

Policy briefing

British Heart Foundation / YouGov polling results on salt and health

British Heart Foundation is the biggest independent funder of research into cardiovascular disease (CVD) in the UK and the nation's heart charity. We want to power the next breakthroughs that can help prevent, diagnose and treat CVD, the world's biggest killer.

In August 2025, we undertook polling with YouGov on salt and have summarised the data in this briefing. The findings underline the need for Government action to reduce salt in everyday foods and make healthier eating easier for everyone, while also suggesting scope to improve public awareness about the impact of high salt intake on health.

Salt and cardiovascular disease

CVD affects over 8m people across the UK and is one of the leading causes of premature death,ⁱ contributing to around a fifth of the difference in life expectancy between the most and least deprived areas in England.ⁱⁱ Around 70% of cases of CVD in the UK can be attributed to modifiable risk factors which are often preventable, including high blood pressure and obesity.ⁱⁱⁱ An estimated 30% of adults in the UK have high blood pressure and excess salt consumption across the population contributes to its high prevalence.^{iv} This is significant given high blood pressure is associated with around half of all heart attacks and strokes in the UK.^v

Most of the salt we eat is already in our food when we buy it, including many everyday products.^{vi} While the UK's voluntary salt reduction programme was initially successful in encouraging reformulation and reducing salt intake among the population from 2003 to 2014, progress has since stalled,^{vii} and no progress report has been published on the most recent salt reduction targets. Data from 2018/19 showed that working-age adults in England consume an average of 8.4g of salt per day, 40% more than the UK Government recommended intake of no more than 6g.^{viii} Reducing salt intake across the population would have significant health benefits and cost savings, in addition to helping reduce pressure on the health service. BHF-commissioned modelling previously estimated that reducing the UK's average daily salt intake by 40% could result in up to 135,000 fewer new cases of coronary heart disease over a 14-year period.^{ix}

To effectively address the UK's obesity challenge and reduce the prevalence of diet-related illnesses, the Government must rebalance the food environment, so healthier food is more readily available and affordable. This includes implementing effective, evidence-based policies to drive the food industry to improve their products.

About the polling

The polling was conducted via an online survey administered to members of the YouGov Plc UK panel of over 2.5m individuals who have agreed to take part in surveys. The sample is weighted to provide a representative view of the British population.

The survey was conducted online between 7 and 8 August 2025, with 2,047 responses among residents in Great Britain, aged 18+. The figures have been weighted and are representative of all British adults.

The survey included questions on knowledge of daily recommended salt intake, confidence measuring daily salt intake, the effect too much salt can have on one's health, the sources of salt in people's diets, food shopping habits and general cardiovascular health.

Participants were asked about their blood pressure and cardiovascular health. Please see Appendix 1 for a breakdown of the sample by these factors. The survey questions can be found in Appendix 2. Full data tables are available upon request.

Key findings

- 55% of the British public feel well informed about the impact high salt intake can have on their health. Respondents who had their blood pressure checked within the last 12 months were more likely to feel well informed, compared with those who had not had their blood pressure checked.
- However, only 40% of Britons are concerned about the effect salt intake can have on their health. This is higher among at-risk groups (individuals with CVD, a risk factor for CVD, or family history of CVD).
- Awareness of national guidelines on salt (no more than 6g per day) is low at 16%. More Britons think the daily recommendation for salt intake is maximum 5g (32%). Despite this, combined, most Britons think the daily recommendation either exceeds 6g or said they don't know (20% and 32% respectively).
- Confidence estimating salt intake is also low at 36%. Over half (56%) of the British public are not confident estimating their daily salt intake.
- Just over 6 in 10 (62%) Britons think that most of the salt in our diets comes from salt that is already in shop bought food/groceries.
- The three most popular places to get information about the impact high salt intake can have on your health among the British public are: the NHS website (62%), advice from my GP (43%), and British Heart Foundation's helpline, website, or publication (31%).

Results

1. Knowledge of the health impacts of high salt intake

When asked how well or badly informed respondents felt about the impact high salt intake can have on their health:

- Over half (55%) said they are well informed¹ about the impact high salt intake can have on their health, compared with 12% who say they are badly informed.
- 32% of respondents felt they were neither well nor badly informed.

