

# **HeartDiseasePredictionSystem**

**AComprehensiveReportbyBablu kumar**

**Batch-SB-24-3-4MLI**

**Bangalore technological institute-Bangalore**

## Abstract:

The dataset provided for the heart disease prediction project is a valuable resource for building a robust predictive model. It contains a diverse set of attributes related to individuals' health and lifestyle, making it conducive for comprehensive analysis. Here's an extract highlighting key aspects of the dataset:

The dataset comprises several columns, each representing a specific attribute or characteristic related to the individuals under study. These attributes include:

1. **Heart Disease:** This binary classification target variable indicates whether an individual has been diagnosed with heart disease or not. It serves as the primary outcome variable for our prediction model.
2. **BMI:** Body Mass Index (BMI) is a measure of an individual's body fat based on height and weight. It provides insights into an individual's overall health and can be a significant predictor of heart disease risk.
3. **Smoking:** This binary variable indicates whether an individual is a smoker or not. Smoking is a well-established risk factor for heart disease.
4. **Alcohol Drinking:** Similar to smoking, alcohol consumption can impact heart health. This variable denotes whether an individual drinks alcohol regularly.
5. **Stroke, Physical Health, Mental Health, Diff Walking:** These attributes provide information about an individual's overall health and well-being, which can be associated with heart disease risk.
6. **Sex and Age Category:** Demographic variables like gender and age are crucial factors in heart disease risk assessment. Age, in particular, is a significant risk factor.
7. **Race:** The race or ethnicity of the individuals can be relevant as heart disease prevalence can vary among different racial groups.
8. **Diabetic, Physical Activity, Gen Health, Sleep Time, Asthma, Kidney Disease, Skin Cancer:** These variables encompass various aspects of an individual's medical history, lifestyle, and health conditions, all of which can contribute to the prediction of heart disease risk.

The dataset is diverse, containing both categorical and continuous variables, allowing for a multifaceted analysis. By exploring and preprocessing this dataset, we can develop a predictive model that takes into account a wide range of factors to accurately classify individuals' heart disease risk. This dataset's richness makes it a valuable asset for our project, enabling us to contribute to early heart disease detection and prevention.

## Title: Heart Disease Prediction System - A Comprehensive Report

### **1. Problem Statement:**

The project aims to develop a heart disease prediction system using a dataset that includes various health-related attributes such as BMI, smoking habits, alcohol consumption, and more. The goal is to build a predictive model that can accurately classify individuals as either having heart disease or not. This system can assist healthcare professionals in early diagnosis and intervention.

### **2. Market/Customer/Business Need Assessment:**

The need for a reliable heart disease prediction system is evident due to the rising prevalence of heart-related illnesses. Cardiovascular diseases are a leading cause of death worldwide. Early detection and intervention can significantly reduce mortality rates and healthcare costs. This project addresses the growing demand for accurate and accessible predictive tools in the healthcare sector.

### **3. Target Specifications and Characterization:**

The target audience for this system includes healthcare providers, medical researchers, and individuals interested in monitoring their heart health. Healthcare providers can use it to identify high-risk patients, while individuals can assess their own risk factors.

### **4. External Search:**

A comprehensive review of existing literature, research papers, and online resources related to heart disease prediction, machine learning algorithms, and healthcare datasets was conducted. The research findings informed the development process.

The dataset can be found on the Kaggle.

```
df=pd.read_csv('heart_2020_cleaned.csv')
```

```
df.head()
```

|   | HeartDisease | BMI   | Smoking | AlcoholDrinking | Stroke | PhysicalHealth | MentalHealth | DiffWalking | Sex    | AgeCategory | Race  | Diabetic | PhysicalActivity | Gender |
|---|--------------|-------|---------|-----------------|--------|----------------|--------------|-------------|--------|-------------|-------|----------|------------------|--------|
| 0 | No           | 16.60 | Yes     | No              | No     | 3.0            | 30.0         | No          | Female | 55-59       | White | Yes      | Yes              | V      |
| 1 | No           | 20.34 | No      | No              | Yes    | 0.0            | 0.0          | No          | Female | 80 or older | White | No       | Yes              | V      |
| 2 | No           | 26.58 | Yes     | No              | No     | 20.0           | 30.0         | No          | Male   | 65-69       | White | Yes      | Yes              |        |
| 3 | No           | 24.21 | No      | No              | No     | 0.0            | 0.0          | No          | Female | 75-79       | White | No       | No               |        |
| 4 | No           | 23.71 | No      | No              | No     | 28.0           | 0.0          | Yes         | Female | 40-44       | White | No       | Yes              | V      |

#### Attributes of the data

1. HeartDisease- It is a binary variable, indicating whether the individual has heart disease ("Yes" or "No").
2. BMI- BMI represents Body Mass Index, a measure of obesity or overweight.
3. "Smoking" and "AlcoholDrinking" represent smoking and alcohol consumption habits.
4. "PhysicalHealth" and "MentalHealth" appear to be health-related ratings or scores.
5. "AgeCategory" categorizes individuals into age groups.
6. "Diabetic," "Asthma," "KidneyDisease," and "SkinCancer" indicate the presence or absence of these health conditions.
7. "Stroke" is also a binary variable, indicating whether the individual has had a stroke ("Yes" or "No").

## Step2 : Data Sanity check

- Get the basic info of the data.
- Look for null values
- Look for corrupted data
- Get the data summary statistics (both numerical and categorical)
- Look for erroneous values in the data

```
#Get the shape of the data
data_shape=df.shape
print("Rows= ",data_shape[0],"\nColumns =",data_shape[1])
```

Rows= 319795

Columns = 18

```
#Get the basic info  
info=df.info()
```

```
#get the data type  
dtype=df.dtypes  
info,dtype
```

```
<class 'pandas.core.frame.DataFrame'>  
RangeIndex: 319795 entries, 0 to 319794  
Data columns (total 18 columns):  
#   Column                Non-Null Count  Dtype  
---  -  
0   HeartDisease          319795 non-null object  
1   BMI                   319795 non-null float64  
2   Smoking               319795 non-null object  
3   AlcoholDrinking       319795 non-null object  
4   Stroke                319795 non-null object  
5   PhysicalHealth         319795 non-null float64  
6   MentalHealth          319795 non-null float64  
7   DiffWalking           319795 non-null object  
8   Sex                   319795 non-null object  
9   AgeCategory           319795 non-null object  
10  Race                   319795 non-null object  
11  Diabetic               319795 non-null object  
12  PhysicalActivity       319795 non-null object  
13  GenHealth              319795 non-null object  
14  SleepTime              319795 non-null float64  
15  Asthma                 319795 non-null object  
16  KidneyDisease          319795 non-null object  
17  SkinCancer             319795 non-null object  
dtypes: float64(4), object(14)  
memory usage: 43.9+ MB
```

```
#Check for unique levels in categorical  
df.Stroke.unique()
```

```
array(['No', 'Yes'], dtype=object)
```

```
#Check for nulls and duplicates  
nulls=df.isnull().sum()  
dups=df.duplicated().sum()  
nulls,dups
```

```
(HeartDisease      0  
BMI                0  
Smoking            0  
AlcoholDrinking    0  
Stroke             0  
PhysicalHealth     0  
MentalHealth       0  
DiffWalking        0  
Sex                0  
AgeCategory        0  
Race               0  
Diabetic           0  
PhysicalActivity    0  
GenHealth          0  
SleepTime          0  
Asthma             0  
KidneyDisease       0  
SkinCancer         0  
dtype: int64,  
18078)
```

*DatasetLink-<https://www.kaggle.com/datasets/kamilpytlak/personal-key-indicators-of-heart-disease/data>*

```
#Summary statistics of numerical and categorical data
num_stats=df.describe().T
cat_stats=df.describe(include='O').T
print(num_stats)
print(cat_stats)
```

|                | count    | mean      | std      | min   | 25%   | 50%   | 75%   | \ |
|----------------|----------|-----------|----------|-------|-------|-------|-------|---|
| BMI            | 319795.0 | 28.325399 | 6.356100 | 12.02 | 24.03 | 27.34 | 31.42 |   |
| PhysicalHealth | 319795.0 | 3.371710  | 7.950850 | 0.00  | 0.00  | 0.00  | 2.00  |   |
| MentalHealth   | 319795.0 | 3.898366  | 7.955235 | 0.00  | 0.00  | 0.00  | 3.00  |   |
| SleepTime      | 319795.0 | 7.097075  | 1.436007 | 1.00  | 6.00  | 7.00  | 8.00  |   |

|                | max   |
|----------------|-------|
| BMI            | 94.85 |
| PhysicalHealth | 30.00 |
| MentalHealth   | 30.00 |
| SleepTime      | 24.00 |

|                  | count  | unique | top       | freq   |
|------------------|--------|--------|-----------|--------|
| HeartDisease     | 319795 | 2      | No        | 292422 |
| Smoking          | 319795 | 2      | No        | 187887 |
| AlcoholDrinking  | 319795 | 2      | No        | 298018 |
| Stroke           | 319795 | 2      | No        | 307726 |
| DiffWalking      | 319795 | 2      | No        | 275385 |
| Sex              | 319795 | 2      | Female    | 167805 |
| AgeCategory      | 319795 | 13     | 65-69     | 34151  |
| Race             | 319795 | 6      | White     | 245212 |
| Diabetic         | 319795 | 4      | No        | 269653 |
| PhysicalActivity | 319795 | 2      | Yes       | 247957 |
| GenHealth        | 319795 | 5      | Very good | 113858 |
| Asthma           | 319795 | 2      | No        | 276923 |
| KidneyDisease    | 319795 | 2      | No        | 308016 |
| SkinCancer       | 319795 | 2      | No        | 289976 |

