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## Plan Overview

*A Data Management Plan created using DMPonline*

**Title:** Obesity Stigma Education for All (OSE4ALL): co-design of an inter-professional e-Learning resource to support de-stigmatisation of obesity among healthcare professionals

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**Funder:** Health Research Board (HRB) Ireland

**Template:** Health Research Board DMP Template

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### Project abstract:

Decades of scientific research identifies genetics, psychological, environmental and socioeconomic as determinants of obesity. However, healthcare professionals (HCPs) often perceive people with obesity (PwO) as undisciplined, lazy, and unlikely to comply with treatment compared to their healthier-weight counterparts. These negative attitudes, beliefs, and judgements, termed 'weight bias' lead to discriminatory acts/ideologies targeted towards PwO, termed 'stigmatisation'. Weight stigmatisation results in significantly poorer overall treatment outcomes for PwO. Notably these poorer outcomes are associated with stigmatisation more so than obesity itself, highlighting the importance of tackling weight stigma and its causes amongst HCPs.

The Irish Model of Care for the Management of Overweight/Obesity and Irish Obesity Clinical Practice Guidelines endorse evidence-based, effective, compassionate, and destigmatising treatment for PwO. However, current obesity care training in Ireland is limited for HCPs/HCP students and does not include content relating to weight bias/stigma. Hence, there is an urgent need to develop educational resources in line with local needs and practices, that address fundamental scientific knowledge and deeply ingrained weight bias.

This study has been collaboratively developed with knowledge-users (HSE Health & Wellbeing and Irish Association for the Study of Obesity) and patient advocacy partner (Irish Coalition of People Living with Obesity) in response to this identified need. It aims to deliver an evidence-based, patient-informed eLearning resource, the primary objective of which is to address weight bias and stigma among HCPs by improving knowledge and skills in obesity care. Mapped out over two work packages, WP1 will compile the evidence base and generate evidence statements to inform WP2. Through co-design and co-creation, WP2 will produce a prototype e-Learning resource and test its effectiveness, feasibility, and acceptability among

HCPs in the 'real-world' setting. The anticipated final output (e-Learning resource) will be shared with our knowledge-user partners ready for scale-up and compatible with their virtual learning environment platform (HSELand).

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**Copyright information:**

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# **Obesity Stigma Education for All (OSE4ALL): co-design of an inter-professional e- Learning resource to support de-stigmatisation of obesity among healthcare professionals**

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## **Data description and collection or re-use of existing data**

**How will new data be collected or produced and/or how will existing data be re-used?**

Guidance	Answer
Explain which methodologies or software will be used if new data are collected or produced and specify which community standards (if any) will be used.	<p>WP1 and WP2</p> <p>Quantitative survey data of knowledge of obesity and weight bias will be collected via anonymized online surveys of HCPs, HCP students and HCP educators. Software used is Survey Monkey.</p> <p>WP2</p> <p>Qualitative data collected using audio recordings.</p>
State any constraints on re-use of existing data if there are any.	Not applicable, existing data is not being reused. Evidence Statements will be generated from the published papers of prior qualitative research conducted by the PI
Explain how data provenance will be documented.	<p>WP1 and WP2 - In keeping with above, data is gathered using an online link to a Survey Monkey, survey. Participants are taken to a landing page created for this study. Once they select to complete the survey, participants are provided with information about the survey and how anonymised data will be used and stored. The survey proceeds once participants consent to participate. All survey data is stored securely in Survey Monkey.</p> <p>Data will be downloaded into Excel AND/OR SPSS for cleaning and data analysis. All stages will be clearly documented at study, data and metadata level.</p> <p>In addition, in cleaning and preparing the data for analyses, the syntax file contains a listing recording all amendments to the data (i.e., data recodes, computes and apportionment of any data as missing data).</p> <p>WP2 - in testing the developed resource, participant emails will be registered. They will be permanently deleted once testing is complete. Additionally, WP2 co-design sessions will be audio-recorded, transcribed and de-identified. Audio recordings will be deleted once transcribed, and transcripts will be deleted at end of project / upon publication of study in peer review journal.</p>
Briefly state the reasons if the re- use of any existing data sources has been considered but discarded.	Not applicable, to the best of our knowledge there is currently no existing Irish data addressing HCP, HCP student or Educator weight bias.

