



# Stay Well in Wales:

## The public's views on public health

Findings from the nationally  
representative household survey





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representative household survey



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## Foreword

In 2014, Welsh Government launched the *Wales We Want* National Conversation. It asked the people of Wales to say what was important to them about the country they live in and what direction it should take. The response was remarkable and involved thousands of people across the country. The conversation led to the world leading **Well-being of Future Generations** legislation which now enshrines the principles of collaboration, prevention and involving the people of Wales in how our public services work. Public Health Wales is now developing its long-term ambitions on how it will protect and improve the health of our nation over the next 12 years.



**Dr Tracey Cooper**  
*Chief Executive*  
*Public Health Wales*

Embracing the principles set out in the **Well-being of Future Generations (Wales) Act 2015**, we wanted to hear directly from the public about what are the major challenges to health in Wales and how they would like them addressed. We asked 1,001 individuals who represented the different ages, genders and levels of deprivation across Wales to participate in **Stay Well in Wales**; a nationally representative survey about what we all think could help us live healthier, happier and longer lives.

This report sets out what Wales thinks should be done to improve the health of its residents. This is a first for Wales and something that most countries in the world are yet to accomplish. Like the *Wales We Want* Conversation, the views expressed in Stay Well in Wales have proved to be rich, informed and strongly supportive of investing in a healthier future for our nation. At Public Health Wales, we aim to use this knowledge to help set aspirations for the next decade and beyond and help deliver a Wales with health, opportunity and prosperity for all.

# Stay Well in Wales:

## The public's views on public health

A nationally representative household survey asked 1,001 residents aged 16 years and over about their perceptions of a range of public health issues.

**Q** Which public health issues are *important contributors* to poor health and well-being?\*

**Q** Which public health issues do public services *need to do more* to address?\*

More than 5 in 10 people said

### Alcohol abuse

Social isolation

Lack of employment

Unhealthy eating habits

Lack of screening for adult illness

Drug abuse

Hospital infections

Smoking

Physical inactivity

Affordability of healthy choices

Poor parenting of children

Violence

Health care access

### Social isolation

Violence Poor parenting of children Lack of screening for child illness

Housing of children

Alcohol abuse Affordability of healthy choices

Drug abuse Physical inactivity

Health care access

Lack of screening for adult illness

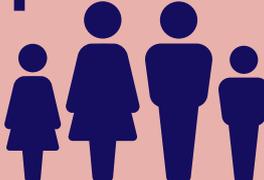
Lack of employment

Air pollution

Unhealthy eating habits

Hospital infections

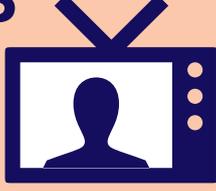
Top 10 sources of information people in Wales use often to find information to keep themselves healthy and well

1  Chatting with relatives, friends and colleagues

2  Internet searches

3  Speaking to a doctor or nurse

4  TV health documentaries

5  TV news

6  Social media

7  Speaking to a pharmacist or chemist

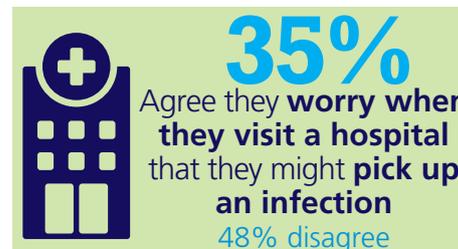
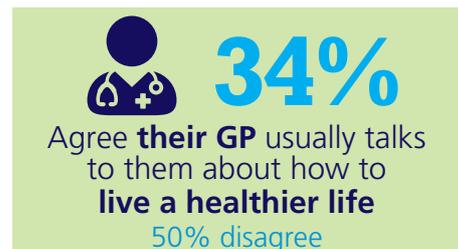
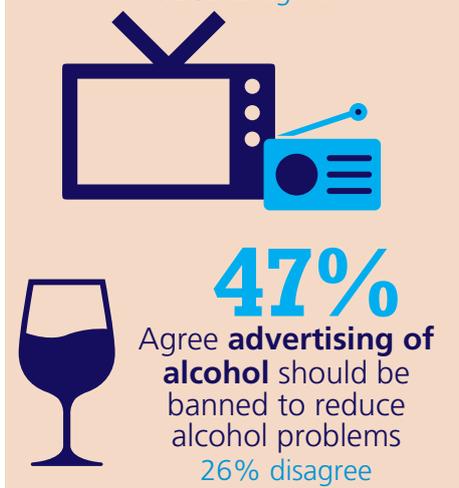
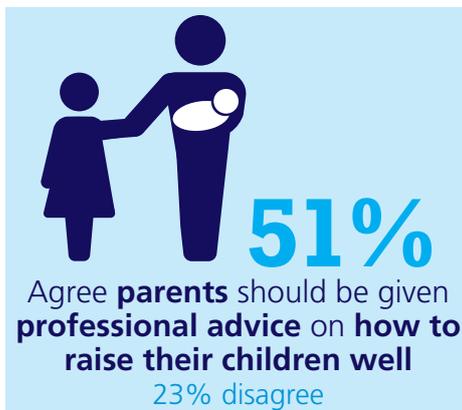
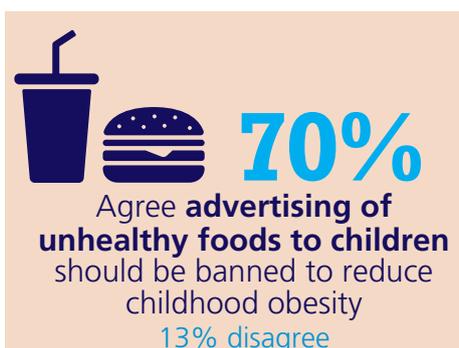
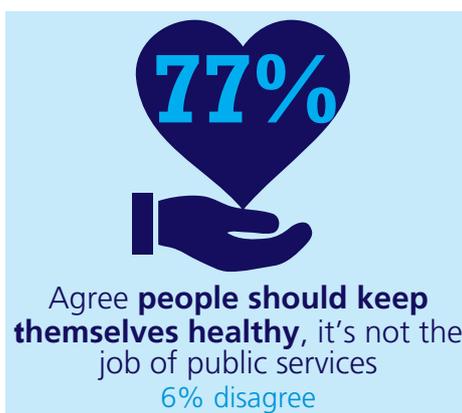
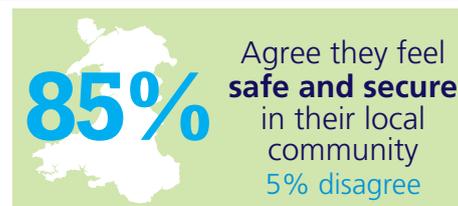
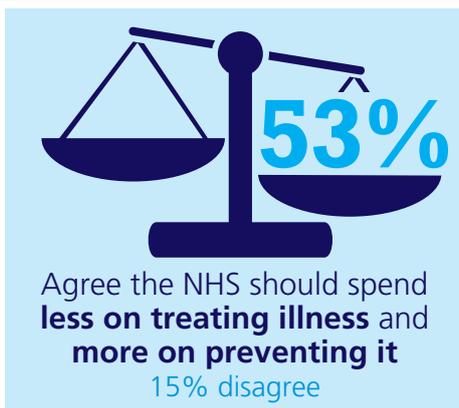
8  NHS websites

