Podcast Transcript

Health Literacy: Bridging the Language Gap

Guest: Kathleen Wolz, DNP, NP

Dr. Kathleen Wolz is an advanced practice nurse who has had the opportunity to have served in multiple fields withing the nursing profession. She has been a tenured college professor in an Associate Degree Nursing Program, a hospital educator, a critical care nurse, and a leader in online and virtual reality education. She has served as a volunteer and board member of the local free and charitable medical clinic for over 20 years, as well as participating in three medical missions. Currently Dr. Wolz is co-owner of two primary/urgent care clinics and a comprehensive medical spa. She is fervent about providing access to medical care for those with limited access and mentoring and educating those entering or new to the nursing profession.

Host: Candace Pierce DNP, MSN, RN, CNE

Dr. Pierce is a nurse leader committed to ensuring nurses are well prepared and offered abundant opportunities and resources to enhance their skills acquisition and confidence at the bedside. With 15 years in nursing, she has worked at the bedside, in management, and in nursing education. She has demonstrated expertise and scholarship in innovation and design thinking in healthcare and education, and collaborative efforts within and outside of healthcare. Scholarship endeavors include funded grants, publications, and presentations. As a leader, Dr. Pierce strives to empower others to create and deploy ideas and embrace their professional roles as leaders, change agents, and problem solvers. In her position as the Sr. Course Development Manager for Elite, she works as a project engineer with subject matter experts to develop evidence-based best practices in continuing education for nurses and other healthcare professionals.

Episode 1: Health Literacy: Bridging the Language Gap

Transcript

Candace Pierce: This is Dr. Candace Pierce with Elite Learning by Colibri Healthcare, and you are listening to our Elite Learning podcast, where we share the most up-to-date education for healthcare professionals. Welcome to today's podcast series, focused on a really often overlooked,

but really incredibly important issue in healthcare: health literacy. At its core, health literacy is about how well patients can obtain, understand, and act on health information and services and to be able to make appropriate decisions about their care. Low health literacy is surprisingly widespread, affecting about one in three adults in the United States, according to national estimates. Unfortunately, poor health literacy has been linked to poor health outcomes, higher hospitalization rates, decreased use of preventative services, and really an overall higher healthcare cost. And despite these far-reaching impacts, we see many providers still struggling to effectively communicate health information in a really clear, actionable way for patients who have limited literacy skills. And most recently, health literacy has emerged as a critical area of focus for policymakers and healthcare providers, educators, and our public health advocates. So, on this podcast, we're going to dive into the practical strategies to really bridge that gap. And joining me for this discussion is Dr. Kathleen Wolz. Kathleen, thank you so much for joining us for this discussion.

Kathleen Wolz: Thank you for inviting me. This is such a passionate topic of mine.

PIERCE: Absolutely. Can you share a little about yourself and kind of your expertise and passion in this area?

WOLZ: So, I live in the Midwest, and have been involved with a free and charitable clinic for the last 25 years, both starting as a RN, and became a board member, became a nurse practitioner, and now I'm the president of the board, but still remain a provider. And it's been interesting, because I was working with the free and charitable clinic before there was the transition to universal healthcare under President Obama. So initially, our demographic was very specific. It was really the people between like 18 and 26 to 30 who just didn't get access to healthcare. They were still in college, but their parents no longer covered them under their insurance because of their age, etc. Well, then all of a sudden, we changed, and then we became different. And one of the biggest changes was we do a lot more non-documented, because under universal healthcare, it kind of addressed a lot of those issues that we were seeing earlier with people that were, age wise, people that had low paying jobs that weren't allowed to get insurance, those type of things. So, the demographic kind of changed. So, it made the disparity a much more complicated issue than it was previously. So previously, we were dealing with younger people or people that had minimum paid jobs. And so, a lot of their issues, of course, focused on those things. Now with social, economic, political, it's homelessness, mental health. It's so different now. So, I also taught nursing for a while, and I had the advantage of bringing student nurses in to start learning about this topic. It's such a complicated and complex issue, and it's almost like we all have to do something to address it.

PIERCE: Absolutely. Can you really further define what is meant by health literacy and why it's so crucial especially for those patients that you see in your clinics?

WOLZ: I think for, you know, when you just look at the surface of health literacy, you always think it's an access issue. You know, well, if we just had enough access to patients. As I said earlier, I co-own two primary cares, and we do a lot of public aid patients. And there are so many issues with

just that population, where it's about access, but it's also about access to specialists. It's access to transportation, it's access to education. But then you start to look at the populations, and where they come from. Now it's access to safety. If you don't feel safe going out of your house, do you really think you're going to try and go to a physician's office? You know, it's literacy. It's estimated 130 million people in the United States do not read at a sixth grade level. All medical information is based at a fourth to sixth grade level. So, we already have a population that cannot even understand what we're giving them. Now we add non- documented, and we add the asylum seekers, and we add housing, and we add food, and we add homelessness, and we add substance abuse, and we add mental health illness. And then people are struggling to survive. They're really not interested in access to healthcare or how do we make them believe that healthcare is part of this. So, the issues are so complex to try and get someone in the system, and then help them navigate the system. I'm sure, Candace, you can reflect on personal journeys you've had that you're well-educated and comfortable with the system and the little games you've had to play and the people you've had to call and the system you had to circumvent in order to get what you need. And now you take someone who is new to this country, doesn't understand the language, has uprooted everything they know, and now we're telling them, oh no, you have to call for your mammogram on a yearly basis. It doesn't make sense to them. So, when we talk about health literacy and health and access to care, it is such a complex issue. It's not a one size that is going to fit any of this.

