### **Obesity Risk Prediction**

Team 3

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### Introduction

**Project Overview:** 

The objective of this study is to explore the determinants of obesity rates in Latin America, with a particular emphasis on dietary patterns, physical health, and demographic variables. The dataset contains 17 attributes and 2111 entries, offering extensive insight into the behaviors and lifestyles of participants. Originally utilized by The Coast University (University in Columbia) for academic research, the data was gathered through a web-based survey platform, with respondents remaining anonymous as they answered each questionnaire item.

#### Significance:

- 1. **Public Health Impact:** Inform public health initiatives and interventions in Latin American countries by addressing specific challenges faced by diverse populations.
- 2. Personalized Health Recommendations: Develop personalized health recommendations, considering individual eating habits, physical activity, and demographics.
- 3. **Policy Formulation:** Create targeted policies addressing obesity-related issues at a regional level.

## **Research Purpose and Questions**



Intended Audience: Considering our research questions, we aim to discover the root causes of obesity, given its potential to precipitate severe health complications regardless of age. By understanding the typical progression of obesity across individuals' lifespans, we can offer constructive guidance to help prevent excessive weight gain and promote healthier lifestyles.

#### Who will benefit from this research?

- People of all ages and genders
- People who are overweight or have poor lifestyles (smokers and frequent drinkers)
- Government policy makers and researchers

### Dataset Overview



### About Dataset - Obesity and CDV Risk

The dataset comprises estimates of obesity levels in individuals **aged 14 to 61** from **Mexico**, **Peru**, **and Colombia**, with diverse eating habits and physical conditions. Data was collected **via a web survey from anonymous users**.

It includes variables like FAVC (Frequent consumption of high-caloric food), NCP (Number of main meals), CAEC (Consumption of food between meals), FAF (Physical activity frequency), and MTRANS (Transportation used), which could be utilized for predicting and analyzing obesity or CVD risk.

 Data source: Kaggle
 Data scope: Mexico, Peru and Colombia (Latin America)
 Timespan: 2019 Aug - 2019 Sep

### **Dataset Details -**Variables

**Obesity Categories:** 

- Underweight (BMI less than 18.5)
- Normal (18.5 to 24.9)
- Overweight (25.0 to 29.9)
- Obesity I (30.0 to 34.9)
- Obesity II (35.0 to 39.9)
- Obesity III (Higher than 40)

#### **Attributes for Analysis:**

#### • Eating Habits:

Frequent consumption of high-caloric food (FAVC) Frequency of consumption of vegetables (FCVC) Number of main meals (NCP) Consumption of food between meals (CAEC) Consumption of water daily (CH20) Consumption of alcohol (CALC)

#### • Physical Condition:

Calories consumption monitoring (SCC) Physical activity frequency (FAF) Time using technology devices (TUE) Transportation used (MTRANS)

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• **Demographic Information:** Gender, Age, Height, Weight

# Data Exploration

### Descriptive Statistics

#### **Numerical variables**

	Age	Height	Weight	Frequency of Consumption of Vegetables (FCVC)	Number of Main Meals (NCP)	Consumption of Water Daily (CH2O)	Physical Activity Frequency (FAF)	Time Using Technology Devices (TUE)
count	2111.00	2111.00	2111.00	2111.00	2111.00	2111.00	2111.00	2111.00
mean	24.31	1.70	86.59	2.42	2.69	2.01	1.01	0.66
std	6.35	0.09	26.19	0.53	0.78	0.61	0.85	0.61
min	14.00	1.45	39.00	1.00	1.00	1.00	0.00	0.00
25%	19.95	1.63	65.47	2.00	2.66	1.58	0.12	0.00
50%	22.78	1.70	83.00	2.39	3.00	2.00	1.00	0.63
75%	26.00	1.77	107.43	3.00	3.00	2.48	1.67	1.00
max	61.00	1.98	173.00	3.00	4.00	3.00	3.00	2.00

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#### Age, height, weight, and their corresponding behaviors are crucial indicators

### **Descriptive Statistics**

#### **Categorical variables**



Gender, family history of overweight, smoking status, and obesity type are crucial indicators



### Data Preparation

#### **Data Processing**

#### Preprocessing

1.Check missing data and outliers 2.Standardized numerical features for better model performance

#### **Transformations**

Transform height and weight to BMI

#### Recoding

Apply recoding to convert labels into numerical values(yes:1, no:0)

#### **Missing Data**

print(df.isnull().sum()) Gender 0 0 Age Height Weight 0 family\_history\_with\_overweight FAVC FCVC NCP CAEC SMOKE CH20 SCC FAF TUE CALC MTRANS N0beyesdad Ø dtype: int64

#### No missing values

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#### **Outliers**



#### **No Outliers**

# Linear Regression

### **Research Question #1**

### How does method of transportation affect obesity?



## Linear Regression: Methodology

- Our goal: predict an (18-25 year old) individual's Body Mass Index (BMI) based on various predictors that include dietary habits, modes of transportation used, and gender.
- Methodology Steps:
  - Filter to individuals between 18 and 25 years old.
  - Creating dummy variables (diet frequency, high calories food, vegetables).
  - **Dependent variable**: BMI
  - Independent variables: Gender, dietary habits (FAVC, FCVC, CAEC, CALC), and transportation mode (MTRANS).
  - Interaction terms: Gender -- capture any differing effects these factors have on BMI by gender.

### Linear Regression

#### Without Interaction term

### With Interaction term

	Call:					
	$lm(formula = Y_train ~ X_train)$					
	Residuals:					
	Min 1Q Median 3Q Max					
	-20.9344 -3.6878 0.2412 4.9678 24.9556					
	Coefficients: (5 not defined because of singular	rities)				
		Estimate	Std. Error	t value	Pr(>ltl)	
	(Intercept)	4.47131	2.64652	1.690	0.091439	
	X_train(Intercept)	NA	NA	NA	NA	
	X_trainGenderMale	11.79544	3.67922	3.206	0.001389	**
*	X_trainGenderFemale:FAVCyes	4.73876	0.77532	6.112	1.42e-09	***
*	X_trainGenderMale:FAVCyes	3.01837	0.98349	3.069	0.002206	**
	X_trainGenderFemale:FCVC	6.40548	0.51213	12.508	< 2e-16	***
***	X_trainGenderMale:FCVC	0.73230	0.59814	1.224	0.221134	
***	X_trainGenderFemale:CAECFrequently	-8.28890	1.93600	-4.281	2.04e-05	***
***	X_trainGenderMale:CAECFrequently	-2.57105	1.88136	-1.367	0.172064	
	X_trainGenderFemale:CAECno	-1.10405	2.69132	-0.410	0.681730	
	X_trainGenderMale:CAECno	-0.04108	2.08764	-0.020	0.984305	
***	X_trainGenderFemale:CAECSometimes	3.92216	1.88661	2.079	0.037881	*
	X_trainGenderMale:CAECSometimes	1.86355	1.68150	1.108	0.268018	
	X_trainGenderFemale:CALCFrequently	-3.79178	1.71744	-2.208	0.027487	*
	X_trainGenderMale:CALCFrequently	1.38713	1.62294	0.855	0.392926	
	X_trainGenderFemale:CALCno	-2.63344	0.64106	-4.108	4.32e-05	***
	X_trainGenderMale:CALCno	2.29682	0.63992	3.589	0.000348	***
	X_trainGenderFemale:CALCSometimes	NA	NA	NA	NA	
***	X_trainGenderMale:CALCSometimes	NA	NA	NA	NA	
	X_trainGenderFemale:MTRANSBike	NA	NA	NA	NA	
	X_trainGenderMale:MTRANSBike	1.31382	3.92547	0.335	0.737930	
	X_trainGenderFemale:MTRANSMotorbike	NA	NA	NA	NA	
	X_trainGenderMale:MTRANSMotorbike	2.81164	3.42444	0.821	0.411816	
	X_trainGenderFemale:MTRANSPublic_Transportation	4.44506	1.67992	2.646	0.008275	**
	X_trainGenderMale:MTRANSPublic_Transportation	5.60587	1.09131	5.137	3.37e-07	***
	X_trainGenderFemale:MTRANSWalking	0.52956	2.64802	0.200	0.841535	
	X_trainGenderMale:MTRANSWalking	2.00827	2.05278	0.978	0.328159	
	Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05	5'.'0.1	''1			
	Residual standard error: 6.464 on 985 degrees of	f freedom				

Call:

lm(formula = BMI ~ Gender + FAVC + FCVC + CAEC + CALC + MTRANS,  $data = data_{18}_{25}$ 

