A Matter of Life and Death: Explaining the Wider Determinants of Health in the UK

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FRAME WORKS

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Why we need to tell a different story about health

Almost every aspect of our lives, from our jobs to our homes, our access to education and public transport, to whether we experience poverty or racism, impacts our health and ultimately, how long we will live. These factors are often referred to as the wider determinants of health.

In the public and political debate about how to improve health in the UK, these wider determinants of health are often left out[1] or misunderstood[2] .

This is a problem for those of us who want to address the widening inequalities in health across the country. It's a problem because when people struggle to see how jobs, homes, hardship and discrimination drive our health, they are less likely to support the policies and actions that are needed to address these issues.

The Health Foundation commissioned FrameWorks to examine how people think about their health, and the health of others, and based on this, recommend how we can frame health communications to tell a more powerful story. A story which increases understanding of the role of the wider determinants of health and builds support for the policies needed to reduce health inequalities and improve health across the country.

This report is for anyone working and communicating in the field of public health, whether they are speaking to a public, political, or expert audience.

What is framing and why does it matter?

Framing[3] is making choices about what we say and how we say it. It is what we emphasise, how we explain an issue, and what we leave unsaid. These choices affect how people think, feel and act.

The way in which a communication is framed shapes how we interpret and respond to that information. When new frames enter public discourse, they can shift how the public makes sense of an issue—how they understand it, how they decide who is responsible for addressing problems, and what kinds of solutions they support. Frames are thus a critical part of social change. By shifting how the public thinks about an issue, they change the context for collective decision making and can make new types of action possible.

Unlike a set of key messages, frames can be used and adapted to a variety of different contexts; enabling us to tailor communications for different audiences and channels while continuing to talk about our issue in a consistent way.

Our research

FrameWorks' research was split into two phases. The first examined how the public thinks about their health and the health of others, and how that differs to expert opinion and the current media narratives around health. The findings from this first phase are available here:

— Seeing Upstream: Mapping the Gaps between Exert and Public Understandings of Health in the United Kingdom

— Only Part of the Story: Media and organisational discourse about health in the United Kingdom

The second phase built on these findings to develop, then test, new ways to communicate about health to increase understanding of the role of the wider determinants and build understanding and support for policies to improve health across the UK.

This report outlines the findings from the second phase of this research. To develop this evidence-based framing strategy, FrameWorks undertook both qualitative and quantitative research including on-the-street interviews, experimental surveys, and peer-discourse sessions (a particular type of focus group designed to evaluate which frames are most productive, most easily understood and were most easily used during conversation with peers). More than 7,000 people from across the UK were included in this research.

The research began before the coronavirus pandemic and was completed during the pandemic. Methods were adjusted to take account of this changing context and this report details how the pandemic has influenced people's thinking and understanding of health.

A detailed research methods supplement is available to accompany this report.

How people think about health in the UK

FrameWorks' earlier research[4] identified a range of 'cultural models' which the UK public use to think about health. Cultural models are the assumptions, snap judgements, and patterns of thinking that we draw on - and default to - in order to make sense of our world.

This research revealed that dominant thinking about health was highly individualistic; health is thought to be the result of choices we make over what we eat, and how often we exercise, and whether we have the willpower and discipline to stick to a healthy lifestyle.

Health was also thought of simply as the absence of illness and the medical care we receive from the NHS. This dominant thinking obscures the impact of the wider determinants and the role they play in shaping health.

Recommendations for a new story

This report outlines an evidence-based framing strategy for shifting understanding and building greater support for action to address the wider determinants of health. This strategy centres on making the issue more tangible for people by using explanation.

Firstly, we need to start by explaining why the wider determinants of health matter. Right now, in the poorest parts of the UK, people are dying years earlier than people in wealthier areas. Quite simply: this is a matter of life and death. And we need to say so.

Secondly, we need to 'go deep' in our explanation of the issue to show how and why our health is shaped by these wider determinants, and why experiences are unequal across the country.

Thirdly, we need to be solutions-focused in our communications and explain how these issues can, and should, be solved.

Finally, we show how and when to bring certain key issues into the new story, specifically:

— the NHS,

— racism and discrimination, and

— the impact of the pandemic.

Recommendation 1: Show why the wider determinants of health matter

To increase support for policies and action on the wider determinants of health we need to start by showing why people should care. To do that, be clear that this is a matter of life and death.

Raise the stakes by making the issue about inequalities in life expectancy and the fact that people are dying earlier than they should.

What to do

— Lead by clearly **stating what's at stake:** people in parts of the UK are dying earlier than they should and there are wide inequalities in life expectancy in the country.

— Connect this statement of facts with the need to address the social and economic conditions that are harming health and cutting lives short in the first place.

— Follow up with an explanation of ***how*** the wider determinants of health shape life expectancy. Use one or two examples rather than attempting to explain every way the wider determinants shape health.

Tips for communicators

— **Avoid adding complexity with concepts like 'disability-free life expectancy' or 'healthy life expectancy'.** Our research shows that most people don't have a clear sense of what these terms refer to. As a result, using them without clearly and simply defining them is likely to create noise that will make it harder to get key points across.

— **Situate data and statistics within a broader narrative.** Don't expect facts and figures to speak for themselves. On its own, data showing gaps in life expectancy does not shift how people think and reason. If you don't provide clear ways to help people to make sense of facts and data, people will rely on their existing understandings of the issue and come up with their own narrative to understand what those facts and data mean – and this may not be the narrative you intended them to take away.[5] This means we need to guide people's interpretation of facts and data.

Example

Traditional approach

"The Social Determinants of Health have an important influence on health inequities – the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health."[6]

— WHO definition of the social determinants of health

New approach

"Right now, in the UK, some people are dying years younger than they should. Poverty, poor-quality housing, low-paid or unstable jobs all impact people's physical and mental health.

