

Promoting Maternal Health Literacy with *Beginnings Pregnancy Guide*

This suitability assessment of *Beginnings Pregnancy Guide* was initially published as a blog series from the [Center for Health Literacy Promotion](#). We used SAM, the Suitability Assessment of Materials to rate the the Pregnancy Guide as a supplement to prenatal care for U.S. mothers, particularly Medicaid-eligible women.

Promoting maternal health literacy means empowering mothers as managers of personal and child health and health and healthcare. That takes good information. It also takes support to develop skills needed to make

health-related choices and transform those choices into desired actions and outcomes. Here we focus on materials as tools to promote health literacy, by increasing reader's capacity to use information and services for health.

The SAM instrument synthesizes mounds of research on adult learning and health education. It leads you through an objective review of 21 factors known to affect adult's relative ease of reading and comprehending the information. Use SAM to select, or to develop and hone health education materials that work.

Not Your Usual Pregnancy Book

Beginnings Pregnancy Guide is designed and written to support active self management of personal and child health and healthcare. It is a practical guide to active participation in prenatal care, and a complement to family support services.

[Beginnings Pregnancy Guide](#) is not your usual pregnancy book.

Conversational tone is encouraging and easy to comprehend. The text reflects the conversations a caring, articulate, practitioner who is up-to-date on the research would have with each mother at each visit if time allowed. It sounds like something you would actually say to someone sitting across from you. Readability pioneer Rudolf Flesch documented that conversational tone using personal pronouns and common words increases readability and comprehension.

Staged learning keeps information immediately applicable. Information is like medication; it is easier to take and more effective in small doses. Adults learn in order to solve problems they have now. Information that is not immediately applicable is likely to be ignored or discarded and may be overwhelming.

Beginnings Guides present essential information in a series of six booklets referenced by gestational age and the usual course of prenatal care. Educators selectively cover the content of each booklet in one or more visits depending on the mother's interests and needs and your frequency of visits.

Committed to short. Short words in short sentences in short paragraphs in short booklets increase readability, comprehension and recall. This commitment to short means focus is on the essentials. Even experienced mothers and educated first-timers who read everything about pregnancy welcome *Beginnings'* focus on what really matters at a particular point in pregnancy.

We converted to the 8.5" x 5.5" booklets after mothers told us that format is easy to carry and store and "they don't look or feel like homework".

Laurel Burch's cover art compels even disinterested mothers to pick up *Beginnings Pregnancy Guide* and leads them into the learning. The art conveys the purpose of the information as well as it's importance to mothers. It reflects the quality of your service and makes it a gift that mothers appreciate, share and keep.

Sandra Smith,
PhD, MPH
Editor &
Publisher,
*Beginnings
Guides*



About the SAM

Suitability Assessment of Materials by Len and Cici Doak and Jane Root is a good guide for an at-your-desk review of health education materials. Of course, readers have the final word on how well materials engage, inform and motivate them to act on the information.

Find SAM on page 25

Part 1 Content

Purpose, topics, summary & review

Purpose: Make it instantly clear

Potential readers must grasp the purpose of the information in the few seconds they allot to deciding whether or not to read it. If they don't clearly perceive that the materials are for and about them and a problem they have now, you've already lost them. If they don't toss the materials before reading, they may miss the main points.

Topics: Talk about what to do to achieve the purpose. Adults learn to solve a problem they have now.

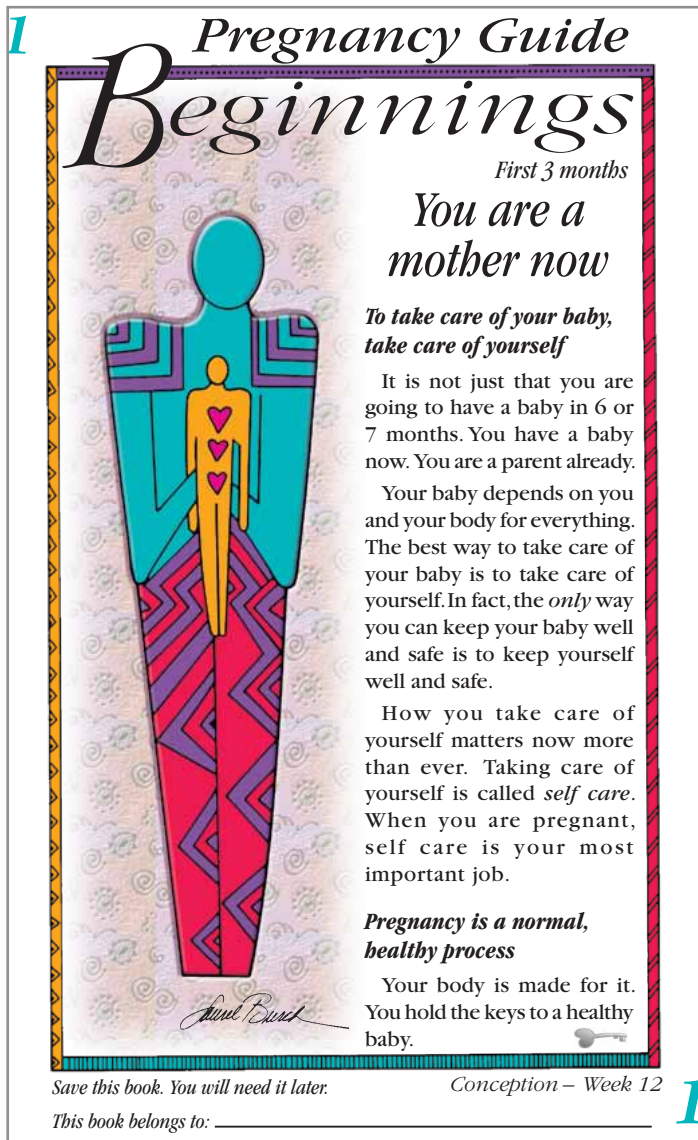
They are rarely interested in medical facts. They want and need to know what to do, why and how. This brings to mind a brochure titled "Care of the Newborn Penis" whose author shall remain anonymous. It's a good explicit title, but the first 5 panels are full of details that only a doctor could love. The final paragraph says it all, "The best course is to leave it alone." Unfortunately, few readers would wade through the unnecessary information to get to the part that matters.

Ask questions:

"What is this test going to tell us?" "Why do we need to know?"



Harriette Harigan



S A M

Suitability Assessment of Materials

Beginnings Pregnancy Guide earns a Superior rating in this category. For each of the six booklets in the series, the purpose is explicit in the title, illustration and introduction. Content focus on behavior. And key messages are repeated verbally, graphically and in examples.

Mothers see what matters to them in Laurel Burch's cover art.



**Beginnings Guides
free preview**

Scan this code or the URL below to visit BeginningsGuides.com Select Free Preview.

To earn an “Adequate” rating on the SAM, at least 40% of topics must focus on desirable behavior. The *Pregnancy Guide* rates Superior on Topics because content emphasizes behaviors that maximize the benefits of prenatal care and empower parents as managers of personal and family health.

Summary and Review: Retell key messages. Adults learn by repetition. Ideally, say the most important thing three times, in short familiar words, in an example, and in a visual.

The Pregnancy Guide earns a Superior score on Summary and Review because key messages that research links directly to pregnancy outcomes are told and retold in different ways throughout the materials.

NEW! The 2014 edition introduces online resources for mothers

www.BeginningsGuides.com
SELECT: Resources for Mothers



Part 2 Literacy Demand

Readability, writing style, sentence construction, vocabulary, road signs

Readability refers to the skill level needed to comprehend the text. It is typically expressed as a reading grade level. Over 40 readability formulas provide a reasonable estimation of reading difficulty. Formulas are based on syllables per word and words per sentence. Some include vocabulary lists, which are quickly outdated. None tell you that the information is suitable for a particular reader or group, or how to make it suitable. Readability testing tells you only how complex the writing is. It is possible to achieve a very strong readability score on text that makes no sense.

