Cheshire & Merseyside Cancer Alliance: Strategic Obesity Project

Report from qualitative research using focus groups

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Contents

But no one's prepared to put the effort in, and the money in, on the prevention side of it, cause they would rather deal with the end results of people being obese on fast food and stuff like that. So no one's prepared to deal with that issue, the preventative issue, at the start of it. Pump money into there. Cause there's nothing that comes with that, is there? What are they going to see for it? But what they're seeing at the end of it is how much it's costing the NHS. How much it's costing private organisations, and the government. So the preventative side of it has got to be priority. But nothing's going to pay for that, are they? No one's going to come up with a preventative strategy and finance it. Because there's no outcomes for another 10, 15, 20 years down the road. It's all short term.

Quote from participant in a focus group held at One Knowsley on 2 December 2023.

1. Executive Summary

This study is one strand of a qualitative research package carried out during the first year (2022-2023) of the Strategic Obesity Project funded by the Cheshire and Merseyside Cancer Alliance. In addition to the focus group findings discussed in this report, the project has also conducted a public-facing survey with residents in Cheshire and Merseyside, and a two-stage process of Stakeholder Insight interviews. This piece of qualitative research builds on the public facing survey and stakeholder insight work to hear the views of sections of the Cheshire and Merseyside community, on addressing overweight and obesity across the sub-region.

Six focus groups were established through third sector organisations who are best placed to reflect and represent the views of their community. The views of older and young people, those living with a disability, and those from a Black and Asian ethnic origin were considered in special interest focus groups. One group was also established in one of the more socio-economically disadvantaged areas of the region. All the groups, except those with young people which were conducted online, were held in person in venues across Cheshire and Merseyside.

The main part of the report focuses on the findings from the focus groups which are described through themes. As with the other qualitative research undertaken as part of the Strategic Obesity Project, there was considered to be considerable judgment and stigmatisation of people living with overweight and obesity. All groups mentioned the cost-of-living crisis and the higher cost of healthy compared to unhealthy food. Many felt there were too many fast food outlets and that councils should consider how these may be controlled. Community organisations were seen as key to effective communication around overweight and obesity and to interventions at local level.

2. Introduction

This qualitative study considered the views of sections of the Cheshire and Merseyside community on addressing overweight and obesity across the sub-region. The first four groups selected were designed to hear from those living with a disability, those from a black and Asian ethnic origin, older age people and an 'open' group drawing from those living in Knowsley, one of the most socio-economically disadvantaged local authority areas in England. A further two groups included young people; the first with girls and young women, the second with boys and young men. Apart from the final two groups, there was no attempt made to hear female and male voices separately.

The first four focus groups were held in-person in November and December 2022, and the final two, online, in February and March 2023. The groups varied considerably in size, with the smallest containing three participants and the largest, 14. In total there were 39 participants. The recordings from the first four focus groups were all around one hour and a quarter in duration[1]. The second two groups, conducted online, were slightly shorter with the discussions about 45 minutes. The full details of the focus groups are given in Appendix A on page xxx

3. Methods

The first groups were arranged in partnership with voluntary sector groups with the facilitator from the host organisation sitting in and usually taking part in the discussion. The organisations provided a venue and refreshments for the participants. All those attending the focus groups were given a £20 shopping voucher as a 'thank you' for taking part. The participants were given a briefing sheet in advance on the objectives of the research and were asked to sign a consent form before taking part (see Appendix 2). The groups were recorded with

[1] Each of the first four focus groups took over an hour and a half allowing for setting up the room, introductions, making refreshments etc.

the agreement of the participants and later transcribed using encrypted upload facilities by an experienced transcription company. Questions followed a semi-structured approach varying according to the groups and how the discussions developed. The questioning guide used by the focus group facilitator is provided in Appendix 3. The facilitator (Robin Ireland) is an experienced qualitative researcher, and he took care to introduce himself and ensure participants felt comfortable and confident to express their views without judgment.

The online groups with young people were facilitated by Merseyside Youth Association. It was much harder to facilitate discussions with these groups although the young men proved easier to engage than the young women. This was partly because the girls were present in one room with a youth worker's computer providing access for the focus group facilitator. The female youth worker was often relaying responses or setting her own questions to the group. In contrast, the young men took part via their individual laptops (in most cases) making discussion easier. Each participant was given a £20 shopping voucher as with the adult groups.

4. Findings

The findings are prefaced by two strong statements from individual participants. They highlight common frustrations about the importance of interventions to improve children's and, indeed, the general population's health, in order to reduce pressure on the NHS.

In response to the question, *Should the government be doing more?*

> Of course they should, because if you wanted to bring back prehistoric ways of bringing up children, like thrashing them, beating them, nanny state will step in. So why doesn't it step in when you're causing them health issues by what you feed them with? So the state shouldn't have a problem with stepping in, because we're stepping in in other matters. If you don't send

your kids to school the state will step in. If you don't look after their health it should step in (Black & Asian Focus Group).

So, at the end of the day, you know it's justified in a sense, because if you look at the problem with the NHS, all the wastage and all that, people not being able to see doctors, people not being able to get beds, so you need to sort that out before it becomes a major - and then we get older, we can't get beds, and you know it just snowballs from there (Black and Asian Focus Group).

These reflected a feeling across the groups that action was essential to address overweight and obesity.

The findings are divided into two parts. The first will describe the discussion in each focus groups to explore the issues faced by particular sections of the community. The second part will detail some of the themes relating to overweight and obesity which were raised across the groups.

Quotations are referenced by focus group (e.g. DFG – Disability Focus Group and the number allocated to a participant).

4.1 Focus Groups[2]

4.1.1 Disability (DFG)

This group was facilitated by Warrington Disability Partnership and consisted of three participants, all of whom declared a disability. This group were pleased that they were consulted with and listened to. This was clearly not a usual experience for those making up the group. One participant said: "I would just say thank you, I

[2] The details of all the focus groups including the organisation facilitating the discussion, the date of the group, the name of the venue and the number of participants is shown in Appendix 1 on page 42.

think going to speak to people from like grassroots level is better than just people assuming what needs to be done" (DFG4). And further:

> I'd like to say the same, really appreciate like the opportunity for like, you know, for us to have a voice on behalf of the disabled community really but, you know, I think quite often I think that it just does get overlooked that because people have got disabilities they don't really concentrate on issues that we might have with, you know, trying to lose weight or eat healthy and things like that, tend to concentrate on our, you know, obviously conditions and not really focus too much on weight and stuff (DFG3).

One of the strongest points made within this group was the frustration showed about how people with disabilities were viewed and the lack of facilities for them:

> They can't weigh you, no, they're all stand-up scales or they don't have a hoist to hoist you out of the chair to weigh you, so you kind of rely on annual kind of, you know, consultant appointment where they might just have the equipment to weigh you, you know, like the hoist that weighs you or they'll have a chair they can hoist you on to it (DFG4).

