Talk about food-related ill health: another way to shift the childhood obesity conversation

A research briefing

Sophie Gordon,
Principal Communications Strategist
Kate Stanley, Executive Director
Jennifer John, Associate Director
for Quantitative Research

November 2023

FRAME WORKS UK

In partnership with

Impact on Urban Health

Contents

About FrameWorks UK

FrameWorks UK is a not-for-profit communications research organisation. We work with mission-driven organisations to communicate about social issues in ways that will create change.

Our research shows how people understand social issues, and we use this knowledge to develop and test strategic communications to help organisations shape public conversation. We're the sister organisation of the FrameWorks Institute in the US.

Change the story. Change the world.

Learn more at frameworksuk.org

Introduction

This research briefing builds on our work[i] with Impact on Urban Health to change the conversation about children's health and food.

Together, we want to build support for the changes needed to enable all children to thrive and be healthy. And our research reports and toolkits provide evidence-based ways to build this support.

In this briefing, we share findings and recommendations from our research to assess the best way to name the problem we want to solve and shift the conversation in ways that will boost support for action to improve children's health and food.

Recommendations in brief

#1 Consider talking about 'food-related ill health'

Our findings indicate that this term can play an important part in opening up thinking about our food system, how it can be improved, and addressing inequities; as opposed to other terms which can trigger blame and a focus on individuals only.

#2 Talk about 'food' rather than 'diet'

The word 'diet' implies choices. This is likely to trigger stigma and unhelpful thinking about individual responsibility and willpower, whereas 'food' appears to be a less loaded term which allows us to focus more on the options available to us. This creates the space to talk about things like the availability of nutritious, affordable food.

#3 Keep the focus on improving children's health

As we found in our earlier research[ii], focusing the conversation on improving children's health remains important. When we talk about improving children's health we inspire greater support for solutions and shift the conversation away from narrow thinking about weight.

Our challenge

How we communicate about children's health and food matters because this has the power to fundamentally change how people understand the problems we're up against, and the solutions that are necessary and possible.

Too often communications about children's health and food trigger and reinforce unhelpful ways of thinking. Talking about 'childhood obesity' in particular triggers the idea that food-related ill health is the fault of individuals, that it's down to individual choices and a lack of willpower, and that parents are to blame – failing in their duty to keep their children healthy.

With individual choice so front of mind, this affects how people tend to think about tackling the problem. We see a narrow focus on solutions which boil down to people needing to eat less and move more; when in fact we need to make significant changes to the whole food system in order to improve children's health.

Growing evidence shows that where we live and what we earn shapes the options and opportunities available for us to be healthy. We need solutions that take this into account. But there's a disconnect between this evidence and people's focus on individual choice. For people to support more systemic solutions, we need to shift people's understanding of the problem – building on existing, but less dominant, ways of thinking.

Our goal

We need everyone, from campaigners to health professionals, to effectively communicate about solutions which will make healthy food affordable and accessible for every child. We need to build the understanding that what surrounds us, shapes our health, and that efforts should be focused on improving policies and programmes.

Our research has already identified a set of framing recommendations – the most efficacious ways of doing this – in **Changing the childhood obesity conversation to improve children's health.** One of the key recommendations in that briefing is to make the focus improving children's health, rather than reducing obesity.

Since our framing recommendations have been put into practice by campaigners, and the conversation has been broadened out to talk about children's health, further questions have arisen. Specifically: if our focus is on children's health and food, and we know the language of obesity is stigmatising, should we mention obesity at all? How can we best name the problem we need to solve – is there a term that can help build understanding, reduce parental blame, and boost policy support?

This briefing summarises our research to assess the best way to answer these questions and meet this goal.

What is framing and how can it help?

Framing is the choices we make about what ideas we share and how we share them. This includes what we choose to emphasise, how we explain things and what we leave unsaid. Framing can help us side-step the challenging beliefs people hold and unlock new ways of thinking about social issues.

FrameWorks' research reveals how people understand social issues – the mindsets or 'mental shortcuts' which guide their thinking. It tells us not only what they think, but why they think it. We use this evidence to develop and test strategic communications, so we can recommend how to frame different social issues and help create change.

The test

We carried out an online quantitative experimental survey with a demographically representative sample of 1,144 people in the UK.