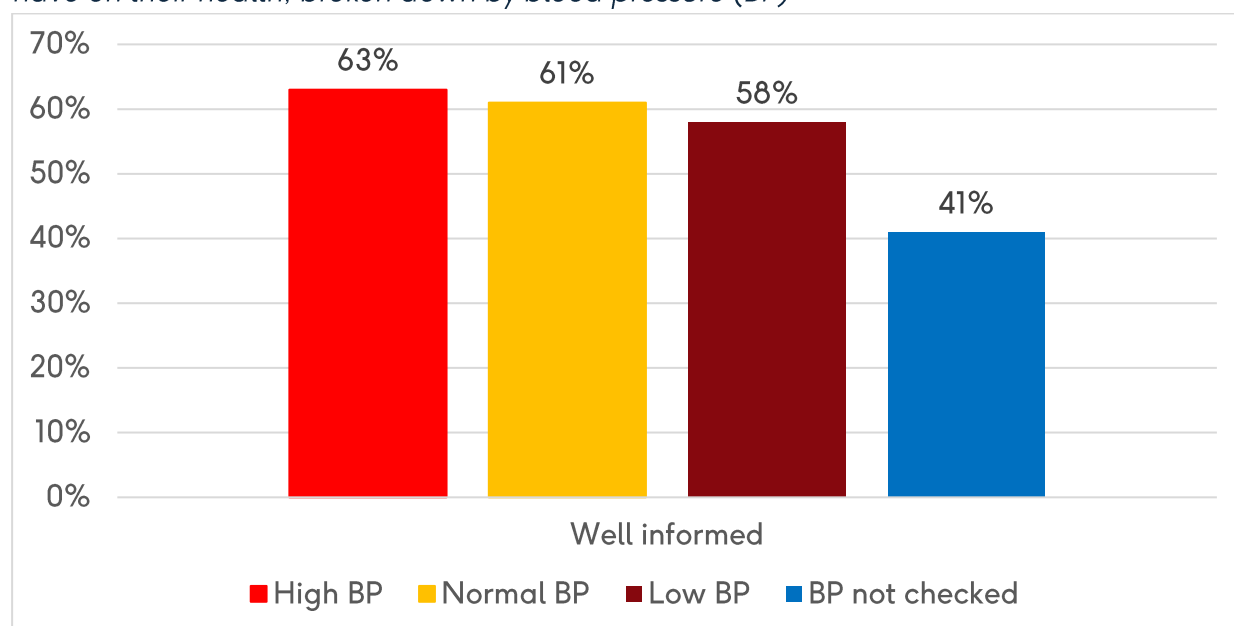
¹ Respondents were asked whether they are very well informed, fairly well informed, neither well nor badly informed, fairly badly informed, or very badly informed. The reported percentage who are well informed is a combination of 'very well informed' and 'fairly well informed'. The reported percentage who are badly informed is a combination of 'fairly badly informed' or 'very badly informed'.

- Individuals who had their blood pressure checked within the last 12 months were significantly more likely to report feeling well informed about the impact high salt intake can have on their health, compared with those who had not had their blood pressure checked.
- Respondents aged 55+ (64%) were more likely to feel well informed than all other age groups (18-24, 25-34, 35-44 and 45-54).
- People from social grade ABC1 (58%) were more likely to feel well informed than those from social grade C2DE (52%).

While we cannot directly infer from the survey data why these differences occurred between those who have had their blood pressure checked and those who have not, and between age groups and social grades, this could suggest higher levels of health literacy among individuals who engage in health-seeking behaviours, older age groups, and higher social grades. Differences could also be attributed to greater awareness from interactions with the healthcare system.

Alongside reformulation, public awareness is an important part of a dietary improvement strategy. From 2004-2009, the Food Standards Agency (FSA) ran a salt reduction programme which included an awareness campaign featuring 'Sid the Slug,' promoting awareness of the UK guideline maximum daily salt intake of 6g.^x The campaign achieved a large increase in awareness of this guideline, which increased from 3% to 34% in a year,^{xi} while the FSA's salt reduction programme saw a 20% reduction in the salt content of processed foods in supermarkets over three years,^{xii} suggesting that a bi-fold approach of awareness-raising and industry reformulation can have a significant impact.

Figure 1: Percentage of participants who felt well informed about the impact salt intake can have on their health, broken down by blood pressure (BP)

