

# Health Survey for England: 2012

## Data Quality Statement

### Background

This is the latest in the series of surveys designed to measure health and health related behaviours in adults and children in England.

### Data Collection and Burden

Data for the Health Survey for England (HSE) are collected from the adult population aged 16 and over living in private households in England. Since 1995 the surveys have also covered children aged 2 – 15 living in households selected for the survey, and since 2001 infants aged under two have been included as well as older children.

As with all previous years the HSE 2012 involved a stratified random probability of households. The core sample comprised of 8,291 adults and 2,043 children selected at random. Adults and children were interviewed at households identified at the selected addresses where there were three or more children in a household, two of the children were selected at random to limit the respondent burden for parents.

### Timeliness

This report is published annually with a series of core elements included every year and special topics included in selected years.

### Accessibility

The report is published online and is available free of charge alongside the excel tables. The HSE full dataset will be sent to the UK Data Archive for processing within 3 months of publication.

### Confidentiality

No personal/individual level information is received by the Health and Social Care Information Centre or contained in the report. Information is presented at a high level of aggregation.

## Comparability

The HSE 2012 is the twenty-second annual survey in this series. The core topics covered by the survey include; general health, fruit and vegetable consumption, alcohol consumption and smoking. These core topics are weighted relative to the size of each group of the population making the results comparable over the time series.

Chapter 7 in Volume 2 of the HSE report gives further details on the weighting procedures used.

## Accuracy

As the data are based on a sample (rather than a census) of the population, the estimates are subject to sampling error. The HSE 2012 used a clustered, stratified multi-stage sample design and in addition, weights were applied when obtaining survey estimates. One of the effects of using the complex design and weighting is that standard errors for survey estimates are generally higher than the standard errors that would be derived from an unweighted simple random sample of the same size. The calculation of standard errors shown in the tables, and comments on statistical significance have been included in the report, all of which have taken into account the clustering, stratification and weighting of the data.

Further information on design effects and true standard errors are presented in Chapter 8 and in Tables 15-25 in Volume 2: Methods and documentation of the HSE report.

In addition, a methodology chapter accompanies the HSE report. This contains details on sampling and confidence intervals.

## Users and Use of the Statistics

From our engagement with customers, we know that there are many users of these statistics. They are used by the Department of Health (DH) and Public Health England for decision making, planning and policy. They are used by Councils, Local Government, Local Authorities and Trusts for the planning and management of service delivery. They are also used by universities, charities and by the commercial sector for health and social research.

We also receive comments/feedback/suggestions from other users of the report, either as ad-hoc requests or by completing the on-line feedback forms that accompany each publication. These have been expanded recently to capture more detailed information.

We also capture information on the number of web hits the reports receive, although we don't capture from this who the users are.

We try to engage with users of these statistics, to gain a fuller understanding of the uses and users. A public user consultation was carried out in 2012 to gain the views of the users of these statistics to ensure these statistics remain relevant and useful. The outcome of the consultation is available on the HSCIC website at <http://www.hscic.gov.uk/article/3659/Health-Survey-for-England>

## Strengths and Limitations of the Statistics

The HSE survey has many strengths; the longevity of the survey means there is a time series of comparable data available for the last 22 years making it one of the longest running health surveys across Europe. As well as the core questions asked each year some of the additional topics, such as cardiovascular disease, hypertension and diabetes are also comparable as the questions are repeated every few years which allows for additional time series analysis. The HSE is a flexible publication, with the scope to incorporate new, topical subjects into the questionnaire and report at short notice if needed. The HSE report is a National Statistics publication. National Statistics are produced to high professional standards, as set out in the Code of Practice for Official Statistics. The HSE was assessed in 2010 by the United Kingdom Statistical Authority (UKSA) for compliance with the Code of Practice and the publication was recommended for continued designation as National Statistics.

There are certain limitations to how the HSE data can be used. As the report is based on a relatively small sample size the data is subject to inaccuracies which sampling may introduce (see the 'Accuracy' section of this document). The sample size also means the data is not available at Local Authority level. Although there is a lot of data available at England level there is a limit to how these results can be compared to the rest of the United Kingdom and Europe due to differences in survey methodology and questionnaire design.