



Healthy Weight for Children (0-6 years) Framework

Areas for Action - Summary



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Introduction

This framework document has been prepared under the guidance and support of the *Healthy Weight for Children* multidisciplinary group. The purpose of this framework is to provide a strategic direction for a national and sustainable approach to facilitating healthy weight and the prevention of obesity in children aged 0-6 years in Ireland. The framework builds upon the national policy document *A Healthy Weight for Ireland Obesity Policy and Action Plan 2016-2025* which sets targets of a 0.5% per annum reduction in excess weight in children and a 10% closing of the gap between socio-economic groups.

Internationally, obesity is recognised as a major public health challenge. Currently in Ireland we have a significant problem across our population. Amongst children, it is estimated that 19% of 3 year olds are overweight, with a further 5% obese. Among 5 year olds, 15% are overweight and 5% obese. There is a social gradient evident with prevalence of overweight and obesity being 6%-7% higher in schools in disadvantaged areas. The adverse consequences of childhood obesity can be lifelong and can even continue into subsequent generations. The total lifetime costs of childhood obesity in the Republic of Ireland are estimated to be €4.6 billion. A reduction of the body mass index (BMI) by just 5% in our population has been estimated to reduce the lifetime cost of childhood overweight and obesity by €1.1 billion.

The available scientific evidence clearly indicates that childhood obesity is a preventable problem with complex and multifactorial causes that go well beyond the level of individual responsibility. Obesity is most often the outcome of multiple determinants operating at the social, environmental, economic and cultural levels. Focusing on prevention among our youngest citizens is particularly important as it is known that the roots of lifestyle choices, behaviours and patterns are established at an early stage and that these can be modified through early intervention. In recognition of the prenatal influences on children's growth, this framework also includes interventions for the antenatal and pre-conception periods.

The overall aim of this framework is to facilitate change such that for the very young children in Ireland:

- breastfeeding is the norm *and*
- feeding practices that protect young children's instincts for satiation are promoted.

and that all children should have:

- limited intake of foods high in fat, salt and sugar
- water and milk as routine drinks
- child-sized portion sizes
- healthier food choices with more vegetables, salad and fruit
- regular physical activity
- limited screen time
- age appropriate sleep time

A portfolio of recommendations is presented for use by a wide range of stakeholders in the relevant sectors. Central to the process is the need for a focus on a population level approach in prevention

with a coherent, consistent and equitable process that is informed and quality assured with an inbuilt evaluation and monitoring system.

The recommendations are presented within 10 defined areas for action. These areas for action were formulated using a pragmatic approach based on what might be most feasible in terms of re-orientation and development of our existing services and resources, as well as being aligned in a manner that can inform and support implementation within the relevant sectors and services.

Ten Areas for Action

A total of 112 recommendations are presented under the following 10 areas for action:



Figure 1: *Ten Areas for Action* to facilitate healthy weight for children in Ireland



Recommendations for Action Area 1:

Leadership, policy, regulation and legislation

- Identify, establish and resource leadership capacity within the key sectors for implementation of the *Healthy Weight for Children* framework.
- Ensure that at the *Obesity Policy Implementation Oversight Group* (OPIOG) level there is input from the health sector in relation to the *National Healthy Childhood Programme*. This programme provides universal access to all children, thus enabling interventions in the prevention of obesity at critical periods in the life-course (see Action Area 2).
- Under the governance of *OPIOG*, establish an expert advisory group to advise on interventions for the prevention of obesity in children (see also Action Area 5).
- Establish a dedicated resource to drive collaboration and support consistency in the delivery of interventions for healthy weight for children across all of the relevant sectors.
- Ensure the *RCPI Policy Group on Obesity* continues to maintain a focus on the importance of the prevention of childhood obesity.
- Regularly review legislation, regulation, voluntary, fiscal and environmental measures for the potential to reduce the impact of the obesogenic environment on health and wellbeing.
- Carry out an obesity impact assessment for new planning developments that impact children and their families.
- Fund the capture of high quality data for surveillance and monitoring (as described in Action Area 9).
- Use findings from population-based growth monitoring, lifestyle behaviour surveys and intervention evaluations to inform policy, legislation and regulation.
- Equality-proof all policies and interventions aimed at preventing childhood obesity and promoting child health and wellbeing.
- Use 'people-first language' in communications, including all policy documents, reports and resources in order to help minimise the stigma associated with unhealthy weight.
- Advocate with all relevant government departments, including the Department of Public Expenditure and Reform, for resources for interventions which promote healthy weight for children that focus on prevention and early intervention.
- Rigorously monitor the voluntary measures that restrict marketing, promotion and sponsorship of foods and non-alcoholic beverages that are high in fat, salt and sugar to establish if there is a need for stronger measures, such as legislation.



