

WA HEALTHY WEIGHT ACTION PLAN 2019-2024



HEALTH CONSUMERS'
COUNCIL

CONSUMER INSIGHTS

PEOPLE FROM CULTURALLY
AND LINGUISTICALLY DIVERSE
COMMUNITIES



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Background

Health Consumers' Council sought the views of people from culturally and linguistically diverse communities about nutrition, health, and weight.

We would like to thank the consumers who shared their stories with us so generously. We acknowledge that the topic of weight can be a difficult thing for people impacted by weight stigma to discuss, and we work to ensure these stories are treated respectfully and for the improvement of health services for people from culturally and linguistically diverse backgrounds.

In this document, we have summarised some of the points that came out of these discussions.

Who we spoke to

We sought the perspectives of people from culturally and linguistic diverse backgrounds. The consumers we spoke to were women aged 40+ from a diverse range of backgrounds.

How we spoke to them

In order to hear these perspectives, particularly from non-English speakers, we reached out to Ishar Multicultural Women's Health Services and arranged to attend three of their regular social support sessions.

Ishar Multicultural Women's Health Services provides a range of holistic services to women from all walks of life and cultural backgrounds.

In small groups (language-based groups for sessions two and three) we asked about the role of food and the relationships between food, nutrition and health, and barriers and enablers to accessing services for overweight and obesity among CaLD people.

What perspective are included?

Session 1: Carers Support Group age 40+. This program is open to carers from all cultural backgrounds throughout the metropolitan area. We attended one of their regular group sessions in Bentley and spoke to a diverse group of 11 women.

Session 2: 40+ Women's Lifestyle Program. Ishar offers information and support sessions for 40+ women of all backgrounds. We attended one of their regular sessions in Mirrabooka and through Ishar interpreters sought the views of women who speak Farsi, Vietnamese and Macedonian, as well as a small group of women with multicultural backgrounds who spoke English and didn't require interpreters. There were 12 women at this session.

Session 3: 40+ Women's Lifestyle Program. Ishar offers information and support sessions for 40+ women of all backgrounds. We attended one of their regular sessions in Mirrabooka and through Ishar interpreters sought the views of women who speak Farsi, Vietnamese, Macedonian and Arabic, as well as a couple of women with multicultural backgrounds who spoke English and didn't require interpreters. There were 27 women at this session.

Food and nutrition

Culture, shopping, and price

- Food is very important to culture. It's also delicious. Food is important at things like festivals – people connect with food, and food brings people together. Food is important to families, particularly traditional food. There is a lot of enjoyment in cooking and teaching others to cook.
- The price of food in Western Australia is very different. Often can't afford to buy large amounts of things, so buy a small amount of lots of different things. (Everything in moderation). Others said it was most important to shop for healthy food and they didn't check the price
- Shopping for food here can be difficult, you have a list of what to buy but don't know where it is in the shop.
- Organic food is expensive, so can't buy everything organic. Some participants always try to buy organic food because they know it is healthy and because it has been looked after, nothing is added to it.
- Look for food made in Australia – it is 'less aged', fresher because it hasn't had to travel far, and therefore healthier.
- Variety is very important and tied into the idea of 'everything in moderation'. Like to try new food and experience new flavours.
- But it is also important to have the foods from home that they like, and to eat food they know.
- One participant doesn't like to try new food and only likes Arabic food. She doesn't look for new foods at the shops or try different ingredients, eats what she knows she likes.

Nutrition

- Ishar runs group sessions that focus on nutrition, and participants spoke to us about what they had learned through these sessions.
- Good understandings around the importance of being aware of ingredients like sugar, salt, and oil, and checking food labels particularly for these ingredients. Allow time when shopping to read the labels and compare labels; look for calories, fibre, saturated fat, protein.
- One participant was very passionate about food as medicine and the importance of gut health. Focus on buying unprocessed food – things that were raw, had no preservatives, reduced sugar, try to avoid flour, minimal red meat due to its association with inflammation.
- Healthy food is very important because of what is known about nutrition and disease. Some participants always consider health when they shop and look for ways to cook that are healthier, such as steaming rather than frying.
- Fresh food is also very important. Some shop every week, rather than fortnight, so they can get fresh food. Many mentioned wholemeal bread and brown rice, eating fish rather than red meat, fresh fruit rather than compote.
- Some of the women spoke about how the meals they cook are based on cultural practices, rather than health guidance. For example, protein might be the hero of the dish, with vegetables served as a chutney or jam.
- Food must be cheap, good, fresh, and nutritional.
- Younger generation look at food labels a lot more, this might be because the younger generation has more problems with weight and health, they eat out a lot and are around junk food a lot more.

