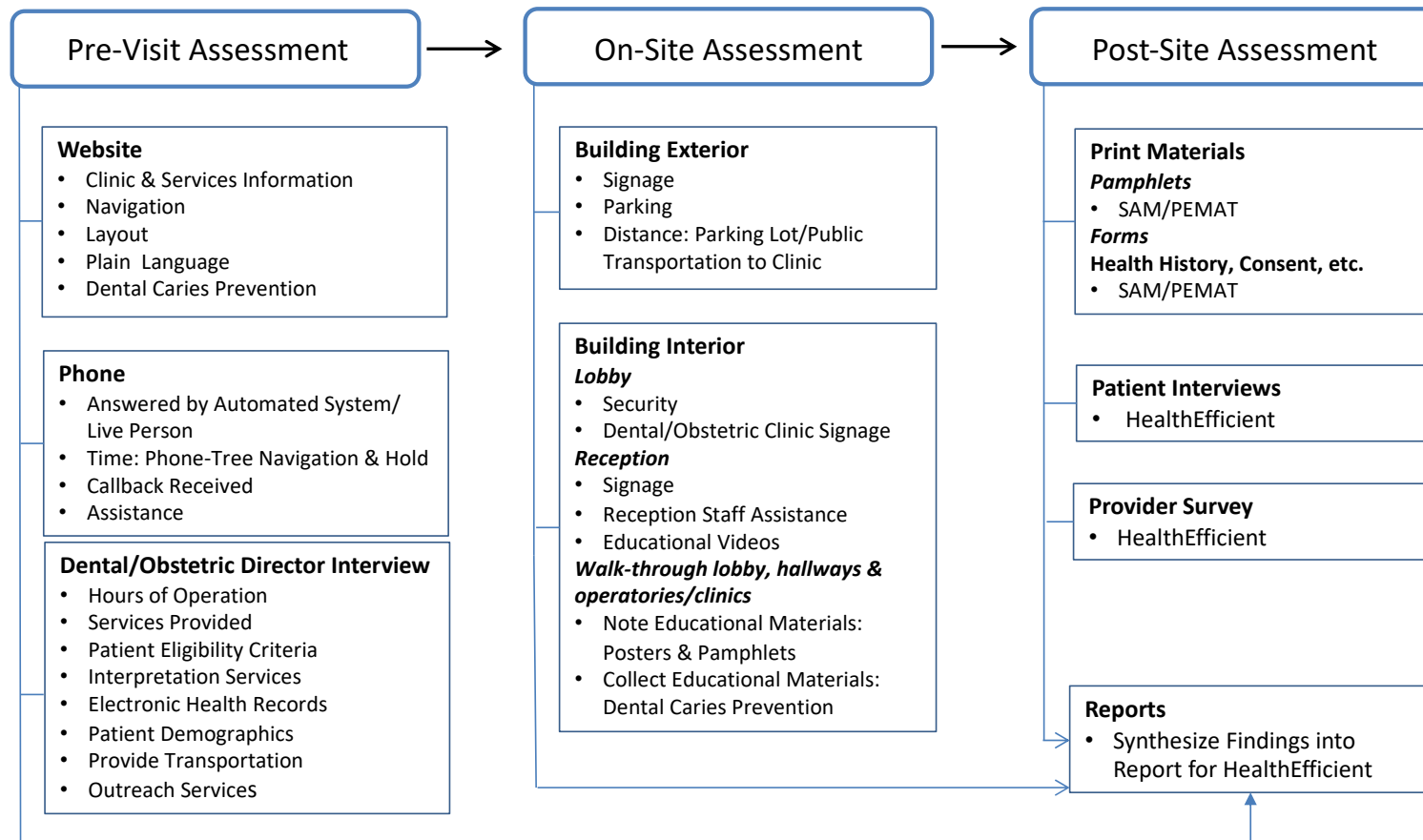


## Oral Health Literacy Environmental Scan



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**SECTION 1 – CONTACT INFORMATION**

Date: \_\_\_\_\_

Evaluator(s): \_\_\_\_\_

Name of clinic: \_\_\_\_\_

Type of clinic:

- FQHC
- County Health Department
- City Health Department
- Community Health Center
- Other \_\_\_\_\_

Dental clinic is:

- Freestanding
- Part of a medical clinic

Dental Clinic Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

<p><b>CEO</b> Name: _____ Email address: _____ Phone: _____</p>	<p><b>Medical Director</b> Name: _____ Email address: _____ Phone: _____</p>
<p><b>Dental Director</b> Name: _____ Email address: _____ Phone: _____</p>	<p><b>Obstetric Director</b> Name: _____ Email address: _____ Phone: _____</p>
<p>_____ Name: _____ Email address: _____ Phone: _____</p>	<p>_____ Name: _____ Email address: _____ Phone: _____</p>
<p>_____ Name: _____ Email address: _____ Phone: _____</p>	<p>_____ Name: _____ Email address: _____ Phone: _____</p>

