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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 3:
Written and Audio Visual Aids (AVA) for Oral Health Education (OHE)

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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**):

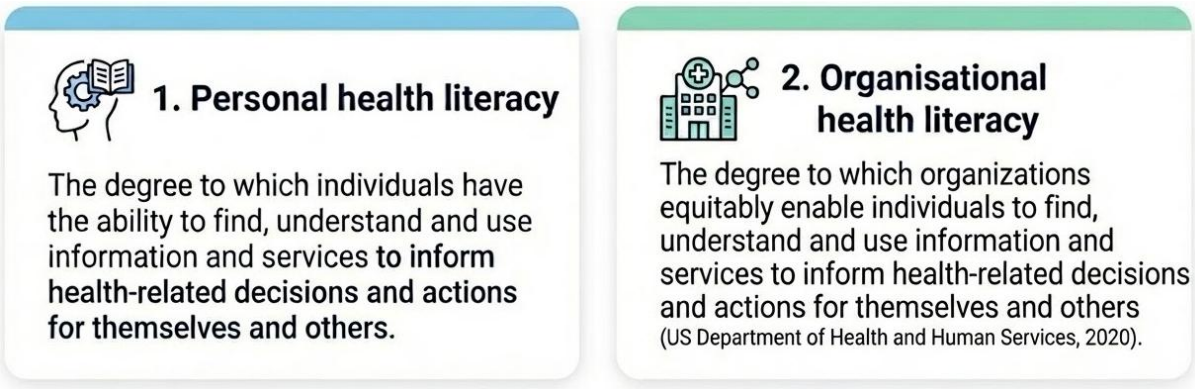
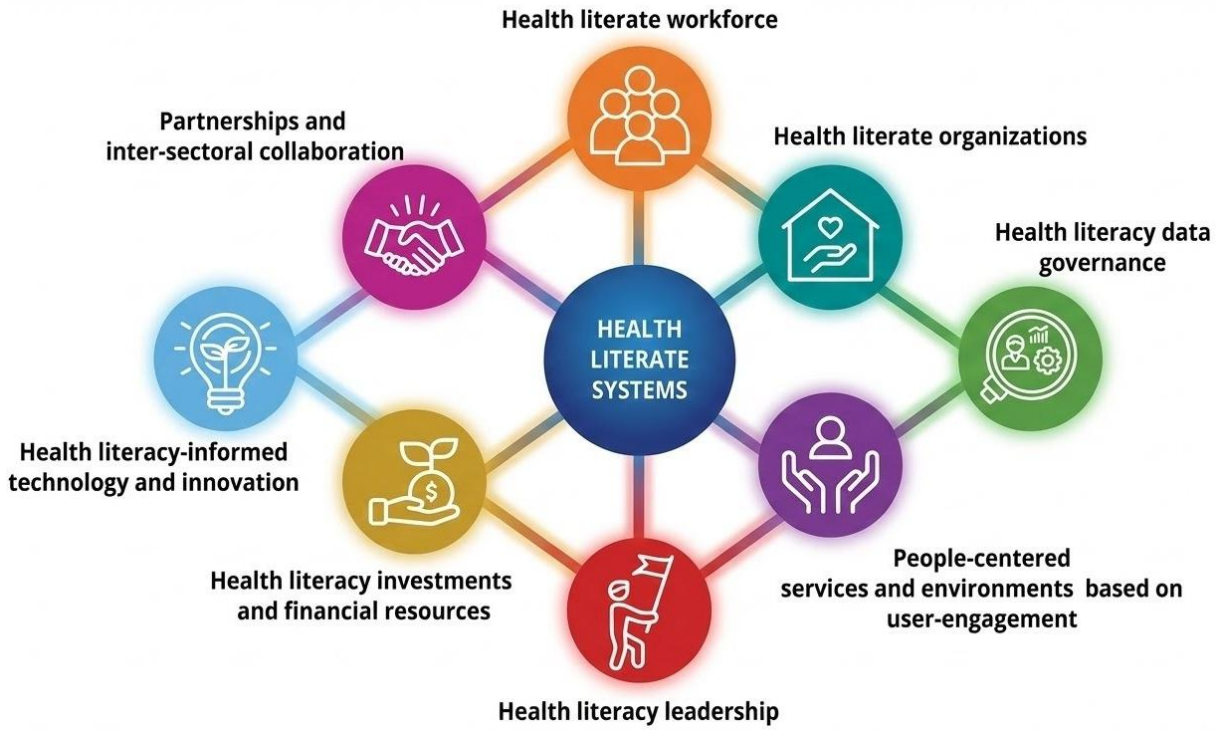


Figure 1: Types of Health Literacy

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).

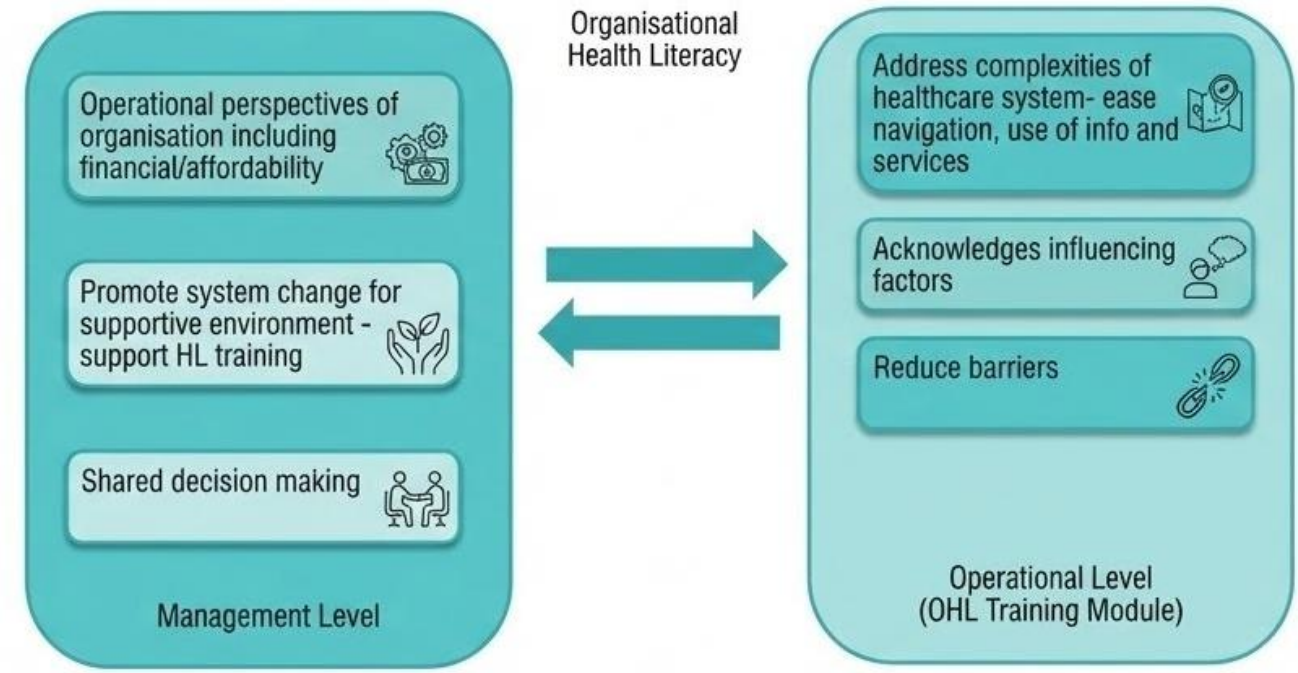
The following framework (**Figure 2**) illustrates the multifaceted approach required to build health literacy capacity within health systems. It emphasizes the importance of collaboration, leadership, resource allocation and user engagement, alongside leveraging technology and data to create health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

