



Holland & Barrett



**From Reactive Repair to
Proactive Maintenance:
The State Of The
Nation's Attitudes
To Health 2026**

An assessment of the UK's preventative health gap and a roadmap for a healthier future

Foreword



Kelly Beaver
CEO Ipsos UK
& Ireland

Evolving health attitudes in the restless decade

We are living in an era of Polycrisis - where global volatility, economic uncertainty, and social change are accelerating. Amid this complexity, Ipsos Global Trends data¹ reveals a fundamental tension in how the world views wellbeing: the importance of "Conscientious Health."

As global healthcare systems face pressures from increasing ageing populations and rising costs, we are seeing a move toward self-reliance. 79% of people globally say they want more control over their health, and 68% admit they now look up health information rather than relying solely on doctors. This reveals a trend toward personal empowerment; people feel they could be doing more to maintain their health and are actively seeking the tools and information to do so.

Crucially, the definition of health itself is broadening. For global consumers there is near parity between the priority placed on

physical and mental health: 84% feel they could be doing more for their physical health, while 81% say the same for their mental health. Among younger Millennials and Gen Z there is true parity with both generations rating physical and mental health equally (84%).

This holistic view is reshaping consumer behaviour, from the rise of wellness into a multi-trillion dollar industry to the surge in natural supplements. However, it also brings new complexities. The urge to lose weight is widespread, with 65% of people agreeing they would like to shed pounds. This has fuelled the meteoric rise of GLP-1 agonists, whose impacts have begun to ripple through the food industry and food consumption habits. Yet barriers of cost and access threaten to perpetuate a two-tier health society.

This report, commissioned by Holland & Barrett, and undertaken independently by Ipsos, takes these global currents - the desire for control, the holistic mindset, and the tension between ambition and reality - and applies them to the UK context.

The findings reveal a nation that shares the global desire for "Conscientious Health" but is currently stuck in a cycle of "Reactive Repair." While the optimism for longevity is high - with many globally expecting to live to 100 - the practical roadmap for those extra years is often missing.

To build a healthier nation, we must bridge the gap between the desire for self-reliance, and the knowledge and ability to act on it. This report offers the data and the insights to begin that journey.

Executive Summary

The UK is facing a health paradox. People understand that adopting healthy habits now reduces the risk of poor health later in life, but they are stuck in a cycle of “reactive repair”. For many, poor sleep, low energy, lack of motivation, and time pressures act as barriers to leading healthier lives. The result is growing numbers of people at risk of developing serious chronic conditions such as type 2 diabetes, certain cancers, and coronary heart disease.

The UK is living longer but not always living well, with a growing burden of preventable disease and health outcomes that lag behind comparable nations. This situation is detrimental for individuals, the workforce, and the NHS. To tackle these problems, the government plans to shift the NHS's focus from treating sickness to preventing ill health. But it currently lacks the comprehensive infrastructure for reform².

The high street offers a role in the solution, and can contribute to a ready-built but underutilised prevention network for the government and public to utilise. If delivered correctly, this will put the public on the front foot, from reactive repair to proactive health maintenance, with long standing benefits for the public and network.

Retail initiatives can operationalise prevention by embedding health checks, trained advisors and a range of evidence-based interventions on the high street. It can help the public address the health and wellness issues most notable in the report: poor sleep, diet, exercise and mental wellbeing. A life course approach can support national initiatives and provide tailored advice to different demographics with specific needs, demonstrated in initiatives such as community body metric scanning, and women's health consultations.

The government has identified that collaboration across sectors is needed to achieve its vision of healthier lives for all. Recognising and integrating the high street networks into prevention strategies can help realise this goal. A healthier nation is possible through credible partnerships, with health services, companies, and organisations.



Introduction

Key statistics

78%

of UK adults say they only visit the doctor when absolutely necessary

Only

50%

say they proactively manage their health

59%

plan to focus on their health and wellbeing in the next 12 months

40%

disagree that the government is actively helping them be proactive with their health

Key highlights

- People know that preventative health is important, but there is a clear gap between intention and action
- Poor sleep, low energy, lack of motivation, and time pressures are key barriers to a healthy lifestyle
- The government wants to focus on prevention, but lacks the infrastructure for it
- Trusted community-based networks can close the gap
- Holland & Barrett's commitment to support people to "Back Your Body" which includes Wellness Champions, are a ready-built national prevention opportunity, to help shift the public from reactive repair to proactive maintenance

The Current State

Ipsos' research³ shows that people agree that establishing good health and wellbeing habits now is key to preventing illness in the future. Yet, too often, they react to illness rather than act to prevent it. Most of the UK population only engages with healthcare professionals when a problem becomes acute. 78% of the public say they only go to the doctor when it is "absolutely necessary", and only half (50%) say they proactively manage their health and wellbeing, despite the strong evidence base for the benefits of physical activity and nutrition interventions for long-term health.

78% of the public say they only go to the doctor when it is "absolutely necessary"

50% say they proactively manage their health

The intention to change is there. 59% plan to focus more on their health and wellbeing in the next 12 months and 53% say they have taken vitamins and supplements in the last 12 months as part of a preventative approach to their health and wellbeing. From the survey options available, the population cite poor sleep, low energy, lack of motivation, and time pressures as major barriers or challenges to them personally living a healthy lifestyle.

53% are proactive about taking vitamins and supplements to support their health

59% plan to focus more on their health and wellbeing in the next 12 months

The UK Health Landscape

The ongoing cost-of-living crisis and wider economic and healthcare issues have led people in the UK to deprioritise their health.⁴ This has contributed to poorer quality and shorter lives compared to those in nations with similar wealth. For instance, men in the UK are not living any longer than their peers in comparable countries, whilst women's life expectancy is under the mean, compared to similar countries.²

These health trends all contribute to a much bigger challenge. The NHS continues to manage high levels of demand, shaped in part by the growing burden of preventable long-term conditions, driving unsustainable demand for services. At the same time, poor workforce health is estimated to cost the UK economy around £85 billion each year.⁵

Health policy is devolved across the UK, but prevention is recognised as an important component of each nation's health agenda. The 10 Year Health Plan for England, launched in July 2025, has become a prominent reference point in the wider UK

debate about health reform.⁶ Two of the three key aims in the strategy are reforming the NHS to move away from hospital-based care and toward community services, and away from a focus on treating sickness to one on preventing poor health.

The 10 Year Health Plan's ambition is "to enable healthier lives for all". However, our recent study found that 40% of UK adults disagree that the government is actively helping them to be proactive with their future health and wellbeing.

The UK government is actively helping people like me be proactive with my future health & wellbeing



The public wants to boost the years they live in good health - their healthspan - and not just their lifespan. There is a widespread understanding of the link between good habits now and fewer health issues later in life, and the majority of UK adults plan to focus more on their health and wellbeing over the next 12 months.

74% of UK adults agree that establishing good health and wellbeing habits now is key to preventing illness in the future

One of the experts consulted on this research is **Professor John Deanfield CBE**, a renowned authority on congenital heart disease and cardiovascular prevention. Professor Deanfield observes that this approach mirrors the logic of financial planning: 'Commencing a pension

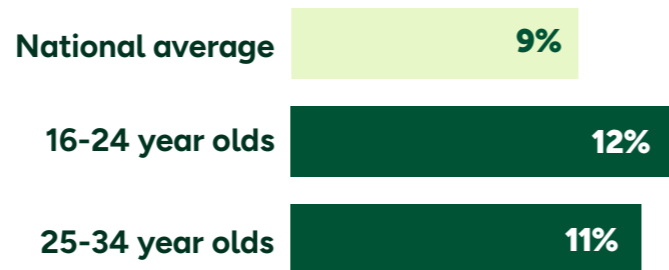
plan at age 64 is technically possible but strategically disastrous; yet this is precisely how the majority of the public approaches their physical wellbeing.' Health, he argues, must be viewed as 'an asset class requiring early and consistent investment to yield returns in later life. They need help to achieve their goal. However, the UK currently lacks the public infrastructure to support a preventative health approach. Utilising existing, trusted networks to fill this gap is a necessary and efficient solution.'

Aligning with the commentary, this creates what we call 'The Implementation Gap' - the space between the government's prevention ambition and the public's ability to act. The NHS cannot fill this gap alone. It requires trusted, accessible intermediaries embedded in communities, a role that trusted companies and services can fill as part of a ready-built national prevention network.

The Opportunity

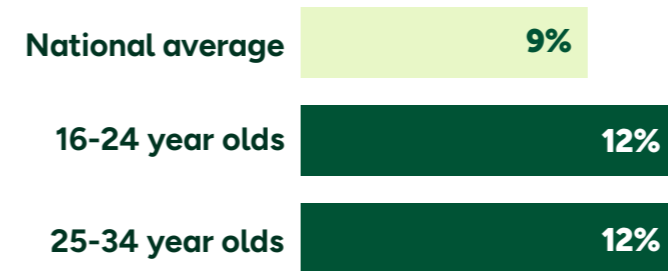
The high street is an established, nationwide infrastructure, that is more accessible than most services, to provide health support. It offers a chance to move from confusion to accessible education and proactive wellness, through easy to absorb information that breaks through the noise, delivered by trained advisors.

Major barrier or challenge to living a healthy lifestyle: Cutting through misinformation and jargon relating to healthy lifestyles



All life stages present unique challenges that require a tailored, joined up approach. Young adults don't know where to go or who to trust for reliable health information, and they lack the key skills for making lifestyle changes.

Major barrier or challenge to living a healthy lifestyle: Feeling confused by which sources of healthy lifestyle information I can trust



Those in middle age need solutions that fit around their busy lives, with 41% saying they don't have the time to live healthily.

Major barrier or challenge to living a healthy lifestyle: Lack of time (e.g. due to work, commute, family responsibilities)



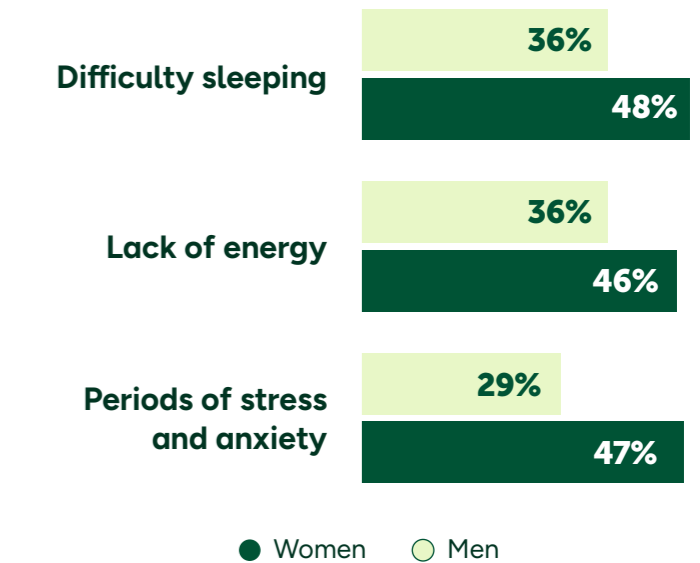
Meanwhile, the older generation needs support to age well. They cite joint, bone and muscle problems as their top health issue, all of which can be supported by nutritional and physical interventions.

