

Oral Health Literacy Toolkit Training



Presenter



Martha M. Dellapena, RDH, Med.

Medicaid | Medicare | CHIP Services Dental Association

Disclosure

No disclosures.

What Is Oral Health Literacy? Why Does It Matter?



What Is Oral Health Literacy?

- Health literacy emerged in medicine in 1990s.
- **Oral health literacy** emerged in early 2000s.
- Many ways to improve OHL.
- ADA strongly advocates for OHL techniques.

Traditional Approaches

- Advice-centered strategies.
- Assumes giving facts and recommendations elicits change.



Newer Idea: Promote Health Literacy

Individuals

- Can be health literate by using the skills needed to find, understand, evaluate, and use health information.

Healthcare Professionals

- Can be health literate by presenting information in ways that improve understanding and the ability of people to act on the information.

Organizations

- Can be health literate by providing equal, easy, and shame-free access to and delivery of health care and health information.

The Calgary Charter on Health Literacy



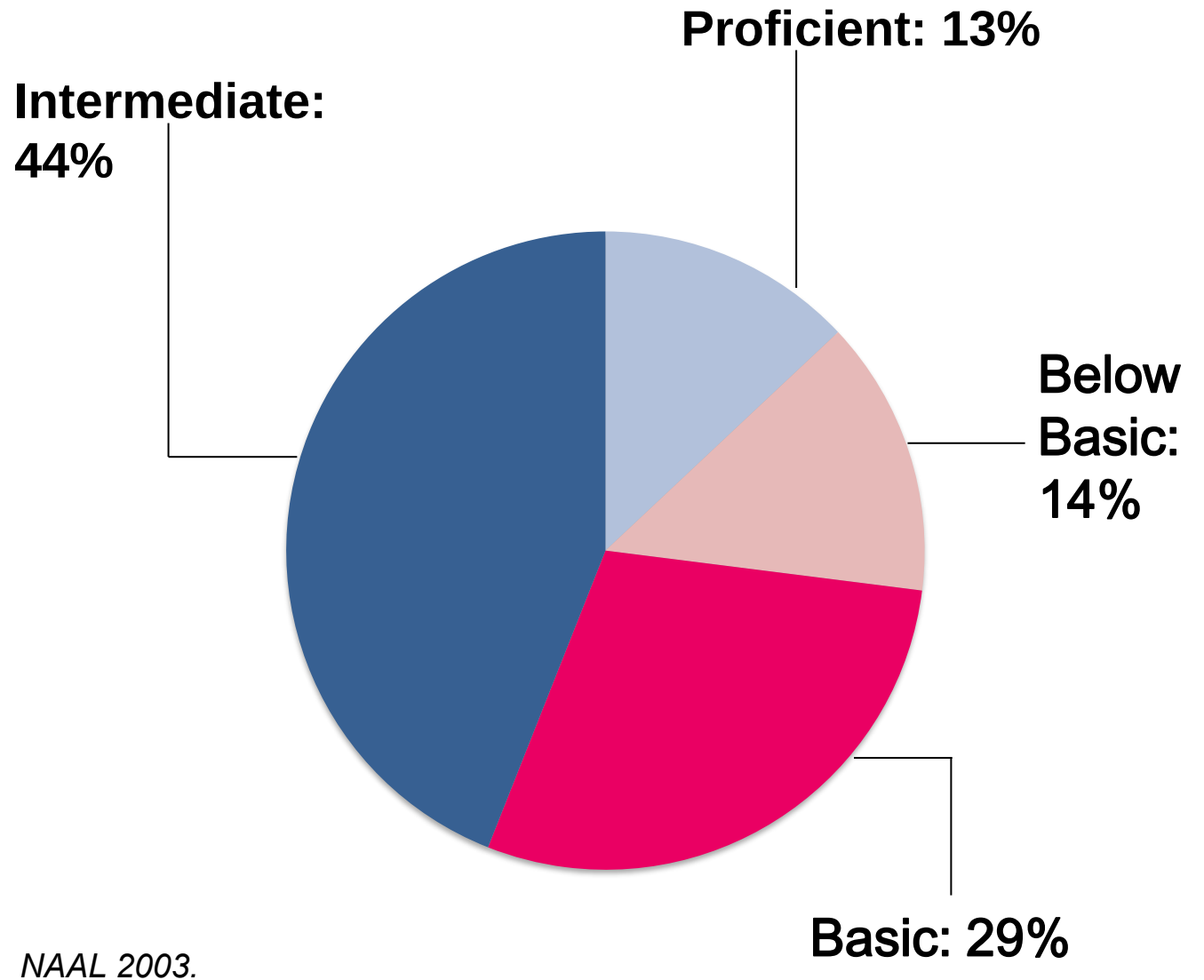
Why health literacy is important

- **Literacy is the single best predictor of a person's health status**, correlating more closely than age, income, employment status, education level, or racial or ethnic group.
- More than 2/3 of US adults lack understanding of health information.



