Second STOP Stakeholders Dialogues conference

Online, 20. - 22. October 2020

Author(s): Monika Robnik Levart[1], Mojca Gabrijelčič Blenkuš[1], Luka Kronegger[2], Margot Neveux[3], Ingrid Sotlar[1], Nikolai Pushkarev[4]

in cooperation with partners of the STOP project - coordinators of WPs 5, 7 and 8

Version: 2.0

February 2021

[1] NIJZ – National Institute of Public Health
[2] UL-FSS – Faculty of social sciences, University of Ljubljana
[3] WOF – World Obesity Federation
[4] EPHA - European Public Health Alliance

The STOP project is funded with a grant (no. 774548) from the European Union's Horizon 2020 Research Programme for Sustainable Food Security. The products of the research are the responsibility of the authors: the European Commission is not responsible for any use that may be made of them.

TABLE OF CONTENTS

1 BACKGROUND 1

2 PLENARY SESSIONS 3

2.1 Opening and interactive introduction of the participants 3

2.2 General presentation of the STOP project and aim of stakeholder dialogues 6

2.3 Physical fitness of Slovenian children after the COVID-19 lockdown 6

3 DIALOGUES 8

3.1 Health system stakeholders diversity and policies in supporting childhood obesity solutions 8

3.2 Social marketing measures, approaches and tools in reducing childhood obesity 13

3.3 Physical activity policies in supporting maintenance of healthy body weight and in reducing obesity in childhood 16

4 DIALOGUES WRAP-UP AND RECOMMENDATIONS FROM STOP STAKEHOLDERS MEETING FOR YEAR 2 AND OUTLINE OF THE STOP PROCESS FOR THE NEXT TWO YEARS 19

ANNEXES 22

ANNEX 1 – Program of the STOP Second Stakeholders Dialogues 22

ANNEX 2 – General presentation of the STOP project 23

ANNEX 3 - Evaluation questionnaire 32

ANNEX 4 - Disseminating via Twitter 36

1 BACKGROUND

STOP project

The STOP (Science and Technology in childhood Obesity Policy) Project is a major initiative funded under the EU Horizon 2020 research programme launched in 2018 (http://www.stopchildobesity.eu/). The aim of the STOP project is to find the most successful and effective approaches to reduce the incidence of childhood obesity, while helping children already suffering from the disease to get the best support.

Over a four-year period, the project will address the determinants of childhood obesity, conduct an exploration of the relevant sectoral policies to combat it, and recommend policy tools to address childhood obesity comprehensively. In parallel, the project will engage stakeholders in a systematic manner and aims to produce a stakeholders' network.

First STOP Stakeholders Conference[3]

The STOP stakeholder engagement process is an integral component of the STOP project. One of the main aims of this process is to recommend to national authorities and the European Commission a sustainability plan for future stakeholder engagement in the area of childhood obesity. To this end, we would like to better understand stakeholders' views and positions and get feedback on the project processes and outcomes.

Over 180 organisations have already shared their views, standpoints and concerns with us through the STOP stakeholder web survey at the beginning of 2019. The first STOP stakeholders conference was an opportunity to gain access to the results and insights from the questionnaire which was presented at the conference and discussed in four stakeholder dialogs. Over 90 participants registered for the conference and 59 of them were present on the day, actively joining the discussions.

The *First Childhood Obesity Stakeholder Conference and Dialog* presented the results and insights from the stakeholders survey questionnaire, providing insights to participants about the final results. Research information on the STOP stakeholders engagement process was shared. Furthermore, characteristics and quality of the stakeholders interest groups as well as characteristics of their participation were discussed, together with the identificaiton of the proposals of the future engagement improvements. Participants had the opportunity to discuss topics, policies and measures related to childhood obesity, focusing on the mode of the engaging participation in different processes, actions and policy measures.

Stakeholders dialogs generated different concepts to be analysed and discussed in depth in the next steps, such as concepts of power, of transparency and trust, the importance of evidence and different definitions and perceptions of the evidence; political will and empowerment; and equity issues.

Invitation letter for Second STOP dialogues conference[4]

Dear Stakeholders,

The Science & Technology in childhood Obesity Policy (STOP) project, a European Commission funded Horizon 2020 project, is organising its second Childhood Obesity Stakeholder Dialogues bringing together key stakeholders to share knowledge and discuss the drivers, challenges and solutions to improve the obesogenic environment in which children live.

---

[3] Taken from First Childhood Obesity Stakeholder Conference and Dialogs report

[4] Program of the Second STOP dialogues is in Annex 1.

We would like to invite you to attend the Childhood Obesity Stakeholder Dialogues conference which will take place **online** on **Tuesday 20 October – Thursday 22 October.**

Developing over four years and involving 31 research, advocacy and governmental organisations from 16 countries, the STOP project is designed to generate evidence-based policy recommendations to address the factors that have contributed to the spread of childhood obesity in European countries.

This conference is an essential step in the STOP stakeholder engagement process and will explore policy solutions based on research undertaken in STOP. We aim to have a lasting impact on childhood obesity and public health in Europe by linking our research to implementation action at the EU level. As the second of four such conferences, we aim to recommend a sustainable strategy for future stakeholder engagement in the area of childhood obesity.

The first STOP Stakeholders event in 2019 and a stakeholder web survey informed a *Social Network Analysis Report,* delivered to the European Commission in May 2020. This conference will build on the contents of that report, which will be shared in advance with registered participants.

The STOP Stakeholder Conference will develop along the following three themes:

1. *Health system stakeholder diversity and policies in supporting childhood obesity solutions (20th October 2020),*
2. *Social marketing measures, approaches and tools in reducing childhood obesity (21st October 2020),*
3. *Physical activity policies in supporting the maintenance of a healthy body weight and in reducing obesity in childhood (22nd October 2020)*.

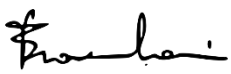
You will be invited to join one or more of the dialogs when you register at the following link: https://www.1ka.si/a/296378.

As a guiding principle of the STOP stakeholder engagement approach, we plan to explore, identify and discuss viable means of the engagement of different stakeholder groups using a transparent, trustful and constructive public health driven approach.

The next step in the STOP stakeholder engagement process will be a conference during the 2021 Slovenian Presidency of the Council of the European Union, organized in parallel with the Joint Action on Best practices in Nutrition (Best-ReMaP) conference, allowing for research knowledge translation to support policy decision making implementation. Due to limitations on the number of participants at the 2021 conference, priority will be given to those who will have attended prior STOP stakeholder engagement meetings.

We look forward to welcoming you to the dialogues. Please make sure you register by 30th September at the following link: https://www.1ka.si/a/296378.

Yours faithfully,



Prof. Franco Sassi

STOP Project Coordinator

Professor of International Health Policy & Economics, Imperial College London

Dr. Mojca Gabrijelčič

STOP WP10 Leader

Senior Advisor, National Institute of Public Health Slovenia

2 PLENARY SESSIONS

2.1 Opening and interactive introduction of the participants

NIJZ (Mojca Gabrijelčič Blenkuš), coordinator of STOP WP10, welcomed all attendees and opened all three stakeholder dialogues. It was pointed out that WP10 is the stakeholder engagement work package in the STOP project.

Figure 1: Opening by coordinator of STOP WP10

Last year, we held first STOP stakeholder dialogue in Brussels in person. The second STOP dialogues were the first dialogue organised online due to current epidemiological situation.

After a general presentation of the STOP project and an overview of the aim of stakeholder dialogues, NIJZ performed *ice breakers* with the help of a tool called Mural, also used in the discussion sections. In the ice breakers of the first two dialogues, participants were asked about *their expectations*. For the third dialogue, participants were asked *if they are happy with their physical activity this week* and *if they think they had enough physical activity so far this week*?

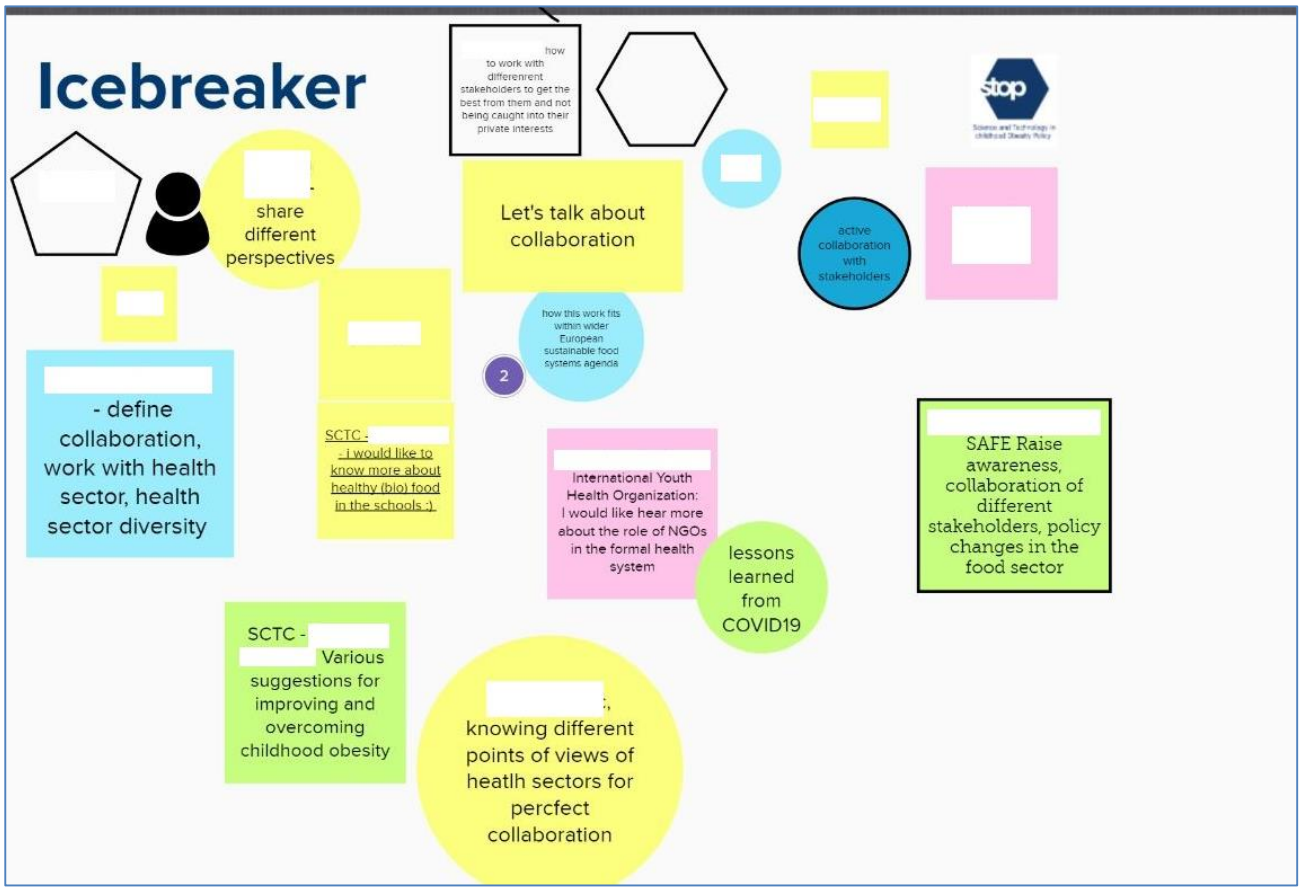


Figure 2: Ice breaker from first dialogue[5]

