

Healthy Beginnings:  
Enhanced Home Visiting Initiative  
Resource Material that Works  
for Parents

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# Executive Summary

As part of the implementation of the new Healthy Beginnings Enhanced Home Visiting Initiative, Public Health Services and its partners have identified the need for a comprehensive parent health education resource to be given to Nova Scotia parents. The priority audience for this resource is families with children from birth to three years who may be facing challenges or require additional support, however, the resource will be distributed to all families if appropriate. A provincial Parent Health Education Resource Working Group has been set up to select or develop the resource or resources.

This report was written to assist the Working Group in this task. The information included in the report was collected through a literature review, focus groups with parents and interviews with key informants. Results were presented to members of the Resource Working Group, who then came together in a one-day workshop to assess the suitability of selected resources used elsewhere, using the criteria identified through this study. The report's conclusions are based on the conclusions drawn by workshop participants after completing this assessment.

## **Results of literature review**

A key finding of the literature review is that stand-alone parent health education resource material *can* improve the confidence, knowledge, attitudes and practices of parents similar to the Healthy Beginnings Enhanced Home Visiting priority population. Effective health education resources for similar populations are written to a 5<sup>th</sup> grade level (or lower) and provide only a limited number of concepts at a time.

Among comprehensive resources, only two formats have been shown to be effective: age-paced bulletins and a parenting kit made up of a collection of resources, including videos and booklets. No studies were found supporting the effectiveness of a single, comprehensive parenting book.

## **Consultation results**

Focus groups and interviews confirmed that new parents want to do the very best for their children and are highly receptive to information that helps them do so. They want information on a wide variety of topics. The greatest priorities appear to be:

- signs of illness in infant
- emotional issues of mother
- infant and child feeding
- developmental stages and corresponding activities
- breastfeeding
- physical changes and self care

Different formats work for different parents. While some parents express comfort with books and Web sites as sources of information, others do not. Regardless of reading level, however, parents prefer information that is organized according to the child's age and presented in smaller information bites.

As for delivery of information, parents are overwhelmed by the information they currently

receive in hospital. They would prefer to receive information either during pregnancy or after they are settled at home. They would also prefer to receive information in smaller amounts over time.

### **Results of resource material review**

Six parenting resources produced elsewhere for similar populations were assessed through a participatory, one-day process. All of the resources reviewed were found to have both positive and negative characteristics. Two parent resources, both produced locally, stood out: *Nobody's Perfect*, produced by Health Canada, and *Great Beginnings*, produced by Maggie's Place. Participants were also impressed by the age-paced approach but the examples provided, which were both from the United States, were not considered appropriate for use in Nova Scotia. One important learning from the review is that resource material written for low literacy populations can indeed be suitable for the general population.

### **Conclusions**

Participants concluded that the province's approach to parent health education resources in general should be revised so that all parents receive resources that are more reader-friendly, provided in an age-paced manner.

Rather than adapting any of the existing resources, they recommended creating a new resource for distribution to all Nova Scotia families, taking the best ideas from all the resources reviewed. They recommended that it be an age-paced series of booklets, which would incorporate all the information now provided through the parent resources that are currently in use.

At the same time, participants noted that the *Nobody's Perfect* resources are already available in both English and French and well suited for Healthy Beginnings EHVI families. Many participants felt that families in the program should receive a set, pointing out that this can begin immediately, until new resources are developed.

### **Recommendations**

1. Parenting resources should be provided in a variety of formats.
2. Parenting resources should be available in French as well as English.
3. The Department of Health should work with MISA to investigate possibilities for translation into Arabic and Chinese.
4. The Department of Health should work with disability groups to investigate possibilities for making parenting resources available in audio and braille formats.
5. Parents should be provided with resources that address the following issues:
  - signs of illness in infant (what constitutes an emergency?)
  - breastfeeding
  - infant and child feeding

- child health & safety (SIDS, car safety, tobacco smoke, injury prevention)
  - first aid
  - immunization
  - emotional changes
  - physical changes and sexual changes, intercourse
  - reassurance about parenting ability
  - self care
  - supports and services available in the community
  - comforting a crying child
  - bathing, diapering etc
  - developmental milestones – physical, social, emotional
  - language and literacy development
  - parent-child interaction/attachment
  - behaviour / discipline
  - integrating a new baby into an existing family.
6. Resources should be written to a grade five reading level or lower.
  7. Resources should be organized according to the child's age.
  8. Resources should be attractive and use illustrations to convey information.
  9. Written resources should be small in size and held together with a spiral binding if necessary for hands-free reading.
  10. Information should be provided in small blocks rather than wordy text.
  11. Resources should be designed for easy retrieval of information, through colour coding, tabs, sub-headings and careful indexing.
  12. Resources should include checklists and other methods to encourage parents to interact with the information.
  13. Resources should use a friendly, non-authoritarian and non-judgmental tone.
  14. Resources should use inclusive language, illustrations and examples.
  15. Resource material should be delivered in partnership with a variety of pre and postnatal support agencies, enabling parents to acquire the material through multiple access points, at the time that works best for them.
  16. Parenting material provided in hospital should be limited to information about how to access support during the postpartum period.
  17. Parents should receive information about infant care, breastfeeding and postpartum emotional issues in late pregnancy, before admission to hospital.

18. The Department of Health should develop a new, age-paced parent education resource consisting of a series of booklets delivered to families periodically during the first three years of their child's life, through multiple access points.
19. The Department of Health should investigate the possibility of providing the *Nobody's Perfect* resource material to all Healthy Beginnings EHVI families until the new resource becomes available.



# Introduction

Enhancing the capacity of all parents to support healthy child development is a central goal of Healthy Beginnings. Parenting is one of life's most important tasks, yet most parents receive no formal training to prepare them for this challenge. As part of the implementation of the new Healthy Beginnings Enhanced Home Visiting Initiative, Public Health Services has identified the need for a comprehensive parent health education resource to be given to new parents in the province. The priority audience for this resource is families with children from birth to three years who may be facing challenges or require additional support, however, the resource is to be distributed to all families if appropriate. A provincial Parent Health Education Resource Working Group has been set up to select or develop the resource or resources.

The purpose of the work described in this report is to assist the Working Group in this task. It consisted of:

- a review of the literature on parent health education resources for parents facing challenges
- focus groups with parents
- key informant interviews with people who work with parents from minority population groups
- a scan of resources used for similar purposes and populations elsewhere
- a one-day workshop to assess suitability of resource material obtained in the scan.

This report presents the results of this research. Section one is the literature review. Section two summarizes the results of the focus groups and key informant interviews. Both of these sections look at issues of content, format, design and delivery. Section three, Discussion and Recommendations, integrates these diverse sources of information and provides recommendations for criteria to be used in the creation or selection of a comprehensive parent health education resource. The report's conclusions are those of participants in the final workshop, representing a variety of views from around the province. Two additional recommendations, based on workshop proceedings, are included in this final section. All of the recommendations are listed together in the Executive Summary.

## METHOD

### *Literature search strategy*

The literature search primarily sought evidence of effectiveness, among vulnerable populations, of parent health education resource materials. It also sought information about content and design. The following databases were searched: Pubmed, Psychinfo, CINAHL, ERIC, Sociological Abstracts and the Cochrane Library. This was supplemented by hand searches of bibliographies and reference lists as well as an Internet search of unpublished reports.

