

WHAT THE FUTURE: WELLNESS

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in how we think about weight PAGE 8

How health wearables can be more
useful for more people PAGE 12

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+ Experts from WeightWatchers, January AI, the Arizona Cardinals, AARP, and 23andMe discuss how weight-loss drugs, technology, and DNA will change how we detect, treat and prevent illness to live healthier for longer



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How AI, new drugs, and your DNA will help us live better for longer

Imagine it's 2034 and America has lost its collective weight. Not because we learned anything new, exactly, but because we learned how to apply what we know and treat diseases as diseases, not as personal failings.

Ditch carbs and sugars, eat lean protein and veggies — and exercise. This was the advice given to those who picked up the first issue of *Reader's Digest* more than a century ago. Sounds just like what your doctor told you at your last physical, doesn't it? But it's worth noting that around that same period, many still considered cocaine a “universal panacea” and leeches had just finally fallen out of favor. So, we've learned some additional things along the way.

Today, technology has overtaken every aspect of our lives and vastly improved what we know about health and wellness. We have more ways of preventing and treating disease. We have earlier disease detection. We can monitor vital signs in real time and use artificial intelligence to determine patterns and predict what will happen if we eat that burger, or if we don't exercise afterwards. And then there are GLP-1 drugs, but we'll get to that in a bit.

Yet, as Buddy Miller, one of the training staff for the NFL's Arizona Cardinals says, “the basics are basic for a reason.”

Or take Maddy Dychtwald, author of the forthcoming [“Ageless Aging: A Woman's Guide to Increasing Healthspan, Brainspan, and Lifespan.”](#)

She paints a simple picture of wellness to help you live longer, healthier: Eat well, and mostly plants, get enough sleep and water, and exercise with a shifting focus as you get older. For instance, since so many injuries in older people are caused by falls, balance is a critical focus of fitness as we age.

Mental health and wellness is something we're still learning about, but it's increasingly clear there is a direct tie to our physical health. Keeping our mental health strong as we age is another focus for Dychtwald. “There are things that we don't think about all the time as related to living a longer life; having a sense of purpose,” she told me. “Studies have shown a direct link between having a sense of purpose and living longer. That's pretty dramatic. A sense of purpose doesn't have to be something big.”



48%

of Americans say their health is excellent or very good.

(Source: Ipsos survey conducted Feb. 5-6, 2024, among 1,107 U.S. adults.)

Much that we know about health is within our control. But a lot isn't. Such as the mess that is the U.S. health insurance system. The biggest worries Americans have about their health are access and affordability. Those who are employed are much more likely to be insured and to say they are in good health than those who aren't working.

The problem isn't that we don't know what it takes to be healthy. The problem is that it's world around us makes it so much easier to be unhealthy.

It's easier not to go to the doctor and deal with waiting rooms, paperwork and cost. It's easier to eat the cheap, abundant carbs around us. It's easier to scroll your phone or drive than to walk and exercise.

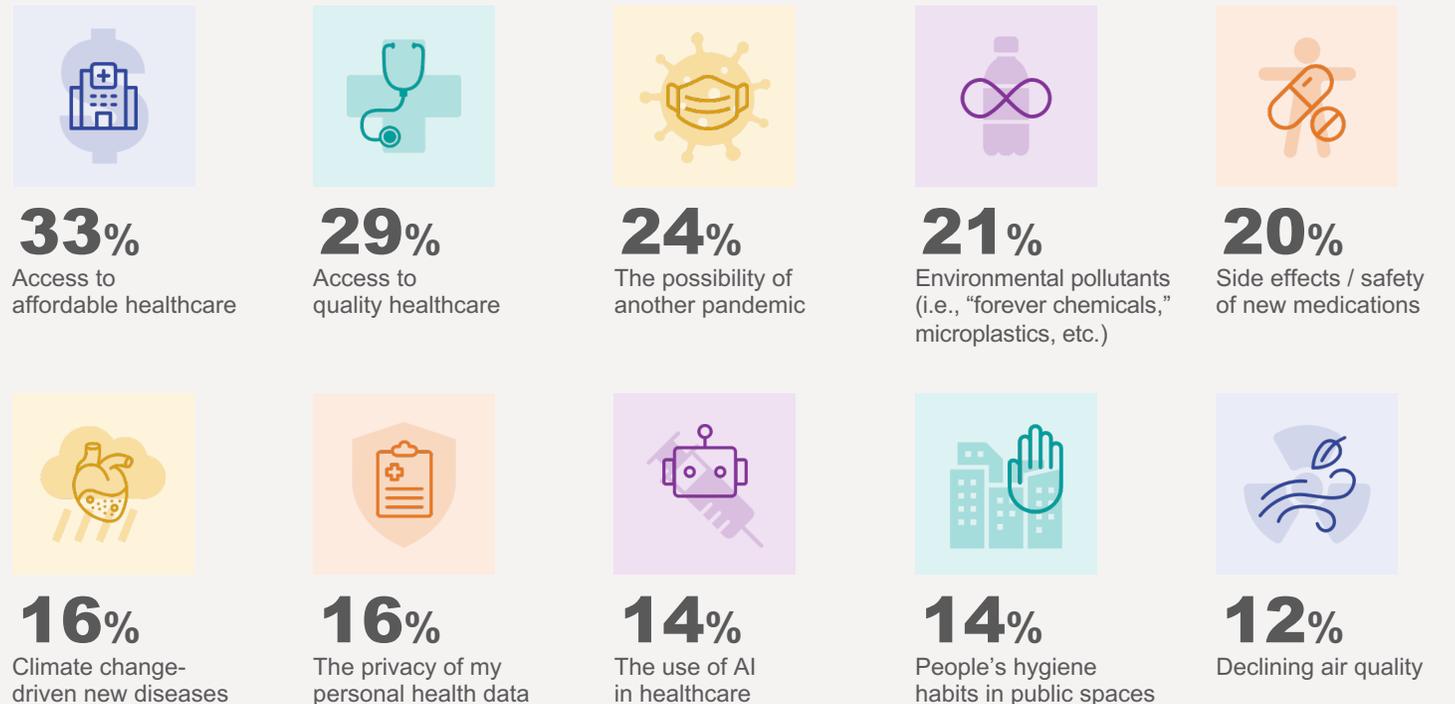
That's why we have trends toward being vegetarian or working out or improving mental health. But simultaneously, we have epidemics of obesity, diabetes, and heart disease.

Enter GLP-1 drugs

American's use of this class of drugs is, among other things, floating the entire economy of Denmark based on sales by the Danish biomed firm Novo Nordisk, maker of Ozempic and Wegovy. That's not an [exaggeration](#).

What worries Americans most for their future health

Q. Which of the following topics do you find most worrying when thinking about your personal health in the future? (% Top three selected)



(Source: Ipsos survey conducted Feb. 5-6, 2024, among 1,107 U.S. adults.)

We know how to live healthily. We now have a greater understanding of how to control weight and reduce obesity as a disease, rather than as a lifestyle choice. We have medications to help with that, and technology to help us monitor, measure and nudge ourselves to better choices.

So, let's go back to our initial prompt.

What if America lost its weight?

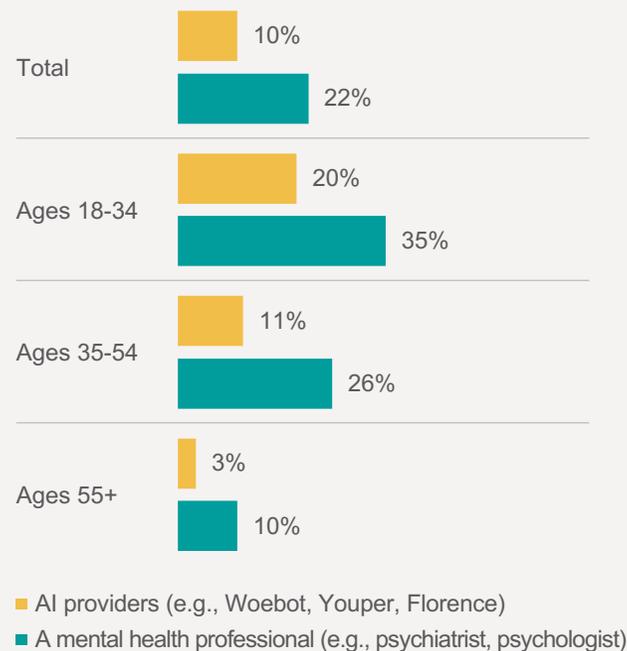
You'd see a future with less reliance on the healthcare system to help us deal with all the related conditions like diabetes and heart disease — conditions that draw an enormous cost on our lives, but also our care system.

You'd see a future where the grocery aisles and restaurant drive-thrus look very different. You'd see even more discussion about what healthy body images look like, and representation in the media, and maybe even improved mental health among teens and others.

You'd still see a world where money can buy you better care. Dychtwald was quick to point out that her recipe for health was one for "non-billionaires."

Younger adults turn to mental health providers, including AI services, more than older peers

Q. In general, how often do you visit / consult with each of the following for yourself? (% At least once a year)



(Source: Ipsos survey conducted Feb. 5-6, 2024, among 1,107 U.S. adults.)

