

## ***The Non-Compliant Patient***

Please read the following scenarios.

Nancy Smith is a 34 year-old female who presents to her dentist with four cavitated lesions and bleeding gums. Her dentist runs a successful dental practice with 12 chairs and 8 staff. After a full mouth series of radiographs, the dentist provides a comprehensive oral exam to include a soft tissue examination, periodontal screening and recording, and hard tissue examination. He proceeds to write out a treatment plan, without any type of explanation to or conversation with the patient, listed as follows:

- “SRP x 4 quads”
- “MOD #2, #3”
- “O #19, #20”

He then tells Ms. Smith to “let my assistant know if you have any questions” as they usher her to the front desk so they can seat their next patient. Ms. Smith, who hasn’t been to a dentist since she was a teenager, has excellent dental insurance that pays 100% of almost all procedures. The front desk sets her up an appointment for “SRP URQ and LRQ” for three weeks later. Ms. Smith fails to return to her appointment.

John Charles is a 66 year-old male who presents to his dentist with an abscess associated with tooth #30. On his medical history form, of which he completes only part, he lists taking an orange and white pill with an H and 2 on it for his “heart medicine” and a white pill with 500 on it for his “sugar medicine.” His dentist asks Mr. Charles additional questions about his health, to which Mr. Charles says “I’m fine. I’m here just because my tooth hurts.” After consulting with his primary care physician and learning that Mr. Charles is on several antihypertensives (including hydrochlorothiazide) and metformin for diabetes, but is stable, his dentist prescribes amoxicillin, 500 mg, q.i.d. X 10 days for the abscess. She instructs Mr. Charles to take all of the antibiotics and return to the dental office in 10 days for an extraction (Mr. Charles chooses an extraction over endodontic therapy). Because of dilacerated roots, she blocks off an hour for the procedure. Mr. Charles returns for the appointment but his dentist cannot obtain profound anesthesia, and later learns from Mr. Charles that he took only 1 day’s worth of antibiotics because “it stopped hurting and I wanted to save my antibiotics for my next toothache.”

While both of the scenarios are completely fiction, we’ve all experienced such cases. Often times we are quick to blame the patient for non-compliance. *Don’t they realize that I blocked off an entire hour of time for them? Why couldn’t they follow my instructions? This is now three no-shows in a row – we have to do something!*

But maybe the fault lies with us for assuming our patients correctly understand the information that we are trying to convey to them. This is why oral health literacy matters!

## **Oral Health Literacy** by CDR Nathan Mork, Coordinator of the IHS Oral Health Literacy Campaign

What is oral health literacy? It is *“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.”*<sup>1</sup>

Oral health literacy involves patients, caregivers, providers, and the entire healthcare system. It's a key component of overall health, and one that is often overlooked. Health literacy is the necessary link for creating effective communication and education to increase primary and secondary preventive regimens. Our role as dental health professionals involves much more than simply handing patients a brochure or telling them about their medical or dental condition. Fortunately, there are a wealth of training materials and resources available for you and your staff to improve your understanding of health literacy and improve communication skills. Efforts to improve your patients' health literacy have the potential to make a lasting impact on their overall health and wellbeing.

Low health literacy has a cost to society – an estimated \$106-\$238 billion dollars annually – which is equivalent to between 7-17% of all personal health care expenditures in the US (2006 estimates).<sup>2</sup> Studies have estimated that between one-third and one-half of adults in the US

***“Literacy is a stronger predictor of an individual's health status than income, employment status, education level and racial or ethnic group.”***

***- IOM, 2004<sup>13</sup>***

experience limitations in health literacy skills.<sup>3</sup> And 9 out of 10 adults struggle to understand and use health information when it is unfamiliar, complex or jargon-filled.<sup>4</sup> Population groups with the highest risk for low health literacy are: those aged 65 years and older; those with less than a high school diploma; those living below the poverty level; those speaking non-English languages; and some minority races/ethnicities.<sup>5</sup> However, even those individuals with higher levels of education and a typically high health literacy may experience barriers to understanding a

condition and instructions for care when other external factors are present. Someone who normally manages health information well may have increased difficulty if feeling anxious or overwhelmed with too much information. A mother may have difficulty following through with instructions for treating her child's abscessed tooth when also experiencing domestic violence. Patients with varying degrees of dementia will experience varying levels of health literacy. Psychological, social, and cognitive factors must be considered.

How can we recognize cases where low health literacy may be an issue?

## Red Flags for Low Health Literacy<sup>6</sup>

- Frequently missed appointments
- Incomplete registration forms
- Non-compliance with medication
- Unable to name medications, explain purpose or dosing
- Identifies pills by looking at them, not reading label
- Unable to give coherent, sequential history
- Asks fewer questions



In recent years there has been a substantial increase in oral health information available online, targeted for varying levels of literacy. While this fact may help many of those with limited health literacy, information available online may cause confusion and may even contradict the information you provide your patient. Knowledge gained from patients' social networks (in-person and through social media) may also affect their understanding of oral health issues. For this reason, it is important to assess the existing knowledge of your patients/caregivers, particularly when they indicate that they have done research online.

