



**REACH**

COMMUNITY HEALTH PROJECT

## **An Evaluation Report**

# **Healthy Eating – Healthy Living**

**January 2011**

*Funded by Community Food and Health Scotland*



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## 1. Background

*REACH Community Health Project*, established almost a decade ago in Glasgow, has since evolved into a national third sector organisation with a key strategic role in improving the health & wellbeing of Black and Minority Ethnic (BME) Communities, particularly those living in Scotland. REACH has units engaged in culturally sensitive Service Provision, Policy and Research and Training and Development. These areas of expertise act to mutually reinforce one another, and this Triangulated Formula makes REACH uniquely placed to tackle health inequalities and service barriers faced by BME communities.

Our *vision* is a multi-cultural society in which all people have equal access to appropriate health & wellbeing services and our *mission* is to empower communities, (particularly ethnic minorities) by ensuring that their health needs are fully met.



REACH achieves this through its Triangulated Formula, which encompasses three units: Preventative Culturally Sensitive Service Provision, Policy and Research and Training and Development.

## **2. Project Aims**

The project was funded by Community Food and Health Scotland (CFHS) to provide information and health awareness sessions to the Black and Minority (BME) communities in Glasgow. The statistics and previous research indicates that BME communities are one of the disadvantaged communities in Scotland with numerous barriers to their health and wellbeing. BME communities' lack of knowledge and awareness in respect of diet and health has seen the rise of type 2 diabetes, heart disease, obesity and many other health related illnesses, thus indicating the need for projects such as this. Although we did not set out to teach people how to cook we did set out to equip people from a BME background with knowledge of how to cook with available ingredients in a healthier manner to improve their health.

The aim of this project was to engage with BME community groups and individuals, providing four health awareness sessions. A health nutritionist and community engagement worker were deployed to facilitate these sessions providing information on healthy diets, preventative health & wellbeing activities, to assist a better understanding of the wider socio-medical aspects of nutrition and health.

The sessions highlighted lifestyle patterns amongst BME communities including poor diet and nutrition and lack of exercise, which result in poor health.

From these sessions the local groups were given encouragement and support to use their social settings to develop several initiatives. The initiatives included cooking classes using healthy ingredients to prepare nutritional recipes and encouraging local shops to sell healthy food.

## **3. Key Topics**

The key topics covered in the project were:

- Health

- Poor health
- Health conditions prevalent to BME communities
- Reasons for poor health
- Prevention of conditions
- Lifestyles
- Healthy eating
- Diet
- Healthy Cooking

#### **4. Methodology**

Recruitment for participants began by putting up posters, handing out information leaflets and advertising through the internet. The leaflets shown in [figure 1.1](#) were handed out to ladies from BME backgrounds at different events with in the local community. [Figure 1.2](#) shows the posters put up on shop windows, emailed to different BME groups and local organisations to locate participants for the classes.

Widespread promotion for the classes began approximately three – four weeks prior to the classes being started. Using the leaflets and posters shown in [Figures 1.1](#) and [1.2](#) campaigning in all areas in Glasgow was undertaken to promote the project. At all organisational events with in REACH and other organisations that REACH was invited to, the leaflets and posters were taken along with a register for people to put their names down if they wished to take part in the classes. This proved to be highly successful in many ways as this attracted a wide audience who wished to participate in the classes.

Once a database of potential participants had been collated, local community dieticians were contacted to take the healthy cooking classes. Dieticians from a BME background were contacted primarily as the women attending the classes were from the same background. This was to eliminate any language barriers the participants may face as English was not the first language for the majority of participants.

Once a dietician had been recruited dates were booked for the first session.

The participants of the project were invited to attend two information and advice sessions at the beginning of the project and one at the end of the project.

The sessions were aimed at understanding the attendees understanding and knowledge of healthy eating and healthy living. The women were given questionnaires to complete on their current health condition along with their current cooking / eating habits. Many women faced a challenge in just completing the questionnaire as they were not literate in English and had to be assisted. The women were also given a booklet to record any notes, measurements etc for themselves which also had some food facts on the back.

The session at the end of the project was used as a scale to measure the impact of the cookery classes and sessions had upon them actively changing their lifestyles and increasing their knowledge.

During the first session the women were asked questions about Body Mass I, health in general, fitness levels, healthy eating and healthy cooking. The same questions were given at the last session to ascertain changes in knowledge and understanding.

The women were involved in a discussion with the local BME health nutritionist discussing key topic affecting health. The discussion covered:

- What health actually is i.e. good health / bad health
- Covered heart disease and diabetes

- Healthy cooking vs. current cooking habits
- What influences their current meal options
- Informing the women about the existing health & wellbeing issues among the BME community due to inactive lifestyle/lack of physical activity.
- How such ill health could be avoided and/or improved through physical activity/active life style.
- Advising them on day-to-day activities that could help them live an active life, i.e. using stairs instead of escalators etc.
- How to measure Body Mass Index (BMI) & importance of maintaining a better BMI.

During the information and advice sessions they learned about BMI, what it means, how it is checked and what categories they, themselves, could / do fall under. In this session the importance of achieving and maintaining a healthy BMI was discussed along with how to achieve this.

In conjunction with the information and advice sessions, the second component in the project was complimentary healthy cooking classes. Each of the participants in the initial health awareness session was given the chance to attend a healthy cooking session with local health nutritionist, *Sunita Wallia* leading the cookery class. Pictures from the class can be viewed by clicking [here](#)

In these cookery classes the women were shown how to create a dish of their choosing in a healthy manner. All the participants in the class were given instructions on how to contribute towards the meal therefore increasing their involvement and learning at the same time.

All participants learned how to cook using alternative ingredients that are an improvement on their current diet. Each women was given a Healthy Eating Healthy

Living card in which they could take notes during the cookery sessions and swap recipe ideas – see [figure 1.3](#)

## **5. Results**

The first health awareness session was delivered on the 11<sup>th</sup> June with 34 attendees. The women attending were from a mixed background of South Asian Pakistani / Indian and Nigerian. A second identical session was delivered on the 9<sup>th</sup> December 2010. During these sessions the women were given questionnaires on health & well being.

The questionnaires covered 4 main areas:

- Perception of health
- Lifestyle
- Fitness
- Diet
- Current eating habits / patterns

The results of the questionnaires from the first sessions have been broken down into sections.

### **5.1 Attendees**

The women attending the health awareness sessions fell into 3 categories in regards to ethnic back grounds.

92% of the Women are Pakistani, 5% are Nigerian and 3% Indian



The age ranges of the women who attended our sessions were from 25 – 60 years old with the average age being 37 years old.

When asked about general health and fitness the following information was derived:

Of the existing health conditions listed 53% suffer from diet related problems, 42% suffer from pain in their joints and 45% felt their weight was an issue.

The ladies were given set questionnaires to ascertain their current level of knowledge about health, diet and general healthy living. The sections covered in this questionnaire were:

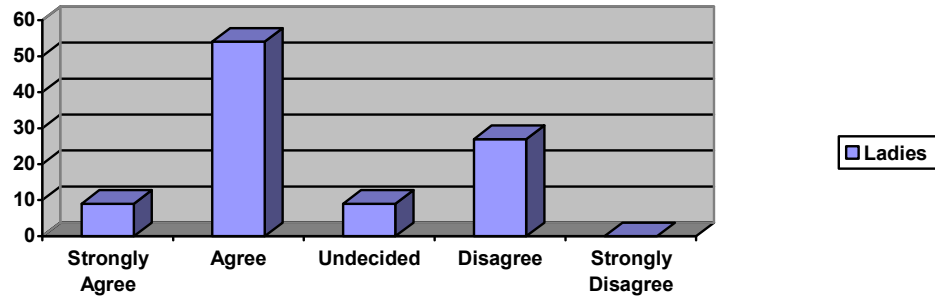
- General health and how the ladies felt their current health levels were
- Whether or not they were happy with this
- How to work towards good health
- Eating habits
- What their perception of a healthy diet is

## **5.2 Questionnaire results**

The initial results of this questionnaire are summarised below.

### **5.2.1 Do you think you are healthy?**

Of the 34 women who took part 9% said they strongly agree that they are healthy. 54% of the women said they agreed that they were healthy. 9% felt they were undecided and 27% stated they disagreed and were unhealthy.

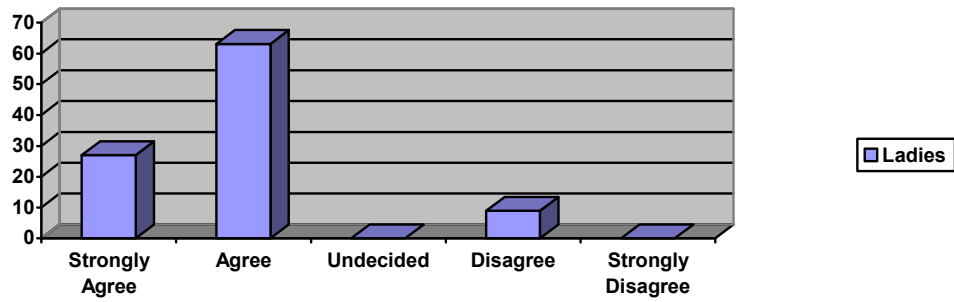


### 5.2.2 Are you happy?

27% Strongly agreed with this.

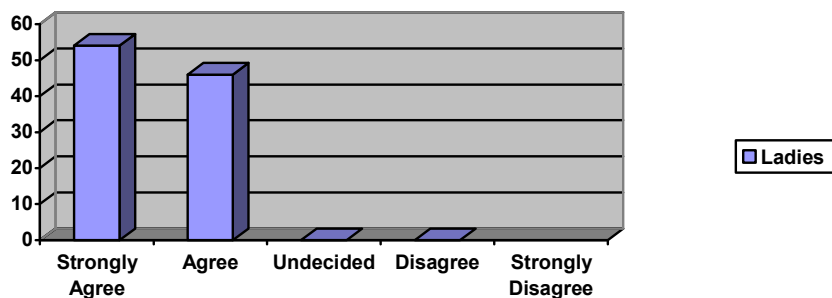
63% Agreed they were happy

9% Disagreed and were unhappy



### 5.2.3 Do you think good health has to be worked towards?

When discussing how good health has to be worked toward, by combining diet, exercise and mental well being 54% strongly agreed that good health needs to be worked at. 36% of women agreed with this also.



### 5.2.4 How often do you eat takeaway food?

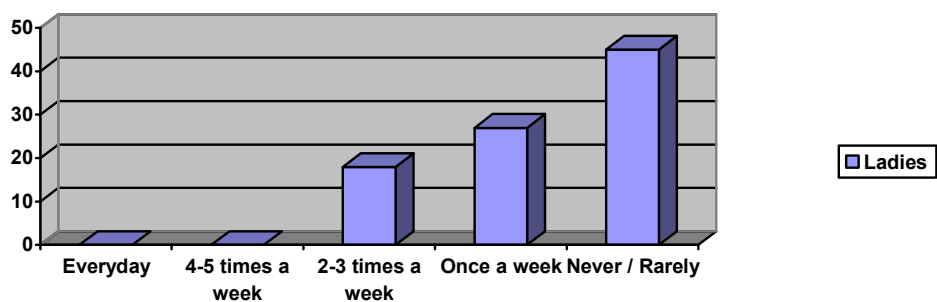
For this question, the term takeaway food was used in regards to places such as carry outs, fast food places etc. There were 5 categories to choose from, everyday, 4-5 times a week, 2-3 times a week, once a week or never / rarely.

None of the participants had takeaway food everyday or 4 – 5 times a week.

18% answered they eat take away food 2 – 3 times a week.

27% answered they eat out normally once a week.

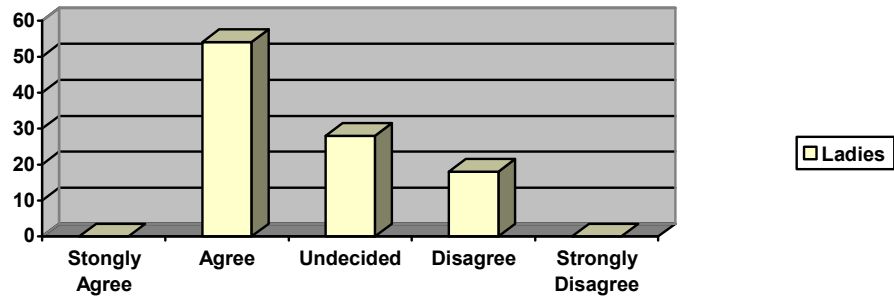
45% stated they rarely or never ate from takeaways.



### 5.2.5 Do you eat sweets and sugary foods (Mathai) between meals?

Within the South Asian community specifically, conditions such as diabetes are rife. With high sugar and high fat diets the South Asian community is more at risk than any other BME community. Mathai is a sweet dish which is favoured in this community.

54% of the participants agreed they usually have sweet snacks in between meals. 28% were undecided and 18% disagreed.



The ladies were presented a table of information and asked what they believe makes a healthy diet. The results are shown below.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
<b>Low fat</b>	27%	72%			
<b>Fresh Meat</b>	63%	9%			
<b>Fried Food</b>	9%	9%	9%	9%	36%
<b>Ghee Based Meal</b>	18%	18%		9%	27%
<b>Salt</b>	9%	18%		36%	9%
<b>Sweet/sugary foods</b>	9%	27%		18%	27%
<b>Ready meals</b>	9%			54%	
<b>Fresh Fruit / Veg</b>	72%	9%			

This table shows that although a larger majority of participants have good sound knowledge of healthy eating there is still alarming percentages that do not possess

the correct knowledge. The change in behaviour and attitude towards food and diet is one that seems to be progressing but at a slow pace.

The same questions were given again after the healthy cooking classes. On the 9<sup>th</sup> December the same evaluation was given to compare the difference in levels of knowledge and health. The results are shown below:

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
<b>Low fat</b>	57%	28%		14%	14%
<b>Fresh Meat</b>	14%	85%	14%		
<b>Fried Food</b>					100%
<b>Ghee Based Meal</b>		14%	14%	28%	42%
<b>Salt</b>		57%	28%	28%	
<b>Sweet/sugary foods</b>		14%		14%	57%
<b>Ready meals</b>				71%	22%
<b>Fresh Fruit / Veg</b>	100%				

## 6. Conclusion

We can see from the statistics provided above that the BME communities are still struggling to come away from misconceptions of good health. With the aid of the cookery classes combined with the information sessions the women have been able to learn new ways of cooking every day meals but in a healthier manner. This in turn has had a knock on effect to approximately 170 people as each of the attendees was the sole cook for the household and the average in each house was between 5/6 people. The women also expressed the enjoyment they had from taking part in such

classes and have actively requested more classes of this nature to be provided. Initially there were 34 attendees in our awareness session but as the project developed more women came to know about this and had approached REACH to register. There are currently approximately 60+ women from BME backgrounds still waiting to take part in our healthy eating classes as we could not facilitate such a large number of classes effectively. The important aspect of getting the information through to the women who actively implement the changes has proved to be a success however there is still more work that needs to be done to overcome this.

## **7. Recommendations**

The experience of this short-term funded project has been massive and the benefits as can be read above are unexpectedly high, both for the individual participants and indeed for their family members. Even with the short evaluation after a few weeks' gaps we can see how change the project has made into their day-to-day activities.

- It is recommended that similar project should be run preferably for longer duration, if not certainly as short term rolling programme.
- Cookery project should be complemented with other health promotional activities like REACH has innovatively done in this project. Complementing health promotional activities will not just help individual participants to health live a healthier life and thereby improve their health and wellbeing but activities also serves incentive for more to participate.
- More funding is certainly required, which may be difficult in this current climate of austerity, however funding project like this will economically wise in the longer term as less people will use NHS service. More so, healthy individual is backbone of a country.

- As mentioned above we currently have a waiting list of individuals who are keen to involve in future such projects. Hence, support and partnership work will help serve these individuals.
- More partnership work should be promoted, not just between third sector organisations but between third sector and mainstream organisations, particularly those involved in health promotion and public health campaigns.

## 8. Appendix



**Figure 2.1** The salad prepared by participants to go with their lunch.



**Figure 2.2 The main course of baked salmon and vegetables prepared by participants**



Figure 1.1

The figure consists of three vertical panels. The left panel is a solid purple rectangle with white text. The middle panel is a white rectangle with a purple border, containing black and purple text. The right panel is a white rectangle with a purple border, containing a logo, red and black text, a cartoon illustration of a chef, and contact information.

**REACH Community Health**

**REACH Community Health Project** is a national third sector organisation with a key strategic role in improving the health, wellbeing and health care provision of Black and Minority Ethnic (BME) communities in Scotland. REACH has units engaged in culturally sensitive Service Provision, Policy and Research and Training and Development. These areas of expertise act to mutually reinforce one another and the Triangulated Formula makes REACH uniquely placed to tackle health inequalities and service barriers faced by BME communities.

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**REACH Community Health**  
**Cookery Class**

Join our healthy eating healthy living programme and take part in our **FREE** cookery classes. The classes will run from the end of June and through out July.

To join the programme or for more information please contact either Sairah or Nargis on 0141 585 8022 or email [Sairah@reachhealth.org.uk](mailto:Sairah@reachhealth.org.uk) or [Nargis@reachhealth.org.uk](mailto:Nargis@reachhealth.org.uk)

*FREE Cookery classes for BME women!*

*Contact Sairah or Nargis for more info*

**Tel: 0141 585 8022**



**REACH**  
COMMUNITY HEALTH PROJECT

**Healthy Eating - Healthy living  
Cookery Class**





**REACH Community Health**  
**Cookery Class**

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Email: [sairah@reachhealth.org.uk](mailto:sairah@reachhealth.org.uk)

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Figure 1.2






# **Healthy Eating – Healthy Living**

## **FREE Cookery Classes for BME women!!!**

### **Introduction Friday 11<sup>th</sup> June 10:30 – 12:00 REACH Gym**

**All ladies are welcome!**



For more information  
please contact Sairah or  
Nargis at REACH  
community health.



REACH Community Health Network House, 311 Calder Street Govanhill, Glasgow G42 7N

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Figure 1.3

<p><b>Fun Food Facts</b></p> <p>Did you know.....</p> <ol style="list-style-type: none"><li>1. Lemons contain more sugar than strawberries</li><li>2. There are 1200 varieties of water melon</li><li>3. Almonds are a member of the peach family</li><li>4. Apples are made up of 25% air - this is why they float</li><li>5. Peanuts actually grow underground</li><li>6. Honey is the food that never goes off</li></ol> <p><b>CONTACT DETAILS</b></p> <p>REACH Community Health Project 311 Network House Calder Street, Govanhill, Glasgow, G42 7NQ Tel: 0141 585 8022/8023</p>	<p></p> <p><b>Healthy Eating</b> <b>Healthy Living</b></p> <p></p> <p><b>Name</b></p> <p>.....</p> <p><i>Made possible by Community Food and Health Scotland</i></p>
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