PIERCE: Well, you know, you're talking about those who come over, the asylum seekers, and it's just English as a second language. And I laugh about this not because it's funny per se, but, you know, healthcare itself, it's almost like we have our own separate language from English. And so, you have somebody coming over here who is learning English or knows English as their second language, and I actually have had a couple of foreign exchange students, one from Macedonia, one from Korea, who have come to our home. And so, you really get to see how funny English is, because you're trying to help them. And now I'm trying to help teach you the medical lingo, which is its own separate language. It can get really confusing. So, what are some of those major consequences or risks for those patients who have such low literacy skills?

WOLZ: I think one of them is just education. You know, people don't understand. It's hard enough with people that have been educated. In the United States, even your average person, they go to the doctor's office, and the doctor starts explaining things to the patient. The patient may or may not understand it, but they don't understand the volume of what's being said to them, or they don't understand that there may be a piece in their history that's really pivotal to any decision that's made in the medical area. But they don't know that. And a lot of times you find out things after you've asked them a different question, and you're talking about one problem and then all of a sudden, they bring up, oh by the way, I was diagnosed with this disease process six months ago. Well, now you've changed everything. So those are people that actually kind of understand medicine. And they may be very well-educated people. Now, we take people that didn't even grow up in our healthcare system. So, vaccinations are not something that they do, alright. So, you know, in the Midwest, we're seeing an outbreak of measles, because we are an asylum city, and now all of a sudden, people from other countries are not, you know, immunized. We can look at TB, you know, and you have to understand that these people that are asylum seeking are not

bringing these diseases into the country because they want to, they don't even realize these are diseases that we don't have that have been eradicated in the United States, because in their country TB can be endemic. They all get BCG big shots, which don't count. And they don't know any better. So there's a lot of things that we take for granted when we look at this literacy that it's hard enough for us that are well educated, and then you complicate it by, like you said, lack of the English language, access to care, afraid, a lot of patients are just afraid to even seek medical care, because they're afraid they'll be deported. So, when we start looking at this issue, it's every day. I'm always humbled by even my private patients who will forget to say something or tell me about a medication they're on because it has nothing to do, they have a cold, so they're like, well, I have a cold. Okay, what medications do you take? I don't take anything. Well, then in healthcare, we're able to pull up your medical records. So, we pull up your pharmacy records, and you're on 15 meds that make a huge difference as far as my treatment process goes. And now there are people that are well-educated, that don't know it. So then how do we deal with people that are not even getting their meds in the United States to try and prevent complications? And again, it comes down to how do we educate patients to understand how important these things are. And I think that COVID really affected a lot of people and their opinion on physicians. So, one of the interesting things we're seeing now in healthcare is patients don't have primary care doctors. They go to urgent care.

PIERCE: That it's hard to get into your doctor, so you just end up going to urgent care.

WOLZ: It's absolutely true. So now we've created this whole other issue, because it used to be years ago, and I just had a conversation with a patient about this, your primary care steered the ship. So, if you were a patient in his or hers and you had an issue, he would say, okay, her, I'm going to refer you to pulmonology. And then pulmonologist would call back the primary and say, this is what we're going to do. And the primary care basically would say, okay, I agree or no, I don't agree, or I can take it from here, whatever. Now you've got 15 doctors, if you have private insurance, and you have access to specialists, you have now 15 doctors and nobody knows what the other one's doing, so then all of a sudden you are coming in and then everybody's answer in primary care is, oh, you should see a specialist for that. You have menorrhagia, you should see a specialist. You have a runny nose, we will send you to an allergist. You have a cyst, go see a dermatologist. And then they say, well, I can't get into anybody and really forbid if you don't have private insurance and it's not good, you're not seeing any specialist. The FQHC, especially in the Midwest, provide primary care, the county boards and stuff. Once you need a dermatologist, an oncologist, a surgeon, you're done. There is no access for you, because they are not taking them. Dermatology appointments for a public aid are two and a half years out.

PIERCE: Yes, two and a half years.

WOLZ: Two and a half years.

PIERCE: Yes. We ran into issues with that for my oldest daughter, with endocrinology. Like we could never get in. And our pediatrician, he's really great. He will give us what we need, but he

does, he's like, well, I'm going to send you to this person, and I'm going to send you to this one. And he'll give you any referral that you want. He's like, I treat runny noses and upset stomachs.

WOLZ: So, it's really access now is a general thing. So, what we're seeing in our private practice is between the ages of probably, and now we're getting into the 60 year olds. Prior to this we've always been 20, 30s and 40s. That's kind of been our group. Now we're starting to see 50 and 60 year olds who are also having access issues. Even with Medicaid care, good insurance, they still can't get it. So people just go to an urgent care. My average is I do eight pap smears a week, walk in pap smears of people I've never seen before in my life.

PIERCE: Yeah.

WOLZ: And now you think how many times you've walked in and had a pap smear. But we just don't. We just don't, you know. So, this health literacy is kind of like, you're a doctor, you're a doctor, you're a doctor. You all must be the same kind of doctor and you must be good. So, I don't really need to pick and choose who I'm going to go to. I can just go online and look and then find, oh look, they have an appointment at 8:00 tomorrow. I'm off tomorrow. So now I'll go in there and just see that provider. And I don't think anybody realizes what impact on health literacy that is making.

PIERCE: Right.

WOLZ: Because then there's no follow up.

PIERCE: Right. Well, I know we're kind of talking a lot more about, you know, English as a second language, and asylum seekers. But you can be really highly educated, you can have a doctoral degree and something and still have low health literacy.

WOLZ: Absolutely. Absolutely. Like you had said earlier, we are a different language in healthcare. Providers use terms like you are reaching the end of your disease process. Well, to me that means I'm cured. It doesn't mean I'm dying.

PIERCE: Or it could me I am dying.

