Best-ReMaP
Healthy Food for a Healthy Future

D2.3 Dissemination Strategy

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Executive summary

This document outlines the dissemination strategy of Best-ReMaP and describes the activities that Semmelweis University (SU), leader of Work Package 2, and the partners will undertake to ensure the visibility of Best-ReMaP and disseminate its outcomes and results.

Best-ReMaP as a Joint Action has a special mission to create and verify policies and to share them with policy makers in the EU and beyond in order to create a safer and healthier food environment in Europe. This project is part of a network of other EU projects. The Joint Action on Nutrition and Physical Activity (JANPA for short, ran between 2014-2020) was the predecessor of Best-ReMaP and there are three other projects running in parallel: Science and Technology in Childhood Obesity Policy (STOP for short, a H2020 project running from 2018-2022), CO-CREATE (H2020 project: 2018-2023) and Policy Evaluation Network (PEN for short, running between 2019-2022). Best-ReMaP seeks active cooperation with these projects, as well as other initiatives that may strengthen its impact. This cooperation targets the mutual sharing of valuable project results so these projects can become - in the area of dissemination - multipliers of each other.

For the dissemination activities to be effective, the results of Best-ReMaP will be tailored to the needs of the different categories of stakeholders, in other words the project findings will be formulated and channeled in a way to reach the right stakeholders and have the necessary impact.

Following a general introduction of the project and the background of the need for action to reduce childhood obesity, the document first describes the objectives of the dissemination. The stakeholder analysis is carried out in the second part, based also on the results of and reflecting on connections to other projects and the additional stakeholder analysis of other Work Packages of this project. The dissemination strategy is set to gain understanding and support from the identified target groups and stakeholders. Following this analysis the strategy also identifies what will be shared, therefore the main messages of the different Work Packages are introduced. Finally, the last part of the document sets out the different channels that SU and Best-ReMaP partners will develop and apply to inform key audiences about Best-ReMaP and to disseminate the project's main deliverables and outcomes.

Introduction

Best-ReMaP is a Joint Action (JA) of EU Member States on diet and nutrition with a special focus on children. The project started in October, 2020 and will run for three years. The main aim is to adapt, replicate and implement practices that have been proven to work in the areas of food reformulation, food marketing and public procurement of foods in public settings, such as kindergartens, schools and hospitals.

To ensure that the results of the project will be of relevance and duly applied, the dissemination plan will explain how the outcomes of the project will be shared with the stakeholders, relevant institutions and organisations. Thus the dissemination plan encompasses the answers to the following questions:

- Why communicate: objectives of the communication;

- What to communicate: the message that the JA conveys;

- To whom to communicate: the target groups and stakeholders;

- How to communicate: which dissemination channels will be used,

- When to communicate: the timing based on planned month of delivery of the particular deliverables.

The success of Best-ReMaP depends on the quality of the work produced in the different Work Packages (WPs). It also depends on our ability to respond to the expectations of the stakeholders and to disseminate the results and the work done to the target audiences, so that it becomes recognised and has a lasting influence on policy and practice.

This strategy was prepared at the beginning of the project. However, it is flexible and can be amended to take into account external and internal changes in order to respond to stakeholders' and partners' requirements.

Project Background

The context

Childhood obesity is a global public health problem in Europe and worldwide. According to the European Commission, in 2017 around 15% of children and adolescents were overweight in the European Union and about 5% were obese[1]. In their Childhood Obesity Surveillance Initiative (COSI 2015-2017), the WHO reported that the most obese and overweight children come from southern Europe, while the least obese 6-9 year-olds are in northern Europe[2]. In high-income countries, there is more obesity among children with lower socioeconomic status.

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[1] https://ec.europa.eu/jrc/en/publication/public-procurement-food-health-technical-report-school-setting
[2] http://www.euro.who.int/__data/assets/pdf_file/0006/372426/WH14_COSI_factsheets_v2.pdf?ua=1

Obesity in childhood is the result of an interaction between the various complex factors associated with genetics, family and the local community, as well as the educational and wider social environment in which the child and his/her caregivers make decisions regarding nutrition. Eating behaviour is a very complex societal practice, influenced by a number of facilitating and inhibitory factors for healthy choices at the structural and individual level. The structure-agency dilemma in eating practices was explored by a number of authors from different disciplines, identifying important structural influence of the eating environment on the individual choices, cumulating in Swinburne's et al. logical framework of obesogenic environment in 1999[3].

The most common cause of childhood obesity is a positive energy balance due to increased caloric intake and reduced caloric expenditure. There is increasing evidence of epigenetic factors that can cause hereditary changes in adiposity. Influences in early childhood are broad and complex and could lead to a difference in normal gut microbiome - possibly due to maternal obesity and high consumption of high fat, sugar and salt foods (HFSS). This thereby affects inflammation, nutrient absorption and different immune system development in the infant. All of these factors contribute to a vicious cycle and impact the obesity outcomes of the child.

Obesity in children affects the functioning of the entire body: it affects the endocrine, gastrointestinal, respiratory, cardiovascular and musculoskeletal systems, impairs quality of life in childhood and shortens healthy life years and life expectancy. The severity of associated diseases is significantly increased as overweight increases. Adolescents who were obese in childhood are at increased risk of developing metabolic syndrome with all health consequences and cancer. As childhood obesity predicts obesity in adulthood, the increasing prevalence of childhood obesity means an increasing incidence of obesity in adulthood with related diseases and complications.

Psychosocial consequences of childhood obesity are also very common, and include low self-esteem, anxiety, depression and a lower health-related quality of life. Children with obesity are more likely to be victims of discrimination and peer harassment; they are more likely to have difficulty concentrating and completing homework. Overweight also negatively impacts educational outcomes, as children with a healthy weight are 13% more likely to report good performance in schools. Therefore, childhood obesity is a strong predictor of adult obesity, with serious health and economic consequences[4].

According to the OECD[5], overweight and its associated chronic diseases such as diabetes, cardiovascular diseases and cancer reduce life expectancy in OECD countries by 2.7 years on average. Some 8.4% of the health budget of OECD countries will be spent to treat the consequences of being overweight over the next thirty years. At that baseline, overweight reduces employment and workers' productivity. The impact can be quantified as equivalent to a reduction in the workforce of 54 million people per year across the 52 countries analysed, also including the EU28. The economic losses include the costs of medical care, the costs of lost or decreased productivity, lost working days, mortality and permanent disability, but also the wider socio-economic impact of obesity (e.g. increased social transfers and loss of income

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[3] https://www.ncbi.nlm.nih.gov/pubmed/10600438
[4] https://www.unicef.org/media/60806/file/SOWC-2019.pdf
[5] https://www.oecd.org/health/health-systems/Heavy-burden-of-obesity-Policy-Brief-2019.pdf

due to absenteeism and sick leave). With these effects combined, overweight reduces GDP by 3.3% on average in both OECD countries and EU28 Member States.

Need for Intervention

Children's food choices can be influenced and improved via food reformulation activities, actions to reduce harmful food marketing to children and quality based food public procurements.

Obesogenic environments stimulate the consumption of excess calories through HFSS foods. Therefore, activities aimed at reformulating foods into healthier alternatives are the first crucial step in improving the food supply for children. It is also of concern that in recent years the ongoing formulation of toddler foods is bringing a new wave of HFSS foods, which will cause the need for further reformulation of foods for this age group, as this is a crucial period for the development of taste and subsequent nutritional preferences of children[6],[7],[8] . Harmonised EU monitoring of the reformulation actions was addressed as one of the key approaches in creating healthier options as easier healthy food options for children and their caregivers - "what gets measured gets done". Supported by the EU AP on childhood obesity[9], access to an improved and healthier food offer in (super)markets, local producers and markets, restaurants and other retailers (and schools) must be made easier.

Children are constantly exposed to marketing messages both offline and online. The information they receive affects their food choices. As eating habits are formed at an early age, getting the right nutrition information will give them a better chance to grow up to be healthy adults. The European Union adopted the Audiovisual Media Services Directive at the end of 2018 to coordinate national legislation on all audiovisual media. One of the main goals of the directive is the protection of children and consumers. The implementation of this Directive is underway in the Member States.

Oftentimes, the biggest obstacle to having a healthy diet is the absence of high quality food, especially in public institutions such as schools, kindergartens, hospitals, etc. Considering the amount of time that children spend at school, as well as the fact that in many European countries children consume at least one daily main meal there, schools are an ideal environment for supporting healthy behaviours. The total social food service market in the EU (including private sector expenditure) has been estimated at €82 billion. This constitutes a sizable market as well as a powerful market force which should not be ignored. Public sector institutions as centres of procurement represent a significant part of the procurement of any national food economy and a large portion of food that people consume every day.

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[6] https://ec.europa.eu/jrc/sites/jrcsh/files/processed_cereal_baby_food_online.pdf

[7] http://www.euro.who.int/__data/assets/pdf_file/0003/406452/CLEAN_Commercial-foods_03July_disclaimer_LV.pdf?ua=1

[8] http://www.euro.who.int/__data/assets/pdf_file/0004/406453/Ending_Final_3June2019.pdf?ua=1

[9]https://ec.europa.eu/health/sites/health/files/nutrition_physical_activity/docs/childhoodobesity_actionplan_2014_2020_en.pdf

The Best-ReMaP Approach

The main focus of the Best-ReMaP JA will be on adapting, replicating and implementing effective health interventions, based on practices that have been proven to work in the areas of food reformulation, framing of food marketing and public procurement of healthy food in public settings, thus contributing to an increased offer of healthier options of processed foods (by reducing salt, sugar and fat from the processed foods) available in EU (super)markets. The JA will implement a European Standardised Monitoring system for the reformulation of processed foods. The JA aims to identify best policy practices to reduce exposure of children to marketing of unhealthy foods, and develop harmonised protocols and tools to monitor the extent and nature of marketing exposure of children. It also aims to support Member States with the implementation of the new EU rules on audiovisual media services. A Pilot Catalogue of food will be tested in the public procurement procedure to contribute to the higher quality of menus by assuring transparent quality of the procured foods within public institutions.

Building on this work, the JA will support implementation, transfer and integration of the results, outcomes and recommendations of the Best-ReMaP JA into national and EU-level policies by using the EC mechanism of High Level Group on Nutrition and Physical Activity (HLG-N&PA) and its frameworks, one already existing Framework on food reformulation and two newly established frameworks, framework on reducing marketing to children and framework on food procurements in public settings. Throughout the JA processes, the participatory engagement of EU and national stakeholders in the field will be prioritised.

