

How are partners communicating about the building blocks of health?

Field evaluation

Maria Castellina,
Director of Impact

November 2024



In partnership with



How are partners communicating about the building blocks of health?

To create a thriving nation, we need all the building blocks of health in place, things like decent homes, good jobs and community connection. In too many parts of the UK, these blocks are crumbling, leading to widening health inequalities and lives being cut short. But we can change this, if local and national governments prioritise health across all policy areas from housing, to transport, to work and education.

This is the story that needs to be told to build understanding of the factors that shape our health and drive action which will improve people's health across the UK.

FrameWorks UK has been working with the Health Foundation to develop this evidence-based story to make the case for greater action on the building blocks of health and to support key partners to put that story into practice. Over the last year FrameWorks UK has provided in-depth support to three organisations to embed this story into their work: Nottinghamshire County Council, Public Health Scotland and Public Health Wales.

Reviewing communications from these three organisations shows clear progress in how they are communicating about the building blocks of health. Partners now use more explanation – including wide use of the explanatory metaphor *the building blocks of health* – and talk more frequently about solutions. They use less jargon and explain technical terms more frequently. These changes are building understanding of why action on the building blocks of health is important and needed now.

But to shift the story, we also need to shift the focus. The way these three key partners are talking about the wider factors that shape our health has clearly changed because of FrameWorks UK and the Health Foundation's research and support, as detailed in the paper below. However, the volume of communication discussing this issue area does not seem to have significantly increased. Indeed, sourcing samples for this evaluation outside of the outputs of specific teams, proved challenging. To increase action on the building blocks of health, this needs to be mainstreamed into the way we talk about public health more broadly.

Methods

To produce this analysis, samples of communications from Nottinghamshire County Council, Public Health Scotland and Public Health Wales were evaluated qualitatively to identify frames and communications devices used, and quantitatively against a scoring grid which sets out the best ways to frame communications about the building blocks of health based on our [earlier research with the Health Foundation](#).

28 samples were analysed in total. 14 from before the framing toolkit was published and 14 after working with partners to mobilise the frames and embed this new story. The samples were sourced using keyword searches for “wider determinants of health”, “social determinants of health”, “social drivers of health”, “building blocks of health”, alongside looking at more-widely discussed individual determinants including housing, jobs and early childhood development.

Findings

#1 Issue frame

Our research revealed that to increase the salience of the wider determinants of health we needed to land with people, in a very real and human way, why this issue matters. The most effective way to do that is to talk about inequalities in life expectancy and the fact that too many people are dying earlier than they should.

Prior to the toolkit being published, only two pieces of communication from our sample talked about differences in life expectancy. Following mobilisation, just over half of the sample used the issue frame of lives being cut short to start their communications.

In two samples from both pre and post mobilisation, economic frames were used to talk about why we should invest in the wider determinants of health. Our research found this frame is less persuasive as a reason for why society should act than talking about inequalities in life expectancy. However, where the frame was used post mobilisation, it was generally used later in copy, rather than as the central argument. In both instances, they landed a more persuasive message about why this issue matters, at the start of the copy.

Real examples from before and after working with partners

From starting with economic arguments:

“Tackling inequality could save hospitals in Wales £322 million every year”

To starting with lives cut short:

“People in Scotland die younger than any other country in Western Europe. People in our poorest neighbourhoods die more than a decade before their neighbours in the wealthiest neighbourhoods. Poverty, poor-quality housing, low-paid work, unhealthy environments, access to services and unstable jobs all impact on people’s physical and mental health.”

What next for communicators?

- 1. Talk repeatedly about lives being cut short to raise the salience of this work.** We need to continue to repeat this frame to bring attention to why this issue matters and why local and national governments should act.
- 2. Always pair this frame with an explanation of what’s causing it.** Sharing differences in life expectancy without explaining what is causing it can lead people to believe this is ‘just the way it is’ and therefore isn’t something which society can, and should, change.
- 3. Explain why the building blocks of health matter.** Talking about preventing lives from being cut short won’t be the right opening for every audience, channel and context. When it’s not the right fit, we still need to land why this issue matters, and why people should care. Expanding the building blocks metaphor to show how missing blocks can impact people’s lives and lead to poorer health is one way to do this.

#2 Metaphor and explanation

Before the toolkit was published, explanation was almost entirely missing from the conversation about how the building blocks of health – things like jobs, homes, and green space – shape our health and wellbeing. There were regularly assertions that there is a link between factors, like housing and health, but rarely an explanation of *how* our homes influence and shape our physical and mental health or *why* this might be different in different places.

Without explanation of the wider factors that shape our health, people commonly fall back on thinking about health in very individual ways: that how healthy we are is predominantly down to our own choices around things like diet and exercise. Thinking in this way makes it harder to build understanding and support for the big picture changes we need to make to improve health - including improvements to our housing systems, employment and social security.

In one instance in the ‘before’ sample a *foundations* metaphor was used to describe the role of the wider determinants of health. This was the only example in our sample of an explanatory metaphor being used prior to the toolkit being published.

Since working with partners, explanation has significantly improved. Over 90% of the sample used the building blocks of health metaphor to explain how our context and surroundings shapes our health.

Around half of the sample also used additional forms of explanation to link cause and effect, showing in depth how something like the size, quality and condition of our home can impact our health.

There were two instances of the building blocks of health metaphor being used incorrectly in our sample to describe a wider determinant that is a problem rather than the good things we all need for health. For example, the ‘impact of food insecurity as a building block of health’.

