## Report card
### Ireland

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</table>
# Obesity prevalence

## Adults, 2014

<table>
<thead>
<tr>
<th></th>
<th>Obesity</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Men</td>
<td>25</td>
<td>35</td>
</tr>
<tr>
<td>Women</td>
<td>20</td>
<td>30</td>
</tr>
</tbody>
</table>

**Survey type:** Self-reported  
**Age:** 18+  
**Area covered:** National  
**References:** [Eurostat Database](http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&lang=en) (last accessed 25.08.20)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2017-2018

Survey type: Measured
Age: 5-12
Sample size: 596
Area covered: National
Notes: IOTF Cut Off
Cutoffs: IOTF
% Adults living with obesity in Ireland 1990-2008

Survey type: Measured

References:

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in Ireland 1990-2008

Survey type: Measured

References:

Notes:
Adults aged 18-64

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Children living with overweight or obesity by urbanisation in Ireland 2008-2015

Survey type: Measured


Notes: Aged 6-7. IOTF International Cut off point

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Children living with overweight or obesity in Ireland 2008-2015

Survey type: Measured


Notes: Aged 6-7. IOTF International Cut off point

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with obesity in Europe 1976-2018

Men

References:
For full details of references visit https://data.worldobesity.org/

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Women

References: For full details of references visit https://data.worldobesity.org/

*Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.*
Overweight/obesity by age and education

Men, 2017

Survey type: Self-reported
Area covered: National
Notes: Some Irish data considered to have low reliability, see EUROSTAT database for details

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2017

Survey type: Self-reported
Area covered: National
Notes: Some Irish data considered to have low reliability, see EUROSTAT database for details

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by education

Adults, 2009-2010

Survey type: Measured
Sample size: 4348
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
<table>
<thead>
<tr>
<th>Survey type:</th>
<th>Measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>9</td>
</tr>
<tr>
<td>Sample size:</td>
<td>8136</td>
</tr>
<tr>
<td>Area covered:</td>
<td>National</td>
</tr>
<tr>
<td>Notes:</td>
<td>Prevalence of overweight and obesity by the highest level of maternal education. IOTF BMI Cut-offs used.</td>
</tr>
<tr>
<td>Cutoffs:</td>
<td>IOTF</td>
</tr>
</tbody>
</table>
Overweight/obesity by age

Adults, 2017

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2012-2013

Survey type: Measured
Sample size: 250,000
Area covered: National
Notes: WHO cut-offs used.
Cutoffs: WHO
Overweight/obesity by region

Adults, 2002

Survey type: Self-reported
Age: 18+
Sample size: 5992
Area covered: National


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by age and region

Men, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Children, 2015

**Survey type:** Measured  
**Age:** 6-7


**Notes:** IOTF International Cut off point
Overweight/obesity by age and socio-economic group

Adults, 2014

Survey type: Self-reported
Area covered: National
Notes: Some Irish data http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1i&lang=en Insufficient data to display 18-24 age category separately

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Men, 2014

Survey type: Self-reported
Area covered: National
Notes: Some Irish http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1i&lang=en Insufficient data to display 18-24 age category separately

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Area covered: National
Notes: Some Irish: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1i&lang=en Insufficient data to display 18-24 age category separately

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². Obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by socio-economic group

Adults, 2009-2010

Survey type: Measured
Sample size: 2187
Area covered: National
References: The Irish Longitudinal Study on Ageing (TILDA)
Notes: 50+ data also available

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
**Survey type:** Measured

**Age:** 9

**Sample size:** 8136

**Area covered:** National


**Notes:** Prevalence of overweight and obesity by equivalised household annual income (in quintiles) IOTF BMI Cut-offs used.