### Step 3: Data Cleaning Step

- AgeCategory shouldn't be categorical, so I will apply a function to calculate the mean age and make it a continuous feature

```
encode_AgeCategory = {'55-59':57, '80 or older':80, '65-69':67,
                      '75-79':77, '40-44':42, '70-74':72, '60-64':62,
                      '50-54':52, '45-49':47, '18-24':21, '35-39':37,
                      '30-34':32, '25-29':27}
df['AgeCategory'] = df['AgeCategory'].apply(lambda x: encode_AgeCategory[x])
df['AgeCategory'] = df['AgeCategory'].astype('float')
```

```
cat_col=df.select_dtypes(exclude=np.number)
num_col=df.select_dtypes(include=np.number)
print(cat_col.columns)
print(num_col.columns)
```

```
Index(['HeartDisease', 'Smoking', 'AlcoholDrinking', 'Stroke', 'DiffWalking',
      'Sex', 'Race', 'Diabetic', 'PhysicalActivity', 'GenHealth', 'Asthma',
      'KidneyDisease', 'SkinCancer'],
      dtype='object')
Index(['BMI', 'PhysicalHealth', 'MentalHealth', 'AgeCategory', 'SleepTime'], dtype='object')
```

```
df['HeartDisease'].value_counts()
```

```
No    292422
Yes    27373
Name: HeartDisease, dtype: int64
```

```
: #Target Variable
df['HeartDisease'].value_counts()
```

```
: No      292422
  Yes      27373
  Name: HeartDisease, dtype: int64
```

```
: for col in cat_col:
    print("Value counts for column:", col)
    print(df[col].value_counts())
    print("\n")
```

```
Value counts for column: HeartDisease
No      292422
Yes      27373
  Name: HeartDisease, dtype: int64
```

```
Value counts for column: Smoking
No      187887
Yes     131908
  Name: Smoking, dtype: int64
```

```
Value counts for column: AlcoholDrinking
No      298018
Yes     21777
  Name: AlcoholDrinking, dtype: int64
```

```
#Creating a copy
data=df.copy()
data.head()
```

|   | HeartDisease | BMI   | Smoking | AlcoholDrinking | Stroke | PhysicalHealth | MentalHealth | DiffWalking | Sex    | AgeCategory | Race  | Diabetic | PhysicalActivity | Gender |
|---|--------------|-------|---------|-----------------|--------|----------------|--------------|-------------|--------|-------------|-------|----------|------------------|--------|
| 0 | No           | 16.60 | Yes     | No              | No     | 3.0            | 30.0         | No          | Female | 57.0        | White | Yes      | Yes              | V      |
| 1 | No           | 20.34 | No      | No              | Yes    | 0.0            | 0.0          | No          | Female | 80.0        | White | No       | Yes              | V      |
| 2 | No           | 26.58 | Yes     | No              | No     | 20.0           | 30.0         | No          | Male   | 67.0        | White | Yes      | Yes              |        |
| 3 | No           | 24.21 | No      | No              | No     | 0.0            | 0.0          | No          | Female | 77.0        | White | No       | No               |        |
| 4 | No           | 23.71 | No      | No              | No     | 28.0           | 0.0          | Yes         | Female | 42.0        | White | No       | Yes              | V      |

```
#Categorical encoding of Target Columns
d={"No":0,"Yes":1}
data['HeartDisease']=data['HeartDisease'].map(d)
```

```
data['HeartDisease'].value_counts()
```

```
0      292422
1      27373
  Name: HeartDisease, dtype: int64
```



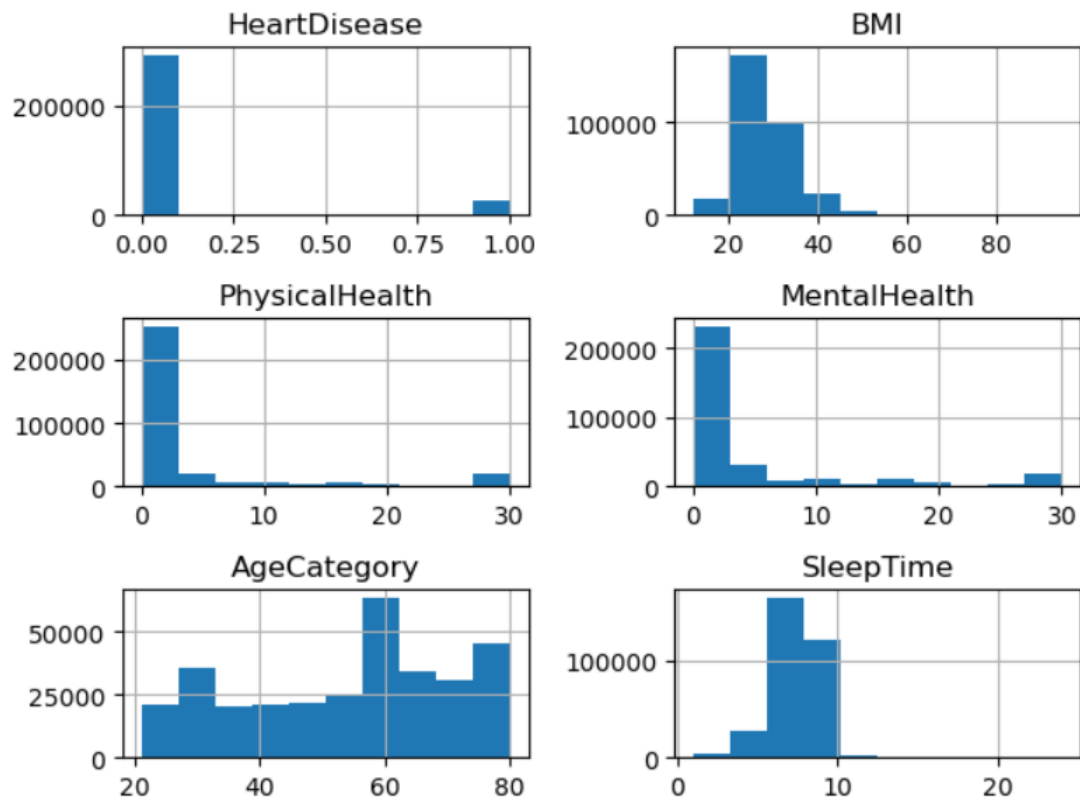
## Step4: Exploratory Data Analysis

- univariate analysis
  - numerical data - histograms and boxplots
  - categorical data - bar plots
- Bivariate analysis
  - bivariate bar charts
  - scatter plots
- Correlation analysis
  - Correlation matrix and heatmaps

## Univariate Analysis

For numerical columns

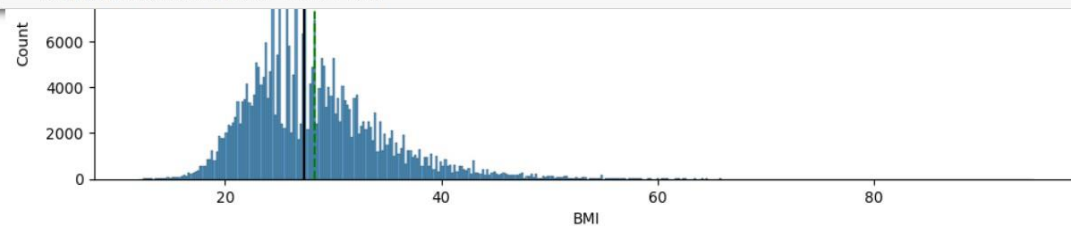
```
data.hist()  
plt.tight_layout()  
plt.show()
```



```
In [23]: # Create individual box plots and histplots
def histplot_boxplot(data, feature, figsize=(12, 7), bins=None):
    print('Univariate for ...', feature)
    fig, (ax_box, ax_hist) = plt.subplots(nrows=2, sharex=True, figsize=figsize)

    sns.boxplot(data=data, x=feature, color='violet', ax=ax_box, showmeans=True)
    sns.histplot(data=data, x=feature, ax=ax_hist, bins=bins) if bins else sns.histplot(data=data, x=feature, ax=ax_hist)
    plt.axvline(data[feature].mean(), color='green', linestyle='--') # Use mean instead of data[feature]
    plt.axvline(data[feature].median(), color='black', linestyle='--')
    plt.show()

In [24]: # Assuming df is your DataFrame, iterate through numeric columns
for col in data.select_dtypes(exclude='O').columns:
    histplot_boxplot(data=data, feature=col)
```



