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MINISTRY OF HEALTH MALAYSIA
ORAL HEALTH PROGRAMME

Malaysian Oral Health Literacy Training Package

Celik Literasi Kesihatan Mulut Malaysia (CeLiK-M)

Module 2:
Communication in Oral Health Literacy (OHL)

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PREFACE BY DIRECTOR - GENERAL OF HEALTH

The Malaysian Oral Health Literacy Awareness Training Package; Celik Literasi Kesihatan Mulut Malaysia (CeLiK-M) is a national training resource developed to support Malaysia's commitment to the National Oral Health Strategic Plan (NOHSP) 2022–2030 and the WHO Global Oral Health Action Plan 2023–2030. This comprehensive package marks a significant milestone in our national journey towards a more equitable and responsive oral healthcare system.

The transformation of oral healthcare systems envisioned in both national and global policy frameworks calls for a fundamental shift towards prevention, person-centred care, and stronger community engagement. Oral health literacy is a critical social determinant of health, influencing how individuals access services, interpret complex information, and participate in shared decision-making that shapes their oral health outcomes. Addressing gaps in oral health literacy is therefore essential to reducing inequalities and achieving sustainable improvements in population oral health and overall well-being.

The CeLiK-M training package represents a strategic investment in human capital, translating policy priorities into structured and practical capacity-building for the oral healthcare workforce. It equips dental professionals with the knowledge, skills, and competencies required to lead meaningful change at every level of service delivery, ensuring that all Malaysians regardless of background have the opportunity to attain optimal oral health.

The expert and collaborative efforts behind the development of CeLiK-M are highly commendable. This initiative reflects a steadfast commitment to strengthening oral health literacy as a cornerstone of health equity and system transformation. All dental professionals are called upon to embrace this training package as a benchmark of professional excellence and service quality. Through the integration of these competencies into daily practice, *Celik Literasi* shall become the standard of care, driving sustained progress towards the national and global oral health goals for 2030 and reinforcing Malaysia's leadership in advancing equitable and people-centred oral health.

Datuk Dr. Mahathar bin Abdul Wahab
Director-General of Health

PREFACE BY DEPUTY DIRECTOR - GENERAL OF HEALTH (ORAL HEALTH)

The Malaysian Oral Health Literacy Awareness Training Package *Celik Literasi Kesihatan Mulut Malaysia* (CeLiK-M) is developed to support the implementation of the National Oral Health Strategic Plan (NOHSP) 2022–2030, particularly its emphasis on strengthening oral health literacy through capacity building of the oral healthcare workforce.

The NOHSP recognises oral health literacy as a key determinant of oral health outcomes and highlights the need to empower oral healthcare providers, including dental officers, dental auxiliaries, and dental undergraduate students, with the skills required to communicate effectively and support informed oral health decision-making. Strengthening these competencies is essential for improving patient engagement, promoting preventive behaviours, and reducing oral health inequalities.

The CeLiK-M training package translates this strategic direction into practical, structured training. The primary objective is to equip personnel with the competencies needed to address literacy challenges in both clinical and community settings through four core modules. By adopting these modules, healthcare providers will move beyond paternalistic care toward true patient engagement and informed decision-making.

I strongly encourage the widespread adoption of CeLiK-M within all dental facilities and training institutions as a cornerstone of ongoing professional development to support the delivery of people-centred and effective oral healthcare services in Malaysia. Together, let us ensure that "Celik Literasi" becomes the standard of care, driving us toward our shared national and global goals for 2030.

Dr. Fauziah binti Ahmad

Deputy Director-General of Health (Oral Health)

ABOUT CELIK-M

This training package has been carefully designed as a trainer's resource to strengthen oral health literacy among oral healthcare personnel in Malaysia. The primary objective of the package is to raise awareness on the importance of oral health literacy and to enhance the essential skills required to address oral health literacy challenges in professional practice.

The package is structured into four comprehensive modules, each focusing on different aspects of oral health literacy and communication. The modules are highly practical and self-explanatory, containing complete sets of trainer notes, explanatory texts, ready-to-use slides, interactive activities and evaluation tools. With these resources, trainers can confidently conduct sessions without requiring additional training, as the content is designed to be straightforward and easy to deliver.

By combining theory with practice, the package serves not only as a training package but also as a capacity-building tool that empowers trainers to cascade oral health literacy skills across the oral healthcare workforce.

INTRODUCTION

Healthy People 2030 has adopted two (2) definitions that together constitute health literacy which are (**Figure 1**):

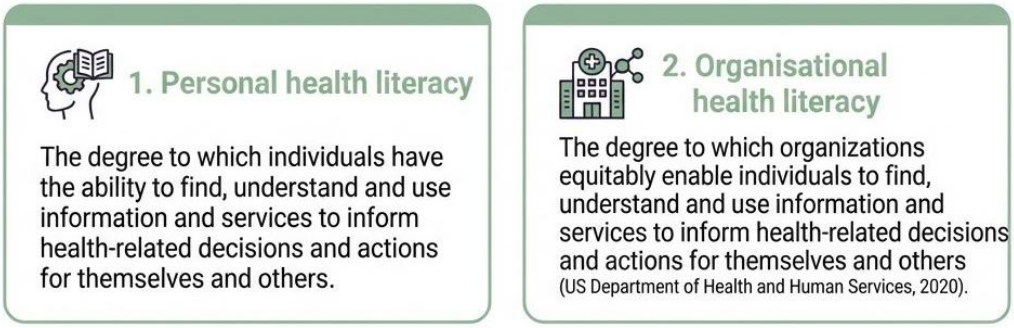
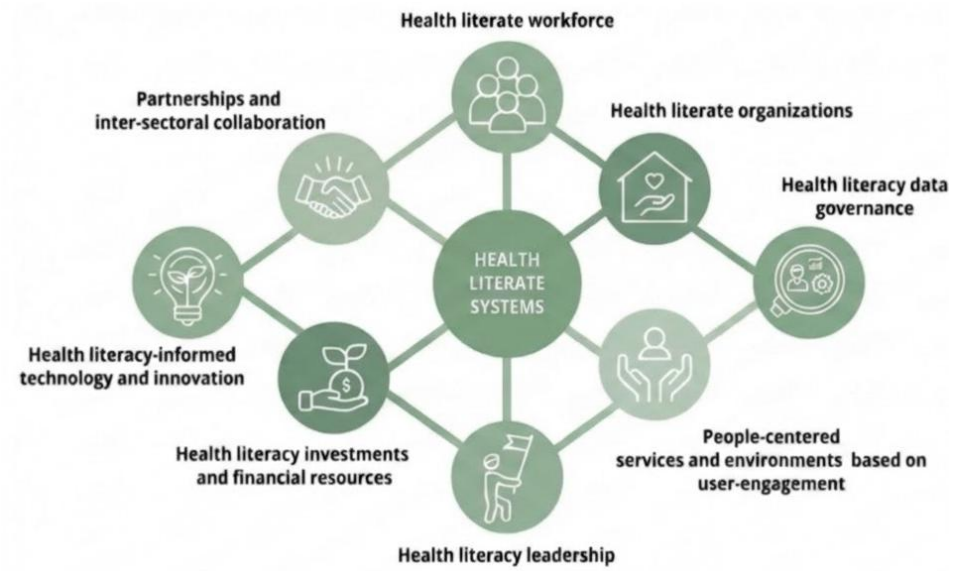


Figure 1: Types of Health Literacy

Personal health literacy focuses on an individual's ability to understand and use health information, while organizational health literacy focuses on an organization's ability to provide health information and services that are understandable and usable by individuals (Brach, C. and Harris, L.M., 2021).

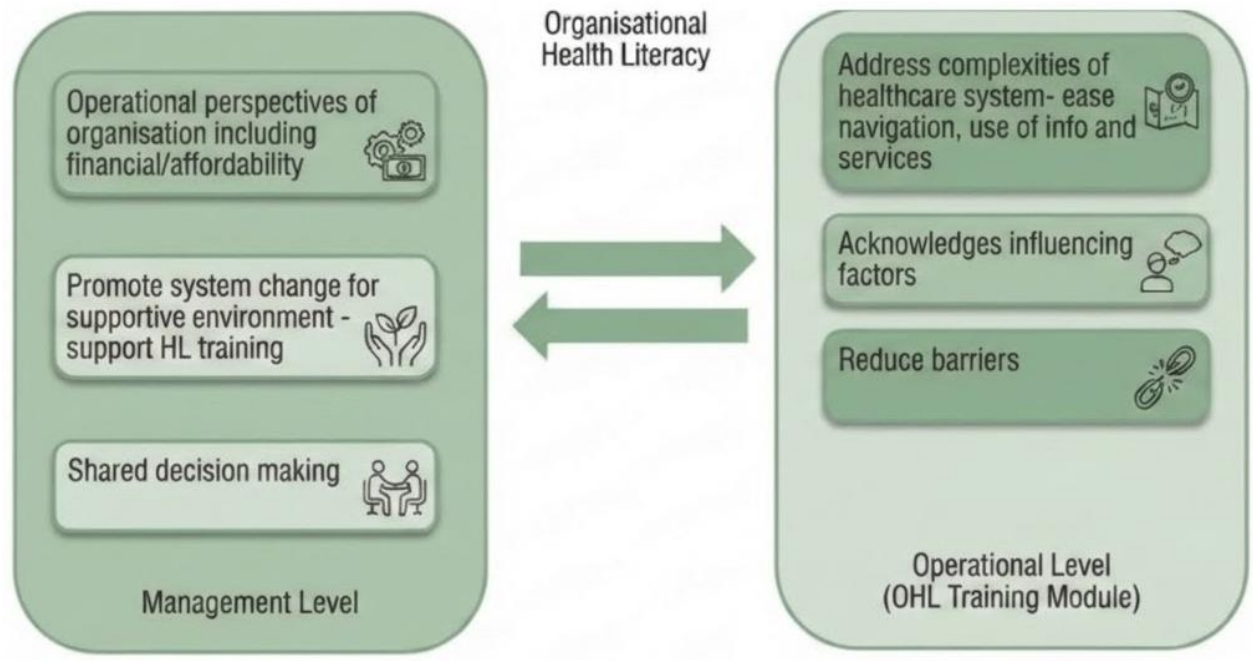
The following framework (**Figure 2**) illustrates the multifaceted approach required to build health literacy capacity within health systems. It emphasizes the importance of collaboration, leadership, resource allocation and user engagement, alongside leveraging technology and data to create health literate organizations and services (Sorensen, 2021).



