First Childhood Obesity Stakeholder Conference and Dialogs

Brussels, 16 September 2019

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1   BACKGROUND

STOP project

The STOP project (Science and Technology in childhood Obesity Policy) 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.

The STOP project aims to address the determinants of childhood obesity, conduct an exploration of the relevant sectoral policies to combat it, and will recommend policy tools to address childhood obesity comprehensively. Alongside this, 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 stakeholders dialogs. Over 90 participants registered for the conference, and 59 of them were present on the day, actively joining the discussions.

The Brussels 2019 STOP stakeholders conference is the first part of the STOP stakeholder's engagement process, which will be followed by three more stakeholder conferences in 2020, 2021 and 2022. During the stakeholder dialogues, meetings and conferences in the coming years, participants will have the opportunity to discuss topics, policies and measures related to childhood obesity; stakeholders come from a variety of different backgrounds and will together contribute to identifying possible policy solutions and reflect on the work of the STOP project. At the same time, we plan to explore and identify promising means of the engagement of all different stakeholders groups in a transparent, trustful and constructive approach.

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[3] Taken from STOP newsletter – September 2019

2   PROGRAM

First Childhood Obesity Stakeholder Conference and Dialog
PROGRAMME
16 September, Hotel Bloom Brussels, Rue Royale 250

MORNING PART	09.30 – 10.00	Registration of participants and welcoming coffee
	10.00 – 10.20	Opening by project coordinator and European Commission
	10.20 – 11.05	Presentation of the project: What is STOP and which outcomes will it produce?
	11.05 – 11.40	Results of the STOP stakeholders survey: How do different stakeholders view different policy options and approaches to tackle childhood obesity?
	11.40 – 12.00	Moderated discussion with Q/A
	12.00 – 13.00	Lunch break
AFTERNOON PART	13.00 – 14:05	Interactive stakeholders discussions on STOP policies and approaches for tackling childhood obesity
		A. Health sector interventions / B. Social marketing
	14.05 – 14.15	Coffee break
	14.15 – 15:20	Interactive stakeholders discussions on STOP policies and approaches for tackling childhood obesity
		C. Food reformulation, food taxation, reducing marketing pressure of foods to children, labelling, businesses / D. Physical activity measures
	15.20 – 15.30	Conference wrap-up and recommendations from STOP stakeholders meeting for Year 1 and outline of the STOP process for the next three years

3   MORNING SESSIONS

3.1   Opening by project coordinator and European Commission

ICL[4] (Franco Sassi), project coordinator, welcomed all attendees and opened the stakeholder meeting. It was pointed out that we need a better model for stakeholder engagement.

The European Commission (Attila Balogh), welcomed all the attendees. The point that obesity is difficult to handle was raised. He clarified that the STOP project is very useful at EU level. Furthermore, the JA related to nutrition (BestReMap) will support member states in different areas such as food reformulation. He also mentioned the Steering Group on Promotion and Prevention (SGPP), which aims is to identify best practices. Outcomes of the STOP project will be very relevant. It will help to provide good practice to SGPP.

CHAFEA (Marilena Di Stasi) also welcomed all attendees. She familiarized them with the Joint Action on Nutrition and Physical Activity (JANPA) that was taking place between 2015 and 2017 and had very good results. She announced that another JA to share good practice is currently under preparation (title: Best ReMaP). She highlighted the importance of aligning activities.

On behalf of NIJZ team Dr. Mojca Gabrijelčič, WP10 coordinator, welcomed all attendees.

Remote participation from Olivier Allais (O. Allais – INRA).

3.2   Presentation of the project: What is STOP and which outcomes will it produce

F. Sassi (ICL) briefly presented on the STOP project. He explained key outputs of the STOP project and the STOP Consortium (Beneficiaries and Third Parties). He also presented the STOP structure and actions.

Picture 1: WP leaders (photo: M. Neveux)

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[4] Imperial College London

3.2.1 WP2: Measuring childhood obesity, disparities and geographical variations

F. Sassi (ICL) outlined deliverables for WP2. He explained that data collection on childhood obesity in children under five in the EU currently does not exist. WP2 is going to develop new methods for gathering data. He pointed out that urban environments are the most obesogenic and linked to socioeconomic difference of childhood obesity (low economic – more likely to be obese).

3.2.2 WP3: Key determinants of childhood obesity

P. Vineis (School of Public Health, ICL) presented WP3 conceptual framework and represented that a hierarchical approach was taken in analyses (environmental context, individual level factors and internal factors). He exposed practical questions:
- Can we identify obesogenic environments **amenable to intervention?**
- Can we identify a limited number of molecules that help **trace the impact of obesogens** on childhood obesity?
- Can we link those molecules to **dietary habits and/or physical activity**?

He showed results that were found in WP3 cohorts, and research of Mediterranean vs UPF diet with individual metabolites.

3.2.3 WP4: Regulation and fiscal policies

O. Allais (INRA, via web) presented deliverables for WP4 and progress in year 1. Systematic reviews have been completed. Regarding evaluation of fiscal policies on European children diets – impact of fiscal policies on F&V and SSB on calorie, fat and carbo intakes have been done.

