

Maternal Mortality through a Health Literacy Lens

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Objectives:

Integrate Health Literacy Principles into Healthcare Education



- Define Service Learning and discuss its importance in health professional education.
- Define Health Literacy and discuss the principles integrated into the Service Learning pilot and Inter-professional education.
- Examine the methods used in this pilot study and analyze the pilot outcomes for application in other settings.



Service Learning: Application in Health Professional Education



Service Learning:

What is service learning?

- Incorporates community service with academic goals.
- Provides an enriching context for students to understand the social determinants of health.
- Recognizes civic and cultural diversity that explains real life/world situations.
- Uses reflection as a vehicle for cognitive growth and academic skills acquisition.

Benefits:

What is the benefit for students and patients?

- Learners receive the benefit of reflecting on civic duty, intentionally caring for others and including others from diverse backgrounds.
- Teaches appreciation of the need to help minimize unintended harm to disadvantaged and vulnerable groups from a lack of education and understanding.





Projects: Spring and Fall 2018

- Safe Baby Sleep
- Healthy Baby, Happy Mommy

Fall 2018 and Spring 2019

- Maternal Mortality Through A Health Literacy Lens
- What about Mom? A Health Literacy Perspective to Address Maternal Mortality in the Postpartum Period





Safe Infant Sleep Education

Claire Bordeaux, Kenzi Dannelly, Emily Dodd, Murray Elms, Liza Gallagher, Danielle Hochhauser, Emily Kiolbassa, Emily McCarthy, Cami McCurdy, Caroline Muller, Peyton Porter, & Marie Stark, MSN, RNC-OB

Public Health Clinical Group 106 | Texas Christian University, Harris College of Nursing UNT HEALTH

PURPOSE

As a clinical group, we provided education regarding safe sleep practices for infants in order to address the Healthy People 2020 goal of MICH-1.9. We targeted a community that has one of the highest infant mortality rates (IMR) in Tarrant County. As an incentive, we distributed Pack 'n Plays as well as appropriate infant care supplies to mothers who attended. We assessed the knowledge of the community though pre & post tests to ensure effective teaching.

PLAN & IMPLEMENTATION

- 1. Performed an extensive review of the literature to determine the zip code with the highest IMR in Tarrant County.
- 2. Assessed the 76105 zip code through stakeholder interviews & windshield surveys.
- 3. Met with various stakeholders in Fort Worth who are currently working to raise awareness & lower the IMR in Tarrant County.
- Planned a safe sleep education event including: 15 minute presentation, interactive safe sleep activity, & a pre & post test to assess effective teaching.

MOBILIZE

Effectively communicate & collaborate with stakeholders: Boys and Girls Club J A Cavile Branch, The Center for Prevention of Child Maltreatment at Cook Children's Medical Center, & UNTHSC Institute for Patient Safety



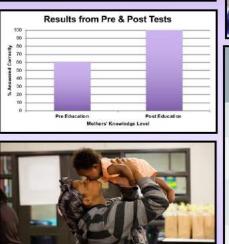


References upon request

TRACKING & EVALUATION Goal: TCU students gain a better

understanding of safe sleep practices. Outcome: TCU students not only learned safe sleep practices, but gained a greater understanding for the need in our surrounding community in Tarrant County.

Goal: Host an educational event where 10 mothers attend from the 76105 community. Outcome: 17 mothers attended the event & completed the pre & post surveys, listened to the 15 minute presentation, completed the safe sleep activity, & received a Pack 'n Play & safe infant care supplies.



RECOMMENDATIONS

- Continue this education event annually for new moms in the 76105 zip code.
- Reach out to neighboring schools & expand target population to high school & middle school students.
- Develop relationships with stakeholders & donors to provide safe sleep environments for mothers without a crib.



