Prifysgol Bangor University

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Stay Well in Wales:

The public's views on public health

Findings from the nationally representative household survey

Appendix

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Appendix

Methodology

A representative target sample of 1,000 individuals (one per selected household) was set with **1,001 completed surveys** achieved. Welsh residents aged 16 years and over were recruited to voluntarily participate in the survey using a method of stratified random probability sampling. Lower Super Output Areas (LSOAs)*, Welsh Index of Multiple Deprivation (WIMD) and Local Health Boards (LHBs) were used to stratify the sample. The WIMD was used to designate each LSOA to a deprivation quintile. From within each LHB in Wales, a proportionate number of LSOAs across each deprivation quintile was randomly selected, and households were randomly selected from within each selected LSOA.

Households (N=3,041) were informed of the study by a bilingual letter inviting them to voluntarily participate or to opt out; 6% of households opted out at this stage. Less than a quarter (24%) of eligible households visited by interviewers declined to participate. Face-to-face interviews were conducted at participants' houses using a questionnaire delivered by professionally trained interviewers. All interviewers followed the Market Research Society (MRS) Code of Conduct. On completion of the interview, individuals were provided with a Public Health Wales thank you leaflet.

Sample demographics

The demographics of the study sample in comparison to the Welsh population[i] are shown in Table 1.

Table 1: Sample demographics and comparison with Welsh population (aged 16 years and over).

		Sample		Population	
		n	%	n	%
Age (Years)	16-29	136	13.6	560,649	22.0
	30-49	278	27.8	756,621	29.7
	50-69	338	33.8	797,440	31.4
	70+	249	24.9	429,087	16.9
Gender	Male	452	45.2	1,240,793	48.8
	Female	549	54.8	1,303,004	51.2
Deprivation quintile	1 (Least deprived)	205	20.5	512,687	20.2
	2	193	19.3	526,576	20.7
	3	209	20.9	530,196	20.8
	4	194	19.4	502,001	19.7
	5 (Most deprived)	200	20.0	472,337	18.6

[i] Population data obtained from Office for National Statistics, Lower Super Output Area population estimates mid-2015.

*An LSOA is a geographic area with approximately 1,500 residents (between 400-1,200 households).

Findings

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

This question asked participants how much they thought 26 public health issues contributed to poor health and well-being in the communities in which they live, work and socialise. The 26 issues are listed in Box 1 along with the abbreviations used in the boxes. Response options (and respective response scores) for this question were:

Not at all (1) | Just a little (2) | Moderately (3) | Quite a lot (4) | Very much (5)

Box 1: Full description and abbreviation of public health issues considered.

Full issue description	Abbreviation
Too few children being immunised against diseases	Child immunisation
Not enough screening to detect illnesses early in children	Screening - children
Not enough screening for illness that could be detected earlier in adults	Screening - adults
Difficulty accessing health care services	Health care access
People catching dangerous infections when in hospital	Hospital infections
Illnesses from poor food hygiene such as salmonella	Foodborne illnesses
Spread of infectious diseases like Flu or TB (Tuberculosis)	Infectious diseases
Spread of HIV/AIDS	HIV/AIDS
Risky sexual behaviour resulting in infections and unplanned pregnancies	Sexual behaviour
Unhealthy eating habits	Unhealthy eating
Physical inactivity	Physical inactivity
Alcohol misuse	Alcohol misuse
Smoking	Smoking
Drug abuse	Drug abuse
Injuries from road traffic incidents, fires and other hazards	Injuries
Violence and abuse	Violence
Fear of crime	Crime
Fear of terrorism	Terrorism
Impact and fear of disasters such as floods	Disasters
Air pollution	Air pollution
Climate change	Climate change
Lack of good quality and secure employment	Lack of employment
Social isolation and loneliness	Isolation
Poor quality housing	Housing
People being unable to afford healthy choices	Affordability
Problems due to poor parenting of children	Poor parenting

The 26 public health issues were ranked based on the sum of participants' response scores (with scores adjusted to national population demographics). The following boxes present the top 10 ranked public health issues overall and by demographic groups, with the figures in brackets showing the proportion that rated each factor as contributing *very much* or *quite a lot*.

General population

Behavioural issues were most commonly identified as important contributors to poor health and well-being, followed by **social isolation and loneliness** and **health care issues** (see Box 2). Thirteen issues were considered to be important contributors by more than half of people.

Box 2: Top 10 ranked public health issues overall. Figures in brackets show the proportion that rated each factor as contributing *very much* or *quite a lot.*

	All
1	Smoking (83%)
2	Drug abuse (76%)
3	Alcohol misuse (73%)
4	Physical inactivity (72%)
5	Unhealthy eating (71%)
6	Isolation (63%)
7	Poor parenting (58%)
8	Hospital infections (55%)
9	Screening – adults (52%)
10	Health care access (56%)

By gender

The same top 10 issues were identified by males and females, although there were some variations in rankings (see Box 3). **Physical inactivity** and **difficulty accessing health care services** ranked higher for males, and **alcohol misuse** and **people catching dangerous infections when in hospital** ranked higher for females. For females, all of the top 10 ranked issues were identified as high contributors (i.e. *very much* or *quite a lot*) by more than half of all females. For males, the top eight issues were considered high contributors by at least half of all males.

