“AN OVERVIEW OF MEDICAL AND PUBLIC HEALTH LITERATURE ADDRESSING LITERACY ISSUES: AN ANNOTATED BIBLIOGRAPHY”

by

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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)
8. Guidelines for Practice

8A. Materials/Readability

Surveyed 192 physicians who treat patients with head and neck cancer in North Carolina and found that illiteracy is perceived as a problem that may impact patients. Notes that doctors lack the data needed to enable them to quantify the effect of illiteracy on treatment outcome.

Describes the use of computerized readability formulas and offers suggestions for writing handouts.

Describes the use of the Evaluating Printed Education Materials (EPEM) model as a guide for developing printed education materials. The five phases of the model and design principles are discussed in terms of increasing the relevance, readability and comprehensibility of materials. Presents an example of how this patient-centered model can be used with orthopedic patients.

Highlights the importance of assessing understanding among patients with low-literacy skills to facilitate the planning of patient teaching in a hospital setting. A conceptual model of the screening responses was developed and compared to the Health Belief Model and Knox’s Proficiency Theory of adult learning. Implications for the health professions were discussed.


Review of computer-assisted self-interviewing (CSAI) programs for dietary assessments. The diet-history approach was taken in development of a CSAI prototype, which was then tested in focus groups with encouraging results. Suggests the development of a multimedia-based dietary assessment tool as a logical next step.


Notes increasing illiteracy rates as one factor that will create challenges and opportunities in the field of patient education.


Describes the discrepancy between the reading level of the average adult (between 5th and 8th grade) and the level required to read cancer education materials (between 8th and 12th grade). Also gives an example of how to calculate a readability formula.


Discusses four specific types of materials and media for patients with end-stage renal disease; highlights considerations for developing in-house materials.

**8B. Patient/Health education**


Examines ways in which nutrition counseling can be enhanced to ensure that patients can develop a heart-healthy diet. Emphasizes active problem solving and development of self-efficacy.


Offers suggestions to health care providers for improved communication: address poor literacy, recognize the problem, simplify written and oral communications, and verify that patients have received and understood important health-related messages.


Suggests how health care practitioners can enhance relationships with patients who want to learn as much as they can about their health, but are sometimes misled.
   Presents various strategies for Nurse Practitioners wishing to provide nutrition education and counseling to clients with low literacy skills.

   Explores the ways in which urban, older, African American women obtain health information and those factors influencing their action. Determinants of health-seeking behavior included: self-perceived literacy, access, and mobility. Findings indicate health information is received from physicians, the media, and social networks. Recommends the provision of health information at public libraries.

   Suggests the use of tailoring and cueing to improve elderly patients’ compliance with medication. Highlights the importance of not altering the patients’ everyday lives and supporting patients’ control of the medication schedule.

   Describes the importance of “teachable moments,” when nurses can contribute to the care of illiterate patients. The author recommends that discharge teaching should not be a time to begin teaching but should instead offer a review of all of the instructions given during the patient’s hospital stay.

   Describes the various dilemmas facing health and safety professionals in incorporating knowledge about language and literacy skill levels. Explores creative strategies and innovative programs that lead to worker empowerment.