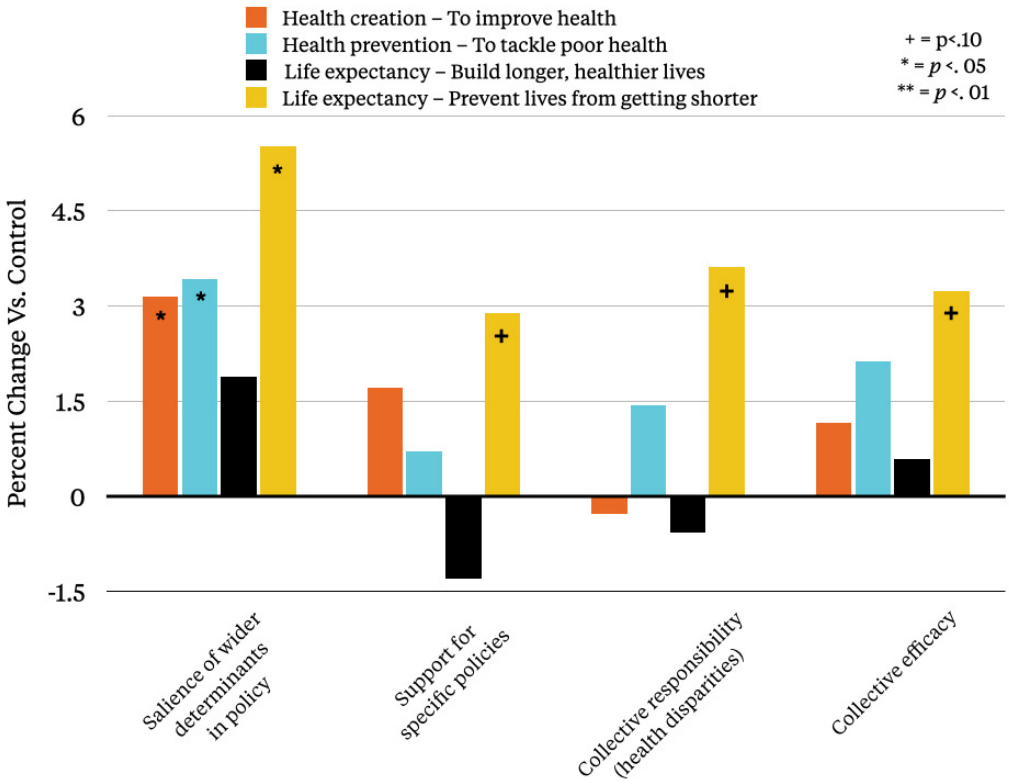
When people don't have the things they need for good health - like warm homes and nutritious food - and are constantly worrying about making ends meet, it puts a strain on their bodies, resulting in increased stress, high blood pressure, and a weaker immune system."[7]

Why this works

When we make the issue 'about' inequalities in life expectancy, we raise the stakes for people. Presenting the wider determinants of health as a matter of life and death helps convey a stronger sense of urgency and importance than focusing on health and wellbeing in general. For members of the public, wellbeing is always a matter of degree – life and death aren't. By leading with the latter, we encourage audiences to think about wellbeing and health with the same sense of urgency as they do life and death.

As the graph below shows, when we used a life expectancy frame – talking about preventing lives from getting shorter – it increased people's sense that society and government have a responsibility to act to reduce health inequalities and increased their support for policies to address inequalities.

Figure 1: **The Effects of Issue Frames on Attitudes and Policy Support**



Importantly, leading with the idea that too many people are dying earlier than they should is an effective way to reach people holding a wide range of different political beliefs. It is particularly effective with participants who describe themselves as right of centre.

Making the issue 'about' life expectancy rather than health also helps people broaden their thinking beyond individual behaviours and cultural norms. The term "health" remains a powerful cue for lifestyle and individual choice for most people. When they hear health, they think of diet, exercise, smoking and drinking, health education, and even budget control for families on benefits. By making the wider determinants a question of life and death, we nudge people to go beyond these dominant beliefs about what health is and the things that influence it.

As the above graph shows, talking about life expectancy in positive terms – building longer, healthy lives – had negligible impact on building support for policies or belief that government and society should act. People often reason that thanks to medical progress, life expectancy is currently longer than it has been, and so increasing further isn't necessarily a priority.

By leading with the idea that too many people are dying earlier than they should, we prevent beliefs about medical progress from taking over in people's minds and activate their existing intuition that life expectancy is a serious issue right now.

Why we should avoid focusing on the effects the wider determinants of health have on the economy.

Making an economic argument for why people should support action to address the wider determinants of health can backfire.

In our research, the two frames that made a distinctly economic argument for supporting the wider determinants of health performed poorly.

Describing the issues in terms of their effect on the economy, or cost to the NHS, is less effective than a holistic view of the role of the wider determinants of health which talks about building a thriving society or ensuring people can lead meaningful lives.

This is because, for many people, messages that focus on the economy can be seen as commodifying human beings, which makes them immediately unpalatable. In addition, economic frames prime people to think in individualistic ways. This can reinforce unhelpful beliefs that individuals are responsibility for their own outcomes and that people's health primarily depends on their ability to make good choices for themselves.

Because economic arguments fail to expand people's understanding of what health is and what factors shape it, and can prime people to think individualistically, they are likely to backfire and should be avoided.

Recommendation 2: Harness the power of explanation

People in the UK care about health and wellbeing and believe that they matter. But they overwhelmingly think that individuals' choices shape most of their health outcomes. And when thinking about policy priorities, it is healthcare, rather than health overall, that they think about. This is partly due to the assumption that health is the absence of illness: if health is the absence of issues, what matters is what happens once someone becomes ill. Healthcare is also more easily grasped as a policy issue because people are generally aware that the NHS – a beloved national institution – has been under strain for many years.

This means that one of the challenges facing the field of public health is not that the public fails to recognise that health matters, it is that the public needs a broader definition of what health entails and the factors that shape it. People need to see how central a role the wider determinants of health play in shaping health outcomes for the population, and that addressing the wider determinants should be a top policy priority.

Our research shows that explanation is the most effective way to move public thinking in these ways, and that explanation can be especially powerful when it explains one issue deeply rather than attempting to explain everything in every communication and when it builds on an idea that people are already familiar with.

Focus on one thing

The issue of the wider determinants of health is complex and far-ranging. Most aspects of people's lives will shape their health outcomes and they interact in multifaceted and complex ways. Therefore, communicators are typically faced with a choice: either provide a cursory overview of the whole issue or take the public on a deeper dive into one specific aspect of the issue.

FrameWorks research finds that the latter is by far the most effective approach to building public understanding of the wider determinants of health and building public support for the policies that can make a difference in people's health, wellbeing, and life expectancy. This approach helps understanding by limiting the volume of information and ideas people need to process all at once.

This approach also helps create a sense of hope and efficacy for the public. When the problem seems too big or too wide-ranging to solve, a natural human reaction is to throw our hands up and become fatalistic about the very possibility of making change. When communications show people that the problem can be tackled one step at a time, it helps them believe in society's capacity to do better.

Build on an idea that people are already familiar with and think about in helpful ways

Because of the complexity of the issue, people often have a hard time connecting the dots between the wider determinants of health and the population's health outcomes.

By building explanations from a starting point that people are already more familiar with – like the impact of jobs or housing on health – we make it easier for them to grab onto the issue and build a deeper understanding of it.

Our research identified three ways in which future communications about the wider determinants of health can effectively build public understanding of the issue and public support for relevant policies through explanation, depending on the specific goal of each message. Below we dig deeper into these three different ways of using explanation to talk about health.

i. Use the ‘building blocks of health’ metaphor

What to do

— **Compare the process of building a healthy society with that of building a sturdy building.** Here’s what this could sound like:

“To create a healthy society, we need all of the right building blocks in place: stable jobs, good pay, quality housing and education. These building blocks give people a solid frame to withstand life’s shocks and challenges.

But right now, the building blocks of our society have weakened, leading some people to have key pieces missing.

To prevent people from dying earlier than they should, we need to fix the gaps and make sure everyone has access to a stable job, quality housing, and a good education.”

— **Focus on the need for strong building blocks to create good health and wellbeing** in society, including (but not limited to) fair pay and good working conditions, good housing, and access to quality education and public transport.

— **Use the metaphor of the building blocks of health to explain the ways in which, when these wider determinants are firmly in place, they interact with one another** to give the population stability in their lives, empower them to have a voice in what happens to them, and build resilience to circumstances outside of individuals’ control.

