THE ABC OF RESEARCH PRIORITY SETTING FOR GREATER BENDIGO

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PART A

Healthy Eating Research Priorities for Greater Bendigo

AIM

The aim of this project, commissioned by Healthy Greater Bendigo (HGB) and delivered by La Trobe University, is to identify research priorities for future implementation–focussed research about healthy eating related interventions and trials that support Greater Bendigo's vision for a healthy, equitable and sustainable local food system and support a strategic approach to future research partnership brokerage and selection.

Healthy Greater Bendigo's focus has been on three elements

1	2	3
Champion the movement	Do it together	Focus on the system

FOCUS

The focus of this project is limited to healthy eating-related interventions/trials that support Greater Bendigo's vision for a healthy, equitable and sustainable local food system, with a particular focus on effective implementation, i.e., pilots and trials, interventions, and action-research focus.

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PART A, B AND C

The project resulted in a report in three parts: part A on achievements and future priorities for research, part B on methods to prioritise research, and part C is an application of research priority setting

For all parts, we studied key strategic, policy and research documents and had conversations with a broad range of people, including HGB backbone staff and research partners. We also sought to include the views of state government stakeholders in the work.
Based on the documents and conversations, below we have summarised the key achievements of the work to date and we have aggregated possible research priorities.

ACHIEVEMENTS

The City of Greater Bendigo's Food Systems Strategy and HGB's adjoining activities have resulted in a myriad of achievements. Key achievements include:

A connected and inclusive approach
- Inclusion of stakeholders at all levels
- Integrated food and environment
- A whole of council approach
- High levels of community engagement
- Solid research collaboration with a number of universities
- Member of the Nourish Network

Successful projects and outcomes
- The Active Living Census
- City of Greater Bendigo's recognition as a UNESCO City of Gastronomy
- Community gardens and school gardens with training and employment opportunities for young people
- Provision of water in sports
- Healthy supermarket project (culminating in Eat Well @ IGA), recognised nationally and internationally
- HGB has supported the development of the City of Greater Bendigo's Food System Strategy, and Greater Bendigo is seen as a local government leader in the healthy and sustainable food system sphere

Identification of strengths and challenges
- Strengths of policy
- Involving all sectors
- Commercial influence
- Limits to local Government power and the need to collaborate across levels

FUTURE RESEARCH PRIORITIES

We used the 10 Food Environment Policy Index (EPI) domains to categorise future research priorities as the best possible fit to organise the many suggestions that were received. Where possible we have referred to relevant sections of the Food System Strategy (FSS).

The suggestions for future work were often made in the form of possible future projects, evaluation to consider success or redirection, and challenges that needed to be addressed more in-depth for good progress to be made.

01

Food production and supply chain

Observed challenges were
- Connecting with local suppliers and distributors, they are very busy
- Agriculture is a big contributor to greenhouse gas emissions. The unsustainability of both the dairy and the meat sector result in recommendations to consume less meat and dairy. This is a challenge to negotiate with the sector given their commercial interest.

Opportunities for research
- How might eating local mitigate some impact on climate.
- Consider the economic viability of any developed interventions.
- Study the impact of the introduced discounted council rates for local farmers who are supplying healthy food to the community and evaluate impact of.

02

Food promotion – Restricting and promotion

In this domain suggestions could be summarised into two categories: restriction and promotion. A fair number of suggestions relate to and can thus build on current advocacy efforts and work undertaken

Restrictions
- Marketing to children
- Advertising ban on public transport and online
- Ban on unhealthy food billboards on council land (FSS1.2, FSS1.12)
- Conditional sports sponsorship

Promotion
- Expand the reach of what Greater Bendigo is doing in the health promotion space, e.g., extending healthy food promotion in sports and recreation to hospitals.
- Expand on Eat Well @ IGA, see under 4. Food retail

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03

Food procurement, provision, and catering

Suggestions made for this section were a broad range of activities with special attention to catering.

