

# Lifestyle Changes More Effective at Preventing Chronic Disease

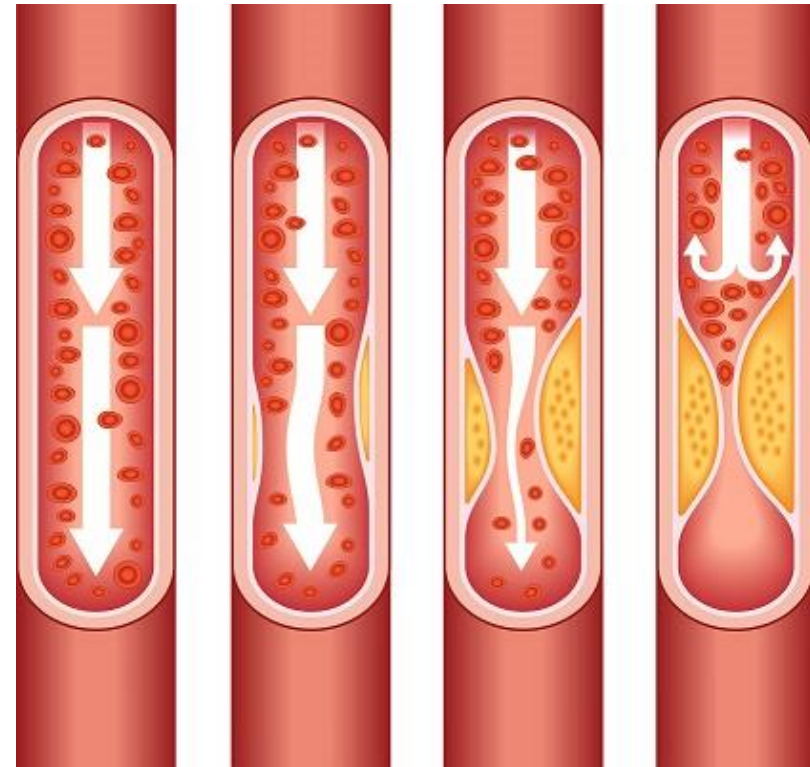
Rachel Khoo

Thinkful Capstone 3

October 2020

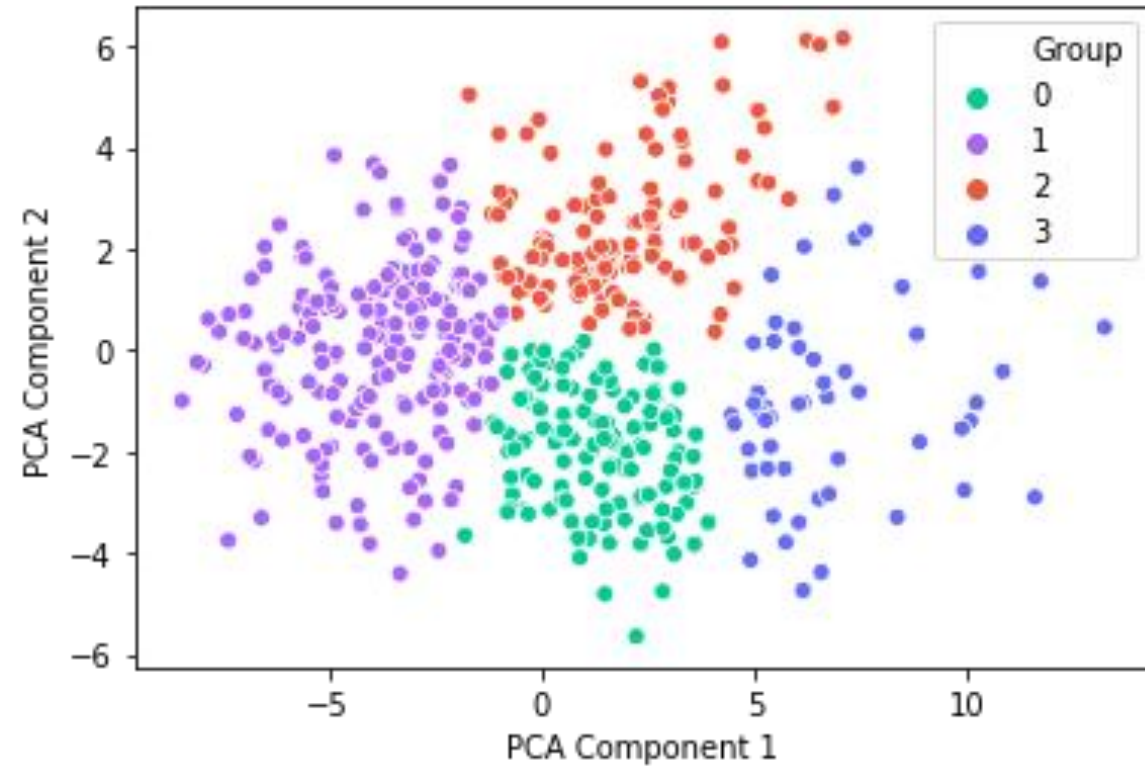
# Many chronic disease can be prevented

- Heart disease is the highest killer in the US
- Cholesterol screenings
- Blood pressure medications
- Physical Activity

