

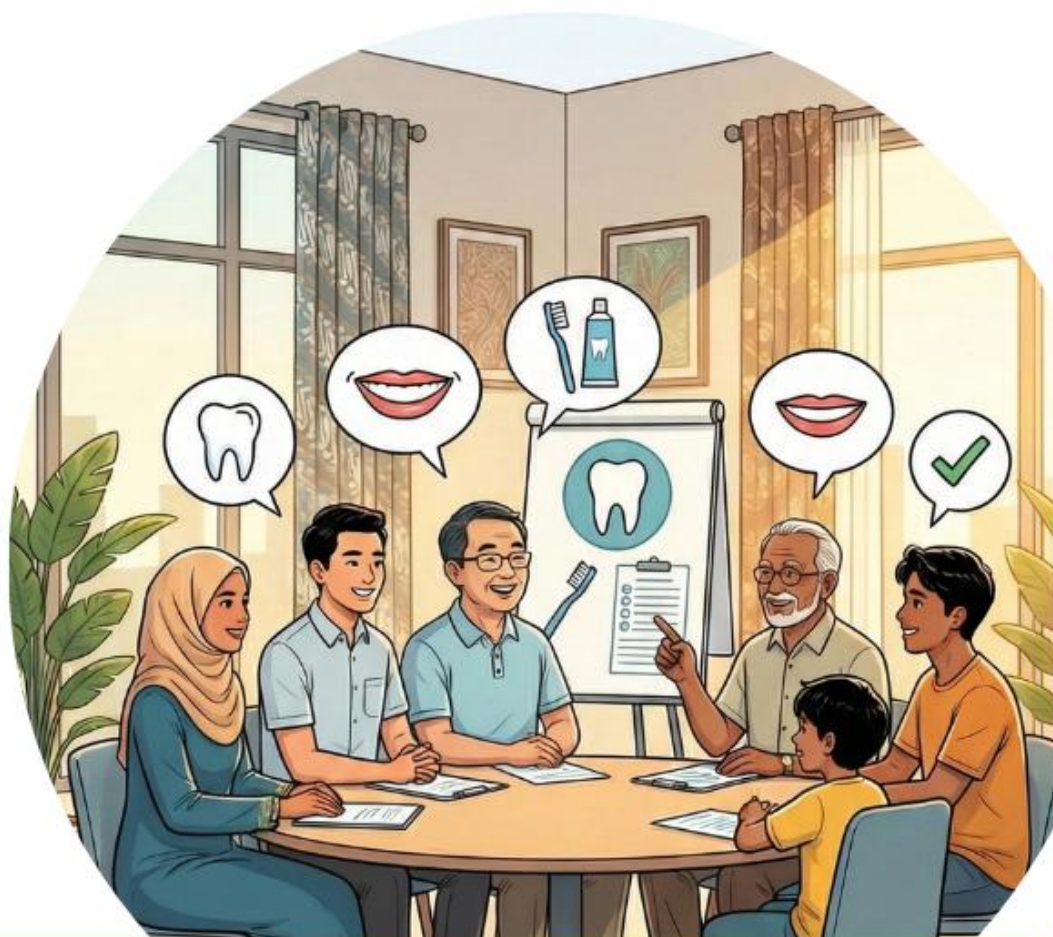


MINISTRY OF HEALTH MALAYSIA
ORAL HEALTH PROGRAMME

Malaysian Oral Health Literacy Training Package

Celik Literasi Kesihatan Mulut Malaysia (CeLiK-M)

Module 4: Healthcare System Navigation



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TABLE OF CONTENT

TABLE OF CONTENT.....	1
LIST OF FIGURES.....	2
LIST OF APPENDIX.....	3
ACKNOWLEDGEMENT.....	Error! Bookmark not defined.
PREFACE BY DIRECTOR - GENERAL OF HEALTH.....	5
PREFACE BY DEPUTY DIRECTOR - GENERAL OF HEALTH (ORAL HEALTH).....	6
ABOUT CELIK-M.....	7
INTRODUCTION.....	7
TRAINING PACKAGE DEVELOPMENT METHODS.....	11
Analysis.....	12
Design.....	12
Competencies.....	13
Development.....	13
Module Validation.....	13
Feasibility Study.....	13
Implementation.....	14
Evaluation.....	14
ABOUT THE MALAYSIAN ORAL HEALTH LITERACY TRAINING PACKAGE (<i>CeLiK-M</i>).....	14
Modules in The <i>CeLiK-M</i> Training Package (Figure 5).....	14
Objectives of The <i>CeLiK-M</i> Training Package:.....	14
How to Use The <i>CeLiK-M</i> Training Package.....	14
Structure of Each Module.....	15
MODULE 4: HEALTHCARE SYSTEM NAVIGATION.....	17
ABOUT THE MODULE.....	17
PART A : NOTES FOR TRAINERS.....	17
Introduction.....	17
Creating A Supportive Environment.....	18
Communication with Patient.....	18
Plain-language Forms.....	19
Print Materials.....	19
Scheduling Appointments.....	19

Signs.....	20
Waiting Area.....	21
Access.....	22
Recommendations for Supporting Health Literate Environment.....	22
Conclusion.....	25
PART B: DETAILS OF THE MODULE.....	26
Sub-module 1: Introduction to Healthcare System Navigation.....	28
Sub-module 2: Understanding Existing Strengths and Potential Barriers.....	29
Sub-module 3: Assessment of literacy-related environment.....	31
Reference for Google Slide.....	32
ASSESSMENT.....	33
Self- assessment.....	33
Peer- assessment (Optional).....	34
REFERENCES.....	35
APPENDIX.....	37
Appendix 1: Environment Review Checklist.....	37
Part 1: Navigation Rating.....	37
Part 2: Print Material Rating.....	39