**What data (for example the kind, formats, and volumes), will be collected or produced?**

Guidance	Answer
<p>Give details on the types of data – quantitative, qualitative; generated from surveys, interviews, medical records, clinical measurements, tissue samples, genotypic data, etc.</p>	<p>Quantitative data will be collected from online survey of HCPs, HCP Students and HCP Educators. Five valid and reliable surveys that include the ACTION-IO, the Causes of Obesity Questionnaire (COOQ), HCP Attitudes to Obesity questionnaire, Fat Phobia Questionnaire (FPQ SF) and the Attitudes Towards Obese Persons Scale (ATOP) will be used.</p> <p>Qualitative data will be gathered during co-design sessions which will be audio-recorded, transcribed and de-identified. Audio recordings will be deleted once transcribed and transcripts will be deleted at end of project / upon publication of study in peer review journal.</p>
<p>Give details on the data format: the way in which the data is encoded for storage, often reflected by the filename extension (e.g. pdf, xls, doc, txt, or rdf).</p>	<p>Data will be saved in several different formats.</p> <p>Survey Monkey will be used to gather quantitative data. <a href="https://www.surveymonkey.com">Survey Monkey</a> (HTTPS) uses Transport Layer Security (TLS) encryption for all transmitted data. All the survey data is stored on Survey Monkey and can be downloaded in different formats. For this study these are SPSS, .csv and Excel. SPSS portable (.por) or tab delimited format EXCEL AND/OR SPSS are proposed for sharing data file with a repository.</p>
<p>Justify the use of certain formats. For example, decisions may be based on staff expertise within the host organisation, a preference for open formats, standards accepted by data repositories, widespread usage within the research community, or on the software or equipment that will be used.</p>	<p>UCD School of School of Public Health, Physiotherapy and Sports Science has considerable expertise with Survey Monkey and EXCEL AND/OR SPSS which are the preferred software for this type of study.</p> <p>The open format is the preference of the funding body who prioritise widespread dissemination of the dataset and have identified a range of reputable repositories which embrace quality standards within the field.</p>
<p>Give preference to open and standard formats as they facilitate sharing and long-term re-use of data.</p>	<p>The quantitative dataset will be made available to researchers for secondary analysis and re-use. Users will need to submit a request form to access the data. ISSDA is the proposed repository</p>
<p>Give details on the volumes (they can be expressed in storage space required (bytes), and/or in numbers of objects, files, rows, and columns).</p>	<p>A single file is anticipated. The number of questions, answer options and responses will determine the size of this file.</p> <p>The volume of data is unclear at this stage as responders self-select to participate. 75GB is proposed. The approximate number of variables TBC.</p>

Consider and detail which data will have value to other research users and could be shared. We recognize that there are many reasons why data cannot be shared or made openly available. If you do not intend to make the data you've generated available to others, please provide justification for your decision.	<p>The full dataset will be available to other researchers. Data transformations will also be included where appropriate, for example, the total score sub-scales included in the survey. Data transformations will be documented and labelled in the codebook.</p> <p>The data will add value as this will be the first time the ACTION-IO survey has been used to survey a broad range of HCPs (rather than limited to physicians) and HCP students and educators or be used in the Irish context.</p> <p>The ACTION-IO will provide important data, highlighting misalignment between perceptions and reality in the context of HCP-delivered obesity care in Ireland. An Irish dataset will provide important baseline information and can be re-administered over time to evaluate changes in weight bias and stigma among HCPs. This data which will have a strong impact on influencing change, at policy and funding level.</p>
<b>Additional information (added by research team)</b>	n/a
<b>When</b> is the data being gathered?	September 2024-February 2026 (to be updated with specific timeframes for surveys, co-design)
<b>Where</b> is the data being gathered?	All data will be gathered in Ireland.
<b>Who</b> is the subject of the data gathering exercise?	A purposive self-selecting sample of HCPs, HCP students and educators. HCPs for the purpose of this research include all professions listed on the HSE Obesity Model of Care multidisciplinary team for community-based obesity care: general practitioners, practice nursing, physiotherapy, occupational therapy, dietetics, psychology, pharmacy and social work. Eligible HCPs are clinicians working in Ireland, with at least 50% of their time involved in direct care. HCP educators will be included if they have been involved in the education of any of the listed professions at either undergraduate or postgraduate level. HCP students who have completed a minimum of 50% of the clinical components of their HCP programmes will be included.