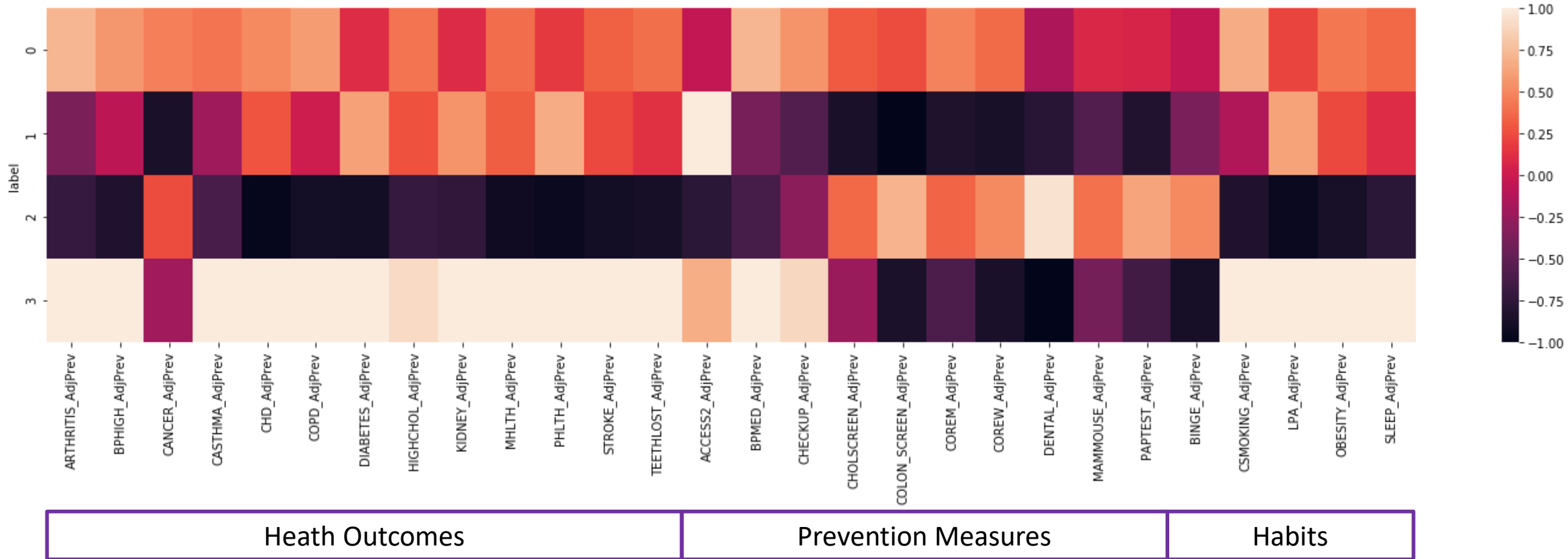


# Who needs to be targeted for prevention?

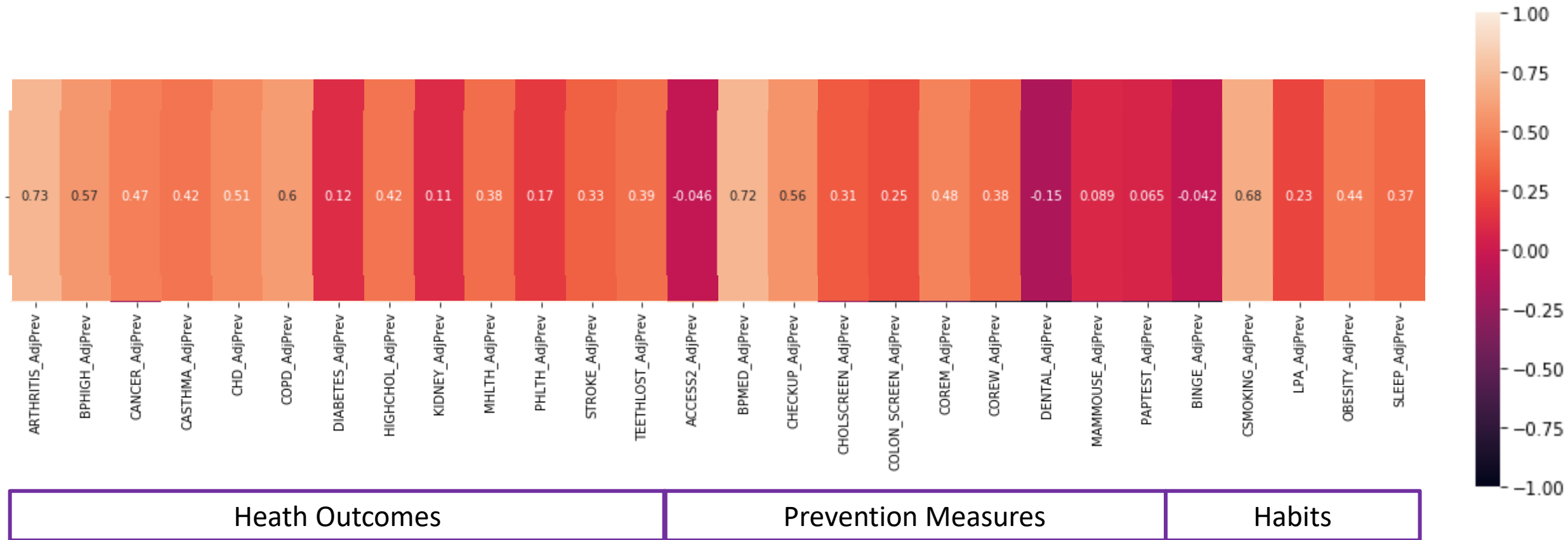
- Kmeans clusters health data into four groups
  - Health Outcomes
  - Prevention Measures
  - Behavioral Risk Factors