Common tool and indicators for the EU contact (Food Epi) were completed and data collection on evidence of implementation in countries is ongoing. Data collection on evidence for EU jurisdiction & update benchmarks is ongoing in collaboration with PEN.

O. Allais also announced next steps for WP4 and how will those steps engage stakeholders.

3.2.4 WP5: Consumer Behaviour: Creating Demand for Healthy Lifestyles

T. Lowrey (HEC) presented WP5 deliverables and progress in year 1. Systematic review and Drink Up! campaign case study have been completed. Preliminary selection of potential partners for quasi-experimental field studies was made and Whole Grains campaign case study was initiated.

The next steps over the following 1 year will be the finalization of the partners & designs for quasi-experimental field studies and the completion of the Whole Grains case study. The case studies are designed to provide best practices information for government, industry and civil society, with the aim to support collaboration and engagement, viewed as critical to behaviour change success. Stakeholders might be able to provide valuable inputs into designs of partner's/stakeholders engagement for field studies

3.2.5 WP6: Healthy food and food choice environments

S. Vandevijvere (Sciensano) outlined deliverables for WP6. She presented progress in year 1:
- systematic reviews were completed: reformulation/school food environments,
- impacts of food reformulation strategies on eating behaviour among children in France and Europe were considered,
- comparison of impact of sugar reduction policies over Western Europe on nutrient composition of products was prepared,
- 4 selected pilot industry projects were selected
- evidence collection for Business Impact Assessment on Obesity and Population Nutrition started in France and Belgium

The next steps over the following year 1 will be: identification of reformulation scenarios and technology associated (sensory perception and appreciation of reformulated cookies); extension of the evaluation of the sugar reduction policies for sweet spread, milk product and biscuits nutrient composition; scoring commitments

of food companies and measuring performance of food companies. Those steps will engage stakeholders with technical and sensory possible reformulation scenarios; promotion of the efficient levers/design for sugar reduction policy and verification of evidence on commitments by food companies.

3.2.6 WP7: Physical activity

M. Sorić (University of Zagreb) outlined deliverables for WP7. He presented progress in year 1
- Systematic review: "Effectiveness of school-based physical activity and sedentary time interventions in the prevention of childhood obesity for children from the age of 6 to 12 years" is completed
    - Evidence synthesis: "Evaluation of policies on active transport and built environment" was conducted, with the report submitted to the EC; scientific article will be submitted in the near future.

The next steps over the following year will be: comparative effectiveness of interventions on physical activity (physical fitness and sedentary behaviour in the prevention of youth overweight); evaluation of Healthy Lifestyle intervention (Slovenia, additional hours of PE) and case study on active transport policies in Italy (analysis of ZOOM8 and OKkio alla Salute data).

3.2.7 WP8: Health care

P. Nowicka (Uppsala University) welcomed all the attendees and presented progress of WP 8 in year 1:
- Systematic review on social disparities conducted.
- Intervention protocol (incl. assessment, manual and mobile application) in three languages developed and published (BMC Public Health).
- Ethics approval obtained.
- Staff training provided.
- Recruitment ongoing.
- Treatment started in 2 out of 3 sites.
- Feasibility study in Sweden conducted and submitted (BMC Public Health)

The next steps over the following year will be:
- to publish the systematic review,
- to conduct and publish feasibility studies in the two other sites,
- to continue recruitment and treatment,
- to start the evaluation of the treatment.

Those steps will engage stakeholders with providing feedback on the feasibility studies and on better recruitment and educational needs of health care providers.

3.2.8 WP9: Policy Analysis Methodology and Knowledge Translation

R. Yamamoto (WHO) outlined objectives and deliverables of WP9. She presented progress in year 1:
- Convene methodological discussions to support the WP4 – 8 systematic reviews
    - definition of the research questions (through PICO format), selection of data sources (published vs. grey literature, structured evaluations vs. more informal assessments), assessment of the certainty of evidence (use of GRADE)
    - webinar workshops on systematic review methodology
- Drafting of methodological document for guiding the undertaking of systematic reviews and analyses of policy evaluation
    - Holding of a consultation with methods experts working in Cochrane and Campbell Collaborations
    - Drafting of a document to describe methodological issues relating to undertaking the systematic reviews on policy actions, bringing together the existing methodological work and papers.

The next steps over the following year will be: further elaborating and finalizing the methodological document, providing further guidance on the use of GRADE, as required by WP4 – 8 systematic reviewers, initiating preparatory work for developing policy guidance toolkits.

Those steps engage stakeholders, including meetings with the Public Health National Agencies.

