

Amser i Siarad  
Iechyd Cyhoeddus  
*Cymru*

Time to Talk  
Public Health  
*Wales*



# Time to Talk Public Health

**May 2024 Panel Survey Findings:**

Carbon Monoxide; Vaccines; Infections; and Health Stigma

Published: July 2024



- **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 May 2024 Survey covering:
  - **Carbon monoxide**
  - **Vaccines**
  - **Infections**
  - **Health stigma**
- We are very grateful to the residents of Wales who have given their valuable time to participate in the panel.



- Initial recruitment to the Time to Talk Public Health Panel (Nov 2022-Jan 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 2023-March 2024, panel members were invited to complete a survey every two months, either online or by telephone. From April 2024, surveys are being conducted quarterly.
  - 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 1,243 participants who completed the survey in May 2024 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.

- 1,243 participants took part in the May 2024 survey (6<sup>th</sup> May – 4<sup>th</sup> June 2024).

## Carbon monoxide

- Most people perceive themselves to be knowledgeable about carbon monoxide poisoning (13% very; 59% fairly).
- 77% of people said they have a carbon monoxide alarm in their home, of whom 30% said they checked their alarm at least monthly. This equates to only 22% of all people having a carbon monoxide alarm that is regularly checked.
- 84% of people reported knowing that carbon monoxide is made when we burn wood, oil, gas, and charcoal for heating and cooking.
- Of five main symptoms, breathlessness was the least known (66% knew this symptom).

## Health stigma

- 54% of people said they have delayed going to see a healthcare professional about a health concern in the last two years.
- Of those who reported delaying seeing a healthcare professional, the top three reasons why were:
  - It was too difficult to get an appointment (38%)
  - They did not want to burden the NHS (19%)
  - They did not think they would be taken seriously (17%)

## Infections

- More people reported being more knowledgeable about gonorrhoea (5% very; 28% fairly) and HPV (5% very; 28% fairly) than of Mpox (3% very; 13% fairly).
- People were asked which of six conditions they knew the HPV vaccine could protect against. 51% of people reported knowing none.
- If people thought they had a sexually transmitted infection, the most common action they would take was to contact a sexual health clinic (67%). However, if they thought they had the Mpox virus, they would most commonly contact a GP surgery (69%).

## Vaccines

- 43% of people said they had heard of the respiratory syncytial virus (RSV).
- If offered an RSV vaccine, 44% would accept it, 40% would need more information to decide, and 14% would not accept it.
- People were asked to select three preferred appointment times if they were offered a vaccine. The most selected appointment slots were in the morning, on a Monday, Tuesday, Wednesday and Saturday.



Amser i Siarad  
Iechyd Cyhoeddus  
*Cymru*

Time to Talk  
Public Health  
*Wales*

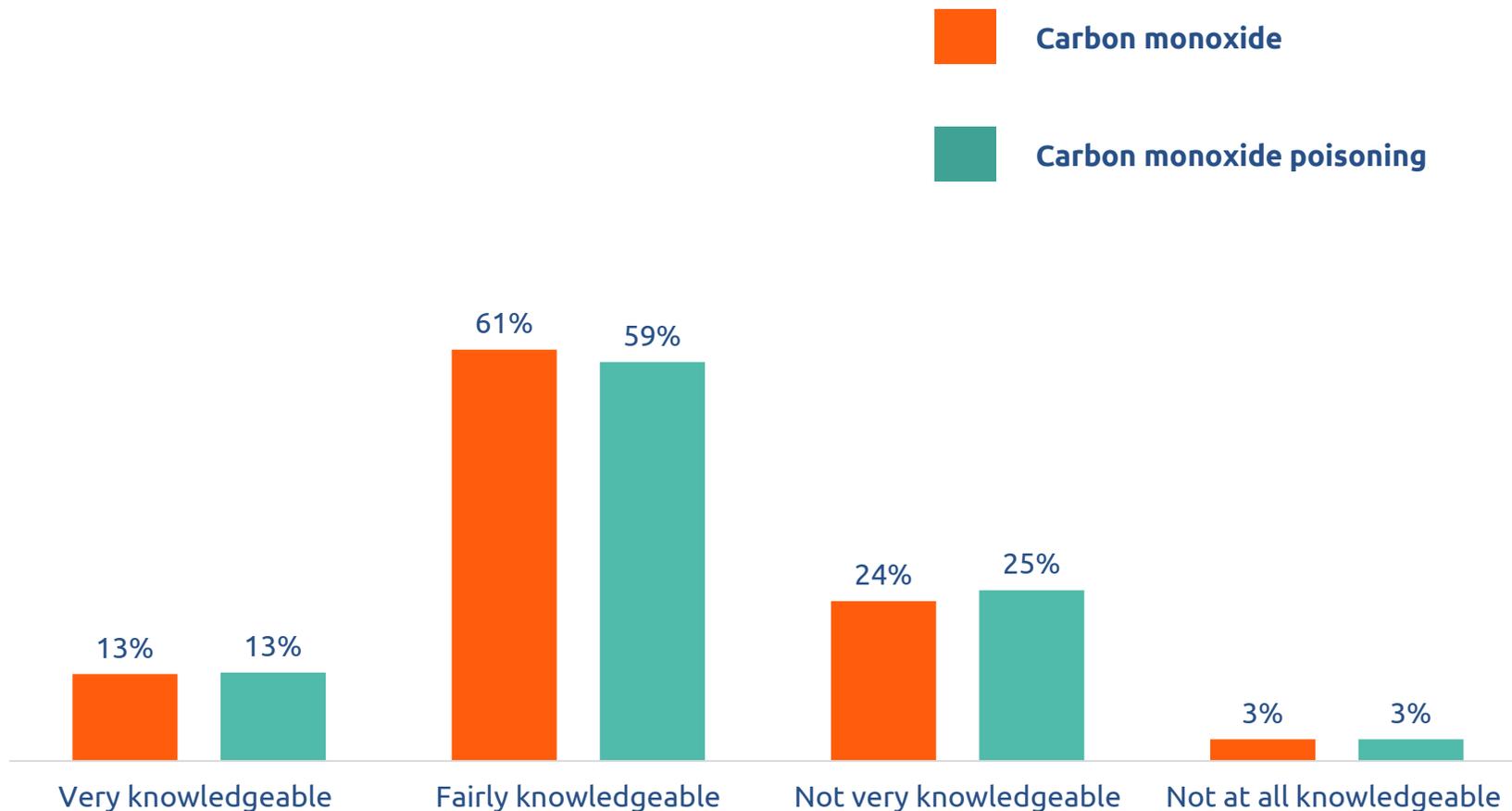


# Carbon monoxide

---

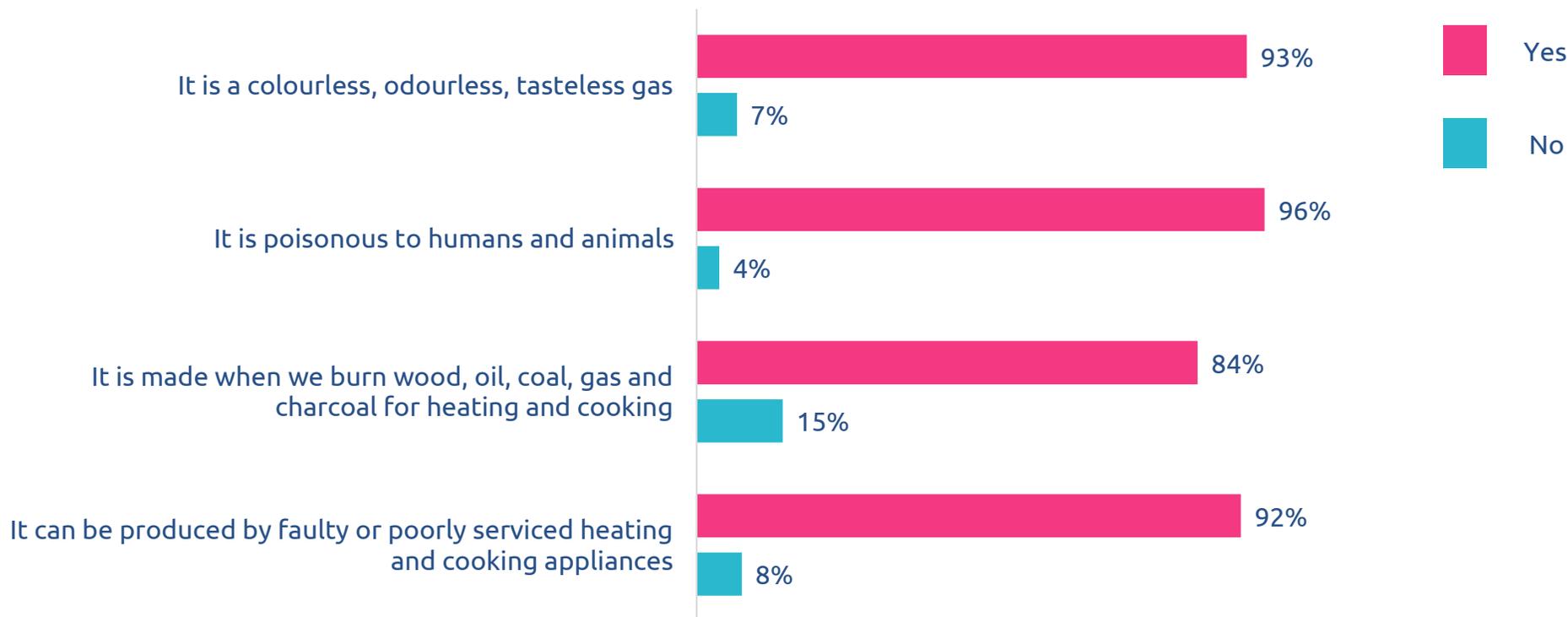
In this section, we sought to understand people's knowledge of carbon monoxide and carbon monoxide poisoning. Carbon monoxide is sometimes known as 'CO'.

