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RKMS Vrindaban

11:18am Jun 16, 2014

#1

Include the family in the treatment management. Educate them if not once..twice, thrice or four times and they pick it up. Since we follow basal bolus concept, for calculation of the dose, patient is asked to use his mobile's calculator and get the dose of insulin corresponding to his carbohydrate intake. We found excellent results.

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Ati Jals

11:57am Jun 16, 2014

#2

When literacy level is low, one of the things I have found very useful is using models, pictures and even drawing pictures to enable the client understand. In my practice of the past seven years I have also realised that I need to eliminate medical jargon from my communication with all clients. My principle is that " endeavor to explain it as if it were to my grandmother who never went to school". Simplicity goes a long way. It is also important to ask the client to tell you what they have understood from the discussion in their own words. Use narratives and examples that resonate with their social surroundings and they can easily relate to. Keep it simple and short - and provide pictures, photos and locally available models etc to explain issues, demonstrate skills and to help them remember. Demonstrate skills and have them demonstrate back (reflection) do not just let them go away with an explanation. Most important, repeat time and again (knowledge reminders and skill demonstration). Engage them amicably and make them feel they have a key role to play and their input is highly valued. In practice, I have several clients who are illiterate who are doing tremendously well in self care and achieving their selfcare targets.

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demeke

1:08pm Jun 16, 2014

#3

Dear all It is the right point for us all working in the resource limited areas and the literacy rate is significantly low. I can share my experience from Ethiopia. I am working in pediatric diabetes unit. majority of the care takers are unable to read and write and also their contribution in the discussion process for the care is not rewarding. we have tried to use the diabetic associations to use the opportunity to share their experience and be able to monitor their problems. it was still with

difficulty. then we have designed a team of five in one working together to learn from each other and provide adequate information and support from the locally established health extension workers who provide a house to house clinical services. we are now better in reaching our clients. I hope this way can contribute better. happy to hear your comments. Dr. Demeke

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cgomezm

3:42pm Jun 16, 2014

#4

Hola a todos Para los pacientes con bajo nivel cultural , lo mas eficaz es tener material muy sencillo con dibujos para poder explicarles paso a paso lo que necesita aprender , puede ser muy útil el material que se usa con los niños , pero adaptado a sus peculiaridades. También es bueno hacer sesiones de educación en grupo con todos los pacientes de las mismas características , con ello ganamos tiempo y además les da seguridad

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Buyelwa

7:30pm Jun 16, 2014

#5

Thank you all for your comments. What comes out in this discussion so far is the importance of simplicity, perseverance and reflection or recall. Team work and to value the patient's input are also highlighted. These important facts are supported in the studies and have resulted in improved clinical outcomes. I am sorry that I cannot understand the comment from cgomezm. We are looking forward to hearing from people working with children as well as Dr Demeke has challenges in this area.

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mariliruiz

8:11pm Jun 16, 2014

#6

Dear Buyelwa, what CGomez said is that is very important the drawings with simple material , teaching step by step the needs of the people, the same topics and pictures that we use perhaps with children, and also the importance of groups of education. I agree and think the great value of groups of peers, and perhaps it is very important to share material for example of how to teach insulin doses to illiteracy patients, there is a lot of possibilities to teach with games, with paintings, and with a lot of resources that we must know and consider in our practice. Sometimes the people dont say to us they dont understand and we must re ask all the time to verify what we ´ve said is understood by everybody but it is a big challenge for an educator

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cgomez

9:10pm Jun 16, 2014

#7

Hi all for patients with low cultural level, more effective is to have very simple materials with drawings to be able to explain step by step what you need to learn, can be so very useful material that is used with children, but adapted to their characteristics. It is also good to do in group education sessions with all the patients of the same characteristics, this time we win and also gives safety

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jaynesa

1:24am Jun 17, 2014

#8

Wonderful conversation! I have developed a specialty service for people with intellectual disability. Many of the people with whom I work have very low communication levels and of course health literacy. Like the others in this conversation I have also developed picture based resources. There is a really useful computer program called Boardmaker that I use to design low literacy resources and education tools using the extensive range of images available on the tool. I have also been able to arrange with the producers of this resource additional images specifically on diabetes e.g. 2 hours after breakfast; insulin pens etc. This has made it so much easier for me to even customise an education tool for a particular person. Putting simple text on it also makes a difference as it provides a verbal model for the people supporting my patients that reinforces the concepts accurately. It has also been very helpful for the support workers because they are busy and need information in a simple, quick way to remind them to support the person in the same way. Using these resources (as well as the IKEA food model toys that are cheap and add a sensory element to the education, and Ruby and Rufus bear that gives a hug often to those with vision/hearing loss and no communication skills at all) I have been able to get some great results both in quality of life and HbA1c. If you have a look on my website - [www.edhealthaustralia.com.au](http://www.edhealthaustralia.com.au) - you will see one of the low literacy tools I've produced and further information about a manual and resources I've developed specifically for people with intellectual disability or acquired brain injury. I now use the strategies I've learned with my non disabled patients as the essence is really simple and targeted education messages.

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jaynesa

1:27am Jun 17, 2014

#9

Sorry I also meant to say that I provide all patients I see (disabled and non disabled) with a waiting room questionnaire - this helps me to identify if someone can read/write adequately for me to

provide them with handouts. I also ask them what is the best thing you have achieved with your diabetes in the last month; what is the hardest thing you have had to do and if they have any questions. I've also got 5 faces ranging from sad to happy - and ask people to tell me which face (or they have the option of writing a word instead) describes how they are feeling about their diabetes. It provides a very interesting insight into the person's perception of their diabetes and does not rely on high literacy levels - if the person can't write their responses then I can use the tool to gain the information verbally while finding out that they have a learning deficit in this area.

