

SEPTEMBER 2023



**Obesity Action
Scotland**
Healthy weight for all

Hearing from Scotland: A focus group study 2022-2023

Project Overview and Methodology Report

Project Overview

Diet and (healthy) weight policy in Scotland are areas often dominated by numbers and statistics, with limited understanding of what the public thinks about diet and weight, and about policies proposed to improve the food environment in Scotland.

Recognising this gap in knowledge, in June 2022, Obesity Action Scotland commissioned Diffley Partnership to undertake the 'People's Panel' project. The aim of the project was to understand the experiences and opinions of the Scottish public in relation to obesity prevention, the food environment, and potential policy interventions to improve access to healthy diets.

The People's Panel brought together over 30 people from across Scotland and encompassed a range of elements, including the presentation and discussion of evidence, and some shorter interactive activities, such as polling.

A deliberative approach was chosen as deliberative public engagement is recognised for its ability to provide informed and considered public opinion data, providing public views that are more considered than surveys. Deliberation enables participants to discuss issues and options and develop their thinking together before coming to a view, taking into account the values that inform people's opinions. It therefore allows us to see how opinion evolves following informed debate and discussion, which can be useful for understanding the difference between informed and raw public opinion.¹

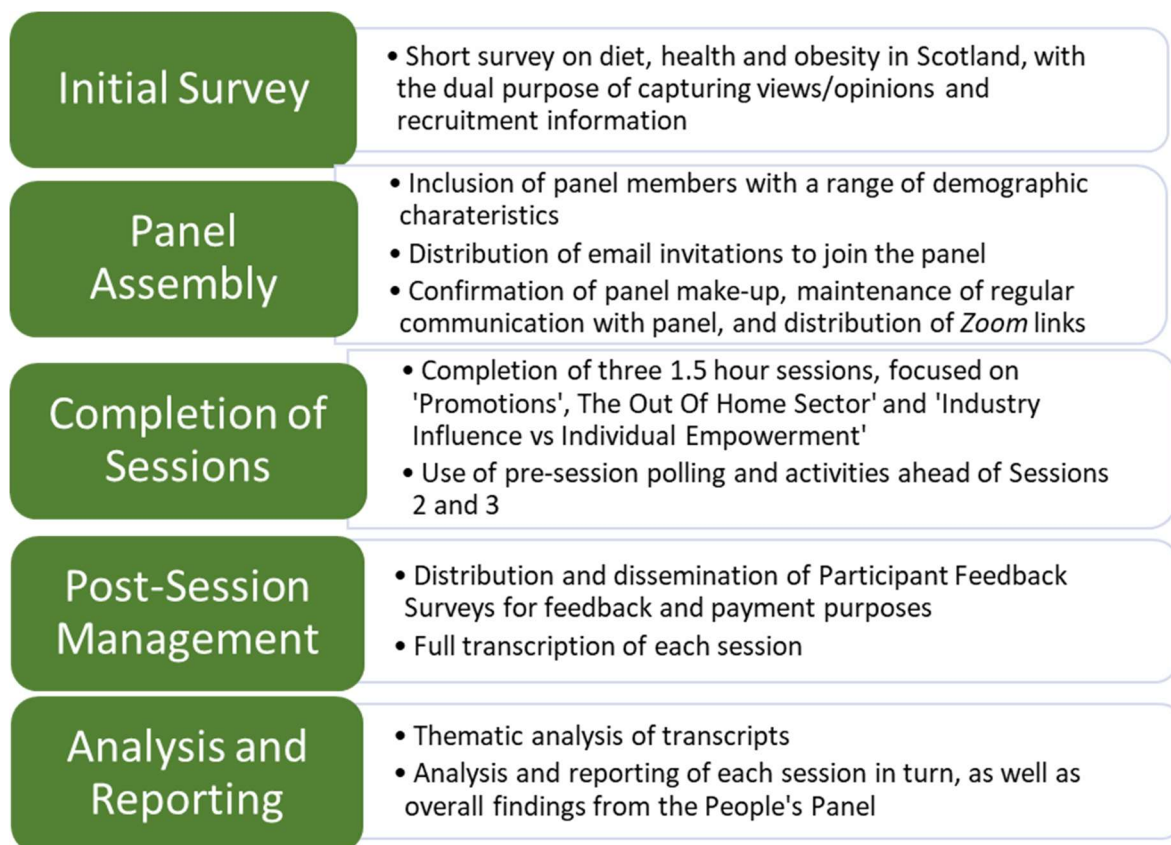
It is hoped that this research will offer additional insights into the views of the public on issues relevant to obesity prevention.

¹ Involve (2023) *Deliberative Public Engagement*. Available at: <https://involve.org.uk/resources/knowledge-base/what/deliberative-public-engagement>

Methodology

Key steps of the methodological process are outlined in *Figure 1* below. Further explanation is provided within this section.

