



# *Health Equity Pilot Project (HEPP)*

## **Summary of the HEPP Coaching Workshop**

**Ireland, 25 July 2018**



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# Report on the Health Equity Pilot Project Workshop – Dublin, Ireland, 25 July 2018

## 1. Workshop Objective

The Department of Health had worked with the HEPP team to focus the workshop in Health Inequalities, with a focus on obesity in children and young people. The workshop was an opportunity to explore in more detail the national policy and action plan in the light of international evidence, and consider what further could be done to help to ensure effective implementation.

## 2. Process

The workshop was co-produced in terms of content with the Head of Health and Wellbeing, in the Irish Department of Health, and the Health Equity Pilot Project, Manager and workshop lead.

The agreed workshop methodology was to:

- Ensure that the significance of the workshop was recognised by the convening and leadership of the workshop by the Head of Health and Wellbeing at the Department of Health in Ireland
- Set the context for the workshop in terms of the EC's commitment to addressing health inequalities and the Health Equity Pilot Project
- Establish that the workshop was interactive and not didactic
- Recognise that while the workshop was not a decision making forum, that it was seeking to identify potential actions to take forward to address health inequalities
- Elaborate the principles and concepts of socio-economic health inequalities as developed in the Commission on the Social Determinants of Health
- Identify what is known about health related inequalities in the behaviours under review with a particular focus on nutrition, physical activity, and children and young people.
- Identify the context for action on behaviour-related health inequalities in Ireland
- Identify opportunities and barriers to action on health inequalities (with a focus on obesity)
- Share the evidence base for effective action to address health inequalities resulting from poor diet and nutrition, and low physical activity
- Consider potential future actions.

The workshop included representation from the following government departments:

- Department of Health
- Department of Children & Youth Affairs
- Department of Public Expenditure and Reform
- Department of Education & Skills
- Department of Public Expenditure & Reform
- Department of An Taoiseach (Prime Minister)
- The Irish Health Service
- Institute of Public Health
- Sport Ireland
- NGOs (Children's Rights Alliance, Irish Heart Foundation)

The programme is attached as annex 1

The participants list is attached as annex 2

The participants' evaluation is attached as annex 3.

### **3. The Context of Health Inequalities in Ireland**

In terms of addressing Non-Communicable Diseases there is:

*A Healthy Ireland framework approved by government in 2013*

- Recognition that the health sector alone cannot be responsible for improving population health, and that other policy areas have a role to play by addressing those areas which impact on health, the determinants of health
- There is a 'building health and wellbeing' and 'prevention' agenda – and the recognition of the need for an inter-sectoral approach
- There is recognition that population health and well-being are an essential platform for social, economic and cultural progress.

The goals are:

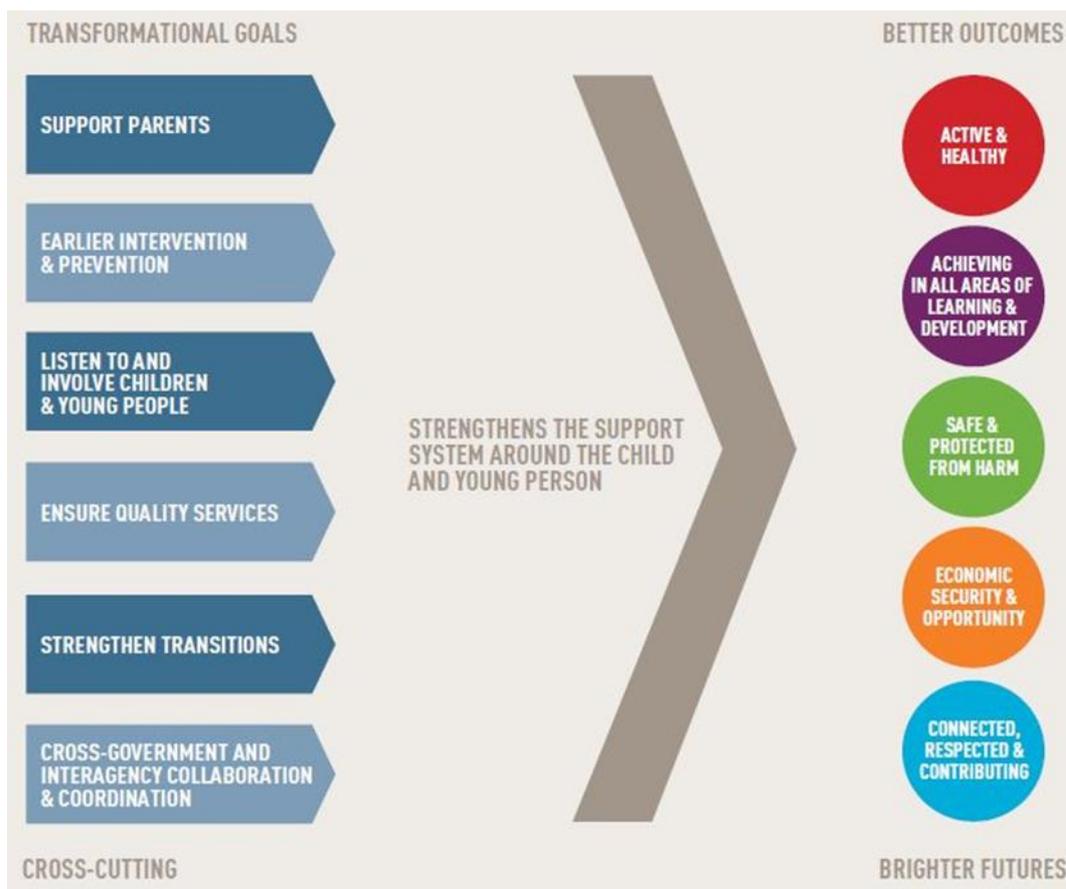
1. Increase the proportion of people who are healthy at all stages of life (i.e. a life course approach)
2. Reducing health inequalities
3. Protect public from threats to health and well-being
4. Create an environment where every individual and sector can play their part in achieving a healthy Ireland.

*Better Outcomes, Brighter Futures* (Framework for improving outcomes for children and young people)

An overarching national framework for children and young people (0-24 years).

Purpose is to coordinate policy coherence across government to achieve better outcomes.

The transformational goals and outcomes envisaged from *Better Outcomes, Brighter Futures* are:



The outcome area of principle interest is 'active and healthy' although there is a recognition that all outcomes feed back into health across the life course.

Tackling child obesity is identified as an early cross-sectoral priority.

### Other Points

Almost all government departments are working actively together with the Department of Health.

Policy alignment is a key part of making the strategy a reality.

Both '*Healthy Ireland*' and '*Better Outcomes, Brighter Futures*' are overseen for implementation purposes by the Cabinet Committee.

Implementation oversight groups have been established for both obesity and physical activity with an agreed focus on children and young people.

A new Healthy Ireland Fund was established in 2017, drawing on the WHO Health Evidence Network review on financing and budgeting mechanisms to support inter-sectoral actions and financing between health, education, social welfare and labour sectors.

The Healthy Ireland Fund of about €5m in 2017 included contributions from Department of Children and Youth Affairs and Department of Rural and Community Development. It provided funding to about 390 actions across every county in Ireland, principally focused on inequalities and more deprived communities. Another €5m was allocated to the Fund for 2018.

The intention is to use the national Healthy Cities and Counties Network as a vehicle to share best practice (Currently seven cities/counties are formally accredited; by end 2019 the intention is to have all 31 local authority areas involved).

## **4. What does the data tell us about health inequalities in Ireland?**

- Ireland is a relatively small country with a population of about 4.7m. It has the highest birth rate in Europe, though is still below population replacement levels, and the lowest death rate.
- Life expectancy is slightly above EU level for males and at EU levels for females, with healthy life years higher than EU averages for both males and females (Ireland 67.3 males and 69.8 females; EU 63.5 males and 64.2 females).
- Self-perceived health is much higher than the EU average, apparently at odds with its reported health status (life expectancy, healthy life years etc.)

