

Professor develops tool that helps dietitians deliver info clients need, can understand

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If you've consulted with a nutrition educator about how best to lose weight or manage your diabetes, high blood pressure, or high cholesterol, you may not have learned as much as you could have, said a University of Illinois professor of nutrition extension.

"Only 80 percent of the dietitians we surveyed did any pre-assessment of the client's nutrition literacy, which makes it difficult for educators to target their counseling so clients can understand and act on the information they are given," said Karen Chapman-Novakofski, also a registered dietitian.

Chapman-Novakofski's recent doctoral student Heather Gibbs has developed an [algorithm](#) that dietitians can use to determine precisely what knowledge and skills are required for a particular client.

"Some clients need to know how to manage their intake of macronutrients: carbohydrates, protein, and fat. Some need to learn about [portion sizes](#), and others have to be able to read labels. Still other clients must be able to categorize foods into groups. For each of these skills, we provide questions and exercises that assess the client's knowledge. Then dietitians will be able to better focus on what their clients need to know," she said.

Chapman-Novakofski said doctors and dietitians often don't initiate conversations that could help patients successfully manage their conditions. They may lack time or they may assume a background level

of understanding that the client does not have.

"During a routine physical, your doctor may tell you that your blood pressure is high and that you need to watch your [salt intake](#). But what does that mean to you?" she asked. "A better-case scenario would be for the doctor to ask if you can name some foods that are high in sodium. If you can't, then she knows you need to have a conversation about how to identify higher-sodium foods."

The doctor might further advise that simply avoiding added [table salt](#) is not very effective in reducing [sodium intake](#). That's because [food manufacturers](#) add more sodium to foods before you cook them than most people could possibly add at the table.

"Until health professionals start asking questions to see what the patient knows, you don't get any effective behavior change," she said.

The researcher said that it's important sometimes for dietitians to narrow their focus. If educators understand why the client is there, think about what skills and information that person needs, and then do an evaluation to learn what the person's nutrition literacy is in that area, they can deliver the material in a way the client can understand and use, she said.

"In past years, nutrition educators have used education level to determine where to pitch their lessons. But national surveys have shown that's not a reliable indicator for a patient's health literacy, which is increasingly recognized as being important to patient care. A college graduate in an unrelated field may know very little about medical concepts," she added. If you're the one being counseled, don't be afraid to ask "how" questions, said Chapman-Novakofski.

"Make sure you know how you keep an eye on your condition. What should you keep in mind when you shop for groceries, eat out, or plan a

meal? Don't be embarrassed or think everyone knows the answer but you," she said.

More information: Heather Gibbs, a recent U of I graduate who is now an assistant professor at Olivet Nazarene University, is a coauthor of the article, which was published in a recent issue of *Health*. To access "Exploring Nutrition Literacy: Attention to Assessment and the Skills Clients Need," go to www.scirp.org/journal/health.

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