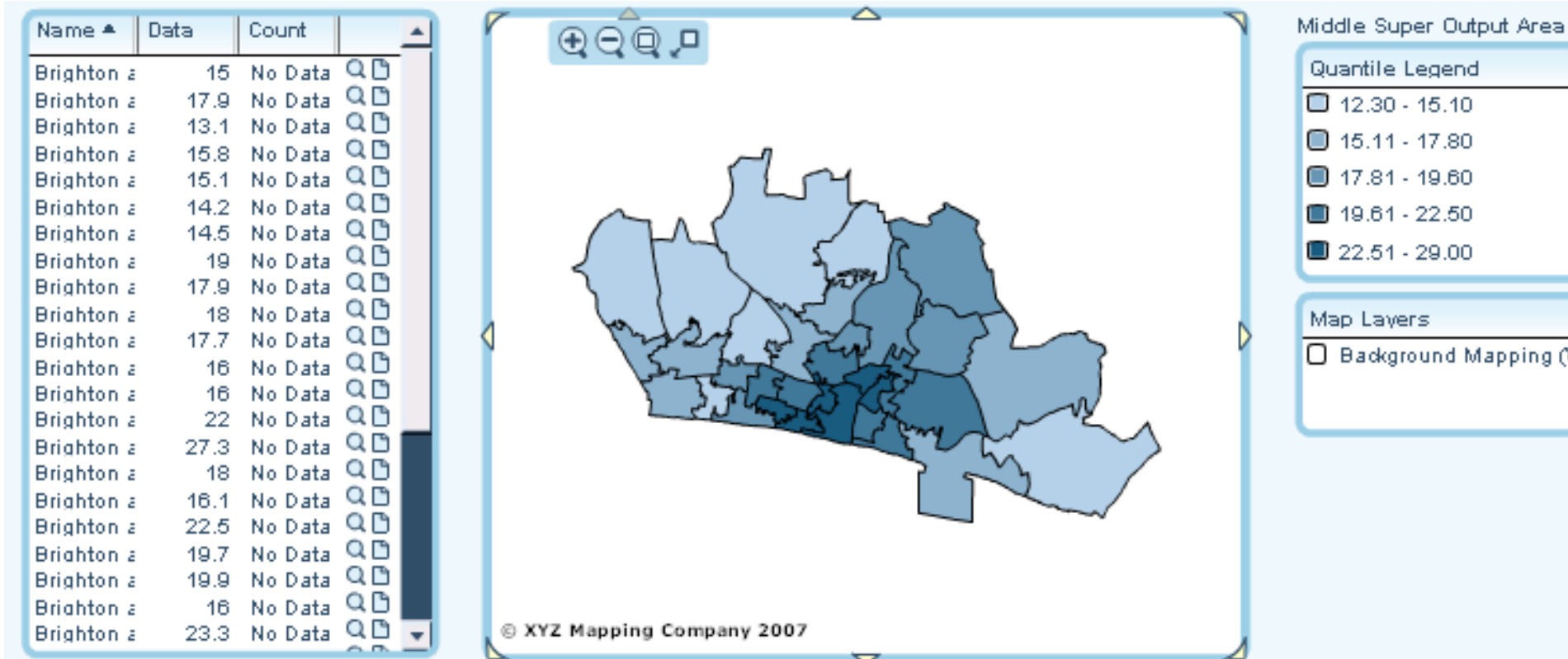


General information on modelled estimates of lifestyle behaviours

- The synthetic estimates are not estimated counts of the number of people or prevalence of a behaviour, e.g. smoking in an MSOA or Primary Care Organisation (PCO). They are estimates based on a model and represent the expected prevalence of a behaviour for any MSOA or PCO, given the demographic and social characteristics of that area.
- To interpret the estimates it is recommended that users adopt statements such as "given the characteristics of the local population we would expect a prevalence of approximately x% within area X".
- In addition, the model-based estimates do not take account of any additional local factors that may impact on the true prevalence rate (e.g. local initiatives designed to reduce smoking). This also applies to other factors not covered by the census and administrative data used for modelling. The estimates, therefore, cannot be used to monitor performance or change over time.
- The synthetic estimates should be considered with their associated Confidence Intervals when making comparisons of one area with another. Although the estimates have large Confidence Intervals (many of which overlap), it is possible to distinguish between those estimates that are significantly different from the national average and those that are not (at both MSOA and Primary Care Trust level).

