



QC for Kids Lunch and Learn Webinar:

Using Health Literacy to Improve Children's Oral Health

Speaker: Alice Horowitz, PhD

Hosted by Amy Belisle, MD, Maine Quality Counts

Tuesday, December 12, 2017

12 – 1 PM

Maine Quality Counts is partnering with From the First Tooth (FTFT) to offer this webinar.

Audio is available through your computer speakers.

For audio by phone, call (408) 638-0968

and enter webinar code 150-783-7111

Important Webinar Notes

- You are in listen-only mode. Please use the Q&A function to ask questions or make comments.
- Video screen size and location is adjustable.
- Tomorrow you'll receive an email with links to slides and recordings.
- This webinar will be archived at mainequalitycounts.org/lunchandlearn

CME

- **Disclosure:** Today's speaker does not have any relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.
- **CME** will be available for participants who have signed into the live webinar. If there are multiple people at one computer, please type their names and email addresses into the chat box for our attendance records.
- We do not have separate nursing CEUs- but you can get a CME certificate.
- A CME evaluation survey will be sent after the webinar via email.
- Please complete the survey via Survey Monkey within 1 week.
- A CME certificate will be emailed within 1 month of completion of the survey. Please Jackie Tiner (jtiner@mainequalitycounts.org) with questions.

Objectives

- Provide background on oral health literacy and why health literacy is an important topic for engaging patients.
- Discuss what a health literacy environmental scan is and how it fits into a health literate organization.
- Highlight approaches to evaluating practices and health systems for being health literate/user friendly.
- Discuss how we can use health literacy strategies to implement USPSTF recommendations around fluoride and engage families in this critical part of their health care.
- Show examples of how to connect with pregnant moms and infants around oral health.

Today's Presenter



Dr. Alice Horowitz

Dr. Horowitz formerly a senior scientist, National Institute of Dental and Craniofacial Health, NIH. Dr. Horowitz has extensive work in dental caries prevention and early detection. Dr. Horowitz was instrumental in initiating the need to address health literacy in dentistry. She has published over 130 scientific papers and book chapters and is the recipient of numerous awards. Dr. Horowitz holds a PhD in health education from the University of Maryland, College Park.



Maine Virtual

Early Childhood Caries Prevention Training

Early childhood caries prevention focused training on increasing children's access to preventive oral health services.

Objectives of the training include:

- Review the prevalence, etiology and consequences of early childhood caries (ECC)
- How to perform an appropriate oral examination on small children
- How to perform a Caries Risk Assessment including reviewing a specific tool, and
- Review the effects, sources, and benefits of fluoride varnish
- How to apply fluoride varnish
- Advise families on strategies to prevent caries

Interactive learning questions imbedded throughout and concludes with a short demonstration video on the application of fluoride varnish, tips for implementing varnish in the office setting and a post assessment.

After participants review the instructional training and pass the required learning questions, they will receive 1 CME. The participant is encouraged to schedule a time with their clinical supervisor to present their certificate of completion and clinically demonstrate the application of fluoride varnish.

The virtual training will launch in January 2018.



Maine From the First Tooth

Healthy Smiles by 2020 Challenge and Recognition Program

Goal: to integrate the USPSTF Recommendation B - Dental Caries in Children from Birth Through Age 5 Years into all family medicine and pediatric practices in Maine. All practices are encouraged to join this friendly clinically based challenge!

Metric	Calendar Year 2017 - Baseline	End of 2018	End of 2019	End of 2020
Percent of any office visits in target age group in which children receive an fluoride varnish, OR noted in EHR/other record as completed outside of the medical home within the past 12 months.	30%	40%	50%	60%
<i>Data self reported biannually by each practice</i>				



Annual practice recognition will be based on three tiers with fun incentives for the practice.

FTFT will offer technical assistance, training and quality improvement services to assist your practice in increasing the number of children receiving preventative dental care as part of primary care.