9  Product adverts

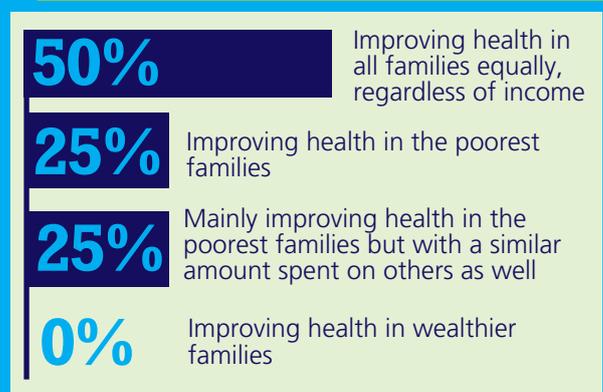
10  Health apps

\*The bigger the text appears, the greater the proportion thinking the issue as an *important contributor* or as *need to do more*

# What are the Welsh public's positions on a range of public health priorities?



## If public services had extra money to spend, the public would prefer to spend it on:



The Stay Well in Wales nationally representative household survey interviewed 1,001 people (aged 16+ years) from across Wales at their homes in 2017. Randomly selected households were invited to participate through a letter; 6% of households opted out at this stage. Of those eligible to participate, 76% agreed to take part and we are grateful to all those who freely gave their time. All analyses have been adjusted to national population demographics.



**GIG CYMRU NHS WALES**  
Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales



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# Stay Well in Wales:

## The public's views on public health

Findings from the nationally representative household survey

### Introduction

- The **Stay Well in Wales** survey sought to obtain the views of residents of Wales on a range of public health issues in order to inform the development and implementation of Public Health Wales' strategy for 2018-2030.
- Public Health Wales is the national public health agency in Wales and works to protect and improve health and well-being and reduce health inequalities for people in Wales.
- The public is a critical stakeholder in decision making in Wales as enshrined in the Well-being of Future Generations (Wales) Act 2015\*. **Citizen engagement** is one of four key priorities set by the Future Generations Commissioner 2017-2023\*\*.
- Stay Well in Wales is the **first major public opinion survey on public health in Wales**.
- The survey ran in September and October 2017 and included a **nationally representative household survey** and an **online survey** open to all Welsh residents aged 16 years and over.
- This report outlines headline findings from the nationally representative household survey. A second report will present findings from the combined results of the household and online surveys.

### Methodology

- The Stay Well in Wales nationally representative household survey was administered through **face-to-face interviews** with individuals aged 16 years and over resident in randomly selected households across Wales.
- Survey questions were framed to capture the public's opinion on (i) *what they perceive to be the largest contributors to poor health and well-being*; (ii) *which public health issues they think require more action by public services*; (iii) *where they source their information about staying healthy and well from*; and (iv) *their perspectives on a range of public health priorities*.
- The survey also collected information on participants' demographics (see the Appendix), health and behaviour.
- A professional market research company, BMG Research, conducted the interviews for the survey.
- Randomly selected households (N=3,041) were informed of the study by letter; 6% of households opted out at this stage. Less than a quarter (24%) of eligible households visited by interviewers declined to participate. A final sample of **1,001 individuals** completed the questionnaire.
- Further details of the methodology are provided in the Appendix.
- Analyses for this report focus on the overall perceptions of Welsh residents on public health issues, with findings adjusted to national population demographics. Variation in responses by gender, age, and deprivation are also presented.

\* Well-being of Future Generations (Wales) Act 2015. Retrieved from <http://www.legislation.gov.uk/anaw/2015/2/contents/enacted>

\*\*Future Generations Commissioner for Wales. (2016). *Developing Priorities for the Future Generations Commissioner 2017-2023*. Retrieved from [https://futuregenerations.wales/wp-content/uploads/2017/03/FGCW\\_Priority\\_Paper\\_No\\_endnotes\\_ENG.pdf](https://futuregenerations.wales/wp-content/uploads/2017/03/FGCW_Priority_Paper_No_endnotes_ENG.pdf).

