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An Comhchoiste um Oideachas agus Scileanna

**Tuarascáil maidir le dul i ngleic leis an murtall agus le
bia sláintiúil a chur chun cinn sna scoileanna**

Iúil 2018

Houses of the Oireachtas

Joint Committee on Education and Skills

**Report on tackling of obesity and the
promotion of healthy eating in schools**

July 2018

32/ES/11

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Chairman's Foreword

The Joint Committee on Education and Skills identified the topic of 'tackling' of obesity and the promotion of healthy eating in **schools'** as one of its priorities and invited a number of stakeholders to make a written submission on this topic. Following an examination of these submissions, it was decided to hold a public engagement to examine the matter in more detail.

Being aware of the global problem of childhood obesity, the evidence to the Committee highlighted the prevalence of this problem in Ireland and the potential for a future health epidemic. Obese children are around five times more likely to become obese adults, with a much higher risk of health problems including, osteoarthritis, obesity-related cancers, type 2 diabetes, and cardiovascular disease. Almost a third of Irish children are now overweight and the country ranks 58th out of two hundred countries for its proportion of overweight youths. Latest statistics compiled by the NCD Risk Factor Collaboration, demonstrating a 10-fold increase in the rate of obesity among Irish boys between 1975 and 2016, and a 9-fold increase among Irish girls. This problem must be tackled at an early age. However, this issue can only be tackled with a change in societal attitude and a multi-sectoral approach in order for any strategies to have the desired effect in the long-term.

In addition to other initiatives and parental involvement with regards to this issue from a young age, schools play a vital role in promoting healthy lifestyles, healthy eating and nutrition and the provision of physical education to prevent obesity before it becomes established.

To deal with a problem which costs the State approximately **€1** billion annually to treating individuals who are overweight or obese, it is essential that on-going and sustainable school programmes, teacher training, and training for communities and parents are in place to reverse obesity trends.

On behalf of the Committee, I would like to thank the witnesses who appeared before the Committee to assist us in our examination of this matter.

Fiona O'Loughlin

Fiona **O'Loughlin** T.D.
Chairman
July 2018



Introduction

In examining the area of childhood obesity in Ireland, the Joint Committee on Education and Skills acknowledges the seriousness of this issue and acknowledges the impact on children with obesity in terms of both their health and emotional wellbeing. The more immediate risks to health in obese children include: high blood pressure and high cholesterol, which are risk factors for cardiovascular disease; increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes; breathing problems, such as asthma and sleep apnoea; joint problems and musculoskeletal discomfort and fatty liver disease, gallstones, and gastro- esophageal reflux. As highlighted in the introduction, children who are obese are more likely to become adults with obesity. This in itself poses future serious health risks in adulthood.

It is recommended that children from the ages of five to seventeen should partake in at least 60 minutes of moderate to vigorous-intensity physical activity daily. In addition to this it states that physical activity of amounts greater than 60 minutes per day will provide additional health benefits. The World Health Organisation (WHO) also recommends that most of daily physical activity should be aerobic. Vigorous-intensity activities should be incorporated, including those that strengthen muscle and bone, at least 3 times per week.¹

There are many reasons for obesity in children and it is acknowledged that, a combination of factors, are contributing to the growing trend of obesity in Ireland. Factors include: children spending less time engaging in physical activities such as play and sports and spending more time engaged in sedentary activities such as using technology. Additionally,

¹ World Health Organisation, Global Recommendations on Physical Activity for Health. Available at <http://www.who.int/dietphysicalactivity/global-PA-recs-2010.pdf>

inexpensive, energy-dense convenience food, high in saturated fat and sugars is readily available and specifically marketed to children and busy parents.

According to statistics from Safefood.eu, one in four Irish children are now overweight or obese. With Ireland on course to be the heaviest nation in Europe by 2030 and whilst this issue is one in which many State bodies are involved, the Joint Committee on Education and Skills firmly believes that the Department of Education and Skills can, as an integral part of the curriculum, make a significant contribution to tackling obesity and the promotion of healthy eating in schools.

Engagement with Stakeholders

The Joint Committee on Education and Skills requested written submissions from various stakeholders, identified by the Committee. Arising from submissions received on this matter from the stakeholders, a public meeting of the Joint Committee on Education and Skills was held, on [24th October 2017](#), to further explore the points made in the submissions.²

At this meeting, the Committee heard from the following witnesses:

Scoil Róis, Galway	Ms. Claire Heneghan B.Ed., MSc. Exercise and Nutrition Science
Healthy Kidz	Mr. Kevin Creery Mr. Liam McCorry Mr. Damien Mitchell
Department of Education and Skills	Mr. Eddie Ward, Principal Officer, Teacher Education Section Ms. Rita Sexton, Assistant Principal Officer, Curriculum & Assessment Policy Unit Ms. Clare Griffin, Primary Inspector
Bord Bia	Mr. Mike Neary, Director of Horticulture and Meat
National Nutrition Surveillance Centre (UCD)	Dr. Celine Murrin Dr. Silvia Bel-Serrat
Irish Heart Foundation	Mr. Chris Macey, Head of Advocacy Ms. Janis Morrissey, Health Promotion Manager Ms. Kathryn Reilly, Policy Manager
Safe Food	Ms. Fiona Gilligan, Director of Marketing and Communications Dr. Clíodhna Foley-Nolan, Director of Human Health and Nutrition
Department of Health	Ms. Kate O'Flaherty, Head of Health & Wellbeing Unit Mr. Liam McCormack, Assistant Principal Officer, Obesity Policy

² Transcripts of this meeting of the Joint Committee on Education and Skills are available at: https://www.oireachtas.ie/en/debates/debate/joint_committee_on_education_and_skills/2017-10-24/

Summary of Evidence and Recommendations

In the course of the public hearing, a number of important points were raised. A summary of the points given in evidence to the Committee follows, together with the **Committee's** recommendations:

i. Playground/Physical Education (PE) facilities

The Joint Committee on Education and Skills was advised that despite recommendations that children need at least 60 minutes of moderate to vigorous activity per day, a *Growing Up in Ireland* study has indicated that only a quarter of children meet this target.³

- Primary

The Committee was informed that break times are a key period to target the promotion of physical activity in schools, given that only 60 minutes of physical education time is allotted on a weekly basis. It was observed that “**generally**, Irish school playgrounds can be described as flat and uninspiring pieces of tarmacadam with equipment being scarce and basic. Primary schools with a fully equipped playground are very much in the minority in this country. In countries such as New Zealand, Australia and Finland fixed playground equipment is the norm on school **grounds**.”⁴

The Committee agrees with the recommendation that break times need to be targeted to promote increased activity in children. It was suggested at the meeting that the cost of installing a playground in a school would be in the range of a one-off payment of **€45,000** to **€90,000**, which would be considered a long-term investment in the promotion of a less sedentary lifestyle in primary school students. This investment could counter the lack of activity/physical education among those at school and a fixed playground is the norm in school grounds in countries such as Australia and New Zealand.

Members of the Committee did however raise the issue of insurance and the concerns that schools have with regards to the provision of fixed playgrounds in primary schools. A possible solution could be that parents would sign a disclaimer and the **school's** insurance could cover

³ ESRI, Growing Up in Ireland Report <http://www.esri.ie/pubs/BKMNEXT211.pdf>

⁴ Transcripts of this meeting of the Joint Committee on Education and Skills are available at: https://www.oireachtas.ie/en/debates/debate/joint_committee_on_education_and_skills/2017-10-24/

playground activity as it would take place during school time and under supervision. It should be noted however, that the presence of a disclaimer in a legally binding agreement does not necessarily guarantee that the terms of the disclaimer will be recognised and enforced in a legal dispute.

- Post-Primary

With regards to post-primary school, physical education is to be introduced as a Leaving Certificate subject in which an exam can be taken at both ordinary and higher levels in a small number of schools from September 2018. If it is envisaged by the Department of Education and Skills, to roll-out physical education as an examinable subject to all post-primary schools then the need to travel to a physical education facility, which is the practice of schools who do not have the facilities on site, is placing these students at a disadvantage. The Committee is aware of schools that are currently awaiting the construction of physical education or gym facilities and note that some schools have been on a waiting list for a number of years.

Members of the Committee subsequently agreed to include this issue on its Work Programme for 2018, under the theme of **'the delivery of schools'**.⁵

ii. Healthy Eating Initiatives

The Committee was advised of the various initiatives currently underway and in the pipeline that seek to address the issue of obesity and promote a more healthy and active lifestyle. There has been collaboration between the Departments of Education and Skills; Agriculture, Food and the Marine; Children and Youth Affairs; Housing, Planning and Local Government; Transport, Tourism and Sport and various different agencies including Safefood. The Department of Employment Affairs and Social Protection also has a role to play in its provision of funding for **'Delivering Equality of Opportunity in Schools'** (DEIS). In both DEIS schools and some non-DEIS schools who receive investment for the provision of meals, they are now required to meet the new healthy eating guidelines in the food pyramid as outlined in **'A Healthy Weight for Ireland'**.

The Committee was advised that while teachers must ensure that a

⁵ Available at: https://www.curriculumonline.ie/getmedia/bc195f63-5ba0-4053-92f0-2796fefa23c5/SCPE_Framework_en.pdf

curriculum which includes physical education as a core subject is implemented, obesity is a wider societal issue. Schools are just one setting where strategies can be implemented to tackle obesity, a multi-level and cross-sectoral approach is necessary. There is a correlation between overweight parents and overweight children. If one parent is overweight or obese, the child is likely to be too. If there are two parents, the child is much more likely to be overweight or obese. Responsibility rests with both the schooling system and parents to teach children cooking skills, nutrition etc. so that they can lead healthier lifestyles, not only for themselves, but for their future families, which can help to break the cycle of overweight parents passing on bad lifestyle habits to their children.

Based on the evidence, the Committee acknowledged that there is fantastic work happening in schools, such as *Food Dudes*, the *Active School Flag* programme and on a national level with initiatives including *Get Ireland Walking* and *Get Ireland Cycling* which could be further promoted in schools. The vast majority of primary schools have healthy eating policies. However, when children transition to post-primary school, they enter into a very different environment in which they have greater financial autonomy which often results in opting for unhealthy choices and this needs to be addressed.

iii. Wellbeing of Students

The Committee is cognisant that in addressing and tackling obesity among school children, the issue of bullying and the psychological and long-term impacts of being overweight must also be borne in mind. Studies suggest that students learn more effectively, including their academic subjects, if they are happy in their work, believe in themselves, and feel school is supporting them.⁶

The Committee welcomes the introduction of the Wellbeing programme at Junior Cycle and views it as a very positive initiative. Members of the Committee have indicated that they would like to ensure that the positive aspects of this programme are referred back into the primary school curriculum so that more children will benefit and from a younger age.

⁶ Weare, K. (2000). *Promoting mental, emotional, and social health: A whole-school approach*. London: Routledge.

iv. Impact on Mental Health

In addition to the adverse physiological issues posed by obesity, the Committee also acknowledges the psychological effects that can be experienced by affected children, problems such as: anxiety and depression; low self esteem; bullying and stigma. It is in the best interest of children that a healthy body image be fostered in children from a young age. The Committee was informed of the negative impacts of bullying on children and of the long-term psychological effects associated with being overweight/obese and subsequently how it may have long term consequences for further educational and career achievements.

With eating disorders becoming more prevalent amongst children, all necessary measures must be taken to avoid such unintended consequences arising in the course of tackling obesity in children. The Committee agreed that it is vital that the appropriate supports are available for all schoolchildren to successfully address the problem of obesity.

While much emphasis was placed on personal responsibility and in particular the responsibility of parents during the discussion, the constant stressing of the importance of being a healthy weight and size may be detrimental to self-image and potentially pose a risk to the mental health of students. The Committee raised concerns about the emphasis being placed on obesity, rather than the fostering of healthy habits and that children/adolescents will transition into anorexia, bulimia and other eating disorders. These problems must be addressed as equals, avoiding a focus on one to the detriment of the other. In addressing this, the Committee was told that the language surrounding obesity in children is changing and instead the focus should be on every child achieving a healthy weight. The Committee believes that it is in the best interest of children that a healthy body image be fostered from a young age.

Furthermore, the Committee was particularly cognisant of this potential mental health impact, in light of its *Report on Positive Mental Health in Schools*,⁷ published a month prior to the meeting. While this particular theme was not examined in detail at this public hearing, the Committee remains committed to identifying and tackling any undue stresses and worries placed on all school children.

⁷ <<https://webarchive.oireachtas.ie/parliament/media/committees/educationandskills/reports/report-on-positive-mental-health-in-schools.pdf>>

v. Availability of school lands

During the course of the public hearing, a more technical issue arose with regards to the problem relating to the lack of playgrounds, open spaces for exercise and gyms or physical education halls. The 'Lifeskills Survey 2015, Report on Survey Findings' which was alluded to, in relation to vending machines during the discussion, also highlighted as one of their key findings that the lack of physical space and poor facilities as the main challenge to delivery of more physical education and associated activities.

The Committee is aware that many schools have lost lands which had been used for physical education as a result of being zoned or rezoned as residential. Some local authorities are insisting that more green spaces should be claimed and used for the construction of housing. The attempts to tackle the lack of spaces for exercise may not be future-proof, as schools may continue to lose land as rezoning becomes more and more commonplace.

The Committee stated its intention to include this issue in its Work Programme for 2018, under the theme of '**the** protection of school lands and open **spaces**', as Members felt that it is an issue which warrants thorough examination, given its immediate threat in the midst of an ongoing crisis in the supply housing.

vi. School Liaison Officers

The Committee was told that the importance of School Liaison Officers cannot be underestimated. It was said that School Liaison Officers are known to have a huge influence on school children and that influence can be included in the cross-sectoral approach to the responsibility of the education system and parents. The inclusion of School Liaison Officers shows how the Department of Employment Affairs and Social Protection has a vital role to play outside of the school meals scheme in influencing food provision within schools and could influence food choices made at home.

vii. Inequality amongst students

The Committee heard how disadvantaged schools continue to have a high prevalence of obesity levels in comparison with children in non-disadvantaged schools. The prevalence in disadvantaged schools appears to increase as children grow up. On how to tackle this issue, the Committee was advised that looking at the school as part of the community appears to be the best approach in intervening with schoolchildren but that without proper supports, education for parents and pupils cannot be put into practice.

In relation to the lack of school physical education facilities the Committee was informed that in disadvantaged schools there may not be money to provide transportation to an off-site facility and therefore these children are missing out on an integral part of the educational curriculum afforded to others.

viii. Advertising and Technology

The Committee was advised that pupils are being targeted with junk-food advertising especially via smartphones. This modern reality is dubbed the **"brand in the hand"** and is a way of influencing, among other things, the eating habits of schoolchildren. Other areas of concern were highlighted with regards to advertising and the availability of fast-food near school grounds. In one instance, it was observed that a fast-food chain was advertised on school grounds, and worryingly some 70% of schools have a fast-food outlet within 1 kilometre, and 30% have at least five.⁸

The Committee feels that an outright ban on the advertising of fast-food and other unhealthy food in school grounds be introduced.

ix. Increasing uniform sizes

The Committee listened to observations from witnesses who had seen first-hand the problem of obesity among schoolchildren in their classrooms and had witnessed the ever-increasing size of school uniforms. The Committee was advised that the most alarming aspect of this, is the fact that larger sizes are becoming more and more common

⁸ Transcripts of this meeting of the Joint Committee on Education and Skills are available at: https://www.oireachtas.ie/en/debates/debate/joint_committee_on_education_and_skills/2017-10-24/

with each new intake of junior infant pupils.

x. The provision of fresh drinking water to students/vending machines

The Committee also learned of the importance of one of the most basic requirements for a healthy lifestyle - fresh drinking water. Officials from the Department of Education and Skills informed the Committee that all new-build schools have fresh drinking water available to students as standard and schools with concerns regarding the quality of their water can seek to have it tested.

Members of the Committee raised concerns over the presence of vending machines on school premises and asked witnesses if they believed that vending machines which provide fizzy drinks and other unhealthy snacks should be banned outright in schools. The general consensus amongst the witnesses was that they believe that vending machines that stock unhealthy food should be banned because, if given a choice, most children will choose an unhealthy snack over a healthy one. Members also pointed out that unhealthy drinks/snack foods were available to purchase in canteens in some schools.

Officials from the Department of Education and Skills referred to the results of its 'Lifeskills Survey 2015', with results subsequently being published in July 2017. In terms of vending machines in primary schools, officials believe that there is no issue because 99% of the schools surveyed said they had no vending machines on their premises. Some 27% of post-primary schools surveyed in 2015 said they had vending machines in place, as opposed to 35% in 2009.⁹

The Committee agrees that vending machines selling unhealthy drinks and snacks should be banned from all schools and do not support the proposal by the Department of Education and Skills regarding a 60:40 ratio of healthy to unhealthy foods. Nor does it believe, that these items should be for sale in school canteens. Furthermore, the Committee strongly believes that fresh drinking water to should be freely available to all school going children in Ireland.

⁹ Available at <https://www.education.ie/en/Publications/EducationReports/Lifeskills%20Survey%202015.pdf>

xi. Sugar-Sweetened Drinks Tax (SSDT)

A number of witnesses made reference to the 'sugar tax', which was announced as part of Budget 2018 and came into effect on 1 May, 2018. Monies collected from this tax go directly to the Exchequer. The Government hopes that this tax will help tackle obesity by providing incentives to reduce the sugar content in relevant products, and ultimately to reduce sugar consumption by citizens.

The Committee believes that consideration be given to exploring the possibility that the revenue generated from the income of this tax, should be used for initiatives which aim to promote a healthy weight and an active lifestyle for all.

Recommendations of the Joint Committee on Education and Skills

The Committee recommends that:

- break times need to be targeted to promote increased activity in children and that the provision of fixed playgrounds in primary schools where possible should be given consideration by the Minister for Education and Skills;
- schools without access to physical education facilities be prioritised under the school building programme so that the roll-out of physical education as an examinable subject to all post-primary students can be facilitated if the Minister for Education and Skills decides to do so;
- the Minister for Education and Skills liaise with the Minister for Housing, Planning and Local Government to ensure, where possible, the protection of lands and green spaces by schools for use for sports and exercise, and the construction of playgrounds, gyms and other exercise facilities;
- children are taught cookery skills, nutrition etc. from a young age as part of the core curriculum so that they can lead healthier lifestyles, not only for themselves, but for their future families;
- a curriculum which includes physical education as a core subject is implemented in conjunction with initiatives by the Minister for Education and Skills such as **Active School Flag** be supplemented by the further promotion of initiatives in schools such as **Get Ireland Walking** and **Get Ireland Cycling**;
- the positive aspects of the Wellbeing programme at Junior Cycle are referred back into the primary school curriculum so that more children will benefit and from a younger age;
- a balanced approach be taken when addressing the issue of obesity so that the promotion of a healthy body image is fostered in children from a young age;
- digital marketing by the food and drink industries aimed at children is regulated appropriately;
- an outright ban on the advertising of fast-food and other unhealthy

food in school grounds is introduced;

- an outright ban on vending machines which dispense unhealthy foods and drinks in schools should be introduced and that unhealthy foods and drinks should no longer be available for sale in school canteens/shops;
- the Department of Education and Skills ensures that all students have access to free drinking water; and,
- consideration be given to exploring the possibility that the revenue generated from the income of the Sugar and Sweetened Drinks Tax should be used for initiatives which aim to promote a healthy weight and an active lifestyle for all.