Box 3: Top 10 ranked public health issues, by gender. Figures in brackets show the proportion that rated each factor as contributing *very much* or *quite a lot.*

	Male	Female
1	Smoking (80%)	Smoking (85%)
2	Drug abuse (72%)	Drug abuse (79%)
3	Physical inactivity (70%)	Alcohol misuse (77%)
4	Alcohol misuse (68%)	Physical inactivity (73%)
5	Unhealthy eating (69%)	Unhealthy eating (74%)
6	Isolation (59%)	Isolation (67%)
7	Poor parenting (53%)	Poor parenting (62%)
8	Health care access (50%)	Hospital infections (61%)
9	Screening - adults (46%)	Screening - adults (57%)
10	Hospital infections (48%)	Health care access (61%)

By age

As shown in Box 4, **smoking** and **drug abuse** were ranked as the first and second greatest contributors to poor health and well-being for every age group, followed by **alcohol misuse**, **physical inactivity** and **unhealthy eating habits** across the next three ranks. **Social isolation and loneliness** was ranked sixth for all ages. **Problems due to poor parenting of children** ranked in the top 10 for all except 30-49 year olds, and **difficulty accessing health care services** and **not enough screening of adults for illness that could be detected early** for all except the youngest age group. **People catching dangerous infections when in hospital** ranked in the top 10 for those aged 50 and over; **violence and abuse** and **people being unable to afford healthy choices** for the two youngest age groups; and **risky sexual behaviour resulting in infections and unplanned pregnancies** for the youngest group. With the exception of **risky sexual behaviour resulting in infections and unplanned pregnancies** (for 16-29 year olds) all top 10 issues were rated as high contributors by over half of the relevant age category.

Box 4: Top 10 ranked public health issues, by age. Figures in brackets show the proportion that rated each factor as contributing *very much* or *quite a lot.*

	16-29 years	30-49 years	50-69 years	70+ years
1	Smoking (80%)	Smoking (82%)	Smoking (85%)	Smoking (83%)
2	Drug abuse (72%)	Drug abuse (74%)	Drug abuse (81%)	Drug abuse (75%)
3	Alcohol misuse (74%)	Physical inactivity (74%)	Alcohol misuse (74%)	Alcohol misuse (70%)
4	Unhealthy eating (66%)	Unhealthy eating (72%)	Physical inactivity (75%)	Physical inactivity (68%)
5	Physical inactivity (65%)	Alcohol misuse (72%)	Unhealthy eating (75%)	Unhealthy eating (70%)
6	Isolation (54%)	Isolation (63%)	Isolation (68%)	Isolation (65%)
7	Poor parenting (55%)	Screening - adults (52%)	Poor parenting (64%)	Poor parenting (57%)
8	Violence (53%)	Affordability (57%)	Health care access (64%)	Hospital infections (56%)
9	Affordability (54%)	Health care access (54%)	Hospital infections (61%)	Screening - adults (51%)
10	Sexual behaviour (49%)	Violence (53%)	Screening - adults (55%)	Health care access (58%)

By deprivation quintile

Drug abuse ranked as the greatest contributor to poor health and well-being in residents from the most deprived communities; the only instance where **smoking** was superseded (see Box 5). **Social isolation and loneliness** also entered the top five for more deprived individuals, and remained as the sixth issue for less deprived individuals. **Violence and abuse** was ranked sixth in the most deprived quintile. **Problems due to poor parenting of children**, **difficulty accessing health care services** and **not enough screening of adults for illness that could be detected early** ranked in the top 10 for all deprivation quintiles; and **people catching dangerous infections when in hospital** for all but those in the second most deprived quintile. **Lack of good quality and secure employment** was only ranked in the top 10 by the least deprived quintile; and **people being unable to afford healthy choices** only by the second most deprived quintile.

