

# A community food model for over-60s

<b>Submission date</b> 12/02/2024	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 07/03/2024	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 19/02/2025	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Older people living in socially deprived circumstances may experience 20 fewer years of good health compared to less deprived older people. Their health and wellbeing may be reduced by poor diet, limited physical activity, and social isolation, reducing their overall quality of life. Active participation in communal activities and maintaining meaningful engagement with the community are integral to identity, sense of purpose and contribute to healthy ageing. The aim of this study is to co-create and implement an inclusive and culturally tailored intervention to improve health, wellbeing and social connectedness in older people.

### Who can participate?

Older people 60 years old and above who are residents of Appleby Blue or Bermondsey

### What does the study involve?

The intervention will involve food-related activities including food growing, cooking, eating together and keeping socially active. Data will be collected before and after (at 12 weeks) the intervention using validated questionnaires and objective measures of health and wellbeing (blood pressure, body composition and physical activity). Qualitative data will be collected using Photovoice (photographs) and focus groups.

### What are the possible benefits and risks of participating?

Participants will have access to a free nutrition, health, wellbeing and social engagement intervention. Whilst there may be no immediate personal benefits to taking part in this research, the work will help to improve the health, wellbeing and social engagement of older people in England. There are no immediate risks to taking part in the study.

The impact of this research will be far-reaching. It will inform new research on the health, wellbeing and social connectedness of older people. It will shape best practice by improving understanding of what activities have the most impact on improving quality of life in older people. Finally, it will have an important role in influencing policymakers, architects and commissioners of social housing and buildings so that the benefits identified by this study can be replicated nationally.

### Where is the study run from?

The project will be set in a new community facility within an over-60's social housing scheme in Bermondsey, United St Saviours Charity's Appleby Blue.

When is the study starting and how long is it expected to run for?  
July 2023 to July 2025

Who is funding the study:  
Dunhill Medical Trust (UK)

Who is the main contact?  
Dr Sophia Amenyah, [samenyah@bournemouth.ac.uk](mailto:samenyah@bournemouth.ac.uk)

## Contact information

### Type(s)

Public, Principal investigator

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## Additional identifiers

**Protocol serial number**

SLEF2110\4

## Study information

**Scientific Title**

An inclusive community food model for health wellbeing and social connectedness of older people (LEMONADE)

**Acronym**

LEMONADE

**Study objectives**

Intervention activities will result in improved diet quality, health, wellbeing and social connectedness.

**Ethics approval required**

Ethics approval required

**Ethics approval(s)**

approved 12/09/2023, Bournemouth University Research Ethics committee (M402, Melbury House, 1-3 Oxford Road, Bournemouth, BH8 8ES, United Kingdom; +44 (0)1202 961073; swignall@bournemouth.ac.uk), ref: 51979

**Study design**

Single-group pre-post intervention non-randomized study

**Primary study design**

Interventional

## **Study type(s)**

Prevention, Quality of life

## **Health condition(s) or problem(s) studied**

Improving nutrition, health, wellbeing and social connectedness in older adults

## **Interventions**

Interventions in LEMONADE will be a combination of nutrition, health, wellbeing and social activities. Activities will focus on communal food growing and gardening activities, food preparation and cooking activities, meal sharing, enjoying and choosing a healthy diet, food-related craft activities, storytelling around food, and social activities around food. Specific activities to be implemented within the model will be co-created with participants, tailored to suit the needs and functional capacity of the older people and the community to ensure high participation rates, ownership and sustainability. Activities will be diverse and reflect differences in ethnicity, and culture, ensuring a range that will be of interest to people from different backgrounds across multiple age groups.

