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Oral Health Literacy is in Our Lane

The way oral health information is communicated by dental providers has a major impact on patients' levels of health literacy and health. Dental hygienists are the front-line, primary providers of education about preventing oral diseases and are also trusted sources of health information. This role has grown in importance and scope, with the enhanced health literacy skills and responsibilities for individual practitioners and in the partnerships between dental practices and community programs. Oral health literacy is in our lane!

Healthy People 2030 challenges us to consider our work in oral health through both the personal and organizational health literacy lens. Looking back, the term "oral health literacy" was first introduced in Healthy People 2010 and was based on the definition that "oral health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic oral and craniofacial health information and services needed to make appropriate health decisions."¹ At that time, the concept of health literacy was largely focused on addressing an individual's or patient's low level of oral health literacy. Healthy People 2030 reframed that definition by stating "health literacy occurs when a society provides accurate health information and services that people can easily find, understand and use to inform their decisions and actions."²

Furthermore, the definition was expanded to include personal health literacy and organizational health literacy. The responsibility for health literacy is about more than individual patients, rather it includes health

care providers, policy makers and organizations. Personal health literacy is defined as "the degree to which individuals have the ability to find, understand and use information and services to inform health-related decisions and actions for themselves and others, while organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others."² Healthy People 2030 describes health literacy as a founding principle and overarching goal and includes health care providers in both personal and organizational health literacy.²

Thus, it is critical that as dental hygienists, we are current on the scientific preventive literature and know and use recommended education and communication techniques. Communicating with patients and colleagues is a core function of dental hygiene practice and considering the individual's oral health literacy is a key factor.

For example, if a parent doesn't know how to clean their infant's mouth and when and how to use fluoride toothpaste, they are not likely to do so. Fluoride prevents dental caries and while many individuals have heard of fluoride, the majority do not know what fluoride actually does.³ Most children who have early childhood caries (ECC) are among low-income families who likely have low levels of oral health literacy. Or, if an adult who has diabetes does not understand the need to have scrupulous oral hygiene that includes thorough brushing and flossing to prevent and control

periodontal disease, they are unlikely to control their HbA1c levels.⁴⁻⁶

When a parent does not understand the need for the HPV vaccine Gardasil-9 that prevents six cancers (cervical, vulva, vaginal, anal, penile, and oral pharyngeal), they are unlikely to ensure their child receives them. Oral pharyngeal cancer is now more common than cervical cancer⁷ and the low uptake of this vaccine suggests strongly that dental providers must get involved by increasing parents' health literacy about Gardasil-9.

These are only a few examples of the importance of increasing oral health literacy. Granted, dental hygienists do get training in health education as part of the curriculum. Yet, evidence suggests that dental hygiene students do not always have core courses in communication, and many do not know and understand what health literacy is or how it impacts their patients' health (unpublished data). Similarly, there is evidence to suggest that practicing dental hygienists do not use principles of health literacy when communicating with their patients.⁸ Whether you are in private practice, a community-based clinic, academia, or a department of health you can have a huge impact on the public's oral health literacy and oral health outcomes. Oral health literacy is in our lane!

The importance of courses in health literacy and communication cannot be over emphasized. Numerous studies have shown that neither dentists nor dental hygienists use principles of health literacy when interacting with patients.⁸⁻¹⁰ One approach to resolving that issue is to take online courses such as those offered by the Centers for Disease Control and Prevention (CDC) or to take advantage of the in-person oral health literacy courses offered at local, state and national meetings.

Once you have some courses under your belt you can volunteer to lead the health literacy efforts in your practice, clinic, program, or department. An excellent toolkit, [Oral Health Literacy in Practice](#), is now available from the California Department of Public Health. *Get it and use it!* This easy-to-use guidebook will enable you to implement health literacy strategies regardless of

your practice setting. The toolkit provides a framework to develop a plan of action, a practice assessment checklist and, very importantly, how to review and practice your communication skills. It is critical that you ensure your clinic or organization, no matter where it is located, is user friendly for all patients regardless of their literacy levels.

Academicians can also help to ensure that students are being taught principles of health literacy. Dental hygiene students can be evaluated in the classroom and clinical settings on their ability to effectively communicate key information on topics such as the caries prevention benefits of community water fluoridation to caregivers of young children.¹¹ Dental hygiene educators must be well versed in principles of health literacy, which means taking courses and practicing. If you are a member of an accreditation team for the Commission on Dental Accreditation, you have both the opportunity and responsibility to ensure oral health literacy principles are an education standard and not an afterthought. Additionally, if you are involved in research, consider conducting studies around health literacy and the outcomes of these interventions. If you are working in a public health setting, these same health literacy skills apply.

As dental hygienists, we all need to keep current with scientific information about preventing and controlling oral diseases and being able to effectively communicate this information. We must be able to evaluate the print and video educational materials we use in our practice settings and know how to develop educational materials for our patients. Health literacy principles and skills include the use of teach-back, that is to ask the person to explain to you what information you just shared with them. Teach-back should be used with all patients to help ensure what you think you have communicated and what your patient actually heard are accurate. Additionally, remember to stop the jargon. Period. Use short sentences and words. For example, there is no need to use radiographs, rather say X-rays. No need to say dental caries, simply cavities.

Finally, work with your professional organizations to encourage them to use health literacy principles and to be health literate. We can and we must work to

equitability improve our patient's oral health literacy and overall oral health. *We can do this! Oral health literacy is in our lane!*

RESOURCES

[CDC Health Literacy for Public Health](#)

[Professionals Course](#)

[CDC Clear Communication Index](#)

[The Patient Education Materials Assessment](#)

[Tool \(PEMAT\)](#)

[Oral Health Literacy in Practice Toolkit](#)

[Horowitz Center for Health Literacy](#)

[Horowitz Center for Health Literacy Webinars](#)

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