Health & Place 30 (2014) 120–126

Contents lists available at ScienceDirect

Health & Place

journal homepage: www.elsevier.com/locate/healthplace

How can planning add value to obesity prevention programmes? A qualitative study of planning and planners in the Healthy Towns programme in England

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ARTICLE INFO

Article history:
Received 24 March 2014
Received in revised form
18 July 2014
Accepted 22 August 2014

Keywords:
Planning
Healthy Towns
Community health
Obesity

ABSTRACT

The planning profession has been advocated as an untapped resource for obesity prevention, but little is known about how planners view their roles and responsibilities in this area. This paper investigates the role of planners in the Healthy Towns programme in England, and explores the limits and potential for obesity prevention within planning policy and practice. Using a qualitative approach, 23 planning stakeholders were interviewed, identifying the potential for planning in public health, particularly the 'health proofing' of local planning policy. National and local governments should better align planning and health policies to support collaboration between planners and public health practitioners.

1. Introduction

With the link between obesity and a wide range of non-communicable diseases well established (Butland et al., 2007) reducing the population prevalence of obesity is now a key goal of global health policy. It has been suggested that failure to implement preventive measures against overweight and obesity will lead to more than half of the UK population being obese by 2050 (Kopelman, 2007). The rise in obesity prevalence has been attributed to modern living, resulting in an increased focus on the role of the social and built environment in which individuals live, work and play (Butland et al., 2007; Fairchild et al., 2010; Dannenberg et al., 2011). As a result researchers and policymakers are advocating environmental approaches for the modification of obesity-related behaviours, such as diet and physical activity, as one way to improve population health and reduce health care costs.

A range of physical and mental health problems have been associated with the urban environment and land use (Barton and Tsourou, 2000; Butland et al., 2007; Renalds et al., 2010). For example, obesity due to physical inactivity and increases in the intake of more energy dense foods have been associated, in part, with features of the urban environment such as walkability (Ewing and Cervero 2010; Rao et al., 2007) and the increasing availability of opportunities to purchase fast-food (Astrup et al., 2008; Burgoine et al., 2014). While theories that link the urban environment to health are plausible, empirical evidence that supports the implementation of environmental interventions to ameliorate these impacts is needed to aid the case for further policy change (Northridge et al., 2003; Allender et al., 2011; Kent and Thompson, 2014).

Planners have been advocated as one group of professionals who should engage more with public health in order to facilitate implementation of health promoting changes to the urban environment that help tackle obesity-related behaviours (Edwards and Tsouros, 2006; Butland et al., 2007). The urban environment has been defined as a "*human-made environment that may be subject to planning. It does not refer only to buildings and hard infrastructure but to all the physical elements that go to make up settlements, including green space*" (Barton, 2009, p. 116). Historically health and land use planning were inextricably linked, looking to address unsanitary conditions and mass over-crowding which were prominent during

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http://dx.doi.org/10.1016/j.healthplace.2014.08.012
1353-8292/

the 18th and 19th centuries (Fairchild et al., 2010; Northridge and Freeman, 2011). For example, in the 19th century Fredric Law Olmsted is renowned for the design of New York's Central Park, which was developed because "*parks were hoped to reduce disease, crime and social unrest, providing 'green lungs' for the city and areas for recreation*" (Rohde and Kendle, 1997, p. 319). Olmsted was an innovative architect who thought that healthy places that should be freely available to all social classes (Frumkin, 2003). However, planning's link with health fell out of favour as national health services developed and assumed responsibility for public health. For planners this meant a shift away from a focus on creating healthy environments, towards other remits such support for economic development and environmental protection (Barton, 2009; Corburn, 2010).