- The population has high alcohol consumption levels, average smoking rates, high rates of obesity in comparison to EU.
- Childhood obesity rates are stabilising at a high-level, except in disadvantaged areas.
- 19% of primary and 12% of post-primary school children meet current recommendations for physical activity (2010 data; this study is currently being repeated).

Ireland has a relatively good level of welfare support, and an average level of income inequality.

<b>Category</b>	<b>Most Affluent</b>	<b>Most Deprived</b>	<b>Source</b>
Self-perceived health (good & v.good)	89%	75%	Irish Health Survey 2015 (EHIS)
Smoking	16%	35%	Healthy Ireland Survey 2015
Obesity	16%	26%	Healthy Ireland Survey 2015
Consumption of Alcohol Annual	81%	73%	Healthy Ireland Survey 2015
Binge Drinking weekly	23%	31%	Healthy Ireland Survey 2015
Physical Activity	32%	32%	Healthy Ireland Survey 2015

The inequalities gap is staying roughly the same though overall population health is improving.

## 5. Other points

The workshop had allocated considerable time to focus on concerns and challenges with regard to digital marketing, particularly that targeted at children and young people.

## 5.1 Childhood obesity

There is an agreed obesity policy and action plan for 2016-2025 (A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025

<https://health.gov.ie/blog/publications/a-healthy-weight-for-ireland-obesity-policy-and-action-plan-2016-2025/>). It:

- aims to reverse trends and has a focus on overweight and obesity in children
- emphasises a cross-sectoral approach and is implemented in conjunction with the National Physical Activity Plan
- uses the Healthy Ireland infrastructure and approach (includes Healthy Counties, workplaces, Education sector, communications)
- has an implementation oversight group chaired by Department of Health, with other government departments, the Health Service Executive, Safefood and researchers
- has 2 initial sub groups – reformulation and healthy eating
- recognises the need for targeted measures to address inequalities and meet the needs of at risk groups.

Actions to date include:

- New healthy eating guidelines
- Nutrition standards for school meals
- Public campaign
- Brief interventions in addressing obesity
- Industry voluntary codes of practice on marketing and promotion
- Sugar sweetened drinks tax introduced May 2018.

Physical Activity Plan:

- Joint oversight by Department of Health, Transport, Tourism, and Sport
- Focus on walking, cycling swimming etc.
- Supporting and valuing sport and PE in school

- Government just launched new 10 year sports policy.

New Healthy Ireland communications campaign with public launched in 2018 – healthy eating, physical activity, and mental wellbeing:

- A research programme on childhood obesity and food insecurity
- NGOs are active in influencing policy and campaigning, and doing some work in schools – e.g. training programme for PE teachers.

## **5.2 Tension between public health and economic growth, and other issues**

- Economic development has and continues to be a high priority - this means that relationships with agriculture and food ministries can be challenging
- Austerity measures have led to cuts in services
- Health Service has been restructured
- More generally there is a lack of a broad understanding/awareness beyond a relatively small core group that health inequalities are determined by larger social economic inequalities that require cross government action
- The Department of Health cannot tackle health inequalities on its own and neither is it possible to resolve this just through child/parent education, particularly given that schools already have a very large agenda and there is a real risk of overburdening them with another agenda
- One of the areas that public health has to navigate carefully is to develop programmes that lead to accusations of “nanny-stateism”
- There is a concern that while it is positive that there are a range of cross-sectoral governmental groups that are seeking to engage with this issue, they could probably be more accountable and transparent
- Self-perceived health in Ireland is consistently rated very positively - this is both a strength and a problem. It requires thoughtful interpretation of what this data means culturally and with regard to other data.

## **5.3 Tactics**

Participants at the workshop were united on the seriousness of this issue (inequality and childhood obesity) and participants noted that it was important to get the tactics right. This agenda is a difficult one.

Challenges include:

1. The relative power of big food and alcohol industries
2. Framing of people affected by health inequalities - so that they are not blamed or stigmatised.