How knowledgeable, if at all, would you say you are about... ?



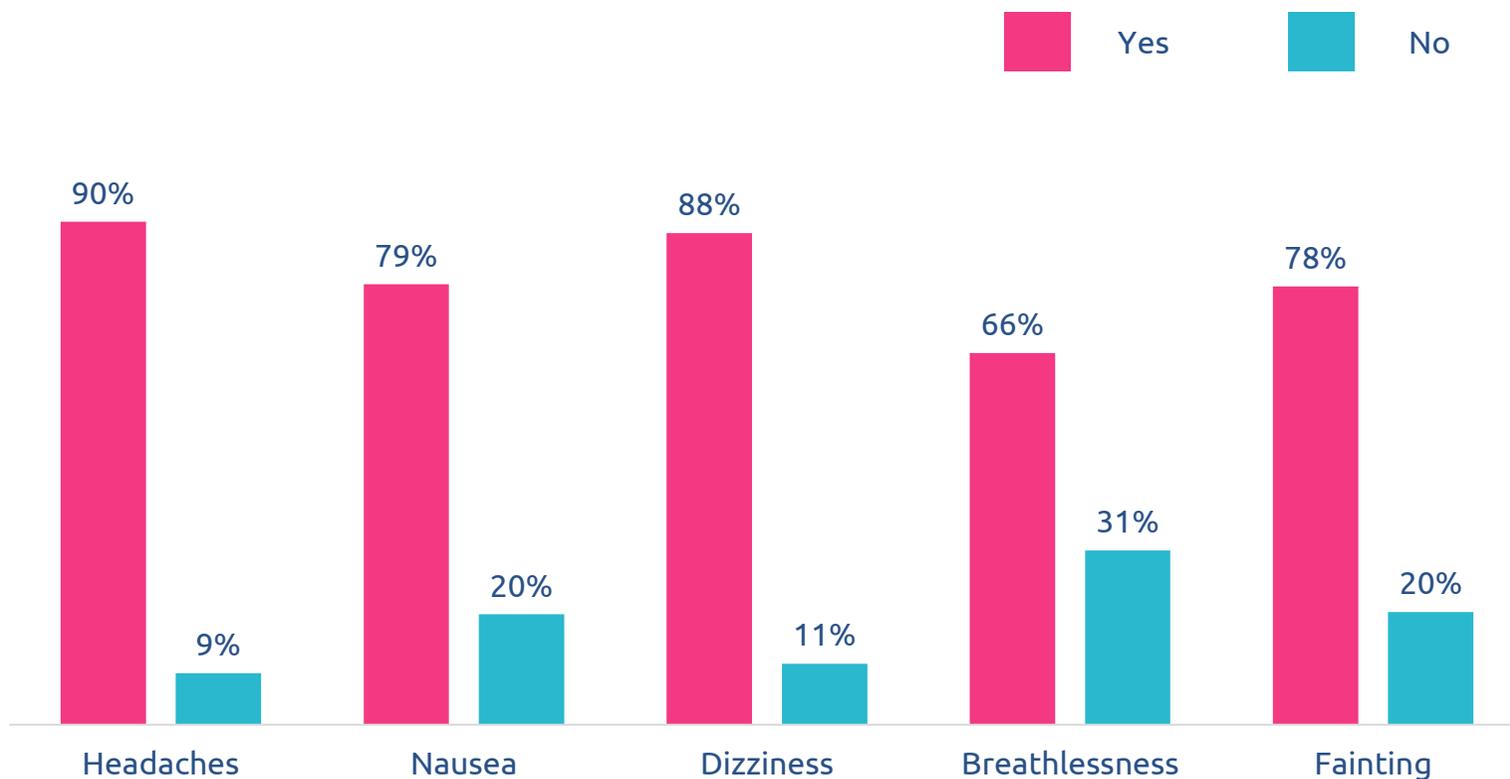
Prefer not to say: 0%

## Before today, did you know any of the following facts about carbon monoxide?



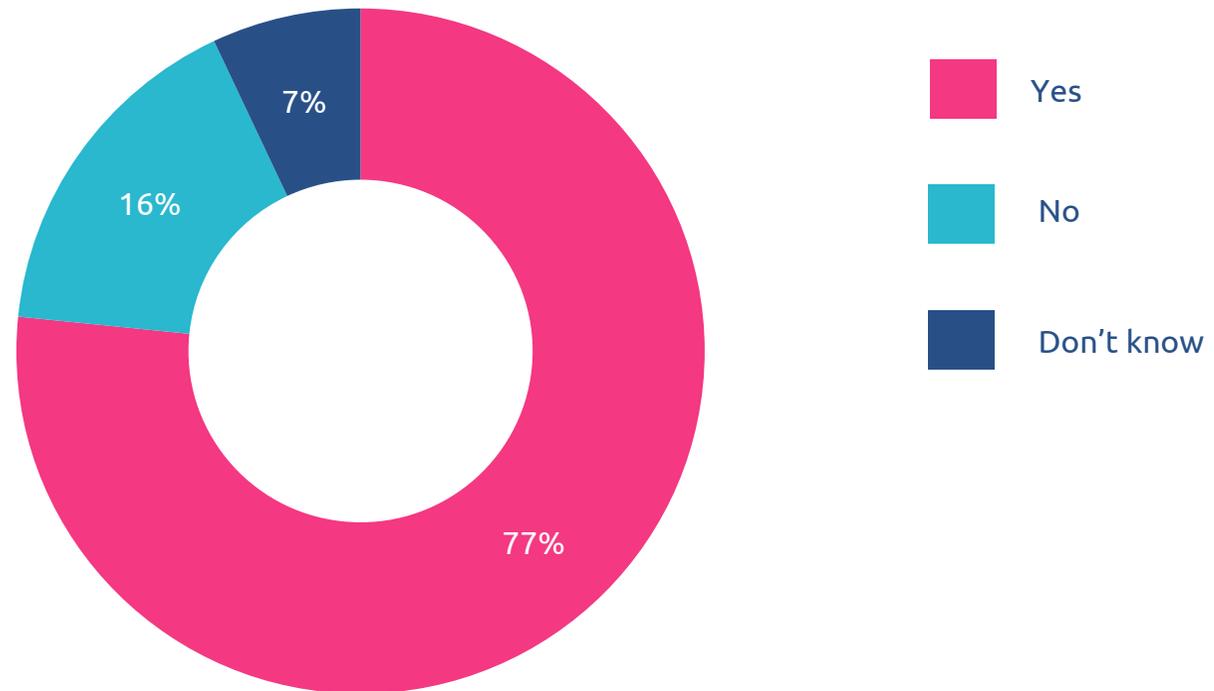
Prefer not to say for all statements: <1%

There are five main symptoms of carbon monoxide poisoning. Which of the following, if any, did you already know were symptoms?



