Public Health England

Protecting and improving the nation's health

Health Profiles
Questions about the data in the 2013 profiles

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

Contents

Questions about the data in the 2013 profiles

Which indicators have changed compared to the previous profiles?

Most of the indicators are using the same methodology as per 2012 profiles but have been revised to display the most up to date data. However, six of the indicators were not updated and are being repeated. These include: Alcohol-specific hospital stays (under 18), Increasing and higher risk drinking, Healthy eating adults, Obese adults, Hospital stays for alcohol related harm and the Slope Index of inequality. Two indicators are calculated using a new methodology. These include 'Physically active adults' and 'Infant deaths' and are described below.

Why are data for the 'Physically active adults' indicator different from previous profiles?

This is due to the change in the definition of the indicator as provided by the Active People Survey (APS). There are new APS 2012 data showing the percentage of individuals who met the Chief Medical Officer's recommended guidelines on levels of physical activity of at least 150 minutes a week. Please note that, even though the indicator names are similar, it is not possible to compare this new APS data with previous APS data due to differences in methodology. For more information visit the Obesity Knowledge and Intelligence website or read the Physical Activity Data Update document. You can also obtain the full details of the current and previous methodologies from the Health Profiles indicator guides located here.

Why are data for the 'Infant deaths' indicator different from previous profiles?

This indicator has a new methodology based on occurrences in a year rather than registrations and therefore the data is not comparable to the previous years. The HP 2012 indicator is based on deaths registered in each calendar year. The HP 2013 indicator is based on year of occurrence as published by the Office for National Statistics.

Does the 'People diagnosed with diabetes' indicator include diabetes type 1, type 2 or both?

The Health Profiles diabetes indicator is derived from general practice diabetes registers. These include all patients aged 17 or over, registered with type 1 or type 2 diabetes. We do not have access to separate figures for type 1 or type 2 diabetes and

therefore must use the combined figure. Both type 1 and type 2 diabetes are extremely important, so a combined indicator was considered to be better than no diabetes indicator at all. The main purposes of the diabetes indicator are:

- To monitor diabetes prevalence
- To emphasise the burden of disease
- To encourage preventative action
- To encourage better collection of the primary care data to give more accurate estimates of disease prevalence

All of these purposes apply to type 2 diabetes. Three apply to type 1 diabetes. Unfortunately it isn't possible to prevent type 1 diabetes, but it may be appropriate in some areas to encourage local action to raise awareness across all sectors. For more information on methodology see the Indicator Guide.

Why do some of the profiles have no data for 'Starting breastfeeding'?

The number of "maternities where breastfeeding was initiated" in a Local Authority (LA) is calculated on the basis of data from the Primary Care Trusts (PCTs). PCTs which did not return data or failed certain validation criteria were excluded. Therefore LAs entirely made up of excluded PCTs or with any component of the data coming from a PCT that failed some of the validation criteria have been left blank. Health Profiles 2013 do not present numbers for East Sussex, Barking and Dagenham, Kensington and Chelsea, Manchester, Hastings CD, Rother CD, Wealden CD. For more information see the Indicator Guide.

Why do some of the profiles have no data for 'Smoking in pregnancy'?

The number of women known to smoke at time of delivery in a Local Authority (LA) is calculated on the basis of data from the Primary Care Trusts (PCTs). This data has to fulfil various validation criteria. LAs with any component of the data coming from a PCT that failed some of the validation criteria have been excluded. Health Profiles 2013 do not present numbers for East Sussex, Barking and Dagenham, Kensington and Chelsea, Rotherham, Bath and North East Somerset, Hastings CD, Rother CD, Wealden CD. For more information see the Indicator Guide.

Why does the Spine Chart on page 4 have 'n/a' or no data for some of the indicators?

Some indicators are not directly based on counts and therefore the 'Local No. Per Year' value is not relevant; these are displayed as 'n/a'. Some values are also suppressed, i.e. displayed as blanks due to disclosure control. See more on disclosure control of health statistics on: http://www.ons.gov.uk/ons/guide-method/best-practice/disclosure-control-of-health-statistics/index.htm

Why does the map and chart on page 2 'Deprivation: a national view' sometimes have fewer than 5 sections/shades and the legend displays five?

The Index of Multiple Deprivation (IMD) 2010 is an overall measure of multiple deprivation experienced by people living in an area. Each neighbourhood, or Lower Layer Super Output Area (LSOA), in England is allocated an IMD score. These are ranked for all 32,844 LSOAs in England and divided into five equal groups or "national quintiles". (1-5, where 1 is most deprived). Some Local Authorities may only consist of LSOAs assigned to three or four of the quintiles. In that case the map and chart will not display one (or more) shades/quintiles because there are no people classified as living in this group(s).

Why is the map on page 2 'Deprivation: a national view' different from the map in Health Profile 2012 but the data period is the same, i.e. IMD 2010?

The maps for Health Profiles 2013 are using the same IMD 2010 data as Health Profiles 2012 but the populations used to estimate percentage in each deprived quintile are based on updated 2011 LSOA estimates, therefore there might be slight changes in the way the maps look compared to Health Profiles 2012. For more information see the Indicator Guide.

Why is the 'England Best' number for 'Excess winter deaths' indicator in the Spine Chart displayed as a negative number?

A negative value for excess winter deaths indicates that the death rate in the summer months was actually higher than that in the winter months – this is unusual in the UK, but is likely to occur more often if preventative measures and services are successful in reducing the impact of excess winter mortality. The -0.4 is a correct value calculated for the Tamworth area.

Why are some numerator and denominator values with a fraction of .5 rounded down instead of up?

In a small number of cases, values with a fraction of .5 were rounded down to the nearest whole even number instead of up. This method is called 'rounding to even' or 'bankers' rounding'.

How do the Health Profiles indicators compare to the PHOF indicators?

For comparison with PHOF indicators, please go to the following link:
www.healthprofiles.info/PHOF