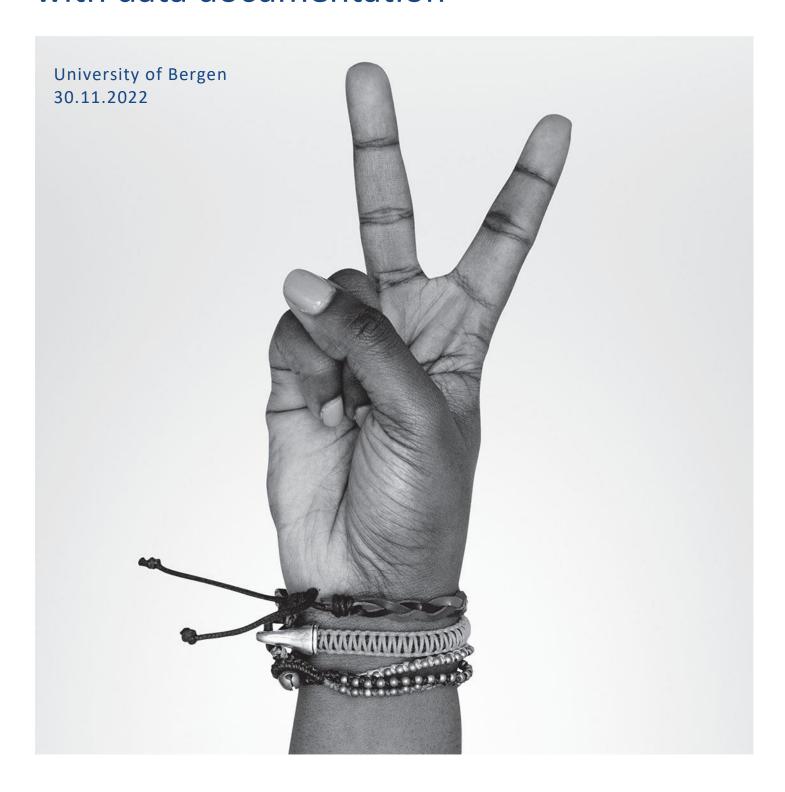
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# Deliverable 8.4 Open access survey data file with data documentation





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Contributors:	Name	Organisation	Role / Title
Author	Trond Helland	UoB	WP 8 Researcher
Contributing Author(s)	Oddrun Samdal	UoB	WP 8 Leader
Contributing Author(s)	Bjarte Kysnes	UoB	WP 8 Research assistant
Daviewer(a)	Nanna Lien	UiO	WP 7 Leader
Reviewer(s)	Sondre Haugsbø Herstad	UiO	WP 7 Research assistant
Final review and			
approval			

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### **Executive Summary**

This document provides an overview of the survey data it the CO-CREATE project available for open access. Due to anonymity concerns, not all the survey data from the project can be shared openly. The survey data available for open access is limited to the baseline survey, including responses from participants in both the intervention and the control group. This document provides a general overview of the variables included in the data set. For in-depth descriptions of the process of identifying and developing the variables, see D7.7, and for an in-depth description of the variables and responses to each variable, see D8.2. In D8.2 only responses from the intervention group were presented. It was later decided that we also could share the responses from the control group.



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# List of acronyms / abbreviations

WP – Work Package

UoB – University of Bergen

GA – Grant Agreement

Sikt – Norwegian Agency for Shared Services in Education and Research



#### 1.0 Introduction

The CO-CREATE project aims to prevent overweight and obesity among adolescents in Europe through co-creation of policy actions relevant to adolescents to promote healthier food and physical activity environments. In work package 5 (WP5) of the CO-CREATE project, adolescents were involved in an intervention consisting of youth alliances facilitated by researchers in the five participating countries (The Netherlands, Norway, Poland, Portugal and the United Kingdom (UK)), with three alliances in each country. The adolescents in the alliances also regularly responded to a survey during the period they were members of the alliances. The survey data consist of responses to a questionnaire measuring readiness for action and attitudes towards policy measures to combat childhood and adolescent obesity. They first responded to the questionnaire prior to commencing the alliances as a baseline survey. Then continued to respond monthly to the same questionnaire for the time period the alliances were active. Additionally a post-intervention follow-up survey was undertaken about 6 months after the last alliance meeting. To identify any changes in the participants readiness and attitudes throughout the intervention period, a control group was established in each country. The baseline survey was administered to the control group in each country in the late fall of 2019/early winter 2020 and again in late spring/early summer 2020. However, the UK team were not able to recruit a control group due to the COVID-19-pandemic. The follow-up surveys received few responses, compromising anonymity within the participation groups, as well as the relevance of the data to perform statistical analyses. The follow-up surveys are therefore not included in the cleaned international datafile.

According to Article 29.3 of the Grant Agreement (GA), the project commits to deposit all digital research data 'in a research data repository and take measures to make it possible for third parties to access, mine, exploit, reproduce and disseminate – free of charge for any user...'.

However, not all survey data are eligible for open access. Due to very low response rates in the follow-up surveys of the alliance members these surveys raise anonymity concerns. Therefore, the project will only share openly the baseline survey data, as more participants responded to this survey. This decision is in line with the project application p.116, 'Data that cannot be anonymised will not be made available open access.'.

The following chapters provide a detailed description of the baseline survey datafile and the sample that responded to the survey.