Recommendations for Action Area 2:

Critical points for intervention during the life course of children

These recommendations cover the period from preconception through to antenatal, infancy, early childhood and school entry age.

- Strengthen the universal *National Healthy Childhood Programme*'s capacity to prevent childhood obesity and promote child health and wellbeing by ensuring sufficient multidisciplinary specialist service capacity is in place to meet needs of children requiring it by investing in:
 - child health development officers in each CHO to provide leadership and coordination for the *National Healthy Childhood Programme*
 - appointment of community nursing staff to allow PHNs to focus on child health and wellbeing
 - work, in line with the *Sláintecare* recommendations
 - the evaluation and monitoring of programme delivery at the key contact points
- Fully implement the *National Maternity Strategy*.
- Fully implement the *National Breastfeeding Action Plan*.
- Fully implement the *First 5* strategy.

Preconception:

- Encourage system wide focus on preconception health by establishing the importance of societal responsibility for the health of the next generation while emphasising the potential to influence this positively.
- Promote healthy behaviours in routine primary care throughout the life-course, particularly among those of childbearing age in order to encourage a healthy weight for all prior to conception.
- Provide advice to women and partners on healthy weight and behaviours where pregnancy is being planned or contraception being discussed.

Antenatal period:

- Integrate healthy eating, physical activity, healthy weight gain, promotion of breastfeeding and responsive infant feeding information and messaging into the standardised curriculum for antenatal classes and training of all personnel providing antenatal classes and clinics.
- Encourage women to maintain healthy nutrition and healthy levels of physical activity throughout pregnancy.
- Accurately measure all pregnant women's weight and height at their first antenatal visit to calculate their Body Mass Index (BMI) and enter it onto their obstetric records.

- Monitor gestational weight gain and provide appropriate management for those with excessive weight gain - this entails regular weight monitoring from the first visit onwards.
- Provide appropriate intervention to support achievement of healthier weight to all women who are overweight or obese during pregnancy.
- Diagnose and manage gestational hyperglycaemia.
- Consider introducing an antenatal contact focused on the promotion of healthy behaviours and health and wellbeing.
- Provide information to all parents on the range of approved parenting supports available in their community.

Birth:

- Ensure all maternity units provide an environment that supports optimal nutrition for mothers and infants.
- Provide appropriate intervention to support achievement of healthier weight for postnatal mothers who are overweight or obese.
- In maternity units, provide information and support to parents in relation to infant feeding and nutrition, including information on responsive feeding.
- Mothers who breastfeed may require additional supports and these should be available as part of routine care, both within the maternity unit setting and continuing on following hospital discharge, as required.
- Provide parents with information on the available supports in the community in relation to infant feeding and nutrition.

Infancy:

- Promote exclusive breastfeeding of infants for the first six months.
- Provide more intensive services for mothers with lower education levels/from lower socio-economic groups to support them to start and to continue breastfeeding.
- Develop workplace policies that are supportive of women continuing to breastfeed on their return to work.
- Promote and support responsive feeding practices where infants are bottle-fed.
- Promote and support the introduction of suitable complementary foods from six months of age, with acknowledgement of the importance of appropriate weaning advice and support for all involved in the care of infants.
- Ensure that the nationally approved parenting supports and services delivered by community groups and NGOs are fully aligned with the national approach in the promotion of healthy behaviours.