**Cutoffs:** IOTF
Insufficient physical activity

Adults, 2016

Men, 2016

Women, 2016

Children, 2010

% insufficient physical activity

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Boys, 2010

| Age: 11-17 |
| Notes: | % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily. |
| Definitions: | % Adolescents insufficiently active (age standardised estimate) |
Girls, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Sugar consumption

Adults, 2016

References: Source: Euromonitor International
Definitions: Sugar consumption (Number of 500g sugar portions/person/month)
Estimated per-capita sugar sweetened beverages intake

Adults, 2016

References:

Source: Euromonitor International
Prevalence of at least daily carbonated soft drink consumption

Children, 2014

Survey type: Measured


Notes: 15-year-old adolescents

Definitions: Prevalence of at least daily carbonated soft drink consumption (% of at least daily carbonated soft drink consumption)
Prevalence of confectionery consumption

Adults, 2016

References: Source: Euromonitor International

Definitions: Prevalence of confectionery consumption (Number of 50g confectionery portions/person/month)
Prevalence of sweet/savoury snack consumption

Adults, 2016

References: Source: Euromonitor International
Definitions: Prevalence of sweet/savoury snack consumption (Number of 35g sweet/savoury snack portions/person/month)
Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured

Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]

Definitions: Estimated per-capita fruit intake (g/day)
Prevalence of less-than-daily fruit consumption

Children, 2014

Survey type: Measured


Definitions: Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)
Prevalence of less-than-daily vegetable consumption

Children, 2014

Survey type: Measured

Age: 12-17


Definitions: Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)
Estimated per-capita processed meat intake

Adults, 2017

Survey type:  Measured

Age:  25+

References:  Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]

Definitions:  Estimated per-capita processed meat intake (g per day)
**Estimated per-capita whole grains intake**

**Adults, 2017**

Survey type: Measured

Age: 25+


Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age:

20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018

Age:


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age:

20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
### Women, 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portugal</td>
<td>8.0</td>
</tr>
<tr>
<td>Cyprus</td>
<td>7.6</td>
</tr>
<tr>
<td>Spain</td>
<td>7.5</td>
</tr>
<tr>
<td>Greece</td>
<td>7.3</td>
</tr>
<tr>
<td>Ireland</td>
<td>7.2</td>
</tr>
<tr>
<td>Poland</td>
<td>7.1</td>
</tr>
<tr>
<td>Romania</td>
<td>7.0</td>
</tr>
<tr>
<td>Estonia</td>
<td>6.9</td>
</tr>
<tr>
<td>Lithuania</td>
<td>6.7</td>
</tr>
<tr>
<td>Croatia</td>
<td>6.6</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>6.5</td>
</tr>
<tr>
<td>Italy</td>
<td>6.4</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>6.3</td>
</tr>
<tr>
<td>Netherlands</td>
<td>6.2</td>
</tr>
<tr>
<td>Slovenia</td>
<td>6.1</td>
</tr>
<tr>
<td>Latvia</td>
<td>6.0</td>
</tr>
<tr>
<td>Malta</td>
<td>5.9</td>
</tr>
<tr>
<td>Sweden</td>
<td>5.7</td>
</tr>
<tr>
<td>Denmark</td>
<td>5.5</td>
</tr>
<tr>
<td>Finland</td>
<td>5.3</td>
</tr>
<tr>
<td>France</td>
<td>5.1</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>5.0</td>
</tr>
<tr>
<td>Germany</td>
<td>4.9</td>
</tr>
<tr>
<td>Slovakia</td>
<td>4.8</td>
</tr>
<tr>
<td>Austria</td>
<td>4.7</td>
</tr>
<tr>
<td>Belgium</td>
<td>4.6</td>
</tr>
<tr>
<td>Hungary</td>
<td>4.5</td>
</tr>
</tbody>
</table>