Travel to fromthefirsttooth.org to learn more and register now!

Using Health Literacy to Improve Children's Oral Health

Maine Quality Counts for Kids

Alice M. Horowitz, RDH, MA, PhD
December 12, 2017



SCHOOL OF
PUBLIC HEALTH
Herschel S. Horowitz Center for Health Literacy



Health & Wellbeing

- Are not determined by the health care system alone.
- Health literacy is the nexus of creating better communication & education to increase understanding about and use of primary and secondary preventive regimens.



We Know How to Prevent Dental Caries

- But we have failed to share that information with:
 - Other provider groups
 - General public
 - Especially those with low levels of education and income



Take Away Message

- Efforts to improve quality, reduce costs and reduce health disparities cannot succeed without simultaneous improvements in health literacy of the public, health care providers, health facilities and policy makers.
- To improve oral health equity we must increase oral health literacy.



Plan for Presentation

- Social responsibility of serving the public
- Health literacy & why it is important
- Measuring health literacy
- Factors impacting health literacy
- Communication skills to increase health literacy
- Health literacy environmental scans
- Role of health literacy in the health of gravid women



Social Responsibility:

- Is an ethical concept suggesting individuals and organizations act for the benefit of society



Social Justice

- Means equity or fairness...the societal distribution of valued goods [oral health]
- Is inextricably linked to the public's oral health
- We should/must be socially responsible
- We know how to prevent dental caries but have not shared this information, especially with low-income individuals.



What is Health Literacy?

In essence, health literacy is the interaction between skills of individuals [patients and providers] and demands of the healthcare system(s)

IOM Report 2004



Health Literacy - Defined

Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use the information in ways which promote and maintain good health. Health literacy means more than being able to read pamphlets and successfully make appointments.

By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment

WHO, 1998



Health Literacy - Defined

“The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.”

Ratzan and Parker, 2000

HP2010 2000

IOM Report 2004



Supporting individuals' "capacity"

Means:

- Providers communicate clearly;
- Health systems are patient-friendly; easy to navigate;
- Print materials are in plain language and culturally appropriate; and
- Health and cost information is easy to understand and use.



Health Literacy - Defined

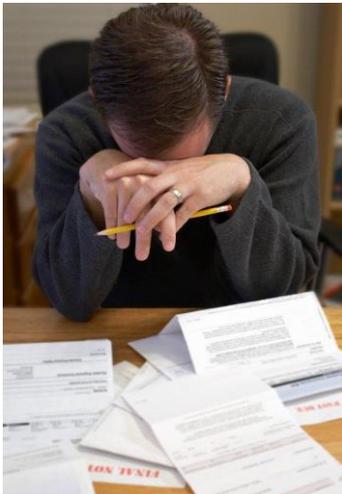
- Health literacy allows the public and personnel working in all health-related contexts to find, understand, evaluate, communicate and use information.
- Health literacy includes the skills of reading, writing, listening, speaking, numeracy and critical analysis as well as communication and interaction skills.

Calgary Charter on Health Literacy



Oral Health Literacy - Defined

“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.”



Healthy People 2010



Health Literacy is Important – It Affects One's Ability to:

- Understand dental/medical concepts
- Share personal and health information with providers
- Participate in their health care & that of their children
- Navigate the healthcare system, including locating providers and services, finding transportation and completing forms



Health Literacy is Important – It Affects One's Ability to:

- Act on health-related news and announcements, e.g. take advantage of preventive regimens
- All of which impact:
 - Health outcomes
 - Healthcare costs
 - Quality of care & quality of life



Oral Health Literacy is Especially Important

Because.....all too often...



