An Overview on Oral Health Literacy

Sumnima Chalise¹, L. Vamsi Krishna Reddy², Pooja Sinha³, Aviral Pandey⁴

ABSTRACT

Oral health is integral and essential to general health and wellbeing. Oral health touches every aspect of lives. Oral cavity is a window into the health of our body which shows high sign of nutritional deficiency or general infection. Research indicates more than 90% of all systemic diseases have oral manifestations. This article reviews barrier in Oral health literacy, importance of oral health literacy and its assessment tools.

KEYWORDS: Oral Health, Oral Health literacy, Assessment tools

INTRODUCTION

Unlike medical care; lack of dental care is seldom identified as life-threatening and therefore perceived as less important. Thus there must be a change in perceptions regarding oral health and disease, allowing oral health to become a recognized component of general health.¹ Oral Health Literacy has been defined as “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 and act on them.”² Oral health literacy varies by race, ethnicity, level of education, and poverty level. The lower the literacy, the more likely the individual will have poor oral health and are less likely to manage chronic health problems. Thus Oral health literacy helps individual’s

- To empower the ability to improve their oral health
- To recognize when they need to seek care and have current prevention information

BARRIER OF ORAL HEALTH LITERACY

Following are the key barrier of oral health literacy:
1. Health literacy
2. Psychological factors
   - Turning literacy into healthy behaviors (Patient activation)
   - Treatment mentality vs. prevention mentality
   - Social and cultural misperceptions
3. Financial factors
   - Economics of sustainable care delivery
   - Provider distribution
4. Patients with special needs

IMPORTANCE OF ORAL HEALTH LITERACY

The ability to read, understand, and act on oral health information to make appropriate oral health decisions is oral health Literacy. It can be the most important contributor to oral health. Improving a population’s oral health literacy promotes oral health and can prevent a great number of oral diseases.³

1. Literacy skills are the stronger predictor of an individual’s oral health status than age, income, employment status, education level, or racial/ethnic group.
2. Health literacy/ oral health Literacy is associated with the use of preventive services.
3. Oral Health literacy is an excellent antidote in health care. It is a non-pharmacological method of managing and preventing diseases.
4. Oral Health literacy is important for all adults, who are able to read articles and magazines about oral and general health prevention, interpret instruction on prescription bottles and over-the-counter medication, manage the healthcare needs for their children and aging parents and interpret insurance and Medicare rules, regulations and benefits.
5. Low oral health literacy will interfere with the ability to process and understand information about health.

THE KEY ORAL HEALTH ISSUE

A. Prevention:
1. Improve children’s oral health education
2. Role of healthcare professionals in providing preventive advice
3. Tackle the increasing rates of oral cancer
4. Awareness on the impact of sugar on oral health
5. Promoting water fluoridation schemes
6. Further research on the link related to oral health and general health

B. Access:

How to cite this article:
1. Address levels of access to dental services
2. Expand specialist children’s dental services
3. Help patients to receive specialist dental care across the country
4. Maintain central commissioning of dental services

C. Patient safety:
1. Reform regulation of dental professionals
2. Deliver specialist dental care for patients in hospitals

A. Prevention
1. Improve children’s oral health education: Schools provide an important background for oral health promotion. School-based oral health education has been found effective in improving oral hygiene and oral health practices. Oral health promotional messages can be reinforced throughout the most influential stages of children’s life, enabling them to develop lifelong sustainable attitudes and skills.
2. Enhance the role of healthcare professionals in providing preventive advice: Tobacco control: Tobacco use is widely entrenched in the South-East Asia (SEA) Region leading to high morbidity and mortality in this region. Several studies revealed that tobacco use is widespread among youth and school children. Exposure to second-hand smoke was reported as around 50% or more in three countries – Myanmar (59.5%), Bangladesh (51.3%), and Indonesia (49.6%). Oral cancer is a major problem in the Indian subcontinent where it ranks among the top three types of cancer in the country. Age-adjusted rates of oral cancer in India is high, that is, 20 per 100,000 population and accounts for over 30% of all cancers in the country. Oral health care during pregnancy: Pregnancy can lead to dental problem like gum disease and increased risk of tooth decay because increased hormones affect the body’s response to plaque. Oral health care is an essential component of overall health, and it is important to maintain good oral health during pregnancy because it has the potential to reduce the transmission of pathogenic bacteria from mother to their children.
3. Tackle the increasing rates of oral cancer: Oral cancer is the third most common cancer in Indian. National Cancer Registry Programme report shows over 5 people in India die every hour everyday because of oral cancer and same number of people die from cancer in oropharynx and hypofarynx. The Global Adult Tobacco Survey India, conducted in 2009-10, revealed that 35% of adults used tobacco. Tobacco-related cancers are expected to constitute 30% of the total cancer burden by 2020.
4. Awareness on the impact of sugar on oral health: Sugar (sucrose) being most acceptable sweetening agent in use by mankind is considered as the "Arch Criminal" in dental caries initiation. Search for suitable sweetening agent which will satisfy all the characteristics of sugar along with being non-cariogenic is going on for decades. At this given point of time, there is no such substitute which will replace sugar in all aspects, but, cariogenic potential can certainly be reduced by using sugar substitutes.