You'd see a world where technology, especially the development of AI, continues to help us understand our health. That includes more widespread genetic testing and therapies.

We may or may not see a future where access to reproductive care is limited or where life is sanctified at creation, depending on your point of view. But we'll likely see a future where this is still a concern and debate.

Americans are worried that costs will get higher, and access won't improve. That's one reason almost one in three people are using various services like GoodRx to save on prescription costs.

What if we never gained weight in the first place?

That's an even more provocative question, isn't it? It came up when Kate MacArthur, What the Future's managing editor, talked to Dr. Spencer Nadolsky, medical director from WeightWatchers. Will more widespread use of weight-loss medications and other tools and technologies, including genetics, keep us from gaining weight in the first place? Can we prevent obesity? It's usually easier to prevent something than to walk it back or break a cycle.

Not one but two new life stages?

But what if there's also a demographic shift in the future? Already, we have big shifts on the younger end of the spectrum. Over decades, we have seen conjoined and compounded trends. More of us are getting a college education. We are getting married later in life. We are having kids later in life, well into our 30s and 40s. We are also having fewer kids early in life as teen pregnancies have plummeted. We're having fewer kids overall.

That has led, essentially, to an entirely new life stage of being a 20-something. Not all do it by choice. The economics of being young and single are not great for many, hence about three in ten people in that age range are living with their parents. But many also enjoy having a few years to be young and single.

Now say we live longer, and our lifespans continue to grow (after a brief pandemic blip). Say all these trends and technologies continue to allow us to live longer, healthier. The retirement age will likely continue to creep up. But many of us will find a future with a much longer period of employment or "retirement."

Could that develop into an entirely new, or at least improved and prolonged, life stage? And what would that look like?

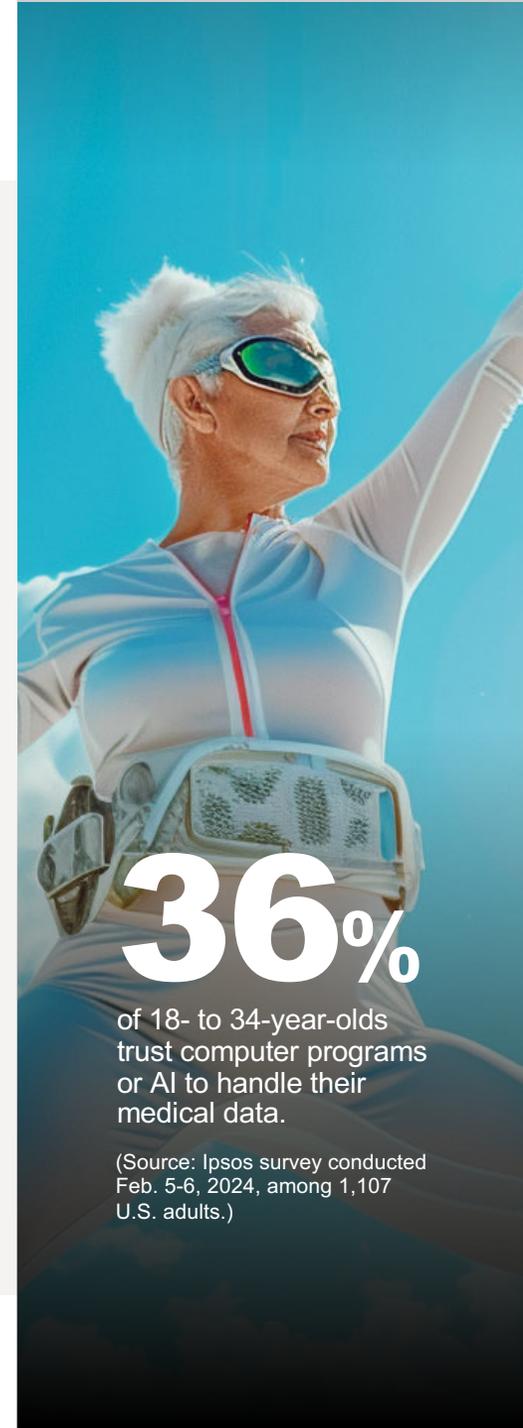
All these shifts have profound implications for:

- Financial services, as the math on how we afford retirement shifts. We're not doing a great job as a nation saving for retirement, and Social Security is teetering;
- Health and pharmaceuticals, as many of the medications that prolong our health span, like GLP-1 and statins, are "lifetime" medicines;
- Food manufacturers, as appetites and diets shift;
- Customer experiences, as we think about the needs of a broad range of, mostly healthy, consumers;
- Any employer, as we come to terms with an aging, and smaller, workforce;

Clearly wellness is a big topic and even as we just scratch the surface, we find no shortage of Big Questions to guide our thinking, and yes, our research. But despite our present, there's a lot of reason to be hopeful about in this future.



Matt Carmichael is editor of *What the Future*.



36%

of 18- to 34-year-olds trust computer programs or AI to handle their medical data.

(Source: Ipsos survey conducted Feb. 5-6, 2024, among 1,107 U.S. adults.)

Shifts: Three forces that will shape the future of wellness



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Climate change: Climate change poses a significant threat to global wellness through a range of complex and interconnected effects.

Rising temperatures can exacerbate respiratory and cardiovascular issues, leading to an increase in disease and death rates. Unpredictable weather patterns, including floods and droughts, threaten food security, causing malnutrition and stress-related disorders as we see with a growing “climate anxiety” trend, particularly in youth. Worsening air quality from wildfires and pollution expose populations to harmful toxins, affecting lung health. And a blend of changing weather patterns paired with biodiversity loss could increase our risk of spreading infectious diseases and more frequent epidemics and pandemics.

Rising costs & consumer wellness: The escalating cost of healthcare could continue to negatively influence wellness by making treatment inaccessible for many, increasing stress and leaving populations with untreated illnesses that they are attempting to manage on their own. Consumer wellness categories have been benefiting by offering a cheaper alternative to the healthcare system, though access is not equal and outcomes sometimes unclear.

The proliferation of fitness technology, mental health apps, and nutritional services promotes a more proactive approach to health management. However, it's crucial to ensure these tools are evidence-based, as social media and health influencers in some cases have led to an increase in big claims and “quick fixes.”



Personalized medicine: While still in its infancy, personalized medicine, considering factors like genetics, ethnicity, and the broader health context of the individual may unlock growth and better outcomes.

The ability to offer more targeted, effective therapies, can reduce costly and potentially harmful trial-and-error treatment. Artificial intelligence may accelerate the ability to analyze our genetics to predict susceptibility to certain diseases, enabling early intervention, or identifying a smaller subset of potential solutions. Considering context and ethnicity helps address health disparities and tailor interventions to specific population needs. However, as with any new technology, it will be important to ensure these advancements are accessible to all, to prevent further health inequities.

What anti-obesity drugs could shift in how we think about weight



Spencer Nadolsky, D.O.

Medical director, WeightWatchers

WeightWatchers has long been lauded as one of the most effective diet programs. But in 2023, the company pivoted from its focus on behavior modification programs to add clinical support as new prescription weight loss drugs surged in sales. Through its WeightWatchers Clinic, eligible members can receive these prescriptions in conjunction with customized behavior and nutrition programs. Dr. Spencer Nadolsky, WeightWatchers' medical director, explains the shift and what it means for the future.

51%

of Americans say they would be interested in taking a weight loss medication if it was proved to be safe and effective.

(Source: The Ipsos Consumer Tracker conducted Feb. 6-7, 2024, among 1,120 U.S. adults.)



What The Future interview with Dr. Spencer Nadolsky

Kate MacArthur: When you think about the future of weight management and this new class of drugs, what's your biggest question?

Dr. Spencer Nadolsky: My biggest question is whether we're going to have an impact on our larger environment in talking about these medications, or if we're just going to focus on medications alone. We need to do both to be successful. I don't think we're going to drug our way out of this situation. Having said that, the medications are extremely powerful and part of the solution.

MacArthur: What if we could use medication rather than lifestyle to prevent obesity in the first place?

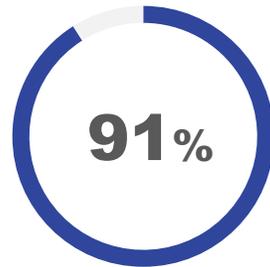
Nadolsky: It's not out of the realm that in the future there will be therapies that prevent obesity in the first place, similar to using statins for preventing heart disease. While weight gain may be prevented, there will likely still be a need for lifestyle to optimize health beyond the scale. That is, unless there is a therapy that mimics exercise and eating a healthful dietary pattern!

MacArthur: Then what role do these drugs play in helping a person manage their weight?

Nadolsky: When you take these medicines, it brings agency back into play where, you're like, "I don't have to have that dessert."

