

Communicating About Childhood Obesity at the Time of COVID

A FrameWorks Memo

February 2022

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**In partnership with Impact on Urban
Health, part of Guy's and St Thomas'
Foundation**

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Introduction

Since FrameWorks' initial research on childhood obesity in 2018 the world has changed. A global pandemic has transformed our daily lives and brought issues of health, wellbeing and inequality front and centre.

During this time, campaigning work to improve children's health has started to see progress, including the banning of junk food adverts before 9pm, a major policy win for the sector. But there is still much more to do to make sure that all children, no matter where they live, have access to healthy food and the space to run and play.

This research, in partnership with Impact on Urban Health, sought to understand how public thinking on childhood obesity has evolved in the context of the pandemic and whether our existing recommendations remain valid. It also examined the best messengers for communicating about childhood obesity. Building on our existing body of research, we undertook 8 2-hour in-depth focus groups with participants from all over the UK.

Our findings show that FrameWorks' initial framing recommendations continue to be effective and that the conditions of the pandemic - which has brought issues of inequality and food poverty to the forefront for many - has created an opening for increased understanding of the role that income and inequality play in childhood obesity. This opening can be harnessed into greater support for action.

Key takeaways:

- The public have grown more aware that there are inequalities in wealth and health in the UK, and that child obesity rates are connected with a families' income – this is an important opening for campaigners.
- Continue to lead with a health frame. Making the issue about children's health can help shift the conversation away from a problematic focus on body *shape*.
- Avoid *leading* communications with COVID. Make the issue about improving children's health first, and then explain how the pandemic has increased existing inequalities afterwards.
- Appeals to the value of fairness across places continues to be effective and can work even harder for us when we link it to a brighter future for all children.

- The stage metaphor can be extended to show how junk food companies have exploited the increased screen-time caused by the pandemic to put junk food in an even brighter spotlight in children’s minds.
- The rivers metaphor continues to be a rich source of understanding but avoid talking about river pollution as this leads to unhelpful thinking.
- People are unfamiliar with the term “food insecurity” and often misunderstand it. It is important to explain the term wherever it’s used and talk explicitly about children having a lack of regular access to enough, nutritious food.
- Young people are seen as an authentic, credible voice on the issue and are the most promising messengers for this work.

Research Findings

Public thinking on childhood obesity has evolved in the context of the pandemic

Summary of findings

1. People are now more aware that health and wealth inequalities exist in the UK. But they sometimes struggle to identify *why* that is, *who's* affected, and *how*.
2. People tend to agree that childhood obesity rates must have increased since the start of the pandemic, but they often only have a partial view of the reasons why.
3. Talking about a lack of food won't prevent people from seeing the importance of healthy food in children's diets. But using the term "food insecurity" might.
4. People's negative views about childhood obesity and its causes haven't fundamentally changed.
5. People often reason that childhood obesity is a more enduring problem than the pandemic and tend to see the two issues as fundamentally distinct.

FINDING #1

People are now more aware that health and wealth inequalities exist in the UK. But they sometimes struggle to identify *why* that is, *who's* affected, and *how*.

What the public brings to the conversation

People are now generally aware that deprived areas in the UK experience higher childhood obesity rates.

People have become more aware of wealth disparities in the UK over the past two years, likely because the issue has gained prominence since the start of the pandemic.

When thinking about children's health, and childhood obesity more specifically, this awareness of wealth inequalities tends to cue people's existing belief that money buys

health. In people's minds, money facilitates healthier individual behaviours because it can buy the best foods and access to the gym, which are seen as the best insurance against obesity. This interpretation of the role of wealth inequalities in shaping childhood obesity only tells part of the story, however, it did help participants make connections between families' income, their ability to access healthy food and opportunities to be physically active, and child obesity rates where they live.

Most people do not understand why inequalities in wealth and health are so pronounced in the UK.

The assumption that our health is primarily shaped by the choices we make and how much willpower we have is still deeply grounded in people's minds. As a result, people try to negotiate what they now know about inequalities with what they believe about individuals' responsibility to make decisions for their own health. In our focus groups, discussions often went back and forth between mention of vague structural "issues" and specific blame on parents and children.

Focus group participants questioned whether healthy food is more expensive, and the idea that a lack of money is the main reason why some families don't have a healthy diet. Participants argued that food options in the UK are more varied than in the past, and so parents have fewer excuses to not give their children a healthy diet. They explained that even if fresh food is a bit of a luxury, parents don't need to have access to fresh foods all the time to provide a healthy diet. Participants also reasoned that parents who don't have a lot of money should be smarter – and more reasonable – about balancing their budget properly; the price of smoking, for instance, was brought up as an obstacle that could be removed with more willpower. They suggested that because cheaper often means more convenient, parents who feed their kids cheap, unhealthy food are simply taking the easy way out.

What this means for the field

The public's growing awareness of the existence of inequalities in wealth and health in the UK provides a significant opening to increase the impact of our communication.

While members of the public have become increasingly aware that inequalities in wealth and health exist in the UK, they still need help to understand *why* those inequalities exist and what their effects are. Otherwise, they will likely continue to fall back on existing, unhelpful assumptions to fill in the gaps themselves (e.g., individualism, fatalism).

FINDING #2

People agree that childhood obesity rates have increased since the start of the pandemic, but they often only see part of the reason why.

What the public brings to the conversation

People reason that the COVID-19 pandemic must have increased childhood obesity rates in the UK. However, this is often based on a partial – and, at times, inaccurate – understanding of the situation. For example, they focus on the ways in which lockdowns have made it harder for children to engage in physical activity.

People assume that childhood obesity occurs when there's imbalance between food intake and energy output.

