Module 05 Practical

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**Module 5 Practical A**

**Q1.**

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**Q2.**

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**Q3**. Our formal map for our report should also contain labels that specify the areas that are highlighted on the map. For example, viewers may not be immediately familiar with the various public health units or regional boundaries for the public health units. Labeling these regions is helpful as the map in the report would not be interactive, and thus they cannot gather what the region is without appropriate labeling.

**Q4**.

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**Module 5 Practical B**

**Q1.**

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**Q2.**

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**Q3.**

A screenshot of a computer

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**Q4.**

A picture containing text, screenshot, diagram, map

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**Q5.**

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**Q6.** We obtain Standardized Mortality Ratios (SMRs) by dividing the observed count over the expected count. The expected count is calculated by multiplying the population of the area of interest by the rate of disease across the entire region. When the population is in an area, it will calculate lower expected counts and thus contribute to higher potential SMRs. In our map, these regions of small population in Northern Ontario also happen to be very large geographically, so they may “stick out” in comparison to other regions. Individuals viewing the map may be misled to think that the disease is more problematic in these regions than others.

There are pros and cons for the mapping of death counts, death rates, and SMRs. Death counts give us an exact number of deaths in a region but do not tell us what proportion of the population are dying. Death rates do give us a proportion but do not tell us if the rate is concerning. SMRs allow us to see if the mortality is higher, lower, or equal to the expected number of deaths in a population but can produce interpretation issues when populations in regions are small.