The project follows the FAIR principles of making the data findable, accessible, interoperable and reusable (Horizon 2020, 2016) The data will be findable and made easy available on a data website. Through the website, data will be accessible for download upon request. Further, to be interoperable the project aims to connect the data with other projects and make the CO-CREATE data available for other project to connect to. The data is now made available for re-use, after having being checked for errors and with data documentation provided.



### 2.0 The platform for open access – Sikt

The Norwegian Agency for Shared Services in Education and Research (Sikt) was established January 1<sup>st</sup> 2022 through a merger between Norwegian Center for Research Data AS, Uninett AS, and the Norwegian Directorate for ICT and Joint Services in Higher Education & Research. Sikt is part of the OpenAIRE network as the Norwegian National Open Access Desk.

The CO-CREATE project will use Sikt as a platform for archiving and sharing data openly. Sikt is a free service without time restriction, implying that the project's data will be available for the foreseeable future.

When sharing data through Sikt, there are several possibilities regarding the accessibility of the data. The data can be shared openly without access control, with registration, or for a limited audience (e.g., researchers, scholars, students).

CO-CREATE has decided to share data openly, with a registration requirement, to keep track of who uses the data. Besides registering an email address, there are no limitations to downloading the data.

The data has been submitted for open access through the following DOI: https://doi.org/10.18712/NSD-NSD3081-V1

### 3.0 Ethics, sample and data collection

#### 3.1 Ethics

A common ethics application was drafted by the consortium and each of the five participating countries in WP5 amended this to meet requirement to apply for ethical approval of application, emphasis was given to apply for informed consent from participants above 16 years of age. The informed consent included consent to collect and openly share anonymized data from the individual participant. The youth were given a consent form before the first alliance meeting and were encouraged to also inform their parents about the project. In Poland and Portugal parental consent was required for participation in data collection for youth younger than 18 years of age. In line with the procedures for the alliances, the same terms for consent were applied for the control groups from each participating country.

Below is a list of the approval bodies in each of the five countries collecting data:

- In the Netherlands, the research project for WP5 received an ethics approval by the Ethics Review Board of the Faculty of Social and Behavioral Sciences, University of Amsterdam (filed as 2019-AISSR-10420).
- In Norway, the WP5 Ethics Committee Application received an ethics approval by the Norwegian Centre for Research Data (NSD) (reference number: 593382).



- In Poland, the application for the research proposal was approved by the Ethics Committee at Psychology Department Wroclaw, University of Social Sciences and Humanities, Poland (decision number: 01/E/06/2019). For participants younger than 18 years, parents provided their consent.
- In Portugal, The Centre for Studies and Research in Social Dynamics and Health (CEIDSS) is a non-profit research organisation and is not part of a university. Hence, the Portuguese Education Ministry informed CEIDSS that an ethics approval was required only from the Scout Association that was participating in the research project. A signed approval from the Scout organisation was received for each of the three alliances. For participants younger than 18 years, parents provided their consent.
- In the United Kingdom, the research project was approved by the Observational / Interventions Research Ethics Committee at London School of Hygiene & Tropical Medicine (LSHTM Ethics ref: 16226).

#### 3.2 Sampling procedures

The sample for the baseline survey is based on the recruitment of adolescent participants to the youth alliances in WP5 of the CO-CREATE project. Below is a brief summary of the recruitment processes undertaken for the alliances in each country. The aim was to recruit 60 participants split into three alliances in each country, but due to the COVID-19 pandemic recruitment was difficult for the youth alliances, and several of the partners struggled to meet this objective (see D8.2). Recruitment of the control groups was made through schools in all participating countries.

#### 3.2.1 The Netherlands

In the Netherlands recruitment was undertaken by the University of Amsterdam (UoA) in one big city and in one smaller city. From the smaller city two alliances were recruited, while one alliance was recruited from the larger city. The research team in the Netherlands identified adolescents related to the low-income population in the smaller city. Recruitment was school-based, with the researchers partnering with two secondary schools. The work in the alliances was part of the participants' curriculum at a vocational school for the two alliances located in the smaller city. The total number of adolescent members recruited for the two alliances from the smaller city was 28. For the alliance from the larger city recruitment was undertaken in a pre-university school. The students were offered to join the youth alliance in the CO-CREATE project as an elective course. A total of 10 students were recruited for this alliance. Thus, in total 38 members were recruited to three youth alliances in the Netherlands. The members of the alliances had an age range between 15 and 18 years at recruitment time. For the 15 year olds, the parents needed to provide their consent. 36 students from the intervention group and 18 participants in the control group completed the baseline questionnaire.

#### **3.2.2 Norway**

Recruitment in Norway was undertaken by the University of Oslo (UoO) in two geographical areas. One big city and one rural area were chosen. In the rural area, an upper secondary school was selected as the venue for recruitment. The researchers held information meetings before the first alliance meeting. The youth were motivated to bring peers and used posters and flyers for recruitment. In total, 12 members were recruited to the alliance in the rural area. An alliance was also established through



information meetings at an upper secondary school in the big city. This alliance was in a higher socially privileged area than the alliance from the rural area, and 12 adolescents were recruited. In addition, the research team organised a third alliance cooperating with a youth organisation. Members of the organisation were invited through Facebook events. This alliance was solely digital, and 11 members were recruited from all over the country. A total number of 35 members were recruited in the three Norwegian alliances, all above 16 years of age and able to give their informed consent. In total, 29 respondents answered the baseline questionnaire in the intervention group, while 154 participants from the control group completed the questionnaire.

