

Let's Take on Childhood Obesity – The Childhood Overweight and Obesity on the Island of Ireland campaign Ireland

Which 'life stage' for CVDs prevention targets the intervention?

Childhood and Adolescence

Short description of the intervention:

Let's Take on Childhood Obesity is a public health campaign to take on childhood obesity aimed at parents of children aged 2-12 years, on the island of Ireland. This is a 3 year campaign and was launched in October 2013 by SafeFood¹ in partnership with the Health Service Executive² and Healthy Ireland Framework³ in the Republic of Ireland and the 'Fitter Futures for All' Implementation Plan in Northern Ireland⁴. The campaign urges parents to make practical changes to everyday lifestyle habits which would make a big difference to their children's future health. Tackling Childhood Obesity is a public health priority, with 1 in 4 children across the Island of Ireland carrying excess weight. There is growing evidence underlining the impact of obesity on short and long term health and well-being. Children who are obese are likely to remain obese through to adulthood. The aim of the campaign is to halt the rise in both overweight and obesity levels in children by:

1. Communicating practical solutions that parents can adopt in order to tackle the everyday habits that are associated with excess weight gain in childhood.
2. Maintaining awareness of the health challenges posed by excess weight in childhood and the negative impact this can have on the quality of life.

The campaign provides parents with practical solutions that they can adopt to tackle everyday habits associated with excess weight. It specifically addresses: a) Sugary drinks, b) Treat foods, c) Portion sizes, d) Physical activity, d) Screen time and e) Sleep.

¹ SafeFood, is an all-island implementation body set up under the British-Irish Agreement with a general remit to promote awareness and knowledge of food safety and nutrition issues on the island of Ireland.

² Health Service Executive provides all of the Republic of Ireland's public health services, in hospitals and communities across the country.

³ Healthy Ireland -A Framework for Improved Health and Wellbeing 2013 – 2025, is a new national framework for action to improve the health and wellbeing of everyone in the Republic of Ireland. Based on international evidence, it outlines a new commitment to public health with a considerable emphasis on prevention, provides for new arrangements to ensure effective co-operation between the health sector and other areas of Government and public services, concerned with social protection, children, business, food safety, education, housing, transport and the environment.

⁴ Fitter Futures for All is An Obesity Prevention Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022.

Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?

The campaign was designed and developed taking account of the research showing the relationship between socioeconomic status and childhood obesity through to adulthood. The

evidence is in relation to factors associated with childhood obesity (both relationships and evidence) was collated for campaign development and was also reviewed for new data on a regular basis.

To which type of interventions does your example of good practice belong to?

This type of intervention is a public health campaign that uses communication channels including television and radio advertisements, social and digital advertising.

How is this example of good practice funded?

The campaign is funded by Safefood, an all-island implementation body set up under the British-Irish Agreement with a general remit to promote awareness and knowledge of food safety and nutrition issues on the island of Ireland.

What is/was the level of implementation of your example of good practice?

National – cross jurisdictions (i.e. in both the Republic of Ireland and in Northern Ireland)

What are the main aim and the main objectives of your example of good practice?

The aim of the campaign was to halt the rise in both overweight and obesity levels in children by: Communicating practical solutions that parents can adopt in order to tackle the everyday habits that are associated with excess weight gain in childhood. Maintaining awareness of the health challenges posed by excess weight in childhood and the negative impact this can have on the quality of life. The campaign provided parents with practical solutions that they can adopt to tackle everyday habits associated with excess weight. It specifically addresses: a) Sugary drinks, b) Treat foods, c) Portion sizes, d) Physical activity, d) Screen time and e) Sleep.

Please give a description of the problem the good practice example wants to tackle:

Worldwide obesity has more than doubled since 1980[6]. In Ireland, the obesity epidemic is of significant concern across all age groups. Prevalence of obesity amongst men increased from 8% in 1990 to 26% in 2011, and among women it increased from 13% to 21% over the same time frame..[7] While the prevalence of childhood overweight and obesity remains high in Ireland, there is some indication that rates may be stabilising.[8] Particular concerns exist both in Ireland and internationally in the context of overweight and obesity amongst those living in disadvantaged circumstances, among certain ethnic/cultural minority groups and among people with a disability.[9,10,11]

Overweight and Obesity in Adults: In Ireland 2 in 3 adults are overweight or obese. 37% of adults are overweight (men 44%,women 31%) and 24% are obese (men 26%, women 21%).[7]

Overweight and Obesity in Children: 1 in 4 boys and 1 in 5 girls aged 4 to 5 years are overweight or obese (25 % boys, 21 % girls) (National Preschool Nutrition Survey, 2012).[12]. 1 in 4 nine year old children are overweight or obese, with girls more likely to be overweight (22 %) or obese (8 %) than boys (17 % and 5 %). Among nine year olds a total of 30% of girls and 22% of boys are defined as overweight or obese and there are pronounced social-class inequalities in the prevalence of overweight and obesity. 19% of boys and 18% of girls from professional households are overweight/obese. This increases to 29% of boys and 38% of girls from semi- and unskilled social-class households. [13] Recent data suggests that the prevalence of overweight and obesity in 9-year- old children has stabilised, and among 7-year-olds the prevalence seems to have fallen, but this was not observed in children attending schools in areas of disadvantage. [14]

Physical activity in Children: Levels of physical activity in children are a particular concern with changing lifestyles. The Children's Sport Participation and Physical Activity survey 2009 estimated that 19% of primary school children and 12% of post primary school children achieve the minimum physical activity recommendations of at least 60 minutes of moderate to vigorous physical activity every day. [15]

Weight status of the population in the Republic of Ireland can be found on <http://www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Professional/Nutrition/Adult-and-children-obesity-trends-ROI.pdf>

Weight status of the population in Northern Ireland can be found on <http://www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Professional/Nutrition/Adult-and-children-obesity-trends-NI.pdf>

The cost of obesity: The cost of obesity in Ireland in 2009 was estimated to be €1.13 billion with direct costs to the health service of circa €400,000 million (35%) and indirect costs €730,000 million (65%). The direct costs represent 2.7% of the total healthcare costs. [16]

Is your example of good practice embedded in a broader national/regional/ local policy or action plan?

Yes. The campaign covers two jurisdictions, i.e. The Republic of Ireland and Northern Ireland, and is aligned with priorities set out in government strategies in both jurisdictions. Currently, in the Republic of Ireland a National Obesity Policy and Action Plan are being developed by the Department of Health and will be completed by end of 2015. To date, a number of key policy documents have addressed issues of overweight and obesity and have set out healthy weight targets. Changing Cardiovascular [17] Health and Healthy Ireland – A Framework for Health and Wellbeing[18], set targets to increase by 5% and 6% the number of adults and children respectively with a healthy weight between 2009 and 2019.

Implementation of your example of good practice is/was:

The childhood obesity campaign is a planned 3 year campaign that has and continues to be implemented on a phased basis. Each phase focuses on a different message and practical solutions for parents around particular topics such as Sugary drinks, Treat foods, Portion sizes, Physical activity, Screen time and Sleep.

Target group(s):

The target group of this public health campaign were parents of children aged 2-12 years. However, during campaign design and implementation there was a focus on parents (mothers and fathers) from both rural and urban settings and those from lower socioeconomic areas.

During implementation, did specific actions were taken to address the equity dimensions?

Yes, during implementation, several media channels were used (TV advertisements, outdoor posters, radio newspapers, digital and social media) where all the audience for certain outlets were a higher percentage of low socioeconomic groups e.g., use of tabloid newspapers, local press and radio stations, as well as timing of TV advertisements.

In design, did relevant dimensions of equity were adequately taken into consideration and targeted?

The campaign's design and implementation phases aimed to address equity dimensions such as gender, rural-urban areas and low socioeconomic status through various approaches. During campaign design, material was tested through focus groups with parents (mothers and fathers) from both rural and urban areas with a prioritisation to those from low socioeconomic areas. Research shows that there is a relationship between socio-economic status and childhood obesity through to adulthood. During the implementation phase, several media channels were used (TV advertisements, outdoor posters, radio, newspapers, digital and social media) where all outlets had a higher percentage of low socioeconomic groups – tabloid newspapers, local press and radio stations, as well as the timing of TV advertisements.

Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants, and using different strategies?

This campaign took account of factors addressing relevant determinants of health such as gender, socioeconomic status, geography, health literacy at the design, development and implementation phases. The campaign is complementary to other on-going initiatives and programmes to tackle the issue of childhood overweight and obesity in the school and community settings. The campaign aimed to engage parents through the use of mass media in a range of settings – e.g. community setting (e.g. a number of community food initiative projects used campaign resources) and in the healthcare setting.

Was an effective partnership in place?