WOLZ: Right. I'm dying, and there's times when I even say things. and I have a chance to talk fast. So sometimes I'll even say things like, you have to fast 6 to 8 hours, assuming everybody understands what that means. And slowly I'm beginning to learn, and these are not asylum seekers. These are actual people that have come up through the healthcare system. They don't always know what that means. So, something as simple as saying, this is your lab work, you have to fast 6 to 8 hours, you have to kind of take that now another level and make sure they understand what does fasting means. So now I try to say, all right, 6 to 8 hours before you have this done, we're looking at your blood sugar and your triglycerides and cholesterol. So, we want you not to eat or drink anything but water. If you want to have coffee, it has to be black, no mints,

because evidently people use breath mints. And then that caused an issue. No tic tacs, you know, simple little things that we don't even think about that we are now facing. No power drinks, so it's very interesting to kind of take a step back and realize that that lack almost of that primary care provider or that one person has really trickled down and caused a lot more issues with health literacy.

PIERCE: Yes. So what role can and should nurses play in identifying patients health literacy levels?

WOLZ: I think as there's going to be a difference between each level of healthcare. So, as providers, I think it's a little bit on us to make sure that we are saying things the way they need to be said. I also think we have to be stewards of good medical management, which means we have to look at the tests we're ordering. We have to look at, you know, the medications we're prescribing. We have to look at how we're educating our patients on preventative care. But again, it kind of goes back to if you live in a high risk neighborhood and you're afraid to go out or let your children play outside because of the potential that they can be hurt, you are not going to worry about getting enough sunshine for your vitamin D level. So it's really, if you're homeless, you're not concerned about getting your yearly mammogram, and why we tout the importance in literacy of making sure patients have preventative care, it's very difficult when there are huge social issues, or just grade levels where they don't understand, why I had a mammogram once it was negative, or I don't have any history of breast cancer in my family. And there's a lot of studies that come out, and the news is very good about talking about the studies, but they're not always transparent with the studies. So, then people get information from very many different vehicles. You can get it from tik tok, you can get it from Instagram

PIERCE: Tik Toc is huge right now.

WOLZ: Huge, huge.

PIERCE: Yes.

WOLZ: Huge. And so, then I think it really comes down to us as nurses, pharmacists, providers, respiratory therapists, CNAs, every one of us, to help educate our patients, to understand that you have to go to a reputable source. It was kind of like when COVID first started, and everybody was getting their information online. And so, then all of a sudden, we had a ton of conspiracy theories, and we had a ton of this and a ton of that. And the physician I was working with was so good. He'd always say, these are the websites you should check. These are the websites, go to these websites.

PIERCE: Don’t go to tik tok, ss that what you're saying?

WOLZ: Yeah, exactly. Or I tell them, these are the people I follow and Tik Toc and Instagram, they are excellent. They are medical professionals. They give you the good data. They research the studies. So really, use these as your references. So, I think we have to involve social media. I think we just have to teach people how to do it safely. So, I think that, you know, just because I'm an influencer and I'm going to now teach you something doesn't mean I'm correct. And so, I think we

can have those conversations with our patients. Where are you getting your information from? Not in an argumentative way, but we should be having those discussions with patients all the time, you know, do you know about preventative care? Do you know about supplements? You know, supplements, a whole another issue with health literacy. Again, if it's sold over the counter, it has to be safe. We all know what's going on with all of that. So, I think we have to start with educating, but we have to be careful. You don't want to be lecturing. You don't want to be like showing, look how much more knowledgeable I am about this than you are. So, I think we walk a fine line in healthcare. I think trust. I think that the bottom line is we have to establish trust with patients. It's really hard though, when they're bouncing from urgent care to urgent care for all of their medical needs.

PIERCE: Absolutely.

WOLZ: And there's a difference out there in the quality of care, and unfortunately, we have a lot of corporations that have gotten involved in medicine. And some of it is good, and some of it's not so good. And, you know, it's always been a problem with medicine when people outside of medicine decide they're going to run medicine, because it's much more complicated than that. So, we're seeing a lot of, you know, just cookie cutters. You go in with a cold, this is your cookie cutter response. You go in with a cough, this is what you get. And unfortunately, then, they go to three or four urgent cures. They're treated the exact same way. Nothing changes. And then there's a catastrophe. So how do we empower the patient to then start asking the right questions, too?

PIERCE: Because you can have high literacy levels and have low literacy levels in healthcare. But I think it also makes it a little bit more difficult when insurance comes into play, because you're already trying to navigate this. You're trying to figure this out, you're trying to understand because, I mean, I have high health literacy levels, you know? And I still had to fight and go through so many different people and ask all these questions to get where we needed to be for the proper treatment, we needed for like, CPRS. So that was really hard. So, I see that a lot of these complications and challenges that you see, it makes people, you know, you know what, I just don't even want to fight it. I'm just wanting to give up. And then you don't you don't participate in preventative care. You wait until it gets so bad that you have to go to urgent care, or you have to go to the E.D. So, then you have poor patient outcomes. And so, when we are talking to patients, do you have some strategies and skills of how we can effectively communicate and educate patients with low literacy levels?

WOLZ: I think you have to, I think establishing trust is really big, which has always been one of the foundations of nursing since the day you become a nurse. One of the foundations in nursing is in developing an empathetic, trusting relationship, and nursing does it very well. And so, I think it starts there. And I think that it may not happen on the first visit, it may not happen on the second visit. But if you can get the patient to come back, you're already 50% of the way there. Okay. So, I think what we do is, we present in this trusting, accepting environment, non-judgmental. And I happen to use humor a lot, because it's comfortable for me, and it's comfortable for my patients. I also use touch, and sometimes I think, maybe a little too touchy, so I have to be careful. But I am a hugger, dude. I mean, and and my patients will respond to that, you know, like, I know who I can

hug and who I can't hug. Do you know what I mean, but I find a lot of patients just kind of like the little touch on the back or some connection, not just standing there with your hand on the doorknob waiting to get out.

PIERCE: Of your with your arms crossed, staring at a computer, but actually showing that sincere interest.

WOLZ: Exactly.

