Telehealth & Nutrition Counseling



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Tips, Tools, and Activities to Make Your Counseling More Effective

Lorena Drago, MS, RDN, CDN, CDCES

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Table of Contents

Reviewers ii

About the Author iii

Introduction iv

Chapter 1 *Practical Strategies for Effective Telehealth Visits* ..... *XX*

Chapter 2 *Prioritize Health Literacy and Cultural Sensitivity* ..... *XX*

Chapter 3 *Plan and Streamline Your Counseling Sessions* ..... *XX*

Chapter 4 *Introduce Health and Nutrition Concepts in Three Easy Steps* ..... *XX*

Chapter 5 *Present Nutrition and Health Information for Optimal Retention* ..... *XX*

Chapter 6 *Apply the "Teach-Back" Technique to Assess Understanding* ..... *XX*

Chapter 7 *Creative Approaches for Teaching Nutrition Messages* ..... *XX*

Chapter 8 *Develop Materials with Simple and Direct Nutrition Messages* ..... *XX*

Appendixes

Sample Medical Nutrition Therapy Intake Form ..... *XX*

Sample Electronic Food Log ..... *XX*

Group Telehealth Tips ..... *XX*

Continuing Professional Education XX

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About the Author

Lorena Drago, MS, RD, CDN, CDCES, is a registered dietitian, speaker, author, consultant, and certified diabetes care and educator specialist. She specializes in the multicultural aspects of diabetes self-management education and is an expert in developing culturally and ethnically oriented nutrition and diabetes education materials. Lorena founded Hispanic Foodways, which received the New York City Small Business Award in 2006. She developed the Nutriportion Measuring Cups with calorie and carbohydrate amounts of common foods embossed on each cup and the Nutriportion Hispanic Food Cards with pictures and nutrition composition of common Hispanic foods.

For over six years, Lorena has been providing telehealth diabetes and nutrition education through private practice and virtual care platforms, offering one-on-one counseling and group classes in diabetes self-management, medical nutrition therapy, remote patient monitoring, continuous glucose monitor (CGM) training and interpretation, and insulin management support. She also served as a study interventionist on an NIH/NIDDK-funded clinical trial, delivering a virtual CGM data-sharing intervention to older adults with type 1 diabetes and their care partners.

Lorena is Past-Chair of the Diabetes Dietetic Practice Group of the Academy of Nutrition and Dietetics. She also served on the Association of Diabetes Care and Education Specialists board of directors from 2006 to 2010, Chair for Latinos and Hispanics in Dietetics and Nutrition. She was Past President of the Metropolitan New York Association of Diabetes Educators in 2004. Lorena won the Diabetic Living People's Choice Award in 2012, the Latinos & Hispanics in Dietetics and Nutrition Trinko Award in 2016, and the Diabetes Educator of the Year Award in 2022.

Lorena is author of the book Beyond Rice and Beans: The Caribbean Guide to Eating Well with Diabetes published by the American Diabetes Association. She wrote 15-Minute Consultation: Tips, Tools, and Activities to Make your Nutrition Counseling More Effective published by the Academy of Nutrition and Dietetics, which was refocused as a guide to telehealth counseling in this second edition. Lorena is also a contributing author and co-editor of Cultural Food Practices published by the Academy of Nutrition and Dietetics and in the book's second edition, Culture, Foodways & Counseling, Lorena contributed a chapter on Hispanic Caribbean-American Food Practices. She is the department editor emeritus of the Association of Diabetes Care and Education Specialists (ADCES) in Practice publication.

Lorena graduated cum laude from Hunter College of the City University of New York with a Master of Science degree in Food and Nutrition and received her bachelor's degree from Queens College.

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Introduction

"Webside" manner is the bridge between clinical expertise and human connection—without it, even the best advice struggles to be heard.

