CHOICES
Operation Transformation Stakeholder Report 2

1. THE CONTEXT

The prevalence of obesity continues to rise to epidemic proportions. In 2014, more than 1.9 billion adults were overweight. Of these over 600 million were obese [1]. Approximately two out of three adults on the island of Ireland are classified as overweight or obese. Obesity is a precursor for many chronic conditions and has been linked to cancer, heart disease and diabetes and impacts on our health in many other ways. Obesity is preventable, however there are many contributing factors that are contributing to its prevalence. In 2007 the Foresight Report was published which mapped the Generic Influencers of Obesity [2]. This report identified multiple behavioural and societal influencers which are contributing to the growing problem of obesity from individual psychology and activity to biology and food production. To address such complex problems the World Health Organisation has called for a "health in all policies" approach. This approach encourages multiple stakeholders to work together to address issues such as obesity. Health for All Policies moves beyond informing citizens of problems such as obesity towards empowering them to become healthy lifestyle co-producers.

2. THE CHOICES PROJECT

In 2014, independent researchers from the National University of Ireland, Galway were awarded funding from the Irish Research Council (IRC) through their 'New Foundations Awards' to undertake the CHOICES project. CHOICES, Collective Health Options and Intelligence for a Citizen Empowered Society aimed to demonstrate how citizen and community empowerment and mobilisation are co-produced for social innovation in a "health for all policies" supportive ecosystem. Operation Transformation was used as the context within which CHOICES was applied and is referred to as a healthy lifestyle ecosystem within.

Operation Transformation is an Irish life and fitness programme which has been screened in Ireland since 2007. Operation Transformation was created and is co-owned by Raidió Teilifís Éireann (RTE), Ireland's National Public Service Broadcaster and Vision Independent Productions (VIP). During the eight week series, five overweight/obese leaders are followed through their lifestyle transformation. Guided by a panel of experts, the leaders and the programme audience are shown how change can be integrated into daily routines. Operation Transformation also provides practical advice on topics such as portion sizes, children's meals and the psychology behind food shopping. Operation Transformation encourages community participation featuring activities on the show such as walking groups and exercise clubs. The show also hosts national events such as 5km walks and health check roadshows. More recently Operation Transformation has expanded from traditional media platforms such as television, radio and websites, to interactive platforms such as social media and mobile applications. By providing interactive content to Operation Transformation viewers, such as recipes, exercise plans and social media posts, viewers are encouraged to follow the healthy lifestyle changes of their favourite leaders whilst meeting their personal weight loss targets.

For the past four years *safe*food, a government funded body which promotes awareness and knowledge of food safety and nutrition issues on the island of Ireland has been Operation Transformations main sponsor. Research commissioned by *safe*food found that in one year alone, 186,000 people reported losing weight as a result of following the show with 67% reporting they would continue with their healthier lifestyle once the show ended (*safe*food research). Anecdotal evidence, through social media monitoring suggests that community groups are forming and adopting healthier lifestyles in parallel with the show, however, no research has been undertaken on how or if community activities are maintained post show. To understand Operation Transformation as a vehicle for driving healthy lifestyles, five CHOICES research objectives were created:-

1. To understand and define the social mechanisms for and actors of a supportive environment for healthy behaviours including behavioural change for wellbeing.
2. To identify the roles of citizens and communities in an empowered "health for all policies" ecosystem.
3. To identify the directional influence of citizen and communities barriers within community-based networks.
4. To structurally map and visualize citizen and community barriers to a healthy society and
5. To analyse the most feasible and impactful options to overcome barriers and optimise healthy community groups.

3. THE STAKEHOLDER CONSULTATIONS

This report is one of a series of four reports describing the key findings from the CHOICES Research which was undertaken with different members of the operation transformation 'healthy ecosystem'. This report summaries the key findings from one of the strategic stakeholder groups. This part of the project aimed to:

1. To identify the roles of citizens and communities in an empowered healthy lifestyle ecosystem and
2. To understand and define the social mechanisms for and actors of a supportive environment for healthy behaviours.