PIERCE: And what you have to say.
WOLZ: Exactly, and I do not chart in my rooms. I come in my rooms, and I see them. I sit down, I say to my patient, so tell me what's going on. So, I always start that way. I never come in, grab the computer. It's hard for me time management wise, because I'm always charting some other time, but I just find it works a lot better for me to connect first, and then talk about things. And we talk about one of the greatest things that my mentor taught me, the physician I work with was, he said, always present everything as a team effort. So, when you sit down with a patient, and let's say you have a patient who's very obese, okay, and because of that, now they have diabetes, hypertension, etc. He says, you know, instead of judging them, which a lot of people will automatically do, or a smoker, or an alcoholic, or anybody that has some sort of an addictive process going on, he said sit down with them and say, you're a smart person. You know this is unhealthy. You know that. What can I do to help you reach your goals? What can we do to get there? How can I make it, so this process works for you? What can we do as a team? And I have seen that to be very successful, especially in people who have felt like they've been judged before, and have really now based on their literacy level, their access level, have really decided to shut down, and have only been here because, you know, like you said, they've been coughing now for 100 days and now they're scared. And so, I think that trusting environment, I think starting that communication is so, so very important. I think, you know, working with the insurance companies, you know, everybody wants a prior auth for everything. And you just have to accept the fact that healthcare is very difficult right now, and you're going to earn every dime you make, and there's nothing you can do about it. You are going to prior auth everything. And then, there's things you have to do. You may have a hurt knee, and I may know in my heart of hearts that you need an MRI, but if I don't send you to physical therapy and try ibuprofen first, your insurance is never going to cover it.

PIERCE: Yes.

WOLZ: And I tell the patients that. I am really forthright with it. You know, like I know you need this, and I would love to order it for you. I can order it. I tell them all the time. I can order anything, whether your insurance covers what the problem is going to be. So, I think being honest with them, and letting them know I'm not the one standing in the way here, and also letting them know, too, that sometimes they may need something outside of you. And that's okay, too, you know, you're going to need to see someone besides me. I can't handle this. But again, I think when you look at these health disparities and you look at just access to, their education,

homeless, addiction, it's really complicated. And I think that you just try to make little baby steps. And I think it's a process. I don't think anybody's going to turn around overnight.

PIERCE: Absolutely. So, I know you have two clinics there that you are part owner of. So, I really want to ask you, how can the healthcare system itself help to remove some of these literacy barriers, like through forms, Is it through signage? How we provide instructions, like how can the healthcare system help in this area?

WOLZ: I think, you know, I think that was a really interesting point for us, like a really good learning point. So, you know, to make sure you have handouts, utilize, teach back, make sure the patient can reiterate what you say to them. You have to have good signage. I mean, like the vaccines, flu season. We had like 5000 signs everywhere about flu seasons. Having a portal. You know, a portal is a great thing. Patients can access their records if they have the ability to do that. And a lot of them do. Most people know how to use a phone, you know, so that's pretty good. Google Translator. We use Google Translator a lot, and not just for the asylum seekers. There are people that live in the United States that English is not their first language, and it is much easier for them to communicate in Russian or Polish or something like that than the United States, than English, especially when you're trying to explain a very difficult process. So sometimes their native language really helps with that. A lot of handouts. We do handouts via email, and we also do handouts we hand to them. Very clear instructions and communication between specialists. That's another really big thing that has to happen better in healthcare. You have to let us know what you found. You know, radiology, getting results back from mammograms. I mean, the whole system almost needs to be revamped with the patient at the center, which I know we are said all along, but we don't have the patient at the center of this.

PIERCE: Right. So how can we as nurses, be leaders in advocating for these systemic changes to really start to prioritize health literacy?

WOLZ: I think we really need to start volunteering at the level, at that ground roots level. So, being involved in a free and charitable clinic starts it. Being involved with your legislation, being involved with your local government, and starting that process, really looking at the needs. You know, every county does these huge health assessments for the county, but very few people know that those even exist in their county. So, you can contact your health department, and they will tell you exactly what the health needs are in your county, and how what is your health literacy for your county. And that's a really interesting way of starting it. Getting involved in your medical groups, your professional groups is a great thing. You know, mentor new grads, talk to your fellow providers. And really, it takes a lot of work, you know? But if each one of us, did it at the free and charitable clinic I work at, if every healthcare provider in my county volunteered, it would be 4 hours a year for the whole year. They'd only have to volunteer 4 hours for the whole year.

PIERCE: That's eye opening.

WOLZ: Yes, it's huge.

PIERCE: Yes. Our time is up for this episode. But this episode really focused on, you know, defining health literacy, explaining its importance. You explained it so well, identifying a lot of those challenges, while also kind of giving us some practical communication strategies to use. Dr. Kathleen Wolz will be back in episode two to help us really understand the appropriate assessment methods, some teaching techniques, and how to overcome health literacy barriers, and how to build up our health literacy skills. So, make sure you check out episode two.

Health Literacy: Bridging the Language Gap
Podcast Transcript – Episode 2

https://players.brightcove.net/2619222696001/Lzde9xbxz_default/index.html?videoId=6351042097112

PIERCE: Welcome back to our series of exploring strategies to enhance health literacy and healthcare. In the previous episode, we defined what health literacy is and discussed the widespread impact that low literacy skills can have, like outcomes on medication adherence, care comprehension, and healthcare use. So, in this episode, we're going to be focusing on how to build health literacy skills, and some practical tools, like some assessment methods, teaching techniques, and overcoming literacy barriers. And if time allows, we would also like to kind of zoom out a little bit and focus on some system level approaches towards becoming a health literate healthcare organization, like types of environmental changes, some institutional wide policies that could help with reducing literacy related barriers to quality care. Joining me to continue this discussion is Dr. Kathleen Wolz. Thank you for joining me again to continue this discussion on health literacy.

WOLZ: I'm happy to be here.

PIERCE: Yes, absolutely. In healthcare, Kathleen, we assess a lot. We assess all the things. We assess everything. So that's really the starting point for almost everything that we do in our roles. So how do we assess health literacy in an effective, but yet also being sensitive in the way that we do it in our patient interactions?