- Continued provision of information by health service personnel to all parents of newborns on the range of approved parenting supports and services that are available in their community for the postnatal period.
- Use the contact points of the *National Healthy Childhood Programme*, delivered by GPs, practice nurses and public health nurses, as an opportunity to promote and support healthy behaviours.
- Ensure that all personnel are equipped with the knowledge and skills to effectively support parents and families to make healthy behaviour choices.

Later infancy, the early years and early childhood

Within the health sector:

- Utilise the scheduled contacts within the universal *National Healthy Childhood Programme* to assess, advise and manage issues in relation to healthy weight for new mothers, babies, infants and children up to and including those at 6 years of age. Support this with resources (see Action Area 3) and training (see Action Area 7) integrated with the existing content of the established programme.
- Ensure sufficient specialist service capacity, including community dietitians and specialist paediatric dietitians in each CHO, is in place to meet the needs of children who have been identified as requiring a specialist service for unhealthy weight.

Within early years childcare and primary education:

- Support all childcare settings, both formal and informal and in the public and private sectors, in providing a health-promoting environment for children, particularly in terms of quality and quantity of food offered and opportunities provided for physical activity and sleep.
- Adhere and promote adherence to recommended limits on screen time.
- Equip all personnel with the knowledge and skills to effectively support parents and families to make healthy behaviour choices.
- Provide support for effective interventions in preschool settings, as they provide a particularly important means of reaching families in Ireland. The majority of children aged 3-5 years now avail of the free early childhood care years.
- Support and incentivise the implementation of 'whole school healthy lifestyle' programmes, as recommended in national policy.
- Continue to use the school setting for effective community-based interventions to promote healthy eating, increased physical activity, provision of fresh drinking water, increased consumption of fresh fruit and vegetable initiatives, many of which have shown at least moderate levels of success.

- Ensure universal implementation of the *Aistear* and *Síolta* frameworks in promoting healthy behaviours.
- Implement the recommendations from the *Joint Committee on Education and Skills* including the need for physical education facilities, healthy eating initiatives and availability of fresh drinking water in schools.
- Ensure consistent messaging to all adults involved in care of young children, including after school services.
- Continue to ensure the integration of the promotion of healthy behaviours across the early years and education sector through the work of the HSE National Education Lead.

For all of the health sector during this life-course period:

- Ensure that the health services at all levels of care in Ireland are fully aligned and consistent in relation to healthy weight for young children. This includes actions such as those in relation to prevention of obesity, weight measurement and management of unhealthy weight.
- Provide sufficient multidisciplinary specialist services for children who are obese to ensure timely intervention.
- Equality-proof all interventions throughout the life-course on the prevention and treatment of obesity in children.

Recommendations for Action Area 3:

Communications and social marketing campaigns for healthy behaviours

These are led by the *safefood*-HSE partnership

- Continue to support and develop partnerships that utilise communication strategies, including use of social marketing for the promotion of healthy environments and behaviours, in line with national policy using an integrated and cohesive approach.
- Continue to support and resource *safefood* and HSE to further develop the national campaign to ensure that:
 - a suite of evidence-based resources communicating key messages are available to support parents and carers and integrate the campaign into initiatives across society that endeavour to address childhood obesity
 - the messages delivered through community-based initiatives and other interventions are consistent with the national campaign messages
 - findings from population-based growth monitoring, lifestyle behaviour surveys and intervention evaluations are used to inform campaign strategy and evaluation



- communications strategies and approaches that reach and engage socially disadvantaged groups are incorporated with a view to addressing health inequalities
- a range of stakeholders are engaged to build partnerships that use social marketing strategies for promotion of healthy environments and behaviours, in line with national policy (for example, the *All-Island Obesity Action Forum* and the *All-Island Food Poverty Network*)
- Evaluate national communications and social marketing campaigns for their impact.

