Oral Health Literacy: A Secret Weapon for the Oral Health Care Delivery System

Alice M. Horowitz, PhD
NNOHA
November 13, 2017
San Diego, California
Go to menti.com

Enter code 477469

When a question comes up, select your answer and submit!
Efforts to improve quality, reduce costs and reduce health disparities cannot succeed without simultaneous improvements in health literacy of the public, health care providers, health facilities and policy makers.

Thus, to improve oral health equity we must increase oral health literacy.
• Is an ethical concept suggesting individuals and organizations act for the benefit of society
• Means equity or fairness...the societal distribution of valued goods [e.g. oral health]
• Is inextricably linked to the public’s oral health
• We should/must be socially responsible
• We know how to prevent dental caries but have not shared this information, especially with low-income individuals.
• Are not determined by the health care system alone.
• Health literacy is the nexus of creating better communication & education to increase primary and secondary preventive regimens.
What is Health Literacy?
Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use the information in ways which promote and maintain good health. Health literacy means more than being able to read pamphlets and successfully make appointments.

By improving people’s access to health information and their capacity to use it effectively, health literacy is critical to empowerment.

WHO, 1998
“The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.”

Ratzan and Parker, 2000
HP2010 2000
IOM Report 2004
Supporting Individuals’ “capacity” Means:

- Providers communicate clearly
- Health systems are patient-friendly and simple to navigate
- Health and cost information is easy to understand and use
• Health literacy allows the public and personnel working in all health-related contexts to find, understand, evaluate, communicate and use information.

• Health literacy includes the skills of reading, writing, listening, speaking, numeracy and critical analysis as well as communication and interaction skills.

Calgary Charter on Health Literacy
“The degree to which individuals have the capacity to obtain, process and understand basic oral health information and services needed to make appropriate health decisions.”

Healthy People 2010
In Essence Health Literacy is:

the interaction between skills of individuals [patients and providers] and demands of the healthcare system(s)

IOM Report 2004
Health Literacy Affects One’s Ability to:

• Understand dental/medical concepts
• Share personal and health information with providers
• Participate in their health care & that of their children
• Navigate the healthcare system, including locating providers and services, finding transportation and completing forms
• Act on health-related news and **announcements**, e.g. take advantage of preventive regimens

• These outcomes impact:
  – Health outcomes
  – Healthcare costs
  – Quality of care & quality of life
  – Quadruple Aim
Oral Health Literacy is Especially Important

Because........all too often...
Oral Health is Not Considered an Integral Part of Health
Oral diseases are extensive especially among low-income families
A Low Level of Oral Health Literacy is Associated with:

- Low level of knowledge about oral health
- Fewer dental visits
- Increased severity of dental caries
- Higher rates of failed appointments
- Lower oral-health-related quality of life
• Are related but distinct.
• Health literacy is the use of a set of skills and abilities.
• Communication is the process of exchanging information.
• Communication is an integral part of health literacy.
• Health literacy always **includes cultural competency.**
• Cultural competency does not necessarily include health literacy.
• For example, an educational pamphlet for patients may be culturally appropriate but not health literate.
The problem of limited health literacy is greater among:

- Older adults
- Those who are poor
- People with limited education
- Minority populations
- Persons with limited English proficiency (LEP)
Oral Health Literacy Framework

Adapted from the IOM Report 2004
Importance of Literacy Skills

- Literacy influences one’s ability to access information and to navigate the highly literate environments of today’s society.
The first assessment of health literacy among American adults found nearly 80 million are not able to find or understand relatively simply health related information.

Current population data on literacy come from the 2003 National Assessment of Adult Literacy (NAAL).

Health literacy data from the NAAL were released in 2006.
Measuring Health Literacy

- Health literacy is measured as functional literacy—people’s ability to apply reading skills to everyday tasks.
Measuring *Oral* Health Literacy

- Rapid Estimate of Adult Literacy in Dentistry (REALD-99 & REALD-30)
- Test of Functional health Literacy in Dentistry (TOFHLID)
- Comprehensive Measure of Oral Health Knowledge (CMOHK)
Instruments for Measuring Health Literacy

- Are primarily used for conducting research
- Most are too time consuming to conduct in clinics/private practice
- Best to use ‘universal precautions’ – always use principles of health literacy
• How sure are you that you can complete medical forms correctly when you fill them out by yourself?
  – Not at all sure
  – A little sure
  – Somewhat sure
  – Quite sure
  – Extremely sure

  Chew et al. 2004
Factors Impacting Health Literacy

- Health Literacy is Dependent Upon Individual and Systemic Factors
  - Communication Skills
  - Knowledge of Health Topics
  - Culture and Society
  - Demands of the Healthcare System
  - Demands of the Situation or Context
Want to Engage Patients?

- Be health literate
- Integrate new knowledge (science) into practice
- Ensure your workforce is health literate
- Ensure your facility is health literate
- Use universal precautions
- Collect data to assess whether you, workforce and facility are health literate
What is the name of the dental software you use?

- Dentrix: 27
- Open Dental: 13
- eCW: 14
- Eaglesoft: 1
- Other: 46
Does your EHR create after visit care summaries?

- Yes: 66
- No: 16
- I don't know: 25
Is your dental software compatible (does it talk to) your health center’s medical EHR?

- Yes: 68
- No: 42
- Not sure: 3
After Visit Summaries (AVS)

- Can be instrumental in engaging patients
- Patient specific written instructions for home use
- Patient specific educational messages
- Prioritize what patient needs to do
- Recommendations/referrals
- Next appointment
- Vital signs
Do you use text messages with your patients?

- Yes: 55
- No: 68
- Option 3: 6

Total respondents: 129
Use Texts

- To send educational messages
- Appointment reminders
- Updates on new products
What We Can Do to Improve Communication with Patients

- Listen carefully to what a patient has to say
- Use ‘teach-back’ to confirm what you think you said to your patient is what she heard*
- Ask patient to tell you what they will do at home to follow instructions* [insert video]
- Slow down, use short statements
- Use plain, non-dental/medical language
- Use visual aids (draw or show pictures) when appropriate
Example of teach back
What We Can Do

- Use a caring voice
- Make eye contact
- Use non-shaming, open ended questions
- Explain again, when necessary
- Use only print materials that are written in plain language & are science based
- Remember: the responsibility to explain clearly is on the provider.
Never ask a question that has a yes/no answer
Limit topics to two to three when possible
Provide communication skills training for staff
Assess health office/clinic to determine user friendliness
Provide staff with HL training [CDC]
Be patient with patients and staff
Conduct a survey of your patients
Use Science-based Messages

• Appropriate use of fluoride is our best weapon against caries
• What fluoride is and how it works to re-mineralize or repair demineralized tooth structure
• Apply Pit and Fissure sealants
• Reduce amount and frequency of consuming sweets
• Drink tap water, especially when fluoridated
• Brush with fluoride toothpaste
• Seek professional care as recommended
Conduct Health Literacy Environmental Scans

• Ensure educational materials AND consent forms are in plain language
• Determine how user friendly your facility is
• Determine if your facility is patient-centered
• Determine if your organization is health literate
• Ensure all providers and staff are culturally competent
Remember

- For patients to adhere to our instructions [adherence] they need to *understand* them.
- That is our responsibility.
Health Literacy

- Is necessary in all aspects of patient-centered care
- Patient-centered care will be enhanced when patients, providers and health facilities are health literate.
Thank you!

ahorowit@umd.edu

http://sph.umd.edu/center/hchl