Americans acknowledge the obesity crisis but are split on solutions

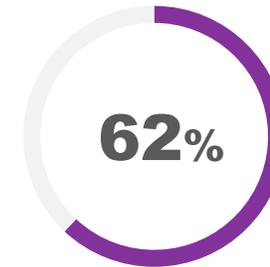
Q. To what extent do you agree or disagree with the following statements? (% Agree)



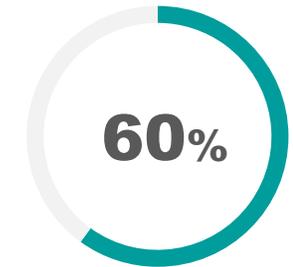
Obesity is a major health problem in the U.S. today



Obesity is a disease



New medications show potential to treat obesity



Obesity can only be solved with diet and exercise

(Source: The Ipsos Consumer Tracker conducted Feb. 6-7, 2024, among 1,120 U.S. adults.)

MacArthur: How should we change how we talk about obesity and health?

Nadolsky: There are a lot of people out there that don't want to call obesity a disease because they think that takes out the self-responsibility and makes it seem like you have to take a medicine. But nobody says that about type 2 diabetes and you don't always have to take a medicine when you have type 2 diabetes.

MacArthur: Do we need to redefine what a healthy weight is?

Nadolsky: Yes. You've got to go deeper than weight and body mass index (BMI) in general and look at the whole person. People really don't understand what good health is, because if you boil it down to biomarkers, I know a lot of people that look good on paper, but they're not doing well mentally or physically.

MacArthur: What does that mean for weight management companies and programs?

Nadolsky: As people get more educated around weight and health, there's going to be this big shift to understand that health goes beyond the scale. It's important for every company that's looking at weight loss and weight in general to do that.

MacArthur: Are these treatments a cure or a lifelong therapy?

Nadolsky: Most people will likely require some form of long-term therapy, whether it's medicine plus diet and exercise, or diet and exercise alone. They will still have to continue those lifestyle habits; they wouldn't be able to go to do whatever they were doing before and keep the weight off.

MacArthur: What do brands need to help people do if stigmas about obesity change?

Nadolsky: Accepting yourself and being OK in your body, but also just improving quality of life, regardless of your body. And including people with obesity so they don't feel excluded from being able to use the product or service.

MacArthur: How do these drugs shift views on obesity?

Nadolsky: Most used to, and still think of, obesity as a willpower and a discipline issue. With these drugs, it shows that there's a much stronger biological underpinning of obesity than was thought. Many scientists and researchers have known this for quite a while, but now the public is starting to understand.

MacArthur: There is such a powerful stigma about weight, particularly in the U.S. Yet, we also have this movement toward body acceptance. What changes with these treatments becoming mainstream?

Nadolsky: It's possible that people might be stigmatized further because other people will still not understand the complexities of obesity or know that there may be other things that go into obesity that the medicine couldn't resolve. It's going to take another paradigm shift to understand that obesity is heterogeneous.

MacArthur: Is obesity ever not a disease?

Nadolsky: There's a whole international committee working on the definition of obesity. I've been in debates about this because if you think of obesity as based on body weight, body fat, BMI, at what line does it become a disease versus not a disease? It's impossible to know whether it's a disease or not based on weight alone.

Kate MacArthur is managing editor of What the Future.

“I don't think we're going to drug our way out of this situation. Having said that, the medications are extremely powerful and part of the solution.”



49%

of GLP-1 medication users* reported a decrease in their consumption of snack foods.

(Source: Ipsos' Global Consumer Obesity Study conducted online Dec. 2023-Jan. 2024, among *115 U.S. current GLP-1 users who consumed snack foods, including chips, energy bars, etc., in the last three months.)

How new obesity medications could transform the grocery landscape

Weight-loss medications like GLP-1s have demonstrated unprecedented success in suppressing users' appetites.

But new research from Ipsos confirms that these medications also affect users' choice of foods. This could reorient their grocery shopping and spending preferences — which would have a considerable impact on CPG brands and retailers' bottom lines.

Despite the buzz, usage of anti-obesity drugs is currently limited. It remains to be seen whether these treatments will become mainstream, or how fast that change could come.

But according to a syndicated Ipsos study of users' consumption behavior, weight-loss drugs may already be driving increases in certain purchase categories and drops in others. In a future with widespread adoption, some brands could experience newfound brand benefits or roles, while others would need to adapt and innovate for new preferences — or manage diminished demand.

These complexities raise the need for attentive consumer research and fast-moving product development to ensure that retail offerings remain in step with Americans' shifting needs.



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How health wearables can be more useful for more people



Noosheen Hashemi

Founder-CEO, January AI

January AI is an app that works on its own or paired with a continuous blood glucose monitor (CGM) to help people understand how diet and exercise impact their metabolic levels. It's currently used by both people with diabetes and elite athletes. But CEO Noosheen Hashemi notes that a large percentage of people with diabetes and pre-diabetes are undiagnosed. She says there is a lengthy lag between what we know in a lab and what becomes the standard of care, and that apps like this will help more people avoid future problems or need treatment.

57%

of Americans ages 18-34 think health wearables will lead them to have healthier habits.

(Source: Ipsos survey conducted Feb. 5-6, 2024, among 1,107 U.S. adults.)



What The Future interview with Noosheen Hashemi

Matt Carmichael: What is the power of wearables plus AI?

Noosheen Hashemi: The beauty of wearables and continuous tracking is that you can machine learn on this data. If you were to take your blood pressure once a day, it could be different at various times of the day. But with continuous monitoring, we would be able to see patterns in that data instead of single points of data. Now, AI is different than data science. Data science is being able to see patterns, but with AI you can model. AI equals predictions. AI can also do counterfactuals: “This happened, but what if we had made *this* happen?” The power of prediction can be deployed in counterfactual situations for things that didn't happen.

Carmichael: CGMs are used by a bifurcated audience: those with diabetes and elite athletes.

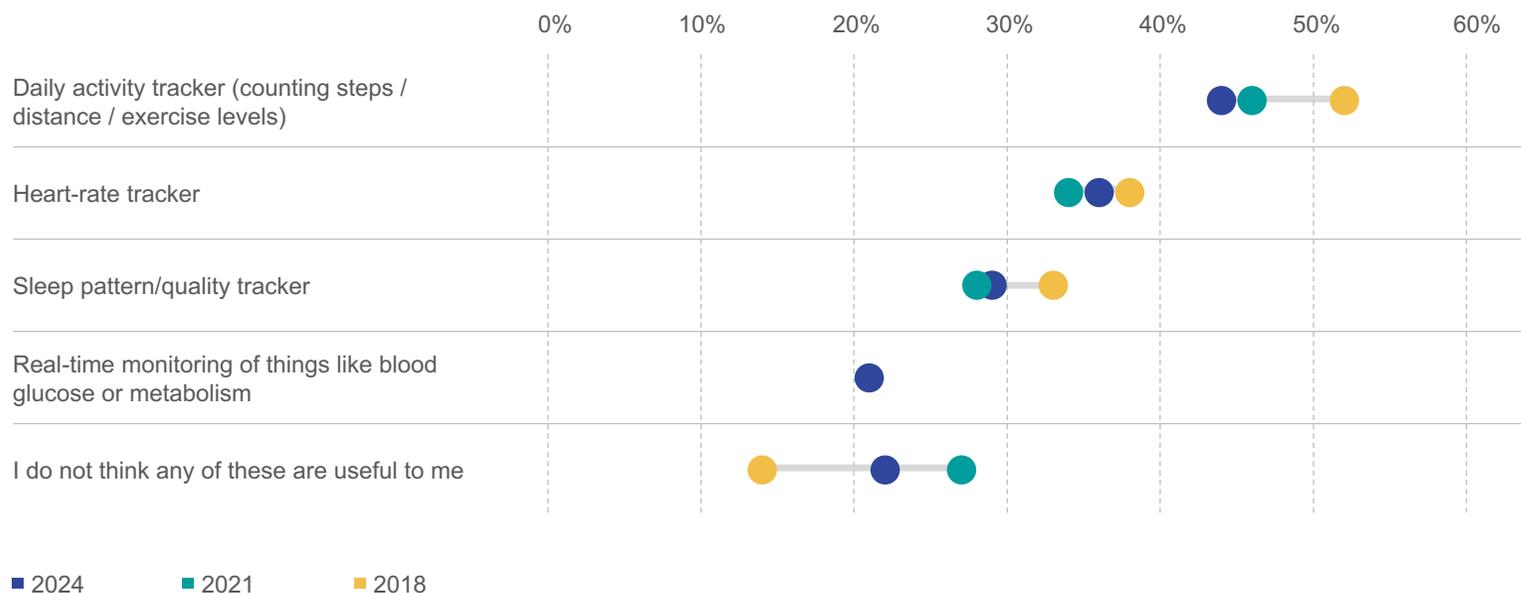
Hashemi: Yes, these technologies are now able to be used by a variety of people for a variety of reasons. I wish they were more prevalent. I wish 100,000,000 people would throw on a CGM, but it's too expensive.

Carmichael: What would benefit other users?

Hashemi: We don't know who's sick and who's not. 136 million people have diabetes and pre-diabetes. Over 80% of people who have pre-diabetes and 23% of people with diabetes are not diagnosed.

Interest in specialized wellness wearables is rebounding

Q. Wearables are electronic devices that people wear — such as an Apple Watch or Fitbit — that monitor things like heart rate or daily activity. They can also be used for things like sending a reminder to take a medication. Of the following possible uses for wearables, which of the following possible uses for wearables do you think are MOST useful to you? (% Total)



(Source: Ipsos surveys conducted Feb. 5-6, 2024, among 1,107 U.S. adults; Dec. 3-6, 2021, among 1,158 U.S. adults; and May 17-21, 2018, among 1,890 adults in the U.S.)