LIST OF FIGURES

Figure 1 : Types of Health Literacy.....	7
Figure 2 : Building Health Literacy System Capacity: A Framework for Health Literate Systems	8
Figure 3 : Conceptual Framework of Operational Organisational Health Literacy.....	8
Figure 4 : ADDIE model for developing training modules.....	11
Figure 5 : Modules in The <i>CeLiK-M</i> Training Package.....	14
Figure 6 : Modules in The <i>CeLiK-M</i> Training Package.....	15
Figure 2 : Communication with the Patient at The Healthcare Facility and Via Telephone.....	18
Figure 3 : Types of Signs Used for Communication.....	20
Figure 4 : Communication with Patients	23
Figure 5 : Composition of Oral Healthcare Facility.....	24

LIST OF APPENDIX

Appendix 1 : Environment Review Checklist..... 37

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PREFACE BY DIRECTOR - GENERAL OF HEALTH

The Malaysian Oral Health Literacy Awareness Training Package; Celik Literasi Kesehatan 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 Kesehatan 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.



A handwritten signature in black ink, appearing to be 'Fah' with a long horizontal stroke above it.

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):

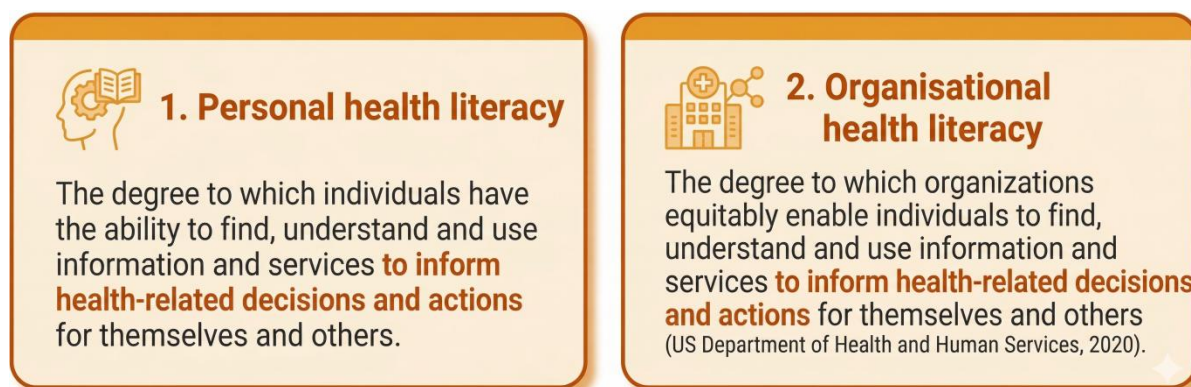


Figure 1: Types of Health Literacy

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).



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.

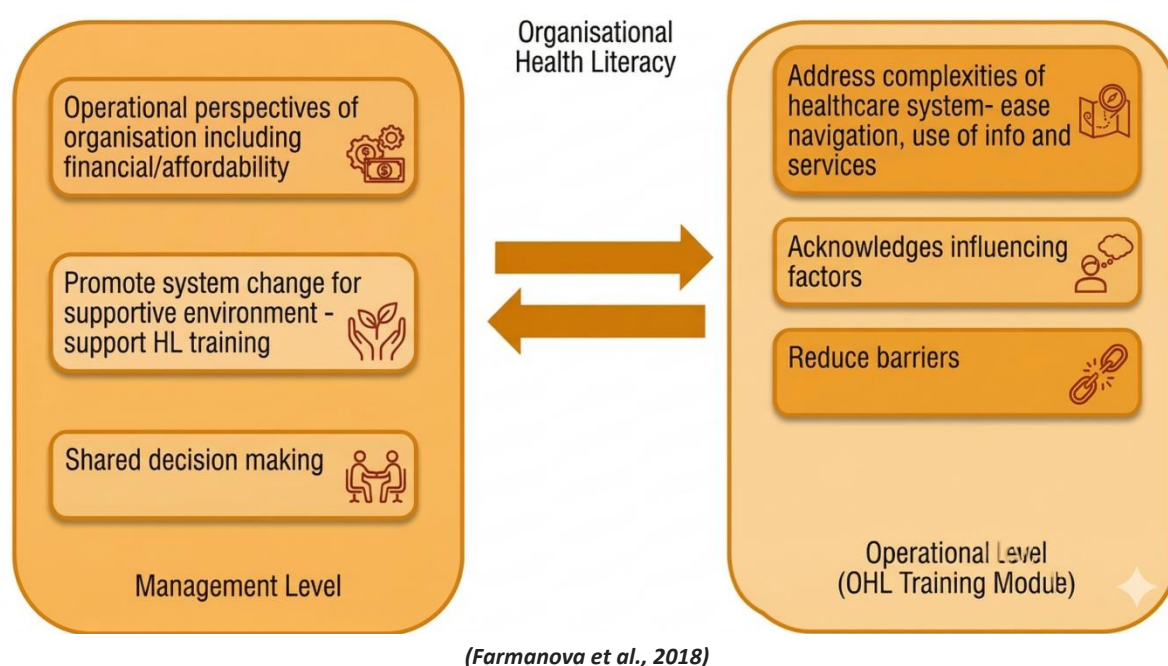


Figure 3: Conceptual Framework of Operational Organisational Health Literacy

Table 1: Key Barriers to Organizational Health Literacy

Barriers to Health Literacy	
1	Low priority of health literacy and related activities
2	Lack of commitment to health literacy
3	Limited or no buy-in from leadership
4	Becoming health-literate is not perceived advantageous
5	Lack of culture of change and innovation
6	No change champions in the organization
7	Not having procedures, policies, protocols supporting health-literate practice
8	Not having enough time
9	Lack of resources
10	Complexity of health literacy tools and guides
11	Ambiguity of roles among staff
12	Lack of training in health literacy
13	Lack of awareness about 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