3.2.9   WP10: Multi-stakeholder action

M. Gabrijelčič (NIJZ) outlined the main aims, objectives and deliverables of WP10. She presented sustainability plans for STOP interest groups, stakeholders and right-holders work and outcomes, deliverables in year 1 and plans for subsequent years:

- Stakeholders analyses and engagement (analyses of the platforms and individual stakeholder actions, indication of the windows of opportunity), baseline stakeholders survey report in year 2
- Four stakeholder conferences and additional meetings where relevant and needed
- Knowledge transfer of the stakeholder's outcomes to the Joint Action on best practices in Nutrition (JA Best-ReMaP)
- Stakeholders sustainability plan

3.3   Results of the STOP stakeholders survey: How do different stakeholders view different policy options and approaches to tackle childhood obesity?

M. Gabrijelčič (NIJZ) presented the theoretical background (welfare mix triangle, obesity system influence diagram) and a rapid assessment of the main (multi-)stakeholder platforms, comparative report (Part1: multi-stakeholder platforms; Part2: Identification of individual stakeholders, relevance to childhood obesity at EU level; Part3: Comparison of the membership structure of EU-level (multi-)stakeholder platforms with the identified individual EU-level stakeholders). Results are showing that profit-making private formal organisations appear to have a stronger presence in the platforms; non-formal stakeholders are less represented at the EU level - certain views and approaches may be absent from EU debates but might be more relevant at local (and regional) levels - is bottom-up influence missing?

M. Gabrijelčič (NIJZ) and L. Kronegger (Faculty of Social Science) presented the STOP Stakeholder survey (methodology, preliminary results). L. Kronegger underlined that survey is giving informative results in the form of a technical report, which is used for the purposes of the first conference.

M. Gabrijelčič (NIJZ) announced next 3 STOP stakeholder's events or conferences in the next three years, linked to the STOP workflow, which are foreseen to include:

- 2nd year events: presentation of the WPs (4–8) +9 research results, dialogs with stakeholders
- 3rd conference: presentation of the policy proposals, dialogs, possibly linked with the Slovene presidency JA Best-ReMaP mid-term conference
- 4th conference: presentation of the policy recommendations and sustainability plans, dialogs.

4 AFTERNOON SESSIONS

In the afternoon sessions, there were interactive stakeholder's discussions on STOP policies and approaches for tackling childhood obesity.

Stakeholder's dialogs were held as seen in Table 1.

	First step in development of the recommendations for the sustainable stakeholder's network / platform for tackling childhood obesity – STOP long term goal
I.	Moderators of the dialogs: A (health systems) – Paulina Nowicka B (social marketing) – Tina Lowrey C (governmental policies and business action in changing obesogenic environment) – Stefanie Vandevijvere D (physical activity) – Maroje Sorić / Gregor Starc Dialogs started with the Introduction of the participants:
II.	Introductory presentations of the research data on STOP stakeholders on the analytical results, highlighting the challenges for **the specific work package**, relevant for all four conference topics, were shared with participants.

III.	STOP plans for the four annual conferences/stakeholders events were presented. Within that, **the focus of the first STOP stakeholders conference was to present research information on STOP stakeholders engagement and to discuss the characteristics and the quality of stakeholders/right holders/interest groups collaboration and participation, with proposals for future improvements.**
	The debates touched the contents of the respective WPs, but the participants were encouraged to mainly focus on the stakeholders' participation to STOP.
	
	Semi-moderated discussions, in the form of world cafe, took place in stakeholders dialogs. Two sets of questions were prepared to guide and stimulate the discussions. Main focus of the dialogs in the first year was dedicated mainly to the quality and mode of the relationships among the stakeholders and not that much to the content of networking.
	First set of questions list:
	    I. Which types of stakeholders/interest groups engage in childhood obesity issues at the EU level, in the area of **the WP___**?
	        Do all types of stakeholders engage equally?
	        How do they engage, into which processes? *What tools do the use?*
	        What are the drivers for engagement?
	        What are the main challenges for the common work – multidisciplinary competences, trust, capacities, values, drives …?
	    II. What are the main enablers and inhibitors for engaging in this approach together with other interest groups/stakeholders?
	
	Second set of questions list:
	    III. Is there added value / benefit of engaging in STOP topics, together with other interest groups/stakeholders, and if so, which one(s)?
	    IV. Is the distribution of power of (STOP) interest groups/stakeholders at the EU and other levels an important concept, and if so, how could power be described?
	    V. What are the key ingredients that would increase the likelihood of successful STOP joint engagement with other interest groups/stakeholders in stopping childhood obesity?
	        What would be the vision of the optimal stakeholder's/interest groups operational structure for the future?
	
	Notes were taken from the discussions and **three to max five key messages from the debates** were reported at the wrap up session of the respective dialog (A; B, C or D).

IV.	Final discussion, on the guidance for the future work, took place at the end of each dialog. Key messages were taken from every round.

4.1 Stakeholders dialog A: Health sector interventions for obesity treatment

Discussion was moderated by Paulina Nowicka (Uppsala University).

Types of stakeholders, who have joined that dialog: educators, teacher, families, governments (founding issue), researchers, patient associations, health professions, catering services, health promotion in school, educators, NGO´s.

