

A CHILDHOOD OBESITY MANIFESTO

For the future of our children's health



Irish Heart
Foundation

The future for our children's health

A childhood obesity manifesto

November 2019



Irish Heart
Foundation

Why is tackling childhood obesity so urgent?

Obesity represents the greatest single threat to the health and wellbeing of our children. Without drastic action to change their futures, many will be left to face lives dominated by chronic disease and long-term ill health in advance of premature death.

State funded research estimates that overweight and obesity will ultimately kill 85,000 of this generation of children on the island of Ireland¹. The World Health Organisation says we are on course to become the most obese nation in Europe².

The evidence that something catastrophic has begun is overwhelming - children as young as eight are presenting with high blood pressure³ and teenagers with a cardiovascular age as high as 60⁴.

In disadvantaged areas where obesity rates are highest and food poverty is commonplace⁵, we're witnessing a new phenomenon – children living with obesity who are also malnourished⁶.

There have been important recent developments, such as the introduction of the sugar sweetened drinks tax. But much more is needed. The State is demonstrably failing to protect the health of our children and their right to the enjoyment of the highest attainable standard of health enshrined in the UN Convention on the Rights of the Child⁷.

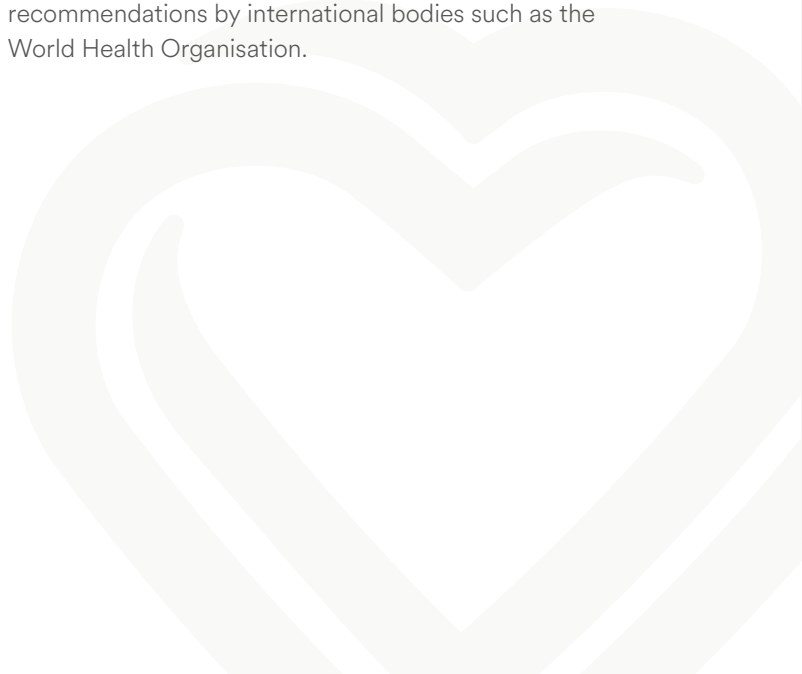
Children from disadvantaged backgrounds have been let down most. Whilst obesity levels appear to be stabilising in overall terms⁸ – albeit at an unacceptably high rate – the gap between those from the best off and worst off families continues to widen⁹. The Growing Up in Ireland study shows that 13-year-olds in the lowest socioeconomic groups are almost 50% more likely to be affected by overweight and obesity than those in the highest.

We are not saying the State is solely responsible for turning the tide. Every citizen must play their part, whilst food manufacturers, shops and supermarkets, transport providers, planners, schools, local communities, health professionals, sports organisations and many more have an important specific contribution to make.

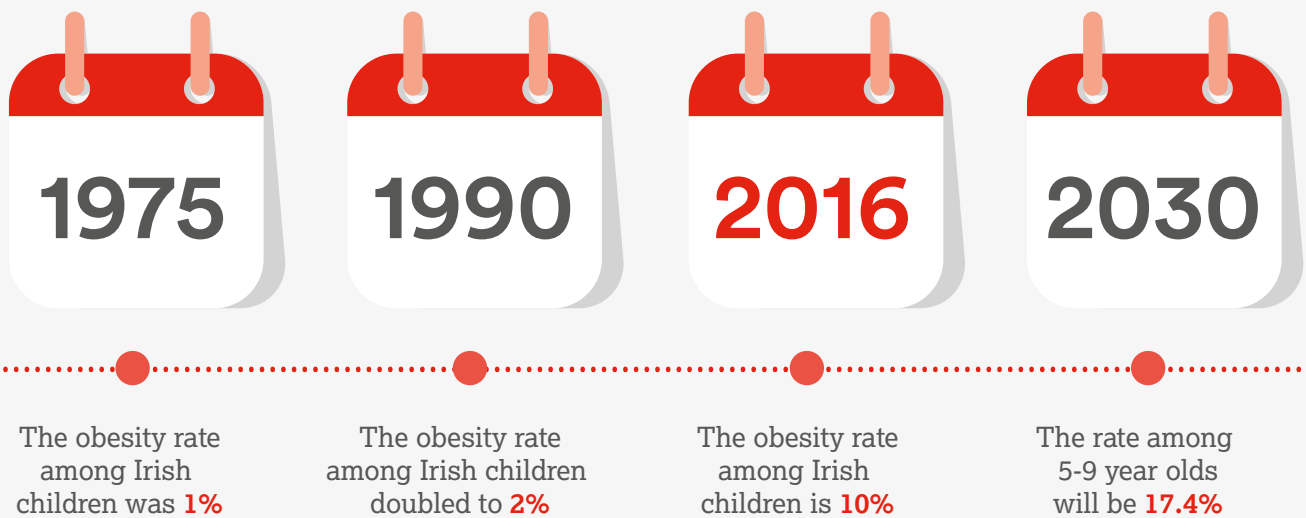
But parents need help to protect and enhance their children's health. We are living in a toxic environment¹⁰ that restricts physical activity and makes overconsumption of unhealthy food and therefore high obesity rates inevitable. In particular, parents living on low incomes should not be priced out of giving their children a healthy diet¹¹.

