



**Report of Inter-sectoral Group**

**on the**

**Implementation of the Recommendations**

**of the**

**National Task Force on Obesity**

Group established and chaired by Minister Mary Wallace in January 2009.

April 2009

## **Introduction**

In May 2005 the Report of the National Taskforce on Obesity (NTFO) – ‘*Obesity the Policy Challenges*’ was published. The report aimed to provide the policy framework for addressing the high prevalence and rising levels of overweight and obesity, in particular childhood obesity, in Ireland. It recognised that the development of overweight and obesity can be attributed to many factors. The involvement of this wide range of factors made it essential that a multi-sectoral approach was taken to deal with the issue. The report provided 93 recommendations for action aimed at six sectors. These included:

- 5 aimed at high level government
- 22 for the education sector
- 13 that targeted the social and community sector
- 24 for the health sector
- 9 for food, commodities, production and supply
- 20 for those responsible for the physical environment

The report recommended that implementation of its recommendations should be led at the highest level in Government and envisaged that the public sector, the private sector and the community and voluntary sectors would work in partnership to promote healthy eating and active living, collaborating and cooperating with each other in tackling overweight and obesity in Ireland.

The vision of the NTFO Report was “An Irish society that enables people through health promotion, prevention and care to achieve and maintain healthy eating and active living throughout their lifespan”.

## **Implementation of NTFO’s recommendations**

By their nature, implementation of many of the Report’s recommendations was going to take place in the medium term with some of the actions more long-term. The Department of Health and Children proceeded in association with other Government Departments in pursuing the implementation of the key recommendations of the NTFO. These include:

- the Department of Health and Children is currently finalising the first National Nutrition Policy to be published later this year, which will fulfil a key recommendation of the Taskforce on Obesity. While addressing the nutritional needs of the whole population, it will have a particular focus on the 0 -18 year age group.
- the Department of Health and Children and the Department of Education and Science have developed Healthy Eating Guidelines for preschools and primary schools and appropriate healthy eating training by community dieticians with preschool and primary school staff is currently underway. Guidelines for post-primary schools will be published shortly.
- the Cardiovascular Health Policy Group, due to report later this year, will advise and will set targets for measures to tackle lifestyle issues, including diet and physical activity, at population level as well as in the primary care setting.
- through the EU High Level Group on Diet, Physical Activity, the Department of Health and Children play an advocacy role within the EU to reform policies relating to healthy eating. Specifically the Group has set targets for the reduction of salt in foods, (16% over the four years

between 2008 – 2012). Work has already commenced at national level on salt reduction. The next stage will be setting targets for a reduction in sugar and fats in food.

- among the proposals outlined in the Department of Transport's Sustainable Travel and Transport Action Plan are the development of a National Cycling Policy framework and the promotion of cycling and walking.
- the Departments of Arts, Sports and Tourism, Environment Heritage and Local Government and Community Rural and Gaeltacht Affairs have developed a wide range of sports, recreational and playground facilities for children and young adults
- the Broadcasting Bill published by the Minister for Communications, Energy and National Resources is currently at Select Committee stage in the Dáil. The Bill allows for the Children's Advertising Code to prohibit advertising aimed at children of food and beverages which give rise to health concerns.
- the Department of Health and Children is working with the Department of Social and Family Affairs on drawing up literature for healthy food choices for the school food programme for disadvantaged schools.
- the Department of Agriculture, Fisheries and Food has through Bord Bia has rolled out the "Food Dudes" Programme to 1,000 primary schools.

The Health Service Executive also established a Working Group to implement the health related recommendations of NTFO. The working group has developed a framework for Action on Obesity.

On assuming office in May 2008, the Minister of State with responsibility for health promotion, Ms Mary Wallace, T.D., made tackling obesity one of her key priorities. In order to give a new impetus to the issue she initially undertook a series of Ministerial bilateral discussions with the relevant Government Departments with regard to the implementation of the NTFO's recommendations.

### **Establishment of Intersectoral Group**

Following the bilateral discussions at which Ministers responded positively to the issues raised, Minister Wallace decided in December 2008 to establish this Intersectoral Group representative of key Government Departments, the Health Service Executive, Food Safety Authority of Ireland, SafeFood, the Sports Council, Non Governmental Organisations, the food industry and other key experts to oversee implementation of the Task Force's recommendations. The Group's terms of reference are

- (i) to review progress to date in the implementation of the report of the Task Force, and
- (ii) proceed to oversee and monitor on an ongoing basis, implementation of its recommendations.

This first report of the Group deals with item (i) of its terms of reference. The Group decided to report on progress in the implementation of each of the 93 recommendations. The tables following in this report summarise the progress made in each of the six sectors, with more detailed analysis contained in the Appendices to the report.

## **Membership of the Group**

The following is the membership of the Group

<i>Name</i>	<i>Organisation/Department</i>
Mary Wallace, T.D. (Chair)	Minister of State, Department of Health & Children
Margot Brennan	Irish Nutrition & Dietetic Institute
Marian Byrne	Department of Agriculture, Fisheries & Food
Elizabeth Canavan	Office of the Minister for Children & Youth Affairs
Dr . Muireann Cullen	Nutrition & Health Foundation
Shane Dempsey	FDII
David Fadden	Department of Transport
Clíodhna Foley-Nolan	SafeFood
Patricia Heavey	UCD
Prof. Cecily Kelleher	UCD School of Public Health & Population Science
Patricia Lee	Department of Health & Children
Maria Lordan-Dunphy	Health Service Executive
Prof. Niall Moyna	School of Health & Human Performance, DCU
Brian Mullen	Department of Health & Children
Paul Mulqueen	Dept. Communications, Energy & Natural Resources
Maureen Mulvihill	Irish Heart Foundation
Anne Murray	Dept. of Education & Science
Sinead Murphy	Irish College of General Practitioners
Mícheál Ó Corcora	Department of Community, Rural & Gaeltacht Affairs
Ursula O'Dwyer	Department of Health & Children
Dr. Donal O'Shea	St. Colmcille's Hospital
Alan Reilly	Food Safety Authority of Ireland
Dave Reynolds	Dept of Social & Family Affairs
John Treacy	The Irish Sports Council
Dr Patrick Wall	UCD School of Public Health & Population Science
Dave Walsh	Dept of Environment
Jane Wilde	Institute of Public Health in Ireland
Bríd O'Higgins (Secretary)	Department of Health & Children

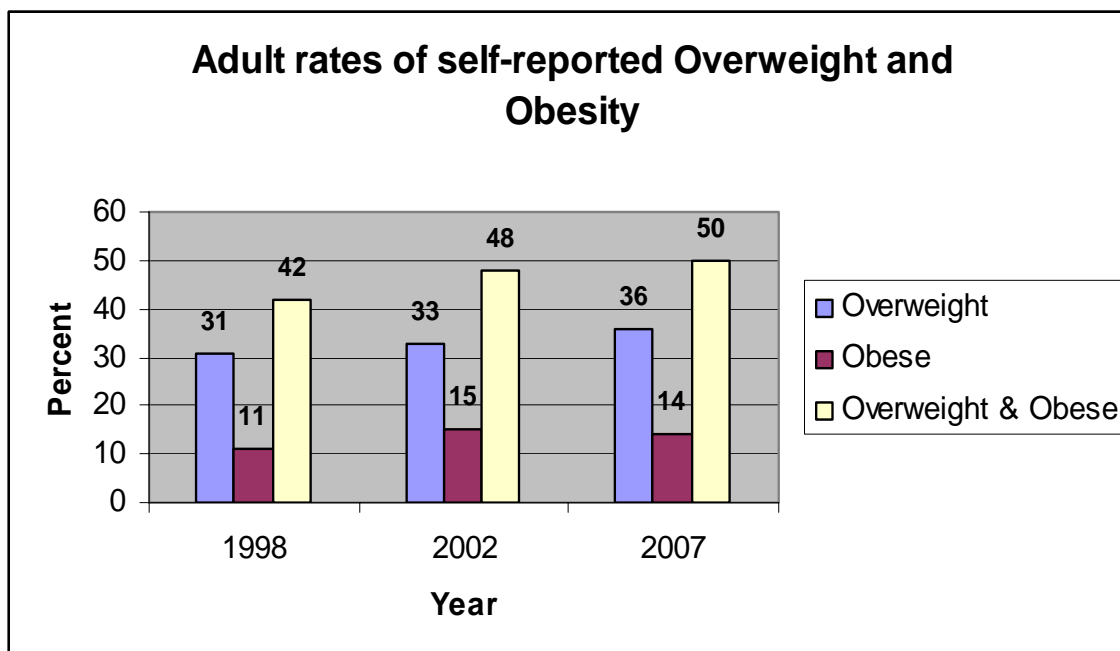
## Review of Implementation of NTFO recommendations by the National Nutrition Surveillance Centre

In 2007 the HSE commissioned the National Nutrition Surveillance Centre (NNSC), UCD, to review the recommendations of the *Report of the National Taskforce on Obesity* and report on how the various stake-holders have gone about implementing them. The NNSC conducted an extensive survey by questionnaire of one hundred organisations. Its draft report, based on the findings from the questionnaire, was made available to the Group. That draft report was of tremendous assistance to the Group who used its template and data compiled for its review, together with the up-dated information supplied by members of the Group, to complete this report. In particular the Group wishes to acknowledge the assistance it received from Professor Cecily Kelleher and Patricia Heavey in the compilation of this report.

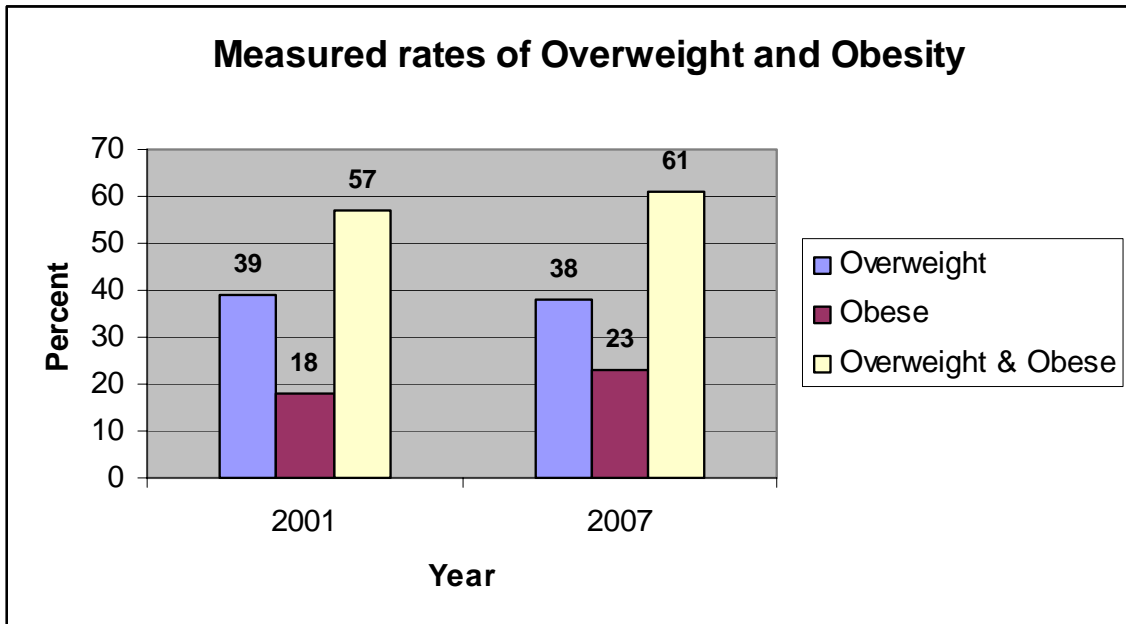
### The extent of overweight and obesity in Ireland

Obesity is a condition in which weight gain has reached the point of seriously endangering health. Some people may exhibit a genetic predisposition to weight gain but in general overweight and obesity in individuals is an excess of energy intake over energy expended. The World Health Organisation (WHO) has defined overweight and obesity as “abnormal or excessive fat accumulation that presents a risk to health”. The WHO uses Body Mass Index (BMI) as an indicator of population overweight and obesity. BMI is calculated as a person’s weight (in kilograms) divided by the square of his or her height (in metres).

The situation in Ireland mirrors the global obesity epidemic. The Survey of Lifestyle, Attitudes and Nutrition in Ireland (SLÁN, 2007) shows adult rates have increased when compared to the previous SLÁN Reports in 1998 and 2002. Self-reported obesity rates in adults (18 – 65+ years) were 11%, 15% and 14% in 1998, 2002 and 2007 respectively. A similar trend can be seen for overweight rates, 31%, 33% and 36% in 1998, 2002 and 2007 respectively.



Consistent with international research, BMI based on self-reported height and weight measurements provides an underestimation of the true prevalence of overweight and obesity. Based on measured data, higher percentages of respondents are found to be overweight (38%) or obese (23%). This represents an increase in obesity of 5% and a decrease in overweight of 1% since 2001 (IUNA North/South Food Consumption Survey).



### Obesity in Children

The Irish Universities Nutrition Alliance (IUNA) has carried out a National Children’s Food Survey (2005).

The Children’s survey(5-12 yrs) found that 22% of children were overweight or obese. 9% of boys and 13% of girls were obese and 11% of boys and 12% of girls were overweight.

A recent Irish survey (DoHC/HSE) carried out as part of the World Health Organisation Childhood Obesity Surveillance Initiative (2008) found that 22% of 7 year olds were overweight or obese.(26% girls, 18% boys).

## Progress on recommendations for each sector

### Action by high-level government

Significant action being taken in the case of 2 recommendations, action is progressing in the case of 1, while partial implementation has taken place on 2 of the recommendations.

<b>Recommendation</b>	<b>Current Position</b>	<b>Implementation Status</b>
1. The Taoiseach's office should take the lead responsibility and provide an integrated and consistent proactive approach to addressing overweight and obesity and to the implementation, monitoring and evaluation of the National Strategy on Obesity in conjunction with all government departments, relevant bodies and agencies, industry and consumer groups.	The view of the Department of the Taoiseach was that the Department of Health and Children should have lead responsibility in implementing the Obesity Strategy and should establish appropriate inter-Departmental/sectoral structures. A series of bi-laterals were held with key Government Departments, following which an Intersectoral Group was established in December 2008. The Group will report to the Minister with responsibility for Health Promotion who will in turn report to the Cabinet Sub-Committee on Social Inclusion which is chaired by the Taoiseach.	Yes
2. All state agencies and government departments, as part of a health impact assessment, need to develop, prioritise and evaluate schemes and policies (including public procurement) that encourage healthy eating and active living, especially those aimed at children and vulnerable groups.	Significant progress has been achieved. Extension HIA training has been provided by IPH on behalf of DoHC. Departments/Agencies have taken this on board, as illustrated by the policies/actions being pursued by them, including procurement on a number of schemes (outlined in this report)	Progressing
3. The Department of Finance should carry out research to examine the influence of fiscal policies on consumer purchasing and their impact on overweight and obesity, for example risk-benefits assessment of taxation that supports healthy eating and active living, subsidies for healthy food such as fruit and vegetables.	The Department of Finance has confirmed that most food and drink sold at retail level attracts zero-rate VAT. Certain food and drinks, including those which might be considered as being potential contributors to obesity, are excluded from the scope of zero-rate and are taxable at 22 per cent. Some agencies have carried out research regarding the use of fiscal policies on consumer purchasing. (see appendix for details)	Partial
4. Ireland should play an advocacy role within the European Union to reform policies relating to healthy eating and active living among those that govern activities relating to global trade and the regulation of marketing and advertising of food to children.	The Department of Health and Children continues to play an advocacy role within the European Union through its participation in various groups. Similarly the Irish Heart Foundation and the Department of Agriculture, Fisheries and Food use their influence at EU level to inform policies relating to healthy eating and active living. (see appendix for details)	Yes
5. The Taoiseach's office, as part of the proactive approach in addressing overweight and obesity, should seek the views of children and young people and those members of the population who are, at present, overweight/obese.	Some qualitative research has been carried out since the launch of the Report by Departments and agencies, including scoping work for the WHO Obesity Surveillance project, liaising with young people on the Guidelines for Developing a Healthy Eating Policy in Post-primary Schools and work by the Irish Heart Foundation.	Partial

## Action by the Education Sector

Significant progress has been made in the case of 5 recommendations; action is progressing in the case of 4; partial implementation has taken place on 10 of the recommendations with no progress reported on 3.