In this session, participants noted:

> *1. Which types of stakeholders/interest groups engage in childhood obesity issues at the EU level, in the area of the WP? Do all types of stakeholders engage equally? How do they engage, into which processes? What are the drivers for engagement? What are the main challenges for the common work – multidisciplinary competences, trust, capacities, values, drives …?*

- Governments must guide schools, school environment as the primarily education authority has to be specifically protected. In addition, children spend an important part of their lives in this setting and learn lessons for life. The school environment has to be closely connected with the health sector, in a community-based approach.
- Challenge for health professions: is 7 minutes for one visit to the doctor enough - what could he/she do in regard to the childhood obesity in such a short time?
- The role of dieticians (even if not in the healthcare system they are very important).
- Importance of the equal engagement has to be highlighted; different stakeholders are not equally engaged; decision making stakeholders who decide how funding is allocated are not in the same room
- Drivers and challenges: difficult to engage families regarding different available time slots during the day (how do families manage their time). Different approach to the same problem, holistic and interdisciplinary management of an issue is necessary.

> *2. What are the main enablers and inhibitors for engaging in this approach together with other interest groups/stakeholders?*

The main identified inhibitors were social inequalities! Some examples: more difficult to implement in less affluent family environments, irregular work schedules of parents, migrants (language barrier), financial barrier (dietician view vs. governments - limited reimbursement for healthy life), dissemination, too much information, low social media literacy

Enablers: sharing good examples.
- intersectoral approach (community approach at the local levels, cooperation at the national levels, ...)
- addressing the trust issue and actions to build and keep trust among stakeholders

> *3. Is there added value / benefit of engaging in STOP topics, together with other interest groups/stakeholders, and if so, which one(s)?*

There is added value and it is linked to success, joint action of different players, equally valued positions (expressing your voice for equal position). Other added values or benefits would be:
- to contribute to sustainable development (e.g. SDGs), to improve health of population, to increase productive years/life
- try to think out of the box and connect with other different professionals
- recognize the importance of the local governments: improving cross-sectional collaboration – health in all sector policies at the local levels, too
- learning about new/good and well described interventions that can reduce obesity
- benefits in working towards a common set of goals (especially in a field with scarce resources)
- benefits of strong communication and openness to the contribution of each partner, especially where cross sectoral work is necessary and useful.

4.	Is the distribution of power of (STOP) interest groups/stakeholders at the EU and other levels an important concept, and if so, how could power be described? (from the perspective of WP8)

- What does power actually mean? Who gives power (evidence, private interests, political will – locally)? How to increase the positive power of the "weak" players? How to neutralize power of the "negative" players?
- Individual roles (media pressure, gender dimension of power, personal stories, advocacy + knowledge transfer) versus complex obesogenic environment system – two interplaying concepts of rather in equal powers
- Political will (manipulation, transparency in using of funds); tracking how funding is used and if the outcome has value for money (balancing investment and the quality of the intervention); we have to educate people – which is a kind of manipulation again!
- Evidence is a weapon! Create media pressure – we need to expose a problem. Power of advocacy – force people to listen with evidence (if there is no evidence – problem). We have to convince people that we have a credibility evidence (i.e. vaccination case). Evaluation is also very important!
- How to use civil society power to influence? Who decides what? Who is gate keeper- opinion makers?
- The role of customer protection agencies
- European civil societies have power to produce recommendations which are not always taken into consultation by government or private companies.
- It is important equal distribution of power on different levels. Prevention of obesity must be integrated in different sectors.
- At the EU level: strengthen the role of a ˝health in all policies˝ coordinator Distribution of power is very important, because this tells us who choose the direction of action.
- At the local level: political will is key to initiate action, secure budgets and investments.
- Health training is needed across sectors in public administration.
- If there are clear leaders, all other parties will carefully calibrate their engagement.

5.	What are the key ingredients that would increase the likelihood of successful STOP joint engagement with other interest groups/stakeholders in stopping childhood obesity? What would be the vision of the optimal stakeholder's/interest groups operational structure for the future?