Studies were selected for review based on the following inclusion criteria:

- the intervention related to parenting issues of newborns, infants, or toddlers

- the intervention consisted of giving or showing materials with minimal discussion
  - the study focussed on parents who face challenges such as minimal support, low income, low education, isolation, family violence, mental or physical challenges, addictions
  - the study had a control group, a comparison group or a pre-post assessment
  - the study measured a knowledge, attitude, or behaviour outcome.
- Relevant findings from other studies were also noted.

### ***Focus groups and interviews***

Seven focus groups were conducted around Nova Scotia with parents of children 0-3 who are representative of the target population for Healthy Beginnings. Focus groups were conducted in Bridgewater, Centre Meteghan (Francophone), Dartmouth, Halifax (New Canadians), Liverpool (First Nations), New Glasgow and St. Peter's.

The focus groups were conducted in collaboration with family resource centres and other family support organizations. Participant and collaborating organizations were remunerated for their participation. The 58 participants included:

- 50 mothers
- 8 fathers
- 7 Acadians
- 13 New Canadians
- 7 Aboriginals
- 5 African Canadians

Twelve key informants were also interviewed about the parent health information resource needs of minority population groups: African Canadians, First Nations, Francophones, New Canadians, people with disabilities and same sex parents. The interviews focussed on considerations for content, language, design and format. Those interviewed are listed in Appendix A.

Focus group questions are included in Appendix B. The focus groups were recorded on audio tape and interviews were recorded by hand and immediately transcribed. Transcripts were analyzed using the QSR-N6 software package for qualitative data analysis.

### ***Suitability assessment of parenting resource material***

A search was conducted for comprehensive parent health education resources used in other jurisdictions, particularly those designed for use with similar populations. The search took place over a three-month period and used a number of methods. Phone and email were used to contact public health/home visiting programs in all Canadian provinces and several states in the United States and Australia. Other methods included an extensive web search, postings on several international list-serves (health promotion, parenting and plain language), and contact with sources named in the research literature.

The search resulted in the collection of several dozen resources, few of which were considered suitable. Six resources were selected for a more in-depth assessment. These all met the following criteria: they were comprehensive, designed for a lower literacy population and could be used as

a stand-alone resource. The six resources selected are described in Appendix C and listed below:

- *Beginnings Parent's Guide* (2002) Practice Development Inc, Seattle
- *The Parent's Kit* (2004) First 5 California
- *Great Beginnings About Pregnancy and Parenting: Advice from Real People* (2002) Maggie's Place Family Resource Centre, Amherst, NS
- *Nobody's Perfect* (revised 1997) Health Canada
- *Parenting the First Year* (1997); *Parenting, The Second and Third Year* (1999) University of Wisconsin Extension Department
- *Parent's Guide to the Early Years* (2nd edition, 2003) Ontario Best Start

Members of the Parent Health Education Resource Working Group and others participated in a one-day workshop to assess the suitability of the above resources for use in Nova Scotia. Fourteen people participated in the workshop. Participants included Public Health Services' staff from the province and the four shared service areas as well as representatives of the IWK Health Centre, the Department of Community Services, Metro Immigrant Settlement Association and Dartmouth Family Centre.

Working individually and in small groups, participants assessed resource materials using the Suitability Assessment of Materials (SAM) measure taken from Doak et al (1996).

## Section 1: Literature Review

This section summarizes research literature regarding the format, content and design of health education resource material for vulnerable parents of children age 0-3.

### **Format**

Twelve studies met the selection criteria for the literature search. These were all outcome studies of resource material aimed at parents of children age 0-3 from higher risk populations. The studies that met the selection criteria are summarized in appendix C. All of the studies reported positive outcomes on parents' knowledge, attitudes or practices, suggesting that resource material alone can indeed have positive impacts on this population group.

Eight studies examined the impacts of written material. Others examined video and audiotapes. One study examined the effectiveness of a parenting kit that contained both written material and videos. Findings on each of these formats are described below.

### **Age-paced written resources**

Resources provided to parents according to the child's age or stage of development are widely used and have received considerable attention in the research literature. They consist of newsletters, brochures and booklets that are either sent through the mail or offered by service providers. Six studies of age-paced resources met all our search criteria. Three were comprehensive resources and three promoted family literacy.

### ***Comprehensive resources***

One study reported on a series of 15 eight-page booklets written to a grade five level, mailed monthly to adolescent parents. Fully 97% of parents reported reading the booklets, which resulted in more positive parenting attitudes, beliefs and practices (Dickinson & Cudaback 1992). Two additional studies of comprehensive monthly newsletters mailed to a general population of new parents found that higher risk parents (adolescent, single, low income, low education level, socially isolated) reported greatest knowledge and behaviour change, as did first-time parents (Cudaback et al, 1990, Riley et al 1991).

In all three studies, most parents reported reading every item in the newsletter and sharing the newsletter with others. More than half the parents saved their newsletters and referred to them again.

One of the interventions, *Parenting the First Year* is an eight-page bulletin mailed out monthly during the first three years of a child's life. It is written to a grade five reading level. Each year, over 40,000 families in the State of Wisconsin receive the resource. It has been in use, with some revisions, since 1982 and has been widely evaluated. The bulletin is delivered free to parents through a partnership with extension offices, social clubs, maternity hospitals, local health

departments and other organizations. It is also available online. The cost is approximately \$5 - \$10 (US 1996) per family per year (Riley et al 1996).

When parents were asked to rate seven different sources of child rearing information, *Parenting the First Year* was rated very useful more often than any other source, including physicians, nurses and their own parents. Usefulness ratings were high among both risk and non-risk parents. Experienced parents, those with higher education levels, and parents who were health professionals also rated the newsletters as very useful.

An earlier study compared results for parents who received the newsletters three issues at a time to those parents who received them monthly. Those who received them monthly were significantly more likely to report improved parenting practices, increased confidence as parents, and decreased worry as a result of reading the newsletters (Cudaback 1986).

These age-paced bulletins all include a comprehensive range of topics including: child physical and social development, responsive parenting, feeding, safety, immunization, baby care, monitoring health, language development, parent-child activities. Some series, which begin before birth, also contain prenatal information.

#### ***Literacy promoting age-paced resources***

Three studies examined the impacts of age-paced written materials to promote literacy among low income parents and their babies (Golova et al. 1999, High et al. 1998, High et al. 2000). In all of these, age-paced parent handouts and age-appropriate baby board books were given to parents during well child visits. The parent hand-outs explained how children of that particular age can benefit from, enjoy and interact with books. The materials suggested imitating, playing with and enjoying their child's reactions and encouraging their child to respond verbally or non-verbally. The studies varied in the number of times families received these materials (at either two, three or five successive visits) and the reading level and language of the resources. In two studies, parent handouts were written for a grade five reading level; in the third they were written for grade three (High et al. 2000). All three studies reported that intervention parents had more books in the home (beyond intervention books) and read more to their children. High et al. (2000) found higher vocabulary scores among intervention toddlers.

Together, all of these studies suggest that the age-paced approach is effective in increasing parental knowledge and behaviour among vulnerable populations. The approach is believed to be effective because information reaches parents in manageable amounts when they are most ready to use it. Many advantages have been reported in the literature: the intervention is low cost, it reaches socially and geographically hard-to-reach mothers, it overcomes issues of weather and transportation and it offers small amounts of highly relevant information at "teachable moments."