<p><b>Why</b> is the data being gathered?</p>	<p>The ACTION-IO will provide important data, highlighting misalignment between perceptions and reality in the context of HCP-delivered obesity care in Ireland. This data will inform the development of interventions to target weight bias in healthcare and specifically to co-design an e-learning resource for HCPs. Implicit and explicit bias data will inform the</p> <p>The dataset has potential to have a strong impact in influencing change in Irish obesity care, at policy and funding level when designing public health awareness campaigns, engaging key stakeholders to tackle weight bias at all levels of society, as well as informing a new narrative in training of Irish HCP students. Furthermore, the surveys (ACTION-IO, Implicit Association Test and the Attitudes Towards Obese Persons Scale) can be re-administered over time to evaluate change.</p>
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## Documentation and data quality

**What metadata and documentation (for example the methodology of data collection and way of organising data) will accompany data?**

Guidance	Answer
<p>Indicate which metadata will be provided to help others identify and discover the data.</p>	<p>Background data to provide contextual information will include study-level documentation: study context and history (e.g. recruiting the study team, the expansion of the team and the roll-out of the study); detailed methodology of the study design to address the project objectives and research questions <i>data-level</i> documentation: a codebook of the variable names, value labels and missing data.</p> <p>Structured metadata will be provided from ISSDA when archiving the data, along with a commitment to long term preservation. Structured metadata may also be provided if/when data is self-deposited in an open archive.</p>

Indicate which metadata standards (e.g. DDI, TEI, EML, MARC, CMDI) will be used and potential community standards available. Use community standards where these are in place.	It is proposed to use DDI metadata standard when depositing the dataset in a repository. The proposed archive, the Irish Social Science Data Archive (ISSDA) use NESSTAR Publisher for creation of Data Documentation Initiative (DDI).
Indicate <b>how</b> the data will be organised during the project, mentioning for example conventions, version control, and folder structures.	<p>During the quantitative data collection phase, all the data generated will be on Survey Monkey. Once data collection is complete, It is proposed to download a single file in EXCEL AND/OR SPSS for data cleaning and analysis purposes. This version will be clearly named in a folder on the study's Google Drive. A versioning process will also be implemented to identify a 'cleaned' copy of the dataset, and a dataset containing any transformations to the format, structure and values of data.</p> <p>Qualitative data gathered during co-design sessions will be audio-recorded, transcribed and de-identified. Audio recordings will be deleted once transcribed and transcripts will be deleted at end of project / upon publication of study in peer review journal.</p> <p>Best practices in version control, folder structure and file naming conventions will be adhered to throughout the study.</p>
Consider <b>what</b> other documentation is needed to enable re-use – methodology used to collect the data, analytical and procedural information, definitions of variables, units of measurement, and so on.	<p>Detailed records will be kept on all study components. An EXCEL AND/OR SPSS syntax file will be used to record all the data transformations, new variables created, as well as all the analyses conducted. This will form the basis of a detailed codebook for this study.</p> <p>Best practice in variable definition and naming conventions will be adhered to.</p>
Consider <b>how</b> this information will be captured and where it will be recorded for example in a database with links to each item, a 'readme' text file, file headers, code books, or lab notebooks.	<p>A folder on all the project documentation – study level, data level and metadata will be developed and includes a readme.txt file on the folder contents and versions. The Irish Social Science Data Archive provide a Data Deposit form, based on the DDI metadata standard, and this will also be used to collect study level metadata. This will be updated over the life of the study. Initially, this will be stored on Google Drive. (TBC)</p> <p>A project website, where participants 'land' to participate in the study could also be used to share documentation as well as research products at a later stage.</p>