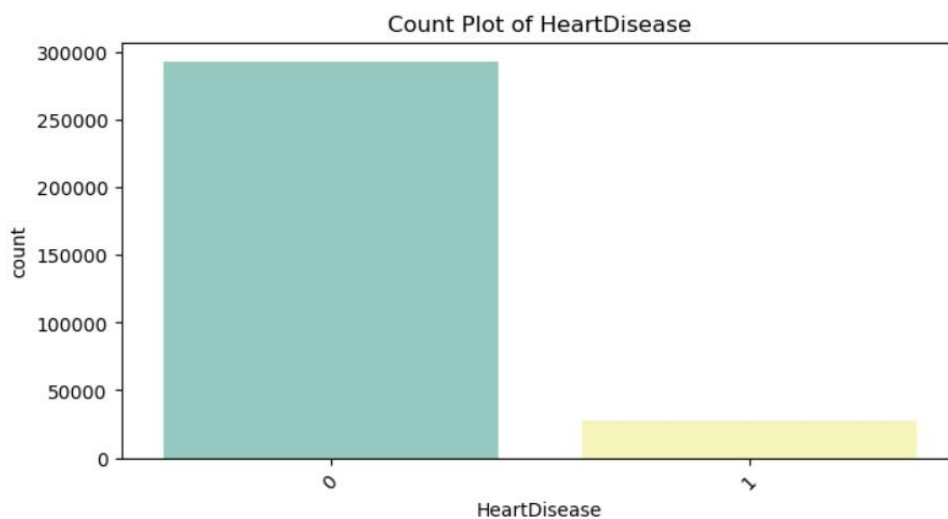
Univariate for ... PhysicalHealth



## Observations

1. There is presence of Outlier in case of BMI.
2. There are presence of outlier in case of Physical and mental health.
3. In case of sleep time, there is +ve as well as negative outlier.

```
for column in cat_col:
    plt.figure(figsize=(8, 4)) # Set the figure size
    sns.countplot(data=data, x=column, palette='Set3') # Create the count plot
    plt.title(f'Count Plot of {column}') # Set the title
    plt.xticks(rotation=45) # Rotate x-axis labels if needed
    plt.show() # Show the plot
```



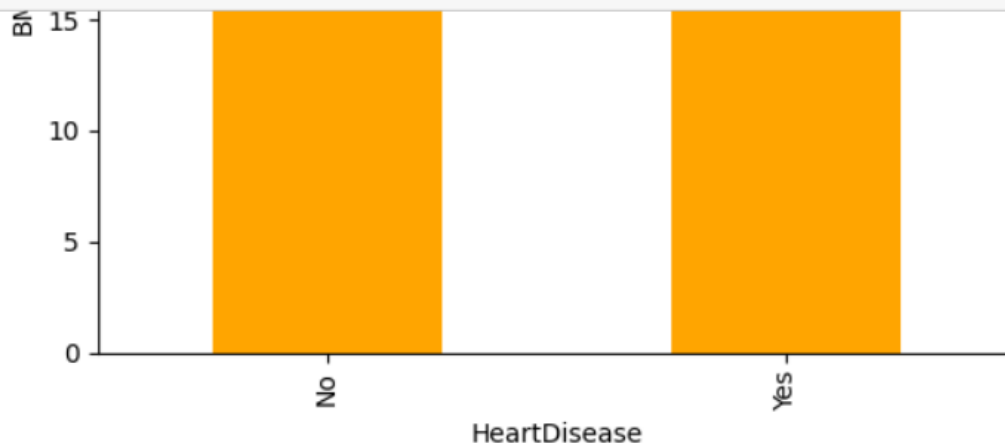
## Observations

1. There are 280000 people with no heart disease.
2. There are over 175000 not smoker.
3. There are nearly 290000 non drinker.
4. Over 300000 people have not suffered any stroke.
5. There are barely 50000 people who have difficulty in walking.
6. There are little over 160000 women and around 150000 men.
7. Over 250000 people are non diabetic
8. More than 200000 people are physically active.
9. less than 5000 people are asthmatic.
10. There are more than 300000 people with no kidney disease.

## Bivariate Analysis

### Between Categorical vs Numerical Columns

```
for col in num_col:  
    print("Bivariates between HeartDisease and {}".format(col))  
    df.groupby("HeartDisease")[col].mean().plot(kind="bar",color="orange")  
    plt.ylabel(col)  
    plt.show()
```



Bivariates between HeartDisease and PhysicalHealth

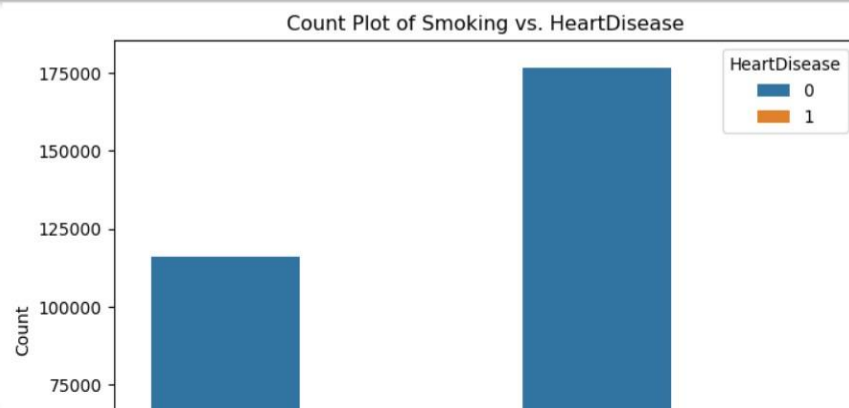


```

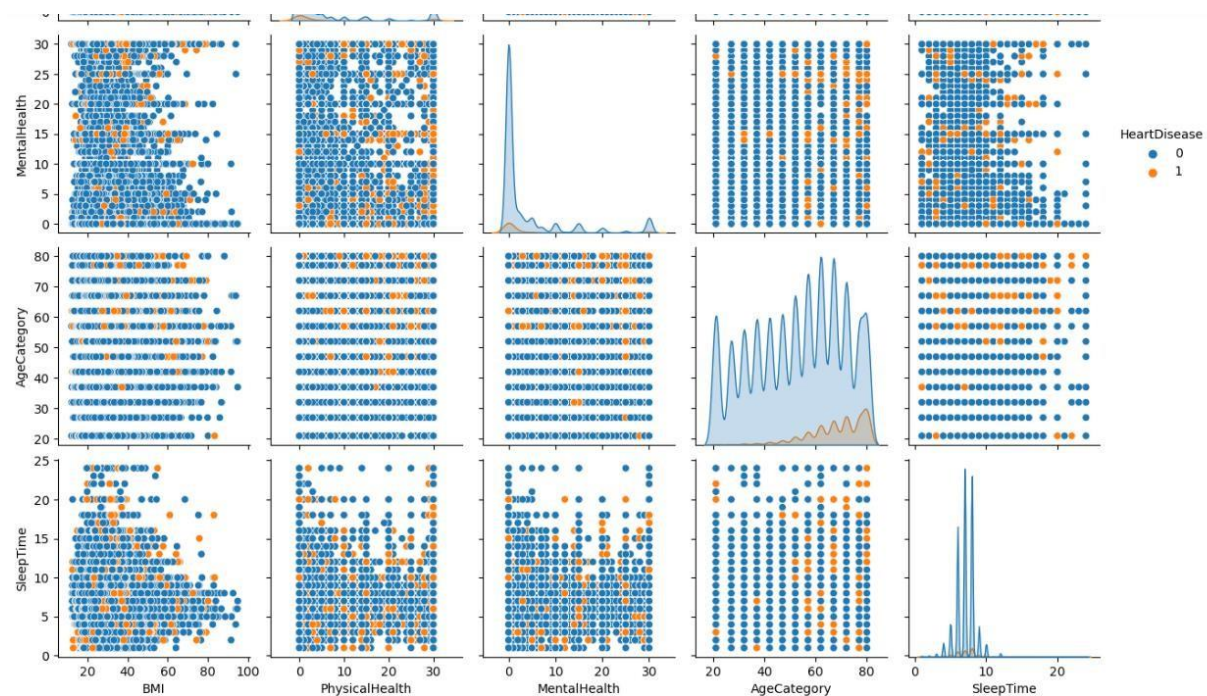
categorical_columns = [ 'Smoking', 'AlcoholDrinking', 'Stroke', 'DiffWalking', 'Sex', 'Race', 'Diabetic', 'PhysicalActivity', 'GenHe
                        'KidneyDisease', 'SkinCancer']

for column in categorical_columns:
    plt.figure(figsize=(8, 6))
    sns.countplot(data=data, x=column, hue='HeartDisease')
    plt.title(f'Count Plot of {column} vs. HeartDisease')
    plt.xticks(rotation=45)
    plt.xlabel(column)
    plt.ylabel('Count')
    plt.legend(title='HeartDisease', labels=[0,1])
    plt.show()