Oral Health is Not Considered an Integral Part of Health



Yet

- Oral diseases are extensive nationally and globally especially among low-income families and groups, AND
- Very expensive to treat



A Low Level of Oral Health Literacy is Associated with:

- Low level of knowledge about oral health
- Fewer dental visits
- Increased severity of dental caries
- Higher rates of failed appointments
- Lower oral-health-related quality of life



The problem of limited health literacy is greater among

- Older adults
- Those who are poor
- People with limited education
- Minority populations
- Persons with limited English proficiency (LEP)



Health Literacy & Communication

- Are related but distinct.
- HL is the use of a set of skills and abilities.
- Communication is the process of exchanging information.
- Communication is an integral part of health literacy.

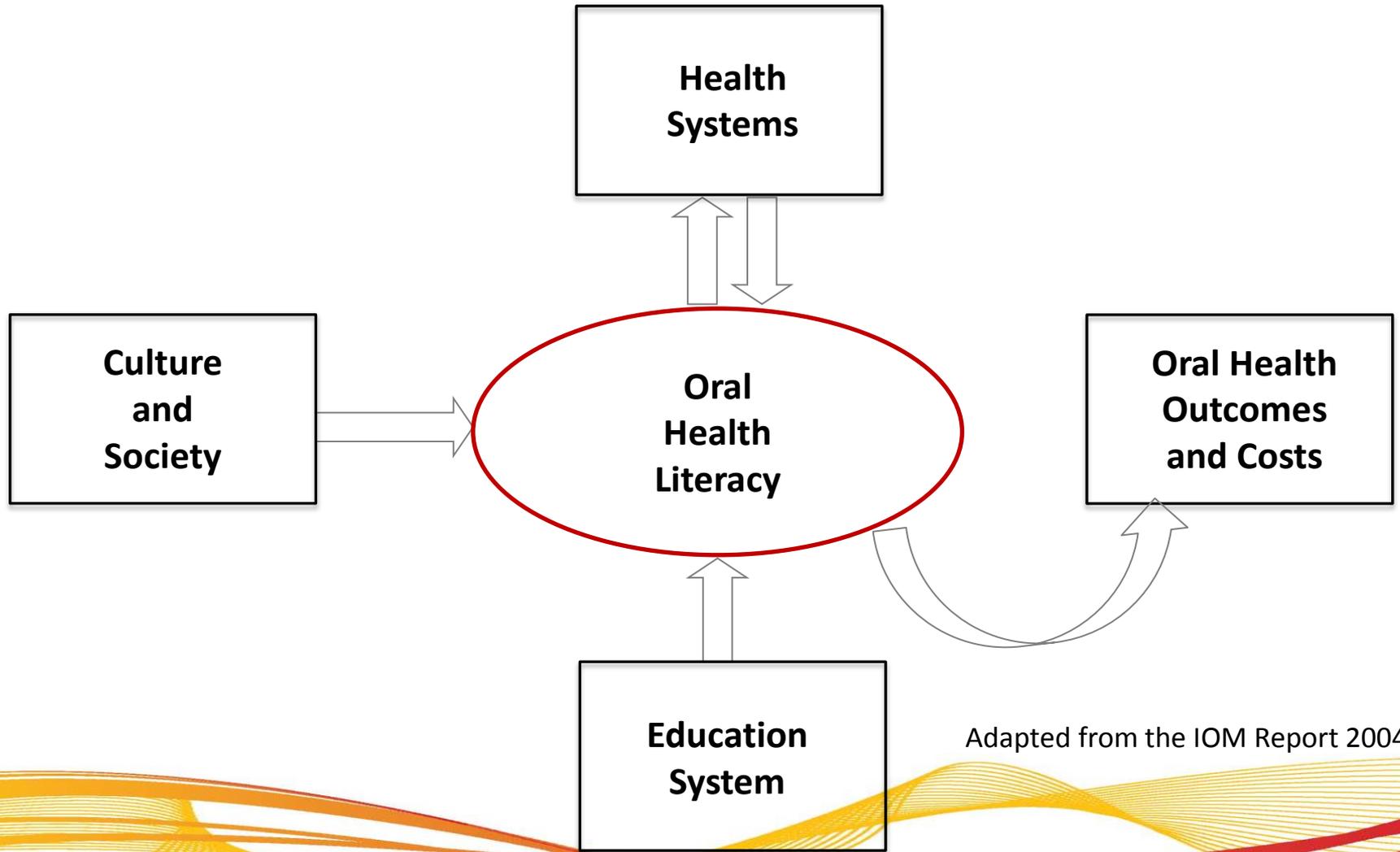


Health Literacy and Cultural Competency

- Health literacy always includes cultural competency.
- Cultural competency does not necessarily include health literacy.
- For example, an educational brochure for patients may be culturally appropriate but not health literate.



Oral Health Literacy Framework



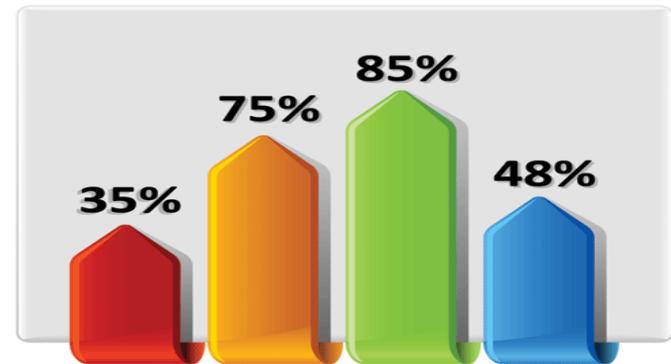
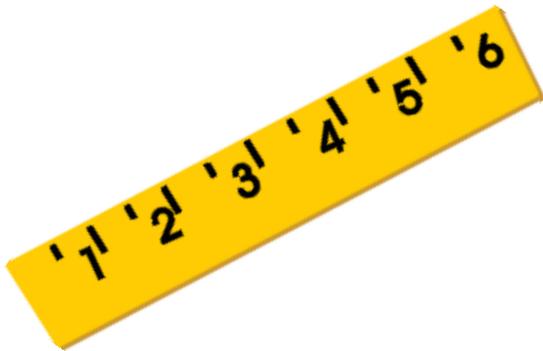
Assessing Health Literacy