Assessment of Adult Health Literacy

- 93 million adults have basic or below basic health literacy.
- Lowest 2 levels cannot:
 - Use a bus schedule
 - Read a set of short instructions and identify what is permissible to drink before a medical test



Question

How much (%) of what the provider says do patients typically forget or misremember?



After a Clinical Visit

- People forget or misunderstand 50% to 80% of what a healthcare provider has said.





How Oral Health Literacy Helps Patients

- Lower rates of dental caries and periodontal disease.
- More use of preventive services.
- Better participation in their own care.
- More likely to get the care they need.

How OHL Helps Dental Practices

- **Adopting OHL techniques in your practice can:**
 - Improve relationships with your patients by increasing their comfort and trust.
 - Increase patients' loyalty to your practice and encourage them to return.
 - Increase patients' adherence to instructions.
 - Improve equity of care by making your practice more accessible and welcoming to all patients.



The Oral Health Literacy Toolkit

Goals: CA Oral Health Literacy Toolkit Project

- **Conducted background research** about OHL nationally and in California (literature review, dental provider interviews).
- **Developed a practical toolkit and trainings** to support California dental providers. Focus on health equity and testing with dental providers.
- **Advance OHL** in California **local oral health programs**.

OOH Study with Oral Healthcare Providers

- A 2-year study by CA Office of Oral Health and Health Research for Action revealed:
 - Oral healthcare providers want to promote OHL among patients.
 - Providers have had few opportunities to learn about OHL.
 - Health literacy information for oral health providers and settings is scarce.
 - OHL best practices not widely adopted
 - Providers want a digital OHL toolkit of information and training about it

Oral Health Literacy Toolkit

Designed to help providers:

- Understand how OHL affects patients.
- Understand the need to arrange language services.
- Learn basic OHL principles and adopt them in dental practices.
- Create a shame-free and patient-centered environment.



Oral Health Literacy
in Practice

OHL Guidebook

- Connect better with patients.
- Discover best practices.
- Implement OHL at every touchpoint.
- Use scripts & templates.

Adopting Health Literacy

The following pages suggest ways to implement health literacy in your practice, but you don't need to follow every suggestion. Try to keep the process manageable. This way, you can improve the patient experience without overwhelming your practice's resources.

Initial contact

First impressions matter. The more your patients feel welcome and cared for, the more likely they will want to participate in their care. Here are some tips for making the initial contact positive and focused on the patient.

- Ask if the patient has a preferred language.
- Have a friendly tone and speak slowly.
- Explain what will happen during the visit.
- Ask what questions they have.

? Questions for your practice from a patient's perspective:

- Has someone explained what I can expect during my appointment?
- Has someone told me what to bring to my visit?
- Can I easily read the signs and forms, even if I have limited eyesight?
- Are signs and forms available in the language I am most comfortable reading?
- Is the greeting from the front office person welcoming and friendly?
- Has someone offered to help with or explain the forms?
- Has someone asked about my preferred language?
- Am I being encouraged to ask questions about my care?
- Will I know what to do when I leave?

Create a safe and patient-centered environment

Coming to a new office with new routines can feel uncomfortable or intimidating. You can set up your office in ways that reduce patients' fear, shame, and discomfort. Some techniques for creating a patient-centered environment are practical, such as training staff to greet patients warmly. Others are about empathy. Imagine what it is like for a patient entering your practice for the first time. **Go through your practice site and ask yourself the questions above.**



Practice Assessment

- A simple systematic method of assessing the health literacy or readiness of a dental practice.
- Helps practices identify areas for improvement.

 Practice assessment checklist

 Preparing for change	Needs Improvement	Satisfactory	Excellent
1. Oral health literacy team or leader has been selected.	☐	☐	☐
2. Practice has an oral health literacy action plan.	☐	☐	☐
3. Staff understands the impact of oral health literacy.	☐	☐	☐
4. Each staff member understands their role in oral health literacy.	☐	☐	☐
5. Each staff member understands their role in the action plan.	☐	☐	☐
6. Staff has received health literacy training.	☐	☐	☐

 Creating a health-literate environment	Needs Improvement	Satisfactory	Excellent
1. Patients can speak to a person when they call.	☐	☐	☐
2. Signs are in plain language and are easy to understand.	☐	☐	☐
3. Signs are in the languages spoken by the patient population or used commonly in the community.	☐	☐	☐
4. Patient waiting room is friendly and inviting.	☐	☐	☐

Teach-Back Practice Booklet

- Describes the teach-back method and explains how to use it.
- Has several scenarios for practicing skills.
- Available to download in English, Spanish, and Simplified Chinese.



