



Speaker	Dr Ben Jackson & Dr James Dimmock
Talk title	The importance of social connections in promoting health behaviour
Venue	Tiny's Bar
Time	Tuesday 29 October 2019, 5:30pm

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### **Tim Colmer**

Welcome to this Raising the Bar event, there are a few spare chairs outside if anybody needs a chair. If someone can help, if they would like to.

Thank you.

I hope you are enjoying this night's venue and you have got yourself a drink.

Welcome to Raising the Bar.

Tonight there are twenty-two academics speaking at ten bars across Perth but this is a very special bar, this is the healthiest bar amongst the ten, given the topic of the talks tonight.

I would like to start by acknowledging the Whadjuk Noongar people as the traditional owners of the lands and waters where we are meeting today and pay my respects to the elders, past, present and emerging.

At UWA, we are excited to make education part of the culture of the city of Perth through events such as this Raising the Bar. So, enjoy your drinks and the good company whilst we hear about some of the research and there is an opportunity for you to ask questions after the talk.

We are sharing Raising the Bar on social media, so please tag us at @UWAresearch or #rtbperth19, so we can share your posts.

Tonight's talks are being recorded and will be published as podcasts on our social media channels.

I would like to introduce our first speakers, a double act, Dr James Dimmock & Dr Ben Jackson.

James and Ben are both UWA Innovation Fellows and Associate Professors in UWA's School of Human Sciences. Together, they co-direct the award-winning Psychology of Active, Healthy Living Group, and oversee a variety of successful programs that improve the physical and mental health of community members.

So, James and Ben, over to you.

[clapping]



**Dr Ben Jackson**

Thanks, thanks, Tim.

Thank you all for being here as well, it's a bit of a squeeze in here.

My name is Ben and this is James.

We should start by apologising for being massive hypocrites tonight and talking about how to live healthier while we drink beer [laughing] and to be honest, having got here an hour early so that we could have a couple of pints before we spoke to as well, so we are practising what we preach.

**Dr James Dimmock**

And also, we should say that, feel free to come to the bar and don't feel like you are going to interrupt us by coming to the bar and grabbing a drink for the next half an hour.

**Dr Ben Jackson**

And if you get us one as well, that's great! [laughing]

**Dr James Dimmock**

We should probably start a little bit ... we will talk about briefly who we are and our background. We will get into telling you guys a little bit about what we do now and what keeps us busy at the moment and then we will spend most of our thirty-five minutes or so, talking to you about a few of the lessons that we think we started to learn about how to promote health and the things that we try to embed in our health promotion programmes, we hope, that those of you who are here with an expertise or an interest in promoting health will hopefully get something out of that and also, those of you who were just interested in just trying to live healthily, might also find one or two lessons as well.

I was just going to say, as you can see we are from ECU [laughing] no, we are from UWA. My background is a Sports Science background. I started studying Sports Science at UWA in the mid-90s and so I remain there to the day, although I am about to leave in a couple of months but I have been studying in UWA, two degrees, then an Honours degree and then a PhD and then an academic career for the last fifteen or so years with UWA and I have been lucky enough in that time to meet a bunch of wonderful people and work with some great people and in around 2008 there was one person that came along, this guy sitting next to me, who changed the landscape of the work environment that I had and maybe Ben, you can give a bit of a background as to where you came from.

**Dr Ben Jackson**

Carry on, singing mate! I was going to get emotional then.



I did my PhD, my undergrad studies in Leeds in the UK and I moved here in 2008 because I had heard about this Dimmock who I wanted to come and work with and my PhD was focused, like James' is in the area of Sports Psychology and I would summarise my PhD in a sentence by saying that, I looked at coaches and athletes and what makes them get on and it turns out, when coaches and athletes like each other, then they are a bit happier and they tend to do a little bit better, it wasn't rocket science by any means. [laughing]

And so I came to UWA to do something slightly more insightful and impactful, I suppose and over, over the course of time at UWA, we both have developed an interest in getting away from the basic science stuff and more into impact.

