

Working with the Samoan community

A guide for dietitians in Metro South Health



Table of Contents

1. Introduction	2
2. Samoan Health Beliefs	3
3. Samoan Food and Culture	4
3.1 The role of food and dietary habits	4
3.2 Common Samoan foods.....	5
3.3 Soifua Maloloina (healthy living for Samoans) program	6
3.4 Healthy Samoan recipes	8
4. Communication	9
4.1 Samoan language	9
4.2 Common Samoan words and phrases	9
4.3 General communication recommendations.....	9
4.4 Communication related to kidney disease and heart failure	10
4.5 Future considerations	12
5. Notes to Accompany Salt and Fluid Resources for Kidney Disease & Heart Failure	13
5.1 Salt resource	13
5.2 Fluid resource.....	13
6. Suggested Readings and Resources	14

1. Introduction

Samoans and Pacific Islanders represent one of the largest sub-populations in Queensland. According to 2011 census data there are 1,860 Samoans residing in Logan¹ and Samoan language is the most common language other than English spoken.

Samoans have been recognised as a priority population group due to the disparity in health outcomes when compared to the general population. The Samoan born population have poorer health outcomes than the Queensland population, with significantly higher mortality rates for all causes and avoidable conditions such as heart failure, diabetes and diabetes complications. Compared to all Queenslanders, the Samoan-born Queensland population are three times more likely to have diabetes, and are seven times more likely to be hospitalised for diabetes complications².

The diet of many Samoans is not consistent with the current Australian Dietary guidelines. Many Samoans consume diets that are high in saturated fat, salt and/or sugar and low in vegetables and wholegrain cereals. Soft drink is frequently consumed in addition to large portion sizes of meals.

There are a number of determinants that impact upon the health of the Samoan community. Health literacy is a key concern, as many Samoans have low knowledge of health issues and services. There are a number of barriers to health literacy amongst Samoans including a lack of culturally tailored health promotion and cultural reluctance to seek help. Focus groups with Samoans highlight the need for culturally tailored health promotion including community education and lack of translated resources. Furthermore, the availability of dedicated health workers has been integral to improving the health of other disadvantaged communities in Queensland³. A needs assessment found that the Samoan community in Logan are ready and willing to make healthy changes to their lifestyle, but they require adequate support and resources in order to do so⁴.



¹ Australian Bureau of Statistics. ABS: 2011 Consensus Quick Stats Logan [Internet]. Brisbane: Australian Bureau of Statistics; 2013 [cited 2013 Sep 25]. Available from <http://www.censusdata.abs.gov.au>

² Queensland Health Multicultural Services. (2012). *Summary of health data on culturally and linguistically diverse population in Queensland*. Queensland Health: Brisbane.

³ Queensland Health. (2011). *Queensland Health response to Pacific Islander and Maori health needs assessment*. Division of the Chief Health Officer, Queensland Health: Brisbane.

⁴ Nutrition Promotion Unit (2011). *Findings from the nutrition needs assessment of the Logan Samoan community*. Metro South Health Service District: Logan.

2. Samoan Health Beliefs

Health and well being is central to family life, with adequate food to feed all family members being very important. Some Samoans perceive thin people to be unwell; a traditional belief is that the bigger a person is, the healthier they are. The importance of *aiga* (family) and *va* (relational space) to Samoans is reflected in their beliefs about health and illness.

“Illness may be perceived as caused by conflicts with or failed duty towards family or because of unbalanced social relationships”⁵.

Samoans have a casual attitude towards health and tend to only seek medical advice as a last resort. In Samoan culture, the individual can only be described as having meaning in relation to others, not as in individual. Religion and spirituality are central to health beliefs and the Samoan understanding of health. The *fonofale* dynamic model of health depicted below represents components related to traditional Samoan meeting house and provides insight into dimensions of wellbeing for Samoans.⁶ The roof represents cultural values, the four supporting pillars are physical, spiritual, mental and other, and the floor represents *aiga* (family) values.



