A Framework for Public—Private Partnerships in Food and Nutrition Research: Implications for Registered Dietitian Nutritionists and the Academy of Nutrition and Dietetics


Public–private partnerships (PPPs) have been proposed as a solution for decreased government funding for areas such as infrastructure and research. Federal funding for research has maintained increases in a “real dollars” analysis since the mid-2000s, but when adjusting for inflation, the amount of funding has actually declined, particularly after across-the-board spending cuts in 2013 (sequestration). Therefore, researchers need to look beyond government and to other sources of funding. In the past, industry funding was considered a last resort and was often frowned upon in academic circles due to concerns of bias. Therefore, one proposed advantage of PPPs in finding additional research dollars is that while industry contributes funds, their direct influence is diluted, and therefore the research funded by a PPP may be less likely to be perceived as biased as compared to research solely funded by industry. In addition, government funding cycles are becoming shorter and shorter, challenging scientists to make progress worthy of funding renewal sooner and sooner. Industry may be willing to take the long view; therefore, PPPs have the potential of lengthening the funding cycle and allowing leaps forward.

**ELEMENTS OF A PUBLIC–PRIVATE PARTNERSHIP**

The PPP concept has been used in many fields, each usually having their own definition of PPPs. The proposed framework defines the elements of a PPP in the context of food and nutrition research and the new framework.

**Public**

As the first word of the term implies, public–private partnerships always have a public element, usually as both a member of the partnership as well as a beneficiary. Previous critiques of PPPs have proposed narrow definitions for the public partner, generally requiring that they be a government agency. In this critique, any partner who receives funding from a private entity (ie, industry) can no longer be considered the public partner even if their mission represents the public (such as a voluntary health organization). There was broad agreement at the meeting that a government partner was always required in a PPP, and represented the public partner. Examples of government (public) partners that might be relevant in nutrition research PPPs and who were represented at the working group meeting include the Food and Drug Administration, the US Department of Agriculture, or the National Institutes of Health.

In addition to being a partner, the purpose of a PPP is always focused on the good of the public. In the case of an infrastructure PPP, the public may receive some service, such as a public utility or road maintenance, more efficiently thanks to the collaboration with industry. In the case of a nutrition research PPP, the working group made clear that the goal of a PPP should always benefit the public good or, more specifically, the public’s health. However, with current mistrust of government agencies among some segments of society, it is important to consider whether the public (consumers) will believe that their interests are represented if the government represents the “public” partner in a PPP. Therefore, consideration should be given to how the voice of the consumer (the true “public”) can be represented and heard in a PPP.

**Private**

The private element of a PPP is generally understood to represent industry. As mentioned above, some authors believe that the private element should also include any organizations felt to be influenced by industry ties or funding. What the private element brings to the table may be funding, intellectual property, or resources. Meeting attendees agreed that although long-term interests of the private partner may be served by the PPP, the goal is not that the private partner benefit more or less than the public. The public health goal must be important and in
line with the private partner’s mission, but there may be other short- or long-term goals that the partner meets by participating in the PPP that are not necessarily a public health benefit. There was agreement at the meeting that the private partner must obtain something from the partnership, such as the ability to commercialize a product related to the PPP, or there would be no reason for them to participate and provide their extensive resources.

**Partnership**

Perhaps the most misleading word in the PPP designation is the word partnership, which brings to mind a group of two. Some PPPs, particularly local government PPPs, are indeed simply two partners. However, the framework for PPPs in nutrition research emphasizes that the true benefit of a PPP is obtained when there are more than two partners. In fact, the more partners, the less the potential for each one to influence the outcome toward their own personal goal rather than the public health benefit. Many of the critiques of PPPs have described them as transactional associations between two partners and have suggested that the private partner benefits while the public partner’s reputation is damaged by the association. However, the framework for nutrition research PPPs is more in the model of the transformational PPP presented by Kraak and colleagues, in which multiple partners are important in the relationship and are truly working toward a public goal.

