

Tackling Data Glossary

Age-specific rates: Crude rates across different age groups.

Bite: A headline with a message; part of the Bite, Snack, Meal approach.

Bite, Snack, Meal approach: A method for providing data to a variety of audiences. Some will want just a small piece of information, some will want to know more, and some will want as much information as possible about the topic.

Category-specific (or stratified) Rates: Rates that provide more descriptive, subgroup analysis.

Confidence interval: The range of values that we are some percent confident contains the true population value.

Count: The actual number of cases; count tells us how many people will need treatment, services, etc.

Crude (or unadjusted) Rates: rates that estimate the actual disease frequency for a population.

Descriptive epidemiology: Designed to describe data on health outcomes, such as disease incidence, prevalence, and mortality according to three variables: person, place, and time.

Determinants: Health causes/risk factors.

Distribution: How a disease varies in a population by person, place, and time.

Epidemiology: Study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems.

Health related states or events: Can be disease outcomes but could also be things like health behaviors or quality of life.

Incidence: The number of new cases of disease that develop in the population during a defined period.

Meal: The full array of information you want to provide; part of the Bite, Snack, Meal approach.

Modeled data: Data that is based on a statistical model and used to make predictions.

Monitored data: Data that is consistently monitored and collected.

Prevalence: The number of existing cases of disease in the population during a defined period.

Program Data: measurements of the activities and outcomes of a specific program.

Public Health Surveillance: The ongoing collection and timely analysis, interpretation, and communication of health information for public health action.

Qualitative data: Data that provides labels, or names, for categories of like items.

Quantitative data: Data that measures either how much or how many of something.

Rate: Tells us the number of cases relative to the total population size in a defined period of time.

Risk factor: Something that increases the chance of developing a disease.

Sampling error: The difference between a population parameter and a sample statistic used to estimate it. We think of this as sampling variability.

Small area estimation: Uses regression modeling methods to combine different data sources and generate prevalence estimates for small geographic areas.

Snack: A concise summary that provides enough information for a content overview; part of the Bite, Snack, Meal approach.

Social math: Makes numbers comprehensible and relevant by placing them in a social context that is familiar to the audience

Standardized (or adjusted) Rates: Rates that remove the impact of different age distributions (or other factors) among populations.

Suppressed data: For data with five or fewer individuals or that comes from a population of less than 100, count is not collected in order to protect the privacy of those individuals.

Surveillance Data: Data that is consistently and accurately collected.

Synthetic estimates: Use existing state or national prevalence data and population estimates to generate prevalence estimates for smaller geographic areas or demographic subgroups.

Systematic error: External threats to the validity of the study.

Sources:

Tackling Data training videos and slides

<https://www.britannica.com/science/statistics/Sample-survey-methods#ref367535>

<https://www.britannica.com/science/statistics#ref367395>

<https://tracking.idph.iowa.gov/Help/Training/Videos>