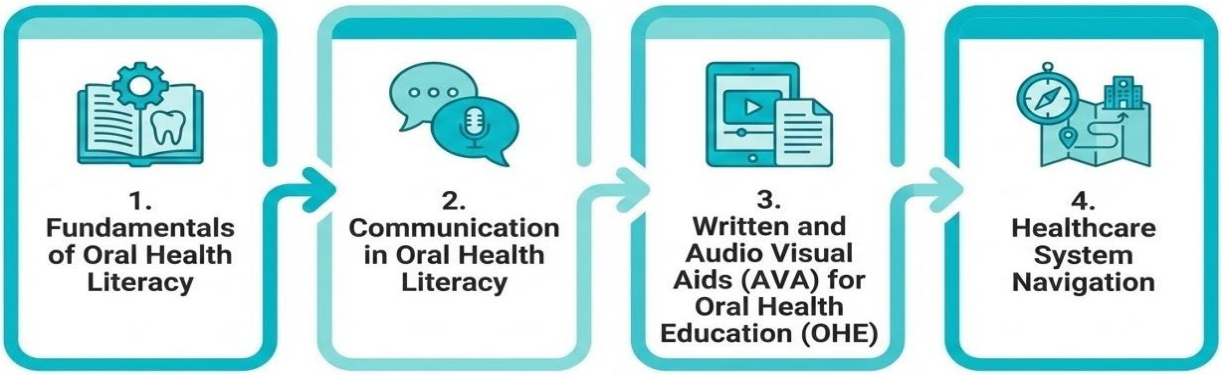


Figure 5: Modules in The *CeLiK-M* Training Package

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**).

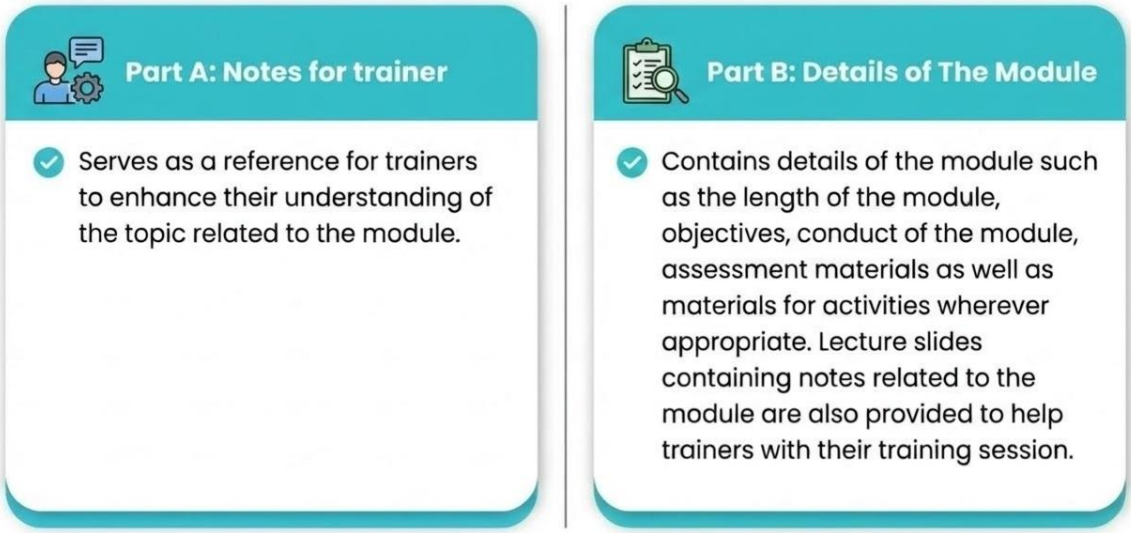


Figure 6: Modules in The *CeLiK-M* Training Package

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 3: WRITTEN AND AUDIO VISUAL AIDS (AVA) FOR ORAL HEALTH EDUCATION (OHE)

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 emphasises the importance of well-designed written and audiovisual aids in supporting oral health education and literacy. Participants will gain an understanding of how written and audiovisual materials can enhance message clarity, reinforce learning, and support behaviour change when appropriately designed for the target audience.

Participants will be guided through techniques on identifying audience needs and characteristics, developing suitable written and audiovisual aids, and selecting formats that are accessible, engaging, and culturally appropriate. Participants will also learn how to review and test educational materials with users to ensure usability, comprehension, and effectiveness, particularly among populations with varying oral health literacy levels.

PART A: NOTES FOR TRAINERS

Introduction

Good oral health is essential for overall health and well-being. Oral diseases, including tooth decay and gum disease, are prevalent worldwide and can lead to pain, discomfort and tooth loss. Oral diseases can have systemic effects and increase the risk of other health problems such as diabetes, heart disease, and stroke (Peres 2019).

Maintaining good oral health is therefore very crucial for an individual's overall well-being. Oral health is not just about having a beautiful smile; it's also about preventing oral diseases that can affect your quality of life. For example, tooth decay and gum disease are indeed prevalent issues globally. They can cause not only pain and discomfort but also lead to more serious health problems if left untreated. Periodontal disease has been linked to systemic conditions such as heart disease, diabetes and respiratory infections.

Practising good oral hygiene habits, such as brushing and flossing regularly, visiting the dentist for check-ups and cleanings, and eating a balanced diet low in sugary foods and drinks, are essential steps in preventing oral diseases. Regular dental check-ups can help detect problems early and prevent them from progressing into more serious conditions.

Additionally, raising awareness about the importance of oral health and improving access to dental care services are vital for tackling oral health issues on a larger scale.

