Implementing the HSE Policy on Calorie Posting in staff canteens with external catering provider

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Implementing the HSE Policy on Calorie Posting in staff canteens with an external catering provider

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<th>Full Form</th>
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<tbody>
<tr>
<td>BMI</td>
<td>Body Mass Index</td>
</tr>
<tr>
<td>CIPP</td>
<td>Context Input Process Product</td>
</tr>
<tr>
<td>CHOS</td>
<td>Community Health Organisations</td>
</tr>
<tr>
<td>D.O.H.</td>
<td>Department of Health</td>
</tr>
<tr>
<td>FSAI</td>
<td>Food Safety Authority of Ireland</td>
</tr>
<tr>
<td>HI</td>
<td>Healthy Ireland Framework 2013 - 2025</td>
</tr>
<tr>
<td>H.S.E.</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>PMBOK</td>
<td>Project Management Body of Knowledge</td>
</tr>
<tr>
<td>P.M.I.</td>
<td>Project Management Institute</td>
</tr>
<tr>
<td>SWOT</td>
<td>Strengths Weaknesses Opportunities Threats</td>
</tr>
<tr>
<td>U.K.</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>U.S.</td>
<td>United States</td>
</tr>
<tr>
<td>U.S.A.</td>
<td>United States of America</td>
</tr>
<tr>
<td>W.H.O.</td>
<td>World Health Organisation</td>
</tr>
</tbody>
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Abstract

Calorie posting is a behaviour change intervention adopted in the fight against obesity. In 2014 the HSE commenced the development of a Policy on Calorie Posting. This project implemented calorie posting in two HSE canteens working with a large scale external catering provider. The scope of this project was not to determine should calorie posting be implemented but rather to implement and make recommendations for the development of the policy and inform the national HSE implementation. The literature was reviewed to assess the effectiveness of calorie posting and to identify the most effective manner of implementing. The implementation of calorie posting provides an ideal opportunity for the HSE to lead by example in developing a healthy workplace environment, while delivering a healthy message not alone to approximately 100,000 staff who avail of these services but to the many millions of people who also visit these settings as visitors or outpatients. The project delivered a very successful implementation and identified recommendations to support the full implementation in the HSE. 34% of staff indicated that calorie posting had caused them to make a change when selecting their food and beverages. This project demonstrated that calorie posting is more than a technical project and can achieve behaviour change to reduce obesity and can therefore be referred to as a behaviour change project that should focus on the people aspect of change and include a “calorie” awareness information campaign.
Acknowledgements

I wish to acknowledge all the staff in the HSE and the external catering provider involved in this project who contributed so generously of their time, knowledge and experience as without this commitment and effort this implementation would not have been possible.

In particular I want to thank Ms Sibeal Carolan, Programme Director at the RCSI who was also my ALS facilitator for her ongoing support and endless words of encouragement and to Mr Steve Pitman who ensured we never overlooked any of our deliverables.  I would like to acknowledge the friendship of my class mates particularly the members of my Action Learning Set.

I also acknowledge the wonderful support of my family and friends, your patience and understanding will always be appreciated especially the ones who have listened continuously to me about “calorie posting” and have always been there with a word of wisdom. Thank You.
Chapter I: Introduction

1.1 Introduction

Calorie posting (the display of calories on menus) is a behaviour change intervention adopted in the fight against obesity (Bleich, S. 2010). It is a form of food labelling regulated by the Food Safety Authority of Ireland (FSAI) (FSAI 2012a). Calorie posting works on the principle that if people are informed on the calorie count of the food they will make a healthier food choice based on the calorie count information. (Black, E.A. 2014a). The World Health Organisation (WHO) has identified obesity as a world wide epidemic (WHO 2000). Obesity rates are at a critical stage in Ireland, with childhood obesity increasing at an alarming rate. (Health Services Executive, Chronic Disease, 2014). In Ireland calorie posting is implemented on a voluntary basis with the Government planning to legislate for mandatory calorie posting in 2016.

The Health Service (HSE) is currently developing a Policy on Calorie Posting (The Calorie Posting Policy) (Health Service Executive 2015c). It is intended that when complete it will be implemented in all HSE settings where food and drinks are available to the public. Prior to this project the implementation of calorie posting had commenced in two
hospital sites to inform the development of the policy. Catering services in some HSE sites is an outsourced service. This project was initiated to implement calorie posting in accordance with the Draft Calorie Posting Policy as of November 2014. It was also decided that the most suitable environment for the project implementation was in sites using an external catering provider as two other sites with internal catering services had commenced calorie posting and learning from an implementation with an external catering provider was required. The learning from this project will ensure comprehensive feedback for the development of the policy and an implementation guidance pack for the full implementation the policy. The scope of this project was not to determine if calorie posting should be implemented in the HSE or to present findings on effectiveness for behaviour change but rather to implement calorie posting and make recommendations for the overall implementation in the HSE.

This chapter provides an introduction to the organisation and the project undertaken. The key findings from the literature review are presented in Chapter 2 with Chapter 3 articulating the implementation of this project using the HSE Change Model (Health Service Executive 2008). Chapter 4 presents the evaluation of the project. Chapter 5 critically discusses the project and provides recommendations for the HSE when implementing calorie posting. These recommendations were presented
to the HSE senior managers with responsibility for the development of
the HSE calorie posting policy and implementation guidance pack.

1.2 Organisational Context

1.2.1 Macro Level

Improving the health and wellbeing of Ireland’s population is a
Government priority and is one of the four pillars of healthcare reform
outlined in Future Health – A Strategic Framework for Reform of the
Health Services 2012 – 2015 (DOH 2012). The Health and Wellbeing
pillar of healthcare reform signals a shift in policy, service design and
practice away from treating sick people to keeping people healthy.
During 2013, Healthy Ireland, a Framework for Improved Health and
Wellbeing 2013-2025 (HI) (Department of Health 2013) was published.
It sets out a population based approach to addressing the challenges of
an ageing population, together with the demands being placed on
health services resulting from the increase in the incidence of chronic
illness. Goal 4 of this Framework puts the onus on all government
departments to create healthy environments to make it easier for the
public to make lifestyle choices. The first of the five goals in the HSE
Corporate Plan 2015 – 2017 (The Corporate Plan) aims to support
people to be as healthy as they can by promoting healthy lifestyle
choices (HSE Corporate Plan 2015). The HSE Health and Wellbeing
Division is responsible for driving and coordinating the health service
response to this agenda in the HSE (Health Service Executive 2015b).
For 2015 the Health Service Executive received a budget of 12.2 billion for the delivery of a wide range of health services. The 100,000 staff provide these services to the public and make billions of personal contacts with people each year e.g. 1.4 million people receive care across 48 hospitals each year (HSE Corporate Plan 2015). This unique reach across the population means that staff and the health messages they delivered can have a significant supportive influence on the health decisions made by the public in Ireland. The HSE Corporate Plan supports and encourages staff to look after their own health and wellbeing. The HSE HI Implementation Plan 2015 – 2017 prioritises staff health, having staff act as ambassadors to promote the health and wellbeing agenda and to make every contact with every client count for the delivery of these messages (HSE HI Implementation Plan, 2015).

In 2013 the HSE established an Expert Group on Vending and Calorie Posting (Expert Group) with responsibility for the delivery of the HSE Calorie Posting Policy though the Health and Wellbeing Division. This policy refers to all food and drinks for staff and visitors. Catering services for patients is not currently included in the policy. The policy is at the final stage of development and will be implemented through the newly formed Hospital Groups and Community Health Organisations.

1.2.2 Micro Level

There are 2,594 HSE properties which includes hospitals, community health care facilities and administration (Health Service Executive...
The vast majority of these properties have canteens on site and shops for staff and visitors. The canteens in the two sites selected for this project are self service settings providing a wide range of food and beverages for breakfast, tea/coffee breaks and lunch. They operate an “a la carte” system and payment is on a cash basis. Between the two sites there are approximately 1,000 staff with the majority using the canteen facilities. The external catering provider, who delivered the catering service to the two sites involved in this project, is a large food services organisation serving over 250,000 meals daily across their operations and employing over 3,000 employees in Ireland.

1.3 Rationale for carrying out the change.

Overweight and obesity in adults is the fifth leading cause of death globally. (Health Service Executive, Chronic Disease, 2014). Severely obese people die 8 – 10 years sooner than those of normal weight, with every 15 kilograms increasing risk of early death by approximately 30% (Health Services Executive, Chronic Disease, 2014). Obesity is a major cause of a number of chronic diseases such as diabetes, heart disease and cancers. 41% of cancers are attributed to overweight and obesity. By 2020, the number of adults with chronic diseases will increase by around 40%. (Health Services Executive, Chronic Disease, 2014)
The number of people eating away from home is constantly rising at 26% in the U.S. with food at home usually being more healthy (Lin BH, Frazao E 1999). Calorie posting identified as an initiative to help the fight against obesity was prioritised by the Government in 2011 who requested the FSAI to examine this intervention with a view to implementing calorie posting in all restaurants. A large scale survey conducted by the FSAI showed 95% of consumers in Ireland wanted calories posted on menus (FSAI 2012b). In 2012 the then Minister for Health called on all food service businesses to display calories on their menus, on a voluntary basis.

The HSE in keeping with its objective of creating a healthy work environment prioritised the display of calorie posting within the HSE. Having approximately 100,000 employees and millions of people who purchase food and drinks in the canteen and shops provided the HSE

<table>
<thead>
<tr>
<th>Details of overweight or obesity in Ireland</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of adults overweight or obese</td>
<td>61%</td>
</tr>
<tr>
<td>No of children overweight or obese</td>
<td>26%</td>
</tr>
<tr>
<td>No of 0 year olds with a body mass index outside the healthy range (16 - 18)</td>
<td>26%</td>
</tr>
<tr>
<td>No of people &gt; 50 overweight or obese</td>
<td>3 in 4 people</td>
</tr>
<tr>
<td>Annual estimated economic cost of obesity</td>
<td>€1.13B</td>
</tr>
</tbody>
</table>
with an ideal opportunity to lead by example for the promotion of healthy eating.

**Figure 1: A view of some of the millions of contacts HSE staff make with the public in a year.**

![Diagram showing various statistics related to health services in Ireland.](source: HSE Corporate Plan 2012. www.hse.ie)

### 1.4 Role of the Author in the organisation and the project

The HSE Health and Wellbeing Division (H&WBD) was established in 2013 in response to the healthcare reforms outlined in *Future Health*. The enabling role of the Health and Wellbeing Division in translating *Healthy Ireland* into tangible actions across HSE settings is a key priority (Health Service Executive 2015b). In October 2014 the author took up the newly established position of Healthy Ireland National Programme Lead in the HSE Health and Wellbeing Division. This position has a direct reporting relationship to the Assistant National
Director, Head of Planning, Performance & Programme Management with ultimate responsibility to the National Director Health & Wellbeing. Previous to this appointment the author had worked in the HSE Clinical Strategy & Programmes Division. Although leading this change management project, the author had no formal authority over any team member or stakeholder group, and as a new staff member in the division had little knowledge of the staff or culture of the division. This project environment required leadership and management skills working in a disciplined approach. The author had responsibility for designing the implementation structure, acting as lead, co-ordinator and chairperson of the working groups established.

1.5 Aims and objectives

**Aim:** To implement the HSE Policy on Calorie Posting in a HSE setting where catering services were provided by an external provider.

**Objectives:**

1. Advise and update the external catering provider on the HSE Policy on Calorie Posting, and agree the scope for the project for implementation by December 2014.

2. Implement an appropriate governance structure with terms of reference, roles and responsibilities for the external provider and the HSE. Develop a project implementation plan by January 2015.
3. Identify the calorie count of the foods and beverages for calorie posting. To be completed from February - March 2015

4. Create communication materials to accompany calorie posting by March 2015

5. Review the implementation and identify recommendations for the implementation of calorie posting across the HSE in April 2015

1.6 Conclusion

Obesity is an epidemic contributing to the increase of chronic diseases representing 60% of all deaths. It has been well documented that lifestyle and other risk factors have a significant impact on health, leading to chronic illness and premature death. At least 30% of cancers and 80% of heart disease can be prevented through healthy diet, physical activity and avoidance of tobacco. Every initiative such as calorie posting should be taken to create an environment for positive lifestyle change. The implementation of calorie posting in the HSE provides an ideal opportunity to demonstrate and deliver healthy messages to the many millions of people that use the service. The next chapter presents the key findings from the literature review undertaken.
2 Chapter 2: Literature Review

2.1 Introduction

A literature review is a framework to search for a particular topic of interest in the published information found in journals, books or websites. Reviewing literature allows the researchers to discover important variables relevant to the topic and identifies the relationship between ideas and practice (Randolph, 2009). Calorie posting is identified as a behaviour change initiative in the fight against obesity (Bleich, S. 2010). The objective of this literature review is to identify the extent of the problem of obesity which is the driver for implementing calorie posting, to ascertain the level of change behaviour achieved from calorie posting and identify best practice for the implementation of calorie posting. This chapter describes the search strategy employed, identifies emerging themes and the impact of the findings for the implementation of this project.

