



Multicultural Health Diversity Café:

A forum about working with people from CaLD backgrounds on health matters

Executive Summary and Key Points

Convened and hosted by:

**Cultural Diversity Unit
Chronic Disease Prevention Directorate
Public Health and Clinical Services Division**

**27 November 2013
The Rise
Maylands, Western Australia**

Executive Summary

The second Multicultural Health Diversity Café: a forum about working with people from culturally and linguistically diverse backgrounds on health matters was held on 27 November 2013 at The Rise in Maylands, Western Australia.

A total of 65 service providers representing various agencies from within WA Health, 19 non-government organisations and community services and 2 government agencies attended the Diversity Café. They came to share, discuss, listen, ask and showcase current work with consumers and carers from culturally and linguistically diverse backgrounds. The Diversity Café was another learning opportunity for service providers on their ongoing journey to develop cultural competency in providing equitable access and safe and high quality health programs and services.

The specific topic for this Café was obesity and nutrition.

There were four insightful presentations on:

- **‘Promoting healthy lifestyles - the WA Health Promotion Strategic Framework’** by Denise Sullivan, Director of the Chronic Disease Prevention Directorate (CDPD), Public Health and Clinical Services Division, Department of Health.
- **‘Good Food for New Arrivals’** by Rachel Pearce, Nutritionist at the Association of Services for Torture and Trauma Survivors (ASeTTS).
- **‘Liveliighter Campaign – Connecting with adults from culturally and linguistically diverse backgrounds’** by Maria Szybiak, Campaign Director, Heart Foundation.
- **‘Bringing Measure Up Campaign Messages to NESB communities – working with the Multicultural Services Centre (MSC)’** by Ruth Lopez, Senior Policy Officer, Cultural Diversity Unit (CDU), Department of Health and program contract manager.

The Café was convened and hosted by the CDU, CDPD, Public Health and Clinical Services Division, Department of Health.

A summary of the presentations, feedback from the buzzing sessions, list of attendees and visuals from the table top writings are included in this report.

Ruth Lopez opened the Café with an acknowledgement of country, welcomed all participants, explained the day's proceedings and facilitated the day's program.

Denise Sullivan presented on WA Health's approach to chronic disease prevention. WA Health targets, through a 'whole of population' approach, people who are currently well and those who are at risk of developing disease or experiencing injury (including people from culturally and linguistically diverse backgrounds). At an individual level, obesity is seen as an imbalance between energy intake and energy expenditure. At a population level, the factors driving this imbalance and obesity are extremely complex. Western definitions of obesity are varied but a common underlying view is that obesity is an overload of body fat often resulting in a considerable deterioration of health.

In some parts of the developing world, overweight and obesity have historically been considered to be a sign of success, wealth, good health, and even optimism and happiness. Sub-Saharan African men express wealth and gain respect in the community by being the breadwinner and having the capacity to regularly afford "food of white people" (which includes meat, fried foods, soft drinks, butter, sugar, chocolate, salt, tinned foods and bottled beer). There is also a high status associated with the consumption of soft drinks such as Coca-Cola in developing and poor countries. Such food commodities are seen as "Western items" and therefore confer superior social status to those who are struggling economically.

Chronic infectious diseases such as HIV/AIDS and TB, prevalent in developing countries such as those in Sub-Saharan Africa could have contributed to the current preference for big body size among migrants from those countries who find refuge in developed countries. Developing countries in these places are known for chronic poverty, population displacements due to war, ethnic conflicts and natural disasters and subsequent high levels of malnutrition (under nutrition). The cultural exposure of migrants to this suffering is likely to have a major influence on the way body weight is socially constructed and positioned.

Unlike the developed world which has shifted from preferring larger body size to lean body size, migrants from developing countries have maintained their preference for larger body size even after migration regardless of the length of stay in the new country.

Given the complexities and the multitude of influences on behaviours, Denise highlighted that a multi-strategy, multi-sectoral approach is needed to address overweight and obesity. Prevention work is distributed across a number of WA Health agencies. CDPD leads in setting strategic vision and state-wide healthy living policy such as the WA Health Promotion Strategic Framework, working with other government departments to influence the development of policies that support healthy living; legislation and regulation by working with other states and territories around the issue of children's exposure to junk food advertising and promotion; supportive environments through food labelling/display of energy information on menu boards; and strategic coordination, building partnerships, capacity building with other government agencies such as transport, education, planning, sport and recreation.

