

## Nutrition Health Innovation Research Institute



**Future Research Priorities** 

### RESEARCH PRIORITY MAPPING WORKSHOP REPORT

### Prepared By

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utrition & Health Innovation Research Institute



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### ACKNOWLEDGEMENTS

### **Acknowledgement of Country**

The Western Australian Health Translation Network (WAHTN) and Consumer and Community Involvement Program (CCIProgram) acknowledges the Aboriginal people of the many traditional lands and language groups of Australia. We acknowledge the wisdom of Aboriginal Elders both past and present and pay respect to Aboriginal communities of today.

### **Acknowledgement of Lived Experience**

We acknowledge the importance and expertise of the lived experience voice of health consumers and carers. We recognise their involvement in making a difference in supporting health research and impacting the health and wellbeing of our communities.

### **Other Acknowledgements**

We would like to express our sincerest gratitude to all the consumers and community members who were involved in the Nutrition & Health Innovation Research Innovation Institute (NHIRI) Priority Mapping project; your time, energy and contributions are all greatly appreciated.

Lastly, we would like to thank the team from NHIRI along with the team from the WAHTN CCIProgram for their diligent work in planning, promoting and successfully facilitating the Research Priority Mapping Workshop (the Workshop).













### **INTRODUCTION**

### **Consumer and Community Involvement Program**

The Consumer and Community Involvement Program (CCIProgram) is an enabling platform of the Western Australian Health Translation Network (WAHTN). The CCIProgram actively supports partner universities, health and medical research institutes, health service providers and non-Government organisations to bring together consumers and people with lived experience and connect them with health and medical researchers. The success of the CCIProgram comes through building and maintaining strong relationships with WAHTN and Partner Organisations.

Consumers and community members are an integral part of the research process, allowing for greater transparency, openness and accountability leading to research which is more relevant and impactful to the community. Our aim is for consumer and community involvement to be standard practice in all health research in Western Australia. As such, our services, resources and training programs have been developed to support consumers and community members being involved at all stages of the research cycle.

#### **CCIProgram Team:**

Deb Langridge, Head Ingrid Laing, Coordinator Kerry Mace, Coordinator Jillian Northwood, Coordinator Kat Stewart, Coordinator Briony Abraham, Event Officer







## Nutrition & Health Innovation Research Institute (NHIRI) at Edith Cowan University

The Nutrition & Health Innovation Research Institute (the Institute) is committed to reducing the burden of cardiovascular and other chronic diseases through nutrition research excellence, while supporting the next generation of research leaders in the field. Their research advances evidence for nutritional approaches to improve health across the lifespan and develops innovative technologies for translation and health promotion.

The Institute is comprised of scientific and medical researchers who investigate how diet can improve health and how this knowledge can be translated into practice and policy. Their research is relevant to all life stages - from pregnancy and early infant feeding to aged care. Outcomes provide the tools and knowledge to inform decisions regarding nutritional approaches to improve health across the lifespan.

In January 2023, the Institute formally commenced a 3-year partnership with the CCIProgram with the aim to embed consumer and community involvement across the entire program of work at NHIRI. One of the major activities planned for Year 1 of the implementation project was to run a Research Priority Mapping Workshop (the Workshop). The purpose of the Workshop was to directly collect future research projects and initiatives as informed by the wider community and prioritised within a lived experience lens.

#### **NHIRI Researcher Leads:**

Dr Mary Kennedy -- Post Doctoral Research Fellow A/Prof Joshua Lewis -- Associate Professor Prof Jonathan Hodgson -- Director



### **STRUCTURE & PROCESS**

The Workshop was run in two separate phases, with Phase 1 consisting of a Pre-Workshop Survey, and Phase 2 being the in-person, full-day Research Priority Mapping event (Figure 1).

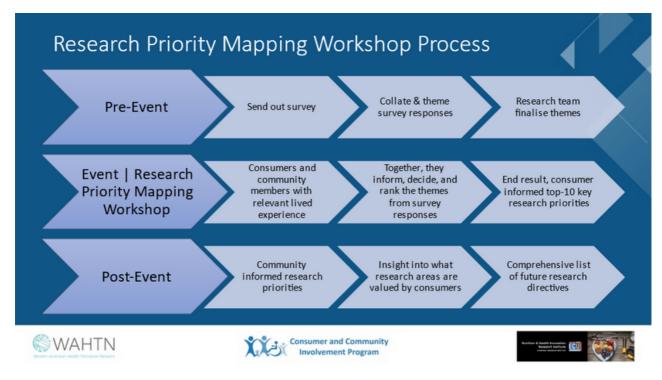


Figure 1: Overview of event process.