Only the State can address the big drivers of this phenomenon through national policies enabling young people to get moving again, whilst also protecting them from a proliferation of cheap and intensely marketed energy dense food that is blighting their lives.

The Irish Heart Foundation has reviewed the evidence in association with many of Ireland's foremost experts on obesity on the actions needed to properly tackle this crisis. We also consulted a broad cross-section of young people and parents. We have examined measures being implemented in other countries and recommendations by international bodies such as the World Health Organisation.



Rate of childhood obesity rising



Fact Box: The World Obesity Federation predicts that by 2025, 241,000 school children in Ireland will be affected by overweight and obesity; 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.

What has caused our obesity epidemic?

Obesity is a complex problem with a wide array of causes. These have combined, according to WHO research, to produce a tenfold increase in the rate of childhood obesity between 1975 and 2016¹². So what changed?

The evidence shows that the main drivers include:

- The high volume and availability of energy dense, nutrient poor food and beverages – including the emergence of a global snack food industry now worth \$374 billion a year¹³
- The intense marketing of these high fat, sugar and salt products
- Their relative cheapness compared to healthy alternatives
- Sedentary lifestyles often due to high levels of screen time and inadequate opportunities for physical activity

There are also other big factors at play, none more significant than the glaring link between obesity in children and the socioeconomic status of their parents. Income levels, along with access to housing, healthcare, employment and education all have a role in determining risk of obesity.

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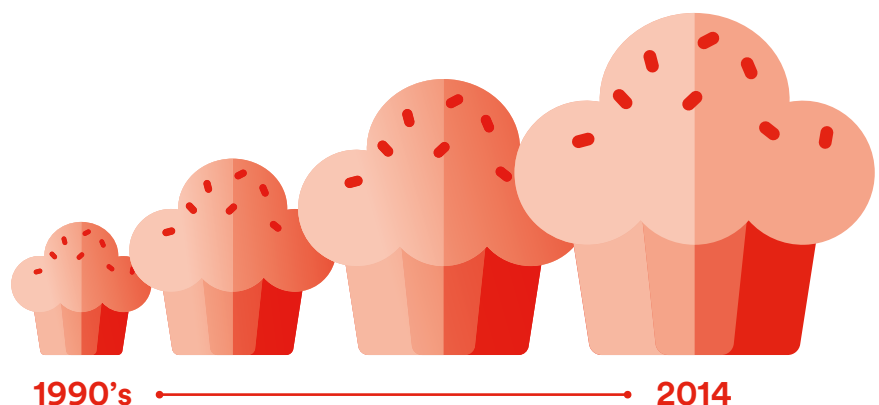
Safefood research shows an upward trend in portion sizes – there has been a threefold increase in the mean portion size of croissants and jam doughnuts, while the mean portion size of Danish pastries and muffins is four times greater now (2014) compared to the late 1990s.

“...childhood obesity has been almost completely normalised. We are no longer particularly impressed by the stark statistics. We almost see this as an insoluble or inevitable situation... A 14 year old (boy) in 2000 was, on average, 14 kg or more than 2 stone heavier than a 14 year old in 1950. All of that is not healthy.”

Dr Cliodhna Foley Nolan of Safefood at the Oireachtas Committee on Children and Youth Affairs

Meanwhile, efforts to seek solutions and to promote concerted Government action are further complicated by a multinational processed food industry that will ruthlessly use its economic power and political influence to resist any measures that threaten its profits.

Unlike many other countries, Ireland has developed a range of robust plans and policies with the potential to address the root causes of the obesity crisis¹⁴. However, progress in implementing them has been painfully slow.



Isn't lack of personal and parental responsibility really to blame?

Obesity is not a question of a lack of willpower. It is the result of a complex web, including genetic predisposition, psychological, environmental, cultural and social influences which all interact to define obesity risk. Research has found that genetic factors protect us from or predispose us to obesity and contribute to the condition in between 40%-70% of cases¹⁵.

Whilst personal and parental responsibility are clearly important, the collapse in collective willpower needed to explain the explosion in obesity rates over the last generation, both in Ireland and globally, simply hasn't happened. Here, smoking¹⁶ and drinking rates¹⁷ have fallen, whilst the pursuit of healthy diets and regular physical activity are increasingly popular. If anything, the obesity epidemic is happening against the backdrop of increasing individual responsibility.

It is often claimed that more and better education of children and parents is the sole solution to childhood

