



## **Module 15: Oral Health**

### **Part 5: Oral Health Literacy**

Hi, I'm Denise Rizzolo. I'm an Associate Professor at Seton Hall University School of Health and Medical Sciences, Physician Assistant program. Today, I'll be talking about oral health literacy as part of the Oral Health Across the Lifespan Modules.

So our learning objectives for today are to define oral health literacy, recognize patients who may have low oral health literacy and list several behaviors that may be indicative of limited health literacy, describe how to improve oral health literacy using principles of effective communication, and to describe resources that can be given to patients to improve oral health literacy and where they can seek appropriate care.

So for our Healthy People 2020 objectives, first, we need to recognize that oral health literacy is a problem that needs to be addressed, we need to reduce disparities in access to oral health care, we need to increase the proportion of adults who received preventative interventions in primary care and dental offices, and finally, we need to increase the proportion of local health departments and federally qualified health centers that have an oral health program.

So Health Literacy, a general definition of health literacy is the cognitive and social skills, which determine the motivation and ability of individuals to gain access to, understand, and use information in a way which promotes and maintains good health by improving the health literacy of our patients, we will empower them to make better decisions about their health and wellbeing, and hopefully, they'll seek more preventative care.

So what is oral health literacy? It's 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. To put it simply, it's the skills an individual must have to understand basic information regarding oral health.

So just some general statistics. First, illnesses related to oral health result in 6.1 million days of bed disability and 20.5 million lost work days a year. Second, about 1 in 4 non-elderly adults also have untreated tooth decay. The rate of untreated decay among low income adults is twice that of adults with higher income. Roughly 41% versus 19%. Finally, it has been reported that across the nation, only 44% of adults with less than basic literacy skills have had a dental visit in the preceding year, compared with 77% of those with proficient health literacy skills.

Low health literacy increases medical costs. Many patients will go to the emergency department to have common oral conditions treated. From 2008 to 2010, the cost of emergency department charges across the US was \$2.7 billion. Many of these conditions could have been treated more effectively and possibly even prevented if patients saw their dentists or even other health care providers routinely. If we look at the table from the April 2014 issue of JGIM, over a million ER visits were related to dental conditions. With dental care being the most prevalent condition that patients sought care for in the ED.

So why is oral health literacy important? Individual patients and healthcare providers are largely unaware of the basic risk factors in preventive regimens for many oral diseases. Many times, health care providers are so focused on common diseases such as coronary artery disease, or even diabetes. They forget that a link between oral health and these systemic diseases have been discovered.

Second, individuals with lower oral health literacy are more likely to have poorer health, use fewer preventive services and more costly emergency department services as we saw in the previous slide. Health literacy is a bidirectional challenge for both the health care facility and patients. We must address the mismatch between the demands of the health care system and the skills of those using and working in the healthcare system. Many health care situations are new, unfamiliar, intimidating and often exhausting for patients.



Additionally, some health facilities are not designed or equipped to help patients who have low health literacy skills, which sets of barriers for patients to seek the care they need. Low health literacy can delay care. Patients may not be able to describe their signs and symptoms, read, understand and complete forms, or they may not know how to locate and navigate a healthcare facility.

Providers need to be able to identify who's at risk for low oral health literacy, how they can communicate effectively with these patients, how they can work with other allied health professionals to improve care for patients, help patients understand the links between oral health and systemic disease, and how preventative care is less costly than urgent care. Healthcare providers should be aware of who is at risk for low oral health literacy.

While the majority of US population routinely obtains oral health care in traditional dental health practice settings, oral health care eludes many vulnerable and underserved individuals. These groups include those with lower education, racial and ethnic minorities, patients with special healthcare needs, older adults, pregnant women and populations of lower socioeconomic status.

Low health literacy can have a cause and effect relationship. Dental IQ is defined as a patient's baseline knowledge of the importance of dental and/or oral care, specifically preventive care. Patients with low dental IQ usually have a lack of compliance, which leads to missed dental appointments, lack of follow-up for urgent conditions because of the inability to understand instructions, and/or the inability to take medications as prescribed. The patients may seek only urgent care instead of preventive care, which can lead to the exacerbation of some chronic conditions.

Those with oral low health literacy will miss opportunities to speak to healthcare providers about smoking sensation, screening for oral cancer, and even the benefits of fluoride in children. Also, patients may to share personal information that may affect the management of chronic conditions. And finally, patients may have difficulty articulating signs and symptoms so the healthcare provider has a clear understanding of the underlying problem.

How can healthcare providers improve communication with patients? Effective communication skills should begin during a healthcare student's education process. Communication skills can be difficult to master, but are extremely important when talking to your patients. First, listen to what a patient has to say. Give them time to speak, if you interrupt them, they may not tell you the full story. Talk slowly. Pressured or rushed speech may make the patient nervous. The patient may feel you don't have time for them, and withhold medical information or refuse to seek further medical care.

