



# **UNDERSTANDING AND ADDRESSING THE PUBLIC HEALTH IMPACT OF SMOKING AND E-CIGARETTE USE IN WALES**





# Welcome

**W**elcome to February's e-bulletin which highlights strategies for prevention or interventions to improve outcomes for those who are affected by smoking and e-cigarette use in Wales.

Smoking impacts on the lives of children and young people throughout their childhood and vaping has increased amongst the Welsh population in recent years, with 8% of the adult population reporting they use them currently, and 5% of 11-16-year-olds using vapes at least weekly.

This e-bulletin includes a range of articles which highlight national, regional or local initiatives, policies or programmes which focus on reducing inequalities in smoking, increasing the proportion of young children and young people who have a smoke-free childhood, and ensuring that there is a whole-system approach to a smoke-free Wales.

We recently held a webinar on this topic which can be viewed on the past events page of our [website](#).

Let us know what you think of our e-bulletin by answering two questions. Click [here](#) for the survey.

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### Vaping in Wales: What do children and young people want us to know?

Rochelle Embling, Senior Public Health Research & Evaluation Officer, Health Improvement Division, Public Health Wales

Niamh Mchugh, Research & Evaluation Assistant, Health Improvement Division, Public Health Wales

Anna Kolosowska, Research & Evaluation Assistant, Health Improvement Division, Public Health Wales

The government recently announced a ban on all disposable vapes in the UK (1). This new legislation aims to tackle a rising number of young users. One in 5 children aged 11 – 16 have tried a vape (2), and up to 10% of Year 10 learners are using a vape every day (3).

Vapes often contain nicotine, which is highly addictive, and are made with a mixture of other chemicals. They are not recommended for use among non-smokers (4).

Vaping has rapidly grown in popularity (5), with a large variety of designs for sale. Their rainbow colours, food and drink inspired flavours, and trendy names have increased concerns around the appeal to children (6).

To hear their views, Public Health Wales have been speaking to children and young people aged 11 – 22 years old in secondary schools, further education colleges, and youth settings across Wales.

#### *“It’s the new smoking”*

In our sample of 86 young people, around half of those aged 14 and older had ever



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Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

tried or used a vape. This was noticeably higher than smoking (2).

Vaping was seen as a ‘normal’ activity for people their age. They confidently named brands, knew their flavours and ingredients, and discussed the number of ‘puffs’ in devices.

Vapes were commonly shared when socialising in groups and this increased pressure to try. This included reusing devices found among vape litter.

*“It’s not good for you, but it’s better for you than smoking”*

Those who had tried vaping were less worried about the side effects (e.g., sore throat, shortness of breath) and

health scares they had seen on the news (e.g., “popcorn lung” (7)).

Instead, mental health was one of their biggest talking points. Using a vape was seen as a safety blanket for some regular users, helping them to stay calm and relieve stress and anxiety. This was linked to withdrawal, making it difficult to stop.

*“I wake up in the middle of the night sometimes and I’ll be like. ...Yeah, I sleep with it in my hand.”*  
(Further education)



Of 'never smokers' had tried vaping.



Of 'current smokers' were also vaping.



Of 'previous smokers' had tried vaping.

### *"It's hard to stop"*

Many strategies to manage vaping among young people are already in place. Schools often provide information sessions across year groups, confiscate devices, and report use to parents. What seems to be missing is knowledge of how to quit.

*"But once you've already started and you can't stop and you've got no one to help you stop, and everyone just keeps chucking at you how bad it actually is. You don't really know where to go from there."* (Year 9)

Most young people are not vaping. However, these discussions emphasise a need for better support across communities to address current vaping among young people, their experiences of nicotine dependency, and social and emotional reasons for vaping.

More information about how to respond to vaping for secondary-aged learners is available on the Public Health Wales website (8). Help Me Quit is a free service available to everyone in Wales for those in need of further advice and support (9).

(1) <https://www.gov.uk/government/news/disposable-vapes-banned-to-protect-childrens-health>

(2) <https://orca.cardiff.ac.uk/id/eprint/158974/1/SHRN-2021-22-National-Indicators-Report-FINAL-en.pdf>

(3) <https://phw.nhs.wales/news/two-thirds-of-year-10-pupils-who-vape-daily-show-signs-of-nicotine-dependency/>

(4) <https://www.nhs.uk/better-health/quit-smoking/vaping-to-quit-smoking/>

(5) <https://www.statista.com/forecasts/1178470/united-kingdom-revenue-in-the-e-cigarette-market>

(6) <https://phw.nhs.wales/news/public-health-wales-has-adopted-a-new-approach-to-urgently-address-the-use-of-vaping-products-among-children-and-young-people/>

