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MRS Awards 2021
International Research

Finalist:
2CV & ITESO

Better Health Mexico:
A programme aiming to
address the drivers of obesity

SUMMARY

Changing behaviour is difficult. This is never more obvious than in the health domain, where everything from our physical to our socio-cultural environment seems designed to facilitate unhealthy habits.

Obesity is a big issue in the UK, but it is even bigger and arguably more complicated in Mexico.

2CV, with critical input from an international interdisciplinary expert panel were commissioned by DAI (under the FCDO funded Better Health Programme Mexico[1]) to pilot the use of behavioural science research methodologies to inform the development of a public health communications intervention to **reduce obesity rates in two municipalities in Jalisco**, both of which suffer economic deprivation.

In our submission, we demonstrate:

- How we galvanized and collaborated with an interdisciplinary expert panel

- A new way of working that went beyond research to intervention design

- The benefits of a theoretical framework in facilitating shared goals and specificity

- Continual methodological innovation in response to Covid-19 challenges.

Whilst this programme is ongoing, the success of the pilot is intended to be used as a proof of concept to undertake similar approaches for similar activities in other contexts. We are currently creating a toolkit to facilitate replication of our approach.

[1] The Better Health Programme Mexico (BHPMx) is part of the U.K. Global Prosperity Fund Better Health Programme, established in 2015 as a cross-government Prosperity Fund. It was overseen by the National Security Council but closed on 31 March 2021 (in the middle of this research) and prosperity programming was transferred to the Foreign, Commonwealth & Development Office

SYNOPSIS

Obesity: a hidden issue

Mexico has one of the highest rates of obesity in the OECD. Roughly 73% of the Mexican population is obese, and rates are increasing among children and teens, with current figures suggesting that roughly 40% of children aged 12-19 are overweight or obese[1]. Poorer areas tend to be worst affected: lack of access to fresh fruits and vegetables and over-reliance on inexpensive, energy-dense food are some of the key contributors to the problem.

When something is commonplace, it becomes difficult to notice. Being overweight or obese is increasingly the norm, particularly among poorer communities. Studies have found that 'reference points' for a healthy weight are steadily rising and that bigger (chubbier) babies are perceived to be healthier than their less chubby counterparts.

This means that whilst obesity is a growing issue, concern or even recognition of it as a problem is not.

The challenge: Forging a clear path forward through complexity.

The focus of this project was to 1) understand the current state of play in Mexico with regards to attitudes and behaviours around health, nutrition and exercise, and 2) create an evidence-based social marketing campaign targeting specific issues/opportunities identified in the research.

Obesity is a complex, multi-layered issue that cannot be fixed overnight. It requires a multi-pronged approach and large-scale collaboration, accounting for economic, social, cultural, political, and individual drivers. The aims of this programme were not to 'solve' this problem, but rather to pilot a new and innovative way of beginning to address some its drivers.

With help from DAI, we focused our research and intervention design efforts in two municipalities in Guadalajara, chosen primarily because of their high obesity rates, economic challenges and small size. These locations were the perfect place to pilot an evidence-based approach to intervention design that, if successful, could be replicated elsewhere.

What did we do and how?

- **Galvanising and collaborating with a panel of interdisciplinary international experts**

Our relationship with DAI was not a traditional client-supplier relationship. Rather than giving us a brief, they brought together a range of experts and gave us the tools to write the brief, execute the research and come up with solutions collaboratively. In some sense, 2CV took on the role of the client in bringing people together and being ultimately responsible for making decisions and ensuring the work got done!

We collaborated with behaviour change experts from UCL (UK), CIDE (Mexico) and the Mexican Institute of Public Health (INSP), as well as our sister agency (Leith) who would lead on any mass media intervention elements. Finally, we

partnered with ITESO University in Guadalajara, whose on-the-ground connections were invaluable in enabling us to carry out all fieldwork and logistics.

The Team

Working with a big panel, all of whom have different areas of expertise was not without its challenges. If not managed properly, working in this way could create unnecessary delays. Avoiding this relied on water-tight project management and clear expectation-setting from the get-go. This included:

- Bi-weekly panel conference, detailed timelines + clearly outlining panel feed-in points

- A standardized template for consistency in feedback-sharing

- Interim debriefs and 'pause points' to reflect

- Informal knowledge exchanges (e.g. sharing academic papers via Google Docs)

- A respectful working culture that valued each team member equally

Most importantly, we agreed on a shared research and analysis framework at the very beginning of the project. More on this below.

A common language and behavioural framework

UCL's Behaviour change wheel has at its core a model of behaviour known as COM-B. The great thing about this model is that it gives those using it a common lens (regardless of cultural background) with which to look at behaviours – and the subcomponents that drive them (i.e. 'capability' 'opportunity' and 'motivation').

This model guided our approach to the research, framed our analysis and facilitated our thinking when we approached the intervention-design stage of the project. In tandem with our primary research, it helped us pinpoint a single behaviour to target, and helped us specify *what* exactly to target (i.e. capability, opportunity, motivation).

Importantly, it gave our panel a common language to use when discussing our objectives and goals. Whilst some were already familiar with the model, we held training sessions with those who were less familiar. This ensured that by the time the research started, we were all aligned on what our ultimate aims were and how we would go from behaviours to intervention design.

The need to understand behaviour within a wide sphere of influences and systems

It is impossible to understand people's behaviour with regards to health, nutrition, and exercise without understanding the complex web of personal, societal, cultural and structural influences that exist in their wider lives and impact every-day choices and behaviours. With this in mind, we divided our fieldwork into distinct bursts of activity – with pause points for reflection and analysis with our panel, which determined priorities for the next phase.

We started with large-scale **'state of play'** intercepts which consisted of short bursts of interviews with community members to understand attitudes and knowledge in the communities. This, along with our **Rapid Evidence Review** gave us important foundational knowledge better hone our materials and lines of questioning our week-long **self-ethnography sessions** with 20 families. These us identify what people were *actually* doing and identify discrepancies between real and claimed behaviour.

This process led us to identify a clear shortlist of 3 target behaviours that a) our audience were willing and able to change and b) would have a significant impact on health outcomes. We facilitated an international **intervention design workshop** to collaboratively narrow this list to one behaviour – the reduction of sugar in homemade drinks.

Flexing our approach around Covid 19 challenges

On our initial scoping trip to Mexico, there were murmurings of concerns about Covid-19, but we remained optimistic that 2CV would be able to travel, conduct training with the local teams (ITESO) and participate in face-to-face fieldwork. Aspirations were thwarted a few weeks later when the severity of the situation took hold. We quickly adapted:

1. **Remote training and knowledge sharing:** A secondary ambition of this programme of work was to facilitate knowledge sharing and relationships between British and Mexican institutions. This involved training our partners in qualitative research skills, moderation and the application of the COM-B model, whereas they provided the local and cultural background and nuance. We pivoted our approach to do all this remotely – holding a total of 10x remote training sessions over Zoom, using tools like Miro to facilitate creativity and engagement.

2. **Prioritizing safety, not compromising insight:** working in disadvantaged areas with poor digital infrastructure meant that a big part of our original methodology relied on face-to-face approaches, including whole-day ethnographies. This approach quickly became unsafe, and there was no obvious digital alternative as device ownership and connectivity is low. To overcome these challenges, 2CV and ITESO equipped participants in communities with iPads for a week and trained them in self-ethnography. Participants gathered in the local community centre to receive (socially distanced) training in how to use the iPad, the research tasks, and how to upload the data. This approach worked brilliantly – we received hours of footage, bringing us in on everything from how they prepare breakfast and drinks to the local shops in the community they visit.