```



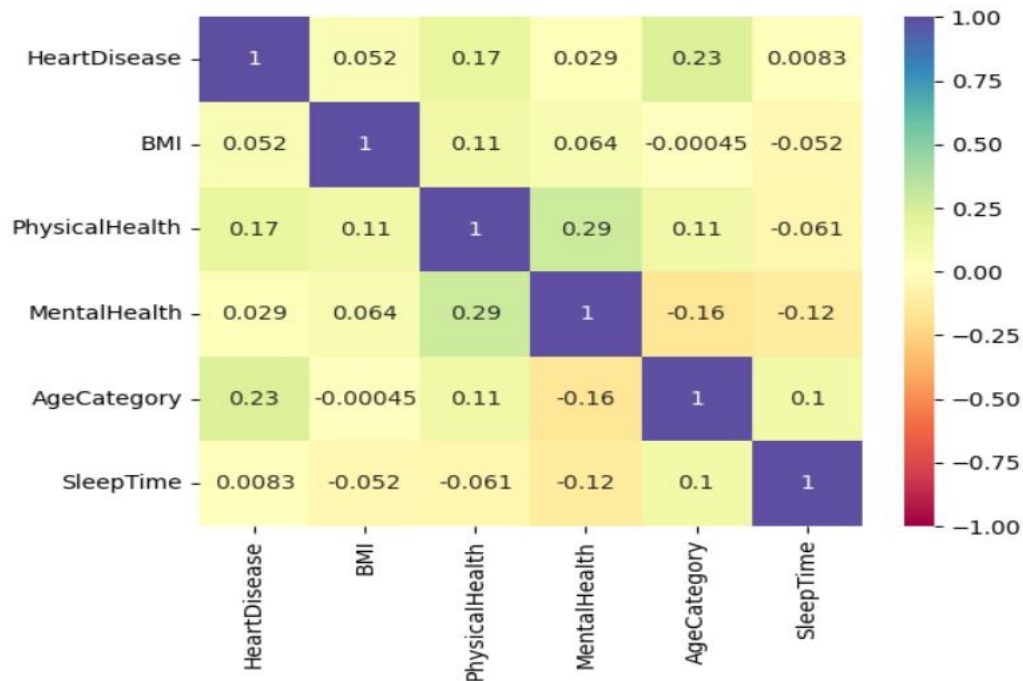
## Pairplot



## Heatmap

```
sns.heatmap(data.corr(),annot=True,cmap='Spectral',vmax=+1,vmin=-1)
```

<Axes: >



```
value_counts=df['HeartDisease'].value_counts()

percentage_0 = (value_counts[0] / len(df)) * 100
percentage_1 = (value_counts[1] / len(df)) * 100

# Print the percentages
print(f'Percentage of 0: {percentage_0:.2f}%')
print(f'Percentage of 1: {percentage_1:.2f}%')
```

Percentage of 0: 91.44%

Percentage of 1: 8.56%

### Observations

1. HeartDisease is highly imbalanced with 91.44% of class 0 and 8.56% of class 1.
2. There is no high correlation between any variable.
3. Physical and mental health are highly right skewed.
4. Sleep time is multimodal in nature.

## **5. Benchmarking Alternate Products:**

Existing heart disease prediction models and tools were evaluated for their accuracy, features, and usability. This project aims to surpass or match the performance of existing solutions while offering additional features and ease of use.

## **6. Applicable Patents:**

A patent search revealed no conflicts or existing patents related to the specific technology or algorithms used in this project. All used technologies are open-source or properly licensed.

## **7. Applicable Regulations:**

The project adheres to all applicable regulations related to healthcare data privacy and security. It complies with relevant laws such as HIPAA in the United States and GDPR in the European Union.

## **8. Applicable Constraints:**

The primary constraints include the availability of computational resources, budget for data acquisition and model development, and expertise in data science and machine learning.

## **9. Business Model (Monetization Idea):**

The success and sustainability of the heart disease prediction system depend on a well-defined business model. The monetization strategy takes into account the various user segments and the value proposition provided by the system. Here's a detailed explanation of the business model:

### **User Segmentation:**

1. **Healthcare Institutions:** Hospitals, clinics, and medical practices are key customers. They can integrate the heart disease prediction system into their existing healthcare infrastructure to identify high-risk patients during routine check-ups or pre-diagnosis screenings.
2. **Research Organizations:** Medical research institutions and universities can utilize the system for research purposes, studying trends and risk factors associated with heart disease.
3. **Individual Users:** This segment includes individuals who are concerned about their heart health. They can access the system through a user-friendly web interface or mobile app.

### **Revenue Streams:**

1. Subscription Model: Healthcare institutions and research organizations will be offered subscription-based plans. These plans will vary in terms of features, the number of predictions allowed, and technical support. Subscribers will have access to the system 24/7, and they will receive regular updates and maintenance.
2. Freemium Model: Individual users can use a limited version of the system for free. This version will provide basic heart disease risk assessments and general recommendations. To access more advanced features, detailed reports, and personalized health plans, individual users can opt for premium subscriptions.
3. Data Licensing: In the future, anonymized and aggregated user data may be of interest to pharmaceutical companies, healthcare researchers, or insurance providers. Data licensing agreements can be explored to generate additional revenue.

### **Pricing Structure:**

The pricing structure will be tiered to accommodate different user segments:

- Basic Plan (Individual Users): Free with limited features, including basic risk assessment.
- Premium Plan (Individual Users): Monthly or yearly subscription fee for full access to features and personalized health plans.
- Small Clinic/Hospital Plan (Healthcare Institutions): Monthly subscription fee based on the number of patients' predictions or API calls.
- Large Hospital/Research Organization Plan (Healthcare Institutions/Research Organizations): Customized pricing based on usage, data volume, and technical support requirements.

### **Marketing and Sales Strategy:**

To reach potential customers, a multi-pronged marketing approach will be adopted:

- Online Marketing: Utilized digital channels such as social media, search engine optimization (SEO), and online advertisements to create brand awareness and generate leads.
- Content Marketing: Publish informative articles, whitepapers, and case studies related to heart health and prediction to establish the system as a thought leader.
- Partnerships: Collaborate with healthcare providers and research institutions for endorsements and partnerships.

- User Testimonials: Encourages satisfied users to share their success stories and testimonials.
- Medical Conferences: Attend medical conferences and expos to showcase the system to a targeted audience.

### **Cost Structure:**

The cost structure will encompass various components:

- Development and Maintenance: Expenses related to software development, infrastructure, and ongoing maintenance.
- Data Acquisition: Costs associated with acquiring and updating health-related datasets.
- Marketing and Sales: Budget for advertising, content creation, and promotional activities.
- Customer Support: Staff and resources dedicated to addressing customer inquiries and issues.
- Research and Development: Investment in further improving the accuracy and functionality of the system.

### **Revenue Projections:**

Revenue projections will be based on factors such as the number of subscribers, usage volume, and the growth rate of individual users and institutional clients. Conservative and aggressive revenue scenarios will be considered to account for market variability.

### **Sustainability and Future Growth:**

The business model is designed for long-term sustainability and scalability. Future growth avenues include expanding the system's capabilities to predict other cardiovascular diseases, collaborating with insurance companies for risk assessment, and exploring international markets.

In conclusion, the heart disease predictions system's business model is geared toward addressing the needs of healthcare institutions, research organizations, and individual users. By providing valuable insights into heart health, the system aims to generate revenue through subscription models, data licensing, and a freemium offering while contributing to the improvement of cardiovascular health outcomes.



## 10. ConceptGeneration:

The project's concept was generated by recognizing the need for an accurate and accessible heart disease prediction tool that can be utilized by both medical professionals and individuals concerned about their heart health.