	Mother Demographics	Number (%)
ducation	Mother < 25 years old	7 (54)
	African American Mother	11 (85)
	Mother has 12 th grade education or less	11 (85)
	Mother does NOT have a crib at home	12 (92)

team leader-Scribc-Coordinatortime keeper -External Relations. Written Report Coordinator Supply Manager -Budget Manager Safety Manager Media Manager -

- Reflect
- Choose Team Roles
- Assess
- Develop Partnerships
- Plan
- Implement
- Evaluate
- Recommend



Healthy Baby Happy Mommy



Ashley Clayton, Oscar Corrales, Brad Davis, Rachelle Desrosiers, Dayton Emery, Rachel Freiburger, Sydnee Granger, Maia Oftedahl, Jessica Pulley, Ashley Shelton, Marie Stark, MSN, RNC-OB, Shawna Weldon



PURPOSE

As a clinical group, we provided education regarding infant and maternal health in order to address Healthy People 2020 goals of MICH-1.9 and MICH-16. We hosted the event in the Stop Six Community in Tarrant County, which has one of the highest infant mortality rates in Texas. As an incentive, we distributed pack n plays, sleep sacks, and other maternal and infant care supplies to the mothers who attended. We assessed the knowledge of the community through pre and post-tests to ensure effective teaching.

MOBILIZE

Effectively communicate & collaborate with stakeholders: Boys and Girls Club J A Cavile Branch, Cook Children's, & Hope Supply Company.



PLAN & IMPLEMENTATION

I.Performed an extensive review of the literature to determine the educational needs of mothers in the 76105 zip code, which has one of the highest infant mortality rates in Tarrant County.

. Gathered donations of infant and maternal care supplies to give out at the event. 3. Connected with stakeholders in the community to gain knowledge about the needs of mothers in the Stop Six community.

4. Planned a safe infant & maternal educational event including three interactive teaching stations covering safe infant sleep, maternal health, and infant development, as well as a pre & post-test to assess effective teaching.



RECOMMENDATIONS

.Continue this educational event annually for mothers in the 76105 zip code

2.Reach out to neighboring schools & expand target population to high school moms

3. Develop relationships with stakeholders & donors throughout the semester and invite them to attend the event



TRACKING & EVALUATION

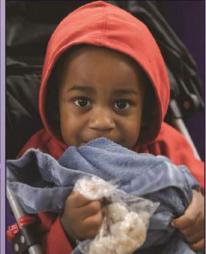
Goal: The mothers who attend the event gain a better understanding of safe infant and maternal health practices.

Outcome: Mothers took a 5-question test before and after attending the event and the average score before the teaching was 70.3% and after the teaching was 82%.

Goal: Host an educational event where 30 mothers attend from the 76105 community. Outcome: 19 mothers attended the educational event.

Mother Demographics	Number (%)
Mother <25 years old	5 (29%)
African American	16 (94%)
Less than 12th grade education	10 (58%)





Partnerships:

- Texas Christian University
- Tarrant County Public Health
- Infant Health Network
- Boys and Girls Club JA Cavile Branch
- Cook Children's Center for Prevention of Child Maltreatment

- University of North Texas Health Science Center (UNTHSC)
- Baylor Scott and White Baylor All Saints
- John Peter Smith Hospital Educator
- Community Health Workers (UNTHSC)
- Tarrant Baptist Association



Benefits:

What is the benefit of collaboration with community partners?



- Encourages relevant, meaningful projects
- Engages students in advocacy, coalition building, consultation, and policy development
- Since community partners are always evolving, public health and nursing academic partnerships help anchor projects
- Community partner expertise moves projects forward

Infant Health Network



Infant Health Network

Partnerships Student Learning

- "[The Infant Health Network has] seen decreased premature births for those women who have received progesterone shots every week. The shots are given between 16-20 weeks and continued every week until 36 weeks. They cost about \$1200." Grayson
- "Attending these meetings has opened my eyes to the expansive resources that can be used to aid those who qualify for their services. It has shown me the value of getting involved in the health of our community and the impact it will make on our youngest generation, our infants."
- "I am impressed by the passion shown during these meetings. So many community members working toward the same end goal, improving the overall well-being of women and babies in their area. It inspires me to get involved with whatever community I am apart of once I begin my professional career." Alex

Public Health Nursing Clinical Planning and Implementation

Analyzed:

- Fall 2018 Clinical Progress and Recommendations
- Maternal/ Infant Mortality Rates
- Census Tract Data / Windshield Survey Data
- Social Determinants of Health/ Literacy Levels
- Evidenced-based post partum education concepts Obtained:
- Health Literacy Education and Mentoring from Teresa Wagner DrPH (UNTHSC)

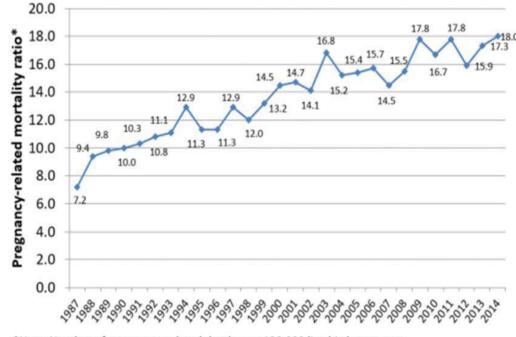
Implemented Interactive educational events to:

- Share Health Literacy Concepts
- Obtain Expert Feedback
- Discover Cultural insights

The Issue:

Maternal Mortality is a global public health issue with National Urgency.

