A Conceptual Model of Oral Health Literacy

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The Care Model

Source: MacColl Center for Health Care Innovation, Group Health Research Institute, 2002.
Model of various influences on oral health

Early health literacy framework

Literacy skills (Reading, writing, basic mathematics, speech, and communication)

Health contexts

Health Literacy

Skills and abilities of individual

Various health outcomes (Health knowledge, health behaviors, self-reported health status, and health care costs)

Conceptual model of health literacy

Empirical evidence for mediators between health literacy and health outcomes

Conceptual model of health literacy II

Health literacy research in dentistry

• Research in “oral health literacy” is relatively new
• Early work used conceptual models and assessment instruments from (general) health literacy field as building blocks
• Ongoing studies are exploring the links between health literacy and various oral health outcomes
• Most work has been descriptive, to date
Oral health literacy instruments

• Specific to dentistry
  – TOFHLiD (Gong, et al. 2007) from TOFHLA
  – REALD (Richman, et al., 2007; Lee, et al., 2007) and TS-REALD (Stucky, et al., 2011) from REALM
  – SAHLS&E (Lee, et al., 2010) from SAHLSA
  – CMOHK (Macek, et al., 2010)

• Combining dentistry and medicine
  – REALM-D (Atchison, et al., 2010)
Unique aspects of oral health care system

• Utilization patterns unlike those of medical care
  – Young children and seniors less likely to visit dentist
  – Edentulous adults may not feel need for dental care

• Dental safety-net options are limited
  – Medicaid/SCHIP dental benefits exist but are limited
  – Medicare dental benefits are rare

• Palliative care may be all that some patients receive

• Unreasonable treatment options may be faced (e.g., expensive restorative care vs. extraction)
Oral health care environment

• Behavior-related disparities exist
• Knowledge is low in the general population
  – Relationship between risky behaviors and oral health
  – Relationship between oral health and general health
• Segments of population may not have access to health education from dental health providers
• Non-dental providers receive little oral health training
• Community water fluoridation, sealants, and fluoride products provide effective primary prevention
Conceptual model of oral health literacy
Multi-Site Oral Health Literacy Research Study

Source: Conceptual basis for Multi-Site Assessment of Health Literacy and Oral Health. NIDCR grant number R01 DE 020858, Macek and Atchison, Co-PIs.
Conceptual model of oral health literacy
Carolina Oral Health Literacy Study

Model of influences on oral health

Concluding remarks

• Poor access to oral health care remains one of the strongest determinants of health status and biggest obstacle to oral health literacy initiatives

• Accessible treatment centers must be optimized for ease of use/navigation, cultural sensitivity, empathy, and effective communication

• Community involvement can help to drive priorities and messaging
Concluding remarks (cont’d)

• New research is encouraged
  – Building on innovations in general health literacy field
  – Recognizing factors unique to the oral health care delivery system (*e.g.*, utilization patterns, role of self care)
  – Placing less emphasis on skills of individuals and more emphasis on the characteristics of systems

• Given that those suspected of having limited health literacy are also likely to face access problems, other health professionals have an important role
Potential intervention points

• Expand professional school curricula
• Support interdisciplinary training
• Enact continuing education requirements
• Take advantage of innovative workforce models and oral health care delivery systems
• Reduce complexities of the oral health care system
• Focus more attention on FQHCs and other community health centers