HEALTH ACTION RESEARCH GROUP

because prevention is better than cure

ANNUAL REVIEW

2025-2026

Our vision

A country where people live longer, healthier lives – achieved through health policies which:

- Recognise that prevention is better than cure
- Are evidence-based rather than driven by ideology or lobbying
- Give priority to tackling deprivation, as the single biggest preventable risk factor for poor physical and mental health

Our mission

As an independent health think tank we aim to encourage more preventative, evidence-based policies and approaches – to tackle the increasing mental and physical health issues the UK is facing.

Our approach

- To identify the root causes of health issues, where action is likely to prove most effective.
- To find examples of action that has proved successful in tackling the issues, drawing on lessons learned from around the world.
- To share our findings as widely as possible with opinion formers, to help encourage the changes needed here in the UK.
- To work in partnership with like-minded organisations to reduce health inequalities and strengthen the case for change.

Why this matters

Living in a less affluent area shouldn't mean you're likely to die younger and spend more years in poor mental and physical health. Whatever your background, you should have a reasonable chance of living a long and healthy life.

Recognising that prevention is better than cure is key to achieving this.

This will also free up potential, with more people able to contribute positively, more actively, for longer.

Who we are

We're a health think tank, launched in 2015 and recognised as a charity for tax purposes by HMRC, with expert volunteers from a range of backgrounds, in particular health, education and medical research.

Who we work with to help achieve our mission

We are a member of the Inequalities Health Alliance and the Obesity Health Alliance, and a supporter of Health Equals and Recipe for Change.

We also work in partnership with universities on research projects. In recent years university partners have included King's College London, Goldsmiths University of London, Greenwich University and Ulster University – and we are currently working with six universities to submit a mental health-related Research Council application.

What we've been working on

1. Explaining what is needed to begin to seriously tackle obesity – including by providing both written evidence and evidence in person to the House of Commons Health and Social Care Committee.

   > Thank you for submitting written evidence to the Health and Social Care Committee's inquiry into Food and Weight Management. The Health and Social Care Committee would be grateful if a representative from Health Action Research Group would join them to give evidence at their second oral evidence session on **Wednesday 5th November, from 9.30 – 11.30am.** The session will be **in-person in Westminster.**

2. Calling for a more nuanced approach to why more young people are reporting signs of mental illness, and the need for a more holistic (not purely medical) approach to mental health – including in a letter published in *The Guardian*.

3. Identifying the intrinsic risks to young people's mental health from social media and AI chatbots, and the significant opportunity cost – enabling us to provide a wide-ranging response to the government consultation on *Growing up in the online world*.

   In the government response we were pleased to see the Prime Minister taking these points on board, including specifically identifying the opportunity cost.

4. Working with others to seek to influence health policy, including calling on the government to take urgent action to protect infants and young children from sugar-heavy, nutritionally poor baby food – as reported on by the BBC.

5. Researching health inequalities, including the commercial determinants of health, what can be learned from comparison with other developed countries, psychosocial health inequalities, male health inequality, remote working as a potential new arena for health inequalities, intersectionality, and a more nuanced approach to ethnicity.

6. Providing evidence-based health information, to help people looking to improve their chances of living a long and healthy life – on our sister website Age Watch.

7. Identifying a significant health policy gap i.e. the mental health implications of AI. In a preprint on Qeios, we considered how to address the potentially harmful effects of social media algorithms, of doomscrolling and technostress, and how to ensure the mental health impact of AI on employment is positive rather than negative.

We would like to thank everyone who contributed to this work, including our:

- Trustees
- Advisers
- Research Associates
- Designer
- Web Editor

What we'll be working on in the coming year

Our priorities for 2026-2027 reflect our guiding principle that prevention is better than cure:

- Protecting children and young people's mental health
- Preventing childhood obesity
- Reducing health inequalities
- Encouraging healthy ageing

Protecting children and young people's mental health

As the late Archbishop Desmond Tutu eloquently put it, *"There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in."*

We will therefore continue to research what is causing mental health problems and also what published research tells us helps protect mental health. We will also work with our university partners, seeking funding for mental health-related research.

