

10 Questions an audience would assume and ask me during a presentation:

1. How can this stroke analysis help the population make strokes less preventable?

This analysis can spread awareness for the risk of strokes showing what factors contribute the most and what numbers to look for in glucose and BMI levels. This may help prevent a stroke from early on since 80% of strokes are preventable.

2. Are there any significant findings from this project that can make a difference?

Significant findings include the glucose levels for stroke and non-stroke patients. 110 for non-stroke and close to 140, for stroke outcomes in this dataset. The models can predict a non-stroke outcome accurately. Even younger adults are susceptible to getting a stroke.

3. How will those who already have had a stroke benefit from this model?

They can use the models to spread awareness and watch their levels of glucose and weight to help prevent them from getting another stroke in the future or loved ones for potential risks.

4. Does the model help those who have not had a stroke just as much as those who have?

Yes, because the model is better at predicting if a patient does not get a stroke. They can use it to see what factors affect the stroke outcomes the most.

5. Does this model benefit people of all ages or just elderly who are more prone to strokes?

This model helps people of all ages because even adults younger than 65 are prone to getting strokes as well so it is important to take precautions early on if necessary.

6. What areas of business can this model provide the analysis for and benefit from it?

The areas of business are the healthcare system, hospitals, and mental health areas. They can use this analysis for possible early prevention and prediction for non-stroke outcomes.

7. Why are the predictions better for the non-stroke patient's vs the stroke ones?

They are better due to the dataset having more non-stroke patients in it. Non-stroke predictions are just as helpful to the fact that certain features can be compared to the stroke outcomes to see the correlations between them.

8. Do the top features in this align with what medical professionals suggest are the risks?

Yes, the top risk factors for stroke in my analysis are higher glucose levels, BMI greater than normal so overweight and above, and age. All these are risks factors backed up by medical professionals and can be found online by reliable sources.

9. How can prediction modeling make a difference in stroke prevention for Americans?

Prediction modeling can make a difference because strokes are a growing problem in America, and using models like these can help one make predictions from certain risk factors that one may not even know they are at risk for.

10. Does the model have any drawbacks and/or need any improvements?

The model does have a drawback of not having an even amount of stroke and non-stroke outcomes from the dataset. The improvements would be seen in the stroke outcome metrics.