

Amser i Siarad  
Iechyd Cyhoeddus  
*Cymru*

Time to Talk  
Public Health  
*Wales*



## Time to Talk Public Health

February - March 2023 Panel Survey Findings  
Report 2

Published: June 2023



# Background

- **Time to Talk Public Health** is a nationally representative panel of Welsh residents aged 16+ years established by Public Health Wales to enable regular public engagement to inform public health policy and practice.
- Panel members are invited to participate in regular surveys and provide insight into key public health issues.
- In April we published a report presenting findings from the February - March 2023 survey which focused on screening, sustainability, campaigns and current concerns. This second report from the February - March 2023 survey is focused on findings relating to food environments and healthy weight.
- Unless stated otherwise, data were weighted to reflect national population demographics. Appendix 1 provides a demographic breakdown of all panel members who were invited to complete the survey, the demographic breakdown of the 1,007 participants who completed the survey, and a summary of the project methods.
- We are very grateful to the residents of Wales who have given their valuable time to participate in the panel.



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# Food Environments

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Restaurants should be required to give information on the calorie content of foods so that people can make an informed choice when eating out	22%	36%	19%	15%	7%
Takeaways should be required to give information on the calorie content of foods so that people can make an informed choice when ordering	26%	37%	17%	14%	5%
Governments should use financial tools such as taxes for products with high levels of added sugar, to help reduce the amount of sugar added to the food we buy	20%	37%	13%	21%	8%
Governments should use financial tools to reduce the price of healthier foods such as fresh fruit and vegetables	43%	40%	9%	5%	2%
There should be restrictions on sponsorship of sporting events and teams by companies that market unhealthy food	27%	36%	18%	14%	5%

\*Prefer not to say: 1% for all statements

# Food Environments

**To what extent do you agree or disagree with the following statements about factors that influence children’s eating behaviours?\***

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Planning laws should be used to restrict the number of fast-food restaurants near schools	24%	39%	19%	13%	4%
Planning laws should be used to restrict the number of unhealthy food takeaways and shops near schools	22%	38%	18%	16%	4%
Governments should apply age restrictions for buying food and drinks that are labelled as not suitable for children (such as energy drinks that contain high levels of caffeine and sugar)	38%	44%	9%	6%	2%
Advertising of unhealthy food and drinks to children should be banned	30%	40%	18%	10%	2%
Healthy drink options, such as water or milk, should be the default option for children’s meal deal offers	32%	49%	11%	6%	2%

\*Prefer not to say: ≤1% for all statements

## To what extent do you agree or disagree with the following statements about factors that influence children’s eating behaviours?\*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Food provided in schools should set a good example to children and young people of a healthy varied diet	53%	41%	4%	2%	1%
Free universal healthy breakfast and lunch programmes should be in place in schools	42%	38%	10%	7%	2%
Nutritional standards should be used to ensure that food in schools is healthy	46%	49%	3%	1%	1%

