Predicting Health Risk from Sleep and Work Hours Using Support Vector Machines

Nikhil G. Ghugare, Seattle University

DATA 5322

Background & Objective

Maintaining good health is heavily influenced by behavioral factors, including sleep patterns and worklife balance.

Poor sleep and excessive work hours have been linked to a variety of negative health outcomes.

In this study, we aim to predict an individual's health risk using two behavioral variables:

- •HRSLEEP: Average hours of sleep per night
- •HOURWRK: Average hours worked per week Dataset:

Data is sourced from the IPUMS Health Survey, which includes a broad range of demographic and behavioral health indicators.

Research Questions:

- •Can behavioral factors like sleep and work hours predict health risk outcomes?
- •Which SVM kernel (Linear, Polynomial, or RBF) provides the most effective classification?

Objective:

To model health risk categories using **Support Vector Machines (SVMs)**,

evaluate different kernel types, and recommend strategies based on model insights.

Introduction

Maintaining good health is strongly influenced by behavioral factors such as sleep and work-life balance. In this study, we aim to predict health risk outcomes based on individuals' self-reported hours of sleep (HRSLEEP) and hours worked per week (HOURWRK).

Dataset:

Survey data collected from the IPUMS Health Survey database.

Variables used:

- •HRSLEEP: Average hours of sleep per night
- •HOURWRK: Average work hours per week

Goal:

To model and predict health risk categories using **Support Vector Machines (SVMs)**, examining the performance of different kernel types (Linear, Polynomial, and Radial Basis Function (RBF)).

Theoretical Background

Support Vector Machines (SVMs):

SVMs find the hyperplane that best separates classes by maximizing the margin.

Kernels:

- •Linear Kernel: Best for data separable by a straight line.
- •Polynomial Kernel: Captures complex, polynomial relationships.
- •RBF Kernel: Captures highly nonlinear patterns using Gaussian functions.

Key Concepts:

•Soft Margin SVM: Allows some misclassifications to better generalize.

•Tuning Parameters:

- C: Controls margin versus classification error.
- Gamma: Controls boundary curvature (for RBF).
- **Degree**: Sets complexity (for Polynomial).

Interpretation:

Large margins with fewer support vectors suggest better generalization; kernel choice requires careful tuning to avoid overfitting.

Methodology

Preprocessing:

- Standardized features
- Addressed class imbalance using SMOTE (Synthetic Minority Oversampling)

Modeling:

- SVMs trained with three kernels: Linear, Polynomial (degree 5), RBF
- Hyperparameter tuning for:
- C (margin penalty)
- degree (for polynomial kernel)
- gamma (for RBF kernel)

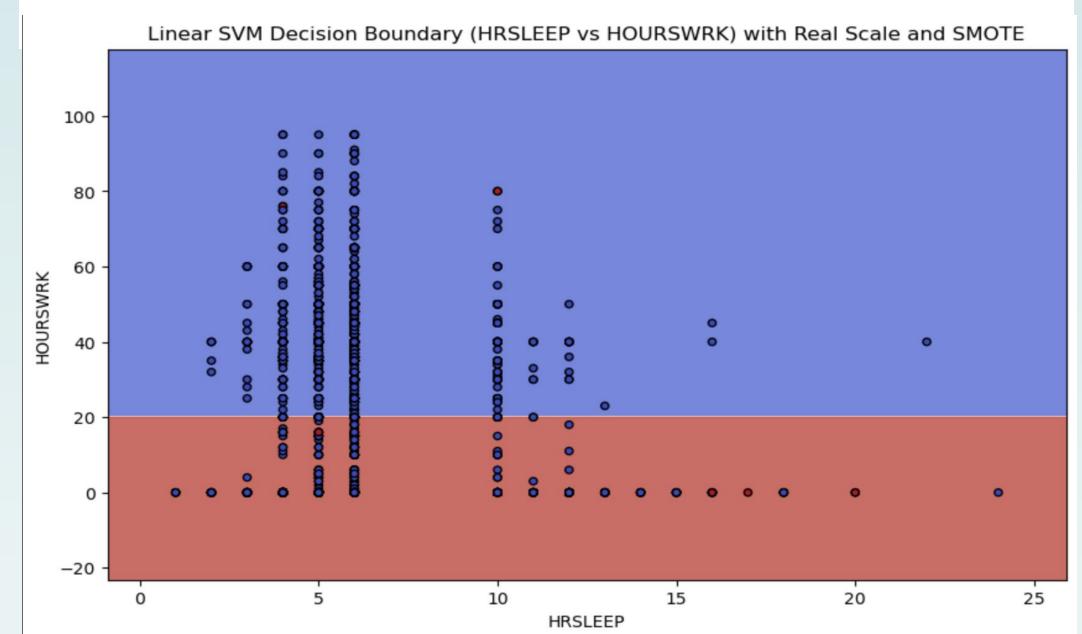
Evaluation Metrics:

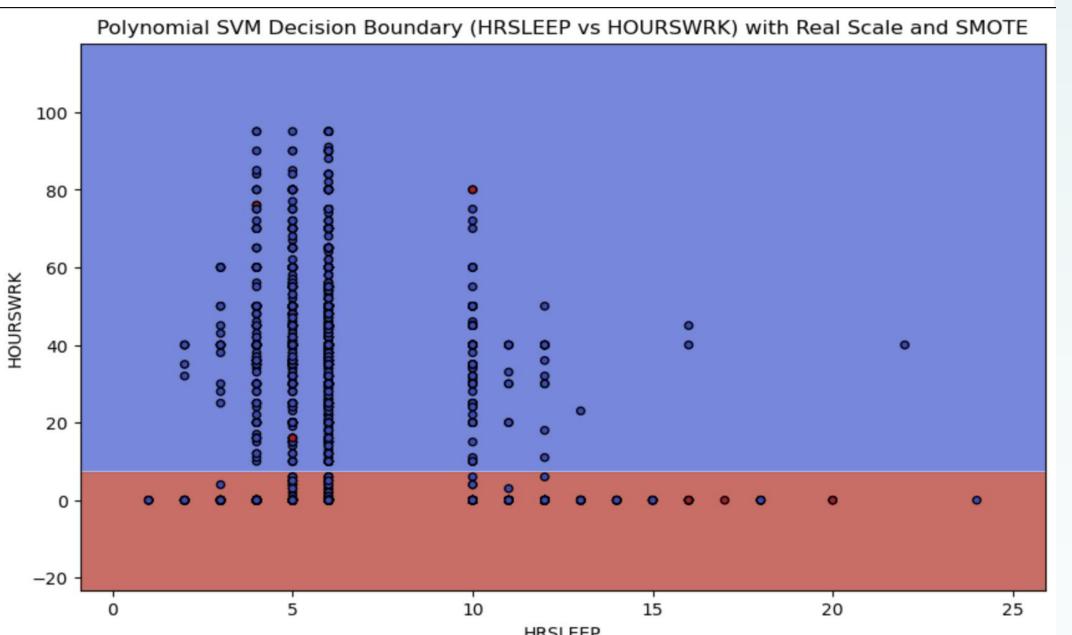
- Accuracy
- Recall
- Precision
- AUC (Area Under Curve)

