

Changing the Childhood Obesity Conversation to Improve Children's Health

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**FRAME
WORKS**

Prepared for Impact on Urban Health

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Introduction

How we talk about child health and obesity matters.

Growing evidence shows that where we live and what we earn shapes the options available to us in terms of food and activity.

But there's a disconnect between this evidence and general public understanding of the issue. This disconnect is one of the most significant barriers to tackling the problem.

Many people working in this field recognise that we urgently need to change the conversation. This project was commissioned to work out how.

This research has helped us better understand where the conversation is. The dominant narrative around childhood obesity is consistent with that of adult obesity – that it's the fault of individuals. A lack of individual willpower and a layer of judgement – parents are seen to be failing in their duty to protect their children. This perception is reinforced by a narrow focus on individual-level solutions such as cooking lessons, exercise classes or education about healthy food choices.

We've learned that people think child obesity is an unfortunate and inevitable feature of modern life and is therefore unsolvable.

All too often the story we tell doesn't point to the solutions to better health. It doesn't align with the type of society we need to be for children to grow up healthy and thriving. The story we tell can inadvertently activate blame and judgement and the idea that this is about "other people".

To change the conversation, we need to tell a new story about child health and obesity. A story that helps us create change by fostering a belief that progress is possible. And that the health of our children, including being a healthy weight, is something that matters to us all.

To tell this story we need to:

1. Lead with children's health and how we can improve it
2. Show how what surrounds us shapes us, including by:
 - Using a rivers metaphor to help people understand the role of contexts
 - Talking about the impact of advertising and marketing practices using a stage metaphor
3. Appeal to the need to meet children's needs, no matter where they live
4. Emphasise the potential for change, not just the need for it
5. Frame and explain data, not expect it to tell a story by itself
6. Harness the power of repetition to change hearts and minds.

This strategic brief outlines how we can talk about child obesity in order to tackle it. It:

- Outlines the most effective ways to change perceptions and build support for solutions
- Illustrates what this can look like
- Runs through the research that underpins these recommendations.

What Is Framing?

Framing means making choices about what to say and how to say it.

This reframing strategy can help communicators, experts and media professionals communicate more effectively with non-experts.

Using this strategy will foster better public understanding of what is driving child obesity levels in the UK. It will build support for the policies and interventions advocated by experts.

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

Child obesity is a top-of-mind issue for the British public, but people think about it in narrow, stigmatising and fatalistic ways.

By leading with children's health, not child obesity, we can have a different kind of conversation.

By telling a story with a positive outlook about creating and supporting good health – rather than addressing poor health – we inspire support for solutions.

How to do it

Before

Child obesity is a serious and growing crisis. One in three children are affected by the time they leave primary school, putting them at greater risk of diabetes, cancer and heart disease.

After

We need to improve the health and wellbeing of all children by making sure that everyone can get affordable, healthy food and has the opportunity to run and play.

DO make the issue “about” the need to improve health for all children, instead of making it “about” child obesity. Make child obesity part and parcel of the issue of children's health. When you need to talk about child obesity specifically, do so only after talking about children's health.

DO lead with what needs to be improved and created, rather than what needs to be dealt with. Talk about “wellbeing” and “opportunities” rather than about “illness” and “problems”.

Why this works

When we lead with or focus exclusively on child obesity, we activate certain deeply ingrained ways of thinking:

- The assumption that child obesity is an inevitable product of modern life, which condemns certain children to a lifetime of poor health, and ultimately to early death.
- The idea that poor parenting (of young children) and lack of willpower and moral values (in teenagers) are costing the NHS and the country as a whole.
- The stigmatising perception that children who are overweight or obese don't look "normal" and can't function the way "normal" children do. In this context, bullying and social isolation are perceived to be logical consequences of the visible *otherness* of obese children.

Once these beliefs are activated, it is hard to redirect people's thinking with facts or alternative arguments. Because human beings have a tendency to favour and recall information that confirms existing beliefs, the "child obesity" frame activates these ideas and makes it hard to hear and engage with different explanations and ideas.¹

By focusing on improving children's health, we can 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 child 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.

Recommendation #2: Explain how what surrounds us shapes us.

People's tendency to focus exclusively on parents can obscure the role that government and the food industry play.

When we highlight circumstances, contexts and the way our society is set up – and explain how this shapes health – we show that systems change is logical and necessary.

How to do it

Before

It can be hard for busy parents to make healthy choices for their families. We need evidence-based approaches to prevent obesity. We need to support families and promote physical activity.

After

The options and opportunities we all have available to us affect how healthy and active we are. Our society is often awash with unhealthy options – and many neighbourhoods have few opportunities for children to run and play safely.

DO explicitly connect opportunities to be healthy with environments. Highlight how the places children live and play can support their health and wellbeing (e.g. offer affordable, healthy food options and places to safely run and play), and what a place that doesn't support children's health looks like (e.g., a neighbourhood where families mainly have unhealthy food options).

DO talk about “options” and “opportunities” instead of “choices” which activates a narrow focus on individuals. Talk about “active living” instead of “healthy lifestyles.”

DO emphasise that change needs to happen at the local, regional and national level.

Specify who needs to play a role in making change, spell out what those roles should be, and stress that they will be strongest when working together. This provides a more concrete sense of what effective solutions might look like and the range of changes needed.

DO be clear what you mean when you talk about “physical activity”. This term is assumed to mean “organised exercise” and the idea that children should get off the couch and go for a jog. Instead say “run and play” and give examples of what active living looks like (walking to school, playing outside, cycling thanks to better bike lanes).

DO explain how contexts shape children, don't just assert it. When we connect causes with consequences and explain how one thing affects another, we significantly increase public understanding and support for key solutions.² Avoid complex, expert terms like “the food environment” and “obesogenic environment”. Instead, bring these concepts to life by explaining them well.

DON'T claim that environments *cause* obesity. People strongly reject oversimplified messages that suggest people have no agency. Be clear that environments matter but don't suggest they are all that matters.

Why this works

People know that social and environmental factors play a role in shaping children's health. But they don't think of them first or see them as key drivers of child obesity. What springs to mind first is:

- It is up to parents and teenagers to change their behaviours.
- The main – and sometimes only – solution is to educate parents and children alike about healthy behaviours.
- Children are naturally inclined to prefer high-fat, high-sugar, calorie-dense food which is naturally better tasting than healthier options.

Identifying and explaining how context has an impact activates a powerful and necessary sense of collective responsibility.

Using Metaphors to Broaden Thinking

Metaphors are powerful tools to explain complex or nebulous concepts by likening them to something more concrete and familiar.³ They paint a picture in people's head that guides and shapes thinking. We know that strong metaphors are memorable and shareable.

The two following metaphors – rivers and the stage – have been rigorously tested.

These metaphors work powerfully to improve understanding – in different ways. Avoid mixing metaphors within the same communication – or introducing different competing metaphors.

Lead with the rivers or the stage metaphor to provide context to individual children's stories.

Explain the role of environments using the rivers metaphor.

Explain the roles played by the built environment, the food system and commercial practices by comparing them to an imbalanced system of rivers.

