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Ellen Kelsay:

That's Dr. Lisa Fitzpatrick, founder and CEO of Grapevine Health, a company she established to build trust and improve patient engagement through delivering culturally appropriate and relatable health information. Dr. Lisa is a board-certified infectious diseases physician and a medical epidemiologist who has led an esteemed career. She served as a member of the CDC's elite Epidemic Intelligence Service, was a foreign diplomat in the Caribbean, an academic researcher, and she was a former chief medical officer for the D.C. Medicaid program. But what she's perhaps best known for is her ability to connect with patients and provide health information in a way that they can understand and trust.

I'm Ellen Kelsey, and this is a Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers. My guest is Dr. Lisa Fitzpatrick and we discuss why health literacy is key to cracking the code on engagement and how we can get started on improving it.

Today's episode is sponsored by Cariloop. Cariloop helps employers drive productivity, reduce absenteeism, and decrease stress and burnout by connecting caregivers with an experienced care coach.

Lisa, welcome. We are thrilled to have you with us today.

Dr. Lisa Fitzpatrick:

Thanks for having me on, Ellen. It's great to be here.

Ellen Kelsay:

I'm so excited for this conversation and having you share your story with our audience. I've just been so impressed every time I've gotten to spend time with you. I learn more layers to all that you are doing and the impact you are having and just excited to share that with everybody today. I thought maybe a good place to start would be having you tell the audience about 'Dr. Lisa on the Street,' what that's all about and how it came to be.

Dr. Lisa Fitzpatrick:

Well, it's an interesting story. It's actually a story that started in 2007. I've been thinking about health literacy for a really long time, mostly because I'm the person my family and friends call when they have a question. Some of those questions are really basic information about their health and then sometimes those questions were, here's what the doctor said and what does that mean. So I realized there are a lot of people out there who probably need some kind of support. But the true origin story of Grapevine Health is 2007 when I was on a panel with 100 black men in Atlanta and at the end of the conversation a man came up to me, he was about 60 something I'm guessing, a black man, and he said, how does someone like me access someone like you on a regular basis? He was basically saying, I was talking in the language he understood, he could relate to what I was saying, and he talked to me about his medications and his doctor, but he felt really lost.

I thought, well, since I can't clone myself, how could I make myself more available to more people or more accessible. So I thought, well, video, A few years later I was watching Jay Leno JayWalking. For people who haven't seen that, it's really a funny bit he did. He would go on the street and talk to people mostly about politics and geography. It was very funny. It was also educational, because sometimes if I didn't know the answer, I would go and say, oh wow, why didn't I know that or look that up. And I thought, well, maybe I could do that with health. That's how 'Dr. Lisa on the Street' got started. I found a videographer and I went out onto the National Mall with him and we started talking to people about the flu. I would ask them a few questions:

What's the flu? Can you treat the flu? How do you prevent the flu? Francis was such a great storyteller. He weaved that story, that narrative together in such a way I thought this can be a thing. We made six or seven videos and that's how 'Dr. Lisa on the Street' got started.

Ellen Kelsay:

Tell us about one of your recordings that especially stands out in your mind.

Dr. Lisa Fitzpatrick:

It's a video I shot in Columbia Heights in Washington, D.C. The reason it stands out is because I was using my organ model that day. I have a replica of the human body and you can take the organs out - the lungs, the liver, the stomach - and you don't have to work to get people to talk to you on the street when you use the organ model because it's such an anomaly. People actually walk over to you because they're curious about it.

A few weeks ago, one of my patients came into the office and she said, doc, I think my kidneys are bothering me, because my kidneys hurt. Then she started to point to the middle of her stomach and I said, your kidneys aren't located in the middle of your stomach. I don't think it's your kidneys. It made me wonder how much do people really know about the body? So today we're going to find out.

The video starts with me carrying my organ model and walking up to a corner in Columbia Heights, Washington, D.C. and I sit it down near a fountain and I wait and people just start coming up and asking me about it.

"You know where the kidneys are? Kidneys or lungs? You said kidneys or lungs? So that's the kidney. This is the lung. The bladder is here. Okay, that was good. The difference in the blue and the red? Oxygenated and deoxygenated. You got yourself a doctor on your hands."