Trends in pregnancy-related mortality in the United States: 1987–2014



*Note: Number of pregnancy-related deaths per 100,000 live births per year.

7

The Issue:

Few studies have evaluated the effect of health literacy on obstetric outcomes.



- Information on common potential complications is not consistent or based on adult learning theory causing an information gap.
- Women's ability to understand is influenced by other factors, such as culture, inadequate sleep, physical and emotional changes, possible side effects of medications, and low health literacy.
- Women may not understand if symptoms after birth are normal, or abnormal requiring medical attention.
- Black mothers are dying at the highest rate while disparities also exist for low-income women, women at extremes of maternal age and women from rural areas.

Top 5 Causes:

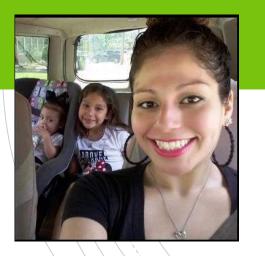
Maternal Death in Texas

- 1. Cardiac event
- 2. Drug overdose
- 3. Hypertension/Eclampsia
- 4. Hemorrhage
- 5. Sepsis

-2016 Joint Biennial Report for the Legislature by TDSHS and the Task Force

Case Study:

How did she die?



Twenty-six-year-old Amanda Eva Garcia lived in Texas, where maternal deaths have increased sharply in recent years. One of 16 siblings, "she came from a really hard life," said Zak Tiemann, her boyfriend since 2011. She was sweet-natured and excitable, with a raucous laugh that burst out of nowhere — "little things put a big smile on her face." She especially doted on her 9-year-old daughter, June, and their 2-year-old, Zoey. "Her mom abilities were so good," Zak said. "She was the best mom I've ever seen."

Amanda didn't earn enough in her assembly-line job making foam food containers to afford insurance, so like more than half of women who give birth in Texas, she got her care through Medicaid. After delivering her third daughter, Zayleeana, by C-section on July 5, 2016, she and the kids went to stay with Zak's mom while he picked up work in San Antonio, 35 miles away.

A couple of days after leaving the hospital, Amanda's stomach started to ache. She lost her appetite: "She wasn't eating her food. She was just throwing it in the trash," Zak said. She turned pale and complained of feeling hot even though, to Zak's touch, "her body felt real, real cold." Eight days after giving birth, she could no longer stand up. An ambulance took her to Guadalupe Regional Medical Center, where doctors told Zak that her organs were failing. She passed away a couple of hours later.

> Source: Lost Mothers by Nina Martin, ProPublica. July 2017. https://www.propublica.org/article/lost-mothers-maternal-health-died-childbirth-pregnancy

Socio-Ecological Model



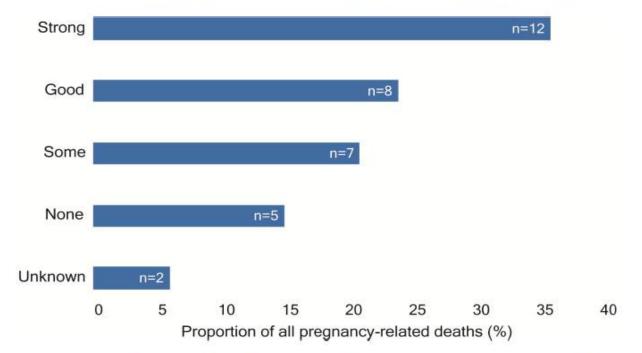
What can be done?

Figure B2 from the Texas Maternal Mortality and Morbidity Task Force and DSHS Joint Biennial Report 2018:

80% of Maternal Deaths have at least Some Chance of being Prevented through Better Care/Management



Figure B2: Task Force rating of chance of preventing pregnancy-related deaths through better care and/or management during/after pregnancy, Texas, 2012



PREPARED BY: Maternal & Child Health Epidemiology, Division for Community Health Improvement, DSHS.