Prefer not to say for all statements:  $\leq 3\%$

## Do you have a carbon monoxide alarm in your home?

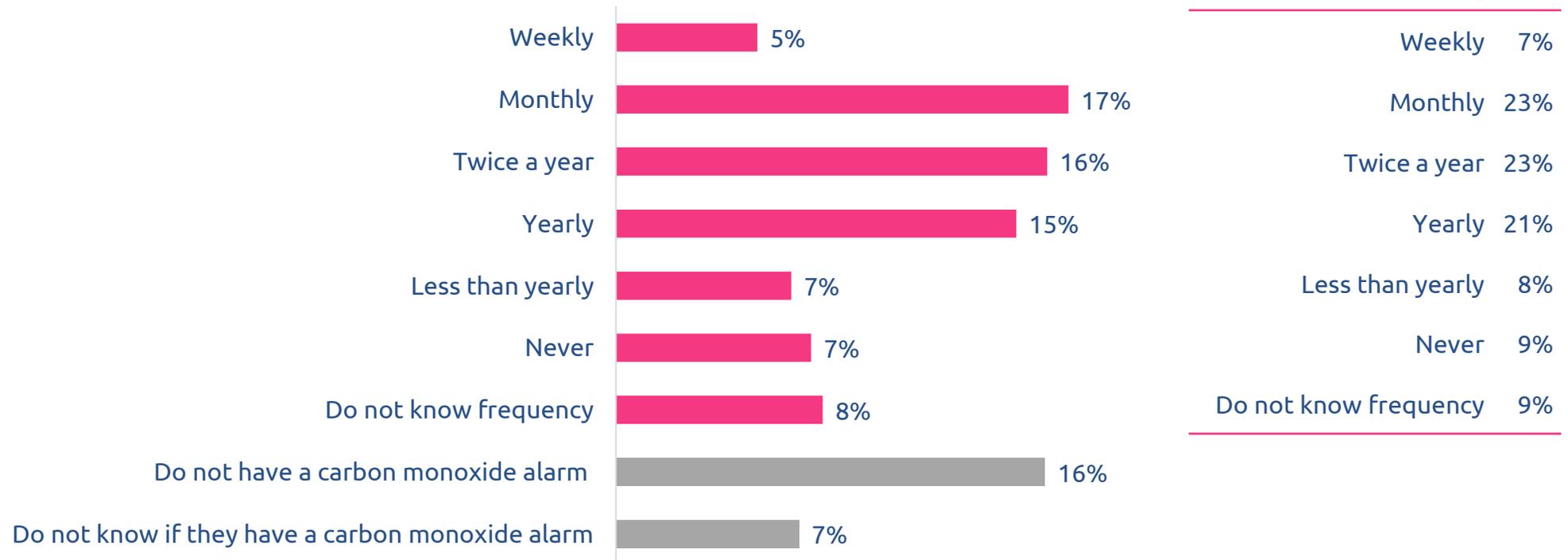


Prefer not to say for all statements: <1%

## How frequently do you check that your home carbon monoxide alarm is working?

This question was asked to those who reported having a carbon monoxide alarm in their home. The figure shows responses for the full sample, including those stating they did not have or did not know if they had a carbon monoxide alarm. Unweighted responses for those saying their home had a carbon monoxide alarm are shown in the table.

**Data limited to those who reported having a carbon monoxide alarm (n=979; unweighted)**



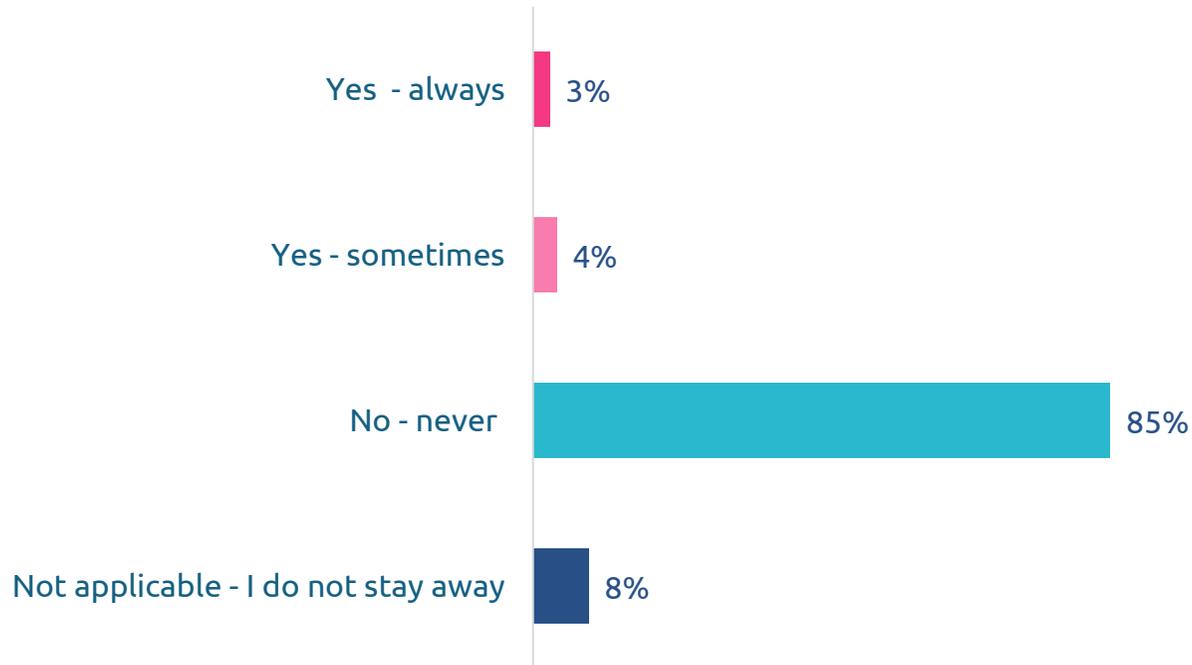
Prefer not to say: <1%

**Cooking and heating appliances which burn wood, oil, coal, gas, and charcoal can produce carbon monoxide. Which of the following, if any, do you get checked and/or cleaned by a registered professional and given a certificate at least once a year? (Select all that apply)**

Data are limited to those indicating that they had the appliance. The number of participants responding for each appliance are provided and data are unweighted.

	n	Yes	No	Don't know
Cooker	762	28%	63%	9%
Boiler	1148	82%	13%	5%
Gas fire	316	48%	39%	14%
Chimney	504	53%	37%	10%
Wood burner	382	54%	39%	8%

Do you pack and use a carbon monoxide alarm when you stay away from your home (e.g. go on holiday, staying with friends and family)?

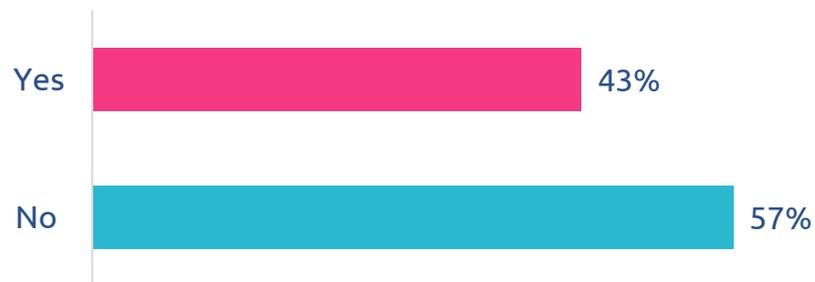


Prefer not to say: 1%

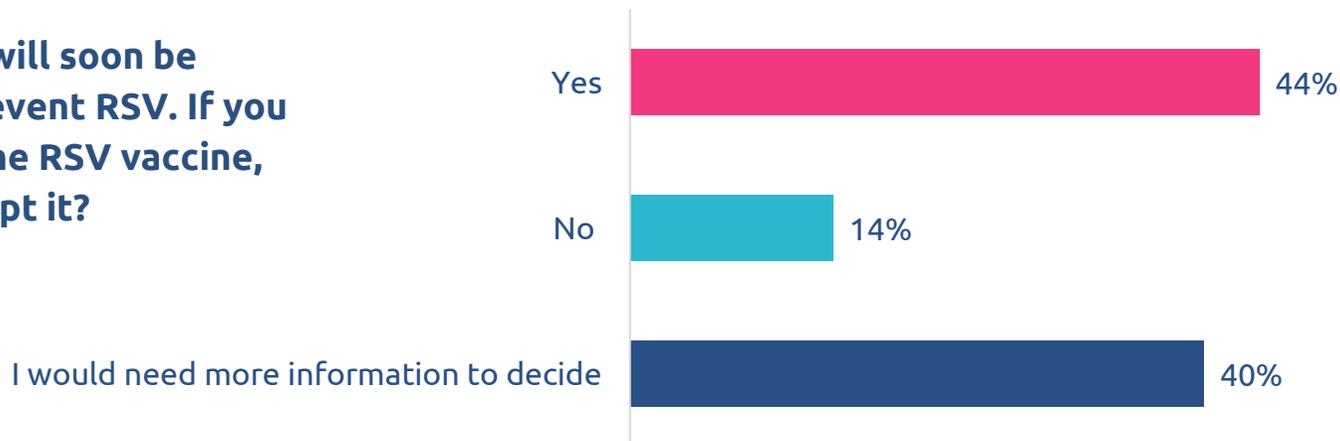
# Vaccines

Respiratory syncytial virus (RSV) is a viral illness that causes symptoms like a common cold (e.g. runny nose, coughing, fever, wheezing). The virus usually occurs in winter and early spring and puts a pressure on the NHS. A new vaccine will soon be available to protect against RSV. For most people, RSV causes a mild illness, such as a cough or cold. However, babies under one year of age and older adults are at risk of becoming very unwell. Sometimes, people who get ill from RSV infection need to go to hospital. RSV can be more dangerous for some people, especially those with certain health conditions. It may even cause death.