<b>Recommendation</b>	<b>Current Position</b>	<b>Implementation Status</b>
1. All schools, as part of their school development planning, should be encouraged to develop consistent school policies to promote healthy eating and active living, with the necessary support from the Department of Education and Science. Such policies should address opportunities for physical activity, what is being provided in school meals, including breakfast clubs, school lunches and, in the case of primary schools in partnership with parents, children's lunch boxes.	The majority of Irish Primary schools have worked on devising healthy lunch policies. Healthy Eating Guidelines will be sent to second level schools in the near future. A number of excellent examples have been identified, which assist schools with training, policy development and implementation of this recommendation. Small scale capital funding was also made available for disadvantaged schools. (see appendix for details)	Progressing
2. The emphasis in all schools should be on increased physical activity including participation in sports.	A number of examples both at educational & community level have been identified. (see appendix for details)	Progressing
3. With a view to achieving the optimum 60 minutes of physical activity per day recommendation (excluding PE time) every child should be enabled, through restructuring the school day if necessary, to achieve a minimum of 30 minutes dedicated physical activity every day in all educational settings.	While schools can encourage pupils to take physical exercise during breaks, the extension of the time available in the curriculum for PE is not feasible, in terms of the range of curricular options which must be facilitated, and the industrial relations and cost implications. The position will be kept under review.	Not possible at this time
4. All schools should meet the minimum requirement of two hours of physical education per week delivered by appropriately qualified staff.	This priority is promoted at all physical education in-service courses. The question of implementation and evaluation will have to be considered.	Partial
5. The Department of Education and Science should prioritise the provision and maintenance of physical education and physical activity facilities to address the issue of equity and access in all schools.	A programme of professional development of physical education teachers, combined with schools inspections has encouraged the prioritisation of PE and PA in schools. Funding was also provided in 2006/07 to primary schools to increase the range of activities available and encourage greater participation. (see appendix)	Yes
6. The Department of Education and Science should provide resources for adequate teacher training to support healthy eating and active living.	Food and Nutrition are included in the Social Personal and Health Education Programme. Resources have been developed to assist teachers deliver this module of the programme. Details are provided in the appendix.	Significant Progress
7. Nutrition and physical activity levels of school children should be seen as part of the duty of care of each school, for example in relation to catering for school meals, policy on vending machines, and provision of fresh drinking water.	The issue of healthy lifestyle is covered in some post-primary school subjects (SPHE, PE and Home Economics). Schools are encouraged to provide a range of physical activities to meet the diverse range of needs of students. (see appendix)	Partial
8. Vending machines should be banned in primary schools and those in the food and drink industry who have already voluntarily prohibited the placing of vending machines in primary schools should be supported.	While there is no statutory ban on vending machines, Food and Drink industry Ireland (FDII) has confirmed that food and drink companies do not operate vending machines in primary schools and all have clear policies that they do not vend to under 12's.	Yes



<p>9. A clear code of practice in relation to the provision and content of vending machines in post-primary schools should be developed by industry, the Department of Education and Science and schools' representative bodies.</p>	<p>Many schools have developed healthy eating policies. The industry has agreed guiding principles on vending of food and drink products in secondary school. (details in appendix) Details on vending machines will be sought in an impending DoES survey.</p>	<p>Partial</p>
<p>10. The Schools Inspectorate in the course of its evaluation of activities in schools should focus on the prevention of obesity and should further develop its indicators to do this.</p>	<p>The SPHE and PE curricula are evaluated in schools by the Inspectorate, using indicators specific to primary and secondary schools.</p>	<p>Partial</p>
<p>11. The restructured senior cycle curriculum should incorporate Social, Personal and Health Education, and focus on the life skills and empowerment necessary for the prevention of obesity.</p>	<p>A resource "<i>How we measure up – Deciphering Food Labelling</i>" was developed in conjunction with SPHE support staff and aims to give students a better understanding of food labels and how to use them to make health and safe food choices.</p>	<p>Partial</p>
<p>12. Home-school-community coordinators should incorporate 'healthy life skills' within the wider framework of home visitation and should promote courses and classes for parents, where appropriate.</p>	<p>The promotion of positive healthy life-skills is a key objective in the context of home visitation as well as at the community level, where the Local Committee of the HSCL Scheme arrange courses on school attendance issues, substance misuse, self-image courses, health and environmental issues, healthy eating and sports activities.</p>	<p>Significant Progress</p>
<p>13. All post-primary schools should be encouraged to engage with their student councils and parents' associations in promoting the concept of 'healthy eating and active living'.</p>	<p>Awareness of the importance of healthy eating and exercise is conveyed to students through the school curriculum. In some schools, the involvement of pupils and their parents is encouraged in the adoption of healthy eating and physical exercise policies. See appendix</p>	<p>Partial</p>
<p>14. All third-level colleges and institutions should be encouraged to adopt the 'health promoting college' concept and to actively address issues concerning healthy eating, drinking behaviour and sedentary lifestyle patterns.</p>	<p>Several third level institutions have adopted health promotion initiatives. Examples of these projects are included in the Appendix.</p>	<p>Progressing</p>
<p>15. The national parents' organisations for primary and post-primary schools should work with parents and support them in encouraging healthy eating and active living.</p>	<p>The National Parents Council participated in the Working Group on Guidelines for Developing a Healthy Eating Policy in Post Primary Schools.</p>	<p>Partial</p>
<p>16. A national, regularly reviewed code of practice must be developed in relation to industry sponsorship and funding of activities in schools and local communities.</p>	<p>No code has been put in place although several organisations have advocated for the development of one.</p>	<p>No</p>
<p>17. Evidence-based intervention programmes should be introduced to all primary schools on a consistent basis in line with exemplars of good practice such as NEAPS and the Food Dude programme.</p>	<p>Examples of some of the programmes adopted are provided in the Appendix</p>	<p>Significant Progress</p>
<p>18. Curricula in catering training colleges must put greater emphasis on healthy food options.</p>	<p>Several initiatives have been developed to address this issue. Examples of programmes are provided in the Appendix.</p>	<p>Partial</p>
<p>19. Every child should receive a safe and active passage to school through the provision of safe walkways, cycleways or transport.</p>	<p>Since the report was produced, policy in this area has been consolidated considerably. The Government's new sustainable transport policy, <i>Smarter Travel</i> commits to having safe routes in place by 2020. Under <i>Smarter Travel</i> initiatives such as the Green Schools Programme will reach 265,000 schoolchildren by 2012 with the aim of promoting alternatives to the car among all schoolchildren by 2020. Evaluations will be required to assess the level of implementation. The Department of Transport will lead in getting inter-agency co-operation on this action</p>	<p>Progressing</p>

20. Schools should develop increasing opportunities for physical activity that are inclusive and that are appropriate to age, gender, and ability, such as those that concentrate on increasing physical activity among teenage girls.	Work has been carried out to assist schools plan their PE programmes to ensure that these are accessible to all students. (see appendix) More work is required on gender specific programmes.	Partial
21. Skills programmes which teach and develop training in basic food preparation and budgeting should be introduced in schools.	Such skills form part of the Home Economics curriculum. In 2008, 19,788 (35.3%) of Junior Cert. students and 12,497 (24%) of Leaving Cert students sat the exam. A 'SafeFood for Life' programme is also delivered in post primary schools. (Details included in the Appendix)	Partial
22. The health/immunisation programme in national schools should be used as an opportunity to work in partnership with parents and children in developing life skills which support healthy eating and active living. This programme should also be used as an opportunity to detect, by measurement, children who are at risk of overweight and underweight.	Most of the immunisation programme is now delivered through the General Practitioner services. It is not practical therefore that such a programme be delivered through schools.	Not practical

### Action by the Social and Community Sector

Significant progress has been made in the case of 5 recommendations; action is progressing in the case of 5; partial implementation has taken place on 3 of the recommendations.

<b>Recommendation</b>	<b>Current Position</b>	<b>Implementation Status</b>
1. The Department of Social and Family Affairs should review social welfare (assistance) payments to take account of the relatively high cost of healthy foods for socially disadvantaged groups group.	The School Meals Scheme, funded by DSCFA, is the main policy area designed to ensure that children from socially disadvantaged groups receive better nutrition. Further details are in the appendix.	Partial
2. Access to a healthy diet (for example fruit and vegetables) should be included as an indicator to measure food poverty as part of the National Anti-Poverty Strategy/Inclusion process.	The official Government approved Consistent Poverty Measures were developed to clearly identify those most deprived and vulnerable in society. Deprivation of food is reflected in two of the eleven indicators.	Yes
3. The Health Service Executive in the implementation of the Child Care (Pre-School Services) Regulations 1996 and (Amendment) Regulations 1997 should ensure that pre-school services support healthy eating and active living.	A person carrying out a pre-school service is legally obliged to ensure that "suitable, sufficient, nutritious and varied food is available for a pre-school child attending the service." (Childcare (Pre-School Services) (No. 2) Regulations, 2006). The DoHC has issued Food and Nutrition Guidelines for Pre-Schools as a resource for carers, parents and pre-school inspectors. (see appendix)	Progressing
4. The Department of Justice, Equality and Law Reform should ensure that grant recipients under the Equal Opportunities Childcare Programme provide confirmation that they are in compliance with the statutory requirements in relation to healthy eating and active living.	The Equal Opportunities Childcare Programme has been replaced by the National Childcare Investment Programme, which comes under the remit of the OMYCA. The only legal requirement with regard to food in pre-schools is as stated in 3 above.	Partial
5. The Department of Arts, Sport and Tourism should co-ordinate with the Department of Education and Science the shared use of sports and physical activity facilities between schools and communities.	The Department of Arts, Sport & Tourism has begun discussions with the Department of Education & Science to explore the possibilities of greater shared usage of facilities.	Progressing

6. The Department of Arts, Sport and Tourism should focus on increasing physical activity for all members of the community and respond appropriately to developing trends.	Government travel and recreational policies aim to develop policies which will encourage more physical initiatives in individual lifestyles, both for recreational and commuting purposes.(details in the appendix)	Yes
7. The Department of Community, Rural and Gaeltacht Affairs should facilitate strengthening the capacity of communities to address health related issues at a national and local level.	See appendix for details	Progressing
8. Peer-led community development programmes should be fostered and developed to encourage healthy eating and active living. These programmes should be prioritised for lower socio-economic groups, ethnic minority groups, early school leavers, people with learning and physical disabilities and they should be based on the principle of developing self-esteem and empowerment such as is evident for example in the community mothers programme.	Many examples of such programmes have been identified and are detailed in the appendix.	Partial
9. Community skills-based programmes should be developed which provide skills such as food preparation, household budgeting, and those skills which have the potential to promote physical activity.	Many examples of such programmes have been identified and are detailed in the appendix.	Significant progress
10. Building on the work undertaken by community groups, community initiatives should be developed to tackle the issues of food poverty and accessibility through local food programmes and co-operatives.	Many examples of such programmes have been identified and are detailed in the appendix.	Yes
11. Parents should be encouraged and supported by relevant agencies to partake in physical activities with their children.	A number of programmes have been developed by the HSE, IHF and LSP to support parents in getting their children introduced to or involved in physical activity. (see appendix)	Progressing
12. Existing and future parenting courses within communities should develop and implement healthy eating and active living education as part of their programmes.	The HSE provide training on PA and nutrition to Health Professionals and community workers who provide parenting programmes	Significant progress
13. Groups representing older people should support and encourage national programmes for healthy eating and for physical and sporting activities among their members.	The ISC has developed programmes to promote a wide range of physical activity programmes for older people. The NCAOP, has through its work on ageism, addressed issues such as of healthy eating and obesity.	Progressing

### Action by the Health Sector

Significant progress has been made in the case of 13 recommendations; action is progressing in the case of 5; partial implementation has taken place on 4 of the recommendations with no progress reported on 2.

<b>Recommendation</b>	<b>Current Position</b>	<b>Implementation Status</b>
1. The health services, in their strategic planning and delivery, should advocate and lead a change in emphasis from the primacy of individual responsibility to environments that support healthy food choices and regular physical activity.	The HSE is working with partners in the statutory, community and voluntary sectors to enable individuals to make healthy lifestyle choices in supportive environments that aid healthy food choices and increased physical activity. Examples include: <ul style="list-style-type: none"> <li>Working with local authorities in the WHO Healthy Cities (Galway &amp; Dublin) projects and Galway Healthy Stadia</li> </ul>	Significant Progress

	<ul style="list-style-type: none"> <li>Addressing the marketing of unhealthy food to children with the IHF.</li> </ul> <p>See appendix for details of the above programmes and other initiatives in this area.</p>	
2. Supporting the population in healthy eating and active living, in the prevention of overweight and obesity, should be a key goal of health services and healthcare providers.	<p>A number of initiatives are in place. Examples include:</p> <ul style="list-style-type: none"> <li>The all island "Little Steps" media campaign in partnership with SafeFood and in collaboration with the Public Health agency, NI.</li> <li>GP Exercise Referral Programme</li> <li>Food poverty projects &amp; nutrition programmes – "Healthy Food Made Easy &amp; Cook it".</li> </ul> <p>See appendix for details of the above programmes and other initiatives in this area.</p>	Significant Progress
3. The health services should recognise maintenance of a healthy weight as an important health issue, and measurement of height, weight, waist circumference and calculation of BMI should be part of routine clinical healthcare practice in primary care and in hospitals.	<p>These measurements are routinely carried out for some patient groups i.e. Diabetics and CVD patients</p>	Partial
4. An individual's interaction with healthcare services should be an opportunity to develop life skills and foster self-efficacy in support of healthy eating, active living and positive self-image.	<p>Currently available to the above mentioned patient groups (See No. 3) and in the following programmes:</p> <ul style="list-style-type: none"> <li>"Farmers Have Hearts" in Roscommon</li> <li>HSE South GP Exercise Referral programme</li> </ul> <p>See appendix for details of the above programmes and other initiatives in this area.</p>	Progressing
5. A national database of growth measurements (height, weight, waist circumference, BMI) for children and adults should be developed by the Population Health Directorate in order to monitor prevalence trends of growth, overweight and obesity. The database can be created by developing the surveillance systems that are already established and by expanding these systems to collect the required data, for example the national health and lifestyle surveys, established longitudinal research projects and the school health surveillance system.	<p>Preliminary undertakings towards a National Database</p> <ul style="list-style-type: none"> <li>1st round of the WHO – European Childhood Growth Surveillance Initiative April-June 2008</li> <li>All Island Obesity Surveillance Symposium Nov. 2008</li> </ul> <p>Details in Appendix.</p>	Partial
6. Individuals who have a BMI over 25kg/m <sup>2</sup> and who choose to manage their weight, can do so in partnership with their healthcare provider, using the Treatment Algorithm. Individuals with a BMI in the normal range should be enabled to monitor their progress with follow-up measurements every three years.	<p>This is fully implemented for those with BMI &gt; 25 in some services i.e. for diabetics and CVD patient groups, while partially implemented in others; depending on the reason the patient has contacted a specific health service.</p>	Partial
7. An education and training programme for health professionals in the appropriate and sensitive management of overweight and obesity should be developed and implemented. Programmes should include training in developing life skills for healthy eating and active living, counselling, readiness to change/brief intervention, and standardised measuring techniques. Primary care teams should be the focus of the initial education and training drive.	<ul style="list-style-type: none"> <li>Training of Community Dietitians &amp; Public Health Nurses (PHNs) in using new anthropometric measuring equipment</li> <li>Training in Brief Intervention</li> </ul>	Significant Progress
8. A practical framework for implementation of the education and training programme which would address the constraints of current primary care workload and practices should be developed. Incentives such as additional study leave, bonus Continuing Medical Education accreditation and payment may have to be considered.	<p>Currently there is no consistent framework or systematic approach to multiple risk factor reduction/prevention in Irish general practice.</p>	No
9. Detection, prevention and treatment programs should be evaluated to ensure that they are being implemented as planned and that they are effective. This evaluation must include stakeholder input at all stages to ensure that programmes are being tailored to meet the needs of	<ul style="list-style-type: none"> <li>Activity, Confidence &amp; Eating (ACE) programme – a multidisciplinary family-based approach to the treatment of childhood obesity</li> <li>"Farmers Have Hearts" in Roscommon</li> </ul>	Progressing

the target population.	<ul style="list-style-type: none"> <li>(and National Ploughing Championships)</li> <li>Internal review of obesity service &amp; outcomes of 120 surgical patients in St. Colmcille's/St. Vincent's University Hospital</li> </ul> <p>See appendix for details of the above programmes and other initiatives in this area.</p>	
10. The curriculum for undergraduates and postgraduates in relevant health sciences should provide training in appropriate and sensitive obesity prevention and management.	Not happening currently	No
11. Individuals at risk of developing an eating disorder should be assessed proactively with the aid of a simple screening tool developed by relevant support groups and appropriate experts.	<ul style="list-style-type: none"> <li>Malnutrition Universal Screening Tool (MUST) available as per "Food and Nutritional care in Hospitals Guidelines for Preventing Under-Nutrition in Acute Hospitals" DOHC 2008</li> <li>"Eating Disorders: Best Practice Guidelines for Dietitians". HSE 2008</li> </ul>	Yes
12. A North/South communication and public awareness programme on overweight and obesity should be developed in conjunction with and regularly evaluated by the HSE in partnership with the Northern Ireland Department of Health, appropriate food agencies, government representatives, non-governmental agencies, consumers and appropriate industries. Consistent, clear media messages should be sensitive and appropriate to culture, age and gender.	<p>All-island "Little Steps" Media Campaign (See no. 2 above)</p> <p>See appendix for details of the above programme</p>	Significant Progress
13. The guidelines for physical activity, and for food and nutrition required for good health should be reviewed by the Population Health Directorate, in partnership with the appropriate food agencies, consumer and community groups, relevant government bodies, NGOs, and industry, to include the prevention and management of overweight and obesity.	<ul style="list-style-type: none"> <li>Consultation by key stakeholders of the Draft Physical Activity Guidelines has just been completed.</li> <li>Revised National Healthy Eating Guidelines, are at final draft stage</li> </ul> <p>See appendix for details of the above guidelines &amp; policies in this area.</p>	Yes
14. All guidelines for physical activity, food and nutrition should be developed according to age and gender and should be independently proofed by the relevant authorities to ensure that they are appropriate.	The National Physical Activity (P.A.) Guidelines are being developed according to age- children, adults, older people and those with disabilities. Gender difference is relevant to nutrition but not to P.A. and is therefore not included. The Draft P.A. Guidelines have been sent out to key stakeholders for consultation.	Significant Progress
15. To ensure best practice, consistency and the safety of the population, all overweight and obesity prevention and management strategies should be co-ordinated and regularly reviewed by the Population Health Directorate of the HSE.	The HSE steering group, who oversee the development and implementation of the 5-year action plan constantly, monitor all aspects of obesity prevention and management in line with best international practice. Recommendations are implemented on an incremental basis, e.g. the review of best practice in hospital tertiary services (bariatric surgery) for the management of the morbidly obese.	Yes
16. Individuals should be facilitated in choosing to manage their health and weight effectively by identifying their needs and possible risks. This should be achieved through partnership with their healthcare provider.	<ul style="list-style-type: none"> <li>The ACE family based intervention for overweight &amp; obese young people. (See no. 9 above)</li> <li>"Farmers have Hearts" (see no 9. above)</li> <li>GP Exercise Referral Programme (see no. 4 above)</li> </ul> <p>See appendix for details of the above programmes and other initiatives in this area.</p>	Progressing
17. Antenatal visits are an opportunity to empower parents and their families to develop life skills which support healthy eating and active living. They should encompass family goals, such as healthy weights, which are regularly discussed.	Training is provided for midwives, who in conjunction with Practice Nurses and Public Health Nurses work with parents of infants and young children. Weight management and physical activity is a routine part of antenatal visits and is regularly discussed.	Yes
18. The choice of a mother to breastfeed and the skills required to breastfeed exclusively for the recommended six months should be supported ante-natally and	<ul style="list-style-type: none"> <li>PHN home visits support the breastfeeding mother following her discharge from hospital.</li> <li>Community breastfeeding support groups</li> </ul>	Yes

postpartum.	are facilitated and provided by the HSE (in hospitals & health centres) and by voluntary organisations - Cuidiu & La Leche League who receive funding. (see appendix for details)	
19. The postpartum check presents a further opportunity for the public health nurse, parents and their families to discuss and facilitate health choices. To support the family in maintaining healthy weights, key measurements, such as child's weight/length and the mother's BMI, should be recorded to enable self-management.	Childs length and weight is routinely measured and recorded at the postpartum check. PHNs discuss nutrition with parents at this time. PHNs have received specific training on healthy weaning and are available to assist parents at this developmental stage. A range of literature is also available from health centres, GP surgeries and via the PHN.	Yes
20. The primary care vaccination visits and public health nurse visits carried out during the first three years of a child's life is another opportunity to engage with families, working in partnership with parents to assess and monitor changes in the BMI of the parents and the height/length of children and to identify skills to overcome barriers to change.	Health professionals engage with families in assessing & monitoring overweight and obesity as per previous point 19 above.	Yes
21. All children and parents have the opportunity through the school health services to develop self-capacity in relation to healthy eating and active living and this should include the opportunity to have a growth assessment for overweight or underweight. Assessments should be carried out on school entry (4-5 years) and then at regular intervals (for example 9-11 years and 14-16 years) throughout the child's development. Children and their families should be enabled to make appropriate changes by working in partnership with the relevant professionals, in particular the primary care team and dietary and physical activity professionals.	<ul style="list-style-type: none"> <li>• Surveillance on height and weight has been carried out among 4,5,6 and more recently 7 year olds.</li> <li>• The 1st round of the WHO-European Childhood Growth Surveillance measured 2420 children, 7 – 7.9 year olds from 148 primary schools.</li> </ul> See appendix for more information	Progressing
22. Individuals' capacities in choosing to manage their health and well-being are strengthened with the knowledge of their height, weight, waist circumference and BMI. This can be achieved in partnership with their GP and health care providers in the primary	While not currently a universal service this is available to clients under specific programmes such as Diabetes (DAPHNE, DESMOND and BRUCIE) and Heart Watch. It is also provided via the Community Dietetic Service.	Partial
23. Individuals should be facilitated in the management of their health, in the community setting, by the provision of opportunistic standardised height/weight measurement in leisure centres, sports clubs and recreational facilities. This should be developed in partnership with the relevant health services.	The GP Exercise Referral Programme refers clients to local sports clubs and leisure centres where these elements would form part of an overall and ongoing assessment.	Progressing
24. Formative research should be carried out to ensure programs are being implemented as planned. This must include stakeholder input at developmental, implementation and evaluation stages to ensure programs are being tailored to meet the needs of target population.	All HSE funded programmes are required to have stakeholder involvement, be evidence and needs based, provide a tailored intervention and have evaluation as a basic requirement. <ul style="list-style-type: none"> <li>• Review completed of best practice in hospital tertiary services (bariatric surgery) for the management of the morbidly obese.</li> <li>• Review of the implementation of the National Task Force on Obesity by the National Nutritional Surveillance Centre (NNSC) UCD on behalf of the HSE.</li> <li>• Pre campaign &amp; post campaign evaluation of Phase 1 (2008) of "Little Steps" National Media Campaign.</li> </ul>	Yes

## Food commodity, production and supply sector

Partial implementation has taken place on 6 of the recommendations; action is progressing in the case of 2, with no progress reported on one of the recommendations.