The way in which you and your dental health team communicate with patients and caregivers can ultimately impact health outcomes. The following strategies from AHRQ<sup>7</sup> can significantly improve your success if used consistently:

- Use plain language
- Limit information (3-5 key points)
- Slow down
- Be specific and concrete, not general
- Demonstrate, draw pictures, use models
- Repeat/summarize
- Focus on "need-to-know" and "need-to-do"
- Teach-Back (confirm understanding)
- Be positive, hopeful, empowering

### Key Facts

- 36% of adults in a large national sample had serious limitations in health literacy skills<sup>8</sup>
- Estimated cost in the US annually of low health literacy is \$106 - \$238 billion<sup>10</sup>

Health literacy is not a one-way street. As demonstrated in the diagram below, the patient/caregivers' skills and abilities must match the collective demands and complexity of their health situation. Comprehending the purpose of sealants is a much easier task than comprehending the purpose of and process for bone grafting. Dental insurance language, health history forms, and complex referral processes also contribute to the issues faced by those with low literacy.

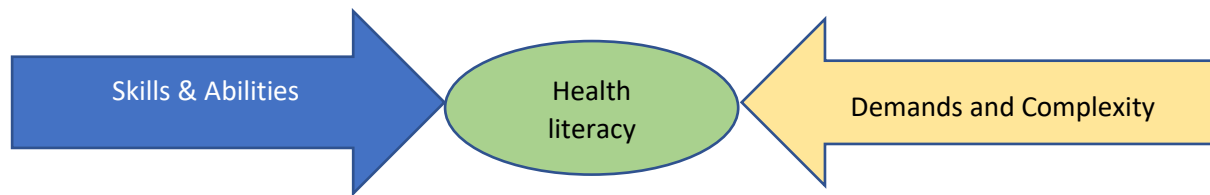


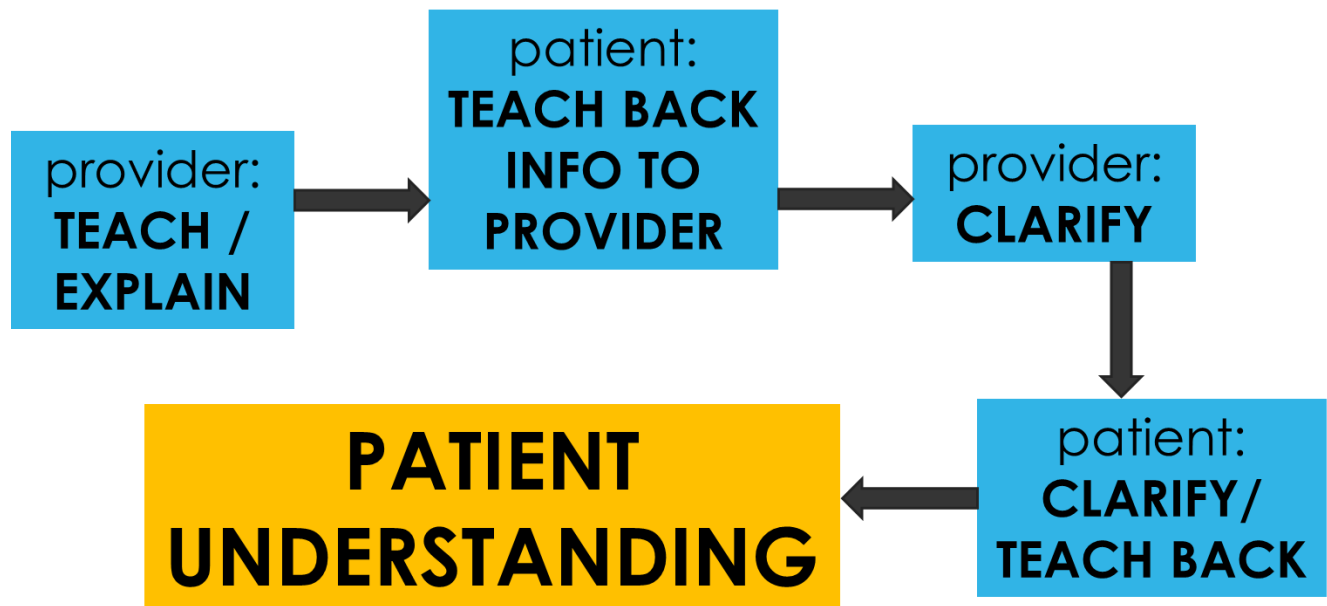
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Failing to recognize cases of low health literacy and meeting the unique needs of low health literacy patients can have serious consequences. Beyond communication skills and processes, also consider the physical environment. Do patients feel comfortable asking questions in the clinic space as it is now? Is your signage understandable? Even supporting low-literacy patients in finding your clinic and scheduling appointments is an important consideration. Do you offer a map and instructions for public transportation? Do you offer maps to specialist offices for referrals? Does a human call patients prior to appointments to assess patient understanding and capacity to make their scheduled appointment time?

Oral health literacy is a complex issue with many moving parts. Take some time to go over these questions with your staff. Investigate the many resources available for improving your communication skills and enhancing the entire system of care to best meet the needs of all your patients. Here are three questions you can ask: <sup>14</sup>

1. Looking back, have there been instances when you suspected, or now suspect, that a patient might have low literacy? What were the signs?
2. Do we do things in our practice that make it easier for patients with low literacy to understand services and information? Consider the entire process of patient visits, from scheduling an appointment to check-out.
3. What strategies could all of us adopt to minimize barriers and misunderstanding for low literacy patients?

One key tool for ensuring effective communication, the “Teach Back” method:



Here are two videos on oral health literacy, the first of which focuses on the teach-back method:

- <https://www.youtube.com/watch?v=3xibU-ByxV8> (2 minutes in length)
- <https://sph.umd.edu/center/hchl/oral-health-and-health-literacy> (11 minutes in length)

From these articles, we hope that you will seek more information on oral health literacy and help improve the literacy of your patients. On the following page we list multiple resources available to you for continued learning on this subject. In addition, the CDC has developed a list of talking points that may be helpful if you need to tell someone quickly what health literacy is and why it is important. Add in talking points relevant to your organization.<sup>11</sup>

1. Nine out of 10 adults struggle to understand and use health information when it is unfamiliar, complex or jargon-filled.
2. Limited health literacy costs the healthcare system money and results in higher than necessary morbidity and mortality.
3. Health literacy can be improved if we practice clear communication strategies and techniques.
4. Clear communication means using familiar concepts, words, numbers and images presented in ways that make sense to the people who need the information.
5. Testing information with the audience before it is released and asking for feedback are the best ways to know if we are communicating clearly. We need to test and ask for feedback every time information is released to the general public.

## ***Oral Health Literacy Resources (Courtesy of CDR Mork, Dr. Alice Horowitz, and the ADA website)***

### **Increasing the Dental Team's Knowledge about Health Literacy**

- [American Dental Association Health Literacy in Dentistry](#)
- [CDC Health Literacy for Public Health Professionals](#). A web-based course to educate public health professionals on the importance of health literacy and their role in providing health information and services and promoting public health literacy.
- [Effective Communication Tools for Healthcare Professionals](#). Agency for Healthcare Research and Quality (AHRQ) online course on patient-provider communications.
- [Smiles for life - A National Oral Health Curriculum](#). Smiles for Life produces educational resources to ensure the integration of oral health and primary care.
- Health Affairs. Brach C. [Health Affairs Blog Making Informed Consent An Informed Choice](#), April 4, 2019.
- [California Dental Association Journal, April 2012](#). The 2012 April issue of the CDA Journal focuses on oral health literacy.

### **Teach Back**

- [AHRQ Health Literacy Universal Precautions Toolkit, 2<sup>nd</sup> Edition](#). The toolkit offers primary care practices a way to assess their services for health literacy considerations, increase patient understanding of health information and raise the awareness of the office about the use of health literacy principles.
- [Always Use Teach-back training toolkit](#)

### **Creating Clear and Effective Written Information**

- [Center for Plain Language](#). The website contains best practices for using, learning, and teaching plain language.
- [CMS Toolkit for Making Written Material Clear and Effective](#)
- The [CDC Clear Communication Index](#) is a research-based tool to help you develop and assess public communication materials.

### **Improving the Health Literacy Environment of the Dental Office**

- [The health literacy environment of hospitals and health centers. Partners for action: Making your healthcare facility literacy-friendly](#). Rudd RE, Andersen J. Boston, MA: Harvard School of Public Health; 2006.
- [The Health Literacy Environment Activity Packet: First Impressions and Walking Interview](#) Rudd RE. Boston, MA: Harvard School of Public Health; 2010. This packet focuses on four activities designed to help staff members consider the health literacy environment of their workplace.
- [Ten Attributes of Health Literate Health Care Organizations](#) Brach C, Keller D, Hernandez LM, Baur C, Parker R, Dreyer B, Schyve P, Lemerise AJ, Schillinger D, National Academy of Sciences Institute of Medicine; June 2012.

### **Patient Education Materials**

- [American Dental Association's Consumer Website](#)

- ▶ [National Institute of Dental and Craniofacial Research.](#) Variety of oral health topics and many are available in print and electronic format.
- ▶ [Oral Health Kansas Tips and Tricks](#)
- ▶ [Healthy Teeth, Healthy Kids](#)
- ▶ [National Maternal and Child Oral Health Resource Center](#)
- ▶ [Institute for Healthcare Improvement Ask Me 3: Good Questions for Your Good Health](#)