[5] Personal names are covered

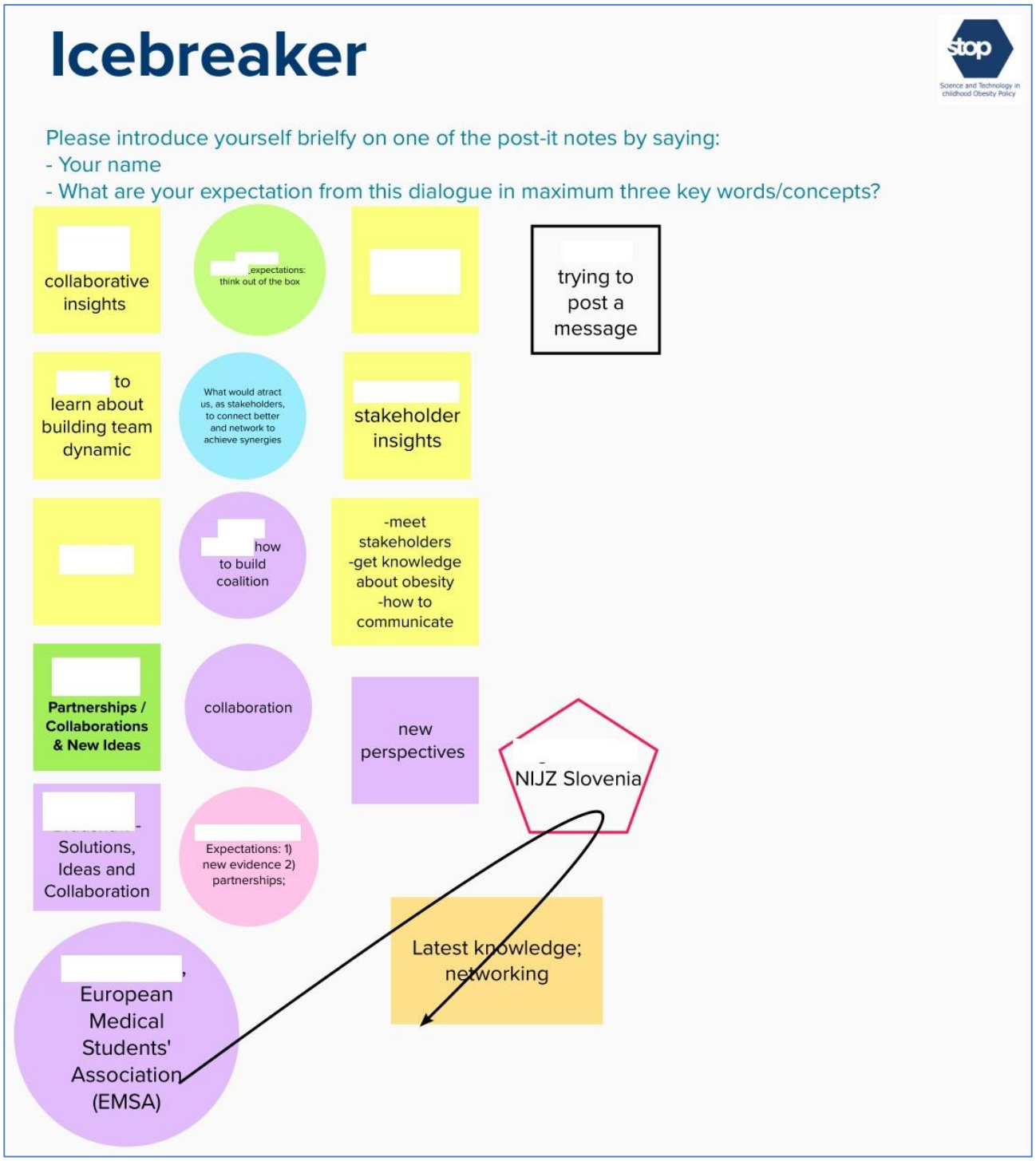


Figure 3: Ice breaker from second dialogue

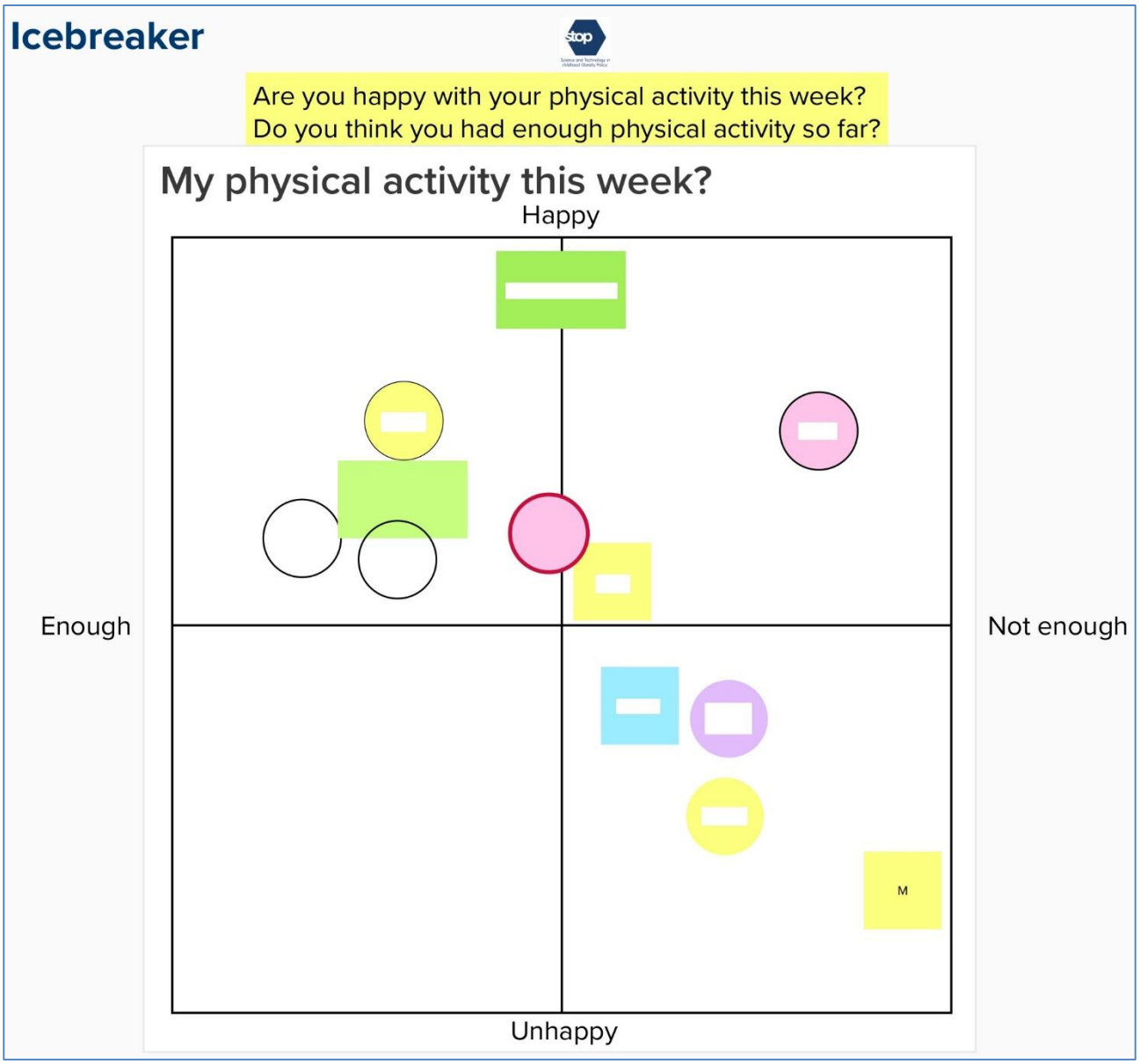


Figure 4: Ice breaker from third dialogue

2.2 General presentation of the STOP project and aim of stakeholder dialogues

STOP project coordinator and principle investigator, Prof. Franco Sassi (ICL[6]) presented the overview of the STOP project as well as some of the key outputs that the project has achieved and hopes to achieve in the future two years. These include the generation of:

1. A comprehensive set of indicators and a measurement framework for epidemiological surveillance,
2. New evidence on (a) determinants of childhood obesity and (b) the impacts of policies and interventions,
3. Policy briefs and toolkits for the design and the implementation of key policies,
4. A viable multi-stakeholder framework.

Dialogues were the part of the last output. The process will lead researchers to propose a new approach for bringing stakeholders together in the discussion and formulation of policies to address childhood obesity.

Presentation is attached in Annex 2.

Mojca Gabrijelčič Blenkuš (NIJZ) then shared a more detailed overview of the stakeholders component of the STOP project. She explained that NIJZ is working together with Faculty of Social Science, University of Ljubljana (FSS). Her presentation (also Annex 2) showed the stakeholder survey, stakeholders conferences and next steps regarding multi-stakeholder action, highlighting that the second STOP Stakeholder Dialogs are an essential component of the STOP stakeholder engagement process and will explore policy solutions based on research undertaken in STOP. The first STOP Stakeholders event in 2019 and a stakeholder web survey informed a Social Network Analysis report, delivered to the European Commission in May 2020. The dialogues will also draw on the content of both reports.

2.3 Physical fitness of Slovenian children after the COVID-19 lockdown

At the third dialogues (entitled: Physical activity policies in supporting maintenance of healthy body weight and in reducing obesity in childhood) prof. Gregor Starc (University of Ljubljana, Faculty of Sport) presented the main results on changes in physical fitness of Slovenian children after the COVID19 spring lockdown. At the start of his presentation, he announced that the Faculty of Sport together with NIJZ prepared physical activity recommendations during the lockdown, which were published on March 16th. These recommendations aimed to help children maintain their physical fitness during lockdown.

Furthermore, the questionnaire on levels of physical activity was disseminated during the last week of lockdown. Two thirds of children stated that they were regularly following online PE tasks. Two thirds of children also claimed to be equally or even more physically active during lockdown than before.

In June, after the first lockdown, SLOfit measurements of physical fitness were collected in more than 100 primary schools[7]. The results showed that two thirds of children experienced a drop in their physical fitness (see Figure below). Dr. Starc explained that walking as a physical activity is not enough for children. The quantity of physical activity during lockdown might have been bigger than before but the intensity with which the activities were performed was not close to the one that children experience during PE classes or in sport clubs.

