

Shifting the Narrative about Childhood Obesity

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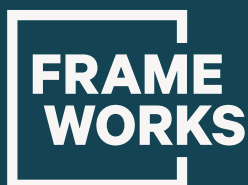


Table of Contents

1. Introduction	3
<hr/>	
2. Methods Overview	5
<hr/>	
3. Existing Mindsets about Children’s Health	5
<hr/>	
4. Reframing Strategies	8
 Core Theme 1: Ensuring Equitable Opportunities for Children’s Health across Communities	
<p>Recommendation 1: To talk about children’s health and obesity, use the value of Opportunity for All, Across Places</p>	
<p>Recommendation 2: Use comparative community stories to highlight systemic inequities</p>	
 Core Theme 2: Holding Corporations and Government Accountable for Shaping Food Systems	
<p>Recommendation 3: Explain how food systems are designed and how corporations and the government are responsible for redesigning them</p>	
 Core Theme 3: Celebrating All Bodies	
<p>Recommendation 4: Lead with a future where all bodies are celebrated and respected</p>	
 Core Theme 4: Addressing Weight Stigma Directly	
<p>Recommendation 5: Point to a stigma-free future for kids</p>	
<p>Recommendation 6: Explain how stigma can lead to health and development problems for kids</p>	
<hr/>	
5. Conclusion	17



Introduction

The way we talk about child health and obesity matters deeply—not just for advancing the policies and practices that support child health, but also for shifting how the public understands what it means for a child to be healthy. For too long, discussions around children’s health have been driven by mindsets and narratives that emphasize individual responsibility—of children and parents—while often obscuring the broader systemic factors that shape children’s wellbeing. This pattern in understanding child health not only overlooks the complex social, economic, and environmental influences that contribute to health outcomes, including childhood obesity, it also can cause real harm by stigmatizing children based on body size. To truly improve children’s health and address childhood obesity, we must shift public thinking to a more holistic understanding of wellbeing that considers the full range of factors that influence children’s lives.

This work is especially urgent given the current cultural discourse on body size, weight, and health. For instance, weight loss medications like Ozempic and Mounjaro risk reinforcing narrow views that prioritize weight loss and increase individual responsibility for health outcomes. In a culture polarized around health and appearance, narratives that emphasize individual blame and quick fixes can undermine recent progress made by advocates in reducing body size discrimination and in building public understanding of how community conditions shape children’s health and rates of childhood obesity, making it harder to advance policies that address the root causes of health disparities.

At the same time, obesity has been linked to serious health risks, such as type 2 diabetes and cardiovascular disease.^{2,3} Addressing these risks requires reshaping the narrative around child health and obesity to focus on systemic factors that shape children’s health and wellbeing. Effective communication should foster a comprehensive understanding of child health, identify health concerns linked to weight rather than weight alone, and address structural challenges without perpetuating stigma.

The reframing strategies outlined below, developed with input from the field and tested with the public, offer effective ways to build understanding of systemic solutions in support of a new narrative about children’s health and obesity. This new narrative moves beyond a one-dimensional focus on weight by fostering a more expansive understanding of child health, identifying tangible health concerns that are linked to weight (rather than weight itself), and carefully introducing the importance of nutrition and physical activity in ways that acknowledge structural challenges without reinforcing harmful stigma around body size and weight.

In the following sections, we will outline practical tools and insights for reframing the conversation toward a more just and effective vision of child health and obesity. The six framing

recommendations are organized into four core themes that form a cohesive narrative strategy that can guide communications for advocates in the field:

1. Ensuring Equitable Opportunities for Children's Health
2. Holding Corporations and Government Accountable for Shaping Food Systems
3. Celebrating All Bodies
4. Addressing Weight Stigma Directly

Organizations, advocates, and stakeholders in the child health field have prioritized improving communication about the foundational, systemic, and environmental factors that influence health. This reframing strategy is designed to support that goal. By using our communications to highlight these systemic influences and promote a broader understanding of child health and wellbeing, we can build public support for policies that address the inequities surrounding child obesity and create healthier environments for all children.

Purpose

Framing refers to the choices we make in what we say and how we say it. Framing matters because it affects how people hear us, what they understand, and how they act. Using the same frames consistently helps move the conversation further and can stimulate action faster.

