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Time to Talk Public Health

October 2025 Survey Findings:

Sources of health information, health policy, health and well-being after pregnancy, ageism, Public Health Wales

Published: February 2026



Introduction

- **Time to Talk Public Health** is a national panel of Welsh residents aged 16+ years established by Public Health Wales to enable **regular public engagement** to inform public health policy and practice.
- The panel is designed to be broadly representative of the Welsh population by age, sex, deprivation, ethnicity and health board.
- Members of the public are recruited to the panel using a variety of methods and subsequently invited to participate in regular surveys to provide insight into key public health issues.
- This report presents findings from the October 2025 Survey covering:
 - **Sources of health information**
 - **Health policy**
 - **Health and well-being after pregnancy**
 - **Ageism**
 - **Public Health Wales**
- We are very grateful to the residents of Wales who have given their valuable time to participate in the panel.



Methodology

- Initial recruitment to the Time to Talk Public Health Panel (November 2022 to January 2023) was undertaken by telephone, face-to-face and social media advertising.
 - Recruitment is continuous with individuals able to sign up via the [Time to Talk Public Health Panel website](#) (opens in new window) at any time. Based on initial demographic screening, individuals are either recruited directly to the panel or invited to join a waiting list if the quota for their demographic profile is full.
 - During the delivery of each survey, additional targeted recruitment is undertaken through face-to-face interviews and social media advertising to increase sample representativeness as required.
 - From April 2025, panel members are invited to complete a survey every four months, either online or by telephone.
 - The data for this survey was collected between 1st October and 4th November 2025.
 - No financial incentives are provided for participation.
 - Due to the panel being partially self-selected and focused on public health topics, the sample may be affected by bias towards residents with greater interest in public health topics and healthcare issues. This should be considered when interpreting findings.
 - Further information on the methods of the survey is provided in the Appendix.
- A demographic breakdown of panel members who were invited to complete the survey and of the 1,418 participants who completed the survey in October 2025 is provided in the Appendix.
 - Unless stated otherwise, data are weighted to reflect national population demographics by age, sex and deprivation.
 - Please note: percentages in this report may not total 100% due to rounding.

- 1,418 participants took part in the October 2025 survey (2nd October to 4th November 2025).

Sources of health information

- 76% of people said they have looked for information to help them stay healthy and prevent them from becoming unwell in the last 12 months.
- The top three places these people looked for such information was:
 - Internet search (95%)
 - NHS website (91%)
 - Community health professionals (79%)

Health and well-being after pregnancy

- 58% of people think women should have a dedicated appointment arranged by the NHS to discuss their health and well-being after pregnancy, as opposed to having it as part of other routine appointments after pregnancy, or not at all.
- 83% of people think it would be appropriate for a healthcare professional to ask women about health and well-being issues related to after pregnancy during an appointment made for a different purpose.

Ageism

- Using the 15-item WHO Ageism scale to understand people's experience of ageism (across all ages of the participants), the average (composite mean) score was 2.11 (1=lowest to 5=highest).
- Experience of ageism was reported most by 16- to 29-year-olds (mean score 2.26) followed by those aged 70 and over (2.16). A U-shaped relationship by age was found.
- 43% of people said policies made by the government did not meet the needs of people their age.

Health policy

- 75% of people said they think it is 'very important' that every government policy in Wales considers the health and well-being of babies and children.
- 75% of people said they think it is 'very important' that policy ensures that homes rented from private landlords are maintained to a high standard.
- 64% of people said they think it is 'very important' that government invests money to ensure people can access support services that consider employment, finances and health together, to help people stay healthy and in work, or recover and return to work after illness.
- 46% of people said they think it is 'very important' that government shift a portion of the current health budget from treating poor health to prevention.

Public Health Wales

- To aid quality improvement by Public Health Wales, 61% of people think the themes of complaints received should be published at least quarterly, and 59% think compliments should be published at least quarterly.



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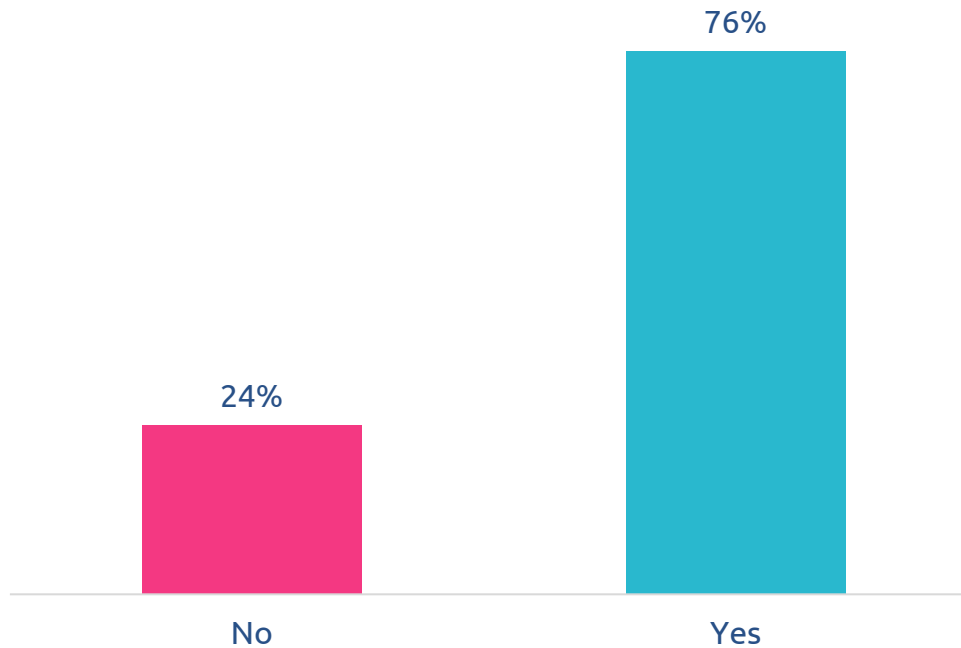
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Sources of health information

This section sought to understand where people in Wales look for health-related information to help them stay healthy and prevent them from becoming unwell.