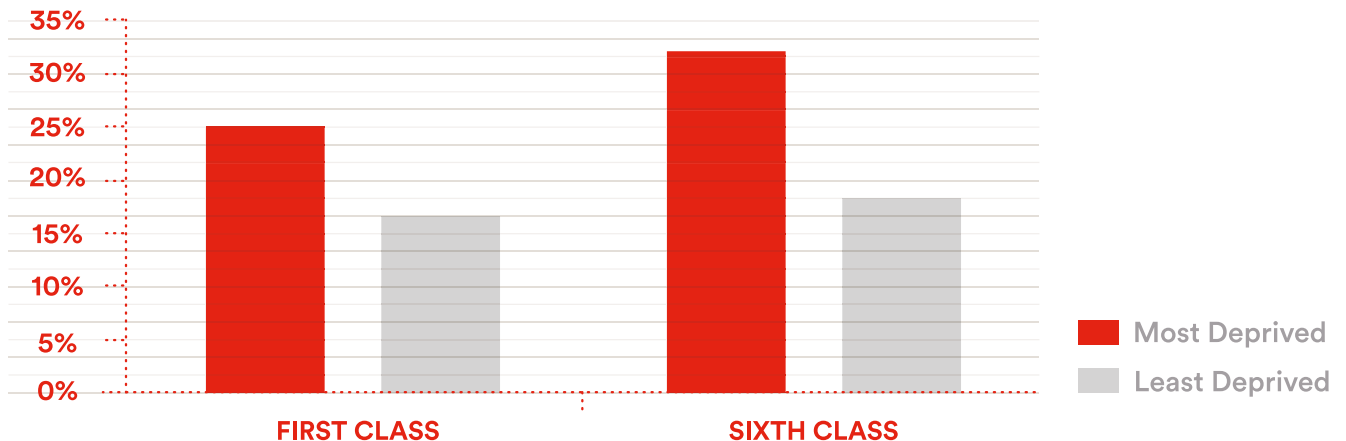
obesity. Education is important and must be coupled with other actions to address obesity. But information campaigns alone will never counteract the might of an unhealthy environment that constantly pushes children towards unhealthy lifestyles.

“It’s the sheer volume of ads targeting my children that disturbs me... Every street corner we turn in Dublin city, every bus shelter, every shop, every magazine, even every play date and the branding on kids’ t-shirts. My children are constantly nagging me for brands they see and for brands they recognise. It’s pressure I don’t welcome.”

Susan Jane White, Parent Advocate

Inequality of childhood obesity

There is an emerging difference in child obesity rates between social classes. 25% vs 17.8% in First Class – 32.2% vs 18.4% in Sixth Class. (Ref Cosi)



What is the Irish Heart Foundation's role in tackling childhood obesity?

The Irish Heart Foundation has a significant track record of combating childhood obesity through a dual approach of advocating for policy change, along with innovative and impactful health promotion programmes.

We lobbied hard over many years for the sugar sweetened drinks tax. In recent times we have led the fight to protect children from a daily bombardment of junk food marketing that has overturned the food pyramid and changed perceptions of what constitutes a healthy diet.

Our new strategy has identified childhood obesity as the biggest threat to the health of our children and we see our role as incorporating a three-pronged approach combining our expertise in advocacy and health promotion:

- Holding policymakers to account and advocating for action on childhood obesity to get the national priority the issue merits.
- Expanding the evidence base for effective actions to tackle childhood obesity through research.
- Implementing evidence based schools programmes that focus on key causal factors, such as poor health literacy and low levels of physical activity.

These include:

- The Irish Heart Foundation **Schools Health Literacy Project** which is registered as a World Health Organisation National Health Literacy Demonstration Project and aims to address poor levels of health literacy among adolescents in disadvantaged schools. Despite health literacy being identified as a critical factor in preventing non-communicable disease and addressing health inequalities, there is little research

exploring the effectiveness of interventions, especially amongst adolescents. Following baseline research of adolescent health literacy levels, the project aims to co-design a whole school-based intervention in disadvantaged areas, supporting delivery of the Wellbeing area of the Junior Cycle Framework with cutting edge technology.

- Addressing worryingly low levels of physical activity by improving physical literacy¹⁸ and fundamental movement skills among primary and post primary school pupils through inclusive evidence-based programmes that support curriculum delivery, such as the Irish Heart Foundation's **Action for Life** and **Y-PATH 'PE 4 Me'**. Just 13% of children in Ireland meet the National Physical Activity Guidelines of at least 60 minutes of vigorous to moderate physical activity every day¹⁹.



What is the state's responsibility?

The State has a duty of care to protect the health and wellbeing of children that is not being met. Our childhood obesity rates are unsustainably high, but the objective of our national plan to tackle the epidemic is a reduction in excess weight among children of just half of one per cent per annum in the decade up to 2025²⁰. If this is achieved we will still have a crisis and one that is more deeply embedded than ever, not least as more than three-quarters of those affected as children will continue to live with obesity as adults²¹.

A significant reduction in obesity rates will not only improve the nation's health and reduce the annual cost of obesity to the State estimated at €1.13 billion per annum. It will also provide many opportunities to address the State's climate change agenda, including by reducing overproduction and overconsumption of food, promoting active travel and developing a more sustainable built environment.

But bolder action is needed and we are calling on the Government to set a target to halve childhood obesity by 2030 and to back this up with the political will, the

resources and the implementation programme that will achieve success.

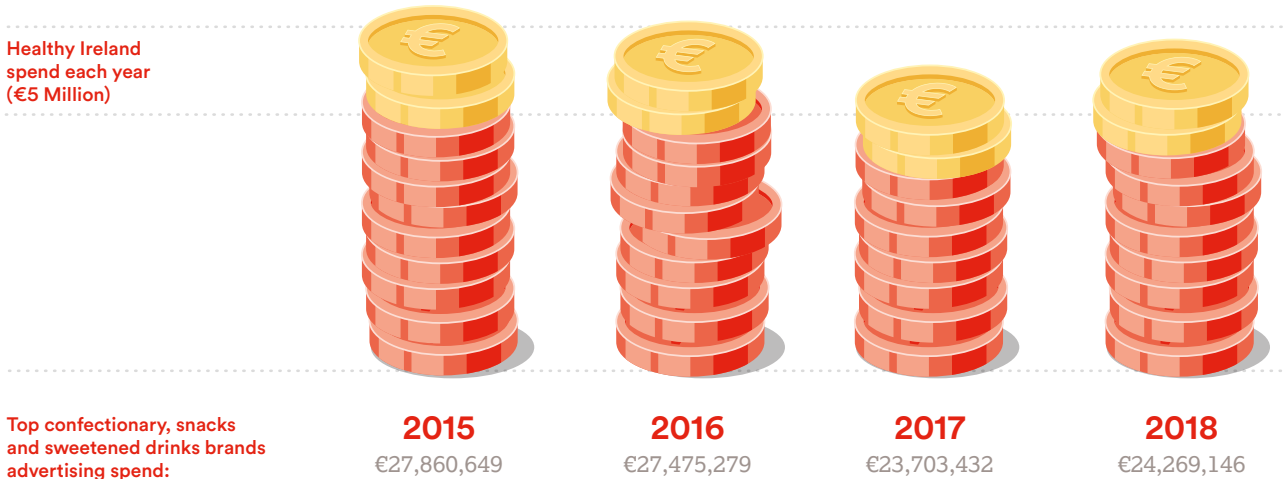
"I sat on the obesity task force in 2005. It was dead within a year due to lack of funding. A Healthy Weight for Ireland is the next iteration of that 11 years later. If cycles of policy fail, it takes another ten years to come around before we get another chance. This is our chance for the next ten years to begin to make a difference."