Using this metaphor helps people understand how environments shape children's health and reduces the tendency to blame parents.

This metaphor is flexible and can be articulated in multiple ways. For instance we can talk about:

- The floodgates being open wide
- The flow of unhealthy options
- The trickle of healthy options
- Reducing or filtering the flow of unhealthy options
- Increasing and expanding the flow of healthy options
- Working upstream to manage the flow
- Opening new channels for health
- Flood prevention and protection.

How to do it

Before

The causes of obesity are complex and there's no silver bullet, but we know that the environment we live in plays a huge role. Instead of blaming individuals for child obesity, we need to look to the food environment. We need urgent changes to make the healthy choice the easy choice.

After

We can improve children's health in the UK by improving the flow of affordable, healthy food options and opportunities to run and play. Right now, the floodgates of unhealthy food options are open wide, and these options are overwhelming children and families.

DO bring the range of solutions into view. There are ways to prevent floods from happening (measures meant to actively improve health for children, in addition to restrictions and regulations), and communities have a role to play on the ground.

DON'T use this metaphor to suggest we are in a disaster movie or a tsunami from which there is no escape. Remember that it's easy for people to slip into thinking that problems are too big to solve. To prevent this, talk about expanding the flow of healthy options.

DON'T make fast foods and chicken shops your only focus when talking about unhealthy options. The prevalence of fast food restaurants and chicken shops in the UK is already top-of-mind for the public. Build on this, using the metaphor to expand people's understanding of a wide range of commercial practices such as in-store promotion and product formulation.

DO be clear that the “rivers” represent the food environment and what families are up against, not child obesity itself. The image of a flood is often used to further divisions on societal issues (such as immigration). Do not use this metaphor to suggest a flood of obese children. Be clear that children and families are “flooded by” advertising and unhealthy food options.

DO connect the metaphor to your audience's local context where appropriate.

When communicating in Southwark and Lambeth for instance, you can tap into people's knowledge of the River Thames and of the role of the Thames Barrier in London.

DO be creative and express this idea in lots of different ways, reinforcing the idea with images. Repetition is powerful and necessary.

Why this works

This metaphor paints a picture in people's head 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. As one focus-group participant put it, “With the river there's so many ingredients, you can add a dam, a bridge, a boat, a tributary and a wave.”

This 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.

The rivers metaphor lends itself to a powerful yet subtle critique of the food industry and decision-makers who can influence the environment. People often think of a “flood” as one form of attack on their way of life. This leads them to think and talk about marketing practices directed at children in terms of children being “bombarded”. This leads to a more forceful denouncement of food industry practices than it may initially suggest.

Talk about the impact of advertising and marketing practices using the stage metaphor.

Use the stage metaphor to explain how advertising and marketing practices engineer children's taste for high-sugar, high-fat, calorie-dense foods.

How to do it

Before

We've hit a devastating record high on childhood obesity and the food industry must take some responsibility. Every hour kids spend online increases the chance they'll buy junk food. We need urgent action to end the epidemic. This means restricting junk food adverts on TV and online.

After

Unhealthy food options are in the spotlight. Aggressive advertising aimed at children and fun promotions in supermarkets cast unhealthy options in a starring role in children's minds. Healthier food options get lost in the background or are pushed entirely offstage. We need to set the stage for health for all children.

DO paint a picture in which food options are on stage and children are the audience.

Use words like "spotlight", "star" and "leading role" to focus on the "key players" on stage. They make this scenario powerful and easy for people to remember. Use these terms in addition to more general descriptions of the set like "centre stage", "background", or the need to "set the stage".

DO use the stage metaphor as part of a broader argument about children's health.

This metaphor homes in on marketing and advertising practices rather than food environment more broadly. When proposing action on advertising and marketing practices, show how your proposals work in combination with other important solutions.

DO use this metaphor in relation to the promotion of unhealthy food. Don't let people connect it with public health education campaigns. Use words and phrases like "like" or "just as" that make the comparison between the metaphorical stage scenario and the real-life promotion of unhealthy food. Whenever possible, distinguish the real and metaphorical within the same sentence (e.g. "Unhealthy options are put **in a starring role** *in children's minds*").

Why this works

This metaphor helps people better understand the food industry's influence. It helps people see the way the food industry is:

- Engineering tastes and desires
- Directly influencing children – often without parental mediation
- Very powerful in how it works.

People assume children are naturally and automatically drawn to unhealthy food. This metaphor helps people see that this 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.

There are strong similarities between the metaphorical "entertainment on stage" scenario and the real-life "advertising and marketing" scenario: children are viewers in both, unhealthy food is in the spotlight in both. This makes the metaphor particularly powerful.

Recommendation #3: Appeal to the need to meet children's needs, no matter where they live.

Appeal to the public's strong sense that our society should be fairer and more equal. This establishes why this issue really matters, and why people care about it.

Doing this will get people to connect with the issue locally while building support for policy change and increasing belief that change is possible.

How to do it

Before

As inequalities rise, the poorest are being left behind. Poorer households prioritise calories over health benefits when money is tight. We need ambitious and effective plans to prevent and reduce childhood obesity. The poorest stand to benefit from this the most.

After

All children deserve to be treated fairly and have the same chances to thrive and be healthy, no matter where they live. Many families do not have access to the things children need to be healthy. We need to ensure that everyone can afford healthy options and opportunities.

DO focus on the characteristics of places, not people, to talk about the needs of particular areas. Don't single out areas (like Southwark and Lambeth) for their high child obesity rates: people won't believe it or will focus on what parents are doing wrong. Instead, emphasise the opportunities that particular areas don't have but should have that are available to children elsewhere, like youth clubs and safe spaces to be active. Mention solutions that match the scope of the problems.

DO explain the link between obesity and inequality, don't just assert or describe it. Connect inequality to children's access to healthy options and opportunities and bring the solutions to this into view.

DO talk about constructive solutions that could be rolled out locally. In focus groups and interviews, residents of Southwark and Lambeth often mentioned that children could go to certain swimming pools in Southwark for free at specific times of the week. They believed the local council should expand this initiative to reach more people.

DO explain that solutions targeting particular areas and families make society fairer for all children. Some people understand fairness and equality to mean that everyone is treated the same way at all times. As a result, they might think that targeted solutions are unfair to middle-class communities and families. To address this type of concern, explain that such targeted solutions will help create a fairer society for all by helping children and families according to their needs.

Why this works

People see child obesity as a serious issue nationally, but need prompting:

- To see this as an important local issue
- To believe that something can and should be done about it.

This frame helps people to see the responsibility of society as a whole when it comes to children's health.

It can be hard to engage with child obesity as a local issue. People don't "see" many children they identify as visibly obese in their local area. They are reluctant to stigmatise the place where they live by associating it with poor health.⁴ For those who don't themselves have children at home, they do not feel concerned or hugely interested in the issue.

The value of fairness navigates the idea that this 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. This drives notable engagement at the local level, and a sense of the roles and responsibilities of local councils and local communities.

People know that healthy food is expensive and unaffordable for families on low incomes. They generally agree with the idea that children's opportunities to be healthy are unequally distributed across the country but shouldn't be.