— **Explain existing inequalities in health outcomes with the image of building blocks that have become weak and need replacing,** so that everyone can benefit from the whole structure of society.

Tips for communicators

— **Talk about a building, rather than a house.** People associate houses with individuals, which makes it hard for them to think of health at the societal level. Talking about buildings helps people think about health at a collective level.

— **Make sure that people can see that society, rather than health itself, is the building you’re talking about, to avoid triggering individualistic thinking about health.** If people assume that each person’s health is a separate house, they will likely focus only on the building blocks of lifestyle and health behaviours, instead of using the metaphor to think more expansively about the factors that shape health.

— **Expand and flex the scenario of the building to fit your specific communications goals:** depending on which wider determinants your work focuses on more specifically, the building blocks can be social and economic, environmental, emotional, cultural, etc.

— **Talk about circumstances and events outside of individuals' control as storms and shocks** and that having the right building blocks in place can protect people from them.

— **Make the scenario as dynamic as possible, to give people a sense that something can be done to improve health and life expectancy.** Buildings and building blocks don't have to be static and immovable in the story you're telling. There are many ways in which you can make the image of building blocks dynamic and rich. Building blocks can be moved and replaced, more blocks can be added to the structure, and society's building can be in construction rather than fully finished.

— **You can talk about the building's foundations as part of the story you're telling, but don't make it the centrepiece of your communications.** They can be a useful addition to the story depending on the goals of your communications, but the metaphor of *'foundations of health'* didn't prove as effective as *'building blocks'* in our research.

Why it works

When we talk about the building blocks of health, we give people a familiar scenario to understand the role that the wider determinants play in shaping people's health outcomes and increase people's sense that something can be done to improve health in the UK.

The image of building blocks helps people see how multiple factors interact to shape health outcomes. Any building, by definition, is made up of multiple building blocks, which work together for the structure to hold up. This helps people see the need for an integrated approach to health.

In on-the-street interviews, for instance, participants recognised that all the factors listed in the metaphor (fair pay, access to good housing, quality education, and public transport) were of equal importance and played a key role in shaping health outcomes. They could see that while strengthening one block could be a good starting point, ultimately all blocks needed attention to preserve the integrity of the building. As one participant put it, *"fair pay, public transport: you can't just look at diet, you have to look at the building as a whole"*.

The *building blocks* metaphor helps people understand the role of inequality in shaping health. People know that building blocks must be level for a building to hold up, that they can be rearranged in different ways depending on people's needs. As a result, the metaphor helps people see that while everyone needs the same types of support, there might be different ways

of improving people's health depending on their circumstances and the places where they live, work, and play. As one participant explained: *"Rural England is gonna have different problems from busy London, but it's still the same factors that are influencing that"*.

In our survey experiments, we found that the *building blocks* metaphor performed better than the *foundations* metaphor on most of our desired outcomes. Deeper analysis suggests that the *building blocks* metaphor is more clearly aligned with the idea of health creation for the public, while the *foundations* metaphor seems closer to the more traditional concept of health prevention.

The *building blocks* metaphor generates a sense of hope and efficacy. People see building blocks as modular: they can be rearranged, changed, and mended to strengthen the structure of a building. It reminds them that systems are, by definition, designed by humans, which means they can be redesigned, even if it is one block at a time. By focusing on how strengthening the building blocks of health can support good health and improve life expectancy, we prevent people from assuming that the building is doomed to crumble under the weight of social issues that are just too big to fix.

ii. Use jobs or housing as anchors to explain how the wider determinants shape health in different ways

What to do

— **Provide a deep-dive explanation** of how jobs or housing – two of the wider determinants of health the public are most familiar with – shape people's health and life expectancy.

— **Zoom in on current job or housing inequalities** to explain why some people are much more likely than others to die almost a decade earlier than they should.

— **Extend the explanation** and apply the same logic to lesser-known determinants (e.g., public transport, education) to increase the scope of your message.

— **Conclude with a call to reduce inequalities** on a range of issues to reduce gaps in life expectancy and improve health.

Example

Traditional approach

"Evidence shows that insufficient income is associated with worse outcomes across virtually all domains, including long-term health and life expectancy. Living on a low income is associated with a greater risk of limiting illness and poor mental health including maternal depression.

Children who live in poverty are more likely to be born early and small, suffer chronic diseases such as asthma, and face greater risk of mortality in early and later life.

As the main source of income for working families, adequate wages are vital for providing people with sufficient income to live a healthy life. Excluding pensioners, there are more households in poverty where at least one person is in work (6.1 million people), than there are workless households in poverty (5.1 million people)." [8]

— Public Health England

New approach

"Right now, people living in our poorest neighbourhoods are dying years earlier than those in wealthier areas.

One of the reasons for this is because low-paid or unstable jobs affect people's physical and mental health. When you're always trying to make ends meet, it can be hard to afford healthy food and decent housing. And constantly worrying about having enough money to eat or pay the rent can lead to anxiety or depression.[9]

Increasing pay and job stability would help alleviate the stress of constantly worrying about money, and mean people can pay for the basic things they need to stay healthy like food, and heating.

This is one of the steps we need to take to make sure everyone can live the long and healthy life they were supposed to."

Tips for communicators

- **Embed your deep-dive explanation within a broader argument about life expectancy:**
  - **Lead** with the idea that people are dying earlier than they should.
  - **Follow-up with** an explanation of how improving job stability, working conditions, and fair pay is one way to address this problem.
- **Pick one determinant and make it the central focus of your explanation.** Anchor your message in jobs *or* housing, not jobs *and* housing, to avoid over-complexifying your argument upfront.
- **Include at least two different ways in which the determinant shapes health in your explanation, but don't aim to always talk about *all* the ways in which jobs or housing shape health** to ensure people get an amount of information they can easily process and remember.
- **Talk about lesser-known ways the factor influences health for your chosen determinant at least as often as better-known ones.** For instance, if you've chosen jobs as your anchor, here are a few examples of:
  - *better-known pathways of influence*: some jobs are physically taxing or can be unsafe, leading to more risk for physical injuries[10]; when people are fairly compensated for their work, they can afford to buy higher quality food, and access opportunities for physical activity more easily[11]; when people frequently have to work long hours, they have less time to cook healthy meals and exercise regularly[12].
  - *lesser-known pathways of influence*: when people are fairly compensated for the demands of their jobs, they are less likely to experience chronic stress, which reduces their chances for heart disease, cancer, and other illnesses; when people don't have to work overtime to make ends meet, they become more likely to engage in the life of their community and have a voice in what happens in their life.
- **Make sure to explain *why* people might be living in overcrowded housing in the first place.** By explicitly talking about housing shortages and skyrocketing rents due to property speculation, you can prevent people from falling into the common assumption that some people – especially people from Black, Asian and minoritised ethnic communities – choose to live in crowded housing due to cultural preferences.[13]

Why it works

When we provide people with a deep-dive explanation of some of the ways in which jobs or housing shape health and life expectancy, we build stronger understanding of the role that the wider determinants play in shaping people's health outcomes. We also help people see that addressing the wider determinants of health should be a priority for government policy moving forward.

