Central Coast Research & Innovation Centre

DEEP DIVE SERIES · REPORT 1 OF 4

Food, Nutrition and Health

Priorities for research and collaboration on the Central Coast

Findings from the Deep Dive workshop

Gosford · Monday 27 July 2026

A partnership between Central Coast Local Health District and the University of Newcastle

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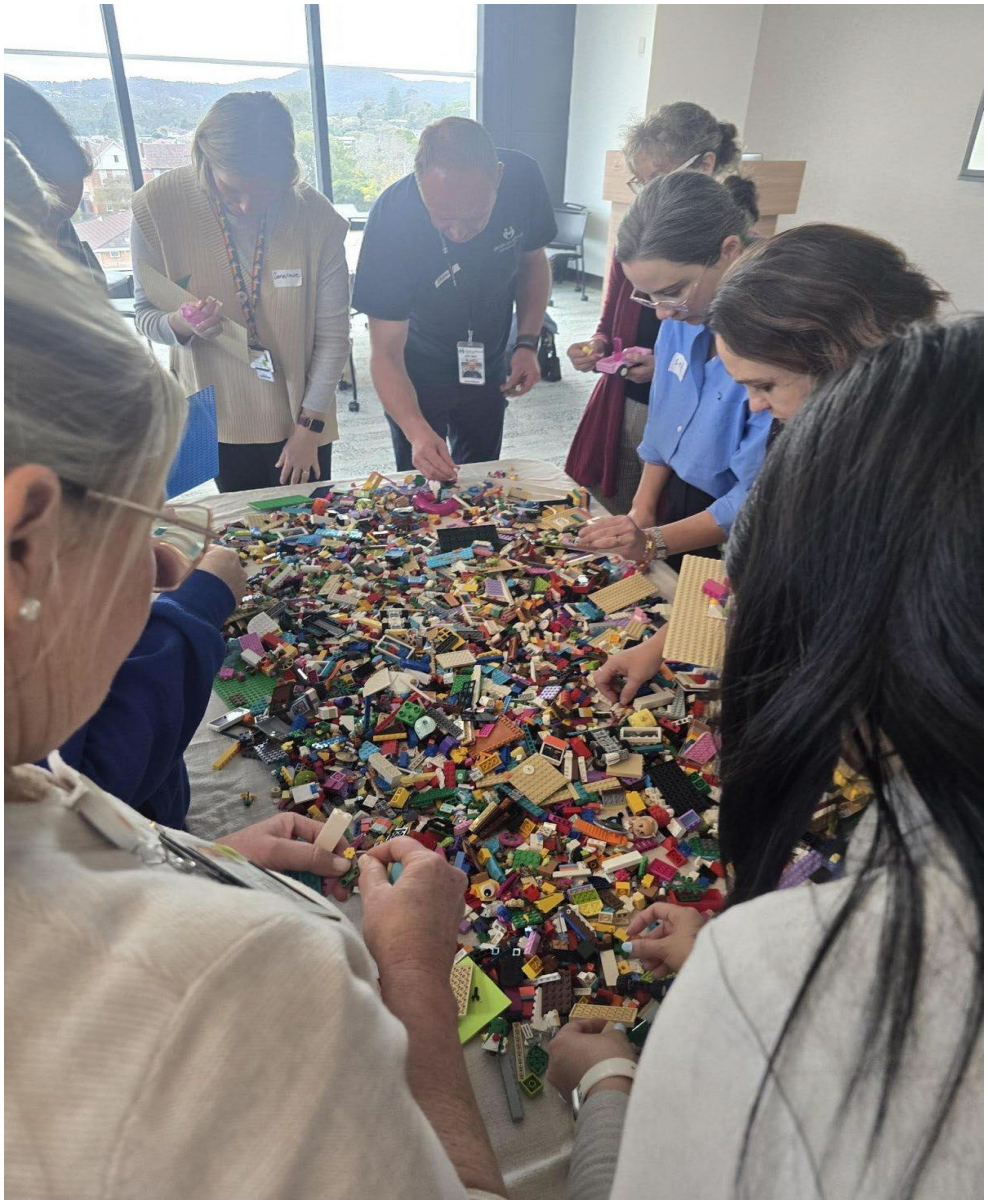
ABOUT THE DEEP DIVE SERIES

CCRI held four Deep Dive workshops in July and August 2026, one for each CCRI focus theme. Each brought together people already working in that area to build a shared picture of the system, identify the capability the region holds, and shape collaborative ideas.