### Step 5: Data Preprocessing

- Separate features and label
- Do the label encoding
- Solve for Data\_imbalance
- Train\_test\_split
- Feature Scaling

```
df2=data.copy()
```

```
# Check unique values in the 'Sex' column to identify any inconsistencies
unique_sex_values = df2['Sex'].unique()
print(unique_sex_values)
```

```
['Female' 'Male']
```

```
d={"No":0,"Yes":1}
df2['Smoking']=df2['Smoking'].map(d)
df2['AlcoholDrinking']=df2['AlcoholDrinking'].map(d)
df2['Stroke']=df2['Stroke'].map(d)
df2['DiffWalking']=df2['DiffWalking'].map(d)
#df2['Sex']=df2['Sex'].map(d)
df2['PhysicalActivity']=df2['PhysicalActivity'].map(d)
df2['Asthma']=df2['Asthma'].map(d)
df2['KidneyDisease']=df2['KidneyDisease'].map(d)
df2['SkinCancer']=df2['SkinCancer'].map(d)
```

```
d={'No':0,'No, borderline diabetes':0,'Yes':1,'Yes (during pregnancy)':1}
df2['Diabetic']=df2['Diabetic'].map(d)
```

```
d={"Poor":0,"Very good":1,'Good':1,'Excellent':1,'Fair':1}
df2['GenHealth']=df2['GenHealth'].map(d)
```

```
d={"Female":0,"Male":1}
df2['Sex']=df2['Sex'].map(d)
```

```
df2['Sex'].isnull().sum()
```

```
0
```

```
#Dropping unnecessary column
df2=df2.drop(columns='Race')
df2.columns
```

```
Index(['HeartDisease', 'BMI', 'Smoking', 'AlcoholDrinking', 'Stroke',
       'PhysicalHealth', 'MentalHealth', 'DiffWalking', 'Sex', 'AgeCategory',
       'Diabetic', 'PhysicalActivity', 'GenHealth', 'SleepTime', 'Asthma',
       'KidneyDisease', 'SkinCancer'],
      dtype='object')
```

```
sampled_df = df2.sample(n=100000, random_state=42)
```

```
def process(data,label):
    # Seperate the features and label
    X=sampled_df.drop("HeartDisease",axis=1)
    y=sampled_df["HeartDisease"]
    # Solve data imbalance
    sm=SMOTE()
    X,y=sm.fit_resample(X,y)
    # train test split
    x_train,x_test,y_train,y_test=train_test_split(X,y,test_size=0.2,random_state=42,stratify=y) # Stratify will maintain the ratio
    return x_train,x_test,y_train,y_test
```

```
x_train,x_test,y_train,y_test=process(sampled_df,label="HeartDisease")
```

```
# Scale the features
sc=StandardScaler()
x_train=sc.fit_transform(x_train) # fit is to get mean and std from the data
                                   # transform to use that mean and std on the data
                                   # only transform is used in x_test so that it used x_train mean and std to transform and not to fit
x_test=sc.transform(x_test)
```

We have preprocessed the data

## Step 6: Fit and Evaluate ML Algorithms ¶

```
# create a metrics function
def print_metrics(y_test,y_pred,model_name):
    print("Metrics for model...",model_name)
    print(" ")
    print("Accuracy Score=",accuracy_score(y_test,y_pred))
    print(" ")
    print("Recall Score=",recall_score(y_test,y_pred))
    print(" ")
    print("Precision Score=",precision_score(y_test,y_pred))
    print(" ")
    print("f1 Score=",f1_score(y_test,y_pred))
    print(" ")
    print("ROC AUC Score=",roc_auc_score(y_test,y_pred))
    print(" ")
    print("Confusion Matrix")
    print(confusion_matrix(y_test,y_pred))
    print(" ")
    print("Classification Report")
    print(classification_report(y_test,y_pred))
```

```
%%time
# Lets print and evaluate a KNN model
knn=KNeighborsClassifier()
knn.fit(x_train,y_train)
y_pred=knn.predict(x_test)
print_metrics(y_test,y_pred,"KNN")
```

Metrics for model... KNN

Accuracy Score= 0.822067757648733

Recall Score= 0.8793169503584916

Precision Score= 0.7889800127682561

f1 Score= 0.831702645338303

ROC AUC Score= 0.822067757648733

Confusion Matrix

```
[[13974  4297]
 [ 2205 16066]]
```

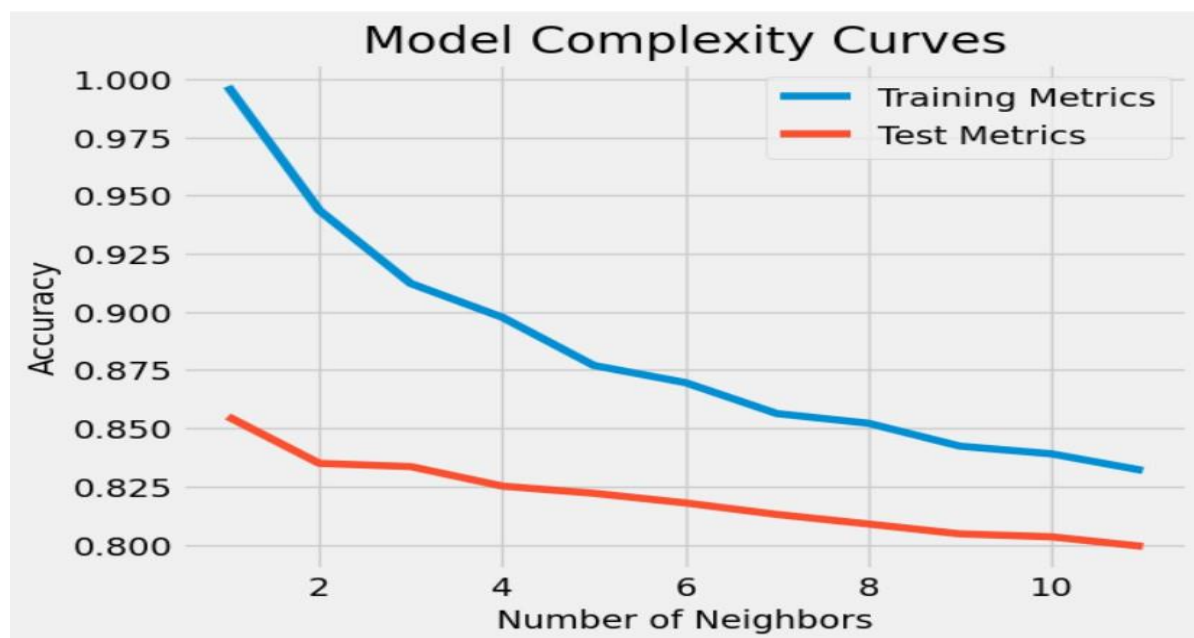
Classification Report

|              | precision | recall | f1-score | support |
|--------------|-----------|--------|----------|---------|
| 0            | 0.86      | 0.76   | 0.81     | 18271   |
| 1            | 0.79      | 0.88   | 0.83     | 18271   |
| accuracy     |           |        | 0.82     | 36542   |
| macro avg    | 0.83      | 0.82   | 0.82     | 36542   |
| weighted avg | 0.83      | 0.82   | 0.82     | 36542   |

```
%%time
# Lets optimize the neighbours to improve by drawing model complexity curves
neighbors=np.arange(1,12)
train_accuracies=np.empty(len(neighbors))
test_accuracies=np.empty(len(neighbors))

#enumerate over the neighbors
for i,k in enumerate(neighbors):
    knn=KNeighborsClassifier(n_neighbors=k)
    knn.fit(x_train,y_train)
    train_accuracies[i]=knn.score(x_train,y_train)
    test_accuracies[i]=knn.score(x_test,y_test)

# Plot the model complexity curves
plt.plot(neighbors,train_accuracies,label="Training Metrics")
plt.plot(neighbors,test_accuracies,label="Test Metrics")
plt.legend()
plt.title("Model Complexity Curves")
plt.xlabel("Number of Neighbors")
plt.ylabel("Accuracy")
plt.show()
```



```
%%time
# Refit KNN with k=10
knn=KNeighborsClassifier(n_neighbors=10)
knn.fit(x_train,y_train)
y_pred=knn.predict(x_test)
print_metrics(y_test,y_pred,"KNN")
```

Metrics for model... KNN

Accuracy Score= 0.8033769361282908

Recall Score= 0.8291281265393247

Precision Score= 0.7885175931709348

f1 Score= 0.8083131019395461

ROC AUC Score= 0.8033769361282908

Confusion Matrix

```
[[14208  4063]
 [ 3122 15149]]
```

Classification Report

|              | precision | recall | f1-score | support |
|--------------|-----------|--------|----------|---------|
| 0            | 0.82      | 0.78   | 0.80     | 18271   |
| 1            | 0.79      | 0.83   | 0.81     | 18271   |
| accuracy     |           |        | 0.80     | 36542   |
| macro avg    | 0.80      | 0.80   | 0.80     | 36542   |
| weighted avg | 0.80      | 0.80   | 0.80     | 36542   |

