



Oral Health Literacy Toolkit Training



Presenters

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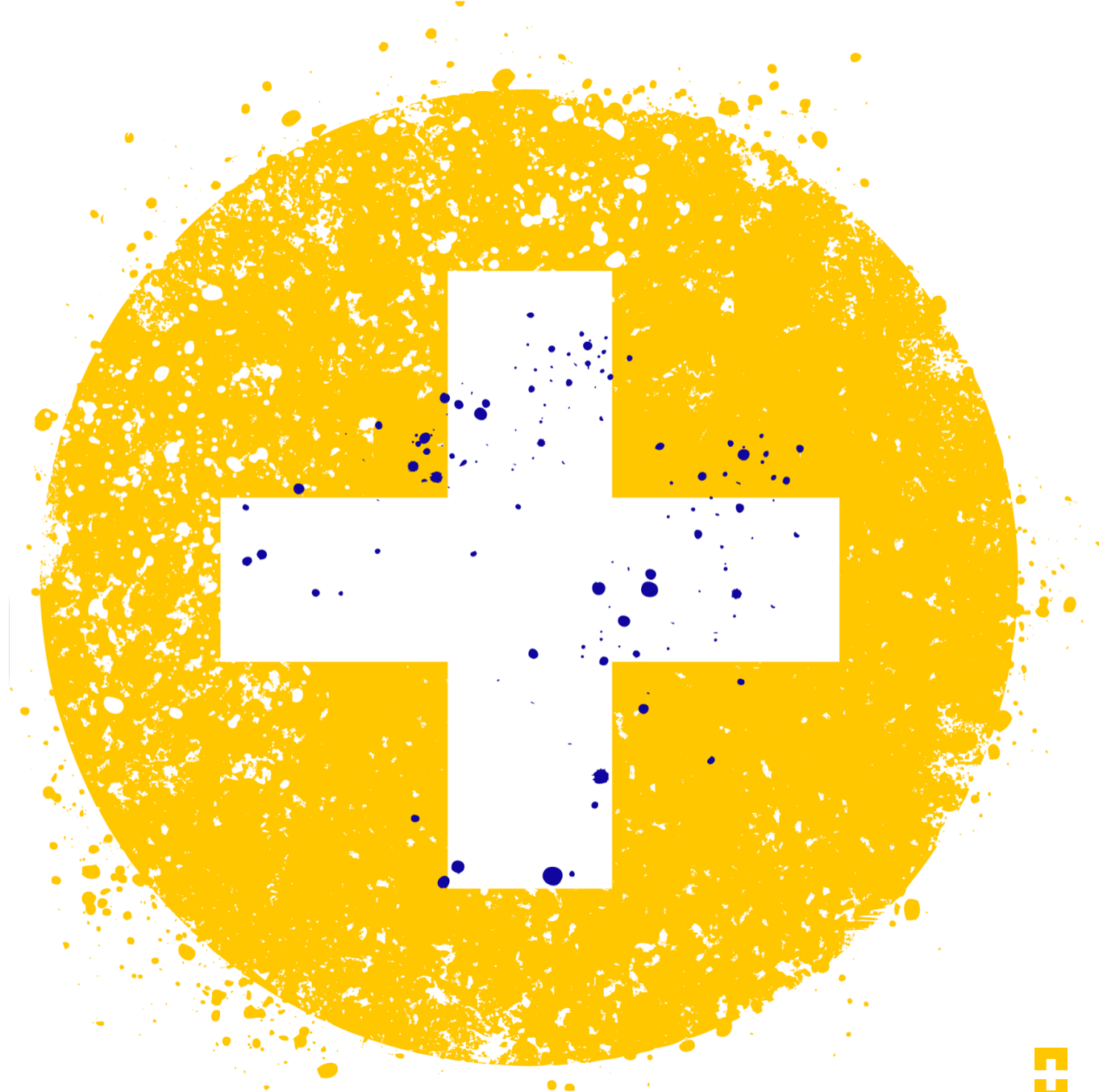
-  **Anthony Eleftherion**, Director of
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Action.

Disclosure

- Presenters do not have any conflicts of interest to disclose.

Health Research for Action

- A center at UC Berkeley's School of Public Health that focuses on health communication and health literacy.
- We use participatory methods to develop and test communications materials that meet the needs of diverse communities.
- We work to empower individuals to take more control over their health.



Session Objectives

- Understand oral health literacy (OHL)
- Understand background and development of OHL toolkit
- Get acquainted with:
 - Basic health literacy best practices.
 - CDPH/UCB Oral Health Literacy Toolkit.
- How to share OHL toolkit with dental providers

The image features a central graphic of a brain composed of a dense, tangled web of black lines. This brain is positioned above a group of stylized human silhouettes. The silhouettes are filled with vertical blue and white stripes and are arranged in a semi-circle, with some larger and some smaller, suggesting a diverse group of people. The entire scene is set against a background of horizontal green and blue stripes. A white rectangular border frames the central elements.

What Is Oral Health Literacy?

Health Literate People

- Are able to find, understand, evaluate, and use health information.
- Feel confident enough in healthcare settings to advocate for their own needs and interests.