Prof Donal O'Shea, HSE Clinical Lead for Obesity at the Oireachtas Committee on Children and Youth Affairs

We believe that by implementing the measures set out in this Manifesto, the State can cut the rate of childhood obesity in Ireland by 50% by 2030.

Our recommendations are incorporated under the following 12 headings.

Industry spend (Ad Dynamix) vs Healthy Ireland spend (Department of Health)



1 The fight against obesity should be prioritised by Government and personally championed by the Taoiseach, with political consensus secured for comprehensive long-term action

The McKinsey report²² concludes that only a systemic, sustained portfolio of initiatives, delivered at scale can tackle obesity effectively. This requires Government, with the Taoiseach leading from the front, securing a cross-departmental, cross-party and cross-sector commitment to a bold, long-term and target-led strategy.

Reducing childhood obesity will take time and considerable political will is needed to bring decision-makers together with a shared mandate prioritised over other interests to deliver a consistent long-term approach to developing healthy food and activity environments for children and young people.

Such leadership and political priority does not exist at present, although the cross-party Oireachtas Committee on Children and Youth Affairs has shown what could be achieved through consensus in its ground-breaking 2018 report²³ on tackling childhood obesity.

As far back as 2005 the National Obesity Taskforce recommended that the Taoiseach should have the lead role in ensuring an integrated, and effective cross Government approach. But responsibility rests with the Department of Health which cannot compel the many other Government Departments that control crucial elements of the agenda, such as school food provision and creating a healthier built environment, to prioritise measures to tackle obesity.

Despite the undoubted commitment of the Department of Health to decisive action, the result is a State response to obesity that is ad hoc and ineffective.

We recommend:

- A Cabinet committee is set up to address childhood obesity. This committee, chaired by the Taoiseach, should take the lead responsibility for the implementation, monitoring and evaluation of national obesity policy. This should include an annual report launched by the Taoiseach that rates each relevant Department's performance in tackling childhood obesity.

“Given the scale of childhood obesity levels, the simple fact is that we must do more to support and protect our children and younger citizens. The prevalence of obesity among children and young adults is one of the most urgent health concerns facing policy makers.”

Alan Farrell T.D., Chair of the Oireachtas Committee on Children and Youth Affairs

2 A children's first approach should be adopted in all measures to combat childhood obesity with vested interests removed permanently from public health policy formation

Another prerequisite of an effective childhood obesity strategy is to remove representatives of the multi-national processed food industry from the decision making process.

Despite a long history of opposing public health measures that have reduced chronic disease and saved many lives, the State continues to give industry bodies a powerful role in formulating national health policy, for example in areas such as the marketing of junk food to children.

They should lose all involvement in the development of public policy because of the manifest conflict of interest between profit maximisation and measures to protect children's health.

Their lobbying activities also prevent positive action by food manufacturers and retailers that want to do more, due to the competitive disadvantage their businesses would suffer from unilateral action on marketing or reformulation.

Manufacturers and retailers, along with food industry entrepreneurs with the expertise to drive healthier food provision, are indispensable partners in changing our food environment and they should be fully engaged with outside regulatory processes.

We recommend:

- The role of the food industry and its representatives in the decision-making process on any aspect of public health policy should end forthwith.

“No country has successfully reversed its epidemic because the systemic and institutional drivers of obesity remain largely unabated... Corporate social responsibility efforts, which are too often marketing exercises, need to evolve into a stronger accountability model, in which targets and performance criteria are independently specified, monitored, and publicly shared.”

**The Global Syndemic of Obesity, Undernutrition, and Climate Change:
The Lancet Commission report**



3 Ban all forms of unhealthy food and beverage marketing to children under the age of 18

The link between childhood obesity and junk food marketing has been conclusively proved²⁴. For example, UK research shows that seeing just one extra junk food ad a week on television will add around 18,000 extra calories to a child’s annual diet²⁵. That’s the equivalent of eating an extra 60 cheeseburgers and on average will add 5lbs to a child’s weight.

This is why broadcast advertising was partially regulated in 2013²⁶. But even four and five year-old children in Ireland still see over 1,000 TV ads for unhealthy food and beverages each year²⁷.

Meanwhile, children have no protection at all from online marketing that’s even more personalised, effective and therefore more damaging²⁸. We do not even know the full extent of children’s exposure, although studies from the US and Canada suggest it’s likely to total over 100 ads for unhealthy food and beverages per week²⁹. The result is that junk brands have achieved a wholly inappropriate proximity to children – pestering them relentlessly behind their parents’ backs on their smartphones and tablets.

The products most commonly marketed to children³⁰ – sugary breakfast cereals, soft drinks, confectionery, savoury snacks and fast food – are advertised as everyday products, when State guidelines recommend they should only be consumed rarely and in small quantities. This advertised diet has turned the food pyramid on its head and distorted our perception of what constitutes a healthy diet.

