Improving Nutrition-Related Behaviors for Patients and Populations Through Nutrition Literacy Assessment

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A Quick Introduction to Nutrition Literacy

1. Nutrition literacy is defined by Silk (JNEB, 2007) as ""the degree to which individuals have the capacity to obtain, process, and understand nutrition information and skills needed in order to make appropriate nutrition decisions."

2. Nutrition Literacy Assessment Instrument (NLit) validation references:
   1. Gibbs HD, Ellerbeck E, Gajewski B, Zhang C, Sullivan DK. The Nutrition Literacy Assessment Instrument (NLit) is a valid and reliable measure of nutrition literacy in adults with chronic disease. Journal of Nutrition Education & Behavior. 2018; 50(3):247-257.e1. DOI: 10.1016/j.jneb.2017.10.008. [Epub 2017 Dec 12]. PMID: 29246567

   2. Gibbs HD, Owens S, Camargo J, Gajewski B, Cupertino AP. Measuring Nutrition Literacy in Spanish-Speaking Latinos. Journal of Immigrant and Minority Health. 2018; 20(6):1508-1515. DOI: 10.1007/s10903-017-0678-1. PMID: 29164448

   3. Taylor M, Sullivan DK, Ellerbeck E, Gajewski B, Gibbs HD. Nutrition Literacy Predicts Adherence to Healthy/Unhealthy Diet Patterns. Public Health Nutrition. 2019; 22(12):2157-2169. DOI: 10.1017/S1368980019001289. [Epub 2019 May 31]. PMID: 31146797.

3. To Request a copy of the NLit:
   https://secure.touchnet.net/C21581_ustores/web/product_detail.jsp?PRODUCTID=184&SINGLESTORE=true
   This link provides access to print and digital versions of the NLit tool. Users must complete a non-exclusive licensure agreement, pay a small fee, and can then download the preferred version of the tool. If you have interest in using the tool for practice or research, please reach out to Dr. Heather Gibbs at hgibbs@kumc.edu.

Nutrition Literacy for Latino Populations: National and International Perspectives

Main Takeaway Points

1.   Latinos are the second-largest race-ethnic group in the US (nearly 61 million, about 18% of the population). Responsible for almost half of all US population growth from 2010 to 2019. Still, Latinos in the US experience disparities in poverty and poor health outcomes, especially for nutrition-related chronic diseases (e.g., diabetes, hypertension, and obesity-related cancers).

    a.   Clearly, Latinos should be widely included in clinical trials focusing on nutrition and health outcomes.

2.   Latinos reported differences in their nutrition literacy levels depending on their country of origin, life stage, age, and education level.

3.   Nutrition literacy can be used as a strategy to develop personalized nutrition education materials for Latinos.

4.   Recommendations for nutrition literacy with Latinos.

    a.   Learn: from data available on Latinos' diet, health outcomes, and behaviors before developing new strategies.
    b.   Adapt: adapt approach and instruments for your target audience's preferred language and culture.
    c. Engage: engage the community and people who serve the community.

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Nutrition Literacy Assessments and Improving Diet Behaviors

Main Takeaway Points

1. Although several nutrition literacy assessments exist, not all cover functional and interactive literacy in the same assessment.

    a. This is what makes the NLIT unique-it collects the data RDs can best use in counseling patients on nutrition.

2. Nutrition Literacy assessments are feasible in outpatient clinical practice.

    a. However, it will require patients completing assessments well in advance of nutrition interventions.
    b. Both RDs and clinic personnel prefer an online version of the NLIT-it takes their valuable time out of the equation and allows RDs the time to fully assess their patients' nutrition literacy before an intervention.

3. Using NLIT results helps RDs to tailor interventions towards their patients' most pressing nutrition knowledge needs.

    a. This leads to more diet-related behaviors improving over a short period.
    b. This can be a starting point for future nutrition-based interventions as well.

4. Diet-related behaviors improved by *reducing* negative behaviors.

    a. Positive behaviors like F/V consumption did not improve.
    b. Negative behaviors like eating fried foods and sweets decreased.
    b. Behaviors improved after only one visit to an RD.

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