Sources of health information

In the last 12 months, have you looked for information to help you stay healthy and prevent you from becoming unwell?



Prefer not to say: 1%

Sources of health information

Asked to those who had looked for health information in the past 12 months (n = 1,087; unweighted)

How often in the last 12 months have you looked for information from the following sources to help you stay healthy and prevent you from becoming unwell?

	Never	Occasionally	Often
An internet search	5%	44%	51%
NHS website	8%	54%	37%
Healthcare professionals at my GP surgery	23%	60%	17%
Other community health professionals (e.g. pharmacists, dentists, optometrists)	21%	64%	15%
Family, friends and colleagues	26%	59%	14%
Community and voluntary organisations (e.g. British Heart Foundation, Diabetes UK)	41%	46%	13%
Social media	51%	38%	11%
Health apps	51%	37%	11%
A podcast/audiobook/webinar	73%	19%	8%
Printed news	61%	33%	5%
Radio	80%	17%	3%

Prefer not to say for each statement: Less than 1%





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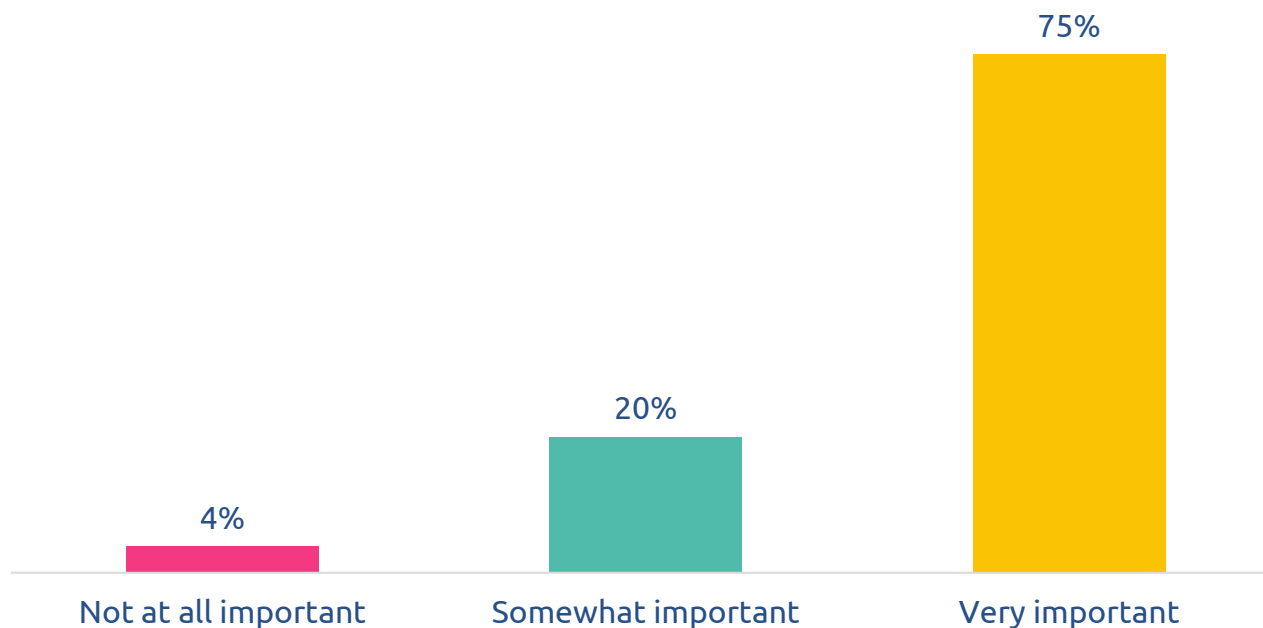
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Health policy

This section sought to understand people's views on what policy actions government could take to improve the health of people in Wales.

Health policy

How important, if at all, do you think it is that every government policy in Wales (e.g. housing, transport, agriculture) considers the health and well-being of babies and children?



Prefer not to say: Less than 1%

Health policy

All families living in disadvantaged areas of Wales are offered an additional health visiting and family support service. How do you think this additional family support service should be offered?

Based on how disadvantaged an area is, regardless of the needs of the family

5%

Based on the needs of the family (e.g. a specific health need or household income), regardless of where they live

43%

All families should receive equal access to the same health visiting and family support service, regardless of need and area where they live

52%

Prefer not to say: 1%

Health policy

How important, if at all, do you think it is that government delivers the following health-related policy actions in Wales?

	Not at all important	Somewhat important	Very important
Ensuring that homes rented from private landlords are maintained to a high standard	3%	21%	75%
Restricting price promotions on unhealthy foods (e.g. buy one get one free, meal deals)	31%	35%	33%
Shifting a portion of the current health budget from treating people in poor health to preventing people from becoming unwell	7%	44%	46%

Prefer not to say for each statement: Less than 2%

Health policy

How important, if at all, do you think it is that government invests money to deliver the following health-related policy actions in Wales?