<p>To Improve Spoken Communication</p> <ul style="list-style-type: none"> • Communicate clearly • Use the teach-back method • Follow up with patients • Conduct Brown Bag Medicine Reviews • Address language differences • Consider culture, customs, and beliefs 	<p>To Improve Self-Management and Empowerment</p> <ul style="list-style-type: none"> • Encourage questions • Make action plans • Help patients remember how and when to take their medicine • Get patient feedback
<p>To Improve Written Communication</p> <ul style="list-style-type: none"> • Assess, select, and create easy-to-understand materials • Use health education material effectively • Welcome patients by reducing literacy barriers 	<p>To Improve Supportive Systems</p> <ul style="list-style-type: none"> • Link patients to non-medical support • Direct patients to medicine resources • Connect patients with literacy and math resources • Make referrals easy

(AHRQ Health Literacy Universal 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

<p>Guiding Principles</p> <ul style="list-style-type: none"> • 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. 			
<p>Learning Scope</p> <p>Conceptual knowledge</p> <p>Reasoning and problem solving</p> <p>Practical application</p> <p>Self-awareness and assessment</p> <p>Communication</p> <p>Measurement and comparison</p>	<p>Core Design Elements</p> <ul style="list-style-type: none"> - Group, and reflective learning - Relevant and progressive learning - Real world applicable - Challenging and active - Satisfying 	<p>Core Assessment Elements</p> <ul style="list-style-type: none"> - Formative/summative assessment informs instructional design/delivery - Pre-post competency and knowledge assessment via validated instruments - Authentic practice assessment 	<p>Core Outcome Elements</p> <ul style="list-style-type: none"> - Student attitude, knowledge and skill - Social health care quality - Patient capacity and satisfaction - Organisational effectiveness
	<p>Classroom</p> <ul style="list-style-type: none"> - Role play - Peer teaching - Presentations - Case studies - Resource development 	<p>Simulation Lab</p> <ul style="list-style-type: none"> - Audio/video recording - Standardised patients - Role play / communication training - Health literacy assessment - Resource development and practice 	<p>Practicum</p> <ul style="list-style-type: none"> - Assess patient health literacy level - Patient/family communication - Patient/family HL education - Assess and clarify patient self-management and medication instructions
<p>Operational Factors</p>	<ul style="list-style-type: none"> ✓ 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.

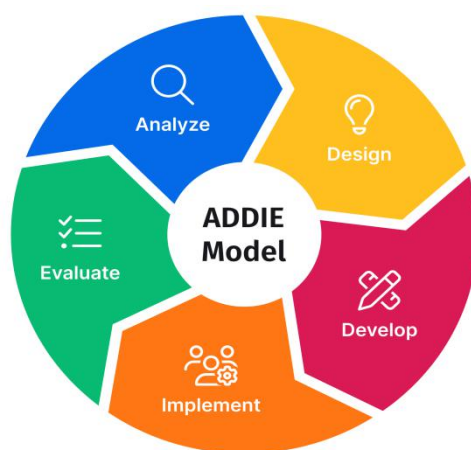


Figure 4: ADDIE model for developing training modules

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**).

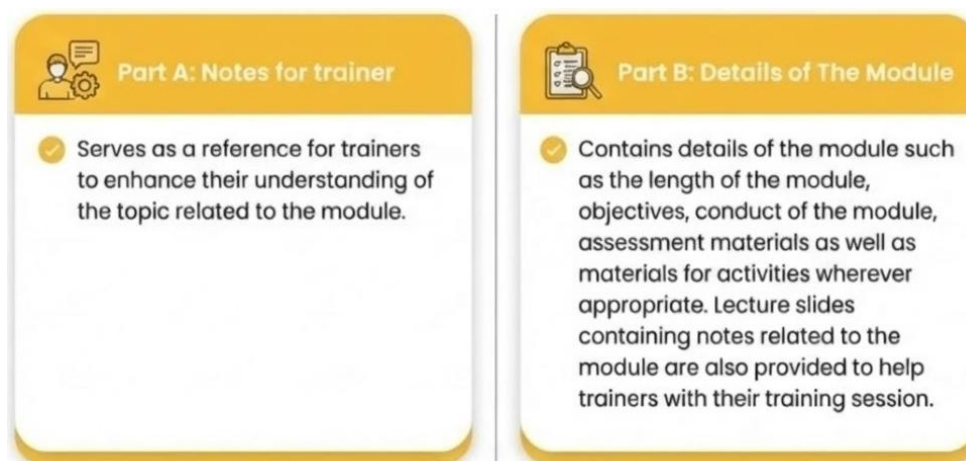


Figure 6: Modules in The *CeLiK-M* Training Package

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: <ul style="list-style-type: none"> ● 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: <ul style="list-style-type: none"> ● 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/ Overcoming Specific Barriers/ Challenges for Communication in OHL	● To understand specific barriers/challenges for communication in OHL

Module	Sub-module	Objective
	4: Demonstrating/ Applying Effective Methods/ Techniques for Communication in OHL	<ul style="list-style-type: none"> ● 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)	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● To enable participants to understand the importance of providing a supportive environment
	2: Understanding Existing Strengths and Potential Barriers	<ul style="list-style-type: none"> ● To enable participants to identify the issues, strengths and potential barriers of the oral healthcare system
	3: Assessment of Literacy-Related Environment	<ul style="list-style-type: none"> ● 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 4: HEALTHCARE SYSTEM NAVIGATION

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 addresses oral health literacy from systems perspective, focusing on how healthcare environments and services can either support or hinder patients' ability to access and utilise oral healthcare. Participants will be introduced to the concept of healthcare system navigation and the importance of creating supportive oral healthcare environments that are responsive to patients' literacy needs.