Figure 1. Methodological Process



Stage 1 – Initial stage

A short survey on health, diet and obesity in Scotland, designed by Diffley Partnership, was issued by *ScotPulse* in August 2022 to a sample of more than 1,100 people across Scotland. It offered an initial snapshot of public views and opinion, and also acted as a recruitment tool for the formation of the People's Panel. Interested individuals were invited to provide their contact details and consented to *ScotPulse* sharing their responses with Diffley Partnership for further contact.

The survey questions and findings are reported in *Appendix 1*.

Stage 2 – Panel formation

It was agreed that the panel would be designed to be as representative of the Scottish population as possible.

Care was taken to ensure that the panel included people of various characteristics, including gender, age, residence at addresses within SIMD (Scottish Index of Multiple Deprivation) quintiles, and self-reported weight (as low-, medium-, or high-weight, collected via a ten-point scale in the initial survey). A pool of potential panel members, including those with 'duplicate' characteristics, was extracted from responses to the initial survey. Invitations were issued via email in late September 2022 to confirm interest, with the panel assembled in October 2022. Copies of information on the project (in the form of a Participant Information Sheet), Code of Conduct and a Privacy Notice were included with these invitations.

Initially, 34 people joined the panel. Three individuals who were unable to commit later dropped out which brought the total to 31 in January 2023.

The demographic characteristics of the Panel members are reported in *Appendix 2*. These are anonymised so no individuals can be specifically identified.

Stage 3 – Completion of sessions

Three deliberative sessions were delivered in total, with each session covering a different topic/theme. The session themes were:

- **Food deals and special offers (Promotions)**
- **The Out of Home (OOH) food and drink sector**
- **Industry influence vs individual empowerment**

Each session featured presentations from members of the OAS team and/or academic researchers/experts in each of the topic areas to provide an overview of the latest evidence. Sessions were time-limited to 1.5 hours, with a break at approximately the half-way point.

The sessions were each held separately. The first session was held in December 2022 and was delivered on two separate occasions (session 1a and session 1b), due to participant availability. The content and structure of sessions 1a and 1b were the same. This was followed by sessions 2 and 3

held in February and March 2023, respectively Sessions 2 and 3 were attended by the majority of the panel participants.

During session 1, in-session polling using Zoom was carried out to gather participants' views on the use of food and drink promotions. The results of the polling from sessions 1a and 1b are outlined in the Appendix of the briefing on *Food Deals and Special Offers (Promotions)*.² The in-session polling was not repeated in sessions 2 and 3 following participant feedback.

Stage 4 – Post session management

Following each session, participants received a Microsoft Forms link to the Participant Feedback Survey via email. This asked for views and opinions around the content and flow of the session and acted as a mechanism for collecting details for the issue of incentive payments. Panellists could choose whether to receive a £30 incentive (for each 1.5-hour session) by bank transfer, or in the form of a Love2Shop e-Gift card. The binding of both types of questions within one survey was effective in avoiding respondent fatigue, by preventing the need for multiple forms, and encouraging response. Reminder emails were issued every few days to those who had not yet responded. A response rate of 100% was achieved for all surveys.

Stage 5 – Analysis and reporting

Upon completion of each session, audio recordings from each facilitator were transcribed in full and analysed using QDA Miner software. Thematic analysis was undertaken to identify and analyse patterns and relationships in descriptive data on opinions and beliefs of the public related to the issues of diet and healthy weight. Transcripts were reviewed several times to ensure data familiarisation before coding and theme identification occurred.

Thematic analysis allows for both the analysis of meaning across an entire dataset, and the examination of one particular aspect of a phenomenon in depth. It is useful where it can be applied to a wide range of research questions, including those about people's experiences or understandings, and is particularly well suited to transcripts.³

² Obesity Action Scotland (2023) Focus Group Briefing – Promotions. Available at: <https://www.obesityactionscotland.org/media/4101sf0q/focus-group-briefing-promotions.pdf>

³ The British Psychological Society (2013) Qualitative Methods: Teaching thematic analysis. Available at: <https://www.bps.org.uk/psychologist/methods-teaching-thematic-analysis>

The sessions generated a wealth of information and opinions. At this stage, we have focused our analysis on findings that align with existing evidence and the policy positions of Obesity Action Scotland. We also highlight findings which are less supportive of public health recommendations and which may indicate a need for greater public awareness and understanding.

Appendix 1: Pre-panel Polling – Top line Results (August 2022)

Question 1

How influential do you consider the following factors to be in causing obesity in the population?

Base: All (1,129)	Very Influential	Somewhat Influential	Net Influential	Not Very Influential	Not at all Influential	Net Not Influential	Don't Know
	%	%	%	%	%	%	%
The availability and price of convenience food (e.g. ready meals and fast food)	61	29	90	8	2	10	0
The price of 'healthy'/fresh foods	44	36	80	13	7	19	0
Lack of time to cook or prepare healthy meals	24	45	70	20	9	29	1
Lack of time/space to exercise	18	41	59	26	13	39	1
Unhealthy habits and lifestyles	72	23	95	2	1	3	2

Question 2

On a scale of 0-10, How responsible do you think the following groups are for reducing and preventing obesity in Scotland? (0 is 'Not at all responsible' and 10 is 'Extremely responsible')

Base: All (1,129)	Average
Individuals	8.54
Food and Drink Manufacturers	6.34
Media	6.21
Health Care Professionals	6.01
Government	5.95
Supermarkets	5.87
Gyms/Leisure Centres	5.03
Charities	3.10

Question 3

On average, would you say you do the following more or less than the recommended amount?