Carmichael: What if you've gotten your glucose levels under control?

Hashemi: Well, you've stressed the hell out of your system if you had an A1C of 7.5 or 8.0 [6.5 indicates diabetes] at some point. The fact that you've lost a lot of weight, you've reduced that stress, but that doesn't mean you're out of the woods completely. You have to maintain. We believe that everyone needs to advocate for their own health. There are a multitude of ways that they can do that, like a blood test or wearables to see how they're doing. There are no silver bullet answers to knowing exactly what's wrong with your blood sugar.

Carmichael: How do you encourage people to keep their relationship with these metrics healthy?

Hashemi: If you use a CGM and lose weight, is it possible? Sure, yeah. If I force you to never have a glucose spike over 110, you will lose weight because I'm forcing you to eat no carbs. But is that healthy? That is a terrible idea. I think marketing is a real problem. People take something out of context and use it for something that wasn't meant to be used for.

Carmichael: In your marketing, you use terms like “metabolic health” and “lifestyle-related diseases,” but not “obesity” or “diet.” How important is the language you use for changing how people view health?

Hashemi: It's very important. We feel that there is a huge stigma in this society around type 2 diabetes. With type 1 diabetes there's greater empathy because people are born with that condition. But there seems to be a huge stigma around type 2 diabetes, that it's your fault, which is a horrible thing. And that shouldn't be the case.

Carmichael: How can an app like January AI, coupled with wearables or on its own, help you get and stay healthy?

Hashemi: We think health is your own journey of self-advocating, learning about yourself, experimenting and finding what works for you. There are just six or seven healthy habits in life that would make you super healthy. But a lot of people haven't adopted those because a) they don't know necessarily what those habits are, and b) they don't really have the support system to gain competency in them.

Carmichael: And can these tools help people keep up with their wellness goals?

Hashemi: You have to stick with it. You need some agency. You need to decide you want to be healthy. These tools don't have any magical power over you, the way that social media does.

Matt Carmichael is editor of What the Future.

“These technologies are now able to be used by a variety of people for a variety of reasons. I wish they were more prevalent. I wish 100,000,000 people would throw on a CGM, but it's too expensive.”



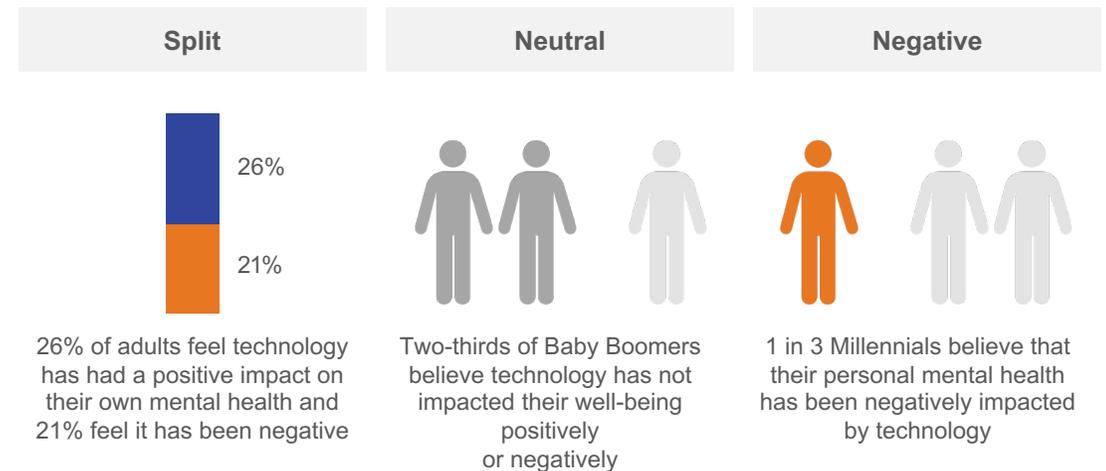
Why brands need to understand tech and mental health across generations

Americans of all ages grapple with mental health struggles; nearly half of *all* respondents to a recent Ipsos Communities survey rated their own mental health as less than positive. But the issues in question, and their impact, varies by generation.

For an example, consider the complex relationship between technology and mental health. Ipsos has found that while most Baby Boomers believe tech has had a neutral impact on their well-being, one in three Millennials thinks it has harmed their mental health. Yet two in three who have used technology as a mental health resource feel it is beneficial.

Brands can't address or act on every mental health issue. But whether they want to develop products and services that resonate with all ages, or simply want to avoid alienating certain audiences, a nuanced and intergenerational understanding of how factors in mental health vary across generations is critical to making people feel seen.

Technology affects mental health differently by generation



(Source: Ipsos "Fresh Lab" and "Club Z" Syndicated Communities, October 11-18, 2023, among 1,387 U.S. adults.)



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How our DNA could change the way we think about health



Noura Abul-Husn, M.D.

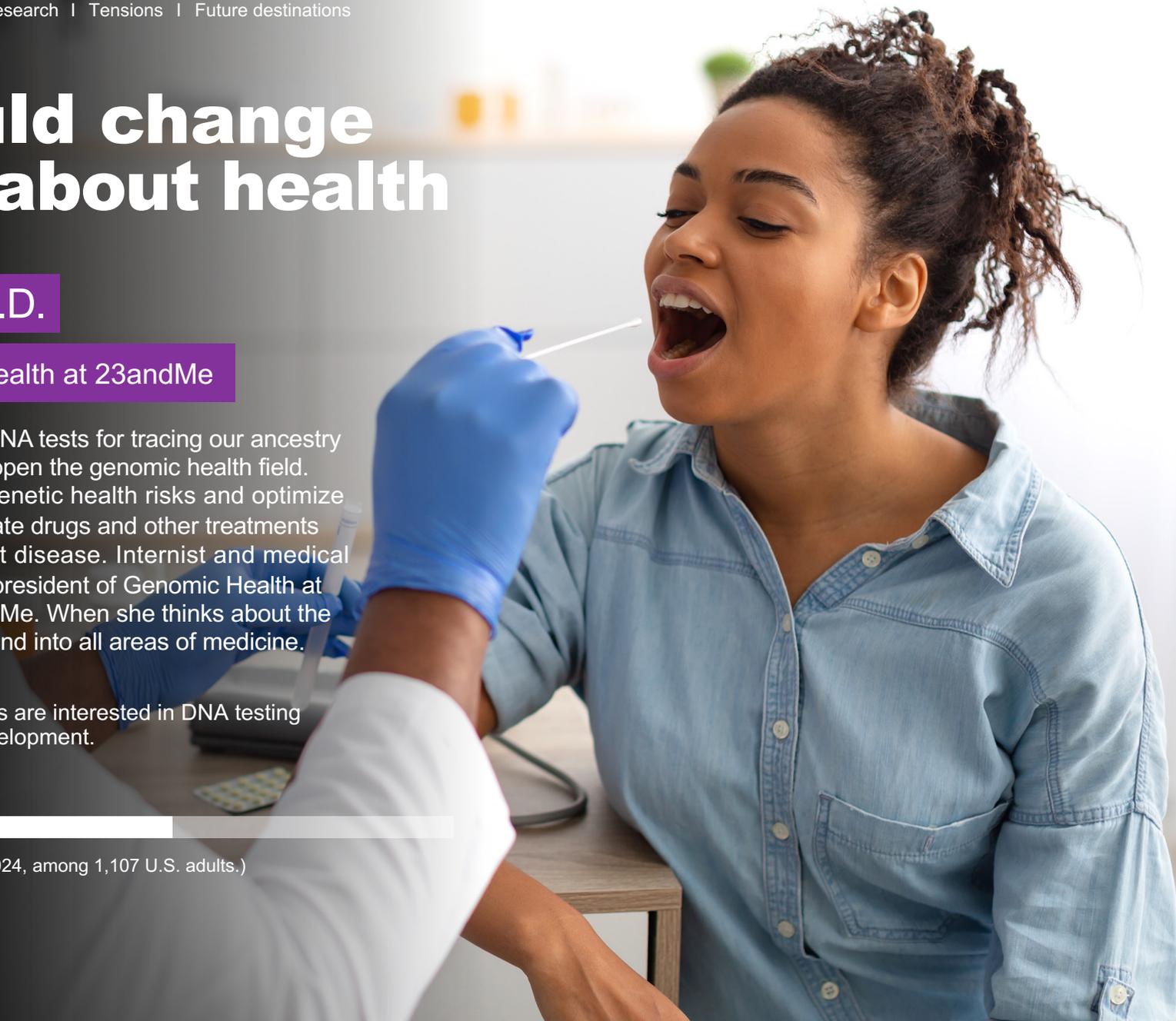
Vice president of Genomic Health at 23andMe

When the first direct-to-consumer DNA tests for tracing our ancestry hit the market in 2007, it also blew open the genomic health field. Testing has expanded to identify genetic health risks and optimize wellness. The next frontier is to create drugs and other treatments to restore health and even prevent disease. Internist and medical geneticist Noura Abul-Husn is vice president of Genomic Health at consumer genetics company 23andMe. When she thinks about the future, she hopes genetics will expand into all areas of medicine.