(7) <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/does-vaping-cause-popcorn-lung>

(8) <https://phw.nhs.wales/topics/information-and-guidance-on-vaping-for-secondary-aged-learners-in-wales/>

(9) <https://www.helpmequit.wales/>

## Practice

# Vaping amongst children and young people Incident Response Group: a communicable-disease response to a non-communicable issue

Lorna Bennett, Consultant in Public Health, Public Health Wales

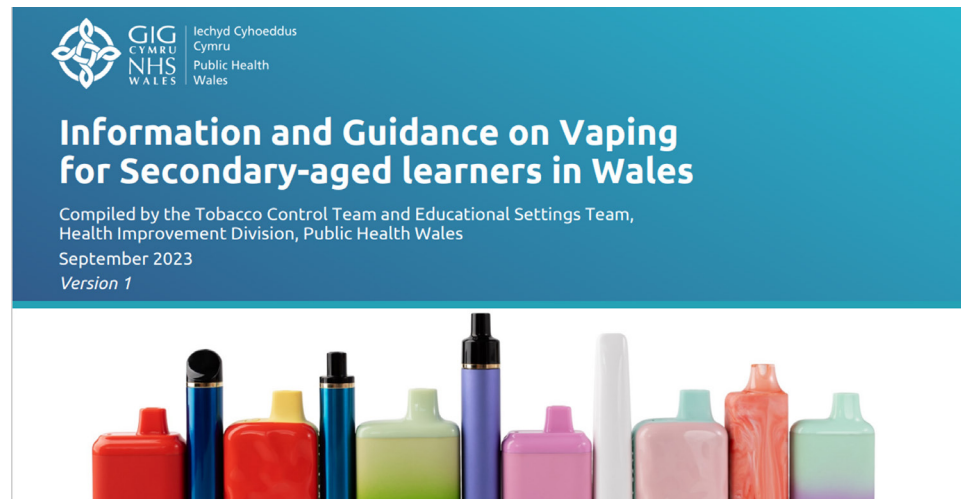
Chris Emmerson, Consultant in Public Health, Public Health Wales

Gemma Hobson, Specialty Registrar in Public Health, Public Health Wales

**I**n common with other parts of the United Kingdom, Wales is experiencing a rapid increase in reports of young people vaping (1). Concerns have been raised that this rise is attributable, at least in part, to the marketing and availability of disposable vapes. While vaping can provide a valuable aid to assist tobacco smokers who have been unable to quit by other means, all experts are clear that vaping is not safe for non-smokers.

To investigate the rise of vaping amongst children and young people, Public Health Wales (PHW) convened an Incident Response Group (IRG) in July 2023. The IRG drew on health protection approaches to managing outbreaks of communicable disease to drive a rapid response to an issue perceived as urgent amongst key stakeholders in Wales.

The establishment of an IRG to tackle non-communicable disease issues is a new approach that has been previously tested to respond to other areas of concern such as cancer survival rates (2). Typically, the public health approach to non-communicable problems and communicable diseases, differ. Communicable diseases within health protection are managed through an outbreak or incident control team with a sense of urgency to act, while the approach to non-communicable problems is generally more reliant on a



more strategic approach over longer timescales.

The IRG for vaping amongst young people provided a way to rapidly bring together interested stakeholders to respond to an issue that had quickly evolved. The IRG included representatives from public health, healthcare, education, youth work, school nursing, environmental health, toxicology, communications and the third sector. Other stakeholders included those from Welsh Government and the Children's Commissioner for Wales. The IRG met 8 times between July and November 2023.

The IRG conducted a range of investigations including additional analysis of population surveys, focus groups with children and young people; surveys of school leaders and learners, and a review of environmental harms. It considered evidence of harm resulting from vaping

amongst children and young people, concluding that the focus should be on nicotine dependency and the health and wellbeing of children and young people in Wales. Following its investigations, the IRG developed and agreed a set of evidence statements and identified and assessed associated control measures.

Whilst undertaking its investigations, the IRG endorsed an information and guidance resource on vaping for secondary-aged learners (3) – a specific request to PHW from the Welsh Government following several calls for support from secondary school headteachers in Wales. This document provided data and evidence-based information for schools including how they can respond to and help address vaping within their setting through policy, practices, and curriculum content.