(Sørensen et al., 2021)

Figure 2: Building Health Literacy System Capacity: A Framework for Health Literate Systems

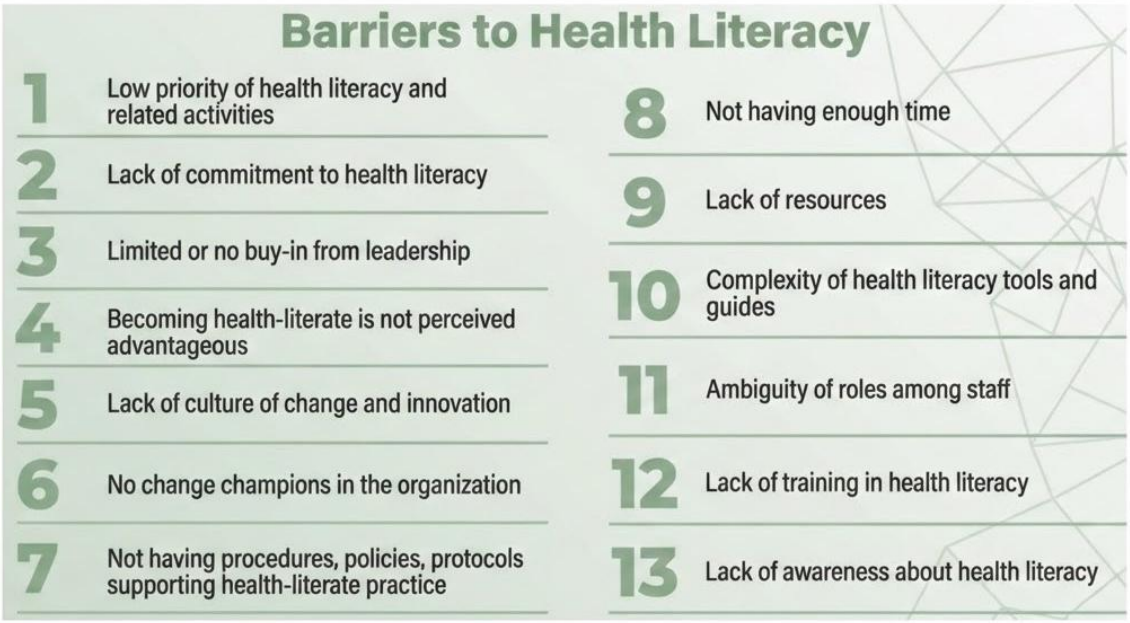
Strategic collaboration between management and operational levels is essential to successfully achieve organizational health literacy (**Figure 3**). Management's role is to create a supportive environment, provide training, and facilitate shared decision-making, while operational staff focus on practical implementation, addressing complexities, acknowledging influencing factors, and reducing barriers (**Table 1**) to enhance health literacy.



(Farmanova et al., 2018)

Figure 3: Conceptual Framework of Operational Organisational Health Literacy

Table 1: Key Barriers to Organizational Health Literacy



(Farmanova et al., 2018)

There is a need to improve navigation within the healthcare facilities. This was attributed to problems with signage such as inconsistent terminology, or overuse of scientific language, or that the signage was missing or obscured. There is also low awareness of health literacy within the organisation's protocols, inter-staff communication and patient communication (Farmanova 2018).

According to Lloyd 2018, healthcare practitioners struggled to define a course of action based on the assessment results because of their limited knowledge of how to implement health literacy strategies in practice and found that patient health literacy assessment tools did not offer adequate guidance on how to translate results into action.

"The next step in the research on organisational health literacy needs to focus on what works in improving organisational health literacy. We do not need more tools and measures, rather we need interventions. This may be supported by a program of research to design, implement and evaluate effective interventions for building organisational health literacy. This was recommended by Willis who argues that government-initiated intervention and policies are powerful strategies by which organisational capacity to improve health literacy may be affected" (Lloyd et al., 2018).

Taking into account the importance for both management and operational levels to work hand in hand in building health literate organisations, several essential knowledge and skills need to be included in health literacy related training (**Table 2**).

Table 2: Health Literacy Knowledge and Skills for Health Professionals

To Improve Spoken Communication	To Improve Self-Management and Empowerment
• Communicate clearly • Use the teach-back method • Follow up with patients • Conduct Brown Bag Medicine Reviews • Address language differences • Consider culture, customs, and beliefs	• Encourage questions • Make action plans • Help patients remember how and when to take their medicine • Get patient feedback
To Improve Written Communication	**To Improve Supportive Systems**
• Assess, select, and create easy-to-understand materials • Use health education material effectively • Welcome patients by reducing literacy barriers	• Link patients to non-medical support • Direct patients to medicine resources • Connect patients with literacy and math re-sources • Make referrals easy

(AHRQ Health Literacy Universa*l Precautions)*

Saunders (2019) investigated health literacy education interventions for health professions students in higher education settings and put forth a conceptual framework for a health literacy curriculum (**Table 3**).

Table 3: Conceptual Framework for A Health Literacy Curriculum

Guiding Principles

- Health professions agree and collectively develop a common curriculum framework for health professions students in the higher education organisation.
- Opportunities for multi and interdisciplinary professional instruction, learning and collaboration.
- Health literacy learning is fully integrated with other content areas across the full health professional degree course.
- Connected health literacy learning from undergraduate through to the healthcare workplace.
- Strong emphasis on real-world learning practice.
- Design, delivery and assessment of health literacy education is supported by student input and appraisal.

Learning Scope	Core Design Elements	Core Assessment Elements	Core Outcome Elements
Conceptual knowledge Reasoning and problem solving Practical application Self-awareness and assessment Communication Measurement and comparison	- Group, and reflective learning - Relevant and progressive learning - Real world applicable - Challenging and active - Satisfying	- Formative/summative assessment informs instructional design/delivery - Pre-post competency and knowledge assessment via validated instruments - Authentic practice assessment	- Student attitude, knowledge and skill - Social health care quality - Patient capacity and satisfaction - Organisational effectiveness
	Classroom - Role play - Peer teaching - Presentations - Case studies - Resource development	**Simulation Lab** - Audio/video recording - Standardised patients - Role play / communication training - Health literacy assessment - Resource development and practice	**Practicum** - Assess patient health literacy level - Patient/family communication - Patient/family HL education - Assess and clarify patient self-management and medication instructions

Operational Factors

- ✓ Organisational policy and support and encouragement for health literacy focus and education for all health profession students.
- ✓ Educators provided opportunities for professional development on effective health literacy training.
- ✓ Practicum supervisors offered training to support health professions students to apply health literacy principles in practice.
- ✓ Practical, effective, valid, acceptable and accessible assessment tools collectively developed and tested across health professions.
- ✓ Curriculum documents clearly describe levels of progression and development in health literacy competence.

(Saunders et al., 2019)

Based on the Health literacy training in higher education conceptual framework by Saunders (2019) and the existing health literacy training module (DeWalt et al., 2011) we designed the delivery of the training module for *CeLiK-M* to encompass the following:

1. Delivery design
    - Active and reflective learning that constitute several delivery method;
        - ✓ Role-play/ peer teaching/ presentation/ case studies/ resource development (Step by step on how to deliver the training with simplified theoretical notes).
2. Assessment
    - Pre and post assessment of knowledge and attitude (Likert scale/ reflection); and
3. Outcome
    - Patient satisfaction (VAS), peer reported skills improvement (Likert scale on practise).

TRAINING PACKAGE DEVELOPMENT METHODS

The development of this oral health literacy awareness training package followed the ADDIE model for developing training modules which is a structured five-step approach that stands for Analysis, Design, Development, Implementation and Evaluation (**Figure 4**). This model serves as a guiding framework for instructional designers to create comprehensive and successful training programs.

Figure 4: ADDIE model for developing training modules

1. Analysis
    - This initial phase involves understanding the training needs by examining the target audience, identifying learning objectives and gathering relevant data through a comprehensive needs assessment. It is crucial to analyse the characteristics of the audience, such as knowledge levels, skill sets, job roles and learning preferences, to tailor the training effectively;

2. Design
   - The design phase focuses on turning the analysis into action by deciding on the format of the training and planning the content. Designers need to determine the format, media, methodologies and goals of the training program during this stage. Clear objectives and a detailed plan are essential components of the design phase;
3. Development:
   - In this stage, the actual training materials are developed based on the analysis and design phases. Trainers create the content, activities and resources needed for the training program. This phase involves translating the design into tangible training materials that align with the learning objectives;
4. Implementation:
   - The implementation phase involves delivering the training to the target audience. Trainers conduct the training sessions, whether in-person, online, or through a blended approach. It is essential to ensure that the training is executed effectively and engages the learners as intended; and
5. Evaluation:
   - The final stage of the ADDIE model focuses on assessing the effectiveness of the training program. Evaluation involves gathering feedback, measuring outcomes and determining the impact of the training on the learners. This phase allows for continuous improvement by identifying areas for enhancement and refinement.

Four (4) dental public health experts from the Ministry of Health, higher learning institutions and the Ministry of Defence worked together to design the module.

Analysis

At the initial stage, existing health and oral health literacy training material available from various countries were referred for a clear overview of the module to be developed.

Design

Framework used for the module development is based on the health literacy training in higher education conceptual framework by Saunders et al (2019), and the existing health literacy training module (DeWalt et al., 2011). We designed the delivery of the training module for *CeLiK-M* to encompass the following:

1. Delivery design
   - Active and reflective learning that constitute several delivery method:
     - ✓ Role-play/ peer teaching/ presentation/ case studies/ resource development/ audio video recording (Step by step on how to deliver the training with theoretical notes);
2. Assessment
   - Pre and post assessment of knowledge and attitude (Likert scale/ reflection); and
3. Outcome
   - Patient satisfaction (VAS), peer reported skills improvement (Likert scale on practise).

Competencies

Several competencies for health literacy were identified from Coleman et al (2013) and adapted into the training module. The competencies are divided into two (2) domains; educational and practise. The educational domain is further divided into three (3) sub-domains which are Knowledge, Skills and Attitude. Each competency is then matched to a module for a more effective delivery of the training.

Development

The *CeLiK-M* consists of four (4) modules with several sub-modules in each module.

Module Validation

Four (4) experts involved in communication and patient care from the dental fraternity were invited to review the module for its content validation. The content validation index (CVI) was employed in submodules and activities were evaluated for the degree of relevancy of content in four (4) domains/ topics (**Table 4**). If the CVI is greater than 0.79, the item is appropriate; if it is between 0.70 and 0.799, the item requires revision; and if it is less than 0.70, the item is removed (Polit *et al*., 2007; Polit & Beck, 2006). Amendments were made to the modules in the training package following feedback by the content experts.

Table 4: Content Validity Index of *Celik-M*

Modules	S-CVI/Ave	I-CVIs	S-CVI/UA
Module 1 : Fundamentals of OHL	0.988	98.8%	0.94
Module 2 : Communication in OHL	1	100%	1
Module 3 : Written and AVA for OHE	0.99	99%	0.95
Module 4 : Health System Navigation	1	100%	1

Content validation produced an overall validity index of over 0.80, with an average index (S-CVI/Ave) of 1.00 for both Module 2 and 4 and 0.99 for Module 1 and 3 were obtained. A universal agreement index (S-CVI/UA) of 1.00 for Module 2 and 4, and 0.94 and 0.95 in Module 1 & 3 respectively. Based on the above calculation, we can conclude that S-CVI/Ave and S-CVI/UA meet satisfactory levels of more than 0.8 across 5 raters, and thus the scale of the questionnaire has achieved satisfactory level of content validity.

Feasibility Study

A feasibility study was conducted to primarily understand practical issues in conducting the modules. The objective was to look at perceived acceptability and practicality of the module (Bowen 2009). Every module was subjected to 17 questions, answered by representatives from the Ministry of Health, Ministry of Higher Education and Ministry of Defence composed of general dentists and dental therapists. The training package received generally positive feedback from participants and demonstrated a high level of acceptance and practicality, with an average rating of over 90%.

Implementation

The training package is now ready to be used by oral healthcare personnel.