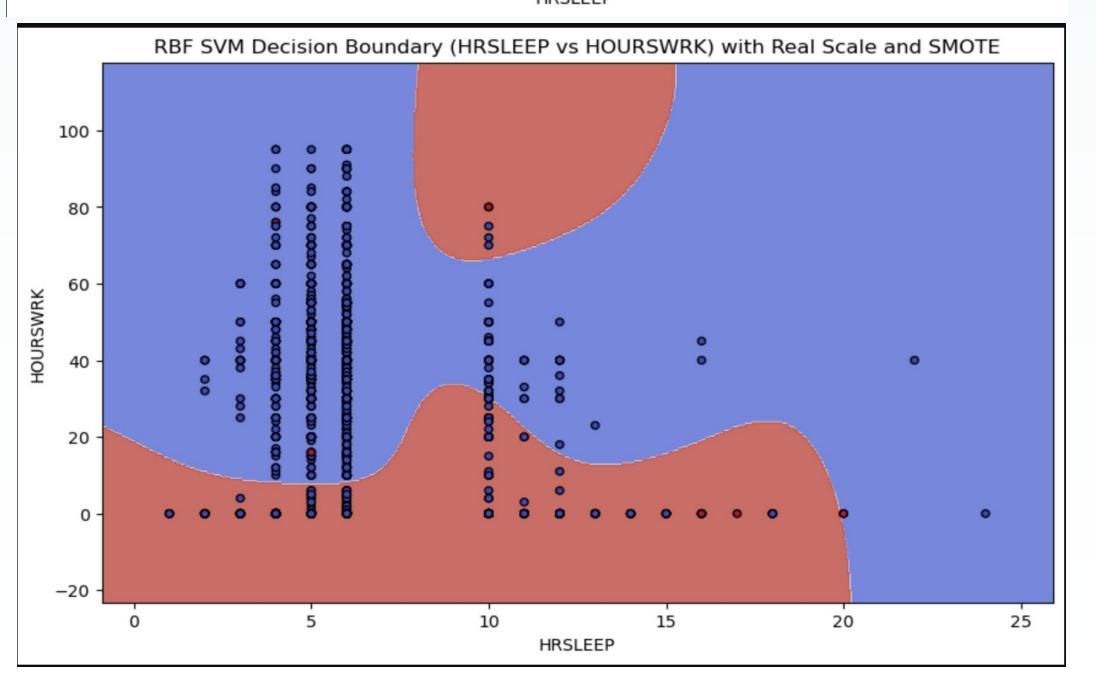
Results

Key Performance Table:

Metric	Linear SVM	Polynomial SVM	RBF SVM
Accuracy	68.0	65.0	68.0
Recall	84.0	89.0	84.0
Precision	16.0	15.0	16.0
F1 Score	0.26	0.26	0.26







Interpretation & Discussion

Findings:

- •Linear and RBF SVM achieved high recall (84%), important for identifying high-risk individuals.
- •Polynomial SVM had the highest recall (89%) but lower precision.
- •Accuracy was moderate (65–68%), indicating a reasonable but improvable fit.

Interpretation:

- •Sleep and work hours are important but insufficient alone for strong health risk classification.
- •Polynomial and RBF kernels captured non-linear effects, though gains were limited with only two features.
- •High recall suggests models are effective at flagging at-risk individuals, despite low precision.

Limitations:

- •Limited features (HRSLEEP, HOURWRK) restrict model complexity.
- •SMOTE improved recall but may introduce synthetic noise.

Potential Improvements:

- •Add more variables (BMI, age, lifestyle factors).
- •Explore ensemble methods (Random Forests, Boosting) for better accuracy.

Conclusion

Support Vector Machines, particularly with nonlinear kernels, provide effective tools for modeling behavioral health risks.

In contexts where missing a high-risk individual would have serious consequences, maximizing recall becomes critical.

Impact:

Encourages policies promoting better sleep and work-life balance.

Future predictive models could help allocate preventive healthcare resources more effectively.

References

- 1. Lynn A. Blewett, Julia A. Rivera Drew, Miriam L. King, Kari C.W. Williams, Daniel Backman, Annie Chen, and Stephanie Richards. *IPUMS Health Surveys: National Health Interview Survey, Version 7.4* [dataset]. Minneapolis, MN: IPUMS, 2024.
- https://doi.org/10.18128/D070.V7.4. & http://www.nhis.ipums.org
- 2. IPUMS Health Survey Data. University of Minnesota IPUMS USA Project.
- 3. Blewett LA, Rivera Drew JA, King ML, Williams KCW. IPUMS Health Surveys: National Health Interview Survey, Version 6.4 [dataset].
- 4. Scikit-learn Developers. Scikit-learn: Machine Learning in Python. https://scikit-learn.org