## **Pictorial self-instruction manuals**

Two Canadian studies examined the effectiveness of pictorial self-instruction manuals for developing 26 specific infant care skills among parents with intellectual disabilities (Feldman & Case 1997, Feldman et al. 1999). The steps in each specific skill (eg: bottle washing, diapering, bathing) were illustrated in a series of line drawings accompanied by simple words, written to a grade three level. One manual was developed for each skill. In both studies, parents learned skills using the manuals, without supervision or support, and attained levels seen in non-intellectually disabled parents. Parents were highly satisfied with the intervention. In spite of low literacy in this group of parents, addition of an audio tape did not improve effectiveness of the intervention.

## **Video and audio tapes**

Two studies that met our selection criteria examined the impacts of videos as a self-administered parenting intervention (Black & Teti 1997, Kelly et al. 2003) Neither intervention was a comprehensive resource. Rather, each was on a specific topic: mealtime communication, child poisoning. Both were found to positively influence self-confidence, attitudes, knowledge and behaviours. Another study, aimed at parents of 3-8 year olds with behavioural problems found that videos alone were nearly as effective as either a discussion group alone or the video accompanied with the group discussion (Webster-Stratton et al. 1989).

The State of California provides every new parent with a parenting kit that contains a variety of resources, including six parenting videos (health and nutrition, early childhood development, child safety, quality childcare, discipline, and early literacy). In a comprehensive, large scale evaluation of the kit with socially or economically disadvantaged parents, the videos were found to be the most helpful component. They were found to be particularly effective because they model *how* to do things such as breastfeed, play with and read to baby, discipline the child and childproof the house. Families reported that they watched videos together, resulting in a consistent approach to feeding or discipline. (Neuhauser et al. 2004)

Videos have been widely used to teach parents a variety of complex topics, in both group and self-instructional interventions. Frequently reported benefits include greater accessibility for people with low literacy, ease of dubbing into alternate languages, and use of familiar and widespread technology.

The settings and speakers in videos appear to be particularly important for some groups of parents. Low income African American adolescent mothers who watched culturally sensitive videos of best practices in infant stimulation and feeding were far more likely than control mothers to communicate with their infant during feeding (Black & Teti, 1997). Culturally sensitive videos have also been more effective in changing other health behaviours: for example, a video about AIDS prevention for African American women, (Kalichman et al, 1995) and a video about pap smears for Latino and African-American (Yancey et al, 1995).

Only one study examined the effectiveness of audio tapes (Kanellis et al. 1997). The study demonstrated that a 5-minute audiotape on baby bottle tooth decay resulted in significant positive changes in attitudes and knowledge among low income woman who were either pregnant or had a child under seven months of age.

### **Parenting kits**

One of the studies that met our selection criteria examined the impact of a comprehensive parenting kit (Neuhauser et al. 2004). The *Kit for New Parents* is distributed to all California parents through prenatal care providers, hospitals, home visits, a toll-free telephone number and other programs.

The *Kit for New Parents* is a brightly coloured box that contains:

- six videos: prenatal/child health and nutrition; early childhood development; child safety; quality childcare; early literacy; discipline (the *I Am Your Child* series)
- eight brochures, designed to complement the videos
- a Parents Guide with links to resources available by telephone and through Internet sites
- a cardboard book for baby.

The cost of production and distribution of the kit, \$17.50 (US) per kit, is covered by a tax on the sale of cigarettes.

The large scale evaluation study demonstrated that the *Kit for New Parents* is very effective with vulnerable parents. These parents use the kit and share it with others. It has improved their knowledge of early childhood issues, their attitudes and their parenting practices, most notably in areas of comforting and feeding babies, reading to infants and young children, health care and child safety. Participants in the study reported using more appropriate discipline techniques and engaging in more productive discussions with their partners and other caregivers. The kit was found to be most effective when delivered during pregnancy.

Interestingly, when parents were asked how to improve the *Kit for New Parents*, one strong message was that the information would be more accessible if it were organized by age and stage. They suggested a DVD version that enables parents to access information by age, when they need it.

### **Comprehensive books**

No studies were found of a comprehensive parent book for this population.

## **CONTENT**

Very little research has been reported on information needs of vulnerable parents. Three studies (Sword & Watt 2005, Beger & Cook 1998, Moran et al.,1997) conclude that mothers of low socioeconomic status have more unmet information needs than other mothers. One recent

Ontario survey compared concerns and learning needs of new mothers by socioeconomic status (Sword & Watt 2005). At hospital discharge, the priority concerns for mothers in the lower socio-economic group were signs of illness in the infant, breastfeeding, and emotional changes in self. Next highest concerns for this group were infant care and behaviour and mothers' physical changes and self-care. Concerns at time of discharge were similar in both groups of mothers.

Four weeks after discharge, the study identified the following primary *unmet* learning needs of low income mothers: signs of illness in the infant, infant care and behaviour, and physical changes and self-care. Next most frequently cited were emotional changes, community supports and services, and sexual changes and intercourse. These should be interpreted with caution however, as they would reflect the resource material provided to new parents in Ontario.

An examination of the content of effective parent education resources suggests that comprehensive parent health education resources should include the following topics:

- early childhood development (physical, social, emotional)
- responsive parenting
- infant and child feeding
- child health and safety
- immunization
- baby care
- language and literacy development
- finding quality childcare
- discipline

Two different approaches have been effectively used to organize the information into more manageable packages: organization by topic and organization by developmental age/stage. There is considerable evidence of the effectiveness and parents' appreciation of age-paced content.

## **DESIGN**

The design of health education resources has received considerable attention in recent years. Design is an issue in terms of its impact on readability. In the area of parent education, numerous studies have shown that resource material is generally written to a reading level that is too high for most parents. There are many practical guides to producing plain language information (Doak et al 1996, Canadian Public Health Association 1999, Gaston & Daniels 1988, National Cancer Institute 2003, U.S. Department of Health & Human Services 1989). As these are widely available there is no reason to duplicate this information here. In brief, readability of health education resources depends on three variables: language, information and design.

**Language** - Guidelines for readability level suggest that resource material should be written one to three grades lower than the average schooling achievement of the target population for the resource (French & Larrabee 1999, Estey et al 1990, Doak & Doak 1980). One large study of



reading ability of parents in a pediatric outpatient clinic found the mean parent reading ability to be in the seventh to eighth grade range, even though their reported mean school achievement was in 11th grade (Davis et al. 1994). Some authors suggest a grade five reading level for material aimed at the low-income parents seen in public clinics (Davis et al. 1996, Dickinson & Cudaback 1992, Weiss & Coyne 1997).

**Information-** The amount of information provided also affects effectiveness of health education resources. Guidelines for readability of health information recommend limiting the amount of information provided in the resource, breaking the information up into manageable quantities, and focussing on behaviours rather than explanations. Providing concrete examples and opportunities to interact with the information also improves understanding. (Doak et al 1996, Canadian Public Health Association 1999, Gaston & Daniels 1988, National Cancer Institute 2003, U.S. Department of Health & Human Services 1989)

**Design -** Visual presentation of information is the third key to use and effectiveness. A resource must be attractive or parents will not pick it up. Choices about fonts, justification, graphics and layout can all increase or detract from readability and understanding. Design techniques used by graphic designers to make resources more attractive sometimes detract from readability. (Canadian Public Health Association 1999).