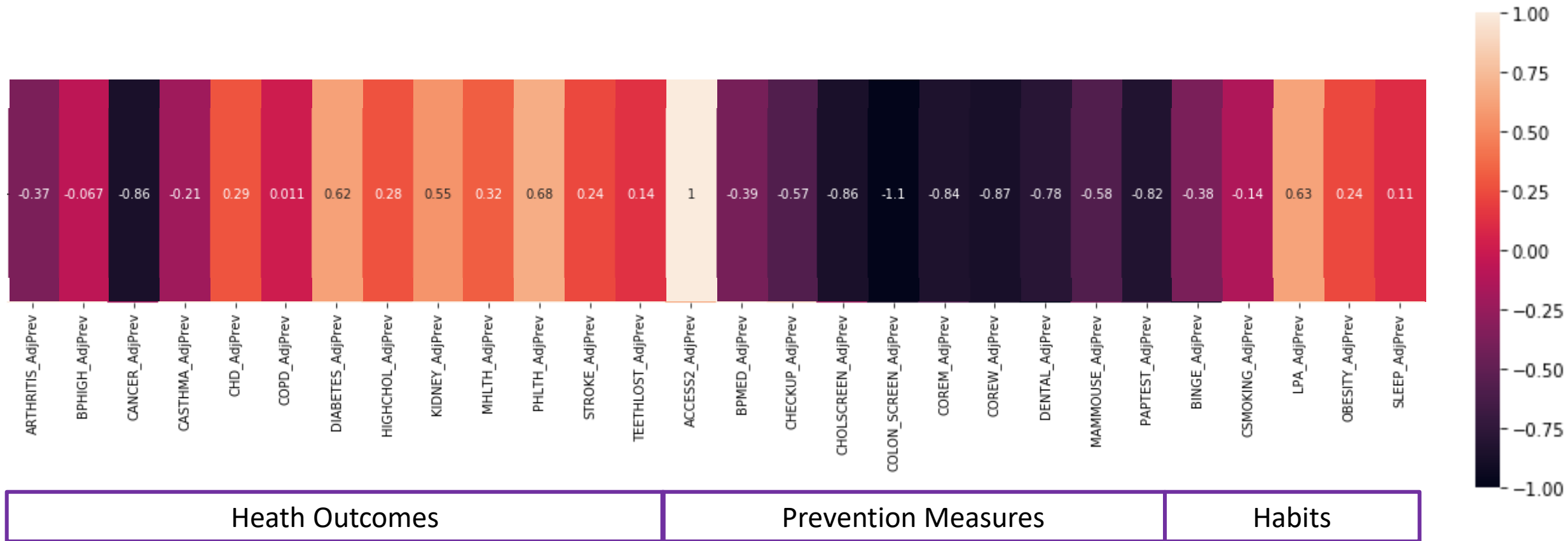
# Who needs to be targeted for prevention?



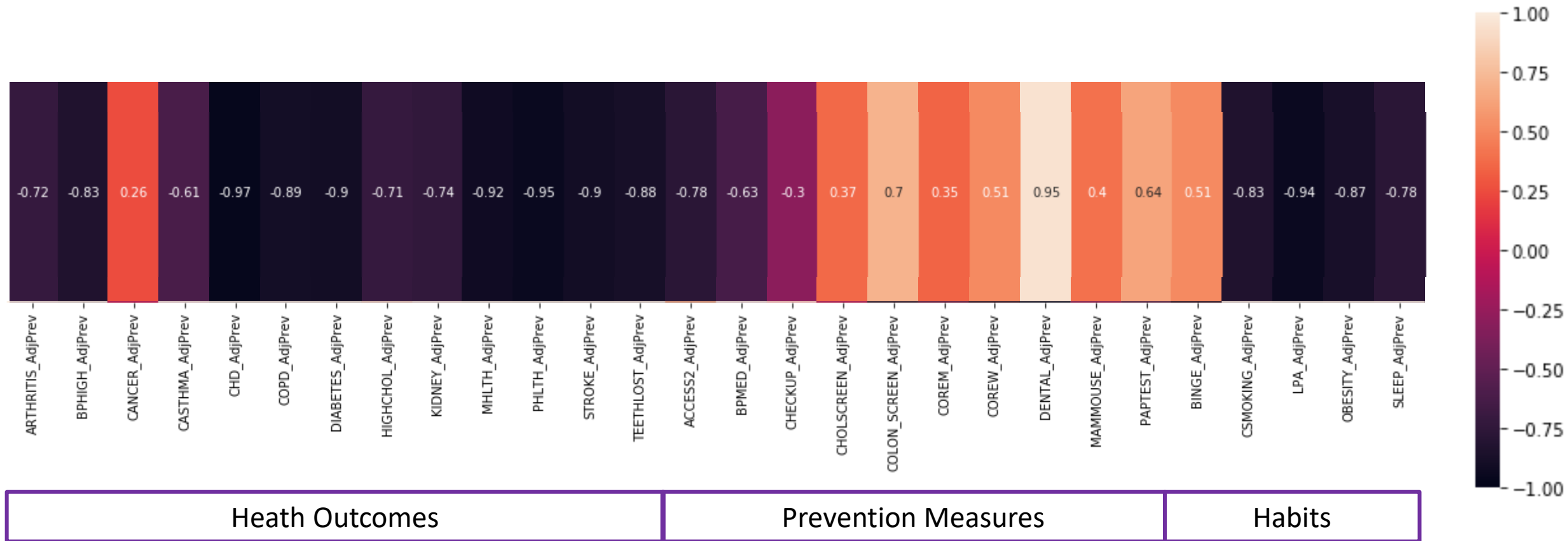
# Group 0 – Bad habits cancel out prevention