- more collaboration between stakeholders, more joint action and shared vision
- "better health professionals and decision maker behaviour"
- meet the people from private sector
- clear appreciation of the contribution of all. Suggestions can lead to change.
- knowing that the engagement would lead to a result
- joint good practice and events. Knowledge exchange, to transfer research into practice.
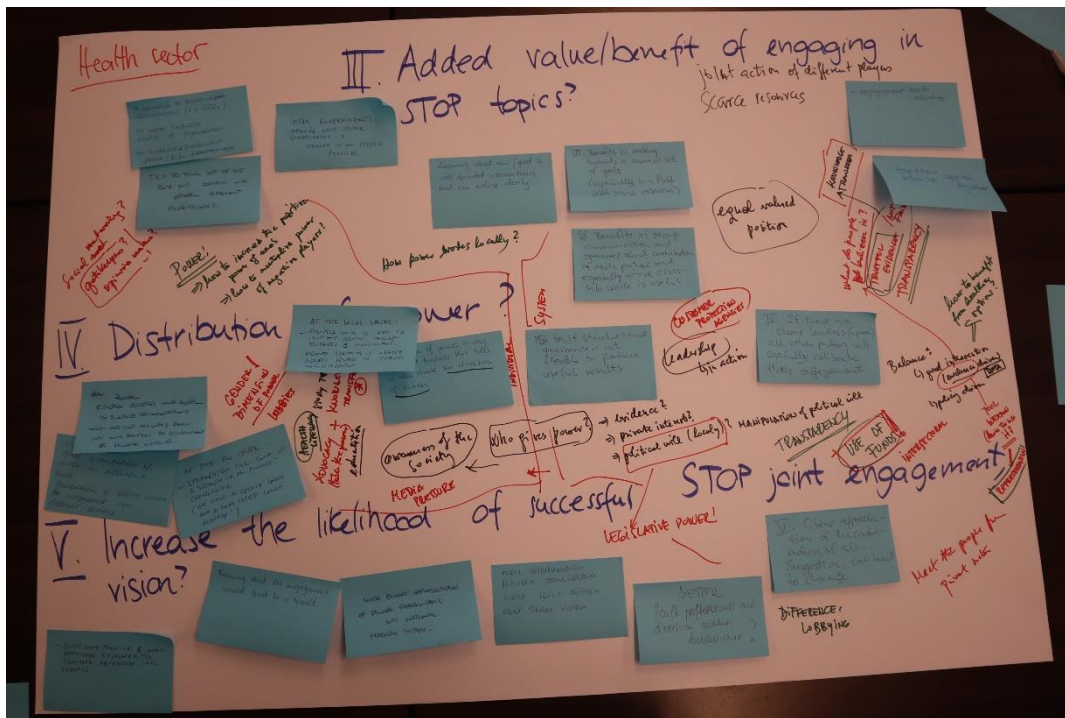
Picture 2: Worksheet at the workshop (photo: M. Neveux)

4.2 B: Social marketing

Discussion was moderated by Tina Lowrey (HEC).

Picture 3: Tina Lowrey presents WP5 (photo: M. Neveux)

In this session, participants noted:

1.   *Which types of stakeholders/interest groups engage in childhood obesity issues at the EU level, in the area of the WP 5? Do all types of stakeholders engage equally? How do they engage, into which processes? What are the drivers for engagement? What are the main challenges for the common work – multidisciplinary competences, trust, capacities, values, drives …?*

Drivers for engagement of the stakeholders:

- Need for awareness about PH issues
- Need to be involved in a valuable initiative

What are the main enablers and inhibitors for engaging in this approach together with other interest groups/stakeholders?

- Facilitating factors for engagement:
    - o Alignment of goals between organizations
    - o Financial incentives e.g. profitability
- <u>Enablers</u>: create links between topics – align goals, educate about social marketing, be part of effective program, know stakeholders and their priorities, establish expert canters, educate/learn
- Inhibitory factors for engagement:
    - o Lack of trust particularly in industry players leading to polarized views
    - o Competing policy priorities for government
    - o Limited resources/ other priorities
    - o Confusion: social marketing ≠ campaign
    - o Cultural differences – example: not willing to take initiative

3. *Is there added value / benefit of engaging in STOP topics, together with other interest groups/stakeholders, and if so, which one(s)?*

<u>Added value/ benefit of engaging:</u>
- Build capacities,
- Helps with segregation of target markets,
- STOP can provide access to population and users
- Help with access to partners
- Industry: helps differentiate and helps learning from industries

<u>Promising drivers for engagement, linked to the STOP project, WP5:</u>
- Transparency needed, as the collaboration could make people anxious. Need to be transparent what each person can bring to the table. Understand the problems and challenges to achieve common ground
- Common understanding of outcomes and what is being addressed. Strengths and weaknesses of each entity and what they bring (e.g. bringing together marketers and social groups to complement each other)
- Reduce generalizations and stereotypes
- Increase the knowledge on what is marketing vs social marketing

4. *Is the distribution of power of (STOP) interest groups/stakeholders at the EU and other levels an important concept, and if so, how could power be described?*

<u>Distribution of power, list of highlights from the discussion:</u>
- influence (social network) through public engagement,
- those with resources
- companies that have become successful in globalization
- need of collaborative action
- perceived power vs. real power
- powerful social media marketing campaign that are transparent and responsible
- fear of consequences of not being powerful enough

5. *What are the key ingredients that would increase the likelihood of successful STOP joint engagement with other interest groups/stakeholders in stopping childhood obesity? What would be the vision of the optimal stakeholder's/interest groups operational structure for the future?*

<u>Vision:</u>
- having benefit for participating stakeholders
- choose the behaviour/strategies
- use social marketing and learn from it
- transparency by all stakeholders

- staying connected after the end of STOP project
- align expectations

4.3 C: Food reformulation, food taxation, reducing marketing pressure of foods to children, labelling, businesses: Key messages

Discussion was moderated by Stefanie Vandevijvere (Sciensano).