**SECTION 2 – ASSESS WEBSITE**

Organization: \_\_\_\_\_

Website: \_\_\_\_\_

<b>Dental Clinic Information</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>	<b>Comments</b>
Address				
Phone number				
Days clinic open				
Hours clinic open				
Accessible by public transportation				
Information about parking				
Description of clinic including mission				
<b>Services Provided &amp; Eligibility Criteria</b>				
Types of services provided				
Types of patients seen (adults, pregnant women, children)				
Types of insurance accepted				
Eligibility criteria				
Patient Portal				
New Patient Forms (including dental)				
<b>Educational Information</b>				
Oral health education information				
<b>Website Navigation</b>				
Information is current				
Links work				
<b>Website Navigation</b>				
HLE2 Score				
<b>Comments:</b>				

## Website Assessment Scoring Guidance

Rating	Score	Example
Never	0	This is not practiced as yet.
Rarely	1	This has been practiced only once or twice OR in one or two units. Less than 25% of the time.
Occasionally	2	This is practiced from time to time but not on a regular basis. Less than 50% of the time OR in fewer than half the units.
Frequently	3	This is practiced on a regular basis. More than half the time (about 75% of the time) OR in most units.
Always	4	This is an institutional expectation. Practiced with a goal of 100%.

	Never 0	Rarely 1	Occasionally 2	Frequently 3	Always 4
Home page has simple search function.					
Links are clearly labeled.					
Icons have clear labels that explain their function.					
The source of information is dated and reliable (source displayed).					
The page can send viewers to a mobile version (programmed into the html).					
On the content pages, the back button returns viewers to the previous page.					
The information is grouped into meaningful sections.					
The page uses clear headings, subheadings, or other devices to signal what is coming next.					
Users can click on medical or math terms and be linked to a definition.					
Uses common, everyday language.					
Limits paragraph size and uses bullets and short lists.					
<b>Sum the points in each of the columns.</b>					
<b>Add the points. TOTAL =</b>					

This assessment is based on the HLE<sub>2</sub>: The Health Literacy Environment of Hospitals and Health Centers, Rudd RE, Oelschlegel S, Grabeel KL, Tester E and Heidel E. Harvard T.H. Chan School of Public Health. 2019.

### SECTION 3 – ASSESS PHONE SYSTEM

Methods: Search for the dental clinic's number. Assess the phone system by calling to get directions to the dental clinic. If the clinic uses an automated phone system, use 'automated system' to assess the phone system. If the phone is answered by a person, use 'live person' to assess the phone system.

Date: \_\_\_\_\_ Evaluator name: \_\_\_\_\_

Clinic you are calling: \_\_\_\_\_

Telephone number of clinic: \_\_\_\_\_

Location you want directions from: \_\_\_\_\_

#### Call Summary

a. Time call begins: \_\_\_\_\_

b. Time call ends: \_\_\_\_\_

c. Duration of call: \_\_\_\_\_

d. Telephone answered by:

Automated system (Go to Automated System)

Person (Go to 'Live Person')

Automated System	Live System
1. Is there an option for another language? <input type="checkbox"/> Yes If yes, which language(s): _____ <input type="checkbox"/> No	1. Did the person you talked to: <b>(Choose All that apply)</b> <input type="checkbox"/> Ask if they can assist you <input type="checkbox"/> Speak slowly <input type="checkbox"/> Speak clearly <input type="checkbox"/> Answer your questions/provide the help you needed <input type="checkbox"/> Other: _____
2. Number of menu options required to get directions to the dental clinic. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 6 7 No option	2. Did the person speak using everyday language? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. What is the speed of the menu options? <input type="checkbox"/> Very fast <input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Very slow	3. Did the person speak with a heavy accent? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there an option to repeat menus? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Were you placed on hold during your call? <input type="checkbox"/> Yes How long? _____ <input type="checkbox"/> No
5. Are there instructions for medical emergencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional comments :
6. Are there instructions for medical emergencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Was the call successful? (Were you able to get what you needed?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Is there an after-hours message? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 4: INTERVIEW DENTAL DIRECTOR**

Clinic Name: \_\_\_\_\_

Director Name: \_\_\_\_\_

Date: \_\_\_\_\_

Hello. Good morning/afternoon/evening, my name is \_\_\_\_\_. I'm calling from the University of Maryland, School of Public Health. We are part of the HealthEfficient team working on the Health Resources and Services Administration (HRSA) Networks for Oral Health Integration (NOHI) grant.

We are interviewing dental directors to get background information on clinics for this project. The interview will take approximately 30 minutes.