## Findings

### Which public health issues are considered to contribute most to poor health and well-being?

Participants were asked how much they thought 26 public health issues (see Figure 1) contributed to poor health and well-being in the communities in which they live, work and socialise. Response options (with respective response scores) were:

Not at all (1)

Just a little (2)

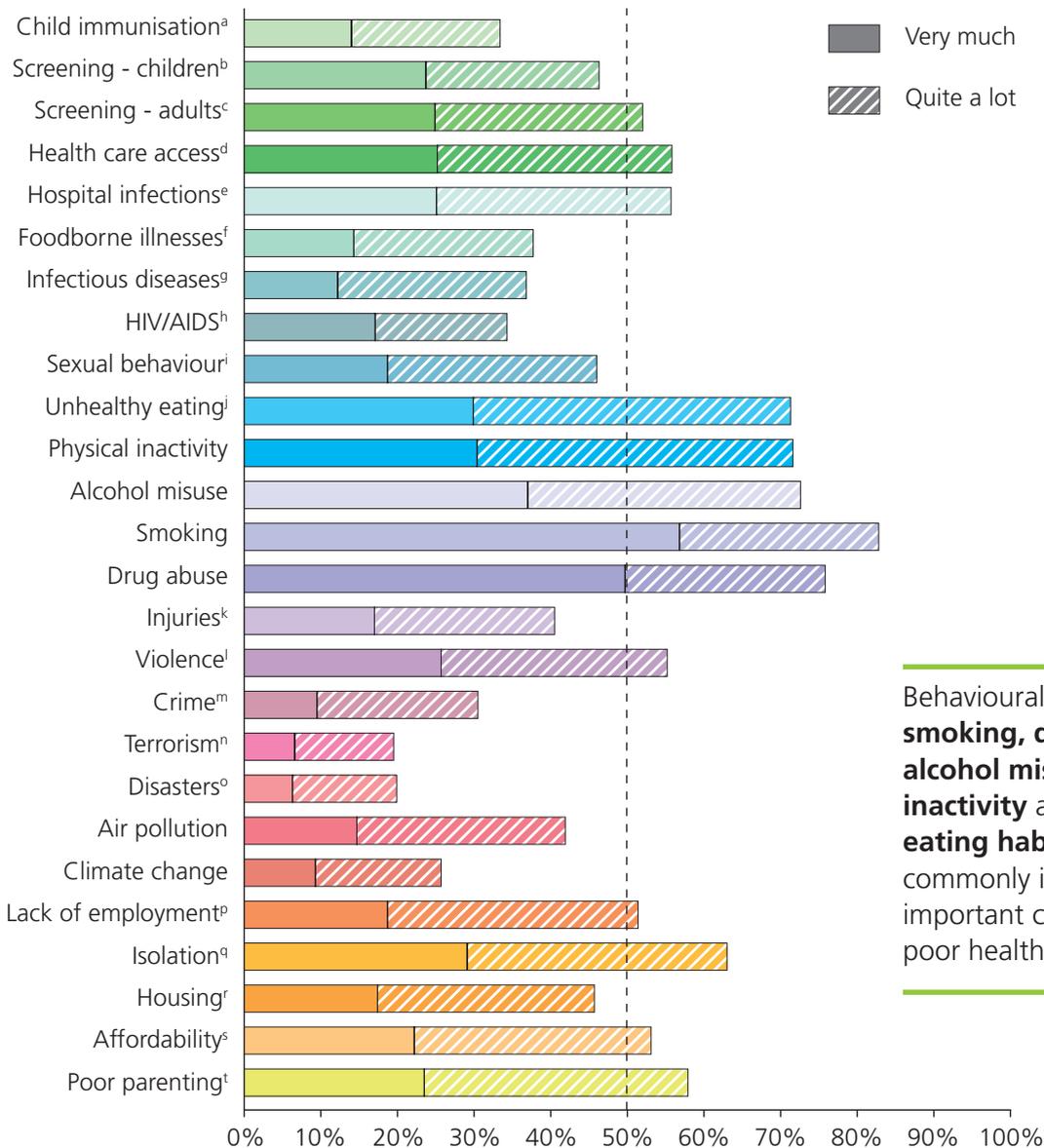
Moderately (3)

Quite a lot (4)

Very much (5)

The overall proportion identifying each issue as an important contributor to poor health and well-being (contributed *very much* or *quite a lot*) are shown in Figure 1. Thirteen issues were considered to be important contributors by more than half of people.

**Figure 1: Proportion of of people (adjusted to national population demographics) considering each public health issue to contribute *very much* or *quite a lot* to poor health and well-being.** Slotted line represents 50% of responses. (Key to Figure 1 presented on page 3).



Behavioural issues such as **smoking, drug abuse, alcohol misuse, physical inactivity and unhealthy eating habits** were most commonly identified as important contributors to poor health and well-being.

In order to rank the perceived importance of the 26 public health issues, participants' response scores were summed for each issue; scores were adjusted to national population demographics. Further findings by gender, age and deprivation quintile are provided in the Appendix.

- The top five perceived contributors to poor health and well-being were **smoking** (1<sup>st</sup>), **drug abuse** (2<sup>nd</sup>), **alcohol misuse** (3<sup>rd</sup>), **physical inactivity** (4<sup>th</sup>) and **unhealthy eating habits** (5<sup>th</sup>). These issues were in the top five for both males and females, with females more commonly identifying each issue as important.



- Social isolation and loneliness** and **problems due to poor parenting of children** were ranked sixth and seventh, respectively.

- Healthcare issues (**people catching dangerous infections when in hospital, not enough screening of adults for illness that could be detected early** and **difficulty accessing healthcare services**) also appeared in the top 10.

- The top contributors to poor health and well-being did not vary substantively by age; although **violence and abuse** and **people being unable to afford healthy choices** ranked higher in younger age groups; and **people catching dangerous infections when in hospital** ranked higher in older age groups. The top-rated contributors were also consistent across levels of deprivation; although **violence and abuse** featured in the top 10 for those in the most deprived quintile and **lack of good quality and secure employment** for those in the least deprived quintile.

