

DRAFT

**WEIGHT MANAGEMENT SUPPORT FOR PEOPLE FROM  
MINORITY ETHNIC GROUPS**

**INSIGHTS AND EXPERIENCES FROM THE FOLKESTONE, KENT  
NEPALESE COMMUNITY**

**SEPTEMBER 2022**

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## SECTION 1: INTRODUCTION

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### 1.1 Background and objectives:

Activmob were commissioned by Kent County Council Public Health to investigate and undertake a behaviour insight study to explore evidence-based approaches to weight management, with a focus on approaches for weight management support for minority ethnic groups.

The requirements included undertaking interviews and/or focus groups to understand if there are any practices, expectations and perceptions, levels of knowledge and understanding which are impacting on the weight of this target group. The aim was to capture meaningful information that can provide clear insight into how current services or new services and support need to be designed, promoted, and provided or made more accessible to meet the needs of this group.

### 1.2 Summary of research questions:

The focus of the conversations was on understanding what peoples' experiences are at pre-engagement with services and support rather than experiences of receiving support.

Specifically, to explore levels of awareness of risk, support, awareness of pathways and opportunities for engaging in the future. etc.

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## SECTION 2: OVERVIEW OF APPROACH

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### 2.1 Approach and methods:

In discussion with Public Health, it was recognised that there was little literature of research available on this topic and therefore there it was agreed that we would conduct **in-depth interviews** to be able to truly get under the skin of the issue with a 'blank sheet'.

This work was shaped by the X working group, a group made up of key stakeholders across Kent including those that already engage with these groups and others who are keen to develop their offer. Given the size and scope of this work it was decided the focus would be on one community to ensure insight gathered would be meaningful and add value. The community identified to focus on was the settled Nepalese community living in and around Folkestone.

### 2.2 Recruitment:

For the recruitment of individuals for the in-depth interviews we took an asset-based approach, using our already established and trusted Kent wide network and connections to identify trusted people/places who could connect and make introductions. We used a '*snowball*' approach to widen our net and recruit further. The diagram below is a representation of our approach to recruitment.

## Asset based recruitment- it works!



### 1. Map and Mobilise trusted community networks

Identify trusted assets (people and places) across each cohort. They will be our mechanism to share the study and recruit people to be interviewed. Eg a local community centre,



### 2. Connect to interested and eligible people

This could be either by passing on details, inviting us along to a community zoom meeting, or through individuals contacting us directly.



### 3. Undertake in-depth interview

At a time and way that suits the individual and remains covid-19 compliant. Eg telephone, zoom, faceTime etc

"I know someone else you can interview"

Using this asset-based approach and engaging with several key trusted assets who know and support communities it was agreed that the Nepalese and Gurkha veteran community based in Folkestone would be the focus of the study. The Nepalese Community Centre based in Folkestone was approached to support and encourage people to participate in 2 small online group conversations.

### 2.3 Analysis:

Analysis was undertaken of the insights and evidence from the in-depth interviews. Insights were coded using the principles of thematic analysis based upon Braun and Clarke's model (2006). The findings were segmented, and behavioural analysis undertaken, and recommendations made documented in this report.

### 2.4 Covid Considerations:

Whilst some restrictions were still in place for this study, and confidence was still low we undertook in-depth insights using remote methods, such as telephone calls and zoom group meetings.

### 2.5 Who we spoke to:

Over the course of 2 small group sessions, we spoke to 12 individuals. Six men and 6 women all Nepalese ethnicities. Ages ranged between 31 up to late 70's. Many participants were retired with a small number in either part- or full-time work. 2 interpreters assisted in ensuring some participants could fully take part.

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## SECTION 3: EXPERIENCES AND INSIGHTS

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This section of the report provides a summary of the **themes** that emerged from analysing what participants said during interviews and following the Topic Guide. Using an inductive approach to analysis means that themes emerge from people's insights and experiences.

Interviews and capturing people's experiences have not been used to prove or disprove specific hypotheses or statements.

Following the themes that have emerged, **key conclusions** are presented, drawn from what people have said and experienced.

### **4.2 Insights and experiences – what people told us**

#### **ABOUT US**

##### **What is important for families and community**

An important part of both short Workshops was to explore and hear about participant's culture, what is important and how food fits into family and general lifestyle.

Family which includes extended family, and the local community are critical to the Nepalese culture and seen as the one of the most important values underpinning their way of life. This importance placed on "human relationships" was extended to life here in the UK. Participants reflected that in their home country this was easier, and they could easily know most people living in the town. However here they have found this more challenging even though some have lived here over 10 years.

