Cadw’n Iach yng Nghymru
Stay Well in Wales

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We want different things from health
Public involvement in policy making has become increasingly important.

The World Health Organization (2011) states that “policy can no longer just be delivered: success requires co-production and the involvement and cooperation of citizens.”

Understanding the public’s views on public health is an essential part of developing effective public health policy and services in Wales.
Background

• Well-being of Future Generations (Wales) Act was informed through the ‘Wales We Want’ conversation

• One of the 7 key areas identified

“... a stronger citizen voice and active participation in decision making is fundamental for the well-being of future generations.”
Well-being of Future Generation Act was informed through the ‘Wales We Want’ conversation.

One of the 7 key areas identified “… a stronger citizen voice and active participation in decision making is fundamental for the well-being of future generations.”

Background

Citizen engagement is one of four key priorities set by the Future Generations Commissioner 2017-2023.
Stay Well in Wales survey was designed to capture the views of individuals living in Wales on a range of public health issues in order to inform the development of Public Health Wales’ long-term strategy.

World leading practice
- Only small number of countries have collected the public’s opinions to inform their practice.
What do the PUBLIC want from THEIR national public health organisation?
Two method approach

Method one
1. **Household face-to-face interview**
   Nationally representative household survey was administered through *face-to-face interviews*
   
   $N = 1,001$
   
   Inclusion criteria:
   (i) aged 16 years and over;
   (ii) resident in Wales; and
   (iii) cognitively able to participate

Method two
2. **Online questionnaire**
   An *online questionnaire* was set up to provide everyone who wished to participate to have their say
   
   $N = 2,309$
   
   Inclusion criteria:
   (i) aged 16 years and over;
   (ii) resident in Wales; and
   (iii) cognitively able to participate
Questions were framed to capture the public’s opinion on:

1) What they perceive to be the **largest contributors** to poor health and well-being;
2) Which public health issues they think require **more action** by public services;
3) Where they **source their information** about staying healthy and well from;
4) Their perspective on a range of **public health priorities**
Nationally representative household survey results were published in 2018.

Behavioural issues were considered to be making the greatest contribution to poor health and well-being.

Differences between what the public identified as top contributors to poor health and well-being and where they felt more work was needed.

Traditional communications channels such as family and friends, health professionals and TV remain leading sources of information.
NEW REPORT – Published TODAY

Stay Well in Wales: Super Profiles
Who thinks what about the nation’s health

Views of 3,310 people in Wales

Their perspective on a range of public health priorities
## Breakdown of combined sample

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>929</td>
<td>28.1</td>
</tr>
<tr>
<td>Female</td>
<td>2381</td>
<td>71.9</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-29</td>
<td>450</td>
<td>13.6</td>
</tr>
<tr>
<td>30-49</td>
<td>1395</td>
<td>42.1</td>
</tr>
<tr>
<td>50+</td>
<td>1465</td>
<td>44.3</td>
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</table>

<table>
<thead>
<tr>
<th>Employment status</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>2427</td>
<td>73.3</td>
</tr>
<tr>
<td>Unemployed</td>
<td>248</td>
<td>7.5</td>
</tr>
<tr>
<td>Student</td>
<td>108</td>
<td>3.3</td>
</tr>
<tr>
<td>Retired</td>
<td>527</td>
<td>15.9</td>
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<table>
<thead>
<tr>
<th>Binge drinking frequency (missing 10)</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1410</td>
<td>42.7</td>
</tr>
<tr>
<td>Occasional</td>
<td>1530</td>
<td>46.4</td>
</tr>
<tr>
<td>Regular</td>
<td>360</td>
<td>10.9</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Smoking status (missing 3)</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1927</td>
<td>58.3</td>
</tr>
<tr>
<td>Ex-smoker</td>
<td>926</td>
<td>28.0</td>
</tr>
<tr>
<td>Current</td>
<td>454</td>
<td>13.7</td>
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<table>
<thead>
<tr>
<th>Physical activity levels (days per week)</th>
<th>n</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>0-1</td>
<td>1272</td>
<td>38.2</td>
</tr>
<tr>
<td>2-4</td>
<td>1415</td>
<td>42.5</td>
</tr>
<tr>
<td>5+</td>
<td>644</td>
<td>19.3</td>
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</table>

<table>
<thead>
<tr>
<th>Fruit and vegetable consumption (portions per day) (missing 3)</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>847</td>
<td>25.6</td>
</tr>
<tr>
<td>3-4</td>
<td>1470</td>
<td>44.5</td>
</tr>
<tr>
<td>5+</td>
<td>990</td>
<td>29.9</td>
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</table>

<table>
<thead>
<tr>
<th>Self-reported general health (missing 6)</th>
<th>n</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Low</td>
<td>862</td>
<td>26.1</td>
</tr>
<tr>
<td>Average</td>
<td>1612</td>
<td>48.8</td>
</tr>
<tr>
<td>High</td>
<td>830</td>
<td>25.1</td>
</tr>
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<table>
<thead>
<tr>
<th>Survey method</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household</td>
<td>1001</td>
<td>29.9</td>
</tr>
<tr>
<td>Online</td>
<td>2309</td>
<td>70.1</td>
</tr>
</tbody>
</table>
To explore differences in opinions across population groups, demographic and health-behaviour super profiles were created.