#### Key to Figure 1

<sup>a</sup> Too few children being immunised against diseases <sup>b</sup> Not enough screening to detect illnesses early in children <sup>c</sup> Not enough screening for illness that could be detected earlier in adults <sup>d</sup> Difficulty accessing health care services <sup>e</sup> People catching dangerous infections when in hospital <sup>f</sup> Illnesses from poor food hygiene such as salmonella <sup>g</sup> Spread of infectious diseases like Flu or TB (Tuberculosis) <sup>h</sup> Spread of HIV/AIDS <sup>i</sup> Risky sexual behaviour resulting in infections and unplanned pregnancies <sup>j</sup> Unhealthy eating habits <sup>k</sup> Injuries from road traffic incidents, fires and other hazards <sup>l</sup> Violence and abuse <sup>m</sup> Fear of crime <sup>n</sup> Fear of terrorism <sup>o</sup> Impact and fear of disasters such as floods <sup>p</sup> Lack of good quality and secure employment <sup>q</sup> Social isolation and loneliness <sup>r</sup> Poor quality housing <sup>s</sup> People being unable to afford healthy choices <sup>t</sup> Problems due to poor parenting of children

## Which public health issues do public services need to do more to address?

To measure opinion on activity in Wales to address the same 26 public health issues, participants were asked whether they thought public services (with respective response scores):

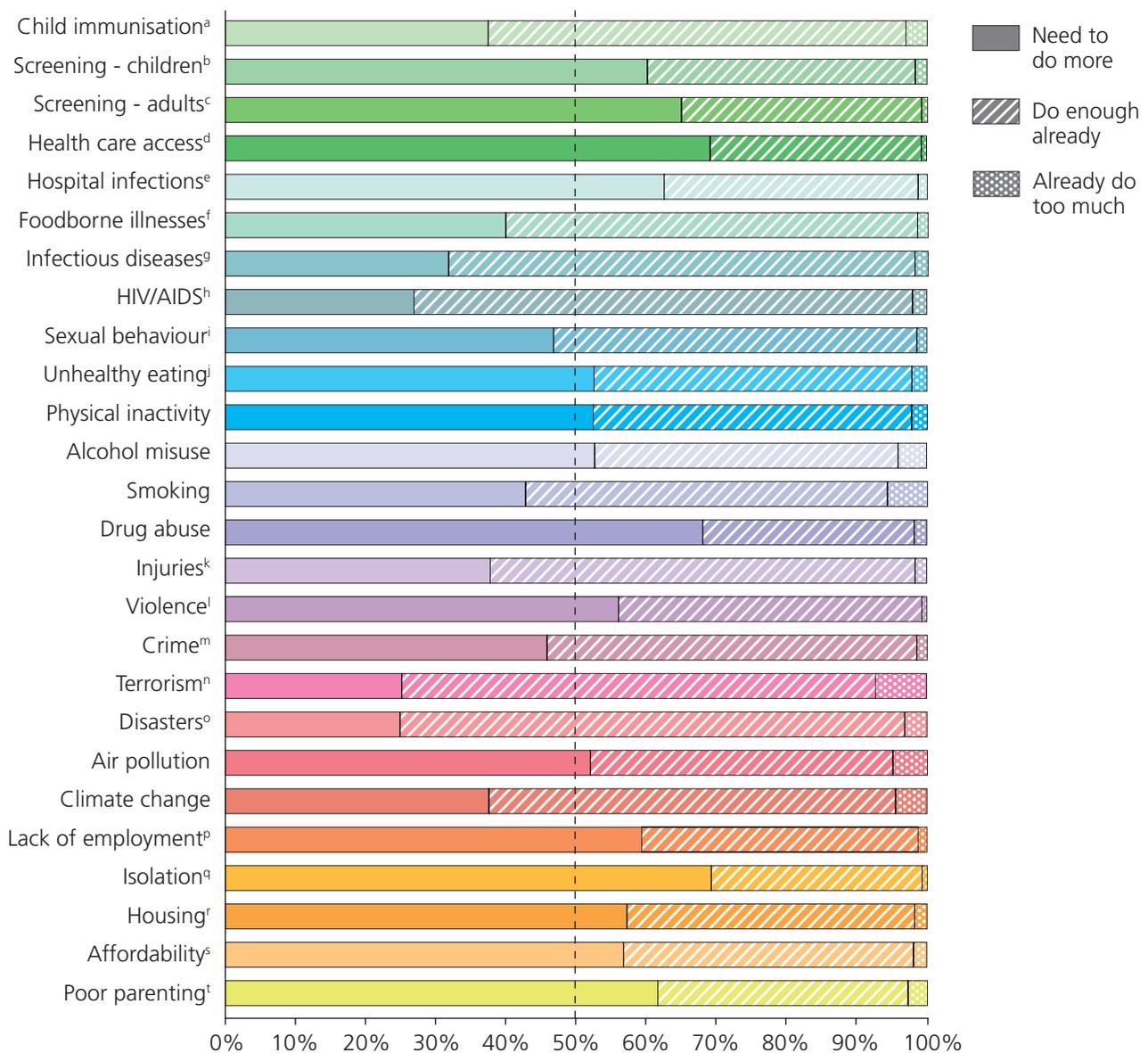
Already do too much (1)

Do enough already (2)

Need to do more (3)

A summary of the responses is presented in Figure 2. There were 15 issues where more than half of participants responded that more action was needed.

**Figure 2: Proportion of people (adjusted to national population demographics) perceiving that public services need to do more, do enough already or already do too much to address each public health issue.** Slotted line represents 50% of responses. (Key to Figure 2 presented on page 5).