*Back home- feel like I know ½ the town- lived here 15/16 yrs and don't know my neighbours!*

The reasons behind these challenges could be due to several factors including different daily routines, shift work patterns, all generations now working rather than being at home, distance, and local facilities. However, and despite these challenges, the Nepalese community is happy and strong locally. The Community Centre provides a focal point meaning retired, serving soldiers and their families felt well connected.

##### **Culture and food and lifestyle.**

A conversation to understand how food and eating feature within the Nepalese culture was an important and interesting conversation which provides valuable insight for future support.

Food, growing food and cooking meals from scratch with ingredients you have grown is how families would eat back home.

*'Eat home cooked food- and we eat big amounts'*

Traditionally people eat 2 main meals a day. This would be between 8 – 10 am where people would eat a big rice dish. The second meal would be between 7 – 9 pm and consist of rice-based dishes. Whilst many of the dishes are vegetable-based families strive to have meat-based dishes too. Culturally, families look to prepare and offer several dishes offering choice on the table for every meal.

*'There has to be meat- and lots on the dining table'*

More affluent families would be more likely to offer more choices and more meat. Participants reflected that for the older generation consuming high glucose and starch diets were not good for their health but reflected this is how they would eat back home. A time they would have been balancing this out with working on their farms and land. The Nepalese community are very health aware and ensure they fit in some form of walking every day.

Participants identified several further challenges people encountered living in the UK. A key change has been a change in families work patterns. In the UK all family members must work leaving little time to cook home cooked meals and over reliance on easy to cook meals and takeaways. Many of the participants and the local community work shift patterns that make it hard to eat well.

*"We use takeaways – there are so many here it's just easier"*

Secondly, good food is seen as expensive, and the deals are normally on less healthy food - again making it easier for them to make worse choices.

*"Don't get good food in good deals"*

*'Born or grow here- you have more choice of bad foods in supermarkets'*

Another challenge people identified was the lack of awareness, knowledge and even skills in how they could adapt their diet to bring more variety and reduce the dependence on rice. Finally, there was also great concern regarding the younger generation who are no longer wanting to "eat our food" but are wanting to keep up with their peers at school and choosing unhealthy lunches and snacks.

## **KNOWLEDGE AND INFORMATION**

When asked about knowledge of the risks of weight gain and obesity generally, nearly all participants had a clear and quick response. Everyone clearly felt being overweight would lead to poor outcomes.

*Diabetes and other health conditions*

*Joints, back, hip problems*

*Catch other conditions*

*Bad if you are overweight*

In terms of finding information or support participants emphasised the importance of talking to someone they trust. The level of information and knowledge of the person is key and more important than who they are. If they are trusted.

The Community Centre was seen as a key trusted place for accessing information and advice about health and the GP for support. The GP was trusted as someone with high level of knowledge and is direct in telling someone if they needed to lose weight. This approach was welcomed.

An important point was raised about challenges in reaching the working Nepalese community. These are those who are normally retired but working other jobs which are often shift work. This cohort, whilst supporters of the Community Centre do not tend to attend activities or access information mainly due to work commitments. Reaching this cohort was seen as a priority.

## **WEIGHT MANAGEMENT - REFLECTIONS**

As part of the discussions, participants were asked how important weight gain was. The majority (c: 11) scored themselves 4 or more out of 5 where 5 was extremely important. Participants were clear that in their culture it was very important to maintain a good healthy weight as this would affect their general health and there was clear link to ill health. For all interviewees physical activity and continuing to generally 'keep' fit as they aged was key to maintaining a healthy weight. Many shared stories of the daily physical activities they continued to undertake. Initially, respondents highlighted physical activity rather than food intake as a key factor regarding weight management.

*'Most of older our members will take a 2 hour daily walk every morning as part of a daily routine they would have undertaken all their lives back home and now here in Kent'*

Given this insight participants were asked if they had concerns about weight gain and management. The majority scored themselves very high (4-5 out of a possible 5) in terms of measuring their level of concern.

**Deeper conversations explored what participants were noticing not only in themselves but within their wider community.** Firstly, they have seen a big change in people's weight since their move to the UK. People have gained weight that is seen as unhealthy. They added that in their home communities and previous generations such as grandparents they never had any weight issues to deal with. This is seen as a relatively **new issue** for the community and there is a general feeling that everyone is struggling with their weight in this settled community in Kent.

