

The Refugee Health Literacy Assessment Tool

Questions	Satisfactory Response		Notes
	Yes, Satisfactory (1)	Not Satisfactory (0)	
MEDICATION			
<p>1. Are there any medications that you take every day?</p> <p><i>If yes, what are they for?</i></p> <p>Satisfactory if they correctly state they take no regular medicines or they do take regular medicines and understand what they are used for.</p>			
<p>2. Do you know the name of your pharmacy?</p> <p><i>If yes, what is the name?</i></p> <p>Satisfactory if pharmacy name provided.</p>			
<p>3. Do you know where your pharmacy is located?</p> <p><i>If yes, where is it located?</i></p> <p>Satisfactory if at least one of the following: description of directions, address of pharmacy; pharmacy street location; or how they find address of pharmacy <i>OR</i> prescription medications are delivered to home or family member.</p>			
<p>4. Do you know what you need at the pharmacy in order to get your prescription medications?</p> <p><i>If yes, what do you bring?</i></p> <p>Satisfactory if at least one of the following: health insurance card, prescription card, empty medication bottle, or description of information they will give the pharmacist on arrival.</p>			
<p>5. Do you know what to do if you have questions about your medication(s)?</p> <p><i>If yes, what do you do?</i></p> <p>Satisfactory if description of action that includes contact with a medical provider or a pharmacist; or other efforts to seek out information.</p>			



<p>6. Do you have any allergies to medications? [Provide explanation of “allergy,” as needed]</p> <p><i>If yes, what are these medications? What happens when you take them?</i></p> <p>Satisfactory if at least one medication and provides description of adverse reaction OR patient correctly states they have no allergies to medications.</p>			
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Questions	Satisfactory Response		Notes
INSURANCE & PREVENTATIVE CARE	Yes (1)	No (0)	
<p>7. Do you understand why it is important to go to the dentist at least once a year even if your teeth are not causing you pain?</p> <p><i>If yes, why is it important?</i></p> <p>Satisfactory if any reasonable response that suggests an understanding of preventative dental care.</p>			
<p>8. Do you know the importance of health insurance?</p> <p><i>If yes, why is it important?</i></p> <p>Satisfactory if any reasonable response (e.g., reference to healthcare costs or healthcare access).</p>			
<p>9. Do you know the name of your current health insurance provider?</p> <p><i>If yes, what is the name?</i></p> <p>Satisfactory if correct name of current health insurance provider.</p>			
<p>10. Do you know what to do if you are told that your health insurance is not active or not working?</p> <p><i>If yes, what do you do?</i></p> <p>Satisfactory if description of action that includes contact with a medical provider, a case manager, the insurance company itself, or other resource.</p>			
<p>11. Do you understand why it is important to go to your primary care provider once a year even if you are not ill?</p> <p><i>If yes, why is it important?</i></p> <p>Satisfactory if any reasonable response that suggests an understanding of preventative medical care.</p>			

Questions	Satisfactory Response		Notes
	Yes (1)	No (0)	
APPOINTMENTS			
<p>12. Do you know who your primary care provider is?</p> <p><i>If yes, who is it?</i></p> <p>Satisfactory if primary care provider's name or office is provided.</p>			
<p>13. Do you know how to schedule or change an appointment?</p> <p><i>If yes, how?</i></p> <p>Satisfactory if description of action that includes contact with either a medical provider, medical provider's office, or a case manager or health navigator.</p>			
<p>14. Do you know how to get to your doctor appointments?</p> <p><i>If yes, how?</i></p> <p>Satisfactory if description of action that includes personal or public transportation.</p>			
<p>15. Do you have a way of keeping track of your medical appointments</p> <p><i>If yes, how?</i></p> <p>Satisfactory if any reasonable response that includes action beyond simply remembering (e.g., a calendar, phone reminders, calls from the office, etc.).</p>			
<p>16. Do you know where to go if you are very sick or have an injury and your primary care doctor's office is closed?</p> <p><i>If yes, where do you go?</i></p> <p>Satisfactory if urgent care, hospital, or emergency department.</p>			
<p>17. Do you know what number to call in case of a life-threatening emergency?</p> <p><i>If yes, what number?</i></p> <p>Satisfactory if 911, or use of Life Alert (or similar).</p>			