The framing strategies in this resource are meant to be used together and flexibly adapted to the needs and realities of public health practitioners, communicators, and advocates working in diverse contexts across the country. Together, the strategies here form a new narrative around children's health and obesity that can advance the field's collective work to strengthen support for solutions to systemic drivers of poor health outcomes for children.

The strategies in this report are not designed for health behavior change campaigns and may not be well-suited to those types of communications. They are also not specific messages to be copied and pasted into communications, though they can help inform your messaging. These strategies can help you make sound decisions about what to say in settings like the following:

- Public conversations with non-scientific audiences
- Reports, fact sheets, or website copy about health disparities
- Letters to the editor, op-eds, or other written commentaries
- Comments in print, television, or podcast interviews
- Press releases or media advisories
- Social media messaging
- Messages to an elected representative or other official
- Testimony to legislative committees or other public bodies
- Contributions to policy working groups and other systems-change initiatives.

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Methods Overview

The reframing strategies in this report are based on a rigorous exploratory study and qualitative and quantitative frame testing in 2023 and 2024 with members of the US public, including those with lived experience of weight stigma. The FrameWorks Institute first conducted interviews with stakeholders in the field of public health to identify how the field wants to communicate about children’s health and obesity in ways that do not contribute to negative stigma associated with an excessive focus on body size and weight. We then conducted exploratory peer discourse sessions, a type of focus group, with members of the public to identify prevailing mindsets about child health, obesity, weight stigma, and related issues. The next step was mapping the gaps between how the public currently thinks and what the field wants to communicate about these issues. We then designed and tested frames—through experimental surveys with participants both with and without lived experience of weight stigma—that were designed to overcome challenges and leverage opportunities in public thinking about child health and obesity. A full description of the methods and sample compositions is available in a separate Methods Supplement.

Existing Mindsets about Children’s Health

When it comes to children’s health, there are prevailing mindsets—deep, assumed patterns of thinking that shape how we understand the world and how we make decisions—that inform how members of the American public think about health and health disparities. These mindsets represent both challenges and opportunities for the field.

Challenges in public thinking

■ Health individualism

One of the main challenges is an individualism mindset in which people assume that health outcomes are primarily driven by personal choices. This leads people to over-attribute the impact of lifestyle and “willpower” on health and under-attribute the impact of living conditions and social dynamics. And when people blame individuals for their health outcomes, it makes it hard for them to understand how and why public health should be involved in working on issues like housing or transportation, much less racism or sexism.

■ Health as diet + exercise

A common mindset among the public is to view health through a simplified lens of diet and exercise. This “common sense” approach focuses solely on individual choices and behaviors, neglecting structural or systemic barriers. It suggests that obesity results from consuming more calories than one expends, implying that a child’s obesity stems from overeating or insufficient exercise. This perspective tends to narrow the focus to a simplistic equation: eat less or exercise more. It overlooks broader structural issues, such as food deserts or the cost of healthy foods, and limits solutions to individual actions. This approach also reinforces individualism, placing the responsibility on the child (or their parents) to make changes, rather than addressing systemic factors.

■ Pathologizing health disparities

When people assume that health problems can be primarily blamed on behavior, they then reason that if health outcomes differ by group, it must have something to do with the culture or values of the group. From here, negative stereotypes and toxic narratives about racialized and marginalized social groups come into play. When the public pathologizes health disparities, they blame higher rates of child obesity among communities of color on their supposedly “cultural” choices and ignore or don’t see systemic racism and inequities. This harmful thinking dehumanizes people of color, people who are LGBTQ+, people with disabilities, and other groups facing social and economic injustice. It also saps support for public health approaches that prioritize populations with higher health burdens as people tend to reason that the responsibility for fixing the problem lies within the group itself.

■ Family bubble

This common mindset about children places the onus on parents for their children’s life outcomes, including their weight and body size. This pattern of thinking predominantly emphasizes parental responsibility while minimizing the influence of broader systems and structures. It overlooks the expert consensus that health and obesity are significantly shaped by external factors, such as environmental conditions like access to safe spaces for physical activity, healthy food accessibility, access to health care, racial disparities, and economic inequality. When child health is viewed mainly as the result of parental teachings, it creates a strong expectation for parents to take sole responsibility for addressing their children’s health issues.