Best-ReMaP Communication Strategy

Why communicate: objectives

The WP2 Dissemination aims to facilitate effective and sustainable, internal and external communication of the JA and ensures that its objectives, activities, results and deliverables are made known to the identified stakeholders and wider audience of the JA. The key elements of this communication strategy aim to:

- raise knowledge about nutrition and the contributions that Best-ReMaP will make;

- involve stakeholders in the process of identifying solutions and encourage them to apply the JA output;

- ensure the project's visibility through traditional and new media tools;

- document each major advance of the project;

- allow a bi-directional dialogue among partners, stakeholders, policy makers and the general public.

Communication can play an essential role, not only because it can be used as a tool for the dissemination and the sharing of technical-scientific content to improve knowledge of the figures who in different ways may have a role in the joint action, but also because it can support advocacy strategies. Taking the definition of the World Health Organization, the advocacy for health is "a combination of individual and social actions designed to gain political commitment,

policy support, social acceptance and systems support for a particular health goal or program"[10].

The most suitable communicative approach is participatory. Communication should emphasise activation and maintenance of multi-sectoral and multi-disciplinary networks and relationships. It is a fundamental resource for the integration between the different parties involved in the Joint Action and represents a prerequisite for increasing the effectiveness of the initiatives. Health professionals have a major responsibility to act as advocates for health at all levels in society.

Also, understanding what communication can and cannot do is crucial to communicate successfully. Communication is one tool for promoting or improving health. Changes in health care services, technology, regulations, and policy are necessary to completely address a health problem. To facilitate this, communication can:

- increase the knowledge and awareness of the audience regarding health issues, problems and solutions;

- influence perceptions, beliefs, and attitudes that may change social norms;

- prompt action;

- demonstrate or illustrate healthy skills;

- reinforce knowledge, attitudes and behaviour;

- show the benefit of behaviour change;

- advocate a position on health issues or policies;

- increase demand or support for health services;

- refute myths and misconceptions;

- strengthen organisational relationships.

That said, communication cannot produce sustained changes in complex health behaviours without the support of a larger programme for change. For these reasons, only through an active contribution by Best-ReMaP partners is it possible to ensure a strong impact of the Best-ReMaP deliverables and findings and they spread far and wide. To do this, the recognition of an appropriate role in the communication activities and support from all the Best-ReMaP partners involved - as well as the broader stakeholder base - is necessary.

To whom to communicate: target groups and stakeholders

Lessons learnt from other projects

Different methods of clustering stakeholders have been used by other projects in the field of nutrition and especially childhood obesity, depending on the focus of the project or of the aim

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[10] World Health Organization. Health Promotion Glossary. Geneva: WHO; 1998.

of the analysis. The STOP and CO-CREATE projects are still running at the time of the completion of the current document. The relevant results of the above projects will be applied when they will be available - during the implementation of the Best-ReMaP dissemination strategy.

The JANPA analysis focused on the influence and interest of the different categories of stakeholders, and differentiated among three professional groups of external stakeholders policy makers, civil society and labour sector, and did not target the general public separately. This categorisation - adjusted to the needs and focus of the Best-ReMap JA (e.g. with the necessity of reaching also groups without direct power over food policy, such as ordinary citizens) - serves as a good basis for grouping stakeholders also for this dissemination strategy.

Online survey for stakeholder analysis

Given the complex set of requirements for the establishment and the development of the project database, a plan was drawn up together with the WP2, WP4 and WP7 leaders to first identify the potential sources of the project stakeholder database.

The starting chart for this mapping and analysis shows the possible sources of stakeholder information for the Best-ReMaP project:

An online survey[11] was distributed by WP2 to all JA partners to map out the stakeholders that the partners are most willing to work with during the project. 21 out of the 36 partners filled out the survey and 273 stakeholder organizations [12]and 90 media channels were identified. Please see detailed analytics charts in Annex 4.

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[11] Details of the survey are provided in Annex 4.

[12] At some of the organizations multiple individuals were identified as stakeholders, therefore the total number of stakeholders at an individual level is 305.

On top of collecting basic contact information on stakeholders, this survey also mapped the key interest areas of these stakeholders concerning the activities of the core WPs of the project. The stakeholder analysis was conducted across core WPs and involved all the project partners.

Then, as a next step, the former stakeholders of the predecessor project, JANPA, will be approached to offer them a stakeholder position in the Best-ReMaP project. This needs to be done with the full consideration of the GDPR regulations.

This database will be further extended through research by WP4 and WP7 with WP-specific questions. These surveys may also consider the STOP methodology.

Further use of the WP2 stakeholder mapping – WP4

Background:

Subcontracting will be done by WP4 to support the stakeholder mapping activity in the following[13]:

- Identification of most relevant stakeholders at the EU level. The subcontracting of this activity will facilitate the identification of non-traditional actors that may be less aware but who, nevertheless, work in sectors affecting health and nutrition;
- Detailed mapping. A strong and wide network will also help to ensure the longevity and sustainability of the Action, as stakeholders will be able to continue the collaboration and exchange information after the Action concludes. In addition, the subcontractor will be requested to integrate the mapping activity with its existing networks, knowledge and research partnerships within Member States and at the EU level;
- Development matrix of influent stakeholders. The subcontractor will subsequently rate the identified stakeholders according to their level of influence and level of interest.

Summary on further use of WP2 mapping:

On the basis of the first initial online survey of stakeholder identification, more specific questions will be set up in the form of additional online surveys, with the aim of identifying decisors and policy makers in the public/governmental sector. The online survey will be addressed to Competent Authorities of this JA for the mapping at Regions, Member States and EU levels. The online survey will include all the public sector policy makers that deal with the food environment and availability of healthy foods: Health, Food Safety, Nutrition, Agriculture, Industry, Consumers Protection, Research and Environment.

Further use of the WP2 stakeholder mapping – WP7

Background:

The WP7 stakeholder analysis will include the following focus areas:

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[13] Page 85 of the Proposal.

- Support in the identification of the key stakeholders in the area of public food procurements;
- Descriptive analysis of a stakeholder network, relevant for public procurements of foods, on the basis of the additionally prepared survey;
- Analysis of network structures (including clustering of stakeholders according to network structure) and formation of stakeholder alliances according to the context of operation and attitude to specific topics covered in JA Best-ReMaP (for the analysis of network structure, the application of block modelling techniques is expected), on the basis of the additionally prepared survey.

Summary on further use of WP2 mapping:

On the basis of the first initial online survey of stakeholder identification, more specific questions will be set up in the form of an additional online survey, with the aim of identifying key stakeholders in the area of public food procurement (also the ones who are more in the shadow or are neglected at the moment). To achieve this, questions will be set up in the form of stakeholder alliances according to the context of operation and attitude to specific topics regarding public food procurement. A structured approach will be used, with which, on the one hand, all the potential main drivers of obesity in relation to public food procurement and, on the other hand, all the spheres of society will be identified, where an individual organisation acts as a non-profit public formal organisation, profit making private formal organisation, public private partnership, non-profit formal organisation, informal economy, informal provider of different services or non-profit informal network[14].

Target audiences and multipliers

In light of the above sources of the stakeholder analysis, and considering that each core WP has a distinct target group, for the purposes of this Dissemination Strategy the below preliminary stakeholder framework is suggested (based on the original categorisation of the Project Proposal, with necessary modifications) as an initial starting point for communication activities:

WP 4 and 7 will carry out a stakeholder analysis to study the characteristics of the different stakeholder groups.

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[14] Pestoff, V. A. (1992). Third sector and co-operative services — An alternative to privatization. Journal of Consumer Policy 15(1):21-45.
https://www.researchgate.net/publication/225241412_Third_sector_and_co-operative_services_-_An_alternative_to_privatization

Table 1: Target audiences by Work Package

Type of target group	Target groups	WPs targeting them
Professional primary target group - policy makers	EU institutions, national and local governments, food regulators, law-makers health and agricultural authorities, other authorities	WP4, WP5, WP6, WP7
	Consumer protection authorities	WP5, WP6
	National media and info communication authorities	WP6
	EU Steering Group of Prevention and Promotion (SGPP)	WP4, WP5, WP6, WP7
Professional secondary target group health professionals, civil society, research and academia, professional media	Public health experts, nutritionists, dietitians and their civil society associations	WP4, WP5, WP7
	Actors in research and academia focusing on Best-ReMap topics	WP5, WP6, WP7
	Hospitals	WP7
	Schools and kindergartens	WP6, WP7
	Refugee camps (aimed at children), orphanages, institutions for children and adolescents with disabilities/special needs	WP7
	Professional media	WP5, WP6, WP7
Professional tertiary target group Business-type players	Food industry representatives, food producers, retailers, suppliers, providers in agri-food chain	WP4, WP5, WP6, WP7
	Marketing associations / experts, marketing/communication agencies	WP6
	Public caterers	WP7
General public target groups The general public and their organisations,	Nutrition aware consumers in general, or those conscious about the impact of food marketing or food procurement in public institutions, or the composition of food they eat	WP5, WP6, WP7
	Patient organisations	WP5, WP6, WP7

general media media	(Grand)parents[15] and youth organisations	WP6, WP7
	General media (i.e. lifestyle magazines, daily news, social media, publications aimed at children and family life, etc.)	WP5, WP6, WP7

What to communicate: the high-level messages of the core WPs

Every partner involved in the JA contributes actively to the fulfilment of the communication objectives and to the development of the high-level messages of each WP.

First of all, partners will contribute to the development of the deliverables and reports of the WPs they are involved in. (See the full list of deliverables in the Annex)

The deliverables and other reports will be converted to pieces of communication sent via the communication channels to the target audiences. All such communication will be organised to support the overarching key messages of each WP.

These key messages will be developed on the basis of the tasks and objectives of each WP and those of the JA. They were formulated to ensure clarity, credibility and comprehensibility of the project activities. These messages will be used on the website, in the information leaflet, social media and in all communication materials about the JA.

Each core WP works under the following specific slogans and overarching messages:

WP4: Turning project results into policies

Overarching messages of this WP:

- Problems associated with poor nutrition and unhealthy eating habits have affected and continue to affect many generations of Europeans;
- Lasting, sustainable policies will contribute to an increased offer of healthier options of processed foods available in EU (super)markets, reduced marketing of unhealthy foods and drinks to children, and a higher quality of menus within public institutions.