DATA SOURCE: 2012 Death Files, 2011-2012 Live Birth and Fetal Death Files. Center for Health Statistics, DSHS.

Social Determinants of Health

Clinical Approach:

"She died of an infection."

Public Health Approach:

A lifetime of poverty, inadequate access to health care and stress. This lead to a lack of knowledge about the potential for infection or warning signs. She arrived in a health care setting too late for her situation.



Student Learning: Health Literacy



Hypothesis:

Improved health literacy and cultural sensitivity of postnatal education =

Improved communication, reduced care bias =

Long-term reduction in maternal mortality.



- AIM 1. Assess current readability, understandability and cultural sensitivity of information regarding postnatal care.
 - Patient Education Materials Assessment Tool
 - Fry-based Readability
 - National Standards for Culturally and Linguistically Appropriate Services (CLAS, 2018),
- Review at least one rural and urban healthcare system's postnatal discharge materials in programs serving low-income patients.

What is Health Literacy?



"Health Literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

-Healthy People 2020 and IOM

U.S. Department of Health & Human Services, Healthy People 2020

Health literacy is a **shared** responsibility.

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gnillup the regnulp back. Syawla measure erusaem from the top of 1. What is this passage about? the regnulp. Tresni the eldeen into the rebbur reppots of the nilusni elttob. Hsup the regnulp invod and evalenthe eldeeff in the elttob. Nurt the elttob and egnirys nwod edispu and llup kcab on 3. For What do you need to check? the regnulp. Kcehc the egnirys for ria selbbub. To evomer ria selbbub, tap the egnirys. Evomer the eldeen from the milusni

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Student Learning: Cultural Perspectives



Cultural Awareness



Culture is a broad concept that goes way beyond ethnicity or country of origin.

Culture can include:

- Age
- Educational level
- Geographic origin
- Group history
- Language
- Life experiences
- Religion, spiritual beliefs and practices
- Ability/disability

- Gender orientation
- Race/ethnicity
- Socio-economic status
- Other critical lifeshaping forces

Culture & Health Literacy



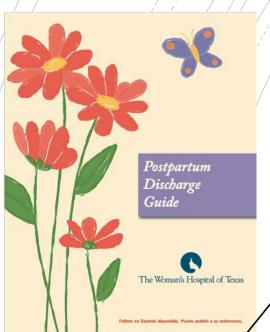
- Ask patients open-ended questions and follow their lead about "appropriate ways to facilitate communication within families and between families and other health care providers."
- Plan, write and design materials to reflect the audience and be as inclusive as possible.



Student Learning: Plain Language



Can we make it any easier?



Too Much Information

Postpartum Discharge Guide

The first six weeks following the delivery of your haby are known as the postpariaw period. This guide was designed to answer the most commonly-asked questions and help you understand the many changes that your body will experience over the next few weeks. If yo have any questions during your rays at The Woman's Hospital of Texas, please ask your body will experience over the next few weeks. If you have any questions during your rays at The Woman's Hospital of Texas, please ask your nurse. Once you leave the Hospital, please call your discrete felter with any questions. esercise for at least six weeks. Be sure to keep your incision clea

When to Call Your Doctor Please call your doctor if you experience any of the following:

Temperature of 101 degrees or above. Heavy bleeding (socking a sanitary pad in less than an hour), Persistent severe pain or excessive swellin Frequent urination with pain or burning. Foul smelling discharge from your yogin

If you are worried or troubled, please call your doctor because your doctor is there to help. Reminders • Please call your doctor during office hours unless you are experiencing an

emergency. Please have your pharmacy's telephone number available. Please place the call yourself - your hunband or friend may not be able to

answer some of the questions we may ask about your complaint.

After delivery, your uterus continues to contract, and these con tractions are referred to as "afterbirth pains." Afterbirth pains tend to be more acute after the second of third haby. These contract to be made accessive the second or third stays, mere contrac-tions will lace a few days and are sometimes stronger while nursing, your halsy, due to the formonal stimulation of the milk letdown reflex. Even though you may experience some disconfort, contractions are a positive sign that your baby is nursing well. You may also experience discomfort from your episiotomy or cesarean incision. The medicine prescribed by your doctor should control the discomfort. As you feel bettet, you may find that over-the-counter analgesics such as aspirin, "Iylenol 11", or ibuprofen may be all you need for pain control.