Rachel Pearce talked about the ‘Good Food for New Arrivals (GFNA),’ a program run by the Association of Services for Torture and Trauma Survivors (ASeTTS). As the name suggests, ASeTTS provides holistic services to torture and trauma survivors that address individual, family and community systems. They provide counselling and programs with community groups, families, adolescents and children. The GFNA is part of the community program.

Rachel stated that ASeTTS’ clients and refugees in general have all experienced horrendous things before coming to Australia. Many have been physically or psychologically tortured or been forced to watch family members suffer. In fleeing their home country they have left behind family and friends, often without the opportunity to say goodbye. This leads to feelings of grief and anxiety, helplessness, guilt and shame. They no longer know who they can trust and no longer feel in control of their lives.

Many refugees experience nutritional problems which may change over time. On arrival, malnutrition, which leads to stunting, vitamin A, D and B group deficiencies, anaemia, iodine deficiency and thyroid problems and lack of appetite are common problems. Once they are settled, problems relating to food insecurity (difficulty finding familiar foods, reading food labels, financial problems, knowledge of cooking methods), food storage and food safety, school lunch boxes and tooth decay develop. In the long term, over-nutrition leading to obesity and diabetes can occur.

The GFNA program aims to improve nutrition and overall health of people from refugee backgrounds through:

- weekly multicultural cooking and nutrition classes
- multi-week cooking and nutrition education programs for community groups
- one-on-one nutrition and food preparation tutorials for high need families
- lunch box workshops for parents of primary school children
- holiday fun programs with a nutrition focus for children from culturally and linguistically diverse backgrounds
- presentations on refugee nutrition and health for university students, service providers and other organisations serving the refugee community and
- development of nutrition resources suitable for clients from culturally and linguistically diverse backgrounds.

ASeTTS’ uses a Framework of Recovery in its work, adapted from the Victorian Foundation for Survivors of Torture, which investigates acts perpetrated by the persecutory regime, social and psychological experiences which lead to the trauma reaction, core components of the trauma reaction and recovery goals. ASeTTS’ four main recovery goals are restore safety and enhance control, restore attachments and connections, restore meaning and purpose and restore dignity and value.

The GFNA program, as with all ASeTTS programs, helps to achieve these goals by enabling women to claim back their traditional role as food providers for their families and encouraging them and other program participants to confidently share their culture with others.

Maria Szybiak's presented 'Connecting with adults from culturally and linguistically diverse backgrounds' which is about the LiveLighter[®] Public Education Campaign.

Maria referred to climate change and obesity as two of the most pertinent environmental health issues of our time. Both have no particular allegiance to country, race, gender or sexual preference and do not require a passport or visa to cross borders. Both are partial to consumption without regard to language or culture. The medical or clinical implications of obesity and the metabolic syndrome are also impartial to language and culture.

Currently, Mexico holds the number one spot for prevalence in obesity, followed closely by China, India and Brazil. In Australia, no state or territory has more than one third of their population in the healthy weight range. In Western Australia, 66% of adults are overweight or obese.

Referring to the evolution of modern man, it has taken a mere 30 years to evolve to homo-insatiable status.

The LiveLighter[®] campaign was developed and delivered by the Heart Foundation (WA Division) in partnership with the Cancer Council WA. It is funded by the Department of Health WA.

LiveLighter[®] was launched on 24 June 2012 with the following objectives:

- Increase awareness of the link between being overweight and chronic disease.
- Increase understanding of the risks associated with poor lifestyle choices.
- Support the trial, adoption and maintenance of healthy eating, physical activity and healthy weight.
- Encourage public debate about obesity and the need for changes in the environment, including regulation, to support healthy eating and physical activity.

LiveLighter[®] targets all adults in WA who are overweight and obese, regardless of language, culture, status or location. It uses a population health approach where everyone is included and due diligence is required to ensure that individual self-exclusion is minimised.

Men and women from culturally and linguistically diverse backgrounds are engaged through a comprehensive approach utilising elements common to all cultures that speak to the masses. These are Food, Sport and Supermarkets (Retail) which serve as conduits for good messaging and connect within communities and populations.