Recommendations for Action Area 4:

Multisectoral actions involving a population-based approach

- Ensure that all government and society approaches used to promote healthy behaviours of young children are in line with *Healthy Ireland* policy.
- Build capacity within the health sector to positively influence the non-health sectors through the provision of training, materials and supports as well as collaborative working, advocacy and research with personnel such as those working in the early years, primary school and social care sectors as well as with those working in the food industry, town planning, physical education. Included within this area is positive influence on the relevant undergraduate and postgraduate training bodies.
- Develop a comprehensive suite of evidence-based standards and guidelines to facilitate the creation of healthy environments and the adoption of healthy behaviours.
- Build capacity within services involved in urban and rural development and planning, such as local authorities and other agencies, to positively influence the built environment for health and minimize the obesogenic impact through the provision of safe areas, green areas, playgrounds, “no-fry” zones, access to fresh drinking water and other facilities to promote physical activity, active travel and safe walking options.
- Support personnel in all of the key sectors in modelling healthy behaviours by provision of workplace environments and a culture that promotes healthy eating, physical activity and wellbeing.
- Provide healthy food options in all catering facilities, including vending machines, provided in publicly-funded settings across all key sectors with priority for facilities within the health and education sectors.
- Provide multisectoral, integrated interventions which can work within a population-based approach with provision at universal and targeted levels, according to need.
- Utilise existing multisectoral fora such as the *LCDCs*, *CYPSCs*, *Healthy Ireland Network*, *National Healthy Cities and Counties of Ireland Network* and *Local Sports Partnerships* to



implement sustained local actions in the prevention of obesity.

- Should public-private partnerships be considered, it is imperative that they be managed with good governance systems in place, with clear and agreed structures and guidelines.

Recommendations for Action Area 5:

Community-based interventions for healthy behaviours



- Under the governance of *OPIOG*, establish an expert advisory group that has the authority to make recommendations on community-based intervention activities for healthy weight that are equitable, scalable and sustainable and are compliant with national policy.
- Establish a dedicated resource whose remit is to provide leadership, coordination and support for the approved community-based interventions across all relevant sectors, and particularly in the health, education and early years sectors. This resource should be supported by the expert advisory group and have direct links with the relevant regional structures that can operationalise the approved activities at local level.
- Develop a common evaluation framework for community-based interventions in order to facilitate appropriate monitoring and development of existing and new programmes.
- Disseminate and utilise the learning from the implementation of community-based interventions in order to strengthen the effectiveness of existing and future programmes.
- Provide adequate funding and resources at central and local levels to support the planning, coordination, oversight and delivery of community-based interventions.
- Within the planning, delivery and evaluation of approved community-based interventions for healthy weight in children, the following should be included:
 - A suite of evidence-based resources should be compiled and updated for use in supporting the range of community-based interventions at various settings through the whole community. Included would be the messages and supporting materials that have already been developed through the current *START* campaign as well as resources developed in previous campaigns and partnerships.
- The messages delivered in approved community-based interventions should be clear, evidence based and consistent with the national communications and resources. Appropriate communication tools and techniques should be used to maximise reach among the target population(s).
- Wherever possible, parents, guardians, carers and families should be consulted and involved in the development, implementation and evaluation of interventions.

- Build upon and further develop the support provided to disadvantaged and vulnerable groups by health, social and education services through the development and expansion of evidence-based interventions such as *Preparing for Life* and *Community Mothers Programme*.
- Assess the potential impact of interventions among disadvantaged and vulnerable groups in order to minimise the risk of inadvertently widening inequalities.

Recommendations for Action Area 6:

Population level monitoring of growth and behaviours

- Use the WHO framework to devise a national process for establishing a systematic monitoring of children's growth and behaviours, such as nutrition and physical activity.
- Building upon existing processes, develop an agreed suite of key indicators on growth, weight and behaviours and a mechanism for collection of these data at specified critical periods in the lifecourse. Included should be a nationally agreed process for the recording of data on ethnicity and socio-economic status.
- Population monitoring data on healthy weight should be used to inform and support all other action areas at both central and local levels. Information on socio-economic status should be included so as to inform actions focused on reducing health inequalities.
- Provide central leadership and coordination for population-level monitoring data in the office of the *National Healthy Childhood Programme*. To facilitate this, the *National Immunisation and Childhealth Information System (NICIS)* needs to be developed to permit inclusion of growth monitoring data in community services. An appropriate interface should be developed to facilitate the input of data to NICIS from the *National Maternity Clinical Management System (NMCMS)* on data recorded at the specified points in the antenatal and neonatal periods.
- Data monitoring at population level must be anonymised and at a minimum should include the following demographic information: sex, age, geographical area, ethnicity and socio-economic status. If it is not feasible to record socio-economic status, a suitable proxy measure should be used.
- Systems need to be in place for data quality control and for timely data analysis to provide reliable information in an anonymous format at national and local levels. Consideration should be given to providing relevant information to data providers about their populations, including comparison with national or local trends.