People often think about health as working like a machine which depends on the amount and quality of the fuel – the calories and oxygen consumed by the individual¹. This leads people to reason that a child becomes obese because there is an imbalance between the quantity of food and drinks they consume, and the amount of energy they ultimately spend, notably through exercise. In the context of the pandemic, participants often argued that because of lockdowns, all children had become more likely to play video games on the couch instead of exercising, while still eating as much as they did before. They reasoned that child obesity rates must have gone up across the board because children no longer had the opportunity to spend as many calories as they were ingesting.

However, because wealth and health inequalities have become more salient in people's minds since the pandemic, if one participant introduced the idea that COVID increased inequalities in childhood obesity rates, it tended to stick, even among those who initially thought that rates would just have got worse across the board. This is an important opening for communicators.

Childhood obesity is viewed as an "illness of the modern world".

When talking about causes of childhood obesity in the UK, people often assume that the pressures of the modern world have a negative effect on parents' and children's behaviours. This includes technological advances which they argue have made it too 'easy' for parents and children to overconsume as well as the breakdown of the traditional family model where women stayed at home to care for children.

This way of thinking was particularly dominant in participants' discussions of COVID's influence on childhood obesity rates. Participants assumed that lockdowns had encouraged children to indulge in their tech addictions instead of playing outside, and parents to rely

on food that is convenient and comforting in order to be able to work from home without being disturbed by their kids. They assumed that this was one of the main reasons why childhood obesity rates had increased since the start of the pandemic. It also often led them to wax nostalgic about “the good old days” when children’s lives were simpler, safer, and healthier, which made it harder for them to think about ways in which the situation could be improved.

What this means for the field

The fact that people can see that childhood obesity has become more severe due to the pandemic is useful. However, people need help to identify the reasons why that is, as well as the exact effects COVID-19 has had. Otherwise, people assume there is only pandemic-specific causes to this increase - which will go away when ‘normality’ returns - as opposed to increased levels of inequality which will likely have lasting effects.

FINDING #3

Talking about a lack of food won’t prevent people from seeing the importance of healthy food in children’s diets. But using the term “food insecurity” might.

What the public brings to the conversation

People are unfamiliar with the term “food security” and often misunderstand it.

In our focus groups, the vast majority of participants did not know what “food insecurity” meant. A few were familiar with the term “food poverty”, which they had heard as part of Marcus Rashford’s recent campaign. People often misinterpreted the term “food insecurity” assuming that “insecurity” referred to a psychological issue or defined “food insecurity” as uncertainties about food supply nationwide.

- A psychological understanding of the term “insecurity”, cues ideas of anxiety around food for them. Participants talked about how children are often fussy eaters, how an increasing number of people in the UK experience eating disorders, or sometimes assumed this meant that people might be ashamed of having to rely on food banks.
- People also think “*food* insecurity” refers to *uncertainties* about food *supply* in the country. This is likely to prevent people from seeing the importance of healthy, nutritious food for children. In our sessions, participants often wondered whether this meant that the UK could be running out of food.

Explaining the issue of a lack of regular access to enough nutritious food can help people make sense of the link between inequalities and child obesity rates in the UK. Once people understand the concept of “food insecurity” it can help them think about childhood obesity in helpful ways. Connecting the dots between poverty, child obesity rates, and the lack of enough, regular, nutritious food that some families experienced during COVID, leads people to focus more on systemic causes and solutions to child obesity.

For instance, one focus group participant who was adamant that child obesity was parents’ responsibility was suddenly able to see that disparities in childhood obesity rates between wealthier and poorer areas could not only be blamed on individuals and had to be the sign there was something more systemic going on. Participants also more consistently brought up the role of school meals, problems of access to food and access to green spaces, and the need to make healthier food more available.

Without adequate context and explanation, the term ‘food insecurity’ can easily cue individualistic thinking. The belief that individuals shape their health by choosing what food they eat and how often they exercise is still powerful and deeply ingrained in people’s minds. As a result, when people aren’t able to connect the dots between poverty, regular access to enough nutritious food and childhood obesity, they can quickly default back to individualistic interpretations of health.

Even after acknowledging that wealth inequalities and childhood obesity are related, focus group participants who weren’t sure how they were related often went back to the idea that everyone, no matter their income, can eat healthy food if they balance their budget properly (e.g., not smoking, not buying alcohol), or suggested that more people should just go back to growing their own food.

What this means for the field

If explained properly and put in a broader context, the issue of a lack of regular access to enough nutritious food can be leveraged to help people identify systemic causes of child obesity more consistently.

However, using the term ‘food insecurity’ without adequate explanation, will mean people fall back on the belief that we shape our own health, which makes it hard to see the need for structural solutions. Instead, they are likely to take for granted that food banks and food vouchers are the best solution available.

FINDING #4

People’s negative views about childhood obesity and its causes haven’t fundamentally changed.

What the public brings to the conversation

Childhood obesity is seen as a death sentence.

The pandemic hasn’t changed people’s thinking that childhood obesity is an illness in its own right and a ticking time bomb pointing to a lifetime of poor health, and ultimately early death. People explain that child obesity leads to illnesses like heart disease and diabetes and describe child obesity as the trigger for a worst-case health scenario, condemning children to a loss of mobility, crushed organs and joints, heart failure, and ultimately, early death.

This shows that the public understands the potential health risks of childhood obesity; where the public differs from public health experts, however, is in their shift from “risk factor” to “death sentence”, which can very quickly lead them to fatalistic thinking.

There is significant stigma attached to childhood obesity.

People still see childhood obesity as a divergence from “normal” physical appearance and function. Children’s mental health – and the detrimental effects that childhood obesity could have on it – was more top of mind for participants, which is likely due to the success of mental health campaigns and the pandemic bringing these issues to the front of people’s minds.