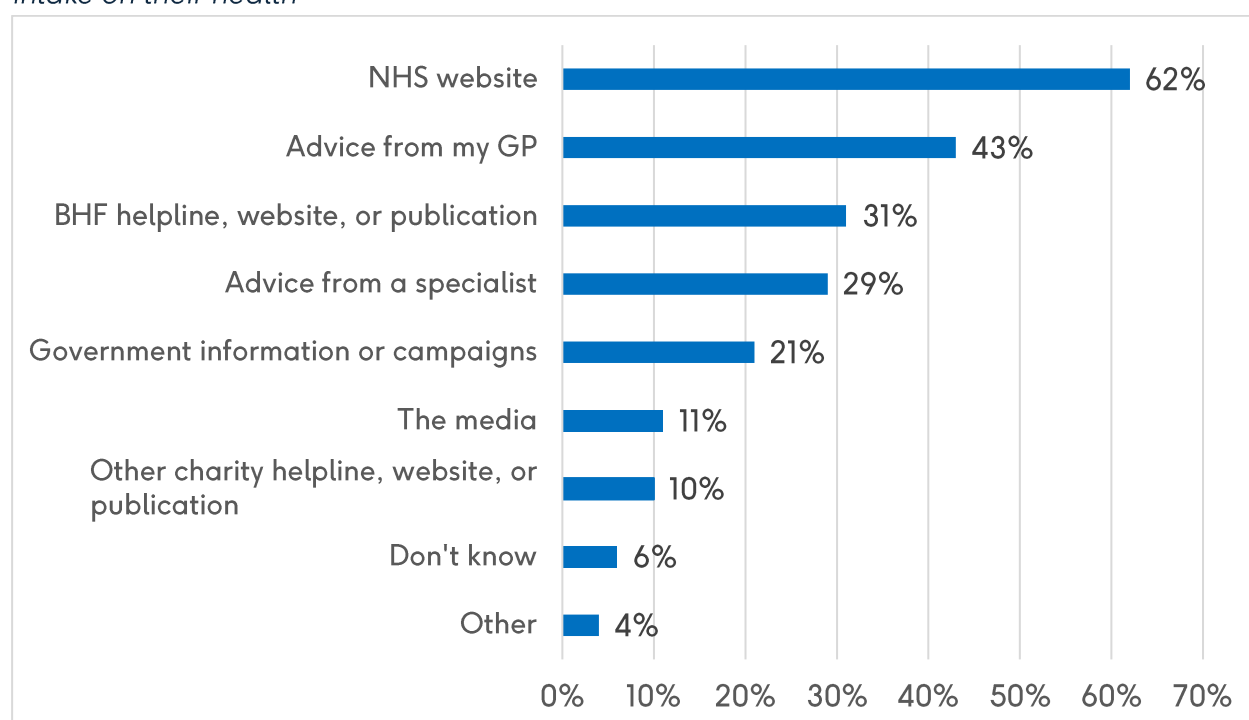


2. Sources of health information

Respondents were given a list² of different sources they could use to get information about the impact high salt intake can have on their health, and asked which, if any, they would use³. Of these:

- The three most popular places to get information about the impact high salt intake can have on your health are: the NHS website (62%), advice from my GP (43%), and British Heart Foundation's helpline, website, or publication (31%).
- 12% of respondents said they would not get information / never consider getting information about their salt intake.

Figure 2: Sources respondents would use to get information about the impact of high salt intake on their health



3. Concern about health effects of salt intake

When respondents were asked how concerned, if at all, they were about the effect salt can have on their health:

- Only 40% said they are concerned⁴ about the effect salt can have on their health, compared with 58% of respondents who are not concerned. This demonstrates that even though over half of Britons feel well informed about the effect of high salt intake on their health, this does not necessarily translate into concern.

² Full list of options available in Appendix 2.

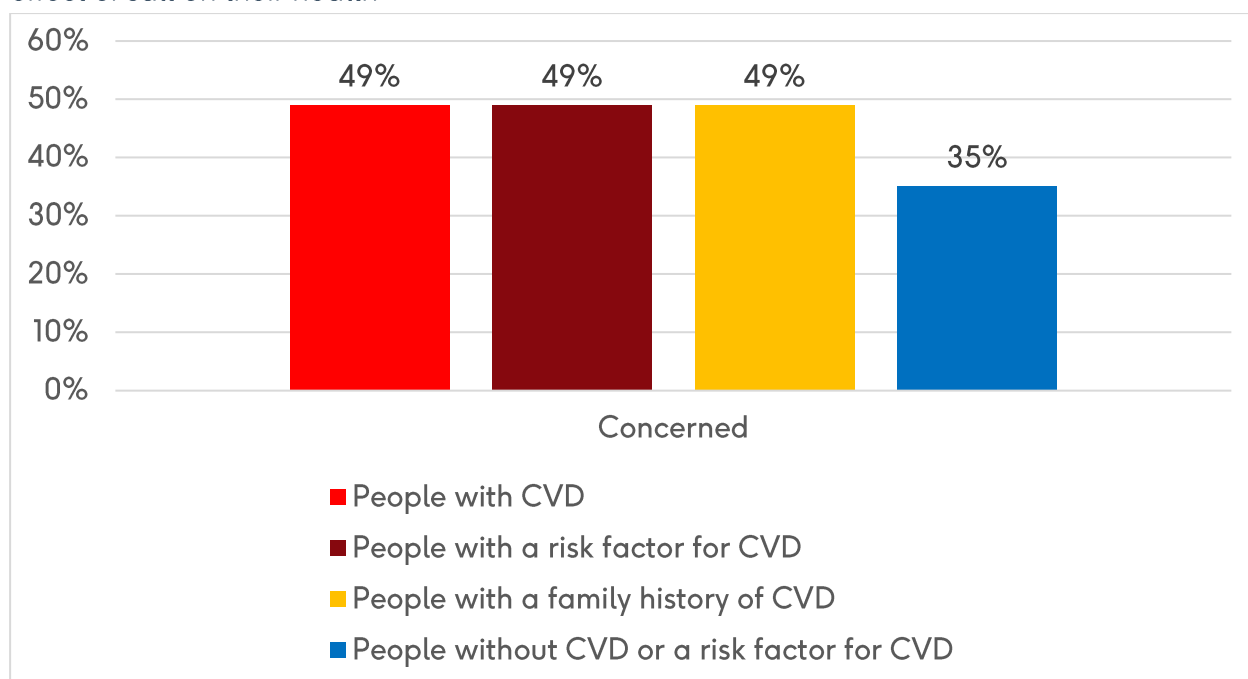
³ Respondents could select multiple responses for this question.

⁴ Respondents were asked whether they are very concerned, fairly concerned, not very concerned, not at all concerned, or don't know. The reported percentage who are concerned is a combination of 'very concerned' and 'fairly concerned'. The reported percentage who are not concerned is a combination of 'fairly concerned' or 'not at all concerned'.

