

(REVIEW ARTICLE)



Predictive modeling for healthcare needs in the aging U.S. population: A conceptual exploration

Chukwuka Emmanuel Eze ^{1,*}, Geneva Tamunobarafiri Igwama ², Ejike Innocent Nwankwo ³ and Ebube Victor Emeihe ⁴

¹ *Independent Researcher, Louisville, KY, USA.*

² *University of Akron, School of Nursing, USA.*

³ *Life's Journey Inc. Winnipeg, Manitoba, Canada.*

⁴ *Enugu State University Teaching Hospital, Parklane, Enugu, Nigeria.*

Global Journal of Research in Science and Technology, 2024, 02(02), 094–102

Publication history: Received on 22 September 2024; revised on 05 November 2024; accepted on 08 November 2024

Article DOI: <https://doi.org/10.58175/gjrst.2024.2.2.0074>

Abstract

The aging population in the United States poses significant challenges for healthcare systems, necessitating advanced strategies to anticipate and meet their healthcare needs. This review paper explores the potential of predictive modeling to address these challenges, offering a conceptual framework that integrates diverse data sources, including electronic health records (EHRs) and social determinants of health (SDOH). Key predictive modeling techniques, such as machine learning and statistical methods, are examined for their application in predicting patient outcomes, disease prevalence, and resource allocation. The paper also highlights the challenges of data privacy, model accuracy, and ethical considerations in the deployment of predictive models. Recommendations for future research emphasize the need for advanced modeling techniques, improved integration of SDOH, and the development of ethical and regulatory frameworks. By leveraging predictive modeling, healthcare systems can enhance their capacity to manage the complex health needs of an aging population, ultimately improving patient outcomes and optimizing resource allocation.

Keywords: Predictive modelling; Aging population; Healthcare needs; Electronic health records (EHRs); Machine learning

1 Introduction

The United States is experiencing a significant demographic shift characterized by an increasing number of elderly individuals. According to the U.S. Census Bureau, by 2034, the number of adults aged 65 and older is projected to outnumber children under 18 for the first time in the nation's history (Medina, Sabo, & Vespa, 2020). This unprecedented growth in the aging population is accompanied by a rising demand for healthcare services, driven by the higher prevalence of chronic diseases, physical disabilities, and other age-related health issues among older adults. The healthcare system faces immense pressure to meet the needs of this demographic, which necessitates efficient planning and resource allocation to ensure quality care (Roman, 2022).

As people age, their healthcare needs become more complex and multifaceted. Chronic conditions such as heart disease, diabetes, and arthritis are more common among older adults, requiring continuous medical attention and long-term management strategies (Sharma, Maurya, & Muhammad, 2021). Additionally, the aging population is more susceptible to acute health events like strokes and falls, which can lead to sudden and significant demands on healthcare resources. The interplay of these factors underscores the importance of proactive and informed healthcare planning to address the growing needs of the elderly (Keramat et al., 2021).

* Corresponding author: Chukwuka Emmanuel Eze

Predictive modeling has emerged as a powerful tool in the healthcare industry, offering the potential to anticipate and manage the healthcare needs of the aging population more effectively. By leveraging advanced analytical techniques and large datasets, predictive models can forecast trends in healthcare utilization, identify individuals at high risk for specific health conditions, and optimize the allocation of healthcare resources. These models utilize a variety of data sources, including electronic health records (EHRs), insurance claims, and social determinants of health, to generate insights that inform decision-making processes (Khodadadi & Towfek, 2023).

The primary significance of predictive modeling lies in its ability to transform data into actionable knowledge. For instance, predictive models can identify patterns and correlations that may not be immediately apparent, enabling healthcare providers to intervene earlier and more effectively. By predicting the likelihood of hospital readmissions, emergency room visits, or the onset of chronic conditions, these models help in designing preventive measures and personalized care plans. Consequently, predictive modeling enhances the efficiency and effectiveness of healthcare delivery and improves patient outcomes and quality of life for the elderly.