**Days the dental clinic sees patients**

	Location 1	Location 2	Location 3	Location 4	Location 5
<b>Days</b>					
<b>Hours</b>					

**Staffing:**

	Location 1	Location 2	Location 3	Location 4	Location 5
<b># Dentists</b>					
<b># Dental Hygienists</b>					
<b># Assistants</b>					
<b># Staff</b>					
<b># Dental Therapists</b>					
<b># Health Navigators</b>					
<b># Office Managers</b>					
<b># Other (specify):</b>					

**Patient visits**

1. Approximate # of dental visits in previous year (2019) \_\_\_\_\_
2. Percentage of patients who are no-shows: \_\_\_\_\_

**Demographics of population served**

3. Income
  - a. Percent of patients at or below 100% of Poverty \_\_\_\_\_
  - b. Percent of patients between 100% and 200% of Poverty \_\_\_\_\_

4. Population you serve.

<b>Patient Age</b>	<b>Percentage</b>
<b>Children</b> (ages 0-18)	
<b>Adults</b> (19-64)	
<b>Seniors</b> (age $\geq$ 65 yrs.)	
Pregnant women	
Of your patients who are children:	
Ages 0-3 years	
Ages 4-7 years	
Ages 8-18 years	

5. Dental insurance

<b>Insurance Type</b>	<b>Percentage</b>
Uninsured	
Medicaid	
Medicare	
Private	
Other	



6. Race/ethnicity

Race/Ethnicity	Percentage
Hispanic/Latino	
African American	
White	
Asian/Pacific Islander	
American Indian/Alaska Native	
Other	

7. Language:

Percentage of patients with English as second language (ESL) or do not speak English \_\_\_\_\_

**Interpreters**

8. Are interpreters available?

Yes    No (**SKIP to Question 11**)

9. What initiates the request/need for an interpreter?

\_\_\_\_\_

10. How does the patient/clinic arrange for interpreter services?

\_\_\_\_\_

**Eligibility and Fees**

11. How do patients know about this clinic/your clinics?

\_\_\_\_\_

12. What are the eligibility criteria for dental services?

Residence

Income level

Pregnant

Age

Other: \_\_\_\_\_

13. Who determines a patient's eligibility for services? Describe the eligibility process.

\_\_\_\_\_

\_\_\_\_\_

14. What do patients pay for services?
- Set fee per visit \$ \_\_\_\_\_
  - Sliding scale
  - Other: \_\_\_\_\_

**Appointments**

15. When a patient calls for an initial appointment, how soon are they seen?
- ≤1 week
  - 1-2 weeks
  - 2-4 weeks
  - 1-2 months
  - 3-4 months
  - > 4 months
16. For a follow-up appointment, how soon are they seen?
- ≤1 week
  - 1-2 weeks
  - 2-4 weeks
  - 1-2 months
  - 3-4 months
  - > 4 months
17. Does the clinic call/contact patients/guardians to remind them of appointments?
- Yes
    - How far in advance of the appointment? \_\_\_\_\_
    - How many times do they call/contact? \_\_\_\_\_
  - No
18. Does the clinic follow-up with no-shows to determine why they missed an appointment?
- Yes
  - No
19. Does the clinic double book appointments?
- Yes
    - What percent of appointments per day are double booked? \_\_\_\_\_
  - No
20. Do you consider the clinic a dental or health home?
- Yes
  - No
21. Does the clinic use dental electronic health records (EHR)?
- Yes
  - No **(SKIP to Question 24)**
22. What system does the clinic use for dental EHRs?
- \_\_\_\_\_
23. Are the dental EHR integrated with the medical EHRs?
- Yes
  - No

**Clinic Policies**

24. Tell us about your clinic policy related to treating pregnant women who have not had a prenatal medical appointment. Which of the following do you do? **(Select ALL that apply)**
- Ask her if she is attending recommended medical appointments
  - Ask her the date of her last prenatal medical appointment
  - Refer her to an obstetrician if she has not had a prenatal medical appointment
  - Help her make an appointment with an obstetrician
  - Explain to her that prenatal medical visits are important for her health and the health of her baby
  - Other: \_\_\_\_\_
25. Does your clinic have established relationships and a referral process with prenatal providers?
- Yes    No
26. Is it your clinic policy to recommend women with infants 6 months to 3 years of age take their child for well-baby visits?
- Yes    No
27. Is it your clinic policy to provide motivational interviewing to families of young patients regarding caries prevention?
- Yes    No
28. Is it your clinic policy to set self-management goals with families of young patients regarding caries prevention?
- Yes    No
29. Does the clinic use health navigators/case managers?
- Yes    No **(SKIP to Question 31)**
30. What duties does the health navigator/case manager perform? **(Select ALL that apply)**
- Make appointments for patients
  - Remind patients of upcoming appointments
  - Arrange for transportation to appointments
  - Follow-up with patient to see if they have questions about their care
  - Follow-up with patient when an appointment is missed
  - Help patient fill out forms (consent, medical history, etc.)
  - Help patient fill out health insurance forms
  - Provide health education
  - Other: \_\_\_\_\_