## **Key Findings of Literature Review**

- Parent health education resource material *can* improve the confidence, knowledge, attitudes and practices of parents similar to the Healthy Beginnings priority population.
- Only a limited number of concepts should be provided at any one time.
- A variety of formats have demonstrated their effectiveness in modifying parents' knowledge, attitudes and behaviours, however, no single, comprehensive book appears to have done so.
- For comprehensive resources, two formats have demonstrated effectiveness: age-paced bulletins and a parenting kit made up of a collection of resources, including videos and booklets.
- Effective health education resources for vulnerable parents are either written to a 5<sup>th</sup> grade level (or lower) or use a combination of both videos and written material.

## **Section 2: Consultation Results**

Section two summarizes opinions of Nova Scotia parents and parent support workers about the format, content, design and delivery of parent health education material. Issues specific to fathers and minority populations are also included.

### **Format**

#### **Comprehensive Books**

Parents were split about the value of a single, comprehensive publication. Many parents said they would like a comprehensive reference book - “an encyclopedia” - with all the information in one place. A few parents spoke of the many conflicting messages they receive from various publications and pamphlets they receive, saying that having a single, reliable, consistent resource would be valuable.

However, these parents said the book should be well indexed or organized by age with tabs for quick referencing. In either case, they said information should be in bite-size pieces, the book should be small – to fit in a diaper bag or the back of the toilet – and should have a spiral binding that allows it to lay flat for hands-free reading.

Other parents said they would not read a book. They said that as new parents they had no time for reading, that the books were too long and wordy – “like text books.” The parent support workers interviewed were unanimous that many parents would be overwhelmed by a comprehensive book.

Several parents suggested that if a comprehensive book is produced, it should be accompanied by a video, a poster or a calendar for those who are unlikely to read it.

#### **Videos**

Overall, parents expressed strong support for providing information through a video. Many parents said they would be more likely to watch a video than read a book. They said they had no time for reading but could watch a video while caring for children or doing housework.

Several parents said they need to see how something is done - reading about how to do it does not work for them. They felt videos would be more effective for modelling interactions with the baby, such as holding, nursing and playing.

Both moms and dads also believed that fathers would be more likely to watch videos than read. Moms spoke of watching a video as a family and later discussing it, resulting in greater support and consistency.

Support for videos was not unanimous however. A few parents said they would not watch a video or gave examples of videos they received and had not watched. Others pointed out that even with a video, they would want a reference book. While they valued a video they said they would view it once or at most twice, whereas they would refer to a book many times.

### **Pamphlets**

Parents in most focus groups expressed disdain for pamphlets. They referred to them as clutter. Several said they had received a package of pamphlets at the hospital, which they had thrown away without reading.

In contrast, a few parents expressed appreciation for pamphlets. They pointed out that a pamphlet on a specific topic, given to parents at the time they need it, can provide more detailed information on a topic than a comprehensive book. They used pamphlets on discipline, toilet training, bed wetting and sibling rivalry (from British Columbia and Manitoba) as examples of pamphlets they would like to read. Parents also pointed out that pamphlets are good for providing telephone numbers of local services.

In one focus group, parents suggested that a series of pamphlets on different parenting challenges should be available in doctors offices and well baby clinics, so that parents could take the one they need when they need it.

### **Age-paced Newsletters**

Parents in all focus groups expressed interest in receiving age-paced newsletters. They liked that these were brief, age-paced, delivered by mail and provided only the information needed at that particular time. They liked the short information pieces in the bulletins and the variety of topics covered. Parents felt that they would look forward to these bulletins and would have time to read them.

A few parents expressed concern that newsletters would be ‘all over the place’ and suggested a binder to keep the newsletters together for future reference. One parent cautioned that this format would only work if in fact the newsletters did arrive on time.

### **Booklets**

In every focus group, some parents said they preferred a series of booklets to a larger book, which they felt they would not read. Parents especially liked booklets that were age-paced. Some parents were concerned that the booklets would get lost. They suggested a folder or binder to keep them in.

### **Parenting Kits**

Parents felt that a combination of formats would be most useful. The combination most often

mentioned was a book and video. Parents liked the parenting kits because they were comprehensive and included a variety of formats, with written material in short, easy-to-read pieces. They liked having a box to keep the information together. In the *Welcome to Parenting* kit they liked the variety, including stickers and pamphlets. In the *First Five California* kit, they liked the fact that each booklet had a complementary video. In both kits, they liked the phone numbers to call for support.

### **Other Formats**

Several other formats were suggested, including a calendar, a poster, a television channel and a CD. None of these were strong themes.

### **Minority Issues**

***Francophone parents*** - Francophone parents spoke of the difficulty they have finding French language parenting material, which they felt should be readily available to them. Resources from Quebec are not always useful, because the language level is often too advanced. Because of the relatively short history of French language education in the province, many Acadian parents are not very confident readers. This is especially the case when it comes to vocabulary that is not seen in school, such as parenting information. Therefore, written material should use simple vocabulary and appear reader-friendly. Many Acadian parents would not tackle a book.

***New Canadian parents*** - For new Canadians, parent support workers told us that translation of written material is the ideal, with Arabic and Chinese as current priorities. However, these priorities change with each new wave of immigrants. MISA now translates parenting materials into five languages: Chinese, Arabic, Spanish, Russian and Farsi. The organization would be interested in working with the province to translate the parenting resources informally. This translated text could then be inserted into the English resource.

For material produced in English, the language level must be simple. New immigrants who have attained an ESL level 4 are able to read very simple English, roughly comparable to a grade 4-6 reading level. Nobody's Perfect resource material works well with this population.

***Parents with a disability*** - Most often, disabled parents are visually impaired, mobility impaired, deaf / hard of hearing or have mental health conditions. The Metro Centre for Independent Living conducted a study of parents with disabilities in 2001. The study confirmed the need for a variety of supports. In terms of parenting information, the majority of parents expressed a need for accessible information, in audio, braille and plain language formats.

## Content

### Strong Themes

The single strongest theme expressed by parents is the need for information to help them recognize whether their baby is ill. There were six strong themes among information needs overall:

- signs of illness in infant
- emotional issues
- infant and child feeding
- developmental stages and corresponding activities
- breastfeeding
- physical changes and self care

***Signs of illness in infant*** - Parents spoke of the fears they had about their baby's well-being, particularly in the very early weeks. They needed to know what is normal for babies, what is not, and what constitutes an emergency. They would have liked more information about fever, seizures, stool appearance, rashes and childhood diseases such as chicken pox. They want to know what body temperature constitutes an emergency and when they can safely administer Tylenol themselves.

They spoke of many needless trips to emergency departments as well as symptoms of serious problems that they did not catch. Several moms said they phoned their own mothers to find out what to do – even when their mothers lived on the other side of the world. Moms from rural areas pointed out that accessing medical care is a particular issue for them, so any information that reduces needless trips to see a doctor is valuable.

A few moms said they would like a checklist of symptoms they could refer to before consulting a doctor. One mom asked for pointers on how to speak to doctors so her concerns will be taken seriously.

***Emotional issues*** - Parents in all focus groups identified a need for more information about post-partum emotional issues. They wanted to know that post-partum depression is not unusual, how to recognize it, just how bad it can be, that it will not last, and where to get help. Several people – both moms and dads – indicated that dads needed information addressed specifically to them on this issue. Support workers from both MISA and the Native Council spoke of the isolation many new mothers face and their need for encouragement and specific information on how to reach out to others.

***Infant and child feeding*** - Parents spoke of uncertainty about feeding babies and toddlers. While some valued the information in the current provincial publications, many found it wanting. For some, the information was too rigid or unrealistic. They said all babies are different and that they would have liked greater encouragement to “listen to your baby”. They suggested more general guidelines and information about what has worked for other mothers, rather than rigid rules from

experts. Some of these said they had listened to friends and relatives and offered solid foods much earlier than recommended. They wanted to know why they should not introduce solids earlier and what other options they have if baby is always hungry or not gaining.