Figure 1: Fonofale model of health⁶

⁵ Queensland Health. (2010). *The health of Queensland's Samoan population 2009*. Division of the Chief Health Officer, Queensland Health: Brisbane. Retrieved 21st October, 2013 from http://www.health.qld.gov.au/multicultural/health_workers/health-data-samoan.pdf

⁶ Pulotu-Endemann. (2001). *Fonofale model of health*. Retrieved 21st October, 2013 from <http://www.hauora.co.nz/resources/Fonofalemodelexplanation.pdf>

3. Samoan Food and Culture

3.1 The role of food and dietary habits

- Traditionally, Samoans have believed that the more a person eats, the higher their social status. This has had major health implications. However, dietary patterns are changing as awareness of healthy eating habits increases⁷.
- The structure of serving meals during community gatherings and events are dependent on hierarchy and community status. Important guests, *matai* (high chiefs) and church ministers are served first, with women and children last. In Samoan households, there are always large quantities of food with leftovers consumed the following day.
- Food forms the basis of most social activities. At weddings, funerals, church openings or other public events, there are often large trays of foods with biscuits or cans of corned beef or other small foodstuffs (*amoamosa*).
- Samoans do not follow set eating times, with the concept of three main meals loosely adhered to. Rather, Samoans eat whenever they are hungry.
- Samoan families often purchase food in bulk. E.g. instead of buying 3 or 4 bananas, they may buy a box.
- Refer to the [Samoan Food and Cultural Profile](#) for more detail on common Samoan foods and traditional cooking methods. The link is available in the 'Suggested Readings and Resources' section of this document.
- An adaptation of the Samoan Food and Cultural Profile that incorporates the ADIME framework is currently in development (material on the right).



South Brisbane, Queensland, Australia

Samoan Food and Cultural Profile

This profile has been developed in consultation with the members of the Samoan community in the southern Brisbane area. This information is to be used as a guide and is not intended to describe all members of the community.

Points of interest:
 Samoa is located within the Pacific Islands, east of Australia and north of New Zealand. Samoa has an Eastern and Western region and is next to the American unincorporated territory, American Samoa.
 In 1962, Samoa became the first Pacific Island country to achieve independence. In 1997, the official country name changed from Western Samoa to Samoa.

Background^{1,2,3,4}

Ethnicity: Not applicable as there are no tribal groups in Samoa.
Other countries in region: American Samoa, FI, Niue, Tonga.
Religions: 98% Christian. Small percentages of Bahá'ís, Muslims and other denominations.
Language: Samoan is the traditional language however, English is also common.
Population: 182,741 (2006 Samoan Census data).
Urban vs. rural population: 21% Urban, 79% Rural.
Household size: Average 2.8 people per household.
Human development index: Not available. Tonga (0.667) FI (0.668) Australia 0.927 (very high).
Climate: Tropical.
Agriculture: Farming of taro, cocoa, bananas, breadfruit, tapioca, yams and coconuts.
Population in Australia: 15,243. This figure is underestimated as many Samoans migrate via New Zealand. Currently, 35,992 identify as Samoan in Australia.

For further information about this resource, contact:
metro.south.health@qld.gov.au

Metro South Health
Queensland Government

This resource has been developed to assist health professionals working with culturally and linguistically diverse communities and individuals. There may be other cultural factors that need to be considered when working with people from this community. This resource is intended to be used as a guide but does not replace the need for individual assessment.

Samoan food and cultural profile for dietitians/nutritionists

This food and cultural profile has been developed specifically for the use of dietitians/nutritionists. It follows the ADIME format and provides a background on Samoan culture, food practices and life in Australia. Cultural competence is very important for a successful consultation, and this resource can provide a guide in providing a culturally appropriate and effective service.
 This information is to be used as a guide and is not intended to describe all members of the community. There will be cultural differences between groups belonging to different regions as well as between individuals within any culture.

Booking a client appointment

Key considerations

- Ask if a Samoan interpreter is required - this may be more relevant for older persons
- A phone call before the appointment may help to establish trust and build rapport
- Family support is very important in Samoan culture - advise clients that they are welcome to bring family or friends along to the consultation
- Be aware that gender is considered the sacred relationship - if in doubt, ask the client if they are happy to discuss potentially sensitive topics in front of any family or friends that are present for the consultation
- Keep in mind that Samoan clients may be late for appointments

Preparation before the consultation

Working with an interpreter

It is important that a trained and registered interpreter is used when required. The use of children, other family members or friends is not advisable. Health services must consider the potential legal consequences of adverse outcomes when using unaccredited people to 'interpret' if an accredited interpreter is available. If you have limited experience working with an interpreter, it is recommended that you improve these skills prior to the appointment. There are many online orientation courses available and Queensland Health has produced guidelines for working with interpreters that can be accessed online (http://www.health.qld.gov.au/multicultural/interpretersguidelines_int.pdf)