Health Literate Professionals

- Present information in ways that improve understanding and make it easier for people to act on health information.
- Aim to:
 - Lower barriers to understanding
 - Reduce feelings of fear or shame
 - Use empathy



Health Literate Organizations

- Provide shame-free and equal access to healthcare and health information.
- Apply HL principles to every touchpoint, including:
 - Written communications
 - Verbal communications



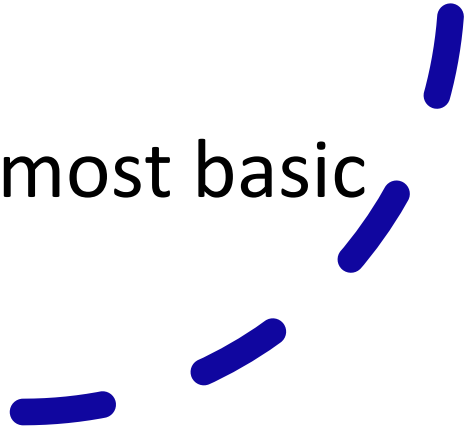
Health Literate Societies

“Health literacy occurs when a society provides accurate health information and services that people can easily find, understand and use to inform their decisions and actions.”

Healthy People 2030

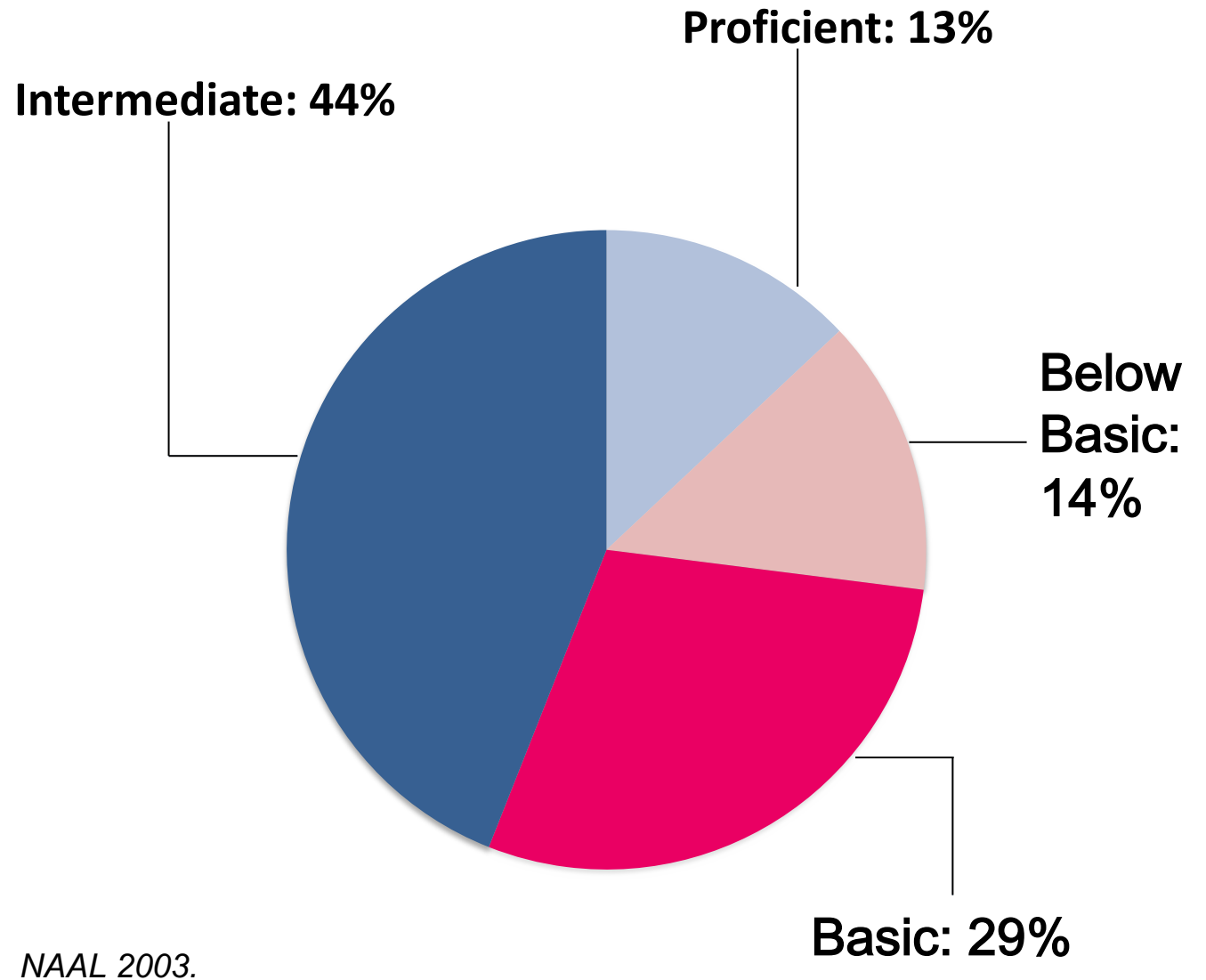


Why Health Literacy Is Important

- **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.
 - Many understand only the most basic 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



Health Literacy Skill Levels

Below Basic

Circle the right date on an appointment slip.