The participants in this group also felt that they were often judged for being overweight without any consideration for any other relevant issues. As one participant said, "You get judged but they don't necessarily take the interest in your medical background" (DFG4). They felt the Disability Centre worked because the service offered is person-centred:

> People come here because they know they don't get judged, no matter what. You can have whatever disability- It doesn't matter if you've got a disability or you haven't got a disability. But it doesn't matter because they know- They come here because they know they don't get judged first and foremost. Secondly, they know we'll concentrate on that particular person as a person (DFG1).

If help is available to those who wish to lose weight who are living with disability, it needs to be more targeted:

> I think it's a lot harder when you've got a disability to try and lose weight because if you go and look at the mainstream information that is about

> when you can find it, yes, it doesn't mention anything about you having a disability. So it's okay saying you need to go and exercise, and you need to do this, and you need to do that- That's great stuff. But I can't walk 200 yards lets alone ride a bike for half an hour a day or walk so many steps a day. I just physically can't do that. If I did that today, I wouldn't be getting up tomorrow (DFG1).

Participants highlighted the importance of their own centre to help people with disabilities but also the wider role of community hubs (anything but a "medical setting"):

> You know, all these hubs that you've got set up, the community hubs? I think it would be brilliant to have like regular, you know, call it like a healthy eating kind of group, but also make it accessible so that people can get weighed no matter what their situation is, like wheelchair scales or sit down scales or a hoist or- You know, to just start implementing that to make it accessible to everyone (DFG3).

They compared these facilities with stop smoking clinics and suggested those worked "because they weren't at the doctors, simple as that" (DFG1).

They wanted leisure facilities which were accessible to all "people with disabilities should be worth the same investment as people that are abled bodied" (DFG3).

4.1.2 Older Age (OAFG)

This group was facilitated by Age Concern Liverpool & Sefton, and consisted by seven participants, all of whom were over the age of 55. This group were of course aware that health issues, including overweight, become more serious as you get older:

> I think it becomes more important to you as you get older. It's something you don't think about when you're young cause your body, you think's invincible. But as you start ageing and your knees hurt when you get out

> the chair or when you get up in the morning and things like that, you become more aware of actions have consequences (OAFG2)

These health issues may prevent older people exercising as they used to. For example, as one participant said, "I have arthritis of the spine, so I can't exercise like I used to. I was also going through the menopause, which has a huge affect on your metabolism as well" (OAFG1). The women in this group were also less confident and felt nervous going out a night (*at least in winter*): "And then it gets dark at four o'clock. And I don't know about you other ladies, I don't like walking out of a night on me own" (OAFG2).

Som felt that they had not been taught the benefits of physical education when they were young:

> But a lot of - you're saying about us being an older group here, a lot goes back to physical education at school. It was seen as almost like a punishment, PE lessons and things like that, so people weren't educated that you need to maintain fitness and everything throughout their life (OAFG4).

Some of the participants in this group were living with overweight and obesity and were experiencing first hand some of the issues that came along with this; "You can't bend down, you can't reach your feet, and you can't get your socks on" (OAFG3).

Others were questioning why overweight and obesity increases with age:

> I know most people aren't born fat, are they? Most people when they're younger don't have excess weight. So it's when you get older that those problems start occurring. And why is that? (OAFG1).

It should be noted that this group was perhaps the only group where at least one individual was very clear that they *did* judge people who were living with overweight and obesity arguing that they had made a personal lifestyle decision: "I mean I've got nothing against people. I think if they choose to do that and live their life and die younger, it's up to them" (OAFG1).

4.1.3 Black and Asian (BAFG)

This group was facilitated by the Cheshire, Halton & Warrington Race & Equality Centre based in Chester. The group was made up of 5 participants who were from a black and Asian heritage. As with the group focusing on people living with a disability, the people of colour meeting in this group welcomed being consulted:

> But I think, for me, yeah, just I'm glad that you're taking our thoughts and our comments onboard. And I'm glad that there's that connectivity from the different backgrounds (BAFG3).

Several in the group were considered as living with overweight and obesity and a few questioned how it was measured:

> I, personally, think some classifications, or some ways that people describe obese are incorrect. Because it doesn't take into account your bone structure, muscle capacity and whatever. So some people are classified by obesity because all they'll do is look at the weight and the height, it doesn't take into account anything else, so some people are classed as obese who probably aren't obese (BAFG2).

There was a reflection on data and genetics linked with country of origin:

> … one of the things that is prevalent in South Asians, Indian people, Bangladeshi people … is that we are prone to having high cholesterol, high blood pressure. And then prone to having strokes etc, etc. But it's also going to come down to genealogy, your family, like what you were talking about, being big set, your frame, your bones (BAFG1).

In some cultures, living with overweight may be seen as positive:

> In South Africa, some of the African cultures, to have - maybe if you are a man, and … And if you - basically if you have - if you have a wife that is overweight it shows - it's a sign of, well it's a sign that he can look after his family … So it's also, maybe the female might be seen as more

attractive because she might be seen as she's healthier the more overweight she is (BAFG3).

In some examples, lifestyles have changed considerably from those previously:

> Cause historically, like in India the eat a diet which is full of ghee, which is butter and whatnot. But they were out farm labouring all day, so they were using up that energy. Now we're doing jobs where we're sitting on our laptops (BAFG1).

And these change in traditional lifestyles was identified as leading to potential health problems:

> I see it as long term health problems for people. And it's like the constant - and it is a combination of the fact that they're not active, so they're not using up the calories. It's that sitting down, as a culture, in that they're doing the job, but they don't involve any physicality, that is going to lead to problems (BAFG1).

All the participants felt that food is central to many people of colour's culture:

> Sometimes it has to do with the food that we eat, sometimes. You know in Africa we've got, you know very dense foods, so carbohydrates, cassava and rice and all that we add sometimes too. And especially when you're not physically active, it just builds up. So that's what I'm thinking, apart from genetics, but it also has to do with the fact that the food that we enjoy (BAFG4).

> Like Jamaicans. Yeah. [laughs] For Christmas we'll have like drinks with nourishment, you know Supermalt, and if you look at the calories and what is contained in those drinks, I think one can of nourishment has about 600 calories or something. It's really high. It's really, really high (BAFG3).

> So I think it's a way of communicating how much you love somebody, and how much you want to spend time with that person as well, as the person's eating that meal (BAFG4).

As one participant said, "even if you don't live in that country of your family origin anymore, it's still in your life" (BAFG3) with food often fried with palm oil and with large portions of food expected as part of normal hospitality:

> Because I used to say, and my parents are Jamaican, I'm Jamaican origin, and I could say - I used to say to people, I could turn up at my Mum's home any day of the week with two other people, unannounced, I'd have been up there to feed them (BAFG2).