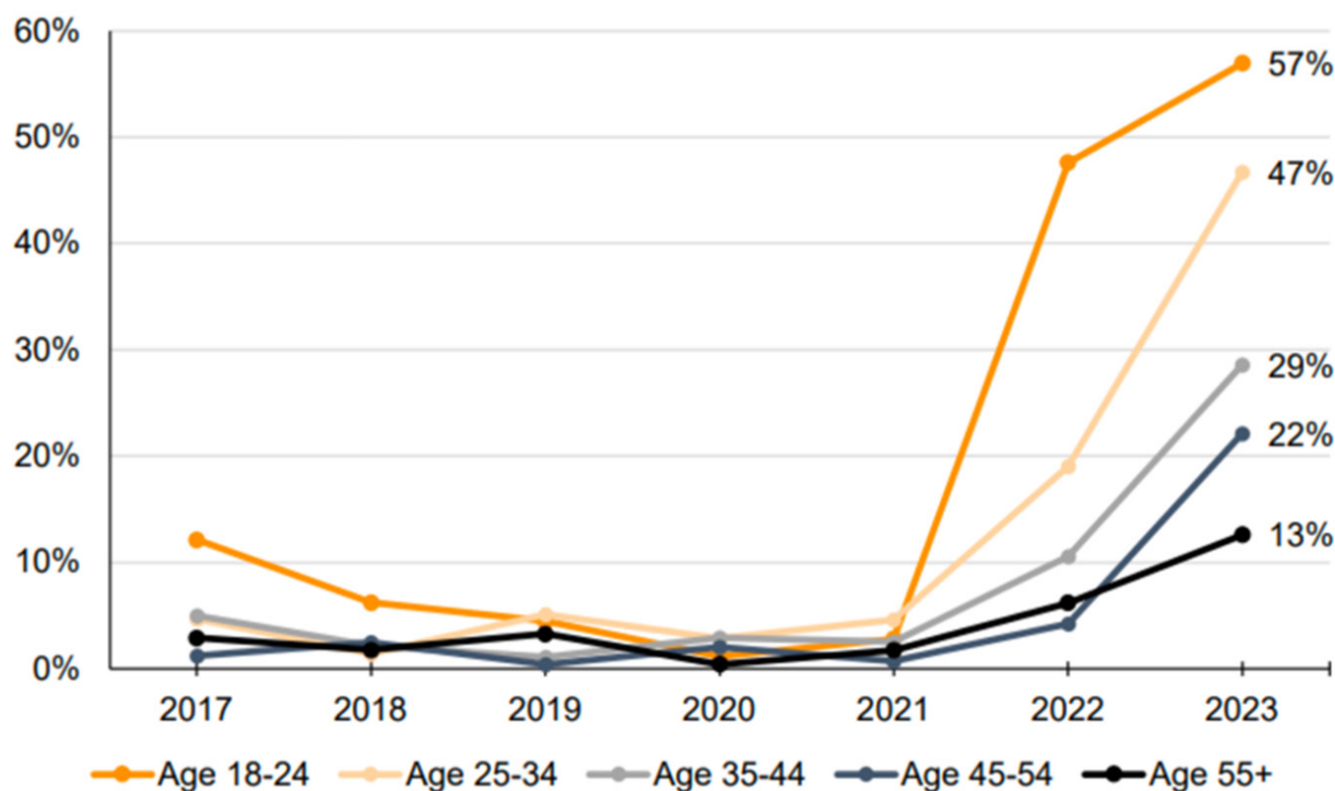
A rapid review of the work of the IRG suggests this approach has been effective to address the situation identified. The use of similar approaches aligned to health protection outbreaks for non-communicable issues is likely to be beneficial to address an issue rapidly, consistently and inclusively. Further evaluation of the IRG will be undertaken as a key element of the final incident report.

(1) <https://orca.cardiff.ac.uk/id/eprint/158974/1/SHRN-2021-22-National-Indicators-Report-FINAL-en.pdf>

(2) [Responding to sustained poor outcomes in the management of non-communicable diseases \(NCDs\): an “incident control” approach is needed to improve and protect population health |](#)

[BMC Public Health | Full Text \(biomedcentral.com\)](#)

(3) [Information and Guidance on Vaping for Secondary-aged learners in Wales - Public Health Wales \(nhs.wales\)](#)



Use of disposable e-cigarettes by age group (ASH Smokefree GB Survey, 2023)

## Policy

# Legislation, regulation and variation: achieving public health goals through policy on vapes

Chrissie Parker, Public Health Practitioner, Public Health Wales

Rachel Howell, Principal Public Health Practitioner, Public Health Wales

In the 1980s and 1990s the UK had one of the least interventionist policy regimes in the world but by the mid-2000s it was recognised as a global leader in tobacco control (1). Evidence consistently shows tobacco control policies reduce smoking rates (see Figure 1). The rise of vaping poses a whole new set of questions about what policy and legislation could and should do to protect public health. What can we learn from the UK's experiences of tobacco regulation? And what do the challenges of vape regulation tell us about public health policy in general?

