

Workshop: Ways to increase breastfeeding rates in Asian mothers.

Aim: To identify 2-3 key areas where funding and effort/time would be most affectively spent on increasing breastfeeding rates in Asian women?

1. What are the attitudes, beliefs, perceptions and values amongst your culture that impact upon whether a mother initiates and maintains breastfeeding?

- Older family members discourage Breastfeeding
- Formula – show off due to marketing
- Bigger babies better
- Breast not big enough
- Breastfeeding decreases body image
- Inability to produce enough milk
- Limited understanding and support. Cultural norm not to breastfeed
- Pain
- Postpartum practices specific to culture e.g. 30-40 days rest
- Cultural changes with time

2. What are the financial factors that impact upon whether a mother initiates and maintains breastfeeding?

- Back to work to earn money for formula
- Perception that breastfeeding costs more
- 14 weeks paid leave but need to breastfeed 6 months

3. Possible initiatives to increase breastfeeding?

- Advocacy for increased paid parental leave.
- Clear messages to the whole family especially senior members
- Childcare educators to provide education courses for grandparents
- Culturally appropriate education package/ support
- Peer counsellor programme similar to pacific and maori.

Overall recommendations to increase Breastfeeding in Asians:

- More culturally appropriate/responsive/accessible antenatal education
- Clear messages about the benefits about infant feeding to senior family
- Sustainable funding for Peers support programmes
- Childbirth educators could include grandparents
- Increase paid parental leave (min 6 months)
- Culturally appropriate information in different languages

- Support and inclusion of fathers and the whole darn family
- Workforce development: cultural safety-working with diversity

Workshop: Feasibility of creating a metro-Auckland action plan to address HEHA in South Asian Communities?

Workshop Aim: To provide feedback to the Ministry of Health and District Health Boards on ways to efficiently and effectively address HEHA in South Asian communities across metro Auckland.

1. Is there a need to increase communication and collaboration across Auckland on issues related to HEHA in South Asian communities?

- There are similar south Asian populations in the Auckland region therefore need a common framework
- The structure would strengthen existing initiatives and link to mainstream structure frameworks
- It would help bring together community activities and NGO's
- Communities are confused by the number of organisations, PHO's, sports Trusts etc involved in HEHA. Each are a different entity with different criteria, boundaries, target groups
- Need for a community voice in PANN Auckland
- Lots happening but not always getting shared/ reinventing wheel

2. Funding comments

- ? funding attached
- ? need for a common pool of funding
- Competition for scare funding can be a barrier
- NGO's limited funding can prevent expansion, training and development opportunities
- Funders meet with providers/ NGO's

3. What process is needed to facilitate this communication?

- Need to consult Asian community/ NGO's on an appropriate structure that allows communication to feed into PANN Auckland.
- Need to set priorities out of 11 PAN Auckland HEHA areas, could be an action area with South Asian focus
- DHB structure inhibits cross-over
- ? a need for a steering group of Asian Community representatives.

- PAN Auckland identified workforce issues/ courses for community workers needed to build capacity and expertise (target this to south Asians).
 - Make sure that leadership disseminates information to communities and has an active feedback loop.
- 4. Mechanism for feeding South Asian perspectives into PAN Auckland planning and funding group?**
- May be steering group, representing community leaders, providers, NGO
- 5. Workforce development training opportunities for people from South Asian backgrounds in HEHA?**
- Creating Positions
 - Community workers
 - Health promoters
 - Specialists
- 6. Share knowledge, information, resources, best practice, communications, How?**
- PAN Auckland website
 - Data Collection regionally
- 7. Monitoring of Outcomes**
- Quantitative data
 - Qualitative data
 - Build model of culturally logistically appropriate participatory action research for South Asian groups.
 - 6 monthly forum to update?

Workshop: Culturally appropriate ways to reduce fat in cooking and increase physical activity knowledge and behaviour in South Asian Families?

Workshop Aim: To identify key strategies that are likely to have the most effect on reducing fat in cook and increasing physical activity in South Asian Families

Reducing fat in cooking

- 1. What are the main sources of fat in the diets of South Asian Families? Consider both traditional and westernised foods?**

- Ghee, butter, oil, lard, coconut/ palm oil
- Cheese
- Milk/ cream/ coconut cream
- Meat - untrimmed
- Icecream
- Takeaways
- Desserts
- Pies, cakes, cookies, convenient breakfasts

2. What are the main barriers to reducing fat consumption amongst South Asian Families?

- Taste
- Traditional preparation methods
- Cultural beliefs around veg/ salad consumption
- Cheaper cuts of meat more expensive
- Lack of skills preparing new vegetables/ foods
- Foods associated with festive events/ religious gatherings
- Perceived high cost of fruit and vegetables
- Conflicting messages from home/ school/ media/ for younger people
- Belief home cooking is healthy even if it has been made with lots of oil.
- Traditional recipes high CHO/ low veg and salad.
- Will buy if cheap or discounted
- Employment status
- Lack of knowledge about healthier cooking
- Peer pressure