Through this module, participants will learn to identify strengths, gaps, and barriers within the oral healthcare system, including organisational processes, communication practices, and physical environments. The module also equips participants with skills to assess literacy-related aspects of healthcare settings and to propose practical recommendations for improving system-level support, thereby enhancing patient access, understanding, and continuity of care.

PART A : NOTES FOR TRAINERS

Introduction

Over the past years, there is an increasing expansion of the health care systems, thus the demands on patients to orient within and navigate health care systems are also increasing (Schaeffer et. al, 2020). As it has become more complex, patients are required to identify an adequate entry point to the health care system, to orientate themselves within a multitude of organizations, to manoeuvre through the system and to find the right place for their own problems (Carter et. al, 2018).

It is important that the patient could find the way around the facility and to communicate with the provider as such the questions and problems are answered adequately and enables the patient with informed decision making for health care is possible. However, some patients are unable to navigate adequately, which leads to disorientation, misunderstanding, uncertainty and discontinuities in health care. Some studies have shown that people with low literacy might encounter more problems in seeking care and handling more complicated information. Improving health literacy can lead to better health outcomes, as patients who understand their health information are more likely to follow medical advice and engage in preventive measures. Healthcare facilities often work to enhance health literacy through clear communication, educational materials, and supportive staff interactions.

Navigation tools such as maps, signs and staff are often available in healthcare facilities to help people find their way to and around the facility. However, these tools are only useful for patients when they are easily accessible and understandable. Some of these demands are in the form of physical aspects of the hospital or health centre, such as signs and postings. At the same time, access to and navigation of health services involves the use of a broader range of print materials such as applications, rights and responsibilities postings, payment calculations, medical history forms, directives, information booklets, and consent forms.

Creating A Supportive Environment

Healthcare facilities might be challenging for some patients as they often arrive at the facility in a high-stress state and need assistance to locate their destination immediately. By providing a more navigable and supportive environment through clear communication, educational materials, healthcare settings and supportive staff interactions could facilitate and enhance patients' satisfaction. Below are some approaches to enhance patient navigation (**Image 1 &2**):



Image 1&2: Supportive Environment of Dental Clinic

Communication with Patient

Communication with patient involves **Figure 2**:

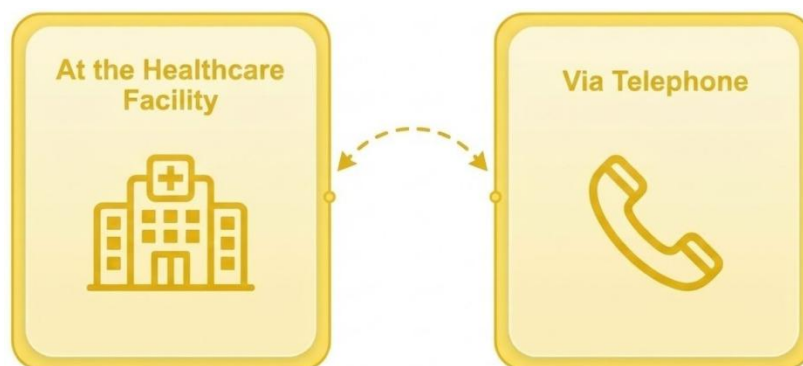


Figure 2: Communication with the Patient at The Healthcare Facility and Via Telephone

1. At The Healthcare Facility

- Communicating clearly with patients will influence the patient and enable them to understand the patient care needed. A good first impression is important as it will make patients feel more welcome and cared for, thus will more likely make

them more responsible and actively participate in their oral health care. Below are some examples to initiate a positive first interaction with the patient:

- Ask if the patient has a preferred language;
- Speaking with a friendly tone and speak slowly;
- Explain the procedure during the visit; and
- Ask what questions they have.

2. Via Telephone

- The telephone is often the first contact a person has with a healthcare facility. This initial interaction can shape a person's impressions of that healthcare facility.
- A person who answers the telephone should speak at a polite and friendly conversational tone, using plain, everyday words and phrases. Should also be able to answer common questions, such as the directions to the healthcare facility and the healthcare services provided.

Plain-language Forms

Create a simple and plain-language form so that the patient would easily understand. If patients need assistance, offer help to patients in a shame-free way. Appointment cards are one (1) of the ways to give reminders about their appointment. The design of the cards should be able to immediately catch the attention of the clients and easily stored so that it could be easily fit in the wallet or purse. Apart from being a reminder to clients about their appointment, it should also provide the contact number of the service provider. Other information included on the card is the website/ social media address of practice for the patient to see and remember.

Print Materials

Printed materials provide essential information to convey messages and information on specific topics. It is being used either to deliver information, give directions or collect information from patients. It is important to ensure the printed materials are effectively being understood. Some educational materials are available via digital access. Offer online resources that are mobile-friendly and accessible to people with varying levels of digital literacy.

Scheduling Appointments

When the procedures for the patient are completed, help the patient to ensure they will follow the recommendations provided and make the next appointment a success. The person that set up for the next appointment can confirm with the patient that they have all the information needed before leaving the facility. Consider giving the patient any of these:

- Appointment card: Which includes the patient's name, date, time and purpose of the next appointment, and the clinic contact information in the card;
- The design of the cards should be able to immediately catch the attention of your patients;

- The card should fit easily in the wallet or purse of your client;
- Reminders to patients which can be sent via email or text- preferable method of reminders according to patient's preference;
- Patient education materials such as post-op care, or any relevant brochures and information sheet;
- Patient-satisfaction survey, which allows patients to give feedback on the service provided. Make the survey easy for patients to complete and return;
- Follow-up patients via email, phone or text to check on a patient's condition after a procedure. Use patient records to customize these communications.