> And it's also coming down to the nuclear family unit, which is a very British thing, isn't it? Because in Spain, and in Italy, they have the extended family. Mama cooks the pasta, and you know Mama cooks the Paella, and almost - it's that thing as well. Because it's a very British thing, isn't it, the nuclear family unit. Whereas the cultures that we come from are very much the extended family unit, and you live in extended family units (BAFG1).

Finally, any interventions and communications to address healthy weight should be "using the language communities use, and using the foods the communities eat" (BAFG4).

4.1.4 Open/Community (OFG)

This group was held in one of the most disadvantaged local authority areas in England (Knowsley) as the participants themselves said. It was hosted by One Knowsley who used their expertise to recruit people from the local community and

other community groups in the area. Of all the groups held, it represented most closely those living on low incomes.

The group readily identified that levels of overweight and obesity had increased in recent times:

> I see it as a modern thing. Folks when you think of when you grew up in school, you saw the odd person maybe that was slightly overweight, but now it's got to the point where a hell of a lot of people are falling into that bracket, and it does seem to be more modern than back when we was growing up (OFG6).

As this group was not a specific interest group, the findings from this group are described below under the themes identified in section 4.2 below. Given that most areas in Knowsley may be considered disadvantaged and the organisation recruiting the participants, One Knowsley, is focused on creating and securing positive outcomes for communities in Knowsley, much of the discussion in this group focused on the reduced options for people in this area and how these may be improved. There are therefore many direct quotations from the participants in the wider determinants of health and food environments themes (4.2.5 and 4.2.6, pages 25-33) in particular.

4.1.5 Youth (YMFG and YFFG)

These two groups were facilitated by Merseyside Youth Association, and they were the only groups to be held online. The groups were split into younger females under the age of 18 (six in attendance), and younger males under the age of 18 (four in attendance). Both groups were supervised by a member of staff from Merseyside Youth Association.

As noted previously in the Methods section, the young people were harder to engage in discussion and the young women, in particular, tended to respond much more briefly to the questions than the boys with much less interaction. Nevertheless, the issues the participants raised were broadly similar to those raised by the adults but with more emphasis given on the impact living with overweight and obesity has on mental health.

Body image and self-esteem may be affected so that some young women may be "scared to show parts of their body like arms and legs". A boy said, "if you don't have like a perfect body then you are essentially an outcast" (YFGM3). Low weight is an issue as well as overweight: "Like oh wow, you're like a twig". "It's also not nice to be called that sort of thing" (YFGF3). The male group also highlighted issues concerning being underweight.

> … whether you're overweight or you're very underweight, it is something that you will eventually have to take onboard because it can become life threatening (YFGM1).
>
> "I feel like mental health can really like take a toll on your weight and that could lead to obesity" (YFGF4).
>
> If someone, if they're really anxious and like they don't want to like deal with stuff, like maybe eating or not eating is their way of dealing with it (YFGF3).

A boy highlighted the bullying that can happen in schools:

> I have noticed a lot of overweight abuse going around in the school. And it's like really affecting how the kids work and think of themselves. And it's very - it's very dominant with like bullies. If - and it's a very easy thing to target cause nowadays it's very common among some kids, so it can really affect how those kids think and focus (YFGM3).

The youth groups spent some time discussing both fast food outlets and physical activity options. The young women felt that there should be more healthy choices in McDonald's, for example, and in school settings. There was a predictable range

of opinions around physical activity with personal preferences, such as dance, getting mentions and with more choice in PE also supported:

> Our PE teacher does it (lacrosse) and he does all different sports and we all get a go, so we all get to have a go at this sport. If we don't like it, it's if we haven't done it before, we get to learn it and if we have done it before, we get to teach other people how to do it (YFGF5).

The girls felt that PE was "male dominated":

> Most of our school is mainly lads, it's maybe 75% lads so most of the school is lads, so it's mostly male dominated sports. It's more like all hockey, like football, basketball, like that and like, there isn't like the girls get nothing around school, so there needs to be more girl, not girly sports and that but like netball and stuff because we don't get none of that (YFGF6).

> Oh yeah, every girl in my year loves trampolining, but all the lads just get to do like football and all that and table tennis (YFGF4).

For some young people, the decisions made on their behalf by their parents may be an issue:

> I feel like it is a bit of an issue, because say like these days there are a lot of like high calorie junk foods. And with young children, say your Dad says, "Oh, let's go for a little treat." You wouldn't say that to an adult, would you. But that child would then go and would eat high calorie food. And it would just affect their health, which would obviously lead to obesity, which would affect, again, their health. Which isn't very good in some ways (YFGM3).

There are fewer direct quotations from these groups contained in the findings below owing to their age and reticence to state their thoughts on certain issues, but nevertheless the participants were able to contribute to the themes of this report.

4.2 Key Themes Under Discussion

The themes identified below were generated by the lead researcher following repeated readings of the transcripts from each group. Many of the themes overlap and may be quite broad in some instances. It is impossible to capture the nuances of every discussion, but the themes provide a vivid impression of the issues raised. All quotations show the focus group in which they originated (e.g. OAFG is Older Age Focus Group and the number given differentiates between the participants in the group).

4.2.1 Perception of Feeling Judged

Across almost every part of this qualitative research, if the person involved is living with overweight or obesity, they feel they are being judged for this – "and people pre-judge and judge yer for being obese or fat" (OFG4):

> … so the doctor says my weight, like, "Oh, you're hitting on the obesity level, do you know what this means?" Then I feel I'm getting lectured, because they said the word obesity, I'm like oh, dear, am I getting told off again? (DFG4).

If you are living with overweight, you may be considered unhappy and lacking in intelligence.

> I think there's a perception, isn't there, if people are overweight that they're lazy, that they're - I don't know, lacking in intelligence. That they're unhappy as well. So I think there's like a big stigma to people being overweight, or obese (OFG1).

There is discomfort, annoyance and embarrassment. Participants saw their doctor suggesting any problems are down to their overweight and may miss other underlying conditions:

> What does annoy me is when doctors blame your weight on everything to do with illness. I went to the doctors once with a sore throat, he said, "You're overweight." Really? I've got a sore throat, I had tonsillitis, I've had it constantly throughout my life (DFG1).

> … sometimes there's other factors with obesity, isn't there? Medication. Certain aspects of your health. You know they have side effects, don't they, where there are actually, maybe, side effects or barriers, and actually put weight on (OFG4).

