The first assessment of health literacy among American adults was recently released by the U.S. Department of Education. The study found that nearly 80 million adults are not able to find or understand relatively simple health related information. The most vulnerable were adults who had not completed high school, were 65 years of age or older, were living in poverty and are a racial/ethnic minority.¹

Low health literacy is a problem and improvements are a likely pathway to decreasing health disparities.² This is especially relevant for chronic diseases such as oral diseases which require continual self and professional care. Studies in medicine have shown that patients with low health literacy are more likely to use hospital emergency services, have less knowledge of disease management and of health-promoting behaviors, report poorer health status and are less likely to use preventive services. In addition, diabetics with low literacy are less likely to control their blood sugar.

The majority of the “causes of causes” of chronic diseases are life-style behaviors. For example, having a poor diet, lacking physical activity and using tobacco are major causes of heart disease, cancers, diabetes and cerebrovascular disease. These and other lifestyle behaviors also contribute to oral diseases such as dental caries and periodontal diseases, which can be prevented or controlled.

Both health care providers and health care systems would benefit from having patients know and understand their health challenges and their cooperation with self care to increase healthy outcomes and minimize health care costs. Further, in a multicultural society, health care providers and health care systems need to provide culturally and linguistically competent health care.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.” Oral health literacy is much more than having reading and numeracy skills. American adults who access dental care reports get most of their dental information from dentists. Yet surveys have shown that little to nothing is taught to dental students about communicating with patients. In addition, we do not know whether their communication is effective and whether their patients understand what they need to know and do for their oral health and that of their children.

Despite advances in oral disease prevention the prevalence of untreated oral diseases is disproportionately high among lower socioeconomic populations.³ A significant barrier to improved oral health may be poor oral health literacy. Low health literacy likely exacerbates other barriers to improved health such as cost of care, access to care, complexity of health care systems and lack of insurance coverage. Too many individuals do not understand the importance of oral health in connection with general health. Many do not understand what they can do for self care, their role in benefiting from and promoting community programs or how to pose questions to ask their health providers.

If a mom does not understand that she needs to clean her infant’s mouth and why it is important, she is not likely to do so. If parents do not understand that the uses of fluoride toothpaste and community water fluoridation are primary methods to prevent caries, how can they make appropriate decisions to protect themselves and their children against this disease? Finally, if a parent has no health information—finding skills, they are inescapably handicapped.

We know how to prevent dental decay, but this information is not readily available to all populations and not necessarily in a manner that can be understood and applied. Access to correct information about fluoride and why we need it and access to the preventive regimens (fluoride toothpaste) could decrease the need for dental treatment services. This is especially relevant for individuals who are disadvantaged.

Imagine the difference if a patient is able to understand and apply what a provider has told her about how to care for her own oral health and that of her children. Imagine if this provider is knowledgeable about how to communicate at the mother’s level of understanding and address cultural differences. Imagine the improvements we may see in the nation’s oral health if we train dental providers how to communicate with all types of patients, including the underserved and elderly. Just imagine.

### Strategies for Progress

Oral health literacy is recognized as a necessary element of all efforts to improve oral health and to reduce disparities. Relatively little oral health research has been conducted compared with general health literacy. Thus, the research opportunities are limited only by our imagination. Oral health literacy research is needed in connection with the public at large, dental providers and policy makers. A few examples of needed research include determining:

- How best to teach communication skills among dental and dental hygiene students
- The degree of effectiveness of counseling provided by dental providers
- The best approaches to teaching
care givers how to prevent caries in their own mouths and that of their infants and children
• What lower SES women know about and do regarding caries prevention so appropriate interventions can be designed
• The impact of community health workers/navigators in the prevention of Early Childhood Caries
• How to integrate oral health literacy into adult education programs
• The impact of oral health educational materials written in plain language on understanding self-care practices
• What policy makers know and understand about oral disease prevention
These efforts and others can help engage community groups in oral health literacy efforts. Each of us must encourage funding agencies to support research and demonstration programs in oral health literacy.

References