

# **KNOCKING DOWN BARRIERS TO A HEALTHY DIET: COMMUNITY CONVERSATION REPORT**

**Thursday 15 August, 2019**

**Presented by:**



**Prepared by:**

CAROLINE HILL  
AMANDA DEVINE  
LAUREN BLEKKENHORST  
REINDOLF ANOKYE  
CORINNA MUSGRAVE

# REPORT CONTENTS

**3 / Acknowledgements**

**4 / What is the Consumer and Community Involvement Program?**

**5 / What is a Community Conversation?**

**7 / The team**

**9 / About the Knocking Down Barriers to a Healthy Diet Community Conversation**

**10 / Report preamble**

**11 / Question 1**

**14 / Question 2A**

**17 / Question 2B**

**20 / Question 3A**

**23 / Question 3B**

**25 / Question 4**

**28 / Next steps**

**29 / Attendee feedback**

**30 / Do you want to know more?**



## ACKNOWLEDGEMENTS

We acknowledge the traditional custodians throughout Western Australia and their continuing connection to the land, waters and community. We pay our respects to all members of the Aboriginal communities and their culture and to Elders past and present.

Thank you to all of the consumers and community members who attended the event. We couldn't have done this without you.

We also acknowledge the team from Edith Cowan University and the Consumer and Community Involvement Program for successfully delivering the Community Conversation. Our heartfelt thanks.

---

# WHAT IS THE CONSUMER AND COMMUNITY INVOLVEMENT PROGRAM?

The Consumer and Community Involvement Program (CCIPProgram) is a platform of the Western Australian Health Translation Network (WAHTN). CCIPProgram supports consumers, community members and researchers to work in partnership to make decisions about health research priorities, policy and practice with the aim of improving health outcomes.

The CCIPProgram's vision is to improve lives by ensuring the community's voice is heard and understood in health research.

Their mission is to enable consumer and community involvement in health research by supporting and connecting community with researchers, partners and policy makers.

In order to achieve this vision CCIPProgram:

- Are inclusive
- Trust, respect, support and value others
- Work as a team
- Are relevant and sustainable

in order to make a difference.

---



## WHAT IS A COMMUNITY CONVERSATION?

A community conversation is an event using an abridged version of the **World Cafe Method**, which is known internationally as an easy-to-use format for creating open conversations around questions of importance on a specific topic.

To effectively capture what is discussed, around 6-10 community members are grouped at tables with a facilitator who directs the conversation. Specific questions that are relevant to the subject matter are discussed in an open and friendly environment.

All comments are captured and displayed on large posters around the room and used to develop key themes and a report from the conversation.

The benefits of using this method include:

- everyone gets an opportunity to answer all questions;
  - community members are encouraged to engage in the conversation in a comfortable space;
  - seeking diverse perspectives which are valued and respected;
  - community members are encouraged to hear and explore different ideas;
  - the opportunity to build a foundation of trust among community members and facilitators.
-

Sometimes the community conversation method is also used in conjunction with an additional tool known as a **Dotmocracy**.

This tool is used to help community members vote on the identified themes and topics that are most important to them. It is a quick and simple method for prioritising a long list of options. Community members are given a set number of dot stickers and asked to vote by placing them next to the answers or ideas they believe are the most important. Community members can spread their stickers across multiple ideas or place all of the stickers against one item.

The options with the most stickers at the end of voting 'win'. This helps the researchers identify the community members priorities relating to the subject.





## THE COMMUNITY CONVERSATION TEAM

**Deb Langridge, Head, CCIProgram:** Has worked in the public health and prevention space at all levels of government - Federal, State and Local - and the not-for-profit sectors to contribute to the health and wellbeing of communities. She has worked to capture the voices of all parts of the community including access and inclusion, Aboriginal and Torres Strait Islander people, Culturally and Linguistically diverse communities, children and young people, mental health and community services. Deb has been the Chair of Advisory Groups both in NSW and WA connecting community and government. Deb was also a member of the NSW Commission for Children and Young People's work with the NSW Parliamentary Inquiry on Children and the Built Environment.

**Caroline Hill, Researcher, ECU:** Is a PhD student in the School of Medical and Health Sciences. Caroline's Master's degree looked at fruit and vegetable consumption and its association with weight and obesity. With a particular interest in cardiovascular disease, Caroline's PhD focus is around novel ways to improve dietary knowledge and behaviour surrounding dietary patterns to reduce cardiovascular disease risk and improve overall healthy ageing.