Explanations anchored in the issues of jobs or housing tend to stick with people more than communications focused on lesser-known determinants like public transport. People tend to have a broader view of these issues to begin with, which makes it easier for them to reason about their role in shaping health outcomes and to build on their existing knowledge. They are therefore more likely to grasp and remember new aspects of the issue in a piece of communication that is leveraging the accurate ideas they already have.

The context of COVID-19 has also made societal problems like unemployment or job stability more salient as priority policy issues for people. The economic consequences of the pandemic and lockdowns make it more likely that people themselves have directly experienced, or know people who have experienced, unemployment and other challenges. In focus groups, we noticed that this move from information to experience, from "I've been told that..." to "I'm seeing that ..." or I'm experiencing..." made the issue of unemployment more salient and more believable for participants.

Zero-hour contracts have also become much more top-of-mind as a problem that needs solving since the start of the pandemic. The value placed on essential workers (e.g. NHS staff, bus drivers) in the context of COVID-19 has also increased the salience of labour issues in connection to the population's health.

On the other hand, people are often not used to thinking about the relationship between public transport or education and health (see below for a more detailed discussion), and they're often not sure how to make sense of it.

When asked how public transportation might affect health, for instance, people tend to focus almost exclusively on individuals' ability to get to the gym or the supermarket, and very occasionally brought up car-induced air pollution. Because people have very little existing knowledge of how public transport affects health, they need to cover much more conceptual ground to grasp the scope of the issue than they would with an explanation anchored in a more familiar determinant. This makes it less likely to stick in people's minds, and more likely for them to fall back on their narrower, existing views of the issue because there is just too much to process otherwise.

Why the public needs help to think about education and health

Communicators who seek to explain the role of education in shaping health face specific challenges because people often misunderstand what is meant by "education" in conversations about health. As highlighted in our Map-the-Gaps report[14], in this context, the public mainly understands the term "education" to mean "education about diet and exercise", and rarely takes a more holistic view of it. This encourages individualistic thinking about the factors that shape health, as people reason that individuals are ultimately responsible for the choices they make in life and that the only thing society should provide is sufficient education for each person to make an informed decision.

In the focus groups we conducted, participants talked at length about the need for more education about healthy behaviours, both for children and adults. They also brought up lack of education or ignorance as one of the causes of poor health, especially among more deprived groups and communities. The link people often make between poverty and ignorance is a toxic combination that easily leads to moral judgment and alienation of individuals and groups with lower socioeconomic status.

In focus groups, participants went from blaming lack of education, to blaming cultural norms around behaviours and lifestyle choices, to blaming individuals for their lack of willpower and motivation to make the right choices. People's narrow understanding of what education means in discussions about health is also more powerful than systemic arguments about the accessibility of healthy foods and exercise spaces. For instance, focus group participants talked about the need to educate people in deprived areas on "how to manage a budget", implying that the problem was not access to affordable, healthy options, but accounting skills.

Education has become a more salient policy issue for members of the public since the start of the pandemic, which can be leveraged in future communications. Focus group participants – especially those who are parents – talked about education as a more significant policy issue than it had been in the past: they explained that COVID had made it harder for children to get the education they need and that education had put more strain on parents who had to be involved in their kids' lessons online during lockdowns. However, when participants were asked to discuss specific policy education proposals (e.g., increase public funding per secondary-school pupil in all deprived schools in the country), conversations became less likely to move from the need to give children a good start in life to narrower views focused on educating individuals to ensure they would make the right choices in life.

Key takeaways:

Avoid using education as an anchor for deep-dive explanations of how the wider determinants affect health.

Always explain what you mean by education, as the word is used in different ways. Explain explicitly how quality school education improves health by giving children a better start in life and enables them to go on to succeed and thrive with access to good jobs and stable incomes.

Whenever possible, illustrate your point about the role of education with specific policy proposals: this will help cement a holistic understanding of what "education" means for your audiences.

iii. Use the pathway of chronic stress to deepen people's understanding of the roots of inequalities in health

What to do

— **Provide a deep-dive explanation** of how chronic stress – one of the pathways that influence health the public is most familiar with – shapes people's health and life expectancy.

Here's an example of what this could look like:

"Even before the pandemic, life expectancy was decreasing in parts of the UK[15], with some people dying years earlier than they should.

"One of the reasons why people are dying earlier is due to the chronic stress that comes from living with unstable incomes, jobs and housing. When someone is constantly worrying about how they are going to pay rent, or if they will still have a job tomorrow, it can cause anxiety, depression, and other mental health issues. Chronic stress also puts a physical strain on people's bodies, leading to higher blood pressure, increased blood sugar, and an impaired immune system. In this way, chronic stress leads to increased risk for illness.

To close these gaps in life expectancy, we need to reduce the chronic stress that is cutting lives short by improving wages, jobs, and creating affordable homes."

— **Focus in on current inequalities** to explain why some people are much more likely than others to die over a decade earlier than they should.

— **Conclude with a call to reduce inequalities** on a range of issues to reduce chronic stress and therefore gaps in life expectancy, and to improve health.

Tips for communicators

— **Embed your pathway explanation within a broader argument about life expectancy and health:**

  — **Lead** with the idea that people in the UK are dying earlier than they should.

  — **Follow-up with** an explanation of why we need to address the social and economic conditions that are causing chronic stress because the stress people are under directly shapes their overall health and life expectancy.

— **Make chronic stress the central focus of your explanation.** When employing this strategy, avoid over-complexifying your argument upfront by mentioning other pathways as well.

— **Talk about "chronic" stress to raise the stakes of the argument.** This will prevent people from assuming that yoga and self-care practices are the solution to this issue, or to fall back on the trope that "what doesn't kill you makes you stronger".

— **Include at least two different ways in which chronic stress shapes health and life expectancy in your explanation, but don't aim to always talk about all the ways in which it does.** This will ensure people get an amount of information they can easily process and remember.

— **Talk about lesser-known functions of chronic stress at least as often as better-known ones. Here are a few examples of:**

  — *better-known functions*: chronic stress burdens people's mental health[16] (e.g., when someone is constantly worrying about how they are going to pay rent, or if they will still have a job tomorrow, it can cause anxiety, depression, and other mental health issues). Chronic stress can lead to unhealthy coping behaviours like smoking or drinking, which cause poorer health and shorter life expectancy.

  — *lesser-known functions*: chronic stress directly increases risk for illness[17] (e.g., when poor social and economic conditions lead to chronic stress, it puts a strain on people's bodies, which are constantly producing stress hormones that lead to higher blood pressure, increased blood sugar, an impaired immune system, and worse memory). When people aren't subjected to chronic stress, they become more likely to engage in the life of their community and have a voice in what happens in their life.

Why it works

When we provide a deep-dive explanation of some of the ways in which chronic stress shapes health and life expectancy, we build stronger understanding of the role that the wider determinants of health play in shaping people's health outcomes. We counter individualistic, racist, and classist assumptions about what shapes inequalities in health outcomes more specifically. Explanations that focus on chronic stress as a pathway are also well-suited to make the case for specific policy proposals (see recommendation 3.ii) and to bring racism and discrimination into the conversation (see recommendation 5.iii).

