



Public Health Network Cymru  
**E-bulletin**

August 2022

# Health Inequalities



# In this issue...

Welcome to the August edition of the e-bulletin. Health inequalities result from a range of interconnected factors including access to healthcare services, health-related behaviours, mental well-being, social cohesion and the wider determinants of health such as quality of housing, access to fair work, poverty and air quality.

This e-bulletin includes articles from initiatives across Wales which focus on reducing health inequalities at a national, regional or local level.

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## Article Key

Research



Policy



Practice



Commentary



We would love to hear about any additional information, case studies or tips to share with the wider public health community in Wales in future e-bulletins and our website so please get in touch with us.

## Contact us

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# Headlines

## — Developing green infrastructure – it's as much about the people as it is about the places!

*Author:*

*Health and Wellbeing team at Wrexham Glyndŵr University*



Engaging with green spaces can have benefits for physical, mental and social health and wellbeing, but unfortunately access to such spaces can be limited for those who may benefit from it the most. People who experience multi-deprivation often find themselves ‘living, working and playing’ in areas where green spaces are scarce, unsafe and uncared for.

The Health and Wellbeing team at Wrexham Glyndŵr University recently evaluated a three-year green infrastructure (GI) project, which aimed to improve green spaces in two of the most deprived areas of North Wales. Some particularly interesting and important findings emerged in relation to two key aspects – ‘green infrastructure’ as a concept and ‘what matters’ to volunteers and stakeholders when it comes to green and blue spaces – which may be helpful for those commissioning and delivering GI projects in areas of deprivation.

With regard to GI as a concept, two key themes are reflected across the widely used definitions: (1) the essence of GI being identified as networks of green and blue spaces; and (2) the acknowledgement of the wide ranging associated benefits. Interestingly, this evaluation found that the stakeholders and volunteers interviewed recognised GI as being as much to do with networks of people and their relationships to places, as to do with developing and connecting green and blue spaces.

This would suggest an additional important way of conceptualising GI is as networks of people within which there is the aspiration and ability to protect, improve and enhance green and blue spaces. Those commissioning and delivering GI projects may wish to include actions that seek to connect, inspire and enable people, as well as improve physical spaces, in order to stand a greater chance of ensuring a meaningful impact and legacy.

In terms of ‘what matters’ to stakeholders and volunteers when it comes to GI, those interviewed spoke about two key things. Firstly, they wanted everyone to have easy access to diverse types of quality green spaces.

Sadly, however, this was often not the reality with many of the stakeholders and volunteers noting problems with littering, dog mess, and drug paraphernalia in their communities, and it was understood that this ran contrary to the needs within areas of deprivation. One volunteer, for example, spoke about ‘broken windows theory’, which proposes that visible signs of crime, anti-social behaviour and civil disorder create an environment that encourages further crime and disorder. The second thing that mattered to the stakeholders and volunteers was ‘having a say’ about GI in their local areas. Again, however, those interviewed identified that this was often lacking in areas of deprivation. They perceived that there was usually limited, or poor, consultation with residents, and several talked about a level of ‘mistrust’ in the system due to the use of ‘quick fixes’ and short-term projects to ‘tick boxes’.

Fortunately, there are ways that those commissioning and delivering GI projects can overcome the issues noted above. A further recommendation on the basis of this evaluation is that those responsible for delivering GI projects invest time at the start undertaking ‘what matters’ conversations with all those involved, and that as part of this, the aims, needs and concerns of community organisations and residents are carefully considered, and the subsequent actions undertaken are sensitive and responsive to these. It is also recommended that the legacy of projects is considered from their inception, with measures such as an enabling approach adopted, which provides knowledge, skills and resources for organisations and residents within communities and thus helps to ensure the long-term maintenance and care of green spaces.

For the full report, please email the Principal Researcher: [Sharon.Wheeler@glyndwr.ac.uk](mailto:Sharon.Wheeler@glyndwr.ac.uk)

# Six in ten people in Wales say their health has worsened due to rising cost of living

Author

Welsh NHS Confederation Health and Wellbeing Alliance



Poverty causes ill-health and illness, which is why 50 organisations across health, housing, and social care, including royal colleges and patient advocacy groups, recently came together to launch [Mind the gap: What's stopping change? – The cost-of-living crisis and the rise in inequalities in Wales](#).

This report comes as research finds that 60 per cent of people in Wales feel their health has been negatively affected by the rising cost of living, according to a [YouGov poll commissioned by the Royal College of Physicians \(RCP\)](#). Over the coming months, as the everyday cost-of-living continues to rise, an increase in poverty and inequality will lead to greater strain on people's health and the NHS. We urgently need coordinated cross-government action to improve lives and protect services.