As registered dietitian nutritionists (RDNs), we are *the* experts in food and nutrition. While we may work in various settings and capacities—with many of us now delivering nutrition care through telehealth—we have a common goal: to increase our patients' understanding of nutrition, which can then help them make lifestyle changes that will improve their overall health. Often, though, it seems like the only tool we have in our arsenal is to *teach by telling*, regardless of how much time we have for consultations. Conveying everything a patient needs to know in one, or even a few, counseling sessions is a challenge. That's why I wrote this book—to help you counsel effectively in a telehealth setting. Of course, many of the same principles will apply to in-person counseling, but the focus of this guide is to help you deliver more effective virtual nutrition counseling by demonstrating how to:

- Streamline your counseling sessions and move beyond informing to inspiring action among your patients
- Introduce health and nutrition concepts in three easy and short steps
- Develop easy and practical nutrition messages to help your patients retain information and apply it
- Utilize the teach-back technique and other strategies that assess understanding of your nutrition messages
- Develop personalized and creative materials to improve patient encounters
- Create interactive teaching games and activities that incorporate health literacy principles

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MY "AHA!" MOMENT IN EDUCATION

I have had a passion for education for as long as I can remember. Over the years, I have attempted to deliver nutrition information to my patients and clients in practical and "digestible" ways. I have read many books, attended innumerable conferences on education and pedagogy, and learned new teaching techniques from my colleagues. Whether the "students" I have worked with were patients, consumers, or other health care professionals, they have helped me become a better educator and improved my ability to communicate nutrition messages.

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Early in my career, I focused on *transferring* information to my patients. I knew information was one of the essential ingredients in the learning process, and I assumed that they would simply take that information and translate it into actions for improving their health. I was certain about the information I conveyed to my patients. However, I was not as sure about what they *understood*. I often saw my patients struggle to make sense of the nutrition information I had provided. For example, when I taught concepts like total fat, saturated fat, and polyunsaturated fats, they seemed much more focused on which foods were "good" or "bad" rather than understanding the overall message. I realized that for my patients to fully understand nutrition concepts, I needed to shift the way I communicated. Simply put, I had to find a way to help them translate health and nutrition information into action. I needed to provide context and consider the way each individual approached health information.

Health Literacy at the Forefront

A conference on health literacy strongly influenced my approach to teaching. The theme was putting health education into action, and the breakout sessions covered such topics as developing education tools, teaching numeracy, improving health communications, and enhancing a patient's adherence to treatment. During one of the sessions, we were taught what was then the official Academy of Medicine (formerly the Institute of Medicine) definition of *health literacy*: the "degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate decisions."[1] I realized the key words in this sentence were *appropriate decisions*. People who make appropriate decisions can perform actions related to their health care, such as taking medications correctly, making healthy food choices, monitoring their condition, and preventing and managing complications. In simpler terms, health literacy is a person's ability to put health information into action.

Healthy People 2030 updated the definition of health literacy, which now includes personal and organizational health literacy definitions[2]:

- **Personal health literacy** is the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

The new definition emphasizes the words "understand" *and* "use" instead of simply "understand." It focuses on well-informed decisions instead of appropriate decisions, which takes it even further than the original definition. And it addresses the key role of organizations in health literacy, who should make health information and services accessible to their patients, which may include access to telehealth services.

The Healthy People 2030 objective to "increase the use of telehealth to improve access to health services" is identified as a high priority public health issue. Although this objective currently has research status, it may become a core objective for Healthy People 2030 as reliable baseline data and evidence-based interventions become available.[2]

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THE STATE OF NUTRITION EDUCATION, TELEHEALTH, AND THE CHALLENGES RDNs FACE

When it comes to nutrition education, RDNs serve as teachers and coaches who communicate accurate and timely information and help counter nutrition misinformation and disinformation. According to the 2025 Food and Health Survey by the International Food Information Council Foundation, about half of the adults surveyed say they encountered food and nutrition content on social media during the previous year, and among those adults, 64% reported trusting it at least a little and only 12% trusted it a lot. However, they are most likely to trust personal healthcare professionals and RDNs, with 71% reporting trust in each. Yet, in the 2024 survey, more than half (younger generations) reported they are interested in having artificial intelligence (AI) help them make healthy and safe nutritious choices, such as with mobile apps that provide food, nutrition, and physical activity guidance to improve health outcomes. The 2025 survey identified taste (84%), price (71%), healthfulness (57%), convenience (52%), and environmental sustainability (27%) as the leading influences on food and beverage purchases, with the importance of taste and healthfulness increasing with household income.[3]

Communicating for Comprehension

Despite the vast amount of health information available to consumers, it is evident that there is still a disconnect between the health concept and comprehension. This presents RDNs with a challenge: We need to be sure to communicate in a manner that fits our patients' learning styles and, quite literally, meet them where they are. Here are some important facts to consider:

- Two studies concluded that both physicians and patients tend to overestimate understanding of medical information and instruction.[4,5]
- According to a review article, studies have shown that 40% to 80% of patients forget health information conveyed to them once they leave the health care professional's office.[6]
- A study conducted in a hospital emergency department found that not only do patients not understand the care instructions provided, but the vast majority are also unaware that they have not fully understood what the provider told them.[5]
- Another study found that 79% of providers reported using teach-back strategies, yet only 46% of patients surveyed recalled this method being used.[7]
- A review of telehealth studies that included 10 health care disciplines found that telehealth across a variety of conditions was as effective, if not more, than conventional care. However, these studies also acknowledge barriers, such as technology access, insurance coverage, licensure requirements, and more.[8]

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Why is this information important? Because people today have an ever-increasing need to self-manage both their chronic and acute conditions. Despite growing emphasis on prevention, most health care dollars are spent treating a health care crisis and not preventing the condition that caused the event.[9] Patients with chronic illnesses need to master self-care behaviors that will affect their clinical markers and overall health. It is also important for patients to learn how to prevent or minimize acute conditions and identify when a certain situation requires immediate medical attention. In a crisis situation such as a heart attack, patients are diagnosed, treated, and stabilized until the health crisis is averted. Afterward, when there is no longer a health crisis, patients are responsible for managing what may be the underlying condition; in this case, cardiovascular disease. Nutrition counseling via telehealth is one cost-effective way to help patients learn to prevent, as well as manage, chronic health conditions.

More than half of all Americans live with a chronic health condition, such as diabetes, heart disease, or hypertension.[10] Historically, the doctor was the gatekeeper of health, and patients with chronic conditions tended to seek care only to address an acute condition. But newer technologies and awareness have helped diagnose and treat conditions before an acute illness occurs, and chronic care disease management now involves a health care team, including the doctor, patient, and other health care professionals, such as RDNs who have expanded their services to offer telehealth counseling.

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Empowering Our Patients

The Chronic Care Model (CCM), a well-established organizational framework for chronic care management and practice improvement, includes self-management support as one of its key components.[11] Its goal is to empower patients with knowledge, skills training, goal setting, problem solving, and mitigation of depression, to manage health and health care and improve health outcomes.[12,13]

In a doctor's visit from the past, a patient would have walked into a doctor's office and stepped onto a scale. If the person needed to lose weight, the doctor might advise:

- cut back on calories and choose healthier foods,
- exercise, and
- add more fiber.

These guidelines now seem simplistic. However, patients managing weight in the current climate must contend with more complex recommendations and exposure to information. This can encompass a variety of terms and concepts, including:

- Mediterranean, DASH, plant-based, or low-fat diets, and more
- Glycemic index and glycemic load
- High protein and low protein
- Carbohydrates and counting macros
- Types of fat (eg, monounsaturated, polyunsaturated, and saturated fats; omega-3 fatty acids, etc)
- Types of fiber (soluble, insoluble, and resistant starch)

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- Medications
- Types of physical activity (eg, aerobic, strength training, stretching)
- Body mass index (BMI)
- Waist circumference
- Body shapes (eg, apple, pear)
- Body fat percentage
- Skeletal muscle
- Resting metabolic rate

This is a lot of terms and concepts for the average patient to keep straight, and weight management will become increasingly complex with the introduction of the self-management model of health care. This underscores the importance of conveying information to our patients and clients in a practical and useful manner. We must explore different strategies and techniques—across different delivery modalities—to enhance the process of learning and putting knowledge into practice. It is my hope that this book will provide practical ideas to help you close the gap.

WHAT WILL YOU LEARN FROM THIS BOOK?

In this book, you will find a wealth of simple techniques, tips, and real-life examples to help effectively and efficiently communicate with patients and clients, with emphasis on virtual interactions, especially when the number of encounters is limited and time is short. You will learn tips and strategies for adapting your skills to make telehealth an effective platform for nutrition counseling. Health literacy principles are incorporated to address the different ways adults learn. I offer examples based on my experience with telehealth consultations as well as group classes, plus I share advice on how to choose and develop handouts, activities, and interactive learning games. You will also find some ready-to-use lessons centered on frequently discussed health and nutrition topics, such as how to read a nutrition label.

You may find some of these techniques, tips, and strategies to be familiar, but I hope you will discover new ideas, too. I invite you to join me as an active participant and incorporate this information into your own practice.