My first ... I remember I was thinking about this for the talk today, my first interaction with James, when I first got here, I wanted to do a study on whether opposites attract in coach/relationships and whether coaches and athletes should be similar to one and another or whether they should be different from one another in order to work well. Spoiler! Opposites don't attract and a message to the guys who were in the Sports Psyche Exercise psyche area in the school and James was one of those guys and I said, "Would anybody like to get involved in this study with me?" James replied "yes" before my finger had even left the mouse to send that email. I now know and those of you who know James will know that he is the faster replier to emails in the Southern Hemisphere and that is one of the reasons why I love him!

From there, I suppose we worked pretty closely together and I think reflecting on the personality stuff, probably one of the things that make us enjoy working with each other is that we have got certain similarities in our personalities.

### **Dr James Dimmock**

Yes, there are a lot of similarities there and I think also, that's hopefully going to come through with what we have to say today which we will have to get to very quickly about using social sport, social influence in health promotions programmes.

So, as Ben mentioned before, we started out from 2008 really to about 2013 perhaps 2014 doing a lot of basic type research around psychology, purely experimental studies but probably didn't make people in the community especially enthusiastic but as young academics, we felt like we were developing on theory, testing some unique little principles, theoretical conceptual principles but eventually, I guess, Ben, we got to a point, didn't we, we got to the same point at the same time that we realised that the world that we were impacting was a very small world and we developed very much at the same time, this fresh perspective on pragmatism and the impact that our work was going to have on the world at large and after a number of discussions, we decided to change our tact a little bit, our approach to work and so we developed a group called the Psychology of Active Healthy Living Group that continues to this day.



Our plan now, I am going to move to Queensland very shortly and our plan is to establish a cross-institutional group and develop a national presence to our programmes, if we can, so, for the last five or so years, we have been very much focused on using a lot of what we learned about psychology and the basic principles of psychology and when we were doing that work in the early years, to embed into community programmes and a lot of the work is around social support, social influence, that being said and then I will hand over to you in a second, that being said, we are very mindful not to get too academic without the design of our programmes. I think there is a “sweet spot” to be hit, we don’t want to under think the design of our community programmes but also we don’t want to develop a programme where we are shoving surveys under the noses of our participants on a regular basis, either, so, you know, there is that “sweet spot” that we feel like we at an okay spot right now, in terms of where that “sweet spot” sits but it’s taken us a while probably to get to the point where are okay with that as well.

### **Dr Ben Jackson**

Selfish academics try to give too many surveys to too many people.

We work on a number of different areas, we both have backgrounds in exercise and physical activity and so we have a passion for trying to promote enjoyable forms of exercise and physical activity. We don’t want to “pigeon-hole” ourselves into just that approach to promoting health though, so we have programs at the moment that try to help people become more resilient. We try to help mums in the challenges associated with post-partum stress and anxiety and depression and we try to help teachers with the stresses that are associated with their profession, so we try to attack a range of physical and mental health challenges. But the thing that is common to everything that we do is a philosophy that we both share that is really important to us.

I think we live in a world now, that is relatively faceless in lots of ways. We communicate over email, we text message instead of calling people. It is quite easy for us to come in to the office and not have a really genuine human connection with anybody throughout the course of a day and although these mobile health approaches and these electronic ways to promote health can be really beneficial and powerful, what we try to do, is put people at the centre of everything that we do. We believe in the power of people, partly through the way that we work together and so what we try to do in all of our programs is to put that power of people front and centre and make that the foundation of what we do.

### **Dr James Dimmock**

Just to add to that, I think we are both aware of the power of people, it can be a negative power too. This social media paradox that is often spoken about in literature is then when, sometimes social media is meant to be a connective tool but it can actually make people feel socially isolated and can actually be detrimental to mental health given the focus on image and so forth, it can make people feel very isolated which is the paradox.



