Through Health Literacy
“This promising new Center commemorates the lifetime achievements and legacy of Dr. Herschel S. Horowitz, an internationally renowned dental researcher, educator and pioneer in the field of public health.”

University of Maryland President Dan Mote

September, 2007


Advancing a Better State of Health Through Health Literacy Science & Practice
Currently, member, National Academy of Sciences Committee on Oral Health Initiative and Faculty Research Associate, Center for Health Literacy.

Formerly, at the National Institutes of Health as a Senior Scientist in the National Institute of Dental and Craniofacial Research. Held an appointment in the U.S. Department of Health and Human Services Office of Health Promotion and Disease Prevention. Contributed to a department level health literacy initiative and to the Healthy People 2010 objectives progress review process.
What Will We Explore Today?

• Overview of Health Literacy With Implications for Oral and Dental Health
• Explanation of Health Literacy
• Challenge of Health Literacy
• Practical Applications of Health Literacy Principles to Dental Health Practice Settings
Health Literacy—Say What?

[Cartoon: A person in a courtroom asks, "How many of you comprehend the term "follicular"?" while another person in the gallery asks, "What does "comprehend" mean?"]
What is Health Literacy?

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

*How easily people can get, understand and use information to live well.*
Health Literacy Depends on Individual and Systemic Factors:

- Communication skills of consumers and providers
- Knowledge of consumers and providers of health topics
- Culture and societal impact
- Demands of the healthcare system
- Demands of the situation/context
Communication Skills

Health literacy depends 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 depends 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.
Cultural and societal influences affect 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
Cultural and Society

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 guidelines and recommendations.
Demands of the Healthcare System

Health literacy depends on 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
Demands of the Situation or Context

• Health literacy depends 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
Literacy Demands

Literacy Skills
What’s the Benefit of Health Literacy Improvement?

• Enhanced communications skills
• Greater adherence to desired behavior
• Increased ability to engage in self care and other care
• Reduced demand with cost savings to the public, employers, the health care system
• Adults better able to be productive employees
• Improved health status
Individuals with Limited Health Literacy Skills Have:

- Lower use of preventive services
- Higher use of treatment services which result in higher healthcare costs
- Often reported feeling a sense of shame about their skill level and/or developed strategies to compensate
Figure 2-1. Percentage of adults in each health literacy level: 2003

National Assessment of Adult Literacy
Difficulty of Health Literacy Tasks

- **Below Basic**
  - Circle the date of a medical / dental appointment on a hospital appointment slip.

- **Basic**
  - Give 2 reasons a person should be tested for a specific disease, based on information in a clearly written pamphlet.

- **Intermediate**
  - Determine what time a person can take a prescription medication, based on information on the **drug label** that relates the timing of medication to eating.

- **Proficient**
  - Calculate an employee’s share of health insurance costs for a year, using a table.
What Is the Difference By Race/Ethnicity?

Figure 2-5. Percentage of adults in each health literacy level, by race/ethnicity: 2003

- **White**
  - Below Basic: 9%
  - Basic: 19%
  - Intermediate: 58%
  - Proficient: 14%

- **Black**
  - Below Basic: 24%
  - Basic: 34%
  - Intermediate: 41%
  - Proficient: 2%

- **Hispanic**
  - Below Basic: 41%
  - Basic: 25%
  - Intermediate: 31%
  - Proficient: 4%

- **Asian/Pacific Islander**
  - Below Basic: 13%
  - Basic: 18%
  - Intermediate: 52%
  - Proficient: 18%

- **American Indian/Alaska Native**
  - Below Basic: 25%
  - Basic: 23%
  - Intermediate: 45%
  - Proficient: 7%

- **Multiracial**
  - Below Basic: 9%
  - Basic: 28%
  - Intermediate: 59%
  - Proficient: 3%
Who Is At Greatest Risk?

- Older adults
- Those who are poor
- People with limited education
- Minority populations
- Persons with limited English proficiency
Health Literacy: Use of Preventive Services

Persons with limited health literacy skills are less likely to use preventive measures such as:

- Mammograms
- Pap smears
- Flu shots
- Lead screening for children
- Use of fluoride toothpaste
- Preventive dental appointments
What Could be Done?

Increase the likelihood (odds) that:
- The interaction with an individual’s skills
  - the professionals they encounter
  - the supports available to them
= the intended result and ultimate health outcome.
Increase -- Decrease

• Low health literacy is a major problem.
• The need for increased health literacy is especially relevant with chronic diseases including dental caries and periodontal diseases.
• Improvements are a likely pathway to decreasing health disparities.
Healthy People 2010 - 2020

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

Objective 11-2 Improve health literacy of persons with marginal literacy skills.

Objective 11-6 Increase the proportion of persons who report that their health care providers have satisfactory communication skills.
Quality Care Questions

• How often did health providers explain things in a way you could understand?
• How often did health providers show respect for what you had to say?
• How often did health providers listen carefully to you?
• How often did health providers spend enough time with you?

Medical Expenditure Survey Panel

• 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
  (PAR-07-019 R03; PAR-06-542 R21; PAR-07-020 R01)
Increase scientific understanding of health literacy and its relation to:

- Healthy behaviors
- Illness prevention & treatment
- Chronic disease management
- Health disparities
- Risk assessment
- Health outcomes
NIDCR Sponsored First Ever Workshop on Oral Health Literacy-2004

• Dental researchers

• Health literacy related researchers

Concomitantly

• Dr. Lee 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

Health literacy is a relatively new concept in general health and even newer in dentistry

- Established National Oral Health Literacy Advisory Committee 2007
- Conducting surveys among dentists, dental hygienists and dental assistants 2009
Oral Health is a product of:

- Appropriate self-care
- Clinical care
- Community initiatives
Oral Health Literacy Framework

Source: Adapted from Institute of Medicine, Health literacy: A prescription to end confusion.
Demands Placed on Patients

• Importance of oral health
• Determine eligibility for insurance
• Identify a provider/office/clinic
• Locate facility
• Make an appointment
• Complete health history forms
• Sit/lie down during treatment
Demands continued...

- Listen to diagnosis
- Understand diagnosis
- Understand and sign consent forms
- Trust provider & staff
- Understand responsibilities as a patient
Knowledge & Skills Needed to Prevent Early Childhood Caries

- Importance of oral health
- Dental caries can be prevented
- Fluorides prevent dental caries
- Know level of fluoride in drinking water
- Most bottled water is fluoride deficient
- When to use which fluorides
- When to take infant/child to dental office
Knowledge & Skills Needed to Prevent Early Childhood Caries

- How to clean infant’s mouth routinely
- How to recognize normal/abnormal (demineralization)
- How to re-mineralize decalcified surfaces
- How to inspect child’s mouth
- How to administer fluoride appropriately
- How to limit type and amount of sweets
What the Center for Health Literacy Is Doing?

Currently conducting consumer and provider research to understand gaps in knowledge and skills of both. Funding is primarily from the DentaQuest Foundation. Initial findings will be available in fall of 2010.

Center is working with Maryland Department of Health and Mental Hygiene Office of Dental Health to plan and execute an educational campaign in fall of 2011.
Federal Health Reform--Public Education Campaign

Requires the HHS Secretary to establish a 5-year, evidence-based, public education campaign to promote oral health, including a focus on early childhood caries, prevention, oral health of pregnant women, and oral health of at-risk populations.

For a complete list of oral health provisions, see Children’s Dental Health Project’s (CDHP) Senate Health Reform Toolbox available in the Health Care Reform Center on at www.cdhp.org.
What YOU Can Do?

- Assess your office
- Provide staff training to ensure your office is user-friendly
- Use plain language—verbal/print
- Urge patients to ask questions
- Urge patients to bring a friend/relative
- Use teach back method
- Ask patient how they like to learn
- Urge literacy courses to use health information as the reading material
- Urge improved health literacy throughout K-12 school systems
- Become knowledgeable of oral health provisions of health reform and involved in the oral health campaign.
Health Literacy
Universal Precautions Toolkit

Each patient encounter with a dentist, dental hygienist and office staff is an opportunity for them to receive guidance and learn skills for their personal self-care skills and those of their children.
Imagine if....

- The provider uses current information and is able to communicate at the mother’s level and uses teach back.
- A patient understands and applies what a provider has told her about how to care for her own oral health and that of her child.
Remember.....

60 dental schools
200 dental hygiene schools,
But
0 schools to learn how to be patients
Alice Says to Remember…

We may not be able to change habits of all our patients…..but we can change ours.........
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