Nonetheless, the stigma attached to childhood obesity still guides many people’s thinking. In focus groups, discussions of childhood obesity often led to questioning of *who* qualifies as obese, how reliable an indicator BMI is, and what it means for a child to look “normal”. While parents were surprisingly open about their children’s weight issues, they also deployed an arsenal of rhetorical strategies to protect them from being labelled “obese” by others in the groups. They were quick to assure other participants that their child wasn’t “obese” or “fat” (“I mean my daughter has gone through [body image issues] **and she’s not fat**”; “[my son is] five foot 10 and he’s 12, **he’s not obese he’s just a big lad**”). By doing so, they were also trying to deflect any blame they assumed others would place on them as parents and clarify that they understood the gravity of the issue. As one participant explicitly stated: “I would never want to put that on a small child”.

The stigma associated with childhood obesity is connected to people’s focus on body *shape* as an indicator of health. This belief came through more explicitly in our focus groups when participants were discussing adult obesity. One participant—who was also one of the most

knowledgeable about inequalities in the UK—explained that in Japan, everyone is very healthy *because* people can get fined if their waist grows beyond a certain size. Another participant understood collective responsibility for addressing obesity rates in the UK to mean that everyone had a responsibility to call out people who looked too fat and not give in to the “body positivity” trend.

Parents grappled with this belief and felt obligated to explain that while their child is classified as obese, they “actually exercise”, in order to counter the unspoken assumption that *if* a child is obese, then they *must* be inactive and lazy. Participants sometimes pushed back against the assumption that body shape = health, arguing that societal norms about body shape could lead to mental health issues for children considered “not normal”. But even then, they remained stuck in an unhelpful debate about “shape” (i.e., which shape is healthy vs. unhealthy, which shape is normal vs. abnormal).

Parents are held responsible for their children’s weight.

People reason that childhood obesity is a visible sign that parents have failed. Failed in setting a good example for their children and teaching them discipline; putting their children first and making all the sacrifices necessary for their wellbeing; protecting their children from outside threats and temptations including junk food and modern technology.

People often assume this ‘failure’ is due to individual weaknesses and lack of care, or inability to understand how childhood obesity can be prevented with a healthy diet and regular physical activity. During the pandemic, a slightly more generous interpretation emerged in participants’ thinking. As participants recognized that lockdowns made life harder for many families, they reasoned that some parents just had too much on their plate to have the time or energy to get their children to eat healthily or off their “screens”.

What this means for the field

Communications that mainly focus on the health *risks* associated with childhood obesity will likely reinforce people’s view that it is a death sentence, which in turn will reinforce their tendency to stigmatize children and blame parents.

As stigma about childhood obesity is related to the belief that body shape = health, it is essential that future communications shift the conversation away from the theme of body shape altogether. The field should aim to move public discourse from what the body *looks like* to what the body and the mind can *do* and how they *feel*.

When people reason that parents are primarily responsible for their children’s weight and health, it makes it hard for them to feel a sense of collective responsibility for the issue. This will likely deplete support for the policies the field is advocating for and make it hard for the

public to start thinking about the need to reduce inequalities in wealth and resources in the longer term.

FINDING #5

People reason that childhood obesity is a more enduring problem than the pandemic and tend to see the two issues as fundamentally distinct

What the public brings to the conversation

People don't immediately connect childhood obesity with the pandemic, and they are able to discuss childhood obesity without bringing up COVID. In people's minds, these two issues are distinct in scope and timeframe, and many are suffering from what can only be termed "COVID fatigue".

It was hard to get focus group participants to engage with links between childhood obesity and the pandemic: when explicitly prompted to do so, they argued that childhood obesity was an issue before the pandemic and that it would still be an issue after the pandemic. On the other hand, they saw COVID as a "blip" that probably made things worse for the country but wasn't in any way the cause of the problem. They also explained that they had heard enough about COVID, and that they were ready to move on and focus on more long-standing issues in the country, like social inequalities or childhood obesity.

What this means for the field

The context of the pandemic has moved people's thinking in some helpful directions. Cueing the more productive beliefs and assumptions described above will help strengthen public understanding of the issue and build support for policies advocated by the field.

However, because of COVID fatigue, arguments that put the pandemic front and centre in discussions might lead people to tune out at best and make the field's arguments sound opportunistic and disingenuous at worst.

New recommendations for communications

Avoid leading with the effects of COVID on childhood obesity. This might get people to tune out or cue narrow understandings of the issue as only related to individual behaviours around diet and exercise.

Instead:

1. **Make the issue about** improving children's health no matter where they live.
2. **Acknowledge** that inequalities in children's health are a long-standing issue and explain why that is.
3. **Explain how** the pandemic has increased existing inequalities after. In other words, **use** COVID to further *emphasize* your main point rather than *as* your main point.
4. **Explain how** structures and government policies over the past decades have set the stage for worse health outcomes for children during the pandemic.

Avoid stating that COVID has increased the issue of childhood obesity. This will likely lead people to assume that the pandemic has made things worse for all children in the same way.

Instead:

- **Be explicit that** COVID has increased inequalities in children's health and childhood obesity rates in the UK.
- **Explain** the various ways in which COVID has had that effect. Talk about the effects of job losses and furlough schemes at least as often as you talk about the effect of the lockdowns. This will avoid cueing the idea that childhood obesity is primarily due to poor individual behaviours.
- **Describe** how some families don't have reliable access to enough nutritious food to connect the dots between rising inequalities in wealth and rising inequalities in children's health and childhood obesity rates.

Instead of:

“Lockdown and the impact on child obesity

...Reduced incomes and rising food insecurity from the economic fall-out of COVID and the impact of losing access to breakfast clubs and free school meals for some pupils may have also led to changes to family diets which are often associated with poor nutrition because access to healthier food is limited.”