In this session, participants noted:

> 1. *Which types of stakeholders/interest groups engage in childhood obesity issues at the EU level, in the area of the WP? Do all types of stakeholders engage equally? How do they engage, into which processes? What are the drivers for engagement? What are the main challenges for the common work – multidisciplinary competences, trust, capacities, values, drives …?*

Participants have noted the following concepts:
- Who are we trying to engage? - question to consider
- Among industry there is no real dialog, there must be constructive dialog.
- Industry is opened for different projects
- There must be link with environmental issues and different interaction with sectors. ˝Better business for better future˝ - question of green economy linked to nutrition
- Why there is <u>no evidence needed for the formulation</u> of foods for toddlers which is intensively going on at present? At the same time, a lot of strong evidence is needed for reformulation of foods for general population

Is there something that is unacceptable (e.g. comparable to the Tobacco) regarding food? We should identify stakeholders with unacceptable agendas.

> 2. *What are the main enablers and inhibitors for engaging in this approach together with other interest groups/stakeholders?*

- <u>Enablers</u>: common projects, to identify the value of each other, someone who is isolated cannot do nothing. Mutual data (same data, different interpretation – no existing dialog). Implementation of common project, common work, joining forces, mutual data, <u>real evidence excepted by all parties</u>. Is WHO relevant player? Quality of systematic reuse, supporting common force.
- <u>Common goals (= same language)</u>: task force for bringing the evidence (not all stakeholders in a task)
- <u>Drivers for engagement:</u> holistic and interdisciplinary management of an issue
- <u>Inhibitory factors</u>: lack of communication, question of trust, conflicts of interests, criticisms, founding issue, issue of trust, health literacy, involving public opinion, commitment with industry is very difficult, regulation is not the only thing that move forward industry, difference in the cooperative sectors (that inhibit multisector approach), "neutral data" (accepted by both parties, provide the same basis for discussion).
- Question profit vs efficiency, deal with different capitals (not just economic, also social and cultural)

> 3. *Is there added value / benefit of engaging in STOP topics, together with other interest groups/stakeholders, and if so, which one(s)?*

<u>Added value</u>: marketing: there are clear motivation, business being engaged

> 4. *Is the distribution of power of (STOP) interest groups/stakeholders at the EU and other levels an important concept, and if so, how could power be described?*

<u>Distribution of power</u>: big companies have more power, even in governance. Public health driven stakeholders should have time and space allocated to discuss childhood obesity policies without industry engagement, to consolidate the positions industry sometimes argue)

Vision: engagement with all stakeholders in the agriculture chain: also green economy, health environment + great opportunities for industry, sustainability agenda, assessing a footprint (impact of industry)

4.4 C: Physical activity measures

Discussion was moderated by Maroje Sorić (University of Zagreb). In the workshop, there were only the participants from the physical activity area, governmental and research institutions, joining; there was no one from private sector or civil sector. That insight bias was noted by participants of the dialog, with the call to improve the participation at the next dialog.

In this session, participants noted:

- Stakeholders: food industry - advertising (questionable players!), alcohol industry (questionable players!), health network, parental organizations (a gap), doctor's organizations, transportation industry, sports industry, sports clubs, governments (policies, infrastructure, teachers, active transport), social organizations, universities,
- Sponsorship (most of the time questionable ones).
- Collaboration and more engagement with the right-holders
- Parents engagement – they are key stakeholders, more awareness and communication, because they are the main ones who are responsible for the child's activity and, consequently for obesity of children.
- Do not leave all work to schools! Engage member states and national health associations to run national-wide campaigns, promotion, takeover info through social media.
- Cities and municipalities: delivering safe public spaces for active travel

- Inhibitors: transport safety, parental time allocation, perception of lack of time, peer example
- Enablers: school (all children), engagement of children and parents to exercise together, make health a priority, improving physical culture, change subsides from cars to public transport
- The negative light on physical activity is already made in primary schools when they force children into competition. More awareness would be needed when performing physical activity - not to make a bad opinion and less competitive and consequently not give the kids reluctance to exercise.
- Perception of lack of time for physical activity (too many excuses).
- Health would need to be priority for family (with this might encourage families to be more active).

Added value/ benefit of engaging:
- Created awareness about PA issues (Questionable sponsorships and lack of sport activity in children's)
- STOP can provide access to population – more collaboration and engagement.
- Parents engagement
- Help with access to partners

Promising drivers for engagement, linked to the STOP project, WP7:
- Transparency and focus change - a lot of marketing, no marketing for basics like walking or active family time)

- Common understanding of outcomes and what are common goals. Strengths and weaknesses of each entity and what they bring (e.g. bringing together parents and physical education teachers)
- Reduce to aggressive marketing
- Engaging all family – perception of lack of time.

4.	Is the distribution of power of (STOP) interest groups/stakeholders at the EU and other levels an important concept, and if so, how could power be described?