When describing data, please remember that file and folder names as well as variables and metadata may contain personal or sensitive data. Even if your research does contain personal data, related metadata can be published if it does not contain identifiers which could be used to identify a study subject.	<p>WP1 No identifying data is intentionally gathered in this study. There is no opportunity for participants to enter any data, instead only endorse closed questions and answer validated surveys with fixed response options.</p> <p>Ethical approval for this study will include categorization of the surveys as anonymous.</p> <p>Additional analyses will be conducted to ensure no respondent can be identified in any way. Small cell adjustments will be performed should this arise.</p> <p>Indirect identifiers will also be reviewed and excluded from the public domain.</p> <p>WP2 Transcribed data will be deidentified and deleted at end of project.</p>
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### **What data quality control measures will be used?**

Guidance	Answer
Explain <b>how</b> the consistency and quality of data collection will be controlled and documented. This may include processes such as calibration, repeated samples or measurements, standardised data capture, data entry validation, peer review of data, or representation with controlled vocabularies.	During data capture there are pre-defined response options for each item of the survey minimising data entry errors. There is a limited chance of user error unless the incorrect answer is selected. In addition, simple language is used throughout the survey to aid comprehension.
Consider <b>how</b> data minimisation, pseudonymisation or anonymisation will affect data quality.	<p>The survey is anonymous which means it will not be possible to revert to participants to verify the data. While a limitation, it is hoped that the benefits of anonymisation in terms of recruitment will outweigh the limitation.</p> <p>During the data cleaning process every effort will be taken to ensure anonymity is maintained and no potentially identifying information is contained in the dataset.</p>
<b>Additional information (by the research team)</b>	
When will the data and metadata be organised?	Study documentation will be ongoing during the data collection, data cleaning and data analysis stages of this study. Data level information regarding any data transformation or new variables generated as part of the analysis will be recorded during the data cleaning and data analysis stages.
Where will the data and metadata be organised?	The data will be organised in UCD. Structured metadata will be organised by the Archive where the data is being deposited.
Who will have responsibility for data documentation and metadata?	<p>PI (Grainne O'Donoghue), Research Manager (Fiona Curran).</p> <p>Structured metadata will be the responsibility of the Archive.</p>
Why is data documentation and metadata recorded?	Documentation and metadata are recorded to enable the data to be understood and interpreted by future date users, as well as ensuring research integrity and reproducibility of the research.

## Storage and backup during the research process

### How will data and metadata be stored and backed up during the research process?

Guidance	Answer
Describe how and where the data will be stored, backed-up and managed during research activities and how often the backup will be performed. It is recommended to store data in least at two separate locations.	During data collection all respondent data is backed up by <a href="#">Survey Monkey</a> using two methods: automatic propagation across servers (immediate upon collection) and daily complete off-site encrypted backups. Survey Monkey backs up data for disaster recovery purposes only. It is also proposed to download a full, raw data file in MS Excel format and this will be encrypted and stored on Google Drive. During data cleaning and analysis, an EXCEL AND/OR SPSS version will be backed-up daily until cleaned and then at end of day when in use.
Give preference to the use of robust, managed storage with automatic backup, such as provided by IT support services of the home institution. Storing data on laptops, stand-alone hard drives, or external storage devices such as USB sticks should be avoided. If external servers are used, please ensure that they are compliant with GDPR and any other legislation related to the data collected.	<a href="#">Survey Monkey</a> is GDPR compliant. All data will be stored and backed up on google drive, UCDs recommended secure cloud storage and will include storage and backup for the EXCEL AND/OR SPSS version of the data. UCD's Google Drive storage is protected by Multi-Factor Authentication which is mandatory for all staff accounts. Data will not be stored on laptops, stand-alone hard drives or USB sticks. External servers will not be used.