Fact Box: Canadian research found that children see an average of 5,772 food ads per year on social media, the vast majority promoting food and beverages high in fat, sugar and salt.

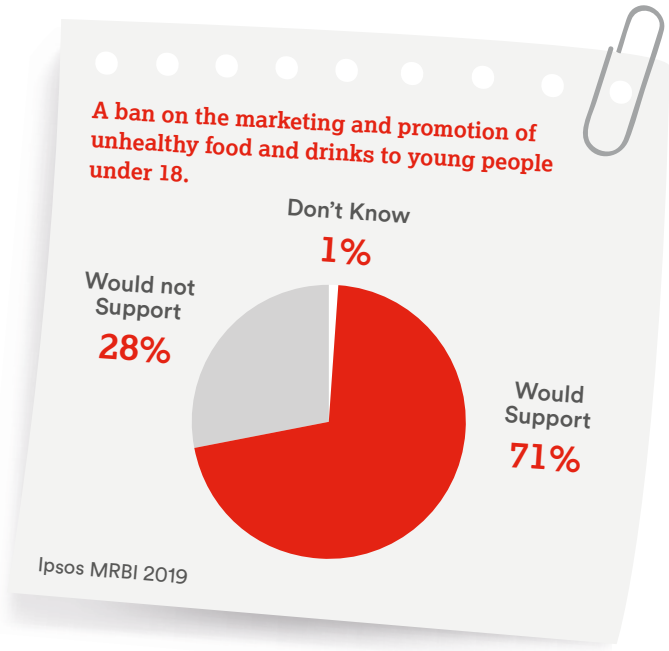
“Junk food advertising has become a monster, manipulating young people’s emotions and their choices. Thanks to the explosion of digital marketing on top of loopholes in broadcast regulations children are being ruthlessly exploited by junk brands and are being bombarded daily in a way that it’s impossible to resist.”

Dan Parker, former brand marketer turned health advocate with Living Loud UK

We recommend:

To redress this imbalance, access for junk marketers to our children should be withdrawn by:

- Legislation prohibiting all forms of unhealthy food and drinks marketing online to children under 18.
- A 9pm watershed on television for all unhealthy food and beverage advertising.



4 The creation of healthier school environments for all pupils

Creating a healthier school environment falls under two pillars: better nutrition and more inclusive physical activity.

There is a glaring disparity between what post primary pupils learn about the food pyramid and the food environment in and around their school campuses. IHF research³¹ found a proliferation of snackeries in schools selling products such as cookies, muffins and sausage rolls. Sponsorships for unhealthy products were also rife. Meanwhile, many schools have no space for students to eat their food, so they are left to their own devices during lunch breaks.

Physical education (PE) provision across the Irish school system is among the lowest in Europe. Ninety per cent of our post primary schools fail to meet the two hour a week minimum set by the Department of Education³². And whilst PE is recommended for all primary and post primary pupils, for the majority it is not compulsory. Sports facilities and other opportunities for physical activity, including active play are also inadequate in many schools. This represents a double whammy that copperfastens a grim reality in wider society – children are taking in more and expending less energy than ever before.

We recommend:

School food

- The introduction of nutrition standards for all school food.
- Removal of vending machines and tuck shops which almost exclusively sell unhealthy food and drinks.
- A ban on all unhealthy food and beverage sponsorships in schools, or events involving schools and other facilities for children.
- Removal of sweetened milk products from the EU School Milk Scheme.
- Further expansion of the School Meals Scheme, including continuing rigorous monitoring of compliance with nutrition standards.
- Further expansion of schemes such as Food Dudes and Incredible Edibles.

Curriculum

- Every school pupil gets at least 30 minutes of physical activity a day through active play and PE. A minimum of two hours of PE a week should be available to all pupils each week throughout their school lives.
- All school pupils learn about nutrition and are taught cooking and growing skills and all post primary pupils have the option to study home economics.

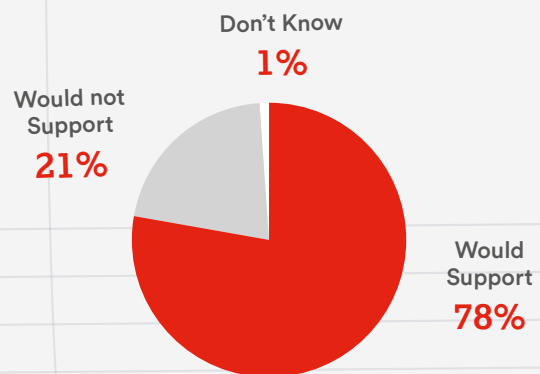
Facilities and training

- A national review of all school cooking and dining, along with sports and recreation facilities in existing schools to be followed with a funded plan to address deficiencies.
- All new schools to have adequate facilities for cooking and dining, along with sports and physical activity both indoors and outside.
- Investment in an Active School Network staffed with coordinators to build links with local clubs and community organisations to develop a multi-sport system-wide approach to sharing facilities, and increase the number of opportunities for all pupils to participate in physical activity.
- Full access to free potable drinking water and refrigeration facilities so all schools can avail of the EU School Milk Scheme.
- All schools to develop consistent policies to promote healthy eating and active living, with training provided for school leadership.
- School grounds to be opened up to local communities during holiday periods.

Monitoring

- A healthy rating scheme for all schools developed with active involvement of pupils and parents, and including all aspects of nutrition and physical activity in the school environment.
- Adherence to healthy school policies and nutrition standards assessed as part of school inspections.

Ending the sale of unhealthy food and beverages such as sugary drinks, snack foods, chocolate bars, crisps etc. in school vending machines & tuck shops.