Basic

Give 2 reasons for getting tested for a specific disease based on information from a pamphlet.

Intermediate

Determine what time to take meds based on labelling information.

Proficient

Calculate an employees share of health insurance using a table.

Low Health Literacy and Health Outcomes

- Poorer health status.
- Less engagement with healthcare providers.
- More hospitalizations and higher healthcare costs.
- Less use of preventive services.
- Higher mortality rates.

Health Literacy and Health Disparities

- Age
- Income and education level
- Race/ethnicity
- Gender
- Culture
- Language

Oral Health Literacy Improves Lives

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





OHL Helps Everyone

Anyone can have difficulty in a oral healthcare encounter:

- Terms and subject matter can be new.
- Stress or anxiety can limit how much we hear, understand, or remember.

Exercise

- The rate at which _____ replaces _____ is described as the air _____ rate. ASHRAE recommends that homes receive 0.35 _____ per hour but not less than 15 _____ minute per _____ as the minimum _____ in residential buildings in order to provide _____ that is acceptable to human _____ and that minimizes adverse health effects. ASHRAE also suggests intermittent _____ capacities for kitchens and bathroom _____ to help control pollutant _____ and moisture in those rooms. ASHRAE also notes that "dwellings with tight enclosures may require supplemental _____ supply for fuel-burning appliances, including fireplaces and _____ appliances."

How much ventilation do I need in my home to improve indoor air quality?

- The rate at which **outdoor air** replaces **indoor air** is described as the air **exchange** rate. ASHRAE recommends that homes receive 0.35 **air changes** per hour but not less than 15 **cubic feet of air per minute (cfm)** per **person** as the minimum **ventilation rates** in residential buildings in order to provide **IAQ** that is acceptable to human **occupants** and that minimizes adverse health effects. ASHRAE also suggests intermittent **exhaust** capacities for kitchens and bathroom **exhaust** to help control pollutant **levels** and moisture in those rooms. ASHRAE also notes that "dwellings with tight enclosures may require supplemental **ventilation** supply for fuel-burning appliances, including fireplaces and **mechanically exhausted** appliances."

How much ventilation do I need in my home to improve indoor air quality?
—Environmental Protection Agency

www.epa.gov/indoor-air-quality-iaq/how-much-ventilation-do-i-need-my-home-improve-indoor-air-quality

Needs Assessment with LOHPs

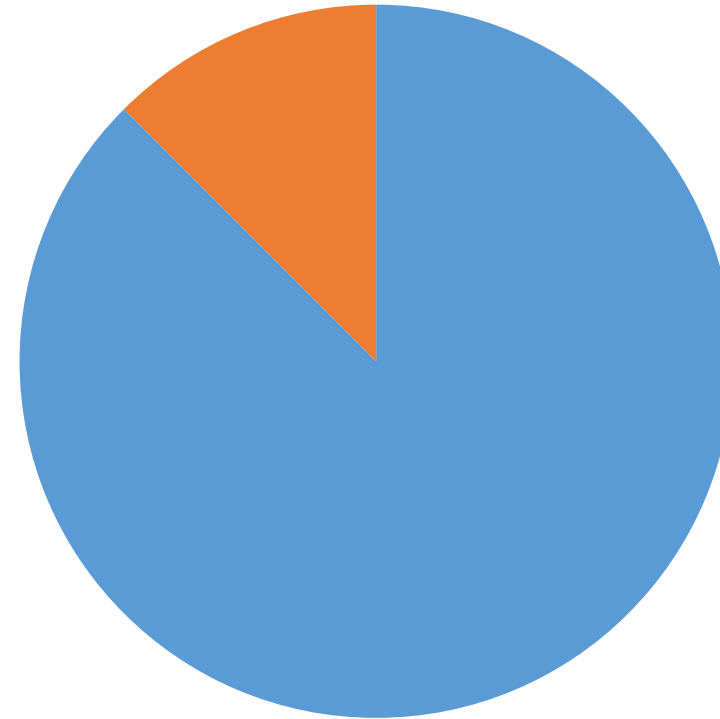
LOHP Needs
Assessment
Results

Self-rated OHL knowledge of LOHP Directors and Staff



LOHP Needs
Assessment
Results

Only 12.5% of LOHP respondents knew the complete definition of oral health literacy