Preventing childhood obesity

This is a classic case of prevention being better than cure. Around 80% of obese adolescents become obese adults; and if diets worked the dieting industry would go out of business. We will therefore take opportunities to help health policy makers learn from successful approaches in other countries, while also considering how best to change the obesogenic environment children are growing up in.

Reducing health inequalities

Women in affluent Richmond upon Thames enjoy 19 years more good health on average than women in Hartlepool. This is just one example of the many health inequalities prevalent in the UK.

One challenge people on low incomes face in the UK is that, compared with other Western European countries, electricity and housing costs tend to be higher, but out of work benefits tend to be lower. We will explore how energy costs in particular can be sustainably reduced, to help reduce fuel poverty and health inequality.

Encouraging healthy ageing

As Theodore Roosevelt suggested: *"Old age is like everything else. To make a success of it, you've got to start young."* Unfortunately, in the UK, people are spending more years in poor health as they get older.
We will therefore provide evidence-based health information for people who want to improve their chances of living a long and healthy life (through our sister website Age Watch), while also seeking to encourage health policy makers to address the wider socio-economic and commercial determinants of health.

Working to influence health policy – on obesity

How can the Government tackle the obesity epidemic?

Written Evidence from Health Action Research Group - FWM0019 For the House of Commons Health and Social Care Committee

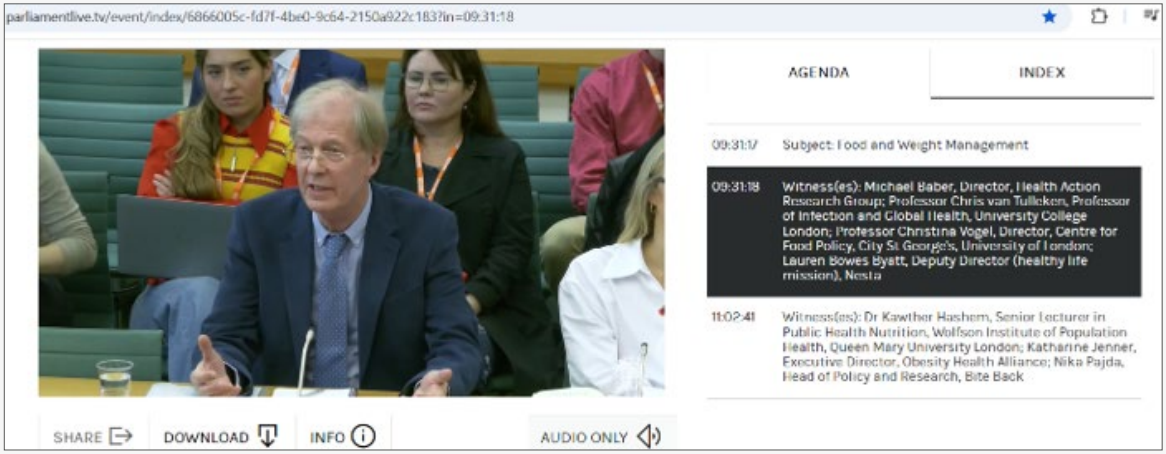
EXECUTIVE SUMMARY

1. **Existing policies aren't working because they are too little, too late**
    - Successive governments have failed to adequately address what *The Lancet* describes as the Commercial Determinants of Health. This has included avoiding, delaying, diluting or shelving the action needed, in response to lobbying by the food industry and sections of the press
    - Policies haven't recognised the biopsychosocial effects of growing up in the obesogenic environments experienced by deprived families and communities, or the importance of the first 1000 days of life in forming food tastes and habits
2. **What the government should do differently is focus on four factors:**
    2.1. The economic foundations of obesity: Address the upstream causes, such as deprivation and economic insecurity.
    2.2. Top-down bottom-up community approaches: As successfully pioneered in France and the Netherlands.
    2.3. Mandatory food system regulation: to safeguard our long-term health.
    2.4. Develop an Industrial Strategy to make the UK an international market leader in the mass-production of healthier food.
3. **Grasp the moment for mandatory regulation - there has never been a better time:**
    - Mass producing healthier food isn't an existential threat to the food and beverage industries – people will always need to eat and drink
    - There's widespread public support for regulation, with only 13% of people surveyed believing food companies will make the changes needed without government intervention
    - Developments in food technology have made it easier for food companies to reduce sugar and salt and add fibre
    - As McKinsey have identified, legislation provides a level playing field and therefore reduces business risk

Government should therefore take a proactive approach to protect health, exercising strong leadership in the long-term public interest.