The public health campaign is implemented in partnership with the Irish Health Service Executive, Healthy Ireland, Department of Health, Safer Food and Better Farming and Northern Ireland's Public Health Agency – Choose to Live Better campaign.

Was the intervention implemented equitably, i.e. proportional to needs?

Childhood obesity rates are higher among lower socio-economic groups. Campaign development research was prioritised towards these groups. The campaign's design and implementation phases aimed to address equity dimensions such as gender, rural-urban areas and low socioeconomic status through various approaches. During campaign design, material was tested through focus groups with parents (mothers and fathers) from both rural and urban areas with a prioritisation to those from low socioeconomic areas. Research shows that there is a relationship between socio-economic status and childhood obesity. During the implementation phase, several media channels were used (TV advertisements, outdoor posters, radio, newspapers, digital and social media) where all outlets were skewed towards low socioeconomic groups – tabloid newspapers, local press and radio stations, as well as the timing of TV advertisements.

As part of the Community Food Initiatives (CFIs) programme targeting low income families in areas of socio-economic disadvantage, 10 Safer Food funded CFIs were engaged and campaign material was shared amongst these groups. As a result, individuals identified ways to utilize and apply the materials and messages at a local level to those low income and vulnerable groups in disadvantaged areas. Feedback from target audience was sought at every stage of campaign planning. Feedback was taken on board and the necessary amendments made. The language used in the campaign was also consumer tested. One piece of work for e.g. is 'A guide for parents - Communicating with your child about a healthy weight'.

Were potential burdens, including harm, of the intervention for the target population addressed?

A language group was established comprising of safer food staff, a panel of experts from child psychology, psychiatry as well as stakeholders from various childhood obesity interventions at a local level. This specialist group advised on campaign wording on material, imagery and language which was then tested with the public. One piece of work for e.g. is 'A guide for parents - Communicating with your child about a healthy weight' (www.safefood.eu/Childhood-Obesity/A-guide-for-parents.aspx).

Other challenges included – alerting parents but safeguarding against them feeling blamed, while ensuring parents or children aren't stigmatized; any health risk disconnect; raising this issue so parents identify themselves as responsible and also part of the solution, providing support and encouragement to parents and maintain awareness of the importance of tackling this for the long-term.

Safer Food engaged with and sought expert advice from the eating disorder organization Bodywhys to ensure that any potential unintended consequences around the campaign messages or materials were minimized and eliminated. For example, many parents fear that they may evoke an eating disorder if they talked about body weight, while at the same time the campaign needed to be sensitive to those with an eating disorder.

Were the intervention's objectives and strategy transparent to the target population and stakeholders involved?

Yes, stakeholder meetings were held on a regular basis to update the relevant parties and for the target population, all material was tested prior to development and a dedicated website hub to Childhood Obesity (<http://www.safefood.eu/Childhood-Obesity/Welcome.aspx>) was also created which included background information and additional supports such as answers to FAQs etc.

Did the evaluation results achieve the stated goals and objectives?

Yes, the evaluation results achieved the stated objectives by increasing parents awareness (by 6 %) of the key issues connected to childhood overweight and obesity. There was also strong recognition for the campaign overall, including both television and radio advertisements and outdoor advertisements. Parents also had increased knowledge on the effects obesity has on health. Parents behaviour also changed as a result of the campaign with a significant reduction in the number of parents giving treat foods to children every day (down 9%) and an increase in the number of parents open to discussing the issue of weight if they needed to (up 7%). 4 in 10 parents reported to have tried to reduce consumption of sugary drinks since the beginning of the campaign and daily consumption of fizzy drinks by children was down by 5%. Attempts to provide more age-appropriate portion sizes being served to children increased by 4% and 65 % of children were getting one hour of physical activity a day (up 6%).

Did the intervention a defined and appropriate evaluation framework assessing structure, processes and outcomes?

Consumer research was carried out by Millward Brown to assess the knowledge, attitudes and behaviours of the target audience towards childhood obesity throughout the campaign. A nationally representative sample of adults with children under the age of 12 years was sampled pre campaign and 12 months later. On both occasions participants were asked to complete a questionnaire during face-to-face interviews. The key elements asked in both surveys included the following: Issues Facing Children, Campaign Evaluation – including topics such as treats & supermarket themes, treats, drinks, portion sizes, physical activity, screen time, sleep and support for parents. The field work for the baseline/pre-campaign research was carried out in October 2013 and included 909 adults, 559 in ROI and 350 in NI. The research was repeated one year later between 8th and 28th October 2014 and included 919 adults, 567 in ROI and 352 in NI. The research also included parent's ability to recognise and recall television and radio advertisements. The campaign questionnaire was designed in collaboration with public health, nutrition and communications experts from safefood to ensure appropriateness and relevance.

