

Methods

Survey methods

Young People's Survey 2009

The Young People's Survey (YPS) 2009 was commissioned by NHS Kirklees, Kirklees Council and West Yorkshire Police. The survey collected information on a wide range of issues (see box for details) from year 9 (14 year old) school students across Kirklees. 27 out of 28 schools in Kirklees participated in the survey and a total of 4041 year 9 students responded (an overall response rate of 85%).

Students completed the questionnaire in June/ July 2009 under examination conditions. School nurses provided guidance and support as necessary. Swift Research handled the survey administration, data entry, analysis and reporting.

YPS 2009 survey content

- General health
- Smoking
- Alcohol
- Drugs
- Sexual health
- Physical activity
- Relationships, feelings and emotions
- Bullying
- Crime and safety
- Local community and place
- 'About you' questions (gender, ethnicity, etc)

The Current Living in Kirklees (CLIK) Survey 2008

The survey resulted from joint working between Kirklees PCT and Kirklees Council. The purpose of the survey was to provide real information about health and social inequalities which could be used in the planning of services and programmes of work, and for comparison purposes with the previous CLICK survey in 2001 and CLIK survey in 2005.

The survey consisted of a postal questionnaire sent to a random sample of 70,000 households, selected from the Kirklees Land and Property Gazetteer. One postal reminder (with another copy of the questionnaire) followed the first mailing to non-responding households. Ipsos MORI North administered the questionnaire dissemination; data entry; and provided a clean dataset, top-line results and preliminary data analysis.

The survey asked about a range of issues. These were chosen because they are known to have significant impact on health and something can be done about them locally. (See box for details). This had a 31% response rate in Kirklees. The results were weighted to be representative of the population of Kirklees.

CLIK 2008 survey content

- Aspects of health status including perceptions of physical and emotional health and pain.
- Disability and certain long-term conditions
- Being a carer
- Personal behaviours such as smoking, drinking alcohol, diet, physical activity.
- Employment status and income
- Housing quality
- Migration plans & isolation
- Age, sex, ethnicity, sexual orientation, area of residence to identify groups of people

The survey included instructions that it should be completed by an adult aged 18 or over.

Patient assessed health outcome measure

The CLIK questionnaire incorporates a widely used health survey consisting of 36 questions. It provides an 8-scale profile of functional health and well-being scores. The eight scales are Physical Functioning (PF), Role Physical (RP), Bodily Pain (BP), General Health (GH), Vitality (VT), Social Functioning (SF), Role Emotional (RE) and Mental Health (MH)¹. It is a generic measure, as opposed to one that targets a specific age, disease or treatment group. It is one of many 'quality of life' measures.

When interpreting the mean scores it is important to note that five of the eight scales (PF, RP, BP, SF and RE) define health status as the absence of limitation or disability. For these scales, the highest possible score of 100 is achieved when no limitations or disabilities are observed. Three of the scales (GH, VT and MH) are 'bipolar' in nature and measure a much wider range of negative and positive health states. For these scales, a score in the mid-range is obtained when respondents report no limitations or disability. A score of 100 on these bipolar scales is only achieved when respondents report positive states and evaluate their health favourably.

It is also useful to note that the PF, RP and BP scales are most responsive to treatments that change physical morbidity whereas the MH, RE and SF scales respond most to drugs and therapies that target mental health. In addition, it is worth knowing that the PF scale has been shown to be the best all round measure of physical health and the MH scale has been shown to be the most valid measure of mental health.

Place Survey 2008-09

The place survey was a national survey (replacing the previous BVPI survey) that all local authorities were required to undertake. It was designed to collect information for 18 national indicators (NIs) and its focus was on perceptions of the local area and local public services, reflecting the move to Comprehensive Area Assessment (CAA).

The survey asked a range of questions to capture people's views, experiences and perceptions (see box for details). Most questions within the survey were standard, Kirklees also asked five 'local' questions to provide additional information for the Local Area Agreement (LAA).

The survey took place between September and December 2008. A postal questionnaire was sent to a random sample of 15,000 addresses across Kirklees. Two postal reminders were sent to all non-respondents, in line with the survey guidance manual. The survey achieved a 30% response rate and the results were weighted to be representative of the Kirklees population. All weighting was handled centrally by the Audit Commission. BMG Research handled the survey administration, data entry, analysis and reporting.

Place survey content

- Your local area
- Your local public services
- Information
- Local decision making
- Helping out
- Getting involved
- Respect and consideration
- Community safety
- Local questions – to inform safer, stronger communities indicators within the Kirklees LAA
- 'About you' questions (age, gender, ethnicity etc)

References

1. Ware, J. E. et al, 1993, SF-36 Health Survey. Manual & Interpretation Guide. The Health Institute, Boston.

Terms used in this JSNA

Rates used in the JSNA

Some of the summary indicator tables and narrative sections in the JSNA include rates per 1,000 population and 95% confidence intervals. The rate is calculated by dividing the numerator (what is actually counted) by the denominator (the appropriate population base needed for this particular indicator) and multiplying this proportion by 1000. To convert to percentages, simply divide by 100.

Confidence Intervals (CI)

A confidence interval provides a measure of uncertainty around the main finding of a statistical analysis. A 95% confidence interval tells you that 95% of the time the true value will lie between the lower confidence limit (LCL) and the upper confidence limit (UCL). The width of the CI gives some idea about how certain or uncertain we are about the unknown value. A narrow CI provides more certainty than a very wide CI. Smaller samples or populations (e.g. localities) will therefore have wider CIs than larger samples/ populations (e.g. Kirklees as a whole or England). When comparing one rate (and its CIs) with another, it is safe to assume that when the LCL of one is higher than the UCL of the other then this difference is 'statistically significant' and unlikely to be due to chance alone.