SECTION ONE

01 Introduction

The Central Coast Research & Innovation Centre (CCRI) is a partnership between Central Coast Local Health District and the University of Newcastle. It works to connect the people and organisations working across health, education, community services and research on the Central Coast, and to build a clearer understanding of the region's health priorities so that research and innovation are directed toward what matters most here.

CCRI's work is organised around four focus themes. The focus themes provide a way for researchers, clinicians, community organisations and other partners with related interests to find one another, build relationships and develop collaborative activity over time. They are intended to create focus and depth around areas that matter to the Central Coast, while remaining broad enough for different questions, disciplines and types of collaboration to develop within them.

The four focus themes

- Healthy Beginnings and Women's Health
- Healthy Ageing
- Food, Nutrition and Health
- Mental Health, Trauma and Family Safety

Food, Nutrition and Health

This theme includes food security and affordability, nutrition across the life course, the place of food in clinical care, and the local food system from production through to what reaches a household. The theme recognises the role of food and nutrition across prevention, health, recovery and wellbeing, while creating opportunities to connect health and research with the Central Coast's wider food, community and industry capability.

WHAT THIS REPORT DOES

This report captures the priorities, perspectives, capabilities and opportunities identified through the workshop and provides a basis for continued discussion and collaboration within the theme. It is written to be useful to both those who took part and others working in this area who did not, including researchers, clinicians, community organisations, industry, and government partners interested in contributing to food, nutrition, and health research and innovation.

SECTION TWO

02 About this workshop

The Food, Nutrition and Health Deep Dive was held on Monday 27 July 2026 in Gosford. Twenty-four people attended, from community organisations, mental health, occupational therapy, dietetics and eating disorders services, prevention and population health, education, carer services, food manufacturing and industry, and research groups at the University of Newcastle and the Central Coast Local Health District.

The workshop brought together people working across different parts of food, nutrition and health on the Central Coast. This provided an opportunity to hear perspectives from different organisations and settings, identify connections between existing work and capability, and consider opportunities for collaboration. This workshop formed part of CCRI's ongoing work within the theme, with understanding, relationships and opportunities continuing to develop through further engagement and collaboration.

Workshop format

The morning drew on LEGO-based play. As a way of introducing themselves, each participant first built themselves and what matters to them in this work, then built their part of the food and health system: the people they work with, what they are working on, the settings they work in, what is working, and the pressures and gaps present. Individual builds were then combined into a single shared system at each table, and each table reported back to the room through a spokesperson.

The afternoon drew on Strategic Doing methodology. Each table took the strongest ideas from what it had built and framed them into a question worth working on. Participants then revealed the assets they hold, the knowledge, relationships, networks, facilities, data and experience already in the room, and looked for combinations: which assets, put together with someone else's, could support something neither could do alone. From those combinations, each table shaped one collaborative idea that they could realistically start.

The exercise served two purposes: to generate practical project ideas and to demonstrate a way of working that starts with existing resources and identifies small, achievable opportunities to act together.

The underlying idea is that trust and collaboration develop through action: working together on something manageable can strengthen relationships and create a basis for more ambitious work. This reflected a central theme of the workshop, that a great deal is already happening across the Central Coast, and that there is value in looking more creatively at how existing assets can be combined.

WORKSHOP OBJECTIVES

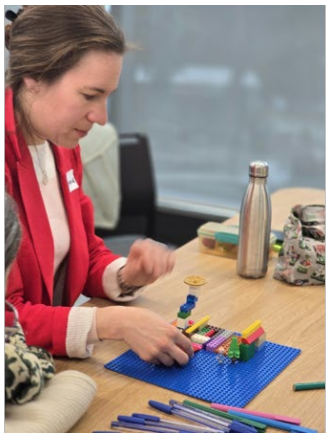
Build shared understanding of the current system, including what is working, where gaps and pressures are experienced, and how different parts of the system connect.

Develop a shared direction by exploring what participants would want to be different in five years.

Surface capability and opportunity by identifying the knowledge, relationships, resources and experience already present across the group.

PARTICIPANT PROFILE

Health and clinical services · University and research · Community and not-for-profit · Education · Food industry



SECTION THREE

03 Executive summary

Three key priorities emerged throughout the workshop.