Try:

“We must act now to improve child health and wellbeing. For too long, too many children in parts of the UK haven’t had access to everything they need to be healthy. And now the pandemic has worsened inequality, with job losses, reduced pay and ill health meaning more families don’t have reliable access to enough nutritious food. We can fix this by working upstream to increase the flow of healthy, affordable options in every school and neighbourhood, so that all children have what they need to thrive.”

Don’t assume that people know what the *term* “food insecurity” means. This is likely to cue unhelpful interpretations for most members of the public.

Instead:

- **Define** what the term “food insecurity” means or replace it with the definition. For instance, explain that food insecurity means “lack of access to *enough* food and *nutritious* food”.

Instead of:

“It is not a secret that the primary cause of food insecurity in the UK is having a low income, be that income through social security support, through work, or through a combination of both.”

Try:

“Food insecurity – a lack of regular access to enough, nutritious food – is primarily caused by having a low income, be that income through social security support, through work, or through a combination of both.”

Use FrameWorks’ existing recommendations on how to frame childhood obesity in the UK to leverage people’s newfound awareness of inequalities in wealth and health. In the next section, we discuss why our recommendations are not only still valid, but more needed than ever, and provide new insights on how to apply them to specific communications.

Using FrameWorks' existing recommendations in the context of the pandemic

FrameWorks' existing recommendations⁴ are not only still valid and actionable in the context of the pandemic. They are also more needed than ever.

Those recommendations include:

1. Lead with children's health and how we can improve it.
2. Appeal to our sense of fairness and the need to meet all children's needs, no matter where they live.
3. Talk about the impact of advertising and marketing practices using the Stage metaphor.
4. Explain the role of environments using the *Rivers* metaphor.

Since the pandemic, the public have grown more aware of inequalities in wealth and health, and that child obesity rates are connected to families' income. This provides an important opening to change the conversation on childhood obesity in the UK. To maximize its impact, communicators will need to continue to build stronger understanding of why these inequalities exist and how they affect child obesity rates. Based on our recent focus groups, FrameWorks' existing recommendations are still a highly effective way to achieve this goal.

Below, we provide an overview of the existing recommendations we tested in recent focus groups and provide additional insights into their validity and relevance in the context of the COVID-19 pandemic, with a special focus on the *Rivers* metaphor.

Recommendation #1: Lead with children's health and how we can improve it.

What's still valid

By focusing on improving children's health, we can still get people to think about the positive conditions that are needed to create good health. We avoid getting stuck in fatalism and judgment, increase the sense that it is possible to address the issue, and boost support for policy change. Making the conversation about more than childhood obesity leads people to focus on the needs that all children have in common, instead of homing in on the perceived "otherness" of obese children.

More insights on this recommendation

Making the issue about children’s health can help shift the conversation away from a problematic focus on body shape.

Our focus groups confirmed that communications about improving children’s health help to keep blame and stigma at bay. Importantly, this strategy is also an effective way to get people to focus on what children’s *bodies* and *minds* can *do*, instead of fixating on what their bodies *look like*, which is key to addressing the stigma around childhood obesity in a durable way.

People can think about the need to improve children’s health with almost no interference from the pandemic.

Because people are aware that children are less likely to suffer from severe cases of COVID-19, the pandemic has little salience in discussions that focus on improving children’s health. This is likely to be different for communications centered on adult obesity.

How to use this in future comms

Propose a broad definition of health to effectively shift the conversation away from the “body shape” debate. **Talk about good health as a positive state of wellbeing that allows children to pursue goals and confront challenges.** This will prevent people from focusing solely on the need to address childhood illnesses, which will inevitably lead them to childhood obesity and the assumption that “body shape = health”.

What this might look like in practice

Instead of:

“Sadly, children who live with obesity are more likely to become adults with obesity, increasing their risk of a heart attack or stroke... The Government must fully embrace this [junk food advertising ban] measure to give children the healthiest start in life.”

Try:

“When children have enough nutritious food, they are more able to learn and thrive; to chase their dreams and confront their challenges. When we act together to improve children’s health from Slough to Sunderland, Aberystwyth to Aberdeen, we help create a brighter future where all children can reach their potential.”

Recommendation #2: Appeal to the need to meet children’s needs, no matter where they live.

What’s still valid

The value of fairness navigates the idea that childhood obesity is “not my problem” and something that exists “over there”. It activates a sense of collective responsibility and increases willingness to act and be a part of the solution. When child obesity is connected with the idea of fairness people see the value of policy change – even if implementing those changes means paying more taxes.

More insights on this recommendation

People’s increased awareness of inequalities makes this value more powerful.

Before the pandemic, appealing to the need to meet children’s needs, no matter where they live, already tapped into the UK’s strong attachment to the idea of treating children fairly, and to their desire for fairness more generally. In the context of the pandemic, this strategy becomes even more powerful because it also resonates with people’s newfound knowledge and awareness of wealth and health inequalities across the country.

Appeals to fairness across places are more effective when they encourage people to think about a better future.

Because people have grown more aware of the existence of inequalities in the UK, they can sometimes feel overwhelmed and defeated by the immensity of existing obstacles and assume that they are just too big to overcome. When they are able to also think about what a brighter future for children in the UK would look like, they become better able to see that steps can be taken to reduce inequalities and improve children’s health.

What this might look like in practice

Instead of:

“Our vision is that every child in London grows up in a community and an environment that supports their health and weight. Our purpose is to unleash a transformation in London so that every child has every chance to grow up eating healthily, drinking plenty of water and being physically active.”

Try:

“Every child should have the same opportunities to thrive, no matter where they live. Together, we can improve children’s health in London and build a brighter future - where every child has the opportunity to succeed - by increasing the flow of affordable, healthy food in our schools and neighbourhoods.”