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. It also helps people see that policy changes would not only improve children's health and reduce child obesity rates, but also benefit the national economy.

Recommendation #4: Emphasise the potential for change, not just the need for it.

When calling to action, balance efficacy ("something can be done") and urgency ("this is a bad problem, we need to act now").

How to do it

Before

The childhood obesity crisis poses a serious threat to the health and wellbeing of the next generation and to the future of the NHS. Soaring rates of obesity, a major risk factor for many serious health conditions like type 2 diabetes, heart disease and cancer, could potentially bankrupt the NHS.

After

We need to act now to improve children's health in the UK. The floodgates of unhealthy food options are open wide and our children don't have enough healthy options and opportunities to run and play. Child obesity is a national emergency in the UK, but we can tackle this and help all children to be healthy with concrete steps that are within our reach as a society.

DO get the balance of urgency and efficacy right with one-third “this is a national emergency” and two-thirds “we can fix this”. Apply this rule to both content and tone.

DO propose concrete, actionable solutions that match the scope of the problem.

This makes it clear that positive change is within reach and increases support for it.

DO double down on solutions when talking about obesity among teenagers. The older the children you're talking about, the more efficacious your tone should be. Focusing on concrete solutions and action is the most effective way to shift focus from the individual responsibility of adolescents towards the influence of environments and systems.

DO explain how existing policies and programmes need to be strengthened and expanded.

This will avoid activating the idea that there is very little left to do that isn't already in effect, and that the rest is up to parents and individuals.

DO be specific about the solutions you put forward. When focusing on the new policies that need to be implemented, always explain how they would work, who would be responsible for implementing them (be more specific than “government”), and what these new policies would achieve.

Why this works

When concrete solutions are at the core of a message, people focus on what can be achieved and are more confident that something can be done to fix the issue. It bypasses the deeply ingrained beliefs that individuals are responsible for their own lot in life.

An efficacious tone is the most effective way to shift people's thinking about obesity among teenagers and to help them understand the role of environments in shaping their health.

Because people are already aware that child obesity is a serious issue in the UK, it doesn't take much to activate a sense of urgency. An exclusive or heavy dose of crisis quickly activates the idea that the problem is too far gone and nothing can be done.

Recommendation #5: Frame and explain data – don't expect it to tell a story by itself.

Situate data and statistics within a broader narrative and select them carefully. Don't expect facts and figures to speak for themselves and convey meaning.

Use data about childhood obesity rates sparingly and explain what they are saying.

How to do it

Before

In 2017/18, 9.5% of children aged 4–5 years were found to be obese, while one in five (20.1%) of those in Year 6 were obese. The prevalence of obesity in both age groups rose from 2016/17. Obese children are more than twice as likely to die prematurely as they are at greater risk of developing type 2 diabetes, heart disease, cancer and depression than their peers who are a healthy weight.

After

We need to improve children's health and wellbeing. In a classroom of 30 ten-year-olds, on average, six will be categorised as obese. Families are up against a flood of unhealthy food options. We need to ensure that all neighbourhoods provide affordable, healthy food options and set up our streets and schools so that children can run and play.

DO provide facts and data about places and environments at least as often as statistics about child obesity rates and facts about food and exercise.

DON'T use unframed data. Use the frames and recommendations in this brief to contextualise data and tell a clear, consistent story.

Why this works

Data showing high levels of child obesity do not shift how people think and reason. If you don't provide people with clear frames and strategies to make sense of facts and data points, they will simply rely on their existing understandings of the issue and come up with their own narrative to understand what those data mean.⁵

Unframed stats about the recent, rapid changes in child obesity rates in the UK, and in Southwark and Lambeth, encourage fatalism, nostalgia and a reinforced notion that parents and families are responsible for the issue.

Recommendation #6: Harness the power of repetition to change hearts and minds.

People default to seeing families in isolation to the societal changes needed to improve children's health. The frames and strategies recommended are powerful tools that can overcome this.

To build support for the scale of change needed, this new story must be heard many times over an extended period.

Why this works

The public's unproductive ways of thinking about child obesity are deeply ingrained and get reinforced by unproductive trends in public discourse that focus on parents' and individuals' responsibility for the issue.

The more people hear a frame, the more powerful it becomes. Repeating ideas has the power to change the brain's patterns and, as a result, change people's default ways of reasoning about an issue.⁶

To make tackling obesity and improving children's health a reality, we need to establish a new normal in how we talk and think about it. We need to make it far easier for people to connect environments with children's health and wellbeing.

Appendix 1: Research Methods

To arrive at the recommendations below, we applied Strategic Frame Analysis® – an approach to communications research and practice that yields strategies for reframing social issues in order to change the discourse around an issue. This approach has been shown to increase understanding of, and engagement in, conversations about public health and other scientific and social issues.

This work builds on earlier research, which includes literature review, cognitive interviews and on-the-street interviews with members of the public. The following sources of data inform the findings and recommendations included in this report: to identify effective ways of talking about parenting, FrameWorks researchers developed a set of candidate frames.⁷ These frames were tested in 2018 and 2019 – locally in Southwark and Lambeth and at a national level in the UK – and refined using three methods: on-the-street interviews, survey experiments, and peer-discourse sessions.

All told, more than 5,800 people from across the UK were included in this research.

Earlier research by the FrameWorks Institute identified how members of the public in Southwark and Lambeth think about obesity. These views were compared and contrasted with the understandings of experts on the issue. The full research report, which describes the gaps as well as overlaps in thinking between these different groups, is available online at:

www.frameworksinstitute.org/publication/communicating-about-obesity

On-the-street interviews

Frame design is followed by a set of on-the-street interviews to explore potential framing tools with members of the public. We conducted approximately 45 rapid, face-to-face on-the-street interviews in the London boroughs of Southwark and Lambeth. We first asked participants to respond to open-ended questions about a target area – in this case child obesity. Participants were then presented with a candidate frame and asked questions that parallel the initial set to explore how the frame is able to restructure understanding, open up new ways of thinking and give people productive language to use in discussing child obesity.

Experimental surveys

Two online experimental surveys involving a total sample of 5,750 respondents were conducted between March and June 2019 to test the effectiveness of frames on public understanding, attitudes and support for programmes and policies. We used a nationally representative sample designed to approximate – whenever possible – the demographics of Southwark and Lambeth (London).

The table below provides the demographic breakdown of our participant sample across both survey experiments.

