



A HEALTHY WEIGHT FOR IRELAND

OBESITY POLICY AND ACTION PLAN



An Roinn Sláinte
DEPARTMENT OF HEALTH

2016–2025

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foreword

Foreword by Simon Harris, T.D Minister for Health



Overweight and obesity are largely preventable, however, in the past two decades levels of overweight and obesity in Ireland have doubled. Now only 40% of us have a healthy weight. In terms of scale, this represents one of the biggest public health challenges Ireland is facing today. According to the World Health Organisation (WHO) these levels are forecast to increase and Ireland could top the European “League Tables” in this regard. The fact that the majority of our population is overweight or obese means that Ireland faces a dramatic increase in chronic diseases. In the worst case scenario, this will reverse the improvement in life expectancy seen in the last few decades.

Rising levels of overweight and obesity are placing an increasing burden on individuals and society. Childhood obesity and health inequalities are key issues that need to be addressed. We know that overweight and obesity are significant risk factors for many chronic non communicable diseases like heart disease, cancers, Type 2 diabetes, respiratory problems and musculoskeletal conditions. It also impacts on mental health. For individuals it may mean they cannot carry out their routine daily living activities and for children, obesity carries a stigma and may be linked with bullying. Levels of overweight and obesity are much higher in disadvantaged groups.

Overweight and obesity are conditions which develop over a number of years in both children and adults. The determinants are multiple and include the environment, access to healthy and affordable food, physical activity, exercise

and leisure activity, cultural and societal norms, education and skill levels, genetic makeup and lifestyle choices. Efforts to address overweight and obesity therefore require a cross-sectoral approach. It is not solely the job of the health sector or services. Government policy and action in a wide range of areas impact on most of the determinants of obesity. We need to make the healthy choice the easy choice.

It is, therefore, my pleasure to introduce ‘A Healthy Weight for Ireland – Obesity Policy and Action Plan 2016 - 2025’. This Obesity Policy and Action Plan is the result of the Government’s desire to assist its people to achieve better health and in particular to reduce the levels of overweight and obesity. It also acknowledges that the solutions are multiple and that every sector has a role in reducing the burden of this condition.

The approach taken in developing this policy was based on the Government framework for improved health and wellbeing – Healthy Ireland. This policy is informed by the evidence, an extensive consultation with key stakeholders and meetings and submissions from wide sector of organisations, individuals and Non-Governmental Organisations. In particular, I am delighted to see the extensive consultation with children and young people. This has resulted in greater understanding of their needs and improved our approach to reducing their risks to overweight and obesity.

‘A Healthy Weight for Ireland’ will cover a ten year period until 2025 and sets targets to be achieved and actions that will produce measurable outcomes. The vision is to turn the tide of the

overweight and obesity epidemic. The overall aim is to increase the number of people with a healthy weight and set us on a path where healthy weight becomes the norm. There is an opportunity now to act collectively and set the direction of travel to reverse this pandemic. The Policy also aims to remove the stigma associated with obesity especially in children. Dealing with socio-economic inequalities in the occurrence of overweight and obesity is a particular priority which needs action in a number of areas.

The Government's commitment to act on the prevention of overweight and obesity is presented in two parts. The first part is set out as the 'Ten Steps Forward' that will be taken. Recognising that the solutions require action across a range of sectors and at different levels, these Ten Steps Forward will chart a course for reversing the obesity trends, preventing complications associated with obesity such as diabetes, and reducing the overall burden for individuals, their families and the health system. The Ten Steps Forward are interdependent, and each step includes a number of priority actions. It is intended that these priority actions will commence at the earliest opportunity. The second part of the Obesity Policy and Action Plan provides more detail on additional actions to support the Ten Steps Forward, and includes information on lead agencies, partners and timelines over the lifespan of the policy.

Nobody underestimates the magnitude of the task in hand and I know that the targets are ambitious, but this policy is built as a whole of government and a whole of society approach. This is the culmination of shared vision, common agenda and joint effort. When Ireland comes together to tackle a public health challenge like this, I believe we will succeed.

Finally, I would like to thank the individuals, organisations and other government departments for their tremendous contributions to this policy. In particular I want to thank the children, young people and their schools for helping with this policy. I also want to thank the members of the Special Action Group on Obesity and my predecessors for initiating the process and in developing the policy.

Simon Harris T.D

Minister for Health

foreword

Foreword by Marcella Corcoran Kennedy T.D Minister of State for Health Promotion



It is clear that as a country we are facing a significant challenge to tackle obesity across the life course and to turn the tide of the overweight and obesity epidemic.

Enjoyment of good health, unfortunately, is not evenly distributed in society. We know that chronic conditions and accompanying lifestyle behaviours are strongly influenced by socio-economic factors. Increasing the proportion of all of the people who are healthy at all stages of life means addressing and confronting risk factors and promoting protective factors to support lifelong health and wellbeing.

The benefits for reducing obesity are clear - lives will be saved and inequalities will be reduced.

No single organisation working on its own can create a Healthy Ireland. It takes cross-sectoral partnerships by Government at all levels, both national and local, our state agencies, the business community, the community and voluntary sector not to mention each of us as individuals to commit to action. All of us are part of the solution. This is the vision of Healthy Ireland – where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone’s responsibility.

This “whole of government” and “whole of society” approach highlights the economic and the societal benefits of protecting and maintaining health, preventing illness, and intervening early. While the health sector plays an important role, there are clearly interdependencies between what we are trying

to achieve in health and in other policy areas such as education, employment, transport, environment, social protection and agriculture. It is through this approach that we will turn the tide of the overweight and obesity epidemic.

The Healthy Ireland ethos puts the emphasis on individual choice because families and communities need to take the lead on their own health and wellbeing. We need to make the healthy choice the easy choice. Everyone has a role to play to make Ireland a healthier place to live in. The causes of obesity are multiple and complex; likewise the solutions are not always straightforward nor will they be easy. Tackling obesity requires action at many and different levels and will require the involvement of the whole of Government, all of society, with all sectors and communities and individuals working to improve the health and wellbeing of all and to create healthy generations of children, who can enjoy their lives to the full and reach their full potential as they develop into adults, which is critical to the country’s future.

The development of this Policy is based on best available evidence and extensive consultation. This highlighted the need for prevention with a particular focus on children, to reduce inequalities and to take a life-course approach with actions across a range of sectors. Critical to success is an active, central Government policy driven approach where Healthy Ireland’s actions including those on obesity and physical activity are systematically embedded into the policies and programmes of relevant government departments, local authorities and statutory agencies. It is equally important that there is active engagement at local level, empowering and supporting people to be as healthy as they can be for as long as possible.

A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025, is a major milestone in implementing Healthy Ireland. There is no single idea or solution to addressing the causes and problems associated with overweight and obesity. This Plan proposes a number of different types of actions, some immediate and some more long-term and sustainable solutions, which recognise that behaviour change is complex, challenging and takes time. These actions require us to work together and make a concerted effort to address the challenges of overweight and obesity.

This Plan is a good example of the partnership approach needed to make Healthy Ireland a success where different sectors play key roles in shaping the obesity prevention environment and where individuals, families and communities are empowered to make healthier choices. I would like to thank everyone who contributed to the policy and especially the children and younger people. We owe it to them to reduce the burden of overweight and obesity in the years to come.

Marcella Corcoran Kennedy, T.D
Minister of State for Health Promotion



acknowledgements

Acknowledgements

The levels of overweight and obesity in Ireland have been increasing despite the fact that they are preventable. Childhood obesity and emerging inequalities are now recognised as key issues that need to be addressed. In drafting this *Obesity Policy and Action Plan*, the Department of Health consulted widely with key stakeholders and also with children and young people. These consultations were carefully considered and reflected in the final Policy. In particular I would like to thank the Citizen Participation Unit, Department of Children and Youth Affairs, University College Cork and the children and younger people for their participation.

I am very grateful to the hardworking and enthusiastic Steering Group, *safefood* and the Institute of Public Health who advised the Department on the Policy. Our work also benefited from international experience such as that of the McKinsey Global Institute and consultation with healthcare professionals organised through the Royal College of Physicians of Ireland.

These consultations and the lessons from the international experience highlighted the need for actions across a range to sectors to make the healthy choice the easy choice for children and adults. It is our hope that A Healthy Weight for Ireland will reverse recent obesity trends and set us on a path where healthy weight becomes the norm.

Dr John Devlin

Deputy Chief Medical Officer
Chair, National Obesity Policy Steering Group



chapter one

introduction

Overweight and obesity are conditions that develop over a number of years in both children and adults. The determinants are multiple and include the environment, access to healthy and affordable food, physical activity, exercise and leisure activity, cultural and societal norms, education and skill levels, genetic makeup and lifestyle choices (World Health Organization (WHO) Commission on the Social Determinants of Health, 2008). Efforts to address overweight and obesity therefore require a cross-sectoral approach. It is not solely the job of the health sector or services. Government policy and action in a wide range of areas impact on most of the determinants of obesity.

That cross-sectoral approach is set out in *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013–2025* (Department of Health, 2013), which specifically highlights the economic and societal benefits of protecting and maintaining health, preventing illness, and intervening early. Importantly, it acknowledges the interdependencies between what we are trying to achieve in health and in other policy areas such as education, employment, transport, environment and social protection – where there are significant shared agendas.

In the past two decades, levels of overweight and obesity in Ireland have doubled (Morgan et al, 2008). Only 40% of us now have a healthy weight. Levels of overweight and obesity are much higher in disadvantaged groups.

Overweight and obesity are significant risk factors for many chronic non-communicable diseases. The links between obesity and heart disease, cancers, type 2 diabetes, mental ill-health, respiratory problems and musculoskeletal conditions are well established (WHO/FAO Joint Expert Consultation, 2003; National Obesity Observatory, 2011). The burden of adult obesity in financial terms has been estimated as €1.13 billion per annum (*safefood*, 2012).

It is acknowledged that the solutions are multiple but complex. No single sector or agency is able to solve this issue on their own. Individuals and families need to be supported to make informed choices in healthy eating and being physically active so they can achieve and maintain a healthy weight. This *Obesity Policy and Action Plan* strives to empower individuals, families and communities to enhance their own skills to improve their health.



Every sector has a role in reducing the burden of this condition.

This Policy is the result of the Government's desire to assist people in Ireland to achieve better health and in particular to reduce the levels of overweight and obesity. It has been informed by a comprehensive consultation with major stakeholders, health experts, healthcare providers, children and young people. It is based on the best available evidence in the Irish and international literature. It takes a life-course approach, which is a key underpinning concept in the *Healthy Ireland Framework*, under which this Policy will be implemented.

The *Obesity Policy and Action Plan* is based on a set of core principles. It is informed by the *Healthy Ireland* guiding principles, which include better governance and leadership, resources, partnerships, systems for healthcare, evidence, measurement and evaluation, and programme management. In the context of the *Obesity Policy and Action Plan*, these principles will also ensure that it is:

- life-course oriented, with a focus on children and families; and
- prevention focused, with an emphasis on targeting inequalities.

The *Obesity Policy and Action Plan* sets targets to be achieved and actions that will produce measurable outcomes. The Action Plan involves all sectors in Ireland and includes implementation pathways and indicators to measure progress.

The *Obesity Policy and Action Plan* covers a ten-year period, up to 2025. The vision is to turn the tide of the overweight and obesity epidemic. The overall aim is to increase the number of people with a healthy weight and set us on a path where healthy weight becomes the norm. There is an opportunity now to act collectively and set the direction towards reversing this pandemic. The Policy also aims to remove the stigma associated with obesity, especially in children.



chapter two

rationale and approach

Rising levels of overweight and obesity are placing an increasing burden on individuals and society. Currently, six in ten adults and one in four children are overweight or obese (Department of Health, 2013; Layte and McCrory, 2009; 2011). According to World Health Organization (WHO) forecasts, Ireland could top the European league tables in the coming years (WHO, 2015). Obesity-related chronic diseases are dominating hospital activity to the point that this will become unsustainable unless action is taken.

In recent years a large body of evidence has emerged on the determinants of obesity and effective interventions (Commission of the European Communities, 2007; Foresight, 2007; WHO, 2008, 2009, 2012, 2013, 2015a; McKinsey Global Institute, 2014). The WHO, the United Nations (UN) and the European Union (EU) are urging countries to take action now and to work together to reverse these trends. In addition, the content of this document is heavily informed by established international models and frameworks, including WHO guidance to prioritise action in the field of childhood obesity prevention (WHO, 2012), the *Final Report of the Commission on Ending Childhood Obesity* (WHO, 2015a), the *Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues* (Commission of the European Communities, 2007) and the consequent *European Food and Nutrition Action Plan 2015–2020* (WHO, 2014).

Childhood obesity has complex origins and progress in tackling the issue has to date been slow. It is clear that a combination of scientific research, government leadership and community partnerships is necessary in order to develop the best recommendations and implement them worldwide.

WHO, 2015a



The new Policy has its origins in the 2005 *Report of the National Taskforce on Obesity*, which proposed 93 actions to address the issue of overweight and obesity in Ireland (The National Taskforce on Obesity, 2005). The Taskforce Report was significant in articulating a strategic approach to Ireland’s overweight and obesity problem; however, responsibility for its implementation was not clearly set out. Subsequently, a Special Action Group on Obesity was established in 2011 to support implementation of the recommendations. There have been significant developments since then and a range of policies are paving the way for an increasingly inter-sectoral approach to the prevention of overweight and obesity (see Appendix 1 for an overview).

The Department of Health Steering Group tasked with drafting this *Obesity Policy and Action Plan* drew upon the lessons learnt from the 2005 Taskforce Report as well as international evidence. It also considered the broad range of policies that influenced the levels of obesity (Appendix 1). In view of the multi-level and multi-sector nature of obesity, both in terms of its causes and remedies, the Steering Group consulted widely on the approaches to be taken.

