

Ipsos MORI



Technical report for the CLiK 2012 Survey

Technical note for NHS Kirklees and
Kirklees Council

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Background

Background

This summary report presents the key findings of the CLiK (Current Living in Kirklees) Survey for 2012. This is a major research study into the health, wellbeing and lifestyle of people aged over 18 years in Kirklees, conducted by Ipsos MORI on behalf of NHS Kirklees and Kirklees Council. It is the fourth CLiK survey to be conducted, and follows from those undertaken in 2001, 2005 and 2008.

The CLiK survey is part of a joint programme of research which includes the recent 'Your Place Your Say' survey. This programme is being steered by the Joint Surveys Project Board (JSPB) led by Dr Judith Hooper, the Director of Public Health for NHS Kirklees and Kirklees Council.

The CLiK survey gathers and updates information about the quality of life, health, behaviours, perceptions and experiences of the adult population of Kirklees. The Council and NHS Kirklees use this information to develop plans and commission services to help residents remain healthy. The data will enable local public bodies to ensure that local services are efficient and responsive to the needs of people in Kirklees. For example, the 2005 survey showed a significant number of adults had a long term health condition and the response of local public services was to help more people manage their own health better by introducing the Expert Patients Programme. The next CLiK survey in 2008 showed that almost a third of the adult population suffered from problems with pain. The results were used to raise awareness of chronic pain across Kirklees and to identify the priorities to provide appropriate health services for local people. Questions covering both of these issues were included in the 2012 CLiK survey so that progress can be monitored.

The data from the CLiK survey is also used to compare Kirklees with similar local authority areas and against the national picture so that the Kirklees results can be placed in context.

Methodology

The CLiK 2012 survey was conducted using a postal, self-completion approach, as used in the 2008, 2005 and 2001 surveys. Participants could complete the survey using the paper questionnaire which was sent to a random sample of households in Kirklees or online. All responses were processed and checked by Ipsos MORI, the majority of the analysis will be conducted by NHS Kirklees.

This section describes how the survey was set up.

Sampling

A sample of 54,980 addresses was drawn from the local Land and Property Gazetteer by Kirklees Council. This core sample was a disproportionate, stratified random sample, and was designed to produce robust results at sub-district and socio-demographic group level to inform the commissioning, planning and provision of services. It is normal in postal surveys for the response rate to be lower in more deprived areas, and conversely higher in more affluent areas. Since health inequality is associated with levels of deprivation¹, the sampling frame was designed to ensure robust results from those living in the more deprived areas in Kirklees.

The sampling frame used the Index of Multiple Deprivation 2010 (IMD) to categorise all Output Areas by levels of deprivation. The output areas were then divided into quintiles which were the basis of the sampling frame. The sampling frame and profile of responses is shown below:

IMD Quintile	Count of h'holds in quintile	Count of addresses drawn in sample	Estimated survey response rate for quintile	Expected number of responses	Actual number of responses	Actual response rate
Quintile 1 – most deprived	50,198	17,802	19%	3,382	3,007	17%
Quintile 2	46,496	14,919	21%	3,133	3,345	22%
Quintile 3	27,286	9,000	21%	1,890	2,324	26%
Quintile 4	37,521	8,278	26%	2,152	2,294	28%
Quintile 5 – least deprived	21,457	5,000	29%	1,450	1,620	32%
	182,958	54,999	22%	12,007	12,590	23%

A total of 12,590 completed questionnaires were received and were included in the analysis. This represents a response rate of 23%, with the numbers broken down as follows:

- Postal – 12,404
- Online – 186

¹ Generally those in more deprived areas have poorer health

Questionnaire and fieldwork

A 16 page self-completion questionnaire was posted to selected households during w/c 26 March 2012. A reminder was sent during w/c 23 April 2012 to all those who had not responded. The reminder included another questionnaire and reply-paid envelope. The final day for completing and returning the questionnaire was 18th May 2012.

A separate covering letter was included with each questionnaire, and this provided information on the background to the survey and instructions on how to complete it. Residents were given the option to complete the survey online if they preferred and the covering letter provided them with the serial number that acted as the password to allow them to do this. In addition, the covering letter provided details of how to receive the survey in large print or in languages other than English.

Data Processing

The following procedure describes how the surveys were processed prior to analysis:

Booking-In

Each postal questionnaire was allocated a unique survey number within the job number to allow duplicate responses to be identified.

Once completed questionnaires were returned to Ipsos MORI, envelopes were opened and questionnaires collated and prepared for scanning. Any other items of correspondence were set aside for review and response by Ipsos MORI.

Questionnaires were scanned by Ipsos MORI's Data Capture Centre in Harrow and processed through barcode recognition and Optical Mark Recognition technology, with operator verification of uncertain entries. All marks on the forms were recognised at this stage, regardless of whether they were in accordance with the questionnaire instructions.