Appendices

Appendix 1

Committee Membership

Joint Committee on Education and Skills

Deputies: Thomas Byrne (FF)
Kathleen Funchion (SF)
Catherine Martin (GP)
Tony McLoughlin (FG)
Hildegarde Naughton (FG)
Fiona **O'Loughlin** (FF) [Chair]
Jan O'Sullivan (Lab)

Senators: Maria Byrne (FG)
Robbie Gallagher (FF)
Paul Gavan (SF)
Lynn Ruane (Ind)

Notes:

1. Deputies nominated by the Dáil Committee of Selection and appointed by Order of the Dáil on 16 June 2016.
2. Senators nominated by the Seanad Committee of Selection and appointed by Order of the Seanad on 22 July 2016.
3. Deputies Carol Nolan, Ciaran Cannon, Joan Burton, and Jim Daly discharged and Deputies Kathleen Funchion, Tony McLoughlin, Jan **O'Sullivan**, and Josepha Madigan nominated to serve in their stead by the Twelfth Report of the Dáil Committee of Selection as agreed

by Dáil Éireann on 3 October 2017.

4. Senator Trevor Ó Clochartaigh resigned with effect from 27 February 2018.
5. Senator Paul Gavan nominated by the Seanad Committee of Selection and appointed by Order of the Seanad on 8 March 2018.
6. Deputy Josepha Madigan discharged and Deputy Hildegarde Naughton nominated to serve in her stead by the Twentieth Report of the Dáil Committee of Selection as agreed by Dáil Éireann on 1 May 2018.

Appendix 2

Orders of Reference

- (1) The Select Committee shall consider and report to the Dáil on—
 - (a) such aspects of the expenditure, administration and policy of a Government Department or Departments and associated public bodies as the Committee may select, and
 - (b) European Union matters within the remit of the relevant Department or Departments.
- (2) The Select Committee appointed pursuant to this Standing Order may be joined with a Select Committee appointed by Seanad Éireann for the purposes of the functions set out in this Standing Order, other than at paragraph (3), and to report thereon to both Houses of the Oireachtas.
- (3) Without prejudice to the generality of paragraph (1), the Select Committee appointed pursuant to this Standing Order shall consider, in respect of the relevant Department or Departments, such—
 - (a) Bills,
 - (b) proposals contained in any motion, including any motion within the meaning of Standing Order 187,
 - (c) Estimates for Public Services, and
 - (d) other matters as shall be referred to the Select Committee by the Dáil, and
 - (e) Annual Output Statements including performance, efficiency and effectiveness in the use of public monies, and
 - (f) such Value for Money and Policy Reviews as the Select Committee may select.
- (4) The Joint Committee may consider the following matters in respect of the relevant Department or Departments and associated public bodies:

- (a) matters of policy and governance for which the Minister is officially responsible,
- (b) public affairs administered by the Department,
- (c) policy issues arising from Value for Money and Policy Reviews conducted or commissioned by the Department,
- (d) Government policy and governance in respect of bodies under the aegis of the Department,
- (e) policy and governance issues concerning bodies which are partly or wholly funded by the State or which are established or appointed by a member of the Government or the Oireachtas,
- (f) the general scheme or draft heads of any Bill,
- (g) any post-enactment report laid before either House or both Houses by a member of the Government or Minister of State on any Bill enacted by the Houses of the Oireachtas,
- (h) statutory instruments, including those laid or laid in draft before either House or both Houses and those made under the European Communities Acts 1972 to 2009,
- (i) strategy statements laid before either or both Houses of the Oireachtas pursuant to the Public Service Management Act 1997,
- (j) annual reports or annual reports and accounts, required by law, and laid before either or both Houses of the Oireachtas, of the Department or bodies referred to in subparagraphs (d) and (e) and the overall performance and operational results, statements of strategy and corporate plans of such bodies, and
- (k) such other matters as may be referred to it by the Dáil from time to time.

(5) Without prejudice to the generality of paragraph (1), the Joint

Committee appointed pursuant to this Standing Order shall consider, in respect of the relevant Department or Departments—

- (a) EU draft legislative acts standing referred to the Select Committee under Standing Order 114, including the compliance of such acts with the principle of subsidiarity,
 - (b) other proposals for EU legislation and related policy issues, including programmes and guidelines prepared by the European Commission as a basis of possible legislative action,
 - (c) non-legislative documents published by any EU institution in relation to EU policy matters, and
 - (d) matters listed for consideration on the agenda for meetings of the relevant EU Council of Ministers and the outcome of such meetings.
- (6) The Chairman of the Joint Committee appointed pursuant to this Standing Order, who shall be a member of Dáil Éireann, shall also be the Chairman of the Select Committee.
- (7) The following may attend meetings of the Select or Joint Committee appointed pursuant to this Standing Order, for the purposes of the functions set out in paragraph (5) and may take part in proceedings without having a right to vote or to move motions and amendments:
- (a) Members of the European Parliament elected from constituencies in Ireland, including Northern Ireland,
 - (b) Members of the Irish delegation to the Parliamentary Assembly of the Council of Europe, and
 - (c) at the invitation of the Committee, other Members of the European Parliament.

b. Scope and Context of Activities of Committees (as derived from Standing Orders) [DSO 84; SSO 70]

- (1) The Joint Committee may only consider such matters, engage in such activities, exercise such powers and discharge such functions as are specifically authorised under its orders of reference and under Standing Orders.
- (2) Such matters, activities, powers and functions shall be relevant to, and shall arise only in the context of, the preparation of a report to the Dáil and/or Seanad.
- (3) The Joint Committee shall not consider any matter which is being considered, or of which notice has been given of a proposal to consider, by the Committee of Public Accounts pursuant to Standing Order 186 and/or the Comptroller and Auditor General (Amendment) Act 1993.
- (4) The Joint Committee shall refrain from inquiring into in public session or publishing confidential information regarding any matter if so requested, for stated reasons given in writing, by—
 - a) a member of the Government or a Minister of State,
 - b) the principal office-holder of a body under the aegis of a Department or which is partly or wholly funded by the State or established or appointed by a member of the Government or by the Oireachtas:

Provided that the Chairman may appeal any such request made to the Ceann Comhairle / Cathaoirleach whose decision shall be final.

- (5) It shall be an instruction to all Select Committees to which Bills are referred that they shall ensure that not more than two Select Committees shall meet to consider a Bill on any given day, unless the Dáil, after due notice given by the Chairman of the Select Committee, waives this instruction on motion made by the Taoiseach pursuant to Dáil Standing Order 28. The Chairmen of Select Committees shall have responsibility for compliance with this instruction.

Appendix 3

List of Stakeholders

MS. CLAIRE HENEGHAN B.ED., MSc. EXERCISE AND NUTRITION SCIENCE

HEALTHY KIDZ

DEPARTMENT OF EDUCATION AND SKILLS

BORD BIA

NATIONAL NUTRITION SURVEILLANCE CENTRE (AT UNIVERSITY COLLEGE DUBLIN)

IRISH HEART FOUNDATION

SAFE FOOD

DEPARTMENT OF HEALTH

HEALTH SERVICE EXECUTIVE (HEALTHY EATING, ACTIVE LIVING PROGRAMME)

Appendix 4

Submission by Stakeholders

Schooling Children in Physical Activity

Targeting School Break-times to tackle Childhood Obesity

By Claire Heneghan

B.Ed, MSc. Exercise & Nutrition Science (specialising in childhood obesity)

Since graduating from Mary Immaculate College with a Bachelor of Education in 2007, my mission has been to strive to help combat the childhood obesity crisis in Irish Primary Schools. In my ten years as a Primary Teacher, I have firsthand experience of the vast existence of childhood obesity in Irish classrooms and I am clear on the root causes. I got the opportunity to specialise in the study of childhood obesity when undertaking a Master's in Science in Exercise and Nutrition Science in 2013/14. I have extensively researched best practice in countries who have led the way in school based programmes and initiatives that can make a difference to children's health and well being. While many of these studies focus on healthy eating alone, I was interested in how physical activity could be promoted throughout the school day. After research and a stint working in New Zealand and Australia, I focussed my research on the effect of fixed playground equipment on the fitness levels of Irish Primary School children and how this can help combat childhood obesity.



Obesity has emerged as a major Irish and global health issue. It is everywhere: in every village, town and city, every school and every workplace. Obesity is more than a cosmetic concern. It does not just impact on the way we look. It sets us on a fast track toward medical complications such as heart disease, type 2 diabetes, high blood pressure and high cholesterol. Obesity is the end result of an inversely proportional relationship between activity level and caloric intake. The rate of obesity has increased in the past twenty years and continues to grow. Today, Ireland is ranked fifth-highest among 27 EU countries in incidence of childhood obesity. At present, approximately 1 in 4 primary school children are overweight or obese. Overweight children have a 70-80% chance of staying overweight their entire lives. Perhaps one of the most sobering realisations is that because of the increasing rates of obesity, unhealthy eating habits and physical inactivity, we may see the first generation that will be less healthy and have a shorter life expectancy than their parents.

Active play has always been part of childhood. However, over the last number of decades studies have shown that children, who have always been deemed the most active of the populace, spend an ever increasing amount of time involved in sedentary pursuits such as watching television and playing computer games. Children are

driven to school instead of walking or cycling and the participation rates in sports and physical leisure activities are declining, resulting in declining fitness rates in children. The Health Service Executive (HSE) recommends that children and adolescents get at least 60 minutes of moderate to vigorous physical activity every day. From the Growing up in Ireland Survey (2011), it emerged that only 25% of children met the recommendation, and these patterns have been shown to carry into adulthood. Studies have shown that physical activity and elevated fitness levels help to diminish the risk of coronary heart disease, blood pressure, stroke, diabetes, osteoporosis, some cancers and depression.

Due to the emergence of these alarming statistics, schools are beginning to realise the significance on placing emphasis on health and wellbeing in the classroom. Initiatives such as *Food Dudes* and *Playworks* have been trickling into schools in recent times. Schools have been acknowledged by international and national policy as being a key setting for the promotion of physical activity and healthy living in children. Children generally have two outlets for physical activity in school: PE and break-time. PE alone has been shown not to meet physical activity recommendations needed for health benefits. Irish primary school children are allocated just over half of the EU average of 109 minutes of PE classes per week. In 2010, the NCCA reported that Irish primary teachers identified there being insufficient time to adequately cover all eleven curricular subjects due to an overloaded curriculum. 52% of total teaching time in primary schools is awarded to English, Irish and Mathematics. This leaves eight subjects, including PE, competing for 48% of the remaining instructional time. As a result, the EU Education Information Network in 2013 found that Irish primary schools offered less hours of PE than any other EU member state, where 45 hours of PE per annum is the minimum.

Therefore break-time is seen as a fundamental element in the promotion of school-based physical activity and fitness as the Primary School Curriculum advocates thirty minutes of recreation and a further break of ten minutes daily. Break-time has played a significant role in combating obesity in countries such as New Zealand, Australia and Finland, where schools have access to inspiring and health promoting playgrounds. Irish school playgrounds have been described in research as ‘flat and uninspiring pieces of tarmac’, with equipment scarce and basic.

The break-time environment should encourage children to be physically active. Active break-time involves purposefully designing the playground with activities to encourage physical activity. Research has shown that the adaptation of the school yard, by installing fixed playground equipment, games equipment and playground

markings to encourage more physical activity in children at school have yielded positive benefits in New Zealand, Australia and Finland.

In 2013, I completed a study which found that the presence of fixed playground equipment in Irish primary schools had a significant positive effect on the fitness levels of children over the school year. This was the first study of its kind in Ireland and was subsequently published in 2015 by the Irish National Teacher's Organisation.

Methodology

Participants and Settings

The research project was executed in the east of Ireland from September 2012 to June 2013. Two primary schools participated in the project. School A had daily access to a fully equipped playground (intervention group) while school B had an equipment free play area (control group). School A's fully equipped playground (see Figure 1) was built in the summer of 2012. The children participating in the study were aged 5 to 6 years and had never used the equipment prior to commencing school on September 3rd 2013. It consisted of one large swing, two slides, monkeys bars, balance beams, hanging bars of various sizes, see-saw and merry-go-round, all of which was stated as being a 'rare commodity' in Irish schools (Marron, 2008). The cost of the playground to the school was €85,000. No published data on the number of schools in Ireland with fixed playground equipment was available at the time of print, which is still the case in October 2017. Yet in one Irish study analyzing break-time play in 391 Irish Primary Schools, fixed playground equipment in schools was defined as 'scarce and basic' (Marron, 2008). School B had an equipment free play area (see Figure 1).



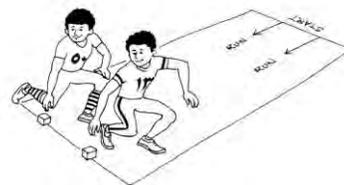
School A's play area

School B's play area

Figure 1: Fixed Playground Equipment (School A) versus Equipment-free play area (School B)

Characteristics	School A	School B
Enrolment for 2013-2014 academic year	442	398
Description of school play area	Fully equipped playground consisting of one large swing, two slides, monkey bars, balance beams, hanging bars of three varying sizes (600 cm, 1 metre, 1.5 metres), see-saw and merry-go-round.	Equipment free schoolyard space.
School yard surface	Rubber playground surfacing	Tar surface
Equipment available at break time	Fixed playground equipment	No equipment provided
Break time policy when it is raining	Sedentary play with games in their classroom.	Sedentary play with games in their classroom.
Dress code	School uniform consisted of a navy and green tracksuit and black/navy running shoes.	School uniform consisted of a navy tracksuit with black/navy running shoes.
Games observed	Climbing and hanging games; travelling under, over and through apparatus; chasing games; engaging in play on the see-saw, merry-go-round, swings and slide; running races.	Chasing games; running races; cartwheels and handstands; clapping games.

Fitness Measurements



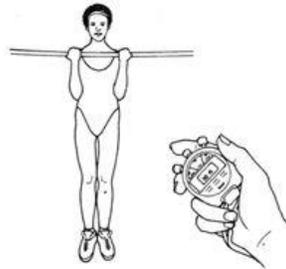
1. 10x5 metre shuttle run fitness test (measured in seconds)

Participants from school A with fixed playground equipment had significantly faster times than children in school B. Additionally, the results show a noticeable improvement in the speed and agility participant's from school A over the ten month study.

2. *Sit and Reach Test*

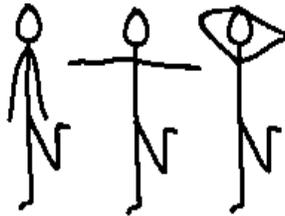


The results of the sit and reach scores improved over the ten month study in both schools (see Table four), yet no significant difference between schools was detected



3. *Bent Arm Hang Test*

There was no significant difference between school A and B in terms of strength as measured by the Bent Arm Hang test. There was a noticeable increase in children's strength, however, in both schools over the course of the ten month study



4. *Standing Balance Test*

There was a significant difference in results on balance levels between school A and B over the ten month study, as measured by the standing balance test. Mean scores in school A were noticeably higher than school B at the beginning of the intervention. Mean scores of the standing balance results systematically increased over time in both groups, although the slope of the line is noticeably flatter in school B.

5. *Sit-up Test*



Children in school A were able to perform significantly more sit-ups than their counterparts in school B (see Table seven). School A also had a higher level of improvement in this test over the ten month study. Mean scores of the sit-up results systematically increased over time in both groups, although the slope of the line is noticeably flatter in School B.

Discussion

World Health Organisation (WHO, 2012) stresses the importance of playground facilities for the promotion of PA and fitness in schools. The aim of this study was to evaluate the effect of fixed playground facilities on children's fitness levels during the first year of primary school.

In this study, the presence of fixed playground equipment had a significant effect on the fitness levels of children in three of the five EUROFIT fitness tests assessed in the areas of endurance, balance, speed and agility. In these three tests, school A (intervention) performed statistically better than school B (control) over the course of the ten month study. There was no significant difference between schools in the sit and reach flexibility test and bent arm hang test which measured children's strength and endurance. This indicates a significant increase occurred in participant's flexibility, strength and endurance over the ten month study, which were both highlighted to be more significant in the intervention school.

There was a significant difference in children's individual times and scores in all five fitness tests throughout the ten month study. Improvements were seen in most participants from both the control and intervention schools. Improvements were particularly apparent in the shuttle-run test and the balance test. This may be due to the age group being tested (5-6 years) as research has shown that younger children can have a greater biological instinct to be physically active.

The results are consistent with previous research advocating that developing the physical school environment can increase physical activity participation during break-time. However most of these studies concentrate on the equipment's effects on children's physical activity levels and do not focus on fitness, which was the aim of this study. Research has suggested that physical fitness rather physical activity is a more satisfactory predictor of health outcomes. Data collected from an extensive study proposed that increasing physical activity is deficient as the risk of cardiovascular disease is more reliant on physical fitness instead of how much physical activity is performed. Further studies are needed on the intensity, duration and frequency of physical activity needed to elevate fitness to a favorable level in children, which can help alleviate health risks later in life, such as obesity, diabetes, cardiovascular disease, osteoporosis and cancer (Blair, et al. 2001).

Assessment of one play area in New Orleans demonstrated that children were between 3.3 to 12.6 times more likely to be active in equipped play areas compared to equipment free areas. Additionally the amount of permanent play facilities in school playgrounds were associated with a higher PA level (3.2%) in 5-12 year old children compared with equipment free playgrounds in a New Zealand study. Fixed playground equipment in school in an American study by Sutterby, Brown and Thornton (2004) resulted in a significant increase in children's heart rates in comparison with heart rate levels of children in equipment free play areas. Across all age groups in the school with fixed equipment, elevated heart rates in the children were found during break-time, highlighting the positive effect of playground equipment on activity levels.