Avoid medical jargon. Medical terms may only confuse a patient and they may answer no when the answer should be yes. Draw pictures or use models when appropriate. Write down their medications and follow-up instructions so they are aware of the plan and can take it home with them. This may help with compliance. And finally, try the talk back method. After you explain the diagnosis and treatment with your patient, ask them to repeat it back to you. This will give the provider an idea of how much the patient was able to understand and the opportunity to discuss any unanswered questions.

So how to avoid medical jargon. "Mrs. Smith, you have Type 2 Diabetes along with severe periodontitis. Your glucose is 200 and your hemoglobin A1C is 9. Uncontrolled diabetes can worsen your periodontitis. This can lead to edentulism and even a systemic infection if you do not get your glucose under control."

This statement would be very difficult for patients to understand. What would be better is to say something such as, "Mrs. Smith. You have Type 2 Diabetes along with severe inflammation of your gums and the ligaments around your teeth. Your blood sugar is very high, it's at 200, and the number that tracks your sugar over the past three months, called hemoglobin A1C is also high, 9.0. If your blood sugar stays this elevated, it can make the inflammation around your gums much worse. If this happens, you can eventually lose your teeth and even develop an infection in your blood." A patient is much more likely to understand the second statement.

What can healthcare providers do to help each other? And we can collaborate. Oral health literacy can be improved by interprofessional collaboration. Not only can health professions learn together how to improve the health of their patients, they can



learn from one another as well. Providers need to develop methods to exchange information regarding their patients. This will lead to more prompt referrals and improved patient care.

Additionally, continuing education courses can be offered to healthcare providers, which can include basic information about oral health literacy, and how together as a team, clinicians can improve a patient's overall health. Remember, the patient should be at the center of our combined care. So for example, during annual physicals, primary care providers can do a thorough oral exam, not just look at their tonsils, look at their dentition, buccal mucosa and tongue, and refer when needed to their team of dentists that they work with.

There has been a call to action by the Institute of Medicine in 2011. The goals were to improve overall oral health in America, and specifically, to improve access to oral healthcare for vulnerable and underserved populations. Additionally, a workshop was convened and strategies on how to improve oral health literacy were discussed. They recommended Medicaid begin to cover oral health services, in not only children, but also in adults. And at the same time, reduce financial barriers so more healthcare providers participate in Medicaid plans.

Additionally, the report suggested expanding the capacity of federally qualified health centers to deliver oral health care in order to meet the needs of vulnerable and underserved populations. As these centers are required by law to provide certain preventative oral health services. One way to achieve this is to provide an interdisciplinary approach that we discussed in the previous slide.

There are some resources we can offer. The following websites can provide both providers and patients more information on health literacy. All providers should address oral health when they have the opportunity with their patients. But they should also provide patients with resources to improve the health literacy as well.

National Action Plan for Health Literacy. The National Action Plan seeks to engage organizations, professionals, policy makers, communities, individuals and families in a linked, multi-sector effort to improve health literacy. Another is the CDC Health Literacy. Accurate, accessible and actionable health information for all. This CDC website provides information and tools to improve health literacy and public health. And finally, the National Maternal and Child Oral Health Resource Center. The purpose of the OHRC is to respond to the needs of states and communities in addressing current and emerging public oral health issues.

There are also cultural competency programs for oral health professionals. This e-learning program gives you the basic cultural competency knowledge and skills so that you are able to do the following: expand your patient's base by providing more culturally appropriate care to a wider diversity of patients. Deliver a higher quality of care to help your patients meet their oral health care goals while honoring and respecting their cultural beliefs and practices. Decrease clinical errors that may arise due to cultural or linguistic differences in communication and differences in oral health literacy. And finally, gain essential tools to help recognize and lessen the racial and ethnic healthcare disparities that persist in oral health.

In conclusion, prevention is key. One message we must help patients understand is prevention is key and we should try to increase the number of preventive oral health services. The systemic connection between overall health and oral health has been well established. Oral health is an integral part of overall health, therefore, oral healthcare is an important component of comprehensive health care. Oral health promotions and disease prevention are essential in any strategies aimed at improving access to care.

Clinicians need to make sure patients establish not only a medical home, but a dental home as well. The dental home can be part of the medical home for those patients that do not have insurance. But, if they have a dental home, the dental professional must also discuss chronic health conditions that may worsen any dental disease the patient may have.

Routine oral health information all healthcare providers can discuss with patients, are brushing and flossing regularly, the importance of fluoride in children, early signs of oral cancer, quitting smoking. And finally, we need to explain to our patients preventive care is less costly than urgent care. We, as healthcare providers, need to identify those with poor oral health literacy and make sure they're receiving the care they need.



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Thank you.