Framing Physical Activity

A FrameWorks Brief prepared for Get Doncaster Moving, October 2019

1 Background

1.1 About this brief

The FrameWorks Institute has a growing body of work on public attitudes to health in the United Kingdom. And two decades of work on activity, development and health worldwide. During this time, we have shaped health campaigns that built understanding, shifted attitudes and transformed policy and practice.

FrameWorks' UK team support agencies and organisations to apply these research insights. We help create compelling, resonant campaigns that deliver concrete goals while building the narratives that change hearts and minds.

This brief draws on:

- Only Part of the Story and Seeing Upstream (both 2018)
- Talking about Poverty (2016) and How to Talk About Poverty in the UK (2018)
- A substantive body of work on childhood development and adversity (2013-15)
- New prescriptive research on framing obesity and childhood obesity (to be published in 2019).

It's been prepared for the Get Doncaster Moving team at Doncaster Council to support upcoming communications and agency work.

1.2. About the FrameWorks Institute

FrameWorks is a world-leading not-for-profit communications think tank. Our work helps advocates replace bleak facts, statistics and anger with stories that change hearts and minds.

We harvest the latest knowledge of *how* people think and *what* affects their thinking. And shape this into unique communications advice, strategies and content. We've worked with a range of agencies, organisations and individuals in the UK; from the NSPCC and Joseph Rowntree Foundation, to activists with lived experience and high profile public figures like Jamie Oliver.

2 What is framing and what does it mean for communicators?

Framing an issue to change public attitudes over time means doing things a little differently to standard campaigns or awareness raising. Here are the general guiding principles.

2.1 Know what we're up against. Understand the challenges and opportunities we face given the deep-seated beliefs and assumptions people hold about an issue.

2.2 Navigate these beliefs and assumptions by making framing choices: what's included and activated, what's not, what's explained and how. No communication can say and do everything – we can make choices based on our ultimate goals and the effect we want to have on public thinking.

2.3 Trigger certain ideas. Bypass others. As soon as an idea is activated, it's strengthened and is very hard to argue against or disprove. Communications that lead with, take on or bridge from opposing views are likely to backfire.

2.4 Say why it matters – don't just tell it like it is. Align solutions with what people think is desirable and good. A strong values frame will open people up to hearing our message – and take them with us.

2.5 Show that change is possible, not just that problems are big and challenging. Huge problems can overwhelm – they feel too big to solve and people will swiftly add them to the pile of things that they don't have the time, energy or emotional capacity to engage with.

2.6 Equip and move your audience to think differently, don't just meet them where they are. Often communications that meet people where they are just keep them where they are. To drive change we need to give people different ways to think.

For more detail on the fundamental principles of framing, see Framing Stories for Social Change by FrameWorks' Nat Kendall-Taylor.

3 What are the key attitudinal challenges and opportunities when communicating about physical activity and health?

In terms of deep-seated public attitudes and beliefs, there are three main challenges we need to navigate:

3.1 The belief that ill-health happens when individuals make bad choices.

This draws on related ideas of individualism and the just-world hypothesis: that in life, we fail or succeed according to our own actions and merit. When this belief is active, people are more likely to blame individuals for their circumstances - and reason that someone is unhealthy because of

bad judgement and poor willpower. Individual problems need individual-level solutions - and this narrows the scope of public thinking about solutions.

When people think about young children with ill-health, individual blame is transferred to parents and primary carers.

3.2 We don't have a positive concept of health.

Health is understood as an absence of illness; either physical or mental. Without an active, positive conception of health, people reason that the role of healthcare providers is to respond to individuals in crisis - and not to involve all people in proactive, upstream care.

This belief takes on a moral dimension when service provision is seen as a zero-sum game. Care for an individual blamed for her own ill-health takes resources away from those not at fault.

3.3 The belief that ill-health is unfortunate, but inevitable and unfixable.

This draws on related ideas of determinism and modernity: that damage done is damage done, and that modern life is just bad for our health. When this belief is active, it's harder for people to see how systems and circumstances shape health - and in turn, how these could change.

This belief combines with others to imbue a powerful sense of fatalism throughout public thinking.

We also have three opportunities:

3.4 The belief that the government has a role to play in caring for our health.

The idea that government has some responsibility for health outcomes is rarely questioned - especially when people think about funding and the NHS. We can do more to strengthen this connection to include the wellbeing initiatives that maintain and protect health.

Activating this belief also bypasses fatalism and helps generate support for change.

3.5 To improve people's understanding of physical activity by talking about it differently.

Physical activity is seen as positive, but is also defined in ways that separate it from daily life: organised team sports, gym membership, or discrete activities away from the home. We can broaden people's understanding with specific examples of physical activity in our normal routine.

Before	Physical activity improves our health
After	Heading to the park, walking to work, taking the stairs - all of these give us more opportunities to get moving and improve our health

3.6 The belief that people can become overloaded.

People recognise that families struggling with poverty, ill health, stress or addiction can struggle to meet their and their family's needs. People can see that becoming overloaded can lead to a breakdown in health and care. The ability to see these issues in this way in turn presents a logical solution - the preventative activities, programmes, and support that lighten the load.

4 What should communicators do more of?

4.1 Bring context into view.

Identify and name the structural barriers in our environments that make it harder to be active. When we bring context into view, we bypass people's belief that individual action is the main determinant of health.

Before	Wolverhampton has lowest levels of physical activity than any other part of the UK
After	It's harder for us to be active in Wolverhampton than in any other part of the UK

Triggers to use: barriers, obstacles, blocks (all identified in specific locations and environments).

4.2 Normalise the support, not the struggle.

When we focus only on how hard it is to make change, we activate fatalism and the belief that our problems are insurmountable. This is particularly true for public thinking on health, which is seen as an individual battle.

Our communications need to balance identifying problems with providing effective solutions. We can highlight - and so normalise - the support available to all individuals when they need it. And what this means people can do as a result.

Before	By working hard and making changes in her life, Alice improved her health
After	With support to make changes in her life, Alice was able to improve her health

Triggers to use: support, help, now able to, lighten the load.

4.3 Focus on the options available to us to be healthy - and not the choices we make.

Focusing on options keeps people's focus on our external environment and the things that are available to us - as opposed to judging our decisions.

Before	New programme helps Leeds residents make more active choices
After	New programme gives Leeds residents more opportunities to get moving

Triggers to use: more options, opportunities to act, alternatives.

4.4 Use the design / redesign metaphor to call for changes to our environment.

This metaphor helps people see that our environments are a product of decisions made by people in power. And that with different decisions, our environments can be changed. This helps overcome fatalism and generate support for change.

It can also be used to activate related ideas of intentionality and pragmatism; that our environments should be able to meet our health needs.

Before	Our lifestyles are making us ill. We can change our neighbourhoods to help us stay active and healthy.
After	Our neighbourhoods are not designed to help us stay active and healthy. We can redesign our neighbourhoods to work for everyone.

Triggers to use: design, redesign, design flaw, programme, re-programme.

4.5 Celebrate and build support for new initiatives by appealing to our shared values.

Appeals to shared values increase support for action by reminding us why something matters. We can use these to position the programmes and initiatives that improve health as a collective social good.

Two values have potential in this space: **human potential**, and **problem-solving**.

Before	Strengthening this programme will improve families' health.
After	**Human potential** Strengthening support for families helps us care for what makes our city great: the people who live in it.
After	**Problem-solving** We need to take a practical approach here. Common sense tells us that by strengthening this support, we can improve health for families.

Triggers to use: we, us, our, our community, our city, our society.

5 What should communicators do less of?

5.1 Avoid language and images that implies people are lazy or lack willpower.

Communications that do this perpetuate fatalism, judgement, and stigma. And narrow the scope of people's thinking to individual-level solutions.

Before	Local MP says more is needed to get couch potato kids exercising
After	Local MP says more support is needed to tackle barriers to exercise

Before This programme is for people who aren't active enough
After This programme is for people who don't have enough opportunities to be active

Triggers to avoid: lifestyles, choices, better choices, decisions, the right decisions.

5.2. Avoid language that implies education is the main or only solution to ill-health.

This allows people to fall back on default understandings that ill-health is an issue for individuals who make poor decisions - or don't know any better. It also narrows the scope of public thinking on solutions to awareness-raising or education campaigns.

Before Council encourages parents to do more to get kids moving
After Council working together with parents to support getting kids moving
After Council programme provides families with more opportunities to get moving

Triggers to avoid: urge, encourage, increase awareness, raise awareness.

5.3 Don't remind people of the things we want them to forget.

Myth-busting rarely works to correct misconceptions. In many cases it backfires, and people dig deeper into their existing views. When we remind people of common health myths - even to rebut or counter them - we still activate and strengthen them in people's minds.

It's better to start with a new story - one that we want people to hear - and tell it strongly and consistently in our communications.

Before 'This isn't about lazy people,' says Chief Medical Officer
After 'This is about breaking down the barriers to health in our communities,' says Chief Medical Officer

Triggers to avoid: might think that, not true, myth, actually.

5.4 Avoid crisis framing that tells us ill-health and inactivity is out of control.

This activates fatalism and the belief that problems are so are so big as to be unsolvable. When we do need to call attention to the scale of a problem, we need to include solutions that match.

Before There is a public health crisis in Croydon and we need to step in before it gets out of control
After We can and must do more to improve public health in Croydon

Triggers to avoid: out of control, chaos, crisis, unmanageable.

5.5 Avoid facts and stats that just focus on the scale of the problem.

Numbers need a narrative that helps us to understand what they really say. Without these cues, facts and stats are often interpreted in line with what people already think. Or they cause people to switch off and disengage.

We need to deploy facts and stats as part of our overall story about physical activity - and not as the story itself.

Before In 2019, 10.5% of children aged 4-5 years were found to be obese, while one in five (20.1%) of those in Year 6 were obese.

After We need to improve children's health and wellbeing. An average of six ten years olds in a classroom of 30 is categorised as obese.

6 What's the most important change we can make?

Dial up our focus on context, opportunities, and barriers in our environment. Dial down our focus on individual actions, choices and lifestyle.