Maria cited that the approach involves selecting appropriate talent, using global speak and graphic speak and using simple factual website language. It is about having seasonal recipe books, online recipes, recipes that can be rated, recipes for print media such as Fresh Magazine, Eat Best Buy West Magazine and purchasing Adshells across the metropolitan area with each Adshell located within 350 meters of a junk food outlet.

LiveLighter[®] was launched with a full front page and inside page of The West Australian newspaper, supported the following week by an unprompted and supportive editorial and a letter from the Director General of the Department of Health supporting the Campaign and describing the impacts of obesity on the health system.

Ruth Lopez spoke about ‘Bringing Measure Up Campaign messages to NESB communities: the Multicultural Services Centre’s NESB Measure Up project, in her role as the contract manager.

The NESB Measure Up project aimed to raise awareness of healthy lifestyle campaign messages among health professionals and others working with people from culturally and linguistically diverse backgrounds. The program also targeted adults from culturally and linguistically diverse backgrounds, specifically, those with low English proficiency or literacy and new and emerging communities with high incidence of lifestyle related conditions such as diabetes and cardiovascular disease.

The MSC employed a variety of strategies as follows:

- Trained health professionals and other service providers on cultural competency and appropriate strategies to engage people from culturally and linguistically diverse backgrounds. Over three years, they held 227 training and workshops attended by 840 health professionals and bilingual workers.
- Promoted and supported Heart Foundation’s Healthy Eating and Physical Activity Grants through grant information workshops, emails, flyers, e newsletter/bulletins and ethnic media channels such as 6 EBA radio station. Out of 75 funded projects, 11 proposals specifically for people from culturally and linguistically diverse backgrounds were successful.
- Disseminated healthy lifestyle information through community festivals like Katanning Harmony Festival, Swap it Sessions, International Women’s Day celebration and using ethnic media such as Radio 6EBA.
- Translated Measure Up materials (later on Swap It campaign materials) and distributed these through various avenues.
- Organised the first ever Multicultural Healthfest 2013 in Perth that was attended by about 500 community people and where more than 30 agencies exhibited their services.

The collaboration established between MSC and the Heart Foundation led to changes in the small grant application process which attracted successful submissions from ethnic community organisations. Also, the training conducted for the Heart Foundation, Foodbank, Australian Red Cross and other ‘mainstream’ agencies also facilitated a better understanding of ways of working with people from culturally and linguistically diverse backgrounds.

Some of the feedback from participants, showed satisfaction with the program:

“We worked together with MSCWA very closely in implementing this project. I really appreciate the support provided. We have been trying to network with cultural and linguistic groups for a long time.” (From a health professional).

“With the assistance of the MSCWA, our communities had opportunities to be involved in the Swap It campaign. They helped us apply for small grants from the Heart Foundation and linked us to Cancer Council’s FOODCents program.” (From President of Mboko Children Association WA).

Key Points from the Diversity Café Summary Wall

1. How can you or your agencies bring the messages of the HPSF to people from culturally and linguistically diverse backgrounds?

- Work with CaLD communities to build up capacity where able.
 - Identify, get help and work with CaLD community leaders and agencies.
 - Reach out to community leaders at forums.
 - Engage better with multicultural health organisations.
 - Involve communities in the decision making process.
 - Build partnerships/collaborations with communities.
 - Support to adapt current lifestyle - not complete change.
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- Embed inclusivity as a feature of programs in services, contracts, policies.
 - Adapt our services to the community.
 - Provide school based programs for both students and parents.
 - Organise supermarket tours and food safety workshops.
 - Raise awareness of barriers that need to be overcome e.g. encouraging exercise; weight control.
 - Use bi-lingual workers as guides and mentors to connect with community groups.
 - Break down barriers between agencies.
 - Look at whole lifestyle approaches i.e. diet, exercise, mental health.
 - Programs on food shopping.
 - Educate.
 - Link with existing CaLD groups.
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- Promote resources in different languages.
 - Consider pictorial resources rather than 'text heavy' information.
 - Look at better & different modes of information delivery rather than standard paper based resources.
 - Discuss this topic at English classes where you have community attendance.
 - Use interpreters and translators.
 - Use translated or pictorial resources to connect.
 - Promotion of healthy eating messages within existing budgets.
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- We need change with legislation, i.e. legislate companies.
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- Be culturally sensitive:
 - It's not what you say but how you say it.
 - Don't make clients feel like they have done everything wrong all their life.
 - Provide health professionals with culturally relevant information about nutrition for their clients.