Activities
- Build on success of access to drinking water in sport and expand this to other areas.
- Restrict opening of unhealthy food outlets.
- Introduce only healthy foods in all council settings, for example in libraries and at community events held on Council land. Participants signalled that there could be issues as a result of Victorian Government policies such as the Food Fundraisers Class 4 simple sausage sizzle policy.
- Introduce and evaluate impact of growing food such as vegetables and fruit trees at all council community buildings including halls and sports grounds.

Catering
- How might eating local mitigate some impact on climate.
- Consider the economic viability of any developed interventions.
- Study the impact of the introduced discounted council rates for local farmers who are supplying healthy food to the community and evaluate impact of.

04

Food retail

There is a lot of potential in this space, and it can build quite easily on work that is already being done. However, participants also pointed to possible limitations, e.g., the cost of the investment and the commercial benefit an initiative could bring.
Suggestions were:

Capitalise on the Eat Well @ IGA project and Greater Bendigo's leadership and profile in the healthy supermarket space.
- Healthy messaging (FSS 3.8)

- Retail promotion of healthy diet, for example Healthy retail reward incentives such as stickers and accreditation.
- Increase awareness of what keeps well on the shelf
- Implement staff training. Pilot development of a healthy retail eating toolkit targeted at staff in restaurants/cafes to help them market healthy foods and educate customers.
- Consider sustainable policy level business change and evaluate the cost benefit required, for example supermarkets to have at least one healthy checkout and display healthy food at the end of at least two aisles.
- Evaluate short term outcomes such as increase in fruit and veg purchases at registers.
- Evaluate medium term outcomes such as consumers changing options and decreasing consumption of packaged and processed food.

Food outlets
- Encourage availability of healthy food retail outlets and restrict licences for unhealthy food outlets.
- Collaborate with food outlets to encourage healthy options.
- Find opportunities to expand on the Gastronomy project.
- Possibly as part of the Food Hub, consider restaurants in the style of Lentil as Anything offering 'pay what you can', employment and training opportunities and opportunities to trade labour for food.
- Research around how to implement incentives to reduce fees for food trucks that provide healthy choices as part of the Itinerant Trading Policy. Presently there is a tension for council staff who are both regulators and health promoters (FSS 2.29.

Use digital mediums to help consumers make healthy choices for example a social marketing and messaging campaign promoting different foods, menu log nudges, place healthy food options at the top and include health star ratings.

05

Food reduction, re-use, and redistribution

Not a lot of suggestions were made in this section. We are not sure if this is because this section is well developed or whether there are issues that prevent action.

Suggestions were to consider initiatives around
• Waste minimisation (FSS Objective 4)
• Reduction of unhealthy food and drink donations from supermarkets and other retailers to food relief agencies. This could be a challenge considering big fast-food outlets, commercial budgets, and marketing efforts.
• Promote seasonal locally grown food in a variety of ways (FSS1.25, FSS3.16, FSS2.23)

06

Leadership

Suggestions on leadership focussed on the role and success of HGB, the FSS and on other organisations involved and related predominantly to policy and the larger context (worldwide) of food policy.

• Use the Food EPI tool for local Government to assess food regulation policy
• Expand healthy food policy beyond strict local government domain
• Build on success such as that achieved in school and community gardens, water in sports and Gastronomy
• Build on the success of cultivating leaders, championing the movement, and doing it together.
• Connect with the MILAN Urban Food Policy Pact
• Work with the all-encompassing goal of healthy people in a healthier climate and reduction in health inequities.

07

Governance

The comments that could be categorised under governance were congruent with the HGB element 2: Do it together.

Examples were
• Co-design and coproduction
• Stewardship
• Promote partnerships

A challenge that was noted was the tension between commercial influence, and power (e.g., marketing budgets) and policy development.

08

Monitoring and Intelligence

We received many suggestions that related to monitoring and intelligence, mostly on evaluating and assessing impact of all activities.