A new paper from the Welsh NHS Confederation Health and Wellbeing Alliance, in partnership with the RCP,

That is why the Alliance is calling for cross-government action to reduce inequalities and tackle poor housing, food quality, community safety, low incomes, fuel poverty, racism and discrimination, poor transport links and air pollution, many of which are outside the remit of health and social care.

has called on the Welsh Government to produce a cross-government plan to reduce poverty and tackle inequalities, provide more support and detailed guidance for smaller organisations on how to tackle inequalities and simplify a complex and ever-changing landscape with hundreds of targets and performance measures.

Health inequalities – unfair and avoidable differences in health and access to healthcare across the population, and between different groups within society – have long been an issue in Wales, but the COVID-19 pandemic and the rising cost of living has exacerbated them. Respiratory conditions such as asthma and COPD are often made worse by air pollution or exposure to mould in poor quality housing. Recently, a [debt counselling charity warned](#) that the proportion of people in arrears with their energy bills in Wales is worse than any other part of the UK, which is pushing people into mental health crisis.



## Inequalities at a glance

- Health inequalities cost the Welsh NHS £322 million every year ([Public Health Wales](#)).
- Wales now has the worst child poverty rate of all the UK nations at 31% ([End Child Poverty](#)).
- One in ten Welsh households live in insecure housing ([Bevan Foundation](#)).
- People in Wales face a higher risk of dying in poverty than any other UK nation ([Marie Curie](#)).
- Almost 60% of adults in Wales are living with overweight or obesity ([Public Health Wales](#)).
- The full social cost of obesity to Wales is around £3 billion a year ([Frontier Economics](#)).
- 12% of Welsh households are at least one month behind on a bill ([Bevan Foundation](#)).
- Child poverty has increased in 20 of 22 local authorities over the past 5 years ([End Child Poverty](#)).
- Half of all children in lone-parent families in the UK are now living in relative poverty ([IFS](#)).

About the authors: [The Welsh NHS Confederation Health and Wellbeing Alliance](#) consists of over 70 health and care organisations from Royal Colleges, third sector organisations and social care organisations, and was established in 2015 to discuss key priorities and policy areas. The sub-group on health inequalities is chaired by the [Royal College of Physicians](#) and [Community Housing Cymru](#). #EverythingAffectsHealth

# The failure to tackle the Inverse Care Law in Wales



### Author

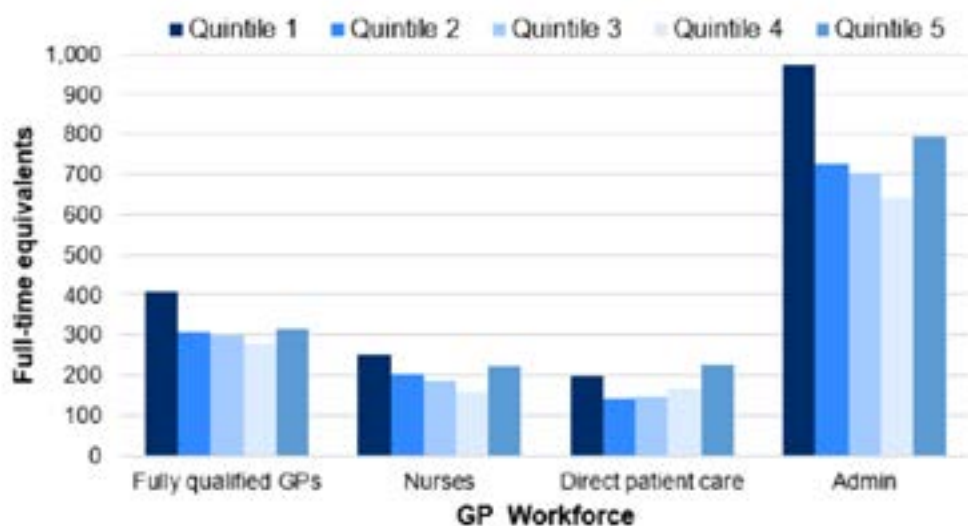
*Dr Kathrin Thomas, General Practitioner and Consultant in Public Health*



The healthcare system can and should contribute to reducing inequities in population health outcomes. Building in equity (in access, quantity and quality) can mitigate the impact of unequally distributed wider determinants of health. When we don't do this, the result is that "the availability of good medical care tends to vary inversely with the need for it in the population served", defined as the Inverse Care Law by Julian Tudor Hart. The NHS interventions that reduce inequities in health at a population level are largely delivered through primary care.