31. Which of the following methods does the clinic use to communicate with patients? **(Select ALL that apply)**
- Regular mail
  - Telephone
  - Email
  - Text messages
  - Web
  - Facebook
  - Twitter
  - Other: \_\_\_\_\_
32. Does the clinic provide age one dental exams?
- Yes
  - No
33. Do other health care providers (e.g. physicians, nurse practitioners, physician's assistants) associated with the clinic provide caries exams/preventive regimens for infants and children under 2 years of age?
- Yes       No
34. Does the dental clinic refer infants and children 6 to 24 months to the medical clinic for fluoride treatments?
- Yes       No
35. Is childcare provided?
- Yes       No **(SKIP to Question 37)**
36. Is childcare free?
- Yes       No
- What is cost? \_\_\_\_\_
37. During a child's appointment, is the parent/guardian allowed in the treatment room?
- Yes       No
38. Does clinic provide transportation to appointments?
- Yes       No
39. Does clinic provide any of the following to patients?
- Toothbrush
  - Fluoride toothpaste
  - Floss
  - Information/pamphlets to patients
- Describe: \_\_\_\_\_

**Clinic Evaluation**

40. Do you ask patients to evaluate clinic/dental services?

Yes

How? \_\_\_\_\_

No

41. What does the clinic do with the patient evaluation information?

Describe: \_\_\_\_\_

42. Does the clinic keep track of complaints?

Yes

Describe how the clinic deals with complaints (initial complaint and clinic's follow-up).

\_\_\_\_\_

No

**Ask dental director for copies of the following forms:**

Health History Form, Consent Form, Educational materials given to patients related to caries prevention and oral health and pregnant women

**SECTION 5: INTERVIEW OBSTETRIC DIRECTOR**

Clinic Name: \_\_\_\_\_

Director Name: \_\_\_\_\_

Date: \_\_\_\_\_

Hello. Good morning/afternoon/evening, my name is\_\_\_\_\_. I'm calling from the University of Maryland, School of Public Health. We are part of the HealthEfficient team working on the Health Resources and Services Administration (HRSA) Networks for Oral Health Integration (NOHI) grant.

We are interviewing obstetric directors to get background information on clinics for this project. The interview will take approximately 30 minutes.

**Days the clinic sees obstetric patients**

	Location 1	Location 2	Location 3	Location 4	Location 5
<b>Days</b>					
<b>Hours</b>					

**Staffing:**

	Location 1	Location 2	Location 3	Location 4	Location 5
<b># Obstetricians/Midwives</b>					
<b># Nurse Practitioners</b>					
<b># Assistants</b>					
<b># Staff</b>					
<b># Health Navigators</b>					
<b># Office Managers</b>					
<b># Other (specify):</b>					

**Patient visits**

1. Approximate # of obstetric visits in previous year (2019) \_\_\_\_\_
2. Percentage of patients who are no-shows: \_\_\_\_\_

**Demographics of population served**

3. Income
  - a. Percent of patients at or below 100% of Poverty \_\_\_\_\_
  - b. Percent of patients between 100% and 200% of Poverty \_\_\_\_\_

4. Health insurance

<b>Insurance Type</b>	<b>Percentage</b>
Uninsured	
Medicaid	
Medicare	
Private	
Other	

5. Race/ethnicity

<b>Race/Ethnicity</b>	<b>Percentage</b>
Hispanic/Latino	
African American	
White	
Asian/Pacific Islander	
American Indian/Alaska Native	
Other	

6. Language:  
Percentage of patients with English as second language (ESL) or do not speak English \_\_\_\_\_

**Interpreters**

7. Are interpreters available?  
 Yes     No (**SKIP to Question 10**)

8. What initiates the request/need for an interpreter?  
\_\_\_\_\_

9. How does the patient/clinic arrange for interpreter services?

\_\_\_\_\_

**Eligibility and Fees**

10. How do patients know about this clinic/your clinics?

\_\_\_\_\_

11. What are the eligibility criteria for health services?

- Residence
- Income level
- Pregnant
- Other: \_\_\_\_\_

12. Who determines a patient's eligibility for services? Describe the eligibility process.

\_\_\_\_\_  
\_\_\_\_\_

13. What do patients pay for services?

- Set fee per visit \$ \_\_\_\_\_
- Sliding scale
- Other: \_\_\_\_\_

**Appointments**

14. When a patient calls for an initial appointment, how soon are they seen?

- ≤1 week
- 1-2 weeks
- 2-4 weeks
- 5-6 weeks

15. Does the clinic call/contact patients/guardians to remind them of appointments?

- Yes
  - How far in advance of the appointment? \_\_\_\_\_
  - How many times do they call/contact? \_\_\_\_\_
- No

16. Does the clinic follow-up with no-shows to determine why they missed an appointment?

- Yes
- No

17. Does the clinic double book appointments?

- Yes
  - What percent of appointments per day are double booked? \_\_\_\_\_
- No

18. Do you consider the clinic a health home?

- Yes
- No



19. Does the clinic use electronic health records (EHR)?

- Yes  No **(SKIP to Question 22)**

20. What system does the clinic use for EHRs?

---

21. Are the medical EHRs integrated with the dental EHRs?

- Yes  No

### **Clinic Policies**

22. Tell us about your clinic policy related to treating pregnant women who have not had a prenatal dental appointment. Which of the following do you do? **(Select ALL that apply)**

- Ask her if she is attending recommended dental appointments  
 Ask her the date of her last dental appointment  
 Refer her to a dentist if she has not had a prenatal dental appointment  
 Help her make an appointment with a dentist  
 Explain to her that prenatal dental visits are important for her health and the health of her baby  
 Other: \_\_\_\_\_

23. Does your clinic have established relationships and a referral process with dental providers?

- Yes  No

24. Is it your clinic policy to recommend women with infants 6 months to 3 years of age take their child for well-baby visits?