The research will have a one-group pre-test post-test study design and participants will be followed up over time, with measurements at baseline and 12 weeks.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

Current primary outcome measures as of 19/02/2025:

1. Recruitment and retention rates: Data will be collected on recruitment and retention rates at baseline and follow-up and attendance to activity
2. Acceptability (e.g., content and delivery) and appropriateness of intervention activities: This data will be collected from Photovoice interviews, focus group discussions, and qualitative feedback from participants
3. Acceptability and engagement with evaluation measures and procedures: This data will be collected as part of Photovoice interviews, focus group discussions and qualitative feedback from participants
4. Resource and cost requirements to co-produce and deliver intervention, measured using a post-activity evaluation form on resource requirements to deliver each session including number of staff, cost of consumables, resource requirements and participants' feedback on the session

Previous primary outcome measures:

1. Blood pressure (systolic and diastolic) will be measured using an Omron blood pressure monitor at baseline and at 12 weeks
2. Diet intake and quality will be measured using myFood24 at baseline and 12 weeks
3. Social engagement will be measured using the Social Engagement and Activities Questionnaire (SEAQ) at baseline and at 12 weeks
4. Health-related quality of life will be measured using the five-level EuroQol EQ-5D-5L questionnaire which consists of a short descriptive system questionnaire and a visual analogue scale (EQ VAS) at baseline and 12 weeks
5. Body composition measures including weight, body fat percentage, visceral fat, body mass index, skeletal muscle mass will be measured using an Omron VIVA body composition monitor (HBF-222T-EBK) at baseline and 12 weeks
6. Ageing friendliness of the community will be measured using the WHO Age-friendly Cities and Communities Questionnaire at baseline and 12 weeks

7. Physical activity will be measured using the Physical & Leisure Activity Questionnaire and ActiPal accelerometers at baseline and 12 weeks

### **Key secondary outcome(s)**

Current secondary outcome measures as of 19/02/2025:

1. Blood pressure (systolic and diastolic) will be measured using an Omron blood pressure monitor at baseline and at 12 weeks
2. Diet intake and quality will be measured using myFood24 at baseline and 12 weeks
3. Social engagement will be measured using the Social Engagement and Activities Questionnaire (SEAQ) at baseline and at 12 weeks
4. Health-related quality of life will be measured using the five-level EuroQol EQ-5D-5L questionnaire which consists of a short descriptive system questionnaire and a visual analogue scale (EQ VAS) at baseline and 12 weeks
5. Body composition measures including weight, body fat percentage, visceral fat, body mass index, skeletal muscle mass will be measured using an Omron VIVA body composition monitor (HBF-222T-EBK) at baseline and 12 weeks
6. Ageing friendliness of the community will be measured using the WHO Age-friendly Cities and Communities Questionnaire at baseline and 12 weeks
7. Physical activity will be measured using the Physical & Leisure Activity Questionnaire and ActiPal accelerometers at baseline and 12 weeks

Previous secondary outcome measures:

There are no secondary outcome measures

### **Completion date**

04/07/2025

## **Eligibility**

### **Key inclusion criteria**

Individuals who are 60 years old and above living in Bermondsey

### **Participant type(s)**

Healthy volunteer

### **Healthy volunteers allowed**

No

### **Age group**

Senior

### **Lower age limit**

60 years

### **Sex**

All

### **Total final enrolment**

44

**Key exclusion criteria**

There will be no specific exclusion criteria applied and individuals who have the capacity to consent and the capacity to participate in activities will be enrolled.

**Date of first enrolment**

15/01/2024

**Date of final enrolment**

30/09/2024

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre****Appleby Blue Almshouse**

94-116 Southwark Park Road

London

United Kingdom

SE16 3RD

**Sponsor information****Organisation**

Bournemouth University

**ROR**

<https://ror.org/05wwcw481>

**Funder(s)****Funder type**

Charity

**Funder Name**

Dunhill Medical Trust

**Alternative Name(s)**

The Dunhill Medical Trust, Dunhill Medical Trust, DunhillMedical, DMT

## Funding Body Type

Private sector organisation

## Funding Body Subtype

Trusts, charities, foundations (both public and private)

## Location

United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

All data generated or analysed during this study will be included in the subsequent results publication. Data will be stored and backed up in accordance with the UK Service Guidance, Bournemouth University (BU) research data policy (in line with UKRI principles) and BU information classification. Data will be stored within BU's secure storage (e.g. a specific BU research SharePoint site). Access will be restricted to only authorised users and based on their role within the project. Data in an anonymised form will be stored on BORDaR (BORDaR – Bournemouth Online Research Data Repository) after the research is completed.

## IPD sharing plan summary

Stored in publicly available repository

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes