



# Oral Health Literacy

This course will introduce and educate dental health professionals on current health literacy principles. The course will discuss how health literacy can be a barrier to positive health outcomes for patients. Participants will learn practical skills to communicate at appropriate health literacy levels. In addition, we will formally introduce the latest IHS Division of Oral Health initiative "SMILE" and provide examples of supporting oral health literate materials.

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**IHS DENTAL UPDATES 2019**



# Course Objectives

1. Define and explain Oral Health Literacy.
2. Identify factors that influence health literacy.
3. Locate multiple health literacy resources for their use.



## An example:

- ▶ A 2-year-old is diagnosed with an inner ear infection and prescribed an antibiotic.
- ▶ Her mother understands that her daughter should take the prescribed medication twice a day.
- ▶ After carefully studying the label on the bottle and deciding that it doesn't tell how to take the medicine, she:
- ▶ fills a teaspoon and pours the antibiotic into her daughter's painful ear



## U.S. Department of Health and Human Services, said:

The primary responsibility for improving health literacy lies with public health professionals and the healthcare and public health systems. We must work together to ensure that health information and services can be understood and used by all Americans. We must engage in skill building with healthcare consumers and health professionals.



# What is Health Literacy?

The capacity to

- **Obtain, process, understand** basic health information and services
- Make appropriate health care **decisions** (act on information)
- Access/**navigate health care system**

\*Adapted from Healthy People 2020



# Health Literacy & Cultural Competency

- ▶ Health literacy always includes cultural competency.
- ▶ Cultural competency does not necessarily include health literacy.
  - ▶ An educational leaflet may have culturally appropriate pictures but may not be written in plain language

\*Courtesy of Alice M. Horowitz, PhD,  
School of Public Health University of  
Maryland



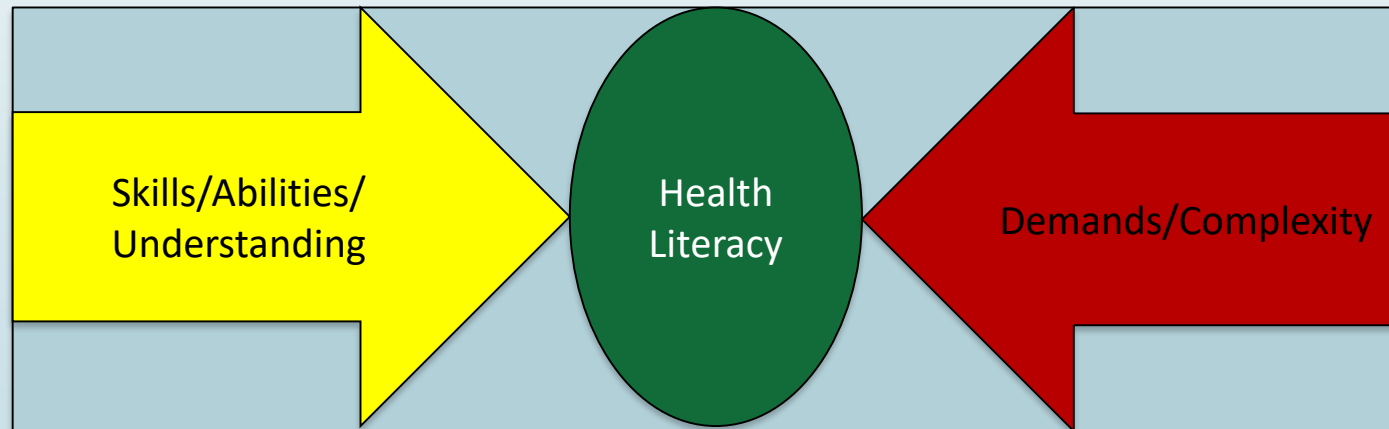
# Health Literacy & Communication

- ▶ Are related but distinct
- ▶ HL is having knowledge and understanding about 'X' and the use of a set of skills and abilities
- ▶ Communication is the process of exchanging information
- ▶ Communication is an integral and necessary part of health literacy

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# 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).



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# 5 Milestones of Health Literacy history

~2010 was a big year!