Public Health strategies need to identify clear courses of action that produce change. There will be those who might wish to describe public health proposals as “nanny-stateism” or creating “moral panics” it is important to frame this agenda carefully - so that public health does not appear to be overly ‘paranoid’.

#### **5.4 Diet and Physical Activity - two sides of the same coin?**

In the discussion it was acknowledged that a focus on both diet and physical activity is of course desirable with regard to addressing childhood obesity, though with diet predominating.

However, participants noted that it is important to give thought to the rationale behind approaches here. It is comparatively straightforward to portray increased physical activity as a universal good, addressing deficits in physical activity is comparatively easy to conceptualise - more of it would be good. However diet is much more complex, it is part of people’s identity, culture and celebration. While it is clearly an essential part of living there are aspects of diet that are evidentially not good for health (High in fat, sugar or salt (HFSS)). Developing actions that address this complexity is harder.

Any policy that focusses on tackling obesity needs to recognise the implications that this has for strategies and actions that focus on encouraging physical activity and changing or bending behaviour with regard to diet.

#### **5.5 Who is making a difference to diet and physical activity?**

The workshop recognised the specific role of the opportunities presented by World Obesity Federation and the implementation of the obesity policy. However, participants also noted that there were a range of other programmes that were not specifically concerned with obesity but were either making or had the potential to make a significant contribution to tackling obesity.

An example was given of a parenting programme which was designed to be a school preparedness programme but has impacted on obesity too. One of the opportunities presented by this programme was the emphasis it places on community support and connectedness with its focus on providing “someone to talk to” and emphasis on reaching out to “parents who are isolated”.

Another opportunity is to ensure that there is an appropriate read across to the soon to be launched “National Early Years Strategy” (under the Better Outcomes, Brighter Futures policy framework) which focusses on:

- Learning and Development
- Health and Wellbeing
- Supporting Families

## **5.6 Health Inequalities**

One of the opportunities that was recognised by all participants is that current funding with regard to schools does recognise educational disparities and hence inequalities. This means that the school system does already have a focus to some degree on communities that experience higher levels of deprivation. This means that there is an opportunity to use this service as an existing conduit for work on childhood obesity.

Having said this, participants also noted that school provision largely closes down in holiday periods so to some degree this connection is lost. This is particularly the case with regard to access to healthy food. Furthermore, the kitchen infrastructure in schools is variable with some lacking basic cooking facilities.

Nonetheless closer collaboration with the education sector does provide real opportunities because it provides an opportunity for the public health agenda to be seen to link with and contribute to the wider economic agenda through the National Development Plan.

A further challenge identified was getting the balance between ensuring that resources matched need but that, at the same time wherever possible, programmes were universal. Participants felt that universal services and programmes were much less likely to be stigmatising and it was therefore more likely that people would use them.

## **5.7 National and Local**

Participants reflected on the presentation from Karen van Hertog about the Amsterdam Programme. Issues that emerged from this discussion included the importance of getting a balance between the national and the local policies. National policy making and programmes are important but the role of municipalities is important for a number of reasons because a more direct connection with people and communities means that programmes and actions can be tailored more specifically to specific communities, building on assets and being co-produced with them.

One of the characteristics of the Amsterdam programme was its long term and iterative nature - a recognition that it would need to develop over time. This meant that there needed to be a central narrative that would be understood and owned by different political parties.

## 5.8 Outsourcing

While this is a comparatively small area, nonetheless it is an important issue. As the Irish Government has moved to outsource some of its contracts to the private sector it will be important to consider whether these have been adequately proofed with regard to actions on obesity and nutrition. One of the examples that was given by participants were services for people who are homeless.

## 5.9 Data

It was noted that the national indicator set was being refreshed. However, the lack of a national ICT system makes an integrated approach more difficult. Given points raised earlier in the workshop with regard to the importance of cross sectoral approaches and the need to recognise the potential of other ministries some key data sets were identified, these included:

- Education
- General Practice
- Growing up in Ireland
- Health Behaviour of School age Children

## 5.10 Marketing

There was a debate about the role of governments with regard to advertising. Should governments review how they use taxation of advertisers of HFSS foods as a mechanism to curb advertising in this area. A range of points were raised here, however, there was a recognition that the expertise was probably not in the room.