Experienced joint, bone or muscle problems in the past 12 months



Women warrant special focus. They have greater sleep problems, stress, anxiety, and lower energy than men.

Health issues experienced in the UK



People are living longer than ever, but to live well for longer, they need to back their bodies now, so they can rely on them later. The specialised high street retailer should be viewed as community assets, accessible to all. Integrating this network into national prevention plans will help shift public attitudes towards proactive health maintenance.

Policy Implication

The success of the prevention agenda hinges on closing the gap between public intention (59% intend to focus on their health and wellbeing in the next 12 months) and public action (only 50% say they proactively manage their health). Policy must move beyond awareness campaigns to provide accessible infrastructure that converts intention into behaviour change. This requires formal recognition of trusted community partners who can deliver prevention at scale.

A Nation in "Reactive Repair"

Key statistics

45%
of the adult population say they are only proactive about their health when something goes wrong

41%
say they have experienced a lack of energy in the last 12 months, rising to 50% among 35-44 year olds

56%
of Londoners find it easy to access healthcare, compared to 34% in Northern Ireland

83%
in Wales say they only go to the doctor when absolutely necessary, compared to 71% in London

Key highlights

- The national trend is for "reactive repair", operating a "fix it when it breaks" model, prioritising treatment over prevention
- This approach contributes to poor quality of life, rising chronic disease, preventable nutrient deficiencies and increasing burden on healthcare services
- Low energy/fatigue is a major blocker to preventative health behaviour
- Regional disparities in access to care and proactive behaviours are barriers to better health
- Primary care cannot shift the nation alone. High street health partners can support community health services to deliver preventative care nationwide

Currently, the public's attitude toward their health does not align with their desire to be more health focused. Most people nationally have a reactive "fix it when it breaks" mentality to their bodies; much like taking care of a car, they only seek help when it breaks down. 57% say they only listen to their body "when something feels wrong", and 45% say they are only proactive about their health "when something goes wrong".

I tend to only listen to my body when something feels wrong



I am only proactive about my health when something goes wrong with my health



● Agree ● Disagree

Professor Deanfield identifies this as a fundamental structural flaw: 'We have successfully engineered longevity - keeping people alive for longer - but we have failed to engineer vitality. The current model is effectively "disease care," intervening only when pathology is acute, rather than "healthcare," which addresses root causes decades before symptoms manifest'.

Worryingly, this aligns with the findings, where one in eight people say they have taken no approach to preventative healthcare.

I have taken no approach to preventative healthcare



This mindset suggests people act on health issues too late, their quality of life is poor, and they run the risk of developing chronic conditions. The UK already has a high burden of preventable deficiencies and health problems. One example is vitamin D deficiency – during the winter months, around 31% adults in the UK are vitamin D deficient.⁷ Another is the fact that consumption of oily fish, the main source of DHA and EPA, remains well below national recommendations.⁷

To avoid these outcomes, people need expert help to shift to proactive health maintenance. Community and primary care services lack the capacity to do this alone; enlisting trusted partners is key. For instance, the government's Pharmacy First initiative encourages people with minor illnesses to seek advice at pharmacies before GP practices.⁸ Similarly, high street partners should be viewed as a first port of call for the public on preventative health.

The Fatigue Loop

Fatigue is a key reason that people are not prioritising their own health. A tired nation cannot take the necessary steps to prevent poor health. This situation is especially the case for those aged 35-44, the so-called "Squeezed Middle". In the last 12 months, 41% of the total population reported feeling low in energy, with that proportion rising to 50% among the 35-44 age group.

Experienced lack of energy in the last 12 months



● Total population ● 35-44 years old

Mid-life is marked by a peak in caring responsibilities, with this age group responsible for young children and ageing parents. Coupled with work pressures, the 35-44 age group unsurprisingly have energy constraints. Fatigue is often cited as contributing to a vicious cycle of poor health behaviours where individuals are too tired to cook healthy meals, get active, or change their ways.

Helping the nation to address low energy is key to unlocking better health behaviours. High street health partners hold a wealth of expertise on wellness issues, including boosting energy levels and supporting joint health. They are ready to support public health and community services in tackling this issue, with trained advisors able to contribute across wellness areas.

The health pension: Shifting from reactive repair to compound interest



John Deanfield CBE

Professor of Cardiology,
University College London

The finding that 78% of the public avoid medical interaction until absolutely necessary exposes a fundamental structural flaw in the national healthcare strategy. We have successfully engineered longevity - keeping people alive for longer - but we have failed to engineer vitality. The current model is effectively "disease care," intervening only when pathology is acute, rather than "healthcare," which addresses root causes decades before symptoms manifest.

The Economics of Biology

The logic of preventative health is best understood through the lens of investment. Commencing a pension plan at age 64 is technically possible but strategically disastrous; yet, this is precisely how the majority of the public approaches their physical wellbeing.

Cardiovascular disease serves as the exemplar. The risk factors driving it are

identifiable and manageable decades before a clinical event occurs. By intervening early, individuals accrue "compound interest" on their physiological capital. Health must be viewed not as a lottery, but as an asset class requiring early and consistent investment to yield returns in later life.

The "Golden Decade"

A common cynicism regarding prevention is the "substitution effect" - the fear that preventing a heart attack at 60 merely preserves the patient for a diagnosis of dementia at 75. The science refutes this. The biological drivers of aging are interconnected; the same metabolic dysfunction that drives diabetes also accelerates cognitive decline and cancer risk.

Therefore, lifestyle interventions offer a leveraged return. By managing weight and nurturing the gut microbiome, we do not just avoid a single disease; we delay the onset of multiple comorbidities simultaneously. The objective is to secure a “golden decade” - an extended period of healthy life expectancy where the individual is free from the cluster of chronic conditions that typically define old age.

Micro-Interventions over Macro-Effort

The barrier to entry for this investment is lower than perceived. For example, the public often conflates “activity” with “sport,” assuming that effective cardiovascular prevention requires severe exertion. Small increases can produce significant benefits over a lifetime. The preservation of muscle mass - crucial for metabolic health - can be achieved through resistance training and minor behavioural adjustments, such as choosing stairs over elevators.

The Data Revolution

The science of prevention is mature; the failure lies in execution. Historically, treatment was confined to the clinic. Today, technology allows us to scale personalised prevention, moving the locus of control from the hospital to the individual. Initiatives like **Back Your Body** represent a necessary pivot: empowering the public to understand their own data and manage their health risks before they become medical liabilities. The transition from reactive repair to proactive maintenance is no longer just a medical necessity, but an economic one.

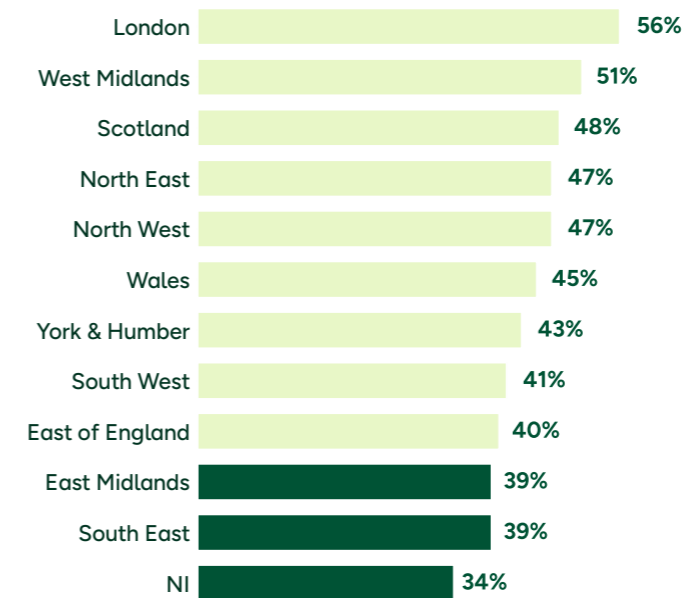


The Regional Reality Check

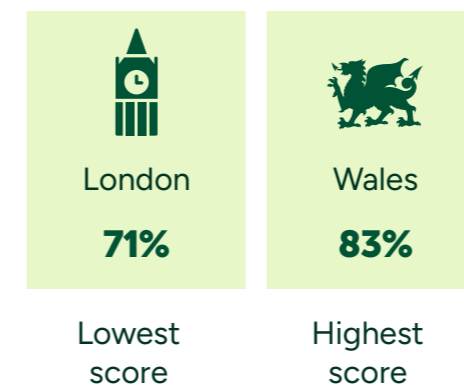
Fatigue is not the only barrier to good health. A postcode lottery exists in the UK when it comes to accessing healthcare. While 56% of Londoners find it easy to access healthcare, this drops to just 34% in Northern Ireland and 39% in the East Midlands and South East.

In general, to what extent is it easy or difficult to access healthcare services in your local area?

% Very / fairly easy



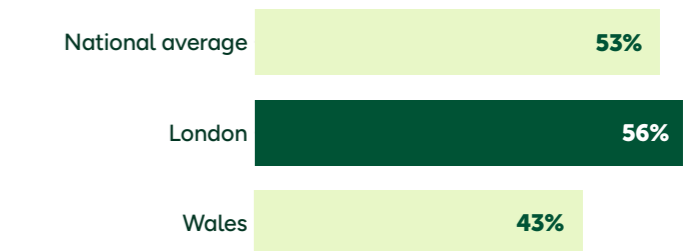
I only go to the doctor when it is absolutely necessary (% agree)



The “fix it when it breaks” mentality is most entrenched in Wales, where 83% say they only go to the doctor when absolutely necessary, compared to 71% in London.

Londoners are the most likely to take actions as part of a preventative approach to health and wellbeing. 56% say they take vitamins or supplements (versus 53% on average nationally and just 43% in Wales), 40% say they have increased exercise (versus 32% on average nationally), and 28% say they use wellness apps (versus 23% on average nationally).

Take vitamins or supplements



Increased or taken up exercise



Used a health or wellness app



The shift to community services must address the perceived postcode lottery when accessing healthcare. Moving care into communities will be most effective where people feel those services are accessible. Currently, areas with poor perception of access to healthcare like Northern Ireland show some of the most entrenched ‘reactive repair’ mentality, suggesting community services alone won’t solve this without additional support.