1. **Patient Protection and Affordable Care Act gave provisions associated to health literacy and acknowledged the critical importance of patients being health literate**
2. **The National Action Plan was released giving 7 goals for improving health literacy**
3. **The Plain Writing Act of 2010 was passed requiring federal agencies to use plain language**
4. **The Center for Health Care Strategies presented the Institute of Medicine's commissioned paper, "Health Literacy Implications of the Affordable Care Act," to the Roundtable on Health Literacy**
5. **Healthy People 2020 established national objectives addressing the need to increase health literacy, the communication skills of health care providers, shared decision-making, and readability of instructions for patients**

# HP 2020 – a large focus on Health Literacy, not just a passing mention

TABLE 2

## Healthy People 2020 — Topic Area: Health Communication and Health IT Selected Objectives

### HC/HIT-1: (Developmental) Improve the health literacy of the population

HC/HIT-1.1 : Increase the proportion of persons who report their health care provider always gave them easy-to-understand instructions about what to do to take care of their illness or health condition

HC/HIT-1.2 : Increase the proportion of persons who report their health care provider always asked them to describe how they will follow the instructions

HC/HIT-1.3 : Increase the proportion of persons who report their health care provider's office always offered help in filling out a form

### HC/HIT-2: Increase the proportion of persons who report that their health care providers have satisfactory communication skills

HC/HIT-2.1 : Increase the proportion of persons who report that their health care provider always listened carefully to them

HC/HIT-2.2 : Increase the proportion of persons who report that their health care provider always explained things so they could understand them

HC/HIT-2.3 : Increase the proportion of persons who report that their health care provider always showed respect for what they had to say

HC/HIT-2.4 : Increase the proportion of persons who report that their health care provider always spent enough time with them

HC/HIT-3: Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted.

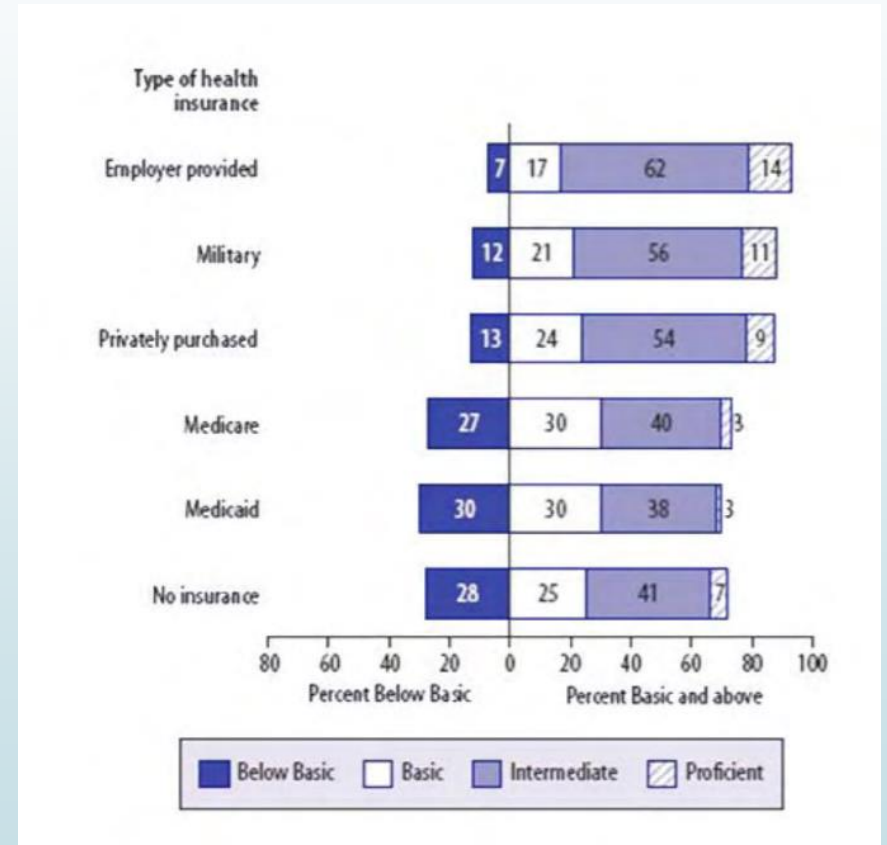
HC/HIT-4: (Developmental) Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health.