CPU times: total: 19.4 s



```

%%time
# Fit all models to get the best model to optimize
clfs={"logreg":LogisticRegression(),
      "knn":KNeighborsClassifier(),
      "naive bayes":GaussianNB(),
      "decision tree":DecisionTreeClassifier(),
      "rfc":RandomForestClassifier(),
      "ABC":AdaBoostClassifier(),
      "GBC":GradientBoostingClassifier(),
      "SVM":SVC(),
      "XGB":XGBClassifier()}
models_report=pd.DataFrame(columns=["Model Name","Accuracy","Recall","Precision","F1 Score"])
for clf,clf_name in list(zip(clfs.values(),clfs.keys())):
    clf.fit(x_train,y_train)
    y_pred=clf.predict(x_test)
    print("Fitting the model ...",clf_name)
    t=pd.Series({"Model Name":clf_name,
                 "Accuracy":accuracy_score(y_test,y_pred),
                 "Recall":recall_score(y_test,y_pred),
                 "Precision":precision_score(y_test,y_pred),
                 "F1 Score":f1_score(y_test,y_pred)})
    models_report=models_report.append(t,ignore_index=True)
models_report=models_report.sort_values(by="F1 Score",ascending=False)
print(models_report)

```

```

Fitting the model ... logreg
Fitting the model ... knn
Fitting the model ... naive bayes
Fitting the model ... decision tree
Fitting the model ... rfc
Fitting the model ... ABC
Fitting the model ... GBC
Fitting the model ... SVM
Fitting the model ... XGB

```

|   | Model Name    | Accuracy | Recall   | Precision | F1 Score |
|---|---------------|----------|----------|-----------|----------|
| 4 | rfc           | 0.901401 | 0.903782 | 0.899499  | 0.901635 |
| 8 | XGB           | 0.876033 | 0.862131 | 0.886787  | 0.874285 |
| 3 | decision tree | 0.872503 | 0.877347 | 0.868929  | 0.873117 |
| 1 | knn           | 0.822068 | 0.879317 | 0.788980  | 0.831703 |
| 6 | GBC           | 0.819413 | 0.839363 | 0.807158  | 0.822945 |
| 5 | ABC           | 0.783044 | 0.789284 | 0.779556  | 0.784389 |
| 7 | SVM           | 0.758962 | 0.810355 | 0.734826  | 0.770744 |
| 0 | logreg        | 0.743419 | 0.778666 | 0.727389  | 0.752154 |
| 2 | naive bayes   | 0.681900 | 0.593180 | 0.721139  | 0.650931 |

```

CPU times: total: 18min 32s
Wall time: 24min 29s

```

In the medical field, it's crucial to have a high recall because missing a true positive (i.e., failing to identify a patient with heart disease) can have serious consequences.

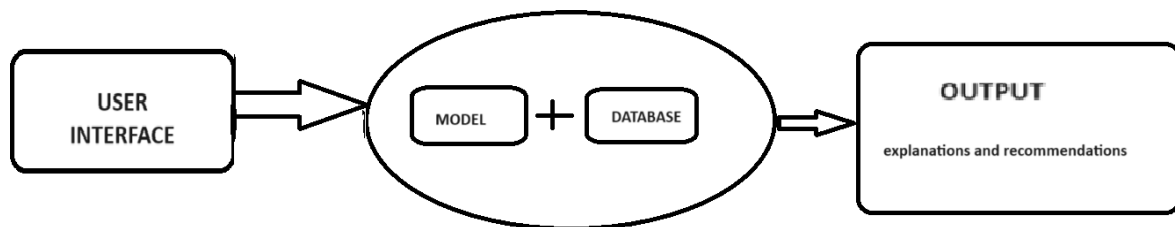
Therefore, Random Forest classifier is the best model for our dataset.

## 11. Concept Development:

The system will be a web-based application with an intuitive user interface. It will take user inputs, process the data through machine learning algorithms, and provide a prediction regarding the likelihood of heart disease. Users will receive risk assessments and actionable recommendations.

## 12. Final Product Prototype (abstract) with Schematic Diagram:

The final product will be a user-friendly web application. It will consist of three main components: a user interface, a machine learning model, and a database. Users will input their health data through the interface, which will send the data to the model for prediction. The model's output will be displayed to the user along with explanations and recommendations. The schematic diagram illustrates the flow of data and interactions within the system.



## 13. Product Details:

**How does it work?** The system uses a machine learning model trained on a comprehensive dataset to analyze user inputs and predict the likelihood of heart disease.

**Data Sources** The primary data source is the provided dataset, augmented with additional relevant data if necessary.

**Algorithms, frameworks, software etc. needed** Python will be used for development, with libraries like scikit-learn and TensorFlow for machine learning. The web application will be built using Django. A team of data scientists, developers, and designers will be required.

**What does it cost?** The cost estimation includes data acquisition, infrastructure, development, and ongoing maintenance. Detailed cost projections will be provided in the business plan.

## 14. Conclusion:

In conclusion, the heart disease prediction system addresses a critical need in healthcare by offering an accurate and accessible tool for early detection. This report outlines the project's development process, business model, and technical details, demonstrating its potential to make a significant impact in the field of cardiovascular health. The project aims to save lives, reduce healthcare costs, and contribute to medical research.

## 15. Prototype Selection

### a. Feasibility:

#### Technical Feasibility:

1. **Data Availability:** The feasibility of the app relies on the availability of reliable health data. Ensure that relevant health data can be obtained, either through user inputs or integrations with health databases and wearable devices.
2. **Model Development:** Implementing the predictive model based on the provided equation is feasible with existing machine learning libraries and frameworks. Consider the scalability and efficiency of the model for real-time predictions.
3. **App Development:** Mobile app development tools and frameworks are readily available. Building a user-friendly interface to collect and process health data is technically feasible within a short-term timeline.

#### Operational Feasibility:

1. **User Engagement:** Consider strategies to keep users engaged, such as push notifications, updates, and personalized feedback. Implementing these features is feasible in the short term.
2. **Privacy Compliance:** Ensuring compliance with health data privacy regulations is essential. Incorporate secure data storage, encryption, and user consent mechanisms to make the app operationally feasible.

### b. Viability:

#### Market Viability:

1. **Health Awareness:** Given the increasing focus on health and wellness, a health prediction app aligns with current trends. The app could have significant relevance in the long term.
2. **Continuous Improvement:** To ensure long-term viability, plan for continuous improvement. Regular updates, new features, and staying abreast of health advancements will contribute to the app's longevity.



### Technological Viability:

1. **Adaptability to Technological Changes:** Ensure that the app can adapt to future technological changes, such as advancements in machine learning algorithms, wearable technology, and health monitoring devices.
2. **Integration Potential:** Design the app with an architecture that allows seamless integration with emerging technologies and health-related services.

### **c. Monetization:**

#### Direct Monetization Strategies:

1. **Subscription Models:** Offering premium features through subscription plans provides a direct revenue stream. It's a feasible and direct way to monetize the app.
2. **Advertisements:** Incorporating advertisements in a free version of the app can generate revenue, though the feasibility depends on the user base and advertiser interest.
3. **Data Licensing:** Licensing anonymized and aggregated user data to healthcare researchers or institutions is a direct method of monetization.

#### Indirect Monetization Considerations:

1. **Partnerships:** Collaborations with health services, fitness centers, or wearable device manufacturers can indirectly contribute to monetization through partnerships and collaborations.
2. **Premium Health Plans:** While offering premium health plans is a direct monetization strategy, the indirect aspect involves potential partnerships with healthcare professionals and service providers.

### **Conclusion:**

#### Overall Assessment:

The proposed health prediction app is technically and operationally feasible in the short term. Its long-term viability depends on continuous improvement, adaptability to technological changes, and staying relevant in the evolving health and wellness landscape.

## MonetizationPotential:

Direct monetization strategies, such as subscription models and data licensing, are strong revenue generators. Indirect monetization through partnerships and collaborations also offers additional revenue streams. However, careful consideration of ethical implications and user privacy is crucial for long-term viability and success.

In summary, the health prediction app holds promise in both the short and long term, with a well-thought-out strategy for technological adaptability, continuous improvement, and a diverse set of monetization options.