#### **3.2.3 Poland**

In their recruitment process, the Polish researchers at the SWPS University of Social Sciences and Humanities (SWPS) identified three geographical areas for recruitment. Areas were chosen based on family income, transport accessibility, and by using the G-index of socioeconomic status. The research team further selected the schools in the chosen areas. Recruitment at the schools was made by having recruitment meetings and using recommendations from teachers and students for all three alliances. A total of 68 participants were recruited in Poland. Alliance 1 had 27 participants, while the two others had respectively 21 and 20 participants. In the alliance intervention, 58 responded to the baseline questionnaire, while 83 control group participants completed the questionnaire. Respondents were in the range of 14 to 18 years of age.

#### 3.2.4 Portugal

A scout organisation was identified as the most relevant recruitment gatekeeper by the research team at the Centre for Studies and Research in Social Dynamics and Health (CEIDSS) in Portugal. Three political regions were identified for recruitment, all located in urban areas. Information about the CO-CREATE project with invitation to participate in the youth alliances was sent to several scout groups. One scout group from each of three different regions eventually joined the project, each constituting a youth alliance. The research team expected the selection of the three regions to reflect diversity between and within the scout groups. A project presentation was made for each scout group, with parents of the scout members also present. A consent form was handed to the parents, as parental consent is required until the age of 18 years in Portugal. For the first alliance, 19 members were recruited. The other two alliances recruited respectively 9 and 12 participants, accumulating to 40 participants for all three alliances. The baseline questionnaire was answered by 21 respondents in the Portugees alliances. In the control group, 25 participants completed the questionnaire. Participants were aged 15 to 18 years.

#### 3.2.5 The United Kingdom

Researchers in the United Kingdom (UK) team at the London School of Medicine and Tropical Hygiene (LSMTH) identified three geographical areas for recruitment to the three youth alliances. In one of the areas, recruitment relied upon relations that one person in the research team had to the participants. This resulted in five participants to the first alliance. For the two other areas, the researchers tried again to recruit from schools by collaborating with a gatekeeper at school and eventually recruited participants. From the two schools respectively seven and five participants were recruited to the two



alliances. In total, 17 participants between 16 to 18 years of age were recruited to the three UK alliances. The baseline questionnaire was completed by 15 participants from the alliances.

#### 3.3 Data collection

The data in the datafile are collected as baseline data prior to the first meeting of the youth alliances, as described in D7.7. Baseline data for the control groups were planned for collection in the same time period, but due to issues related to recruitment problems followed by the ourburst of COVID-19 this was somewhat delayed. Further, the COVID-19 restrictions related to social distancing and number of persons that could meet for different purposes, forced the alliances to go from physical to online meetings. This introduced a severe drop in participants in several of the alliances. Follow-up surveys were sent to the participants in the youth alliances on a regular basis in the period when the youth alliances met and about six months after the completion of the sessions in the alliances.

The data collection was undertaken through an online survey using the questionnaire-based survey tool integrated in the Services for sensitive data (TSD) at UoO, which is a secure safety deposit requiring a two-factor authentication procedure to access. The online survey was distributed by UoO to all the youth alliance participants and the control groups in the five data collecting countries (The Netherlands, Norway, Poland, Portugal and the United Kingdom). The data were registered and stored in the TSD system. Only CO-CREATE staff (n=4) at UoO involved in WP5-7, have access to the data and was responsible for de-identifying the collected data. A datafile with anonymous data was shared with the data management partner at UoB for data cleaning, data documentation, data archiving and data sharing.

# 4.0 Survey data – overview

The following section will give a brief overview of the variables available in the survey data. The content of the survey data is described in detail in D7.7 and D.8.2, including the development of the questionnaire, recruitment process to the alliances, and response rates. However, in D8.2 only responses from the intervention group were presented. It was later decided that we also could share the responses from the control group.

In total, there are 76 variables in the baseline survey datafile. In the alliance groups, 150 participants answered the baseline questionnaire in full, and 9 answered the questionnaire partly. Of the 159 participants, 121 were female and 37 were male. A total of 280 respondents in the control group, 193 females and 37 males, completed the baseline questionnaire. In this group, 3 respondents preferred not to say their gender.



#### 4.1 Demographics, socioeconomic status & health behaviours

The anonymised data file has 16 variables linked to demographics, socioeconomic status and health behaviours. The variables related to demographics provide information on the respondents' gender with response categories "male", "female" and "prefer not to say", and country of birth for both the respondents and their parents. The response categories for country of birth were "Norway/England/The Netherlands/Portugal/Poland" (depending on in which country the survey was undertaken), "country within Europe" and "country outside of Europe". The purpose of these questions is to provide information to describe and evaluate the diversity of the participants in CO-CREATE. These parameters will also provide descriptive information about people dropping out, if relevant.

Table 1 - Overview of Demographic variables

Demographics			
Variable	Variable name	Source	
Gender	Gender	YEAH! (Millstein et al., 2016)	
Country of birth	Birth_country	HBSC (2016)	
Mother's country of birth	Birth_country_mother	HBSC (2016)	
Father's country of birth	Birth_country_father	HBSC (2016)	

Regarding socioeconomic status, the project has relied on the Family Affluence Scale (FAS) from the Health Behaviour in School-Aged Children (HBSC) survey. FAS has proven to be a good indicator to capture adolescents' perception of their family's socioeconomic status (Currie et al., 2008). The participants were asked how many bathrooms and computers they have in their home, with response alternatives being "None", "One", "Two" and "More than two". They were also asked whether they had their own bedroom (with response categories "No" or "Yes"), a dishwasher in their home (with response categories "No" or "Yes"), if/the family owned a cars, van or truck (response categories "No", "Yes, one" and "Yes, two or more"), and how many times the participants' family had travelled abroad for holiday/vacation last year (with response categories "Not at all", "Once", "Twice" and "More than twice").

