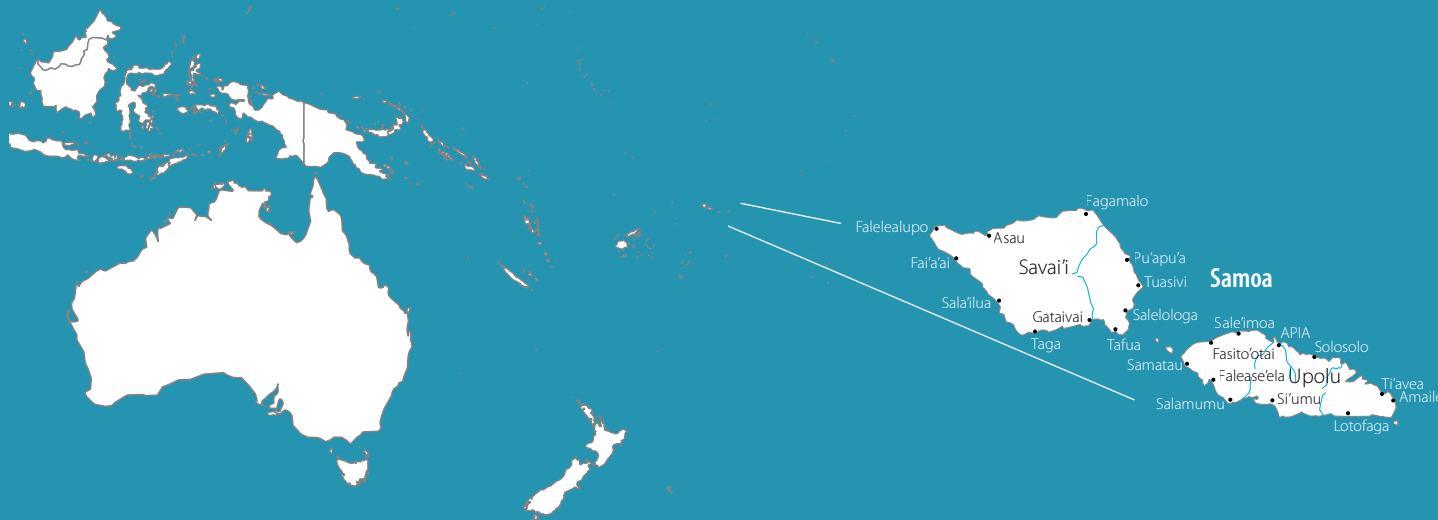


Samoan food and cultural profile: dietetic consultation guide



This resource is a guide for dietitian/nutritionists to provide culturally appropriate and effective services to Samoan community members. It follows the ADIME format and provides information about the food and food practices of people from Samoa who have settled in Brisbane (Australia).

The profile follows the chronological steps in individual case management.

These include:

- 1. Booking a client appointment**
- 2. Preparation for the consultation**
- 3. Assessment**
- 4. Diagnosis**
- 5. Intervention**
- 6. Monitoring and evaluation**

1. Booking a client appointment

- 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.
- If in doubt, ask the client if they are happy to discuss potentially sensitive topics in front of any family or friends who are present for the consultation.
- Keep in mind that Samoan clients may have a different understanding of time. Being late for appointments does not indicate a lack of motivation or disinterest in attending sessions. Suggesting that clients arrive earlier than the designated appointment time may be a strategy to address this.

2. Preparation for the consultation

Working with an interpreter

It is important that a trained and registered interpreter be 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, which can be [accessed here](#).

Traditional greetings and etiquette

English	Samoan	Pronunciation
Hello	<i>talofa lava</i>	tah-lor-fah lava
Thank you	<i>fa'afetai lava</i>	fah-ah-feh-tie lava
Goodbye	<i>Tofa soifua</i>	tor-fah soy-foo-ah

When communicating with the Samoan community it is important to:

- 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 "swap"
- show appropriate respect towards older persons, as they are held in very high esteem in the Samoan community.

Background^{1,2}

Religion	Samoans in both Samoa and Australia are predominantly Christian. In Australia, 99% of Samoans are Christians of various denominations (including Seventh Day Adventists), with small percentages of Baha'is, Muslims and other religions.
Language	Samoan is the traditional language; however, English is also common. In Australia's 2011 Census, 11.9% of those born in Samoa reported that they spoke English not well or not at all.
Migration history	For the many Samoans entering Australia via New Zealand, under the Trans-Tasman Travel Arrangement, arrivals after 2001 are not entitled to social security unless a permanent visa has been issued and a two-year waiting period served. For this group, permanent residents in Australia can enrol for a Medicare Card. This allows access to the Enhanced Primary Care and other primary health programs and services.
Gender roles	Samoan culture is based on a patriarchal system, with women generally taking on more domestic responsibility, including the food shopping and cooking.
Household size	In Australia, the average household is seven to eight people, with many larger households including an extended family.
Population in Australia	In the 2011 national census, 19,092 individuals in Australia identified as Samoan born. Official figures may be underestimated due to migration via New Zealand.

Health profile in Australia¹⁻¹⁰

Life expectancy	Life expectancy in Samoa is 69.6 years for males and 75.4 years for females. There is no reliable data for Samoan life expectancy in Australia.
New arrivals	Of the Samoan-born population in Australia, 59% arrived prior to 2001, with 18% arriving between 2001 and 2006, and 17% between 2007 and 2011.
Chronic disease	Samoan-born persons have high rates of chronic diseases such as type 2 diabetes, overweight and obesity. Queensland data shows that between 2006 and 2008, the standardised hospital separation ratio for diabetes was three times higher for the Samoan-born population when compared to the Australian-born population, while the standardised hospital separation ratio for diabetes complications was seven times higher.

Health profile in Australia¹⁻¹⁰ – continued

Chronic disease – continued	Between 2003 and 2007, hospitalisations from heart failure for Oceania-born Queenslanders were 31% higher compared to the Australian-born population. Although there remains a lack of research on Samoan communities specifically in Australia, the effect of migration and cardiovascular disease (CVD) risk have been examined in a select number of studies on Samoan-born populations residing in similar industrialised nations such as New Zealand and the United States. Amongst Pacific Islander groups in New Zealand, Samoans have the highest estimated CVD risk. Compared to European New Zealanders, the five-year risk score of CVD has also been found to be significantly higher amongst Samoans.
Oral health	In large households with limited finance, the cost of toothpaste and toothbrushes may impact on oral hygiene practices.
Social determinants of health and other influences^{3,4,11}	<p>Samoan-born migrants in Queensland are disproportionately represented in the middle to low income bracket. Levels of education and employment are lower compared to the general population, with only 35% of the Samoan-born population having a higher education qualification compared to 56% of the total population.</p> <p>Poor health literacy is evidenced by a lack of knowledge and/or awareness of available health services, as well as low levels of confidence in navigating the healthcare system. Furthermore, health literacy may also be impacted by Samoan cultural attitudes and beliefs. For example, sickness can often be seen as not only a physiological condition, but also a social or familial circumstance; hence, hesitation from the individual in seeking medical attention may occur until the situation becomes urgent. The cultural influence of desirable body image may also impact on health behaviours, as large body size is traditionally associated with power, wealth and prosperity in Samoan culture. However, younger Samoan persons in Australia may not be influenced by this, and may be more vulnerable to Westernised body image ideals.</p>

Traditional food and food practices

Religious and cultural influences

At weddings, funerals, church openings or other public events, there is a formal presenting of gifts (*fa'aalologa*) to distinguished guests, including drinks with money in them (*vailolo*), trays of food with biscuits, cans of corned beef, or other small foodstuffs (*amoamosa*). Members of the Seventh Day Adventist Church do not eat pork, shellfish or other 'unclean' foods, and some do not consume caffeinated beverages such as tea and coffee.

Samoan culture is based on *fa'amatai* (a system of government) that has a *matai* (high chief) governing an entire *aiga* (extended family). Wealth and food are distributed on a needs basis, and honour and social standing are shared equally by all members of the *aiga*.

Traditional meals and snacks

Breakfast	Breakfast may include left-over dinner, boiled eggs, <i>koko araisa</i> (cocoa rice), cornflakes, fresh bread (unsliced) with butter, and <i>koko samoa</i> (hot chocolate drink). <i>Panikeke</i> are popular. These are like pancakes or doughnuts where the dough is moulded into round or flat shapes and deep fried or cooked as regular thin pancakes. They are either plain or filled with banana and pineapple.
Main and other meals	Meals consist of green bananas and taro (boiled or roasted), <i>sapasui</i> (Samoan chop-suey), <i>pisupo</i> (canned corned beef), <i>povi masima</i> (corned beef), mutton flaps, turkey tails, <i>palusami/lu'au</i> (coconut cream and onion cooked in taro leaves), <i>kale</i> (curry), rice, bread, fruit, sandwiches, soups, fish, <i>mamoe</i> (lamb), beef or <i>moa</i> (chicken).
Fruit and vegetables	Starchy root vegetables including taro, green bananas and tropical fruits are eaten.
Snacks	<i>Panikeke</i> , <i>masi popo</i> (Samoan coconut bread), <i>paifala</i> (pineapple pie), <i>vaisalo</i> (coconut tapioca porridge), <i>pani popo</i> (coconut buns), <i>masi saina</i> (yellow sunflower-shaped biscuits with soy sauce in the centre) are common snacks. Food is eaten whenever a person is hungry or if there is food available.
Beverages	Water, fruit juice and <i>koko samoa</i> (hot chocolate drink).

Traditional meals and snacks – continued

Celebration foods and religious food practices

Special celebrations: *To'ana'i* (every Sunday after church), weddings, funerals, birthdays, village or church meetings and *Lotu Tamaiti* (children's church day), referred to as 'White Sunday' in Samoa, are all celebrated.

Celebration foods: Whole fish, chicken or pigs are cooked in an *umu*, on hot rocks above the ground. *Kava* or '*Ava*, a traditional drink made from dried powder of the kava root mixed with water. It is consumed during ceremonies and socially by men. Drinking *Kava* can produce muscle relaxation, sleepiness and a feeling of well-being. Long-term use can lead to liver damage, weight loss and apathy.

Common traditional foods

Fa'alifu fa', made from green bananas with coconut cream



This is baked green bananas with coconut cream poured on top to serve as a savoury dish.

Fa'alifu talo, made from taro, coconut cream and onion



Taro is boiled in coconut cream with onion. Extra coconut cream is served on top.

Sapasui, made from beef, soy sauce, ginger and vermicelli noodles



Fatty cuts of meat are commonly used. *Sapasui* is always served with rice and maybe taro, bread or other starchy foods.

Palusami or *lu'au**, made from taro leaves, coconut cream and onion



This is often available in Samoan takeaway shops. It may have corned beef added. Cooked taro is dipped in the *palusami* or *lu'au* to eat.

* Note: *Palusami* is the formal term used when speaking to an elder about this food, while *lu'au* is the colloquial term.

Common traditional foods – continued

Koko araisa, made from rice, coconut cream, sugar and grated 100% cocoa bean block



This is a popular dish eaten for breakfast or as a sweet evening supper dish; however, it may be eaten at any time throughout the day. An orange or lemon leaf is sometimes added for flavour.

Kale, made from meat, coconut cream, curry powder, onions and sometimes vegetables



Fatty cuts of meat are commonly used (mutton flaps, chicken, lamb or beef). *Kale* is served with rice, taro or bread.

Pisupo/canned corned beef



This is a popular Samoan food, commonly eaten with taro or bread. It is very high in fat and salt.

Povi Masim, made from a fatty cut of (beef) brisket, onion and cabbage



This is a type of corned beef, which has been brined and boiled with onion and cabbage.

Panikeke, made from plain flour, sugar, baking powder, vegetable oil (for deep frying), bananas or pineapples



These are a lot like doughnuts. A variety of sweet toppings can be added, e.g. jam, sweet nut spreads, ice cream or icing sugar.

Food habits in Australia

Food practices	<p>Common foods: Taro, green bananas, rice, potatoes and fish.</p> <p>Meal patterns: Samoans may not follow Westernised eating habits. As a consequence, some may eat whenever they are hungry. The concept of three main meals is loosely adopted. There are always large quantities of food served in a Samoan household, and leftovers are consumed the following day.</p> <p>The diet of the Samoan population in Queensland is known to consist of large portion sizes, and is rich in saturated fat and energy-dense, nutrient-poor foods.</p> <p>Eating practices: Food is served based on the position in the family hierarchy (e.g. men and visitors are served first and children last). Families tend to use cutlery and plates and may sit at the table to eat.</p>
Adaptations to diet in Australia	<p>Substitute foods: Most traditional foods are available within urban areas.</p> <p>Changes to diet: Inclusion of other foods, e.g. two-minute noodles. Younger generations often prefer 'Australian foods' such as spaghetti bolognese, stir fries and fast food. The inclusion of other beverages, including soft drinks, cordial, Milo and alcoholic drinks depends on religious beliefs. Younger Samoans are more likely to drink alcohol than older adults.</p>
Cooking methods	<p>Conventional cooking methods including stovetop frying, boiling and oven baking. Meat is often not trimmed of excess fat due to taste preferences. Coconut cream is a very common ingredient used as both a garnish and a base ingredient, and staple starches such as taro and green banana may be boiled in coconut cream.</p> <p>Traditional cooking methods used in Australia include the use of an <i>umu</i>, a cooking method utilising hot rocks. The difference between Samoan and other Pacific Islander <i>umus</i> is that they are made above the ground, with logs marking out a square perimeter. The square is then filled with firewood and rocks, and burned until only the hot rocks remain. Taro and bananas are placed directly on the rocks, while meat, fish and/or vegetables are wrapped in banana leaves or other leaves and placed on the hot rocks. The <i>umu</i> is then covered with banana leaves and woven mats soaked in water, and the food is left to slowly steam. Males typically prepare and cook the <i>umu</i>.</p>
Shopping/meal preparation	<p>In Australia, food shopping and preparation are shared between family members, although men have less of a role in food preparation.</p>
Food in pregnancy	<p>In both Samoa and Australia, some types of seafood may be avoided during pregnancy. In Australia, women rely on medical information provided by the mainstream health system but also may be influenced by traditional advice from relatives, especially their mothers. More information on traditional health-related beliefs and practices relating to pregnancy and childbirth is available here.</p>
Breastfeeding and first foods	<p>Breastfeeding: Queensland data indicates a lower rate of exclusive breastfeeding after birth among Samoan-born mothers when compared with Australian-born mothers (78% vs 83.3%). No data is available for exclusive breastfeeding rates for infants up to six months of age.</p> <p>Breastfeeding is often considered to be a contraceptive.</p> <p>Introduction of solids: Complementary foods may be introduced before six months of age. Common complementary foods include mashed taro, <i>koko araisa</i> (cocoa rice) and mashed versions of family meals.</p>

During the consultation

3. Assessment

Key considerations

- **Anthropometry:** It is polite to ask permission to take anthropometric measurements, and to ask if it is appropriate to take measurements in the presence of others. Due to sensitivity to their obesity, some clients may be unhappy about being weighed. Bariatric scales may be required. In the past, BMI charts were developed for Polynesians with two-point higher BMI cut-offs for weight categories (e.g. healthy weight: 22–27 kg/m²) due to different body composition. However, a number of implementation issues have arisen and their use is currently being reviewed by WHO.
- **Meal patterns:** Some Samoans do not follow Westernised eating habits and as a consequence eat whenever they are hungry. The concept of three main meals is loosely adhered to. There are always large quantities of food served in a Samoan household, and leftovers are consumed the following day.

When taking a diet history, be sure to check the following:

Prompt	Why?
<input type="checkbox"/> Intake of food sources of iron	Iron deficiency is common.
<input type="checkbox"/> Consumption and frequency of takeaways	Takeaways can be a regular feature of the diet.
<input type="checkbox"/> Use of full fat or reduced fat coconut cream and coconut milk	Due to high consumption of these products in many traditional and popular dishes.
<input type="checkbox"/> Portion sizes (e.g. taro, rice, meat and takeaways)	Samoans often consume large portion sizes.
<input type="checkbox"/> Number of starchy foods eaten with a meal (e.g. taro, rice, bread and green bananas)	More than one type of starchy food is commonly consumed in a meal (e.g. it is common to have <i>sapasui</i> noodles with taro and rice). Boiled white rice is served with most meals.
<input type="checkbox"/> Use of high salt and salt reduced products (e.g. soy sauce)	Large amounts of high salt products are commonly consumed.
<input type="checkbox"/> Amount of salt added in cooking and at the table	Consumption may be high.
<input type="checkbox"/> Vegetable intake – quantity and variety	Due to evidence of very low consumption in Australia and limited variety.
<input type="checkbox"/> Details of meat type and cuts used	Due to common use of high fat cuts of meat, e.g. mutton flaps, and preference for flavour of fat.
<input type="checkbox"/> If meat is trimmed of fat before cooking	Due to common use of high fat cuts of meat, e.g. mutton flaps, and preference for eating cooked fat.
<input type="checkbox"/> Amount of milk and sugar added to coffee, tea and <i>Koko Samoa</i> (Samoan hot chocolate)	Clients may consume large amounts of very milky, sweet tea and coffee. Some community members have around 4 teaspoons of sugar per cup and multiple cups during the day.
<input type="checkbox"/> Timing of meals and snacks	Due to unstructured meal times and eating when hungry or when food is available. Samoans often feel obliged to eat as a sign of respect, even if not hungry, when offered food as a guest. Also, food is given to guests to take home.

4. Diagnosis

The following examples may be used as a guide for common PESS* statements. 'Problems' are taken from the *Nutritional Diagnosis Terminology eNCPT 2014*, which is available free in the members' section of the Dietitians Association of Australia website.

	Examples of common Problems (P) for PESS* statements	Common (A)Etiologies (E) for PESS* statements
Overweight and obesity	<ul style="list-style-type: none"> Excessive energy intake (NI-1.3) Excessive oral intake (NI-2.2) Excessive fat intake (NI-5.6.2) Unintended weight gain (NC-3.4) Overweight/obesity (NC-3.3)* <p>* Please note that due to the different body composition of Pacific Islanders, different BMI classes could apply.</p>	<ul style="list-style-type: none"> Consumption of large portion sizes of high carbohydrate foods (e.g. taro) (NI-5.8.2) Consumption of large portion sizes of energy dense foods (e.g. coconut cream, canned corned beef) (NI-2.2, NI-NI-1.3, NC-3.3, NC-3.4) Lack of structured meal times (NI-5.8.4) High intake of foods high in saturated fat (e.g. coconut cream, untrimmed meats, and deep fried, home cooked and takeaway foods) (NI-5.7.3, NI-5.6.2)
Type 2 diabetes	<ul style="list-style-type: none"> Inconsistent carbohydrate intake (NI-5.8.4) Excessive carbohydrate intake (NI-5.8.2) Intake of types of carbohydrate inconsistent with needs (specify e.g. high consumption of high GI starches such as white rice) (NI-5.8.3) 	<ul style="list-style-type: none"> Preference for highly seasoned foods and large amounts of salt added during cooking and at the table (NI-5.10.2)
Cardiovascular disease	<ul style="list-style-type: none"> Excessive fat intake (NI-5.6.2) Intake of types of fat inconsistent with needs (specify e.g. high saturated fat intake) (NI-5.6.3) Excessive mineral intake – sodium (NI-5.10.2) 	<ul style="list-style-type: none"> Traditional diet with low intake of high iron foods and no supplementation (NI-5.10.1) Short duration of stay in Australia and unfamiliarity with government generated dietary guidelines and health promotion campaigns (NB-1.1)
Chronic kidney disease	<ul style="list-style-type: none"> Excessive mineral intake – sodium (NI-5.10.2) Excessive fluid intake (NI-3.2) Excessive protein intake (NI-3.2) 	<ul style="list-style-type: none"> High consumption of takeaway foods (NI-1.3, NI-5.6.2, NI-5.10.2) Reliance on traditional knowledge and little access to government generated dietary information or campaigns (NB-1.1)
General	<ul style="list-style-type: none"> Food- and nutrition-related knowledge deficit (NB-1.1) Inadequate mineral intake – iron (NI-5.10.1) Impaired ability to prepare foods/meals (NI-2.4) Inadequate fibre intake (NI-5.8.5) 	<ul style="list-style-type: none"> Low consumption of fibre containing foods, such as fruit, vegetables and wholegrain foods (NI-5.8.5) <p>Note: it is important to identify the underlying cause/s of eating behaviours.</p>