\*Prefer not to say: 1% for all statements

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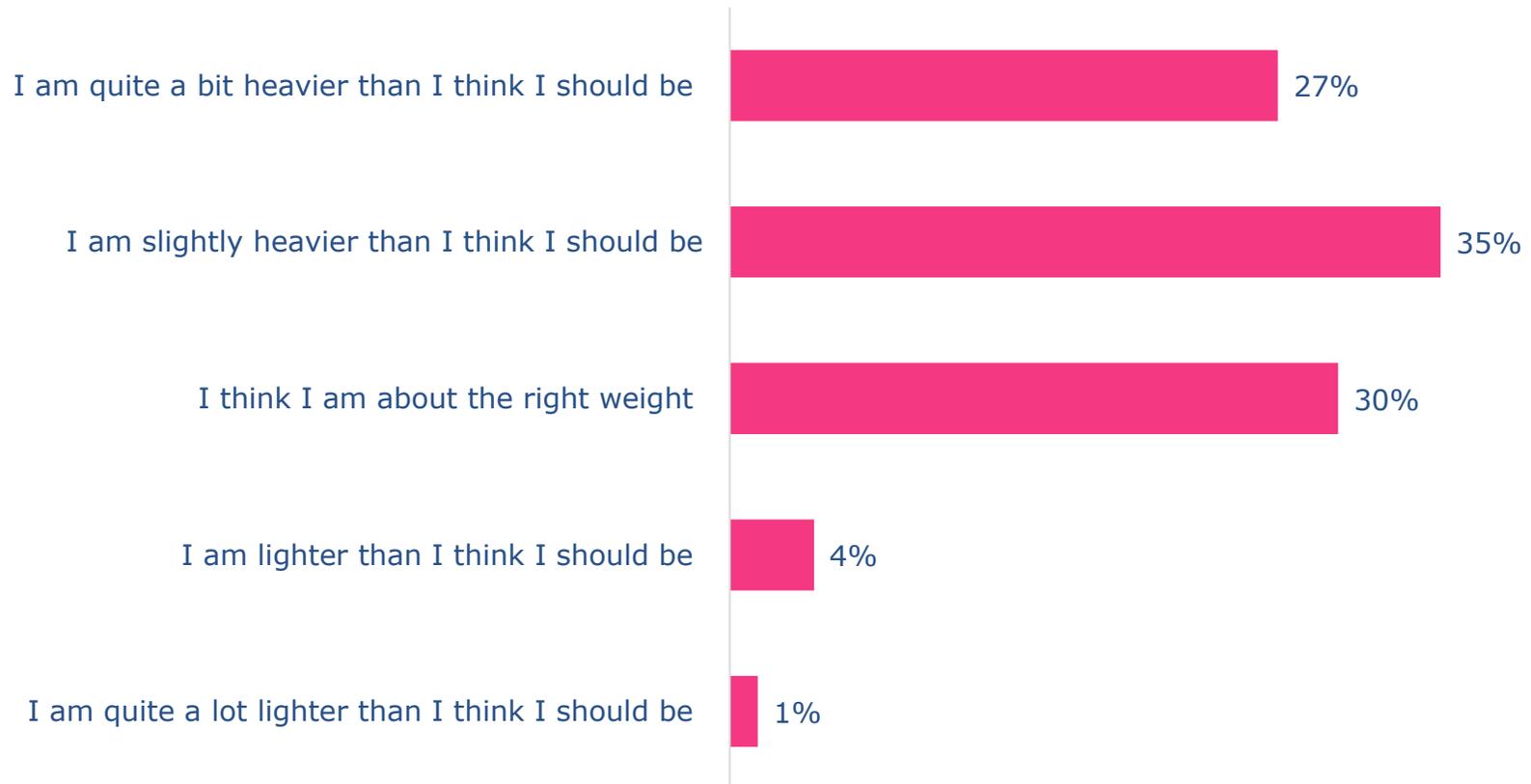


# Healthy Weight

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# Healthy Weight

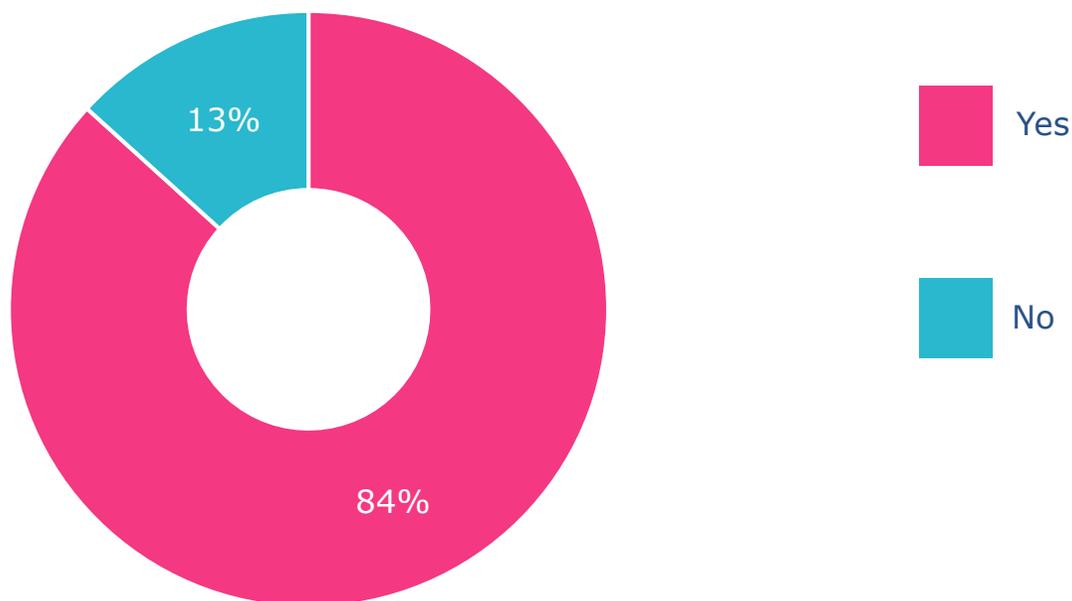
## How would you assess your current weight?\*