Policy Implication

- **Fatigue:** Low energy is not merely a symptom - it is a barrier that perpetuates poor health behaviours across the population. With 41% reporting low energy (rising to 50% among 35-44 year olds), prevention strategies must first address the underlying causes of low energy and fatigue, which are often symptomatic of wider health concerns that can easily be addressed, e.g., micronutrient deficiencies such as iron, vitamin D and B vitamins. By resolving the root cause, energy and fatigue symptoms can be alleviated and subsequently behaviour change can be triggered, enabling prioritisation of nutrition and physical activity. Public health messaging must be concise and understandable and should prioritise nutrition and physical activity, which are all foundational to energy management and many health improvements.
- **Access:** Regional variation in perceived access to healthcare influences how people engage with their health. Where services are seen as harder to access, reactive patterns of behaviour appear more entrenched. As care increasingly shifts into communities, prevention strategies will need to ensure trusted local touchpoints reinforce access to preventative support. The entrenched 'fix it when it breaks' mentality means demand for acute NHS services will continue to rise unless intervention points are created earlier in the health journey. Prevention policy must establish accessible first-contact options outside clinical settings - high street health partners represent a ready-built network for this purpose. There is an opportunity to engage with the public and advise on the accessibility and importance of early prioritisation of health, for long-term benefit, such as the importance of fibre and omega-3 consumption.

A National Audit

Understanding why the nation is stuck in reactive repair is only the first step. The next question is: what specifically are people struggling with?

The nation was asked how personally important the four key pillars of health and wellness are to them. The results show that consistently getting enough quality sleep ranks highest (55%); followed by eating a well-balanced and nutritious diet (49%); managing stress and supporting mental wellbeing (44%); and regularly engaging in physical activity (42%).

Percentage of UK adults who rate each pillar of health as 'very important' to them



Sleep

Key statistics

42%

of the population say they have experienced trouble sleeping in the past 12 months, rising to 49% among 45-54 year olds.

48%

of women report sleep issues versus 36% of men

51%

say improving sleep would help them better look after their body

Only

38%

say they follow a sleep routine

Sleep is the nation's biggest contradiction. It is highly valued but poorly managed, and is a risk factor for obesity, and other adverse health outcomes when poorly managed.⁹ Both men and women cite difficulty sleeping as the top health issue they face. 42% of people, including 49% of the 45-54 age group, report experiencing trouble sleeping in the last 12 months.

Experienced difficulty sleeping the last 12 months



● Total population ● 45-54 years old

51% say that improving sleep quality and routine would help them to better look after their bodies. Yet, taking action to improve sleep is low. Only 38% of the population say they follow a sleep routine.

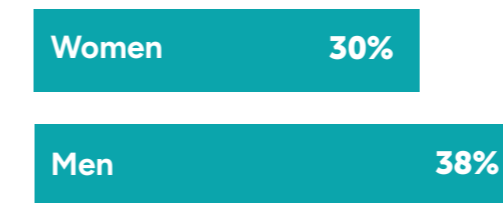
Pioneering behavioural scientist, **Dr Kirstina Curtis**, notes that generic sleep advice fails because 'the causes vary between individuals, from anxiety and ruminating thoughts, to staying up too late finishing work, or having caring responsibilities. Without identifying specific barriers, generic sleep advice – however credible – won't help.'

Women report a higher rate of sleep issues than men and less quality deep sleep.

Experienced difficulty sleeping in the past 12 months

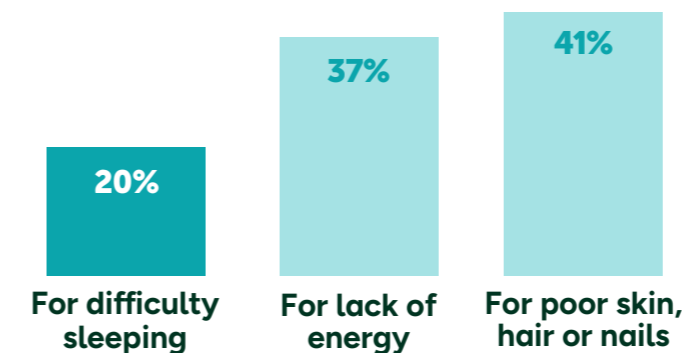


Always or often get good quality deep sleep



42% of women with sleep difficulties say they have not taken specific action to address this issue. Indeed, it appears that women are much more likely to purchase supplements to tackle lower energy or poor skin, hair and nails than to tackle sleep challenges.

Amount of women who purchased vitamins / minerals / supplements to tackle health issues experienced



Yet getting a good night's sleep is essential for physiological repair and cell renewal. Sleep is also foundational for mental wellness and energy levels, which impact positive health behaviours.

This research has identified that motivation and fatigue are among the biggest barriers people say prevent them from living a healthy lifestyle. Supporting the public to improve sleep has significant potential to enhance overall health, yet it remains an under-addressed area in UK public health strategy. While 42% report struggling with sleep, 39% of those who have experienced sleep issues say they haven't done anything to address it.

Embedding sleep support into accessible community touchpoints is therefore critical. High street health partners are well placed to provide free, practical guidance, such as helping individuals build effective pre-sleep routines, which could meaningfully improve perceived sleep quality and wider wellbeing.

Overcoming the fatigue loop to turn intention into action



Dr Kristina Curtis

Behaviour Change Specialist,
Associate & Honorary Lecturer,
UCL Centre for Behaviour Change

Most people want to be healthier, but we know that knowledge and information isn't enough to drive behaviour. The hardest part is turning this intention into action, especially when feeling tired.

People rate sleep as their top health priority, yet it has the lowest action rate. Not because people don't care, but because the actions that protect sleep often come at the end of the day when people have the least capacity and most competing demands. Work deadlines, family routines, stress, and screens designed to capture attention all defeat the delayed benefit of better sleep.

Breaking the Fatigue Loop

From a behavioural science perspective, the key to breaking this vicious cycle isn't more willpower, it's making the first step easy enough to do on a low-energy day. This means starting with tiny, specific actions rather than grand plans. Instead of committing to "exercise more," people should commit to a five-minute walk after lunch. The simpler the action, the better. New behaviours should be linked to existing

routines – this is called "habit stacking," and it helps new behaviours become automatic by piggybacking on established habits. Reducing friction increases success. Something as simple as leaving trainers by the door can dramatically increase follow-through when energy is low.

The Complexity of Sleep

Sleep problems are particularly challenging because the causes vary between individuals, from anxiety and ruminating thoughts, to staying up too late finishing work, or having caring responsibilities. Without identifying specific barriers, generic sleep advice – however credible – won't help.

This points to a significant gap in health support: people need tools that help them diagnose their specific sleep issues, not just blanket recommendations. It's also why misinformation is particularly damaging in this area. When people try multiple "guaranteed" sleep solutions that don't address their actual problem, they become discouraged and stop trying altogether.



But when people cite "lack of motivation" as a barrier to living a healthy lifestyle, we need to unpack what this really means. In behavioural science, motivation isn't just conscious decision-making – it includes automatic drives, impulses, and habitual behaviours. For example, someone might want to eat better, but ingrained habits, cravings, or emotions can override that intention.

Making Change Sustainable

The research highlights that simply knowing what to do isn't enough. People face multiple interacting barriers, unique to each individual. The solution isn't more education; it's supporting people to identify their specific barriers and providing practical strategies to overcome them.

This is where trusted health retailers like Holland & Barrett, working alongside public health bodies, can make a real difference. By helping individuals identify what's blocking their sleep, energy, or healthy eating, and then providing targeted, practical solutions, we can bridge the gap between intention and action. The infrastructure exists on the high street and online; what's needed now is a shift from one-size-fits-all education to personalised support that acknowledges the complexity of real lives.

Nutrition

Key statistics

48%

say eating a healthier, more balanced diet would help them to better look after their bodies

Only

49%

say they consciously eat food containing fibre

32%

say it is difficult to know what makes a healthy, well-balanced diet

40%

say they rarely or never take vitamin D supplement

Despite national guidance

36%

of the population say they rarely or never eat oily fish

It is well evidenced that a nutritious diet is a key component of good health and mortality rates can be attributed to poor diet. Diets high in salt, low in whole grains, nuts, seeds, fruit, vegetables, omega 3 fish oils and fibre are in the top 7 dietary risk factors for global deaths and disability adjusted life years.¹⁰ Despite the link between poor diet, death and quality of life, the most commonly unmet recommendations in the UK are for fibre and oily fish, where only 7.2% and 16.8% of population meet fibre and oily fish recommendations respectively.¹¹ Despite the below-recommendation intakes, the report findings show that 48% say eating a healthier, more balanced diet would help them to better look after their bodies. People also recognise the importance of staying hydrated, the most common wellness activity (71% say they always or often stay hydrated), followed by eating protein-rich foods (68%).

However, the story is different when it comes to other components of a balanced diet. Currently, 49% say they regularly eat food containing fibre, and 42% frequently eat the recommended 5 fruit and vegetables a day.

Eat food containing fibre, such as bran, brown rice, legumes, etc.



Eat 5 portions of fruit/vegetables a day



● Always/Often ● Sometimes ● Rarely/Never

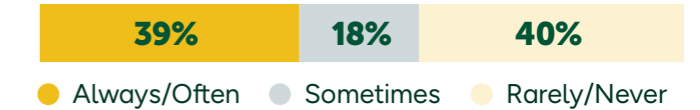
Interestingly what people perceive they eat and reality do not always align as the National Diet and Nutrition Survey shows that 96% of the population do not consume enough fibre and less than 17% meet their 5 a day targets.⁸

Consultant Dietitian, **Dr Carrie Ruxton**, describes fibre as effectively 'a state secret': 'While the benefits of protein are well-understood and its consumption is incentivised through clear labelling and "building block" products, fibre remains hidden. Current labelling legislation means fibre is not a mandatory nutrient on packaging unless a specific claim is made. Consequently, consumers cannot easily track their intake against the recommended 30g – a daily target many are unaware even exists.'

Dr Ruxton's comments ring true, as research shows that eating fibre is not just about keeping your gut healthy. Fibre helps reduce cholesterol and control blood sugar levels, lowering the risk of cardiovascular disease and type 2 diabetes.¹² It also supports the microorganisms that live in the gut (the gut microbiome), with emerging research linking to the immune system and mood.¹³ Addressing this fibre gap is essential to improve people's health more broadly, with initiatives to focus on integrating fruits, vegetables, legumes and wholegrains being simple but strong steps towards fibre goals.

There are also major deficits in micronutrient intake. The government recommends that everyone take a daily vitamin D supplement during autumn and winter, when sunlight is reduced. Yet our research has found that 40% of people say they rarely or never take a vitamin D supplement.