2.2 Search strategy

The literature search was conducted using eight search platforms: Emerald, Cochrane, Cinahl Plus, Web of Science, Global Health, Wiley, PubMed, and Google Scholar. Books and journals with articles of interest were accessed through the HSE and the RCSI libraries. No year limitation was used as calorie posting only commencing in 2003 in the United States (U.S.). Searches of these databases were performed using key words and search strings such as “calorie posting,
calorie labelling, calorie posting obesity, calorie posting empowerment, calorie labelling legislation, nutritional labelling and menu labelling”.
Publications have used “calorie posting, calorie counting, calorie labelling and calorie menu labelling” interchangeably for calorie posting with most publications using the term “menu labelling”. This project uses the term “calorie posting” as it is in keeping with the HSE Draft Policy on Calorie Posting.

2.3 Literature themes

2.3.1 Obesity as a major world issue

Obesity is a chronic condition characterised by an excess of body fat. The WHO has used Body Mass Index (BMI) to estimate the prevalence and associated risks of overweight and obesity within a population. In 2000 the WHO described obesity as a ‘global epidemic’. (WHO 2000). Overweight and obesity in adults is the fifth leading cause of death globally (PHealth Service Executive, Chronic Disease, 2014) Severely obese people die 8 -10 years sooner than those of normal weight. (Organisation for Economic co-operation and development, 2012 (13)). Four chronic diseases (cancer, cardiovascular (CVD), chronic obstructive pulmonary disease (COPD) and diabetes) are the leading cause of mortality in the world, representing 60% of all deaths. At least 30% of cancers and 80% of heart disease, stroke and type 2 diabetes can be prevented through healthy diet, regular activity and avoidance of tobacco products. (Department of Health 2013). From an economic
perspective the cost of obesity is estimated to be responsible for 1-3% of total health expenditure in most countries (5 – 10% in the U.S.A.) and costs are estimated to rise rapidly in the coming years as obesity related diseases become more profound. (Organisation for Economic co-operation and Development, 2012). It is estimated that in 2030 there will be an additional 65 million obese individuals in the U.S. with 11 million in the U.K. (Bully, P et al. 2015). From interpretation of WHO data Ireland is reported as being on course to be the most obese country in Europe in 2030 (Obesity Policy, Morning Ireland , RTE Radio One). The WHO predicts that if current trends continue the number of overweight or obese infants and young children globally will increase to 70 million by 2025 compared with 42 million in 2013. (Ref WHO 2000).

2.3.2 Obesity as a major issue in Ireland.

HI shows an alarming increase in overweight and obesity from 2005 – 2013. In 2013, 61% of adults were overweight or obese compared with 39% overweight and 18% obese in 2013. The TILDA study found three in four people over 50 in Ireland are either overweight or obese. (Place 2014). It is estimated that by 2020 the number of adults with chronic diseases will increase by 40%. Cancer is the second major cause of death in Ireland with 50% more cancers per year than in the mid 1990s with obesity being a key contributing factor. (Department of Health 2013)
The total cost of obesity in Ireland in 2009 was estimated to be €1.13 billion with direct costs under €400,000 (35%). These direct costs represent 2.7% of the total healthcare costs for 2009. (Safefood, 2012) 12.5% of the total health budget in 2011 was spent on care of patients with the four chronic diseases with obesity as a key contributor to their development. A 10% reduction in overweight and obesity is estimated to achieve a 37% reduction in cancer deaths, 20% reduction in all causes of mortality and a 40% reduction in diabetes related mortality.

**Figure 2: Major causes of death in Ireland, 2011**

<table>
<thead>
<tr>
<th>Cause</th>
<th>All ages</th>
<th>Under 75 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>CV/D</td>
<td>32.9%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Cancer</td>
<td>24.2%</td>
<td>23.8%</td>
</tr>
<tr>
<td>Respiratory</td>
<td>12.2%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Other causes</td>
<td>30.1%</td>
<td>40.5%</td>
</tr>
</tbody>
</table>

Source: Central Statistics Office, Vital Statistics, 2011*

Ireland is middle-ranking internationally, between the Netherlands (12%) and Italy (36%) for childhood overweight and obesity. Recent data suggests that the prevalence of overweight and obesity in 9 year old children has stabilised, and among 7 year olds the prevalence seems to have fallen.
Table 2: Overweight and Obesity in 7 year old and 9 year old primary school children 2008 – 2012.

<table>
<thead>
<tr>
<th></th>
<th>Boys 7 years</th>
<th>Girls 7 years</th>
<th>Boys 9 years</th>
<th>Girls 9 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>18.3% (4.7%)</td>
<td>26.4% (7.5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>16.2% (3.8%)</td>
<td>25.7% (4.6%)</td>
<td>19.7% (4.4%)</td>
<td>23.2% (4.8%)</td>
</tr>
<tr>
<td>2012</td>
<td>14.4% (2.2%)</td>
<td>21.4% (5.5%)</td>
<td>20.0% (4.1%)</td>
<td>22.0% (4.3%)</td>
</tr>
</tbody>
</table>

Source: Childhood Obesity Surveillance Initiative (COSI) in the Republic of Ireland

The Growing Up in Ireland (GUI) data (Lobstein, T. et al, 2003) shows that children from professional households have lower levels of overweight/obesity compared with the semi and unskilled social class households, with the social class disparity more evident for girls. Despite economic developments an international study of nearly half a million adolescents in 34 countries across Europe and North America published in 2015 found an increase in BMI with widening health inequalities among adolescents in the lower socioeconomic groups with those adolescents more likely to be in worse health (Elgar, F. J. et al. 2015). In May 2015 the Government was challenged on ignoring childhood obesity in the lower socioeconomic groups despite being well aware of the problem and the long term consequences for these children who cannot speak for themselves. (Flaherty. R., May 2015).

2.3.3 Action Plan for Chronic Disease

In 2013 the WHO launched the Non Communicable Disease Action Plan and Nine Key Target areas including “Halt The Rise of Obesity” for a 25% reduction by 2025 for premature deaths from these diseases.
Figure 3: WHO Global NCD Action Plan 2013 - 2020.

Source: http://www.who.int/nmh/events/ncd_action_plan/en/
It is estimated that an investment of $11 billion per year will be required for the implementation of the WHO Global Action Plan. While this is significant it is insignificant when compared with an estimated $7 trillion loss of productivity and price of health care without taking action over the next 20 years. (WHO Global Action Plan, 2014). HI defined a target for an increase of 5% in the number of adults, 6% in the number of children with a healthy weight by 2019 together with an increase by
20% in the proportion of adults eating the recommended five or more servings of fruit and vegetables per day (DOH, 2013).

2.3.4 **Calorie posting**

Calorie posting commenced in New York and other states in 2003 and became mandatory in 2012 across the US for all chain restaurants with 20 food outlets or more (same name and same food served) (Black., A.E, 2014). In 2012 implementation became mandatory in parts of Australia and in keeping with the U.S. applied to food service outlets with 20 or more units. In 2009 Great Britain commenced implementation on a voluntary basis and Northern Ireland followed in 2012 (FSAI 2012a). At the request of the then Minister for Health calorie posting commenced in Ireland in 2012 on a voluntary basis and in 2015 the Government proceeded to draft legislation for mandatory calorie posting for all restaurants, take-aways and all food service outlets for enactment in 2016. Only 8% of business in Ireland claim to display calories (Logue, D.M. et al. 2013). Where calorie posting was displayed only 68% of the items displayed the calorie value, with calorie values overall being underestimated in fast food restaurants while some coffee shops were over estimating calorie counts (Kennelly J.P. 2013).

Studies show that eating outside the home has increased with estimates of 20- 25% (Ireland 24%) of the energy intake being eaten in fast food settings. (Ray et al. 2013, Hackner, L. J., 2008, Lin B.H., Frazao, E. 1999). Meals eaten out typically contribute more energy, fat
and salt than those consumed at home (Benelam 2009). (Stan k et al. 2013) Fast food restaurant sales have increased significantly and are projected to keep growing. (Barnes, C. 2007). People are unaware of the number of calories they are eating, struggle to quantify the calories in their meals and as portion sizes become bigger the estimation of calories becomes more complex. (Young LR, 2007, Chandon P., 2007, Basset MT, et al. 2007, Bates et al. 2011, Cohn et al., 2012). Evidence based data like this has contributed to the fast food restaurant industry getting the blame for the obesity problem (Rudd, Ctr., 2008). Identifying healthy food is frustrating for the public with conflicting advice being published by the experts periodically. The Food Pyramid, well known by all, was introduced with mass media campaigns to educate the public to make healthy eating easier. However this pyramid will be replaced as some people may be interpreting incorrectly that encourages them to eat too much “bread and cereals”

**Figure 5 Understanding the Food Pyramid**

![Understanding the Food Pyramid](Image)

*Source Safefoods Ireland Food Authroity Ireland – Healthy Eating*
In addition recent studies have reported that the dietary advice of 1977 to cut down on fats was based on an incomplete study and may not be accurate. (Russell, C, 2015). The outcome of a public consultation held in 2012 by the FSAI, found that 95% of people in Ireland wanted calories posted on menus in all or some food outlets (FSAI 2012a).

**Table 3: Views on where calorie menu labelling should be implemented in Ireland.**

<table>
<thead>
<tr>
<th></th>
<th>Total Group</th>
<th>Consumer</th>
<th>Health Professional</th>
<th>Food Business</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n 3,130</td>
<td>n 2,666</td>
<td>n 322</td>
<td>n 73</td>
<td>n 69</td>
</tr>
<tr>
<td>In all food outlets</td>
<td>83 (%)</td>
<td>85 (%)</td>
<td>75 (%)</td>
<td>37 (%)</td>
<td>70 (%)</td>
</tr>
<tr>
<td>In some food outlets</td>
<td>13 (396)</td>
<td>11 (285)</td>
<td>20 (64)</td>
<td>36 (26)</td>
<td>26 (18)</td>
</tr>
<tr>
<td>In no food outlets</td>
<td>4 (131)</td>
<td>4* (94)</td>
<td>5* (16)</td>
<td>25* (18)</td>
<td>4* (3)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1 (18)</td>
<td>1 (15)</td>
<td>1 (1)</td>
<td>3 (2)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

*Source FSAI Consultant Report*

While people want calories on menus there is no indication of the level of impact it will have on their choice of food. While 41% of college students wanted to see calorie posting on menus only one third indicated that they always changed eating habits after knowing the calorie count. (Wie & Giebler 2014).

A more technical survey conducted with the food sector by the FSAI in 2012 in parallel with the consumer survey outlined above, received a
less positive response. Objections were put forward on the basis of cost, lack of expertise, limited resources to implement and sustain calorie posting, suitable for fast food settings only, being unreasonable for food dishes that were served less than 30 days and requesting that it only apply to food served for 3 months. An interesting finding was in the trust of the consumer and the provider in the level of accuracy of calorie posting - 62% of customers trusted the accuracy of calorie posting compared with only 36% of the food sector.

2.3.5 Cost implications of calorie posting.

A concern that is repeatedly raised is the cost that would be incurred by food businesses (FSAI) for calorie posting. Costs are linked with the complexity of identifying the calorie count and the display of the calories and ensuring accuracy of the calorie count. (Berman M, 2008, Benalim L., 2009). In the U.S. there has been significant resistance even with federal laws being passed to protect states from getting mandatory calorie posting dictated to them (Farley et al., Black E.A. et al).

In February 2015 while the Royal College of Physicians were endorsing the announcement for mandatory calorie posting the Restaurants Association of Ireland and many restaurant owners were vocal highlighting a €5,000 to €10,000 cost per restaurant per annum with an overall estimated cost of €110 million per annum to the economy. The announcement was classified as a “Nanny State proposal”. Concerns were then raised with the public at the thought of these costs being
transferred to the consumer (Hollan, K. 2015, Cummins, A., 2015.). On a national perspective these costs are insignificant when compared with the costs as outlined earlier of obesity to the economy. In parallel with these concerns some restaurants reported that calorie posting and exclusive sale of healthy foods had increased their business which is in line with a reliable study of Starbucks data in the US who reported increased business from calorie posting and the sale of more healthy products (Bollinger et al. 2010).