- Individuals with CVD, a risk factor for CVD, or family history of CVD, are all significantly more likely to be concerned about the effect of salt on their health (49%), compared to those without CVD or a risk factor for CVD (35%)⁵.

Low levels of concern among people without existing CVD is significant because managing salt consumption can help reduce risk of developing high blood pressure and CVD.

Figure 3: Proportion of people within each CVD status group who are concerned about the effect of salt on their health



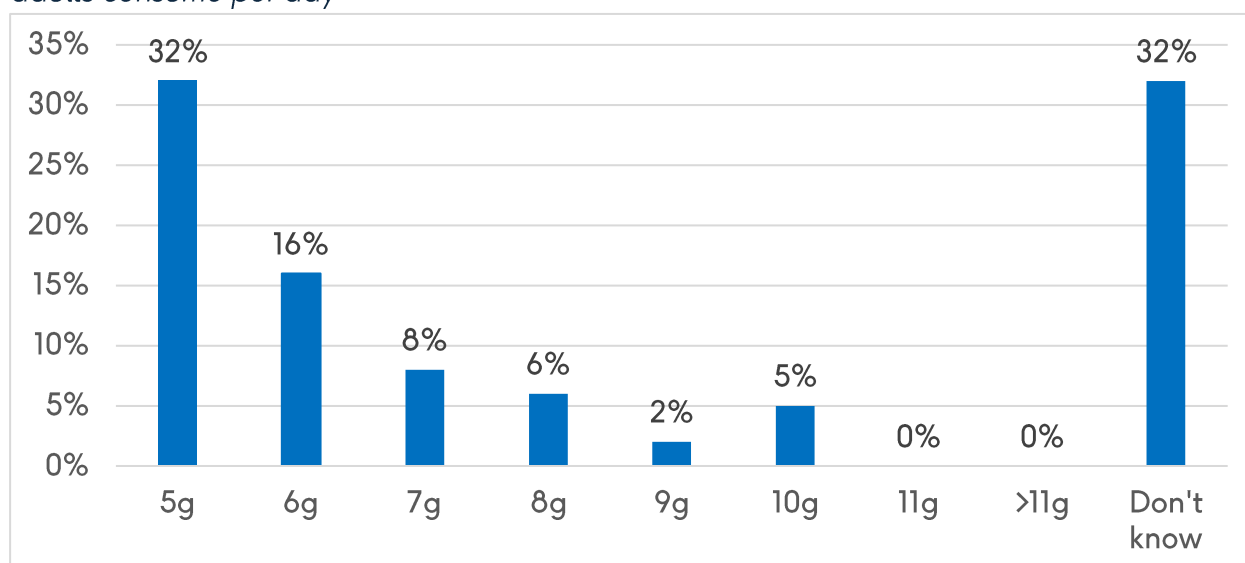
4. Awareness of national guidelines

When asked to identify the maximum amount of salt that the UK Government recommends adults consume per day in grams:

- One sixth (16%) of respondents correctly identified that the UK Government recommends adults consume no more than 6g of salt per day. More Britons (32%) think the UK Government's recommendation is maximum 5g per day, in line with the World Health Organization's recommendation.^{xiii}
- Nonetheless, over half (52%) of Britons either think the daily maximum recommendation exceeds 6g per day (20%) or said they do not know what it is (32%), suggesting there is scope to improve awareness of guidelines.

⁵ When asked about CVD status, respondents could select multiple options, such as 'I have a heart or circulatory disease' and 'I have family history of heart disease'. These sub-groups are therefore not mutually exclusive.

Figure 4: Maximum amount of salt respondents think the UK Government recommends adults consume per day