Ipsos MRBI 2019

5 Mandatory reformulation of unhealthy food and beverages and measures to control portion size

Reformulation and portion size control are among the measures that can have the most impact in reducing high levels of fat, sugar and salt in children's diets³³.

However, industry-led reformulation programmes have failed to deliver reductions in fat, sugar and salt required to reduce calorie intake and produce a healthier diet^{34,35}.

In Ireland a reformulation programme undertaken by IBEC's Food Drink Ireland over a 12-year period failed to deliver any reduction in average energy consumed across the population in any age group³⁶.

Meanwhile, by the end of 2018 reductions in sugar under Public Health England's reformulation programme had achieved an overall 2.9% reduction in average sugar content among retail and manufacturer branded products out of a target of 20% to be reached by 2020³⁷. This compares to a 28.8% fall in the average sugar content of drinks subject to the sugar sweetened drinks tax in the UK and a 21.6% decrease in the total sugar purchased from these drinks.

The decisive action of manufacturers to reduce their exposure to the tax compared to efforts under the reformulation programme demonstrates the futility of voluntary schemes and the need for further use of tax measures to incentivise reformulation, in addition to a programme imposing mandatory incremental targets that includes provision for rigorous monitoring, time limits and significant penalties for non-compliance.

A major new programme of salt reduction is also required given the Food Safety Authority of Ireland estimate that the average daily salt intake among adults in Ireland is approximately 10 grams against a recommended daily amount of 6g. Due to a lack of data relating to children in Ireland, it quotes UK statistics which put intakes at more than two-thirds higher than recommended among 4-6 year old children and over 20% higher among 7-10 year olds³⁸.

According to the National Children's Survey II Summary Report, saturated fat intake among 5-12 year-olds in Ireland totals 14%³⁹ - 40% above the recommended maximum. And even among three-year-olds, sugar

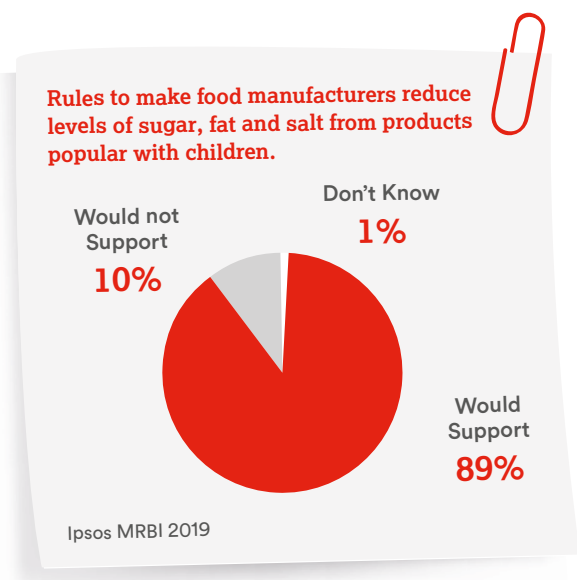
intake equating to ten teaspoons a day is 250% higher than the recommended maximum of four teaspoons⁴⁰.

Meanwhile, food portion sizes have grown significantly in the last generation due to marketing tactics and sales strategies in shops, restaurants and other food outlets.

Studies consistently show that larger portions result in increased consumption. UK research suggests that eliminating larger portion sizes from the diet could reduce daily energy intake by up to 16%⁴¹. Therefore, interventions delivered at sufficient scale can play a significant role in tackling obesity.

We recommend:

- Targets set out by the reformulation committee of the Department of Health's Obesity Policy Implementation Oversight Group to be made mandatory.
- New taxes to be imposed to incentivise reformulation of products that are contributing most to children's excess calorie intake.
- Independent evaluation to be undertaken of interventions to reduce the size, availability, placement, packaging, design and marketing of larger food and beverage portions.
- Restrictions to be placed on portion sizes in all publicly run facilities serving food and beverages to children.



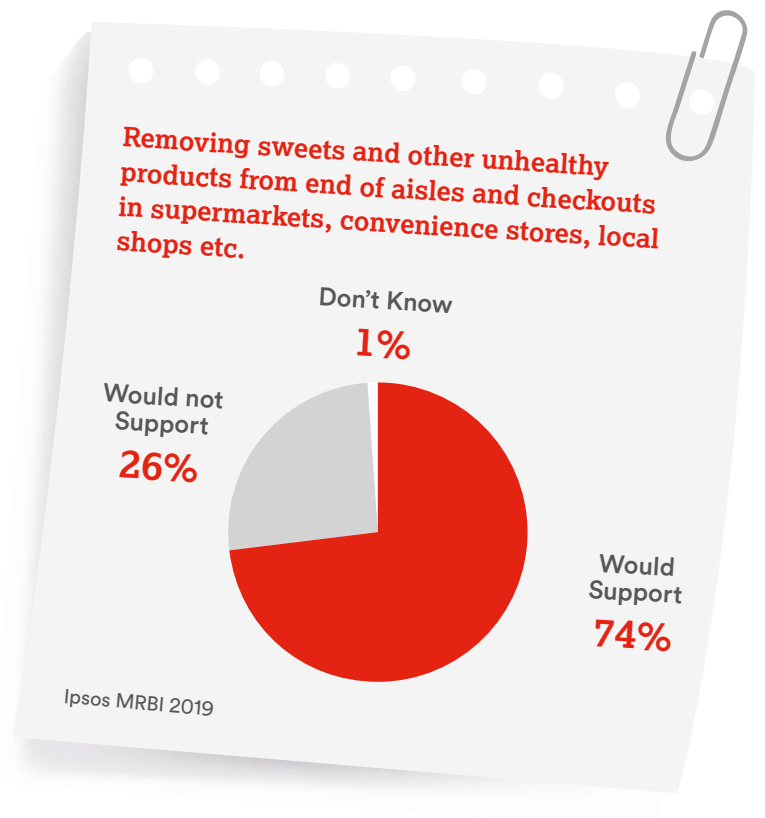
6 Restrict price promotions and in store marketing encouraging overconsumption

The link between price promotions and overconsumption of unhealthy food and beverages is clear from a wide variety of studies. For example, Public Health England's 2015 Evidence for Action research found that price promotions increase the amount of food and drink people buy by 22% and around 6% of total sugar would not be consumed if promotions on high sugar products did not occur. In Ireland, Safefood research found that 35% of products on special offer in supermarkets are high in fat, sugar and salt. This increased to 56% in convenience stores⁴².