2.3.6 Effectiveness of calorie posting

Calorie posting is an intervention in line with the population health approach where the aim is to make small changes across large numbers over time. This type of intervention focuses on the individual but must target a large proportion of the population to be effective. A small change across the target population can have a powerful and significant impact overall at population level (Rowson 2011). The limited studies which are mostly focused on the U.S. and fast food restaurants have adopted different research methods: observation, customer feedback through web surveys, customer exit interviews and the use of sales data for analyses (Swartz, S. 2011) having reviewed a number of studies and taking seven reported as reliable on review reclassified two as good and the remaining five as fair. The complexity of measuring behaviour change was attributed to this level of reliability with many of the studies in this areas classified as fair.
Elbel’s study, seen as reliable published in 2009 was one of the first studies to consider the effects of New York City’s calorie posting. It included 1,156 adults of four large fast food restaurants in low income neighbourhoods and concluded that calorie posting did not reduce the number of calories purchased but rather showed a slight increase. Half of the adults had noticed the calorie posting and of these 88% reported having changed their choices, however when the till receipts were checked this was not substantiated (Elbel, 2009).

The New York City Department of Health carried out a reliable study in 2007 of 7,000 customers and compared the findings with 8,000 in 2009 following the implementation of calorie posting. It showed a significant decrease (15%) in three of the eleven restaurants. However overall in the eleven restaurants there was no significant change. One of the reasons identified for the lack of change in all restaurants was the launch of a bigger sandwich for the same price which attracted the customers. This is the largest study undertaken and is reported in the majority of literature as the evidence base for calorie posting as an effective intervention initiative (Dumanovsky,T.). The majority of studies show a decrease with calorie posting. The decrease varies from 6% to 21%. A study of ten months data from Starbucks reported a decrease by 6% in calories sold with the reduction persisted for the 10 months following implementation and with the average food calories per transaction falling by 14%. A combination of customers purchasing
fewer items and items with lower calories were identified for this
decrease (Bollinger et al. 2010).

Vanderle L et al (2014) based on an exit interview of 1,003 participants reported a 21% decrease in calories purchased. Roberto C.A (2010) reported a 14% reduction in calories when comparing 303 dinners in a restaurant when doing a comparison study of calories being shown on the menu and no calories shown. Green J. E.( 2015) in a survey of 329 McDonald customers using their receipts and survey data showed a 16% decrease. In these studies it was noted that 61% to 64% had noticed calorie posting but that being aware of calorie posting does not mean a change in calorie consumption. (Krieger J.W. et al. (2013), Elbel, B. et al (2013). Studies show that calorie posting had a greater impact on women than men, on people of the higher social economic groups and people within the higher education categories (Sinclair S.E., et al 2014, Breck A, et al 2014, Green, JE et al., 2015). This concurs with studies that show calorie posting does not make an impact on people from lower socioeconomic groups (Elbel, B. et a. 2013). Fast food is eaten disproportionately by low-income people, who are more likely to be overweight. (Green, J.E. et al, 2015).

Little research has examined the impact of public health policies on eating disorder symptoms despite legislating of calorie posting generating concern from the Eating Disorder activist. Roberto’s study
focused on the concern being raised that calorie posting might inadvertently promote eating disorders. The findings of this web based study did not differ based on eating disorder, dieting, weight status, or race/ethnicity. The results indicated that people have difficulty estimating the calories in restaurant meals and individuals with and without eating disorders are largely in favour of calorie posting laws. (Roberto et al. 2013). (Snowdon 2014) challenged the focus on calorie posting seeing it as easy for Britain to follow the U.S. and that the food industry was a more inviting target for health campaigners rather than the sedentary lifestyle behaviours of the general public. He uses evidence based data to show that average body weight is increasing while average calorie consumption is decreasing. He concluded that the study does not necessarily imply that calorie posting is an ineffective policy but that it needed to be coupled with additional policy approaches to achieve behaviour change. In keeping with this finding the implementation of the HI Framework is focusing on sedentary lifestyle and the need for physical activity.

The most reliable study found that reported no change in calorie posting was carried out in Washington by the University, Medical School and Public Health Department studying seven restaurants for thirteen months. Seven restaurants with calorie posting were compared with seven without posting and no difference in calories purchased was found (Eric, A. 2011).
It can be concluded from the literature that the fast majority of studies even those who did not find significant change did not recommend calorie posting to be discontinued but rather that it was an initiative that needed to be implemented with other initiatives.

2.4 Guidance and Toolkits for implementation

A number of studies have concluded that posting calories alone is insufficient to achieve even a small change in behaviour. Calorie posting needs to be prominent and show the link between calories consumed and calories used as energy. If individuals do not know what 200 calories means then such information is unlikely to be useful. (Blumenthal & Volpp, 2010, Vera AJ., 2015, Roberto CA, et al. 2010)

Recommendations from these studies included a large range of suggestions for the display of calories. These include: presenting calorie information along with calorie targets, showing calorie requirements per day, representing calories as exercise equivalents and framing information in terms of how many pounds an individual would gain over a year if that person ate that item once a day together with a listing of alternative healthy choices

(Ellison et al. 2014) from their study showed that symbolic calorie labelling proved to be more effective i.e. a traffic light approach stating
how the information is presented is just as important as what is presented. They concluded that a symbol should be included as well as a value as part of the legislation. (Liu et al. 2012) concluded that changing the format of calorie information can lead consumers to choose lower calorie meals when ordering from a casual chain restaurant menu. The highest impact was gained from the colour and calorie count posting. Their study also identified that the effects of calorie posting in sit-down restaurants versus fast-food restaurants may also differ because a sit-down restaurant presents calorie information on a paper menu in front of the consumer rather than on a menu board, which can be difficult for some to see. Customers of sit-down restaurants may have the opportunity to spend more time evaluating the menu than those at fast-food restaurants which may influence the impact of calorie posting on their choice. They too identified the need for more research in this area. (Kuo et al. 2009) recommended community education and that individual behaviour could lead to a greater demand for more-healthy foods providing the restaurants with a stronger incentive to rebuild their menus with lower-calorie foods and smaller portion sizes. They also reported that strategies such as pricing incentives or price reductions for healthier foods have been shown to change individual purchasing patterns of targeted foods in work sites and school cafeteria settings.

The FSAI have published a number of materials to support the implementation of calorie posting which include:
• Scientific Recommendations for Healthy Guidelines in Ireland.
• A Technical Guideline on posting calories on menus
• Menucal an on line software application which calculates the calories in menus. (Food Safety Authority of Ireland 2011).

2.5 Impact for the Project

Expectations need to be managed. Evidence shows that it is only a 6% - 21% behaviour change that will be achieved with the best implementation and the greatest uptake coming from women, higher education groups and people in the medium to higher social economic groups. While the staffing in the settings for this project are very aligned to these groupings with 80% of the staff female there is a risk that the uptake could be less as many of the staff in the HSE are already calorie conscious being health professionals. However this should not negatively impact the project as with only 8% of business in Ireland having calorie posting, (Liu et al. 2012) the HSE has an ideal opportunity to “lead by example” demonstrating calorie posting and encouraging the many millions of visitors and outpatients who avail of the service each year.

The implementation of calorie posting needs to be very visible to the consumers and be coupled with other initiatives. The learning has highlighted the requirement for a combination of strategies to display the calories using colour codes, symbols and examples of how calories
are consumed (Liu et al. 2012). A good communication plan should accompany the implementation. (Blumenthal & Volpp 2010) (Elbel et al. 2009). The manuals and online software systems are valuable support tools for the implementation of this project.

2.6 Summary

The literature itself has identified that there is a need for more qualitative and quantitative studies to be carried out to confirm that calorie posting is making an impact on consumer choices that is contribution to a reduction in overweight and obesity (Harnack & French 2008). Recognising that there is a lack of knowledge on the cost of implementing calorie posting and a lack of evidence on the effectiveness of this intervention, proceeding without this information is perceived to be justified as obesity is a “wicked problem” as described by Churchman (1979) and as stated by Ludwig et al. (2009) societies do not have the luxury to await scientific certainty. While calorie posting is identified as a strategy only achieving a small impact on a large number of people the obesity problem requires every action that shows potential to be undertaken.

Benefits such as the reported increase in the quality of menu foods (Bleich SN., et al.) and the overall education of food nutrition and education that comes from calorie posting (Long, MW 2015 et al.) will be beneficial to the 100,000 HSE staff who make billions of contacts with the general public in their delivery of services. The next chapter
outlines the methodology and methods for the implementation and how some of these findings were implemented.
Chapter 3

3 Methodology and Methods

3.1 Introduction

Leading change is about calculated risk-taking, change is unavoidable and the effective leader makes it a positive driver not a hurdle to be overcome. (Anderson 2013). This project was implemented in a changing environment within the HSE as outlined in Chapter 1 (DOH Future Health, 2012) and was also impacted by changes that took place in the wider food industry during the project life cycle. This chapter outlines the change model selected and how it was used to implement calorie posting in two sites with external catering providers within the HSE.

3.2 The Change Model.

Three criteria should be applied when choosing a change model (Burke 1994);

- It should be understood and workable
- It should fit the organisation as closely as possible
- It should be sufficiently comprehensive to facilitate the collection of data without omitting important bits of information.
In 2006 the HSE undertook a comprehensive review of the various change models and their applicability to change within the HSE. (McAuliffe E, and Vaerenbergh C V 2006). Following the review the HSE developed a Change Model for use within the HSE (HSE 2008). As the author was involved in the development of the project management aspects of the model there was an awareness of the extensive research undertaken to ensure that the model had the flexibility to support the many different types of projects within the HSE. The HSE change model includes the best elements from a number of change models and a project management methodology based on the Project Management Body of Knowledge (PMBOK, PMI 2004). This makes it a very robust change model for all types of change.

The HSE Change Model is process driven and supports the need to move back and forth between the various stages of change. This project was not linear and the various circumstances that arose could not have been foreseen. As many of the components of Kotter’s Change Model (Kotter, 1996) are incorporated in the HSE Change Model it proved to be a very good model for use for this project ensuring a disciplined approach while focusing on both the people and technical aspects of change. Using the HSE Change model strengthened the recommendations from this project as they could be adopted for the development of a national toolkit to support the full implementation of calorie posting in the HSE.
3.2.1 Using the HSE Change Model

Figure 6: The HSE Change Model

Prof Naomi Brooks reported that only 35% of mega projects are successful (under budget and within time) with 65% classified as bad projects (Brooks, N. 2015). The main reasons why projects fail relate more to the people aspect and not the technical aspects of the project.

3.3 Initiation

Initiation looks at the organisation structure, the culture, the stakeholders, resources, the risks, opportunities and the people factors. Coveys Seven Habits of highly effective people (Covey 1992) focuses
on “how to be” rather than on “what to do”. This roadmap was adopted as a good guide to first focus on oneself and then on the organisation.

Table 4: Coveys 7 Habits of Highly Effective people.

<table>
<thead>
<tr>
<th>Habit</th>
<th>What is needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Be Proactive - Know what needs to be done and decide to do it</td>
<td>Self Awareness and Self Knowledge</td>
</tr>
<tr>
<td>2 Begin with the end in mind</td>
<td>Imagination and conscience</td>
</tr>
<tr>
<td>3 Put first things first</td>
<td>Willpower</td>
</tr>
<tr>
<td>4 Think win-win</td>
<td>Abundance mentality</td>
</tr>
<tr>
<td>5 Seek first to understand, then to be understood</td>
<td>Courage balanced with consideration</td>
</tr>
<tr>
<td>6 Synergize</td>
<td>Creativity</td>
</tr>
<tr>
<td>7 Sharpen the saw</td>
<td>Self renewal</td>
</tr>
</tbody>
</table>


In leading the project one needs to know themselves identifying their emotional intelligence (Goleman 2000). Followers expect the leader to be prepared, know the facts and anticipating what is going to happen (Taylor 2009b). It can be unclear what a new project is to deliver. The best success comes when the vision is translated into a picture of what is to be achieved. Understanding and explaining what was to be achieved for calorie posting was a key first step (Covey 1992). Building this picture and creating a deep knowledge was assisted by the literature review, visiting restaurants with calorie posting, attending conferences and speaking with experts on calorie posting.
Having approval from senior management for the implementation of calorie posting in a site it was necessary to get the agreement of the catering manager and staff of that site. In briefing the catering manager on the objectives of the Draft HSE Policy on Calorie Posting it was also necessary to outline the time constraint for the project. Creating a sense of urgency, excitement and opportunity was required to ensure commitment and buy in (Kotter, 1996). A compelling case was presented to the catering manager highlighting the unique opportunity that this site had due to the frequent use of the facilities by senior managers of the HSE. While having the opportunity to be a demonstration site and the first external catering provider to implement calorie posting in the HSE any additional costs had to be borne as part of their existing contract. The catering manager despite having concerns about the resource implication and the tight time period involved wished to avail of any opportunity to enhance the service provided. Working together a project proposal was developed and presented to the regional manager for the catering provider and following another compelling presentation in January 2015 it was to proceed.

