

Nuts & Bolts: (Why) Oral Health Literacy

AACDP

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SCHOOL OF
PUBLIC HEALTH

**Health Literacy is inextricably linked to
improving oral health... especially among
low income groups**

Take Away Message

- Efforts to improve quality, reduce costs and reduce oral health disparities cannot succeed without simultaneous improvements in health literacy of the public, health care providers and policy makers.

Overview of Presentation

- **What is oral health literacy**
- **Why is oral health literacy important**
- **Historical overview**
- **Strategies for improving health literacy**

Why is Oral health Literacy Important?

- Studies have shown oral health literacy to be associated with:
- Level of knowledge
- Dental care visits
- Caries severity
- Oral health quality of life
- Failed appointments/no shows

Literacy - Defined

The ability to read, write, speak and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals and develop one's knowledge and potential.

National Literacy Act

1991

Health Literacy - Defined

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)

Health Literacy - Defined

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

2000

Ratzan and Parker,

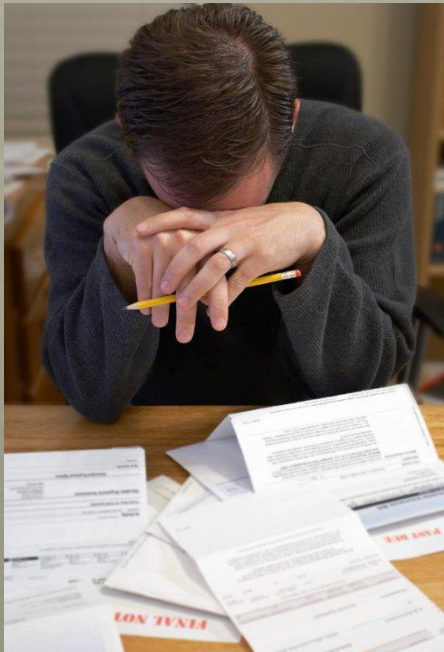
HP2010 2000

IOM Report 2004

Oral Health Literacy - Defined

“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



Health Literacy is:

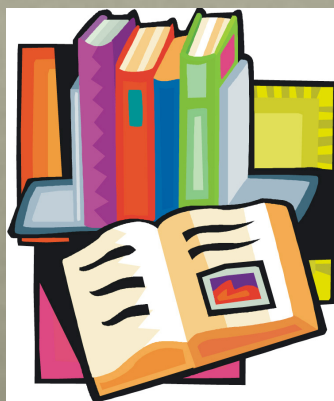
the interaction between skills of individuals
and demands of the healthcare system(s)

IOM Report 2004

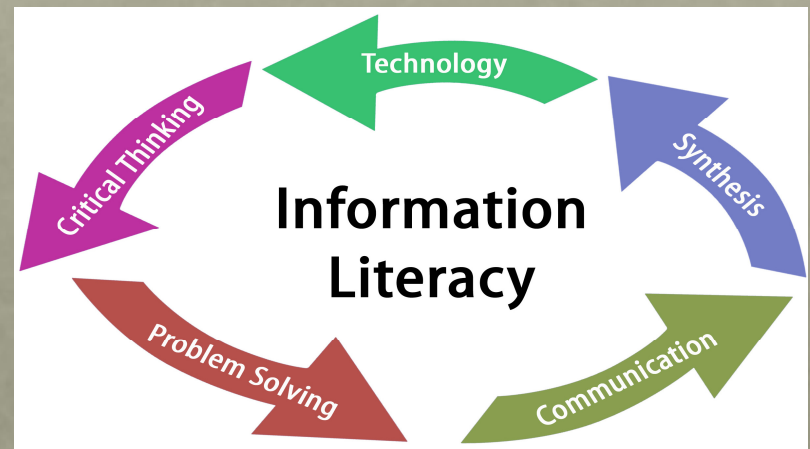


Importance of Literacy Skills

Literacy influences one's ability to access information and to navigate the highly literate environments of today's society.

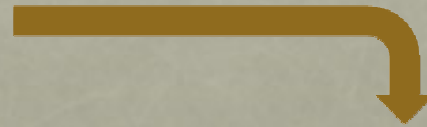
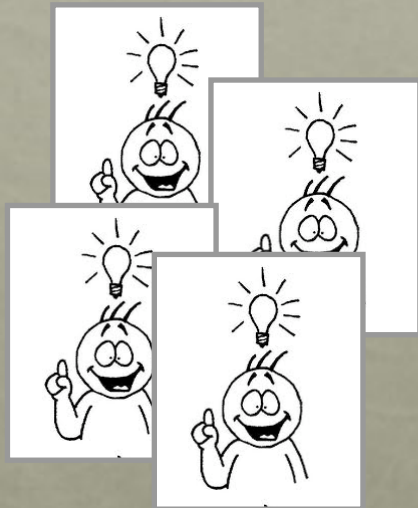


influences →



Simply Put Health Literacy is:

A set of understandings and skills that contribute to health and wellbeing.