One new report (1) from the Welsh Government's statistics unit has shone a light on whether we are allocating primary care services according to need. And clearly, we are not. One would expect there to be more GPs and staff where there is greater need. But there are similar numbers of GPs across deprivation quintiles, and there is very inequitable distribution of other direct patient care staff.

Deprivation is one of the major drivers of workload. The average man in a deprived area develops poor health from the age of 54 for the next 20 years, the average man in an affluent area will be well until the age of 68, and then develop poorer health for only 14 years (2). This has a HUGE impact on GP workload in less affluent areas.



Source: Welsh Index of Multiple Deprivation, NHS Shared Services Partnership, Wales National Workforce Reporting System

### **We need a fundamental change in the allocation of primary care resources.**

Most of the workforce are employed by Independent Contractor GPs who are commissioned by the Welsh Government through a contract that is negotiated with the BMA Cymru. This has inadequate mechanisms to match resource to workload. Cluster (now Collaborative) funding also has little or no mechanism to distribute workforce according to need.

Calls for a Health Inequalities Strategy have not been acted on (3), and previous attempts to tackle the Inverse Care Law have been localised and not been able to demonstrate the expected impact (4).

### **Are we ignoring the most needy as their General Practices quietly drown while those in more affluent areas are just about managing to float?**

**For further information please contact Kathrin Thomas, [Kathrin.thomas@nhs.net](mailto:Kathrin.thomas@nhs.net), 07802 418120.**

1 [General practice and primary care cluster population and workforce by deprivation](#): at 31 December 2021 Report summarizing how deprivation can be measured in primary care and how workforce differs by relative deprivation level. 28th July 2022 accessed 16/8/2022

2 [Health state life expectancies by national deprivation quintiles, Wales: 2018 to 2020](#) Life expectancy and years expected to live in "Good" health and disability-free using national indices of deprivation to measure socioeconomic inequalities in Wales. Released 25th April 2022 Accessed 16.8.2022

3 [Making the difference: Tackling health inequalities in Wales](#), Welsh NHS Confederation on behalf of 36 organisations in Wales April 2021 Accessed 16.8.22

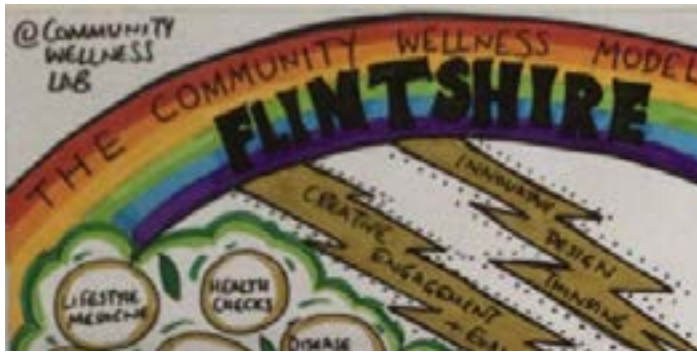
4 [Inverse Care Law Programme Update Report](#) Cwm Taf and Aneurin Bevan Health Boards June 2022 Accessed 16/8/2022

# Community Wellness Company Flintshire



## Author

Nan Pickering, *Storytelling and Communications Lead, Community Wellness Company* ([nanpickering@yahoo.co.uk](mailto:nanpickering@yahoo.co.uk)) and Hannah R. Williams, *Research Officer, Bevan Commission* ([Hannah.williams@swansea.ac.uk](mailto:Hannah.williams@swansea.ac.uk))



# Comisiwn Bevan Commission

The Community Wellness Company is a Health and Wellbeing Social Enterprise based in Flintshire, run by a team that puts creativity at the heart of everything it does. Their story began in Deeside where they set out to build bridges: between people and communities; wellness projects and volunteers; and the company's mission and policymakers. Since December 2021, they have been working in community settings focusing on those who have reached crisis point, including people experiencing homelessness and with complex social, emotional and psychological needs.

Founder Karen Sankey said, "Each of us has the right to a healthy and meaningful life. At the Community Wellness Company, we are supporting people to achieve that aim, especially those with the greatest need. By co-designing and delivering local community-led wellness projects, we firmly believe we can change the world one community at a time. We encourage everyone to find their voice and support them to become an active contributor. Everyone is valued and equal, in a culture of compassion, acceptance and connection. We recognise that we all have struggles and suffering, and we all have skills, strengths and a story to tell. A wonderful aspect of that is that those we first supported are now becoming members of our ever-growing team."