WP5: "What gets measured gets done" - Monitoring and changing the food market for a healthy future

Overarching messages of this WP:

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[15] Children and adolescents will be the indirect end users of the policy measure outcomes, produced by JA Best-ReMaP. JA Best-ReMaP is using the definition of the child as defined by UNICEF, which stipulates that children are all individuals aged 0-19. As children and to a major extent adolescents do not usually operate as independent consumers, (grand)parents or other caregivers in the general population are thus also a part of the target audience of the JA.

- Only a few European countries are able to monitor processed food supply at the brand level at present;
- Such a tool enables us to monitor food offerings, nutritional content and identify best formulation and room for reformulation;
- Activities aimed at reformulating foods into healthier alternatives are the first crucial step towards improving the food supply for children;
- This WP aims to share and promote best practices on how to implement a standardised European monitoring system for processed food reformulation.

WP6: Reducing marketing of unhealthy food to children

Overarching messages of this WP:

- Children are constantly exposed to marketing messages (offline and online) and the information they receive affects their food choices;
- As eating habits are formed at an early age, getting the right nutrition information will give them a better chance to grow up to be healthy adults;
- This WP will identify best policy practices to reduce exposure of children to marketing of unhealthy foods, and develop harmonised protocols and tools to monitor the extent and nature of marketing exposure of children.

WP7: Procurement of nutritious food in public institutions

Overarching messages of this WP:

- Oftentimes, the biggest obstacle to having a healthy diet is the absence of high quality food, especially in public institutions such as schools, kindergartens, hospitals, etc.;
- Considering the amount of time that children spend at school, schools are an ideal environment for supporting healthy behaviours;
- This WP takes on a pilot approach across the EU to contribute to the higher quality of menus, by assuring transparent quality of the procured foods in the selected public institutions of the interested Member States;
- With a view for the long-term, the project's findings and recommendations will be implemented at the regional, national and EU levels to improve food choices for children, thus adding to increased healthy life years.

Means and channels for communicating and interacting with stakeholder groups

The project communication activities are aimed at reaching the identified targets through one-way dissemination and bi-directional communications. A number of channels and tools will be employed to convey Best-ReMaP messages and outputs. WP2 advises Best-ReMaP partners to translate some communication materials into their national languages. The WP leaders and partners have the chance to decide how to maximise the awareness and impact in non-English speaking countries using tools suggested by WP2. All communication material will be available

on the Best Re-MaP website and partners are encouraged to disseminate through their websites, especially those documents that will have been translated into their language.

In short, these are the communications channels to be used for the different stakeholder and audience groups: (See detailed description of target groups in table **Target audiences by WP**)

Table 2: Communication channels and audiences

Communication channels and audiences			
Channels	**Professional target groups**		
	Primary target group: policy makers	**Secondary target group:** Health professionals, civil society, research and academia, professional media	**Tertiary target group:** Business-type stakeholders	**General public:** General public, general public and patient organisations, general media
Website	X	X	X	X
Social media		X	X	X
Newsletters		X		
PR campaigns		X	X	X
Online informative videos		X		
Promotional movie I.				X
Promotional movie II.				X
Webinars	X	X	X	
Stakeholder forum events	X	X	X	
Leaflet for school-aged children				X

The timing is based on the planned month of delivery of each of the WP2 deliverables. Also, the timing of the communication activities will be influenced by the dates of milestones and deliverables of each WP as defined in the JA grant agreement.

Different communication activities have been planned for the stakeholders at each phase of the project by means of specific instruments considered most effective for the objectives and available resources, for instance: visual identity kit, press releases, newsletters, an informative website, social media, etc. As already mentioned, a number of channels and tools will be used to disseminate the messages and outputs of Best-ReMaP. All communication materials will be available on the website (and for Best-ReMaP partners in the Intranet) to ensure that they are consistently applied and spread.

Standardised visual identity

The communication of Best-ReMaP achievements across all communication channels will be based on a standardised visual identity. The basic visual identity includes the logo and overall house style (e.g. Word templates for reports, PPT templates and logo variations), described in the JA corporate design manual. The Action will ensure the use of the co-funding logos and relevant disclaimers in any of the resulting products of the JA. Where possible, the visual identity will build on the visual precedent of the previous JA in the field and Actions related to the HLG on Nutrition and Physical Activity.

For this reason, a visual identity was created and it will be used in all publications related to the JA (website, reports, presentations, etc.); through this identity the activities and results will be easily recognised. The visual identity was officially adopted after approval by all partners and should be used as appropriate in all materials related to the JA (e.g. presentations, reports and other publications).

Best-ReMaP deals with children, better nutritional awareness and a wider access to healthy foods. The logo consists of two main elements: an apple representing a healthy diet and a GPS sign representing the guidance Best-ReMaP aims to provide to EU citizens in terms of a healthy diet. The colour used for the GPS is green because it is associated with health and nature. Red was used for the apple because it is easier to recognise it as an apple with this colour.

Any communication activity related to the action (including at conferences, seminars, in information material, such as brochures, leaflets, posters, presentations, etc., in electronic form, via social media, etc.) and any infrastructure, equipment or major results funded by the grant must:

- indicate the following disclaimer: "The content of this [insert appropriate description, e.g. report, publication, conference, etc.] represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains."

- include the following text: "This [insert appropriate description, e.g. report, publication, conference, infrastructure, equipment, insert type of result, etc.] was funded by the European Union's Health Programme (2014-2020)."

- display the EU emblem:

Logo and colours

or

Logo colours:

Corporate identity colours:

#48542E	#B0BE37	#CAD04A
#7D0800	#AF0D0A	#FE6B40
#2F435B	#456177	#B7CDDB
#7E8186	#C6C6BE	

WP level icons, in order of WP number from left to right:

Website

The main tool supporting the routine dissemination of the results is the website. The website is online and accessible at this link: https://www.bestremap.eu. This website will provide JA and WP level information on all activities within the JA. It will also feature a dedicated page for events as well as the newsletters.

The website is addressed to the general public, professionals and policy makers; it provides information on the JA, updates on the progress and results. The aim of this website is to highlight the objectives of the JA and report the most important outputs (methodologies, results, presentations, reports and recommendations) as soon as they are produced. The website establishes an open channel with stakeholders asking for suggestions and feedback.

The website follows all the communication recommendations (clarity of language for both experts and the general public, transparency, interaction with different parts of the society, pictures, videos, info-graphs, etc.) and uses an open access resource. In order to ensure the flexibility of the content and a prompt reaction to the input from partners and stakeholders, the website is built and managed by staff of SU, WP2 leader.

The main communications aim of the website is to:

- actively involve stakeholders and public;
- collect information;
- promote behavioural and policy changes.

The web products of the technical WPs (tools, database, etc.) will be linked to the Best-ReMaP website. Also, the reports and the conference presentations produced by partners will be available on the website.

The website is a work in progress, in continuous development during the project. Considering the objectives, the web portal is developed in a way that it demonstrates from the beginning what can be expected in the future from the project, and as and when project results are produced they will be shared on this portal.

The website will remain available for at least two years after the end of the project. To provide continuity and accessibility to the materials and the results produced, in these two years all the contents of the site will be reorganised for possible inclusion in relevant Platforms, to be discussed and agreed with the owners (for example, CHAFEA, JRC, or DG SANTE in the EU, or others such as WHO or OECD).

A special report was submitted on the website in December 2020 on the contents and the structure of the project website. For detailed information on the website please find the summary of the report in the next paragraphs.

WP2 (Semmelweis University, Hungary) was responsible for delivering the website of JA Best-ReMaP by M3 (31 December 2020). The website provides project and WP level information on all activities of the project and it also features a dedicated page for events and newsletters. The website is linked with the JA's social media accounts.

The website is accessible at https://www.bestremap.eu and was made public on 20 December 2020. The website is hosted and maintained by Semmelweis University in Hungary. Request for technical assistance and/or editor level access requests to the site can be submitted to: bestremap@emk.semmelweis.hu

The following principles were considered when designing the website:

- user friendly layout;
- high quality visual experience;
- optimised for desktops, tablets and mobile phones (certain content may be hidden or different on a particular device due to technical reasons);
- leading colours to resemble the colours of the logo;
- pictures of healthy food to serve as nudges;
- unique logos and visual identity for every core WP (WP4, WP5, WP6, WP7);
- visual material to provide information about the project's scope at a glance;
- visual material to target both the professional and the general public.

At the time of the go-live date, the website featured the following pages:

- Home

- About Us

- Project Teams (dedicated pages for all core WP)

- News

This page will serve as a platform for sharing events, newsletters and any other relevant information.

Completion of the Best-ReMaP website: M3 - DONE - See bestremap.eu

Newsletters

Altogether, 6 online newsletters will be dedicated to the professional stakeholders. Topics will include developments in core WPs, including latest published reports as well as opportunities to join events and share tasks of the action. WP leaders will be regularly invited to submit relevant information to WP2 for these newsletters that are offered to the professional stakeholder network of the project (from M6 onwards - March 2021).

The newsletter content will be published on a .html page on the bestremap.eu website: https://bestremap.eu/news/. The recipients will first receive an email designed and sent by a professional software (e.g. Sendinblue) which will include a summary about the newsletter's content and links to the .html page, where the full content will be available.

The software also allows us to track how well the newsletter has performed, e.g. how many recipients have opened it and which articles in particular they have read. Statistics pulled from the newsletter sending system will be included in the mid-term and final dissemination reports.

The planned content of the 1st newsletter:

- Who is who - introducing WP leaders
- Subject areas
- Recommended reading
- Announcement of the November event in Ljubljana

Local stakeholder forum events

Local stakeholder forum events will be organised as the mandatory activity of the JA Associated Partners. Each partner is to organise one or two such events geared to local, regional or national stakeholders in each country and in local languages, with programmes designed to reflect local barriers to implementation and local, regional and national challenges.

Forum organisers will receive methodological support to prepare and run these events. The events are envisaged as small to midsize events, with around 20-70 people (based on country and financial capacity, as well as local aims).

Communication objectives for external stakeholders:

- influence attitude and behaviour;
- generate and/or increase awareness and knowledge about the JA itself, its structure, organisation and objectives;
- generate awareness and knowledge, as well as understanding about the project outputs and results;
- motivate the stakeholders to contribute to the JA;
- motivate the stakeholders to promote action or implementation in individual countries;
- motivate and encourage Member States' media outlets to feature news on the childhood obesity situation in Europe, the aims of changing the food environment for children and to help reduce harmful marketing of foods to children.