Base: All (1129)	Much More	Somewhat More	Net More	About Right	Somewhat Less	Much Less	Net Less	Don't know
	%	%	%	%	%	%	%	%
Exercising: Guidelines recommend that UK adults should aim to do at least 150 minutes of moderate intensity activity a week (e.g. brisk walking, riding a bike) or 75 minutes of vigorous intensity activity (e.g. running, swimming, playing football) a week.	12	17	29	26	26	19	44	1
Eating Fruit and vegetables: UK adults should aim to eat at least 5 portions of a variety of fruit and vegetables each day.	9	12	20	33	34	12	46	0
Drinking Alcohol: Men and women are advised not to drink more than 14 units per week (14 units is equivalent to 6 glasses of wine or 6 pints of ordinary strength beer/lager/cider).	8	13	22	19	12	46	59	1

Question 4

To what extent would you support the following measures aimed at improving people's health?

Base: All (1,129)	Strongly Support	Somewhat Support	Net Support	Neither Support nor Oppose	Somewhat Oppose	Strongly Oppose	Net Oppose	Don't know
	%	%	%	%	%	%	%	%
Ensuring special offers and promotions are applied to healthy foods and everyday essentials (when shopping in store and online)	64	23	87	7	2	3	5	1
Restricting price promotions of unhealthy foods in shops and online (such as sweets, crisps and fizzy drinks)	33	24	57	16	14	13	26	1
Restricting where unhealthy foods can be displayed in stores (e.g. away from checkouts and entrances)	37	29	65	18	8	7	15	2

Adding calorie information to menus (e.g. for cafes, restaurants and fast food outlets)	31	29	60	20	9	11	20	1
Adding calorie information to menus and apps when ordering online	34	28	61	19	8	10	18	2
Capping portion sizes of unhealthy food and drinks when eating out	21	21	42	19	15	22	37	2
Limiting the number of fast food outlets in a specific area	29	24	53	21	15	10	25	1
Banning sponsorship of unhealthy food and drinks at sports events	38	21	59	22	13	6	18	1
Banning adverts for unhealthy foods in outdoor spaces such as billboards, bus stops and train stations	33	23	56	23	12	7	19	2

Question 5

How would you assess your own weight relative to your height and age, where 0 represents 'significantly below a healthy weight', 5 represents 'a healthy weight' and 10 represents 'significantly above a healthy weight'?

Base: All (1,129)	Average	0	1	2	3	4	5	6	7	8	9	10
		%	%	%	%	%	%	%	%	%	%	%
	6.12	1	1	2	5	4	24	19	21	13	4	5

Survey technical details:

- The survey was designed by the Diffley Partnership and invitations were issued online using the *ScotPulse* panel,
- Results are based on a survey of 1,129 respondents,
- Fieldwork was conducted between 24th – 26th August 2022
- Results are weighted to the Scottish population by age and gender.

Appendix 2: Demographic Characteristics of Panel Members

Table 1: Respondent Characteristics, in order of SIMD (Scottish Index of Multiple Deprivation)

Quintiles 1-5 [When using postcode analysis, SIMD 1 is listed as being most deprived and SIMD 5 being least deprived]. [Base: 31 Respondents]

SIMD	Age Category	Weight	Sex
1	55-64	Medium	F
1	65+	Medium	M
1	16-34	High	M
1	16-34	Low	F
1	45-54	High	M
1	55-64	Medium	F
2	65+	High	F
2	16-34	High	F
2	55-64	High	M
2	65+	High	F
2	45-54	Medium	M
3	16-34	Medium	F
3	45-54	High	F
3	35-44	Medium	M
3	45-54	High	F
3	55-64	High	F
3	16-34	Medium	F
3	55-64	Medium	F
3	65+	Low	F
3	55-64	High	M
4	65+	Medium	F
4	16-34	High	F
4	35-44	Medium	M
4	45-54	High	M

4	55-64	Medium	M
4	45-54	High	F
4	45-54	Medium	F
5	45-54	Medium	F
5	16-34	High	F
5	35-44	High	F
5	35-44	Medium	F

Table 2: Numerical Breakdown of Respondent Characteristics

[Base: 31 Respondents]

SIMD 1	6	Total: 31
SIMD 2	5	
SIMD 3	9	
SIMD 4	7	
SIMD 5	4	
Male	10	Total: 31
Female	21	
16-34	7	Total: 31
35-44	4	
45-54	8	
55-64	7	
65+	5	
Low weight	2	Total: 31
Medium weight	14	
High weight	15	