WOLZ: I think it almost starts, whoever has the initial contact with the patient. So, whether that's your front desk person, whether it's somebody on the phone, whether it's at a health fair, and you're introducing yourself. But I think that initial contacts, as healthcare providers, we have excellent assessment skills. As you said, we've been brought up to assess everything. We all know that we can talk to people and get a really good feel for a lot of information by just having a conversation. And sometimes it's a very innocent conversation like, we're a primary care provider. Oh really, what kind of patients do you see? We see all patients from birth to old age, and then they say, I haven't seen a doctor in ten years. Oh, really, why haven't you seen a doctor in ten years? Well, my doctor died, and I just haven't found anybody I liked. Okay, well, you know, and it can start as something is very simple like that. And then based on that, you start to identify. Now

the patient has just kind of told, they have not seen a doctor in ten years, which probably means there's something going on, and he needs to see a doctor, but he's not 100% sure, but there's something that he's concerned about. So, I think it's that initial contact that really starts the ball rolling and starts that assessment process. So that person has to be the one. They can determine whether the patient, if English is their native language, and just looking at the patient, are they disheveled? Is their color off? Are they breathing heavily? Are they sweating a lot while they're talking, you know, and there's just so much power in that initial assessment. So, it kind of like helps you start to see the field. Like maybe this is not a person who has put their health as a priority. Maybe this is not a person who has felt like the healthcare system has been good to them. We've all heard these horrible stories where the patient has said, I've gone to a healthcare provider. They were judging me. You know, they wouldn't help me, blah, blah, blah, or I don't have an address. I'm homeless. That's going to be a whole different health literacy challenge than someone who comes from a very high and exclusive neighborhood where you're not worried about food and just basic necessities. So, I think whoever that initial person is or that initial contact, they can get a lot of that information and that kind of starts it. So then once they do that, then it's a matter of getting them into the system. I think we have to be very cognizant of that too, because I think one of the problems that we do is if I decided I've not been to a doctor in ten years, and I want to go to the doctor, I don't want to call the doctor, and you tell me it'll be six weeks from tomorrow is my earliest appointment. Because now I think, well, see, there must be anything wrong with me, because I told her I've been coughing for a month, and if I was really sick, I'm sure she would have told me I needed an appointment. So again, without them realizing that it has absolutely nothing to do with them, it has to do with a scheduling issue. So, I think sometimes we have to be very careful not to give the wrong information, or have the patient assume we've made a diagnosis or decision based on what they're bringing to us. You know, if we're going to minimize what they're saying and whatever their level of health literacy, they're going to feel like they're okay now. So, it's okay if they wait. I think also that we have to be careful about, you know, the fact that healthcare has become now more commercialized. There's a lot of big companies like Amazon that are buying into healthcare products. So, they have their own online urgent care system. Well, you know, I bought my shirt at Amazon, it worked out. You know, I might as well now get my healthcare at Amazon. You have to be very aware that it's not a one size fits all, and that most of us don't have millions of dollars worth of budget to market our products and market our services. So again, it starts really with that initial person, what they read, how they see it in the media, how they're seeing it on Facebook and TikTok and Instagram, who they're talking to. You know, if your group has the same health literacy as you, then that's not really the best support system for you. It's kind of like, you know, smokers hang out with smokers, drinkers hang out with drinkers. You know, drug addicts hang out with drug addicts. You hang out with a group that mostly reflects you, So I think that we have to be careful that we look at maybe formal lines of education in order to educate individuals. All people in the United States have to have health class, maybe health class needs to start focusing on how to navigate healthcare. They've tried navigators in the past for healthcare, as we talked about on other podcast, it's hard to navigate healthcare. It's hard to navigate healthcare when you work in healthcare and you understand healthcare, it's still hard. To not be in healthcare and try to navigate healthcare is a disaster. The problem is the hospitals healthcare navigators, which they have, are available 9 to 5 Monday through Friday. Well, my healthcare problem doesn't usually occur 9 to 5 Monday

through Friday It occurs Saturday night, 10:00. While I am sick, and I don't even know who to call. So, what do I do? I go to the emergency room, which is like the worst thing to do. And I sit there for 5 hours, and then I leave. I don't get seen, and I'm never going back to healthcare because again, they don't care about you. So, it's the way we're being perceived, and where we're starting that education at. And truly, it needs to be almost like the first touch, and it needs to start at a much younger age. We need to be starting in preschool to educate people how to navigate healthcare. How do you seek out healthcare? What's important for you to know about healthcare? We're starting way too late if we're waiting till they have a problem. We've already lost 90% of our chance to really make an impact.

PIERCE: And I think a good example, I have a good example of this. My husband is far away from healthcare. He doesn't have anything to do with healthcare. I have been in a healthcare my whole career, basically starting out as like a pharmacy technician, and nursing school, and then working my way through it. Well, I have a daughter who is her eyes started crossing, and she started getting headaches, and I'm in Arkansas and our providers in Florida. And so, he calls them for me and they're like, well, our first opening is not until June. And so, you don't know that you could have a phone consult. So, I'd already coached him through it. And I said, right, see if I can have, you know, have them call me, let me walk them through what's going on. And so, I know I have one this month, like, you know, they're like, we're going to fit her in now that we understand what's going on and what's happening and, you know, and they'll work with you. But, you know, if you're not in healthcare, do you know what all the options are Do you know, yes, you can go ahead and book that appointment, but you can ask for a phone consult, like, hey, can I just talk to the nurse? Can I talk to somebody about what's going on? And if they see that you need to get in earlier, a lot of times they're going to help work you in and try to get you in. A lot of people don't know what their options are in order to be seen. They don't know what preventative care is versus supportive care. And so, most of the time it is just supportive care because even I'm not sure, like my husband gets physicals every year because, you know, the military wants to make sure you are fit, and you are ready. And I'm like, do I need to go every year? Do I get a physical every year? Because that's not something we talk about. We don't talk about preventive care very much. So, what are some ways that we can help with those who don't really know what all the options are really started to understand preventative care versus supportive care.