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CHAPTER 1

Practical Strategies for Effective Telehealth Visits



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Telehealth has the potential for patients to receive the right care, at the right place, at the right time. By connecting patients to vital health services through video calls, remote monitoring, electronic consults, and wireless communications, telehealth services have been shown to help increase access to care, offer greater convenience and satisfaction for patients and health care professionals, and improve overall healthcare outcomes.[1] Reviews of the effectiveness of teleheath in primary care and complex diabetes management showed that teleconsultations have the potential to be time-efficient and lower cost with outcomes that are better sustained over time.[2,3] Reviews examining telehealth-delivered nutrition interventions found similar results in cost effectiveness and in improving diet quality, fruit and vegetable intake, and dietary sodium intake in adults with chronic disease.[4,5]

However, some studies have had mixed results, citing challenges like technological barriers, concerns about the quality of care compared to in-person visits, and issues with patient privacy and data security.[1,5] The effectiveness of telehealth can also vary depending on the medical condition being treated, the technology used, and the specific healthcare setting. These limitations require tailoring to the institution, the health care professional, and the patients being served.[3,6]

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In response to the expansion of telehealth services, the Academy of Nutrition and Dietetics unveiled a five-part telehealth stance that offers guidance to support strong telehealth policies.[7]

1. Nutrition care services are critical to comprehensive health care delivery systems and should be covered when provided via telehealth under the same coverage and payment policies as in-person care.
2. Patients should have coverage for telehealth delivered via audio-only if they cannot effectively access or utilize audio-visual technologies.
3. In declared emergency situations when access to qualified providers is otherwise severely impacted, the modification of certain consumer protection policies such as licensure and HIPAA requirements may be appropriate.
4. Public funding and support for broadband internet, technology, digital literacy education and language services are necessary to address racial, economic, and geographic health disparities and to address disabilities.
5. Publicly funded research on telehealth should be nationally representative and include a wide variety of services and providers, including nutrition care services provided by registered dietitian nutritionists and nutrition and dietetics technicians, registered.

Evidence gaps for where more research is needed to study the effectiveness, costs, implementation, satisfaction, and health outcomes were also identified.[6] Other resources, including Telehealth.HHS.gov and a *Telehealth Quick Guide* from the Academy of Nutrition and Dietetcs, are available to assist with regulations, billing, insurance coverage, telehealth platforms, and more.[8,9] The remaining focus of this chapter is providing practical guidance for effective telehealth nutrition counseling and care.

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PREPARING FOR A SUCCESSFUL TELEHEALTH VISIT

There are several ways to enhance the virtual nutrition counseling visit and this relies on careful and thorough planning around setting up technology and equipment, providing clear directions to your patient, preparing materials and activities, and planning for follow-up.

Once an appointment is set, the first step is to gather information about the patient's medical and nutrition history. If you have access to their HIPAA-compliant electronic medical records, review their diagnosis, labs, notes, and previous nutrition assessments and counseling sessions. This will help you understand their current health status and begin to formulate a nutrition intervention.

Email forms to the patient in advance using a secure platform and ask them to complete these prior to the telehealth visits. This might include a food frequency questionnaire, 24-hour dietary intake, food journal, if available, access to computer vision technology platform or app, HIPAA notice of privacy of practice, and billing or insurance information. Ideally, it is helpful to receive their forms and information at least 24-48 hours before the appointment. This will give you time to review and tailor your nutrition counseling agenda to their unique needs.

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Manage Technology and Equipment

Effective telehealth counseling requires managing the digital interface and creating a sense of personal connection despite the physical distance. Consider the following components of managing technology and equipment:

- If you work in an office, clinic, or hospital, you are likely using an electronic medical record (EMR) or it may be an electronic health record (EHR) if it is shared between different health care organizations. If you are in private practice, choose an EMR system that has nutrition-related features or that can integrate with nutrition-related software. You can also consider using a cloud-based EMR system that has a nutrition module or a web-based nutrition system that has features such as meal plans, dietary recommendations, and nutrition-related assessments and patient management tools.
- Obtain the patient's phone number and email so you can confirm their appointment. You may want to set up a reminder to be sent a week prior and 1 to 2 days prior to the appointment. If they have a mobile phone, check to ensure it can receive text messages and has access to the internet.
- Ensure you have a reliable internet connection, and the equipment that you need, such as a webcam, microphone or headset, and other telehealth tools. In case the internet is not working, create a plan B, which may require rescheduling the patient, using the EHR or EMR telephone option, or using a land line telephone.
- Explain the process of the telehealth visit to the patient beforehand, including how to access the platform, how to use any necessary equipment or software, and what to expect during the visit. Ask the patient to test their equipment ahead of time to make sure it is working, whether it is a mobile phone, tablet, or computer. Remind them to be sure their device is fully charged or to have charging cords available in case it needs to be plugged in. Consider providing some simple tips (refer to Box 1.1 on page 4) to help them be prepared.[10]
- If your patient speaks a language other than English, make sure you schedule an interpreter on the day of the appointment. Ask if they need other support such as a screen reader or closed captioning.
- Be sure you have favorable lighting and limit any background clutter and noise. It is best to wear professional attire.
- Use a clock or watch or set a timer on your phone to keep track of time.