Recommendation #3: Talk about the impact of advertising and marketing practices using the Stage metaphor.

What’s still valid

The *Stage* metaphor helps people see that taste is an engineered process. As a result, it increases people’s sense that something can be done about it and leads to more support for regulations on advertising and marketing practices targeted at children. The metaphor explains the direct influence the food industry has on children’s and teenagers’ tastes and desires: parents don’t necessarily play a mediating role. As a result, it helps people see that environments shape the health of teenagers in similar ways as they shape the health of younger children.

More insights on this recommendation

The Stage metaphor is easy for people to grasp and work with.

This metaphor focuses specifically on advertising and commercial practices. As a result, it is particularly easy for people to understand and engage with. This is an additional strength of this metaphor to keep in mind for future communications about advertising and commercial practices.

The context of the pandemic doesn’t prevent people from engaging with the Stage metaphor.

COVID-19 hardly came up in discussions of childhood obesity framed in terms of the Stage metaphor. On the contrary, participants sometimes struggled to think of ways of weaving the role of the pandemic into the metaphor. We provide a few options to do this effectively below.

People are not aware of the field's recent policy wins on junk food advertising online. The recent ban on online and TV advertising of junk food after 9 pm did not come up as often as expected during our focus groups, though some participants knew that legislation had recently changed in some form or other. This seems like a great opening to leverage this win as an illustration of effective solutions.

How to use this in future communications

Set the scene with the *Stage* metaphor first, then situate COVID-19 as one element within this broader scenario. For instance:

- **Talk** about how the pandemic has made it even harder for children to look away from the stage where unhealthy foods are in the spotlight.
- **Mention** that the pandemic has made the spotlight seem even brighter for children.

Emphasize recent policy wins by the field and explain the effect these policies will have in the future using the *Spotlight* metaphor.

Instead of:

“The pandemic has led to children spending more time online to study, play and socialise. We know that children who spend more time online are exposed to more junk food adverts. Given the wealth of evidence that seeing junk food adverts influences children’s food choices and how much they eat, this additional screen-time could also have an impact on child health.”

Try:

“Increased screen time for learning and playing with friends during lockdown, set the stage for junk food companies to put their products in an even brighter spotlight in our children’s minds.

The recent ad ban win - which stops junk food adverts being shown before 9pm - will help push junk food off the stage and give healthy options the chance to shine.”

Recommendation #4: Explain the role of environments using the *Rivers* metaphor.

What's still valid

This metaphor paints a picture in people's heads that leads to a more expansive understanding of the problem and the possible solutions. It allows people to think about how different factors interact and reinforce each other to shape children's health. The *Rivers* metaphor gets people to focus on the characteristics of the places children live and play rather than on the characteristics of obese children and their parents, or of the food they eat.

More insights on this recommendation

The image of Rivers is familiar, generative, and visually evocative, which can make this metaphor particularly impactful.

Our focus groups confirm that there are myriad ways to flex the *Rivers* metaphor for specific communications goals and to adapt it for local audiences. Participants' mental images of rivers were consistently rich and detailed, which suggests that even though the metaphor makes a more complex argument than the *Stage* metaphor, members of the public have what they need to work well with messages relying on this frame moving forward. Floods, drowning, draughts, and stagnant water were top of mind for participants; they also talked about how rivers need tending to provide a balanced habitat for wildlife and humans, how good river management is needed to prevent problems from arising, how water companies have a role to play in maintaining healthy rivers, all of which can serve as productive materials for future communications about childhood obesity.

Participants dug into their own experience and often mentioned their local contexts, from the Thames barrier to Cowbit in Lincolnshire, locks in Birmingham, the River Mersey near Liverpool, to the River Severn near Bristol.

Participants also mentioned that they could easily *picture* what a visual version of the metaphor would look like (e.g., "I was imagining almost this cartoon, this river of cheeseburgers and chips competing with fruit and vegetables"), suggesting that there are promising opportunities to make the *Rivers* metaphor accessible to the wider public through images and film.

The image of Rivers helps people think about causes and responsibility for childhood obesity in helpful ways and emphasizes the value of prevention.

When thinking about the role of environments in shaping childhood obesity in terms of a system of rivers, people can identify a variety of causes and actors. Participants also focused on the fact that in the same way as rivers provide water, food, and habitat, supermarkets, food companies, advertising firms, and the media all shape what food and physical activity options are available in each area of the country. Participants often thought of rivers as a common good that requires infrastructure, management, and investment to function well. This helped them see that schools and government legislation had more influence in shaping childhood obesity than individuals' behaviours.

Participants also recognized that rivers need constant investment, infrastructure maintenance, and disaster preparedness. This helped them see the need for preventive approaches to childhood obesity.

The Rivers metaphor helps people focus on availability and access to affordable, healthy options, rather than on what “affordable” or “healthy” mean.

Participants easily connected the volume of the river's flow with access and availability of healthy or unhealthy options, which led to productive discussions of the issue. This is all the more important as when people focus on access and availability of affordable, health options, it prevents them from getting stuck in unhelpful conundrums about what healthy or affordable actually means.

The issue of river pollution leads to unproductive thinking and should be avoided.

Water pollution was fairly salient in participants' minds when thinking about rivers. This is partly due to their local experiences with rivers and partly due to the enduring effect of the Blue Planet series about plastic pollution in the ocean. When this aspect of the *Rivers* scenario was cued for participants, it led to problematic arguments. They notably questioned the exact definition of a “clean” river, which led them down rabbit holes trying to determine what exactly makes food “healthy” and made it harder to focus on issues of access and availability.

The context of the pandemic does not interfere with the goals of the Rivers metaphor. The *Rivers* metaphor provides strategies to talk about causes, effects, and solutions to childhood obesity rates in the UK. In other words, it proposes a scenario that is much broader in scope than the COVID-19 pandemic. It does, therefore, make sense that focus group participants didn't see the pandemic as central to the *Rivers* scenario. We provide a few options to talk about COVID-19 as part of the *Rivers* metaphor below.