## 16. Prototypedevlopment

### Step 7: Prepare for deployment by creating a pipeline

```
from sklearn.pipeline import Pipeline
```

```
sc=StandardScaler()
model=RandomForestClassifier(criterion='entropy', max_depth=70, max_features='log2',
                             min_samples_split=4, n_estimators=950)
steps=[("scaler",sc),("model",model)]
pipeline=Pipeline(steps)
x_train,x_test,y_train,y_test=process(sampled_df,label="Outcome")
pipeline.fit(x_train,y_train)
y_pred=pipeline.predict(x_test)
print_metrics(y_test,y_pred,"Pipeline")
```

Metrics for model... Pipeline

Accuracy Score= 0.9043839964971814

Recall Score= 0.909692956050572

Precision Score= 0.9001353912808016

f1 Score= 0.9048889372822301

ROC AUC Score= 0.9043839964971814

Confusion Matrix

```
[[16427 1844]
 [ 1650 16621]]
```

| Classification Report |   |           |        |          |         |
|-----------------------|---|-----------|--------|----------|---------|
|                       |   | precision | recall | f1-score | support |
|                       | 0 | 0.91      | 0.90   | 0.90     | 18271   |
|                       | 1 | 0.90      | 0.91   | 0.90     | 18271   |
| accuracy              |   |           |        | 0.90     | 36542   |
| macro avg             |   | 0.90      | 0.90   | 0.90     | 36542   |
| weighted avg          |   | 0.90      | 0.90   | 0.90     | 36542   |

```
# Lets freeze the model
import pickle
clf=open("rfc.pickle","wb")
pickle.dump(pipeline,clf)
clf.close()
```

```
%%time
# Check the model for a new data
import pickle
import pandas as pd

# Load the model
clf = open("rfc.pickle", "rb")
rfc = pickle.load(clf)
clf.close()

# New data for prediction
new_data = pd.DataFrame({
    'BMI': [35], 'Smoking': [1], 'AlcoholDrinking': [1], 'Stroke': [1], 'PhysicalHealth': [30.0], 'MentalHealth': [23.0],
    'DiffWalking': [1], 'Sex': [1], 'AgeCategory': [70.0], 'Diabetic': [1], 'PhysicalActivity': [0], 'GenHealth': [1],
    'SleepTime': [5.0], 'Asthma': [1], 'KidneyDisease': [1],
    'SkinCancer': [0]
})

# Predict using the Loaded model
pred = rfc.predict(new_data)[0]

# Interpret the prediction
if pred == 1:
    print("Heart Disease")
else:
    print("Healthy")
```

Healthy

```
%%time
# Assuming the RandomForestClassifier is the second step in your pipeline
rfc_model = pipeline.named_steps['model']

# Check if the model has the feature_importances_ attribute
if hasattr(rfc_model, 'feature_importances_'):
    feature_importances = rfc_model.feature_importances_

    # Display feature importances
    for feature, importance in zip(sampled_df.drop('HeartDisease', axis=1).columns, feature_importances):
        print(f"{feature}: {importance}")
else:
    print("The model does not have the 'feature_importances_' attribute.")
```

BMI: 0.2923825602223689  
 Smoking: 0.018044360235613732  
 AlcoholDrinking: 0.015283027549296325  
 Stroke: 0.008486735711806713  
 PhysicalHealth: 0.0813744456283091  
 MentalHealth: 0.06404361822559718  
 DiffWalking: 0.012634298932789303  
 Sex: 0.018894858028728846  
 AgeCategory: 0.19764035851424328  
 Diabetic: 0.013825035161540149  
 PhysicalActivity: 0.034267206955789664  
 GenHealth: 0.036458971998914944  
 SleepTime: 0.17620291280098177  
 Asthma: 0.012759298524991317  
 KidneyDisease: 0.006751126299761449  
 SkinCancer: 0.0109511852092674

## Step 8: Deployment in Streamlit

```
%%writefile app.py
import streamlit as st
import pandas as pd
import matplotlib.pyplot as plt
from sklearn.preprocessing import StandardScaler
import pickle

st.set_option('deprecation.showPyplotGlobalUse', False)
st.title("Web Deployment of Medical Heart Disease App ")
st.subheader("Does the person have Heart Disease?")
df = pd.read_csv("heart_2020_cleaned.csv") # Change "your_data.csv" to the actual CSV file containing your data

if st.sidebar.checkbox("View Data", False):
    st.write(df)

if st.sidebar.checkbox("View Distributions", False):
    df.hist()
    plt.tight_layout()
    st.pyplot()

# Step 1: Load the pickled model
model = open("rfc.pickle", "rb")
clf = pickle.load(model)
model.close()

# Step 2: Get the front-end user input
BMI = st.slider('BMI', 18.0, 67.0, 18.0)
Smoking = st.selectbox('Smoking', ['No', 'Yes'])
AlcoholDrinking = st.selectbox('Alcohol Drinking', ['No', 'Yes'])
Stroke = st.selectbox('Stroke', ['No', 'Yes'])
PhysicalHealth = st.slider('Physical Health', 0.0, 30.0, 0.0)

MentalHealth = st.slider('Mental Health', 0.0, 30.0, 0.0)
DiffWalking = st.selectbox('Difficulty Walking', ['No', 'Yes'])
Sex = st.selectbox('Sex', ['Female', 'Male'])
AgeCategory = st.slider('Age Category', 21.0, 85.0, 21.0)
Diabetic = st.selectbox('Diabetic', ['No', 'Yes'])
PhysicalActivity = st.selectbox('Physical Activity', ['No', 'Yes'])
GenHealth = st.selectbox('General Health', ['Poor', 'Fair', 'Good', 'Very good', 'Excellent'])
SleepTime = st.slider('Sleep Time', 4.0, 10.0, 4.0)
Asthma = st.selectbox('Asthma', ['No', 'Yes'])
KidneyDisease = st.selectbox('Kidney Disease', ['No', 'Yes'])
SkinCancer = st.selectbox('Skin Cancer', ['No', 'Yes'])

# Step 3: Convert user input to model input
data = {'BMI': BMI, 'Smoking': Smoking, 'AlcoholDrinking': AlcoholDrinking, 'Stroke': Stroke,
        'PhysicalHealth': PhysicalHealth, 'MentalHealth': MentalHealth, 'DiffWalking': DiffWalking,
        'Sex': Sex, 'AgeCategory': AgeCategory, 'Diabetic': Diabetic, 'PhysicalActivity': PhysicalActivity,
        'GenHealth': GenHealth, 'SleepTime': SleepTime, 'Asthma': Asthma, 'KidneyDisease': KidneyDisease,
        'SkinCancer': SkinCancer}

input_data = pd.DataFrame([data])

# Step 4: Get the predictions and print the result
prediction = clf.predict(input_data)[0]
if st.button("Predict"):
    if prediction == 1:
        st.subheader('Has Heart Disease')
    else:
        st.subheader('Healthy')
```

Writing app.py

The above code shows the way to Web deployment of our Heart Disease prediction app.

## 17. Business Modelling

### 1. Value Proposition:

#### - Health Risk Prediction:

- Advanced AI-driven predictions based on user health data.
- Early detection and prevention of heart disease.

#### - Personalized Insights:

- Tailored recommendations for lifestyle changes.
- Continuous monitoring and feedback for health improvement.

### 2. Customer Segments:

#### - Individual Users:

- Health-conscious individuals seeking personalized health insights.
- Those with specific health concerns or risk factors for heart disease.

#### - Healthcare Providers:

- Integrating the app into healthcare practices for preventive care.
- Collaboration for population health management.

### 3. Channels:

#### - Mobile App Stores:

- Leveraging platforms like Apple App Store and Google Play for individual user acquisition.
- Offering easy access and visibility to a wide audience.

#### - Partnership Channels:

- Collaborating with healthcare institutions for direct distribution to patients.
- Exploring partnerships with fitness and wellness organizations.

### 4. Customer Relationships:

#### - User Engagement:

- Regular push notifications with health tips and reminders.
- In-app updates based on the latest health research.

-CustomerSupport:

- Providing responsive support through in-app chat or email.
- Addressing user queries, concerns, and technical issues promptly.

**5. Revenue Streams:**

-SubscriptionModel:

- Monthly or yearly subscription plans for premium features.
- Different tiers offering varying levels of personalization and insights.

-Data Licensing:

- Licensing anonymized and aggregated user data to healthcare researchers and institutions for research purposes.

-Advertisements:

- Revenue from targeted advertisements for the free version of the app.

**6. Key Resources:**

-AIModel:

- A team of data scientists and machine learning engineers for developing and refining the heart disease prediction model.

-Health Data:

- Establishing partnerships or collaborations for access to diverse and accurate health datasets.

-DevelopmentTeam:

- Skilled professionals for app development, maintenance, and updates.