Importance of Written and Audio Visual Aids (AVA) For Oral Health Education (OHE)

Written and Audio Visual Aids (AVA) play a crucial role in Oral Health Education (OHE) by enhancing the effectiveness of educational interventions (Vamos 2015). These aids are essential for several reasons (**Figure 2**):

Figure 2: Importance of Written and Audio Visual Aids (AVA)

1. Enhanced Learning Experience and Improved Understanding:
    - Visual aids, such as videos and images, help in clarifying complex concepts and procedures, making it easier for individuals to understand oral health practices;
2. Increased Compliance:
    - The use of AVA in OHE has been shown to improve oral hygiene compliance, leading to better oral health outcomes, especially in orthodontic patients;
3. Motivation and Engagement:
    - Interactive tools like games and quizzes, as part of AVA, can motivate individuals, especially children, to actively participate in learning about oral health, making the process enjoyable and effective; and
4. Behaviour Change:
    - Effective audio-visual aids have been proven to positively influence behavior change in maintaining dental and mouth health, particularly in elementary school students, by reinforcing good oral hygiene practices.

Types of Health Education Materials

Health education materials come in various forms, each serving different purposes and audiences. Some of the common types (not limited to) are as follows (**Figure 3**):

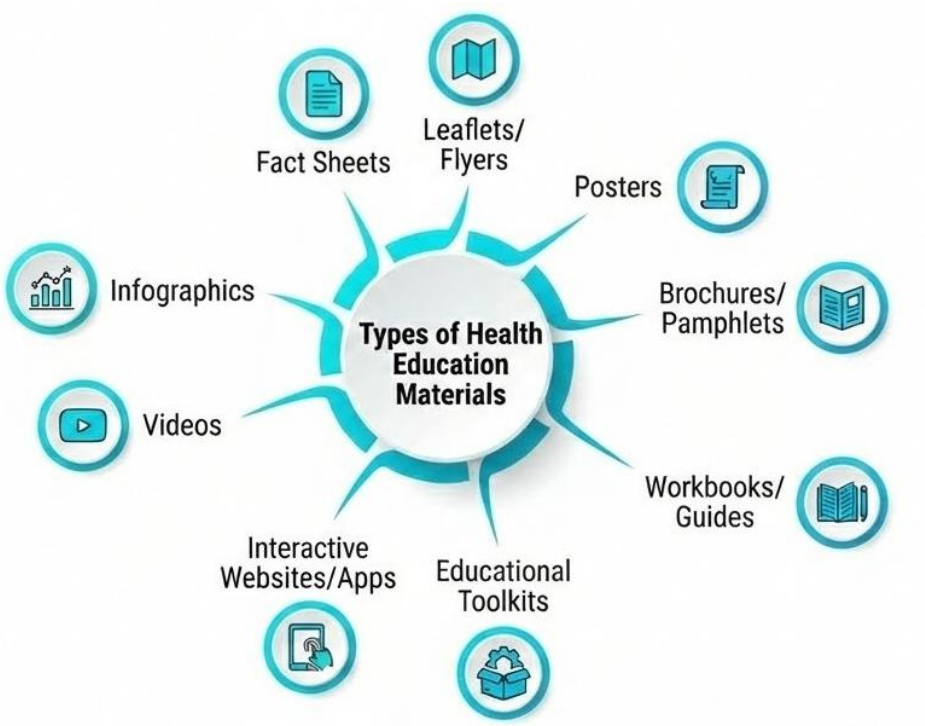


Figure 3: Types of Health Education Materials

1. Brochures/ Pamphlets:
    - These are concise printed materials providing essential information on a specific health topic. Brochures are often used in healthcare settings, community events, and health fairs to educate individuals about preventive measures, symptoms, treatments and resources available.

2. Posters:
    - Posters are visually appealing materials designed to convey key messages quickly. They are commonly used in healthcare facilities, schools and community centers to raise awareness about health issues, promote healthy behaviors and provide information about available services.
3. Leaflets/ Flyers:
    - Similar to brochures, leaflets or flyers are simple, single-page documents that provide information on a particular health topic. They are often distributed in public places or mailed to households to reach a wider audience.
4. Fact Sheets:
    - Fact sheets are concise documents presenting factual information about a specific health issue, including statistics, risk factors, symptoms and prevention strategies. They are commonly used by healthcare professionals, policymakers and advocacy groups to inform decision-making and raise awareness.

5. Infographics:
    - Infographics use visual elements such as charts, graphs and illustrations to present complex health information in a visually appealing and easy-to-understand format. They are effective for communicating statistics, trends and health-related concepts on social media, websites and educational materials.
6. Videos:
    - Educational videos are effective tools for demonstrating procedures, explaining health concepts and delivering messages in an engaging format. They can be used in waiting rooms, classrooms, online platforms and community events to supplement other educational materials.
7. Interactive Websites/ Apps:
    - Websites and mobile applications provide interactive platforms for delivering health education content, quizzes, games and self-assessment tools. They can offer personalized information, resources and support for individuals seeking health-related information and guidance.
8. Educational Toolkits:
    - Toolkits are comprehensive resources containing a variety of educational materials, including brochures, fact sheets, posters, videos and activities. They are often used by organizations, schools and healthcare providers to facilitate health education programs and initiatives.
9. Workbooks/ Guides:
    - Workbooks and guides provide structured exercises, activities and worksheets to help individuals learn about health topics, develop skills and track their progress. They are commonly used in workshops, support groups and educational programs focused on behaviour change and self-management.

By utilizing a combination of these health education materials, educators and healthcare professionals can effectively convey important health messages, empower individuals to make informed decisions and promote positive health behaviours within communities.

Purpose of Health Education Materials

The purpose of health education materials is multifaceted, aiming to achieve several goals in educating individuals and communities about health-related topics (Hoffman 2004). Health education materials play a crucial role in motivating, engaging and empowering individuals to make informed decisions about their health and well-being.

1. Motivate:
    - Health education materials are designed to motivate individuals to take action towards improving their health. Whether it's adopting healthier behaviours, seeking preventive care or adhering to treatment plans, these materials aim to inspire individuals to make positive changes in their lives by highlighting the benefits of healthy choices and the consequences of unhealthy behaviours.

2. Increase Interest:
    - Health education materials strive to capture and maintain the interest of the audience. By presenting information in engaging and accessible formats, such as colourful visuals, compelling narratives and interactive elements, these materials can pique curiosity and encourage individuals to learn more about health topics that are relevant to them.
3. Reinforce Content:
    - Health education materials serve to reinforce key messages and concepts conveyed through other forms of communication, such as verbal instructions from healthcare providers or educators. By providing written or visual aids that complement spoken information, these materials help reinforce understanding, retention and recall of important health-related information.
4. Supplement Verbal Information:
    - Health education materials complement verbal communication by providing additional details, examples and explanations in a format that individuals can reference at their convenience. They serve as valuable resources for reinforcing information provided during consultations, presentations or discussions, ensuring that individuals have access to comprehensive and accurate information beyond the immediate interaction with healthcare providers or educators.