Training Needs and Preferences

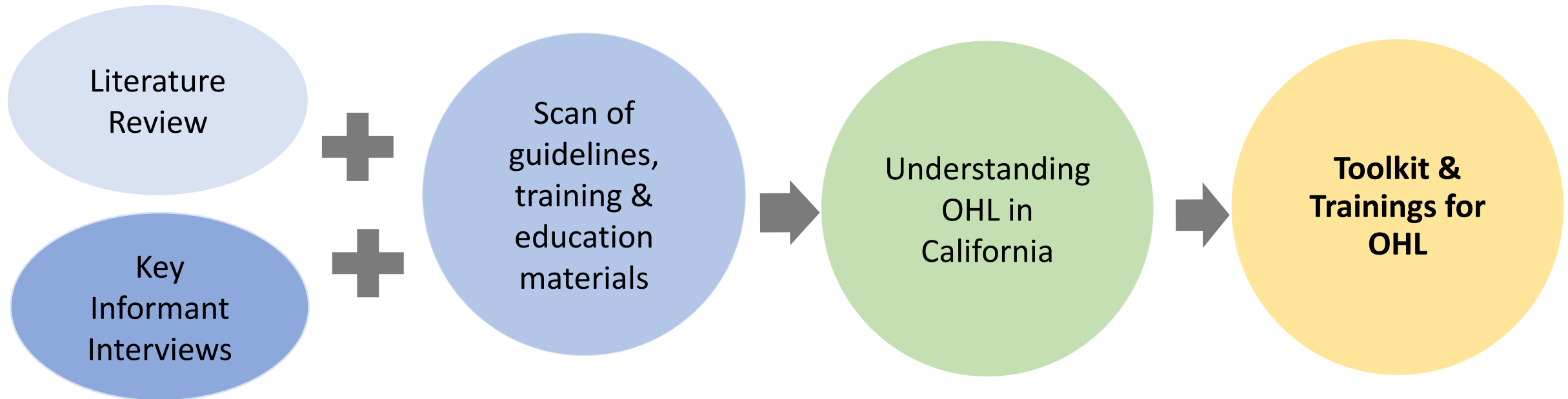
- LOHPs asked for additional training about oral health literacy so they can:
 - Use latest, best approach
 - Help their community
 - Reach people more effectively
 - Improve health disparities
 - Improve their own communication skills to better serve communities



**California
Oral Health Literacy
Study**

Toolkit Study

Study of California dental providers' and LOHPs' oral health literacy (OHL) knowledge, practices, training, and patient education resources. Findings inform Office of Oral Health development of trainings and toolkit resources.



Key Findings

- Providers reported low use of recommended communication strategies.
- Oral health educational materials were in need of improvements.

Recommendations

Based on study results, HRA recommended:

- Creating a toolkit of digital training materials on OHL for oral healthcare providers.
- Developing plain-language educational materials for community members.