Residuals:

Min	1Q	Median	3Q	Мах
-18.1656	-4.7749	0.1686	4.6822	25.7046

Coefficients:

	Estimate	Std. Error	t value	Pr(>ltl)	
(Intercept)	15.0414	7.2864	2.064	0.039195	*
GenderMale	-0.8147	0.4137	-1.969	0.049127	*
FAVCyes	3.9305	0.5790	6.788	1.76e-11	***
FCVC	3.9083	0.3694	10.581	< 2e-16	***
CAECFrequently	-5.4390	1.2790	-4.253	2.27e-05	***
CAECno	0.2050	1.5639	0.131	0.895724	
CAECSometimes	4.0035	1.2087	3.312	0.000952	***
CALCFrequently	-5.6041	7.1227	-0.787	0.431551	
CALCno	-6.6481	7.0408	-0.944	0.345237	
CALCSometimes	-5.7274	7.0406	-0.813	0.416095	
MTRANSBike	1.1647	3.2136	0.362	0.717093	
MTRANSMotorbike	2.6138	2.5829	1.012	0.311760	
MTRANSPublic_Transportation	5.0520	0.8631	5.853	6.17e-09	***
MTRANSWalking	1.9565	1.5239	1.284	0.199434	
Signif. codes: 0 '***' 0.00	01'**'0.	01 '*' 0.05	5'.'0.1	l''1	

Residual standard error: 6.895 on 1242 degrees of freedom Multiple R-squared: 0.323, Adjusted R-squared: 0.3159 F-statistic: 45.59 on 13 and 1242 DF, p-value: < 2.2e-16

Multiple R-squared: 0.4193, Adjusted R-squared: 0.4069 F-statistic: 33.86 on 21 and 985 DF, p-value: < 2.2e-16

### **The Fitted Model**

Call:						• Our m
lm(formula = Y_train ~ X_train)						_
Residuals: Min 10 Median 30 Max						○ <b>⊢-</b>
-20.9344 -3.6878 0.2412 4.9678 24.9556						• <b>p-</b>
Coefficients: (5 not defined because of singular	ities)					
	Estimate	Std. Error	t value	Pr(> t )		• R-sau
(Intercept)	4.47131	2.64652	1.690	0.091439		रर्वव
X_train(Intercept)	NA 70544	NA	NA 2 200	NA		
X_trainGenderMale	11.79544	3.67922	5.206	0.001389	***	<ul> <li>Adius</li> </ul>
X_trainGenderMale:EAVCyes	4.73870	0.77552	3 060	1.420-09	**	· · · · <b>j</b> · · ·
X_trainGenderFemale:FCVC	6 40548	0.50345	12 508	< 20-16	***	
X_trainGenderMale:ECVC	0.73230	0.59814	1.224	0.221134		O I
X trainGenderFemale:CAECFrequently	-8.28890	1.93600	-4.281	2.04e-05	***	
X_trainGenderMale:CAECFrequently	-2.57105	1.88136	-1.367	0.172064		~ \//
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X_trainGenderFemale:CAECSometimes	3.92216	1.88661	2.079	0.037881	*	
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X_trainGenderMale:CALCno	Z.29682	0.63992	3.589	0.000348	***	
X_trainGenderFemale:CALCSometimes	NA	NA	NA	NA		nc
X_trainGenderMale:CALCSometimes	NA	NA	NA	NA		
X_trainGenderMele:MIRANSBike	1 21202	NA 2 02547	0 225	NA 727020		
X_trainGenderFemale:MTRANSDike	1.31302 NA	5.92347 NA	0.555 NA	NA		• Our in
X_trainGenderMale:MTRANSMotorbike	2 81164	3 42444	0 821	0 411816		
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X_trainGenderMale:MTRANSPublic_Transportation	5.60587	1.09131	5.137	3.37e-07	***	reaso
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X_trainGenderMale:MTRANSWalking	2.00827	2.05278	0.978	0.328159		
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Signif. codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

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- nodel is statistically significant:
  - -statistic: 33.86
  - -value: < 0.01, very small
- lared: 0.419
- sted R-squared:0.4069:
  - his is a moderate amount.
  - /hile our model captures 41% of the
    - ariability in BMI, there is still a
    - gnificant amount of variability that is ot explained by the model.
  - ndependent variables explain a
  - nable proportion of the variability in
- There is room for improvement.