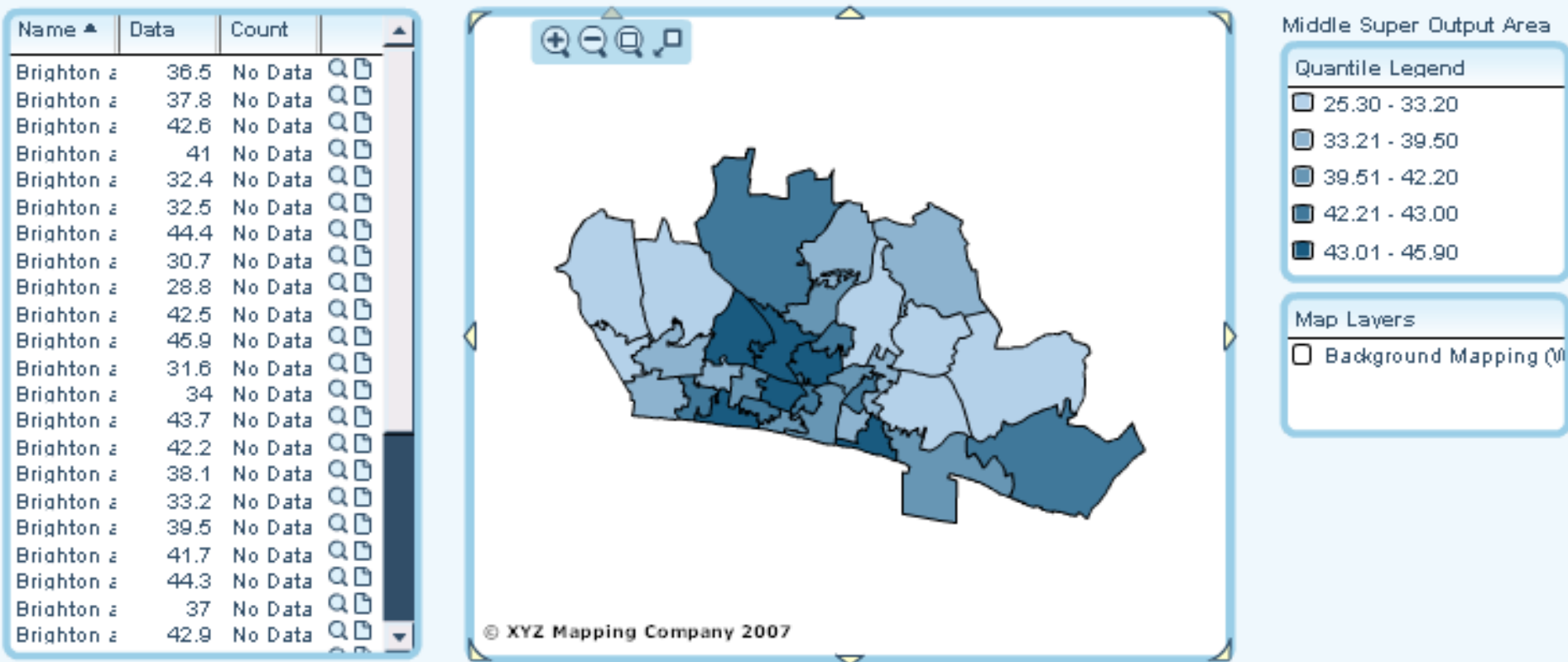
Modelled estimate: Binge Drinking - Adults (%) >> 2003 - 2005



Binge drinking

- Adult respondents to the Health Survey for England were defined to be binge drinkers if they reported that in the last week they had drunk 8 or more units of alcohol if they were a man, or 6 or more units of alcohol if they were a woman, on any one day or more.