This paper aims to provide a comprehensive conceptual exploration of predictive modeling for healthcare needs in the aging U.S. population. It seeks to elucidate the theoretical foundations of predictive modeling, identify the key factors influencing healthcare needs among the elderly, and propose a conceptual framework for developing and implementing predictive models in healthcare settings. By examining these areas, the paper aspires to offer insights that can guide future research, policy development, and practical applications in the realm of healthcare for the aging population.

2 Theoretical Foundations

2.1 Predictive Modeling Techniques

Predictive modeling in healthcare leverages a variety of advanced analytical techniques to forecast future events, trends, and behaviors. Among the most prominent techniques are machine learning and statistical methods, each offering unique strengths and applications (Rehman, Naz, & Razzak, 2022).

Machine learning (ML) is a subset of artificial intelligence (AI) that enables computers to learn from and make decisions based on data. ML algorithms such as decision trees, random forests, support vector machines, and neural networks are frequently used in healthcare. These algorithms can analyze vast amounts of data, identify patterns, and accurately predict outcomes (Gupta et al., 2021). For example, neural networks, which are designed to mimic the human brain's neural connections, are particularly effective in recognizing complex patterns and correlations in large datasets. Deep learning, a more advanced form of neural networks, has also been instrumental in analyzing medical images and diagnosing diseases (Tyagi & Chahal, 2020).

Traditional statistical techniques remain fundamental in predictive modeling. Methods such as linear regression, logistic regression, time series analysis, and Bayesian networks are widely utilized. Linear and logistic regression models help predict continuous and categorical outcomes by examining the relationship between dependent and independent variables (Rajula, Verlato, Manchia, Antonucci, & Fanos, 2020). Time series analysis is particularly useful for forecasting future healthcare demands based on historical data trends. Bayesian networks, which incorporate probabilistic reasoning, are effective in handling uncertainty and integrating various sources of information (Mannering, Bhat, Shankar, & Abdel-Aty, 2020).

Both machine learning and statistical methods often require robust data preprocessing steps, including data cleaning, normalization, and feature selection, to ensure the quality and relevance of the input data. The choice of technique depends on the specific healthcare application, data characteristics, and desired outcomes (Battineni, Sagaro, Chinatalapudi, & Amenta, 2020).

2.2 Healthcare Applications

Predictive modeling techniques are applied across a wide range of healthcare settings to improve patient outcomes, predict disease prevalence, and optimize resource allocation. These applications have profound implications for enhancing the efficiency and effectiveness of healthcare delivery (Battineni et al., 2020).

Predictive models are extensively used to forecast patient outcomes, such as the likelihood of hospital readmissions, disease progression, and treatment responses. For instance, ML algorithms can predict which patients are at higher risk of readmission based on their medical history, current health status, and social determinants of health. By identifying

high-risk patients, healthcare providers can implement targeted interventions, such as follow-up appointments and personalized care plans, to prevent readmissions and improve patient outcomes (Mahmoudi et al., 2020).

Predictive models help estimate the prevalence of diseases within specific populations, enabling public health officials and healthcare providers to plan and allocate resources effectively. For example, predictive modeling can forecast the spread of infectious diseases by analyzing factors such as transmission rates, population density, and mobility patterns. These models are crucial for epidemic preparedness and response, allowing timely preventive measures and resource allocation implementation (Huang, Talwar, Chatterjee, & Aparasu, 2021).

Optimizing resource allocation is another critical application of predictive modeling in healthcare. Hospitals and healthcare systems use predictive models to anticipate patient volumes, staffing needs, and inventory requirements. For instance, time series analysis can forecast seasonal variations in hospital admissions, allowing administrators to adjust staffing levels and manage capacity effectively. Similarly, predictive models can optimize the distribution of medical supplies and equipment, ensuring that resources are available where and when they are needed most (Saxena, Dixit, & Aman-Ullah, 2022).

Overall, the application of predictive modeling in healthcare enhances decision-making processes, improves patient care, and ensures the efficient use of resources. By leveraging data-driven insights, healthcare providers can anticipate and address challenges proactively, ultimately improving health outcomes and operational efficiency.