	Not at all important	Somewhat important	Very important
Increasing the amount of good quality, affordable and stable social housing that is available to rent	3%	23%	73%
Ensuring people can access a support service that considers employment, finances and health together, to help them stay healthy and in work, or recover and return to work after illness	3%	33%	64%
Ensuring that publicly funded workplaces (e.g. schools, NHS, councils) take action to improve the health and financial well-being of staff	7%	35%	57%
Providing guidance and support to employers (public and private) so they can help employees stay healthy and in work, and recover and return to work after illness	6%	41%	52%
Protecting communities from the impacts of climate change (e.g. flooding, rising temperatures)	12%	38%	50%
Providing additional help to people who are more vulnerable to the impacts of climate change (e.g. those on lower income, with fewer community connections)	13%	40%	46%

Prefer not to say for each statement: Less than or equal to 1%





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Health and well-being after pregnancy

This section sought to explore how best to support women's health and well-being in the first year after pregnancy, whether this is following birth, miscarriage or other pregnancy outcomes.

Health and well-being after pregnancy

How much of a role, if any, do you think the following healthcare professionals should have in supporting women with their health and well-being in the first year after pregnancy?

	Don't know	None at all	A little	A lot
Midwives	7%	3%	21%	68%
Health visitors	6%	1%	11%	80%
GPs	5%	1%	25%	66%
Nurses at the GP surgery	6%	1%	23%	69%
Community pharmacists	9%	3%	48%	38%
Dentists	10%	9%	47%	32%
Allied health professionals (e.g. physiotherapists, dietitians)	10%	4%	44%	40%

Prefer not to say for each statement: Less than or equal to 2%

Health and well-being after pregnancy

When, if at all, do you think it would be best for healthcare professionals to have a general health and well-being conversation with women after pregnancy?

During a dedicated appointment arranged by the NHS to discuss the woman's health and well-being

58%

During child focused routine appointments (e.g. vaccines)

21%

During an appointment made by the woman for a specific issue she would like to discuss

14%

I do not think that healthcare professionals should have conversations with women about their health and well-being after pregnancy