U.S. Department of Health and Human Services (2010). Health communication and health information.  
Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=18>.

# Why is Health Literacy important?

~one reason

- ▶ The estimated cost to the United States annually for
  - ▶ Low Health Literacy
    - ▶ \$106 to \$238 billion (2006)
- ▶ This was 7% - 17% of ALL personal health care expenditures in the US (2006)





# Why is Health Literacy important?

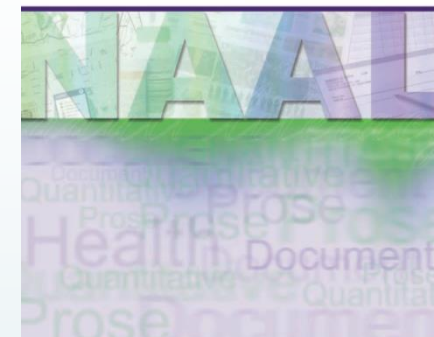
~perhaps a more important reason

- ▶ Health Literacy is the link for creating better communication and education to increase primary and secondary preventive regimens.
- ▶ Literacy is a stronger predictor of an individual's health status then:
  - ▶ Income
  - ▶ Employment status
  - ▶ Level of education
  - ▶ Race or ethnic group

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# General Literacy influences Health Literacy

- ▶ 36% of adults were identified as having serious limitations in health literacy skills
- ▶ 9:10 US adults have difficulty understanding and using everyday health information
- ▶ Average American reads at 8-9<sup>th</sup> grade reading level
  - ▶ Health information usually written at a higher level!