Conclusion

Childhood obesity has emerged as one of the most public health challenges of the 21st century (WHO, 2017). Schools are seen as one of the core agents for the delivery of interventions to promote physical activity and fitness, and combat the obesity epidemic (Story, Nannery & Schwartz, 2009). The results from this study show that fixed playground equipment had a significant effect on children's fitness levels in the areas of endurance, balance, speed and agility. There was no statistical data available at the time of print on the number of schools with fixed playground equipment in Ireland but evidence would suggest that school A, with a fully equipped playground, is in the minority.

Permanent play equipment and facilities in school playgrounds are associated with an elevated level of both physical activity and fitness in children, as shown by this study. With a recent extensive Irish study (Layte, et al. 2011) revealing that only 25% of children (n=8,568) met the recommendation of sixty minutes of moderate to vigorous physical activity per day, promotion of PA and fitness and investment in these areas in schools are urgently required. Break-time, with an allotted 40 minutes per school day, is a key period to target. The Foresight report concludes "that unless sustained efforts are made to treat childhood obesity, the number of children who are either overweight or obese could rise as high as 50% by 2050." This worrying predication raises the question that - Can we afford not to carry out our duty to promote physical activity and well being? We must continue to play our role in promoting physical activity and healthy eating for our children if success is to be reached. What an inspiring legacy this could be for the government of 2017 to achieve.

Biographical Note

I graduated from Mary Immaculate College with a Bachelor of Education Degree in 2007. I specialised in Exercise and Nutrition Science after completing a Master's of Science in these subjects with the University of Chester. Additional qualifications include: a Diploma in Gym Instruction from the National University of Ireland, Galway; a Higher Level Diploma in Pilates from the National Training Centre, Dublin; a Diploma in Yoga for Children; a Certificate in MEND (Mind, Exercise, Nutrition, Do It!) from the Department of Health New South Wales. In 2013/2014, I worked in the University of Western Sydney lecturing in Health and Physical Education and now work with Hibernia College and Mary Immaculate College in this area. I also work as a Physical Education Associate with the PDST. I currently teaching in Scoil Rois, Taylor's Hill, Galway and am involved in numerous health promotion initiatives in the county.



Changing Health. *Changing* Lives.



Healthy Kidz Proposal – Tackling obesity in schools and the promotion of Healthy eating.

We are delighted to have been given the opportunity to showcase our Healthy Kidz programme that has been growing rapidly for four years. It was created by experienced teachers and coaches because of the rising problem we now face in society – INACTIVITY - this inactivity is growing rapidly because of increased sedentary lifestyles, increased technological advancement and lifestyle choices now prevalent in society. Whilst inactivity is the problem; obesity is the consequence. In Ireland the statistics show:

- Child and teen obesity up tenfold since 1975 – RTE News, 11/10/2017
- According to *The Children's Sport Participation and Physical Activity Study* (2010), only 19% of primary and 12% of post-primary school children met the national physical activity guidelines (Woods et al, 2010).
- Ireland is set to become the most obese country in Europe, with the UK, within a decade, according to a study published in *The Lancet*.
- Irish men already have the highest body mass index (BMI) – a key measure of overweight – in Europe, while Irish women rank third, the study shows.
- By 2025, 37 per cent of Irish women will be obese, just behind 38 per cent in the UK, the study forecasts.
- Among men, 38 per cent in Ireland and the UK will be obese. (Irish Times)

After long consultation with many experts we created the four strand Healthy Kidz programme. Our comprehensive, evidence-based, quality and effective programme is not sport specific but designed to get **every** child in every class active, fit and healthy. We have a student carrying out her PHD on Healthy Kidz from Queen's University, Belfast. Our programme is supported by Dr Conor Cunningham, QUB and Dr Mark Tully, QUB and Head of Public Research UK. It is currently in 60 schools in Counties Armagh, Down and Tyrone. It has been piloted in three primary schools in County Laois and test results have been analysed and compiled by Damien Mitchell, Athlone IT.

We received £40,000.00 from the Northern Ireland Executive and £20,000.00 from Sport NI to continue the programme in 35 schools. Unfortunately, the executive collapsed but our schools were so impressed with our programme that all of them paid to keep it going.

In a typical classroom in Ireland today only one third of children are involved in the three main sports of, GAA, soccer and rugby. This is leaving two thirds of school children with no pathway to activity. Combined with poor PE delivery by teachers bereft of experience, training and resources, school children are sitting longer and being less physically active. Teachers and coaches are reporting even those kids involved with the main sports, are starting to present as overweight, simply because of an increased sedentary lifestyle outside their play time.

So the Healthy Kidz four strands created, were both individually and collectively a potent force for increasing every child's activity, fundamental development, building confidence and self-esteem with testing, targets, reward and incentive's built in.

STRAND ONE is coach led In - School 24 weeks of physical literacy, building every child's fundamentals, agility, balance, coordination, flexibility, strength, speed and instruction on running properly through basic mechanics. All pupils take part and love the sessions which are set to music. Pupils are tested on these fundamentals in week one and again at week twenty-four. This is unique because of the testing and the In - School 24-week programme, as all pupils tests scores are compiled and can be downloaded from the teachers' dashboard to be included in each pupil's end of year school / class report.

STRAND TWO is the teacher led Golden mile athletic challenge. The school marks out a mile circuit in and around the school and the teacher leads the class to complete at least 3 miles per week. This is proving to build endurance, fitness, mental strength, confidence and resilience.

STRAND THREE is our After Schools programme. Most After Schools are sport specific. The high-quality coaches we employ can provide five school days of after-school activity covering the main sports, but particularly offering Healthy Kidz Fitness, health clubs and multi sports to encourage those children who don't normally attend after-school programmes. This programme is oversubscribed for two reasons:

- 1) Fun, fitness and non-sports- related
- 2) Extra points gained for the app

STRAND FOUR is our technology app designed to increase activity outside the school gates. The app was created to allow parents to take responsibility at home for increasing their child's activity and fitness levels. Children and parents can use the app, all points through increased activity can be recorded through all devices and the points lead to increased levels to gain rewards. Classes and schools then compete to see who is the most active, with prizes monthly and termly. A full report on each child's activity throughout the year is given as part of the school report and can be viewed daily on every teachers' dashboard. This is a unique part of the programme because it encourages children and family members to increase activity, fitness leading to good health. Parents and family members also record their points

on their app and their points help their child's school win points to be the most active school. Thus creating stronger home school links. The potential involved in the future development of the app is huge, if we are to change this epidemic of inactivity.

CONCLUSION after four years of consultation and development, we are confident to come before the committee today and state that we have a unique programme created and developed to tackle the health epidemic we face today in Ireland and Europe through inactivity. We have slowly, strongly and meticulously built the programme into 60 schools. As a result of its quality, the deliverance of our coaches and the positive reaction of Principals, Teachers, Parents and the pupils' themselves this programme is now fit for every child in every school in Ireland for the betterment of all.

As research shows increased and consistent deliverance of physical literacy improves confidence, self-esteem, concentration and focus in class. This can lead to improved educational attainment. Our programme is also designed to incorporate the existing PE curriculum. Healthy Kidz has also brought many departments in health, education, sports and local government together to tackle this societal problem. The Healthy Kidz programme has now built the foundation. It is an impact programme for In- School and Outside of School. It can build into Healthy Teens, Healthy Families and Healthy Communities. Working with all departments, this can change the mind-set that now exists and seep into all strands of life of Ireland today in a positively profound way.

Liam McCorry

Kevin Creery

Patrick McAliskey

Paul Carvill

Healthy Kidz

ACTIVE SCHOOL FLAG

I wish to thank to the committee for providing my Department with an opportunity to provide a written submission on the Active School Flag initiative.

The Active School Flag (ASF) is a Department of Education and Skills funded initiative supported by Healthy Ireland and administered through the Mayo Education Centre. Active Schools Awards were established in 2004 and was renamed and became a non-competitive initiative known as the Active School Flag in 2009. The ASF has a Steering Committee that determines the programme of work for the ASF. The Initiative is administered by Mayo Education Centre, Castlebar, Co Mayo on behalf of the Department. The ASF National Coordinator is Karen Cotter and she is supported by admin personnel at the Centre.

The primary goal of the ASF is to enhance levels of physical activity through developing a physically educated and physically active school community. Schools are challenged to find fun and inclusive ways to get their whole school community more active on a daily basis. ASF provides schools with a multiple of ideas to energise the school day without impacting on the curriculum time or requiring extra resourcing. ASF gives schools a template to guide them through a set of clearly defined targets to work towards.

The ASF is awarded to schools that strive to achieve a physically educated and physically active school community. The aim of the programme is to get more schools, more active, more often. Schools are asked to focus, in particular, on finding ways to encourage the less active members of their school community to enjoy physical activity more. Schools that reach this standard and demonstrate that they have done so are rewarded with a Flag that they can then fly/display outside their schools. The awarding of this flag indicates that the school has reached a particular standard in promoting sport with the school and in association with parents and other bodies in the community. Once awarded the Flag remains valid for a period of three years.

1114 flags have been awarded since the launch of the programme and currently 693 schools hold ASF status. Of these, 600 are new applicant schools. Approximately 20% of primary and 3.5% of post primary schools are currently participating in ASF.

ASF promotes a *whole school approach* encouraging schools to find ways to strengthen their delivery of the PE curriculum and to energise the school day within their own individual context. Partnership work is encouraged between schools and the parent body, local community and national agencies and the process has student voice and leadership at its core.

Schools have clearly defined targets (success criteria) that they have to work towards making ASF both a user-friendly and transparent process. Schools are asked to create ASF sections on their school websites to showcase the work that they are doing to get their school communities more active. As well as keeping the school community up to date with progress this also gives greater public visibility to the excellent work that is happening in many schools across the country and allows schools to share new ideas and best practise.

The ASF programme is currently making a significant contribution towards the implementation of a number of the Department of Education and Skills (DES) action areas in

the national Physical Activity Plan (NPAP). The expansion of the ASF to a further 500 schools is also identified as a main NPAP action in its own right.

The work and potential of the ASF has been recognised at both a national and European level. The funding recently received from the Healthy Ireland Fund means that the ASF is now in a position to provide additional support to schools working their way through the process, to reach out to non-participating schools and to develop a more sector appropriate model for post primary schools and Youth Reach centres.

Active School Flag aims to achieve this vision through actions under the following four work themes:

1.) Physical Education:

Support schools to deliver quality PE programmes for all students in accordance with DES guidelines.

2.) Physical Activity:

Energise the school day and to decrease sedentary behaviour for all members of the school community.

3.) Partnerships:

Strengthen partnerships and make schools a gateway to community based physical activity opportunities.

4.) Active School Week:

To make *Active School Week* a part of the annual calendar in every school.

ASF REQUIREMENTS

- ✓ **Whole School Process** - ASF is a *whole school process* with student voice and leadership at its core.
- ✓ **Self-Evaluation** - Schools wishing to achieve the ASF begin the process by self-evaluating their current provision across PE, Physical Activity and Partnerships.
- ✓ **Active School Week** - Schools must organise an Active School Week (ASW) programme and commit to having one as part of their annual school calendar.
- ✓ **School Website** - Schools wishing to achieve the flag must create an ASF section on their school website to showcase the work that they have undertaken across the 4 areas of the process: PE, Physical Activity, Partnerships and Active School Week.
- ✓ **Success Criteria** - ASF success criteria are listed for each of the aforementioned areas of the process. Schools that can say 'yes' to all of the ASF success criteria are invited to apply for the ASF.
- ✓ **Renewal** - Once awarded the flag remains valid for a period of 3 years after which time schools are invited to re-apply to renew their ASF status.

FUNDING

2009-2016 – Department of Education funding of €125,000 per annum with additional monies from Healthy Ireland sponsorship of flags, ASW materials etc.

2016-2017 – Department of Education funding of €175,000 per annum with a once off €213,000 from Healthy Ireland Fund in October 2017 to allow for further expansion of ASF

PARTICIPATION

ASF Flags Awarded	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18 to date
Primary	36	29	50	119	158	214	229	204	20
*Post P.	-	4	5	11	9	7	10	9	-
Total	36	33	55	130	167	221	239	213	20

1114 schools have achieved ASF status since the start of the process in 2009.

*** Post Primary** - In order to be eligible for the ASF post primary schools must provide *all* students with a double timetabled period of PE, as a minimum, as per DES recommendations. ASF is in the process of developing a new format application process for Post Primary schools/Youthreach (YR) centres with the correct PE timetable provision to encourage greater participation.

CURRENT PARTICIPATION

CURRENT ASF Status	2014/2015	2015/2016	2016/2017	Sept. 2017 - Present	Total
New Applicants	204	203	175	18	600
*Renewal	17	36	38	2	93
Total	221	239	213	20	693

693 schools have current ASF status.

*** Renewal Schools** - In order to maintain ASF status schools must re-apply for the award every 3 years. In the summer of 2017, schools in the final year of the flag are contacted and invited to renew. We expect a large increase in renewal schools from this year onwards.

***Special Schools** – There is a lot of interest from Special Schools in the ASF process. Exemptions are made for special schools wishing to achieve the ASF.

NATIONAL PHYSICAL ACTIVITY PLAN (NPAP)

Department of Education and Skills Commitments under the NPAP

Action No.	Action	Ongoing and Potential ASF Contribution
<u>6</u>	'To conduct an annual national week of Physical Activity and Sport to link in with the European Week of Sport' (EWS).	Physical activity challenges with cross-curricular learning benefits were designed, printed and distributed to every school in the country. 2016 – CLIMB the HEIGHTS Skipping Challenge 2017 – RUN Around EUROPE Challenge
<u>7</u>	'Raise awareness among schools, particularly primary schools, of opportunities to educate through physical activity'.	ASF highlights best practice through: ASF website www.activeschoolflag.ie Case study school videos http://activeschoolflag.ie/index.php/case-study-schools/ Twitter account @activeflag
<u>8</u>	'Develop guidance to support schools to adopt and implement policies that promote the well-being of their communities under the Get Active! Framework'.	ASF requires schools to self-evaluate their policies and practises in relation to Physical Education, Physical Activity and Partnerships. ASF provides schools with clearly defined success criteria for each of the 4 areas of the application process, thus giving schools targets to work towards.
<u>9</u>	'Extend the Active School Flag programme out to 500 further schools'.	This is identified as a specific target in the NPAP.
<u>11</u>	'To fully implement the Physical Education curriculum for all primary and post primary pupils to meet the DES guidelines'.	In order to be eligible for ASF schools must: ✓ Comply with DES guidelines regarding PE timetable provision.

		<ul style="list-style-type: none"> ✓ Confirm that they are teaching a broad and balanced PE curriculum. ✓ Participate in PE related professional development.
<u>13</u>	‘Develop and provide a programme of continuous professional development in physical education’.	ASF organises nationwide ASF information sessions throughout the Education Centre network every September/October. ASF promotes and supports the work of the Professional Development Service for Teachers (PDST), the Irish Primary PE Association (IPPEA) and the PE Association of Ireland (PEAI).
<u>16</u>	‘To include children and young people in the development and implementation of the programmes in which they are involved’.	Student voice and student leadership are at the core of the ASF process.

EUROPEAN RECOGNISION OF THE ASF INITIATIVE

(a) EU Joint Action Programme on Chronic Diseases (JA-CHRODIS)

2015 - ASF was submitted by the Department of Health in Ireland as a model of good practice to the EU Joint Action Programme on Chronic Diseases (JA-CHRODIS).

http://chrodis.eu/wp-content/uploads/2016/01/CHRODIS-WP5-at-a-glance_web.pdf

ASF is currently displayed on the European Platform for Knowledge Exchange on models of good practice.

<http://chrodis.eu/good-practice/active-school-flag-ireland/>

2017 – The Department of Health has signed up to participate in the new CHRODIS PLUS joint action which supports the transfer of models of good practice from one member state to another. Italy has committed to transfer ASF to schools in the Piedmont region. Lithuania and Serbia have also expressed an interest in the ASF initiative.

(b) Healthy Lifestyles Conference (2017)

Speech delivered by Vytenis Andriukaitis (EU Health and Food Safety Commissioner) at the opening of the Healthy Lifestyles Conference referenced the Active School Flag as a ‘model of good practise’.

https://ec.europa.eu/commission/commissioners/2014-2019/andriukaitis/announcements/healthy-lifestyles-conference-22-september-2017-tartu-estonia_en

(c) #BeActive EDUCATION Award (2016)

Two out of the three finalists for this category were Irish schools.

St Clare's NS, Ballyjamesduff were chosen as the overall winner in 2016. An EU film crew visited the school to document how their school promoted a physically active culture.

<https://www.youtube.com/watch?v=yqZbKTKP14o>

ASF RESEARCH FINDINGS

(a) May 2017

'Attaining the Active School Flag: How Physical Activity Provision can be Enhanced in Irish Primary Schools'

Authors – Richard Bowles, Deirdre Ni Chroinin, Elaine Murtagh

Published - European Physical Education Review (May 4, 2017)

Research Conclusion

'The ASF process acted as a mechanism that shaped school culture, providing more varied physical activity opportunities and increasing physical activity participation in a number of ways. Firstly, the goal of achieving the award of the ASF provided a structure that incentivised investment by the school community. Secondly, schools innovated and invested to leverage physical activity opportunities at a local level that built on existing needs and experiences. Thirdly, activation of new and increased physical activity opportunities for the children in inclusive ways resulted from focused planning, collaboration, and partnership. These insights can inform policy-makers in the development of future whole-of school physical activity initiatives that allow and motivate individual primary schools to imagine what is possible in their own local context'.

(b) September 2012

'Flying the Active School Flag; Physical Activity Promotion through Self-Evaluation in Primary Schools in Ireland'

Authors – Richard Bowles, Deirdre Ni Chroinin and Elaine Murtagh

Published – Irish Education Studies (Volume 31, 2012 – Issue 3: Physical Education)

Research Conclusion

'A planned, systematic and structured self-evaluation and self-improvement process (McNamara and O'Hara 2008) resulted in these primary schools prioritising PA promotion and

making changes to their PA provision. This understanding of schools' approaches to self-evaluation highlights the importance of a collaborative approach around PA promotion in primary school contexts. It also illustrates what schools value and view as feasible within their contexts and resources. The self-evaluation process resulted in schools adopting more developmentally appropriate and inclusive approaches to PA provision. While changes to school practices that better reflect educational policy on PA promotion are encouraging, the long-term impact of the self-evaluation and self-improvement processes merit further investigation. Insight on schools' approaches to self-evaluation and self-improvement highlights the importance of establishing shared understandings of practice and supporting a collaborative approach based on these understandings in promoting PA. Self-evaluation and self-improvement processes can contribute to the promotion of whole-school PA in primary schools'.