<b>Recommendation</b>	<b>Current Position</b>	<b>Implementation Status</b>
1. The Department of Enterprise, Trade and Employment, the Department of Health and Children, together with the private sector and consumer groups should immediately take multi-sectoral action on the marketing and advertising of products that contribute to weight gain, in particular those aimed at children.	There have been a number of initiatives by Government, Regulators, Private Sector and Consumer groups in relation to the practice of advertising of foods and beverages at Children. Codes, Rules and practices have been developed. Work is ongoing and includes measures in the Broadcasting Bill 2009 to prohibit TV and radio advertising of HFSS (high fat, sugar and salt) products subject to public concern in respect of the general public health interests of children.	Partial
2. The Department of Agriculture and Food should review policies in partnership with other government departments to promote access to healthy food. Such policies should encompass positive discrimination in the provision of grants and funding to local industry in favour of healthy products.	It must be recognised that there would be constraints on putting such measures in place in that positive discrimination may not be possible under EU state aid and competition rules.	Not possible due to legal constraints
3. The Department of Agriculture and Food together with the Department of Health and Children should promote the implementation of evidence-based healthy eating interventions.	Since publication of the Report, the Department of Agriculture, Fisheries and Food has funded a number of research programmes and has through Bord Bia rolled out the Food Dudes Programme to 1,000 primary schools. DoHC has funded the Observatory (details provided in the appendix)	Progressing
4. Guidelines for food and nutrition labelling should be reviewed and further developed by the appropriate food agencies in conjunction with industry and consumer groups, to ensure that labelling is accurate, consistent, user-friendly and contains information on portion sizes and nutrient content.	Ireland is taking part in discussions at EU level on food labelling, i.e. a Proposal for a Regulation of the European Parliament and the Council on the provision of food information to customers. The DoHC supports front of pack labelling. Food and drink companies have created and promoted a front of pack Guideline daily Amount (GDA) campaign amongst its members and retailers to provide nutritional information on products in a consumer-friendly way.	Partial
5. There should be a rigorous and regular review of all products that claim to support weight loss. Food and beverage slimming products should be reviewed by the appropriate food agencies, while medical products should be reviewed by the Irish Medicines Board.	There are constraints in this area given that applicants can apply to the EU to have products licensed within the EU area.	Partial
6. A single representative industry body should be established to implement and monitor consistently the relevant Taskforce recommendations as they relate to that sector and to specifically collaborate on issues relating to partnership in this strategy.	Food and Drink Industry Ireland and Retail Ireland have agreed to work as part of a wider industry group with the Department of Health and Children to implement this recommendation.	Partial
7. The food and drinks manufacturing industry, the retail sector, the catering industry and the suppliers to these should promote research and development investment in healthier food choices.	A number of initiatives have been undertaken by key stakeholders, examples of which are outlined in the appendix.	Partial

<p>8. The food and drinks industry should be consistent in following the lead of those who have already abandoned extra-large-value individual portion sizes.</p>	<p>DoHC participates in the EU Platform on Diet and Physical Activity, which is beginning to prioritise portion sizes in the food industry as a key factor in implementing the EU Strategy for Europe on Nutrition, Overweight &amp; Obesity-related Issues. The Nutrition and Health Foundation have undertaken a literature review on the benefits for both the consumer and restaurants with regards to the provision of (a) reduced portion sizes in addition to regular portions, (b) increasing the fruit and/or vegetable content of a meal and (c) a combination of both. The NHF are seeking to engage the Restaurants Association of Ireland on this initiative.</p>	<p>Partial</p>
<p>9. A practical healthy nutrition programme should be established by the health services, the appropriate food agencies and the catering institutions to ensure that all catering facilities provide healthy options.</p>	<p>A number of excellent examples, covering initiatives promoting healthy food choices have been adopted at commercial and educational level and are included in the appendix. The salt reduction procurement programme provides an excellent model for further initiatives. (see appendix)</p>	<p>Progressing</p>

## Action by the Physical Environment Sector

Significant progress has been made in the case of 5 recommendations; action is progressing in the case of 9; partial implementation has taken place on 4 of the recommendations with no progress reported on 2.

<b>Recommendation</b>	<b>Current Position</b>	<b>Implementation Status</b>
<p>1. The Department of the Environment, Heritage and Local Government should develop coherent planning policies for urban/rural housing, transport, amenity spaces and workplace settings to encourage spontaneous increases in physical activity in adults and children.</p>	<p>There has been significant progress on this issue in the last 5 years. Planning Authorities Development Plans must include a number of facilities and amenities. (see appendix)</p>	<p>Significant Progress</p>
<p>2. The Department of Enterprise, Trade and Employment should ensure that future safety, health and welfare at work legislation promotes and protects health with a particular emphasis on healthy eating and active living.</p>	<p>This legislation only covers occupational health and safety at work, and not health promotional issues.</p>	<p>No</p>
<p>3. The Irish Financial Services Regulatory Authority should examine the high costs of public liability and their impact on physical activity. It should foster initiatives to address these costs.</p>	<p>This does not fall with the remit of the Irish Financial Services Authority. Insurance for local authority playgrounds is part of the overall package of public liability insurance for all local authority facilities, and is provided by Irish Public Bodies Mutual Insurances Ltd.</p>	<p>Yes</p>
<p>4. The Department of Enterprise, Trade and Employment, the electronic leisure industry and consumer groups should review the design, production and marketing policies surrounding products that impact on healthy eating and active living, particularly in relation to children.</p>	<p>Our ability to influence this area is severely restricted by the global nature of the electronic industry.</p>	<p>No</p>
<p>5. The Department of Transport and the Department of the Environment should apply a specifically designated percentage of all road budgets to the construction of safe walkways and cycleways.</p>	<p>Safe cycling and walking are covered in road schemes as necessary. Rather than setting aside a percentage of a road scheme budget, the Government has approved <i>Smarter Travel and a National Cycle Policy Framework</i> which set ambitious targets for switching people to alternatives modes of transport. See Appendix</p>	<p>Progressing</p>



6. The Department of Transport should increase the provision of safe and efficient public transport and set targets for the reduction of car use.	<i>Smarter Travel</i> , the Government's new sustainable transport policy aims to reduce car commute from 65% to 45% by 2020. This policy sets out 49 actions aimed at achieving the national targets, including a significant emphasis on improved public transport services.	Yes
7. Local authorities should ensure that their mission statements, corporate plans and planning policies take account of their impact on healthy living.	Local authorities are encouraged to ensure that their plans reflect the impact of local authority policies on healthy living and to ensure appropriate reference to their citizens wellbeing in their mission statements. Data from Councils would indicate that healthy living has been incorporated into their policies (see appendix for examples).	Progressing
8. Local authorities should work in partnership with community groups to actively promote sporting and leisure opportunities that support active living.	Local Sports Partnerships work in co-operation with relevant local authorities targeting some specific areas, as well as working directly with community/partnerships to increase participation. (see appendix).	Yes
9. Local authorities, bearing in mind regional variations and the demography of their populations, should ensure that sports, recreational, leisure, and play facilities are available, accessible and equitable to all members of the public.	The new sustainable transport policy requires that all new facilities are planned so that they are accessible by means other than just the car. Grants scheme have enabled the building and development of many amenities, including youth facilities and parks. (see appendix).	Progressing
10. Local authorities should prioritise pedestrianisation and cycling and ensure that there is adequate provision for these amenities.	See appendix for details.	Progressing
11. Local authorities in partnership with local communities and the gardaí should ensure the provision and maintenance of safe and accessible green spaces for physical activity. They should be supported by government in this and related work.	Local authorities liaise with Gardai and local communities regarding council-maintained open spaces and recreational facilities. Councils have designated wardens to oversee council-owned open spaces, recreational facilities, to monitor parks and liaise with Gardai and the local community as appropriate. (see appendix for examples)	Significant Progress
12. The Department of Arts, Sport, and Tourism should ensure that sports, leisure and social organisations receiving funding are encouraged to have regard to the health of their members, for example in terms of catering, sponsorship etc. Funding should be proofed, evaluated and monitored by nationally recognised sports and physical activity groups.	There are some excellent examples of good practice where National Government Bodies have found health promoting sponsors e.g. HSE sponsorship of Community Games. Additionally NGBs have taken steps to ensure that their activities for young people are not sponsored by alcohol or fizzy drinks manufacturers i.e. IRFU, FAI.	Progressing
13. Local authorities should ensure that their leisure and activity centres develop policies that promote healthy eating.	There is limited scope for local authorities to devise their own healthy eating policies but they do work with other State bodies in supporting initiatives.	Partial
14. Private sector organisations that promote physical activity, such as leisure centres and gyms, should develop policies that reflect healthy eating.	The Irish Sports Council and Local Sports Partnerships are supporting the work of the HSE and ILAM (Irish Leisure & Amenity Management Ltd) in rolling out a national GP referral scheme to promote the greater usage of leisure centres and gyms by those receiving treatment from GPs. (see appendix).	Partial
15. The private leisure industry should be encouraged to make its facilities more accessible to lower socio-economic and minority groups through partnership with local communities, local authorities and health boards.	There are some pilot initiatives in this area being rolled out through the LSP networks. In addition, the HSE National GP Exercise Referral Programme refers clients to private centres with whom they have a service agreement. (see appendix).	Partial
16. Workplaces in both the private and public sectors should provide an environment that empowers individuals to make healthy food choices and presents opportunities during work hours to partake in physical activity, opportunities such as flexible working hours, reduced rates for gym membership, incentives for cycling or walking to work, access to shower and changing facilities.	Many excellent programmes have been developed. Some examples are outlined in the appendix. In particular a national initiative under <i>Smarter Travel</i> will target 250,000 employees by 2020 and aim to reduce car use by 20%.	Progressing

17. Occupational health and wellness services, should include the option of weight status screening of employees and encourage staff to participate in work-based healthy eating and active living programs.	Most occupational health practitioners include a BMI measurement in health checks. Contract companies who provide health checks would include a BMI measurement. Occupational services, wellness services and HR departments actively work with the IHF and other services providers.	Progressing
18. All employers should make arrangements to facilitate mothers who choose to breastfeed on their return to the workplace.	Employees who are breastfeeding are entitled to take 1 hour off in an 8 hour working period without loss of pay to facilitate the continuation of breastfeeding until their infants are six months old.	Progressing
19. Every workplace should have a healthy work-life balance policy which is regularly reviewed. These policies should form part of the national partnership agreements. The social partners must place a greater emphasis on health promotion as part of the national work-life balance policy. All policies and regulations currently in existence in this area must be fully implemented.	IBEC and ICTU have a national Work/Life Balance Day, which focuses on general health and welfare issues. The annual Health and Safety Week in October addresses health and safety issues in the workplace.	Partial
20. Community development programmes which encourage healthy eating and active living should be developed in partnership with local authorities and businesses. These programmes should be prioritised for lower socio-economic groups, ethnic minority groups, early school leavers, and people with learning and physical disabilities.	Many excellent programmes have been developed. Some examples are outlined in the appendix.	Progressing

## Summary

The examination by the Group has show that significant progress has been made in the case of 30 of the recommendations (32%), partial implementation has occurred on 29 (31%), action is progressing on 26 (28%), while no progress is reported on 8 (9%) of the recommendations. This is summarised in the table below.

	Significant Progress	Partial Implementation	Action Progressing	No Progress	Totals
High Level Government	2	2	1	0	5
Education Sector	5	10	4	3	22
Social & Community Sector	5	3	5	0	13
Health Sector	13	4	5	2	24
Food commodity, production & supply sector	0	6	2	1	9
Physical Environment Sector	5	4	9	2	20
<b>Total</b>	<b>30</b>	<b>29</b>	<b>26</b>	<b>8</b>	<b>93</b>
	<b>32%</b>	<b>31%</b>	<b>28%</b>	<b>9%</b>	<b>100%</b>

## **Future Priorities**

While the foregoing indicates that, since its publication in 2005, there has been significant progress, at both national and local level, in the implementation of the NTFO's recommendations, nevertheless rates of overweight and obesity continue to rise. There is, therefore, a need for continued and concerted action to halt the rise in the levels of overweight and obesity. The Group gave some consideration to key priority areas for action in the short to medium term.

The overriding concern of the Group was of the need for concerted Government action, driven at the highest level, to ensure a consistent approach to the implementation of the NTFO's recommendations.

The Group considered that measures to increase physical activity among children was of fundamental importance. While recognising the demands of the school curriculum, they felt that the school environment was key to getting children involved at an early age in sport and physical activity, either as part of structured physical activity programme or through the encouragement of play at breaks and at after-school programmes. In addition programmes to encourage children walking and cycling to school need to be promoted.

There is a need for a continued awareness programme of the dangers of excessive consumption of foods high in fat, sugar and salt and of the benefits of regular exercise. While the population may be aware of the benefits of healthy eating, evidence would tend to suggest, as indicated in the Slán survey by the frequency of consumption of foods from the top shelf of the food pyramid, that they may not be aware of the dangers of regular consumption of fatty foods and snacks, confectionery and sweet drinks.

The Group came across many examples of good practice or what were termed 'islands of excellence' in the promotion of healthy eating and physical activity. These are highlighted in the Appendices to this report. In order to support evidence-based policy and practice, there is a need to better understand what activities are being undertaken across the country and to share details of what works and what doesn't. A more systematic 'audit' and evaluation of obesity-related activities is necessary. This is one of the tasks which could be undertaken by the 'Obesity Knowledge Centre' currently being established within the Institute of Public Health (IPH) as part of its joint work programme with the HRB Centre of Health and Diet Research (UCC/UCD).

Action is required to control advertising and marketing of food and drink aimed at children. This is not confined to the broadcast media. There is concern also about advertising/commercial communications being brought to children via materials used by junior sports clubs or other activities, for example sports kit/equipment branded with fast food or soft drinks company logos. Codes of advertising practice need to address this wider area of food promotion and sponsorship. This should be addressed by the Department of Health and Children, Department of Communication, Energy and Natural Resources and the food and advertising industry.

There is a need to improve training for health professionals in obesity prevention and diagnosing and counselling those at risk of obesity. There is evidence that many health professionals, because of the rising levels of BMI in the population as a whole, health professionals are failing to recognise the onset of overweight and obesity, particularly in children. Health professionals, by recognising obesity risk in infancy, childhood and adolescence can have a significant influence on their clients health behaviour through appropriate advice and guidance.

## *Appendices*

### **Appendix 1 - High Level Government - Recommendation 3**

*The Department of Finance should carry out research to examine the influence of fiscal policies on consumer purchasing and their impact on overweight and obesity, for example risk-benefits assessment of taxation that supports healthy eating and active living, subsidies for healthy food such as fruit and vegetables.*

The tax system through VAT, already differentiates between food products. Most food and drink sold by retail shops is chargeable to VAT at the zero-rate. This includes most basic foodstuffs, for example, bread, butter, tea, sugar, meat, milk, vegetables etc. Certain items of food and drink are specifically excluded from the scope of the zero-rate. These are taxable at rates of 12.5 or 21 per cent.

Food and drink liable at the 21 per cent rate included sweets, chocolates, confectionary, crisps, ice-cream, frozen deserts and similar frozen products, savoury snack products, soft drinks and alcohol. The type of products which attract 21% VAT include those which might be highlighted by the Task Force as being potential contributors towards obesity while more health products such as fruit and vegetables are zero-rated.

The Minister (for Finance) wishes to point out that previous experience in the area of taxing/subsidising foodstuffs indicated this was not a useful approach: taxes on such items as table water were removed in 1992 because it was no longer possible to impose them at borders; food subsidies which are introduced in the 1970s to counter very high inflation were not effective and took many years to phase out. Furthermore, the imposition of tax on foodstuffs would be likely to impact disproportionately on the less well-off.

### **Appendix 1 - High Level Government - Recommendation 4**

*Ireland should play an advocacy role within the European Union to reform policies relating to healthy eating and active living among those that govern activities relating to global trade and the regulation of marketing and advertising of food to children.*

The Department of Health and Children continues to play an advocacy role within the European Union through its participation in EU High Level Group on Nutrition and Physical Activity. Currently the Department is liaising with the Food Industry on implementing the EU common framework on salt reduction. Reformulation at EU level to reduce sugar and fat will follow.

The Department of Health and Children is also participating in two WHO/EU projects:

- as a National Information Focal Point coordinating information gathering on obesity in Ireland and
- in EURO PREVOb (Prevent Obesity), a three-year European Coordination Action project linking science and policy-making to tackle obesity.

