Health Literacy: A Pathway to Improve Oral Health for Vulnerable Populations

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What is Health Literacy - Defined

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

Ratzan and Parker, 2000
Healthy People 2010 2000
IOM Report 2004

Oral Health Literacy - Defined

“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.”

Healthy People 2010
What’s the Problem?

- Health literacy varies by race, ethnicity, level of education, poverty level.
- The lower the health literacy the more likely the individual will have poor health, use fewer preventive procedures and use costly ER services.
- Less likely to manage chronic health conditions.

National Assessment of Adult Literacy 2003

Our Challenge is to:

Address the mismatch between demands of the healthcare system and the skills of those using the healthcare system(s).
Communication Skills

Health literacy is dependent 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 is dependent on understanding 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.

Culture and Society

• Culture and societal impacts on **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
Culture and Society

- Culture 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 recommendations and guidelines

Demands of Healthcare System

- Health literacy is dependent on the 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
  - Know how and when to ask questions or ask for clarification when they do not understand*

"Unless there’s something really wrong, I don’t know what to ask. I probably won’t ask...if they don’t tell me something, I won’t say anything—because I don’t know what to say."

Focus group participant, Maryland 2010
Health Literacy is Important – It Affects One’s Ability to:

- Understand dental/medical concepts
- Share personal and health information with providers
- Participate in their health care & that of their children
- Navigate the healthcare system, including locating providers and services, finding transportation and completing forms

Measuring Health Literacy

Health literacy is measured as functional literacy—people’s ability to apply reading skills to everyday tasks.

Measuring Health Literacy

Measures of health literacy at the individual level were developed in the 1990s:

- Rapid Estimate of Adult Literacy in Medicine (REALM) (word recognition)
- Test of Functional Health Literacy in Adults (TOFHLA and S-TOFHLA) (reading comprehension)
- Newest Vital Sign (NVS) (nutrition label)
- Literacy Assessment for Diabetes (LAD)
Measuring Oral Health Literacy

- Rapid Estimate of Adult Literacy in Dentistry (REALD-99 & REALD-30)
- Test of Functional Health Literacy in Dentistry (TOFHLID)

Measuring Health Literacy

- Health literacy measures based on functional literacy do not capture the full range of skills needed for health literacy.
- Current assessment tools (for populations and individuals) cannot differentiate among:
  - Reading ability
  - Lack of health-related background knowledge
  - Lack of familiarity with language and materials
  - Cultural differences in approaches to health.

Who Is at Risk?

The problem of limited health literacy is greater among:
- Older adults
- Those who are poor
- People with limited education
- Minority populations
- Persons with limited English proficiency (LEP)
Healthy People 2010

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

Healthy People 2010 Objectives – Related to Health Literacy

• Objective 11-2 Improve health literacy of persons with marginal literacy skills
  • Measurement: 2003 NAAL

• Objective 11-6 Increase the proportion of persons who report that their health care providers have satisfactory communication skills.
  • Measurement: Medical Expenditure Panel Survey (MEPS)

MEPS Questions

• How often did health providers listen carefully to you? [56%]
• How often did health providers explain things in a way you could understand? [58%]
• How often did health providers show respect for what you had to say? [58%]
• How often did health providers spend enough time with you? [45%]

- 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
Federal Government

- DHHS sponsored Surgeon General’s Workshop on Improving Health Literacy 2007
- AHRQ’s Health Literacy Universal Precautions toolkit 2010
- Health Literacy for Public Health Professionals (on line course)
- Affordable Care Act–2010

Oral Health Literacy Framework

Consider State Activities

- Develop state health literacy plans. [HL Call to Action]
- Missouri, Wisconsin, Iowa, Kentucky and soon Maryland have established annual Health Literacy conferences.
- Offer courses and certificates in Health Literacy for staff.
Consider....

- Assessing the user friendliness of all clinics in which you & staff work.
- Assess the informed consent forms and other print materials used in your clinics.
- Determine how to integrate dental/oral health education into adult education programs.

Summary

Limited health literacy is a major problem; improvements are a likely pathway to increasing oral health. The need for increased health literacy is especially relevant with chronic diseases including dental caries and periodontal diseases among vulnerable populations.

Resources