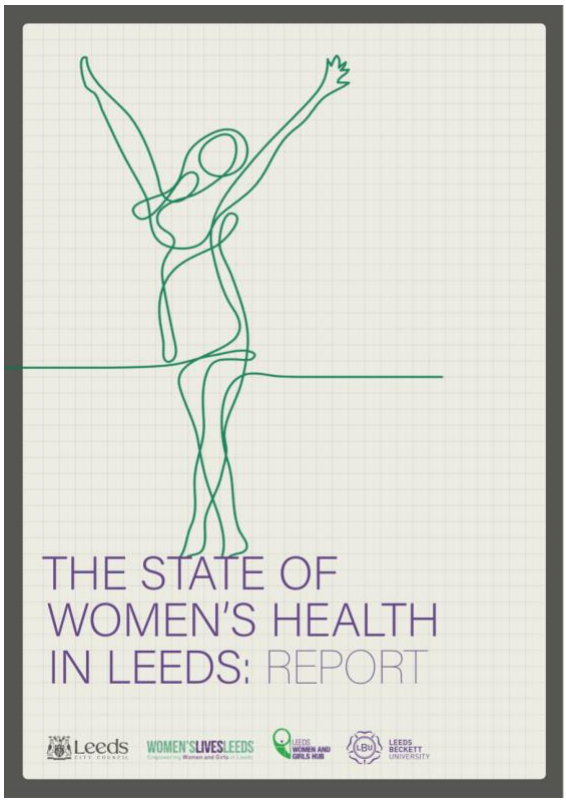

White A., Erskine S., and Seims A (2019) The State of Women's Health in Leeds, Leeds City Council, Leeds

3. Research approach

Table of Contents

3.1 Introduction

The research approach adopted for the study comprised:

- A review of existing literature on women's health and service interventions.
- A general analysis of routinely collected health, socio-economic and service-use data.
- Interviews with key stakeholders, including councillors.
- Interviews with women across Leeds to hear their voices.
- Case studies from the 11 partner organisations of Women's Lives Leeds

The study was given ethical approval by Leeds Beckett University.

3.2 Literature review

A review of the literature was undertaken to identify key issues relating to the health of women in Leeds. This was a broad ranging review that focused on trying to identify the research and insights that lay behind the data. It could not be fully comprehensive, as each topic covered has been the subject of much discussion and research elsewhere but has attempted to give an overview of the most recent and relevant studies (up to the end of the census period – 31st January 2019).

3.2 Analysis of health, socio-economic and service use data

A descriptive analysis was undertaken of the available data relating to the health and social lives of women in Leeds.

The review covered the following areas:

- Demographic data.
- Mortality and morbidity data.
- Lifestyle data.
- Service use data.

Data sources used for the study were:

- The Leeds Public Health Intelligence service.
- Local GP audit data.
- Office for National Statistics.
- Public Health England.
- Nomis – official labour market statistics.

Where available, data were analysed using the 2011 MSOA[1] classification across Leeds.

Disease prevalence taken from GP audit data represents individuals who had received a diagnosis from their GP and therefore may not represent the total number of males and females in Leeds who have undiagnosed conditions. Thus, the term 'known' prevalence is used where these data are presented throughout the report.

For each category of lifestyle prevalence (e.g. smoking, alcohol, physical activity), prevalence was calculated as a proportion of males and females who had been asked for this information by their GP (and therefore not as a percentage of the complete GP registered population). The proportion of males and females in Leeds who had not been asked for this information was calculated as a percentage of the complete GP registered population.

For the majority of the health data the Direct Standardised Rate (DSR), which is per 100,000 of the population, was used. Age standardised rates were also used where relevant, standardised to the European cohorts. It is important to note that disease prevalence and mortality and other data, were not always present in every MSOA.

Tables, histograms, bar graphs, line graphs and pie charts are used to present the data. Where possible, the top three MSOAs with the greatest concerns were identified for each topic.
More detail on the data can be found in the separate supplementary data report (Seims and White 2019).

[1] Leeds is broken down into 107 Middle Super Output Areas (MSOA), each representing a population of about 5,000

3.3 Interviews with key stakeholders

Key stakeholders of health and social care services from the Council and NHS were interviewed to determine their perspective on the state of women's health in Leeds. Their views were captured on how women use services and what information they needed in order to develop and improve services for the future. A pragmatic analysis was undertaken of the interview data to extract the key topics and issues and to identify any cross-cutting themes, which were used to help inform the scope of the review. The findings from the interviews are integrated into the narrative within this report and not included as a separate section.

3.4 Hearing the voices of the women on Leeds

Alongside this report there has been a separate study on Women's Voices in Leeds undertaken by Camille Thomas, from Women's Lives Leeds (WLL), and Dr Louise Warwick-Booth, from Leeds Beckett University (Thomas and Warwick-Booth 2018). This study comprised a series of 9 focus group interviews with women representing the characteristic-specific Equality Hubs managed by Leeds City Councils and other key demographics. The findings of this report are reported separately, but with some of the main findings also integrated into this report.

3.5 Case Studies

A series of case studies have been included, representing key aspects of the report from the 11 partner organisations of Women's Lives Leeds. These are integrated within the report.

3.6 Limitations

With the MSOAs being of a small population it is possible to see large year-on-year fluctuations. It is important that Commissioners need to be questioning the data before deciding to focus resources on an area.

It was not possible to locate current data on all the areas covered in the report. In part this was due to a decision to not use the Census data, which was completed in 2011 and may not reflect the current position of women in 2019. Where local data was not available the national data was used to give an indication of the scale of the issues covered in the report for women, or approximate numbers where research indicates the proportion of women that may be affected.

3.7 Abbreviations

ACE	Adverse Childhood Experiences
AIDS	Acquired immune deficiency syndrome
ADHD	Attention deficit hyperactivity disorder
APMS	Adult Psychiatric Morbidity Survey
BHI	Black Health Initiative
BMI	Body mass index
BME	Black and Minority Ethnic
CCG	Clinical commissioning Group
CVD	Cardiovascular disease
COPD	Chronic obstructive pulmonary disease
CRC	Colorectal cancer
CMHD	Common Mental Health Disorders
CSE	Child sexual exploitation
DFLE	Disability-Free life expectancy
eFI	Electronic Frailty Index
EoL	End of Life
EYFSP	Early years foundation stage profile
FASD	Fetal alcohol spectrum disorder
FEP	First episode psychosis
FGM	Female genital mutilation
FM	Fibromyalgia
FM	Forced Marriage
GAD	Generalised anxiety disorder
HRT	Hormone replacement therapy
HIV	Human immunodeficiency virus

IAPT	Improving Access to Psychological Therapies
IBS	Irritable bowel syndrome
IMD	Index of Multiple Deprivation (1 = most deprived, 10 = least deprived)
IPV	Intimate partner violence
LARC	Long acting reversible contraception
LCC	Leeds City Council
LCP	Local Care Partnerships
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer and other forms of sexual expression
LTC	Long Term Condition
MBI	Mindfulness Based Interventions
MSOA	Middle Super Output Area
MUS	Medically unexplained symptoms
NEET	Not in education, employment or training
OA	Osteoarthritis
OCD	Obsessive compulsive disorder
POP	Pelvic Organ prolapse
PNM	Perinatal mental health
PMD	Perimenopausal depression
PMDD	Premenstrual dysphoric disorder
PMS	Premenstrual syndrome
PPFP	Postpartum family planning
PTSD	Post Traumatic Stress Disorder
SARS	Support after rape and sexual violence
SMI	Severe mental illness
WLL	Women's Lives Leeds