Opportunities in public thinking

■ Context affects health

While health individualism is a strong and dominant mindset, there is also a mindset that acknowledges the role of the social environment in people's health. When reasoning from this mindset, people tend to agree that circumstances beyond an individual's control can affect health and obesity. For instance, people recognize that access to nutritious food depends on where you live and that promoting health and preventing obesity often require spending money on healthier, more expensive foods, which not everyone can afford. This mindset, while less prevalent, represents an important opportunity for communicators to reinforce the idea that income and place impact child health and obesity and to expand it to include other contextual factors.

■ Connection between systemic racism and health

We have found that there are widely shared understandings of the connections between racism and other social issues, especially economic inequality and the criminal legal system. This understanding needs to be expanded to health. Regarding children's health and obesity, the public is generally aware of the correlation between race and income, recognizing how lower income can increase the likelihood of obesity. However, the direct link between systemic racism and health is not yet as widely recognized. This gap presents an opportunity for communicators to more explicitly connect children's health and obesity to systemic racism and inequities.

■ Recognition of mental health as health

More and more, people are able to see how health encompasses both physical and mental health. There appears to be a productive shift in how people conceptualize mental health, and there is greater recognition of its role in overall wellbeing. This pattern in thinking may help people understand the impact that weight stigma can have on children living with obesity. However, our research shows that the public often feels there is little that can be done to prevent weight stigma and bullying, so advocates have an important opportunity to highlight potential solutions.

■ Skepticism about institutions involved in the food system

The public often views good health as something “natural” and perceives poor health as a result of contamination, with the food system seen as a primary source of this contamination. People are aware of problems within the food system and are generally skeptical about the “chemicals,” “toxins,” and “GMOs” that corporations may be adding to food. This skepticism leads to a desire to avoid such foods, particularly for children. Additionally, there is a belief that the government should regulate the food industry. However, many people also feel fatalistic and skeptical about the government's ability to effectively address these issues. This pattern in thinking suggests advocates have an opportunity to identify who is responsible for our food system's design and to both reinforce the government's regulatory role in redesigning the food system and to propose a broader range of systemic solutions beyond government regulation, such as programs and policies that improve access to healthy food.

Reframing Strategies

Below we provide six framing strategies organized into four core themes that form a cohesive narrative strategy that can advance conversations about children's health. The reframing strategies in this resource are meant to be used together and flexibly adapted. For each strategy, we provide information about why this approach is important based on the research, as well as examples of what it looks like in written communications.

Core Theme 1: Ensuring Equitable Opportunities for Children's Health across Communities

The two recommendations—a value (Recommendation 1) and a storytelling approach (Recommendation 2)—in this theme focus on shifting public understanding from individual responsibility to recognizing the systemic factors that shape children's wellbeing and fostering a holistic view of health.

RECOMMENDATION 1:

To talk about children's health and obesity, use the value of *Opportunity for All, Across Places*

This value is useful for setting up communications about different dimensions of inequitable access to resources and opportunities that foster positive health outcomes for children. By linking a universal, intrinsically good concept like *opportunity* to specific places, it encourages audiences to consider how varying neighborhood resources can impact residents differently. Building on this value and emphasizing a specific sense of place in further explanations and communications can help make talking about systems and policies more relatable and concrete by connecting them to real communities and neighborhoods.

Remember that this value frame is a theme, not a script. That means you can evoke and express this value in multiple ways rather than using the exact same wording each time. Given the effectiveness of this values-based message, it's crucial to rely on it often.

What it looks like

- *As a society, we believe that all children should have access to opportunities for good health, no matter where they live.*
- *Opportunities for access to safe and stable housing, green spaces, and affordable, healthy food ensure that kids have what they need for good health. But our society denies some neighborhoods these opportunities—most often neighborhoods of color. This means that children of color face more health issues, including higher rates of childhood obesity.*
- *Zip codes shouldn't determine the opportunities kids have for good health. To prevent health issues like child obesity, we need to prioritize policies that support all kids' health.*

Why this matters

Using universal, collective values in communications lets people know what is at stake and can generate support and optimism for the solutions you are proposing.