Obesity is a key priority in *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013–2025*, which aims to improve the health and wellbeing of the people of Ireland. *Healthy Ireland* takes a whole-of-government and whole-of-society approach to improving health and wellbeing and the quality of people’s lives. It focuses on prevention, reducing inequalities and keeping people healthier for longer.

The success of this *Obesity Policy and Action Plan* will depend on the support of many sectors, clear governance structures, goals

alignment across relevant sectors and monitoring systems with defined targets and timeframes. A recent international review of measures to address overweight and obesity identified that a sustained and comprehensive portfolio of initiatives is required (McKinsey Global Institute, 2014), with a combination of “top down” and “bottom up” interventions (WHO, 2004). The McKinsey review concluded that, while evidence is incomplete in some areas, it is imperative to act decisively now on multiple levels if change is to be achieved and all links in the chain must be addressed. This Policy will not succeed unless it has the support of other sectors and combines “upstream” and “downstream” interventions (WHO, 2008). The limited success of obesity policies in many countries has also been met with a call for more strategic policy design, with a focus on implementation (McKinsey Global Institute, 2014). Consequently, this Policy has a strong implementation focus. Prevention is highlighted as a central theme and this is reflected in the recommendations of the Action Plan.

The rationale presented in the Policy is based on an analysis of the following key domains:

- the scale of the challenge of overweight and obesity in Ireland;
- consultation with key partners;
- evidence on effective interventions; and
- international approaches.

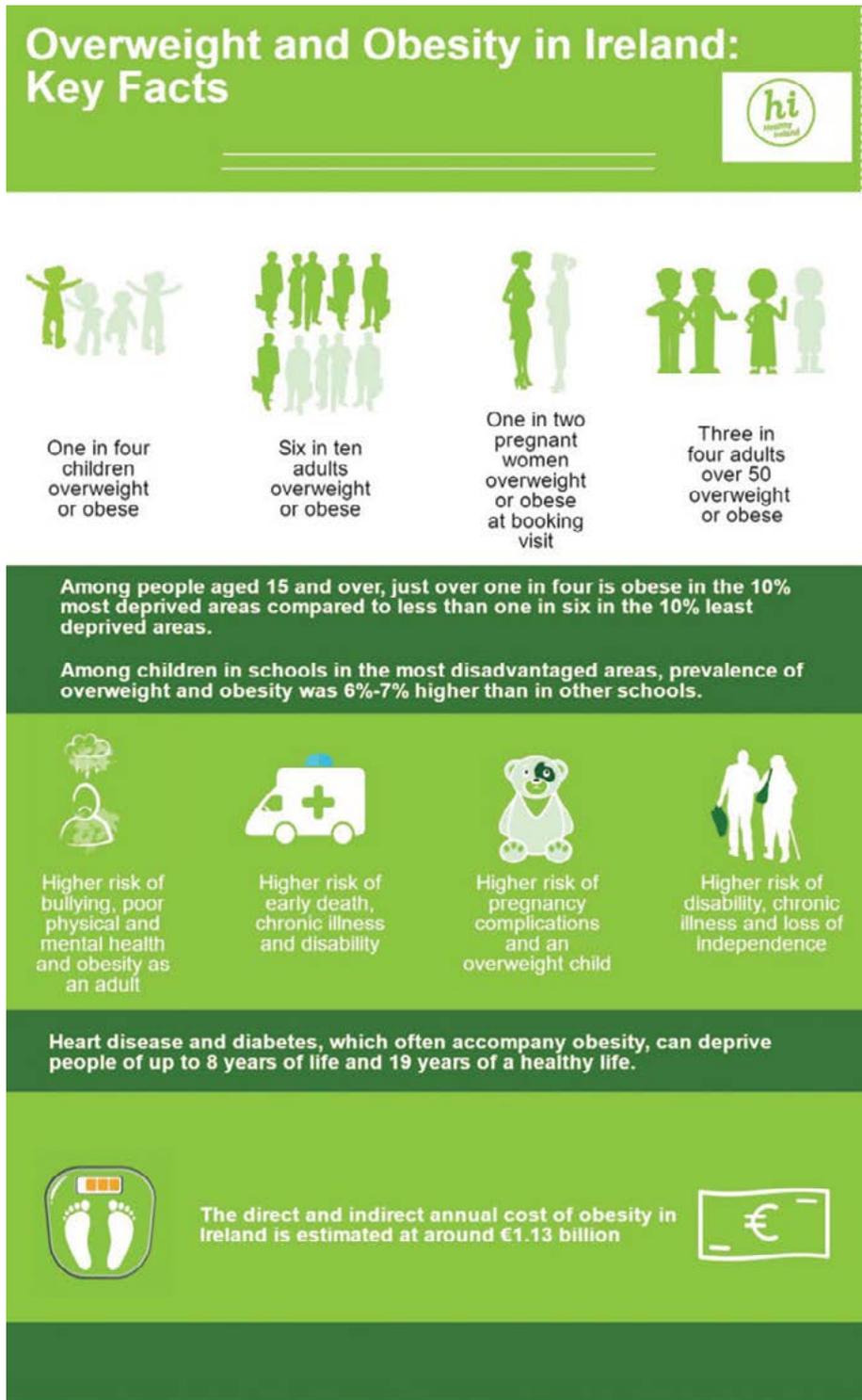
2.1 Overweight and obesity in Ireland

Obesity is a key risk factor for chronic conditions such as diabetes, cardiovascular disease, cancer, arthritis and may impact on mental health. Adults, children and younger people can be at risk. Worldwide obesity has more than doubled since 1980. In Ireland, obesity has increased across all age groups. The prevalence of obesity amongst men increased from 8% in 1990 to 26% in 2011, and among women it increased from 13% to 21% over the same timeframe (Irish Universities and Nutrition Alliance (IUNA), 2012a). Data from the 2015 *Healthy Ireland Survey* show that 60% of the population aged 15 years and over are either overweight or obese – 37% are overweight and a further 23% are obese (Department of Health/Ipsos MRBI, 2015). While these findings show a slight reduction in levels compared with data from the *Survey of Lifestyles, Attitudes and Nutrition in Ireland* (SLAN, RCSI, 2007), there is no reason to be complacent. The fact that six out of every ten of our population is overweight or obese means that Ireland faces a dramatic increase in chronic diseases. While the prevalence of childhood overweight and obesity remains high in Ireland, the Childhood Obesity Surveillance Initiative (COSI) indicates that rates may be stabilising (Heinen et al, 2014). However, it is important to note that overweight and obesity are not distributed equally across the population – those living in disadvantaged circumstances, certain ethnic/cultural minority groups and people with a disability are most at risk. A more detailed graphical presentation of the overweight and obesity data is provided in Appendix 2.

Figure 1 presents an overview of key statistics on overweight and obesity in Ireland.



FIGURE 1 Key facts on overweight and obesity in Ireland



2.1.1 Diet and nutrition

A healthy diet is crucial in maintaining a healthy lifestyle. It plays a key role in maintaining a healthy weight as well as encouraging positive lifestyles generally.

The findings of Irish adult and children nutrition surveys over the last ten years show that eating habits are not consistent with optimal health. Excess consumption of saturated fats, trans fats, sugars and salt (especially from foods and drinks on the top shelf of the Food Pyramid) and low consumption of fruit and vegetables are the major problems in the Irish diet (IUNA, 2012a, 2012b, 2012c, 2012d, 2012e).

Two major surveys have recently been published: the *Healthy Ireland Survey*, which looked at the lifestyle behaviours of individuals aged 15 years and over, and the Irish *Health Behaviour in School-aged Children* (HBSC), which looked at the eating behaviour of children aged 9–18 years www.nuigalway.ie/hbcs/.

The key diet and nutrition messages from the *Healthy Ireland Survey* are summarised below.

- Only one in four (26%) report that they eat five or more portions of fruit and vegetables daily.
- Just over one in five (22%) report that they do not eat fruit or vegetables every day.
- Almost two in every three (65%) report that they consume snack foods or sugar-sweetened drinks daily.
- Almost two in every three (62%) eat snack foods daily, consuming an average of two portions per day.
- About one in every seven (15%) drink sugar-sweetened drinks daily, with men aged 15–24 years most likely to drink these (29%).

- Three out of every four (73%) eat breakfast every day, with those living in more deprived areas less likely to do so.
- Younger people are less likely to eat breakfast – four out of every ten (40%) of 15–24 year olds do not eat breakfast every day.

The key diet and nutrition messages from *Health Behaviour in School-aged Children Ireland* (Kelly et al, 2012) are summarised below.

- One in every four eat fruit (24%) and vegetables (23%) daily.
- Consumption of sugar-sweetened drinks is still high, with 26% and 12% having sweets and soft drinks daily or more.
- There was no change in the proportion of children who reported never eating breakfast on week days (13%).
- One in every five children (21%) reported going to school or to bed hungry; this has remained stable since 2010.

These surveys show that there is still considerable room for improvement in the Irish diet.

Breastfeeding

There is strong evidence that breast milk provides the best nutrition for baby and is important in preventing childhood illnesses, chronic diseases and in protecting maternal health. Breastfeeding is also a significant protective factor against obesity in children (Yan et al, 2014). Children who are not breastfed have an increased risk of being overweight and obese with subsequent health risks, and health and social costs (Ip et al, 2007; McCrory and Layte, 2012).

While there have been gradual increases in breastfeeding rates in recent years, Ireland's

breastfeeding rates as reported in the National Maternity Strategy (2016) remain low by international standards. The 2013 National Perinatal Statistics Report (Healthcare Pricing Office, 2014) reported breastfeeding rates of 56% on discharge from hospital, an increase from 53% in 2009 and 46% in 2004. This compares with initiation rates of 90% in Australia, 81% in the UK and 79% in the US (Public Health Association of Australia, 2010; McAndrew et al, 2012; National Centre for Chronic Disease Prevention and Health Promotion, 2014). Rates of exclusive breastfeeding in 2013 were 46%.

FIGURE 2 Key facts on diet and nutrition in Ireland



2.1.2 Physical activity

Physical activity is very important from health, societal and economic perspectives. It plays an important role in maintaining body weight equilibrium; the more the body exercises, the more calories it burns.

The findings from the *Healthy Ireland Survey* (2015) indicate that, in line with physical activity guidelines, almost one third of the adult population is physically active. It is particularly interesting to note that those who are obese are more likely to have a low level of activity than a high one.

In relation to children, it is of concern that according to *The Children's Sport Participation and Physical Activity Study* (2010), only 19% of primary and 12% of post-primary school children met the national physical activity guidelines (Woods et al, 2010). Girls were less likely than boys to meet the physical activity guidelines. The likelihood of meeting the physical activity guidelines decreased with increasing age. One in four children was unfit, overweight or obese and had elevated blood pressure. Children who met the national physical activity guidelines had the best health profile of all children.

It is of note that only 35% of primary pupils and 10% of post-primary pupils received the Department of Education and Skills recommended minimum minutes of physical education per week. However, 63% of primary and 73% of post-primary school pupils participate in extra-curricular sport at least one day a week. Boys are more likely to engage in extracurricular sport than girls.

FIGURE 3 Key facts on physical activity in Ireland



2.2 Consultation

Consultation played a key role in the development of this *Obesity Policy and Action Plan*. An innovative approach to consultation with key groups was adopted. This process consisted of consultation with children and young people and with various stakeholders.

2.2.1 Consultation with children and young people

The Citizen Participation Unit of the Department of Children and Youth Affairs (DCYA) conducted consultations with 82 children and young people to inform the development of this Policy. Those aged 8–12 years were recruited from primary schools through the Irish Primary Principal’s Network (IPPN), while those aged 13–17 years were recruited from the 31 Comhairle na nÓg – a network of child and youth councils throughout the country. Considerable focus was placed on ensuring that good representation was achieved regarding socio-economic status, gender, ethnicity and geography.

Children aged 8–12 years: Main themes

The importance of aspects of **healthy living** were highlighted:

- eating more healthy foods and eating less sweets, fizzy drinks, take-away and ‘junk’ food; getting sufficient sleep; and
- physical exercise, playing outdoors and using ‘your imagination to make-up active games’.

Smoking was repeatedly identified as a potential threat to health.

Home was identified as a source of love and support and a place where children received guidance about healthy lifestyles, particularly in relation to food choice and exercise.

Schools were seen as important in providing information and guidance on healthy lifestyles.

The children raised issues related to their **local area** as influencing healthy lifestyles, including access to parks and other facilities. They also noted hazards related to walking and cycling such as cars parking on cycle paths and traffic near where children are playing.



Young people aged 13–17 years: Main themes

Body image and media influences were identified as the top barriers to a healthy lifestyle among teenagers, including the pressure to conform to a particular body image – to be ‘skinnier’, in the case of girls, or ‘bulkier’ in the case of boys. Stigma attached to eating disorders makes it difficult for young people to discuss this problem.

Negative **peer pressure** and bullying were identified as sources of stress and anxiety for young people. Participants highlighted the need to promoting greater awareness of the importance of ‘accepting who you are’.

In the context of **school**, exam stress, heavy study workloads contribute to sedentary and unhealthy lifestyles. Young people were critical of how social, personal and health education (SPHE) is taught and claimed that SPHE teachers were not adequately trained for their role.

Young people recognised that physical education (PE) can help with a healthy lifestyle, but were critical of it being a compulsory subject. Some felt self-conscious or embarrassed about their appearance while changing and participating. They highlighted the lack of choice involved in this class, with few alternatives to team sports, and a failure to cater for different interests.

Parents and families were consistently identified as a source of support and positive reinforcement. However, families were also identified as a source of stress and anxiety for children and young people.

The need for **nutritional clinics** was raised, which could help guide young people towards better choices in maintaining a healthy lifestyle.