Readability testing is controversial, primarily because the results are expressed as school grade equivalents. This does not make sense for adults long out of school. It is not very informative for students, either. In seventh grade class you are likely to find students reading at a second grade level and others reading at a college level. So what does a seventh grade level mean?

It does not mean that the information is suitable for a seventh grader; but rather that the “average seventh grader” would comprehend most of the text independently.

Most Americans read three to five grades below their highest educational achievement. According to UNESCO, the US average education is 12 years, so most of us read at middle school level. Hundreds of studies have shown that most health information exceeds our reading ability.

Reading: decoding the words

Comprehension: decoding the meaning

Keys to Readability:

- Short common words in short sentences
- Personal pronouns (you, yours)
- Active voice (*I did it* vs *it was done*)
- Conversational tone reads like something you would say to someone sitting with you.

SAM rates materials with a readability score of ninth grade or higher Not Suitable.

Beginnings Pregnancy Guide scores Superior for fourth grade reading level in English, third grade in Spanish. This does not mean the information is suitable for a fourth grader. Rather, it suggests a person with a fourth grade reading level (different from a fourth grade education) can independently read and comprehend the information.

Further testing showed half of mothers with 6 to 8 years schooling in the US or Mexico, and 80% of those with 9 to 12 years education could use the information independently. All benefit by discussion of relevant topics. College educated testers never guessed they were reading “low literacy materials”.

Next: Writing style and sentence construction

Writing Style & Sentence Construction

Conversational tone, personal pronouns

Writing style is conversational

Easy-to-use health information uses a conversational tone. Read aloud the information you are reviewing. It should sound like something you would actually say. Some clinicians might pan a conversational style as “unscientific” or “unprofessional”, a reflection of professional training that rewards multisyllabic Latinized terms in long complex sentences like this one as demonstration of deep knowledge. But that is not the point here.

The point is to make information easy to understand, personalize, and act on in real life. That very long complex sentence about clinicians intentionally contains multiple phrases and embeds mostly irrelevant information about professional training. It demonstrates that long involved sentences and extraneous facts reduce reading fluency and comprehension.

Conversation uses short simple sentences, and sometimes incomplete sentences. No embedded information.

Conversational tone is familiar and expected, so it is quickly grasped and not intimidating. Rather, it invites reflection and interaction.

Conversation nearly always uses the active voice. Instead of *Patients are advised to take vitamins daily*; say it the regular way: *Take your vitamins every day*.

***Beginnings Pregnancy Guide* earns a Superior rating** for conversational style with personal pronouns and active voice throughout.

Sentence Structure: Context first

The way the sentence is ordered makes a big difference in comprehension. Readers recall the last thing they read, that is, the end of the sentence. Starting with what the reader already knows, provides context and increases understanding.

Start with the context - the part the reader already knows: “While you are pregnant....”; end with new information: “...your uterus is big enough to hold the baby. Right after birth, it shrinks to the size of a grapefruit.” (*Beginnings Pregnancy Guide* Book 6 page 77). If I state the new information first, the reader is likely to miss or forget it.

SAM gives an Adequate rating to materials that present the context first half the time. The *Pregnancy Guide* earns a Superior rating for consistently providing context before new information.

Next: Vocabulary

“All sections are short and direct, relevant. I like the lists.”

Field test participant

“Excellent job of graduated, sequential learning that is manageable.” Expert review panel

Vocabulary

Choose common, plain words

Plain talk is empowering

Almost always, the need for health information emerges due to something painful, scary, “weird” or otherwise stressful, so that learning capacity is reduced. Health information should not be a vocabulary test. Unskilled readers, like skilled readers in a hurry, skip words they do not recognize.

Parents and patients cannot be expected to know the specialized vocabulary of medicine. Healthcare professionals must use ordinary short words in talking with the rest of us. Plain talk is empowering to parents and patients.

What’s clear to you is clear to you

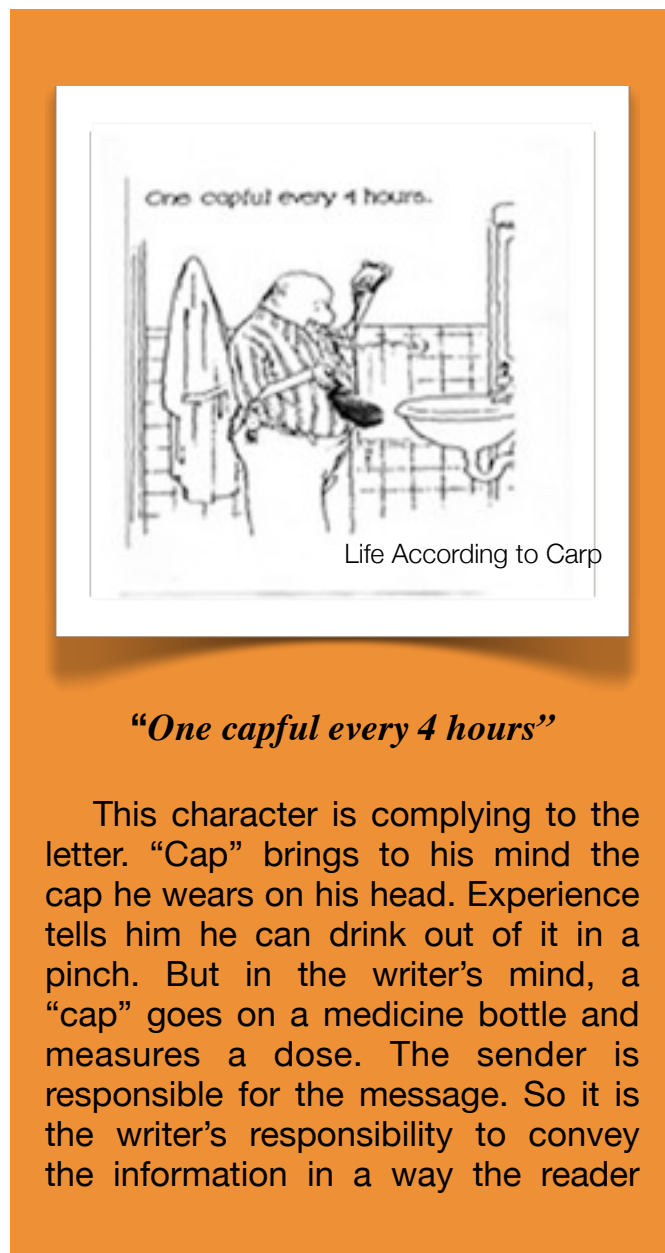
To check that you are using plain language, note the mental picture your words create. Watch out for categories like poultry (chicken, turkey, goose, duck, pigeon, dove, pheasant...). One mother told me, “I eat chicken; the doctor said to stay away from poultry.”

Watch out for concepts that require judgement Two men, both employed high school graduates and native English speakers had heart surgery on the same day. At discharge, the surgeon told each of them to “take it easy”.

Two weeks later both men and were readmitted through the Emergency Department. The first man was a runner; he ran two miles instead of his usual five. The other man was a couch-potato; he had not been vertical in weeks.

The instruction was easy to understand. But the doctor’s mental picture of taking it easy was not the same as the images his words created in the patients’ minds.