Traditional greetings and etiquette

When communicating with the Samoan community it is important to:

- Use a Samoan greeting - *talata lava* (tah-lah-fah-lah) means 'hello'
- Be relaxed and friendly while maintaining formality
- Speak slowly in a conversational style
- Maintain eye contact, but avoid staring
- Remove your shoes at the door if entering a client's home
- Replace negative words such as "avoid" and "don't have" with encouraging words such as "work on", "try to" or "enjoy"
- Show appropriate respect towards older persons as they are held in very high esteem in the Samoan community

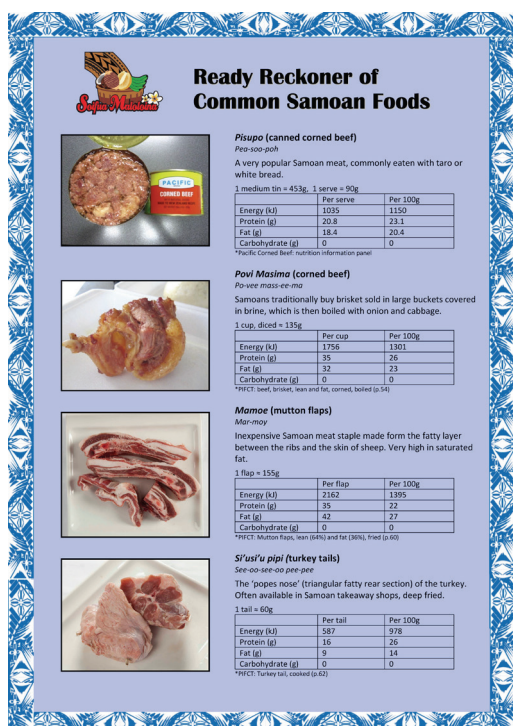
Health Equity and Access Unit, Metro South Health
 September 2014

⁷ Queensland Health. *Samoan ethnicity and background*. Retrieved from http://www.health.qld.gov.au/multicultural/health_workers/samoan-preg-prof.pdf.

3.2 Common Samoan foods

Ready reckoners detailing the macronutrient break-down of common Samoan foods, as well as comparisons between traditional recipes and the healthier *Soifua Maloloina* recipes, have been developed.

The values provided in these tables are based primarily on data from The Pacific Island Food Composition Tables, 2nd Edition from the Food and Agriculture Organization of the United Nations, as well as traditional recipes where available. The Pacific Islands Food Composition Tables are available from: <http://www.fao.org/docrep/007/y5432e/y5432e00.HTM>



Ready Reckoner of Common Samoan Foods

Pisupo (canned corned beef)
Pea-soo-poh
A very popular Samoan meat, commonly eaten with taro or white bread.

	Per serve	Per 100g
Energy (kJ)	1035	1150
Protein (g)	20.8	23.1
Fat (g)	18.4	20.4
Carbohydrate (g)	0	0

Povi Masima (corned beef)
Po-vee-mass-ee-ma
Samoans traditionally buy brisket sold in large buckets covered in brine, which is then boiled with onion and cabbage.

	Per cup	Per 100g
Energy (kJ)	1756	1301
Protein (g)	35	26
Fat (g)	32	23
Carbohydrate (g)	0	0

Mamoe (mutton flaps)
Ma-moy
Inexpensive Samoan meat staple made from the fatty layer between the ribs and the skin of sheep. Very high in saturated fat.

	Per flap	Per 100g
Energy (kJ)	2162	1395
Protein (g)	35	22
Fat (g)	42	27
Carbohydrate (g)	0	0

S'us'u pipi (turkey tails)
See-oo-see-oo pee-pee
The 'popos nose' (triangular fatty rear section) of the turkey. Often available in Samoan takeaway shops, deep fried.