Table 1. Survey experiment demographic information

| Demographic | % of sample (n = 5,750) |
|--|-------------------------|
| Country of residence | |
| England | 89.5% |
| Wales | 4.5% |
| Scotland | 5.4% |
| Northern Ireland | 0.7% |
| Age | |
| 18–39 | 41.3% |
| 40–49 | 18.2% |
| 50–64 | 23.1% |
| 65 and above | 17.4% |
| Sex | |
| Male | 47.5% |
| Female | 52.6% |
| Income | |
| Less than £15,000 | 17.5% |
| £15,000–£29,999 | 29.7% |
| £30,000–£44,999 | 23.0% |
| £45,000 or more | 29.9% |
| Education | |
| No formal qualifications/GCSE grade D–G | 13.2% |
| GCSE grades A*–C, A levels and apprenticeships | 34.9% |
| Undergraduate or graduate degree | 51.9% |

Table 1 continued. Survey experiment demographic information

| Demographic | % of sample (n = 5,750) |
|---------------------------------------|-------------------------|
| Race and ethnicity | |
| White | 85.4% |
| Black, Asian, or other ethnic group | 14.7% |
| Party identification | |
| Labour | 52.6% |
| Conservative | 22.2% |
| Liberal Democrat | 16.5% |
| Green Party | 4.0% |
| Other party | 4.8% |
| Parental status | |
| Parent of child(ren) 18 and under | 29.9% |
| Not parent of child(ren) 18 and under | 70.1% |

In each survey, respondents were randomly assigned to a treatment or control condition. Those assigned to the control condition received descriptive information about a fictional legislative proposal (the “End Child Obesity Bill”), which included three specific policies intended to promote developmental relationships. Those assigned to treatment conditions received identical information about the same proposal, but framed in a particular way with a particular frame element, such as a metaphor or values-based argument (see below for the full list of treatments). The name of the initiative for these respondents was also changed to enhance or strengthen the frame being tested.

The basic text of the Bill read as follows:

The End Child Obesity Bill would invest £50 billion over 10 years to reduce child obesity rates across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

The first experiment tested ten message treatments. We tested four metaphors (Road System; Ecosystem; Rivers; Stage v.1) and six “this issue is about...” frames (Children’s Health Promotion; Children’s Health Prevention; Child Obesity; Environments + Children’s Health Promotion; Environments + Children’s Health Prevention; Environments + Child Obesity).

The second experiment tested eleven message treatments: one metaphor (Stage v. 2 (Theatre)); four values-based messages (Fairness Across Places; Freedom; Human Potential; Inequality); two different tones which were compared to a specific “tone control” message (Crisis Tone; Efficacious Tone); and three ways of telling individual stories (Individual Story + Individual Explanation; Individual Story + Structural Explanation; Thematic Story + Individual Example).

After reading the message, all respondents were asked an identical series of questions designed to measure knowledge, attitudes and policy preferences relating to parenting. Each battery consisted of multiple questions. Questions were Likert-type items with seven- or five-point scales, yes/no questions, or open-ended questions requiring free-text answers. Sample survey questions are provided in Table 2 below.

Multiple-regression analysis was used to determine whether there were significant differences in responses to questions between the treatment groups and the control group. To help ensure that any observed effects were driven by the frames rather than demographic variations in the sample, all regressions controlled for the demographics mentioned above. A threshold of $p < 0.05$ was used to determine whether treatments had any significant effects.

Table 2. Desired communications outcomes: knowledge, attitudes, and policy support

| Scales | Sample questions | Answers |
|---|--|--|
| Attitudes towards the Bill | How much do you favour or oppose the Bill? | 'Strongly oppose'; 'Oppose'; 'Somewhat oppose'; 'Neither favour nor oppose'; 'Somewhat favour'; 'Favour'; 'Strongly favour' |
| Understanding of the effects of the Bill | How big an effect do you think the Bill would have on children's health in the UK? | 'No effect'; 'A small effect'; 'A moderate effect'; 'A large effect'; 'A very large effect' |
| Specific policy support | How much do you favour or oppose each of the different parts of the [pipe in name from assigned treatment] Bill? | 'Strongly oppose'; 'Oppose'; 'Somewhat oppose'; 'Neither favour nor oppose'; 'Somewhat favour'; 'Favour'; 'Strongly favour' |
| Understanding of systemic vs. individual causes | In the UK, when young children are obese, why do you think that is? Please rank the following explanations for obesity among young children in the UK, putting the best one at the top. When young children are obese, it is because of... | Children's lack of motivation or effort; Children's lack of knowledge about nutrition; Genetics; Lack of parental discipline; Parents' lack of motivation or effort; Parents' lack of knowledge about nutrition; Lack of healthy food options; Healthy food being more expensive than unhealthy food; Advertising for unhealthy food that targets children and families; Lack of outdoor spaces for children to use; Families' lack of financial resources; High housing costs |
| Collective efficacy ("We can fix this") | How optimistic or pessimistic do you feel that we, as a society, can eliminate child obesity in the UK? | 'Extremely pessimistic', 'Pessimistic', 'Somewhat pessimistic', 'Neither optimistic nor pessimistic', 'Somewhat optimistic', 'Optimistic', 'Extremely optimistic' |
| Collective responsibility to act | In your view, how much of an obligation does our society have to reduce child obesity? | 'No obligation at all'; 'A very small obligation'; 'A small obligation'; 'A moderate obligation'; 'A large obligation'; 'A very large obligation'; 'An extremely large obligation' |

Peer-discourse sessions

Six peer-discourse sessions (a form of focus group) were conducted with a total of 54 residents of Southwark and Lambeth to explore how the frames worked in conversational settings in order to refine their execution and generate recommendations for their use. We used a sample designed to approximate – whenever possible – the demographics of Southwark and Lambeth.

Messages Tested in the Survey Experiments

Metaphors

Road System

We need to build paths to healthy food and fitness options for children

We can reduce child obesity in the UK by building better paths to affordable, healthy food options and opportunities for physical activity, and by reducing the prominence of unhealthy food options.

Right now, our food and fitness infrastructure is badly built. The roads to unhealthy options are well-lit and clearly marked, with displays and discounts in supermarkets and aggressive advertising targeted at children on TV. Roads to healthier options, on the other hand, are poorly maintained and hard to see, as many neighbourhoods have little or no access to affordable fresh fruit and vegetables or to safe outdoor spaces where kids can run and play. This leads to poor health outcomes and high rates of obesity for children. But just like we can take action to make our road system safer, there are concrete steps we can take to build and maintain a healthier food and fitness infrastructure for all children.

That's why we should pass the End Child Obesity Bill, which would invest £50 billion over 10 years to reduce child obesity rates across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like "buy one get one free" offers); and fund local councils to build one additional playground in every neighbourhood.

The End Child Obesity Bill would reduce child obesity by building and maintaining a healthier, more reliable food and fitness infrastructure for all children in the UK.

Rivers

We need to increase the flow of healthy food and fitness options for children

We can reduce child obesity in the UK by improving the flow of affordable, healthy food options and opportunities for physical activity, and by managing the flood of unhealthy food options. Right now, the floodgates of unhealthy food options are open wide, and these options are drowning children and families. Displays and discounts in supermarkets and aggressive advertising targeted at children on TV keep the flow of unhealthy food moving. And in many neighbourhoods, only a trickle of healthier food options and opportunities to be physically

active can flow in, because these places have little or no access to affordable fresh fruit and vegetables or to safe outdoor spaces where kids can run and play. This leads to poor health outcomes and high rates of obesity for children. But just like we can take action to prevent floods and keep water flowing where it is needed, there are concrete steps we can take to reduce the flow of unhealthy food while increasing the flow of affordable, healthy food options and opportunities to be physically active.

That's why we should pass the End Child Obesity Bill, which would invest £50 billion over 10 years to reduce child obesity rates across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like "buy one get one free" offers); and fund local councils to build one additional playground in every neighbourhood.

The End Child Obesity Bill would reduce child obesity by reducing the flood of unhealthy food options and increasing the flow of healthy food and fitness options for all children in the UK.

Ecosystem

We need to create a healthy food and fitness ecosystem for children

We can reduce child obesity in the UK by making sure that all children have a balanced set of affordable, healthy food options and opportunities for physical activity, and by managing unhealthy food options that can too easily take over.

Right now, our food and fitness environment is off balance. Just like ecosystems stop working when aggressive species become too strong, our food environment is not working because unhealthy food options have taken over, spread by displays and discounts in supermarkets and aggressive advertising targeted at children on TV. And opportunities to eat well and be physically active are dying out, since many neighbourhoods have little or no access to affordable fresh fruit and vegetables or to safe outdoor spaces where kids can run and play. This leads to poor health outcomes and high rates of obesity for children. But just like we can take action to restore balance to an ecosystem, there are concrete steps we can take to help sustain a healthier food and fitness environment for all children.

That's why we should pass the End Child Obesity Bill, which would invest £50 billion over 10 years to reduce child obesity rates across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like "buy one get one free" offers); and fund local councils to build one additional playground in every neighbourhood.

The End Child Obesity Bill would reduce child obesity by restoring and sustaining a healthier, more balanced food and fitness environment for all children in the UK.

Stage v.1

We need to set the stage for healthy food and fitness for children

We can reduce child obesity in the UK by strengthening the role of affordable, healthy food options and opportunities for physical activity, and by pushing unhealthy food options to the background.

Right now, unhealthy food options are in the spotlight. Displays and discounts in supermarkets and aggressive advertising targeted at children on TV keep unhealthy food options in a starring role. And in many neighbourhoods, healthier food options and opportunities for physical activity get lost in the background or are pushed entirely offstage, because these places have little or no access to affordable fresh fruit and vegetables or to safe outdoor spaces where kids can run and play. This leads to poor health outcomes and high rates of obesity for children. But just like a producer can change the star of a show, there are concrete steps we can take to set the stage for healthy food and physical activity for all children.

That's why we should pass the End Child Obesity Bill, which would invest £50 billion over 10 years to reduce child obesity rates across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like "buy one get one free" offers); and fund local councils to build one additional playground in every neighbourhood.

The End Child Obesity Bill would reduce child obesity by pushing unhealthy options into the background and setting the stage for healthier food and fitness for all children in the UK.

Stage v.2 (Theatre)

We need to set the stage for children's health

We can reduce child obesity in the UK by setting the stage for children's health everywhere in the country. This means making more room for affordable, healthy food options and opportunities to run and play, and pushing unhealthy food options to the background everywhere in the country.

Right now, in many of our neighbourhoods, the stage is set for poor child health and child obesity, with displays and discounts for unhealthy food options in supermarkets, aggressive advertising on TV, and too few options and opportunities to be healthy lost in the background,

as many neighbourhoods have little or no access to affordable fresh fruit and vegetables or to safe outdoor spaces. But there are concrete steps we can take to change and reorganise our neighbourhoods: this will ensure we set the stage for children’s health and reduce child obesity rates everywhere in the UK.

That’s why we should pass the End Child Obesity Bill, which would invest £50 billion over 10 years to reduce child obesity rates across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

The End Child Obesity Bill would reduce child obesity by setting the stage for children’s health everywhere in the UK.

“This Issue Is About...” Frames

Children’s Health Promotion

We need to promote children’s health

Health experts have developed a new proposal to improve the health and wellbeing of all children in the UK – the Healthy Child Bill. The bill is designed to make sure all children can get affordable, healthy food and have opportunities for physical activity, and that unhealthy food isn’t the main option for them. The bill would help all children be healthy and well, and would lower child obesity rates in the UK.

The Healthy Child Bill would invest £50 billion over 10 years to improve child health across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

The Healthy Child Bill would support better health for all children and reduce child obesity across the UK. By making sure all children have healthy food options and opportunities to run and play, we can strengthen the health of our children.

Children’s Health Prevention

We need to combat threats to children’s health

Health experts have developed a new proposal to address the serious health problems that are currently affecting children in the UK – the Addressing Threats to Children’s Health Bill. The bill is designed to make sure that unhealthy food isn’t the main option for children, and that they can all get affordable, healthy food and have opportunities for physical activity. The bill would combat poor child health and lower child obesity rates in the UK.

The Addressing Threats to Children’s Health Bill would invest £50 billion over 10 years to fight poor child health across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

The Addressing Threats to Children’s Health Bill would tackle health problems children are facing and reduce child obesity across the UK. By dealing with unhealthy food options and lack of opportunities to run and play, we can address the health issues that threaten our children.

Child Obesity

We need to combat child obesity

Experts on obesity have developed a new proposal to address child obesity, a serious issue that is currently affecting too many children in the UK. The End Child Obesity Bill is designed to make sure that unhealthy food isn’t the main option for children, and that they can all have affordable, healthy food and opportunities for physical activity. The bill would lower child obesity rates in the UK.

The End Child Obesity Bill would invest £50 billion over 10 years to reduce child obesity rates across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

The End Child Obesity Bill would combat child obesity across the UK. By dealing with unhealthy food options and making sure all children can get affordable, healthy food and have opportunities to run and play, we can address the serious issue of child obesity.

Environmental Promotion of Children’s Health

We need to create healthy neighbourhoods for children

Health and community-building experts have developed a new proposal to make sure every neighbourhood in the UK can support the health and wellbeing of children. The Healthy Places, Healthy Children Bill is designed to ensure that neighbourhoods offer affordable, healthy food options and places where children can be physically active, and don’t mainly provide unhealthy food options for kids. The bill would make sure that the places where children live and play help them to be healthy and well, and would lower child obesity rates in the UK.

The Healthy Places, Healthy Children Bill would invest £50 billion over 10 years to create healthier neighbourhoods across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

The Healthy Places, Healthy Children Bill would create healthier neighbourhoods across the UK, which would reduce child obesity. By making sure that all neighbourhoods have healthy food options and places to run and play, we can strengthen the health of our children.

Environmental Prevention of Children’s Health

We need to address the ways neighbourhoods threaten children’s health

Health and community-building experts have developed a new proposal to address the problems with neighbourhoods that are currently causing health problems for children in the UK. The Unhealthy Places, Unhealthy Children Bill is designed to make sure that neighbourhoods don’t mainly provide unhealthy food options for children, and offer affordable, healthy food options and places where kids can be physically active. The bill would make sure that the places where children live and play don’t cause health problems, and would lower child obesity rates in the UK.

The Unhealthy Places, Unhealthy Children Bill would invest £50 billion over 10 years to address the features of neighbourhoods that threaten children’s health across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

The Unhealthy Places, Unhealthy Children Bill would address the problems with neighbourhoods that cause poor child health and reduce child obesity across the UK.

By making sure that neighbourhoods offer fewer unhealthy food options and more places to run and play, we can address the health issues that threaten our children.

