

Health Literacy in Dentistry  
Action Plan  
2010-2015

**ADA American Dental Association®**

Council on Access, Prevention and Interprofessional Relations

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**Introduction**

Health literacy in dentistry is “the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate oral health decisions.”<sup>1, 2</sup> The American Dental Association (ADA) affirmed that limited health literacy is “a potential barrier to effective prevention, diagnosis and treatment of oral disease,”<sup>3</sup> and “clear, accurate and effective communication is an essential skill for effective dental practice.”<sup>4</sup>

The ADA Council on Access, Prevention and Interprofessional Relations (CAPIR or Council) and its ad hoc advisory committee on health literacy in dentistry developed this strategic action plan as a set of principles, goals and, in some cases, specific strategies to provide guidance to the Association and its Councils and Commissions, dental professionals, policy makers and others to improve health literacy. The Council realizes that these activities will require resources, financial and human, and believes the strategies should be viewed as suggested tasks to improve health literacy and not a prescriptive “to do” list. The suggested activities give examples of the types of strategies that may be used to achieve the identified goals. This is not a comprehensive list of strategies, and it is likely that more tasks not in the document will be undertaken and specified activities may be modified or abandoned, so the Council can be more responsive to emerging information and needs during the course of the plan.

**Background**

Nearly nine out of ten U.S. adults have difficulty understanding and using everyday health information that is generally available in health care facilities, retail outlets, media and communities.<sup>5</sup> The average American reads at the 8th to 9th grade level; however, health information is usually written at a higher reading level. People with low health literacy are often less likely to seek preventive care, comply with prescribed treatment and maintain self-care regimens needed to control chronic diseases. People are often embarrassed or ashamed to admit they have trouble understanding health information and instruction, and they often develop well-practiced coping mechanisms that effectively mask their problem. In the U.S., limited literacy skills are a stronger predictor of an individual’s health status than age, income, employment status, education level, and racial or ethnic group.<sup>6</sup> Limited health literacy is estimated to cost the U.S. between \$100 and \$200 billion each year.<sup>7</sup>

Health literacy, including health literacy in dentistry, is multi-dimensional and context specific and is usually influenced by individual literacy skills (i.e., ability to perform basic reading and numerical tasks), psychosocial dynamics, and various health contexts (i.e., anxiety experienced during a dental or medical encounter, complexity of information being described and/or ability of a provider to effectively communicate). Health literacy, as a subset of general literacy, is not static and may vary based on an individual’s skills in light of internal and social factors. Thus, health literacy is complex and dynamic, involving both individual competence and external influences.<sup>6</sup>

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Health literacy is a shared function of social and individual factors. Individuals' health literacy skills and capacities are mediated by their education, culture and language (Figure 1). Equally important are the communication and assessment skills of the people with whom individuals interact regarding health, as well as the ability of the media, marketplace and other agencies to provide health information in a manner appropriate for the audience. This framework identifies three major areas for potential intervention to improve health literacy. The model illustrates the potential influence on health literacy as individuals interact with educational systems, health systems and cultural/social factors, and suggests that these factors may ultimately contribute to health outcomes and costs. The cumulative effect of a body of consistent evidence suggests that causal relationships may exist between health literacy and health outcomes.<sup>8</sup>

**Vision**

The Council and its ad hoc advisory committee on health literacy in dentistry share a vision that dentists and dental team members, and the ADA and related health organizations, will use and promote clear, accurate and interactive communication with colleagues, patients and policy makers to achieve optimal oral health for all. This vision may be realized when the following promising and best practices are used.

- Create a respectful and “shame-free” environment and use a universal standards approach, where all patients are offered assistance to better understand and use printed and written communications.<sup>9, 10, 11</sup>
- Periodically assess office/clinic for ways to improve communication.<sup>12, 13, 14, 15</sup>
- Use clear and plain language in talking and writing.<sup>16, 17, 18, 19, 20, 21, 22, 23</sup>
- Encourage question-asking and dialogue.<sup>24, 25, 26, 27, 28</sup>
- Use “teach-back” or “teach-to-goal” method to check on successful communication by asking patients to repeat their interpretation of instructions and other information that has been provided.<sup>29, 30, 31, 32, 33, 34, 35</sup>
- Offer take-home tools designed for easy use with clear directions.<sup>36, 37, 38, 39, 40, 41</sup>

**Purpose**

The ADA, in October 2006, authorized the formation of a national advisory committee on health literacy in dentistry.<sup>4</sup> CAPIR continues to rely on the expertise of its ad hoc advisory committee on health literacy in dentistry to provide guidance to the Council about health literacy and recommended activities to improve it. The charge of the committee includes, but is not necessarily limited to:

- assisting the Council on Access, Prevention and Interprofessional Relations (CAPIR) to develop recommendations about policies, programs, interventions and research related to improving oral health literacy;
- discussing challenges facing oral health literacy practice and research and making recommendations to minimize these barriers;
- reviewing current ADA policies and making recommendations to CAPIR for amending and developing oral health literacy related policies;

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- serving as an informal conduit of information between the ADA and external organizations and institutions on activities related to oral health literacy;
- identifying and making recommendations to CAPIR about approaches to promote oral health literacy through mechanisms and partnerships in both the public and private sectors;
- aiding CAPIR to identify public and private resources to support proposed oral health literacy programs and other activities; and
- fostering the development of health literacy expertise within the dental profession.