**Before today, had you heard of the respiratory syncytial virus (RSV)?**

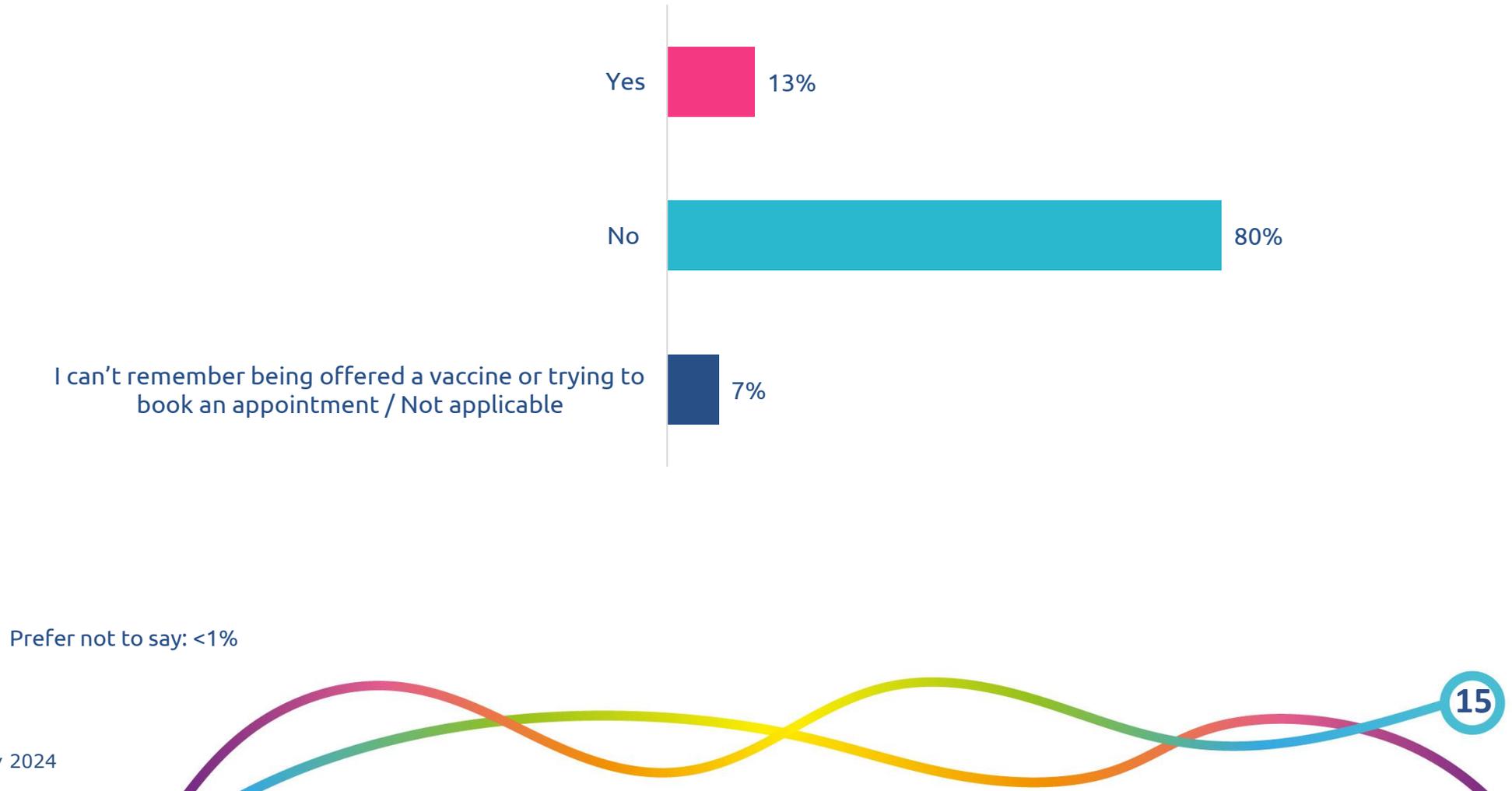


**A new vaccine will soon be available to prevent RSV. If you were offered the RSV vaccine, would you accept it?**

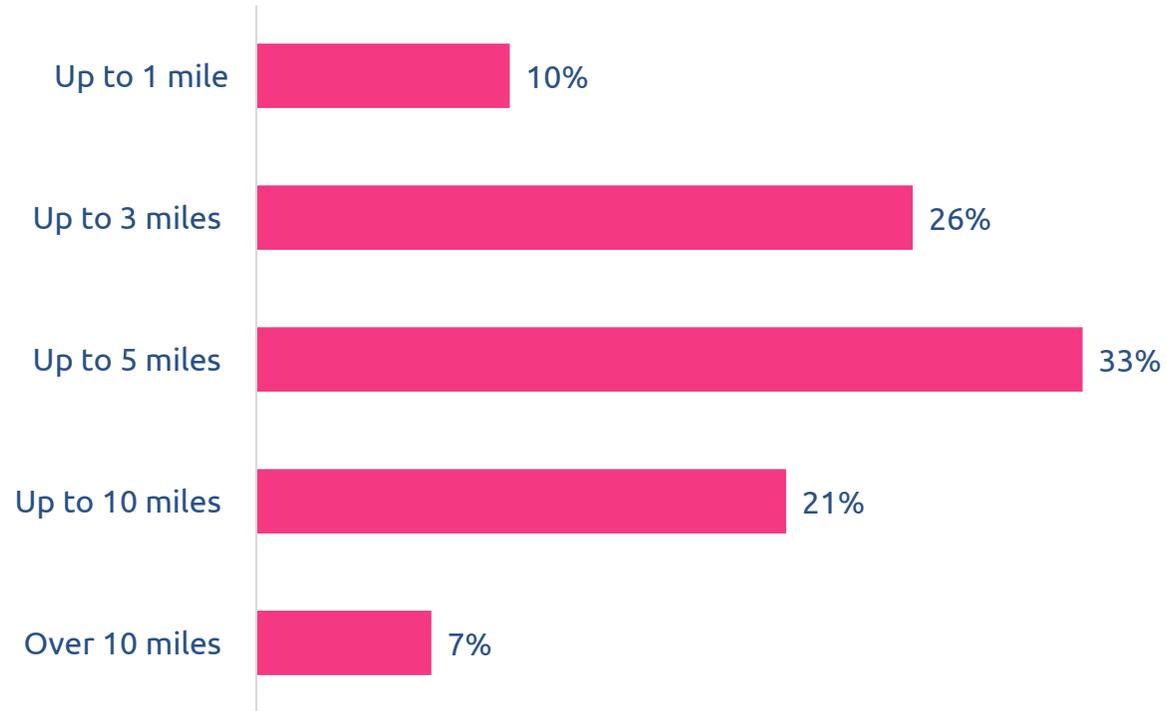


Prefer not to say for both questions:  $\leq 1\%$

## When you've been offered a vaccine appointment in the past, have you had any difficulties getting an appointment?



## How far do you think is acceptable for you to be asked to travel to a vaccine appointment?



Prefer not to say: 4%

**If you were booking a vaccination appointment and could choose three days and times to attend, when would you like to attend? Consider the seven days of the week, and timings as every hour from 8am to 8pm.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am – 9am	6%	5%	5%	3%	4%	4%	3%
9am – 10am	6%	5%	6%	3%	4%	7%	4%
10am – 11am	11%	10%	12%	6%	5%	8%	4%
11am – 12 noon	7%	8%	8%	5%	4%	5%	3%
12 noon – 1pm	2%	3%	4%	2%	1%	4%	3%
1pm – 2pm	2%	3%	3%	2%	2%	3%	2%
2pm – 3pm	2%	4%	4%	2%	1%	2%	2%
3pm – 4pm	1%	1%	2%	2%	2%	1%	1%
4pm – 5pm	1%	1%	2%	1%	3%	1%	1%
5pm – 6pm	2%	<1%	1%	1%	3%	1%	1%
6pm – 7pm	1%	1%	1%	1%	2%	1%	1%
7pm – 8pm	1%	1%	1%	1%	1%	1%	1%

This table presents the proportion of the sample who selected each day/time option. Of the sample, 79% of people provided three appointment options, 6% provided two and 9% provided one. 6% of people did not provide any day/time option responses (prefer not to say).