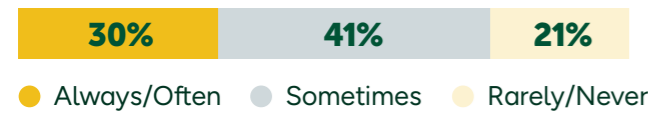
Take a Vitamin D supplement



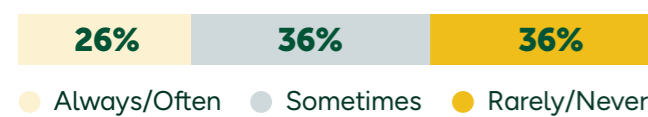
Women are significantly more proactive, with 43% saying they take vitamin D compared to just 34% of men. Still, the nation needs support to meet the government's recommendation. This support can be met by the high street retailer, with advice available on the benefits, and the options available.

Only 30% say they regularly eat food containing omega-3, the crucial healthy fat which supports heart and brain health. **Professor Anne-Marie Minihane**, whose research focuses on the dietary components and patterns that help preserve brain function as we age, notes: "15% of brain fat consists of these essential nutrients, particularly DHA. These fats are vital for neuronal function, brain blood flow, and preventing the build-up of proteins such as β -amyloid which accumulate in Alzheimer's disease". The government recommends that people eat at least two portions of fish a week, with one portion being oily fish, an important source of omega-3.¹⁴ However, 36% say they rarely or never eat oily fish, with cost, dietary preferences and cooking knowledge all potential barriers.

Eat food containing Omega 3



Eat oily fish



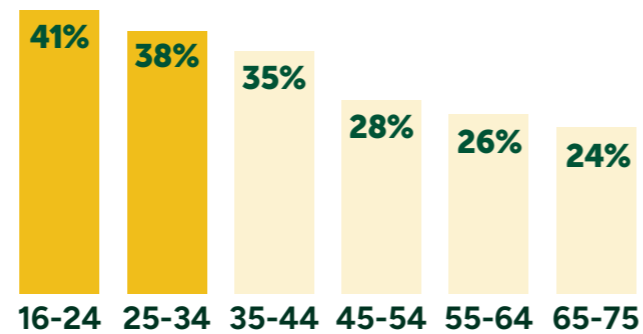
Many omega-3-rich foods, such as salmon, mackerel and sardines, are healthy, quick to cook and easy to include in meals. Certain nuts, seeds, and oils also contain omega-3. For some, taking an omega-3 supplement is an option, given that vitamin and supplement use is a popular practice, and should be considered for those who do not like fish or have dietary preference and requirements that limit intake.

Additionally, sustainable farming procedures, although necessary, are also causing a reduction in long chain omega 3 polyunsaturated fatty acids levels in salmon, which are essential to meeting fish oil recommendations,¹⁵ and making supplementation a potential option.

Despite the existence of national guidance,¹⁶ 32% of people say it is difficult to know what makes a healthy, well-balanced diet. This suggests people need education and support to eat well. Health campaigns can focus on the nutrient gaps identified here. For more personalised dietary advice, high street partners can help. They are in a prime location too, near where people buy food.

Young adults need particular attention. Worryingly, they are the group least likely to know what makes a healthy, well-balanced diet and the least likely to take vitamins or supplements.

It's difficult to know what makes a healthy and well-balanced diet (% Agree)



43% of 16-24 year-olds say they take vitamins or supplements

Young people feel they lack the basic skills to improve their diets. 16-24 year olds are much more likely than average to say "Not knowing how to cook" is a barrier to living a healthy lifestyle.



They need advice from trusted sources on how to eat well and what their bodies need (i.e., vitamin D during the autumn and winter). Supporting young people to develop good habits now is an investment in their lifelong wellbeing.

Move

Key statistics

51% say getting regular exercise would help them better look after their bodies

29% say a lack of time is a major barrier to living a healthy lifestyle

14% report no obstacles to living a healthy lifestyle

Exercise should be as important as sleeping or eating, yet 22% of the population are classed as inactive.¹⁷ Physical inactivity is linked to chronic conditions including type 2 diabetes, certain cancers, and coronary heart disease.¹⁸ Despite these well-known links, our research shows the public is not taking movement seriously as a core action to prevent poor health. Awareness about the benefits of exercise is high. Half (51%) say getting regular exercise would help them better look after their bodies and the same proportion (50%) say they carry out regular moderate exercise.

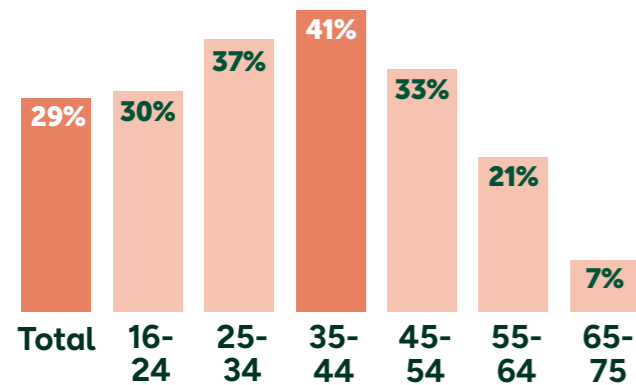
51% say getting regular exercise would help them better look after their bodies

50% say they carry out regular moderate exercise

However, only 14% say they do not have any major barriers or challenges to living a healthy lifestyle, with the research identifying a number of significant obstacles.

29% of the population cite "lack of time" as a top barrier. This peaks dramatically at age 35-44, where 41% say a lack of time, due to factors like work, commute or family responsibilities, is a barrier to living a healthy lifestyle.. This finding shows people have difficulty prioritising a healthy lifestyle, and again, the "Squeezed Middle" are hardest hit. A quarter (24%) say that the cost of gym memberships, classes or fitness equipment is holding them back from living a healthy lifestyle, while 17% say they have an existing physical injury or chronic health condition.

Lack of time as a barrier to a healthy lifestyle (% Agree)



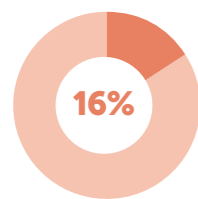
For the time-poor “Squeezed Middle”, campaigns that incorporate exercise into daily routines are key. Walking to work, on the school run, or getting off the bus a stop early are easy ways to boost activity levels. Scientific research shows that 7,000 steps per day (roughly 3 miles) is linked to a lower risk of cancer, dementia, and cardiovascular disease, as well as improved longevity.¹⁹ With many people owning smartphones, encouraging them to track their daily steps can help them reach this target.

Physical activity guidance must shift from gym-based messaging to clear, consistent messaging, integrated into daily routines. Community partners - including high street retailers - should promote ‘movement as wellbeing’ at point of contact, reaching the time-poor demographics that traditional NHS services may not be reaching currently.

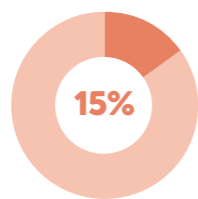
Despite understanding the importance of exercise, only 16% believe having someone to keep them accountable (like a coach or friend) would help, and only 15% think wearables would make a difference.

The two activities the public are least likely to say would help them look after their body better

Having someone to keep a person accountable (% Agree)



Using health-related wearables (% Agree)



People think they can achieve fitness goals on their own, but the results suggest otherwise.

Mind

Key statistics

70%

say they feel mentally strong when their bodies feel strong

38%

of people say they have experienced stress and anxiety in the last 12 months

27%

of men and 28% of women say they haven't done anything to address stress and anxiety

The nation knows mental health influences physical health and vice versa, the so-called mind-body connection, yet 1 in 4 experience mental health challenges in the UK each year.²⁰ Seven in ten people (70%) in the UK, and more than 60% in every region, agreed that when their bodies felt strong, they felt mentally strong.

When my body feels strong, I feel mentally strong too

North East	71%	South West	69%
North West	68%	South East	68%
Yorks & Humber	67%	London	75%
West Midlands	75%	Wales	74%
East Midlands	68%	Scotland	69%
East Of England	73%	NI	68%

43% say reducing overall stress would help them better look after their bodies. However, 38% of people, and 44% aged 35-44 say they have experienced stress and anxiety in the last 12 months.

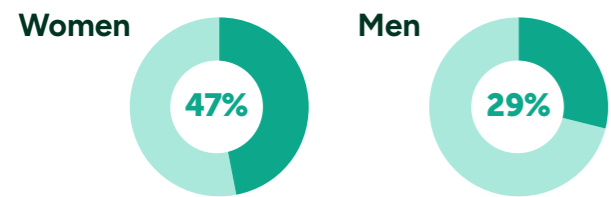
Experienced stress and anxiety in the last 12 months



● Total population ● 35-44 years old

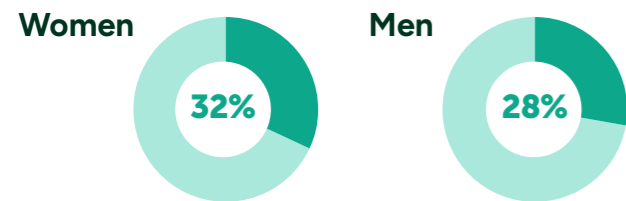
Women say they experience periods of stress and anxiety more often than men, suggesting a need for greater support for women to manage stress.

Experienced periods of stress and anxiety in the last 12 months



Women are more likely to have shared mental health issues with friends or family than men, who are more likely to suffer in silence.

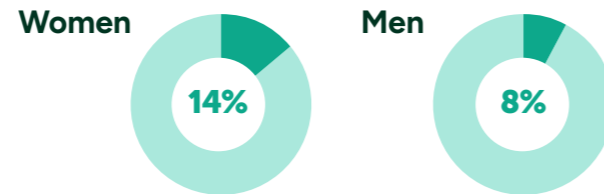
People experiencing periods of stress or anxiety in the last 12 months who have spoken to family or friends about it



Meaningful social connection is essential for mental wellbeing, yet it continues to be undervalued, particularly among men.

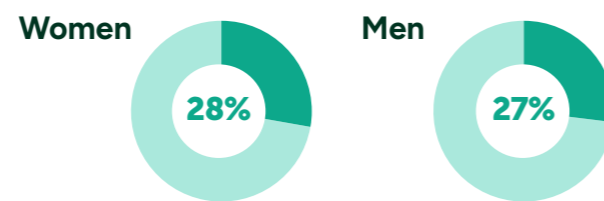
Other proactive approaches, such as purchasing over-the-counter medicine, were also lower among men than among women.

People experiencing periods of stress or anxiety in the last 12 months who have purchased over-the-counter medicine to address it



Worryingly, a no-action approach is common for both sexes. More than a quarter of men and women say they haven't done anything to address any stress or anxiety they have experienced in the past year.