### PHASE 1

### **Pre-Workshop Survey**

A Survey Monkey was developed by both the CCIProgram and the NHIRI staff and disseminated on 23 May 2023. The survey collected thoughts and ideas from people with lived experience relating to research priorities around nutrition and heart health. The survey remained open for 6 weeks, closing 3 July 2023.

The Survey can be found in Appendix 1. The following demographic information was collected as part of the Survey:

- Age
- Gender identity
- Aboriginal or Torres Strait Islander origin
- Country of Birth
- Preferred spoken language
- Postcode
- Lived Experience (someone who has been diagnosed by a health-care provider with one or more of the following conditions):
  - High blood pressure (hypertension)
  - High cholesterol
  - Heart disease
  - Stroke
  - Type 2 diabetes/pre-diabetes
  - Cardiovascular disease
  - Other

The focus question was then posed to survey participants, seeking feedback around research priorities, and outlining next steps, as shown below (Figure 2).

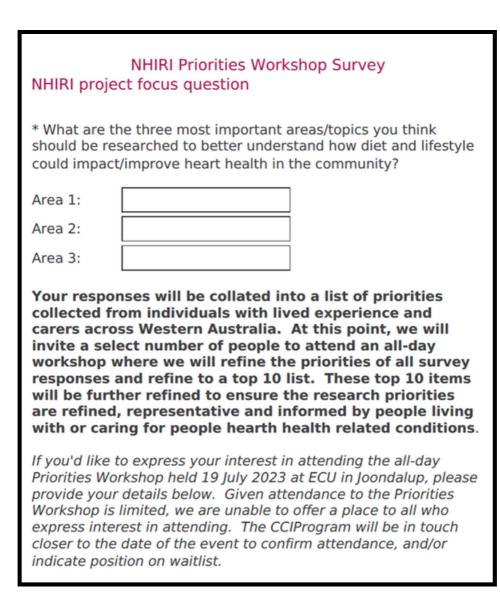


Figure 2: Excerpt from pre-workshop survey.

The survey was distributed via several stakeholders:

- NHIRI networks and partnerships
- CCIProgram membership
- Relevant social media platforms

A total of two-hundred and sixty-one ideas and thoughts were submitted from eighty-seven consumers/carers with a lived experience of one or more identified heart health condition/s. The responses collected from survey participants were collated and condensed by the CCIProgram Team and NHIRI staff, totalling Twenty-two key priorities. These themes were used as the platform for Phase 2 of the Workshop.

### PHASE 2

#### **Research Priority Mapping Workshop**

The full day in-person workshop was delivered on 19 July 2023 at Edith Cowan University (ECU) in Joondalup, Western Australia. In attendance were 11 individuals/carers with a lived experience of an identified heart health condition who completed the Pre-Workshop Survey. Additionally in attendance were 7 staff members from the Institute, along with the full team from the CCIProgram. The Head of the CCIProgram, Deb Langridge delivered the Research Priority Mapping Workshop, with the support of ECU CCI Coordinator, Jillian Northwood.













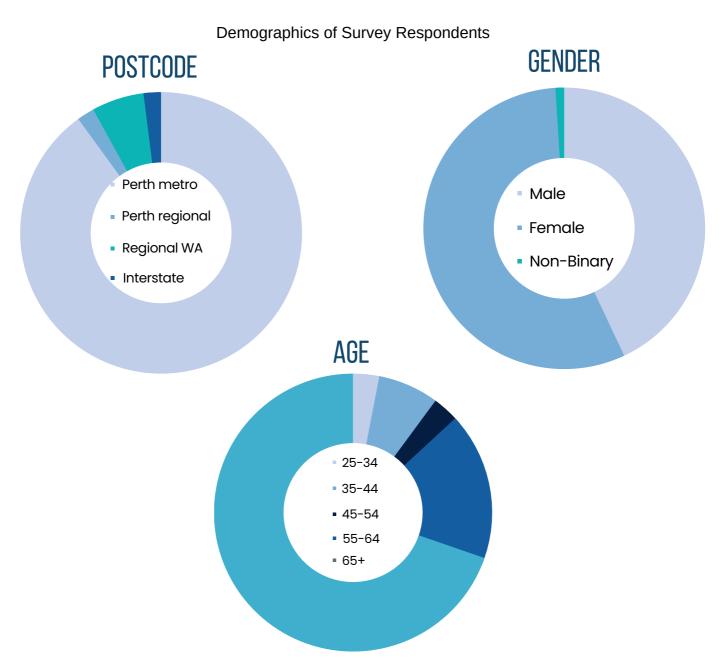
#### Nutrition and Health Innovation Research Institute Research Priority Mapping Workshop Wednesday 19th July 2023 Edith Cowan University, Joondalup

#### 9.30am – 3pm

Time	Session	Who
9.15 am	Registrations, Tea and Coffee	All
9.30 am	Welcome <ul> <li>Acknowledgement of Country</li> <li>Acknowledgement of Lived Experience</li> <li>Introductions and Outline of the Day</li> </ul>	Deb Langridge
9.35 am	Session 1: Background Overview of Phase 1: • Survey Dissemination • Response Collation & Theming Process Plans for The Nutrition and Health Innovation Research Institute (NHIRI) - Survey Results	Jillian Northwood Mary Kennedy, NHIRI
9.55 am	Session 2: Discuss and finalise key priorities Part 1: Group discussion briefing (15 mins) Content review of 22 key themes Part 2: Table discussion and feedback (45 mins) Consumer members to provide feedback and comment on titles of themes	Jillian & Kat Individual Tables
10.55 am	Quick Break/Working Morning Tea	All
11.10 am	Session 3: Finalise key themes Confirm the Final 22 (+/-) Priorities	All
12.00 pm	AM wrap up + Lunch in Foyer	All
12.30 pm	Session 4: Table discussions and ranking priorities Step 1: Take the 22 priorities down to 10 priorities Step 2: Each table facilitator presents their table's top 10	Individual Tables
	Session 4 continued: Step 3: Dotmocracy Step 4: Using the final 10 themes, rank/prioritise from 1-10	All
2.00 pm	Afternoon Tea Break	All
2.10 pm	Session 5: Presentation of Top 10 Priorities Present the top 10 priorities for NHIRI researchers as informed by people with lived experience.	Deb & All
2.45 pm	Next steps and Questions	Deb & NHIRI
2.55 pm	Evaluation (QR code to access online)	All
3.00 pm	Thank you & dose	Deb

### **SESSION 1: BACKGROUND**

The first session of the Workshop provided an overview of Phase 1 and the process involved in collating the two-hundred and sixty-one priorities from survey responses and condensing to the twenty-two key priorities. It was explained that the twenty-two key themes are inclusive of ALL two-hundred and sixty-one responses obtained from the survey and summarise and reflect the entirety of consumers' indicated priorities.



An overview of Phase 2 was given to all attendees, discussing objectives for the remainder of the in-person event. The Institute was invited to provide background information and context regarding the importance of the event and what next steps look like following the findings from today's workshop. Ultimately, by the end of the Workshop, the consumers in attendance had utilised the twenty-two identified common themes based on their survey results to inform and rank the top-10 key research priorities for the Institute.

### **SESSION 2: DISCUSS AND FINALISE KEY PRIORITIES**

This session allowed attendees their first glance of the twenty-two key themes as condensed and collated by the CCIProgram and NHIRI researchers. The twenty-two key themes, shown below, were presented to the attendees with the directive that they work together to review themes and ensure that the lived experience voice and perspective is properly captured. Attendees were asked to indicate whether any of the themes presented required any further clarification.

Diet	Microbiome	Access to services/community programs	Exercise & physical activity
Genetics	Prevention	Nutritional Guidance	Medication
Access to information & resources	Nutrition Research	Social & Political Factors	Lifestyle
Early identification	Specific illnesses & comorbidities	Mental health	Hormone
Health messaging	Social & emotional connection	Weight management & body composition	Seniors
	Stress management & nervous system	Motivation & behavioural factors	

### **SESSION 2: DISCUSS AND FINALISE KEY PRIORITIES**

This session in the Workshop was the first opportunity attendees engaged and talked about each of the key themes in table groups. Each table was tasked with discussing the following questions to see if any options could be edited, combined, OR if anything additional should be considered:

- · What do you think about the identified key themes?
- Are you in agreement?
- · Can you identify any areas that may be missing?
- Are there any themes that can be combined?
- Are you happy with the wording utilised to capture each theme?



### **SESSION 3: PRESENTATION AND DISCUSSION OF REVISED THEMES**

Feedback from the tables was condensed and presented to the greater group. The following revised themes were identified and agreed upon by the consumers in attendance.

- Exercise & physical activity
- Individual solutions\*
- Lifestyle
- Medication
- Social/political factors & access
- Ecological approach
- Education
- Mental health & connection + spirituality
- Nutrition and nourishment



\*During the event, this theme was discussed under the heading 'Individual physiology' and included variables such as gender, age, pathophysiology, genetic predisposition, etc. The NHIRI team have revised the theme title to 'individual solutions' which more fully represents content and ideas captured within this theme.