- For monitoring of growth in children and adults at specified critical periods during the life-course:
 - Establish training and protocols to facilitate growth monitoring at various points in the life-course (training will be inclusive of other components, as described under Action Area 7).
 - Develop high quality guidelines and protocols in order to ensure that there is a standard process for the weighing and measuring of children and expectant mothers. Included should be the use of correctly calibrated measuring equipment and standardised processes in its use and in the recording of the measurements.
 - Implement a national opt-out consent process for national growth monitoring.
 - Training healthcare personnel in the processes for the measurement of growth is important. The manner by which growth is measured must be acceptable to the adults and children involved and needs to be carried out in a professional manner which is culturally appropriate.
- For monitoring of children's behaviours that are relevant to healthy weight
 - A nationally agreed process is required to monitor patterns of nutrition, physical activity and other behaviours that contribute to healthy weight in children such as sleep and screen time and, if possible, these data should include information on the growth of the participating children. The methodology to monitor behaviours requires further consideration but it could include population surveys of representative samples, specific research projects such as cohort studies or detailed data collection at selected sentinel sites such as PHN or GP practice areas.
- Progress population weight monitoring with the introduction of an appropriate national monitoring system for older children and adolescents and for those availing of contraception and preconception services in order to facilitate longer term follow-up and inform further actions, as appropriate.

Recommendations for Action Area 7:

Education, training and support for personnel involved in the life-course of children

These recommendations cover the period up to, and including, six years of age.

- Ensure all personnel involved in the life-course of children are adequately educated, trained and supported, in line with national healthy lifestyle guidance, including the Making Every Contact Count model, so as to be equipped with the knowledge and skills to effectively support parents and families to make healthy behaviour choices. Included in this should be an emphasis on the importance of the use of person-centred language in all communications.



Within the health services

- Establish a national multidisciplinary healthy weight for children education and training group to:
 - develop resources and training to equip staff with skills to discuss healthy behaviours and body weight with parents and caregivers - this should include training in the use of non-stigmatising language, awareness of cultural, body image and privacy issues
 - develop and disseminate a suite of standards and guidelines for promotion of healthy weight in children
 - among staff, promote incorporation of the *Making Every Contact Count* model as an integral part of the clinical care pathway for children
 - liaise with undergraduate and postgraduate training bodies to incorporate core elements into training curricula
- Ensure education and training, including e-learning modules are accessible to and availed of by relevant staff working in the health sector, specifically:
 - Ensure all staff involved in the growth monitoring of children complete the growth monitoring module on HSELand to ensure standardised practice for clinical and population monitoring.
 - Ensure all staff involved with children are aware of and have access to the *Make Every Contact Count* training module on HSELand
 - Train all relevant health personnel to follow nationally agreed guidance in relation to appropriate care pathways for children with problematic weight. This can include *Make Every Contact Count*, brief intervention and ongoing monitoring with an individual care plan for children with unhealthy behaviours or problematic weight (including those referred for specialist input).
 - Include training to support the recording and retrieval of these data for clinical purposes and also for the purpose of national population monitoring.
- Establish growth monitoring as a clinical norm throughout the life-course using established guidelines and protocols.
- Provide training and establish processes to strengthen communication between clinical personnel involved with children in the community and hospital settings.
- Work with other agencies to ensure that appropriate education and training programmes are available to all personnel involved in the life-course of children.

Within Early Years Care, Primary School Education and Child and Family Agency

- Collaborate with the health sector to ensure that appropriate education and training programmes are available to all personnel involved in the life-course of children.
- Develop, in collaboration with the HSE, and disseminate a suite of standards and guidelines for promotion of healthy weight and associated behaviours for children.