New tips for future communications

Be clear that rivers represent access and availability of healthy and unhealthy options. Even in short form, ensure messages don't leave room for people to map rivers onto harmful behaviours or children themselves. In other words, make sure that people get that the message is “we need healthy rivers *for* healthy children”. This will prevent people from

assuming that the rivers represent a person’s life journey, which can easily lead them to focus on individual weight loss and behaviour. Making the metaphor about access and availability will also avoid activating individualistic thinking.

Avoid introducing the idea of water pollution, as it leads to unhelpful thinking.

Set the scene with the *Rivers* metaphor first, then situate COVID-19 as one element within this broader scenario. For instance:

- **Talk** about how the pandemic is like a barrier that’s making access to the river of healthy options harder, or a dam that makes the river of unhealthy options overflow.

What this might look like in practice

Instead of:

“All children have a right to healthcare, yet the evidence is clear that current obesogenic environments are detrimental to health... Furthermore, childhood obesity is greater among poorer children, and trends continue to rise among marginalised and deprived populations... The impact of COVID-19 might exacerbate these inequities, with data from the United States indicating widening racial, ethnic, and neighbourhood socioeconomic differences in childhood obesity rates since its onset.”

Try:

“Every child deserves the chance to thrive no matter where they live. For too long, too many neighbourhoods have been awash with junk food, with barely a trickle of healthy options available.

The pandemic has worsened inequality, reduced income and, at times, made it harder to travel to other shops and supermarkets, creating barriers that turned the trickle of healthy options into a full-on drought.”

Effective messengers

How to identify effective messengers for your issue

The public often uses trusted messengers as mental shortcuts to decide where they stand on complex, societal issues, and whether the information shared with them is worthy of their time and attention.ⁱⁱⁱ This is especially true when people lack substantive knowledge about an issue.^{iv}

Effective messengers are credible, likeable, and relevant to the issue under discussion. This means that they must be perceived to:

- have relevant knowledge, skills, or expertise for the issue under discussion.
- not have vested interests in the issue, which might lead them to share biased information.
- have elements in common with their audience or be relatable in other ways (e.g., likeability, attractiveness).^v

Effective messengers

Young people are the most promising messengers on the issue of childhood obesity in the UK.

- ***People generally see young people as media and tech-savvy, which endows them with credibility through expertise.*** This can be leveraged in future communications to position young people as “experts” in current commercial and advertising practices online and in the media.
- ***Young people are perceived as passionate and more principled than adults.*** While adult messengers all suffer from assumptions of bias or vested interests in one way or another, young people are generally seen as principled and devoted to good causes. They appear to tick the “authenticity” box because people see them as “walking the walk”. In focus groups, this was partly led by the participants who were parents of teens themselves and saw their own children in this way, as well as by the image of Greta Thunberg as a passionate youth who can stand up for her ideals and set adults straight.

- ***Young people as messengers are less likely to get people stuck in a “blaming game” about childhood obesity.*** When young people speak about the issue of children’s health and childhood obesity, people are more likely to think about the availability of healthy food and school meal quality, instead of giving into their tendency to blame individuals and parents for poor individual choices. In one of our focus groups, for instance, the participant who identified as “having left high school not that long ago” – i.e., still being a “young person” himself, was able to convince others in the group that they might not have been right in their initial assessment of youths’ responsibility for their food choices.
- ***Exposing the public to young people from a range of different backgrounds is key.*** It will help counter the assumption that a young person’s passion and commitment to causes might depend on whether or not they come from a “good” or a “lazy” family.

Teachers can be effective messengers about children’s health and childhood obesity.

- ***Teachers come across as credible messengers because of their first-hand experience with children.*** People reason that because teachers interact with children daily, they are reliable witnesses to problems kids might have at home, or what school meals consist of.
- ***Teachers as messengers can help broaden the conversation beyond just obesity.*** People reason that teachers have first-hand experience of children’s lack of adequate nutrition affecting their ability to focus and learn. This seems to be a promising opening to broaden the conversation beyond childhood obesity to wider child health and wellbeing.

Doctors can be effective messengers about children’s health and childhood obesity.

- ***Doctors’ and pediatricians’ credibility is built on expertise, care for their patients, and ties to the community.*** People assume that doctors have gone into medicine out of genuine care and devotion for other human beings, which leads them to see doctors as unbiased and disinterested.^{vi} Participants often talked about their trust in science and data, which confirmed the value of doctors’ expertise in their minds. Members of the public also tend to see doctors as embedded in the community through the NHS in a way that made them relatable, in addition to their expertise on the issues of children’s health and childhood obesity.

- ***Positioning doctors as being “on the front lines” of children’s lives can help people think about health broadly.*** Thinking about doctors can logically cue thinking about disease and illness and reinforce beliefs that childhood obesity is itself a disease. By positioning doctors as having first-hand experience of many aspects of children’s lives, it can help shift people’s thinking away from illness and disease to more positive understandings of children’s health.

Messengers with lived experience may need additional framing support to get their message across

Messengers who have experienced obesity and/or deprivation will need additional framing support to avoid unhelpful before/after thinking from the public.

Situating individual stories in a wider context is important to ensure that the public’s expectations don’t interfere with their ability to think about the structural factors that shape childhood obesity rates in the UK.

- When solely faced with messengers who are experiencing or experienced weight issues in the past, members of the public will likely expect stories of dramatic weight loss and advice on dieting and responsible behaviour, based on the “before/after” scenarios involving celebrities and regular people in media discourse about health and weight loss.
- Messengers who experienced deprivation at some point in their lives will likely lead the public to want to hear more about this one person’s journey towards wealth, in another version of the “before/after” scenario described above.

