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Framing the wider determinants of health: Reflections and learning from a knowledge mobilisation exercise with an English local authority

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ABSTRACT

Background: Health inequalities remain a persistent problem in the UK. One contributing factor may be how health inequalities are framed in professional and public debate. Dominant understandings of health focus on the individual, personal choice, lifestyle and (un)healthy behaviour. This project sought to reframe health inequalities as a 'systemic' or structural problem using extant guidance. This was intended to support the work of a local authority in England working to address health inequalities.

Project design: An academic-practitioner participatory knowledge mobilisation exercise with a local authority public health team using recent guidance and reflective feedback and the iterative development of actionable tools. There were four discrete stages to the exercise.

Methods: Two on-line and one face-to-face participatory, deliberative workshops designed to co-create reframed public health challenges and solutions based on team portfolios. Iterative feedback provided by the researcher to support the development of actionable tools.

Results: Six topic areas were developed with a systemic framing: 1. Food insecurity, 2. Obesity, 3. Prostate cancer among Black men, 4. Cost of living, 5. Mental health, suicide prevention and Gypsy, Roma, Traveller communities, 6. Healthy streets. Reflections from the process revealed some perceived advantages of engaging in a systemic framing of the wider determinants of health, some limitations and issues to consider in a local setting. Benefits included: Clarity in a complex field; structured thinking about what to communicate and how; eliminated jargon; could be made locally relevant. Challenges included: Sustaining a consistent framing; maintaining the technique; knowing if was making a difference; slipping back into dominant (individualised) framings, especially in free-flowing discussion.

Conclusions: The process of reframing the wider determinants of health using recent guidance in a local authority setting was broadly helpful in developing coherence and consistency across the public health team. There were challenges to adopting the approach and evaluation of its impact locally would be beneficial.

1. Introduction and background

Health inequalities remain a persistent problem in the UK. The gap in life expectancy between groups in the population have not narrowed over time with people living in the most difficult circumstances experiencing the worst health. In 2018 to 2020, men living in the most deprived areas were living 9.7 years fewer than men living in the least deprived areas, with the gap at 7.9 years for women [1]. Despite repeated political commitments to reduce inequalities and some limited success (cf. New Labour era [2]), action on the known social, economic, environmental and commercial factors that fundamentally shape health – the wider determinants of health – have been limited in their scope, spread and depth. Effective long-term policy and action have been elusive [3].

One contributing factor to this failure may be how health inequalities and the wider determinants of health are framed in professional and public debate. Addressing health inequalities requires the efforts of multiple actors in the policy and political system to improve the

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conditions within which people live [4]. Research shows that engaging across sectors likely requires a common understanding of the issue and a shared commitment to designing and implementing appropriate policies to address it [5,6]. Evidence, however, points to the issue of health inequalities as contested terrain. This is, in part, owing to the dominant ways in which health is framed and understood in the UK. It is largely viewed as an individual issue in popular discourse; one of personal choice, lifestyle and behaviour [7]. By implication, health inequalities are an inevitable outcome of those different choices. This understanding obfuscates the structural, systemic or societal origins of inequalities.

Narratives that focus on the structural or systemic nature of health such as the impact of low or no pay on chronic stress and mental health offer an alternative. These framings have been explored in great depth by the Health Foundation in partnership with the FrameWorks Institute. When adopted, systemic framings result in higher acceptance of the principle of systems-level action on the wider determinants of health (e.g. jobs, housing and income) [7]. Importantly, they challenge individualised framings and steer people away from interventions that focus solely on lifestyle or behaviour change. To facilitate uptake, guidance, including a toolkit, has been produced and a three step process has been outlined.

First, actors are recommended to outline the problem as a 'matter of life and death'; that people are dying earlier than they should in some parts of the UK. Life expectancy data are suggested as illustrative of the problem. Second, the guidance suggests that we go into a 'deep dive' of explanation, using helpful 'building blocks' metaphors to explain the problem (that not all the right building blocks are in place in society to help all people live well e.g. good jobs, good housing, good environments). Finally, the narrative shifts to the solution; to act on those underlying factors that make people healthy or ill. It is recommended that this is brought in early to build a sense of efficacy and optimism that something can be done to solve the problem.

It is intended that these reframings are applied across settings (e.g. policy, practice and public discourse), including at the local level. Little is known, however, if/how this has taken place. The purpose of this short report is to describe how framing advice and guidance was applied in a knowledge mobilisation exercise with an English local authority public health team. Reflections and feedback from the exercise are presented.

2. Knowledge mobilisation process and method

We used a deliberative approach [8] to implement and tailor the Health Foundation/Frameworks Institute advice and guidance, which was facilitated by a knowledge mobilisation researcher partnered with the team's lead consultant in public health at Hertfordshire County Council. Together with the consultant, the researcher developed a project specification which was discussed and agreed with the team. We adopted a four-stage process between April–November 2022.

Stage 1 – Online meeting with the team (n = 12) to sensitise members to the challenge of communicating the wider determinants of health and health inequalities. This included a presentation on what framing was and why it might be needed. We also discussed some of the opportunities and challenges of using the suggested approach within the context of the local authority/area. After deciding to move forward with the project, the team identified that a session that included a worked example of how reframing an issue relating to health inequalities in the local area would be helpful.

Stage 2 – A face-to-face half day workshop with team members (n = 11), facilitated by the researcher. This included a detailed description of the technique of framing according to the Health Foundation guidance. The facilitator, after email exchanges with the public health professional, provided a worked example of how food insecurity in the local area could be reframed. This was presented to the team as an illustration of how a systemic framing could be applied to a local public health problem. This was discussed and critiqued by the team with reflections made on how such a framing would be received in the context of their local working and political environment.

Stage 3 – Team members applied the framing guidance to a range of current areas of health inequalities work (1. Food insecurity, 2. Obesity, 3. Prostate cancer among Black men, 4. Cost of living, 5. Metal health, suicide prevention and Gypsy, Roma, Traveller people, 6. Healthy streets) producing slidesets that were were critically appraised by the researcher, who provided written feedback. Team members revised their slidesets to best suit their needs while aligning with the guidance.

Stage 4 – On-line half day feedback and discussion session that included presentations from the team on their re-framed public health challenges. The session included the team and some wider local health sector colleagues (n = 24).

The output of the exercise was the creation of a collection of slidesets that could support the team's presentation of locally relevant health inequalities issues and work to address them to colleagues, external stakeholders and elected members.

As an iterative learning and knowledge mobilisation exercise, team members discussed learning points throughout the process. These were recorded as notes by the researcher. The researcher also wrote a reflective account of the process of supporting framing in a local authority setting, some of the challenges of it and any emerging issues that enabled or limited its adoption. To supplement this record, the researcher and the lead consultant undertook six reflective one-to-ones throughout the lifetime of the project. Finally, participating team members completed a feedback form, identifying some of the benefits to, challenges of and learning from the exercise. Finally, reflections were analysed and organised into themes, drawing out the benefits, challenges and learning points.

3. Benefits and challenges of reframing

The team reflected that there were several benefits to undertaking the exercise. Table 1 summarises benefits, challenges and learning points from the case example.

The main benefits were:

1. Helped provide clarity in a 'misunderstood' field

Team members reflected that health inequalities were often misunderstood (both within and outside the public health team) and reduced to issues of lifestyle and individual choice. The systemic framing approach was considered a useful, and a relatively simple, process that helped manage complexity whilst avoiding tapping into more common narratives of health as an individual issue. This was felt to also make the emphasis more positive by making it less individually blaming.