Factors Affecting How Health Education Materials Are Understood

When it comes to written or audio-visual (AV) health information, several factors influence how effectively it is understood and followed by individuals (Lima 2024). Health communicators need to consider these factors when developing written and AV materials to effectively convey health information, promote understanding and support positive health behaviours among diverse audiences. Factors affecting how health education materials are understood are shown in **Figure 4**.

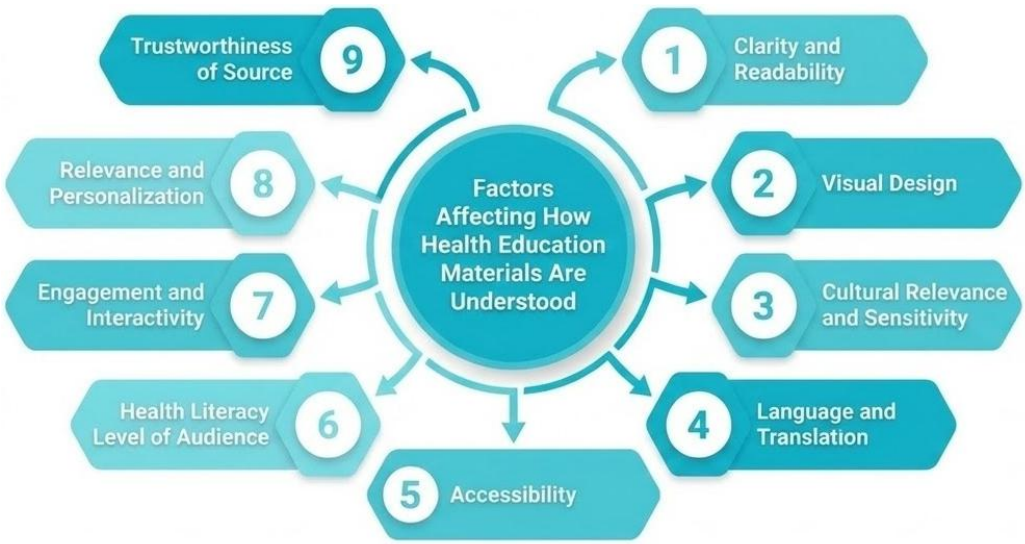


Figure 4: Factors Affecting How Health Education Materials Are Understood

1. Clarity and Readability:
    - The clarity of written materials and the clarity of spoken instructions in AV materials are crucial for understanding. Health information should be presented in plain language, avoiding jargon and complex terminology, to ensure that it is accessible to a broad audience, including those with limited literacy skills.
2. Visual Design:
    - The visual design of written materials and AV presentations significantly impacts comprehension and retention. Clear organization, concise formatting, appropriate use of colours and graphics, and legible fonts enhance readability and engage audiences effectively.
3. Cultural Relevance and Sensitivity:
    - Cultural factors influence how health information is perceived and understood. Written and AV materials should be culturally relevant and sensitive to the beliefs, values and practices of diverse communities to resonate with the intended audience and foster trust.
4. Language and Translation:
    - Language proficiency and translation accuracy are critical for ensuring comprehension among individuals from linguistically diverse backgrounds. Written materials should be available in multiple languages and AV materials may require subtitles or voiceovers to accommodate different language preferences.
5. Accessibility:
    - Accessibility features such as large print, audio descriptions, closed captioning and alternative formats (e.g., braille, easy-read) are essential for accommodating individuals with disabilities and ensuring equitable access to health information.
6. Health Literacy Level of Audience:
    - Tailoring written and AV materials to the health literacy level of the target audience is essential. Information should be presented at an appropriate reading level, using simple language and concrete examples to facilitate understanding among individuals with varying literacy skills.
7. Engagement and Interactivity:
    - Interactive elements in AV materials, such as quizzes, animations, and real-life scenarios, can enhance engagement and promote active learning. Written materials may include interactive exercises, worksheets or links to additional resources to encourage readers to apply the information presented.
8. Relevance and Personalization:
    - Health information that is perceived as personally relevant and applicable to one's own life is more likely to be understood and acted upon. Written and AV materials should address the specific needs, concerns and experiences of the target audience to increase relevance and resonance.
9. Trustworthiness of Source:
    - The credibility and trustworthiness of the source of health information influence individuals' willingness to accept and follow the recommendations provided. Written and AV materials should be sourced from reputable sources and supported by evidence-based information to instil confidence in the content.

Steps to Design Effective Health Education Materials

Any health education materials need to be properly designed. Effective health education materials can be designed following these steps as shown in **Figure 5** (Hoffmann and Worrall 2004, CDC 2009, Network 2008).

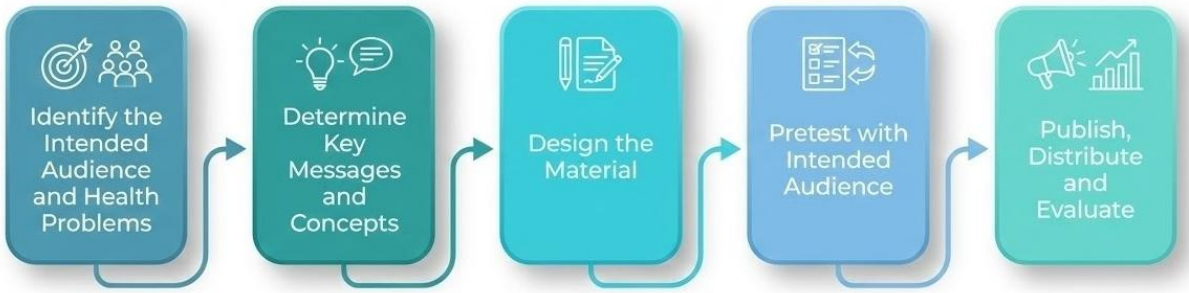


Figure 5: Steps to Design Effective Health Education Materials

1. Identify the Intended Audience and Health Problems:
    - Define the target audience and the key health issues or interests that the materials will address.
    - Understand the audience's characteristics, including gender, race/ ethnicity, literacy skills, beliefs, behaviours and current knowledge about the topic.
2. Determine Key Messages and Concepts:
    - Establish key messages based on the audience's needs, beliefs, values, and interests.
    - Test these messages with the intended audience to ensure they are received appropriately.
3. Design the Material:
    - Develop a draft of the material based on the latest evidence.
    - Incorporate clear and simple language, visual elements and a well-organized layout.
    - Limit the number of messages to three (3) or four (4) main ideas per document or section to maintain focus and clarity.
    - Validate the content. Get experts to evaluate the relevance and accuracy of the material.
4. Pretest with Intended Audience:
    - Pretest the materials with the intended audience to ensure that the message is effectively communicated and understood.
    - Make appropriate revisions based on the feedback received during the pretesting phase.
5. Publish, Distribute and Evaluate:
    - Publish and distribute the materials through appropriate channels such as print, audio, video, websites or social media.
    - Evaluate the audience's satisfaction and understanding of the materials to assess their effectiveness in communicating key messages.