**Prof Amanda Devine, Researcher, ECU:** Prof Devine's research has focused on high quality randomised controlled trials to better understand how diet affects bone and vascular health. In collaboration with others, she has conducted longitudinal observational epidemiological studies to provide insights into the nutrition impacts on chronic disease. Her current nutrition research areas include state-wide food literacy in adults and children, system change to improve food security, and the influence of plant based diets on vascular, gestational diabetes, ulcerative colitis, gut and mental health.

---



**Dr Lauren Blekkenhorst, Researcher, ECU:** Is a Post-Doctoral Research Fellow within the School of Medical and Health Sciences with funding support from the National Health and Medical Research Council of Australia (Investigator Grant EL1) and the National Heart Foundation (Post-Doctoral Research Fellowship). Her research aims to develop strong evidence for the vascular and metabolic benefits of vegetables and their bioactive constituents as well as finding ways to increase vegetable consumption at a population level to improve healthy metabolic and vascular ageing. Lauren has expertise in the design and conduct of randomised controlled trials and observational studies which focus on the vascular health benefits of vegetables and their bioactive components.

**Reindolf Anokye, Researcher, ECU:** Is a PhD student in the School of Medical and Health Sciences. Reindolf undertakes research in mental health, social determinants of health and social psychiatry. His Master's degree research looked at academic performance and social functioning of children with attention deficit hyperactivity disorder. He has also conducted research on postpartum depression as well as family caregivers of persons living with mental illness and mental health legislation. Reindolf's PhD focus is around the impact of knowledge of advanced vascular disease on cardiovascular risk perception, emotional functioning, behaviour and quality of life. Reindolf is a full individual member of the Western Australian Association for Mental Health.

Thanks also to **Corinna Musgrave** for her support of the community conversation.

---





# ABOUT THE KNOCKING DOWN BARRIERS TO A HEALTHY DIET COMMUNITY CONVERSATION

On August 15, 2019, 22 people from the Donovan Retirement Village community gathered to participate in a Community Conversation on nutritional barriers. Attendees were also canvassed for their opinions on solutions to the problems outlined in the session.

Unfortunately, our summary cannot be exhaustive as there were so many unique suggestions. We thank each and every one of our attendees for contributing.

## KEY THEMES OF THE COMMUNITY CONVERSATION

- Attendees dietary knowledge and keeping up to date with the right information.
- Dealing with contradictory messages from media and health professionals about diet information.
- Condition-specific diets that could help manage chronic or long term illnesses.
- Access to healthy foods when attendees independence and mobility might be in decline.
- The loss of independence, along with social connectedness, with a related change in both lifestyle and diet.

In the following pages you will find more detailed information on each of the key themes identified above.

---



## REPORT PREAMBLE

22 retirement village residents attended the Community Conversation. Attendees could freely choose where to sit from four tables, each hosted by a table facilitator and a scribe.

The table facilitator posed each question to the group, ensuring each attendee had plenty of opportunity to voice their thoughts. Each question was allocated 10 minutes for discussion. The role of the scribe was to record responses to each question without contributing to the table conversation. Three of the scribes were from Edith Cowan University and one was from the CCIProgram.

After the event the three scribes (from ECU) worked together to determine the main findings that were identified across the four tables. These findings were cross-checked among the scribes.

In our summary, we have attempted to capture issues that were either commonly reported by attendees or reflected a general acceptance by attendees, as being significant issues.

For the purpose of this report, we refer to the retirement village residents as "attendees". The results are summarised in the following pages.

---



# QUESTION 1

What are the **major health issues or conditions** you are most worried about in the long term?

## Q1: MAJOR HEALTH ISSUES & CONDITIONS

### **Bone disease and the risk of falling:**

There were 13 comments about issues of osteoporosis and concerns of falling over were common. Attendees discussed the associated impacts with the loss of independence and daily function, and saw falling over as the beginning of declining health.

### **Maintaining independence:**

Independence was a key theme that featured and connected the impact of disease and overall wellness. Conversations arose around who would provide care when carers/partners are gone, along with how to look after themselves and feelings of loneliness were all reasons to maintain independence and social networks.

### **Other diseases:**

Diseases such as heart disease, diabetes and cancer were commented on as conditions of concern or conditions that people were currently living with and had to manage.

### **Mental health:**

Dementia and Alzheimer's disease were also spoken about but seemed less of an issue of concern when compared to bone disease and falls, which were likely to impact physical health.

---

**Diet and food:**

Diet and food were discussed in a variety of contexts that supported minimising different diseases or conditions. Attendees talked about buying whole foods and cooking healthier meals. There was a sense that different diseases and conditions were associated with diets and that individual responsibility about food was key to prevention.