3.3.1 Culture and Stakeholders.

Having gained good knowledge on calorie posting through the literature review and completing site visits the next step was to examine the
organisation context to identify the stakeholders and to understand the culture. Attention was given to understanding the culture of the environment for the project as being aware that when a new leader takes over an existing organisation it is the existing culture that defines what kind of leadership style is expected and accepted (Schein, 2009). The culture was powerful, tacit, and an unconscious set of forces that determined both individual and collective behaviour. (Schein, 2009). However all of these led to the success of the project as without culture, an organisation lacks values, direction and purpose (Goffee & Jones, 1996). In simple terms culture is to the organisation what personality is to the individual (Rashid, Sambasivan, & Johari, 2003). Undertaking a stakeholder analysis and using the Power/Interest grid identified the groups and individuals who had the most interest and influence on the project (Appendix A). This helped to identify key cultural aspects and the environment for the project together with building the communication plan. In some instances the HSE has outsourced the catering services as is the case for the two sites involved in this project. Catering staff identify HSE outsourcing as a real threat to their positions. The Haddington Road agreement includes a protection to all public service staff on outsourcing (LRC 2013). A high number of senior chefs availed of the Public Services Voluntary Redundancy scheme in 2010 (Public Service Redundancy Scheme, HSE 2013) resulting in these posts being suppressed as the objective of the scheme was to reduce manpower within the public service. The reduced in manpower and the ongoing budget reductions from 2010 –
2015 has influenced the culture in the HSE. Low staff morale was one of the findings from the Have Your Say (2015) staff survey. (MRBI 2015). The agreement for this project could be perceived by some stakeholders as a competitor as it involved an external catering provider. "New entrants" is one of the five forces that shape strategy. (Porter 2008). The outcome of the stakeholder analysis as presented in (Appendix A) identified the Expert Group as a key stakeholder, powerful and influential for this project.

3.3.2 Scope

During the initiation stage and when defining the scope another hospital within the HSE offered join the project and work in parallel to achieve the same objectives and go live dates. This resulted from a visit to that hospital in December 2014 to view their catering service and the achievements they had made with colour coding menus highlighting the more nutritional foods. The Catering Management Team and the Health Promotion and Improvement staff in this hospital area were aware that the implementation of calorie posting was included in the 2015 Health & Wellbeing Operational Plan (Health Service Executive 2015a) and identified the project as an opportunity for joint working as both sites used the same catering provider. The benefits and risks were considered with the key benefit identified as the sharing of knowledge and the key risk the complexity of managing the two sites within a very tight time scale which was already defined. The least risky option was to defer this offer and continue the project with one site.
The time constraint of the project and the associated reasons were explained demonstrating transparency, trust and openness. The valuable goals of the project were identified giving encouragement and highlighting the potential of growth and advancement. (Gardener et al., 2005). The associated risks and opportunities were evaluated. However the work engagement of these stakeholders, willing, even eagerly giving their discretionary effort over and above what they have to do was contagious and resulted in a team being formed to deliver the project for both sites (Gill, 2011). In January 2015 the scope of the project was agreed with senior management. Understanding the political, power dynamics and culture of the organisation was important as these cultural and political factors can have a positive or negative impact on the success of the change (HSE 2008). In this context management decided to keep “This Project” separate and not combine it with the existing two sites with internal catering staff who were already implementing calorie posting. This was deemed to be the best option for the long term interest of calorie posting within the HSE as the outsourcing of catering is perceived as a threat to in-house catering staff. The project was approved to proceed as a new standalone project taking no learning from the existing two sites that had commenced calorie posting.

3.3.3 Team Development

As supported by Huusko, (2006) informal teams developed with small numbers of people with complementary skills sharing the same
aspiration, approach and clear vision working together. Both the leader and the followers work together with a clear objective for a common goal. It requires excellent communication skills, relationship building and a good understanding of others (Larsen & Eldon., 2010).

Undertaking a SWOT analysis gave more clarity on the stakeholders and the project environment (Health Service Executive 2008). On completing the SWOT analysis (Appendix B) there was a reinforced need to understand the environment of working on a project which involved both internal and external catering stakeholders. All through the project “A Deep Smarts” approach as described by Leonard and Swap (2009) was taken, endlessly determining where “knowledge gaps” exist and which individuals or groups have the deep smarts to fill them.

Stakeholders use different sources of power and switch these sources as situations arise. Referent and coercive power can in instances be more influential than the legitimate power (French and Raven, 1959). As team members were in different geographically located sites the advancement in modern technology was an enabling factor for the project. Teleconferencing facilities and e-mail were used extensively overcoming any limitations by lack of proximity (Uzzi & Dunlap, 2005). The teams were not static but more assemblies of interdependent relations and activities. (Humprey Team Microdynamics 2014)

The project was structured with two main work streams:
The identification of the calorie count of the food and beverages served being the responsibility of the catering departments and

The development of the awareness and education materials by the HSE Health Promotion and Improvement Unit within the Health and Wellbeing Division and the National Communications Division.

There were varying views on this project providing the communication materials as some stakeholders held the view that should be supplied by the external catering contractor. It was agreed to review this approach as part of the lessons learned from the project. This shows that the HSE is a learning organisation defined both in terms of the outcomes by which we assess whether or not the organisation has learned, and by the process by which the organisation must change to embed learning (Senge, 1990). The governance structure was formed with clear roles and responsibilities clearly outlined.
Figure 7: Governance Structure for the implementation of calorie posting for this project.

Source: Created as part of the project deliverables, HSE 2015.
3.4 Planning

A working group was established with two sub groups, one subgroup focusing on the catering specifics (The Catering Implementation Sub Group) and the other subgroup on the communication/awareness information (Communication/Awareness Sub Group). The author chaired all three groups (working group and two sub groups).

3.4.1 Catering Sub Group.

The catering sub group identified the calorie count for the food and beverages that were included for calorie posting. Input from dieticians was important as the focus was not exclusively on low calories but on other health content such as sugar, salt and fat. The guidelines defined in the HSE Draft Policy on Calorie Posting (Health Service Executive 2015) and the FSAI Technical manual (FSAI n.d.) were used to define the calorie content which was displayed. Having evaluated the work involved to identify the calories, a phased implementation approach was adopted. This evaluation highlighted that calorie posting had a level of complexity that requires time to calculate. The implementation was broken down into four phases. The initial phase focused on the “start of the day” breakfast items. It also included some high calorie count items such as chips and pastries and some low calorie nutritional foods such as the daily vegetable soup. The FSAI MenuCal software tool (FSAI n.d.) was used to identify the calorie counts.
3.4.2 Communication Sub Group.

A key aspect of calorie posting was creating awareness on calorie posting. This sub group was established with representatives from Health Promotion and Improvement, the National Communications Division with advice sought from other key stakeholder such as Dieticians. The preparation of the communication materials proved more challenging that was originally anticipated when defining the timelines for the overall project. Despite there being an abundance of health promotion materials, materials on nutrition, healthy eating materials and publications on calorie posting it was a challenge to identify a set of materials that had been endorsed by all interested parties. Some existing materials were identified for use and were supplemented with Calorie Posing Pull Up Banner posters showing calorie count information and a stand-up table menu card with a SWAP breakfast option.

3.4.3 Pre and Post Go Live Survey.

Survey research involves the collection of information from a sample of individuals through their responses to questions (Schutt, 2011). A Pre Go Live Survey (Appendix D) was undertaken in both sites. Staff who wished to be included in the draw were required to include their name and staff number requiring the survey to be in accordance with the Data Protection Action, 1988 and 2003 (Data Protection Act 1988 and 2003). The key objective of the survey was to ascertain what staff thought about calorie posting in their canteen, what their current level of knowledge was on calorie posting and if they felt it would make a
difference to their food choices. While there is inconclusive consensus about the success of Internet-based surveys they appear to be here to stay with the challenge for researchers being to use this new medium to their best advantage. (Fricker, 2002). The survey was developed using (SurveyMonkey, 1999) and distributed via e-mail. To address some of the disadvantages of internet surveys (Fricker, 2002) a hard copy of the questionnaire was available in the canteens. An incentive of a prize for all completed questionnaires, one for each site was included. Advertisements were placed in the canteens and the catering staff prompted completion of the questionnaire. While some may question the validity of the response with an incentive, advertisement and reminders through e-mail this was not seen as a limitation to this survey as the objective was to get the view of the staff that were going to be impacted by the introduction of calorie posting. The prize was not awarded for correct entries but was open for all who completed the survey which eliminated the risk of the prize influencing the level of accuracy to the questions (Glidewell, 2012). The survey was completed over a five day period and would be best classified as a Random Sample survey (Moore & McCabe, 2006). Not every staff member was afforded the opportunity to participate as not everyone uses the canteen and in one of the settings less than 50% of staff had access to e-mail. A similar post go live survey was taken six weeks after go live. The incentive was not included for the post go live survey. The level of response was lower for the post go live survey as is outlined in Chapter 4. The lower response rate in the post go live survey could be attributed
to: no incentive, the canteen in one site being closed for two days due to a technical issue and despite the survey being anonymous staff could judge it as measuring their knowledge and level of response to calorie posting.

A sense of urgency and momentum for calorie posting was created (HSE 2008). The Implementation Plan was finalised and the 24th March, 2015 agreed as the go live for both sites. The project had many activities running in parallel focusing on both the technical and the people aspects. As the project progressed the implementation stage required a greater focus on the people aspects.

*Figure 8: Activities for Change.*

*Source: Figure XXX Improving Our Service, A Users Guide to Managing Change in the Health Service Executive, 2008.*
3.5 Implementation

3.5.1 Networking

Networking plays an effective role in obtaining information from outside the team (Northouse, 2013). One of the existing HSE pilot sites for calorie posting was visited on a casual basis. On meeting a representative from the FSAI the opportunity was taken to discuss calorie posting in general and to seek their view on how they saw calorie posting developing in the future.

Taking an opportunity while having no script ready but having all the question mentally prepared, improvising as required and grasping at the opportunity, a semi structure interview was held with a internationally renowned and leading Irish Endocrinologist. (Myers & Newman 2007). They reiterated that every positive action no matter how small that contributes to lifestyle changes to address what one could call the obesity pandemic in Ireland is to be supported. Highlighting that initiatives like calorie posting is important when one considers that a lot of people eat a meal that might have 1,000 calories, being almost their total daily requirement.

3.5.2 External influences

There was a need to manage three external changes that occurred during the implementation – new legislation for food allergies, the announcement to legislate for mandatory calorie posting and external media attention on the nutritional content of hospital food.
Revised legislation was implemented requiring the provision of food allergy information to the consumer (FIC) which became applicable in December 2014. These rules replaced the previous rules on food labelling introduced in 1979 and 1990. (Ec 2000) and added to the work of catering departments. While the announcement by the Minister for Health in February 2015 of the government’s intention to legislate for calorie posting in 2016 for all restaurants (DOH 2015) was a very positive announcement for this project reinforcing the validity of calorie posting it also defocused staff in the belief that it would be sufficient to implement calorie posting in the HSE when the legislation would be implemented in 2016. It was necessary to reinforce and clarify the objectives of this project and the importance of achieving the go live date. From December 2014 reports appeared in the media focusing on the quality and nutrition value of hospital food (Herald.ie, 2015). In 2009 The Department of Health had published Food and Nutrition Care Guidance for Hospitals (Department of Health 2009). Questions were now being asked of the DOH and the HSE if these guidelines were implemented and the standard of nutrition in hospitals. It is necessary to ensure that the nutritional content of the food prepared for patients in kitchens that prepare food for both patients and staff would not be negatively impacted by calorie posting. As the kitchens involved in this project did not provide patient food no additional consideration or arrangements were required. Nutritional knowledge is a key requirement for the involvement of dieticians on calorie posting implementation teams.
A Go Live Calorie Posting Tea break

A Calorie Posting Awareness Tea Break was arranged for each site at go live. The catering provider sponsored low calorie nutritional treats for both events. Invitations and posters were issued to invite all staff. The planning for these events caused concern with the Expert Group. On hearing of the level of interest in these events and the possibility of senior management attending them the Expert Group identified that it could be interpreted that this project was getting all the focus for the implementation of calorie posting. The existing sites with HSE catering staff could deem this as overshadowing their work to date and taking the limelight. This was a possible and significant threat to the project and required action to address the issues highlighted. If there was no action taken, the project could have been compromised. It was necessary to present the justification case at a meeting of the Expert Group. A number of different options were presented which reinforced with the group that there was no intention of overshadowing the work of the other HSE sites. However the Expert Group deemed that the options presented were not feasible due to the time line required particularly as it was during the Easter holiday season. The preference of the Expert Group was to defer the go live date for this project from 24th March to the end of April. This was a big challenge for the project but followed the published literature where peoples issue are often more challenging than the technical issues.(McAuliffe E, and Vaerenbergh C V 2006). It was now time for best leadership skills, diplomacy and negotiation. A “Win Win” outcome as described by
Fisher & Ury (1981) was desired. Following much consideration and taking all possible situations into account it was clarified that the go live events were not media campaigns to launch the achievements of this project but rather to create awareness among staff. Senior management agreed for the project to go live but with restricted communication involvement. Publishing the event on the websites was deferred pending a launch to be organised by the Expert Group.