**Age:**

- 20+

**References:**


**Definitions:**

Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Women, 2015

% raised blood pressure


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A885

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014

<table>
<thead>
<tr>
<th>Country</th>
<th>% Raised Fasting Blood Glucose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>0.7</td>
</tr>
<tr>
<td>Denmark</td>
<td>0.8</td>
</tr>
<tr>
<td>Finland</td>
<td>1.2</td>
</tr>
<tr>
<td>France</td>
<td>1.8</td>
</tr>
<tr>
<td>Germany</td>
<td>2.3</td>
</tr>
<tr>
<td>Greece</td>
<td>2.7</td>
</tr>
<tr>
<td>Croatia</td>
<td>3.2</td>
</tr>
<tr>
<td>Cyprus</td>
<td>3.7</td>
</tr>
<tr>
<td>Spain</td>
<td>4.2</td>
</tr>
<tr>
<td>Portugal</td>
<td>4.7</td>
</tr>
<tr>
<td>Italy</td>
<td>5.2</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>5.7</td>
</tr>
<tr>
<td>Ireland</td>
<td>6.2</td>
</tr>
<tr>
<td>Greece</td>
<td>6.7</td>
</tr>
<tr>
<td>Finland</td>
<td>7.2</td>
</tr>
</tbody>
</table>


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: High Income

Health systems summary

Ireland’s public healthcare system is primarily government funded, supplemented by considerably high out of pocket payments. In late 2018, approximately 32.4% of the population had ‘medical cards’ which entitle them to use a wide range of public services free at the point of service (including primary and hospital care). This ‘medical card’ is available to low earners, welfare payment recipients and those with certain medical conditions. Those without ‘medical cards’ can still access services but generally have to pay subsidised fees. Some services are exempt from fees for everyone such as maternity care.

A large proportion of the Irish population (43.4%) also have voluntary private health insurance, which can ensure faster access to public services and/or access to private services. This has led to what many believe to be an inequitable system - as it is more profitable for public hospitals to treat private patients than those with medical cards. Ireland is unusual among its European neighbours for not providing universal health coverage for its residents.

Indicators

<table>
<thead>
<tr>
<th>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</th>
<th>Some progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>Yes</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Out of pocket</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

- Stigma
- Lack of financial investment and funding for coverage
- Obesity not recognised as a disease
- Poor health literacy and behaviour
- Lack of treatment facilities

Summary of stakeholder feedback

The majority of stakeholders felt that the government did not yet recognise obesity as a disease. Two, however, highlighted that the Irish Department of Health defined it as so back in 2005 (though they recognised that the Health and Social Executive have failed to). Ireland was said to do better on obesity prevention than obesity treatment, with particular praise for its media campaigns and Healthy Ireland initiative.

Overall, there is said to be limited funding for obesity treatment, resulting in one of the lowest rates of obesity surgery and pharmacotherapy provision on the continent. Where treatment is available in the public system there is said to be long waiting times due to a lack of resources and funding. As a result, most obesity treatment is done privately, with insurance generally covering half the cost, leaving the remainder to be paid out of pocket.

It was said that those living with obesity tended to enter the system via their general practitioner (GP), but occasionally via an accident and emergency visit, a public health nurse visit or after childbirth if there were complications. Referral onto specialist services only occurred when one had comorbidities and so most adults only received advice from their GP or nurse. Two stakeholders said an individual had to have a BMI >40 kg/m² without comorbidities or >35kg/m² with comorbidities to receive care. For children, treatment in primary care mostly comes from practice nurses, and when there was referral onto secondary care this was mostly to community dieticians or paediatricians. Stakeholders reported that most people fell out of the system due to lack of referral which is often due to the long waiting lists and narrow criteria.

In Ireland, there is only one centre where secondary and tertiary paediatric treatment is provided and only 2-3 centres where secondary and tertiary adult treatment is (these are not inclusive of private practices). Overall, it is a difficult and long process to receive specialist care.

There is considered to be insufficient numbers of professional obesity specialists in both urban and rural areas in Ireland. There is no specialist obesity training available due to a lack of funding and interest, and because obesity is not recognised as a disease by the medical profession. The only training available is provided in obesity treatment centres, and this training is not formally recognised and has to be self-funded. It was recognised that health professionals in Ireland can otherwise train using SCOPE modules, American Board of Obesity Medicine resources and Canadian courses. There is said to be no obesity related registries.

Based on interviews/survey returns from 7 stakeholders