Box 5: Top 10 ranked public health issues, by deprivation quintile. Figures in brackets show the proportion that rated each factor as contributing *very much* or *quite a lot.*

	Least deprived Quintile 1	Quintile 2	Quintile 3	Quintile 4	Most deprived Quintile 5
1	Smoking (86%)	Smoking (83%)	Smoking (81%)	Smoking (85%)	Drug abuse (84%)
2	Drug abuse (75%)	Drug abuse (71%)	Drug abuse (70%)	Drug abuse (80%)	Smoking (80%)
3	Unhealthy eating (79%)	Unhealthy eating (75%)	Alcohol misuse (70%)	Alcohol misuse (73%)	Alcohol misuse (76%)
4	Alcohol misuse (80%)	Physical inactivity (77%)	Physical inactivity (69%)	Isolation (63%)	Physical inactivity (70%)
5	Physical inactivity (78%)	Alcohol misuse (65%)	Unhealthy eating (67%)	Unhealthy eating (68%)	Isolation (66%)
6	Isolation (68%)	Isolation (58%)	Isolation (59%)	Physical inactivity (64%)	Violence (65%)
7	Poor parenting (62%)	Poor parenting (57%)	Hospital infections (54%)	Health care access (62%)	Unhealthy eating (68%)
8	Screening – adults (53%)	Health care access (51%)	Health care access (54%)	Poor parenting (62%)	Screening – adults (58%)
9	Hospital infections (55%)	Hospital infections (48%)	Screening – adults (48%)	Screening – adults (56%)	Hospital infections (61%)
10	Lack of employment (53%)	Screening – adults (45%)	Poor parenting (49%)	Affordability (60%)	Poor parenting (61%)

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)

Participants' response scores were summed to rank issues in terms of perceived need for action; scores were adjusted to national population demographics. The following boxes present the top 10 issues identified overall and by demographic groups, with figures in brackets showing the proportion that rated each issue as *need to do more*.

General population

More than one in three people thought public services *need to do more* to tackle **social isolation and loneliness**; **difficulty accessing health care services;** and **drug abuse** (see Box 6). There were 15 issues where more than half of participants responded that more action was needed.

Box 6: Top 10 ranked public health issues which require more action overall. Figures in brackets show the proportion that rated each issue as *need to do more*.

	All
1	Isolation (69%)
2	Health care access (69%)
3	Drug abuse (68%)
4	Screening – adults (65%)
5	Hospital infections (63%)
6	Poor parenting (62%)
7	Screening – children (60%)
8	Lack of employment (59%)
9	Housing (57%)
10	Violence (57%)

By gender

The top four issues were the same for males and females, albeit in differing order as shown in Box 7. The top two issues were **difficulty accessing health care services** and **social isolation and loneliness**. Both genders believed greater action was required to address **people catching dangerous infections when in hospital**, **not enough screening to detect illnesses early in children** and **lack of good quality and secure employment**. **Problems due to poor parenting of children** ranked higher for males than for females, but a greater proportion of females believed more action was required. **Violence and abuse** was in the top 10 for males, and **people being unable to afford healthy choices** in the top 10 for females. For both males and females, more than 50% of respondents thought more needed to be done to address all of the top 10 ranked issues; a greater proportion of females reported more was need than males.

Box 7: Top 10 ranked public health issues which require more action, by gender. Figures in brackets show the proportion that rated each issue as *need to do more.*

	Male	Female
1	Health care access (66%)	Isolation (75%)
2	Isolation (63%)	Health care access (72%)
3	Drug abuse (65%)	Screening - adults (71%)
4	Screening - adults (59%)	Drug abuse (71%)
5	Poor parenting (59%)	Hospital infections (67%)
6	Hospital infections (58%)	Screening - children (65%)
7	Screening - children (56%)	Lack of employment (64%)
8	Lack of employment (55%)	Poor parenting (65%)
9	Violence (54%)	Affordability (62%)
10	Housing (55%)	Housing (60%)

By age

As shown in Box 8, there were differences between age groups as to which issues require more action. **Drug abuse** ranked top for young people and **social isolation and loneliness** for the oldest age group. **Social isolation and loneliness** was a priority area for all age groups, as was **not enough screening of adults for illness that could be detected early** and **not enough screening to detect illnesses early in children** also ranked within the top 10 for each age group. **Poor quality housing** was a high priority for 16-29 year olds, whilst the other three age groups ranked **difficulty accessing health care services** higher. **Violence and abuse** ranked in the top 10 for all but 30-49 year olds; **people catching dangerous infections when in hospital** for all but 16-29 year olds; and **people being unable to afford healthy choices** for the two younger age groups. **Air pollution** only appeared in the top 10 for 50-69 year olds. All top 10 issues were rated as needing more action by more than 50% of the cohorts; percentages tended to be higher among 50-69 year olds.

Box 8: Top 10 ranked public health issues which require more action, by age. Figures in brackets show the proportion that rated each issue as *need to do more*.