Care of Perineum Following Episiotomy If you have an episiotomy at the time of delivery, you may exteri-

after urinating and every bowel movement.

getting better, please call your doctor's office.

Cesarean Birth

Your menstrual cycle usually reappears between the 4th and 12th week after delivery, if not breatfeeding. It may take several months to resultability of the regular cycle. The first menstrual period may be heavier than usual. ence swelling of the tissues of the perineum. Please follow these Use pack to catch flow, NOT TAMPONS. Change pack frequently. · Fill your perineal bottle with warm water, and rinse your perineal area well

Breast Care For Promoting Milk Production · Take two to three sitz baths each day in a tab billed with four to six inches of

warm water. You may also wish to use medicated ointment, foam, or spray on the perineal area. Care of the perineum should be continued at home until the discomfort subsides, usually within seven to ren days. If your episiotomy becomes more painful and red instead of

> signs of breast infection Elevated temperature above 100.2,

A cesarean birth includes all the normal body changes that happen after vagainal delivery as well as heating of an abdominal surgical incision. See weeks is a realistic time to expect this healing to occur. During your hospital stay, you will be encouraged to move round as frequently as possible. Once home, weaking is an excellent form of exercise until your pospartum visit. Delay any strenuous - Localized redness and swelling of breast. localized tendemens and a painful breast baby formula. To minimize the stimulation of milk production we suggest wearing a bra that provides firm comfortable support for breasts that are swollen or fuller than usual. Ice packs applied for 20 minutes every two to three hours will telieve swelling as well. Some women use a loosely-applied ace wrap to hold the ice packs in place. Tylenol ", ibuptofen or aspirin may be used for pain relief. This period of discomfort usually resolves itself within

48 to 72 hours, but may last up to two weeks, Sexual Relations Please don't put anything in your vagina prior to your follow-up visit with your doctor. NO sexual relations are allowed for four to

Breast Care for Discouraging Milk Production

Your breasts may respond to the hormonal changes of birth and begin milk production even though your plans are to feed your

six weeks or until after your postpartum examination and discus-sion about contraception. This helps avoid infection and allows the vaginal wall and utenus time to heal and regain strength. When your physician indicates it is safe to resume sexual relations, you may initially find it uncomfortable because the vaginal results may seeinly strain to uncontroctable because the vaginal rissues may still be render. Vaginal hubrication is lower than usual because of your decreased exrogen level. Using a lubricating agent may help minimize your discontion.

mber that you can become pregnant soon after the birth of your baby, Refer to the section on contraception, and discuss this with your partner before sexual relations occur

There are several forms of birth control that you may use. These Interes are several torms of mirit control rate you may use, indee include birth control pills, the Nonplate systems'', Depo-Provens'', an IUD, a diaphingmi, condortos, and spermidde. Each has its own advantages and disadvantages, and your discust calculate your options before you leave the Hospital or during your first office visit.

If breastfeeding, use a barrier method of contraception, such as spermicide, condoms, or diaphragm. Your doctor may prescribe wever, this

what is called a "mini-pill" if you are breastfeeding. How pill is less effective than the traditional hirth control pill. You may resume your usual diet following your delivery.

General Activity uting the first and second week, be sure to rest during the day. Focus your energy on your haby. Assign housework to other family members following your delivery.

During the third week, you may drive a car and increase your physical activity. If bleeding becomes heavier or if you experienc contractions or pain during the activity, please reduce the activi-ties immediately and call your doctor's office for advice. Please ask your doctor about Kegel exercises.

If you had a cesarean birth, DO NOT LIFT anything heavier r haby. Your incision requires four to

mpletely heal. If you have other children who want to held, encourage them to climb up in your lap rather than your lifting them.

LISTEN TO YOUR BODY. When you feel tired, try to real Remember that you are recovering from a physical and emi-tional event that has had an enormous effect on your body. Postpartum Emotions

A number of new mothers may experience emotional changes A manner of wew models and yes of these feelings were labeled "postpartum blues" and were rarely taken seriously. Today, it is cognized that postpar ional changes may evolv into serious problems of depression and should be treated by a physician

Stress during pregnancy (especially undue concern about body image), anxiety about the responsibility of mothering, and basic endocrine chargers can cause psychological charges anywhere from three to 30 days after childhirth. In some cause, depression can occur up to a year later.