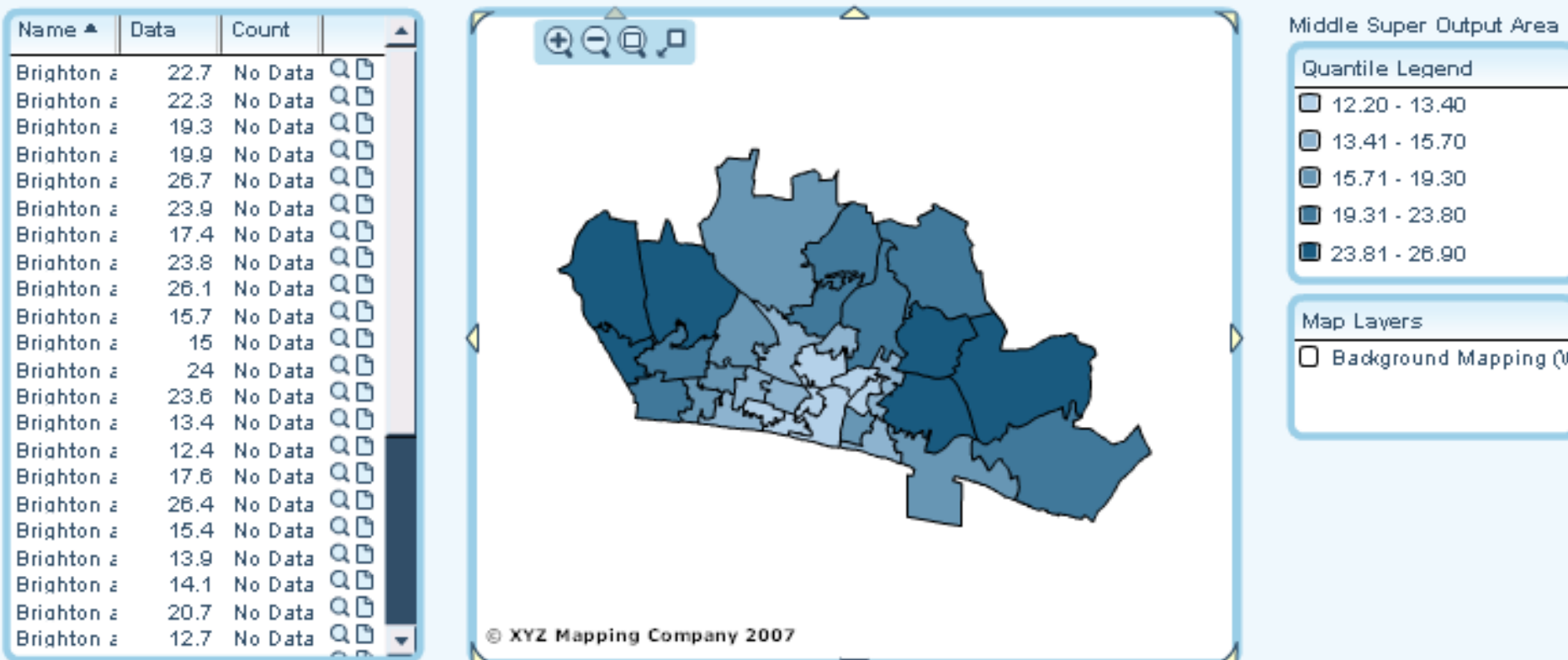
Modelled estimate: Consumption of Fruit and Vegetables; for Adults (%) >> 2003 - 2005



Fruit and veg consumption

- Adult respondents to the Health Survey for England were defined to be consumers of 5 or more fruit and vegetables if they had reported that they had consumed 5 or more portions of fruit and vegetables on the previous day, and not, if they had consumed less than this.