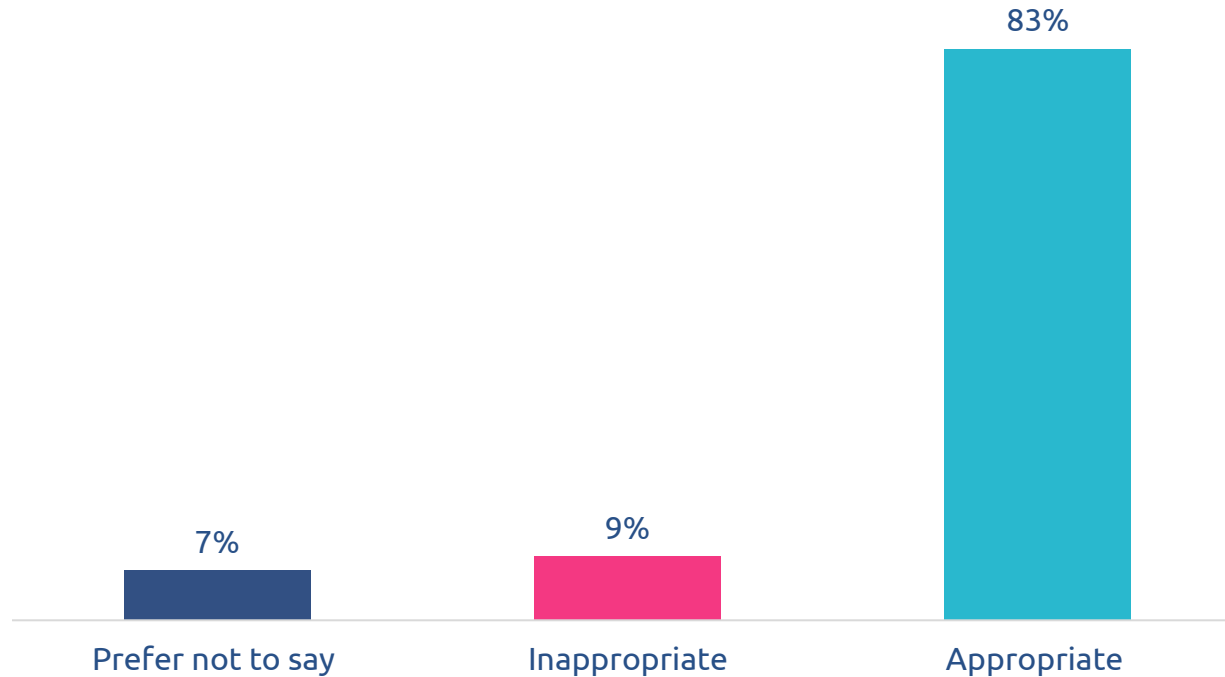
1%

Prefer not to say

6%

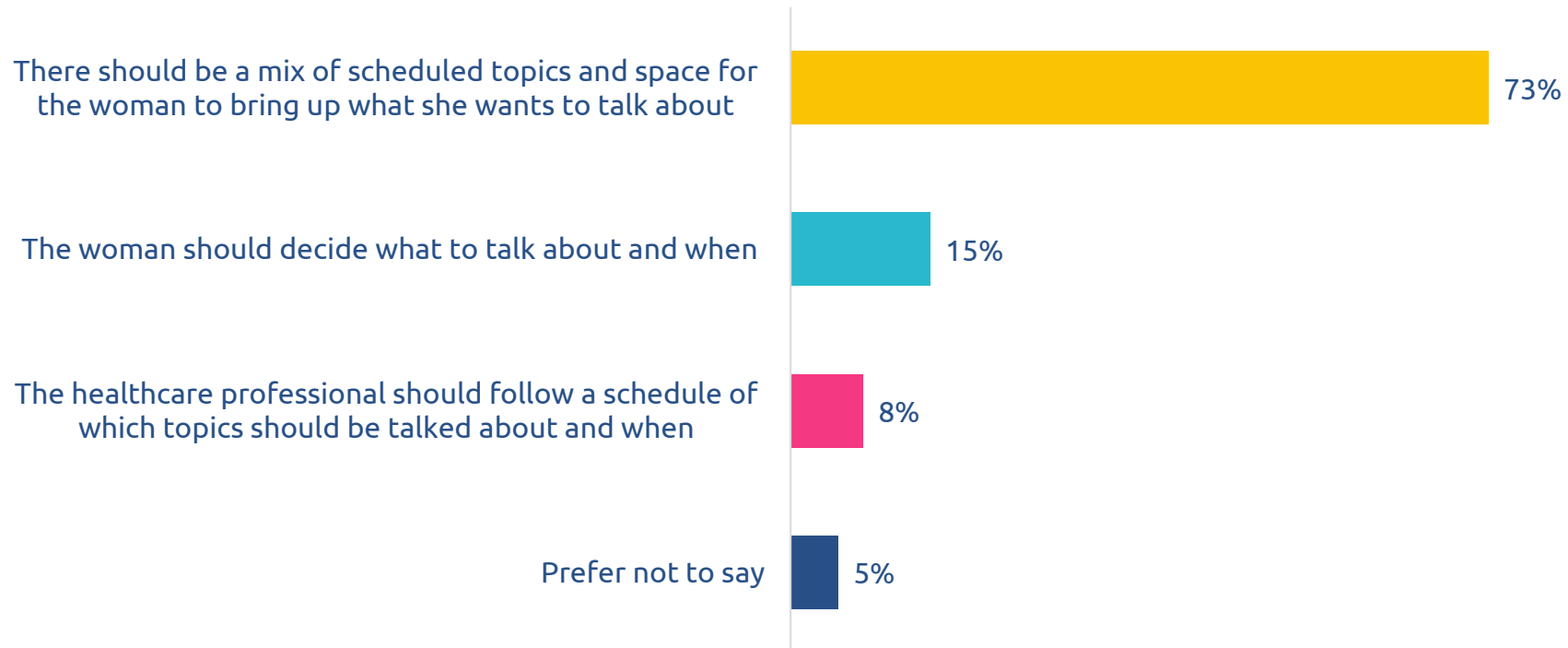
Health and well-being after pregnancy

If a woman attends a healthcare appointment after pregnancy that is not pregnancy related (e.g. for asthma), do you think it is appropriate or inappropriate for the healthcare professional to ask about other health and well-being issues related to after pregnancy?



Health and well-being after pregnancy

If healthcare professionals were to have health and well-being conversations with women after pregnancy, how do you think these conversations should happen?



Health and well-being after pregnancy

How important, if at all, do you think it is that the following topics are discussed with a woman in the year after pregnancy?

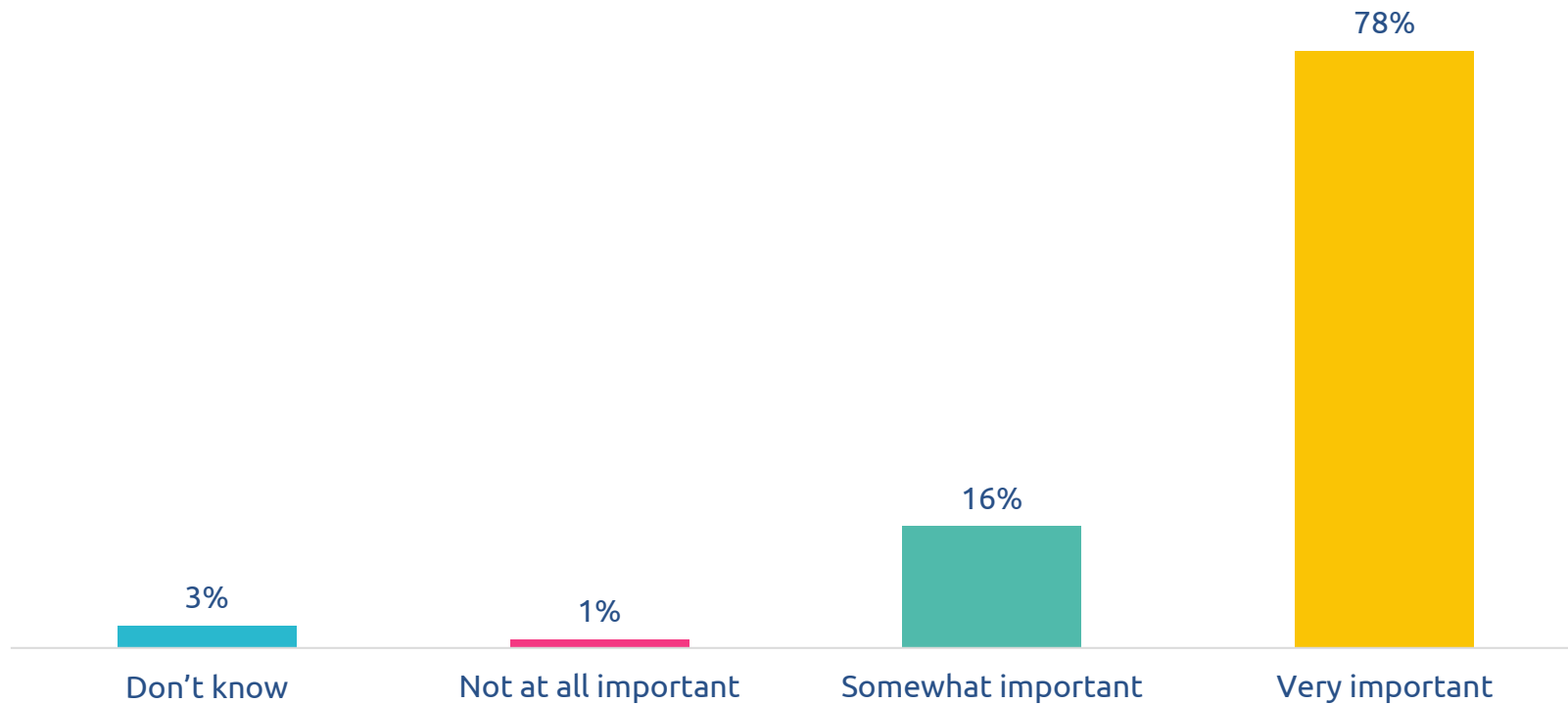
	Don't know	Not at all important	Somewhat important	Very important
Mental health and well-being (e.g. mood changes)	4%	1%	13%	79%
Physical health (e.g. back pain)	4%	1%	23%	69%
Healthy behaviours (e.g. physical activity, diet)	4%	3%	34%	56%
Social well-being (e.g. relationships)	5%	5%	32%	54%

Prefer not to say for each statement: Less than or equal to 3%



Health and well-being after pregnancy

How important, if at all, do you think it is that women receive support for their health and well-being in the first year after pregnancy?



Prefer not to say: 2%





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Ageism

This section sought to understand people's experience of ageism using the new World Health Organization (WHO) Ageism Scale (The WHO Ageism Scale). The WHO defines ageism as stereotypes (how we think), prejudice (how we feel), and discrimination (how we act) based on age. People were asked to respond to the 15 items in the Scale using a 5-point Likert scale (strongly agree to strongly disagree).

The section presents responses to each of the 15 items. It then presents the composite mean score for all items and for seven sub-theme ageism types. In line with WHO guidelines, when calculating composite mean scores, responses of don't know/not applicable and prefer not to say were treated as missing. Respondents were required to have answered a minimum of eight out of 15 items to be included in mean score analyses (10 people were excluded).

Reference: Manual and User Guide. Geneva, Switzerland: World Health Organization; 2025. License: CC BY-NC-SA 3.0 IGO

Ageism

To what extent do you agree or disagree with the following statements?

Ageism type	Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know or not applicable
Self-stereotypes	At my age, life has plenty of purpose	28%	42%	15%	9%	3%	1%
	I am a burden because of my age	1%	5%	9%	42%	39%	2%
Self-prejudice	I am embarrassed of my age	1%	4%	7%	42%	44%	1%
Self-discrimination	Due to my age, I limit my participation in discussions even when they are about things that affect me	1%	7%	9%	41%	41%	1%
	There are things I would like to do if I did not consider them inappropriate for my age group	3%	13%	13%	39%	30%	3%

Prefer not to say for each statement: Less than or equal to 1%



Ageism

To what extent do you agree or disagree with the following statements?

Ageism type	Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know or not applicable
Interpersonal stereotypes	Others think that I have nothing valuable to contribute to society because of my age	2%	10%	10%	39%	34%	5%
	Others think that at my age I am able to make decisions for myself	36%	43%	5%	8%	6%	2%
Interpersonal prejudice	Others feel frustrated with me due to my age	1%	7%	10%	41%	35%	5%
	Other people feel uncomfortable around me because of my age	1%	3%	7%	45%	39%	5%

Prefer not to say for each statement: Less than or equal to 1%



Ageism

To what extent do you agree or disagree with the following statements?

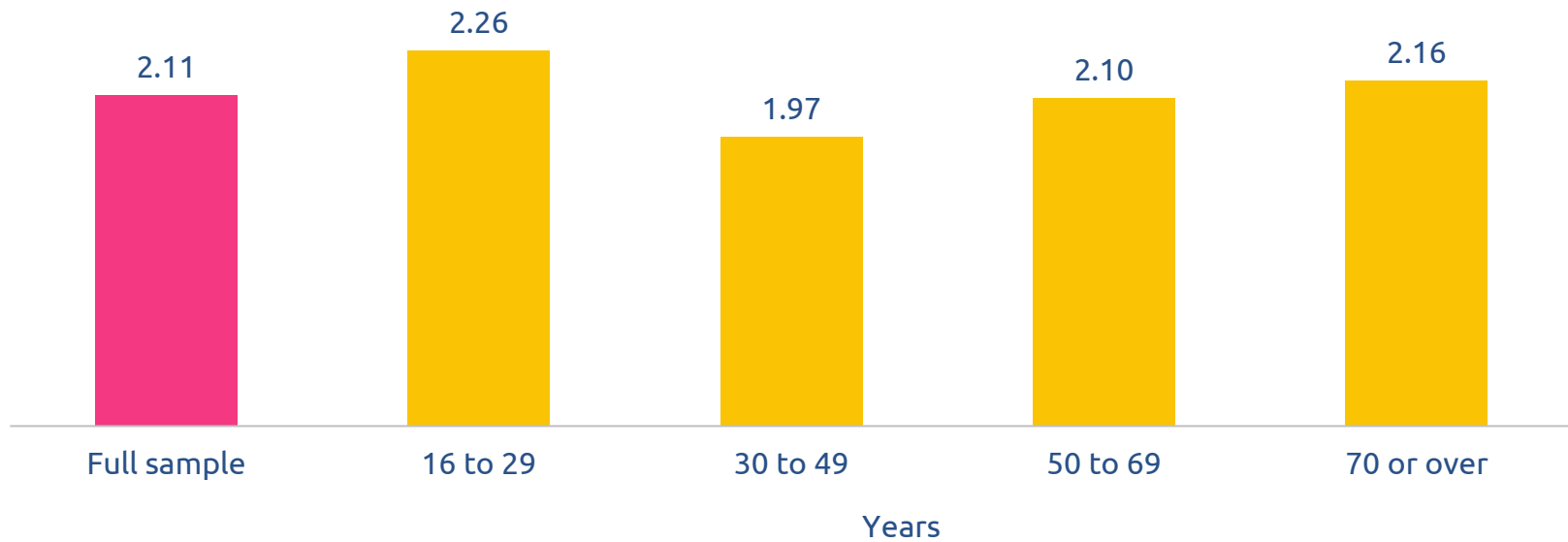
Ageism type	Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know or not applicable
Interpersonal discrimination	Due to my age, other people talk to me as if I need things simplified	1%	8%	9%	40%	40%	2%
	Others make decisions for me because of my age	1%	6%	5%	40%	45%	1%
	Due to my age, others make me feel excluded	1%	7%	8%	41%	40%	2%
Institutional discrimination	Policies made by the government (e.g. on housing, social security, healthcare) do not meet the needs of people my age	15%	28%	21%	17%	8%	10%
	People my age are portrayed positively in the media	2%	16%	35%	29%	11%	7%
	I have been turned down for an opportunity (e.g., a job or volunteering opportunity) that I was qualified for because of my age	2%	8%	8%	33%	22%	26%