“Change heightens the prevalence and intensity of political action and cause some people to “win” and others to “lose” as described by (McAuliffe E, and Vaerenbergh C V 2006).

The Awareness Calorie Posting Tea Break took place in both sites on the 24th March with one site having up to one hundred staff present. The bright, trendy design of the pull up banners, the posters and the SWAP Breakfast Information cards aught the attention of the staff and visitors. The event included some speeches from senior management, the draw and prize giving. Good leaders enhance their style by designing and managing a collaborative process of decision-making and conflict resolution to which all the stakeholders subscribe (Allio, 2009).

3.6 Mainstreaming

Mainstreaming is to focus attention on the success of the change effort and on integrating and sustaining the new ways of working and
behaving (HSE 2008). Calorie Posting is embedded in the day to day delivery of the catering service. The implementation is ongoing and in April 2015 Phase II was implemented in both sites. On entering both canteens the banners and posters bring patrons attention to calorie posting. The SWAP Breakfast cards are a feature on each table reminding people of the calorie content of the foods and beverages served. Laminated cards displaying the calorie content are on all food counters near where the food is served meeting the criteria of the Draft HSE Policy on Calorie Posting.

Figure 9: Example of some of the Awareness materials provided

Source: Created as part of the project deliverables, HSE 2015
**Figure 10: Examples of Calorie Count Display – Bread & Pastries**

<table>
<thead>
<tr>
<th>Item</th>
<th>QTY</th>
<th>Calorific Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Bread</td>
<td>Slice</td>
<td>89</td>
</tr>
<tr>
<td>Brown Bread</td>
<td>Slice</td>
<td>85</td>
</tr>
<tr>
<td>Bread Rolls</td>
<td>1</td>
<td>125 (Average)</td>
</tr>
<tr>
<td>Healthy Brown Bread</td>
<td>Slice</td>
<td>120</td>
</tr>
<tr>
<td>Fruit Scone</td>
<td>1</td>
<td>260</td>
</tr>
<tr>
<td>Brown Scone</td>
<td>1</td>
<td>220</td>
</tr>
<tr>
<td>Mini Fruit Scone</td>
<td>1</td>
<td>130</td>
</tr>
<tr>
<td>Mini Brown Scone</td>
<td>1</td>
<td>110</td>
</tr>
<tr>
<td>Danish Pastry</td>
<td>1</td>
<td>280 (Average)</td>
</tr>
<tr>
<td>Mini Pastry</td>
<td>1</td>
<td>90 (Average)</td>
</tr>
<tr>
<td>Muffin</td>
<td>1</td>
<td>260 (Average)</td>
</tr>
<tr>
<td>Butter Portion</td>
<td>1</td>
<td>35</td>
</tr>
<tr>
<td>Jam Portion</td>
<td>1</td>
<td>40</td>
</tr>
</tbody>
</table>
**Figure 11: Examples of Calorie Count Display – Confectionary & Crisps**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QTY</th>
<th>CALORIFIC VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snack sandwich</td>
<td>1 Bar</td>
<td>101</td>
</tr>
<tr>
<td>Shortcake snack - yellow</td>
<td>1 Bar</td>
<td>210</td>
</tr>
<tr>
<td>Wafer snack - Pink</td>
<td>1 Bar</td>
<td>130</td>
</tr>
<tr>
<td>Dairy Milk</td>
<td>1 Bar 53 g</td>
<td>280</td>
</tr>
<tr>
<td>Polo Mints</td>
<td>1 packet</td>
<td>126</td>
</tr>
<tr>
<td>Bounty</td>
<td>1 Bar 57 g</td>
<td>278</td>
</tr>
<tr>
<td>King Crisps</td>
<td>1 Bag 37 g</td>
<td>198</td>
</tr>
<tr>
<td>Tayto salt+Vinegar</td>
<td>1 Bag 37g</td>
<td>200</td>
</tr>
<tr>
<td>Popcorn</td>
<td>1 Bag 30g</td>
<td>135</td>
</tr>
<tr>
<td>Digestive Biscuits</td>
<td>Per 3</td>
<td>147</td>
</tr>
<tr>
<td>Bourbon Creams</td>
<td>Per 3</td>
<td>204</td>
</tr>
<tr>
<td>Rich Shorties</td>
<td>Per 3</td>
<td>147</td>
</tr>
</tbody>
</table>

Source: Created as part of the project deliverables, HSE 2015
Figure 11: Examples of Calorie Count Display for the Healthier Option – Sandwich Bar

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QTY</th>
<th>CALORIFIC VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cucumber</td>
<td>25g</td>
<td>2</td>
</tr>
<tr>
<td>Diced Onion</td>
<td>1 x Dessert Spoon (20g)</td>
<td>9</td>
</tr>
<tr>
<td>Iceberg Lettuce</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Egg Mayonnaise</td>
<td>2 x Dessert Spoons (65g)</td>
<td>92</td>
</tr>
<tr>
<td>Cheddar Grated</td>
<td>3 x Dessert Spoon (40g)</td>
<td>165</td>
</tr>
<tr>
<td>Emmental Slice</td>
<td>20g</td>
<td>76</td>
</tr>
<tr>
<td>Butter</td>
<td>10g</td>
<td>49</td>
</tr>
<tr>
<td>Mayonnaise</td>
<td>15g</td>
<td>43</td>
</tr>
<tr>
<td>Ballymaloe Relish</td>
<td>20g</td>
<td>23</td>
</tr>
</tbody>
</table>
The post go live survey detailed in the Chapter 4 shows that behaviour change is starting to occur (34%). As in line with the literature review calorie posting is an initiative that aims to achieve small behaviour change in a large group of people. (Rowson 2011). The catering staff are introducing new initiatives added to the daily menus encouraging people to take the more healthy option e.g. a Money Saver/Low Calorie option is now on sale which offers a low calorie soup, sandwich and bottle of water at a reduced price promoting low calorie items. The success of the SWAP Breakfast Cards has created a requirement from staff for other SWAPs to be displayed and these are being organised. A
comprehensive review meeting was held with the management of the external catering provider and plans agreed for the next phases.

**User’s feedback:**

“*Calorie posting was scary for me at first but has added common sense to my food habits*”

“*Great to see calorie posting in our place of work helping us make ‘informed choices’. My first reaction was ‘nowhere to hide these days’ but actually find it really helpful to have the same information at work as you would use at home or food shopping, keep it up - we want more;-)!*”

*I’m delight with the calorie posting as it helps me focus on eating healthily between now and the wedding!!*

Mainstreaming in the HSE Change model also focuses on mechanisms for evaluation and continuous improvement. Chapter 4 includes a comprehensive report on these areas and the findings of the post go live survey.

### 3.7 Conclusion

This chapter has demonstrated how calorie posting was implemented in two sites using the HSE Change model. The model ensured that the project was management in a professional and fair manner even when internal and external challenges needed to be addressed. “Wicked” problems (Churchman, C.W., 1967) are challenging to overcome in an amenable manner. The identification of communication issues at “go
“live” has contributed to a better awareness of the project and the complexity of calorie posting at senior management level. Achieving the go live date and to such a high quality demonstrated that the staff involved in the project showed real staff engagement and pride in their work as is in keeping with the encouraging findings from the HSE staff survey “Have Your Say” (MBR 1996). Chapter 4 includes the evaluation of this project.
4 Evaluation

4.1 Introduction

Recognition is growing that evaluation is important to meet accountability requirements on the one hand and to improve policies and programs on the other. (Kahan, 2008). Evaluation is an activity to determine the significance and worth of a programme. (Farrell, 2002). Some definitions include the notion of improvement while others focus on results. (Kahlan, 2008). The World Health Organisation (WHO, 1998) described evaluation as “the systematic examination and assessment of the features of an initiative and its effects, in order to produce information that can be used by those who have an interest in its improvement or effectiveness”. Evaluation brings to the fore the lessons learnt to be used for future decision making (NHS Department of Health 2002). The time spent and the cost involved in evaluating this project was justified as the recommendations are informing the planning for the full implementation of calorie posting. This chapter outlines the evaluation approach undertaken and its findings.

4.2 Evaluation methods and tools

Different types of evaluations and approaches were considered to identify which would provide the most credible information for the continuation of this project across the HSE. The literature identifies a
number of different types of evaluation such as Preliminary, Formative, Process, Outcome, Summative, Economic, Meta and others. In addition an evaluation model needs to be selected. The models most frequently used are Goal Based, Goal Free, Theory Based, Utilization, Collaborative, Balance Scorecard, Appreciative Inquiry, External, Kirkpatrick and CIPP (Stufflebeam, D.L. (1972).

As asserted by Rogers and Fraser, (2003) choosing the best evaluation model is not easy. Using their recommended criteria of plausibility, practicality and evidence that the approach works and as the primary objective of the evaluation was to determine the extent to which the program objectives had been achieved, the Goals Based and Goals Free combined model developed by Tyler in the late 1940s, initially looked like a good fit. In addition the Goals model follows five steps which are aligned to the HSE Change model. Despite these similarities the CIPP model (Context Input Process Product) was deemed more appropriate as a key strength is that it takes into account a range of environmental factors from politics to personalities making it more inclusive than the combined Goals Based model. The CIPP model by Stufflebeam, (1972) developed as a reaction to Tyler’s model evaluates the effectiveness and feasibility of the initial policy decisions as well as the projects operation. According to this model the influence of institutional priorities, the impact of individual personalities and the importance of the prevailing political climate needs to be considered. While the value of the CIPP model is that it takes into consideration the whole context surrounding the project, the disadvantage is the time
necessary to carry it out (Rogers & Fraser 2003). While using the CIPP model for this evaluation, elements from some other evaluation models were included as one model is usually not sufficient for the full evaluation (Rogers & Fraser 2003)

4.2.1 The CIPP (Context, Input, Process and Product model

*Figure 13: Stufflebeam, D.L. The CIPP Model*

Adapted from Stufflebeam’s CIPP Evaluation Model (1983)
Sources: http://arcmit01.uncw.edu/jonesi/Evaluation.ht
The CIPP model (Stufflebeam, 1983) focuses on the collection of four different types of data for the evaluation: context, input, process and product. The model’s underlying theme is that the most important purpose is not to prove, but to improve (Kellegher T., Stufflebeam D.C., 2003). The second edition of the CIPP Evaluation Model Checklist (Stufflebeam, 2007) was followed as it is designed to help evaluations with relatively long-term goals. It focuses on programs that are primary aimed at effecting long-term sustainable improvements which was in keeping with this project where the overall long term goal is to reduce obesity.

4.3 Context

The rationale and requirements for the change are at the core of the context evaluation (Stufflebeam & Shinkfield, 2007). The HI Framework 2013 – 2025 (Department of Health 2013) identified the serious impact of chronic disease and the link with obesity in Ireland as articulated in Chapter 2. Obesity presents a real clinical, social and financial challenge which could have a detrimental legacy lasting decades, the scale of which is only starting to emerge. The annual estimated economic cost of obesity is approximately €1.13 billion. (Department of Health 2013). The HI Framework includes a target for an increase of 5% in the number of adults with a healthy weight by 2019 and 6% increase for children. Unless interventions are made by 2020 the number of adults with chronic diseases will increase by around 40%
Chronic Disease and Staff Health and Wellbeing are two of the three priorities included in the HSE Healthy Ireland Implementation Plan (HSE, 2015). The plan identifies the commitment of the HSE to provide a healthy workplace environment for approximately 100,000 staff as well as capitalising on them as ambassadors to promote healthy lifestyles. In 2011 the Government established The Special Action Group on Obesity (SAGO). In 2012 the FSAI following a public consultation reported that 90% of all respondents wanted to see calorie posting on menus. In 2013 the HSE established a National Expert Group on Vending and Calorie Posting and the publication of the HSE Policy on Calorie Posting was well advanced. This project was setup to implement the draft policy in two sites with an external catering
provider. The same catering provider provided the service for both sites involved in this project. The 2015 HSE Health & Wellbeing Operational Plan includes the implementation of calorie posting in all Hospital Groups (Health Service Executive 2015a). The sites involved in the project provided catering services for approximately 1,000 staff.

4.4 Input

Input focuses on how best to bring about the change and requires the development of an implementation plan for the change project (Zhang et al., 2011). The Literature Review as presented in Chapter 2 identified many sources of valuable information to support this implementation. The HSE Draft Policy on Calorie Posting defined the criteria to be met for the implementation. When identifying and displaying the calorie count of food and beverages the following guidelines were used:

- The HSE Draft Policy on Calorie Posting

- The FSAI publications to support industries implementing calorie posting “Putting calories on menus in Ireland Technical Guidance for Food Businesses June 2012”

- The FSAI online software application MenuCal to calculate the calorie count from recipes.
When developing the communication pack for education and awareness scientific and evidence-based guidelines were taken from a number of different sources the primary ones being:

- The FSAI “What people need to know about calories on menus in Ireland” (2012).

- The FSAI Scientific Recommendations for Healthy Eating Guidelines in Ireland (2011)

- The FSAI Advice for Health Professionals and Health Educators on Healthy Eating and Active Living in Ireland (2011)

- Healthy Eating and Active Living for Adults, Teenagers and Children over 5 Years – A Food Guide for Health Professionals and Catering Services (DOH, FSAI, HSE and Safefood)

Chapter 3 gives a detailed account of the process followed to achieve the implementation. Understanding the culture where external catering is perceived as a treat to internal catering was important. The Governance Structure established proved appropriate and effective. The Implementation Plan and Gantt chart with deliverables and timelines was followed and reviewed as part of the implementation meetings. Conflict was not avoided but managed at different stages particularly when the project was about to go live with a positive
outcome of the project getting increased focus from senior management (Coutu, 2009). Communication was strengthened by having the same person chair the implementation and working groups. The two working groups focused on specific areas of the implementation. Nutritional advice was sought from the dieticians both from the HSE and the catering provider which contributed to a productive team being in place (Larsen & Eldon., 2010). Network was continuous, finding and connecting with people who could impact their skills and influence to make a difference to the project. (Bennis 2003)

The site visits, attendance at conferences/events and interviews with recognised leaders in the topic field all added to the success of the implementation. Networking is about getting information from others and it is what distinguishes leaders. (Northouse, 2012, Ibara & Hunter 2007). The communication plan together with the minutes of meetings and action logs shows the good management approach adopted for the project. Following the HSE Change Model, using recommended tools such as a SWOT Analysis, a Stakeholder Analysis together with having an awareness of other tools available such as the 5 WHYS and a Force Field Analysis supports the management of the project. A realistic scope and project plan are the cornerstones of a good organised project. (HSE 2008).
Understanding oneself and working to achieve effective employee engagement which starts with the individual and the team sensing leader loyalty (Chris, 2012) was a significant contributing factor to the project achieving go live in two sites simultaneously while go live in one site was the original aim. These sites while they had the same catering provider had different HSE management structures and were approximately 200 kilometres apart. Advanced technology created better opportunities to overcome the “proximity principle” in networking (Uzzi & Dunlap, 2005). Having two sites work in parallel and go live on the same day was a very positive additional unintended outcome achieved. (Zhang et al., 2011).

4.5 Process

Scriben (2007) identified processes as an essential element of evaluation as well as outcomes with two of the main reasons being that the process may be where the value lies and also people need to be treated fairly in the process. Process evaluation involves the actual assessment of the implementation of the change into practice (Frye & Hemmer, 2012). This stage allows for an evaluation with regard to the project, to ensure it is achieving its desired outcome, and may identify any unintended outcomes that might arise (Zhang et al., 2011). This project achieved that unintended outcome with having the second site proposed by the staff thereby achieving go live in two sites while the original aim was for one site.
4.5.1 Achievement of the aims and objectives

**Aim:** To implement the HSE Policy on Calorie Posting in a HSE setting where catering services were provided by an external provider.

**Objectives:**

1. Update the external catering provider on the HSE Policy on Calorie Posting, and agree the scope for the implementation by December 2014.

2. Implement an appropriate governance structure with terms of reference, roles and responsibilities for the external provider and the HSE. Develop a project implementation plan by January 2015.

3. Identify the calorie count of the foods and beverages for calorie posting. To be completed from February - March 2015

4. Create communication materials to accompany calorie posting by March 2015

5. Review the implementation and identify recommendations for the implementation of calorie posting across the HSE in April 2015.

For the evaluation these objectives are grouped under two streams:

- The identification and display of the calorie count and
• The awareness/communication of the importance of calorie counting

At the initiation stage meetings were held with the external catering provider. An analysis of the work involved to calculate and display the calorie count for a full implementation of calorie posting would take approximately four months. This would result in the project not going live until approximately June 2015. A Force Field Analysis led to the selection of a four phased implementation. (Appendix G) The first phase went live on the 24th March, 2015 with Phase II implemented in April, 2015. Calorie posting is embedded in the day to day operational catering services. MenuCal continues to be used to calculate the calorie count. (FSAI n.d.) with the intention to move to an alternative software package for Phase III and IV. An alternative will be identified by the catering provider which will identify calorie counts, allergies and use colour coding to identify nutritional foods.

To create an awareness to achieve behaviour change

A number of activities were undertaken:

A pre and post go live survey was carried, details of which are outlined below (Appendix D & E).
Figure 15: Advertisements for Go Live Calorie Awareness Tea Break

Calorie Posting
Give us Your Feedback and get the chance to win A Garmin Forerunner 10GPS that shows your time, distance, calories and paces as you walk/run.

Closing Date 23rd of March 2015 7pm
If you haven’t received a questionnaire pick one up in the canteen or at reception. Boxes for the completed entries in the canteen or at reception

24th March
Calorie Awareness Tea Break at 10.15 a.m.
in xxxxx Canteen
All are welcome

Be there to see who wins The Garmin Forerunner 10 GPS while tasting some nutritional low calorie treats from xxxx Catering and getting to know more on calorie posting to help you make healthier choices.
All are welcome – Bring a colleague

Source: Created as part of HSE Calorie Posting Implementation Project, 2015
Posters, Banners and “SWAP” breakfast information cards were developed and are displayed in both canteens from the go live date. Details of which are included in the product evaluation.

A Go Live Calorie Awareness Tea Break was held in both sites with attendance in one site up to one hundred. Presentations were made to the staff which included the National Director Health & Wellbeing outlining the work to date and the future plans for calorie posting. The publication of the photographs from this event and a news article is planned to be included in the next addition of the HSE Healthmatters quarterly magazine. These will also be published on the HSE and catering provider’s websites.

4.6 Survey Results:

In each site the pre go live survey was carried out one week prior to go live and the post go live survey was carried six weeks following go live and two weeks following Phase II implementation.

Feedback shows that:

85% had noticed calorie posting in their canteen.

12% had made a definite change in selecting their food and beverages

13% identified that it was very possible they had made a change in selecting their food and beverages with 9% believing it was possible they had made a change.
85% had noticed calorie posting with 25% reporting that the new SWAP Breakfast Card had influenced their choice at breakfast for a more healthy option. 75% indicted that wanted more information on calorie posting in general.

Figure 16: The level of staff change achieved from the implementation of calorie posting in a six week period

Figure 17: Post Go Live Survey - Feedback on three specific areas of interest

Post Go Live Feedback on three specific Areas of Interest

- Noticed Calorie Posting: 85%
- Influenced by SWAP Breakfast Card: 25%
- Want more Information: 75%

Figure 18  Total Numbers by gender who participated in the surveys

Figure 19. The % of staff who calculated the correct calorie count for four selected items served in the canteens.

Figure 20. Post Go Liver Survey - Feedback on three specific areas of interest

- Noticed Calorie Posting (85%)
- Influenced by SWAP Breakfast Card (75%)
- Want more Information (25%)
Figure 21. Staff who reported being aware of calorie posting and the Food Traffic colour coding system in pre and post go live surveys

% Aware of Calorie Posting
% Aware of Food Traffic Colour Coding system

### 4.6.1 Product

Product evaluation identifies and assesses the outcome of the change, to assess whether it achieved what it set out to do (Zhang et al., 2011). The CIPP model checklist divides the product evaluation into impact, effectiveness, sustainability and transportability. (Stufflebeam, D., 2007). The calorie count for the foods and beverages identified for phase I and II are displayed in accordance with the HSE Policy on Calorie Posting. The communication materials created as part of this project continue to be on display in both canteens. A pull up banner
alerts staff and visitors on entering the canteens that calorie posting is in place. Posters displayed on the walls show the recommended calorie intake, healthy food options and the calorie count of various foods. The SWAP Breakfast card highlights how to switch to a more healthy option. While behaviour change was not in the scope of this project the post go live survey as outlined above shows that some behaviour change has occurred. The catering managers have observed that people are switching from the high calorie scone to a smaller scone or even a much lower calorie option with switches from lattes to coffees. However it is noted that where people are obviously overweight and who would have taken the high calorie breakfast they continue to do so despite the focus put on the SWAP Breakfast options. A much greater launch with media coverage and advertisement on the HSE and company web sites would have contributed to greater awareness and understanding of calorie posting. The announcement of the HSE Policy on Calorie Posting will provide the opportunity for further communication to staff and visitors.

Having calorie posting as the norm, the way that work is done is now achieved.(Lewin, K, 1930 ). The HSE Policy on Calorie Posting defines the Catering Manager as responsible for the display of accurate calorie counts. Job descriptions, roles and responsibilities should be updated to reflect this change in responsibilities. Contracts with external catering suppliers should include the requirement for calorie posting to be implemented in accordance with the HSE Policy on Calorie Posting.
The implementation model used here is transportable to other sites as is evident by achieving go live in two sites simultaneously. Implementation has continued in both of these sites with Phase II go live achieved on target. The involvement of the National Communication Division ensured the high quality of the communication deliverables. The use of the recommended FSAI MenuCal on line system ensured quality and accuracy of the calorie count identified and displayed.

4.7 Conclusion

Undertaking this evaluation has been worth while and justified the effort involved as the lessons learned and the recommendations as are presented in Chapter 5 were presented to senior management of the HSE who have responsibility for the development of the Calorie Posting Policy and planning the implementation. (Kahan B, 2008) This evaluation shows that the project exceeded its aim and objectives with standardised implementation achieved in two sites with an external catering provider. As in keeping with the CIPP model's underlying theme in that the most important purpose is not to prove, but to improve (Kellegher T., Stufflebeam D.C., 2003) the next chapter discusses the overall learning and organisation impact.
Chapter 5

5 Discussion & Conclusion

5.1 Introduction

Calorie posting provides a real opportunity for the HSE to lead by example coupling calorie posting with other wellbeing initiatives to build a healthy workplace and a healthy Ireland. The scope of this project was not to determine if calorie posting should be implemented in the HSE or to present findings on effectiveness for behaviour change but rather to implement calorie posting in two sites within the HSE and make recommendations for the overall national implementation within the HSE. The project involved the implementation calorie posting at two HSE sites both with external catering services. A key learning from the appreciation that implementing calorie posting in all food and beverage outlets on HSE premises (staff canteens, staff and visitor restaurants, coffee shops, mobile “shop” trolleys and vending machines) will be a large scale project. The implementation also showed that to achieve a change in lifestyle behaviour requires much more work than the technical aspects of identifying the calorie count of food and beverages. It is a complex behaviour change initiative and will need to be planned accordingly when designing the full implementation in the HSE.
During the lifetime of the project the public focus on obesity and calorie posting increased with this topic receiving regular coverage, in the media, healthcare settings and internationally. (Obesity Policy, Marian Finucane, RTE Radio One). Some of the discussions agreed with while others challenged the government on their approach to obesity and calorie posting. The government announced their intention for the enactment of legislation for mandatory calorie posting in 2016. (DOH, Press Release Feb 2015). Based on the literature review and the practical experience of implementing this project in two sites a key set of recommendations are identified to guide Hospital Group and CHO managers when implementing calorie posting. In May 2015, these recommendations were presented to senior management within the HSE who have responsibility for the development of the Calorie Posting Policy. This chapter also explores the contributing factors for the success of the project, the limitations of the project and the organisation impact.

5.2 Project success factors.
Disciplined processes, engaging stakeholders, getting the governance right and learning across projects are identified by Brookes (2015) as key success factors for the success of large scale projects. (Brookes n.d.DG Master class 2015). Guiding policy, diagnosing the problem and identifying the actions to address the problem are the kernel of good strategy. (Prof Rummelt, DG Master Class 2015)
The growing rate of obesity is the compelling argument for the implementation of calorie posting, and has been identified as an initiative with many other health and wellbeing initiatives in the fight of what the WHO has called a global epidemic. The key drivers to support this initiative are the HI Framework together with the HSE HI Implementation Plan which includes the creation of a healthy workplace environment as one of the three priorities to be delivered.

The success of this project is attributed to:

- Clear objectives - SMART
- Starting with the end in mind (Coveys 7 Habits)
- Using a disciplined approach (HSE Change Model and Kotter)
- Adopting an effective leadership style
- Staff engagement (Gill)
- Communicating relentlessly
These success factors are discussed further in this chapter with recommendations included to inform and support the development of the HSE Policy on Calorie Posting and an Implementation Guidance Pack.

5.2.1 Having clear objectives and begin with the end in mind ((Covey’s 7 Habits)

A Quick Win approach was adopted using a phased implementation. Quick Wins creates a sense of achievement energising. Using a Quick Win approach for the implementation of calorie posting is recommended as it will create staff interest in calorie posting.

Recommendation 1: Manage expectations and Identify realistic deliverables using a Quick Win approach.