CHOICES received ethical approval from the Ethics Committee in the National University of Ireland, Galway.

4. THE CONSULTATION PROCESS

Interactive Management (IM) is a methodology which facilitates group discussion and consensus building. Within consultations, participants from different backgrounds and sectors work collaboratively to reach a consensus on how best to address a complex issue, in this case engaging community participation within Operation Transformation. IM encourages participants to design resolutions through reflective negotiations and voting for strategies which would have greatest impact and influence. In a typical IM session, participants, with expertise and insight into a problem engage in: (a) developing an understanding of the situation, (b) establishing an integrative basis for thinking about the way forward and (c) producing a strategic framework for effective change [3]. The facilitation of IM consultations takes into account the contextual factors that may impact on group work by integrating the influence of culture into the discussion. It also benefits the researcher, as the sessions provide deeper insights into how attitudes are influenced by group work itself [4]. This consultation was conducted with experts within their professional domains, the names of the participants were kept confidential for ethical reasons.

The IM consultation process centred around four stages, used to collect data. The same stages were used in all consultations and are summarised in Figure 1.

(1) Idea Generation: Participants in all sessions were asked a similar trigger question: *'What are the barriers to maintaining Operation Transformation activities?* Participants were given the opportunity to reflect on the question and think of as many barriers as possible in private. Each participant was then given the opportunity to share and clarify one barrier before it was placed on a board for discussion. Idea generation continued until no new barriers were identified by the participants.

(2) Idea Categorisation: Once idea generation was complete each participant was asked to vote for the top five barriers to maintaining Operation Transformation activities. The top five barriers were placed separately on boards and all other barriers were compared with them. In this process referred to as paired comparison barriers that were deemed similar to each other were grouped together. Once at least five barriers were grouped together, the participants labelled the category.
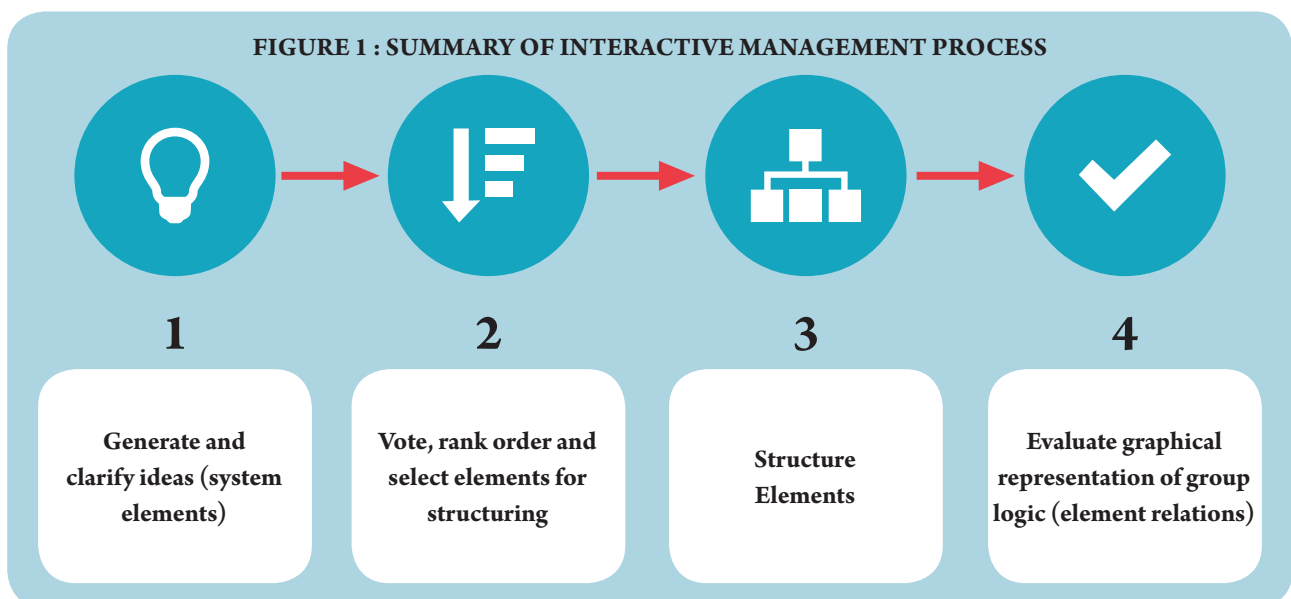
(3) Structuring Barriers (elements): The 12 barriers that received the highest votes were entered into the interpretative structural modelling (ISM) software, where a series of relational questions, *"Does Barrier A significantly aggravate Barrier B?"* were asked to the stakeholders. A yes/no vote was taken and entered in the ISM software. Structuring continued until all relational barriers were voted upon and a structural barrier map was generated (Figure 1).