Ensuring that such messengers are part of a broader, diverse group of spokespeople with a mission in common will prevent people from focusing only on the parts of the message that meet their original expectations and encourage them to engage with the way the content of the message and the way it is framed as well.

Phrases to help bring in context when messengers have experienced obesity or deprivation.

We can use certain types of phrases to help bring in the bigger picture context. Try:

- Like a lot of [working parents/people in [city]/ etc.], I...
- In [location], it’s harder for people to be healthy
- So many people in this community are affected by [x]
- This affects/affected more than just me and my family

— The options that should have been there, just weren't

Instead of:

"I was always overweight as a child - despite the efforts of my mum to help me diet. By the time I was 18 I weighed over 21 stone and hated it. I then got engaged and was challenged to lose weight for the wedding. I was married a year later at just under 13 stone! Motivation overcame my "programming"."

Try:

"Like lots of people living in Southwark, I was overweight as a child. I then got engaged and was challenged to lose weight for the wedding. But it shouldn't have been a challenge to just be healthy. Our neighbourhood was flooded with junk food shops, and the healthy options that should have been there just weren't. That's why it was so hard."

Think carefully before using celebrity messengers

Celebrity chefs and sportspeople are familiar to the public, and can achieve campaign reach, however they can also cue unhelpful thinking when it comes to childhood obesity.

Celebrity chefs are familiar faces but can detract from campaign messages.

- ***Famous chefs are familiar messengers for food-related issues in general, and childhood obesity in particular.*** Celebrity chefs can be considered relatable by virtue of their prominence in the British media. Most people in the UK know and remember Jamie Oliver's campaigns about school meals. Focus group participants also easily identified other chefs like Gordon Ramsay or Nadiya Hussein and her family-friendly, inclusive shows. They tended to confer chefs some degree of credibility based on their first-hand experience with food.
- ***There is an assumption that as celebrities they are disconnected from people's daily lives and needs.*** People reason that wealthy celebrity chefs think they can tell others what to do. Focus group participants resented any type of advice or attempt to change food habits coming from someone significantly wealthier, notably from celebrity chefs.

- ***Celebrity chefs are known for their personality.*** The large personalities of public figures like Gordon Ramsay or Jamie Oliver can make it hard for people to see past their personality and focus on them as spokespeople for specific causes.

Celebrity sportspeople can cue unhelpful thinking around exercise, health, and obesity.

- ***Famous sportspeople (especially sportsmen) are familiar figures for the UK public and are seen as aspirational role models.*** Famous footballers and sportspeople are part of most people's lives in some form or other, which can make them relatable because they are familiar. Focus group participants repeatedly talked about Olympians as being committed and devoted to their sport, and as a result, being aspirational and worthy of respect.
- ***Sportspeople as messengers can cue assumptions about body shape = health and social norms of size and appearance.*** In our focus groups, even when participants assumed sportspeople – famous or not – could be credible and aspirational messengers, they struggled to connect them with systemic issues and solutions, and rather expected them to encourage children to exercise more and eat well. This can cue unhelpful individual thinking.
- ***Famous sportspeople (especially footballers) are seen as being too wealthy to truly care for the wellbeing of children.*** People often think that famous sportspeople's skyrocketing salaries have led them to be completely disconnected from the everyday lives and concerns of the public. There is also some suspicion of vested interests or bias, based on the assumption that the main goal of famous footballers, for instance, is to maximize profit and wealth rather than support a cause they might be representing.
- ***Marcus Rashford was thought of as the exception to the rule.*** Marcus Rashford's campaign against child food poverty was top of mind for most participants. He was perceived to be committed to the cause and had additional credibility due to his own experiences of poverty growing up. He has struck a chord with many people, but in their minds, it does not necessarily mean that other famous sportspeople will display the same type of commitment.

Messengers to avoid

Parents will likely cue substantial pushback and suspicion from the public, which could draw focus away from the content of their message. Because of the heavy responsibility assigned to parents for child obesity, using them as messengers will cue thinking about their responsibility to lead by example and make the right decisions for their own children. In our focus groups, participants asked to imagine parents as messengers for the issues of

children's health and childhood obesity consistently tried to preempt various types of judgment from the broader public or placed blame on parents as potential messengers themselves.

Getting politicians on message is important but using politicians as messengers will likely hurt, rather than help, future communications.

- ***People are fundamentally disillusioned about politics in the UK.*** People tend to reject politics and politicians altogether as symbols of a broken system, which leaves them with zero credibility as messengers on the issues of children's health and childhood obesity. More specifically, focus groups participants explained that they didn't trust politicians because:
 - Politics is currently too divisive for any politician to lead a national campaign and unite the public behind common goals.
 - Politicians are obsessed with power and personal gain, and not interested in the common good. Most participants were convinced that politicians as a group were turncoats with no principles who would flip flop on all positions depending on whether or not they're in power. Participants also reasoned that because public health officials are appointed by the government, they have agendas of their own and cannot be trusted in the way that other doctors might.
 - Politicians and government officials don't have a good track record on child obesity policies. Failed or poorly thought-out policies were top of mind for participants (e.g., recent school lunch scandal, proposal to provide calorie count for restaurant meals). In this way, politicians were not even afforded some degree of credibility based on their expertise, because, in participants' minds, they had proven incapable of creating meaningful change.
- ***Relying on politicians as messengers will likely cue the unhelpful view that childhood obesity is putting significant strain on the NHS.*** People often assume that politicians' decisions are primarily guided by a cost-benefit analysis. For many focus group participants, this cued the idea that childhood obesity is first and foremost an undesirable burden on society and the NHS.
- ***Whilst having politicians' champion campaigns will likely backfire, having them on message when they do talk about childhood obesity is still important.*** Given politicians reach in the media, and government involvement in activity to address childhood obesity, influencing their communications to be well-framed will still be important to avoid their communications reinforcing unhelpful narratives.