Data Cleaning

As the majority of the completed questionnaires were on paper, there was some degree of completion error, for example ticking more than one box when only one response was required, answering a question which was not relevant, or missing questions out altogether. Some data editing and setting of logical/ commonsense parameters were necessary. For example:

- If a respondent ticked more than one box where only one answer was required, then all their answers to that question were ignored.
- If all boxes were left blank, the reply for that question was excluded.
- For questions that required people to provide measurements or units, the most extreme, unrealistic or nonsensical figures were identified as outliers and blanked from the computer tables. The questions concerned were:
 - Q24 on people's quality of health on a scale of 1-100, answers in the range 1-10 were manually checked;
 - Q36 on fizzy drink consumption; this was capped at a maximum of 4 litres a day;

- Q76 on length of time served in the armed forces, the years written were manually verified, and corrected as necessary.
- Q80 on the number of people in the household. This question comprises four parts: two cover children of different ages, one adults aged 18-64 and the final adults aged 65+. Where no answers were given to the four parts, the response is classed as not answered. Where information is given for adults only the assumption was made that no children were present. Where information was given for children only, no assumption could be made and the responses was recorded as “unclassifiable”. Where extreme responses were given, specifically 10+ in any one box, these responses were blanked and recorded as “unclassifiable”;
- Q83 on the age of participants to exclude entries below the age of 18; and
- Q84/85 on the height and weight of respondents and the Body Mass Index (BMI) data produced from their responses to these. Specifically heights of less than 1m or more than 2.2m were blanked, weights of less than 35kg or more than 200kg were blanked. BMI calculations of less than 15 and more than 50 were verified manually, further while they appear in the dataset they are not included in data tables.
- Some respondents failed to tick the relevant answer or ticked the incorrect option for a filter question but then went on to answer questions they should have been routed away from. Where appropriate, responses for a filter question were changed on the assumption that the filter question had been answered incorrectly. This applied to the following questions:
 - Q12 which asked if people had a condition that had lasted or would last 12 months or more. This was the filter for Q13-20 on how people lived with these conditions. Where Q13-20 were answered with meaningful responses Q12 was edited to “yes”.
 - Q53a which asked people if they needed help or support to remain in their current home. This was the filter for Q53b and Q53c on the support they needed and got. Again if Q53b and Q53c were answered meaningfully then Q53a was changed to “yes”.
 - Q56 which asked people if they provided care or support to someone else other than because of their job. This was the filter for Q57-62 on the support they gave. If Q57-62 were answered meaningfully then the response to Q56 was edited to “yes”, although it was not possible to identify the number of hours of care provided per week.
 - Q71a on the suitability of people’s present home for their needs. This was the filter for Q71b on the problems with their home. If people indicated any problems with their home, their response to Q71a was changed to “no” (i.e. their home is not suitable for their needs).

Weighting

Weights were applied to the final data to adjust imbalances in the demographic profile of survey respondents. They were based on 4 variables, as follows;

- Age within ward for seven age bands (18-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75+);
- Gender within ward;
- Ethnicity within ward (White, South Asian and non-South Asian BME); and
- The distribution of the Kirklees population between the six committee areas: 1) Batley, Birstall and Birkenshaw, 2) Dewsbury, 3) Huddersfield, 4) Mirfield, Denby Dale and Kirkburton, 5) Spen Valley and 6) the Valleys.

The profile of the Kirklees population is drawn from GP patient counts in 2009, provided by the West Yorkshire Central Services Agency (WYCSA). Weighting factors for South Asian ethnicity was derived from WYCSA patient counts, but the weights for non-South Asian BME population come from the 2001 Census. The data will be re-weighted using Census 2011 data once available and if appropriate.

Ipsos MORI first weighted data by age, gender and ethnicity within each of the 23 wards in Kirklees. The weight for committee area was then applied. Weights were capped at a maximum level of 5.0, to avoid extreme weights being applied, and the overall weighted responses were factored to bring the final weighted total to 12,590.

The following table shows the overall profile of the Kirklees area by age, gender and ethnicity, the profile of achieved responses and the profile after the weights were all applied.

	Target weights		Achieved responses		Weighted responses	
	N	%	N	%	N	%
18-24yrs	41565	12.5	362	2.9	1275	10.3
25-34yrs	57191	17.2	1168	9.5	2116	17.2
35-44yrs	64466	19.4	1701	13.8	2436	19.7
45-54yrs	56253	16.9	1993	16.1	2154	17.5
55-64yrs	49714	15.0	2676	21.7	1910	15.5
65-74yrs	33850	10.2	2452	19.9	1308	10.6
75yrs and over	28842	8.7	1992	16.1	1139	9.2
Male	165658	49.9%	4526	36.8	6057	49.3
Female	166223	50.1%	7762	63.2	6223	50.7
White	273349	82.4	11195	91.7	10182	83.5
South Asian	47248	14.2	652	5.3	1586	13.0
BME non-South Asian	11284	3.4	361	3.0	429	3.5

The following table shows the profile of the population as it is distributed between the seven committee areas of Kirklees, again derived from GP patient counts in 2009 provided by WYCSA. The table also shows the number of achieved responses in each area, and the number after the weights are applied.

	Target weights		Achieved responses		Weighted responses	
	N	%	N	%	N	%
Batley, Birstall and Birkenshaw	41221	12.4	1474	11.7	1564	12.4
Denby Dale, Kirkburton and Mirfield	42049	12.7	1728	13.7	1624	12.9
Dewsbury	43180	13.0	1401	11.1	1601	12.7
Huddersfield	107397	32.4	4022	31.9	4109	32.6
Spen	41302	12.4	1707	13.6	1568	12.5
The Valleys	56732	17.1	2258	17.9	2124	16.9

Presentation of data

The results of the survey exist in several formats for use by NHS Kirklees and Kirklees Council:

- As data cross-tabulations (or crossbreaks), for example showing the results by gender, various age bands, at ward and Town and Valley Area levels, by those who report their health as “good” or “bad”. These tables show both column and row percentages and also show significant differences across sub-groups and against the total.
- As excel tables showing the results from the computer tabulations in a format which is easy to include in other reports.
- As “toplines” – summary data showing just the percentage results for each question.
- As an SPSS dataset – showing anonymised results for each respondent to allow further analysis by NHS Kirklees and Kirklees Council. The results for each question are included, together with any grouping/netting of results and also any sub-groups formed for the data table crossbreaks. The weighting factor is also included.