(4) Generating Options: To conclude the IM consultation, stakeholders were divided into sub-groups, to work with two categories from stage 2. They were provided with the facilitation question: *"What are the options for overcoming the barriers in [the category title]?"* and asked to explain their solutions with the entire group. All stakeholders then discussed the proposed options they perceived to be the most feasible, impactful and timely in each category.

This consultation took place over one day in a convenient location for participants. Participants were allowed time to reflect on the structural barrier map and suggest any changes they may have. Four strategic stakeholders who were identified as experts in their respective fields and represented sectors involved in the management of Operation Transformation activities participated in this consultation.
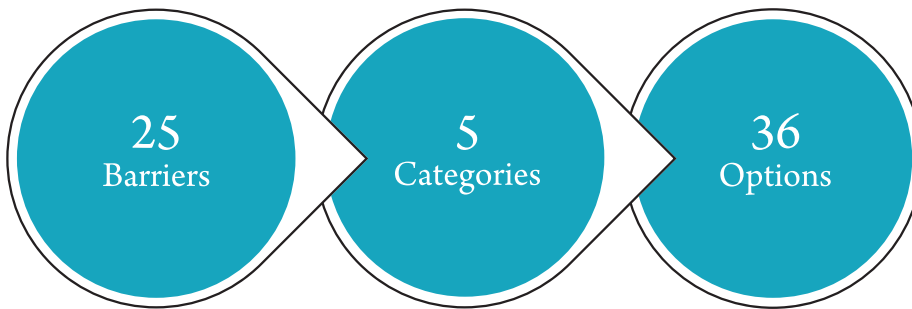
A list of all barriers, categories and options is presented in Appendix 1.

FIGURE 1 : SUMMARY OF INTERACTIVE MANAGEMENT PROCESS

1 Generate and clarify ideas (system elements)

2 Vote, rank order and select elements for structuring

3 Structure Elements

4 Evaluate graphical representation of group logic (element relations)

5. THE RESULTS

The Stakeholder Consultation resulted in the generation of:

25 Barriers → **5** Categories → **36** Options

The top three most voted for barriers to maintaining Operation Transformation activities in Step 2 were:

1. Lack of indoor facilities (4 votes)
2. Failure of participants to keep going after initial phase of training (4 votes)
3. Problems with communicating event details to prospective participants (4 votes)

The structural barrier map developed within the stakeholder consultation during Step 3 is shown in Figure 2.

The most voted for options in Step 4 were:

1. Making use of school's/churches as meeting point (5 votes)
2. Pod cast for local radio/TV from each week – 'local weekly hero' (3 votes)
3. Event plan to include – safety plan, safety briefing, prevent examination of the route etc, limit no for event (3 votes)

This map is the most tangible output from the stakeholder consultation. This structural barrier map is read from left to right with the barriers to the left significantly aggravating the barriers to the right. For example, 'Failure to get sufficient feedback from participants to inform next programme' significantly aggravates 'Problems communicating event details to prospective participants'. Barriers grouped together in the same box, such as 'Problems getting people to commit as leaders', 'Inability to assist in organizing local events due to a lack of resources' and 'Problems sourcing safe walking routes for large OT events' are reciprocally inter-related and they significantly aggravate one another. Six different barrier aggravation pathways are evident in Figure 2, with directional arrows indicating aggravating pathways. The numbers beside each of the barriers corresponds to when it was inputted into the computer software.

Figure 2: Stakeholder Group 2 Structural Barrier Map
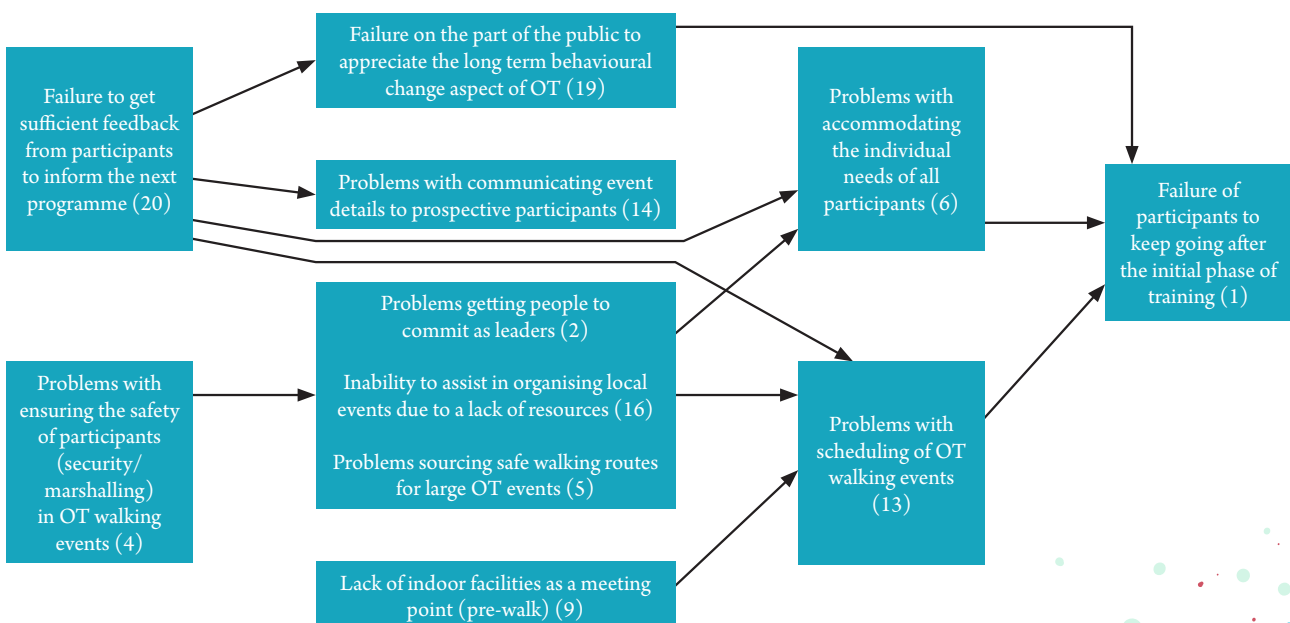
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APPENDIX 1:
STAKEHOLDER CONSULTATION CATEGORY, BARRIERS AND PROPOSED OPTIONS

Category	Barriers	Proposed Options
Participation	Failure of participants to keep "going" after the initial phase of training (4 votes)	Provide opportunity for regular and ongoing training for walk leaders- vet leaders, signed agreement- to implement specific programme (2 votes)
	Reluctance by participants to give undertaking for specific period of time for walking groups	Promote positives of the OT programme engaging relevant stakeholders HSE, IHF, ability Org etc
	Failure on the part of the public to appreciate the long term behavioural change aspect of OT (1 votes)	Establish short-term participation programmes around OT- walking, running cycling. All of which can be 'rolled over' (2 votes)
	Failure to get sufficient feedback from participants to inform next programme (4 votes)	Create a value system. i.e. entrance fee
	Problems with different type of walk leadership style	Develop a reward system for participation
	Failure of incentive to encourage participants to commit to end of programme	Volunteer recruitment and retention training for clubs/ groups- link with Galway volunteer Centre (1 votes)
	A reluctance to volunteer time to participate in walking group	Set up information capture system. For each event sign in/up sheet, email, survey monkey/questionnaire, report generator (1 votes)
		Recruit participants who have used the OT programme to achieve their goals as ambassadors for the programme (1 votes)
PR	Problems with communicating event details to prospective participants (4 votes)	ID ambassador in and for local areas to encourage uptake from participants and the media
	Lack of commitment from local representatives to promote. Participate in major OT events	Use of email, electronic events diary, display at events (1 votes)
	Lack of high profile personalities promoting/ participating in major OT events	Establish a PR budget
	A reluctance to buy in to the OT programme from local media	Offer media free ticket/offer for week long coverage
	A lack of commitment of local media to cover an entire OT programme	Gather data on OT events to get media interested (buy in) – targeted approach (1 votes)
	Absence of ambassadors to champion programme (2 votes)	Organise a team from each local authority to enter OT groups competition leading to them joining the big events
		Pod cast for local radio/TV from each week – 'local weekly hero' (3 votes)
		Develop a comprehensive communications strategy – local media, social media, direct communications with clubs/ organisations (1 votes)

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Category	Barriers	Proposed Options
Resource & leadership	A reluctance to volunteer time to take responsibility in the walking group	Identify and approach potential leaders and volunteers (1 votes)
	Demand for multiple local events	Incentivise leaders – resource these – qualifications, clothing and equipment etc (2 votes)
	Problems with accommodating individual needs of all (participants) (1 votes)	Volunteer training, set out job description, set time scales, divide up work, set up report/ task completion system (1 votes)
	Inability to assist in organising local events due to lack of resources (2 votes)	Register of local available venues, greater communication with local institutions
	Problems getting people to commit as leaders (2 votes)	Identify what resources, human, financial and environmental that are required to run events
	Problem with scheduling of OT walking events e.g. dictated from national level and conflicting with local events (1 votes)	Use leaders for only specific times during year (1 votes)
		Early announcement of big walking events and events diary – (walking events) visible/ ease of access (1 votes)
		Develop specific events targeted at specific groups i.e. visually impaired
		Have FETAC qualifications for leader
		Devillification leadership role 'fireside discussions' from current walk leaders
		Develop resource pack on how to set up your own walking group- link IHF, HSE, etc
Safety	Problems with enduring safety of the participants (security/ marshalling) of managing OT walking events (2 votes)	Recruit event marshalls from local area who are familiar with local layout of route- Advertise locally, local ambassador, parish newsletter, training (1 votes)
	Problems sourcing safe walking routes for larger OT events (1 votes)	ID stakeholders eg garda, co co (signage) high vis/ be safe/ be seen. Educate public on colour change- evening – dark nights red- black etc
	Problems with delivering a pre-event briefing to leaders/marshalls well before the event day (2 votes)	Prepare brief document for delivery to marshalls before event at specific event (1 votes)
		Event plan to include – safety plan, safety briefing, prevent examination of the route etc, limit no for event (3 votes)
		Promote events well in advance locally – (leaflet drops, local newsletter etc)
		Develop links with local groups LA to identify safe routes- existing walking routes
Category	Barriers	Proposed Options
Facilities	Lack of indoor facilities as a meeting point (pre walk) (5 votes)	Educate population on the availability of affordable, all weather gear!!! No such thing as bad weather just bad gear
	A lack of consistently good weather (1 votes)	Making use of school's/churches as meeting point (5 votes)
	Lack of indoor facilities for the aftercare of walkers	Contingency plan in place – marquee/ temporary facility (2 votes)

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