So, we are aware that social influence can be negative, it is a powerful influence but it can be a negative one and we are very much aware of that and we obviously try to do everything we can when we set up our programs to avoid those negative influences and try to take advantage of the positive power of social media.

We have actually got four things that we want to touch on and we haven't yet started to touch on, about what we have learned about social influence and what we tried to think about when we're designing our programs, imbed in our programs and we will get to that in a second and maybe Ben can start that discussion.

I have noticed my brother-in-law is here today and when I spoke earlier about the fresh perspective on pragmatism that we developed, once upon a time, part of it was due to Cades Dad and Cade, you don't know this but would you describe your Dad, Cade as a fairly "matter of fact" person who would speak his mind?

In the early days when I was doing theoretical type work, essential stuff, I would often talk to Colin, Cade's about that work and I will always remember the blank looks I would get back from him and he was clearly worried about taxpayers money going to this type of work and Colin was very much instrumental in the changing of my mindset towards what I was doing and my contribution to the world. So, Cade, I have got your Dad to thank for, I suppose, where things have ended up.

### **Dr Ben Jackson**

We actually talk about, would it pass the 'father-in-law test' when we design workouts, we are talking about your Dad!

So, yes, now onto the things that we try to embed into our programs and the things that hopefully would be relevant for you guys.

The first one that we picked up on and that we always think about is that making a change, making a change to our health is hard and maintaining that change is even harder. Whether that is trying to quit smoking, whether that's trying to cut down on how much we drink, whether that's junk food that we might eat, whether that's not doing enough physical activity. It's tough to do those things and we need to find a really good reason to push us through with the challenging times that associated with trying to maintain that behaviour.

In terms of the links there to how we see the power of people being important, we often see in the programs that we run that other people form a reason why will do those things. We look to those who we love and who we care about and we often make the changes for those people.

We have a program called MAN v FAT Soccer, which is designed for overweight and obese men to lose weight. They come along, they play one six aside soccer match each week but the result of that match is determined by not just what happens on the pitch, but also the weight that they lose off



the pitch and those two scores, the scores on the scales and the scores on the pitch get combined and that results in their overall ladder position in how blokes like to be competitive.

This league is for only for overweight and obese men and when we talk to them about why they signed up, why are they trying to change their lives, these are heavy blokes, they tell us that they want to be able to play with their children. They tell us that they don't want the health conditions of their father or their grandfather before them had, and they talk to us about the power of people around them and we found that really powerful.

So, I think in some of the other things that we have tried to develop we have tried to use those reasons, we have tried to hook into those emotional reasons for people to get involved in programs and to make that change to really start to commit to making that change.

### **Dr James Dimmock**

Yes, and you know, when you have personal goals, health goals, we often find that without social support around us that we fail in those goals.

Many of us in this room will have had a New Year's resolutions, many of us would have individually visited health-related apps to try and improve our behaviour around health but without people around us, to support us, to encourage us, invariably you will find you will fail at executing what you had originally intended.

What we found through our research and our programming is that:

- (a) People need a very strong reason to change their health-related behaviour; and
- (b) They need to be around others who are going to support that behaviour change

And without that support the behaviour usually is unsustainable.

In all our programs, we try to really capture that social influence and develop chemistry between individuals in the program and develop those supportive relationships in the program to drive that behaviour forward and I guess that leads on.

### **Dr Ben Jackson**

I think it's one of those points that we wanted to make is that how hard it is to make lasting health change.

It's almost impossible in our experience to do that without any help and so, James made a good example of the idea of us making New Year's resolutions which we often do at 11:58 pm on New Year's Eve after a few drinks and we decide to ourselves that we are going to do that thing and then by January the 7<sup>th</sup> it's gone because we haven't enlisted the support that we need to actually enact that over time and to stick to it.



There is also a problem with getting the wrong kinds of support and earlier you mentioned that idea that with the social media paradox, we are more connected than ever before now, but we also, some of us will feel more isolated than ever before because we don't want to know that our friend went for a run for 12K's this morning at 5:15 am while we were feeling crap and stuck in bed.