Prefer not to say for each statement: Less than or equal to 1%



Ageism

Mean composite scores were calculated by summing responses to individual items and dividing these by the number of items answered by each participant (range 1-5) for the full sample and by age group.



Ageism

The ageism scale is constructed from seven sub-themes. Mean composite scores for each sub-theme were calculated for the full sample and by age group.

	Full sample	16-29 years	30-49 years	50-69 years	70 or more years
Institutional discrimination	3.00	3.07	2.67	3.02	3.28
Interpersonal stereotypes	2.03	2.24	1.85	2.01	2.08
Self-discrimination	2.02	2.28	1.93	1.99	1.92
Self-stereotypes	2.00	1.97	1.95	2.10	1.95
Interpersonal prejudice	1.85	1.91	1.72	1.84	1.98
Interpersonal discrimination	1.84	2.10	1.63	1.78	1.95
Self-prejudice	1.73	1.68	1.77	1.79	1.64





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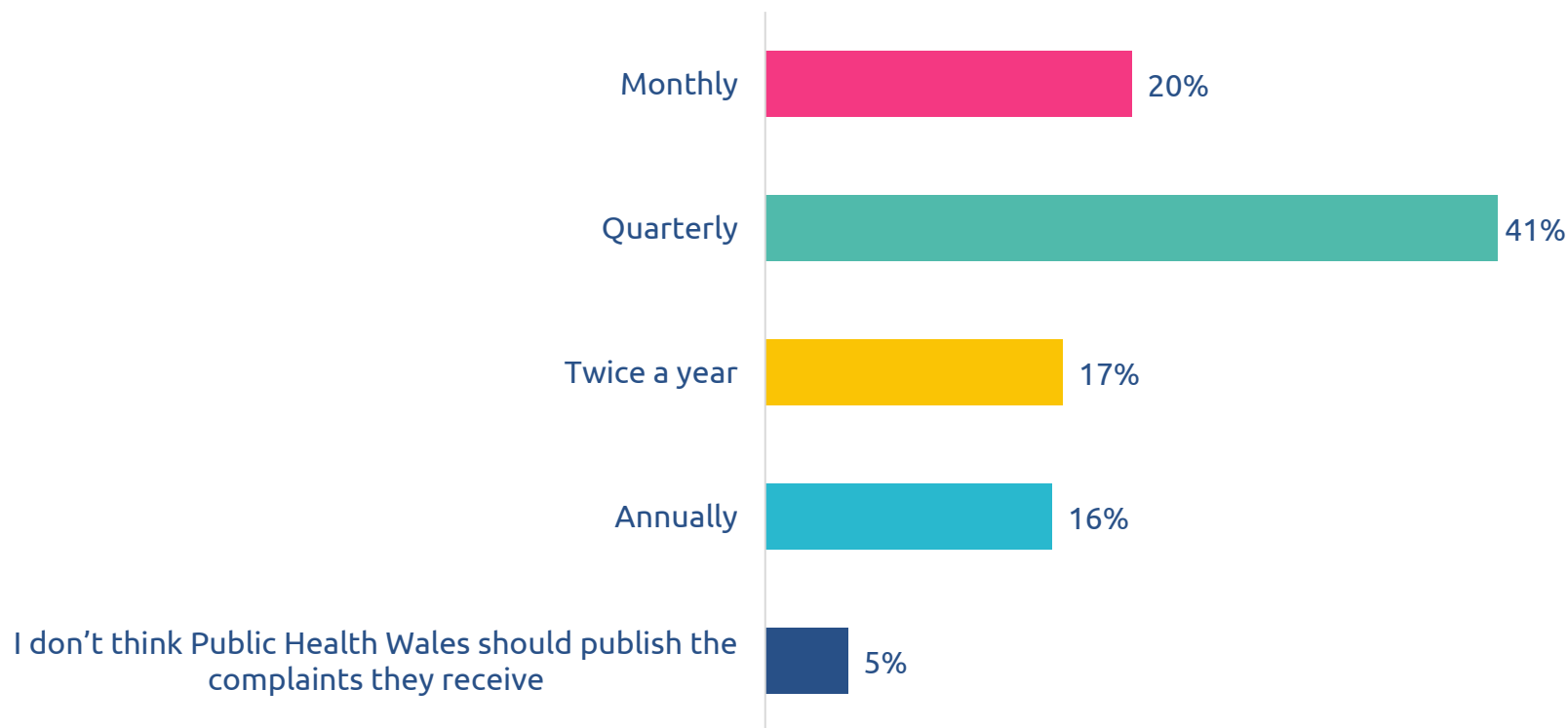
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Public Health Wales

Public Health Wales has an obligation under the Duty of Quality to continually improve the quality of the service it provides by making information about service quality readily and continuously available to the public. To support this duty, this section sought to understand the public's views on reporting of complaints and compliments.