And some saw this judgment extending across the medical profession:

> So all through like nine months or ten, however long it is when you carry a baby, I was very much aware that I was classed as obese and I think when a midwife said to me, "Oh, you could do with losing a bit of weigh anyway because you're heavy, it's not going to harm you if you're sick for a bit." That also stuck with me for the whole nine months, which is not nice to be fair is it? I think that's something I'll never forget about pregnant was part of being sick was actually some of the attitudes of the midwives that I had (DFG4).

This judging and labelling by society may impact in unexpected ways.

> I actually think obese is a word I hate, cause I think, as someone says, it's too about you, it automatically feels derogatory. And I've been that myself. But it actually scares me that I think society has become a very much more - that weight is important. It is important, but when you weigh kids in school, and you're putting a label on a kid that they're bigger than their size, from a young age (OAFG2).

The possible impact of being labelled as obese on mental health was raised on several occasions.

> And then also, just the psychological impact on somebody being called obese and overweight. Then, again, it starts that downward spiral, if someone thinks, *Well, if I'm classed as that what help can I get, and what does that say about me, that I've let myself go?* Or people might have certain judgements (BAFG4).

And this judgment could potentially lead to problems in diagnosis when medical professionals may only see the condition rather than the person:

> So therefore it's difficult, because I know people, like for example my family, we are all heavy set. There's not one person that is, you know slender, that's just how we're built in the family. And so I know that some relatives who have got no health conditions at all, you know. So I think it's difficult, in terms of the people's perceptions of what being obese means, and what that looks like as well. And I think there's a danger to assume it is if someone looks heavier, or is obese or overweight, that they're going to automatically have health conditions compared to someone that doesn't fit that criteria (BAFG3).

4.2.2 Stigmatisation

And the judgment which people living with overweight experience, is usually accompanied by stigmatisation:

> I think society now, you know, when you hear the word obesity you think it's like, you know, it's the fat word isn't it, let's just say it, it is, right? I don't like it, I hate the word and I hate the terminology (DFG3).

> But I think now in society as well there is so much judgement …. with like social media and the influencers and the airbrush and the whole Instagram situation. I'm glad I don't do all that stuff to be fair, I think there's so much pressure as well (DFG4).

> I've seen people, just see them walk on, if you're sitting on a plane, and everyone just thinks, *I hope they don't sit next to me*, because they're that big (OAFG4).

One participant who talked about his own experience of being morbidly obese, felt that the judgment and stigmatisation he had received, helped in his case to turn his life round:

> Like I hate the word 'fat,' I hate sort of the name shaming, I hate all that. But the way my life has gone to, where I got, to where I am now, I wouldn't be having the life I have now if it wasn't for that (OFG10).

Even the word 'obesity' made some young people feel 'insecure' and clearly impacted on their mental health.

4.2.3 Support for people living with overweight

Some of the young people identified the sensitivities around the language being used:

> I've known people, in the past, who deal with anorexia and obesity, and it's such a difficult subject to talk about and how to approach it, because you don't want to offend them but you don't want to see them in such a bad state (YFGM1).

They highlighted people living with overweight and obesity should have help from the council: "I feel like the councils can do a bit more to include overweight people" (YFGM3).

Help and support to lose weight is essential for everyone:

> Yes, I'm overweight, I know that, I don't need anyone to tell me, I can look in the mirror, I can see actually I'm overweight. The question is what am I going to do it about it? (DFG1).

If people are given help, it needs to be with empathy and understanding:

> And I think how to speak to people is a big thing as well, how to educate the person who does want to lose weight if they're able to and having that conversation in an empathic way, not a judgemental way (DFG4).

If they are told they are obese they feel they are told to do something about it without help being offered.

> But the whole thing is usually political, isn't it? Like does the doctor say, "Obese," or did they say, "Fat?" Did they then say, "Over and above what you've come in with, here's a health programme to move you on to, to deal with the weight loss," or how you can lose weight. But there's never - there's never follow up. All too often there's not a follow on with the health service. They'll point this up and nag to yer, and then you just get on with it, and you're abandoned. And that's where I think people need more support (OAFG4).

People felt that they were simply being labelled as obese with no concern given as to the support they may need individually:

> I think it's still classed as a tick-box exercise, isn't it, obesity. There should be more holistic ways of speaking to someone. Because everybody in this room's an individual, so we all have our issues regarding our weight, the way we see ourselves. So it's no good just saying, "You're fat, you need to take these pills." You're obese, you're this, you're that. It should be taken up on that, as an individual, in a holistic way not a clinical way. Because if your GP or whatever, professional's telling you, clinically you have to do it, 9 times out of 10 you're not going to do it. So, if there were more options that are personal to you you're more likely to change with it and put that effort in. Rather than just fling yer into a box and onto a sheet and into that category (OFG4).

And if help is provided, it needs to be in the community and away from the NHS who are seen as not having the resources to help all the time:

> But it needs to be taken away from those mainstream places and brought into places like Weight Watchers and things like that, because you're willpower doesn't last forever, it's got to be- Does it? And you will end up giving in at some point. So, I think places like that, works for some people but it doesn't work for everybody does it? So maybe in community centres, maybe in places like ours (*Warrington Disability Centre*), I don't know (DFG1).

Possibly this help could be through the use of community mentors:

> I just think things we can do is put community mentors in place. Someone not clinical, someone who has got experience in mentoring, who may have a background in health, who may have a background in these teams (OFG4).

It is recognised that weight management clinics can be expensive:

> If you think in every area, cause like Slimming World, and whatever they're called, or the other ones. Again, it's money dependent, because you've got to be able to afford to go, and it gets quite expensive if you're going over a long time (OAFG2).

There was a comparison made between stop smoking and weight management services by some:

> So it's just like smoking services, that you can go in, and someone can help you quit smoking over a couple of weeks period. Why is that not offered to people? And I know it is in a way, that you've got weight management services, but maybe it's looking at how are those delivered, could that be developed further, could that be offered in other areas? (BAFG3).

And problems with food were also linked with similar problems with alcohol:

> Where other people drugs' their crutch, alcohol's their crutch. So I went, and I got the help I needed. So I don't see any difference to having any other addiction really (OFG10).

Thus, weight management services should be made available everywhere including by businesses supporting their employees.

There is awareness of the pressure being put on the NHS:

> I think it probably boils down to money though, doesn't it, because you know they say that people who are obese, you know they're using the National Health Service, using up all the resources. So therefore it is a societal problem, isn't it? If it's going to have an affect on the rest of the services available to other people who perhaps aren't obese (OAFG1.

4.2.4 Education

Many participants felt that education is still the key to solving the 'obesity problem':

> But I think the first part where you need to start is with educating people because without education on the pitfalls of going to McDonalds every day, eating five takeaways every day, etc, etc, without that education people are never going to learn are they? And that can only come from your schools and your parents, but your parents need educating so they can educate the children (DFG1).