[6] Imperial College London

[7] SLOfit is a national surveillance system for physical and motor development of children and youth. The system was implemented in 1982 on a sample of Slovenian schools and after 5 years of testing, it was introduced to all Slovenian primary and secondary schools. With the SloFit surveillance system, approximately 96% of Slovenian children are measured every year.

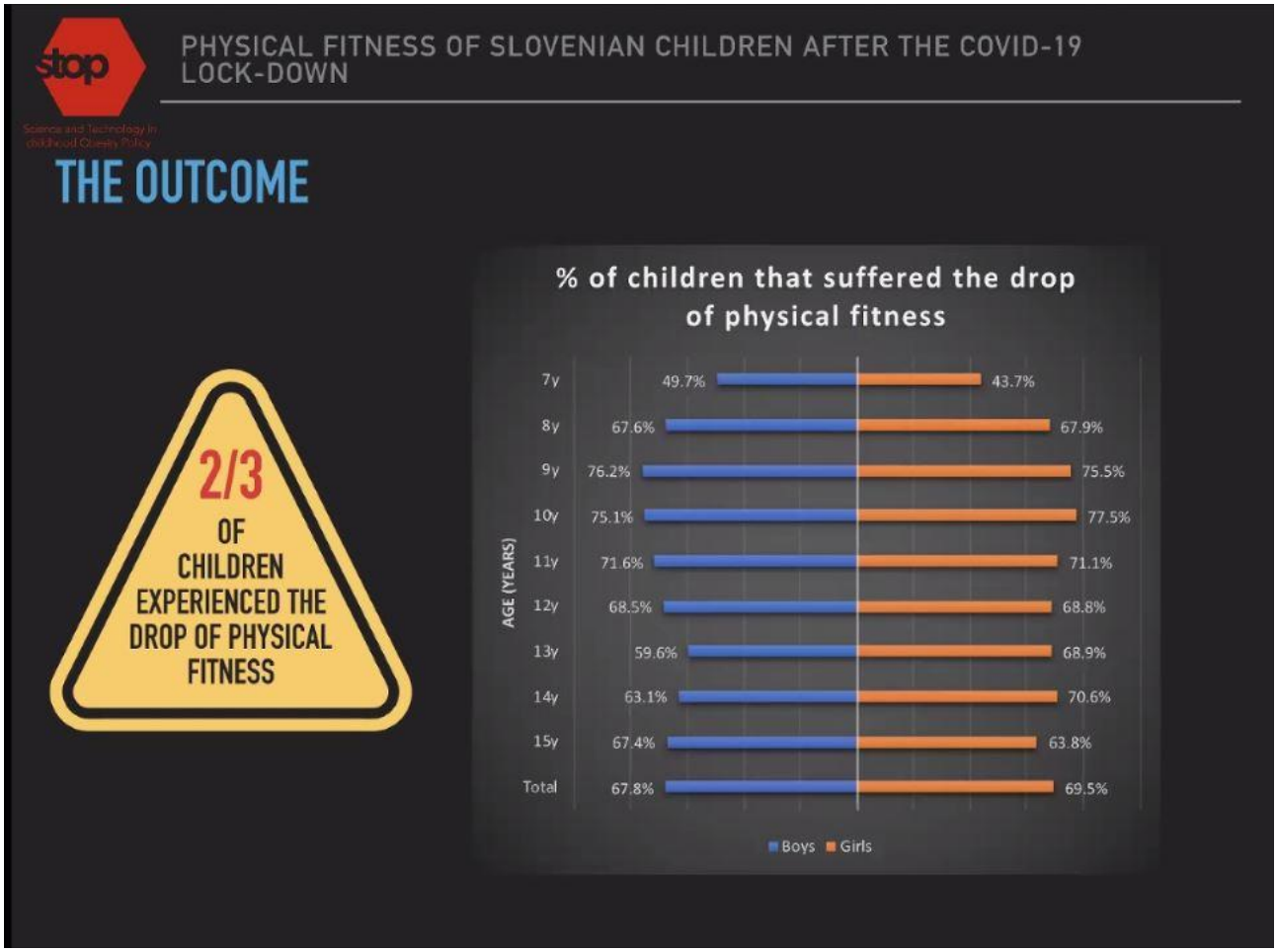


Figure 5: Physical fitness of Slovenian children after the COVID-19 lock-down

In 2020, the drop of physical fitness was 30 times bigger than predicted. Dr. Starc also presented the drop of different components of physical fitness, highlighting that while all components experienced a drop, aerobic fitness and coordination were most severely impacted. He stated that children that were physically active and fit before the lockdown experienced the most severe decrease in their level of physical fitness after the lockdown due to a more important lifestyle change compared to inactive children. More than half of children experienced the rise of subcutaneous body fat and more than 20 % of pre-obese children became obese.

Dr. Starc concluded his presentation by stating that the measures to curb COVID-19 seemed to affect children more severely than the virus itself. A new vulnerability was identified in children and adolescent, with possible long-term developmental and health handicap. Despite tremendous efforts of teachers and schools, online PE classes produced no visible results. The focus should therefore be shifted to in person teaching. The closure of schools should be avoided at all costs. In the aftermath of the pandemic, we will not be able to work as we did before. Everything will have to be intensified (increase of time for PE, learning in movement, rise of quality of PE delivery, joint teaching of classroom and PE teachers, smaller groups…).

3 DIALOGUES

After the introduction sessions, there were interactive stakeholder discussions on:

- *20th October 2020: Health system stakeholders diversity and policies in supporting childhood obesity solutions*
- *21st October 2020: Social marketing measures, approaches and tools in reducing childhood obesity*
- *22nd October 2020: Physical activity policies in supporting maintenance of healthy body weight and in reducing obesity in childhood*

The Second STOP Stakeholder Dialogues aimed to meet with STOP stakeholders to discuss report and outcomes from first STOP stakeholders event and Social Network Analysis report. Stakeholders came from different backgrounds and together contributed to identifying possible policy solutions and reflect on the work of the STOP project.

3.1 Health system stakeholders diversity and policies in supporting childhood obesity solutions

The discussion was moderated by Paulina Nowicka (Uppsala University), Mojca Gabrijelčič Blenkuš (NIJZ) and Luka Kronegger (FSS) in separate groups.

The aim of the dialogue was to discuss topics among stakeholders who consider themselves to belong to the health sector. From the Social Network analysis report, it seems that this is a varied group of stakeholders and one of the main objectives of the multi-stakeholder work is to better understand them. To reach this goal, we analysed responses by stakeholders according to the welfare triangle and the sector in which they operate. Compared to other stakeholders, those from the health sector tend to believe that the "strengthening of soft background mechanisms for health in all policies"(such as: defining public health driven relationships between national governments and the global food industry, informing and empowering interested networks, strengthening the involvement of adolescents (target group) in decision making processes) approach is more promising than a narrow focus on regulatory policy measures.

Furthermore, we attempted to address questions regarding stakeholder collaboration. To approach this theme, we first needed to determine *what is meant by collaboration, where collaboration is occurring, whether there is an empirical base for any claims about its use*. Elements that define collaboration in the *case study*[8] and that were also being considered in a dialogue are: **human behaviour, task** and **social settings**. In the dialogue, further elements and characteristics of collaboration among childhood obesity stakeholders were explored.

The debates touched on the content of the respective topic (based on knowledge about collaboration), and focused on the following set of questions (1-4):

[8] *Case study: scientific collaboration can be defined as interaction taking place within a social context among two or more scientists that facilitates the sharing of meaning and completion of tasks with respect to a mutually shared, superordinate goal. Furthermore, individual goals can influence a scientist's ongoing commitment to a collaboration and his or her perspective on many aspects of the work. Tasks within a scientific collaboration often have a high degree of uncertainty, more so than is typically found in other types of work. Moreover, scientific collaboration occurs within the larger social context of science, which includes elements such as peer review, reward systems, invisible colleges, scientific paradigms, and national and international science policies, as well as disciplinary and university norms (Sonnenwald, D.H. (2007). Scientific collaboration. In: B. Cronin (Ed.), Annual Review of Information Science and Technology, Vol. 41 (pp. 643-681), Medford, NJ: Information Today.)*

1. *Health system stakeholders*

During the first questionnaire we found interesting differences in attitudes among the community of health stakeholders. Exploring differences between health organizations may add value to the STOP multi-stakeholder work. Furthermore, a number of common barriers have been identified including lack of teamwork, education, time, financing, and lack of staff.

In the context of the respective topics stakeholders were asked:

How do stakeholders define themselves in the context of the health sector and how do they define health sector? How do they see stakeholders in the health sector? Do they perceive them differently? From which spheres do they come? What are the drivers that diversify health stakeholders positions the most? How would you define collaboration with/among health sector stakeholders (How do stakeholders perceive this collaboration/ how do they see their collaboration)?

Participants noted:

- We need to distinguish between biomedical and psychosocial model of healthcare. The field tends to use conservative concept which brings us to the biomedical approach (what is being understood now in the 21st century as ˝health system˝).
- Health sector needs to be more clearly defined and differentiated between types of focus: public health, medical, etc.
- Diverse health care actors should be included.
- Are inter-sector public health professionals represented appropriately? Issue of competencies? Sometimes professionals from outside the health sector are not ˝let in˝ since they are not seen as competent enough, recommendations based on observational data rather than scientific ones. Sometimes, "*the arena can be quite guarded against intrusion from outside"*.
- There is a lack of understanding and lack of team work among health professionals.
- Question from stakeholders: what is the standard of evidence – we would expect understandable knowledge transfer and communication of arguments, but that is not a case (e.g. food taxation example).
- If we would like to change something – we should focus on win-win solutions.
- Key concepts that emerged were concepts of *transparency* and *trust*.
- All relevant stakeholders should be engaged, all should feel important and all should have a possibility to influence. We need to know what is the driver for each stakeholder. Each stakeholder has its own priorities (resources are located by priorities) – *concept of prioritising*.
- As prevention approaches rely on multidimensional challenges, they receive less attention as a single disease risk factor approaches. Because of that, multidimensional issues may be presented in a negative light.
- *"Knowledge is ˝stuck˝ somewhere,* – first stage is to focus on certain risk factor(s) but eventually there is a need to take into account other influences, too (e.g. social exclusion, opportunities, upstream social determinants in general). To act on social determinants of health, *"you have to be brave enough*"; stakeholders, working in broader upstream determinants more often experience fatique.
- Related to previous statements, stakeholders expressed that we need new type of health professionals (with enthusiasm, and positive attitude towards collaboration, at the same time with clear goals and public health oriented);
- Stakeholders expressed the opinion that organizations, especially NGOs, in the field of childhood obesity, work together but at the same time they are competitive to each other for funding of the activities. That is pushing them to a ambiguous and sometimes confusing situations and collaboration is not as synergistic as it could ir should be.