In contrast, other parents said they would have liked even greater precision, such as how much formula a child should be taking by weight, sample daily menus by age and more recipes.

Several parents felt that their feeding issues were not addressed by current publications. These included immigrant parents and parents of premature infants, picky eaters and children with allergies. Parents wanted to know what foods could be substituted for those their children could not or would not eat. New Canadians wanted information that would help them interpret infant feeding guidelines in terms of foods of their own culture. A few parents said they were not able to find information on weaning – whether from the breast or the bottle.

***Breastfeeding*** - The information about breastfeeding that mothers said they had difficulty finding included: pain, weaning, mastitis, exhaustion, extended breastfeeding, extended pumping, and problems with latching on, sucking, biting and pinching. Several moms said they had abandoned breastfeeding because they were not successful in addressing these issues.

***Developmental stages and corresponding activities*** - Two strong and related themes were information about baby's developmental stages and activities for interaction at each stage. Parents wanted to know what to expect of their child at each stage. They wanted to know about the normal milestones as well as the warning signs that something may not be right. Three parents felt that if they had had a developmental checklist their children's special needs would have been diagnosed earlier.

Both moms and dads also expressed a hunger for information about what they can do to interact with and stimulate their child's development at each stage. Moms also felt that knowing how to interact with the child is a big issue for dads, who sometimes feel left out and are afraid to handle the baby.

***Physical changes and self care*** - Several mothers would have liked better information about how to take care of themselves. They wanted information about what is normal for their own recovery – whether from vaginal or CEsarian births – and signs that they need to see a doctor. One mother who received instructions about caring for herself after a CEsarian said they were impossible to follow.

Mothers also wanted to know about preventing, recognizing and dealing with their own exhaustion. They wanted to know what supports are available for them and to be told that they should not hesitate to ask for it. Mothers with chronic conditions wanted encouragement to make their own health care a priority.

## **Moderate Themes**

Many additional, more moderate themes arose in discussions about information needs of parents:

***Supports and services*** - Descriptions of the services available in their own community as well as lists of recommended books and web sites.

***Comforting a crying child*** - information to reassure parents of babies who cry for hours and a menu of ways to comfort them that have worked for others.

***Reassurance about parenting ability*** - normalizing parents' fears, reassuring them that they can be good parents and will get through it.

***Child safety and first aid*** - Information about cribs, car seats, safe toys and child proofing. Also first aid: for fever, poisoning, beans in the nose and other common child conditions.

***Infant care*** - information about care of newborns, including diapering, bathing, jaundice and care of genitals and the umbilicus. What they should look for, what is normal/abnormal.

***Circumcision*** - balanced information on the pros and cons of circumcision both at birth and later on – signs that circumcision might be necessary.

***Behaviour / discipline*** - Positive ways of dealing with temper tantrums, attitudes, biting, manipulation, sibling rivalry.

***Immunization*** - more complete information on immunization: vaccines that are not covered, whether older children should get newly-covered vaccines and risks associated with immunization. Informed consent about vaccines.

***Family issues*** - Integrating a new baby into an existing family, dealing with sibling rivalry, separation, divorce. What to tell young child about daddy when there is no daddy.

## **Minor themes**

Several information needs arose only once or twice, briefly:

- information about specific medical conditions of mother or baby
- meeting the child's emotional needs - fears, stress
- toilet training and bed wetting
- dental care.

## **Information for dads**

In most focus groups, parents mentioned information that should be addressed to dads. Many felt that it would be useful to have a separate resource for dads, with information on the following

issues:

- post-partum depression
- how to support mother
- how to hold and interact with baby
- discipline for 2-3 year olds
- jealousy
- circumcision
- car seats and safety.

### **Minority content issues**

**Aboriginal parents** - The resource needs to be non-authoritarian, non-rigid. Important issues to cover include:

*Social isolation:* Life in the city is so different then on the reserve, some people are overwhelmed and never leave the house. They have left their support network behind. They need to know about postpartum depression and how to overcome isolation.

*Stages of growth and development.* New moms need to know what is normal for their infant, particularly because of their isolation, they no longer have extended family around to inform them.

*Dietary needs:* Canada's Food Guide may not be appropriate to meet the nutritional needs of First Nations children.

**New Canadian parents** - New Canadian parents expressed many of the same issues and concerns as other parents. The single issue for which this group wanted particular information is feeding. They wanted to know how to introduce solids using their own foods and preparation methods. They would like the guidelines for introduction of solid foods to be presented in such a way that makes sense for them. Otherwise, they feel they must buy packaged baby foods, but are reluctant to do so. According to parent support workers, the following content areas are also important for new Canadian parents:

*How the system works:* For example, new Canadian families might not know how to 'consult your family doctor'.

*Social isolation:* In Canada, immigrant moms lack the social supports they had back home and are often very isolated. They may not know about post partum depression. It is important for the resource to normalize the situation of loneliness with a new baby and encourage/enable them to reach out to others for support.

*Where to go for help:* Immigrant parents need to be encouraged to reach out for support. A name of an organization and phone number is not enough to overcome barriers. They need to know what will happen there and that they will be welcome.

*Child safety:* New Canadian parents are often unaware of child safety issues and norms in Canada. Consequently they are sometimes accused of child abuse. The IWK has good resources on this that MISA is currently translating.

*Normal child development:* Refugees come to Canada from difficult conditions where the child may have been undernourished. They often have concerns about whether their child is developing normally, therefore they need to know signs of normal development and warning



signs, and what to do about them.

**Parents with a disability** - Most of the information for parents with disabilities in the province is provided by disability-specific agencies. Toronto's Centre for Independent Living produces a cross-disability parenting resource entitled: *The Parenting Book for Persons with a Disability* (1999). The book addresses questions such as: where does one find side-opening cribs? What is nurturing assistance? Where can parents find peer support and advice? What are some guidelines for discussing disability with your children? It also includes general information and advice on parenting with a disability and offers practical information for parents as they anticipate the stages in their child's life. The centre also puts out a quarterly bulletin and has a parent support group for parents with a disability. Key content issues for this population include:

*Lack of support:* Parents with a disability often experience lack of family support for their decision to have a child, and family distrust of their capacity to parent. They need encouragement that anyone can be a good parent.

*Doing things differently:* Parents with a disability often need to find different ways to do the things that need to be done to care for a child. These vary by disability. They need to know where to go to get this kind of support and information.

*Self care:* Parents with chronic conditions, especially, need to be encouraged to take care of themselves and not feel selfish about doing so.

**Adolescent parents** - The resource should address issues of adolescent parents, such as friends and school.

## Design

Parents expressed strong agreement across focus groups about design of resource material. These are summarized below:

**Information organized according to age** - Whatever the format, parents in all groups preferred resources in which the information was organized according to the child's age. Some suggested that it be monthly during the first year and less frequently after that.

**Not wordy** - Parents preferred material with few words and a lot of white space on the page. No long explanations. They wanted information in either point form, brief paragraphs with bolded headings, or question and answer format. They did not like books that looked like they had to be read from cover to cover.

**Attractive appearance** - Resources should be colourful and have an attractive cover.

**Legible** - Parents disliked resources with small fonts or white print on a brilliant colour background, which they found difficult to read.

