An effective nutritional health literacy system addressing each participant’s specific health needs, irrespective of literacy level.
According to the American Medical Association, the determinants of health and wellness are:

- 20% related to genetics;
- 20% related to the environment;
- 50% related to proper nutrition and physical activity;
- 10% related to accessibility of health care.

* **Nutrition** is the insidious barrier to being healthy!
ERASE the BARRIER by…

Developing
A
UNIVERSAL CURRICULUM
Curriculum mandates for effectiveness with all populations...

* Everyday applications;
* Plain language;
* Offer immediate value for each member of the family;
* Address age and gender;
* Concrete and concise action steps;
* Generic and universal to all literacy levels;
* Adaptive to yet independent of culture;
* Offer repetitive learning opportunities;
* Incorporate self-pace learning;
* Linked to prior experience;
* Translatable;
* Require no additional financial resources.
EQUIP PARTICIPANTS WITH SKILLS TO:

* Bridge the scientific gap;
* Gather, analyze and use nutritional/health information;
* Manage resources;
* Work within the big picture;
* Work together;
* Provide leadership;
* Guide and support others;
EQUIP PARTICIPANTS WITH SKILLS TO:

- Develop and express a sense of self;
- Respect others and value diversity;
- Exercise rights and responsibilities;
- Create and pursue vision and goals;
- Use technology and other tools to accomplish goals;
- Keep pace with change.
Use adult teaching principles to guide the instruction;

- **Learning styles** (presented in many forms):
  - Visual;
  - Aural;
  - Verbal;
  - Tactile;
  - Social;
  - Solitary.

- **Basic literacy skill development:**
  - Prose skills – understanding written text;
  - Document skills – understanding short forms or charts;
  - Quantitative skills – understanding information displayed visually in graphs or in numeric form using whole numbers, fractions, decimals, percentages or time units.
We needed to focus **constantly** on the predisposing, enabling and reinforcing factors to proper nutrition so that participants, in any setting (e.g. grocery store, restaurants, church, meetings, home, ) would have a:

* **Mindset** to take an active role in personal and family nutrition;
* **Toolset** to understand nutritional options;
* **Skill set** to make shared decisions.
EXAMPLE

SUGAR Training Module
Yoplait Yogurt, Strawberry
6 oz Container
Sugars, total: 27g

Yoplait Light Yogurt, Strawberry
6 oz Container
Sugars, total: 14g
Mountain Dew

20 oz (590 ml) Bottle
Sugars, total: 77g

1 L (34 oz) Bottle
Sugars, total: 124g
Peanut Butter and Jelly Sandwich

Peanut Butter
2 Tbs. (32g)
Sugars, total: 3g

Grape Jelly
2 Tbs. (20g)
Sugars, total: 13g

Complete Sandwich Including White Bread
Sugars, total: 18g
Fruit Roll-Ups
1 piece (14g)
Sugars, total: 7g

Fruit Gushers
25g Serving
Sugars, total: 13g

Fruit by the Foot
21g Serving
Sugars, total: 10g
McDonald's Chocolate Shake
21 oz (medium) shake
Sugars, total: 111g
Eggo Waffles
2 Waffles, plain
Sugars, total: 2g

2 Waffles, with 1/4 cup Syrup
Sugars, total: 35g
Sauces & Condiments

Catsup
1 serving (1 Tbs/17g)
Sugars, total: 4g
Reeses Peanut Butter Cups

2 pieces (1 package/42g)

Sugars, total: 20g
Calories, total: 230
Calories from sugar: 80

SugarStacks.com
SUGAR

How much is just right?

The American Heart Association (AHA) recommends limiting the amount of added sugars you consume.

For most women, that’s no more than 6 teaspoons or 24 grams of sugar per day. For men, it’s about 9 teaspoons or 36 grams of sugar per day.

The AHA recommendations focus on all added sugars, without singling out any particular types such as high-fructose corn syrup.

(August 2009 issue of Circulation, Journal of the American Heart Association)
Results/Findings

* Post-Surveys
  * 51% are using recipes from the Eat for Life cookbook;
  * 100% are changing recipes because of the class;
  * 100% are deleting family recipes because of the class;
  * 100% are reading food labels more carefully;
  * 89% increased fruit and vegetable intake to 5 or more servings daily;
  * 100% increased daily water intake;
  * 84% reduced the amount of fats/salt/added sugars/cholesterol in their diets.
* **Post-Surveys:**
  * 26% lost weight;
  * 40% maintained current weight.
Days limited due to medical problems during last 30 days:

- Pre-Average    21 days;
- Post-Average    5 days.
Post-Surveys

* 93% demonstrated increased understanding of the relationship between healthy behaviors (e.g., proper nutrition, adequate physical activity, not smoking, and minimal alcohol consumption) and reducing the risk of developing heart disease, certain types of cancer, and adult diabetes;

* 98% felt the program improved their ability to make better decisions about their health.
* Creating a plain language movement in nutrition;
* Creating “knowledgeable dietary planners” who are taking an active role in their family’s health and wellness;
* Creating “lay nutritionists” and self-help action groups who are communicating nutritional knowledge throughout their communities and social, civic, and religious memberships.
We can empower individuals with the knowledge to make good decisions for their own health in a timely manner when:

1. They first recognize that personal and family health is not the sole responsibility of our health care professionals;
2. They are connected with the most current and motivational health information;
3. They are given standards of reference;
4. They are given and able to learn practical tools to make simple and incremental dietary/lifestyle changes within the context of their daily lives;
5. They recognize that there is no need for additional financial resources.

Lessons Learned
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* One can be health literate in one language and not in another;
* One can be literate in all other aspects and still have low health literacy skills;
* Low nutritional skills exist among the educated and the uneducated;
* Low nutritional skills exist among the rich and the poor;
* Regardless of our many stations in life, nutritional skills are the skills we seldom learn, but so desperately need!
Lessons Learned

If we addressed our **HEALTH** care …

doctors and other health professionals

could focus on our **SICK** care!