

# COMPARE-PHC



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

Improving health literacy for weight management in Arabic speaking migrants in Australia.

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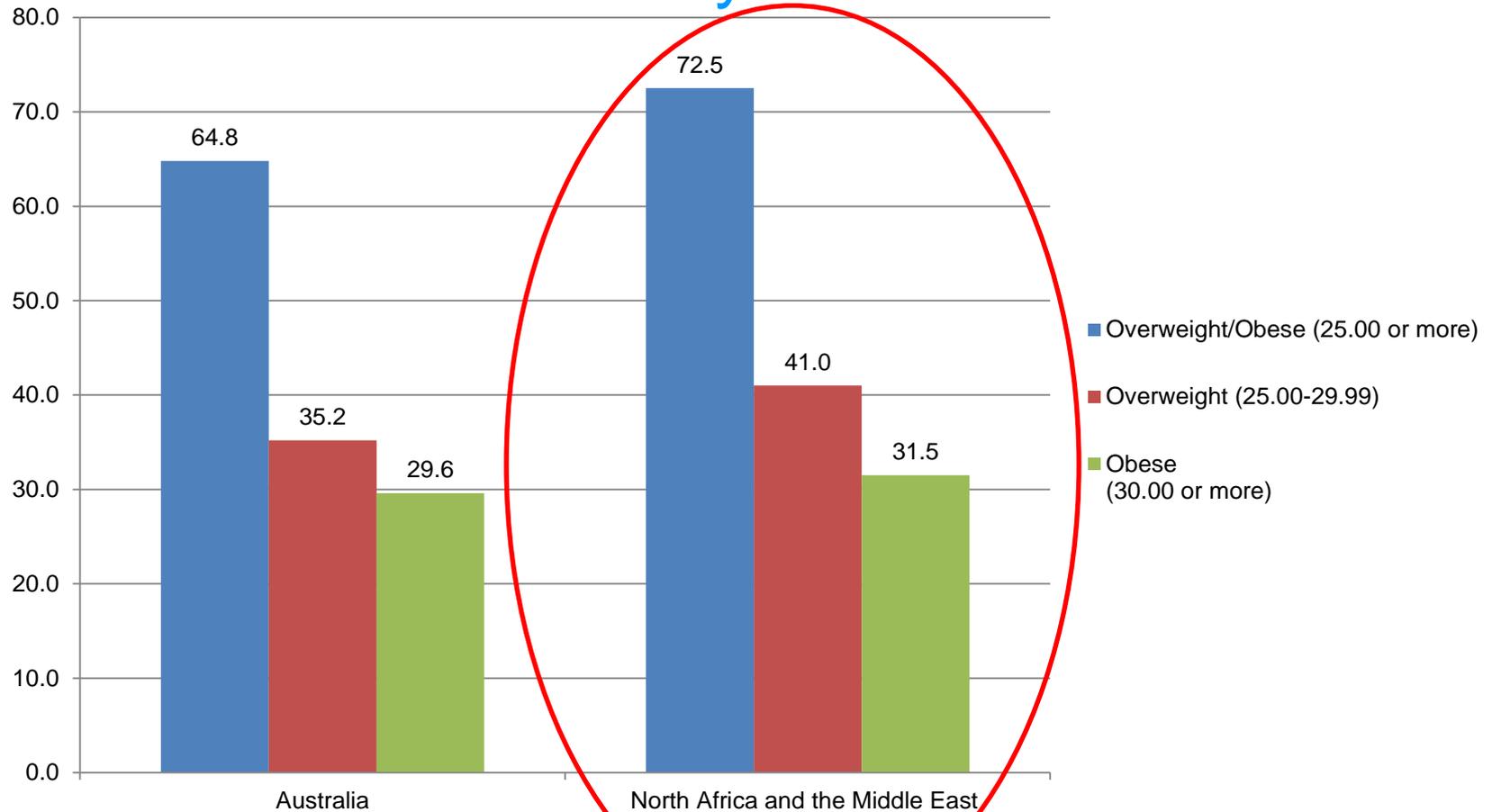
*COMPARE-PHC Forum 2015*