2. What strategies could be effectively used when talking about nutrition and healthy eating with people who come from refugee backgrounds?

- Work more closely with the Department of Immigration at time of arrival.
- Raise awareness of risks of Western diet for new arrivals.
- Explain the health consequences of various diets.
- Don't make assumptions on nutrition and healthy eating knowledge.
- Keep the message simple.
- Use strategies to overcome language barriers.
- Undertake research evaluations of good strategies in order to build the evidence to use in advocating for the expansion of CaLD specific strategies.
- Understand what people from refugee backgrounds eat and why.
- Conduct needs assessment e.g. Maslow's hierarchy.
- Individualise or customise your approach to needs, values and behaviours (i.e. culture) of the family and community.
- Know your demographic groups well, e.g. find 'alternative' Australian food sources to person's country.
- Health eating should be addressed across all work places/opportunities.
- Incorporate education on the social aspects of food – putting food into context.

- Develop interactive resources.
- Use practical/visual aids.
- Use visual aids and supermarket tools.
- Provide hands on and practical sessions.

- Direct people towards traditional markets/supermarkets in Perth.
- Show where to get comparable ingredients.
- Provide information about where they can access culturally familiar foods.
- Talk about healthy versions of traditional foods.

- Respect and encourage prior knowledge and methods.
- Acknowledge individuals cultural values and incorporate into teaching.
- Acknowledge existing 'health' methods in use – find common ground.
- Build on their strengths – be sensitive toward knowledge and skills they already have.
- Target and empower men to engage in cooking and nutrition.
- Utilise current knowledge of familiar foods and encourage adaption.
- Confidence/safety in communities – knowledge and support required.
- Provide sustainable community resources.
- Be flexible.

- Conduct workforce training and awareness training.
- Recruit and train bi-cultural workers to support nutrition programs.
- Employ bi-cultural workers.

3. What are the challenges that you and your agencies might face when discussing health promotion campaigns with women and men from culturally and linguistically diverse backgrounds?

- Different health belief systems.
- Language/literacy.
- Cultural norms – gender roles.
- Cultural differences.

- Funding cuts to organisations mean that health promotion messages take different forms and confuse people (lack of continuity, changes in messages, e.g. Measure Up to Swap It to Shape Up Australia).
- Communication between organisations.
- Making healthy changes sustainable.
- Difference in priorities.
- Lack of time and resources.

- Claims by production agencies that good ethnic acting talent is too hard to find in Western Australia.

- Lack of patient autonomy in country of origin.

- Events and activities.
- Information dissemination.
- Language and knowledge about how to reach groups?
- Fear of making mistakes or being overwhelmed.

How could these challenges be addressed?

- Adopt a community capacity building approach so that culturally and linguistically diverse communities determine and control the messages and strategies.
- Incorporate cultural practices; raise awareness of cultural issues; consider gender issues e.g. women in swimming dress.
- Offer gender specific services.
- Set priorities.
- Shift mind sets.
- Discuss men's and women's businesses separately.
- Incorporate discussion of CaLD issues.
- Identify key people and build relationships and trust.
- Acknowledge other health belief systems.
- "Don't reinvent the wheel."

- Empower patients; educate on patient autonomy; independence.

- Provide workforce training; develop a pool of bi-lingual workers; other health professionals; key community members/influencers.
- Disseminate relevant campaign messages through key community members.

- Use visuals; simple language; bi-lingual workers; translators.
 - Make messages relevant, inclusive and appropriate.
 - Be creative in disseminating messages, go to playgroups and cooking classes.
 - Pictorial resources/different languages.
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- Make healthy changes sustainable through empowerment; through social support networks; adequate funding; inclusive of all arrivals.
 - Partnering with other organisations; pooling resources and funding.
 - Interagency communication and collaboration.

4. What strategies employed by MSC in this project might you adopt in your work?

- Using existing community professionals to work with the CaLD groups.
 - Offer community workers train the trainer opportunities.
 - Targeting health professionals – work smarter not harder.
 - Engaging with and using community representatives to access other members of the community.
 - Qualifications for bi-cultural health promotion for future employment.
 - Training and working with bi-cultural workers.
 - Professional training offered to mainstream agencies.
 - The facilitator role linking CaLD communities with available resources.
 - Distilling major campaigns down to local action.
 - Handing on learning to next campaign.
 - Community grants with specific resources and promotion on 6EBA radio.
 - Use simple concepts – the message is less open to misinterpretation.
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- Effective cross-cultural communication.
 - Adopt a variety of strategies/activities.
 - Communicate with other agencies and share resources,
 - Sharing ideas/questions
 - Work with bi-cultural workers
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- With regard strategies to reach CaLD groups, specifically those who do not attend health services, schools are a great avenue.