The report of the children’s consultation is available on the following websites:

<http://health.gov.ie/healthy-ireland/>, www.dcyia.ie and www.ucc.ie.

2.2.2 Consultation with key stakeholders, including industry, healthcare providers and other government departments

Key stakeholders, including healthcare professionals, academics, representatives from industry, relevant government departments and non-governmental organisations (NGOs), and members of the Healthy Ireland Council, attended a one-day consultation event based on a consultation document sent to participants in advance. The document presented information on issues relevant to obesity and options for further action (<http://health.gov.ie/healthy-ireland/obesity/special-action-group-on-obesity-sago/>)

2.2.3 Consultation, led by the Royal College of Physicians in Ireland (RCPI)

This consultation was held with healthcare providers, including representatives from key clinical areas, healthcare providers involved in the primary, secondary and tertiary care of adult and child patients, and major healthcare providers who work independently of the Health Service Executive (HSE). This consultation made a number of recommendations ranging in their scope from public health policies to healthcare, education, training, communities and clinical care and practice (See <https://www.rcpi.ie/policy-and-advocacy/rcpi-policy-group-on-obesity/>).

2.2.4 Other consultations

The Department of Health held a series of bilateral discussions with other government departments. A number of organisations and individuals also made their own submissions.

2.2.5 Key messages from the consultation process

The need for a whole-of-government and a whole-of-society approach to this multifactorial problem was clearly articulated. The need to prioritise prevention, early detection, early intervention and greater access to specialist treatment and care services was also emphasised. Enabling and empowering individuals, families and communities were seen as crucial elements for success in reducing the burden of overweight and obesity. Healthcare providers emphasised the provision of appropriate levels of treatment and care for children and adults, the importance of collecting weight data, the need for education and training of healthcare staff and the need for adequate resourcing of services. They also recommended integrated models of treatment and care for

adults, children, during pregnancy, for people with disability and those with mental health problems. The children's consultation highlighted key issues relating to the perception of obesity in childhood and how best to prevent it.

2.3 Evidence

In recognition of the scale of preventable ill health and the extent of chronic diseases, Ireland has adopted a whole-of-government policy with a vision of a society “where everyone can enjoy physical and mental health and wellbeing”. In 2013, the Government published its commitment: *Healthy Ireland – A Framework for Improved Health and Wellbeing*.

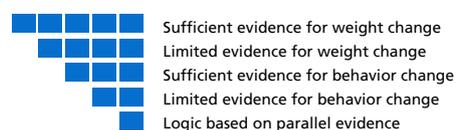
The evidence for a whole-of-government approach is overwhelming and emanates from the WHO, other international organisations and the scientific literature. Because the causes of obesity are multi-factorial, the solutions are complex and necessitate the interventions of various government departments as well as all sectors of society. In its framework for the implementation of actions regarding diet, physical activity and health at country level, the WHO calls for “strategic leadership” to create supportive environments (ecological, societal, economic and health) that are conducive to behaviour change.

McKinsey Global Institute (MGI), in its comprehensive report *Overcoming Obesity: An Initial Economic Analysis* (2014) confirmed that obesity is third on the list of global social burdens on society (preceded only by the cost of armed conflict and smoking). This analysis showed a need for an “ambitious, comprehensive and sustained portfolio of interventions by national government, local government, retailers, consumer-goods companies, restaurants, employers, media organisations, educators, health care providers, and individuals”.

MGI examined 74 interventions, across 18 groups, and quantified that there are 44 interventions that can reduce by 20% the number of obese individuals (MGI, 2014). The following was considered to have a high impact on obesity in a cost-effective way: portion-size control, reformulation of food and drink, high calorie food/beverage availability, weight management programmes, parental education, school curriculum, healthy meals, bariatric surgery, labelling of food, price promotion, pharmaceuticals, media restrictions, tax on high sugar or high fat products, workplace wellness, active transport, and public health campaigns.

FIGURE 4 Cost-effective interventions on obesity

There is considerable scope to have high impact on obesity in a cost-effective way
Cost-effectiveness and impact of obesity levers, United Kingdom



Intervention Group ¹	Estimated impact across full population Thousands DALYs saved	Estimated average cost per DALY ² \$ per DALY saved	Strength of evidence rating ³ \$ per DALY saved
Portion Control	2,126	400	5
Reformulation	1,709	2,600	4
High calorie food/beverage availability	1,137	200	3
Weight-management programs	967	1,300	5
Parental Education	962	2,000	4
School Curriculum	888	600	3
Healthy Meals	888	14,000	2
Surgery	615	10,000	5
Labelling	575	2,000	3
Price Promotions	561	200	2
Pharmaceuticals	430	5,600	5
Media Restrictions	401	50	3
10% Tax on high-sugar/high-fat products ⁴	203	1,800	2
Workplace wellness	139	2,700	4
Active Transport ⁵	67	31,000	2
Public-health campaigns	49	200	1

1 Includes only non-overlapping levers in each category. Where two levers overlapped such as plain and engaging labelling or gastric banding and bariatric surgery, the higher-impact lever was chosen.

2 Impact and cost over lifetime of 2014 population; uses UK-specific cost effectiveness calculated using GDP and World Health Organisation methodology.

3 Based on the evidence rating system of the Oxford Centre for Evidence-Based Medicine.

4 All intervention impact modelling was subject to scalable assumptions on potential reach. Tax levers are also subject to scalability of levy incurred. In this case, MGI modeled a 10 per cent tax on a set of high-sugar and high-fat food categories, based on empirical precedents and size of levy often studied. It is scalable, and impact would increase close to directly with increase in levy.

5 Impact assessed here is only from reduced body mass index (BMI), not full health benefits of some interventions (e.g. cardiovascular health, mental health) For example, active transport health benefits are higher when all of these benefits are taken into account.

NOTE We do not include health-care payors because this is a less relevant intervention in the United Kingdom context. There are insufficient data to quantify urban-environment interventions.

SOURCE Literature Review; Expert Interviews: McKinsey Global Institute analysis.

Source: McKinsey Global Institute (November 2014)

Findings from a WHO review of effective interventions on diet and physical activity are presented in Table 1 (WHO, 2009). This review primarily considered the settings for effective interventions. While acknowledging gaps in knowledge and a focus on short-term outcomes, the review aimed to provide policymakers and other stakeholders with a summary of tried and tested diet and physical activity interventions.

TABLE 1 Effective interventions on diet and physical activity

Intervention	Effective	Moderately effective
Policy and environment	Urban planning that caters for cycling, play and other active transport.	Point of sale prompts.
Mass media	Combined campaigns with community-based supportive activities.	Long-term intensive mass media campaigns promoting healthy diets.
Education setting	Multi focal intervention: curriculum, policies and environment and services.	Focused approach.
Workplace	Multi-component programmes, such as healthy eating, exercise facilities and self-learning.	
Community	Community development programmes and targeted at high-risk groups.	Community programmes based on national campaigns in a homogenous community.
Primary care	Interventions targeting chronic NCD risk groups.	Cholesterol screening.
Older adults	Home-based interventions.	

Source WHO (2009)

Access to a healthy diet has also been addressed from a human rights perspective. In a report to the UN Human Rights Council, the then Special Rapporteur identified five priority actions, based on evidence, to address the issues of obesity and unhealthy diets:

- taxing unhealthy products;
- regulating foods high in saturated fats, salt and sugar;
- restricting ‘junk food’ advertising;
- overhauling agricultural subsidies that make certain ingredients cheaper than others; and
- supporting local food production so that consumers have access to healthy, fresh and nutritious foods (DeShutter, 2012).

Overall, the evidence points to a broad range of interventions including fiscal, food marketing and educational initiatives, an environment that supports healthy eating and promotes physical activity and health interventions to manage overweight and obesity.

2.4 International approaches

The root causes of overweight and obesity are highly complex. The UK government’s Foresight Programme, run by Government Office for Science, identified more than 100 variables, across ten different domains (see the Foresight Obesity System Map in Appendix 3).

Obesity is a worldwide issue and countries vary in their strategic programmes and policies that aim to tackle the issue. Some have concentrated on limited but effective initiatives, notably taxing unhealthy food high

in sugar, fat and salt; nutrition surveillance; and infant and child growth monitoring, public education campaigns or education and school programmes. Responsibility for implementing such programmes has tended to vary across sectors, and the success of such programmes has been largely dependent on leadership in the relevant sector and evidence of effectiveness of the action or programme.

National programmes to address obesity have also varied depending on the political system of the country in question, its culture, industry, economic structures and the size of the problem. However, the limited success of obesity policies in many countries has been met with a call for more strategic policy design that recognises the broad range of related issues and the need for a focus on implementation.

The WHO, in its *Global Strategy on Diet, Physical Activity and Health* and its framework to monitor and evaluate implementation of this strategy, has urged Member States to develop strategic leadership on this issue (WHO, 2004a; 2008). Some countries, like England, Wales and Scotland, Canada and Scandinavian countries, have established a dedicated “healthy weight” function or office within the government health sector to provide leadership, coordination of effort, development of services and monitoring of effectiveness and outcomes.

2.5 Conclusion

In Ireland, the obesity epidemic is now a significant concern across all age groups. The majority of our population is now overweight or obese, a scenario that at its worst could reverse the improvement in life expectancy seen in the last few decades. Recent research has found that there is still considerable room for improvement in the Irish diet, and levels of physical activity should also be enhanced. Prevention therefore is paramount.

It is of note that these findings, as well as the international evidence presented by MGI and the WHO, were reflected in the consultation process held by the Department of Health in developing this *Obesity Policy and Action Plan*. It is recognised and acknowledged that no single action, sector or programme, on its own, is going to solve the challenge of obesity. The evidence shows that there is a need for:

- a systematic and sustained portfolio of initiatives, which is built as a whole-of-government and a whole-of-society programme; and
- an intervention portfolio that is cost effective. Government should deploy as many interventions as possible at a scale and delivered effectively by all sectors in society.

However, it should be noted that evidence is not always available or fully developed. MGI, WHO and some governments have indicated that the lack of investment in research and evaluation should not delay or impede the implementation of policies and other promising initiatives that are manifestly sensible in tackling the problems of overweight and obesity. In the absence of such gold-plated evidence these initiatives should be reviewed regularly.

In general terms, international experience on tackling obesity shows the importance of:

- strong central leadership in setting the policy direction;
- sustained support at the highest levels of government to enable the intersectoral actions that are required;
- a health system that is focused on prevention, with particular emphasis on children and reducing inequalities; and
- a health system that also provides specialist services for the large number of individuals that require them.

Based on the scientific evidence, international experience, Irish literature, and consultation with key stakeholders, health professionals and children, the *Obesity Policy and Action Plan* sets a much needed and comprehensive framework for action. In turn, the Policy requires ambitious but realistic targets to steer these actions. The need for such a framework and action plan stems from evidence that only systematic planning, involving all sectors, together with a sustained, inclusive portfolio of cost-effective interventions, will deliver on achieving the targets set out in this Policy.



chapter three

a framework for action

Tackling overweight and obesity requires multi-agency, multi-level and coordinated approaches. Comprehensive and wide-ranging actions are needed to support a suite of interventions, acting at different levels, engaging all stakeholders and focused on reducing inequalities between different population groups. This *Obesity Policy and Action Plan* sets out the cross-sectoral *Healthy Ireland* approach, acknowledging interdependencies and addressing government policy and action in a wide range of areas that will impact on the determinants of overweight and obesity.

Dealing with socio-economic inequalities in the occurrence of overweight and obesity is a particular priority, which receives cross-cutting consideration within the *Obesity Policy and Action Plan*.

In broad terms, the Policy will operate at two levels.

“Top down” measures: different sectors play key roles in shaping the obesity prevention environment.

“Bottom up” approaches: these empower individuals, families and communities to make healthier choices and/or inform relevant key sectors of future strategies and interventions/actions.

The framework is underpinned by clear governance arrangements, which set out the roles and responsibilities of different sectors and how the Policy will be implemented and monitored.



3.1 Governance

This section provides an overview of leadership on addressing overweight and obesity at government level, and describes the various elements that set out how the *Obesity Policy and Action Plan* will work. Obesity is a key priority within the *Healthy Ireland Framework* and the structures it put in place will be used by the *Obesity Policy and Action Plan* to tackle obesity in a more effective way.

3.1.1 Healthy Ireland Governance Structures

The established governance and accountability structures for the *Healthy Ireland Framework* will be used by the Department of Health to ensure the implementation of the *Obesity Policy and Action Plan* across Government and across society. The following structures provide effective arrangements to facilitate coherent, efficient implementation of the framework of actions.

- The Cabinet Committee on Social Policy and Public Sector Reform, supported by the Senior Officials' Group, provides oversight.
- A high level cross-sectoral group, including representatives at assistant secretary level from government departments and a number of key agencies, provides strategic direction and monitors progress.
- A number of interdepartmental and cross-sectoral working groups provide opportunities to improve collaboration on a number of key areas.
- The *Healthy Ireland Council* connects and mobilises communities, families and individuals into a national movement with the aim of supporting the successful engagement of a wide range of stakeholders

and the building of innovative partnerships and approaches.

- The multi-sectoral Children and Young People Service Development Committee, established by the Department of Children and Youth Affairs to improve services and health outcomes for children, under its commitment for *Better Future Brighter Outcomes* (2014).

Progress on the *Obesity Policy and Action Plan* will be reported to the *Healthy Ireland Cross Sectoral Group* by the Department of Health. In addition, the Department will: regularly review outcomes; develop a suite of performance indicators to monitor progress on implementation; and conduct a mid-term review of the *Obesity Policy and Action Plan*.

3.1.2 Policy

The Department of Health will lead the implementation and oversight of the *Obesity Policy and Action Plan*.