Other recommendations on messengers:

Use messengers in combination with existing recommendations, not as a standalone silver bullet. In recent focus groups, messengers did not by themselves shift participants' thinking in productive ways. In the absence of an effectively framed message, people are likely to fall back on their existing beliefs about the importance of encouraging children to eat healthier and practice more sports.

Choose messengers who have experience in making change and are embedded in people's everyday lives. This will help leverage the value that the public places on experience as a sign of credibility. Focus group participants overwhelmingly saw lived experience as the primary determiner of a messenger's credibility.^{vii} Based on our data, the most helpful way to leverage this deeply-held belief among the UK public is to uplift the voices of people who are already engaged in and committed to the issues of children's health and childhood obesity. This type of experience can lend credibility to messengers without triggering unproductive assumptions.

Give messengers concrete solutions to uplift and explain how they might work. This will help people focus on messengers' authenticity instead of assuming they are just looking at a publicity stunt, especially if the messenger happens to be famous. As one participant said about Marcus Rashford: "I think that authenticity is another really big flag. Marcus Rashford is the example of someone working at it hard and calling politicians out on it, and people believe in what he's saying".

Position messengers as speaking for something broader than themselves whenever possible. Whether it be a segment of society, an organization, a movement, this will help overcome the widely held assumption that most people – and therefore messengers – are mainly concerned with their own experiences and their own interests.

Conclusion

The pandemic has brought inequality to the fore in the British public's minds. There is a greater understanding that inequality in wealth is connected to inequalities in child health and obesity, though many people struggle to articulate fully why that might be. Nevertheless, this provides an important, and new, opening for campaigners.

The recommendations from the original Frameworks' research on improving children's health continue to be highly effective at shifting mindsets and building support for change. In the context of this heightened awareness of inequality, this memo outlines additional ways to flex and amplify the recommendations to bring about change.

In addition, the research found that using young people as messengers is likely to be an effective strategy for advocates, with teachers and doctors also being viewed as trusted voices on the issue.

About FrameWorks

The FrameWorks Institute is a non-profit think tank that advances the mission-driven sector's capacity to frame the public discourse about social and scientific issues. The organization's signature approach, Strategic Frame Analysis®, offers empirical guidance on what to say, how to say it, and what to leave unsaid. FrameWorks designs, conducts, and publishes multi-method, multi-disciplinary framing research to prepare experts and advocates to expand their constituencies, to build public will, and to further public understanding. To make sure this research drives social change, FrameWorks supports partners in reframing, through strategic consultation, campaign design, FrameChecks®, toolkits, online courses, and in-depth learning engagements known as FrameLabs. In 2015, FrameWorks was named one of nine organizations worldwide to receive the MacArthur Award for Creative and Effective Institutions.

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Appendix: Research Methods

Building on [previous research on childhood obesity in the UK](#), we conducted eight peer discourse sessions (a particular form of focus group) in May 2021 to get a sense of how the broader British public's thinking about childhood obesity and health more generally is, or is not, changing as a function of the COVID-19 pandemic. We asked participants to think about children's health and childhood obesity, as well as to think about food insecurity in the UK and what types of messengers are best suited to talk publicly about these issues.

Peer discourse sessions were held virtually, with six participants per session, and were recorded with the consent of participants. Participants were recruited to represent variation across demographic characteristics, including race/ethnicity, gender, age, political identification, residential location (urban/suburban/rural), geographical location (city/region), and education. Sessions were demographically mixed, including participants from different groups in the same sessions.

Endnotes

ⁱ See notably L’Hôte, E., Fond, M., & Volmert, A. (2018). *Communicating about Obesity: A FrameWorks Strategic Report*. Washington, DC: FrameWorks Institute. See also 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.

ⁱⁱ For a full list of strategic recommendations based on the previous phase of research for this project, see L’Hôte, E., Hawkins, N., & Levay, K. (2021). *Changing the childhood obesity conversation to improve children’s health: A FrameWorks strategic brief*. Washington, DC: FrameWorks Institute.

ⁱⁱⁱ See for instance Deslatte, Aaron. (2020). *To shop or shelter? Issue framing effects and social-distancing preferences in the COVID-19 pandemic*. *Journal of Behavioral Public Administration* 3(1).

^{iv} See notably Mark R. Joslyn & Donald P. Haider-Markel (2006) *Should We Really “Kill” the Messenger? Framing Physician-Assisted Suicide and the Role of Messengers*, *Political Communication*, 23:1, 85-103. See also Berelson, B. R., Lazarsfeld, P. F., & McPhee, W. N. (1954). *Voting: A study of opinion formation in a presidential campaign*. Chicago: University of Chicago Press.

^v See notably Valente, Thomas & Raquel, Myers. (2010). *The Messenger is the Medium: Communication and Diffusion Principles in the Process of Behavior Change*. *Estudios sobre las Culturas Contemporaneas*. 16.

^{vi} For a detailed discussion, see notably the cultural model of the “Caring Doctor” in Fond, M., Volmert, A., Levay, K., L’Hôte, E., & Kendall-Taylor, N. (2017). *Safety is more than caring: Mapping the gaps between expert, public, and health care professionals understandings of patient safety*. Washington, DC: FrameWorks Institute.

^{vii} This is consistent with recent research conducted by FrameWorks on other issues, like history in the US for instance. See notably Miller, T.L., L’Hôte, E., & Volmert, A. (2020). *Communicating about history: Challenges, opportunities, and emerging recommendations (a FrameWorks Strategic Brief)*. Washington, DC: FrameWorks Institute.