Evaluation

The modules in the training package shall be assessed by both trainers (those who use the module to train oral healthcare personnel) and participants (oral healthcare personnel who join the training session as participants).

Trainer: Practicality, ease of use and helpfulness of the module.
Participant: Effectiveness of the training module.

Evaluation feedback may be utilised by adopting organisations for module improvement. Adaptation of the module is at the discretion of each organisation to meet institutional requirements

ABOUT THE MALAYSIAN ORAL HEALTH LITERACY TRAINING PACKAGE *(CeLiK-M)*

Modules in The *CeLiK-M* Training Package (Figure 5)

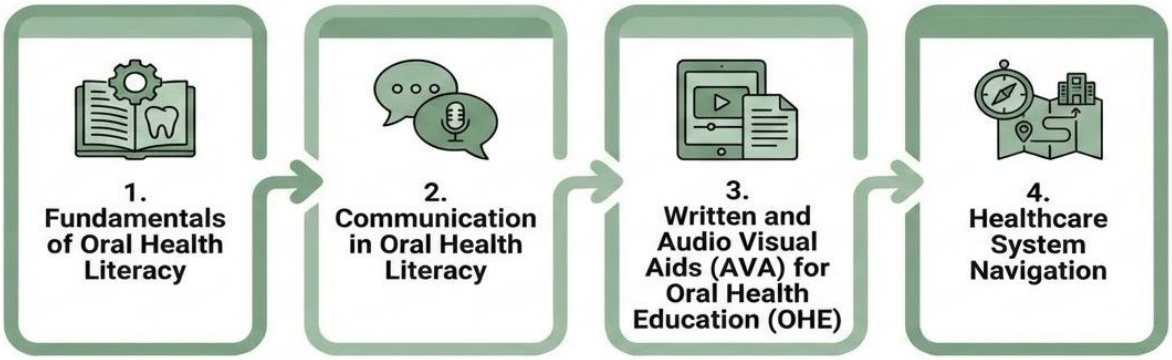


Figure 5: Modules in The *CeLiK-M* Training Package

Objectives of The *CeLiK-M* Training Package:

This training package is designed to:
1. Increase the awareness of Malaysian dental personnel on the importance of oral health literacy; and
2. Improve dental personnel's skills related to oral health literacy.

How to Use The *CeLiK-M* Training Package

The trainer needs to acknowledge that participants do not need to complete all modules in the *CeLiK-M*. They may choose to sit for module 1, 2, 3 or 4 or any combination of the modules. However, prior to sitting for modules 2, 3 or 4, it is strongly encouraged for all participants to complete Module 1 (Fundamentals of Oral Health Literacy) to ensure better understanding of the oral health literacy concept.

Structure of Each Module

Each module is divided into two (2) parts, Part A and Part B (**Figure 6**).

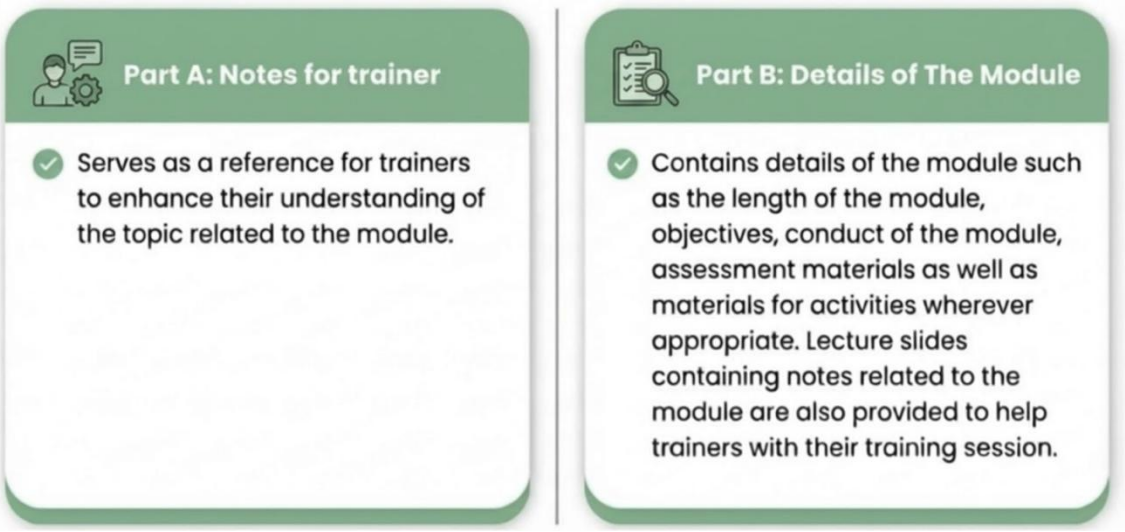


Figure 6: Modules in The *CeLiK-M* Training Package

Trainers are free to modify the content of the slides based on the information in Part A or the latest scientific evidence available provided the objectives of the modules are met. The summary of the modules are listed in **Table 5**.

Table 5: Summary of The Modules in The *CeLiK-M*

Module	Sub-module	Objective
1: Fundamentals of Oral Health Literacy	1: Introduction to Oral Health Literacy	To enable participants: ● To understand the definition of oral health literacy ● To discuss the impact of oral health literacy on patient outcomes
	2: Strategies to Improve Oral Health Literacy	To equip participants with the knowledge and skills: ● To understand common barriers to oral health literacy ● To identify signs of individuals with oral health literacy issues ● To discuss strategies to overcome barriers to oral health literacy
2.Communication in Oral Health Literacy	1: Introduction and Method/ Techniques for Communication	● To enable participants to understand the importance of communication in OHL and its effective method/techniques
	2: Understanding your Target Audience: Individual and Small/ Mass Group	● To identify and understand the target audience, analyse their needs and preferences and tailor your communication style to resonate with the audiences
	3: Understanding/	● To understand specific barriers/challenges

Module	Sub-module	Objective
	Overcoming Specific Barriers/ Challenges for Communication in OHL	for communication in OHL
	4: Demonstrating/ Applying Effective Methods/ Techniques for Communication in OHL	● To demonstrating effective method/ techniques for communication in OHL
3. Written and Audio Visual Aids (AVA) for Oral Health Education (OHE)	1: Introduction to Written and Audio Visual Aids (AVA) for Oral Health Education (OHE)	● To enable participants to understand the importance and benefits of using clearly written and designed audiovisual aids in promoting oral health
	2: Understanding Your Target Audience	● To equip participants with the knowledge and skills to identify and analyse the characteristics, needs and preferences of their target audience in oral health education
	3: Developing AVA for OHE	● To familiarise participants with various types of written and audiovisual aids used in oral health education ● To enhance participants' ability to develop written and audiovisual aids that are appropriate, accessible and engaging for various audience segments with different oral health literacy levels
	4: Reviewing and testing an AVA for OHE	● To empower participants to conduct user testing and gather feedback on written materials and audiovisual aids to ensure their usability, comprehension, and impact on the target audience
4.Healthcare System Navigation	1: Introduction to Healthcare System Navigation	● To enable participants to understand the importance of providing a supportive environment
	2: Understanding Existing Strengths and Potential Barriers	● To enable participants to identify the issues, strengths and potential barriers of the oral healthcare system
	3: Assessment of Literacy-Related Environment	● To enable participants to assess the oral healthcare environment which enables participants to discuss priorities and planning in creating a supportive environment ● To equip participants with the recommendations for improving literacy environment of a facility

MODULE 2: COMMUNICATION IN ORAL HEALTH LITERACY (OHL)

ABOUT THE MODULE

This module is part of a training package that has been carefully designed as a trainer's resource to strengthen oral health literacy among oral healthcare personnel in Malaysia. The primary objective of the package is to raise awareness on the importance of oral health literacy and to enhance the essential skills required to address oral health literacy challenges in professional practice.

The module focuses on the critical role of effective communication in promoting oral health literacy. Participants will be introduced to key communication principles, methods, and techniques that support clear, respectful, and patient-centred interactions. The module highlights how communication styles and approaches influence patients' understanding, engagement, and ability to act on oral health information.

Participants will also develop skills to tailor communication strategies to different target audiences, including individuals and small or large groups. Common communication barriers and challenges encountered in oral health literacy contexts are examined, along with practical strategies to overcome them. Through this module, participants are guided to apply effective communication techniques that enhance comprehension and support informed decision-making**.**

PART A: NOTES FOR TRAINERS

Introduction

Effective patient communication is a cornerstone of dental practice. The way dental professionals communicate greatly affects patients' trust in the dental team, their understanding of proposed treatments and care, and their motivation to comply with recommended self-care practices. Inadequate communication skills among healthcare professionals can hinder public health literacy (Institute of Medicine, 2013). The American Dental Association's Action Plan for Health Literacy in Dentistry (2010–2015) emphasized the need for further research on:

1. Oral health professionals' perceptions and practices related to health communication; and
2. Interventions aimed at improving their communication skills (American Dental Association, 2009).

Moreover, the use of health-literate and patient-centered communication strategies has been shown to enhance health outcomes (Koo et al., 2016).

Benefits of Implementing Oral Health Literacy

The key benefits associated with the implementation of oral health literacy practices is as shown in **Figure 2**.

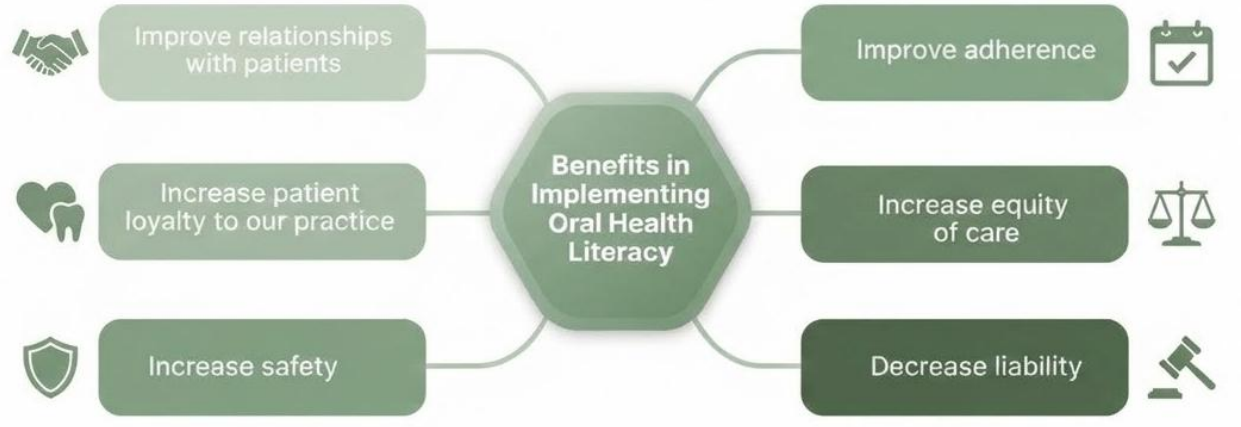


Figure 2: Benefits in Implementing Oral Health Literacy

Steps in Preparing Clinical Practice for Oral Health Literacy

Preparing a clinical practice to support oral health literacy requires strong leadership and careful planning. This module provides guidance to help establish a simple and effective framework for creating a health-literate, shame-free, and fear-free environment for patients and their family members.

Several key steps are involved in preparing a clinical practice for oral health literacy.

