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Understanding the health and wellbeing priorities of the Latrobe Valley

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Findings from a study in regional Victoria showed that more than half of men and women did not meet recommended intakes of fibre, while 60% of men and 42% of women exceeded recommended dietary sodium intakes.⁽¹⁾ The Latrobe Health Assembly's (LHA) vision is to positively shape and facilitate new ways of working to improve health and wellness in Latrobe. Using the Double Diamond co-design approach,⁽²⁾ experts in public health nutrition, human-computer interaction, social marketing and epidemiology are co-designing a tool with the LHA and wider community that assists participants to make informed food choices by improving their dietary literacy. The aims of the first co-design workshop were 1) to understand LHA's priorities and resources, 2) to develop a shared agenda for the research moving forward, and 3) to identify specific community groups with which to work. Following ethical approval, a 2-hour online workshop, with four activities, was conducted with LHA staff ($n = 10$). Activities examined the health and wellbeing priorities for LHA, followed by identification of the top three priorities, priority groups to work with and barriers to engagement. Some activities were whole group discussions and involved voting. For others, participants were split into three breakout rooms with one or two facilitators. The recordings were transcribed and thematically analysed. Co-design activities established three priorities and groups specific to this project. Importantly, these priorities and groups do not overlap with other LHA nutrition projects and so are newly identified. Four key themes distinguished from the co-design workshop were: 1) community connectedness, 2) intergenerationality, 3) health and wellbeing, and 4) literacy and education. The top three priorities were: "To change attitudes and behaviours around food and making healthy food choices" ($n = 5$); "To improve education and skills training around buying and making healthy food" ($n = 4$); and "To improve access to healthy food by making it more convenient and cost-effective to shop for healthy foods compared to fast food delivery" ($n = 4$). Priority groups identified included lower SES families, older people who live independently, and professional support workers. Barriers identified included: lack of time; high cost of healthier foods; the convenience of meal delivery apps that were often limited in healthy options; and the lack of motivation and feelings of powerlessness to change, with takeaway foods viewed as prestigious and a special treat. Influences on food choices are multifactorial, and consideration of the impact of the social and food environment is needed to tailor and deliver interventions to support healthy dietary choices more effectively. Continued application of an iterative co-design approach will ensure consideration of community priorities and barriers and facilitators of healthy food choices for different population groups to develop this tool.

References

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2. Design Council (2019) Framework for innovation: Design Council's evolved Double Diamond [Internet]. Available from: <https://www.designcouncil.org.uk/our-work/skills-learning/tools-frameworks/framework-for-innovation-design-councils-evolved-double-diamond/>