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**Integrated report on four case studies and proposed
data outputs for RI Consumer Data Platform**

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Executive Summary

The overall aim of RICHFIELDS is to design a world-class infrastructure for innovative research on healthy food choice, preparation and consumption of EU citizens, closely linked to their behavior and lifestyle. Work package 9 aims to identify, analyse and test the feasibility of implementing or linking with data and supporting information (both technical and content) from existing and new RIs that could be linked to, or enrich, the RI Consumer Data Platform.

The current position (including data structure and content, ethics, gaps/needs and opportunities) was identified by four different case studies which reviewed: food composition data; dietary intake for population-based intake assessments; clinical intervention studies; and diet, health and lifestyle information. Each case study review was guided by five questions based on: data structure; availability and storage; access, exchange and linkage to RIs; ethical issues; and design recommendations.

Potential users and uses were identified as: researchers/academia, public health policy makers, healthcare professionals, commercial (agri-food industry, retail, software), and consumers. The case studies showed that different user groups have different uses for different data types and that individual users within user groups may have different uses and needs.

Existing RIs and networks were studied and their approaches to data access, data linking, governance and business models were reviewed.

Maintenance of data and user tools may be a problem and could limit how data can be accessed and used; funding for human resource and availability of expertise are some of the main limiting factors. Data collection and transfer is relatively straight forward but data structure and quality is challenging and users may be unaware of limitations in data that may impact quality of outputs.

The information taken from these results will help inform other work packages of the RICHFIELDS project to develop the RI Consumer Data Platform; different approaches could be combined to form a best fit solution. This work will continue to investigate data structure and possibilities for linking composition, consumption and clinical data to RIs (in collaboration with WP11). Issues related to ethics and governance and possible business models will also be explored (in collaboration with WPs 12 and 13). Further discussions are needed between the RICHFIELDS work packages to clearly identify target users and to facilitate development of the RICHFIELDS governance and business models to meet user needs.