### **Analyzing Results**

Call: lm(formula = Y_train ~ X_train) Residuals: Min 1Q Median 3Q Max -20.9344 -3.6878 0.2412 4.9678 24.9556						1.	<u>Genc</u> -0.81ur
Coefficients: (5 not defined because of singular	rities)						
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X_trainGenderMale:MTRANSMotorbike	Z.81164	3.42444	0.821	0.411816			
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X_trainGenderFemale:MIKANSWalking	0.52956	2.64802	0.200	0.841535			
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Signif. codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 6.464 on 985 degrees of freedom Multiple R-squared: 0.4193, Adjusted R-squared: 0.4069 F-statistic: 33.86 on 21 and 985 DF, p-value: < 2.2e-16 W

<u>der</u>: In our data, Male have approximately nits lower BMI than female, if other variable stay the same.

**ary Habits**: (High-calorie food): For both ders, high calories food lead to significant increase in BMI.

**ary Habits:** Food Between Meals (CAEC): le who frequently eat between meals have 3MI than those who eat sometimes between meals.

<u>Alcohol Consumption (</u>CALC): Drinking alcohol leads to significant increases in BMI. <u>Transportation Modes</u> (MTRANS): Biking and

Walking leads to significant lower BMI.



### Linear Regression: Takeaways

### **Conclusions:**

 The model indicates that certain behaviors, such as frequent high-calorie food consumption and alcohol use, are positively associated with higher BMI, while frequent vegetable consumption and active transportation modes like biking and walking are associated with lower BMI, particularly in females.

### **Shortcomings:**

- **Overfitting:** We considered the potential for overfitting due to including many predictors relative to the number of observations.
- **Causality:** These results should be taken as associations that warrant further investigation rather than direct causation.

Logistic Regression

### **Research Question #2**

How does diet affect obesity?



## Logistic Regression: Methodology

- Logistic Regression: Utilizing multi-class classification, we predict obesity levels based on personal habits and traits, while also assessing the correlation between specific lifestyle factors and the identified obesity categories.
- Methodology Steps:
  - Drop the variables that intuitively correlate with BMI e.g. Height, Weight.
  - Classify obesity levels into three categories: Normal Weight (1), Overweight and Obesity (2), and Insufficient Weight (3)
  - (Z), and mounterent weight (0)
  - Apply standardization to the training and testing datasets.
  - Fit the model.

### The result of fitting model

	Accuracy: 0.839 Classification	9053254437869 Report: precision	8 recall	f1-score	support	
Normal Weight: Overv) (Insufficient We	18.5 <bmi<24.9) <b="">1 weight: BMI&gt;25) <b>2</b> ight: BMI&lt;18.5) <b>3</b></bmi<24.9)>	0.64 0.90 0.62	0.37 0.95 0.72	0.46 0.92 0.67	115 621 109	
	accuracy macro avg weighted avg	0.72 0.83	0.68 0.84	0.84 0.68 0.83	845 845 845	

The model performs well in predicting overweight, but shows comparatively lower performance in predicting normal weight and insufficient weight

### Feature Importance -Overweight



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#### The variables have most significant impact:

(2) Family History

(3) Diet Variables - Calc (Consumption of alcohol) Frequent consumption of alcohol is the third most positively associated feature.

(4) Diet Variables - Caec (Consumption of food between meals) The specific frequency of consuming food between meals plays a significant role.

## Logistic Regression: Takeaways

### **Conclusions:**

- Age and family history persist as crucial determinants of higher BMI.
- Among diet variables, the consumption of alcohol and the frequency of consuming food between meals stand out as notably impactful compared to other dietary factors.

### **Shortcomings:**

- Difficulty in accurately predicting levels of overweight (7 levels) with an accuracy of only 0.6, leading to the decision to collapse them into 3 levels.
- Challenges in distinguishing between insufficient weight and normal weight. While overweight can be easily discerned behaviorally, accurately identifying underweight poses more challenges.

## **K-Modes Clustering**

### **Research Question #3**

How does alcohol and smoking affect obesity?



## K-Modes: Methodology

- K-Modes: Cousin of K-Means that allows for categorial variables
- Only use behavioral variables e.g. alcohol consumption
  - Including BMI would restate the obvious
  - Exclude gender and age
- Optimal Number of Clusters: Elbow Method
  - What's the best number of clusters?