Social media

Facebook: Best-ReMaP EU
(*https://www.facebook.com/Best-ReMaP-EU-103045795026362*)

YouTube: Best-ReMaP
(*https://www.youtube.com/channel/UCG9XPBIwYeRe6j5p1ILQM4w*)

Social media enable information about Best-ReMaP to spread much faster and its outputs to reach a large and broad audience. Also, through social media, information is not simply disseminated in a top-down approach, but it is possible to receive feedback and suggestions from the general public and stakeholders.

When integrated with dissemination activities, social media can encourage involvement, dialogue and a sense of community. Social media can help spread key messages, raise awareness and influence decision making[16]. Additionally, it is a vital tool to reach the general public: social networks have become an important health resource, and not just for "millennials" - nearly 90% of older adults have used social media to seek and share health information[17].

A dedicated public Facebook page will be used to reach both the professional and general public. Results and activities related to WP6 and WP7 will feature more heavily on the

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[16] U.S. Department of Health & Human Services , CDC - Centers for Disease Control and Prevention. *CDC's Guide to Writing for Social Media*. 2012

[17] Hootsuite. Healthcare: A Guide for Health Professionals. https://blog.hootsuite.com/social-media-health-care/.

Facebook page as they are easier for the general public to understand. That said, findings and news pertaining to WP4 and WP5 will also be covered (but to a lesser extent) in an easy to understand way.

The calendar of posts for this channel would include two posts per month between M3 and M12, then one post per week between M13 and M36. A social media calendar was created to ensure that posts come out on time and that material is varied, engaging and educational.

In order to effectively promote the materials posted on Facebook, a portion of the budget will be used for **targeted promotions**. This is essential to get more followers for Best-ReMaP's page and to deliver the JA's messages effectively, as organic growth on Facebook is extremely low these days. The aim is to get at least 300 followers on the Facebook page in the first year, with a view of 500 followers by the end of the JA.

Example of Facebook post for WP4:

Example of Facebook post for WP5:
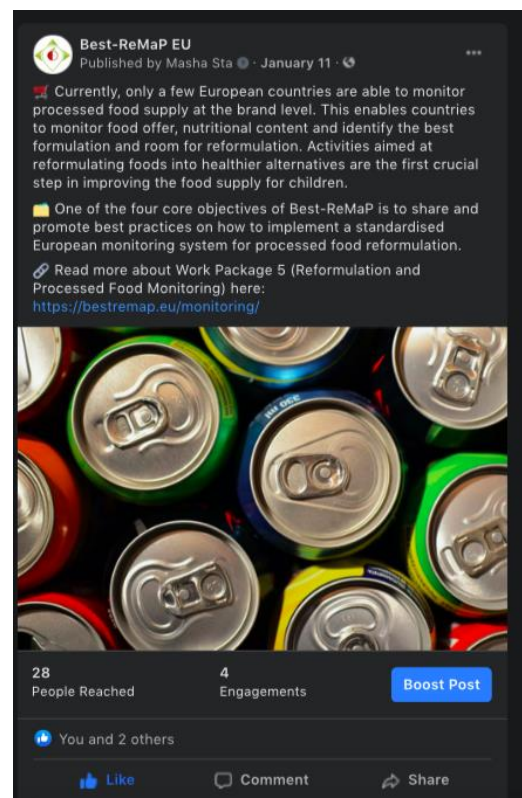
Example of Facebook post for WP6:
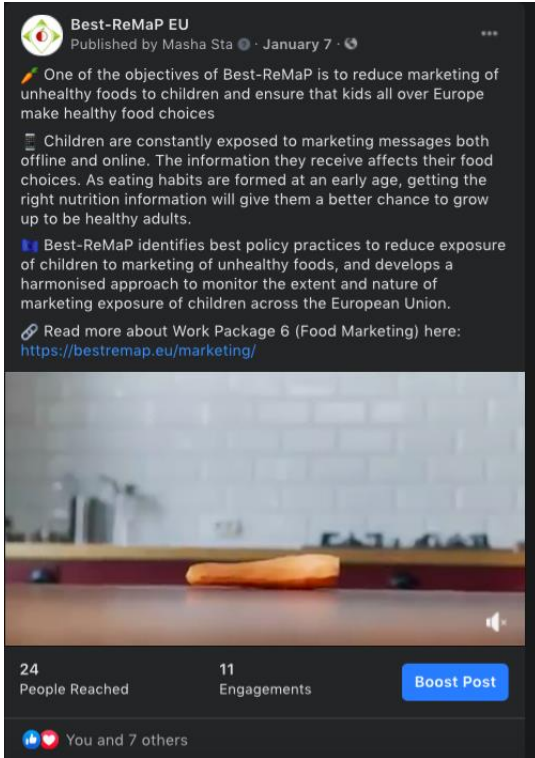
Example of Facebook post for WP7:
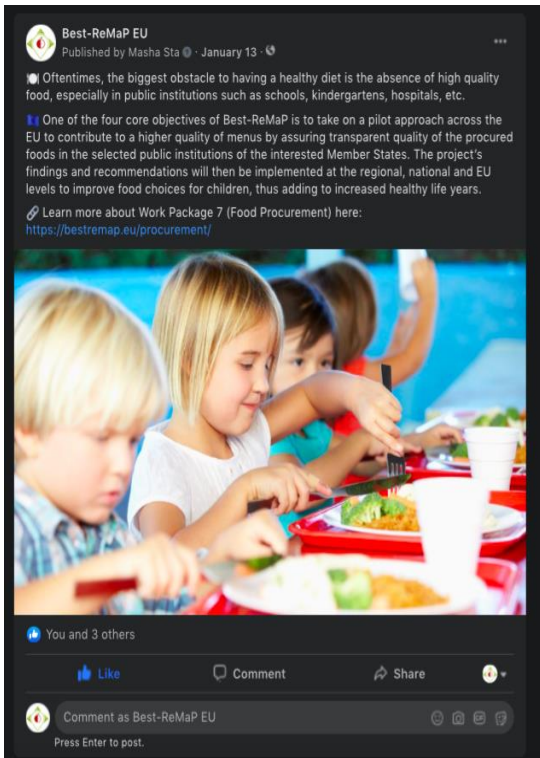
Besides the targeted promotions, a minimum of 7 **multipliers** will be engaged to repost the project content on a regular basis. These multipliers will be European initiatives active in the health sector. The project has established a cooperation with the following three key EU projects: STOP, CO-CREATE and PEN as well as with the World Obesity Federation and EuroHealthNet. The other two multipliers may include the European Federation of the Associations of Dietitians (EFAD), the European Public Health Nutrition Alliance (EPHNA) and CHAFEA, EPHA or EFSA.

In addition to this, it is also important to engage at least 3 **influent stakeholders**. These influent stakeholders will be identified for this project and their contribution will be asked for in the last year of the project. Best-ReMaP would primarily focus on the so called 'micro-influencers' representing the specific topics of the core WPs and expects that they are effective in having an impact on their audiences compared to 'macro-influencers'.

EIT Food invited the following health and nutrition influencers (many of them doctors) to an event organised in late 2018, therefore they would also be a good fit for Best-ReMaP's message and mission:

There are also paid services available that allow organisations to find influent stakeholders/journalists most suitable to their aims and needs. JustReachOut and Nuzzel are just a few examples.

While completing the social media activities described above, Best-ReMaP would strongly rely on the analytical methods of **behavioural economics**, as it provides valuable ideas about why people do what they do, and how it is possible to influence their food choices. This information

can be utilised for delivering the JA's messages in the most effective way possible to the various target groups, and enable audiences to make the right choices when it comes to nutrition, e.g. by using nudges in posts and finding the best time and format for posting for the different target groups.

Furthermore, it is crucial to address not only adults, but also the **younger generations**. This requires communication methods that are different from the traditional ones and can reach and gain the attention of children. Therefore, **two short promotional films will be prepared, one of which will be specifically prepared for school-aged children**. It will be animation based, last about 2-3 minutes and will potentially address elements of a healthy diet. Both films will then be promoted through the project's social media channels, by using a portion of the promotion budget as well as the multipliers and influent stakeholders engaged. With regards to the film prepared for children, the preference is to make it completely animation based or with a limited amount of text only, so it could be easily translated into all EU languages. The film will be brought to the attention of schools across Europe and it will be recommended that it is showcased as part of nature, health or sports classes. A professional framework for a discussion about the films' contents will also be provided to the teachers.

Note: To ensure that the reader takes time to read the messages and that they are also understood by the general public, the social media communication should:

- apply health literacy principles;

- follow plain language best practices[18].

All partners will be invited to contribute by linking and following the Best-ReMaP accounts in their personal accounts and encourage their organisation to do so, too.

Completion of Facebook and You Tube account set up: M3

Press release-based PR

In cooperation with the core WPs, the communications team is to lead national and EU-level PR campaigns based on 7 rounds of communication. The first one is to take place in M3, and then every 4 months from year 2 of the project. The final content and schedule of these 7 rounds of communication has to be discussed with and accepted by the respective WPs.

These PR materials will be disseminated by WP2 via European media, such as: Euronews, Politico, Euractiv, etc. PR materials and support for the national PR campaigns will be provided by WP2 and sent to project partners. Partners at the national level will have the opportunity to translate the materials to local language and promote it in national media.

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[18] U.S. Department of Health & Human Services , CDC - Centers for Disease Control and Prevention. *CDC's Guide to Writing for Social Media*. 2012

To reach the relevant news media on a European level, WP2 will put together a media contact list with the names and contact information of journalists that cover topics related to health care, nutrition, public policy and children's health. WP leaders will also be asked to identify relevant media in their existing network in the survey to make the list as comprehensive as possible. The press release and other informative material related to the JA will then be sent to the identified media outlets/journalists/influent stakeholders. A LinkedIn outreach can also be organised in order to find and connect with relevant journalists.

On a national level, WP teams will be encouraged to carry out similar media outreach work in their countries.

Webinars

One webinar per core WP will be organised to disseminate WP results. Target audiences and main messages will be defined according to the dissemination strategy and adapted to the needs of the individual core WPs. Target for the minimum number of participants per webinar is 25 people.