TIP

To help give you direction for personalizing the telehealth visit, include a question in your assessment form where the patient can write in their top 2 or 3 concerns. Refer to Chapter 3 for more on planning and streamlining your counseling sessions. See the Appendix for a sample Medical Nutrition Therapy Intake Form.

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Box 1.1 Tips for Patients to Help a Telehealth Visit Run Smoothly



Find a good spot. Choose a quiet place with good access to the internet. Make sure you are comfortable and can talk openly. And always be safe — neither you nor the patient should have a telehealth visit while driving or running errands.

Test your technology ahead of time. Make sure your internet and the device you are using for the visit works well. If you have technology problems, you may need to restart your device, check your battery power, connect to wifi, update your internet browser, or close other applications. If you are still having trouble, call your provider's office to ask for help.

Adjust the lighting. Make sure your health care provider can clearly see you.

Steady your camera. Keep your device stable. Put your computer on a desk or table or use something to hold your phone or tablet steady.

Be centered in your camera. Sit so your face is in the middle of the screen and the camera is at the same height as your eyes. How you look on the screen is how your health care provider will see you.

Check the sound. Make sure you can hear well. Test your speakers or earphones and adjust the volume if needed.

Close extra stuff. Shut down other tabs or programs on your computer or device. This can make your internet faster and limit distractions.

Sign on early. If something goes wrong or you can't get the video to start, you can message your provider or call their office.

Make a list. Before the visit, write down things you want to talk about. Keep paper and a pen close to take notes during the visit. If your dietitian provided any materials in advance, have these available to discuss.

Adapted from Telehealth.HHS.gov, What should I know before my telehealth visit?[10] https://telehealth.hhs.gov/patients/what-should-i-know-before-my-telehealth-visit

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Create Your Visuals

Use visual aids such as diagrams, charts, and videos to help explain complex concepts and to illustrate key points during the telehealth visit using the screen share function. This can be particularly helpful when discussing specific foods or food groups, portion sizes, and meal planning. To find free images, search for free images or royalty free stock images from various sources, such as Unsplash, Canva, Pexels, Pixabay.

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Using a slide creation application, such as PowerPoint, Google Slides, or Canva as well as AI-powered tools, you can create visually appealing slides to share on your screen. Refer to Chapter 8, page XX ("Create Nutrition Education Materials") to find programs to create visuals you can use during telehealth visits. Some of these applications will create infographics that you can copy and paste on your PowerPoint slides in a matter of a few minutes once you write the information or paste the text. If you will be doing a demonstration, such as preparing a simple recipe, measuring portions, or showing food products or labels, be sure that your camera is focused and at the right angle so your patient can see clearly. Similarly, your patient may want to show you foods or labels during the telehealth visit.

CONDUCTING THE TELEHEALTH VISIT

In many ways, the methods you use for assessment and education for in-person counseling can also be applied to a telehealth visit, but some modifications may be needed for the counseling session to be most effective. The following strategies can help ensure that your telehealth visit goes smoothly.[9]

- If it is a first visit, introduce yourself with your name, title/role, institution or business. You might also briefly describe your background and experience.
- Ask your patient for identification including full name and date of birth.
- Identify other people in the room if they are accompanying the patient for the telehealth visit.
- Have a clear agenda and be sure to cover what your patient has identified as most important—their learning needs (refer to Chapter 3 for more on planning the telehealth visit). In addition to also understanding your patient's preferred learning styles (refer to Chapters 4 and 5), it is also important to assess your patient's readiness to learn, which includes four types of readiness: physical, emotional, experiential, and knowledge readiness. See Resources for more on the determinants of learning.
- Building trust with a patient in telehealth requires structure and presence. Without physical proximity, your body language, tone, pacing of speech, clarity and visual engagement carry more weight. Refer to Box 1.2 on page 6 for strategies to build rapport and relationship with your patient.
- Recognize that health literacy can influence a patient's ability to understand and apply information discussed, and demonstrate cultural sensitivity in your questions and use of visuals and examples (refer to Chapter 2).
- Use visuals and engage the patient in the learning process (refer to Chapter 3), introduce new health and nutrition concepts in easy steps (refer to Chapter 4), present information in a way that helps with retention (refer to Chapter 5), and apply the teach-back technique to assess their understanding (refer to Chapter 6).