Understanding Target Audience

When developing health education materials for oral health issues, it's essential to consider the characteristics of the intended audience, such as gender, race/ ethnicity, literacy skills, beliefs, behaviours and existing knowledge about the topic (Gomez 2021). These factors can significantly influence how well the materials are understood and followed by the target audience.

The materials should be culturally sensitive, linguistically appropriate and easy to understand, taking into account the diverse backgrounds and preferences of the audience. Visual aids, such as illustrations, infographics and instructional videos, can enhance comprehension, particularly for individuals with limited literacy skills.

Addressing common misconceptions, cultural beliefs and barriers to accessing oral healthcare services is crucial for promoting behaviour change and encouraging preventive practices. Collaborating with community leaders, healthcare providers and local organisations can facilitate the dissemination of materials and ensure their relevance and effectiveness within the community.

Among characteristics of the audience that need to be considered when developing health education materials are as follow (**Figure 6**):

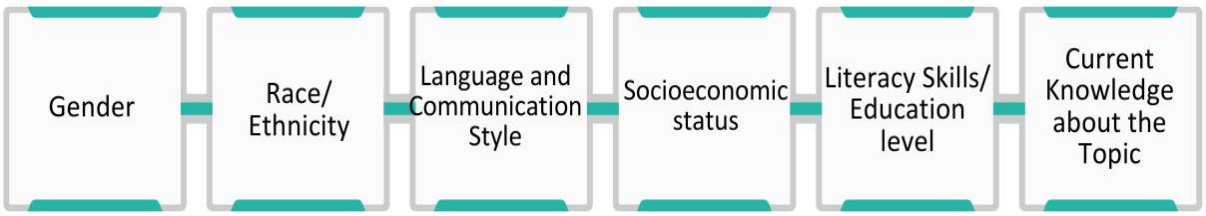


Figure 6: Characteristics of The Audience To Develop Health Education Materials

1. Gender:
    - The audience consists of both men and women, with potential variations in oral health behaviours and access to dental care between genders;
2. Race/ Ethnicity:
    - Different ethnic groups in Malaysia may have unique cultural beliefs and practices related to oral health. For example:
        - Malay communities may have traditional remedies or herbal practices for maintaining oral hygiene. Chinese communities may prioritise preventive measures such as regular herbal rinses or teas for oral health and Indian communities may have specific cultural practices related to diet and oral hygiene, influenced by Ayurvedic traditions. Meanwhile, Indigenous communities may have traditional oral health practices passed down through generations;
        - Understanding and respecting these cultural nuances are essential for developing culturally sensitive educational materials that resonate with each ethnic group. Incorporating culturally appropriate language, visuals and examples can enhance engagement and effectiveness;

3. Language and Communication Style:
    - Considering the linguistic diversity within different communities in Malaysia, providing educational materials in multiple languages spoken by different ethnic groups is essential for accessibility and inclusivity. Additionally, using clear and simple language, along with culturally relevant visuals, can improve comprehension and engagement among the target audience;
4. Socioeconomic status:
    - Low-income communities may think oral health is not a priority over other more pressing things like food and day to day necessities. They may face unique challenges related to access to oral healthcare, affordability of dental services and limited awareness of oral health issues. Tailoring educational materials to address these challenges, such as providing information on low-cost or free dental services, practical oral hygiene tips and resources for accessing dental care, is crucial for empowering individuals to take control of their oral health;
5. Literacy Skills/ Education level:
    - Due to the low-income status of the audience, literacy levels may vary, with some individuals having limited reading comprehension skills. Therefore, the materials should be presented in simple language and supplemented with visual aids; and
6. Current Knowledge about the Topic:
    - The audience may have varying levels of knowledge about oral health issues and preventive measures. Some individuals may lack awareness of the importance of regular dental check-ups and proper oral hygiene practices.

Determine Key Messages and Concepts

All OHE materials developed need to have a clear purpose to ensure the key message is delivered effectively. It does not necessarily be spelled out in the material itself. State what you will write, why the material is important to have and to read, and how it will be used. Let the reader know the purpose when s/ he reads the title and/ or the introduction. Purpose of the material produced must be clear to the audience/ reader.

Designing the Material

When creating health education materials, it's crucial to incorporate evidence-based information while also considering the preferences and needs of the target audience as shown in **Figure 7** (Cutilli 2020).

Figure 7: Designing Material for Health Education Materials

1. Evidence-based Information:
    - Providing information backed by sound evidence ensures the accuracy and reliability of the health education materials. This involves sourcing information from reputable scientific studies, clinical guidelines and expert consensus statements. Evidence-based information helps build trust with the audience and increases the likelihood of them following the recommendations provided.
2. Attention to Audience Preferences:
    - While it's essential to include evidence-based information, it's equally important to address the questions and concerns that are relevant to the audience. This means considering the cultural, social and personal factors that influence their health behaviours and preferences. Understanding what people want to know, as well as what professionals believe they should know, helps ensure that the materials resonate with the audience and are more likely to be accepted and acted upon.
3. Delivery Methods:
    - The design and delivery of health education materials may vary based on the chosen approach and the preferences of the target audience. Some common delivery methods include:
        - Printed Materials: Brochures, pamphlets, posters and fact sheets are examples of printed materials commonly used for health education. These materials are tangible and can be distributed in various settings, such as healthcare facilities, community centres and schools.
        - Electronics: Electronic formats, such as websites, mobile applications and e-books, offer interactive features and accessibility options that cater to a digital-savvy audience. These platforms allow for multimedia content, including videos, animations and interactive quizzes, enhancing engagement and interactivity.
        - Mass Media: Mass media channels, such as television, radio and newspapers, reach a wide audience and can be effective for disseminating health messages to the general public. Public service announcements (PSAs), health campaigns and interviews with experts are examples of mass media approaches used for health education.
        - Social Media: Social media platforms, including Facebook, Twitter, Instagram and YouTube, provide opportunities for targeted messaging, community engagement and peer-to-peer sharing of health information. Social media campaigns, live streams and user-generated content can amplify the reach and impact of health education efforts.
    - Each delivery method offers unique advantages and considerations. For instance, printed materials may be preferred in settings where access to digital technology is limited, while electronic formats may offer greater interactivity and customization options. Mass media channels can reach large audiences but may require strategic planning and investment in advertising. Social media platforms enable real-time interaction and audience feedback but require careful monitoring and moderation to ensure accuracy and relevance.
    - Regardless of the delivery method chosen, it's essential to tailor the content and design of health education materials to meet the needs and preferences of the

target audience. This may involve conducting formative research, focus groups or surveys to gather insights into audience preferences and inform the development process.