3.1.3 Implementation

Engagement and cooperation across government departments, led by the Department of Health, is the key priority under *Healthy Ireland* for the immediate and near future. The Department will continue to participate in existing North–South and international networks and collaborations, as well as seeking new partnerships on the issues of obesity. As set out in *Healthy Ireland*, integrated health and social impact assessments will be conducted on relevant policy areas to support other government departments in contributing towards the prevention of overweight and obesity.

3.1.4 Legislation and regulation

The Department of Health will develop appropriate legislation as required and liaise with other departments on relevant legislation.

3.1.5 Resources

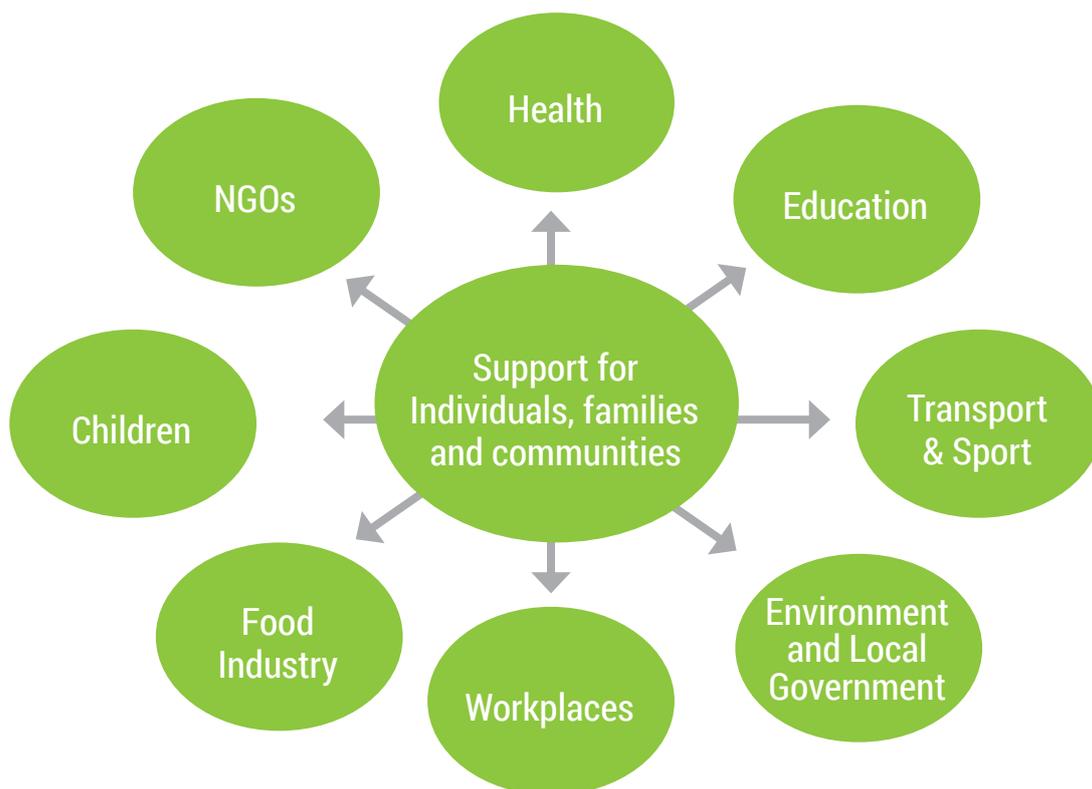
The *Obesity Policy and Action Plan* will identify the priorities for the health system on the measures necessary to tackle obesity. The HSE is already taking action, but there will be a need for additional resources allocated over the ten-year term of the Action Plan. The areas identified for action by the HSE will comprise a core component of the HSE’s Annual Service Plan and will be delivered within the resources allocated. Furthermore, resources will be made available from other government departments to support relevant actions on obesity, as considered necessary.

A key step in achieving implementation and ensuring good governance in accordance with the dimensions of governance referred to above will be the leadership provided by the Department of Health under the *Healthy Ireland Framework* to oversee the implementation of the *Obesity Policy and Action Plan*.

3.2 Multi-sectoral support

Successfully achieving the aims articulated in this Policy will require active engagement from many sectors. Figure 5 outlines a number of sectors that play a key role in shaping the obesity prevention environment. The list of sectors referenced is not exhaustive; clearly, many other sectors and government departments play a role. Coordinated action across sectors will add significantly to the impact of the Policy.

FIGURE 5 Sectors with leadership roles in prevention and management of obesity



3.3 Support for individuals, families and communities

As individuals, we all live and work within a number of environments like home, workplace and community and, more broadly, social, political, cultural and other norms (see a diagram of Dahlgren and Whitehead's social model of health in Appendix 4). This means that the success of the *Obesity Policy and Action Plan* is contingent on provision of a broad range of supportive environments for those trying to achieve or maintain a healthy weight. The importance of family and the role of parents, together, are recognised as the most influential factor on a child's eating habits and physical activity in the early years. Many community programmes target families and seek to encourage healthy weight management through positive lifestyle changes in a family environment.

Individuals and families also need to be empowered to make informed choices about their lifestyle and to enhance levels of personal motivation and confidence in how to go about changing their diet, increasing physical activity and in achieving and maintaining a healthy weight.



chapter four

targets

Setting targets is important as it underlines the intention of doing everything possible to achieve the stated aim. Ideally, targets should specify increases in the prevalence of healthy weight in adults and children (or declines in overweight and obesity prevalence) to be achieved by 2025 from the current 2015 baseline.

The WHO has set a global target to halt the rise in obesity by 2025 (WHO, 2013). However, for Ireland the targets should be sufficiently ambitious and set the direction for action. However, they must also be realistic, potentially achievable and based on a scientific consensus regarding current underlying trends in the prevalence of overweight and obesity in children and adults, as well as the likely impact of specific measures and interventions by government, industry, wider society, families and individuals.

Given the evidence on potential stabilisation of rates of overweight and obesity (based on the *Healthy Ireland Survey* and the Childhood Obesity Surveillance Initiative (COSI)), it is reasonable to set a target for a decline in prevalence over the next ten years.

The short-term (five-year) targets for overweight and obesity are:

- a sustained downward trend (averaging 0.5% per annum as measured by the HI Survey) in the level of excess weight averaged across all adults;
- a sustained downward trend (averaging 0.5% per annum as measured by COSI) in the level of excess weight in children; and
- a reduction in the gap in obesity levels between the highest and lowest socioeconomic groups by 10%, as measured by the Healthy Ireland and COSI surveys.

Over the ten years of the Obesity Policy, progress on achieving the targets will be reviewed every two years. The need to revise targets will be considered in the context of contemporary prevalence data, ongoing modelling exercises and the impact of specific policies and interventions.





chapter five

a healthy weight for Ireland - ten steps forward

This chapter presents the Government’s commitment to preventing overweight and obesity, specifically the Ten Steps Forward that will be taken to this end. Recognising that the solutions require action across a range of sectors and at different levels, these ten steps will chart a course for reversing the obesity trends, preventing complications associated with obesity such as diabetes, and reducing the overall burden for individuals, their families and the health system. The Ten Steps Forward are interdependent, and each step includes a number of priority actions. It is intended that all of these 20 priority actions will commence at the earliest opportunity. The Ten Steps Forward and their priority actions are outlined below.

The second part of the *Obesity Policy and Action Plan*, set out in chapter 6, provides more detail on additional actions to support the Ten Steps Forward, and includes information on lead agencies, partners and timelines over the lifespan of the Policy.

Figure 6 summarises the Ten Steps Forward.

FIGURE 6 Ten Steps Forward



5.1 The Ten Steps Forward

Step 1

Embed multi-sectoral actions on obesity prevention with the support of government departments and public sector agencies.

Priority actions to commence in first year:

- Develop and implement a ‘whole of school’ approach to healthy lifestyle programmes (including, but not limited to the curriculum, on nutrition, physical activity and exercise, smoking, alcohol and mental wellbeing).
- Develop proposals relating to the rollout of evidence-based fiscal measures, including a levy on sugar-sweetened drinks, in support of healthy eating.

Step 2

Regulate for a healthier environment.

Priority actions to commence in first year:

- Develop legislation for calorie posting to support people to make healthy choices.
- Develop guidelines and support materials for those working in developing the built environment for urban development and planning in relation to reducing the obesogenic environment.

Step 3

Secure appropriate support from the commercial sector to play its part in obesity prevention.

Priority actions to commence in first year:

- Agree food reformulation targets with the food industry.
- Establish a forum for meaningful engagement with industry on best practice initiatives towards a healthy food environment.
- Develop a code of practice for food and drinks promotion, marketing, sponsorship and product placement.

Step 4

Implement a strategic and sustained communications strategy that empowers individuals, communities and service providers to become obesity aware and equipped to change, with a particular focus on families with children in the early years.

Priority actions to commence in first year:

- Develop a communications strategy to increase knowledge among the public and all other relevant stakeholders of the benefits of being a healthy weight and to stimulate healthy behaviour change. This will include measures to communicate to disadvantaged and low income groups, including considering how best to link to measures already being taken by the Department of Social Protection.

Step 5

The Department of Health, through Healthy Ireland, will provide leadership, engage and co-ordinate multi-sectoral action and implement best practice in the governance of the *Obesity Policy and Action Plan*.

Priority actions to commence in first year:

- The Department of Health will provide overall stewardship for the Policy and work collaboratively with international organisations including the WHO, the EU as well as on a North–South basis.
- Develop proposals for a nutrition policy and action plan led by the Department of Health.

Step 6

Mobilise the health services to better prevent and address overweight and obesity through effective community-based health promotion programmes, training and skills development and through enhanced systems for detection and referrals of overweight and obese patients at primary care level.

Priority actions to commence in first year:

- Target high-risk groups through community development programmes that support healthy lifestyles, prevention and management of overweight and obesity in children and adults.
- Include obesity prevention and care as a requirement of GP contracts.

Step 7

Develop a service model for specialist care for children and adults.

Priority actions to commence in first year:

- Appoint a clinical lead for overweight and obesity within the health service to develop models of care for the prevention and management of obesity in primary care and specialist services.
- Develop a national integrated service model for the health and social care of overweight and obese people including specialist services on an equitable geographic basis for both children and adults.
- Develop quality assurance guidance for obesity services.

Step 8

Acknowledge the key role of physical activity in the prevention of overweight and obesity

Priority actions to commence in first year:

- Implement the National Physical Activity Plan for Ireland.
- Develop nutrition and physical activity guidelines for weight loss in overweight and obese individuals.

Step 9

Allocate resources according to need, in particular to those population groups most in need of support in the prevention and management of obesity, with particular emphasis on families and children during the first 1,000 days of life.

Priority actions to commence in first year:

- Assess the needs of vulnerable groups as the basis of allocation of resources for preventative and treatment services for children and adults.

Step 10

Develop a multi-annual research programme that is closely allied to policy actions, invest in surveillance and evaluate progress on an annual basis.

Priority actions to commence in first year:

- Develop a multi-annual obesity research plan.
- Develop proposals for a nutrition health surveillance system and a national physical activity surveillance system.
- Report annually on the Plan and conduct a mid-term review on overall progress in achieving the targets.

chapter six

action plan

The *Obesity Policy and Action Plan* sets out effective and sustainable actions that can be taken by government, statutory and other sectors, communities and individuals. The main messages are to act now and to do so together, in a planned and coordinated way. While the health services will continue to work on the prevention, care and treatment of overweight and obesity, it is well recognised that this alone will only have a limited impact. Therefore, all individuals, communities and sectors of society have a role and responsibility in the prevention of overweight and obesity.

The Ten Steps Forward provide direction for moving towards a healthier weight for Ireland.

6.1 Step 1

Embed multi-sectoral actions on obesity prevention with the support of government departments and public sector agencies.

Prevention is the primary focus of the *Obesity Policy and Action Plan*. Preventing children from becoming overweight must form the cornerstone of prevention efforts if long-term sustainable change in Ireland's population obesity profile is to be achieved. The World Health Organization, in its document *Ending Childhood Obesity* (www.who.int/end-childhood-obesity/en/), has called on the governments of Member States to “take ownership, provide leadership and engage political commitment to tackle childhood obesity”. It considered the education setting, particularly schools, as one of the most important sectors for addressing obesity and went on to ask governments to “implement



comprehensive programmes that promote healthy school environments, health and nutrition literacy and physical activity among school-age children and adolescents”.

It is well known that overweight and obesity are not distributed equally across the population. Lifestyle patterns of health and age-related chronic diseases are influenced at different stages of a person’s life and what happens during the early years has lifelong effects. Key life stages and transition points can affect health by moving people onto a more or less advantaged path. However, they also present opportunities for intervention, for example, with healthcare services, educational institutions and employers.

The evidence is very clear that preventing children from becoming overweight and obese is the best approach for long-term sustainable change in Ireland’s population obesity profile (The National Taskforce on Obesity, 2005). To increase the likelihood of success, the *Obesity Policy and Action Plan* seeks to secure a healthy weight as early in a child’s life as possible, including a focus on supporting a healthy weight for women in their child-bearing years, during pregnancy and for children in infancy and the early years.

In terms of improved health for all and reducing the health divide, a range of mutually-reinforcing and integrated strategies and actions are set out to encourage, support and enable people to make better choices for themselves and their families. Through *Healthy Ireland*, the focus will be on effective ways to empower people and communities to improve and take responsibility for their own health and wellbeing.

The *Obesity Policy and Action Plan* reflects the World Health Assembly declaration on reducing the burden of chronic diseases and ending childhood obesity by prioritising high impact

and affordable interventions (WHO, 2011; WHO, 2016). It has regard to commitments Ireland has made at the international level, such as adhering to this declaration.