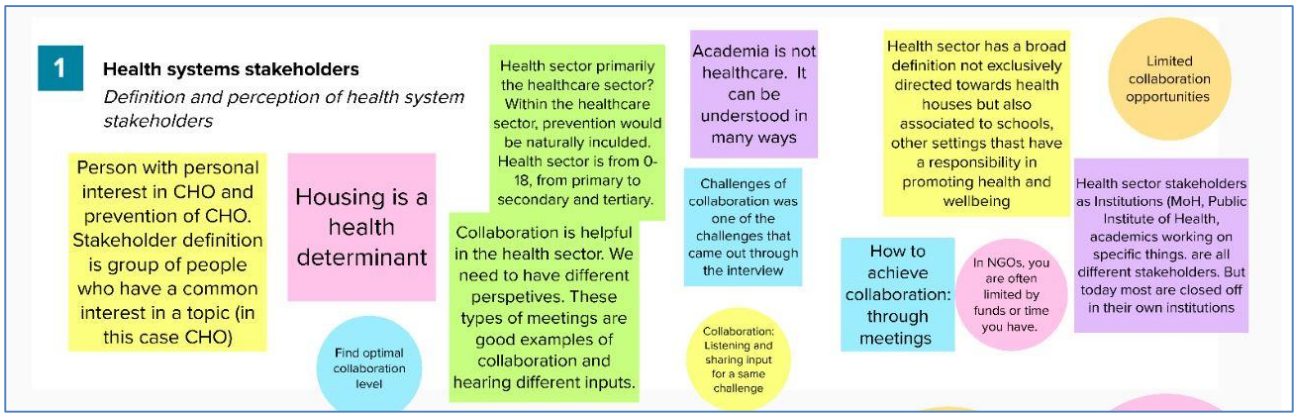


Figure 6: One of the working sheet from dialogue – 1st set of questions

2. *Policy decision making process*

In the context of the respective topics stakeholders were asked:

…to provide their views on what they consider to be the essential components – or success factors – for different types of obesity prevention policies (incl. taxation, marketing, labelling etc.). We explored how differing views on these essential components may have an impact on the potential and modalities of multi-stakeholder collaboration. (such as: *concepts of power, of transparency and trust, of the importance of evidence and different definitions and perceptions of the evidence; concepts of political will and empowerment*): What promising characteristics for better stakeholder collaboration when implementing childhood obesity policies? Which characteristics would facilitate/inhibit (better) stakeholder collaboration and how?

Participants noted:

- Without collaboration, we can't progress, but stakeholders are noticing different situations in different countries. In some countries, there is a problem because a lot of stakeholders workon their own. On the other hand, in another group, participants noted that smaller countries have more stronger collaborations due to their national connections.
- It was pointed out that all stakeholders need to be involved and a bottom-up approach would be important.
- Better collaboration chould be established also with common knowledge capacities; ability to work through intersectoral bodies or agency at the national level, with clearly defined focuses.
- To strengthen the collaboration, face-to-face interactions may be important, especially in intergenerational contexts; such interactions are important among health professionals and among health service users ; understanding and providing productive approaches to the service/programs users is essential
- Financial aspect was also pointed out as an important factor for collaboration, with potential of producing competitive relationships among allies.
- Establishment of the clusters of similarly thinking organisationsmight be helpful. Their representatives should try to harmonize opinions. "*In a room of people with mixed ideas it is hard to be heard and we often feel like our ideas are not relevant".* Some stakeholders feel more powerful if they are able to express their opinions at higher (decision making) levels - linked to concept of power
- *How can we reach NGOs*? To provide enough data for them by presenting what is going to be a result of a specific activity, could be a project. It's also dependant on who are we trying to reach (for example, how can you reach people who do not have internet).

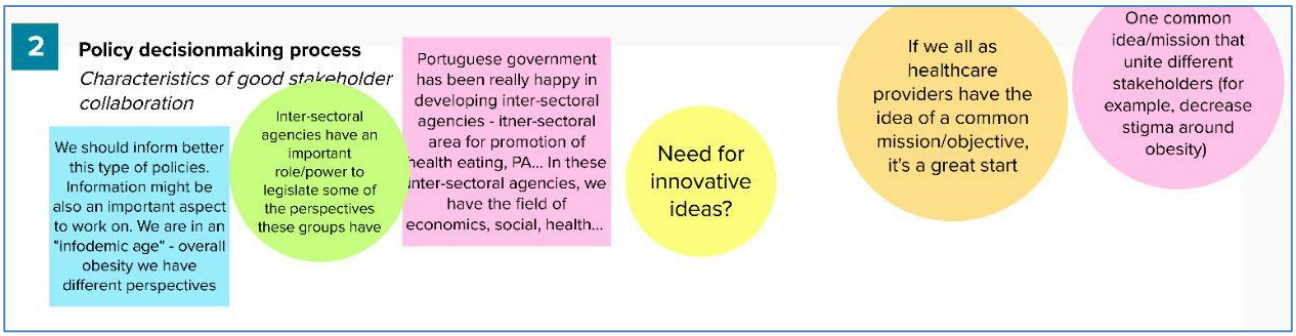


Figure 7: One of the working sheet from dialogue – 2nd set of questions

3. COVID-19

In the context of the respective topics stakeholders were asked:

Does your organization currently work with coping with COVID-19 or are you already in recovery stage/planning for the future? Did you notice any changes in collaboration with other stakeholders during COVID-19 epidemic? What have you learned from COVID-19 situation regarding collaboration with different stakeholders? Is this established collaboration sustainable – lessons learn for future collaborations? Would health promotion and disease prevention become more mainstreamed than today also in regard to childhood obesity?

Participants noted:

- Given the current epidemic situation, it might not be possible to work with some organizations because they are only focusing on the COVID epidemic
- NGOs representative pointed out that they improved collaboration with some organizations because of online meetings. In general participants agreed that the pandemic was a stressful situation but at the same time some connections / relationships become stronger. At the same time, you may lose some connections due to shift in the organizational strategy due to Covid-19.
- Often, organizations are having trust issues.For instance, other partners present project by themselves as the only one responsible for it, in spite more partners were involved and active – linked to concept of trust
- In one group, participants also suggested that health promotion and disease prevention should use similar models of tracking and predictions (for childhood obesity and severe risk factors) as used in pandemic.
- In addition the question of *how to overcome present situation and what are the potentials to define roles of stakeholders* was raised.

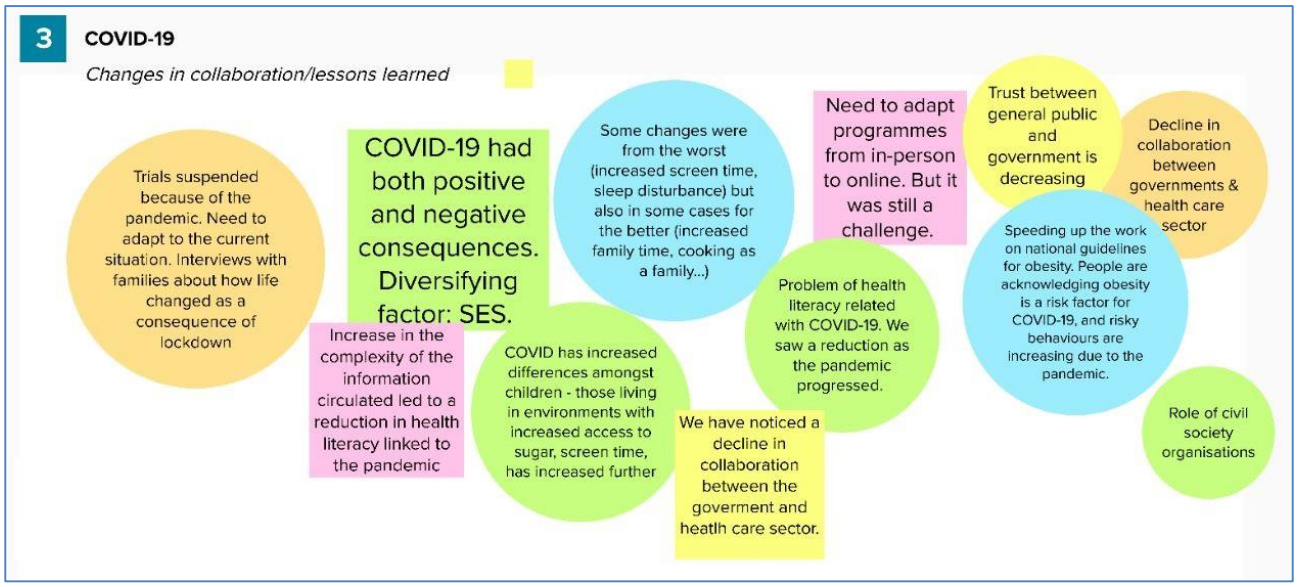


Figure 8: One of the working sheet from dialogue – 3rd set of questions

4. Sustainability plan

The stakeholder dialogues aim to establish a common base for the sustainability plan for future stakeholder work.

In the context of the respective topics stakeholders were asked:

How do we want to cooperate/collaborate with other stakeholders in the future? What do we need for that? Who can provide what is needed? How could reflection to COVID19 epidemic support the sustainability planning?

Participants noted:

- Many people are aware that health promotion is very important. This might be the opportunity to start with statement such as: *What will happen if we continue like this*?
- Furthermore, participants suggest that there should be more data given out to the public in terms of what is happening and projections of what is going to happen if nothing changes.
- In one group, participants agreed that win-win situations with public health driven agendas should be emphasised and that they observed a need for more enthusiasm if we want to push idea forward.

3.2 Social marketing measures, approaches and tools in reducing childhood obesity

Discussion was moderated by Tina Lowrey (HEC), L. J. Shrum (HEC) and Karen Watson (ICL) in separate groups.

The aim of the Dialogue was to meet with STOP stakeholders to discuss how to best collaborate in three key areas. The first area was how to establish guidelines, convert guidelines into standards, and how to implement and maintain such guidelines and standards. The second aim was to discuss how educational programs might be leveraged to better reach children with key messages to increase well-being. The third and final aim was to address how to use social media to reach children, and what messages should be communicated.

The debates were touched to the contents of the respective topic, with focus on proposed sets of questions: (1-4).

1.	*Collaborative action*

In the first round questionnaire we have found some interesting results, one of which was the need for collaborative action in the community of stakeholders. Exploring how this could be accomplished may add value to the STOP multi-stakeholder work.

In the context of the respective topics stakeholders were asked:

How do they see which stakeholders could collaborate? From which spheres are they coming? What are the drivers behind successful collaboration? Are there any specific collaborations that should be prioritized?