2.3 Challenges and Limitations

Despite the promising applications of predictive modeling in healthcare, several challenges and limitations must be addressed to realize its full potential. These include issues related to data privacy, model accuracy, and ethical considerations. One of the foremost challenges in predictive modeling is ensuring the privacy and security of patient data. Healthcare data often contain sensitive personal information, making it essential to implement stringent data protection measures. Compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations in the United States is crucial to safeguard patient confidentiality. However, balancing data privacy with the need for comprehensive data analysis poses a significant challenge. Anonymization and encryption techniques can mitigate privacy risks, but they may also reduce the richness and utility of the data (Majeed, Khan, & Hwang, 2022).

The accuracy of predictive models is vital for their reliability and effectiveness. Model accuracy depends on various factors, including the quality and completeness of the input data, the choice of modeling technique, and the ability to capture relevant features. In healthcare, data quality issues such as missing values, inconsistencies, and biases can adversely impact model performance. Additionally, predictive models must be regularly updated and validated to reflect changes in clinical practices, disease patterns, and patient populations. Ensuring model accuracy requires continuous monitoring, validation, and refinement (Zhou, Lu, Zheng, Tolliver, & Keramati, 2020).

Ethical considerations play a critical role in developing and applying predictive models in healthcare. Issues such as algorithmic bias, fairness, and transparency must be addressed to prevent unintended consequences. For example, if trained on biased data, predictive models may inadvertently reinforce existing health disparities. Ensuring fairness and equity in predictive modeling involves rigorous testing for biases, implementing corrective measures, and promoting transparency in model development and deployment. Moreover, ethical considerations extend to the informed consent of patients, the appropriate use of predictive insights, and the potential impact on clinical decision-making (Karimian, Petelos, & Evers, 2022).

In conclusion, while predictive modeling offers substantial benefits for healthcare, addressing challenges related to data privacy, model accuracy, and ethical considerations is essential. By navigating these challenges, healthcare providers can harness the power of predictive modeling to improve patient care, anticipate healthcare needs, and optimize resource allocation. Through responsible and informed application, predictive modeling can significantly contribute to the advancement of healthcare systems and the well-being of the aging population.

3 Key Factors Influencing Healthcare Needs in the Aging Population

3.1 Demographic Trends

The demographic landscape of the United States is undergoing significant transformation, with a marked increase in the proportion of older adults. By 2030, all baby boomers will be over the age of 65, contributing to a demographic shift where one in every five Americans will be of retirement age. This change is driven by increased life expectancy and

declining birth rates, resulting in a higher dependency ratio, where fewer working-age individuals support more elderly people (Feng et al., 2020).

This demographic shift has profound implications for healthcare demand. Older adults typically have more complex and chronic health conditions, requiring continuous medical care and long-term management. As the population ages, the healthcare system faces escalating demand for a wide range of services, including primary care, specialized treatments, home health care, and long-term care facilities. The increased prevalence of age-related diseases, such as Alzheimer's, arthritis, and cardiovascular conditions, further strains the system (Jarzebski et al., 2021).

Additionally, an aging population necessitates a larger healthcare workforce trained to meet the specific needs of older adults. Geriatric care specialists, home health aides, and other healthcare professionals focused on elder care will be in higher demand. The healthcare infrastructure, including hospitals, clinics, and assisted living facilities, must also adapt to accommodate the growing number of elderly patients, requiring investment in facilities and technologies tailored to geriatric care (Fulmer et al., 2021).

3.2 Common Health Issues

Older adults are more susceptible to a variety of health conditions, many of which are chronic and require long-term management. Some of the most common health issues among the aging population include cardiovascular diseases, diabetes, respiratory conditions, musculoskeletal disorders, and cognitive impairments.

Heart disease remains the leading cause of death among older adults. Conditions such as hypertension, coronary artery disease, and heart failure are prevalent, necessitating ongoing medical intervention and lifestyle modifications. The management of these conditions often involves medication, regular monitoring, and in some cases, surgical procedures (Rush et al., 2021).

Type 2 diabetes is another common chronic condition in older adults, associated with a higher risk of complications such as neuropathy, retinopathy, and cardiovascular diseases. Effective management of diabetes requires regular blood glucose monitoring, medication, dietary changes, and physical activity, posing a significant burden on both patients and healthcare providers (Shao, Wang, Tian, & Tang, 2020).