What's the Problem?



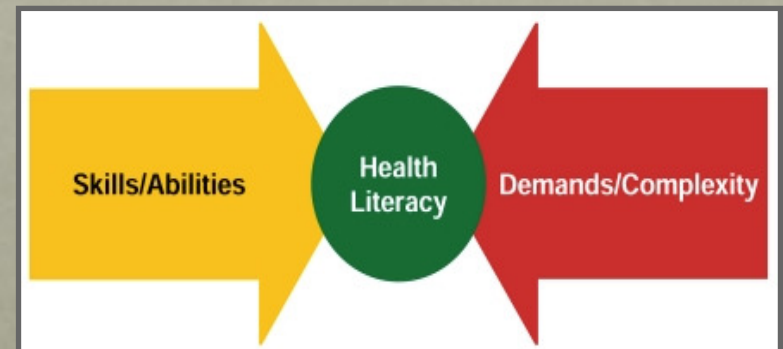
What's the Problem?

- Health literacy varies by race, ethnicity, level of education, poverty level.
- The lower the health literacy the more likely the individual will have poor health, use fewer preventive procedures and use costly ER services.
- Less likely to manage chronic health conditions.

National Assessment of Adult
Literacy 2003

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



Communication Skills

- Health literacy is dependent on the communication skills of consumers and providers

Communication skills include literacy skills—reading, writing, numeracy, speaking, listening and understanding

Communication skills are context specific for both patients and providers



Knowledge of Health Topics

- Health literacy is dependent on knowledge of consumers and providers of health topics
 - **Patients** with limited or inaccurate knowledge about the body and causes of disease may not:
 - Understand the relationship between lifestyle factors (e.g. diet and exercise or oral hygiene and diabetes control) and health outcomes
 - Recognize when they need to seek care
 - Have current prevention information
 - **Providers** who do not keep current with the state of the science cannot provide accurate knowledge and information and evidence-based services for their patients.

Culture and Society

- **Culture and societal impacts on Individuals:**
 - How people communicate and understand health information
 - How people think and feel about their health
 - If and how people value oral health
 - When and from whom people seek care
 - How people respond to recommendations for lifestyle changes and treatment

Culture and Society

- **Culture affects Providers:**
 - How providers communicate and understand health information
 - How providers think and feel about racial/ethnic/economic groups other than their own
 - How providers value oral health
 - When and from whom people seek care
 - If and how providers respond to evidence-based recommendations and guidelines

Demands of Healthcare System

- Health literacy is dependent on the demands of the healthcare and public health systems. Individuals need to:
 - Know how to locate and navigate a health facility
 - Read, understand, and complete many kinds of forms to receive treatment and payment reimbursement
 - Articulate their signs and symptoms
 - Know about various types of health professionals and what services they provide and how to access those services
 - Know how and when to ask questions or ask for clarification when they do not understand*

“Unless there’s something really wrong, I don’t know what to ask. I probably won’t ask....if they don’t tell me something, I won’t say anything---because I don’t know what to say.”

Focus group participant, Maryland 2010



Demands of the Situation or Context

- Health literacy is dependent on the demands of the situation/context
 - Health contexts are unusual compared with other contexts because of an underlying stress or fear factor
 - Health contexts may involve unique conditions such as physical or mental impairment due to illness
 - Health situations are often new, unfamiliar, intimidating and often exhausting
 - Some health facilities have staff that are not particularly empathetic---not user friendly
 - Some health facilities have numerous barriers for patients

Health Literacy is Important – It 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

Health Literacy is Important – It Affects One's Ability to:

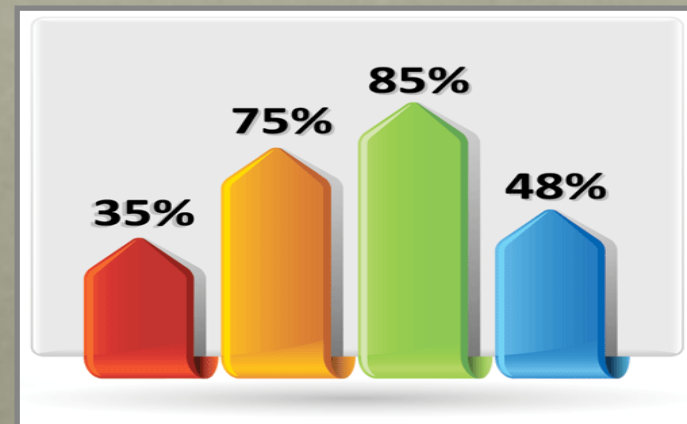
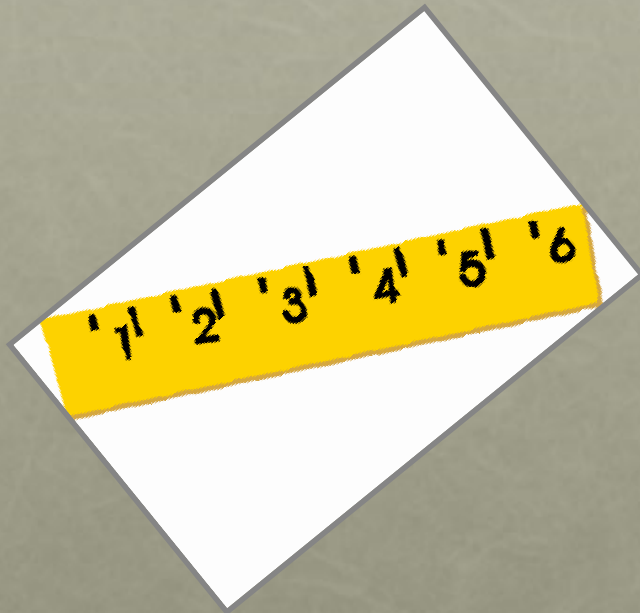
- Act on health-related news and announcements e.g. take advantage of preventive regimens
- These outcomes impact:
 - Health outcomes
 - Healthcare costs
 - Quality of care & quality of life

Assessing Health Literacy

- The first assessment of health literacy among American adults found that nearly 80 million are not able to find or understand relatively simple 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 Health Literacy

Measures of health literacy at the individual level were developed in the 1990s:

- Rapid Estimate of Adult Literacy in Medicine (REALM) (word recognition)
- Test of Functional Health Literacy in Adults (TOFHLA and S-TOFHLA) (Reading comprehension)
- Newest Vital Sign (NVS) (nutrition label)
- Literacy Assessment for Diabetes (LAD)



STOFHLA

• Your doctor has sent you to have a _____ X-ray

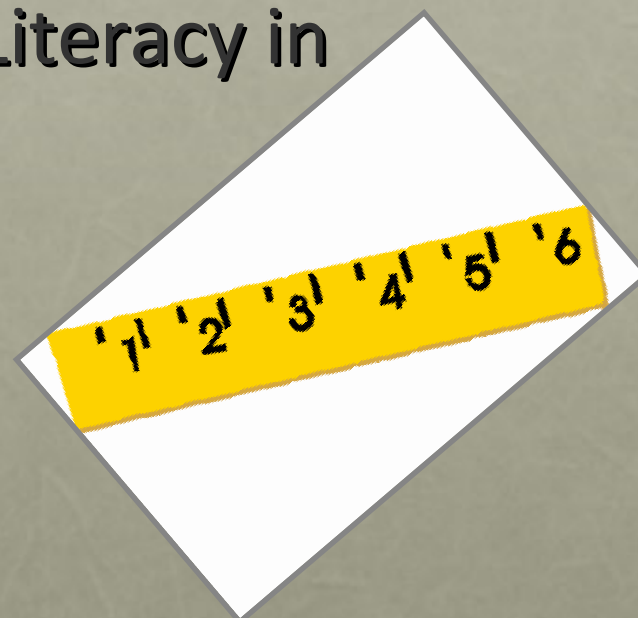
- A. stomach
- B. diabetes
- C. stiches
- D. germs

• You must have an _____ stomach when you come for _____.

- A. asthma A. is
- B. empty B. am
- C. incest C. if
- D. anemia d. it

Measuring *Oral* Health Literacy

- Rapid Estimate of Adult Literacy in Dentistry (REALD-99 & REALD-30)
- Test of Functional Health Literacy in Dentistry (TOFHLiD)



Measuring Health Literacy

- Health literacy measures based on functional literacy do not capture the full range of skills needed for health literacy.
- Current assessment tools (for populations and individuals) cannot differentiate among:
 - Reading ability
 - Lack of health-related background knowledge
 - Lack of familiarity with language and materials
 - Cultural differences in approaches to health.

Validated health Literacy Questions for Patients

- 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

Who Is at Risk?

- 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)



Healthy People 2010

Provided a major impetus to increasing the concept of health literacy by devoting a chapter to health communication



Healthy People 2010 Objectives – Related to Health Literacy

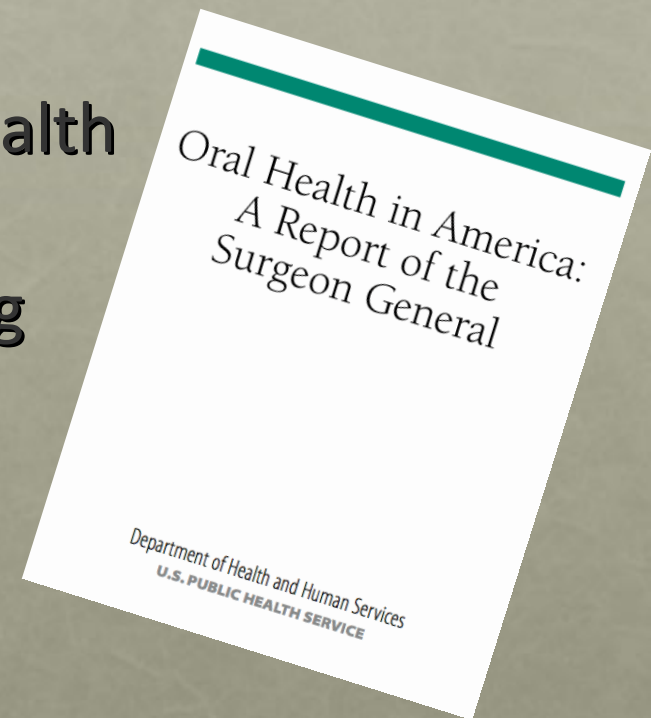
- **Objective 11-2 Improve health literacy of persons with marginal literacy skills**
 - Measurement: 2003 NAAL
- **Objective 11-6 Increase the proportion of persons who report that their health care providers have satisfactory communication skills.**
 - Measurement: Medical Expenditure Panel Survey (MEPS)

MEPS Questions

- How often did health providers listen carefully to you? [56%]
- How often did health providers explain things in a way you could understand? [58%]
- How often did health providers show respect for what you had to say? [58%]
- How often did health providers spend enough time with you? [45%]

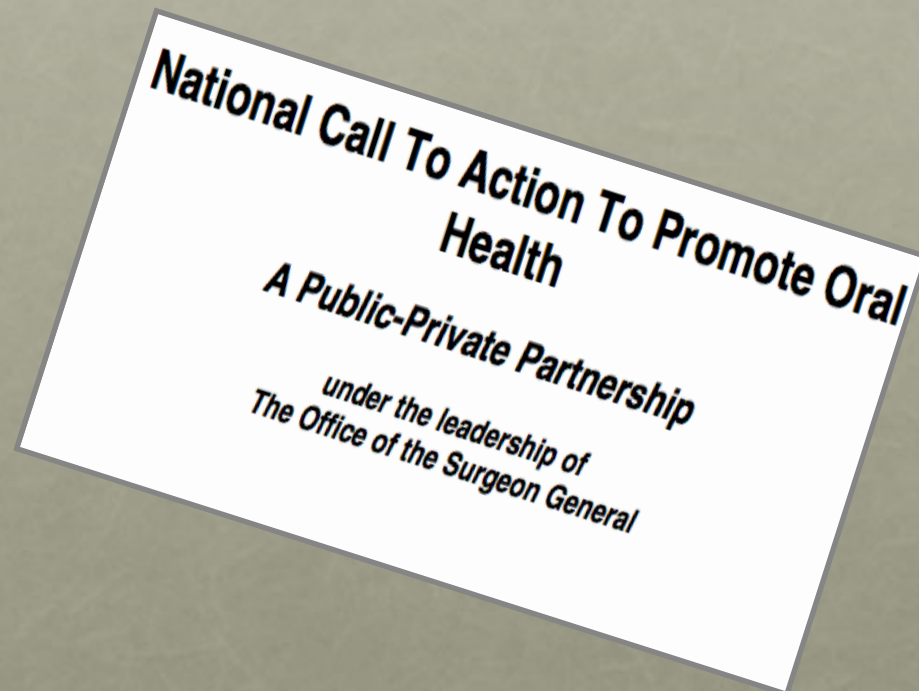
Oral Health in America: A Report of the Surgeon General - 2000

- Highlighted the importance of oral health literacy
- Illustrated the lack of oral health literacy by what the public and health providers know and practice with regard to preventing or controlling dental caries, gingivitis and oral cancers



National Call to Action to Promote Oral Health - May 2003

- Change perceptions of oral health among the public, policy makers and health providers



Shortly After the Call to Action

- Health Literacy: A Prescription to End confusion (IOM) 2004
- Literacy and Health Outcomes (AHRQ) 2004
- NIH issued a program announcement for research on health literacy. 2004



First Workshop on Oral Health Literacy-2004 NIDCR, NIH

- **The Invisible Barrier: Literacy and Its Relationship with Oral Health**
 - Dental researchers
 - Health literacy related researchers

Concomitantly.....

- Drs. Lee, Rozier and colleagues at UNC began working on the development of instruments to measure oral health literacy
- Since 2001 health literacy has been included in the annual session of nearly all major dental organizations and government sponsored meetings: APHA, AADR, IADR, AAPHD, AGD, HAD, ADA

American Dental Association

- Established National Oral Health Literacy Advisory Committee 2007
- Created a plan of action
- Conducted surveys among dentists, dental hygienists and dental assistants 2009

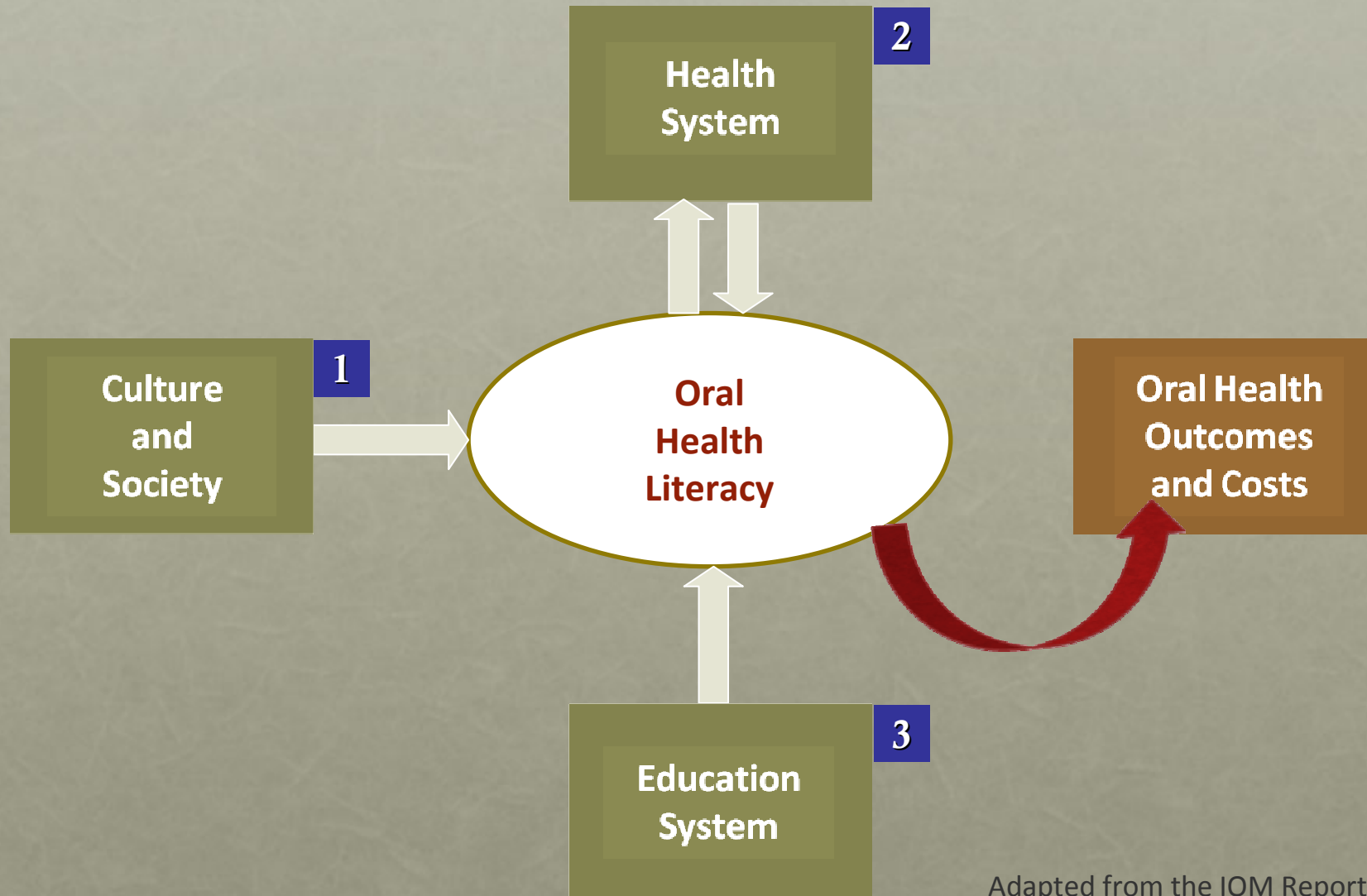


Federal Government

- DHHS sponsored Surgeon General's Workshop on Improving Health Literacy 2007
- AHRQ's Health Literacy Universal Precautions toolkit 2010
- Health Literacy for Public Health Professionals (on line course)
- Affordable Care Act—2010
- Plain Language Act-- 2010



Oral Health Literacy Framework



Adapted from the IOM Report 2004

Health Literacy is:

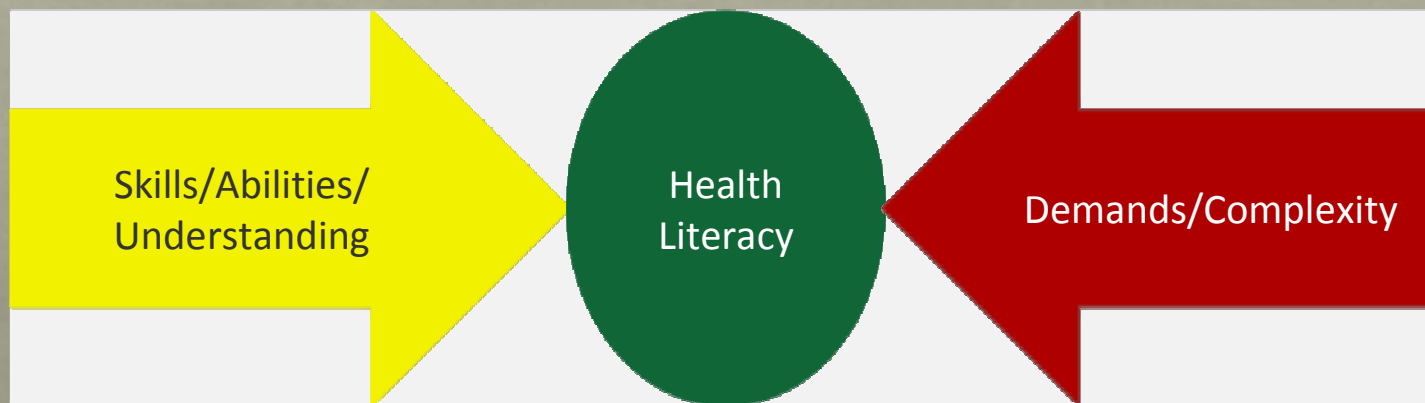
**the interaction between skills of individuals
and demands of the healthcare system(s)**

IOM Report 2004



Our Challenge is to:

- Address the mismatch between demands of the healthcare system and the skills of those using and working in the healthcare system(s).



Users (Patients) Need to:

- **Know how to locate and navigate a health facility**
- **Read, understand, and complete many kinds of forms to receive treatment and payment reimbursement**
- **Articulate their signs and symptoms**
- **Listen to providers**

Users Need to: (cont.)

- **Know about various types of health professionals and what services they provide and how to access those services**
- **Trust us**
- **Know how and when to ask questions or ask for clarification when they do not understand**
- ***Understand* their options in all procedures**

Most Importantly

- **Users need to understand that oral health is part of total health and we can keep our mouths healthy**
- **We are focusing on caries prevention because that is our priority. But, this model would work for any content area.**

- **Prevention & Early Detection of Dental Caries: Maryland Health Literacy Model**

Conducting an Assessment to Meet this Challenge

- **Establish local or state needs**
- **Determine what the public knows and does regarding caries prevention & early detection**
- **Determine public's perceptions of providers communication skills**
- **Determine what other publics (Head Start, WIC) know and do regarding caries prevention & early detection.**

Conducting an Assessment to Meet this Challenge (cont.)