Distribution of power:
- Questionable sponsorships on sport games / events
- Importance of the role of parents, changed power role
- Physical activity teachers (how do they present exercise to kids - if they present it in a nice way and don't make it too competitive, good conditions are made so that the child will be active later in life)
- influence (social network) through public engagement (projects which engage all family or community)
- those with resources – but with right purpose
- need of collaborative action
- perceived power vs. real power
- powerful social media marketing campaign that are transparent and responsible

5.	What are the key ingredients that would increase the likelihood of successful STOP joint engagement with other interest groups/stakeholders in stopping childhood obesity? What would be the vision of the optimal stakeholder's/interest groups operational structure for the future?

Vision:
- having benefit for all participating stakeholders, creating "win-win" positions where relevant – (the parenting community and also finding common language with the industry)
- transparency by all stakeholders
- staying connected after the end of STOP project
- align expectations

5 CONFERENCE WRAP-UP AND RECOMMENDATIONS FROM STOP STAKEHOLDERS MEETING FOR YEAR 1 AND OUTLINE OF THE STOP PROCESS FOR THE NEXT THREE YEARS

The *First Childhood Obesity Stakeholder Conference and Dialog* provided the participants with the opportunity to gain access to the results and insights from the stakeholders survey questionnaire, which has been presented. Research information on STOP stakeholders engagement was shared, the characteristics and the quality of the stakeholdersinterest groups and 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, concentrating 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, of the importance of evidence and different definitions and perceptions of the evidence; concepts of political will and empowerment also apeared important; equity issue was also brought in the debate.

Participating stakeholders were active in all sessions. Conference and STOP stakeholders dialogs attracterd some of the stakeholders which have not been engaged before, such as European Parents Organization;

Key messages from the conference:

- Evidence is one of the basic tools to gain trust, but it has to be used "neutral" (concept to be explored further); it seems evidence might be the driver engaging all different stakeholders/ interest groups
- Concepts of power and trust were perceived as the "soft" mechanisms "behind the scenes", perceived as the important drivers for stakeholders engagement;
- Transparency is the crucial concept, as it was indicated by the participants: transparency supports evidence-based policy design, enables effective and efficient implementation, enhances trust and confidence amongst stakeholders.
- Holistic and interdisciplinary management of an issue, intersectoral approach (strong political will and a holistic approach to leadership is needed) and also more cooperation, less competition

Other concepts in the dialogs:
- Sharing good examples
- Trustful evidence – transparency + accessible data (basic for regulation)
- Knowledge transfer issues, to different audiences;
- Difference between lobbying and advocacy,
- How to benefit from positive health outcomes
- engagement at the equal level
- equity issues, sustainability concepts;

Next stakeholders events and conferences will focus on the content of the stakeholder's cooperation and networking. Proposed topics for next stakeholder's dialogs / conferences are:
- Finding common goals that all agree on/everyone benefits, building trust and networking;
- Case studies of success stories (e.g. where self-regulation has worked not just where it hasn't, successful public health driven networking initiatives, …)
- Results/progress reported;
- showcase of the path from the proposed evidence-based priority action until the implemented political measure

ANNEX

Evaluation questionnaire

Results of evaluation questionnaire for First Childhood Obesity Stakeholder Conference and Dialog

1. Conference 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 conference	0 (0%)	0 (0%)	4 (12%)	13 (39%)	16 (48%)	33 (100%)	33	33	**4.4**	0.7

Comments:
- a bit more communications, such as sharing the program in advance.
- I could just attend the morning session – I've got a comprehensive overview of the project and your plans for the stakeholder engagement.

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%)	0 (0%)	7 (23%)	7 (23%)	17 (55%)	31 (100%)	31	33	**4.3**	0.8

Comments:
- the structure of some WPs was not totally clear - helpful to have presentations made available for the next conferences
- it was very nice to have a handout with all work packages and their objectives

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%)	4 (13%)	7 (22%)	14 (44%)	7 (22%)	32 (100%)	32	33	**3.8**	1.0

Comments:
- too much statistics and not so much insights on how the results will be used
- very interested to receiving a report. however, the presentation on statistical data was hard to follow.

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				
Health sector interventions (A)	0 (0%)	2 (17%)	2 (17%)	5 (42%)	3 (25%)	12 (100%)	12	33	**3.8**	1.1
Social marketing (B)	0 (0%)	0 (0%)	3 (16%)	6 (32%)	10 (53%)	19 (100%)	19	33	**4.4**	0.8
Food reformulation, food taxation, reducing marketing pressure of food to children, labelling, business (C)	0 (0%)	0 (0%)	8 (53%)	2 (13%)	5 (33%)	15 (100%)	15	33	**3.8**	0.9
Physical activity sector (D)	0 (0%)	1 (8%)	2 (15%)	7 (54%)	3 (23%)	13 (100%)	13	33	**3.9**	0.9

Comments:
- similar topics, so discussions NGOs vs industry/ good vs bad overlap
- here and there too much focused on the methodology
- the idea behind such dialogues is clear, namely to see how you can gain multi-stakeholder buy-in for obesity policy. The discussion at the tables were very useful actually to show that this approach will not work. A few reflections: 1) the industry representative organisations have too little control over their membership to be able to say much except for generalities, and cannot bring their membership along in any decisions. if we want to continue having a focus on food industries, we probably need to work with individual companies as well. 2) maybe we should not focus on getting food industry along at all, but rather focus on other stakeholders. 3) we may want to include as part of this exercise a more basic dissection and discussion about different consultation mechanisms that are/can be employed in public policy making, as came forward in the debates, we do not really specify what we mean by multi-stakeholder approach, which muddies the water. multi-stakeholder can go from providing everyone the possibility to be heard, to essentially not moving forward without everyone agreeing. these are very different things, but are easily confused. Some analysis on this would be useful.