The population perceived **social isolation and loneliness; healthcare issues; and drug abuse** as the public health issues that required most additional work.

Participants' response scores were summed to rank issues in terms of their perceived need for action (*i.e. public services need to do more*); scores were adjusted to national population demographics. Further findings by gender, age, and deprivation quintile are provided in the Appendix.

- The top five issues respondents suggested more action was needed on were: **social isolation and loneliness** (1<sup>st</sup>); **difficulty accessing health care services** (2<sup>nd</sup>); **drug abuse** (3<sup>rd</sup>); **not enough screening of adults for illness that could be detected early** (4<sup>th</sup>); and **people catching dangerous infections when in hospital** (5<sup>th</sup>).



- The issues ranked sixth to tenth, respectively, were **problems due to poor parenting of children**; **not enough screening to detect illness early in children**; **lack of good quality and secure employment**; **poor quality housing**; and **violence and abuse**.

- The same public health issues appeared in the top 10 for males. However, for females **people being unable to afford healthy choices** ranked in the top 10, whilst **violence and abuse** did not. Moreover, for all issues, a greater proportion of females than males responded *need to do more*. **Air pollution** appeared in the top 10 for individuals aged 50-69 years and residents in the 2<sup>nd</sup> least deprived quintile.

#### Key to Figure 2

<sup>a</sup> Too few children being immunised against diseases <sup>b</sup> Not enough screening to detect illnesses early in children <sup>c</sup> Not enough screening for illness that could be detected earlier in adults <sup>d</sup> Difficulty accessing health care services <sup>e</sup> People catching dangerous infections when in hospital <sup>f</sup> Illnesses from poor food hygiene such as salmonella <sup>g</sup> Spread of infectious diseases like Flu or TB (Tuberculosis) <sup>h</sup> Spread of HIV/AIDS <sup>i</sup> Risky sexual behaviour resulting in infections and unplanned pregnancies <sup>j</sup> Unhealthy eating habits <sup>k</sup> Injuries from road traffic incidents, fires and other hazards <sup>l</sup> Violence and abuse <sup>m</sup> Fear of crime <sup>n</sup> Fear of terrorism <sup>o</sup> Impact and fear of disasters such as floods <sup>p</sup> Lack of good quality and secure employment <sup>q</sup> Social isolation and loneliness <sup>r</sup> Poor quality housing <sup>s</sup> People being unable to afford healthy choices <sup>t</sup> Problems due to poor parenting of children

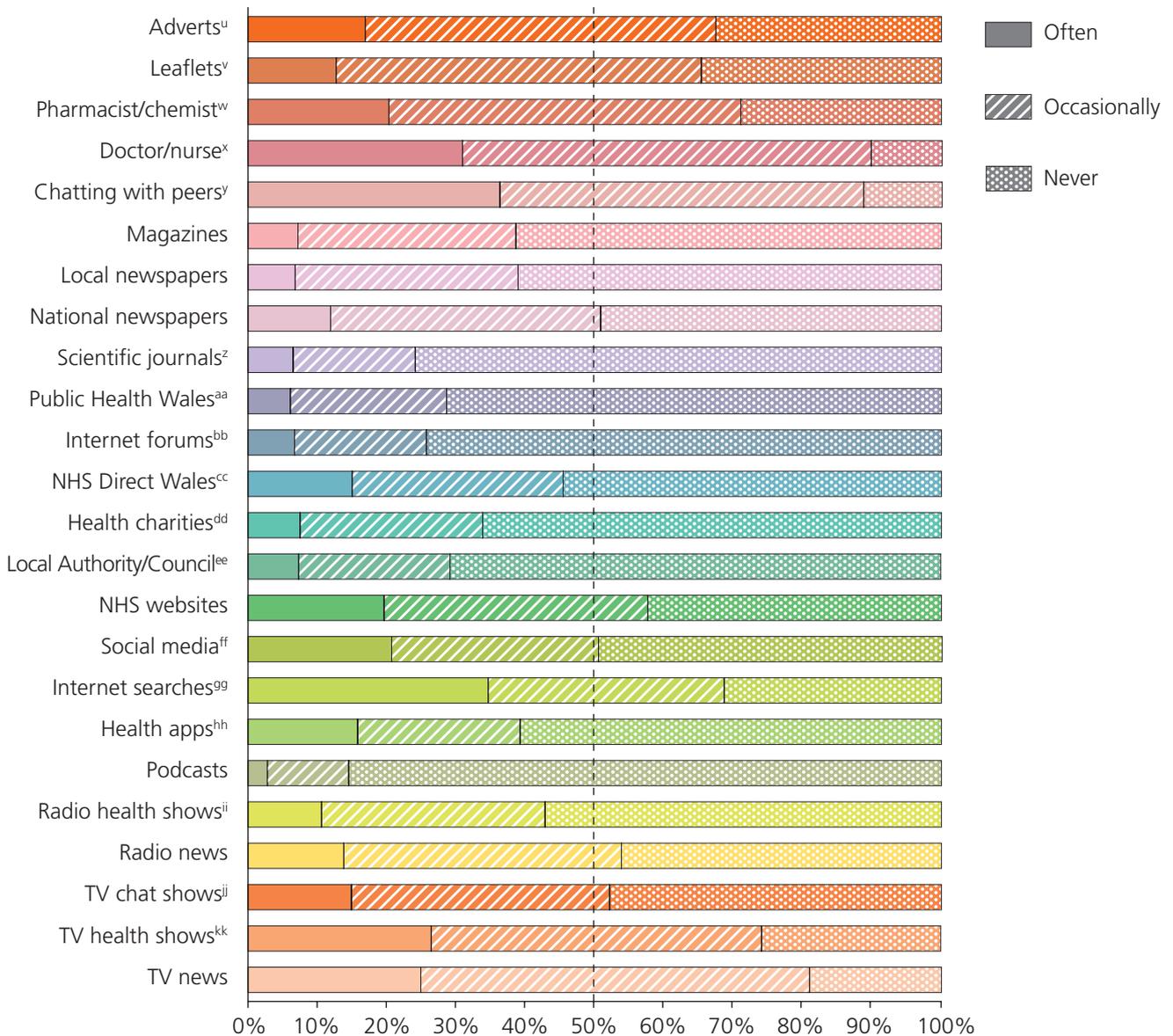
## Where do the Welsh public get information on how to stay healthy and well?

Participants were asked how frequently they obtained information about how to stay healthy and well from 24 different sources (see Figure 3). Response options (with respective response scores) were:

- Often (3)
- Occasionally (2)
- Never (1)

There were 13 information sources which were used by more than half of respondents *occasionally or often*.

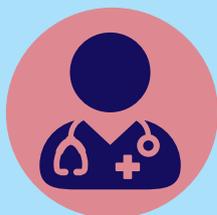
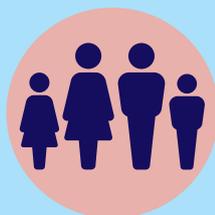
**Figure 3: Proportion of people (adjusted to national population demographics) getting information on how to stay healthy and well from selected sources often, occasionally or never.** Slotted line represents 50% of responses. (Key to Figure 3 presented on page 7).



Information sources most commonly used by the Welsh public are **chatting with relatives, friends and colleagues; speaking to a doctor/nurse; TV news; internet searches; and TV health documentaries.**

Information sources were ranked by summing participants' response scores; scores were adjusted to national population demographics. Further findings by gender, age and deprivation quintile are provided in the Appendix.

- The top five sources used overall were **chatting with relatives, friends and colleagues** (1<sup>st</sup>); **speaking to a doctor/nurse** (2<sup>nd</sup>); **TV news** (3<sup>rd</sup>); **internet searches** (4<sup>th</sup>); and **TV health documentaries** (5<sup>th</sup>).



- The sources ranked sixth to tenth respectively were **speaking to a pharmacist/chemist**; **adverts for healthy foods and other products**; **leaflets/posters in healthcare settings**; **NHS websites**; and **social media**.

- Chatting with relatives, friends and colleagues** was a top source of health information for both males and females but the percentage responding *often* fell from 45% of women to 28% of men. This may be an important aspect of getting men to talk about health. **Web-based sources** were commonly used by 16-49 year olds, yet individuals aged 50+ years used **TV** and **radio** more. The top five sources were the same in the least and most deprived quintile.

### Key to Figure 3

<sup>u</sup> Adverts for healthy foods and other products <sup>v</sup> Leaflets/Posters in healthcare settings <sup>w</sup> Speaking to a pharmacist/chemist <sup>x</sup> Speaking to a doctor or nurse <sup>y</sup> Chatting with relatives, friends and colleagues <sup>z</sup> Medical and scientific journals <sup>aa</sup> Public Health Wales websites, campaigns and events <sup>bb</sup> Internet discussion forums <sup>cc</sup> NHS Direct Wales website <sup>dd</sup> Health charity websites <sup>ee</sup> Local Authority or Council websites <sup>ff</sup> Facebook, Twitter or other social media <sup>gg</sup> Internet searches (e.g. Google, YouTube, Wikipedia) <sup>hh</sup> Health apps for smart phones or tablets <sup>ii</sup> Radio programmes on health issues <sup>jj</sup> TV chat shows like the One show <sup>kk</sup> TV health documentaries

## The Welsh public's position on public health priorities

Participants were asked how much they *agreed* or *disagreed* with 19 public health priority statements. Response options were:

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

Responses were grouped into three categories indicating those that disagreed (*strongly disagree* and *disagree*), had no opinion (*neither agree nor disagree*) and agreed (*strongly agree* and *agree*). Percentages are adjusted to national population demographics. See the Appendix for full findings.

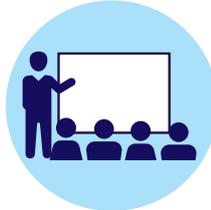
More than half (53%) agreed that the NHS should spend less on treating illness and more on preventing it. Only 15% disagreed.



Two thirds (66%) agreed that companies and individuals should be made to adopt behaviours to reduce climate change. Only 10% disagreed.



Nearly 9 in 10 (88%) agreed that schools should teach children more about how to live a healthy life. Only 5% disagreed.



Over 8 in 10 (82%) agreed that healthy foods should cost a bit less and unhealthy foods a bit more. Only 6% disagreed.



Over two thirds (70%) agreed that advertising of unhealthy foods to children should be banned to reduce childhood obesity. Only 13% disagreed.



Nearly 9 in 10 (88%) agreed that a safe and loving childhood is essential to becoming a healthy adult. Only 4% disagreed.



Around half (51%) agreed that parents should be given professional advice on how to raise their children well. Only 23% disagreed.



Over three quarters (77%) agreed that people should keep themselves healthy, it's not the job of public services. Only 6% disagreed.



Over three quarters (76%) agreed that employers should do more to look after their workers' health. Only 8% disagreed.



Nearly half (47%) agreed that advertising of alcohol should be banned to reduce alcohol problems. Only 26% disagreed.



More than three quarters (76%) agreed that they support 20mph speed limits where they will reduce road traffic injuries. Only 12% disagreed.



A third (34%) agreed that when they see their GP, the GP usually talks to them about how to live a healthier life. A total of 50% disagreed.



Only a small proportion of individuals (16%) agreed that they often feel isolated in their local community. A total of 71% disagreed.