However, prevention remains one of the greatest challenges. The WHO (2008), McKinsey Global Institute (2014) and others who have examined the evidence of effectiveness of various interventions have concluded that the following are cost-effective interventions: portion size control; reformulation; labelling; weight management programmes; parental education; schools programmes; workplace wellness; community development targeted at high-risk groups; active transport; urban planning; and various fiscal policies. These involve a variety of different sectors. The prevention approach aims to gradually change Ireland’s obesogenic environment to one that facilitates consumption of healthier food and drinks and fosters active lifestyles. Actions will support individuals to make healthier food choices through addressing food availability and marketing as well as through education and awareness.

The family and broader community play a major role in shaping behaviour. It is important therefore that families and children can access information on making healthier choices and keeping healthy, for example, through community up-skilling programmes on healthy lifestyles. Learning at school about their health and what is needed for good health is also crucial for a child’s development. This was a key point from the children’s consultation. It is important that the school environment is consistent and promotes the availability of healthy food as well as supporting teachers and students with the skills to facilitate healthy eating. Circulars by the Department of Education and Skills on the promotion of healthy lifestyles (2015 and 2016) clearly set out the intention to improve and

recommend measures to promote healthy lifestyles, such as promoting healthy eating and physical activity. In particular, it specifies that schools should have a healthy eating policy, that healthy food alternatives should be available, that schools should participate in the Health Promoting Schools initiative and that the Professional Development Support Service for Teachers (PDST) should support the SPHE and PE curricula with regard to healthy eating policies.

The action areas under Step 1 are set out in Table 2 below.

TABLE 2 Step 1 action points

Ref.	Action	Lead Responsible	Partners	Timeframe
1.1	As an integral part of the 'healthy school' concept, develop and implement a 'whole of school' healthy lifestyle programme (including, but not limited to, the curriculum, on nutrition, physical activity, smoking, alcohol and mental wellbeing), incorporating knowledge, skills and greater understanding of environmental factors that influence children and young people. National food standards for primary schools will be developed.	DES	DOH, SSP, safefood, HSE, schools.	2016–2018
1.2	Develop and implement an integrated and holistic health and wellbeing model for early childhood services (Outcome 1 in <i>Better Outcomes, Brighter Futures</i>).	DCYA	Childcare committees in LCDCs, HSE, DES, TUSLA, DSP	2016–2018
1.3	Develop and implement training programmes, including brief interventions, and courses on overweight and obesity, including anti-stigma, for and by teachers.	DES	Teacher colleges, HSE	2016–2025

1.4	Provide potable water in all learning centres (from preschool and crèches to universities and adult learning centres) and ensure all new builds provide potable water on opening.	DES, pre-schools, schools, colleges, universities.		2016–2025
1.5	Expand parenting programmes that incorporate healthy lifestyle and behavioural change.	HSE		2016–2025
1.6	Examine expansion of current effective programmes, such as Food Dudes and The Incredible Edibles and develop further opportunities for collaboration with other government departments and state agencies in the promotion of fresh produce and its role in a healthy, balanced diet (Foodwise, 2025; Department of Agriculture, Food and the Marine, 2015).	DAFM	DOH, DSP, DF, DES	2016–2025
1.7	Monitor compliance with the WHO Code of Practice on the Marketing of Breastmilk Substitutes (WHO, 1981).	HSE/FSAI		2016–2025
1.8	Develop proposals on the rollout of evidence-based fiscal measures to support healthy eating and lifestyles.	DOH	DF	2016–2018
1.9	Develop proposals for a levy on sugar-sweetened drinks.	DOH	DF	2016
1.10	Review the evidence, including the effectiveness of implementation, for fiscal measures on products that are high in fat, sugar and salt to reduce their consumption.	DOH	HRB, IPH, DF, academic institutions	2016–2018
1.11	Develop joint proposals with relevant departments such as, but not limited to, DAFM, DESS, DF, DELG, DJEI and HSE, on measures to incentivise healthier behaviours.	DOH	As appropriate	2016–2018

6.2 Step 2

Regulate for a healthier environment.

The Department of the Environment, Community and Local Government, in its guidelines for planning authorities on retail planning, has included the provision of restaurants in the preparation of joint or multi-authority retail strategies (April 2012). It has also issued guidelines for local area plans (June 2013). The key policies and objectives are to “deliver high-quality urban design that improves people’s quality of life”. The guidelines state, “planning also has an important role to play in promoting and facilitating active and healthy living patterns for local communities”. Moreover, “the local area plan can promote active living and healthier lifestyles by ensuring that (*amongst other things*): Exposure of children to the promotion of foods that are high in fat, salt or sugar is reduced such as the careful consideration of the appropriateness and location of fast food outlets in the vicinity of schools and parks”.

Changing the obesogenic environment is recognised as a critical factor underpinning the success of maintaining the population at a healthy weight. The prevention approach aims to gradually change Ireland’s food environment to one that facilitates consumption of healthier food and drinks and fosters active lifestyles. Food and retail outlets are more widely available now than ever before; this becomes important as children have “discretionary income” and may not follow the healthy eating guidelines (Borradaile et al, 2009). It is important that the “health input” into the local area planning process is consistent and evidence based.

Implementing evidence-informed regulation, legislation and fiscal measures, including, but not limited, to calorie posting legislation, will increasingly support people to make healthy choices.

The action areas under Step 2 are set out in Table 3 below.

TABLE 3 Step 2 action points

Ref.	Action	Lead Responsible	Partners	Timeframe
2.1	Develop guidelines and support materials for those working in developing the built environment for urban development and planning in relation to reducing the obesogenic environment.	DOH, HSE	County/City Councils, DECLG	2016–2018
2.2	Develop, implement and evaluate calorie posting legislation.	DOH	Public sector organisations	2016–2025

2.3	Review EU consumer information labelling of food products and with a view to its application in the Irish market.	DOH, FSAI	DFAM	2016–2018
2.4	Provide a submission to the Broadcasting Authority of Ireland’s Review of the Children’s Communication Code on advertising of energy dense food and drinks.	DOH		2017

6.3 Step 3

Secure appropriate support from the commercial sector to play its part in obesity prevention.

In the last 50 years, the food industry in Ireland and worldwide has been transformed. Food markets are global and there is greater availability of more processed and ready to eat food, much of which is high in calories. Marketing and pricing play key roles in shaping our food choices (French, 2003; Institute of Public Health in Ireland, 2012). It is therefore essential that the way food and drinks are promoted and marketed reduces exposure to unhealthy food using nutrition profiling. Nutrition profiling allows foods and drinks to be classified in terms of their overall nutrition and not just individual nutrients, such as fat or sugar. It is also important that the foods and beverages consumed by adults and children are broadly aligned with the nutrition guidance to achieve and maintain a healthy weight.

Already there are many examples of the food industry making positive contributions to the prevention of obesity and it is essential to capitalise and expand on such initiatives.

The action areas under Step 3 are set out in Table 4 below.

TABLE 4 Step 3 action points

Ref.	Action	Lead Responsible	Partners	Timeframe
3.1	Agree food industry reformulation targets and review progress.	DOH, IBEC, FDII, FSAI	DAFM	2016–2025
3.2	Develop, implement and evaluate a code of practice for food and beverages promotion, marketing and sponsorship.	DOH	Food industry, HSE, DCYA, safefood, FSAI, advertiser organisations	2016–2018
3.3	Establish a forum with industry to review and implement best practice initiatives towards a healthy food environment.	DOH, food industry		2016–2017
3.4	Develop proposals on the scope of corporate social responsibility relating to obesity prevention promoting overall health and well-being in the workplace.	DOH	DJEI, CSR forum	2016–2018
3.5	Consider measures to introduce maximum portion sizes for relevant foods and drinks, on a voluntary basis initially. The effects of measures implemented should be regularly monitored.	DOH	Food industry	2017–2020

6.4 Step 4

Implement a strategic and sustained communications strategy that empowers individuals, communities and service providers to become obesity aware and equipped to change, with a particular focus on families with children in the early years.

The family and the broader community play a major role in shaping behaviour, and it is therefore essential that everyone can access information on making healthier choices and keeping healthy. Currently, individuals are regularly receiving a vast amount of conflicting and at times contradictory information; even scientific information may often be presented in a confusing way. This Policy aims

to create a credible, reliable and sustainable source of information for policymakers and consumers alike. Furthermore, communications relating to this work will focus on enhancing awareness of being a healthy weight, and altering perceptions where necessary. Communications will also contribute to lifting the stigma that may negatively affect overweight and obese people as well as the psychosocial barriers to their help-seeking and change behaviours (Puhl and Heuer, 2010).

The action area under Step 4 is set out in Table 5 below.

TABLE 5 Step 4 action points

Ref.	Action	Lead Responsible	Partners	Timeframe
4.1	Develop consecutive five-year evidence-based communication strategies aimed at creating behaviour change, including the development of print, online and social media resources. The strategies should place a special emphasis on reducing inequalities. The strategy will bring a consistent approach with regards to information and messages across a number of sectors, including schools.	DOH	HSE, safefood	2016–2025

6.5 Step 5

The Department of Health, through Healthy Ireland, will provide leadership, engage and co-ordinate multi-sectoral action and implement best practice in the governance of the Obesity Policy and Action Plan.

As set out in previous chapters, the success of the *Obesity Policy and Action Plan* will depend on the support of many sectors, with clear governance structures and goal alignment across relevant sectors. Tackling overweight and obesity requires multi-agency, multi-level and coordinated approaches. In line with the approach taken internationally, the Department of Health will provide leadership on tackling obesity and co-ordinating action. Established governance and accountability structures for the Healthy Ireland Framework provide effective arrangements to facilitate coherent, efficient implementation of the *Obesity Policy and Action Plan*.

The action areas under Step 5 are set out in Table 6 below.

TABLE 6 Step 5 action points

Ref.	Action	Lead Responsible	Partners	Timeframe
5.1	The Department of Health will provide overall stewardship for the Policy and continue to work collaboratively with international organisations including the WHO and the EU, as well as on a North–South basis.	DOH		2016–2025
5.2	Develop and implement a nutrition policy and action plan.	DOH	All stakeholders	2016–2025
5.3	Develop a suite of healthy eating guidelines for the general population as well as for one to five year olds, and a weight loss food guide.	DOH	All stakeholders	2016–2017
5.4	Establish a multi-stakeholder partnership to share knowledge and experience on healthy weight initiatives.	DOH, safefood	NGOs, HSE, TUSLA	2016–2017
5.5	Continue to develop, implement and review the healthy lifestyles programme in schools.	DES, DOH	HSE schools, children and young people, teachers, parents.	2016

6.6 Step 6

Mobilise the health services to better prevent and address overweight and obesity through effective community-based health promotion programmes, training and skills development and through enhanced systems for detection and referrals of overweight and obese patients at primary care level.

Approximately 60% of those over 15 years old living in Ireland are overweight or obese (Department of Health/Ipsos MRBI, 2015). This equates to around 2.2 million overweight or obese people. Evidence from longitudinal studies reveals what many overweight people already know from personal experience – that losing weight and keeping it off is a very significant challenge (Georgiadis et al, 2006). It is clearly recognised that only a small proportion of those in need of support with

weight management are in contact with any service and that many contacts occur later than is optimal (Brown et al, 2006).

Actions identified under Step 6 aim to enhance the accessibility, appropriateness and quality of a range of services that work to promote the maintenance of a health weight and to support people who are currently overweight to achieve a healthier weight at all stages of life, from birth to end of life care. The actions aim to enhance prevention and early detection of overweight, based on the principle of enhanced effectiveness of early versus later intervention (Srivastava, 2008). These will build on the existing treatment algorithms for adults and children.

Therefore, the actions will commit to continuous improvement on the cultural acceptability of relevant services, particularly to lower income groups. They extend beyond a focus on weight management to include meeting the complex health and social care needs of those with obesity-related illness and disability. When implemented, the actions identified will lead to a health service that is knowledgeable, equipped, and patient-focused in how it prevents, detects, treats and manages overweight and obese patients at all stages of life, from birth to end of life care.

A key goal is to strengthen the health services' capacity to promote maintenance of healthy weight, intervene early to address overweight and implement effective referral pathways

and clinical care models to appropriately and effectively address the needs of overweight and obese individuals.

The HSE has established its Healthy Eating and Active Living Programme, which will provide strategic leadership, focus and co-ordination as well as monitoring of outcomes for cross-cutting actions across health services to:

- promote healthy eating, active living and healthy weight;
- prevent development of overweight and obesity; and
- provide evidence-based services for management of overweight and obesity.
- Prevention and management of overweight will be integrated into care models for pregnant women and people with intellectual, sensory or physical disabilities and those living with chronic disease. By providing an improved model of chronic disease care to the people using our services, and by supporting them and the wider community to make healthier lifestyle choices, we have the potential to make a significant impact on the level of illness, disability and deaths among our population.
- Support is also needed to encourage breastfeeding, which research has shown is a significant protective factor against obesity in children. It provides the best nutrition for baby, helps to prevent childhood illnesses, chronic diseases in adulthood and to protect maternal health. While there have been gradual increases in rates in recent years, Ireland's breastfeeding rates remain low by

international standards, and require support if they are to improve (Layte and McCrory, 2014).

- Primary care is the first point of contact and the most appropriate setting for the majority of health needs. Addressing modifiable risk factors and taking a life-course approach in this setting will allow a focus on primary prevention and early identification of both children and adults with weight-related morbidity.
- The Chronic Disease Management Programmes will shift the management of many chronic diseases such as diabetes, stroke, heart failure, asthma and chronic obstructive pulmonary disease from hospitals to the community. Under the terms of the GP contract, childhood age-based assessments will focus on health and wellbeing, identifying obesity and other problems early. These assessments will be carried out when a child is aged two and again at age five, in accordance with

an agreed protocol. Similar assessments for older children and adults will be key to ensuring an integrated life-course approach is delivered.