Surprisingly, 20 to 40 percent of new mothers report emotional disturbances, usually within three to seven days of delivery. Early symptoms include insomnia, restlessness, fatigue, irritability, headaches, and rapid mood changes. Later, symptoms may in-crease significantly to include lack of appetire, unreasonable concern over trivialities, confusion or incoherence, suspiciousness and irrational behavior.

used patients center their feelings on the mother-child rela tionship, either being excessively concerned about the baby's wel-fare or feeling incapable of caring for the baby.

Seek treatment immediately for these disorders by contacting your obsertician for a psychiatric referral.

Any woman who has had a baby in the last year can be affected regardless of how many uncomplicated pregnancies and postparrum adjustments she has had. If you feel that you are experienc-ing some of the symptoms of postpartum blues, depression or psychosis, there is help available. All of the symptoms, from the mildest to the most severe, are temporary and treatable with support and skilled professional help.

Postpartum Checkup Prior to your discharge from the Hospital, you will be told when you need to be seen for your postpartum follow-up visit. Physiian schedules vary, so please schedule your appointment soon after your discharge so that the best dates and times are available.

PLEASE ALWAYS REMEMBER If your doctor's instructions differ from this information, plea w your doctor's instructions.

Too Much Text



required. Complin

information, and er

fants, please.

main entrance of the Hosy

New Moms' Lactation Sup

Birth, Baby and Beyond

Mondays, 10:00-11:30 a.m., Classroom 1

Certified Lactation Consultants will

hursdays, 10:00-11:30 a.m., Classroom D

started breastfeeding. This group is open n

up to six weeks old. Attendance is restricted to

a Herbital and Medical Staff at The Woman's Harbital of Tower have minual carine for use d

is on the birth of your child. We hope this information has an

No or not useful pictures

Second Wednesday of each month, 9:45-11:00 a.m., Classroom D and first Seturday of each month, 10:00-11:15 a.m., Classroom D La Leche League is an international, non-profit, non-sectarian organization dedicated to providing education, support, and encouragement to women who want to breastfeed. Leaders are volunteer experienced mothers with training in breastfeeding counseling.

La Leche League

La Leche League's Bellaire/West University chapter meets at The Woman's Hospital of Texas monthly. There are many local chapters around the greater Houston area. parking will be validated Visit www.LLLTexet.org to find the group nearest you.

> Pregnancy and Postpartum Depression Support Group Mondays, 12:30-1:30 p.m., Classroom 150 This is a group for those facing changes and challenges related ancy or new parenthood. Discussion may include Baby blues, prenatal or postpartum depression or antiety; Self-care while caring for a child;

onship changes and challenges; How to handle the daily stress. ore information, please call 713.791.7495 (Education or 713.791.7404 (Coordinator of Childbirth and

Join us for an informal gathering of expectant and new parents and habies up to one year of age. We discuss issues of concern to you, such as sleeping, crying, feeding, and family relation-ship changes. Each session has a scheduled discussion topic or guest speaker, followed by an open forum and visiting. Other Comments or Instruction

G 2 2017. The Wenner's Disposal of Tesso. All rights reserve

Make an appointment to see your doctor in _____ weel Doctor's Name

The Women's Hospital of Texas-Postpartum Discharge Guide-Readability Grade Level= 10.4

Your breasts may feel heavier and firmer sometime between three Your breasts may reel neaver and terms sometime serveres unree to five days after delivery. This is the increase in milk production you and your haby have been anticipating. Continue feeding your haby eight to twelve times each day to promote milk flow from the breast. Breasts should feel softer and lighter after a feeding Wearing a supportive, properly-fitting bra may help during th time. You may find it comfortable to wear a soft, light so at night. Do not sleep in an underwire bra. Please contact your doctor's office if you have any of the

and dry. DO NOT RUB THE INCISION. Please call your doc

Constitution is common after delivery due to telaxed bowel and

Acep basel movement soft by drinking six to nine glasses of water each day. - Eat foods high in fiber, such as fruits with skin and whole grain coreals; - Take one or two tablespoors of Milk of Magnesia at night if needed.

