



**PROVIDER  
& PATIENT**  
Communication Guide



CULTURAL COMPETENCY COALITION



Healthcare organizations that receive federal funds are required to demonstrate their ability to provide culturally and linguistically appropriate care and services. Patients have the right to get complete and current information about their health care so that they can make informed decisions.

This guide is designed to support you and staff in fulfilling your responsibilities to:

- Respect and support the patient's right to receive, understand and act upon health information.
- Create an open and comfortable office environment.
- Encourage patients to ask questions and share their concerns.
- Help patients understand the importance of following their treatment plan.

The guide also provides information on:

- Culture and the effect on patient health outcomes.
- Ways to improve patient health care.
- Health literacy warning signs and tips to address barriers.

## PURPOSE OF THIS GUIDE

This guide is an informative tool in helping your patients understand their care, follow their treatment plans and bring their concerns to your attention.

## GETTING STARTED WITH THIS GUIDE

Start using this guide by providing a copy to your staff members. You can have discussions on the content presented in the guide during company team meetings, training sessions, or one to one meetings. Discuss ways to incorporate these concepts into daily work. By having your entire office participate in a shared understanding of the content of this guide, you will reinforce your goals in providing quality care.

### For Your Patients:

At the end of the guide is a checklist for your patients. The purpose of the checklist is to prompt a discussion between you and your patient.

- Make copies of the checklist found at the end of this guide and provide it to front desk staff.
- Give it to your patients when they check in for their appointment.
- When meeting with the patient, ask them if they need assistance to review or complete the checklist.



# DEFINITIONS

## **Culture**

The integrated pattern of human behavior that includes language, thought, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. Culture defines the preferred ways for meeting needs and may be influenced by factors such as geographic location, lifestyle, and age.

## **Cultural Competency**

A set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals, which enables that system, agency or those professionals to work effectively in cross-cultural situations. Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. This includes consideration of health status, national origin, sex, gender, gender identity, sexual orientation, and age.

## **Disparity**

A noticeable and usually significant difference or dissimilarity.

## **Health Literacy**

Health Literacy is defined by the National Health Education Standards as “the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health-enhancing.”



## **Health Equity**

The attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health. Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

## **Social Determinants of Health**

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

## **Family-Centered Care**

Family-Centered Care recognizes and respects the pivotal role of the family in the lives of members. It supports families in their natural care-giving roles, promotes normal patterns of living, and ensures family collaboration and choice in the provision of services to the member. When appropriate, the member directs the involvement of the family to ensure person centered care.



## CULTURE

Everyone benefits from clear communication. Do not assume anything about your patient's culture, language and ability to understand medical information and to navigate the health care system. It is critical to understand the cultural influences of your patients in order to provide a culturally sensitive health experience. As health care professionals, you may encounter patients with different religious and cultural beliefs that can impact the patient's care. It will be important for you to assess for cultural needs. You can do this by engaging in a conversation with your patient about their preferences regarding diet (and restrictions), religious beliefs, family support, beliefs about a diagnosis, and how they get services. This dialogue will help you integrate the needs and beliefs of the patient into their patient care plan and increase the trust between you and the patient/family.

Here are some examples of needs to consider:

### Language Needs

- Patients with limited English proficiency (LEP) and/or other communication needs have a right to language assistance, at no cost to them. This is to facilitate timely access to all health care and services. This may include oral interpretation, American Sign Language interpretation, and/or written translation of documents vital to treatment.



## Culture and Medical Adherence

This may affect the following:

- **Provider Choice** - For example, some cultures prefer to use holistic treatment, non-Western practices, or traditional healing practices. Help your patient become aware of providers to meet their needs.
- **Family Involvement** - Family plays a role in managing the health care of the patient and/or making decisions
- **Symptoms** - Some cultures communicate symptoms differently, some languages do not have words for depression or other symptoms, some cultures do not use the word depression but will say they are "blue". Be aware that there will be a variety of ways that culture shapes the communication of symptoms.
- **Diet restrictions** - Foods that are common among certain cultures may be modified or restricted to achieve the patient's health goals. For instance, people with diabetes must manage their sugar intake.
- **Medication** - Culture may affect your patient's willingness to adhere to their medication regimen. Some cultures believe



## HEALTH LITERACY

Patients may not understand the information you give them due to limited health literacy, literacy and language barriers. They may be embarrassed, angry or frustrated and try to hide their lack of understanding of information and instructions. Checking for patient understanding becomes fundamental to your role.

Did you know this about adults **regardless** of their health literacy level?

- Up to 90% of patients forget what their doctor tells them as soon as they leave the doctor's office.
- Nearly 50% of what patients DO remember is recalled incorrectly.

Did you know this about adults with **low health literacy or literacy**?

- They may have challenges understanding written instructions on prescription drug labels, appointment slips, referrals, medical education brochures, doctor's directions, and consent forms.
- They are likely to have more hospital visits, ER visits and to remain in the hospital longer than adults with high health literacy.