- Yes  No

25. Does the clinic use health navigators/case managers?

- Yes  No **(SKIP to Question 27)**

26. What duties does the health navigator/case manager perform? **(Select ALL that apply)**

- Make appointments for patients  
 Remind patients of upcoming appointments  
 Arrange for transportation to appointments  
 Follow-up with patient to see if they have questions about their care  
 Follow-up with patient when an appointment is missed  
 Help patient fill out forms (consent, medical history, etc.)  
 Help patient fill out health insurance forms  
 Provide health education  
 Other: \_\_\_\_\_

27. Which of the following methods does the clinic use to communicate with patients? **(Select ALL that apply)**

- Regular mail
- Telephone
- Email
- Text messages
- Web
- Facebook
- Twitter
- Other: \_\_\_\_\_

28. Do other health care providers (e.g. physicians, nurse practitioners, physician's assistants) associated with the clinic provide caries exams/preventive regimens for infants and children under 2 years of age?

- Yes       No

29. Is childcare provided?

- Yes       No **(SKIP to Question 31)**

30. Is childcare free?

- Yes       No

What is cost? \_\_\_\_\_

31. Does clinic provide transportation to appointments?

- Yes       No

### **Clinic Evaluation**

32. Do you ask patients to evaluate clinic/obstetric services?

- Yes  
How? \_\_\_\_\_
- No

33. What does the clinic do with the patient evaluation information?

Describe: \_\_\_\_\_

34. Does the clinic keep track of complaints?

- Yes  
Describe how the clinic deals with complaints (initial complaint and clinic's follow-up).  
\_\_\_\_\_
- No

### **Ask obstetric director for copies of the following forms:**

Health History Form, Consent Form, Educational materials given to patients related to caries prevention and oral health and pregnant women

## SECTION 6 – ON-SITE VISIT

### 6.A - ARRIVING AT CLINIC

1. Is there signage on the building exterior for the obstetric and dental clinics?

**(If no, skip to Q3)**

Dental:  Yes  No

Medical:  Yes  No

Comments:

2. Is the clinic's sign visible from the road?

Dental:  Yes  No

Medical:  Yes  No

Comments:

3. Is the building's main entrance clearly marked?

Yes  No

Comments:

4. Is the parking area clearly marked?

Yes  No

Comments:

5. Is parking free at the clinic?

Yes  No What is the cost? \_\_\_\_\_

6. Is the walk to the main entrance clearly marked?

Yes

Signs have arrows/symbols

Signs use consistent language

Signs in language(s) other than English

No

Not Necessary

Comments:

7. How many blocks is the clinic from a public transportation stop?

≤1 2 3 4 5 (>5) Clinic not served by public transportation

Comments:

8. What precautions has your clinic taken since the coronavirus pandemic to ensure safety of patients and staff?
- Require patients with respiratory symptoms and fever to cancel their appointment.
  - Reduce the number of patients seen in the office at one time
  - Require patients to wait in their car until the front desk staff call or text them
  - Actively screen healthcare personnel for fever and symptoms before every shift
  - Actively screen all patients for fever and symptoms before they enter the clinic
  - Require patients to wear a mask when entering the clinic
  - Provide masks to patients if they do not have one
  - Provide hand sanitizer and ask patients use it when entering and leaving the clinic
  - Post signage in appropriate languages with pictures to teach/remind all patients about correct respiratory hygiene and cough etiquette.