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Box 1.2 Strategies to Build Rapport and Relationship in a Virtual Setting



Start with human connection.

Open with a brief, genuine check-in and casual conversation before moving into the appointment content. For example:

- "How has your week been?"
- "What is new?"
- "How are things going outside of taking care of your blood sugars?"

This signals that you see them as a person, not just a diagnosis.

Optimize your virtual presence.

Patients interpret subtle cues more strongly on video.

- Maintain eye contact by looking at the camera (not the screen) when speaking.
- Nod, smile, and use verbal affirmations more frequently. Use hand gestures to emphasize points.
- Lean forward slightly to convey attentiveness and maintain positive body language.

Actively engaging through the screen helps compensate for the lack of in-person, non-verbal cues.

Set a clear agenda together.

Collaboratively define the visit at the start. Always ask "What is your goal for this visit?" or "What feels most important for us to cover today?"

Shared agenda-setting increases engagement and trust.

Validate early and often.

Verbalize empathy more explicitly than you would in person. For example:

- "Things have not gone as planned. How can I support you to turn things around?"
- "That sounds frustrating. I would like to offer you some suggestions."
- "You've clearly been working hard."
- "You have started making changes. That's good."
- "It makes sense that you'd feel overwhelmed."

In telehealth, empathy must be spoken—not just implied. Show that you are engaged by nodding, using affirmations like "I see" or "I understand," and asking follow-up questions. This helps ensure that the patient feels heard and valued.

Use reflective listening.

Summarize what you hear to show your patient that you are listening attentively. Acknowledge their concerns to build trust. For example:

- "So you're noticing higher numbers after dinner, especially on workdays, and you're unsure why."

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- "What you are saying is that most of the time when you eat certain types of carbohydrates you experience bloating and pain."

Reflection demonstrates attention and builds psychological safety.

Normalize the virtual format.

Acknowledge that meeting virtually may seem stiff or less private, but offer reassurance that it is an effective and securemethod. For example:

- "Telehealth can feel a little different at first—let me know any time if something isn't clear or if you have concerns."
- Use tools like screen sharing for reviewing lab results or digital materials to simulate in-person encounters. This works well if the patient is using a laptop or monitor, but it becomes difficult if they are using a mobile phone.

This reduces distance and invites openness.

Close with clarity and support.

End your visit with the following:

- A brief summary
- Clear next steps. "We are going to end here, and we will follow up in 4 weeks where will finish the assessment and discuss how to build a menu and handle symptoms. "
- An invitation for questions. "What questions do you have? What are you ready to implement today?"
- Reinforcement ("You're making meaningful progress.")

Offering ongoing support and reinforcement helps build a trusting relationship and better patient outcomes.

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- After the telehealth visit, plan for appropriate follow up. Determine the patient's preferred and accessible method of receiving materials—text message, email, or both. Some may not use email and rely heavily on mobile texting. Provide concise written summaries, handouts, or reminders promptly after the visit to reinforce learning (refer to Chapter 7), such as through a patient portal, or referring the patient to other healthcare professionals as needed. Some platforms allow for a video message where you can personalize the follow-up message, which is helpful for the audio and visual learner. Documentation should reflect clear goals, agreed-upon interventions, and monitoring plans.