Amser i Siarad  
Iechyd Cyhoeddus  
*Cymru*

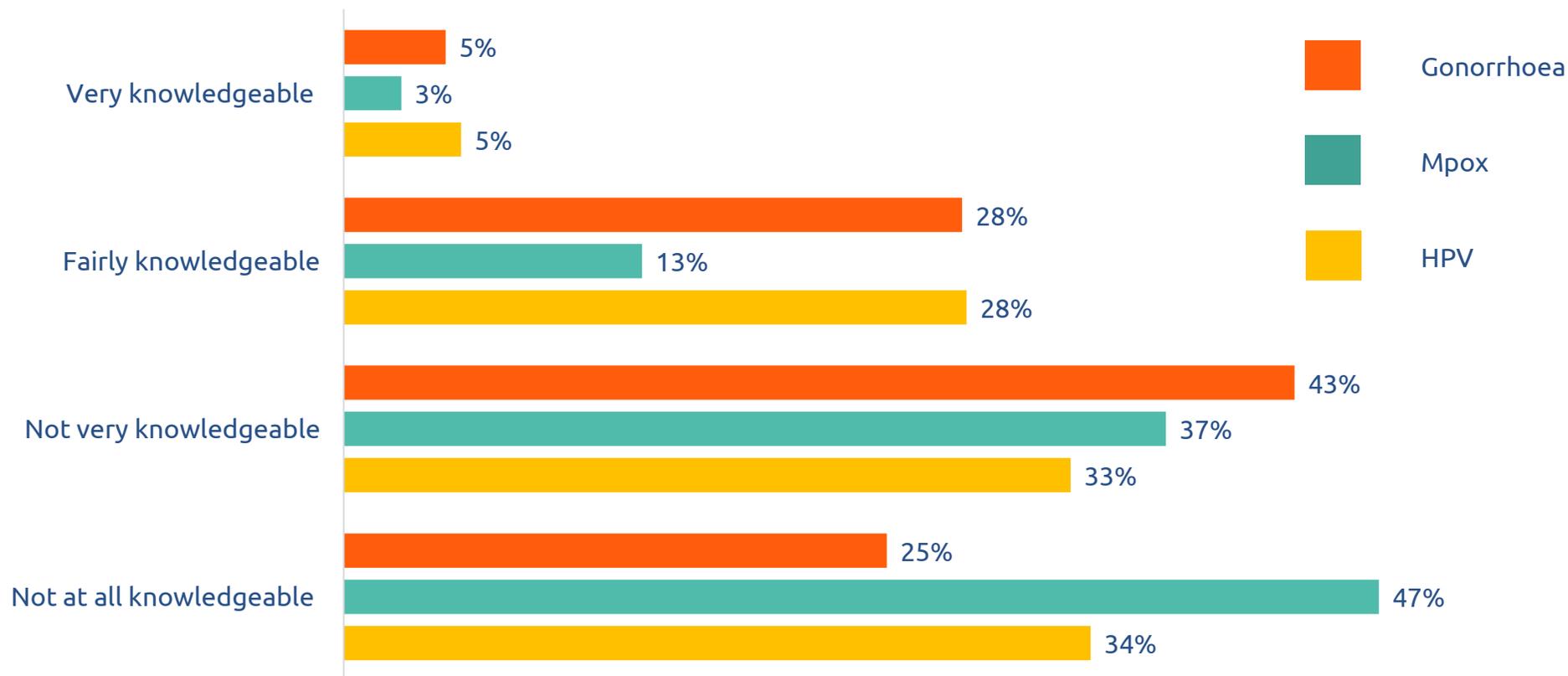
Time to Talk  
Public Health  
*Wales*

# Infections

---

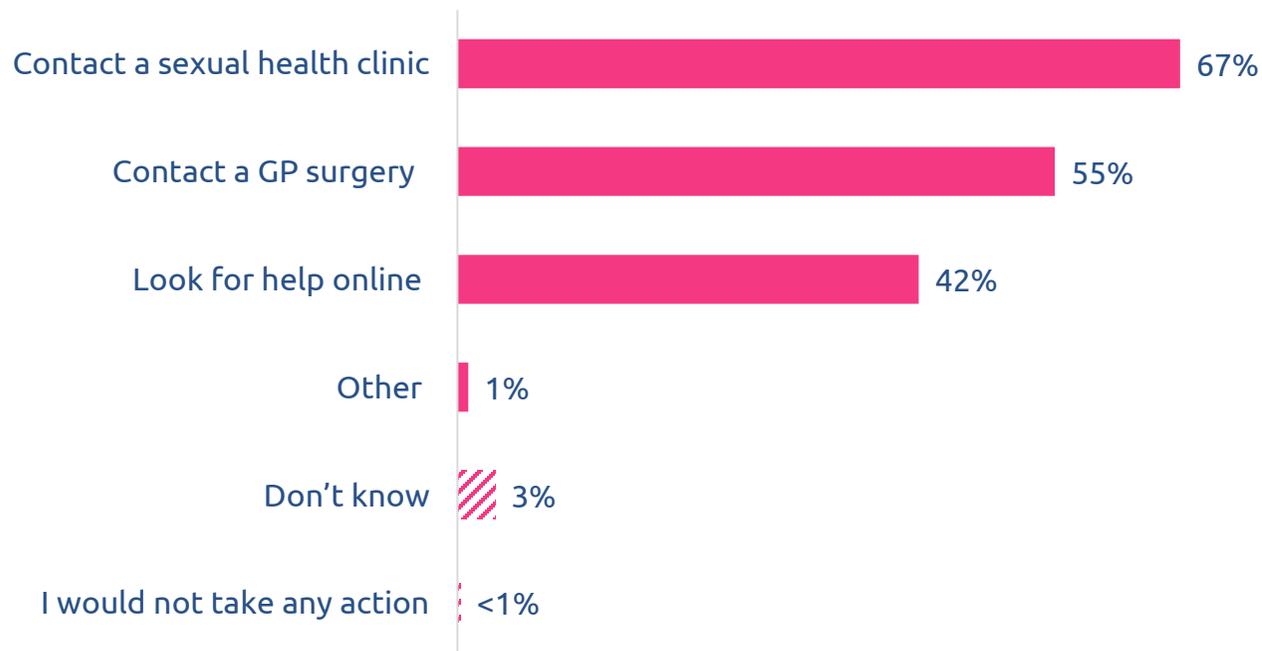
Gonorrhoea is a sexually transmitted infection that spreads through discharge; and Mpox (previously known as monkey pox) and HPV (human papillomavirus) are viruses spread through skin-to-skin contact.

## How knowledgeable, if at all, would you say you are about... ?



Prefer not to say for all questions: <1%

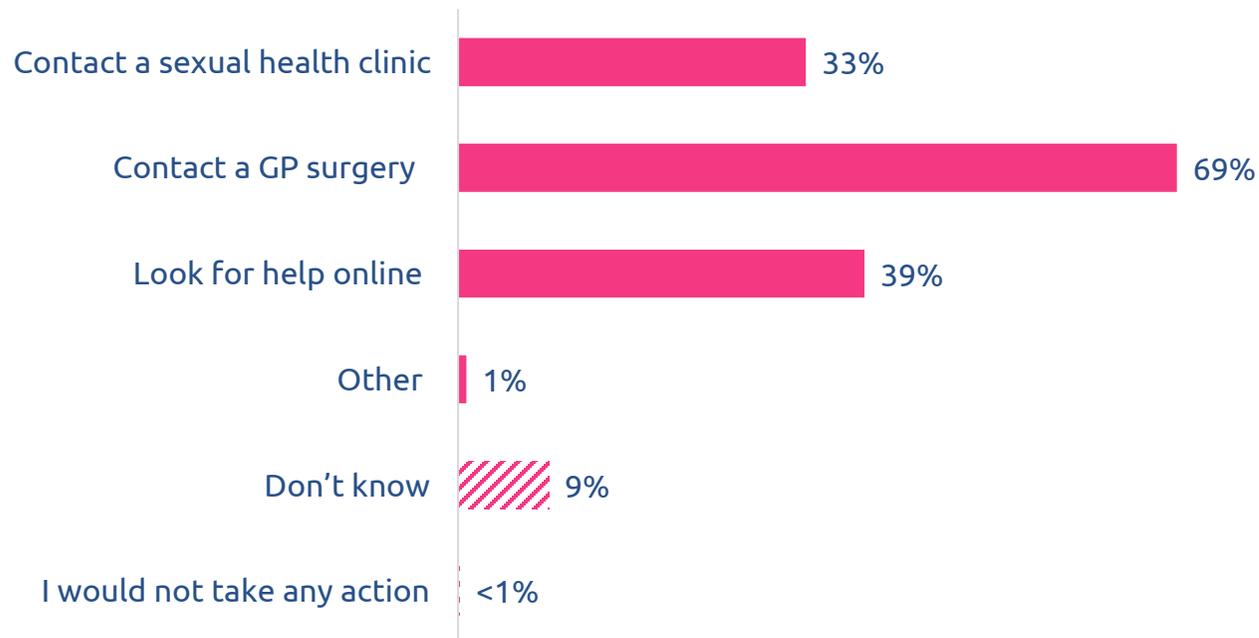
## If you thought you had a sexually transmitted infection, which of the following actions, if any, would you take? (Select all that apply)



Prefer not to say: 2%

Respondents who provided a free text response in 'other (please specify)' stating this question was not applicable to them have been coded into the prefer not to say response option. 'Don't know', 'I would not take any action' and 'Prefer not to say' were all exclusive response options.

