



## FOOD FOR HEALTH CONNECTION WORKSHOP JUNE 2<sup>ND</sup> EXECUTIVE SUMMARY OF ATTENDEE SURVEY

A survey of attendees to the June 2<sup>nd</sup> workshop at the University of Guelph was conducted at the request of OMAFRA to solicit opinions on greater collaboration between industry and the research community on food-health research.

The survey was distributed three times using Survey Monkey in May and June to 87 attendees (excluding the 9 OMAFRA staff). 38 surveys were completed providing a 43.6% response rate. Respondents included scientists, academic administration, research funders and food/Agr-food industry. Attendees were asked to respond to 8 questions put forward by OMAFRA and CNS. This presents the topline findings.

### **I. HIGHLIGHTS**

#### **1. What are two barriers or opportunities you see to research and industry collaborating financially on food/health research?**

##### **BARRIERS TO COLLABORATION**

Respondents identified a “schizophrenic attitude” by the academic community toward “commercial activity like industrial collaboration” was the most dominant. On one hand, respondents almost unanimously saw collaboration with industry as an important source of funding for food-health research, but expressed a number of concerns about such collaborations.

##### **Other barriers related to:**

- Different priorities and goals of the academic community versus industry was the most dominant (financial versus scientific);
- Perceived bias and credibility issues because industry might be seen influencing the interpretation of research outcomes to achieve a commercial end and would not support the publication of negative results. (“A barrier is the public perception that industry-funded research is not to be trusted due to conflicts of interest.”);
- Lack of accessibility/complexity of universities which are described as not accessible, receptive to collaboration, inordinately slow, and have onerous IP policies; while Industry needs fast turnaround times to drive innovation and get a return on investment. (“The research community thinks in the long-term. Few businesses can support a multi-year project.”);and,
- An extremely slow regulatory review process in getting any “health claims or changes through Health Canada or CRIA. causes serious delays, drives costs stifling innovation. .

##### **OPPORTUNITIES RELATED TO COLLABORATION**

Respondents framed their responses in terms of benefits rather than opportunities:

- Industry was identified as a much needed source for research funding. It was noted however that the food is not a high margin business, making “research dollars are very limited”.
- Real benefits lay in “influencing industries to create products that are healthier for the entire population”; “advancing the food/health agenda in a similar direction at the population health

level and the corporate food product development level; “producing food-based (preventative) strategies to improve the health of population”.

## **2. What is one food/health question or issue that you would like to see answered through food/health research? Why is this item of importance to you?**

### **Food and Disease - Chronic and Common Diseases**

The core response to this question was summed up as “Can food be used to treat/prevent chronic disease?” Many respondents called for the development of metrics to demonstrate the importance of food in the prevention of disease. ” “Try to determine what type of people respond best to certain therapies; potential for establishment of "tailored" diet plans without need for genetic testing or drugs.”

### **Nutrient/Ingredient Research versus Whole Food Research**

Respondents recommended a move away from a reductionist (granular) approach to more consumer-friendly, big-picture concepts like diet, meal plans, portions and whole foods versus fragmented and complex concepts like nutrients and single foods.

### **Changing Consumer Eating Patterns**

There was considerable focus on the need to focus on practical solutions that translate into health dividends and focused research. “What tools do consumers need to facilitate healthy eating practices? This item is important because without successful translation of research to consumers, research efforts are futile.”)

## **3. List two ways food-health research could be effective in improving the health of consumers/the public?**

There was a general assumption that the primary goal of such research should lead to a “Long-term reduction in health care costs”.

Responses clustered around some core areas including:

- providing more practical, realistic advice that recognizes and matches consumer lifestyles (“Should foods be packaged differently to facilitate portion control?”);
- the development of more nutritious foods (“Improving the quality of ingredients reducing the content of unhealthy ingredients.”) ;
- educating the health community peer group about the importance of food to disease prevention;
- better knowledge translation focused on consumers (“Motivate consumers to consider food as a strategy that is just as important as pharmaceuticals for addressing health.”)
- dealing with consumer confusion (“Tightening of food health claims to make information less confusing for consumers.”);
- better public education on food and disease (“Example: excess sodium's impact on hypertension.”)

### **Call for a Change in Approach**

A major theme was the call for practical, useable, and topical applications to make it easier for consumers to integrate into their daily lives and a move away from the reductionist approach. Examples given include “healthy eating practices and portions rather than on the health benefits (or lack of benefit) of constituent X in a food.” “The more food focused we become (vs. nutrient-focused), the more practical this is for consumer application.”

Respondents also identified a real need for more evidence-based research tied to health outcomes and efficacy to encourage health care community buy-in and to drive consumer

change. "Having a better understanding about the role food plays in health maintenance and disease prevention could motivate consumers to make better food choices."

#### **4. What role could the health community (i.e. registered dietitians, medical doctors, nurses, pharmacist, health organizations etc) play in food/health research, or in the application of food/health research?**

##### **Roles identified for the Larger Health Community**

The three most critical were:

... 1. advocate for the role of nutrition in health and disease to shift focus to disease prevention and patient care

... 2. assistance in research design to make it practical and more effective

... 3. acting as the bridge between research and knowledge translation/application.

