Editorial

Health Literacy: A Pathway to Better Oral Health in Primary School Students

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The American Dental Association (ADA) defines oral health literacy as "the degree to which individuals have the capacity to obtain process and understand the basic health information and services needed to make appropriate oral health decisions [1].

Individuals with low level of health literacy are less likely to understand and follow treatment recommendations, and lack the skills needed to make informed decisions about their own health care. Oral health status is inexorably linked with general health as evidenced by the association between poor oral health and chronic diseases, such as diabetes, cardiovascular diseases (CVDs) and respiratory diseases [2]. Little research has examined the association of health literacy with oral health though limited health literacy is reliably linked to poor knowledge of oral health concepts. The association between low health literacy and poor health outcomes is well established; however, in the context of oral health, the literature offers few studies identifying the relationship between health literacy and oral health outcomes. It has been suggested that people with low health literacy are at the highest risk for oral diseases and problems [3]. Furthermore, low health literacy may be associated with barriers to accessing care and with oral health behaviors such as seeking preventive care. While there is considerable literature on health literacy in medicine, it is a relatively new area of research in dentistry. Several studies have shown that oral health literacy is associated with both the adults' and their children's oral health status [4]. It is believed that oral health literacy may be contributed to oral health disparities since those with low oral health literacy are more likely to be poor, not well educated, older, and

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with limited English language skills [5]. In addition, individuals with low literacy are unable to communicate effectively with health care providers; this gap in communication may account for their worse oral health status. Although dentists often provide the patients with some oral health literacy skills in the clinical practice, they are not always able to identify those that may not be able to readily understand health explanations and instructions, resulting in poor oral health outcomes. So there is much need for quick and easy-to use oral health literacy tools that will allow for a comfortable experience for both providers and patients in identifying the individuals requiring special methods of communication in the clinical settings [6]. In conclusion, the importance of oral health beyond dental care is reflected in the WHO Global Oral Health Program, which is predicated on *disease prevention* and *health promotion*. Priority action areas of the WHO are directed at improving oral health literacy to drive increased knowledge and health-promoting behaviours. Internationally, interest in oral health literacy is driven by oral health disparities, particularly for disadvantaged groups with conditions such as dental caries and periodontal disease contributing substantially to the global burden of disease. One important means to promote oral health literacy in diverse populations is to develop a dental workforce that is both culturally and linguistically competent, and is as culturally diverse as the Iranian population; however, there are three challenges that must be addressed to enable schools to achieve this level: traditional structure and function of schools, teachers' practices and skills, and time and resources. Strategies are proposed to address all three areas and reduce the impediments to achieving the goals of health literacy and public health using the school as a setting. Therefore, oral health promotion is needed to beyond dental care. Briefly, we conclude that *health literacy is a pathway to better oral health in primary school students*.

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