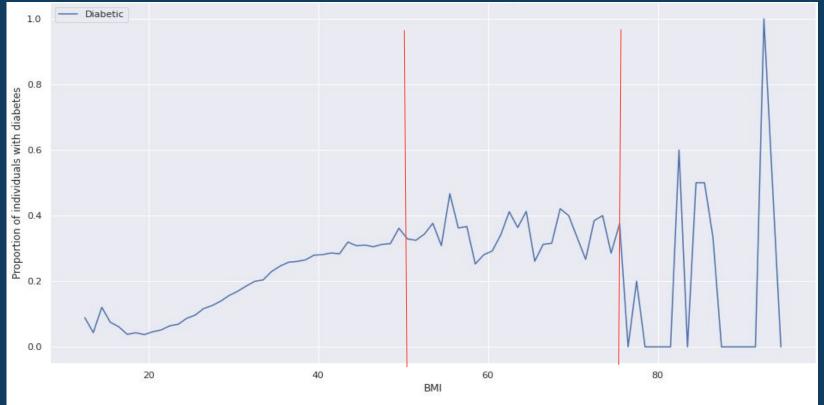




BMI & DIABETES













SLEEP TIME & DIABETES



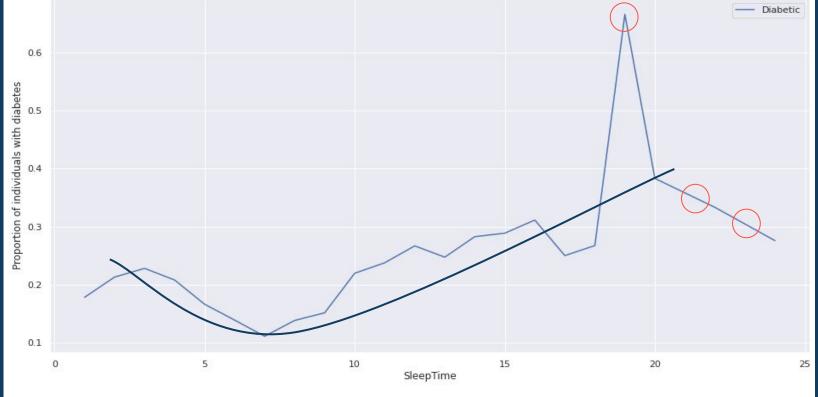






Fig. 5: Proportion of diabetic individuals against sleep time



MODIFICATIONS TO DATASET



- Polynomial Feature was used to model sleep time.
- Dropping outliers based on box plots.
- The data was transformed into a Gaussian distribution of mean = 0 and s.d. = 1.







AGE CATEGORY & DIABETES



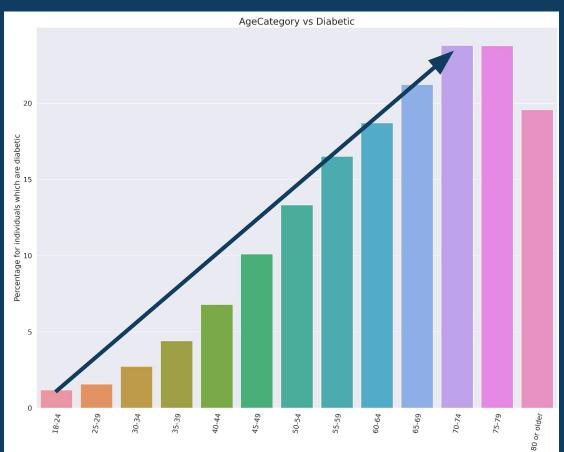


Fig. 6: Percentage of diabetic individuals with age category







INITIAL INSIGHTS



Categorical variable	Relationship with Diabetes (response variable)	
Age Category	Proportion increases with age	
Others	Proportion changes significantly	
Sex, Asthma, Skin Cancer	Proportion remains relatively similar	

Most categorical variables show a relationship with diabetes.







CHI-SQUARED TEST OF INDEPENDENCE



Null hypothesis

Alternative hypothesis

Independence

Association

Dograps of	Chi-Square (χ^2) Distribution Area to the Right of Critical Value									
Degrees of Freedom	0.995	0.99	0.975	0.95	0.90	0.10	0.05	0.025	0.01	0.005
1 2 3 4 5	0.010 0.072 0.207 0.412	0.020 0.115 0.297 0.554	0.001 0.051 0.216 0.484 0.831	0.004 0.103 0.352 0.711 1.145	0.016 0.211 0.584 1.064 1.610	2.706 4.605 6.251 7.779 9.236	3.841 5.991 7.815 9.488 11.071	5.024 7.378 9.348 11.143 12.833	6.635 9.210 11.345 13.277 15.086	7.879 10.597 12.838 14.860 16.750

Fig. 7: Chi-square distribution table (Seb, 2021)

Existence of Relationship

Strength

Chi-squared value (x2) ≥ critical value

 $\chi 2 \rightarrow Cramer's V$







CHI-SQUARED TEST RESULTS



Categorical variable	General Health	Age Category		
Chi-squared value	23453.4700	15657.2020		
Critical value	9.488	21.026		
Critical value ≥ chi-squared value?	Yes → Relationship exists	Yes → Relationship exists		
Cramer's V	0.2832	0.2314		

General Health and Age Category show the strongest relationship with diabetes.