**Illustrated** - Parents preferred resources with pictures, especially photographs of real people.

**Visual** - Parents liked clear illustrations showing “how-to”, accompanied by brief text, as in the Nobody’s Perfect resources.

**Checklists** - Parents liked checklists, for assessing baby’s developmental stage, for preparing for a doctor visit and for assessing their understanding.

**Easy reference** - Parents liked resources that made it easier to find information quickly, such as indexes, tabs and colour coding of the various topics or ages.

**Spiral binding** - Moms expressed appreciation for spiral bindings that allow books to stay open for hands-free reading.

**Small size** - They liked resources that fit easily in one hand or on the back of the toilet.

**Simple language** - Parents liked plain language resources.

**Friendly tone** - Parents preferred resources with a friendly, non-authoritarian tone – providing choices rather than rules. For example, “here are things to try that have worked for other parents” rather than “experts say this is what you must do.”

**Non-judgmental** - Several parents said they avoided reading the material they received because it made them feel judged or guilty.

### **Minority design issues**

Regardless of the specific needs of each group, there were several common themes across the various key informant interviews.

Information must be available in simple, plain language, at a fairly low reading level. The information should be provided in sound bites and organized by age level. It should tell parents what to do but avoid explanations. Not a lot of words.

Examples used in the text must reflect the reality of diverse families. One person suggested that the resource should be written to a single teen mom and a Chinese husband and wife of twins. That way it will be inclusive of many kinds of families.

The resource should be attractive and look readable: lots of white space, images, sub headings breaking up the text. Images should reflect various cultures and types of families.

Parent support workers had several additional suggestions about design relating to the needs of minority populations:

**Pictures** - Include pictures of very young parents, people of diverse cultures, dads parenting, women together and men together. Avoid pictures of wedding rings

**Inclusive language** - Use the word partner rather than husband.

**Diversity through examples** - Use quotes or examples that reflect people from diverse cultures, teen parents and same-sex parents.

## **Delivery**

Parents provided three clear messages about the delivery of resource material: 1) not in the hospital 2) paced timing and 3) multiple access points.

Parents felt they received too much material in the hospital, at a time when they felt overwhelmed, uncomfortable and exhausted. Many felt unable to read during the first six weeks so information obtained in hospital was either lost or not looked at until much later, when much of it was too late to be of use. Some parents preferred to receive the parenting resources before delivery, others after, but there was strong agreement that it should not be during the hospital stay.

Parents who wanted to receive the material before delivery pointed out that during pregnancy they are bored and have a lot of time on their hands for reading, whereas after the baby is born they are too exhausted to read and have very little time. Other mothers said they would not look at information about baby care during pregnancy. At that time they are more interested in information about pregnancy and delivery.

In general, parents said they would like to receive the information they need in small quantities, as required. They suggested providing information necessary for the first six weeks shortly before delivery to prepare them for that difficult time: information about post-partum depression, newborn care, comforting a crying infant and when to call the doctor.

While at the hospital, parents said they would like to receive information about where to phone for support in the first six weeks. Once back home, they would like information provided periodically over time.

Parents also suggested that there be multiple points of access for information at places frequented by parents: doctors offices, well baby clinics, prenatal classes and family resource centres. That way, parents could pick up the information they need when they are ready for it.

## **Key Findings of Consultation**

- Parents of infants and young children have many information needs. The greatest priorities appear to be:
  - signs of illness in infant
  - emotional issues of mother
  - infant and child feeding
  - developmental stages and corresponding activities
  - breastfeeding
  - physical changes and self care
- Different formats work for different parents. While some parents express comfort with books and Web sites as sources of information, others do not.
- Parents prefer information organized according to the child's age
- They prefer information that is easy to read and presented in small bites.
- Parents are overwhelmed by the information they currently receive in hospital. They would prefer to receive information either during pregnancy or after they are settled at home. They would also prefer to receive information in smaller amounts over time.

## Section 3: Discussion and Recommendations

Section one of this report examined the research literature on parent health education resources, with a focus on populations similar to Healthy Beginnings families. Section two summarized the needs and preferences expressed by Nova Scotia parents and the people who work with them. Interestingly, these two very different sources of information provided similar messages. This section integrates information from both sources and provides recommendations to support decision making by the Parent Health Education Resource Working Group.

### Format

A variety of formats have been shown to be effective in increasing parenting knowledge and skills. One constant among effective formats is that information is broken down into smaller units. No evidence was found to support a single comprehensive book.

Among comprehensive resources, only two formats have evidence to demonstrate their effectiveness: age-paced written resources and parenting kits. There is also considerable evidence to support the use of videos with this population. The evidence for videos, however, comes from research on videos with very specific messages (dental health, poisoning, feeding interaction) rather than comprehensive resources. The parents we heard from expressed strong support for videos on topics related to interactions with children and topics for fathers. Due to the transition to DVDs, videos would have to be produced in both VCR and DVD format.

Decisions about format must also take into account issues of accessibility. For wider access to minority parents, resources should be available in various languages and alternative formats, such as audio and braille.

Ultimately, no single format will work for every parent and Healthy Beginnings staff will need access to a variety of resources to meet each family's specific needs. Table 1, below, summarizes the findings of the literature review and consultations regarding format.

### ***Recommendations as to format:***

- C Parenting resources should be provided through a variety of formats.
- Parenting resources should be available in French.
- The Department of Health should work with MISA to investigate possibilities for translation into Arabic and Chinese.
- The Department of Health should work with disability groups to investigate possibilities for making parenting resources available in audio and braille formats.

**Table 1:** Summary of findings of literature review and consultations, regarding format.

Format	Positive features	Drawbacks	Evidence of Outcomes	Suggestions for Implementation
<b>Age-paced newsletters</b>	<ul style="list-style-type: none"> <li>• Information organized by age</li> <li>• Brief</li> <li>• Comprehensive</li> <li>• Just-in-time delivery at teachable moments</li> <li>• Reach socially and geographically hard to reach populations</li> </ul>	Easily scattered or lost	Strong evidence of effectiveness in increasing parent confidence and changing knowledge, attitudes and practices, among both vulnerable parents and the general population	<ul style="list-style-type: none"> <li>• Provide monthly in first year, then less frequently in subsequent years</li> <li>• Provide binder or kit for storing bulletins</li> </ul>
<b>Book</b>	<ul style="list-style-type: none"> <li>• All information in one place</li> <li>• Comprehensive</li> <li>• Longer lasting</li> </ul>	Highly literacy dependent - overwhelming for many parents	None found	<ul style="list-style-type: none"> <li>• Organize information by age, using colour coding and tabs to divide sections</li> <li>• Provide good index</li> </ul>
<b>Booklets</b>	Brief	Easily misplaced	<ul style="list-style-type: none"> <li>• Age-paced booklets successful in modifying knowledge and parenting practices among vulnerable parent populations, when provided on a monthly basis</li> <li>• Less effective when given all at once</li> </ul>	<ul style="list-style-type: none"> <li>• Produce booklets according to child's age</li> <li>• Provide box or folder for storing booklets</li> </ul>
<b>Pamphlets</b>	<ul style="list-style-type: none"> <li>• Can provide more detail on a specific topic of interest</li> <li>• Brief</li> <li>• Can provide locally relevant content</li> </ul>	<ul style="list-style-type: none"> <li>• Easily lost or discarded</li> <li>• Overwhelming when provided in quantity</li> </ul>	Effective for teaching complex topics or skills with multiple steps	Provide pamphlets on an as-needed basis, with verbal instruction, rather than in a grab-bag of information