Chronic obstructive pulmonary disease (COPD) and other respiratory disorders are prevalent among the elderly, often exacerbated by a history of smoking and environmental factors. These conditions require ongoing management with medications, pulmonary rehabilitation, and sometimes oxygen therapy. Arthritis, osteoporosis, and other musculoskeletal conditions are common in older adults, leading to pain, reduced mobility, and an increased risk of falls and fractures. These conditions often necessitate a combination of pharmacological treatments, physical therapy, and sometimes surgical interventions (Ruvuna & Sood, 2020).

Dementia, including Alzheimer's disease, poses a significant challenge in the aging population. Cognitive impairments affect memory, thinking, and behavior, requiring comprehensive care strategies that include medication, behavioral therapies, and support for caregivers. The prevalence of these and other chronic conditions underscores the need for a healthcare system that is equipped to provide ongoing, coordinated care tailored to the needs of older adults. This includes medical treatment and support services that address the holistic needs of the elderly, promoting a better quality of life (Mok et al., 2020).

3.3 Socioeconomic and Environmental Factors

Socioeconomic and environmental factors play a crucial role in shaping the health needs and outcomes of the aging population. Factors such as income, education, living conditions, and healthcare access significantly influence older adults' overall well-being. Income and education levels are strongly correlated with health outcomes (Hooten, Pacheco, Smith, & Evans, 2022). Older adults with higher socioeconomic status generally have better access to healthcare services, healthier lifestyles, and improved health literacy, which contribute to better health outcomes. Conversely, those with lower socioeconomic status often face barriers to accessing healthcare, including financial constraints, lack of transportation, and lower health literacy, leading to poorer health outcomes and higher rates of chronic conditions (Henriques, Silva, Severo, Fraga, & Barros, 2020).

The environment in which older adults live significantly impacts their health. Safe, accessible housing and community environments that support physical activity and social interaction are vital for maintaining health and independence. In contrast, inadequate housing conditions, such as lack of heating or air conditioning, poor sanitation, and unsafe neighborhoods, can exacerbate health problems and increase the risk of accidents and injuries.

Access to healthcare services is a critical determinant of health outcomes for older adults. Geographic location, availability of healthcare providers, and service affordability are key factors influencing access. Rural areas, in particular, often face shortages of healthcare providers and facilities, making it difficult for older adults to receive timely and adequate care. Additionally, the high cost of healthcare can be a significant barrier for older adults, especially those on fixed incomes or without comprehensive insurance coverage (Fulmer et al., 2021).

Strong social support networks, including family, friends, and community organizations, play a vital role in the health and well-being of older adults. Social support can mitigate the effects of chronic conditions, reduce the risk of mental health issues such as depression and anxiety, and enhance overall quality of life. Conversely, social isolation and loneliness, which are common among older adults, are associated with negative health outcomes and increased mortality (Sciences et al., 2020).

4 Conceptual Framework for Predictive Modeling

4.1 Data Sources and Integration

Effective predictive modeling in healthcare hinges on the integration of diverse data sources that capture the multifaceted aspects of patient health and healthcare delivery. The types of data required for robust predictive modeling include electronic health records (EHRs), social determinants of health (SDOH), and additional datasets such as genomic data, wearable device data, and claims data (Cadet, Osundare, Ekpobimi, Samira, & Wondaferew, 2024; Igwama, Olaboye, Cosmos, Maha, & Abdul, 2024).

EHRs are a fundamental data source, providing comprehensive and longitudinal patient information, including medical history, diagnoses, medications, laboratory results, and clinical notes. The richness of EHR data allows for detailed patient profiles and the identification of trends and patterns relevant to health outcomes. SDOH encompasses a broad range of non-medical factors that influence health outcomes, such as socioeconomic status, education, neighborhood and physical environment, employment, and social support networks. Incorporating SDOH data into predictive models enhances their accuracy and relevance, as these factors are critical determinants of health and healthcare utilization.

