Reminder: Oral Health Literacy, What is It

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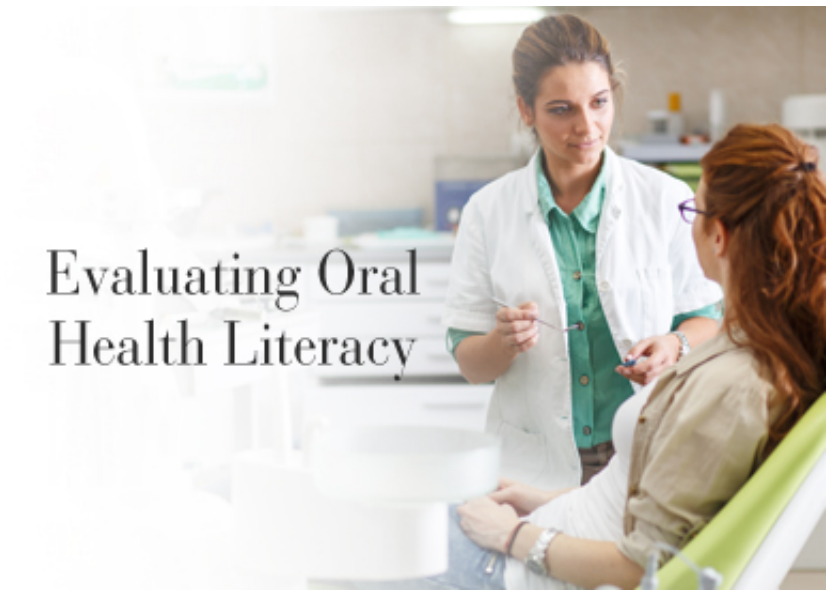

Indicators linked to oral health literacy span a wide range, making it difficult to accurately gage a patient's grasp on this important measure. Priscilla Flynn, DrPH, RDH, an assistant professor in the Department of Primary Dental Care at the University of Minnesota School of Dentistry in Minneapolis, notes that there are no obvious physical identifiers of low health literacy, which means dental hygienists must learn to recognize it by more nuanced means.

Flynn, whose research expertise is in health equity with an emphasis in health literacy, defines health literacy in practical terms: "It consists of accessing and understanding information about a specific health issue, then having the ability to act on this information to make appropriate health decisions."

Patients who are generally at greatest risk for low oral health literacy, according to Flynn, are those who are elderly, foreign-born, or have less than a high school education. Individuals who are racial and ethnic minorities are also at increased risk. Patients who Flynn least expects to have low oral health literacy are those who consistently keep their 6-month recare appointments and those who do not belong to any of the high-risk groups.

Possible indicators of low oral health literacy in adults include dental caries, reduced number of teeth, and attachment loss.[1] While no one dental condition serves as a definitive barometer of oral health literacy, certain conditions are associated with low oral health literacy, such as malocclusion, problems related to temporal mandibular joint syndrome, and individuals who need a dental prosthesis.[1]

When Low Oral Health Literacy Is Suspected

Determining oral health literacy is no easy task, but strategies are available to help dental hygienists zero in on a patient's literacy level. One approach Flynn recommends is to ask open-ended questions and learn the patient's priorities.

"Motivational interviewing (MI) is a great way to find out if a patient who comes in with a toothache only wants to stop the pain, or is ready to do what's necessary to move toward optimal oral health," Flynn says. She describes MI as a promising, evidence-based behavioral change approach that can be easily used with all patients, regardless of their oral health literacy level.

"Practitioners who use MI on a regular basis attest to the heavy load it lifts from their shoulders, as responsibility is moved to the patient," Flynn says. "After all, we provide the tools for patients to improve their health, but they are the only ones who can change their behavior."

Implications for Pediatrics

At least two studies have established a negative association between a child's oral health and a parent's low health literacy.[2,3] Other research concludes that low oral health literacy can make it difficult for an individual to fully comprehend the information he or she is given about preventive oral health.[2] Literacy, itself, however, is not the sole determinant of whether a parent understands what a provider is saying. Information overload can also be a factor. According to recent study, a parent's recall of information provided during an encounter decreases as the volume of that discussion increases.[4] To solve this problem, researchers suggest limiting the number of topics discussed during a visit.[4]

Keep it Simple, Sister

Though professional jargon may help clinicians speak accurately to one another, using complex terms with patients may make it difficult

for them to understand what the oral health professional is saying. This, Flynn observes, can create negative consequences.

"Jumping into 'education mode' without learning what the patient knows, what she or he wants from this appointment, or what other factors may impact the patient's motivation or ability to adhere to provider advice is an incredibly common behavior," Flynn says.