What questions could you have asked these men to learn how to frame “take it



“One capful every 4 hours”

This character is complying to the letter. “Cap” brings to his mind the cap he wears on his head. Experience tells him he can drink out of it in a pinch. But in the writer’s mind, a “cap” goes on a medicine bottle and measures a dose. The sender is responsible for the message. So it is the writer’s responsibility to convey the information in a way the reader

easy” in way that would facilitate them taking recovery-promoting action?

Beware familiar words that mean something else. In a medical context, familiar words often take on a new meaning. *Stool* is one that often baffles new mothers. While the nurse is talking about what’s in Baby’s diaper, the mother is wondering what a 3-legged thing to sit on has to do with anything.

When you cannot avoid jargon

Instead of talking about excess *mucus*, which requires a judgement of how much is excess and interpretation of medical jargon (*mucus*); say it the regular way: *runny nose*.

Sometimes there is no plain term. Amniocentesis is amniocentesis. In those cases explanation, example and illustration reduce literacy demand and facilitate meaning-making.

Culture matters In testing the *Beginnings Pregnancy Guide*, we asked mothers how to talk about urination, since no one actually says *urinate*. English speaking moms wanted to say *go to the bathroom*. Spanish speakers seemed surprised by the question; they said, “We know what *orinar* means.”

Final note: no one except healthcare providers says *healthcare provider*. Mothers said a provider is one who puts a roof over your head. While they know there are physicians and nurses and therapists and receptionists, most used the term *doctor* to refer to anyone they met in the medical encounter.

Bottom line: Short plain words that create an unambiguous mental picture communicate best.

Next: Road Signs (Note, this is a road sign)

Beginnings Pregnancy Guide merits a Superior SAM rating on all five factors in the Literacy Demand category: 4th grade reading level, conversational writing style, sentences that start with context, short, plain words, and consistent use of road signs.

Road Signs Advance organizers

Road signs reduce anxiety, aid learning. Working through information on a tough subject is like driving a rental car in unfamiliar territory. You need road signs to know where you are now, and what’s ahead. Without them, it’s easy to feel anxious, get confused and go a long way in the wrong direction. Road signs enable drivers and readers to more easily find what they are looking for, and arrive there focused and prepared.

Subheads break up a sea of type Road signs in information are headlines and subheads. They alert the reader to expect what’s coming next and prepare her to think about (process and understand) the announced topic. Without good subheads, the reader is likely to bypass the information or miss the point.

A text-heavy page (like this one) can be intimidating and discouraging to anyone, and especially those unaccustomed to reading by learning. Judicious use of subheads, in bold type, make a page look more readable, an essential first step toward being read.

An easy-to-read sentence contains one thought. An easy to read paragraph contains two or three thoughts about the same topic. A subhead announces what is coming in the next few paragraphs.

Be consistent. On the road, drivers expect freeway signs to look different from state highway signs and local street signs. Inconsistent signs would be distracting, less informative, harder to learn from. Navigating through a page is equally aided by consistency. *Beginnings Guides* merit a Superior rating; nearly all topics are announced just before the reader gets to them.

Part 3 Illustrations, Lists, Tables, Charts

Cover graphic, type & relevance of images

People do judge a book by its cover

Information is like medication. Before it can have any effect on the learner, she has to hold it in her hand and swallow it.

We take medication to solve a problem we have now. Same with reading. Adults learn in order to solve a problem they have now. The purpose of the cover is to attract the intended readers' attention, compel her to pick up the material, and lead her into the learning. That requires a graphic that, in a few seconds, convinces the intended learner that "this information is about me and my current concern".

First, the cover graphic must be friendly; not necessarily to the writer and designer, but specifically to the reader. When she identifies with the graphic and feels an emotional response, she will consider the text. The cover image has to lead her into the learning. If the graphic does not speak to her, or if it goes against the grain of what she knows and believes, she can only conclude that the information is not for her. (I remember the tester who asked why health education materials always show black people with hair like broccoli.)

Capturing your readers' eye is becoming increasingly competitive. Today's readers (even reluctant readers) are visually sophisticated with high expectations and millions of images per day vying for their glance. Your cover graphic may be realistic, like a photo, or artistic like the graphics on *Beginnings Guides* covers.

When selecting a cover image, start by reviewing what you know about your audience; end by testing three images. Make the final selection based on the responses of representative learners.

For *Beginnings Guides* covers, we chose [Laurel Burch](#) drawings for their compelling colors, and simple, spiritually and emotionally rich portrayals of the mother-baby relationship.

Laurel's art avoided issues like the presence or absence of wedding bands, and dating elements like dress styles, and ethnic issues like hair styles.

In testing we noted that mothers saw in the art what mattered to them. And what they saw was often surprising, and

surprisingly different from what others saw. That is the mark of a strong image.

Beginnings Guides' cover graphics are friendly, attractive and clearly portray the purpose of the materials and the intended audience. We know because we asked our readers.

Next: Illustrations



Illustrations & Captions

Images are visual messages

The purpose of an image on the page is to present the key content visually; to convey the important point another way. Avoid using images to fill space or carry the design; that is like introducing background noise.

Every image needs a caption to tell the reader where to focus and what to think about. An image with no caption is a missed teaching and learning opportunity. The learner who reads only the captions should still get the key points.

Keep illustrations simple SAM recommends simple line drawings that promote realism without distracting details. The line drawings part may be out of date. In the 20 years since SAM was written, even poor readers have become sophisticated viewers of images. Still, keeping illustrations simple and omitting distracting detail, become more important as the competition for attention and memory increases.

Non-essential details like wedding rings can distract from the key content and take readers off into all sorts of emotion-laden tangents.

Select images readers recognize.

Show people that look like them in settings they have experienced.

Photos are more informative than clip art, as long there is not too much detail. Black and white photos are less expensive to print than color and can help focus readers attention on the important content.



*Are you in labor?
Walk to find out.*

A message to mothers from the artist:

“We need not figure out the pearls of wisdom that have sustained mothers through the centuries on our own. That is what Beginnings is all about. Comfort and support. Knowledge and belonging. It is my joy and privilege to be part of your new journey to motherhood. It is my hope that these simple lines on paper inspire your own rainbow spectrum of color as each day unfolds with the miracles and blessings of being a mother.” With love,

Anatomical drawings break the rules about simplicity and familiarity - we just are not accustomed to seeing the inside of the body. Sometimes they are appropriate but must be carefully labeled, and require direct assistance to make meaning from them. Illustrations of detached body parts made many of our testers uncomfortable.

Only the learners know for sure which images aid their understanding and lead them into action. Test the images along with the text. After revising, retest to be sure you solved the problem and did not create new ones. *Beginnings Guides* earn Superior ratings for friendly, familiar, adult-appropriate images with captions.

Lists, Tables, Charts need explanation

Lists can facilitate learning if they engage the reader to interact with the information, make choices, and take action. To meet this goal, the purpose of the list must be made immediately clear through a headline or subhead along with brief instructions.

Example: *Beginnings Pregnancy Guide* includes a list of what to take to the hospital or birthing center. This content increases confidence and reduces anxiety. “Pack you bag” is a clear simple headline that clarifies the purpose of the list. Two short sentences tell when to pack. Check boxes encourage interaction. The subhead, “Pack for baby”, breaks up the list and indicates the next appropriate action.



What will your baby look like?
What will you look like with your baby?

Pack your bag

Pack about a month before your due date. Here is all you will need:

- ☐ Bathrobe and slippers
- ☐ Hair brush
- ☐ Toothbrush and toothpaste
- ☐ Lip balm, gum or hard candy — your mouth will be dry.
- ☐ Something comfortable to wear home
- ☐ Nursing bra — the cups open for breast feeding.
- ☐ Music to play during labor
- ☐ Phone numbers for your doctor and the baby's doctor
- ☐ Phone numbers for people you want to tell about the baby

Pack for baby

- ☐ Car seat — See page 64.
- ☐ Baby's clothes
- ☐ A light blanket and a warmer blanket

Provide instructions step by step

Explanations and directions are essential. When presenting how-to information, a bulleted list is easier and quicker to read and use than a paragraph. An example clarifies the instruction and instills confidence.