Table 2- Overview of FAS variables

Socioeconomic Status (FAS)			
Variable	Variable name	Source	
Number of bathrooms	Fasbathroom		
Own bedroom	Fasbedroom	HBSC (Currie et al., 2008)	
Dishwasher	Fasdishwash	HBSC (Currie et al., 2008)	
Number of cars	Fasfamcar		
Number of holidays abroad	Fasholidays		

There are seven variables addressing health behaviours. Each variable has been developed and validated within the HBSC study (HBSC, 2016). The participants were asked: "How many times a week



do you usually s eat or drink fruit, sweets, vegetable, and soft drink. The response categories for these four items were "Never", "Less than once a week", "Once a week", "2-4 days a week", "5-6 days a week", "Once a day every day" and "Every day more than once". Additionally, the participants were asked how often they had breakfast on weekends and weekdays. For weekends, the response categories were "I never have breakfast during the weekend", "I usually have breakfast on only one day of the weekend (Saturday or Sunday)" and "I usually have breakfast on both weekend days (Saturday and Sunday)". The response categorise for the item weekdays were "I never have breakfast during the week", "One day", "2 days", "3 days", "4 days" and "5 days". The participants were also asked how often they had engaged in physical activity in the last seven days, with the response alternative "0 days", "1 day", "2 days", "3 days", "4 days", "5 days", "6 days" and "7 days".

Table 3 - Overview of Health Behaviour variables

Health Behaviour			
Variable	Variable name	Source	
Eating fruit	Habits_fruit		
Eating vegetable	Habits_vegetables		
Eating Sweets	Habits_sweets	UDSC (2016)	
Drinking soft drinks	Habits_softdrinks	HBSC (2016)	
Breakfast weekends	Breakfast_weekends		
Breakfast weekdays	Breakfast_weekdays		
Physical activity	Physical_activity		

#### 4.2 Political and civic engagement

The participants were asked about their political and civic engagement through three variables. Each variable is developed based on previous research and measures (Pontes et al., 2018; The Associated Press - NORC Center for Public Affairs Research, 2016). The participants were asked whether they were active members of a political or non-political organisation, if they had expressed concerns online about a social issue and if they had collaborated with others to try to solve a problem affecting their local area. While the first item "Are you an active member of a political or non-political organisation" had three response categories ("No, and I never have been", "No, but previously", "Yes"), the two other variables had the same five response categories ("Never", "1-3 times", "4-6 times", "7-9 times", "10 times or more").



Table 4 - Overview of Political/Civic engagement variables

Political/Civic engagement			
Variable	Variable name	Source	
Member of a political or non-political organisation	Political_eng1	Pontes et al. (2018)	
Expressed concerns online about a social issue	Political_eng2	The Associated Press - NORC Center for Public Affairs Research, (2016)	
Collaborated with others to try to solve a local problem	Political_eng3	The Associated Press - NORC Center for Public Affairs Research, (2016)	

#### 4.3 Readiness for Action

The participants were asked about their readiness for action on social issues. Following previous research and existing measures, *Readiness for action* was divided into four subtopics: Ways of expressing political voice, competence for civic action, advocacy outcome efficacy, and knowledge of resources (Flanagan et al., 2007; Grewal et al., in press; King et al., 2015; Ozer & Schotland, 2011; Ross et al., 2015). The variables for each subtopic will be presented below. The response categories for all items in the subtopics were "Strongly disagree", "Somewhat disagree", "Neither agree nor disagree", "Somewhat agree" and "Strongly agree". The naming of some of the subtopics in the current deliverable is altered from what waspresented in D8.2. This is due to factor analyses that were undertaken after the delivery of D8.2 (Grewal et al., in press).

#### 4.3.1 Ways of Expressing Political Voice

In total, six items measured ways of expressing political voice. The participants were asked to state whether they agreed or disagreed with statements that all were preceded by "I would feel comfortable: 1) Giving a public talk to a group of people I don't know about a social issue; 2) Discussing my views in a group of people I don't know about a social issue; 3) Using social networking platforms to discuss a social issue; 4) Interviewing adult to learn their perspectives about a social issue; 5) Contacting (calling or emailing) someone in a position of influence about a social issue; 6) Doing an interview on radio, TV or websites about a social issue". In a factor analysis, the item 3) "using social networking platforms to discuss a social issue" did not fit into the the final factor structure for "ways of expressing political voice" (Grewal et al., in press). However, due to the increase in social media use and interactions on different social media platforms the item was considered applicable to use as a single item.