01

Affordability and access

Participants saw food insecurity as the pressing equity issue in this area and described access as uneven across the region. They articulated a clear aspiration: enough affordable fruit and vegetables — fresh, frozen or canned — within reach of every household, regardless of income.

02

Getting knowledge to people

The major challenge was described as getting existing knowledge to people, rather than a lack of knowledge itself. Work is occurring across schools, community organisations, clinical services and industry, but participants described limited visibility and connection between these areas.

03

Acting earlier

Participants described care as often becoming available only once someone is unwell enough, and wanted efforts moved earlier. Schools, canteens, breakfast programs, infant feeding and support for parents were identified as priorities for earlier intervention.

What follows

What we heard: sets out the current picture in six areas: affordability and access, getting knowledge to people, food and clinical care, acting earlier, isolation, and the evidence base itself.

What better looks like: sets out the six things participants wanted to be different in five years.

What the region holds: an inventory of the skills, relationships, and resources participants brought into the room and were willing to share.

What could be built from it: sets out four worked examples developed by participants from that capability, followed by further ideas raised but not worked up.

Questions raised: lists nine questions participants identified as not yet well understood locally, where stronger evidence would help make the case for change.

Connections and commitments: records some of the early connections made on the day, and what participants said they would like to do in the following month.

The workshop also mapped the capability and resources represented in the room and developed four worked examples of what these could support.

SECTION FOUR

04 What we heard

Participants were asked what supports food, nutrition and health on the Central Coast now, where the gaps and pressures are, and how their work connects with others.

A range of existing work and capability was identified across the region. Exercise physiology and dietitian-led groups now operate on inpatient units, and the number of consumers who can recall healthy eating and lifestyle education has been rising. The region has a food and drink manufacturing sector that ranges from startups to some of the largest producers in the country, and participants from that sector came looking for ways to contribute locally. Schools are reachable through established relationships with canteen managers across more than eighty primary schools. Meals on Wheels reaches people in their homes.

The six areas

- Affordability, access and food security
- Getting knowledge to people
- Food and clinical care
- Acting earlier
- Isolation and the people between services
- Whose evidence, and who can reach it

Affordability, access and food security

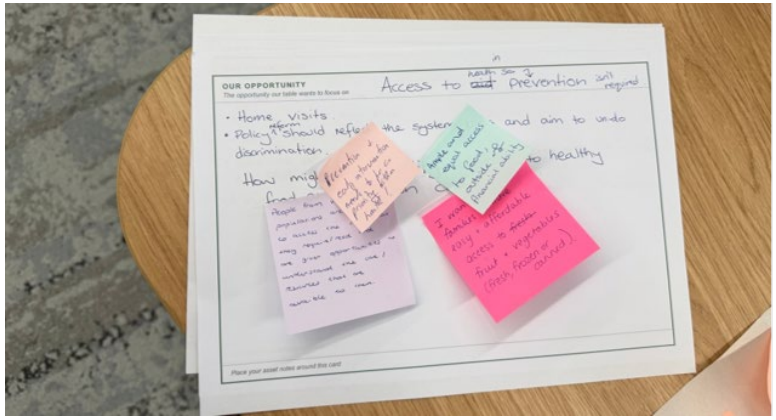
The perception that being healthy can feel financially out of reach came up repeatedly, with affordability and access emphasised over a lack of interest in eating well. Participants wanted households to have easy access to affordable fruit and vegetables, in whatever form they can manage, with access to nutritious food not determined by income.

> *"People still think that they have to be wealthy to be healthy."*

Where people live was also raised as an important factor in what food they can access. Rural pockets of the coast were named, and one group found, on looking, that very few full food providers serve parts of the Peninsula. There was also interest in understanding how many people on the Central Coast are going without a nutritious meal on any given day, with this seen as important local information to establish.

Beyond individual households, participants described the local food system itself as something the region could enhance. A thriving local food system was described as one that keeps supply close to home, involves community in how it runs, and makes nutritious food a matter of choice for the person buying it.

Food and health were also described as part of a wider system connecting production, research, education, community and health, with participants seeing value in considering these areas together.