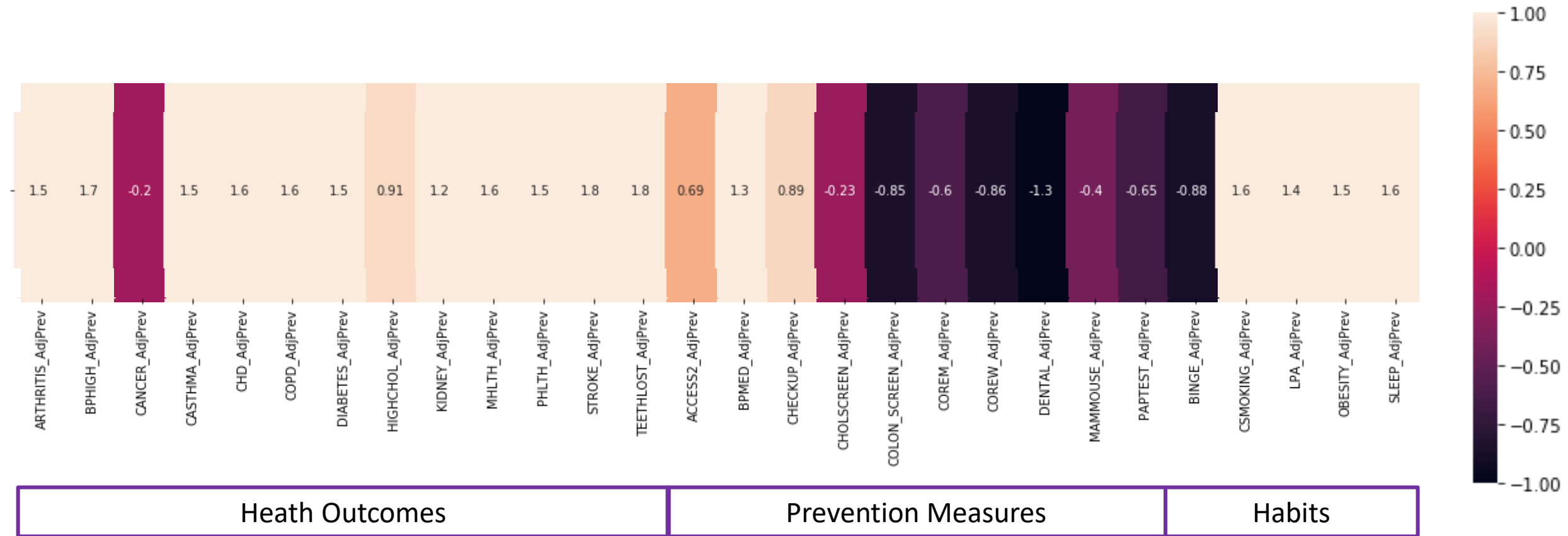
# Group 1 – No prevention and bad habits