### **SESSION 4 AND 5: RANK & PRESENT TOP KEY PRIORITIES**

Table groups were asked to discuss and rate priorities with respect to the most important through less important research priority. Following in depth discussions, debate, and sharing of lived experiences, the final list of priorities was determined using a dotmocracy process whereby consumers ranked the final 9 key themes into the following research priorities for Institute.



- Individual solutions
- Nutrition & nourishment
- Education
- Connection & spirituality + mental health
- Social/political factors & access
- Ecological approach
- 7 Lifestyle
- 8 Exercise & physical activity
- Medication

Of note, two common themes were consistently discussed amongst all of the finalised priorities. The themes recurring within the final priorities were **Seniors** and **Hormones**. The group concluded these two topics need to be specifically researched further in relation to the final research priorities.



Many additional thoughts relating to the final research priorities were shared throughout the Workshop. These thoughts, concepts, and suggestions were captured and presented in the table below.

Priority	Additional Considerations
Individual solutions	<ul> <li>Specific illness/comorbidities</li> <li>Genetics</li> <li>Hormones</li> <li>Weight management/body composition</li> </ul>
Nutrition & nourishment	<ul> <li>Nutritional guidance</li> <li>Diet</li> <li>Nutrition research</li> <li>Microbiome</li> </ul>
Education	<ul> <li>Health messaging &amp; communication</li> <li>Access to information &amp; resources</li> <li>Early identification</li> <li>Access to services &amp; community programs <ul> <li>Support</li> <li>Implementation</li> </ul> </li> <li>Prevention</li> <li>Advocacy</li> <li>Who is the target audience?</li> <li>General Practitioners</li> <li>Health Service Providers</li> <li>Consumers</li> <li>Carers</li> </ul> <li>Awareness raising</li>
Connection & Spirituality + Mental Health	<ul> <li>Motivation and behavioural factors</li> <li>Stress management &amp; nervous system</li> <li>Social &amp; emotional connection wellbeing</li> </ul>

Table 1: Summary of additional considerations posed by attendees during discussions around final research priorities.

Priority	Additional Considerations
Social/political factors & access	<ul> <li>Access for unhoused population</li> <li>Considerations for CaLD population</li> <li>Rural and remote population</li> <li>Services for financially impacted populations</li> <li>Services and access for Aboriginal and Torres Strait Islander peoples</li> <li>Affordability of services, exercise programs, and food</li> <li>Policy</li> <li>Inclusion of naturopath and allied health services</li> </ul>
Ecological approach	<ul> <li>Layers of system</li> <li>All-encompassing</li> <li>Integrative nutrition <ul> <li>Integrative approaches to improve diet + lifestyle</li> </ul> </li> </ul>
Lifestyle	<ul> <li>Work + Life + Health + Family balance</li> </ul>
Exercise & physical activity	<ul><li>Formal rehab programs</li><li>Self-managed programs</li></ul>
Medication	<ul><li>Supplements</li><li>Side-effects of medication</li><li>Polypharmacy</li></ul>

### NEXT STEPS FOR CONSUMER INVOLVEMENT AT THE INSTITUTE

Many attendees expressed an interest to remain in contact with the Institute with indications for further involvement. All attendees will receive this Summary Report of the Workshop and updates on future involvement opportunities through the Institute.

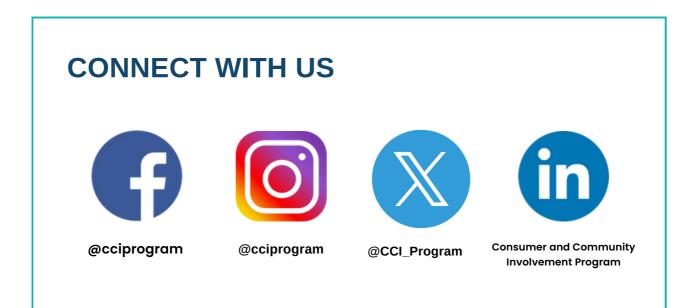
Following the success of the Research Priority Mapping Workshop, researcher Dr Mary Kennedy of NHIRI, was awarded one of three remaining Community Conversations through Edith Cowan University's partnership with the CCIProgram. The securement of one of the highly sought-after Community Conversation will allow Dr Kennedy and fellow NHIRI researchers an opportunity to dive deeper into a specific research priority as informed by the consumers involved in the Research Priority Mapping Workshop.

The CCIProgram looks forward to continuing our support of the Institute and thank the Team members who were part of an amazing day at the Workshop.



# WANT TO KNOW MORE?

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Consumer and Community Involvement Program