### How will data security and protection of sensitive data be taken care of during the research?

Guidance	Answer
Detail the key risks to the confidentiality and security related to human participants or other sensitive data and how this information will be managed.	All data collected in WP1 via survey monkey will be anonymous so there is no risk to confidentiality. Data collected in the co-design sessions and development phase will be deidentified and anonymised. All participants will be fully informed about how their data will be used and obtain clear consent. To manage the minimum risk to confidentiality and security, data will be encrypted both in transit and at rest, strong passwords and regular software updates will be used to protect unauthorised access, research team handling the data are trained in data security best practices and the importance of confidentiality and only the PI and project manager will have direct access to the data.
Explain how the data will be recovered in the event of an incident.	Support will be provided from UCD IT Services as appropriate in line with UCD's Disaster Recovery Policy: <a href="https://www.ucd.ie/t4cms/it%20services%20disaster%20recovery%20policy.pdf">https://www.ucd.ie/t4cms/it%20services%20disaster%20recovery%20policy.pdf</a> Survey Monkey has a back- up of the data for disaster recovery purposes. The full raw data file will be stored in MS Excel format which will be downloaded from Survey Monkey on a weekly basis and saved on UCD's servers and Google Drive while the survey is ongoing. The PI and research manager will work with an EXCEL and/or SPSS version of the file during the analysis stage and a versioning and backup plan will be implemented so that data can be recovered should there be an issue.  WP2 data once will also be stored in google drive while the study is ongoing and will similarly have a versioning and backup plan implemented.
Explain who will have access to the data during the research and how access to data is controlled, especially in collaborative partnerships.	Only the PI and research manager, both based in UCD will have access to the raw data. UCD based collaborators may assist the PI with the statistical analysis. It is not proposed to share the dataset with the other study partners until after the study is concluded.
Explain which institutional data protection policies are in place.	Survey Monkey complies with applicable data privacy laws in its role as a data controller of its own data and as a data processor of customer data. Specifically, Survey Monkey is GDPR (General Data Protection Regulation) and CCPA (California Consumer Privacy Act) compliant and provides technology that enables users to be compliant. UCD is firmly committed to ensuring personal privacy and compliance with GDPR, and this research will be guided by UCD's best practice guidelines and procedures: <a href="#">UCD Data Protection Policy</a> .

## Legal and ethical requirements, codes of conduct

**If personal data are processed, how will compliance with legislation on personal data and on security be ensured?**

Guidance	Answer
Ensure that when dealing with personal data protection laws (GDPR and Health Research Regulations) are complied with.	<p>Consent: UCD has an individual's freely given, specific, informed and unambiguous consent and indication of the data subject's wishes</p> <p>Public task: the processing is necessary for UCD to perform a task in the public interest or for its official functions, and the task or function has a clear basis in law. UCD will rely primarily on this lawful base for processing personal data as necessary for and connected with the performance of its statutory functions under the Universities Act and related legislation</p>
Ensure that the preservation and/or sharing of personal data is fully consistent with the terms of the informed consent under which the data were provided by participants.	<p>All Participants are made aware prior to commencing the online survey how their responses will be used and what data will be made available.</p> <p>WP1 - No personal data is collected</p> <p>WP2 transcriptions and audio recordings will be deleted.</p> <p>Prototype testing survey data will be permanently deidentified.</p>
Consider anonymisation of personal data for preservation and/or sharing (truly anonymous data are no longer considered personal data).	<p>WP2- Prototype testing survey data will be permanently anonymised.</p>
Consider pseudonymisation of personal data (the main difference with anonymisation is that pseudonymisation is reversible).	<p>Data will either be deleted (transcriptions and audio recordings) or anonymised</p>
Consider encryption which is seen as a special case of pseudonymisation (the encryption key must be stored separately from the data, for instance by a trusted third party).	<p>Not applicable</p>
Explain whether there is a managed or governed access procedure in place for authorised users of personal data.	<p>Not applicable</p>

**How will other legal issues, such as intellectual property rights and ownership, be managed? What legislation is applicable?**