	Per tail	Per 100g
Energy (kJ)	587	978
Protein (g)	16	26
Fat (g)	9	14
Carbohydrate (g)	0	0



Ready Reckoner of Soifua Maloloina Healthy Recipes vs Traditional Recipes

Soifua Maloloina Corned Silverside
1 serve = 505g

	Per serve	Per 100g
Energy (kJ)	1940	384
Protein (g)	61	12
Fat (g)	15	2
Carbohydrate (g)	22	4

Povi Masima (corned beef)
Po-vee-mass-ee-ma
1 cup, diced = 135g

	Per cup	Per 100g
Energy (kJ)	1756	1301
Protein (g)	35	26
Fat (g)	32	23
Carbohydrate (g)	0	0

Pisupo (canned corned beef)
Pea-soo-poh
1 medium tin = 453g, 1 serve = 90g

	Per serve	Per 100g
Energy (kJ)	1035	1150
Protein (g)	20.8	23.1
Fat (g)	18.4	20.4
Carbohydrate (g)	0	0

3.3 Soifua Maloloina (healthy living for Samoans) program

Soifua Maloloina (healthy living for Samoans) is a community program in Logan, developed by the Samoan community, in partnership with Metro South Health. The Samoan community identified the need to help their people, as too many of them were getting sick with diseases like diabetes and renal disease. The program revolves around four key messages. These messages were developed with the Samoan community and health professionals in Metro South Health in order to encourage and support the community to adopt healthy behaviours.

Soifua Maloloina key messages:



Soifua Maloloina strategies

- Culturally appropriate social marketing campaign
- Healthy meal deals in local Samoan takeaway stores
- Nutrition education & cooking workshops through churches
- Healthy eating guidelines for Samoan churches
- Recipe suite of healthy traditional Samoan meals

Soifua Maloloina resources



Soifua Maloloina brochure (Samoan & English versions)

A healthy eating brochure focussing on the four key messages for the Soifua Maloloina program. Includes information on why its important to lead a healthy life and tips on how to achieve this.



Soifua Maloloina posters

Two colourful posters with images of local Samoans engaging in healthy activities and featuring healthy Samoan foods. The key messages of the posters feature a combination of English and Samoan words for family (aiga) and children (fanau).



Soifua Maloloina plastic fan

The fans were developed to help raise awareness of Soifua Maloloina, as fans are commonly used by Samoans during church and when waiting for appointments.



Soifua Maloloina magnet

The magnets were developed to raise awareness of the program and to encourage Samoan community members to stick healthy recipes and resources on their fridge.

3.4 Healthy Samoan recipes

List of available modified Samoan and popular Australian recipes

- Banana coconut rice pudding
- Banana muffins
- Bean burritos
- Beef stir fry
- Burritos
- Chicken curry
- Corned silverside
- Corned silverside sandwich
- Fried rice
- Pizza
- Potato salad
- Pumpkin soup
- Quiche
- Tray-bake chicken & vegies
- Sang chow bow
- Sapasui (chop suey)
- Speedy pineapple muffins
- Toasted sandwiches
- Tuna pasta salad
- Vegie curry
- Vegie sapasui (chop suey)
- Vegie spaghetti
- Savoury vegie muffins



Electronic and downloadable copies available at
<http://www.vospinc.org.au/soifua-maloloina/recipes/>

For further information on the above recipes and resources, please contact:

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4. Communication

The following section outlines practical tips to effectively communicate with the Samoan community.

4.1 Samoan language

Samoan is a phonetic language. The consonants *f, g, h, k, l, m, n, p, r, s, t, v*, are pronounced as in English. The only exception is *g*, which is pronounced *ng*. For example, the word *pago* is pronounced *pahngo pahngo*. English letters that are not included in Samoan language are *b, c, d, j, q, w, x, y* and *z*. The vowels *a, e, i, o, u* are pronounced as in Spanish or Italian. For example:

a – ah e – eh i – it o – ought u – put

4.2 Common Samoan words and phrases

It is important to use common words and phrases when communicating with the Samoan community. The following table lists common Samoan greetings.

English	Samoan	Pronunciation
Yes	<i>Ioē</i>	Eeoeh
No	<i>Leai</i>	Le-eye
Hello	<i>Talofa lava</i>	Tah-low-far lava
How are you?	<i>Uā mai oe?</i>	Waa-may-oi
I'm well thank you	<i>Manuia fa'afetai</i>	Man-weir Fa-ah fe-tie
Thank you	<i>Fa'afetai</i>	Fa-ah fe-tie
Goodbye	<i>Tofa soifua</i>	Tow-faa soy-four
Have a good day	<i>Manuia le aso</i>	Man-weir Le a-sew

4.3 General communication recommendations

When communicating with the Samoan community it is important to:

- Be relaxed and friendly while maintaining formality
- Use a conversational style
- Use common Samoan words including *vai* (fluid) and *masima* (salt)
- Replace negative words such as “avoid” and “don't have” with encouraging words such as “work on”, “try to” or “swap”
- Use hand gestures to demonstrate everyday actions such as adding salt to food by ‘shaking a salt container’ or drinking by ‘bring a cup to your mouth’
- Minimise use of notepads and books where possible
- Check patients understanding. For example, ask “do you understand what the doctor told you about salt? Can you tell me what he said?” Avoid questions that require a ‘yes’ or ‘no’ answer. Asking a client to answer a question based on a scale may provide a more accurate response.