All the frames we tested led with a discussion of children's health more generally (based on our recommendations from prior research). One of the tested frames only talked about children's health, whereas the remaining frames tested specific terms in order to see how they affected people's understanding of the issues and support for policy change:

1. Obesity
2. Diet-related ill health
3. Food-related ill health
4. Excess weight

We worked with our partner Impact on Urban Health to select these terms – taking into consideration terms which are currently in use when talking about children's health and food.

Participants were each asked to read one short piece of text that either only discussed children's health more generally, or also used one of the specific terms listed above. Participants were then asked a series of questions that explored their support for different policies, their understanding of factors influencing children's health, propensity for stigmatised thinking, and to what extent they believe change is possible.

The results were analysed in comparison to obesity, given that this is the term most commonly used by the field.

Participants were also asked more open-ended questions such as "What comes to mind when you think of [tested term]?".

Further detail can be found in the methods supplement to this briefing[iii].

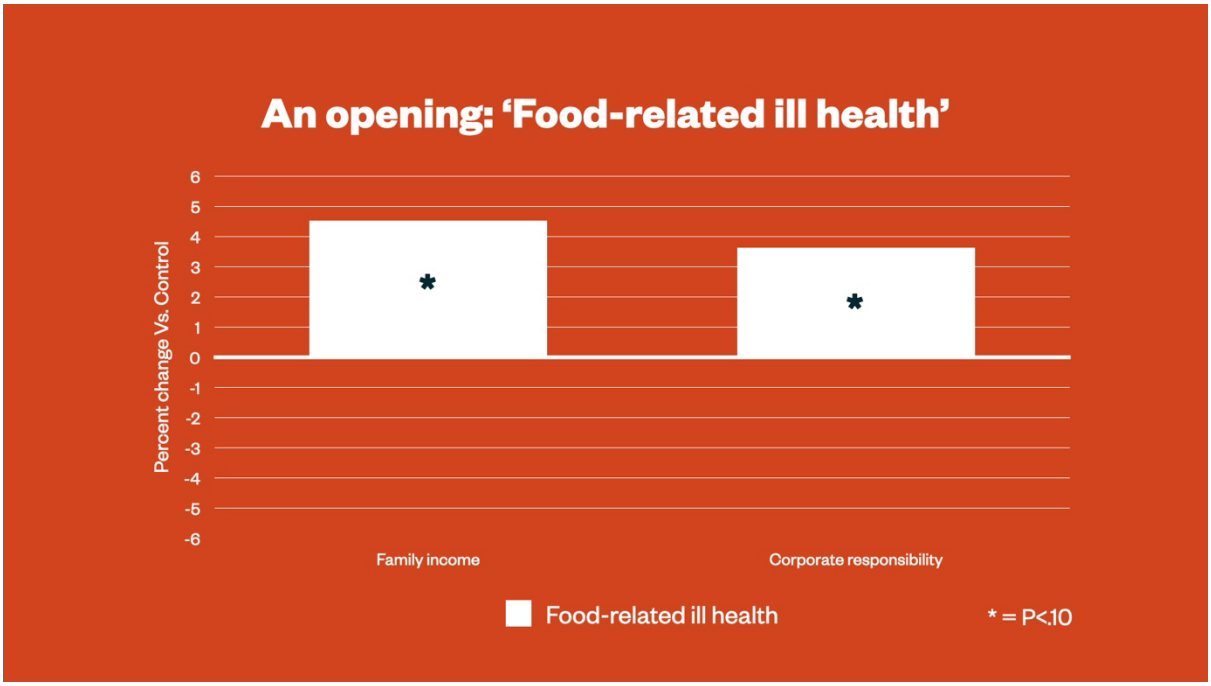
Findings

An opening

‘Food-related ill health’ was the most promising term in this study.

In the quantitative results, the shifts in thinking that we saw in comparison to ‘obesity’ were small, but both positive and consistent. For example:

- We saw small increases in understanding family income as a factor influencing children’s health.
- It slightly increased agreement that companies such as food manufacturers are responsible for taking action to improve children’s health.
- Participants were 1.4x more likely to choose systemic factors as the main contributors to children’s health and weight, when compared to participants who saw the term ‘obesity’.



In the qualitative results, where people were asked "What comes to mind when you think of food-related ill health in children?" we also saw that **‘food-related ill health’** led to more mentions of high food costs, cost of living and low costs of junk food – indicating more systemic thinking. For example:

> "Rich people's [children] have better food than poorer children."
>
> "Cost of living [reduces the] ability for parents to afford nutritional food, so children end up deficient in important nutrients."