Food Dudes (Healthy Eating) Programme

1.0 Introduction

Bord Bia is the agency responsible for promoting the consumption of horticultural produce and the marketing of Irish food and horticulture. Under its horticulture remit, Bord Bia manages and oversees implementation of the Food Dudes Programme. This is led by Mike Neary, Director of Meat & Horticulture, Bord Bia.

2.0 Background to the Food Dudes Programme

Fruit & vegetables are important for a healthy diet, however convincing children and adults, to consume 7 portions of fruit & vegetables a day is challenging. The Food Dudes Programme recognises that eating habits are established early in life and so efforts to produce long term dietary improvements should start with children.

The Food Dudes Programme was developed by Bangor University, Wales as an evidence-based, incentivised behaviour changing programme to increase consumption of fruit and vegetables by school children. A pilot in Ireland in 2002/3 showed that it did increase fruit & vegetable consumption. A national roll-out commenced in 2007 and ran to 2014, covering 3,100 primary schools and 475,000 pupils with funding from the Department of Agriculture Food and the Marine and, since 2009, an EU financial contribution under the EU School Fruit and Vegetables Scheme.

In 2015 a Food Dudes Boost Programme was introduced to revisit schools that had participated in Food Dudes, enabling children new to the schools to benefit as well as encouraging senior school children to continue eating fruit & vegetables. The Food Dudes Boost Programme focuses primarily on the Junior Cycle (4 to 8+ years old). By the end of the 2016/2017 school year a total of 2,216 schools and 338,318 children had participated in Food Dudes Boost.

3.0 How Food Dudes Works

3.1 Development of Food Dude Programme

Food Dudes operates on the basis of scientific findings that a liking for fruit & vegetables can be developed through repeat tastings, reinforced by small rewards and role model encouragement and carried out in two Phases:

- Phase 1 – Intervention Phase (16 days focused on the school)
- Phase 2 – Maintenance Phase (from day 17 - focus moves to the home)

3.2 Programme components : The three ‘R’s :

3.2.1 Repeat tasting of fruit and vegetables

Portions of fruit & vegetables are provided to the school children over the 16 day Intervention Phase (Phase 1). Each child receives a portion of ready to eat fruit and ready to eat vegetables per day. Four different fruit and vegetables are used, so each child tastes each fruit and vegetable four times.

Fruit & Veg Repeat Tasting - Phase 1 – 16 days

	&		Day 1	5	9	13
	&		Day 2	6	10	14
	&		Day 3	7	11	15
	&		Day 4	8	12	16

Growing the success of Irish food & horticulture

Bord Bia
Irish Food Board

3.2.2 Food Dude Rewards

The rewards consist of customised Food Dude items e.g. pencils, water bottles, stickers, school rubbers, pedometers given to the children after they have tasted the fruit and vegetable portions provided. A home pack is also provided to encourage children to eat fruit and vegetables at home as well as at school, and to help parents become actively involved in the programme.

3.2.3 Role models - Food Dude DVDs

Peer modelling DVDs have been produced featuring the heroic “Food Dudes”- a group of two boys and two girls aged between 12 and 13 years. In the course of their adventures these “Food Dudes” frequently eat, enjoy and extol the virtues of a variety of fruit & vegetables. In addition, letters from the Food Dudes to the children are read to the class by the teacher to praise and encourage and to remind the children of what to do to receive a Food Dude reward.

3.3 Methodology and Management

- Following a school's agreement to participate, the programme is introduced to the teachers by the Food Dudes Programme Manager (appointed following a tendering process by Bord Bia). One or two teachers in each school are selected as Teacher Co-ordinator and receive in-service training from the Programme Manager. A start date for the 16 day intervention period is agreed. The Programme Manager co-ordinates the delivery of fruit & vegetables to the school and arranges delivery of resource material i.e. DVDs and rewards.
- The children are provided with one portion of fresh fruit and one fresh vegetable portion per day for each day of intervention period during which the teacher shows the DVDs and distributes rewards. Over the 16 days 4 different fruits and 4 different vegetables are tasted/ eaten on four different occasions.
- The DVD is shown on a 'two days on, one day off' cycle. The teacher gives each child his/her allocated fruit and vegetables. Once children are finished eating the teacher gives those who qualify for the day's prize, their reward (for tasting both fruit and vegetables on the first 4 days, then for eating all fruit and vegetables for the next 12 days).
- On day 1 children are given a home diary to take home to their parents. The home diary includes; a covering letter containing information about the project and the importance of fruit and vegetable consumption, a fruit and vegetable chart on which children record each time they eat a portion of fruit or vegetables and healthy eating information and tips. At the end of phase 1 (intervention) the children receive two small containers/ a container with two compartments to use in phase 2 (maintenance) to bring fruit and vegetables to school for lunchtime. A letter includes tips on how to incorporate fruit & veg into lunchtime.
- Completed fruit and vegetable charts are returned to teachers on the day after the intervention finishes. Teachers reward children who, in their opinion, have made an effort to eat extra fruit and vegetables at home.
- Following the intervention phase, the maintenance phase commences. The objective here is to sustain increased rates of consumption of fruit & vegetables. Teachers continue to encourage children to eat fruit & vegetables at school and at home and certificate rewards are provided for consuming fruit & vegetables in school. Achievements are recorded on the wall chart. The ongoing involvement of teachers and parents to keep children motivated is critical to the success of this phase. See www.fooddudes.ie.

4.0 Food Dudes Boost Programme

The Food Dudes Boost Programme was introduced in 2015. It maintains all the key element of the original programme but uses fewer rewards and has a stronger focus on the Junior Cycle, ensuring that the Programme can reach more children in a school year. It operates as follows:

Junior Classes:

- 16 days of tasting a portion each of fruit and vegetables (4 of each tasted 4 times)
- 4 physical rewards (instead of 16) are provided during the 16 day provision of the fruit and vegetables portions with sticker rewards provided on the other 12 days
- 1 lunchbox with two compartments (one for fruit and one for veg) is provided at the end of phase 1 to use in phase 2 of the programme

Senior Classes: The boost programme for senior classes includes:

- 8 tasting days
- 1 physical reward provided on each alternative tasting day (4 in total)
- On the 4th tasting day 1 lunchbox with two compartments (one for fruit and one for veg) is provided for use during phase

Additional Tasting days (Junior & Senior Classes):

During Phase 2 of the programme each school gets two additional tasting day deliveries (fruit and vegetable combination) for both Junior and Senior children.

5.0 Role of the European Union

The Food Dudes Programme has operated in Ireland through the EU School Fruit and Vegetables Scheme since 2009. An annual strategy is drawn up by the Department of Agriculture, Food and the Marine in conjunction with Bord Bia and a stakeholder group (Departments of Education and Skills, Children, Health and Social Protection). This is forwarded to the European Commission for approval of an EU funding allocation.

From 1 August 2017, a Single EU School Scheme provides for funding of fruit and vegetables and limited funding of accompanying measures to promote interest in and consumption of fruit and vegetables. (Commission Implementing Regulation (EU) 2017/39 and Commission Delegated Regulation (EU) 2017/40 (O.J. L/5 of 10.1.2017)

As part of the EU development of a single school scheme the Department of Agriculture, Food & Marine has submitted a six year strategy to the EU for delivery of Food Dudes through the EU School Scheme. The strategy includes a period of pilot testing in the

2017/2018 school year of some new elements/activities that might supplement the core elements of Food Dudes Boost in future years, such as gardening activity, healthy eating days/weeks, project work related to healthy eating, on line activities, sport linked activities etc. It is envisaged that the additional aspects will be particularly relevant to senior class children. The prime motivation and criterion of success will remain increased consumption of fruit and vegetables. .

6.0 Sources of data supporting evidence based Food Dudes Programme

6.1 Studies by the Irish Universities Nutritional Alliance (IUNA). The IUNA scientific dietary study into children's diets in 2004 found that children's intake of fruit and vegetables in Ireland was less than recommended. www.iuna.net

6.2 Scientific Study of Food Dudes Pilot – Increasing parental provision and children's consumption of lunchbox fruit and vegetables in Ireland: the Food Dudes Intervention (2002) (Published in the European Journal of Clinical Nutrition 2008). Fruit & vegetables were provided to children daily at 2 schools, the experimental school (228 children) and the control school (207 children) over 16 days. In both schools, parental provision and children's consumption of fruit & vegetables were assessed at baseline and 12 months later. Food Dudes accompanying measures (peer modelling, rewards, video, home pack for parents) were implemented at the experimental school only. At the 12-month follow up point, parents of children in the experimental school provided significantly more lunchbox fruit, vegetables and juice, compared with the control school and initial baseline. Their children's consumption was also higher, indicating that Food Dudes produced a durable effect. See weblink:

[Food Dudes Programme/ EU School Fruit and Vegetables Scheme - Department of Agriculture, Food & the Marine.](#)

6.3 EU School Fruit & Vegetables Scheme evaluations 2003 to 2010 – 5 independent evaluations were carried out between 2003 and 2010. Surveys distributed to programme co-ordinators, teachers and parents reported that 92%+ (for all 5 surveys) of parents indicated their child enjoyed the programme and most teachers (99%+) reported that children in their class liked the programme. The findings were presented by Ireland to the EU Commission in February 2012 in a document titled "*The Food Dudes Healthy Eating Programme – A review of the evaluations completed to date*".

6.4 Evaluation 2011 – (University College Dublin). This evaluation at 86 schools in May 2011 used a specially designed diary (Food Dudes Quick Eating Diary) to measure fruit, vegetable and snack consumption prior to the commencement of the programme (baseline data) and at the end of the programme (follow-up data). The overall findings showed that fruit consumption increased by c. 20% (from 58.5% to 78.5%) and vegetable consumption by 42% (from 11.5% to 53.5%).

6.5 Evaluation 2016 – (University College Dublin). This study evaluated the long term impact of the Food Dudes Programme on schools that participated in the 2010-2011 school year. The results showed, that although the immediate impact was not sustained to the same degree over a six-year period, the number of senior pupils bringing and consuming fruit and vegetables, remained significantly higher than before the Food Dudes intervention. An interesting finding that emerged from the evaluation is that consumption rates were high at baseline and remained high at follow-up when increased portions were brought. This suggests that the majority of children ate what was provided in their lunchbox even when additional portions of fruit and vegetables were provided at follow-up. This underpins and highlights the importance of parental influence on children's eating practices in school.

See weblink:

[Food Dudes Programme/ EU School Fruit and Vegetables Scheme - Department of Agriculture, Food & the Marine](#)

7. Recommendations

Roll-out and development of Food Dudes Boost should continue with a particular focus on piloting accompanying measures to Senior Cycle primary school children and rolling them out more widely where they are found to increase consumption of as well as interest in fresh fruit and vegetables. Parental involvement should also be considered.

Written submission

Topic: 'tackling obesity in schools and the promotion of healthy eating'

On behalf of National Nutrition Surveillance Centre (NNSC) at University College Dublin (UCD)

By: Dr Mirjam Heinen

Background on area of expertise

I have a BSc in Nutrition and Dietetics from Arnhem-Nijmegen University of Professional Education (the Netherlands), an MSc in Nutrition and Health from Wageningen University (the Netherlands), and a PhD in Nutritional Epidemiology from Maastricht University (the Netherlands). In 2012, I started working as a postdoctoral research fellow at the NNSC at UCD. My role involved managing the NNSC, collecting and analysing data on the Irish part of the WHO Childhood Obesity Surveillance Initiative, and liaising with our international collaborators, including the COSI members. In 2016, I was appointed as a Lecturer in Epidemiology and Biomedical Statistics and I continue to conduct research in the NNSC and with COSI.

Recommendations for action

The NNSC supports a multi-sectoral approach as outlined by several important documents, including:

- the [National Taskforce on Obesity](#), 2005. The NNSC was involved in compiling the evidence and drafting the original strategy;
- the [Irish Obesity policy](#), 2016;
- and two WHO reports ([2014](#), [2016](#)).

The specific recommendations for the Education sector include:

1 Improve **School policies**:

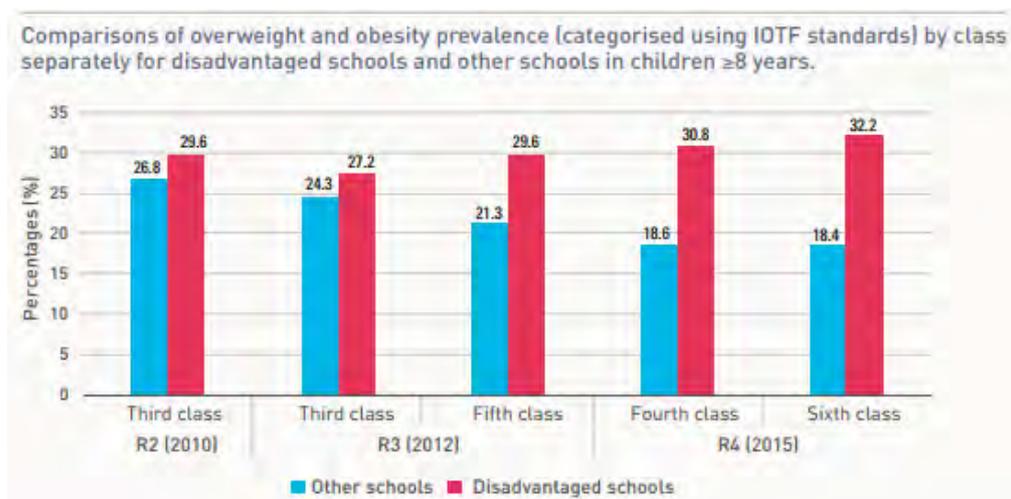
- A 'whole of school' healthy lifestyle programme should be developed - including, but not limited to nutrition, physical activity, smoking, alcohol and mental wellbeing - incorporating knowledge, skills and greater understanding of environmental factors that influence children and young people ([Obesity policy](#), 2016) to encourage the development of life skills and empowerment to lead a healthy lifestyle ([National Taskforce on Obesity](#), 2005). This could be delivered through the Social, Personal and Health Education (SPHE) programme, which should be revised in consultation with young people ([DCYA consultation](#), 2016).
- All schools, as part of their school development planning, should be encouraged to develop consistent school policies to promote healthy eating and active living (WHO, [2014](#), [2016](#)), with the necessary support from the Department of Education and Skills. Such policies should address opportunities for physical activity; provision of food in schools including breakfast clubs, school meals and packed lunches ([National Taskforce on Obesity](#), 2005). And policies should be developed and evaluated in consultation with pupils and parents ([DCYA consultation](#), 2016).
 - o Evidence from COSI ([Wijnhoven et al](#), 2014) shows that Irish primary schools are making progress in improving their school food environment relative to other European countries. Of the 154 schools, one third provide milk (2008: 33.1%; 2010: 33.7%), around half provide water (2008: 46.1%; 2010: 50.7%), and almost none provide sugar-sweetened beverages (2008: 0.7%; 2010: 0.0%), sweet snacks (2008: 0.7%; 2010: 1.3%) and salted snacks (2008: 0.0%; 2010: 1.3%). However, improvements must still be made in relation to provision of fruits (2008: 22.7%; 2010: 24.0%) and vegetables (2008: 3.9%; 2010: 4.6%). It is essential that we continue to monitor and evaluate school policies to ensure that progress continues.

2. Increasing **physical activity**, in all educational settings, should be encouraged and increased through several measures including:

- Meeting the minimum required two hours of structured physical education per week, which should be delivered by qualified staff ([National Taskforce on Obesity](#), 2005; [Physical activity plan](#), 2016).
 - o Specific attention should be given to the second level settings as feeling self-conscious or embarrassed are important in this age group ([DCYA consultation](#), 2016). Further, they highlighted the lack of choice involved in this class, with few alternatives to team sports, and a failure to cater for different interests.
- In addition, all children should achieve 60 minutes of physical activity per day. This should be achieved by a minimum of 30 minutes dedicated physical activity during the school day ([National Taskforce on Obesity](#), 2005). This could include active breaks along the school day. However, time for physical activity should not come at the expense of a dedicated lunch break where children are given protected time to consume a healthy lunch.
- Provision of safe walkways, cycleways or transport ([National Taskforce on Obesity](#), 2005).

3. Improve **nutrition**:

- Provide potable water in all learning centres ([Obesity policy](#), 2016; WHO [2016](#)).
- Vending machines in second level could offer healthy food options ([European Commission](#), 2015). However, this would be very difficult to monitor.
- Skills programmes which teach and develop training in basic food preparation and budgeting ([National Taskforce on Obesity](#), 2005) through the whole school cycle from primary to third level.
- Issues of food inequalities should be addressed jointly as a priority by the Department of Social protection and the Department of Education and Skills ([National Taskforce on Obesity](#), 2005). The new [Nutrition Standards for School Meals Programme](#) (2017) should help schools located in disadvantaged areas with making more informed healthy food choices. However, adherence to the healthy eating guidelines by schools needs to be monitored
 - o Addressing inequalities is paramount as overweight and obesity levels are highest in more disadvantaged areas as shown by Irish COSI data over time ([Bel-Serrat et al](#), 2017). The prevalences for primary school children from disadvantaged areas were 25.3% in 2008, 22.5% in 2010, 24.0% in 2012 and 21.7% in 2015. The prevalences in other schools were 21.2% in 2008, 20.6% in 2010, 16.0% in 2012 and 16.5% in 2015. The difference was even more striking when children were older as shown in the figure below.



4. Finally, some general points:

- Resources should be provided for adequate teacher training to support healthy eating and active living ([National Taskforce on Obesity](#), 2005).
- The participation of parents in these activities to promote the concept of 'healthy eating and active living' is crucial and should be encouraged ([National Taskforce on Obesity](#), 2005).
- A national, regularly reviewed code of practice must be developed in relation to industry sponsorship and funding of activities in schools and local communities ([European Commission](#), 2015; WHO, [2014](#)).

So, to conclude, the NNSC endorses all the recommendations as summarised above.