Jimmy Kimmel should invite me on his show to take my organ model on the street. That would be fun.

Ellen Kelsay:

It might happen, it just might happen. One of the things that I find so interesting about your work and one of the things that you did relatively recently is that you picked up and moved and you moved to a different part of D.C. Tell us why did you think living somewhere different would give you some different insights?

Dr. Lisa Fitzpatrick:

Thanks for asking about that. It was an experiment, Ellen. I've been working in health care for a really long time and I've done so many different jobs in health care: leadership, I've been a clinician, I've done research. The thing I always notice no matter what job I have is that we are disconnected from the community and if we're disconnected, it means we don't fully understand what the challenges are and how can you solve a problem if you don't really understand the problem. I thought why not get proximal, why not move into a community and see what I can learn. I already knew a lot about the population I was working with. These are mostly people living in underserved communities, low income, people living in food deserts with lots of social challenges, a lot of people insured by Medicaid and Medicare. I know a lot about the population, but I didn't necessarily feel it. I didn't have as much empathy as I possibly could from walking in their shoes. I took a leap and I left my cushy condo in downtown D.C. and moved to Southeast D.C. I would say the biggest thing I've learned, I've learned living in Southeast is that it's really hard to focus on your health when you have so many other distractions: social distractions, emotional distractions, relationship distractions.

I often tell this story about a little boy I saw getting on the Metro, because I was feeling frustrated by the amount of noise and sort of shenanigans going on in the Metro car I was riding in. I gathered my things to leave the train and as I was getting up I saw this little boy who looked like he may have been 10 years old getting on the train by himself and he sat down and he started playing a game on his phone. He wasn't even phased by all the noise and chaos on the train. I took two things away from that. Number one, if he has to be here, I'm going to be here. It's easy for me just to pick up and run, but I need to stay. And the second one, which was even more powerful for me, was the reason he didn't recognize the chaos was because he was used

to that environment. If people are surrounded by these sort of social assaults, it's like trauma. They're being traumatized by their environment. It becomes so second nature, you don't notice it. I started to think about how much damage is being done to someone's immune system or to their health and they don't even recognize it because they've internalized all of this trauma. It turns out this concept has really been described widely, described as a concept called weathering. They've talked about it a lot in pregnant women, but I think in underserved communities this is what we're faced with. People don't have the luxury of focusing on their health when they have so many other things they have to consider. I'm glad I did it, but it also affected my health, so I recently moved back to my condo, which is another lesson. You just don't realize how much your environment influences your health until you're in a situation like that and then you have the luxury of being able to remove yourself from it.

Ellen Kelsay:

Thanks for sharing that. I mean it's really like palpable just to hear you talk about it and describe the experience. When you talk about health literacy, you say it is the stepchild of social drivers of health. Can you expand on what you meant by that?

Dr. Lisa Fitzpatrick:

I call health literacy the stepchild, because we place a lot of emphasis on things like transportation, food, housing, employment. All of those things are very important. But I think if people don't understand health information or they're intimidated by the information they're getting, this leads to poor engagement, it leads to low engagement, it discourages people from wanting to even think about their health. We've actually seen the impact of helping someone who has a health literacy challenge. The people we come in contact with on the street who stop and talk to me or one of our other doctors because they don't really have a relationship with us, but they like that they're seeing a black doctor accessible and available to them. The things we hear from them help us understand how limited the health literacy is in the community, and once we give them information, they can take an action.

To me, the oversight of health literacy as a driver of health, I don't understand why people think, oh you can just Google if you have a question. The messenger matters. The message matters, the way it's delivered to the person. To round this out with an example, a woman approached me on the street and said her doctor wanted her to have a surgery and she wanted my opinion. She's basically asking for a second opinion with a strange doctor standing on the street corner. So I ask her what the surgery is and she doesn't really understand it. She describes it to me and I figure out what the surgery is and then I can explain to her what the surgery is. Then she says, well, do you think I should have the surgery? And I said, well this is something you need to talk to your doctor, but here are the questions you need to ask your doctor. Now I didn't follow up with this woman, but we've had so many stories and engagements like that, it seems so obvious to us that one of the biggest drivers of health is information and receiving information in a way you need it at the time you need it. That's what I mean. I think we still have a long way to go because people still think information is so abundant and what's so, you know, what's the big deal about information or health literacy as a driver of health, but hopefully we'll change that over time.