A third (35%) agreed that they worry when they visit hospital that they might pick up an infection. A total of 48% disagreed.



Over two thirds (68%) agreed that they are confident that if they got ill the NHS would meet their healthcare needs. Only 14% disagreed.



Almost half (47%) agreed that they would like more public information campaigns on how to live a healthier life. Only 27% disagreed.



Over 8 in 10 (85%) agreed that generally they feel optimistic about life. Only 5% disagreed.



Over 8 in 10 (85%) agreed that they feel safe and secure in their local community. Only 5% disagreed.



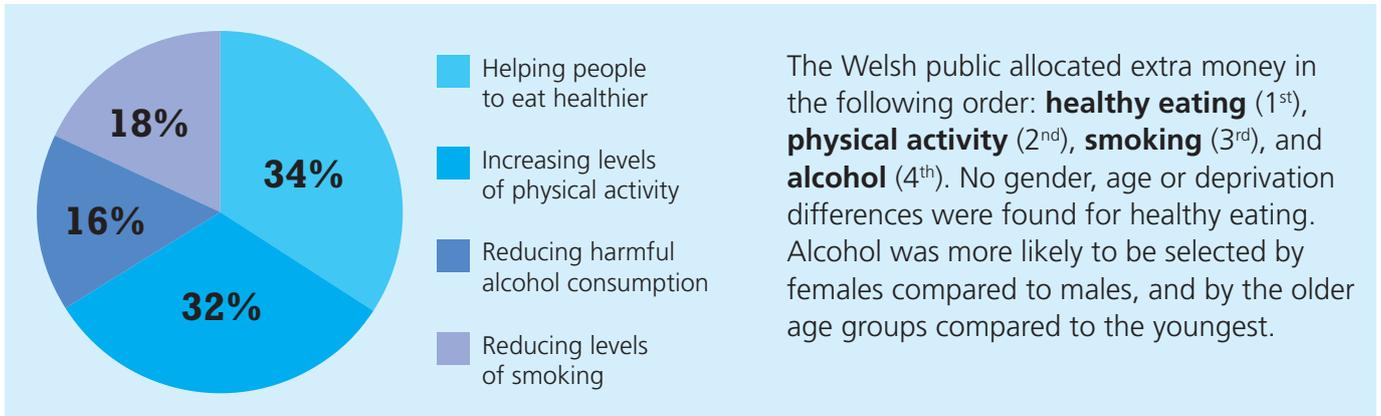
Over a third (36%) agreed that when they speak with health professionals like nurses and pharmacists, the health professionals advise them on living a healthier life. A total of 43% disagreed.



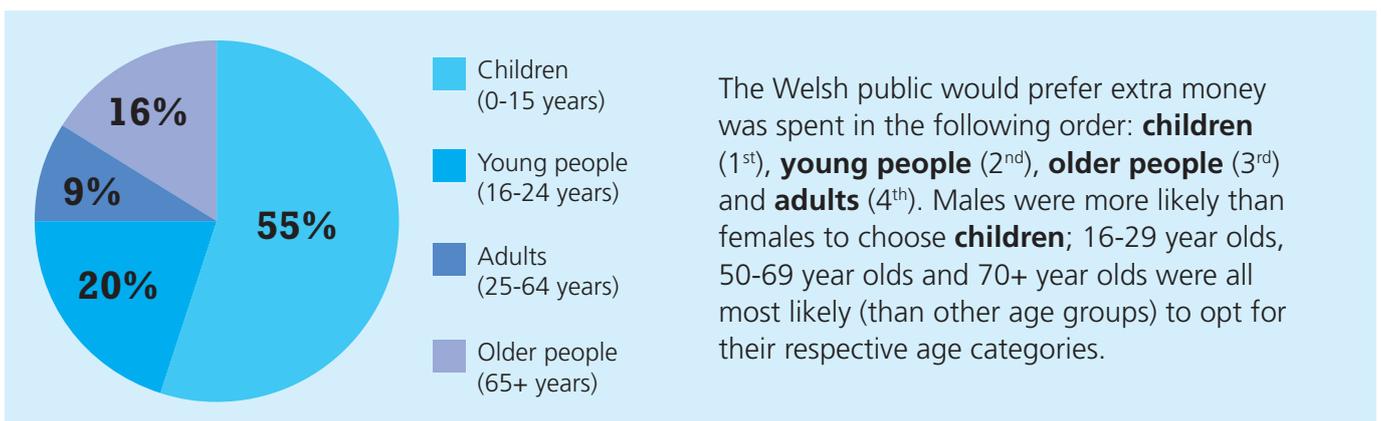
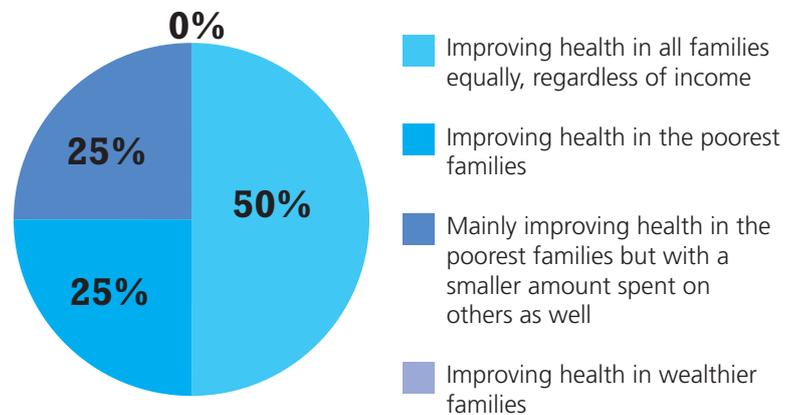
On a range of position statements (e.g. advertising of unhealthy foods to children, people should keep themselves healthy, alcohol advertising should be banned, speeds limits of 20mph should be introduced), 16-29 year olds were least likely to agree with the statement.