Genomic data can provide insights into genetic predispositions to certain diseases and conditions. Wearable devices and mobile health applications offer continuous monitoring data, such as physical activity, heart rate, and sleep patterns, providing real-time health status updates. Claims data from insurance providers can reveal healthcare utilization patterns and costs, which are essential for resource allocation and planning. Integrating these diverse data sources requires advanced data management techniques and infrastructure. Interoperability standards such as HL7 and FHIR facilitate the seamless exchange and integration of health data across different systems. Data warehouses and data lakes can store and manage large volumes of structured and unstructured data. Additionally, data preprocessing steps, including data cleaning, normalization, and transformation, ensure the quality and consistency of the integrated data (Okoduwa et al., 2024; Udegbe, Ebulue, Ebulue, & Ekesiobi, 2024a, 2024b).

4.2 Model Development and Validation

The development of predictive models involves several critical steps, including data preprocessing, model training, and validation, each essential to creating accurate and reliable models. Data must be preprocessed before training a predictive model to ensure it is clean, consistent, and suitable for analysis. This involves handling missing data, removing duplicates, normalizing values, and encoding categorical variables. Feature engineering, which involves creating new features from existing data, can also enhance model performance by capturing important patterns and relationships.

Once the data is preprocessed, the next step is to select an appropriate modeling technique and train the model. This involves splitting the data into training and testing sets, choosing an algorithm (e.g., linear regression, decision trees, neural networks), and fitting the model to the training data. During this phase, hyperparameter tuning is performed to optimize model performance. Cross-validation techniques, such as k-fold cross-validation, are used to ensure the model generalizes well to new, unseen data.

Model validation is crucial to assessing the model's accuracy and reliability. This involves evaluating the model on the testing data and using performance metrics such as accuracy, precision, recall, F1 score, and area under the ROC curve (AUC-ROC). Validation helps identify potential overfitting or underfitting issues and guides further model refinement. In healthcare, external validation using independent datasets is often necessary to confirm the model's applicability across different populations and settings.

4.3 Implementation Strategies

Implementing predictive models in healthcare systems requires strategic planning, stakeholder engagement, and seamless technology integration. Successful implementation hinges on several key strategies. Engaging stakeholders, including healthcare providers, administrators, patients, and policymakers, is crucial for successfully adopting predictive models. To foster trust and collaboration, stakeholders must understand the benefits, limitations, and implications of predictive modeling. Involving stakeholders in the development and implementation process ensures that the models address relevant clinical and operational needs and are tailored to the specific context of the healthcare system (Sanyaolu, Adeleke, Efunniyi, Azubuko, & Osundare, 2024).

Integrating predictive models into existing healthcare IT infrastructure is essential for their practical application. This involves embedding predictive algorithms into clinical decision support systems (CDSS), electronic health records (EHR) systems, and health information exchanges (HIE). Ensuring interoperability between predictive models and healthcare IT systems facilitates seamless data flow and real-time analysis. Additionally, user-friendly interfaces and dashboards can enhance the accessibility and usability of predictive insights for healthcare professionals (Ogugua, Okongwu, Akomolafe, Anyanwu, & Daraojimba, 2024; Olorunyomi, Sanyaolu, Adeleke, & Okeke, 2024).

Providing adequate training and support for healthcare professionals is critical for the effective use of predictive models. This includes educating clinicians and staff on how to interpret and act on predictive insights and providing ongoing technical support to address any challenges or issues that arise. Training programs should be tailored to different user groups, ensuring all stakeholders have the knowledge and skills to effectively leverage predictive models (de Hond et al., 2022). Addressing ethical and regulatory considerations is paramount in the implementation of predictive models. This includes ensuring compliance with data privacy regulations, such as HIPAA, and implementing safeguards to protect patient confidentiality. Ethical considerations also involve addressing potential biases in predictive models and ensuring that their use promotes equity and fairness in healthcare delivery (Battineni et al., 2020).

Implementing predictive models is not a one-time process but requires continuous monitoring and improvement. Regularly assessing model performance, updating models with new data, and refining algorithms based on feedback and real-world outcomes are essential for maintaining accuracy and relevance. Establishing a feedback loop with healthcare providers can help identify areas for improvement and ensure that predictive models evolve to meet changing healthcare needs (Jenkins et al., 2021).