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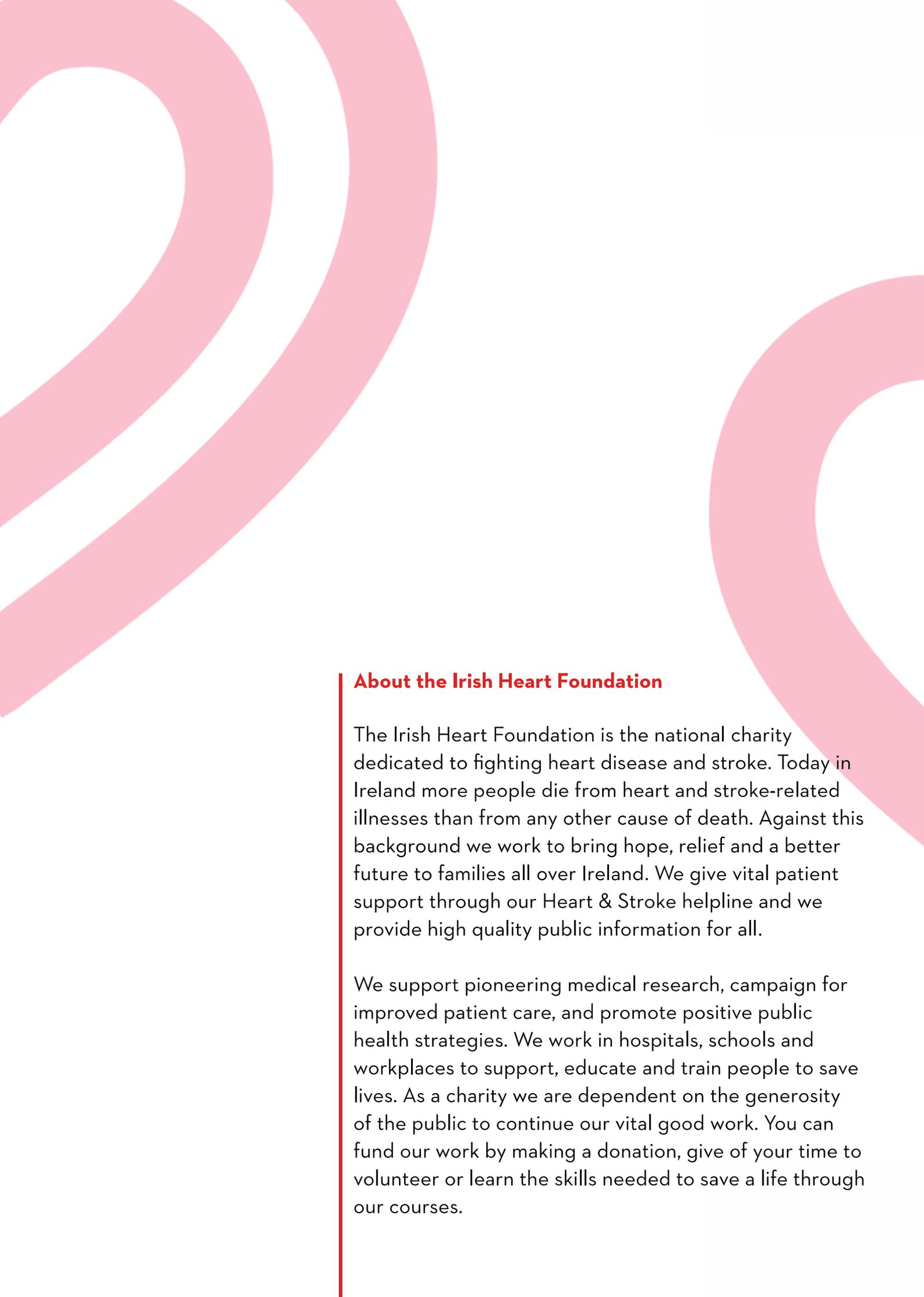
**IRISH HEART
FOUNDATION**
Fighting Heart Disease & Stroke

Irish Heart Foundation

Submission to the Joint
Committee on Education and
Skills

Tackling obesity in schools and
the promotion of healthy eating





About the Irish Heart Foundation

The Irish Heart Foundation is the national charity dedicated to fighting heart disease and stroke. Today in Ireland more people die from heart and stroke-related illnesses than from any other cause of death. Against this background we work to bring hope, relief and a better future to families all over Ireland. We give vital patient support through our Heart & Stroke helpline and we provide high quality public information for all.

We support pioneering medical research, campaign for improved patient care, and promote positive public health strategies. We work in hospitals, schools and workplaces to support, educate and train people to save lives. As a charity we are dependent on the generosity of the public to continue our vital good work. You can fund our work by making a donation, give of your time to volunteer or learn the skills needed to save a life through our courses.

Executive Summary

The Irish Heart Foundation welcomes the opportunity to make a submission to the Joint Committee on Education and Skills in relation to its examination of the topic of “tackling obesity in schools and the promotion of healthy eating.”

A central message from the Irish Heart Foundation is that tackling obesity in schools and promoting healthy should not just be about what is being taught in the classroom alone- what is important is a ‘whole of school’ approach: school health policies, the physical environment, the social environment, school/community relationships, the development of personal health skills and school health services.

In that regard, this submission addresses:

- The need for a ‘whole of school’ approach
- Junk food marketing
- School food provision & whether the school food environment helps children make healthy food choices
- Improving school food in Ireland
- Physical education in schools
- Updates on A Healthy Weight for Ireland: Obesity Policy and Action Plan

The Irish Heart Foundation make a number of recommendations to complement the recommendations of the World Health Organisation *Commission on Ending Childhood Obesity* (referred to in this submission), including:

- Healthy food provision should be the norm in post primary schools. A national standard for the provision of healthy food in all schools should be developed by government.
- Sales of foods from the Food Pyramid’s Top Shelf, i.e. foods high in fat, sugar and salt should not be permitted and should be expressly dealt with in the School Food Policy.
- Water should be freely available to all pupils at all times in schools.
- The Departments of Education and Health should introduce a policy document to help schools eliminate sales of foods from the top shelf and ensure provision of healthy food choices only.
- Financial support should be provided to schools, to help them switch to healthier food, e.g. grant aiding of equipment, facilities and subsidies. Some of this funding could come from the proceeds of the sugar sweetened drinks tax.
- More support is required to educate caterers and school principals, parents and pupils about healthy food choices.
- Involvement of caterers, school principals, parents and students is vital for acceptance for healthier food catering.

1. Introduction & Background

The Irish Heart Foundation welcomes the opportunity to make a submission to the Joint Committee on Education and Skills in relation to its examination of the topic of “tackling obesity in schools and the promotion of healthy eating”, particularly given that we now have a situation where one in four primary school children in Ireland are obese or overweight¹.

In the short-term a poor diet can affect a child's behaviour, concentration, learning ability and mood, as well as causing problems with bone health, breathing difficulties and insulin resistance. Obesity contributes to high blood pressure and high cholesterol. Worryingly, 8 per cent of 8-10 year olds who took part in the Cork Children's Lifestyle Study² were recorded as having high blood pressure, the single biggest risk factor for heart disease and stroke. The findings of the Bogalusa Heart Study³ showed that three quarters of obese children remain obese as adults and are therefore at much greater risk of an adult life dominated by chronic disease and then of premature death.

We have previously made a submission to the Department of Education on the draft *Guidelines for Wellbeing in Junior Cycle* and the IHF welcomes the requirement for schools to include wellbeing as an area of learning in the Junior Cycle programme.

2. IHF work to support healthy eating in schools

In the autumn of 2016 the IHF launched the Happy Heart @ School Catering Award programme which aims to ensure that heart-healthy options are provided and promoted to students, staff and visitors in post-primary schools. Schools participating in the programme are supported to adopt healthier cooking practices and provide positive, healthier food choices.

The programme requires that foods from the top shelf of the food pyramid (high in fat, sugar and salt, HFSS) – e.g. standard size chocolate bars, crisps, sweets or sugar sweetened drinks – should not be provided in schools. The objective of the award programme is to assist the school to adopt healthier cooking practices and provide positive, healthier food menu choices in partnership with their caterer, without incurring substantial cost. As part of the award criteria we also advocate implementing a Healthy Eating Policy Document, to help capture all elements of food in schools.

The Irish Heart Foundation is committed to continuing our work with schools, particularly focused on increasing opportunities for physical activity, increasing knowledge of CPR and supporting schools in their efforts to provide healthy food for students.

¹ A Healthy Weight for Ireland Obesity Policy and Action Plan 2016 -2025

² Cork Children's Lifestyle Study continues with strong community support. Department of Epidemiology and Public Health, UCC <http://www.ucc.ie/en/epid/research/foodhealth/>

³ Cardiovascular disease risk factor variables at the preschool age. The Bogalusa Heart Study. (1978) *Circulation*. 57(3):603-12.

3. Rates of childhood obesity & Food Poverty in Ireland

There has been a tenfold increase in the rate of obesity among Irish boys between 1975 and 2016, and a ninefold increase among Irish girls. In 1975, only 1% of children in the State were classified as obese.⁴ In 2016, 30.1% of girls and 31.6% of boys in Ireland were overweight, whilst 9% of girls and 10.2% of boys were obese.

Research by the World Obesity Federation predicts that by 2025, 241,000 schoolchildren in Ireland will be overweight or obese by 2025 and as many as 9,000 will have impaired glucose intolerance; 2,000 will have type 2 diabetes; 19,000 will have high blood pressure; and 27,000 will have first stage fatty liver disease.⁵ The consequences for the future health of these children will be dire.

Children from disadvantaged areas are 6% to 7% more likely to be obese.⁶

The latest results from the Childhood Obesity Surveillance Initiative (COSI) in Ireland reveals the higher level of overweight and obesity in children from lower socio-economic backgrounds- those attending DEIS schools tend to have higher levels of overweight and obesity than those attending other schools and the gap becomes wider as children get older⁷:

Table 1: Comparison of overweight and obesity prevalence (%) by school type

	First Class	Fourth Class	Sixth Class
Disadvantaged Schools	21.7	30.8	32.2
Other schools	16.5	18.6	18.4

In recent years, there is some evidence of a stabilising in childhood obesity rates in Ireland and other developed countries. The Childhood Obesity Surveillance Initiative recorded a stabilising of obesity in Irish primary school first class children (over four waves 2008, 2010, 2012 and 2015). However, the report also notes that “while the prevalence of overweight and obesity in children in non-disadvantaged schools could be stabilising across rounds, overweight and obesity rates among children older than 8 years in disadvantaged schools seem to increase as they grow up.” In addition, the levelling off of overweight and obesity at such high levels, is no reason for either comfort or complacency.

⁴ NCD Risk Factor Collaboration (NCD-RisC). (2017) *Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults*. Lancet 2017; published online Oct 10. [http://dx.doi.org/10.1016/S0140-6736\(17\)32129-3](http://dx.doi.org/10.1016/S0140-6736(17)32129-3).

⁵ World Obesity Federation. (2017). Ireland National Infographic. Available from: <http://www.obesityday.worldobesity.org/fullscreen-page/comp-it36nur2/068a7dcd-eb0d-4dd7-9cf6-1220ddc79ef0/60/%3Fi%3D60%26p%3D0a2r2%26s%3Dstyle-j84eeb5h>

⁶ Layte, R. and McCrory, C. (2011) *Growing up in Ireland: Overweight and obesity among 9-year olds*. Dublin: The Stationary Office.

⁷ Bel-Serrat S, Heinen MM, Murrin CM, Daly L, Mehegan J, Concannon M, Flood C, Farrell D, O'Brien S, Eldin N, Kelleher CC [2017]. The Childhood Obesity Surveillance Initiative (COSI) in the Republic of Ireland: Findings from 2008, 2010, 2012 and 2015. Dublin: Health Service Executive.

In 2015, 1 in 9 people were living in food poverty⁸. In relation to the costs of a healthy food basket, Safefood found that low income households need to spend between 15% and 36% of their take-home income to buy a healthy minimum essential food basket and those receiving state benefits spend a larger percentage of take home income on the food basket compared to households with an employed adult.⁹

One of the driving forces behind higher rates of obesity and ill-health in the worst off communities is food poverty - the inability to have an adequate and nutritious diet due to affordability and access to healthy food. For people living in these communities, the struggle is for survival and they often have no option but to buy cheap processed and energy dense foods. The pursuit of a healthy and nutritious diet can be hindered by the four A's – accessibility, awareness, availability and affordability.¹⁰ Very often the assumption is made that a healthy diet is merely an issue of knowing what healthy food is and being motivated to eat healthy foods. **However, the reality is that knowledge of healthy food choices cannot be acted upon if such foods are not readily available or affordable.** People in low-income households very often know the foods which are healthy, but are restricted by financial and physical constraints in following such a diet.¹¹ Where access to healthy foods is limited, processed foods are often the only available and affordable alternatives.

3.1 What is driving our high obesity levels?

A number of factors influence the obesogenic environment, including policy and commercial factors (trade agreements, fiscal and agricultural policies, marketing and food systems); the built environment (availability of healthy foods, infrastructure and opportunities for physical activity in the neighbourhood); social norms (body weight and image norms, cultural norms regarding the feeding of children and the status associated with higher body mass in some population groups, social restrictions on physical activity) and family environment (parental nutrition knowledge and behaviours, family economics, family eating behaviours).¹²

Processed, energy-dense, nutrient-poor foods and sugar-sweetened drinks, in increasing portion size, at affordable prices have replaced minimally-processed fresh foods and water in many settings at school and family meals. The easy access to energy-dense foods and sugar-sweetened beverages and the tacit encouragement to 'go large' through commercial promotions have contributed to the rising caloric intake in many populations.¹³

4. Healthy Eating in a Junk food world

⁸ Department of Social Protection (2017) *Social Inclusion Monitor 2015*. Dublin: Department of Social Protection.

⁹ Safefood. (2016) What is the cost of a healthy food basket in the Republic of Ireland in 2016? Available from: <http://www.safefood.eu/Publications/Research-reports/What-is-the-cost-of-a-healthy-food-basket-in-the-R.aspx#sthash.zgoUB9nc.dpuf>

¹⁰ See Healthy Food for all: <http://healthyfoodforall.com/food-poverty/#accessibility>

¹¹ Friel, S. and Conlon, C. (2004) *Food poverty and policy*. Dublin: Combat Poverty Agency, Cross Care and St. Vincent de Paul. p11

¹² WHO (2016) *Report of the Commission on Ending Childhood Obesity*. Geneva: WHO.

¹³ Ibid

The modern world often makes unhealthy choices the easy default choices, leading to high intake of high calorie foods and low physical activity. Examples of factors which make the unhealthy choice the default choice are the heavy promotion of fast food outlets and high sugar drinks to kids; the low cost of these high calorie foods; and urban design which inhibits physical activity.¹⁴ By ensuring that food choices available are more healthy, people can be supported to achieve a healthier diet without making a proactive choice to change their behaviour.

Current evidence suggests that excessive weight gain is usually the result of consistent, small daily caloric imbalances of an extra 100 to 150 calories per day.¹⁵ For students in post primary schools, where there is often a proliferation of vending machines, tuck shops and unhealthy hot and cold foodstuffs being sold, it is not hard to understand how these additional calories (and more) are being consumed every day, leading to overweight and obesity.

5. Obesity & Education

5.1 Whole of School Approach

The National Obesity Plan prescribes 'Ten Steps Forward' to deal with obesity, with many actions to be commenced in the first year. One such measure is to “Develop and implement a ‘whole of school’ approach to healthy lifestyle programmes (including, but not limited to the curriculum, on nutrition, physical activity and exercise, smoking, alcohol and mental wellbeing).”

However, in recent parliamentary question responses a year since the plan was launched, the Minister for Health Promotion did not provide any update on this critical point aside from noting that “plans by my Department to establish an Implementation Oversight Group are well advanced and the first meeting of this cross-sectoral group is expected to take place in the coming weeks.”

One of the central messages of the WHO Commission on Ending Childhood Obesity is of the need for a comprehensive programme to support and promote healthy eating. Individual responsibility cannot be attributed to the explosion in obesity rates when people do not have access to a healthy lifestyle. Education alone is insufficient. Therefore, schools must ensure that education in the classroom is supplemented with healthier dietary choices that are affordable and easily accessible to students.

A critical issue for the Irish Heart Foundation is that tackling obesity in schools and promoting healthy should not just be about what is being taught in the classroom - what is important is a ‘whole of school’ approach: school health policies, the physical environment, the social environment, school/community relationships, the development of personal health skills and school health services.

¹⁴ Swinburn, B. and Egger, G. (2004) ‘The runaway weight train: too many accelerators, not enough brakes’. *British Medical Journal*, 329, 736-9.

¹⁵ Hall DH, Sacks G, Chandramohan D, Chow CC *et al.* (2011) ‘Quantification of the effect of energy imbalance on bodyweight’. *Lancet*, 378, 826-37; Qi Q, Chu AY, Kan JH, Jensen MK *et al.* (2012) ‘Sugar-Sweetened Beverages and Genetic Risk of Obesity’. *New England Journal of Medicine*, 367, 1387-96

Unhealthy foods are permeating schools and this needs to be addressed. Where there are conflicting messages, both through marketing and through the provision of vending machines, tuck shops and unhealthy food options in schools, education on healthy food will be undermined.

Education alone is often proposed as the answer to our obesity problem, but it is insufficient to put health and wellbeing on the school curriculum and expect children to put what they learn in the classroom into practice, when the school environment completely contradicts it.

The WHO has said that “supportive environments and communities are fundamental in shaping people’s choices, by making the choice of healthier foods and regular physical activity the easiest choice (the choice that is the most accessible, available and affordable), and therefore preventing overweight and obesity.”¹⁶

Schools are the most obvious supportive environment given that children and adolescents spend the majority of their day and formative years in the education setting and will consume most of their days calories in and around school time.

Schools must be facilitated to create an environment where the healthy habits taught to children in class are reinforced, not undermined. The school building, processes and community linkages should empower and support children to be healthy. The Department must recognise how the school environment itself can be a facilitator, or a barrier to achieving health and wellbeing. For example, whether a school has space for students to be active, or has a vending machine selling unhealthy foods, or has safe parking for bikes, are all environmental issues which should be dealt with by the schools to support wellbeing. All guidelines and supports for schools should take into consideration and recommend action to ensure the school environment is conducive to good health.

If we are serious about tackling obesity and promoting healthy eating, focus should be put on developing programmes that promote health and extend education, along with Department initiatives to take account of the school’s social and physical environment and to develop links with the community.

¹⁶ World Health Organization. Obesity and Overweight. October 2017. Available from: <http://www.who.int/mediacentre/factsheets/fs311/en/>

IN FOCUS: The problem of junk food marketing in schools

The Irish Heart Foundation has published many reports on food marketing to children, including *Marketing of Foodstuffs in Post Primary Schools in Ireland* (2007), with the National Heart Alliance, *Protecting Children from Marketing of Unhealthy Foods* (2008), *Marketing of Food and Beverages to Children – stakeholder views on policy options in Ireland* (2009) and *Who's Feeding the Kids Online? Digital Food Marketing and Children in Ireland* (2016).