2. A conscious process – less haphazard

Using the three-step approach brought order to the process of talking about the wider determinants of health. It structured thinking, made the team think about the order in which information was conveyed and helped take audiences on a "journey in their understanding of an issue, leaving them with a solution at the end" (public health professional, feedback form). This process could also be routinised across portfolio areas, ensuring greater consistency to how the team's work was presented.

3. Eliminated jargon

The team reflected that the reframing process made them think about field-specific jargon and assumptions (e.g. that everyone can interpret statistical data) and how to eliminate it. Team members commented that previous presentation slides were very long and complex, partly owing to the fear of not including/explaining their work sufficiently. The reframing process – which was reassuringly evidence based – helped the

Table 1
Benefits, challenges and learning points from reframing the wider determinants of health.

Theme	Public health team feedback	KMber/researcher
Benefits		
Helpful for clarity in a complex field	**Timeliness.** A 'good time' to do the reframing work – inequalities high on the public/political/policy agenda. Appetite for addressing inequalities **Manages complexity**. Move away from formulaic way of talking about health inequalities in public health. More positive way of talking about affected people – avoids negative language about people/having to refute claims of individualistic or lifestyle behaviour or fatalism as causes **From complex to simple**. Communicating complex issues in a simple and easy to follow model	**Achievable**; can use guidance to change how issues are presented Ensures **continuity** of message across portfolio areas – improves **coherency** on the wider determinants of health
A conscious process – less haphazard	**Consistency**. Clear, consistent, and concise way of sharing messaging on portfolio areas. Prompts reflection on use of data - all statistics must be explained **Conscious process important/of value**. Prompts thinking about the order in which you say things; how you want to take people on a journey in their understanding of an issue, leaving them with a solution at the end **More focus/structure.** Better focus on what is important especially targeting the presentation to a specific audience. Structured approach to presenting a topic **Structures thinking**. Framing helps to structure thinking and how to present a subject **Structures presentation.** Fewer words, more infographics, better flow of information and content	More **systematic** way of presenting information **Evidence-based** approach Once devised, is **repeatable**
Eliminates jargon	**A jargon buster**. Moving away from public health language/jargon **Focus on what is important.** Keeping information streamlined	Support with **metaphors** e.g. building blocks is helpful
Can be tailored	**Tailoring flexibility**. Content can be tailored for different audiences, e.g. public health colleagues & councillors **More than one way of doing it/not over-prescriptive at the explanation stage**. Option to incorporate the building block metaphor or deep dive approach **Balanced – the problem & the solution.** Drives the message that people are dying early but finds the balance by ensuring clear solutions are shared	**Local examples** can be used to tailor the message within the systemic frame
	Creative ideas. Inspired creativity e.g. use of videos, vignettes in deep dive **Applicable to a range of topics/fields** across the public health portfolio	
Challenges		
Risk of 'falling back'	**Temptation of business as usual**. Move away from usual way of communicating. 'Old habits die hard'. Not yet an embedded technique; have to trust in it	Challenge to avoid '**resting back**' on dominant, individualised frames – systemic framing a very conscious exercise that needs rehearsing
Knowing people understand	**How to know people understand**. As the 'expert', can be difficult to know without feedback if content is appropriate, understandable and gains necessary buy in	Need to measure/**evaluate effectiveness** in local settings
Sustainability	**Maintenance and relevance**. Need to review to ensure content not outdated. Keeping content relevant. Workload dependent.	Personnel, team, topic, priority **churn**. Lots of thing to do/ remember/not to do. Developing consistent approach & materials takes time and effort in the first instance = upfront resource
Other challenges	Need for **facilitation/ support** to pick up the framing technique, colleagues beyond the public health team might need input. Where would that come from? **Tailoring.** Concern that important information is left out; challenge to incorporate other factors e.g. race and ethnicity that require careful framing too e.g. to avoid stigmatisation	**Explanation needed.** Framing as a concept requires some explaining and acceptance; not straightforward **Guidance is used flexibly**. Interpretation of guidance is layered on to the final outputs; popular adoption of building blocks metaphor but outputs varied **Sophistication of messaging adds complexity**. Other systemic framings need to be integrated e.g. racial and ethnic inequalities, child development. This adds complexity. **Sphere of influence**. Sometimes difficult to find realistic local solutions. There was recognition that some solutions e.g. raising the national minimum age, were outside the LA gift. This could be frustrating; a risk to the adoption of systemic framings in local settings.

team to focus on what was important to get the message across and keep it streamlined.