Getting knowledge to people

Participants generally saw the major challenge as getting existing nutrition knowledge to people, and named finding the time, speaking a shared language across sectors, and connecting good work so that it reaches people. Programs were described as running across schools, community organisations, clinical services and industry, but with limited visibility across these areas.

> *"It's not through a lack of knowledge. It's actually how you take that knowledge and deliver it on the ground and connect it all together."*

Visibility came up as a starting point: who does what, what already exists and where the gaps are. Participants described both people and services having difficulty navigating between different parts of the system.

Food and clinical care

Participants described food and nutrition as sitting outside many clinical pathways and wanted better integration. They said clinicians do not always have a clear place to refer someone who needs food or nutrition support, and wanted clinicians, commissioners and services to be able to find appropriate local support more easily.

A recurring aspiration was for services to be connected so that, regardless of where someone first seeks support, they can be directed to an appropriate service.

Acting earlier

Participants described care as often becoming available only once someone is unwell enough to qualify and wanted support to arrive before that. Prevention and early intervention were seen as part of core health activity, rather than something separate from it.

> *"People need to be unwell enough to be able to access care."*

Early childhood and school years drew most of the attention. Participants raised infant feeding and breastfeeding support, canteens offering healthy choices, breakfast programs, and parent nutrition support delivered in community settings. School breakfast programs were identified as one potential area for earlier intervention, with particular need raised in the northern part of the Coast.

Participants also described nutrition knowledge as often travelling between households by word of mouth, and wanted programs designed to work with that.

Isolation and the people between services

Participants described shopping centres functioning as places of social contact for some older people where other opportunities for connection are limited, and described younger people as disconnected in their own way. Loneliness was also raised as an important health issue alongside nutrition.

Those working in clinical services described severe outcomes and raised concern about people falling through gaps between services. Shared meals were emphasised as a particularly valuable way to support social connection.

> *"Family is at the centre of health and wellness. When you sit together and share food, you learn about each other, and you learn about everything else."*

Whose evidence, and who can reach it

Participants raised the composition of the evidence base itself. Participants questioned how representative parts of the nutrition evidence base are across sex, age and cultural groups, and what that means for the people the evidence is used with.

How information reaches people was raised in the same terms. The reliance on QR codes was raised as a potential barrier, particularly where access to a device, an internet connection or the confidence to use both cannot be assumed. Participants contrasted this with providing printed information. Similar concerns were raised about automated telephone systems, with participants wanting an option to speak with a person for those who have difficulty navigating them.

THE THREAD RUNNING THROUGH ALL SIX

Across these areas, participants frequently pointed to existing work, services and capability that could be better connected, made easier to find or extended.

SECTION FIVE

05 What better looks like

Several common priorities emerged across food relief, clinical care, education, research and industry when participants considered what they wanted to be different in five years.

Nutritious food within reach of every household

Participants wanted no one in the region to go without nutritious food because of their financial position, and they wanted ample access to affordable food. They wanted fruit and vegetables in any form — fresh, frozen or canned — to be affordable and easy to access.

A more connected local food system

Participants wanted supply, production and community to be more closely connected, with people able to see and influence how food reaches them. They described an alternative food network that gives people agency and choice over the food they eat, is sustained locally and involves the community in how it runs.

Food integrated into care

Participants wanted food and nutrition to be better integrated into clinical practice, with clearer connections between services so clinicians can identify appropriate support. They also wanted people to be directed to suitable support regardless of which service they approach first.

Prevention and early intervention

Prevention and early intervention were seen as core health activity, beginning with infant feeding and continuing through schools, canteens and into adult life. They wanted policy reformed to address inequalities in the current system.

Food culture and education

Participants wanted greater attention to food culture on the Central Coast, including the practices, habits and shared experiences around food, with enjoyment and affordable education treated as part of it. They recognised that cultural change takes time.

Stronger connections between the university, industry and the region

Participants saw stronger connections between the university's research capability, the local food manufacturing sector, and community need as an opportunity. Participants described both research and industry capability as substantial but currently under-connected to local communities.

ONE DIRECTION

Across these priorities, participants emphasised affordable access to nutritious food, stronger integration of food and nutrition within care, greater emphasis on prevention and stronger connections between research, industry and community.

06 What the region holds

In the second half of the day, each table named the assets already present around it: the knowledge, relationships, resources, facilities and experience participants brought with them, and were willing to make available to others. Set out below is what was identified across the room.

