Public Health England

Protecting and improving the nation's health

Health Profiles
Questions about the data in the 2012 profiles

Please be aware these questions are not retrospectively updated and so external links might not work.

Contents

Questions about the data in the 2012 profiles

Why are some of the Health Profiles indicators for child and maternal health slightly different from the same indicators published on the Child and Maternal Health Observatory (CHiMAT) website?

Some indicators have the same (or very similar) definitions, but are based on data from slightly different periods of time. For example, indicators may be based on data from calendar years or financial years. This can cause differences in the values of the indicators. For a detailed description of the indicators in Health Profiles, including the sources of data, see the Indicator Guide.

How reliable are the local numbers for "smoking related deaths" and "alcohol-related hospital stays"?

The local number for smoking related deaths is calculated by estimating the proportion of deaths from particular causes that are likely to be due to smoking and applying these proportions to the actual number of deaths in a particular area. The local number is therefore a modelled estimate applied to a real number of deaths. A similar approach is used for alcohol-related hospital stays. More details are available in the Indicator Guide.

What are the boundary lines on the maps on page 2 of the Health Profiles?

The boundary lines on the maps on page 2 of the Health Profiles represent electoral wards. They were generated using the latest ward boundary data available at the time that the Health Profiles were created. These maps are shaded by Lower Super Output Area (LSOA) to show levels of deprivation. LSOAs generally have a much smaller population than electoral wards. LSOAs are used to represent the variation in deprivation at the smallest possible level, as close as possible to local communities.