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Conducting Effective Telephone Nutrition Consultations

There may be situations when video calls are not possible and providing visuals during the appointment is not an option, which means you must rely solely on verbal communication. Without visual cues, the registered dietitian must be even more explicit in setting expectations and building patient trust. Keep these suggestions in mind:

- At the start of the call, clearly define your role as a coach and guide. Explain that your purpose is to support the patient in achieving their health goals through evidence-based strategies, accountability, and problem-solving. Similar to a video visit, outline the expected frequency and duration of visits, and clarify the patient's role—active participation, self-monitoring, practicing agreed-upon strategies, and providing honest feedback.
- Explain that together you will establish the most important goals to achieve and work toward to achieve better health. Establishing this framework early strengthens engagement and reinforces that nutrition care is a collaborative process, not a passive experience.
- Because telephone visits lack visual aids, engagement must be interactive. Ask patients to have pen and paper available at every session. Encourage them to write key points, action steps, and personalized goals during the call. When possible, mail or email education materials ahead of the phone consultation and ask the patient to have them available for the call.
- Incorporate applied activities based on real-life scenarios—reviewing a typical day of eating, analyzing grocery shopping patterns, planning modifications using foods they already purchase, or problem-solving barriers such as cost, time, or cultural preferences. For example, use a patient's 24-hour dietary recall or food-frequency questionnaire to teach about macronutrients, micronutrients, vitamins, minerals, and antioxidants. Personalization is essential.

Telephone nutrition consultations, when structured with clarity, accountability, personalization, and consistent follow-up, can be highly effective and clinically impactful, even in the absence of video interaction.

TIP

Identifying a "teachable moment" relies on knowing a patient's

- Learning needs (What)
- Readiness to learn (When)
- Learning styles (How)

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Considering Social Drivers of Health

During the assessment, it is important to capture information on the following non-medical factors that can affect health outcomes, also known as social drivers of health (SDOH).

- Economic stability: the link between people's financial resources (like income, cost of living, and socioeconomic status) and their health
- Education access and quality: the relationship between education and health and well-being
- Social and community context: how the characteristics of environments where people live, learn, work, and play affect their health and well-being
- Health and healthcare: how access to and understanding of health services impact a person's health; includes healthcare insurance and access to healthcare
- Neighborhood and built environment: the relationship between where people live (like housing, neighborhoods, and overall environment) and their health and well-being; includes housing and transportation.

Here is a professional, patient-centered introduction you can use before asking SDOH questions. It is warm, respectful, and normalizes the process without sounding intrusive:

> *Before we continue, I'd like to ask a few questions about things like food access, stress, and transportation. These factors can affect health just as much as medical care. Your answers help me tailor recommendations and connect you with resources if needed. Please answer only what you feel comfortable sharing.*

The two validated screening questions most commonly used to assess risk for food insecurity are known as the Hunger Vital Signs (see Box 1.3 on page 10).[11] These questions are derived from the US Household Food Security Survey Module and are widely used in healthcare settings. Ask patients to react to the two statements or include them as written in the assessment form (see Appendix for example). Other sample questions related to stress, transportation, and housing are also included in Box 1.3 on page 10. Refer to Box 1.4 on page 11 for additional resources for assessing SDOH. See Chapter 2 for guidance on health literacy and numeracy screening.

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Box 1.3 Screening Questions to Assess Food Insecurity, Stress, Transportation, and Housing



Food Insecurity (Hunger Vital Signs[11])

Over the past 12 months:

1. "We worried whether our food would run out before we got money to buy more."
2. "The food we bought just didn't last, and we didn't have money to get more."

Response options:

❍ Often true ❍ Sometimes true ❍ Never true

A response of "often true" or "sometimes true" to either question identifies households at risk of food insecurity. Include a follow-up question:

Do you currently receive any food assistance?

❍ Yes ❍ No ❍ Prefer not to answer

Healthy Coping and Support

What are the main sources of stress in your life right now?

Who do you currently care for or feel responsible for? (Examples: children, spouse/partner, parents, grandchildren, others)

Who supports you when you are managing your health or daily responsibilities?

What concerns you most about your health condition?

Do you believe you can take steps to prevent complications or worsening of your condition?

❍ Yes ❍ No ❍ Not sure

Transportation

Have you missed or delayed medical appointments because you did not have reliable transportation?

❍ Yes ❍ No

Housing Stability

Are you concerned about losing your housing or not having a stable place to live in the near future?