In particular, education for young people (although it was mainly the adult groups saying this and not the young people themselves):

> More education from a young age about the value of what you put into your body. Which, if you saw the impact - if kids understood the impact of what - they are what they eat, or they are what they smoke, or they drink, or whatever else they put into their body, will have an impact on their lives. If they grow up with that education then that's a step closer, because if they haven't got it at home and they don't see it in their lives, then how are they meant to understand it? (OAFG2).

> … what's also happening is, within younger generations, they are not learning the skill of cooking, is the problem. And that's where education and the school, it is a crucial part of it as well. And having cookery demonstrations, and people going in, talking about food, talking about healthy food and whatnot (BAFG1).

The messages given to young people have to be appropriate from the beginning:

> So, we talk to the children about getting active. We talk to them about fuelling for performance, because they're involved in sports. We talk about their view of their health. So we don't say, "Fat, obesity," all them terms, we very much focus on the reflective element of language, and just getting them healthy, getting them active, getting them involved. And an element

> of teamwork as well. I think, for me, it definitely starts from kind of the younger age upwards (OFG2).

These messages can be delivered at school to children which are then passed on to parents:

> … it stems from learning your kids, and schools, like they're making a pizza in school, so they come home and share that recipe with your parents. And then your parents go, "Okay then." Again, as you say, it's changing everyone's mind, and spending time with your kids, using your gas, but using the £20 quid in a convenient way (OFG4).

Some groups talked specifically about cookery classes and where these may be offered:

> And it's that, maybe it's after school clubs that can be put together, approaching schools, or high schools where they've got kitchens and saying, "Come and learn this skill." And maybe the local authority's education portfolios and public health trusts coming together to deliver projects to young people. And the families can come in as well (BAFG1).

And the tone of the messaging concerning any cookery lessons has to be empathetic and supportive particularly in regard to the pressure people are experiencing:

> Learning how to cook. If you're not feeling capable, or be quite confident, there's no way you're going to think about looking at a raw chicken and veg and, *How am I going to make a meal for a family of four*? You're just not going to think like that. Especially if you're dealing with the reality of life, and the circumstances that some people live in, you're not going to be at that level. So, I think it's got to be about, yes, education and saying, "This is what you can make," but just general, "It's okay if you can't, let's see what you can do," step by step, and not put pressure on people, people who are already stressed as it is already, you know. You're just going to push people further away from the message if then you're going to make people feel as though they are failing in life because they're not making a healthy meal for themselves or their loved ones (BAFG4)..

Participants wanted clarity around messaging:

> I think there's like so much information, like on the internet, and we're bombarded with adverts and what have you about food, and recipes, and what's good for you and what isn't. I know I feel it does get really confusing, about you know what is really good food, what isn't? Things like cooking and out of vogue, you know, is coffee good for you? How many cups of coffee do you need a day? How many should you, you know. When does it start affecting your brain or whatever, because you're drinking too much caffeine, you know. So, I think it is - well, for me anyway, I would like to be educated (OAFG1).

Calorie-labelling in restaurants seems to have had a mixed impact with some at least:

> Well, if I ever go to a restaurant I never sit and think, *I'm going to have something healthy*, I just have whatever I want, I fancy. Might be healthy, it might not be. But if you fancy something and you look at them calories and you go, *My God, that's three days' worth of food, I can't have that* (OAFG2).

4.2.5 Wider determinants of health

Many factors affect the health of individuals and are outside people's immediate control. These include their housing, employment, and education status for example, and, fundamentally in this research, their income. These are described as the determinants of health. These were regularly raised by participants in all the groups but possibly most, by those living and working in Knowsley, the 'Open' or 'Community' Focus Group. As with other parts of this research, the issues raised under determinants of health have been further divided into sub-themes.

For some, the perceived pressures of modern living can have a negative effect on health. The problems that people are facing can lead them to mental health issues and comfort eating:

> I think that … obesity's caused by the situation people live in, and they can't cope with it. So they go to food, for food, you know to make them feel good. So you know everyone's got circumstances that they're not happy, some people aren't happy they'll eat (OAFG1).

For young people, eating fast food may simply be a means of dealing with the pressures of modern living:

> And I think sometimes, with the young people, I think, yes, there's an element of it's really easy to access quick easy foods, but also I think maybe if you're under immense pressure to do certain things in our lives, to have certain things sorted out, which doesn't leave time for the selfcare aspect of it. I think sometimes that can play into that (BAFG4).

Improving the food environment is such an important component of possible interventions by the CMCA Strategic Obesity Project that, although this may be considered as a wider determinant of health, it has been given its own section within this report's findings (see 4.2.6, pages 29-33).

4.2.5.1 Cost-of-Living Crisis

Throughout this research participants raised the cost-of-living crisis in terms of what people can afford to eat. "Everything at the end of the day comes down to money because you can't eat healthily if you don't have enough money" (DFG1). This was raised regularly by participants from all groups. "So, you need to look at the economic, the social and health inequalities that's within those communities" (OFG11).

> … our way of life now is completely different to what it might have been in the '60s, and things we have access to are so different and like the cost-of-living crisis … has affected people. Like fruit and veg is actually quite expensive in some places, it's quicker to buy a cheaper meal to shove in the oven (DFG4).

> Well, what it all depends on, as well, is that the deprivation, the lack of money, the lack of - you know, just the deprivation in society. You could be doing amazing work with children, but they're going home, and their Mums and Dads have got £20 to feed their family for the week, so they're going to Iceland, and they're getting the pizzas in. It's how they live; it's how they survive (OFG11).

The crisis is impacting in many areas with young children being a particular concern for many:

> We're stuck in a cost-of-living crisis, aren't we … I'm teaching in schools, things like selfcare and self-esteem, and stuff like that. I mean I didn't used to teach them in schools, so we are, there's change going on. But yeah, it's a crisis, especially with young children, definitely (OFG6).

4.2.5.2 Levels of Income

In some instances, people are having to make choices between heating their home and what food they are able to buy:

> By the time you've put all that together someone's probably spent on their rent and the gas and electric at this moment in time, probably more than three-quarters of their wages, quite easily. And people are not in a position to be able to eat healthy then. How can you afford to eat healthy when what you've already earnt has already been spent on two things that you need in your home, one being your home and the second one being your gas and electric to heat the place (DFG1)?

> And if you go to KFC you can get a whole bucket of something for £5 … you know you'd just rather go for that one. You don't have to cook it. Especially with the cost-of-living crisis, having to use gas and electric to cook all those things, when you can just go and get KFC (BAFG5).

The young people's groups also reflected on issues around cost with school dinners mentioned here:

> But like, it's not really fair as well because you have to pay like £5. Maybe she's struggling to get money yeah, and like she only gets paid month to month. (YFGF3).