- The first step is to appoint an individual to lead the initiative. This team leader plays a crucial role in identifying areas that require improvement and in developing and coordinating a structured plan for change.
- Appoint a team leader who:
  - Works closely with patients;
  - Is interested in health literacy; and
  - Has authority to improve clinic procedures and patient experiences.

- The team leader is responsible for assessing the clinical practice to identify and reduce barriers to care. This assessment focuses on **four (4)** areas for implementing health literacy in dental offices:
  - Preparing for change;
  - Creating a health-literate environment;
  - Communicating with patients; and
  - Empowering patients.

- All providers and staff should incorporate health literacy principles into their daily workflows. This begins with raising awareness about how oral health literacy impacts patient understanding, adherence, and satisfaction. Strategies to engage the dental team include:
  - **Education:** Introduce providers and staff to available health literacy resources, such as the American Medical Association's health literacy video. The team leader can also deliver presentations to highlight key concepts.
  - **Sharing Assessment Results:** Present the findings of the oral health literacy practice assessment to all providers and staff.
  - **Regular Meetings:** Schedule periodic discussions where staff can identify oral health literacy barriers and propose solutions. Existing meetings can also serve as opportunities to address these topics.

- Once the health literacy practice assessment is complete, the areas requiring the most attention can be prioritized. The results should be reviewed collaboratively with key decision-makers. While some improvements can be implemented quickly with minimal resources, others may need additional planning and time. These discussions will form the foundation for a structured action plan to enhance oral health literacy throughout the practice.

Tips for Developing a Plan

- **Set short-term and long-term goals:** Identify areas of your practice to improve, such as offering language services or introducing the teach-back method.
- **Roll out in stages:** Creating a health-literate practice takes time. Implement changes gradually to keep the plan realistic and achievable.
- **Define roles among staff:** Assign clear tasks to each provider and staff member. Discuss roles to ensure everyone is suited for their responsibilities.
- **Make the plan practical:** Focus on clear, feasible tasks. Some new skills, like using teach-back, may take time to master but will improve with practice.
- **Consider measuring change:** Track outcomes such as patient satisfaction or failed-to-attend (FTA) rates to evaluate progress.
- **Ensure staff awareness:** Make sure all providers and staff understand the plan and their roles in implementing it.

Applying Oral Health Literacy

When applying oral health literacy in clinical practice, it is helpful to consider the patient's perspective. The following questions can guide your evaluation of how patient-centred and accessible your practice is:

- Has someone explained what I can expect during my appointment?
- Was I informed about what to bring to my visit?
- Are signs and forms easy to read, even for patients with limited eyesight?
- Are signs and forms available in the patient's preferred language?
- Was I greeted in a welcoming and friendly manner?
- Has someone offered help with forms or explained them clearly?
- Has someone asked about my preferred language?
- Am I encouraged to ask questions about my care?
- Do I know what steps to take after my visit?

Strategies for Applying Effective Communication

The strategies for applying effective communication is as shown in **Figure 3**.

Figure 3: Strategies for Applying Effective Communication

A. Initial Contact (Counter or Phone)

First impressions are critical. When patients feel welcomed and cared for, they are more likely to engage in their treatment and follow recommendations. To make initial contact positive and patient-focused (**Figure 4**):

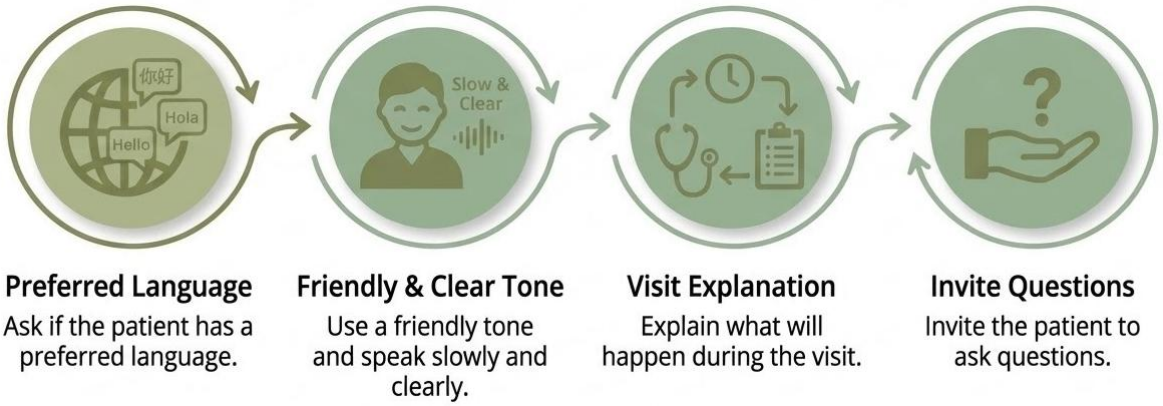


Figure 4: Positive Initial Contact and Patient-focused

B. Create a Safe and Patient-centred Environment

Dental clinics can feel intimidating, especially for new patients. Creating a patient-centred environment reduces fear, shame, and discomfort. Strategies include:

- **Empathetic staff interactions:** Train staff to greet patients warmly and consider the patient's perspective.
- **Use plain language in forms and communication:** Example is as shown in **Figure 5.**

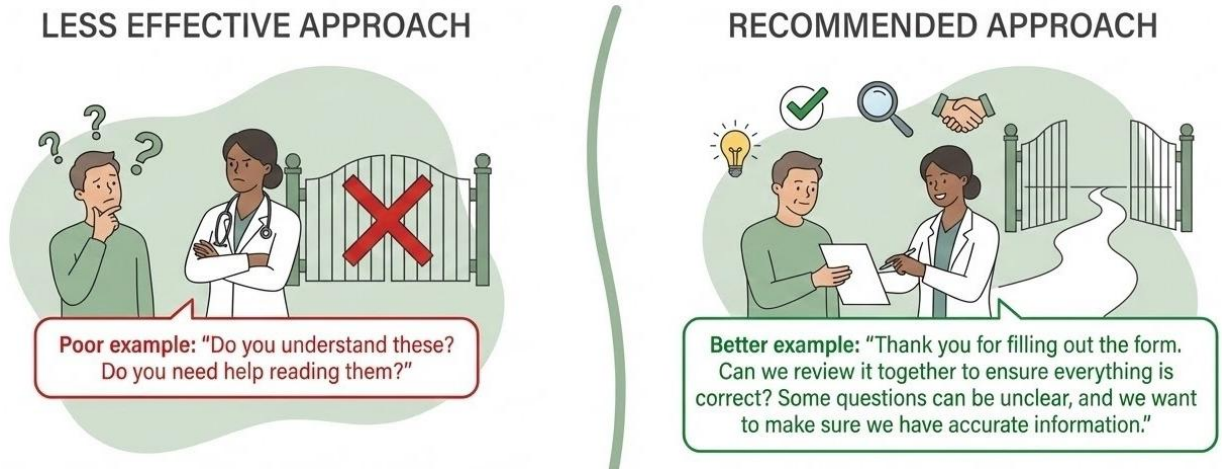


Figure 5: Example of Plain Language in Forms and Communication

- **Clear signage:** Use simple graphics and plain-language directions to help patients navigate the clinic easily. Signs should also be available in the languages most commonly used by your patients.

Implementing these strategies supports a health-literate, welcoming, and patient-centred practice, improving patient understanding, satisfaction, and engagement.

C. Communicating Clearly in Oral Health Literacy

Effective communication is central to oral health literacy. This section reviews strategies for clear communication, including establishing rapport, using plain language, teach-back, and motivational interviewing.

1. **A Positive First Appointment**

   The first appointment is a key opportunity to build rapport with a patient. All providers and staff, especially the dentist, should ensure this experience is positive. Taking extra time to explain procedures and listen to concerns can improve:

   - Patient disclosure of oral health conditions, behaviours, and home care routines;
   - Adherence to treatment recommendations; and
   - The likelihood of the patient choosing the practice as their dental home.

   Consider setting aside a few minutes for a conversation with new patients to better understand their needs and expectations.

2. **Clear Communication Starts with Empathy**

   Empathy forms the foundation of effective communication. Understanding your patient's perspective and listening to their concerns creates a shame- and fear-free environment and helps develop effective treatment plans.

   Tips for Establishing Rapport

   The tips for establishing rapport is as shown in **Figure 6.**

Figure 6: Tips for Establishing Rapport

3. **Use Plain Language**

   Plain language ensures patients can easily understand information. Choose simple, everyday words and break complex terms into smaller phrases. Example of plain language is as shown in **Figure 7**.

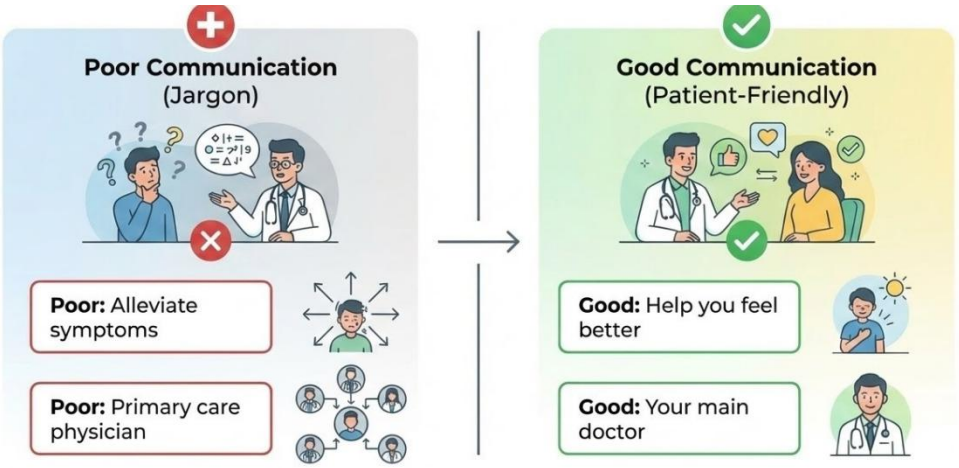


Figure 7: Improving Medical Communication: Shift from Jargon to Patient -friendly Language

4. **Communicating Around Personal Protective Equipment (PPE)**

   PPE can hinder communication. Explain why it is necessary and consider:

   - Displaying a photo of yourself near your ID so patients can see your face.
   - Using a friendly tone and smiling with your eyes as well as your mouth.

5. **Methods and Techniques for Communication in Oral Health Literacy**

   Effective communication requires practical strategies and techniques to ensure patients understand and engage with their care. The following methods can help providers deliver clear, patient-centred information (**Figure 8**).