We saw more mention of specific health issues such as asthma and diabetes, which indicates a focus on health rather than weight. And it was the only term which led to notable mentions of nutrition and malnourishment. For example:

> "We need to do more to ensure each child gets the correct nutrition."
>
> "Children not having enough food causing them to become ill, or children not having access to healthy food causing them to become overweight and more prone to health conditions."

Only 3 per cent of responses referred to parental blame – considerably lower than for any of the other terms we tested.

A caution

We already know from our previous research that we can mitigate people's tendency to blame individuals for childhood obesity by focusing on improving children's health. As such, all tested frames included a discussion of children's health.

However, this mitigating effect does not entirely protect against the unhelpful thinking that the term 'obesity' triggers. And focusing on 'obesity' specifically as the issue does not shift people's thinking (for better or worse) any more than when we talk more generally about children's health.

As we would expect to find based on our previous research, the quantitative results from participants who saw the **'obesity'** frame broadly aligned with our goal to build understanding of the issues and increase support for solutions that will help improve every child's health.

- They generally agreed with the proposed school, advertising, and tax policies. For example, offering free and nutritious school meals to all school children.
- They were neutral in response to the questions about stigmatised thinking. For example, participants were asked to rate to what extent they agreed or disagreed with statements such as "If a child is obese, it's because their parents have failed."
- They had a tendency towards slight agreement on questions determining to what extent they believed society can reduce childhood obesity (collective efficacy), and also how much they saw the government and corporates (such as food manufacturers) as responsible for taking action.

There were no significant differences in the quantitative results between participants who were shown the 'obesity' frame and those who saw the more general 'children's health' frame.

Furthermore, in the free text qualitative results, the term **'obesity'** led participants towards a focus on exercise (in addition to poor diet) and parent-blaming for children's weight and health. This was the case regardless of whether participants saw the "obesity" frame or the "children's health" frame before being asked the open-ended question: "What comes to mind when you think of childhood obesity?"

This indicates that even when participants saw 'children's health' first, when they were asked a question that included the term 'obesity', the stigma and individualised thinking triggered by this word were overwhelmingly front of mind.

Below are some example responses. Many participants blamed parents and/or said that childhood obesity could be solved by just eating better food and exercising more. Overall, the responses were blaming and judgemental in tone – suggesting an element of moral failure, as we have seen in previous research.

> "Parents not controlling what their children eat, no discipline."
> "Bad parenting is central to childhood obesity."
> "Too many takeaways, not enough exercise."
> "Fat lazy kids who eat junk foods and sit in front of a gaming console."

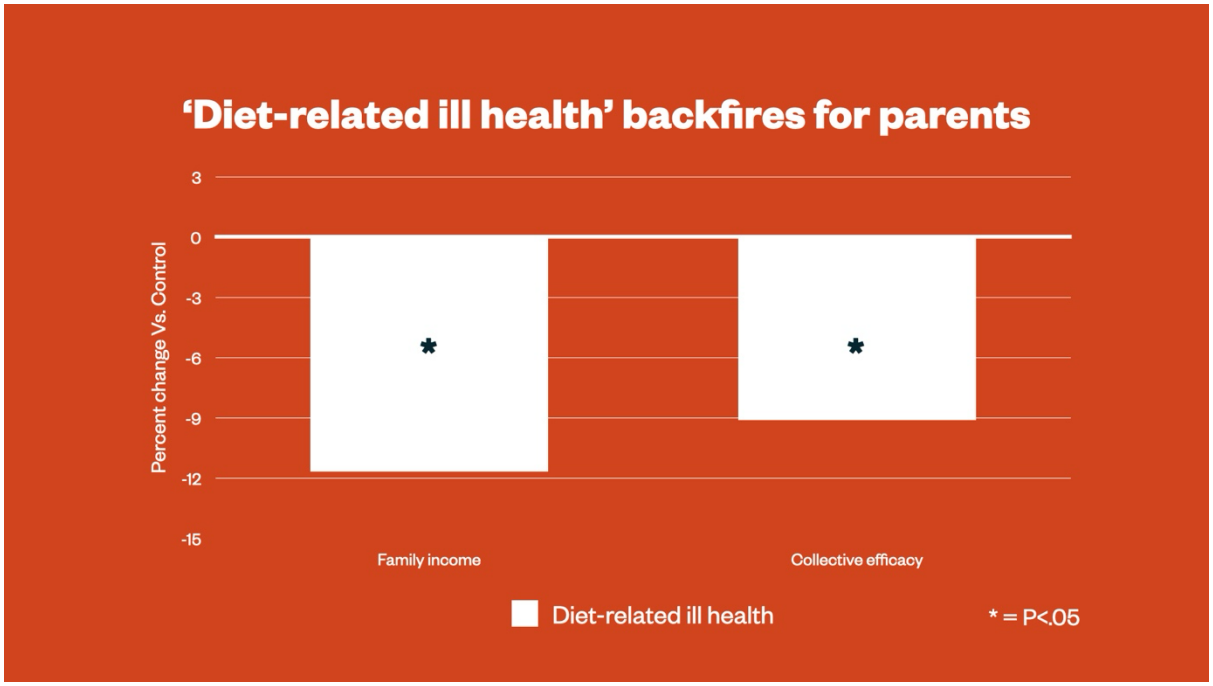
While it may sometimes be pragmatic and necessary to mention 'obesity', these findings provide further evidence for why it should be avoided or replaced when possible. The focus of our communications should always be on improving children's health, to mitigate the unhelpful thinking triggered by 'obesity' in these instances.