Establish rapport by asking the following conversational questions:

- *Did you come with your husband/wife/daughter/family member today?*
- *Who do you live with/how many children do you have?*
- *Who does the cooking at home?*
- *What is your favourite food?*

If the patient is male, encourage him to bring his wife or children to his appointment, as male patients often return home from hospital without communicating the significance or consequences of the health condition.

It is also important to discuss dietary management plans with family members, as they are likely to encourage compliance. Seek opportunities to contact the patients' family. For example, if the patient is brought to hospital for treatments by a family member, ask to meet the family at the next visit and encourage them to bring their family members.

4.4 Communication related to kidney disease and heart failure

Kidney disease

- Many patients have kidney disease without any symptoms. As such, many Samoan community members are in denial about their health condition, and often crash land in hospital on dialysis, not really understanding why.
- While kidney disease is progressive, there is a misconception that dialysis cannot be delayed. It is therefore important to explain the importance of making healthy dietary choices, such as reducing salt and fluid intake, to delay dialysis. Suggested phrase:
 - *"If you look after your health and the foods you eat, you can delay the need for dialysis."*
- Some Samoans associate dialysis with death and 'waiting to die'. It is helpful to talk about it in a positive way that focuses on improving quality of life. Suggested phrase:
 - *"We can't change the past, but we can improve the future. By looking after your kidney health now you can continue to do the activities you enjoy such as family, community, church and exercise."*

Heart failure

- Due to the common attitude that there is nothing that can be done once a serious disease state is reached, it is important to stress to patients that there are things that they can do everyday to help manage their symptoms that may improve their day-to-day-quality of life. As discussed in the kidney disease section, suggested phrasing for promoting a positive message may include:
 - *"While heart failure isn't reversible, there are lots of things that you can do now to help to manage your symptoms so that you can keep doing the things that you enjoy such as playing with the kids, going to church and attending family and community events."*

Linking diet with disease

- Many Samoans are often in denial about their health. In order to link diet with kidney disease, start by asking about symptoms such as whether or not the patient experiences puffy or swollen feet and ankles. Proceed by asking if the patient understands what the doctor has told them about their diet (i.e. salt and fluid) and kidney disease or heart failure. This will help to clarify patients understanding of their condition and need for further explanation.
- It is important to explain what blood pressure is. A simple explanation has been provided on the nutrition resources.
- Try to avoid medical terms as these are less understood, and there are no equivalents in Samoan language for some terms.
- Ask the patient if they know of any family members who have/had kidney disease or heart failure. This will help to link the illness back to family and tie in with core values.
- Use *aiga* (family) and *fanau* (children) as a motivating factor for reducing salt and managing fluid intake. For example:
 - *“In order to be around for your aiga and fanau (family and kids) you can get better by looking after your diet.”*

Collecting data from the patient

- Let the patient know you are on the same page as the doctors and other health professionals by stating:
 - *“I’ll talk to the doctor and nurse”.*
 - *“I’ve seen your blood test results, are you sure you have only had two pinches of salt?”*
- Let the patient know that you are also on the same page as them. Provide reassurance and let them know that it is okay to not always make the healthiest food choices.

Salt

- Explain what salt is by referring to the ‘salt shaker’. The most familiar brands of salt among the Samoan community are *Saxa* and *Homebrand* in the red and white containers. Mention these brands when explaining what salt is, as well as other key sources of salt in their diet including processed (canned corned beef or *pisupo*), packaged (i.e. two-minute noodles) and takeaway foods (deep fried chicken and chips).
- Explain that salt is an acquired taste and it is possible to retrain tastebuds by reducing the amount of salt added to cooking or at the table. Recommend patients use dry herbs and spices in cooking as an alternative to salt. Make the following practical suggestions:
 - Purchase dry herbs and spices found in packets or containers in the supermarket. Highlight that these salt alternatives are cheap and last a long time.
 - Look at top and bottom shopping isles for low or reduced salt varieties of sauces, seasoning, herbs and spices.