The Department of Health and Children continues to work with the WHO in its' key role of tackling both European and global obesity.

Ireland is also participating in the WHO European Network on Reducing Marketing Pressure on Children to purchase foods high in fat, sugar and salt.

The Irish Heart Foundation advocates and has made submissions at European level through the MEP Heart Group and the European Heart Network on issues related to obesity including the marketing of unhealthy foods to children' and on the Proposed Food Labelling regulations.

The European Commission has invited an official in the Food Research Division of the Department of Agriculture, Fisheries and Food onto an Expert Group on Food and Health, which will offer independent advice on establishing a long-term strategic approach in shaping national multidisciplinary programmes in the food and health area at European level. The Group will identify key action lines where Member States can encompass and enhance cross-border themes and disciplines to foster public research programmes on food and health. Members act in a personal capacity. The Department is funding a 5-year Food for Health initiative with the Health Research Board and the Department of Health and Children.

### **Appendix 1 - High Level Government - Recommendation 5**

*The Taoiseach's office, as part of the proactive approach in addressing overweight and obesity, should seek the views of children and young people and those members of the population who are, at present, overweight/obese.*

In 2008, as part of the scoping work for the WHO Obesity Surveillance project commissioned by the DOHC and the HSE, the NNSC (Prof. Cecily Kelleher) conducted qualitative work to find out childrens' views on being measured in school.

The DoHC, through liaising with the Office of the Minister for Children, had young people's participation on the Working Group on Guidelines for Developing a Healthy Eating Policy in Post-Primary Schools.

The Irish Heart Foundation will conduct a piece of research assessing the views of children and young people on policy options to make the physical environment more conducive to physical activity. This follows the Dublin City University **Take Part** study undertaken by Dr Catherine Woods and Dr Norah Nelson and part funded by the IHF. Another piece of research will look at the views of young people regarding the impact of food marketing on their food choices.

## Appendix 2 - Education Sector - Recommendation 1

*All schools, as part of their school development planning, should be encouraged to develop consistent school policies to promote healthy eating and active living, with the necessary support from the Department of Education and Science. Such policies should address opportunities for physical activity, what is being provided in school meals, including breakfast clubs, school lunches and, in the case of primary schools in partnership with parents, children's lunch boxes.*

Primary schools continue to implement the Food and Nutrition Guidelines for Primary Schools published by the DoHC, with teacher training facilitated by HSE Community Nutrition and Dietetic Service.

- As part of the Social, Personal and Health Education (SPHE) and Physical Education (PE) policies the vast majority of Irish primary schools have worked on devising healthy lunch policies.
- The post-primary School Development Planning Initiative (SDSI, <http://www.sdpi.ie/>) has a number of activities in place to promote healthy living in school. In many cases, the promotion of healthy eating and active living have been identified as one of their priorities
- Health Promotion Officers in the HSE and Regional Development Officers in the DES offer support services for policy development which include healthy eating policies, however the demand from schools for this service is lower than for other policies.
- As detailed under the Health Section of this review the HSE has been involved with the development and implementation of various healthy eating guidelines for school children. The HSE North-East has an interactive self-assessment pilot programme called, 'Dish It Up' in disadvantaged post-primary schools.
- The Guidelines for Developing a Healthy Eating Policy for Post-primary Schools will be sent to post primary schools in the near future. Schools may be supported in the drawing up of their healthy eating policy by the Social, Personal & Health Education (SPHE) Support Service (Post-primary) and School Development Planning Initiative (SDPI). The SPHE Support Service offers in service training on physical health and can include assistance with policy development regarding healthy eating. These training events will incorporate input from a HSE dietitian.
- The Junior Certificate PE Support Service in cooperation with School Development Planning Initiative (SDPI) and SPHE Social, Personal & Health Education (SPHE) Support Services is in the process of developing school policy guidelines in relation to physical education and physical activity in co-curricular contexts.
- Safefood developed a consumer lunchbox website and consumer leaflet on healthy lunchboxes in 2006. It supports children, teachers and parents in the development and implementation of healthy eating schools policies.

Lunchbox website:-

Budget €11,980 (including promotion)

€40,250 on production of the site itself

158,355 page views by 37,169 visitors

Healthy lunchboxes leaflet:-

3459 copies distributed in ROI and 739 in NI

Budget €3200 for 10,000. 30,000 copies of older version distributed 2004-2007 at a cost of €4426.

- The Dormant Accounts/RAPID Leverage Fund - Small Scale Capital Scheme for Disadvantaged Schools measure, applied to schools participating in the Department of Education and Science's Schools Support Programme under DEIS (Delivering Equality of Opportunity in Schools), schools in or serving a RAPID area and Special Schools. The main measure has seen the enhancement of schools' dining areas through either the refurbishment/upgrading of existing facilities and/or the conversion of surplus space into new dining areas. The inclusion of separate funding for canteen equipment, following a request from the Department of Social and Family Affairs, has facilitated the operation of its' School Food Programme.

A total of €2.38 million in grant-aid has been approved under the Dormant Account/ RAPID leverage Fund Small Scale Capital Grant Scheme for disadvantaged Schools. Under the Dining Area and Canteen equipment measure 169 dining facility projects in schools were approved for a total of €4.312 million in grant aid.

- **Little Steps Go A Long Way** is a collaboration between the HSE, Safefood and Health Promotion Board,

Northern Ireland is a campaign aimed at tackling the problem of obesity across the island of Ireland.

- **Breakfast and After School Clubs** have been introduced by HSE South West, Northern Area, East Coast and North East. These provide training and support on food and nutrition to breakfast clubs. Impact evaluation of breakfast clubs on primary school children in a low income population has been completed in HSE South Western Area.
- Further support for the implementation of healthy school nutrition policies is provided to parents through **Food and Fitness evenings for parents** (Run in the HSE Northern Area).

## **Appendix 2 - Education Sector - Recommendation 2**

*The emphasis in all schools should be on increased physical activity including participation in sports.*

- The **Active School awards** raise awareness of the benefits in participation in physical education, physical education and sport. Active school week is an integral part of the Active School Awards and schools have embraced this concept.
- The Junior Certificate PE Support Service (JCPESS) have instigated an '**Active Living & Learning Initiative**' which aims to enhance student learning and well being by giving prominence to physical activity as a medium for learning and a foundation for healthy living. This 5 year (2009 -2015) initiative is being run in association with Mayo VEC, Mayo Education Centre, GMIT Castlebar and Mayo Sports Partnership. It is hoped that the ideas promoted within this project would be extended to the wider educational community.

There are further initiatives which are of relevance here:

- **Urban Schools Initiative** (Dublin based) – this project aims to enhance the quality of physical education provided to young people in disadvantaged areas, through a programme of professional development for physical education teachers working in these schools.
- **Community of Practice:** Kerry Education Service supported by the JCPESS and University of Limerick has undertaken a 2 year initiative which aims to improve the quality of PE & PA in the system.
- **Buntas Play and Sport.** These are physical activity programmes for Primary School children (HSE Southern Area, Northern Area, South Western Area, Mid Western Area and North West).
- **Physical Activity in After School Clubs** promotes physical activity among 8-9 year olds (HSE Northern and South West Area).
- **Dormant Accounts:** The Department of Education and Science is the lead Department for the establishment of the community use element of 6 sports halls. Just over €2m in funding provided to 6 PE halls. DCRGA is also making available funding to DEIS schools in Limerick City to open after school hours providing facilities to children and the wider community for a wide range of activities. Funding was also made available for the development of new and the refurbishment of existing outdoor play facilities. Furthermore, Government has approved funding for one-off small scale equipment grants for local youth groups and clubs. These include activity equipment such as snooker tables, canoes, computer hardware and software, audio/visual equipment etc. Government approved just under €1.7m in funding in December 2008 to 22 schools in Limerick and just over €2m in funding provided for small scale equipment supports for 1,345 youth groups.
- Schools who satisfy certain criteria qualify for the PE/Sports Flag award. 'Every School Day Counts' is a joint sponsorship initiative by the National Educational Welfare Board (NEWB), and Cumann na mBunscol, the largest school-based sports body in the country. This initiative is to create a positive understanding of the importance of school attendance by promoting the social and sporting benefits which are often overlooked.
- **Ag Sugradh Le Cheile** are workshops for parents run by the HSE North West promoting active play through traditional and co-operative games.

## **Appendix 2 - Education Sector - Recommendation 5**

*The Department of Education and Science should prioritise the provision and maintenance of physical education and*

***physical activity facilities to address the issue of equity and access in all schools.***

Over the last five years, the JCPESS has provided a sustained programme of professional development for physical education teachers. There are now in excess of 1,000 teachers engaging with JCPESS in-service on an ongoing basis. This programme, combined with school inspections has encouraged the prioritisation of PE & PA in schools.

A special PE funding package of €6.5m issued in 2006 to primary schools and in 2007 a similar package of €3m issued to post-primary schools. The Department promotes the dedication of one day in the school year to encourage greater participation in sport at primary school. The aim of the day is to provide a range of activities so that all pupils have an opportunity to participate in a number of sports or sporting activities.

Between 2000 and 2006 €2.6 billion was invested in modernising and extending primary and secondary school facilities nationwide, PE facilities were included as part of the investment.

**Playground Markings** programme aims to increase physical activity in school children by assisting schools in marking of school playgrounds. This is run by HSE North East, Northern Area, Midlands, South West, Southern Area and South Eastern Area.

**Appendix 2 - Education Sector - Recommendation 6**

***The Department of Education and Science should provide resources for adequate teacher training to support healthy eating and active living.***

**In service training:** The most extensive in-service training provision for teachers in relation to PE has been ongoing in Ireland in recent years. In 2006 and 2007 €6.5 million and €3 million were issued to primary and secondary schools respectively as part of the PE funding package, with an excess of €5.5 million in grant-aid to primary schools to facilitate the coaching and mentoring of relation to PE. Schools can use their general capitation funding to support the implementation of all curricular subjects including PE, schools that have a special needs class are eligible to receive a once-off grant of €5,600 per class to purchase equipment, including PE equipment.

**Safefood** support summer teacher training courses through providing training on healthy eating focusing on the resource Taste Buds. This training is ongoing on a pilot basis for the previous two years and will be expanded in coming years across more Education Resource Centres. It was launched by the Minister of Education in November 2008.

This interactive resource consists of eight sessions which help teachers deliver the Food and Nutrition Component of the Social Personal Health Education curriculum. Reach of 2009 pilot: Approximately 76 teachers will participate in July 2009 at a cost of €10,000. Cost split between safefood, West Cork Development Partnership and Department of Education and Science. A total of 34 teachers have been trained in 2006 and 2007 at an additional cost of €500/ year. The 2009 approach is more sustainable for the future.

The JCPESS in association with the Irish Heart Foundation has developed and disseminated through in-service, a substantial teaching resource, **Action For Life**, which supports the Health Related Activity component of the junior cycle physical education syllabus, trained 900 PE teachers in health related physical activity in 2008. Cost IHF and DOES.

At primary level, training for over 7,000 primary school teachers and the provision of the **Action for Life** health related activity resource has been provided. Cost shared by the Irish Heart Foundation and the HSE.

The HSE Southern area has produced a health and lifestyle programme called 'Being Well for Teachers' which includes healthy eating and physical activity.

**Appendix 2 - Education Sector - Recommendation 7**

***Nutrition and physical activity levels of school children should be seen as part of the duty of care of each school, for example in relation to catering for school meals, policy on vending machines, and provision of fresh drinking water.***

The DES Inspectorate supports the full implementation of the SPHE curriculum, which includes specific units of health,



wellbeing, food and nutrition and evaluates its employment in each school to appraise how successful it is. The analysis of the national data from the evaluation should be completed in 2008 and it is hoped that a national composite report will be published in 2009. The National Council for Curriculum and Assessment (NCCA) have developed a framework for SPHE in senior cycle. However, there are implementation issues to be addressed, prior to presenting the syllabus to the Minister.

Healthy Eating guidelines for canteens and school shops were developed by the HSE North East area for a pilot implementation in 2005.

The HSE North East area developed physical activity and nutrition guidelines for post primary schools.

The **Munch and Crunch Healthy Lunch project** (HSE South East area) encourages and supports Primary schools to develop healthy lunch policies. This is evaluated by Waterford Institute of Technology.

**School Lunch Scheme for Disadvantaged schools** is a programme to fund and provide healthy school meals at no cost to participants (HSE Mid West area). An interim evaluation has been complete.

### **Appendix 2 - Education Sector - Recommendation 9**

*A clear code of practice in relation to the provision and content of vending machines in post-primary schools should be developed by industry, the Department of Education and Science and schools' representative bodies.*

Schools are privately managed institutions which, although funded by the State, enjoy a large degree of autonomy. It is, therefore, a matter for each school to devise guidelines around the types of food that are available on the school premises and such policies should be driven by the needs and welfare of the pupils. The Department is aware that many schools have developed healthy eating policies in co-operation with their parents associations and it would encourage others to do likewise.

Research commissioned by the Irish Heart Foundation showed that at second level just over a third (36%) had healthy eating policies and 92% agreed that there should be a code of practice on the provision and content of vending machines.

### **Vending Machines – FDII Update**

Some food and drink companies operate vending machines. They do so in a variety of locations either directly or through third parties.

The food and drink industry comply with all relevant EU Directives and the actions undertaken (as detailed below) are on top of EU requirements.

These companies do not operate vending machines in primary schools and all have clear policies that they do not vend to under 12's.

### **Industry Guidelines**

In addition to following their own internal company guidelines on vending, FDII members adhere to industry guidelines – the FDII Guiding Principles on Vending, and the Beverage Council of Ireland Vending Code of Practice. Authorised third party operators also adhere to these guidelines. Some company specific guidelines are publicly available on the EU Pledge [website](#).

These guidelines clearly outline the circumstances under which vending machines can operate and give clear guidance on the need for an appropriate product mix (i.e. a wide range of products to satisfy all aspects of a healthy diet).

Many of the vending machines are unbranded and machines generally carry healthy lifestyle imagery and messaging.

### **Appendix 2 - Education Sector - Recommendation 13**

*All post-primary schools should be encouraged to engage with their student councils and parents' associations in promoting the concept of 'healthy eating and active living'.*

The Active School flag review process encourages the involvement of student councils in the decision making process regarding physical activity provision at primary and post- primary level. The Mayo '**Active Living & Learning Initiative**'

aims to engage with parents and students in this way

## **Appendix 2 - Education Sector - Recommendation 14**

*All third-level colleges and institutions should be encouraged to adopt the 'health promoting college' concept and to actively address issues concerning healthy eating, drinking behaviour and sedentary lifestyle patterns.*

### ***Encouraging healthy eating and addressing sedentary lifestyle patterns***

The 'health-promoting university' is a World Health Organisation (WHO) concept and framework-for-action i.e. creating a healthy college community by offering support services, counselling and advice on health issues, including nutrition, stress and time management, sexual health, alcohol and other drugs. This is balanced by the provision of subsidised student societies, sports facilities and a range of other measures.

The Irish Heart Foundation's Happy Heart Healthy Eating Award (see also Recommendation 9 Section Food, Commodities, Production and Supply), which certifies the provision of healthy food choices low in fat, sugar and salt and high in fruit, vegetables and fibre has been received by several 3rd level institutions: UCD; UCC; NUIG; GMIT. In addition a number of colleges organise health weeks and provide health checks, including blood pressure, BMI and waist measurement for staff and students – Griffith College, Tallaght IT, Blanchardstown and Sligo IT.

Seven 3rd level institutions. Cost €25 per award and €100 per certification. Costs borne by colleges.

Irish Heart Foundation Heart Health Checks cost €300 per day for 12 employees

Below is a table describing the programmes or activities run by third level institutes who replied to the survey

### **Athlone IT**

Description of Programme/ Project/activity/Action	Date	Target group	Aim	Outcomes
'Benefit' Staff Health	Jan 07	Staff	To increase awareness and change behaviour	Varied success
Weight Watch	Jan 06	Staff	Weight management	Varied success
Unislim	2006 & 2007	Students	Weight management	Varied success
GP Exercise Referral	2005 – present	Students	Increase level of physical activity	Low take-up rate, success for those who participated

### **Dublin Institute of Technology**

#### **Programmes/ projects, target groups, aims and outcomes – DIT**

Description of Programme/ Project/activity/Action	Date	Target group	Aim	Outcomes
Nurse	2007	Students, staff	Responsibility for health promotion	Successful
Health Awareness Week	Ongoing	Students, staff	Promote healthy eating and active living on the campus	Successful
Alcohol Policy	Implemented	Students, staff	Promote responsible drinking and avoid alcohol abuse and binge drinking	
'Sports for All'	Implemented	Students	Philosophy enshrined in its strategy	
Students Union, Clubs &	Ongoing	Students	To promote a	

Societies			healthy campus lifestyle	
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### **Letterkenny Institute of Technology**

#### **Programmes/ projects, target groups, aims and outcomes – Letterkenny IT**

Description of Programme/ Project/activity/Action	Date	Target group	Aim	Outcomes
Fitness Training Projects	Ongoing	All		Promoting healthy lifestyles
Healthy eating projects	Ongoing	All		Promoting healthy lifestyles
No alcohol on campus	Ongoing	All		Promoting healthy lifestyles

### **Limerick Institute of Technology**

#### **Programmes/ projects, target groups, aims and outcomes – Limerick IT**

Description of Programme/ Project/activity/Action	Date	Target group	Aim	Outcomes
A/A MEETINGS	2005	All students	Create awareness	Very positive
			And offer	response
N/A MEETINGS	2005		support	From both students and facilitators
			To students	
			Affected by alcohol	
			And narcotics	
			Abuse and	
			Addiction.	
Healthy eating awareness plan individually to students referred from doctor/counsellor	September 07	Students who present to GP S and counsellors With Obesity Anorexia and Bulimia	Plan monitor and encourage healthy and balanced eating programmes on a one to one basis	ongoing

### **Sligo Institute of Technology**

#### **Programme/ Project descriptions, target group, aims and outcomes – Sligo IT**

Description of Programme/ Project/activity/Action	Date	Target group	Aim	Outcomes
Health Fair	Oct 06 & Oct 07	Staff & Students	Promote healthy eating, diabetes awareness	Increased awareness
Free apples	Ongoing	Staff & students	To promote an increase in fruit consumption	
Health Promotion Stand	Ongoing	Students	Health and diabetes awareness	Excellent attendance
Diabetes Screen	Nov 07	Students & Staff	Screening for diabetes	To be held annually

### **Institute of Technology Tralee**

#### **Programme/ Project descriptions, target group, aims and outcomes – IT Tralee**

Description of Programme/ Project/activity/Action	Date	Target group	Aim	Outcomes
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Project/activity/Action				
Employee Assistance	2005	Staff & Students	Counselling staff and students	Caring and supportive environment
Health Promoting College	2006 – ongoing	Staff & Students	Healthy campus community	Awareness / practice. A Health Promoting College Assistant was appointed in 2007
Health Promoting Needs Assessment	2007	Staff & students	Research conducted to identify behaviours of staff & students, their perceptions of their environment, awareness of college policies, preferences and communications in health promotion topics	Form a steering committee and drive strategy for improving the college's health promoting capacity

### IT Tralee Health Promoting Project

#### Background

2006 – A working group consisting of staff and management from various departments, student services, HSE and students union representatives was formed to initiate the Health Promoting College Project (HPCP)

2007 – A research project was carried out by Serena Carrie (BSc (hons), Health, Leisure and Fitness) to aid the development of the HPCP. A health promotion needs assessment was developed and focus groups were carried out

2007 – Following on from the research project, several focus groups were conducted by college employees with college staff and students.