Did the intervention have any information /monitoring systems in place to regularly deliver data aligned with evaluation and reporting needs?

Yes – both a benchmark and annual consumer surveys were carried out before and after each phase (message) of the campaign, to facilitate this. Measures such as TV advertisement recall and greater awareness and openness among parents around messaging, were used to monitor the impact of campaign. Social media engagement and interaction were also tracked to measure consumer sentiment towards the campaign, address any issues and to give support and further information sources to parents.

Who did the evaluation?

An external party – Millward Brown, one of Ireland's leading marketing and research consultancy agencies.

Specifically, what has been measured / evaluated?

There were two different aspects to the evaluation of this campaign. The first was pre-campaign research that was carried out to assess the attitudes and behaviours towards childhood obesity before the campaign began and this served as a benchmark to evaluate the campaign. Research was carried out by Millward Brown in October 2013 pre campaign to assess the attitudes and behaviours towards childhood obesity before the campaign began. The benchmark research was done by face-to-face home interviews with a nationally representative sample of adults (n=909) and children under the age of 12.

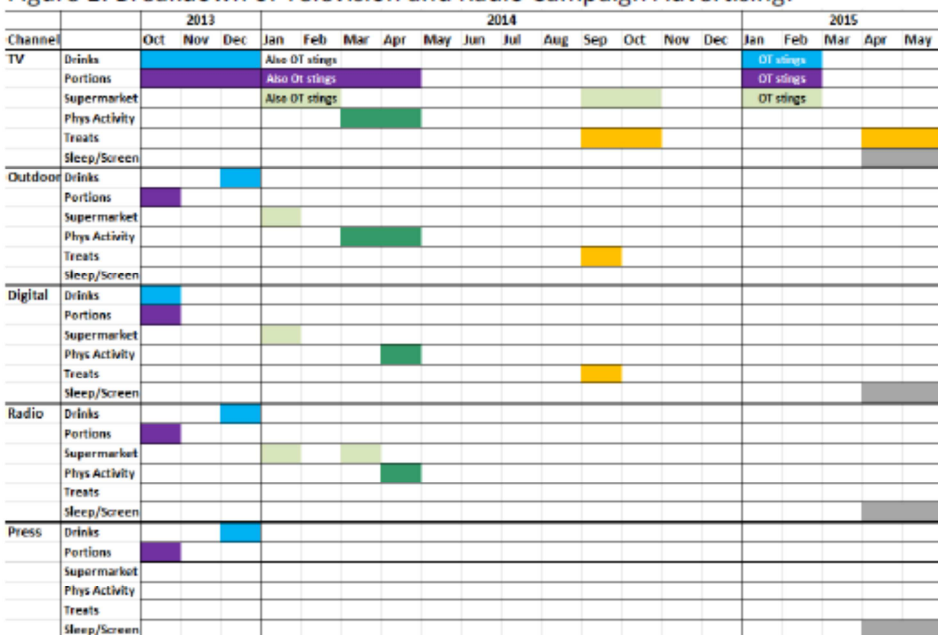
The second part of the evaluation focused on an evaluation of advertising for the childhood obesity campaign to test the effectiveness of the campaign and provided an initial consumer reaction to the campaign advertisements. Advertising channels used included, television, radio and outdoor advertisements, Digital communications, and social media channels. The effectiveness of the campaign was evaluated from the aspects of changing parental knowledge, attitudes and behaviours. Quantitative research was carried out by undertaking face to face focus groups with parents in multiple locations across the country, as well as accessing the latest population dietary research. The research also included parent’s ability to recognise and recall television and radio advertisements.

Campaign Channels

Television and Radio Advertisements:

The childhood obesity campaign included 6 television and radio advertisements.

Figure 1. Breakdown of Television and Radio Campaign Advertising:



*OT Stings represents advertising around Operation Transformation.

Outdoor Advertisements: The message about childhood obesity was advertised by safefood in October 2013 on 130 outdoor posters located near supermarkets and 5,000 trolley handles across the Island of Ireland. The advertisements included drink choices, treat foods, portion sizes and physical activity. This type of advertising ran in different phases between October 2103 and May 2015.