*'Now we are all getting fat and overweight'*

Participants offered two further reflections into the cause for the unhealthy weight gain. Both these provide an insight into how important cultural norms are. Firstly, with the move to towns and cities people are generally relying on driving or catching the bus to work rather than walking. There is generally much less moving than they would have done in their home communities.

*"In our country hiking and trekking were the only mode of transport you had"*

A further reflection was that living in a colder climate such as the UK, the community tended to feel and are *'eating more'* because it is cold.

### **Working and weight management**

As has already been mentioned, many retired members of the community are working – often working shifts. Engaging and supporting those in work was seen and highlighted as a priority group as they struggle to access any information, activities, and support from the Community Centre. The two case studies below highlight the challenges in having a good diet and maintaining a healthy weight and working.

#### **Case study - Shift Work**

*'What makes things difficult is work shifts. The late shifts – 3.00 – 11.00 pm are the hardest. You get home after that shift and have your meal. You can't go straight to bed as you need 2 hours to digest it. But is it late time to eat. So, I go to bed around 1.00 am then up again around 9.00.*

*Before I go for my next shift I walk the dog for a couple of hours, prepare some lunch which is normally rice, meat and vegetables and then get back to work.*

*I normally take some snacks with me like a pie, pasty, crisps, and fruit so I can last until later that evening.*

*On the early shift 7.00 am to 3.00 pm you can normally manage to cook and eat one main meal at home. So at least that is one healthy meal on one day a week!*

#### **Case Study - Working full time**

*'So, I work full time running a local shop. I must eat around work. I will normally aim to have rice, lentils, meat, and vegetables every morning and evening when I finish in the shop. I am trying to keep fit and I try not to have second helpings. I also do exercise as my main way of managing my weight. I like to play golf at least twice a week'*



## ACCESSING INFORMATION AND SUPPORT- EXPERIENCES

Attendees were asked to share their experiences of accessing any information and support regarding health and in particular weight management. The GP was the main person who some had spoken to regarding managing their weight. Experiences were mainly focussed on appointments with the GP regarding their diabetes or risk of diabetes and cholesterol were the topic of their diet and controlling intake had been raised.

Others said no one had ever spoken to them about weight management and one person recalls speaking to a “health person” in a library.

Almost all participants felt that they could access some basic information (primarily via the Community Centre) but had very little awareness of what support to help them manage their weight is available.

*‘I only know about information- we don’t know what support there is’*

*“No one mentions it (support) – you are the first people come to us today and ask us – no one has been to the Community Centre before”*

The quotes below provide examples of support experiences:

*‘The GP told my wife that she needed to lose weight for her health and for an operation she needed. He offered no support in doing this. The consultant told her of a weight management programme she could try, but it was online only, and she isn’t good with IT. I asked for some help she could get in person and told there was nothing available’*

*“I had a heart attack 3 years ago and I had 2 weeks heart rehab exercise, but that’s it. In terms getting my weight better now I walk the dog and I am not sure what else I could do”*

## ACCESSING INFORMATION AND SUPPORT IN THE FUTURE

The in-depth interviews proceeded to hear thoughts about accessing information and support in the future. A key challenge for the community is: *“How do we adapt to a healthy diet whilst doing shift work?”*

## OUR NEEDS & CHALLENGES



*"Dr says eat less, but I have no energy, so I have to eat more again."*

*"Knowledge around portion size- otherwise we eat until we are full"*

*"I like eating, but our food is oily and cooked in oil or ghee and I mainly eat the same food every day"*

*"Employers don't allow you out for appointments- and you don't have time to eat healthy at work"*

*"Need to get employers involved- if work tells them to do something they will"*

## WHAT WOULD HELP



**Clear information** about weight loss and management

**Practical information** on portion size and how to introduce a variety into our diets

**Visit the Community Centre** and talk to people explain what to eat, portion size, what to do

**Engage with employers** to encourage them to support and allow their workers to access support

Provide a **booklet** that is easy to translate.

**Offer group based physical activities** that are fun such as community jogging, walking, keep fit.

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## SECTION 4: WHAT THE INSIGHTS TELL US

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This section of the report draws out the key conclusions from the themes of experience and insights from participants and key points to consider in discussing opportunities and recommendations for next steps.