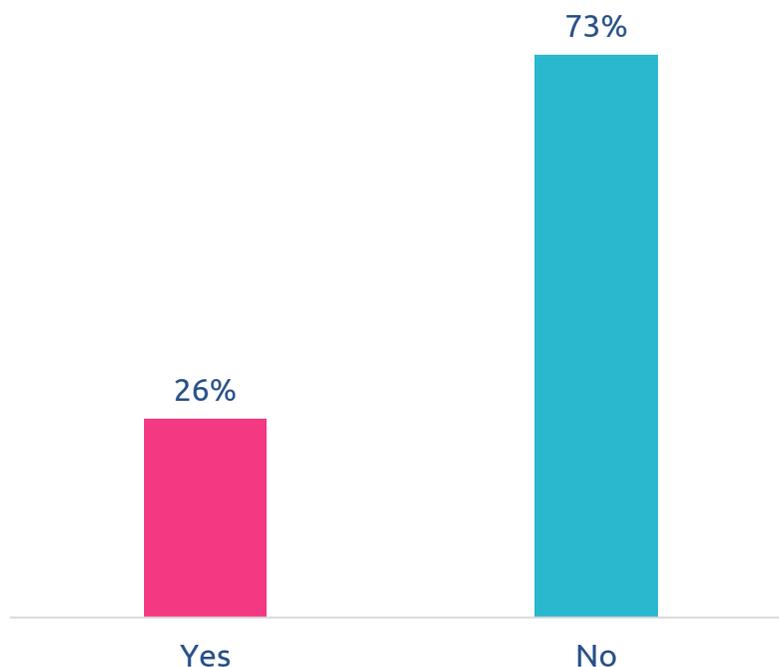
## If you thought you had a Mpox virus, which of the following actions, if any, would you take? (Select all that apply)



Prefer not to say: 2%

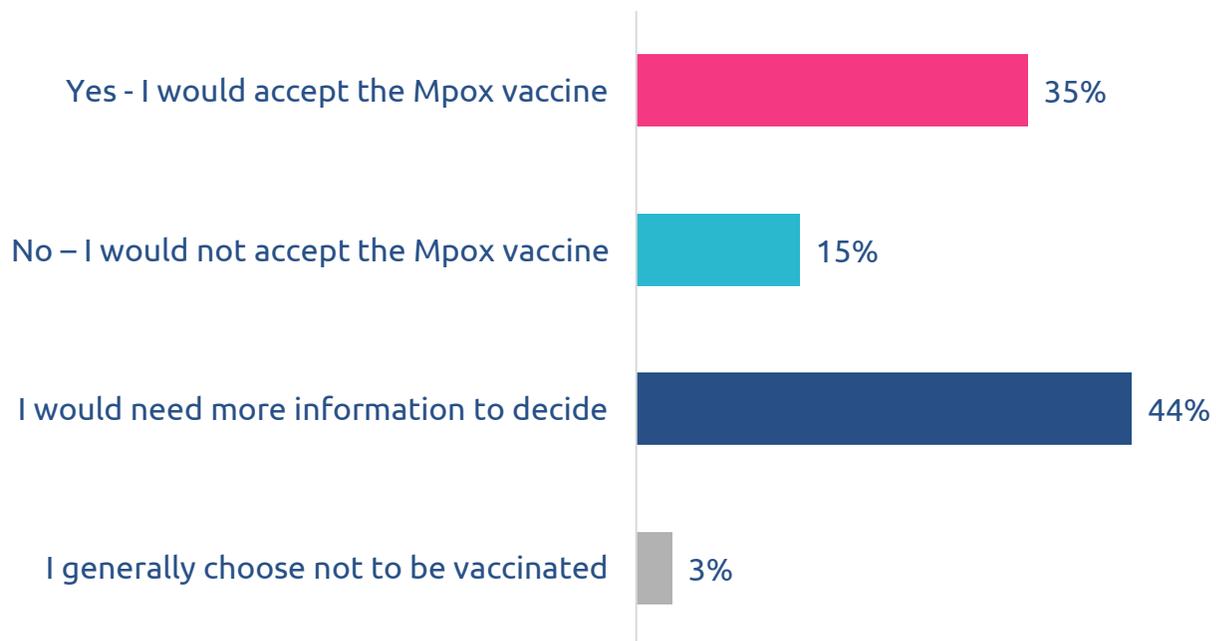
Respondents who provided a free text response in 'other (please specify)' stating this question was not applicable to them have been coded into the prefer not to say response option. 'Don't know', 'I would not take any action' and 'Prefer not to say' were all exclusive response options.

When an individual visits a sexual health clinic to receive treatment for a sexually transmitted infection, they may be offered a preventive vaccine for other similar infections and viruses. Before today, were you aware that specialist sexual health clinics offer such vaccines?



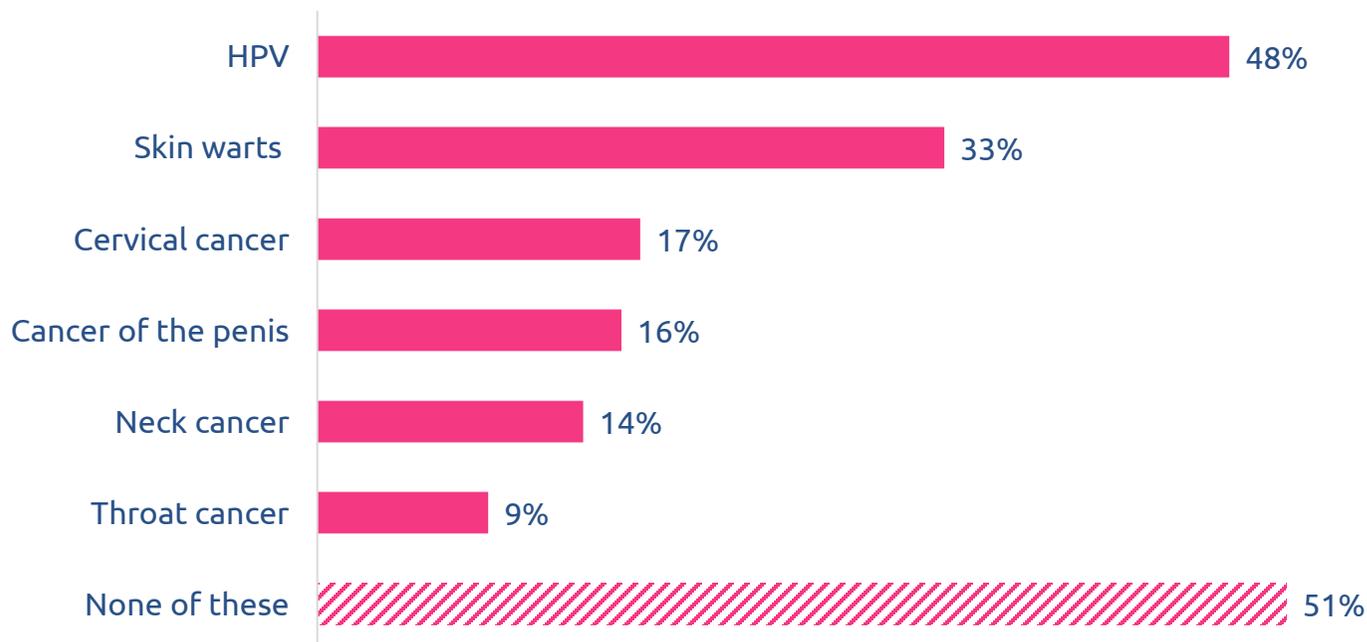
Prefer not to say: 1%

**A vaccine to prevent against Mpox can be offered at a sexual health clinic. If you were offered a Mpox vaccine by a healthcare professional, would you accept it?**