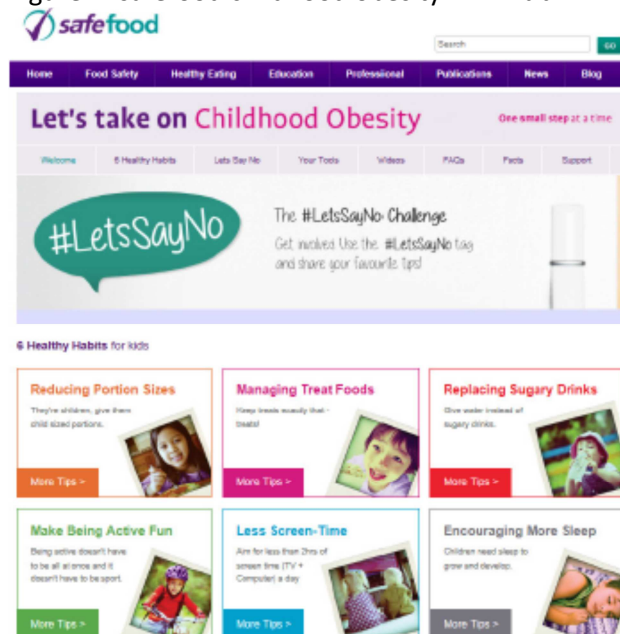
Digital Communications:

Mini Hub: The safefood website featured a quick link to the mini-hub on childhood obesity for the duration of the campaign. The mini hub includes information on:

1. Reducing portion sizes – They’re children, give them child size portions.
2. Managing treat foods – Keep treats exactly that, treats!
3. Reducing sugary drinks- Give water instead of sugary drinks.

4. Make being active fun- Being active doesn't have to be all at once and it doesn't have to be sport.
5. Less Screen Time- Aim for less than 2 hours screen time a day.
6. Encouraging more sleep – Children need sleep to grow and develop.

Figure 4. safefood childhood obesity mini hub.



Blogs: Outside of the mini-hub, blogs were posted on the website by the safefood CEO, various safefood staff and guest experts. The blogs were under the following titles:

- Making a TV ad about childhood obesity
- Bringing back play, one kerb at a time
- Why reduce treats?
- Avoiding unhealthy food treats
- How to use treat foods
- Top 10 tips for a better bedtime routine for your kids
- Good night's sleep

Each section of the campaign was advertised on digital communications for a period of a month after their launch, with the exception of the sleep campaign which ran for April and May 2015.

Social Media Channels: safefood used social media channels including Facebook and twitter to share the campaign message on childhood obesity to a wider reach. safefood regularly updated their social media sites, supplying their followers with information on childhood obesity. This information includes infographics on treat foods and sugary drinks. Favourite tips and ideas were shared by followers to other parents by using #LetsSayNo, #BringBackPlay and #ItsBedtime. Vox pop videos and parent blogs were uploaded sharing the public's ideas on reducing children's portion size, how to say no to treats and incorporating regular exercise into their children's daily routines. Expert's tips on how to achieve a healthier lifestyle for children are also shared through the means of social media.

Evaluation of the impacts/effects/outcome:

Pre Campaign: 1 in 2 parents were concerned about children being overweight and obese and a large proportion of people failed to identify themselves or their children as being overweight. 1 in 10 parents were intent on cutting portion size and 1 in 5 was looking to cut down the consumption of sugary drinks.

Post Campaign: Overall, there was a 6% increase in awareness among parents of the immediate and future health challenge posed by excess weight in childhood. There were strong levels of recognition for the campaign overall, including both television and radio advertisements and outdoor advertisements with significantly stronger recall rates in the Republic of Ireland than Northern Ireland (85% of people in the ROI and 78% of people in NI recalled seeing at least one of the ads).

As shown in the table 1, the campaign has had an effect on all five channels of behavioural change with parents across the Island of Ireland (IOI). Parents now have an increased awareness around the importance of these particular changes and have attempted to improve their child’s habits; with smaller portion sizes and water at meals times, taking more physical activity as well as consuming less fizzy drinks and treat foods each day. Key findings

- A significant reduction in the number of parents giving treat foods to children every day (down 9%)
- An increase in the number of parents open to discussing the issue of weight if they needed to (up 7%).
- 4 in 10 parents reported to have tried to reduce consumption of sugary drinks since the beginning of the campaign and daily consumption of fizzy drinks by children was down by 5%.
- Attempts to provide more age-appropriate portion sizes being served to children increased by 4%.
- 65 % of children were getting one hour of physical activity a day (up 6%).
- Parent’s lack of knowledge on childhood obesity is more notable amongst those from lower socio economic groups. This is particularly evident in reducing the frequency of treats and knowing the recommended hours of sleep for their children.