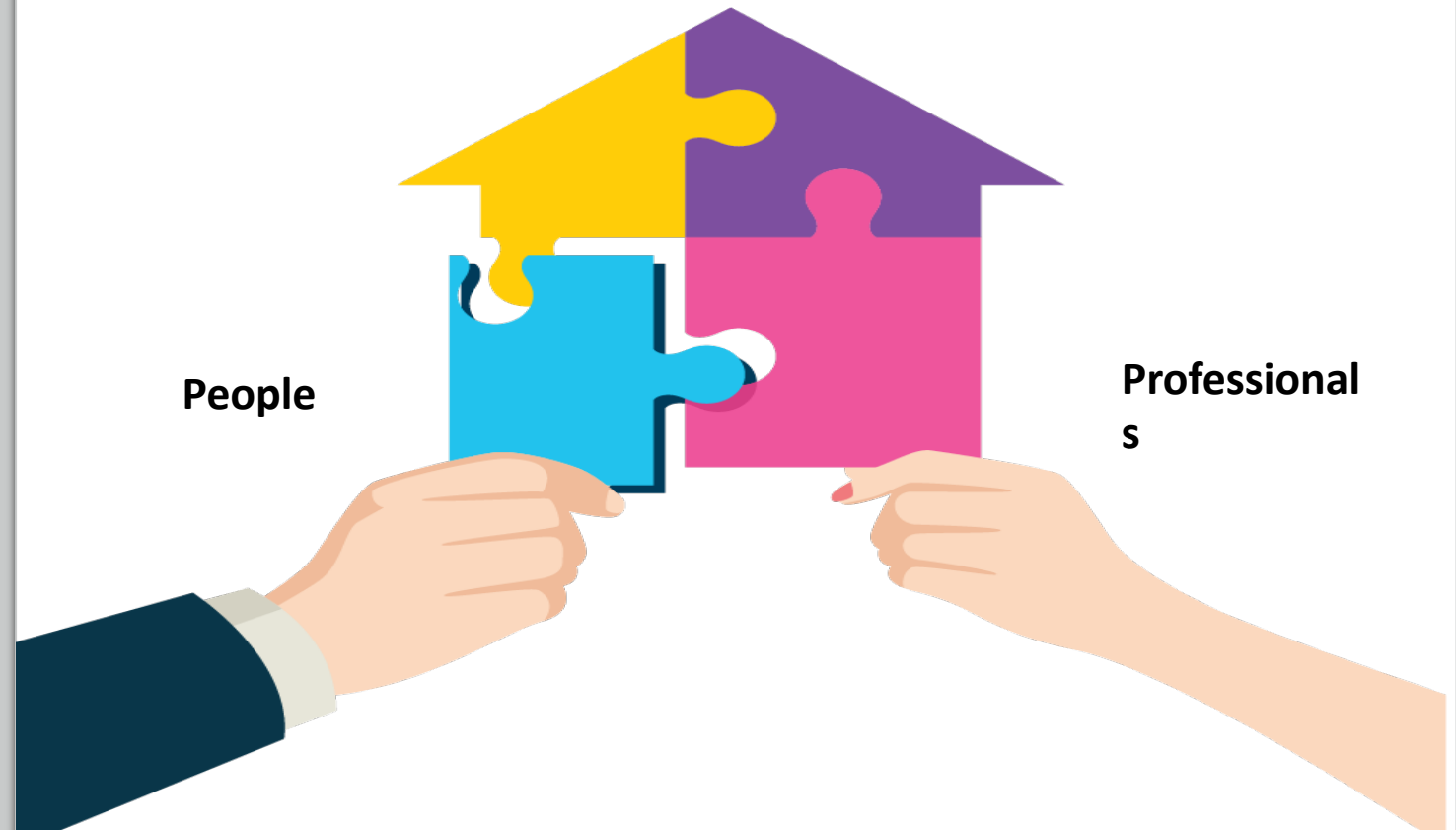


Improving Oral Health Communications

Developing Oral Health Literacy

Professionals:

- Awareness of needs
- Cultural humility
- HL communication methods
 - Plain language
 - Clear design
 - Usability testing
 - Teach-back





The “Universal Precautions” Health Literacy Approach

- Treat everyone as if they have limited health literacy skills.
 - Helps reduce communication errors.
 - Ensures needs of all community members are met.

Participatory Design

Methods of user-centered design:

- Community advisory committees
- Focus groups
- Key informant interviews
- Design thinking workshops
- Usability testing



Begin with Empathy

Empathy makes us ask:

- With whom are we communicating?
- What are their main concerns?
- What is their daily life like?
- What questions will they have?



Cultural Humility

Approaching community interactions with cultural humility means:

- Accepting that you are a learner not an expert.
- Being aware of your own attitudes.
- Recognizing potential power imbalances.
- Accepting that it is an ongoing process.

Cultural Humility

- Differs from cultural competence.
- Cultural competence can lead to stereotyping and continued power imbalances.
- Cultural humility aims to share power.

Cultural Humility

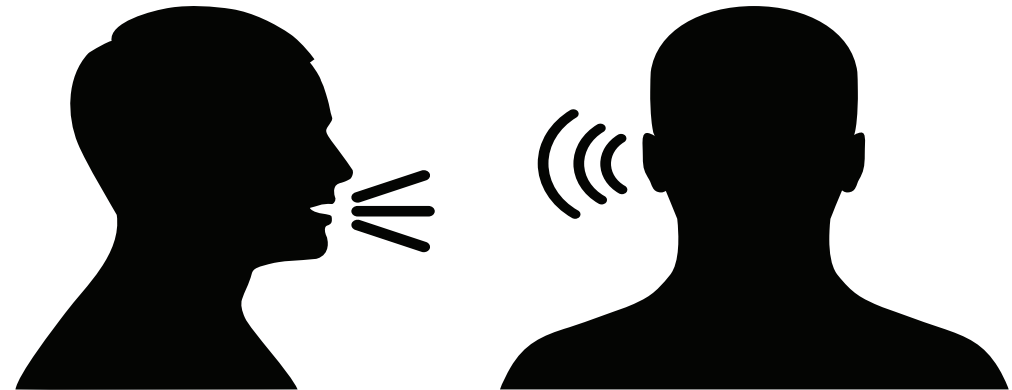
- Ask whether personal identity or background is important to them.
- Provide a humble self-assessment of familiarity with those mentioned.
- Acknowledge discomfort and express gratitude.
- Ask them to make you aware of any inappropriate assumptions or statements you may make.

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

Oral Health Literacy Best Practices

Oral communication

- Use plain language
- Explain jargon
- Focus on a few behaviors
- Use “teach-back” and motivational interviewing



Oral Health Literacy Best Practices

Written Communication

Locate high quality resources, if available, that:

- Use plain language (5th–8th grade level)
- “Chunk” text
- Use short sentences



Plain Language Examples

- Simple, everyday words
- Avoiding jargon and acronyms
- Short sentences
- Short “chunked” paragraphs

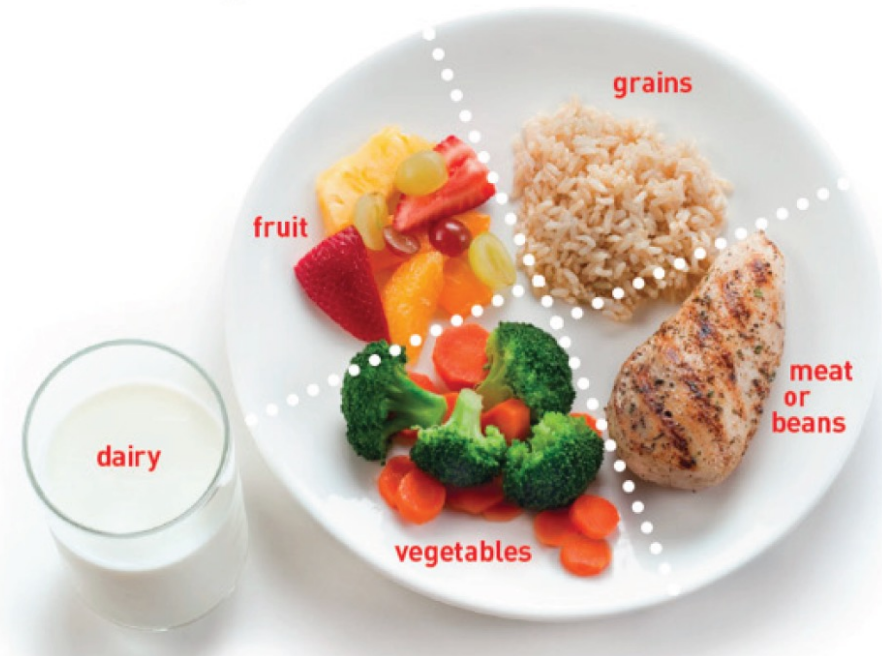
Eat healthy servings of each kind of food.