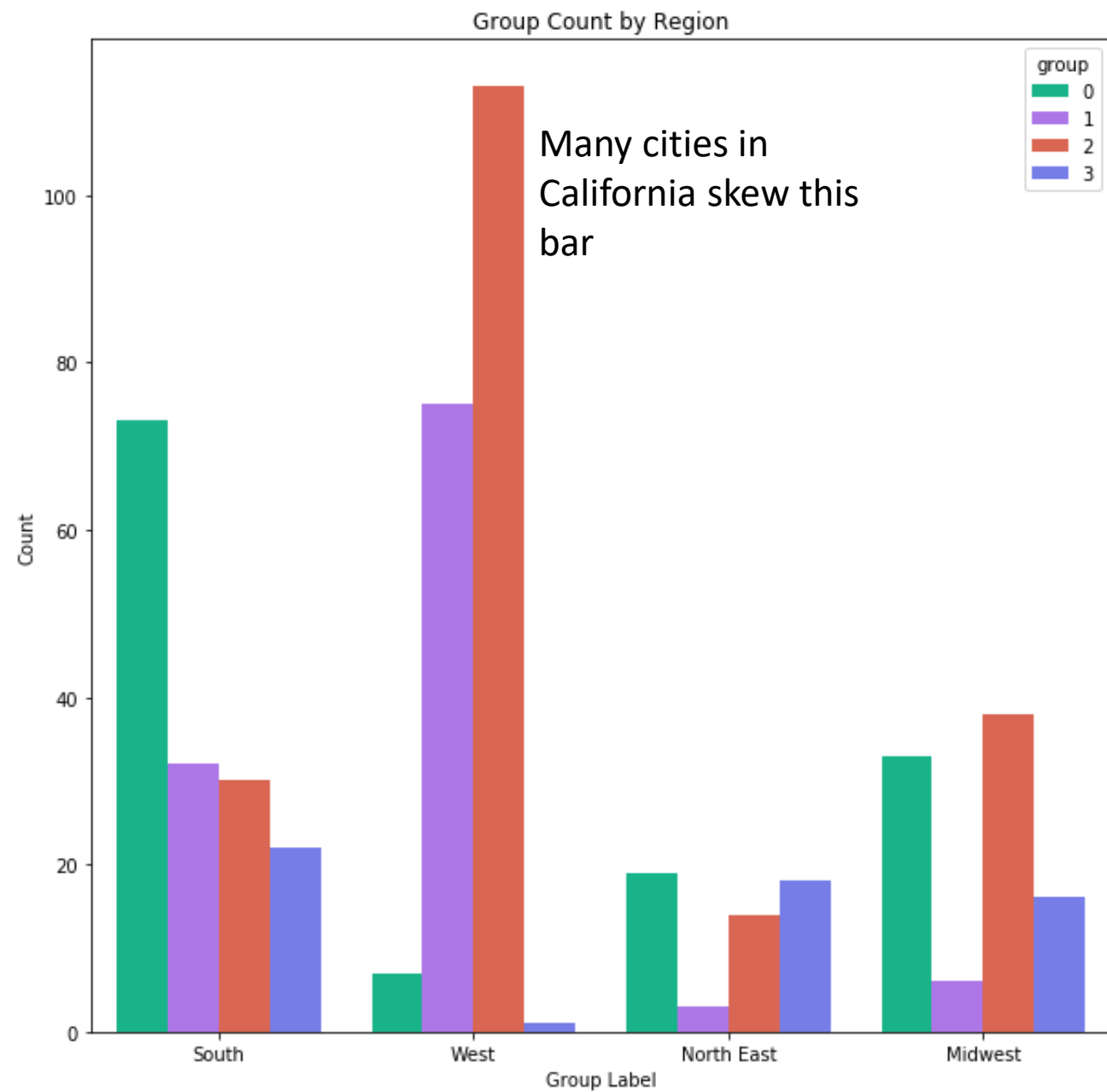
# Group 2 – Prevention without bad habits