The campaign analysis and evaluation is available in English and will be available on <http://www.safefood.eu>.

Table 1. Summary of research results for pre and post campaign for island of Ireland based on behavioural change.

| Key Issue | Pre-Campaign Results | Post-Campaign Results | % Difference |
|--|----------------------|-----------------------|--------------|
| Attempt to reduce portion size | 12% | 16% | +4% |
| Consumption of fizzy drinks once a day or more | 45% | 40% | -5% |
| Consumption of water at mealtimes | 31% | 38% | +7% |
| At least an hour of exercise per day | 59% | 65% | +6% |
| Food treat at least once a day | 33% | 24% | -9% |

What are the main results/conclusions/recommendations from the evaluation?

Overall, there was a significant increase in awareness by parents that excess weight in childhood is associated with poorer health in later life (up 6%) and there were strong levels of recognition for the campaign overall, including both television and radio advertisements and outdoor advertisements. Conclusions:

- The Childhood Overweight and Obesity on the Island of Ireland campaign has been strongly recognised and successful to date in changing parent’s knowledge, attitudes and reported behaviours towards the issue.

- The use of television and radio advertising, outdoor advertising, digital communications, social media channels and press coverage allowed for the effective spread of the message against childhood obesity.
- Overall, parents are making positive and practical changes to their children's diets and physical activity levels in an effort to reduce childhood obesity.
- These are encouraging findings from an evidence based campaign showing changes in parent's knowledge, attitude and reported behaviours towards issues connected to childhood overweight and obesity.

Who implemented the intervention?

A childhood obesity team (consisting of staff from human health & nutrition, marketing and communications and corporate operations) within Safefood worked on implementing the various threads of the campaign. Safefood, the HSE, the Department of Health, Republic of Ireland, and partners in Northern Ireland (NI) – Public Health Agency worked collaboratively on this project for the years 2013 to 2015. An inter- Government departmental steering group was formed - including two government agencies and two government departments, including the Department of Health, the Department of Children and Youth Affairs, as well as the Regional Obesity Prevention Implementation Group (ROPIG) in NI and the Department of Health's Special Action Group on Obesity (SAGO) in ROI.

What core activities are/have been implemented?

- Consumer research was carried out by Millward Brown to assess the knowledge, attitudes and behaviours of the target audience towards childhood obesity throughout the campaign, to inform the creative development of the campaign.
- 6 television and radio advertisements were broadcasted across the relevant media streams on the Island of Ireland (IOI). The message about childhood obesity was advertised by safefood in October 2013 on 130 outdoor posters located near
- supermarkets and 5,000 trolley handles across the Island of Ireland. Digital communications - a mini-hub on childhood obesity was linked to on the safefood website including resources and information for parents, for the duration of the campaign.
- Outside of the mini-hub, blogs were posted on the website by the safefood CEO, various safefood staff and guest experts.
- Direct Marketing - 250,000 family booklets - Your Child's Weight were also distributed via the HSE and www.healthpromotion.ie
- Health Professional Support - in ROI A guide for health professionals – Assisting Parents and Guardians in communicating with their children about body weight, was developed and distributed by the HSE.
- The Health professional guide was included with the parent booklet 'Your Child's Weight booklet' and made available for all GPs for the start of the under 6yrs contract. They are also both listed on the HSE's info sheet for available supports.
- 2,500 posters of an infographic illustrating the amount of sugar in children's commonly consumed drinks were distributed by the Dental Health Foundation in ROI.
- Safefood attended agricultural shows across the IOI - the ROI ploughing championships and NI Balmoral show in order to increase awareness of the campaign messages amongst parents across the IOI.

Was the intervention designed and implemented in consultation with the target population?

Yes. During campaign design, material was tested through focus groups with parents (mothers and fathers) from both rural and urban areas with prioritisation to those from low socioeconomic groups. During the implementation

phase, several media channels were used and all outlets were skewed towards low socio economic groups e.g. tabloid newspapers, local press and radio stations, as well as timing of TV advertisements.

Did the intervention achieve meaningful participation among the intended target population?