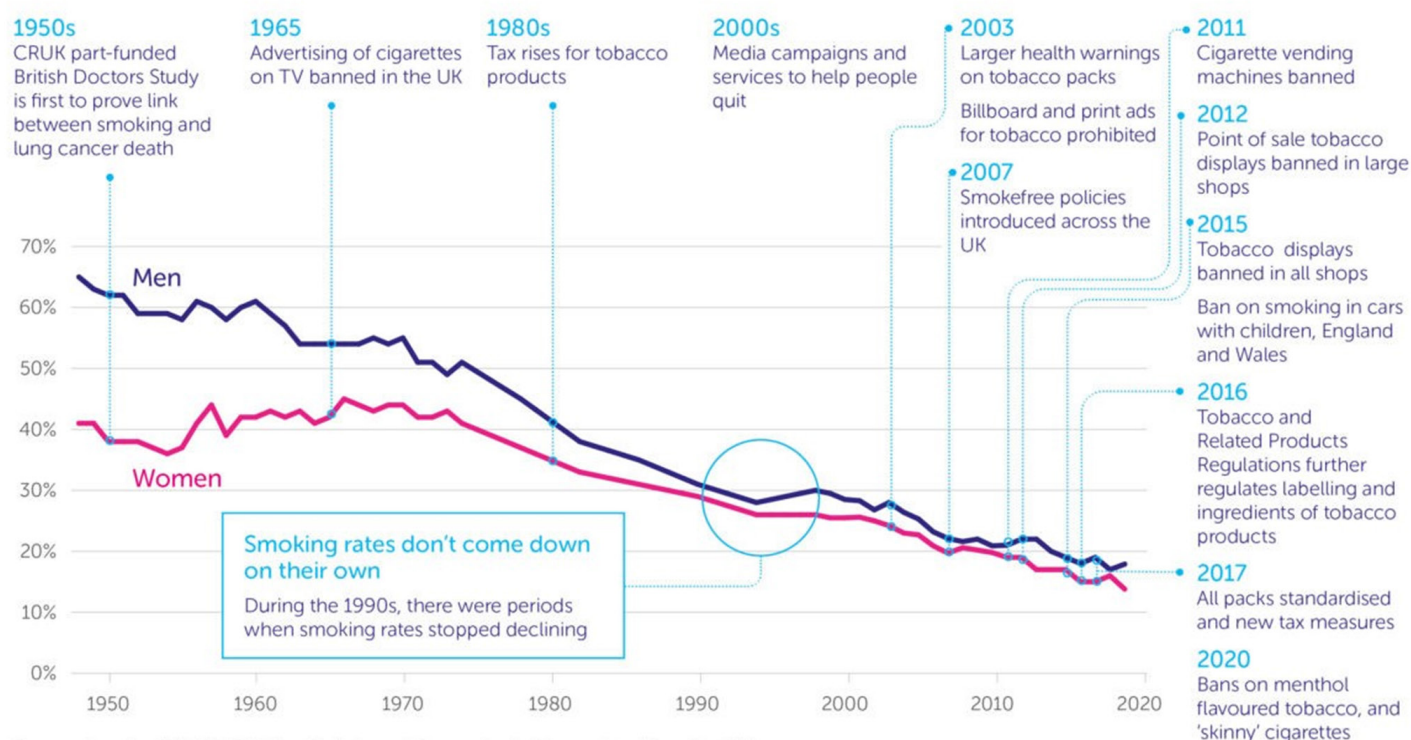
## Vaping and global policy – more answers than questions?

Vaping has grown rapidly from almost nothing in many countries over the last decade. The National Survey for Wales reports vaping amongst adults rising from 6% in 2021-22 to 8% in 2022-23. A cause and effect of this growth is the rapid evolution of vaping products, particularly disposables serving a growing global market. Whilst vaping is substantially less harmful than smoking and vapes may be an effective aid to quitting for smokers, concerns over the large numbers

initiating vaping, especially children and young people, are raising concerns across the world.

The question of how to design policy to reflect different issues and priorities has given rise to many different answers across the globe. Regulatory and policy responses have varied significantly (2); often due to different within-country priorities, such as harm minimisation, tobacco harm reduction, consumer safety, and/or youth protection as well as other internal and/or external influencing factors.

## Smoking rates decline with action



Sources: Data for 1948-1973: PN Lee Statistics and Computing Ltd. International Smoking Web Edition. Available from <http://www.pnlee.co.uk/ISS.htm>. Accessed July 2020. Data for 1974 onwards: Office for National Statistics. Adult smoking habits in Great Britain. Accessed July 2020.