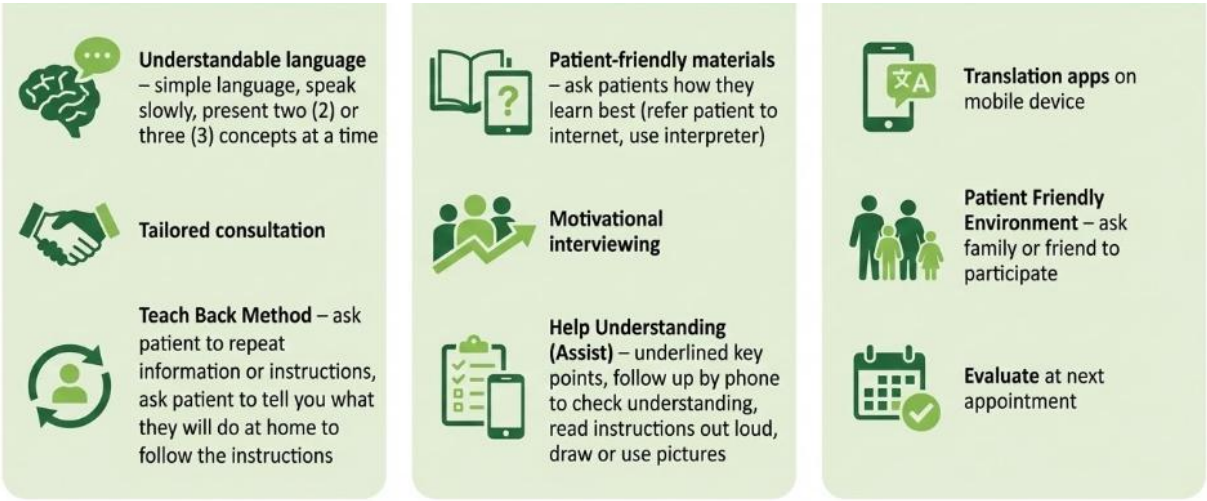


Figure 8: Effective Communications Strategies and Patient Engagement

a) Implement Teach-back

Teach-back ensures patients understand instructions by asking them to repeat information in their own words. Steps to do teach-back is as shown i**n Figure 9**.

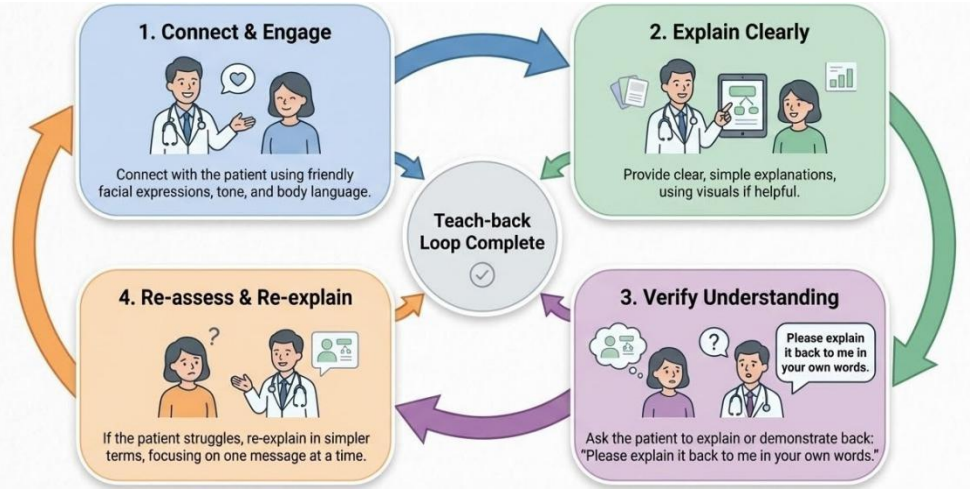


Figure 9: Steps to Do Teach-back

b) Implement Motivational Interviewing (MI)

Motivational interviewing (MI) is a technique that harnesses a patient's motivation to make healthy behaviour changes. It emphasizes a patient's autonomy, elicits their ideas and barriers for changing behaviours, helps them set an actionable goal and positions the provider to support the goals the patient chooses.

- Many patients already know what behaviors are best for oral health. They're aware of their habits and what changes they "should" make. Additional oral health education alone is unlikely to prompt change.
- MI validates a patient's mixed feelings and helps them set a goal for small changes they can make within a manageable time frame.

How to Do Motivational Interviewing

- Set the stage for a patient-centered discussion:
  - Near the end of the visit, briefly talk with the patient about the most important healthy behaviors to consider. Emphasize, "Your oral health is in your hands. I'm here to listen and to support you in whatever you decide.";
- Ask about their thoughts and feelings and any barriers to changes;
  - Listen to your patient attentively, and be empathetic, nonjudgmental, and accepting of your patient's perspective. You can use phrases like "I'm hearing you say that ..." or "That's totally understandable.";
- Ask open-ended clarifying questions:
  - Be curious about your patient's experience, and ask questions to clarify their primary concerns, goals, motivations, and ambivalence. For example, try "Can you tell me more about how you feel about that?";

- Ask open-ended questions to clarify priorities and motivations.
- Provide encouragement for the patient's chosen goal and plan:
    - Summarize what you heard the patient say and make a supportive statement. For example, say "I'm looking forward to seeing how well you're doing on your goal at your next visit." Avoid argument and direct confrontation; and
- Document the MI session and the patient's chosen goal in their record.

c) Break Explanations into Smaller Pieces

Avoid overwhelming patients. Present information one idea at a time, pausing to allow absorption and checking understanding with teach-back.

Example:

- **Poor:** "Brush your teeth correctly, in tiny circles, thoroughly every 24 hours."
- **Good:** "Brush all your teeth well twice a day. Brush gently, making small circles with your brush."

d) Use Visual Aids

Visual aids help patients understand health information. Demonstrate procedures with models or simple drawings. Even basic diagrams can clarify complex concepts.

e) Encourage Questions

Invite patients to ask questions to create a shame-free environment. Avoid yes/no questions; use open-ended prompts. Example is as shown in **Figure 10**.

Figure 10: Example of Close and Open-ended Question

f) Use Nonjudgmental Terms

Words, tone, and delivery affect how patients perceive feedback. Avoid language that may feel blaming or disempowering. Example is as shown in **Figure 11**.

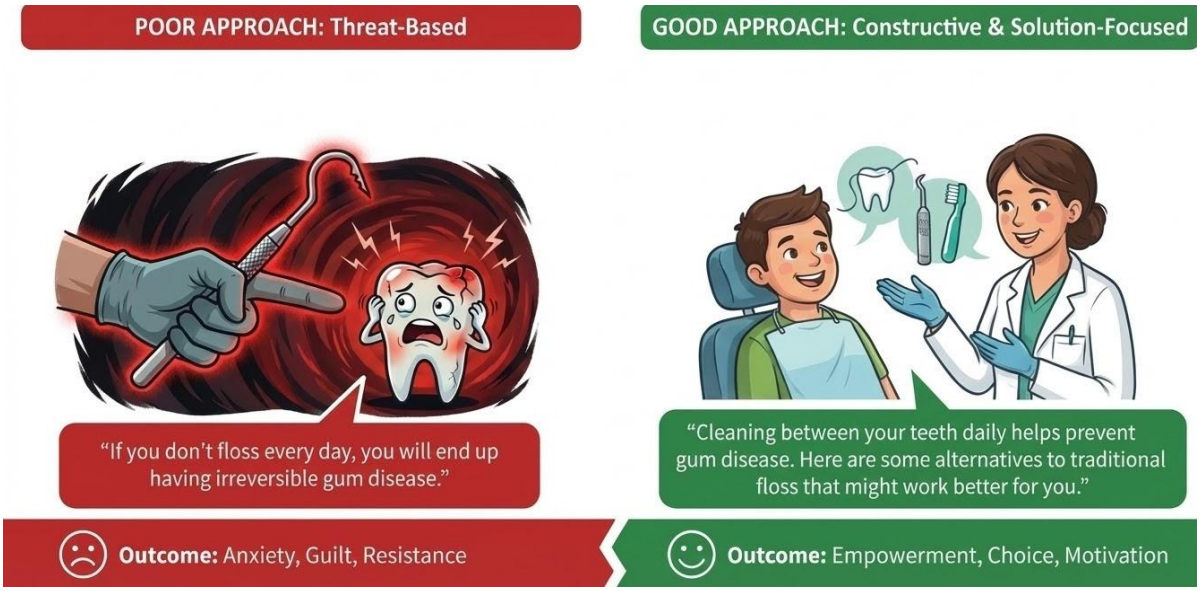


Figure 11: Example of Poor and Good Approach

D. Other Tips for Reducing Fear and Shame

Creating a dental environment that minimizes fear and shame helps patients feel comfortable and more willing to engage in their care. Practical strategies include (**Figure 12**):

Figure 12: Tips for Reducing Fear and Shame

E. Tips for Conducting a Tele-consultation

Tele-consultations are increasingly common and can help maintain patient and provider safety. To ensure effective and patient-centred virtual visits (**Figure 13**):

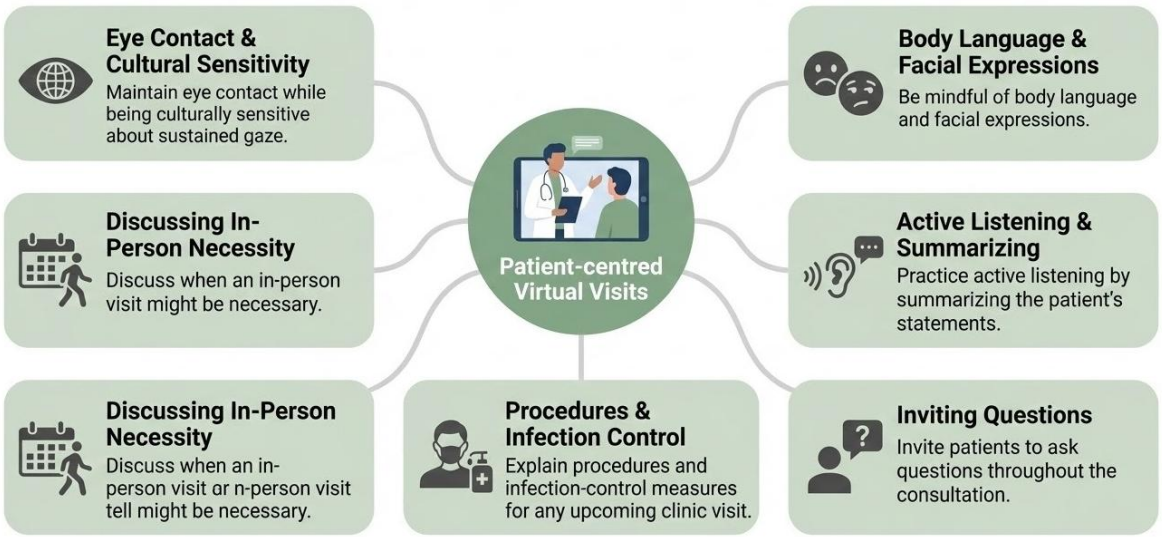


Figure 13: Patient-centred Virtual Visits

F. Concluding The Patient Visit

The end of a visit is a key opportunity to reinforce instructions and ensure the patient is prepared for follow-up. Staff should confirm that patients understand care recommendations and any next steps to support adherence and future success.

G. Scheduling the Next Appointment

The final interaction at the appointment desk is another chance to support patient success. Consider providing:

- **Next appointment reminder card:** Include the patient's name, date, time, purpose of the appointment, and clinic contact information.
- **Take-home reminder:** Encourage patients to add the follow-up appointment to their calendar.
- **Digital reminders:** With patient permission, send reminders via email or text to reinforce the next visit.
- **Patient education materials:** Provide relevant brochures or information sheets to reinforce care instructions.
- **Patient satisfaction survey:** Allow patients to give feedback anonymously or after reflecting on the visit. Ensure the survey is easy to complete, providing postage for printed forms or clear instructions for online submission.