* PESS: Problem, (A)Etiology, Signs and Symptoms

For the Signs and Symptoms (SS) for PESS statements, use standard clinical measurements. Make sure the Signs and Symptoms relate to the identified Problems and not their (A)Etiologies.

5. Intervention

Nutrition education^{2,3}

Motivating factors for a healthy lifestyle	Samoans are part of a collectivist culture. Motivating factors may include being fit and healthy in order to fulfil family, community and/or church obligations, as well as being able to look after and play with children.
Preferred education methods	Interpretation: Interpreters may be required or preferred, especially for elderly patients. Types of resources: Online material for younger people, and printed, translated material for elders. It is important to focus on the use of pictures and images rather than words and numbers. Counselling style: Diet–disease relationships should be easy to understand, relatable and preferably supported by images. Ensure that recipe suggestions can be adapted to feeding extra people. Because oratory skills are valued, well-presented information delivered verbally is highly valued.
Literacy levels	In Samoa, literacy rates are high. In the 2011 Samoan Census, the literacy rate was 98% for those aged between 15 and 24 years (97% for males and 99% for females).
Health beliefs	There is generally a casual attitude towards health, and many Samoans may only seek medical advice as a last resort. Bark and roots of trees are used as traditional medicines. <i>Fo Fo</i> , a traditional Samoan massage, is used as a form of healing. Health and well-being are central to family life. Having enough food for all family members to be well fed is perceived to be very important. Some Samoans believe thin people are unwell, and that the bigger a person is, the healthier they are.

6. Monitoring and evaluation

Methods for monitoring

- Family and community are integral components of Samoan culture, and the individual is seen in the context of their family and community. Therefore, this may be a useful way of measuring change and reinforcing the benefits of continued dietary compliance. Examples include being able to work, appropriately care for one's family, and/or support the community.
- Relationship building is important. A phone call between appointments may assist in building trust and rapport, and may increase the likelihood of the client returning to the service.
- Check if the client has access to transport (especially if referring to an outpatient clinic); otherwise phone follow-up may be more appropriate.
- If required, confirm the client's preference for having an interpreter present at their next appointment. For short follow-up consultations, telephone interpreting services may be more appropriate.
- Encourage men to bring their wives to attend follow-up appointments so they can prepare appropriate food and support dietary change, because women often shop for and prepare meals.
- Be aware that clients may provide positive answers regarding compliance out of politeness. For this reason, it is important to explain the purpose of the review and ask probing questions on behaviour change. Stress that there are no right or wrong answers to encourage open conversation without fear of judgement.

Additional resources

- Queensland Health *Working with Interpreters: Guidelines* (http://www.health.qld.gov.au/multicultural/interpreters/guidelines_int.pdf)
- To find out more about multicultural health, Queensland Health's Multicultural Health page has information for the public and for health workers, including the *Multicultural health framework*. Go to <http://www.health.qld.gov.au/multicultural/default.asp>
- Voice of the Samoan People is a Logan-based community organisation to help support the Samoan community. Ph: (07) 3808 5054. <http://www.vospinc.org.au>
- The health of Queensland's Samoan population (http://www.health.qld.gov.au/multicultural/health_workers/health-data-samoan.pdf)

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