WOLZ: I believe, and I try in my practice, every exchange with a patient, you bring up preventative care. Every patient who's over the age of 45, we talk about colonoscopy. Nobody wants one, but we talk about it. I think, you know, the USPT, the United States Preventative Task Force has an app and most providers have it downloaded on their phone. They can put in their age, and then it pulls up exactly which preventatives they need. People are pretty good. I will say young women are pretty good about pelvic exams. They kind of know, you know, not till the age of 21, then every three years to 30, and then five years if your HPV negative. They're pretty good about that, but funny not so good about mammograms, not so good about breast exams. So, there are things that we've done a very good job with. And I think pelvic exams and pap smears, we've done a very good job educating people. I think things though, like vitamin D, we still struggle with. Blood pressure checks, I mean, it's the number one issue in in healthcare in the United States is undiagnosed hypertension. And it causes so many problems, and yet they removed all the blood

pressure, at least in our area, there's no more drugstores that have the little blood pressure cuffs in them. They are all gone now. Well, because they've replaced them a lot with urgent care's the little provider in the pharmacies now. So, they'll check your blood pressure, but it's a provider visit. So, you're seeing this change, where everybody would go, I got my blood pressure checked, said ASCO, and it showed that I was elevated so I made an appointment. You know, like it was a way to send them. We're not seeing as many health fairs anymore because of COVID. So, I think once we start getting back into a lot of these health fairs and blood pressure checks and some of those things. I can remember pre-COVID at the clinic, they would have the Lions Club come in once a year to do eye exams. They had the Rotary Club come in once a year to do ear exams and hearing testing. They had student nurses come in to do some hemoglobin and some blood sugar and blood pressures. And then COVID hit, and we all moved away from a lot of those things, and those things helped to identify a lot of patients that were asymptomatic that were having some underlying issues. So, I think we need to go back to those kind of things. Having those health fairs, I think we need to be more invested with employers and doing more preventative. Again, kind of fell off during COVID. Providers were pretty good about, you get a discount on your insurance if you have yearly labs, a yearly physical, a mental health test. We do PHQ9s on every patient to assess their mental health, and I think that's really important. We wind up picking up a lot of depression, and depression that's masked as anxiety. A lot of people do not understand that anxiety is a form of depression. And if we can treat the underlying depression, we can address the anxiety without throwing benzos at you. And so, I think that, you know, doing PHQ9s in practice is such a wonderful thing. TB screenings, So, we can have a potential for TB outbreak, because again we're getting into people that are coming from endemic areas. So, you know, back to the TB screenings that we used to do on everybody, you know, PPDs, everybody in healthcare had them, and then we got away from them. Heights and weights, I don't know about you, but I'm always surprised when I get those calls like, well, how did that happen? You know, it's like.

PIERCE: Yeah.

WOLZ: You know, like, I can't believe I did that. And again, I think it's just that we have to really start educating people on preventative care through a variety of mechanisms, whether it be the health fair, whether it be the schools, whether it be the media, whether it's a flier, we just have to get that information out there. The importance of getting this stuff done and, you know, in the guidelines keep changing. Now they're saying colonoscopies after the age of 40, because the biggest risk for colon cancer now is 20 to 30s. That's really scary, because if we're waiting to 45 or 50, we're going to lose a whole lot of people. And so, it's like, how do you educate people that, hey, these guidelines are changing, we need to get this information out there. When I had a difficult time keeping up with all the new guidelines. So, again, I think there was a lot of community involvement before with other agencies and I think we've kind of gotten away with that from with COVID and then funding issues and we need to get back to those multi directional agencies and the working together. You know, you take a nursing school, work with the college to do a health fair, or a community church that asks for volunteers of their congregation to help them with the healthcare. I mean, we have to start moving back into those kind of situations. It's a good way to hit a lot of people in a very small geographic area.

PIERCE: Especially those who would rather go see people that they know rather than go to a clinic. That's another way to really help them with understanding their options that are out there. So, when it comes to families coming in, what are some ways that you can collaborate with patients' family members or even their caregivers just to help with reinforcing that health education?

WOLZ: I find that, it's funny, because usually when families come in, we get a lot of young families, and it's easy when you have the mom on your side. It's very easy. and most of the time they come with the mom, you know, saying the dad wouldn't be as important. But most of the time you're seeing the children with the mom. And it's really easy to talk to a mom about her children and she's 100% vested. It's a little harder when you talk to the mom about the mom, because the mom is like, well, yeah, I know I should have done that, but I really don't have time. I'm working and cooking dinner. I know we shouldn't eat out as much. I know, but, you know, I work all day, and I come home, and then I'm tired. And I just had this conversation with my son. And we were talking about, you know, 50 years ago, the mom was home all day. You would come home. There was no processed food. It was just straight up healthy foods. Everything was made from scratch. It was not huge portions. There wasn't a lot of salt in it. And that's the way it was. And that that era is gone. Okay, it's gone. So now we have to address these issues with today's era. So then we talk a lot about like meal prepping and we talk about myplate.gov, which is a really good resource that we use with our clients a lot. We go on the site, we walk them through it, kind of helping them decide how to make healthy food. We talk a lot about the cost of food because, you know, if you live in a food desert, food is expensive, especially healthy food. So, then you talk about, okay, how can you achieve the same outcome without spending a lot of money? We all know you go to Costco's, you get 24 boxes of ramen for $3 that can feed your kid for two weeks versus if you go to another store and you buy steaks and you know, you can't even get a steak for $12.

