Mapping Exercise of Food & Health initiatives
for Minority Ethnic Communities in Scotland

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Why the research?

- Recognition of specific health issues among Minority Ethnic (ME) groups (e.g. high levels of diabetes, heart disease among S. Asians, obesity among Africans,)

- Evidence of lack of knowledge about a range of health states and identified lack of understanding of health food terms among various ME communities

- Perceived lack of involvement of ME communities in mainstream food and health initiatives

Methodology

- Literature Review – helped inform mapping exercise

- Mapping Exercise of voluntary sector organisations in relation to work on
  - Cooking
  - Selling food
  - Growing food
  - Learning about food

- Internet Search for resources – useful information is provided in Report Appendix

Mapping Exercise

- 79 organisations working on food and health with minority groups provided information.

- 70 participated in telephone interviews:
  64 voluntary sector organisations;
  2 voluntary/statutory partnerships;
  4 statutory whose work is closely entwined with voluntary sector.

- 9 further voluntary organisations working in the field included on basis of initial contact and published information

- An additional 12 organisations who were listed on CHFS website as working with ME groups, indicated that they do not in fact do so, but they are open to all

- The work of voluntary and statutory organisations in this sphere is closely entwined and frequently interdependent. Any future research should cover both the voluntary and statutory sector

2 main categories of voluntary organisations working on food and health with ME communities

A   Organisations focused on ME communities - include some work on food and health among other activities

- Undertake food work as part of wider activities
- Work often very short term
- Mostly poorly networked on food issues and struggle to develop work
- Often unaware of resources developed elsewhere
- Mostly unaware of funding sources for this type of work

B   Organisations focused on food issues - include some ME people in their work

- Well networked on food issues
- Aware of funding sources
- Some struggle to engage with ME communities
- Some unaware of ME diversity / faith and cultural issues relevant to the field
- A number do not undertake ethnic monitoring, so only know if engage if remember visible faces

Geographic spread

- Most work takes place within the Central Belt, especially Glasgow and Edinburgh, partially reflecting the concentration of the visible Minority Ethnic (ME) population.

- Most work in Dundee is linked with an NHS initiative

- There are examples of good practice from across Scotland including Aberdeen and the Western Isles

Service Users

- Most work concentrates on visible Minority Ethnic groups – people of African and South Asian origins

- Some work is with specific ethnic groups but much covers a range of groups

- There is comparatively little work among Gypsy Travellers, and e.g. East European migrants

- Considerably more work is done with adults, with women rather than men, except in relation to growing food

- There is comparatively little work identified on maternal and infant nutrition

Table 9 Main Ethnic groupings included in ME food work by region

	White Scottish / British	Pakistani	Indian	Bangladeshi	Chinese	Arab	African	East European	Gypsy Traveller	Other
Aberdeen & North	5	4	2	3	3	1	4	3	1	3
Lothians & Fife	11	7	9	5	7	6	9	5	1	6
Central & West	19	34	21	4	15	12	23	6	3	14
Total	**35**	**45**	**32**	**12**	**25**	**18**	**36**	**14**	**5**	**23**

Main reasons for food related work

- **Health promotion 28**

- **Community development tool 22**

- **Promotion of equality and integration 19**

- **Component of care service 12**

Provision

- **Cooking 31**

  Classes, demonstrations, recipes

- **Selling 33**

  Co-ops, cafés & meals

- **Growing 16**

  Community gardens, allotments etc

- **Learning 64**

  Courses, seminars, talks etc

- **Other 5**

   Free food provision e.g. distribution of surplus produce, free lunches, tasters

Unmet need

- **Cooking** – **14** identified need for more classes + 3 for follow up/home visits to embed change
- **Selling** – **7** more outlets e.g. coops;3 ethnic cafes; 1 healthy ethnic catering supplier; 3 better elderly food services
- **Growing** – **6** projects in pipeline; 4 hoped for
- **Learning**- **28** more work needed; 1 follow up work with schoolchildren; 3 food safety training
- **Other** – **7** specific work with vulnerable groups

Challenges to providing services 1 Funding

- The majority of voluntary sector projects faced considerable uncertainty as to future funding.

- It is likely that work on food and health will reduce in future years unless additional funding is forthcoming

- Cutbacks in statutory services could result in reduced voluntary sector services where inputs from these enable ME organisations to work on food and health issues

Table 10   Funding - need for
- **Challenge to current work   17**
- **Prevent meeting unmet need   29**
- **Help & info on funding sources requested   10**

Challenges to providing services 2

- **Shortage of staffing** to develop new work / support volunteers
- **Cost and facilities to provide childcare** to enable women to participate especially in cooking
- **Cost of interpreters** if project has no suitable bilingual staff
- **Lack of resources in appropriate language formats**
- **Complexities of undertaking food provision/ cooking with diverse faith/ dietary requirements**

Challenges to providing services 3

- If projects become labelled as "ethnic", "Scottish" people don't attend
- Requirements for gender segregation
- Regular attendance may be difficult to maintain due to users having other commitments, asylum seekers may be moved away
- Lack of understanding between mainstream and ME voluntary organisations – gatekeeping?
- Growing - the Scottish weather and short growing season came as a shock to many.