From research to design: flexing our qualitative muscle

Research was a pivotal part of a big ambition: to design and deploy an intervention in the communities. After finishing all qualitative fieldwork, we needed to take what we learned and translate it into a clear action plan to move forward. We again relied on the UCL behaviour change wheel to ensure we followed a systematic process that led us clearly from our target behaviour and audience to the intervention functions (i.e. education, persuasion, modeling, etc.). Our workshop structure and outcomes:

Item	Outcome
Agree on a target behaviour based on insights	Reducing sugar consumption in (specifically homemade) drinks
Agree on target audience	Mothers as a gateway to the family
Agree what specifically needs to change about the behaviour (i.e. capability, opportunity, motivation)	Social opportunity Reflective motivation Automatic motivation
Agree the intervention functions	Persuasion and modelling – with potential to use education, incentivisation and enablement as secondary functions

Impact (ongoing):

This iterative process of exploration and refinement meant Leith was able to leave the workshop with a clear creative brief, targeting sugar reduction among children (via mothers), using persuasion and modelling as key creative hooks.

The unexpected pulling of international aid has temporarily impacted on the media roll out of the campaign. That said, we are proud that research has taken the lead role in defining the core problem and shaping the solution and has proven ability to galvanize international stakeholders into a singular course of action.

Creating a toolkit, sharing best practice, and training a Mexican team of moderators in new research techniques and application has allowed us to leave a legacy for ITESO locally to continue the work with local municipalities across Mexico.

[1] Overweight and obesity in Mexican children and adolescents during the last 25 years. Hernández-Cordero, Morán Ruán, Ávila-Arcos. Nutrition and Diabetes. 2017

# A snapshot of the work involved in bringing this research to life…

Across the entire primary research process, 12 people were involved in making it happen (2CV, ITESO coordinators and moderators, translators & Colmena employees)

Our research process in numbers….

- ✓ 9 hours of moderator training with 2CV*
- ✓ 5 qualitative methodologies
- ✓ **100+ hours of primary research fieldwork**
- ✓ 100+ participants interviewed
- ✓ Terabytes(!) worth of fieldwork audio and video footage
- ✓ 10+ hours of analysis sessions between ITESO X 2CV*
- ✓ 1 week of 2CV listening to 'raw' fieldwork audio
- ✓ 3 weeks of 2CV analysis and debrief writing

*Over Teams/ Zoom calls

Overall, around 210 days of combined team working (around 1600 hours) across 2 continents!
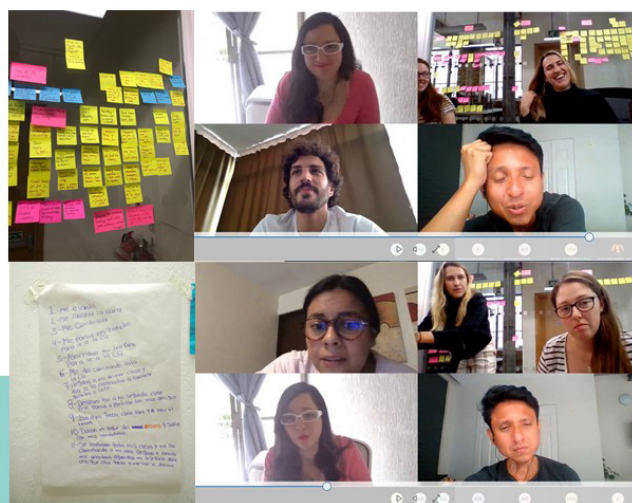
The team

Creative Agency	Researchers

Expert Panel

Understand the behaviour: Identify <u>what</u> needs to change using the COM-B model

Capability: the person or people concerned must have the physical strength, knowledge, skills, stamina, etc. to perform the behaviour

Physical: refers to the physical skills, strength or stamina to perform the behaviour

Psychological: Having the knowledge, psychological skills, strength or stamina to perform the behaviour

Motivation: the person/people must be more highly motivated to do the behaviour at the relevant time than to not do the behaviour or engage in a different competing behaviour

Reflective: Conscious planning and evaluations (including beliefs about what is 'good' or 'bad')
Automatic: Emotional reactions, desires, impulses and reflex responses

Opportunity: There must be a conducive social and physical environment for the behaviour to occur. E.g. it must be physically accessible, affordable, socially acceptable and there must be sufficient time

Physical: What the environment allows or facilitates in terms of time, triggers, resources, locations, physical access/barriers, etc.
Social: Interpersonal influences, social cues, cultural and social norms