**Finance:**

Finance was spoken about in relation to accessing health checks, exercise and food. This is clearly a barrier or enabler considered by the attendees.





---

## QUESTION 2A

What aspects of your **lifestyle and diet** are most important in influencing or affecting your health?

## Q2A: LIFESTYLE & DIET

### **Fruits and vegetables:**

There were 10 comments about the importance of increasing the consumption of fruits and vegetables.

### **Physical activity:**

There were 7 comments about increasing physical activity. The most popular activities mentioned were Tai Chi, yoga and walking.

### **Ability or motivation to cook:**

Motivation and ability to cook were discussed in detail. Attendees discussed issues around finding the motivation to cook such as not wanting to cook for one and having trouble with recipes. The use of easy and simple recipes that are laminated so that each step can be ticked off and then wiped and reused was suggested to make cooking easier.

### **Taste or the loss of appetite:**

Attendees discussed the loss of taste affecting their consumption of vegetables and enjoyment of eating. Medications often affect taste and a loss of appetite can lead to weight loss.

---



**Knowledge:**

The quality of pre-packaged foods was discussed and whether what was advertised on pre-packaged foods was true. There was discussion around confusing health information with different health professionals providing different information and guidance, such as differing advice from GP's and cardiologists regarding blood results for cholesterol.

**Supplements:**

Attendees briefly talked about the perceived benefits of supplements such as magnesium, zinc and joint formula supplements.







---

## QUESTION 2B

Are there any specific aspects of diet and lifestyle that you would like to **learn** more about?



## Q2B: LEARNING ABOUT DIET & LIFESTYLE

### **General dietary knowledge:**

The majority of attendees appeared very keen to learn more about diet and lifestyle. The conversation around this question began with comments on the often contradictory and confusing messages from media and health professionals about diet.

However, there was an interest to learn more about both general and condition-specific diets, learning which foods are good sources of certain nutrients and how they might affect your body, and how to tell what your body both needs and lacks.

Attendees also expressed an interest to learn about the importance of different meats and meat-substitutes for a healthy diet; the pros and cons of salt, pre-packaged foods, dairy, chocolate; and overall best choices for a healthy diet that is good for you.

There was an interest in learning about diets that could specifically help with allergies, as well as those which might help with bladder, bowel and skin concerns such as eczema. We also received one comment requesting information about acid-forming diets. And one attendee was keen on dietary information for the best eating plan to manage diabetes.

---

**Life-style related factors:**

The life style factors that were discussed can be grouped into two different categories: **physical activity (exercise)** and **psychosocial (mental health)**.

There were nine comments relating directly to suggestions of **exercise** in responding to this question. Four of these were positive suggestions whilst the remaining expressed difficulties they felt needed change. Attendees had many positive suggestions about things they wanted to learn more about and have available to them: including three references to walking groups and Tai Chi.

One attendee also enjoyed the use of the gym but felt they needed proper advice when using gym services. In contrast, four attendees found they lacked the motivation to exercise and had to make real effort to do so. Whilst lack of mobility made it difficult to move around as much, attendees were aware of the need, and one person suggested using a Fitbit as a motivational tool to help.

There were eight references to **mental health** aspects to learn more about. Four attendees directly suggested the need for more social and group activities, whilst the remaining four were centred around how to maintain motivation for exercise, activities, changing habits and simply joining in with activities.

---



---

## QUESTION 3A

What do you find are the **easiest** aspects to eating well and having a healthy lifestyle every day?



## Q3A: EASY ASPECTS TO EATING WELL & DAILY HEALTHY LIFESTYLE

### **Accessibility:**

Easy access to health foods such as pre-packaged frozen meals and access to local community gardens, in addition to the following suggestions, were all aspects which made it easier to eat well:

- soup days
- online shopping
- provided meals
- having a home chef

Using a gopher and a walker were discussed in maintaining independence and activity. Two attendees thought that not having to drive to a gym and having a stationary bike or walking machine would make exercising easier.

### **Routine or organisation:**

Having a routine made it easier to eat well and have a healthy lifestyle every day. Attendees discussed the following points as ways that made it easier to eat well, maintain activity and to make sure prescribed medications were taken:

- eating schedules
  - planning
  - sticking to a timetable
  - setting timers
-

### **Routine or organisation (continued):**

Laminated recipes were also discussed to make it easier to manage cooking. The following specific suggestions from attendees highlights the practical ways people can keep to manage cooking:

- laminated recipes
- recipes written in simple, clear steps
- marking off each step as it's completed
- re-using the laminated recipes

### **Community engagement:**

Attendees discussed community activities that made it easier to eat well and have a healthy lifestyle, including:

- going to meetings
  - art classes (lots of programs)
  - joining events at the Donovan Village
  - bus trips
  - sharing meals
-



---

## QUESTION 3B

What are the **most difficult challenges** to eating well and having a healthy lifestyle every day?