Findings on eating behaviour from survey and literature review

- Many ME communities traditionally eat a healthier diet than people in the West

- This may be changing for the younger generation who are increasingly incorporating fast foods into their diet

- Cooking skills are more prevalent among service users from ME backgrounds

- However, the health impact of e.g. high levels of oil, salt, sugar, are often not known.

- Traditional knowledge is often useful, but some traditions may be less so e.g. in relation to pregnancy and infant care

Access/affordability of healthy food

- Varies with geography and cultural background– parts of Glasgow especially have access to moderately priced "ethnic" or halal ingredients – but for many parts of Scotland food access is difficult and costly

- Asylum seekers particularly find appropriate food access difficult for geographical and financial reasons

Table 12   Influences on food consumption
- **poverty/cost 36**
- **Accessibility 25**
- **culture/religion 38**
- **Knowledge 33**
- **Family 21**
- **Other 3**

Monitoring and Evaluation

- Both the literature review and the organisation mapping exercise identified that for the most part evaluation of work is short term

- It tends to focus on satisfaction surveys

- It is not often linked to behaviour change.

- This is an area that would benefit from further work and support.

Producing change

There is considerable demand for information about:

- advice on healthy authentic tasting ethnic foods,

- how to cook with available ingredients

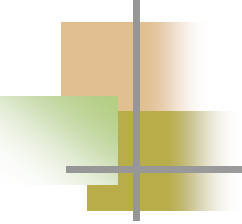Both linked to learning about health impacts of food.

Table 13   Factors that can help produce change
- **Accessibility   9**
- **Knowledge   12**
- **try new options   9**
- **religious teachings   4**
- **Affordability   9**
- **improved confidence in cooking/shopping   7**
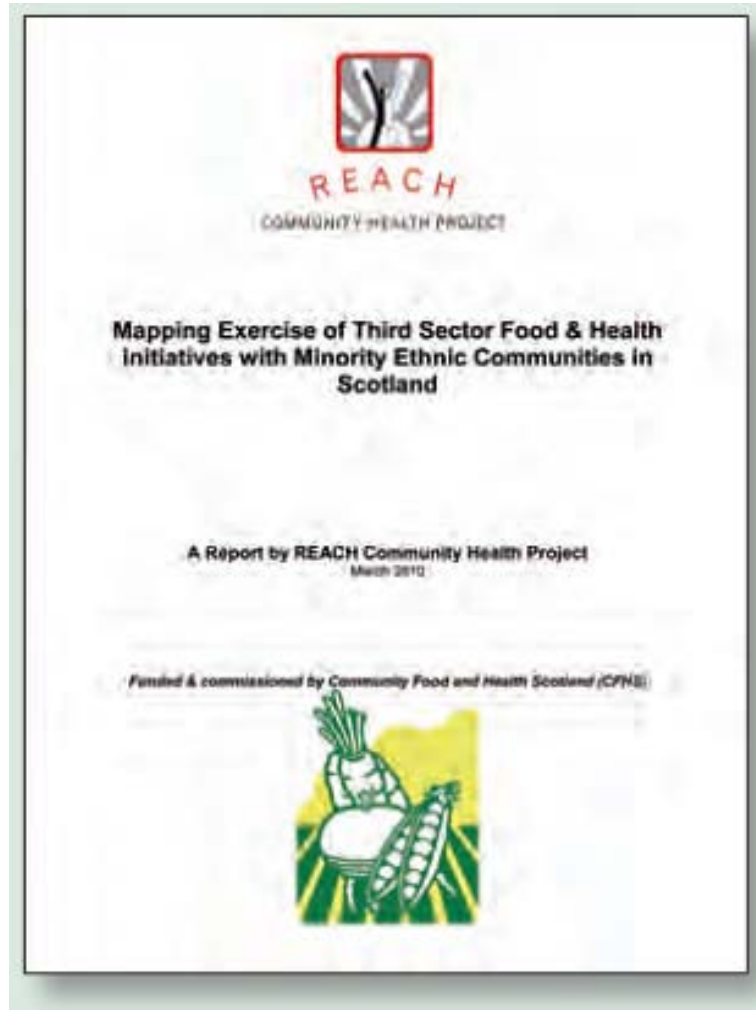
Further pointers

- Importance of appropriately tailored services/ information reflecting differing ethnic groups and requirements

- May be gender differences in receptivity to health and change messages

- Importance of understanding family dynamics in encouraging change

Thank you to all who contributed your time and thoughts to this study

Any Questions?

Recommendations

REACH
COMMUNITY HEALTH PROJECT

Mapping Exercise of Third Sector Food & Health Initiatives with Minority Ethnic Communities in Scotland

A Report by REACH Community Health Project
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Funded & commissioned by Community Food and Health Scotland (CFHS)

Recommendations

- Easy access to a range of material to support Food & Health Initiatives

- Targeted resources and support

- Support to raise awareness of the diversity of communities, their specific requirements and how to build these into their work

Recommendations

- Long term funding is needed to build in sustainability

- Ongoing support - in terms of long term funding, support with evaluation, opportunities for networking and learning

Recommendations

- Further research is needed

- A National Working Group to network, share, discuss and disseminate information on ME Food and Health Initiatives in Scotland.

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