# Outline

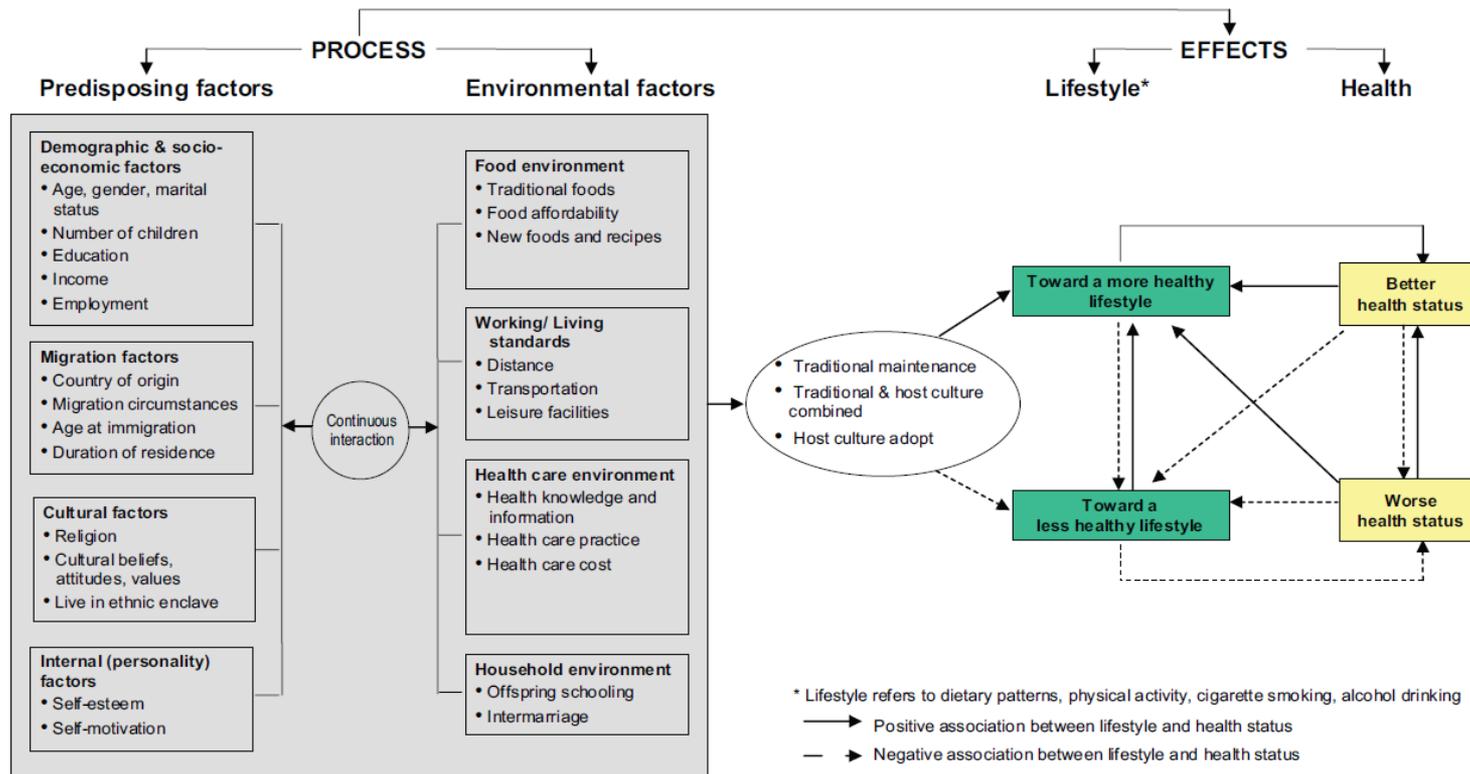
- What do we already know?
- What am I researching?
- What have I found so far?