People experiencing periods of stress or anxiety in the last 12 months who have taken no action to address it



As with physical health, the nation needs support to shift its "fix it when it breaks" attitude to mental health.

Normalising early, non-clinical intervention through trusted high street advisors can reduce downstream demand on NHS mental health services.



Addressing these four key areas: Sleep, Nutrition, Move, Mind

Key statistics

42%

of the population say they have experienced trouble sleeping in the past 12 months, rising to 49% among 45-54 year olds

32%

say it is difficult to know what makes a healthy, well-balanced diet

29%

say a lack of time is a major barrier to exercising

27%

of those who have experienced stress or anxiety in the past year say they haven't taken any action to address it

Key highlights

- Good sleep, diet, exercise, and mental health matter most to the public from the options provided
- Difficulty sleeping is their top health issue, but action to address it is low
- The public understands the importance of exercise, but needs easy ways to incorporate it into their daily lives
- People want to have a healthier diet, but need advice on how to achieve it
- The public needs help to shift to a proactive approach to mental wellbeing
- High street health partners can support and advise the public on these top four issues

Across all four issues, it is clear that the public needs understandable health education, greater motivation, and stronger support. Moving the public to proactively tackle their exercise, diet, sleep, and mental health requires multi-sector collaboration. Utilising trusted expertise on the high street is essential to meeting the nation's health and wellness needs, through a multi-dimensional approach to preventative health.

The data shows that the public do not always know what they need, despite believing they do, and additionally cannot always access the support to achieve it. This gap affects different demographics in different ways - requiring a life-course approach to prevention.

Policy Implication

Sleep: Sleep is widely recognised as important yet is often dismissed as an inevitable consequence of busy lives. High levels of difficulty and low routine adoption suggest awareness alone is insufficient. Prevention strategies should move beyond awareness and actively counter the normalisation of poor sleep, prioritising the underlying contributors rather than sleep in isolation. Poor diet and physical exercise habits can be influenced by external factors such as work, personal life stressors and environments, making earlier identification through routine touchpoints such as workplaces, a place to start.

Nutrition: Awareness of good nutrition practices do not consistently translate into nutritional adherence. Persistent fibre underconsumption, overconsumption of saturated fats and sugars, and micronutrient gaps, in a list of many concerns, suggest that there is a knowledge gap, combined with a perceived or proven lack of access to a healthy diet. Prevention policy should strengthen the navigation and practicality of nutrition education from an early age, improving visibility of key nutrients such as fibre, and reinforce existing government

guidance on seasonal supplementation where appropriate. The information must be clear, concise and empathetic to personal circumstance.

Move: Time pressure remains the dominant barrier to physical activity, particularly among working-age adults. High awareness of exercise benefits has not translated into sustained engagement, given competing work and caring demands. Embedding "movement as wellbeing" within everyday routines is more likely to support durable behaviour change than relying solely on structured exercise.

Mind: High levels of stress and anxiety are matched by substantial inaction. Mental health is often addressed only once problems become acute, and because symptoms are less visible than many physical conditions, they are more easily ignored or normalised. Strengthening early, accessible and informal routes into support may help encourage proactive engagement before escalation. Additionally, a focus on nutrition and physical activity strategies can be of further support, and offers a support that may, in some instances, mitigate future mental health related concerns.

Making 'health' a more attractive concept to all



Professor Anne-Marie Minihane

Professor of Nutrigenetics, Head of Nutrition and Preventive Medicine, Norwich Medical School, University of East Anglia

It's time to reappraise the meaning of 'health'. 'Health' is not simply the avoidance of death, and the prevention of disease. The World Health Organisation's definition is "a state of complete physical, mental and social well-being, not merely the absence of disease." In a turbulent world, this is a far more meaningful definition, particularly considering the health issues that people in the UK are most commonly experiencing - such as difficulty sleeping, lack of energy, stress and anxiety.

Yet our official health guidance focuses mainly on reducing disease risk. Disease prevention should ease the burden on our health service, but for someone in their twenties or thirties, being told to eat well now to avoid heart problems at seventy feels irrelevant. What they need to know is how nutrition can help them sleep better, have more energy, and manage stress.

The Brain-Nutrition Connection

The three issues dominating people's health concerns all have the brain at their core.

This is where omega-3 fatty acids become crucial. 15% of the brain fats consist of DHA with EPA also important for brain function. These fats are vital for neuronal function, brain blood flow, and preventing the build-up of proteins such as β -amyloid which accumulate in Alzheimer's disease.

While we should consume a minimum of 450 milligrams of the omega-3s, EPA and DHA daily, the average UK intake is just 250 milligrams - and that figure is skewed by the 26% who eat oily fish. That means that the majority consume about 50 milligrams daily. This deficit is likely to have profound consequences for cognition, mood, sleep quality, and ultimately, dementia risk. For those who don't eat oily fish, whether by choice or circumstance, omega-3 containing supplements can be an effective alternative.

The Second Brain

Equally important is the gut-brain axis. We intuitively understand this connection - we have "gut feelings" and "butterflies in our stomach" - but the science runs deeper.

Our gut, often called the "second brain," contains 100 million neurons. The gut microbiome affects our immune system and generates metabolites that travel through the bloodstream to the brain, impacting everything from mood to cognitive performance.

Improving gut health also enhances brain function, so fibres matter beyond their direct effect on gut health. The National Diet and Nutrition Survey found that only 7% of the UK population meets the 30-gram daily recommendation, a stark contrast to the 50% in this survey who self-report as eating enough fibre-rich foods.

Making Health Achievable

The challenge isn't just what to recommend, but how to make it achievable. People report fatigue, cost, and lack of motivation as primary barriers. Health messaging often assumes infinite time, resources, and energy, but these are luxuries most don't have. We need quick, affordable solutions that acknowledge reality: practical swaps for budget-conscious families, and simple changes that don't require complete lifestyle overhauls with appropriate use of select good quality supplements having a role to play in groups such as for time-poor professionals and those with reduced appetite or other dietary restrictions.

Making health attractive means making it relevant to the here and now, not just the distant future. It means acknowledging that perfect nutrition isn't always possible, but better nutrition always is. When it comes to change, some is better than none and more is better than less. When we broaden our definition of health and provide practical, accessible paths to achieve it, we make wellbeing not just important, but attractive and achievable for all.



The Demographic Divide: Who needs what?

Different segments of the population face specific barriers to living a healthy lifestyle. Each group needs tailored solutions, advice, and support.

A. Young People (16–24): navigating health information

Key statistic

12% of 16-24-year-olds say they are confused about which health sources they can trust

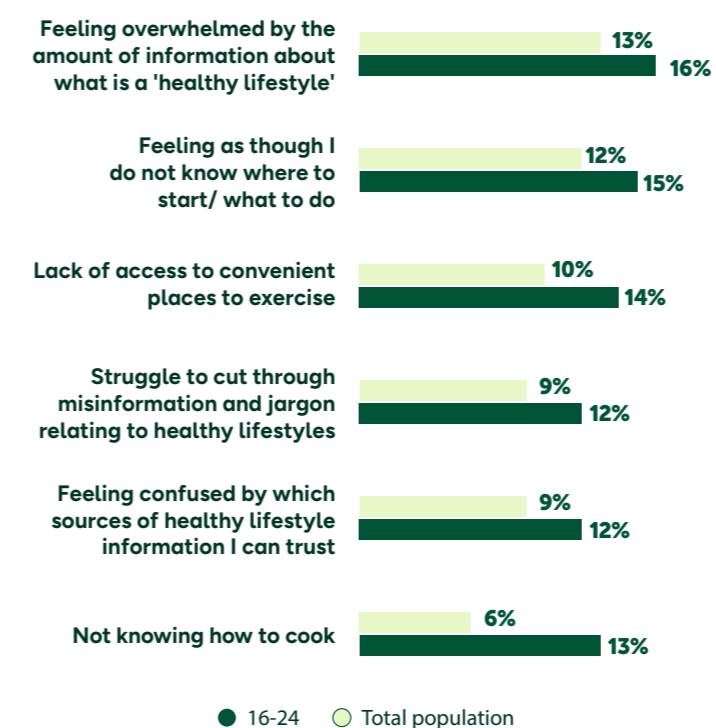
Key highlights

- **Drowning in advice:** Young people are navigating unprecedented volumes of health information yet report confusion about where to start and which sources to trust.
- **The skills deficit:** Many young adults lack the practical knowledge and confidence to translate advice into consistent daily habits.
- **A pivotal prevention window:** The health behaviours established in early adulthood will shape the future burden of chronic disease, making early, trusted and practical support essential.

Young people aged 16-24 years, Gen Z, are often labelled as “wellness obsessed,”²¹ but the data shows they are actually the most confused, with so much information at their fingertips. They are only consuming 17% of their 5-a day target, and 5% of their fibre recommendation.⁸ According to our research, along with 25-34 year olds, they are the most likely age group to identify information overload, not knowing where to start and confusion about what information to trust as barriers to living a healthy lifestyle.

Dr Carrie Ruxton diagnoses this as an information surplus problem, not a deficit: ‘Social media platforms, driven by algorithms that favour sensationalism, present health in binary terms: absolute disasters or miracle cures. This content is often commercially driven, diagnosing complex physiological issues with expensive, inaccessible product solutions. The result is an “unresolved needs” cycle - where anxiety is heightened, but the solution remains out of reach. She argues the solution lies in ‘radical simplification’: ‘In an era of information overload, the most valuable health product is clarity.’ Younger adults are also the most likely to cite a lack of cooking skills, concerns about misinformation and jargon, and a lack of access as barriers to healthy living.

Major barriers or challenges to living a healthy lifestyle (% Agree)



The habits of this generation will determine the nation's healthcare needs for the next 60 years, so this stage of life is a crucial window of opportunity to instil positive behaviours. The government's prevention vision depends on reaching this group now, before poor habits become chronic conditions.

The government's ambition to 'enable' healthier lives requires addressing the knowledge and skills gap that this data reveals. Enablement isn't just about providing services – it's about education, particularly for young people who report being overwhelmed by conflicting information. The plan needs trusted intermediaries – like reputable social media influencers in the health and wellness space – who can serve as a mouthpiece for public health campaigns and translate health advice into actionable steps.

Promoting trustworthy online sites, including the NHS website, is key for this group. For more personalised help, the high street offers options to support young people in maintaining good health throughout the life course, through professional, science-led articles and advice.

Navigating the noise: From information overload to simplified action



Dr Carrie Ruxton
Consultant Dietitian

Digital landscapes present a paradox for the younger generation. While 16-24-year-olds have unprecedented access to health information, they report the highest levels of confusion. These demographics are not suffering from a lack of information, but from a surplus of "noise."

