LAST YEAR'S LANGUAGE?

Reframing public health

A briefing paper for the

UK Public Health Network

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"Information is giving out; communication is getting through." Sydney J. Harris

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About the UK Public Health Network

The UK Public Health Network provides a unique forum for public health professionals in the UK to share knowledge to address the strategic issues of common importance to England, Scotland, Wales and Northern Ireland. It works collaboratively and in partnership with the UK's umbrella and membership public health organisations, including the statutory agencies across all four countries.

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Note:

This analysis is intended as an apolitical briefing to inform debate by the UK Public Health Network. Any errors are the responsibility of the author. This work does not represent the views of the UK Public Health Network.

Summary

This briefing paper considers the need for reframing public health in terms of both policy and communications**.** The choice of language, along with the metaphors and illustrations used to tell - or frame - a story influences audience reaction, both positively and negatively. This brief investigation suggests that public health work may be wasted without greater consideration being given to the way in which it is communicated, both to policymakers and to the public, particularly in an age of neoliberalism that promotes individual responsibilities above state intervention.

Public health communication needs reframing for a number of reasons:

1. Public interpretation of health as a medical issue makes it difficult to put across messages about the wider determinants of health.

2. Evidence does not always speak for itself; it needs packaging and promoting to reach policymakers in a timely fashion.

3. Neither the media nor the health sector appears to tell a complete story when it comes to talking about the social, environment, and economic factors that create health.

4. Language matters: ‘crisis terminology’ appears to have unintended negative impacts and when health professionals promote the value of education, this is misheard as being education-about-being-healthier.

5. Vested interests – for example, professional and commercial actors - seek to protect their activities and carry financial clout to do so; public health messages need to counter commercial arguments.

6. The messenger counts: in an era of fake news and misinformation it has never been more important for the public health community to demonstrate its authority, trustworthiness, transparency and care for the population and its future generations.

Both Scotland and Wales are reframing public health strategies to improve wellbeing with the issue of fairness at their heart. The King’s Fund now focusses on achieving population health to encourage NHS audiences to take a wider view of health and local authorities such as the London Borough of Southwark and Liverpool City Council have adopted a health in all policies and places approach. Communication issues have raised the need for greater political adeptness in public health language and change in terminology around poverty, childhood obesity and regulations.

Key recommendations:

- Develop a set of communication principles by which the public health community can operate consistently and improve the choice of language.
- Develop a public health framework that sets out core goals for the public health system (for example on sustainable prosperity, social justice, and wellbeing), the way in which these should be communicated, and how to speak about them to other sectors as well as the general public.

1. Introduction

The UK Public Health Network began considering the question of reframing public health at its summit in October 2019 to bring together work being done by a number of the Network's member and observer organisations.

This briefing paper considers the need and potential for reframing public health in terms of both policy and communications. It also identifies current work at a national level as well as outside the UK. Each section is accompanied by one or more case studies to highlight individual pieces of work that are either reshaping the language used to describe the problem or are changing the way in which an issue is perceived.

Reframing public health cannot be achieved overnight but, as this paper finds, there are steps that the public health community can take immediately that would begin the shift.

2. What is framing?

- "Frames are systems of pre-conceived ideas used to organise and interpret new information."[i] The way that a message or story is presented or framed to an audience can influence audience reaction or even lead people to question science or truth.[ii] As such, framing is a deliberate decision on how to communicate a story.
- Kendall-Taylor from the FrameWorks Institute points out that humans think in metaphors and analogies.[iii] Metaphors can translate the abstract into something concrete, the unfamiliar into something that can be imagined, and the complex into something more manageable. These tools help to explain or make sense of the world at large, societal issues or our own personal circumstances. Used to its fullest effect, framing can improve, or even correct, understanding of a social issue. It enables people to consider how the system impacts on the problem, help to develop appropriate policy responses and shape public support for particular policy approaches.
- The most obvious arena for framing is that of the media where news stories can be pitched to either create or discourage a particular response to the issue.[iv] In fact, as Levay and colleagues point out, the media are "information gatekeepers….. By repeating certain stories and frames, and excluding others, news media can significantly shape people's beliefs and attitudes."[v] General elections are a particularly good example of where a particular topic is framed differently by each party specifically to influence voting decisions by the general public.
- The example is often quoted of the use of the term "tax relief."[i] "Relief" creates a positive picture of respite from suffering with connotations of victims of a crime or accident. Those calling for tax relief would, therefore, be seen as relieving suffering whilst those calling for taxation would, conversely, be seen as prolonging suffering or even creating further victims.