What is
Teach-Back?



Enseñar lo
aprendido



复述教导

The Action Plan

- A convenient place to record OHL goals and action items.
- Complementary to the OHL Guidebook.

OHL Action Plan

Use this page to write down your action plan for implementing health literacy. Consider selecting a few action steps that are easier to achieve and a few that may be implemented over time.

Health Literacy Goal

1. Improve patient communication

Action Steps

1. Use plain language in-take forms
2. Encourage questions at each touchpoint of patient visit
3. Organize teach-back training



Your Health Literacy Goals

1.
.....
.....
2.
.....
.....



Your Action Steps

- a.
b.
c.
- a.
b.

Using the Toolkit

Toolkit helps you:

- Achieve health literacy goals, big or small.
- Identify areas of improvement.
- Create a plan that is suitable.

What Providers are Saying About the Toolkit

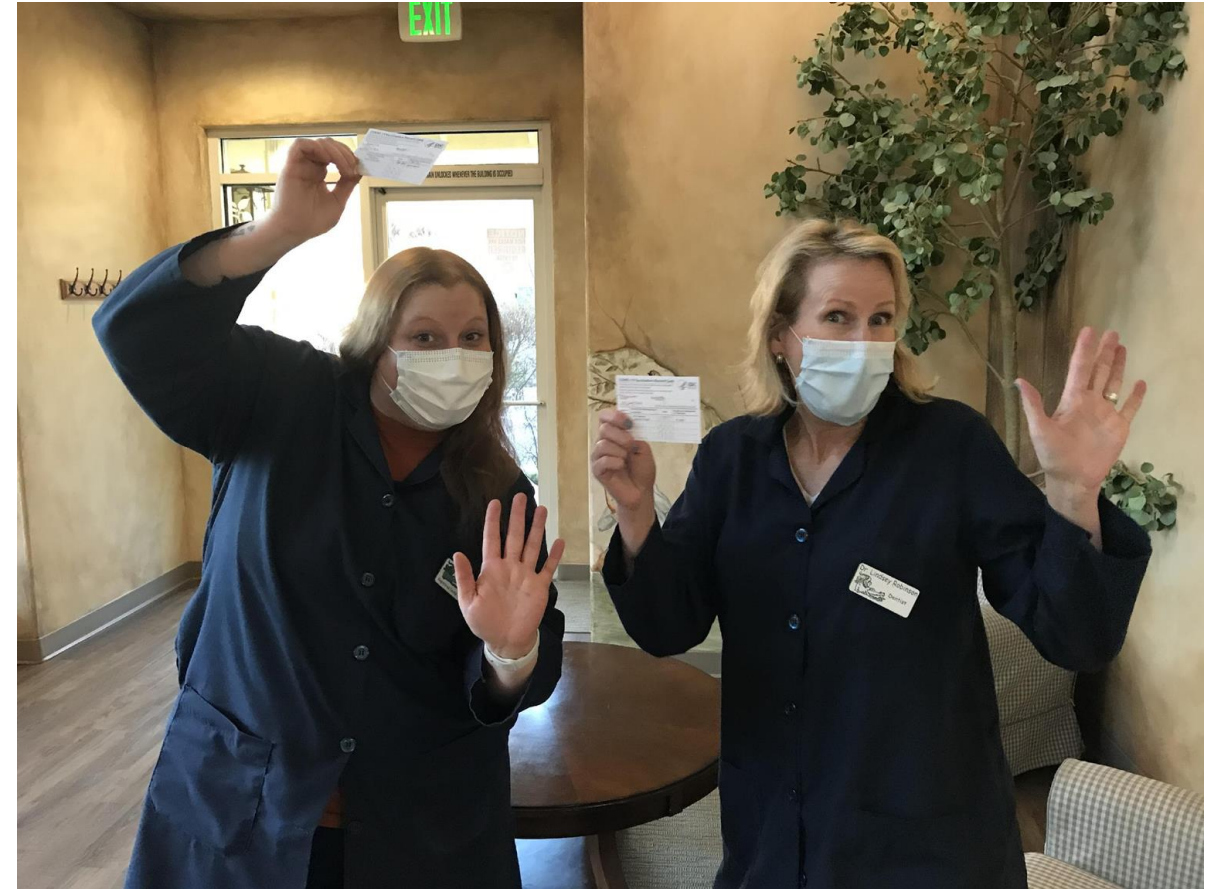


- “Thorough, detailed and informative.”
- “Very helpful—should be natural for a professional.”
- “Quality of dental treatments have improved.”
- “Helping kids and staff to have a healthy and friendly communication.”
- “Good patient feedback from using teach-back.”