Ellen Kelsay:

I've been speaking with Dr. Lisa Fitzpatrick about the power of connection and trust to improve health literacy. We'll be right back.

Cariloop

Cariloop helps families plan for and manage every aspect of their caregiving journey with its comprehensive caregiver support platform. As an employer-sponsored benefit, it pairs caregivers with certified and licensed professional care coaches to guide families through care decisions, provide emotional support and take the burden of researching resources off their plate. The care portal is where collaboration happens between care coaches, the caregivers and their families, and serves as a centralized place for members to access valuable resources at any time. This benefit helps employees navigate their caregiving journey with less stress and improved overall well-being while supporting them as they balance their work responsibilities with caring for loved ones.

Ellen Kelsay:

You talked about not only trusted health information, but it coming from places and individuals that people can relate to and perhaps a shared or similar lived experience. Then you also talk about using just really plain language and that so many physicians are in a rush where they're not using plain language, they're using medical jargon and the messages just don't land. People come away from their doctor's visit or being discharged from a hospital, not really understanding what just happened to them, let alone what they need to be thinking about post care and follow up from that visit. You shared with me a story of standing outside of GW Hospital in D.C. Can you share that story with the audience and the woman that approached you?

Dr. Lisa Fitzpatrick:

Yes, that story breaks my heart. I'll probably never ever forget that story. We were filming a video and the topic of the video, interestingly enough, was about access to care. We were asking people what they look for in a health care provider, how they decide if they want a certain kind of provider, and where they get access to care. We are wrapping up the shoot, but I could see this woman lingering out behind the videographer and she's just standing there watching us and when we finish she walks over to me and says are you a doctor? I said, yep, I am. She said, well I just got discharged from the hospital and they gave me some papers, but I'm not sure what I'm supposed to do. Can you help me? And I said, are you giving me permission to look at your discharge paperwork? She said yes. So she pulls the papers out of her purse and I'm looking at these papers. Sure enough it doesn't have instructions about where she should go next, how to follow up. They didn't give her an appointment to come back. So we talked about her health condition and it turned out she was admitted to the hospital after having shortness of breath and they learned that she had a blood clot in her lung, a pulmonary embolism, and they discharged her, but she was still feeling short of breath, so she wondered if she should go back to the emergency department. She was completely lost. She didn't know what to do and I just thought, if I hadn't been standing here, what would she have done? The other point I make when I've told this story is in health care right now, there's a lot of push back when you talk about communicating with people via text message and technology. Despite all the advancements we've made since the pandemic, there's still a lot of questions about how we communicate with people digitally and concerns about privacy. But right there on the street corner, she gave me her phone number so that I could text her. She showed me her ID card. She showed me her Medicaid card. It was just a lesson in how badly we are failing people like her to get them connected to care and to meet their needs. I followed up with her and we got her connected to a clinic, but I won't forget that story because this is why Grapevine Health exists. We have to find ways to give people channels to reach in when they need help in a situation like that. But truly the health systems really need to do a better job and not just talk the talk. We have to walk the walk.

Ellen Kelsay:

Well, you are in the right place at the right time, certainly for that woman. You're right, we need to find a way to do this more consistently and systemically at scale. We'll get to that. I've got a question for you in a little bit on how we do that, but before we get there, I wanted to talk to you about like the importance of the messenger and why people you have found relate to you, trust you. But you are, as you said, one person. You cannot clone yourself, although you're trying to do that through the videos. How do we think about the messenger and trust? Any lessons that you would share relative to that?