- **Determine what health providers know and practice regarding caries prevention & early detection**
- **Determine communication techniques of healthcare providers**
- **Conduct environmental scans of dental facilities**

Surveys

- **Mail surveys of dentists, dental hygienists, physicians and nurse practitioners**
- **Mail surveys of WIC and Head Start personnel**
- **Phone survey of adults 18 years of age and older with child 6 years of age and younger in home**

Focus Groups:

- **Focus groups or 1:1 interviews with dentists, dental hygienists, physicians and nurse practitioners**
- **Focus groups with low income adults (4 English; 2 Spanish)**
- **Focus groups with Head Start and WIC personnel**

Results: General Public

- **Does not understand how to prevent dental caries**
- **Does not know what fluoride is or what it does**
- **Does not know what sealants are or what they are used for**
- **Neither adults nor children drink tap water, especially low income**

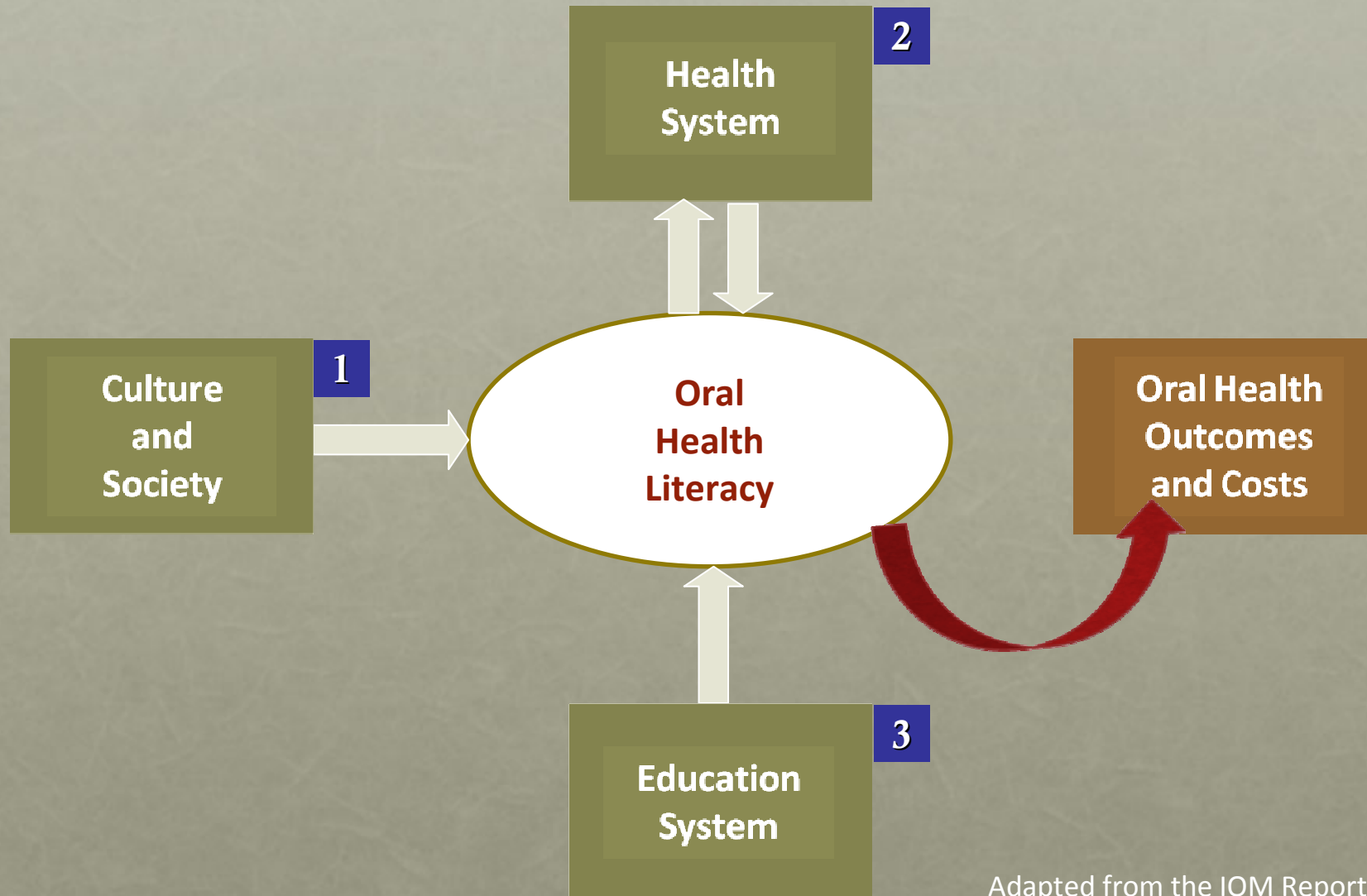
Results: Health Providers

- **Many, including dentists and dental hygienists do not have a good understanding about how to prevent tooth decay.**
- **Many/most do not provide dental sealants**
- **Most health care providers do not use recommended communication techniques**