Junk food marketers have more access to children than many realise, including through advertisements and other marketing at school, where parents have little oversight and children may be enticed to eat and drink junk food. Food and beverage companies use many different strategies to target children in school, including advertising and marketing on school property through vending machines; exclusive agreements to sell products from a particular manufacturer (e.g., exclusive soft drink contracts); sponsorship of school programmes and events; branded educational materials; and company-sponsored fundraising programmes. Junk food marketing undermines parents' and teachers' ability to instill healthy habits in children. Parents and schools are working hard to cultivate healthy lifelong eating habits in children. It is not acceptable that companies are still allowed to undermine these efforts by marketing unhealthy foods and beverages in our schools.

Students learn not only from teachers but also from what they see in school hallways and in the canteen or tuckshop. Food and beverage marketing in school should promote healthy choices. When we send our children to school, we expect them to learn in an environment that not only supports their education, but which also supports their health and wellbeing.

The IHF believes that schools should recognise and address the impact of the marketing of foods and beverages high in fat, sugar and salt (HFSS) within the school environment and within student's lives. We recommend that all schools are free from all forms of marketing and commercial sponsorship of foods high in fat, sugar and salt. Research commissioned by the Irish Heart Foundation and led by child psychologist and researcher Dr Mimi Tatlow-Golden, 'Who's Feeding the Kids Online?' (2016), has demonstrated the sophisticated digital marketing techniques directed at children by the top food and beverage brands and how little parents know about the efforts being made to influence their children.¹ Considering this research, the IHF is advocating for regulation of online marketing in line with the statutory regulation of such marketing on broadcast media. Schools should support students and parents to be informed about marketing of unhealthy food and drinks through media literacy courses as part of the health and wellbeing programme but again education alone is insufficient.

6. Government interventions to promote healthy eating in schools

There are a number of ways we can tackle obesity and improve diets, including improving the nutritional quality of all school food, removing vending machines from schools and regulating the marketing of unhealthy foods.

It is now accepted that obesity is a normal response by a population to an unnatural environment which has developed over decades primarily as a result of changes in the availability of food.

Reducing obesity and improving nutrition will require significant changes in the food environment. Healthy food supplies are increasingly undermined by the availability, accessibility and affordability of processed food products high in fat, sugar and salt. Such foods are not just inherently unhealthy but also displace consumption of other healthier alternatives for example consuming sugar sweetened drinks instead of milk or water.

Action needs to be taken immediately to protect families from the pressures of unhealthy food marketing; support healthy behaviours by addressing the obesogenic environment which makes unhealthy food much more accessible than healthy food; and ensure professional support is provided for those who are already overweight or obese to help them achieve and maintain a healthy weight.

Until now, the State has failed to tackle the real causes of obesity. It has pushed responsibility back on to parents and children through insufficient actions such as education and media campaigns.

6.1 Policies to date: Guidelines for Wellbeing in Junior Cycle 2017

The Irish Heart Foundation expressed concern that there was no reference in the *Guidelines for Wellbeing in Junior Cycle 2017* to food provision in schools. Indeed, there is only one reference to the food environment in schools - in section 3.3 advising that "Facilities such as social/meeting spaces, a quiet room, pleasant outside areas, and **an environment free from vending machines offering unhealthy food options should also be considered.**" During the consultation on the guidelines, we suggested that healthy eating be included as a key goal of the guidelines from the outset and an emphasis be placed on ensuring the food provided in schools is healthy. While this reference is a small acknowledgment of the role of the environment, it is not sufficient.

There is no reference in the guidelines to the need for schools to ensure the food that students bring to school or the food which is sold in school is healthy. For example, page 36 lists the policies which each school should have, including homework policy, anti-bullying policy and dignity in the workplace policy. The IHF believes that a national standard for food provision should be developed and that all schools should have a healthy eating policy in written form, as is the norm at primary level. Indeed, it is important to acknowledge that healthy eating has become the norm in primary school with great effort placed on this (such as through the food dudes programme). However, the benefits of this are being lost when children progress to secondary

school where they are met with a wide range of unhealthy choices. This point is reinforced in recently published research on worldwide obesity rates which notes that “in an unhealthy nutritional transition, an increase in nutrient-poor, energy-dense foods can lead to stunted growth along with weight gain in children, adolescents, and adults, resulting in higher BMI and worse health outcomes throughout the lifecycle.”¹⁷

The guidelines refer to six indicators as central to wellbeing - active, responsible, connected, resilient, respected and aware. In terms of the responsible indicator one descriptor for achievement is: ‘*Do I make healthy eating choices?*’ (p.45). Yet, the guidelines do not specifically address healthy food provision by schools. It would be hard to expect a student to make healthy food choices in a school which operates a vending machine, sells high calorie, poor nutritional value drinks and snacks in a tuck shop, or provides sausage rolls, pizza etc. every day in a canteen. More attention should be given in the guidelines to how schools and school caterers can be supported to implement healthy school food policies and to remove the sales of unhealthy foods.

6.2 Policies to date: Nutrition Standards for School Meals 2017¹⁸

It is important to acknowledge the publication of the new nutrition standards governing food provided under the school meals programme as an important step forward in tackling childhood obesity and protecting the health of young people. However, the impact of this would be even greater if the standards were extended to remove all junk food and drinks from schools, including a ban on vending machines, which are a readily identifiable source of heavily branded, high sugar, salt and fat foods and beverages.

When questioned on plans to extend the new nutrition standards under the School Meals Scheme to other non-funded schools and how to seek compliance with these standards by other schools, the Minister of State with responsibility for Health Promotion said: “My Department will be liaising with the Department of Education and Skills in relation to opportunities to extend the use of the Standards in schools outside the School Meals Local Projects Scheme. The Nutrition Standards are available for use as guidelines for schools’ healthy eating policies in both primary and post primary schools and are being brought to the attention of schools by the Healthy Eating and Active Living programme in the Health Service Executive, through their schools teams. Compliance with the Standards only applies to schools funded under the School Meals Local Projects Scheme and this monitoring is being carried out by the Department of Employment Affairs and Social Protection.”¹⁹

The Irish Heart Foundation would request that the Department of Education work with other Government Departments to roll out nutritional food standards for all foods provided in all schools.

¹⁷ NCD Risk Factor Collaboration (NCD-RisC). (2017) *Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults*. Lancet 2017; published online Oct 10. [http://dx.doi.org/10.1016/S0140-6736\(17\)32129-3](http://dx.doi.org/10.1016/S0140-6736(17)32129-3). p15

¹⁸ Available from: <http://health.gov.ie/wp-content/uploads/2017/09/nutrition-guidelines-1.pdf>

¹⁹ Parliamentary Questions 42106/17 & 42107/17 to the Minister for Health, 4th October 2017

6.3 Policies to date: Circular number 0051/2015

In September 2015, the Department issued a circular on the Promotion of Healthy Lifestyles in Post Primary Schools (Circular number 0051/2015). This provides weak guidance, particularly in relation to school food provision. There is no recommendation to remove unhealthy products from sale or to prevent these being marketed in schools. Instead there is a presumption that unhealthy products *will* be available in schools and the emphasis is placed on *managing* their sale and promotion. Particularly disappointing is the statement that *'Regulating nutrient intake is not the job of schools'* and *'Boards of Management and Principals are not expected to become experts in nutritional and calorie content of particular foods'*. The Circular focuses on personal responsibility of students to make healthy choices, rather than on making changes to the school environment, i.e. removal of sale of all unhealthy food and drinks.

The circular does not take the approach that it is the role of the school to limit / remove sale of unhealthy food products. Schools are not being asked to take responsibility for the nutritional quality of food sold to children on the premises and there is a presumption that vending will continue in schools.

The circular refers to *'healthy school food shop and vending practices'*. However, the vending machines that are currently installed in schools do not facilitate the dispensing of perishable goods such as fruit, vegetables, salads, yoghurt, milk, cheese etc. Cost and management of stock, refilling this type of vending is the main barriers to their introduction. There is a focus on the sale of *'healthier'* / *'better for you'* options, rather than on removal of unhealthy food and sale of only healthy food. We would question the value of providing *'better for you'* products when other unhealthy products are still for sale. If there is a choice between healthy foods like fruit and unhealthy options like chocolate bars, children will almost always take the unhealthy one.

The Irish Heart Foundation is calling for the recommendations of the WHO Commission on Ending Childhood Obesity to be acted upon, specifically for Government to provide leadership and for all stakeholders to recognise their responsibility to reduce the risk of obesity. Indeed, the WHO acknowledge the need for Governments *"to remedy the obesogenic environments, take a life course approach in promoting obesity prevention and improve the treatment of children who are already obese."*²⁰ The school environment is central to this, but it must be done in a holistic manner.

In France, guidance on school meals was provided in order to meet nutritional guidelines, initially as a circular letter on 25 June 2001 which was a non-binding recommendation. However, after revision in 2007, this guidance scheme became compulsory by law enforcement in 2010. This must be given due consideration in Ireland.

²⁰ Commission on Ending Childhood Obesity. *Report of the Commission on Ending Childhood Obesity. Implementation Plan: Executive Summary*. World Health Organization, 2017. Available from: <http://www.who.int/end-childhood-obesity/news/Implm-Plan-Ex-Summ.pdf?ua=1> p6

7. What are the main issues with school food provision in Ireland?

One issue to emerge in relation to food in schools is the need to promote a wider variety of healthier alternatives to 'junk' food in schools. This is an issue relevant to post primary schools in particular, as primary schools tend to have healthy eating policies and do not provide food to students. The prominence of vending machines and shops that sell 'junk' food in a significant cohort of post primary schools is a particular problem.

The second issue is the failure to protect children from harmful advertising, and marketing pressures in school should be a priority for our community. Allowing companies to market unhealthy foods and beverages in schools undermines parents' efforts to feed children well, schools' efforts to provide healthier meals, what students learn about nutrition in the curriculum and overall children's health.

Finally, all schools need clear guidance on what food is suitable to provide - this should go beyond the School Meals Programme and should cover all foods that are provided in schools.

8. School food in Ireland

When children leave primary and move to secondary school, no co-ordinated effort is being made to provide healthy food choices where they spend a large proportion of their waking hours. Unlike many countries, school food is not provided on a statutory basis in Ireland, but at the discretion of school principals, parents and boards. There is also no national standard guiding food provision at post primary (aside from the new Nutrition Standards for the School Meals programme). This is the case despite school food accounting for a growing proportion of children's food intake and the identification of obesity as a major threat to the current and future health of this generation of children.

8.1 2015 Irish Heart Foundation research on school food in post-primary schools²¹

2015 research by the Irish Heart Foundation, 'Food Provision in Post-Primary Schools', examined what second level students are eating; models of food provision; and whether national standards are needed, or wanted by school authorities. The research found:

- Overall food provision was very varied, from full hot meals, hot and cold snacks to food available from vending.
- Facilities within schools varied greatly from full preparation kitchens to tuck shops and vending.
- Some pupils are benefitting from hot nutritious meals while other pupils only have cold snack foods available.

²¹ Irish Heart Foundation (2015) *Food provision in post primary schools - Introducing a Healthy Catering Award - Survey of schools, scoping and pilot exercise.*

- There is still a wide range of Top Shelf from the Food Pyramid foods ('junk food') sold in post-primary through tuck shops and vending, but also hot snacks also high in fat and salt. This is at odds with the new Healthy Eating Guidelines which state that such foods and drinks should only be consumed a maximum of once or twice a week.
 - Water was not available free in some 40% of schools, which either means students are paying for bottled water or replacing water with less healthy options.
 - 37% provide full hot meals, such as meat, veg and potatoes, and casserole dishes
 - 67% provide hot snack e.g. soup, paninis, sausage rolls, pizza slice etc
 - 37% of schools offered sandwiches and cold snack options e.g. fruit, yoghurts, salads, cheeses, juices, smoothies, cans etc
 - Over half 51% offer non chilled snacks e.g. confectionery (sweets, chocolate crisps) cereal bars, scones, buns, cakes.
 - 47% schools had vending machines;
 - 25% had a tuck shop, selling a combination of hot and cold snacks, sandwiches and confectionery
 - Over half of the schools surveyed (59%) had a healthy eating policy
 - 95% schools said they would be interested in a National Catering Standard, e.g. through a Healthy Catering Award scheme

A follow up seminar (Spring 2015) attended by school caterers, teachers, dietitians and public health experts produced a strong consensus that unhealthy food can be removed completely from school campuses, delivering a massive health dividend for children.

9. School food in Ireland – helping children make healthy food choices?

9.1 Vending Machines

The Department of Education Lifeskills Survey shows that junk food sales are still dominant in Irish secondary schools, with more than 1 in 4 secondary schools having a vending machine selling junk food.²² At the same time, the same survey showed that nearly 1 in 3 post primary schools surveyed had done no work on developing a healthy eating policy.

In a recent Parliamentary Question ²³, the Minister for Education, when questioned on vending machines noted that “Many post-primary schools have a number of food outlets, including school shops and vending machines. My Department acknowledges that the sale of food and beverage products often represents a revenue stream for schools and it is not the intention to end this practice.” This lack of interest by the Minister in ending the practice of having vending machines in schools is very concerning, particularly when you consider comments from a recent study in *The Lancet* that “children and adolescents are more susceptible to food

²² Department of Education and Skills. Lifeskills Survey. Report on Survey Findings. July 2017. Available from: <https://www.education.ie/en/Publications/Education-Reports/Lifeskills%20Survey%202015.pdf>

²³ Parliamentary Question 34327/17 to the Minister for Education 13th July 2017

marketing than adults, which makes reducing children’s exposure to obesogenic foods necessary to protect them from harm”.²⁴

A 2012 study on the Impact of the French Vending Machine Ban found that where changes in dietary intake were ascribed to the vending machine ban, there is evidence of a significant reduction in calories ranging between 90 and 111 calories per day. The estimated impact of the 2004-5 policy intervention on daily intakes and considering the overall diet was that calorie intakes were reduced between 20 and 120 Kcal per day²⁵.

Currently an argument is made that vending machines are important sources of revenue for school management. It is now up to the Department to audit those schools with vending machines and assess the income levels provided and determine how schools can develop alternative sources of income. If there is a reliance on this income, the Government could consider using a portion of revenue from the sugar sweetened drinks tax to fund the transition to other revenue streams.

9.2 Drinking Water

The 2015 research undertaken by the Irish Heart Foundation on food provision in post primary schools also noted that water was not available free in some 40% of schools surveyed, which either means students are paying for bottled water or replacing water with less healthy options. We do not believe that this is an acceptable situation.

Action Point 1.4 of A Healthy Weight for Ireland. Obesity Policy and Action Plan 2016-2025 is to: “Provide potable water in all learning centres (from preschool and crèches to universities and adult learning centres) and ensure all new builds provide potable water on opening.” When questioned on the progress of this previously, the Department advised that there were “ongoing discussions with the Department of Housing, Planning, Community and Local Government, Department of Health and the Environmental Protection Agency with a view to the implementation of the National Strategy to reduce exposure to Lead in Drinking Water which involves the development of a national testing strategy and subsequent remediation program for public buildings”.

Moreover, in another PQ response the Minister²⁶ noted that “Health and Safety issues such as the provision of drinking water are a matter for school authorities in the first instance, if a school authority has concerns about the quality of the drinking water on its premises, it should consult with its local authority and/or Irish Water for

²⁴ NCD Risk Factor Collaboration (NCD-RisC). (2017) *Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults*. Lancet 2017; published online Oct 10. [http://dx.doi.org/10.1016/S0140-6736\(17\)32129-3](http://dx.doi.org/10.1016/S0140-6736(17)32129-3). p2

²⁵ Capacci, Sara & Mazzocchi, Mario & Shankar, Bhavani. (2012). Evaluation With Inadequate Data: The Impact Of The French Vending Machine Ban. AAEA/EAAE Symposium Food Environment: The Effects of Context on Food Choice Boston, 30-31 May 2012. Available from: http://ageconsearch.umn.edu/record/123198/files/Capacci_Mazzocchi_Shankar_EvaluationWithInadequateData.pdf

²⁶ Parliamentary Question 34329/17 to the Minister for Education 13th July 2017

advice. The school may also arrange for the water to be tested. If any problems are identified through testing, or indeed, if there is a drinking water supply issue in a school, the school authority can let my Department know by submitting an Emergency Works Scheme application for funding to address the problems.”

In more recent questions, the Minister has indicated that “drinking water systems are automatically included in new school buildings and extension projects”, however this does not adequately deal with schools already in existence.²⁷

It is concerning to us, not least in the context of *A Healthy Weight for Ireland*, that the provision of potable water in schools is not being prioritised and that there has been no audit on the availability of potable water in learning centres currently. Furthermore, given that many school authorities may need more urgent works done to their schools and premises, applications for emergency works schemes for the provision of drinking water may not take priority.

We in the Irish Heart Foundation request that the Department of Education:

- Undertake an immediate national audit of all learning centres, especially those for people under 18, in respect of the availability of potable water.
- Alongside the national audit, expedite the national testing strategy & ensure funding is in place for remediation programmes for learning centres to ensure they can provide potable water.
- Drawing on the findings of the national audit, funding and programmes should be put in place to ensure the necessary equipment and infrastructure is in place within learning centres to ensure drinking water is freely available.

10. Healthy eating standards for schools

Consumption of healthy meals in school can influence children’s food diet at home, helping to develop healthy eating habits, and exposing young people to foods such as new types of fruits and vegetables which they might not otherwise have tried.

While there is state funding under the Department of Employment Affairs and Social Protection available to disadvantaged schools (School Meals Programme), there are schools that are only marginally outside of ‘disadvantaged status’ that receive no grants or funding. Furthermore, schools often lack proper catering facilities, equipment, space etc to allow for adequate catering and the grant provided does not allow for funding of equipment.

The Heart Foundation support the Commission on Ending Childhood Obesity and their action points to ensure that healthy foods are available, accessible and affordable, and that there is awareness of what healthy foods are. In that regard, actions 1.4, 1.8, 4.9 and 5.2²⁸ should be addressed, as a matter of priority:

²⁷ Parliamentary Questions 38127/17, 38128/17 & 38129/17 to the Minister for Education 11th September 2017

²⁸ Commission on Ending Childhood Obesity. *Report of the Commission on Ending Childhood Obesity. Implementation Plan: Executive Summary*. World Health Organization, 2017. Available from: <http://www.who.int/end-childhood-obesity/news/Implm-Plan-Ex-Summ.pdf?ua=1>

- Develop nutrient profiles to identify unhealthy foods and beverages.
 - Establish a national nutrient-profiling model to regulate marketing, taxation, labelling and provision in public institutions, based on WHO's regional or global nutrient-profile models.
- Require settings such as schools, child-care settings, children's sports facilities and events to create healthy food environments.
 - Set standards for the foods that can be provided or sold in child-care settings, schools, children's sports facilities and at events (see also recommendations 4.9 and 5.1) based on a national nutrient-profile model.
 - Apply such food laws, regulations and standards in catering services for existing school, child-care and other relevant settings.
- Ensure only healthy foods, beverages and snacks are served in formal child-care settings or institutions.
 - Set mandatory nutrition standards for foods and beverages provided (including meals) or sold (including vending machines and school shops) in public and private child-care settings or institutions.
 - Implement such food laws, regulations and standards into catering services for existing child-care and other relevant settings.
- Eliminate the provision or sale of unhealthy foods, such as sugar-sweetened beverages and energy-dense, nutrient-poor foods, in the school environment.
 - Set mandatory nutrition standards for foods and beverages provided (including meals) or sold (including vending machines and school shops) in the public and private school environment.
 - Implement such food laws, regulations and standards into catering services for existing school and other relevant settings.