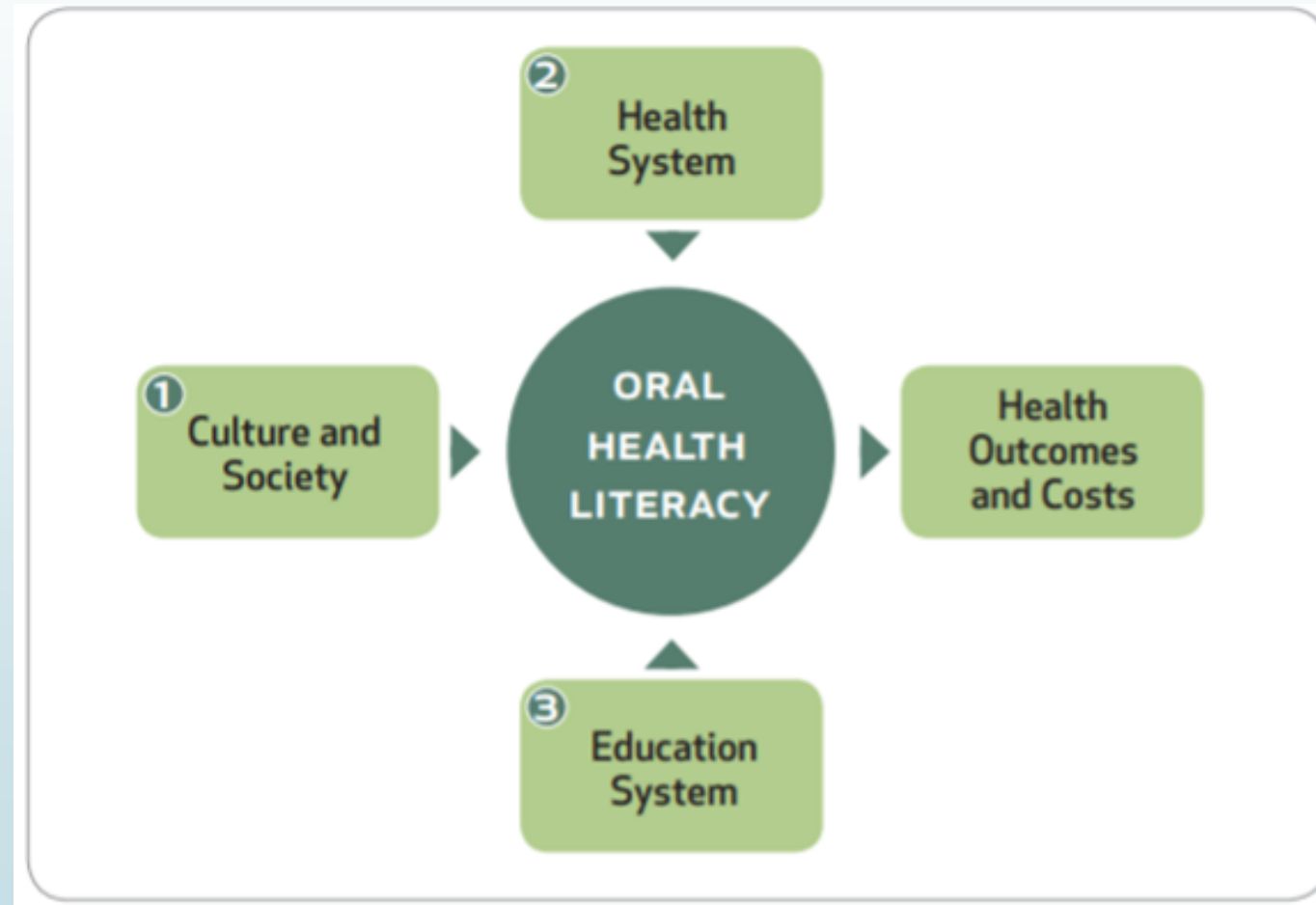


# GRADUATION RATES & AMERICAN INDIAN EDUCATION

- ▶ 7:10 American Indian/Alaska Native who start kindergarten graduate high school (70%)
  - ▶ This 70% graduation rate is 12% lower than the overall national average
- ▶ More than 60% of U.S. high school students go on to college, while only 17% of American Indian students
- ▶ 28% of Americans complete college, only 13% of Native Americans hold a college degree.

\*Graduation Rates & American Indian Education, H. Oliff, May 16, 2017

# Health Literacy is multidimensional



# Red Flags for Low Literacy

- ▶ 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
- ▶ Ask fewer questions
- ▶ Lack of follow-through on tests or referrals

<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/tool3a/index.html>





# Health Literacy is communication skills between patients and providers

## Knowledge of patients and providers have about health topics

### ► Patients:

- The relationship between lifestyle factors (diet, exercise, oral hygiene) and health outcomes
- Recognition of when care is needed
- Current prevention information

### ► Providers:

- Best practices
- Standards of care
- Being patient centered

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# Patient Center Care and Communication

- ▶ Determine what type of patient you are working with?
  - ▶ A partner in decision making or prefer the professional make the decision?
- ▶ Listen and educate
- ▶ Develop trust
- ▶ Provide all options and involve the patient
- ▶ Be empathetic
- ▶ Ensure patient understanding (for consent!)
- ▶ Take time

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# Strategies for Patient Centered Communication