Signs

Signs involve (Figure 3):



Figure 3: Types of Signs Used for Communication

1. Plain-Language Signs

In a dental clinic setting, clear signage is beneficial to the patients. Simple graphics and clear directions in languages that patients use will make the dental clinic easy to navigate. Signage used at the front desk or registration counter is easy to read and enables the patient to give and receive information in their preferred language. Provide forms and dental education materials in the language that the patient speaks.

2. Signs Displayed in The Facility

Signs should be easy to understand especially for patients with limited literacy. Use simple and everyday words, and make signs easy to read, clearly visible and use a consistent style. Where there are multiple languages, it might be more effective to use graphic symbols. Use those symbols consistently in your written information – including printed handouts, service directories and your website. This will help your consumers become familiar with the symbols.

3. Directional Signs

Directional signs help people find their way to the service and their way around the facility. Making the signs easy, it will help patients be more comfortable, arrive on time and reduce the time the staff gives directions.

Some people may have difficulty using maps and signs. Therefore, it is important for healthcare facilities to use simple and clear maps and signs so that their patients can more readily use them. The placement of signs is also important. For example, it is easy for people to walk past

flat signs, such as wall signs. When wall signs are combined with other signs, such as overhead signs or signs jutting from the wall, it is often easier for people to notice them. The maps in the facility center could be:

- I. Posted at various locations around the facility:
 - Include a key on the map;
 - Indicate present location with a “you are here” and/or a star; and
 - Use colors when the color codes on the maps reflect colors on the walls or floors of the healthcare facility.
- II. The signs in the facility should:
 - Use consistent symbols/ graphics ;
 - Use consistent words (i.e., “Cafeteria” is always referred to as “Cafeteria”, not “Café” or “Restaurant”);
 - Use large, clearly visible lettering on overhead signs;
 - Use large, clearly visible lettering on wall signs (eye level signs);
 - Indicate each service or clinic site with a sign (i.e., “Medical Records”);
 - Use common words and graphics; and
 - Display signs to direct consumers to commonly needed areas like reception/ front desk, waiting rooms and toilets.

Nearby the car park area can display a sign to show the way to the service and make sure the name of the service is clearly displayed on the outside of the building. At the entrance, provide entry signs that are visible from the street. If the healthcare service is located within a multi-purpose building/ complex, clearly display the name of the service and floor it is on in the foyer, lifts and staircase. If the building or service is large, provide a map in the lobby or foyer, and include a 'You Are Here' symbol. The use of abbreviations or acronyms should be avoided. Colour coding or coloured lines could be used as alternatives to words to guide people through the facility. Signs incorporating symbols are easier to understand than purely text-based signage.

Waiting Area

1. Person in-Charge at Waiting Area

Staff at the waiting area should be welcoming, kind and helpful. A friendly and informative waiting area can help to reduce a patient's anxiety and make them more comfortable and confident.

- Staff should display welcoming body language and pleasant communication tone;
- Staff wearing clear name tags;
- Staff are well trained in the organization’s reception policies and procedures;
- Offer help to consumers completing their forms;
- Offer directions to service areas;
- Use appropriate language;
- Help patients to make appointments when referral is provided; and
- Explanation to patients regarding the appointment given – when and where, who they will see, any necessary preparation, what to bring, what to do if they need to change the date of appointment.

2. Environment of Waiting Area

- Have a sign at waiting area or the front desk to let people know they have arrived and what to do next;
- Have an uncluttered bulletin board with easy-to-read health, wellbeing information relevant to patients and visually appealing. Assign somebody to update the board regularly; and
- Use technology to show health information and information about dental service, for example, via television – showing the importance of oral health care, common procedures performed and provided in the facility, healthy lifestyles and preventive oral health care.

Access

Patients know how to access care and how to access appropriate levels of care for whatever issues they are having. Making dental health education materials understandable, readable, visually readable, using a variety of pictures and words so that it is understandable even by those with low reading level.

Supporting patients with easy access for oral healthcare services involves developing knowledge of the resources available in the community, directing patients to relevant resources and following up to ensure that the connections were made. Always keep resources updated. Ask patients to let you know if they cannot reach a community resource. Establish a schedule for verifying whether resource information is still accurate.

Improving access for patients with disabilities in healthcare facilities is crucial for ensuring equitable care. Some strategies could be implemented to remove potential barriers and to enhance accessibility.

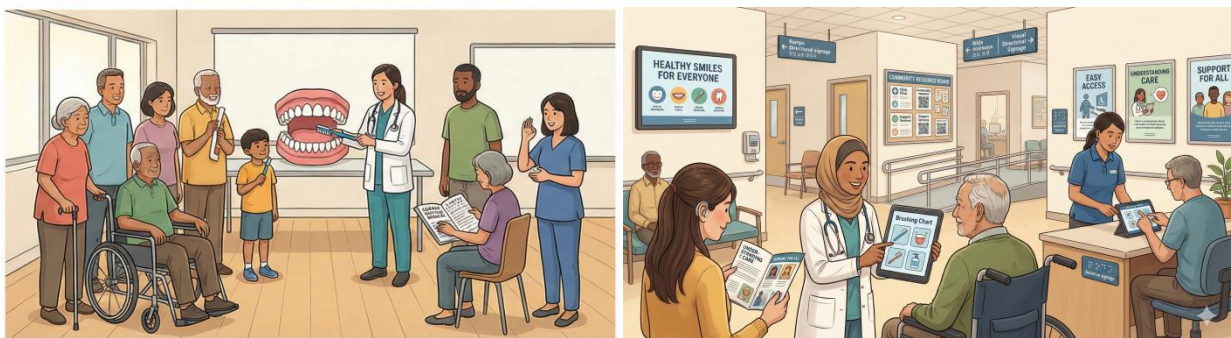


Image 3&4: Improving Patient Access to Oral Healthcare

Recommendations for Supporting Health Literate Environment

Creating and providing a health literate environment in a healthcare facility is crucial for improving patient outcomes and ensuring that individuals can effectively engage with their care. Here are some recommendations to foster such an environment:

1. Communication With Patient

Communication with patients involve (Figure 4):



Figure 4: Communication with Patients

- I. Via Telephone:
 - Greet, give a brief self-introduction;
 - Speak at a slow and relaxed pace;
 - Maintain a friendly conversational tone;
 - Use plain, everyday words and phrases; and
 - Answer common questions, such as directions to the healthcare facility using multiple forms of transportation including public transportation.
- II. At the healthcare facility:
 - Ask if the patient has a preferred language;
 - Speaking with a friendly tone and speak slowly;
 - Offer help to patients in a shame-free way;
 - Explain the procedure during the visit; and
 - Ask what questions they have.
- III. Plain-Language Forms:
 - Create a simple and plain-language form so that the patient would easily understand. Avoid medical jargon unless it's explained clearly.
 - The design of the appointment cards should be able to immediately catch the attention of the clients and easily stored so that it could be easily fit in the wallet or purse;
 - Provide the contact number of the service provider; and
 - Other information included is the website/ social media address of practice Patient-satisfaction survey, which allows patients to give feedback on the service provided. Make the survey easy for patients to complete and return.
- IV. Print Materials:
 - Use plain language - clear, readable, simple and conventional words and style;
 - Apply layout and design elements that make reading easy:
 - Suitable font type and spacing;
 - Adequate margins and lines;
 - Design presentation - well organized layout, appropriate use of color and graphic, legible fonts; and

- Overall design - avoid clutter, clearly label all illustrations and charts, use consistent and easily recognised headings, main points highlighted or use bold fonts.

V. Scheduling Appointments:

- Appointment card, which includes the patient's name, date, time and purpose of the next appointment and the clinic contact information in the card;
- Send reminders to patients via email or text- preferable method of reminders according to patient's preference;
- When the procedures for the patient are completed, help the patient to ensure they will follow the recommendations provided and make the next appointment a success;
- Appointment card, which includes the patient's name, date, time and purpose of the next appointment, and the clinic contact information in the card;
- Provide patient education materials such as post-op care, or any relevant brochures and information sheets; and
- Follow-up patients via email, phone or text to check on a patient's condition after a procedure. Use patient records to customize these communications.

2. Oral Healthcare Facility

Oral healthcare facility mainly involves (Figure 5).



Figure 5: Composition of Oral Healthcare Facility

I. Entrance

- Display the facility's name clearly on the outside of the building, so patients can recognize they are in the right place;
- Provide entry signs that are visible from the street; and
- Use signs with plain, everyday words such as "Walk-In" rather than medical words such as "Ambulatory Care" or "Outpatient Services".

II. Lobby

- For patients with disability, improve physical accessibility by installation of ramps with proper slopes and handrails at all entrances and exits, ensure doorways are wide enough for wheelchair access, elevators are spacious and have accessible controls which include Braille and large print on elevator buttons;
- Provide a sign with words of welcome;

Module 4- Healthcare System Navigation

- Provide a large wall map with a key and an indication of present location, such as a statement of 'you are here' or a star;
- Provide patients with a welcome or information desk, with a sign indicating its purpose; and
- Provide artwork that reflects various cultural groups, or photographs of the local area or people.

III. Directional Signs

- Displayed at various locations around the facility;
- Include a key;
- Indicate present location with a "you are here" and/or a star;
- Use colors when the color codes on the maps reflect colors on the walls or floors of the healthcare facility;
- The signs in the facility can:
 - i. Use consistent symbols/ graphics;
 - ii. Use consistent words (i.e., "Cafeteria" is always referred to as "Cafeteria", not "Café" or "Restaurant");
 - iii. Use large, clearly visible lettering on overhead signs;
 - iv. Use large, clearly visible lettering on wall signs (eye level signs);
 - v. Use common words and graphics; and
 - vi. Indicate each service or clinic site with a sign (i.e., "Medical Records").

IV. Signs Displayed in The Facility

- Simple graphics and clear directions;
- Use common words, consistent symbols / graphics
- Signs should be easy to understand; and
- Signage used at the front desk or registration counter is easy to read and enables the patient to give and receive information in their preferred language. Provide forms and dental education materials in the language that the patient speaks.

Conclusion

In conclusion, a supportive environment within a healthcare facility is crucial for promoting patient engagement, improving outcomes, and ensuring equitable access to care. By creating an environment where communication is clear, accessible, and respectful of patients' diverse needs, it could empower individuals to make informed decisions about their health. This involves simplifying health information, providing culturally and linguistically appropriate resources, and fostering a supportive atmosphere where patients feel confident in asking questions and seeking clarification.

Ultimately, a health literate environment enhances patient satisfaction, reduces health disparities, and contributes to better overall health outcomes. With the recommendations provided, healthcare facilities can create a more inclusive and effective environment that supports patients in managing their health and making informed decisions about their care.

PART B: DETAILS OF THE MODULE

Who the module intended for:

This module is designed for oral healthcare personnel in creating and providing a supportive environment of their oral healthcare facilities.