As with the deep-dive explanations anchored in jobs or housing, explanations focused on the role of chronic stress in shaping health and life expectancy are relatively easy for the public to grasp and remember because they leverage the accurate ideas people already have about the issue. Stress was already top-of-mind for the UK public before the pandemic, and it has gained even more prominence during, as has mental health more generally. People are aware that stress levels shape mental health and behaviours like eating habits or smoking. Communicators can then build on and expand the public's existing knowledge by bringing other functions of stress into the conversation (e.g. talking about the direct ways in which chronic stress affects physical health).

Recommendation 3: Show change is possible

i. Pair explanations of the issue with solutions and a sense of efficacy to help people to see that change is possible

When communicating about issues as broad and complex as the wider determinants of health, it is easy for people to feel that this topic is just too big and difficult to tackle. When people are fatalistic about the possibility of change in the wider determinants of health, they are less likely to support the action needed to address inequalities in life expectancy. To overcome this fatalism, communications need to be explicit that we can create change and put forward concrete solutions as to how.

What to do

— **Pair explanations of how the wider determinants of health shape health outcomes with a message that we can fix it.** Be explicit about the fact that change is possible.

— **Give concrete examples of how but avoid giving a long list of policy solutions.** Instead focus on one or two examples of the types of solutions needed to improve health outcomes.

Why it works

In our focus groups, explanations that focused on solutions were more appealing for participants. By showing that change was possible, and being clear about how, it encouraged a more forward-looking, efficacious attitude among participants. This echoes findings from across a wide range of research on framing social issues that efficacy and solutions are important for overcoming fatalism and building support for change.

Solution-focused explanations helped people to focus on policies instead of blaming individuals for their own circumstances. By painting a concrete picture of what should change, the solution-focused explanations helped focus group participants see that the "issues" of housing or fair pay are what needs fixing, not the people experiencing these issues. In contrast, problem-focused policy explanations were more likely to get focus group participants to wonder about who was to blame and who the "problem" people were in society.

ii. To build public support for specific policies, bring the solution in early and explain how it improves health and life expectancy

What to do

To build public support for a specific policy, explain the specific ways in which it will improve health and life expectancy. This will help people connect the dots between the big picture of the wider determinants of health and the role that specific policies can play in it.

Here's what this could look like:

"Right now, in the UK, some people are dying years earlier than they should, this is partly due to the chronic stress caused by constantly trying to make ends meet.

This is why we need to increase the minimum wage to give people the peace of mind that they have will have enough to make it through the month, protecting them from anxiety and depression. When people don't have to worry about whether they can afford to pay the rent and feed their families, their bodies produce fewer stress hormones which means lower blood pressure and blood sugar and a stronger immune system. In this way, been paid enough can directly protect people from illness.

To close the gaps in life expectancy, we need to reduce the chronic stress caused by not having enough to get by. One effective way to do this is to raise the national minimum wage."

Tips for communicators

- **Embed your explanation within a broader argument about life expectancy and** health (see section 1. above).
  - **Lead** with the idea that people in the UK are dying earlier than they should because society's social and economic conditions are harming health and cutting lives short.
  - **Follow-up with** an explanation of why the specific policy you want to build support for is one effective way of addressing these issues.
- **Make the policy's expected impact the central focus of your explanation.** Avoid over-complicating your argument by bringing multiple policies into the conversation.
- **Talk about lesser-known pathways to health for your chosen policy at least as often as better-known ones.** For instance, if you want to make the case for increasing the minimum wage, here are a few examples of:
  - *Better-known pathways*: If people are paid fairly, they won't have to work more than they should, which will reduce risk for accidents and injuries. Fair pay will give more people enough money to pay rent without having to constantly worry about how they will make it through the month, which will bring healthy options within reach and protect people from anxiety and depression.
  - *Lesser-known pathways*: If people are fairly compensated for their work, their bodies will produce fewer stress hormones, which will directly protect people from some health conditions. A higher minimum wage will ensure that more people can shape what happens in their lives, which will enhance self-worth and reduce the need for harmful coping behaviours like smoking or drinking.

Why it works

When people start seeing a broader picture of health and the importance of the wider determinants in shaping outcomes and life expectancy, this doesn't automatically translate into support for policies that people don't already link with health. Given the complexity of the issue at hand, this isn't surprising – it suggests that people also need help to go from the bigger picture to a clear understanding of what solutions can help and how.

When we explain how a specific solution can improve health and life expectancy, we help people connect the dots between their newfound understanding that the wider determinants of health should be a governmental priority and specific policies they might not have instinctively associated with health.

For focus group participants, these solution-focused explanations consistently came across as concrete, practical, and optimistic, because they painted a clear picture of social change. On the other hand, focus group participants often interpreted explanations which focused on describing the problem as ominous warnings of things to come if the policy wasn't passed. They also explained that this type of argument was such a trope of public discourse already that it was easy for them to tune out instead of engaging with the messages.

Explaining how a specific policy might improve health and life expectancy by reducing exposure to chronic stress (or, conversely, by giving people more peace of mind) is particularly effective as a strategy. In focus groups, once participants could see how a specific policy would alleviate stress in people's lives, they could much more easily connect the dots between this policy and the population's health outcomes more generally. Even when a group of participants didn't intuitively agree with the policy under discussion, this approach to policy explanation allowed them to understand how it could improve health and life expectancy.

On the other hand, the *building blocks* metaphor is not well suited to specific policy explanations. The metaphor is primarily designed to explain how the wider determinants of health interact with each other to create health and wellbeing, rather than zoom in on one specific policy.

Recommendation 4: Talking about the NHS

Messages which focused on the NHS as a way to talk about importance of the wider determinants of health were, at best, unpersuasive, and sometimes backfired – making people *less* likely to support policies and action addressing the wider determinants of health. Where possible, avoid centring the NHS in communications about the wider determinants of health.

When you do need to talk about the NHS, explain how it should fit within a broader system of support.

What to do

— Remind the public that the NHS was never meant to go it alone and care for people's health all by itself. Focus on the idea that it was always intended to be part of a larger system that also supported jobs, housing, education, and public transport.

Example

Traditional approach

"The NHS is under an enormous amount of pressure. Given that life expectancy is stalling for the first time since the NHS was introduced in 1948, it is clear that we need to do more to address deteriorating public health.

Instead of just pumping ever more money into the NHS, it would make sense for us to do more to fix the conditions that are making people sick in the first place. This would improve health and save the NHS money, enabling it to continue to save lives."

New approach

"The NHS we all value and rely on was never meant to go it alone. It was supposed to be part of a wider system supporting people from cradle to grave; with descent jobs, pay, homes and education.

When people struggle with low pay, or poor-quality housing, it can lead to stress and health problems that often require help from the NHS. But the NHS was never supposed to fix things like jobs, pay and housing.

To ensure that the NHS can keep helping us in the way it was intended to, we need a broader system of support that can help all of us to thrive."

Tips for communicators

— **Explicitly refer to people's attachment to the NHS as an institution.** For instance, talk about "the NHS we all value and rely on". Mention iconic phrases like "from cradle to grave": even unconsciously, these can help people connect the NHS with the UK's post-war endeavour to create a comprehensive system of social welfare.