Guidance	Answer
Explain who will be the owner of the data and who will have the rights to control access.	The data are owned by UCD. <a href="#">[Governance document details]</a>
Explain what access conditions will apply to the data? Will the data be openly accessible, or will there be access restrictions? In the latter case, which? Consider the use of data access and re-use licenses (e.g. CC-BY, CC-BY-NC, etc.)	Access conditions are dependent on the Archive. ISSDA has an application process to access the data. Data are made available for either research and/or teaching purposes and every application is reviewed prior to data being made available. If data is submitted to an open archive, then it can be accessed by anyone, generally.
Make sure to cover these matters of rights to control access to data for multi-partner projects and multiple data owners, in the consortium agreement.	In this study, UCD is the grant holder, and the PI has responsibility for controlling access to the data. Consultation regarding publication strategy and open access restrictions is planned to include all collaborators.
Indicate whether intellectual property rights (e.g. Database Directive, sui generis rights) are affected. If so, explain which and how will they be dealt with.	No IP is involved in this research
Indicate whether there are any restrictions on the re-use of third- party data.	There is no re-use of third-party data in this study

**What ethical issues and codes of conduct are there, and how will they be taken into account?**

Guidance	Answer
Consider whether ethical issues can affect how data are stored and transferred, who can see or use them, and how long they are kept.	Ethical approval is pending from UCD Human Research Ethics Committee (HREC) for open access to anonymised dataset. As the dataset will be anonymous, it can be stored indefinitely.
Demonstrate awareness of these aspects and respective planning.	n/a
Follow the national and international codes of conduct and institutional ethical guidelines and check if ethical review (e.g. by an ethics committee) is required for data collection in the research project.	Ethical approval will be obtained from UCD Human Research Ethics Committee
Additional information added by research team	n/a
What else has been implemented regarding the conduct of the survey.	It is not anticipated that any participant become distressed because of completing the surveys / participation in co-design or testing. However, details of information / support services will be provided.

## Data sharing and long-term preservation

**How and when will data be shared? Are there possible restrictions to data sharing or embargo reasons?**

Guidance	Answer
Explain <b>how</b> the data will be discoverable and shared (e.g. by deposit in a trustworthy data repository, indexed in a catalogue, use of a secure data service, direct handling of data requests, or use of another mechanism).	The Survey data will be discoverable and shared in the Irish Social Science Data Archive, (ISSDA) Ireland's centre for quantitative data acquisition, preservation, and dissemination. The metadata will be available in ISSDA also.

Outline the plan for data preservation and give information on how long the data will be retained.	The dataset will be retained indefinitely.
Explain <b>when</b> the data will be made available. Indicate the expected timely release. (For data related to clinical trials – specify how long the data will be made available for.) Explain whether exclusive use of the data will be claimed and if so, why and for how long. Indicate whether data sharing will be postponed or restricted, e.g. to publish, protect intellectual property, or seek patents.	Data will be made available following publication of the findings. Documentation and other resources required to use the data will also be available via the repository.
Indicate <b>who</b> will be able to use the data. If it is necessary to restrict access to certain communities or to apply a data sharing agreement, explain how and why. Explain what action will be taken to overcome or to minimise restrictions.	It is intended that the data underpinning published research can be accessed by any interested party for research or teaching purposes.
We recognize that there are many reasons why data cannot be shared or made openly available. If you do not intend to make the data you've generated available to others, please provide justification for your decision. Restrictions should be minimized as much as possible.	n/a

**How will data for preservation be selected, and where data will be preserved long-term (for example a data repository or archive)?**



Guidance	Answer
Indicate what data must be retained or destroyed for contractual, legal, or regulatory purposes.	WP 1 No data needs to be destroyed. WP2 Audio and Transcribed files will be destroyed as per GDPR (Purpose of data collection consent)
Indicate how it will be decided what data to keep. Describe the data to be preserved long- term and consider how this data will be curated and preserved beyond the lifetime of the grant. Indicate where the data will be deposited, preferably in a trusted repository.	Anonymous survey data will be retained indefinitely. ISSDA has been nominated as the main archive.
Explain the foreseeable research uses (and/or users) for the data.	The dataset, The ACTION-IO, and the bias surveys will provide important data, highlighting misalignment between perceptions and reality in the context of HCP-delivered obesity care in Ireland. This Irish dataset will provide important baseline information and can be re-administered over time to evaluate changes in weight bias and stigma among HCPs. This data which will have a strong impact on influencing change, at policy and funding level. The data can be used to inform guidelines, practice and policy development regarding the provision of care for people with obesity, and appropriate education of HCPs.
Indicate where the data will be deposited. If no established repository is proposed, demonstrate in the data management plan that the data can be curated effectively beyond the lifetime of the grant. It is recommended to demonstrate that the repositories policies and procedures (including any metadata standards, and costs involved) have been checked.	It is proposed to deposit the data in ISSDA. Requests to access the dataset will be handled by UCD Library. ISSDA holds a range of key Irish and international comparative datasets such as the Growing Up in Ireland survey, Healthy Ireland Survey and The Irish Longitudinal study on Aging, amongst others. ISSDA policies include Collection Development Policy, Data Protection Policy, Data Acquisition Protocol and a File Format Policy. The study team will be mindful of these in cleaning and preparing the dataset for analysis and for deposit. For example, variables labels will be less than 60 characters so as not to impede the creation of metadata.