- The HSE has a number of community weight management initiatives, and the GP contract now places an emphasis on early detection and management. It is recognised, however, that there is a need for greater capacity across the range of overweight and obesity services throughout the community.
- The need to quality assure weight management services including those provided on a commercial basis is recognised. Further work is required on consulting with children who use these services, as is the need to develop standards in the area.

The action areas under Step 6 are set out in Table 7 below.

TABLE 7 Step 6 action points

Ref.	Action	Lead Responsible	Partners	Timeframe
6.1	Include obesity prevention and care as part of the GP contract. This will build on the previous developments for the under six years of age GP contract.	DOH, HSE	GPs, allied healthcare professionals	2016–2020
6.2	Strengthen the capacity of primary care teams to support obesity prevention and evidence-based weight management services.	HSE	GPs, allied healthcare professionals	2016–2020

6.3	Develop and implement appropriate child development and growth monitoring system with appropriate recording and response programmes. This will build on the work on the under six years of age GP contract, the development of the Child Health Information System and the National Healthy Childhood Programme – a universal child health framework.	HSE		2016–2020
6.4	<p>Implement the brief intervention model (outlined in <i>Making Every Contact Count</i>) as per <i>Healthy Ireland</i> in the Health Services Implementation Plan. A training programme is in development with a target to begin delivery to the first cohort early in 2017 (this will include a focus on physical activity, healthy eating and weight management).</p> <p>A programme of work has commenced with universities and training institutions to integrate chronic disease prevention into undergraduate training programmes for all healthcare staff.</p>	HSE	GPs, allied Healthcare professionals	2016–2020
6.5	Integrate obesity prevention, early detection and self-care into integrated care programmes.	HSE		2016–2017
6.6	Review and implement the HSE–ICGP weight management algorithms for children and adults and their healthy weight management guidelines before, during and after pregnancy.	HSE, GPs		2016–2025

6.7	Develop and integrate evidence-based, effective, community-based health promotion programmes targeted at high-risk groups within all community health organisations.	HSE	All stakeholders	2016–2020
6.8	Include services users (including children and young people) in the development and implementation of programmes in which they are involved.	DOH, DCYA, HSE	All stakeholders	2016
6.9	Develop quality assurance guidance for the commercial weight loss sector.	DOH	Weight loss organisations, HSE	2017–2020
6.10	Investigate the role of new drug therapies in reducing overweight and obesity.	DOH, HSE (NCPE)		2016–2020
6.11	Implement and monitor the forthcoming breastfeeding action plan. Implementation will require investment in whole-time equivalents across acute and primary care settings in addition to enhanced training, provision of supports to mothers and social marketing.	DOH, HSE		2016–2025
6.12	Develop and implement training programmes and courses on overweight and obesity, including anti-stigma, for staff of all functions and disciplines in health services.	DES, HSE	Training colleges	2016–2018
6.13	Review and improve the quality of food in hospitals; develop a food and nutrition policy for hospitals.	HSE		2016–2017

6.7 Step 7

Develop a service model for specialist care for children and adults

In common with Step 6, actions under Step 7 aim to enhance the accessibility, appropriateness and quality of services for people who are currently overweight or obese. The number of people who are obese and require treatment is significant. The RCPI consultation has recommended that individuals with a BMI greater than or equal to 35kg m² with co-morbidities, or adults with a BMI greater than or equal to 40 kg m² are potentially suitable for bariatric surgery. Surgery should only be performed after all non-surgical measures have been tried without clinically significant weight loss resulting. Ireland has made a start by developing a strong model of care with a range of services, but current specialist service provision is low in European terms (Ireland performs approximately 50 bariatric surgeries per annum against a requirement of approximately 400) and needs to be strengthened so as to build a holistic and integrated system that can meet the growing needs across the population.

The action areas under Step 7 are set out in Table 8 below.

TABLE 8 Step 7 action points

Ref.	Action	Lead Responsible	Partners	Timeframe
7.1	Appoint a clinical lead on obesity to provide a model of care for children and adults and oversee its implementation.	HSE	RCPI, relevant stakeholders	2016
7.2	Develop standards, clinical guidelines and quality assurance programmes for obesity and weight management services in the health sector.	DOH, HSE, HIQA	NCEC	2016–2020
7.3	Plan for and support the development of specialist, consultant-led multidisciplinary care, based on the chosen model of care and the RCPI report, for adults on an equitable geographic basis (one within each hospital group) and one for children at national level.	HSE	DOH, RCPI, relevant stakeholders	2016–2025

7.4	Develop and implement integrated clinical care models for adults and children (including chronic diseases and services for people with disabilities) with appropriate clinical care pathways for all patients.	HSE		2016–2020
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6.8 Step 8

Acknowledge the key role of physical activity in the prevention of overweight and obesity

There is strong evidence to support the multiple benefits of physical activity to health and wellbeing. It promotes healthy growth and development in children and young people. It contributes to cognitive function. It is important for healthy ageing and helps to maintain quality of life and independence when we grow older. It makes a very important contribution towards balancing the net result of calorie intake and expenditure and is also a preventative factor for many non-communicable diseases (Department of Health and Children and the Health Service Executive, 2009; Department of Health and Department of Transport, Tourism and Sport, 2016).

The good news is that the trends towards inactivity can be reduced. This would place less demand on the health services, immediately and in the future. The benefits also extend much further beyond the health domain and encompass social, educational, economic and environmental benefits. But, most importantly, investing in increasing physical activity levels will make people feel better and work towards making Ireland one of the healthiest countries in the world.

Changing habits at population level is a huge challenge. The evidence shows that successful approaches to increasing rates of physical activity in the population are long term. Reversing the trends towards inactivity requires commitment to a combination of strategies aimed at individual and at population level. It requires a change or realignment in some policies. It might require some cultural shifts and must remove environmental barriers.

Many things already happening in Ireland support and encourage participation in physical activity. However, no single organisation working on its own can get the country more active. It takes cross-sectoral partnerships involving all levels of government – national and local – as well as state agencies, the business community, the sports community, the rest of the community and voluntary sector, and of course the commitment of individuals.

The *Obesity Policy and Action Plan* and the *National Physical Activity Plan* are complementary in addressing sedentary behaviours and realising the benefits of physical activity for weight control and for those who remain overweight or obese. Both plans focus

on different types of actions, some immediate and some more long-term and sustainable solutions, which recognise that behaviour change is complex, challenging and takes time. This focus is not only on overcoming deficits but also on solutions and strengths and reshaping the environment for physical activity and healthy weight.

Therefore, this Action Plan emphasises the importance of encouraging physical activity and implementation of the *National Physical Activity Plan for Ireland*.

The action areas under Step 8 are set out in Table 9 below.

TABLE 9 Step 8 action points

Ref.	Action	Lead Responsible	Partners	Timeframe
8.1	Implement the National Physical Activity Plan for Ireland.	DOH, DTTS	All stakeholders	2016–2020
8.2	Develop guidelines to reduce sedentary levels in the population.	DOH	Relevant stakeholders	2016–2020
8.3	Develop a specific physical activity plan to address the needs of severely overweight and obese individuals.	DOH, HSE	Relevant stakeholders	2016–2020

6.9 Step 9

Allocate resources according to need, in particular to those population groups most in need of support in the prevention and management of obesity, with particular emphasis on families and children during the first 1,000 days of life.

Targeted actions are required to address the needs of at-risk groups. The *Obesity Policy and Action Plan* sets out actions to support all population groups to be a healthy weight; however, priority will be given to addressing inequalities in the prevalence of overweight and obesity, for example, from pre-conception to two years, families, children, low-income groups and people living in deprived areas.

Policies, programmes and services will seek to drive change at population level but investment will be preferentially allocated to those most in need of support, such as children and disadvantaged groups. The equity impact of policy decisions and investments within the Action Plan will be assessed. This approach embeds tackling health inequalities as a core aim of the Policy and a core consideration in processes of implementation, monitoring and review.

Although it has been stated earlier, it is worth reiterating that all actions in this Action Plan are guided by the target of reducing weight inequality by 10%. Therefore, although specific actions are set out under Step 9, *all* actions will target the needs of disadvantaged areas and groups.

The action areas under Step 9 are set out in Table 10 below.

TABLE 10 Step 9 action points

Ref.	Action	Lead Responsible	Partners	Timeframe
9.1	Review progress in achieving the inequalities target, with a view to assessing the need for additional targeted actions for disadvantaged groups.	DOH		2018
9.2	Scale up effective community-based programmes with a focus on disadvantaged areas to enhance knowledge and skills with regard to healthy eating and active living. Special emphasis should be placed on providing guidance, advice and training to parents on healthy food and healthy eating.	HSE	Tusla, LCDC, DCYA, DSP,	2016–2025
9.3	Develop programmes to improve healthy eating for mothers, pre-conception, and for infants and children up to two years.	HSE		2016–2025

6.10 Step 10

Develop a multi-annual research programme that is closely allied to policy actions, invest in surveillance and evaluate progress on an annual basis.

Research and surveillance are vital both for describing the current levels of overweight and obesity and also for developing a future direction for policies and programme delivery based on sound evidence. A comprehensive framework for gathering data and evidence in relation to all aspects of weight management to underpin evidence-informed policymaking is essential.

A core principle of this policy is evidence-informed action, including benchmarking against best international practice. The causes of obesity are multiple and include the environment, access to healthy and affordable food, exercise and leisure activity, cultural and societal norms, education and skill levels, genetic makeup and lifestyle choices. In recent years there has been a significant increase in research into the causation, prevention and management of obesity in the scientific literature.

It is acknowledged, however, that an improved understanding is required of human behaviour and how behaviour can drive change. More research is needed, to identify factors that influence behavioural change and to study the economic aspects of prevention. Such research can provide the evidence to inform the design and development of behavioural change interventions. Much research relies on good surveillance data and there is an opportunity to enhance nutrition surveillance.

A key theme of this Policy is to ensure that a collaborative approach should be taken to the translation and transfer of knowledge into practice. It aims to generate and exploit high quality, relevant research and data to improve health and wellbeing across the whole population. The forthcoming Healthy Ireland Outcomes Framework will provide a mechanism to monitor health and wellbeing, associated lifestyle related risks and the broader determinants of health and wellbeing, including those relevant to obesity. Regular measurement of key indicators will allow progress to be assessed.

Areas identified for action under Step 10 are: developing and implementing a research plan;

developing core indicators; and developing an obesity knowledge translation programme. These support the governance priorities of accountability and effective use of resources, as they recognise the importance of investment in comprehensive surveillance of obesity across the life-course as a means to plan for current and future levels of service need. Indicators relevant to overweight and obesity will initially draw on the various sources of anthropometric and nutrition data, and in time will reflect indicators of the broader environmental factors that contribute to both the causes and solutions of overweight and obesity.

In addition, the actions identified aim to better understand what is working and what is not working in the context of policy, services and interventions through enhanced evaluation. To ensure this *Obesity Policy and Action Plan* continues to evolve and to reflect any emerging evidence on the effectiveness of interventions, it will be essential that there is close and ongoing engagement between the research community and those tasked with implementation and refinement of policy initiatives. The actions also prioritise knowledge translation as a means to ensure that all stakeholders become well informed on the Policy and its progress, and that successful interventions are implemented as widely as possible.

Many countries are now applying obesity prevention measures but it is acknowledged that the learning from these measures must be applied systematically. The *Obesity Policy and Action Plan* will be monitored and an annual progress report made available. Midway through the life of the Policy, a review will take place on progress made in achieving the targets and on any further action considered necessary.

The action areas under Step 10 are set out in Table 11 below.

TABLE 11 Step 10 action points

Ref.	Action	Lead Responsible	Partners	Timeframe
10.1	Develop a multi-annual obesity research plan within the context of the overall research plans of the Department of Health in particular those elements that focus on population health.	DOH, HRB		2016–2018
10.2	Develop proposals for implementation of a nutrition health surveillance system.	DOH	safefood DAFM	2016–2017
10.3	Investigate the effectiveness (including cost effectiveness) of obesity interventions and programmes.	DOH, HRB, IPH		2016–2025
10.4	Develop and implement a national physical activity surveillance system.	DOH		2016–2025
10.5	Sustain ongoing obesity surveillance through Healthy Ireland and COSI as a means of monitoring progress.	DOH, HSE		2016–2025
10.6	Develop an obesity database for surveillance and planning purposes within the dataset arising from the GP contract.	DOH, HSE		2016–2025
10.7	Enhance the research capabilities, training and capacity to provide for knowledge translation.	DOH	HRB, IPH, HSE, safefood, academia	2016–2025
10.8	Develop an obesity ‘knowledge translation’ programme to inform the Action Plan.	DOH	HRB, IPH, HSE	2016–2025
10.9	Align targets with outcome indicators in the Healthy Ireland Outcomes Framework. Develop a suite of performance indicators to monitor progress on the implementation of the <i>Obesity Policy and Action Plan</i> .	DOH	All stakeholders	2016–2017

10.10	Develop an annual bulletin or score card on progress in relation to the <i>Obesity Policy and Action Plan</i> and disseminate results.	DOH	CHDR	2016–2025
10.11	Conduct a mid-term review of the <i>Obesity Policy and Action Plan</i>	DOH	CHDR	2020



chapter seven

conclusion

A Healthy Weight for Ireland is an ambitious policy and action plan to tackle obesity. It recognises that obesity and overweight are among the most significant public health challenges facing the country, and presents a plan to take action on their causes and outcomes. However, in formulating the Action Plan, we have recognised the challenges presented by these conditions. The Action Plan takes a life-course approach based on the best available evidence and on international models of best practice. It has given consideration to the measures that would best work in the Irish context, as informed by a comprehensive consultation with major stakeholders, health experts, healthcare providers and children. These considerations provide a foundation upon which the Ten Steps Forward, outlined in chapter 5, have been built.