When preparing instructions, think through who will use the information and how will they use it. Where are they likely to be when they want and need the information. What might they be doing? Who might be with them? What might get in the way? What might be confusing? What format will be most accessible?

Focus on what-to-do. Be specific. Omit all reference to what *not* to do; it is equivalent to static. We learned this by testing this instruction: “Take a warm - not hot- bath.” Readers recalled “take a hot bath.”

Example: Every pregnant woman wonders how she will know she is in labor and what to do when labor begins. *Beginnings Pregnancy Guide* presents step-by-step instructions.

Steps are numbered, presented in logical order: Key information is highlighted by a 10% cyan screen. Testing shows this limited use of colored background draws attention without reducing comprehension.

Instructions for calling include who to call, when to call, what questions to anticipate, what to say, what if you get an answering service, what if you cannot call; and finally, what to expect at the hospital.

A photo of a woman walking with hands on pregnant belly, noticing her contractions reinforces the instruction (shown on page 10).

Are you in labor? Walk to find out

1. Notice contractions

Feel your contractions with your fingertips on your uterus. When you have a contraction, you can feel your uterus get hard from the top down. Then it goes soft again. You might feel mild pain low in your back or in your thighs. It might feel like the baby is balling up. See Book 4, page 54.

When you have a contraction, your uterus might be flexing its muscles to prepare itself for birth. Or you could be going into labor. You can tell the difference by walking.

2. Walk

If your uterus is just getting ready for birth, contractions will stop when you walk. You will have only 2 or 3 contractions at a time.

3. Time your contractions

Time your contractions from the start of one to the start of the next.

If the contractions get stronger or come more often when you walk, you are in labor. Call your doctor.



Part 4 Layout & Typography

but first, reading gravity

In this Part 4 of our series using the SAM - Suitability Assessment of Materials - to evaluate *Beginnings Guides*, we address layout, the architecture of the page. Like the architecture of a building, layout makes a page inviting or intimidating, easy or physically demanding to navigate, memorable or nondescript.

SAM names eight factors that substantially influence the suitability of health education materials by making the process of reading painless or not. We will take them in order. But first, I will add one essential item that SAM leaves out and that all page design should respect.

Reading gravity rules layout

Reading demands physical skill, concentration and time, all of which may be in short supply. The job of

“So well organized that it meets clients' needs to have info special for their stage of pregnancy. I tell them that everything they need to know is included here - further reading is optional” Family Care Coordinator

the information architect is to ensure that none of the reader's effort is wasted, or worse, sacrificed to design.

We read from the top left corner of the page and work our way across and down; left to right and back again to the bottom right corner. Page design should support this efficient pattern and avoid disturbing reading rhythm. In testing, 67 percent of readers showed good comprehension of information that complied with reading gravity compared to 32 percent of readers of the same information on pages that required them to work against reading gravity.

This page illustrates reading gravity. The headline draws the eye into the Primary Optical Area (POA). The colored box and diagram at the lower left pull the eye into the fallow corner, and the quote at the of this column lures the eye back back the other fallow corner. Reading gravity explains many of the suitability factors for layout coming up next.

Gutenberg Diagram charts basic reading movement from the Primary Optical Area (POA) to the Terminal Anchor (TA), Crosses mark the fallow corners.



Suitability factors for layout

Image position, sequencing, visual cues

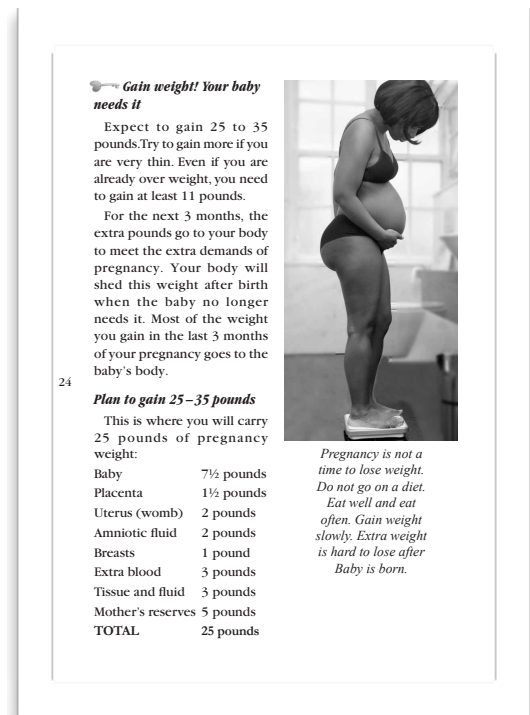
Place images adjacent to related text SAM says photos or other graphics should be placed adjacent to the text that they explain. Ideally the text is to the left of the graphic, so you read it, then see the explanatory graphic. Position the caption immediately below the graphic. Otherwise, the illustration becomes a distraction and interrupts reading.

Make it easy to predict the flow of information. That means the content follows a logical sequence and is presented consistently.

For example, *Beginnings Pregnancy Guide* content is sequenced by gestational age and the usual progress of pregnancy. Each of the six booklets uses the same section heads. Text addresses similar subjects in consistent order. Warning Signs change with the stages of pregnancy, but they are always located on the back cover; no searching is required.

Use visual cues to direct attention to essential content. For example, *Beginnings Pregnancy Guide* highlights symptoms that warrant a call to the doctor by displaying them in bold type in a box with 10% cyan (light blue) screen. Research suggests the light screen attracts the eye without interfering with comprehension.

If a soft spot feels tense,
sinks or bulges, call
the baby's doctor.



Page 24 of *Beginnings Pregnancy Guide* shows relevant text adjacent and to left of the photo, so your read it and then come to the image. The caption is immediately below the photo to reiterate the message without interrupting reading.

Keep the page clean. Simple design works best for readers. A cluttered page looks hard to read, and most likely is. Testers may say the over-designed page is more attractive, but when they read, comprehension will suffer.

Keep color in a supporting role. Color attracts the eye. Use it to lead the reader to key content. Or to lure the eye up to the “fallow corner” at the upper right. Check to make sure the color does not pull the eye against reading gravity.

Short lines, high contrast, low gloss ease and speed reading

Keep lines short - 30 to 50 characters and spaces. A short line makes for easier reading since the eye has less distance to travel from the end of one line to the start of the next. Remember the reading eye moves from left to right and back again. At the end of the line, the eye returns to its starting place and drops down to the next line. Unless something is in the way. Then the eye has to search for what is next; and the reader can be lost to the distraction.



Keep high contrast between type and paper. When contrast is low, like this, reading is difficult. For comprehension, black type on white paper is far and away the best for ease of reading and comprehension. Used judiciously and sparingly, color can be a compelling and useful heading feature. Take care that the color does not get in the way of the message.

***Beginnings Pregnancy Guide* earns a Superior rating** for incorporating reading gravity and all the layout factors that make for easy reading.

To review testing results and the evidence behind **Beginnings Guides**, download free this users' manual.