\*Prefer not to say: 1%

# Healthy Weight

Do you intend to take any action within the next 12 months to achieve or maintain a healthy weight? \* ^

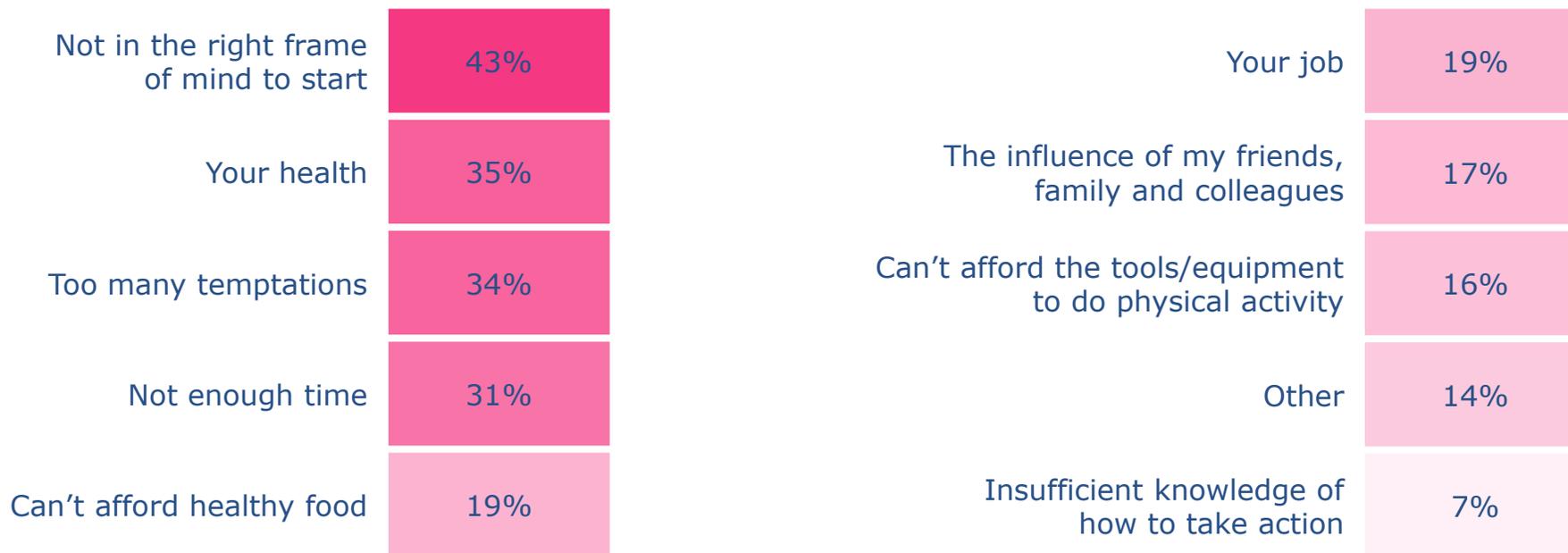


\*Unweighted data, the question was not asked to the 52 people who reported being lighter than they think they should be

^Prefer not to say: 3%

# Healthy Weight

Which of the following, if any, might stop you taking action to achieve or maintain a healthy weight (select all that apply)?\*^



\*Unweighted data, the question was not asked to the 52 people who reported being lighter than they think they should be

^Prefer not to say: 2%

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## Want to be involved in the Panel?

Recruitment to the Time to Talk Public Health Panel 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.

 [TalkPHWales.com](http://TalkPHWales.com)

 **01663 761976**

 [TalkPHWales@wales.nhs.uk](mailto:TalkPHWales@wales.nhs.uk)

Join the  
panel

How does  
the panel  
work?

Have  
your say!

