

Glucose Control

Monitoring and controlling glucose levels can significantly reduce diabetes complications, yet there is still a risk of Hypoglycemia.

"Hypoglycemia is responsible for approximately 4% of deaths among patients with diabetes under the age of 50."

Early detection is Key! Monitor and control blood sugar levels.

Hypoglycemic Management
Retail Pharmacy News, November 2000



March 27, 2001

It's Silent. It's Serious.

Take A Simple Test.

Detect Your Risk for Diabetes.

1-800-Diabetes
1-800-342-2383

a program of



www.diabetes.org



The WebMaster

Website Options For Inquiring Minds

www.niddk.nih.gov/health/diabetes/diabetes.htm

National Institute of Diabetes and Digestive and Kidney Diseases

For online easy-to-read publications

www.tdh.state.tx.us/diabetes/public.htm

Texas Diabetes Council

Free Diabetes Education Materials

www.endo-society.org/publicat/uptodatecdrom.htm

The Endocrine Society

For up-to-date Endocrinology & Diabetes CD-Rom



Teaching Patients With Low-Literacy Skills About Diabetes

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Communication with patients is facilitated when health professionals tailor health information to patients' literacy and comprehension levels. The use of printed materials for patient education is cost-effective and time-efficient, but not all patients are able to read and fully comprehend written materials. In some cases, low literacy skills, language barriers, and cognitive impairments are major obstacles. Even good readers may have difficulty understanding materials when they are in pain, under stress, or unfamiliar with a medical condition.

Patients with diabetes must be able to perform multiple self-care behaviors. In order to do this, the ability to read instructional materials is especially important.

The potential for resultant complications increases when individuals are not able to read or fully comprehend written materials. Understanding common diabetes educational materials, information, and instructions can be frustrating and challenging for these patients. Diabetes educators should utilize various creative educational strategies for patients who have difficulty reading or understanding instructions.

Determining Patients Understanding And Comprehension

Good patient education techniques include an initial assessment of the patient to discover any learning barriers, as well as an evaluation of their understanding following the teaching. To determine if a patient comprehends the information, consider using the following techniques:

- ◆ **Restating or Paraphrasing-** Ask patients to explain their condition and treatment in their own words. Any misunderstandings in the educational instructions can be corrected. Immediate encouragement and feedback can be provided.
- ◆ **Return Demonstration of Specific Skills-** (eg, self-monitoring of blood glucose, insulin drawing and injecting technique) or information. Food models can be used to show portion sizes and to ask the patient to plan a meal. This allows for correction of any incorrect techniques or information.
- ◆ **Plan of Action-** Encourage patients to identify one action they will take in the next week. Have them describe the action in detail so you know whether they have understood the instruction. Avoid questions like, "Do you understand?"

Teaching Patients With Low-Literacy Skills

People with reading and comprehension problems can be found in all income, racial, ethnic, and age groups. Although they may not be able to read pamphlets, books or explanations for a food exchange list, people with low literacy skills do not lack intelligence and can learn from instructions that are designed and presented in ways they can understand and use.

- ◆ **Visual Tools-** Illustrations, demonstrations, flipcharts, food models, and other hands-on aids can be very effective in teaching. For example, instead of reviewing a written brochure on foot care guidelines, demonstrate a foot exam on the patient's own foot. **Color-code** a time chart to show patients when they should take their medications or test blood sugars. Mark sample syringes with tape to show those who can't read numbers how much insulin to use. Take advantage of ready-made diagrams when available.
- ◆ **Self-Learning Tools-** Slide/tape programs, videotapes, or audiotapes can be used to allow patients to learn in a non-threatening, private atmosphere. Consider recording audiotapes in the patient's native language so they can listen to them in the car or with other family members.



Mark Your Calendar!