As part of a wider approach to tackling obesity-related behaviours, policymakers are encouraging urban planners to work more closely with public health professionals in order to develop partnerships and rekindle the idea of public health as an important part of local and national planning policy. Key government policy documents, such as *Healthy Lives, Healthy People: A Call to Action on Obesity in England* (Department of Health, 2011) advocate spatial planning as one way to support healthy behaviour change through modification of the urban environment. This is reflected in the government's National Planning Policy Framework which states that local plans should "*take account of and support local strategies to improve health, social and cultural wellbeing for all*" (DCLG, 2012, p. 6). This document is supported by recently published National Planning Practice Guidance (DCLG, 2014), which includes a section on the role of health and wellbeing in planning. Within many local authorities, community health became a significant consideration in Local Development Frameworks (now also referred to as Local Plans). Local Development Frameworks provide a detailed framework that guides most day-to-day planning decisions for the control of land use and development of local areas. More specifically they set out strategic policies and targets related to new and existing development management and policies regarding site allocations. Within this remit, planners have an opportunity to develop strategic policies that can influence spatial development, usually for ten or more years. As part of the Local Development Framework, some local authority planners have used Health Impact Assessments, which assess possible health effects of a new urban development as a way to reconnect spatial planning with public health.

Whilst Health Impact Assessments and Local Development Frameworks routinely consider environmental health issues such as air quality and noise pollution, other areas of public health, such as obesity, have been overlooked (Burns and Bond, 2008; Carmichael et al., 2013). Reasons include difficulties in measuring health outcomes, a lack of expertise in public health and a lack of interdisciplinary working (Sutcliffe, 1995; Greig et al., 2004; Kent and Thompson, 2014). Public health workers and planners also speak different professional languages and work within different working structures and cultures (Burns and Bond, 2008; Fischer et al., 2010; Corburn, 2010), which can lead to problems of communication and collaboration between the two sectors.

This paper presents a case study of how planning and planners may support population health initiatives in the Healthy Towns (HT) programme in England. The HT programme was conceived in 2008 as part of a £30 million government investment to evaluate environmental approaches to obesity prevention. The programme was funded for three years from initial success following a competitive tender process to the funding end point, which included two and a-half years of expected intervention delivery. Nine HTs were commissioned by the Department of Health to develop and implement a series of programmes and interventions designed to increase the opportunities for residents to be more physically active and make healthy food choices. Six of the nine HTs included planners or planning related initiatives as part of their intervention programmes. Planners were involved in physical infrastructure decisions and policy development of Health Impact Assessments and Local Development Frameworks that would include a substantial health element congruent with the HT agenda to reduce the prevalence of obesity. The six HTs that included planners within their programmes were a London borough (Tower Hamlets), a large city (Sheffield), a medium-sized town (Halifax), one metropolitan borough (Dudley), and two smaller provincial towns (Tewkesbury and Thetford).

This paper reports on data gathered from the six HTs that included planning-related activities and interventions as part of their programmes. The aim of this paper is to understand what role planners played within the HT programme and what measures were taken to ensure obesity prevention was considered within wider planning policy and practice. We also focus on how planners worked in partnership with health professionals to advance public health agendas, and how learning from the HT programme could inform future obesity policy and encourage broader community health based programmes to include elements of spatial planning and urban design.

2. Methods

2.1. Participants

Participants were purposively selected from across the six HTs to comprise stakeholders who were involved in elements of the HT programme, which included planning policy and physical built infrastructure changes. The final sample consisted of 23 stakeholders including 11 planners, 10 programme/bid managers and 2 programme leads for whom planning-related interventions were a substantial part of their respective programmes.

2.2. Procedures

Interviews were semi-structured, allowing the interviewers to explore emerging themes as well as salient issues in relation to planning elements of the HT programme (Spencer et al., 2003). Stakeholder interviews covered the development, implementation, management and sustainability of the HT programme in relation to participants' roles and responsibilities. For example, while the programme and bid manager interviews focused on the overall programme, planners were asked more directly about their role and the contribution of planning to public health. Throughout the interviews, stakeholders were asked to discuss any barriers and facilitators that may have affected their ability to deliver each stage of programme development, and any issues related to the sustainability of planning interventions and policies.

The interviews were conducted face-to-face by three of the authors (DG, FM and ES) with a first wave of interviews conducted during July and October 2010, and a second wave during October 2011 and February 2012. The second wave interviews were conducted to gain further insight into programme development and the sustainability of initiatives beyond the life of the programme. Twenty-three stakeholders were interviewed, of which eight were interviewed in both waves of data collection. Stakeholders not interviewed a second time had either left the organisation or were no longer directly involved in programme development/delivery. Interviews lasted between 50 and 110 min each, were audio-recorded and transcribed verbatim.