Choose an HL Team Leader

An HL team leader:

- Organizes HL efforts, including the assessment and HL action plan.
- Is empowered to change office procedures and patient experience.
- Has sufficient time to lead HL efforts.



Conducting the Assessment

 Practice assessment checklist

 Preparing for change	Needs Improvement	Satisfactory	Excellent
1. Oral health literacy team or leader has been selected.	☐	☐	☐
2. Practice has an oral health literacy action plan.	☐	☐	☐
3. Staff understands the impact of oral health literacy.	☐	☐	☐
4. Each staff member understands their role in oral health literacy.	☐	☐	☐
5. Each staff member understands their role in the action plan.	☐	☐	☐
6. Staff has received health literacy training.	☐	☐	☐

 Creating a health-literate environment	Needs Improvement	Satisfactory	Excellent
1. Patients can speak to a person when they call.	☐	☐	☐
2. Signs are in plain language and are easy to understand.	☐	☐	☐
3. Signs are in the languages spoken by the patient population or used commonly in the community.	☐	☐	☐
4. Patient waiting room is friendly and inviting.	☐	☐	☐

Tips for conducting the assessment:

- Walk through your practice to conduct the assessment.
- Answer questions from the patients' perspective.
- Have all staff conduct their own assessment.
- Observe and ask your patients.

Make a Plan

- Review assessment results.
- Identify improvement priorities.
- Roll out plan in stages.
- Make achievable short-term and long-term goals.
- Define roles and tasks.

OHL Action Plan

Use this page to write down your action plan for implementing health literacy. Consider selecting a few action steps that are easier to achieve and a few that may be implemented over time.

Health Literacy Goal

1. Improve patient communication

Action Steps

1. Use plain language in-take forms
2. Encourage questions at each touchpoint of patient visit
3. Organize teach-back training



Your Health Literacy Goals

1.
.....
.....
2.
.....
.....



Your Action Steps

- a.
b.
c.
- a.
b.



Putting Oral Health Literacy into Practice

- Patient-centered environment
- Clear communication



A Patient-Centered Environment

- Set up office and patient experience to reduce patient fear and shame.
- Review the patient experience.
 - Are they greeted warmly, offered help, listened to, encouraged to ask questions?

Cultural Humility

Approaching patient interactions with cultural humility means:

- Being willing to set aside what you know or think you know about a person or group.
- Being aware of your own attitudes, strengths, and weaknesses, in addition to working to understand your patient.
- Acknowledging your unequal status and your assumptions and prejudices.

-Tervalon and Murray-Garcia, 1998

Cultural Humility

- Ask whether personal identity or background is important to them.
- Provide a humble self-assessment of familiarity with those mentioned.
- Acknowledge discomfort and express gratitude.
- Ask them to make you aware of any inappropriate assumptions or statements you may make.

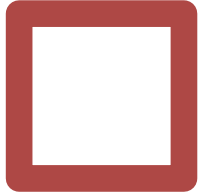
Patallo, Brandon J. "The multicultural guidelines in practice: Cultural humility in clinical training and supervision," 2019

Using Plain Language

- Not always clear what is and is not plain language.
- Simple, everyday words.
- Several smaller words in place of a long one.
- Break information into small chunks.
- Most important information goes first.



Q & A and Next Steps



Where to download the toolkit

[oralhealthsupport.ucsf.edu/
oral-health-literacy-toolkit](https://oralhealthsupport.ucsf.edu/oral-health-literacy-toolkit)

Resources

Toolkit research article about interviews with providers:

Tseng, W, Pleasants, E, Ivey, SL, Sokal-Gutierrez, K, Kumar, J, Hoeft, KS, Horowitz, AM, Ramos-Gomez, F, Sodhi, M, Liu, J, Neuhauser, L. Barriers and Facilitators to Promoting Oral Health Literacy and Patient Communication among Dental Providers in California. *IJERPH*. 2021. 18; 216.

<https://doi.org/10.3390/ijerph18010216>

Toolkit publication in the Journal of the California Dental Association:

Neuhauser L, Eleftherion A, Freed R, Jackson R, Sokal-Gutierrez K, Liu J, Ivey SL, Hoeft K, Horowitz AM, Kumar J. Development of the California Oral Health Literacy Toolkit. *Journal of the California Dental Association*. September 2021. Available at:

https://issuu.com/cdapublications/docs/cda_sept_2021_journal_book3_inprogress/s/13216068