4.2.5.3 Employment

Some people are having to do multiple jobs to make ends meet. They may be exhausted and their mental health may be suffering. In this situation, fast food may be the simplest and easiest option to feed a family.

> Because you go to do your shopping and you think, God. Because the shops are open later, and you're not having your tea at five o'clock at night. And going, I'm needing some of this fast food because I'll need to go and see to the kids. And I think young parents are overstretched, cause they're working that many hours (OFG1).

> But at the same time you've got to work a lot of hours and it's more than some people can achieve. So, you're working those hours, you get about three hours with your kids, you know don't want to spend those three hours in the kitchen while they're in front of the telly, so you get a pizza that takes six minutes in the oven (OFG8).

4.2.5.4 Access to Exercise Opportunities and Green Space

People accept that we all have some personal responsibility, but green space needs to be easily accessible if people are going to use it:

> So it comes down to the person, that we all have to take personal responsibility for our health sometimes, and some people can be - I mean if you've been in work all day and you're tired, you're not going to think, *I'm going to go to the gym*. So it might be something, that you have to find

> something that's really accessible, like maybe at a park somewhere, where the children can play and you can run around maybe (BAFG5).

Access to and the cost of council-operated leisure facilities was raised specifically by the Open/Community group meeting at One Knowsley:

> Well, if you've got two kids and your spending £12 to go swimming, well you're not going to spend £12 on swimming, are yer? You're going to spend the £12 on your gas and lecky meter. You're going to spend £12 on food, you know. So, many years ago there used to be a lot of - you could go out of like peak times and stuff like that, free passes for people maybe on benefits. But that's all gone now. They say there's still a financial cost to that … So if you want to improve people's health and wellbeing, linking that to obesity, you should be giving facilities that suit the whole family (OFG4)

4.2.6 Improving the Food Environment

The cost of healthy food and the relative cheapness of fast-food has already been raised in the previous section. But, given the number of fast-food outlets in many areas in Cheshire and Merseyside, this is also considered below. As the food environment is so important in determining the choices available to people, this is dealt with specifically.

4.2.6.1 Access to Cheap Food

Foods that are high in fat, salt and/or sugar) are often the cheapest option:

> I just think the thing about the supermarkets and what's in the supermarket aisles. And if you're looking at - if you're struggling financially, and then you've got the option of getting a 65p pizza that's going to feed the family

> compared to - do you know what I mean? I think there's an element of education about what you can cook from scratch, but also people's mindsets, that if they've got less time, they've got family, they've got different commitments. I think those are barriers to healthy eating, I think. And I think a lot of people are maybe thinking, Okay, *let me go for the pizzas that you can get for 65p, let me go for the chicken dippers that are x-amount of pence*. Because they want to try and make it stretch longer for a family, if that makes sense (BAFG4).
>
> Supermarkets, it's probably cheaper to buy junk food than it is to buy fruit and veg. And people who are sort of struggling with money and did that, they haven't got the money to go out and buy like five fruit and veg a day (OFG4).

The cheapness of both HFSS foods and fast food was a serious concern for both youth and adults: "Yes, healthy food is more expensive" (YFGF4). The young women felt that the price range at fast food outlets should be changed to promote healthier food.

> Fast food is so much cheaper than healthy food. You can get a burger from McDonalds that's a £1. You know, you look on the McDonalds thing and a salad is £4 (YFGF5).
>
> I think that fast food, I think there should be a premium on it so it's more expensive…you know, so it really is a treat, do you know what I mean? I know that might sound awful but I do, I think if it was more expensive people would do it more as a one off thing rather than like every night for tea (DFG3.

The pricing of fast food raised debate with others saying that "If it was more expensive, you wouldn't be able to buy it but what do they feed their children on then?" (DFG1) and a further suggestion that if people who want to open more fast food businesses should be charged to do this: "You need pay into this town to help the town sort of doing healthy eating. Don't pass it on to the consumer, pass it on to people who run the business." (DFG4). It wasn't only the ubiquity of the fast

food outlets but also the increase in fast food deliveries (and thus easy access) that concerned people:

> They're (*Just Eat*) absolutely everywhere. I go to Marks and Spencer's on a Saturday morning at eight o'clock, cause I know loads of people - so I park my car and I go in there. And it's opposite McDonald's. And you see cars of people waiting to pick up deliveries for people, for their breakfast at McDonald's (BAFG1).

4.2.6.2 The food industry

As well as the cost-of-living crisis, some participants felt that the food industry should take responsibility for the formulation of some foods:

> But it is an environmental issue. I feel it's pressures from what's going on around us. I feel it's the food industry. We're getting addicted to what they're putting in our foods. And sugars. And that problem becomes a personal problem because we're dealing with obesity … ultimately I think a lot of it is out of our control a lot of the time, and we're being made to live with the obesity (OFG11).

There was an understanding from some that the actions of food manufacturers and the Government also impacted on levels of overweight and obesity.

> It's like us as, like we take responsibility and if we talk about healthy eating and we all fall down at the cake table to be fair. [laughs] But we take our responsibility but I think it's the food manufacturers as well, it's having access to be able to exercise it's- I think there should be a massive shift change. I think banning the adverts for children, is it the high sugars and stuff and no sweets by the till and all that sort of stuff, the government brought in, high sugar tax- I think that's only a small percentage really (DFG4).

> Well a lot of people are trying to eat healthy but that is like a total distraction when you think the government are saying that there's like an

> obesity crisis and it's going to hit the NHS and this, that and the other, yet all the adverts are still on TV and, you know, they're opening up more franchises everywhere and it's just kind of- It's like a tug of war, it is kind of thing (DFG3).

Some felt that reformulation of popular foods, such as reducing their sugar content, would be of benefit:

> … all the fizzy drinks and sweets and sugary stuff, I'd make it legal to reduce the sugar content in them, that they had to. It's no use putting the price up because people, as proven by cigarettes, people will still buy them. Not everybody, it might reduce some people, but they'll still buy them. But if you reduced the content then you're doing less damage (OAFG2).

4.2.6.3 Local authorities

The accessibility of healthy food and the ubiquity of fast food and its high presence in areas of deprivation raised concerns:

> I think it's just monitoring the types of businesses that are in a certain area, that it's not oversaturated with takeaway stores, or convenience stores, you know. Cause in the areas of deprivation you do find a lot of takeaways, like literally door to door to door of different takeaway stores (BAFG4).

The young women's focus group also felt there should be "less fast food restaurants" (YFGF6).

The council were identified as having the ability to address the number of fast food outlets:

> Now, the people who are responsible for allowing which businesses, which food businesses are allowed to open, are the council. Cause they make the decision, don't they, who they're going to give planning permission to, to open up where (BAFG1).