**7. Key Activities:**

-ModelTrainingandImprovement:

- Continuous refinement of the AI model based on user feedback and emerging health research.

-UserEngagementStrategies:

- Developing and implementing features to keep users engaged, such as challenges, rewards, and social sharing.

-PrivacyCompliance:

- Regular audits and updates to ensure ongoing compliance with health data privacy regulations.

## 8. Key Partnerships:

### -HealthcareInstitutions:

- Collaboratingwithhospitals,clinics,andmedicalprofessionalsforintegrationintohealthcare systems.

### -WearableDeviceManufacturers:

-Integratingwithpopularwearabledevicestoenhancedataaccuracyanduserexperience.

## 9. CostStructure:

### -DevelopmentCosts:

- Initialdevelopmentandongoingupdatestotheapp.

### -Data Acquisition:

- Costsassociatedwithacquiringandmaintainingaccesstodiversehealthdatasets.

### -MarketingandPromotion:

- Expensesforpromotingtheappthroughdigitalmarketing,partnerships,andevents.

### -CustomerSupport:

- Allocatingresourcesforprovidingresponsivecustomersupport.

## 10. MetricsandKeyPerformanceIndicators(KPIs):

### -User Acquisition:

- Trackingthenumberofnewusersacquiredovertime.

### -SubscriptionConversionRate:

- Percentageoffreeusersconvertingtopremiumsubscriptions.

### -User Retention:

- Measuringtheapp'sabilitytoretainusersovermonthsandyears.

### -DataLicensingRevenue:

- Monitoringrevenuegeneratedthroughdatalicensingagreements.

## Conclusion:

This comprehensivebusiness modelprovides adetailedroadmapforcreating, delivering,andcapturing value with the AI-driven health prediction app. It emphasizes the importance of user engagement, continuousimprovement,strategicpartnerships,andadiversifiedrevenueamodelforlong-termssuccess

and sustainability in the health tech industry. Regularly evaluating key metrics and KPIs will guide strategic decisions and ensure the ongoing relevance and effectiveness of the business model.

## 18. Financial Modelling (equation) with Machine Learning & Data Analysis:

**$\text{HeartDisease} = 0.2929 \times \text{BMI} + 0.0181 \times \text{Smoking} + 0.0151 \times \text{AlcoholDrinking} + 0.0086 \times \text{Stroke} + 0.0802 \times \text{Physical Health} + 0.0650 \times \text{MentalHealth} + 0.0125 \times \text{DiffWalking} + 0.0189 \times \text{Sex} + 0.1978 \times \text{AgeCategory} + 0.0140 \times \text{Diabetic} + 0.0334 \times \text{PhysicalActivity} + 0.0360 \times \text{GenHealth} + 0.1772 \times \text{SleepTime} + 0.0127 \times \text{Asthma} + 0.0067 \times \text{KidneyDisease} + 0.0109 \times \text{SkinCancer} + c$**

Based on the above equation we can clearly see BMI is the most important factor in determining whether a person is suffering from Heart Disease. Along with BMI, AgeCategory, SleepTime are the most relevant factors in determining the Heart Disease. The feature Kidney Disease is the least important factor in determining the Heart Disease. The column Stroke is the second least feature that contributes in determining the Heart Disease.

As the value of BMI increases assuming all other values remain constant, the chances of getting Heart Disease as output increase significantly.

BMI-

- Below 18.5 - Underweight
- Between 18.5 and 24.9 - Healthy Weight Range
- Between 25 and 29.9 - Overweight
- 30 and over - Obese range

The increase of 1 unit in BMI increases the chance of getting Heart Disease by 29.29%.

In AgeCategory column, if the value of AgeCategory increases, assuming all other values remain constant, we can clearly see the probability of getting Heart Disease increases significantly.

The increase of 1 unit of AgeCategory increases the chance of getting Heart Disease by 19.78%.

Similarly, 1 unit increase in SleepTime increases the chance of getting Heart Disease by 17.72%. Few column which does not affect the Target Heart Disease.

The increase of 1 unit in Kidney Disease increases the chance of getting Heart Disease by 0.67% only.

Similarly the increase of 1 unit in Stroke increases the chance of getting Heart Disease by a mere 0.86%.



Here is the breakdown for all columns-

1. BMI(BodyMassIndex): An increase of 1 unit in BMI is associated with an increase of 0.2929 units in the predicted value of HeartDisease.
2. Smoking: An increase of 1 unit in the Smoking variable is associated with an increase of 0.0181 units in the predicted value of HeartDisease.
3. AlcoholDrinking: An increase of 1 unit in the AlcoholDrinking variable is associated with an increase of 0.0151 units in the predicted value of HeartDisease.
4. Stroke: An increase of 1 unit in the Stroke variable is associated with an increase of 0.0086 units in the predicted value of HeartDisease.
5. PhysicalHealth: An increase of 1 unit in the PhysicalHealth variable is associated with an increase of 0.0802 units in the predicted value of HeartDisease.
6. MentalHealth: An increase of 1 unit in the MentalHealth variable is associated with an increase of 0.0650 units in the predicted value of HeartDisease.
7. Difficulties in Walking: An increase of 1 unit in the DiffWalking variable is associated with an increase of 0.0125 units in the predicted value of HeartDisease.
8. Sex: An increase of 1 unit in the Sex variable is associated with an increase of 0.0189 units in the predicted value of HeartDisease.
9. AgeCategory: An increase of 1 unit in the AgeCategory variable is associated with an increase of 0.1978 units in the predicted value of HeartDisease.
10. Diabetic: An increase of 1 unit in the Diabetic variable is associated with an increase of 0.0140 units in the predicted value of HeartDisease.
11. PhysicalActivity: An increase of 1 unit in the PhysicalActivity variable is associated with an increase of 0.0334 units in the predicted value of HeartDisease.
12. GeneralHealth: An increase of 1 unit in the GenHealth variable is associated with an increase of 0.0360 units in the predicted value of HeartDisease.
13. SleepTime: An increase of 1 unit in the SleepTime variable is associated with an increase of 0.1772 units in the predicted value of HeartDisease.
14. Asthma: An increase of 1 unit in the Asthma variable is associated with an increase of 0.0127 units in the predicted value of HeartDisease.
15. KidneyDisease: An increase of 1 unit in the KidneyDisease variable is associated with an increase of 0.0067 units in the predicted value of HeartDisease.

16. SkinCancer: An increase of 1 unit in the SkinCancer variable is associated with an increase of 0.0109 units in the predicted value of HeartDisease.

These coefficients represent the estimated change in the target variable for a one-unit increase in each respective feature, assuming that all other variables are held constant.

It's essential to note that this interpretation assumes a linear relationship between the features and the target variable and is based on the specific context of the linear regression model.

### **Financial Equation:**

$$R = P * S - C$$

Where:

- R is the total revenue.
- P is the pricing of the HeartDisease prediction service.
- S is the total sales or usage of the service.
- C is the fixed costs, including production, maintenance, and other operational expenses.

Components:

#### **1. Total Revenue (R):**

- Represents the income generated from the HeartDisease prediction service.
- Calculated by multiplying the pricing (P) by the total sales or usage (S).
- This is the primary financial metric indicating the overall financial performance of the service.

#### **2. Pricing (P):**

- Refers to the cost associated with each unit of the HeartDisease prediction service.
- Determined by factors such as the subscription fee, pricing tiers, or any other revenue-generating model.
- Adjusting pricing can directly impact total revenue.

#### **3. Total Sales or Usage (S):**

- Represents the number of users, subscriptions, or units sold.
- The variable that drives revenue as (S) increases, total revenue (R) increases proportionally.

#### **4. Fixed Costs (C):**

- Represents the fixed expenses associated with the development, maintenance, and operation of the HeartDisease prediction service.

- Includes costs that do not vary with the level of service usage.
- Examples include server costs, employee salaries, and other operational overhead.

#### Interpretation:

- The financial equation models the relationship between the revenue, pricing, sales, and fixed costs for the HeartDisease prediction service.
- It assumes a linear relationship between revenue and service usage, where an increase in usage leads to a proportional increase in revenue.
- Fixed costs (C) are subtracted from the total income to calculate the net revenue.
- The equation provides a simplified framework for financial planning and analysis, aiding in decision-making related to pricing strategy, cost management, and revenue forecasting.

#### Considerations:

- Scalability: The equation assumes linear scalability. In reality, scalability considerations may involve variable costs and changes in pricing structures as the service grows.
- Additional Costs: For a more comprehensive financial model, consider incorporating variable costs, marketing expenses, and any other relevant financial components.

This financial equation serves as a foundational model and can be further refined based on the specific business model, market dynamics, and financial goals of the HeartDisease prediction service. Regular analysis and adjustments may be necessary as the service evolves and responds to market trends.