### **What methods or software tools are needed to access and use data?**

Guidance	Answer
Indicate whether potential users need specific tools to access and (re-)use the data. Consider the sustainability of software needed for accessing the data.	No specialist tools or software should not be required to access / re-use the data.
Indicate whether data will be shared via a repository, requests handled directly, or whether another mechanism will be used?	The data will be shared via a repository. Requests to access the dataset will be handled by ISSDA/UCD Library (TBC).

**How will the application of a unique and persistent identifier (such as a Digital Object Identifier (DOI)) to each data set be ensured?**

Guidance	Answer
Explain how the data might be re-used in other contexts. Persistent identifiers should be applied so that data can be reliably and efficiently located and referred to. Persistent identifiers also help to track citations and re-use.	The data can be used to inform guidelines, practice and policy development regarding the provision of care for people with obesity, and appropriate education of HCPs. This Irish dataset will provide important baseline information and can be re-administered over time to evaluate changes in weight bias and stigma among HCPs, and to evaluate any associated change in health outcomes in the population living with obesity. It is intended that the data repository will issue a DOI for the single dataset. (TBC)
Indicate whether a persistent identifier for the data will be pursued? Typically, a trustworthy, long-term repository will provide a persistent identifier.	Over the coming years, ISSDA plans to assign DOIs as a persistent identifier to datasets as part of enhanced functionality
Who	The PI has ultimate responsibility for data preservation. The research manager will be responsible for liaising with the repository

**Data management responsibilities and resources**

**Who (for example role, position, and institution) will be responsible for data management (i.e. the data steward)?**

Guidance	Answer
Outline the roles and responsibilities for data management/stewardship activities for example data capture, metadata production, data quality, storage and backup, data archiving, and data sharing?	PI (Grainne O'Donoghue), Research Manager (Fiona Curran), have responsibility for data documentation, ensuring data quality and storage during the research project. Grainne O'Donoghue / Fiona Curran will be responsible for liaising with the data repository and planning for data sharing. Structured metadata will be the responsibility of the repository.
Specify who is responsible for the management of sensitive and confidential data as well as monitoring its implementation throughout the lifecycle of the data	No personal data is collected in the surveys.  PI (Grainne O'Donoghue), Research Manager (Fiona Curran) have responsibility for management of sensitive / confidential data.
For collaborative projects, explain the co-ordination of data management responsibilities across partners	All data coordination activities will be coordinated in UCD.
Indicate who is responsible for implementing the DMP, and for ensuring it is reviewed and, if necessary, revised. Consider regular updates of the DMP.	Grainne O'Donoghue / Fiona Curran will be responsible for implementing the DMP and ensuring its reviewed and revised.

**What resources (for example financial and time) will be dedicated to data management and ensuring that data will be FAIR (Findable, Accessible, Interoperable, Re-usable)?**

Guidance	Answer
Explain how the necessary resources (e.g. time) to prepare the data for sharing/preservation (data curation) have been costed in.	Data management is part of the research manager's role. This role is funded by the HRB.
Carefully consider and justify any resources needed to deliver the data. These may include storage costs, hardware, staff time, costs of preparing data for deposit, and repository charges	Resources have been carefully considered and are accounted for within the HRB funding
Indicate whether additional resources will be needed to prepare data for deposit or to meet any charges from data repositories. If yes, explain how much is needed and how such costs will be covered.	It is not anticipated that there will be additional resources needed