• Determine what is needed for success. Outcome measures could range from short term (e.g., visiting farmers market) to medium term (e.g., increased consumption of fruit and veg, decreased consumption of processed food), to long term (knowing that it is benefitting consumers' health).
• Have a long-term focus, move away from stand-alone pilots and trials
• Have a comprehensive process around recommendations, implementation, and translation.
• Consider effectiveness of efforts as measured through system engagement, transition, and transformation.
• Identify barriers and enablers for local Government contributions and community-based initiatives.
• Validate measurement tools to measure sustainable diets, e.g. food miles
• Conduct regular consumer survey to assess the impact of measures.
• Policy and legislative change at State Government level, particularly planning legislation (FSS1.22).

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09

Funding and resources

Funding and resources are always an important issue and often a restriction in change and research processes. The main issue mentioned in relation to the HGB work was that there is not sustainable funding for these initiatives and for the staff. Dedicated funding for nutrition, food and relevant health promotion/environmental sustainability activities is urgently needed.

At the same time, HGB has managed to produce an almost overwhelming amount of interesting and high-quality documentation, infographics, etc.

10

Support for Communities

Support for communities was the domain with the most suggestions. Suggestions were categorised under specific groups, and diet and dinner.

Explore opportunities to work with specific groups in the community
- Young adults: Identify a cost effective and sustainable method/model for cooking classes supporting adults (check Food Hub under 4. Food retail). Young people are unrepresented in reference group – they are the next generation of regional and rural people. Many young people appear to be unable to cook and there are so many fast food options for them. Options are peer to peer mentoring, learning skills like cooking, connecting, and sharing.
- Young men and vegetables: another target group are young men who have a limited relationship with vegetables.
- Explore opportunities for participatory action research with Indigenous groups that put them in control of all aspects of the research.
- The CALD community is often narrowly constructed as exotic food communities and there may be other opportunities to investigate there. For example, the Active Living Census indicated that CALD communities are eating more healthily than Anglo Australians. What can be learnt?

- Explore opportunities for intergenerational growing and cooking food, for example a trial similar to Old people's Home for 4 Year Olds (FSS3.13).
- Explore opportunities to bring food and art together.
- Empowering communities to be Food Systems Strategy research partners through co design, co-production, kitchen table discussions with community, action research and evaluation with community driving the agenda. For example Citizen Science projects such as (1) Urban orchards (2) Mapping incidental fruit trees, those that hang into public spaces (3) evaluating impact of community groups coming to take all the fruit that residents can't use from trees in their backyards and (4) Council providing fruit fly kits.

Diet and dinner
- Provide alternatives to traditional meat and 3 veg diet with more sustainable plant-based options that also reduce and exclude the use of dairy products
- Evaluate the impact of food related activities, i.e., sessions at community gardens and cooking classes, within the social prescribing project. Who is accessing community gardens and outcomes? (FSS2.24, FSS3.1, FSS3.2, FSS3.4, FSS3.5, FSS3.16, FSS3.22, FSS3.24, FSS3.28, FSS3.39, FSS3.30, FSS4.9)
- Develop a method to measure the quality of food distributed through Food Relief (FSS1.12, FSS 1.31, FSS3.16, FSS 4.13).
- Health protection – support people in making healthy food choices (see also under food retail)
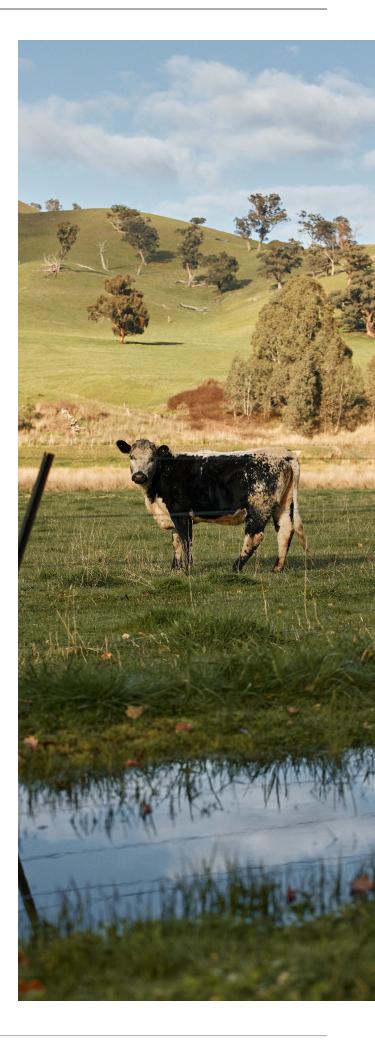
Food, water, and urban design
- Identify outcome measures of increased numbers of water fountains and evaluate (FSS1.15).
- Explore multidimensional meanings of water, for example needed to grow food, as an intrinsic part of the natural environment, need for affordable good quality water at home and the absence of water in key policy documents, e.g. National Obesity Strategy.
- Explore opportunities within Bendigo urban design such as the 10 minute neighbourhood concept, zoning, including access to a supermarket selling healthy food options.