Other UK studies showed that price promotions are the single most effective form of marketing to young people⁴³, that half of all unhealthy foods bought in supermarkets were on promotion and shoppers with high rates of special offer purchases had a 50% increased risk of obesity. This illustrates the importance of addressing price promotions, not as a blanket ban, but where they increase the frequency and volume of consumption of unhealthy products.

Meanwhile there is evidence that removing unhealthy products from checkouts and end of aisles will significantly reduce unhealthy product purchases. This includes a 2018 UK Government-funded study⁴⁴ which found that 76% fewer annual purchases of sugary confectionery and crisps were bought and eaten on the go from supermarkets that do not stock them at checkouts than at those that do.

A separate study found that sales of sugary drinks increased by 52% when placed at the end of supermarket aisles⁴⁵, whilst an Obesity Health Alliance report estimated that 80% of products in prominent supermarket locations were unhealthy, whilst fruit and vegetables occupied just one per cent of these locations⁴⁶.



We recommend:

- A ban on promotions such as buy-one-get-one-free and multipack offers for unhealthy food and beverages.
- Removal of confectionery and other unhealthy products from end of aisles and checkouts.

7 Prioritise the creation of a healthier built environment

From dispersed rural areas to towns and large cities, the communities we live in have a major role to play in tackling childhood obesity. There is much in our physical environment that needs to change if we are serious about promoting healthy lifestyles.

We know, for example, that communities with higher levels of walking and cycling have lower levels of obesity⁴⁷. However, in a survey of parents of primary school children, 23% said they drove their children to school because walking was too dangerous, whilst the corresponding figure for cycling was 43%⁴⁸.

We cannot criticise the amount of children's time online, now estimated at two hours a day among 10-12 year-olds and three hours a day at weekends, unless we provide a range of spaces, playgrounds and other facilities in residential areas that provide a fun and challenging play environment, but which do not currently exist for many.

And it's crucial that planning authorities protect children from ubiquitous fast food outlets near schools and families on low incomes from 'food deserts' that create additional barriers to them accessing healthy food⁴⁹.

Fact Box: 75% of Irish schools have at least one and 30% have at least five fast food outlets within one kilometre of their front gates.

We recommend:

- Priority for a built environment that encourages healthy living in all planning and development, including specified access for all communities to green spaces, playgrounds and other community leisure facilities promoting physical activity.
- Development of youth led improvements to green spaces, including age appropriate facilities such as adventure playgrounds, biking/skateboarding facilities, Wi-Fi and shelter.
- Supporting active travel through greater investment in segregated cycle lanes and safe walking routes with priority for popular routes to schools.
- Piloting of a 'safe streets' programme where only pedestrians and cyclists can use the roads around schools at class start and finish times.
- National regulations providing for no fry zones for all new fast food outlets within one kilometre of all schools and youth facilities.
- Ban app-based services delivering food to school gates.
- Adverts for unhealthy food and beverage products to be restricted from display within 200 metres of school playgrounds and early years services.
- A review of barriers to full use of all local sports and recreation facilities.
- Research to find the messages promoting healthy diets and physical activity that will be most effective among children in disadvantaged communities.

8 Create a Children's Future Fund that includes the proceeds of the sugar sweetened drinks tax and focus interventions on disadvantaged communities

The sugar sweetened drinks tax has taken huge volumes of sugar out of children's diets^{50 51} by incentivising manufacturers to reduce sugar content, as well as reducing demand for high sugar products by increasing prices.

But the impact of the tax could be even greater by using the revenue raised as part of a Children's Future Health Fund, with a focus on interventions in disadvantaged communities to maximise impact and address any regressive effects.

Food Safety Authority of Ireland research shows that calories from healthy foods like fruit, vegetables and lean meat are up to 10 times more expensive than from unhealthy products⁵². In addition to imposing additional levies on unhealthy products as recommended in point 6, urgent research is needed on how subsidies on healthy food can also close the gap.

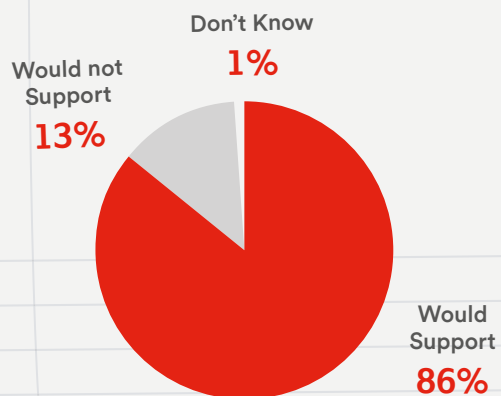
We recommend:

- Extension of the sugar sweetened drinks levy to cover milk based drinks with added sugar.
- Creation of a Children's Future Fund to finance the fight against childhood obesity, prioritising interventions in disadvantaged areas and including capital projects to improve school and community environments.
- Investigation of the most effective methods of funding healthy food subsidies.

"Tax the fast food places, tax McDonalds, tax Burger King, reduce the price of the healthier stuff, the apples, the oranges, the salads."

Member of the IHF Youth Advisory Panel

Introducing subsidies on healthy foods such as fruit and vegetables.