The team works hard to engage, support and care for the most vulnerable and those with complex needs, offering a community-led approach, focussing on wellness before illness and trauma recovery. Using co-productive methods, they discover what is important to the individual and support them to achieve it. This enables the team to create new chapters in people's lives.

In community-based sessions using a coaching approach, the team builds therapeutic relationships, provides health and wellness checks and advice; and offers creative, holistic and psychological therapies. They are also passionate about encouraging self-expression and voice. This includes facilitating storytelling, public speaking, song writing and singing sessions. The aim is to improve self-confidence, create a sense of belonging, and encourage people to realise they have choices and can 'change the narrative' around health and social care and educational support, but also wider society's perception too.



John is a recovering alcoholic. He says that drinking led him to homelessness and living in the Glanrafon Centre, owned by Flintshire County Council and run by The Wallich. John met the team when they were running wellbeing days at the centre. John says, “It was a godsend meeting them. I was in this very dark place – I felt that there was nothing left in me. I didn’t know who to turn to or what the purpose of life was. Community Wellness saved me and gave me hope. They asked me to work alongside them, doing various music and art projects. To be listened to and heard was massive for me because I’d been living in this bubble for a long time. Now I’m one of the team. The projects I’m working with are really exciting. It’s a clean slate and a brandnew chapter for me”.

Karen added, “Thank you to all the partners who have supported our pilot projects this year. Our particular thanks go to our strategic partners, Flintshire County Council and Betsi Cadwaladr University Health Board for funding the pilots and to The Wallich and Rivertown Church in Shotton for their support in hosting them. Our mission at Community Wellness is to discover the conditions, support, tools and skills that we need, not just to survive in our challenging, hierarchical and unjust society, but to flourish and thrive.”

Contact details: Dr Karen Sankey, Founder and Vision Champion, Community Wellness Company [karen@kswellness.co.uk](mailto:karen@kswellness.co.uk) and Dr Tom Howson, PhD, Innovation Lead, Bevan Commission [t.e.howson@swansea.ac.uk](mailto:t.e.howson@swansea.ac.uk)

The Community Wellness Company is supported by the Bevan Commission as part of the Bevan Exemplar Programme.

## St John Ambulance Cymru

*Authors*

*Rebekah Burns & Rhys Williams, St John Ambulance Cymru*



At St John Ambulance Cymru, we provide programmes for Badgers (5-11) and Cadets (11-18), as well as groups for university students and young adults.

With a focus on first aid, we offer a wide range of engaging learning opportunities and experiences. From keeping people safe volunteering at events big and small, to regular sessions where children can learn about a range of topics, from science to healthy minds and relationships, and community activism to children’s rights.

As laid out in our [Strategy 2025 document](#), we're increasing access to our services for the most disadvantaged communities in Wales to tackle health inequalities and the impact of adverse childhood experiences (ACEs). Geographical health inequalities and ACEs result in higher chance of conditions such as stroke, heart disease, and diabetes. First aid within these communities is therefore vital in increasing chances of survival during medical emergencies.



By targeting communities where these inequalities are most prevalent, we aim to create an army of young life savers who can respond quickly and effectively in an emergency. We hear endless stories of how the skills we teach our young people enable them to take action in lifesaving situations, like Harry, a Badger who was able to save his grandfather when he started choking, having learnt what to do just weeks before.

On top of vital first aid skills, our children and young people will also have access to great opportunities to develop personally, socially and professionally.

By providing a greater understanding of health inequalities, we aim to improve the wellbeing of our children and young people, while equipping them with the knowledge to save lives and providing opportunities for community activism, with a steer towards careers within health and social care.

We're Wales' leading first aid charity. Learn more about the work we do, including our youth programmes, at [sjacymru.org.uk](http://sjacymru.org.uk)

# The CHOICE Project – Ensuring reproductive autonomy for our most vulnerable groups.



## Authors

Author: Julie McDonald, Senior Public Health Practitioner, Public Health Wales



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf  
University Health Board

Socially excluded and vulnerable groups can often find it more difficult to access health and social care services and opportunities to improve their health and well-being (1). Advice, support, information and engagement with services in relation to health and social care is often more complex. Research confirms the need for prevention and early intervention approaches and improved access for individuals that are likely to be harmed by exclusion, often because of diverse life experiences and risk factors (1).

Inequitable access to services can result in health inequalities in particular groups receiving less care relative to their needs, or more inappropriate care than others. This often leads to poorer experiences, outcomes and health status. Access to the full range of services that can improve health and social care includes access to preventative interventions and social services, as well as primary and secondary health care (2).