# COMMUNICATION

You can lead a respectful and effective 2-way conversation with your patients to ensure they understand their health situation and how to care for their health by:

1. Providing information in a plain, simple and clear language to support health literacy concepts.
2. Accounting for health literacy levels.
3. Checking for understanding.

## Provide Information in Plain, Simple, and Clear Language

Plain language communication allows the receiver to understand the information conveyed the first time they read or hear it. Using plain language does not mean that you are “dummying down” information. You are being respectful of a patient’s need to understand the information that you are presenting. The Plain Writing Act of 2010 requires federal agencies to use plain language when communicating with the public. Plain language is clear communication that the public can easily understand and use. For training and more information, go to: ***Center for Plain Language – Make it clear.***

actual link

Here are some plain language tips for communicating with your patient:

- Avoid jargon, slang, and technical language
- Do not use acronyms
- Define medical terms
- Provide information in small chunks and check for understanding
- Speak slowly (do not shout).  
“Read” written instructions out loud



Additional tips to promote understanding with your patient include:

- Encourage your patient to engage in their healthcare by asking questions or speaking up about their questions or concerns with the treatment plan.
- Use additional teaching methods to support your verbal communication. Alternative ways of communicating include the use of video and audio media. You can also draw pictures, use posters, models or physical demonstrations.

### **Accounting Health Literacy Level**

You can also observe patients' actions to check for understanding. If there are actions that indicate that a patient does not understand (or agree with) their regimen, then you can have meaningful discussion on potential barriers. Some signs to look for include:

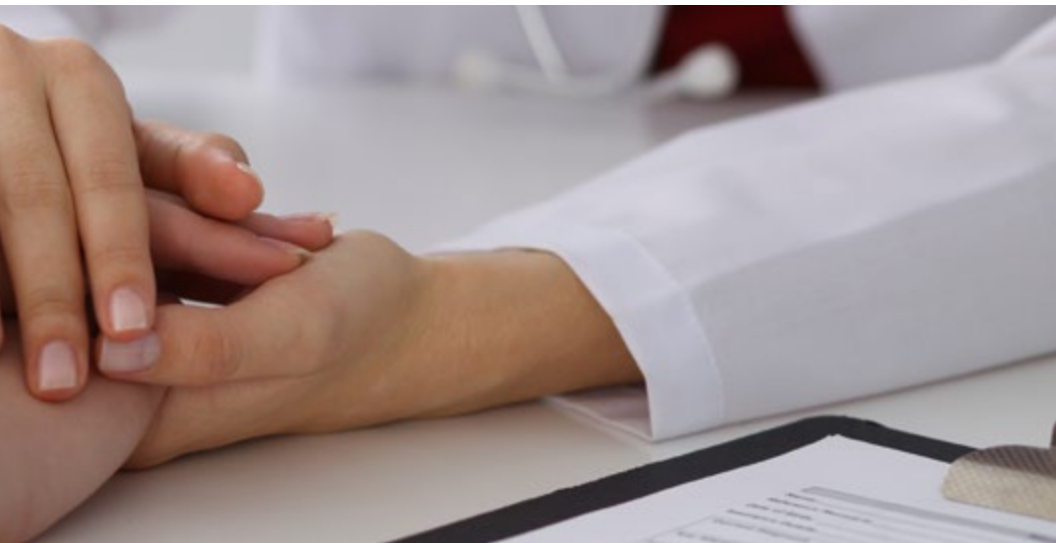
- Prescriptions - not filling their prescriptions or not taking their medications as prescribed.
- Missing appointments - Consistently arriving late or missing their appointments.
- Taking forms home to complete or returning incomplete forms.
- Calling several times between appointments.
- Forgetting their glasses so that they cannot complete forms or read information.



## Check for Understanding

Checking for understanding is key to the patient's health care communication. Health care professionals need to verify they have communicated effectively. After discussing with patients their main health concern, forms that need to be completed, or appointments that need to be made, verify with the patient that they understand these instructions. You can do this by:

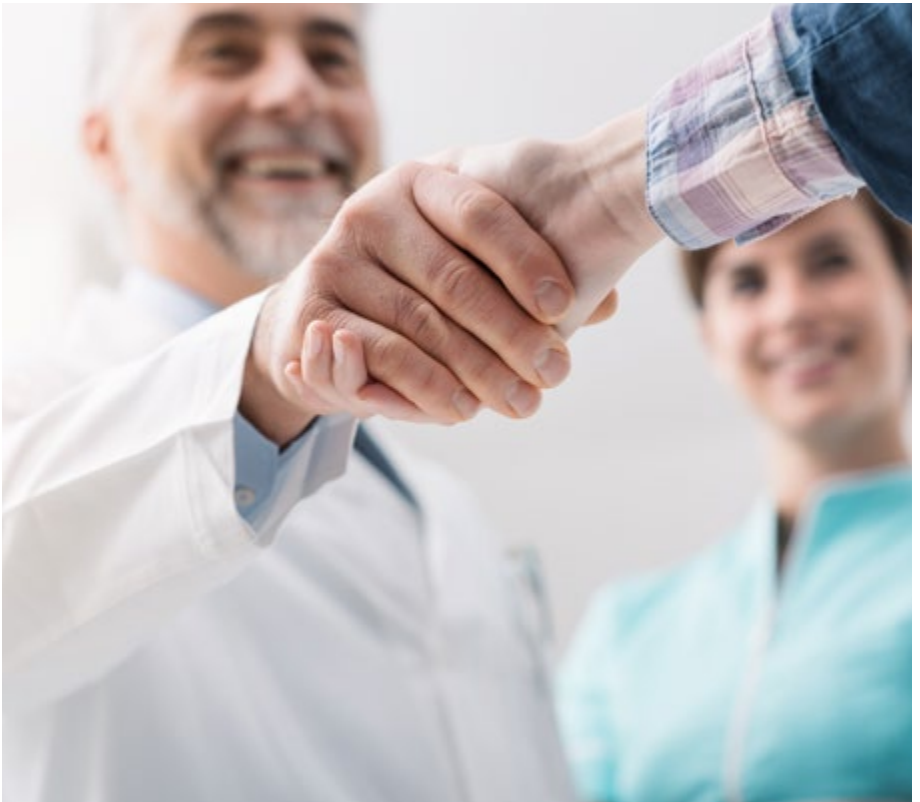
- Having the patient to repeat the information back to you in their own words.
- Asking the patient open ended questions. For instance – instead of “Do you have any questions?”, ask “What questions do you have?”
- Asking clarifying questions such as “I want to make sure that I explained everything to you, could you tell me how you would describe your medical condition? I want to make sure that I have answered all of your questions, what questions do you think that your family members may ask of you about your doctor's visit?”
- After you have demonstrated how to do something, ask the patient to show you how to do it. For example, “Would you show me how you will check your blood sugar levels?”
- Finally, repeating the information back to the patient is key to reinforcing the behavior. For instance, if the patient has explained everything to you, you affirm by repeating back! “Yes, that's right...” or “Let me see if I can say it another way...”



## Bringing it All Together: Tips for Ending the Appointment

You can continue to show respect for the patient by ending the appointment with some key points around next steps. This will help the patient understand their diagnosis and care. Here are some examples of what can be said or done:

- On a scale of 1 to 3 with 1 being not ready at all and 3 being ready, how ready are you to follow your treatment plan and instructions?
- We have gone over a lot of information today, what are the 2 or 3 things that you are going to do?
- Explain to your patient, actions to:
  - a. Stop doing (these are the behaviors that are getting in the way of their care)
  - b. Start doing (these are to take better care of their condition)
  - c. Continue doing (these are actions that the patient is currently doing that are helping them).



# Patient Checklist

## *Lista de control del paciente*

### **During your visit you may want to ask your doctor:**

*Durante su visita, puede preguntar a su médico:*

- What else do I need to know about my health issue or concern(s)?  
*¿Qué más necesito saber sobre mi problema o mi(s) preocupación(es) relacionada(s) con la salud?*

---

---

- What do I need to do to improve my health?  
*¿Qué debo hacer para mejorar mi salud?*

---

---

- What foods should I eat/not eat?  
*¿Qué alimentos debo comer/no comer?*

---

---

- What other places can I go for help?  
*¿A qué otros lugares puedo acudir en busca de ayuda?*

---

---

- What medicines to take (and/or stop taking)?  
*¿Qué medicamentos puedo tomar (y/o dejar de tomar)?*

---

---

- Are there community resources or places where I can get help?  
*¿Existen recursos comunitarios o lugares donde pueda obtener ayuda?*

---

---



## STOP, START, AND CONTINUE

*Detener, empezar y continuar*



**STOP** (What behaviors do I need to stop doing? What things that get in the way of my care?)

**DETENER** (¿Qué comportamientos debo dejar de hacer? ¿Qué cosas se interponen en mi cuidado?)



**START** (What things do I need to start doing to take better care of my health?)

**EMPEZAR** (¿Qué cosas tengo que empezar a hacer para cuidar mejor mi salud?)



**CONTINUE** (What things do I need to continue to do that are helping me?)

**CONTINUAR** (¿Qué cosas tengo que continuar haciendo para que me ayuden?)

PM2.5





The Patient Communication Guide was created by the Cultural Competency Coalition (C3). C3 members represent health plans contracted with Arizona Health Care Cost Containment System (AHCCCS). C3 was formed to create a shared understanding of culturally competent care, support the educational and resource needs of the providers and to ensure alignment with AHCCCS ACOM 405 requirements.