# Prevalence of overweight/obesity based on country of birth



Data from the 2011-12 Australian Health Survey

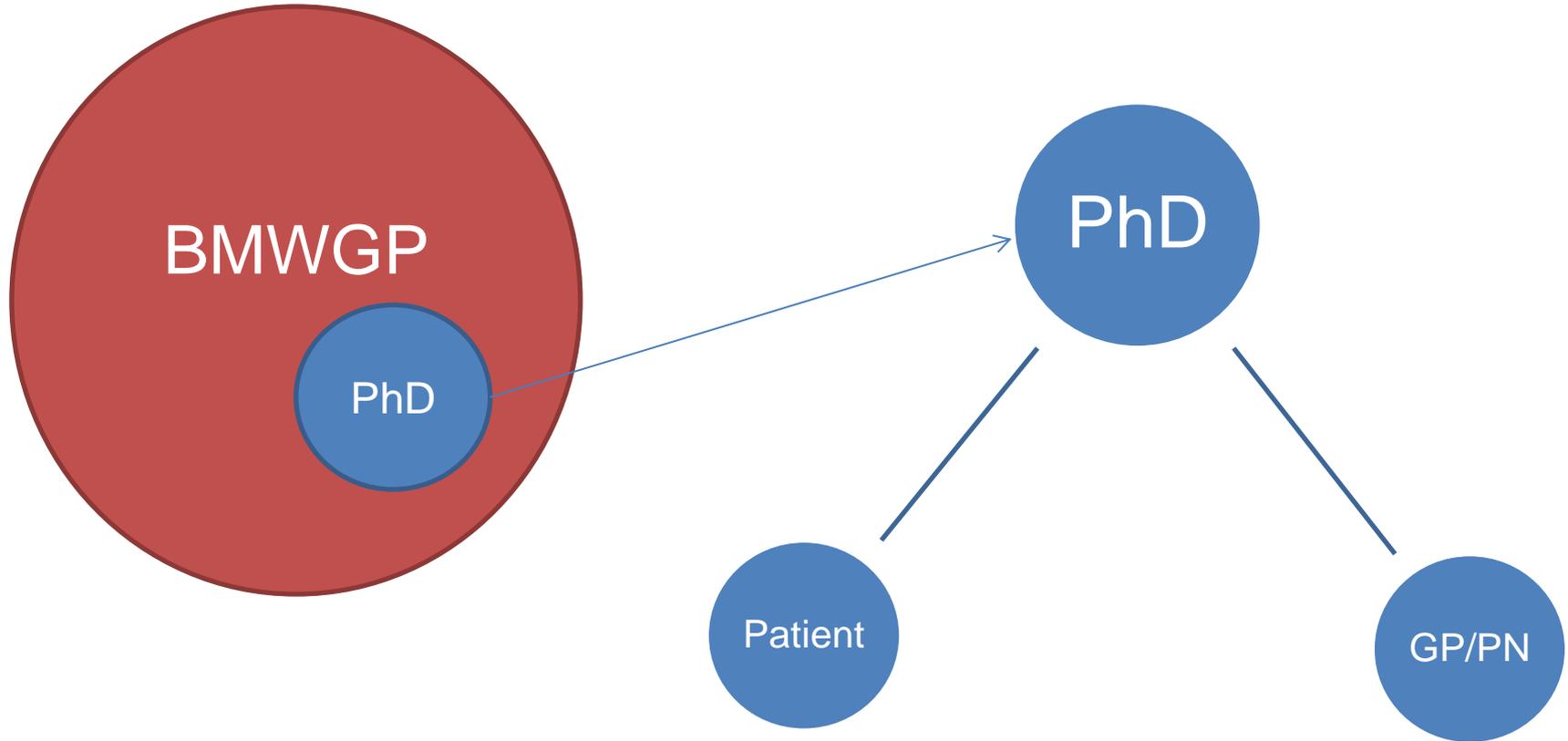
# The acculturation process and its effects on lifestyle and health status



## What do we already know?



# PhD aim and methods



# Qualitative patient interviews

To explore the weight-loss experiences of Arabic-speaking patients who have obesity and low health literacy



**Sample:** Purposive sample until data saturation  
**Recruitment:** General practices in the intervention arm of BMWGP trial  
**Data collection:** In-depth qualitative interviews in Arabic



**Data analysis:** Inductive thematic analysis, constant comparison, informed by Social Cognitive Theory and Acculturation Theory

## Baseline characteristics\*

	Patients (n= 11)
Age (years)	53 ± 8.2
Female <i>n</i>	10
Born in Lebanon <i>n</i>	8
Years in Australia	31 ± 12.4
Main language spoken at home	Arabic
Body Mass Index (kg/m <sup>2</sup> )	34 ± 4.0
Serves of vegetable/day	1.3 ± 0.8
Serves of fruit/day	3.6 ± 2.6
20 minutes of vigorous PA <sup>^</sup> /week	2.8 ± 0.4
30 minutes of moderate PA <sup>^</sup> /week	3.1 ± 1.0

\* Values are mean ± SD unless otherwise indicated

<sup>^</sup> Physical activity

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# Ethnicity related influences on weight loss

- Migration
- Culture
- Language

# Migration

*“I used to walk everywhere with the girls. Everything here is by car. Overseas there is more encouragement.”*

*“Everything changed. I was much thinner. I find everything here is fattening...the social situation is also different. You’re generally alone here. You find after doing all the housework you want to nibble. Overseas I have a large family. I used to be occupied all the time”*

## Culture

*“All our food is in oil. It can't be healthy. [my wife] uses sunflower oil. Not the extra virgin oil. She also uses ghee, but very little.”*

*“We just celebrated Easter and during this time we have popular sweets, you know like maamool and chocolates. It is everywhere. You visit someone, they also offer you this. It is necessary to eat otherwise it is considered rude.”*

*“My time is dedicated to children. Housework, my husband, the shopping, the house cleaning, that all falls on me. I don't have time to cook my own meals or exercise”*

# Language

*“She [exercise physiologist] spoke slowly and she showed us on her laptop how to do the exercises.”*

*“She [exercise physiologist] gave us an information book. I bring it home and I have my daughter, she is 21 years old, she reads and explains it to me.”*

# Take home messages

## **Tailoring for Arabic-speaking patients:**

- Tailor message for level of health literacy
- Translated to Arabic
- Delivered by an Arabic-speaking provider
- Tailored to the individual

## **NHMRC Clinical practice guidelines for the management of overweight and obesity in adults, adolescents and children in Australia**

Good communication between health professionals and consumers is essential. It should be supported by evidence-based written information that is tailored to the individual's needs.

# Acknowledgements

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