Format	Positive features	Drawbacks	Evidence of Outcomes	Suggestions for Implementation
<b>Parenting Kits</b>	<ul style="list-style-type: none"> <li>• Comprehensive</li> <li>• Include a variety of formats, not all literacy dependent</li> <li>• Written material in small pieces</li> <li>• All information in one place</li> <li>• Local information can be inserted</li> </ul>	Higher cost	Demonstrated improvement in knowledge, attitudes and parenting practices on a wide range of issues, among high risk parents	Insert information about locally available supports and services
<b>Videos / DVDs</b>	<ul style="list-style-type: none"> <li>• Not literacy dependent</li> <li>• Can demonstrate and model parent behaviours</li> <li>• Can be watched by parents together and later discussed</li> <li>• Dads more likely to use videos than print materials</li> <li>• Can be easily dubbed into different languages</li> <li>• Rely on widely available technology</li> </ul>	Cannot provide quick answers	Effective in modifying parent knowledge and attitudes on specific topics	<ul style="list-style-type: none"> <li>• Culturally sensitive videos more effective with particular population groups</li> </ul>

## **Content**

Both the research literature and the parents we consulted confirmed that new parents are highly receptive to information. They want to do the very best for their baby and want information on a wide variety of topics.

### ***Recommendation as to content:***

Parents should be provided with resources that address the following issues\*:

#### Infant care

- comforting a crying child
- bathing, diapering etc

#### Child health

- signs of illness in infant (what constitutes an emergency?)
- breastfeeding
- infant and child feeding
- child health
- safety (SIDS, car safety, tobacco smoke, injury prevention)
- first aid
- immunization

#### Mother care

- emotional changes
- physical changes and sexual changes, intercourse
- reassurance about parenting ability
- self care
- supports and services available in the community

#### Child development

- developmental milestones – physical, social, emotional
- language and literacy development
- parent-child interaction/attachment

#### Other

- behaviour / discipline
- integrating a new baby into an existing family.

## **Design**

Parents provided a long list of criteria for the design of publications. These are consistent with the literature on design for readability among low literacy populations.



Reading level is a major consideration. Parents said they preferred material that is easy to read and uses simple words. The research literature has demonstrated that material written to a grade five reading level is effective with parents from vulnerable populations. This is consistent with guidelines for readability and recommendations of parent support workers.

Parents expressed strong preference for information organized according to the child's age. This preference is also supported by evidence from the research literature.

***Recommendations on design:***

- Resources should be written to a grade five reading level or lower.
- Resources should be organized according to the child's age.
- Resources should be attractive and use illustrations to convey information.
- Written resources should be small in size and held together with a spiral binding if necessary for hands-free reading.
- Information should be provided in small blocks rather than wordy text.
- Resources should be designed for easy retrieval of information, through colour coding, tabs, sub-headings and careful indexing.
- Resources should include checklists and other methods to encourage parents to interact with the information.
- Resources should use a friendly, non-authoritarian and non-judgmental tone.
- Resources should use inclusive language, illustrations and examples.

**Delivery**

Parents sent one strong message about the delivery of resource material: it should not occur while they are in the hospital. They also said it should be provided gradually, as needed. This corresponds with information in the research literature demonstrating the effectiveness of the age-paced approach. In contrast, the evaluation of California's First Five parenting kit, which is delivered all at once, found that parents who received the kit during pregnancy had greatest gains in knowledge, attitudes and parenting practices. Clearly there is more than one way to effectively deliver parent health information. Ideally, delivery should have the flexibility to enable parents to acquire the material at a time that works for them.

***Recommendations on delivery:***

- Resource material should be delivered in partnership with a variety of pre and postnatal support agencies, enabling parents to acquire the material through multiple access points, at the time that works best for them.
- Parenting material provided in hospital should be limited to information about how to access support during the postpartum period.
- Parents should receive information about infant care, breastfeeding and postpartum emotional issues in late pregnancy, before admission to hospital.

## Conclusions

The conclusions outlined below are those reached by members of the Parent Health Education Resource Working Group and others after reviewing the findings of this report and assessing existing resource material against the recommendations in the previous section.

All of the resources reviewed were found to have both positive and negative characteristics. However, two parent resources stood out: *Nobody's Perfect*, produced by Health Canada, and *Great Beginnings*, produced by Maggie's Place. Participants were also impressed by the age-paced approach but the examples provided, which were both from the United States, were not considered appropriate for use in Nova Scotia. One important learning from the process is that resource material written for low literacy populations can indeed be suitable for the general population.

Participants concluded that the province's approach to parent health education resources in general should be revised so that all parents receive resources that are more reader-friendly, provided in an age-paced manner.

Rather than adapting any of the existing resources, they recommended creating a new resource for distribution to all Nova Scotia families, taking the best ideas from all the resources reviewed. For example:

- the approach and tone of *Nobody's Perfect* and *Great Beginnings*
- the instructional illustrations of *Nobody's Perfect*
- the real-life parent experiences of *Great Beginnings*
- the age-paced approach of *Parenting the First Year* and *Beginnings Parent's Guide*
- the spare, point form format of the California *Parent's Kit* booklets
- the 8½x 5½" booklet format of *Beginnings Parent's Guide*.

They recommended that the new age-paced series of booklets incorporate all the information now provided through the parent resources that are currently in use.

To make this approach feasible financially, they suggested that each booklet cover a three-month period ("quarterly") or coincide with immunization schedules. To reduce mailing cost, families could pick booklets up at doctor's offices, family resource centres and other contact points. They could also be available online.

Home visitors could deliver the booklets to Healthy Beginnings Enhanced Home Visiting families. The booklets could be mailed out to all families who screen positive for Healthy Beginnings but do not receive the service, for whatever reason.

At the same time, participants noted that the *Nobody's Perfect* resources are already available in both English and French and well suited for Healthy Beginnings EHVI families. Many participants felt that families in the program should receive a set, pointing out that this can begin immediately, until new resources are developed.

***Final recommendations:***

- The Department of Health should develop a new, age-paced parent education resource consisting of a series of booklets delivered to families periodically during the first three years of their child's life, through multiple access points.
- The Department of Health should investigate the possibility of providing the *Nobody's Perfect* resource material to all Healthy Beginnings EHVI families until the new resource becomes available.

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## **Appendix A: Key Informants**

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**Independent Living Resource Centre**

Sandra Brooks  
**Preston and Area Prenatal Nutrition Program**

Maura Donovan  
**Extra Support for Parents**

Alice de la Durantaye  
**Centre de ressources familiale La Pirouette/Public Health Services**

Wenche Gausdal  
**Metropolitan Immigrant Settlement Association**

Joan Glode  
**Micmac Family and Children's Services**

Anna Gregus  
**Metropolitan Immigrant Settlement Association**

Tracy Johnson  
**Native Council of Nova Scotia**

Vesna Mirosovljevic  
**Metropolitan Immigrant Settlement Association**

Suzanne Saulnier  
**Centre provinciale de ressources préscolaire**

Lee Thomas  
**Mi'kmaq Child Development Centre**

Shirley Vignault  
**Équipe d'alphabétisation de la Nouvelle Écosse**

## Appendix B: Focus Group Questions

1. When your baby was born, what kind of information material (books, tapes, pamphlets) did you receive?
2. Which of these materials did you use and what, if anything, did you get out of them?
3. What else did you like or not like about the material you received (probe here for format etc)
4. Thinking back to when your first baby came home, what kind of information did you most need?
5. Then, when your baby was a little bit older... 6 months... one year... two years even, what information did you need - or do you most need now?