General communication materials

- Introductory leaflet: a piece of informational material intended for both the professional and general public target audience. The contents will include the core information about the JA's overall mission, the description of the different WPs and the intended outcomes. The leaflet's purpose is to promote the JA with easy-to-understand details (Completed and uploaded on the website: M3);

- Leaflet for families: A leaflet specifically prepared for school-aged children that will consist of a maximum of 2-3 pages and explain the project's messages that are most relevant for them (what foods are healthy and which are not, what happens when you eat unhealthy food, etc.). To make it appealing to and understandable for children, the information will be presented in a cartoon form and will build on the messages and content of the film mentioned in Task 2.5.5. This will be an online available downloadable material and could also be distributed in select schools across Europe (M9);

- General PPT presentation on the JA: A general PPT presentation for utilisation by stakeholders and partners, in English and available for translation to national languages. The contents and aims of the presentation will be similar to the introductory leaflet but in a PPT format (M6 uploaded on the Intranet. With on-going updates in M20).

- Layman version of the final report: The Layman report is intended for the general public. This succinct and easy to understand report will provide a general and brief overview of the JA, the mission of the various WPs and the outcomes in layman terminology. It will include the summary of the project's scope and objectives, description of the methodology, presentation of the JA outputs and outcomes and transferability of results (M36).

Internal communications - Intranet

Internal communication will serve to harmonise dissemination activities amongst the JA partners, including participation in JA-level events. A dedicated internal space for JA partners, i.e. repository will be provided. At least 70% of the project partners should become users of the JA intranet.
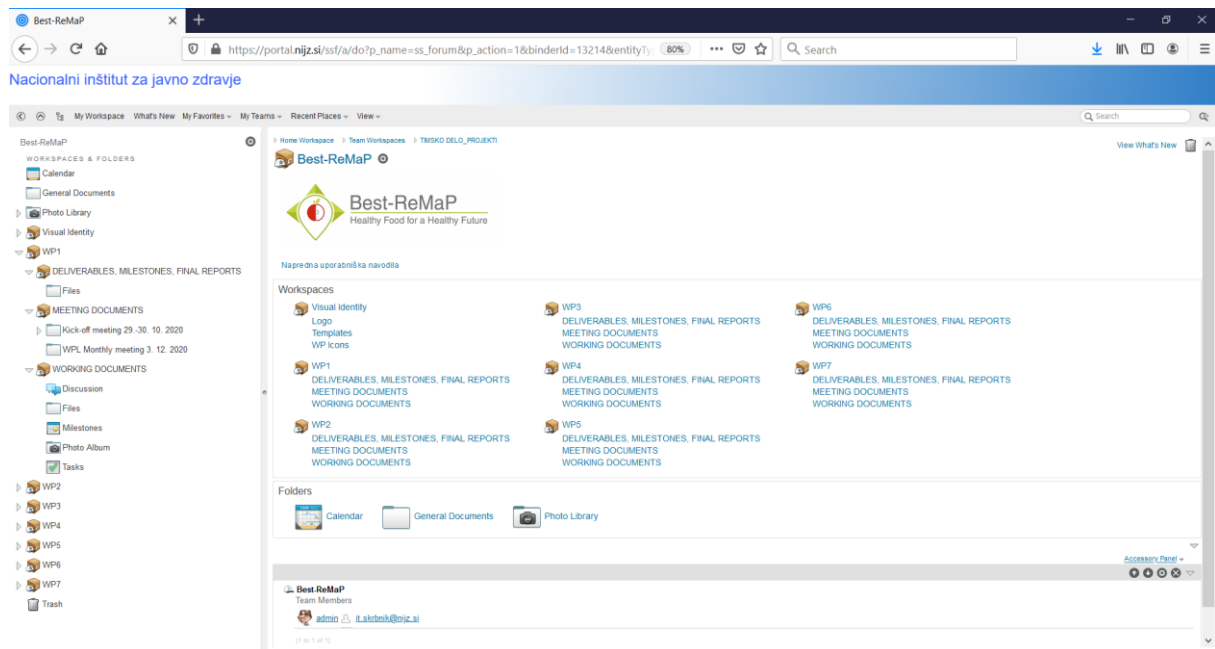
The internal web page will serve as a space for uploading final reports, working on joint documents and discussing various topics of the JA and, at the same time, provide access to certain tools and materials. Common tools and folders will be accessible to all users:

- **Calendar** will enable an easy overview of all scheduled events and meetings (joint meeting as well as meetings for each WP) which will help with more coordinated activities;

- **Photo Librar**y will offer users a selection of images that can be used within different materials and documents;

- **Visual Identity** folder will offer users access to all Best-ReMaP visual elements: logos, WP level icons and various templates (i.e. Word, PowerPoint).

Each WP will have a separate folder that will be divided into three subfolders:

- **Deliverables, Milestones, Final Reports** will serve as a space to keep all final documents created by the different WPs.

- In the **Meeting Documents** folder, there will be subfolders for each meeting, containing PowerPoint presentations, meeting minutes, agendas and other documents;

- **Working Documents** will be the most interactive folder of all, offering users the most tools. Users will be able to share documents that they are working on with the group. The folder will also contain Milestones tools for users to set important deadlines and follow the development more clearly and easily. There will also be a Discussion tool for users to start a discussion on different topics and develop a fruitful debate. Task tools will enable users to set different tasks throughout the duration of the JA, set time periods for different tasks and assign people to it. The Photo Album tool will be a place where users will be able to upload photo materials, which can be used for the specific WPs.

By carrying out the abovementioned tasks under Task 2.2, WP2 will facilitate coherent, effective and sustainable external and internal communication of the JA and it will ensure that its objectives, activities, results and deliverables are known to the stakeholders and the wider audience of the action.

Other recommended channels for dissemination

On top of the dissemination set by the Grant Agreement, partners are encouraged to use other channels to disseminate the results of their activities in this project. This may include conference participation, publication of articles in scientific journals or for the general public, etc.

Partners will be requested to report on their activities via these recommended channels in order for the dissemination reports to reflect the full impact of the project.

Annex 1. Best-ReMaP Proposal – Stakeholder mapping and the Dissemination Strategy document

The Proposal (page 32) states the following about the Stakeholder Analysis and the Dissemination Strategy:

Reference from the Project Proposal:

Task 2.1.1 Stakeholder mapping and analysis

In collaboration with WP 4-7, WP 2 will identify and group stakeholders in a JA stakeholder map. While all core work packages are expected to contribute to this exercise, it is worth to emphasise the **central role of WP4 in the process**, where WP4 is in charge of recommending the integration of the results of the JA into national policies, also by means of mapping the policy decision making stakeholders at the EU and national levels.

On the other hand, **WP2 is complementary in carrying out a stakeholder mapping exercise of a wide range of the food and nutrition relevant stakeholders at the EU level and in the participating member states.**

WP2 will integrate the results of the joint efforts of both work packages [WP2 and WP4] into the JA's stakeholder map.

In addition, **WP2 will also use a few already existing stakeholder maps and recommendations of other EU projects, primarily the JANPA, STOP and the CO-CREATE projects**. While carrying out this task, a legal expert will be involved by WP2 in order to ensure that GDPR rules are fully respected throughout the process. Besides analysing and integrating all the above-mentioned stakeholder maps, **WP2 will also explore potential new target groups that are specific to the Best-ReMaP JA**.

In the beginning of the project, an online survey will be distributed to all JA partners, upgrading the STOP project approach, to enable the JA consortium to translate the research knowledge linked to the stakeholder's engagement in the policy practice. **Qualitative and quantitative stakeholder analyses will be conducted across core WPs and will involve all the project partners and, where relevant, other stakeholders**.

The results of the mapping will be reflected in the Dissemination Strategy, including a minimum of 80 – or ideally 100-120 – stakeholders at the EU level.

Reference from the Project Proposal (page 32):

Task 2.1.2 Dissemination strategy document - M4

This report <u>is to be based on the Stakeholder Analysis (M4) and a strong cooperation with WP Leaders</u>.

This report is to specify the dissemination aims and objectives, detailed activity planning, identification of the target groups (final targets and multipliers, including decision makers and journalists), dissemination channels, the timing of the dissemination actions and the visibility of European Union co-funding, as well as the description on JA internal (including intranet, in line with the WP1 activities) and overall communication.

The document will provide a strategy for internal and external communication and stakeholder involvement. The document will also include the most efficient use of the internal and external dissemination channels related to the specific target groups.

This document will present <u>how all the stakeholders will get involved in the dissemination activities, both at a national level and European/international level, based also on the STOP stakeholder sustainability plan (M7)</u>.

The dissemination strategy aims to ensure sustainable project results: integrating past actions, it will build on information from the previous JANPA JA and integrate it into its own website and other communication. To sustain Best-ReMaP results for the period after the end of the JA, the strategy will foresee that its website is kept accessible and online long-term, and that Best-ReMaP JA results are integrated to other websites/platforms as well.

Annex 2. Deliverables of the Best-ReMaP Joint Action

Deliverables are the basis of the communication activities of this project. Please find here a statistical summary and then a full list of deliverables. All deliverables will be public (PU).

Table 3: Deliverables of the Best-ReMaP Joint Action

Year	Year 1 (M1-M12)	Year 2 (M13-M24)	Year 3 (M25-36)	Total
Total number of deliverables	9	5	13	27
NIJZ - National Institute of Public Health (Slovenia)	2	1	3	6
SU - Semmelweis University	3	1	3	7
THL - Finnish Institute for Health and Welfare	1	1	1	3
ISS - Istituto Superiore di Sanità	1		2	3
ANSES - French Agency for Food, Environmental and Occupational Health & Safety	1		2	3
DoH, DGS - Department of Health (Ireland), Direção-Geral da Saúde (Portugal)	1	2	2	5

Deliverable No.	Deliverable Name	WP No.	Leading Applicant	Content Specification	Dissemination Level	Delivery Month
Deliverables (D), Administrative Deliverables (ADs) & Mandatory Deliverables (MDs)						
D1.1	Meeting minutes of the PDMF meetings	WP1	NIJZ	Minuted discussions and conclusions of the policy decision making forum	PU	M12
D1.2	Meeting minutes of the PDMF meetings	WP1	NIJZ	Minuted discussions and conclusions of the policy decision making forum	PU	M24
D1.3	Meeting minutes of the PDMF meetings	WP1	NIJZ	Minuted discussions and conclusions of the policy decision making forum	PU	M36
MD2.1	Introductory leaflet	WP2	SU	This is a publication with core project information to promote the JA with easy-to-understand details	PU	M3

MD2.2	Website	WP2	SU	This website will provide project and WP level information on all activities of the project. It will also feature a dedicated page for events and well as the newsletters.	PU (and CO)	M3
D2.3	Dissemination strategy	WP2	SU	Strategy specifies the dissemination aims and objectives, detailed activity planning, identification of the target groups, dissemination channels, the timing of the dissemination actions and the visibility of European Union co-funding, as well as the description of JA	PU	M4
MD2.4	Mid-term report on Dissemination	WP2	SU	Data analytics driven analysis to answer the key communications questions: Who are the followers of the news/information presented by the project? Which content resonates with the audience?	PU	M20
D2.5	Promotional movies completed	WP2	SU	Two short promotional films, out of which one will be specifically prepared for school-aged children. It will be animation based, 2-3 minutes long and it will address the elements of the healthy diet.	PU	M 36

MD2.6	Layman version of the final report	WP2	SU	This is a short, 4 pages version of the final report with infographic, written for the wide public as a target group.	PU	M36
MD2.7	Final report on Dissemination	WP2	SU	Data analytics driven analysis, making the final evaluation of the communication activities.	PU	M36
D3.1	Evaluation strategy	WP3	THL	Preparation and publication of the evaluation strategy	PU	M5
MD3.2	Mid-term report on Evaluation	WP3	THL	Report on the progress, processes and outcomes, and recommendations for the remaining work period.	PU	M20
MD3.3	Final Evaluation report	WP3	THL	The final evaluation report outlining the central outcomes and conclusions related to the objectives.	PU	M36
D4.1	Documents retrieved in the desk research	WP4	ISS	Summary of the conclusions and recommendations of relevant documents, websites and scientific literature, dealing with the factors related to the sustainability of a project.	PU	M6

MD4.2	Integration and sustainability plan (Report on sustainability and integration in national policies)	WP4	ISS	This report will include a proposed plan describing which results will be further developed, consolidated and integrated into policies and national plan and by which organization(s) it would be done.	PU	M36
D4.3	Briefs of the four policy dialogues	WP4	ISS	Briefs summarizing the results of the discussion with EU and MSs during the policy dialogues and the commitments by the MSs.	PU	M36
D5.1	Development of the Guidelines for an European harmonised and sustainable monitoring system of the processed food supply, consultation/ temporary report	WP5	ANSES	This report will help countries to implement and maintain a reformulation monitoring system. The methodology will be explained with the standardised subcategories of products to apply for an adequate reformulation monitoring. This document will be tested during the snapshot implementations.	PU	M9
D5.2	Final Guidelines for an European harmonised and sustainable monitoring system of the processed food supply	WP5	ANSES	Final guidelines will help European countries to implement and maintain a reformulation monitoring system with the reformulation monitoring methodology, the priority processed food groups to monitor, the best sources of data or best technologies to use for the data	PU	M30

				collection, the conditions for a sustainable European monitoring.		
D5.3	Report on reformulation monitoring: monitoring implementation, reformulation comparisons and reformulation impacts on nutrient intakes	WP5	ANSES	This report will provide best practices at the European level, in terms of reformulations with theirs impacts of nutrient intakes	PU	M36
D6.1	An EU harmonised approach using the WHO nutrient profile model for the identification of foods not permitted for marketing to children	WP6	DoH, DGS	The nutrient profile model will help EU MS to have a harmonized approach and it will be tested in some participant MS.	PU	M9
D6.2	Technical guidance for codes of practice	WP6	DoH, DGS	These guidelines will help EU MS in developing codes of practices to control food marketing to children	PU	M18

D6.3	Report on Pilot EU–wide harmonised and comprehensive monitoring protocol for unhealthy food marketing to children, with a particular focus on digital marketing	WP6	DoH, DGS	The monitoring protocol for unhealthy food marketing to children will be tested and piloted in several participant MS. This report will provide best-practices for all EU MS on how to monitor unhealthy food marketing to children.	PU	M32
D6.4	A harmonised EU Framework for Action on reducing unhealthy food marketing to children, within the scope of HLG-N&PA	WP6	DoH, THL	The EU harmonised Framework for Action on reducing food marketing to children will help all EU MS to implement a strategy to reduce food marketing to children	PU	M36
D7.1	Overview/ applicative situation analyses of the existing EU and national legislation	WP7	NIJZ	This overview will bring the insights in national legislative frame and sectoral capacities, including identified points of possible improvements.	PU	M7
D7.2	Knowledge transfer training(s)	WP7	NIJZ	Training(s) will involve at least two experts for categorization of food products and implementation of the piloted tool	PU	M22

D7.3	Pilot Catalogue of foods	WP7	NIJZ	Pilot Catalogue(s) of food products (selected list) will be tested and piloted in one testing public tender	PU	M32
D7.4	EU harmonised Framework for Action	WP7	NIJZ	This Framework for Action will identify key elements of the comprehensive approach towards high quality public procurements of foods in public settings.	PU	M 36

Annex 3. Activities of stakeholders to enhance project outreach

A key objective of the Best-ReMaP project is to keep the external and internal stakeholders involved in the project's dissemination. Therefore a request will be made to all Best-ReMaP stakeholders, and the planned date for this invitation is M12 (September 2021). This is when the website and the social media channels will reach a level of maturity when a massive rollout is justifiable.

Stakeholders will be invited to contribute with the below possible actions:

Table 4: Activities of stakeholders to enhance project outreach

No.	Action to be taken	Source to be used
1	Send Best-ReMaP leaflet to at least 10 institutional contacts after translation from English to be done by national partners	English language leaflet available on the website and the editable versions on the Intranet.
2	Share at least 3 Best-ReMaP Facebook posts via institutional social media	*https://www.facebook.com/Best-ReMaP-EU-103045795026362*
3	Upload Best-ReMaP logo and key message to institutional website with link to bestremap.eu	Link to downloadable logo. WP2 to prepare key messages.
4	Share via institutional social media channel any or both of the two short videos produced by WP2 about Best-ReMaP	Video to be prepared by WP2.
5	Share press releases of the JA via institution communication channels - translated to local language by partners	Press release issued by WP2 in relation to key events/achievements in Best-ReMaP. Share in national media.

Annex 4. Online stakeholder survey

The following two stakeholder and media survey sheets were sent to all partners of the JA:

Stakeholder survey:

Submitter's details														
Name of your organization	Your e-mail address													

Stakeholder's basic details							Stakeholder's interests				Stakeholder involvement details		
Organisation's full name	Country	Link to official website	Public email address	Contact person(s) name(s) and email adress(es) at the stakeholder organisation (If you add a name and e-mail address here, it means that person has agreed to receiving newsletters and other information materials related to the Best-ReMaP project.)	Sector of operation	Sub-sector of operation	Nutrition policies (content of WP4)	Food monitoring (content of WP5)	Food marketing (content of WP6)	Food procurement (content of WP7)	Do you plan to invite this stakeholder to your national stakeholder forum?	Do you plan to invite this stakeholder to your policy dialogue events?	If you know the stakeholder through prior cooperation, would you be willing to contact/approach her/him? This could enable higher chance of getting the stakeholder on board. Later on the communication will be continued by specific WPL.	Comments

Media survey:

*Please recommend **media news channels or journalists** who are open to receive news on the Best-ReMaP project.*
*Please note we will send out press releases and will have social media posts **in English only**.*

Media channel's basic details					Media channel's interests				Stakeholder involvement details			
Media channel's full name	Country	Public contact details	Contact person(s) name(s) and email adress(es) at the media channel (If you add a name and e-mail address here, it means that person has agreed to receiving newsletters and other information materials related to the Best-ReMaP project.)	Main audience type of the channel	Nutrition policies (content of WP4)	Food monitoring (content of WP5)	Food marketing (content of WP6)	Food procurement (content of WP7)	Do you plan to invite this media channel to your national stakeholder forum?	Do you plan to invite this media channel to your policy dialogue events?	If you know the representative of this media channel through prior cooperation, would you be willing to contact/approach her/him? This could enable higher chance of getting the news shared. Later on the communication will be continued by WP2.	Comments

The survey included pre-defined drop-down menus for the following items:

BRM Partner organizations	Sector	Sub-sector	Audience type	Country	Simple responses
The National Institute of Public Health, Slovenia	A - Professional primary target group: policy m	A1 - EU institutions, National and local governments, Food regulators, Law-makers, Health and agricultural authorities, Other authorities	Policy	Austria	Yes
The Federal Ministry Republic of Labour, Social Affairs, Health and Consumer Protection, Austria	B - Professional secondary target group: healtl	A2 - Consumer protection authorities	Business	Belgium	No
The Austrian Agency for Health and Food Safety	C - Professional tertiary target group: Business	A3 - National media and info communication authorities	Civil society and lay public	Bulgaria	Perhaps
SCIENSANO, Belgium	D - Lay target groups: Lay people and their org	A4 - EU Steering Group of Prevention and Promotion (SGPP)	Other: please specify in 'Comm	Bosnia and Herzegovina	
The Ministry of Civil Affairs of Bosnia and Herzegovina	Other: please specify in 'Comments' field	B1 - Public health experts, nutritionists, dietitians and their civil society associations		Croatia	
Institute of Public Health of Federation of Bosnia and Herzegovina		B2 - Actors in research and academia focusing on BestreMap topics		Cyprus	
Public Health Institute of Republic of Srpska		B3 - Hospitals		Czechia	
The National Centre of Public Health and Analyses, Bulgaria		B4 - Schools and kindergartens		Denmark	
Croatian Institute of Public Health		B5 - Refugee camps (aimed at children), orphanages, institutions for children and adolescents with disabilities/special needs		Estonia	
Ministry of Health, Cyprus		B6 - Professional media		Finland	
The Danish Veterinary and Food Administration		C1 - Food industry representatives, food producers, retailers, suppliers, providers in agri-food chain		France	
Copenhagen Municipality		C2 - Marketing associations/experts, marketing/communication agencies		Germany	
Ministry of Social Affairs of Estonia		C3 - Public caterers		Greece	
The National Institute for Health Development, Estonia		D1 - Nutrition aware consumers in general, or those conscious about the impact of food marketing or food procurement in public institutions, or the composition of food they eat		Hungary	
The Finish Institute for Health and Welfare		D2 - Patient organisations		Ireland	
French Agency for Food, Environmental and Occupational Health Safety		D3 - (Grand)parents and youth organisations		Italy	
Santé publique France		D4 - Lay media		Latvia	
Ministry of Health of France		Other: please specify in 'Comments' field		Lithuania	
Max Rubner-Institut, Federal Research Institute of Nutrition and Food				Luxembourg	
Institute of Child Health, Greece				Macedonia	
Semmelweis University, Hungary				Montenegro	
The National Institute of Pharmacy and Nutrition, Hungary				Malta	
Department of Health, Ireland				Netherlands	
The Food Safety Authority, Ireland				Poland	
The Centre for Health & Diet Research, Ireland				Portugal	
Istituto Superiore di Sanita', Italy				Romania	
The Centre for Disease Prevention and Control, Latvia				Slovakia	
Ministry of Health of Lithuania				Slovenia	
Public Health Regulation Department, Ministry for Health, Malta				Spain	
The National Institute for Public Health and the Environment, Netherlands				Sweden	
The Medical University of Silesia, Poland				EU level	
Directorate-General of Health, Portugal				Global level	
The Faculty of Nutrition and Food Sciences, Portugal				Other: please specify in 'Comments' field	
The National Institute of Public Health, Romania					
Institute of Public Health of Serbia "dr Milan Jovanović Batut", Serbia					
Other: please specify in 'Comments' field					