PART B: DETAILS OF THE MODULE

What's in the module:

This module contains four (4) sub-modules to address competencies expected of communication in health literacy among oral health providers. The sub-modules within this module are as follow:

Sub-module 1: Introduction and method/ techniques for communication.
Sub-module 2: Understanding your target audience: individual and small/ mass group
Sub-module 3: Understanding and overcoming specific barriers/challenges for communication in OHL
Sub-module 4: Demonstrating and applying effective methods/ techniques for communication in OHL.

Aim and objectives of the module:
This module aims to provide participants with the skills and knowledge necessary to apply communication skills and empower team members in enhancing oral health literacy of patients.

The objectives of the module follow the objective(s) of each sub-module:

Sub-module 1 : To enable participants to understand the importance of communication in OHL and its effective method/techniques

Sub-module 2 : To identify and understand target audience, analyse their needs and preferences and tailor your communication style to resonate with the audiences

Sub-module 3 : To understand specific barriers/ challenges for communication in OHL

Sub-module 4 : To demonstrating effective method/techniques for communication in OHL

How to conduct this module:
Each sub-module has its individual requirements and expected completion time. They may be delivered on the same day or they may also be delivered in stages on different dates. However, the order of the sub-module must be the same as the order listed in this module.

Competencies addressed according to sub-module:

No.	Competency (K= Knowledge; A= Attitude; S=Skills)	Sub-module 1	Sub-module 2	Sub-module 3	Sub-Module 4
1.	knows that cultural and linguistic differences between patients and health care professionals can magnify health literacy issues. (K)	√			
2.	knows best practice principles of plain language and clear health communication. (K)	√			
3.	recognizes potential legal implications for inadequately conveying health information to patients with low literacy or health literacy. (K)	√			
4.	demonstrates ability to use common familiar lay terms, phrases and concepts, and appropriately define unavoidable jargon, and avoid using acronyms in communication with patients. * (S)	√			
5.	demonstrates the ability to speak slowly and clearly with patients. (S)				√
6.	demonstrates ability to use verbal and non-verbal active listening techniques when speaking with patients. (S)				√
7.	demonstrates the ability to use action-oriented statements to help patients know what they need to do. (S)				√
8.	demonstrates ability to make instructions interactive, such that patients engage the information, to facilitate retention and recall. (S)				√
9.	demonstrates the ability to elicit the patient's full set of concerns at the outset of the encounter. (S)		√		
10	demonstrates ability to negotiate a mutual agenda for the encounter at the outset of the encounter. (S)			√	
11.	demonstrates the ability to elicit patients' prior understanding of their health issues in a non-shaming manner (e.g., asks "what do you already know about high blood pressure?"). (S)			√	
12.	demonstrates ability to non-judgmentally elicit root causes of non-adherent health behaviours. (S)			√	

No.	Competency (K= Knowledge; A= Attitude; S=Skills)	Sub-module 1	Sub-module 2	Sub-module 3	Sub-Module 4
13.	demonstrates effective use of a teach back or "show me" technique for assessing patients' understanding. * (S)				√
14.	demonstrates the ability to "Chunk and check" by giving patients small amounts of information and checking for understanding before moving to new information. (S)				√
15.	demonstrates ability to effectively elicit questions from patients through a "patient-centred" approach (e.g., asks "what questions do you have?" rather than "do you have any questions?"). (S)		√		
16.	demonstrates ability to emphasize one to three "need-to-know" or "need to-do" concepts during a given patient encounter. (S)				√
17.	expresses acceptance of an ethical responsibility to facilitate the two-way exchange of information in "shared decision making" to the degree and at the level desired by the patient and their family. (A)			√	
18.	acknowledges patients' autonomous right to both informed consent and "informed refusal" of recommended evaluations or treatments. (A)			√	
19.	expresses the attitude that it is a responsibility of the health care sector to address the mismatch between patients' and health care providers' communication skills and tactics. (A)			√	

Sub-module 1: Introduction and Method/ Techniques for Communication

The objectives of this sub-module are:

1. To enable participants to understand the importance of communication in OHL and its effective method/ techniques.

Sub-module details and requirements:

Item	**Small group activity**	**Interactive lecture**
Details	In small groups: 1. Self-introduction of participants 2. Ask each participant to share with the group any oral health literacy materials (staff at counter greeting video/ proforma used for patients/ signage in clinic) that is comfortable to the participant and why (welcoming/ friendly/ helpful/ understandable language and signs)	1. Using Google slide as guide, introduce communication in OHL and its effective method/ techniques to the audience 2. Utilise audience response system for active participation
Estimated time	25 minutes	20 minutes
Flow	Preferably before the lecture	Preferably after the small group activity
Materials/ Tools	1. Participants' own mobile device or tablet/ laptop with internet connectivity to share the poster or video to the group 2. Google drive will be allocated for each group and related materials can be uploaded in the drive based on activity	Interactive lecture materials (Google Slide presentation, video, Quiz questions to be transferred to either slido, kahoot, mentimeter or any other audience response system to promote interactive communication between lecturer and participants)
Manpower (recommended for more effective delivery)	One (1) facilitator to three (3) groups of four (4) to five (5) participants for small group activities (1:15)	Minimum one (1) lecturer for the interactive lecture session, regardless of the number of participants

Sub-module 2: Understanding your Target Audience: Individual and Small/Mass Group

Every individual or group has unique characteristics, beliefs, values and experiences that shape their understanding and perception of oral health. Through understanding these factors, you can craft your communication to address their specific needs and concerns, making the information more meaningful and relatable to them. By the end of this sub-module, you will have the skills to create engaging and impactful communication strategies that effectively reach your target audience.

The objectives of this sub-module are:

1. To identify and understand the target audience, analyse their needs and preferences and tailor your communication style to resonate with the audiences.

Sub-module details and requirements:

Item	**Small Group Activity** **Role Play 1: Audience Analysis**	**Small Group Activity** **Role Play 2: Literacy Assessment**
Details	Grasp audience's unique traits such as demographic characteristics, psychographics, and behavioural patterns	1. Conduct a literacy assessment to assess the audience's language proficiency and literacy levels of different target groups 2. Determine their level of understanding of oral health concepts
Estimated time	30 minutes	30 minutes
Flow	1st Step	2nd Step
Materials/ Tools	ROLE PLAY 1 (Identity Checklist) 1. Participants' will be given a checklist in understanding other individual traits: demographic characteristics, psychographics and behavioural patterns ● **Individual could be peer, participant or invited person* 2. The checklist as below: ● Demographics: age, gender, income level, education, occupation and location ● Psychographics: values, beliefs, attitudes and interests of your target audience	ROLE PLAY 2 (Literacy Materials Surveys) 1. To recognise and understand participant health literacy domains 2. The domains include print (both text and document), numeracy skills, communication (including listening, speaking, and negotiating), and information seeking or navigation, Institute of Medicine (IOM), 2013 3. Utilised one approach based on the Institute of Medicine (IOM) workshop report *(proposed materials tool- OHLI-M as attached)*

Item	**Small Group Activity** **Role Play 1: Audience Analysis**	**Small Group Activity** **Role Play 2: Literacy Assessment**

	● Behaviour Pattern: consumption patterns, preferred communication channels and engagement habit
	● Communication Styles and Preferences:
	  ○ Verbal vs. Non-Verbal Communication
	● Language and Tone: language proficiency and preferred tone
	  ○ Offline Channels and In-Person Communication vs. social media and Online Platforms.
	See **Appendix 1**: Identity Checklist
		See **Appendix 2**: Literacy Assessment Material
		**Facilitators may change the literacy tool to suit targeted groups.*
		4. Evaluate their health literacy skills by answering the interview survey questions in the assessment
		5. After completing the assessment, facilitate a discussion on how health literacy impacts oral health communication and the barriers it may create (subsequent sub-module)

Manpower	One (1) facilitator to one (1) group of one-two operator-participants (operator) with other participants (patients) (2-3 of different target groups). (1:2:3)	One (1) facilitator to one (1) group of one-two operator-participants (operator) with other participants (patients) (2-3 of different target groups). (1:2:3)

Sub-module 3: Understanding/Overcoming Specific Barriers/Challenges for Communication in OHL

This course provides an in-depth understanding of the specific barriers that can hinder effective communication in oral health literacy. Participants will learn about common challenges faced by both healthcare providers and patients and explore strategies to overcome these barriers. By the end of the course, participants will have gained the knowledge and skills necessary to communicate effectively and improve oral health literacy in their communities.

The objective of this sub-module is:

1. To understand and explore strategies to overcome barriers/ challenges for communication in OHL.

Sub-module details and requirements:

Item	**Small Group Activity:** **Role Play 3: Socio-cultural Sensitivity**	**Small Group Discussion:** **Summaries of Strategies for Overcoming**
Details	1. Conduct a role play in identifying patient's specific barriers that can hinder effective communication in oral health literacy such as cultural and language barriers 2. To recognise and understand participant barriers to oral health communication such as cultural and language barriers ● Beliefs and practices: traditional remedies or cultural taboos etc. ● Cultural norms: personal space, eye contact, and social hierarchy ● Language barrier: Limited English proficiency, technical jargon, literacy levels	1. Outline the key messages, delivery channels and strategies to effectively communicate oral health information to the audience 2. Tailoring communication strategies: Considering factors such as language, cultural background and literacy levels for a specific target audience in oral health education
Estimated time	20 minutes	10 minutes
Flow	1st Step	Preferably after the Role Play 3
Materials/ Tools	1. Role Play ● Divide the participants into pairs	1. Data analysis and segmentation based on Role Play Activities ● *Strategies for Overcoming*

Item	**Small Group Activity:** **Role Play 3: Socio-cultural Sensitivity**	**Small Group Discussion:** **Summaries of Strategies for Overcoming**
	● Each pair will act out a scenario where one (1) person is a dental healthcare provider and the other person is a patient from a different cultural background 2. Scenario options: ● Anti-fluoride ● Traditional remedies ● Religious and spiritual stand See **Appendix 3**: Socio-cultural sensitivity materials	*Cultural Barriers* ○ Cultural competence: being aware of one's biases, being respectful, and valuing diversity ○ Interpreter services: patient education materials: enhance understanding and increase engagement ○ Collaborative approach: Encouraging open dialogue and a participatory approach ● *Strategies for Overcoming Language Barriers* ○ Professional interpreters ○ Oral health translators: empower individuals with limited English proficiency to access essential oral health information independently ○ Plain language: use plain language, avoiding complex medical terminology and jargon, to ensure better comprehension by patients with limited English proficiency or low health literacy levels ○ Visual aids: diagrams, pictures and videos
Manpower (recommended for more effective delivery)	One (1) facilitator to one (1) group of one-two operator-participants (operator) with other participants (patients) (2-3 of different target groups). (1:2:3)	Minimum one (1) facilitator for the communication plan strategies with three-five participants.