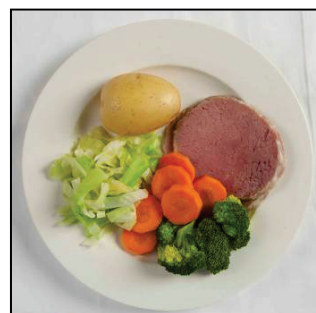
Fluid

- When gathering information on diet history and fluids, enquire about diet/slimming/natural shakes or supplements, as these are sometimes consumed by Samoans.
- Suggestions from the Samoan community recommend using standardised bowls, measuring spoons and cups when gathering serve size data of foods consumed. Having this equipment available to show while taking a diet history might be beneficial. Make suggestions to patients of where to buy simple measuring equipment and recommend purchasing to measure fluid at home.
- Use colour images of traditional Samoan foods when taking a diet history. These could be enlarged laminated versions of the pictures provided in this guide. Having culturally recognised foods on display will demonstrate an interest in Samoan cuisine and culture, and therefore help build rapport.
- Samoans do not have set eating times, so don't ask in a systematic way such as breakfast, lunch and dinner, instead ask the next food or fluid consumed.
- When establishing serve sizes of foods during diet history, use hands to indicate sizes for example (e.g. use your hand to indicate a handful of rice as one serve).



4.5 Future considerations

- Purchasing of inexpensive plastic measuring jugs to give to patients for measuring fluid at home. If sufficient funds, purchase one from a local store as a model, to explain the cost and location of where to purchase for themselves.
- Nutrition education sessions, which could link in with existing health education talks. Potential topics for discussion may include:
 - General nutrition for kidney disease or heart failure. This session could include a Samoan patient with kidney disease or heart failure telling his/her journey during treatment to those that have not yet experienced it.
 - Label reading, how to read a nutrition panel, specifically looking for sodium content and how to interpret an ingredient list for potassium, sodium and fluid. Other names for potassium, sodium and water to look out for.
- Serving plate with quarters marked for vegetables, meat, taro etc will help to show portion sizes (see images below).



5. Notes to Accompany Salt and Fluid Resources for Kidney Disease (blue resource) & Heart Failure (yellow resource)

5.1 Salt resource

- The food swaps listed on the back page compare the difference in sodium per serve or 100g. Some patients may not understand what, for example, 854mg per 100g means. Therefore, it is important to explain how much salt is contained in each food compared to their daily requirement.

5.2 Fluid resource

- The 'fluid content' table on the fluid resource is a guide only. Serve sizes of taro for example are different for all individuals, and therefore difficult to standardise. Ensure accurate collection of serve size details during consultations.
- Tips for managing fluid intake: encourage patients to spread fluid intake across the day. For example, some Samoans will skip meals and have large portions in the evening or after church, including large amounts of fluid. Encourage smaller meals and snacks to evenly distribute fluid and have less stress on the kidneys.

Swap salty for less salty

Swap regular soy sauce for salt-reduced soy sauce

When shopping look out for 'no added salt' or 'reduced salt' varieties of your favourite products.

Swap pilsupo (canned corned beef) for roast silverside with vegetables

Roast your own lean silverside and vegetables. It's healthier to have smaller portions.

Swap fried chicken for roast chicken with salad

Try not to add salt to cooking or at the table, and include more vegetables on your plate.

Swap salt for these flavours...

Pork	garlic, lemon, apple sauce, ginger, mustard
Beef	bay leaf, thyme, black pepper, mustard
Lamb	mint, ginger, paprika, oregano, rosemary, garlic
Chicken	garlic, lemon, thyme, basil
Fish	lemon, lime, parsley, chives, dill

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Vai = Fluid

What is vai?
Vai is a fluid, which is anything that is liquid at room temperature and flows freely.

Why do I need to reduce my vai intake?
If your kidneys don't work as well as they used to, kidney disease) you won't be able to remove as much vai as you need to. Swaps or fluid tablets help to take some of the extra fluid out of your body, however they can only do so much.

If you have kidney disease, too much vai can cause:

- Swollen face, hands and legs
- High blood pressure
- Cramps
- Headaches
- Shortness of breath
- Slowed or no urine

These can make you feel washed out **BUT** some people may still feel well. For this reason, it is important to know where vai is in the food and drink that you have each day. Your Doctor or Dietitian will tell you how much you can have.