November 2007 – A Health Promoting College Assistant was appointed.

#### Objectives

The main objectives of the needs assessment were to gather information about:

- Health behaviours of staff and students
- Staff and student perceptions of the physical and social environment of the college
- The awareness and usage of college policies and services by students and staff
- The preferences in health promotion topics and the communication methods of these topics

#### What is the next step?

The data from the survey and the focus group is currently being analysed and compiled into a report. Following on from the report, a plan will be drafted to address the needs of students and staff in IT Tralee. The Steering Group and the Health Promoting College Assistant will work in partnership with the HSE to develop the plan for health promotion in the college.

Further information on this project can be obtained from the Health Promoting College Assistant, Hazel Byrne ([Hazel.Byrne@staff.ittralee.ie](mailto:Hazel.Byrne@staff.ittralee.ie)).

### National University of Ireland, Galway

#### Programmes/ projects, target groups, aims and outcomes – NUI, Galway

Description of Programme/ Project/activity/Action	Date	Target group	Aim	Outcomes
Nutrition check-up, Community Nutritionist	28/03/07	Students, staff	One-to-one personalised dietary advice	Positive feedback, knowledge gained, most goals achieved
PACE consultations, HSE	19/10/05	Students, staff	One-to-one	Positive feedback,

Health promotion	2/11/05		personalised assessment and advice on physical activity	knowledge gained, most goals achieved
Cookery classes	21/02/06 Oct/Nov 07	Students, staff	Health recipes for busy people, improved cooking skills	Learned new skills, gained knowledge
Obesity project, Student Health Unit	Academic year 06/07, 07/08	Students	Determine most appropriate and effective approach to obesity in SHU	Ongoing -
Review of Alcohol Policy	Academic year 07/08	Students	Review / update policy	ongoing
Internet-based health communication project (HSE, UCC, TCD & NUIG)	06/07, 07/08	Students	to develop a website that will deliver relevant health information to students while they use institutional PC's	Researcher appointed - Ongoing

### **University College Dublin**

#### **Programmes/ projects, target groups, aims and outcomes – UCD**

Description of Programme/ Project/activity/Action	Date	Target group	Aim	Outcomes
Sponsored Poster Competition in co-operation with the School of Nursing				
Increase of Defibrillators throughout the campus				
Health & Wellbeing packs	2007	All Students	Raise awareness and give information	Positive feedback
Alcohol information Pack	2007	All students	Raise awareness and give information	Positive feedback
Smoking cessation initiatives	From 2004	All students & staff	Assistance to those trying to quit smoking	Smoking Cessation classes not successful. Poor attendance. Brief intervention one to one appears to be more successful
Specialist doctor employed offering advice on health, lifestyle, exercise and injury assessment	2007	All students	Raise awareness and encourage exercise	Positive feedback and speedy and early return to exercise
Alcohol Counsellor	2007	All students	One to one session in private confidential setting	Positive feedback

### **University of Limerick**

#### **Programmes/ projects, target groups, aims and outcomes – UL**

Description of Programme/ Project/activity/Action	Date	Target group	Aim	Outcomes
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Slí na Sláinte (Irish Heart Foundation)	March 07	Staff & Students	Healthy lifestyle	No evaluation
Healthy Living Week	March 07	All students	Healthy lifestyle	No evaluation
Smoking Cessation (campaign with the Irish Cancer Society)	2007	Staff & students	Smoking cessation advice and support	Successful

### **Trinity College Dublin**

#### **Programmes/ projects, target groups, aims and outcomes – Trinity College Dublin**

Description of Programme/ Project/activity/Action	Date	Target group	Aim	Outcomes
Health Week	April (Annually)	Students and staff	Promote healthy living (particularly at exam time)	Widespread participation in activities and attendance of talks and events
Website	Established 2005	Students and staff	Provide information on physical activity and healthy eating	30% of students aware of website
eNewsletter	Started autumn '07. issued each term (1 for students and one for staff)	Students and staff	Provide information on physical activity and healthy eating	Latest issues read by 2500 students
Health at work programme	Spring/summer '08	staff	Promote healthy living at work	Pilot implemented in 3 departments
Workshops	Various	students	Inform on healthy eating and eating disorders	
Healthy eating policy in college eateries	Since 2004	All	To provide healthy choices on menus and to use healthy cooking methods	Successfully implemented
Research	2005	students	Survey of student eating habits	Insight into barriers to healthy eating

#### **Appendix 2 - Education Sector - Recommendation 17**

***Evidence-based intervention programmes should be introduced to all primary schools on a consistent basis in line with exemplars of good practice such as NEAPS and the Food Dude programme.***

**Safefood** developed a curriculum based resource called ***Taste Buds*** that is supported by research to show it is an effective tool. See information on Taste Buds under recommendation 6 above. Taste Buds was developed at a cost of €232,000 (research and development). Hardcopies of the resource have been requested and disseminated to 1272 schools. It is also accessible through safefood's website.

The **Department of Agriculture, Fisheries and Food** is co-sponsoring through An Bord Bia an initiative entitled ***Incredible Edibles*** to educate primary school children to grow vegetables and through their projects etc to inform them and their parents about the importance of fruit and vegetables in a healthy diet and so promote consumption. The initiative is being managed by Agri-Aware and the sponsors include fruit and vegetable companies. Incredible Edibles packs were delivered to all primary schools in February-March 2009. The Project will cost €200k of which Bord Bia will contribute €80k.

**The School Completion Programme (SCP)** with the Dept of Social and Family Affairs ran a programme in 2002 to

provide nutritious food in a supportive environment and to encourage children at risk to remain in school.

**Food Dudes Initiative** encourages healthy eating and is targeted at all primary school children.

The **school milk scheme** encourages increased milk consumption among primary school children.

#### **Appendix 2 - Education Sector - Recommendation 18**

*Curricula in catering training colleges must put greater emphasis on healthy food options.*

**Safefood** are developing relationships with catering colleges most specifically DIT and advocating for the inclusion of nutrition and health in the curricula of catering courses. Cost: staffing. No other cost to date.

Community Training Colleges provide training to students who may work in the catering business. The Irish Heart Foundation is developing information for their curriculum and will be auditing the canteens for the **Happy Heart Healthy Eating Award**. 40 Training Colleges involved and the costs as above for Healthy Eating Award borne by Colleges.

#### **Appendix 2 - Education Sector - Recommendation 19**

*Every child should receive a safe and active passage to school through the provision of safe walkways, cycleways or transport.*

Under the Green Schools Programme, 18 travel education offices are working with 300 schools to develop school travel plans to promote alternative travel initiatives, promote awareness re environmental and Health & Safety issues. The aim is to increase the number of schools participating to 450.

The Government's sustainable travel policy launched recently aims to provide safe walking and cycling routes to all schools by 2020. In addition an investment of €2 million per annum to year 2012 in a green schools travel initiative will impact on 260,000 schoolchildren with results to date showing an 18% decrease in car trips to and from school with strong increases in the number of children walking and cycling to school. Green Schools Travel Programme annual allocation between 2008 and 2012 is €2 million. Target is 265,000 second level children with up to 11% increase in numbers walking and cycling to school as a result of the initiative.

Some other examples include: HSE North West, Northern Area, South Western Area are promoting walking to school through **Walking School Bus Programmes**

The HSE South have produced **Strollers walking programme** for primary school parents which is aimed at parents leaving older children to school

**Walking Bus Pack** (Waterford County Council)

#### **Appendix 2 - Education Sector - Recommendation 20**

*Schools should develop increasing opportunities for physical activity that are inclusive and that are appropriate to age, gender, and ability, such as those that concentrate on increasing physical activity among teenage girls.*

Both the Primary Curriculum Support Programme (PCPS) and the School Development Planning Support (SDPS) have

prepared planning templates for schools to assist them in planning for the implementation of the PE curriculum which also address gender and intercultural issues.

Examples of programmes include:

**Girls Active** is an extra-curricular physical activity programme for teenage girls with training and support for teachers and leaders. This programme is being carried out in the HSE North West area.

**Physical activity programme for teenage girls** is run by the HSE Southern area. This is a motivational programme aimed at 2<sup>nd</sup> year female students, mentored by 5<sup>th</sup> year students, involving a motivational 8 week journal to encourage physical activity.

**The DRAFT programme** is targeted at young people at risk of dropping out of school through sports intervention programmes (Dun Laoghaire/Rathdown Council)

**Teenscene** delivers age and gender appropriate activities to teenage girls (Kerry County Council)

**Active 8 programme** physical activity programme for teenage girls (Limerick County Council)

**Active School Flag**

**Active Living and Learning Initiative**

## **Appendix 2 - Education Sector - Recommendation 21**

*Skills programmes which teach and develop training in basic food preparation and budgeting should be introduced in schools.*

The numbers of students who took Home Economics In 2008 were as follows:

19,788 students sat the Junior Cert paper (35.3% of the total cohort)

For the Leaving Cert, 12,490 students sat the exam, which is 24% of the total cohort.

**Safefood** have also developed the ‘**safefood for life**’ resource which is a certified food safety programme that is being delivered in post primary schools across the island of Ireland. This is available to Transition Year Students in ROI. The ‘safe food for life’ resource was originally delivered to 450 secondary schools in ROI in 2002. The pack consisted of a video, acetates, student’s notes and teacher’s notes. It was part funded by the European Commission and cost - €200,000 to produce. In 2007 the resource was refreshed and includes a DVD, teacher’s notes and student note. It cost €75,000 to produce and to date it has been delivered to 287 schools in ROI and 76 in NI. 548 ROI teachers are registered users of the online exam system. From September 2008 – Feb 2009 1042 exams were completed. This compares to 637 for the same period the previous year.



### Appendix 3 - Social and Community Sector - Recommendation 1

***The Department of Social and Family Affairs should review social welfare (assistance) payments to take account of the relatively high cost of healthy foods for socially disadvantaged groups.***

The school meals schemes for children in disadvantaged areas funded by the Department of Social and Family Affairs - the urban school meals scheme and the local projects scheme- can make an important contribution to ensuring that children receive better nutrition. It is a criterion of schemes that funding is used for healthy, nutritious food only and schools are encouraged to include fruit with each meal. In 2008, some 190,000 pupils in approx. 2,000 schools benefited from the scheme at a cost of some EUR 32m. The number of meals being provided on a daily basis through the school meals local projects scheme increased from 89,915 in the school year 2005/2006 to 220,960 in the school year 2007/2008.

*safefood* have funded research in this area than can support this work including

Dietary patterns, food intakes, attitudes and their determinants among low socio-economic adults and children and an in depth quantitative and qualitative analyses  
Standard of healthy living on the island of Ireland

Details of this research can be accessed at [www.safefood.eu](http://www.safefood.eu)

Dietary Strategies for achievement of nutritional goals for healthy eating - €39,322

Longitudinal study of changes of body mass index, anthropometric measures - €18,086

Dietary patterns, food intakes, attitudes and their determinants among low socio-economic adults and children - €68,295 plus €8864 on disseminating the findings

Standard of healthy living on the island of Ireland – €78,138 plus €7,956 on disseminating the findings Analysis of National Children Survey – €130,000 and dissemination to occur in 2009.

Preschool Research – €140,000 and project ongoing

A systematic review of the effectiveness of social marketing models in communicating nutrition and food safety messages - £53,323

Novel strategies for food risk communications – IR£200,000 plus €17696 on disseminating the findings

Factors influencing the efficacy of food risk communication directed at young people –£197,661 plus €15501 on disseminating the findings

The DSFA has commissioned the INDI to conduct studies in 2004 and 2007 examining the cost of healthy eating and specialised diets.

### Appendix 3 - Social and Community Sector - Recommendation 3

***The Health Service Executive in the implementation of the Child Care (Pre-School Services) Regulations 1996 and (Amendment) Regulations 1997 should ensure that pre-school services support healthy eating and active living.***

The DoHC's Food & Nutrition Guidelines for preschools are being implemented around the country. A person carrying out a pre-school service is obliged under Childcare (Pre-school Services) Regulations to ensure that suitable sufficient, nutritious and varied food is available for a pre-school child attending the service.

Nutrition and physical activity training provided to pre-school providers as per HP Business plan.

*safefood* are funding a project in the Dublin Mid-Leinster area that is developing a validated nutrition evaluation and nutrition information resource for the pre-school setting to promote an improved nutrition environment and food provision in this setting. This project is focusing on the implementation of the per-school food and nutrition guidelines developed by DOHC. Safe food funded the pilot to the cost of €23000. Reach of pilot was conducted in 5 premises in a town in the Midlands area.

**Childs Play** is a physical activity programme that encourages parents of 0-5 year old children to have active play time with their children (HSE North East, Southern Area and South Eastern Area).

**Good Habits Early Preschool Awareness Programme** (HSE Mid West Area)

**Action Kids Leitrim** is a developmental play programme for pre-school practitioners (HSE North West Area)

**Buntus START** is a development play programme for pre-school practitioners (throughout HSE regions)

### Appendix 3 - Social and Community Sector - Recommendation 6

***The Department of Arts, Sport and Tourism should focus on increasing physical activity for all members of the community and respond appropriately to developing trends.***

The ISC has recently submitted a Participation Strategy to the Department as part of the overall corporate Strategy for 2009 -2011 (copy attached). Within this strategy the relevant trends in relation to participation in sport and physical activity have been identified and it is hoped that a high level group can be put in place to develop an implementation plan to promote and encourage sport and physical activity across all sectors of society. A key element to this will be the full utilisation of the Local Sports Partnership network to deliver information, training and direct programmes for participation at local level in association with local agencies. Additionally, those National Governing Bodies of sport with the capacity to grow participation will also be supported to better link in with communities. The ISC currently funds 33 Local Sports Partnerships and 64 National Governing Bodies of sport to support local clubs and run coaching & training courses and projects to promote greater participation.

One of the actions in the new Government sustainable travel policy launched last week aims to develop a national walking policy which will embrace both recreational and commuting walking.

### **Appendix 3 - Social and Community Sector - Recommendation 7**

***The Department of Community, Rural and Gaeltacht Affairs should facilitate strengthening the capacity of communities to address health related issues at a national and local level.***

- The HSE run community breastfeeding support groups in certain areas and fund the voluntary organisations to provide support on the HSE's behalf. €25K to Cuidiu & €50K to La Leche League
- Healthy Community Projects such as those in Kinsale & Dingle are run in parts of the country.
- WHO Healthy Cities – Galway & Dublin. €80K from HSE West to WHO Healthy Cities & Healthy Stadia + Community Organic Gardens in Galway City.
- Health Promotion (HP) programmes targeting lower socio-economic groups, workplace HP, SPHE, Young Social Innovators & Health Promoting Schools, local sports partnerships and development of food poverty programmes & nutrition programmes, (in Rapid areas) serve to strengthen the capacity within communities to address health related issues at national & local level. €20K to Young Social Innovators
- 1261 hrs of training to Primary school Teachers on SPHE. 269 Worksites assisted. 3191 persons from the community & voluntary sectors received training targeted to lower socio economic groups.

### **Appendix 3 - Social and Community Sector - Recommendation 8**

***Peer-led community development programmes should be fostered and developed to encourage healthy eating and active living. These programmes should be prioritised for lower socio-economic groups, ethnic minority groups, early school leavers, people with learning and physical disabilities and they should be based on the principle of developing self-esteem and empowerment such as is evident for example in the community mothers programme.***

HSE initiatives:

- Peer led food poverty programmes such as **Healthy Food Made Easy & Cook**. It is delivered across the four HSE areas as per the business plan. €200K to support Healthy Food made Easy.
- Organic community gardens & co-ops set up in Rapid areas & some schools.
- Community breastfeeding support groups. €1170 was awarded to 3 community (mothers) breastfeeding support groups in county Galway.
- Home Management courses to Asylum Seekers & Refugees & Travellers in HSE West. The following received Home Management training in healthy eating & cooking in Counties Galway & Roscommon :- 100 individuals in their homes, 48 young mums & lone parents, 38 Diabetics & Coeliacs, 15 Travellers, 10 After School Children, 12 A. Seekers, 50 Senior Citizens plus 100 parents whose children attended the Primary School in the Gaeltacht.
- Schools ACE (Activity, Confidence, Eating) Programme in HSE Dublin Mid Leinster uses community trained peer leaders to work with schools to make them a more healthy environment to prevent obesity & support those & their families on the ACE Programme

Safefood funded the development and evaluation of a community based project the '**Decent Food for All**' (DFfA) programme aims to tackle poverty by increasing food awareness and improving physical and financial access to safe

healthy food. It incorporated community education, healthy lifestyle choices, regeneration of local communities and markets, and sustainability. The learning from this project has been shared with many key stakeholders through project site visits for community groups and through research dissemination workshops on an all-island basis. Safe food and FSA NI each funded the programme. £198,585 over a 4 year period ending in 2006. An evaluation of the programme was funded by safe food. This 'All-island learning from the 'Decent Food for All' programme' cost a total of £145,500 plus €13915 on disseminating the findings.

**Healthy Food for All** and safefood are establishing a Demonstration Programme on Community Food Initiatives and are looking for funding applications from eligible groups and organisations. The purpose of this funding is to establish a Demonstration Programme of Community Food Initiatives on the island of Ireland. Community Food Initiatives are projects that improve the availability and accessibility of healthy food for low-income groups at a local level, using a community development approach. Safe food contributing €645,288 in total over a three year period. Funding includes a development worker to support the programme.

Between five and seven initiatives will be funded over a three-year period. Each initiative will receive annual funding over a period of three years to set up, manage and sustain a project. Funding will be up to a maximum of €75,000 (£60,000) provided on an incremental basis over the three year period.

### Appendix 3 - Social and Community Sector - Recommendation 9

*Community skills-based programmes should be developed which provide skills such as food preparation, household budgeting, and those skills which have the potential to promote physical activity.*

HSE initiatives:

- Healthy eating & nutrition programmes are provided such as **Healthy Food Made Easy & Cook It and Healthy Food for All** See No. 8 above for **Healthy Food Made Easy**. €25K to Crosscare for **Healthy food for All**.
- Training is given to PHNs & other health professionals who engage with people in their community. 1463 accredited H.P. training hours given to PAC Nutritional Training for PHNs, WHO Breastfeeding Training Programme & ASSIST Suicide Prevention. In HSE South (Cork & Kerry) the "Food and Nutrition Module" did include some information on obesity and guidelines for parents and professionals. 169 PHNs & area Medical Officers received this training.
- Home management courses for Asylum seekers & refugees. Similar courses for Travellers who prepare for settled housing. 27 individuals availed of healthy cooking sessions in Counties Galway & Roscommon.
- PACE - Personal Assistance in Choosing Exercise Programme
- Go for Life programmes for the over 60s
- Sli Na Slainte Walking leader training. Approximately 100 walking leaders trained each year over last 8 years totalling 500 in all. Training cost €30,000 in 2008
- See **safefood** initiatives at 8 & 10
- **safefood** and HSE collaborated with MABS to update the 101 Square Meals recipe book to support healthy eating messages. This book is widely used in association with peer led community programmes focused on skills and knowledge on healthy eating. €40K split between safe food and HSE. 25,500 distributed for use by community Dieticians and community groups

### Appendix 3 - Social and Community Sector - Recommendation 10

*Building on the work undertaken by community groups, community initiatives should be developed to tackle the issues of food poverty and accessibility through local food programmes and co-operatives.*

HSE initiatives:

- Provision of nutritional programmes such as Healthy Food Made Easy & Cook It and Healthy Food for All.
- Community Organic gardens & co-ops

*safefood* are co-funders of Healthy Food for All which is a multi-agency initiative seeking to promote access, availability and affordability of healthy food for low-income groups on the island of Ireland. It brings together NGO, community groups and government agencies and departments on the island of Ireland. Safe food contribute €25,000 per year.

See details **Demonstration Programme on Community Food Initiatives** being established by Healthy Food for All and *safefood* under recommendation 8 above.

In RAPID areas a number of the projects funded through the health leverage scheme focus on healthy lifestyle/healthy living in the communities targeted. Health is also a strategic theme (together with Education, Employment, Physical Environment, Community Safety, Family and Youth) on which the plans for RAPID areas are based. Total funding available under the RAPID Health Leverage Co-funded scheme with the HSE is €4.4m in 2009.

### **Appendix 3 - Social and Community Sector - Recommendation 11**

*Parents should be encouraged and supported by relevant agencies to partake in physical activities with their children.*

- The HSE work with and fund Local sports partnership programmes. €200K to the Irish Sports Council – 28 projects in 13 Local Sports Partnerships (LSP). Pilot after school programme in Fingal & Meath LSP.
- The ACE (Activity, Confidence, Eating) Programme in HSE Dublin Mid Leinster is a family based intervention to address overweight & obesity in young people. Parents & siblings participate in the programme as well as the young person who has initiated the intervention.
- Parents volunteer and children partake in the HSE Community Games. €300K to HSE Community Games
- The HSE work in partnership with local authorities in the WHO Healthy Stadia Project (Galway)
- Funding is provided to the Irish Heart Foundation (IHF) who provide the Action for Life programme in Primary Schools. €300K to the Irish Heart Foundation.
- Active Parents Programme. (HSE South West Area)

#### Appendix 4 – Health Sector – Recommendation 1

*The health services, in their strategic planning and delivery, should advocate and lead a change in emphasis from the primacy of individual responsibility to environments that support healthy food choices and regular physical activity.*

- The HSE is working with the Irish Heart Foundation in addressing the marketing of unhealthy food to children. See [www.childrensfoodcampaign.ie](http://www.childrensfoodcampaign.ie)
- Roll out of national physical activity programmes with the sports council & local sports partnerships.
- WHO Healthy Cities (Galway & Dublin) projects and Galway Healthy Stadia.
- All island Multisectoral Obesity Conference in partnership with the Health Promotion Agency of Northern Ireland (HPANI). €15,000 for Conference & Surveillance Symposium
- All island media campaign “Little Steps go a Long Way” in partnership with HPANI and Safefood. €1.4 million – of those in ROI who were positively disposed 8 in 10 stated that they had already made changes to their child’s eating habits. 10K copies of the booklet were requested + 9,800 copies available through H.P Depts & HSE Infoline. There were 29K visitors to the website averaging 6.5K each month since launch.
- The Schools ACE programme is a community peer led programme in schools.
- Community & schools organic garden projects
- Health Promoting Schools project
- Workplace HP (MOVE Europe)
- National Healthy Catering Guidelines for Staff and Visitors in Healthcare facilities.
- Irish Heart Foundation’s “Happy Healthy Heart at Work” programme.
- HSE Galway Staff Travel Survey – seeks to [promote walking and cycling to work  
429 HSE staff were surveyed. 80% travelled to work by car- on their own, 3% by bus, 8% walked & 3% cycled despite 36% of staff living within 5km of their workplace.

#### Appendix 4 – Health Sector – Recommendation 2

*Supporting the population in healthy eating and active living, in the prevention of overweight and obesity, should be a key goal of health services and healthcare providers.*

HSE Initiatives:

- All Island Media Campaign “ Little Steps”
- GP Exercise Referral Programme  
5 facilities in Cork City, West Cork & Kerry are delivering the programme. (4 in Limerick, Dublin, Waterford & West Meath are due to start in 2009 with 14 currently undergoing the training from counties Clare, Limerick, Kerry, Dublin, Cork, Kildare & Galway)
- Food poverty projects & nutrition programmes – Healthy Food Made Easy & Cook It”
- Workplace Health Promotion programmes (MOVE Europe). 12 companies have progressed to phase 2 of the programme.
- “Farmers have hearts” screening programme in Co. Roscommon local livestock marts. 104 farmers in Roscommon were screened, intervention recommended & follow up made @ €43 per person. 204 farmers(71% were overweight or obese) were screened as above at the National Ploughing Championship in Kilkenny @ €68 per person.
- Roll out of national PA programmes with the Sports Council and Local Sports Partnerships
- WHO Healthy Cities (Galway & Dublin) & Galway Healthy Stadia
- Community Organic Gardens

**safefood** and Irish Nutrition and Dietetic Institute collaborated to develop a website to provide practical and evidence based advice to adults on the island of Ireland on achieving weight loss. The website is [www.weigh2live.eu](http://www.weigh2live.eu) and will be developed on an ongoing basis to support health professionals and the general public.

Budget to date €15000, Traffic 70,147 page views by 16,044 visitors.

**safefood** have redeveloped their main website [www.safefood.eu](http://www.safefood.eu) to provide more comprehensive nutrition and healthy eating advice for consumers. The healthy eating section of the website conducted in collaboration by a need assessments conducted by University College Cork.

Budget: 155,000, note nutrition section constituents a part of total costs.

Site relaunched in December 2008, 109,111 page views by 35,433 visitors to date

**All-island Little Step Campaign** - This campaign is notable in that it was developed by *safefood* in partnership with the Health Service Executive (HSE) and in collaboration with the Health Promotion Agency, Northern Ireland. safefood contributed €765,000 in 2008 to the overall campaign budget of €1.35million. Traffic to Little Steps website – 102,197 page views by 34,607 visitors

**Aim:** The campaign is called “*Little Steps go a long way*” and aims to support parents/guardians as positive role models for their children for healthy eating and physical activity. This will be achieved by getting families on the island to start changing the balance of what they eat by replacing less healthy foods with healthier foods and by encouraging families (in the widest sense) to be more physically active. We hope that parents will be empowered and feel that there are small changes, *Little Steps*, that they can take which will make a big difference in their lives.

**Target**

Families, specifically parents and guardians of children of school-going age.

The campaign elements include TV, radio, website, PR, direct marketing and outdoor advertising.

The campaign was launched in June 2008 and will be developed further over the next 3-5 years. The campaign was further supported by a campaign specific website ([www.littlesteps.eu](http://www.littlesteps.eu)) public relations activities and direct marketing initiatives. Reach – all-island.

**Appendix 4 – Health Sector – Recommendation 4**

*An individual’s interaction with healthcare services should be an opportunity to develop life skills and foster self-efficacy in support of healthy eating, active living and positive self-image.*

Currently available only through the above mentioned programmes plus

- “Farmers have Hearts”
- HSE South G.P. Exercise Referral Programme
- Healthy Food for All & Healthy Food Made Easy & Cook It programmes
- Community & Schools Organic Garden Projects
- Training is provided to PHNs on P.A. and nutrition to assist them in engaging with clients.

**Appendix 4 – Health Sector – Recommendation 5**

*A national database of growth measurements (height, weight, waist circumference, BMI) for children and adults should be developed by the Population Health Directorate in order to monitor prevalence trends of growth, overweight and obesity. The database can be created by developing the surveillance systems that are already established and by expanding these systems to collect the required data, for example the national health and lifestyle surveys, established longitudinal research projects and the school health surveillance system.*

Preliminary undertakings towards a National Database

- 1<sup>st</sup> round of WHO-European Childhood Growth Surveillance Initiative April – June 2008
- All island Surveillance Symposium held in Nov. 2008

The Scientific Study of Children’s Diet undertaken by IUNA (Irish Universities Nutrition Alliance) and funded by the Department of Agriculture, Fisheries and Food with FSAI established a database of BMI measurements, food intake and physical activity for a representative selection of primary schoolchildren. Parental BMI was also recorded.

**Appendix 4 – Health Sector – Recommendation 9**

*Detection, prevention and treatment programs should be evaluated to ensure that they are being implemented as planned and that they are effective. This evaluation must include stakeholder input at all stages to ensure that programmes are being tailored to meet the needs of the target population.*

- HSE Dublin Mid-Leinster ACE – Activity, Confidence & Eating: A Multidisciplinary Family-based approach to the treatment of childhood obesity has been evaluated.  
€1K per course (incl. once off costs of €1.2K for equipment) of 1 year duration for 12-15 young people & their families – weekly activities for 3 mths, monthly activities for 9 mths by a multidisciplinary team of 8 professionals
- Schools ACE programme for preventing overweight & supporting those on the ACE family based programme. Peer leaders are trained to assist schools (policy development etc) to become a healthy environment for obesity prevention. This is a more cost effective approach & better use of scarce resources than HSE personnel visiting schools say 6 times a year re policy development & implementation.  
6 schools have participated in the Schools ACE programme at a cost of €50 per school visit by a community

based peer leader.

- The PLAN Weight Management Programme is a group 6 month programme with an intensive phase followed by medium term follow up. (weekly sessions x 6 weeks + monthly activities x 5 months with regular assessments). It is run by the Dietitian in the Primary Care Team
- 6 PLAN Weight Management programmes were run in the midlands in 2008 @ €3,693 per programme.
- Smart Start Health Promotion Project in pre-school services in counties Monaghan, Cavan, Louth & Meath. A HSE and Border Counties Childcare Network Partnership
- “Farmers Have Hearts”
- Internal review of obesity service & outcomes in St Colmcille’s /St. Vincent’s University Hospital of 120 surgical patients
- A research programme is underway with UCD to pilot the effectiveness of using a cognitive behaviour therapy model for obese clients in the primary care setting.
- Directory of Nutrition activities – this is a project initially funded by safe food to the INDI to establish a directory of activities by Dietitians on the island of Ireland. The directory to be available to Dietitians to share best practice, initiatives and stimulate collaboration. It initially cost €24658 in 2006 and has cost to date €48,900 to maintain

Multidisciplinary weight management group sessions are being trialled and assessed in Mid Western Regional Hospitals. Evaluation will be undertaken on completion.

Training for health professionals in Primary Care on weight management is being carried out in the HSE Midlands area. Evaluation showed improvements in knowledge and frequency of advice given to clients by Primary care staff.

#### **Appendix 4 – Health Sector – Recommendation 12**

*A North/South communication and public awareness programme on overweight and obesity should be developed in conjunction with and regularly evaluated by the HSE in partnership with the Northern Ireland Department of Health, appropriate food agencies, government representatives, non-governmental agencies, consumers and appropriate industries. Consistent, clear media messages should be sensitive and appropriate to culture, age and gender.*

**All-island Little Steps Campaign** (details under recommendation 2 above)

Previous all island campaigns that **safe food** have implemented are

#### **Treats Campaign**

**Phase 1** (Launched November 2005) – awareness that children are eating too many fatty and sugary treat foods are that these foods are often nutritionally poor – included TV, poster and print media. Safe food spent €700,000 on this phase of the Treats campaign by targeting all adults on the island of Ireland with an awareness campaign using advertising on tv, print and outdoor posters. The campaign was further supported by publicity activity and a dedicated “Treats” microsite.

**Phase 2** (Launched February 2007) – provide practical advice on reducing high fat and sugary snack foods in children’s diet – children’s treat chart and parents information booklet disseminated through disadvantaged schools.

Target Audience – parents/guardians of children aged 2-8 years. €200,000 was spent by safe food in the development, production, distribution and promotion of a parent’s booklet, children’s wallchart and sticker set. 96,000 copies were distributed in ROI, 21,000 copies in NI

#### **Superfoods Campaign**

Promote the consumption of fruits and vegetables, wholegrains and leaner meats.

**Phase 1** (November 2006) – parents of young children (2-8 years) through radio, press, supermarket trolley handles, website and bus rears.

Safe food spent €460,000 on an integrated advertising and publicity campaign targeting all consumers on the island

**Phase 2** (June 2007) – parents and children targeted. Used TV, radio, press, supermarket trolley handles, website. This phase was also aimed at children with the development of an award-winning, campaign website “Superfoods HQ” and targeted children’s advertising. Safe food spent €750,000 on an integrated advertising and publicity campaign to all adults.

**Phase 3** (September 2007) – parents and children targeted directly in the supermarket at point of purchase. Initiative supported by TV, radio and press. The Direct Marketing phase involved supermarket activity at 60 stores across IOI with 20,000 Superfood comics and 15,000 Superfood shopping bags distributed. Traffic to Superfood website is 20,463 visitors. Safe food spent €485,000 on integrated advertising, publicity and direct marketing.

Evaluation has been built into all campaigns

**Safe food** are actively involved in the Northern Ireland Obesity Prevention Steering Group.

**Safe food** have established an all-island Obesity Action Forum where learning from both ROI and NI can be shared and action can be taken on common areas.

On the sustainable transport side it is proposed that an all-island “Bike Week” awareness programme will be implemented.

#### **Appendix 4 – Health Sector – Recommendation 13**

***The guidelines for physical activity, and for food and nutrition required for good health should be reviewed by the Population Health Directorate, in partnership with the appropriate food agencies, consumer and community groups, relevant government bodies, NGOs, and industry, to include the prevention and management of overweight and obesity.***

- National Nutritional Policy led by DoHC at final draft stage
- National Healthy Eating Guidelines(DoHC) with guidance from the FSAI Nutrition Subcommittee Working Group at final draft stage
- National Healthy Catering Guidelines for Staff and Visitors in Healthcare Facilities (DoHC) being implemented via the Health Promoting Hospitals Network
- Food and Nutrition Care in Hospital – Guidelines for preventing Under-nutrition in Acute Hospital, led y DoHC, to be printed shortly
- New Physical Activity (PA) Guidelines at penultimate draft stage (HSE, Key national Organisations & Universities)
- National Guidelines for Community Based Practitioners on Prevention & Management of Childhood Overweight & Obesity
- HSE Corporate Catering Event Policy

#### **Appendix 4 – Health Sector – Recommendation 16**

***Individuals should be facilitated in choosing to manage their health and weight effectively by identifying their needs and possible risks. This should be achieved through partnership with their healthcare provider.***

HSE Initiatives:

- Public Health Nurses (PHNs) assess the height and weight of children at their developmental checks and provide advice to parents on nutrition and weight management.
- Children who avail of the school services are referred through the public health doctor or G.P to dietetic services if required.
- Staff training is provided on physical activity and nutrition throughout the lifespan.
- Breastfeeding support is provided through PHNs, voluntary organisations who receive funding from the HSE e.g. Cuidu & La Leche League, GPs, Practice Nurses and Pharmacists.
- The ACE (Activity, Confidence, Eating) is a family based intervention for young people who are overweight or obese. They are targeted for the programme via their GPs, Practice Nurses & PHNs.

Safefood and Irish Nutrition and Dietetic Institute collaborated to develop a website to provide practical and evidence based advice to adults on the island of Ireland on achieving weight loss. The website is [www.weigh2live.eu](http://www.weigh2live.eu) and will be developed on an ongoing basis to support health professionals and the general public.

Budget to date €15000, Traffic 70,147 page views by 16,044 visitors

safefood is currently developing a workplace weight loss initiative targeted at the road haulage industry on the island of Ireland. The initiative will use social marketing techniques to engage with this target group. The initiative will focus on a combination of healthy eating and physical activity. A pilot is scheduled to take place in May. Numbers to be targeted – to be determined. Approximately €175,000 budget available for 2009

Nutrition and Health Foundation - In 2007, the Nutrition and Health Foundation commissioned the Irish College of General Practitioners to undertake a comprehensive literature review on effective and appropriate behaviour change models to support patients to make healthy lifestyle choices within the GP setting. A qualitative research element was also conducted where focus groups of GPs, practice nurses and a primary care team were also carried out to assess the provision of lifestyle counselling in Irish general practice to inform the development of a national behavioural risk factor management project. The aim of this project is ultimately to provide the GP with a health promotion toolkit that can easily be implemented by the GP and his team to support patients' health promoting behavioural change. A paper was recently submitted for publication to the British Journal of General Practice. The undertaking of a pilot implementation project will be subject to funding.

In 2005, the NHF undertook a comprehensive programme of consumer research to assess peoples' current attitudes to diet, health and lifestyle (NHF Health and Lifestyle Research, 2005). The main findings showed that (a) there was a significant difference between the perceived health of society and the perceived health of the individual – an emergence of the 'not me principle', (b) most individuals understand how to address poor diet and unhealthy lifestyle but lack of time and motivation were the major barriers to putting it into practice, (c) people are feeling increasingly stressed, primarily due to work and family pressures, which leave little time for focusing on ones' own health and (d) most consumers have a reasonable understanding of what constitutes a healthy balanced diet and of food labels.



Communications directed at encouraging the public to adopt a healthier lifestyle need to focus less on straightforward provision of information and more on motivation. Showing people how good eating habits and physical activity can be incorporated into even the busiest of lifestyles is therefore a key element in improving their health.

In 2007 the NHF undertook research to examine (i) what motivates people to make changes to their lifestyle habits, (ii) what contributes towards them being successful and (iii) what prevents them from implementing desired changes to their lifestyle (Motivational Aspects of Behavioural Change 2007). Men and women appear to be motivated to change their lifestyle habits by different triggers and often differ in their success rates. It was observed that many people are not making the link between overweight/obesity and poor health, since lifestyle change is often driven primarily by a desire to look better, rather than a desire to decrease the risk of chronic disease. A significant proportion of the population don't have major concerns about their health. It was evident that support from family and friends is vital to help people to continue with both exercise and diet changes, however the overall success rate for implementing exercise changes was better than that for diet changes, suggesting that exercise changes (most popular change was to increase frequency) were more successfully continued than diet changes (most popular was an effort to eat more fruit and vegetables). The data suggested that women are more in tune with their need to make positive changes to their lifestyle than men and are therefore trying more. Men appear to be more influenced to change their lifestyle by external stimuli such as advice from a healthcare professional. Health campaigns should take these factors and differences into account.

#### **Appendix 4 – Health Sector – Recommendation 18**

*The choice of a mother to breastfeed and the skills required to breastfeed exclusively for the recommended six months should be supported ante-natally and postpartum.*

- PHN home visits to support the breastfeeding mother following her discharge from hospital.  
79 Breastfeeding Support Groups are led by Public Health Nurses (PHNs), 37 groups are run by La Leche League, 13 by Cuidiu, 7 in maternity Hospitals and 6 are run by a group of interested community mothers.
- Community breastfeeding support groups set up around the country.
- Funding given to voluntary organisations e.g. Cuidiu and La Leche League.
- National implementation committee on breastfeeding established to implement the national Breast Feeding Policy  
8 HSE Breastfeeding publications (inc factsheets for GPs & Pharmacists & Breastfeeding & returning to work) are available from [www.breastfeeding.ie](http://www.breastfeeding.ie) and [www.healthinfo.ie](http://www.healthinfo.ie)
- Data base created of information for GPs and Pharmacists (fact sheets etc)
- 2nd & 3rd phase of the Infant Feeding Survey underway. This follows up on all births from April.
- Investigation of the feasibility of providing a 7day local support service.

#### **Appendix 4 – Health Sector – Recommendation 21**

*All children and parents have the opportunity through the school health services to develop self-capacity in relation to healthy eating and active living and this should include the opportunity to have a growth assessment for overweight or underweight. Assessments should be carried out on school entry (4-5 years) and then at regular intervals (for example 9-11 years and 14-16 years) throughout the child's development. Children and their families should be enabled to make appropriate changes by working in partnership with the relevant professionals, in particular the primary care team and dietary and physical activity professionals.*

##### HSE Initiatives

- Surveillance on height and weight has been carried out among 4, 5, 6 and more recently 7 year olds.
- The first round of the WHO - European Childhood Growth Surveillance Initiative has just been completed. It measured a national sample of 2420 7 – 7.9year old children from 148 primary schools.

See Glacken M and Evans D. 2006 Measuring height and weight in school children as a public health indicator. Health Service Executive West.

**Safefood** have developed a classroom based resource called Taste Buds. Taste Buds aims to help children enjoy learning about the origins and production of food and the importance of eating a balanced diet and being active. It was developed in association with West Cork Development Partnership and an Advisory Group with representation from SPHE support service, National Centre for Technology in Education and HSE.

This interactive resource consists of eight sessions which help teachers deliver the Food and Nutrition Component of the Social Personal Health Education curriculum. Each session takes 30-40 minutes and consists of Classroom Slides, Extension Activities, Teacher's Notes and Homework suggestions.

Taste buds was developed at a cost of 232,000 (research & development). Hardcopies of the resource have been produced and disseminated in 1,272 schools. It is also accessible through safefood's website.

### **Appendix 5 - Food, commodities, production and supply - Recommendation 3**

*The Department of Agriculture and Food together with the Department of Health and Children should promote the implementation of evidence-based healthy eating interventions.*

DAFF has funded research to establish evidence and identify needs and programmes to address these. In relation to children, DAFF and FSAI funded a Scientific Study of Children's Diet by IUNA (Irish Universities Nutrition Alliance) which benchmarked dietary intakes of a nationally representative sample (600) of primary schoolchildren, collecting information on diet, activity and body measurements on each child and on lifestyle for children and parents.

The study identified inadequate consumption of milk, fresh meat and fruit and vegetables. Fruit and vegetables and action has been taken in response:

DAFF is funding a national roll-out of Food Dude programme (rated highly by EU and won a WHO award in 2006), devised by University of Wales, which uses repeat tasting, role models and awards to promote fruit and vegetable consumption. Evaluations in 2007 and 2008 of responses by teachers, parents and coordinators showed positive ratings in high 90%. To the end of 2008, over €7.8million has been spend on the Food Dudes programme and over 1,000 primary schools of all types, including special needs have participated, encouraging over 145,000 pupils to eat more fresh fruit and vegetables.

Feedback in surveys of parents, teachers and co-ordinates has been hugely positive (>96%).

The data on physical activity collected in the Study is available from IUNA for further research work. DAFF has funded a study by IUNA of Teen Diets which is providing similar dietary benchmarks for evidence-based policy and is currently funding research into diet of the elderly, infants and various health and nutrition related issues under a joint initiative with the Health Research Board and the Department of Health.

The approach to an EU school fruit regulation was strongly influenced by the Irish approach. The annual allocation for Ireland from 2009/2010 school year will be €849,000. Detailed rules on member States strategy and proposal are expected to be adopted in April 2009.

Following a Value for Money study DAFF has re-launched the school milk scheme with a variety of dairy products to make it more attractive to students (primary and secondary) and funded fridges in a number of schools. Almost 40% of primary schools are participating in the school milk scheme.

DAFF's FIRM public good food research programmes is, in addition, funding a number of projects on reducing the salt content of bakery, convenience and ethnic foods, which include industry participation. Funding of €2 million has been awarded to the reduced salt research initiatives.

Establishment of IPH Obesity Observatory gives information on effective interventions.

### **Appendix 5- Food, commodities, production and supply - Recommendation 7**

*The food and drinks manufacturing industry, the retail sector, the catering industry and the suppliers to these should promote research and development investment in healthier food choices.*

**Hit on Health:** a healthy food initiative in takeaway/fast-food outlets - Building on the 'Happy Heart' catering award, which is currently active within two health boards in the Republic of Ireland, safe food funded the Community Dietetic Service in the Midlands area in 2004 to develop a pilot initiative to educate and promote healthy food and healthy eating within the fast food industry. It provided an opportunity for consumers to make healthy choices, and will provide education and positive publicity for the retailer. The pilot project led to the initiative being expanded in the Dublin Mid-Leinster area. Safe food funded the pilot to the cost of €23000  
Reach of pilot was conducted in 5 premises in a town in the Midlands area

The Food and Drink Industry (FDII) in Ireland has invested significantly over the past number of years to improve the range and choice of food and drink products available to the Irish consumer. Changing consumer attitudes to diet and nutrition, as well as industry's desire to improve their product portfolio has driven the process of reformulation, which is taking place across all product categories. Consumer health has been a key driver of innovation for the food and drink industry over the past number of years. One of the core streams within this innovation driver has been to improve and enhance the nutritional quality of existing products and brands. This activity includes reducing the level of 'nutrients of

concern' (such as salt and saturated fat) and increasing the amount of 'positive nutrients' (such as fibre, calcium, iron *etc*) in existing products.

### **Improving Choice**

In addition to the extensive work that has been undertaken by the industry on product reformulation, FDI member companies have invested significantly over the past five years into the development of new healthier options or 'better for you' product ranges, to provide the consumer with improved choice.

As a significant strategic contribution to the campaign to reduce salt levels in food, the Department of Agriculture, Fisheries and Food (DAFF) decided in 2006 to award funding of over €2 million in 2006 for 3 research projects under the Food Institutional Research Measure (FIRM), which will be carried out over 3-4 years.

DAFF has also awarded €0.4 million in 2005 for research by the University of Limerick and Teagasc to develop a range of ethnic ready meals with reduced sodium levels.

## **Appendix 5 - Food, commodities, production and supply - Recommendation 9**

*A practical healthy nutrition programme should be established by the health services, the appropriate food agencies and the catering institutions to ensure that all catering facilities provide healthy options.*

Health Services:

HSE facilities, including hospitals, long stay institutions and administration offices have been awarded the Irish Heart Foundation's Happy Heart Healthy Eating Award, which certifies the provision of healthy food choices low in fat, sugar and salt and high in fruit, vegetable and fibre for staff and visitors. Happy Heart Healthy Eating Award has been presented to 200 companies including recertification every 2 years. Cost to company is €25 per award and €100 per recertification.

**The Department of Health and Children in association with the Health Promoting Hospitals and Irish Heart Foundation has developed the Healthcare Food Award, which includes an assessment of food hygiene as well as healthy food choices has been awarded to two hospitals and will include guidelines for patients. 70 HSE facilities awarded Happy Heart Healthy Eating Award. Two Hospitals awarded the Healthcare Food Award.**

The HSE has successfully implemented a Salt Reduction Procurement Programme in the Eastern region (contact Dr Siobhan Jennings). It is planned to expand this programme to all HSE facilities and this experience can be a model for central purchasing and product specification in areas such as sugar and fat reduction. The model could also be extended to large public sector institutions e.g. the army, prisons and gardai (Templemore, Phoenix Park). A report on this programme is currently being compiled.

### **Private and Public Sector Companies**

**Companies, including 14 public sector offices – mainly in Dublin, as well as three County Councils have been certified with Happy Heart at Work Award, which also provides ongoing support, advice and recertification. 117 public and private sector companies. Cost €25 per award and €100 per recertification.**

### **Retail outlets (including garage forecourts providing food):**

Provision of food in sit down area or café. HSE North East in association with the IHF and DOHC undertake the Happy Heart Catering Award. The criteria for this year-long award are less stringent than the workplace award and also recognise adherence to Food Hygiene and Tobacco legislation. In 2008, 60 establishments were certified including 2 garage forecourts. With additional funding and HSE support this could be established on a national basis. Award also developed and implemented in midlands with about 40 establishments but due to staffing and budgetary constraints has ceased. 60 restaurants and catering providers certified and 2 garage forecourts. Cost borne by HSE estimated at €20,000.

### **Catering institutions:**

**Contract Caterers** to private and public sector. Many of these contractors have guidelines on healthy food provision and the Happy Heart at Work is an award, which many of them look for to certify their canteens for their clients.

**Catering Managers Association** has also worked with the IHF and the Happy Heart at Work Award and there would be scope for further collaboration with this group.

Some of the **Catering Training Colleges** (Killybegs; Dundalk, Cathal Brugha St. and Athlone IT) have undertaken undergraduate training in healthy food choices with the Irish Heart Foundation, HSE in the North East and formerly in HSE midlands.

Nationwide **Community Training Centres** funded by FAS are currently working with the IHF to develop an awards programme similar to the **Happy Heart Healthy Eating Award**. In addition to the centres restaurants being audited and certified, it is planned to incorporate healthy catering practices into the catering and nutrition modules of the curriculum.

#### **Commercial catering facilities i.e. Restaurants; Hotels and Licensed premises.**

The Irish Hotels Federation has recently published healthy eating guidelines for children's menus for their members on their website. This is a voluntary programme, with no inbuilt monitoring of standards or criteria.

The Restaurants Association of Ireland, The Panel of Chefs, Eurotoques were all very supportive of IHF's Happy Heart Eat Out which was discontinued in 2007 and many establishments received heart healthy recipes and catering guidelines.

The Irish Heart Foundation and HSE are in very preliminary discussions with the HSE about continuing the **Happy Heart Eat Out/Happy Heart Catering Award** programmes or some elements, such as the sandwich Bars or Garage Forcecourts.

HSE Midlands **HOT** project sponsored by Safefood, a pilot project which with fast food outlets.

#### **Food Agencies:**

**Bord Bia** promotes the range of fresh foods to Irish consumers as part of a healthy balanced diet. All the Board's recipe ideas highlight the nutritional content and benefits of the various foods to consumers. **Bord Bia and BIM** sponsor a prize in the **Happy Heart Healthy Eating Award** for workplaces and have jointly produced materials with Irish Heart Foundation and INDI.

HSE support provided in menu planning for healthy food choices in Mountjoy, St. Patrick's Institution and Wheatfield **Prisons**. Training is provided to prison staff on the programme and supported implementation of Being Well in Wheatfield. Process & impact evaluation has been completed.

**HSE Community Games:** Integrated Health Promotion into the Community Games Strategic Plan to address health promotion topics. Funding provided to enable children from disadvantaged communities to attend the games finals in Mosney. Health promotion policies are currently being developed and assistance is given to caterers to provide healthy catering at the Mosney finals.

The HSE has developed a **Corporate Catering Policy**.

Preliminary discussions have been held with some food manufacturers and retailers involved in the *food on the go* sector. Many initiatives are underway and companies (producer and retailer) have a variety of healthier options on offer. The detail below is a snapshot of what is happening on the ground and more detail is needed to give a comprehensive picture.

#### **Manufacturer Initiatives**

A number of measures have been taken by companies to reformulate their products with substantial reductions in salt, sugar and saturated fat levels. Reformulation targets are set based on internal nutrient profiles. Reductions have also been made in the amount of colours and additives used. Product portfolios have also been widened to include healthier product ranges (wholegrain breads, smoothies, fruit based products etc.). Where possible brands are used to leverage the launch and sale of healthy eating ranges.

**In store Initiatives** including New ranges and offerings and Improving existing choices with more prominent display of vegetables and fruit and portion control

#### **Consumer Choice**

A recurring theme is that the consumer will ultimately choose what they want to purchase / consume. Information and promotions are ways in which consumer uptake of in-store initiatives can be increased.

**Nutrition and Health Foundation** - The Nutrition and Health Foundation have a workplace based health promotion initiative called the *Workplace Wellbeing Campaign (WWC)*. This initiative is free to all participating organisations to remove barriers to undertaking the initiative. The campaign provides the individual with information and suggestions in relation to choices made from a health eating perspective, shift work, what we can get wrong etc. in addition to the promotion of the opportunities that are presented for undertaking physical activity during the working day. The NHF WWC has been under way since May 2007 and currently has over 300 organisations and 80,000 employees participating.

## **Appendix 6 - Physical Environment Sector - Recommendation 1**

*The Department of the Environment, Heritage and Local Government should develop coherent planning policies for urban/rural housing, transport, amenity spaces and workplace settings to encourage spontaneous increases in physical activity in adults and children.*

Under the Planning and Development Act 2000, as amended, Planning Authorities' development plans (prepared at least every 6 years) must include, inter alia, objectives for:

- integration of the planning and sustainable development of the area with social, community and cultural requirements for the area and its population; and
- the preservation, improvement and extension of amenities and recreational amenities.

At the discretion of the planning authority, they may also include objectives for:

- centres for social, economic, recreational, cultural, environmental or general development of the community;
- recreational facilities and open spaces, including camping parks, sports grounds and playgrounds; and
- reserving land as open spaces, whether public or private, or as a public park, public garden or public recreation space.

Statutory planning guidance (e.g. sustainable urban residential development (2008), apartment design and space standards (2007)) has been provided to planning authorities which reinforces the need for providing adequate open space and recreational facilities, particularly for children, and for designing new residential development which should prioritise cycling and walking, and minimise the need for private cars. It recommends integrated housing and public transport development which minimises the requirement for car use, and proper footpath and cycleway access for new developments. It recommends direct walking and cycling routes to local facilities, such as shops and schools, and sets quantitative open space standards for active or passive use within developments. The guidelines can be accessed on the Department's website at [www.environ.ie](http://www.environ.ie).

Roads budgets are a matter for the Department of Transport and the Department of the Environment has no role in their application.

The Institute of Public Health in Ireland (IPH) has produced evidence demonstrating that the design of the physical environment influences levels of physical activity among adults and children. (IPH document: Health Impacts of the Built Environment A Review, 2006; Health Impacts of Transport A Review, 2005). Policies in this area should be routinely subjected to HIA to ensure they systematically address how they are impacting on physical activity.

DCRGA launched the Walks scheme on 4<sup>th</sup> March 2008 to develop, enhance and maintain National Waymarked Ways, Looped Walking Routes and Heritage Routes. The Scheme was rolled out on 13 trails nationwide in 2008 with funding of €641,000

To further progress the development of rural recreation, DCRGA has provided funding of €366,000 for the recruitment of 12 Rural Recreation Officers to promote walking tourism in areas where there are clusters of suitable accessible walks and to assist in the introduction of the walks scheme. DCRGA provided funding of €29,000 in support of Walking Festivals in 2008

DCRGA assisted in organising and provided funding of €21,000 for the first annual National Trails Day held on 28th September 2008

Funding of €498,000 was made available to Fáilte Ireland in 2008 for the upgrading of its Looped Walk Network to 67 trailheads and 101 loops and to bring recreational amenities up to the highest standards

Funding of €1.5m was made available to Coillte Teoranta in 2008 in support of its recreational policy which included:

- Maintenance of trails across the 13 districts of Coillte including car parks, picnic areas, entrance and access routes;
- Maintenance of forest parks across the 11 forest parks

In association with many local authorities Sli na Slainte routes have been established in every county throughout the country. 165 Sli na Slainte routes established. Cost approximately €4,000 per route, although varies depending on route and requirements. Cost borne by Irish Heart Foundation Local Authority and/or Community Group.

## **Appendix 6 - Physical Environment Sector - Recommendation 5**

***The Department of Transport and the Department of the Environment should apply a specifically designated percentage of all road budgets to the construction of safe walkways and cycleways.***

Safe cycling and walking are covered in road schemes as necessary. The issue would not, however, arise in every scheme (the interurban motorway programme being one example). Rather than setting aside a percentage of a road scheme budget the Government have approved both sustainable travel and national cycle policies which set ambitious targets for switching people to alternative modes such as walking, cycling and public transport. As budgets permit there will be future investment in national cycle and walking networks. In addition to the investment in public transport, the allocation available for sustainable travel, including cycling and walking initiatives, is likely to increase from €3 million in 2008 to €4 million in 2009.

Roads budgets are a matter for the Department of Transport and the Department of the Environment has no role in their application.