Questions	Satisfactory response		Notes
	Yes (1)	No (0)	
SELF ADVOCACY			
18. Do you feel comfortable asking questions of the doctor, nurse, or clinic staff? Satisfactory if any reasonable response, other than “no”.			
19. Do you feel comfortable telling a medical provider if you are feeling sad, depressed, or down? Satisfactory if any reasonable response, other than “no”.			
20. Is there anything in your religion, belief system, or culture that impacts your care? [Provide example, as needed: “For example, some people will not accept gelatin as a medication ingredient for religious reasons”] <i>If yes, do you feel comfortable sharing this with the doctor or nurse?</i> <i>If yes, can you provide examples?</i> Satisfactory if any reasonable response, other than “no”.			

Assessments may be scored in the following manner:

- *Count the number of “Satisfactory” responses*
- **Maximum score = 20**

Score interpretation:

The higher the score, the more prepared the person is to manage their health needs and to navigate the United States healthcare system. Responses coded as not satisfactory assist in identifying knowledge and/or skill gaps. These should identify areas for further instruction and discussion.

DOMAINS{ADDIN CSL_CITATION {"citationItems":[{"id":"ITEM-1","itemData":{"DOI":"10.1080/10810730.2012.712613","ISSN":"10810730","abstract":"Most health literacy assessments evaluate literacy skills including reading, writing; numeracy and interpretation of tables, graphs, diagrams and charts. Some assess understanding of health systems, and the ability to adequately apply one's skills to specific health-related tasks or demands in health situations. However, to achieve functional health literacy, the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions, other health literacy dimensions should be assessed: a person's knowledge and attitudes about a health issue affects his or her ability to and interest in participating in his or her own care. In patient care settings, the abilities to listen, ask questions and check one's understanding are crucial to making appropriate decisions and carrying out instructions. Although literacy is a skill associated with educational attainment and therefore difficult to change in a short time, health education interventions can address health literacy domains such as knowledge, attitudes and oral communication skills. For this reason, an instrument that can assess these constructs is a valuable part of a health educator's toolbox. The authors describe

the development and process and outcomes of testing a novel instrument targeted to assess HPV and cervical cancer health literacy competencies, TALKDOC, including its validation with the Health Activities Literacy Scale. © 2012 Copyright Taylor and Francis Group, LLC."

