

## Public Opinion Briefing: What do **Reform** Voters Think About Public Health?

- Quantitative and qualitative data on what **Reform** voters and those open to voting **Reform** think about public health policies
- Implications and insights about how to discuss health with **Reform** voters and politicians

Public opinion consistently supports government action to improve the nation's health - not just by treating illness, but by tackling the root causes like unhealthy food, smoking, alcohol, housing, and working conditions.

Yet public health policies often face political hesitation, driven by fears of overreach and concern about being seen as 'nanny state'. History shows these fears are misplaced: once implemented, public health measures tend to grow in popularity. For example, regardless of their political affiliations, few would now call for overturning laws mandating wearing a seatbelt or banning smoking in enclosed public places.

Given this, political strategists argue that it's not just 'overall' levels of support for public health policies which matter to policymakers, but the political opinion of target voter groups which matter. For instance, while voters overall might support a particular policy, the specific voters that a party might need to secure to win an election may be opposed to the policy. It is therefore important to consider the attitudes of different voter groups to public health reform.

Two recent pieces of research carried out by Public First, for Health Equals and the IPPR<sup>1</sup>, and Action on Smoking and Health (ASH), the Alcohol Health Alliance (AHA) and the Obesity Health Alliance (OHA)<sup>2</sup> examine how different groups of voters think about public health policies.

### Views of Reform voters

This briefing looks specifically at policy support among those who say they intend to vote Reform at the next election (Reform voters) and a group who voted Labour in the last election, but say they are open to switching to Reform in the future (target Reform voters). Both of these groups have been mischaracterised in political discussions - though often portrayed as strongly hostile to 'nanny-statism', research suggests that they want to see the state do *more* rather than less to help people live healthily. This is particularly true of previous Labour voters who are now open to Reform.

### 1. There is clear support for regulating business alongside personal responsibility to improve health

- Reform voters are more likely than other voters to say people are entirely responsible for their own health (84% versus a national average of 74%). However, 60% still think the Government should provide protection from harmful business practices. This is even higher among target Reform voters at 81%.<sup>2</sup> *This indicates Reform supporters highly value individual responsibility but still see a protective role from Government.*

- 82% of target Reform voters say that the government has a great or fair deal of responsibility for ensuring people stay healthy, compared to 72% of voters in general, and 67% of other voters open to Reform.<sup>2</sup>
- 65% of target Reform voters say that local authorities have a great or fair deal of responsibility for ensuring people stay healthy, compared to 54% of voters in general, and 49% of other voters open to Reform.<sup>2</sup>
- The vast majority of Reform and target Reform voters believe companies prioritise profit over health (82% and 84% respectively; only 27% of Reform voters and 42% of target Reform voters trust them to be honest about health impacts. *Deep scepticism about the motives and action of business from Reform and target Reform voters strengthens the case for regulation.*<sup>2</sup>
- The role of the food and drinks industry was particularly singled out as a driver of poor health. 84% of target Reform voters say that the food and drinks industry has a great or fair deal of responsibility for ensuring people stay healthy, compared to 84% of voters in general, and 81% of other voters open to Reform.<sup>2</sup>
- Among Reform voters 85% see smoking, 81% alcohol, and 81% unhealthy food as major drivers of NHS pressure and this is similarly high among target Reform voters. *Reform voters and those open to Reform want to see more action taken to reduce avoidable pressures on the NHS.*<sup>2</sup>
- The potential for voter backlash over 'Nanny state' measures is likely overstated: overall only 26% of voters saw 'limiting personal choice' as a risk of public health measures. There was more concern that measures would not be effective, would increase taxes, or increase the cost of living. 27% of target Reform voters were concerned about infringements on personal choice. Other voters open to Reform were slightly more concerned - 32% cited infringement on liberties as a concern. However, cost of living pressures that might arise from public health measures were of more concern (38%).<sup>1</sup>

## 2. Reform voters and voters open to Reform are broadly supportive of key public health measures

- As well as looking at the overall attitudes of Reform voters and target Reform voters to public health interventions, our research examined support for individual policies. Reform voters and target Reform voters were, in general, supportive of both 'classic' public health policies (increased regulation of tobacco, alcohol and unhealthy food and drink) and more action on the wider determinants of health (community infrastructure, housing, employment). Target Reform voters are generally much more supportive of policies than traditional Reform voters.

### Support for policies to reduce harm from risk factors<sup>2</sup>

Policy	Reform voters	Target Reform voters	National average
Increasing the age at which tobacco can be bought so no one born from 2009 can legally	60%	78%	72%

be sold tobacco to phase out smoking in future generations			
Extending smoking ban to outdoors in cafes, bars and restaurants to protect people from second-hand smoke inhalation in public spaces	53%	70%	65%
A levy on companies in the tobacco industry to raise funds to reduce smoking rates	56%	67%	68%
Warning labels on alcoholic drinks about the health risks of alcohol consumption	63%	85%	75%
Introduce a minimum price for alcoholic drinks equal to 65p for each unit of alcohol they contain to reduce harmful alcohol consumption	30%	57%	47%
Restrict alcohol marketing in the same way as junk food products to limit its appeal to children and young people	57%	75%	69%
Clear and consistent nutrition labels on all food and drink products	80%	86%	84%
Extend the sugary drinks tax to other types of unhealthy food to discourage consumption of unhealthy products and encourage companies to make products healthier	45%	66%	59%
Restrictions to stop children seeing unhealthy food and drink adverts	74%	54%	79%