**Results: Combined sample**

- Demographic super profiles:
  1. Employed 16-29 year olds
  2. Unemployed 16-29 year olds
  3. Students aged 16-29 years
  4. Employed 30-49 year olds
  5. Unemployed 30-49 year olds
  6. Employed 50+ year olds
  7. Unemployed 50+ year olds
  8. Retired 50+ year olds

- Health-related behaviour super profiles:
  1. Binge drinking frequency
  2. Smoking status
  3. Physical activity levels
  4. Fruit and vegetable consumption
  5. Self-reported general health
Results: Combined sample

Super profile categories

- Employed 16-29 year olds
- Unemployed 16-29 year olds
- Students aged 16-29 years
- Employed 30-49 year olds
- Unemployed 30-49 year olds
- Employed 50+ year olds
- Unemployed 50+ year olds
- Retired 50+ year olds

The adjusted proportion\(^a\) within each profile that agreed\(^b\) with the statement is shown within the respective coloured segment.

- Binge drinking
- Smoking
- Poorer health
- Poorer diet
- Physical inactivity
The NHS should spend less on treating illness and more on preventing it.

Top 3 MOST likely to agree:
- Students aged 16-29 years
- Employed 30-49 year olds
- Employed 50+ year olds

Top 3 LEAST likely to agree:
- Unemployed 30-49 year olds
- Unemployed 50+ year olds
- Unemployed 16-29 year olds

Super profile categories:
- Employed 16-29 year olds
- Unemployed 16-29 year olds
- Students aged 16-29 years
- Employed 30-49 year olds
- Unemployed 30-49 year olds
- Unemployed 50+ year olds
- Retired 50+ year olds

*15% disagreed; 32% no opinion

The adjusted proportion within each profile that agreed with the statement is shown within the respective coloured segment.
Alcohol advertising should be banned to prevent alcohol problems

Top 3 MOST likely to agree
- Unemployed 16-29 year olds
- Unemployed 50+ year olds
- Retired 50+ year olds

Top 3 LEAST likely to agree
- Students aged 16-29 years
- Employed 30-49 year olds
- Employed 16-29 year olds

*26% disagreed; 27% no opinion

Super profile categories

Employed
- 16-29 year olds
- 30-49 year olds

Unemployed
- 16-29 year olds
- 50+ year olds

Retired
- 50+ year olds

The adjusted proportion within each profile that agreed with the statement is shown within the respective coloured segment.
People should look after themselves, it’s not the job of public services

Top 3 MOST likely to agree
- Retired 50+ year olds
- Employed 50+ year olds
- Employed 30-49 year olds

Top 3 LEAST likely to agree
- Students aged 16-29 years
- Employed 16-29 year olds
- Unemployed 30-49 year olds

Super profile categories

- Employed 16-29 year olds
- Unemployed 16-29 year olds
- Students aged 16-29 years
- Employed 30-49 year olds
- Unemployed 30-49 year olds
- Unemployed 50+ year olds
- Retired 50+ year olds

The adjusted proportion within each profile that agreed with the statement is shown within the respective coloured segment.

*7% disagreed; 17% no opinion

Less agreement
I often feel isolated in my local community

**More agreement**

**Top 3 MOST likely to agree**
- Unemployed 50+ year olds
- Unemployed 16-29 year olds
- Unemployed 30-49 year olds

**Top 3 LEAST likely to agree**
- Employed 50+ year olds
- Employed 30-49 year olds
- Retired 50+ year olds

*71% disagreed; 13% no opinion

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**Super profile categories**

Employed 16-29 year olds
- Unemployed 16-29 year olds
- Students aged 16-29 years
- Employed 30-49 year olds

Unemployed 30-49 year olds
- Unemployed 50+ year olds
- Retired 50+ year olds

The adjusted proportion within each profile that agreed with the statement is shown within the respective coloured segment.
Conclusions

- Widespread public support for a range of action to improve public health
- A contrast in well-being between demographic super profiles was evident
- Distinctive differences in public opinion were found based on health-related behaviours
- Reveals how, often, the strongest resistance to public health measures can come from those with most to gain from their implementation
- IMPACT: This work has informed PHW’s long-term strategy
Our Priorities 2018-2030

Building and mobilising knowledge and skills to improve health and well-being across Wales

Influencing the wider determinants of health

Supporting the development of a sustainable health and care system focused on prevention and early intervention

Improving mental well-being and resilience

Protecting the public from infection and environmental threats to health

Promoting healthy behaviours

Securing a healthy future for the next generation

Working to Achieve a Healthier Future for Wales

Our Values:
Working together with trust and respect to make a difference
Conclusions

Widespread public support for a range of action to improve public health

A contrast in well-being between demographic super profiles was evident.

Strong support for a preventative approach to public health

Reveals how, often, the strongest resistance to public health measures can come from those with most to gain from their implementation.

IMPACT: This work has informed PHW’s long-term strategy.
Diolch am gwrando
Thank you for listening

For more information please email: c.sharp@bangor.ac.uk

Cas__Sharp

Both reports are available from: www.publichealthwales.org/staywellinwales