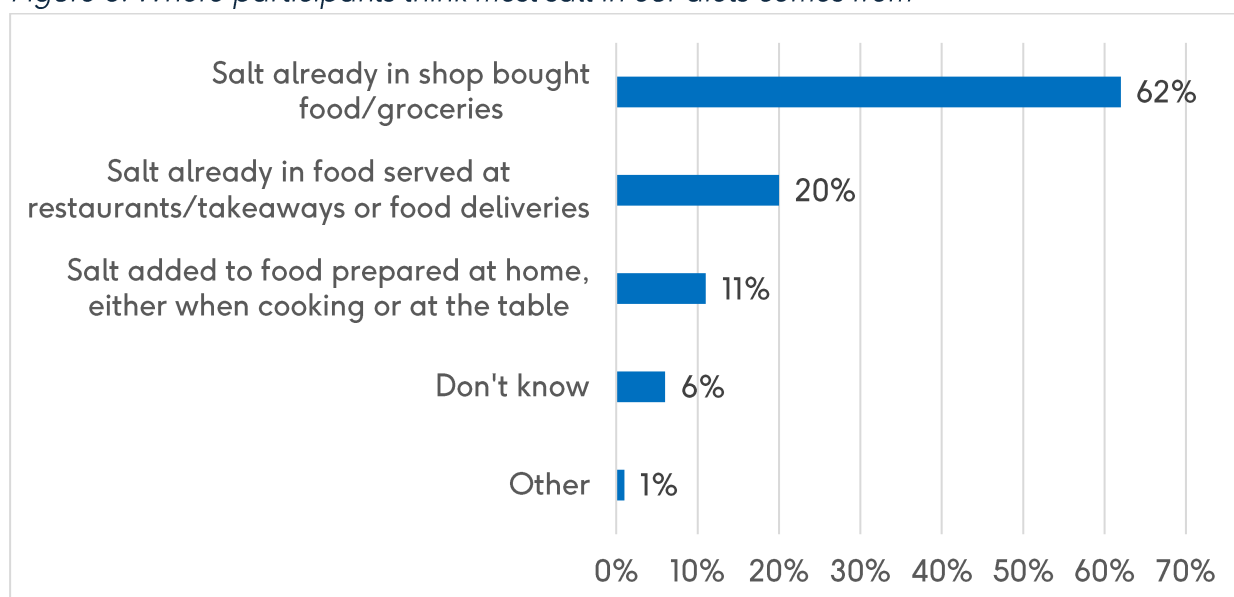


5. Sources of salt intake

When asked where respondents believe most of the salt we consume comes from:

- Over half (62%) think that most of the salt in our diets comes from salt that is already in shop bought food/groceries. This is in line with National Diet and Nutrition Survey (NDNS) data from 2014/15 and 2015/16, which showed that the majority of salt in diets came from sodium naturally present in food or added during the production process, rather than discretionary salt.^{xiv} Similar analysis of the most recent NDNS has not yet been published.
- This was followed by salt that is already in food served at restaurants/takeaways or food deliveries (20%), and salt that is added to food prepared at home, either when cooking or at the table (11%).

Figure 5: Where participants think most salt in our diets comes from



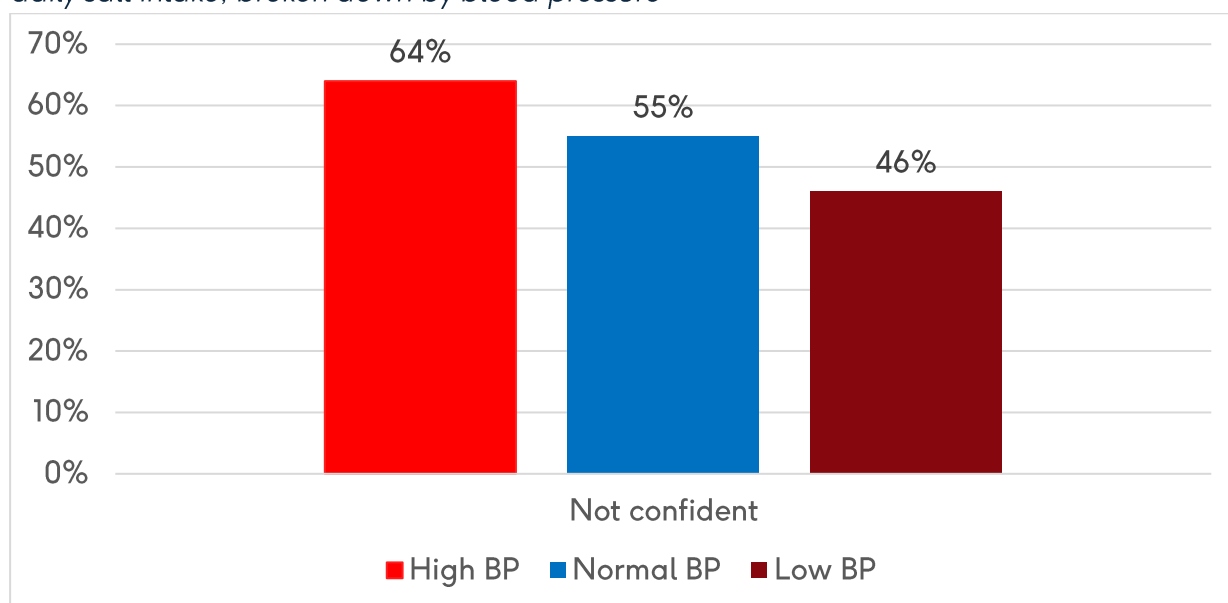
6. Confidence estimating daily salt intake

Respondents were later told that the UK Government recommends a maximum daily salt intake of 6g for adults. They were then asked how confident, if at all, would they be in estimating the amount of salt they consume each day in grams. The polling found that:

- Over half (56%) of Britons are not confident⁶ estimating their daily salt consumption, compared with 36% who said they are confident estimating their daily salt consumption.
- Those with known high blood pressure (64%) were significantly more likely to say they are not confident in estimating their daily salt intake, compared with those with normal blood pressure (55%) or low blood pressure (46%).

As the salt in our diets comes from a wide range of sources,^{xv} including staple items such as bread, it is difficult for people to track their salt consumption. Accordingly, it is unsurprising that many people lack the confidence to measure their daily salt intake. Measures to reduce salt levels in food before the point of purchase could better support a reduction in population salt intake, rather than relying on individuals to monitor their consumption.