❍ Yes
❍ No

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Box 1.4 Resources for Screening and Addressing Social Determinants of Health



Screening Resources

Kaiser Permanente's Your Current Life Situation (YCLS) Survey. Captures a range of social and economic needs, including living situation, housing, food, utilities, childcare, debts, medical needs, transportation, stress, and social isolation. *https://sirenetwork.ucsf.edu/tools-resources/resources/your-current-life-situation-survey*

PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences). Covers 16 domains including housing, food, employment, and social isolation. Developed by the National Association of Community Health Centers. Requires a license agreement for use. *www.prapare.org*

Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool. Screens 5 core domains (housing, food, transportation, utilities, interpersonal safety) plus supplemental questions. Created by Centers for Medicare & Medicaid Services (CMS). *www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf*

Addressing Social Needs in Practice

Findhelp. Free, online social services search and referral platform assists individuals in the United States in finding community resources based on where they live. Users enter their zip code and select what type of service they are looking for in their local area, such as food assistance, medical care, housing support, transportation, job training, financial aid, and more. Each category provides contact information, address, telephone number, eligibility criteria, description and instructions on how to apply or contact the organization. *https://findhelp.org*

Food Finder. This nationwide service allows users to enter their ZIP code to find nearby food pantries along with hours and contact infomation. *https://foodfinder.us*

Feeding America Local Food Bank Finder. A searchable tool that lets users enter their ZIP code to find a local food bank in the Feeding America network. Many food banks connect the user to pantries, meal programs, and sometimes SNAP/WIC assistance. *https://feedingamerica.org*

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ETHICAL, LEGAL, AND PROFESSIONAL CONSIDERATIONS IN TELEHEALTH

Determing if telehealth is an appropriate modality is an important part of your professional judgment of whether MNT delivered via telehealth will meet the same standard of care as an in-person visit.[12] Factors to consider include the following:

- Reliability of the patient's internet connection and access to technology;
- Severity or acuity of the condition and the ability to refer for in person care if needed;
- Whether an in-person NFPE is necessary for accurate assessment; and
- Whether a valid, current medical diagnosis or referral is available.

If telehealth may compromise care quality, always refer the patient for in person or hybrid care and document the rationale for that decision.

Another consideration is the use of artificial intelligence (AI). It can be a powerful tool for planning and delivering nutrition counseling and education for both individuals and groups. When used appropriately, AI can spark your creativity, generate fresh ideas, and help complete specific tasks that typically consume a lot of time. By handling some of the administrative work behind the scenes, AI allows you to focus more on the human side of counseling—connecting with your patients—while still providing patient-centered nutrition care. Box 1.5 provides examples of how AI tools can be used effectively in telehealth practice.

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Box 1.5 Potential Uses for Artificial Intelligence in Telehealth Practice



Create objectives or lesson plans for counseling sessions

Suggest nutrition education materials and interactive games and activities

Make your nutrition sessions more interactive, including helping to create motivational interviewing prompts

Create meal plans and generate shopping lists

Develop custom AI chatbots for patients

Offer computer vision technologies for tracking nutrition intakes

Generate meal plans and grocery ordering

Outline cooking demonstrations

Create visual aids or images

Assist with drafting patient summaries or notes

Generate follow-up reminders

Adapt materials for readability and translation

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While using AI in your telehealth practice can improve efficiency, personalization, and patient engagement, it also raises important legal, ethical, and professional considerations.[13] Key issues to consider for using AI responsibly include the following:

- Privacy and security: Ensure the telehealth platform is HIPAA compliant to protect patient information, and consider whether AI tools, such as using an AI scribe to help document the session notes, have safeguards to prevent sharing identifiable patient data.
- Documentation and liability: Review all AI-generated chart notes and summaries before signing, and document recommendations and clinical reasoning, which requires human judgment. Be familiar with state licensure and malpractice implications involving AI-assisted care.
- Bias, equity, and cultural sensitivity: Be aware that AI systems often reflect biases based on training data available. Watch for bias related to weight, socioeconomic status, disability, language, health literacy, or cultural background.
- Clinical judgment and standards of practice: AI-generated information, such as meal plans, recommendations, or counseling language, can support clinical decision-making, but it must be independently verified. Many AI systems are not trained specifically on evidence-based clinical practice standards.
- Ethical standards: Use of AI should align with professional ethics, including beneficence, confidentiality, nonmaleficence, transparency, and accountability.

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Additional Resources

Telehealth Quick Guide. Academy of Nutrition and Dietetics. *www.eatrightpro.org/practice/telehealth-for-dietetics-practitioners/telehealth-quick-guide*

US Department of Health and Human Services telehealth website for patients and providers.*www.telehealth.HHS.gov*

Hunger Vital Sign *https://childrenshealthwatch.org/the-hunger-vital-sign*

Determinants of Learning, Readiness to Learn (PEEK Model) *https://nursekey.com/determinants-of-learning*

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