CENTRE FOR OBESITY MANAGEMENT & PREVENTION RESEARCH EXCELLENCE IN PRIMARY HEALTH CARE

## **COMPaRE-PHC Forum Sydney 8<sup>th</sup> Oct 2015**

Key comments from the Knowledge Exchange Discussion Tables.

## **Topic 4: Health Literacy**

There were 10 participants from a wide background.

- Q.1 What is your experience with health literacy in patients with obesity?
- Q.2 Can you link your own work with the BMWGP research?
- Q.3 Is there anything that stood out from the preliminary BMWGP data we presented?

Three of the participants were from a LHD with a high prevalence of patients having low HL. Language barrier made is difficult for them to engage/communicate with their clients with interpretation being a challenge. They were not sure also whether it was low HL or lack of motivation on the clients' part which made it difficult to engage with them.

Another participant has been involved in training 10 peer educators from different nationalities on nutrition. The training was supervised by final year university students. The peer educators then trained other people in their own communities.

One participant was working on an early stage project with Arabic community to increase their uptake of fruit and vegetables. They have conducted focus groups. The participants were illiterate in Arabic as well. She recommended the use of visual aids rather than written brochures to overcome the literacy problem. They also use dramas to convey their message.

Participants were keen to know how to address low HL identified by the Brief Health Literacy Screen. Mark elaborated on effective communication techniques - teach-back; specific goal setting; and referral navigation.

Stage of change was discussed. Low HL patients may be perceived to be not ready for a change when that may not be the case.