When we tested different values with the public, including people with lived experience of weight stigma, we found that “*Opportunity for All, Across Places*” helps shift thinking among the American public in particularly useful ways. Encouragingly, this value was found to increase agreement with systemic understandings of health and race, helping members of the public to see that some groups of people are healthier than others because they have the resources they need and others don’t. It reduces racist thinking about why some people are healthier than others, shifting thinking away from the understanding that some cultures value health and others do not. In quantitative testing, this reduction in racist thinking was observed across all participants, and this was the only frame that was tested that specifically reduced racist thinking among participants who identified as Republicans.

Importantly, this value also shifts the focus away from blaming parents for children’s health and builds support for investing in systemic solutions like community design. Quantitative testing showed that incorporating a sense of place alongside the idea of opportunities for all is more effective than focusing solely on the values of opportunity or resources for all.

INEFFECTIVE METAPHORS

When it comes to framing, sometimes what we leave unsaid is as important as what we say. In our research, we explored various metaphors aimed at enhancing public understanding of the environmental factors influencing poor health and obesity in children. Unfortunately, none of the metaphors we tested—including talking about children’s health as a **jigsaw puzzle** or as a **mosaic**—successfully increased understanding of the systemic factors in child health and obesity. While these frames didn’t backfire or elevate unproductive ways of thinking, they also didn’t shift thinking in productive directions, meaning that they are unlikely to build understanding or policy support in the ways the field intends.

We share this finding to offer insight into which approaches might not be as effective, especially since **jigsaw** and **mosaic** metaphors are sometimes used by advocates in communications about child health. We encourage advocates to consider alternative methods for explaining these complex issues, like the value of *Opportunity for All, Across Places* (Recommendation 1).

RECOMMENDATION 2:

Use comparative community stories to highlight systemic inequities

Stories are a powerful way to bring abstract concepts to life. They can unlock understanding, challenge unproductive assumptions, and point people toward solutions. Using stories and real-world examples is key to helping the public understand the systemic drivers of children's health outcomes.

One especially effective way to tell stories that illustrate systemic issues—and steer audiences away from blaming individuals or specific communities for the challenges they face—is through a comparative narrative arc. This approach contrasts two similar communities or neighborhoods (perhaps even in the same city), highlighting how their environments and outcomes have been shaped by past injustices and systemic inequities.

Comparative narrative arc:

- 1. Beginning:** Introduce a community with many strengths. Highlight assets like its culture, connectedness, and vibrancy.
- 2. Middle:** Reveal the impact of a systemic inequity. Explain how a past injustice or harmful policy has led to negative child health outcomes in the community today.
- 3. Contrast:** Contrast outcomes with a second community. Introduce a nearby community with similar strengths that did not experience the same policy-related harm. As a result, its children have better health outcomes.
- 4. Closing:** Point to systems, not people. Emphasize that the differences in outcomes are due to systemic inequities, not the choices of individuals.

When telling community stories, avoid deficit framing or blaming the people facing challenges. Instead, attribute responsibility to broader systems—like policies that have historically shaped access to resources. This helps audiences understand the root causes of health inequities and prevents reinforcing stereotypes.

What it looks like

Below is a fictional sample story that follows the comparative narrative arc structure.

Community Y is a tight-knit, predominantly Black neighborhood with a rich cultural history. Despite its vibrancy, the area continues to deal with the long-term impacts of redlining, a discriminatory practice that denied loans and investments to Black neighborhoods in the mid-20th century. This disinvestment has resulted in few grocery stores, and those that remain rarely offer fresh, affordable food. As a result, Community Y experiences higher rates of child obesity. Additionally, there are limited parks or safe spaces for children to play, while ads for unhealthy food are prevalent near schools.

In contrast, Community Z, a similarly vibrant and connected neighborhood near Community Y, never faced the harms of redlining. As a result, it has several healthy grocery stores and lower rates of childhood obesity. There are many parks and playgrounds, and there aren't any advertisements for unhealthy foods within two miles of each school.

All kids, no matter where they live, should have opportunities for good health. By supporting policies that provide resources like those in Community Z, we can prioritize kids' health and reduce rates of child obesity in all our communities.