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	1 (3%)	1 (3%)	10 (30%)	15 (45%)	6 (18%)	33 (100%)	33	33	**3.7**	0.9

Comments:
- good!
- more time, maybe slightly different questions for each session
- need more time for discussion

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 venue and its facilities	0 (0%)	2 (6%)	3 (9%)	11 (33%)	17 (52%)	33 (100%)	33	33	**4.3**	0.9

Comments: /

2. **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 conference, 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	0 (0%)	1 (3%)	8 (26%)	8 (26%)	14 (45%)	31 (100%)	31	33	**4.1**	0.9
Relevance of the engagement of stakeholders into the STOP work	0 (0%)	2 (6%)	9 (28%)	6 (19%)	15 (47%)	32 (100%)	32	33	**4.1**	1.0
Usefulness of the information on STOP stakeholders landscape for your future work	0 (0%)	3 (10%)	4 (13%)	10 (32%)	14 (45%)	31 (100%)	31	33	**4.1**	1.0
Overall usefulness of the STOP conference	0 (0%)	1 (3%)	10 (32%)	6 (19%)	14 (45%)	31 (100%)	31	33	**4.1**	1.0

What have you found most useful / least useful at the conference? (Any comments and suggestions you may have welcomed)
- explanation of the different WPs
- possibility to meet other relevant stakeholders and exchange views.
- useful: bring all stakeholders together, presentation on STOP (although sometimes maybe too detailed academic notes)
- networking
- very useful to have smaller groups for discussion, but some questions probably too generic to really bring forward effective solutions
- work packages presentations were not clear for stakeholders; how do they engage in next steps (at least it was not clear for me. to what extend you are going to use external knowledge – recommendations).
- useful: meeting with stakeholders
- a new platform for meeting new interesting partners.
- good mix of stakeholders
- most: meeting other people, info on stop project, interactive formatting least: too long presentations, more networking opportunities needed
- roots of childhood obesity, how can we prevent childhood obesity and role of good labelling
- good: the stakeholders WP explanation how was defined the different stakeholders (methodology of engagement)
- make connections, understand full focus about STOP

- confronting my frustrations with industry involvement into processes of food policies from public health perspective and realising we are far from finding a way how to minimise their influence on policies.
- most useful: the general presentation of the stop project objectives and WPs. less useful: the workshops. I suggest to make more homogeneous groups for each workshop. there is a wide variety of stakeholders with not too many common interests.

What would you like to discuss with the STOP partners and other interest groups/stakeholders at the future conferences?
- Common ground of different stakeholders.
- What can each stakeholder do to move things forward in more details. how can stakeholders work together in frame of the project to help to achieve its goals?
- How to engage families in stakeholder network and in interventions?
- Policy options
- Results in area of advertising, policy regulation.
- Active transport
- To find partnerships with another partners
- How to implement ideas into schools and kindergartens?
- Evidence and methodology used.
- **#itsgreatoutthere** is a good example of industry actors promoting physical activity together //50 million hashtag users
- Broader perspective, the role of mental health in obesity prevention
- How to build trust
- Open discussion about current projects that were applied
- How to minimise effect of industry on delaying effective policies?

Disseminating via Twitter

STOP - EU childhood obesity project @STOPobesityEU · Sep 15
On our way to Brussels to attend @STOPobesityEU's first stakeholder conference!
Make sure to follow our updates throughout the day tomorrow!
#childhoodobesity @EU_H2020

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STOP - EU childhood obesity project @STOPobesityEU · Sep 16
Our first @STOPobesityEU's stakeholder conference has kicked off with some
inspiring opening remarks about the evolution of childhood obesity policies and
the overall potential of the project! #childhoodobesity @EU_H2020

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Disseminating via Twitter

STOP - EU childhood obesity project @STOPobesityEU · Sep 16

Time for us to learn from the different @STOPobesityEU stakeholders! Our afternoon discussions have officially started: first off, we are exploring health sector interventions and social marketing policies and approaches to tackle #ChildhoodObesity! @EU_H2020

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STOP - EU childhood obesity project @STOPobesityEU · Sep 16

Next on the agenda for our @STOPobesityEU stakeholders: discuss food reformulation, labelling and the impact of marketing as well as physical activity measures to tackle #ChildhoodObesity. @EU_H2020

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