Those sorts of selfish things from other people are the wrong kinds of support.

We don't want to go along to a Mothers Group where there are two or three mums who pretend that life is great and that they have adapted really, really well to all the stresses of Motherhood while the Mum is feeling useless and struggling and can't even do her hair or put her makeup on and those sorts of things in the morning and so, its re3ally important, I think to set up scenarios and situations and that we try to keep it relatively simple in our programs to make sure that the support is a high-quality support and it's the right kind of people with the right kind of motivations who are providing that support.

### **Dr James Dimmock**

Yes, I think that is a really important point is when you have these programs, these health programs and you are bringing people together, when you are pairing people up, it is very important that you consider the personalities, the types of people that you are pairing up, just physically getting people together and seeing they are a pair is fairly meaningless and a lot less effective than actually considering the personalities and the values and the desires of those people in terms of what pair they would like to obtain and that's certainly an issue we have encountered with Mummy Buddy Program. As we move forward with the Mummy Buddy Program which is a pair matching program for new Mums for first-time Mum, they haven't had kids yet, they are in their third trimester, they get paired up with more experienced Mums, volunteer Mums from the community who get a bit of training around good forms of social support, but we are very considerate how we pair. We consider cultural influences, we consider age, we consider the desires of the people in terms of what they seek in a pair.

It would be easy, much easier to just pair people up based on very simple factors like where they live but ultimately if you want to get the best program you have got to really delve into the chemistry that might develop between individuals in those programs.

### **Dr Ben Jackson**

I think James mentioned the Mummy Buddy Program and it leads me on to one of the other things that we wanted to share with you guys tonight, which is the importance of listening to the people who care about you.

We started out the Mummy Buddy Program, given our background, we started the Mummy Buddy Program with the intention of it being a physical activity promotion program for new Mums and anyone in the room who has been a new Mum will say to us exactly the Mums said to us when we approached them about the program, the original idea. They told us that the last thing they wanted



two blokes doing, just after giving birth to their first child, was trying to get them out for a run. So we listened the program now has absolutely no promotion of physical activity in there and its effectively just a structured, supportive friendship and does lots more for people than trying to push them into a run or a walk that they don't want to go on and so, I think to listening to people who care is a really important thing.

I was listening to a podcast a couple of weeks ago and it was a Nobel Prize-winning psychologist, Daniel Kahneman who was talking about a career's worth of work and some really intricate, sophisticated experimental work that he has done and the interviewer asked a great question. They said, "If you could sum our career up in one sentence if you could give one piece of advice what would it be?" and he said, "Listen to your friends!" He said, "Your family are too close to you, they live in your shoes, they care too much almost about you and they will often tell you what you think you want to hear, rather than you need to hear." He said, "Your friends, based on his work will be just distanced enough, just objective, just unemotional enough, they still care about you but they will tell you what you need to hear." And he said, "If I could give one piece of advice based on sixty years' worth of work, it would be to listen to your friends!"

And so, we try to listen in the programs that we put together, we try to listen to the people that we are trying to help and then we try to adapt the programs on that basis.

### **Dr James Dimmock**

We pretty much always do pilot studies and invite participant feedback on how they are going and then we design the big program on the back of participant feedback.

But one of the things, I know we are running out of time, we talk too much!

One of the things that's important to recognise is the importance of social identity and not just what physical and social interaction brings but what the psychological, identity of being part of a social group brings to you at an individual level.

There is a very good study from 2016 that is a longitudinal cohort study that says that at retirement age, which is a big transition age in life, if you maintain the amount of social memberships that you have from pre-retirement to post-retirement, so the first six years is post-retirement, you have got about 2% chance of dying. If you have two more social group memberships in those six years relative to the pre-retirement years then you have got about a .4% chance of dying. If you lose two social memberships over those years from pre-retirement to post-retirement, in those six years you have got about a 12% chance of dying.