Environmental Prevention of Child Obesity

We need to create neighbourhoods that don't cause child obesity

Experts on child obesity and community building have developed a new proposal to address the problems with neighbourhoods that are causing too many children in the UK to become obese. The Unhealthy Places, Obese Children Bill is designed to make sure that neighbourhoods don't mainly provide unhealthy food options for children, and offer affordable, healthy food options and places where kids can be physically active. The bill would make sure that the places where children live and play don't cause them to be obese and would lower child obesity rates in the UK.

The Unhealthy Places, Obese Children Bill would invest £50 billion over 10 years to address the features of neighbourhoods that lead to child obesity across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like "buy one get one free" offers); and fund local councils to build one additional playground in every neighbourhood.

The Unhealthy Places, Obese Children Bill would address the problems with neighbourhoods that cause child obesity. By making sure that neighbourhoods offer fewer unhealthy food options and that all neighbourhoods have affordable, healthy food and places to run and play, we can address the serious issue of child obesity.

Values

Fairness Across Places

We need to treat all children fairly, no matter where they live

All children deserve to be treated fairly and have the same chances to thrive and be healthy, no matter where they live. Right now, there are many neighbourhoods in the UK that do not provide children with what they need to be healthy. To create fairness across places, we need to ensure that neighbourhoods offer affordable, healthy food options and places where children can be physically active, and don't mainly provide unhealthy food options for kids. By creating healthy neighbourhoods, we can give all children a fair chance to be healthy and lower child obesity rates in the UK.

We can do this by passing the Fairness in Children’s Health Bill, which would invest £50 billion over 10 years to make sure that all neighbourhoods across the country are healthy. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

By making sure that all neighbourhoods have healthy food options and places to run and play, we can support the health of our children and ensure they all have the same opportunities to thrive, no matter what street they live on.

Freedom

Parents need to be free to raise healthy children

In a free society, parents and families should be in a position to make healthy choices for their children and make decisions that meaningfully shape their lives. Right now, many parents and families in the UK are not really free to raise healthy kids, because our society does not make healthy choices a real option for them. To give every parent and every family in the UK the freedom to raise healthy children, we need to ensure that neighbourhoods offer affordable, healthy food options and places where children can be physically active, and don’t mainly provide unhealthy food options for kids. By making healthy decisions a real option, we can give all families the freedom to be healthy and lower child obesity rates in the UK.

We can do this by passing the Freedom to Raise Healthy Children Bill, which would invest £50 billion over 10 years to make sure that families across the country have the freedom to raise healthy children. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

By making sure that all neighbourhoods have healthy food options and places to run and play, we can ensure that we live in a society that is truly free, in which everyone is in a position to raise healthy children.

Human Potential

We need to support all children to reach their potential

Our country's most important resource is the potential of our children, and we need to support their ability to contribute to our society throughout their lives. Right now, many children in the UK cannot develop to their full potential, because our society does not provide all children with what they need to be healthy. To make it possible for all children to live up to their full potential, we need to make sure that all children can get affordable, healthy food and have opportunities to be physically active, and that unhealthy food isn't the main option for children. By making sure all children have what they need to be healthy, we can improve children's health and lower child obesity rates in the UK, so that all children can thrive and help us build a successful future.

We can do this by passing the Healthy Children, Bright Future Bill, which would invest £50 billion over 10 years to make sure that children across the country can thrive and be healthy. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like "buy one get one free" offers); and fund local councils to build one additional playground in every neighbourhood.

By making sure that all neighbourhoods have healthy food options and places to run and play, we can support the health of all children, and help them develop their potential to build a bright future for our country.

Inequality

We need to address inequalities to improve children's health

When inequalities are too high in a society, children are less likely to have good health, and are less likely to thrive. Right now, inequality in the UK is high and many children don't have what they need to be healthy. If we want all children in our country to be healthy and thrive, no matter where they live, we need to take steps to address the inequalities that cause poor health in the first place. We need to ensure that neighbourhoods offer affordable, healthy food options and places where children can be physically active, and don't mainly provide unhealthy food options for kids. Addressing inequalities will improve children's health and lower child obesity rates in the UK.

We can do this by passing the More Equality, Healthier Children Bill, which would invest £50 billion over 10 years to address some of the inequalities that affect health. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options

(like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

By making sure that all neighbourhoods have healthy food options and places to run and play, we can help reduce the inequalities that lead to poor health for children.

Tone

Tone control

According to a recent survey, more than one in five children in the UK are already overweight or obese when they start school at 4–5 years old, and by year 6 (aged 10–11) this figure increases to one in three. This is because in many places in the UK, children don’t have enough options for healthy food and opportunities for physical activity. Obesity can lead to lifelong health issues like heart disease, cancer and diabetes.

This is why we should pass the End Child Obesity Bill, which would invest £50 billion over 10 years to reduce child obesity rates across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

Crisis Tone

We need to address the child obesity epidemic raging in the UK

A child obesity epidemic is currently raging across our country. A recent survey sounds the alarm: more than one in five children in the UK are already overweight or obese when they start school at 4–5 years old, and by year 6 (aged 10–11) this figure increases to a staggering one in three. This is because in many places in the UK, children don’t have enough options for healthy food and opportunities for physical activity. Obesity can have dire consequences for people’s health, leading to severe health issues like heart disease, cancer and diabetes. This is a national emergency: if we don’t act now, it will be too late and the consequences will be catastrophic.

This is why we should pass the End Child Obesity Bill, which would invest £50 billion over 10 years to address the child obesity epidemic plaguing our country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

We need to address the raging obesity epidemic that is threatening our children's health and destroying their future, or we will suffer disastrous consequences.

Efficacious Tone

We can improve children's health in the UK by acting now

Together, we can take concrete steps that will have a positive impact on children's health and reduce child obesity in the UK. According to a recent survey, more than one in five children in the UK are already overweight or obese when they start school at 4–5 years old, and by year 6 (aged 10–11) this figure increases to one in three. This is because in many places in the UK, children don't have enough options for healthy food and opportunities for physical activity. By acting now, we can make sure that children can grow up to be healthy and well and prevent lifelong health issues like heart disease, cancer and diabetes. Child obesity is not inevitable: we can reduce obesity and help all children be healthy by taking a series of concrete steps that are within our reach.

This is why we should pass the End Child Obesity Bill, which would invest £50 billion over 10 years to promote children's health and reduce child obesity rates across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like "buy one get one free" offers); and fund local councils to build one additional playground in every neighbourhood.

By taking these practical and attainable steps to support children's health, we can make a real difference in children's lives and reduce child obesity. We can start making change today.

Stories

Individual Story + Individual Explanation

Stories of child obesity in the UK: Tom from Buckinghamshire

Tom is an 11-year-old boy who lives in a low-income area of Buckinghamshire. He weighs about 20 stone (127kg). "A lot of his eating habits are out of my control," his mother explains. According to her, he consistently makes unhealthy choices. He eats too much, at school and at home, and exercises too little. "He prefers staying home and watching TV than going out to the park." She says she tries to help him but things can only change if he decides to help himself.

The new End Child Obesity Bill, which would invest £50 billion over 10 years to reduce child obesity rates across the country, is designed with Tom and children like him in mind.