- Ensure the decision makers are fully informed on the work involved to implement calorie posting and the impact implementation will have on their area of responsibility.
- Identify opportunities to deliver Quick Wins using a phased implementation approach.

The most important rule of labelling is that the consumer must not be misled (FSAI 2012b). The implementation of calorie posting world wide is at an early stage, with just 8% of restaurants in Ireland with calorie posting for some food and beverages. The focus in all countries has been on fast food chain restaurants. While there may be some
similarities, the HSE catering environments are not fast food environments with limited choice and repeating menus.

Undertaking an analysis prior to commencing implementation on the type of catering service provided, the canteen settings and the type of customer will support the development of a realistic implementation plan. These are further discussed under Organisation Impact.

**Recommendation 2: Know what is to be achieved – the end.**

- Analyse the environment for implementation
- Articulate what success looks like following the implementation.
- Use the implementation in these sites to demonstrate calorie posting

### 5.2.2 Leadership and adopting a disciplined approach

As with all change projects, leadership style needs to create trust and gain commitment. Huusko (2006) asserts that Leadership has a key influence on teamwork. Management need to creating a sense of urgency, while also creating an environment where the team feel they are doing the right thing and making a contribution to the bigger picture (Kotter, 1996). Managers at local level should allocate sufficient time to scope and identify the most appropriate method of implementation. Catering Department need input from many other areas to have a successful implementation of calorie posting. Understanding and using the HSE Change Model as a guide will ensure that critical stages are not overlooked.
5.2.3 Communication

This project was delivered primarily through virtual team work. (Townsend et al, 1998). The meetings of the catering staff from the two sites were all via teleconferences. Three to four face to face meetings were necessary with other members of the team. Having access to people either in person or electronically who know the answers to the important questions increased the chance of success. (Ref xx) E-mail and teleconferencing were the main mediums of networking. Communication by e-mail can appear impersonal and heartless when delivering messages particularly when seeking additional effort from staff and within tight time periods. (Cameron E, et al, 2012 p280). A personalised approach even a one to one telephone call proved helpful to overcome some of the limitations from using technology and assured team members they were valued. Demonstrating commitment and support the two sites were visited immediately prior to and post ‘go live’ to give assurance, show support while recognising the achievements and providing an opportunity for staff to express their thoughts and

Recommendation 3: Ensure effective leadership and governance using a disciplined approach

- Implement a clear governance structure with roles and responsibilities
- Build momentum through leadership
- Use the HSE Change Model as a guide for implementation
feedback. This proved the concept of “your network is your net worth” (Gale, 2013, p.1).

Two communication streams are recommended for the implementation of calorie posting:

- Communication of the project itself and
- An awareness campaign to accompany the implementation

Health Promotion and Improvement staff and Dieticians were key contributors for the development of health promotion messages. The development of key messages at national level for use by all sites is recommended to reduce workload and ensure consistency.

**Recommendation 4: Ensure effective communication**

- Establish a national group to develop communication messages for adoption and implementation locally.

5.2.4 Staff Engagement

The commitment of all staff on this project was evident from the onset. Being new to the Divisions and not having worked with the members of the team previously, understanding the “Myers-Briggs Type Indicator” helped the author in understanding the different types of people and how each type reacted to change was useful. Listening to each other, allowing opinions and giving praise in public showed support and loyalty for the team (Chris, 2012 presentation). Knowing the settings and
working with the forces which are supportive rather than working against those who are defensive and resistant is recommended for the first phases of implementation. Harrison (1995). Empowering staff by increasing their skill sets with appropriate training helps to create staff engagement as staff in general like to do a good job. The developing of a national toolkit to support the implementation will assist managers at local level.

**Recommendation 5: Start with the sites most ready and willing for first phases of the overall implementation of calorie posting.**

- Identify sites who are interested in the implementation
- *Develop a national toolkit to support local managers*
- *Empower and train the staff in the new work tasks*

### 5.3 Organisation impact

The learning from this project has shown that implementing calorie posting across all HSE premises will be a large scale project. This project has informed senior management who have responsibility for developing the policy on calorie posting on the need for discipline and planning which will be required to achieve the overall objective of calorie posting with the aim of not just displaying calorie counts but to change the behaviour lifestyle of the staff and visitors who use HSE premises. Due to the technical aspect involved to identify the calorie count of food and beverages there is a high risk that the overall implementation of calorie posting could be perceived as a technical change project. While the identification of a consistent accurate calorie
count is fundamental to the project it is more consistent with a large scale behaviour change project. To achieve a successful implementation the following areas are proposed for consideration when planning the full implementation of calorie posting at national and local level.

5.3.1 The perceived threat by HSE catering staff of outsourcing

It appears that catering staff perceive outsourcing of the catering service within the HSE as a real threat to their jobs. Real engagement will only come by increasing staff morale. The formation of the new Hospital Groups and CHOs provides an opportunity to clarify this perceived threat with catering staff.

**Recommendation 6: Clarify future plans for catering services in the HSE**

- Clarify future plans for catering services in the HSE

5.3.2 Evaluation of the type of catering service and type of customer

Calorie Posting has primarily focused on fast food outlets which by their nature offer limited choice and are static. Catering services in the HSE are a different type of service. This project found that identifying the calorie count in one site did not make it transferable to the other site even with the same catering provider. There is an overhead cost implication to identify and display calorie counts. If the raw materials for a recipe are consistent it appears that calculating the calorie count for
that recipe is a once off. The FSAI Technical Guidelines (FSAI n.d.) identifies the requirement for flexibility when doing calorie posting. Menucal the free software tool for calorie counting is currently being evaluated by the HSE (not part of this project). The external catering provider on this project having used Menucal for the project identified the benefits of a software application that produces the calorie count, food allergies and incorporates the standard colour coding to identify nutritional foods as part of the one process when analysing a recipe. An examination of product supplier, frequency of delivery and product pack sizes could have the potential to reduce the overhead cost of calorie posting. Some catering departments in the HSE use the conventional cooking methods with others use the cook chill method of cooking in large volumes (cooking, freezing and reheating). Because of the cooking method these sites could provide opportunities for quick wins for the implementation of calorie posing. An examination of the variety of menus provided could identify if there are any advantages in rationalising the menu choices while taking care not to reduce the choice of healthy foods and beverages for staff and visitors.

The literature review identified the increase in eating outside the home and that calorie posting was most effective for “regular” customers as they mostly selected the same options (Stran, K.) The use of the canteen service by the staff varies and is dependant on their needs, determined by their working environment, job type and roster, family life and life style in general. Focusing on the high sales areas e.g. breakfast
or lunch or snacks and on the high sales of high calorie items are areas recommended for examination when deciding on implementing calorie posting in a site. In addition undertaking a staff pre go live and a post go live survey will provide information on staff expectations and changes they make following the implementation.

5.4 Limitations to the project

The perceived threat of external catering to in house catering staff prevented and open exchange of information. The time allocated for both staff surveys (one week each) was felt to be too limited and did not

**Recommendation 7: Simplify the implementation and focus implementation on high volume sales of high calorie count items.**

- Keep the implementation simple particularly for the first phases of implementation
- Identify the most appropriate software package to calculate calorie counts
- Evaluate if the procurement process can be more aligned to support calorie posting
- Identify if cook chill is more compatible for calorie posting to identify if these sites could give quick wins
- Identify the value of standardising menu options
- Prioritise calorie posting based on high volume and high calorie content items and customer priorities
provide for staff who work varying rosters. Two weeks is recommended as it would provide a better opportunity for staff to participate. The implementation of calorie posting continues at the sites who participated in this project. Despite not yet having completed the full implementation the lessons learned are deemed to be comprehensive and significant having covered all aspects planning, change management, communication, issue resolution, calorie counting and calorie posting.

5.5 Legislation for Mandatory Calorie Posting

During this project the announcement for the implementation of mandatory calorie posting was made by the government. Legislation and taxation are the most powerful instrument to bring about behaviour change. The implementation of the smoking ban, wearing of seat belts and drink driving are examples of how real change has been achieved. The taxation of plastic bags shows how taxation can change behaviour. These were all government actions resisted by the public initially but have proved to make real sustainable change. Objectives by the food industry have commenced and it is to be expected that the legislation when passed will provide for a phased implementation commencing with fast food outlets. People living in the lower socio economic groups and who have the poorest quality of health are frequent users of these fast food outlets. However implementing calorie posting in these outlets will have minimum impact as was evident from the literature review. (Green J.E.). There is no evidence to show coupling the implementation
with a mass media campaign would make little difference to these groupings. A recent radio show (Morning Ireland, RTE) reported that while more people in Ireland are cycling, walking and jogging Ireland is still on course to be the fattest country in Europe in 2023. Different interventions are required to achieve a behaviour lifestyle change in the lower socio economic groups. While legislation on calorie posting is to be welcomed much more is required in the way of legislation. Taxation on unhealthy foods and drinks coupled with the ban on certain foods and drinks for children would have a much greater impact but to do this requires a reduction in the price of the healthy options, otherwise the less well off will be most impacted. There is concern that suppliers will pass the overhead costs of calorie posting to the customer by increasing food prices which again will have a greater impact on the lower socio economic groups.

Changing lifestyle is complex when one considers that the vast majority of people know the right thing to do but only the minority follow that path. A theory used by behaviour economists to explain human behaviour is “Hyperbolic Discounting”. Hyperbolic Discounting, essentially a subcategory of bounded willpower, more specifically describes how individuals focus on their short term interests without considering the long-term impact (high discount rate over short horizons and a relatively low discount rate over long horizons) (Black, E.A. 2015). Based on the lessons learned from the Celtic Tiger perhaps Ireland is a nation that do not consider the long term impact of their
decisions but rather enjoy the benefits of today. Many policy makers believe that choices relating to long term health status have to be taken away from the people and force lifestyle changes through legislation.

5.6 A Bigger Challenge for the HSE.

The HSE provided services are the primary interface people have with 'health' for most of the population, and so the workforce environment and the attitudes to health and well-being and diet of HSE staff can impact on health promotion for the nation. Malhota (2009) identified that the NHS who should be promoting positive health messages provides easy access, may even promote the sale of cheap, high-energy but nutrient-poor food and drink. Highlighting that these products are available to staff and patients through canteens, vending machines in hospital corridors and to bed-bound patients via hospital trolleys.

They claimed that the acceptability and consumption of such foods is legitimised by being in a healthcare setting. (Malhota, A. et al (2014). The Boorman report demonstrated that better staff health and well-being is associated with better organisational performance and improved patient outcomes (Boorman NHS (2009)

Perhaps HI, the legislation for calorie posting and the increased attention by the media of the consequences of obesity will provide an opportunity for the HSE to making more big significant changes such as eliminating the sale of all “unhealthy” food and beverages on HSE premises. A step in this direction is the introduction of the new HSE
Policy on Vending Machines (HSE, Vending (2015)). However, a change like this is a complex change. As Christensen and Laegreid (2008) assert that there is no single recipe for success and therefore administrative reform must be matched carefully with the needs, resources and traditions of each political system. Equally, reforms must take account of the nature of the organisation where the reforms are being implemented, thus the context is critical regarding successful implementation in addition to identifying the proposed solutions (Flynn, 2002). Healthcare change initiatives are described by Casebeer (2007) as being difficult to control, complex and chaotic. This is due to having disparate stakeholder groups; multiple and sometimes competing objectives, for example, provide equitable, accessible services and remain within budget; and the preponderance of professionals (Hood et al, 1998; Pollitt, 2000; Burnes, 2004; Golden, 2006).

### 5.7 Conclusion

Some stakeholders will view calorie posting as a waste of investment with the evidence to date showing that the level of change achieved remains at 6 – 21% with these figures coming from small range studies. The literature review showed that there is insufficient evidence based findings in this field. The implementation of calorie posting is limited across the world with it being mandatory only in the U.S. since 2012. Ireland has the potential to be the first country in Europe with planned legislation for mandatory calorie posting anticipated for 2016. Ireland was the leader when implementing ‘No Smoking’ in 1994 with the long
term benefits just beginning to materialise. Calorie Posting can in time prove to be a much more powerful initiative in the fight against obesity than one can anticipate today. Calorie posting is a very low cost investment estimated at €110m per annum by the food industry when compared with an estimated cost of obesity alone at €1.13 billion per annum.