Figure 6: Percentage of respondents who reported feeling not confident measuring their daily salt intake, broken down by blood pressure



7. Attention paid to nutrients when purchasing food

Respondents were given a list of nutrients⁷ and asked which they pay most attention to when purchasing food⁸. The polling found that:

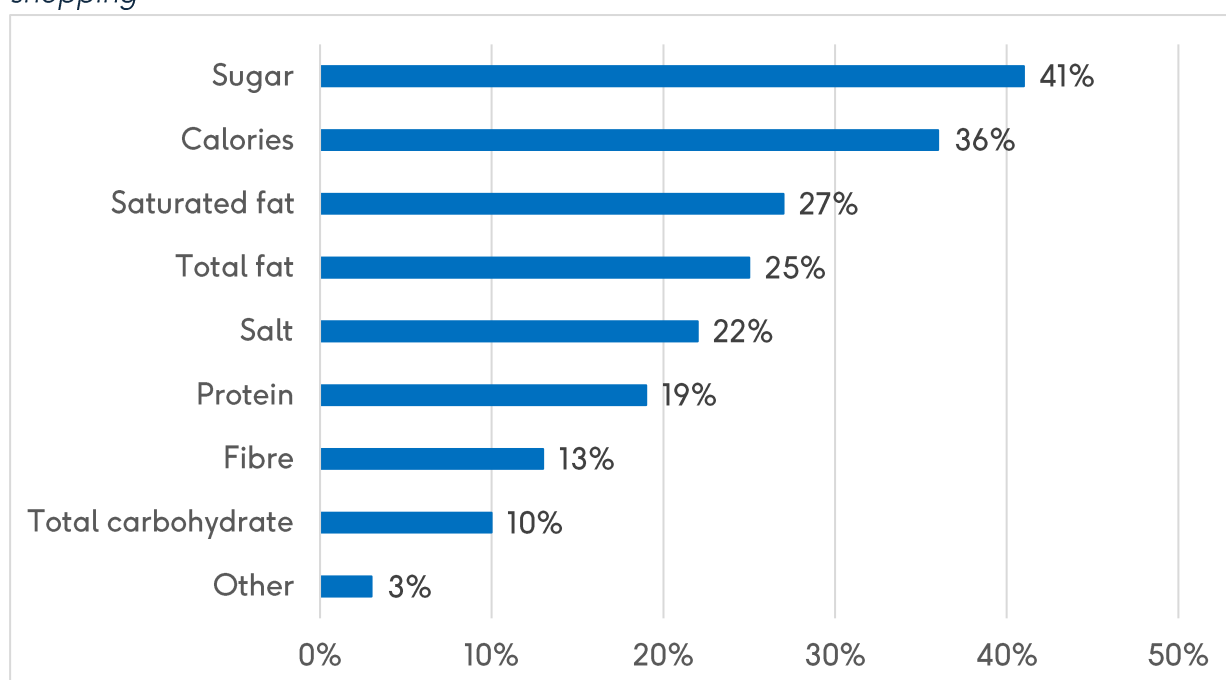
⁶ Respondents were asked whether they are very confident, fairly confident, not very confident, not at all confident or don't know. The reported percentage who are confident is a combination of 'very confident' and 'fairly confident'. The reported percentage who are not confident is a combination of 'not very confident' or 'not at all confident'.

⁷ Full list of options available in Appendix 2.

⁸ Respondents could select multiple responses for this question.

- Britons pay the most attention to sugar when food shopping, with 41% of respondents paying attention to sugar content when purchasing food.
- Salt is given less attention compared to other nutrients. 22% of respondents reported that they pay attention to salt content when purchasing food. This was less common than sugar content (41%), calorie content (36%), saturated fat content (27%) and total fat content (25%). This could reflect low levels of concern about the effect of excess salt consumption on their health.
- Over a quarter (28%) of Britons do not take notice of any particular ingredients when purchasing food.

Figure 7: Percentage of respondents who pay attention to different nutrients when food shopping



8. Blood pressure

Respondents were asked if they had their blood pressure checked or had checked their own blood pressure in the last 12 months. The polling showed that:

- Between August 2024 and August 2025, 71% of people surveyed had their blood pressure checked.
 - 46% reported blood pressure within the normal range (between 90/60 and 120/80 mmHg),
 - 5% reported blood pressure lower than the normal range, and
 - 20% reported blood pressure higher than the normal range.
- 19% of people surveyed did not have their blood pressure checked during this period.

Policy implications

This data illustrates that large parts of the population are poorly informed about the health risks of high salt intake, are unconcerned about its impact, and lack confidence in

estimating their daily intake. With the most recently available data showing that adults in England eat on average 40% more salt than the Government's recommended maximum daily intake, and most dietary salt coming from pre-packaged and prepared foods, further Government action is required to support a reduction in population salt intake.

Increased awareness of the harms caused by excess salt consumption, as demonstrated through the Sid the Slug campaign, can help in both supporting motivated individuals to reduce salt intake and in elevating the policy discussion around salt. However, while increasing consideration of salt intake among the population could support reductions in salt intake, the findings from this polling underscore the need for policies that do not rely on individuals changing their behaviour, as over half (56%) of the British public do not feel confident measuring their daily salt intake. Moreover, data shows that most dietary salt intake comes from pre-packaged foods, therefore, incentivising companies to reduce salt in their products will be key to reducing population salt intake, particularly among unaware or unconcerned groups, so people can keep buying the same foods they enjoy, but with less salt.