What's in the module:

This module contains three (3) sub-modules to address competencies expected of oral health healthcare personnel in providing a supportive environment which makes it easier for people to access, understand, appraise and use health information and services. The sub-modules within this module are as follow:

Sub-module 1 : Introduction to Healthcare System Navigation

Sub-module 2 : Understanding existing strengths and potential barriers

Sub-module 3 : Assessment of literacy-related environment

Aim and objectives of the module:

To guide participants on strategies of creating a supportive environment that is important in meeting the quality standards set for the healthcare system.

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

- Sub-module 1 :
 1. To enable participants to understand the importance of providing a supportive environment.

- Sub-module 2 :
 1. To enable participants to identify the issues, strengths and potential barriers of the oral healthcare system.

- Sub-module 3 :
 1. To enable participants to assess the oral healthcare environment which enables participants to discuss priorities and planning in creating a supportive environment.
 2. To equip participants with the recommendations for improving literacy environment of a facility.

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.

Module 4- Healthcare System Navigation

Competencies addressed according to sub-module:

No.	Competency (K= Knowledge; S=Skills; P=Practice)	Sub- module 1	Sub- module 2	Sub- module 3
1.	knows that “you can’t tell who has low health literacy by looking” (K)	√		
2.	knows that community resources exist for helping adults improve their general literacy skills. (K)		√	
3.	demonstrates the ability to assess the usability of web-based patient resources (S)	√		
4.	routinely recommends the use of professional medical interpreter services for patients whose preferred language is other than Malay. (P)	√		
5.	routinely anticipates and addresses navigational barriers within health care systems and shares responsibility with patients for understanding and navigating systems and processes; attempts to make systems and processes as transparent as possible. (P)			√
6.	routinely arranges for timely follow-up when communication errors are anticipated. (P)	√		
7.	routinely refers patients to appropriate community resources for enhancing literacy and/or health literacy skills (e.g., Adult Basic Literacy Education) within the context of the therapeutic relationship. (P)	√		
8.	demonstrates the ability to put information into context by using subject headings in written communication with patients. (S)	√		

Sub-module 1: Introduction to Healthcare System Navigation

The objective of this sub-module:

1. To enable participants to understand the importance of providing a supportive environment.

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 their understanding of navigation to oral healthcare system – various methods to access care and obtain information	Using Google slides as a guide, introduce components of navigation to the oral healthcare system to the audience. Utilise audience response system for active participation.
Estimated time	25 minutes	30 minutes
Flow	Preferably before the lecture	Preferably after the small group activity
Materials/ Tools	-	Interactive lecture material (Google slide presentation on introduction to healthcare system navigation).
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 Existing Strengths and Potential Barriers

The objective of this sub-module: To enable participants to identify the issues, strengths and potential barriers of the oral healthcare facility.

Sub-module details and requirements:

Item	Small group activity	Interactive lecture
Details	<p>This activity will be conducted at a healthcare facility. The discussion session could be conducted in a meeting room, while the environment review shall be conducted by walking through the healthcare facility.</p> <p>In small groups:</p> <ol style="list-style-type: none"> 1. Ask each of the groups to identify what are the navigation tools. The navigation tools such maps, signs and staff are often available in healthcare facilities to help people find their way to and around the facility 2. Each group conducts an environment review using the checklist provided 3. Start off with making a telephone call to the identified facility. Attempt to get directions from residential to the clinic. May ask for services provided or request for appointment. 4. Begin the walking environment review at a most logical starting point, for example from the parking area to the entrance of healthcare facility 5. Location of the environment review : entrance, lobby, waiting area, service area, print materials available at the clinic 6. Upon completing the checklist, each group calculates the rating score 	<p>Using Google slide as a guide, explain the ratings for the oral health literacy environment review</p>
Estimated time	60 minutes	15 minutes
Flow	Preferably after the lecture	Preferably before the small group activity
Materials/ Tools	<ol style="list-style-type: none"> 1. Participants' own mobile device or tablet/ laptop with internet connectivity 2. Using Google drive allocated for each 	<p>Interactive lecture materials</p> <ul style="list-style-type: none"> ● Calculation and

Item	Small group activity	Interactive lecture
	<p>group and the environment review can be updated in the drive based on activity</p> <p>(Appendix 1 - Environment Review Checklist)</p>	<p>interpretation rating score of each item</p>
<p>Manpower (recommended for more effective delivery)</p>	<p>One (1) facilitator to three (3) groups of four (4) to five (5) participants for small group activities. (1:15)</p>	<p>Minimum one (1) lecturer for the interactive lecture session, regardless of the number of participants</p>

Sub-module 3: Assessment of literacy-related environment

The objective of this sub-module is:

1. To enable participants to assess the oral healthcare environment which enables participants to discuss priorities and planning in creating supportive environment; and
2. To equip participants with the recommendations for improving the literacy environment of a facility.

Sub-module details and requirements:

Item	Small group activity	Interactive lecture
Details	<ol style="list-style-type: none"> 1. Refer to findings from the environment review 2. Discuss the literacy barriers 3. Decide the potential initiatives specific to a healthcare facility, reflect priorities and cost considerations 4. Discuss the recommendations provided to increase the visibility and readability of navigation tools 	Using Google slide as a guide, explain recommendations/initiatives to improve health literacy healthcare environment.
Estimated time	45 to 60 minutes	20 minutes
Flow	Preferably after the lecture	Preferably before the small group activity
Materials/ Tools	<ol style="list-style-type: none"> 1. Participants' own tablet/ laptop with internet connectivity. 2. Using Google drive allocated for each group and related materials can be uploaded / updated in the drive based on activity. <p>*To provide the list of recommendations to participants after each group presents their recommendations / suggestions.</p>	Interactive lecture materials. (Google Slide presentation)
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 before the participant joins the first sub-module and within four weeks 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 that “you can’t tell who has low health literacy by looking”.				
2.	know that community resources exist for helping adults improve their general literacy skills.				
3.	demonstrate the ability to assess the usability of web-based patient resources.				
4.	able to recommend the use of professional medical interpreter services for patients whose preferred language is other than Malay.				
5.	demonstrate the ability to anticipate and address navigational barriers within health care systems and share responsibility with patients for understanding and navigating systems and processes; attempts to make systems and processes as transparent as possible.				
6.	capable of arranging for timely follow-up when communication errors are anticipated.				
7.	demonstrate the ability to put information into context by using subject headings in written communication with patients-				

