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EDITORIAL

Oral health literacy, a neglected issue in Latin American oral research.

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In recent decades, we have moved from a biomedical to a biopsychosocial model in health care, in theory. This means that the attention is no longer focused on the services provided by the professional, but in the ability of patients to maintain and recover their health, in theory. Again, in theory, this is quite similar to the educational reform, a transition from a model focused on the content delivered by the teacher to a model focused on the learning actions of students.

Under the new healthcare model focused on people, concepts such as social determinants of health[1], health empowerment and health literacy[2] have become important. The World Health Organization defines HL as *"the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health"*[3].

Health empowerment and health literacy have shown to have a noticeable impact on the health levels of the population[2,3]; the higher the level of these, the better the health. On the contrary, the presence of certain social determinants has a detrimental effect on health status, particularly associated with social inequalities present in undeveloped countries[1].

Oral health literacy as a specific concept in the field of dentistry has emerged from the concept of health literacy, and it is understood as *"the degree to which individuals have the capacity to obtain, process, and understand basic oral and craniofacial health information and services needed to make appropriate health decisions"*[4].

Research has shown that there is a significant correlation between the levels of oral health literacy of parents and the status of oral health in their children[4]. This is a clear wake-up call to do further research on the relationship between oral health literacy and oral health status, looking for ways to manipulate the first to achieve higher levels of the second.

Unfortunately, this call seems to have had little impact on oral research in Latin America. Consequently, we can see that in international databases there is only one specific mention of oral health literacy from Latin America. It is related to the development of an instrument for the Mexican population[5]. Indeed, there are no validated instruments to measure oral health literacy in South American countries.

This is worrying not only because of the lost opportunity of conducting further research on oral health literacy; it is even more worrying because the effect of psychosocial phenomena that affect oral health status seems to be specific to each country and culture. Therefore, it is necessary to conduct research on the subject in each country or culture. It is crucial to avoid the application of models that have been well researched in northern hemisphere countries, as they cannot be easily adjusted to the characteristics and particularities of our countries.

Moreover, it is important not to overstay in a descriptive stage of research in this field. Many studies have already shown the correlation between oral health literacy and oral health status[4]. It is necessary to develop and evaluate ways to increase the levels of oral health literacy to improve oral health status. In this regard, strategies such as motivational interview seem to offer a good opportunity to progress in this respect[4]. However, it is important to explore other alternatives in terms of effectiveness and efficiency, as they are always needed in public health.

Currently there are four clinical trials on oral health literacy registered in the WHO International Clinical Trials Registry Platform. Of these, two are trials conducted in South American countries. This gives a more optimistic view of research on oral health literacy in Latin America.

Finally, it is important to remember the health paradox: those who most need health care interventions are those who have least access to them. As oral health researchers we need to take charge of the reach of our research, ensuring that the evaluated interventions reach those most in need. Certainly this is complex, but we cannot continue conducting oral research only in groups attending dental clinics. We need to address those populations who do not attend health centers and are usually the ones who need it the most.

Research in oral health literacy is important because it focuses on the oral health status of the patient, leaving in the past approaches focused on the disease. Hopefully in the coming years we will have a broad regional evidence in oral health literacy, evidence that will correspond to the reality and needs of our population.

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REFERENCES.

1. Mehta VV, Rajesh G, Rao A, Shenoy R, Pai M. Social determinants of health and oral health: An Indian perspective. Indian J Occup Environ Med. 2015;19(2):71–5.
2. Murphy M, Hollinghurst S, Turner K, Salisbury C. Patient and practitioners' views on the most important outcomes arising from primary care consultations: a qualitative study. BMC Fam Pract. 2015;16:108.
3. Sørensen K, Van den Broucke S, Fullam J, Doyle G, Pelikan J, Slonska Z, Brand H, (HLS-EU) Consortium Health Literacy Project European. Health literacy and public health: a systematic review and integration of definitions and models. BMC Public Health. 2012;12:80.
4. Cartes-Velásquez R. Literacy in health: conceptual base and evidences in dentistry. MEDISAN. 2015;19(4):558–6.
5. Villanueva Vilchis Mdel C, Wintergerst A, Borges Yáñez SA. Toward a Comprehensive Instrument of Oral Health Literacy in Spanish. J Health Commun. 2015;20(8):930–7.