PIERCE: So you're talking about that, that myplate.gov, and I just wanted to say that I taught nutrition class to undergraduate nursing students, and that one of the assignments that I would give them every semester was I want you to track everything you eat for like three days and then I want you to go and I want you to go to compare it to myplate.gov and they would also track all their calories, all of their fat, all their sodium. So, they got to see it over three days, I'm like, I don't want you to change how you eat. I just want you to write everything down. I think we used like an app where they could put all their food. And so, it gives them a breakdown of everything they ate and then they compared it to myplate.gov. And I had to write like a little assessment of their own diet. And you don't realize how much fat you take in sodium you take in. You don't realize just how off your diet is until you really just sit down, and you are like, it was very eye opening for a lot of the students. It was a really good assignment for them. They all really enjoyed it, and they learned a lot about themselves. I mean, our diets are not. Even if you think you're eating healthily, it is not what you think.

WOLZ: Well, and our food is not clean either. But that's a whole another, there's additives in the food. But I agree with you. I think there's an excellent idea. I think even reading labels, I mean, I was pretty old when I figured that I should be reading labels, because I think we just trusted that, well, this was good and it says, you know, whole food on it. And we went that way. So, I think our food source, our diets, are a huge part. And then also exercise. And I think, you know, you can

start with patients. I think where we really run into a problem with patients when you're trying to help them on their health literacy education is we give them too much to try to do at once. Okay. So, I want you to clean up your diet, I want you to lose 40 pounds, I want you to start exercising. I want you to quit smoking, and I want you to, no alcohol. Okay. Any questions? And I'll see you in six weeks, and we'll judge your progress. And I think we kind of blow it, because we're like, okay, you can't do that. It's like the person that has a heart attack, and they come home from the hospital. They're like, I'm not a smoke. I'm not going to drink. I'm gonna lose weight. I'm not gonna eat meat again. And within a week, they're back to doing all those things they were doing. And just pick one. Just just one bad habit is where we're going to start. Just one modification. So, if you don't exercise, how about going for 3, 30 minute walks a week? That's all you got to do. Or if you have a bad diet, utilize processed foods, how about adding one salad four times a week. Start with very small, obtainable goals. And I think once they see that they are reaching these goals, they become very proud of themselves, and they also feel better. And that reinforces the need to continue. And you can do the same thing with preventative care. Okay, I want you to start taking vitamin D, and just start taking so many units once a day, and let's see how that does. See if it picks up your energy. I want you to have a mammogram. Let's just start there. Let's just get one mammogram. We don't talk about the colonoscopy right now, let's just do the mammogram and see where we go. And once they start to see that they can successfully navigate these, I think it builds confidence in them to keep going. But again, I think it's I think it's we overwhelmed them. I mean, we're overwhelmed in healthcare all the time. It's like you go talk to a lawyer. My sister's a lawyer, and I don't even understand half the time what she's talking about. I just sit there and think, I didn't even know what you just said. So, she constantly overwhelms me just because of her language. And then I think, gosh, am I doing the same thing to my patients? Like just constantly overwhelming them by saying things. So I think saying things and then one of the things that I found has been really good for me is, if I have a script for something, whether it be preventative care, whether it be a medication, some medications, especially medications that we're using off label and stuff, I have a script where it's all written out with the pros, the cons, frequently asked questions, and I go over it with the patients, and then I send them a copy ,and I always tell them, I'm just going to give you a copy when you go. It's a lot of information I threw out. You go home, read it through, let me know if you have any questions. And it's just a really nice way to reiterate what you said in the office, where it is overwhelming. I've been told things in the office and walked out of thinking, I wonder what that was about.

PIERCE: And it’s good to bring in, you know, a family member when you're talking to them. Maybe they understood it better than the patient did. Maybe they took it in better than the patient did. And also having somebody that's got your back to me, that's rooting for you, somebody that wants you to be successful, that can help you be successful with your goals. So, yes.

WOLZ: And I think it really helps if the they want them there. We've seen the other side, too. You know, where you got to again, you got to know your audience. If you do have a family member that's very involved, that's perfect, like you said, it will really help. And it could be anybody. I've had grandmothers, I've had, moms, dads, siblings, it's anybody who really kind of has a way, a support, compassion, empathy to help that person grow with that. And then I've had other ones who said, I want to go on this journey myself. I don't want anybody else involved. So, I think,

again, is just trying to figure it out. A lot of times, once they establish a relationship with someone, they feel a little more comfortable. I think anything you can give the person to support them in this journey education-wise, sometimes free samples. You know, we didn't even touch on medication. We haven't touched on Google. Medication is so difficult. Medication is so expensive right now. There are so many shortages, and a lot of people are getting their medications outside the country. And then you're trying to figure out what this medication is. I know it's supposed to be metformin, but I can't vouch for if this is metformin or not. You know, this is supposed to be an antibiotic, but I can't vouch for it. And so, we struggle a lot with people getting medication that don't need to be on it. The other thing that's happening a lot in healthcare is people are seeing people in an urgent care or a quick care, who quickly diagnose them, and put them on Adderall, or they put them on psychotropic or they put them on some other sort of medication, which is great, but they don't follow up with them. And now all of a sudden, I am faced with a patient who's on 80 benzos a month. I have to figure out how to navigate this. And their health literacy is, I need this medication to function. It doesn't matter about anything else you have to say. So, then you have to try to figure out again a path to help that patient achieve their maximum health, but not all the side effects that 80 tablets of Xanax are going to cause them in the course of a month. So, and then Google, you know, everybody Googles. And then they come in and they say, I Googled this, I have cancer. And then you're like, you do, but you don't. I don't get offended by it, because as a nurse for a long time, I used to go to my doctor all the time and say horrible things like, by the way, I have, I think, the smallest melanoma. And they'd be like, why do you think that? I say, because I looked at it, and then I looked at my book. So, I think that's normal nature. And then I think again, it's up to us to educate them, like, that's a possibility. But let's take a step back.

