

Development and Pilot Testing of a Low Literacy Handout for Hispanic/Latino Caregivers to Promote Breastfeeding and Introduce Age Appropriate Foods for Infants

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ABSTRACT

Based on input from four focus groups the authors developed a culturally and linguistically appropriate material (CLAM) that used a pictorial format to promote breast feeding and age-appropriate introduction of solids for Hispanics/Latinos that attended a public health clinic in the northeast region of Florida. The handout focused on five key, but simple educational messages. Clients were randomly assigned to receive 1) the physician's usual oral instruction or 2) instruction that incorporated the use, and provision of, the handout. Among the group (n=12) that received the handout the mean month for introduction of solids was 5 months compared to 4.07 months for the group (n=16) that did not receive the handout. The preliminary data suggest positive outcomes, but a more rigorous methodology and larger study sample will be needed to determine overall effectiveness of this educational material. Florida Public Health Review, 2008; 5, 93-95.

Introduction

Healthy infant feeding practices have a positive impact on children's health outcomes (Lenderman et al., 2004). Promoting proper infant feeding practices addresses two of the major goals of *Healthy People 2010* (U.S. Department of Health and Human Services [DHHS], 2005a) as well as several of the 40 objectives related to infant health.

Using American Academy of Pediatrics policies on infant feeding practices and input from a total of four focus groups the authors developed a culturally and linguistically appropriate material (CLAM) that used a pictorial format to promote breastfeeding and age-appropriate introduction of solids for Hispanics/Latinos with limited English proficiency (LEP) and low level of literacy (American Academy of Pediatrics Committee on Nutrition, 2001; American Academy of Pediatrics Section on Breastfeeding, 2005; Kimbrough, 2007; American Academy of Pediatrics Committee on Nutrition, 2004; DHHS, 2005a; 2005b).

Target Population

The target population for the project was Spanish-speaking parents with children less than one year of age attending a public health clinic in Northeast Florida. Approximately 75% of the Spanish-speaking patients seen at the clinic are from Mexico. The remaining 25% are rather evenly distributed between Honduras, Ecuador, Columbia, Peru, Venezuela,

Guatemala and Puerto Rico. Focus groups were conducted by facilitators fluent in Spanish and sensitive to issues related to dialectical and other Spanish language differences and no Spanish dialect related issues were detected during the focus group discussions. In that the handout is totally pictorial, the issue of language and dialects is not an issue, and one of the advantages of the handout.

Goals and Objectives

Pediatricians at a public health clinic that serves a Latino/Hispanic population observed five major problems that became the basis for developing a low-literacy handout that focused on five educational messages: 1) breastfeed until the first birthday; 2) delay the introduction of solid foods until between four and six months of age, and spoon-feed, rather than bottle-feed; 3) serve fruits and vegetables and avoid sugary fluids and adding sugar to foods and fruit juices; 4) introduce water in a cup at five or six months of age; and 5) if bottle-feeding, replace the bottle with a cup at one year of age. Although there are varied materials available through the WIC Loving Support Makes Breastfeeding Work™ Campaign, which was part of a cooperative agreement between the U.S. Department of Agriculture's Food and Nutrition Service and Best Start Social Marketing, Inc. (U.S. Department of Agriculture Food and Nutrition Service, 1996), the center needed to develop a handout that was unique

to the center client's needs and issues, that is, was totally pictorial with calendar based information. The project underwent IRB approval by both the by both the University's and Department of Health's IRB committees.

Implementation

Hispanic/Latino focus group participants were recruited by Human Service Counselors at the public health clinic and by the Catholic Diocese of St. Augustine, Florida. Sessions were led by a Spanish-speaking facilitator, two Spanish-speaking note-takers and one non-Spanish-speaking observer. A total of 11 participants in two focus groups were presented pictorial messages. The intended messages of the handout were discussed and feedback was collected to ensure the messages were conveyed effectively for this population. Comments and suggestions were compiled and incorporated into redesigned pictorial messages. Refined materials were presented for a second round of two focus groups (a total of 13 participants). A two-sided handout was developed from information and suggestions obtained as a result of discussions with participants in the four focus groups. A large proportion of the handout was pictorial.

Evaluation

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The evaluation consisted of two phases. Phase one was the development of the handout. Utilizing the focus group participants' comments, the handout was twice revised. As a result, a 12-month calendar with a picture of a mother breastfeeding every month, to emphasize one year of uninterrupted breastfeeding was used on the handout (Figure 1). Phase two involved the actual distribution of the handout. Clients were randomly assigned to receive 1) the physician's usual oral instruction or 2) instruction that incorporated the use, and provision of, the handout. For the group (n=12) that received the handout, the mean month for introduction of solids was 5 months compared to 4.07 months for the comparison group (n=16) that did not receive the handout. The preliminary data suggest positive outcomes, but a more rigorous set of methods and larger study sample will be needed to determine overall effectiveness of this educational material.

Conclusion and Future Plans

Future plans include continued use of the educational material. It has been shown that written health materials reinforce teaching and that low literacy is likely a major contributor to health disparities. Health materials in low-literacy, appropriate language formats can assist with compliance issues and improved health outcomes.

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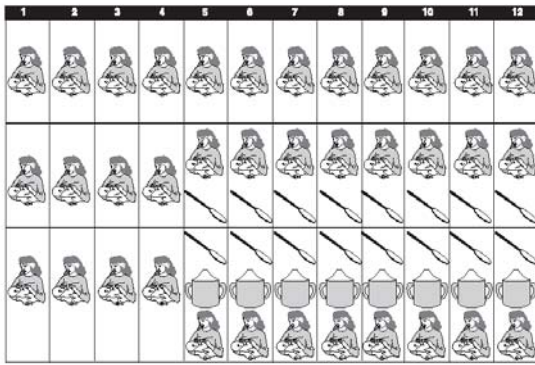
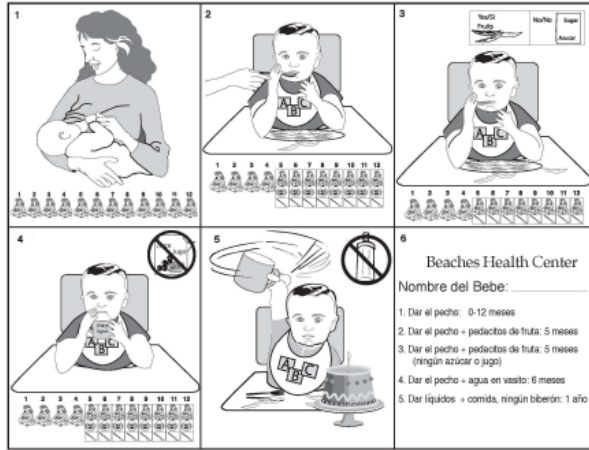


Figure 1. Front and back side of breastfeeding promotion brochure

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