"author":{"dropping-particle":"","family":"Helitzer","given":"Deborah","non-dropping-particle":"","parse-names":false,"suffix":""},"dropping-particle":"","family":"Hollis","given":"Christine","non-dropping-particle":"","parse-names":false,"suffix":""},"dropping-particle":"","family":"Sanders","given":"Margaret","non-dropping-particle":"","parse-names":false,"suffix":""},"dropping-particle":"","family":"Roybal","given":"Suzanne","non-dropping-particle":"","parse-names":false,"suffix":"","container-title":"Journal of Health Communication","id":"ITEM-1","issue":"SUPPL. 3","issued":{"date-parts":[["2012"]]},"page":"160-175","title":"Addressing the other health literacy competencies-knowledge, dispositions, and oral/aural communication: Development of TALKDOC, an intervention assessment tool","type":"article-journal","volume":"17","uris":["http://www.mendeley.com/documents/?uuid=6d0b50fe-40e4-4ddf-b0c8-cb1d3016f9cb"],"id":"ITEM-2","itemData":{"DOI":"10.1186/1471-2458-14-1207","ISSN":"14712458","abstract":"Background: Health literacy (HL) is seen as an increasingly relevant issue for global public health and requires a reliable and comprehensive operationalization. By now, there is limited evidence on how the development of tools measuring HL proceeded in recent years and if scholars considered existing methodological guidance when developing an instrument. Methods: We performed a systematic review of generic measurement tools developed to assess HL by searching PubMed, ERIC, CINAHL and Web of Knowledge (2009 forward). Two reviewers independently reviewed abstracts/ full text articles for inclusion according to predefined criteria. Additionally we conducted a reporting quality appraisal according to the survey reporting guideline SURGE. Results: We identified 17 articles reporting on the development and validation of 17 instruments measuring health literacy. More than two thirds of all instruments are based on a multidimensional construct of health literacy. Moreover, there is a trend towards a mixed measurement (self-report and direct test) of health literacy with 41% of instruments applying it, though results strongly indicate a weakness of coherence between the underlying constructs measured. Overall, almost every third instrument is based on assessment formats modeled on already existing functional literacy screeners such as the REALM or the TOFHLA and 30% of the included articles do not report on significant reporting features specified in the SURGE guideline. Conclusions: Scholars recently developing instruments that measure health literacy mainly comply with recommendations of the academic circle by applying multidimensional constructs and mixing up measurement approaches to capture health literacy comprehensively. Nonetheless, there is still a dependence on assessment formats, rooted in functional literacy measurement contradicting the widespread call for new instruments. All things considered, there is no clear \"consensus\" on HL measurement but a convergence to more comprehensive tools. Giving attention to this finding can help to offer direction towards the development of comparable and reliable health literacy assessment tools that effectively respond to the informational needs of populations."},"author":{"dropping-particle":"","family":"Altin","given":"Sibel Vildan","non-dropping-particle":"","parse-names":false,"suffix":""},"dropping-particle":"","family":"Finke","given":"Isabelle","non-dropping-particle":"","parse-names":false,"suffix":""},"dropping-particle":"","family":"Kautz-Freimuth","given":"Sibylle","non-dropping-particle":"","parse-names":false,"suffix":""},"dropping-particle":"","family":"Stock","given":"Stephanie","non-dropping-particle":"","parse-names":false,"suffix":"","container-title":"BMC Public Health","id":"ITEM-2","issue":"1","issued":{"date-parts":[["2014"]]},"title":"The evolution of health literacy assessment tools: A systematic review","type":"article-journal","volume":"14","uris":["http://www.mendeley.com/documents/?uuid=79fe6291-3e6c-41de-9e55-88744a3788f4"],"id":"ITEM-3","itemData":{"DOI":"10.1186/s12969-017-0197-6","ISSN":"15460096","abstract":"Background: Transition from pediatric to adult health care is a vulnerable period for adolescents and young adults. Challenges include paucity of validated

measures to assess patients' transition readiness. We evaluated the Transition Readiness Assessment Questionnaire (TRAQ) in adolescents and young adults with rheumatic, gastrointestinal, and endocrine disorders. We examined whether baseline TRAQ scores and other demographic variables predicted transition to adult care over a three year follow up period. **Methods:** In this descriptive study at a single institution, eighty-nine adolescents at a single pediatric academic medical center completed demographic and medical history surveys and the TRAQ and were followed over 3 years by telephone interview to determine whether they had transitioned to adult subspecialty care. Transition was defined as attending at least one adult subspecialty appointment. Multivariable logistic regression and Cox proportional hazards regression models were used to determine whether TRAQ scores predicted time to transition. **Results:** Of the participants, 56% had rheumatic, 21% endocrine, and 23% gastrointestinal conditions. The TRAQ self-management domain score was not significantly associated with age, gender, socioeconomic status, or specialty. The TRAQ self-advocacy score increased with age. Baseline TRAQ scores did not predict transition or time to transition over three years. **Conclusion:** In this cohort of adolescents and young adults who were 16 to 23 years of age at enrollment, 48% transitioned to adult care over three years of follow up. Nearly half reported not discussing transition with provider or seeing provider independently for part of visit. Older age but not other demographic variables nor baseline TRAQ score predicted transition or time to transition to an adult subspecialty provider; however, there was a trend towards shorter time to transition with the highest quartile TRAQ scores.

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A. Skills for chronic care management
See items 1-15

B. Skills for acute care management
See items 16-17

C. Skills for self-advocacy in healthcare
See items 18-20

REFERENCES

{ADDIN Mendeley Bibliography CSL_BIBLIOGRAPHY }