4. Could be tailored

Using a systemic framing could be tailored to the full suite of work undertaken by the team. Local examples could be used in all phases of the process. In addition, framing could be used and adapted to the needs of different audiences while maintaining the core elements of the approach.

The process also presented several challenges:

1. 'Falling back' on dominant framings

It was clear that avoiding dominant framings of health

(individualised) was difficult to avoid, particularly during discussions when there was less structure to the presentation of thoughts. One team member reflected that 'old habits die hard', suggesting that reframing requires rehearsal and frequent repetition.

2. Knowing that people understood

Discussion identified a concern that it was difficult to judge if/how well audiences would receive the messages delivered through reframing. A colleague working in the field of food insecurity, for example, identified that they wanted to communicate the severity of food insecurity and that foodbank use was "only the tip of the iceberg" (public health professional, email feedback). Without feedback, however, it was difficult for colleagues to know if content was "appropriate, understandable and gained necessary buy in" (public health professional, feedback form). This suggested that it would take time for the team to be able to judge if reframing made a difference to the way others thought, felt and acted. Evaluation would be valuable but challenging in a resource constrained setting. Routine practice reflections could help embed local understanding of how reframed material/discourse was being received.

3. Sustainability

The question of maintaining both the technique and the supporting materials to ensure they were up to date was a dual challenge. It is possible that positive feedback on the point above would help generate the motivation to continue to use the technique and update materials accordingly. There was a risk that team/personnel churn, large workloads and political/policy shifts could make sustainability more challenging.

4. Requires facilitation and/or intentional activity

The team valued the facilitated sessions but queried the extent to which this could be applied across, what is, a large local government sector. At the very least, undertaking a review of how the wider determinants of health are framed in a local setting was required. This took time, resource and commitment, all of which remains a challenge.

4. Conclusion and learning points

Overall, this case example produced learning points that could inform others seeking to adopt a similar approach to presenting and addressing the wider determinants of health in local settings. First, the process of adopting the suggested guidance prompted necessary thinking about how the wider determinants were talked about both *within* and *outside* the public health team. This brought into question current practice and audience need, prompting discussion and action on how the framings of public health practitioners could influence others with decision-making power (e.g. elected members) and other stakeholders (e.g. members of the public). The influencing role of public health is cited as a key part of its function locally [9,10]; it is possible such an approach offers an efficient way of achieving intended influence on action on the wider determinants of health. Second, the exercise was, therefore, an opportunity to learn about communication within and across sectors working in the health inequalities arena; an aspect of learning which may be underemphasised in public health training in the UK at present. Finally, the knowledge mobilisation exercise indicated that facilitation was helpful in supporting the team rethink their communications but that this process was not necessarily a 'quick win'; the process took time, engagement and effort. It would also take on-going commitment to ensure coherency and consistency of the use of systemic framings across local health inequalities actors including citizens, cross-sectoral partners (e.g. local authority planning, transport, care services, education) and local politicians. It appears that such spread of systemic framings of the wider determinants is both necessary and potentially one of the main challenges to its success in stimulating more effective action.

5. What this study adds

- Using a systemic framing of health inequalities is both possible and achievable in local authority setting but takes time and effort
- Following the Health Foundation/Frameworks Institute guidance offers clarity, consistency and coherence to people trying to communicate the wider determinants of health to relevant actors
- The main challenges relate to 'resting back' on dominant individualised framings, suggesting on-going reflection on the process and rehearsal of the technique by public health actors is required.

Declaration of interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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