Real examples from before and after working with partners

From assertion:

“There is strong evidence that place has an important role to play in our health and wellbeing and in reducing health inequalities.”

To explanation:

“In Wales, too many people die too early due to a lack of the basic building blocks for health. Education is one of these foundations for health. When we have a good education, it gives us the chance to get a decent job and money to buy what we need for good health, such as food and heating. This also reduces stress that can impact our mental and physical health.”

What next for communicators?

- 1. Use the metaphor to explain the things society needs to be healthy.** The building blocks of health are positive things like warm homes, healthy food, and a secure job. Just as building blocks add together to construct a sturdy building, so too do these things come together to support our health.
- 2. Expand the metaphor to explain health inequalities.** Partners can go further to expand the ways they are using the building blocks of health metaphor to describe problems – like a lack of local healthy food – as blocks that are crumbling or missing. Or to talk about how experiencing things like poverty can wear away at many of the blocks at once, leading our health to become unstable.
- 3. Build in even more explanation.** When we *explain* how factors like our homes, jobs and local area shape our health and wellbeing, we help people to move away from individual understandings of health and see why bigger picture action is needed. We need to continue to regularly build in this explanation to increase broader, systemic thinking about health.

#3 Show change is possible

Solutions were almost entirely missing from how partners communicated about the wider determinants of health prior to this project. The focus of communications was on describing the problem, rather than articulating what can and should be done about it.

Where they were mentioned, it was often in vague terms about needing action. For example: “[we need to] think creatively and ambitiously about how we can bring the huge amounts of assets that we have, and brain power that we have, to collectively try and find a solution to this problem”.

This lack of concrete solutions can lead people to feel fatalistic about the possibility of change and imply that we don’t know what needs to be done to improve health.

Since working with partners, over 70% of our sample pointed to concrete, specific solutions.

What next for communicators?

- 1. Talk about tangible, concrete actions that can be taken to improve health.** All of the work of public health is about improving health. We need to get better at talking about this activity without using technical language, and explain, in real terms how it is improving lives.
- 2. Talk about what governments, local authorities and other partners can do.** Be specific about who needs to act, and how, to improve health.
- 3. Share specific examples of how health has been improved in the past.** Show how public health interventions have changed lives, to help people believe we can, and will do this again.

#4 Jargon, technical language and tone

In our sample from before the toolkit was published, communication on the wider determinants of health frequently used high levels of jargon and technical language that wasn't explained. The tone was often academic in style, seemingly trying to remain dispassionate and neutral. Unfortunately, the impact of this is anything but neutral. At best, this academic language and tone made it harder for people to understand and engage with the issue and at worst may have made people *less* likely to support what we are trying to achieve.

In our sample from after mobilisation, the volume of jargon had been reduced and technical terms were more frequently explained. However, even in this 'after' sample there were still a few pieces with a significant amount of jargon, which shows that partners still have a way to go to use more straight-forward and human language consistently.

Real examples from before and after working with partners

From jargon:

"Our work in this area spans both the physical and the social aspects of place and includes community development, geospatial planning, and work with employers to identify issues and improve health, safety and wellbeing in their workplaces."

To technical terms explained:

"Fuel poverty relates to households that cannot meet their energy needs at a reasonable cost. In England, the Low-Income Low Energy Efficiency (LILEE) definition for fuel poverty is used, meaning a household is fuel poor if:

- They are living in a property with a fuel poverty energy efficiency rating of band D or below; and

- When they spend the required amount to heat their home, they are left with a residual income below the official poverty line."

What next for communicators?

1. **Keep reducing the amount of technical language used.** Where you do need to use a technical term, explain what it means.
2. **Use an efficacious, can-do tone.** Our tone can help people believe that change is possible, reducing fatalism, and helping to increase action.

Conclusion

The way partners are talking about the building blocks of health has shifted. When communicating about the wider determinants of health, what they are and how they shape our health is explained – including by using the metaphor: the building blocks of health. Partners are using less jargon and fewer technical terms. They are also starting to more frequently spell out the tangible actions that can be taken to improve health.

From a quantitative perspective, the sample of communications we analysed have moved from an average score of -1.6 to 3.7. It is important to note that not every piece of communication can use every framing element, and this is therefore a very crude approximation of progress, as we are not always comparing like with like (a piece of copy may not contain any data for example, or a social media post may use the metaphor *the building blocks of health*, but not step-by-step explanation because there isn't space). Nevertheless, progress is clear.

This analysis lays out some of the areas where partners can continue to build upon these strong foundations to further improve the impact of their communications.

However, whilst the way partners talk about the building blocks of health has improved, the frequency with which they talk about this vital issue hasn't. Both before and after publication of the toolkit it was hard to source samples talking about the wider determinants of health outside of specific reports or publications. They were rarely part of how public health talks about what it is and does, and less commonly used in communications to the public (for example in partners social media feeds).

If we want to see the building blocks of health being prioritised, we must be proactive in increasing the frequency and variety of communication talking about this issue. Increasing this will have a snowball effect as others take up and repeat this new story.

About FrameWorks UK

FrameWorks UK is a not-for-profit, mission-driven organisation, specialising in evidenced-based communication strategies that shift hearts and minds.

We help charities and other organisations communicate about social issues in ways that create progress, through practical guidance underpinned by our framing research.

We're the sister organisation of the FrameWorks Institute in the US, which has been conducting framing research for more than 25 years. FrameWorks started working in the UK in 2012. And we established FrameWorks UK in 2021.

Change the story. Change the world.

Learn more at frameworksuk.org

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior permission of FrameWorks UK.

© FrameWorks UK 2024