— **Connect the dots between the NHS and the wider determinants of health explicitly, don't expect people to do this by themselves.** For instance, say something like "to ensure that the NHS can fulfil its intended mission, the UK needs a broader system of support to address the social and economic conditions that contribute to poor health".

— **Don't make the NHS the central point of your messages.** You don't *have* to talk about the NHS as part of all your communications about the wider determinants of health. But if you *need to*, focus on how the NHS was never meant to go it alone.

Why it works

When we remind people that the NHS was designed to function within a broader system of support, we help them see that addressing the wider determinants of health should be a priority for government policy moving forward. Explaining how the NHS fits within a broader system is an effective way of leveraging people's attachment to the institution without detracting from the main focus of your communications or activating less helpful beliefs and assumptions about the NHS (e.g., the belief that health is primarily a medical issue, the assumption that when individuals make choices that harm their health, they should be blamed for putting unnecessary strain on the NHS).[18]

Since this project's inception, our research has found that the NHS is salient and top-of-mind in most discussions of health. Before the start of the COVID pandemic, people often thought about it in terms of the "NHS crisis". Knowledge of the serious financial strain the NHS is currently under led people to assume that health services are no longer in a position to accommodate the needs of all patients. Seeing healthcare as a limited commodity activated individualistic thinking. People assumed that some health issues are primarily due to the poor choices made by individuals, whereas others were due to chance or genetics, meaning that the individuals affected were beyond blame. In other words, they created a dichotomy between the deserving and the undeserving ill and reasoned that the deserving ill had to be prioritised over those who suffered because of bad choices and lack of will.

At the start of the COVID pandemic, people became more inclined to focus consistently on the value of the NHS as an institution, and somewhat background funding and efficiency issues. Focus group participants from June 2020 talked at length about appreciating the value of the NHS more than ever and thought it had united the nation in pride and gratitude. When talking about NHS workers specifically, instead of focusing primarily on their being overworked and underfunded, participants zoomed in on how competent and valuable to society they were, and how it was essential to continue funding and supporting them appropriately, even if this meant paying more taxes.

A year and a half into the COVID pandemic, this surge of positive attitudes towards the NHS seems to be progressively subsiding, as people's worries about the "NHS crisis" are gaining traction again. Focus group participants from June 2021 were more likely to talk about the negative impact COVID had had on the population's mental health and the strain it was putting on the NHS. In other words, it seems that the COVID-related window of opportunity for significant change in public thinking is slowly closing and that deeper, less helpful beliefs and assumptions about the NHS are resurfacing. This is why, despite the UK public's unwavering attachment to the NHS as an institution, future communications about the wider determinants of health should not aim to make the wider determinants of health "about" the NHS.

What didn't work

Avoid messages which focus on the NHS being under strain. Messages which focus on the "NHS being under strain" will likely trigger unhelpful zero-sum thinking about the institution and lead people to make the distinction between the deserving and the undeserving ill. The belief that NHS resources are a finite resource can lead people to reason that giving more to some groups inevitably means taking away from others.

Avoid messages that appeal to "common sense" solutions. The notion of "common sense" is often used by Conservative politicians to frame messages about a range of social issues. It has also been used by the public health field to argue for action on the wider determinants of health, on the grounds that it doesn't make sense to treat people and send them back to the conditions that made them sick in the first place.[19]

In our research, we found that while this strategy can be relatively effective for survey participants who identified as left-wing, it significantly backfires with survey participants identifying as Conservatives. This is because "common sense" arguments about the wider determinants of health leave little to no space for individual agency. Patients are, for lack of a better word, cast in a passive role, being treated and then "sent back" to the conditions that made them sick in the first place. As the explanation provided as part of the "common sense" argument leaves no space for individual agency at all, it explicitly violates the public's — and especially Conservatives' — deeply ingrained belief that individuals are fundamentally responsible for their health outcomes, which leads this group to double down on their default beliefs instead of seeing the issue in a new, more helpful way.

Recommendation 5: Talking about racism and discrimination

Before diving into recommendations on how best to explain how racism and discrimination shape health and life expectancy, it is important to take stock of how people in the UK currently think about race, racism, and discrimination overall.

People overwhelmingly think about racism as an interpersonal issue, not a systemic one. People mainly understand racism as explicit abuse committed by one individual towards another, because they are, as one focus group participant put it, "offended by other people's skin colour". Other, more systemic or/and more subtle forms of racism are not on people's minds, which makes them quick to pushback against messages asking them to engage with structural racism as a reality, either on the grounds that they themselves are not racist, or that the UK as a whole is not as racist as other countries in the world. People's go-to solution to address racism reflects this interpersonal view, as they reason that educating children early about the unacceptability of racist behaviour is the only way to improve the situation.

In focus groups, this way of thinking was dominant amongst all participants regardless of race. Participants' top-of-mind example of racism was the abuse that Black football players were subjected to on social media after the Euro 2020 final, which they unanimously condemned as unacceptable. Participants overwhelmingly blamed social media for the current racial tensions, on the grounds that platforms like Facebook or Twitter empower racist abuse by anonymising profiles, thereby reducing the responsibility of each individual for their posts.

Most focus group participants were also uncomfortable talking about race and racism. Some white participants tried to move away from race as a topic by talking about discrimination more broadly (e.g., bringing up gender, disability, or language), with a few participants going as far as suggesting that including Welsh in brochures and leaflets was a sign of diversity and inclusion.

This lack of understanding of what structural racism entails and widespread reluctance to engage with the issue suggest that significant work is needed to build public understanding and move public attitudes on race and racism in the UK and that public health cannot and should not attempt to go it alone. This doesn't mean that public health communicators should shy away from talking about the ways in which racism shapes health outcomes and life

expectancy in important ways. But it does mean that these efforts should happen in concert with communications by organisations whose work centres on racism to build understanding of what structural racism is and how it works.

In the remainder of this section, we offer some helpful starting points to effectively explain how racism and discrimination shape health and life expectancy, with the caveat that more research is needed to create a thorough framing strategy around race and racism in the UK more broadly.

How to bring racism and discrimination into the conversation

i. Always explain what data about racial inequality means. Don't assume it will speak for itself.

What to do

— **Always situate data and statistics about health-related racial inequalities within a broader narrative and select them carefully.** Don't expect facts and figures about race and health to speak for themselves and convey meaning.

— **Avoid using unframed data.** Use the frames and recommendations in this brief to contextualise data and tell a clear, consistent story.

Why this works

While it is important to share data on health-related racial inequality, the data doesn't speak for itself, and most people will not gain a better understanding of the role of systemic racism in shaping health simply by seeing facts and figures about it.

People are increasingly aware that racial inequalities exist in the UK. This is due in part to the Black Lives Matter movement, and the anti-racism protests held across the country following the murder of George Floyd, as well as media coverage of COVID-19 related data for Black and Asian populations in the UK. But most members of the public still struggle to make sense of how race influences health outcomes.