Extracts from written evidence provided to the Health and Social Care Committee

Working to influence health policy – on obesity



Our Director, giving evidence to the House of Commons Health and Social Care Committee.

"In the UK, there has not been a political consensus around how best to tackle obesity, so policies have come and gone as Governments have come and gone, and sometimes as Prime Ministers have changed."

"In France and the Netherlands, which have less than half the childhood obesity of the UK, there has been a long-standing central Government focus on bringing down obesity. ...The other thing they have, which we in the UK do not have to anything like the same extent, is the recognition that central Government can do a lot, but so can communities."

"One of the starting points is to ask when food tastes and habits are first formed. They are actually formed in the first 1,000 days of life—including during pregnancy. What food is the mother eating? What kind of baby food is being given? One of the first things we should focus on is starting as young as possible."

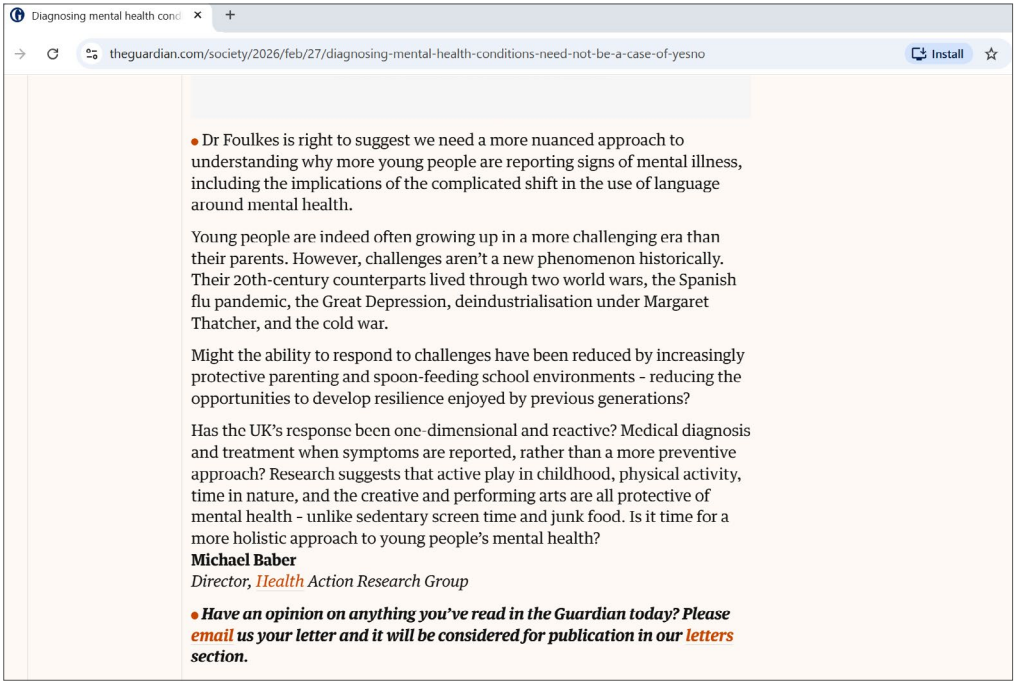
"Children live in three environments—school, home and the community—so you have to take all three together. You have to involve the parents for the home, you have to involve the school, and you look at faith groups, sports centres and shopkeepers. You need to take a holistic view."

"A quick point about people on low incomes being able to choose healthy food. We have some of the highest housing costs in Europe and the highest energy costs, so the amount of disposable income for a family on a low income means that they have very little room for manoeuvre."