Junk food/fast food

- Junk food came up often as a topic of discussion.
- ‘Bad’ food is cheap, and often comes in large sizes which feels like good value for money.
- ‘The things you shouldn’t eat, because they’re not healthy for you, are the things you love, they taste so nice and they’re cheap’.
- Subway mentioned several times as a healthier fast-food option.
- Still have things like French fries, Coke, and milkshakes once in a while, even though they are very high in calories. ‘People do love this type of food’.
- There are healthier choices. Families want home cooked food, not fast food. And when it comes to cooking, often healthier food is easier and quicker than, for example, deep frying.
- ‘But if you don’t like cooking, what do you do?’ There are not many options.
- There was a brief conversation about the food industry and junk food advertising, and how there is so much money in junk food. Junk food is addictive because it’s full of salt and sugar.

Thoughts and feelings around food

- The idea of not wanting to waste food came up a lot. The two main reasons were based on personal experiences (‘I grew up poor’) or based on the experiences of others (‘other people don’t have food to eat so we don’t want to waste ours’).
- The idea of not wasting food was closely linked to the idea of value. Don’t want to waste food but also want value, what is paid for. The example of this was buffets. When the food is irresistible (things like fresh bread, scones with jam and cream, donuts) it can be very hard to eat in moderation, when you see other people eating lots of plates of food, especially for kids who see the sweet foods. Tell the kids to just have a little bit, because they don’t want to put too much on their plate and then waste it.
- Another example of this was cruises (which were a popular holiday option pre-pandemic), ‘people just go on them to eat and drink’. Value is important but so is wanting to enjoy food, and if you eat too much, too fast you don’t actually enjoy it because you don’t even know what you’re eating.
- Eating the kids leftovers was an example of not wanting to waste food – joked that the key to losing weight is to have a dog to eat the leftovers instead.
- Most of the participants have families and spoke about their children and husbands. One said that she had a good metabolism so she could eat anything, but it was different for her family and as such her youngest daughter was very strict with food and worried about her weight. Another said her husband doesn’t like eating healthy foods or drinking water, and that made it hard for her to eat healthy foods too.
- One woman spoke about being healthy and fit at any size. She said she gets satisfaction from choosing a recipe, and often spends a lot of time choosing what to make, and then cooking it, but no longer has the appetite to eat it. She cooks for her family and enjoys passing recipes on to them and teaching them to cook.
- It is important to know how to cook healthy food which tastes good. We are what we eat, variety is important, and everything in moderation.
- It can be difficult when you are cooking for everyone in the family. Often the women wanted to cook healthy for themselves, but the family might not want that. It is also difficult if

someone else is cooking for them, don't want to for something different so just eat what is made, and that makes it hard if you are trying to watch what you eat.

Weight related health conditions

- Diabetes and heart concerns were the two major weight-related health concerns mentioned. There were discussions around how the doctor can give advice on this, and some had seen a dietician as well.
- One woman who has diabetes now cooks at home a lot so she can control how much sugar and oil is in her food. She 'knows that some foods are not good' for her, so while she might have a little of these, 'just a bit to get a taste', she doesn't eat much of them.
- One participant was very interested in food as medicine and gut health, and how people need to look for the root cause when they are unwell – which means looking at what they eat. Medicine has side effects, but food doesn't. She also spoke about the links between diet and behaviour and the importance of bowel motions as an indicator of health.
- One woman spoke with great distress about her mother's health situation following bowel obstruction. It was very hard for her mother to understand what she now can and cannot eat and that these changes have to be lifelong. It is very difficult for the mother having such a restricted diet, makes it very hard to socialise and celebrate with friends and family. A lot of responsibility has fallen to the daughter, to try to help her mother understand, eat the right things, tell her what she can and can't eat – but this is stressful for the daughter and very hard for her to manage alongside the rest of her responsibilities.

Personal experiences with weight

NB: these conversations were different to other consumer engagement activities in that we went out to groups who already meet and spoke to them about this topic, rather than them coming to us because they had something to say about the topic. This means there was a mix of people who did, and did not, have lived experience of overweight and obesity.

