



LETTER TO THE EDITOR

Some considerations on the Latin American oral health literacy.

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An interesting topic, that of "Oral health literacy", the new term related to the promotion of health¹. The WHO definition cited in that Editorial complements Glassman's own view, when she defines the term as "*the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions*"².

It is not only about receiving information. It involves active cognitive processes to know what to do with that information, helping people to adopt healthy behaviors. A study on Brazilian immigrants in Canada concluded that limited literacy in oral health results in less involvement in health care, less access to health services and difficulties to make use of them³.

Nutbeam⁴ argues that health literacy is an objective of public health and a challenge for communication strategies and health education, the bases of health promotion. As well as in educational approaches, Nutbeam proposes a distinction between functional health literacy, interactive health literacy and critical health literacy. The effort must be put in the latter, to make people achieve meaningful learning outcomes. Therefore, we must work for a more liberating than prescriptive education.

Oral health is one of the priorities of the United States Department of Health and Human Services, as outlined in its book "Healthy people, 2020"⁵. When they refer to oral health as one of several priorities, it is because they believe it has a relationship with the overall health of a person and that untreated oral diseases can have an impact on the quality of life.

In most Latin American countries, health communication mediated by information is mostly controlled by the interests of business. In this scenario, health professionals should assume the role of educators. They should explain to patients and the general public the different aspects related to oral health and disease, as well as their relationship with systemic health.

In Colombia there are health education experiences that are, at best, merely informative. Ultimately, the least recognized aspect is the need to understand what health and oral health are, and what are their implications. Health services strive to provide information, however, the distance between being informed and being educated is abysmal.

In fieldwork with different communities, practices of oral health are studied by survey. People answer that they brush their teeth three times a day and that they frequently use dental floss. However, oral hygiene rates show high percentages of dental calculus, accumulated biofilm, and bleeding gums. All this certainly reveals a very low frequency and very little (or inappropriate) use of items for oral hygiene. Empty concepts are uncritically repeated, with no real meaning, as people fail to follow self-conscious routines of health care; the latter due precisely to the type of education they have received.

Research on oral health literacy in Latin America is a challenge. It really is an exciting topic that calls for further research to develop educational strategies that should be more in line with the multiple cultures that coexist in our continent. It should be not only quantitative research, but also qualitative, because the latter helps us to unravel the meanings that these different concepts have for our patients, and for the users of health care services at large.

Qualitative research offers more advantages if the researcher intends to approach the social imaginary, the perceptions and feelings of people. This approach yields a closer view of shared reality, especially when it is compared with the results obtained with standardized and often decontextualized instruments. The qualitative approach to research is as rigorous as the empirical-analytical to science and its use can extend the conceptual scope of research.

At the School of Dentistry of Universidad de Antioquia⁶, we began to use qualitative research methodologies. The purpose was to explore the views that pregnant women



had of their own oral health and that of their children. We wanted to analyze in depth people's behavior in relation to activities of everyday life. We concluded that oral health literacy still has a long way to go.

Therefore, it is our responsibility, as oral health professionals, to share knowledge with our patients or the general population when it comes to public health, health promotion and disease prevention. We have not done our best effort in this regard and have a long-due debt to community. We, the dentists, are privileged to have a field that holds some important reasons as to why people should take care of their health.

Just as physicians are good at what they do, nurses teach us what health care really means and how to practice self-care. The object of study of nurses is precisely care, they are caregivers *par excellence* and therefore health promotion is not a foreign term for their profession. But the goal of health care is to be culturally appropriate and have good quality.

These characteristics form a very important healing force. So taking action together with professionals from different disciplines could promote a better interaction with patients and communities. Thus, prevention programs can reach beyond the simple information and become truly health literacy vehicles.

Promotion in oral health is important, but it is even more important, if we teach it to those most in need of our services. The best places to talk about this topic are homes, schools, universities, health services, including as well other professionals with whom we can implement programs and projects that may contribute to general and oral health.

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