> But the reality is Knowsley's the second most deprived borough in the UK. You'll look at kind of the prevalence then of fast food outlets, and that's huge. And I think there's got to be, then, some conversation with local authorities around what's coming into the borough versus the deprivation element (OFG2).

There was even a suggestion that new fast food outlets should be made to make a donation to health causes and that they should promote healthy eating:

> I think when those kind of commercial ventures come into the area they should be made to make a donation to health outcomes in the borough that they're in. And I think they should also, like with cigarette packets now, they should be labelling, all the posters in their premises, to say about healthy eating. So even though it's a fast food, kind of highly processed if we think about McDonald's, they should be responsible, knowing that if people eat that way on a continuous basis there will be poor health outcomes. So they need to be having posters around healthy eating, or key messages within their premises as well (OFG2).

4.2.7 A public health approach to healthy weight

Participants saw the high consumption of fast food as having a direct negative effect on the NHS:

> There's places I know in Manchester, where I originally lived, or were born or whatever, I could get a kebab at any time in the morning, any time of the night. There's plenty of places open pretty much 24 hours, where you can buy unhealthy food. But touching on what you just said there about the business issue. If you think about it, that one business, how many poor health cases does that create? So if you get people, they're getting regular customers. Say, for example, that shop makes - pick a figure out, £100,000 a year. How many people go in there that develop bad health? That go to the NHS. That that £100,000 is small change (BAFG2).

Thus, there was a broader reflection (particularly from older respondents on how public health had addressed tobacco smoking and wondered whether health warnings, as included on cigarette packets, should have wider usage: "If it's bad for your health then it should have a health warning on it" (OAFG5). They also reflected on what regulation may be possible including banning fast food on transportation and stopping children from buy fast food on apps:

> … but if you're stopping children from just going online and ordering McDonald's and getting it delivered to the house, because they can. Is there something about responsibility, commercial responsibility of these outlets, to restrict who they're selling to, on an app. I know children can go in, but it's just so easy to do on the phones (OFG2).

There was certainly an awareness amongst an older group that things could change for the better (as with the actions taken to reduce smoking) if there was a will to improve public health:

> I can remember going across to North Wales in a car with me parents, aunties, uncles, gangs of us just stuffed into the car. All the adults smoking, chain smoking, and not a seatbelt between us. And people literally sitting on me Dad's knee, and then one of me brothers sitting on my knee. And you just wouldn't, you wouldn't dream of doing it now (OAFG4).

4.2.8 Help in the community

All the focus groups were set in community facilities even those that were conducted online. And these centres were seen as being able to offer support sometimes with education classes: "perhaps community centres could have little courses on healthy eating?" (OAFG1). Participants discussed what is often provided with no funding:

> It's all done by volunteers (*referring to a community café*). It absolutely gets no funding or anything like that. They have a foodbank there as well.

> So, things like that. It's people in the community who start stuff like that, for the needs of the community (OAFG2).

There was strong support for community leadership to work in the community:

> It's that working with our community leaders, building up those relationships. You know being embedded, influential, having those conversations. Think about what they need. Getting funding through different grassroot funding opportunities, and really develop that - really embed it in the local communities but listening to the needs of those local communities through the community leaders. And educating those community leaders to have these conversations at everyone's level (OFG11).

Community organisations can provide education and support to local communities if they are funded to do so:

> And you can hear what's been said, it's about education of young people, but also educating the adults to change their own ways as well. Giving them the power, knowledge and support. Because you know economically some people don't have the facilities to do that, they just don't. So it's about them, you know coming from the local authority, but also coming from local community organisations who need that money, backing that support, to engage with the community (OFG4).

> Them kids are still going home to that chaotic life … So there needs to be more communities opening up to allow for people to have this facility to go to. Because we can't - a lot of people do meditation, and they do all this fantastic positive stuff. It's at a high price, people can't afford it. So then community needs to provide access to it for free (OFG4).

Equally there was concern about the funding coming to local authorities and their ability to continue to run leisure facilities which are very important to local families:

> I understand the local authority are under massive pressures now, and you know they're competing against commercial gyms, but if you've got a community centre, a sports centre in your local area, that should be for the community. Obviously, it's got to be run by the local authority, but there should be financial support for people in the local area who want to use that community centre (OFG4).

And further:

> … you should be giving vouchers for free swimming lessons. You should be giving vouchers for free time, using these centres, because no one's got money to pay for these centres. It's crazy. I mean somewhere like Knowsley where the rates are so high for obesity and deprivation. Why are the prices so high for everything that's coming from the councils (OFG7)?

There was advocacy for community hubs providing a wide range of resources:

> The first thing I'd do is I'd invest in community hubs that would not necessarily be - that would have some professionals working there, and it wouldn't necessarily be just about food, there might be other things that you could get. So it becomes a place that people want to go to, they want to learn, they want to be educated. And although you'd have some professionals there, as proven by the Seaforth Community Pantry, other people would step up, because there'd be guidance, there'd be somewhere to go. They could do cooking lessons. They could do - maybe have more allotments, so people could grow their own food, fruit and veggies are really good to do in your diet. But be educated in how to garden, and to successfully grow your own fruit and veg. It's not just as simple as planting a couple of seeds (OAFG2).

> And then also being in community centres, because I know a lot of work around warm spaces, warm hubs, linking with existing activities, will help I guess as well. Because then it's linking with people that are struggling with the cost of living, that are trying to find safe spaces for themselves, tapping into what's already available, and being in person (BAFG5).

Feeling part of the community is important in addressing mental health and loneliness. “I think isolation is a massive contributor” (OFG5).

4.2.9 Communications

All the focus group participants were asked about how any campaign should be conducted and what channels should be used. Each had a slightly different take in their responses. For example, personal stories which reflect communities are more important than statistics:

> And their journeys of healthy living, and what that looks like, and stuff like that. So I learn from other people’s experience, as opposed to somebody giving me statistics, if that makes sense. I think because of the history of information that is generally geared to people that look like me, haven’t really been as reflective or - it’s hard to explain it. So I’d rather see somebody that looks like me, and understand their journey, and apply it to myself (BAFG4).

The language used has to be appropriate and communications have to come from a trusted source:

> I think the information should come from a third party, some organisation which is not connected to the government, which is not connected to the NHS, which is impartial, to give that information out to people. Which is actually in a terminology that people like yourself can understand (OFG4).

The third sector has a key role to play:

> It’s about getting our communities to come up with our own key messages … what you think, within our communities what we all understand, what people are willing to champion for their local communities. We have those conversations. And changing the narrative, but through a real up approach to that. Try something different. The NHS is failing miserably, you know.