<http://www.beginningsguides.com/User-apos-s-Manual.html>

www.BeginningsGuides.com

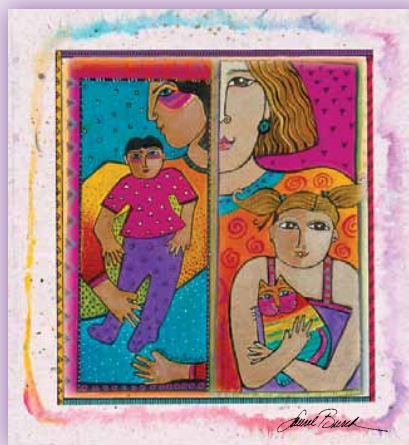
SELECT: Resources for Mothers



Beginnings Guides

Beginnings Pregnancy Guide & Beginnings Parents Guide

Evidence Base and Guidelines for Effective Use



*It matters what a mother knows
It matters more what she does*

Sandra Smith, MPH, PhD

Downloaded from www.BeginningsGuides.com
For information or training, call 800-444-8806

Chunking information for easier recall

Did you ever play that party game where multiple items are displayed on a tray? Everyone gets to look at the tray for one minute, then the tray is removed and you write down as many items as you can remember?

No one remembers more than seven items. That is because of the way the brain processes information. Earlier in this series, we said the purpose of the cover is to attract the reader's attention. When it does, the reader's mind very rapidly decides to activate memory and process the information. Or not.

Assuming the reader decides to pay attention - the information goes to short term memory. If you've played the "What's-on-the-tray?" game, you probably noticed that short-term memory has very limited capacity and short storage time. In a bright mind on a good day, short term memory holds seven items. It lasts less than 1 minute. For many, especially those with low literacy and high stress, it holds less. And here's the thing: the more items on the tray, the less you remember. When short-term memory hits capacity, it dumps everything.

Chunking prevents over-taxing short term memory. The parlor game is easier when the items on the tray are organized--"chunked" into groups of related items. Chunking helps the mind associate the items with something it already knows.

Association gives the brain a place to put the information in long-term memory, so you can recall it. Maybe the tray contained kitchen utensils (spoon, can opener, peeler), bathroom items (toothbrush, comb, soap) and writing implements (pencil, pen, marker). These chunks are easier to think about than a bunch of stuff.

Keys to a healthy baby

DO

- Do eat well and often
- Do gain weight slowly
- Do take vitamins every day
- Do breast feed your baby

DO NOT

- Do not smoke
- Do not drink alcohol
- Do not do drugs

Call for help

- Look for warning signs.
See the back cover.
- If you are not safe at home,
get help from your doctor
or home visitor.

It's the same with printed information: use subheads to chunk a list of items into logical groups that link the information to something the reader already knows.

SAM says that in Superior health education materials, lists are grouped under descriptive subheadings with no group having more than five items. This reminder of health behavior messages that are linked directly to pregnancy outcomes is divided into three chunks. In addition to increasing comprehension, this chunking makes the list look and feel do-able.

Typography makes language visible

Type size and fonts

Typography is the arrangement of text on the page. It has been called the art of making language visible. It can get your message across or get in the way.

First consider the font, or typeface.

Typeface refers to the design of the letters. *Font* refers to the set of metal letters a traditional printer would use to *typeset* text. Not so long ago, printed documents were made by setting each word, letter by letter, in a metal tray with a blank spacer between words and a lead strip between lines.

Now, type is set digitally. Your computer offers a wide choice of typefaces in many styles. Limit the number of fonts on a page to keep focus on the content.

We read by the shape of the words.

Choose a typeface that is easy to read in the format in which it will appear. Some argue that a serif typeface, such as Courier and Times, is easier to read; perhaps because the letters' little feet (serifs) help define the shape of the word and guide the eye. Art directors argue that sans serif type (without feet) is uncluttered and attractive. Research finds that five times as many readers are likely to demonstrate good comprehension when a serif typeface is used in printed body text instead of sans serif. Several typefaces -all sans serifs- are designed for ease of reading onscreen, such as Tahoma and Verdana. I don't know of research testing their effects on comprehension.

For this publication, geared to skilled readers, who are as likely to read on screen as on paper, I chose Helvetica Neue, an updated version of the classic that looks modern and clean. *Beginnings Guides* use Garamond, a serif font with open rounded shapes that is elegant and easy to read.

Optimum type size is 11 to 13 points for text. This type is 13 point. This is 8 point. Here is 10 point. If your text does not fit the page, shorten the text.

All the type below is 16 point

Fonts convey feeling

Comic Sans feels casual, fun.

Courier feels retro.

Helvetica is a standard.

Impact is bold.

Optima feels clean.

Tahoma is designed for the Web.

Times feels academic, legal.

Too large type is akin to shouting.

Too small is like whispering.

Both distract from your message. SAM calls for 12 point type or larger. The text you are reading is 13 point. I recommend starting with 12 or 13 point and let your testers tell you if larger type will increase their reading ease.

Typographic cues speed or slow reading

Caps, bolding, color

TEXT IN ALL CAPS IS HARD TO READ. We read by the shape of the words. The order of letters does not matter. As long as the first and last letters are in place, we can understand. All-caps defeats this advantage of the human mind by making each word a riddle.

Another problem with all-caps is this: a capital letter signals the eye to stop. It requires reading letter by letter. So all-caps slows reading, encourages skipping the words you probably wanted to highlight, and reduces comprehension. Use upper and lower case.

Bold type like this in body text causes reader fatigue and interferes with comprehension. Save bold type for short headlines and subheads that cue the reader to expect a new topic.

If you want comprehension, text must be black. Text printed in color is attractive. If you ask readers, they will prefer a page printed in blue, and say the black page is boring in comparison. But when you ask them to read the same page, they will overwhelmingly choose black. In testing, 70% of 4000 readers showed good comprehension with black type, compared to 10% with blue or warm red text.

“The Beginnings Guides for pregnancy and parenting have been a wonderful asset to our home visitation program.”

Sandra Valencia Thompson
Catholic Charities Atlanta

Color can be eye-catching In this placement the colored subheading aids reading by pulling the eye up out of the fallow lower left corner. Remember the darker the headline the better the comprehension. Keep a colored headline short and be careful of high intensity brights.

Color can be used judiciously to draw attention to important content. Black type on a lightly tinted background, especially 10% cyan (blue) attracts the eye and is highly comprehensible. *Beginnings Guides* uses this device along with phone symbol to highlight symptoms that warrant a call to the doctor or midwife.

If your baby is 2 weeks old and you are still having crying spells or feelings that worry you, call your doctor, or 1-800-944-4773.



Do not wait any longer.

Keep the background tint light; comprehension decreases as the background gets darker.

Beginnings Guides earns SAM's Superior ratings for using upper and lower case, 12 point type, and judicious use of bolding, color and type size.

You can see every page of the Guides in English and Spanish at <http://www.beginningsguides.com/Free-E-Preview.html>

Next: Learning stimulation

Part 5 Learning stimulation, motivation

Interaction, focus on behavior

Interaction is a literacy skill used to personalize information. We interact with the information and with others (professionals, family, friends) to make meaning from it and decide how it applies to us in situation, with our resources and our challenges. Interaction especially important in this context since it also is parenting skill used to engage a child and spark learning.

Interaction changes brain chemistry. Brain imaging shows how interacting with information stimulates learning. It produces a measurable chemical change in the brain that takes the information into long term memory where it becomes knowledge. No interaction, no long term memory, no recall. No ability to use the information for health. No health literacy.

Running text is easy to read, understand, and forget. The Q&A format, where you supply both the questions and the answers is more engaging than straight text, but it is passive, rather than interactive. The idea is to move the reader to work with the information and thereby elicit active thinking and choice.

Ask questions to spark thinking and action. To facilitate interaction, ask a reflective question, a thick meaty question that requires the learner to think. In printed matter, interaction devices are blanks to fill in, boxes to check, pictures or words to circle, choices to make, alternatives to consider.