## 6.B – SECURITY & RECEPTION

1. Is security present in lobby?  
 Yes       No (**SKIP to Reception Section**)
  
2. Did security  
 Search your bag  
 Request identification  
 Provide name tag  
 Other:
  
3. Did security direct you to where you needed to go?  
 Yes       No
  
4. How would you describe your interaction with security?  
 Helpful  
 Neutral  
 NOT helpful  
 Other: \_\_\_\_\_
  
5. Additional comments:

<b>Reception</b>	
1. <b>If there is a main clinic reception desk, is it clearly marked?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. <b>If there is a dental clinic reception desk, is it clearly marked?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. <b>If there is an obstetric clinic reception desk, is it clearly marked?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Reception Staff	
<b>Dental</b>	<b>Obstetric</b>
<b>Check ALL that apply</b> <input type="checkbox"/> Acknowledge you/greet you <input type="checkbox"/> Ask if they can assist you <input type="checkbox"/> Ask you to sign in <input type="checkbox"/> Ask you to show ID <input type="checkbox"/> Speak slowly <input type="checkbox"/> Speak clearly <input type="checkbox"/> Answer your questions <input type="checkbox"/> Direct you to next step (waiting area; wait for staff to call you) <input type="checkbox"/> Explain COVID-19 safety precautions <input type="checkbox"/> Other:	<b>Check ALL that apply</b> <input type="checkbox"/> Acknowledge you/greet you <input type="checkbox"/> Ask if they can assist you <input type="checkbox"/> Ask you to sign in <input type="checkbox"/> Ask you to show ID <input type="checkbox"/> Speak slowly <input type="checkbox"/> Speak clearly <input type="checkbox"/> Answer your questions <input type="checkbox"/> Direct you to next step (waiting area; wait for staff to call you) <input type="checkbox"/> Explain COVID-19 safety precautions <input type="checkbox"/> Other:
2. Are translation services available? <input type="checkbox"/> Yes <input type="checkbox"/> No Which languages? _____	

**6.C– ORAL HEALTH INFORMATION**

**1. What type of oral health information is displayed in the dental clinic?**

For each oral health topic displayed in the clinic, check the location (clinic main lobby, dental lobby, hallway or operator) where the information is displayed. Check if the information is a poster or is available as a leaflet for the patient.

Oral Health Topic	Where is the information located?							
	Is information on the wall or available as a leaflet?							
	Clinic Main Lobby		Dental Lobby		Hallway		Operatories	
	Poster	Leaflet	Poster	Leaflet	Poster	Leaflet	Poster	Leaflet
<input type="checkbox"/> Fluoride								
<input type="checkbox"/> Water fluoridation								
<input type="checkbox"/> Fluoride varnish								
<input type="checkbox"/> Fluoride drops/tablets								
<input type="checkbox"/> Silver Diamine Fluoride								
<input type="checkbox"/> Other:								
<input type="checkbox"/> Brushing w/ fluoride toothpaste and flossing								
<input type="checkbox"/> Brushing & flossing – <b>NO</b> mention of fluoride toothpaste								
<input type="checkbox"/> Preventing dental caries/ECC								
<input type="checkbox"/> Pit and fissure sealants								
<input type="checkbox"/> Periodontal disease								
<input type="checkbox"/> Child’s oral health								
<input type="checkbox"/> Infrequent sugar consumption								
<input type="checkbox"/> Proper nutrition								
<input type="checkbox"/> Pregnancy and oral health								
<input type="checkbox"/> Diabetes and oral health								
<input type="checkbox"/> Other (dental):								

**2. What type of oral health information is displayed in the obstetric clinic?**

For each oral health topic displayed in the clinic, check the location (clinic main lobby, obstetric lobby, hallway or exam room) where the information is displayed. Check if the information is a poster or is available as a leaflet for the patient.

Oral Health Topic	Where is the information located?							
	Is information on the wall or available as a leaflet?							
	Clinic Main Lobby		Obstetric Lobby		Hallway		Exam Rooms	
	Poster	Leaflet	Poster	Leaflet	Poster	Leaflet	Poster	Leaflet
<input type="checkbox"/> Fluoride								
<input type="checkbox"/> Water fluoridation								
<input type="checkbox"/> Fluoride varnish								
<input type="checkbox"/> Fluoride drops/tablets								
<input type="checkbox"/> Silver Diamine Fluoride								
<input type="checkbox"/> Other:								
<input type="checkbox"/> Brushing w/ fluoride toothpaste and flossing								
<input type="checkbox"/> Brushing & flossing – <b>NO</b> mention of fluoride toothpaste								
<input type="checkbox"/> Preventing dental caries/ECC								
<input type="checkbox"/> Pit and fissure sealants								
<input type="checkbox"/> Periodontal disease								
<input type="checkbox"/> Child's oral health								
<input type="checkbox"/> Infrequent sugar consumption								
<input type="checkbox"/> Proper nutrition								
<input type="checkbox"/> Pregnancy and oral health								
<input type="checkbox"/> Diabetes and oral health								
<input type="checkbox"/> Other (dental):								



3. What type of information about the clinic is displayed?
- Mission
  - Services
  - Patient's Bill of Rights
  - Patient's Right to Privacy
  - COVID-19 Safety Procedures
  - Images of the community
  - None of the above
  - Other: \_\_\_\_\_
4. Is there information about the following types of insurance?
- MCHP                                       Medicaid
  - Other: \_\_\_\_\_
  - No health insurance information is displayed
5. Does the clinic use videos to educate patients?
- Yes
    - Where:
    - Dental/Medical Reception Areas     Operatories/Exam Rooms
    - Education Room
    - Other: \_\_\_\_\_
  - No
6. What is the sound level in the reception area?
- Quiet     Neutral     Noisy
7. Additional comments: \_\_\_\_\_

**SUITABILITY ASSESSMENT OF MATERIALS (SAM) Scoring Sheet**

Dental Clinic: \_\_\_\_\_

Pamphlet title: \_\_\_\_\_  
\_\_\_\_\_

Who produced pamphlet: \_\_\_\_\_

Year produced: \_\_\_\_\_

Scorer(s): \_\_\_\_\_

Date scored: \_\_\_\_\_

**Part 1 - Scoring of Pamphlet (see next page)**

2 points for superior rating

1 point for adequate rating

0 points for not suitable rating

N/A if the factor does not apply to this material

**Part 2 – evaluate the science**

Is the pamphlet science-based?