Table 5 - Overview of Ways of expressing political voice variables

Ways of expressing political voice			
Variable	Variable name	Source	
Public talk	RtA_1a		
Discussing views	RtA_1b	Flanagan et al. (2007), Grewal	
Social networking platform	RtA_1c	et al. (in press), King et al.	
Interviewing adults	RtA_1d	(2015), Ozer and Schotland	
Contacting someone influential	RtA_1e	(2011), Ross et al. (2015)	
Interview on Radio, TV	RtA_1f		

#### **4.3.2 Competence for Civic Action**

Competence for civic action was measured through five items. The participants were asked to state their level of agreement to whether: "Together with other young people, I would be able to: 1) Contact a local newspaper to get them to address a social issue; 2) Organise a petition to address a social issue; 3) Organise a meeting to address a social issue; 4) Organise a demonstration/strike to address a social issue; 5) Organise a campaign to get local decision-makers to make changes that solve social issues".

Table 6 - Overview of Competence for civic action variables

Competence for civic action			
Variable	Variable name	Source	
Local newspaper	RtA_2a		
Petition	RtA_2b	Flanagan et al. (2007), Grewal	
Meeting	RtA_2c	et al. (in press), King et al.	
Demonstration/strike	RtA_2d	(2015)	
Campaign	RtA_2e		

#### **4.3.3 Advocacy Outcome Efficacy**

Regarding advocacy outcome efficacy participants were asked whether they agreed or disagreed with three statements about their understanding of critical issues in their local area, their influence on local matters, and how local policies are developed. The three statements were: 1) I have a pretty good understanding of important social issues present in my local area; 2) I believe I can make a difference in my local area; 3) I know how policies are made in my local area.



Table 7 - Overview of Advocacy outcome efficacy variables

Advocacy outcome efficacy			
Variable	Variable name	Source	
Key issues	RtA_3a	Flanagan et al. (2007), Grewal	
Influence on local matters	RtA_3b	et al. (in press), Ozer and	
Local policy making	RtA_3c	Schotland (2011),	

#### 4.3.4 Knowledge of Resources

The last sub-topic in the *Readiness for Action* category is about knowledge of resources on how to tackle obesity. Through four statements, the participants were asked whether they knew where to find trustworthy knowledge or resources that could help them with information on how to deal with a list of topics addressing overweight and obesity. The four statements were: 1) I know where to find trustworthy information about overweight and obesity; 2) I know where to find persons or groups who can help prevent overweight and obesity; 3) I know where to find persons or groups who can help promote healthy diet; 4) I know where to find persons or groups who can help promote physical activity.

Table 8 - Overview of Knowledge of resources variables

Knowledge of resources			
Variable	Variable name	Source	
Trustworthy information about overweight or obesity	RtA_4a	Floregen et al. (2007). Ozer	
Prevent obesity	RtA_4b	Flanagan et al. (2007), Ozer and Schotland (2011)	
Promote healthy diet	RtA_4c		
Promote physical activity	RtA_4d		

#### 4.4 Attitudes towards action to prevent obesity

The last part of the questionnaire focused on the participants' attitudes regarding who they thought should be responsible for reducing the number of people in their country who were overweight or obese and if they believed there were internal or external factors to the individual that were drivers of lifestyle choices. The attitudes category is divided into two sub-topics: 1) responsibility (individual and collective) and 2) drivers of lifestyle choices (internal and external). The variables built on previous research and measures adapted for the CO-CREATE project (Grewal et al., in press; Hoelscher et al., 2013; The Associated Press - NORC Center for Public Affairs Research, 2016). The response categories for all items on the subtopics were "Strongly disagree", "Somewhat disagree", "Neither agree nor disagree", "Somewhat agree" and "Strongly agree".



#### 4.4.1 Responsibility

The responsibility sub-topic is split into individual and collective levels. The respondents were asked to which extent they agreed or disagreed with different individuals or collectives having a role in preventing overweight and obesity. The individual level refers to individuals' responsibility for preventing obesity and overweight. What constitutes an individual varies from the individual itself, family and friends, health care professionals, employers and farmers (see table 9). The collective level refers to addressing the population rather than each individual. The list of potentially responsible collectives is longer than for the individuals and includes, e.g., schools, media, restaurants and government at different levels (see table 10). Factor analyses indicate that a better fit to the data is to mix variables across tables 9 and 10 (Grawel et al., in press).

Table 9 - Overview of Individual Responsibility variables

Responsibility - individual		
Variable	Variable name	Source
Each individual	CiA_ind_1	Hoelscher et al. (2013), The
Family and friends	CiA_ind_2	Associated Press - NORC
Health care professionals	CiA_ind_3	Center for Public Affairs
Employers	CiA_ind_4	Research (2016), NHS Health
Farmers	CiA_ind_5	Scotland (2017)

Table 10 - Overview of Collective Responsibility variables

Responsibility - collective		
Variable	Variable name	Source
Schools	CiA_coll_1	
The Media	CiA_coll_2	
Gyms/leisure centres	CiA_coll_3	
Companies that help people diet	CiA_coll_4	
Food and drink manufacturers	CiA_coll_5	Hoelscher et al. (2013), The
Supermarkets	CiA_coll_6	Associated Press - NORC
Restaurants	CiA_coll_7	Center for Public Affairs
Transportation companies	CiA_coll_8	Research (2016), NHS Health
Town and city planners	CiA_coll_9	Scotland (2017)
The government (national level)	CiA_coll_10	
The government (regional level)	CiA_coll_11	
The government (local level)	CiA_coll_12	



#### **4.4.2 Drivers of Lifestyle Choices**

The concept of drivers of lifestyle change is divided into internal and external factors influencing lifestyle choices to prevent overweight and obesity. The concept builds on previous and adapted measures (European Association for the Study of Obesity, 2014; The Associated Press - NORC Center for Public Affairs Research, 2016). The participants were asked whether they agreed or disagreed with a number of factors, both internal and external. The internal factors included eight items ranging from biological factors, lack of understanding of risks associated with obesity and insufficient personal motivation to act upon the knowledge. See table 11 for a complete overview. The external factors were divided into nine items, focusing on, e.g. access to healthy food, financial recourses, lack of policies and influence from social media. See table 12 for a complete overview.