Sub-module 4: Demonstrating/Applying Effective Method/Techniques for Communication in OHL

The objective of this sub-module is:

1. To demonstrate effective methods/ techniques for communication in OHL.

Sub-module details and requirements:

Item	**Small group activity**	**Interactive lecture**
Details	In small groups: 1. Ask each of the groups to provide three target populations. The populations can be based on race/ location/ disease/ interest and other unifying factors 2. List the characteristics of each target population - what points to consider in terms of specific barriers/ challenges 3. Choose only one (1) target population that the group wishes to prepare an oral health literacy material (script for personnel at counter, proforma or signage) with reasons (using suitable techniques and methods in addressing those challenges/ barriers) 4. Share item three (3) with other groups	1. Using Google slide as guide, introduce effective method/ techniques for communication in OHL to the audience 2. Utilise audience response system for active participation.
Estimated time	25 minutes	20 minutes
Flow	Preferably before the lecture	Preferably after the small group activity
Materials/ Tools	1. Participants' own mobile device or tablet/ laptop with internet connectivity to share the poster or video to the group 2. Google drive will be allocated for each group and related materials can be uploaded in the drive based on activity. Health Literacy Material Questions for Discussion: 1. Now that you realize "you can't tell someone's health literacy status just by looking," what are some things that	Interactive lecture materials. (Google Slide presentation, video, Quiz questions to be transferred to either slido, kahoot, mentimeter or any other audience response system to promote interactive communication between lecturer and participants.)

Item	**Small group activity**	**Interactive lecture**
	you have noticed that would suggest your patients may have a difficult time understanding? 2. Consider the patients featured in this video. What surprised you about their attitudes, concerns, or questions? 3. What have you learned that you will use to improve your communication with patients? 4. What is the most important thing that your practice needs to change to promote better communication? 5. What ideas do you have for changes that would improve your patients' understanding	
Manpower (recommended for more effective delivery)	One (1) facilitator to three (3) groups of four (4) to five (5) participants for small group activities. (1:15)	Minimum one (1) lecturer for the interactive lecture session, regardless of the number of participants

Reference for Google Slide

Link: https://drive.google.com/drive/folders/1fzRhoPxM3fz6SP-Py0FcB5Qu7u0aqHGt?usp=sharing

QR Code:

ASSESSMENT

Self-assessment

The following assessment shall be conducted one (1) week before the participant joins the first sub-module and within one week after the completion of the final sub-module:

Directions: After a patient encounter, rate your level of agreement to the statements in the table. Your self-assessment is subjective, but it allows you to examine your oral communication with patients honestly.

Please state your level of agreement with the following statements:

Items		Disagree	Agree
1.	I greeted the patient with a kind, welcoming attitude.		
2.	I maintained appropriate eye contact while speaking with the patient.		
3.	I listened without interrupting.		
4.	I encouraged the patient to voice his or her concerns throughout the visit.		
5.	I spoke clearly and at a moderate pace.		
6.	I used non-medical language.		
7.	I limited the discussion to fewer than 5 key points or topics.		
8.	I gave specific, concrete explanations and instructions.		
9.	I repeated key points.		
10.	I used graphics such as a picture, diagram, or model to help explain something to my patient (if applicable).		
11.	I asked the patient what questions he or she had.		
12.	I checked that the patient understood the information I gave him or her.		

Peer- assessment (Optional)

The following assessment shall be conducted one (1) week before the start of the first sub-module and within three (3) to six (6) months after the completion of the final sub-module, by the participant's peer or superior.

Please state your level of agreement with the following statements regarding your colleague/ staff.

Name: .....
Clinic: .....

Please observe the interaction between a patient and a specific clinician or staff member. Answer the following questions either yes or no to provide feedback about the quality of the communication you observe. Feel free to write notes that can help the clinician or staff member to improve his or her communication in the future.

1. Did this clinician or staff member explain things in a way that was easy to understand?	Yes	No
2. Did this clinician or staff member use medical jargon?	Yes	No
3. Was this clinician or staff member warm and friendly?	Yes	No
4. Did this clinician or staff member interrupt when the patient was talking?	Yes	No
5. Did this clinician or staff member encourage the patient to ask questions?	Yes	No
6. Did this clinician or staff member answer all the patient's questions?	Yes	No
7. Did this clinician or staff member see the patient for a specific illness or for any health condition?	Yes	No
If No, Form Is Complete		
7a. Did this clinician or staff members give the patient instructions about what to do to take care of this illness or health condition?	Yes	No
If No, Form Is Complete		
7b. Were these instructions easy to understand?	Yes	No
7c. Did this clinician or staff member ask the patient to describe how they were going to follow these instructions?	Yes	No

Please note any other comments about the encounter below:

……
……..

Brief Patient Feedback Form

We would like your honest feedback. Please answer these questions either yes or no about the visit you had today. Think about a specific provider or staff member – for example, your dentist, dental nurse, dental surgery assistance, counter staff – when answering.

1. Did this provider or staff member explain things in a way that was easy to understand?	Yes	No
2. Did this provider or staff member use medical words you did not understand?	Yes	No
3. Was this provider or staff member warm and friendly?	Yes	No
4. Did this provider or staff member listen carefully to you?	Yes	No
5. Did this provider or staff member encourage you to ask questions?	Yes	No
6. Did this provider or staff member answer all your questions to your satisfaction?	Yes	No
7. Did you see this provider or staff member for a specific illness or for any health condition?	Yes	No
If No, Form Is Complete		
7a. Did this provider or staff member give you instructions about what to do to take care of this illness or health condition?	Yes	No
If No, Form Is Complete		
7b. Were these instructions easy to understand?	Yes	No
7c. Did this provider or staff member ask you to describe how you were going to follow these instructions?	Yes	No

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US Department of Health and Human Services, 2020

APPENDICES

Appendix 1 Role Play 1: Identity Checklist

Objective: To identify and understand target audience, analyse their needs and preferences and tailor your communication style to resonate with the audiences

Stages of Activities:

1. Audience Profiling (Identifying the Demographics of your Target Audience)
2. Understanding Psychological Factors (Psychographics)
3. Behavioural Insights (Consumption Patterns, Communication Preferences)
4. Communication Strategy

Checklist

No.	Items	Remarks / Notes
1.	**Demographics of Your Target Audience:**	
	Age	
	Gender	
	Income Level	
	Education	
	Occupation	
	Location/ Distance	
2.	**Psychographics of Your Target Audience:**	
	Values towards oral care & practice *Influences what motivates them to care for oral health (e.g., family well-being, self-image, spirituality)	
	Beliefs (traditional remedies or cultural taboos etc.) *Personal or cultural understandings of how health, illness, and care work	
	Attitudes towards oral care & practice *Feelings or opinions toward oral health, dentists, or prevention	
	Interests / Lifestyle *Hobbies, routines, and lifestyle factors	
3.	**Behaviour Pattern of Your Target Audience:**	
	Consumption Patterns *How and when people use products or services (e.g., how often they go to the dentist, use toothpaste, etc.)	
	Preferred Communication Channels *Platforms or methods people use to consume information (e.g., in-person, social media, email, TV, radio)	
	Engagement Habits *How your audience interacts with information or	

	brands (e.g., actively reading, watching videos, attending events)	
	Communication Styles and Preferences *Preferred ways of receiving information (e.g., written, oral, visual)	
	Verbal Vs. Non-Verbal Communication *Whether they prefer direct verbal communication or rely on gestures, body language, and visual cues	
	Language and Tone: Language Proficiency and Preferred Tone *Their language proficiency and whether they prefer formal, casual, or respectful tones	

Notes: Integrated Strategy:

How these stages work together:

1. Audience Profiling (Stage 1) gives you the basic knowledge of who your audience is, setting the foundation for all further communication planning.

2. Psychographics (Stage 2) adds depth to your understanding, revealing why they may feel a certain way about oral health and guiding how to address their concerns effectively.

3. Behavioural Insights (Stage 3) shows you how they interact with information and informs the delivery channels and style. This stage ensures you're not just reaching them, but engaging them in a way that sticks.

Example of Stage Application:

Let's say you're working with **young mothers** in an immigrant community:

1. **Audience Profiling:**
    - Age: 25–35, mothers, primarily speak Arabic, with moderate English proficiency.
    - Education: Some high school to college-educated.
    - Location: Suburban areas, limited access to dental care.
2. **Psychographics:**
    - Values: Family well-being, health of children.
    - Beliefs: Lean towards traditional remedies like herbal teas for teething.
    - Attitudes: Skeptical of Western medical practices, but prioritize children's health.
    - Interests: Parenting, community involvement, religion.
3. **Behavioural Insights:**
    - Consumption Patterns: Limited use of professional dental services, rely more on home remedies.
    - Preferred Communication Channels: Community health worker visits, WhatsApp groups, family influencers.
    - Engagement Habits: Prefer face-to-face communication and group education.
    - Language and Tone: Prefer clear, respectful, culturally sensitive language. Visuals and verbal explanations work best.

Final Communication Strategy:

- **Content Type:** Simple, visual content (infographics, step-by-step guides), mixed with verbal explanations.
- **Tone:** Warm, respectful, culturally sensitive.
- **Channels:** Community health worker visits, WhatsApp messages with visuals, and in-person group sessions.
- **Focus:** Promote the complementarity of traditional remedies and modern dental practices, making oral health part of family well-being.

Appendix 2 Role Play 2: Literacy Assessment Material

The Malay version of Oral Health Literacy Instrument (OHLI-M): shorten version

Objective: To identify and understand target audience, analyze their needs and preferences and tailor your communication style to resonate with the audiences

Stages of Activities:

1. **Audience Profiling (Identifying the Oral Health Literacy of your Target Audience)**
2. **Communication Strategy**

Introduction

This version of OHLI-M consists of a reading comprehension section only. The reading comprehension section includes passage on dental caries. The dental caries passage contains 13 sentences with 18 test items with words omitted from the sentences.

Mode of Administration

The reading comprehension section is self-administered. The respondents are asked to choose one correct response for each test item. Four possible choices are offered for all items.

The numeracy section is administered via face-to-face interview. The prompts are shown to the respondents. Adequate time is given for them to read the prompts. The interviewer will then ask questions related to each prompt starting from the first until the last. The responses are recorded by the interviewer in the scoring sheet.

Scoring

Each correct answer is given one (1) mark, and incorrect or missing answers will be given zero (0) mark. The final score is the sum of all items in the respective section. The total score for reading comprehension is converted into 100% or multiplied by 5.55 (100/18). The total score for OHLI-M will be obtained, which ranges from 0 to 100.

Interpretation of OHLI -M

The higher the OHLI-M score, the higher the functional oral health literacy. In addition, the score can be categorized into 3 levels of oral health literacy: inadequate (0–59), marginal (60–74), and adequate (75–100).

Arahan

Dalam bahagian ini, anda akan diberikan petikan yang menerangkan beberapa masalah pergigian dan penyelesaiannya yang anda atau sesiapa mungkin telah perhatikan di klinik pergigian atau dalam risalah pergigian.

Dalam setiap petikan, terdapat beberapa ayat yang tidak lengkap (ditandakan dengan tempat kosong). Terdapat empat (4) pilihan perkataan yang disenaraikan dan salah satu daripadanya adalah sesuai untuk mengisi tempat kosong tersebut.

Pilih perkataan yang anda fikir boleh diterima dan bulatkan huruf di hadapan perkataan tersebut. Lengkapkan semua tempat kosong dalam kedua-dua perenggan.