Modelled estimate: Obesity - Adults (%) >> 2003 - 2005

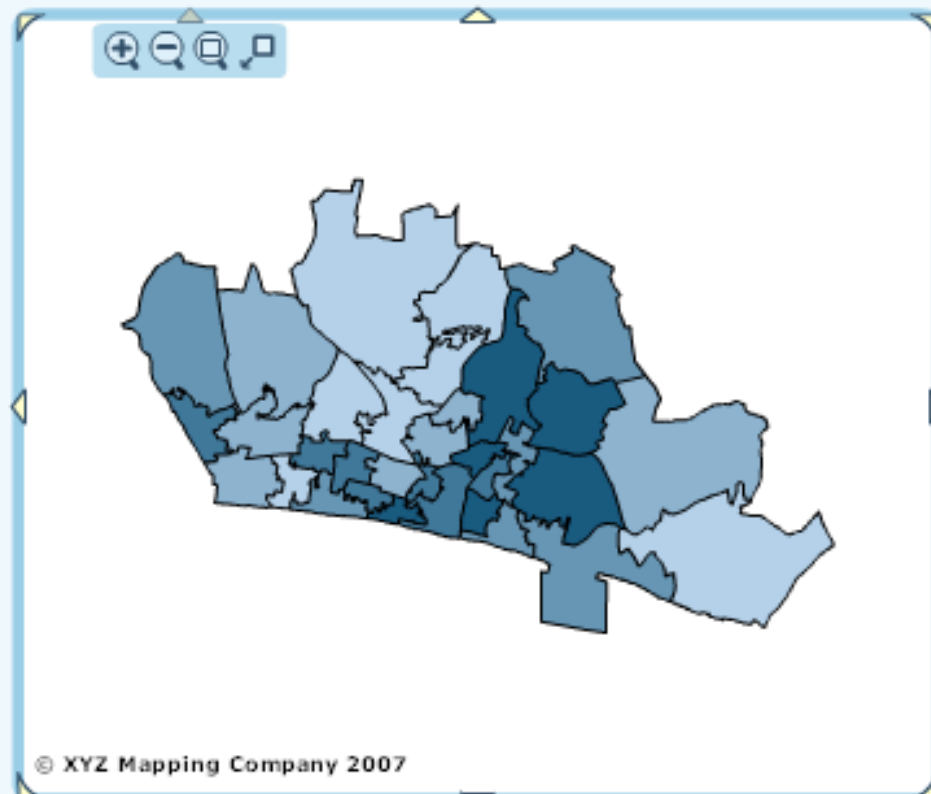


Obesity

- Adult respondents to the Health Survey for England were defined to be obese if they were recorded as having a body mass index (BMI) of 30 or above. Body Mass Index (BMI) is derived by dividing a persons weight (in kilograms) into the square of their height (in metres).

Modelled estimate: Smoking - Adults (%) >> 2003 - 2005

Name ▲	Data	Count	
Brighton a	23.6	No Data	
Brighton a	28.2	No Data	
Brighton a	15.5	No Data	
Brighton a	19.3	No Data	
Brighton a	28	No Data	
Brighton a	25.8	No Data	
Brighton a	15.1	No Data	
Brighton a	37.9	No Data	
Brighton a	37.3	No Data	
Brighton a	24	No Data	
Brighton a	20.8	No Data	
Brighton a	29.7	No Data	
Brighton a	26.2	No Data	
Brighton a	25.4	No Data	
Brighton a	32.3	No Data	
Brighton a	28.9	No Data	
Brighton a	25.5	No Data	
Brighton a	28.5	No Data	
Brighton a	29.5	No Data	
Brighton a	25.3	No Data	
Brighton a	25.7	No Data	
Brighton a	30.9	No Data	



Middle Super Output Area

Quantile Legend

- 15.10 - 23.60
- 23.61 - 26.20
- 26.21 - 28.50
- 28.51 - 31.60
- 31.61 - 43.70

Map Layers

- Background Mapping (0)

Smoking

- Adult (aged 16 years or over) current smokers; defined in the Healthy Survey for England if the respondent reported that they were a “current cigarette smoker”.