The HSE H&WB Division had the foresight to identify the potential benefits of calorie posting in HSE premises and included the commencement of implementation in their 2015 Operational Plans. While the overall implementation of calorie posting is a big and challenging project for the HSE it is now proven to be the right approach with the recent government announcement for mandatory calorie posting. Mandatory calorie posting will be an enabler for the implementation to the HSE. The market will respond with entrepreneurs developing different supports to meet any gaps identified as happened with the implementation of the smoking ban. However the big challenge facing the success of implementing calorie posting is the level of change currently being undertaken in the HSE. The greater the focus given to the implementation of calorie posting the greater the potential to achieve a much greater scale behaviour (currently 6-21% in the U.S.) change with the many billions of people who interact with the staff through the delivery of service and with connection with family and friends. There could be potential to achieve a 35% increase as when the Irish people become focused on something to achieve they make it
happen (RTE, Morning Ireland (2015). As Staines cited by Bevan et al, (2008) identified change is slow as high performing organisations take a minimum of ten years of sustainable effort to achieve sustainable results across the entire organisation. Calorie posting is just one small but key initiative in a much larger behaviour lifestyle plan as articulated in HI.
References


Food Safety Authority of Ireland, 2011. *Scientific Recommendations for Healthy Eating Guidelines in Ireland*,


FSAI, MenuCal e- Learning took. Available at: https://menucal.fsai.ie/Account/LogOn?ReturnUrl=%2f.

FSAI, Putting calories on menus in Ireland Dr James Reilly , the Minister for Health , is keen to make calorie information available on menus . This will help consumers make healthier choices when buying food outside of the home .


LRC, 2013. *LRC Proposals Public Service Stability Agreement 2013 - 2016,*


Programme, C.D. & Executive, H.S., 2014. Preventing Chronic Disease : Defining the Problem,


Appendices

Appendix A Stakeholder Analysis

<table>
<thead>
<tr>
<th>Stakeholder Analysis Grid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td>Information Group – Keep Satisfied</td>
</tr>
<tr>
<td>• User of Canteen</td>
</tr>
<tr>
<td>• Staff working in canteen kitchen</td>
</tr>
<tr>
<td>• Members of H&amp;WB SMT</td>
</tr>
<tr>
<td>• Dieticians for the project</td>
</tr>
<tr>
<td>• Members of Working Group</td>
</tr>
<tr>
<td>• Members of Sub Groups</td>
</tr>
<tr>
<td>• HP&amp;I staff for the area</td>
</tr>
<tr>
<td><strong>Low Priority Group – keep satisfied</strong></td>
</tr>
<tr>
<td>• Visitors to canteen</td>
</tr>
<tr>
<td>• HP&amp;I personnel in other areas</td>
</tr>
<tr>
<td>• Suppliers to the canteen</td>
</tr>
<tr>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td>Management Group – Keep informed</td>
</tr>
<tr>
<td>• Staff in General</td>
</tr>
<tr>
<td>• HP&amp;I personnel in other areas</td>
</tr>
<tr>
<td>• ICT/Technical support</td>
</tr>
<tr>
<td>• Close work colleague</td>
</tr>
<tr>
<td>• Networking colleagues</td>
</tr>
<tr>
<td><strong>LOW</strong></td>
</tr>
<tr>
<td>High Priority Group – Key Players</td>
</tr>
<tr>
<td>• ND – H&amp;WB</td>
</tr>
<tr>
<td>• AND – H&amp;WB</td>
</tr>
<tr>
<td>• Expert Group</td>
</tr>
<tr>
<td>• Catering Managers</td>
</tr>
<tr>
<td>• Catering Provider Management</td>
</tr>
<tr>
<td>• Project Manager</td>
</tr>
<tr>
<td>• National Communications</td>
</tr>
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</table>

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## Appendix B  SWOT Analysis

### SWOT ANALYSIS – Calorie Posting

<table>
<thead>
<tr>
<th>Helpful to achieving the objectives</th>
<th>Harmful to achieving the objectives</th>
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</thead>
<tbody>
<tr>
<td><strong>Internal origin</strong></td>
<td><strong>External origin</strong></td>
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<td><strong>WEAKNESSES</strong></td>
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<td>• H&amp;WB ND &amp; AND</td>
<td>• Time scale for project</td>
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<td>• HSE Draft Policy on Calorie Posting</td>
<td>• Limited staffing resources</td>
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<tr>
<td>• H&amp;WB Operational Plan</td>
<td>• Separate project to existing implementations</td>
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<tr>
<td>• Expert Group</td>
<td>• Lack of previous knowledge on calorie posting</td>
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<tr>
<td>• Expert Catering Provider</td>
<td>• Lack of engagement with all members of Expert Group</td>
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<td>• HP&amp;I staff in area</td>
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<td>• National Communications</td>
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<td>• Experienced Dieticians</td>
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<td>• Engaged staff</td>
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<td>• Experienced Project Manager</td>
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<td><strong>OPPORTUNITIES</strong></td>
<td><strong>THREATS</strong></td>
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<td>• HI Framework</td>
<td>• Food Allergy Legislation</td>
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<td>• Minister support for calorie posting</td>
<td>• Media focus on hospital catering</td>
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<tr>
<td>• HSE as exemplar for calorie posting</td>
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Appendix C – Page 1 of 2 Project Gantt Chart


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<th>ID</th>
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<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
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<td>Gather information and write proposal</td>
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<td>Engaging meetings with stakeholders and team</td>
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<td>0</td>
<td>Select and Prepare Site for Project</td>
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<tr>
<td>9</td>
<td></td>
<td>Prepare and Present proposal to External Catering Provider</td>
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<tr>
<td>10</td>
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<td>Review existing contract</td>
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<td>11</td>
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<td>Agree scope and outline plan</td>
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<td>Develop high level risk plan</td>
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<td>Project Plan developed</td>
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<td>15</td>
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<td>Identify key learnings from LIT review for project</td>
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<td>16</td>
<td>Establish Working Groups</td>
<td>Define TOF for each group</td>
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<td>17</td>
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<td>Propose nominees and submit for approval</td>
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Planning Phase

| 22 | Undertake Stakeholder Analysis | | | | | |
| 23 | Undertake SWOT Analysis | | | | | |
| 24 | Develop Communication Plan | | | | | |
| 25 | Develop Project Implementation Plan | | | | | |
| 26 | Develop Plan and Pot Go Live Survey | | | | | |
| 27 | Update Project Plan, stakeholder analysis | | | | | |

Project: Calorie Posting in Dr Stevens
Date: Sun 10/06/15
Task: Split
Progress: | | | |
Milestone: | | | | | | | |
External Tasks: | | | | | | | |
External Milestone: | | | | | | | |
Appendix C – Page 2 of 2 Project Gantt Chart
Appendix D Pre Go Live Survey

Calorie Posting
Give us your feedback and also get the chance to win a Garmin Forerunner 10 GPS Watch that tracks your time, distance, calories and pace as you walk/run.

Closing Date 23rd of March 2015

The HSE is implementing a Calorie Posting Policy to empower staff to make healthier choices. We would appreciate your feedback on calorie posting in general by taking a few minutes to complete this short survey.

If you like to be in with a chance to win a Garmin Forerunner 10 GPS watch please enter your name and phone number at the end of the survey.

1. Canteen xxxxxx 

2. Gender: Female Male

3. How many times per week do you typically eat in the canteen? 

4. Which meal do you usually have in the canteen? Please tick all that apply.
   - Breakfast
   - Lunch
   - Snack
   - Tea Break
5. How many calories are recommend for a healthy woman and a healthy man (please guess if you are unsure)

Healthy Woman [ ] Healt Man [ ]

6. What are the most important factors in making your decision to purchase food? Please tick the box most relevant to your decision

<table>
<thead>
<tr>
<th>Scale of importance</th>
<th>Unimportant</th>
<th>Of Little Importance</th>
<th>Moderately Important</th>
<th>Important</th>
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<td>Price</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taste</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritionnel information (calories, Fat, sugar etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compatibility with dietary needs</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Familiarity (purchased here before)</td>
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</tr>
</tbody>
</table>

7. Are you aware of the use of “traffic light system” using colour coded symbols (red, green, amber) to assist making healthier choices from menus?

Yes [ ] No [ ]

8. Are you aware of Calorie Posting on menus? Yes [ ] No [ ]

9. Would the posting of calorie information in the canteen affect your purchasing decision?

<table>
<thead>
<tr>
<th>Definitely Not</th>
<th>Probably Not</th>
<th>Possibly</th>
<th>Very Possible</th>
<th>Definitely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. What is the calorie count for the items listed below. If you don't know, make your best guess

- Fruit scone in the canteen
- Medium-size banana
- One slice of toast with butter
- Medium sized latte made of low fat milk

Thank you for taking the time to fill in this questionnaire

Name if you wish to be included in draw:________________

Phone Number: ____________________
Appendix E– Advertisement of Calorie Awareness Go Live Tea Break

Calorie Posting

Give us Your Feedback and get the chance to win A Garmin Forerunner 10GPS that shows your time, distance, calories and paces as you walk/run.

Closing Date 23rd of March 2015 2pm

If you haven’t received a questionnaire pick one up in the canteen or at reception. Boxes for the completed entries in the canteen or at reception

24th March
Calorie Awareness Tea Break
at 10.15 a.m.
in XXX Canteen
All are welcome

Be there to see who wins The Garmin Forerunner 10 GPS while tasting some nutritional low calorie treats from XXXX Catering and getting to know more on calorie posting to help you make healthier choices.

All are welcome – Bring a colleague
Appendix F Post Go Live Survey

Calorie Posting - is it working?

Give us Your Feedback and also tell us about other wellbeing activities you would like to see introduced into the workplace

Closing Date 8th May, 2015

xxxxx and xxx commenced Calorie Posting on the 24th of March to empower staff to make healthier choices. The following survey is in two parts - (i) feedback on the calorie initiative (11 questions) and (ii) your view on other wellbeing activities that could be introduced into the workplace (9 questions).

The survey will only take 2 minutes of your time to complete.

Thank you for your time to give your feedback as it is very important to this ongoing project for a healthier workplace.

Please place completed questionnaire in the box provided in the canteen or at reception.

1. Where is your staff canteen? XXXXX □ XXX □ □

2. What is your gender? Female □ Male □

3. How many times per week do you typically eat in the canteen?  □
4. Which meal do you usually have in the canteen? Please tick all that apply.

- Breakfast
- Snack
- Tea Break
- Do not use the canteen
- Lunch

5. On average how many calories are recommend per day for a healthy woman and a healthy man (please guess if you are unsure)

<table>
<thead>
<tr>
<th>Scale of importance</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition information (calories, fat, sugar etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietary needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Familiarity (purchased here before)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. What are the most important factors when making your decision to purchase food? Please tick the box most relevant to your decision.

7. Are you aware of the “traffic light system” using colours (red, green, amber) to assist people make healthier menu choices?

   Yes  No

8. Are you aware of Calorie Posting on menus? Yes  No
9. Have you noticed calorie posting in your canteen?  

Yes [ ]  No [ ]

10. Did the posting of calorie information in the canteen effect your purchasing decision? Please tick as appropriate

<table>
<thead>
<tr>
<th>Definitely Not</th>
<th>Probably Not</th>
<th>Possibly</th>
<th>Very Possible</th>
<th>Definitely</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

11. Did the SWAP Breakfast information on display in your canteen influence your choice of breakfast items?  

Yes [ ]  No [ ]

If yes what change did you make? __________________ ___________  
___________________________________________________ _________

12. What is the calorie count for these items? Make a guess if you are not sure.

- Fruit scone in the canteen
  
- Medium-size banana
  
- One slice of toast with butter
  
- Medium size latte with low fat milk

13. Would you like more information on calories and their use in general?  

Yes [ ]  No [ ]

14. Give us a suggestion on how to improve the implementation of calorie posting in the canteen?

___________________________________________________ _______
OTHER WORKPLACE INITIATIVES

We would welcome your feedback on other wellbeing initiatives to introduce in the workplace. Please complete the following questions to help us establish interest in these activities.

15. Please pick the **top 5** activities you would be interested in from the list below and rank them number 1 to 5 with number 1 as your first choice.

- Walking Programme
- Jogging Programme
- Cycling Programme
- Soccer Team
- Zumba
- Kettle Bells
- Step Aerobics
- Social Club
- Bootcamp
- Boxfit
- Stretch and Flow
- Mindfulness
- Yoga
- Pilates
- Recipe Swaps
- Other (please specify)

16. Would you be interested in smoking cessation support?
   - Yes
   - No

17. Would you be interested in stress reduction workshops?
   - Yes
   - No
18. What time of day would suit you best to participate in an activity? (tick which applies)

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<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Weekend</th>
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<tbody>
<tr>
<td>Mornings before work</td>
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<td>Lunch Time</td>
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<td>After work – evenings (after 5 p.m.)</td>
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If you would be prepared to assist or lead in getting some of the activities introduced please give us your name and number:

Name_____________________         Number ______________

Activity _________________________

*Thank You for your feedback.*
Appendix G - Force Field Analysis

**Force Field Analysis – Kurt Lewin**

**Driving Forces**
- Implementation ready in two sites to go live
- Meeting the deliverables in the H&WB Operational Plan
- The commitment and delivery of the Project Team
- Negative message to staff if implementation deferred
- Staff awareness not a media campaign

**Restraining Forces**
- Concern by Expert Group
- Potential for loss of long term commitment of HSE catering staff
- Inappropriate media messages – focus on external catering provider

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Proceed with Go live on planned date