- The first assessment of health literacy among American adults found that nearly 80 million are not able to find or understand relatively simple health related information.
- Current population data on literacy come from the 2003 National Assessment of Adult Literacy (NAAL).
- Health literacy data from the NAAL were released in 2006.



Measuring Health Literacy

- Health literacy is measured as functional literacy—people's ability to apply reading skills to everyday tasks.



Measuring Health Literacy

- Health literacy measures based on functional literacy do not capture the full range of skills needed for health literacy.
- Current assessment tools (for populations and individuals) cannot differentiate among:
 - Reading ability
 - Lack of health-related background knowledge
 - Lack of familiarity with language and materials
 - Cultural differences in approaches to health



Measuring Health Literacy

- Instruments for Measuring Health Literacy
 - Are primarily used for conducting research
 - Many are too time consuming to conduct in clinics/private practices.
 - Best to practice universal precautions....use principles of HL
 - However, if you are unsure and want to use a single item...



Validated Health Literacy Question for Patients

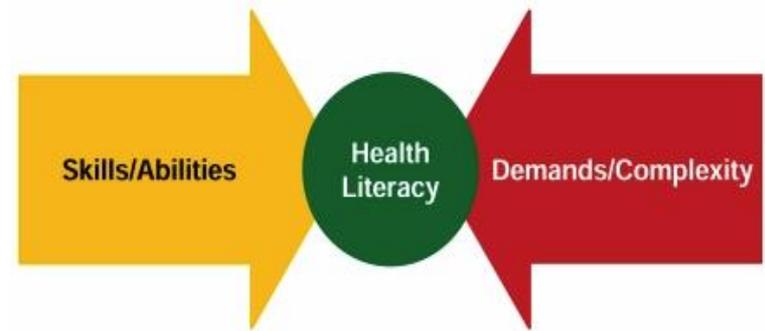
- How sure are you that you can complete medical forms correctly when you fill them out by yourself?
 - Not at all sure
 - A little sure
 - Somewhat sure
 - Quite sure
 - Extremely sure

