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- Aberdeen Elderly Chinese Association
- African Community (Individuals)
- Anand Bhavan (now Milan) Day Care Centre, Kirkintilloch
- ASRA Day Care Centre, Glasgow
- Central Scotland Chinese Elderly Project, Stirling
- Ethnic Minority Communities (Individuals Group), Aberdeen
- Chinese Older People Association, Fife
- Dixon Day Care Centre, Glasgow
- Edinburgh Chinese Elderly Support Association
- Ethnic Minority (Individuals Group), Perth
- Sikh Gurdwara (Temple), Dundee
- Lanarkshire Chinese Association, Hamilton
- Mahila Group, Glasgow
- MECC, Glasgow
- MECOPP, Edinburgh
- Milan Lunch Club, Burnbank Centre, Hamilton
- Milan Lunch Club, Newton Mearns, East Renfrewshire
- Muslim Day Care Centre, Glasgow
- Muslim Senior Welfare Council, Fife
- Nari Kallyan Shango, Edinburgh
- North Ayrshire Chinese Lunch Club – Kut O Benevolent Society
- Pakistan Society Lunch Club, Edinburgh
- Perthshire Chinese Community Association
- Pine Court, Chinese Sheltered Housing, Dundee
- Rainbow Women’s Muslim Group, Falkirk
- Inverness (Individuals Group)
- Scottish Asian Ekta Group, Glasgow
- Scottish Highlands & Islands, Moray Chinese Association
- Shanti Bhavan – Mel Millaap Day Care Centre, Glasgow
- Sikh Sanjog, Edinburgh
- Southside Elderly Lunch Club, Edinburgh
- Wah Lok Jung Sum Chinese Day Care Centre, Glasgow
- Wing Hong Chinese Elderly Centre, Glasgow

Older People Services Development Project

Healthy Diet and Lifestyle Consultation Report, April 2015

Some older people within Black & Minority Ethnic (BME) communities may be at risk of suffering health problems due to difficulties in accessing general dietary information, and individual advice concerning their nutritional needs.

In the first Scottish national consultation of its kind, the findings of the Lottery-funded Older People Services Development Project show BME older people can not only face barriers to accessing information and practical advice about healthy eating but there are also worries about the differences in all the foods and ingredients available to them, in contrast to what they may have been used to eating before.

These were the key concerns in a series of issues raised through project team discussions with 861 BME older people across Scotland.

While some of those consulted had received a variety of general information on healthy eating, some of this information appeared contradictory or not detailed enough, and many felt they needed to know more about how to put the good advice into practice.

They also felt they required more nutritional information in relation to a number of specific medical conditions and also to dietary differences.

However, there were also questions raised about how they might achieve this balance in relation to different types of diet, such as for those who may be vegetarian, or suffering from conditions such as allergies, Inflammatory Bowel Disease, diabetes or high blood pressure.

A number of measures are now needed to help tackle the knowledge and information gap, and to support older BME people in accessing this information, together with a range of initiatives that will also offer them practical support.
Healthy eating information
Some older people were not sure how to find the information they needed. The language barrier can be an additional hurdle for some BME older people.

Understanding diet and nutrition advice
Some BME older people have difficulty in understanding how information might relate to them. While some said there was information available in places such as GP surgeries, there was some confusion about how to follow that, and concerns about mixed messages over advice.

Vegetarian diets
Many BME older people following vegetarian diets require accessible information on how to ensure a healthy and balanced diet in general but also in relation to a number of health concerns.

Diet and specific needs
With many older people suffering from conditions such as Diabetes, Heart Disease, low/high Blood Pressure, Inflammatory Bowel Disease, Thyroid problems, Allergies, there is a need for more tailored information and advice, along with further information on weight control.

Also, there is a need for information and guidance on diet and medication for certain medical conditions.

Adapting good foods
The practicalities of being able to eat the right foods are also a concern, in terms of knowledge about preparing and cooking those foods in such a way as they are easy to chew and to digest.

Accessing a healthy diet
Finding the right ingredients can be a problem for some BME older people who are used to using traditional ingredients that may not have been available when they first arrived in this country.

As they were not given advice on how to adapt their diet they may be lacking a healthy balance in their everyday meals.

Eating what is provided
Even with dietary knowledge, some BME older people feel it is difficult to have their nutritional needs met when meals are prepared in a family situation. Family budgets, concerns over expense and financial independence can also be an issue.

Social isolation
Some BME older people felt creating events and opportunities to discuss these issues could also benefit participants in terms of socialising, and having the chance to share ideas and experiences.

Issues raised

What is needed

- Accessible information
  A range of translated written information should be made available in health centres, libraries, community centres, and other local resources, in addition to being distributed by health and care professionals.

  Talks, cookery demonstrations and healthy eating workshops should also be explored along with other methods of providing verbal information and support from Registered Dieticians (RDs).

- Clearer advice
  Using a range of delivery methods as detailed above. Information should take into account specific diets and avoid confusing messages over fat, sugar, salt etc.

- Specific dietary needs
  More detailed advice and diet options are also required on eating in relation to medical conditions, medication and weight control.

- Diet differences/alternatives
  Standard health information may also focus on ingredients or food varieties that are not recognised by or suitable for some BME older people.

- Support
  Contact information should be easily available on the RDs, agencies and organisations that can provide individual BME older people with help and support on healthy eating and nutrition. This should be reinforced through the methods detailed above.

- Helping families
  Campaign to raise awareness in BME families about the varied dietary needs of older family members, plus opportunities for hands-on learning such as cookery demonstrations.

- Exercise
  Most of those consulted recognised the need for staying active. More needs to be done to inform and educate about opportunities for this without the need for gyms – although there is demand for classes too.

- Raising awareness
  With a nutritious and balanced diet vital to good health, more work needs to be done to ensure health and care professionals and the wider community are aware of the potential hurdles to eating well that can be experienced by BME older people and are alert to the opportunities for offering advice and support.