What is  
public  
health?

Make a  
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**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.**



**Project Team:** Dr Catherine Sharp | Prof Karen Hughes



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# Appendix

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Demographics – Panel and Sample  
Methods

# Panel Sample Demographics

		Panel Sample N=2,555		Survey Sample N=1,007		Population*
Gender*	Male	882	35%	332	33%	49%
	Female	1639	64%	666	66%	51%
	Other	34	1%	9	1%	- \$
Age group (years)*	16-29	387	15%	122~	12%	21%
	30-49	921	36%	294	29%	29%
	50-69	833	33%	396	39%	31%
	70+	414	16%	195	19%	19%
Deprivation quintile <sup>^</sup>	1 (Most)	451	18%	158	16%	19%
	2	496	19%	203	20%	20%
	3	522	20%	205	20%	21%
	4	529	21%	209	21%	21%
	5 (Least)	557	21%	232	23%	20%

\*Age 16+ Population equivalents from: ONS. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. Mid 2020. [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland); <sup>^</sup>Welsh Index of Multiple Deprivation 2019 <https://www.gov.wales/welsh-index-multiple-deprivation-full-index-update-ranks-2019>; \$Data not available. ~41 respondents aged 16-29 completed the survey and were invited to join the panel, whilst they have been included in the panel sample numbers, their recruitment to the panel is pending.

# Panel Sample Demographics

		Panel Sample N=2,555		Survey Sample N=1,007		Population*
Ethnicity <sup>^</sup>	White	2451	96%	972	97%	95%
	Mixed/Multiple Ethnic Groups	18	1%	12	1%	1%
	Asian, Asian Welsh or Asian British	36	1%	10	1%	2%
	Black, African, Caribbean, Black Welsh or Black British	16	1%	1	<1%	1%
	Other Ethnic Group	15	1%	6	1%	1%
	Prefer not to say	9	<1%	6	1%	- \$
Health Board <sup>#</sup>	Aneurin Bevan UHB	418	16%	177	18%	19%
	Betsi Cadwaladr UHB	581	23%	211	21%	22%
	Cardiff and Vale UHB	438	17%	180	18%	16%
	Cwm Taf Morgannwg UHB	338	13%	123	12%	14%
	Hywel Dda UHB	337	13%	141	14%	12%
	Powys Teaching HB	121	5%	48	5%	4%
	Swansea Bay UHB	322	13%	127	13%	12%

\*16+ years; ^Population ethnicity estimates are for all ages due to data not being available for non-White residents aged 65+; Stats Wales, [stats.wales.gov.wales/Catalogue/Equality-and-Diversity/Ethnicity](https://stats.wales.gov.wales/Catalogue/Equality-and-Diversity/Ethnicity); \$Data not available. #Population estimates for ages 16+; Stats Wales, [stats.wales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates/Local-Health-Boards/populationestimates-by-lhb-age](https://stats.wales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates/Local-Health-Boards/populationestimates-by-lhb-age); UHB – University Health Board.

- An initial target of 2,500 panel members was set in order to obtain approximately 1,000 responses per survey sample, with response rates to the surveys 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 the surveys.
- Telephone and face-to-face recruitment used stratified quota sampling. Quotas applied to:
  - Geography (Health Board)
  - Age
  - Sex
  - Deprivation quintile (WIMD\*)
- Social media targeting focused on demographic gaps in recruitment.
- Panel members completed an initial recruitment survey and are asked to complete a 15-20 minute survey every other month. Alternate month surveys are undertaken online or by telephone, depending on participants' preference.

\*Welsh Index of Multiple Deprivation.

Further methodological detail is available in the [project protocol](#).

# Methods – Alternate Month Survey

- For each survey, all panel members are invited through their method of choice (telephone or online) to complete the questionnaire. Panel members have three weeks to complete the survey. Within that timeframe, gaps in the demographic profile to achieve a nationally represented sample are identified, and reminders to complete the survey are sent.
- To increase the representation of the seldom heard from groups, up to 100 face-to-face interviews are conducted per survey wave with pre-determined groups. These individuals are invited to complete the survey and then join the panel.
- Participants (N=1,007) who completed the February/March survey, completed via the following methods:

Participation Method	n	%
Online	788	78%
Telephone	178	18%
Face-to-face	41	4%