For the internal factors, the introductory question raised to the participants were: 'Do you agree or disagree that the following have a role in preventing overweight and obesity in "country"?', with the specific variables presented in table 11.

Table 11 - Overview of Internal Drivers of Lifestyle Choices variables

Dri	ivers of Lifestyle Choices - Intern	al
Variable	Variable name	Source
Increased use of motorised transportation	CiA_int_1	
Being overweight is the new normal	CiA_int_2	
Biological factors	CiA_int_3	
Lack of knowledge about risk of obesity due to lifestyle choices	CiA_int_4	European Association for the Study of Obesity (2014), The
Lack of understanding of the risk associated with obesity	CiA_int_5	Associated Press - NORC Center for Public Affairs
Insufficient personal motivation to act upon knowledge	CiA_int_6	Research (2016)
Lack of time to lead a healthy lifestyle	CiA_int_7	
Unhealthy coping strategies for stress	CiA_int_8	

For the external factors, the introductory question asked to the participants was: 'Do you agree or disagree that the following factors are causes of an unhealthy lifestyle?', with the specific variables presented in table 12.



Table 12 - Overview of External Drivers of Lifestyle Choices variables

Dri	ivers of Lifestyle Choices - Intern	al
Variable	Variable name	Source
High access to unhealthy food	CiA_ext_1	
Limited access to healthy food	CiA_ext_2	
Marketing of unhealthy food	CiA_ext_3	
Limited access to physical opportunities	CiA_ext_4	European Association for the
Limited financial resources	CiA_ext_5	Study of Obesity (2014), The
The lack of policies on preventing overweight and obesity	CiA_ext_6	Associated Press - NORC Center for Public Affairs Research (2016)
Unhealthy food is cheap	CiA_ext_7	
Influence from social media	CiA_ext_8	
Lack of focus on healthy lifestyle among friends and family	CiA_ext_9	

#### 4.5 Other variables

In addition to the abovementioned variables, a variable identifying which CO-CREATE country the participant represented was added to the dataset. It is, therefore, possible to compare the questionnaires between the five partnering countries (The Netherlands, Norway, Poland, Portugal and the United Kingdom). The United Kingdom is named UK\_England in the data file. The country variable is labelled: *country*. However, all information regarding to which specific alliance within each country the participant belonged to is omitted from the dataset to secure anonymity.

#### 5.0 Invitation to collaborate

The project invites external researchers interested in the data to contact the project coordinator for collaboration on planned publications on the open survey data as well as for inclusion in research on other data in the project that cannot be openly shared. See <a href="https://www.fhi.no/en/studies/co-create/">https://www.fhi.no/en/studies/co-create/</a> for more information.



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# Appendix

Example questionnaire from England is attached.

## **CO-CREATE** questionnaire - England (a)

Side 1 Obligatoriske felter er merket med stjerne \* Thank you for filling in the questionnaire! You can fill in the questionnaire on your mobile, a tablet or a computer. It will take approximately 10 minutes. If there are questions you do not want to answer, feel free to skip these and continue with the next questions. Before you start please tell us when you were born (month and year). What is your email address? \* What is your mobile number? \* Remember the country code first: +44 and drop the 0 at the beginning of your number What year were you born? \* Velg ... What year were you born? Dette elementet vises kun dersom alternativet «Other» er valgt i spørsmålet «<span style="font-size:18"><b>What year were you born?</b></span>» Which month were you born? \* Velg ... What is your gender? \* Female Male Prefer not to say Sideskift

Obligatoriske felter er merket med stjerne \*

# Please answer the questions below about political and/or civic engagement

Are	you an active member of a political or non-political organisation?	
	student council, associations, charitable or voluntary organisations, political parties, youth organisations or non-political), religious organizations, youth council, youth parliament	; (po-
0	No, and I have never been	
0	No, but previously	
0	Yes	
Over	the past month, how many times have you:	
Ехрі	ressed concerns online about a social issue?	
For e	example Facebook, Twitter, Instagram, YouTube, Snapchat	
0	Never	
0	1-3 times	
0	4-6 times	
0	7-9 times	
0	10 times or more	
Colla	aborated with other people to try to solve a problem affecting your local area	
0	Never	
0	1-3 times	
0	4-6 times	
0	7-9 times	
0	10 times or more	
III Sid	leskift	

Side 3

Obligatoriske felter er merket med stjerne \*

Please state whether you agree or disagree with the statements below

I would feel comfortable:

Giving a public talk to a group of people I don't know about a social issue		
0	Strongly disagree	
0	Somewhat disagree	
0	Neither disagree nor agree	
0	Somewhat agree	
0	Strongly agree	
Disc	ussing my views in a group of people I don't know about a social issue	
0	Strongly disagree	
0	Somewhat disagree	
0	Neither disagree nor agree	
0	Somewhat agree	
0	Strongly agree	
	ng social networking platforms to discuss a social issue xample Facebook, Twitter, Instagram, Snapchat, online comment boxes, YouTube Strongly disagree	
0	Somewhat disagree	
0	Neither disagree nor agree	
0	Somewhat agree	
O	Strongly agree	
Inter	viewing adults to learn their perspectives about a social issue	
0	Strongly disagree	
0	Somewhat disagree	
0	Neither disagree nor agree	
0	Somewhat agree	
0	Strongly agree	