Tensions

The categorisation process identified areas where there are tensions with regards to the implementation of change. Collaboration and co-design often sound easier than they are and there are frequently no simple solutions. Therefore, we suggest that these are areas to specifically consider for research interventions, as research provides the opportunity to explore issues and investigate ways to bridge disparities.

Examples that we categorised here are:
- Tension in relation to State planning legislation, for example in relation to fast food outlets near schools and in low SES areas, or the previously mentioned sausage sizzle legislation.

- Collaboration and alignment between different levels of government which can be a challenge. Who has agency and conversations? Different levels of government have different aims and opportunities.

- The economic element. Fast food companies have large marketing budgets which might be difficult to counteract. A way may be to explore areas where local government has influence and power in a different way (e.g., healthy vouchers in sport). Another example is if supermarkets are interested in training staff, is there enough of an economic benefit?

- There is a lot of greenwashing in the food production industry, most notably in the meat and dairy industries. Industry needs to safeguard its commercial interest against the substantial negative contribution the industry makes to climate change. This makes initiatives such as visiting a farm with school children a challenge as the information they receive is restricted and targeted, for example children are not exposed to caged chickens and massive feedlots. Also, collaboration for change and for changes in diet becomes a challenge.

- Investigate technically complex issues, for example the implementation of incentives to reduce fees for food trucks that provide healthy choices as part of the Itinerant Trade Policy

- COVID-19 is an opportunity and a challenge. The lockdowns have restricted movement and increased a sedentary lifestyle and now people are wanting to do things differently

OVERARCHING

In this report we have looked at the achievements of the HGB program and at suggestions that were contributed by many stakeholders about future activities and research. In the categorisation we identified themes that we feel are overarching and we have addressed these separately below.

Build on success and achievements

They are plentiful, for example the success of water in sport, the City of Gastronomy, the supermarket project, and the garden projects.

Build on existing connections and relations

There is already a great network of stakeholders and research groups that can be built on

Address tensions and challenges

Tensions concern competing stakeholder groups' interests, the economic influence of industry, and political and legislative barriers arising as a result of the different tiers of government and their agendas.

Measure success

Not only the short term but also the medium and long-term.

Check for connections and cross-overs between domains

This can make interventions more effective and increase their reach.

Empower

Communities, stakeholders, encourage co-production and co-design. Do not forget to empower your own workers.

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PART B
Research Priority Setting

Part B provides guidance on research priority setting. We drew on an established checklist for health research priority setting developed by WHO (Viergever et al. 2010). The checklist can be adapted to other research contexts due to the heterogeneous nature of priority setting and thus would fit with prioritising healthy eating–related interventions and trials that support Healthy Greater Bendigo's vision and work in this and other areas/domains.

Research priority setting (RPS) is not a straightforward process. Challenges include the fact that research funding is constrained which makes it important that any research undertaken has the greatest potential benefit. Additionally, there are competing interests, and power imbalances between stakeholders. When done well RPS can help align parties and maximise your potential impact by creating a shared vision and shared priorities.

Based on a document analysis, the WHO group identified nine common themes of good practice in RPS that can be grouped in three phases (see Table 1). This checklist is not prescriptive and can be adapted given that research is contextual.