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Barbara.Foot

2:17pm Jun 17, 2014

#10

Hi Buyelwa it sounds to me as though this is a great environment for Conversation map tools! Both when educating those living with Type 1 diabetes and also those living with Type 2 diabetes With Conversation map tools the pictures explain the concepts simply

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Buyelwa

3:26pm Jun 17, 2014

#11

Hello Everyone. I am very excited to hear your comments. As you know that D-NET's aim is to enhance diabetes education & management around the world. So when Jaynesa shares her website, this aim is fulfilled. I am looking forward to visit it, thank you. Maria thanks for the translation. I picked up these important facts about how to empower our patients from your valuable comments: How: Step by step, ask and ask again, verify what they mean, observe non verbal communication, group education What tools: Pictures, games, paintings, drawings, conversation Map tools- they simplify concepts that are complex, sport on barbara Who: groups, family members When: all the time and repeat

Looking forward to more conversations and questions!

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jaynesa

10:22pm Jun 17, 2014

#12

Hi Guyelwa and the group I also think we need to ensure that our attitude is positive and assume people can be actively engaged in their learning and diabetes care no matter what their level of health literacy. I find I have a lot more fun in my work because of the range of strategies I use in

improving health literacy! I have some very intelligent people I work with that do not have good health literacy so the other thing I would add is to never assume the level of health literacy based on whether people can read and write either.

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Buyelwa

1:17pm Jun 18, 2014

#13

Hello colleagues. The fibre of a nurse or any health professional is CARING. This characteristic is evident in your input in this conversation. I can not agree more with the importance of our non-judgemental, caring, respecting attitude that Jaynesa is reminding us about. Paola in the Spanish group tells us that she has created a food plate with colourful food to use for education about nutrition. `It seems as if it is safer to apply simplicity even when dealing with the "well ducated" as their health literacy may suprise us. I am very interested in hearing about your success stories in engaging with patients and their families with low health literacy. I am amazed about everyone's creativity!

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cgomezm

4:22pm Jun 18, 2014

#14

nosotros también tenemos una pirámide con dibujos de alimentos que se pegan (mediante un adhesivo), y organizamos un juego para comprobar si los pacientes han comprendido bien la diferencia entre los alimentos que aumentan la glucemia y los alimentos que engordan . Muy útil para comprender los que tiene mayor contenido en hidratos de carbono, los proteicos , y cómo repartirlos a lo largo del día y de la semana.

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cgomezm

4:24pm Jun 18, 2014

#15

We also have a pyramid with drawings of food sticking (by an adhesive), and organize a game to check if patients have understood the difference between foods that increase blood sugar and foods that make you fat. Very useful to understand which is higher in carbohydrates, the protein, and how to distribute them throughout the day and week.

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Buyelwa

12:34pm Jun 19, 2014

#16

Thanks CGomez. Food tends to always generate a lot of discussion which is good for clearing up misconceptions and helps people understand messages. Games are also a fun way of learning. What about story telling and skits? Are they only enjoyed by children? do you think adults would be offended if these methods were used to educate/empower them?

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cgomez

3:21pm Jun 19, 2014

#17

Hola a todos estos juegos no los he hecho con niños, si no con adultos , con muy buenos resultados  
Un saludo Cristina

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cgomez

3:22pm Jun 19, 2014

#18

Hello to all of these games have not done them with children, if not with adults, with very good resultados  
Un greeting Cristina

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mytan53

2:45pm Jun 20, 2014

#19

Hi everyone, I fully agreed with all the above discussions. Having to work with not only low literacy but patients with different languages, I find most usefals are pictures and models which represent many words and any language. I also like to use story telling approach. However, I am not a good story teller. May be we should have story telling courses for educators.

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Buyelwa

10:04pm Jun 20, 2014

#20

Hello everyone. Story telling is close to my heart. When I was growing up, my grandmother used to tell us stories around the fire. Her soothing voice with soft singing would lead us to a peaceful sleep. If anyone offers that training, Mytan53 and myself would probably be the first students. There is another useful website with educational material I have just discovered: [www.learningaboutdiabetes.org](http://www.learningaboutdiabetes.org). It is interesting to notice that many health professionals come across people with low health literacy from both developing and developed countries.

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EdwinPascoe

12:25am Jun 29, 2014

#21

I work with a lot of people with low literacy and I've found that a smile goes a long way. - not rushing person - pictures - activities where they are going something for kinaesthetic learners - problem solving activities - repetition in different formats - homework activities - validate other health practitioners work ( consistency) - songs

The important thing is that all people are individuals despite their low literacy. Does not means they can't get information in other formats. Also I'm amazed at how people can embrace technology despite low literacy. Never give up.

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Buyelwa

4:33am Jul 1, 2014

#22

Thanks Edwin for those wise words. Respecting all human beings as unique special individuals irrespective of literacy level is the right thing to do. I agree with you by never to give up but being patient and introduce technology gradually and systematically until they are comfortable with it. The activities you are using are amazing. Keep smiling....it is infectious!

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cgomez

9:09pm Jul 1, 2014

#23

por supuesto que nunca hay que dejar de trabajar por hacer que las personas con diabetes comprendan lo que necesitan y se sientan bien por ello. A lo mejor no me he explicado bien , yo siempre intento conseguir esto y no me desanimo y por supuesto con paciencia y sentido del humor. Hay que adaptar el material a cada paciente y comprobar que lo ha comprendido bien un saludo  
Cristina