Bridgend, Merthyr Tydfil and Rhondda Cynon Taf have some of the highest rates of infants subject to care proceedings in the UK (3). In addition to the financial costs, this has significant, lifelong, impacts on the wellbeing of children and families. The CHOICE Project was established to identify and work directly with women and their partners who are at risk of having their children taken into care at birth or during infancy. The CHOICE project is a spend to save early intervention service that can directly break this cycle and help to reduce current and future demand on public services, supporting women and their partners to make informed autonomous choices in relation to their reproductive health, before more costly and complex interventions become necessary.

Funding to establish the CHOICE Project was secured through the Welsh Government Prevention and Early Years funding stream. This funding enabled a 3-year pilot programme to commence on 1st April 2020. Utilising a clinic in a box approach, CHOICE brings together key health and social care partners to engage directly with the most vulnerable members of our communities. The project works with clients in a trauma-informed, non-judgemental way to empower them to decide on the best care pathway for themselves. The CHOICE project aims to breakdown any perceived barriers and work with clients as a partner in their care.

To date the CHOICE Project has engaged 731 clients and a recently undertaken Cost Consequence Analysis has confirmed that the average cost per client is just £89.38, a fraction of the cost of more complex, secondary interventions. The team are seeking to secure sustained investment to safeguard the future of the project for its clients and staff.

For further information, please contact Julie McDonald, Senior Public Health Practitioner; [julie.mcdonald@wales.nhs.uk](mailto:julie.mcdonald@wales.nhs.uk)

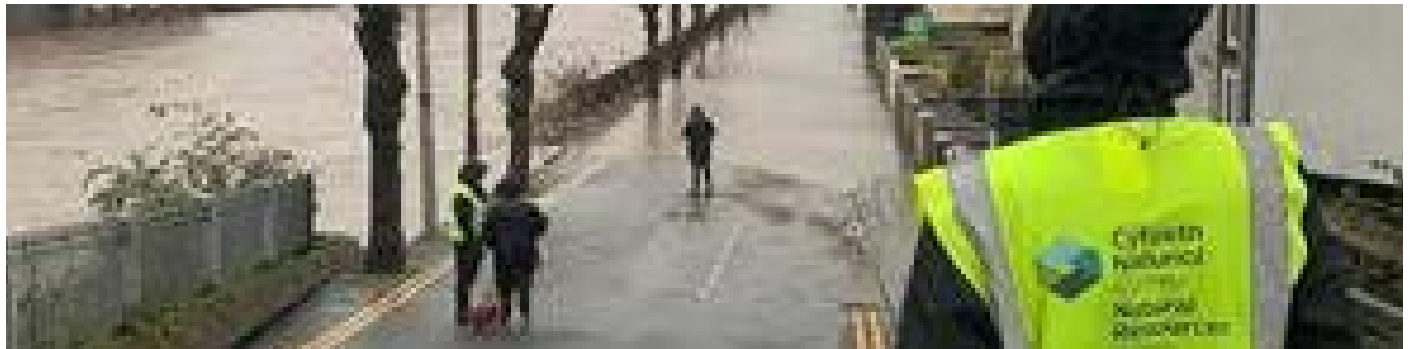
1) Nuffield Family Justice Observatory (2019). Born into care: newborns and infants in care proceedings in Wales. <https://www.nuffieldfjo.org.uk/resource/born-into-care-wales>

2) Kings Fund (2020). [What are health inequalities? What are health inequalities? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/what-are-health-inequalities/)

3) Stats Wales 2021. (Online). Available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/childrenlookedafterat31march-by-localauthority-gender-age>

## Natural Resources Wales' register considers social vulnerability of communities at risk of flooding

*Author*  
Natural Resources Wales



Flood risk is an issue of increasing concern in Wales, especially since the devastating floods caused by Storm Christoph and Arwen in 2021. The population at risk of exposure to flooding is expected to increase over time as a result of changes in population size, land-use and climate (UK Climate Risk).

Properties at risk of flooding in Wales are estimated as:

- 70,822 from tidal flooding or flooding from the sea
- 90,089 from river flooding
- 129,933 from surface water flooding and small watercourses ([Flood Risk Assessment Wales \(FRAW\), 2019](#))

All types of flooding carry a risk to life. Short term health and well-being impacts are usually due to:

- injuries, infections & diseases, mental health effects, disruption to services

The longer-term effects are less well understood and may arise from the impact of:

- damage to homes, loss of domestic utilities, having to move out



A study by Public Health England (PHE) recorded a significant association between displacement due to flooding and symptoms of depression, anxiety and post-traumatic stress ([PHE, 2020](#)).