Ultimately, the goal of health education materials is to empower individuals to make informed decisions about their health and adopt healthier behaviours. By combining evidence-based information with attention to audience preferences and effective delivery methods, health educators can maximise the impact of their efforts and promote positive health outcomes within communities.

Language Style

It is important for healthcare educators to consider audience/ readers' health literacy level when developing health education materials in order to effectively convey important health information and empower readers to take control of their health (Rooney 2021).

1. Replace complex words and phrases with simple, everyday language.
    - For example, use "use" instead of "utilise" and "talk with your doctor" instead of "consult with your physician."
    - Avoid medical jargon and multi-syllable words that may be difficult for readers to understand.
    - Break up long sentences into shorter ones with 15 words or less. Use the present tense to keep the message clear and concise.
2. Keep the tone of the message positive and focus on what readers can do rather than what they should not do.
    - Use friendly language by replacing impersonal pronouns with "I," "you," "we," and "our" to create a sense of inclusivity.
3. Include action keywords that readers can follow to prevent or manage diseases effectively.
    - Clearly state how to prevent or manage diseases without including unnecessary or overwhelming information.
4. Consider the cultural background and education level of the audience when designing materials.
    - Provide subtitles or translations in different languages to ensure accessibility for diverse audiences.

Visual

When creating visually appealing and effective health education materials, attention to organisation, layout, graphics and font is crucial to effectively convey important information, engage the audience and promote understanding and behaviour change (Mbanda 2021).

1. Organisation/ Layout:
    - Ensure the sequence of information is logical, starting with the most important points first. Divide large chunks of information into smaller, meaningful sections using clear headings to improve readability. Highlight key points using bold or italicised text to draw attention to important information.

- Maintain a consistent design throughout the materials, including font styles, colours and spacing. Provide good contrast between the background and text to ensure readability. Avoid overusing patterned backgrounds that may distract from the content. Avoid splitting words across two (2) lines to prevent confusion and maintain readability.

2. Graphics:
    - Select visuals that enhance the message and resonate with the audience. Choose images that represent the diversity of the audience and are culturally relevant and appealing. Keep visuals simple and uncluttered to avoid overwhelming the reader. Avoid complicated charts and graphs that may be difficult to interpret. Ensure that graphics are closely linked to the accompanying text to provide context and enhance understanding.
3. Font:
    - Choose fonts that are clear, legible and easy to read. Avoid overly fancy or decorative fonts that may be difficult to decipher. Ensure that the font size is large enough to be readable, especially for readers with visual impairments or low literacy skills. A font size of at least 12 points is generally recommended for printed materials. Maintain consistency in font styles and sizes throughout the materials to create a cohesive look and improve readability.

Platform for Message Delivery

There are many platforms to deliver health education. Determine the platform that you wish to use before moving to designing the materials based on the objectives of your materials. Some platforms are more interactive than others, for example web or mobile applications allow users to interact with each other which may be preferred by some audiences. However, it may be more difficult and costly to design. Designing materials for platforms such as billboards or waiting room posters on the other hand may be easier but these platforms lack the interactivity.

Content Creation

For printed materials or digital posters or materials, there are many applications or programmes available to assist health care providers in designing the materials. CANVA is a very easy to use application and may help shorten the process of designing. However, applications and technologies are rapidly evolving and new and better applications may emerge within the next few years. Health care providers involved in health education materials development need to be aware of the change and learn to be flexible in using all these different technologies to assist in material development.

There are a lot of methods to create a video for health education. Similar to posters, health care providers need to equip themselves in the knowledge and skills in using these applications to create good videos for health education. If financially capable, hiring an expert would be a better option. However, health care providers need to be fully responsible for the accuracy and relevancy of the content.

Tips to Engage Your Audience

To effectively engage and inspire your audience with health education materials, it's essential to incorporate elements that spark curiosity, capture attention and establish credibility. Here's how you can elaborate on each aspect (**Figure 8**):

Figure 8: Tips to Engage Audience

1. Spark Curiosity:
    - Begin with a compelling question or statement that piques the audience's curiosity and leaves them wanting to know more.
    - Introduce a topic or concept that challenges conventional thinking or prompts reflection, encouraging viewers to stay engaged.
2. Make it Visual:
    - Utilize dynamic graphics, captivating images and engaging videos to capture the audience's attention from the start.
    - Incorporate popular movie scenes or real-life footage of people experiencing the topic at hand to make the content relatable and visually stimulating.
3. Tell a Story:
    - Craft a narrative that resonates with the audience's experiences, emotions and aspirations.
    - Use storytelling techniques such as character development, conflict resolution and plot twists to create a compelling and relatable storyline.
4. Inspire Your Audience:
    - Highlight success stories, personal testimonials or examples of individuals who have overcome challenges related to the topic being discussed.
    - Showcase the positive outcomes and benefits of adopting healthy behaviors or making positive lifestyle changes, inspiring viewers to take action.
5. Make it Credible:
    - Back up your claims and recommendations with credible sources, such as scientific research, expert opinions, or testimonials from reputable individuals or organizations.
    - Provide statistics, data or evidence-based information to support the credibility of your message and reinforce its importance.
    - By incorporating these elements into your health education materials, you can create content that not only captures the audience's attention but also inspires and motivates them to make positive changes in their health and well-being.

Reviewing and Testing Written Materials and AVA for OHE

Reviewing and testing health education materials prior to use is essential to ensure better quality materials that are attractive, clear, understandable and relevant to the target audience (Hoffmann and Worrall 2004, Shoemaker 2014). This can be done through several layers of evaluation as shown in **Figure 9**.

Figure 9: Evaluation of Written Materials and AVA for OHE

1. Content Expert Evaluation:
    - Content experts, such as healthcare professionals, researchers or subject matter specialists evaluate the accuracy, relevance and completeness of the information presented in the materials. They assess whether the content aligns with current scientific evidence, clinical guidelines and best practices in the field. Content experts provide valuable feedback on the technical accuracy of the information, ensuring that it is reliable and credible.
2. Languange/Module Expert Evaluation:
    - Language experts assess the readability level of the materials and suggest revisions to improve comprehension, such as simplifying complex terminology or restructuring sentences for clarity. Module experts assess the difficulty, usefulness, appropriateness of the topics as well as the structure of the module such as timetabling and organisation. Module experts may also look at the approaches employed in the module such as the teaching style and assessment methods.
3. Lay Person Validation:
    - Lay person validation can be conducted when pre-testing the health education materials developed. This involves gathering feedback from members of the target audience who have no specialised knowledge or expertise in the subject matter. Lay persons evaluate the materials based on their ease of understanding, relevance to their experiences and overall usability. They provide insights into whether the information is clear, engaging and actionable from the perspective of the intended audience.