5 Conclusion

The exploration of predictive modeling for healthcare needs in the aging U.S. population underscores several critical insights. Firstly, the demographic shift towards an older population demands a significant transformation in healthcare services to accommodate the complex and chronic health conditions prevalent among older adults. Predictive modeling emerges as a pivotal tool in this landscape, offering the ability to anticipate healthcare needs, optimize resource allocation, and improve patient outcomes. Predictive models can provide comprehensive and accurate forecasts of healthcare demands by integrating diverse data sources such as electronic health records (EHRs), social determinants of health (SDOH), and other relevant datasets.

The analysis also highlighted the importance of various predictive modeling techniques, including machine learning and statistical methods. These techniques enable the development of models that can accurately predict disease prevalence, patient outcomes, and resource needs. However, the success of these models hinges on rigorous data preprocessing, model training, and validation processes. Ensuring model accuracy and reliability is essential to gaining the trust of healthcare providers and stakeholders.

Despite the potential benefits, implementing predictive models in healthcare systems faces several challenges. Data privacy and security concerns, model accuracy, and ethical considerations are significant obstacles that must be addressed. Ensuring compliance with regulatory standards, protecting patient confidentiality, and mitigating biases in predictive models are crucial steps to ensure ethical and equitable healthcare delivery.

Recommendations

To fully harness the potential of predictive modeling in healthcare, several recommendations for future research and development are proposed. Firstly, there is a need for ongoing research into advanced predictive modeling techniques that can handle the complexity and diversity of healthcare data. Deep learning and natural language processing (NLP)

are promising for enhancing model accuracy and extracting meaningful insights from unstructured data such as clinical notes and social media. Moreover, future research should focus on improving the integration of SDOH into predictive models. Understanding the impact of socioeconomic and environmental factors on health outcomes is critical for developing holistic models that can address the root causes of health disparities. Collaborative efforts between healthcare providers, researchers, and policymakers are essential to collect and integrate comprehensive SDOH data into predictive models.

Another important area for future development is the ethical and regulatory framework surrounding predictive modeling. Establishing clear guidelines and standards for the ethical use of predictive models in healthcare is imperative. This includes developing protocols for data privacy, addressing potential biases, and ensuring transparency in model development and deployment. Engaging with diverse stakeholders, including patients, to understand their perspectives and concerns is vital for creating ethical and inclusive predictive modeling practices. Furthermore, the implementation strategies for predictive models in healthcare systems must be refined. This involves not only the technological integration of predictive models into healthcare infrastructure but also the training and support of healthcare professionals. Developing user-friendly interfaces and decision support tools that facilitate the practical use of predictive insights can enhance the adoption and effectiveness of predictive models. Continuous monitoring and feedback mechanisms are also crucial for evaluating model performance and making necessary adjustments.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

