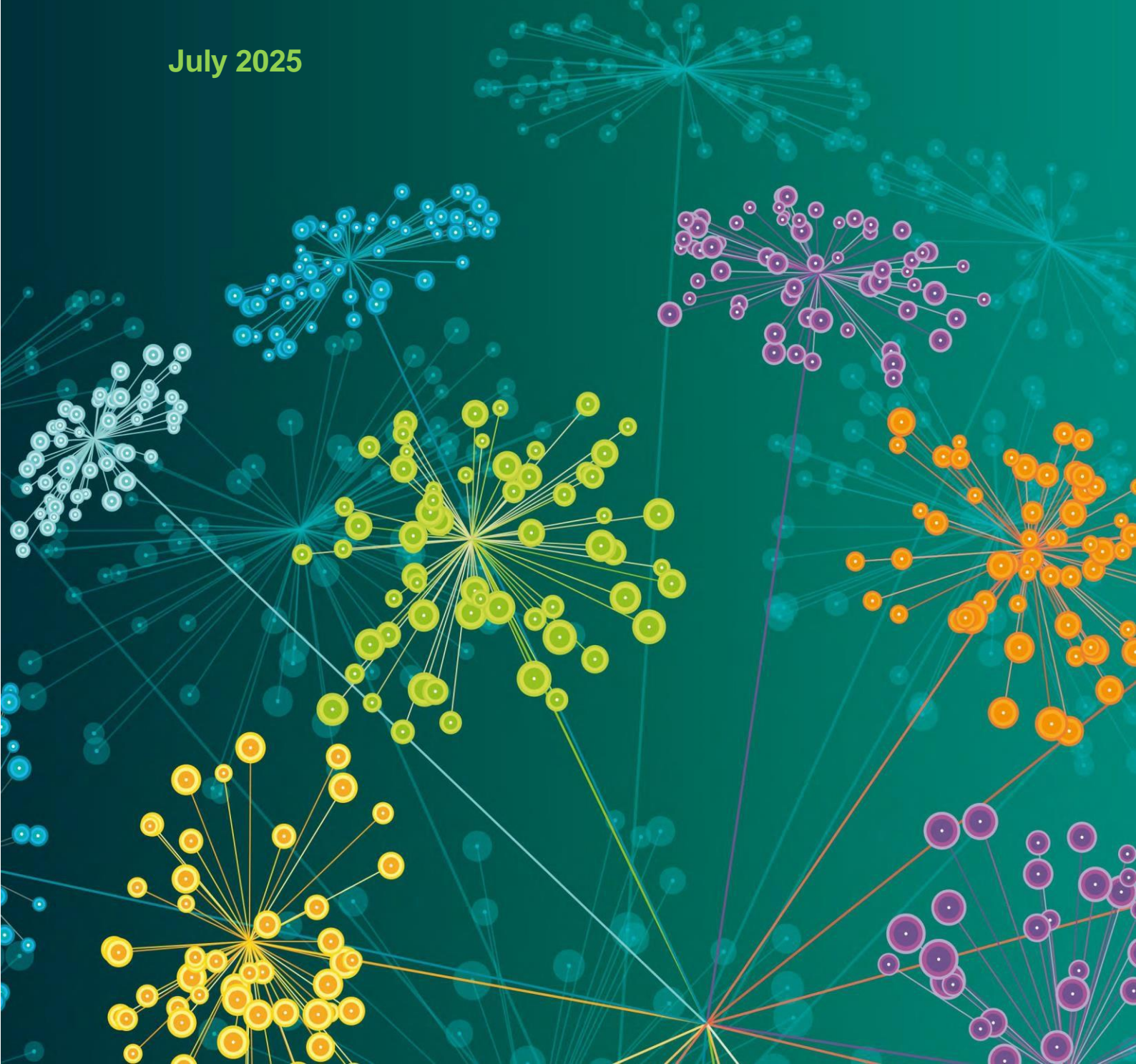




Brain Health Market Research - Executive Summary

National Dementia Services, Health Service Executive

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Introduction and purpose of this Research

Why was this research commissioned?

The Health Service Executive's (HSE) National Dementia Services (NDS) commissioned this market research to understand public awareness and knowledge of brain health and modifiable dementia risk factors, as well as perceived barriers to making positive lifestyle changes. The research was targeted at women aged 18 +.

It is estimated that 64,000 people are currently living with dementia in Ireland, a figure set to double by 2045. The 2024 Lancet Report highlighted that there are 14 modifiable risk factors for dementia, which if addressed could reduce dementia risk by 45%. The Health Service Executive (HSE) sought evidence-based insights to inform future brain health communications with the aim of raising awareness of risk factors and influencing positive lifestyle changes.

The objectives of this research are to:

1. Understand public awareness of the importance of protecting brain health.
2. Assess knowledge of modifiable dementia risk factors.
3. Understand public awareness of other conditions linked to brain health.
4. Identify barriers and motivations for individuals to take preventative actions.
5. Inform HSE communication strategy to promote lifestyle changes for brain health.

The findings will inform the development of health information content and communication tools to:

- Increase public awareness that lifestyle changes can reduce dementia risk.
- Instill belief in the potential of positive lifestyle changes to prevent dementia.
- Tailor messaging by life-stage to drive preventative behaviours.
- Guide targeted communication campaigns, healthcare professional engagement, and the development of content and use of digital communications.



Research Approach

The research, conducted by Empathy Research, used a three-phase approach. It built on brain health knowledge to date, quantified overall health behaviours and mindsets, and qualitatively explored the target cohorts' perspective and sentiments regarding the topic.

PHASE 1: KNOWLEDGE GATHERING

The first phase was knowledge gathering which comprised a literature review, online listening, and in-depth qualitative interviews with three topic experts.

PHASE 2: SIZING THE CHALLENGE

For the second phase of the research a bespoke online quantitative survey of n=1,500 Irish adults was conducted, to measure overall awareness, comprehension, perceptions and behaviours in relation to brain health and dementia.

The sample frame for this survey allowed for both a comprehensive understanding of the challenges amongst the key target group of women aged 18+, and to capture perspective of males aged 18+ as a benchmark. As such, the sample breakdown was:

Total sample size	n=1,500
Total sample size females	n=1,000
Total sample size females aged 50+	n=300
Total sample size females aged 31-49	n=400
Total sample size females aged 18-30	n=300
Total sample size males aged 18+	n=500



PHASE 3: DEVELOPING IMPACTFUL COMMUNICATIONS: AN EXPLORATION

Phase 3 employed qualitative methodology to explore lived experiences and perspectives on brain health and dementia risk reduction. It also explored which communication messages and tools resonate with different people. A total of four 1.5 hour long online focus group sessions (n = 4) were conducted, each comprising more than five participants.

The sample profile for the focus groups was as follows:

Grp #	Age	Date
1	60+	Mon 25.11.24
2	40-60s	Mon 25.11.24
3	60+	Thu 28.11.24
4	40-60s	Thu 28.11.24

Note each focus group contained:

- A mix of those who have and have not had family members with brain health issues
- A mix of genders
- A mix of social class
- A mix of locations – i.e. urban, rural, suburban

Key Research Findings

In understanding the Irish public's awareness and comprehension of brain health and views on how to drive positive future behavioural changes, the findings of this research have been structured under 4 key areas:

#1 Context: The mindsets to brain health in the context of general health

#2: Comprehension: The public's comprehension of modifiable risk factors for dementia

#3: Changing: Identifying & Understanding the key triggers and barriers to changing lifestyle behaviours to reduce the risk of developing dementia

#4: Connecting: Identifying ways to improve brain health communications and activations to encourage lifestyle changes