Flood risk also interacts with health inequalities ([World Health Organisation \(WHO\), 2022](#)). A 2017 Joseph Rowntree Foundation ([JRF, 2017](#)) report found that socially vulnerable neighbourhoods are over-represented in areas prone to flooding, but most significantly in areas prone to coastal and tidal flooding. Certain parts of society are less able to cope with the effects of flooding; the most vulnerable are the very young, the elderly and disabled or already in poor health. Flood risk also interacts with health inequalities (World Health Organisation (WHO), 2022). A 2017 Joseph Rowntree Foundation (JRF, 2017) report found that socially vulnerable neighbourhoods are over-represented in areas prone to flooding, but most significantly in areas prone to coastal and tidal flooding. Certain parts of society are less able to cope with the effects of flooding; the most vulnerable are the very young, the elderly and disabled or already in poor health.

To manage flood risk and help tackle the related health inequalities, Natural Resources Wales have developed the Communities at Risk Register (CaRR) which allows the level and distribution of flood risk to be quantified across Wales. The CaRR uses a calculation based on flood hazard, social vulnerability of people and area and other factors. The methodology applied is taken from research carried out by the Department of the Environment, Fisheries and Rural Affairs (Defra) in 2006.

The Social Flood Vulnerability Index (SFVI) is one of the datasets used in the calculation.

We aim to take an enabling role to help those at risk to increase their awareness and resilience to flooding by providing data, information and supporting advice as well as working with partners by collaborating with Public Service Boards through Area Statements and the Well-being assessments and Plans.

More information about flood risk in Wales is available on our website:

[Natural Resources Wales / Check your flood risk by postcode](#)

[Natural Resources Wales / Sign up to receive flood warnings](#)

<https://naturalresources.wales/flooding/preparing-for-a-flood/?lang=en>

<https://naturalresources.wales/flooding/what-to-do-in-a-flood/?lang=en>

<https://naturalresources.wales/flooding/what-to-do-after-a-flood/?lang=en>

Subscribe to our email updates about flooding: [Flooding matters bulletin](#) – June 2022

The SFVI is a composite index based upon three social (long-term sick, single parents and elderly) and four financial deprivation indicators (home and car ownership, unemployment and overcrowding). The score is then categorised into 5 bands.

NRW uses the CaRR to help prioritise flood risk management interventions, including investment in new flood schemes and maintenance of existing flood infrastructure. Welsh Government use CaRR as a metric to prioritise investment, as part of their scoring methodology alongside the recent history of flooding in the given area and other benefits a project might provide.