**Everyone welcomed the opportunity to have the conversation about weight management and healthy eating and want to access support.**

- They do not have the knowledge of how to change or vary their diet to manage their weight.
- They are taking proactive action to do exercise (daily walks) as a way of managing their weight. This is different to physical activity they would be doing at home as part of everyday normal activity.
- Parents need help on how to give their children healthy lunch options

**Health and weight management are important to people and the community.**

- This is even more important to them because being overweight and obesity are something new that they are seeing amongst their community. Something they never saw back home. They can clearly see things getting worse.
- The byproduct of our environment plus the Nepalese cultural norms have led to this.

**Clear evidence of how the obesogenic is impacting on people's lives.**

- Clear examples such as work patterns, employers, availability of fresh food, fast food outlets, how people travel etc are all examples.
- Participants and the community feel unable to change this environment (ie work patterns and where work is)

**The role of leaders / elders is critical to helping people make a change.**

- Community Leaders and Elders give the topic importance and can influence people to bring them together or to act.
- By making it important the Leaders can encourage people to engage with those who have the knowledge and skills

**The role of local employers has been highlighted as a key enabler and critical to making a change**

- Employers are essential to 'giving permission' to their workforce to also take the topic seriously and act.
- Employers are the vehicle for those with knowledge and skills to reach individuals.

**Priority focus for tackling the issue must be those in work and children.**

- These groups are of biggest concern and could have the biggest impact
- More insight is needed to learn about children and young people and what is important to them etc

**The importance of understanding cultural values and what is important applies to all individuals and communities.**

- Any conversation or engagement with an individual or community must start by asking what is important, why and explore how, what and who they want to receive support from.

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## ***SECTION 5: DRAFT RECOMMENDATIONS***

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This section of the report provides details of key recommendations proposed by Kent County Council to take forward from the insights and conclusions of this study. **This draft report has also been shared with the Folkestone Nepalese Community Centre to test accuracy on its contents. Three recommendations on what they would like the outcomes to be from this study are also included.**

## Kent County Council Recommendations for Action:

**1. Commissioners and delivery providers need to be given time to establish contact and work with Ethnic minority communities.**

### Recommendations:

- **Commissioning** teams will review how this could be reflected in commissioning practice.
- **Commissioners** need to be prepared to sacrifice quick outcomes for longer-term gains with these communities

**2. Delivery of services needs to be co-designed along with community leaders to ensure that content and delivery style will have the most impact with the identified group.**

### Recommendations:

- **Commissioning Teams will ask providers** to ensure they have a good understanding of their local communities so that they know if there are community hubs they can approach in their local areas.
- **Commissioning Teams will ask providers to look beyond** service outcomes to see what communities want to gain from interventions and services they provide.
- **Providers should work with** existing professionals working with or supporting communities to help establish relationships within the communities.

**3. Learnings from one ethnic minority group can not necessarily be applied to another.**

### Recommendations:

Materials used should be suitable and meaningful to the community being worked with.

**Preconceptions of topics** (such as how weight is lost) should be established so myths can be dispelled or corrected if wrong.

## Folkstone Nepalese Community recommended outcomes from the study

### Recommendations:

- **Run a local community event within the Folkestone Nepalese Community Centre** that engages all members of the community and likely to be over a weekend. The focus will be to ***“Feed them well and feed them information”*** The event would be a celebration of how to eat and live healthy and manage weight. This could include food demonstrations, fun activities, physical activities, presentations, tips and information sessions.

- Request the possibility of weight management programmes commissioned by KCC to be available outside of work hours and over the weekend to include a wider cohort of people. Courses to be offered that meet the needs of working people and families- *“we don’t all work 9-5pm”*
- The Folkestone Nepalese Community Centre really liked the idea of an ‘Eat Well Plate’ and guide that could be adapted and relatable to the Nepalese diet. They have started to review the content and in particular the foods on the existing Eat Well Plate for South Asian communities and are keen to work together on a Nepalese one. They would also be keen to explore more information, ideas, and support on **HOW** people can change the way they cook food and make other changes to their eating habits to aim for the Eat Well Plate.

### Acknowledgements

We would like to thank the Folkestone Nepalese community for giving us their time to share their views and experiences. We would also like to thank Folkestone Nepalese Community Centre for their support to connect us with the community, their time on reviewing the content of this report and their commitment to continued involvement in actions that are taken forward.

*“There is lots of good information here on our culture, history and food and we will keep this in our archive for our younger generations to learn and understand about their culture”*

**Manager Folkestone Nepalese Community Centre**



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