#### **Appendix 6 - Physical Environment Sector - Recommendation 7**

***Local authorities should ensure that their mission statements, corporate plans and planning policies take account of their impact on healthy living.***

Several county councils responded to the questionnaire on the NTO recommendations and these are the responses:

County Play Policy (Clare County Council)  
Health and Well being is one of the themes of Carlow County Development Board Strategy  
Recreation Policy (Galway County and City Council)  
County Sports Strategy (Limerick County Council)  
Strategic Plan for Sport and Recreation (Mayo County Council)  
Play and Recreation Strategy (Tipperary County Council)  
County Play Policy (Roscommon County Council)  
County Wide Play Policy and Action Plan (Wexford County Council)

#### **Appendix 6 - Physical Environment Sector - Recommendation 8**

***Local authorities should work in partnership with community groups to actively promote sporting and leisure opportunities that support active living.***

##### **Local Sports Partnership Network**

The Irish Sports Council (ISC) has recognised that the partnerships are an excellent mechanism for delivering recreational sport to local people. Key tasks that the partnerships are involved in include: -

- The creation and implementation of plans for long term local sports development
- The establishment of a sustainable structure to assist all those involved in local sports development to face the associated challenges -e.g. recruiting and managing volunteers, quality training, etc
- Delivery of projects and programmes particularly for target groups - Establishing networks at local level and liaising with existing initiatives

The key aims of the LSP are to increase participation in sport, and to ensure that local resources are used to best effect. Some of the outcomes we seek are:

- Club development
- Volunteer training
- Enhanced planning of sport at local level
- Local directories of sports bodies & facilities
- School, club, community and national governing body (NGB) links
- Increased levels of local participation, especially amongst specific target groups such as older people, girls & women, people with disabilities, unemployed people, and those who live in identified disadvantaged



communities

In 2009, the ISC has made €6.4m available to the national network of Local Sports Partnerships to promote greater participation in sport and physical activity at local level. This figure also includes €200,000 from the HSE targeted specifically at innovative local projects to combat obesity.

165 Sli na Slainte routes in the community and 40 in workplaces. Estimated cost €1,000 in community and €2,000-€4,000 in workplaces. Costs borne by IHF, local authority and or community group. In workplace cost borne by IHF and workplace.

The ISC provides funding of €60,000 per annum to the IHF to promote and develop the Sli na Slainte and workplace programmes.

Several county councils outlined programmes that they are involved in:

Carlow Local Authorities enables local clubs to avail of funding under the sports capital Grant Aid for Sports Groups (Galway County and City Councils)  
Promotion of football (FAI development and Kildare County Council)  
Supporting sporting bodies (Kilkenny County Council)  
41 Disadvantaged Youth projects, 6 Women in Sport projects and 3 Anti Racism Projects (Mayo County Council and Community and Voluntary groups)  
60 Special Participation Project initiatives (Mayo County Council and Community and Voluntary groups)  
Social and Community Capital Grant Scheme (Roscommon County Council)  
Waterford Sports Partnership, Capital Grants Scheme for Recreation and Community Facilities and Amenities (Waterford County Council)  
Community Action Scheme Grant (Westmeath County Council)  
Local Sports Partnership development, Community forum development of a Health and Wellbeing subgroup, development of a programme for county wide play facilities, focus on development of soccer in the county (Wexford County Council)

## **Appendix 6 - Physical Environment Sector - Recommendation 9**

*Local authorities, bearing in mind regional variations and the demography of their populations, should ensure that sports, recreational, leisure, and play facilities are available, accessible and equitable to all members of the public.*

In 2006, DEHLG announced a Social and Community Grants scheme totalling €7.4 million to include funding for youth facilities and parks and amenity areas. In addition a Playground grants scheme totalling €million has operated since 2004 with over 170 playgrounds assisted. A Skateboard park scheme was also provided with €2m funding in 2006'. In addition Local authorities receive discretionary funding from the Department which they made put towards facilities and activities of a healthy nature.

Below are the responses of several county councils outlining their activities:

Carlow Local Authorities: Provision of playgrounds, FAI Mini pitches, development of recreational, cultural and amenity facilities, Walking Festival  
Clare County Council: Community Playground Grant scheme, Lees Road Sports and Amenity Park, Ennis, Ennis Leisure Centre  
Dun Laoghaire/Rathdown Council: Holiday camps for young people, various sports programmes targeted at young people, community games, Walking Matters, Fit Walk Clinics  
Playground provision (Galway County Council)  
Kildare County Council: Summer camps, swimming programmes, physical activity leaders programme  
Kilkenny County Council: Playgrounds, new swimming pools  
Limerick County Council: Swimming pool and leisure centre, children's playgrounds, mountain bike routes, recreational walks and cycling routes  
Longford County Council: Swimming pool, gym, indoor/outdoor basketball, playing pitches and public playgrounds  
Mayo County Council: Development of website, publicity campaigns etc. Sport days  
Tipperary County Council: Walking routes, swimming pool, leisure centres, playgrounds  
Roscommon County Council: Leisure centre, mini pitch programme, sports pitches and clubhouses  
South Dublin County Council: National Playday, Kite making workshop, Golf programmes, Show racism the red card, Soccer programmes, Summer camp, Sport Teic training programmes, PALs Programme, Lucozade clinics (education workshops), badminton in schools, Kit Kat Park Tennis, summer projects, Family Days, Fun and Games Training, Child

Protection awareness training  
 Waterford County Council: Refurbishments of park, Coca Cola Kitesurfing, playgrounds, skateboard park, coaching for success seminar, gymnastics club, International Family Fun day, Greenway walking routes, training courses, expansion of Regional sports centre, redevelopment of parks, development of sports campus, online sports facilities directory developed  
 Westmeath County Council: Provision of playgrounds, pitches, sale of carparks to provide additional land for recreation, Sports Centre (Mullingar), 'Sporting Excellence' Award scheme  
 Wexford County Council: PlayDays and compilation of a database of Sports groups and associations

**Appendix 6 - Physical Environment Sector - Recommendation 10**

*Local authorities should prioritise pedestrianisation and cycling and ensure that there is adequate provision for these amenities.*

See 1 above for requirements for prioritising pedestrianisation and cycling.

The policies outlined in the new sustainable travel policy will also be reflected in local authority policies and plans. In addition, the Government seeks to introduce sustainable travel projects or demonstration sustainable travel towns. This has to be explored further but one option is to combine some transport and health budgets to create a fund which could trigger such innovation.

The ISC has developed a National Trails Strategy to encourage greater usage of walking and cycling routes by the general public. This strategy is being delivered in close cooperation with local authorities and a number of walking development officers have been appointed in the country.

**Appendix 6 - Physical Environment Sector - Recommendation 11**

*Local authorities in partnership with local communities and the gardaí should ensure the provision and maintenance of safe and accessible green spaces for physical activity. They should be supported by government in this and related work.*

Enhanced river walkways (Carlow Local Authorities/OPW)  
 Development of Park and Leisure facilities 2005-2007 (Wexford County Council)  
 7km walking routes (Kilkenny County Council)  
 Pleasure Grounds, Boyle (Roscommon County Council)

**Appendix 6 - Physical Environment Sector - Recommendation 14**

*Private sector organisations that promote physical activity, such as leisure centres and gyms, should develop policies that reflect healthy eating.*

- The HSE works in partnership with ILAM the national organisation for leisure centres.
- The HSE can provide training on healthy policy development in nutrition and P.A.

**Appendix 6 - Physical Environment Sector - Recommendation 15**

*The private leisure industry should be encouraged to make its facilities more accessible to lower socio-economic and minority groups through partnership with local communities, local authorities and health boards.*

(ISC) There are some pilot initiatives in this area being rolled out through the LSP network e.g. people with a disability, travellers, etc. However, at present these are very localised and dependent on the goodwill of the gym managers. It is as yet too early to comment on whether they will be sustainable in the longer term. The work of the Sports Inclusion Development Officers will be supportive in this regard.

The HSE National GP Exercise Referral Programme refers clients to private leisure centres with whom they have a

service agreement.

The programme is currently delivered in 5 centres in Cork City, West Cork & Kerry, 4 centres in Limerick, Dublin, Waterford & Westmeath are due to start the programme in the next few months and 14 centres in Kerry, Clare, Limerick, Dublin, Cork, Kildare & Galway have started the training course to prepare them to deliver the programme. Reduced Gym membership is offered to locals as part of the Dingle Healthy Community Project.

## Appendix 6 - Physical Environment Sector - Recommendation 16

***Workplaces in both the private and public sectors should provide an environment that empowers individuals to make healthy food choices and presents opportunities during work hours to partake in physical activity, opportunities such as flexible working hours, reduced rates for gym membership, incentives for cycling or walking to work, access to shower and changing facilities.***

**safefood** and the Irish Heart Foundation have collaborated on a salt workplace in 2006 and are currently planning another phase in 2009. Although the focus of this campaign is salt the campaign strongly emphasises making healthier choices in workplace restaurants.

The 2006 campaign was rolled out in collaboration with the Irish Heart Foundation and the Chest Heart and Stroke Northern Ireland.

The **Irish Heart Foundation's Happy Heart at Work** provides a range of lifestyle interventions addressing both the individual and the environment in the workplace. See Recommendation 9 (Section on Food commodities etc) for update on provision of healthy food choices in HSE, public and private sector workplaces, mainly through the Irish Heart Foundation's ***Happy Heart at Work Healthy Eating Award*** and ***HSE Salt Reduction procurement Programme***.

A new resource to promote physical activity at work was launched last year. In 2008, the Irish Heart Foundation's Active at Work has encouraged 2,500 employees to take part in a 4-5 week programme of activity meeting current physical activity guidelines. 1,700 of these employees took part in companies supporting the Dublin Transportation Office's campaign – One Small Step campaign.

31 Companies have also installed a Sli na Slainte walking route or mapped route to encourage walking on the workplace site, including 14 HSE sites. Irish Heart Foundation and HSE are also in discussion about placing more walking routes signage in HSE facilities. HSE co-ordinators from all areas have undertaken Walking Leader Training.

Many HSE workplace and physical activity co-ordinators have rolled out their own initiatives in HSE facilities. The HSE has developed a guide for the implementation of health promotion programmes in Irish workplaces. The HSE has several workplace officers who work predominantly with smaller companies.

In 2001<sup>1</sup>, 40% of companies evaluated under the Happy Heart at Work scheme said they offered ***incentives*** to staff to join leisure centres and gyms.

IBEC and ICTU have national Work/Life Balance Day which focuses on general health and welfare issues and a national Health and Safety Week in October led by the Health and Safety Authority also addresses health and safety issues in the workplace.

- The National Framework Committee on Work-Life Balance (WLB) organises annual Work-Life Balance day, when employers are encouraged to reflect on their flexible working policies, alongside issues such as health and nutrition, employee supports etc.
- The Committee oversees a subsidised consultancy scheme for SMEs, whereby the SME can access an expert in HR practice and WLB for up to five days to enable them introduce WLB policies, including in the area of wellbeing nutrition and health
- Many larger companies are actively engaged in initiatives, ranging from workplace wellbeing programmes to family-friendly initiatives.
- Research has shown (2007 National Work-Life Balance in Ireland Study carried out at NUI Galway) that private sector employers offer many supports to staff that do not relate to hours worked, but focus on quality of life issues e.g. gym membership, on-site medical facilities, healthy eating options etc. These voluntary measures may boost productivity and encourage employee loyalty in larger firms.

<sup>1</sup> Centre for Health Promotion Studies, (2001) An evaluation of the Happy Heart at Work Programme, on behalf of the Irish Heart Foundation. National University of Ireland, Galway

Nutrition and Health Foundation – please refer to recommendation 9 in the food, commodities, production and supply section with regards to the NHF’s Workplace Wellbeing Campaign. Evaluation of the campaign has shown a significant “win-win” for both the employer and employees participating in this initiative with regard to reducing absenteeism, increasing staff morale, improving diet and exercise habits etc, as a direct result of being involved.

There are a very limited number of companies who provide incentives for cycling to work. Some companies locate car parks with a 5-minute walk to the entrance door.

The Health and Safety Authority’s report on Workplace Health and Well-being makes some specific recommendations on workplace health.

The new sustainable travel policy aims to have workplace travel plans in place in most organisations by 2020. A key element of such plans is a focus on walking and cycling to work – see appendix.

The Department of Transport fund the DTO “One Small Step” Campaign which is supporting employers in the Greater Dublin Area in implementing workplace travel plans.

Other initiatives and programmes in the Health Promotion and Dietetic Services of the HSE (workplace)

Lifestyle consultations for staff (HSE Midlands Area)

Weight Watchers programme for staff (HSE Midlands Area)

Right Weight to Fitness and Best Foot Forward (HSE North Eastern Area)

Walkways to Health (HSE Southern Area)

Reduction in gym membership for staff (HSE Southern Area, South Eastern Area)

Food and Fitness for Heart Health (HSE South East Area)

Farmers Health Programme (HSE South East Area)

Staff Wellness days and weight management advice for HSE staff (HSE Western Area)

Support to Workplace Health Partnership groups (HSE Western Area)

Health Fairs for staff (HSE Northern Area, South Western Area)

Obesity programmes (HSE Northern Area)

Staff Yoga (Dun Laoghaire/Rathdown Council)

## **Appendix 6 - Physical Environment Sector - Recommendation 20**

*Community development programmes which encourage healthy eating and active living should be developed in partnership with local authorities and businesses. These programmes should be prioritised for lower socio-economic groups, ethnic minority groups, early school leavers, and people with learning and physical disabilities.*

- Galway Health Stadia, part of WHO Healthy Cities
- Community & Schools Organic Gardens
- Healthy Communities – Healthy Heart project in Dingle – reduced Gym membership for locals.
- Walking for Health Programmes, peer led training, sessions in the community & workshops for community groups & GP clients in HSE South.
- Peer led food & nutrition programmes - cook it programme, Healthy Food Made Easy, Eat Well Be Well, Cooking for Health.
- “Dish it Out” – healthy eating & cookery programme for homeless men in HSE South
- Being Well Programme delivered to Travellers, A. Seekers & Prison Staff.
- Healthy Option To Go is a partnership with fast food retailers to provide healthy food choices to customers (HSE Midlands)
- Sli na Slainte Walking Routes and Walking training. Each year for World Heart Day (end of Sept.) walks in the community and workplaces are organised around the country. In 2008, 15,000 walkers in 650 organised walks took part.
- Education through Sport programme – 6 mth programme to promote activity in young people in HSE East Coast.
- Go For Life – PA for over 60s
- PACE – Personal Assistance in Choosing Exercise programme for the public. One to One consultation with a HP Officer on lifestyle changes.
- Physical Activity programme for Homeless Men & their Children in sheltered accommodation. HSE South
- Shopping tours programme for the public – food labelling, healthier food choices, shopping for diabetics / CVD/Coeliacs etc.

- Fruit and Vegetable Co-ops increases access and encourages healthy food choices (HSE Mid Western Area)
- Researching & planning a Community Café and Food Bank HSE Mid West
- HP Community courses – Healthy lifestyle, Stress management, Life Skills, Parenting programmes
- Weight management component of Smoking cessation programmes.
- Audit & assessment of commercial weight loss programmes HSE Mid West & Midlands
- Food and nutrition courses with different groups (eg. Travellers, Asylum Seekers and Refugees)
- Swim programme for older adults HSE N. West
- Funding & participation in Local Sports partnerships.
- Traveller Health Programmes
- Infant feeding guidelines for Direct Provision Centre for A. Seekers – Mosney.
- Special occupational scheme for adults with a learning disability – aims to promote an environment conducive to healthy lifestyle via training of staff & other supports.
- Nutrition & PA support to the Squashy Couch Adolescent health and Information Project. HSE South East.
- Home based exercise resource – table top exercising coaching resource for those who can't/won't exercise outside the home. HSE N. West

#### Programmes run by local authorities

Healthy community project –Hacketstown (Carlow Local Authorities)  
 Health Promotion for Men (RAPID and Carlow Local Authorities)  
 Activity programme for homeless people (Dun Laoghaire/Rathdown Council)  
 Wexford Partnership Forum: Health Focus and Health Check (Wexford Local Authority Staff)  
 Provision of land for a community organic garden (Galway City Council)  
 Go For Life provides physical activity sessions for retired groups (Kerry County Council)  
 The Friendlies provides physical activity sessions for retirement groups (Kerry County Council)  
 Swimming programme for disabled individuals (Kerry County Council)  
 KRAN Kildare Recreation Activity Network (Increased physical activity programme for 55+)  
 Community in motion groups (Increased physical activity programme for 55+) Limerick County Council  
 Holistic programme of physical activity and wellness- community based (Limerick County Council)  
 Education Outreach Programmes (Monaghan County Council)  
 Provide support to the Monaghan County Childcare Committee (Monaghan County Council)  
 Programme for the Integration of Migrant Communities (Offaly County Council)  
 Sports Partnership Summer Programmes for disadvantaged communities (Offaly County Council)  
 Street Leagues –social interaction among at risk groups (South Dublin County Council)

#### **Sports Inclusion Development Officers (Disability)**

The ISC were closely involved in the development of the Sports Inclusion Development Officer (SIDO) programme.

This programme funded through the Dormant Accounts funding, employs 20 SIDO's throughout the country, with funding of just over €2m over a 2 year period. This funding will end in January 2010.

The SIDO's are employed and supported by the Local Sports Partnerships at local level and their main function is to increase the participation of people with disabilities in sport / physical activity and to ensure that local resources are used to best effect to facilitate inclusion in sport at local level.

The ISC also provide support for the network through our funding of the CARA Adapted Physical Activity Centre at the IT Tralee Regular training opportunities are offered by the CARA Centre to the SIDO's and CARA has also developed a website and other resources such as a newsletter.

The SIDO initiative is proving to be both successful and popular with people with a disability at local level. Already, there have been social leagues established in a range of disability sports such as boccia and power soccer. Additionally, the SIDO's are working very well with existing disability sports organizations such as Special Olympics, Irish Wheelchair Association and Cerebral Palsy Sport Ireland.

#### **Local Sports Partnerships**

Additionally, there are a wide range of projects being run at local level by LSP's to promote participation for target groups such as ethnic minorities or those in areas of socio-economic disadvantage. All of these projects are delivered in partnership with relevant local agencies on programmes such as RAPID, Youthreach, etc. Examples of these

programmes would be women in sport projects for traveller women, participation initiatives for older people and early school leavers activity programmes.

In previous years, the LSP network had received funding from other Government Departments to run specific projects for target groups. These included Dormant Accounts Funding to operate a Disadvantaged Youth grant scheme and funding for integration for ethnic minorities through the National Programme Against Racism (Department of Justice).

Healthy food for All and **safefood** are establishing a Demonstration Programme on Community Food Initiatives and are looking for funding applications from eligible groups and organisations. The purpose of this funding is to establish a Demonstration Programme of Community Food Initiatives on the island of Ireland. Community Food Initiatives are projects that improve the availability and accessibility of healthy food for low-income groups at a local level, using a community development approach.

Between five and seven initiatives will be funded over a three-year period. Each initiative will receive annual funding over a period of three years to set up, manage and sustain a project. Funding will be up to a maximum of €75,000 (£60,000) provided approach is encouraged.

**safefood** and the Irish Heart Foundation have collaborated on a salt workplace in 2007 and are currently planning another phase in 2009. Although the focus of this campaign is salt the campaign strongly emphasises making healthier choices in workplace restaurants.