8250



### K-Modes: Age vs BMI

### Age vs BMI using K-Modes Clustering



Not very useful...

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#### cluster\_label

- 1
- 2
- 3
- 4

# **K-Modes: Age vs BMI**

### Average Age vs Average BMI using K-Modes Clustering



### K-Modes: Cluster 1&2

### **Cluster 1: Party Girls**

- Avg. BMI: 32.25 • Avg. BMI: 27.94 • % BMI >30: 55% • % BMI >30: 40% • Avg. Age: 22 • Avg. Age: 23 • Gender: • Gender: • Female: 87% • Female: 21% • Male: 13% • Male: 79% • Consumption of High Calorie Foods: • Consumption of High Calorie Foods: • Yes: 92% • Yes: 90% • Consumption of Alcohol: • Consumption of Alcohol: • Sometimes or More: 94% (2nd Highest) Sometimes or More: 95% (Highest) • Smoker?: • Smoker? • Yes: 1.3% • Yes: 3.8% (Highest) • Frequency of Physical Activity:
  - 0.85 (Lowest of all groups)

- Frequency of Physical Activity: · 1.00

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### **Cluster 2: Party Bros**

### K-Modes: Cluster 3&4

#### **Cluster 4: Sober Sally** Cluster 3: Late 20s

- Avg. BMI: 29.89 • Avg. BMI: 27.99 • % BMI >30: 49% • % BMI >30: 38% • Avg. Age: 29 • Avg. Age: 23 • Gender: • Gender: • Female: 10% • Female: 59% • Male: 90% • Male: 41% • Consumption of High Calorie Foods: • Consumption of High Calorie Foods: • Yes: 89% • Yes: 81% (Lowest of all groups) • Consumption of Alcohol: • Consumption of Alcohol: • Sometimes or More: 78% • Sometimes or More: 5% (Lowest of all) • Smoker?: • Smoker? • Yes: 2.1% • Yes: 1.1% • Frequency of Physical Activity: • Frequency of Physical Activity:
  - 1.19 (Highest of all groups)

· 1.08

## **K-Modes: Takeaways**

### **Conclusions:**

- Drinking was biggest factor separating clusters.
  - Not drinking is related with lower BMI.
- Relatively small proportion of the population smoke not a major factor.
- Age older people had higher BMIs even with more physical activity.
- Among clusters that did drink:
  - Males had more physical activity and lower BMI.
  - Females had less physical activity and higher BMI.

#### **Shortcomings of this Model:**

- Not causal potential for omitted variable bias / confounding variables.
- Gender and Age bias despite them not being explicitly included.

# Conclusion and Policy Recommendations

### Conclusions

- Linear Regression reveals significant gender disparities in behaviors that affect BMI, with females more sensitive to diet and males more sensitive to transportation method.
- High-calorie food consumption is identified as a major contributor to increased BMI across all genders.
- Clustering analysis identified that drinking habits were a significant factor distinguishing lifestyle clusters. Non-drinkers tended to have lower BMI, emphasizing the role of alcohol consumption in obesity.
- Diet variables like alcohol consumption and the frequency of eating between meals are identified as significant contributors in determining high BMI levels.

## **Policy Recommendations**

#### Public Awareness of Dietary Choices:

 Implement policies and programs that encourage and facilitate healthy food choices and access, such as reducing the availability and affordability of high-calorie foods and beverages, increasing the consumption of fruits and vegetables, and providing nutrition labeling and guidance.

#### • Transportation Modes and Physical Activity:

 Implement policies and programs that encourage and facilitate physical activity and active transportation, such as creating safe and accessible environments for walking and cycling, providing incentives and subsidies for public transit and bike-sharing, and integrating physical activity into school and work settings.

## **Policy Recommendations**

#### <u>Cluster-Based Health Interventions:</u>

 Implement cluster-specific health interventions considering the identified clusters' characteristics. Provide screening and counseling services for individuals at high risk of obesity, and offer personalized and tailored interventions that address their specific needs and preferences, such as dietary advice, behavioral therapy, and pharmacological or surgical treatment.

#### Alcohol Education and Regulation:

 Implement educational programs on the health risks associated with excessive alcohol consumption. Consider regulatory measures, such as alcohol taxation and advertising restrictions, to curb unhealthy drinking habits and reduce obesity rates.

### Thank You! Any Questions?