Here are 2 ways to help you know how much to eat:

1 Balance your plate.

Divide your plate into 4 parts.

- Put vegetables and fruit on 2 parts (half the plate).
- Put a serving of grains on 1 part.
- Put a serving of meat or beans on 1 part.
- Add dairy.



Plain Language Examples

- Sections & paragraphs discuss just one topic.
- Paragraphs and sentences are short.

About Viruses

Viruses are a kind of germ. There are millions of viruses in the world, but only a small number of them can make people sick. Our bodies learn to recognize viruses and other germs, then our bodies develop ways to fight the germs off.



What Viruses Are Not Very Serious?

Many viruses usually don't make people very sick. This includes the ones that cause common colds. But a virus can affect people differently depending on their age, overall health and other factors.

What Viruses Are Very Serious?

For young babies, even a cold virus can be serious. When your baby is 3 months or younger, call their doctor if they seem sick.

The flu, measles, whooping cough and chickenpox are diseases caused by viruses. These diseases can have long-term health effects or cause death. But all of these diseases can be prevented with vaccines.

About COVID-19

COVID-19 is the illness caused by a virus called SARS-CoV-2. People started getting sick with this virus in late 2019. COVID-19 can spread very easily, partly because many people's bodies don't recognize the virus. COVID-19 makes some people very sick, and some people die from it. There are ways to avoid spreading COVID-19, and vaccines are available.



Scan to learn about caring for your children during coronavirus.

Assessing Patient Materials

- Choosing a material suitable for all audiences can be challenging.
- Readability scores do not tell the whole story.
- Judging health literacy of materials is a learnable skill.
- Simple resources are available for public health professionals.



CDC Clear Communication Index (CCI)

- Good introduction to assessing patient materials.
- Step-by-step scoring system.
- Researched, tested, and recognized by experts.
- Downloadable from:
www.cdc.gov/ccindex





Unpacking the Oral Health Literacy Toolkit

Supporting Community through the Toolkit

- Offering to conduct health literacy assessment of dental office.
- Providing free Spanish-language material.
- Improving provider communication techniques and patient understanding.

Oral Health Literacy Toolkit

The toolkit has materials to help providers:

- Learn basic OHL principles, including communicating clearly and with cultural humility.
- Create a shame-free and fear-free environment.
- Understand how OHL affects patients.
- Understand the need to arrange language services.



OHL Guidebook

Direct providers to the guidebook so that they may:

- Connect better with patients and understand their needs.
- Implement health literacy at every touchpoint of patient visit.
- Implement changes at their own pace.

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

Instruct providers that the checklist may help them:

- Quickly learn what they should improve in their practices to communicate with all patients better and reduce fear and shame.

✓ Practice assessment checklist

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

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

Teach-Back Tool

Suggest this tool for providers who are looking to:

- Learn some easy ways to use teach-back.
- Practice their skills with a few scenarios.



What Is Teach-Back?

Teach-back is a way for you to confirm that patients understand what you've told them. It is also a way to be sure you're explaining things clearly. Use this guide to keep the basic concepts of teach-back fresh in your mind and to practice.



To use teach-back well:

1. Organize what you want to say.
2. Explain the first part of what you want to convey.
3. Ask the patient to explain it back to you.
4. Explain again in a different way, if the patient didn't fully understand the information.
5. Ask the patient to explain it back to you once more.
6. Explain the next part of what you want to say.
7. Ask the patient to explain back the latest part.
8. Repeat steps 6 and 7 until you get through all of the information.



Ways to ask patients if they understand

- I know we discussed a lot just now. It would help me know that I'm being clear if you tell me what I just said.
- In your own words, would you please tell me what I just said?
- Can you tell me what you heard me say just now?
- Will you tell me how you would explain that to a friend, partner, or family member?

The Action Plan

Direct providers seeking to implement a health literacy action plan. It is:

- 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.

The Patient Resource

Give this patient resource, called “Going to the Dentist,” to providers and members of the community you serve:

- It explains the “before, during, and after” of dental visits.
- It lets new patients know what to expect & how to prepare for a dental visit.

How to get ready

You can make your first visit to the dentist easier if you do some things ahead of time, like these:

? Things to Ask Before You Go

- Find out where the office is and decide how you will get there. Ask the office for directions.
- Find out about parking or public transportation.
- Ask if the office takes your dental insurance.
- Ask for language assistance if you need it.

✍ Things to Do Before You Go

- Fill out any forms that the office sends to you.
- Arrange for child care if you need to. You should not bring any extra people to your visit.
- Brush and floss your teeth.