So, social connections, social identity through group memberships are so important. It is fundamentally important and we are very mindful of that, aren't we Ben?

In all of our programs, social functioning, social connection and social identity run as a constant theme through all of them



**Dr Ben Jackson**

I think that's a good point mate.

That reason that I talked about for making a health change early on is enough often to activate us but it might not be the thing that keeps us going for a long time and what we try to do with our social groups and what we would try to encourage people to do, if they were trying to make positive change, is to look for the things that good social groups bring. Good people around us bring, they bring comfort, they bring care, they bring conversation, they bring a sense of community and to us, it's those things that drive long-term behaviour rather than a nice piece of motivation or rather than a really fancy program, it's the things that people bring, that I think that can be really powerful and important.

I think we maybe have got time for one point mate and I think we both wanted close by just talking about, we have reflected on the importance of getting support and the ways that other people can help us in our endeavours to be healthier.

What is really important and I think probably the most important thing that we would like to leave you guys with is that although getting support is wonderful, giving it is even more important and giving support is the thing that can really help make us feel like a whole, complete human. It's the thing that seems to be despite people making great changes through some of our programs to their lives, the thing that they tell us they enjoy the most is seeing the people around them and helping the people around them make those same changes.

WE have guys in MAN v FAT in the soccer program who are texting each other on a Friday night on what they are going to drink at the bar, just to try and help their mates out or their mate has got a birthday party coming up and that might be one of those challenges where he will typically slip up and drink the wrong things or eat too much and so guys, really take pleasure in supporting their mates and the Mummy Buddy program is exactly the same.

The Mums who volunteer to be the mentors or the supporters in that programme tangibly they get absolutely nothing out the program, they actually give up time out of the programme so they lose out tangibly but emotionally they gain a whole lot from helping somebody and passing on what they have learned and what they know and seeing that benefit in somebody else.

So I think the last thing that we wanted to say was just the importance of asking yourself, "What am I doing for others?"

**Dr James Dimmock**

Yes, and you know for those who follow the *Act-Belong-Commit* Campaign, it's very much a theme through that campaign which is giving in to the community is very rewarding and it's great for one's mental health and certainly that's we try to encourage in our programmes too and there is a famous theory, self-determination theory for those psychologists amongst us that says, "That relatedness is



very important but it's not just receiving emotional support, relatedness support, it's the act of giving that support as well." It's very important for our own wellbeing and health and our own motivational profile as well as other people.

So, we were talking earlier about that social media paradox, that social media paradox is created because when people post often on social media, it is a very selfish post. It's what other people might think of ME. What image am I going to obtain from this posting? It's not an outward perspective which we try to encourage in our programs that, that embracing of a community that you are not the only one that might want to benefit from this program and the real buying in to the values of the program at large and the rewards that can actually be obtained selfishly from the buying in of that notion and that's what we try to do in all of our communication efforts in our programs.

You would say the same mate, we definitely don't think we have worked it out, we definitely don't think we have arrived at the solution by any means but if you trying to filter through the waffle of the last half an hour I think, if you are somebody who develops health promotion programs or if you are somebody who is just interested in changing for the better, your own health, then find your reason or help people in your programs find their reason and often look to other people who they care about in finding that reason.

Listen, listen to the people in the program, listen to the people around you, listen to your friends in terms of getting advice for what you may or may not want to do.

Find the right kind of social support or create the right kind of socially supportive environment, don't just assume that any support is a good support and don't let people go it alone.

Then finally, ask those people who are in your programme what can they do for other people, how can they help create that sense of cohesion that sense of community and if you are looking to try to make a healthy change yourself and feels good, then ask yourself that question, "What am I doing for other people?"

I think we are out of time guys, we have many people looking very thirsty to me, so perhaps it's time to visit the bar.

Thank you, thanks very much.

[clapping]

**Tim Colmer**

Are there any questions or comments?