Based on the Surveys & Focus Groups

- **We have a good understanding about what interventions are needed for the next steps and these focus groups and surveys prepared us for conducting environmental scans in community-based dental clinics.**

Oral Health Literacy Framework



Adapted from the IOM Report 2004

Health Literacy Environmental Scans

- **The purpose of conducting environmental scans is to determine:**
- **the user friendliness of a facility.**
- **if the facility is patient centered**
- **What educational messages are provided to prevent dental caries**
- **Is it a health literate organization**

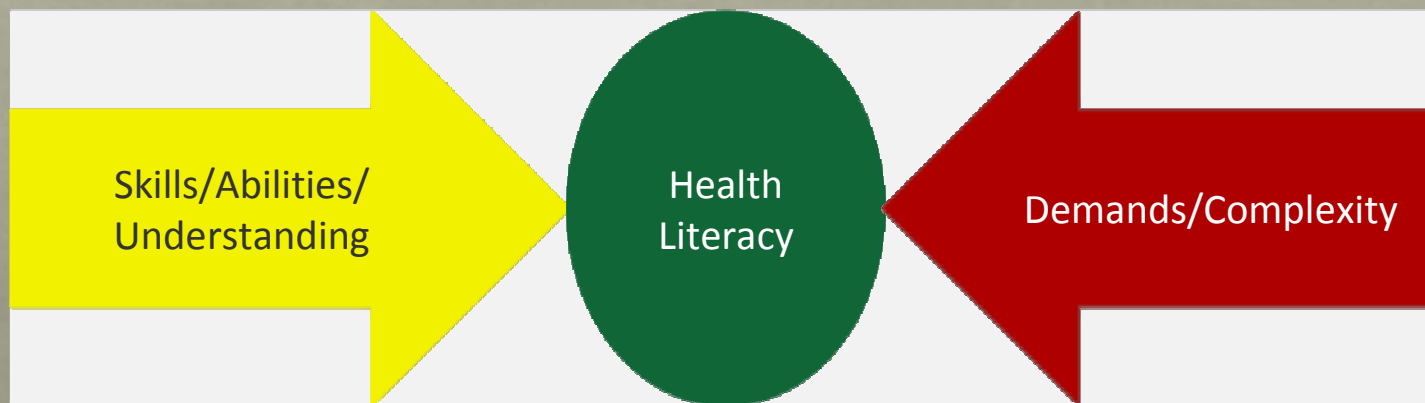
Environmental Scans Consist of:

- **Phone interview with clinic director: demographics**
- **Review of website and phone system**
- **On site 'walk through' to review signage and posters**
- **Collect consent forms and educational materials for analysis**
- **Personal interviews with patients**
- **Survey of DDS & DH's regarding use of communication techniques**



Recall Our Challenge is to:

- Address the mismatch between demands of the healthcare system and the skills of those using and working in the healthcare system(s).



Armed with these data:

- **Develop, implement, evaluate and revise interventions for specific target groups**
- **Educate policy makers about how to prevent dental caries.**
- **Implement policies that foster the improvement of oral health literacy.**

What Can We Do to Improve Communication with Patients?

- Listen carefully to what 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
- Slow down, use short statements
- Use plain, non-dental/medical language
- Use visual aids (draw or show pictures) when appropriate

What Can We Do to Improve Communication with Patients?

- Listen carefully to what 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 or show you what they will do at home to follow instruction
- Slow down, use short statements
- Use plain, non-dental/medical language
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Listening

- Hearing
- Understanding
- Remembering
- Interpreting
- Evaluating
- Responding

What we can do Cont'd

- Never ask a question that has a yes/no answer e.g. 'did you brush your teeth today?'
- Provide communication skills training for your staff
- Assess your office/clinic to determine user friendliness
- Be patient with patients and staff

Conduct Health Literacy Environmental Scans

- Ensure your educational materials AND consent forms are in plain language
- Is your facility environmentally friendly?
- Is your facility patient centered?
- Is your organization health literate?

The Bottom Line.....

Health Literacy is inextricably linked to improving oral health... especially among low income groups

Each of us has a role, opportunity and responsibility to improve oral health literacy.



Thank you!