Ipsos MRBI 2019

9 Lead efforts at EU level to introduce mandatory front of pack labelling and point of sale information

Consumers should be entitled to know if the food they're buying is unhealthy through clear and concise information to help them make a quick informed decision. However, shoppers are regularly subjected to confusing dietary information, misleading health claims and deceptive images on packaging that make choosing a healthy shopping basket difficult to achieve.

The power to regulate food labelling lies with the EU rather than our national Government. The Government should take a lead in establishing the right of consumers to have clear, simple labelling to show content and values of fat, sugar and salt, along with calorie levels.

The effectiveness of front of pack labelling has been established. Research shows that 3.4% of all deaths from diet-related non-communicable diseases were avoidable when Nutri-Score, also known as the 5-Colour Nutrition label, was used⁵³.

Meanwhile, action is also needed to prevent consumers being misled about the health benefits of products that are high in fat, sugar and salt. In restaurants and other food outlets, it can also be difficult to distinguish between lower calorie and higher calories meals from information on menus. Long-promised regulations to make calorie posting on menus compulsory should be implemented without further delay.

We recommend:

- Securing the mandatory introduction of front of Nutri-Score labelling across the EU.
- A ban on any nutrition or health claims on packs or promotion of products if the product is also high in either salt, fat or sugar.
- Calorie posting to be mandatory on menus in all establishments selling food and drinks.

“Don't allow companies to lie to us. Add a big warning sticker that says by the way this is like 15% sugar, just to tell people. Big red warnings.”

Member of the IHF Youth Advisory Panel

Fact Box: The introduction of traffic light labelling was narrowly rejected by MEPs in 2010 after food and drink companies spent €1 billion opposing proposed regulations.

10 Greater priority for health promotion and disease prevention measures

The State has been lax in putting its own proposals into effect across a wide range of policies and actions that can help reduce childhood obesity. Whilst the taxpayer spends billions of euro each year paying for the impact of chronic disease, funding for prevention measures that could massively reduce this burden is derisory.

And whilst the Healthy Ireland programme received a Budget 2020 increase, it's funding of €6 million⁵⁴ is less than a quarter of the advertising spend of the top confectionary, snacks and sweetened drinks brands⁵⁵.

There are many areas of policy and support that must be addressed in addition to health promotion recommendations in other sections of this document.

We recommend:

Policy

- Implementation of an integrated food, nutrition and agriculture policy with clear targets and multi-annual funding.
- The development of promised national guidelines on sedentary behaviour.
- The HSE Healthy Weight for Children (0-6 years) Framework to be properly funded to enable consistent implementation.

Support

- Healthcare professionals enabled to make every contact count to support children and families through adequate staffing and training in early identification of obesity and discussing weight management, nutrition, physical activity, breastfeeding and behaviour change.
- The capacity of dieticians, physios and psychologists to support a multi-disciplinary approach to obesity in primary care to be significantly enhanced.

- Development of the evidence base on what works to engage and empower communities to lead healthy lives. Existing programmes to be robustly evaluated and scaled up if proven to be effective.

Treatment

- Children and young people with clinical obesity full access as required to weight management services at primary, secondary and specialist tertiary levels. There is currently only one dedicated service for children/youth with obesity in Ireland, based in Dublin and access throughout the country needs to be significantly increased.

“A fall in obesity rates won't happen by itself; there will have to be a sustained policy response to this problem.”

Ivan Perry, Professor of Public Health, UCC

11 Increased focus on nutrition in a child's first 1,000 days

The period from conception to a child's second birthday, often referred to as the first 1,000 days, is a critical period for nutritional programming and the development of childhood obesity related risk factors. The first 1,000 days of life offer a unique window of opportunity to contribute to obesity prevention. Strategies employed during this critical period can help reduce obesity risk in later life and promote lifelong health.

One area of significant concern is the level of breastfeeding in Ireland. Ireland has one of the lowest national levels of breastfeeding in the world⁵⁶, despite major short and long-term health benefits, including better protection from acute infections for children. Recent Irish research using the Growing Up in Ireland Child Cohort also showed that breastfeeding for between three and six months reduces the risk of obesity at age nine by 38 per cent.

We recommend:

- Support and advice for pregnant women in relation to physical activity levels and healthy eating, as well as addressing any weight related issues before and after giving birth.
- Investment in a programme to secure significant increases in the initiation and maintenance of breastfeeding.
- Greater assistance for mothers and babies, including promotion and support for breastfeeding and evidence based weaning practices for all infants.
- Improved provision for mothers to breastfeed in the community and at work.
- Implementation of the WHO Code on Marketing of Breast-Milk Substitutes which seeks to prevent public advertising and promotion of breast-milk substitutes and other related products.
- Improved early years education to inform and promote appropriate introduction of solids to infants' diets.
- Training and equipping the early years workforce to effectively support parents and families to promote healthy eating and activity in their children.



12 Incentivise industry to develop healthier food options

The research and development focus of the multinational processed food industry has involved making much of already energy dense foods cheaper and tastier. In addition to the other measures we are proposing, this needs to be balanced through incentives for food companies to develop healthier brands, supply chains and retail opportunities, along with more research into the development of nutritious products and healthier options for consumers.

We recommend:

- The establishment of a Government grant fund to incentivise business to develop healthier food products.
- The launch of a forum including Government agencies, food manufacturers, retailers and other food experts to examine the most effective use of such a fund and develop mechanisms to offer food specific business advice, including:
 - Regulatory and nutritional expertise
 - Help with negotiating contracts with buyers
 - Insights to help understand the customer base
- A restoration of the 9% VAT rate to be available to restaurants that provide healthy options, reasonable portion sizes, and clear nutrition information on menus.

Footnotes

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