Many persons in the United States do not receive essential dental services. Through increased access to appropriate and timely care, individuals can enjoy improved oral health. Barriers to care include cost; lack of dental insurance, public programs, or providers from underserved racial and ethnic groups; and fear of dental visits. Additionally, some people with limited oral health literacy may not be able to find or understand information and services.

To promote oral health and prevent oral diseases, oral health literacy among all groups is necessary. In addition, oral health services—preventive and restorative—should be available, accessible, and acceptable to all persons in the United States. In areas where different languages, culture, and health care beliefs would otherwise be barriers to care, a cadre of clinically and culturally competent providers must be available to provide care.

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An increased focus on oral health by Federal, State, and professional organizations that occurred at the end of the 1990s should help achieve improvements in oral health and quality of life for individuals and communities. If initiatives, partnerships, and collaborations flourish in this environment of heightened interest, then oral health literacy will increase, access to preventive and restorative services for persons in need will improve, surveillance of oral diseases or conditions will be enhanced, and appropriate research will explore new ways to improve oral health for everyone in the United States.

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Even with access to information and services, however, disparities may still exist because many people lack health literacy. Health literacy is increasingly vital to help people navigate a complex health system and better manage their own health. Differences in the ability to read and understand materials related to personal health as well as navigate the health system appear to contribute to health disparities. People with low health literacy are more likely to report poor health, have an incomplete understanding of their health problems and treatment, and be at greater risk of hospitalization. The average annual health care costs of persons with very low literacy (reading at the grade two level or below) may be four times greater than for the general population. An estimated 75 percent of persons in the United States with chronic physical or mental health problems are in the limited literacy category. People withchronic conditions, such as asthma, hypertension, and diabetes, and low reading skills have been found to have less knowledge of their conditions than people with higher reading skills.

Although the majority of people with marginal or low literacy are white native-born Americans, changing demographics suggest that low literacy is an increasing problem among certain racial and ethnic groups, non-English-speaking populations, and persons over age 65 years. One study of Medicare enrollees found that 34 percent of English speakers and 54 percent of Spanish speakers had inadequate or marginal health literacy. As the U.S. population ages, low health literacy among elderly people is potentially a large problem. Nearly half of the people in the elderly population have low reading skills, and reading ability appears to decline with age. A study of patients 60 years and older at a public hospital found that 81 percent could not read and understand basic materials such as prescription labels and appointments.

U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

Objective 11-2. (Developmental) Improve the health literacy of persons with inadequate or marginal literacy skills.

Potential data source: National Adult Literacy Survey, 2002, U.S. Department of Education.

Responses from the National Adult Literacy Survey indicate that approximately 90 million adults in the United States have inadequate or marginal literacy skills.36 Written information is not the only way to communicate about health, but a great deal of health education and promotion are organized around the use of print materials, usually written at the 10th grade level and above. These materials are of little use to people who have limited literacy skills. The result is that a very large segment of the population is denied the full benefits of health information and services.

Closing the gap in health literacy is an issue of fundamental fairness and equity and is essential to reduce health disparities. Public and private efforts need to occur in two areas: the development of appropriate written materials and improvement in skills of those persons with limited literacy. The knowledge exists to create effective, culturally and linguistically appropriate, plain language health communications. Professional publications and Federal documents provide the criteria to integrate and apply the principles of organization, writing style, layout, and design for effective communication. These criteria should be widely distributed and used. Many organizations such as public and medical libraries, voluntary, professional, and community groups, and schools could offer health literacy programs that target skill improvement for low-literacy and limited English proficient individuals. If appropriate materials exist and people receive the training to use them, then measurable improvements in health literacy for the least literate can occur.