

Health and Nutrition Literacy

HOD Executive Summary

House of Delegates

February 2010

Demographic changes in the United States bring diverse cultures, languages, and challenges to health care delivery. Providing high-quality health care that is patient centered and equitable requires tailored care and a focus on both health care disparities and health literacy. Major connections between health literacy and disparities include a common focus on improving quality of care, improving patient-provider communication, overcoming language barriers, understanding the health beliefs of patients, and a need for research on these challenges. Reports by the Institute of Medicine have highlighted health-disparity reduction and health-literacy improvement as critical components for high-quality health and health care for Americans.

The House of Delegates Leadership Team (HLT) agreed to further address health disparities by focusing on the mega issue of health literacy with consideration for nutrition literacy during the Spring 2010 House of Delegates Meeting.

Mega Issue Question

How can RDs and DTRs collaborate with others to optimize the health and nutrition literacy of the US population?

Expected Outcomes

At the Spring 2010 HOD Meeting Delegates will:

- Recognize that it is the responsibility of the RD and DTR to optimize health and nutrition literacy in the US.
- Identify the (1) skills and knowledge, (2) resources and tools, and (3) partners needed by RDs and DTRs to improve the health and nutrition literacy in the US.

The backgrounder that accompanies this executive summary focuses on health literacy with the assumption that similar principles apply to nutrition literacy. Registered dietitians are in a position to continuously consider nutrition literacy in our role as translators of the science of nutrition into practical solutions for healthy living.

Literacy can be defined as a person's ability to read, write, speak, and compute and solve problems at levels necessary to function on the job and in society, achieve one's goals, and develop one's knowledge and potential. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Health literacy affects people's ability to navigate the healthcare system, including filling out complex forms and locating providers and services; share personal information, such as health history, with providers; engage in self-care and chronic-disease management; and understand mathematical concepts such as probability and risk. In addition to basic literacy skills, health literacy requires knowledge of health topics. People with limited health literacy often lack knowledge or have misinformation about the body as well as the nature and causes of disease. Without this knowledge, they may not understand the relationship between lifestyle factors such as diet and exercise and various health outcomes.

Only 12 percent of adults have *proficient* health literacy, according to the National Assessment of Adult Literacy. In other words, nearly nine out of ten adults may lack the skills needed to manage their health

and prevent disease. Fourteen percent of adults (30 million people) have *below basic* health literacy. These adults were more likely to report their health as poor (42 percent) and are more likely to lack health insurance (28 percent) than adults with *proficient* health literacy. Low literacy has been linked to poor health outcomes such as higher rates of hospitalization and less frequent use of preventive services. Both of these outcomes are associated with higher healthcare costs. Given the complexity of the healthcare system, it is not surprising that limited health literacy is associated with poor health.

The primary responsibility for improving health literacy lies with health professionals and health systems. We must work together to ensure that health information and services can be understood and used by all Americans. We must engage in skill building with healthcare consumers and health professionals. Adult educators can be productive partners in reaching adults with limited literacy skills. Former U.S. Surgeon General Kenneth P. Moritsugu said it is the responsibility of health professionals such as registered dietitians “to communicate in such a way that those we serve can hear, understand, embrace and ultimately put into action, the knowledge, the science, the evidence, the counsel that we provide them, so they can make better health decisions for themselves.”

Organizations such as the American Medical Association, the Partnership for Clear Health Communication, the Center for Health Care Strategies, and the Institute of Medicine have developed initiatives informing physicians, health care professionals and patient advocates about health literacy. These initiatives include AMA’s Health Literacy Kit, "Ask Me 3" campaign, fact sheets, and sets of recommendations.

ADA’s goal of having the public trust and choose registered dietitians as food and nutrition experts will require the profession to establish value to the public through effective programs, services and initiatives offered by registered dietitians. In order for programs to be effective, they must meet the health literacy needs of the intended target. Our goal to improve the health of Americans calls for informing the public about ways to improve its health. Health literacy must be considered so that our message to the public is understood. “Health Literacy and Nutrition Advancement” is one of the seven priority areas for ADA’s public policy and advocacy efforts.

A review of ADA resources relating to health and nutrition literacy shows no major collaborations with other organizations. There are informative articles on the subject of health and nutrition literacy in both the *Journal of the American Dietetic Association* and Dietetic Practice Group newsletters. ADA currently does not offer professional development on this topic. The Commission on Accreditation for Dietetics Education standards do not have a specific requirement about health literacy but graduates are expected to be able to work with diverse cultures, differing ages and health status, in a variety of settings.

Research shows that health literacy can be improved. Efforts to improve health literacy in the United States must depend on efforts from all the sectors that contribute to the problem: government; schools; and the health care system. To start reducing the negative effects of limited health literacy, health service providers and people in the community must be knowledgeable, aware, and responsive to the health literacy of patients and consumers.

Talk with your delegate(s) about this issue in advance of the Spring 2010 HOD Meeting (May 1 and 2). Delegate contact information is available at www.eatright.org/leaderdirectory. To obtain the full backgrounder “Health and Nutrition Literacy”, visit www.eatright.org/HODMegalissues.