\_\_\_ Yes

\_\_\_ No

If no, why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FACTOR TO BE RATED	SCORE	COMMENTS
<b>1. CONTENT</b>		
a) Purpose is evident		
b) Content about behaviors		
c) Scope is limited		
d) Summary or review included		
<b>2. LITERACY DEMAND</b>		
a) Reading grade level		
b) Writing style, active voice		
c) Vocabulary uses common words		
d) Context is given first		
e) Learning aids via "road signs"		
<b>3. GRAPHICS</b>		
a) Cover graphic shows purpose		
b) Type of graphics		
c) Relevance of illustrations		
d) List, tables, etc. explained		
e) Captions used for graphics		
<b>4. LAYOUT AND TYPOGRAPHY</b>		
a) Layout factors		
b) Typography		
c) Subheads ("chunking") used		
<b>5. LEARNING STIMULATION, MOTIVATION</b>		
a) Interaction used		
b) Behaviors are modeled and specific		
c) Motivation- self-efficacy		
<b>6. CULTURAL APPROPRIATENESS</b>		
a) Match in logic, language, experience		
b) Cultural image and examples		
<b>TOTAL SAM SCORE</b>		
<b>TOTAL POSSIBLE SCORE</b>		
<b>PERCENT SCORE</b>		

The Suitability Assessment of Materials for evaluation of health-related information for adults was developed by Leonard and Celia Doak and Jane Root. Teaching Patients with Low Literacy Skills, 2<sup>nd</sup> Edition, Philadelphia: Lippincot, 1996.

## Patient Education Materials Assessment Tool for Printable Materials (PEMAT-P)

### How To Use the PEMAT To Assess a Material

There are seven steps to using the PEMAT to assess a patient education material. The instructions below assume that you will score the PEMAT using paper and pen. If you use the PEMAT Auto-Scoring Form, a form that will automatically calculate PEMAT scores once you enter your ratings, you can skip Step 5. The form is available at: <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/self-mgmt/pemat/index.html>.

**Step 1: Read through the PEMAT and User’s Guide.** Before using the PEMAT, read through the entire User’s Guide and instrument to familiarize yourself with all the items. In the User’s Guide a (P) and (A/V) are listed after an item to indicate whether it is relevant to print and audiovisual materials, respectively.

**Step 2: Read or view patient education material.** Read through or view the patient education material that you are rating in its entirety.

**Step 3: Decide which PEMAT to use.** Choose the PEMAT-P for printable materials or the PEMAT-A/V for audiovisual materials.

**Step 4: Go through each PEMAT item one by one.** All items will have the answer options “Disagree” or “Agree.” Some—but not all—items will also have a “Not Applicable” answer option. Go one by one through each of the items, 24 for printable materials and 17 for audiovisual materials, and indicate if you agree or disagree that the material meets a specific criterion. Or, when appropriate, select the “Not Applicable” option.

You may refer to the material at any time while you complete the form. You don’t have to rely on your memory. Consider each item from a patient perspective. For example, for “Item 1: The material makes its purpose completely evident,” ask yourself, “If I were a patient unfamiliar with the subject, would I readily know what the purpose of the material was?”

**Step 5: Rate the material on each item as you go.** After you determine the rating you would give the material on a specific item, enter the number (or N/A) that corresponds with your answer in the “Rating” column of the PEMAT. Do not score an item as “Not Applicable” unless there is a “Not Applicable” option. Score the material on each item as follows:

If Disagree	Enter 0
If Agree	Enter 1
If Not Applicable	Enter N/A

### ***Additional Guidance for Rating the Material on Each Item (Step 5)***

- Rate an item “Agree” when a characteristic occurs throughout a material, that is, nearly all of the time (80% to 100%). Your guiding principle is that if there are obvious examples or times when a characteristic could have been met or could have been better met, then the item should be rated “Disagree.” The User’s Guide provides additional guidance for rating each item.
- Do not skip any items. If there is no “Not Applicable” option, you must score the item 0 (Disagree) or 1 (Agree).
- Do not use any knowledge you have about the subject before you read or view the patient education material. Base your ratings ONLY on what is in the material that you are rating.

- Do not let your rating of one item influence your rating of other items. Be careful to rate each item separately and distinctly from how you rated other items.
- If you are rating more than one material, focus only on the material that you are reviewing and do not try to compare it to the previous material that you looked at.