Chew et al. 2004



Factors Impacting Health Literacy

- Health Literacy is Dependent Upon Individual and Systemic Factors
 - Communication Skills
 - Knowledge of Health Topics
 - Culture and Society
 - Demands of the Healthcare System
 - Demands of the Situation or Context



So, What's the Problem?



What's the Problem?

- Health literacy varies by race, ethnicity, level of education, poverty level.
- The lower the health literacy:
 - The more likely the individual will:
 - Have poor health
 - Use fewer preventive procedures
 - Use costly ER services
 - The less likely the individual is to manage chronic health conditions.

What's the Challenge?

- The US is a nations of new immigrants---both patients and providers
- US schools teach western medicine for the most part
- Many immigrants bring non-western beliefs about health and wellbeing with them
- Providers are faced with providing care and education taking into consideration these differences



What's the Challenge?

- US provider schools may not be providing adequate focus on teaching their students how to work with patients who are not 'like them' and hold non-western beliefs about a given condition
- At the same time, patients need to adjust to an influx of health providers trained in other countries and who are 'not like them.'



What Can We Do to Improve Communication with Patients?

- Listen carefully to what a patient has to say
- Use 'teach-back' to confirm what you think you said to your patient is what she heard*
- Ask patient to tell you what they will do at home to follow instructions*
- Slow down, use short statements
- Use plain, non-dental/medical language
- Use visual aids (draw or show pictures) when appropriate



- Example of teach back



What We Can Do

- Use a caring voice
- Make eye contact
- Use non-shaming, open ended questions
- Explain again, when necessary
- Use only print materials written in plain language
- Remember: the responsibility to explain 'X' clearly is on the provider.



What We Can Do

- Never ask a question that has a yes/no answer
e.g. 'did you brush your teeth today?'
- Provide communication skills training for staff
- Assess health office/clinic to determine user friendliness
- Be patient with patients and staff
- Build trust



Use Science-based Messages

- Appropriate use of fluoride is our best weapon against caries
- Explain what is fluoride and how it works to re-mineralize or repair demineralized tooth structure
- Pit and Fissure sealants prevent decay on chewing surfaces
- Reduce amount and frequency of consuming sweets
- Drink tap water, especially when fluoridated
- Brush with fluoride toothpaste
- Seek professional care as recommended



Is Your Health Care Facility Health Literate?

- That is, is it user friendly?
- Is signage in plain language or jargon
- Is print material in plain language and easy to understand? Has it been tested on user audience?
- Is your website easy to navigate? Is it in plain language and linked to reliable sources?
- Have all providers and staff had health literacy training?



Conduct Health Literacy Environmental Scans

- Ensure educational materials AND consent forms are in plain language
- Determine how user friendly your facility is
- Determine if your facility is patient-centered
- Determine if your organization is health literate
- Ensure all providers and staff are culturally competent



Want to Engage Patients?

- Be health literate
- Integrate new knowledge (science) into practice
- Ensure your workforce is health literate
- Ensure your facility is health literate
- Use universal precautions
- Collect data to assess whether you, workforce and facility are health literate



Maryland Case Study

- Role of Health Literacy among Gravid Women



Barriers to Care

- OB's often do not urge women to get dental care
- Some dentists in US do not want to treat pregnant women, especially low-income women on Medicaid



Perinatal & Infant Oral Health Quality Improvement

- Federal grant program funded by Health Resources and Services Administration
- Purpose is to improve the oral health of pregnant women and their children via access to care



In Maryland Low-income Gravid Women

- Do not get dental care during pregnancy
- Cannot find a dentist who will take Medicaid
- Do not have \$ for co-pay
- Often do not have transportation
- Often do not have child care
- Cannot take time off from work for health care
- Have high 'no show' rates for prenatal & dental appointments
- Are not always sure dental care is 'safe' during pregnancy



Maryland Low-income Gravid Women

- Do not understand the importance of oral health including its implications during pregnancy
- Do not understand they can prevent dental caries and periodontal disease both of which are common in this population
- Do not know what fluoride is and what it does
- Tend not to drink tap water...over 94% of central water supplies in Maryland are optimally fluoridated
- Some fear going to dentist because of past experiences



Why is perinatal oral health Important?

- There is an association between maternal periodontal disease and adverse pregnancy outcomes.
- No adverse effect can be attributed to periodontal treatment during pregnancy.
- Dental care is associated with improvement of maternal oral health.



Gravid Women Need to Know

- Oral health is important for a healthy pregnancy and for the health of her infant
- Drink tap water, especially if it is fluoridated
- Brush twice a day with fluoride toothpaste
- Floss daily
- Eat healthy foods
- Avoid sugary foods and drinks between meals
- How to keep her children cavity free



Case Study

Yesterday, my four-year-old had 8 cavities filled and 4 silver crowns on her canines. It was a 3-hour long procedure costing us thousands and she had to be put under. Her dentist extraordinaire had to do most of the procedure blind because she couldn't see into my baby's mouth. And she did not feel the white crowns would fit, so now when Susie smiles you can see four silver teeth. The dentist told me to tell her they were Princess crowns. And I tried that, but Susie keeps tearing up. "I want crowns on my head, not inside my mouth." And I keep tearing up because I can't help but blame myself. This is the second child that has needed such extensive work and the first time it happened I swore I would make sure I brush all the kids' teeth morning and night and floss...now I'll have four silver crowns every day reminding me that I didn't do what I swore, and my failures as a parent.

CURRENT real life situation on Facebook from a woman with an MPH



Case Study

Comments from other mothers:

- “Don't beat yourself up. In many cases it is genetics, not hygiene. These are baby teeth, right? Those silver teeth may be more valuable to the tooth fairy”
- “Did your dentist recommend a daily fluoride pill by chance? I am sorry to hear this but the tooth fairy will be happy. So hard, but not your fault. I agree with Pam - I've heard some kids are just more prone to this stuff. But no fun.”
- “Agree with above. Genetics play a strong part. This is not all on YOU and failures are a part of life. And really, is this a huge parenting failure? No. Teach your kids and yourself something from it and move on.”
- “Did they used to go to nap/bed with a bottle or cup with milk? They would [have] baby bottle teeth.”



Bottom Line...Health Literacy

- Is necessary in all aspects of patient-centered care
- Patient-centered care will be enhanced when patients and providers are health literate.



Thank you!

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<http://sph.umd.edu/center/hchl>





Upcoming Meetings & QC Lunch & Learn Schedule

- The next **CALM ADHD Webinar** is January 11, 2018: 12-1 pm: Dr. Ross Greene will be presenting on “Collaborative and Proactive Solutions for Children with Challenging Behavior: Lives in the Balance” [REGISTER NOW](#). We have 8 teams doing a year-long project to improve ADHD care and we welcome others to join us on the webinars with our local and national speakers.

Please join us for our next QC for Kids Lunch & Learn with FTFT!

March 13, 2018 from 12 to 1 PM

Speaker: Kelly Bowden

Snuggle ME Guidelines: What's New?

[Register](#)

QC for Kids Contact Information

- **Amy Belisle**, MD, Director of Child Health Quality Improvement, Maine Quality Counts, abelisle@mainequalitycounts.org 207-620-8526, x1002
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QC for Kids Website: <https://www.mainequalitycounts.org/page/896-1097/improving-childrens-health>