Participants noted:

- Stakeholders relied on existing experiences when collaborating. Participants emphasised that establishing collaboration is also country specific; *for small countries it is easier to collaborate with all main stakeholders*. Moreover, stakeholders are often willing to collaborate; it is just matter of organization they represent to provide platform and possibility to collaborate.
- Most stakeholders could collaborate if some common goals are provided – *concept of shared goals*. Some stakeholders are coming with their own agendas – there is a need to define common goals and tasks when establishing new collaboration. Furthermore, there is a need to determine who will take the lead – *concept/issue of leadership*
- For science driven organizations – their aim (based on the statue) is to promote science in relation to policies. If they would like to contribute to evidence based policy, collaboration is essential (need for discussion – different stakeholders talking together in the same room).
- Some stakeholders are outside obvious spheres; there are some hidden spheres that were neglected; because of that participants, welcomed the stakeholder analysis provided by STOP project.
- A good example of collaboration between different groups of stakeholders are *projects*.
- *Drivers behind successful collaboration*: communication (all options should be listen), importance of transparency.
- *Specific collaboration*: engagement of the private sector is very important as they are less willing to collaborate. One of the participant noted that stakeholders from the private sector have sometimes opposite goals to public health ones, sometimes there are no real collaboration (even is not possible – e.g. tobacco industry in public health).
- Collaboration depends on initiatives – need to decide who are the key stakeholders that need to be engaged (e.g. if we are talking about reformulation activities, we need to include stakeholders from industry).
- Very important is cooperation with industry, they must know why we are doing the work we are doing. The industry must participate, because they have the resources. Furthermore, we need to be aware that the private sector exists – we need to work equal with them, with shared goals.
- Advocacy for children health is usually a second priority over advocacy for business priority that is based on profit.
- In one group participants emphasised that collaboration begins with a lack of trust and that with successful collaboration, trust increases. They defined 5 stages of collaboration (in sense of trust issue): (1) theory of changes – what do we want to achieve, (2) setting standards - how to achieve, (3)

to build trust, (4) to gain trust – linked to *concept of transparency*, (5) to review motives – reinforces trust.

2. Establishing guidelines/standards

In the context of the respective topics stakeholders were asked:

What is the best method to establish guidelines? How best to move from guidelines to standards? Who would be responsible for maintaining these standards? How best to implement any established guidelines/standards?

Participants noted:

- Best method to establish guidelines depends on a country's capacity to develop such guidelines. Small countries have small research capacity and because of that, they sometimes use the examples from other countries.
- Moving from guidelines to standards depends on the situation of a country. General principle is open consultation with relevant stakeholders and also public consultations. Furthermore, good research and evidence based should be behind.

3. *Educational programs*

In the context of the respective topics, stakeholders were asked:

What are the best ways to communicate with children using educational programs? What do we need for that? Who can provide what is needed?

Participants noted:

- It's essential that children realise that educational programs benefit them. Someone who is trusted and known by children should communicate them – children will pay attention. The involvement of someone outside of school is also important. Similarly, doing something outside school (visiting nature, local farmers, etc.) is beneficial. Furthermore, participants claimed that *learning by doing* is the best method.
- In one group, participants noted that parents hold a central role for developing lifestyles and changing behaviours. Good collaboration should be established between schools and parents.
- The school environment is an important place to set norms. Furthermore, the school children attends depends on one's local situation (as geographical location is one of the example of socioeconomic status).

4. *Social media usage*

In the context of the respective topics stakeholders were asked:

What are the best ways to communicate with children using social media? What messages should be communicated? How can this be accomplished?

Participants noted:

- It's important to determine what target we are talking about in social marketing and that we separate targets – not all the children must be reached the same way. We need to choose the right social media platform and the right communication method. Furthermore, we need to understand how to get and maintain children's focus/attention. We may need to involve children into development of social marketing strategies to find best way to share information.
- Industry is much more advance that the public health sector when they communicate with children – we should learn from the industry on how to get closer. Furthermore, some stakeholders from industry are more motivated that others - differences in industry. We need to identify which sectors of the industry is more motivated - to be part of it and to contribute.
- Importance of influencers (popular among young people) and usage of a platforms tailored to children (with short videos).

- Rather that the content, we need to focus on the *approach* towards communicating nutrition - coherence needs to be established - people get confused because of the broad range of messages (healthy, sustainable,..) that is sometimes in confusing.

3.3 Physical activity policies in supporting maintenance of healthy body weight and in reducing obesity in childhood

Discussion was moderated by Maroje Sorić (University of Zagreb) and Gregor Starc (Faculty of Sports, UL) in separate groups.

The aim of the Dialogue was to meet with STOP stakeholders to discuss the possible synergies in multi-sectoral approach to address childhood obesity through increased physical activity as well as the institutional and professional obstacles that hinder cooperation between stakeholders. The second aim was to address the possible effects of rising prevalence of childhood obesity due to the implementation of measures to curb COVID-19, which typically resulted in closure of schools, sport clubs, public parks and playgrounds, reducing the opportunities for habitual physical activity. The third aim focused on identifying possible solutions for the post-COVID-19 crisis related to increased childhood obesity prevalence, changed physical activity patterns, lowered physical fitness of children and the growth of sedentary patterns, developed during lockdowns (encouragement to stay at home, to use social networks, to exercise via on-line PE classes, etc.).

The debates were touched to the contents of the respective topic, with focus on proposed sets of questions: (1-3).

1. Synergy

In the first-round questionnaire, we found that the stakeholders generally agreed that PA policies are capable of curbing childhood obesity. Although some differences in opinions were noted, they were not necessarily along stakeholder group lines. However, when examining more closely the antagonism towards PA policies, the agreement analyses showed that the vast majority of the negative attitudes came from stakeholders in the health sector. In relation to this, we would like to discuss the current extent of cooperation between stakeholders coming from other sectors with the stakeholders from the health sector and the potential to create more synergy.

In the context of the respective topics stakeholders were asked:

What are their experiences in cooperating with stakeholders in the health sector/other sectors in PA promotion? Do other stakeholders feel pushed aside/ignored by the health sector? Are there conflicts/dissonances between other stakeholders and health sector? Do stakeholders feel that the funding for PA promotion and intervention programmes are equally accessible to all stakeholders? How do we want to cooperate/collaborate with other stakeholders in the future? What do we need for that? Who can provide what is needed?

Participants noted:

- There is a lack of interest to collaborate with the physical activity sector. Participants brought out again issues of *trust and transparency*.
- There might be confusion about which part of health sector does physical activity represents as physical activity is broad, and includes the promotion of active transport. Furthermore, there are at least two groups of physical activity stakeholders who perceive themselves as (1) ˝pure˝ physical activity stakeholders - not supporting societal activities and (2) horizontal stakeholders - combined stakeholders from different areas (e.g. mental health).
- Physical activity is often left out or neglected in anti-obesity policies. Allocated resources are very modest. There are more opportunities for networking and for funding.
- There is a possibility to engage and promote the physical activity sector.

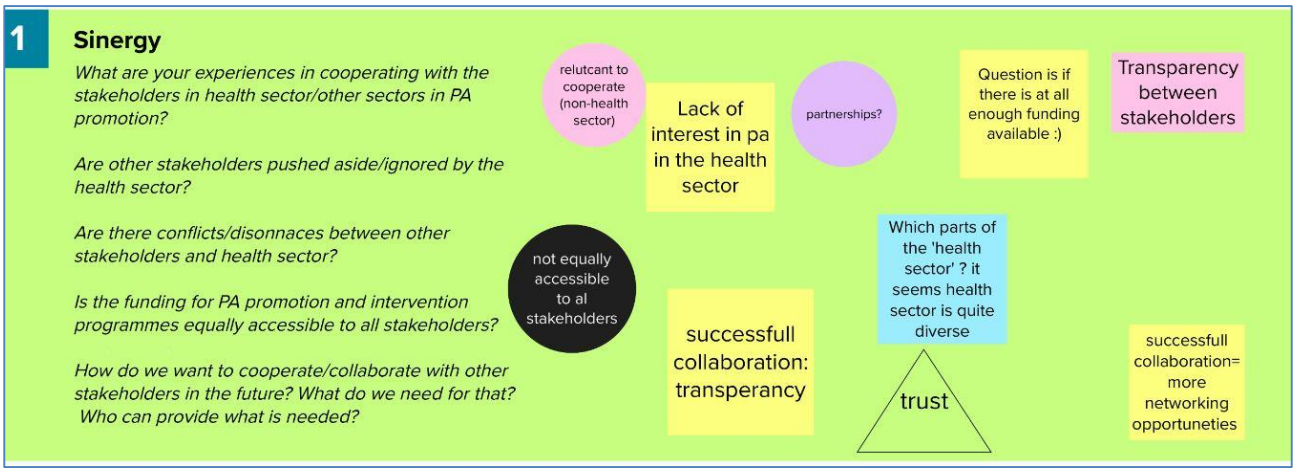


Figure 9: One of the working sheet from dialogue – 1st set of questions

2. COVID-19

Given the movement restrictions introduced because of the pandemic, opportunities for PA have inevitably decreased. We welcomed discussion on the proportionality of the measures and the related short-t and long-term health risks.

In the context of the respective topics stakeholders were asked:

Have children's developmental needs during COVID-19 been rightfully ignored or not? Are long term consequences of physical inactivity potentially more important than short-term risk of infection? Should children be treated as a low-risk, vulnerable group and be exempt from some of the anti-epidemic measures?

Participants noted:

- In general, participants agreed that children developmental needs during COVID-19 first lockdown had been ignored.
- It was pointed out that nutrition is easier to influence (less time needed), while physical activity is more difficult for parents to manage due to time restrictions.
- Different organisations and groups (at EU level) should find balance to encourage children to engage in physical activity (including: youth organisations, parents associations, etc.)
- Examples: in Belgium, families with small children were prioritised to play outside during first quarantine; in Portugal, government stepped in and they played videos on physical activity on TV and radio.