If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and in public transports; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

Taking these steps could make a real difference for Tom, giving him healthy food options and opportunities to run and play, which would help him be healthy and well if he chose to take advantage of them.

Individual Story + Structural Explanation

Stories of child obesity in the UK: Tom from Buckinghamshire

Tom is an 11-year-old boy who lives in a low-income area of Buckinghamshire. He weighs about 20 stone (127kg). “A lot of his eating habits are out of my control,” his mother explains. According to her, there are no safe parks for him to run around and play close to their flat, and it is hard to find affordable, healthy food options at the local supermarket. She says she tries to help her son but things can only change if their neighbourhood starts to change as well.

Children like Tom are why we need to pass the End Child Obesity Bill, which would invest £50 billion over 10 years to reduce child obesity rates across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and in public transports; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

Taking these steps would make a real difference for Tom, helping him be healthy and well by giving him healthy food options and opportunities to run and play.

Thematic Story with Individual Example

Why is there child obesity in the UK and what can we do about it?

In the UK, children living in deprived neighbourhoods are more likely to be overweight or obese than children living in wealthier areas, because their neighbourhoods do not support their health and wellbeing. Take the example of Tom, an 11-year-old boy who lives in a low-income area of Buckinghamshire. He weighs about 20 stone (127kg). “A lot of his eating habits are out of my control,” his mother explains. According to her, there are no safe parks for him to run around and play close to their flat, and it is hard to find affordable, healthy food options at the local supermarket. This is true not only for Tom, but for children across the UK living in similar neighbourhoods. Things can only change if we take steps to make sure that the places where children live and play help them to be healthy and well.

This is why we need to pass the End Child Obesity Bill, which would invest £50 billion over 10 years to reduce child obesity rates across the country. If passed, the government would regulate adverts for unhealthy food aimed at children and families on TV and on public transport; offer tax relief to local supermarkets if they stock more healthy food options at cheaper prices and stop promotional offers on unhealthy food options (like “buy one get one free” offers); and fund local councils to build one additional playground in every neighbourhood.

By giving Tom and all children in the UK healthy food options and opportunities to run and play, we can help them be healthy and well, no matter where they live.

Appendix 2: Results from Survey Experiments

“This issue is about...” frames (Recommendations #1 and 2.a)

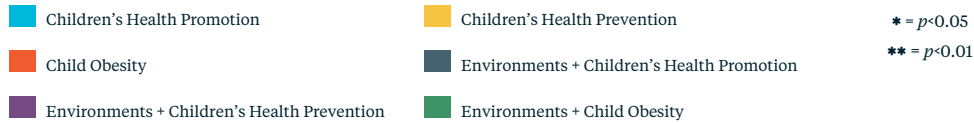


Figure 1: Effects of “This issue is about...” frames on support for the Bill and understanding of Bill’s effects

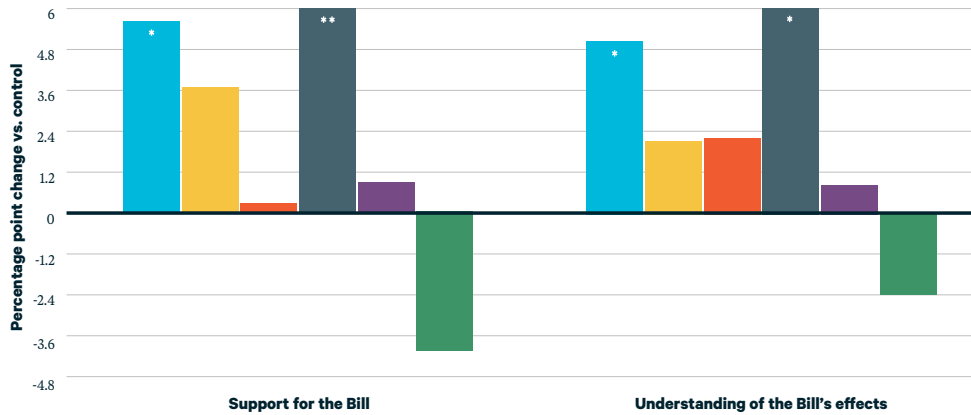
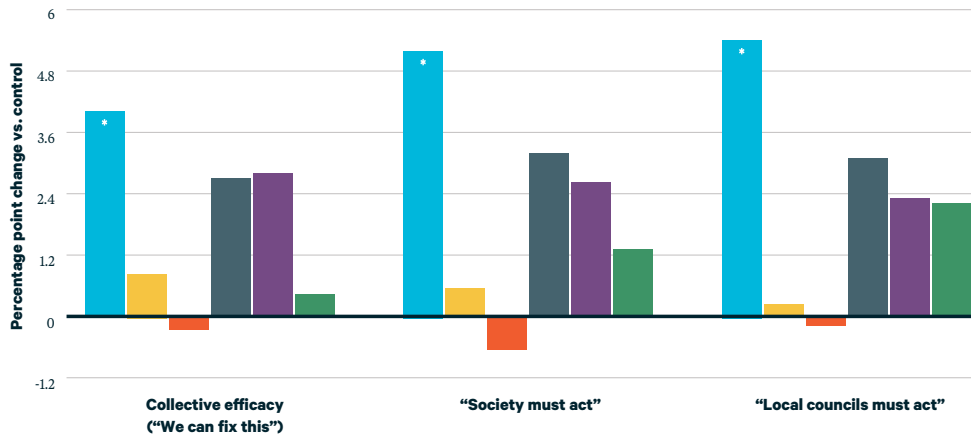


Figure 2: Effect of “This issue is about...” frames on collective efficacy and responsibility to act



Metaphors (Recommendations #2)



Figure 3: Effect of metaphors on support for the Bill and understanding of Bill's effects

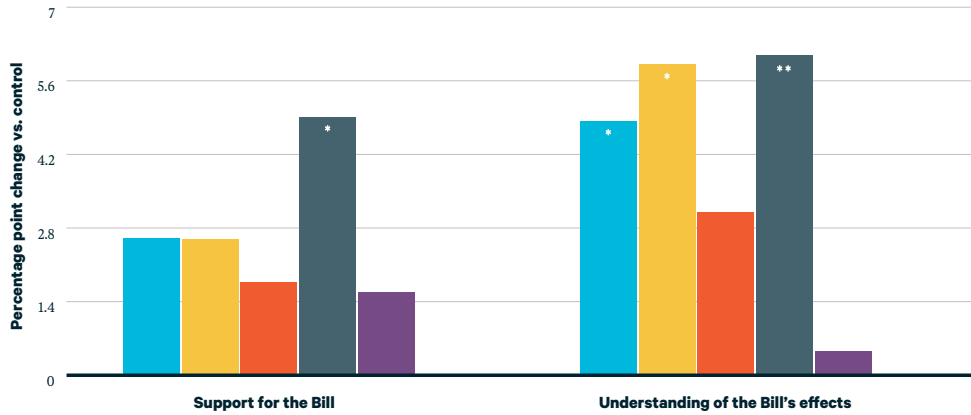
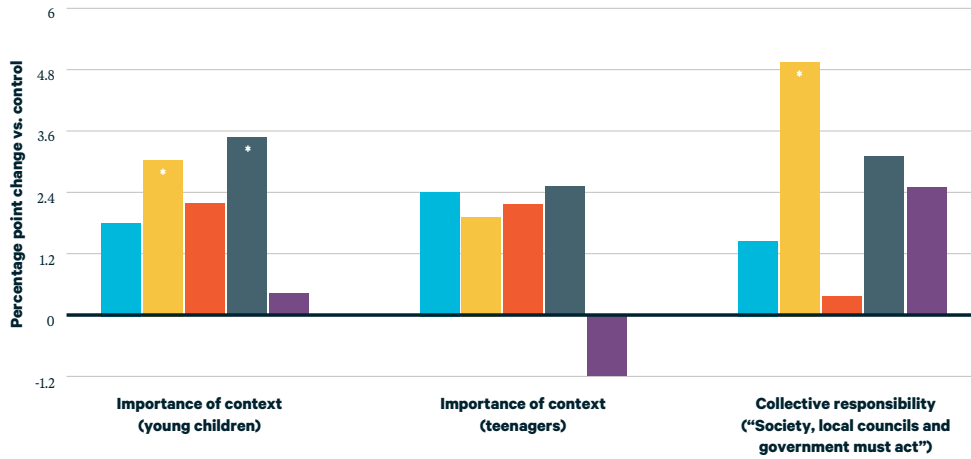