## Perceived spending priorities if additional money was available to improve public health

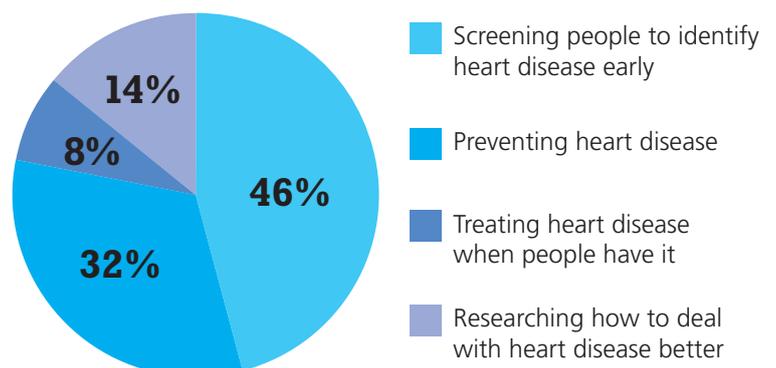
Respondents were presented with four groups of potential spending areas. For each group they were asked to choose, if extra money was available, which area they think the money should be allocated to. Percentages are adjusted to national population demographics.



The Welsh public allocated extra money to improve health in the following order: **all families equally** (1<sup>st</sup>), **the poorest families or mainly the poorest families with a small amount on others** (tied 2<sup>nd</sup>), and **wealthier families** (4<sup>th</sup>). Compared to the other age groups, individuals aged 30-49 years and 50-69 years were most likely to choose spending on **all families equally** and the **poorest families**, respectively.



The Welsh public would prefer extra money was spent in the following order: **screening** (1<sup>st</sup>), **prevention** (2<sup>nd</sup>), **research** (3<sup>rd</sup>) and **treatment** (4<sup>th</sup>). Females were more likely to choose **screening** than males; and individuals in the 2<sup>nd</sup> most deprived quintile were more likely to select **treatment** (than other deprivation quintiles).



## Conclusion

Stay Well in Wales is the first national survey to gather Welsh residents' views on the public health issues affecting their communities today. The survey has provided a wealth of information that can support Public Health Wales and its partners in their work to improve health and well-being across the population in the coming years.



Findings show that behavioural issues including **smoking, drug abuse, alcohol misuse, physical inactivity** and **unhealthy eating habits** are considered by the public to be making the greatest contribution to poor health and well-being in Welsh communities. However, there were differences between what the public identified as the top contributors to poor health and well-being and where they felt more work was needed to tackle issues. Thus, **social isolation and loneliness; difficulty accessing health care services; drug abuse; not enough screening of adults for illness that could be detected early; and people catching dangerous infections when in hospital** were identified as key issues requiring more action. Importantly, **Stay Well in Wales** identified widespread public support for a range of actions to improve public health. In particular, results indicated strong support for actions that improve the health and well-being of children with the majority of Welsh residents supporting:

- **the importance of safe and loving childhood environments to lifelong health;**
- **the need for schools to educate children about how to live a healthy life;**
- **the significance of banning advertising of unhealthy foods to children to prevent obesity.**

More than half of the public also indicated that **additional public monies for public health action** would be best **directed at children** (rather than other age groups).

**Stay Well in Wales** has identified strong support for a preventative approach to public health with, for example, more than half of the public agreeing that *less should be spent on treating illness and more on preventing it* (less than one in five disagreed). There was broad agreement with statements on issues including the use of 20mph speed limits where they reduce traffic injuries and over three quarters of people agreed that employers should do more to look after their workers' health. Nearly nine out of 10 individuals agreed that healthy foods should cost a bit less and unhealthy foods a bit more, and seven in 10 that advertising of unhealthy foods to children should be banned to reduce childhood obesity. Overall, these results reflect a Welsh public that both understands the benefits of a public health approach and is in favour of further action on health protection and improvement.

Half of the Welsh public also indicated that, should extra money be available for public services, they would prefer that this was spent on improving the health of the poorest families (25%) or mainly on the poorest families (25%). However, half of people thought such money should be spread equally across all families, regardless of income. **Stay Well in Wales** helped identify where the Welsh public get their health-related information from, which can inform future public health communications. Traditional communications channels such as family and friends, health professionals and television remain leading sources of health knowledge but modern web-based methods are emerging as important sources, especially in younger age groups.

This report has presented key findings from the **Stay Well in Wales** household survey. A second report using additional data from a larger online sample will be published later in 2018.

## List of additional data available in the Appendix

Additional data explaining differences in survey responses by gender, age and deprivation quintile is available in the Appendix, which can be found at [www.publichealthwales.org/staywellinwales](http://www.publichealthwales.org/staywellinwales). Here is a key to outline what the appendix contains:

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### Health Improvement

Providing information, advice and taking action, across sectors, to promote health, prevent disease and reduce health inequalities



### Health Protection

Providing information, advice and taking action to protect people from communicable disease and environmental hazards



### Health intelligence

Providing public health data analysis, evidence finding and knowledge management



### Microbiology

Providing a network of microbiology services which support diagnosis and management of infectious diseases

# Public Health Wales what we do

We exist to protect and improve health and wellbeing and reduce health inequalities for people in Wales. We work locally, nationally and internationally, with our partners and communities, in the following areas:



### Safeguarding

Providing expertise and strategic advice to help safeguard children and vulnerable adults



### Screening

Providing screening programmes which assist the early detection, prevention and treatment of disease



### Primary, community and integrated care

Strengthening public health impact through policy, commissioning, planning and service delivery



### NHS quality improvement and patient safety

Providing the NHS with information, advice and support to improve patient outcomes



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