# A Biological Bridge to the Built Environment



Author  
Centric Lab

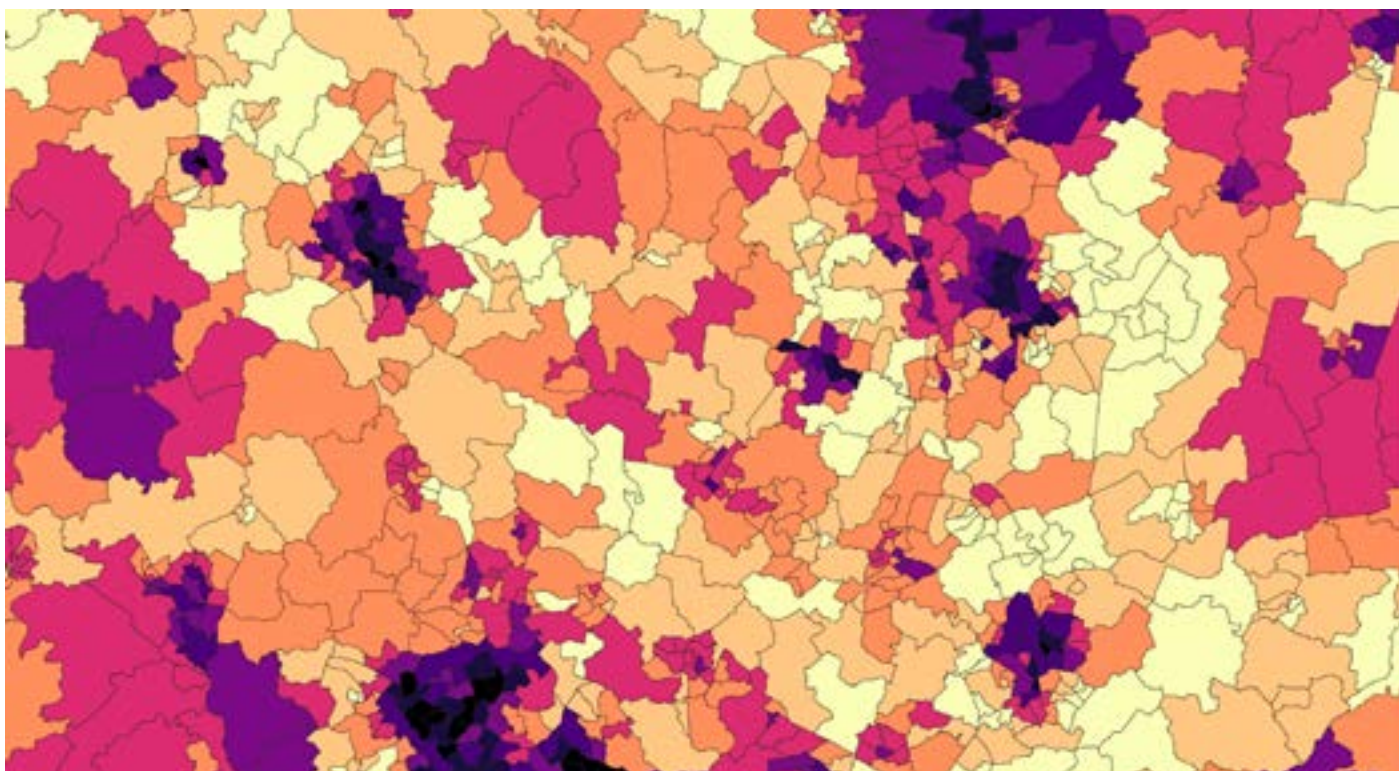


In February 2020 the populations of Rhondda Cynon Taff experienced Storm Dennis, the second major flooding of winter, causing a range of problems: social, economic and infrastructure. The area is noted as being ‘deprived’ and scores very highly on the Communities At Risk Register. It was also the region to experience some of the worst impacts of Covid-19’s first wave.

An integrated urban planning, healthcare and natural resources system would have been able to understand and mitigate this risk to minimise poor human health outcomes, this is where we collectively want to be: health prevention and protection rather than care.

Since John Snow identified the development of cholera to a water source in Soho the connection between urban infrastructure and population health has been understood, but has there been sufficient evidence, tools and an approach for action within policy?

Developed as a partnership between [Centric Lab](#) and global environmental science company [CGG](#) the [Biological \(In\)Equity Index](#) observes environmental trend data and uses neuroscience research to develop thresholds that answer the question: how healthy is this place? A team of geospatial data scientists and neuroscientists created measures to quantify biological inequity by combining physical (e.g., [air pollution](#), [noise pollution](#), [light pollution](#)) and [psychosocial](#) factors (e.g., deprivation).



A GIS screenshot from Biological Inequity Index

Biological inequity posits that health inequity in urban populations is a result of structural marginalisation processes executed through the built environment. Specifically, particular social groups are disproportionately exposed to physical and psychosocial stressors in the urbanised environment, where prolonged exposure results in chronic stress. Chronic stress increases the individuals '[allostatic load](#)' level – which refers to the wear and tear of stress-related biological systems e.g., [neuroendocrine](#), [metabolic](#), [immune systems](#). In turn, these stress-related biological differences increase the risk of disease and poorer health outcomes as a person becomes more susceptible to sudden shocks; such as major flooding, toxic air exposure, home eviction/displacement, or job loss.

Dysregulated [neuroendocrine](#), [metabolic](#), [immune systems](#) are fertile grounds for the development of non-communicable diseases (such as cancer, heart disease, stroke, diabetes, lung disease, and liver disease). They are responsible for at least 20,000 deaths every year in Wales - more than half of all deaths. These elements are the outcomes of inadequate regulation of industrialisation. For too long health policies and the built environment have focused on behaviour and the distance between urban development and healthcare is too large. This Index now provides a method to observe, measure and track the upstream activities of industrialisation that influence health. It is an expansion of the commercial determinants of health that define a place.

As a result, there is an opportunity to better link public health departments and urban planning, an initiative sought since 2012 across England & Wales;

- Impact Assessments can use this information as a baseline data to factor in susceptibility of local populations to environmental changes, such as major flooding incidents, and whether the result of urban change is a net positive.

- GPs are able to acknowledge and make note of whether a person lives, works, and plays in areas of higher biological inequity, en masse providing valuable insight to clinical commissioning groups and public health leaders any trends between place and health outcomes.

A vision for justice can be developed and help achieve the Well-being of Future Generations where, to borrow from the godfather of environmental justice and White House advisor Prof Robert Bullard, no longer should a postcode be a determinant of a person's health. It's now time to formalise this connection in health policy as we collectively prepare for challenges from a dysregulating planet and extreme weather events.