"The advertising budgets for unhealthy food are something like 27 times bigger than those for healthy food. We did a little study a couple of years ago and found that the advertising budget for a single chocolate bar, KitKat, was greater than the entire Government budget to promote healthy eating, so this is about rebalancing."

Extracts from our Director's evidence to the House of Commons Health and Social Care Committee

Working to influence health policy – mental health



• Dr Foulkes is right to suggest we need a more nuanced approach to understanding why more young people are reporting signs of mental illness, including the implications of the complicated shift in the use of language around mental health.

Young people are indeed often growing up in a more challenging era than their parents. However, challenges aren't a new phenomenon historically. Their 20th-century counterparts lived through two world wars, the Spanish flu pandemic, the Great Depression, deindustrialisation under Margaret Thatcher, and the cold war.

Might the ability to respond to challenges have been reduced by increasingly protective parenting and spoon-feeding school environments - reducing the opportunities to develop resilience enjoyed by previous generations?

Has the UK's response been one-dimensional and reactive? Medical diagnosis and treatment when symptoms are reported, rather than a more preventive approach? Research suggests that active play in childhood, physical activity, time in nature, and the creative and performing arts are all protective of mental health - unlike sedentary screen time and junk food. Is it time for a more holistic approach to young people's mental health?

Michael Baber
Director, IIealth Action Research Group

• ***Have an opinion on anything you've read in the Guardian today? Please email us your letter and it will be considered for publication in our letters section.***

Our letter to The Guardian summarised four of the main findings from our research into young people's mental health in recent years. Further points our research suggests include:

- Deprivation is probably the biggest single risk factor for serious mental health conditions – and this requires more than a medical response.
- There has been an unhelpful conflation of clinically diagnosed mental health conditions and everyday worries, creating an anxiogenic environment – with potentially harmful nocebo effects.
- Social media has potentially compounded risks, including through 24/7 cyber bullying; material encouraging eating disorders and self-harm; and the romanticising of mental health conditions.
- Successive governments have recognised that when it comes to physical ill health, prevention is better than cure – but have been slow to recognise that the same applies to mental ill health.

Working to influence health policy – The online world

We provided a wide-ranging response to the government's *Growing up in an online world* consultation in May. For example:

Potential benefits

We recognised the potential benefits of social media, included peer support for young people in disadvantaged groups, such as LBTQ+ children and those with chronic conditions.

Potential harm

However, overall social media appeared to increase:

- Mental health risks, including anxiety, self-harm, and eating disorders.
- Physical health risks, due to an increase in sedentary screen time.
- Cognitive development risks for young children
- Opportunity costs, reducing the time available for activities protective of mental and physical health

We also expressed concern about regulation which is too little, too late and too laxly enforced – lagging behind technological development, often leaving it to bereaved parents to campaign or litigate to protect children and young people.

A social media ban for under 16s

A social media ban for under 16s is not a panacea. However, we supported it as a pragmatic means of putting pressure on social media companies in the one area they seem most concerned about i.e. their profits. Advertising revenue targeting under 18's accounts for an estimated 30 – 40% of advertising revenue for some major platforms. Freezing this income is a potentially effective upstream way of encouraging social medial companies to design in safety from the start, rather than limited, belated action once harm has been identified.

A positive government response

We were pleased to see the positive government response i.e.

- A ban on social media companies offering their services to under-16s.
- Restricting some harmful functionalities - including livestreaming and stranger communication - across a wider range of services, including gaming platforms.
- Requiring AI chatbots to prevent children under 18 from accessing features that are specifically designed to enable sexually explicit interaction.
- Requiring effective age assurance so that these rules are enforced.

Our voice was one of many which identified intrinsic social media and AI chatbot risks, including harmful content and addictive algorithms. Our focus on the opportunity cost was more distinctive and we were pleased that the PM specifically referred to the opportunity cost when announcing the government's decisions.

Working with others to influence health policy

Campaigners call for urgent action to protect infants from unhealthy food

It follows the findings of Leeds University research, featured in the BBC Panorama investigation The Truth About Baby Food.