> The NHS is looking at the third sector and is looking at the communities to come up with these solutions. But invest in them, invest in that, so that together we can do that (OFG1).
>
> And then also being in community centres, because I know a lot of work around warm spaces, warm hubs, linking with existing activities, will help I guess as well. Because then it's linking with people that are struggling with the cost of living, that are trying to find safe spaces for themselves, tapping into what's already available, and being in person (BAFG5.

And community organisations will need help in getting the message out:

> I think it should be down to the community organisations … Because them people who go to those community organisations, they probably do about 20, 30 jobs. They open the building. They take the kids out. They do all that. So they may not have time to promote their event, to promote their - may not have the knowledge of doing that, but how to get that message out there in the correct manner. So some sort of business development within the local organisation showing or explaining them how to get that message out there, how to promote their event, how to promote what they're doing. So obviously - word of mouth (OFG4).

The channels used in communication will vary according to the sections of the community which are targeted.

> I think you've got to use different ways to catch people. Some people a newspaper would be the thing, someone else it's pop-ups on Facebook … you need a broad brush and use different ways to catch people, many ways (BAFG2).

The Black and Asian Group highlighted the Love Food Hate Waste campaign as an example of good practice for an impactful campaign. The Open/Community group held in Knowsley talked about using 'community champions' and mentors in getting messages out. Word of mouth is still very important. The girls and young women in

one of the online groups discussed how they see advertisements for fast-food on Tik Tok, and many of the groups believed that social media could be used in a more positive manner. For example, Facebook was cited as an important means of communication for many people, particularly the Older Age group.

Finally, the tone of the message is important to avoid being judgmental:

> You're just going to push people further away from the message if then you're going to make people feel as though they are failing in life because they're not making a healthy meal for themselves or their loved ones (BAFG4).

5. Conclusions

Many of the findings from the focus group research are in line with the findings from other qualitative research carried out within this programme (in particular the public facing survey). As such, the themes of stigmatisation and the discussion around the wider determinants of health and fast food in particular are familiar to those reading the accompanying reports.

However, by using 'special interest' groups we were able to explore and consult with particular sections of the Cheshire and Merseyside communities. They were able to highlight specific issues such as the lack of engagement with people living with disabilities, and the cultural context to overweight in the Black and Asian communities. Those taking part in the Open group in Knowsley reinforced the problems facing the most disadvantaged sections of our communities where people may be having to prioritise their choice of food based entirely on cost and access. There was also a strong consensus across all of the focus groups that the VCFSE sector and community hubs can play a key role in engaging and working with local populations on healthier weight and early diagnosis of cancers.

It is interesting (and ironic) to note that whilst a number of participants suggested that education about healthier foods and eating was important for young people, this was not an issue for the young people themselves. Indeed, they raised the

same points as the other groups, predominantly around the cost and availability of healthier food. They also wanted more healthy choices in fast food outlets. Stigmatisation around those living with overweight and obesity was perhaps even more important for young people where bullying was raised and associated mental health problems around body image.

The findings from the focus groups will directly feed into the planning and decision making process for the work to be undertaken in future years of the Strategic Overweight and Obesity Project. We have developed a set of eight recommendations based on the research findings that are set out below that will shape the work packages for this project from 2023 onwards.

It was only possible to carry out this research with the support of the voluntary organisations who directly recruited the participants thus indirectly proving how important they, and others like them, are to the development and delivery of the Strategic Obesity Project in Cheshire and Merseyside. Our thanks therefore to Age Concern Liverpool and Sefton, the Cheshire Halton & Warrington Race & Equality Centre, Chester, Merseyside Youth Association, One Knowsley, and Warrington Disability Partnership.

5. Key findings and recommendations from this research

This report follows two stages of previous Stakeholder Insight work which were reported on in July 2022 and February 2023. The recommendations below should be read in conjunction with the recommendations from these reports – some are similar in nature to recommendations made in light of stakeholder insight:

1. The language used in all communications should be culturally appropriate, be person and community-centred, and avoid stigmatisation
2. Supporting those living with overweight and obesity should consider both mental and physical health
3. Some sections of the community, such as people living with disabilities, may need adapted resources (for example for weight measurement and in leisure facilities)

4. Any communications with images should reflect all members of the community wherever possible
5. Population-based structural changes are required if we hope to have any impact in addressing overweight and obesity in Cheshire and Merseyside
6. The cost-of-living crisis, low income, and people having to work in multiple jobs, is making it almost impossible for the most disadvantaged sections of our community to access healthy food
7. The ubiquity of fast food outlets is seen to be having a negative impact for all
8. It is vital to work and engage with community organisations; they are a trusted and experienced voice in representing their communities and in communicating and delivering services.

Appendix 1. Details of focus groups:

Date and time	Group	Facilitator	No.
Frid 18 Nov 1400	Disability	Warrington Disability Partnership, Warrington	3
Frid 25 Nov 1100	Age	Age Concern Liverpool and Sefton, Liverpool	7
Frid 25 Nov 1800	Black & Asian	Cheshire Halton & Warrington Race & Equality Ctre, Chester	5
Frid 2 Dec 1030	Open	One Knowsley, Court Hey Park, Huyton	14
Mon 27 Feb 1930	Youth (Girls)	Merseyside Youth Association (online)	6
Mon 6 Mar 1930	Youth (Boys)	Merseyside Youth Association (online)	4

Appendix 2: Consent Form (an amended consent form was used with the youth groups)

Title of Research: **WEIGHT MANAGEMENT IN CHESHIRE AND MERSEYSIDE**

Name of Researcher: Robin Ireland

I confirm that I have read and understood the Participant Information Sheet and have had the opportunity to ask questions.

Please initial the box below (and further boxes as relevant) to indicate you have read and understood the statements.

☐

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

☐

I am interested in your views concerning weight management in Cheshire and Merseyside.

A written record of the focus group will be produced by a professional transcribing service. The transcribing service will be asked to sign a confidentiality agreement that they will not share in any format, any content from the interview. I consent to the focus group being audio-recorded. I acknowledge that participants' names will be anonymised.

☐

I agree / do not agree **(delete as applicable)** to take part in the above study.

Name of Participant ……

Signature ……..

Date ……

Name of Researcher ……..

Signature ……..

Date ……

Appendix 3. Focus group questioning guide (an amended version was used with the youth focus groups)

1. Do you think overweight and obesity is an issue for society?

2. And who is responsible for addressing it?

3. Are there particular issues relating to older people / people of colour / people living with disabilities / patients living with overweight and obesity?

4. How do you feel about the word 'obesity'?

5. How can we (society?) have conversations about overweight and obesity?

6. Do you think you understand the health consequences of overweight and obesity?

7. What can be done to help people lose weight?

8. What can be done in the community where you live (and/or work) to make it healthier?

9. Do you think that curbs on junk food advertising might help in reducing overweight and obesity?

10. What other initiatives might have an impact?