What could be the challenges for you?

- Accessing trained bi-cultural workers for CaLD projects.
 - Engaging volunteers.
 - Making it sustainable – how to continue after funding ends?
 - Reaching all CaLD groups/communities.
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- Highlight the importance of cultural competency training more broadly across the health sector.

Diversity Café participants:

The Diversity Café was attended by 65 participants from various government and non-government organisations. Mentioned below are those who gave permission for their names and contact details to be included in the report.

Last name	First Name	Agency/Program	Email
Appadoo	Ruksha	Australian Red Cross	rappadoo@redcross.org.au
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Some table top writings

Challenges

- language → potential
- Difference in priorities
- Literary level
- Identifying key people
- Resources → diff. lang.
- Access to technology
- Complexity of issue
- ↳ comorbidity
- Mistrust of authority

activities (play grp, working class) } Creative Access to

trust → building relationships

BUZZ SESSION TWO

- ACKNOWLEDGE EXISTING 'HEALTHY' METHODS IN USE
- ↳ FIND COMMON GROUNDS
- BEING FLEXIBLE
- NEEDS ASSESSMENT
- ↳ MASLOW'S HIERARCHY

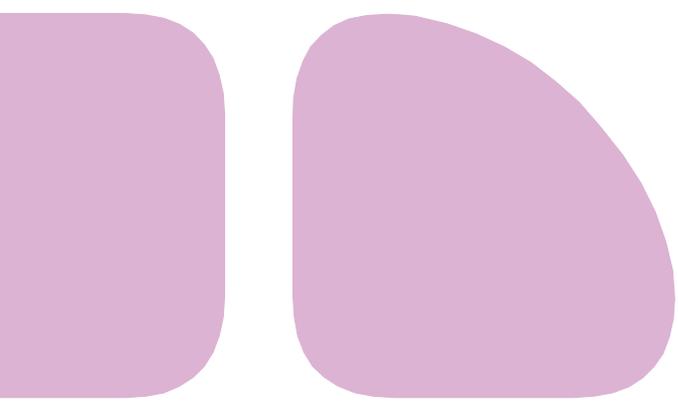
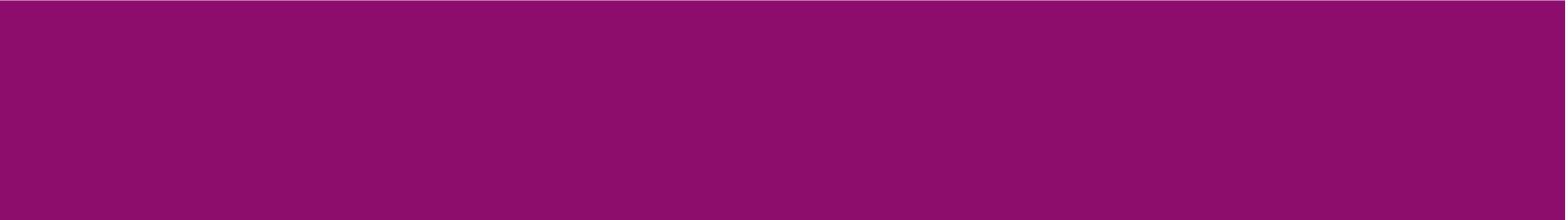
Buzz Session 1

Buzz Session 2 - Strategies for effectively talking about nutrition healthy eating.

- Keep the message / learning simple / easy
- environment - comfortable & real
- central to the person
 - ↳ what is food to them
 - ↳ what is familiar
 - ↳ incorporate traditions, offer alternatives
- involve the children
 - ↳ encourage that role reversal
- Don't make assumptions on knowledge
- maintain a respectful relationship

Buzz Session 4

- Continuing Professional Development ^{knowledge & skills & attitudes}
- Engaging with communities helping implementing & resources actively collaborating
- Engaging with / utilising / liaising with community representatives
- Events to share information get talking / keep talking
- Effective cross-cultural communication
- Effectively accessing available resources networking / sharing



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