



# PICKLES PAKORAS & PORTIONS

Improving South Asian heart health

## What was our aim?

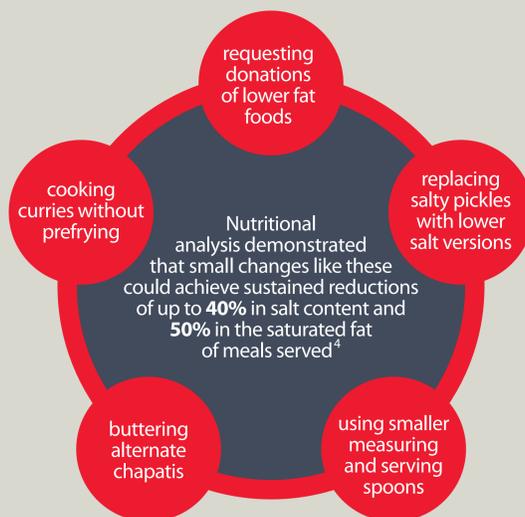


South Asians living in the UK are twice as likely to have diabetes, a key risk factor for coronary heart disease<sup>1</sup>. British Asians are also at increased risk of diabetes and cardiovascular disease (CVD) at a lower BMI than the rest of the population<sup>2</sup>. Our aim was to lower the saturated fat and salt intakes of South Asian families to reduce the risk of CVD.

Traditional South Asian meals are often high in saturated fat and salt<sup>3</sup> and these factors are both linked to CVD. There are an estimated 500 Sikh Gurdwaras and 250 Hindu Mandirs around the UK and it is traditional for these temples to provide meals for their congregations. Working with places of worship presented an opportunity to influence the diet and health of large numbers of this 'high risk' community.

## Pilot project

BHF dietitians worked with cooks and congregations in two places of worship to raise their awareness of the diet-health link and identify small practical changes that would reduce the salt and fat content of meals served. The project was externally evaluated.



## Follow up project

- ✓ In collaboration with Public Health England, we organised 6 awareness raising events and 4 training days for temple cooks across the UK
- ✓ We asked the cooks and trustees from the successful pilot project to help us to inspire others
- ✓ We talked about heart health, gave cooking demonstrations and offered tastings of traditional dishes with lower fat and salt content
- ✓ We introduced a monitoring and award scheme to motivate places of worship to make these changes in their own kitchens



## Outcomes and impact

**21 of 25 temples** have made changes in their food donation, preparation and serving practices

**17 temples** have made all the suggested changes and achieved 'Gold' BHF Awards

These changes in the cooking and serving practices in 21 temples will impact on the diets of **over 10,000 worshippers**

PRIME health modelling suggests that an improvement in the nutritional quality of the meals on the scale achieved in the pilot could result in a **2% drop in coronary heart disease deaths** and a **6% drop in deaths from diabetes**<sup>4</sup>

## Key insights

- Engaging with temples requires a personal approach (letters and emails don't work)
- Older South Asians are often unaware of the diet-health link: visual aids (posters, food packets, heart models) are very helpful in overcoming language barriers
- A 'whole organisation' approach is needed to effect significant change (Trustees, Managers, Cooks, Priests and Devotees)
- Traditional cultural values and beliefs are not always barriers to change: they can also help to drive change forward
- Peer-to-peer training, cooking demonstrations and 'healthy' food tastings add credibility and interest



- A practical, time-framed implementation plan supported by an award scheme works well in this setting
- Working with temples can be a very effective way of involving South Asian communities in public health promotion

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FOR EVERY  
HEARTBEAT**  
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2. National Institute for Health and Care Excellence (2013). BMI and waist circumference – Black, Asian and minority ethnic groups (PH 46). London: National Institute for Health and Clinical Excellence.  
3. DEFRA (2013) Family Food in 2012 Chart 4. Percentage of energy from saturated fats by ethnicity  
4. Pickles, Pakoras and Portions: An Evaluation of the Social Cooking Project 2011-2013. British Heart Foundation, 2014.



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