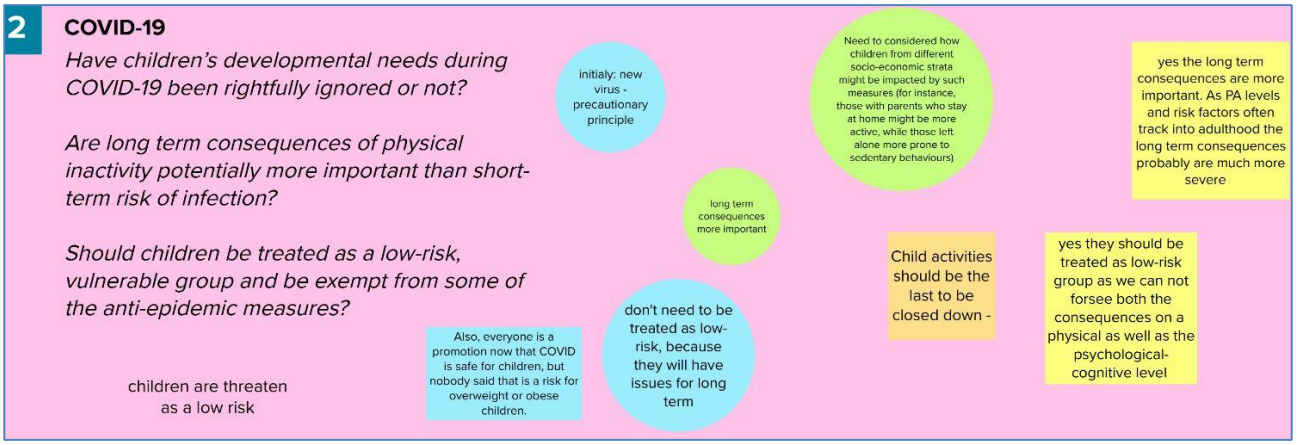


Figure 10: One of the working sheet from dialogue – 2nd set of questions

3. *Policy priorities in the post COVID era:*

In the first-round questionnaire, we found that the implementation of most of the suggested PA policies in the survey would receive little opposition from the stakeholder network involved in this research. Among 3 PA policy areas, stakeholders identified measures to promote PA in schools as the most promising in changing obesogenic environments to prevent childhood obesity with all types of PA programs set in schools receiving universally high support from all types of stakeholders involved. At the same time there was little doubt that it is the responsibility of the states and the municipalities to provide financial support to improve school infrastructure for PA and sports. PA policies were the least well received from stakeholders in the health sector. In the context of the current COVID-19 pandemic, it would be interesting to find out if the views on the policy priorities have changed.[9]

In the context of the respective topics stakeholders were asked:

How long will it take for children's fitness to recover? Which PA policies should be given priority in the post COVID era to ensure the most efficient recovery? Which sectors are the most important for the restoration of pre-COVID levels of population fitness?

Participants noted:

- Participants expressed fear for long-term consequences of COVID-19 on physical fitness of children and adolescents.
- Maybe the opportunity is to use mental health argument for promoting physical activity (many activities in mental health requires physical activity!)
- Use EU budget within more deprived areas, active transport and green spaces to tackle physical activity; urban sector must be involved
- Not only finance ministers should sit at the table when we are talking about how funds will be used
- The role of influencers is also very important (social marketing role).

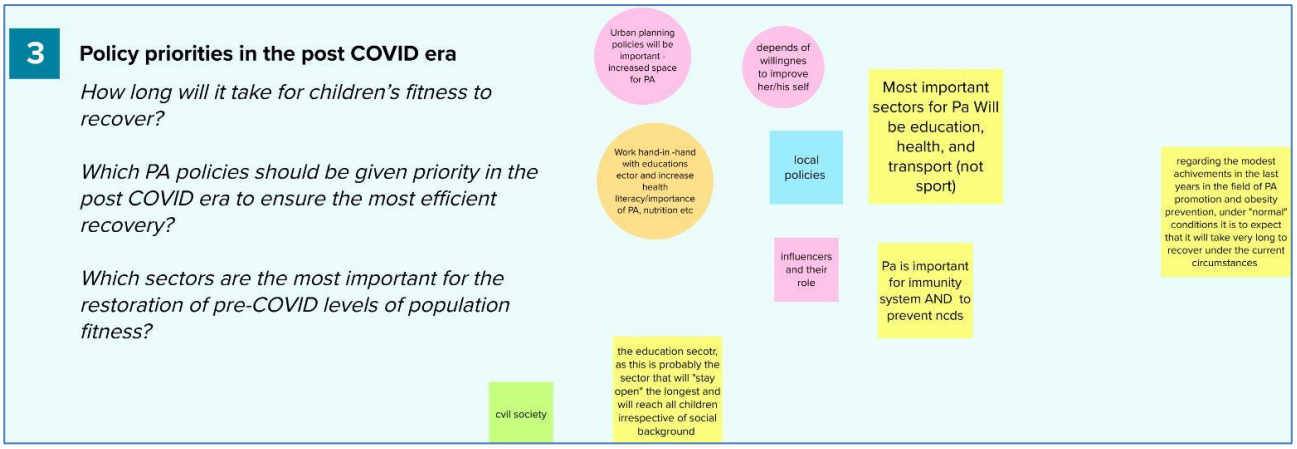


Figure 11: One of the working sheets from dialogue – 3rd set of questions

[9] one interpretation of the perceived lack of enthusiasm for physical activity policy from the side of health organisations may have to do with the specificities of the EU policy debate. At the EU level, it has been a constant feature that in obesity policy discussions, food industries have tried to direct attention towards physical activity and away from action on food environments. The EU also has more competences to deal with food policy than physical activity policy. It's unlikely that any health organisation would be critical of the idea of physical activity policy, but as many groups that have answered the survey operate at an EU level, this experience may have had an impact on perceptions.

4 DIALOGUES WRAP-UP AND RECOMMENDATIONS FROM STOP STAKEHOLDERS MEETING FOR YEAR 2 AND OUTLINE OF THE STOP PROCESS FOR THE NEXT TWO YEARS

The *Second Childhood Obesity Stakeholder Dialogues* provided the participants with the opportunity to meet with other stakeholders to discuss the report and outcomes from the first STOP stakeholders event and Social Network Analysis report. Participants came from a variety of different backgrounds and together contributed to identifying possible solutions and reflect on the work of the STOP project.

Participants had the opportunity to discuss pre-defined questions related to childhood obesity, focusing on three themes: (1) Health system stakeholder diversity and policies, (2) Social marketing measures, approaches and tools and (3) Physical activity policies in supporting the maintenance of a healthy body weight.

Participating stakeholders were active in all sessions. Furthermore, STOP stakeholders dialogs attracted stakeholders which had not previously been engaged. At the same time, organizers agreed that some sectors were not presented as they wished (especially more stakeholders from physical activity and health sector were missing in debate). Due to the Covid-19 epidemic that is to some extent expected – meeting was organized on-line and as far as we could have noticed, a lot of meetings were organized in autumn 2021, as many of them were postponed from spring first Covid-19 wave.

Key concepts from the dialogues:

a) Related to **trust** concept:
- Prioritization
- s*electivity (not to discuss everything with everybody)*
- Transparency
- Differentiation of stakeholders to work with

b) Related to **power** concept
- Competition
- *Leadership issue*
- Opportunities to influence

c) Related to **equity** concept

d) - ccomplexity

e) **New** concepts
- Building win-win solutions and *shared goals*
- Fatigue – pandemic;
- Infodemic issues (hard to find reliable information)

Other messages from the dialogues:

- We are not aware of all stakeholders – even that they exist. One of the participant said that she was pleased about the STOP project as it provided her insight about other stakeholders.
- Some stakeholders are outside obvious spheres. There are some hidden spheres that were neglected. For that reason, participants welcomed the stakeholder analysis provided by the STOP project.
- In the health sector, curative and preventive sectors must work much closer. There is also an opportunity to motivate stakeholders outside of the health sector to address health drivers. There is a need to explore how to do that.
- Cognitive dissonance between stakeholders should be addressed. There is a need to establish shared understanding and knowledge (multidisciplinary competence) as an important entry point for the future collaboration when starting to collaborate (we do not know *what motivate certain stakeholder that is willing to collaborate*)
- Stakeholders from the same group (for example: Academia, NGOs, ...), natural allies in actions, could be in a competitive position due to the funding resources which could undermine the collaborative processes among such organizations

Next stakeholders event will be a conference during the 2021 Slovenian Presidency of the Council of the European Union, organized in parallel with the Joint Action on Best practices in Nutrition (Best-ReMaP) conference, allowing for research knowledge translation to support policy decision making implementation.

ACKNOWLEDGMENTS

The authors are grateful to Ella Hattey (ICL) and Nastja Šivec (trainee at this time at NIJZ) for their contribution and support.

ANNEXES

ANNEX 1 – Program of the STOP Second Stakeholders Dialogues

STOP Second Stakeholders Dialogues

PROGRAMME

20-22. October 2020, Online

20. October: ***Health system stakeholders diversity and policies in supporting childhood obesity solutions***

21. October: ***Social marketing measures, approaches and tools in reducing childhood obesity***

22. October: ***Physical activity policies in supporting maintenance of healthy body weight and in reducing obesity in childhood***

PROGRAMME for each day

Time (CEST)	Session
13.45 – 14.05	Arrival
14.05 – 14.30	Opening by WP10 coordinator and interactive introduction of the participants *(Dr. Mojca Gabrijelčič Blenkuš)* General presentation of the STOP project and aim of stakeholder dialogues, Q&A *(Prof. Franco Sassi, Dr. Mojca Gabrijelčič Blenkuš)*
14.30 – 15.45	STOP stakeholders Social Analysis Report discussion points, for comments and proposals for future STOP stakeholders work and sustainability plan building Presentation of the research data on STOP stakeholders Social Network Analysis Report, highlighting the specific topic and reflection to the dialogs discussions
15.45 – 16.00	Main messages, conclusions and dialogues wrap-up

* Discussion will be moderated also by: Paulina Nowicka, Luka Kronegger, Tina M. Lowrey, Karen Watson, L. J. Shrum, Gregor Starc, Maroje Sorić, Nikolai Pushkarev, Monika Robnik Levart and Ingrid Sotlar.

ABOUT STOP: The STOP project (Science and Technology in childhood Obesity Policy), 2018 – 2022, is a major initiative funded under the EU Horizon 2020 research programme launched this year (http://www.stop-obesity-project.eu/). The aim of the STOP project is to find the most successful and effective approaches to reduce the incidence of childhood obesity, while helping children already suffering the disease to get the best support.

ANNEX 2 – General presentation of the STOP project

STOP – Addressing the Challenge of Childhood Obesity in Europe

Franco Sassi PhD – Principal Investigator
Imperial College Business School

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 774548.

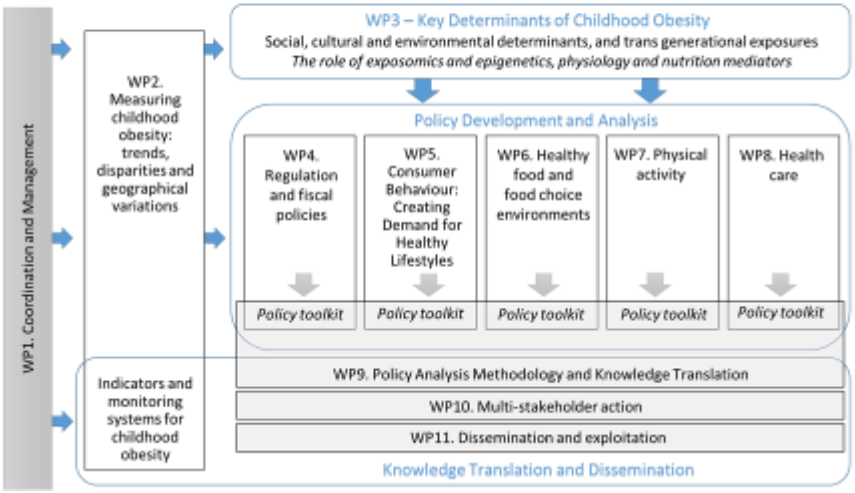
This presentation reflects only the author's view and the European Commission is not responsible for any use that may be made of the information it contains.