When confronted with statistics on rates of COVID-19 infections and COVID-19-related deaths, as well as data on other health-related issues, people in focus groups – particularly white participants – often either questioned the validity of the data or explained the disparities indicated by them as natural. Some participants defaulted to a genetics-based explanation, arguing that some races are just naturally more susceptible to certain diseases than others,

including COVID-19. Some participants conflated race, nationality, and religion, or race and class, to make sense of the data, arguing that health-related racial inequalities in the UK are either due to "cultural differences" between communities (e.g. religious beliefs that led to COVID-19 vaccine hesitancy, several generations of a family living under the same roof due to cultural practices), or that they are simply a symptom of class disparities.

In other words, when people are presented with data on race and health without a clear explanation of what they mean, they will inevitably rely on their existing beliefs and assumptions about these issues to make sense of stats and figures.

ii. Position racism as an amplifier of broader societal issues to avoid "us vs. them" thinking and deficit framing.

What to do

- **Embed your explanation about racism and discrimination within the broader story of the wider determinants of health.**
  - **Lead** with a broader argument about life expectancy and the role of the wider determinants of health.
  - **Explain** that racism and discrimination make life *even harder* for some groups.
  - **Conclude** with the need to deal with the social and economic conditions that harm health and cut lives short in the first place, *and* the need to rid our system of the racism and discrimination that harm the health and life expectancy of people who experience racism *even more*.
- **Avoid calling out policies and institutions as racist without explaining what you mean by it.** Don't assume that the public shares your understanding of what racism is and how it works.

Why this works

When we position racism and discrimination as amplifiers of wider issues that affect everyone in the UK to a certain degree, instead of presenting it as an isolated issue, people become more receptive to our message. We pre-empt pushback of the "but what about me?" type and prevent people from getting stuck in the unsolvable dilemma of whose issues are the most serious or the worthiest of public attention.

Calling out policies and institutions as racist, without adequate explanation, can backfire. Because the majority of people go by an interpersonal definition of what racism entails, they are likely to reject arguments built on the unexplained premise that UK society is racist by design. People need concrete explanations and examples to build understanding of how policy

decisions and institutional practices put minoritised groups at a disadvantage in society. For instance, instead of simply mentioning the Grenfell disaster as an example of the impact of structural racism in the UK, communicators should place the Grenfell disaster into context and explain the ways in which discrimination is currently embedded into the social housing sector and how it led to the disaster.

iii. Use chronic stress as a pathway to start building public understanding of how racism shapes health and life expectancy

What to do

- **Embed your explanation within a broader argument about life expectancy and health** (see section 1. above).
  - **Lead** with the idea that people are dying earlier than they should because society's social and economic conditions are causing chronic stress, which directly shapes people's overall health and life expectancy.
  - **Follow-up with** an explanation of how, for people who experience racism and discrimination in society, these experiences add even more stress to every aspect of their lives.
- **Conclude** with the need to deal with the social and economic conditions that cause chronic stress and cut lives short in the first place, *and* the need to rid our system of the racism and discrimination that cause more chronic stress for people.
- **Talk about "chronic" stress to counter individualistic thinking about racism.**
- **Connect chronic stress to instances of interpersonal racism as well as structural racism in your explanation.** Talk about how people from Black or Asian communities often face racist comments and harmful behaviours from others. Pair this with an example of how the system also makes it harder for people who experience racism to get access to fair pay and job stability, quality social housing or education, or avoid harsh treatment by the police.

Why this works

When we provide a deep-dive explanation of some of the ways in which chronic stress due to racism and discrimination shapes health, we help counter individualistic, racist, and classist assumptions about what shapes inequalities in health outcomes more specifically.

This strategy is particularly effective to get people thinking about the role of racism and discrimination in shaping health outcomes and life expectancy because (i) the concept of stress tends to stick in people's minds easily; (ii) people don't have to know about structural racism to understand that experiencing racism (even at an interpersonal level) leads to higher levels of stress and anxiety.

One caveat is that this strategy might also reinforce people's interpersonal understandings of racism and encourage individualistic thinking about solutions. To prevent people from individualising the issue too much, it is important for communicators to make frequent references to "chronic" stress, and to pair examples of interpersonal racism with examples of structural racism. This will prevent people from assuming that it is individuals' responsibility to remove themselves from stressful situations and start seeing that collective action is needed to remove racism and the chronic stress it generates from people's lives.

Recommendation 6: Talking about the pandemic

Why COVID-19 can be part of the story but shouldn't take over the story.

As this project started before the start of the pandemic and continued until the summer of 2021, it has given FrameWorks a unique opportunity to gauge how public thinking about health has evolved in the context of COVID-19. It has allowed us to design a set of recommendations that *account for* evolutions in public thinking in the context of the pandemic but whose effectiveness and longevity don't *depend on* the pandemic.

The pandemic has increased the salience of issues like mental health and education and has strengthened people's positive attitudes towards the NHS. It has also increased public awareness that there are severe inequalities in UK society. But the experience of the pandemic hasn't transformed all of people's unhelpful beliefs about health and the factors that shape it.

People still assume that health is primarily shaped by individual behaviour and lifestyle choices. And while people are more aware that society is unequal, they often remain unsure of why such inequalities exist in the first place. This is why the set of recommendations proposed in this brief make space for future communications to weave COVID-19 into a broader story about health and life expectancy, but don't need to make the story centrally "about" the pandemic. Our research suggests that messages about the wider determinants can address the role of COVID-19 in shaping health outcomes and life expectancy in the UK, but that they don't always have to.

People overwhelming think that serious crises are "episodes" that have a beginning and an end, rather than catalysts for a radical transformation of society. Our research suggests, people see Brexit, the financial crisis, and COVID-19 as temporary disruptions or episodes in an otherwise stable environment, and often struggle to think about the longer-term effects that these crises might have on the country's systems and structures. For this reason, messages that rest on the

idea that COVID-19 has fundamentally changed society will likely be met with scepticism or pushback on the part of the public. This also means that people are able to think about health, life expectancy, and inequalities outside of the context of COVID-19, as they see those are more long-standing issues in the country.

Our research suggests that future communications should only mention COVID-19 when it is truly relevant to the argument being made, as some members of the public appear to be suffering from what might be termed "COVID fatigue". Focus group participants sometimes explained that they had heard enough about the pandemic over the past year and a half and that they were ready to move on to more long-standing issues. Therefore, arguments that put the pandemic front and centre in discussions of the wider determinants of health might lead some people to tune out, at best, and make arguments sound opportunistic and disingenuous at worst.

The pandemic is slowly shifting people's prototypes of ill health from chronic, non-communicable diseases to infectious diseases. Focus group participants often explained that COVID-19 had put the issue of health in the spotlight, as even benign symptoms could be the sign of something worse. The non-communicable diseases that used to be people's prototypes of ill health have become more recessive in the public's minds. Cancer, for instance, was rarely mentioned by focus group participants; obesity (typically understood as a non-communicable disease in and of itself) is now mainly brought up because it is understood as a risk factor for COVID-19 related deaths.

