



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Improving Health Communication with Patients at Health Centers

Julian Dormitzer, AGNP-C

Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



The National LGBTQIA+ Health Education Center

- Training and Technical Assistance
- Grand Rounds
- Online Learning
 - CE and HEI Credit
- Environmental Influences On Child Health Outcomes (ECHO) Programs
- Publications and Resources



Learning Module



Publication



Toolkit



Video



Webinar

Technical Questions?

- Please call Zoom Technical Support:
1.888.799.9666 ext 2
- You can contact the webinar host using the chat function in Zoom. Click the “Chat” icon and type your question.
- Alternatively, e-mail us at education@fenwayhealth.org for less urgent questions.

Sound Issues?

- Ensure your computer speakers are not muted
- If you cannot hear through your computer speakers, navigate to the bottom toolbar on your screen, go to the far left, and click the arrow next to the phone icon
- Choose “I will call in”
- Dial the phone number and access code

CME/CEU Information

<p>Physicians</p>	<p>AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician’s Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.</p>
<p>Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants</p>	<p>AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned.</p> <ul style="list-style-type: none"> • American Academy of Physician Assistants (AAPA) • National Commission on Certification of Physician Assistants (NCCPA) • American Nurses Credentialing Center (ANCC) • American Association of Nurse Practitioners (AANP) • American Academy of Nurse Practitioners Certification Program (AANPCP) • American Association of Medical Assistants (AAMA)
<p>Other Health Professionals</p>	<p>Confirm equivalency of credits with relevant licensing body.</p>

Disclosures

- No conflicts to disclose

Learning Objectives

- Review the importance of effective health communication with patients
- Explore best practices for patient health communication during clinic visits; from intake to follow-up
- Discuss tools and technology that aid patient health communication
- Identify best practices in communication and patient education on health communication technology



Health Communication

- Health communication is the study and use of communication strategies to inform and influence individual and community decisions that enhance health (Taskforce, 2014).
- It encompasses all the ways we share information about health — between patients, families, and providers — so that people can make informed choices, follow through on care, and feel respected and understood.



Health Communication

- When we get it right, patients are safer, outcomes improve, and trust grows. We see improvements at the individual level, population level, and organization level when intentional improvements are made in areas relating to health literacy.
- When we get it wrong, confusion, errors, and poor health outcomes follow. Improving communication is not a soft skill — it is a core competency for health center staff.



U.S. Centers for Disease Control and Prevention (2024)

Core Elements for Improving Health Literacy

- Information exchange (spoken, written, visual, digital)
- Shared understanding (not just information delivery)
- Relationship-building between patients and care teams

- Goal: promote better health behaviors and outcomes

Principle	What It Means	Example in Practice
Clarity	Use plain language and limit key points to 1–3 per encounter.	“Take one pill in the morning with food” instead of “administer once daily with meals.”
Confirmation	Check understanding using <i>Teach-Back</i> or <i>Show-Back</i> .	“Just to make sure I explained it clearly, how will you take this medicine?”
Community Responsiveness	Adapt communication to language and health literacy level.	Provide materials in preferred language; use certified interpreters.
Empathy and Trust	Listen actively, validate feelings, avoid judgment.	“That sounds frustrating. Let’s figure out a plan that works for you.”
Collaboration	Engage patients as partners in decisions and problem-solving.	Shared decision-making conversations; co-created care plans.
Consistency	Reinforce messages across the team and through follow-up channels.	Text reminders, discharge summaries, and post visit check-ins by other members of the team all emphasize the same key message.

Communication Opportunities Along the Patient Journey

Meet Maria

- 46 years old
- Spanish speaking mother of two, works two part-time jobs
- Health concerns include Type 2 diabetes and hypertension

We'll follow Maria through:

- Before the visit
- Check-In
- Clinical Encounter
- After the Visit
- Ongoing opportunities



Before the visit: Setting the stage

Maria receives automated reminders only in English. She misses appointments when she can't understand the messages or find childcare.



Best-practice interventions:

- When the visit is scheduled, add a clear note to the chart that patient is Spanish speaking with limited English proficiency.
- Ensure that the system is set up for bilingual reminders.
- Forms are simplified to 6th-grade reading level and mailed with icons showing what to bring.

(CDC, 2024; Center for Health Care Strategies, 2024)

Check in: Building Connection

Maria arrives feeling nervous about being expected to speak English and is concerned about missing work.



Best-practice interventions:

- Front-desk staff greet her warmly in Spanish and activate interpreter services immediately. They confirm preferred communication method and privacy needs “Would you like us to call your cell or text you any results from today’s visit?”
- Signage explains confidentiality and patient rights in Spanish.
- Front desk staff let her know that her provider is running on time so the wait will not be too long.

During the visit: Building Trust

Maria's doctor discusses rising A1C but uses medical terms she doesn't understand. Maria nods but leaves unsure what to do.

Best-practice interventions:

- The health care provider (HCP) speaks clearly and uses plain language. She includes a visual of target blood sugar levels.
- The HCP invites shared decision making about lifestyle changes vs. adding a new medication.
- The HCP pauses often and checks for nonverbal signs of confusion or disengagement.

After the Visit — Reinforcing and Supporting Understanding

Maria struggles to afford healthy food and forgets follow-up appointments when her work schedule changes. She is also not sure how long she should take her medication.

Best-practice interventions:

- Following the last visit, Maria was given an encounter summary with three clear follow up items in Spanish. At check out, she schedules a follow up appointment and the team again ensures her visit reminders are in Spanish.
- A Community Health Worker (CHW) calls Maria 48 hours after her visit to make sure she picked up her new medication and understands how to get a refill.

(Caeiros, 2024; Muscat, 2024)

Ongoing/Systemic Opportunities

- Team reviewed electronic health record (EHR) metrics: interpreter use and documentation, teach-back documentation, timely community health worker follow-up
- Patient advisory board reviews forms and signage for clarity on a regular basis
- Clinic adds questions to be asked annually to help address patient's concerns around missing work, food access, transportation, housing, etc.

(Muscat, 2024; CDC, 2024)

Leveraging Technology for Better Health Communication

- Telehealth & Mobile Visits: Enable care access despite work, childcare, or transportation barriers.
- AI-Powered Outreach: Automated bilingual reminders and chatbots support ongoing engagement. Help reduce staff burden.
- Digital Literacy Focus: Provide simple instructions for using patient portals or apps.
- Balanced Lens: Choose tools that meet patients where they are.



(CDC, 2024; Fitzpatrick, 2023; NACHC, 2024)

Tool	Example in Maria's Care
Telehealth Platforms	Short follow-up visit after work, may reduce no-show rate.
AI/Chatbot	Capable of bilingual reminders, could reschedule missed visits automatically.
Remote Patient Monitoring	Bluetooth glucose monitor and BP cuff capable of automatic upload to clinic.
Digital Education	Spanish-language videos and infographics could be shared in patient portal to reinforce clinical education from visit.

Technology Combined with Human Connection

- Pair digital tools with CHWs and interpreters
- Use data to identify barriers so the team can move right into problem solving
- Protect privacy and review privacy practices with patients to build trust
- Technology is not one-size fits all
- Remember empathy and clarity are still most important



Questions?

Thank you!

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS22742, National Training and Technical Assistance Partner (NTTAP), for \$625,000.00 with 0% of the total NTTAP project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government

References

- Caeiros, P. (2024). *From health communication to health literacy: A comprehensive analysis of relevance and strategies*. *Psychology & Health Promotion*, 42(2), 159-171. <https://doi.org/10.1159/000537870>
- Centers for Disease Control and Prevention. (2024, October 8). *Communication strategies | Health literacy*. U.S. Department of Health & Human Services. <https://www.cdc.gov/health-literacy/php/research-summaries/communication-strategies.html>
- Fitzpatrick, P. J. (2023). Improving health literacy using the power of digital communication tools: A review. *Frontiers in Digital Health*, 5, 1264780. <https://doi.org/10.3389/fdgth.2023.1264780>
- Kouroubali, A., & Katehakis, D. G. (2023). The Internet of Medical Things (IoMT) in healthcare: Opportunities and challenges. *Sensors*, 23(6), 3003. <https://doi.org/10.3233/SHTI230809>
- Muscat, D. M. (2024). Health literacy and communication open: A year in review. *Health Literacy and Communication Open*, 1(1), 1-10. <https://doi.org/10.1080/28355245.2024.2355955>
- National Association of Community Health Centers (NACHC). (2023, November 17). Rapid expansion of AI and tech tools serve health center communications. <https://www.nachc.org/rapid-expansion-of-ai-and-tech-tools-serve-health-center-communications/>
- Task Force on Community Preventive Services (U.S.) & Centers for Disease Control and Prevention (U.S.). (2014, March). *What works: Health communication and social marketing: Evidence-based interventions for your community*. Centers for Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/25836>