Josie Clarke

Thursday 01 May 2025 00:01 BST

A baby eats puree during weaning (Anthony Devlin/PA) *(PA Archive)*

Health campaigners have called on the Government to take urgent action to protect infants and young children following a study that found top brands are selling sugar-heavy, nutritionally poor baby food.

A coalition of 40 leading health and child organisations have written to the Secretary of State for Health and Social Care following the findings of the Leeds University research, featured in the BBC Panorama investigation The Truth About Baby Food Pouches which looked at 632 food products marketed towards babies and toddlers under three.

An example of our working as a member of a health coalition to influence health policy.

Working to influence health thinking and health policy

Health Inequalities

More than twice as many working age adults died from Covid-19 in the poorest areas of England compared with people living in the richest areas – and even before Covid, the North/South divide in the nation's health was wider than it had been for 40 years.

Over the last year we've been researching aspects of health inequalities which have sometimes received less attention. Here is a summary of some of our findings:

Commercial Determinants of Health are a significant driver of health inequalities, through products and services which increase health risks (e.g. tobacco, alcohol, 'junk food,' and gambling). These are sometimes targeted at or concentrated in deprived areas. People experiencing cumulative stress in deprived areas may also turn to them as perceived (but not actual) stress relievers.

» Action needed: Only government has the power to tackle big business, through legislation to limit the advertising of, access to, and affordability of relevant products and services.

Comparison with other developed countries suggests that high housing and energy costs in the UK mean people are more financially vulnerable than counterparts elsewhere in Western Europe. This means both greater financial stress and risk to mental health and less money for healthy food and activities than their European counterparts.

» Action needed: More good quality, affordable housing is needed. Until this can be achieved, a targeted programme to improve home insulation and reduce electricity costs for those in fuel poverty should probably be the immediate priority.

Psychosocial Health Inequalities operate at several levels: Psychological (affecting mental health and well-being); Physiological (affecting sleep, blood pressure and other biomarkers); Behavioural (influencing habits like drinking and smoking); and Social (with poverty and discrimination reducing health opportunities). Lower socio-economic status is a driver, with fewer resources to fall back on and stigma exacerbating stress.

» Action needed: Tackle the underlying social determinants of health through a health in all policies approach, particularly through early childhood and family support and empowering individuals and communities.

Mental Health Inequalities: Drivers here include lower social class, deprivation and financial hardship, food insecurity, job insecurity, and housing insecurity and disadvantage (e.g. overcrowding and insecure tenure) – and is also greater in countries with higher income inequality i.e. both actual and perceived disadvantage.

» Action needed: Tackle the underlying psychosocial determinants of health e.g. the current levels of financial, job, food and housing insecurity.

Working to influence health thinking and health policy

Male Health Inequality: On average men die younger than women, in particular from CVD, cancer and suicide. Possible drivers include social norms and cultural expectations (men are both more likely to engage in risky behaviour and less likely to seek medical help for symptoms); low education (only 43% of university students are now male); and greater male isolation, particularly following family breakup.

Action needed: Initiatives for men, created and led by men, tend to be more successful e.g. Men's Sheds, Movember and FFIT (Football Fans in Training).

Remote Working – a new arena for health inequalities? Health inequalities traditionally affected lower socio-economic groups but remote workers are often more middle class/professional. Those most at risk of loneliness and isolation tend to be male (where men's belonginess is work-related vs women's being family and friends), especially younger, single men, new to the organisation and area, working entirely remotely – in particular Gen Y (29-44) the largest group of remote workers.

Action needed: Employers to recognise those most likely to be vulnerable and provide support e.g. opportunities to spend time with colleagues.

Intersectionality: key principles include power, reflexivity (with researchers considering how their own intersectional privilege or disadvantage influences their research) and social justice. There's a gap between theory and practice, with intersectionality helpful for analysis but harder to operationalise in practice, as it usually involves addressing structural dynamics e.g. studies of masculinity rarely integrate race, class and sexual orientation, leading to over-simplified findings.

Action needed: When addressing health inequalities, avoid a 'one size fits all' approach. Take account of intersecting influences (as with ethnicity below).