### Policies to tackle wider social determinants of health<sup>1</sup>

Policy	Labour 2024 voters open to Reform	Other voters open to reform	National average
Increasing the minimum pay employees are entitled to receive when they're off sick and making it easier to claim, so they're better supported during illness	73%	56%	61%
Allowing individuals with a long-term health problem to keep their disability benefit if returning to employment doesn't work out, to encourage them to look for work	70%	60%	63%
Requiring employers to offer flexible working practices to improve employee health	76%	62%	69%
Increasing the use of Fair Work Charters, where employers publicly commit to taking steps to building fair working environments (e.g. ensuring employees are involved in decision-making processes for their companies)	79%	60%	64%
Greater government investment in community infrastructure e.g. youth centres, leisure facilities	80%	72%	75%

Extending smoking bans to more public spaces, such as outdoor dining areas or parks	65%	54%	61%
Higher housing standards for landlords to ensure better living conditions for tenants	81%	77%	80%
More government investment into early childhood development programmes like Sure Start or family hubs to support families	81%	64%	70%
Free school meals for all children in state-funded schools	75%	62%	67%
Removing the two child benefit cap, which limits child tax credit and universal credit payments to the first two children in a family, to reduce childhood poverty	54%	39%	44%

When asked to pick their top three priorities on public health, target Reform voters selected taking action on: inadequate mental health support (43%), the limited availability of nutritious food (38%), and high levels of air pollution (36%). Other voters open to Reform selected taking action on: damp and mould in homes (44%), inadequate mental health support (42%), and the limited availability of nutritious food (33%).<sup>1</sup>

### 3. What Works: Messaging and Framing

- Polling and focus-grouping conducted for this research gives some insight into how public health interventions can be framed to elected Reform officials, as well as their current voters and target voters, to maximise support.
- Frames that are most likely to increase support for public health interventions among this voter group include: public health interventions protecting the NHS or reducing pressure on healthcare services, being fair to low-income families, levelling the playing field against corporate interests, and leading to demonstrable improvements to people's day to day lives.
- Policies where funding is directly tied to an outcome are most likely to be popular among this voter group - for instance, hypothecated tax revenues (e.g., funding health interventions) being used to fund services, or direct action on the price of goods.

#### Messaging principles for discussing public health with Reform voters and politicians.

Digging deeper into the messaging that works on public health, we found that:

- **Health messages were more effective when they were anchored in people's daily reality, not abstract policy language:**
  - When asked about health, people spoke in terms of impact on daily activities like going to work, spending time with friends or looking after family. Good health was framed as an enabler to people 'getting on with things' and living life as normal.
  - Use of terms such as 'social determinants' of health did not connect with focus group participants, who spoke instead of concrete, everyday things: warm homes, steady incomes, having the time and energy to cook a healthy meal or go for a walk.

- **Voters recognise a link between health and the economy, but messages are most effectively framed in terms of day-to-day cost of living pressures and impacts on work, not more abstract measures such as economic growth or productivity.**
  - Focus group participants felt that discussions on economic growth and productivity were ‘impersonal’ but drew explicit links between health and work. Where health intervention was linked to keeping people in work or making them more effective at work, it was seen as especially popular.
- **Reducing pressures on the NHS came out as a key reason for improving public health**
  - Reducing pressure on NHS services and freeing up health resources to deal with unavoidable rather than avoidable illness was the main reason cited to improve public health.
  - Voters directly linked long waits for health services to poor population health.
- **Fairness and ‘levelling the playing field’ were core concerns for Reform open voters**
  - Focus groups revealed a widespread sense of unfairness that big businesses (particularly in food, drink, and tech) profit from promoting unhealthy habits while individuals are left to pick up the cost. This contributed to a feeling that people were being ‘stitched up’ by corporate actors, and that the government was doing too little to intervene. This same logic also applied to employers and landlords - focus group participants argued that the government had a duty to intervene to level an unfair playing field.

#### 4. Summary

Although traditional Reform voters are generally less supportive of public health policies than the average voter (despite most still expressing support), target Reform voters show significantly higher levels of support, suggesting that opposing public health policies may not be in the political interests of Reform politicians.

To increase support for public health interventions among this group, emphasise fairness and need to level the field, particularly for low-income/ hardworking families and protect them from unscrupulous businesses. Frame public health interventions as practical measures that protect the NHS (without stigmatising individuals), reduce day-to-day pressures on families. Use clear, concrete language that ties funding directly to outcomes people care about - like keeping people healthy enough to work and reducing long NHS waits - rather than abstract economic arguments.

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<sup>1</sup> Research commissioned by Health Equals and IPPR. Online survey conducted between 21 Feb-5 March 2025 by Public First. 2,010 UK adults. All results are weighted using Iterative Proportional Fitting, or 'Raking'. The results are weighted by interlocking age & gender, region and social grade to Nationally Representative Proportions.

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