# Latest from the Network

## Listen to our latest podcast

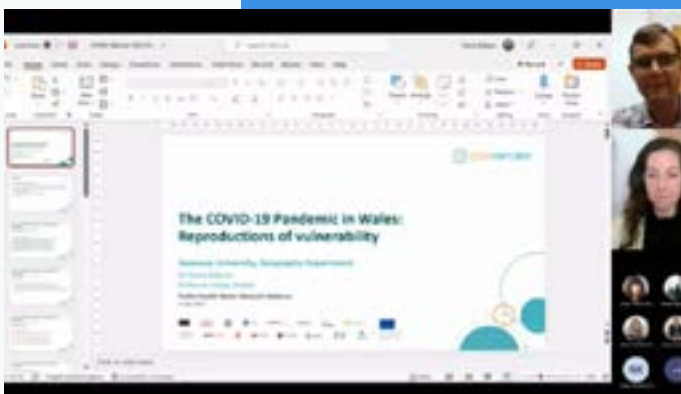
### Healthy Schools

What is the Welsh Network of Healthy School Scheme and Healthy and Sustainable Pre-school Scheme? What is a Whole School/Setting Approach? What does a 'healthy' School or Pre-school look like?

[Listen](#)

[See all podcasts](#)

## Watch our latest video



### The COVID-19 Pandemic in Wales: Reproductions of vulnerability

This webinar traces how particular understandings of the concept have informed the pandemic responses from healthcare, the Welsh and local governments, and community organisations in Wales with focus on the Swansea area.

[Watch](#)

[See all videos](#)

# Latest News

[See all news](#)



16-08-2022

[Autumn booster invitations issued to eligible adults in Wales](#)



16-08-2022

[Levels of happiness increasing now pandemic recovery underway](#)



03-08-2022

[How to talk about the building blocks of health](#)



02-08-2022

[Consultation launched to provide good access to social prescribing across Wales](#)



02-08-2022

[£65m to ensure everyone has a 'place to call their home'](#)



26-07-2022

[Sustaining community led action is key to recovery from pandemic](#)

# Upcoming Events



08-09-2022, 14:00-15:00

[WEBINAR: Protecting the mental well-being of our future generations](#)



12-09-2022 - 18-09-2022

[Sexual Health Week](#)



21-09-2022, 14:00-15:00

[WEBINAR: Food Security in Wales](#)

# Topics

[See all topics](#)

- A** Accidents and injury prevention  
Adverse Childhood Experiences  
Air Quality  
Alcohol and substance use and misuse  
Approaches and methods in public health practice  
Arts and health
- B** Behaviour change  
Biodiversity and greenspace  
Built environment  
Cancers  
Cardiovascular conditions  
Carers  
Children and young people  
Climate change  
Communicable diseases  
Community  
Community assets  
COVID-19
- D** Debt and benefits  
Diabetes  
Diet and nutrition  
  
Early Years  
Education and training  
Employment  
Environment  
Ethnicity  
Evaluation
- F** Foodborne communicable diseases  
Fuel Poverty  
Further, higher and tertiary education
- G** Good, fair work
- H** Health in all policies  
Health inequalities  
Health related behaviours  
Homelessness  
Housing  
Housing quality  
Human rights and social justice
- I** Income and resources  
Influenza
- L** Learning difficulties  
LGBTQ+
- M** Maternal and new born health  
Men  
Mental health conditions  
Mental ill-health  
Mental wellbeing
- N** Natural environment  
Non-communicable diseases
- O** Offenders  
Older adults  
Oral health
- P** People  
Physical activity  
Planning  
Poverty  
Precarious work  
Preschool (including WNHPSS)  
Prevention in healthcare
- R** Respiratory conditions
- S** School (Including WNHPSS)  
Sexual health  
Sexually Transmitted Infections  
Smoking and vaping  
Social capital  
Spirituality  
Stress, coping and resilience  
Suicide and suicide prevention  
Sustainable development  
Systems thinking in public health
- T** Transport
- U** Unemployment
- W** Water and sanitation  
Wellbeing of Future Generations  
Wider determinants of health  
Women  
Working age adults

# Next Issue

## Physical activity and active travel

Regular physical activity has many benefits to health, including mental health and well-being. Physical activity refers to all movement including walking, cycling, wheeling, sport, active recreation and play. Active travel can improve physical activity levels as well as having positive impacts on our environment.

For our next e-bulletin we would welcome articles which look at national, regional or local initiatives, programmes or policies changes which encourage and promote physical activity and active travel.