# Group 3 – Bad habits dominate







## Geographic Distribution of Groups



## Geographic Distribution of Groups



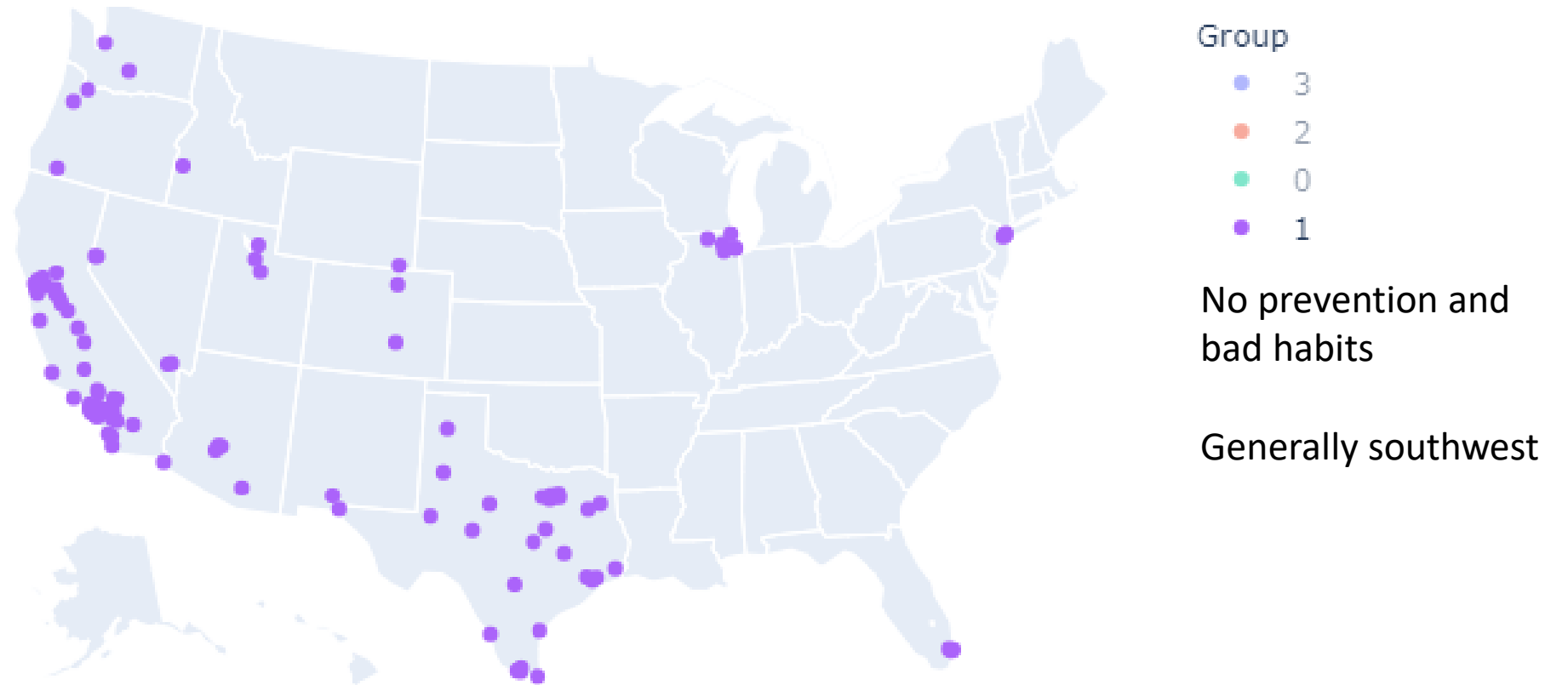
Group

- 3
- 2
- 0
- 1

Prevention  
overshadowed by  
habits

Mainly eastern states

## Geographic Distribution of Groups



## Geographic Distribution of Groups



Group

- 3
- 2
- 0
- 1

Prevention without  
bad habits

Mostly in large cities

## Geographic Distribution of Groups



Group

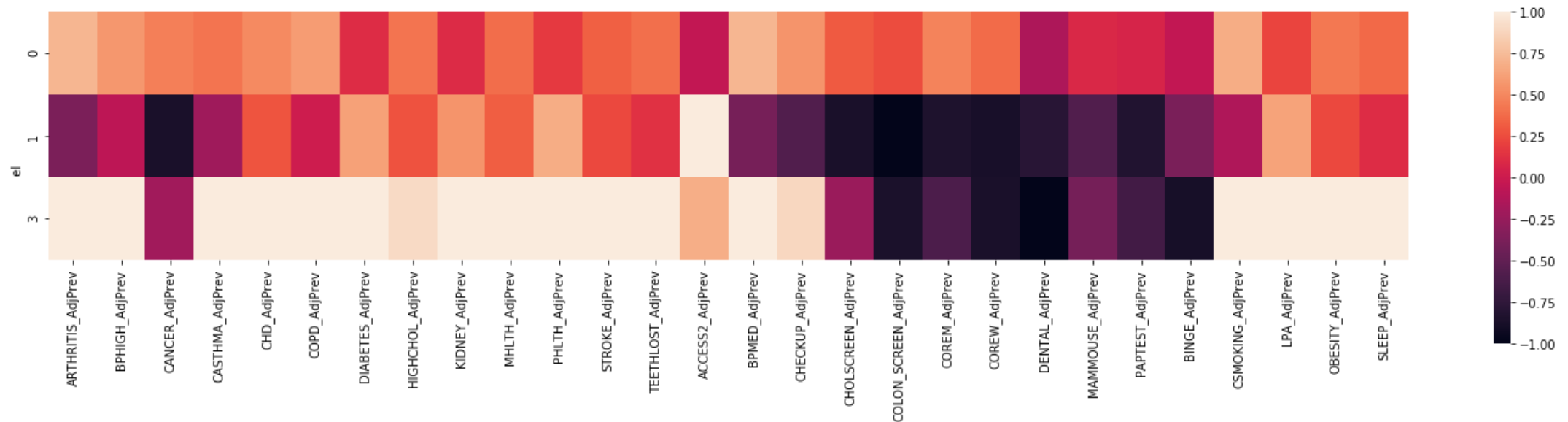
- 3
- 2
- 0
- 1

Bad habits dominate

Mainly east and south

# Prevention isn't the most effective strategy

- Lack of access to healthcare
- Poor lifestyle choices



# How do we lower rates of heart disease?

- Focus on lifestyle changes
- Medications and screenings
- Incorporate into insurance

<b>1. Cancer</b> (if yes, location and type of cancer below) Location and type of cancer _____ Circle one: <u>Stage 1</u> / Stage 2 / Stage 3 / higher Date of remission (if applicable):    /    /	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>2. Cardiac or Heart Disease / Disorder</b> if yes, check all that apply: ____ heart attack, ____ bypass surgery or angioplasty on <b>single</b> vessel, or ____ bypass surgery or angioplasty on <b>multiple</b> vessels; ____ <b>other (list here):</b> _____ such as: abnormal heart rhythms, aneurysm, aortic dissection, heart failure (congestive or otherwise), heart valve disorder, or peripheral arterial disease	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>3. Diabetes</b> (if yes, list type 1 or 2) <b>Type:</b> _____ List 3 most recent HbA1c / fasting blood sugar levels: 1) _____ 2) _____ 3) _____	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>4. High Cholesterol</b> (if yes, list 3 most recent readings) 1) _____ 2) _____ 3) _____	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>5. High Blood Pressure</b> (if yes, 3 most recent