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Large differences are evident, such as provision of vapes as cessation devices via the NHS in England, outright bans on sales and distribution in 32 countries, the banning of specific product categories and flavours in some (but not all) US states, to a complete ban on nicotine vapes other than via prescription in Australia.

The World Health Organisation (WHO) which played a central role in co-ordinating country-level policy action on tobacco through the Framework Convention on Tobacco Control (FCTC) (3) has advocated for strong restrictions on vapes, most recently calling for applying most tobacco control measures to vapes (4). However, this approach has often been criticised by those who believe a more proportionate response is called for (5).

Vaping regulation in the UK: something old, something new, something borrowed?

Vapes in the UK are regulated via the Tobacco and Related Products Regulations 2016 (TRPR) and are treated as consumer products, meaning they must conform to product standards, including nicotine

strength, safety, packaging, labelling, marketing, notifications, vigilance, and annual reporting. Although there is a route to license vaping products as a therapeutic device (e.g. as a cessation aid) no manufacturers have chosen this route, despite frequent public claims of their value in stopping smoking. Importantly, legislation and regulation on smoke-free environments, domestic advertising, domestic sales, age restrictions, nicotine-free e-cigarettes, flavourings, and taxation are not harmonised across the EU. UK health policy is a devolved matter and age of sale restrictions for nicotine containing vapes are currently in place. The UK Government has committed to working with the devolved nations to align policy approaches where possible and in its Smokefree Generation Bill (6) has proposed a ban on disposable vapes and is expected to apply a range of restrictions, including those modelled on tobacco legislation (e.g. point of sale display, packaging) and novel policies modelled on other countries (e.g. a restricted list of flavour descriptors, following legislation in New Zealand).

Regulation and public health strategies: joining the dots

Developing a public health strategy in this complex and shifting landscape is a challenge, with concerns that piecemeal approaches are failing to provide a clear and effective regulatory framework that achieves public health goals (7). One framework that Public Health Wales has been exploring was proposed by Yan and colleagues to categorise policy approaches into domains defined by their mechanisms of action: (8)

- Acceptability
- Affordability
- Accessibility
- Awareness

This framework, in offering a strategic approach towards comprehensive strategies will allow public health teams to address the evolving landscape effectively. By aligning with international guidelines and reviewing policies against evidence-based frameworks, policymakers can develop comprehensive and nuanced approaches that fit their population needs, safeguard public health, and counter the pervasive influence of the tobacco and vaping industries.

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## Research

# Using behavioural science to empower nurses to address smoking: The Think Quit Study

Dr Megan Elliott, Principal Public Health Researcher, Cwm Taf Morgannwg University Health Board

In Wales, patients who are admitted to hospital or access secondary care services can be supported by the Help Me Quit in Hospital service. The service provides patients with free behavioural and pharmacological support to help them make a quit attempt. Patients can self-refer to the service or be referred by any healthcare professional, and support from the service continues after they have been discharged from hospital. Smokers are up to three times more likely to successfully quit smoking if they are supported by Help Me Quit.

Researchers have found that hospitals are an optimal setting for identifying smokers and for delivering smoking cessation interventions (1), and that hospitalised patients are more receptive to interventions than the general population (2).

Nurses play a critical role in identifying smokers, promoting smoking cessation and referring patients to service that can support them to quit. However, nurses report a range of barriers to these behaviours, including lack of knowledge, confidence, time and training, perceptions that patients do not want to quit and cultural challenges in the workplace.

Annually in Cwm Taf Morgannwg University Health Board we estimate that there are 21,720 hospital admissions for smokers (3). Despite this, only 443 patients were referred to Help Me Quit services between 2020 and 2022. There is a missed opportunity to

systematically identify smokers and support them to make a quit attempt whilst they are admitted to hospital, or on discharge.

[The Burdett Trust for Nursing](#) has awarded a multi-disciplinary team working across Cwm Taf Morgannwg University Health Board, University of South Wales and Public Health Wales £97,667 to deliver the Think Quit study for nurses between June 2024 and May 2025. The team comprises nurses, researchers and public health, behaviour change and innovation specialists.

Think Quit will work with nurses in CTM UHB across three phases of research to co-produce & pilot test a behaviourally-informed, evidence-based intervention, which empowers nurses to promote smoking cessation amongst patients in hospital settings, in line with the Help Me Quit (HMQ) in Hospital model.