- There are four aspects to framing:
  1. Stories are selected with a decision on how they will be presented (usually in the media), therefore determining the issues that the audience should think about.
  2. Audiences interpret the stories through their own frames that may or may not contradict those of the media.
  3. Frames are reinforced, either positively or negatively, each time the issue is raised.
  4. Frames are built over time.

3. Why does public health need reframing?

- In order to draw attention to ideas that might otherwise be ignored because they do not fit into people's existing frames, new ways of expressing them must be found. Ongoing work between The Health Foundation and the FrameWorks Institute reveals some interesting challenges for the public health system which may help to explain why public health policies are not more easily supported by either the public or policymakers.
- Public understanding of "health" may be one of the issues that needs addressing, particularly if, as Tulloch suggests, "our failure to define health may well have been more influential in the evolution of our philosophy of medical care than, perhaps, we recognised in the past."[vi] Health carries widely differing interpretations. The WHO sees health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[vii] The medical model determines health generally as being the absence of disease.
- In-depth investigations by The FrameWorks Institute and The Health Foundation tend to confirm this, finding that members of the public also generally define health as a medical issue, viewing it as the absence of illness.[viii], [ix] However, health was also frequently equated with happiness, independence in being able to function without help, and having the willpower to take care of oneself. Poor health was often equated with being a burden on society.
- However, various demographic groups appear to have fundamentally differing views on the definition of health. Turner[xxv] summarises these as:
  - Older people viewing health as the ability to carry out activities of daily living.
  - Young men more likely to describe health as strength and vitality.
  - Politicians meaning healthcare rather than health and distilling it into things that can be measured such as waiting lists, cancer survival etc.
- The way in which policy asks are framed affects how well the message is heard and adopted. Policy-making traditionally follows the cycle of problem identification and awareness :: policy formulation and adoption :: policy implementation :: policy evaluation and adjustment. The FrameWorks Institute suggests that "strategic frame analysis" is adopted as the foundation for policy advocacy.[x] Instead of viewing policy making and implementation as a production line, policy development should ask at

each stage what frame (story, metaphor etc) is going to convey the issue so effectively that it resonates with the decision-makers, those who influence decision-making, and the general public. Once the problem has been framed in a way that it becomes “a public problem of magnitude worthy of attention”[x] then, as Best asserts, it becomes a social problem of sufficient importance that it captures the attention of policy-makers.[xi]

- Public policy usually reflects what matters most to people. If public health professionals are to influence policymakers, therefore, they must first influence public opinion. However, as Ainsley has recently pointed out, policymaking appears to be increasingly disconnected from the public. She suggests that “a new kind of policy making, rooted in public attitudes, could guide politicians to a more meaningful long-term programme of action.”[xii]
- A growing policy concern for the public health community is the huge economic and political power and influence wielded by commercial actors. Processed food, alcohol and tobacco constitute big business. The ability to deploy a wide range of marketing and lobbying strategies designed to protect the industries’ vested interests result in what Kickbusch and colleagues call “profit-driven diseases and corporate practices harmful to health.”[xiii] Arguments over these commercial determinants of health are often polarised between “the rights of the individual versus the rights of the collective,”[xiv] but speaking at the Association of Directors of Public Health annual conference in 2014, Kickbusch suggested that the way in which the problem is framed can dictate the solution.[xv] If the public health community is to counter the current myths around public health interventions, then it needs to reframe its language around policy options. Myths, as Viehbeck and colleagues point out, are perpetuated by retelling and should have no place in the public health lectionary.[xvi]
- Another issue for the public health profession concerns the use of evidence. In its 2013 report on obesity, the Academy of Medical Royal Colleges comments that “health policy can be slow to emerge even when evidence is strong,”[xvii] particularly because industry opposition to interventions that threaten business interests are well organised and resourced. Cairney and Kwiatkowski[xviii] provide a reminder that the evidence does not always speak for itself. It needs synthesising and presenting in a way that builds trust with audiences and sees the world from their perspectives. Alignment with political conditions is crucial in order to exploit any window of opportunity. The authors raise the need to draw more effectively on organisational psychology to improve understanding of an audience, especially that of policymakers, noting that the tendency to trust what is commonly understood over new information and the risk of “group think.”
- Evidence is also not the whole answer because, as Marteau[xix] highlights, it may change the way that we think about our risks but not necessarily the way we act. Behaviour is regulated by both conscious (our learning of how to do something) and unconscious (our feelings) processes. When it comes to health matters, Marteau points out that these can conflict – the desire just to sit in front of the TV at the end of a

hard day at work "competes with" the physical activity goal of 10000 steps a day, for example. Information-based approaches to changing behaviour are therefore ignoring half the factors that govern behaviour. Instead of aiming to change people's minds purely by motivation, Marteau proposes a reframing that changes perceptions, to move people towards accepting environmental, rather than willpower, causes of obesity and that changes to the environment will therefore help shift behaviour (such as taxing sugary drinks) and as a result it is fair to change the size of sugary drinks.