Public Health Wales

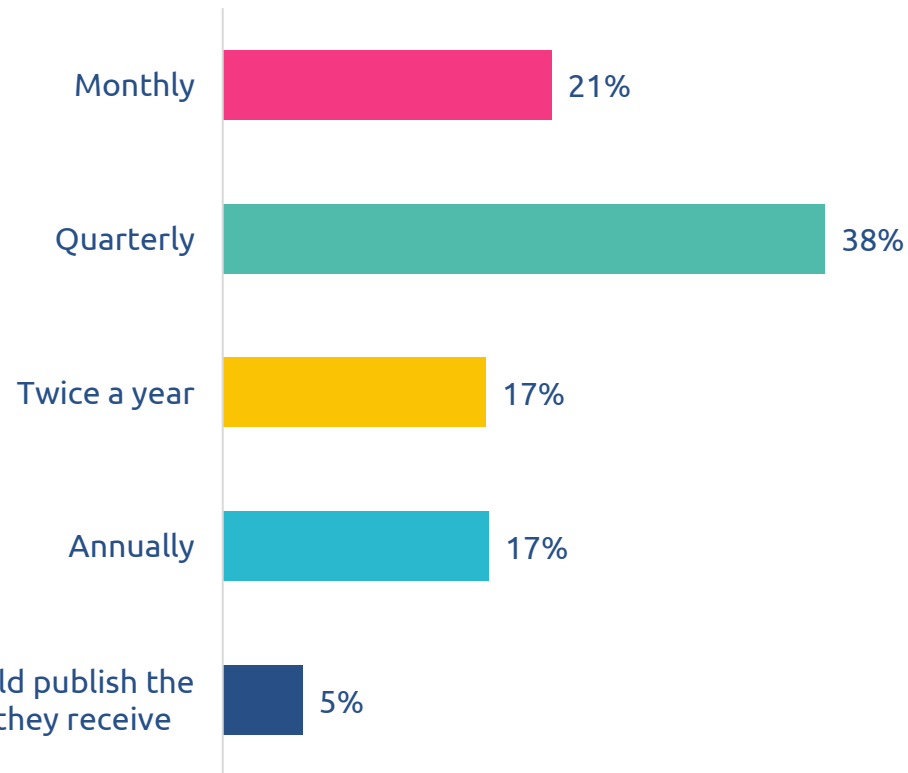
How often, if at all, do you think Public Health Wales should publish the themes of complaints they receive?



Prefer not to say: 2%

Public Health Wales

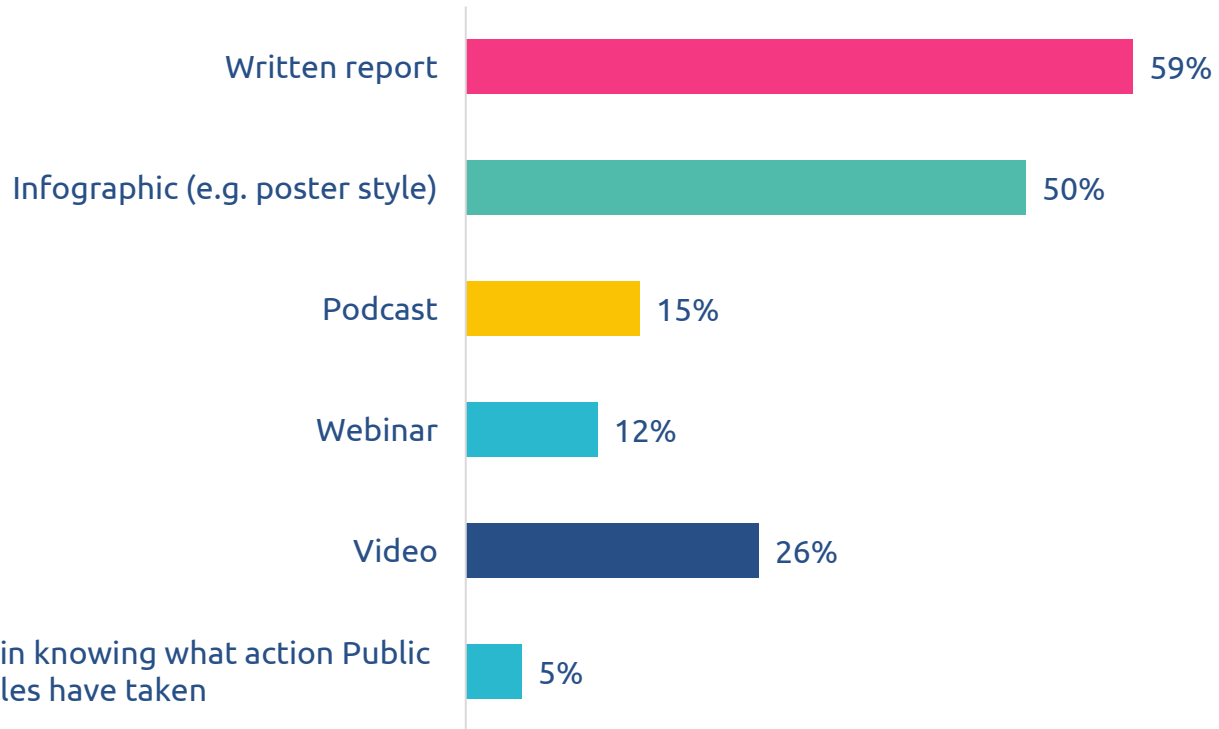
How often, if at all, do you think Public Health Wales should publish the compliments and positive feedback they receive?