Social media platforms, driven by algorithms that favour sensationalism, present health in binary terms: absolute disasters or miracle cures. This content is often commercially driven, diagnosing complex physiological issues with expensive, inaccessible product solutions. The result are "unresolved needs" - a cycle where anxiety is heightened, but the solution remains out of reach. This feeds the very fatigue and stress that the user was originally seeking to alleviate.

The "State Secret" of Nutrition

These confusions extend to the fundamentals of nutrition, most notably with fibre. While the benefits of protein are well-understood and its consumption is incentivised through clear labelling and "building block" products (bars, yoghurts), fibre remains effectively a "state secret."

Current labelling legislation means fibre is not a mandatory nutrient on packaging unless a specific claim is made. Consequently, consumers cannot easily track their intake against the recommended 30g - a daily target many are unaware even exists. To bridge the gap between the 49% who say they consciously try to eat fibre and the reality of low intake, the industry must replicate the "protein model." We need better signposting and modular, accessible food options that allow consumers to piece together their daily intake without requiring a radical dietary overhaul.



Personalisation over Generalisation

The data indicates that the public generally knows what to do - eat oily fish, take Vitamin D, manage weight - but fails to do it. The barriers are not ignorance; it is inertia caused by the overwhelming volume of generic advice. Current dietary guidelines often ask individuals to monitor up to nine different variables simultaneously. This cognitive load is incompatible with modern, time-poor lifestyles.

The solutions lie in radical simplification and personalisation. We must move from broad, population-level advice to specific, actionable steps. Technology and AI offer a way to bridge the gap between the expert and the consumer, much like a knowledgeable in-store associate does. By using data from wearables and apps to identify an individual's specific deficit - whether it be daytime sleepiness or low immunity - we can move from generic "wellness" to personalised "maintenance."

The Path Forward

To turn intention into action, wellness industries must pivot from generating more content to creating better tools. This means lobbying for clearer labelling, utilising AI to triage individual health needs, and simplifying guidance down to the "top three" impactful actions rather than a laundry list of obligations. In an era of information overload, the most valuable health product is clarity.

B. Mid-Life Adults (35–44): the overloaded middle years

Key statistic

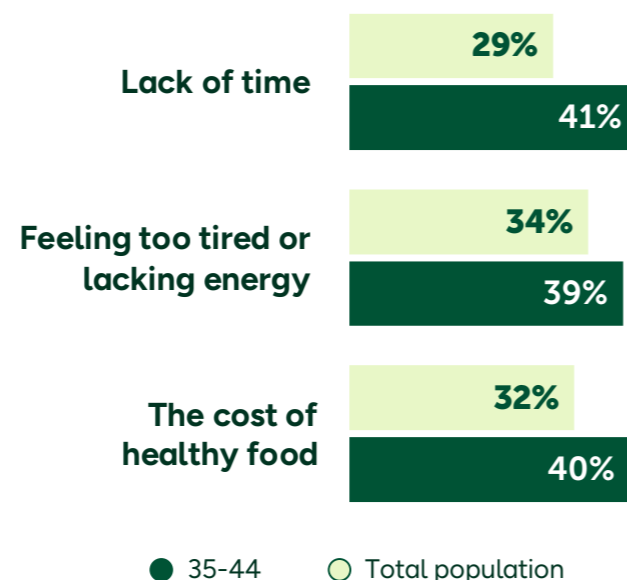
41% of 35-44 year olds cite lack of time as a barrier to living a healthy lifestyle

Key highlights

- 1. Peak pressure years:** Adults aged 35–44 face the highest combined time, energy and financial constraints of any age group.
- 2. Working-age health matters:** Barriers in mid-life shape long-term chronic disease risk and workforce participation.
- 3. Prevention must compete with reality:** Health behaviours will not shift unless solutions are convenient, affordable and compatible with work and care responsibilities.

People aged 35-44 are the generation in crisis. Statistically, they are the most “squeezed” demographic across almost every metric. Time, energy, and money pressures are key problems. 41% of people age 35-44 cited lack of time, 39% said “feeling too tired”, while 40% said the “cost of healthy food” were barriers to them living a healthy lifestyle.

Major barriers or challenges to living a healthy lifestyle



This group cannot wait for long-term NHS reform. The government should focus on providing solutions that are easy and affordable, particularly as 72% of 35-44 year olds are concerned by being able to access a healthy diet, and 94% are concerned by food prices.²² Campaigns that promote healthy behaviours and habits that can fit in around work and caring responsibilities are key for those facing the mid-life pinch.

This is where third parties like trusted high street retailers become essential partners in the government’s strategy. They are highly visible, easily accessible, and able to advise in a space where information seems to be inaccessible for so many. They are able to target key landscape issues first, e.g., helping the population reach their dietary fibre intake, and support with achieving a varied and balanced diet, demonstrating that health and convenience needs can be met.

C. Women Across the Life Course: the energy and health gap

Key statistic

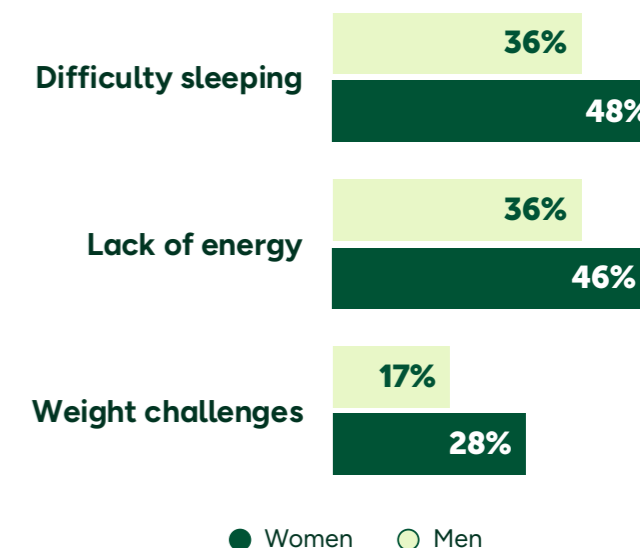
43% of women versus 26% of men cite fatigue as a barrier to living a healthy lifestyle

Key highlights

- The Fatigue Gap:** Higher reported levels of low energy, fatigue, and sleep disruption limit preventative engagement among women.
- Intersecting pressures:** Social and biological factors reinforce disparities in women’s energy and wellbeing.
- Longevity without parity:** Women live longer than men but spend more years in poor health.
- Life-course delivery matters:** Improving women’s health outcomes requires consistent, accessible support across different life stages.

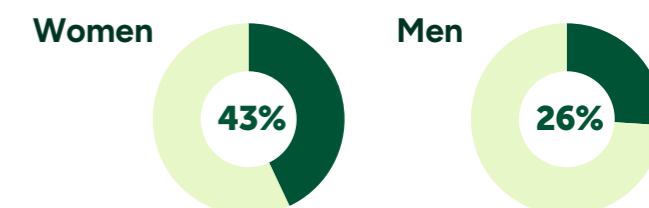
Women are more likely to be the primary carer for children and ageing parents than men, which impacts on their health.²³ 46% of women say they have experienced a lack of energy in the past 12 months (versus 36% of men); 48% of women report sleep trouble (versus 36% of men); and 28% of women report weight management challenges (versus 17% of men).

Health issues experienced in the last 12 months



Women are significantly more likely than men to cite fatigue as their biggest barrier to living a healthy life.

Fatigue as a barrier to living a healthy lifestyle



Dietitian **Ro Huntriss** identifies multiple compounding factors behind this ‘fatigue gap.’ Beyond the ‘biological tax’ of hormonal fluctuation, she highlights the ‘caregiver burden’: ‘Societal structures frequently position women as the primary caregivers for both children and ageing relatives... women often prioritise the health of others at the expense of their own.’ Ro goes on to identify a nutritional paradox: many women are ‘overfed but undernourished’ - consuming high-calorie, low-nutrient foods that ‘provide a temporary energy spike but fail

to provide the micronutrients essential for sustained vitality.' Iron deficiency remains common, while plant-based diets introduce B12 and iodine risks. She advocates for a mindset shift: 'The prevailing narrative of female nutrition often focuses on exclusion. To reclaim energy, the focus must shift to inclusion - adding protein, fibre, and whole foods.'

The survey findings mirror the fact that women, despite living longer, spend more years living with poor health than men. The government's Women's Health Strategy for England, launched in 2022, aims to tackle this health gap through a life course approach.²⁴ Priority areas include menstrual health, fertility, menopause, mental health, and healthy ageing. The government's renewal of the strategy in 2025 is welcome. Engaging different sectors, including on the high street, is essential to delivering the strategy's ambitions. The high street and charities demonstrate what can be achieved, with visible partnerships and steps taken already, with examples such as providing improved access to women-specific services.

The female fatigue gap: Biology, society, and the nutrient deficit



Ro Huntriss BSc, PG-Dip, MSc, MRes, RD

Consultant Dietitian

The data reveals a stark gender disparity in national health: women report significantly higher rates of fatigue (46%) and sleep disturbance (48%) than men. This "fatigue gap" is not merely a statistical anomaly; it is the result of a complex interplay between biological imperatives and societal expectations.

The Biological Tax

Unlike the relatively static male hormonal baseline, women of childbearing age navigate a dynamic physiological landscape. Energy levels fluctuate predictably with the menstrual cycle; while ovulation (circa day 14) often brings a peak in vitality, the luteal phase is characterised by high progesterone and increased caloric requirements. If these increased fuel demands are not met, fatigue can present.

This biological tax is compounded by specific life stages. Pregnancy and the postpartum period place significant demands on maternal nutrient reserves. Similarly, the transition into menopause brings hormonal volatility. Menopause is associated with hormonal

changes that can disrupt sleep, particularly through vasomotor symptoms and mood shifts. However, biology is only half the equation.

The Caregiver Burden

Societal structures frequently position women as the primary caregivers for both children and ageing relatives. This "caregiver burden" creates a behavioural deficit: women can prioritise the health of others at the expense of their own. The lack of time to fuel appropriately, exercise, or manage stress for some women creates a cycle where the demands of caregiving deplete the very energy required to provide care.

The Calorie-Nutrient Paradox

This energy deficit is often managed poorly through diet. In the UK, where around 60% of calories are derived from ultra-processed foods, many women are "overfed but undernourished." High-calorie, low-nutrient foods provide a temporary energy spike but fail to provide the micronutrients essential for sustained vitality.

Specific deficiencies are prevalent. Iron deficiency remains common in women of childbearing age, while the rise of plant-based diets has introduced risks regarding Vitamin B12 and iodine. These micronutrient gaps can act as silent drivers of fatigue, often undiagnosed because the individual attributes their exhaustion simply to a "busy life" rather than a biological shortfall.