66%

of Americans are interested in DNA testing for drug development.

(Source: Ipsos survey conducted Feb. 5-6, 2024, among 1,107 U.S. adults.)



What The Future interview with Noura Abul-Husn

Kate MacArthur: How do DNA testing companies fit into the larger landscape of health and wellness?

Dr. Noura Abul-Husn: There have been robust ways that genetic testing is used in medicine but all of them are very specific areas that people would need to seek out, or that a physician would need to tell you that this is something that you should consider. There's a whole realm of possibilities for genetics to be used that don't necessarily fit into those discrete areas or necessarily a way that is applied in the medical world today.

MacArthur: How so?

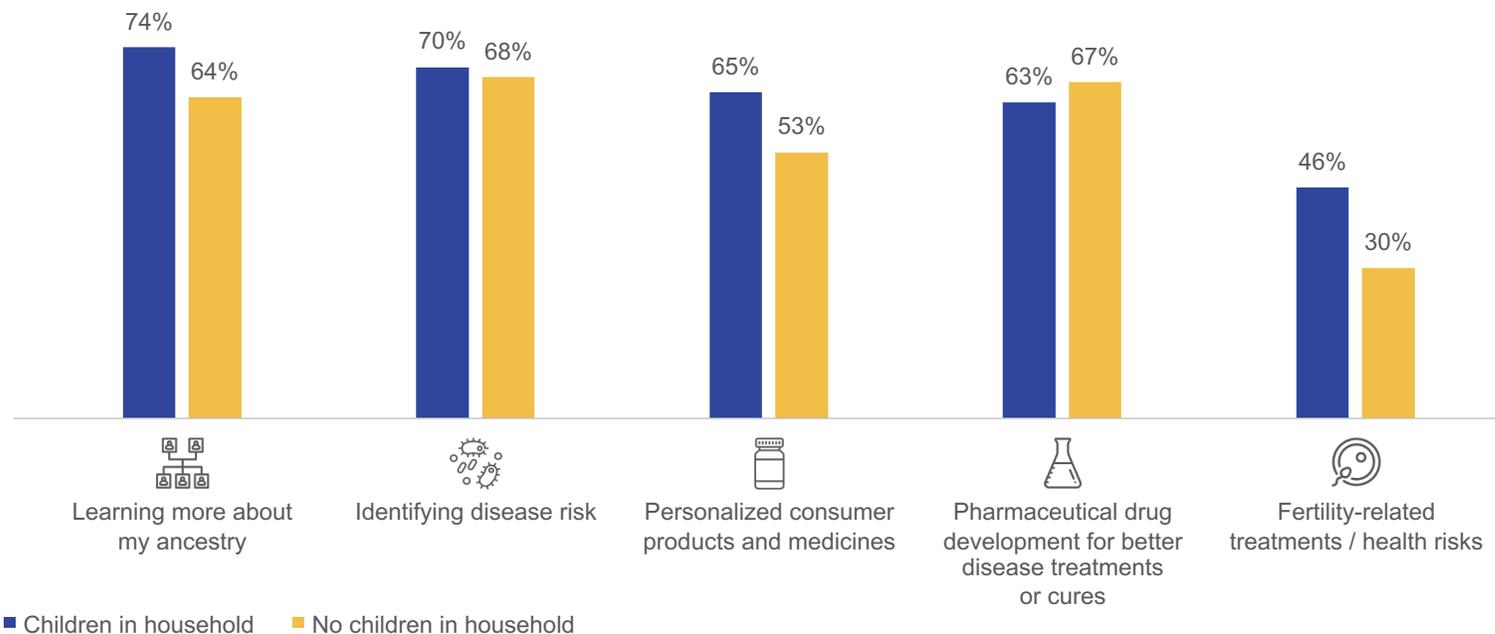
Abul-Husn: This is now putting genetics first to optimize health. That's a different way of thinking about genetics and its place as more of a screening test than an indication-based or a diagnostic test.

MacArthur: Americans are most interested in DNA testing to learn about their ancestry, then health. How big of a priority is the moonshot drug race?

Abul-Husn: The interest in leveraging genetic information to make better drugs, better medications, is very well justified. That's an exciting space, especially at a time where gene therapy is a reality. The fact that we can correct genetic defects today is unbelievable; a one-time cure for disorders that have been considered uncurable in the not-so-distant past.

Parents are keener on DNA testing for ancestry and personalized products

Q. Of the potential benefits from DNA testing services, how interested are you in the following? (% Interested)



(Source: Ipsos survey conducted Feb. 5-6, 2024, among 1,107 U.S. adults.)

MacArthur: What changes do you anticipate in the next five to 10 years?

Abul-Husn: In addition to understanding these single gene variants that are often rare, but that have clear association with disease, now we have a different kind of test that can also give us information about much more common diseases. It puts people on this bell curve of likelihood for a disease and looks at each individual to see where they are on that spectrum. If you do this across populations, you now capture a much larger proportion of the population that has risk for common diseases like heart disease, diabetes and kidney disease.

MacArthur: What does that shift for the future?

Abul-Husn: It puts genetics and genetic screening using polygenic risk scores into the realm of primary care medicine, where you're thinking about your health, you go for your wellness checkups, your routine labs, and hopefully, many people are asked about their family history for disease and that gets taken into consideration. It's an opportunity for shared decision-making between a patient and their physician to understand their real risk factors, and then potentially initiate therapy earlier and be more aggressive about it and really monitor it.

MacArthur: How do you see attitudes shifting toward tech companies versus medical providers for personal health management?

Abul-Husn: The future of health is to bring all types of data from your genes, your wearables, your continuous monitoring into real life, bring AI into the picture, and make sure everyone is optimizing their health in a very personalized way. There's no medical training for that yet today. We just haven't figured out yet how to routinize genetics and all the newer technologies in traditional healthcare. That's something that the consumer side is pushing for change in that direction.

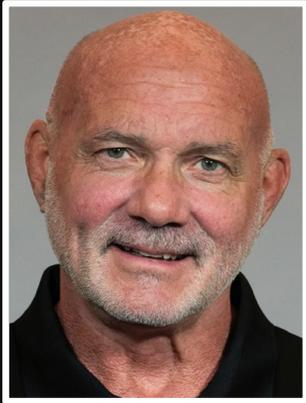
MacArthur: Privacy, and even security, are barriers for some people to have personalized health. What convinces people to make that trade-off?

Abul-Husn: We're in a digital world. We're making tradeoffs all the time. There are a lot of considerations that come into play when you're considering personalized healthcare. You need data about an individual to be able to offer personalization, and people know that and recognize it. Those are choices that we have to make every day.

Kate MacArthur is managing editor of What the Future.

“The future of health is to bring all types of data from your genes, your wearables, your continuous monitoring into real life, bring AI into the picture, and make sure everyone is optimizing their health in a very personalized way.”

What you can learn from elite athletes about fitness



Buddy Morris

Senior reconditioning coordinator for the Arizona Cardinals

Buddy Morris, at 66, has trained some of the world's most elite athletes for more than 40 years. It's not all physical. It's not all complex. Understanding the mental stressors as well as the physical ones is important. And Morris spends his day pondering how to keep his team at the top of their game. But for all the tech and tools available (he's a big fan of the Nord Board) it all comes back to the basics, and that's just as true for you as it is for his offensive line.

2/3

of Americans say they exercise daily or weekly.

(Source: Ipsos survey conducted Feb. 5-6, 2024, among 1,107 U.S. adults.)



What The Future interview with Buddy Morris

Matt Carmichael: I watch college football and I hear about “body transformation”? Is that really a thing?

Buddy Morris: All that means is an athlete came in fat and sloppy. He's transformed his body into being lean with more muscle mass. A college program is a better program, with all due respect to high school strength coaches. More can be accomplished at that age. It's not a beginning, it's more of an intermediate athlete, but it still comes down to this: You gotta do the work.

Carmichael: How so?

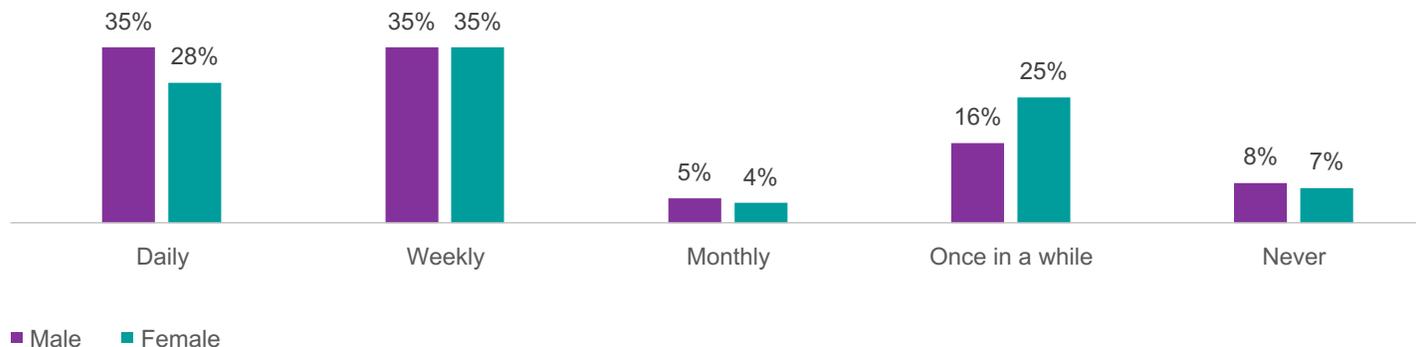
Morris: Everybody wants to be the beast, but not too many people want to do what the beast has to do. When I look at different programs, I always look at the similarities because that's going to tell you the truth. People think we write these big-time, advanced programs that take Einstein and Stephen Hawking to figure out. People need to understand that the more elite the athlete becomes, the more general work transfers. The basics are the basics for a reason; because they work. Unfortunately, social media has ruined everything.