Research and evidence

Qualitative and quantitative research skills in food and nutrition, food systems research, evaluation methods, grant and tender writing, statutory and strategic planning, data analysis, a healthy eating evaluation tool, capacity through postgraduate research students, and established research expertise in the field.

Clinical and service expertise

Dietetics, mental health and occupational therapy practice, eating disorders services, connections to a range of local health district clinicians, knowledge of nutrition in clinical settings, and workforce leadership across inpatient and community mental health services.

Access to people and settings

Established relationships spanning more than eighty primary schools on the Central Coast and their canteen managers, relationships with parents, carers and teachers through participating organisations, connections to a large consumer group, existing relationships with Aboriginal organisations and family services, community organisations across the region, and connections into Melbourne and Sydney.

WHAT THIS LIST IS

Each of these assets was identified during the workshop and informed the collaborative ideas developed in the following activity.

Industry and production

A food and drink manufacturing sector ranging from startups to national producers, facilities and equipment for producing food and drinks, contacts across dietitians, farmers and consumers, and existing research on grocery retail communication in Australia.

Skills that move work forward

Project management, stakeholder engagement, communication of nutrition to non-specialist audiences, content and resource development, education program delivery, article writing for publication, document and procedure development, and connections across relevant government agencies.

SECTION SEVEN

07 What could be built from it

Participants developed four worked examples by combining the capability and resources identified above. Each drew on assets identified within the group and was considered as something that could potentially be developed further.

IDEA	WHAT IT RESPONDS TO	CAPABILITY IT DRAWS ON
An audit of what food is available across the region, where, and at what price, set against population data and existing service coverage	Affordability and access; the gap participants identified in local understanding of food security	Research and evaluation skills, data analysis, a healthy eating evaluation tool, population health knowledge, and relationships with the community organisations already working in food relief
A breakfast program in two schools, open to students and their younger siblings, with recipes to take home and books and games so the morning becomes something shared	Acting earlier; word of mouth as the way nutrition knowledge travels between households	Established relationships spanning more than eighty primary schools and their canteen managers, relationships with parents and teachers, dietetic knowledge, article writing and media reach, and existing programs to build on
A digital navigator bringing food services and connections into one place, so that any clinician, commissioner or service can find what a person needs	Participants' concern that food and nutrition are not consistently integrated into clinical care; people and services getting lost between the doors	Connections across the local health district, academia and national networks, clinical service knowledge, content development, and knowledge of what services currently exist
An alternative food network giving people agency and choice over nutritious food, run locally and involving community in how it works	Affordability and access; a local food system that keeps supply close to home	Food systems research, facilities and equipment for food production, contacts across farmers, dietitians and consumers, manufacturing capability, and community organisations with standing local relationships

SECTION EIGHT

08 Other ideas raised

Participants raised further ideas during the session that were not worked up in detail.

- A student project connecting food industry students with local manufacturers and the region's food system
- Canteens across the region offering healthy choices, worked through with canteen managers
- Responsive feeding and breastfeeding support delivered earlier and more widely
- Nutrition support for parents delivered in community settings, including through home visits
- A healthy eating quiz used to scope local food environments and dietary status
- A review of what is known about food culture and how it changes
- Policy reform aimed at the parts of the food system that produce unequal outcomes

OPEN TO ANYONE

These ideas are recorded here as starting points for anyone interested in exploring them further.

SECTION NINE

09 Questions raised

The workshop also raised a number of questions participants felt were not yet well understood locally and could benefit from further research or evidence.

- What food is available where on the Central Coast, at what price, and which parts of the region are served least
- How many people are going without a nutritious meal on a given day, and who they are
- How representative the nutrition evidence used locally is across sex, age and cultural groups, and what gaps matter for local practice
- What reaches people who cannot use a QR code, an online form or an automated telephone system
- Whether school breakfast programs change outcomes for children on the Central Coast, and what makes them last beyond their first year
- What food culture on the Central Coast consists of, and what could shift it, if needed
- Where food already sits inside clinical care locally, and what happens to people when it does not
- What the region's food manufacturing sector could contribute to local food security, and what would make participation feasible or worthwhile for industry
- How the research capability at the university can be better connected to the services and communities able to act on it

SECTION TEN

10 Connections and commitments

The workshop also generated new connections between participants across food relief, health, community, industry and research, alongside several ideas participants intended to explore further.

