



# 2024 SUMMARY

## COMMUNITY MEDICINE

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**ARKANI**  
◆ ACADEMY ◆



## Biostatistics

- **Tabulation**
  - *Simplifies* data for easier understanding and *saves space* by condensing data meaningfully
  - Facilitates *comparison* between observations, Provides a reference for future studies
  - Aids statistical analysis by *preparing data* systematically
- Classification of Data:
  - **Geographical Classification:** Based on location (population by regions)
  - **Chronological Classification:** Based on time (yearly statistics)
  - **Qualitative Classification:** Based on attributes like gender, education, ...
    - ✓ **Simple Classification:** Based on one attribute
    - ✓ **Manifold Classification:** Based on multiple attributes with sub-categories
- Methods Summarizing **Qualitative** Data include:
  - **Frequency Distribution:** Organizing data into non-overlapping classes.
  - **Relative Frequency Distribution:** Fraction of total observations in each class.
  - **Percent Frequency Distribution:** Relative frequency multiplied by 100
  - **Bar Graphs & Pie Charts:** Graphical representation of categorical data
- Summarizing **Quantitative** Data involves:
  - **Recategorization** and frequency tabulation
  - Construction of **frequency tables** for numeric data.
  - Use of graphs such as **histograms, cumulative distributions (ogives), and dot plots**
- **Steps in Data Tabulation:** Find **minimum and maximum** values, then Calculate the **range** and decide **number and width of classes** and lastly construct frequency **distribution tables**.
- Graphical Representation
  - **Bar Graphs:** Display **categorical data** with separated bars
  - **Pie Charts:** Show proportional data as segments of a **circle**
  - **Histograms:** Show **quantitative data** with adjacent bars (no natural separation between bars)
  - **Ogives:** Represent cumulative frequency data
  - **Dot Plots:** Represent frequency using dots
- Guidelines for Creating Tables, should include **title, column headings, footnotes**
- Guidelines for Creating Graphs, should include: Be clear with **labeled axes** and **appropriate scales**
  - **Avoid 3D effects** that may mislead interpretation
- Importance of Tables and Graphs
  - Summarize data concisely for easier interpretation
  - Save time and reduce word count in research.
  - Poorly constructed visuals can lead to misinterpretation

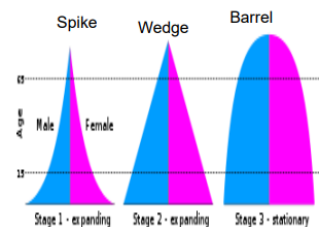
- **Probability experiment** refers to a process with uncertain outcomes (e.g., coin flips, dice rolls)
- **Probability distribution** shows the possible values of a random variable can take and their associated probabilities
  - Each probability must be between 0 and 1
  - The sum of probabilities must equal 1
- Random Variables include:
  - **Discrete Random Variables: Countable values** (e.g., number of heads in 10 coin flips).
    - ✓ Examples: Number of calls to a help center, number of defective items
    - ✓ Common discrete distributions:
      1. **Binomial Distribution:** Fixed trials with two possible outcomes (success/failure)
      2. **Poisson Distribution:** Random events over a fixed time/space (hospital emergencies)
  - **Continuous Random Variables: Infinite possible values** within a range (e.g., height, weight).
    - ✓ Continuous probability distributions are described using smooth curves, such as histograms and probability density functions (PDFs)
    - ✓ The **area under the curve** represents total probability (equals 1)
    - ✓ **Normal Distribution (Gaussian Curve):** Symmetrical, unimodal bell curve centered at the mean ( $\mu$ ) and Defined by mean ( $\mu$ ) and standard deviation ( $\sigma$ )
      - 68% : Covers data within  $\pm 1\sigma$
      - 95% : Covers data within  $\pm 1.96\sigma$
      - 99.7% : Covers data within  $\pm 3\sigma$
      - 99.99% : Covers data within  $\pm 4\sigma$
- **Central Limit Theorem (CLT)** states that for a sufficiently **large sample size**:
  - The sample mean approximates the population mean.
  - Sample distribution approaches normality, regardless of the population's original distribution
  - Enables making population inferences using sample data.
  - Works with any distribution if sample size is large enough (typically  $n \geq 30$ )
    - ✓ If data distribution is symmetric:  $n \geq 15n$
    - ✓ If data is skewed:  $n \geq 30n$
    - ✓ If highly skewed:  $n \geq 40n$
  - Standard error can be used to calculate sample standard deviation in normal distribution
- The **standard normal distribution (Z-distribution)** : Mean ( $\mu$ ) = 0 , Standard deviation ( $\sigma$ ) = 1
  - Z-score allow comparison between datasets
  - **Standardization (Z-normalization):** is done by this formula 
$$z = \frac{(x - \mu)}{\sigma}$$
    - ✓ A Z-score of 0 indicates the value is equal to the mean
    - ✓ Positive Z-scores indicate values above the mean.
    - ✓ Negative Z-scores indicate values below the mean
    - ✓ It determines how does the value away from the mean
      - A Z-score of **-0.8** indicates a value is 0.8 standard deviations below the mean
      - A Z-score of **2** indicates a value is 2 standard deviations above the mean.