Why this matters

Research shows that stories comparing two places are particularly effective in helping the public grasp the realities of systemic inequities. Drawing a clear contrast between two otherwise similar communities helped people grasp the reality of racial and income-related health inequalities and helped make it clear why some communities face greater challenges.

These stories not only reveal the reasons for differences in resources and opportunities but they also inspire a sense of urgency for collective action. People respond strongly to comparisons between communities because it encourages them to think critically about how policy choices create environments that either support or undermine children's health. When these contrasts are made clear, audiences are more likely to support solutions that address systemic barriers rather than focusing solely on solutions that involve individuals changing their behavior.

Core Theme 2: Holding Corporations and Government Accountable for Shaping Food Systems

The recommendation in this theme is an explanatory approach that highlights corporate and governmental roles and emphasizes the need for systemic changes to address the root causes of childhood obesity.

DEFINITION OF FOOD SYSTEM

In this report, we provide the following definition of the food system for clarity, acknowledging that the field may use other definitions:

The set of operations and processes involved in transforming raw materials into foods and transforming nutrients into health outcomes, all of which function as a system within biophysical and sociocultural contexts.⁴

RECOMMENDATION 3:

Explain how food systems are designed and how corporations and the government are responsible for redesigning them

While the food system isn't the only system that impacts children's health and obesity, it is a central one that affects health outcomes. To build public understanding of the environmental and structural factors affecting children's health and to support policies addressing these inequities, explain that food systems are designed,^{5,6} and attribute responsibility for resulting negative health outcomes primarily to corporations while also emphasizing the government's role in these issues. This approach shifts the focus from blaming individuals to recognizing systemic, upstream causes and solutions for poor child health outcomes. By framing the problem this way, you encourage people to see the need for broad, systemic changes rather than focusing on individual behaviors or actions.

What it looks like

Below is a general outline for communicating about food systems effectively:

- 1. Highlight Who Has Control and Why.** Identify the main players shaping the system (e.g., corporations, policymakers) and explain their motivations (e.g., profit, influence, or control).
- 2. Describe How This Affects Children.** Show how this influence shapes outcomes for children.
- 3. Illustrate Disparities.** Highlight how different communities are impacted differently by these systemic issues. Describe any disproportionate harms for specific groups, such as communities of color or low-income neighborhoods.
- 4. Provide a Clear Solution.** Suggest actionable, system-level changes or policies that would address the root problem. Emphasize how these solutions not only benefit the group most affected by disparities but also create positive change for everyone.

Here is an example of a sample communication that follows the suggested outline:

Corporations shape our food systems—the way we make, sell, and market food—to make a profit. Government can influence how our food systems are designed, but food companies then use their profits to buy influence in our government and lobby against policies that would require our food system to change for the better. Unhealthy food is cheaper to produce, and it is often advertised toward children. This means that big food companies influence our food systems to make money at the expense of children's health. This is particularly true for neighborhoods of color, where healthy, affordable foods have historically been unavailable and where corporations market unhealthy foods to youth of color. When unhealthy food is the only option, kids face more health issues, including higher rates of childhood obesity. That's why we're working with local government to ban food companies from advertising near our local schools. This is one way we can redesign our food systems so that kids in all communities have access to better health.

Why this matters

Explanation is an important tool for inviting people into understanding how our issues work. Once we have articulated an aspirational vision for our future, the next step is to explain how things are currently working—or not working. People are generally drawn to explanations that highlight agency—whether of corporations, government, parents, or children—and providing a clear responsible entity, rather than focusing on individuals, effectively sets up discussions about systemic solutions. While it is important to emphasize that corporations are responsible for their impact on our food systems, which perpetuates child obesity and related health issues, it's equally important to acknowledge the role of government. Advocates in this field have long emphasized the need to effectively communicate about the role of government in redesigning our food system, and our findings show that the public generally recognizes that government does have a role.

In qualitative research, participants were able to recognize the ways in which government is complicit in corporate practices that affect access to healthy, affordable food and drive inequities. Reinforcing this thinking by explaining that our food systems are being shaped by corporations with government involvement encourages systemic thinking and suggests interventions from both local and federal governments. This approach helps shift responsibility for inequality and negative health outcomes from the individual level to the systems level and promotes thinking about broader, collective solutions rather than individual actions.

