Thinking differently about health

Key communication challenges
Phase 1 Frameworks investigation

December 2018
The overarching issue: what is health?

• Fundamental differences between public and expert understanding

• Common cultural models:
  o Health as an absence of illness
  o Health as a medical issue

**Researcher:** What springs to mind if I say the word *health*?

**Participant:** I'd say bad health springs to mind.

“Good health is never having to go to the doctors. Ironically, good health is never having to use the NHS. I say ironically because of how much I respect the NHS, but, if I never have to use it, [...] that’s good health.”
Communication challenges

Challenge 1: communicating about what makes us healthy in a way that highlights the role of social determinants of health

Individualist cultural models

- **Health individualism**: ‘lifestyle’, diet, exercise, smoking, alcohol
- **Mentalism**: choice, willpower, self-discipline
- **Genetic exception**: genes or fate explain exceptions to the rule

“Yeah, that ‘responsibility’ word – it starts with you, and it ends with you. Nobody else is responsible for you – nobody.”

Deserving ill

vs

Undeserving ill
**Media narratives:** targets of solutions mentioned by media and organisations

![Graph showing the percentage of materials mentioning different targets of solutions in news media materials (n=209) and organisational materials (n=182).](image)

- **No Solutions Mentioned**
- **Individuals or Families**
- **Health Care**
- **Government (Non-Health care)**
- **Private Industry**

**PERCENTAGE OF MATERIALS**

**TYPE OF ACTOR OR INSTITUTION**
Challenge 2: Communicating how social and economic factors drive health inequalities

Ecological cultural models

- **Consumerism**

- **Behavioural constraints**

- **Cultural norms**

“[People with money] might be able to buy the more healthy options. Trying to eat healthily does cost more money than the junk food.”

“I think you always have a choice…And I think anyone on any budget could work a way out to eat relatively healthy food or significantly less bad food.”

“There are some people in those communities that don’t work…I think there’s just a culture at the moment where a lot of people are just after free handouts. It’s unhealthy, and it’s unproductive… I think that has a big impact on your health and your life expectancy.”
Lack of discussion about health inequalities in the news keeps health inequalities out of sight.

**Media narratives:** Mentions of health disparities in news-media and organisational materials.
Challenge 3: communicating the limitations of health care and health education for creating a healthy society

- Public health experts > increased government investment in public services that protect and improve the health of the population over the long term

- Public > ultimate responsibility to individuals. Main role of government is providing health care and ‘raising awareness’

**Researcher**: What is the role of government in making sure people are in good health?

**Participant**: “One part is awareness. The other part is the NHS – obviously huge. It accounts for just under a third of all government spending. So, obviously, the government is responsible for that. Anything I can’t do, the government should be responsible for. I can’t install a pacemaker. I set a broken bone. I can’t stitch up a giant gash in my neck.”
Media narratives: Mentions of health care and social factors in media and organisational materials

![Bar chart showing percentages of mentions of health care and social factors in media and organisational materials.](image)
Emerging recommendations

- Don’t gesture towards the importance of individual responsibility and individual behaviours.
- Avoid crisis messaging.
- Be careful about the use of language which has a different meaning in expert and public thinking.
- Use step-by-step causal chains to explain how social determinants affect health.
- Provide examples of health creation and an integrated approach to public health across sectors to broaden people’s view of solutions.
Table discussion

• How do these findings reflect your own experience of communicating beyond the public health community?

• What would you like to see coming out of the next phase of work (when we develop new, effective ways to communicate about health)?
Next steps

• Phase 2 starting in early 2019
• Develop and test detailed reframing strategies
• Develop a multimedia communications toolkit
• Event on Tuesday 29 January 2019
• To get involved, complete the form on your tables

To download the research: health.org.uk/framing-health
Thank you