3. Brainstorm possible strategies that would promote reduced fat consumption in South Asian Families?

- Culturally appropriate health education
- Positive role models ' Walk the talk'
- Target the women as most do the shopping and cooking.
- Promote fruit and vegetable consumption
- Initiatives such as healthy village action
- Faith based setting initiatives
- Healthy Kai type initiatives e.g. for Indian restaurants

- Find out what is working well in other areas and adapt, don't reinvent the wheel.
- South Asian HEHA coordinators
- Encourage workforce development and cultural competence in dietitians, nurses, health promoters
- Culturally appropriate resources and tools? heart foundation could do this
- Use champions who are culturally appropriate.
- Promote a culturally appropriate healthy plate model
- Train the trainer approach in communities.

Physical Activity

1. List the main barriers to being physically active amongst South Asian families?

- Need approval from others
- Feel they are discouraged or not allowed
- Religion
- Low motivation/ scared
- Self esteem – not prepared to show themselves in public
- Clothing for physical activity not appropriate for South Asians
- Financial or other priorities e.g. clothes food,
- Perception of lack of time (because it's not a priority)
- Perceptions of activity providers e.g. facilities intimidating e.g. pools, feel they have to do it the 'NZ way'.
- Exercise is not a learnt/ modelled behaviour
- Women family needs come first, personal after.
- Transport, childcare

2. Brainstorm possible strategies that would promote increased physical activity in South Asian Families?

- Try before you buy. Come as you are
- Promote free community activities
- Role models from within the community
- Health promoters who practice what they preach
- Using laymen's terminology e.g. simple alternatives – walking, parks, beach, walk incidentally e.g. to church, temple, mosque.
- Encourage primary care: GP's wellness model rather than sickness model.

- Target younger generation
- Look at the % of drs who prescribe GRx + Ethnicities
- Access ethnic community groups – work with them/ leaders
- South Asian Workforce leader aimed to develop and deliver health promotion activities.
- Ensure health sector and other agencies in community are cross- pollinated, working together.
- Need more practice based evidence
- Utilise existing sporting networks and events. Use opportunities to collaborate with range of organisations.
- Frequently occurring long term sustainable programme development.
- Culturally appropriate, linguistically appropriate initiatives.
- Whole family approach
- Rephrasing exercise to physical activity
- Culturally sensitive groups e.g. women’s groups.

Workshop: How to best communicate healthy eating messages to South Asian people?

Workshop Aim: To brainstorm and identify strategies for communicating health eating messages to South Asian people including culturally appropriate communication mediums and framing of messages.

1. What are some of the potential barriers to communicating healthy eating messages to South Asian people and how could you overcome these barriers?

- Language
- Lack of translated resources
- Lack of knowledge/ awareness of need to consume a healthy diet amongst South Asian people.
- South Asians being non receptive to mainstream messages or health providers
- Diversity of South Asian subgroups and population
- Confusing health messages from many sources e.g. community, health professionals, media, and internet.
- Lack of ethnic diversity in workforce

2. What communication channels currently exist that have been used to communicate with South Asian people. What made the channels successful or not successful?

- Media accessed by South Asians e.g. Triangle TV, Vision Asia, Stratos TV, Asia Down under (TV1) Radio Tarana (? Auckland Only), Planet FM, Access radio, Maduravani

- Religious, Community or Cultural Groups e.g. The Asian Network Incorporated (TANI), Shanti Niwas, SWAASTHH (Social Well-being for Asians in Aotearoa with Services towards Holistic Health)
- Ethnic newspapers or newsletters.
- Temples
- Religious Celebrations
- Posters in shops in areas with high South Asian population e.g. where bollywood movies are sold, spice shops, halal butchers.

3. How should healthy eating messages be framed for South Asian people? E.g. How would you make the messages culturally appropriate, what would motivate South Asian people to make changes to their diet?

- Use holistic approach, include the whole family
- Messages supplied in different languages
- Increase the South Asian Nutrition and Physical activity workforce, so people can relate to messenger.
- Provide training for non South Asian health professional on cultural competence when working with South Asian communities e.g. could be similar to the pacific certificate in nutrition.
- Something similar to green prescription which is culturally appropriate.
- Involve the community in the generation of the messages, to ensure advice is realistic for the community.
- Regular columns in appropriate publications
- Use testimonies or champions within the community who have made changes to their lifestyle. Role models e.g. bollywood movie stars
- Look overseas to see if there have been resources that have been developed that could be adapted
- By Asian for Asian initiatives.