To better understand salt intake across the population and develop evidence-based policies to reduce this, we recommend Government should:

1. Urgently publish the results of the salt reduction programme. It is crucial to understand the effectiveness of the programme since 2018 to drive future progress on salt reduction.
2. Measure and publish population salt intake data. The latest data is from 2018/19, so new data is vital if we are to assess current consumption and the impact of changes in policy and food consumption over the past six years. Together, this information will provide an important baseline to understand how future policies, including the Healthy Food Standard, can best drive reformulation and reduce population salt intake.
3. Bring in a robust Healthy Food Standard (HFS) as soon as possible and explore mechanisms to incentivise further reformulation, including possible fiscal measures, in light of the success of the Soft Drinks Industry Levy. Within the HFS:
 - Mandatory reporting must be comprehensive, with a consistent set of indicators that capture nutrients of concern, particularly salt and sugars, in addition to positive indicators, such as fibre and protein.
 - Ambitious mandatory targets must be set for all large food businesses, be implemented rapidly, designed to address inequalities, safeguarded from negative industry influence, and enforced with financial penalties to motivate compliance.
 - Alongside this, the Government should continue to encourage businesses to adhere to the reformulation programmes for salt, sugar and calories, and assess how these can evolve within the policy landscape.
4. Building on the success of past campaigns, explore mechanisms to improve public awareness about the health effects of high salt intake across the population, working with public health organisations and charities to do this.

For further information, please contact Zoe Rostas, Prevention Policy Officer, via email policy@bhf.org.uk.

References

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- ⁱ British Heart Foundation (2025). [BHF UK Cardiovascular Disease Factsheet](#).
- ⁱⁱ Office for Health Improvement and Disparities, based on [ONS death registration data \(provisional for 2021\) and 2020 midyear population estimate & Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019. Breakdown of the life expectancy gap](#)
- ⁱⁱⁱ British Heart Foundation (2025). [Bridging Hearts](#).
- ^{iv} British Heart Foundation (2025). [BHF UK Cardiovascular Disease Factsheet](#).
- ^v Ibid.
- ^{vi} Public Health England (2020). [Salt targets 2017: Second progress report A report on the food industry's progress towards meeting the 2017 salt targets](#).
- ^{vii} He FJ., Pombo-Rodrigues S. & Macgregor GA. (2014). [Salt reduction in England from 2003 to 2011: its relationship to blood pressure, stroke and ischaemic heart disease mortality](#). BMJ Open, 4(4): e004549.
- ^{viii} Public Health England (2020). [National Diet and Nutrition Survey, Assessment of salt intake from urinary sodium in adults \(aged 19 to 64 years\) in England, 2018 to 2019](#).
- ^{ix} Health Lumen and British Heart Foundation (2022). [Modelling the potential impact of a reduction in salt consumption on hypertension, coronary heart disease and stroke in the population of the United Kingdom from 2021 to 2035](#).
- ^x Wyness LA., Buttriss JL. & Stanner SA. (2012). [Reducing the population's sodium intake: the UK Food Standards Agency's salt reduction programme](#). Public Health Nutrition, 15(2):254-61.
- ^{xi} Shankar B., Brambila-Macias J., Traill B., Mazzocchi M. & Capacci S. (2013). [An evaluation of the UK Food Standards Agency's salt campaign](#). Health Economics, 22(2):243-50.
- ^{xii} He, FJ. & MacGregor, GA. (2009). [A comprehensive review on salt and health and current experience of worldwide salt reduction programmes](#). Journal of Human Hypertension, 23: 363–384.
- ^{xiii} World Health Organization (2025). [Sodium reduction](#).
- ^{xiv} Public Health England (2020). [Salt targets 2017: Second progress report A report on the food industry's progress towards meeting the 2017 salt targets](#).
- ^{xv} Action on Salt (2025). [Are Ready Meals Ready for a Change?](#)

Appendix 1: Blood pressure and cardiovascular demographics of respondents

1.1 Thinking about the last 12 months (i.e., since August 2024)...Have you had your blood pressure checked, or have you checked your own blood pressure?

	Total
Yes, my blood pressure was in the normal range (between 90/60 mmHg and 120/80 mmHg.)	46%
Yes, my blood pressure was lower than the normal range	5%
Yes, my blood pressure was higher than the normal range	20%
No, I haven't had my blood pressure checked in the last 12 months	19%
Don't know/can't recall	4%
Prefer not to say	6%

Base: All GB adults (n=2047)

1.2 Which, if any, of the following statements apply to you? (Please select all that apply)

	Total
I have a heart or circulatory disease	6%
I have family history of heart disease	18%
I don't have heart or circulatory disease, but I do have a risk factor (e.g. diabetes, high cholesterol, high blood pressure)	23%
Don't know/can't recall	6%
Not applicable - I do not have heart or circulatory disease and am not currently aware of having any risk factor (e.g., diabetes, high cholesterol, high blood pressure etc.)	46%
Prefer not to say	8%

Base: All GB adults (n=2047)

Respondents could select multiple responses – percentages will not add to 100.