Petikan 1

1. Apabila anda mendapatkan pemeriksaan, doktor gigi memeriksa tampalan gigi anda (sekiranya ada), beliau akan ___(1)___ anda mengganti mana-mana tampalan gigi yang longgar atau pecah.
    a. mencadangkan
    b. menghantar
    c. melihat
    d. Meletakkan

2. Doktor gigi anda juga mencari tanda kerosakan gigi dan mungkin mahu menggunakan (2)___untuk melihat masalah tersebut dengan lebih dekat.
    a. baju makmal
    b. x-ray
    c. gerudi pergigian
    d. topeng muka

3. Lubang pada gigi terjadi apabila___(3)___dalam makanan yang kita makan dan bakteria dalam ___(4)___bercampur bersama untuk menghasilkan asid lemah yang _____(5) permukaan luar gigi seterusnya menyebabkan lubang terbentuk. Apabila terdapat lubang pada gigi anda, ia perlu___(6)___.
    a. warna
    b. serat
    c. gula
    d. lemak

4. a. pakaian
    b. kopi
    c. kuih bahulu
    d. mulut

5.
a. merendam
b. melarutkan
c. menitis
d. Memadamkan

6.
a. tumbuh
b. makan
c. ditampal
d. diukur

7. Terdapat pelbagai jenis tampalan yang boleh digunakan, tetapi __(7)__akhir bagi jenis tampalan yang diletakkan di dalam mulut anda__(8)__.
a. kepercayaan
b. keputusan
c. pekerjaan
d. destinasi

8.
a. adalah pilihan doktor gigi
b. bergantung kepada bahan
c. bergantung kepada kesakitan
d. adalah pilihan sendiri

9. Terdapat dua (2) jenis tampalan utama, tampalan logam dan tampalan sewarna gigi. Tampalan amalgam pergigian adalah contoh tampalan logam dan ___(9)___ ia berwarna perak ia digunakan untuk menampal gigi___(10)___.
a. kerana
b. walau bagaimanapun
c. sama ada
d. kemudian

10.
a. terputar
b. ke hadapan
c. sekeliling
d. belakang

11. Jenis tampalan pergigian lain adalah tampalan sewarna gigi;__(11)___tampalan komposit yang juga dikenali sebagai tampalan ___(12)___.
a. oleh kerana
b. seperti
c. lagi pun
d. jalan masuk

12.
a. putih
b. berwarna
c. kuning
d. perak

13. Kedua-dua tampalan logam dan tampalan sewarna gigi biasanya boleh dilakukan dalam (13) lawatan.
a. tujuh (7)
b. lima (5)
c. satu (1)
d. sepuluh (10)

14. Terdapat beberapa jenis tampalan pergigian lain yang boleh anda (14). Jika lubang itu (15) dan gigi anda rosak tetapi tidak hilang, korona pergigian mungkin perlu digunakan untuk menutup (16) daripada gigi anda dan ia akan (17) gigi anda daripada kerosakan yang lebih teruk.
a. tanya kepada doktor gigi anda
b. tidak pedulikan
c. beritahu dokor gigi untuk digunakan
d. tidak gunakan

15.
a. sangat kecil
b. tidak kelihatan
c. besar
d. tertutup

16.
a. hanya sebahagian kecil
b. bahagian yang rosak
c. sebahagian besar
d. bahagian yang dijangkiti

17.
a. melindungi
b. menyediakan
c. menjangkakan
d. memberikan

18. Walau bagaimanapun, jika gigi telah rosak teruk atau hilang, korona pergigian tidak dapat digunakan. Jambatan pergigian dan gigi palsu adalah dua (2) cara untuk (18) gigi yang rosak teruk atau hilang.
a. merosakkan
b. memecahkan
c. mencabut
d. menggantikan

Answer:

1. mencadangkan
2. X-ray
3. gula
4. mulut
5. melarutkan
6. ditampal
7. keputusan
8. adalah pilihan sendiri
9. kerana
10. belakang
11. seperti
12. putih
13. satu
14. tanya kepada doktor gigi anda
15. besar
16. bahagian yang rosak
17. melindungi
18. menggantikan

Summary of Stages:

1. **Stage 1: Audience Profiling (Identifying Oral Health Literacy)**
    - Focuses on **understanding the audience**—demographics, psychographics, behaviors, and health literacy levels.
2. **Stage 2: Communication Strategy**
    - Focuses on **developing a tailored communication plan** that addresses audience needs with targeted messages, selected channels, and appropriate content style.

Appendix 3 Role Play 3: Socio-cultural Sensitivity Materials

Objective: To understand specific barriers/challenges for communication in OHL.

Stages:

1. **Identifying Issues Through Probing Questions**
2. **Established Barriers/Challenges**
3. **Suggesting Potential Communication Strategies**

Scenario options:

1. Anti-fluoride
2. Traditional remedies
3. Religious and spiritual stand

Scenario 1 Anti-fluoride arguments

A. Probing questions:

1. Can you tell me what you've heard about fluoride?
2. What concerns do you have about fluoride in water or toothpaste?
3. In your opinion, why do people choose or choose to not use fluoride in their hygiene care?
4. What are your opinions/ comments on these matters:
    - Water fluoridation confers no oral health benefit.
    - Water fluoridation causes hip fractures, cancers, Alzheimer's, reduced intelligence in children, etc.
    - Fluoride is a toxic poison.
    - There should be a public plebiscite. It is undemocratic to have water fluoridation forced upon us.
    - Tooth decay has declined in countries with and those without water fluoridation. Water fluoridation makes no difference.
    - Water fluoridation is costly and not economically viable.

Armfield, J.M. (2007). When public action undermines public health: A critical examination of antifluoridationist literature. *Australia and New Zealand Health Policy.* 4(1):25: 1-13

B. Barriers/Challenges:

- **Misinformation** from online sources or social media promoting fluoride as harmful.
- **Distrust in government/medical institutions**, often rooted in historical or systemic injustices.
- **Scientific literacy gaps** that make it hard for people to evaluate evidence-based information.

C. Potential Communication Strategies:

- Use **non-confrontational language**—acknowledge their concerns before offering facts.
- Emphasize **benefits in practical terms** (e.g., "fluoride helps prevent costly dental treatments").
- Use **community champions or trusted local figures** to share accurate messages.
- Offer **visual aids or analogies** (e.g., how a small dose of fluoride is like a vitamin supplement for teeth).

Scenario 2 Traditional remedies arguments

A. Probing questions:

1. In your opinion, why people choose or not choose traditional medicine in dentistry.
2. What do you usually do to keep your teeth and gums healthy?
3. Are there any home or traditional remedies you use regularly?
4. How do you feel about using both traditional and modern methods?
5. In your opinion, why people choose or not choose traditional medicine in dentistry.
6. What are your opinions/ comments on these matters:
    - It is a family tradition
    - Easy access to traditional medicine.

Common herbs which are used in dental treatment:

Myrrh (Commiphora myrrha)	It helps promote healing in cases of pyorrhea, Gargle with myrrh to help eliminate bad breath.
Prickly Ash (Zanthoxylum)	Used to increase the flow of saliva and relieve pain in toothache.
Peppermint (Mentha piperita)	Use peppermint oil for toothache. Soak a cotton ball in the oil and place it in the cavity or rub it on the tooth. Use peppermint mouthwash to relieve gum inflammation.
Red clover (Trifolium pretense)	Red clover mouthwash is healing for irritated and diseased gums. After making red clover tea, prepare an ointment from the strained blossoms and leaves. Rub the ointment, which has antibiotic properties, on gums that are abscessed from disease or sore and inflamed from root canal therapy or other dental procedures.
Rosemary (Rosmarinus officinalis)	Use rosemary mouthwash for the treatment of gum disease and bad breath.
Sanicle (Sanicula Europaea)	Use as a powerful antioxidant. Use as a salve or ointment to heal septic wounds.
Shepherd's Purse (Capsella bursa-pastoris)	Use the fresh tops of shepherd's purse to help stop bleeding after tooth extraction.
Tree tea oil (Melaleuca alternifolia)	Rub the tree tea oil directly on sore, inflamed gum for temporary relief. Use tree tea mouthwash to soothe oral inflammation. It also has mild solvent action, and hence could hold potential applications in root canal treatment for dissolving the necrotic pulp tissue.

Thyme (Thymus vulgaris)	Use a salve made of thyme, myrrh and goldenseal to treat oral herpes. It contains fluorine used in toothpaste. Thymus Vulgaris extract is effective against Streptococcus Mutans.
Violets (Clematis virginca)	Mouthwash made from violets helps relieve the pain and tenderness from sores caused by oral cancer. It is also helpful in soothing canker sores and cold sores.
Wintergreen (Gaultheria procumbens)	Wintergreen mouthwash is an excellent astringent and antiseptic. Soak a cotton ball in wintergreen oil and place it on a sore tooth or rub it on inflamed gums for temporary relief.
Yarrow (Achillea millefolium)	Used to treat haemorrhages, ulcers and to improve blood clotting. Use yarrow mouthwash to promote healing of cuts in mouth due to surgery, teeth cleaning and braces.

Kumar et.al. (2013). Emerging Trends of Herbal Care in Dentistry. J Clin Diagn Res. 2013 Aug; 7(8): 1827–1829.

A. Barriers/Challenges:

- **Strong cultural identity** tied to traditional practices like herbal treatments or oil pulling.
- Belief that **natural = safer or better** than "chemical" products.
- **Language barriers** or lack of culturally appropriate materials**.**

B. Potential Communication Strategies:

- Show **respect for traditional practices**—avoid dismissing them outright.
- Explain how **modern and traditional approaches can complement** each other (“oil pulling is fine, but brushing with fluoride toothpaste adds cavity protection”).
- Use **culturally tailored education materials** with translated content and relatable visuals.
- Engage **cultural mediators or bilingual health workers** to bridge understanding.

Scenario 3 Religious and spiritual stand

A. Probing questions:

1. Does your faith or spirituality influence how you think about health care?
2. Are there any beliefs or practices I should be aware of when we talk about oral health?
3. Would you feel more comfortable discussing care with someone of the same gender or background?
4. What are your opinions/ comments on these matters:
   - Fate is determined and dictated by God.
   - Will ingest no food or drink, including water, from dawn to sunset for each day of the month.
   - Carry out a traditional method of oral hygiene namely the 'miswaak without toothpaste.
   - Only welcome an offer of treatment provided by a female dentist and assistant.
   - Most Muslims consider alcohol to be prohibited and therefore products containing alcohol may be refused by a patient.
   - Many Muslims insist that the intake of other animal products need the animal to be sacrificed in a certain way.
   - Muslim is likely to object to the use of any dental or medical product which contains porcine material.
   - Using gold for dental restorations.
   - A dentist should be aware of any religious and cultural rituals that impact on management of the patient.

Darwish, S. (2005). The management of the Muslim dental patient. *British Dental Journal* **volume 199**, 503–504

A. Barriers/Challenges:

- Beliefs that **illness or health is God's will**, reducing motivation for prevention.
- Certain religious groups may **reject certain medical interventions** or limit access (e.g., fasting that affects oral hygiene routines).
- **Modesty rules** that may affect dentist visits (e.g., female patients seeing male providers).

B. Potential Communication Strategies:

- Frame oral health as part of **stewardship of the body**, aligning with spiritual values.
- Collaborate with **faith leaders** to co-create health messages that respect doctrine.
- Be sensitive to **gender and privacy concerns**, offering alternative options when needed.
- Incorporate spiritual values into messaging (e.g., "Caring for your body is a way of honoring your faith").