**Strategic Focus Areas**

The Council and its ad hoc advisory committee on health literacy in dentistry identified five strategic focus areas for the improvement of health literacy. These are directly related to the five “actions,” parenthetically stated below, articulated in the 2003 *National Call to Action to Promote Oral Health* that was developed under the leadership of The Office of the Surgeon General.<sup>42</sup>

1. Training and Education (Change Perceptions of Oral Health)
2. Advocacy (Overcome Barriers by Replicating Effective Programs and Proven Efforts)
3. Research (Build the Science Base and Accelerate Science Transfer)
4. Dental Practice (Increase Oral Health Workforce Diversity, Capacity, and Flexibility)
5. Build and Maintain Coalitions (Increase Collaborations)

**Goals, Objectives and Strategies**

1. TRAINING AND EDUCATION GOAL: Increase the understanding of health literacy in relation to oral health and quality of life.

Objective A. Educate the public and policy makers about oral health and its relationship to overall health.

Strategies:

1. Develop, test, implement and evaluate at least one public awareness campaign to increase the understanding of oral health, including the connection with overall health and the importance of self-care, primary prevention and routine professional dental screenings.
2. Develop, test, implement and evaluate a plan to assess ADA produced public education materials for readability, suitability and comprehensibility.

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3. Develop and distribute position paper(s) for policy and other appropriate decision makers about health literacy and its relation to oral health and oral health care.
4. Develop and distribute position paper(s) for policy and other appropriate decision makers about the importance of clear communication and plain language in health care, including dental care.
5. Encourage the teaching of accurate, standards-based, and developmentally appropriate health, including oral health, and science education in early childhood education through the university level.

Objective B. Encourage the education and training of current and future health care workers; including dentists, dental hygienists, dental assistants and students of each discipline; about health literacy, including principles of effective communication and the use of plain language in dental practice.

Strategies:

1. Facilitate the development, testing, distribution and evaluation of an informational toolkit and skill-based health literacy training program for member dentists and their team members.
2. Develop, deliver and evaluate continuing education courses for dentists and allied dental team members, including basic information about health literacy; its implications for the examination, diagnosis and treatment of patients; the intended and unintended consequences of communication on the informed consent process; and other risk and practice management issues related to health literacy in dentistry.
3. Encourage the integration of effective communication skills-building activities into multiple facets of dental school curricula and educational programs for allied dental team members.
4. Coordinate the development, testing and evaluation of evidence-based curricular modules and/or lectures and competence-based skills assessment tools, related to health literacy and effective communication methods, for dental schools and allied dental team training programs.
5. Highlight and encourage the use of “standardized patients” and other model training and assessment techniques that promote the development of effective communication skills by health care providers, including dentists and dental team members.

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6. Recommend changes to the standards for pre and post doctoral dental education and dental hygiene programs that promote the development and assessment of effective communication skills.
  7. Create and support a fellowship for health literacy/communication in dentistry.
2. **ADVOCACY GOAL:** Persuade legislators, regulators and other key decision makers that health literacy is a priority public health concern, leading to increased funding and other practical support for health literacy related education, research and interventions.

Objective A. Develop and implement at least two advocacy strategies related to health literacy in dentistry.

Strategies:

1. Recommend to the U.S. Department of Health and Human Services that the Secretary establish an Office of Health Literacy, comparable to the Office of Women's Health and Office of Minority Health, to provide leadership and make recommendations about federal policies and programs related to health literacy improvement.

Objective B. Collaborate with other stakeholders on at least two legislative, regulatory or market-based projects that promote improvement in health literacy.

Objective C. Collaborate with other stakeholders to develop and implement an advocacy plan to influence decision makers about the approval and funding of health literacy improvement programs.

3. **RESEARCH GOAL:** Build the science base and accelerate science transfer related to health literacy in dentistry and in cooperation with other health disciplines.

Objective A. Assure that health literacy is a priority by encouraging that it is included in the research agendas for the Association and other health care organizations, federal agencies and other research institutions and sponsors.

Strategies:

1. Propose a workshop, sponsored by the National Institutes of Health, to revisit and update its first "white paper" on health literacy research in dentistry to support a comprehensive national research plan to improve health literacy, including the development of complimentary research agenda items among individual organizations.

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2. Encourage the U.S. Centers for Disease Control and Prevention to initiate and/or expand its interest and support of health literacy, including community-based participatory research.