With the understanding that PPPs should represent more than two partners, the role of other organizations that are neither truly public nor truly private becomes clearer. A “three-legged stool” analogy may be used, with government and industry representing two legs, and academic institutions the third. Scientific societies, professional organizations, and voluntary health organizations may represent the third leg as well. However, even though each partner has a role to play and its own interests in the PPP, ultimately those must be set aside for work toward the agreed-upon goal. As an RDN and an active member of the Academy of Nutrition and Dietetics, there needs to be a willingness to take off your organization’s hat and put on the PPP hat. Whatever was established as the public health goal by the partners and agreed upon in establishing the PPP has to drive the work throughout. You have to keep coming back to it and be willing to fully recognize and respect the unique perspectives of the other partner(s). It’s not just about you or your professional organization. It’s much bigger than that,” says Kretser.

**OTHER CONSIDERATIONS IN PPPs**

A clear theme that emerged from the meeting was that PPPs are reserved for special instances, and do not always represent the best solution to a problem or research question. Before entering into a PPP, partners should consider whether the situation truly requires a PPP structure or whether various types of more standard contractual agreements could serve the same purpose. For example, if there are only two partners, such as a company funding research at a university, the arrangement should not be labeled a PPP.

The working group discussed at length the importance of the goal being pre-competitive. Pre-competitive needs in nutrition may be hard to identify, but this emphasizes that PPPs must be willing to tackle problems upstream or that may take many years and steps to reach the consumer/patient. Engaging in pre-competitive projects (that is, those that one partner is not able to benefit from individually and immediately) ensures the primacy of the public health goal and may allow multiple private partners who are generally competitors to work together and pool resources. One of the oldest research PPPs is run by the National Institutes of Health to identify new biomarkers. In this instance, industry does not immediately benefit from identifying the biomarker, although in the long term they may compete to provide assays or laboratory machinery for a biomarker that was developed by the consortium. Other industry partners might benefit by developing a new treatment for the condition of which the biomarker is indicative. The public benefits from the discovery of the biomarker and increased detection and treatment of the condition. There are many pre-competitive areas that may be ripe for PPPs in nutrition research. “I view the nutrition research possibilities as expansive rather than restrictive. Some of them would be nutrient requirements in health and disease, outcomes studies showing that RDNs make a difference, and development of foods that support a healthy lifestyle,” says Connor. Adds Kretser, “One area that comes to mind is dietary patterns and chronic disease risk. It’s a complex area of research, and having the ability to convene a broad set of expertise and funding streams would be beneficial in advancing this field.”

**Implications for RDNs and the Academy**

Given the long-term nature of PPP goals, it may be difficult to see what this framework means for the Academy and for RDNs. This framework may help evaluate research in the future to determine whether it was free from bias. Next time you see a project that was completed by a PPP, consider whether it met the criteria in the framework. Was bias reduced by having enough partners? Did one partner benefit more than another? How was the public’s health benefited? This framework will allow movement towards standardized language in nutrition research PPPs and encourage use other names for transactional rather than transformational partnerships. PPPs may provide a way to work with industry that reduces their influence and the risk of bias. The Academy can play a unique role as the third leg, or the partner that is neither completely public nor private. There was also discussion at the framework meeting about the benefits of a third-party convener in PPPs, and this may be another role for professional and scientific societies. “Professional organizations can also be helpful in advocating on the necessity of having such a set of principles [the Framework] and getting others to adopt them, too, so the credibility of the work of PPPs is accepted in the scientific community,” says Kretser.

The research that is conducted by PPPs should be put into practice to achieve the goal of the public good that the partners established. RDNs should look for opportunities to apply
PPP-funded and other research into a wide variety of practice areas. “As a result of this meeting, RDNs should recognize that government funding of nutrition research is not the only mechanism for conducting research and should expect to see more PPPs established for nutrition research in the future. RDNs should have full confidence in the findings of a research PPP because of the set of principles that can be used in its governance and operations. Ultimately, RDNs can look forward to integrating the findings of nutrition research PPPs into their practice with clients and patients,” says Kretser. Connor takes a long-term view of the benefits and their possible benefits to RDNs and their patients. “I believe the framework for nutrition research is especially important for RDNs in practice as it provides another means for the collection of outcomes data that is so critical to show the effectiveness of RDNs in helping people achieve a healthy eating style.”

Nutrition is still a relatively young and developing field. Funds are limited, but research is required to continue generating evidence regarding the dietary patterns and the value of nutrition practice. PPPs, operating within the context of the framework, have the potential to leverage decreasing research dollars and answer important long-term research questions in nutrition.

References
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