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TABLE 1 CHECKLIST FOR HEALTH RESEARCH PRIORITY SETTING

01 Preparatory work

1. Context	Decide which contextual factors underpin the process: What resources are available for the exercise, for example available time, economic and human resources? What is the focus of the exercise (i.e., what is the exercise about and who is it for)? What are the underlying values or principles? What is the health, research, and political environment in which the process will take place? This is a first step to identify possible tensions, and different priorities and mandates.
2. Use of a comprehensive approach	Decide if use of a comprehensive approach is appropriate, or if development of own methods is the preferred choice. There are several comprehensive, structured approaches that can be used, such as the Combined Approach Matrix (CAM) (Ghaffar 2009) or the Essential National Health Research (ENHR) (Yoshida 2016). These approaches provide structured, detailed, step-by-step guidance for health research priority setting processes from beginning to end. These approaches might need some adjustment because of their health focus.
3. Inclusiveness	Decide who should be involved in setting the health research priorities and why. Is there appropriate and balanced representation of gender, ethnicity, age, roles, expertise, sectors and other constituencies, and regional participation? Or depending on the subject you may want to favour a certain representation, while noting the unbalance in your stakeholder group. For example, when working with underrepresented groups.
4. Information gathering	Choose what information should be gathered to inform the exercise, such as literature reviews, collection of technical data (e.g., burden of disease or cost-effectiveness data), assessment of broader stakeholder views, reviews or impact analyses of previous priority setting exercises or exercises from other geographical levels. The aim of this step is to (1) increase awareness of policies and research priorities at different levels, e.g. local, community, state, national and international, (2) acknowledge achievements that could be built on, and (3) identify gaps.
5. Planning for implementation	Establish plans for translation of the priorities to actual research (via policies and funding) as a priority at the beginning of the process. Who will implement the research priorities? And how? Consider target groups, and define outcomes measures (consider short, medium, and long term).

02 Deciding on priorities

6. Criteria	Establish plans for translation of the priorities to actual research (via policies and funding) as a priority at the beginning of the process. Who will implement the research priorities? And how? Consider target groups, and define outcomes measures (consider short, medium, and long term).
7. Methods for deciding on priorities	There are two methods which are both quite thorough and can also be time consuming: consensus based or metrics. Consensus is for example Delphi or Delphi-like techniques and has a stronger focus on the influence and values of stakeholders. Metrics involve an algorithm that result in pooling of individual rankings of research options. Consensus is probably the most appropriate method and results in stronger stakeholder support, however equal representation of all interests is crucial.

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TABLE 1 CONT.

◎3 After priorities have been set	
8. Evaluation	Define when and how evaluation of the established priorities and the priority setting process will take place. Health research priority setting (RPS) should not be a one-time exercise! RPS is a process, therefore it is important to review the priorities and the process regularly. Review can provide stability and further stakeholder support for the process and creates opportunities for adjustment based on changes in circumstances and/or information. Consider performing an impact analysis.
9. Transparency	Write a report to summarise the process and decision making (who set priorities and how) around RPS. This will result in clearer implementors and will support the credibility and accountability of the research you are undertaking.

Adapted from Viergever et al (2010)

Ghaffar, A. 2009. "Setting research priorities by applying the combined approach matrix." *Indian Journal of Medical Research* 129 (4):368.

Viergever, R. F, S. Olifson, A. Ghaffar, and R. F. Terry. 2010. "A checklist for health research priority setting: nine common themes of good practice." *Health research policy and systems* 8 (1):1–9.

Yoshida, S. 2016. "Approaches, tools and methods used for setting priorities in health research in the 21st century." *Journal of global health* 6 (1).

PART C

Application of the Priority Setting Process

Below we have provided rough contours of an example of how research priority setting works using the three phases described in the model. We have worked with the suggestions summarised under '10. Support for Communities' focussing on the various groups with whom projects could be undertaken.