**Dr James Dimmock**

Okay, let's get a drink! [laughing]

**Audience**



I am curious about what happens at the end of your program. So, for example at the end MAN v FAT Program when participants have reached their target weight or the Mummy Buddy program, you know, are there defined ends to your programs and how do transition participants out so that they can continue to maintain those healthy changes they have made during the program.

**Dr James Dimmock**

That's a good question and for the most part, there is no end, we encourage ... so there might be an end to the evaluation because we are still academics we like to evaluate the program, but there is no end to the relationships that are formed and in fact we, in MAN v FAT have built systems in place to encourage participation, so, in MAN v FAT, men have to be above a certain Body Mass Index to enter into the program, but if they fall, in subsequent seasons, below that baseline Body Mass Index that is required for entry, they are still allowed to re-enrol in the program and rewards, then in the program score is determined by whether they are able to maintain that healthy weight range, than when they are losing weight.

That's a really good question and we do see that in academia a lot, is health interventions often have an endpoint. It's a twelve-week intervention, and low and behold, weight is a really good example of this and mental health too, that a twelve-week intervention and the report is written up and wonderful results are obtained, but if you actually do a longitudinal study of those participants, once they have left the intervention, weight is put back on and mental health suffers again and so on and so forth.

So then ... so that is a really nice example, in my opinion, of academic work coming before the benefit to society.

**Dr Ben Jackson**

We can't really sit here with any legitimacy and talk about the sorts of things that we talk about if we then move people out of our programs and so that we are well aware of that issue for it to be sustained if it needs to be sustained.

**Audience**

How do you keep up with ... do you keep in contact with the participants and evaluate, you know, after and follow up and [inaudible 31:55] I mean, how does it work?

**Dr Ben Jackson**

We try to hold to as many of them as we can. One of the nice things that we have seen, for instance, with the MAN v FAT Program is that when we have lost guys, it's often been because they have reached the weight that they are happy at and they have transitioned out of a weight loss soccer program and back into social soccer or real soccer and so, at that point, we almost feel like if



someone is going to leave, that's the best reason they could leave and we feel a little bit like our work is done.

So, we would always try to keep in touch with the folks who have been in our programmes from a program perspective, it's just very ... it's very hard to do that in terms of research and monitoring, so we would probably not worry too much about keeping hold of them for research purposes but just rather in case they ever wanted to come back to the program for any reason.

### **Audience**

Can I just ask a question?

I work in the field of Workers Compensation and Rehabilitation and a lot of clients who have serious injuries, often become quite isolated from work and depressed and, to my knowledge, there hasn't been any work done with the significant others in those peoples families and I am just listening to you guys talk and I am thinking that is possibly an area that could be explored a bit more as to how to support the supporters of people in that system who are subjected to all of those emotions and isolation, depression, chronic pain, inactivity, weight gain, they all affect people who are injured ... or in a work-related injury setting.

Have you ever, have you had any experience in that area?

### **Dr James Dimmock**

Not directly in that area but we are doing a little bit of work in an area in an online mental health program called BRAVE-Online, it is an anxiety prevention program for children and adolescents. It is a wonderful program based on cognitive behavioural therapy that consists of a series of modules, they are different age ... there are different BRAVE programs for different age groups up to teen years. But, all of the BRAVE programs have a section for parents, so parents can get training on how to support their ... how to support their children and teams through Early Stage Anxiety.

So, we are working with that group around how to best train parents in that particular circumstance.

Ben, do you have anything to add?

### **Dr Ben Jackson**

Yes, it's a certainly an important factor and often times people think, "Oh, I will be fine, I don't need support around me," or the people that are the support inside the family think, "I've got ... you know I am well trained, I know what social support means." But the harsh reality of the situation, is many people are suffering and often training can be beneficial and lots of research says that.



I think there is also a good point to be made about the importance of genuine empathy. When we went and spoke to the Mums who helped us develop the Mummy Buddy Program, we expected to hear them tell us that they wanted support from professionals, from midwives, from Allied Health Services. They told us they wanted support from Mums who had been through it recently, specifically in the last few years and who would have a knowledge of what they were going through and remember what they are going through. So, I think if we were going to try to do anything about that sort of thing, we tried to leverage on that principle of genuine empathy and tried to make sure that we found the right support providers.