Ethnicity: Structural racism and discrimination have mental and physical health effects through 'weathering' stress pathways and also affect social determinants of health e.g. housing, employment and access to health services. However, the position here is nuanced. The highest deprivation is found in Pakistani and Bangla Deshi communities. There's higher obesity and overweight in White British and Black communities. Chinese and Asians have above average health, as do recent migrants. This suggests the need for multi-factorial analysis.

Action needed: Tackle structural racism and discrimination. Learn from the exceptions (Chinese, Asians and recent migrants). Consider culturally adapted and faith-related approaches.

Our thanks to the members of the Health Inequalities research team for their findings: Chizoba Adizie, Barbara Baker, Emma Butler, Michele Correa, Caitlin Gilbert, Berna Karakoc, Lindsey Stack and Emily Wyke.

Working to influence health thinking and health policy

AI and Mental Health

The implications of AI for mental health was also an area we continued to research, including our findings published in a Qeios pre-print.

AI and Mental Health – A Policy Gap?

Michael Baber, Barbara Baker, Karen Rollins, Sophie Izzard, Nehali Humane

Abstract

The clinical potential of AI to assist mental health, in particular to help diagnose and treat mental disorders, is increasingly well-researched. However, the wider long-term implications of AI for mental health are less well-researched and raise important policy questions. These include how best to address the potentially harmful effects of social media algorithms, of doomscrolling and technostress, and how to ensure the mental health impact of AI on employment is positive rather than negative.

The impact of social media algorithms encouraging eating disorders, self-harm and suicide has already been well publicised. The role of AI in increasing anxiety, for instance through doomscrolling and technostress, is also now being researched. There's also good evidence that job loss is harmful for mental health and evidence that fear of job loss may also be harmful. The pace and nature of change generated by AI can be an issue too, as well as ethical and data privacy concerns.

The need for policy to address risks arising from AI has been recognised internationally, as illustrated by the EU's 2024 AI Act. However, progress elsewhere has been erratic and, as yet, the implications of AI for mental health do not appear to have featured significantly in policy making. This is an important gap that needs to be filled. In the UK there's currently a policy deficit in this area, only partially addressed by the Online Safety Act. In addition, recent government policy decisions affecting employers have the potential unintended consequence of incentivizing some to use AI to replace staff, with knock-on mental health implications.

There's currently also no powerful national public health government agency in the UK. This leaves a public health policy vacuum regarding the implications of AI for the nation's health. It will be important to identify those most at risk and to develop strategies and policies to prepare for and cope with the changes ahead. This is important to enable the positive effects of AI to be achieved, while minimising risk. Re-creating a powerful national public health body and ensuring a mental health impact assessment for all proposed AI-related policies would be two useful first steps. Helping create a coalition of willing countries and international bodies to ensure the pursuit of AI is not at the expense of mental health would be another.

Healthy Ageing

Healthy Life Expectancy has fallen

How long people live has stalled in recent years – and remains at around 79 for men and 83 for women. Worryingly, Healthy Life Expectancy (how long people can expect to live in good health) has fallen by two years over the past decade. According to the Health Foundation it is now a little under 61 for both men and women.

That's bad news for those affected, the NHS and the government

That's bad news for the individuals experiencing more years in poor health. It is bad news for the NHS too. More people in poor health, in an ageing population, means greater pressure on the NHS. It is also bad news for the government – with potentially higher NHS and welfare costs and potentially less tax income from people able to work.

Social determinants or social influencers?

We will continue to focus on seeking to reverse the economic, social and commercial factors which have been increasing health risks, as you will see in this Annual Review. However, we also recognise that each of us has agency. The choices open to us may be limited by our circumstances, and by some well-known businesses that are adept at encouraging us to choose options which increase health risks (like 'junk food,' tobacco, alcohol and gambling). However, there may still be lifestyle choices we can make. Making the right choices, though, has become more of a challenge, in part due to influencers and disinformation on social media.

Age Watch – promoting Healthy Ageing

For those people who want to pursue a healthy lifestyle, within the time and resources available to them, and who are looking for evidence-based information, we provide over a hundred evidence-based articles on our sister website Age Watch.

Some of the topics covered include:

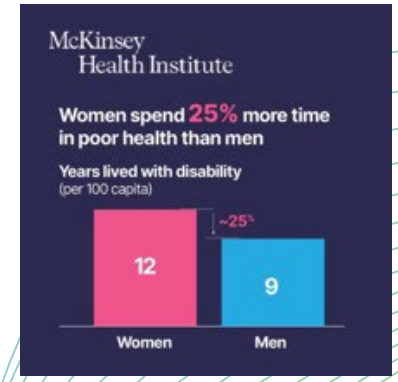
- Centenarian studies – what can we learn from studies of people who've lived to be 100.
- Blue Zones – are there really parts of the world with unusual healthy longevity we can learn from or is this just media hype?
- Hypertension – what is it, what are the risk factors and how can reduce them?
- Stress and Gender – do men and women have different biological and psychological responses to stress?
- Health apps – are they a help or a hindrance?

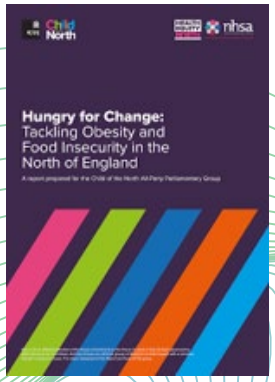
Our thanks to Barbara Baker, our Healthy Ageing Research Lead, to her Research Associate team: Mojitola Idowu, Daniel Piears, Raymon Hunte and Alexandra Shiafkou, and to Brooke Wheeler, the Age Watch Web Editor.

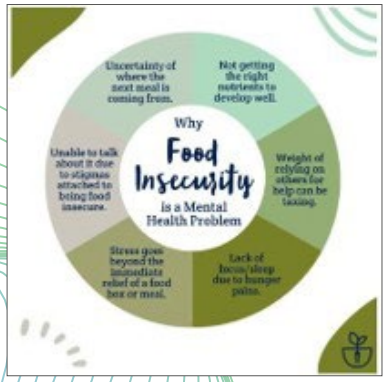
Health News and Views

Our BlueSky and Twitter accounts (https://bsky.app/profile/healthaction.bsky.social and https://twitter.com/HealthAction_UK) continued to provide a regular source of health news and reports. Examples included:

- A partial ban on junk food TV advertising to children was finally introduced – but with a big loophole. Brand advertising is still allowed.
- Mental health lessons in school sound like a good idea – but research suggests they often don't work and may even make things worse.
- Women spend more years in poor health than men – but only 4% of venture capital investment in healthcare is directed towards women's health.
- Postcode lottery 2.0? The most severe forms of disability hit 11-12 years earlier in the most disadvantaged versus the least disadvantaged areas.
- Vaccine scepticism is one of the top 10 global health threats identified by the WHO.
- An up to 27% increased risk of heart failure in the most polluted areas – according to the British Heart Foundation.
- Four non-medical ways to protect mental health according to researchers – active play in childhood, nature-based activity, prebiotics and probiotics, and singing.







Our Board of Trustees

Dr Ben Amies-Cull

Ben is a GP and a Clinical Researcher at Oxford University. He is our Obesity Adviser.

Sarah Jones

Sarah brings 18 years' experience as a healthcare policy and government affairs specialist.

Michael Baber FRSPH

Michael is a former College Principal and charity CEO. He is leading our research with university partners.

Dr Elif Oflaz

Elif brings extensive experience of Health and Wellbeing at Work programmes, including strategy, design and implementation.

Dr Barbara Baker

Barbara is a former University Lecturer and Senior Research Fellow for a cancer charity. She is our Healthy Ageing Research Lead.

Susi Sadler

Susi is a Health Economist with 12 years' experience in academic and consultancy roles She is leading our Burden of Disease study.

Cordelia Hagan

Cordelia is a Senior Company Secretarial Assistant at a multinational insurance company, and is our Company Secretary.

Dr Elizabeth Walters

Elizabeth is a Lecturer in Public Health, with a particular interest in community development and co-production.

Our thanks to Dr. Jennifer Leggat, who retired from the Board in March, at the end of her term of office.

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