FOOD SYSTEMS AS “DESIGNED” VS FOOD SYSTEMS AS “RIGGED”

Quantitative and qualitative testing revealed that it is more effective to describe food systems as “designed,” “shaped,” or “influenced” as opposed to describing food systems as “rigged.” We tested this because we’ve found in other work on public thinking that “system is rigged” thinking is a common mindset people use to make sense of why systems do not work. In this research, emphasizing the intentionality with which our food systems are designed shifted public thinking whereas talking about food systems as rigged often moved thinking in unhelpful ways. Problematically, talking about food systems as “rigged” led to increased weight stigma toward children, with blame directed at parents, particularly mothers, for childhood obesity. Labeling food systems as “rigged” might be evoking a sense of fatalism, making people feel that nothing can be done and causing them to disengage from the issue. Additionally, when we say the system is “rigged” without specifying who is responsible, it may be leading people to default to blaming parents or the children themselves for their choices, perpetuating stigma and misunderstanding.

Core Theme 3: Celebrating All Bodies

The recommendation in this theme uses a positive vision of the future to push back against narrow views of health that focus on weight alone, which helps to reduce stigma and supports a more inclusive understanding of wellbeing.

RECOMMENDATION 4:

Lead with a future where all bodies are celebrated and respected

Start by inspiring people with a vision of the future where every body type is celebrated and respected. This positive vision framing can help guide people toward the possibility of meaningful change. Vision framing helps orient people toward what the result of working together could look like for the world—be sure to make this connection for audiences so people understand that it is our shared responsibility to ensure this vision becomes reality. Keep the message positive and aspirational but be sure to include language that introduces experiences of and barriers created by weight stigma.

What it looks like

Imagine a world where all bodies—no matter their shape or size—are celebrated and respected. In this world, nobody is treated differently because of their weight, and everyone has what they need to thrive in life. In this world, we focus on health, not appearance, and having a larger body doesn't make people more likely to be bullied or less likely to get hired for a job. In this world, body size doesn't affect whether people get respectful physical and mental health services. In this world, we understand that all bodies are different and that people can be healthy at any size. By working together now to ensure that all bodies are celebrated and respected, we can create a better world for everyone.

Why this matters

Every communication is a chance to advance a positive vision, lift up solutions, and articulate the changes you are working toward. In this case, it can be especially powerful to use vision framing that imagines a future where body size doesn't lead to unequal treatment and where we recognize that health can come in all sizes.

Quantitative testing showed that this vision frame boosted public confidence in our collective ability to improve child health and address obesity-related issues, like diabetes and heart disease, through systemic change. It also strengthened belief in our power as a society to work together to combat the weight stigma that children face. Crucially, testing showed that this approach shifts the focus away from blaming mothers for child health, opening the door for advocates to highlight the role of systems, environments, and policies. For participants with lived experience of weight stigma, this vision frame was especially impactful, increasing their belief in our collective ability to reduce stigma, lower childhood obesity rates, and improve overall child health.

Interestingly, testing showed that when presenting a vision of the future, focusing on bodies of all ages—both children and adults—was more effective than talking specifically about children of different sizes. One reason for this could be because starting with a focus on people of all ages as opposed to a specific focus on kids avoids triggering the family bubble mindset that leads people to blame individual parents. It is also possible that talking about kids as integral members of our society who deserve to be valued and respected can help build support for the changes we want to see in children’s health and obesity.

Core Theme 4: Addressing Weight Stigma Directly

The two recommendations presented below are designed to reduce weight stigma among the public as a means to prevent harm, shift harmful narratives, and advance policies that address health risks without perpetuating discrimination or reinforcing unrealistic standards.

RECOMMENDATION 5:

Point to a stigma-free future for kids

For advocates seeking to communicate about weight stigma and anti-fat bias among children specifically, combining a more specific vision statement with an explanation that focuses on child development is an effective way to invite people into understanding the harms of stigma and build support for policies that reduce stigma.

What it looks like

Here’s an example of how to keep your vision aspirational and focused on children as this was shown to positively shift public thinking in quantitative testing.