Yes. Social media provides a good indication of consumer engagement. Both safefood Facebook and Twitter pages were monitored as part of the social media analysis. Reports of the social media analytics showed that as the campaign went on there was growing success in terms of engagement and reach through Facebook. For example, figures on the Organic reach i.e.: the total number of unique people who were shown campaign-related posts through unpaid distribution grew significantly from 12,240 in phase 2 to 400,130 in phase 5 and which could be due to the volume of posts, the quality of the posts and the growing number of fans. The organic engagement rate on Twitter was also high and consistent and ranged between 2.8% and 4.8%. Most brands aim for a rate anywhere from 1% -3%.

Was the target population/s defined on the basis of needs assessment including strengths and other characteristics?

While a needs assessment per se was not conducted with the target audience, precampaign research was carried out in nationally representative sample of adults with children under the age of 12 years at the pre campaign stage and 12 months later. Focus testing of campaign materials and messages was also conducted with target audiences that took account of gender, geography, and socio-economic class.

Was the engagement of intermediaries/multipliers used to promote the meaningful participation of the target population?

SafeFood engaged with a range of stakeholders and intermediaries by undertaking the following:

1. actively engaged with Health professionals, Health representative bodies, Parental organisations, Health charities, Community and voluntary groups and Schools.
2. thorough carefully planned communications to ensure regular and ongoing engagement with national media to amplify the campaign core messages and using creative touchpoints to highlight important messages. The campaign was awarded 'Best Public Information Campaign 2015' by the Public Relations Institute of Ireland. <http://www.prca.ie/article.aspx?cat=7&sub=39>.
3. the campaign partners included the Irish Health Service Executive (HSE), the Healthy Ireland Programme at the Department of Health, the Public Health Agency in Northern Ireland (NI) supported by the Choose to Live Better campaign as well as the Department of Health's Special Action Group on Obesity (SAGO) in the Republic of Ireland. Other intermediaries included the Chartered Institute of Physiotherapists NI, the Irish Society of Chartered Physiotherapists, Diabetes Ireland, the Irish Heart Foundation, Early Years Ireland, the Department of Health, the Irish College of General Practitioners and the Irish Nutrition and Dietetic Institute (INDI).
4. safefood also wrote to the top retailers across the island of Ireland with regards to the issue of treats at the tills, showcasing its consumer research that 65% of customers backed confectionery-free checkouts. Shortly after this Tesco announced their move to put sweet-free checkouts across all stores in Britain and Ireland, including Metro and Express outlets.

Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed?

Yes. The campaign was seen as an integral part of obesity plans in both the Republic of Ireland and in Northern Ireland. The Fitter Futures for All Framework for Preventing and Addressing Overweight and Obesity in Northern

Ireland, the Department of Health Republic of Ireland and the Regional Obesity Prevention Implementation Group (ROPIG) also support the campaign.

Is there a broad support for the intervention amongst those who implement it?

Yes - the campaign is implemented by Safefood and the HSE, who have dedicated resources for this 3 year campaign. Also the campaign is supported by the All-island obesity action forum, Healthy Food for All (an all-island charity combating Food Poverty by promoting access, availability and affordability of healthy food for low-income groups in areas of socioeconomic disadvantage) as well as the Department of Health's Special Action Group on Obesity.

Is there a broad support for the intervention amongst the intended target populations?

Yes. The broad support for this campaign among the intended target audience is reflected in the impacts the campaign has had on the target audience. Individuals on the ground see childhood obesity as an important issue and there is greater awareness among parents that excess weight in childhood is associated with poorer health/excess weight in later life - up 16% to 51%. As well as this there is also greater awareness & openness among parents to discuss the issue if needed with their children - up 21% to 80%.

Pre-campaign, 45% of children had a sugary drink at least once a day. This has dropped to 32%. Water consumption at mealtimes has also increased from 1 in 4 children to 4 in 10. 96% of parents in the benchmark study had tried to reduce their child's portion size. 74% of parents who have since been exposed to the 'Portions' campaign believe they need to start cutting down on the size of their children's portions, with 1 in 3 parents actively trying since launch

Were organisational structures clearly defined and described?

An inter Government departmental steering group was formed - including two government agencies and two government departments, including the Department of Health, the Department of Children and Youth Affairs, as well as the Regional Obesity Prevention Implementation Group (ROPIG)(NI) and Department of Health's Special Action Group on Obesity (SAGO)(ROI) to provide direction and oversight in the development and management of this campaign.