- ▶ 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

<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/tool3a/index.html>

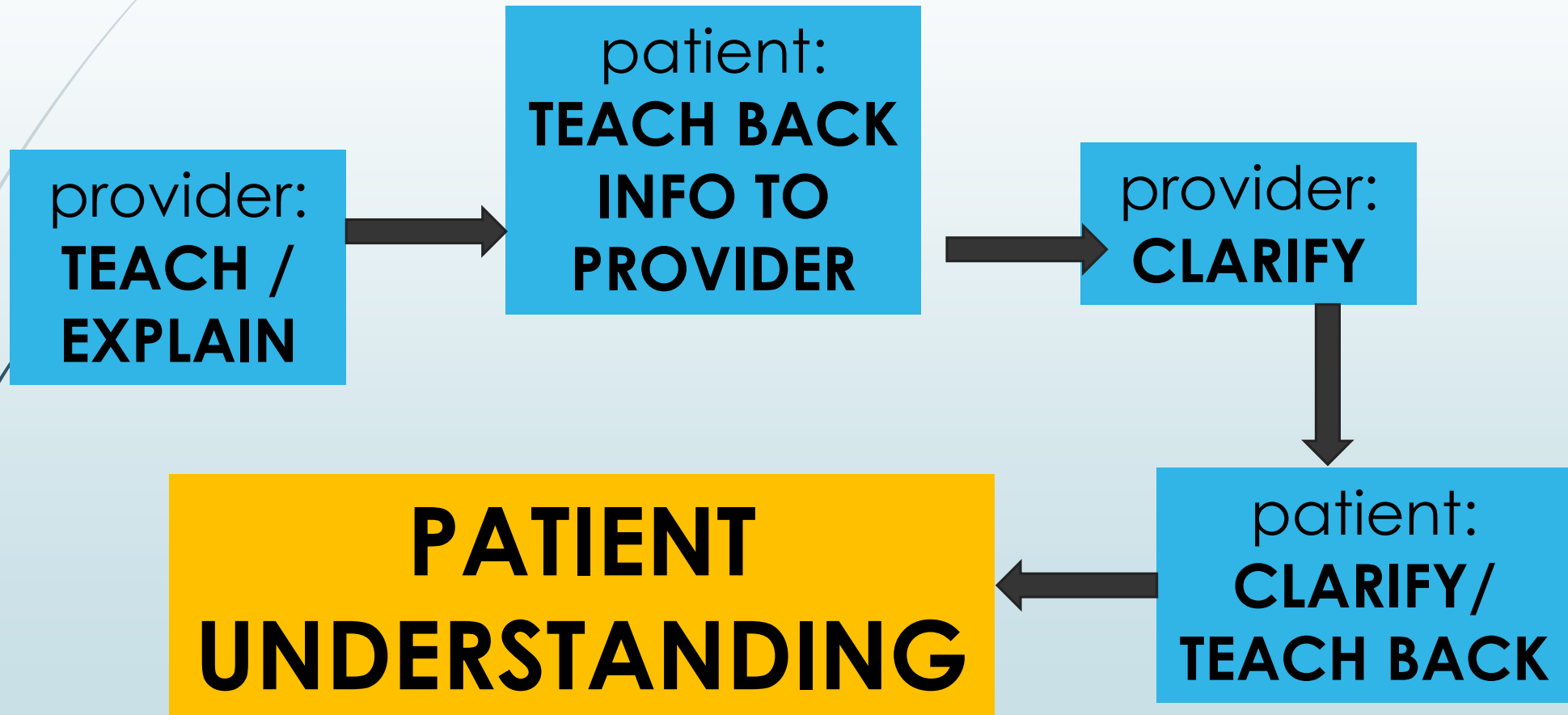


# Strategies for Patient Centered Communication: *plain language*

## Verbal or written

Common Words	Plain Language Alternative
Annual	Every year
Oral	Mouth
Diet	Food you eat
Hygiene	How you clean
Prevention	Stop from happening
Monitor	Watch or check
Referral	Send you to another doctor
Community Resources	Help where you live

# Strategies for Patient Centered Communication: *teach-back method*



# Strategies for Patient Centered Communication: *teach-back method*

<https://www.youtube.com/watch?v=3xibU-ByxV8>

Produced by the Horowitz Center for Health Literacy at  
the University of Maryland School of Public Health



# Course Activities

- Teach Back Scenarios
- Plain Language Exercise

## Scenario for Participants to Practice Teach Back

Using teach back, demonstrate and explain to a mom how to check her 18-month old daughter's teeth for white spot lesions and what she needs to do if she finds them.

## Scenario for Participants to Practice Teach Back

Using teach back, explain to a mom why her 10 year old son should be provided the HPV vaccine. [Recall: Only vaccine in US today is Gardasil9 which requires 2 injections if given between 9-13; after 13 it require 3 injections. Cost is ~\$240.00 per injection AND it prevents 5 cancers.]

## Scenario for Participants to Practice Teach Back

As the dental provider, you learn that the family of a 5 year old are drinking bottled water, rather than tap water. Using teach back, explain why all of them should be drinking tap water because their community water supply is optimally fluoridated....and bottled water is usually not fluoridated optimally. Or, if the community is rural and lacks CWF, one could discuss the use of Nursery Water-pink label which contains .7ppm.