The team will take a systematic behavioural science approach to developing an intervention for nurses, following the Behaviour Change Wheel (4) and using the Theoretical Domains Framework (5). The study will start with insight gathering, to understand the barriers, facilitators and experiences of secondary care nurses and patients when discussing smoking cessation in hospital settings. This will be followed by a series of co-production workshops to design and develop a behaviourally-

informed intervention. Finally, this intervention will be pilot tested and evaluated with a small sample of nurses to explore usability, acceptability and impact.

The findings and impact of the study will be shared through reports, peer-reviewed journal articles, blogs and conference presentations. If you are interested in getting involved in the study or hearing about the findings and impact, please contact Megan Elliott [megan.elliott@wales.nhs.uk](mailto:megan.elliott@wales.nhs.uk)

## Research

# Profiles of adults and children who smoke using national surveys

Annette Evans, Principal Statistician, Public Health Wales, Rhian Hughes, Principal Analyst, Public Health Wales, Danielle Hearn, Public Health Intelligence Analyst, Public Health Wales, Kirsty Little, Public Health Consultant, Public Health Wales, Chris Emmerson, Public Health Consultant, Public Health Wales, Rebecca Hughes, Information Analyst, Public Health Wales, Liz Newbury-Davies, Principal Public Health Practitioner, Public Health Wales, Alisha Davies, Head of Research and Development, Public Health Wales, Louisa Nolan, Head of Data Science, Public Health Wales

To support the Welsh Government's strategy to be smoke-free by 2030 this Public Health Wales (PHW) study investigates whether smokers have different characteristic profiles to help inform tailoring of support for smoking cessation services such as Help Me Quit. Cigarette smoking continues to be a major cause of poor health and preventable death in Wales.<sup>(1)</sup> Previous studies using traditional approaches show single characteristics that influence the likelihood of smoking however, it is not known whether combinations of these many factors can identify different groups of smokers. This research used national survey data to investigate whether smoking, health, lifestyle and other factors cluster together differently for groups of smokers using a technique called cluster analysis.

This study used nationally representative random sample survey data from the [National Survey for Wales](#) 2021/22 for adults smokers in the cluster analysis. This technique creates groups that are not known in advance based on combinations of similar characteristics by using machine learning. The analysis was repeated for adult ex-smokers. The study also looked at whether different profiles exist for young people aged 11 to 16 years using data from the [School Health Research Network survey](#)

2021/22, also nationally representative. These surveys contain rich data across multiple themes including use of cigarettes or e-cigarettes, socio-demographics, lifestyles, deprivation, general health, long-term conditions, mental health and well-being.

For adult smokers aged 16 years or more (N=833 in weighted data), four groups emerged whose characteristics when comparing the clusters were:

Cluster 1 33% 'risk behaviours and no children': were less deprived, mix of married couples and singletons, no children, good health, higher alcohol intake

Cluster 2 14% 'poor health and wealth': were deprived singletons, poor health and mental health, poorer education, more females, with children

Cluster 3 39% 'young and poor mental health': were more educated, employed version of cluster 2, not as deprived, mostly single no children, poorer mental health, more trying to quit smoking

Cluster 4 13% 'older smokers': were older, retired, less deprived, poor health, high life satisfaction

Generally, clusters with more smokers who started smoking under 16 years of age had poorer scores across most of the themes in the analysis.

For adult ex-smokers (N=1887 in weighted data), cluster analysis shows these clusters differed from the smoking clusters because of increased sickness, better affluence, employment, and older age ( $\geq 75$  years).

The full report for both adults and young people will be available at the end of March 2024 at [Data - Public Health Wales \(nhs.wales\)](#).

This analysis provides evidence to help PHW make choices about how to tailor smoking cessation messages, placement of messages and interventions by better understanding motivations and personal circumstances of smokers. It has helped to inform the next steps in PHW's strategy to reduce smoking in Wales. It adds to current knowledge about single known factors (deprivation, poorer mental health and associated poorer health) showing multiple factors cluster in several different profiles. It is acknowledged that smoking in Wales may be underreported because it may be perceived as socially unacceptable.

(1) Public Health Wales Observatory. Cardiff. 2019 [cited 2023 Oct 11]. Smoking in Wales. Available from: <https://publichealthwales.shinyapps.io/smokinginwales/>

## Policy

# Public health and commercial playbooks: tobacco versus public health

Chris Emmerson, Consultant in Public Health, Public Health Wales

## Why haven't we made smoking history?

On 30 September 1950, Richard Doll and Austin Bradford Hill published their paper showing the risk of developing lung cancer was 50 times higher in those smoking 25 cigarettes per day compared with non-smokers<sup>1</sup>. The average number of cigarettes sold per person per day in Britain was 6.5.