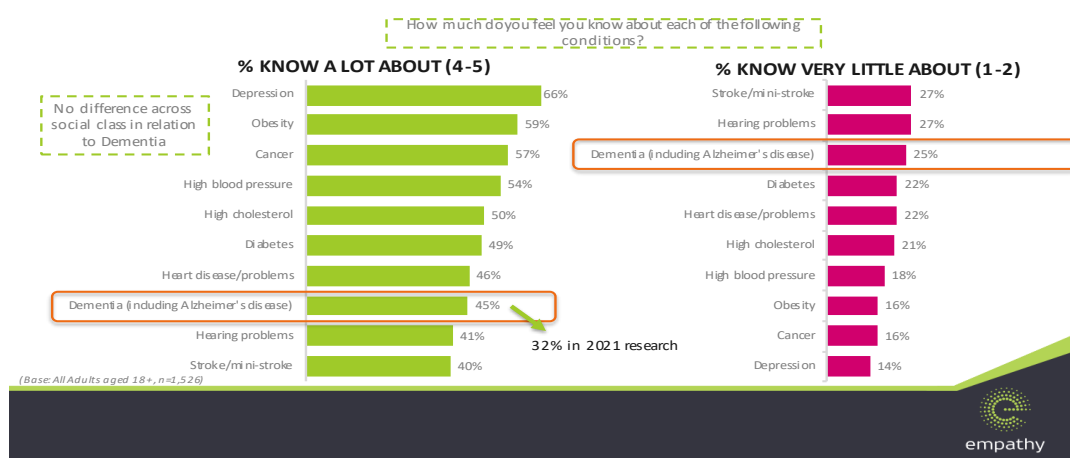
#1 Context: Mindsets towards brain health in context of general health

In terms of the public's perception of their own health, 67% rate their health as "good to very good". However, this positive perception of personal health is lower amongst females aged over 50 years old, at 57%.

Although general knowledge about dementia has increased (from 32% in 2021 to 45% in 2024), our research indicates that it still ranks third among conditions about which people report having little knowledge, with one in four of all adults, and 20% of females over the age of 50, expressing limited understanding (see Slide I).

Slide I

Knowledge of dementia is lower than that of many other conditions





Although understanding of dementia is lower than for other conditions such as depression, obesity, or cancer, it is the second most feared condition overall - after cancer - and the most feared condition amongst females over 50. When asked whether they agreed with the statement 'I am afraid of getting dementia (including Alzheimer's disease),' 67% of the overall population agreed, rising to 76% among females over 50.

Almost 1 in 4 adults (23%) have memory concerns, with females generally more concerned than males (26% v 18%). Despite this, 7 in 10 with memory concerns have not sought medical advice, with females aged 50+ the least likely to do so (79%).

#2 Comprehension: The public's comprehension of modifiable risk factors for dementia

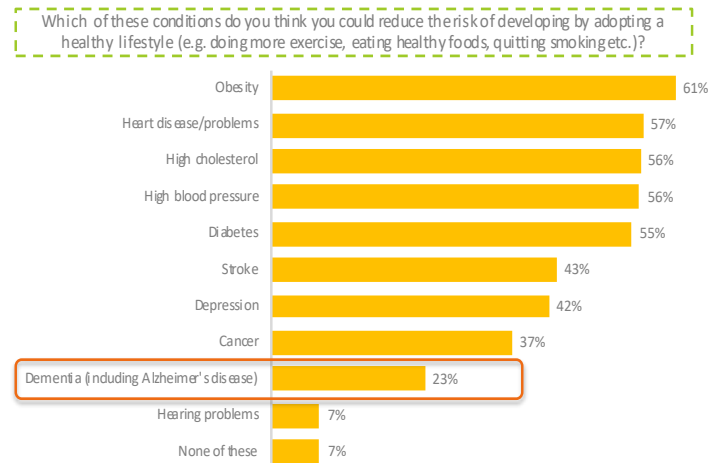
Just over half of the population (51%) reported familiarity with the term '*brain health*'. Findings from the qualitative research suggest that the term is often interpreted narrowly in physical or anatomical terms (e.g., migraines) rather than in relation to its broader conceptual meaning. There is little variation in this pattern of familiarity and interpretation among female and male respondents.

More than 8 out of 10 (85%) respondents made a connection between exercise and brain health. This was also consistent among females over 50 years of age, at 86%. Walking is seen as the most popular type of exercise by all, with 54% partaking in gentle walking, and 38% in brisk walking. Amongst females these figures are higher (gentle walking 60%, brisk walking 41%).

A key finding from this study is the current disconnect in respondents' understanding that the risk of developing dementia can be reduced or delayed by making positive lifestyle changes. 77% reported they are unaware that the risk can be reduced (see Slide II). This lack of knowledge is particularly high among females aged 18–30 (88%). Although this figure is somewhat lower among females over 50 (72%), there still exists a substantial gap in awareness of the potential for risk modification, compared to other conditions.