References

- [1] Battineni, G., Sagaro, G. G., Chinatalapudi, N., & Amenta, F. (2020). Applications of machine learning predictive models in the chronic disease diagnosis. *Journal of personalized medicine*, 10(2), 21.
- [2] Cadet, E., Osundare, O. S., Ekpobimi, H. O., Samira, Z., & Wondaferew, Y. (2024). AI-powered threat detection in surveillance systems: A real-time data processing framework.
- [3] de Hond, A. A., Leeuwenberg, A. M., Hooft, L., Kant, I. M., Nijman, S. W., van Os, H. J., . . . van Smeden, M. (2022). Guidelines and quality criteria for artificial intelligence-based prediction models in healthcare: a scoping review. *NPJ digital medicine*, 5(1), 2.
- [4] Feng, Z., Glinskaya, E., Chen, H., Gong, S., Qiu, Y., Xu, J., & Yip, W. (2020). Long-term care system for older adults in China: policy landscape, challenges, and future prospects. *The lancet*, 396(10259), 1362-1372.
- [5] Fulmer, T., Reuben, D. B., Auerbach, J., Fick, D. M., Galambos, C., & Johnson, K. S. (2021). Actualizing Better Health And Health Care For Older Adults: Commentary describes six vital directions to improve the care and quality of life for all older Americans. *Health Affairs*, 40(2), 219-225.
- [6] Gupta, R., Srivastava, D., Sahu, M., Tiwari, S., Ambasta, R. K., & Kumar, P. (2021). Artificial intelligence to deep learning: machine intelligence approach for drug discovery. *Molecular diversity*, 25, 1315-1360.
- [7] Henriques, A., Silva, S., Severo, M., Fraga, S., & Barros, H. (2020). Socioeconomic position and quality of life among older people: The mediating role of social support. *Preventive medicine*, 135, 106073.
- [8] Hooten, N. N., Pacheco, N. L., Smith, J. T., & Evans, M. K. (2022). The accelerated aging phenotype: the role of race and social determinants of health on aging. *Ageing Research Reviews*, 73, 101536.
- [9] Huang, Y., Talwar, A., Chatterjee, S., & Aparasu, R. R. (2021). Application of machine learning in predicting hospital readmissions: a scoping review of the literature. *BMC medical research methodology*, 21, 1-14.
- [10] Igwama, G. T., Olaboye, J. A., Cosmos, C., Maha, M. D. A., & Abdul, S. (2024). AI-Powered Predictive Analytics in Chronic Disease Management: Regulatory and Ethical Considerations.
- [11] Jarzebski, M. P., Elmqvist, T., Gasparatos, A., Fukushi, K., Eckersten, S., Haase, D., . . . Takeuchi, K. (2021). Ageing and population shrinking: Implications for sustainability in the urban century. *Npj Urban Sustainability*, 1(1), 17.
- [12] Jenkins, D. A., Martin, G. P., Sperrin, M., Riley, R. D., Debray, T. P., Collins, G. S., & Peek, N. (2021). Continual updating and monitoring of clinical prediction models: time for dynamic prediction systems? *Diagnostic and prognostic research*, 5, 1-7.