Public Health Services is looking at various information material they could give to new parents. We'd like you to give us some advice about the kind of material they should consider. So what I want you to do now, is just take a few minutes to look at the material I brought. Feel free to talk to each other, or to grab something to eat or drink while you do this. We want to know if there's anything you see that you really like or really hate, and why. You don't have to do a lot of note-taking, but if you could just jot down the titles of those you like or dislike, that would be helpful. I'll give you about 10 minutes to explore the stuff, and then we'll talk about it.

6. Did any of you see anything you liked? Promote a general discussion and probe as required to elicit information about design, pictures used, writing style, size, format etc
7. Did you see anything you found particularly bad? Promote the same sort of general discussion as above.
8. Which do you think would be most helpful?  
Present the following options on flipchart: a book - a video- a package with many pamphlets and booklets - a series of booklets according to baby's age - something else?
9. When do you think is the best time and what is the best way to give the information to all parents?  
Present the following options on flipchart: during pregnancy - at the hospital - during a home visit after baby is home - every month or so in the mail - something else?
10. All things considered, what is the most important message you would like to send to Public Health Services about information for new parents?



## Appendix C: Resource material short-listed

Title	Year	Producer	Description	Age	Contact Information
<b>Beginnings Parent's Guide</b>	2002	Practice Development Inc, Seattle WA	8 age-paced booklets (aver. 24 pages each) in a colourful folder. <b>Grade 5 level</b>	0-3	Sandra Smith, Editor, <i>Beginnings Guides</i> Health Education Specialist, U of WA Center for Health Education & Research 800-444-8806 pr 206-441-7046 www.BeginningsGuides.net
<b>(California) Parent's Kit</b>	2004	First 5 California	Kit of 6 single-topic videos each with a corresponding booklet written at <b>grade 2 level</b> . Kit also includes 78 page Parent's Guide written at <b>grade 7 level</b> .	0-5	Luis Sepulveda , California Children and Families Commission , 501 J Street, Suite 530, Sacramento, CA 95814 916-323-7098 Luis Sepulveda <lsepulveda@ccfc.ca.gov> www.ccfc.ca.gov
<b>"Great Beginnings: About Pregnancy and Parenting: Advice from Real People"</b>	2002	Maggies Place Family Resource Centre, Amherst, NS	116 page booklet at <b>grade 4 level</b> . No longer in print but available online at <a href="http://www.nald.ca/clr/great/great.pdf">www.nald.ca/clr/great/great.pdf</a> .	0-5	Trudy Reid Maggie's Place P.O. Box 1149 Amherst, NS B4H 4L2 (902) 667-7250 tdreid@ca.inter.net
<b>Nobody's Perfect</b>	revised 1997	Health Canada	Six 4-colour booklets, approx. 50 page each in length. <b>Grade 3 level</b> .	0-5	Jennifer Walter Program Policy Advisor, Community Based Program, Division of Childhood and Adolescence, Public Health Agency of Canada tel (613) 952-3683 Jennifer_Walter@phac-aspc.gc.ca or Nicole Fillion , Government of Canada Publications (613) 996-6206

Title	Year	Producer	Description	Age	Contact Information
<b>Parenting the First Year; Parenting, The Second and Third Year</b>	1999	University of Wisconsin Extension	8 page newsletter sent out monthly in first year, bi-monthly in years 2-3 at <b>grade 5 level</b>	0-3	Cooperative Extension Publishing Services Room 103 Extension Building 432 North Lake Street, Madison, Wisconsin 53706 Ph (608) 262-2655 Licensing info on <a href="http://www.uwex.edu/ces/flp/parenting/licenout.html">www.uwex.edu/ces/flp/parenting/licenout.html</a>
<b>Parent's Guide to the Early Years</b>	2003 (2nd ed)	Ontario Early Years <a href="http://www.earlyyears.ca">www.earlyyears.ca</a>	176 page book in a 4"x7" format <b>grade 6 level.</b>	0-6	Lynne Livingstone Executive Director - EARLY YEARS PROGRAMS, Ontario Ministry of Children and Youth Services Phone: 519-438-5111 Fax: 416-325-5349

## Appendix D: Summary of research literature that meets selection criteria

Author, Date	Topic	Type of Intervention	Population	Sample Size	Key Results
Age-paced resources					
Cudaback et al, 1990	Comprehensive	Age-paced parent education booklets	gen public	Total responses - 2263	High risk parents reported most changes in knowledge and parenting practices
Dickinson & Cudaback 1992	Comprehensive	Age-paced parent education booklets (gr 5 reading level)	adolescent moms	Intervention - 70 Control - 85	More intervention parents had no-risk scores on Home Screening Questionnaire of parenting effectiveness. More positive parenting attitudes, beliefs, and practices.
Golova et al; 1999	Literacy promotion	Age-paced, bilingual parent handouts and baby books (gr 5)	low SES, mostly Hispanic	Control- 70 Intervention- 63	Intervention group more likely to read books with infants and have more books in home.
High et al; 1998	Literacy promotion	Age-paced parent handouts and baby books (gr 5)	low SES	Control- 51 Intervention- 100	Intervention group more likely to have a bedtime routine with reading and scored higher on Child-centred Literacy Orientation.
High et al; 2000	Literacy promotion	Age-paced parent handouts and baby books (gr 3)	low SES, various cultures	Control- 99 Intervention- 106	Intervention families read more with toddlers. Vocabulary scores were higher in intervention toddlers.
Riley et al 1991	Comprehensive	Age-paced bulletin (gr 5)	gen public with 6 risk groups	Total responses - 297	Parents in 6 risk groups reported changes in knowledge and child-rearing behaviours more often than non-risk parents.
Pictorial manuals					
Feldman & Case; 1997	Infant care skills	1) self-instructional pictorial manuals (gr 3) 2) manuals + audiotape	moms with intellectual disabilities	1) Intervention - 13 2) Intervention - 13 Control - 13	Parents learned to perform 22 of 26 skills to levels seen in parents without intellectual disabilities, using manuals alone. Despite low literacy, no advantage was found to adding audiotape.
Feldman et al 1999	Infant care skills	Self-instructional pictorial manuals (gr 3)	moms with intellectual disabilities	Intervention -10	Nine parents learned to perform 12 of 13 basic skills to levels seen in parents without disabilities and maintained these for up to 3 yrs.

Continued

Author, Date	Topic	Type of Intervention	Population	Sample Size	Key Results
Video and Audio tapes					
Black & Teti 1997	Infant feeding / mealtime interaction	Videotape	Black teen moms	Control- 33 Intervention- 26	Intervention mothers were more involved with infant and reported more favourable attitudes than control group.
Kelly, et al; 2003	Poisoning	Videotape, pamphlet and stickers with hotline number	low SES, mostly Hispanic	Control - 144 Intervention- 145	Intervention group showed an increase in knowledge about the poison control centre and were more confident in knowing what to do in an emergency.
Kanellis et al; 1997	Baby bottle tooth decay	5 min audiotape	low income	Control- 60 Intervention- 60	Intervention group showed significant changes in knowledge and attitude.
Comprehensive Kits					
Neuhauser et al. 2004	Comprehensive	Parenting kit: 6 videos 10 booklets	low SES	Intervention - 350 Control - 414	Improved knowledge, attitudes and parenting practices on a wide range of issues.