## Plain Language: Table Exercise

Dental implants are threaded titanium posts which are surgically placed in the jaw(s) to support prosthetic teeth. Following an incision in the gums and the raising of flaps to expose jaw bone, a small hole is prepared in the bone for each implant and the implant is screwed into position. Initially, the implant is held in place by mechanical retention in the adjacent bone. Over several months (the time will be determined based upon many factors), the bone immediately around the implant remodels and attaches intimately to the implant surface in a process known as **osseointegration**. Following osseointegration, the final restoration will be placed by your restorative dentist. The restoration(s) on top of the implant(s) is/are charged a separate fee which is at the discretion of restorative dental provider. ***In rare instances osseointegration does not occur and generally the cause of this failure cannot be determined.*** If no or minimal osseointegration occurs, the implant is considered failed and the implant must be removed. If the implant is removed, a bone graft may be placed and another implant may be attempted after healing of the bone. The literature demonstrates higher failure rates for implants placed in sites where there has already been an implant failure and/or a socket graft. A more frequent, but still rare, complication is the occurrence of partial osseointegration where the bone attaches at a microscopic level to some but not all of the implant. If this occurs, surgical intervention is required and the implant surface where bone did not attach must be cleaned and a bone graft placed in another attempt at osseointegration. If this occurs, I understand that I will be responsible for any additional surgical fees to try to regenerate bone around the implant or in a site where an implant has failed.

At the time an implant is placed a healing screw may be inserted into the top of the implant, and the implant may be covered completely by gum tissue, to be uncovered at a later date. There is no charge for this second stage (uncovering) procedure when the implant is originally placed at XXX.

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# Discussion Questions

- ▶ Looking back, have there been instances when you suspected, or now suspect, that a patient might have low literacy? What were the signs?
- ▶ 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
- ▶ What strategies could all of us adopt to minimize barriers and misunderstanding for low literacy patients?





# Provide Training for Entire Staff

- ▶ Identify a HL champion in your office/clinic
- ▶ Organize an on site session for your staff
- ▶ Have all staff take on-line Health Literacy courses offered by CDC, AHRQ
- ▶ Organize sessions on health literacy at local and state health organizations
- ▶ Assess all print materials for plain language
- ▶ Assess website for plain language and usability

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# What we can do

- ▶ 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
- ▶ Use visual aids (draw or show pictures) when appropriate

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# 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, staff and yourself
- ▶ Recall, we want productive interaction to gain patient engagement

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# Various Resources

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

### ► [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](#)

Online course on patient-provider communications.

### ► [Federal Plain Language Guidelines](#)

The website contains training and resources for writing plain language.

### ► [Center for Plain Language](#)

The website contains best practices for using, learning, and teaching plain language.

### ► [Smiles for life - A National Oral Health Curriculum](#)

*Smiles for Life* produces educational resources to ensure the integration of oral health and primary care.

### ► [California Dental Association Journal, April 2012](#)

The 2012 April issue of the CDA Journal focuses on oral health literacy.

►

## ► **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.

### ► [Agency for Health Research and Quality Health Literacy Universal Precautions Toolkit](#)

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.

### ► [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.

### ► [https://www.ihs.gov/healthcommunications/includes/themes/responsive2017/display\\_objects/documents/IHSHealthLiteracyWhitePaper.pdf](https://www.ihs.gov/healthcommunications/includes/themes/responsive2017/display_objects/documents/IHSHealthLiteracyWhitePaper.pdf)

Sharing oral health **M**essages to **I**mprove **L**iteracy for **E**veryone

# Smile

The IHS Division of Oral Health has created a new national initiative, the **IHS Oral Health Literacy Initiative**.

- ▶ The goal of the IHS Oral Health Literacy Initiative is to give oral health providers tools to improve oral health literacy among American Indians and Alaska Natives.
- ▶ Our theme for this initiative is
  - ▶ **SMILE** – **S**haring oral health **M**essages to **I**mprove **L**iteracy for **E**veryone



# A Closing Thought

Howard Koh, M.D., M.P.H., former U.S. Assistant Secretary of Health

[Literacy to Move Beyond the Cycle of Costly Crisis Care External](#)

Health Literacy Out Loud #77, May 8, 2012

- ▶ “...Some people had a very clear, scientific understanding of their condition, particularly cancer. Others would go on the internet and read information that was either of high quality or not and come in absolutely terrified. I came to respect that each person is different. Each patient situation is different, and the patient’s level of understanding about their options differs greatly as well. This is at the heart of health literacy in my view as a clinician, starting where the patient is and going from there.”

***Now, what can you do?***