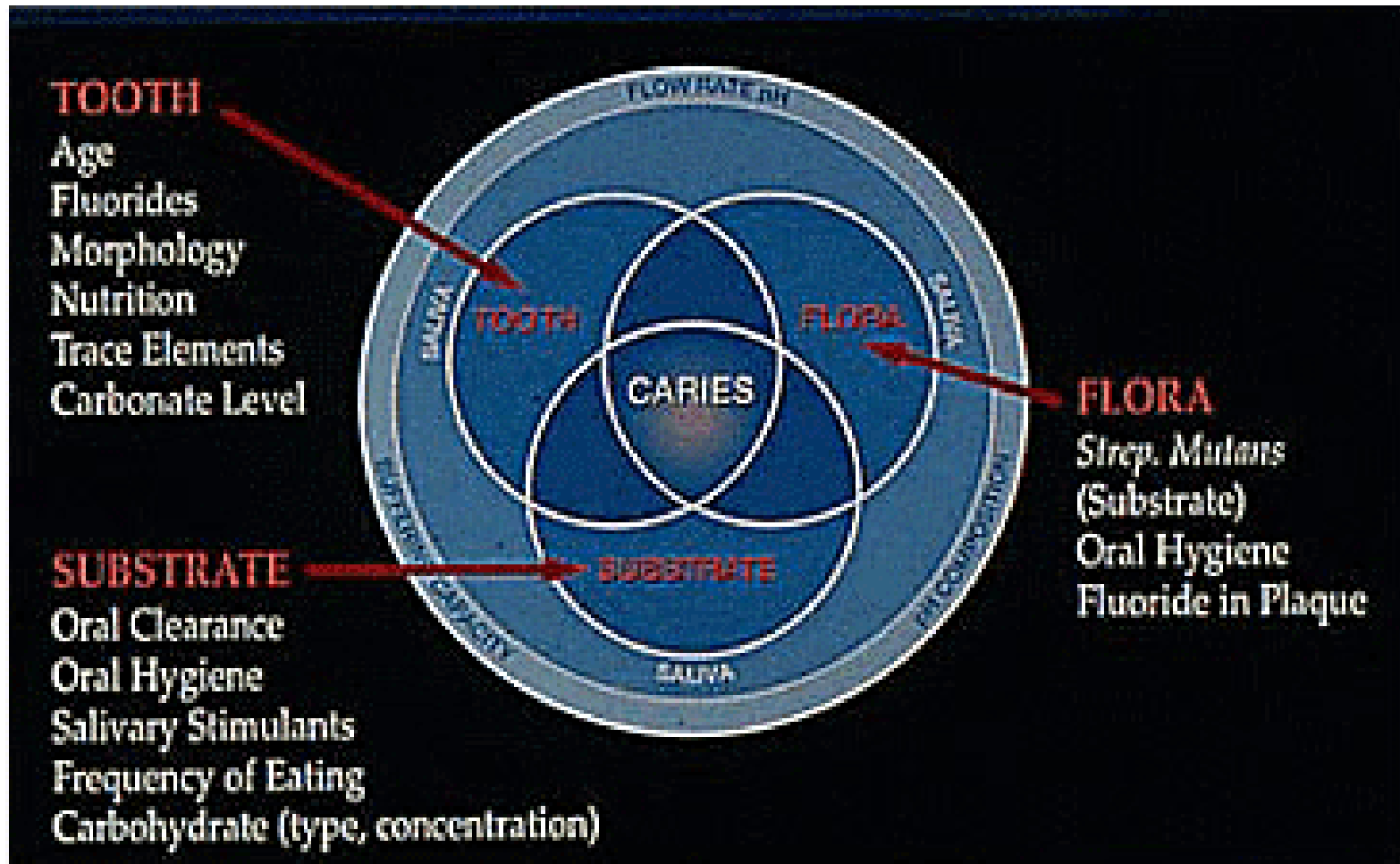


# Nuts and Bolts: Oral Health Literacy

Scott Wolpin, DMD

2013 American Association of Community  
Dental Programs, Huntsville , AL

# Why participate in an Environmental Scan?



# The New York Times

March 6, 2012



**“Preschoolers in Surgery for a Mouthful of Cavities”**

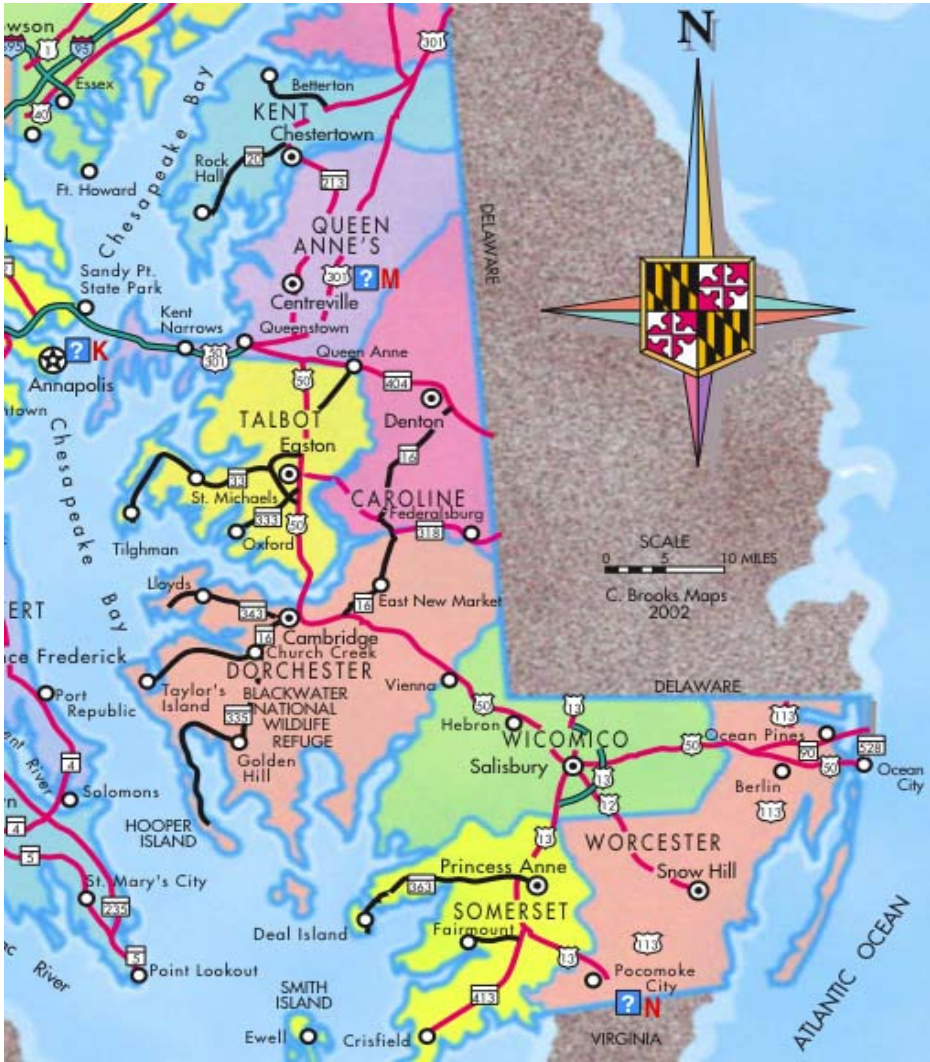
How is this possible?



And why did I agree to participate in Dr. Horowitz's project?



# Who we are and what we do



# CCHS's Dental Program



# Our challenges





# Our participation in the project included;

- An informal interview by phone
- A walk through our offices to evaluate user friendliness
- All of our print materials were shared for assessment (including consent forms and educational materials, items on walls, in operatories, etc.)
- Patients were interviewed
- A survey was shared with our dental providers to evaluate the use of communication techniques and their effectiveness.

# Pros of Participating in the Environment Scan

- Understanding
- Awareness of resources and services
- Availability of resources and services
- Quality programs and services
- Collaboration and communication across programs and services
- **Possibility of making a good program even better!**



# Cons of Participating in the Environment Scan

- Time commitment
- Push back from providers, ego
- Support and understanding of the project by the health center leadership team
- Concern of how we 'measure up'



**“It’s happening again, my child’s teeth are melting”** – mother of an infant with severe ECC

Parents have told me that “bad teeth run in the family,” and if they didn’t need surgery why do their children need it?”

“I had a Spanish father (who refused to bring his child with severe ECC to the operating room) tell me that in his village, he himself and his family ran around with rotten teeth and no one died. His son had strong Spanish blood and nothing will happen.”

- Sofia Holland, CCHS Pediatric Surgery Coordinator, Interpreter

*“There is nothing like a person who don’t know what they don’t know”*

Congressman Elijah Cummings quoting his mother



# An Example of Health Literacy Challenges at our health center

What I am saying;

Have your child drink water with Fluoride as the beverage of choice





What my Spanish-speaking patients  
may believe....





**SO...**

**WHAT DID WE  
LEARN?**

# Defining Oral Health Literacy

$$O = PC + PL / CM$$

Health literacy and subsequently good health outcomes are dependent upon;

1. Communication skills of lay people and professionals
2. Knowledge of lay people and professionals of health topics
3. Culture
4. Demands of the healthcare system
5. Demands of the situation

# What Can We Do to Improve Communication with Patients?

- Listen carefully to what patient has to say
- Slow down, use short statements
- Use plain, non-medical language
- Use visual aids (draw or show pictures) when appropriate
- Never ask a question that has a yes or no answer... instead “tell me about...”
- Be patient

# We need to empower our patients

Teach your patients to ask three important questions at their visits;

- What is my main problem?
- What do I need to do? (i.e. how do I take my medicine, when do I need to return to the office)
- Why is it important to do this?

# Stay focused, share three key messages

- Dental caries is infectious and preventable
- You can not have good overall health without good oral health
- We can do it!

# Where we must go from here...

- Integrate oral health into primary care settings
- Know/practice current evidence-based literature
- Provide oral health, nutrition information, dental sealants and fluoride to underserved families with culturally appropriate lay health workers (e.g., Promotoras);
- Keep it simple using plain language
- Train ourselves and our staff in health literacy



Or we end up here...