Prefer not to say: 3%

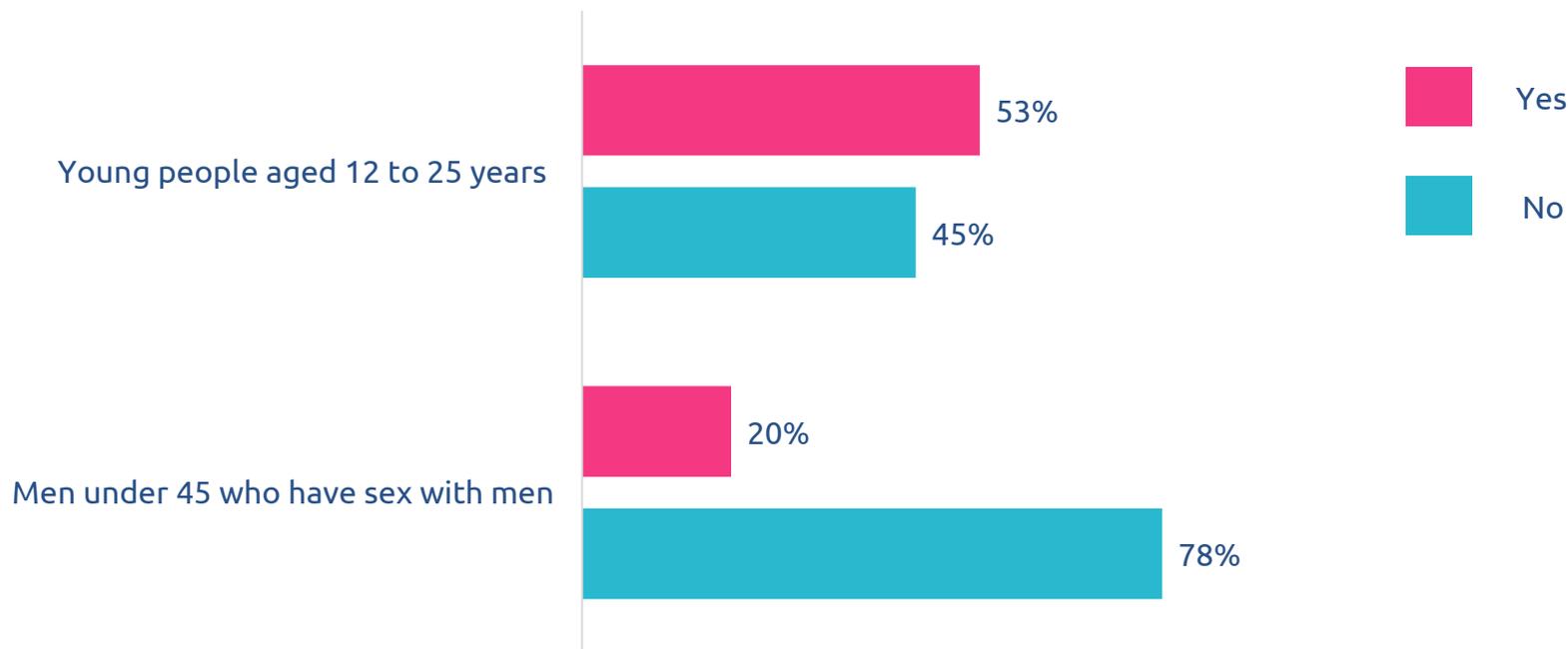
The HPV (human papillomavirus) vaccine can protect against different health conditions. Which, if any, of the following conditions were you aware that the HPV vaccine can protect against? (Select all that apply)



Prefer not to say: 3%

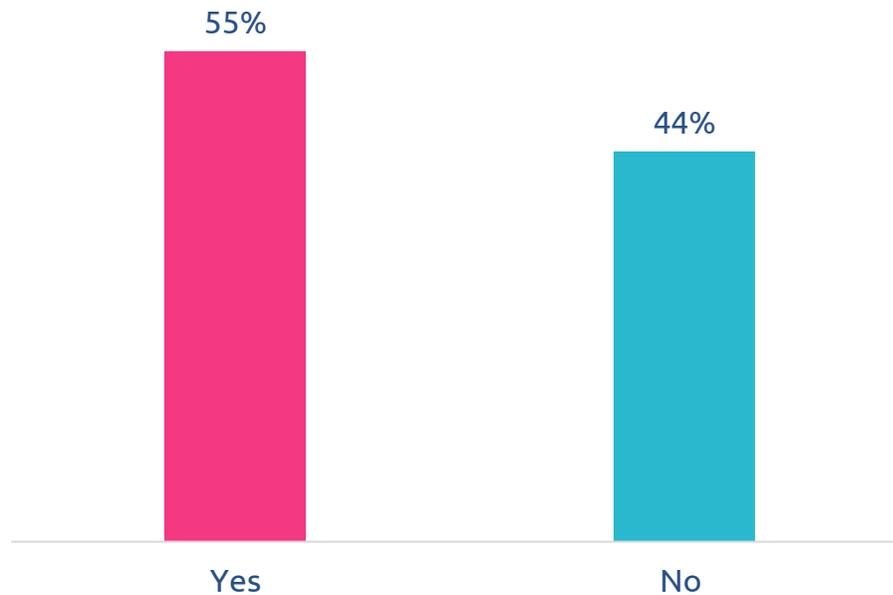
*'None of these' was an exclusive response option.*

The HPV vaccine is recommended for two core groups of people. Were you aware the following two groups are eligible for the HPV vaccine?



Prefer not to say for both statements: 2%

The HPV vaccine is initially offered to 12 to 13 year olds in schools. Did you know this?



Prefer not to say: 1%



Amser i Siarad  
Iechyd Cyhoeddus  
*Cymru*

Time to Talk  
Public Health  
*Wales*

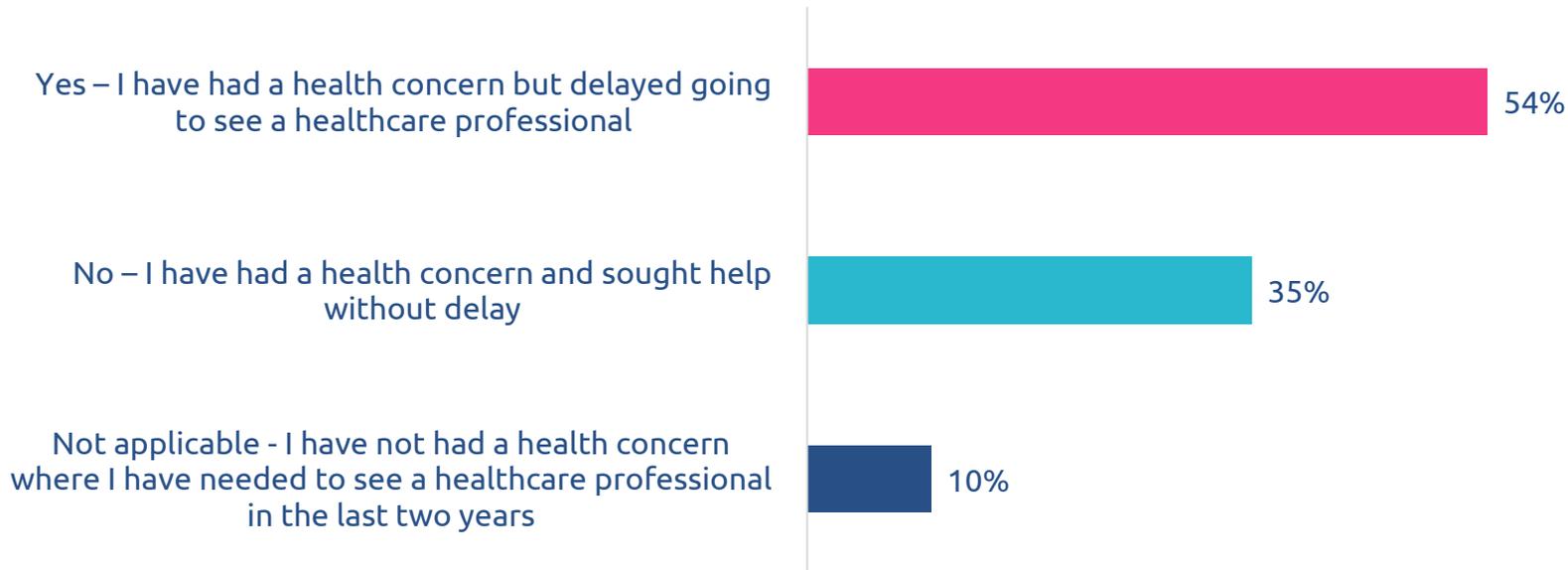


# Health stigma

---

In this section, we asked about people's experiences and perceptions of getting support for different health conditions from healthcare professionals (e.g. doctor, dentist, physiotherapist, nurse), family members and friends.