By extension, the pandemic is affecting people's understanding of health prevention, which is now often understood as basic public health measures like wearing masks and washing hands regularly. While it makes sense that people might not think of non-communicable diseases as the top priority during a pandemic, this shift in thinking could be problematic for future public health efforts. Cancer and other non-communicable diseases are still serious issues that might no longer get the attention they deserve in the public's minds because of the influence of COVID-19. This is another reason why the story of the wider determinants of health we tell the public can include COVID-19, but shouldn't make it the lead, to prevent people from missing a crucial part of the story by focusing too strongly on communicable diseases.

One of the challenges that people communicating about public health are up against is people's individualistic beliefs and assumptions about health. This was true before the pandemic; it is still true during the pandemic; and it will likely continue to be true after the pandemic is over. People often recognise that COVID-19 has impacted their health in a range of ways: focus group participants explained that the pandemic has caused people to make healthier choices and start looking after themselves better; they argued that the experience of COVID-19 and lockdowns meant that people had become more careful about their own health and less likely to catch other, more benign communicable diseases like the flu; they assumed that the lockdowns helped individuals save money by reducing modern temptations to spent it unnecessarily (e.g., "millennials and their 5-pound coffees every day").

At times, participants reasoned that because COVID-19 had affected many people who were taking care of their own health in the "right" ways, there may be no rhyme or reason to the outcomes of the pandemic, which should maybe be left to run its course naturally. What all these seemingly new ideas have in common is the central belief that individuals shape their own health outcomes through the choices they make, and that any situation that doesn't fit this logic must be due to chance, fate, or genetics. In other words, the public continues to think about health in individualistic ways in the context of the pandemic; these deeply ingrained beliefs are simply adapted to make space for COVID-19. This means that one of the main goals set for the project – to counter individualistic beliefs about health and life expectancy – must remain central to the framing strategy future communications will build upon.

What to do:

Avoid leading with the effects of COVID-19 on health and life expectancy. This might get people to tune out due to COVID-fatigue, or cue narrow understandings of the issue as only related to individual behaviours around diet and exercise.

Instead:

1. Make the issue about life expectancy and the fact that some people in the UK are dying earlier than they should.
2. **Acknowledge** that inequalities in health and life expectancy are a long-standing issue in the UK and explain why that is.
3. **Explain how the pandemic has increased existing inequalities after. In other words, use** COVID-19 as a way to further *emphasise* your main point rather than as your main point. For instance, if you're using the *building blocks* metaphor, present COVID-19 as a series of hurricanes that have caused further damage to some of society's building blocks and have hit some people harder than others as a result.

Telling a bigger story: why cross-sectoral collaboration is needed for maximum impact on the wider determinants of health.

When people in the UK think about health, what first comes to mind is individuals' responsibility to mind their diet, get enough sleep, and exercise regularly. The role of medicine, healthcare, and the NHS is also top-of-mind for most people[20]. People even understand health prevention in fairly individualistic and medical terms: it's important to teach individuals to have their "5 a day", to reduce how much strain the NHS is currently under. And while people are also able to take a more holistic view of health when prompted to do so, they do not automatically see broader social and environmental issues like affordable housing or access to quality education as health issues.

When people reason about housing, employment, or education policies, they first and foremost rely on their existing views and assumptions about each specific issue rather than on their connections with and effect on health.

— By virtue of their default beliefs and assumptions, some people can see that building more quality social homes will help individuals and families save money on rent, which can then be spent on higher quality food. But many push back on the grounds that spending money on more social housing will mean less money available for other local services like schools and hospitals, and therefore worse living conditions, for the people already living there.

— Some people can easily see that increasing the minimum wage would help people out of poverty, enable them to pay rent, afford healthier food, and improve their mental health, self-esteem, and happiness. But much of the population assumes that this policy is bad for business and the economy, and that it would fuel laziness and poor lifestyle among a broader proportion of the population.

— Most people in the UK continue to think about racism as an interpersonal rather than a systemic issue, which makes it hard for them to see that someone's experiences of racism can shape their health in important ways. This undermines support for needed steps to reduce health inequalities between racial groups in the country.

Given that the public doesn't tend to think of these issues primarily in terms of health, at least in the first place, when it comes to communicating about the wider determinants of health, the public health sector can only go so far by itself. Our research shows that there is a need for public health to work in collaboration with communicators and advocates from other sectors to expand the public's understanding of health and help them think of social and environmental issues like housing, transport, or education as health issues. It is crucial for public health advocates to work with communicators from other sectors because they are going to be up against unproductive beliefs and assumptions not only about health, but also each specific issue that a holistic approach to health builds upon.

In practice, this means paying attention to the beliefs and assumptions that the public brings to conversations about issues like housing, education, or racism and discrimination, and being aware of the most effective framing approaches to leverage helpful thinking and avoid traps in public thinking. FrameWorks' existing recommendations on homelessness, poverty, the economy, and criminal justice can be useful resources in this endeavour.[21] It also highlights the need for public health to actively partner with groups focused on issues of housing, education, or the environment to encourage them to talk about their own issues as health issues and create consistency in how different sectors communicate and frame the work that they do. While we recognise that this is a strategic recommendation that reaches far beyond framing itself, we believe that it is one of the keys to the success of a strong framing strategy focused on the wider determinants of health.

Conclusion

To address health inequalities, we need to change the way that we communicate about the wider determinants of health to increase public understanding and build space for policy change. Key to this change is harnessing the power of explanation.

To build support and action to address health inequalities, we need to focus on explaining the links between jobs, homes and education and our health. We need to explain how experiencing poverty, racism or discrimination can make our mental and physical health worse. And we need to explain how solutions like increasing the minimum wage or creating more affordable housing can actively improve health.

The way these issues are linked isn't currently top of mind for people. But by joining the dots to show why this matters, how and why it is happening and the ways in which we can improve this, we can change the conversation about health and build support for the action needed to help everyone to live a long and healthy life.

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18. See the *Health is Medical*, *Mentalism*, and *Genetic Exception* cultural models in L'Hôte, E., Fond, M., & Volmert, A. (2018). Seeing upstream: Mapping the gaps between expert and public understandings of health in the United Kingdom. Washington, DC: FrameWorks Institute.

19. See for instance https://www.kingsfund.org.uk/audio-video/michael-marmot-reducing-social-gradient-health (accessed 21/09/21).

20. See L'Hôte, E., Fond, M., & Volmert, A. (2018). Seeing upstream: Mapping the gaps between expert and public understandings of health in the United Kingdom. Washington, DC: FrameWorks Institute.

21. See O'Neil, M., Hawkins, N., Levay, K., Volmert, A., Kendall-Taylor, N., Stevens, A. (2018). How to talk about poverty in the United Kingdom: A FrameWorks MessageMemo. Washington, DC: FrameWorks Institute; NEON, NEF, FrameWorks Institute, PIRC. (2018). Framing the economy: How to win the case for a better system...; Nichols, J., Volmert, A., Busso, D., Gerstein Pineau, M., O'Neil, M., Kendall-Taylor, N. (2018). Reframing homelessness in the United Kingdom: A FrameWorks MessageMemo. Washington, DC: FrameWorks Institute. O'Neil, M.,Kendall-Taylor, N., Volmert, A. (2016). New narratives: Changing the Frame on Crime and Justice. Washington, DC: FrameWorks Institute.

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A Matter of Life and Death: Explaining the Wider Determinants of Health in the UK

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