Connections reported on the day included a link into local food relief, with a conversation begun about how industry might support that work; a possible collaboration with the local health district to scope local food environments and dietary status through a healthy eating quiz; a connection into Aboriginal family services; and further links into the local health district. Two participants took project ideas away to pursue.

Participants were also asked to commit to one thing in the following month to support collaboration within the theme. Several offered to connect the people at their table by email, subject to everyone consenting to share their details.

> *"How do we make some tangible connections between people with problems and others with solutions?"*

BUILDING MOMENTUM

These early connections may provide starting points for future collaborative work. The Collaborative Research Grants outlined on the next page provide one way for suitable ideas to be developed further.

SECTION ELEVEN

11 Where CCRI goes from here

FUNDING

Collaborative Research Grants

Seed funding of up to $15,000 for projects of up to twelve months. Projects require a collaborative team involving both Central Coast Local Health District and the University of Newcastle, with community partners encouraged. Projects must also align with at least one CCRI focus theme, have a clear output, and include a pathway to future funding, translation, or implementation.

Call opens late August 2026, with guidelines released beforehand

EVENT

2027 Research and Innovation Symposium

Better Health for Everyone: Research Driving Change, hosted by Central Coast Local Health District with CCRI and the University of Newcastle. The symposium showcases research, innovation and quality improvement work making a tangible difference to health and wellbeing on the Central Coast.

Held 11 and 12 February 2027 · Abstracts close 30 September 2026

Submissions and enquiries: CCLHD-Research@health.nsw.gov.au

MONTHLY

CCRI Connect

A monthly online check-in, open to everyone who attended any session in the Deep Dive series. It provides a way to report progress, ask for assistance and make connections between sessions. Attendance is voluntary. Join when you can, skip when you cannot, and there is no pressure to come if it is not useful to you.

Invitations issued directly

ON REQUEST

Project shaping

CCRI supports groups ready to develop an idea further and will make introductions to research or delivery partners on request.

Get in touch any time

Jenn McGhie
Jennifer.mcghie@newcastle.edu.au · www.ccri.asn.au

APPENDIX

Notes on this report

How this report was made

This report draws on recordings of the table report-backs, in which a spokesperson from each group presented what their table discussed and built, along with the written records made by each group, photographs of the asset mapping and worksheets, and a participant feedback form completed on the day. Quotations are taken from the recordings and lightly edited for readability while retaining the speaker's words. Individual participants are not named. Organisations and services are referenced where they were part of the workshop discussion or asset mapping.

What is recorded here reflects the knowledge and experience of those present on the day. Where an idea moves toward becoming a project, CCRI can connect groups with partners who can help shape the approach, review relevant evidence and refine the work.

THE SERIES

This is one of four reports covering CCRI's focus themes. Reports from each session are shared with attendees of all workshops and with other interested stakeholders.

Participant feedback

A feedback form was made available at the end of the session and completed by a number of participants.

What worked

Respondents said the LEGO-based play helped them visualise the system and supported more abstract thinking than discussion alone. One participant named the exercise of identifying what skills the group could bring together as the most useful part of the session. Respondents also valued the networking, learning what other organisations do, and the way the day was facilitated.

> *"I enjoyed the Lego building, it assisted with abstract and out of box thinking."*

What changed for participants

Respondents reported leaving with a better understanding of the range of industries contributing to nutrition and health on the Central Coast, the scale of food insecurity and unmet need discussed in the workshop, and the similar access challenges being experienced across different sectors. For some, the workshop confirmed rather than changed their existing views, while others valued learning that concerns they had encountered were also being experienced in other sectors.

What participants would change

Several wanted a round of introductions at the start so that they knew who was in the room, with one still unsure of everyone's role by the end. Respondents also wanted more time, table membership mixed during the day so they could work with more than one group, and one found it difficult to keep a table anchored to food and nutrition once the conversation about the next five years opened up. This feedback informed the later workshops in the series.

Thank you

To everyone who gave their time, experience and ideas to the Food, Nutrition and Health Deep Dive. We look forward to continuing the conversation.

GET IN TOUCH

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CCRi Central Coast Research & Innovation Centre

NSW GOVERNMENT Central Coast Local Health District

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

A partnership between Central Coast Local Health District and the University of Newcastle