- A particularly telling reason for reframing public health lies in work from the FrameWorks Institute that examined the messages being put out by both the media and the health sector around the factors that affect health, both positively and negatively. Reviewing materials from a range of news media as well as non-governmental organisations, Levay and colleagues found a greater emphasis being placed on how social factors detract from, rather than create, health, often using the language of a crisis – seen in references to "alarming gaps" or "killer disease." Neither the media nor health advocacy organisations are speaking about factors that create health in a way that aligns "causes, consequences and solutions." The conclusion they reach is that this is contributing to a narrow definition of health and "undermines the goal of deepening the public's understanding of the broad range of social determinants of health and of the kinds of measures needed to actively maintain and create health." [xx] Concrete examples are needed of actionable ways in which the social or physical environment can be changed to improve health.

4. What has been done to date?

4.1 At national level

- Scotland has reframed its approach to improving and protecting public health to use a rights-based perspective. NHS Health Scotland's strategic framework for 2017-22 concentrates on establishing a fairer society as a route to tackling health inequalities.[xxi] The strategy focuses on work at a community level. This is supported by the Community Empowerment Act 2015 that requires public authorities to produce a locality plan to address inequalities and be backed by appropriate resources to achieve the priority outcomes.

- Wales has framed its approach to improving and protecting public health through the Wellbeing of Future Generations (Wales) Act 2015 (WFG Act). This creates the structure for delivering on wellbeing that should go beyond political cycles and creates a framework for cross-government action. Although outcomes are still being measured, "wellbeing" is now more widely talked about – including within the private sector (currently outside the scope of the WFG Act.)

Case study 1: Early action together in Wales

CASE STUDY 1: EARLY ACTION TOGETHER IN WALES

Welfare, vulnerability and public safety account for 90% of demand on the police. However, by 2015 only 3% of children and 4% of adults in Wales who experienced vulnerability received care. Not only was there much frustration with a complicated system, the police workforce also showed high levels of trauma. Work began in 2015 to break the victim – perpetrator cycle by shifting the response from applying criminal measures to one of enabling early intervention. The Early Action Together programme was set up, supported by an investment of £6.87m to develop collaborative working between the police, prison and probation services and agencies such as social services, schools and housing. There are currently 3500 police officers who have received training in adverse childhood experiences and who recognise the benefits of offering early help to those at risk of vulnerability. Repeat offending is slowing down, the wellbeing of the police workforce is improving, and more people are accepting help because of the change in language and communication. Early Action Together is now a multi-agency partnership between the four police forces in Wales, Public Health Wales, Police and Crime Commissioners, Barnardo's and HM Prison and Probation Service (HMPPS) in Wales.

4.2 In policy terms

- Policymaking is not necessarily the dispassionate and objective process that might be anticipated. It is worth remembering Stone's observation that each step of the policy process can be an argument between equally plausible views. [xxii] This makes it essential to understand "which frames serve to advance which policy options with which groups"[x]
- The King's Fund published its vision for population health in November 2018. This strategy aims to "improve physical and mental health outcomes, promote wellbeing and reduce health inequalities … by focusing on population health locally, regionally and nationally."[xxiii] The framework identifies four pillars: wider determinants of health; our health behaviours; integrated health/care system; place and communities. It is designed to help NHS audiences in particular to be more outward-looking and aims to bring the different elements of the health and care system together. The framework is being taken up in a number of regions around England to help identify local and regional priorities around wellbeing, workforce, communities, and leadership.
- Recent work by the National Society for the Prevention of Cruelty to Children with the FrameWorks Institute has sought to increase public understanding of what works to prevent child abuse.[iii] Solutions to date tend to be family-oriented and overlook the fact that poverty, health inequalities and social isolation have all been shown to contribute to the occurrence of child abuse. Public understanding of child abuse therefore tends

to focus on individuals rather than being an issue that can be affected by social and economic circumstances that could be changed.