B. Access
1. Address levels of access dental services: The mobile dental unit and portable dental clinic offer advantages such as providing community outreach, increasing personal satisfaction for geriatric clients and dental professionals, and providing dental care to those who would otherwise not receive treatment due to some barriers.
2. Expand specialist children’s dental services: Pediatric dentist within the community dental service have seen a considerable expansion. A proper workforce analysis is necessary so that the number of training posts for pediatric dentists and other specialists that are in short supply can be assessed for primary prevention of children’s dental caries.
3. Help patients to receive specialist dental care across the country
Patients are being denied access to specialist dental care. For example, some patients with head and neck cancer, traumatic injuries and disfigurement of the face and mouth are being denied assessment by a consultant in restorative dentistry and access to dental implant treatment whereas in other parts of the country this is a standard treatment.

4. Maintain central commissioning dental services
Central commissioning of all dental services with the aim of achieving greater efficiency, and better integration between general and specialist dental care.

C. Patient safety
1. Reform regulation of dental professionals
2. Continue to deliver specialist dental care for certain patients in hospital

ASSESSMENT TOOLS
Valid and reliable instruments are available to measure key aspects of these literacy skills.

Important Assessment tools most commonly used to assess oral health literacy are as follows: (Table 1)

1. Oral health literacy instrument
2. Test of functional health literacy in dentistry (TOFHLiD)
3. Rapid estimate of adult literacy in dentistry (REALD-99)
4. Rapid estimate of adult literacy in dentistry (REALD-30)

CONCLUSION

In the oral health context, literacy can be considered as the skills necessary for people to understand the causes of poor oral health, and ability to learn and adopt fundamental aspects of positive oral self-care behaviors. Lack of oral health literacy (OHL) can create a significant barrier to prevent oral disease and to promote oral health.
Health literacy research must move beyond describing the problem of designing potential solutions. Oral health literacy help individual’s to communicate with oral health care providers, to place their names on dental treatment waiting lists or organize appointments, to fill out the necessary forms and to comply with any required regimes, including follow-up appointments and compliance with prescribed medications. Although many individual factors contribute to limited health literacy, an effort must be made to make sure that health information and services are provided in ways that meet the needs and interests of all people. Such measures will allow us to address the epidemic of low health literacy and improve the quality of health and health care.

Therefore better health literacy develops competencies of the individual to assimilate, comprehend and adapt to healthy practices and reduce risk behaviors.

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<tr>
<th>Assessment tools</th>
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<tr>
<td>Test of functional health literacy in dentistry (TOFHLI-D)</td>
<td>Debra A. Gong, Jessica Y. Lee, R. Gray Rozier, Bhavana T. Pahel, Julia A. Richman, William F Vann Jr.</td>
<td>Text passages and prompts related to fluoride use and assessment of dental care to assess reading comprehension and numerical ability</td>
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<tr>
<td>Rapid estimate of adult literacy in dentistry (REALD-99)</td>
<td>Julia A. Richman, Jessica Y. Lee, R. Gray Rozier, Debra A. Gong, Bhavana T. Pahel, William F Vann Jr.</td>
<td>Longer version of REALD-30 includes the same 30 words included in REALD-30 and 69 new words</td>
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<tr>
<td>Rapid estimate of adult literacy in dentistry (REALD-30)</td>
<td>Jessica Y. Lee, R Gray Rozier, Shouli Yih, Daniel Lee, Deborah Bender, Rafael E. Ruiz</td>
<td>Word recognition test: 30 common dental words with various degree of difficulty</td>
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Table 1: Oral health literacy assessment tools

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