PIERCE: Yeah. Let's figure out what else it could be besides jumping to that one. Absolutely. Well, I want to really quickly kind of zoom out a little bit and really look at the healthcare system. So how can that physical design of your healthcare facility really plays a role in either promoting or undermining health literacy?

WOLZ: I think part of the problem is, in the United States, we are not in the business of health, we are in the business of disease. And until we change our mindset, and stop being so disease focused, now we're just, you got a cold, you get an antibiotic, you are sore throat, you need antibiotics, you don't, you're overweight., we'll give you a GLP1. We're just in the business of treating and we're not really in the business of prevention. And I think what you need to see is we need to see healthcare systems really commit to healthy lifestyles. There used to be initiatives like Healthy People by 2020 or something. There was nine by nine, 9% birth infant mortality by 1999, there used to be huge initiatives that only looked at health outcomes. And where are they? Where are the health outcomes anymore? We're not, you're not looking at health. And until we start to get back to that, we're not going to help people understand health literacy, because all they're understanding is disease. So, until we change that, we become more promotion in health. I think we've made strides, non-smoking areas, tougher laws on alcohol. But you know what? We're not addressing homelessness, which is huge. We're not addressing substance abuse at the level we should be. We're not addressing safe neighborhoods. We're not addressing employment. I think there's so many social parts to healthcare that we almost need that multi-factorial approach. It's not going to be, we're not going to fix it. They're not going to fix it. We all have a piece in getting it

moving. I thought universal healthcare was going to be a really big push, and I thought that was going to be one of those factors that was going to make a huge difference. Unfortunately, universal healthcare has just cause more problems, because people don't understand that even though they went online and they bought insurance, that insurance covers nothing. Everything is out of pocket. So even though they think they only have to pay $200 a month and I've got this great plan, physicians don't take it, providers don't take it, hospitals don't take it. It's like they really hurt themselves doing it. So, I just think the whole system's going to have to really change what its focus is. And until it does, we're all going to be just out there piecemealing it trying to figure out how to get people better educated, start younger, push them harder, change the media. But, you know, we're going to stay commercialized, and illness focused.

PIERCE: Yeah, well, and I think that health literacy not only goes with supportive care, preventative care as well, but also with insurance. You go on there, and I remember trying to help, you know, some some patients who were older and they were trying to understand, well, what does this mean? Like, well, what is this one? And I'm trying to compare the two and even I'm like, I'm not sure. I don't really know what to say there. It's almost like it's a game to get you to buy the cheapest one. And you still got to pay so much money out of pocket. But then the insurance doesn't have to pay as much. And so, health literacy and just the issues are not just in being treated. It is also in insurances.

WOLZ: Absolutely. Insurance is my nightmare. It's just my nightmare. I don't understand insurance. And I thought I was pretty good at it until I tried to navigate everybody's insurance. And then it's a nightmare. And then it's like, well, how can you not pay for this? Like, how can you not pay for this, but you pay for this? So, yeah, again, medicine needs to stop being ran by businesses. It needs to get back to being a medical provider. I get that we need businesses, but at the same time, we're not Ford, we're just not, we're not Amazon. There is such a different component to this.

PIERCE: Absolutely. Well, as we were talking through this, there's some factors that have really stood out to me regarding health literacy. When we work with our patients, we empower them. We empower them to take control of their health and to be able to get the things that they need for supportive care and preventative care, which is really going to improve our patient outcomes and overall reduce so many of those health inequalities that you were just listing. So, I know that I know that there's more to health literacy, but what really stood out to me is that when patients understand health information, they make informed decisions, they engage better with their healthcare providers. And when patients understand they are more likely to engage in those preventative health behaviors that they probably didn't even know existed, they're going to adhere to that treatment plan better and they're going to be able to more effectively manage their chronic conditions, which you're seeing a lot of in the US right now. So, these are some of the things that I kind of took away from our discussion today that I really wanted to emphasize. But as we come to the end of our time, Kathleen, what do you want to emphasize to our listeners?

WOLZ: I think we have to use the apps. I think we have to be stewards of teaching people how to use apps. There are some great apps out there. We talked about myplate.gov. There's also the

United States Preventive Task Force. There are so many things that patients can get on and see apps for health, for mental health, for stress, for anxiety, reminders that it's time for your mammogram. You know, like tickler files. There's so much out there with using technology. So, I think we just have to kind of be the stewards of helping them, helping them sift through Google information, helping them sift through Instagram and Tik Tok, the influencers. It's not going away. So, we as healthcare need to be empowered to help them navigate that, because none of those things are going to go away. So how do we help our patients separate out what's really important from just someone trying to make some money?

PIERCE: Absolutely. Well, that brings us to the end of our comprehensive look at tackling the health literacy challenge that we're seeing in healthcare. And I hope that you have really enjoyed our discussion on this timely topic. And, Kathleen, thank you so much for joining me through this series. Just to kind of recap these two episodes, we've covered a lot of ground exploring what health literacy is and its far reaching impacts on outcomes and costs, and most importantly, some strategies to help with creating more of an understandable care experience at both the provider level and a little bit at the system level. But if we are really going to enhance health literacy, it's truly a team effort that's going to require a multi-pronged approach across all of our patient touchpoints, just as you were talking about, Kathleen. By implementing even some of those evidence based topics that we covered here, healthcare providers and our organizations can really start to dismantle those literacy related barriers, and help with creating a more equitable care environment. So, at the end of the day, our ability to effectively convey health information and really cultivate patient understanding is foundational to delivering high quality, safe and really ethical care. Because low health literacy perpetuates healthcare disparities, and it really prevents truly informed decision making. So, it's an issue. It's an issue that impacts all communities that we must prioritize and address proactively. I encourage all of you to take the insights from the series and really work to become champions for health literacy improvement at your respective institutions. Share these strategies with colleagues, start conversations about current practices and really keep advocating for patient friendly policies and resources. And I also encourage you to explore many of the courses that we have available on elitelearning.com to help you grow in your career and CEs.