📄 Things to Bring With You

- Your insurance card.
- Any forms you filled out.
- A list of all your medicines.
- A list of your questions.
- A face mask.

Who you will meet

You will meet people in the dental office who have different jobs. Not all offices are the same, but many offices work like this:

- **The receptionist** greets you when you arrive. They help with your paperwork and tell other staff members that you have come in. You will likely talk to them when you leave as well.
- **The dental assistant** may seat you in the dentist's chair. The assistant also helps the dentist with your exam and treatment.
- **The dental hygienist** cleans your teeth and talks to you about how to keep your mouth healthy.
- **The dentist** talks to you and looks in your mouth to see if you need treatment. The dentist provides any treatments you need. An assistant or hygienist may help with treatments.



Spanish-Language Patient Resource

“Going to the Dentist” will be available in Spanish by the end of 2021.

- Currently in production
- Has the same content as the English version
- Will be downloadable from same webpage as other Toolkit components

Cómo prepararse para la consulta

Puede hacer que su primera consulta con el dentista sea más fácil si hace algunas cosas antes de ir, como estas:

? Cosas que debe preguntar antes de ir

- Averigüe dónde está el consultorio y decida cómo llegará allí. Pregunte al personal del consultorio cómo llegar.
- Averigüe sobre el estacionamiento o el transporte público.
- Pregunte si en el consultorio aceptan su seguro dental.

✍ Pida asistencia con el idioma si la necesita. Cosas que debe hacer antes de ir

- Complete los formularios que el consultorio le envíe.
- Organice quién cuidará a sus hijos si hace falta. No debe llevar a nadie con usted a su consulta.

Lávese los dientes y use hilo dental.

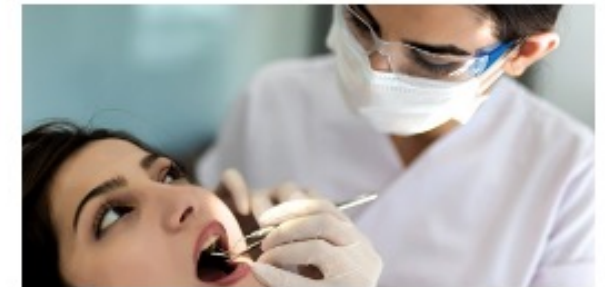
📄 Cosas que debe llevar a la consulta

- Su tarjeta del seguro.
- Una lista de sus preguntas.
- Una mascarilla.
- Todos los formularios que haya llenado.
- Una lista de todos los medicamentos que toma.

A quiénes verá

En el consultorio dental verá a varias personas que tienen trabajos diferentes. No todos los consultorios son iguales, pero en muchos verá a las siguientes personas:

- El/la **repcionista** lo recibe cuando llega. Le ayudará con el papeleo y les dirá a los otros miembros del personal que usted ha llegado. Probablemente hable con él/ella de nuevo antes de irse.
- El/la **auxiliar de odontología** le indicará que se siente en el sillón odontológico. También es quien ayuda al dentista con su examen y tratamiento.
- El/la **higienista dental** limpia sus dientes y le comenta cómo cuidar su salud bucal.
- El/la **dentista** habla con usted y le examina la boca para ver si necesita tratamiento. También le brinda los tratamientos que necesita. Es posible que un auxiliar o higienista ayude con los tratamientos.