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03

+ CORE
ANALYSES
USED







VARIABLES USED





SLEEP TIME

The approximate amount of sleep the respondents had.



BMI

Body mass index. A typical measurement for an individual's physical metrics.



GENERAL HEALTH

Respondents were asked to rate their own personal health over the past 30 days.



AGE CATEGORY

Respondents' ages in discrete categories.





HANDLING DATA IMBALANCE

- Our data was moderately unbalanced.
- Downsampling & Upweighting
 - Downsampling Undersampling
 - Upweighting Relative class weight
- We decided to downsample and upweight it by a factor of 6.6.

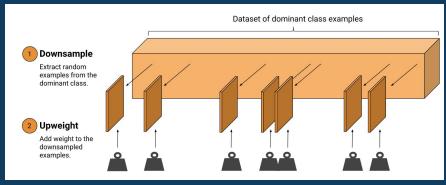


Fig. 8: Downsample and upweight (Imbalanced Data, 2021)



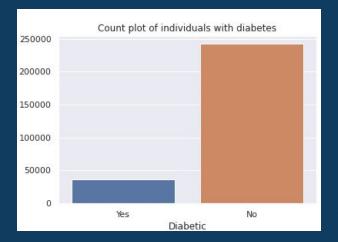


Fig. 9: Count plot of diabetic individuals

MACHINE LEARNING TOOLS

Logistic Regression

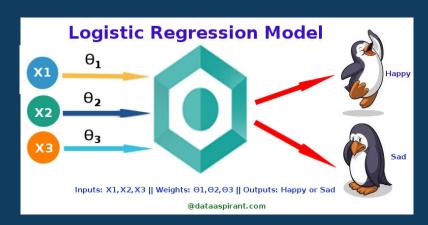


Fig. 10: Logistic Regression Model (Polamuri, S., 2017)



Random Forest Classifier

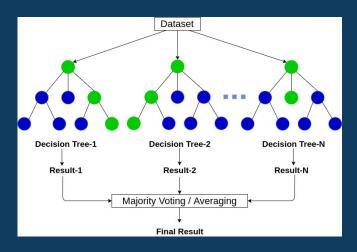


Fig. 11: Random Forest Classifier (Sharma, A., 2020)







OUR INSIGHTS



PERFORMANCE OF EACH MODEL





Fig. 12: Confusion metrics for random forest classifier and logistic regression models





PERFORMANCE OF EACH MODEL







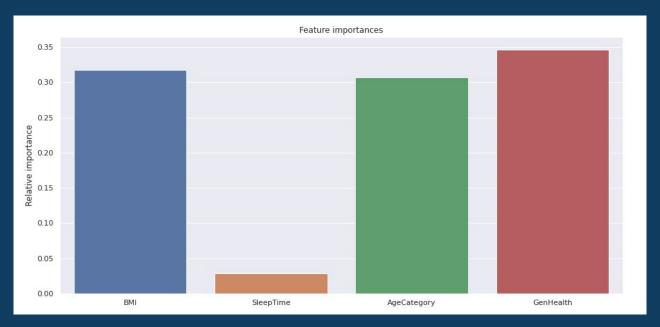














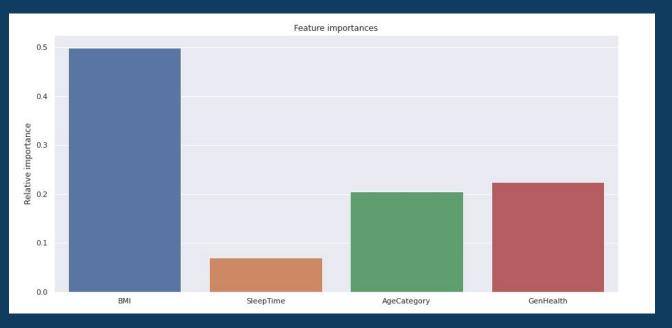






















LOGISTIC REGRESSION > RANDOM FOREST CLASSIFIER

Logistic Regression was more accurate (70%) as compared to Random Forest Classifier (67%).

IMPORTANCE OF VARIABLES: SIMILARITIES

Both models considered sleep time an unimportant factor.









CONCLUSIONS



IMPORTANCE OF VARIABLES: DIFFERENCES

The two models also placed a different level of importance on each of the variables.











PREVENTION BETTER THAN CURE +



PHYSICAL ACTIVITY

Regular aerobic and resistance exercises.



HEALTHY DIET

Less sweet fruits and starchy foods. More grains and legumes.



PORTION SIZES

Smaller portions reduce calorie intake and regulate insulin fluctuations.





THANKS!

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