Carmichael: How is that affecting our health?

Morris: We always look for the latest, greatest, never seen before, top secret, double probation exercise,

Men say they exercise more frequently than women

Q. How often, if at all, do you exercise? (% Selected)



(Source: Ipsos survey conducted Feb. 5-6, 2024, among 1,107 U.S. adults.)

supplementation, pill, diet, or pharmaceutical drug that is going to transform us overnight from being some fat slob to Superman. If you still want to eat cheeseburgers and drink beer, don't expect to have a great transformation. People are just amazed when they walk into what I do here. It's very basic stuff, man. If you want to get faster, you have to sprint; you want to get strong, you have to add weight to the bar.

Carmichael: You've talked about a lot of aspects of wellness already. How do they all fit together?

Morris: We're a gimmick-oriented society and we're overstimulated because of social media. But the most basic of things still comes down to sleep, hydration, and nutrition. The problem with those three things is they're not expensive. Well, nutrition can be expensive, but they're not sexy.

Carmichael: How do you deal with the body's complexity?

Morris: Strength and conditioning is not black and white. There are a lot of factors and variables that go into training our athletes. Everybody wants to prevent injury. Well guess what? It ain't that easy because injuries are just as multifactorial and complex as the human body. It's overly reductionist and absurd to try and blame it on one single factor. The human body is a complex system of interdependent parts. You need to understand the dynamic relationship between each of those parts. We forget about that. We just think about the musculoskeletal system. What about the cells that send signals to the tissue and have a cellular adaptation, a hormonal adaptation?

Carmichael: Your discussion of the basics makes it sound like this would work for regular folks, too.

Morris: It absolutely transfers to a normal individual and leading a normal, healthy life. Get off your ass and move. The human body is designed to move. People forget about the role of the brain, the ultimate governor in human performance. Everything begins in the brain.

Carmichael: I absolutely hear what you're saying about gimmicks, but do technology and AI and wearables and real-time monitoring help us understand the body better?

Morris: There's no question about that. Recent technology and data collection has proved valuable, but you could either be data-driven or data-aware. Data-driven people can't see the forest through the trees. We're data aware. Every NFL team has an analytics department that will tell you if you run this play you have a 99% chance of being successful. Here's what analytics doesn't take into account: It's cold and rainy out in the field, slippery; I'm playing with my third string center. My quarterback's having a bad day and my wide receivers are getting locked down at the line of scrimmage. You cannot replace the human side of things. Science isn't a be-all and end-all. It's an opportunity to study and research what we truly do not understand.

Carmichael: You've talked about the role of the brain and stress. Was that something you were talking about in 1980 when you started out?

Morris: The Buddy Morris of 2024 would have fired the Buddy Morris of 1980. The more I learned, the more I realized what I do not know. I don't care if they're a medical doctor, doctor of osteopathic medicine, naturopaths, homeopathic healers ... they haven't figured it out yet either. And the reason is there are basic principles to guide us as human beings, but we're not all the same.

Matt Carmichael is editor of What the Future.

“Science isn't a be-all and end-all. It's an opportunity to study and research what we truly do not understand.”

What virtual healthcare reveals about online user experiences

The accessibility, flexibility, and convenience of telehealth has made it a fast-growing field, from video chat-based therapy to virtual urgent care.

But if the drawbacks and frustrations of online services and platforms go unaddressed, then these platforms' potential will be limited, in healthcare and beyond.

In the early days of the pandemic, telehealth *had* to work, so it did. In time, virtual care became many Americans' preferred way to seek care, improving and expanding perceptions of all sorts of online services. But today, patients have a plethora of digital platforms to choose from, and the option of in-person visits — which all amount to higher expectations for online experiences.

Of course, this goes beyond medicine. More of Americans' lives are taking place online, from seeking care to shopping and socializing. In many cases, the only way people will interact with a brand is through a screen — or even through AI-powered triage chatbots. That means functional, accessible UX isn't just a “nice to have,” but critical.

By simplifying web interfaces and addressing users' frustrations, healthcare providers and brands in other industries can make their online offerings more useful and boost brand affinity.



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63%

of caretakers who used telehealth for their children during the pandemic said they would continue to use it post-pandemic.

(Source: Pediatric Telehealth from a Caregivers' Perspective, Ipsos Study 2023.)

How we will be able to live a healthier, longer life



Lina Walker

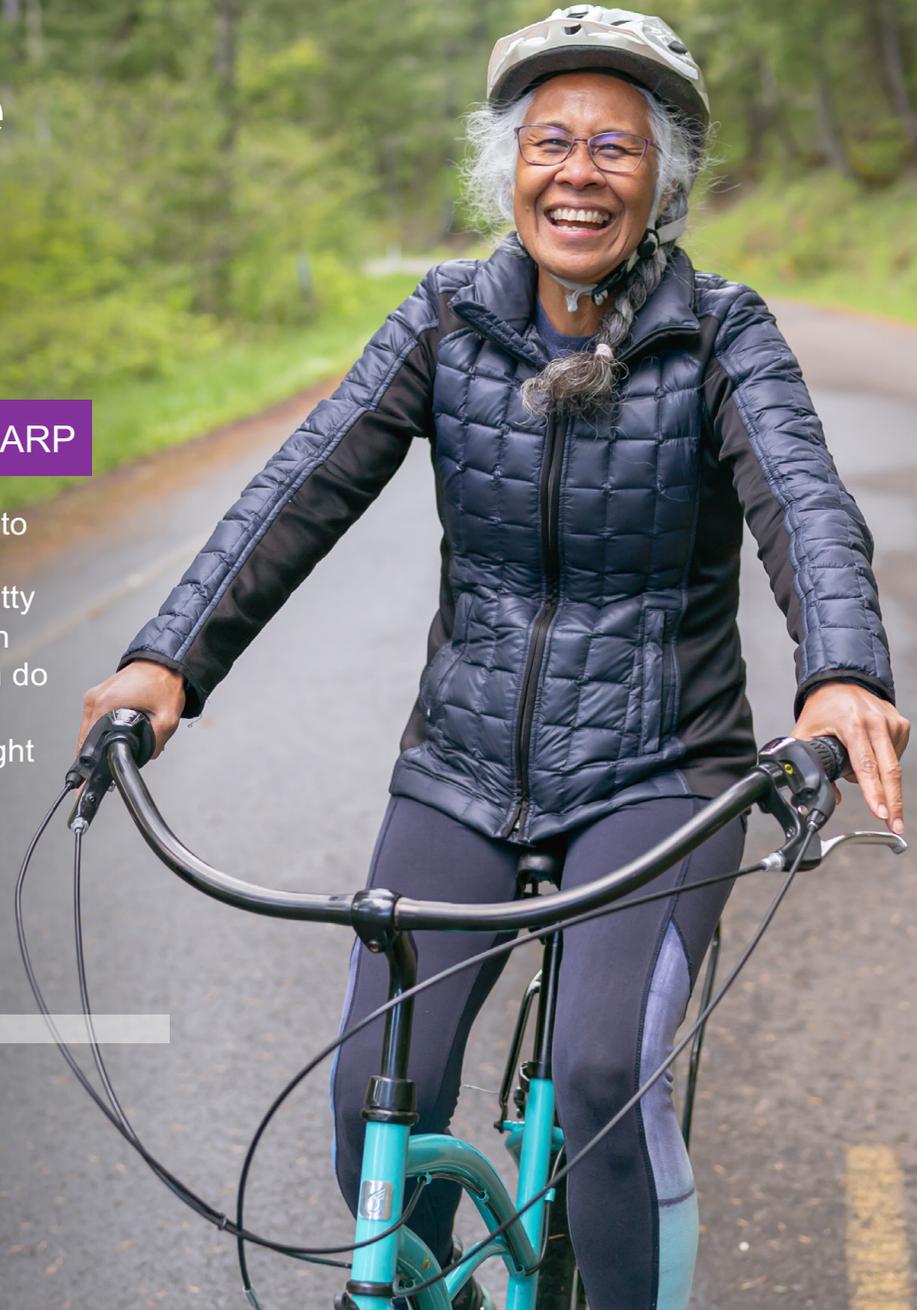
Senior vice president for Global Thought Leadership, AARP

The average American will live to 77-and-a-half-years, according to the U.S. Centers for Disease Control and Prevention. That's the same age as Cher or Donald Trump, but decades away from Betty White's 99 birthdays. While a respectably ripe age, about a dozen of our later years are less likely to be healthy ones. But we can do a lot to afford a healthier longevity and it's not just about having money, says Lina Walker, senior vice president for Global Thought Leadership at AARP. Here's how and who can help us get there.