Figure 4: Effect of metaphors on understanding of the role of context and sense of responsibility to act



Values (Recommendation #3)



Figure 5: Effect of values on support for the Bill and willingness to pay higher taxes for it

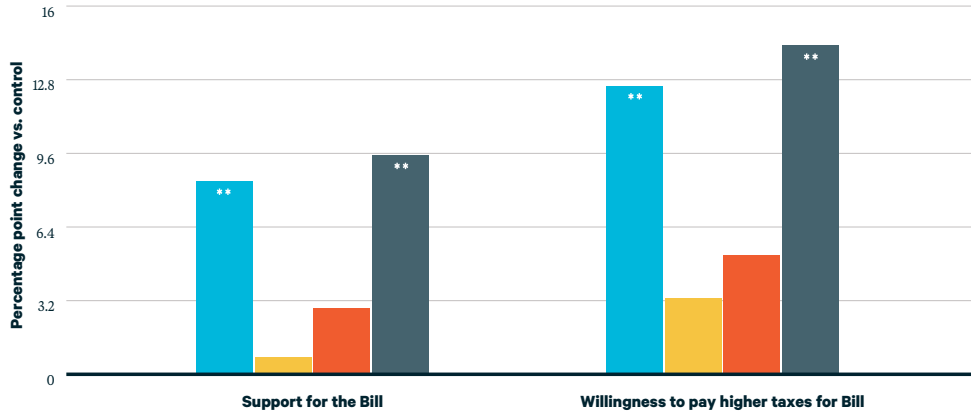
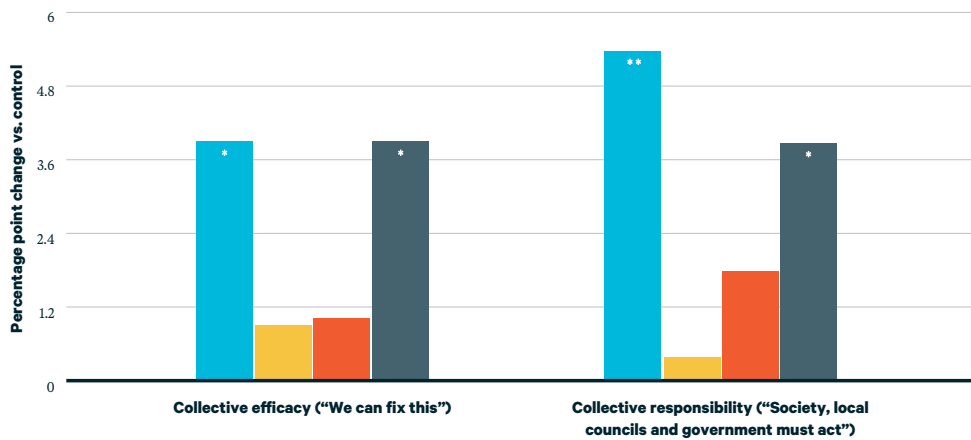


Figure 6: Effect of values on sense of collective efficacy and collective responsibility to act



Tone (Recommendation #4)

Crisis Tone Efficacious Tone

* = $p < 0.05$

** = $p < 0.01$



Endnotes

1. For similar calls to shift public discourse away from a narrow focus on obesity, see notably Dorfman, L., & Wallack, L. (2007). Moving Nutrition Upstream: The Case for Reframing Obesity. *Journal of Nutrition Education and Behavior* 39(2), S45–50, <https://doi.org/10.1016/j.jneb.2006.08.018>; see also Cohen, L., Perales, D.P., & Steadman, C. (2005). The O Word: Why the Focus on Obesity Is Harmful to Community Health. *Californian Journal of Health Promotion* 3(3), 8.
2. See notably FrameWorks (2019). *Unleashing the power of how: An explanation declaration*. Washington, DC: FrameWorks Institute.
3. For more information on conceptual metaphor theory, see Lakoff, G., & Johnson, M. (2003). *Metaphors We Live By* (Chicago, IL University of Chicago Press; see also Semino, E. (2008). *Metaphor in Discourse* (Cambridge, UK; Cambridge University Press); see also Grady, J. (1997). THEORIES ARE BUILDINGS Revisited. *Cognitive Linguistics* 8(4), 267–90, <https://doi.org/doi:10.1515/cogl.1997.8.4.267>.
4. For a detailed discussion of people’s negotiation of the stigma associated with poor health outcomes, see notably Smith, K.E. & Anderson, R. (2017). Understanding Lay Perspectives on Socioeconomic Health Inequalities in Britain: A Meta-Ethnography. *Sociology of Health & Illness* 40(1), 146–170.
5. For a detailed discussion of human beings’ natural tendency for storytelling, see notably Heider, F. & Simmel, M. (1944). An Experimental Study of Apparent Behavior. *The American Journal of Psychology* 57(2), 243–59. <https://doi.org/10.2307/1416950>.
6. “When a sentence is repeated several times, the neural circuits that compute its meaning are activated repeatedly in the brain. Synapses connecting the neurons in the circuits get stronger and circuits may become permanent.” Lakoff, G. (2006). *Whose Freedom? The Battle over America’s Most Important Idea*, 1st ed. (New York, NY: Farrar, Straus and Giroux), 10; see also Bybee, J. (2006). From Usage to Grammar: The Mind’s Response to Repetition. *Language* 82(4), 711–33, <https://doi.org/10.1353/lan.2006.0186>.

7. Framing refers to the subtle selection of certain aspects of an issue in order to cue a specific response. FrameWorks tests a set of frame elements that convey meaning and affect the way that people respond to an issue. These include values, metaphors, narrative, messengers and more.

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 organisation'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, multidisciplinary 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 organisations worldwide to receive the MacArthur Award for Creative and Effective Institutions.

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Changing the Childhood Obesity Conversation to Improve Children's Health

March 2021

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