Tools for Validating Health Education Materials

There are several ways to ensure the assess the materials are well prepared, based on the type of materials produced. For materials with a lot of sections or information, expert validation can be done using the content validity index to assess the relevancy or accuracy of the information (Yusuff 2019).

Other assessment methods include:

1. The Patient Education Materials Assessment Tool (PEMAT):
    - The PEMAT was developed by the AHRQ to allow for the systematic assessment of the understandability and actionability of various patient education materials. Two (2) different versions of the PEMAT exist: one (1) for the evaluation of printable materials and one (1) for the evaluation of audiovisual materials (AHRQ 2015).
2. The CDC Clear Communication Index, CDC's Office of the Associate Director for Communication:
    - This 20-item research-based index is intended for use in the development and assessment of public health communication materials that are clear and can be easily understood by the public. The CDC has developed an Index Widget, which can be incorporated into other websites (Baur 2014).
3. The Suitability Assessment of Materials (SAM), developed by Len and Ceci Doak, offers a tool for assessing texts:
    - The SAM enables reviewers to move beyond mere readability assessments and consider the many important aspects of materials such as organisation format, design and culture-that ease or hinder reading, comprehension and use. Information on SAM can be found on pg 51-60 of the Doak, Doak and Root book Teaching Patients with Low Literacy Skills, Second Edition (Doak 1996).

PART B: DETAILS OF THE MODULE

Who the module is intended for:
This module is designed for oral healthcare personnel involved in developing written and audio visual aids for patient oral health education.

What's in the module:
This module contains four (4) sub-modules to address competencies expected of oral health healthcare professionals in preparing written and AVA for OHE. The sub-modules within this module are as follow:

Sub-module 1: Introduction to Written and Audio Visual Aids (AVA) for Oral Health Education (OHE)
Sub-module 2: Understanding your target audience
Sub-module 3: Developing AVA for OHE
Sub-module 4: Reviewing and testing an AVA for OHE

Aim and objectives of the module:
This module aims to provide participants with the skills and knowledge necessary to develop effective OHE materials for a variety of target audiences.

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

Sub-module 1 :
1. To enable participants to understand the importance and benefits of using clearly written and designed audiovisual aids in promoting oral health.

Sub-module 2 :
1. 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.

Sub-module 3 :
1. To familiarise participants with various types of written and audiovisual aids used in oral health education.
2. 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.

Sub-module 4 :
1. 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.

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 which kinds of words, phrases or concepts may be jargon to patients. (K)		√		
2.	knows that cultural and linguistic differences between patients and health care professionals can magnify health literacy issues. (K)		√		
3.	knows best practice principles of plain language and clear health communication for oral and written communication. (K)	√			
4.	recognize potential legal issues involved in the development of OHE materials. (A)	√			
5.	demonstrates ability to use common familiar lay terms, phrases and concepts, and appropriately define unavoidable jargon, and avoid using acronyms in written communication with patients. (S)			√	
6.	demonstrates ability to follow best-practice principles of easy-to-read formatting and writing in written communication with patients. (S)			√	
7.	demonstrates ability to recognize plain language principles in written materials produced by others. (S)				√
8.	demonstrates the ability to put information into context by using subject headings in written communication with patients. (S)			√	
9.	demonstrates ability to write in English/ Malay at approximately the upper primary school reading level. (S)			√	
10.	demonstrates the ability to perform English-to-English/ Malay to Malay translation of information from a non-plain language format into a scientifically accurate low-literacy plain language format. (S)	√			

No.	Competency (K= Knowledge; A= Attitude; S=Skills)	Sub-module 1	Sub-module 2	Sub-module 3	Sub-module 4
11.	demonstrates ability to select culturally and socially appropriate and relevant visual aids, including objects and models, to enhance and reinforce oral and written communication with patients. (S)		√		
12.	demonstrates the ability to convey numeric information, such as risk, using low numeracy approaches, such as through examples, in oral and written communication. (S)	√			
13.	demonstrates ability to write or re-write ("translate") unambiguous medication instructions (e.g., "take 1 tablet by mouth every morning and evening for high blood pressure," rather than "take one tablet by mouth twice daily. (S)				√

Sub-module 1: Introduction to Written and Audio Visual Aids (AVA) for Oral Health Education (OHE)

The objective of this sub-module is:

1. To enable participants to understand the importance and benefits of using clearly written and designed audiovisual aids in promoting oral health.

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 health education poster or video that has left an impact on the participant, and why	1. Using Google slide as guide, introduce Written and AVA for OHE to the audience. 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	1. 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

The objective of this sub-module is:

1. 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.

Sub-module details and requirements:

Item	**Small group activity**	**Interactive lecture**
Details	In small groups: 1. Ask each of the groups to provide three (3) 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 oral health knowledge/ behaviour; culture and language 3. Choose only one (1) target population that the group wishes to prepare the poster for, with reasons 4. Share item one (1) and two (2) with other groups	1. Using Google slide as a guide, explain the importance of understanding the target audience when preparing OHE-AVA. Utilise audience response system for active participation.
Estimated time	30 minutes	15 minutes
Flow	Preferably after the lecture	Preferably before the small group activity
Materials/ Tools	1. Participants' own mobile device or tablet/ laptop with internet connectivity 2. Google drive will be allocated for each group and related materials can be uploaded in the drive based on activity.	1. 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 3: Developing AVA for OHE

The objectives of this sub-module are:

1. To familiarise participants with various types of written and audiovisual aids used in oral health education; and
2. 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.

Sub-module details and requirements:

Item	**Small group activity**	**Interactive lecture**
Details	1. Decide on the detailed content of the poster based on activity 2 2. Content must be based on evidence, provide reference 3. Ensure the language used is appropriate for the target population chosen in activity 2 4. The message must have a logical flow 5. Decide where to disseminate the poster. This will determine the following steps of the poster design 6. Design the material following the tips shared in the lecture	Using Google slide as a guide, explain different types of AVA for OHE and the tips for preparing/ creating an AVA for OHE.
Estimated time	60 to 90 minutes	30 minutes
Flow	Preferably after the lecture	Preferably before the small group activity
Materials/ Tools	1. Participants' own tablet/ laptop with internet connectivity 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 4: Reviewing and Testing an AVA for OHE

The objective of this sub-module is:

1. 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.