- Even though we used food as a way to ease into conversations about weight, there were acknowledgements from most that weight is about much more than what you eat. Participants spoke about stress impacting their sleep and therefore their weight; not having time to look after themselves or to see their doctor about their weight (this came up especially for women who were carers, had families, or were helping out their own parents); the links between weight and mental health (including often eating more junk food when stressed, particularly teens who were stressed about exams); menopause and hormone replacement treatment contributing to weight gain; pain impacting both ability to exercise and quality/quantity of sleep; lack of desire to exercise; and inability to exercise due to pain and medical conditions.
- Many of the participants spoke of their efforts to lose weight, largely without success. They had tried intermittent fasting, eating in moderation, Jenni Craig ('food was OK but didn't see any change in weight'), skipping meals to make up for eating a lot at another meal, and remaining very active even if it's not exercising (dancing, housework, walking and gardening).
- One woman shared that it is "very difficult to lose weight, I can't do anything" about it, "I try for a long time, will go one kilo up or down but in the end no different". People have

suggested bariatric surgery, but she was very scared of this and said no, and her doctor told her not to do it.

- One participant put on weight when she first arrived in Australia because of junk food. There was so much of it available to try, and she didn't have this previously in her home country.
- Another participant spoke about how her daughter was very conscious of gaining weight and weighed out her food.
- One woman told us her weight fluctuates from a size 12 to a size 18, but she said she doesn't care about her size, the only thing that bothers her is that she doesn't have enough clothes that fit.
- Things that might contribute to gaining weight include snacking, dinner being harder to digest than lunch, becoming too comfortable and less likely to exercise, metabolism slowing down as they get older, the types of food they eat in Australia, menopause, pregnancy and having a baby.
- Of those who had been able to lose weight, one told us she felt much better for it, and another said she lost weight even though she didn't need to by accident by listening to her body about when and what to eat. Another told us she is concerned about her weight and keeps an eye on it.

How do people in your community speak about weight?

- Across all the cultural groups, women talk about weight among community and friends. They talk about their own weight, as well as other people in their family and community. It didn't seem to be a taboo topic.
- Some indicated they were more likely to talk to friends, and specifically other women, than to family or men about weight.
- Different cultures had different perspectives about how to approach these conversations – one woman told us that she is happy to tell her friends if she thinks they need to eat less, and that her friends wouldn't be offended by this; another woman told us she was always careful not to offend her friends when talking about weight.
- The group of Vietnamese women spoke most about the fear of offending, and said they were more likely to comment if someone had lost weight.
- Another participant told us she wouldn't talk about weight with people from her own community but does talk about it with her friends who are from different multicultural backgrounds.
- More likely to listen and take advice from a health professional about weight, than from spouse or parents. On the other hand, some women do talk to their husbands and kids about weight and are happy to be very open about it.
- Men don't worry as much about their weight as women do. Women are particularly concerned about their weight after having a baby or after menopause.
- It's good to have a positive body image.

Who would people in your community talk to if they wanted to talk about weight?

- Many of the women would be comfortable and happy to talk to their GP about weight if needed. Several said that if they needed to get help with food and weight, they would see their GP and get a referral to a dietician.

- One woman went to the GP for a problem with their joints and was advised to lose weight, eat less carbs, but because the GP told them this was for their own benefit it wasn't seen as offensive.
- The doctor knows what they're talking about, and if they say 'you're overweight' you believe them, the same as if they say you have high blood pressure.
- It would be OK if you went to the doctor about another issues and they wanted to talk about weight – would say thank you for bringing it up, just like if they spoke about any other aspect of your health.
- There were mixed experiences about the helpfulness of conversations about weight with doctors. While one person had a good experience with their GP around seeking help for weight, another said they went to their GP for help and were told to eat less and exercise more, without being given a plan, guidance, or a referral to a dietician.
- One person said, 'if the doctor tells me I can't have sugar I won't, I'll stop eating it, but for now I won't stop, I'm waiting to see if the doctor tells me that.'
- Would talk to someone at Ishaar if they needed to talk to someone about weight (Ishaar has doctors, nurses, and dieticians).
- One person actively goes to their doctor to have their weight and blood pressure checked and is happy to do so, and another said if she puts on or loses more than 5kg she goes to her doctor.
- One woman noted it is also important to see the doctor if you get 'too skinny'. Being underweight was raised as a topic of concern by the group of women from a Southeast Asian background but may not be as relevant for other communities.
- There should be a psychological perspective when it comes to weight, as excessive eating can be linked to anxiety.

What might stop someone in your community from talking about weight?

- One consumer told us "They just don't like too" and followed up that some people don't talk about weight too much – either to their doctor or in general.
 - NB: Given the singular nature of this comment it is hard to say if this viewpoint is reflective of a particular cultural group or community
- Often the links between food and weight are swept under the rug, and not talked about much. It should be taught more in education/school.

What services are currently available in the community? What have your experiences with these services been like?