Dr. Lisa Fitzpatrick:

I would just ask people to think about who they trust and how they decide whether or not they trust someone. What is it about that person? Is there a cultural similarity? What is the thing that makes you trust someone? What we found when we're out in the community, people don't see black doctors, they don't see them enough. Because of that, there's a lot of distrust continuing in the health system. Another story I like to tell related to trust is one day I was walking in my neighborhood in Southeast and there's an alley near my house and a lot of men hang out in this alley. One day I was out walking and I decided I'm going to go over and talk to them. So I go over and strike up a conversation with these men and at some point I tell them I'm a doctor. One of them says, you expect us to believe you're a doctor. Doctors don't just show up in the alley and start talking to people. Then he said, don't trust her. Like, who are you really? I had to show them my ID and I had to pull up my LinkedIn profile to show the man who was most distrustful and he just couldn't believe I was a doctor.

Then once they realized I was a doctor, you should hear all the questions they asked. Well, so since you're here now, can you tell me about this back pain I'm having? Or my doctor said this. In instances like that, you realize why the messenger matters. Because if you have cultural distance or social distance between doctors and patients, you can really only get so far to get the information you need to help someone on their health journey. This is not a very common subject to talk about, this cultural disconnect between doctors and patients, but I think we have to have the courage to start having this conversation and solving the problem because the distrust, especially the within the black community, it's been there for decades and it's going to take a lot for us to improve trust within the health system. Some of this comes from ensuring they have the right messengers to help them navigate health care.

Ellen Kelsay:

The other story you used to illustrate trust is about trust going both ways. The banana story. Can you share that story with the audience?

Dr. Lisa Fitzpatrick:

Yes, well I've told you a lot of stories, Ellen.

Ellen Kelsay:

They're all compelling. I remember them all.

Dr. Lisa Fitzpatrick:

Yes, so that story, the bidirectional trust, that kind of blew me away. So this notion that we need to be out in the community, interacting with people to build trust is foundational for Grapevine. Also, just for me as a health care provider, I think you have to show up consistently to gain trust with the community.

One day we were out doing some engagement, outreach and engagement, and there was a woman standing nearby our table and she would walk back and forth just looking and listening, but she would never walk over, ask a question or engage directly, and then she disappeared. The next time I saw her, she was walking across the street with two bananas, one in either hand, and she was eating one. She walked over to me and gave me the other banana. I was so touched, I thanked her for the banana and I put it in my pocket. She said, I want you to eat the banana. And I said, I will, this banana looks great. It doesn't have any spots. It's the exact kind of banana I like. I'm busy now, so I'll eat it later. And she says, I want to watch you eat it. And I said, well, tell me why it's so important to you that I eat this banana right now and I'll take a bite. And she said, I want to see if you trust us. The reason that story blew me away is because we've always been thinking about how do we demonstrate we're trustworthy, how do we get people to trust us, but we don't think about trust from her perspective, which was really, do you see me as an equal? Do you see my humanity? Are you going to treat me like you would treat one of your peers? Every time I tell that story, I mean I get so many different reactions, including people who think the woman meant me harm, which never even occurred to me in the moment. I find that interesting and I have to ask people, why is your initial response that she meant me harm and what does that say about trust. Which is basically what she was asking me, right? Do you think I'm trying to hurt you or do you see me as a human?

Ellen Kelsay:

There's a reason why that story's so compelling and it resonates with people. I love that you've shared it with the audience, so thank you. It is two way and so thinking about the trust in the messenger, but also that you trust and have respect and relate on a human level to the people you're interacting with as a physician and just in life generally, but of course in this context.

Dr. Lisa Fitzpatrick:

It sounds so basic, it sounds so simple that we shouldn't even have to talk about it. But when you think about people's experiences when they enter a hospital or a clinic, the way we treat them, these are things that cause people to distrust us. How long do they have to wait? How are they treated when they first enter the clinic? Do people look at them? Are we listening? All these things are the reason we need to focus on trust, because this is how we erode trust by not paying attention to people like her.

