CITATION CATEGORIES

The 177 citations were reviewed and grouped into the following broad categories. Each citation was limited to one category. This file contains the citations for the category in enlarged-bold print.

1. Links Between Literacy and Health (9)
   1A. Studies (6)
   1B. Editorials and Letters (17)

2. Literacy Levels of Patients, Clients, or Program Participants (16)

3. Match Between Reading Ability and Written Materials (21)

4. Functional Literacy and Institutional Settings (8)
   4A. Consent Forms (11)
   4B. Emergency Department Discharge Information (7)

5. Materials Assessment (25)

6. Research Tools for Assessing Health Literacy (5)
   6A. Health Instruments: Readability Considered (7)
   6B. Health Instruments: Validity Issues (4)

7. Program Descriptions
   7A. Literacy Noted as Key Issue (13)
   7B. Literacy Noted (7)

8. Guidelines for Practice
   8A. Materials/Readability (11)
   8B. Patient/Health Education (9)
6. Research Tools for Assessing Health Literacy


The Rapid Estimate of Adult Literacy in Medicine (REALM) and the reading sections of the Peabody Individual Achievement Test-Revised and the Slosson Oral Reading Test were used to test reading ability in 207 adults in 6 clinics. REALM scores correlated highly with those of the standardized reading tests, which indicate that it may be a practical instrument to estimate patient literacy.


Describes the testing of the REALM. 203 patients in four hospital clinics and 100 inmates were given the REALM and three other standardized reading tests (PIAT-R, WRAT-R, and SORT-R) to test for correlations and test-retest reliability. The REALM correlated well with the three other tests and the test-retest reliability was significant. The REALM is suggested as a practical instrument for busy primary care settings.


Describes the development and testing of the medical terminology achievement reading test (MART). MART was administered to 405 participants from five populations, along with the Wide Range Achievement Test (WRAT), to determine the likelihood that the MART score is a good estimate of the true score (WRAT), and therefore, reading ability. Analysis showed that the MART was in fact a good estimate of reading ability. Recommendations were made to test the MART design in low-literate populations.


Describes the inadequacy of using common literacy screening instruments, such as the REALM, with Spanish-speaking populations. A Spanish screening instrument (the REALM-S) was developed and tested on 52 Spanish-speaking adults. However, this list of medically related words, used to test functional health literacy, was not successful due to the close phoneme-grapheme correspondence of Spanish.


Describes the development of the Test of Functional Health Literacy in Adults (TOFHLA). TOFHLA uses actual hospital materials and consists of a 50-item reading comprehension and 17-item numerical ability test. It takes 22 minutes to administer. The TOFHLA, the WRAT-R and the REALM were administered to 500 patients and the TOFHLA was shown to be a valid and reliable indicator of patient ability to read health-related materials.
**6A. Health instruments: Readability considered**


Presents findings of pilot tests of an instrument developed to assess stage of readiness and level of motivation to change smoking behavior. The instrument accommodate low literacy requirements for use in clinic setting, as well as for use in either a self-administered questionnaire or interview format.


Presents data and issues related to the administration, readability, demographic correlates of the KDQ test which is used to measure patient knowledge about end-stage renal disease and its treatment.


Presents the development and pilot testing of the LCSS, which measures the physical and functional dimensions of quality of life in lung cancer patients. The readability of the patient scale index was reported to be at the 2nd grade level and at the 8th grade level for the observer scale. The authors conclude that the instrument demonstrated good feasibility, reliability and content validity.


The readability of the CCFNI was assessed with the Gunning Fog Index, and found to be at the 9th grade reading level, which may be too high for some family members of critical care patients.


Describes the 30-item Dental Health Assessment Profile as having adequate validity, reliability, and readability when it was tested on junior high students. The instrument can be used to facilitate direct assessment of dental health knowledge, beliefs and practices.


Assessed the readability of advance directive documents used to inform patient choice in end-of-life decisions. All documents examined were above the reading levels usually recommended for patients. Refinement of such documents was recommended to support patient understanding and autonomy in end-of-life care.


Describes the three forms of the AHCI, which assessed the health concerns of adolescents and teachers’ and parents’ beliefs about adolescent health concerns. Readability of the Inventory was estimated at the 8th grade level with the SMOG readability formula.
6B. Health instruments: Validity issues

A comparison of the health-promoting lifestyle behaviors of 187 African-American women with scores on the Health-Promoting Lifestyle Profile (HPLP). The scores of the women in the study were lower than HPLP reports for other groups, indicating the readability and applicability of the HPLP may affect reliability and validity in a diverse sample.

Assessment of the reading level of the American Urological Association (AUA) symptom index. The index requires a minimum grade six reading level. A significant percentage of patients could not read the index and required assistance from others.

Study of the visual naming capability of patients with different education levels. Poor visual naming skills were correlated with illiteracy and there was a clear influence of educational level on the ability to name photographs and line drawings. The authors suggest that these results be taken into consideration when selecting tests for poorly educated or illiterate populations.

Study compared response rates, item completion rates, and internal reliabilities and consistencies of self-reported health status measures between patients with and without literacy limitations. Three methods of data collection (mail-out/mail-back, hand-out/assisted, or in-home-interview) were used. Those patients with limited literacy skills provided high quality, reliable data across all methods of collection, challenging the assumption that reliable data cannot be obtained from low-income minority patients by self-administered questionnaires.