58%

of Americans think the cost of healthcare for them and their family will get worse.

(Source: Ipsos survey conducted Feb. 5-6, 2024, among 1,107 U.S. adults.)



What The Future interview with Lina Walker

Kate MacArthur: How have the financial aspects of living healthier over a longer lifespan evolved?

Lina Walker: The financial aspects related to maintaining health spans haven't changed much because it hasn't increased as fast as lifespan. Estimates from the World Health Organization is that there is almost a 12-year difference between life expectancy and healthy life expectancy. And that difference is even larger for women now.

MacArthur: What has changed?

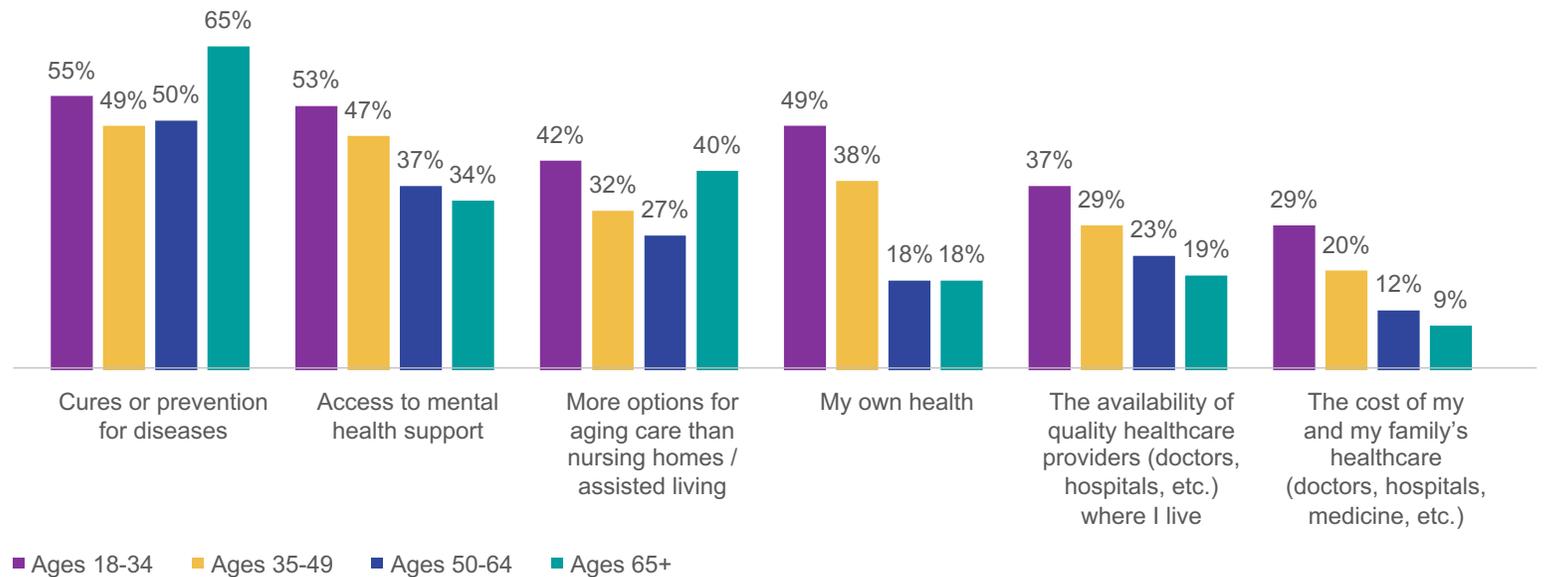
Walker: What we've always known to be true is still true. Healthy diet, regular exercise, healthy weight, no smoking, moderate drinking, all those are important to maintaining healthy lifestyles and healthy longevity. But we are also learning from the research that people need meaning and purpose in their lives. People need social connections and mental stimulation, and you need all those elements together to lead a healthy longevity. Many of those elements don't have to cost very much.

MacArthur: Such as?

Walker: Experience Corps is a volunteer program for people 50 and older, and they volunteer to work with and mentor students. From evaluations, we've seen positive

Young adults are the most optimistic about the overall future of wellness

Q. How do you think the following will change over the next 10 years? (% Will get better)



(Source: Ipsos survey conducted Feb. 5-6, 2024, among 1,107 U.S. adults.)

differences both for the students who are getting help, as well as for the 50-plus volunteers. We see improvements in their physical and their mental health,

all to say that there are many elements that are necessary for healthy longevity, but not all of them have to cost a lot of money.

MacArthur: How should we determine what is necessary for healthier longevity versus what insurance or Medicare or Medicaid would cover?

Walker: The way we think about our lifespan currently falls into these different stages: the school years, our working years, and then our retirement years. It's tied to what insurance can cover and can't cover. But if we're thinking of a world where people are living much longer, we have to rethink these life stages. Healthy longevity is a lifelong journey.

MacArthur: What exactly needs to change?

Walker: How we think about work, about where we live, what we call the built environment. You've got to think differently about older workers and how you redeploy them, re-skill them, retrain them, and retain them. And people have the opportunity to continue to contribute economically to the workplace if they want to.

MacArthur: What needs to change in the built environment?

Walker: AARP in the U.S. is the independent affiliate of the World Health Organization's network of age-friendly cities and communities. We need to think about things like sidewalks and traffic lights, simple things like making sure that they have enough time to cross the streets, making sure that there are curb cuts that walkers and

wheelchairs and multi-generational families can use the space. Even housing can be different. AARP has done a lot of work on [supporting ADUs](#), or accessory dwelling units, where you have intergenerational co-living arrangements, but the older family member has their separate independent unit living on the property with family members.

MacArthur: What's the most significant shift that people need to think about now?

Walker: Everybody has a role to play. And by everybody, I mean cities, communities, governments, the private sector, as well as individuals. In some ways it's hard to answer that question because it's sort of interrelated, right? People can do more if they live in an environment that's enabling and empowering. AARP is working to advocate for financial security and health security because that's going to be necessary if people are living longer. But you can't do it alone.

MacArthur: How might a longer health span work differently for different populations?

Walker: Millennials are having children much later in life. They're staying in the workforce longer because they have young dependent children in the house. That's definitely something shaping the experience of that generation that's very different from earlier generations.

Kate MacArthur is managing editor of What the Future.

“People need social connections and mental stimulation, and you need all those elements together to lead a healthy longevity. Many of those elements don't have to cost very much.”



Why vitamin and nutrition brands need to supplement Americans' knowledge

The vast majority of nutritional supplement users believe that supplements are integral to their health, according to a Ipsos study conducted for the Council for Responsible Nutrition (CRN). Yet just more than half say they are regular users, and confusing information could be why.

Whether they're aging, health-conscious, or both, more Americans feel they can live better by eating, drinking, and consuming better, from multivitamin tablets to "bioactive" superfoods. The breadth and persistence of these trends suggest a long-term shift in consumer priorities, with consequences for CPG brands and beyond.

But this opportunity is complicated by the proliferation of new products and the lack of clear information. A recent Ipsos Online Communities survey indicated that nutritional supplement users *and* potential users alike are looking for guidance on efficacy, safety, and recommended usage. Brands can solve this problem by informing and building trust with both groups beyond sales messages.



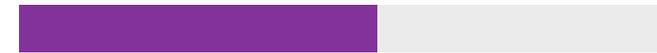
Chad Nielson is a vice president with Ipsos' Online Communities team. chad.nielson@ipsos.com

Most supplement users call them essential

74% of U.S. adults report taking supplements



55% of the general population are "regular" users



92% of supplement users agree dietary supplements are essential to maintaining health



(Source: 2023 Ipsos/CRN Consumer Survey on Dietary Supplements.)

Tensions that will drive change:

Government control vs. my health

Today, we're often forced to make trade-offs between our health, our time and our budgets. Tensions within and between polarized governments (such as between state and federal) abound. There are even battles between science and ... not science. So, what could the world look like as we consider the choices we make and other choices that are made for us.

THE GOVERNMENT SHOULD CONTROL WHAT MEDICAL TREATMENTS AND MEDICATIONS ARE COVERED BY INSURANCE

This sounds a lot like Medicare for All.

We've traded some control, but since Medicare patients are typically happier with their coverage than others, we find ourselves living longer, healthier, and with more disposable income and less medical debt. Where else will we spend our money, and how will business change when employers aren't also our healthcare sponsors?

I PRIORITIZE MY HEALTH

If our baseline continues,

People in this future will continue to be vocal about keeping government out of their healthcare choices and push politicians to listen to that desire. Sure, there's always the question of, "But will they listen?" and history has shown that the answer is "No," perhaps even frequently no. But this tension will then continue to play out in courts, voting booths and drug stores.

We are quite a ways from this future.