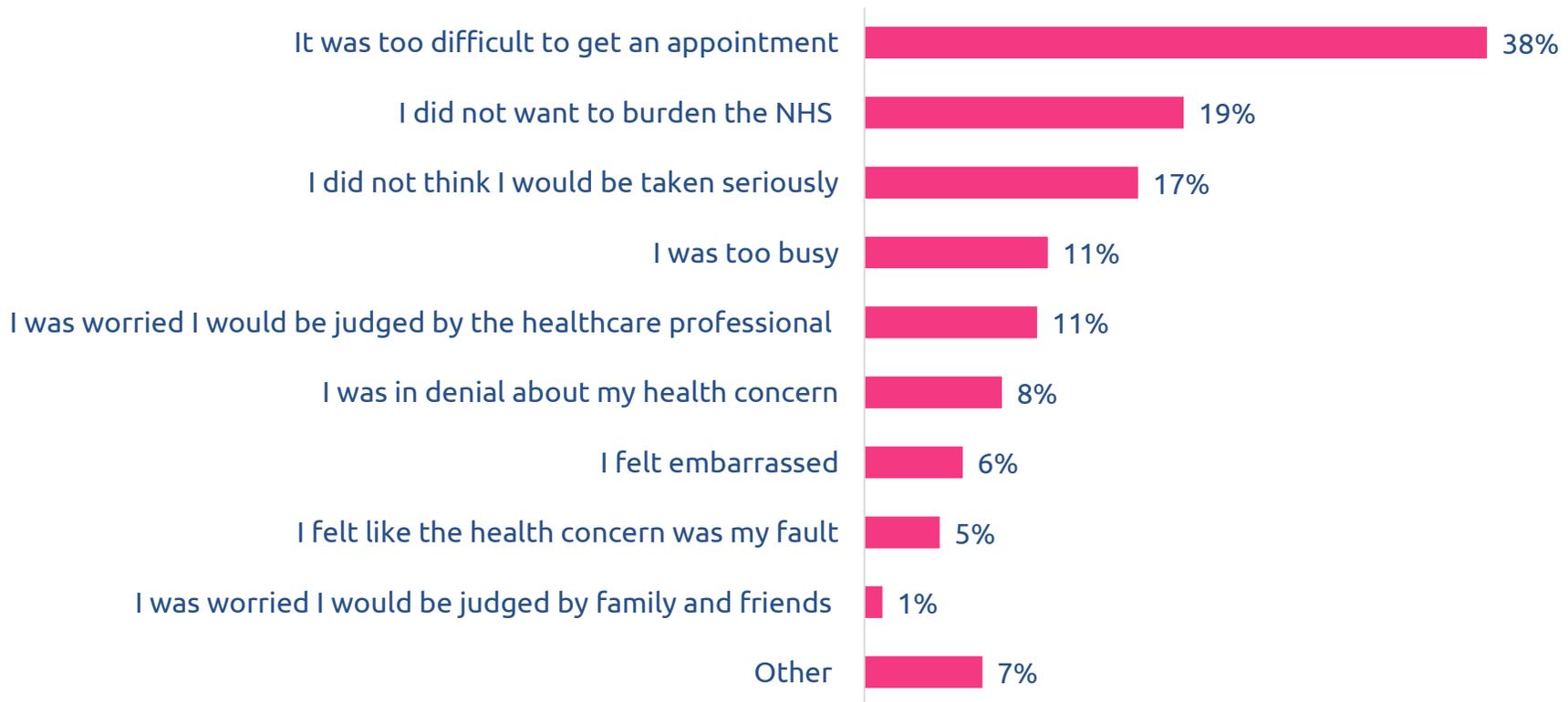
In the last two years, have you “put off” or delayed going to see a healthcare professional (e.g. GP, nurse, dentist) about a health concern?



Prefer not to say: 1%

Asked to those who reported they had delayed seeing a healthcare professional (n=716; unweighted)

## Why did you delay going to see the healthcare professional?



Prefer not to say: <1%

Imagine you were worried about the following conditions. Would you feel comfortable or uncomfortable speaking with a healthcare professional about them?

	Comfortable	Uncomfortable	Don't know	Prefer not to say	Not applicable
Drinking too much alcohol	60%	20%	16%	5%	
Needing help to quit smoking	65%	7%	17%	11%	
Feeling depressed or anxious	63%	27%	9%	1%	
Having a sexually transmitted infection (STI)	50%	35%	12%	3%	
Having HIV (human immunodeficiency virus)	56%	23%	18%	3%	
Having cancer	79%	12%	8%	1%	
Having diabetes	87%	7%	4%	1%	
Having high blood pressure	90%	6%	4%	1%	
Having a UTI (urinary tract infection)	82%	12%	5%	1%	
Having the flu	87%	8%	4%	1%	
Having arthritis	91%	5%	3%	1%	
Fertility concerns for you or your partner	41%	10%	7%	1%	42%
Menopause (you or your partner)	50%	9%	6%	1%	34%

Imagine you were worried about the following conditions. Would you feel comfortable or uncomfortable speaking with friends about them?

	Comfortable	Uncomfortable	Don't know	Prefer not to say	Not applicable
Drinking too much alcohol	55%	27%	15%	3%	
Needing help to quit smoking	73%	7%	14%	6%	
Feeling depressed or anxious	59%	31%	9%	1%	
Having a sexually transmitted infection (STI)	29%	53%	16%	2%	
Having HIV (human immunodeficiency virus)	35%	44%	18%	3%	
Having cancer	66%	21%	11%	1%	
Having diabetes	84%	9%	6%	1%	
Having high blood pressure	88%	7%	4%	1%	
Having a UTI (urinary tract infection)	66%	25%	8%	2%	
Having the flu	93%	3%	3%	1%	
Having arthritis	91%	5%	4%	1%	
Fertility concerns for you or your partner	28%	15%	5%	1%	51%
Menopause (you or your partner)	36%	9%	4%	<1%	51%

**Imagine you were worried about the following conditions. Would you feel comfortable or uncomfortable speaking with family members about them?**

	Comfortable	Uncomfortable	Don't know	Prefer not to say	Not applicable
Drinking too much alcohol	48%	35%	14%	3%	
Needing help to quit smoking	68%	12%	14%	6%	
Feeling depressed or anxious	56%	34%	9%	1%	
Having a sexually transmitted infection (STI)	24%	60%	14%	3%	
Having HIV (human immunodeficiency virus)	36%	46%	15%	2%	
Having cancer	68%	22%	9%	1%	
Having diabetes	85%	9%	4%	1%	
Having high blood pressure	89%	7%	3%	1%	
Having a UTI (urinary tract infection)	66%	25%	7%	1%	
Having the flu	91%	5%	3%	1%	
Having arthritis	91%	6%	3%	1%	
Fertility concerns for you or your partner	26%	16%	6%	<1%	52%
Menopause (you or your partner)	35%	10%	4%	<1%	51%

# Amser i Siarad Iechyd Cyhoeddus *Cymru*

# Time to Talk Public Health *Wales*



## 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  
difference!





GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales



phw.nhs.wales



TalkPHWales@wales.nhs.uk



02920 227744



Public Health Wales



@PublicHealthWales

**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.**



**Policy and International Health,  
WHO Collaborating Centre on Investment for Health & Well-being**

**Project Team:** Dr Catherine Sharp, Prof Karen Hughes, Lewis Brace

**Wider Project Support Acknowledgements:**

Policy and International Health, WHO CC: Dr Sumina Azam, Nayana Varadaraj, Dr Rebecca Hill

Communications Team: Daniel Owens, Chris Jones, Rebecca Hopkins, Danny Donavan, Laura Overton, Marcus Hughes

Cross-Organisational Advisory Group: Ashley Gould, Emily van de Venter, Amy Burgess, Dr Sikha de Souza, Heather Ramessur-Marsden, Susan Belfourd, Martine Price, Helen Rose-Jones, Giles Greene, Chris Roberts (Welsh Government)

**Questionnaire Development**

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



Amser i Siarad  
Iechyd Cyhoeddus  
*Cymru*

Time to Talk  
Public Health  
*Wales*

# Appendix

---

Sample demographics

Methods

		Population (16+ years)	Overall panel sample N = 3,079		May 2024 survey sample N = 1,243	
Sex	Male	49%	827	27%	402	32%
	Female	51%	2207	72%	826	67%
	Other	-	45	1%	15	1%
Age group (years)	16-29	21%	468	15%	163	13%
	30-49	29%	1256	41%	398	32%
	50-69	31%	984	32%	455	37%
	70+	19%	371	12%	227	18%
Deprivation quintile	1 (Most)	19%	494	16%	189	15%
	2	20%	617	20%	241	19%
	3	21%	616	20%	235	19%
	4	21%	639	21%	273	22%
	5 (Least)	20%	713	23%	305	25%

Note. 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 four consecutive surveys, 220 people were removed from the panel. This process was outlined to panel members in the joining material.

		Population (16+ years)	Overall panel sample N = 3,079		May 2024 survey sample N = 1,243	
Ethnicity	White	95%	2947	96%	1200	97%
	Mixed/Multiple Ethnic Groups	1%	61	2%	23	2%
	Asian, Asian Welsh or Asian British	2%	36	1%	10	1%
	Black, African, Caribbean, Black Welsh or Black British	1%	13	<1%	3	<1%
	Other Ethnic Group	1%	16	1%	5	<1%
	Prefer not to say	-	6	<1%	2	<1%
Health Board	Aneurin Bevan UHB	19%	554	18%	208	17%
	Betsi Cadwaladr UHB	22%	607	20%	270	22%
	Cardiff and Vale UHB	16%	586	19%	212	17%
	Cwm Taf Morgannwg UHB	14%	394	13%	160	13%
	Hywel Dda University HB	12%	440	14%	183	15%
	Powys Teaching HB	4%	128	4%	61	5%
	Swansea Bay UHB	12%	370	12%	149	12%

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.

- 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 alternate month 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 alternate month 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](#) (opens in new window).

- 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.
- To increase representation across the survey sample, around 100 face-to-face interviews are undertaken per survey wave 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 = 1,243) who completed the May survey, were recruited via the following methods:

Recruitment Method	n	%
Online	845	68%
Telephone	264	21%
Face-to-face (panel)	91	7%
Face-to-face (one-off)	43	3%

Participants (N = 1,243) who completed the May survey, completed via the following methods:

Participation Method	n	%
Online	1039	84%
Telephone	96	8%
Face-to-face	108	9%