##### **Critical Role of the Registered Dietitian**

A number of respondents advocated in through responses for the need for real nutrition expertise which can only be provided by Registered Dietitians who are the only trained professionals.

#### **5. What kinds of practical projects or collaborations could be undertaken to improve the diet of Canadians?**

##### **Practical Projects/Collaborations**

###### **Consumer-Related Projects**

- Focus on simple messages relevant to consumers. ("Look at portion sizes that are not as complicated as calorie counting.")
- Educate all ages with some particular emphasis on school-age children and their curriculum. ("Teaching people how to cook and portion sizes.")
- "Assess how dietary advice is disseminated and make improvements so that it is more effective."
- Projects to enhance consumer access to Registered Dietitians.

###### **Research-Related Projects**

- Patients: "The most urgent is clinical nutrition in outpatients with chronic diseases in both the pediatric and adult population inpatient."
- "Large scale cohort studies over prolonged periods of time to study linkage between health, and diet in individuals and different ethnic populations."
- Food: "Focus on Canadian foods that address nutrient needs; how we can make foods healthier and more affordable to Canadians."

#### **6. What role can the medical community play in getting Canadians to eat healthier?**

- There was a general consensus that **physicians need to be educated.** ("The medical community needs to educate themselves about the role of food and nutrition in overall health before providing advice to the public.")

Roles:

- The Physician's critical role in nutritional counseling with patients/consumers. ("Medical community continues to be a valuable and respected gatekeeper of nutrition information to the public.")

- Physicians need to focus more on prevention rather than disease treatment and prescription drugs. (“Encourage a healthy lifestyle rather than over-reliance on medications. MD’s can be a stronger advocate for disease prevention than treatment.”)

- There was considerable emphasis on the important role of Registered Dietitians and the need for physicians to do more referrals because of their lack of expertise. (“Due to time and knowledge barriers, physicians should play a supportive role to help their patients eat healthier. They need to collaborate more with registered dietitians who have the time and expertise re food-health.”)

**7. a) Do you think that your knowledge of food-health research partnership/collaboration programs between industry and academia offered by NSERC/CIHR and other provincial funding organizations is: poor [ ] good [ ] excellent [ ] 7. b) Are these programs of interest to your organization?**

#### **Awareness of NSERC/CIHR and Other Provincial Funding Organization Programs**

A majority of respondents indicated that they had good to excellent awareness and knowledge of the food-health research programs offered by NSERC/CIHR and other provincial funding organizations. However, close to 30% indicated that they had a poor knowledge of the programs. And almost all indicated that these programs were of interest to their organization.

**8. What do you believe are advantages/disadvantages of industry sponsored research at Universities? I.e. intellectual property rights, credibility linking to academia, speed of research, cost of conducting research?**

Responses to this question paralleled those to Question 1 on barriers and opportunities with one exception. Respondents were clearer and more focused in their belief that there are benefits to both sectors.

#### **Benefits Both Sectors Bring to the Table**

Respondents basically saw it as a “win-win” for both sectors. “Industry has much to gain from such partnerships but needs to be prepared to take a longer-term view and recognize that new products take time. “ (“Industry has the funding available for research, and universities offer credibility through conducting the research.”) (“Keeps industry and academia connected which can bring a touch of ‘reality’ to academia. For industry, this connection brings a high degree of credibility and learning. “)

Other advantages of collaboration: Respondents also felt that collaboration results in better quality and speedier research (“Better aligns research with needs and desires of research end users (consumers).” (“Help researchers relate their work to practical outcomes.”)

## **II. SUMMARY**

This short survey reveals several important messages.

1. *Collaborating.* While there is a perceived need for collaboration between academia, government and industry, the reality is much different. Partnerships and availability of funding programs to support nascent collaborations through NSERC/CIHR and provincial agencies were of interest, but surprisingly up to 30% of respondents had poor knowledge.

2. *Research.* How do we measure success of producing healthier foods (i.e. how do we measure the effectiveness of prevention strategies)? Establishing research priorities and perhaps shifting towards more practical solutions with short term benefits, rather than discovery based research with potential long term benefits.
3. *Knowledge transfer and translation.* Enhancing delivery of nutritional knowledge to consumer. Improving health care practitioner knowledge and acceptance of prevention strategies rather than treatment.

The above message are not likely new, however, these messages are echoed across many sectors and stakeholders. Therefore, there exists common ground for the multitude of stakeholders working in the food and health arena to potentially coordinate efforts more efficiently to address and affect meaningful changes that can have a profound impact on the health of Canadians.

### *III. Caveats*

While this is a small survey the respondents occupied senior level posts and typically many years of expertise working in the area of food and health. The survey is limited in scope, but focuses specifically on trying to identify the most important challenges and opportunities facing those engaged in food and health research from academic, government and industry perspectives.