PHASE 1 PREPARATORY WORK

For the preparatory work, the first contextual point to address is resources. Apart from time and funding, in this case they could be existing connections with community groups, and CALD and Indigenous communities. In addition, we could map the work already achieved in sport, connections with education e.g., TAFE, and Food Hub, community gardens, Food Alliance, and opportunities for intergenerational work. Then we would need to look at who this priority setting exercise is for, and what it is about. For example, do we already want to narrow down the group(s) we look at, e.g., CALD and Indigenous young people. The focus might be on supporting different groups to have a healthier diet. The values could be clear: champion the movement, do it together, focus on the system.
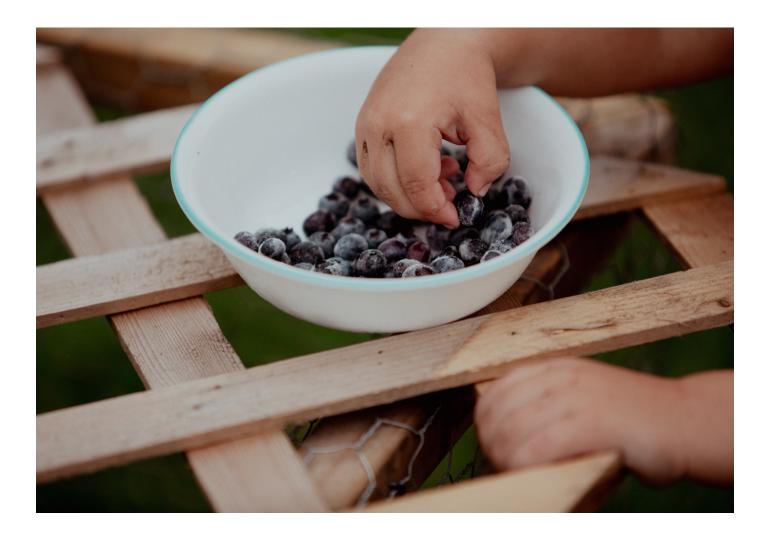
When considering the context, we need to be aware that we are looking at communities that are harder to reach. In addition, we may be operating in a complex political environment given the various tiers of Australian Government. With this part of preparatory work, possible tension may already be visible. Given constraints on time and resources we are going to decide to develop our own method to the approach, loosely based on Viergever et al., (2010).

Because we are targeting particular groups within the community, representation will be skewed when we look at inclusiveness. Consider including relevant sectors where these harder to reach communities do engage, e.g., sports clubs, alternative education settings, English language classes.

With information gathering, decide how deep and wide you wish to go, what type of data you already have about these groups, and if a broader literature review (including grey literature) is in order. Focus groups or interviews could provide an assessment of broader stakeholder views.

Begin to make a plan for translation of the above priorities and ideas to target a group or groups into actual research, including who will be involved in the research and what the outcome measures will be (consider short, medium, and long-term outcomes).

At the end of Phase 1 you should have the relevant information, you know roughly who you are targeting, the aim of research, and who will be involved.

PHASE 2
DECIDING ON PRIORITIES

Criteria for the priority setting could be summarised as: should we do it, can we do it, and can we afford it? For example, should we target young men about their fruit and vegetable consumption, can we make a change, and what is it going to cost, not just in terms of money but also in time.

We have already decided that we need to focus on healthy food related interventions and trials. We have to weigh up between who has the most pressing needs, where are we likely to get best results, do we have the resources, and is it sustainable. We need to think about how to weigh different options. This way we can decide on a form of ranking of our priorities.

PHASE 3 AFTER PRIORITIES HAVE BEEN SET

As priority setting is an ongoing process, we are likely to come back to this process. It is therefore important to evaluate and review how we got to where we are, include all affected stakeholders in the review and consider proposed outcome measures. For example, why and how did we decide to prioritise CALD communities and community gardens, over intergenerational projects, how are we going to include, for example, the community gardeners in this and are we happy with a focus on who is accessing it over one growing and harvest cycle or should the focus be on longer term results. Finally, it is important to clearly summarise the process and share it with stakeholders. This will help align the stakeholders in relation to the work we are planning to undertake.

And whatever this specific prioritisation may look like, the overarching goal is healthy people in a healthier climate and a reduction in health inequities.