The solutions to obesity and overweight are multiple and complex; in order to be successful, every sector has a role to play in reducing the burden. Acknowledging this, the Action Plan involves all sectors in Ireland and includes a clear implementation pathway and indicators to measure progress.

A Healthy Weight for Ireland – The Obesity Policy and Action Plan covers a ten-year period, up to 2025. It aims to turn the tide of the overweight and obesity epidemic, and increase the number of people with a healthy weight, by setting us on a path towards healthy weight becoming the norm. We now have a significant opportunity to act collectively to implement the actions set out in this Action Plan, and thereby reverse this pandemic.





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abbreviations and acronyms

BMI	Body mass index
CHDR	Centre for Health and Diet Research
COSI	Childhood Obesity Surveillance Initiative
DAFM	Department of Agriculture, Food and the Marine
DCYA	Department of Children and Youth Affairs
DES	Department of Education and Skills
DELG	Department of Environment, Community and Local Government
DF	Department of Finance
DHSSPS-NI	Department of Health, Social Services and Public Safety Northern Ireland
DJEI	Department of Jobs, Enterprise and Innovation
DOH	Department of Health
DSP	Department of Social Protection
DTTAS	Department of Transport, Tourism and Sport
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FDII	Food and Drink Industry Ireland
FSAI	Food Safety Authority of Ireland
GP	General practitioner
HBSC	Health behaviour in school-aged children
HFfA	Healthy Food for All
HI	Healthy Ireland
HIQA	Health Information and Quality Authority
HRB	Health Research Board
HSE	Health Service Executive
IBEC	Irish Business and Employers Federation
ICGP	Irish College of General Practitioners
IPH	Institute of Public Health in Ireland
LCDC	Local Community Development Committee
MGI	McKinsey Global Institute
NCPE	National Centre for Pharmaco-economics
NGO	Non-governmental organisation
NHS	National Health Service (UK)
PDST	Professional Development Support Service for Teachers
PE	Physical education
PHAA	Public Health Association of Australia

RCPI	Royal College of Physicians in Ireland
RDIP	Research, Data and Innovation Plan
SPHE	Social, personal and health education
UN	United Nations
WHO	World Health Organization



glossary

Algorithm	An algorithm is a procedure for resolution of a problem.
Anthropometric	The scientific measurement of the human body for comparison.
Bariatric	The medical discipline that treats obesity.
Brief intervention	A technique used to initiate change on unhealthy or risk behaviour. Brief interventions involve screening and assessment of health behaviours as well as elements of motivational interviewing.
Body mass index	A measurement obtained by dividing a person's weight by the square of the person's height, which is used as an indicator of the degree of obesity.
Calorie posting	Posting of the calorie details of meals on menus alongside the price of items, at the point where the food is ordered in restaurants, takeaways and food service outlets.
Chronic obstructive pulmonary disease	A progressive lung disease that makes breathing difficult.
Cohort effect	This occurs when a group of people who share a defining characteristic, such as age group, also have other similar characteristics, such as a life experience.
Co-morbidities	The presence of one or more diseases/disorders alongside a primary disease/disorder.
Corporate social responsibility	The responsibility corporations have towards the global and local communities in which they operate.
Dáil na nÓg	The national parliament for young people aged 12–18 years.
Determinants of health	The social determinants of health are the circumstances in which people are born, grow, live, work and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces; economics, social policies and politics.
Discretionary income	The income that remains after personal necessities are accounted for.
EU Food Information to Consumers	New rules on the provision of food information to the consumer (FIC) (Regulation (EU) No 1169/2011) applicable since December 2014.
Evidence based	When decisions are made based on concrete research findings and widely accepted evidence.
Evidence informed	When decisions are taken based on the best available evidence.
Exclusive breastfeeding	When no other liquids are given other than breast milk.

Health inequalities	A difference in health status or in the distribution of health determinants between different population groups.
Health Promoting Schools Initiative	An initiative whereby schools assess health needs and work towards better health for all who learn and work in a school setting.
Health and Wellbeing Bill	The proposed Health and Wellbeing (Workplace Wellbeing) Bill will require public service employers to develop a “healthy workplace” policy to promote the physical, mental and social wellbeing of employees.
Healthy Food for All	Healthy Food for All (HFFA) is an all-island charity addressing food poverty by promoting access, availability and affordability of healthy food for low-income groups.
Healthy Ireland	The Healthy Ireland (HI) Framework was adopted by the Irish Government in 2013 and is the overarching framework for action to enhance population health.
Healthy Ireland Council	A multi-stakeholder national forum aiming to provide the platform to connect and mobilise communities, families and individuals to support everyone to enjoy the best possible health and wellbeing in the context of Healthy Ireland.
Knowledge translation	An umbrella term for all of the activities involved in moving research from the laboratory, the research journal, and the academic conference into the hands of people and organisations that can put it to practical use.
Life-course approach	An approach suggesting that the health outcomes of individuals and the community depend on the interaction of multiple protective and risk factors throughout people’s lives. This approach provides a comprehensive vision of health and its determinants, which calls for the development of health services centred on the needs of its users in each stage of their lives.
Modifiable risk factors	Factors that can be altered/modified to reduce risk. For example, changing a diet for longer life would be a modifiable risk factor, whereas an individual’s age could not be modified for longer life.
Non-communicable diseases	Medical condition(s) that cannot be transmitted to others.
Obesity	A medical condition in which excess body fat has accumulated to the extent that it may have a negative effect on health. People are considered obese when their body mass index (BMI) exceeds 30 kg/m ² .

Obesogenic environment	An environment that promotes gaining weight and one that is not conducive to weight loss.
Overweight	A medical condition in which excess body fat has accumulated to the extent that it may have a negative effect on health. People are considered overweight when their BMI is in the range of 25–30 kg/m ² .
Pandemic	An epidemic occurring on a scale that crosses international boundaries, affecting a large number of people.
Psychosocial	Referring to the interaction between psychological and social factors.
School Meals Programme	A programme operated by the Department of Social Protection, which provides funding towards provision of food services for disadvantaged school children.
Sedentary behaviour	Any waking activity characterised by an energy expenditure the same or less than 1.5 metabolic equivalents and a sitting or reclining posture.
Surveillance	Collection and analysis of health data about overweight and obesity, which is then used to drive decisions about health policy – this applies to surveillance of populations and is distinct from active surveillance, which applies to individuals.
Trans fats and saturated fats	Trans fats are unsaturated fats often present in highly processed foods. Saturated fats also occur in processed foods. Both of these raise cholesterol and are considered bad for heart health.
Transition probabilities	The probability of transition from one state to another, for example from obese to a healthy weight.
‘Whole of school’ approaches	Cohesive, collective and collaborative action in and by a school community that has been strategically constructed to improve student learning, behaviour and wellbeing, and the conditions that support these.



appendix one

policy context

Obesity is a key priority in *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013–2025*, the national framework for action to improve the health and wellbeing of the people of Ireland. *Healthy Ireland* takes a whole-of-government and whole-of-society approach to improving health and wellbeing and the quality of people’s lives. It focuses on prevention, reducing inequalities and keeping people healthier for longer.

The National Taskforce on Obesity presented 93 recommendations for action in 2005. Action on these recommendations was led by the Department of Health, in conjunction with other government departments and the HSE. A Special Action Group on Obesity was established in 2011 by the Department to support implementation of the recommendations. There have been significant developments and a range of policies are paving the way for an increasingly inter-sectorial approach to the prevention of overweight and obesity.

Table 12 presents an overview of key policy developments led by the Department of Health and the Health Service Executive in the decade following the publication of the *Report of the National Taskforce on Obesity* in 2005. This shows an increasing recognition of the urgent need to enhance efforts to address obesity if population health goals to prevent cardiovascular diseases, cancers, mental ill-health, diabetes and chronic disease are to be met. A summary of the principle obesity-related aspects of these policies is also presented in Table 12.

Despite all of these initiatives, the levels of overweight and obesity in adults and children have continued to rise.

TABLE 12 Overview of key health policy developments since publication of the Report of the National Taskforce on Obesity

2005	
	<p><i>Obesity: The Policy Challenges – The Report of the National Taskforce on Obesity</i></p> <p>Set out 93 recommendations for action across six sectors, including government, education, community, health, food production and supply and the physical environment.</p>

2006	
	<p><i>Diabetes: Prevention and a Model for Care</i></p> <p>Presented policy guidance recommendations, which highlighted the rise in obesity and Type 2 diabetes and called for efficient implementation of the recommendations of the National Taskforce on Obesity.</p>
	<p><i>A Strategy for Cancer Control in Ireland</i></p> <p>Noted actions needed to address obesity-related cancers and expressed full support for the implementation of recommendations of the National Taskforce on Obesity.</p>
2008	
	<p><i>HSE Framework for Action on Obesity</i></p> <p>Translated the recommendation of the 2005 Taskforce into five strategic action areas within the HSE.</p>
	<p><i>National Men's Health Policy</i></p> <p>Highlighted the high prevalence of obesity among men in Ireland and proposed actions to develop a range of gender-appropriate programmes and services to tackle the issue.</p>
2009	
	<p><i>A Vision for Change – Report of the Expert Group on Mental Health Policy</i></p> <p>Set out a new framework for the development of mental health services, including action on obesity and harmful health behaviours, within a person-centred mental health service model.</p>

	<p><i>Tackling Chronic Disease – A Policy Framework for the Management of Chronic Diseases</i></p> <p>Set out key principles for service development for chronic disease, including obesity-related chronic disease, with a focus on intersectoral oral collaboration, integrated care and disease management programmes.</p>
	<p><i>National Guidelines on Physical Activity for Ireland</i></p> <p>Guidelines produced to begin the setting of national policy on physical activity in Ireland.</p>
2010	
	<p><i>Changing Cardiovascular Health – National Cardiovascular Health Policy</i></p> <p>Reinforced the importance of effective implementation of obesity policy and set mid-term and end-term targets to reduce the prevalence of adult and childhood obesity.</p>
2012	
	<p><i>Future Health – A Strategic Framework for Reform of the Health Service</i></p> <p>Set out a health reform programme to deliver a single-tier health service so that the population will have equal access to healthcare based on need, not income.</p>
	<p><i>Report of the Steering Group on a Substance Misuse Strategy</i></p> <p>Presented recommendations to address alcohol-related harm including a proposal to include calorie labelling on alcoholic beverages.</p>

2013



Healthy Ireland – A Framework for Improved Health and Wellbeing

Proposed a vision for a Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone’s responsibility.

2016



The National Physical Activity Plan is a whole of Government approach to inspire greater levels of physical activity in Ireland through support, encouragement and empowerment for cross-sectoral collaboration and action with all relevant stakeholders.

While policies developed by other government departments have included actions relevant to the prevention and management of obesity, it remains a challenge to ensure that policy decisions are continually made through the health and wellbeing perspective. Prevention of obesity is recognised as a significant co-benefit to wider governmental policy priorities – for example, in the domains of sustainable transport and food systems, enhancing sports participation and a policy focus on equitable child health and development. Table 13 presents a summary and overview of some of the main policy frameworks being led by other government departments, with particular relevance to the issue of overweight and obesity. The actions of this *Obesity Policy and Action Plan* will be progressed through a co-ordinated and collaborative approach within this multi-faceted policy landscape.

TABLE 13 Policy frameworks led by other government departments

Department of Children and Youth Affairs: *Better Outcomes, Brighter Futures – National Policy Framework for Children and Young People 2014–2020*



Aims to ensure that all children and young people are physically healthy and able to make positive health choices; articulates 15 actions in relation to childhood overweight and obesity under Outcome 1 of the policy.

Department of Transport, Tourism and Sport: *Statement of Strategy 2015-2017*



Sets out a high-level goal to contribute to a healthier and more active society by promoting sports participation and developing a new national sporting policy framework and structure. Includes a range of commitments in respect of developing active travel.

Department of Jobs, Enterprise and Innovation: *Good for Business, Good for the Community – Ireland’s National Plan on Corporate Social Responsibility 2014–2016*



Aims to ensure that Ireland will be recognised as a centre of excellence for responsible and sustainable business practice through the adoption and implementation of best practice in corporate social responsibility.

Department of Agriculture, Food and Fisheries: *Harvest 2020 and Foodwise 2025*



Set out a strategic plan for the development of Ireland’s agri-food sector over the next decade.

Department of Environment, Community and Local Government: *Our sustainable future – A framework for sustainable development in Ireland*



Sets out key actions in domains including sustainable transport, sustainable communities and spatial planning, public health and education, communication and behaviour change.

Department of Education and Skills: Various policy documents



A suite of policies including the national curricula for early years, primary and post-primary education, with supported learning on healthy eating and physical activity through SPHE, PE and home economics. Priorities have been set in enhancing literacy and numeracy and sustainable development of schools.

