

Together here for a healthier life



...improving migrant health in regional South Australia



Government of South Australia
SA Health

Preamble

Under the National Partnership Agreement on Preventive Health (NPAPH), SA Health (Health Promotion Branch) has a Social Marketing Implementation Plan to support the national roll out of Phase 2 of the Measure Up Social Marketing campaign, *Swap It, Don't Stop It!*.

The Implementation Plan includes a Community Grants Program which aims to fund community organisations to integrate campaign messages and disseminate social marketing information to community members through existing and new initiatives. It supports innovative projects and complementary local action in reducing the risk factors for chronic disease.

In 2012 the Community Grants were provided to Country Health SA Local Health Network (CHSA LHN). Through the grants (known as *The 2012 Country Health SA Culturally and Linguistically Diverse (CALD) Social Marketing Partnership Funding*), partnerships were developed with local community organisations and services to initiate and support initiatives that link with the national *Swap It, Don't Stop It!* campaign to encourage healthy eating and physical activity amongst CALD communities in country South Australia.

This storybook captures the journey of successes and challenges of working with recently-arrived migrants, refugees and established CALD communities covered in this project.

The drawings and paintings that appear in this storybook were produced by members of the migrant population. The stories have been recorded and assembled by the dedicated writers involved in the project, to reflect the varied communities' voices. To allow these communities to speak with honest emotion, the comments remain anonymous.

Introduction

Country Health SA Local Health Network (CHSA LHN) is committed to engaging and partnering with individuals, agencies, services, local community groups and staff to



enhance the lived experience of a diverse group of rural and remote South Australians, their carers and families through individual and population based prevention initiatives that are of high quality, based on evidence, local needs and interests.

The 2012 CHSA Social Marketing Partnership Project focused on initiating and supporting local level healthy eating and physical activity initiatives that link with the national 'Swap It, Don't Stop It!' campaign for the Culturally and Linguistically Diverse (CALD) communities located in regional South Australia.

The project worked in four regional areas (Riverland, Murray Bridge, Adelaide Hills and South East) with local organisations (e.g. community centres, councils, the Migrant Resource Centre, schools, etc) to understand what behavioural changes are needed to make it easier to include healthy eating and physical activity as part of everyday life, ideas for how to make the behavioural changes and where to go for assistance.

The stories in this book identify the benefits and the challenges involved in promoting the health of these communities. It demonstrates how difficult it can be to swap sitting for moving or unhealthy for healthy food options while many in these communities are attempting to settle down in a new country, speak English, find jobs, affordable housing and establish social networks.

I commend the work of the CHSA LHN staff and their managers and thank the many organisations and community members who have worked with us on this project and generously shared their stories.

Adj Prof Belinda Moyes
Chief Executive Officer
Country Health SA Local
Health Network

About the artist and writers

Daniel Connell is a visual artist working with diverse communities globally. His work is concerned with human connectedness.



Viv Lewis is a creative writer drawn to the heart of all things.

Julie White explores, through her writing, how to enable all members of our society to have a voice and share in the benefits most of us take for granted – how to not just include diverse views but to show the richness they add.



Adelaide Hills Community Health Service

- > Family fun day
- > Recreational outings
- > Food educator
- > Health information packs

With Jolie, Program Manager, Adelaide
Hills Community Health Service

Education
Giáo Dục

Community
Cộng Đồng

Health
Sức Khỏe

*Lobethal family, Ding (mother), Hang (father)
and their daughters, Giang, Tuyen and Quyen*



The very short story...

Forming a close partnership with the local council and a community centre assisted the Adelaide Hills Community Health Service to take the first steps to develop and deliver practical help to an isolated group living in the Adelaide Hills.

The role of the health service is to develop partnerships with other people and services who can commit to sustained relationships with the CALD community. Long term relationships, that's the key.

The region

The Adelaide Hills area hosts a complex pattern of small towns, some light industry and various levels of primary production such as vineyards, orchards, market gardens and small farm holdings. Winding roads and lack of public transport can lead to isolation despite its apparent proximity to Adelaide.

The community

Allowed entry into Australia on a work visa, the adult members of these Vietnamese families work long hours at a local abattoir while their children attend primary school, high school and TAFE.

Partnership

Program Manager at the Adelaide Hills Community Health Service, Jolie identified that the Lobethal Vietnamese community was isolated from the local community so could not benefit from the existing *Eat Well Be Active* program.

You can't do things in isolation, so the partnerships are vital.

Jolie's first move was to form a partnership with the Adelaide Hills Council which had also identified this community as needing support but was uncertain how to proceed. The health care workers and council employees decided to host an event, where they could begin to build a relationship with the community and ask them what their needs were.

The event

Vietnamese family fun day

Flanked by a very impressive school vegetable garden, the Lobethal Primary School activity hall was chosen as the venue. With the majority of the Vietnamese families having children attending the school, it offered a familiar environment and easy access. To gain their trust, the staff identified and involved key members of the local Lobethal community who were highly supportive of the Vietnamese children and families.

Gary, the Principal of the primary school, along with his family was present on the day as well as local couple, Helen and Stan, honorary grandparents to some of the Vietnamese children.

Asking what is happening and what do you need - you start the conversation and see what happens.

With a bright Sponge Bob bouncy castle as a central attraction, 70 members of the Vietnamese community arrived for the afternoon event. Other participants included Country Health SA staff from the Adelaide office, staff from Torrens Valley Community Centre and Adelaide Hills Community Health Service, primary school staff and local community members.

We came because we want to learn more about Australia and the community. We want to stay here for our children's sake.

After plenty of excited interaction with the bouncy castle by the children, the community was welcomed by staff and Thao, a Vietnamese interpreter employed for the event. Thao facilitated discussion groups and sample bags with an *Eat Well Be Active*

theme were distributed. Finally, an informal Australian style meal of roast meat, bread and salad was served. The event was a great success with members of the Vietnamese community very happy to offer ideas about their challenges and needs.

It's about relationships, it's not just about "Here's the message around Eat Well Be Active".



Challenges

Staff identified that the challenges would have been reduced if the project could have been spread over a 12 month period.

Interview with a Lobethal Vietnamese family

It's easy to find good food in Australia but we miss the foods from home, the Vietnamese curries, spring rolls, fried rice, the way it is made in Vietnam.

We grow chillies and other vegetables at home.

We would love to do sport but we have no time as Saturdays are taken up with shopping at the Central Market and taking the girls to English classes in the city.

The Vietnamese doctor we see lives in the northern suburbs, so any visit to the doctor takes up more time on the weekend...

Three months later...

There have been some short and long term outcomes from the family fun day.

Literacy isn't one of our objectives but access and equity to services is, and you can't address health without addressing literacy.

The council has taken on the task of investigating the best options for delivering graded English classes to the community.

Community Sunday outings to an aquatic centre and an adventure park will take place over the next two months, with plans for a third event and a possible ongoing program of outings to be considered.

An interpreter has been engaged by council to assist members of the Vietnamese community to interact with services and attend medical appointments.

Cooking Capers at Lobethal Primary School

Using the 2012 Country Health SA CALD Social Marketing Partnerships funding, local health educator Samantha was engaged to run cooking and lunchbox sessions at Lobethal Primary School. Over six weekly sessions and with the assistance of a Community Foodie, Samantha taught small groups of year fives, including several Vietnamese students about:

- > Food safety and hygiene.
- > What makes a healthy lunchbox.
- > Knife skills.



- This program has supplemented what we are already doing in the school. The notion of preparing food from scratch is integral to other programs such as the school vegetable patch. There is a sense of reality and purpose for the kids, so talking about seasonal vegies and food miles is part of our normal conversation at this school.*

This funding meant that we could go ahead and do something we've wanted to do for a long time, we've got the equipment we needed and a wonderful and experienced Foodie to teach the kids.

Top Tips

- > Involve people known and trusted by the families, such as the school Principal and volunteers.
- > Employ a translator for the event.
- > Make sure there are several people committed to the project, so they can help with the work, it's a population you're dealing with, so it's a complex task.
- > If it's a project, set achievable goals for the timeframe.



Key health messages discovered throughout the project

1. Wash your hands before preparing and eating food. It will prevent bacteria from entering your body and making you sick!
2. Keep leftover cooked rice cold by storing it in the fridge in a covered container. If you don't store it in the fridge, bacteria will grow in it and this may make your stomach sick when you eat the rice.
3. Store all other cooked food in the fridge if you are not going to eat it straight away.
4. For snacks at school, fresh foods such as bananas, apples and carrots cost less than packaged food such as chocolate bars and chips. Fresh food is healthy and good for the body, but the packaged food is not healthy.
5. Being overweight can lead to health problems such as diabetes and heart disease.
6. To lose weight, eat more fruit and vegetables and eat less take-away food, such as pizza, hamburgers and chips. Do some regular exercise.
7. Walking is an easy way to get exercise.

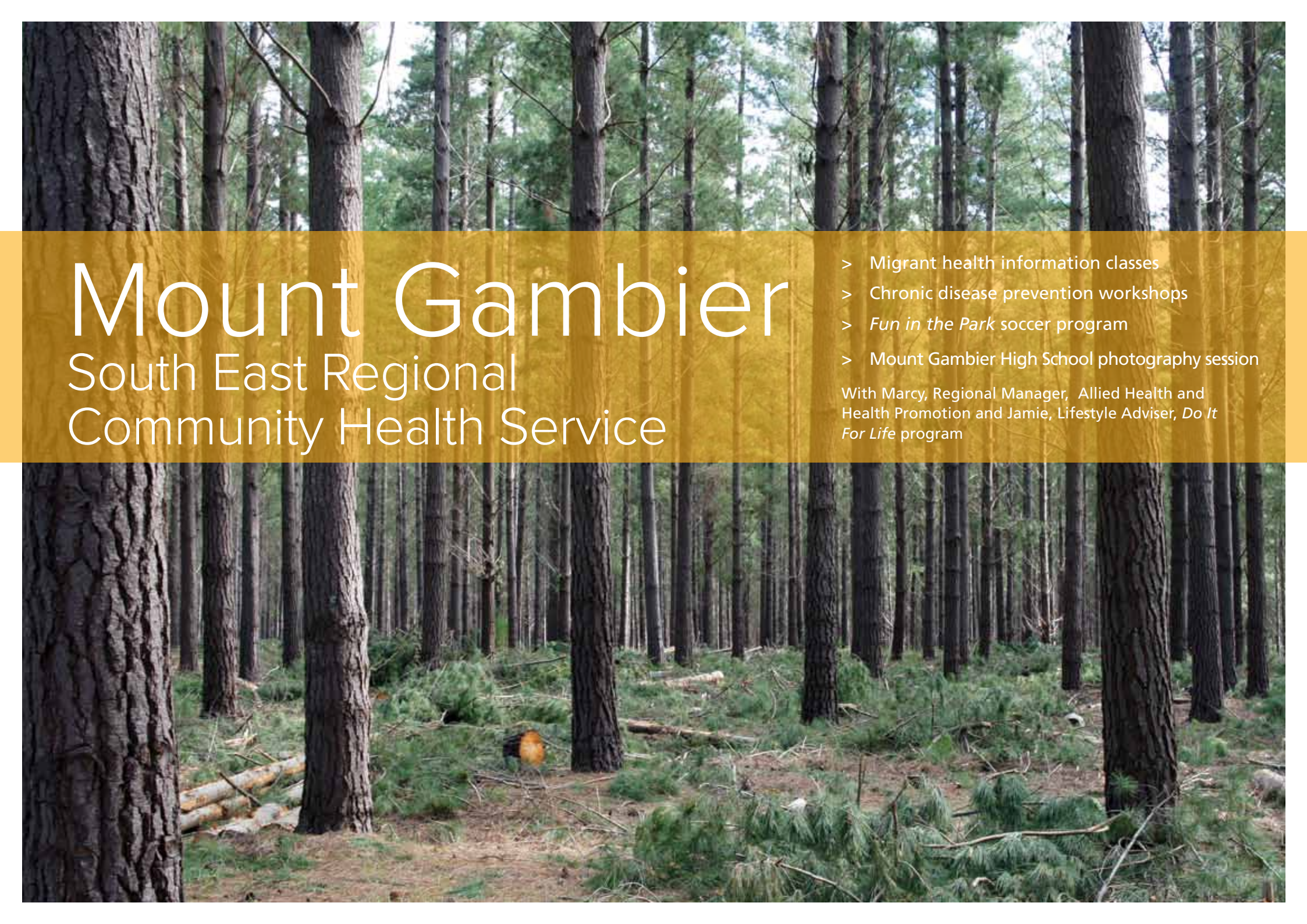


Những Thông Điệp Quan Trọng Về Sức Khỏe

1. Quý vị hãy rửa tay trước khi chuẩn bị thức ăn và ăn thực phẩm. Làm như vậy sẽ giúp ngăn ngừa vi khuẩn xâm nhập cơ thể của quý vị và làm cho quý vị bị bệnh!
2. Hãy giữ lạnh cơm thừa bằng cách để cơm trong đồ đựng có đậy nắp và đặt vào tủ lạnh. Nếu quý vị không giữ cơm trong tủ lạnh, vi khuẩn sẽ phát triển trong cơm và có thể làm cho quý vị đau bụng khi quý vị ăn cơm này.
3. Hãy giữ tất cả thực phẩm khác đã nấu chín trong tủ lạnh nếu quý vị chưa ăn ngay.
4. Để dùng cho bữa ăn dặm tại trường, những thực phẩm tươi như chuối, táo và cà rốt ít tốn kém hơn thực phẩm đóng gói như các thỏi sô cô la và khoai rán (chips). Thực phẩm tươi lành mạnh và tốt cho cơ thể, nhưng thực phẩm đóng gói thì không tốt cho sức khỏe.
5. Trọng lượng cơ thể quá mức quần bình có thể đưa đến những vấn đề sức khỏe như bệnh tiểu đường hoặc bệnh tim.
6. Để giảm trọng lượng cơ thể, hãy ăn thêm trái cây và rau quả và bớt ăn loại thực phẩm take-away, như pizza, hamburgers và khoai rán. Hãy thường xuyên vận động cơ thể.
7. Đi bộ là cách dễ nhất để vận động cơ thể.

پیام های عمده صحت

1. دست های خود را پیش و پس از نان خورد بشوئید. این کار از داخل شدن میکروب در بدن و مریض شدن شما جلوگیری خواهد نمود!
2. برنج پخته شده سرد باقیمانده خود را در یک ظرف سرپوش دار یا پوش شده در یخچال بگذارید. اگر شما آنرا در یخچال نگذارید، میکروب در آن رشد نموده حینیکه شما برنج را بخورید شاید سبب مریضی معده شما گردد.
3. اگر غذای پخته شده خود را متصل تیار شدن نمی خورید همه آنرا در یخچال نگهداری نمایند.
4. برای خوردن غذای سبک در مکتب، غذا و میوه تازه مثل کیله، سیب و زردک نسبت به غذای پاکتی چون لوله های چاکلیت و چپس ارزان تمام میشود. غذای تازه صحتی برای جسم شما خوب است، اما غذای پاکتی یا بسته بندی شده صحتی نمی باشد.
5. داشتن وزن زیاد یا چاغی باعث مشکلات صحتی میگردد چون مرض شکر و قلب.
6. برای کم کردن وزن بدن، میوه و سبزیجات زیاد بخورید و از غذای تیار شده که به نام take-away یاد میگردد مثل پیزه، همبرگر و چپس گرم کمتر استفاده کنید. و ورزش منظم هم بنمائید.
7. قدم زدن راه ساده و آسان ورزش است.



Mount Gambier

South East Regional Community Health Service

- > Migrant health information classes
- > Chronic disease prevention workshops
- > *Fun in the Park* soccer program
- > Mount Gambier High School photography session

With Marcy, Regional Manager, Allied Health and Health Promotion and Jamie, Lifestyle Adviser, *Do It For Life* program



The very short story...

With the short timeframe it was imperative to fund programs already engaging people and support them to extend it.

Staff of the South East Regional Community Health Service, (SERCHS) – Mt Gambier decided not to focus on one activity, but to spread their focus across a range of activities, enhancing existing connections with several different migrant groups.

The region

Mount Gambier, with a population of 26,000, is a thriving regional centre on the Limestone Coast, providing services for a broad area of south-eastern South Australia. Bordered by timber plantations and rich farmland and with the famous Coonawarra wine region an hour to the north, work opportunities around Mount Gambier are plentiful for the new migrant population.

The community

Mount Gambier is home to a small number of Afghan, Burmese and Congolese migrants.

The first Burmese refugees arrived in Mount Gambier in 2007 and since then the population has risen.

A small Congolese community began arriving in Mount Gambier in 2010. Ongoing war punctuated by short periods of peace has caused them to flee. Bereaved and separated from their families and communities, many have come from camps

in Tanzania or Zambia or other African countries.

The Afghan migrants fled the war in Afghanistan and often spent long periods in camps.

Project 1: Migrant health information classes (in partnership with the Migrant Resource Centre)

One of the local childcare workers talked to us about a mother bringing chips and a pie for her two-year-old's lunch. Their biggest problem is not knowing what to do and needing examples.

Fernanda, Manager of the Limestone Coast Migrant Resource Centre has been an enthusiastic partner and has been involved in the project from the planning stage. Through the 2012 Country Health SA CALD Social Marketing Partnership funding, the Migrant Resource Centre in Mount Gambier ran community consultations to identify gaps in health care and knowledge. They found many migrants were buying lots of

processed foods and children were going to school with unhealthy snacks and lunch.

On our own we can offer a certain amount of support but linking up with other services, it's really exciting. Suddenly a lot more becomes possible.

It was decided that in order to improve access to health knowledge and services for the Burmese and Congolese populations in Mount Gambier, the South East Regional Community Health Service would partner with the Migrant Resource Centre and other local community groups to conduct an eight week series of health information classes.

The information classes included:

- > Safe food handling with Mount Gambier City Council.
- > Supermarket virtual tour with the Health Service dietician.
- > Healthy snacks and food groups with the Health Service.
- > Healthy lunchboxes with the Health Service.
- > Cookery skills with the Health Service.

- > Exercise class with the Heart Foundation and Health Service.
- > Lunchbox challenge with the Health Service.
- > Healthy Aussie barbecue/ portrait session with Daniel Connell with the Health Service.

The Migrant Resource Centre noticed that before the partnership, contact between members of the migrant community and health services was focused on day-to-day pressing medical issues, whereas this initiative has opened the way for wider access to the communities.



We showed them how to make an Aussie barbecue more healthy by adding vegies and choosing lean meat. They come along to find out this kind of thing.

We've now got a growing connection between this community and the Do It For Life program.

Challenges

The major challenge for the health information classes was how to get people to attend. Fernanda from the Migrant Resource Centre assisted by explaining that they would get to know more people through this. Most new arrivals want to know as many people as possible because that is how they have survived up until now. However, Fernanda also noted

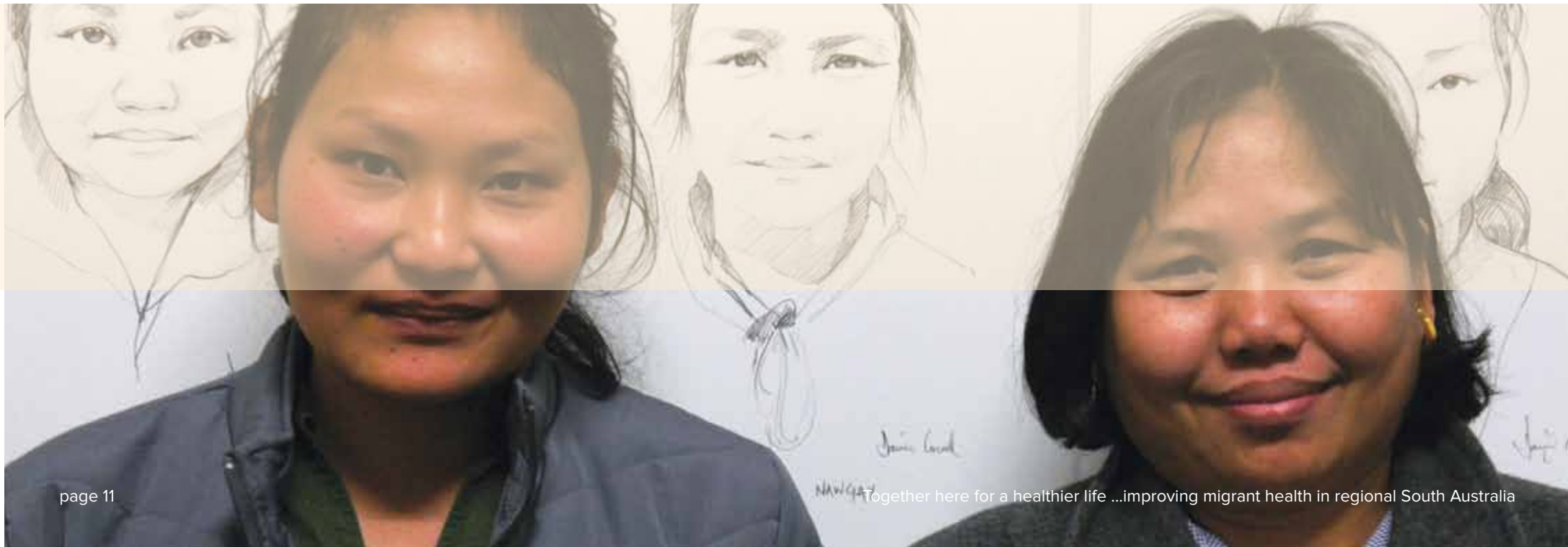
that she does not believe the message about prevention (of chronic disease) has been well communicated or understood by most members of new arrival groups and that...

Support and partnerships like this should be ongoing.

Top tips

- > Networking is also very important to migrants, because they want to get a job.
- > *One of our sessions was on safe handling and storage of food and after attendance they got a certificate to add to their resumé, which they liked as this is useful for getting work in hospitality.*

Paw Ku and Thay Seyit, Mount Gambier.



Project 2: Chronic disease prevention workshops (in partnership with the Migrant Health Service and local health services)

Dr Jill Benson AM visited the region on 21 August 2012 to conduct four workforce development sessions on 'Challenges of chronic disease prevention in CALD communities' in both Naracoorte and Mount Gambier.

Two sessions were held in general practice clinics in Naracoorte and Mount Gambier and two at the health campuses in these locations. A total of 39 community health staff, 30 local GPs and one acute care nurse attended.

Key messages

Health professionals can feel overwhelmed due to their unfamiliarity with the health needs of migrant community members, use of interpreters, and the roles of agencies such as the Migrant Resource Centres, local community health services and the Migrant Health Service in Adelaide.

Refugees and migrants have specific health needs according to ethnicity and this is important in medical assessment and treatment and the continuum of care. Links have now been made between the South East Regional Community Health Service and

the Migrant Health Service in Adelaide to share tools.

Jill's sharing of the Cultural Awareness Tool was not only emotional and moving but also highlighted how important it is to ask the right questions and

take time to listen, to get to the right information to make a diagnosis and explore the right management for each consumer.



Pae Ku of Mount Gambier cooking up a healthy Australian barbecue at the final health information workshop.



Top tips

- > Health professionals need to be conscious of ethnocentrism, to properly recognise the cultural beliefs and expectations of the patient.
- > Tips to be consumer centred with refugee community members included: how to manage time, communication style, cultural awareness, language, expectations, sticking to the evidence, hopelessness, ethnocentrism and learning about cultural practices.
- > Access interpreter support for consultations especially for sessions where deep feelings may be discussed.

Project 3: *Fun in the Park* soccer skills program (in partnership with Football United)

We are all trying to improve health outcomes through sport, but this is about community too.

Seeing another opportunity to reach members of the migrant communities with health and activity messages, SERCHS

partnered with Football United to support *Fun in the Park*, a community soccer skills program aimed at supporting migrant families to settle into the local community, as well as using sport to improve health outcomes.

Through the 2012 Country Health SA CALD Social Marketing Partnership funding, training and coaching equipment was purchased including blow up goals, a first aid kit, whistles, player bibs, wet weather jackets and various other items.

Football United is a joint initiative of Tenison Woods College, Uni SA and Uni NSW. The program runs on a Saturday morning for children from 18 months to 13 years at the highly visible venue, Frew Park. With up to 140 participants, approximately 40 to 50 are refugees. Organiser, Scott wants to see the migrant groups stay on in Mount Gambier and believes that health, wellbeing and work are the key ingredients to attracting people to remain in this community.

Our program is for the entire community, not just for the recently arrived members. By getting the wider community involved in playing, coaching and refereeing, others get to see their skills and it creates more opportunities.

Each Saturday morning a different service group sets up and staffs an information stall at the soccer ground. In August 2012 the Health Service provided a marquee and a community health nurse to provide free health checks for family members. After the children's soccer sessions, staff and supporters of the service club field a soccer team to take on a *Fun in the Park* team made up of some of the Karen and Congolese young soccer players.

Top tips

- > You've got to have volunteers to help run it, together with good equipment.
- > Focus on wellbeing as the main goal.

Janine's story

Janine is a young African woman with one child, both are learning to play soccer. Janine initially got involved through Year 10 at Mount Gambier High School and participating in the school's cooking course, which she loved.

I went every time. I like to practice and want to work in this area – cooking.

I wrote recipes in my book and try to make it at home.

Important I learned how to mix food and store it in fridge.

Main thing though in Africa we don't combine things – at home if potatoes just potatoes – not tomatoes too.

Cabbage is the same here but fruit and vegetable different.

Most important is to learn how the vegetable and protein work in your body.



Project 4: Mount Gambier High School photography session with Daniel Connell

The 2012 Country Health SA CALD Social Marketing Partnerships funding provided an opportunity to hear some health messages from refugee students who attend North Gambier Primary School's New Arrivals Program and Mount Gambier High School. During a day long photography workshop, these young people expressed their sense of what it means to be healthy in Australia.

Daniel Connell told the class:

Your story is important and you can be proud of it. All the hard times that you have been through have made you strong.

Daniel worked slowly and carefully showing the class how to take a good photo, how to manage the equipment, how to frame and light the shot.

Light from the side shows the beautiful shapes in your faces.

'When you see the picture of this girl', he pointed to one of the photos he was demonstrating, 'you see strong girl, you see confident girl. That is who you see and that is who you are.'

The classroom teacher described her initial reservations about the idea of communicating health messages through a photo session:

I was concerned about how Daniel would be able to get the messages around healthy lifestyle across to the kids but the way he's worked with them has been cathartic. Clearly what they have been through has made them who they are and I feel so honoured to be able to be here with them.

The students worked together to produce a short video called:

Letter to Australia

Dear Australia

Nice to be here! I want to introduce myself. I thought you may want to know what I have done and what I think we can do together.

My ideas about community is that we can encourage others and ourselves to be healthy.

If our community is well we talk to each other, people from different countries and we walk together and are eager to talk to one another, and check on each other.

If our community is well we take other people from different countries in and we walk together, and are eager to talk to one another.

We all help each other and we understand each other's emotion. Each community should love their people and be friendly.

Because the people in community need to know more about you and you need to know about them. We need to be open to each other. Australian community is very unique. Our community is going good.



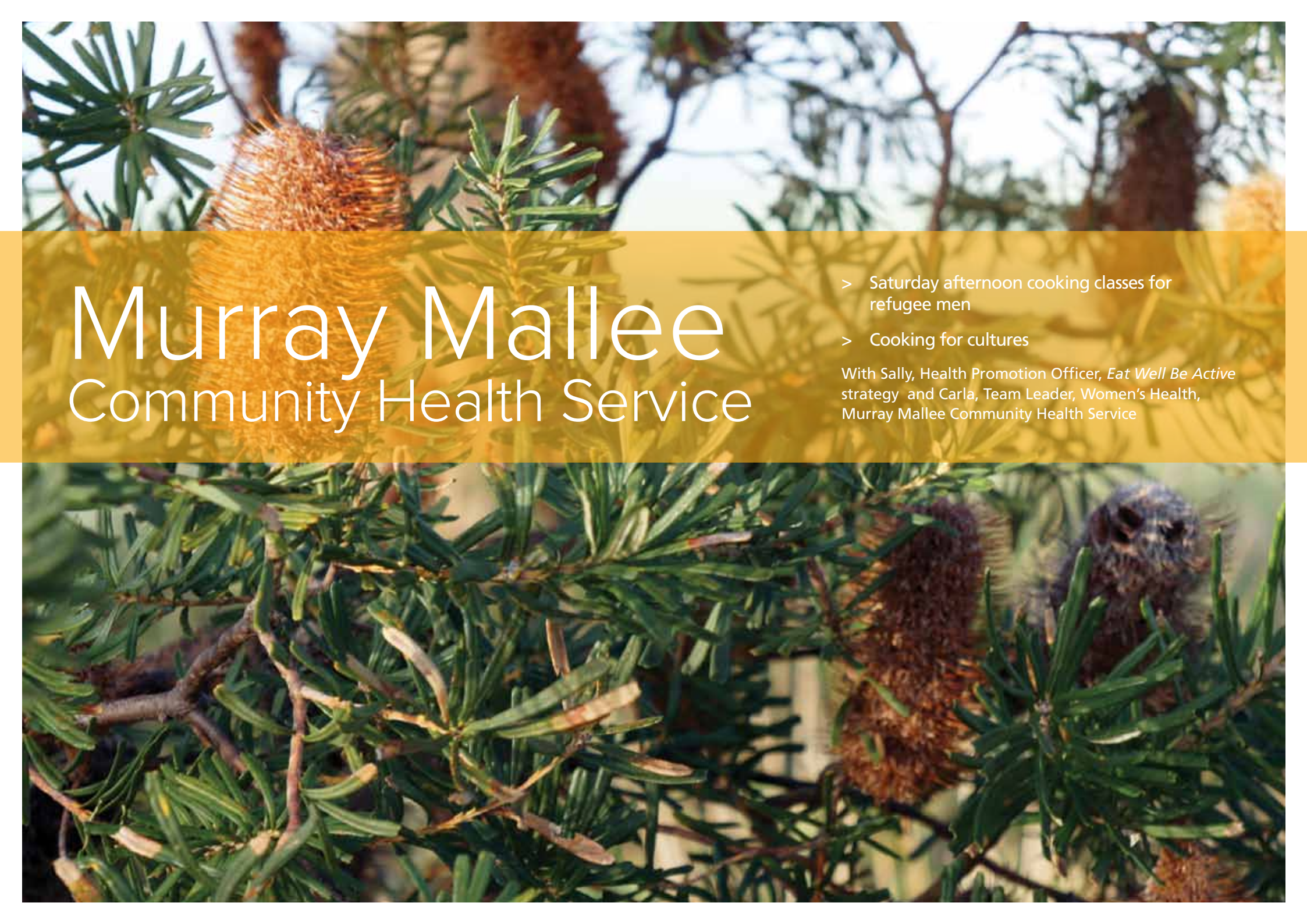
In community you need to know how each other is going, and share some ideas to make our community strong. In community we need more powerful people and we need to be truthful.

Don't eat too much McDonalds and KFC. Eat healthy food do exercise. Come walk with me. We want to support each other and encourage each other to be healthy, because if you say they are fat they will be shocked.

Don't watch movies the rest of the day. Don't use bad language. Use good language. Don't use violence. Don't fight with people. In your life you will have peace and fun.

We are the same but we have different skin and behaviour. We have children and need more support for our kids and maybe they can become important people in Australia or in other countries and they could help.

I have pride in who I am I'm not the last and I'm not the first. I am me.

The banner features a close-up photograph of a mallee plant with green, needle-like leaves and several large, cylindrical, brownish-orange flower heads. A semi-transparent yellow rectangular box is overlaid on the upper half of the image, containing the service name and a list of activities.

Murray Mallee Community Health Service

- > Saturday afternoon cooking classes for refugee men
- > Cooking for cultures

With Sally, Health Promotion Officer, *Eat Well Be Active* strategy and Carla, Team Leader, Women's Health, Murray Mallee Community Health Service

Abdul, Murray Bridge at Saturday men's cooking class.



The very short story...

Here, people trust the system first, then the health care worker. There, it is the person first and if you trust them – you trust the system. Their experiences before they get here mean it is hard to trust, so informal get-togethers help people from these cultures get information.

Saturday afternoon cooking classes for refugee men

Aware that the local Afghan men who work long hours and share houses while waiting for their families to arrive in Australia, tend to eat a lot of convenience food, the Health Service in Murray Bridge offered Saturday afternoon cooking classes. This was linked to soccer and swimming options in order to encourage physical activity and provide a social setting for the men to come together.

The region

The Murray Mallee region takes in the Murray River area around Murray Bridge and extends into the cropping, grazing and scrub land known as the Mallee to the east. Once a major river port, Murray Bridge offers affordable housing options and opportunities for employment in industries such as dairy farming, glass house market gardening, light industry and meatworks.

The community

My grandfather died at 130. 'Til that time he was healthy. The secret is eating simple – yoghurt, milk and meat. Here very different. Takes time to learn what is good food here.

The local abattoir employs a large group of Afghan and Persian refugees, some with permanent residency and some on temporary visas. Some are families but the majority are men who are either single or are separated from their wives and families waiting for visa applications to be processed. The waiting and uncertainty is immensely stressful for these men and their families.

Partnerships

Being able to come along to these cooking classes is great because when we're dealing with people whose first language isn't English, speaking face-to-face is so much easier. On the phone, you just don't know if your message is really getting through.

Mel, a self employed nutrition graduate was employed with the 2012 Country Health SA CALD Social Marketing Partnership funding to deliver cooking classes to a group of Afghan and Persian men living in Murray Bridge who work long hours at the local abattoir.

Karen, a Lutheran Care worker, also came along to the session to help out, spend time with the group and pass on information for them to give to their wives about some upcoming sewing classes.

The involvement of some participants' kids, on several occasions, was nice as many men don't have their families with them so it gave them contact with children.

Interpreter Amir was also present and this gave the men an opportunity to talk to him about their stresses.

The event

On a rainy Saturday afternoon in Murray Bridge, the commercial -sized kitchen of the Community Health Service's outreach centre, 'Our Wellbeing Place' was a hive of activity. Mel, the instructor talked through the menu for the afternoon with the help of translator Amir. A group of a dozen or so Afghan men chatted and laughed as they set about preparing yiros and a dessert of bread and butter pudding.

The challenges

Mel had never worked with cooking students from a migrant community before and found herself working out the best approach through trial and error. The first thing the group tried together was cooking the men's traditional dishes, but this didn't quite hit the mark.

The guys told me that for them to cook a traditional meal, it takes three hours, but here we show we can make

food and eat it in a short time and that's a real plus.

Then someone in the group asked if they could learn to make spaghetti bolognese and that was when things started falling into place. Fettucine and tandoori pizza followed and were very well received, with the men really keen to learn how to cook local recipes.

Getting them cooking healthy food at home is the aim.



Carla, Murray Mallee Community Health Service.

Mel's recipe for Greek lamb and chicken yiros

(serves 8)

400g chicken breast, sliced into strips,
400g lamb leg, sliced into strips.

Marinade:

10 cloves chopped garlic,
juice of 4 lemons, 5tsp oregano, 3tsp thyme,
1/4 cup olive oil.

Method:

Let the meat sit in the marinade for 20 minutes, then stir fry in a hot pan until cooked.

Use 8 yiros-slouvakki wraps (from the bread section in the supermarket) and spread hummus dip on the wrap. Add cooked meat, diced lettuce, tatziki dip and grated cheese.

Wrap up and enjoy!

Learning to make yiros was a request from one of the Afghan men and it has turned out to be a favourite recipe for the group. Mel commented that while yiros is very much a part of Adelaide eating culture, because it is served in a flat bread, it's not too far from what the men have been used to eating in Afghanistan. Filled with marinated, stir-fried chicken, a yoghurt sauce and several different salad vegies, it's a filling meal that ticks all the healthy eating boxes.

Murtaza, a year 11 student at the local high school left his home land of Afghanistan when he was ten years old. After several years of uncertainty, he and his family have recently been granted permanency in Australia. Murtaza has really enjoyed learning to cook at the classes.

Last week we learned pasta and I never cooked that before.

Murtaza also enjoyed learning how to make homemade pizzas with plenty of vegies on top and this week he threw himself into the task of slicing up a large bowl of chicken fillets, ready to be marinated and cooked up for the yiros.

Maybe one day I will go on Masterchef, that would be so good! But I will have to get faster at chopping. Mel is really good, you should see her when she cuts onion, she's so fast!

Top Tips

- > *That's what didn't go down so well, me telling them how to cook their own dishes. I wouldn't do that again.*
- > The cooking sessions provided the opportunity to discuss in greater depth the barriers men have to overcome to participate in organised sport, and this has led to the idea of trialling casual, indoor soccer with the group.



- > Teach western food recipes, teach the participants about food in Australia and then at the last session have a feast and invite them to bring along their own dish to share their cultural food.

Event 2

Cooking for cultures

The very short story...

Not just swapping activity but swapping the frypan for the grill, the bread wrap for a lettuce wrap – we ran out of lettuce in Murray Bridge that week!

Aware of the isolation and health issues being experienced by migrant women who have come to live or work in this region, the health service built on an existing partnership with 'Our Wellbeing Place' and some members of the Murraylands Multicultural Network that started in 2007. Through the 2012 Country Health SA CALD Social Marketing Partnership funding, this long term program has been able to extend its reach and purchase much needed equipment.

The community

The Filipino community has got a lot bigger as more have come in – 100 new arrivals who work long shifts and are isolated. Lots of us older ones do volunteer work for the Filipino community: there are many young children so we help with childcare and things.

Murray Bridge and the surrounding areas are also home to many long term migrants from various countries, particularly Italian and Turkish market gardeners and a group of Filipino women who migrated when they married Australian men. A new influx of younger Filipino families on work visas has also occurred in recent years.

Partnership

The Community Health Service has worked with many newly arrived and long term migrants in partnerships with the Migrant Resource Centre, Multicultural Network, Lutheran Care, other government and non-government agencies, and the migrant communities in Murray Bridge. With such a long term migrant population, there is a lot to be learned from this region about running sustainable programs.

Benita demonstrates Filipino cooking.





Joy and Ruby, Cooking for Cultures Filipino Day.

The event

Multicultural cooking classes are open to all women in the community. Women of different cultural groups take it in turns to host a large cooking lesson and lunch that demonstrates healthy and delicious food from their culture. After the lunch, the cooking group provides a speaker who talks about her culture and life before – and now. Through sharing food, the participants develop an understanding of each other's

culture and as a result, ideas about healthy eating are shared and reinforced.

It's introducing people to other cultures' healthy foods, seasonal foods and healthier ways of cooking. We've been able to purchase equipment like woks.

Instead of setting rules like 'no sugar, no fat or salt' the health service staff take opportunities during the cooking and food preparation to talk about what healthy alternatives are available. The women talked about these alternatives and how they do not use pork or wine in their cooking at these sessions as they have learned that Muslim women cannot eat them.

It's about health in the big picture, about diversity and inclusion and community.

Because the group has an ongoing connection with one healthcare worker who coordinates the group, the get-togethers are used as a platform for events such as health sessions and as an informal way to introduce health staff and other community workers.

It has been recognised that people love to come and talk to each other because isolation is a big issue. They love listening to other cultures' stories. For some this is the only event they attend outside their own community.

As the Filipino women prepared and cooked the lunch, the rest of the group watched from the other side of the long preparation bench, chatted and asked questions. There was strong interest in how healthy the meal was, with the crepe like wraps and noodle dish getting a big tick of approval for not being too oily and including plenty of vegetables.

The challenges

The Health Service coordinator for the program, Carla, has learned it is important not to have a rigid agenda and it is vital that everyone is encouraged to engage at a level they feel comfortable with.

Top tips

- > Women's health is at the heart of this.
- > Have at least one ongoing worker involved to form and maintain relationships.
- > Provide child care in another building so the children are not with mum. This lets mum focus on the cooking and connecting with others.
- > Having a different culture cook each time keeps interest high.

What now?

Future ideas for the program include starting a vegetable garden and putting a cookbook together.



Bianca, Mary and Catarina, Cooking for Cultures.



Benita sharing her story.

The background image is a landscape photograph. In the foreground, there is a dark, silhouetted fence made of vertical posts. Behind the fence, a large, leafy tree stands on the left side. In the background, there is a body of water, possibly a lake or a wide river, and a bright, hazy sky. The overall color palette is warm, with a lot of yellow and orange tones, suggesting a sunrise or sunset. A semi-transparent orange banner is overlaid on the top half of the image, containing the text.

Naracoorte

South East Regional Health Service

- > Migrant health information day
- > All-female swimming classes

With Marcy, Regional Manager Allied Health and Health Promotion, and Jamie, Lifestyle Adviser *Do It For Life* program.



The very short story...

Migrant health information day

We know that people coming from countries where nutrition is not wonderful, when they come to a country where food is plentiful and they suddenly start eating a lot of highly refined carbohydrates, they are at increased risk of developing diabetes and other chronic conditions because their bodies don't have time to adapt and adjust.

Staff from the South East Regional Health Service in Naracoorte had identified a need to offer more services to local migrants, particularly the large Afghan population. Hearing about the health information classes being run in Mount Gambier as part of the 2012 Country Health SA CALD Social Marketing Partnership funding, they quickly joined the partnership with the Migrant Resource Centre to run a one day migrant health information day in Naracoorte to start the ball rolling.



Jamie, Catriona, Hayley, Fernanda and Ghulabb.

The region

With a population of 5,000, Naracoorte is one of several large towns that service the busy primary production region in the south east of South Australia. Viticulture, livestock production and an abattoir are the major local sources of employment for the migrant community.

The community

The men who come to Australia on their own without their womenfolk and from a completely different environment have never had to know how to handle food, how to store it, how to refrigerate it.

Attracted to the town to be close to friends and relatives and for seasonal work, such as vine pruning in winter and the grape harvest in autumn, the Afghan population in Naracoorte

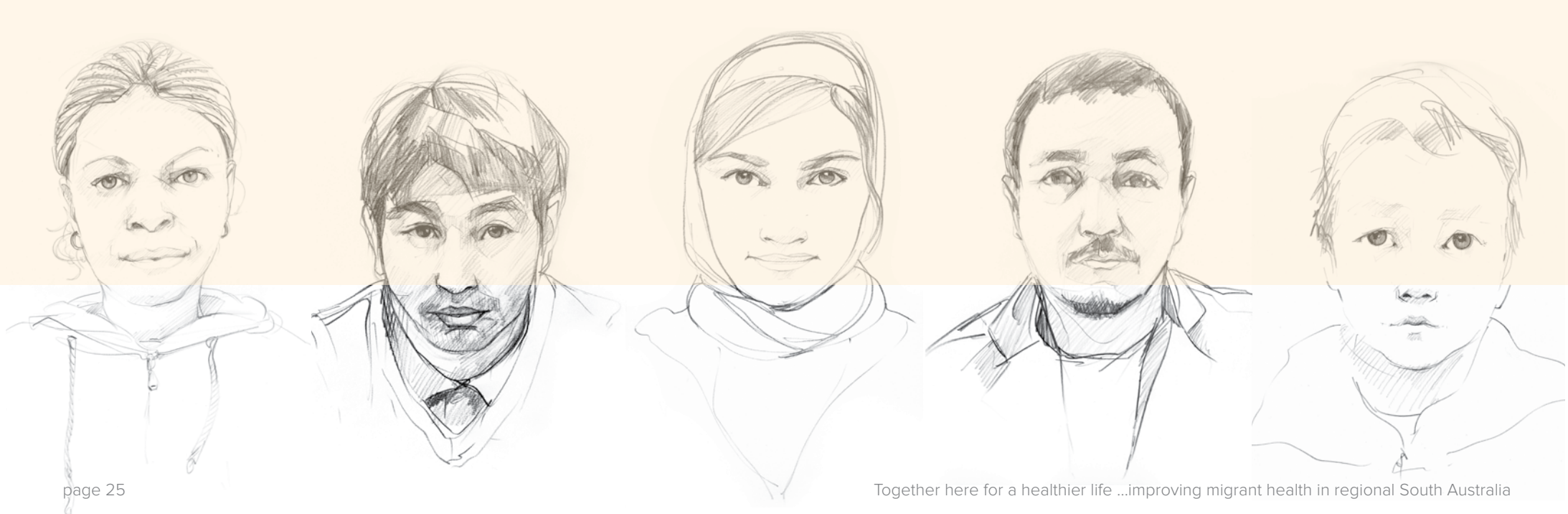
currently sits at approximately 400, including 15 resident families, while many of the single men come and go depending on where work is available.

If English language skills are poor or non existent, access to any kind of service is extremely difficult. In Naracoorte, the Health Service staff have noticed that the Afghan women who don't speak English are particularly isolated. With no car and no public transport in the town, the women tend to stay at home.

Partnerships

Three other vital factors have helped the Health Service staff interact with, and begin assessment of the needs of the Afghan population in Naracoorte:

- > Abdul, the interpreter.
- > Partnership with the Migrant Resource Centre.
- > Immunisation clinics.



The partnership with the Migrant Resource Centre, that has a dedicated building on the Naracoorte TAFE campus has been crucial.

Monthly New Arrival Refugee Immunisation or 'NARI' clinics have provided a much-needed point of contact. Through the clinics it became clear that teenage girls in this Afghan community needed health education and information about food and diet so a group was set up at the high school to address these issues.

The event

As many of the Afghan community do shift work at the abattoir, weekly classes weren't going to work for the local population, so it was decided to run a one day, expo type event.

Held on a weekday, the Afghan community were invited along to improve their knowledge of healthy living in Australia. Stalls comprising both static and interactive displays were set up around a large room in the Migrant Resource Centre in Naracoorte. Not everyone can speak English, so it worked well having a young group come

along from the high school who could translate for their older community members. Abdul was also present and helped to translate the information available on the stalls.

A portrait session with artist Daniel Connell was conducted throughout the day at one end of the room.

Portrait session

Health Service staff loved the portrait session:

It was fantastic to hear them talk to the artist about their lives in Afghanistan – farmland and walking. The concept of exercise is foreign. Daniel has encouraged them to make the link between exercise there in Afghanistan and how to incorporate that into their life here in Naracoorte.

As Daniel quickly sketched portraits, he chatted to the participants and suggested they might like to think about the idea of health and what it means to them. Drawing materials were laid out at the table and Daniel encouraged children and adults

to express their ideas about health in a drawing or in script.

The portrait session was very popular and saw many of the participants staying at the information day for a long time, watching the sketches of friends and family members take shape. This meant that the static and interactive displays were well attended and re-visited.

Information stalls

Safe food handling and waste management – Naracoorte Lucindale Council

They never imagine the most common reason for stomach bugs here is the rice because they cook it and leave it in the rice cooker. They don't know about the need to put it in the fridge.

An interactive display with model bins was conducted by Naracoorte Lucindale Council, with Abdul assisting in interpretation. Participants were showed which bins to use in the disposal of waste, were taught about recycling

and what common household rubbish can be recycled.

The Council's Environmental Health Officer conducted hand washing demonstrations, where participants were able to wash their hands and then view under UV light the areas where residue remained, highlighting the importance of safe food handling and personal hygiene.



Abdul, Naracoorte.



Healthy snacks – community health

A visual display that demonstrated the high cost of packaged snack foods (such as crisps and chocolate bars) compared to fresh healthy snack food (such as carrot sticks and fruit) attracted much attention from the expo participants. Highly motivated by budget and to be careful with money, the cost difference and the fact that the cheaper food was healthier caused a lot of comment and interest.

Another display involved participants trying to guess the quantity of sugar in soft drink, flavoured milk and juice by placing sugar sachets next to drink containers. The language barrier meant that the idea of this was not quite understood by many, but the demonstrator quickly stepped in and conveyed the message of just how much sugar was in each drink, much to the surprise of everybody watching.

Chronic disease prevention - community health nurse

At the expo, a diabetes educator used props such as model of the vital organs of the human body to demonstrate the importance of a healthy diet and the prevention of chronic diseases. She also handed out health information resources written in Dari and Persian on a range of issues from heart disease and diabetes to women's health.

Women's health

It's really important to have a female doctor and an interpreter there.

Through the immunisation clinics, the Health Service identified that the women have few resources available due to their limited English so they have organised, and are promoting, women's health clinics for specific communities on particular days, such as Afghani, Korean, Vietnamese, Chinese - for pap smears, breast self-examination, menopause, and other issues.

The challenges

Remember about Ramadan - we took along all this food but the Afghan people couldn't eat it because they were fasting during the day for the whole month!

The ongoing challenge for the Health Service in Naracoorte is to understand where the gaps are for the migrant population in terms of knowledge about health and disease prevention.

Top tips

- > What worked well was integrating the cultural awareness with the health messages – especially linking the art work and emotions with key health messages.
- > Keep it as simple as possible.
- > Provide as many translated health information brochures as you can find.

What now ?

The event has paved the way to access the health care the migrants need and increased their awareness of the importance of health. It has created a link with the people and services they encountered during the information day.

Interview with Hajira

Hajira arrived in Naracoorte in October 2011 with her six children and other family members after fleeing her homeland of Afghanistan. With the assistance of a young interpreter from the Naracoorte Afghan community, Hajira kindly agreed to an interview during information day.

Very interesting displays. It's good to know that bananas are better than expensive cake. I liked to see how much all those things cost and how much the fruit costs.

What I used to put in for school for lunch was not as healthy as I learned today.

The main difference is there are so many fruit and vegetables here.

I miss my homeland but I have peace here – there either I'm dead or alive. I don't have hope. But here I can.

Interview with Kareema

Kareema, sister-in-law to Hajira, also arrived in Naracoorte in October 2011 with her husband Abdul and their four children.

I liked the drawing – how they looked in real life and in the sketch.

I am interested to learn about the health information. I have all the brochures in Dari and I will read them when I get home.

I liked very much to learn how it is healthy for your hands to wash them properly – that the bacteria goes inside your body and you get illness.

I liked to know healthy food and unhealthy food. To learn cake is expensive compared to bananas - but bananas are good for you.

Australians have more fruit and vegetables than Afghans. When we were back in Afghanistan we had food in season but in Australia, it's available all year round.

I wanted that information and today – they gave it to me.

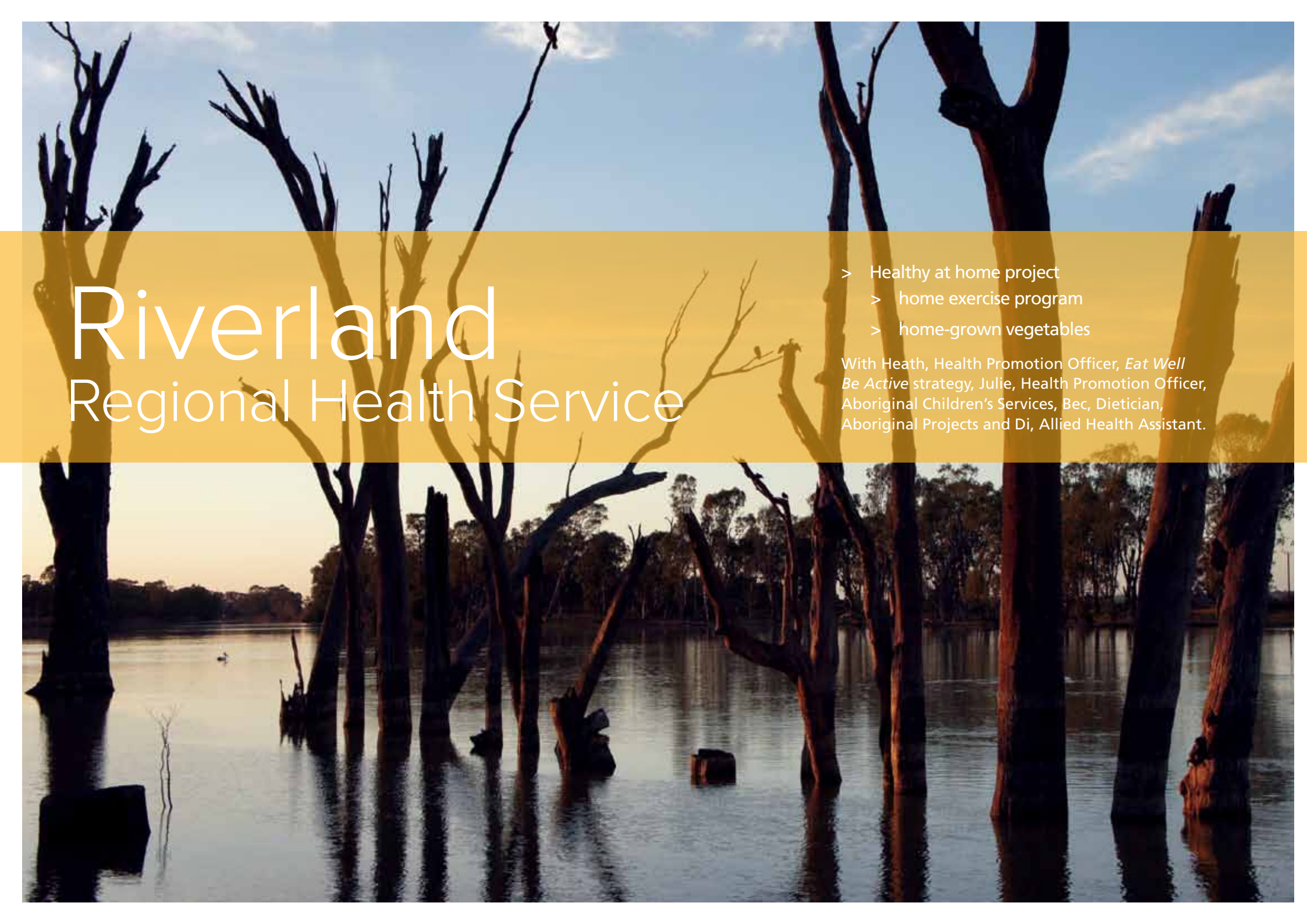
As far as swapping goes, it is clear that Hajira and Kareema have swapped war for peace, mere survival for abundance and a familiar culture and homeland for a life that is new in every way.

Naracoorte South Primary School and Naracoorte High School all-female swimming classes

The health service in Naracoorte discovered that eight young Afghan girls had not been able to participate in the school's swimming program for cultural reasons. The health service provided funding to enable a female swimming teacher to run ten separate swimming lessons for the girls, so they can learn water safety and how to swim.



Kareema, Ghulabb and Hajira taking part in the portrait session.



Riverland Regional Health Service

- > Healthy at home project
 - > home exercise program
 - > home-grown vegetables

With Heath, Health Promotion Officer, *Eat Well Be Active* strategy, Julie, Health Promotion Officer, Aboriginal Children's Services, Bec, Dietician, Aboriginal Projects and Di, Allied Health Assistant.

The very short story...

When we decided to leave out the assessment sheets and just talk to the families about the equipment, we actually achieved more through conversations.

A research based project aimed at supporting the Afghan families in Renmark and Waikerie to grow their own vegetables and to develop home based exercise routines provided some profound learning about key factors in developing relationships between services and migrant populations.



Abba, Rajab, Ali and Sakina, Renmark.

The region

The Riverland, a cluster of South Australian towns set along the Murray River is an area famous for its citrus and stone fruit blocks and vineyards. With the high demand for labour and the potential for land ownership, the Riverland has attracted many newly arrived migrants and consequently is a community of diverse cultures. Drought and ongoing battles over water usage along the Murray River have put the local communities under considerable stress in recent years.

Di and Julie, Riverland Regional Health Service.

The community

A group of approximately 22 Afghan families and single men living in the Riverland region have been in Australia between five and 12 years. Their homeland was war-torn and drought-stricken and food was simple with restricted access to fresh fruit and vegetables. The Afghan community have strong family units in this area and that is a major strength.

Partnerships

A settlement officer with Lutheran Community Care who was known and trusted by the members of the Afghan community, was vital in setting up contact between the community and the Riverland Regional Health Service. The settlement officer, Hamidi, provided valuable information to health staff about the migrants' high motivation to maintain good health, but also,

their lack of knowledge about how to be healthy in Australia due to a range of issues.

Our main aim is to help with settlement, to make it faster, and health is one of the things we look at. So this project was also useful for us.

Later in the project, the new staff sought advice from an experienced, local worker about working in a culturally appropriate way with the families.



The project

First phase

The settlement officer assisted the health service staff to hold a focus group involving a small representative group of Afghan men to explore health issues to determine what would be most effective to improve their overall health.

A staff member of the Health Service identified that knowledge about nutrition was lacking, there was not much left over in family budgets for them to spend on quality food and they lacked access to an affordable supply of good quality fruit and vegetables. Ironically, fruit and vegetables in Renmark are expensive and often not good quality when bought from the supermarket. He also determined that more options for exercising at home would be useful.

Second phase

When the men who had gathered for the information session heard that (while common causes of disease and death in Afghanistan are war and famine) in Australia disease and death are often caused by eating too much of the wrong foods, they laughed!

An information session was held for the Afghan families that only men attended. Static displays (such as plastic teaspoons illustrating sugar content of various shop-bought drinks) and a PowerPoint presentation broken into carefully worded segments that could be easily repeated by the interpreter illustrated the importance of healthy food and exercise. There was also a display of the exercise equipment and gardening supplies (pots, potting soil, seed packets and gardening tools) that were to be distributed as part of the program.

The exercise equipment (including gym ball, step-up block and resistance band) included instructions for a home exercise routine and it was

explained that support workers would visit each family in their home, demonstrate the exercises and conduct 'before and after' health assessments, in order to document progress. Many families registered to participate.

Challenges

A major challenge came with the relocation of the staff member in charge of the project and the introduction of three new staff members to the Afghan community.

Added to this, the settlement officer who had been interpreting and had been the main liaison between the Health Service and the Afghan community for this project was no longer available.

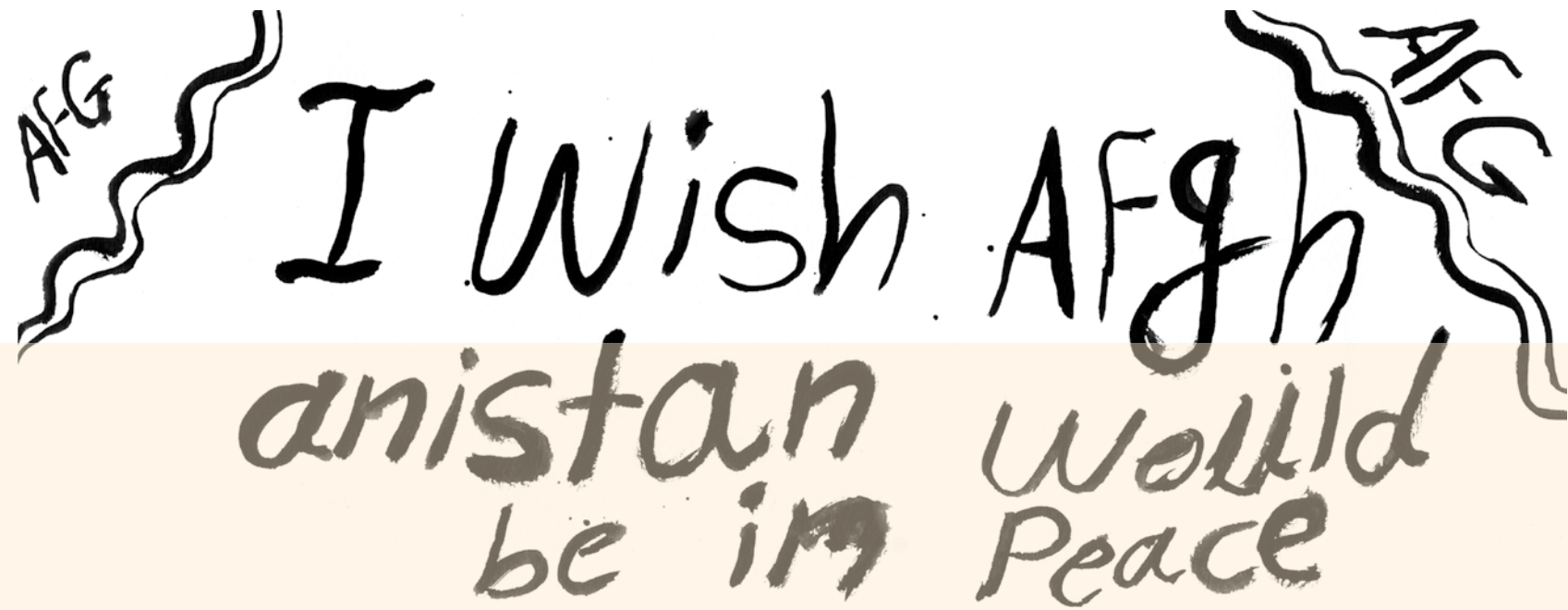
Then it emerged that a similar program was being run by another service provider, so confusion arose in the community about what was being offered by whom. Then, while the exercise equipment was intended for the older members of the families, because of the language barrier, it was the younger members of the families who

were receiving the equipment information. Due to confusion, the nature of the equipment being offered became skewed.

The new staff members had to learn everything about the project, including the exercises. The instructions that came with the kits were hard to follow, so the staff enlisted the help of their colleagues who found themselves in the lunch room trying out the exercises.



Bec, Riverland Regional Health Service.



Key lessons

It's always tricky when young people in the family are interpreting for their parents, it's important not to ask invasive questions, to respect the family relationships.

The language barrier became a major issue when it came time for the health service staff to visit and interview the first family in detail about their health.

The staff were aware that the parents were uncomfortable and so were their young, adult children who were translating. They realised that going into the homes, asking detailed personal questions, doing the weight and measurement assessments and the diabetes screening were seen as invasive and so they decided to reassess the project delivery.

They're really generous people and it was a really positive experience when we gave up worrying about the details of the project and just stopped to listen.

A major positive from the project has been meeting all the families. Up to 100 people have now had a positive connection with the health service and the staff feel that when something more substantial comes up, such as a problem or event, there is a baseline to work from, and a door open for people to come and engage.

Top tips

- > The key thing is relationships and an ongoing commitment.
- > The key to building good communication is in the conversations you have – allowing the space and allowing people to talk.
- > Map other service activities to see what they are already providing or planning.

- > It depends on the families' priorities as to which aspects of the project are going to be more useful, the gardening or the exercise.

What now?

The question isn't only how do we start the project, it's just as important to ask how it can continue.

Plans are to make a DVD that demonstrates the exercises for the families who have the equipment.

The new staff members' assessment is that this project has been more about building an initial relationship with the families to ensure a holistic approach to addressing health issues.

This has been very much about individual families, their personal health needs and the social aspect of their lives.

It's important to respect silence, give people space and time to think, understand and then speak.



Fatima and Rajab, Renmark.





For more information

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www.ausgoal.gov.au/creative-commons

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All rights reserved. ISBN: 978-1-74243-449-0
Printed October 2012. FIS: 12123



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