Ellen Kelsay:

I think that leads me to the question I was going to ask you about how do we do this more regularly, consistently, at scale? You are one person. Your company is one organization. We have a massive health literacy issue, medical trust issue, unbelievably alarming concerns related to health disparities within black and minority communities. How do we as a system, as an industry, as whatever the term you want to use, think about doing this differently, whether it be for employers and what they're doing to provide services to their workforce, or if it's others, other health systems, physician groups, other entities that are delivering health services to the community. How should they be thinking about health literacy different and connecting to patients and the people they serve more effectively than they are right now?

Dr. Lisa Fitzpatrick:

Well, Ellen, that's such a hard question. There's so many layers there, but the most simplistic answer is to treat people the way you want to be treated, whether we're talking about a doctor or a pharmacist, someone who's delivering health care services versus someone who, in the case of an employer, is buying health care services. What kind of support would you want? What kind of support might you need and what does that need to look like? I think that is a great place to start. I had a Medicaid member tell me once, she says, you know, they only give us insurance because it's junk insurance. They don't give us the best there is. When people have those attitudes, it's a good idea to really listen and talk to people and ask, what is it you need? What should we be providing that you don't have right now and how do you feel about the services that are being provided to you right now? What needs to change? A lot of times I think leadership doesn't ask these questions because they don't necessarily want to know the answers. It's hard to know the answers because then you become accountable or you feel responsible for doing something about it. But it's not fair for us to just continue to talk about these issues. They're obvious now and we've been talking about these sort of issues around health disparities long before the pandemic, but certainly everyone should be aware of them now. The next question is, what are we going to do about it? I think that starts with listening to the people you're serving, or in the case of employers, listening to employees and asking why is it people are calling out sick so often? What would we have to do to make this a place where people want to come to work? Getting even more specific, what do you think about the health care services we're providing you? Is there something we need to change, something we can do in a better way or in a different way so that you get what you need? These are very tough questions for leadership to ask, but I think we have to have the courage to do it, because that's the only way we'll be able to create a healthy workforce in healthy communities is we have to understand the problem and be committed to addressing the problems.

Ellen Kelsay:

Well, I love that you're doing the work that you're doing and you're shining a bright light and setting an example, such a fabulous example that it can be done and that all it takes is putting yourself out there and having the conversations that need to be had. Like you said, you can't put your head in the sand and pretend it's not there anymore and there is accountability once you know it's there. I appreciate all that you are doing to lead that charge. As we wrap, I've got a two-part final question for you. The first part is, what has surprised you the most as you've been out there on the street having these conversations? The second part is, what gives you hope and a sense of optimism as you think about the future?

Dr. Lisa Fitzpatrick:

Yes, those are great questions. I think what has surprised me most is no matter what city I'm in, the need is the same. Because we talk a lot about how important it is to make sure support is localized in that you are creating relationships and partnerships in places where people are. I think that is very important. But whether we were in Baton Rouge, Louisiana, Mobile, Alabama, Newark, New Jersey, Philadelphia, right here in D.C., that woman I saw on the corner, I'm pretty sure I could have seen someone like her in all of those cities as well. That kind of surprised me. I knew it on some level, but to really have the face-to-face experience with people who are asking the same questions about heart disease, diabetes, and losing weight from city to city, just shows the universal nature of this problem. What gives me hope is how much attention we're paying to this now. The demand though is going to have to come from communities, from the public, from employees, because you know, Frederick Douglass said, 'power concedes nothing without a demand.' Power knows about these

problems, power sees these problems. There is a ton of data to describe and characterize this problem. To get movement on it, to get some sort of reaction to solve these problems, it's going to have to come from the community.

Ellen Kelsay:

Thank you so much for sharing your time and your story and these remarkable examples with our audience today. We're happy to help get the word out and amplify your good work and we're just so grateful to you and the work you're doing. Thanks again for joining us today.

Dr. Lisa Fitzpatrick:

Thank you so much, Ellen. I really appreciate it.

Ellen Kelsay:

I've been speaking with Dr. Lisa Fitzpatrick, expert and advocate for improving health literacy. You can see Dr. Lisa's on the street interviews about health and health care on the Grapevine Health YouTube page.

I'm Ellen Kelsey and this podcast is produced by Business Group on Health, with Connected Social Media. If you like the conversation, please rate us and leave a review.