Science and Technology in childhood Obesity Policy

Key Expected Outputs of STOP

1. A comprehensive set of indicators and a measurement framework for epidemiological surveillance
2. New evidence on:
   a. the determinants of childhood obesity
   b. the impacts of policies and interventions
3. Policy briefs and toolkits for the design and the implementation of key policies
4. A viable multi-stakeholder framework

STOP Project Structure



The STOP Consortium (Beneficiaries and Third Parties)

STOP Beyond the State of the Art

- Trends over time in children's height and BMI show importance of differences between countries in height-for-age patterns as a factor contributing to heterogeneity in obesity patterns, with differences emerging from age 5 and widening thereafter
- Early findings suggest a high prevalence of obesity in rural areas
- A "molecular signature" of childhood obesity has been identified as early as in chord blood, representing a fundamental step in assessing causal pathways to childhood obesity, and suggesting a role for the gut microbiome in the development of obesity
- Maternal pre-pregnancy BMI is associated with the child's BMI and microcirculation changes, providing evidence of increased cardiovascular risk in early years of life
- Two series of systematic reviews have consolidated current knowledge of the policy space for addressing childhood and determinants of childhood obesity

Fiscal Policies on Food and SSBs in Europe

- Hypothetical policies (SSB tax + F&V subsidy: 20% price variation) produce the expected results, but weak effects on children's intakes:
  - Net daily energy intake changes ranging from -45.5 Kcal (Spain) to 96.7 Kcal (France)
  - Variations in fat intake range from -3.4% (Finland) to 9.5% (France)
  - Variations in carbohydrate from -5.26% (Italy) to -0.1% (Spain)
- French children substitute SSBs with dairy products, meat and cooked meat products which have a higher calorie content on average

STOP Systematic Reviews

- Regulation and fiscal policies
- Interventions using behavioural insights to improve children's diet-related outcomes
  - Effective in 74% of included interventions
  - Most promising approaches involve incentives, changing defaults and modifying the physical environment
  - Information provision alone was least effective approach
- Effect of reformulation on individuals' behaviour, nutrient intakes and health
  - Improved nutrient intakes in three quarters of studies measuring that outcome (strongest evidence for TFA)
- Food environment interventions in and around schools
  - SSB bans and increased access to fruits and vegetables are effective interventions, especially if relying on multisystem approaches
- Interventions to increase physical activity in schools
  - Interventions are effective in decreasing BMI, no added value from multi-component approaches
- Health care treatment of childhood obesity – equity impacts

Social Marketing Campaigns

- HEC have completed two case studies:
  - **DrinkUp! Campaign** (USA)
  - **Whole Grain Partnership Campaign** (Denmark)
- Major findings:
  - Success factors for DrinkUp!
    - Detailed pre-planning ensured that there is a message that has been tested and a prioritisation of segments to target in phases
    - Broad participation of cultural influencers was favored so as to reinforce the behavior as a cultural norm
  - Both campaigns were successful at changing population-level sales and consumption of targeted products
  - Campaigns were supported by a wide coalition of partners from the public and private sectors
  - Long-term impact will be assessed later in the project

General presentation of the STOP project and aim of stakeholders dialogues

Mojca Gabrijelčič,
National institute of Public Health Slovenia
Luka Kronegger,
Faculty of Social Sciences, University of Ljubljana
on behalf of the STOP WP10 team

20-22th October 2020

- This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 774548.
- This presentation reflects only the author's view and the European Commission is not responsible for any use that may be made of the information it contains.

Science and Technology in childhood Obesity Policy

Content

1. STOP stakeholder survey
2. STOP stakeholder conferences
3. STOP WP10 further steps

STOP STAKEHOLDERS survey

STOP stakeholders survey and report
NIJZ, FSS-UL and WP partners

Stakeholder survey – respondents

No. of responds: **184**

Welfare mix:
Majority of stakeholders from
Public sector (86)
Private non-profit (32)
Public-private (20)
Private profit (16)

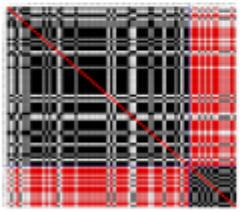
Obesity diagram:
Majority of stakeholders from
health (95)
research (35)
Public-private (18)
Private profit (10)

Perception of **power** of stakeholders:
Half of stakeholders feel powerful/very powerful at regional and national level
Vast majority feel slightly powerful or not powerful at all at the EU and global levels.

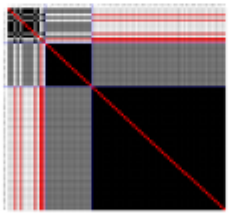
Social network analysis of stakeholder dynamics

Descriptive anaysis is identifying:

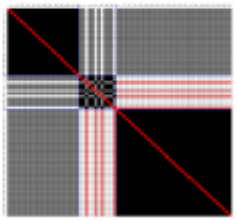
- the stakehodlers organizations focal (core) interests,
- characteristics of the decision making processes,
- **agreement charts and clustering** of the stakeholders/interest groups, by the area of interest



Food reformulation



Food labeling



Food taxation

Health stakeholders in all of the agreement charts groups – to be investigated further

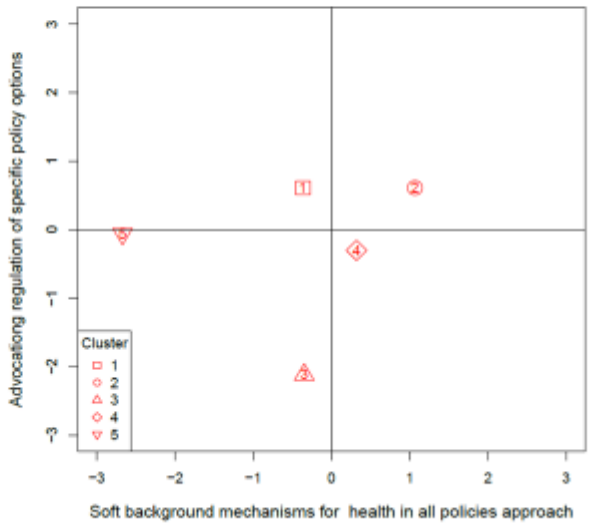
Contextual analysis

- two new dimensions:

"Soft background mechanisms for health in all policies approach"

"Advocating regulation for specific policy option"

- Five different clusters of stakeholders were obtained in two new dimensions



	Key characteristics	Highlights	What do we want to explore further?
Cluster 1 "Prevention policy group"	Mixed stakeholders	Favouring regulatory approaches, less soft mechanisms	Why favouring policies over soft mechanisms?
Cluster 2 "Health sector treatment group"	Purely non-profit; Treatment focused health sector	Positive attitude towards both regulatory and soft mechanisms	Why this cluster has unfavourable attitude towards labelling, marketing and physical activity policies, while it has positive attitude towards policies overall?
Cluster 3 "Private sector group"	Mixed stakeholders, but relatively large private sector	Low opinion on regulatory approaches; Extremely negative on food taxation	Being wary of regulatory policy is predictable when it comes to industry. But the cluster has many non-profit organisations as well. Why are some non-profit groups against? (or is it the case that within the cluster the non-profit groups are actually in favour of taxation but are clustered together on other grounds?) Why do private sector groupings have a low opinion of regulatory policies, and taxation especially?
Cluster 4 "Soft approach group"	Mixed stakeholders	Favouring soft mechanisms, less regulatory approaches.	Why favouring policies over soft mechanisms?
Cluster 5 "Anti-soft measures group"	Mixed stakeholders	Does not believe in soft measures, but engaged in social marketing and private sector contribution	What does a strong belief in social marketing reveal about attitudes towards tackling child obesity?

Stakeholders engagement via dialogs and conferences

- Year 1: **First Childhood Obesity Stakeholder Conference and Dialogs**
- Year 2: **Childhood Obesity Stakeholder conference and Dialogs**
- Year 3: Third Childhood Obesity Stakeholder Conference and Dialogs, **together with JA Best ReMaP**

  SI PRED
- Year 4: Fourth (Final) Childhood Obesity Stakeholder Conference and Dialogs

Science and Technology in childhood Obesity Policy

1st stakeholders conference and dialogs, Brussels, September 2019

Science and Technology in childhood Obesity Policy

The first stakeholders dialogs prioritized the concepts

- of power, including the **perception of power**, as one of the major determinants in policy decision making processes;
- of importance of **transparency and trust**,
- of importance of **evidence** (with the challenge of overcoming the **differences in interpretations** of what is enough and what is 'the right' type of evidence for a certain policy intervention), and
- of **different definitions and perceptions** of concepts, such as the **concepts of political will and empowerment**.

Work till now and further steps

1. The stakeholders analyses aims to support WP4 – WP8 and WP9 outcomes, including policy recommendations

- STOP stakeholders dialogs

- Second STOP stakeholders survey at the end of year 3, beginning of year 4

- Sustainability plan for stakeholders network(ing) in nutrition and childhood obesity at the EU level

2. INFORMAS stakeholders work – national networks

3. Use of the stakeholders results in other EU project(s), e.g. new JA on Best practices in nutriton

ANNEX 3 - Evaluation questionnaire

Results of evaluation questionnaire for Second Childhood Obesity Stakeholder Dialogues

1. **Dialogues organisation and proceedings:**

Where 1 is unsatisfactory and 5 is very good, and X is no opinion							Valid	Units	Average	Std. deviation
	1	2	3	4	5	Valid				
1. The general organisation of the dialogues	1 (7%)	0 (0%)	3 (20%)	4 (27%)	7 (47%)	15 (100%)	15	15	**4,1**	1,2

Comments:

- no intervention when it has been clear that break out session 1 did not work. no support for the participants who are not used to work with mural. no equal reflection on the contributions
- they were organized okay, just not much attendance for mine
- ours were quite good, I thought!

Where 1 is unsatisfactory and 5 is very good, and X is no opinion							Valid	Units	Average	Std. deviation
	1	2	3	4	5	Valid				
2. The relevance of the presentation of the STOP project	0 (0%)	1 (7%)	4 (27%)	3 (20%)	7 (47%)	15 (100%)	15	15	**4,1**	1,0

Comments:

- all fine
- it maybe helpful to define the understanding of \ "stakeholder\ ". out of my perspective this is a neutral term. for external participants it maybe helpful to remind on the background and the aim of the project.