- In 2018, Guy's and St Thomas' Charity (GSTT) launched a ten-year programme designed to redress some of the issues behind the rise of childhood obesity with a focus on South London in particular.[xxiv] The programme frames the problem as one of inequality which helps shift the focus from seeing childhood obesity as mainly a parental issue to one of environment. This enables a much broader set of solutions to be investigated. The programme sets out to lower the levels of childhood obesity in the poorest neighbourhoods to match levels in the more affluent areas. The three strands of work focus on support in the home environment, in schools, and on streets – the latter encompassing space for children to be active as well as redesigning food outlets to increase access to healthy food options. Rather than expecting an instant result in reduced obesity levels, the programme gauges its impact in the change that individual factors are creating – measuring how much unhealthy food has been taken out of schools for example.

Case study 2: Health in all policies in local authorities

CASE STUDY 2: HEALTH IN ALL POLICIES IN LOCAL AUTHORITIES

The Mayor of Liverpool's *Inclusive growth plan* promotes the vision for the city as one based on fairness. Health and wellbeing are placed at the heart of all the city's functions and services in order to tackle deprivation and inequality. The council has extended its health in all policies approach to include health in all places as well. This has underpinned the city's initiatives on housing and rough sleeping, and social prescribing to address isolation and mental health problems. The city's six priorities cover: investing in children and young people; people living and aging well; quality homes in thriving neighbourhoods; a strong and inclusive economy; a connected and accessible city; and developing Liverpool as an exciting city. Further details here.

The London Borough of Southwark also adopted a health in all policies approach to ensure health and wellbeing initiatives are integrated across the council. Wellbeing is prioritised as a key outcome of the borough's regeneration programme. A key theme of this is "social regeneration" with the emphasis placed on active travel, improving air quality, developing spatial planning that improves access to green space and has policies on hot food takeaways and betting outlets, and interventions such as a free "swim and gym" programme. Public health staff commit to spending up to 20% of their time working across council functions to promote collaboration. Further details here.

4.3 In communications

- As Kendall-Taylor points out, “careful and costly work studying the effect of a specific intervention or the power of a piece of policy is wasted without equally careful research on how best to communicate it.”[ii] Audiences change and the communication strategy that worked five years ago may no longer be relevant.
- In a blogpost from October 2018,[xxv] Andy Turner highlights the difference that language can make in public health communication. He presents the example of saying ‘committed suicide’ and ‘died by suicide,’ with the former having criminal implications and the latter being more neutral in tone. Language becomes particularly important in this context. Although suicide was never a criminal offence in Scotland, it was only de-criminalised in England and Wales in 1961 through the Suicide Act.
- The FrameWorks Institute studies also draw attention to the potential for language to make unintended impacts.[ix] For example, where public health professionals promote education as a factor that contributes to health, this is perceived by members of the public as being education-about-being-healthier rather than schooling in general or level of attainment.
- Purdie and colleagues[xxvi] draw attention to the inflammatory language that can be created by the use of language such as “sin taxes,” as used by the media and some politicians in political campaigning in an effort to court popularity. Purdie and colleagues call on the public health profession for a more “politically informed approach” to its language that would help it engage with politicians more effectively to counteract such “nanny state” rhetoric. They provide a reminder that “such narratives undermine the acceptability of state interventions to protect population health” – interventions such as product reformulation and taxation that are recommended as “best buys” by the WHO in tackling non-communicable diseases. The authors’ conclude that the public health profession needs to reframe how it speaks about risks and rights in order to generate a different conversation with the public.
- Purdie and colleagues flag the need to speak about regulation as “something aspirational, beneficial and equalising” in order to capture public attention. This is supported by qualitative research by KSBR[xxvii] with a group of Conservative voters under the age of 40. Findings from the focus groups established, unexpectedly, that overall, regulation is seen as a “good thing” because people felt safe; stopped others from doing something harmful, supported individuals’ own high standards and protected the community; and supported self-control. The groups had “a clear sense of right and wrong and are frustrated by things they perceive as ‘unfair play.’” Speaking about regulation could focus on:
  - how legislation empowers rights (that are generally enforceable in the courts).
  - How it has averted disasters – redressing the balance where regulation is seen to have failed (eg the horsemeat scandal).

- Providing truthful explanations on the need for regulation – eg no photography at school in order to protect other children who are at risk of abuse.
- How rules are being enforced fairly and where enforcement is at risk, drawing attention to potential consequences.
- Promoting hypothecated taxes so people are not paying unfairly for others' decisions – eg direct investment of the sugar drinks industry levy into health.

- The FrameWorks Institute provides a number of rules to help with framing communications. Key among these rules are the following:
  - **Never repeat a negative frame**: re-state the question to set up a different frame or dismiss the old frame and replace with the new one.
  - **Frame the data, or don't fight narrative with numbers**: translate the numbers into a more powerful story.
  - **Use metaphors to bridge**: move from a negative frame to a positive one.
  - **Contextualise**: one human interest story will not lead to policy change; this will need to act as a bridge to the bigger picture.
- And finally, language can be reinforced or undermined by the choice of messenger. In fact, the FrameWorks Institute believes that the "choice of messenger is one of the most important tactical choices to be made before taking an issue public,"[x] particularly since the messenger is "the physical symbol" of the issue by appearing in the news, on the TV or radio and in front of select committees. In an era of fake news and misinformation, it has never been more important for the public health community to convey the fact that it is trustworthy, reliable, transparent, and authoritative and that the community has the health of future generations at heart in championing human, social and planetary rights. Finding its champions, both obvious and unlikely, are key to public consideration of public health messages.

Case study 3: Framing cancer away from military terms

CASE STUDY 3: FRAMING CANCER AWAY FROM MILITARY TERMS

A forthcoming article in *Health Communication*, looks at the value of battle terminology in cancer. War and battle metaphors are frequently used to describe cancer treatment and the experience of living with cancer. However, this set of four studies from California reveals that such metaphors are not necessarily a helpful approach. They can have a negative effect on motivation – war and battles are usually perceived as being difficult and painful. Because wars can involve surrender this can lead to fatalistic attitudes, both about treatment and about preventive behaviour. Militaristic terminology was also found to disempower some patients, particularly if treatment does not go as expected. "Losing the fight" is associated with negative emotions. The language of a battle being uphill, hard-fought etc also depicts cancer treatments in discouraging terms. The authors conclude that framing cancer treatment as a battle increases public perception of its difficulty and, despite being in common usage, can damage public attitudes to health and preventive action.

Case study 4: Reframing poverty in the UK

CASE STUDY 4: REFRAMING POVERTY IN THE UK

The Joseph Rowntree Foundation (JRF) has implemented a new way of framing poverty to avoid some of the common misconceptions that are prevalent. They found that the general public sees welfare benefits in terms of the "deserving" and "undeserving." There is also a tendency to frame poverty as an individual's problem. This can either be solved by "working harder" or accepted in fatalistic terms, that poverty has always existed and always will.

JRF has reframed poverty to appeal to people's compassion and sense of moral responsibility to ensure a decent standard of living for everyone. They use the metaphors of "restrictions" that poverty imposes on people's choices of whether to eat or heat their homes. The concept of being locked in poverty by the way that the economy is working also helps to demonstrate how impossible it is to break out of a daily struggle to make ends meet.

JRF points out that simply presenting statistics does not necessarily help people to understand the wider context and solutions. The need to point out everyone's reliance on public services, the fact that the economy can restrict people's choices and pull them into poverty and enabling people to see that a redesign of the economy will help change the system that is creating such inequity.

4.4 Internationally

- The need to reframe both the message and the way that public health professionals communicate is not limited to the UK. Work is going on in a number of countries to approach public health issues from a different standpoint.
- New Zealand developed its living standard in 2011, based on four markers of future wellbeing: natural capital; human capital; financial and physical capital; and social capital. A suite of 61 indicators is used to monitor how well people are able to use their resources in these areas and thus provide an indication of wellbeing. The 2019 budget – popularly called the "wellbeing budget" – provides for new, initiatives to address child poverty; family and sexual violence; work; Maori; climate; and mental health. Although such initiatives only account for 5% of the total budget, the aim is to develop cross-government, long-term thinking to improve wellbeing.[xxviii]
- An investigation of how health inequalities are framed across Europe[xxix] finds that many governments have not introduced measures that would reduce inequality. Lynch suggests that framing health inequalities as a medical issue may be politically appealing but makes it difficult for politicians to introduce policy measures that would, for example, improve income. Neoliberal politics and austerity have prevented the UK from considering appropriate policy action. France and Finland also reported political expediency in the terminology of health inequalities because it enables politicians to avoid directly addressing income inequality. It also legitimised the reform of other areas of the health sector.
- Health inequalities are often described as a "wicked" issue because of the complexity of the problem. Such terminology was found to hamper action because it implies "a need for difficult coordination across policy sectors." Lynch[xxix] notes that "a belief in individualism links neoliberalism and the medical model of health and makes the two frames incompatible." She suggests that framing health inequalities as an issue of fairness may be more useful in attracting public support for a policy and that the public health profession may do better by promoting action around more traditional policy lines such as taxation.