Upcoming Meetings

Centers for Disease Control & Prevention

(Diabetes Translation Conference)
◆ April 30-May 3, 2001 Seattle, WA

American Diabetes Association

(61st Annual Scientific Session)

◆ June 22-26, 2001 Philadelphia, PA

The Endocrine Society

(83rd Annual Meeting)

◆ June 20-23, 2001 Denver, CO

Association of Diabetes Educators

(28th Annual Meeting)

◆ August 15-19, 2001 Louisville, KY



Did You Know!

The United States Postal Service unveiled a **New** commemorative "Know More About Diabetes," stamp. This stamp should help heighten awareness of diabetes and its impact on peoples lives. For more information about this stamp, go to www.usps.com/shop

Help spread the awareness!

Reader Resources

The National Diabetes Information Clearinghouse offers easy-to-read materials for diabetes patients and resources for health professionals

Phone: (301) 654-3327

Teaching Patients With Low Literacy Skills

Doak CC, Doak LG, Root JH, 2nd Edition, Philadelphia: JB Lippincott Co., 1996.

(A comprehensive resource for teaching low literacy populations. This book contains visual aids, oral materials and guidelines for written materials).



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◆ **Handouts**-Use health-related handouts written at a fifth or sixth-grade reading level. About 75% of adult Americans likely will be able to read materials at this level. Simplifying written material can appeal to everyone regardless of their literacy skills.

◆ **Questions**- Ask questions such as "What type of material do you like to read at home?" and "How do you like to learn about your health?" (with text, pictures, videos, audiotapes, demonstrations, or verbal instructions). This information can be used to individualize the teaching approach.

◆ **Helpers**-Look for family members, friends, neighbors, or members of community agencies who can read and who are willing to assist. These individuals can be integral to achieving diabetes goals, especially if cognitive impairments are present in addition to low literacy.

◆ **Survival Skills**- Present only needed information to meet immediate patient needs.

◆ **Common Words**- (avoid jargon) For example, use "doctor" instead of "physician", "pill" instead of "medication", "Eat" instead of "consume", and "weigh" instead of "measure."

◆ **Paint Pictures**- (using analogy) For example, use the analogy between "the heart as a pump", or insulin at receptor sites like "keys fitting into keyholes". Analogies assist in recall and in simplifying complex concepts.

Designing Easy-To-Read Materials: Increasing Patient Comprehension

Print materials always should be used to reinforce teaching and not used in place of verbal instruction or interaction with a patient. Whenever possible, have easy-to-read materials that provide basic information and additional print materials written at a higher level, which give more detailed information. Consider pretesting materials with members of the intended audience for feedback.

◆ **Word Usage**- Use one-and two-syllable words. These are easier to understand than polysyllabic words (vocabulary) and technical terminology.

◆ **Sentence Structure**- Use short, simple sentences written in the active voice. Limit sentences to no more than 10-15 words. Limit paragraphs to no more than 60 words. Present only the most important information, limiting the number of new ideas on a page.

◆ **Space**- Leave plenty of open space on the printed page. Leave wide margins and space between sections and paragraphs.

◆ **Use of Visuals**- Illustrations, photos, and cartoons can be used to convey desirable behavior versus non-desirable behavior. Be sure the idea to be conveyed by the visual is still apparent even without explanatory text.

◆ **Font Usage**- Use a print size of at least **14**. Avoid elaborate script print or fancy types, such as italics, boldface, or script. These can be difficult to read. Avoid using capital letters exclusively. Underline to emphasize a point.

◆ **Highlight**- If you have already purchased or designed materials that are not at the appropriate grade level, you can make them more readable by highlighting, circling, or underlining points that patients must know. Or better yet, allow the patients to highlight or mark the points as you go over the information.

In summary, patients with diabetes and low literacy skills are particularly at risk. Due to the high degree of self-care and continual education required by patients with diabetes, low literacy skills are often a major barrier to patients achieving their blood glucose goals. Such patients with low literacy skills can be managed by applying teaching techniques that best use each patients' particular abilities and resources. Focus on utilizing a variety of teaching materials and techniques to increase comprehension.

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