Hemorrhoids are a common result of delivery; however, they usu

ally get better and disappear. The application of small, medicated

pads called Tucks™ or hemorroidal creams can help relieve the disconfort. Some women find applying witch hazel with a soft

Following your delivery, you can expect a bloody vaginal dis-charge called locha. This flow may has four to six weeks. The color of your locha should charge from the bright nel seen just after delivery to a darker brown and finally to a creamy tone. In-

creased activity may result in heavier bleeding or a return to a

creates. Please call your doctor if you constitutes mension blog

ing, foul smelling discharge, acute abdominal pain, or a sude fever. Following your vaginal or cesarean delivery, it is best to

take showers or sponge haths until instructed otherwise.

redder color. You should limit your activity until the bleeding de-

abdominal musculature. If you experience constipation, do the

tor's office if incisional drainage becomes constant or esc

Preventing Constipation

cloth to the rectal area may be soothing.

Vaginal Discharge (Lochia)

if red streaks or severe tendemoss develop amund the incision

Plain Language: Oral and Written

Medical Term	Plain Language	
Maximum Out-of Pocket Expense	The most you will have to pay	
Daily	Every day	
Screening	Test	
Prevention	Stopping something from happening	
Referral	Send you to another doctor/clinic	
Acute	Sudden, short-term	

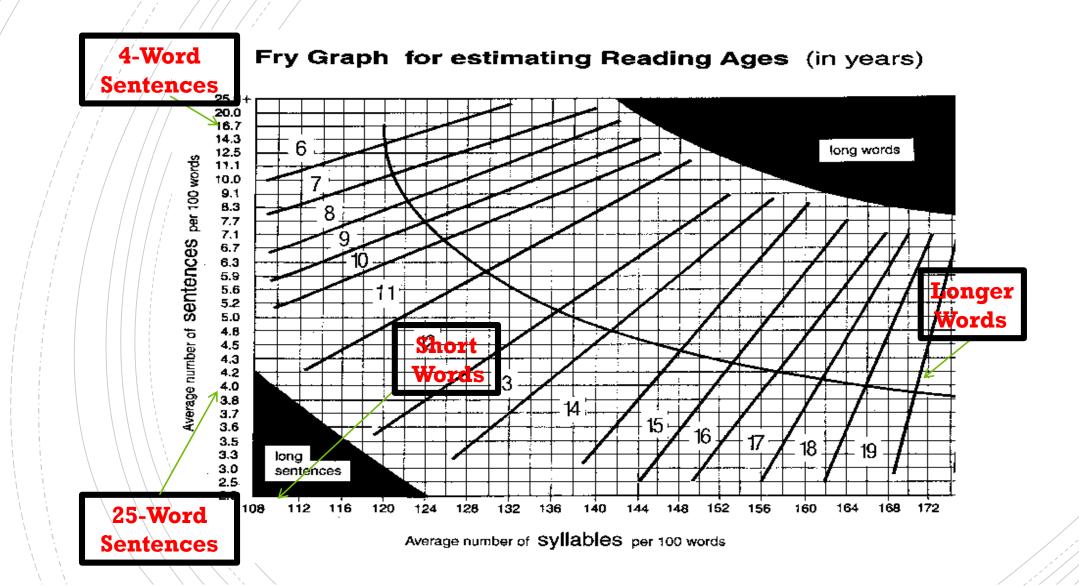
Lower Cognitive Demand!



- Patient-friendly, easy to read design
- Plain language
- One or two syllable words, short sentences
- Short paragraphs
- Content limited to one or two key objectives
- Bullet points to present information in "bite-sized nuggets"
- White space

Easy to Read!

- Stick with one font. Mixing is confusing.
 - Serif font, size 11 13
- Avoid using all CAPS. Use upper and lower case letters. All CAPS are hard to read.
- Limit the use of italics. These are hard to read.
- Limit text otherwise fliers become very busy.
- Limit use of light letters on dark background as this is harder to read.
- Try using dark letters on light background.



Readability = Understanding

Can you fix this?

Put the reader into the document with active voice and personal pronouns. Sometimes the preliminary test results are positive when the person is not infected. A positive AIDS test should be reconfirmed by a different lab technique to assure that it is accurate.



Readability = Understanding

Now you're talking!

If your AIDS test comes back positive, you still might be free from AIDS.

Ask the clinic to give you a second test using a different method.

Sometimes the first lab test is not correct.