readings) 1) _____ 2) _____ 3) _____	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>6. AIDS or HIV+</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>7. Arthritis</b> (i.e. rheumatoid, osteo, psoriatic, gout)	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Back Disorder</b> (i.e. degenerative disk disease, herniated disk, spinal fusion, spondylitis, strain)	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Benign Growth</b> (i.e. tumor, cyst)	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Bowel</b> (i.e. irritable bowel IBS, Crohn's ileitis)	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Circulatory System Disease</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Immune / Autoimmune Disease</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Kidney Disorder</b> (i.e. nephritis, renal failure)	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Liver Disease</b> (i.e. cirrhosis, hepatitis A, B, C, E)	<input type="checkbox"/>	<input type="checkbox"/>
<b>15a. Mental Illness</b> (i.e. mild or major depression, anxiety, bipolar disorder, or schizophrenia)	<input type="checkbox"/>	<input type="checkbox"/>
<b>15b. Are you currently receiving counseling?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Muscular Disorder</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. Respiratory</b> (i.e. asthma, allergies, pneumonia, COPD, emphysema, bronchitis)	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. Stomach</b> (i.e. ulcer, acid reflux, GERD)	<input type="checkbox"/>	<input type="checkbox"/>
<b>19. Substance dependency</b> (i.e. alcohol, drug)	<input type="checkbox"/>	<input type="checkbox"/>
<b>20. Transplants</b> (if yes, list organ(s) below)	<input type="checkbox"/>	<input type="checkbox"/>



# Further research could refine these groups

- Gender information
- Age ranges
- More cities surveyed

Geographic Distribution of Groups