	16-29 years	30-49 years	50-69 years	70+ years
1	Drug abuse (65%)	Health care access (73%)	Health care access (78%)	Isolation (72%)
2	Screening - adults (62%)	Isolation (67%)	Isolation (75%)	Drug abuse (70%)
3	Isolation (61%)	Drug abuse (68%)	Hospital infections (72%)	Screening - adults (66%)
4	Housing (60%)	Screening - adults (61%)	Screening - adults (70%)	Health care access (66%)
5	Poor parenting (61%)	Affordability (60%)	Drug abuse (70%)	Hospital infections (63%)
6	Lack of employment (58%)	Hospital infections (59%)	Screening - children (66%)	Poor parenting (65%)
7	Screening - children (58%)	Poor parenting (59%)	Lack of employment (65%)	Lack of employment (56%)
8	Health care access (55%)	Screening - children (58%)	Violence (63%)	Screening - children (58%)
9	Violence (52%)	Housing (56%)	Poor parenting (64%)	Violence (56%)
10	Affordability (53%)	Lack of employment (56%)	Air pollution (59%)	Housing (56%)

By deprivation quintile

Rankings for issues that required more public services action varied by deprivation quintile (see Box 9), **although difficulty accessing health care services**, **social isolation and loneliness**, **drug abuse** and **not enough screening of adults for illness that could be detected early** ranked in the top five for all quintiles**. Problems due to poor parenting of children** ranked higher for respondents from the least deprived quintile; **people being unable to afford healthy choices** ranked higher among more deprived individuals; and **people catching dangerous infections when in hospital** ranked higher among those from the middle quintile. **Violence and abuse** ranked in the top 10 for both the least and most deprived quintile, and **lack of good quality and secure employment** for the middle three quintiles. For each deprivation quintile, more than 50% of respondents reported more action was required for all top 10 ranked issues.

Box 9: Top 10 ranked public health issues which require more action, by deprivation quintile.
Figures in brackets showing the proportion that rated each issue as *need to do more.*

	Least deprived Quintile 1	Quintile 2	Quintile 3	Quintile 4	Most deprived Quintile 5
1	Isolation (71%)	Health care access (71%)	Isolation (67%)	Health care access (74%)	Health care access (77%)
2	Drug abuse (68%)	Isolation (69%)	Hospital infections (65%)	Drug abuse (75%)	Isolation (74%)
3	Poor parenting (65%)	Drug abuse (64%)	Health care access (64%)	Screening – adults (70%)	Drug abuse (75%)
4	Health care access (61%)	Hospital infections (63%)	Screening – adults (61%)	Lack of employment (66%)	Screening – adults (71%)
5	Screening – adults (61%)	Lack of employment (62%)	Drug abuse (60%)	Isolation (66%)	Screening - children (70%)
6	Hospital infections (61%)	Screening – adults (62%)	Lack of employment (58%)	Affordability (64%)	Housing (69%)
7	Violence (59%)	Poor parenting (62%)	Screening - children (57%)	Screening – children (64%)	Affordability (69%)
8	Housing (59%)	Screening - children (57%)	Poor parenting (55%)	Hospital infections (61%)	Violence (68%)
9	Screening - children (55%)	Air pollution (53%)	Housing (53%)	Physical inactivity (60%)	Hospital infections (63%)
10	Affordability (52%)	Housing (51%)	Affordability (51%)	Poor parenting (62%)	Poor parenting (66%)

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 Box 10). Response options (with respective response scores) were:

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

Box 10: Full description and abbreviation of information sources considered.

Full source description	Abbreviation
Adverts for healthy foods and other products	Adverts
Leaflets/posters in healthcare settings	Leaflets
Speaking to pharmacist/chemist	Pharmacist/chemist
Speaking to a doctor or nurse	Doctor/nurse
Chatting with relatives, friends, colleagues	Chatting with peers
Magazines	Magazines
Local newspapers	Local newspapers
National newspapers	National newspapers
Medical and scientific journals	Scientific journals
Public Health Wales websites, campaigns, events	Public Health Wales
Internet discussion forums	Internet forums
NHS Direct Wales website	NHS Direct Wales
Health charity websites	Health charities
Local Authority or Council websites	Local Authority/Council
NHS websites	NHS websites
Facebook, Twitter or other social media	Social media
Internet searches (e.g. Google, YouTube, Wikipedia)	Internet searches
Health apps for smart phones or tablets	Health apps
Podcasts	Podcasts
Radio programmes on health issues	Radio health shows
Radio news	Radio news
TV chat shows like the One show	TV chat shows
TV health documentaries	TV health shows
TV news	TV news

Sources of health information were ranked based on the sum of participants' response scores and adjusted to population demographics. The figures in brackets show the proportion that accessed each source *often*.

General population

The majority of the highest ranked information sources involved traditional methods, such as **chatting with relatives, friends, colleagues, a doctor/nurse**, or **a pharmacist/chemist**. At least one in 10 individuals still obtaining information from **leaflets/posters provided in healthcare settings** (see Box 11).

Box 11: Top 10 ranked health information sources overall. Figures in brackets show the proportion that accessed each source *often*.