Objective B. Conduct ongoing surveys of various populations (public, dentists and dental team members, science writers, dental school faculty), over time, to longitudinally monitor changes in health literacy related knowledge, attitudes and behaviors.

Objective C. Facilitate the development of a plan to disseminate research findings about health literacy in dentistry.

Strategies:

1. Review the health literacy systematic evidence based review, sponsored by the Agency for Healthcare Research and Quality, and identify implications for dental education, research, practice and programs.
  2. Investigate the feasibility of conducting a systematic evidence based review of health literacy literature, particularly those studies related to the effectiveness of practice-based interventions.
  3. In cooperation with American Association for Dental Research (AADR), create and support an award for students and/or new investigators for research addressing health literacy/communication in dentistry.
4. DENTAL PRACTICE GOAL: Improve communication and patient understanding in dental practice.

Objective A. Summarize, communicate and replicate known promising and best practices to improve health literacy.

Objective B. Develop, refine, test and translate health literacy-specific interventions with the public and dental team members.

5. BUILD AND MAINTAIN COALITIONS GOAL: Establish health literacy as a priority issue for dental and other health related organizations.

Objective A. Develop mutually agreed upon priorities, targeted actions and audiences, based on the best science available, to improve health literacy.

Objective B. Define key activities, stakeholder responsibilities, allocation of resources and timelines through continued action planning processes.

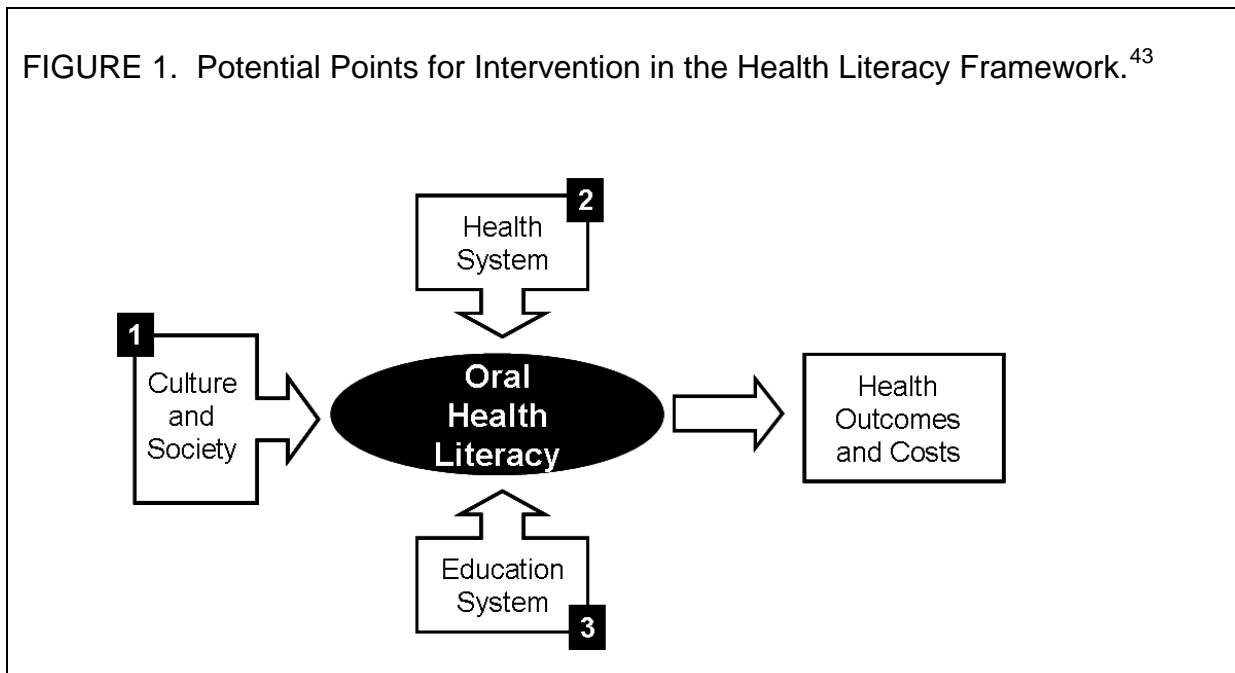
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**Objective C.** Encourage coalition development and shared responsibility among key oral health and related organizations.

**Objective D.** Build relationships with potential funders for oral health literacy intervention and research programs related to oral health.

**Objective E.** Establish collaborative relationships to develop and disseminate simple, standardized messages on proper self care and use of dental services.

**Objective F.** Forge alliances with key stakeholders to promote, advocate and support oral health literacy initiatives.



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<sup>6</sup> Nielsen-Bohlman L, Panzer AM, Kindig DA, eds. *Health Literacy: A Prescription to End Confusion*. Washington, DC: The National Academies Press; 2004.

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