## 6. Summary of learning and areas where action could be taken

If the workshop was useful in creating a shared understanding and better potential to address inequalities in childhood obesity it could be looked at as part of a series, both on obesity and also on other behaviours and determinants of health inequalities.

The discussion identified the need to:

- recognise impact other programmes and policies have on obesity and support them (e.g. parenting programmes)
- consider a light touch health inequalities impact assessment process (cf. health inequities audit as a non-legislative approach) <http://www.health-inequalities.eu/wp-content/uploads/2016/05/Towards-a-health-inequalities-audit-process-Final.pdf>
- further develop an approach breaks out from the 'Kildare Street bubble' so that policies reflect lived realities, and avoid 'government departments 'just talking to each other'
- be clear about who the champions (in and out of government) are
- consider what a system wide approach would look like, and how to adapt based on experience (c.f. Amsterdam programme)
- consider how to develop popular support - part of the discussion at the workshop looked at the impact of nationally broadcast healthy eating messages. There was a view that their primary purpose was in shifting the narrative rather than in persuading people to live differently. They may for example help the public to support restrictions on the marketing of HFSS foods, or for reducing salt through reformulation
- recognise this is a very long term game - inspired by the Amsterdam model - "we need to develop an adaptive system approach". This includes giving leaders permission to "take a leap of faith".

Other areas that may be useful to consider:

- More systematic data collection on health and health behaviour at a county and local level
- Further develop early interventions in pre-pregnancy
- Consider the role of a focus on parenting is supporting a reduction in obesity (helping to address some of the underlying causes of childhood obesity). It would need to be universal to be non-stigmatising/acceptable
- Greater representation on policy and advisory groups from civil society organisations
- If possible the impact of national efforts (e.g. SSB tax, restrictions of marketing to kids, reformulation) should be monitored by socio-economic status

- Training for GPs in brief interventions
- Consider monitoring and restrictions on on-line/digital marketing of HFSS to children
- Consider addressing potentially complex needs of obese children (e.g. debt, housing, parenting etc.) and providing head space to enable behaviour change
- Bear in mind that food labelling can help to drive reformulation
- There was a provocative suggestion that having a political opportunity and champion, and building popular support, is probably a better mechanism to achieve policy change than 'having evidence' which tends to be used to support an adopted position.

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# Annex 1: Programme HEPP Coaching Workshop

## Programme

### HEPP Coaching Workshop

25<sup>th</sup> July 2018

#### Objectives

- To agree a shared narrative on health inequalities
- To consider the policy and demographic challenge in Ireland particularly with regard to inequality and childhood obesity
- To share examples of good practice and evidence of what works
- To consider what further actions could usefully be taken in Ireland

		<b>Presenter</b>	<b>Indicative timings</b>
<b>Registration</b>	<b>Tea/Coffee &amp; fresh fruit on arrival</b>		9.00
<b>Welcome</b>		Kate O’Flaherty, Head of Health and Wellbeing, Department of Health	9.30
<b>Introduction</b>	<b>Introduction including who is here by institution</b>  <b>Purpose of the workshop and the pilot project</b>  <b>Tour de Table - expectations of day</b>	Mark Gamsu -HEPP Host  Chris Brookes - HEPP host	9.35

		<b>Presenter</b>	<b>Indicative timings</b>
<b>Scene Setting</b>	<p><b>Introduction</b></p> <p><b>Main concepts of health inequalities</b></p> <p><b>Opportunity for questions</b></p>	<p>Mark Gamsu - HEPP Host</p> <p>Peter Goldblatt – Institute of Health Equity</p>	10:00
<b>Local Context</b>	<p><b>Current Irish policy context: 3 short presentations and discussion</b></p> <p><b>1. Cross-government working – Healthy Ireland and Better Outcomes, Brighter Futures</b></p> <p><b>2. Snapshot on key data</b></p> <p><b>3. Obesity policy implementation</b></p>	<p>Health &amp; Wellbeing Programme, Dept. of Health</p> <p>Greg Straton</p> <p>Fiona Mansergh</p> <p>Kate O’Flaherty</p>	10.30
<b>Coffee Break</b>			11.15
<b>Who is responsible?</b>	<p><b>Group discussion – How do we share responsibility and collaborate?</b></p> <ul style="list-style-type: none"> <li>Describe the key actors who are responsible for this issue at a national, regional and local level.</li> <li>Which departments have a role to play and what is their current activity?</li> <li>Which plans and strategies explicitly and implicitly address this agenda?</li> </ul>	<p>Mark Gamsu (HEPP Host to lead this)</p> <p>Small table discussion followed by plenary feedback</p>	11.30