Blood pressure is the pressure of blood in the arteries that is pumped around the body by the heart.

Tips for managing vai intake

If you can, drink from a small cup so you will have less.

Try not to have salty foods, or add salt at the table as this will make you thirsty.

If you are thirsty, brush your teeth or chew a mint/gum instead of drinking to refresh your mouth.

Spread small but all-around over the day. Do not drink all at once!

VAI DAILY ALLOWANCE =

It is important for you to take healthy steps to ensure your community stays well. This means watching your vai intake. Let's do it for our aiga!

Samoa's Mission

Masima = Salt

Masima is found in many foods. Most of the masima you eat comes from processed and packaged foods such as pilsupo (canned corned beef) and noodles. Most people eat too much masima without knowing it. You can still enjoy your food without extra masima.

Why do I need to reduce my masima intake?
Heart failure means that the heart muscle isn't pumping the blood around the body as well as it used to. Eating too much masima can make your body hold on to suavai (fluid). This is a bit like how a sponge holds on to fluid. When you have heart failure, eating too much masima can mean that the heart has to work harder to pump the extra suavai around the body. Reducing how much masima you eat can help to manage the symptoms of heart failure.

Where is masima found?

- Canned foods such as pilsupo (canned corned beef)
- Takeaway foods such as deep fried chicken and chips
- Processed and packaged foods such as two-minute noodles
- Stock cubes and powders as well as vegetable salts
- Sauces such as soy sauce and tomato sauce

Masima is also known as:

- Sodium and sodium chloride (NaCl)
- Rock salt, sea salt, iodised salt, kosher salt
- Monosodium glutamate (MSG)

How can I reduce my masima intake?

- Swap salty foods for low or reduced salt foods
- It's better not to add salt in cooking or at the table
- Limit processed, packaged and takeaway foods
- Add pepper, herbs and spices to make your food tastier

Lowering your masima intake can help manage symptoms of heart failure

It is important for you to take healthy steps to ensure your community stays well. This means watching your masima intake. Let's do it for our aiga!

Samoa's Mission

Suavai = Fluid

Information for people with heart failure

What is suavai?
Suavai is a fluid, which is water or other liquids you eat or drink that flows freely.

Why do I need to manage my suavai intake?
Heart failure means that the heart muscle isn't pumping the blood around the body as well as it used to. This can cause your body to hold on to too much suavai, making it even harder for your heart to pump blood. It is important to watch the amount of suavai you take in from food and drink to help manage symptoms such as puffiness and feet.

If you've got heart failure, you may need to be careful with how much suavai you consume

If you have heart failure, too much suavai can cause:

- Shortness of breath
- High blood pressure
- Swollen legs, ankles, feet and hands
- Slowed or no urine
- Cramps and headaches

These can make you feel washed out **BUT** some people may still feel well. It is important to know where suavai is in the food and drink that you have each day. Your doctor or dietitian will tell you how much you can have.

Tips for managing suavai intake

Drink from a small cup or have half cups rather than a big cup. This way you will have less.

It's best not to have salty foods or add salt at the table as this will make you thirsty.

If you are thirsty, brush your teeth or chew a mint/gum instead of drinking to refresh your mouth.

Spread your suavai allowance out over the day. Do not drink all at once!

Suavai DAILY ALLOWANCE =
(Suavai and other fluids)

It is important for you to take healthy steps to ensure your community stays well. If you have heart failure this may mean watching your suavai intake. Let's do it for our aiga!

Samoa's Mission

6. Suggested Readings and Resources

The Pacific Islands food composition tables, 2nd edition.

<http://www.fao.org/docrep/007/y5432e/y5432e00.htm>

The Health of Queensland's Samoan population 2009

http://www.health.qld.gov.au/multicultural/health_workers/health-data-samoan.pdf

A Focus on Pacific Nutrition: Findings from the 2008/09 New Zealand Adult Nutrition Survey

<http://www.health.govt.nz/publication/focus-pacific-nutrition>

Samoan Food and Cultural Profile

www.health.qld.gov.au/metrosouth/nutrition/docs/profile-samoan.pdf

Samoan Food and Cultural Profile (ADIME)

Ready Reckoner of Common Samoan Foods

Ready Reckoner of Healthy Samoan 'Swaps'