# Designing out fatness: the built environment in anti-obesity policy: Methodology

The research for this project was carried out between October 2009 and September 2011 involving a mixed-methods approach that had four elements:

### 1 Methods

1. National policy and research review

This element involved three methods:

* + Literature review: this involved searching for and reviewing academic literature relating to obesity/fatness and the built environment and other areas of research on the periphery of this (such as work on the politics surrounding obesity and on planning and urban politics more broadly). A condensed version of the results of this review are published in Evans et al (*forthcoming)*.
	+ Policy analysis: this involved searching for and analysing any policy or guidance relating to obesity and the built environment within the UK. This is summarised in Section 5. Results and analysis 1: Current policy and guidance.
	+ National level Interviews: 6 interviews were carried out with representatives from national bodies with an interest in health, obesity and the built environment
1. Review of Higher Education Training

This element of the research involved three methods to explore the state of training for planners in relation to health and obesity:

* Telephone interviews were conducted with course leaders (or core teaching staff) involved in delivering RTPI accredited planning courses at 10 Higher Education Institutions in the UK.
* Focus group discussions were held with students on RTPI accredited planning courses at 4 universities in the UK.
* Online questionnaire and follow up interviews: an online survey was distributed around the RTPI young planners network to establish the experiences and training needs of recently qualified planners. This had 35 respondents, 2 of whom were also interviewed by telephone. The low response rate to this survey is obviously disappointing. The results cannot therefore be used to generalise to any real extent but can give a small snapshot of the state of play for those who responded.
1. Local authority case studies

This element of the research focussed on the implementation of policy in local authority practice in three case study areas (Liverpool, Manchester and South Lancashire). More information is given below on the case study areas. This part of the research used two methods:

* Interviews: interviews were carried out with 14 representatives from planning or health departments and private organisations involved in urban design within the 3 case study areas (detailed below). These were supplemented by an additional interview with a ‘healthy urban planner’ in Sheffield since this is one of the first locations to appoint someone to such a specialist post.
* Analysis of key documents: core strategy documents, policies and leaflets used to engage the public in thinking about health in relation to the built environment were collected and analysed throughout the course of the research.
1. Dissemination workshop and feedback discussion

A dissemination workshop held in Liverpool with approx. 20 delegates (including planning students, planning educators, representatives from national bodies and local authority personnel). This provided an opportunity to get feedback from the participants and their colleagues on our initial analysis. It also provided a means to explore some of the tensions between different sectors involved in planning for health.

### 2 The case study areas

This project used the North West of England as a case study location. Health is a key priority for the Government Office for the North West (GONW, 2008) since the region has the second lowest life expectancy in England. Research focused on three sub locations which provide diversity in terms of population density, recent changes to the built environment, involvement in national/international healthy city/town initiatives and provide examples of both new and ‘retrofit’ projects. The intention was not to directly compare these locations, but to use them to build a picture of the complexities involved in ‘designing out’ obesity in different contexts and also to pay attention to the barriers/opportunities for collaboration between the three areas within the same region.

*Manchester* was chosen as a member of the WHO Healthy Cities Network, and as a city which was successful in securing DH Healthy Towns funding in 2008 – although it transpired throughout the course of the project that this initiative had fallen through. It provided an interesting case study of large scale proposed urban infrastructure changes with reference to the rejected congestion charge scheme (the first in the UK outside London). One of the predicted outcomes of the congestion charge was an increase in physical activity (through reducing car usage). The rejection of this scheme (by public vote) therefore offered an interesting context to explore the politics and challenges surrounding built environment interventions.

*Liverpool* was chosen as it is also a member of the WHO Healthy Cities Network, and is currently in the middle of a five year programme ‘Liverpool Active City’ which combines health promotion with changes to transport infrastructure and regeneration of city parks. In 2008 it was European Capital of Culture and as a result of this has seen large scale regeneration with major changes to the built environment in the city centre. Whilst, like Manchester, active transport is a concern for Liverpool, regeneration of city parks and redevelopment of leisure spaces as part of the capital of culture programme means that designing ‘healthy’ environments has, for Liverpool, been more about public space leisure facilities than major changes to transport infrastructure (as with Manchester’s proposed congestion charge scheme).

*South Lancashire* (and more specifically, South Ribble) was chosen to provide a case study with a largely suburban, low density population. It also has a highly mobile population which is linked to Liverpool and Manchester (approx. 21,000 Lancashire residents commute to Greater Manchester and Merseyside every day), providing an opportunity to explore conflicts and collaborations between neighbouring planning authorities. This location was particularly chosen in order to provide an example of a new development through focussing in particular on Buckshaw Village, a new residential and commercial settlement currently under construction in the borough of Chorley. This is the largest Brownfield regeneration in Europe (with public transport and motorway links to both Liverpool and Manchester) and sustainability is at the centre of its design initiative.

### 3 Analysis

All interviews and focus groups were audio recorded and fully transcribed. Key elements of the discussion at the dissemination workshop were recorded via written notes. Where these offer an insight not otherwise covered by interviews and focus groups these have been transcribed and used to inform data analysis. Survey responses were collected electronically and collated. There isn’t the space here to discuss all of these themes in detail, what follows is discussion of some of the main findings of this project. The transcripts and survey responses were coded according to key themes which emerged from a close reading of the data. These themes were then grouped into meta-themes relating to the literature and to the aims and objectives of the research.

### 4 Ethical considerations

In order to ensure compliance with research ethics guidelines, ethical clearance was obtained from MMU and Durham University ethics committees. ESRC Research Ethics Framework guidance were followed at all times. Particular consideration was given to the following issues:

Consent: all informants were invited to ‘opt in’ to the research, and were made aware of their right to ‘opt out’ at any time. Informed consent was gained from all participants who were given an information sheet upon invitation to participate in the research and asked to sign a consent form which allowed them to indicate the extent to which they wanted to be identifiable in subsequent publications. Consent for the storage of transcripts in the ESRC data archive was obtained separately via a second section on the consent form.

Confidentiality: interviewees were given the option on the consent form to indicate whether they were happy for themselves and/or their institution to be identifiable from the data. Most interviewees indicated that they were happy to be identified, however, where possible the identity of all individuals and organisations involved has still been anonymised to ensure confidentiality. This is not possible in all cases, in particular, the landscape architect firm involved in the master planning of Buckshaw Village would be identifiable from the discussion of their involvement in this project because of their high profile role here. In this case, transcripts of interviews were returned to the interviewees who edited them to remove any comments they would not feel happy being used in publications. For other high profile interviewees who may be identifiable this option was offered but all felt happy to proceed without editing the transcripts.