ORAL HEALTH LITERACY AS A PRIORITY TO REDUCE DISPARITIES IN ORAL HEALTH AMONG ADOLESCENTS

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Palavras-chave: Saúde Bucal. Letramento em Saúde. Adolescente. Cárie Dentária. Relações Familiares.

RESUMO

O alfabetismo em saúde bucal é um determinante social e estrutural de saúde reconhecido por seu papel relevante na saúde bucal e na utilização de serviços odontológicos. Estudos tem abordado esse tema na adolescência porque é uma fase crítica do desenvolvimento humano e requer atenção para mudanças físicas, cognitivas e sociais. Essa abordagem é importante para fortalecer políticas públicas que visem reduzir as disparidades de saúde bucal nessa população por meio de ações promovidas por profissionais da saúde, gestores e pela população em geral. O presente comentário pretende abordar as contribuições do alfabetismo em saúde bucal para a saúde bucal em adolescentes, bem como discutir novas perspectivas de estudos sobre essa temática.

Keywords: Oral health. Health Literacy. Adolescent. Dental Caries. Family Relations.

ABSTRACT

Oral health literacy is a social and structural determinant of health recognized for its important role in oral health and the use of dental services. Research has focused on adolescence because this life period requires attention to physical, cognitive and social changes. This is an important time to focus on youth and we can do this through actions promoted by health providers, managers and the general public. This commentary aims to address how oral health literacy contributes to oral health in adolescents, as well as to discuss new perspectives for studies on this topic.

Oral health literacy (OHL) is defined as the ability to obtain, process, and understand oral health information to make appropriate health decisions. A set of numerical skills, knowledge, access to dental health services, family functioning, and self-motivation are among the factors that influence the level of oral health literacy among adolescents.[1,2]

General/oral health literacy can be classified into three basic categories: functional, interactional and critical. The functional level of OHL refers to the ability to read and write terms related to oral health while the interactional OHL refers to the ability to interact with health care providers and oral health information, questioning and investigating its applicability. Finally, critical OHL represents the last level of oral health literacy as it adds to identifying, processing, and understanding information, the practical ability to modify oral health practices.[3]

Among the validated tools available to evaluate OHL in Brazilian adults, the Rapid Estimate of Adult Literacy in Dentistry (REALD), and the Test of Functional Health Literacy in Dentistry (HeLD) are the most commonly used in studies. REALD-30 is mainly based on word recognition and reading comprehension (functional oral health literacy) while HeLD adds

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other conceptual aspects of OHL such as questions about communication with dental providers and access to dental services.[4,5]

Research studies on OHL have focused only on adults or considered the report of parents to obtain the level of (OHL) in children (proxy measure).[6,7] The association between OHL and dental caries in adolescents is a recent topic in the literature and has been primarily discussed in the last five years. Among the tools available in the literature to measure OHL, the Brazilian version of the Rapid Estimate of Adult Literacy in Dentistry (BREALD-30) is the only validated instrument for adolescents aged 12 and 15 to 19 years in Brazil. It is a screening tool used in research that contains thirty words related to oral health organized in increasing order of complexity.[8] This tool measures the level of OHL based on the score obtained by adolescents. Instead of working as an instrument with domains, BREALD-30 is a linear measure that considers a final score ranging from 0 to 30. Each word in the tool accounts for one point and higher scores indicate a better level of OHL. There is a gap in the literature about instruments to evaluate interactional and critical oral health literacy in adolescents. However, it is known that measures of functional, interactional and critical health literacy are correlated.[9]

Previous studies conducted in Brazil have shown that low OHL in adolescents was associated with worse oral health conditions, such as dental caries and fewer visits to dental offices.[10-12] Adolescence is a critical period of human development and encompasses changes in the physical, psychological and social dimensions. These changes may contribute to greater exposure to risk factors for dental problems as well as to a lower prioritization for maintenance of good oral health.[13] These findings place OHL in a prominent position as a mutable social determinant, sensitive to collective actions and public health policies. Thus, an adequate level of OHL requires effective interaction with dental information, resulting in assertive health choices and better oral health outcomes.

Another important aspect is the mediating role of OHL in the relationship between socioeconomic status and dental outcomes. The role of socioeconomic factors in dental caries is recognized and it is understood that those who experience social inequities have a higher prevalence of this disease.[14] It is suggested that this scenario can be modified by OHL that mediates the relations between socioeconomic factors and tooth decay. These relationships are not yet established in the literature, revealing an important gap of investigations in this field.

We have identified some of the issues and challenges to decreasing oral health disparities by increasing OHL in adolescents. What is not clear is the best approaches to address this issue. Key considerations are: would a national health literacy policy be a feasible strategy in Brazil? What are the challenges in training new dentists to raise awareness about the need for patients to retain health information? What are the strategies to make oral health services easy to use and accessible? These are research-based questions to be answered in the field. Certainly, all answers go through the collaborative work of health managers, dental practitioners, and patients.

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