1.3 Which, if any, of the following have you personally experienced or been diagnosed with? (Please select all that apply)

	Total
Angina	18%
Cardiomyopathy	3%
Congenital heart disease (a problem with your heart which you were born with)	8%
Coronary heart disease	18%
Heart attack	22%
Heart failure	17%
Heart rhythm problem (e.g., atrial fibrillation, SVT, bundle branch block, Wolff-Parkinson-White)	28%

Heart valve disease and/or valve surgery	14%
Peripheral arterial disease PAD, also known as peripheral vascular disease	11%
Stroke	9%
Other heart or circulatory diseases	17%
Prefer not to say	11%

Base: All GB adults who have a heart or circulatory disease (n=116)

Respondents could select multiple responses – percentages will not add to 100.

Appendix 2: Survey questionnaire

Q1 Thinking about the effect salt can have on your health...How concerned, if at all, are you about this?

- <1> Very concerned
- <2> Fairly concerned
- <3> Not very concerned
- <4> Not at all concerned
- <fixed> Don't know

Q2 The UK Government has set out guidelines on the amount of salt an adult should consume per day...How many grams of salt do you think is the maximum recommended amount adults should eat each day?

- <1> 5g per day
- <2> 6g per day
- <3> 7g per day
- <4> 8g per day
- <5> 9g per day
- <6> 10g per day
- <7> 11g per day
- <8> More than 11g per day
- <fixed> Don't know

Q3 The UK Government's recommended maximum daily salt intake for adults is 6g per day....How confident, if at all, would you be in estimating the amount of salt, in grams, you consume each day?

- <1> Very confident
- <2> Fairly confident
- <3> Not very confident
- <4> Not at all confident
- <fixed> Don't know

Q4 Which ONE of the following do you believe most of the salt we consume comes from? (Please select the option that best applies)

- <1> Salt that is added to food prepared at home, either when cooking or at the table
- <2> Salt that is already in shop bought food/groceries
- <3> Salt that is already in food served at restaurants/takeaways or food deliveries
- <fixed> Other [open] please specify
- <fixed> Don't know

Q5 Which, if any, of the following ingredients or nutrients do you pay most attention to when purchasing food? (Please select all that apply, if you don't pay attention to any ingredients or nutrients, please select the 'Not applicable' option)

- <1> Sugar content
- <2> Salt content
- <3> Calorie content
- <4> Total fat content
- <5> Saturated fat content
- <6> Total carbohydrate content
- <7> Protein content
- <8> Fibre content
- <fixed> Other [open] please specify
- <fixed> Not applicable - I don't take notice of any particular ingredients

Q6 How well or badly informed, are you about the impact high salt intake can have on your health (i.e., its contribution to conditions such as high blood pressure, heart attacks or stroke)?

- <1> Very well informed
- <2> Fairly well informed
- <3> Neither well nor badly informed
- <4> Fairly badly informed
- <5> Very badly informed

Q7 Which, if any of the following would you use to get information about the impact high salt intake can have on your health? (Please select all that apply)

- <1> Advice from my GP
- <2> Advice from a specialist (e.g., cardiology, cardiac nurse)
- <3> The NHS website
- <4> The British Heart Foundation helpline, website, or publication
- <5> Other charity helpline, website, or publication
- <6> Government information or campaigns
- <7> The Media
- <fixed> Other [open] please specify
- <fixed> Don't know
- <fixed> Not applicable - I don't get information/ Never considered getting information about my salt intake

Q8 Thinking about the last 12 months (i.e., since August 2024)...

Have you had your blood pressure checked, or have you checked your own blood pressure? (If you've had or performed a blood pressure check more than once, please think about the most recent time and select the option that best fits.)

- <1> Yes, my blood pressure was in the normal range (between 90/60 mmHg and 120/80 mmHg.)
- <2> Yes, my blood pressure was lower than the normal range
- <3> Yes, my blood pressure was higher than the normal range
- <4> No, I haven't had my blood pressure checked in the last 12 months
- <fixed> Don't know/can't recall
- <fixed> Prefer not to say

Q9 Which, if any, of the following statements apply to you? (Please select all that apply)

- <1> I have a heart or circulatory disease
- <2> I have family history of heart disease
- <3> I don't have heart or circulatory disease, but I do have a risk factor (e.g. diabetes, high cholesterol, high blood pressure)
- <fixed> Not applicable - I do not have heart or circulatory disease and am not currently aware of having any risk factor (e.g., diabetes, high cholesterol, high blood pressure etc.)
- <fixed> Don't know/can't recall
- <fixed> Prefer not to say

Q10 Which, if any, of the following have you personally experienced or been diagnosed with? (Please select all that apply)

- <1> Angina
- <2> Cardiomyopathy
- <3> Congenital heart disease (a problem with your heart which you were born with)
- <4> Coronary heart disease
- <5> Heart attack
- <6> Heart failure
- <7> Heart rhythm problem (e.g., atrial fibrillation, SVT, bundle branch block, Wolff-Parkinson-White)
- <8> Heart valve disease and/or valve surgery
- <9> Peripheral arterial disease PAD, also known as peripheral vascular disease
- <10> Stroke
- <11 fixed> Other heart or circulatory diseases
- <fixed> Prefer not to say

Base: All GB adults who have a heart or circulatory disease