- Dieticians and nutritionists were the main services spoken about. An interpreter is needed to be able to access these services.
- Dieticians talk about things like diabetes and heart conditions, how many serves of different things to eat. A few participants said they found dieticians to be helpful.
- Many of the women had learned about nutrition from Ishaar (see [Nutrition](#) above).
- Allied health services aren't available in Vietnam, and this might be why Vietnamese doctors in Australia seldom refer their patients to dieticians or other allied health services.
- One woman who is a carer spoke about how she took her client to the doctor for something unrelated, and the doctor wanted to talk about weight and exercise. The doctor gave her a care plan for 5 sessions with an exercise physiologist and she was told to keep going – but

how was she meant to do that? She couldn't afford to keep going, so then what? There was no further support.

- One person mentioned acupuncture for health.
- Some of the women who spoke good English said they look online for information around weight and health. Others said they wouldn't look online for advice but do look online for recipes (particularly YouTube).

What kind of services are needed in the community around health and weight?

Resources

- More information around the different food groups, and how much to eat of each.
- More awareness around alcohol and how it can be bad for your health and weight.
- Age-appropriate resources – when they were younger, they knew what a healthy weight was, but now that they're older they don't know what weight range they should be. They felt their bodies had changed with age and so the same weight ranges no longer applied. Would like more information around weight at different ages, including a flyer or pamphlet that shows target weight ranges for different age groups, menu ideas for people of different ages with examples of portion sizes, and information on exercise that is balanced, with examples of things that can be done each day.

Community program or centre for weight loss

- A culturally appropriate place for people to come together to exercise and share food. There was a suggestion that this could happen somewhere like Ishaar – familiar, a place where multicultural women feel comfortable.
- A place they can come together with other multicultural women to look after and learn from each other. Needs to be more than listening to a presentation, less likely to take cation if it is just listening. Prefer something hands on, see, and learn then try it.
- Some women mentioned they would be less likely to want to exercise and learn about food, weight, and health with people from their own community, as they would feel judged. They agreed that they would feel more comfortable if they were among people from a mix of backgrounds and communities.
- It can be off-putting to exercise around people who weigh a lot less or are a lot fitter.
- Interested in a community weight loss program – not aware of any currently. An ongoing program rather than a once-off session, maybe a term of 10 weeks.
 - Important considerations for this type of program include the location and access to quality interpreters. The right facilitator is also important, with suggestions for a multicultural woman aged 40+.

Experiences of weight stigma and bias

NB: Stigma seemed to be less prevalent than in some other community conversations, however not all of the consumers in these groups had lived experience of overweight or obesity.

Combined with the language barriers of speaking through interpreters, being in a loud and busy room, and the consumers not reaching out based on wanting to talk about this topic, it is hard to say whether the below accurately reflects the experiences of those in their communities with lived experience of overweight and obesity.

We would need to establish much more trust if we wanted to further discuss weight stigma and bias with these groups.

- It is rude to judge someone by their weight because you don't know what is going on with their health. One example was that the person might have thyroid problems and you wouldn't know.
- Don't want to offend people by talking about weight.
- One consumer gave an example of how it can be hard to speak about weight with her friends, given that she "looks skinny" to most people. "If I say I've put on weight, they will say 'where?' But I can't fit my clothes".
- There was a conversation about how men in the community tend to be more overweight because they 'eat more and don't move as much'. It was mentioned that men wouldn't care about this, unless they were trying to meet someone new or had a health problem. One group spoke about how there is much more pressure on women about how they look and to lose weight if they are overweight, especially after having a baby. "You are judged if you don't lose baby weight."

About

Health Consumers' Council

Health Consumers' Council (WA) Inc. is an independent, not for profit organisation established in 1994 with the purpose of giving a voice to health consumers in Western Australia and improving health outcomes by encouraging and supporting consumer engagement and involvement in health services.

Healthy Weight Action Plan

The [WA Healthy Weight Action Plan 2019-2024](#) is a joint initiative of WA Health, WA Primary Health Alliance, and Health Consumers' Council to create a roadmap for sustainable changes to support people and families who are at-risk of overweight and those with overweight and obesity. It is the first step of many to create a coordinated approach across health to tackle the complex causes of overweight and obesity and work with our partners across WA to drive long-term change.

Resources

[WA Healthy Weight Action Plan 2019-2024](#)

[Partners in Change – Healthy Weight](#)

[Shift. A guide for media and communication professionals](#)

[The Personal Cost of Weight Issues in Australia 2020](#)

WA HEALTHY WEIGHT ACTION PLAN 2019-2024

Health Consumers' Council received funding from the WA Department of Health to connect and involve people impacted by overweight and obesity.

We have a number of documents available for people working within WA health services to contribute to improving health services in this area.

* Please note these insights are not exhaustive and in some cases come from small numbers of people. We share these in the hope that they add value to the evidence-based information on this topic.

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