In 1998, the tobacco industry was forced to publish 27 million pages of documents demonstrating their knowledge of causal links between smoking and cancer<sup>2</sup>. The average British adult was still buying 5.6 cigarettes per day.

Why did the evidence have so little impact for so long? And what does this tell us about how to tackle unhealthy products today?

## Industrial strength countermeasures

The Tobacco industry is often seen as writing the 'playbook' of how to sell – and keep selling – health harming products. Decades of evidence studied through the classic pillars of commercial marketing (product, price, promotion and placement) shows a wealth of different strategies that we also see applied in other markets:

- In response to increased taxation of tobacco, companies use 'tax shifting' – absorbing price rises in high value

brands with less price sensitive customers, whilst maintaining low costs for value brands, to shore up prevalence amongst those who smoked most

- As health concerns became louder, tobacco companies introduced 'light' products arguing that these were safer alternatives, despite little evidence of reduced harm<sup>3</sup>

- The tobacco industry has been a leader in using social media to evade advertising restrictions and reach a new generation of young people<sup>4</sup>

What can we learn from these examples? And what can we do to counter these countermeasures?

## Systematic strategizing

Key to addressing these 'commercial determinants of health' is to understand that whilst companies have their own strategies, these operate within wider social and economic systems and that public health needs to work at that level.

Another consideration is the rate of innovation. Industries can innovate very rapidly when they identify new markets or face new policy challenges and these innovations can spread across the commercial landscape very rapidly.

Finally, commercial activity responds to and shapes social and cultural spaces equally quickly. From rebranding cigarettes as 'torches of freedom' to capture a market

amongst newly emancipated women of the 1920s to producing 'unicorn flavour' vapes that appeal to Gen Z in the 2020s, new markets can be identified and colonised at high speed by industries rather than just individual companies.

Three approaches can help us develop counter strategies to the tobacco industries and other retailers of unhealthy products in Wales.

First, we need to understand specific tactics by which tobacco companies position themselves, such as challenging evidence and funding 'activist' communities.

Second, we need to move beyond attempting to rebut specific messages towards public health discourses that counter the strategic positioning of commercial bodies ('it's all about freedom of choice!').

Finally, we need to take a systems approach to analysing how responses policy development involve strategic adaptation and resilience building.

Taking on the commercial determinants will demand new perspectives and analysis from public health to be effective in an environment that is evolving at an ever quicker pace.

Further reading:

The WHO has produced its own Tobacco Control Playbook to support practitioners in countering commercial tactics: [The Tobacco Control Playbook](#)

The SPECTRUM Consortium have produced webinars with leading academics on the commercial determinants of health, including tobacco industry activity: [An introduction to the commercial determinants of health](#)

[Knai and colleagues](#) have described how commercial strategies respond to complex systems to become adaptive and resilient in the face of public health action

Although not directly about tobacco, academic Nason Maani's brilliant satire on how companies insert themselves into the production and debate of public health evidence is required reading: [Stop blaming the industry and follow the science: it's time we learnt to bazooka responsibly](#)

# The Grapevine

## Policy & Practice

## Assessing the environmental effects on health: a PhD Placement

Rukun Khalaf, PhD student – University of Liverpool  
Sue Williams, Supervisor- Natural Resources Wales  
Steven Meaden, Supervisor - Natural Resources Wales

Natural Resources Wales (NRW) is a governmental body that manages Welsh environmental resources. Following the introduction of the Well-being of Future Generations (Wales) Act in 2015, NRW has also been committed to ensuring their work contributes to creating both a healthy environment and healthy people in Wales.

This focus within the organisation has been preceded by extensive public health research. Whilst healthcare is important, other factors such as genetics, the environment, and our society affects health. These factors relate to the 'wider determinants of health' as illustrated in the Barton & Grant Health Map. The Health Map shows the relationship between human health and the social, economic, cultural and environmental influences, illustrating the close association between the built and natural environment within which people live, the lifestyle choices that are adopted and the availability of accessible services.

Indeed, much research has been done to investigate the effects of Green and Blue Space exposure on various health outcomes. A study conducted on the 2008 to 2019 Welsh population indicated that exposure to more ambient

greenness was linked to lower odds (adjusted odds ratio= 0.80, 95% confidence interval (CI) 0.80-0.81) of seeking assistance for mental health disorders. Those who reported usage of Green and Blue Spaces similarly reported a better (beta coefficient= 0.8, 95% CI 0.53-1.24) subjective well-being compared to non-users. Interestingly, those categorised as most deprived (according to the Index of Multiple Deprivation) benefitted the most from outdoor activity compared to the least deprived group. This group reported a beta coefficient of 1.41 (95% CI 0.39-2.43) in mental wellbeing scores.