**Step 6: Calculate the material's scores.** The PEMAT provides two scores for each material— one for understandability and a separate score for actionability. Make sure you have rated the material on every item, including indicating which items are Not Applicable (N/A). Except for Not Applicable (N/A) items, you will have given each item either 1 point (Agree) or 0 points (Disagree). To score the material, do the following:

- **Sum the total points** for the material on the understandability items only.
- **Divide the sum by the total possible points**, that is, the number of items on which the material was rated, excluding the items that were scored Not Applicable (N/A).
- **Multiply the result by 100** and you will get a percentage (%). This percentage score is the understandability score on the PEMAT.

o **Example:** If a print material was rated Agree (1 point) on 12 understandability items, Disagree (0 points) on 3 understandability items, and N/A on one understandability item (N/A), the sum would be 12 points out of 15 total possible points (12 + 3, excluding the N/A item). The PEMAT understandability score is 0.8 (12 divided by 15) multiplied by 100 = 80%.

To score the material on actionability, repeat Step 6 for the actionability items.

**Step 7: Interpret the PEMAT scores.** The higher the score, the more understandable or actionable the material. For example, a material that receives an understandability score of 90% is more understandable than a material that receives an understandability score of 60%, and the same goes for actionability. If you use the PEMAT to rate the understandability and actionability of many materials, you may get a sense of what score indicates exceptionally good or exceptionally poor materials.

**Title of Material:**  
**Name of Reviewer:**  
**Review Date:**

**UNDERSTANDABILITY**

Item #	Item	Response Options	Rating
<b>Topic: Content</b>			
1	The material makes its purpose completely evident.	Disagree=0, Agree=1	
2	The material does not include information or content that distracts from its purpose.	Disagree=0, Agree=1	
<b>Topic: Word Choice &amp; Style</b>			
3	The material uses common, everyday language.	Disagree=0, Agree=1	
4	Medical terms are used only to familiarize audience with the terms. When used, medical terms are defined.	Disagree=0, Agree=1	
5	The material uses the active voice.	Disagree=0, Agree=1	
<b>Topic: Use of Numbers</b>			
6	Numbers appearing in the material are clear and easy to understand.	Disagree=0, Agree=1, No numbers=N/A	
7	The material does not expect the user to perform calculations.	Disagree=0, Agree=1	
<b>Topic: Organization</b>			
8	The material breaks or “chunks” information into short sections.	Disagree=0, Agree=1, Very short material*=N/A	
9	The material’s sections have informative headers.	Disagree=0, Agree=1, Very short material*=N/A	
10	The material presents information in a logical sequence.	Disagree=0, Agree=1	
11	The material provides a summary.	Disagree=0, Agree=1, Very short material*=N/A	
<b>Topic: Layout &amp; Design</b>			
12	The material uses visual cues (e.g., arrows, boxes, bullets, bold, larger font, highlighting) to draw attention to key points.	Disagree=0, Agree=1 Video=N/A	

NOTE: A very short print material is defined as a material with two or fewer paragraphs and no more than 1 page in length.

Item #	Item	Response Options	Rating
Topic: Use of Visual Aids			
15	The material uses visual aids whenever they could make content more easily understood (e.g., illustration of healthy portion size).	Disagree=0, Agree=1	
16	The material's visual aids reinforce rather than distract from the content.	Disagree=0, Agree=1, No visual aids=N/A	
17	The material's visual aids have clear titles or captions.	Disagree=0, Agree=1, No visual aids=N/A	
18	The material uses illustrations and photographs that are clear and uncluttered.	Disagree=0, Agree=1, No visual aids=N/A	
19	The material uses simple tables with short and clear row and column headings.	Disagree=0, Agree=1, No tables=N/A	

**Total Points:** \_\_\_\_\_

**Total Possible Points:** \_\_\_\_\_

**Understandability Score (%):** \_\_\_\_\_

(Total Points / Total Possible Points) X 100

#### ACTIONABILITY

Item #	Item	Response Options	Rating
20	The material clearly identifies at least one action the user can take.	Disagree=0, Agree=1	
21	The material addresses the user directly when describing actions.	Disagree=0, Agree=1	
22	The material breaks down any action into manageable, explicit steps.	Disagree=0, Agree=1	
23	The material provides a tangible tool (e.g., menu planners, checklists) whenever it could help the user take action.	Disagree=0, Agree=1	
24	The material provides simple instructions or examples of how to perform calculations.	Disagree=0, Agree=1, No calculations=NA	
25	The material explains how to use the charts, graphs, tables, or diagrams to take actions.	Disagree=0, Agree=1, No charts, graphs, tables, or diagrams=N/A	
26	The material uses visual aids whenever they could make it easier to act on the instructions.	Disagree=0, Agree=1	

**Total Points:** \_\_\_\_\_

**Total Possible Points:** \_\_\_\_\_

**Actionability Score (%):** \_\_\_\_\_

(Total Points / Total Possible Points) X 100

Citation: Shoemaker SJ, Wolf MS, Brach C. Patient Education Materials Assessment Tool for Printable Materials (PEMAT- P). (Prepared by Abt Associates under Contract No. HHS290200900012I, TO 4). Rockville, MD: Agency for Healthcare Research and Quality; October 2013. AHRQ Publication No. 14-0002-EF.