Case study 5: Framing fracking in the US and UK

CASE STUDY 5: FRAMING FRACKING IN THE US AND UK

The process of fracking or hydraulic fracturing to extract underground natural gas from reservoirs such as shale raises heated debates both in the UK and US. A study in the US looked at the relationship between the way fracking is portrayed and public support. Arguments that emphasised the environmental costs reduced support for fracking whilst framing fracking in terms of energy security and job creation tended to increase support. When arguments from both sides were presented together, the study found some neutralising effect.

A UK study with lay members of the public showed discrepancies between the way the way they framed issues with fracking against the way that industry and government presented fracking. Public concerns were not the anticipated ones of lacking understanding either of the science or the risk but around government and industry trustworthiness, concerns over public consultation by those with vested interests, fears that energy policy was being determined without due consideration of all opinions, and complacency by experts in ignoring local impacts.

Both studies find that the way in which fracking is framed contributes to public ambivalence.

Case study 6: Reframing sexual violence in the US

CASE STUDY 6: REFRAMING SEXUAL VIOLENCE IN THE USA

As a result of a five year project, the National Sexual Violence Resource Center (NSVRC) in Pennsylvania published guidance on reframing sexual violence. They found that the ideas that people have about sexual violence arise through their mental image or frame of the issue. They found that sexual violence tended to be seen as a result of individual behaviour (eg what the victim was wearing etc) rather than societal issues such as alcohol use.

The NSVRC found that media portrayal of sexual violence tended to be around “portraits,” focussing on a particular person. “Portraits,” it says, focus attention on what the individual could or should do as a solution. Understanding how audience think and feel about sexual violence is key to reframing it as an issue of prevention. Key emotions to appeal to are the strong desire to protect young and vulnerable people whilst illustrating what prevention looks like disrupts feelings of powerlessness in tackling the problem.

The NSVRC produced four guidelines to communication covering the need to speak plainly, acknowledge negative feelings, show that prevention is possible and keep the focus on conduct not character of those who commit sexual assault.

5. Conclusions

- Framing should capture, succinctly and clearly, the long-term enduring, sustainable public health goals and messages that will stand the test of time and challenge. Public health work may be wasted without more consideration being given to the way in which it is communicated. Opportunities may be lost to influence policy-making without greater attention being paid to the way in which public health issues are framed.
- The policy-making cycle needs to apply a strategic framing approach to each stage to identify the best approach to capture attention.
- As was noted at the UK Public Health Network October 2019 summit, there is some progress.[xxx] The word "lifestyle," for example, is now considered "lazy" language[xxxi] at best and "pejorative"[xxxii] at worst. It is no longer used by either the Association of Directors of Public Health or the Royal Society for Public Health, preferring instead to refer to the factors that determine health.
- Both Scotland and Wales have shifted their language to focus on wellbeing rather than health; approaching this as an issue of fairness appears to be creating a more productive environment for the public health community.
- Speaking about health inequalities may be preventing policy action because the term inadvertently constructs the problem as medical rather than social. Identifying health inequalities as a "wicked issue" may also be counterproductive because it suggests the solutions are likely to be too complex to achieve. Speaking about the need for actions on housing, income, education, taxation etc are more direct and may be more appropriate in an age of neoliberal politics.
- Terminology may need to change. Public health professionals speaking about education should clarify this is about level of attainment, not just education about being healthier.
- Regulation that protects and improves health and wellbeing does not necessarily alienate the general public. Speaking about this in terms of fairness and equality in particular can help generate public support.
- Health in all policies [and places] is being used effectively in some local authorities to generate collaborative, cross-council work to improve wellbeing.

6. Recommendations

Reframing public health language to improve public understanding and support could be achieved by:

1. Developing a set of communication principles by which the public health community can operate consistently and improve the choice of language.
2. Developing a public health framework that sets out core goals for the public health system (on sustainable prosperity, social justice, and wellbeing etc), the way in which these should be communicated, and how to speak about them to other sectors as well as the general public.

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