For example, the box below appears at three points in the *Pregnancy Guide*; the mother sees it at different stages of pregnancy. This reinforces earlier learning about nutrition and brings it to the front of her mind. The tinted box draws her eye and alerts her to the importance of the information. Thinking through each of the items and reflecting on what she ate today is the interaction that stimulates the the chemical change that fosters long term memory and converts information to knowledge.

SAM says that Superior health education materials present problems and questions for reader response. Information that improves health literacy in interactive.

Foods to choose	Servings to eat	Servings I ate today
Water and juice	10 a day	_____
Fruits & vegetables	9 a day	_____
Bread, cereal, pasta	6 a day	_____
Milk, yogurt, cheese	4 a day	_____
Meat, fish, eggs	3 a day	_____
<i>Choose fish 1 or 2 times a week.</i>		

Filling in the blanks engages the reader in checking and improving her pregnancy diet. Interaction in materials builds health literacy by increasing capacity to use information in ways that enhance health.

Help your baby learn eating skills

You can help your baby learn new skills for eating solid food and make mealtime a happy time. Check the things you do to help your baby eat well.

I let my baby guide me

- ☐ I feed my baby when he wants to eat.
- ☐ I let my baby decide how much and how fast to eat.
- ☐ I do not force my baby to eat. I respect his tastes and his caution about new foods.
- ☐ I let my baby touch the food and eat with his fingers.
- ☐ I let my baby try the spoon when he reaches for it.

I guide my baby

- ☐ I seat my baby straight up and facing forward.
- ☐ I sit directly in front of my baby.
- ☐ I hold the spoon where my baby can see it.
- ☐ Before I offer food, I wait for my baby's attention.
- ☐ I talk quietly to my baby.
- ☐ I stay close to my baby when he is eating.

Your job is to offer your baby healthy foods at least every 4 hours.

Your baby's job is to decide how much to eat.



People are motivated to learn when they believe tasks and behaviors are doable. Small successes in understanding or problem solving lead to self-efficacy, confidence

Doak, Doak & Root

Teaching Patients with Low Literacy Skills



Model desired behavior, break up complex tasks

Motivation to learn depends in part on the person's skills, and more on the information. Adults learn in order to solve a problem they have now. Another way to say it: literacy skills always are used for a practical purpose. Health literacy skills are used to participate in healthcare and to take care of self and others.

I mentioned earlier a brochure titled *How to Care for Your Son's Penis*, a topic many a new mom has wondered about and few have been willing to ask about. So intended readers will be motivated to open the brochure. So far so good.

Facts do not motivate. The brochure would fail a SAM review on many counts discussed earlier in this series, each of which puts a damper on readers' motivation to learn and take action. But here's the big sin: the six-panel brochure uses five and a half panels to describe and illustrate the details of the penis, its structure, functions and properly named parts. None of it tells the mom what she wants to know.

None of the dense narrative of facts motivates her to adopt the desired behavior, which is yet to be mentioned.

In fact, unnecessary factual information is discouraging and disempowering. It overwhelms the reader with the author's knowledge, leaving her feeling like she can never learn what she needs to know to take care of her child. It makes her unnecessarily dependent on The-One-Who-Knows. It takes up her time and leaves her with nothing she can use, no action she can decide to take or not.

How-to motivates. The last sentence on the back panel of our infamous "Care of Your Son's Penis" brochure says, "The best course is to leave it alone." That's all a mother needs to know.

There is no need for the rest of the brochure. A clinician could tell her that in less time than it takes to hand her the brochure, and a lot less time than it would take to wade through the gobbledygook.

"I will read it because it is in Spanish and right now I have three children and I have never known what is happening in my body."

Latina mother

We are motivated to read and learn from information that is clearly and immediately relevant; AND that describes in specific familiar concrete terms the actions that will solve the problem that motivated us to seek information in the first place. As long as the desired behavior feels doable. On this point, the offending brochure gets a high score. "Leave it alone" is specific and doable.

Fast walking gets your heart and lungs going. Keep a quick but comfortable pace. Enjoy!



Exercise guide for moms-to-be

Do

- Continue your usual exercise.
- Check with your doctor if you are starting a new program.
- Exercise 30 minutes *at least* 5 times a week. More often is better.
- Drink water before, during, and after exercise.

Do not

- Do not hold your breath.
- Do not jerk or bounce.

Let your body guide you

- Stop if you feel out of breath.
- Stop if you feel pain or cramping.
- Stop if you are dizzy.
- Stop if your muscles shake.

When you feel OK again, go on with your exercise at a slower pace.

Beginnings Pregnancy Guide earns a **Superior** rating in learning stimulation and motivation. Text and images describe and show specific behaviors and skills. Subdividing complex topics helps readers feel confident and ready to take action step by step. Each step creates the space and courage for the next and builds self-efficacy, that I-can-do-this feeling that is the foundation for both behavior change and empowerment.

Part 6 Cultural Appropriateness

Gaps in logic, language, and experience

For a good cultural fit match readers' LLE. Leonard and Cici Doak, authors of the SAM, concluded that most communication errors in healthcare are caused by cultural gaps between patients and providers, notably gaps in Logic, Language & Experience, LLE. For anyone in health communications-- that's everyone in healthcare-- it's an acronym worth remembering.

Logic refers to a way of thinking about health, illness, treatment. Because of their specialized training, healthcare professionals have a special way of thinking. For example, to a clinician who sees 30 sick people per day, illness is normal, another day at work, the usual routine. But to those 30 sick people, their illness is exceptional, a major source of physical, emotional, spiritual and financial stress for a whole family, a reason to miss work and suspend the usual routine.

The clinician's routine challenge may be the patient's life changing event. Consider, too differences between Western and Eastern medicine, between medical specialties, between medicine and public health, between medicine and health promotion. A challenge for all health communicators is to understand and match the learners' logic about your topic.



To be accepted, materials must present cultural images and examples in realistic positive ways .

Doak, Doak & Root



“Beginnings Guides are appropriate for several different cultures in the US.”

Expert Review Panel

Language refers to a way of talking about health, illness, and treatment. Of course, logic and language overlap.

To a professional the problem may be hypertension exacerbated by obesity. To the patient the problem is bad blood making it hard to walk up the stairs. Other language issues are less subtle.

English is the language of healthcare. Those not proficient in English, struggle at every level. A home visitor told me of her client, a Spanish speaking mother whose prescription read, “Take one tablet once a day”. The doctor asked if she understood. She said Yes. But the term she recognized on the label was *once*, that's 11 in Spanish. She took 11 tablets once. She died.

Even if you are proficient in English, apparently plain language gets confusing: *discharge* may mean *pus* or *go home*; and a *screen* is not on a door, it's a test to see if you need another test. Seemingly simple, but still unclear instructions can be life threatening when the experience of the receiver and sender of the message are mismatched.

Experience determines understanding

What is clear to you is clear to you

Experience refers to participation in events as a basis of knowledge. A clinician lives in the hospital or clinic. S/he is intimately familiar with the technology. Everything is organized for his or her convenience and efficiency S/he is in charge and in control. His or her status comes from specialized knowledge.

Most patients have limited experience and little knowledge.

For many mothers, especially immigrants from developing countries, prenatal care may be their first encounter with an institution of any kind. That means they have no basis on which to judge quality, interpret instructions or weigh options.

In the hospital where I worked, two patients, both educated native English speakers, had open heart surgery by the same surgeon on the same day. At discharge, the surgeon told each of

complied. And both were readmitted through the Emergency Department on the same day two weeks later.

One took it easy by running 3 miles instead of his usual 5. The other never got off the couch.

Who is responsible for bridging the gap? Federal, state and local laws, Medicare and Medicaid regulations, and accrediting bodies clearly state it is the healthcare providers' duty to communicate in a way the patient and family can understand.

SAM says Superior health education materials match the readers LLE and present images and examples that are realistic and and positive.

Beginnings Pregnancy Guide is intended for a broad national audience. It aim to be culture-sensitive and inclusive.

SAM is an at-your-desk review

Test with readers

The Suitability Assessment of Materials for health education, is an at-your-desk review. It cannot tell you that your information is easy to understand and put into action. SAM helps you get your materials to the point where they are ready for testing with readers. Only the intended learners can tell you that they learn easily from your document or not, and why. Test and re-test.

For more information, resources, training and a free online preview of *Beginnings Pregnancy Guide* and *Beginnings Parents Guide* in English and Spanish visit www.BeginningsGuides.com

For information, resources, and training on integrating maternal health literacy into your program: www.HealthLiteracyPromotion.com

Contact: sandras@uw.edu

Suitability Assessment of Materials

Evaluating health information for adults

SAM, the Suitability Assessment of Materials offers a systematic method to objectively assess the suitability of health-related information for a particular audience.

How it works: SAM guides you to rate materials on factors that affect readability (the relative difficulty of decoding the words) and comprehension (the relative difficulty of understanding the meaning).

SAM rates materials in these six areas:

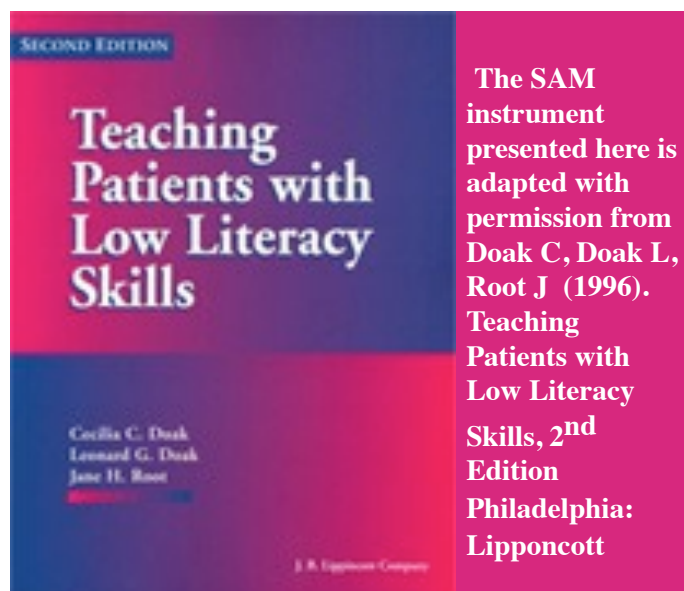
- Content
- Literacy Demand
- Graphics
- Layout and Type
- Learning Stimulation & Motivation
- Cultural Appropriateness

Easy Scoring: For each factor, rate the materials *Superior*, *Adequate* or *Not Suitable* based on the objective criteria SAM presents. Score 2 points for each Superior rating, 1 for Adequate, 0 for Not Suitable. You can calculate a score for each area and overall. When choosing from a set of materials. Score each and compare.

Clients have the last word. SAM is an at-your-desk review. It can help you save time and money and improve program effectiveness by selecting or producing materials that your clients are likely to pick up, read, understand and act on. SAM cannot substitute for formative research and testing through which clients verify that the information is attractive, useful and persuasive to them. For more information on testing materials see *Teaching Patients with Low Literacy Skills* by Doak, Doak and Root. Use the link at the bottom of this page.

Use SAM to:

- Measure how well materials “fit” the intended readers.
- Compare materials
- Tailor existing materials for a particular population
- Guide development and testing of culturally and linguistically appropriate materials
- Set standards



About the Instrument

SAM was developed in 1993 by Len and Cici Doak with Jane Root, leading experts in health education. Validation was conducted with 172 health care providers from several cultures as well as students and faculty of the University of North Carolina School of Public Health and Johns Hopkins School of Medicine. The book is now out of print. It is available free online in pdf format from the Harvard School of Public Health. A must read for all who produce health-related information. Find it at www.hsph.harvard.edu/healthliteracy//

Instructions for Evaluating *Beginnings Guides* for your service population using SAM

To get a sense of the evaluation criteria, first read through the SAM instrument on the following pages, then follow these steps:

1. Read all the way through the titles you are considering for your program. You will find the *Beginnings Pregnancy Guide* and *Beginnings Parent's Guide* are easy to read. As you read the *Beginnings* materials, keep in mind that the booklets are distributed one at a time through the course of pregnancy and/or the child's first three years. Typically there will be several weeks time between receipt of booklets. You may choose to apply SAM to the entire series or choose one booklet.
2. Use the SAM form provided here to rate the materials. For each factor, check the box that best describes your rating. Choose *Superior*, *Adequate* or *Not Suitable*. Write comments in the space provided, in the margins, on the back. Comments can be very useful to the decision makers
3. Contact me with questions about your review of the *Beginnings Guides* or use of the SAM instrument. sandras@BeginningsGuides.com



Content

Purpose: It is important that readers readily understand the purpose of the materials. If they don't clearly perceive the purpose, they may miss main points.

Check One:	<input type="checkbox"/> Superior	Purpose is explicitly stated in the title, cover illustration or introduction.
	<input type="checkbox"/> Adequate	Purpose is not explicit. It is implied or multiple purposes are stated.
	<input type="checkbox"/> Not Suitable	No purpose is stated in the title, illustration or Introduction.

Comment:

Content topics: Adult learners usually want to solve their immediate health problem, rather than learn medical facts. The content of most interest and use to readers is behavior information that helps solve problems.

Check One:	<input type="checkbox"/> Superior	Thrust of the material is application of knowledge aimed at desirable reader behavior.
	<input type="checkbox"/> Adequate	At least 40% of content topics focus on desirable behaviors or actions.
	<input type="checkbox"/> Not Suitable	Nearly all topics focus on behavior.

Comment:

Summary & review: A review offers readers a chance to see the key points in other words, examples or visuals, and increases comprehension.

Check One:	<input type="checkbox"/> Superior	Summaries are included and retell key messages in different words or examples.
	<input type="checkbox"/> Adequate	Some key topics are reviewed.
	<input type="checkbox"/> Not Suitable	No summary or review is included.

Comment:

Literacy Demand

Reading grade level: Text reading level is a critical factor in comprehension. Readability formulas provide a reasonably accurate measure of reading difficulty. *Beginnings* reading level measures 88.1 on the Flesch Reading Ease scale. For detail see <http://www.beginningsguides.com/upload/BGReadRat2011.pdf>

Check One: ☐ Superior 5th grade or level or lower
 ☐ Adequate 6th to 8th grade
 ☐ Not Suitable 9th grade or above

Comment:

Writing style: Conversational style and active voice are easy to understand. Passive voice, embedded information and long or multiple phrases slow reading and reduce comprehension. Example: *Take your vitamin every day* is easier to understand than *Patients are advised to take their vitamin daily*.

Check One: ☐ Superior 1) Conversational style and active voice are used throughout. 2) Simple sentences are used extensively.
 ☐ Adequate 1) About half the text uses conversational style, active voice. 2) Less than half of sentences are complex with long phrases.
 ☐ Not Suitable) 1) Passive voice throughout. 2) Over half of sentence have long or multiple phrases.

Comment:

Sentence construction: The context is given before new information. We learn new information more quickly when told the context first. Example: *To relieve pain* (context), *put heat on the sore spot* (new information).