		<b>Presenter</b>	<b>Indicative timings</b>
<b>Lunch</b>			12.15
<b>What the evidence tells us</b>	<p>HEPP host to introduce</p> <p><b>What the evidence tells us generally with regard to inequality and childhood obesity.</b></p> <p><b>Input on Amsterdam 'Healthy Weight' Programme</b></p>	<p>Tim Lobstein, UK Health Forum</p> <p>To be confirmed</p>	13.00
<b>What additional action should be taken at different levels and by which responsible actors?</b>	<p>HEPP host to summarise discussion so far - we have been through a process of analysis - make an appropriate contextual statement - need to work within Irish policy context</p> <p>Group discussion – future actions</p> <p>Think 1, 3, 10 year timescales - what would you expect to see happening that was different?</p>	Mark Gamsu (HEPP host)	13.30
<b>Tactics to influence actors</b>	<b>Group discussion – tactics to influence main actors - who needs to be engaged to move forward over next 1, 3 and 5 years and what needs to be done to make this happen?</b>	HEPP Host leads small group discussions with plenary	14.45
	<b>Coffee available</b>		15.15
<b>Agree Key Actions/ Next Steps</b>	<b>Group discussion – next steps - HEPP host summarises - and then Ireland team respond to discussions</b>	<p>Mark Gamsu - HEPP Host</p> <p>Ireland hosts to collect feedback and respond</p>	15.30
<b>Concluding Comments</b>	<b>Senior Ministry Officials</b>		15.55

## Annex 2: Participants

<b>Name</b>	<b>Organisation</b>
Kate O'Flaherty	Department of Health
Greg Straton	Department of Health
Fiona Mansergh	Department of Health
John Cole	Department of Children & Youth Affairs
Nuala Nic Giobuin	Dublin City South Children and Young People Services Committee (CYPSC)
Fiachra Kennedy	Department of Public Expenditure and Reform
Kevin Balanda	Institute of Public Health
Roger O'Sullivan	Institute of Public Health
Clodha Foley-Nolan	Food Safety Promotion Board (safefood)
Olive O'Neill	Department of Education & Skills
Struan Charters	Department of Public Expenditure & Reform
Caroline O'Loughlin	Department of Public Expenditure & Reform
Lorraine Kavanagh	Department of An Taoiseach
Tim Collins	Irish Heart Foundation
Janis Morrissey	Irish Heart Foundation
Saoirse Brady	Children's Rights Alliance
Cate Hartigan	HSE (Head of Health Promotion & Improvement)
Phil Jennings	HSE (Child Health Lead)
Fergal Fox	HSE (Health Promotion & Improvement)
Suzanne Costello	HSE (Alcohol Programme)
Caroline Peppard	HSE (Healthy Eating & Physical Activity Programme)
Sarah McCormack	HSE (Healthy Ireland programme)
Emma Jane Clarke	Sport Ireland

<b>Apologies</b>	
	Department of Rural & Communities Development
	Department of Employment Affairs & Social Protection
	Department of Housing, Planning & Local Government
	Prof. Ivan Perry University College Cork
	Food Safety Authority of Ireland
	Department of Transport, Tourism & Sport
	City & County Managers Association