Department of Social Protection: *National Action Plan for Social Inclusion 2007-2016*

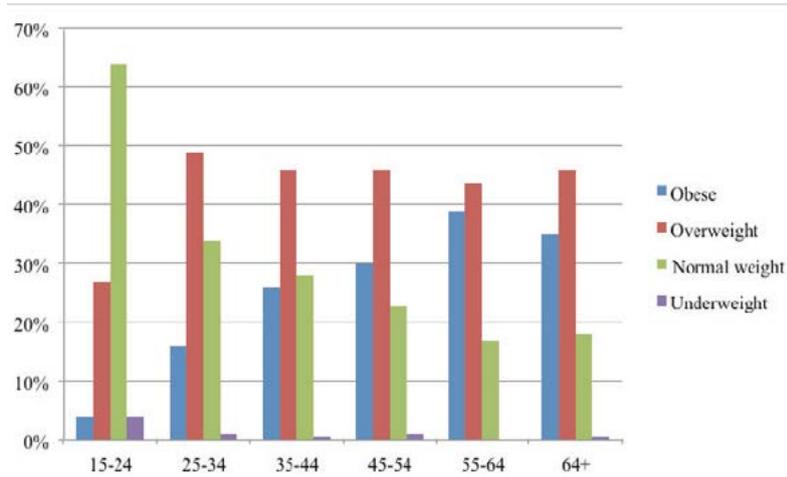


Makes specific reference to the excess risk of obesity in disadvantaged communities and provides for initiatives in the wider context of the School Meals Programme, including Healthy Food for All.

appendix two

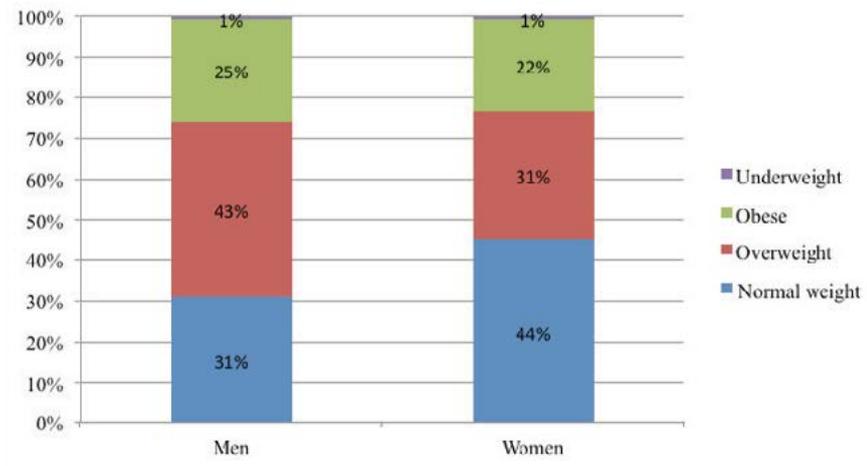
overweight and obesity in ireland

FIGURE 7 Body mass index, Irish population



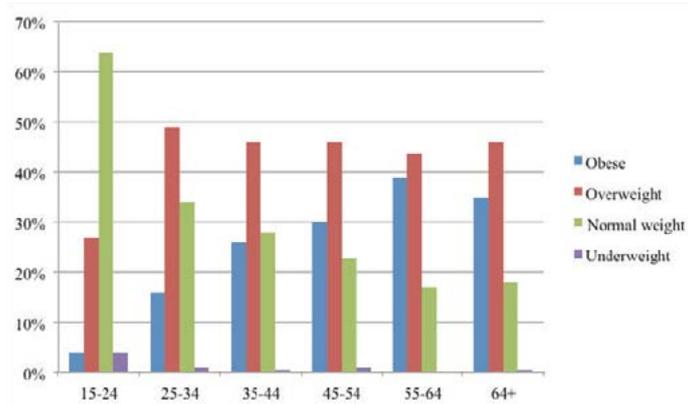
Source Healthy Ireland Survey 2015

FIGURE 8 Body mass index by gender, Irish population



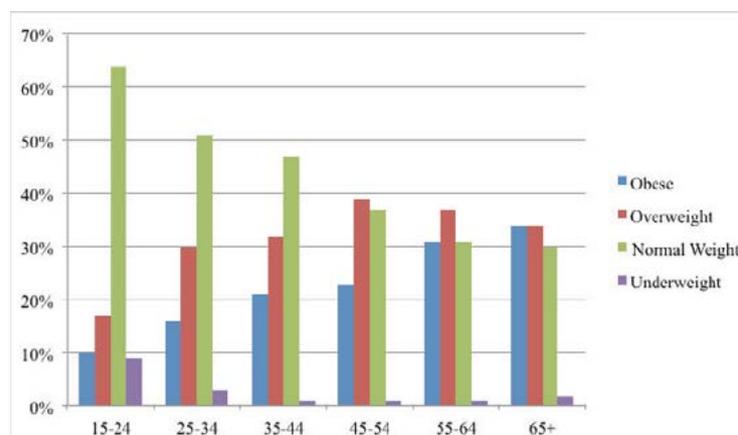
Source Healthy Ireland Survey 2015

FIGURE 8B Body mass index in men, by age, Irish population



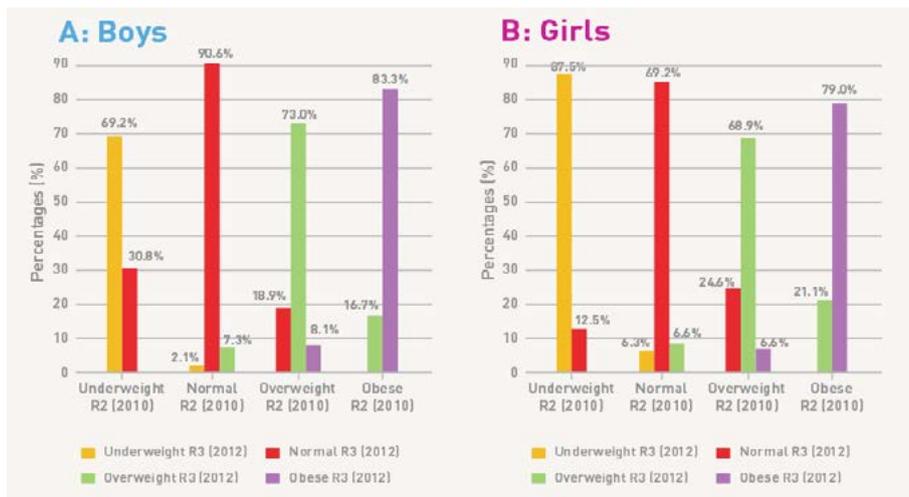
Source Healthy Ireland Survey 2015

FIGURE 8C Body mass index in women by age, Irish population



Source Healthy Ireland Survey 2015

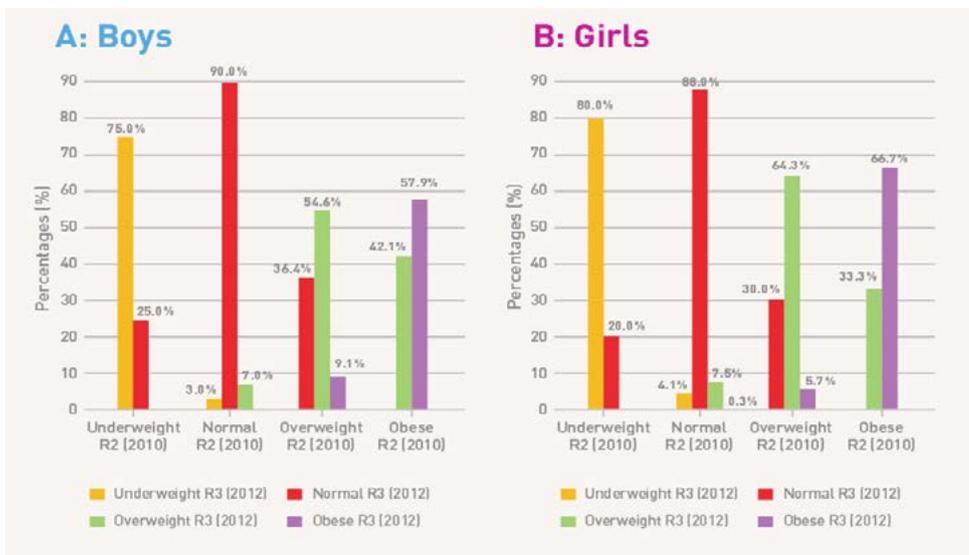
FIGURE 9A Overweight and obesity in children by gender, Irish population, 2010



Note Longitudinal change in BMI categorisation, using IOTF cut-off points for boys and girls who were in first class in 2010 and in third class in 2012.

Source COSI 2014

FIGURE 9B Overweight and obesity in children by gender, Irish population, 2012

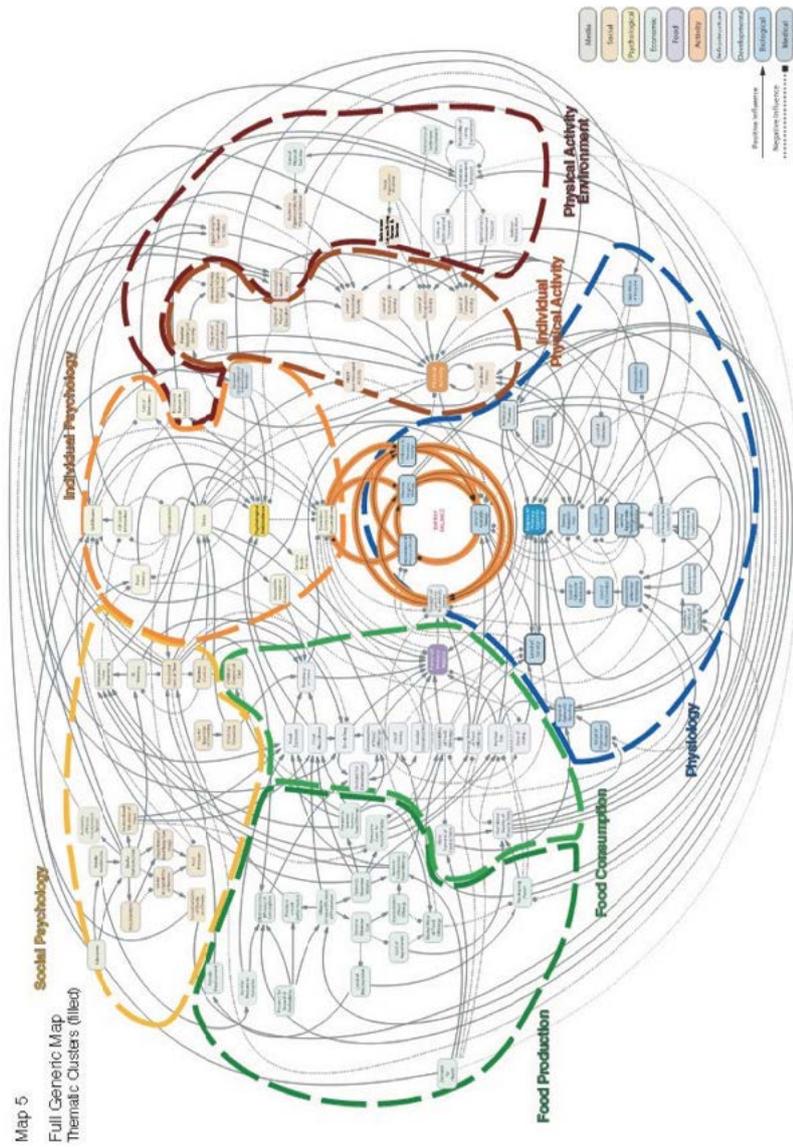


Note Longitudinal change in BMI categorisation using IOTF cut-off points for boys and girls who were in third class in 2010 and in fifth class in 2012.

Source COSI 20

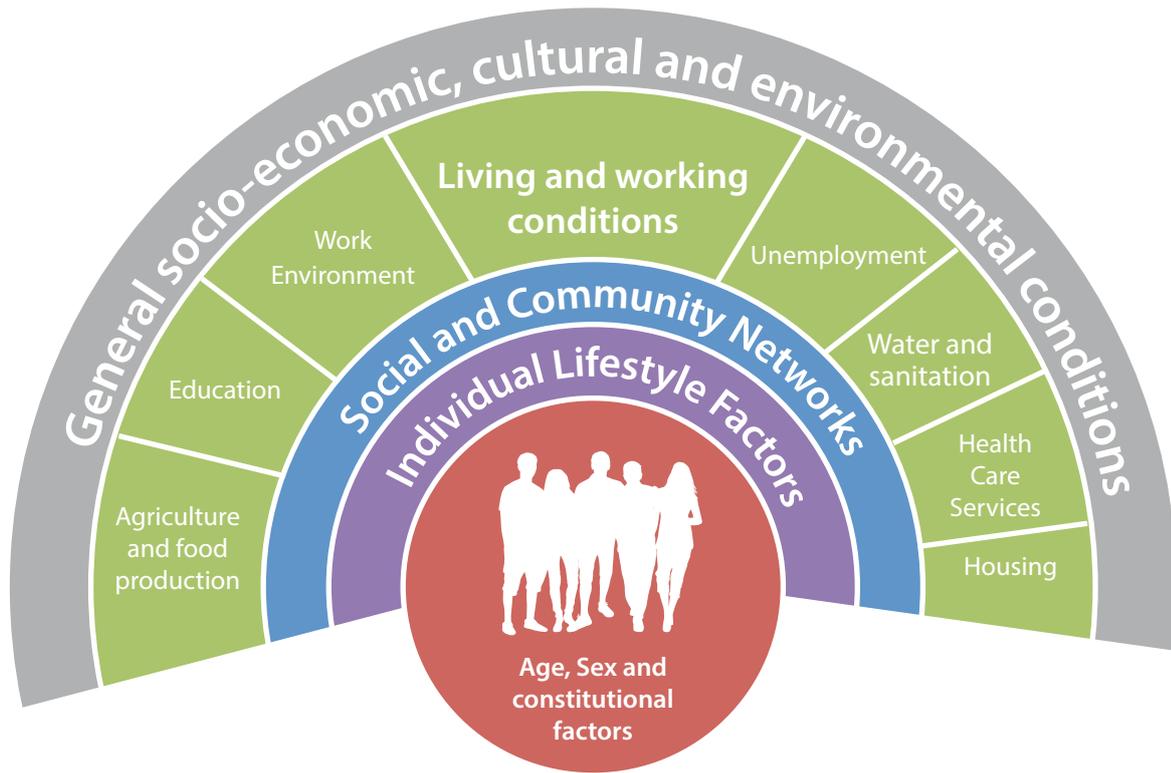
appendix three

foresight obesity system map



appendix four

a social model of health



Source: Dahlgren and Whitehead, 1991

notes



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