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 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, the officer:	1	2	3	4
1.	knows that “you can’t tell who has low health literacy by looking”.				
2.	knows that community resources exist for helping adults improve their general literacy skills.				
3.	demonstrates the ability to assess the usability of web-based patient resources.				
4.	Able to recommend the use of professional medical interpreter services for patients whose preferred language is other than Malay.				
5.	Demonstrates the ability to anticipate and address navigational barriers within health care systems and shares responsibility with patients for understanding and navigating systems and processes; attempts to make systems and processes as transparent as possible.				
6.	Capable of arranging for timely follow-up when communication errors are anticipated.				
7.	Demonstrates the ability to put information into context by using subject headings in written communication with patients.				

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US Department of Health and Human Services, 2020

APPENDIX

Appendix 1: Environment Review Checklist

Part 1: Navigation Rating

A. Telephone Assessment

1. Make a call to the main telephone number of the healthcare facility;
2. Attempt to get directions to the facility (via public transportation/ own transportation); and
3. Each participant should complete the Telephone Assessment Form.

B. Telephone Assessment Form

Date:

Your Name:

Facility you are calling:

Telephone number:

Location you want directions from:

Start of call:

1. Time phone was answered :

2. Does the person greet?

 Yes No

3. What is the tone of the person's voice?

 Warm/ Welcoming Neutral Cold

4. What is the speed of the person's speech?

 Very fast Fast Slow Very slow

5. Was the call successful? (Were you able to get what you needed)

 Yes No

6. Comments about the Phone System & Getting Help with Directions

.....
.
.....
.

A. Healthcare Facility Assessment Form

Please tick ONE (1) response that most accurately describes your facility using the following rating scale:

1. This is something that is not done
2. This is done, but needs some improvement
3. This is done well

Entrance			
	1	2	3
1. The healthcare facility name is clearly displayed on the outside of the building			
2. All entry signs are visible from the street			
3. The signs use plain, everyday words			
Lobby			
1. There is a map available			
2. The map includes a key			
3. The map shows a "you are here" and/ or a star or symbol			
4. There is a welcome or information desk			
5. A sign indicates the welcome or information desk			
Staff Assistance			
1. Staff are available at or near the main entrance to help visitors			
2. Staff are present at the information desk			
3. Staff wear identification such as nametag			
4. Multilingual staff are available at information desk			
Hallways: Navigation Ease			
1. Maps are posted at various locations around the facility			
2. Overhead signs use large, clearly visible lettering			
3. Wall (eye level) signs use large, clearly visible lettering			
4. Signs written in Malay (as the primary language)			
Service Areas			
1. Name of clinic/ service area is clearly displayed			
2. Sign-in procedures are clearly indicated			
3. Staff offer help for completing any needed paperwork			
4. Materials provided to patients are written in the easy and plain language			

Navigation Rating Summary

Calculating Your Navigation Score			
Response	Tally	Multiply	Score
1. This is something that is not done		X1	
2. This is done, but needs some improvement		X2	
3. This is done well		X3	
Total Score =			

Interpreting Your Navigation Score	
Score Range	Next Steps
0-20	Begin a focused initiative to eliminate literacy-related barriers
21-40	Augment efforts to eliminate literacy-related barriers
41-60	Continue to monitor and eliminate literacy-related barriers

Part 2: Print Material Rating

1. Type of material being assessed: Please tick one (1)

Forms patients fill out	
Follow up notification	
Appointment documentation	
Patient education materials	
Legal materials	

2. Purpose of the material being assessed: Please tick one (1)

Deliver information (e.g: patient education about dental caries)	
Provide directions (e.g: post extraction care)	
Collect information (e.g: health history form)	

Please tick ONE (1) response that most accurately describes your facility using the following rating scale:

1. This is something that is not done
2. This is done, but needs some improvement
3. This is done well

Writing Style

	1	2	3
1. The materials emphasize and summarizes the main points			
2. The information is grouped into meaningful sections			
3. The material is written in active voice and a conversational style			
4. The words and sentences are generally short, simple & direct			

Module 4- Healthcare System Navigation

5. If medical terms are used, they are clearly explained with helpful examples			
6. Readable material			
Organization and Design			
1. The material uses headings, subheadings, sections and labels are clear			
2. The materials look uncluttered, with generous margin & plenty of space			
3. The graphic design uses bullets and indentation to highlight points and makes text easy to read			
4. Explanatory illustrations, diagrams, tables, charts and graphs are clearly labelled and placed near the text			

Print Material Rating Summary

Calculating Your Navigation Score			
Response	Tally	Multiply	Score
1. This is something that is not done		X1	
2. This is done, but needs some improvement		X2	
3. This is done well		X3	
Total Score =			

Interpreting Your Navigation Score	
Score Range	Next Steps
0-10	Begin a focused initiative to eliminate literacy-related barriers
11-20	Augment efforts to eliminate literacy-related barriers
21-30	Continue to monitor and eliminate literacy-related barriers