Cont	tacting (calling or emailing) someone in a position of influence about a social
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
Doin	g an interview on radio, TV or for websites about a social issue
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
I≡ Sid	eskift
	Side 4
Obliga	toriske felter er merket med stjerne *
	ow there are listed different actions to address a social issue. Please e whether you agree or disagree with the statements
Toge	ther with other young people, I would be able to:
Con	tact a local newspaper to get them to address a social issue
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree

Organize a petition to address a social issue
O Strongly disagree
O Somewhat disagree
Neither disagree nor agree
O Somewhat agree
O Strongly agree
Organize a meeting to address a social issue
O Strongly disagree
O Somewhat disagree
Neither disagree nor agree
O Somewhat agree
O Strongly agree
Organize a demonstration/strike to address a social issue
O Strongly disagree
O Somewhat disagree
Neither disagree nor agree
O Somewhat agree
O Strongly agree
Organize a campaign to get local decision makers to make changes that solve social issues
O Strongly disagree
O Somewhat disagree
Neither disagree nor agree
O Somewhat agree
O Strongly agree
Sideskift

Obligatoriske felter er merket med stjerne \*

# Please state whether you agree or disagree with the statements below about your local area

ı nav	e a pretty good understanding of important social issues present in my local area
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
l bel	ieve I can make a difference in my local area
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
l kno	ow how policies are made in my local area
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
I≡I Sid	eskift
	Side 6
Obliga	toriske felter er merket med stjerne *

Please state whether you agree or disagree with the statements below

I know where to find trustworthy information about overweight and obesity
O Strongly disagree
O Somewhat disagree
Neither disagree nor agree
O Somewhat agree
O Strongly agree
I know where to find persons or groups who can help:
Prevent overweight and obesity
O Strongly disagree
O Somewhat disagree
Neither disagree nor agree
O Somewhat agree
O Strongly agree
Promote healthy diet
O Strongly disagree
<ul><li>Strongly disagree</li><li>Somewhat disagree</li></ul>
O Somewhat disagree
<ul><li>Somewhat disagree</li><li>Neither disagree nor agree</li></ul>
<ul><li>Somewhat disagree</li><li>Neither disagree nor agree</li><li>Somewhat agree</li></ul>
<ul><li>Somewhat disagree</li><li>Neither disagree nor agree</li><li>Somewhat agree</li><li>Strongly agree</li></ul>
<ul> <li>Somewhat disagree</li> <li>Neither disagree nor agree</li> <li>Somewhat agree</li> <li>Strongly agree</li> </ul> Promote physical activity
<ul> <li>Somewhat disagree</li> <li>Neither disagree nor agree</li> <li>Somewhat agree</li> <li>Strongly agree</li> </ul> Promote physical activity <ul> <li>Strongly disagree</li> </ul>
<ul> <li>Somewhat disagree</li> <li>Neither disagree nor agree</li> <li>Somewhat agree</li> <li>Strongly agree</li> </ul> Promote physical activity <ul> <li>Strongly disagree</li> <li>Somewhat disagree</li> </ul>
<ul> <li>Somewhat disagree</li> <li>Neither disagree nor agree</li> <li>Somewhat agree</li> <li>Strongly agree</li> </ul> Promote physical activity <ul> <li>Strongly disagree</li> <li>Somewhat disagree</li> <li>Neither disagree nor agree</li> </ul>

Obligatoriske felter er merket med stjerne \*

# Do you agree or disagree that the following have a role in preventing overweight or obesity in England?

overweight or obesity in England?			
Each	Each individual		
0	Strongly disagree		
0	Somewhat disagree		
0	Neither disagree nor agree		
0	Somewhat agree		
0	Strongly agree		
Fam	ily and friends		
0	Strongly disagree		
0	Somewhat disagree		
0	Neither disagree nor agree		
0	Somewhat agree		
0	Strongly agree		
Scho	pols		
0	Strongly disagree		
0	Somewhat disagree		
0	Neither disagree nor agree		
0	Somewhat agree		
0	Strongly agree		
The	media		
0	Strongly disagree		
0	Somewhat disagree		
0	Neither disagree nor agree		

Strongly agree

Somewhat agree

Gyms/leisure centres		
0	Strongly disagree	
0	Somewhat disagree	
0	Neither disagree nor agree	
0	Somewhat agree	
0	Strongly agree	
Heal	th care professionals	
For e	xample doctors and nurses	
0	Strongly disagree	
0	Somewhat disagree	
0	Neither disagree nor agree	
0	Somewhat agree	
0	Strongly agree	
Com	manica that halp paople dist	
	panies that help people diet  xample WeightWatchers or Slimming World	
0	Strongly disagree	
0	Somewhat disagree	
0	Neither disagree nor agree	
0	Somewhat agree	
0	Strongly agree	
Emn	loyers	
Lilip	•	
0	Strongly disagree	
0	Somewhat disagree	
0	Neither disagree nor agree	
0	Somewhat agree	

