



# PHE Board Meeting

<b>Title of meeting</b>	PHE Board Meeting
<b>Date</b>	Wednesday 23 November 2016
<b>Sponsor</b>	Lee Bailey
<b>Presenters</b>	Iain Mallett and Louise Park, Ipsos MORI
<b>Title of paper</b>	Findings of PHE's annual public opinion survey

## 1 Purpose of the paper

- 1.1 To share with the PHE Board the findings of PHE's third annual public opinion survey. Ipsos Mori who conducted the survey in September has prepared a breakdown of the survey findings as a presentation. The following paper outlines the topline findings.

## 2 Recommendation

- 2.1 The Board is asked to **NOTE** the survey findings

## 3 Background

- 3.1 Ipsos MORI have been conducting PHE's annual public opinion survey since 2014. The survey aims to benchmark public opinion of PHE and to complement the research undertaken with stakeholders. It provides an independent measurement of how the public perceives PHE and its public health activities.
- 3.2 Evidence suggests if the public know of PHE and its work, if they are more likely to have confidence in what we do. So by engaging and testing public opinion on areas of our work we should be assured that we are focussed on the public health issues that people believe to be important.

## 4 Methodology

- 4.1 Ipsos MORI interviewed 1,640 people, aged 15 years and over, across England. Respondents were asked questions during face-to-face interviews in their homes. Outputs from the research include data tabulations, topline results in the form of a marked-up questionnaire and a report in presentation format.
- 4.2 The report focusses on the research objectives, providing PHE with an understanding of the public's awareness of public health issues and activities. The research provides indicators towards the public's communications preferences for advice and information about health protection and wellbeing issues and topics.

- 4.3 As with previous surveys the research did not evaluate or monitor campaigns. There were no questions about specific campaigns. Questions focused on health promotion and health improvement in a general sense.
- 4.4 The survey questions covered two broad themes: awareness and understanding of PHE's work; and the public's views on public health issues.
- 4.5 Under the category of awareness Ipsos MORI asked participants questions about the following areas:
- Knowledge of us and our work.
  - Confidence in our advice.
- 4.6 Under the category of public health issues, questions were designed to identify:
- People's concerns.
  - Reasons for their concerns and why it worries them.
  - Confidence in actions/measures taken to address them.
  - Sources of public health information and advice
  - Awareness of and trust in organisations.
- 4.7 The questionnaire included an invitation to take part in further public involvement activities by joining the People's Panel.

## **5 Topline findings**

### **5.1 Awareness**

- a) Recognition of PHE continues to grow with 50% of the public saying they have heard of PHE compared to 41% in 2015. Awareness has increased the most among older people and is greater among people from white ethnic backgrounds compared to those from BME communities.
- b) When offered a list of options, 50% of people are aware of PHE's advisory role, two in five (41%) think PHE helps people to live healthier lives and a similar proportion think PHE makes plans for health emergencies and a third (36%) that it monitors infectious diseases. All these responses have risen by at least 5% since last year (2015).
- c) A small but significant proportion (7%) of the public incorrectly think PHE has a role in managing or regulating the NHS therefore a rise in awareness does not in all cases reflect a rise in informed awareness.
- d) Traditional media continues to be people's preferred communications channels for health information particularly health threats with national TV, newspapers and radio topping the list (60%, 35% and 27% respectively). But the proportion that prefers to receive this information online has risen since 2015 from 30% to 34% and those wanting information via social media or apps has gone up from 18% to 22%.

### **5.2 Public Health issues and concerns**

- a) Cancer remains the biggest unprompted and prompted health concern for the public (38%) and (46% respectively) followed by obesity, diabetes, heart disease, dementia and mental health.

- b) Obesity remains the second most spontaneously mentioned health issue but shows a small decrease from 25% in 2015 to 20% in 2016. This may be due to the introduction of sugar as a new item on the list (mentioned spontaneously by 10% of people in 2016). Therefore in past surveys possible mentions of sugar as a public health issue may have been included within obesity.
- c) From prompted lists social grades ABC1 are more concerned about sugar/high sugar content in food 10% compared to 7% in C2DE and the same goes for air pollution 10% compared to 6% in C2DE and antimicrobial resistance 5% compared to 3% in C2DE. Similar variations by social grade are reflected in their concerns for dementia, mental health and illnesses related to aging.

### 5.3 Trust and confidence in PHE

- a) Public confidence in PHE's advice has increased significantly year on year since 2014. When given a brief description of PHE, eight in ten people (83%) say they would be confident in PHE's advice compared to 66% in 2014. And there is evidence to suggest that familiarity inspires confidence. Those who feel they know more about PHE are more likely to have confidence in our advice. Of those who say they know a great deal or a fair amount about PHE (92%) would have confidence in PHE's advice.
- b) The biggest reason behind the public's confidence in PHE is its knowledge, skills and experience with one in three (32%) responses pertaining to this. And one in four (24%) says they have confidence in PHE because it is trustworthy, reliable and reputable or effective.
- c) Public trust in PHE's advice on specific subject areas continues to grow. Seven in ten (72%) say they have a great deal or a fair amount of trust in PHE advice about healthy living, up from 53% in 2014 and 64% in 2015. And public trust in PHE's advice about health threats has also risen steadily over time. In 2016, three quarters (74%) say they would trust our advice on these matters either a great deal or a fair amount up from 55% in 2014 and 66% in 2015.

### 5.4 Public Involvement

- a) The public continues to have an appetite to get involved in the work of PHE with one in four survey participants (24%) saying they are willing to be contacted by PHE to ask them about our work. This equates to nearly 400 new members for the People's Panel.

## 6. **Conclusions**

- 6.1 Awareness of PHE is still growing which is encouraging although awareness levels among younger age groups and lower socioeconomic grades is much lower than other groups. As a result we may wish to raise our profile with them via targeted communications activities.
- 6.2 The public's health concerns continue to align with PHE's priorities although cancer stands out as their biggest concern. Obesity has fallen but this may be a result of the introduction of sugar as a specific category/concern. In future surveys

we may wish to probe why people are worried about sugar and not just linked to obesity or diabetes but also to test awareness of its potential impact on cancer.

- 6.3 After successive surveys a pattern is emerging that suggests familiarity leads to confidence. If people know about PHE they are more likely to feel more positive towards us. Therefore it is not unreasonable to assume that as awareness of PHE grows so will people's confidence in us and our services.
- 6.4 The public displays a wide range of preferences for communications channels, and clearly there is still a significant role for traditional media but digital communications is becoming more important. Therefore it would suggest that a continued multi-channelled approach to communications is advisable.

**Iain Mallett**

*Head of Public Involvement*

November 2016