As part of my PhD placement with the NRW, I worked with the [Health and Education](#) unit to formulate a health assessment tool to be incorporated into the Health Impact Assessment. The aim of this tool was to allow NRW project managers to assess the health impacts of their environmental interventions on the local community. This tool was underpinned by a logic model with pathways that hypothesised the positive impacts of Green and Blue Space on health. The modelled pathways include mental stress relief, community cohesion building, pollution reduction, and increased biodiversity as benefits from our natural

surroundings.

Building on the logic model, the tool was developed to allow project managers across different streams of NRW work to consider how they can incorporate health evaluation into their project. For example, greening projects may be hypothesised to lead to improved community mental health. Therefore, to assess this, the project could include mental health metrics to further substantiate this hypothesis. In this way, NRW projects would be able to evaluate their direct and indirect impacts on health.

The tool is presently being piloted with a select few projects and undergoing review with other teams within the NRW. The tool's final form remains unknown. But what is known is that this work is part of a growing focus in NRW to incorporate health and well-being considerations into their environmental work. The result of this will be a healthier and happier Wales.

For further Information please contact: [nrwhealthpolicy@naturalresourceswales.gov.uk](mailto:nrwhealthpolicy@naturalresourceswales.gov.uk)

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## Public Health Wales Survey on Data in the Early Years

Public Health Wales would like to better understand how stakeholders within the **early years** system **use data**. More specifically, Public Health Wales would like to better understand stakeholders:

- Use of outcome data; data to understand population health need; and data to understand the impact of action on outcomes and inequalities.

- Perceptions of the gaps and limitations in the data that is currently available.

- Perspectives on the strengths, weakness, and opportunities within the current early years outcomes data landscape.

Public Health Wales have commissioned Strategic Research and Insight to conduct an online survey with

stakeholders asking about the topics above.

The survey should take 15 minutes to complete. Please click on this link to complete the survey: <https://online1.snapsurveys.com/EYData>

We would really value your input into this project. Your feedback will help inform the development and usefulness the of data that is currently available, which in turn will help shape early years policy and practice in Wales.

We would be very grateful if you could distribute this survey amongst your colleagues who use data for the early years.

# Videos



## **Social Value Masterclass: Measuring the value of public health**

This Masterclass is designed to enhance understanding of the broader holistic value of public health through exploring the concept of Social Value.

[Watch](#)

## **Understanding and addressing the public health impact of e-cigarette use in children and young people in Wales**

What are the risks, harms and issues with vape use amongst children and young people in Wales? And what can – and should – public health and organisations working with young people be doing?

[Watch](#)

## **A participatory systems mapping approach to exploring education achievement in Wales – a reflection on theory and practice**

This webinar gave an overview of the Wider Determinants of Health Unit's work in relation to education as a determinant of health and focussed on using a participatory systems mapping approach to understanding the complex pathways which influence educational achievement outcomes in Wales.

[Watch](#)

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# News & Resources



[Impact of Poverty on Babies Children and Young People](#)

21-02-2024



[New resources available to help the primary care workforce promote healthier behaviours](#)

06-02-2024



[Tooth decay rates in children in Wales fall, but issues remain](#)

06-02-2024

[All News](#)

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## [Supporting Healthy Behaviours](#)

Public Health Wales

## [Affordable homes for health and well-being](#)

Primary Care Hub, Public Health Wales

[All Resources](#)

# Next Issue

## PLANNING AND PUBLIC HEALTH: OPPORTUNITIES TO IMPROVE HEALTH AND TACKLE INEQUALITIES



Our surroundings, both the built and natural environment, really impact our health and how we feel. The way our homes are designed and where they're located, especially in relation to things like transportation and healthcare, can make a big difference in our overall wellbeing. The way our living spaces are set up also matters. Having access to green spaces and areas for activities can help us stay active, reduce stress, and keep our minds healthy. And, if our homes are in places with good job opportunities, it not only helps our finances but also supports our overall wellbeing.

**Contribute**

Where our homes and businesses are located can impact the quality of the air we breathe and the water we use every day.

How our communities are planned can really shape our health and wellbeing. It's important to think about these things when planning our neighbourhoods to make sure everyone has a chance to live a healthy and fulfilling life.

For our next bulletin we would welcome articles which cover national, regional or local initiatives, policies or programmes aimed at improving health and addressing inequalities for those communities affected in Wales.

Our article submission form will provide you with further information on word count, layout of your article and guidance for images.

Please send articles to [publichealth.network@wales.nhs.uk](mailto:publichealth.network@wales.nhs.uk) by 15 March 2024.