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EDITORIAL
Taking Universal Precautions to Enhance Health Literacy

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It’s Monday morning and your waiting room is full (again!). You understand that health literacy is an important skill that is needed to access, understand and use information and services for optimal diabetes care. However, can you identify which patients in the waiting room may have lower literacy levels? Is it:
• the young man employed in the local factory?
• the elderly gentleman who is a recent immigrant to Canada?
• the young mother?
• the office worker?

As explained in the article “Plain Language: A Vital Tool for Diabetes Education” by Heather Nichol (page 4), more than half of the adults in your waiting room may have low literacy skills that affect their ability to understand and use health information. To address the challenge of working with diverse communities, literacy experts from the North Carolina Program on Health Literacy have proposed that educators consider approaching health literacy using a universal precautions model (1). Using this approach, diabetes educators would take action with every patient they see to minimize the risk of misunderstanding health information by:
• using plain language in all verbal and written communications;
• being aware of the integral role of numeracy in diabetes management;
• creating culturally appropriate resources as explained by Sobia Khan and Sadia Mian in their article on page 10; and
• improving their knowledge of diabetes technology and tools so that they can offer timely and relevant health information to patients as outlined in Cristina Pepe’s article on insulin pumps on page 13.

The idea of using universal precautions for health literacy stems from the fact that healthcare professionals often don’t know which patients have limited literacy. In addition to using various tools to ensure that health messages are clear, we also need to be alert and sensitive to possible clues to low literacy. These include behaviours such as missed appointments, not taking medications or doses as prescribed, making excuses (e.g. “I forgot my logbook” or “I forgot my glasses”) and asking for help with things that have already been taught (2).

In the article “Numbers Count: Diabetes and Numeracy” on page 7, Catherine Freeze takes health literacy a step further to identify our reliance on numeric literacy in many aspects of diabetes education and management. As diabetes educators, we are challenged to create learning experiences to strengthen learners’ numeracy skills for optimal diabetes management. Numeric literacy, along with prose and document literacy, contributes to health literacy and effective diabetes management.

This issue of The Diabetes Communicator provides facts and tips to promote literacy and clear communication in all areas of diabetes education. The time is always right for this, and October—which is Health Literacy Month (3)—marks a great time to expand your understanding of how to promote health literacy for all.

References