	All
1	Chatting with peers (36%)
2	Doctor/nurse (31%)
3	TV news (28%)
4	Internet searches (35%)
5	TV health shows (27%)
6	Pharmacist/chemist (20%)
7	Adverts (17%)
8	Leaflets (13%)
9	NHS websites (20%)
10	Social media (21%)

By gender

The top source for females was **chatting with relatives, friends and colleagues**; and the top source for males was **speaking to doctors/nurses**. Nine sources were in the top 10 for both genders (see Box 12). **Radio news** ranked in the top 10 for males but not females, and **social media** in the top 10 for females but not males. Both genders reported using **NHS websites**. For all sources of health information in the top ten, more females reported accessing them *often* than males.

Box 12: Top 10 ranked health information sources, by gender. Figures in brackets show the proportion that accessed each source *often*.

	Males	Females
1	Doctor/nurse (27%)	Chatting with peers (45%)
2	Chatting with peers (28%)	Doctor/nurse (35%)
3	TV news (22%)	Internet searches (39%)
4	Internet searches (30%)	TV news (28%)
5	TV health shows (23%)	TV health shows (30%)
6	Pharmacist/chemist (17%)	Pharmacist/chemist (23%)
7	Adverts (15%)	Adverts (19%)
8	Leaflets (10%)	NHS websites (25%)
9	NHS websites (14%)	Leaflets (16%)
10	Radio news (12%)	Social media (25%)

By age

There were some clear differences in the ranking of sources of health information by age group (see Box 13). **Internet searches** were the top source for 16-29 year olds and the second source for 30-49 year olds but were not in the top 10 for those aged 70+ years, for whom **speaking to doctors/nurses** was the top source. **Chatting with relatives, friends and colleagues**, **speaking to doctors/nurses** and **TV news** were important sources for all age groups. **Web-based sources** were commonly used by 16-29 year olds and 30-49 years, however, individuals aged 50+ years used **television** and **radio** more. **National newspapers** only ranked in the top 10 for those age 70+. **Adverts for healthy foods and other products** ranked similarly across all age groups.

Box 13: Top 10 ranked health information sources, by age. Figures in brackets show the proportion that accessed each source *often*.

	16-29 years	30-49 years	50-69 years	70+ years
1	Internet searches (51%)	Chatting with peers (44%)	Chatting with peers (33%)	Doctor/nurse (33%)
2	Chatting with peers (39%)	Internet searches (47%)	Doctor/nurse (29%)	Chatting with peers (25%)
3	Doctor/nurse (32%)	Doctor/nurse (31%)	TV news (24%)	TV news (23%)
4	Social media (36%)	TV news (27%)	TV health shows (28%)	TV health shows (24%)
5	TV news (25%)	TV health shows (28%)	Pharmacist/chemist (21%)	Pharmacist/chemist (19%)
6	NHS websites (31%)	NHS websites (33%)	Internet searches (25%)	National newspapers (13%)
7	Adverts (23%)	Social media (30%)	Adverts (15%)	Leaflets (6%)
8	Health apps (31%)	Adverts (22%)	Leaflets (12%)	Adverts (4%)
9	TV health shows (26%)	Pharmacist/chemist (19%)	TV chat shows (16%)	Radio news (12%)
10	Pharmacist/chemist (23%)	Leaflets (15%)	Radio news (12%)	TV chat shows (9%)

By deprivation quintile

There was little variation in the top sources of health information used by deprivation quintile (see Box 14). **Chatting with family, friends and colleagues** was the top source for all quintiles followed by **speaking to doctors/nurses**. **Internet searches**, **TV news** and **TV health documentaries** ranked third to fifth for all groups. **Social media** ranked in the top 10 for the three more deprived quintiles, whilst the two least deprivation quintiles use **radio news**. **NHS websites** ranked in the top 10 for all but the second most deprived quintile.

Box 14: Top 10 ranked health information sources, by deprivation quintile. Figures in brackets show the proportion that accessed each source *often*.

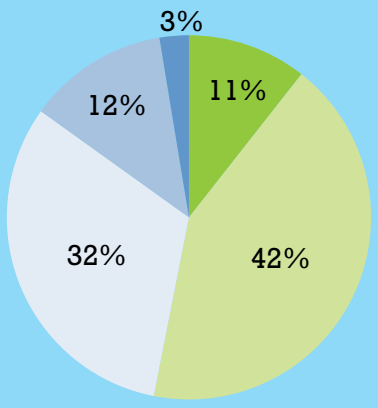
	Least deprived Quintile 1	Quintile 2	Quintile 3	Quintile 4	Most deprived Quintile 5
1	Chatting with peers (35%)	Chatting with peers (36%)	Chatting with peers (33%)	Chatting with peers (39%)	Chatting with peers (38%)
2	Doctor/nurse (30%)	Doctor/nurse (33%)	Doctor/nurse (28%)	Doctor/nurse (35%)	Doctor/nurse (29%)
3	TV health shows (33%)	Internet searches (44%)	TV news (25%)	TV news (24%)	TV health shows (22%)
4	TV news (24%)	TV news (32%)	Internet searches (35%)	Internet searches (34%)	TV news (19%)
5	Internet searches (35%)	TV health shows (33%)	TV health shows (23%)	TV health shows (22%)	Internet searches (26%)
6	Pharmacist/ chemist (22%)	Pharmacist/ chemist (21%)	Pharmacist/ chemist (24%)	Adverts (20%)	Adverts (20%)
7	Adverts (21%)	NHS websites (26%)	Adverts (12%)	Pharmacist/ chemist (17%)	Pharmacist/ chemist (19%)
8	Leaflets (16%)	Leaflets (14%)	NHS websites (17%)	Social media (25%)	Leaflets (11%)
9	NHS websites (23%)	TV chat shows (20%)	Social media (19%)	Leaflets (13%)	Social media (19%)
10	Radio news (16%)	Radio news (18%)	Leaflets (9%)	Radio news (17%)	NHS websites (16%)

The Welsh public's position on public health priorities

The following figures show the breakdown of participants' responses to the 19 public health priorities investigated. Differences between demographic groups were explored using logistic regression with responses grouped into those who *agreed* (*strongly agree* and *agree*) and *disagreed/no opinion* (*strongly disagree*, *disagree*, and *neither agree nor disagree*) for each issue. Statistically significant differences by age, gender and deprivation quintile are identified.

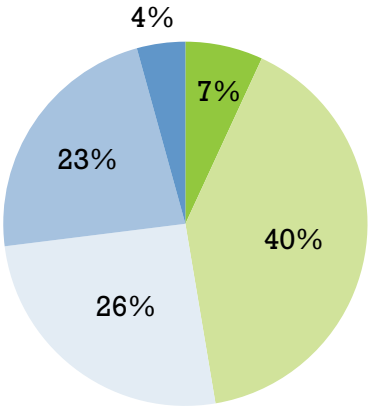
Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly disagree

The NHS should spend less on treating illness and more on preventing it.



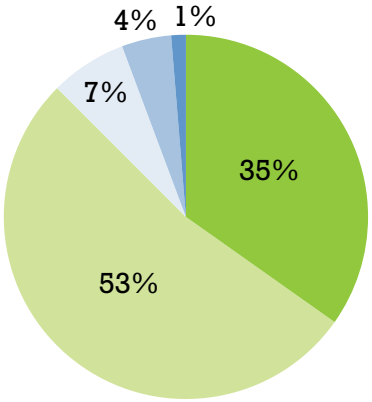
No significant differences in agreement by gender, age, or deprivation.

I would like more public information campaigns on how to live a healthier life.



No significant differences in agreement by gender, age, or deprivation.

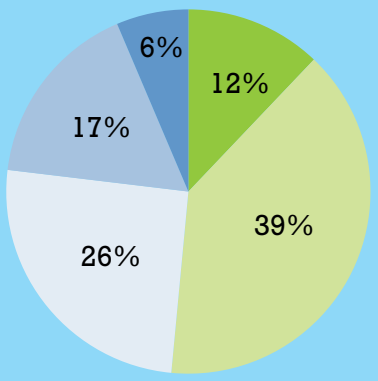
Schools should teach children more about how to live a healthy life.



Most likely to agree
Gender: Males
Least likely to agree
Gender: Females

No significant differences in agreement by age or deprivation.

Parents should be given professional advice on how to raise their children well.

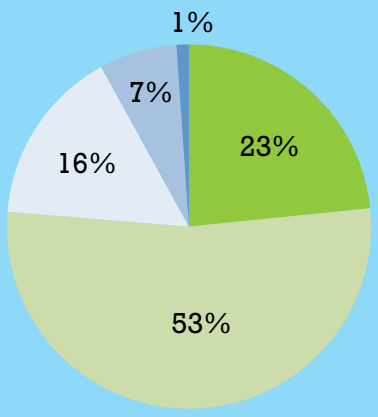


Most likely to agree
Gender: Males
Least likely to agree
Gender: Females

No significant differences in agreement by age or deprivation.

Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly disagree

Employers should do more to look after their workers' health.

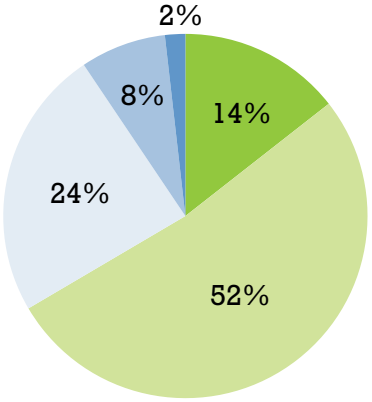


Most likely to agree
Deprivation: Most deprived quintile

Least likely to agree
Deprivation: Least deprived quintile

No significant differences in agreement by gender or age.

Companies and individuals should be made to adopt behaviours to reduce climate change.

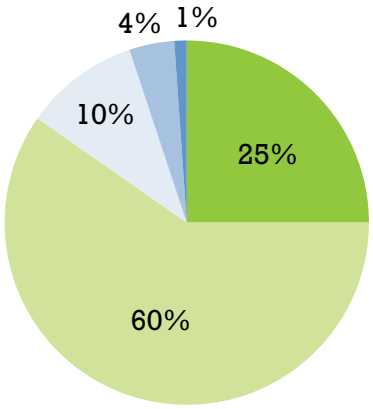


Most likely to agree
Age: 30-49 years

Least likely to agree
Age: 70+ years

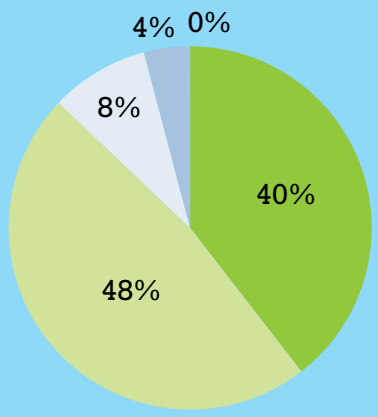
No significant differences in agreement by gender or deprivation.

Generally, I feel optimistic about life.



No significant differences in agreement by gender, age, or deprivation.

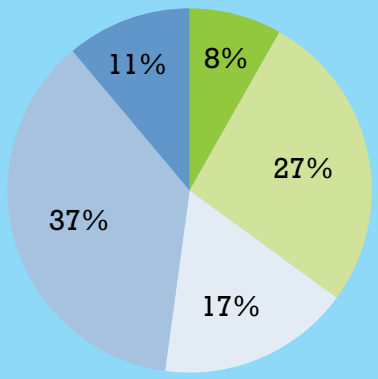
A safe and loving childhood is essential to becoming a healthy adult.



No significant differences in agreement by gender, age, or deprivation.

Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly disagree

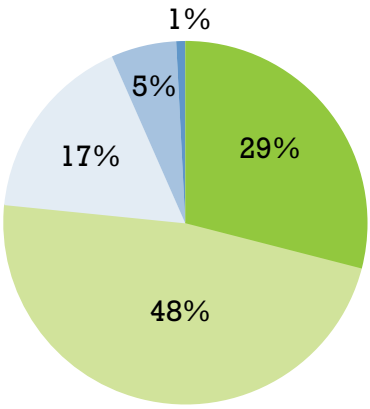
I worry when I visit hospital that I might pick up an infection.



Most likely to agree
Age: 50-69 years
Least likely to agree
Age: 16-29 years

No significant differences in agreement by gender or deprivation.

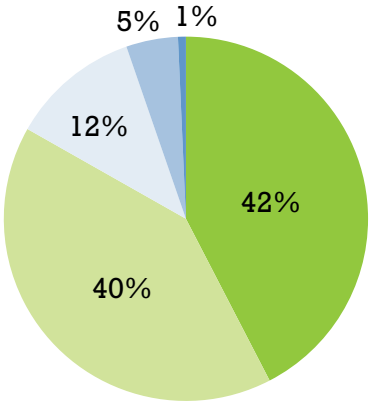
People should keep themselves healthy, it's not the job of public services.



Most likely to agree
Age: 70+ years
Least likely to agree
Age: 16-29 years

No significant differences in agreement by gender or deprivation.

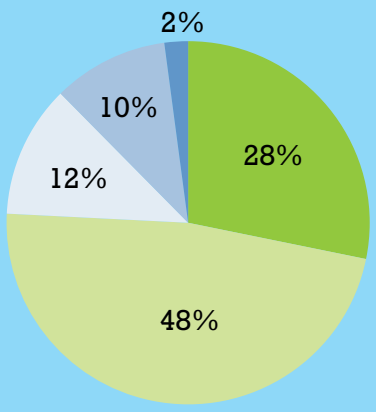
Healthy foods should cost a bit less and unhealthy foods a bit more.



Most likely to agree
Gender: Females
Deprivation: 2nd least deprived quintile
Least likely to agree
Gender: Males
Deprivation: 3rd least deprived quintile

No significant difference in agreement by age.

I support 20mph speed limits where they will reduce road traffic injuries.

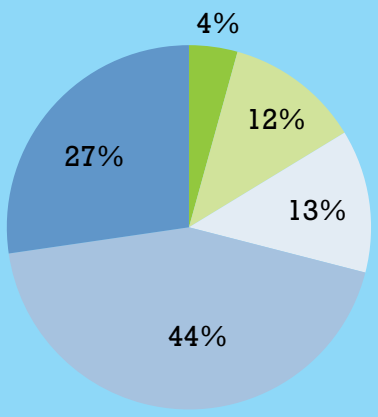


Most likely to agree
Gender: Females
Age: 70+ years
Least likely to agree
Gender: Males
Age: 16-29 years

No significant difference in agreement by deprivation.

Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly disagree

I often feel isolated in my local community.

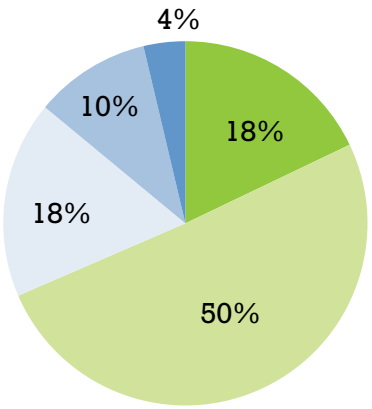


Most likely to agree
Gender: Females
Deprivation: 2nd most deprived quintile

Least likely to agree
Gender: Males
Deprivation: Least deprived quintile

No significant difference in agreement by age.

I am confident that if I got ill the NHS would meet my health care needs.

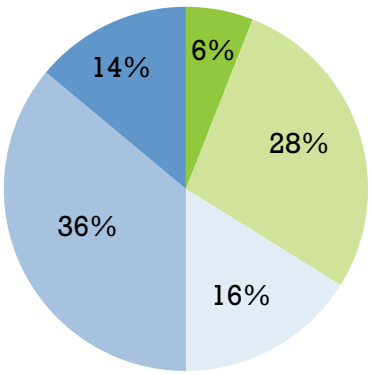


Most likely to agree
Gender: Males
Age: 70+ years

Least likely to agree
Gender: Females
Age: 50-69 years

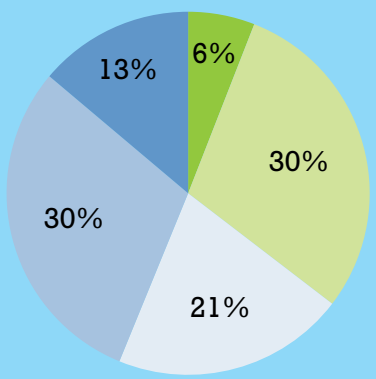
No significant difference in agreement by deprivation.

When I see my GP they usually talk to me about how to live a healthier life.



No significant differences in agreement by gender, age, or deprivation.

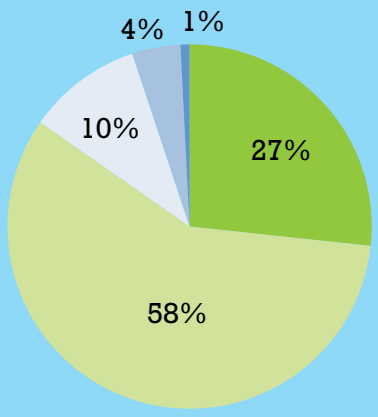
When I speak with health professionals like nurses and pharmacists they advise me on living a healthier life.



No significant differences in agreement by gender, age, or deprivation.

Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly disagree

I feel safe and secure in my local community.

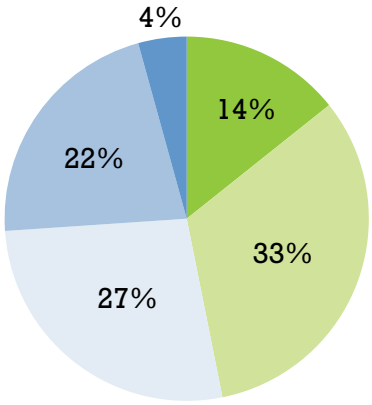


Most likely to agree
Age: 70+ years
Deprivation: 2nd least deprived quintile

Least likely to agree
Age: 16-29 years
Deprivation: Most deprived quintile

No significant difference in agreement by gender.

Advertising of alcohol should be banned to reduce alcohol problems.

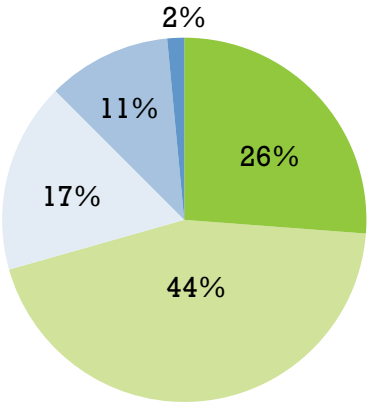


Most likely to agree
Gender: Females
Age: 30-49 years

Least likely to agree
Gender: Males
Age: 16-29 years

No significant difference in agreement by deprivation.

Advertising of unhealthy foods to children should be banned to reduce childhood obesity.



Most likely to agree
Gender: Females
Age: 50-69 years

Least likely to agree
Gender: Males
Age: 16-29 years

No significant difference in agreement by deprivation.

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