"Government control" and "health" aren't values that sit well together in America. But in a future where we prize our time over our health this starts to make more sense. Government control means fewer choices. Fewer choices means less time thinking and researching and could, maybe, also be more convenient. Unless you need a medicine that's not covered.

I PRIORITIZE MY TIME AND CONVENIENCE

In this future,

healthcare is expensive for everyone, but concierge medicine thrives, empowered further by wearables and AI. People with means have (even more) great care on demand (than they do already). The rest fall further behind and health disparities grow.

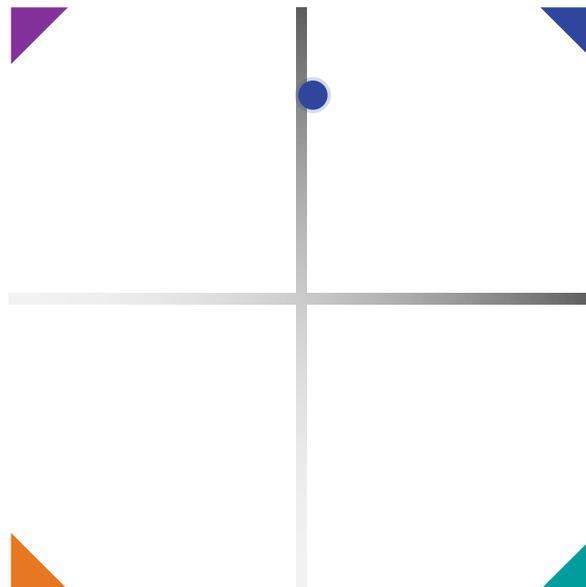
DOCTORS SHOULD CONTROL WHAT MEDICAL TREATMENTS AND MEDICATIONS ARE COVERED BY INSURANCE

Tensions that will drive change:

Equal care access vs. willpower

Recently we've seen an explosion in new drugs to manage diabetes, and in growing cases, weight. It's leading to a greater understanding of weight loss both by the public and by industry. Thinking about it as a disease instead of people being lazy or lacking willpower could lead us to very different futures for care and treatment. But we still have the broken U.S. healthcare system to contend with.

EVERYONE SHOULD HAVE EQUAL ACCESS TO QUALITY HEALTHCARE



In this future, weight loss medications proliferate.

With a greater understanding obesity as a disease, we see more and more people adopting new medications. Obesity rates finally start to decline as do a host of related conditions. Life expectancy ticks up. Retirement lasts long. Health care costs drop systemically. All of this has implications for food manufacturing and a wide range of sectors.

OVERWEIGHT PEOPLE CAN BE TREATED WITH MEDICINE

This future is pretty far detached from opinion,

but it's not so detached from today's *reality*. Those with means can buy a different standard of care than those with insurance or Medicare. In this future, we see an exacerbation of emerging signals: People use new medications not to control health conditions, but their body image. That leads to a resurgence of impossible-to-meet beauty standards across popular culture.

The baseline is on the bubble...

We believe in equal access to healthcare (though clearly disagree in practice on how to implement said). But we're still thinking that weight loss is based on willpower. That thinking is currently being challenged by a lot of science so it's plausible this will shift to the other side. So, we see a world where obese people struggle to find support in the health system.

OVERWEIGHT PEOPLE NEED TO CONTROL WILLPOWER

In this future, huge disparities exist.

Obesity and related diseases like heart disease, diabetes and hypertension are epidemics in the U.S. leading to poor outcomes for people and soaring ongoing costs for the system. If disinformation, for instance, moves us more into thinking weight loss is just about willpower, and fewer people can afford treatments, these conditions could spiral out of control.

ACCESS TO QUALITY HEALTHCARE SHOULD BE BASED ON YOUR ABILITY TO PAY FOR IT

Future optimism gaps

We're mixed on our outlooks for the future of wellness, as we think we'll get many of the outcomes we most want, but more of those we don't.

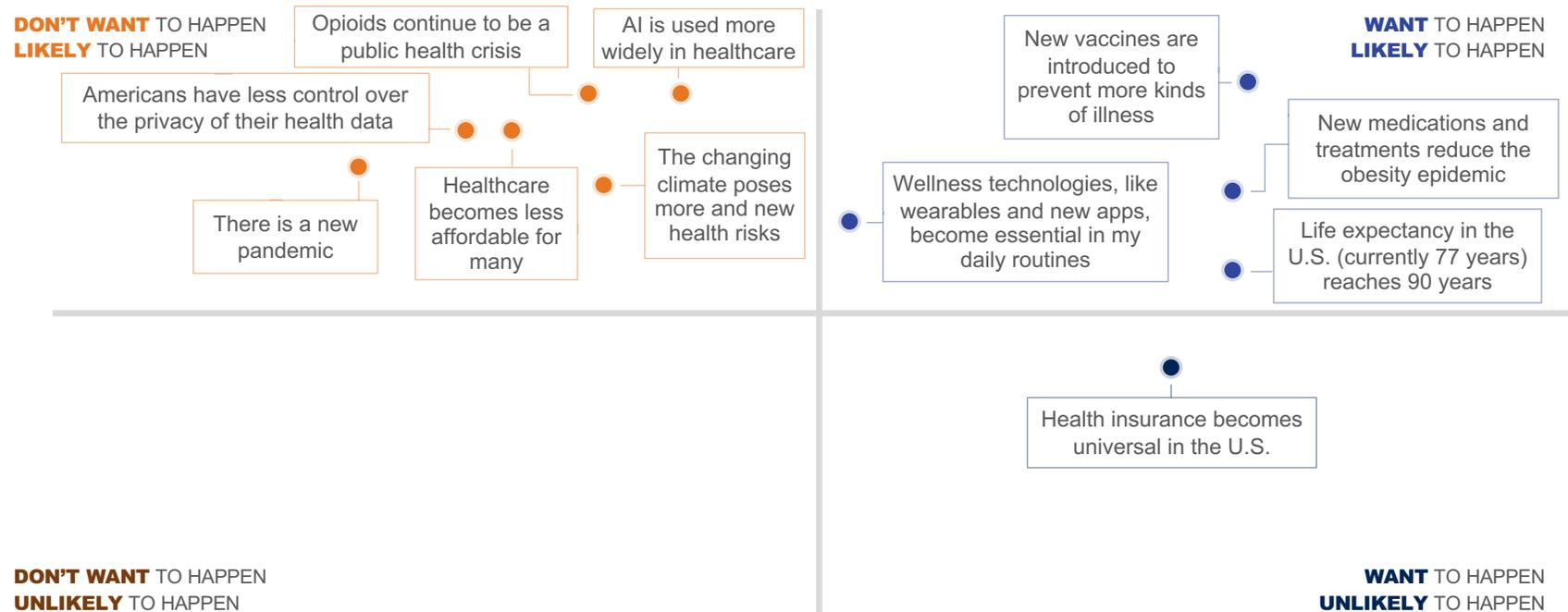
This future changes course from our trends where we mostly agree on the futures we want to happen, and we mostly agree they will likely happen. This time, people are more guarded.

Among the top gaps, 80% of us don't want another pandemic, but 74% think we'll get another. Another 73% of Americans want universal health insurance. Yet only 41% expect it to happen. Moreover, 77% want life expectancy to reach 90 years, but just 57% think it is likely.

We have the least agency over many of the outcomes we most fear. So, it will require the public to engage their legislators to act and vote as if their wellness depends on it because it does.

People see advances in health, but worries are high over AI

Q. For each of the following, would you want this to happen in the future? – (% Want) / Q. Thinking again about the following future scenarios, how likely, if at all, are they to actually happen? (% Likely)



(Source: Ipsos survey conducted Feb. 5-6, 2024, among 1,107 U.S. adults.)

Future Jobs to Be Done



Ipsos spins the traditional “Jobs to Be Done” framework forward with *future Jobs to Be Done (fJTBD)*. This builds on the theory that people buy products and services to fulfill certain needs or accomplish specific tasks. For example, we don’t download a mental health app to own another mobile app; we hire it to improve how we feel and navigate our lives — that is its job.

To bring it into the future, we envision powerful and plausible scenarios through strategic foresight. While many needs are enduring and do not change over time, the context of that job will change along with the potential solutions and alternatives. These scenarios help us define the circumstances in which people may find themselves, considering whether to see the more traditional M.D (doctor of medicine) or a D.O. (doctor of osteopathic medicine) for their primary care. We use fJTBD to tie these scenarios to actions that organizations can take to help people meet future needs.

While it’s typical in foresight to create fJTBD clusters, we’re sharing one scenario here as an example.



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Help me increase my capacity for self-determination in my healthcare decisions and outcomes

In a world where the future of health and wellness becomes increasingly more entrenched in its divisiveness and disparity, individuals will want to have greater say (and autonomy) about their preferred healthcare outcomes, and greater input on who they choose to inform their healthcare recommendations and decisions.

Potential fJTBD:

- Help me to actualize my right to equitable healthcare
- Help me to afford equitable healthcare
- Help educate me about ALL — natural, medicinal and/or surgical — alternatives from which I can choose to address my healthcare needs
- Help me to effectively treat my systemic needs rather than my localized symptoms

Imagine a world where ... all citizens’ right to welfare was embraced rather than attacked.

For full results and methodology, visit future.ipsos.com
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