- [13] Karimian, G., Petelos, E., & Evers, S. M. (2022). The ethical issues of the application of artificial intelligence in healthcare: a systematic scoping review. *AI and Ethics*, 2(4), 539-551.
- [14] Keramat, S. A., Alam, K., Rana, R. H., Chowdhury, R., Farjana, F., Hashmi, R., . . . Biddle, S. J. (2021). Obesity and the risk of developing chronic diseases in middle-aged and older adults: Findings from an Australian longitudinal population survey, 2009–2017. *PLoS One*, 16(11), e0260158.
- [15] Khodadadi, E., & Towfek, S. (2023). Internet of Things Enabled Disease Outbreak Detection: A Predictive Modeling System. *Journal of Intelligent Systems & Internet of Things*, 10(1).
- [16] Mahmoudi, E., Kamdar, N., Kim, N., Gonzales, G., Singh, K., & Waljee, A. K. (2020). Use of electronic medical records in development and validation of risk prediction models of hospital readmission: systematic review. *bmj*, 369.
- [17] Majeed, A., Khan, S., & Hwang, S. O. (2022). Toward privacy preservation using clustering based anonymization: recent advances and future research outlook. *IEEE Access*, 10, 53066-53097.
- [18] Mannering, F., Bhat, C. R., Shankar, V., & Abdel-Aty, M. (2020). Big data, traditional data and the tradeoffs between prediction and causality in highway-safety analysis. *Analytic methods in accident research*, 25, 100113.
- [19] Medina, L., Sabo, S., & Vespa, J. (2020). *Living longer: Historical and projected life expectancy in the United States, 1960 to 2060*: US Department of Commerce, US Census Bureau Suitland, MD, USA.
- [20] Mok, V. C., Pendlebury, S., Wong, A., Alladi, S., Au, L., Bath, P. M., . . . Dichgans, M. (2020). Tackling challenges in care of Alzheimer's disease and other dementias amid the COVID-19 pandemic, now and in the future. *Alzheimer's & Dementia*, 16(11), 1571-1581.
- [21] Ogugua, J. O., Okongwu, C. C., Akomolafe, O. O., Anyanwu, E. C., & Daraojimba, O. D. (2024). Mental health and digital technology: a public health review of current trends and responses. *International Medical Science Research Journal*, 4(2), 108-125.
- [22] Okoduwa, I. O., Ashiwaju, B. I., Ogugua, J. O., Arowoogun, J. O., Awonuga, K. F., & Anyanwu, E. C. (2024). Reviewing the progress of cancer research in the USA. *World Journal of Biology Pharmacy and Health Sciences*, 17(2), 068-079.
- [23] Olorunyomi, T. D., Sanyaolu, T. O., Adeleke, A. G., & Okeke, I. C. (2024). Integrating FinOps in healthcare for optimized financial efficiency and enhanced care.
- [24] Rajula, H. S. R., Verlato, G., Manchia, M., Antonucci, N., & Fanos, V. (2020). Comparison of conventional statistical methods with machine learning in medicine: diagnosis, drug development, and treatment. *Medicina*, 56(9), 455.
- [25] Rehman, A., Naz, S., & Razzak, I. (2022). Leveraging big data analytics in healthcare enhancement: trends, challenges and opportunities. *Multimedia Systems*, 28(4), 1339-1371.
- [26] Roman, Y. (2022). The United States 2020 Census data: implications for precision medicine and the research landscape. *Personalized Medicine*, 19(1), 5-8.
- [27] Rush, C. J., Berry, C., Oldroyd, K. G., Rocchiccioli, J. P., Lindsay, M. M., Touyz, R. M., . . . McEntegart, M. B. (2021). Prevalence of coronary artery disease and coronary microvascular dysfunction in patients with heart failure with preserved ejection fraction. *JAMA cardiology*, 6(10), 1130-1143.
- [28] Ruvuna, L., & Sood, A. (2020). Epidemiology of chronic obstructive pulmonary disease. *Clinics in Chest Medicine*, 41(3), 315-327.
- [29] Sanyaolu, T. O., Adeleke, A. G., Efunniyi, C., Azubuko, C., & Osundare, O. (2024). Harnessing blockchain technology in banking to enhance financial inclusion, security, and transaction efficiency. *International Journal of Scholarly Research in Science and Technology, August*, 5(01), 035-053.
- [30] Saxena, A. K., Dixit, R. R., & Aman-Ullah, A. (2022). An LSTM Neural Network Approach to Resource Allocation in Hospital Management Systems. *International Journal of Applied Health Care Analytics*, 7(2), 1-12.
- [31] Sciences, N. A. o., Behavioral, D. o., Sciences, S., Division, M., Behavioral, B. o., Sciences, S., . . . Adults, L. i. O. (2020). *Social isolation and loneliness in older adults: Opportunities for the health care system*: National Academies Press.
- [32] Shao, C., Wang, J., Tian, J., & Tang, Y.-d. (2020). Coronary artery disease: from mechanism to clinical practice. *Coronary Artery Disease: Therapeutics and Drug Discovery*, 1-36.
- [33] Sharma, P., Maurya, P., & Muhammad, T. (2021). Number of chronic conditions and associated functional limitations among older adults: cross-sectional findings from the longitudinal aging study in India. *BMC geriatrics*, 21, 1-12.

- [34] Tyagi, A. K., & Chahal, P. (2020). Artificial intelligence and machine learning algorithms. In *Challenges and applications for implementing machine learning in computer vision* (pp. 188-219): IGI Global.
- [35] Udegbe, F. C., Ebulue, O. R., Ebulue, C. C., & Ekesiobi, C. S. (2024a). Precision Medicine and Genomics: A comprehensive review of IT-enabled approaches. *International Medical Science Research Journal*, 4(4), 509-520.
- [36] Udegbe, F. C., Ebulue, O. R., Ebulue, C. C., & Ekesiobi, C. S. (2024b). The role of artificial intelligence in healthcare: A systematic review of applications and challenges. *International Medical Science Research Journal*, 4(4), 500-508.
- [37] Zhou, X., Lu, P., Zheng, Z., Tolliver, D., & Keramati, A. (2020). Accident prediction accuracy assessment for highway-rail grade crossings using random forest algorithm compared with decision tree. *Reliability Engineering & System Safety*, 200, 106931.