Where 1 is unsatisfactory and 5 is very good, and X is no opinion							Valid	Units	Average	Std. deviation
	1	2	3	4	5	Valid				
3. The relevance of the stakeholders survey results	0 (0%)	1 (7%)	5 (33%)	3 (20%)	6 (40%)	15 (100%)	15	15	**3,9**	1,0

Comments:

- very relevant
- for me difficult to understand. it maybe helpful to think about how to get the message across to an external audience

The relevance of the afternoon dialogs Using the scale 1 to 5 (where 1 is unsatisfactory and 5 is very good, and X is no opinion) how would you rate:					
	Where 1 is unsatisfactory and 5 is very good, and X is no opinion	Valid	Units	Average	Std. deviation

	1	2	3	4	5	Valid				
20th October: *Health system stakeholders diversity and policies in supporting childhood obesity solutions*	0 (0%)	2 (22%)	1 (11%)	1 (11%)	5 (56%)	9 (100%)	9	15	**4,0**	1,3
21st October: *Social Marketing measures, approaches and tools in reducing childhood obesity*	0 (0%)	0 (0%)	3 (23%)	4 (31%)	6 (46%)	13 (100%)	13	15	**4,2**	0,8
22nd October: *Physical activity policies in supporting maintenance of healthy body weight and reducing obesity in childhood*	0 (0%)	0 (0%)	3 (27%)	2 (18%)	6 (55%)	11 (100%)	11	15	**4,3**	0,9

Comments:

- I thought breakout groups were a bit small, and we had a lot to discuss, but otherwise fine!
- poorly attended; thus, 3 breakout groups were too many (too few participants in each)

Where 1 is unsatisfactory and 5 is very good, and X is no opinion							**Valid**	**Units**	**Average**	**Std. deviation**
	1	2	3	4	5	Valid				
5. The time allocated to the discussions	0 (0%)	1 (7%)	4 (27%)	4 (27%)	6 (40%)	15 (100%)	15	15	**4,0**	1,0

Comments:

- it was good, on the one hand maybe 30 min more would have been perfect, on the other hand, 1 hour is enough and the fact that we want to talk more only shows it went well
- plenty of time

Where 1 is unsatisfactory and 5 is very good, and X is no opinion							**Valid**	**Units**	**Average**	**Std. deviation**
	1	2	3	4	5	Valid				
6. The online organisation	0 (0%)	0 (0%)	5 (33%)	3 (20%)	7 (47%)	15 (100%)	15	15	**4,1**	0,9

Comments:

- not sure mural icebreaker was *that* useful, and our breakout group didn't use mural at all, just fyi...
- the break out session did not work properly. the intention to involve the participants actively is very good.

2. **Relevance to your work**

Relevance to your work - Using the scale from 1 to 5 (where 1 is the minimum and 5 the maximum, and X no opinion) please indicate how would you rate the STOP dialogues, regarding the										
	1 is the minimum and 5 the maximum, and X no opinion						**Valid**	**Units**	**Average**	**Std. deviation**
	1	2	3	4	5	Valid				
Relevance to your current work/ activities	0 (0%)	0 (0%)	5 (33%)	5 (33%)	5 (33%)	15 (100%)	15	15	**4,0**	0,8
Relevance of the engagement of stakeholders into the STOP network	0 (0%)	1 (7%)	4 (29%)	5 (36%)	4 (29%)	14 (100%)	14	15	**3,9**	0,9
Usefulness of the information on STOP stakeholders landscape for your future work	0 (0%)	2 (14%)	2 (14%)	3 (21%)	7 (50%)	14 (100%)	14	15	**4,1**	1,1
Overall usefulness of the STOP dialogues	0 (0%)	1 (7%)	3 (21%)	3 (21%)	7 (50%)	14 (100%)	14	15	**4,1**	1,0

What have you found most useful / least useful at the dialogues? (Any comments and suggestions you may have welcomed)

- most useful — ideas for future interventions; least useful — mural app
- sharing experience and exchanging ideas
- very healthy informative discussion

What would you like to discuss with the STOP partners and other interest groups/stakeholders at the future conferences/dialogues?

- exchange with regard to the current campaign of the european agency for safety and health at work (eu-osha) on msd, priority topic: msds and future generations. cooperation with the european network education and training in occupational safety and health (enetosh).
- how to concretely build partnerships - where to start from with a joint action?
- what is the difference between guidelines & standards?
- Policy levels

How would you best define your organisation

Answers	Frequency	Percent	Valid	Cumulative
1 (Public)	12	80%	80%	80%
2 (Private)	0	0%	0%	80%
3 (Public-private)	3	20%	20%	100%
Valid	15	100%	100%	

1 (Formal)	15	100%	100%	100%

2 (Informal)	0	0%	0%	100%
Valid	15	100%	100%	

Answers	Frequency	Percent	Valid	Cumulative
1 (Profit)	1	7%	7%	7%
2 (Non-profit)	14	93%	93%	100%
Valid	15	100%	100%	

Please indicate in which sector your organization operates in:

	Answers				Valid	Units	Average	Std. deviation
	1	2	3	Valid				
Research	3 (25%)	5 (42%)	4 (33%)	12 (100%)	12	15	2,1	0,8
Health	6 (55%)	2 (18%)	3 (27%)	11 (100%)	11	15	1,7	0,9
Education	3 (33%)	3 (33%)	3 (33%)	9 (100%)	9	15	2,0	0,9
Agri-food chain	0 (0%)	0 (0%)	0 (0%)	0 (100%)		15	0,0	0,0
Social affairs	0 (0%)	2 (100%)	0 (0%)	2 (100%)	2	15	2,0	0,0
Environment	0 (0%)	1 (50%)	1 (50%)	2 (100%)	2	15	2,5	0,7
Transport	0 (0%)	0 (0%)	0 (0%)	0 (100%)		15	0,0	0,0
Built environment	0 (0%)	0 (0%)	0 (0%)	0 (100%)		15	0,0	0,0
Physical activity and sports	0 (0%)	0 (0%)	0 (0%)	0 (100%)		15	0,0	0,0
Finance or banking investment	0 (0%)	0 (0%)	0 (0%)	0 (100%)		15	0,0	0,0
Labour	1 (100%)	0 (0%)	0 (0%)	1 (100%)	1	15	1,0	0,0
Other	0 (0%)	0 (0%)	1 (100%)	1 (100%)	1	15	3,0	0,0

ANNEX 4 - Disseminating via Twitter

STOP - EU childhood obesity project @STOPobesityEU · 21 Oct

Different stakeholder groups have a role and responsibility to play in reducing #ChildhoodObesity.

Our second stakeholder dialogue is underway. Today, we are focusing on social marketing measures, approaches and tools in helping to reduce the prevalence of childhood obesity.

STOP - EU childhood obesity project @STOPobesityEU · 21 Oct

Thank you to all the stakeholders who took part in our dialogue session today focused on discussing social marketing measures, approaches and tools in helping to reduce the prevalence of #ChildhoodObesity.

SOON We'll be back tomorrow to discuss #PhysicalActivity policies.

STOP - EU childhood obesity project @STOPobesityEU · 21 Oct

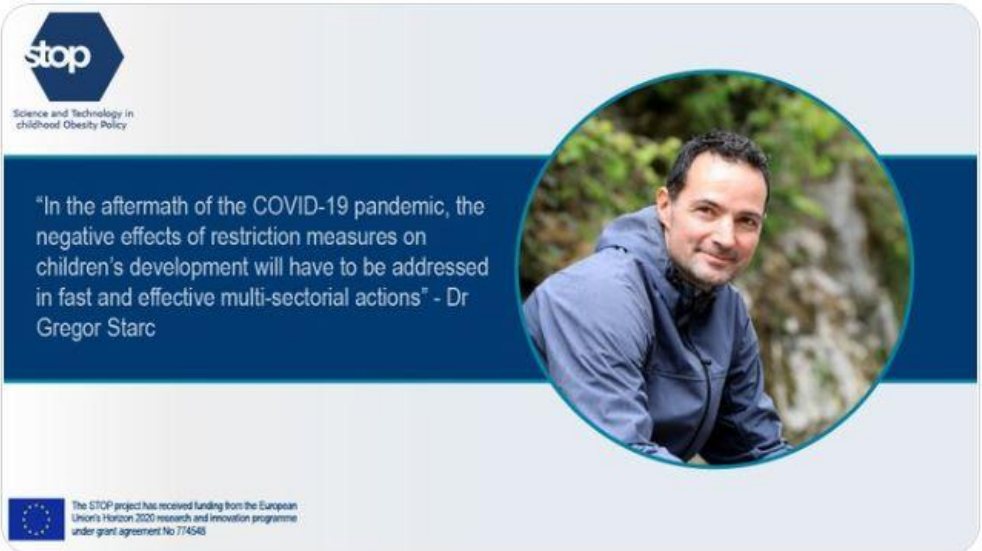
Our second stakeholders dialogue will begin soon!

Today, we will be discussing social marketing measures, approaches and tools in reducing #ChildhodObesity.

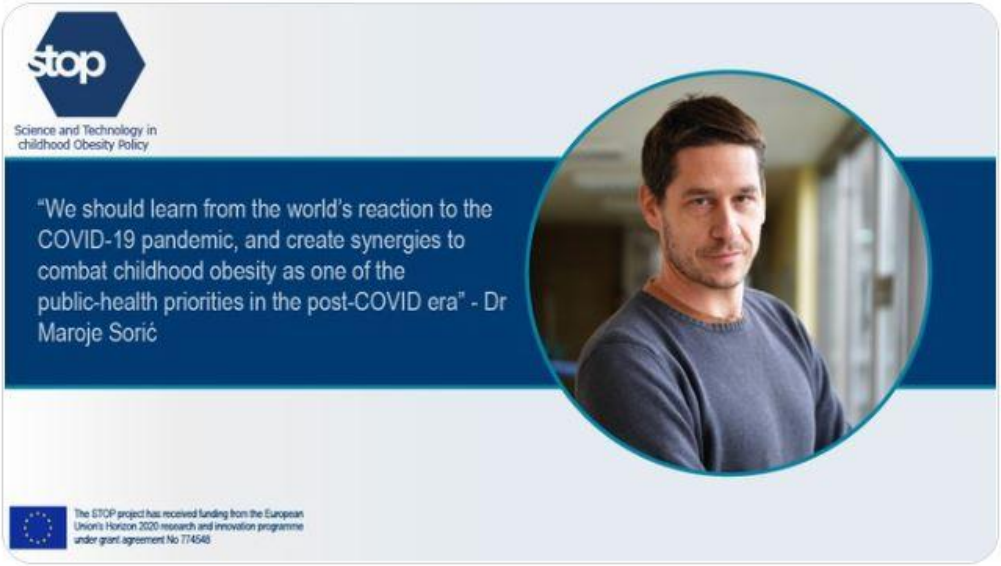
STOP - EU childhood obesity project @STOPobesityEU · 22 Oct

Our last stakeholder dialogue will begin shortly!

Stakeholders from different backgrounds come together and contribute to identifying possible #PhysicalActivity policies and measures to help halt and reduce the rising prevalence of #ChildhoodObesity.



STOP - EU childhood obesity project @STOPobesityEU · 22 Oct

That concludes our series of stakeholder dialogues!

Thank you to all the stakeholders who attended our meetings over the past 3 days & joined us to discuss health system, social marketing & physical activity policies to help identify sustainable #ChildhoodObesity solutions.