Check One: ☐ Superior Consistently provides context before presenting new information.
 ☐ Adequate Provides context first about half the time.
 ☐ Not Suitable Context is provided first or not at

Comment:

Literacy Demand continued

Vocabulary: Common explicit words are used. (Example: Use *doctor* instead of *physician*). Few or no words express general terms such as categories (Example: Use *milk* instead of *dairy products*) or value judgments (Example: Use *pain that does not go away in 5 minutes* instead of *excessive pain*). Imagery words are used because these are words that people can “see”. (Example: Use *runny nose* instead of *excess mucus*)

Check One:	<input type="checkbox"/> Superior	All three factors: 1) common words are used all the time. 2) Technical, concept, category, value judgement words (CCVJ) are explained. 3) Imagery words are used.
	<input type="checkbox"/> Adequate	1) Common words are used frequently. 2) Technical CCVJ words are explained sometimes. 3) Some jargon is used.
	<input type="checkbox"/> Not Suitable	Two or more factors: 1) Uncommon words are used frequently instead of common words. 2) No explanation or examples are given for technical and CCVJ words. 3) Extensive jargon is use.

Comment:

Learning enhanced by advance organizers (road signs): Headers or topic captions tell very briefly what is coming next. These “road signs” make the text look less intimidating and prepare the reader’s thought process to expect the announced topic.

Check One:	<input type="checkbox"/> Superior	Nearly all topics are preceded by an advance organizer (a statement that tells what is next).
	<input type="checkbox"/> Adequate	About 50% of topics are preceded by advance organizers.
	<input type="checkbox"/> Not Suitable	Few or no advance organizers are used.

Comment:

Graphic Illustrations, Lists, Tables, Charts

Cover graphic: People *do* judge a book by its cover. The cover image often is the deciding factor in a reader's attitude toward, and interest in, the materials.

- | | | |
|------------|---------------------------------------|---|
| Check One: | <input type="checkbox"/> Superior | The cover graphic: 1) is friendly 2) attracts attention 3) clearly portrays the purpose of the materials. |
| | <input type="checkbox"/> Adequate | The cover graphic has one or two of the superior criteria. |
| | <input type="checkbox"/> Not Suitable | The cover graphic has none of the superior criteria. |

Comment:

Type of illustrations: Simple line drawings can promote realism without distracting details. Visuals are accepted and remembered better when they portray what is familiar. Viewers may not recognize the meaning of medical drawings or abstract symbols.

- | | | |
|-------------------------|---------------------------------------|--|
| Check One:
drawings/ | <input type="checkbox"/> Superior | Both factors: 1) Simple adult-appropriate line sketches are used. 2) Illustrations are likely to be familiar to readers. |
| | <input type="checkbox"/> Adequate | One of the superior factors is missing. |
| | <input type="checkbox"/> Not Suitable | None of the superior factors is present. |

Comment:

Relevance of illustrations: Nonessential details such as room backgrounds, elaborate borders, unneeded color can distract the viewer. The viewer's eyes may be "captured" by these details. Illustrations should tell key points visibly.

- | | | |
|------------|---------------------------------------|--|
| Check One: | <input type="checkbox"/> Superior | Illustrations present key messages visually so the reader can grasp the key ideas from illustrations alone. No distractions. |
| | <input type="checkbox"/> Adequate | Illustrations include some distractions. |
| | <input type="checkbox"/> Not Suitable | Insufficient use of illustrations |

Comment:

Graphics continued

Graphics: Lists, tables, charts, forms: Many readers do not understand the purpose of lists and charts. Explanations or directions are essential.

Check One:	<input type="checkbox"/> Superior:	Provides step-by-step directions with an example that will build self-efficacy (confidence).
	<input type="checkbox"/> Adequate	“How to” directions are too brief for readers to understand and use the graphic without help.
	<input type="checkbox"/> Not Suitable	Graphics are presented without explanation.

Comment:

Captions are used to “announce” or explain graphics: Captions can quickly tell the reader what the graphic is about and where to focus within the graphic. A graphic without a caption is usually an inferior instruction and a missed teaching opportunity.

Check One:	<input type="checkbox"/> Superior:	Explanatory captions with all or nearly all illustrations and graphics
	<input type="checkbox"/> Adequate	Brief captions are used for some graphics.
	<input type="checkbox"/> Not Suitable	Captions are not used.

Comment:

What mothers say about *Beginnings Pregnancy Guide*

“It was very educational for me as this was my first pregnancy. I also enjoyed the graphics and format of the information. GREAT!”

“I seemed to get the right information at the right time through all the stages of my pregnancy. It was helpful to get information in stages, not all at once.”

“I used the booklets as a ready reference as I needed them. I looked forward to them. They’re wonderful.”

Learning Stimulation & Motivation

Interaction included in text and /or graphics: When a reader does something to reply to a question or problem, chemical changes take place in the brain that enhance retention in long-term memory. Readers should be asked to solve problems, make choices, demonstrate.

Check One:	<input type="checkbox"/> Superior	Problems or questions are presented for reader response.
	<input type="checkbox"/> Adequate	Question & Answer format is used to discuss problems and solutions (passive interaction).
	<input type="checkbox"/> Not Suitable	No interactive learning or stimulation is provided.
<i>Comment:</i>		

Desired behavior patterns are modeled or shown in specific terms. People often learn more readily when specific, familiar instances are used rather than abstract or general concepts.

Check One:	<input type="checkbox"/> Superior	Instruction models specific behavior and skills. Example: nutrition information emphasizes changing eating patterns, shopping, cooking.
	<input type="checkbox"/> Adequate	Information is a mix of technical and common language the reader may not easily interpret in terms of daily living. Example: <i>High sugar, low nutrient value foods</i> instead of <i>No fuel foods</i>
	<input type="checkbox"/> Not Suitable	Information is presented in non-specific or category items such as food groups.
<i>Comment:</i>		

Motivation: People are motivated to learn when they believe tasks and behaviors are doable.

Check One:	<input type="checkbox"/> Superior	Complex topics are subdivided so that readers may experience small successes in understanding or problem solving, leading to self-efficacy.
	<input type="checkbox"/> Adequate	Some topics are subdivided to improve readers' confidence.
	<input type="checkbox"/> Not Suitable	No partitioning is provided.
<i>Comment:</i>		

Cultural Appropriateness

Cultural match: logic, language, experience (LLE): A valid measure of the cultural appropriateness of material is how well its logic, language and experience (inherent in the instruction) match the LLE of the intended audience (not the reviewer). Example: Nutrition instruction is a poor cultural match if it tells readers to eat vegetables that are rarely eaten by people in that culture and not sold in the reader's neighborhood.

- Check One:
- ☐ Superior Central concepts of the material appear to be culturally similar to the LLE of the target culture.
 - ☐ Adequate Significant match in LLE for 50% of central concepts
 - ☐ Not Suitable Clearly a cultural mismatch in LLE

Comment:

Cultural Image and examples: To be accepted, an instruction must present cultural images and examples in realistic and positive ways.

- Check One:
- ☐ Superior Images and examples present culture in positive ways.
 - ☐ Adequate Neutral presentation of cultural images and foods.
 - ☐ Not Suitable Negative images such as exaggerated or caricatured cultural characteristics, actions, or examples.

Comment:

Suitable for your population? Considering the socioeconomic and cultural backgrounds present in your population and your review of the *Beginnings Guides*, would you recommend *Beginnings* for your program. Circle the number that shows the strength of your recommendation.

0 1 2 3 4 5 6 7 8 9 10

NO
Definitely not
recommended

YES
Recommended
without reservation

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Find more resources



www.BeginningsGuides.com



www.HealthLiteracyPromotion.com



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Beginnings Guides

It matters what a mother knows

It matters more what she does



Promoting Health Literacy with Beginnings Guides, Suitability Assessment of Beginnings Pregnancy Guide
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