### **Audience**

In a similar field on the East Coast there is a physician called a Lifestyle Co-ordinator who is responsible for just going into a person's home and helping the support network to actually encourage the person's activity and when to take the medication, when ... you know, just helping them with re-establishing a lifestyle which is something that, it covers a lot of what you are doing. I just think it's probably an area that perhaps has been unexplored in WA.

### **Audience**

My passion is about the elderly. We know that social isolation for people in aged care or people living at home as they want to live in their own home, so, it really can be isolated. Do you have any programs that particularly to the age range?

### **Dr Ben Jackson**

In a short answer, no, at the moment but I have been involved in a trial that was focused on examining the benefits of volunteering with the elderly.

It's not been wrapped into our ... rather into a formal program, just yet but the guys who led that were interested in just having people get involved in any kind of volunteering activity. Any kind of giving back that they wanted to and they had about 400 people in various different volunteering roles.

Didn't do an awful lot of it over twelve months. Didn't do a lot for their physical health but did quite a bit for their mental health and so ... and their sense of purpose, so there might be some benefits there.

Just tricky to find people for the right kinds of volunteering positions for the things that they are interested in.

### **Audience**

Yes, or being part of communities themselves because our often our elderly people are invisible to society. So, it's about getting them out and about and making sure that they are seen and seen by



different generations as well. I think it is important for our youngsters to see elderly people out and about as well as in the community.

**Dr James Dimmock**

I agree it's interesting you should mention that we both see a strong need for work put on programming in the elderly. Obviously, we are an aging population and with all the medical advances now, we have got so much potential for the elderly to live longer. What we need now is for them to live that longer life in a happier way, so, we are thinking around developing programmes for the elderly and in fact, the university I will be moving to has a strategic priority of funding work around helping the elderly live healthier and happier lives.

So, definitely, that's on our radar, for sure.

**Audience**

Yes, like my colleague here, I am from Singapore actually, I just flew in today because I am doing a talk about impact on social connectedness with seniors and youth and I doing a presentation this Friday and I would definitely like to invite you to be there about the connectedness between seniors and youth and what on impact it has on their mental health as well as their physical health, because I think it is a very interesting project that is going to be launched here as well. It is already in Singapore and in Perth as well as in other places in Australia, so I would really like to invite you for that.

**Dr James Dimmock**

Thank you.

**Tim Colmer**

Are there any other questions or comments?

**Audience**

Just a comment really, I am in the health profession and work in rheumatic heart disease, actually, but I feel like most of our programs are top-down. They are managed by clinicians for clinicians really, the patient comes at the end and it's really refreshing to see this research from a bottom-up perspective and the listening to co-design the program.

I think we have got something to learn from the other way, so, thank you.

**Dr Ben Jackson**

Thank you very much, that's very kind.



Thank you for the beer whoever brought that?

We should have said when we finished we would spend the whole time talking about the power of people and we both said we must finish by thanking all the people that have helped and do help us and then we forgot ...

Jackie, thank you for the beer.

... and all of our students and all of our collaborators and Healthway and UWA Sport and all the people who help us do what we do, some of you are here tonight as well, so thank you very much and you are going to hear from one of them in the next session and she will be great.

**Dr James Dimmock**

Yes, and you know the reality is that we are a couple of idiots who are driven very much by one example is, one of the people that will be sitting here very shortly, Natalya. She does wonderful work and we have got a number of other PhD students and lab group members who do fantastic work and sometimes we get some of the benefits of their work and we don't deserve it sometimes, so certainly we would like to thank those people, including Natalya who will be up next.

[clapping]

**Tim Colmer**

Thank you both for that thought-provoking discussion and also entertaining discussion.

Please feel free to grab a drink and then we will start again at 7:00 pm for the next speaker.

Thank you.