Strongly agree

Farmers	
O Strongly disagree	
O Somewhat disagree	
Neither disagree nor agree	
O Somewhat agree	
O Strongly agree	
Sideskift	Side 8
Obligatoriske felter er merket med stjerne *	
Do you agree or disagree that the following have a role in preventing overweight or obesity in England?	9
Food and drink manufacturers	
For example Coca Cola, Walkers Crisps, Kelloggs	
O Strongly disagree	
O Somewhat disagree	
Neither disagree nor agree	
O Somewhat agree	
O Strongly agree	
Supermarkets	
Strongly disagree	
O Somewhat disagreee	
Neither disagree nor agree	
O Somewhat agree	
O Strongly agree	

Rest	aurants
0	Strongly disagree
0	Somewhat disagreee
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
Tran	sportation companies
	example bus, trian, tram, ferry
0	Strongly disagree
0	Somewhat disagreee
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
Tow	n and city planners
For e	xample green spaces, cycling paths, commercial areas, housing, schools
0	Strongly disagree
0	Somewhat disagreee
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
The	government (national level)
0	Strongly disagree
0	Somewhat disagreee
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree

Limited access to healthy food	
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
Mark	ceting of unhealthy food
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
Limi	ted access to physical activity opportunities
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
Incre	eased use of motorised transportation
For e	xample car, bus, train
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree

Being overweight is the new normal	
O Strongly disagree	
O Somewhat disagree	
Neither disagree nor agree	
O Somewhat agree	
O Strongly agree	
Biological factors	
For example hunger, taste, genes	
O Strongly disagree	
O Somewhat disagree	
Neither disagree nor agree	
O Somewhat agree	
O Strongly agree	
Lack of knowledge about risk of obesity due to lifestyle choices	
O Strongly disagree	
O Somewhat disagree	
Neither disagree nor agree	
O Somewhat agree	
O Strongly agree	
Lack of understanding of the risk associated with obesity	
O Strongly disagree	
O Somewhat disagree	
Neither disagree nor agree	
O Somewhat agree	
O Strongly agree	
Sideskift	

Side 10

Obligatoriske felter er merket med stjerne \*

# Do you saree or dissaree that the following factors are causes of an un

•	Ithy lifestyle?
Insu	fficient personal motivation to act upon knowledge
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
Lack	c of time to lead a healthy lifestyle
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
Limi	ted financial resources
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree

O Strongly agree

The	lack of policies on preventing overweight and obesity
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
Unh	ealthy food is cheap
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
Influ	ence from social media
	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
Lack	of focus on healthy lifestyle among friends and family
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree

## Unhealthy coping strategies to stress

For e	example comfort foods, screen time
0	Strongly disagree
0	Somewhat disagree
0	Neither disagree nor agree
0	Somewhat agree
0	Strongly agree
I≡I Sid	leskift
	Side 11
Obliga	toriske felter er merket med stjerne *
	ow are some questions about you. This is so we know a little about different backgrounds of the people in the alliance.
In w	hich country were you born?
0	England
0	Country within Europe
0	Country outside of Europe
In w	hich country was your mother born?
0	England
0	Country within Europe
0	Country outside of Europe
In w	hich country was your father born?
0	England
0	Country within Europe
0	Country outside of Europe

Does your family own a car, van or truck?
O No
O Yes, one
O Yes, two or more
Do you have your own bedroom for yourself?
○ No
○ Yes
How many computers do your family own?
Including laptops and tablets, not including game consoles and smartphones
None
One One
O Two
O Two or more
How many bathrooms (room with a bath/shower or both) are in your home?
○ None
One One
○ Two
More than two
Does your family have a dishwasher at home?
○ No
O Yes
How many times did you and your family travel out of England for a holiday/vacation last year?
O Not at all
Once
○ Twice
More than twice



Side 12

Obligatoriske felter er merket med stjerne \*

# Below are questions about habits. This is so we know a little about the different habits of the people in the alliance.

How many times a week do you usually eat or drink:

Fruit	
0	Never
0	Less than once a week
0	Once a week
0	2-4 days a week
0	5-6 days a week
0	Once a day every day
0	Every day more than once
Vege	etables
0	Never
0	Less than once a week
0	Once a week
0	2-4 days a week
0	5-6 days a week
0	Once a day every day
0	Every day more than once

#### **Sweets**

For e	xample candy or chocolate
0	Never
0	Less than once a week
0	Once a week
0	2-4 days a week
0	5-6 days a week
0	Once a day every day
0	Every day more than once
Cok	e or other soft drinks that contain sugar
0	Never
0	Less than once a week
0	Once a week
0	2-4 days a week
0	5-6 days a week
0	Once a day every day
0	Every day more than once
How	often do you usually have breakfast (more than a glass of milk or fruit juice)?
Wee	kdays
0	I never have breakfast during the week
0	One day
0	2 days
0	3 days
0	4 days
0	5 days
0	One day
0	4 days
0	5 days

weekends
I never have breakfast during weekend
<ul> <li>I usually have breakfast on only one day of the weekend (Saturday OR Sunday)</li> </ul>
I usually have breakfast on both weekend days (Saturday AND Sunday)
Physical activity
Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school.
Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skate-boarding, swimming, soccer, basketball, football, & surfing.
For this next question, add up all the time you spent in physical activity each day
Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?
O days
O 1 day
O 2 days
○ 3 days
O 4 days
○ 5 days
O 6 days
O 7 days
De considerate de la constant de la
Do you have any comments on the questionnaire or the CO-CREATE project?

Se nylige endringer i Nettskje



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