Teach-Back Role Play



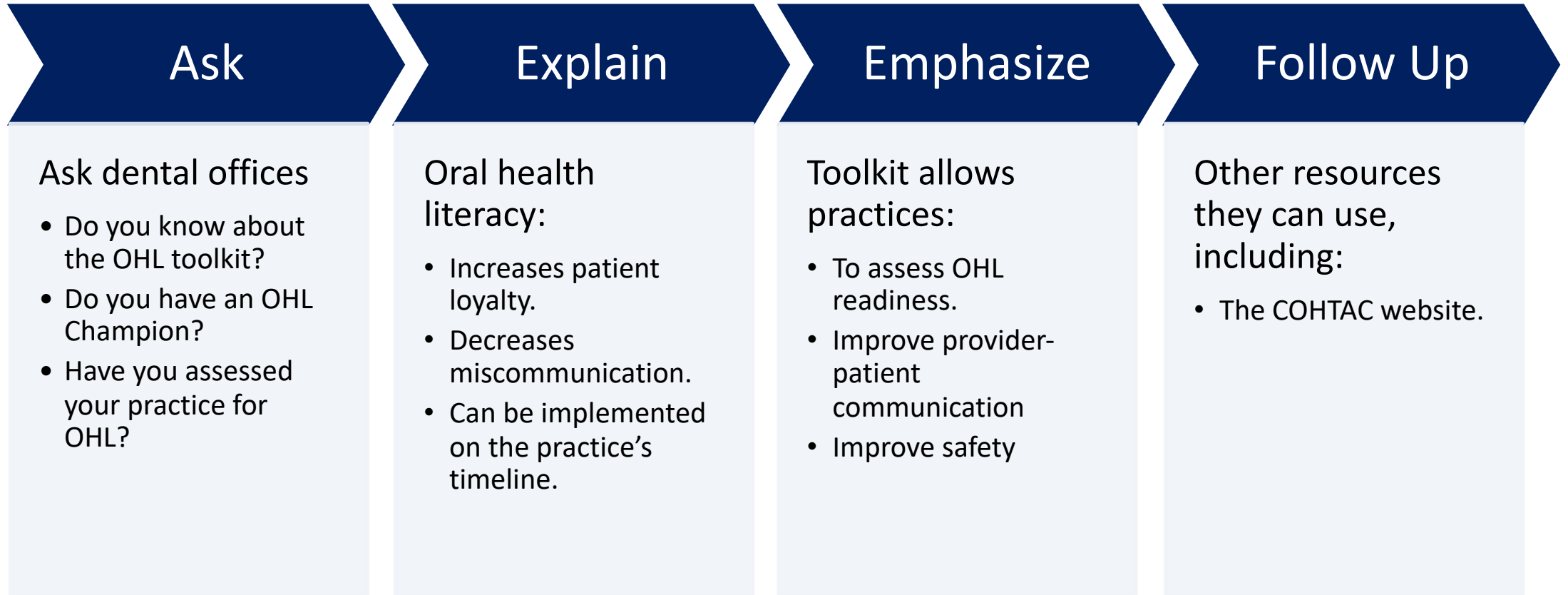
Accessing the Toolkit

CA Oral Health Technical Assistance Center (COHTAC) website:

- <https://oralhealthsupport.ucsf.edu/oral-health-literacy-toolkit>
- Additional resources will be available to help you promote the kit.



LOHPs Can Support The Toolkit Initiative



Surveys

Additional Resources

CA Oral Health Technical Assistance Center (COHTAC) website:

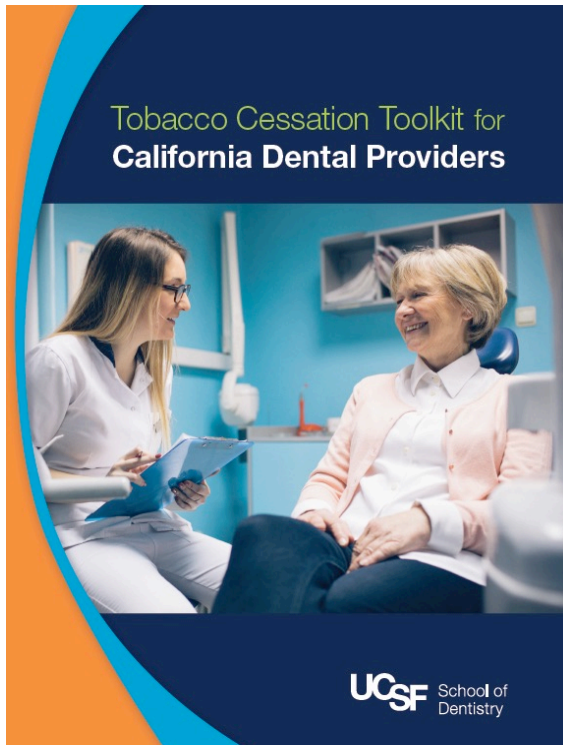
- <https://oralhealthsupport.ucsf.edu/resource-center>

The screenshot displays the COHTAC Resource Center website. At the top, the navigation bar includes the site name, "California Oral Health Technical Assistance Center", and menu items for "COVID-19", "Our Programs", "CDPH OOH", "Oral Health Literacy Toolkit", "Resource Center", "News & Events", and "About Us". A breadcrumb trail shows "Home > Resource Center". Below the navigation is a search bar with the placeholder text "Search for a resource..." and a "SUBMIT" button. The main content area features a grid of nine resource categories, each with an icon and a title: "Educational Resources" (toothbrush and toothpaste), "Fluoride Prevention Programs" (faucet with water drop), "Health Literacy and Cultural Competency" (hand holding a smartphone with a tooth icon), "Linkages to Care Delivery" (three people icons), "Medical and Dental Integration" (tooth with a plus sign), "Planning Deliverables" (pie chart with a tooth icon), "Rethink Your Drink" (glass of water with a lemon slice), "School and Screening Programs" (school building with a plus sign), and "Tobacco and Vaping Cessation" (cigarette with a plus sign). To the right of the grid is a sidebar with a blue header for "COVID-19 Resources" and three sections: "Browse by Audience" (See all Audiences), "Browse by Topic" (See all Topics), and "Browse by Type" (See all Types). At the bottom of the page, there is a section for "Recently Updated Resources" featuring the article "Challenges in Implementing School-Based Oral Health Programs: Short- and Long-Term Impact of COVID-19" with a link to "School and Screening Programs > Planning Strategies".

Tobacco Cessation for CA Dental Providers: Two New Resources

1

Tobacco Cessation Toolkit for California Dental Providers



2

Tobacco Cessation for California Dental Providers: Webinar



Elizabeth T. Couch, RDH MS
Benjamin W. Chaffee, DDS MPH PhD
UCSF School of Dentistry
UCSF California Oral Health Technical Assistance Center

UCSF
University of California
San Francisco
advancing health worldwide



SCAN ME!



OR visit: <http://tiny.ucsf.edu/quittobaccotoolkit>

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