Within all other sectors, agencies and groups

- Collaborate with the health sector and other relevant sectors to ensure that appropriate education and training programmes are available to all personnel involved in the life-course of children.

Recommendations for Action Area 8:

Education and support for parents and caregivers



- Encourage parents, guardians and caregivers to follow healthy lifestyles and to take a 'whole family approach' to healthy living and healthy homes. Opportunities for this are provided through a number of contacts in the preconception, antenatal and early years within the healthcare, early years and primary education sectors.
- Continue to develop materials to support parents and carers in facilitating age-appropriate healthy behaviours for children covering healthy eating guidelines, physical activity, sleep times and the need to limit screen time. These materials can be disseminated through a range of channels and will be aligned to the messaging via national communications and social marketing campaigns.
- Deliver evidence-based parenting programmes on a population basis, to increase acceptability and uptake and minimise sensitivity to perceived stigma of attending such programmes.
- Develop implementation guidelines and supports for roll-out of these evidence-based parenting programmes to maximise reach, fidelity and impact and enable consistency.
- Programmes should:
 - utilise and build on the nationally agreed materials developed to support healthy behaviours for children
 - incorporate skill-building elements to facilitate development of competency and confidence in parents and caregivers
 - encourage parents and caregivers to act as role models by following healthy behaviours themselves
- Use multisectoral structures, such as the established CYPSCs to support the development and delivery of high quality parenting programmes.
- Support approved community-based interventions for high risk populations that include education and support for parents and caregivers.



Recommendations for Action Area 9:

Managing, evaluating and supporting successful implementation

- Develop a child health information system to support monitoring of population-based data in order to monitor and evaluate interventions (see Action Area 6).
- Establish a core set of standardised evaluation measures.
- Develop KPIs relating to healthy weight for children for health professionals delivering the *National Healthy Childhood Programme* - NICIS is a key enabler for this.
- Develop agreed management and governance arrangements to facilitate implementation of evidence-informed interventions across the various services and sectors that impact on healthy behaviours for children, with appropriate monitoring and review processes using agreed evaluation measures.
- Ensure programme-fidelity, consistency of implementation and appropriate training to facilitate the sustainability and scaling-up of interventions by establishing:
 - appropriate implementation structure and process arrangements that will provide clear lines of accountability and a fit for purpose monitoring process
 - clear accountability and monitoring processes
 - standardised evaluation measures
 - dissemination of learning from evaluations
- At systems level, develop a process for evaluating the impact of interventions under the following three headings:
 - Families (programme acceptability, relevance and impact)
 - Work Force (capacity, confidence and effectiveness)
 - System (visible support, mandates and KPI)
- Develop knowledge management and research capacity across all disciplines and utilise information from population-based growth monitoring, lifestyle behaviours and evaluation of interventions to inform policy development, national priorities and implementation actions.
- Identify key research priorities building on the findings of *POCKETS* (Prevention Of Childhood obesity-Knowledge Exchange and TranSlation), prioritising evaluation of interventions in very young children (given the scarcity of high quality evidence for this age group).



Recommendations for Action Area 10:

Planning for resource allocation and additional funding

- Identify adequate resources to ensure the implementation of all recommendations outlined in this framework.
- Under the governance of the *Obesity Policy Implementation Oversight Group* (OPIOG) and its sub-groups, establish a process for review of applications for resources for both new and established interventions, across all sectors, aimed at prevention of obesity in young children. This process should be structured so as to have input from the appropriate government departments and other relevant stakeholders.
- Encourage collaboration with academic institutions and other bodies regarding research opportunities.
- Ensure that, at the planning stages in the implementation of interventions, a comprehensive review of the current resource allocation and opportunities for collaboration is carried out. Based on this analysis, any necessary additional funding should be secured in order to adequately support the planned actions.

Conclusion

All future work in this area should be carefully coordinated at population level and delivered by progressive universalism whereby core services are available to all, with additional provision for those in greatest need.

This framework document is underpinned by the principle that government and society have a moral and legal responsibility to act on behalf, and in the best interests of children in reducing the risk of obesity through protecting children's rights to health.

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