Prefer not to say: 1%

Public Health Wales

Public Health Wales is required to report on what actions the organisation has taken to improve the quality of the services it provides. Through which of the following formats would you be interested in Public Health Wales reporting the action taken? (Select all that apply)



Prefer not to say: 3%

Want to be involved in Time to Talk Public Health?

Recruitment to Time to Talk Public Health is continuous as we want to speak with a broad range of individuals across Wales.

If you live in Wales and are aged 16+ years, this is your opportunity to be heard.

Want to learn more about how to live a healthy and prosperous life?

Want to find out how to help your community flourish?

Public Health Wales works to protect and improve health and well-being and reduce health inequalities for the people of Wales.



TalkPHWales.com



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Join the Group

How does the panel work?

Have your say!

What is public health?

Make a difference!



Project contributors

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Wider Project Support Acknowledgements:

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Questionnaire Development

The questions used in the October 2025 survey were developed in partnership with colleagues in Public Health Wales and Welsh Government.





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Appendix

Demographics

Methods



Demographics

		Population (16+ years)	Panel sample N = 3375		October 2025 survey sample N = 1418	
Sex	Male	49%	1983	59%	774	55%
	Female	51%	1363	40%	629	44%
	Other	-	29	<1%	15	1%
Age group (years)	16 to 29	20%	638	20%	180	13%
	30 to 49	29%	1262	37%	335	24%
	50 to 69	32%	906	27%	470	33%
	70 years or over	19%	569	17%	433	31%
Deprivation quintile	1 (Most)	19%	507	15%	221	16%
	2	19%	649	19%	259	18%
	3	21%	649	19%	275	19%
	4	21%	788	23%	327	23%
	5 (Least)	20%	782	23%	336	24%

Note. The panel sample numbers represent the breakdown of the people on the panel who were invited to take part in the October 2025 survey. Population data from [the ONS Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland \(Mid 2020\)](#) (opens in new window); Deprivation quintile data from [the Welsh Index of Multiple Deprivation \(2019\)](#) (opens in new window). Due to lack of participation in three consecutive surveys, 415 people were removed from the panel. This process was outlined to panel members in the joining material.

Demographics

		Population (16+ years)	Panel sample N = 3375		October 2025 survey sample N = 1418	
Ethnicity	White	95%	3249	96%	1363	96%
	Mixed/Multiple Ethnic Groups	1%	49	15%	7	0%
	Asian, Asian Welsh or Asian British	2%	10	<1%	6	0%
	Black, African, Caribbean, Black Welsh or Black British	1%	51	<1%	29	2%
	Other Ethnic Group	1%	9	<1%	8	1%
	Prefer not to say	-	7	<1%	5	0%
Health Board	Aneurin Bevan UHB	19%	620	18%	221	16%
	Betsi Cadwaladr UHB	22%	595	18%	310	22%
	Cardiff and Vale UHB	16%	650	19%	255	18%
	Cwm Taf Morgannwg UHB	14%	520	15%	201	14%
	Hywel Dda UHB	12%	476	14%	209	15%
	Powys Teaching HB	4%	132	3%	62	4%
	Swansea Bay UHB	12%	382	11%	160	11%

Note. [Population estimates by ethnicity](#) (opens in new window) retrieved from Stats Wales are for all ages due to data not being available for non-white residents aged 65+ years. [Population estimates by local health boards](#) (opens in new window) retrieved from Stats Wales. UHB: University Health Board; HB: Health Board.

Methods – Initial recruitment

- An initial target of 2,500 panel members was set in order to obtain a monthly survey sample of approximately 1,000 responses, with response rates to each survey estimated to be a maximum of 50%. To reach a range of individuals, three methods of recruitment were used:
 - Telephone
 - Social media
 - Face-to-face
- A professional market research company (DJS Research Limited) was procured to undertake recruitment and surveys.
- Telephone and face-to-face recruitment used stratified quota sampling. Quotas applied to:
 - Geography (Health Board)
 - Age
 - Sex
 - Deprivation quintile (Welsh Index of Multiple Deprivation)
- Social media targeting focused on demographic gaps in recruitment.
- Panel members completed an initial recruitment survey and are asked to complete a 15 to 20-minute survey quarterly. Quarterly surveys are undertaken online or by telephone, depending on participants' preference.
- Further methodological detail is available in the [project protocol](#) (opens in new window).

Methods – Survey delivery

- For each survey, all panel members are invited to complete the questionnaire through their method of choice (telephone or online). Panel members have three weeks to complete the survey. Within that timeframe, gaps in the demographic profile required to achieve a sample representative of the age, sex, ethnicity and deprivation profile of Wales are identified, and reminders to complete the survey are sent.
- The questionnaires include both single-response and multi-response questions (i.e. select all that apply). Where a question is multi-response but also contains an exclusive response option (meaning only that option can be selected), this is acknowledged on the graph or table.
- For each survey wave, to increase representation across the survey sample, around 100 face-to-face interviews are undertaken with targeted population groups. These individuals are invited to complete the survey and are then invited to join the panel. Thus, a proportion are one-off survey participants. In addition, social media advertising targeting specific population groups is conducted.

Participants (N = 1,418) who completed the October 2025 survey, were recruited via the following methods:

Recruitment method	n	%
Online	1119	79%
Telephone	167	12%
Face-to-face (panel)	87	6%
Face-to-face (one-off)	45	3%

Participants (N = 1,418) who completed the October 2025 survey, completed via the following methods:

Participation method	n	%
Online	1259	89%
Telephone	58	4%
Face-to-face	101	7%



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Gweithio gyda'n gilydd i
greu Cymru iachach

Working together for a
healthier Wales