## Annex 3: Participants' Evaluation

<b>Health Inequalities Workshop - Evaluation sheet - participants</b>	<b>Q1: To what extent did the workshop meet your expectations ? Please tick: 1 being not all 5 being very well</b>	<b>Q2: To what extent did the workshop meet the aim of increasing understanding of childhood obesity related to health inequalities in Ireland? Please tick: 1 being not all 5 being very well</b>	<b>Q3: To what extent did the workshop meet the aim of increasing understanding of health inequalities generally and how to address them? Please tick: 1 being not all 5 being very well</b>	<b>Q4: To what extent did the workshop allow you to begin to consider action to address inequalities in childhood obesity? Please tick: 1 being not all 5 being very well</b>	<b>Q5: How satisfied were you with the administration of the workshop? Please tick: 1 being not all 5 being very well</b>	<b>Q6: What advice would you offer to improve the workshop if it was held again?</b>	<b>Q7: Any other comments</b>
1	4	4	4	3	5	Local Government Representatives	
2	5	5	5	N/A	5		
3	5	5	5	4	5		Would welcome receiving a report on the workshop - summary report

<b>4</b>	5	4	5	4- Amsterdam model very useful	4	Maybe more large group discussions rather than table-based	Was really useful - would like to see a repeat produced with key issues. Would have been useful to have Tusla, the child and family agency present given the discussions
<b>5</b>	3	3	3 - Evidence review very useful	3 - More structured approach aimed to achieve this might have been useful	3	Clearer more focused workshop might be useful	Thank you
<b>6</b>	5 - Workshop was excellent and informative	5 - Very good. I now have a clear perspective from a health inequality perspective.	4	4 - It has helped to foster further thinking on childhood obesity in terms of my department's approach to effectively implement policy.	4	Nothing to add. All was good.	

<b>7</b>	5 - Participative. Participants well chosen and at sufficiently strategic level.	5. T. Lobstein	5 - Inter related uses of health/ obesity and other deprivation issues.	5-It was stimulating/ motivating to continue and renew efforts	5	Political input?? Champion. How - we know why!	
<b>8</b>	5 - Really good discussion, practical and informative.	4- Discussion gave broad consideration of various aspects of the key issue	5- Useful suggestions and next steps emanated from the workshop.	4-Good brain storming sessions with representatives from departments and NGO	5-Perfect	Happy with structure, no advice comes to mind	
<b>9</b>	4	4	5	4	5	Update useful at a later point in time	Very interesting
<b>10</b>	4	4	3 - Very good understanding already but helpful refresher and understanding of where government departments are at.	4- Useful to inform organisational strategy- reinforces our approach	N/A - Good to see healthy meeting guidelines in action	Increased representations from community sector( Voices on the ground)	
<b>11</b>	5	5	5	5	5		
<b>12</b>	4	4	4	4	5		
<b>13</b>	5	4	4	4	5		

<b>14</b>	4	4	4	4	5		Very informative - Thanks
<b>15</b>	5	3 - Only because from DPR we are at a distance re policy to most other participants on the day.	3 - For new initiatives for us we would have liked to see more targeted examination but still all very helpful	4	5	Would have liked to have seen more case studies at a micro level.	Very interesting and informative. I did get a lot from it
<b>16</b>	5	4 - not all in Ireland but gave an opportunity to look at what is needed.	5	5	5		Very positive day with useful inputs
<b>17</b>	5 - Yes met expectations - format and conversations good.	5 - An excellent opportunity to reflect on the issue of childhood obesity and health inequalities	5	5 - Yes. Complex nature of actions required explored pm	5- Yes		Well done
<b>18</b>	4	3 - But very good on childhood obesity and inequality in general	The reading material was less obviously useful.	5 - Thought provoking and offered new ideas/actions	5	Perhaps more focus on questions	Many thanks for inviting
<b>19</b>	5 - The pre reading material was very useful in setting the	4	4 - Workshop discussions very useful	5	5	Workshop very good- would be delighted to have more of these type for other areas of	The external participants and facilitators were an added bonus

	understanding					interest to the HI agenda	
<b>20</b>	4	5	5	4	4	Not too sure the relevance/need for the Amsterdam link - could have focused etc.	
Average (2dp)	4.55	4.2	4.37	4.21	4.74		