

Health Illiteracy

ALAN L. FELSENFELD, DDS

Much has been written about health literacy in recent months. The October 2006 issue of the *Journal of American Dental Association* had an editorial by Dr. Michael Glick supporting efforts to alleviate the increasing amount of health illiteracy.¹ That same year, the American Dental Association established a committee to study the problem and report back to the 2007 House of Delegates. The committee was charged to assist the Council on Access, Prevention and Interpersonal Relations in developing programs and identifying approaches to enabling this all-important concept. The Association took a good approach to the problem, not so much in the establishment of a group to look at the problem but rather their charge relative to the definition of the issue.

Illiteracy can be viewed at three levels. For some, there is difficulty in comprehending the necessity of good health practices. This level of illiteracy is difficult to overcome in that the individuals may not be able to understand the information they are given. For others, there may be a lack of education. These are individuals who have the capacity to learn but have not been taught or have learned erroneous things. Finally, there is ignorance for those who are educated and ignore that which they have learned. This ignorance is a blatant disregard of evidence in fact for various reasons.

Recipients of outreach programs are the poor, working poor, undocumented immigrants, language-challenged citizens, elderly and those who have limited or no



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access to health care. These are people who may have substantial difficulty in the comprehension of health care concepts, a lack of individuals to attempt to teach them, or language barriers. As a result, there is likely to be a less aggressive use of available facilities and personnel for health care or lack of adequate preventive practices on their part. The promontora programs are an example of attempts to overcome the difficulty of health literacy in selected populations by using local community health care workers to educate the masses. Caregivers for the elderly or the infirm are another area where health literacy can be promoted. Additional programs such as these need to continue to be developed for future prevention and treatment of dental, as well as general health issues. Patients need to be educated on the need for proper diet, oral hygiene, and utilizing dental professionals and facilities to prevent problems and treat disease.

The uneducated groups might include those who deliver health care. Physicians, nurses, dentists, hygienists, dental assistants, and others certainly have the knowledge to inculcate health care values in their patients. Lacking may be cultural sensitivity and language skills that foster

their ability to communicate with their patients and ensure a depth of understanding. Providers need to understand cultural values and systems for their potential patient populations. Social mores and beliefs need to be addressed in the planning for health care programs and delivery. We need to update ourselves continually on techniques that enable us to relate to our patients who have cultural differences to be effective in educating them on health matters. The American Dental Association has charged the Council on Dental Education and Licensure to encourage development of programs to train health care professionals in preventive care for patients.

The final level of illiteracy is ignorance. The lack of ability to learn in our patients or lack of education for our health care providers, while unfortunate, is understandable and somewhat excusable. Ignorance, the process of ignoring what is known, is not. The programs for health care at the government level and with private carriers cannot be excused for ignoring the people who need health care at the most basic level. Federal, state, and local programs need to reassess their priorities for inclusion and reimbursement for dental and general health care.

Then, and only then, can we say that we are progressing from illiteracy to literacy.

Health literacy is a multilevel issue that has impact in California as well as nationally. It involves patients, providers, and payers. It reflects a meshing of values at all three levels that ultimately will improve the health of the population. This is a significant problem that needs to be addressed if we are to continue to address prevention of disease in the patient populations who most need it. ■■■■

REFERENCES

1. Glick M, The tower of Babel and health outcomes. *J Am Dent Assoc* 137(10):1356-8, 2006.

Address comments, letters, and questions to the editor at alan.felsenfeld@cda.org.