The survey responses were analysed and based on the aspects that are most relevant for the work of WP2, the following data charts were designed:

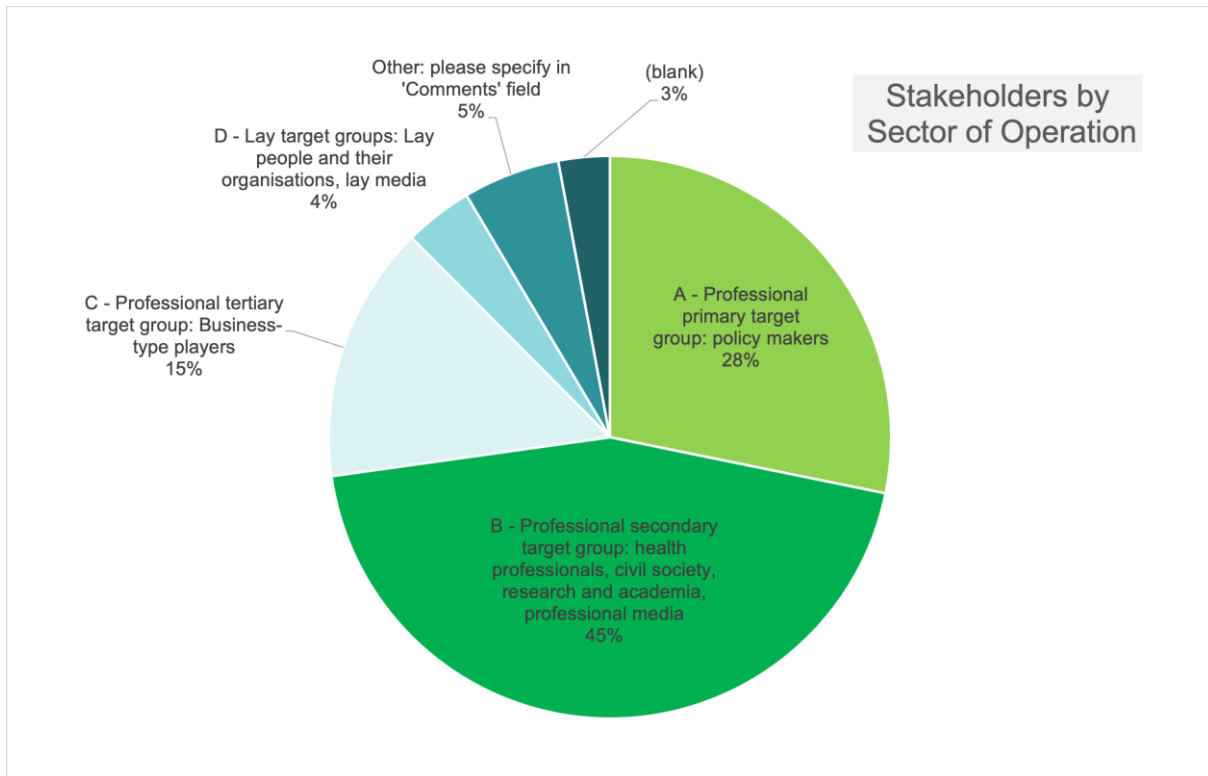**Figure 1: Breakdown of stakeholders by sector of operation**

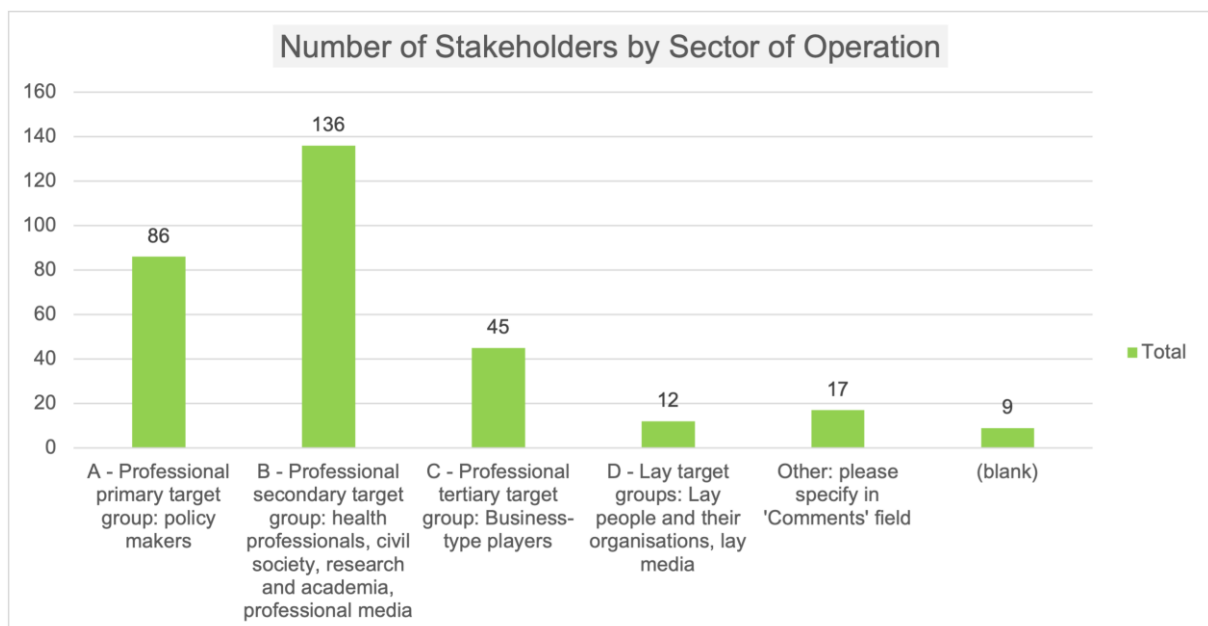**Figure 2: Number of stakeholders by sector of operation**
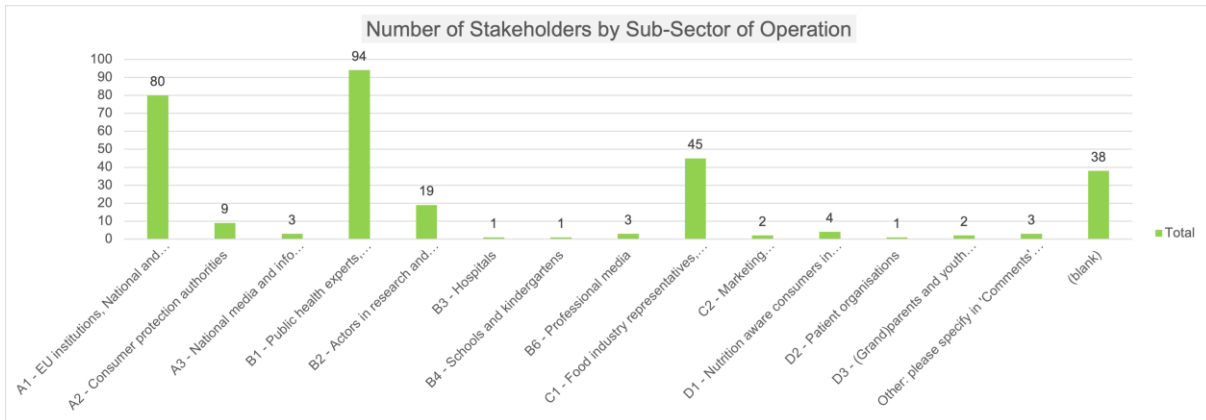
Figure 3: Number of stakeholders by sub-sector of operation

Number of Stakeholders by Sub-Sector of Operation
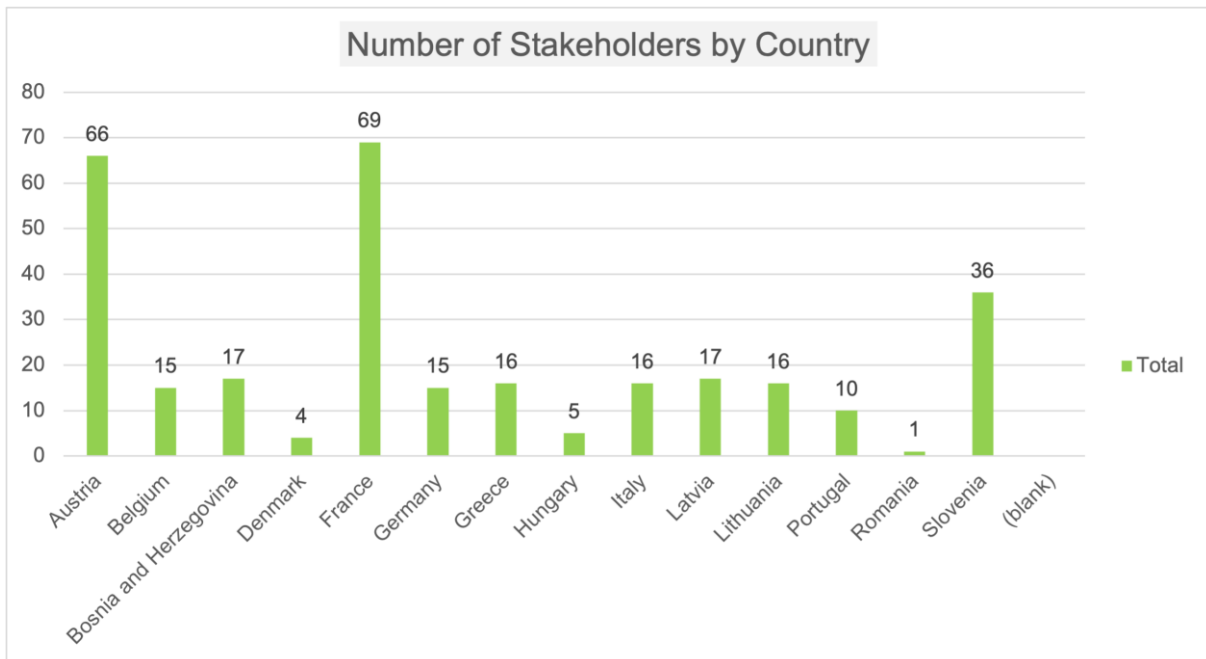
Figure 4: Number of stakeholders by country