Reframing Value and Mindset

Addressing this requires a pragmatic approach to nutrition that acknowledges economic realities. "Healthy" need not be synonymous with "expensive." Frozen vegetables and berries often retain higher nutrient density than fresh alternatives and offer greater longevity. Tinned oily fish provides essential Omega-3s at a fraction of the cost of fresh fillets.

But a psychological shift is also required. The prevailing narrative of female nutrition often focuses on exclusion (cutting calories, removing food groups). To reclaim energy, the focus must shift to inclusion - adding protein, fibre, and whole foods. By viewing nutrition as a tool for fuelling the body rather than restricting it, women can move from a state of reactive exhaustion to proactive energy management.



D. Men Across the Life Course: the male engagement challenge

Key statistic

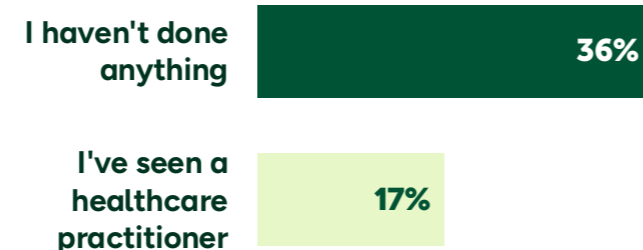
36% of men with sleep difficulties say they take no action at all

Key highlights

- **Inaction as a response:** Men are more likely to take no action when experiencing common health concerns such as sleep difficulties or stress.
- **Missed low-barrier opportunities:** Men are less likely than women to adopt accessible wellbeing tools, including supplements and over-the-counter options.
- **Low-friction entry points matter:** Men are more likely to engage when support is practical and non-medical.

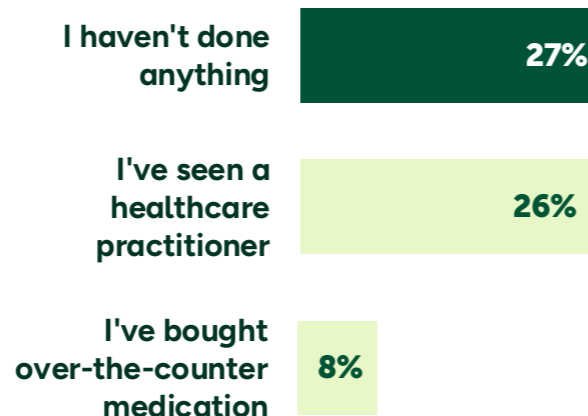
Men also need tailored solutions to help them lead healthy lives. Despite the assumption that men are more likely to adopt an "ostrich strategy" to health, the data suggests there is little difference between how men and women approach health problems - both are equally likely to ignore them, and hope they go away. For example, men with sleep difficulties say they are twice as likely to take no action at all than see a healthcare practitioner.

Actions taken by men who have experienced difficulty sleeping in the past 12 months (n=955)



The same pattern is seen for men who experience stress; they are just as likely to have taken no action as they are to have seen a healthcare professional, and far less likely to have purchased over-the-counter medication.

Actions taken by men who have experienced periods of stress or anxiety in the past 12 months (n=762)



Men also appear to be less likely to take up easy options for wellbeing.

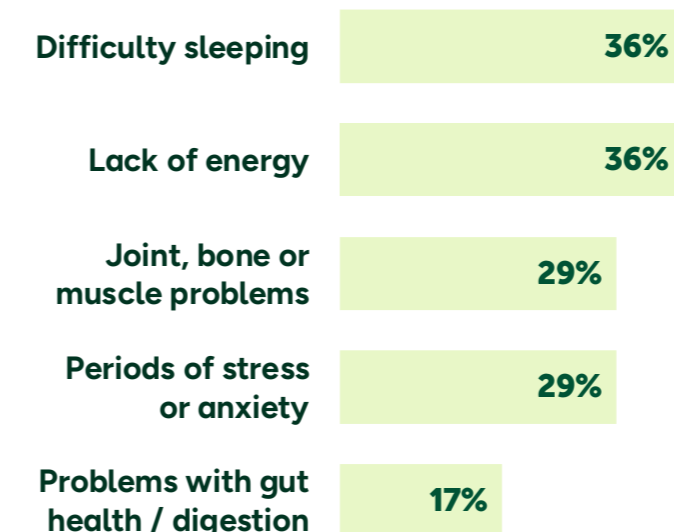
Take vitamins or supplements



● Men ● Total population

High street partners can offer the simple, non-medical solutions that men need for their top health issues: low energy, joint, bone or muscle problems, difficulty sleeping, and stress and anxiety.

Top 5 health-related issues experienced in the UK by men in the last 12 months



E. Older adults (55–75): the active ageing opportunity

Key statistic

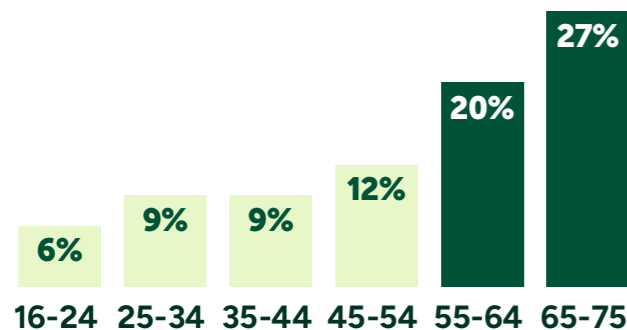
83% of 55-75 year olds say they only go to the doctor when absolutely necessary

Key highlights

- **Prevention-ready cohort:** Adults aged 55–75 report the strongest engagement with preventative healthcare services.
- **Persistent delay in help-seeking:** Despite higher engagement, many still say they seek care only when absolutely necessary.
- **Healthy ageing within reach:** Lower structural constraints create a window for targeted preventative support in later life.

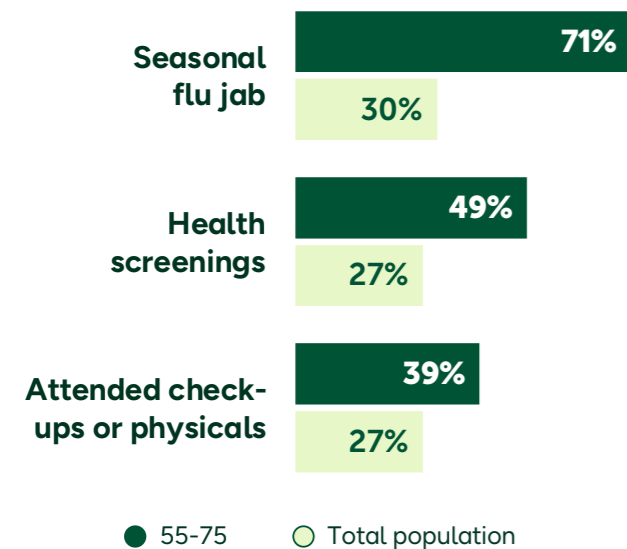
The 55-75 group reports the fewest barriers to living a healthy lifestyle. This suggests that many have reached a more financially secure period of life, with time to focus on their health. 23% state they have no barriers to living a healthy lifestyle – the highest of any age group and nearly four times that of 16-24 year olds. Only 14% cite lack of time (versus 41% of the middle-aged), and only 17% cite cost of gym/equipment (versus 29% of the middle-aged) as barriers.

No major barriers or challenges to living a healthy lifestyle (% agree)



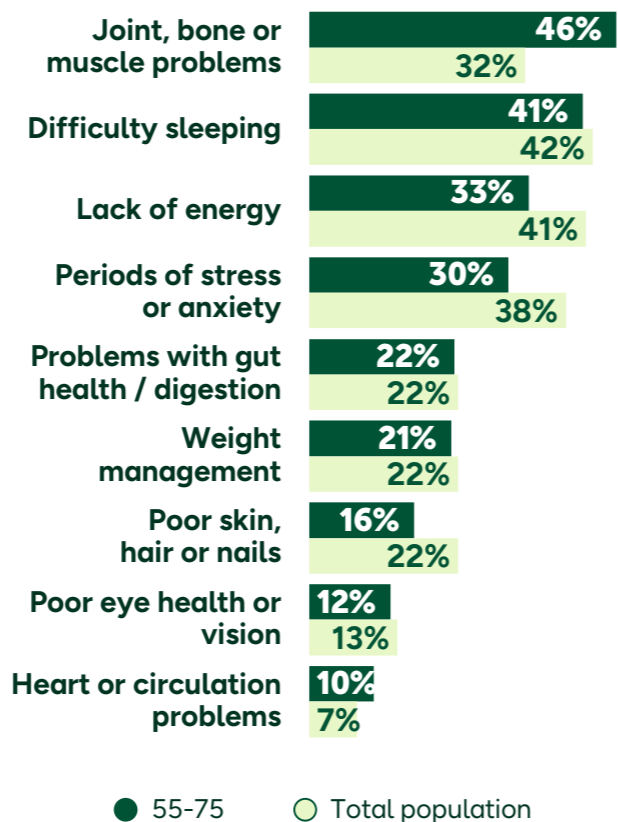
55-75 year olds were more likely than any other age group to use preventative healthcare, including seasonal flu jabs, health screenings and medical check-ups.

Actions taken as part of a preventative approach to health & wellbeing in the last 12 months



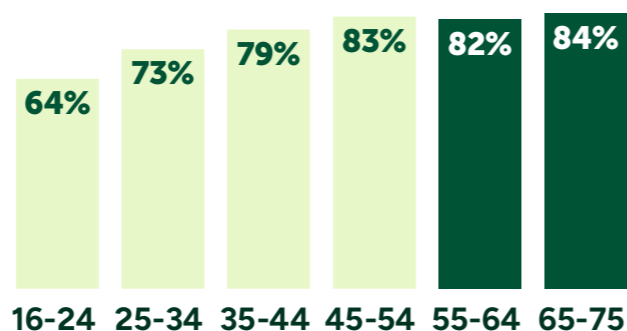
Still, those aged 55-75 listed joint, bone and muscle problems as their top health issue.

Health issues experienced by those aged 55-75 in the last 12 months



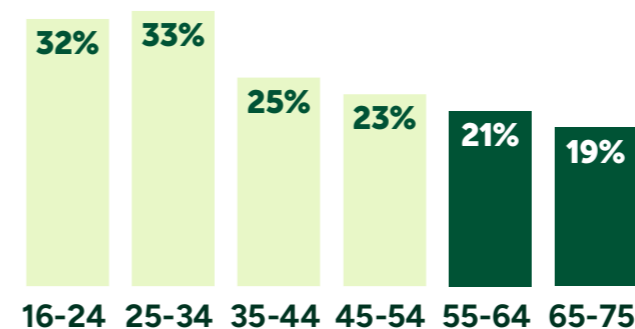
A high proportion (41%) also report difficulty sleeping and a large majority say they only visit their GP as a last resort.

I only go to the doctor when it is absolutely necessary (% agree)



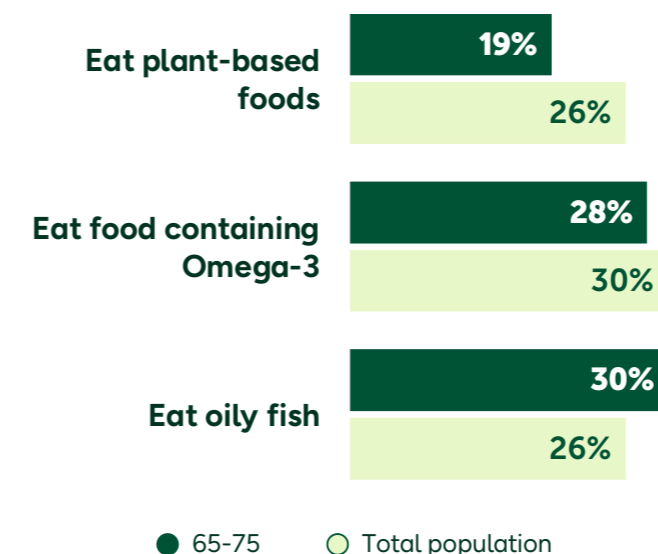
Helping this group age healthily is key. One potential area of focus is a balanced diet, an issue in this demographic. Only 19% report eating plant-based food regularly, the lowest of any age group.

I regularly eat plant-based foods (% agree)



Furthermore, only 28% eat omega-3-rich foods, and only 30% eat oily fish, despite the evidence linked to cognitive decline prevention.²⁵

Proportion who say they often or always do the following:



Since this generation utilises routine health screenings and checks, these should incorporate nutrition and healthy ageing advice.

However, that still leaves many in this age group without support. Enlisting high street partners with life course expertise can help close gaps, with demonstrations through scientific papers on the latest in recommendations and advice, possible.¹⁴

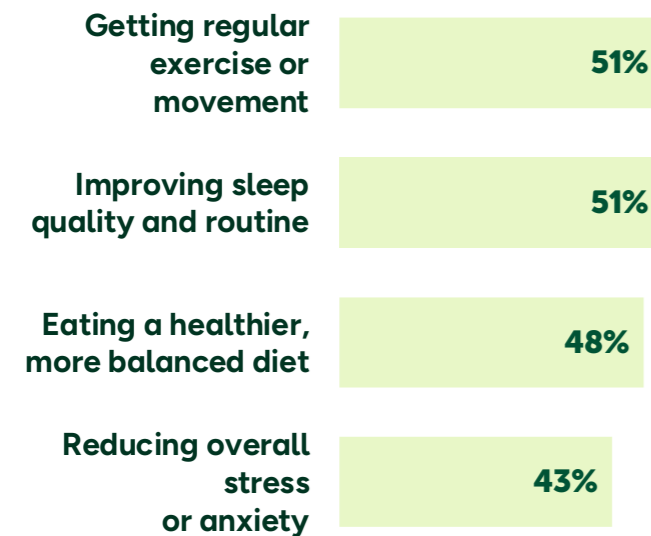
Across every demographic, a consistent pattern emerges: people want to act but lack accessible, practical support. This is the implementation gap the government's prevention ambitions must address - and where trusted high street partners become essential.



The Solution: Back Your Body

This research shows that the UK public recognises that sleep, nutrition, movement, and mental wellbeing are foundational to long-term health. When asked what would help them look after their bodies better, they are most likely to cite regular exercise, improving their sleep quality, healthier eating, and reducing stress.

Activities that UK adults say would most help them look after their body better



Yet intention does not consistently translate into action. 22% of the population is classed as inactive,¹⁷ and the average UK diet contains too much saturated fat, sugar and energy.⁷ 37% of people report finding it difficult to know what their body needs and 78% say they seek advice from a healthcare professional only when it's necessary.

22% of the population classed as inactive

37% of people report finding it difficult to know what their body needs

78% say they seek advice from a healthcare professional only when it's necessary

Across the four UK health systems, prevention features prominently in health strategies, with the 10 Year Health Plan providing England's most detailed roadmap for this shift. Yet the prevention ambition faces a fundamental behavioural challenge. Our data reveals that while prevention is widely recognised as essential for both the patient and the public purse, the infrastructure and mindset for this shift are not yet fully established. Bridging this gap requires intermediary steps between "doing nothing" and "seeing a GP".



Back Your Body is Holland & Barrett's response to this challenge. The initiative seeks to re-align the nation's reactive approach to a proactive one, encouraging people to prioritise their health and wellbeing and avoid illness. The ambition is to help the nation live well throughout the life course. Back Your Body operationalises prevention at scale by embedding wellness check-ins, trained advisors and science-led interventions on the high street. For instance, Holland & Barrett offers free and easy access to qualified Wellness Champions who have completed over 500,000 hours of UK-accredited wellness training. They are available to advise people online or in person on the top issues troubling the nation, including sleep, energy, stress and anxiety, and joint, bone or muscle problems.

Holland & Barrett recognises that women have specific needs. It is supporting the Women's Health Strategy with more than 600 trained Women's Health Coaches. These coaches offer free, confidential and personalised support for women on a variety of issues, including menopause, menstrual health, and hormone health, and can provide lifestyle changes and recommendations.

One goal in the Women's Health Strategy is to ensure women going through the perimenopause and menopause can recognise symptoms and know their options, including self-care and where to seek support. Holland & Barrett can help the government achieve this ambition. It has partnered with two charities, Menopause Mandate and The Endometriosis Foundation, to provide access to menopause and menstrual nurses. Holland & Barrett is also supporting efforts to improve access to women's health education and support through community-based initiatives. In 2023, it launched the Women's Health Community Fund in partnership with Wellbeing of Women to support grassroots organisations embedded within the communities they serve, particularly those working with women who may face barriers to accessing traditional health services and information.

People should know that the high street today can play a role in a wider health network. It is much more than a place to shop. It should be a place where they can find trustworthy, expert health support throughout the life course.

Conclusion & Call to Action

The United Kingdom has entered a decisive decade for the future of its health system. Governments across the UK recognise the urgent need to shift from treating sickness to preventing poor health and to move care closer to communities. Yet our research highlights a fundamental challenge: while 59% of the population intend to focus more on their health and wellbeing in the next 12 months, they remain trapped in a “reactive repair” culture. 78% say they only see doctors when absolutely necessary, despite 74% agreeing that establishing good health and wellbeing habits now is key to preventing illness in the future. This ‘prevention paradox’ shows that awareness alone isn’t the problem – translating intention into sustained behaviour is.

The Implementation Gap

The Implementation Gap captures the disconnect between prevention in principle and prevention in practice. Delivering the prevention agenda at scale cannot rest solely within formal clinical settings. It requires a whole-system approach that includes trusted, non-clinical touchpoints where people can seek early advice.

Many individuals experience low-level symptoms, uncertainty or minor concerns long before they present to the NHS. Reaching people at this earlier stage – when issues are still manageable and behavioural change is possible – is essential to preventing escalation and reducing cumulative pressure across the health system.

Our data supports this view. Taking vitamins or supplements is the most common preventative health action that people have taken in the last 12 months, demonstrating that the public already turns to the high street for health support. At the same time, 40% feel that the government is not actively helping them to be proactive. Together, these findings highlight the role accessible intermediary support can play in helping people move from intention to earlier action.

Holland & Barrett: Delivering Prevention

Holland & Barrett is uniquely positioned to support the government’s prevention agenda. With more than 150 years of expertise and free 1-2-1 consultations with trained Wellness Champions online and in-store, it offers an accessible and trusted first point of contact for individuals seeking early, non-clinical health support. This presence supports prevention in several practical ways:

- **Community Access:** Operating in locations across the UK, including areas where perceptions of healthcare accessibility are lower
- **Workforce Health:** Supporting the time-poor “squeezed middle”, including the 41% of 35-44 year-olds who report lacking time to live healthy lifestyles
- **Early Intervention:** Wellness Champions, with 500,000+ hours of training combined, provide free advice that can support individuals before issues escalate into clinical intervention
- **Gender-Specific Support:** 600+ Women’s Health Coaches provide support for the higher health burdens women face

The Back Your Body campaign transforms prevention from concept to concrete actions, providing health checks, science-led products, and everyday advice in one trusted location, all of which play a role in enabling the NHS transformation.

The Path Forward

Delivering prevention at scale requires mobilising the full network of health support. This includes formally recognising the role trusted non-clinical high street health partners can play within the wider healthcare value chain. Holland & Barrett’s established infrastructure, trained experts, and national reach can help support the government’s vision of enabling healthier lives for all. For individuals, the message is clear: “Don’t wait for it to break. Back your body now, so it can back you later.”

For policymakers, the message is equally clear: infrastructure to support prevention already exists on the high street, forming the first response of an established network that can help deliver a truly comprehensive approach to public health that meets people where they are, when they need it, in ways they can afford and access. Ultimately, the long-term resilience of the UK’s health system will be determined by how successfully we move from reactive repair to proactive prevention.

Final Words



Dr. Abbie Cawood, PhD, MICR, RNutr, Science Director at Holland & Barrett

This report shows that while the public increasingly understands the importance of prevention, intention is still not translating into consistent action. Too many people are only engaging with their health and wellness when something feels wrong, despite knowing that better sleep, improved nutrition, more movement and stronger mental wellbeing are foundational to long-term health.

As a business committed to science-led wellness, we believe accessible, credible support matters most. Prevention cannot rely solely on traditional healthcare settings. People need practical advice, trusted guidance, and simple interventions, available when and where they’re most ready to act.

The opportunity now is to close the implementation gap, the space between wanting to be healthier and knowing how to take the next step. Our call to action is for policymakers, healthcare leaders and trusted community partners to work together to make preventative health visible, actionable and available to everyone.

Methodology

On behalf of Holland & Barrett, Ipsos interviewed 5446 members of the UK public aged 16-75 online between 7th and 15th November 2025. We used quotas and weighting to ensure the sample is representative of the adult population of the UK by age, gender, and region. The unweighted base sizes for age, gender, and region can be found in the table below.

Data were weighted to the known population of UK adults aged 16-75.

Total	Gender		Age					
	Man	Woman	16-24	25-34	35-44	45-54	55-64	65-75
5446	2577	2823	623	1028	930	1063	954	848

Region						
North East	North West	Yorkshire & Humber	West Midlands	East Midlands	East of England	
231	603	461	487	418	511	
South West	South East	London	Wales	Scotland	Northern Ireland	
462	697	727	251	451	147	

If you have any questions on research, please reach out to either the Ipsos team or Holland & Barratt team.

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