- **Research Hypothesis** is a clear, testable statement predicting the relationship between variables.
  - It must involve at least two variables
  - Should suggest a relationship ("more than," "different from")
  - Must be testable, specific, and predictive
- **Null Hypothesis ( $H_0$ ):** Assumes **no** effect or difference (no relationship, **independent**)
- **Alternative Hypothesis ( $H_1$ ):** Assumes an effect or difference exists (relationship, **dependent**)
  - If sample data significantly differ from  $H_0$ , it is rejected in favor of  $H_1$ .
  - If differences are not significant,  $H_0$  cannot be rejected.
- Types of Errors in Hypothesis Testing
  1. **Type I Error ( $\alpha$ ):**
    - Occurs when  **$H_0$  is wrongly rejected** (false positive)
    - Example: Concluding smoking causes cancer when it does not
  2. **Type II Error ( $\beta$ ):**
    - Occurs when  **$H_0$  is wrongly accepted** (false negative)
    - Example: Concluding smoking has no effect when it actually does.
- **Parametric Tests (Assumptions required):** Observations must be independent
  - The **dependent variable should be continuous** (interval/ratio)
  - Data should follow a normal distribution (large sample  $>30$ )
  - Groups should have **equal variances** (homogeneity)
  - Common parametric tests: **T-test, ANOVA (Analysis of Variance)**
  - Advantages: More powerful and flexible, Allow studying multiple variables
- **Non-Parametric Tests (Fewer assumptions):** Used for **nominal or ordinal** data.
  - **Distribution-free** methods (unknown distribution method) and suitable for **small sample** sizes
  - Common non-parametric tests: **Chi-square test, Mann-Whitney U test, Kruskal-Wallis test**
    - ✓ In Chi-square test, data must be in **raw frequencies**, any observation must **have at least a frequency of 5** and the total observations must be **more than 20**
  - Advantages: No assumptions about population distribution
- If the probability (P-value) of the test statistic is **less than or equal** to the probability of the alpha error rate (usually 0.05), we **reject the null hypothesis** and conclude that there is a **relationship** between the variables (**dependent**)
- If the probability of the test statistic is **greater than** the probability of the alpha error rate, we **fail to reject the null hypothesis**. We conclude that there is **no relationship** between the variables, i.e. they are **independent**.

## Research (Standardization)

- Demography: Study of population size, density, fertility, mortality, and growth
  - Formula for population size dynamics:  $P_2 = P_1 + B - D + IM - EM$
- **Population doubling time (PDT):** Number of years it will take for the population to double in size
  - $PDT = 70 / \text{annual percent}$
  - The population can only increase if the number of births exceeds the number of deaths
- Sources of Demographic Information
  - **Census:** costly and slow
    - ✓ **Decennial:** poll count on 100% sample held every 10 years
    - ✓ **Midcensus:** poll count on 10% sample held every 10 years between censuses
  - Population **registers** and vital event registrations
  - Sample household **surveys** and **governmental/private records**

- Population Data Types: Population size, mortality, birth/fertility rates, mobility, and composition
- Age and sex distribution analyzed via population pyramids



- **Spike:** High BR. High DR, low growth rate (under-developed country)
- **Barrel shape:** low BR and low DR at younger ages (developed country)
- **Wedge shape:** high BR and low DR, high growth rate
- Influencing factors of mortality: age structure (main), environment, economic and technological development, medical services
  - Common causes: **infectious diseases** (primitive societies), **chronic diseases** (modern societies)
  - Population health can be compared by death rate, age-specific death rate, standardized death rate (SDR), and standardized mortality ratio (SMR)
- Standardization is used to eliminate demographic differences when comparing populations
  - **Direct Standardization:** Uses a **reference population** to adjust age structure differences
    - ✓ Requires age-specific rates and large populations
  - **Indirect Standardization:** Uses a **standard population's mortality rates** to expect deaths.
    - ✓ Easier to apply when age-specific rates are unavailable
    - ✓ Produces **SMRs** for comparison across different populations.

- Standardized Mortality Ratio (SMR) Calculation
  - $SMR > 100$ : Higher mortality compared to reference
  - $SMR < 100$ : Lower mortality compared to reference
  - $SMR=120$  means that the mortality in the study population is 20% higher than in the reference population
  - $SMR=50$  means that the mortality in the study population is 50% less than in the reference population.

$$SMR = \frac{\text{Observed deaths}}{\text{Expected deaths}} \times 100$$

	Country A	Country B
	Expected deaths	Expected deaths
0-29	$0.0012 \times 6,000,000 = 7,200$	$0.0012 \times 1,500,000 = 1,800$
30-59	$0.0036 \times 5,500,000 = 19,800$	$0.0036 \times 550,000 = 1,980$
60+	$0.048 \times 2,500,000 = 120,000$	$0.048 \times 120,000 = 5,760$
Total expected deaths (E)	147,000	9,540
Total observed deaths (O)	147,000	15,300
Standardised Mortality Ratio O/E x 100	100	160



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