Number of Stakeholders by Country

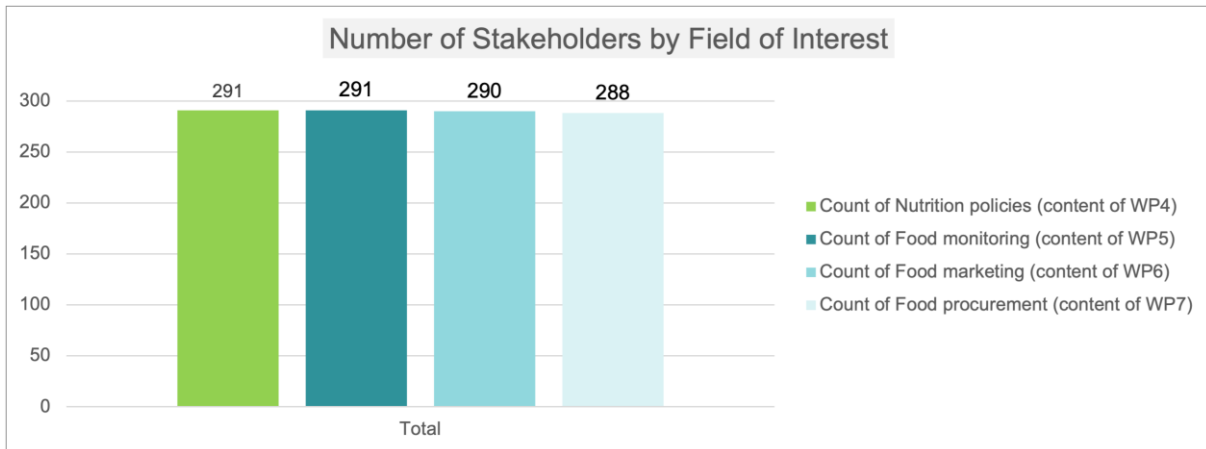**Figure 5: Number of stakeholders by their field of interest**

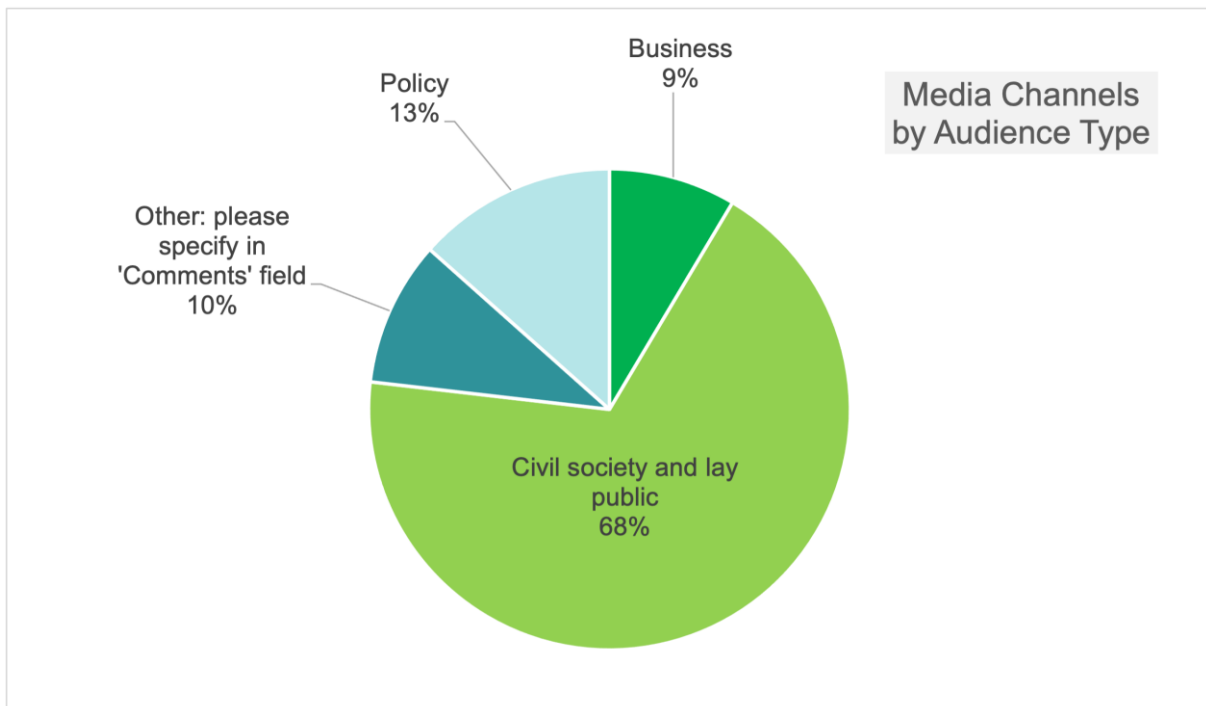**Figure 6: Breakdown of media channels relevant for the JA by audience type**

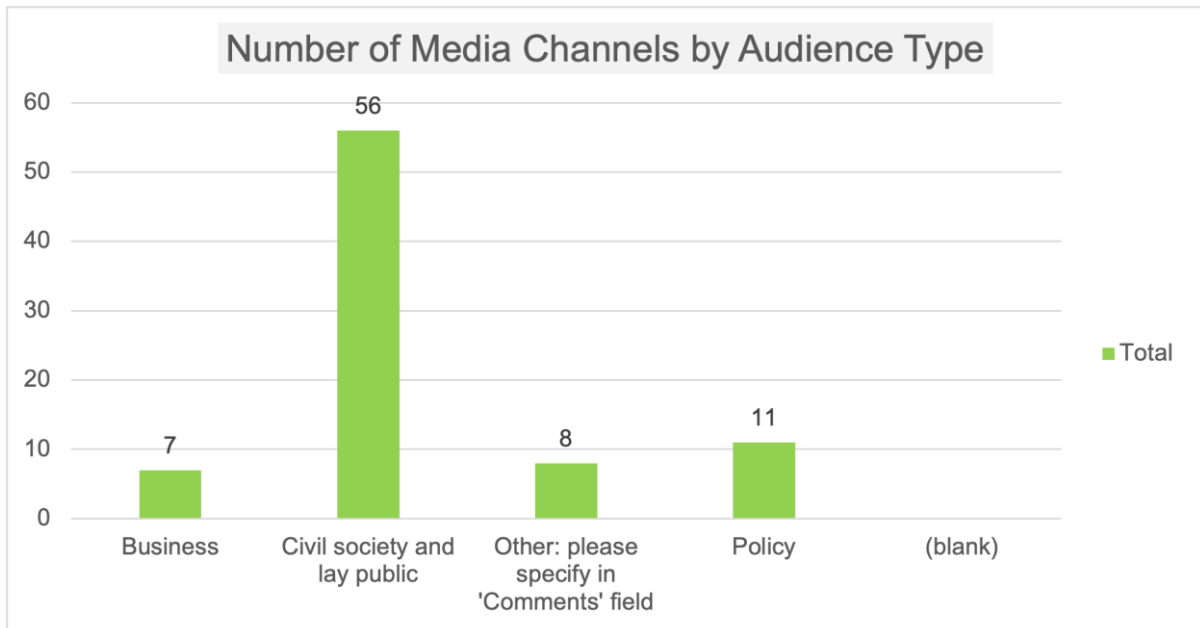**Figure 7: Number of media channels relevant for the JA by audience type**

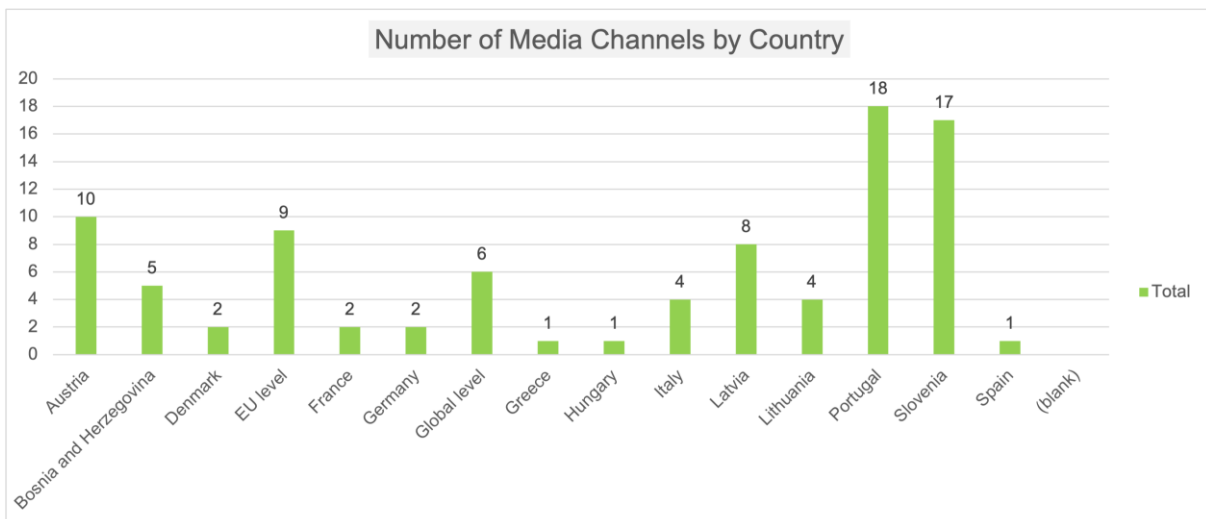**Figure 8: Number of media channels relevant for the JA by country**

Figure 9: Number of media channels relevant for the JA by their field of interest