11. IHF recommendations to improve school food in Ireland²⁹

- Healthy food provision should be the norm in post primary schools. A national standard for the provision of healthy food in all schools should be developed by government.
- Sales of foods from the Food Pyramid's Top Shelf, i.e. foods high in fat, sugar and salt should not be permitted and should be expressly dealt with in the School Food Policy.
- Water should be freely available to all pupils at all times in schools.
- The Departments of Education and Health should introduce a policy document to help schools eliminate sales of foods from the top shelf and ensure provision of healthy food choices only.

²⁹ Irish Heart Foundation (2015) *Food provision in post primary schools - Introducing a Healthy Catering Award - Survey of schools, scoping and pilot exercise.*

- Financial support should be provided to schools, to help them switch to healthier food, e.g. grant aiding of equipment, facilities and subsidies. Some of this funding could come from the Proceeds of the sugar sweetened drinks tax.
- More support is required to educate caterers and school principals, parents and pupils about healthy food choices.
- Involvement of caterers, school principals, parents and students is vital for acceptance for healthier food catering.

12. The importance of Physical Education in helping tackle obesity

Physical activity is an integral part of a healthy childhood and should be a natural part of everyday life. Physical activity benefits young people physically, socially and emotionally and improves cardiovascular and metabolic health. The national guidelines on physical activity, *Get Ireland Active*³⁰, recommend that young people should be physically active at a moderate to vigorous level, for at least 60 minutes every day. This activity should include muscle-strengthening, flexibility and bone-strengthening exercises 3 times a week. Children and young people should have the opportunity to be active every day during their normal activities, through PE, play, games, sports, recreation and active travel.

Findings of the Y-PATH (Youth-Physical Activity Towards Health) research³¹ highlighted that a large number of Irish post primary students were insufficiently active and insufficiently skilled to benefit their current and future health. Inactive students did not demonstrate the same depth of knowledge of the health benefits of physical activity as did the active students, and they demonstrated significantly lower scores for Self-Efficacy and Attitude than their active counterparts. The study found that 67% of youth were not accumulating the minimum 60 minutes of physical activity recommended daily for health, and that 99.5% did not achieve the fundamental movement skill proficiency expected for their age. Similarly, the *Children's Sport Participation and Physical Activity Study* found that 35% of primary school pupils received the Department of Education minimum guidelines of one hour of PE every week.³² While a 2014 study *Ireland's Report Card on the Physical Activity of Children* gave Ireland a D- in the physical education indicator and a C- in the school indicator.³³

³⁰ Department of Health and Children (2009) *National Physical Activity Guidelines - Get Ireland Active – Promoting Physical Activity in Ireland*. Dublin: The Stationery Office.

³¹ Belton S, O' Brien W, Meegan S, et al. (2014) Youth-Physical Activity Towards Health: evidence and background to the development of the Y-PATH physical activity intervention for adolescents. *BMC public health* 14(1): 122. Available from: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3922546&tool=pmcentrez&rendertype=abstract>.

³² Woods, C., Moyna, N., Quinlan, A., Tannehill, D., and Walsh, J. (2010). *The Children's Sport Participation and Physical Activity Study (CSPPA)*. Dublin: School of Health and Human Performance Dublin City University, and the Irish Sports Council

³³ Harrington, D et al. (2014). *Ireland's Report Card on the Physical Activity of Children*. Available from: https://www.dcu.ie/sites/default/files/shhp/docs/ReportCardIreland2014_ShortForm_Final.pdf

The EU Expert Group on Health-Enhancing Physical Activity³⁴ recommended a minimum of five lessons a week of PE during compulsory education time. This research identified that the amount of time spent teaching physical education in Irish primary schools remained “consistently low” between 2006/07 and 2011/12 at 37 hours per year, and at 45 hours in secondary schools. This is in stark contrast to the highest country on the list, France, where schools teach 108 hours of physical education per year. Furthermore, Ireland is lowest ranked in the European Union for time allocated to physical education in primary schools as a proportion of total taught time, at just 4%. Taken in the context that the European Physical Education Association recommends, that pupils engage in a minimum of 1 hour of PE, this is very concerning.³⁵

12.1 Policy commitments to improving physical activity

Commitments to encourage all citizens, and particularly young people, to be physically active is reflected in Government interventions and policies, most recently the cross-Departmental *Healthy Ireland*³⁶ and the National Physical Activity Plan. Action 3.2 of *Healthy Ireland*, the Government’s cross-government framework for improved health and wellbeing, contains the commitment to “fully implement Social Personal and Health Education (SPHE) in primary, post-primary and Youthreach settings, including implementation of the Physical Education programme and the Active Schools Flag initiative.”

The *Get Ireland Active! National Physical Activity Plan for Ireland*³⁷ is a programme under the Healthy Ireland Framework. The National Physical Activity Plan recommends that “all children and young people should be active, at a moderate to vigorous level, for at least 60 minutes every day. This should include muscle-strengthening, flexibility and bone-strengthening exercises 3 times a week.”³⁸ Targets for children contained within the plan include increasing by 1% per annum in the proportion of children undertaking at least 60 minutes of moderate to vigorous physical activity every day and decreasing by 0.5% per annum in the proportion of children who do not take any weekly physical activity.

Physical education is an intrinsic element in encouraging children and young people to be physically active. While, PE is not the sole means of encouraging young people to be physically active, it plays an important role in embedding physical activity in young people’s lives and provides them with the skills required to engage in physical and sporting activities over their lifetimes.

³⁴ European Commission (2013). *Physical Education and Sport at School in Europe, Eurydice Report*. Luxembourg: Publications Office of the European Union

³⁵ The European Physical Education Association. (2015). The European Context. EUPEA 26th Forum Meeting. Available from: <http://www.eupea.com/wp-content/uploads/2015/10/The-European-Physical-Education-Association.pdf>

³⁶ Government of Ireland (2013) *Healthy Ireland – a framework for improved health and wellbeing*. Dublin: The Stationery Office.

³⁷ Department of Health. (2016). *Get Ireland Active! National Physical Activity Plan for Ireland*. Available from: <http://health.gov.ie/wp-content/uploads/2016/01/Get-Ireland-Active-the-National-Physical-Activity-Plan.pdf>

³⁸ Ibid p6

12.2 Physical Activity and education in schools

There is a need for clear physical literacy in schools - which incorporates physical activity, physical fitness motivation and confidence for physical activity, physical activity knowledge and understanding and fundamental movement skills. This could be achieved by increased habitual physical activity during school time.

Given that schools have direct contact with children and youth for on average 6 hours per day, and for up to 13 years of their critical social, psychological, physical and intellectual development, there is strong rationale for school-based programmes aimed at increasing physical activity levels, and reducing inactivity.³⁹ A focus on physical activity should be put, as well as physical education, with opportunities for young people to engage in physical activity during the school day created.

PE provides children with learning opportunities through the medium of movement, and importantly can also provide pathways for involvement in sport and physical activity beyond the school gates.⁴⁰ For an increasing number of children PE is the only opportunity they have during the week to engage in physical activity of moderate to vigorous intensity.

However, the most recent Lifeskills survey from the Department of Education has shown that despite the guideline that post-primary schools offer two hours of Physical Education per week, in 2015, 4% of schools reported that they offer two hours or more of physical education per week in 1st year, 3% did so in second year and 1% did so in third year. No schools reported that they offer two or more hours in 5th or 6th year.⁴¹

For children and youth, perceived competence and perceptions of their ability to perform physical activity (self-efficacy), will affect their participation in an activity.⁴² A 2007 study⁴³ reviewed 76 interventions worldwide aimed at promoting physical activity participation in children and adolescents. They found that for children (defined as 4 – 12 years) school-based interventions with a focus on PE and involving school break times were the most effective. For youth (defined as 13 – 17 years) tailored advice sessions were found to be more effective. Further research found that at approximately ten years of age PA priorities start to change from general PA with an emphasis on motor skill development to prescriptive PA with an emphasis on health, fitness and behavioural outcomes.⁴⁴ Similarly, strong evidence was found showing that school-based interventions with a family or community component can

³⁹ Centers for Disease Control and Prevention (2011). School Health Guidelines to Promote Healthy Eating and PA. MMWR 2011;60 (No. 5)

⁴⁰ Sallis, J.F., McKezie, T.L., Beets, M.W., Beighle, A., Erwin, H., Lee, S. (2012). Physical Education's Role in Public Health: Steps Forward and Backward Over 20 Years and HOPE for the Future. *Research Quarterly for Exercise and Sport*, 83(2), 125-135

⁴¹ Department of Education and Skills. (2017). Lifeskills Survey 2015. Report on Survey Findings. Available from: <https://www.education.ie/en/Publications/Education-Reports/Lifeskills%20Survey%202015.pdf>

⁴² Centers for Disease Control and Prevention (2011). School Health Guidelines to Promote Healthy Eating and PA. MMWR 2011;60 (No. 5)

⁴³ Salmon, J., Booth, M., Phongsavan, P., Murphy, N., Timperio, A. (2007). Promoting PA participation among children and adolescents. *Epidemiological Review*, 29(1), 144-159.

⁴⁴ Strong, W.B., Malina, R.M., Blimkie, C.J., Daniels, S.R., Dishman, R.K., Gutin, B., et al. (2005). Evidence based PA for school-age youth. *Journal of Pediatrics*, 146:6, 732-737.

increase PA in adolescents (defined as ≥ 10 years).⁴⁵ The Children's Sport Participation and Physical Activity Study recommended the provision of a broad and balanced range of activity choices for children, which should include individual and team activities, quality physical education, extra – curricular and extra- school sport and physical activity and walking or cycling to school.⁴⁶

Research conducted by the Department of Education and Skills identifies the main challenges in promoting physical activity in school including lack of space or poor facilities (64%), availability of staff or inadequate supervision (23%), and time pressure/focus on curriculum (21%).⁴⁷ Similarly, a 2010 study found that 81% of primary schools do not have access to an indoor multi-purpose hall for the purpose of PE.⁴⁸ The Irish Heart Foundation recommend that the implementation of PE time should be supported by investment in appropriate facilities. While the Department of Education has committed to evaluating of the quality of teaching and learning in Physical Education in a sample of schools and the promotion of physical education, it has no plans to conduct an audit of the built environment infrastructure and facilities available to schools and learning centres to assess the capacity to provide physical education and activity. This is a prerequisite in ensuring that the facilities are available to provide opportunities for activity. In the absence of such an audit, and indeed the environment for activity, it is impossible to gauge how successful the *National Physical Activity Plan* will be in increasing physical activity.

13. A Healthy Weight for Ireland: Obesity Policy and Action Plan

The National Obesity Plan prescribes 'Ten Steps Forward' to deal with obesity, with many actions to be commenced in the first year. Given the report was launched in September 2016, it is possible to judge the success of the strategy thus far based on the progress to date on implementing the ten steps forward and priority actions identified at that time.

However little progress has been made in implementing these steps, apart from the recent appointment of Prof Donal O'Shea as the national clinical lead for obesity, and measures already agreed before the launch, such as the introduction of a sugar-sweetened drinks tax in 2018.

We cannot afford any delays in implementing the national obesity policy – *A Healthy Weight for Ireland – obesity policy and action plan 2016-25* (2016). We have seen how large parts of previous obesity policy (2005) were not implemented. There are many positive elements in the policy, such as plans for the development of guidelines for

⁴⁵ Van Sluijs, E.M.F., McMinn, A.N., Griffin, S.J. (2008). Effectiveness of interventions to promote PA in children and adolescents: systematic review of controlled trials. *British Journal of Sports Medicine*, 42, 653-657.

⁴⁶ Woods, C., Moyna, N., Quinlan, A., Tannehill, D., and Walsh, J. (2010). *The Children's Sport Participation and Physical Activity Study (CSPPA)*. Dublin: School of Health and Human Performance Dublin City University, and the Irish Sports Council

⁴⁷ ⁴⁷ Department of Education and Skills. (2017). *Lifeskills Survey 2015. Report on Survey Findings*. Available from: <https://www.education.ie/en/Publications/Education-Reports/Lifeskills%20Survey%202015.pdf>

⁴⁸ Ibid

planners around no fry zones, a national nutrition policy, the appointment of a clinical lead for obesity and a special focus on disadvantaged areas for health promotion programmes.

However, areas which have seen little or no progress include:

- The introduction of mandatory calorie posting on menus
- Tackling the causal link between the marketing of junk food to children and child obesity, particularly by the regulation of digital marketing
- Developing a whole-of-school approach to tackling obesity, especially the proliferation of unhealthy food on school campuses and improving areas of the curriculum.
- Tackling the obesogenic environment through measures such as the introduction of no fry zones.
- Targeting resources in disadvantaged areas where obesity levels are highest.

It is also worrying that there is no dedicated funding for the strategy. €10million has been made available across 2017 and 2018 for the Healthy Ireland fund but it is unclear how much is being earmarked specifically for tackling obesity. Moreover, the Department of Finance has ruled out ringfencing any portion of the sugar sweetened drinks levy for measures to tackle childhood obesity.

The IHF is also concerned about the significant role given to the food and beverage industry in the strategy. This includes a forum for engagement with industry and the voluntary code on marketing of unhealthy products to children.

To strengthen the policy the IHF recommends the development of time-bound targets that will be monitored; indicators to track the success of the policy, with figures published annually; and the appointment of named and accountable officials responsible for implementation in each Government Department and agency.

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The information provided in this publication was correct and accurate at the time of publication to the best of the Irish Heart Foundation's knowledge.

Tackling obesity in schools

Influencing behaviour, developing skills, initiating partnerships

Why and how is *safefood* involved?

1) One of the key legislative functions of *safefood* is the promotion of food safety and healthy eating. The educational setting is critically important in determining formative behaviours in young people and children and it has been a key target for *safefood* for many years. Over the last decade *safefood* has developed a number of education initiatives which have been aimed at pre-school, primary, secondary and early school leavers. These have included:

- Development of curriculum based resources for primary and post primary schools
- Supporting the whole-school approach e.g. lunch box leaflets
- Supporting the out-of-school setting in the promotion of healthy eating for early school leavers
- Supporting the pre-school sector in promoting healthy eating and food safety.

2) *safefood* have worked in partnership with key organisation- such as the Health Service Executive (HSE), Youthreach and Early Childhood Ireland. As an island of Ireland agency *safefood* actively share best practice and learning between jurisdictions.

3) The Department of Health launched ‘*A Healthy Weight for Ireland Obesity Policy and Action Plan*’ in 2016 for the period 2016-2025 with the objective of increasing the number of people with a healthy weight. *safefood* has been designated as a partner in a number of the ‘Ten steps forward’ set out in that document and is playing its part in the implementation through the multiple collaborations which *safefood* has with the Department, the HSE and the relevant allied agencies and through the *safefood* Obesity and Food Poverty networks.

4) *safefood* has to date supported the implementation of the revised ‘*Healthy Eating Guidelines*’ (Food Pyramid), the development of the new Code of Practice for Industry on marketing of foods to children, the development of a national Nutrition Policy and we support policy formulation and decision making with objective evidence and systematic research.

Resources

5) *safefood* have developed resources for schools across a range of educational settings which are listed in Table 1 and details of these resources can be found in Appendix 1.

Table 1. Resources developed by *safefood* by educational sector

Pre-school	Primary school	Post-primary school	Out of School
Handwashing poster	TasteBuds	What’s on a Label	Eatright.eu
LittleBites.eu	Media Wise	<i>safefood</i> for Life	
Serving Size Guide for Preschools who provide food	Lunchbox leaflet	Lunchbox leaflet	

As part of ongoing campaigns resources have been developed to support the promotion of healthy eating and related behaviours through these setting.

Work with teachers

6) **safefood** develop resources in collaboration with teachers. All resources have been piloted in the relevant education setting by teachers. Resources are monitored on an ongoing basis and evaluation is carried out at regular intervals. Teachers have access to **safefood**'s helpline e.g. there were 228 requests from teachers last year through **safefood**'s helpline

7) **safefood** engage with teachers through their representative organisations including the professional teachers' organisations.

Standards for school meals

8) In conjunction with the HSE, we have provided assistance to the Department of Health in the development and design of *nutritional standards for school meal schemes* funded by the Department of Social Protection. These Standards were adapted from the Nutritional Standards that support the Food in Schools Policy in Northern Ireland and we are grateful to colleagues in Northern Ireland who facilitated that. The standards aim to ensure that children and young people in schools participating in the scheme are provided with healthy balanced meals that follow the *Healthy Eating Guidelines*. A standard is set out for breakfast, snacks, lunch, after school meal and dinner. This piece really highlights the benefits of cross-jurisdiction cooperation.

9) The standards were officially launched in Dublin on September 25th by the Minister for Health, the Minister for Education and Skills and the Minister for Employment Affairs and representatives from **safefood**, Healthy Ireland and the HSE.

Marketing of food to children

10) The advertising of foods high in fat, salt and sugar is very prevalent on modern societies such as Ireland. It has been recognised at an international and national level that children in particular are very susceptible to such advertising. **safefood** research found that young children see over 1,000 ads for unhealthy foods annually. One of the key actions is around a code of practice by the food industry on their advertising, promotion, sponsorship and product placement strategy. From an educational perspective media literacy is extremely important in allowing children to learn about how they are targeted by the private sector in an effort to sell their products. To do this **safefood** developed the 'Media Wise' resource for schools in collaboration with relevant stakeholders.

Vulnerable Groups – DEIS schools and early school leavers

11) **safefood** have adopted a philosophy of addressing the entire educational settings population from pre-school up to and including third level and those who leave school early. In particular, our outreach and focus has been on those at particular disadvantage.

Policy Input:

12) **safefood** representatives have taken an active part in policy development together with Healthy Ireland, the Department of Education and the Department of Children and Youth Affairs in relevant initiatives including the Special Advisory Group on Obesity. Our Obesity and Food Poverty networks have focussed on health issues in the school setting including nutrition and physical activity in the school setting, school holiday hunger, active play and overweight in school children.