Slide II

It is not widely known that the risk of developing dementia can be reduced by adopting a healthy lifestyle



(Base: All Adults aged 18+, n=1,526)



A quote from the qualitative research summarized the perspective of a proportion of the population experiencing this disconnection:

“I feel like I do a lot to stay healthy, but whether that will stop dementia, I honestly don't know!” – Group 2 40-60 year olds.

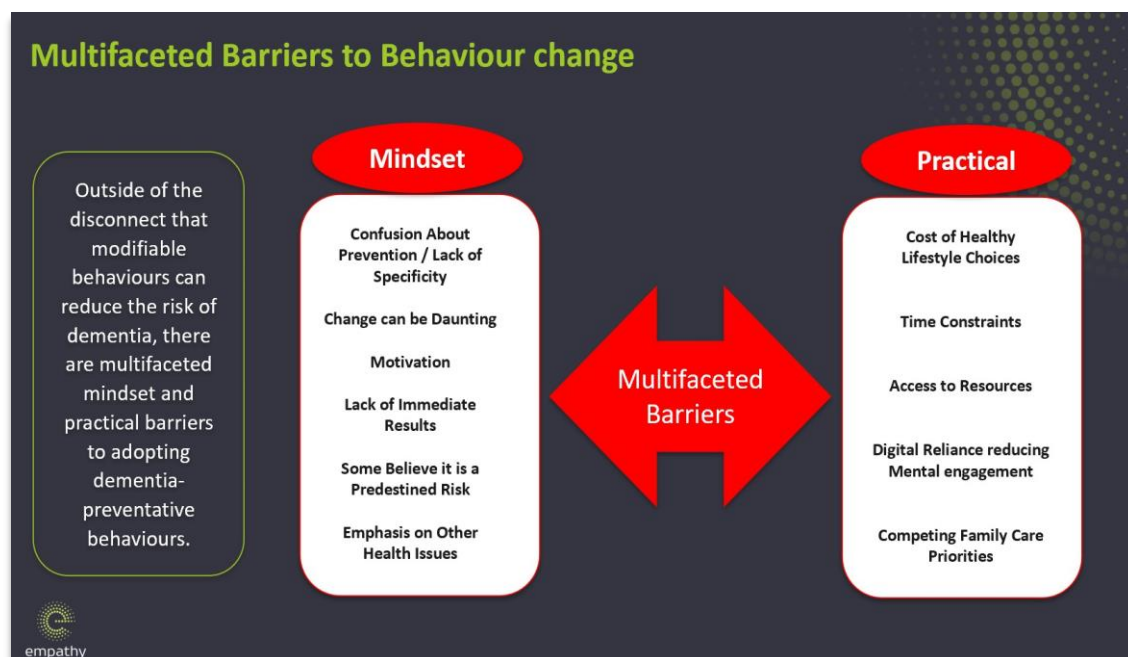
Participants in the focus groups sensed more openness to discuss the topic of dementia. Previously the topic of dementia was met with nervousness, silence, embarrassment or humour, whereas now conversations are opening up. There is a shift into trying to understand and empathise with the person. The example referenced was the openness of rugby players discussing the topic.

Encouragingly, nearly seven in ten respondents (69%) expressed confidence in their ability to improve their brain health, with many believing it is never too late to take action. This sentiment was relatively consistent across age cohorts and between females and males. However, as noted earlier, the connection with modifiable risk factors requires greater emphasis.

#3 Changing: Identifying & Understanding the key triggers and barriers to changing lifestyle behaviours to reduce the risk of developing dementia

The quantitative research shows that 'Not knowing what to do' was cited as the leading cause among a range of potential barriers preventing people from taking action to improve their overall brain health. This is especially the case for females aged 18-30 years old. In addition, the qualitative research identified a range of multifaceted barriers, which consist of both mindset and practical barriers to adopting dementia risk reduction behaviours (summarised and referenced in slide III).

Slide III



The qualitative research revealed that participants commonly express an underlying fear of ageing and cognitive decline, and believe that such decline is, to some extent, inevitable. **Instilling belief in the potential for positive lifestyle changes** among the public, could serve as a key emotional trigger for adopting and sustaining lifestyle behaviours that support long-term brain health and which could reduce the risk of developing dementia.

A participant illustrated this point, stating:

*'If I thought brain health could stave off dementia, I'd be all over it now
- and so would everybody, I think.'* (Group 3, 60+)

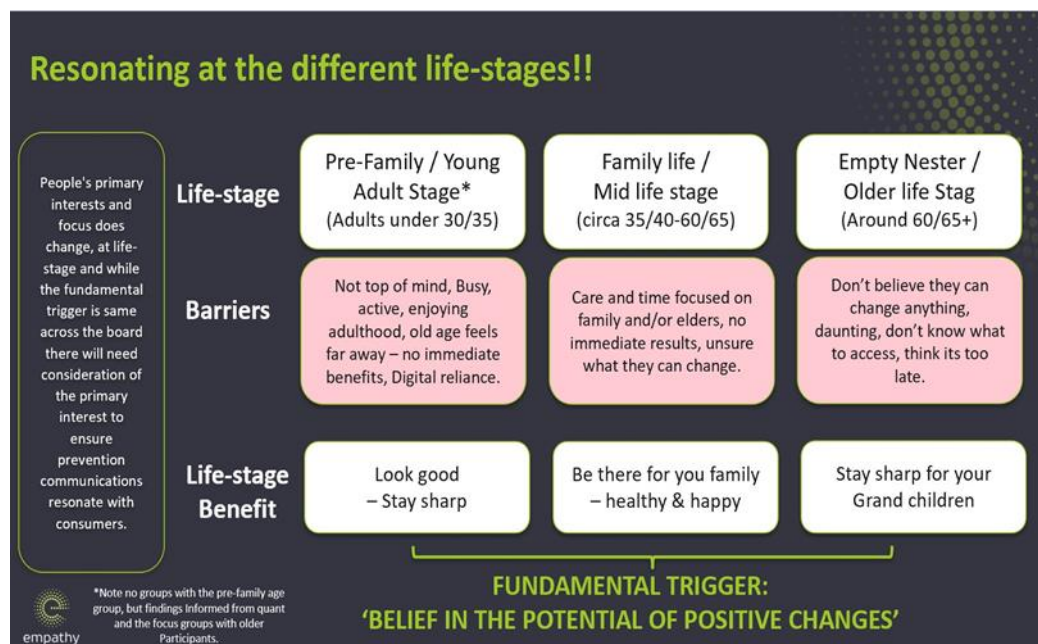
To instil this belief effectively, communication should confidently and positively clarify specific actions individuals can take. Communications can outline how individual actions benefit brain health and can reduce the risk of dementia.

Additionally, providing in-depth education for those willing to engage with the topic can reinforce the impact of this approach.

Other triggers may be less controllable but remain important to address with the right messages - for example, witnessing dementia in family members or close contacts often prompts individuals to take preventative action. People's life-stage, such as the transition through menopause, can also prompt individuals to become more aware and to proactively care for their brain health.

Another important context for driving change emerging from the qualitative research, is the concept that people's daily thoughts are often dominated by 'near-in' issues, which in turn shape their decisions and lifestyle choices. As a result, individuals' primary interests and areas of focus tend to differ by life stage. While the underlying emotional trigger of 'instilling belief in the potential for positive changes' remains consistent, communication strategies must take target audiences' relevant life-stage priorities into account to ensure that prevention and risk-reduction messages resonate effectively (see Slide IV).

Slide IV





#4: Connecting: Identifying ways to improve brain health communications and activations to encourage lifestyle changes

Currently less than 1 in 5 (16%) claim to have seen or heard anything recently in relation to brain health. Amongst females aged 50+ this figure is even lower (11%).

Participants of the focus groups felt that communications by institutions, bodies, and experts online place an emphasis on intervention and treatment. They feel that guidance on dementia prevention is limited. As one participant observed:

'There's not much [on the HSE website] about what we can do to prevent dementia. It's more about dealing with it once it happens.' (Group 3, 60+)

They mentioned the Alzheimer's Research UK website as a particularly informative source on dementia risk reduction.

While the GP is the most likely source of information on brain health, with 42% indicating it as their first choice, online searches and the HSE website rank second and third, respectively. However, there are notable differences in use of media types amongst the different life-stages. Those over 60 favour traditional, in-person, and printed resources due to familiarity and trust, and are often guided by information provided by the GP.

Those under 60 tend to use digital and interactive platforms for convenience and broader perspectives. These distinctions reflect generational preferences and comfort levels with technology and traditional information sources.

As part of the qualitative phase of the research we assessed a range of different communication messages and styles. The research captured specific learnings on how to optimise engagement with the topic of brain health to drive behavioural change. It also indicates that future communications should deliver on 5 key criteria to enhance potential effectiveness which should:

1. Enhance belief in potential of positive lifestyle changes to reduce risk of developing dementia
2. Be simple to understand
3. Clearly link to brain health
4. Have relatable simple actions that people can take
5. Provide an instant measure of a person's progress in changing lifestyle behaviours

An overview of communication methods provides insights into how to optimise communications to reach target audiences (as per slide V).

Slide V

Comms Overview

While some executional elements can be improved overall none of the communication enhances belief in potential of positive changes enough to drive significant behaviour changes – which is key success criteria of future comms.

	Brain	App style	Storyboard	Photo+Pic	Video	Blogs	Quiz
**Enhances Belief in Potential of Positive changes	No	No	No	No	Yes, & Could be enhanced further	Yes Implicitly	Yes, at end of Quiz
Simple	Yes	Yes	Yes	No	Yes	Yes	Yes
Clearly links to Brain health	Yes	No	Partially, but can be improved	No	Yes	Yes	Yes
Is relatable simple actions	Partially, but too generic	Partially, but too generic	Yes Partially, and a bit more relatable	No too generic	Partially may need call to action at end	Depends on content	Yes
Is Instantly measurable	No	No	No	No	No	Depends on content	Yes

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Overall, the primary communication objective of the HSE should be to address the fact that 77% of the Irish adult population are unaware that dementia risk can be reduced through healthy lifestyle choices, as outlined in Slide VI. To tackle this lack of awareness, the HSE must demonstrate and instill a 'belief in the potential of positive lifestyle changes' among the general public, with a particular emphasis on females. To ensure optimum reach, a mix of media and messages should be employed to effectively engage audiences across the different life stages.

Slide VI

Suggested Comms Objectives and Activations

Suggested comms objectives and activations to increase awareness and drive behaviour change...

- 1 Increase Awareness that dementia risk can be reduced
77% of Irish adult population do not know that dementia risk can be reduced by adopting a healthy lifestyle
- 2 Prove to the country and instill 'Belief in the potential of Positive Changes'

Mass Market	Targeted marketing	Support With Detail	Make it Easy & Instant Tools
A clear Brain health logo slogan proving the potential impact of positive change	Engaging TV & Radio	Life-stage relevant hooks / comms for targeted social media	Drive prevention through GPs / leaflets / Experts channel & podcasts/blogs
			Small Changes & Instant Wins - Support tools like quizzes, action apps etc.

Adapt media mix and messaging to engage the core target groups

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Summary and Recommendations

Overall, this research shows that public fear of dementia is relatively high, especially among women over 50, but awareness that lifestyle changes can reduce the risk of developing dementia is low, with 77% of the public being unaware.

Ultimately, framing brain health retention within broader wellness narratives - such as 'dementia is not an inevitable part of ageing' and supporting this with practical guidance and measurement tools is likely to resonate more strongly, particularly with women, and encourage sustained preventative actions for dementia risk reduction.

Communications should confidently and positively link specific, simple lifestyle actions (e.g., walking, social engagement, brain stimulation) to brain health, emphasizing it is never too late to start, and showing immediate personal benefits to drive motivation.

Specifically in terms of women, communications should consider life-stage nuances, such as menopause as a trigger for health consciousness, and should use clear, relatable messaging that feels empowering rather than fear-based. Since many women rely on GPs and traditional sources while also increasingly using digital platforms, a blended approach using trusted medical voices, community-level conversations, and accessible online resources will be important.