Sub-module details and requirements:

Item	**Small group activity**	**Interactive lecture**
Details	1. Present the poster prepared in sub-module 3 to other groups in the whole class 2. Explain the process a. Why the topic/ population is chosen b. Explain the content – reference c. Explain the design 3. Ask each group to evaluate the poster based on PEMAT 4. Discuss the results of the PEMAT at the end of the session a. Understandability b. Actionability	Using Google slide as a guide, explain the importance of testing AVA OHE materials prior to dissemination and assessment methods available
Estimated time	60 to 90 minutes	30 minutes
Flow	Preferably after the lecture	Preferably before the small group activity
Materials/ Tools	1. Participants' own mobile device or tablet/ laptop with internet connectivity. 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

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 (1) week after the completion of the final sub-module:

Please state your level of agreement with the following statements:
1= Strongly disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

No.	As an oral healthcare practitioner, I:	1	2	3	4
1.	know which kinds of words, phrases or concepts may be jargon to patients.				
2.	know that cultural and linguistic differences between patients and health care professionals can magnify health literacy issues.				
3.	know best practice principles of plain language and clear health communication for oral and written communication.				
4.	recognize potential legal issues involves in the development of OHE materials				
5.	know how to use common familiar lay terms, phrases and concepts, and appropriately define unavoidable jargon, and avoid using acronyms in written communication with patients.				
6.	can follow best-practice principles of easy-to-read formatting and writing in written communication with patients.				
7.	can recognize plain language principles in written materials produced by others.				
8.	can put information into context by using subject headings in written communication with patients.				
9.	can write in English/ Malay at approximately the upper primary school reading level.				
10.	can perform English-to-English/ Malay to Malay translation of information from a non-plain language format into a scientifically accurate low-literacy plain language format.				
11.	can select culturally and socially appropriate and relevant visual aids, including objects and models, to enhance and reinforce oral and written communication with patients.				
12.	can convey numeric information, such as risk, using low numeracy approaches, such as through examples, in oral and written communication.				
13.	can write or re-write (“translate”) unambiguous medication instructions (e.g., “take 1 tablet by mouth every morning and evening for high blood pressure,” rather than “take one tablet by mouth twice daily.				

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.

Name of Officer assessed: .....
Clinic: .....
Name of Assessor: ……

Please state your level of agreement with the following statements:
1= Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

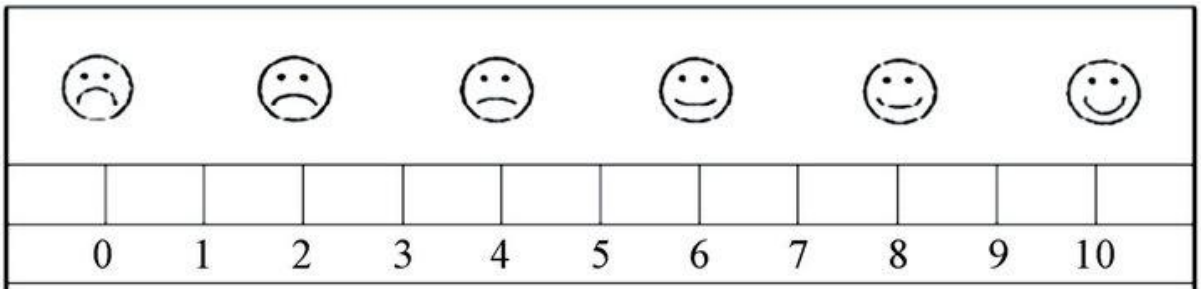
No.	As an oral healthcare practitioner, I:	1	2	3	4
1.	know which kinds of words, phrases or concepts may be jargon to patients.				
2.	know that cultural and linguistic differences between patients and health care professionals can magnify health literacy issues.				
3.	know best practice principles of plain language and clear health communication for oral and written communication.				
4.	recognize potential legal issues involved in the development of OHE materials				
5.	know how to use common familiar lay terms, phrases and concepts, and appropriately define unavoidable jargon, and avoid using acronyms in written communication with patients.				
6.	can follow best-practice principles of easy-to-read formatting and writing in written communication with patients.				
7.	can recognize plain language principles in written materials produced by others.				
8.	can put information into context by using subject headings in written communication with patients.				
9.	can write in English/ Malay at approximately the upper primary school reading level.				
10.	can perform English-to-English/ Malay to Malay translation of information from a non-plain language format into a scientifically accurate low-literacy plain language format.				
11.	can select culturally and socially appropriate and relevant visual aids, including objects and models, to enhance and reinforce oral and written communication with patients.				
12.	can convey numeric information, such as risk, using low numeracy approaches, such as through examples, in oral and written communication.				
13.	can write or re-write ("translate") unambiguous medication instructions (e.g., "take 1 tablet by mouth every morning and evening for high blood pressure," rather than "take one tablet by mouth twice daily.				

Virtual Analogue Scale to Measure Patient's Satisfaction in Participant's Poster/ Video Preparation

The following assessment shall be completed within three (3) to six (6) months after the completion of the final sub-module, by a minimum of five (5) patients/ clients.

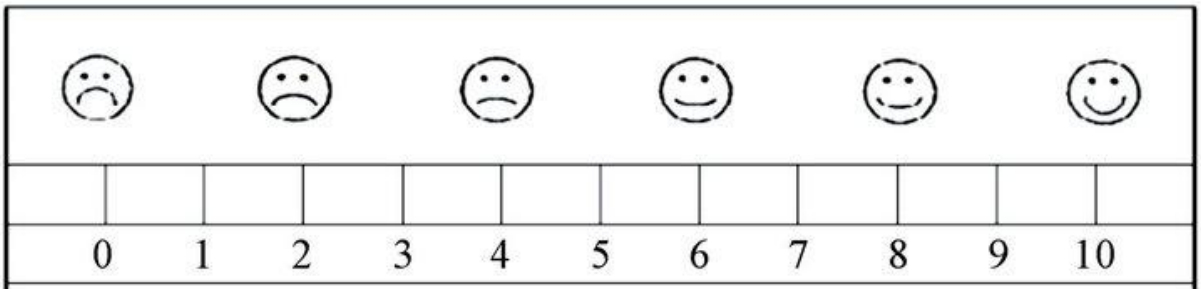
Name of officer (developer):.....
Clinic:.....
Title of audio visual aids:.....

1. How satisfied are you with the information (understandability/ usefulness) provided by the material?



Extremely Dissatisfied Extremely Satisfied

2. How satisfied are you with the visual (design/ attractiveness) of the material?



Extremely Dissatisfied Extremely Satisfied

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