Terms to rule out

For parents, the term **'diet-related ill health'** backfired in two important ways:

- Firstly, it significantly reduced understanding of family income as a factor influencing children's health.
- Secondly, it significantly reduced to what extent they believed society can reduce childhood obesity (collective efficacy), and marginally reduced agreement with the idea that the government are responsible for improving children's health.

There were no major trends in the quantitative results for non-parents.



In the qualitative results, **'diet-related ill health'** did lead to some similar promising trends as seen with 'food-related ill health', such as reference to nutrition and health more broadly. However, we also saw some of the same issues as with the qualitative responses to 'obesity'. There were very few mentions of the cost of food, and quite a few responses blamed parents.

We saw no significant shifts in the quantitative responses to the term **'excess weight'**, and no promising small trends across the measures either.

The qualitative responses were no more encouraging. There was almost no mention of nutrition, specific health issues or food costs and affordability as we saw with 'food-related ill health'. The responses largely resembled those for 'obesity', but with even fewer nods to systemic thinking. For example, there were at least a few qualitative responses to the 'obesity' term which mentioned the cost of food, but almost none for 'excess weight'.

Recommendations

#1 Consider talking about 'food-related ill health'

'Food-related ill health' is the most promising term to use for talking about the problem. Our findings indicate that this term can play an important part in opening up thinking about our food system, how it can be improved, and addressing inequities; as opposed to other terms which can trigger blame and a focus on individuals only.

This term reorientates the problem – away from individuals and towards the options which are available to us all. It has the potential to root conversations in the idea that what surrounds us, shapes our health. Unlocking this understanding is vital, and this term can act as a key.

#2 Talk about 'food' rather than 'diet'

We saw distinct differences in responses between two relatively similar terms: 'food-related ill health' and 'diet-related ill health'. The switch from 'diet' to 'food' led to more systemic thinking and less stigma and blame in the open-ended responses.

The word 'diet' implies choice. This is likely to trigger stigma and unhelpful thinking about individual responsibility and willpower, whereas 'food' appears to be a less loaded term which allows us to focus more on the options available to us. This creates the space to talk about things like the availability of nutritious, affordable food.

So, when talking about 'diet', consider whether 'food' could serve as a more helpful alternative.

#3 Keep the focus on improving children's health

As we found in our earlier research, focusing the conversation on improving children's health remains important. When we talk about improving children's health we inspire greater support for solutions and shift the conversation away from narrow thinking about weight.

Using the term 'food related ill-health' to name the problem helpfully builds on this health focus, but we must still remember the emphasis on how we can improve health, not just prevent ill health.

Sometimes it will be pragmatic and necessary to mention 'obesity', and this can be mitigated somewhat by focusing the conversation on health first. However, with 'food-related ill health' we have found an efficacious way to highlight the problems we are up against, without triggering individual blame and judgement in the way that 'obesity' does.

Further reading

Methods supplement for Talk about food-related ill health: another way to shift the childhood obesity conversation

Changing the childhood obesity conversation to improve children's health

Toolkit: Reframing how we talk about children's health and food

Communicating about childhood obesity at the time of COVID

5 tips for communicating about children's health and food

Endnotes

[i] Changing the childhood obesity conversation to improve children's health, 2021; Communicating about childhood obesity at the time of COVID, 2022
[ii] Changing the childhood obesity conversation to improve children's health, 2021
[iii] Methods supplement for Talk about food-related ill health: another way to shift the childhood obesity conversation, 2023