Doing a "brain dump" of everything a clinician thinks the patient needs to know in one sitting will overwhelm most patients, according to Flynn. A more useful approach, Flynn suggests, is to ask the patient what she or he wants to know, then use nonjudgmental body language and common terms to explain. She adds: "Use the 'keep it simple, sister' (KISS) approach."

Flynn says that because dentistry has its own unique language and culture, it should not be assumed a person who is wealthy or highly educated possesses high oral health literacy. Instead, Flynn suggests, clinicians should learn about each patient individually, rather than make assumptions.

Best practices for recognizing the level of oral health literacy among patients and their caregivers is sure to evolve as research about oral health literacy broadens. Communication strategies are also likely to improve. As these changes materialize, dental hygienists can use their role as educators to lead by example in practicing and promoting oral health literacy, so that time spent with patients is always at its most productive.

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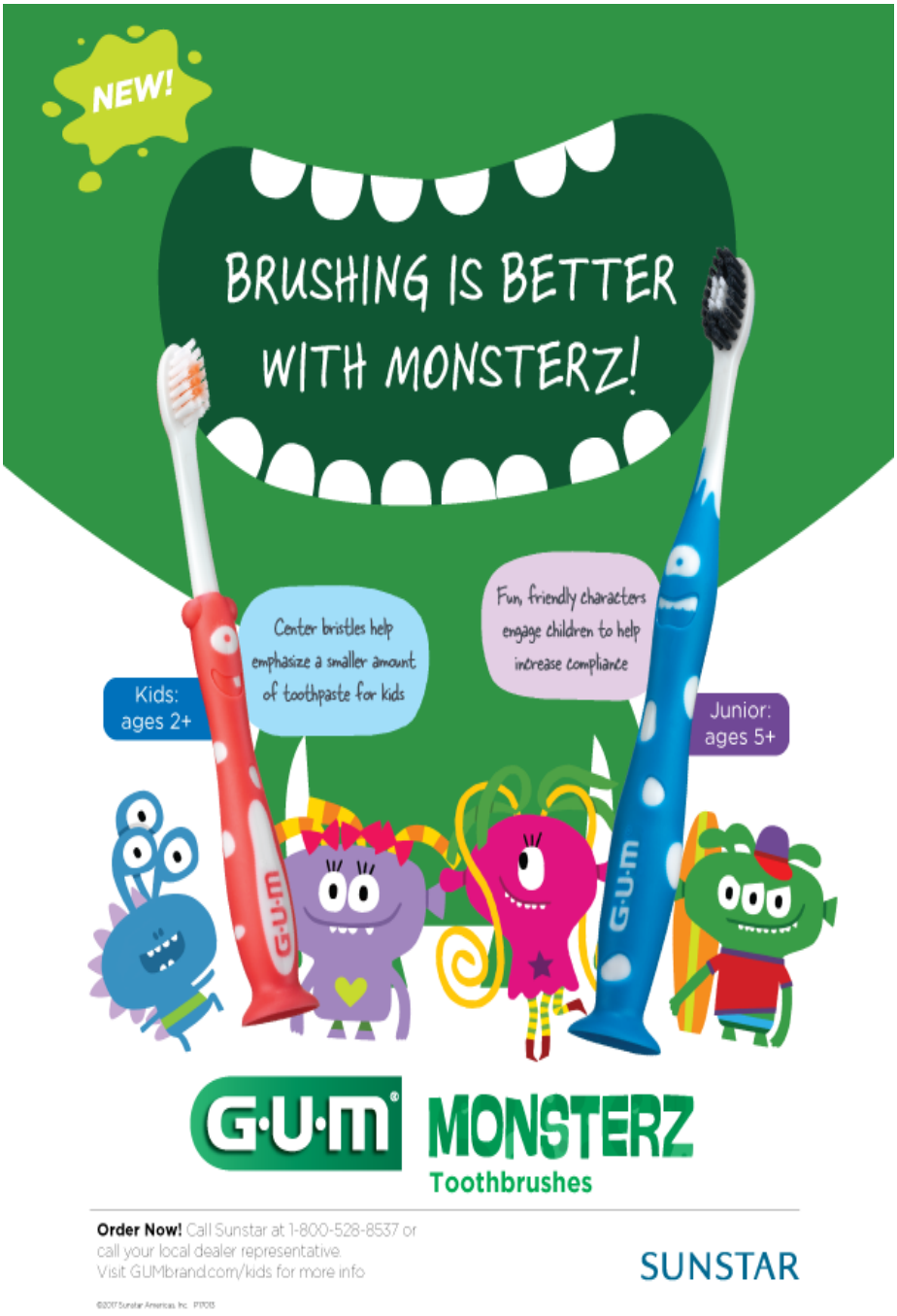

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