In the ROI – a memorandum of agreement was drawn up between safefood, HSE and DoH- working collaboratively on this project for the years 2013 to 2015. safefood manage the development of the integrated advertising campaign and the day to day running of the digital elements of the campaign whilst live. Safefood will have the final say in the development of the consumer communications. The HSE manage the development and roll out of the training and materials for health professionals. The DOH will support where appropriate in policy areas. The proposed materials will be shown to the campaign group. safefood manage the development of the integrated consumer communication's campaign. The HSE and DOH will be involved in the development of the brief(s). HSE will play an active role in campaign message development. All marketing, PR and other communications activities activity to be carried out around the campaign will be agreed between the three parties. In NI – safefood had full responsibility for the campaign as part of the Fitter Future for All Framework and the Choose to Live Better brand. A project management plan, outlining budget, timescales and expected outcomes, is in place, which helps ensure that the campaign is delivered in a cost effective and efficient manner. Organization structures roles and responsibilities of all involved are clearly defined A dedicated budget was committed to this campaign for 3 years.

safefood provided funding for the campaign development and delivery. HSE funded the resources and distribution of same among health professionals and staff.

Is the potential impact on the population targeted assessed (if scaled up) ?

Yes, the impact of this campaign has been demonstrated in both the Republic of Ireland and Northern Ireland in terms of changing parent's knowledge, attitudes and reported behaviours towards issues connected with childhood obesity. Parents are making positive and practical changes to their children's diets and physical activity levels in an effort to reduce childhood obesity. As well as this, the campaign also aims to establish long term weight and health awareness among parents.

Are there specific knowledge transfer strategies in place (evidence into practice)?

While there is no specific transfer strategy documented, it is reasonable to assume that some of the supporting campaign resources could be readily transferred and/or adapted to other jurisdictions. These resources include: a campaign support booklet for parent's, infographics – (on sugary beverages, childhood obesity and nutritional information on sweets, crisps, chocolate and biscuits etc.), printed resources for parents (reward charts and stickers), digital and online support as well as health professionals supports (a guide for assisting parents and guardians in communicating with their children about body weight) and the ICGP blended learning pack on childhood obesity.

Is there available an analysis of requirements for eventual scaling up such as foreseen barriers and facilitators?

Yes, partially. Some of the governance and project management arrangements are detailed above. While the potential for the transfer or scaling up the campaign has yet to be explored in more detail, it is reasonable to assume that some of the campaign elements and material could readily be adapted and translated into different languages and transferred to other countries. This is a large scale evidence based campaign that is being implemented in two jurisdictions on the island of Ireland, i.e. in the Republic of Ireland and in Northern Ireland, that so far has been successful in changing parent's knowledge, attitude and reported behaviours towards issues connected to childhood overweight and obesity.

What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?

- Commitment and support from across Government Departments.
- Political leadership and commitment – embedded in obesity implementation plans north and south
- Leadership and commitment within the organisations responsible for implementing the campaign.
- Key success factors around campaign development and implementation included: 1) target audience engagement during campaign development informed the creative advertising approach, ensured that the correct and most appropriate stakeholders were engaged, and informed the development of relevant campaign messages.
- Partnerships with key stakeholders across many disciplines and sectors.

What were, in your opinion, the main lessons to be learned?

- Tackling overweight and obesity requires a multi-disciplinary, multi-agency, multilevel and coordinated approach that engages all stakeholders.
- Strong leadership, commitment and support from Government is essential to set the national government policy landscape and to provide a national policy approach.
- Partnerships with key stakeholders are essential to foster cross collaboration and co-operation for implementation.
- A Dedicated budget.
- At the campaign design and development phases reviewing and revising messages was critical to ensure that the key points were bold, frank and relevant to the target audience. Post campaign message research showed that the target audience appreciated clear and straightforward messages for example, 'give ½ a portion to a 5 year old'.

- Engagement of appropriate target audiences to focus test campaign materials and messages prior to campaign development.
- Conducting pre-campaign testing for both research purposes and to serve as a benchmark to evaluate the campaign.

Communication details

Communication details e.g. web page on the intervention can be accessed here

<http://www.safefood.eu/Childhood-Obesity/Welcome.aspx>

Weight status of the population in the Republic of Ireland can be found on

<http://www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Professional/Nutrition/Adult-and-children-obesity-trends-ROI.pdf>

Weight status of the population in Northern Ireland can be found on

<http://www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Professional/Nutrition/Adult-and-children-obesity-trends-NI.pdf>

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19. Department of Health, Social Services and Public Safety (DHSSPS) has developed A Fitter Future For All - An Obesity Prevention Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022.

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