Imagine a world where kids living with obesity aren’t treated differently because of their weight. In this world, having a larger body doesn’t make kids more likely to get bullied, which means that kids of all shapes and sizes have strong and supportive relationships. In this world, kids’ body size doesn’t affect the quality of health care they receive, meaning that all kids get respectful medical care to help them grow and develop well. In this world, weight-based stigma and stereotypes are no longer barriers to kids’ health and wellbeing. By working together now to reduce stigma and bullying toward children with larger bodies, we can support kids’ health and create a better world for our children.

Why this matters

In quantitative testing, a vision frame that focused on a stigma-free world for children increased people’s sense that working together to improve child health, address weight stigma, and reduce obesity through systemic change was possible. This stigma-free world vision also increased support for a broad range of child health policies, including food accessibility, corporate accountability and regulation, and investments in community design. One possible reason this vision frame performed so well in testing could be its aspirational and solutions-oriented tone. We found that when it comes to stigma and bullying, the public often thinks

of them as hard to prevent and a “natural” part of growing up. By presenting a world without weight stigma and introducing the potential for change, this frame may be countering that sense of fatalism people hold about stigma and bullying.

RECOMMENDATION 6:

Explain how stigma can lead to health and development problems for kids

While people generally understand the connection between physical and mental health, the link between mental health and experiences of obesity is less clear, so providing a detailed explanation of how weight stigma leads to stress and developmental issues can enhance public understanding of this connection.

What it looks like

Children living with obesity often face negative beliefs and unfair treatment from others because of their weight. This stigma causes major stress for kids and can lead to health problems and disrupt development. Kids who are bullied for their weight have higher rates of anxiety, depression, and loneliness than kids who aren't. And weight-based stigma can contribute to health issues like higher blood pressure, headaches, or difficulty sleeping. The stress caused by weight-based bullying worsens kids' mental and physical health and can worsen obesity. This leads to even more stigma, creating a vicious cycle that hurts kids.

When kids are treated differently because of their weight, it increases stress, harms their wellbeing, and gets in the way of healthy development. To make sure that all kids—no matter their weight—can develop well, we must break this pattern at every level. We can do this in part by implementing policies that restrict advertisements for diet pills and supplements toward kids, encouraging a more diverse range of body sizes in advertisements and media, and formally banning weight-based bullying in schools and medical settings.

Why this matters

Providing a clear explanation of how weight stigma negatively impacts mental health and developmental outcomes likely helps people grasp the real toll of stigma on children's lives. Our research shows that this approach not only broadens understanding of child health to include mental wellness but also fosters a sense of collective efficacy in tackling weight stigma. Moreover, in quantitative testing, this type of explanation reduced weight stigma among all research participants and lessened the blame placed on parents for their children's health among Republicans. The American public generally does not understand how child development works, so illuminating that process and making the connection between experiencing weight stigma related to obesity and healthy development can help to build public understanding of why this matters and make the issue of stigma more salient.

Conclusion

The reframing strategies presented in this report are designed to foster a more nuanced and inclusive conversation about child health and obesity by focusing communications on emphasizing equitable access to opportunity for health, recognizing how food systems are designed and can be redesigned to benefit everyone, celebrating all bodies, and directly addressing the importance of reducing weight stigma.

Through dedicated advocacy, the field has already made significant progress over the years, helping the American public understand that poor child health outcomes and obesity are driven by systemic factors, not just individual choices. The comprehensive reframing strategy outlined in this report aims to build on that progress and help advocates further shift public thinking in productive directions, priming more people for more involvement in supporting children's health.

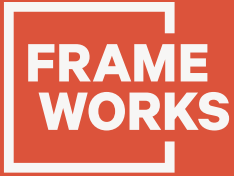
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The FrameWorks Institute is a nonprofit think tank that advances the mission-driven sector's capacity to frame the public discourse about social and scientific issues. The organization's signature approach, Strategic Frame Analysis[®], offers empirical guidance on what to say, how to say it, and what to leave unsaid. FrameWorks designs, conducts, and publishes multi-method, 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 organizations worldwide to receive the MacArthur Award for Creative and Effective Institutions.

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Shifting the Narrative about Childhood Obesity

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