Appendix 1

Resources

Little bites – Pre-school – Since 2016

Context

13) **safe food** and Early Childhood Ireland (ECI) conducted an online survey and face-to-face interviews with ECI members in 2013 to identify their information needs around topics including food hygiene, food allergies and intolerances and healthy eating advice. This research informed the development of 'little bites'.

Initiative

14) 'Little bites' is an online information and resources hub that provides all the credible and relevant information to childcare providers they need to help them provide nutritious and enjoyable meals and snacks to children, meet regulations around food and health issues as well as supporting a learning environment for the child.

Media wise – All Primary Schools 2017

Context

15) On TV, children as young as three see upwards of 1,000 ads for unhealthy foods over the course of a year. The World Health Organization (WHO) has stated: *"There is unequivocal evidence that childhood obesity is influenced by marketing of foods and non-alcoholic beverages high in saturated fat, salt and/or free sugars (HFSS)."* The WHO core recommendation on ending Childhood Obesity is to reduce children's exposure to all such marketing.

Initiative

16) *'Media Wise'* encourages children to enjoy the environment they live in and gives them the life skills they need to navigate the rapidly changing media forms at their disposal. This eight week programme with lessons available from junior infants through to sixth class links with a variety of curricular subjects and uses many teaching methods. The resource was developed with the input of teachers and an expert group drawn from education, advertising, media and regulation. The lessons cover: What is Media, The message and emotion behind media, who is the target and Media's influence on us.

Tastebuds – Primary schools since 2006

Context

17) Parents are leading increasingly busy lives and children view their food as coming from the supermarket with little understanding of the food chain and the processes food goes through before it arrives at the point of purchase.

Initiative

18) *'Taste buds'* was developed in partnership with the West Cork Leader Cooperative Society to help children understand the origins and production of food and the importance of eating a balanced diet. The interactive resource is aimed at children aged 8-10 years old, with eight sessions enabling teachers to deliver the Food and Nutrition Component of the Social Personal Health Education (SPHE) curriculum. 1320 schools requested the resource when it was first launched in CD and hard pack format. The resource which is now available online, was rated 100 per cent for relevance to the curriculum.

Lunchbox leaflet – Primary schools annually

Context

19) Developed to provide guidance for parents of school children on healthy lunches this leaflet was developed in partnership with Healthy Ireland.

Initiative

20) The leaflet contains practical tips on how to prepare a healthy lunch for school aged children is rolled out across all primary schools each September for all children starting school. As part of our sponsorship of Operation Transformation the leaflet is also given a further promotion.

What's on a label? – Secondary Schools Since 2002

Context

21) The food labelling resource '*what's on a label?*' was a direct result of the recommendations of an expert working group established by the Minister for Agriculture and Food in July 2002. At the time of launch **safefood** found that 71 per cent of people on the Island of Ireland only read labels occasionally, and 42 per cent were not satisfied with the information contained on the food labels. Empowering young people to make informed decisions with regard to the food and drinks they consume is essential to help protect their health for the future.

Initiative

22) **safefood** worked with the Food Safety Authority of Ireland, The Irish Nutrition and Dietetics Institute and teachers to create a resource which forms an important component of the Social, Personal, Health Education (SPHE) curriculum at junior cycle level. 'What's on a label?' is designed to educate young people about how to read labels in a way that will have a positive influence on the choices they make with regard to their diet, from childhood right through to adulthood.

www.eatright.eu – Early school Leavers Since 2014

Context

23) With up to 1 in 5 teenagers leaving school early, this can impact negatively on their longer-term health. Learning about food is a lifelong skill, one that early school leavers often lack.

Initiative

24) In partnership with the Food standards Agency Northern Ireland, **safefood** developed an online resource called 'Eatright' which was launched in October 2014. www.eatright.eu is the first all-island website which provides materials, activities, discussions and content for trainers and teachers working directly with young people to help with the nutrition education needs of early school leavers. It was developed with the input of young people and their trainers and was piloted with Youthreach and the Northern Ireland NEET Forum (Not in Education, Employment or Training).

Tackling Obesity in Schools & the Promotion of Healthy Eating

Submission from the Dept of Health to the Joint Oireachtas Committee on Education and Skills

(1) Background to Healthy Ireland

(1.1) *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025* was approved by Government and launched in early 2013 is the national framework for action to improve the health and wellbeing of the population.

(1.2) The implementation of Healthy Ireland is led by the Health and Wellbeing Programme in the Department of Health.

(1.3) Building relationships and strengthening partnerships is a key focus of Healthy Ireland, including with other Government Departments, Local Authorities, the education sector, and with the wider business, voluntary and community sectors. Structures supporting the work include a Cross Sectoral Group comprising senior officials from Government Departments and key agencies; and a Healthy Ireland Council comprising representation from a wide range of stakeholder sectors.

(1.4) A suite of policies and plans have been published under the Healthy Ireland agenda in recent years, including the Obesity Policy and Action Plan (2017-2025) and the National Physical Activity Plan.

(1.5) Partnership working between the Department of Health and the Department of Education and Skills, supported by relevant agencies and stakeholders, is critical to the effective implementation of Healthy Ireland and the specific policies addressing the factors which impact on child obesity.

(2) Alignment of Education and Health Services

(2.1) The Health and Wellbeing Programme and the Department of Education and Skills, in partnership with the HSE and PDST (Professional Development Service for Teachers), are working to strengthen collaboration and to streamline and simplify current structures for the promotion of health and wellbeing in schools, to develop a more comprehensive service alignment to support the delivery of SPHE (Social, Personal and Health Education) and to extend the existing Health Promoting Schools initiative more widely in schools.

(2.2) The objective of the partnership approach is to build on previous experience and foster greater collaboration and co-operation in the implementation of both Departments' policies on health promotion in the school setting.

(2.3) The Department of Health and the HSE are committed to ensuring that the health service fully supports health and wellbeing in school settings around the country and to ensuring the alignment

of the Health Promoting Schools model with the Junior Cycle Wellbeing Guidelines, and other curricular and policy developments in education. A new Schools Lead is being appointed in the HSE to support and strengthen this collaborative approach.

(2.4) The Department of Health and HSE contributed to the circulars issued to primary and post-primary schools in 2015/16 around 'healthy lifestyles' to support the valuable role schools and teachers play in the broader Healthy Ireland agenda, and in child obesity prevention in particular.

(3) Obesity Policy implementation

(3.1) The Obesity Policy and Action Plan which was launched by the Minister of Health in September 2016.

(3.2) The Obesity Policy covers the period up to 2025 and aims to reverse obesity trends, prevent health complications and reduce the overall burden for individuals, families, the health system, and the wider society and economy. The Policy acknowledges that every sector of our society has a role in reducing the burden of obesity, and emphasises the key role that the education sector will have in achieving the objectives, particularly in relation to child obesity.

(3.3) The development of the Obesity policy involved a consultation with children and young people which was facilitated by the Citizen Participation Unit of the Department of Children and Youth Affairs, and recruitment supported through the Irish Primary Principal's Network as well as Comhairle na nOg. The report of this consultation 'Healthy Lifestyles – Have Your Say' was launched with the Obesity Policy, and the implementation of the Policy commits to continuing to include the voices and contributions of children and young people.

(3.4) The Obesity Policy prescribed 'Ten Steps Forward' that would be taken to prevent overweight and obesity. Under each step there are a number of actions, some of which have been identified for early implementation.

(3.5) A number of areas of early implementation will be of particular interest with reference to child obesity:

- Plans by the Department to establish an Obesity Policy Implementation Oversight Group are well advanced and the first meeting of this cross-sectoral group is to take place on the 19th October. The Department of Education and Skills will be represented on this Group.
- The Minister for Finance has announced in Budget 2018 the introduction of a sugar tax on sugar-sweetened drinks. The policy objective of this levy is to reduce rates of obesity, as well as rates of dental deterioration particularly in young people.
- The Department of Health has been engaging with the food industry, including food retailers, on a Code of Practice to reduce the marketing of products high in fat, sugar and salt, with a particular aim to reduce consumption of such products by children and young people. This voluntary Code of Practice for Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement, will be launched in the coming weeks.
- A new child obesity campaign has been developed with *safefood* and the HSE and will also be launched shortly.

- New Healthy Eating Guidelines, Food Pyramid and supporting resources have already been published, disseminated and communicated in 2017, including dissemination of the new Guidelines earlier this month to all primary and post-primary schools. Work has now commenced on developing Healthy Eating Guidelines for the 1-5 year old age group.
- New Nutrition Standards for schools, with an initial focus on school meal programmes funded by the Department of Employment Affairs and Social Protection, have also been developed. These Nutrition Standards were launched by the Ministers for Health, Education and Skills, and Employment Affairs and Social Protection in September 2017. The development and implementation of these Standards meets commitments in the DEIS Action Plan as well as the Obesity Policy.
- Other developments in the HSE, through a new Healthy Eating, Active Living programme will support work in the education sector, as well as with parents, families and communities in supporting a more co-ordinated approach to prevention and early intervention in child obesity.

(4) National Physical Activity Plan implementation

(4.1) The National Physical Activity Plan is one of the key developments arising from Healthy Ireland, and was approved by Government and launched in early 2016. The implementation of that Plan is well underway in collaboration with the Department of Transport, Tourism and Sport and a range of other stakeholders, including the Department of Education and Skills.

(4.2) The Obesity Policy acknowledges the key role of physical activity in the prevention of obesity, while the broader benefits of a more active population are set out in the National Physical Activity Plan. Being active is vital for healthy growth and development, and has emotional, social and cognitive benefits for children and young people, as well as benefits for their physical and mental health and wellbeing.

(4.3) The Plan supports the implementation of key actions led by the Department of Education and Skills, including the implementation of the *Get Active! Framework* and the Active School Flag.

(4.4) The new Healthy Ireland Fund, recently launched by An Taoiseach and the Minister for Health, will provide funding to the Active School Flag initiative to support its expansion and increase the numbers of primary schools participating in the initiative. The funding will also support the design and development of a more fit-for-purpose model for post primary schools which will align with the new Wellbeing area of learning in Junior Cycle.

JOINT COMMITTEE ON EDUCATION AND SKILLS

Written submission in relation to its examination of the topic ‘tackling obesity in schools and promotion of healthy eating’

Submission from: Health Services Executive

Prepared by: Sarah O’Brien, National Lead, HSE - Healthy Eating Active Living Policy Priority Programme.

Introduction

This document has been prepared in response to an invitation from Ms. Fiona O’Loughlin, T.D., Chairman of the Joint Committee on Education and Skills to make a brief written submission in relation to its examination of the topic of ‘**tackling obesity in schools and the promotion of healthy eating**’.

1 Background to HSE Healthy Eating Active Living Policy Priority Programme

1.1 The Healthy Eating and Active Living Policy Priority Programme was established in late 2016 as part of the Healthy Ireland in Health Services Implementation Plan⁽¹⁾. It has a remit to:

“mobilise the health services to improve health and wellbeing by increasing the levels of physical activity, healthy diet and healthier weight across services users, staff and the population as a whole, with a focus on families and children”.

1.2 The Programme works to coordinate and lead activity across the health services to ensure implementation of the Healthy Weight for Ireland – obesity policy and action plan⁽²⁾ and Get Ireland Active – national physical activity plan for Ireland⁽³⁾. The objectives of the Programme are to contribute to a reduction in the prevalence of chronic disease by increasing the percentage of people in Ireland who are:

- physically active on a regular basis;
- eating a healthier diet;
- achieving and maintaining a healthier weight.

2 Why childhood overweight and obesity is an important public health issue

2.1 Obesity is not just about the shape and size of individuals, it is a major public health challenge.

2.2 Becoming overweight or obese is a clinical condition that can contribute to the risk of developing a preventable long term chronic disease. The multiple medical complications can include heart and circulatory diseases^(4,5), pulmonary disease⁽⁶⁾, gallbladder disease⁽⁷⁾, Alzheimer's disease⁽⁸⁾, infertility⁽⁹⁾, type 2 diabetes⁽¹⁰⁾, gout⁽¹¹⁾, osteoarthritis⁽¹²⁾, several types of cancer^(13, 14, 15) as well as all-cause mortality^(4,5). The medical consequences of obesity previously only seen in adulthood are now being seen in children and adolescents.

2.3 Children who are overweight or obese are more likely to be bullied and experience poor self-esteem and depression⁽¹⁶⁾.

2.4 Obese children are four times more likely to report school problems as well as being more likely to miss school⁽¹⁶⁾. Acceptance into college, despite equivalent abilities, is lower in obese individuals than their non-obese peers⁽¹⁶⁾.

2.5 The cost of obesity in Ireland was estimated in 2009 to be €1.3 billion per annum, €400 million of which is direct healthcare costs. Work is underway at present to establish the lifetime costs of childhood obesity⁽¹⁷⁾.

2.6 Chronic diseases are major drivers of healthcare costs as well as associated economic losses. The key demographic trends underlying the increasing prevalence of chronic disease in Ireland are the ageing population and the high rates of overweight and obesity across the population⁽¹⁸⁾. The underlying modifiable factors that cause increased risk of chronic disease are consumption of energy-dense and nutrient poor diet high in levels of salt, fat and sugar; reduced levels of physical activity at school, work, for recreation and transport and tobacco use. At least 30% of cancers and 80% of heart disease and diabetes can be prevented by lifestyle changes to diet, physical activity, tobacco and alcohol use⁽¹⁹⁾.

2.7 Six key lifestyle behaviours that support healthy weight throughout the lifecycle. The habits that support these behaviours are formed in childhood.

- Limited intake of foods high in fat, salt and sugar
 - 20% of childrens calorie intake is from sweets, biscuits, confectionary and crisps
 - 27% of children eat sweets more than once a day⁽²⁰⁾
- Water and milk as routine drinks
 - The association between sugar-sweetened drink consumption and weight gain has been found to be stronger than for any other food or beverage.
 - More than 75% of 5-18 year olds consume sugar-sweetened drinks daily, with one in five one year olds and more than half of 4 year olds consuming these drinks⁽²¹⁾
- Child sized portion sizes
 - In the past 20 years portion sizes have increased significantly both in food bought and served outside the home as well as in the home⁽²²⁾.
- Healthier food choices – more vegetables, salad and fruit
 - Less than one in four (23%) of children eat fruit more than once a day⁽²⁰⁾
 - A similar number (22%) of children vegetables more than once a day⁽²⁰⁾
- Regular physical activity
 - One in five primary school children are sufficiently active on a regular basis (60% boys and 40% girls)⁽²⁰⁾
- Limited screentime
 - One in ten (10%) of 9 year olds watch 3+ hours of TV on an average week day⁽²³⁾
 - One in five (21%) of 9 year olds spend more than 1 hour gaming on an average week day⁽²³⁾.
- Age appropriate sleep time

These are the key behaviours that the recently launched 5 year START campaign, delivered in partnership between **safefood**, HSE and Department of Health, seeks to embed in families and communities across Ireland.

3 What the education sector can do

3.1 Healthy Ireland⁽²⁴⁾ takes a ‘whole of government’ and ‘whole of society’ approach to addressing the determinants of health, including education, and to supporting healthy lifestyles across the life course. The ‘whole school’ approach to promoting and supporting healthy

lifestyles outlined in Healthy Weight for Ireland: Obesity Policy and Action Plan aims to ensure that school curriculum, environment and policies (in early years setting, primary and post-primary settings) supports our children and young people to make healthier choices.

3.2 Actions within the education sector that support a ‘whole-school’ approach include

- Inclusion of nutrition and health education within the core curriculum of schools.
- Inclusion of quality physical education in the core curriculum supported by appropriated staffing and facilities.
- Integration of nutrition, physical activity and health education training into undergraduate, post-graduate and continuing professional development curricula for early years and teaching staff.
- Integration of regular physical activity opportunities (other than time-tabled PE) into the school day, including promotion of active play in the school yard.
- Limiting the sale of unhealthy foods, such as sugar sweetened beverages and energy dense, nutrient poor foods in schools via vending machines or shops.
- Implementing the Nutrition Standards for School Meals.
- Ensuring easy access to fresh drinking quality water throughout the school day.
- Eliminating the marketing and promotion of unhealthy foods or associated brands in schools.
- Eliminating the sponsorship or CSR funding of school activities by producers, retailers or brands associated with high fat, salt and sugar food and beverages.

4 Prevalence of childhood obesity in Ireland

4.1 The prevalence of childhood obesity in Ireland is well documented through both the Growing Up in Ireland longitudinal study coordinated by the ESRI and our participation in WHO-Europe Childhood Obesity Surveillance Initiative. Childhood obesity is high in Ireland international standards, with Irish 7 year old boys and girls ranked as having the 5th and 3rd highest BMI respectively⁽²⁵⁾.

4.2 The most recent Childhood Obesity Surveillance Initiative⁽²⁶⁾ results show that according to the International Taskforce on Obesity standards:

- the combined prevalence of overweight and obesity in children measured in First Class (aged 7) as 16.9%, with the prevalence in girls at 20.4% and boys at 13.2%.
- the combined prevalence of overweight and obesity in children aged ≥ 8 years is 20.6%, with the prevalence in girls at 24.8% (Fourth class)/22.9% (Sixth class) and boys at 14.5% (Fourth class)/18.0% (Sixth class).

4.3 Over the four rounds of the surveillance (2008-2015) some trends have emerged including:

- the levels of overweight and obesity in 1st class children (age 7 years) and those aged 8 years appear to be stabilising though not in those children attending DEIS schools; and
- more girls tend to be overweight and obese than boys.

However, it needs to be noted that the decline in participation rates in First class children could be linked to a degree of participation bias mainly among overweight and obese children giving rise to the lower rates.

4.4 International evidence points to a higher level of overweight and obesity in children from lower socio-economic backgrounds. The trends emerging from the Irish COSI suggest a similar pattern here. When data from children attending DEIS schools is compared with that of children attending other schools, those attending DEIS schools tend to have higher levels of overweight and obesity and the gap becomes wider as children get older:

- 25% vs 17.8% in First Class
- 32.2% vs 18.4% in Sixth Class

4.5 For the majority, childhood overweight and obesity tracks into adulthood⁽²⁶⁾. It is estimated that approximated 55% of obese children go on to be obese in adolescence, around 80% of obese adolescents will be obese in adulthood and around 70% will be obese over the age of 30⁽²⁷⁾.

4.6 The majority of all adults in Ireland are overweight or obese⁽²⁸⁾. According to recent projections by the WHO Regional Office for Europe, collaborating with the UK Health Forum, levels of obesity are forecast to increase globally and Ireland could have one of the highest rates of obesity in Europe by 2030⁽²⁹⁾.

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