## Q3B: DIFFICULT ASPECTS TO EATING WELL & DAILY HEALTHY LIFESTYLE

Attendees spoke about the **loss of independence** and being alone, losing their partners, having less contact with family and depression as reasons for not eating well nor living a healthy lifestyle. Forcing motivation, making an effort, planning and keeping a routine were actions to counter loneliness experienced by attendees and build **social connectedness**.

**Time** was also a challenge. Tasks took longer; caring for others and cooking all took time. Attendees discussed strategies to counter these issues such as microwaving meals, food delivery, community dinners and family bringing meals.

Many of the challenges did relate to **food** and diet. Likes and dislikes, understanding food labels, and the cost of food were all challenges that were voiced by attendees. They chose to counter these challenges by watching out for food specials, dividing up "Home Chef" delivered meals and making an effort to cook.

Maintenance of the **physical self** related to the lack of access to exercise equipment and programs that suit capabilities and fit with routine. These were seen as challenges but involving others and accepting change allowed attendees to be more likely to make the necessary steps they felt might help them.

---





---

## QUESTION 4

Would you make a **change to what you currently do**? If not, what would change your mind?

## Q4: CHANGES TO CURRENT DIET AND LIFESTYLE ROUTINES

Responses to this question were varied with little direct confirmation from attendees that they would make a change. Some of the biggest barriers that were voiced were around the challenge of low motivation to change and the recognition that with age, slowing down is inevitable.

There were seven comments around the importance of maintaining physical health through exercise. Of these, attendees mentioned walking to the supermarket, doing Tai Chi and that they would like to be able to move and exercise more. However, many recognised it was getting harder to do so.

We received eight direct comments from attendees that there was little intent to change. These attendees spoke about being too old, or it being too late in life to make any great changes and questioned their need or desire to make substantial changes to diet or lifestyle behaviours. However, we also received 12 comments around the importance of social connections. Comments on overall wellbeing, listening and learning from others, as well as sharing ideas with others who live close by within the Donovan Village ground. One person commented that they miss catch-ups with family. Being connected to others within the Donovan Village was important across the majority of attendees.

---

In addition to the comments that there was little intention to change, there were 10 comments around lack of motivation. Attendees expressed difficulty finding the motivation to change. Yet, with many expressing their wish for social connections, improving social connectedness may help increase motivation.

We received five comments around group activities that may improve motivation. For example, conversations (like this community conversation event) are good motivation, while another attendee commented that having someone to walk with, talk with or possibly do a program within a small group might be helpful.





## NEXT STEPS

After holding the Community Conversation, we have a greater understanding and appreciation for the concerns and requirements of retirement village residents.

The research team plan to explore and incorporate the valuable information and suggestions from the Community Conversation into our research. Combining the information gathered with what other researchers have learnt, we plan to create and implement a nutrition and lifestyle program into retirement villages located in Perth, Western Australia.

The overall aim will be not only to help reduce risk factors for illnesses associated with ageing, such as heart disease, diabetes and dementia, but to also address many of the health concerns discussed during the Community Conversation. As such, high priority concerns around loss of independence, bone health, and mobility issues will be addressed further. Improving dietary knowledge and skills, supporting physical activity and social connectedness are also clearly of key importance.

As many risk factors and health concerns overlap, we expect helping one condition will assist with improving other areas. Overall, we aim to provide a holistic approach to healthier ageing.

---

# ATTENDEE FEEDBACK

Overall attendee feedback trended towards the positive about how useful the Communication Conversation was and how each attendee was able to present their views.

The areas for improvement revolved around the length of time the Community Conversation was held for. The time seemed short to the attendees, and we received comments that a longer period of time for the event would be appreciated.

Other points of interesting feedback received included attendees wished to receive a regular newsletter about the subjects raised in the Community Conversation, and a follow up event would be well received. One attendee commented that the presentation and group involvement was adequate and enjoyable.

Overall the feedback received trended to the positive end of the feedback scale. Most of the attendees found the Community Conversation informative, useful and participative.





# DO YOU WANT TO KNOW MORE?

For more information regarding this study and the report please email Caroline Hill at [chill16@our.ecu.edu.au](mailto:chill16@our.ecu.edu.au)

To learn more about the Consumer and Community Involvement Program visit [www.cciprogram.org](http://www.cciprogram.org) or follow them on social media for more opportunities to be involved in research via the links below:

