

# THE ARIZONA GWEP MONTHLY NEWSLETTER

OCTOBER 2025



## ABOUT

The mission of the Arizona Geriatrics Workforce Enhancement Program (AZ-GWEP) is to provide the best possible care through an interprofessional approach to individual, system, community and population level education, training and models of care innovations.

The AZ-GWEP Newsletter is an important forum to share AZ-GWEP activities and highlight your valuable work. Please use this form by the 10th of each month to be featured in the next issue:

[SUBMIT INFO FOR  
OUR NEXT ISSUE](#)



Health Literacy Month is an annual observance held in October to raise awareness about the importance of health literacy and its impact on health outcomes. It was created to highlight the critical role that clear health communication and understanding play in helping people make informed decisions about their health.

Health literacy has a particularly significant impact on older adults, who face unique challenges that can make navigating health information and healthcare systems more difficult.

Learn more about [Improving Health Literacy for More Equitable Outcomes](#) on [Page 7](#). On [Page 8](#) you'll find more information about [Health Literacy](#) and older adults. This information sheet, along with others, is available for download on the Arizona Center on Aging's [Elder Care Interprofessional Provider Sheets](#) site.

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## PARTNER SPOTLIGHT

MEET JEANNIE FROM THE UNIVERSITY OF ARIZONA  
R. KEN COIT COLLEGE OF PHARMACY  
[www.pharmacy.arizona.edu](http://www.pharmacy.arizona.edu)

Dr. Jeannie Lee, a board-certified pharmacotherapy specialist and geriatric pharmacist, is a Fellow of the American Society of Health-System Pharmacists and the American Geriatrics Society. She served with interprofessional teams in patient care for over 25 years and has experience with the VA, Department of Defense, health system clinics, and community pharmacies. She represents pharmacy on the U of A, Innovations in Aging Graduate Interdisciplinary Programs Executive Committee for MS and Certificate programs. As the Contact PI on the NIH-funded "Improving Hypertension Medication Adherence for Older Adults" project and "Pharmacist-Community Health Worker Team to Improve Medication Adherence and Reduce Hypertension Disparities" project, Dr. Lee is passionate about collaborations on research in aging and team-based care. Works by her interdisciplinary teams have been published in several high-impact journals, such as JAMA, Medical Care, JAGS, and JAMA Network Open. Dr. Lee's focus is on medication optimization and increasing adherence to evidence-based treatments to improve health outcomes in diverse populations who have chronic conditions and polypharmacy. Her interests include watching her daughter's ballet performances, musicals & movies; travel & food; yoga and pilates. She is always open to collaborations and bringing pharmacy perspectives to our AZ-GWEP community.



**Linked in**

Connect with our  
**AZ-GWEP Community**  
Group Page on LinkedIn

## MARK YOUR CALENDARS



ADVANCES IN AGING  
LECTURE SERIES

OCTOBER 13TH  
12 - 1 pm (MST)

Artificial Intelligence and  
Older Adult Health  
Mindy Fain, MD

[VIEW PRESENTATION](#)

View archived  
presentations [here](#)

Download the event flyer



**Advances in Aging Lecture Series**

**Artificial Intelligence and Older Adult Health**

**LIVESTREAM**

<https://streaming.bioooh.arizona.edu/streaming/31038/Event>

**LEARNING OBJECTIVES**

- Define Artificial Intelligence and examples in older adult health
- Discuss potential benefits and risks of Artificial Intelligence for older adults
- Consider ethical and equity issues of Artificial Intelligence use in older adult health

**VIEW ARCHIVED PRESENTATIONS**

<https://streaming.bioooh.arizona.edu/streaming/31038/Event>

**Accreditation Statement:**  
The University of Arizona College of Medicine - Tucson is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Arizona College of Medicine - Tucson designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Disclosure Statement:**  
All faculty, CME planning committee members, and the CME office reviewers have disclosed that they have no financial relationships with commercial interests that would constitute a conflict of interest concerning the CME activity.

**Center on Aging**

**Arizona Geriatrics Workforce Enhancement Program**

**Arizona College of Medicine - Tucson**

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## UPCOMING EVENTS



### AZ-GWEP QUARTERLY PARTNER MEETING

**Thursday, October 23rd**  
**12:00 - 1:30 pm**



### 19TH ANNUAL CONFERENCE ON ALZHEIMER'S DISEASE / DEMENTIA IN NATIVE AMERICANS: KNOWLEDGE, CONNECTIONS AND SUPPORT

This event will include a **Preconference: Healthy Professional, Healthy Community** for professionals working in Indian Country. The **Main Conference** will include families and professional caregivers, health care providers, educators and tribal leaders.

This event will be in Flagstaff, AZ at the Little America Hotel. Registration is now open at 602-230-2273 (CARE) or through the links below.

#### [REGISTER FOR MAIN CONFERENCE](#)

\$30.00 per person for Main Conference on Thursday, 10/30/25 (includes breakfast and lunch)

#### [REGISTER FOR PRE-CONFERENCE](#)

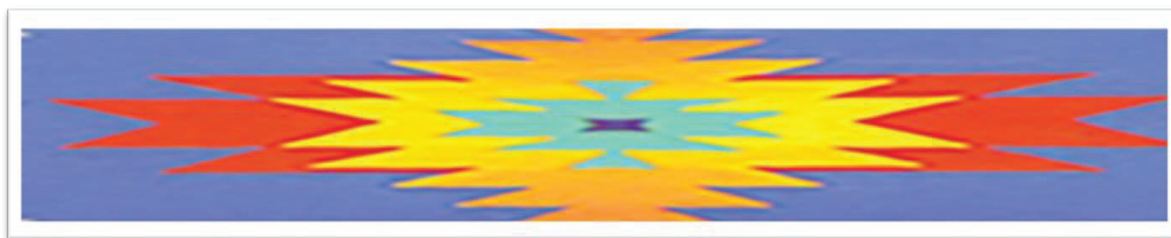
\$30.00 per person for the Pre-Conference for Professionals working in Tribal communities on Wednesday, 10/29/25 (includes lunch)

Please see the following pages for more information and conference agenda.



# THE ARIZONA GWEP MONTHLY NEWSLETTER

**OCTOBER 2025**



**Preconference for Professionals**  
**Healthy Professional, Healthy Community**  
**October 29, 2025**  
**10:30 am – 3:50 pm**

**Program Description:** As a professional, you give your time, knowledge, and heart to support individuals and families every day. You're likely the one reminding others about the importance of self-care — but how often do you take that advice for yourself?

We invite you to reflect, recharge, and reconnect. Through culturally grounded conversations and practical sessions, we'll explore the nuances of dementia care, including early memory loss identification, engaging families in care, and supporting caregivers in meaningful ways.

When you are healthy, confident, and supported, your strength ripples through your work and into the community you serve.

## Agenda

|                   |   |                         |
|-------------------|---|-------------------------|
| 10:30 am-10:35 am | <b>Welcome</b>  | Heather Mulder, BS      |
| 10:35 am-12:05 pm | <b>Self-care for the Professional</b>   | Helle Brand, PA         |
| 12:05 pm-12:45 pm | <b>Lunch</b>  |                         |
| 12:45 pm-1:45 pm  | <b>Gathering the Family</b>   | Lori Nisson, LCSW       |
| 1:45 pm-2:30 pm   | <b>Evidence-Based Strategies for Self-Care: A Focus on Healthcare Providers</b> | Crystal M. Glover, PhD. |
| 2:30 pm-2:45 pm   | <b>Break</b>  |                         |
| 2:45 pm – 3:45 pm | <b>Early-Stage Memory Loss or Normal Aging</b>                                  | Janice Greeno, MA       |
| 3:45 pm- 3:50 pm  | <b>Questions / Evaluations/Conclusion</b>                                       | Nicole Lomay, BIS       |

# THE ARIZONA GWEP MONTHLY NEWSLETTER

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## Conference Location

**Little America Hotel**  
The Grand Ballroom  
2515 E. Butler Avenue, Flagstaff, AZ 86004



## Hotel Information

**Little America Hotel**  
2515 E. Butler Avenue, Flagstaff, AZ 86004  
**Visit:** [www.flagstaff.littleamerica.com/](http://www.flagstaff.littleamerica.com/)  
Reservations, call 1.800.352.4386 and reference "**19th Annual Native American Conference**" or click the Reservation Group Weblink below for online reservations:  
<http://bookings.ihotelier.com/bookings.jsp?groupID=4703168&hotelID=4649>

**Room Rate: \$144.00 +tax for single occupancy only.** These rates are subject to an additional charge of \$20.00 per night for each additional occupant.

To receive this Group Rate, hotel room reservations must be made by end of day on **Tuesday, October 7, 2025.**



## Event Registration

\$30.00 per person for Main Conference on Thursday, 10/30/25

\$30.00 per person for the Pre-Conference on Wednesday, 10/29/25

Limited Family Caregiver & Student Scholarships available. Please contact Nicole Lomay at [nicole.lomay@bannerhealth.com](mailto:nicole.lomay@bannerhealth.com) for more information.

**Visit:** [www.bannerhealth.com/AlzNativeAmerican](http://www.bannerhealth.com/AlzNativeAmerican)

**Payment options: credit card, invoice or check**

**Mail Checks to:**  
Banner Health Corporate - Mesa  
Attn: Cippy Seidler  
525 W. Brown Rd., Mesa, AZ 85201



## Group Registration

For groups of 5 or more, please contact the 230-CARE Team at 602.230.2273 (CARE).

**Cancellations must be made in writing.** A full refund minus a \$15.00 processing fee is available through October 17, 2025. No partial refunds will be made.

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## PROGRAM DESCRIPTION

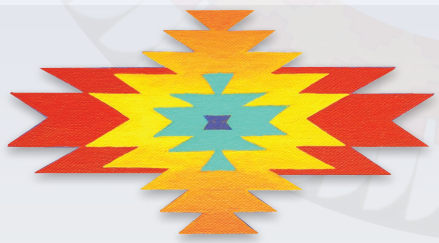
Join us for the 19th Annual Conference on Alzheimer's Disease in Native American Communities — a gathering dedicated to sharing knowledge, strengthening connections, and supporting those impacted by dementia across Indian Country. This year's conference will provide an overview of Alzheimer's disease and the latest research, as well as highlight practical, evidence-based strategies that caregivers can use to protect their own health while caring for others. You'll also have an opportunity to hear one caregiver's story and journey with her mother. Whether you're a health professional, caregiver, community leader, or elder advocate, this event offers relevant insights and tools to support your work and well-being.

## AUDIENCE

This conference is intended for families and professional caregivers, health care providers, educators and tribal leaders.

## A SPECIAL THANK YOU TO:

The May & Stanley Smith Charitable Trust, the John and Sophie Ottens Foundation, Eisai, Inc., and the University of Arizona GWEP grant partnership.



## AGENDA

|                   |   |
|-------------------|---|
| 7:30 to 8:30 am   | Registration / Continental Breakfast  |
| 8:30 to 8:45 am   | Welcome / Blessing / Introduction<br><i>Emcee: Clark Tenakhongva</i>                      |
| 8:45 to 9:45 am   | Alzheimer's Overview & Research Update<br><i>Jessica Langbaum, PhD</i>                    |
| 9:45 to 10:30 am  | Small Steps for Big Impact: Innovation for Everyday Life<br><i>Crystal M. Glover, PhD</i> |
| 10:30 to 10:45 am | Break / Resource Fair   |
| 10:45 to 11:30 am | Small Steps for Big Impact: Putting It Into Practice<br><i>Crystal Glover, PhD</i>        |
| 11:30 to 12:00 pm | Dementia Untangled: Caregiver Experience<br><i>Heather Mulder, BS</i>                     |
| 12:00 to 1:00 pm  | Lunch / Resource Fair   |
| 1:00 to 2:00 pm   | Communication Tips to Connect through Progression<br><i>Lori Nisson, LCSW</i>             |
| 2:00 to 2:15 pm   | Break / Resource Fair   |
| 2:15 to 3:15 pm   | Caregiver Self-care<br><i>Helle Brand, PA</i>   |
| 3:15 to 3:30 pm   | Closing   |

## FEATURED SPEAKER

**Crystal M. Glover, PhD**  
UCI MIND, ADRC ORE Core Leader  
Associate Professor, Neurology  
University of California, Irvine

## BANNER ALZHEIMER'S INSTITUTE TEAM

**Helle Brand, PA**  
Clinician, Dementia Care Partners

**Heather Mulder, BS**  
Associate Director Outreach Research

**Jessica Langbaum, PhD**  
Senior Director, Research Strategy,  
Banner Alzheimer's Institutes  
Director, Arizona Alzheimer's Disease  
Research Center

**Nicole Lomay, BIS**  
Dine', Senior Outreach Program Manager  
Native American Outreach Program

**Lori Nisson, LCSW**  
Family and Community Services Director

# THE ARIZONA GWEP MONTHLY NEWSLETTER

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## Improving Health Literacy for More Equitable Health Outcomes

### What is health literacy?

#### Personal health literacy

The skills a person needs to understand and use health information to make informed choices about their health.



#### Organizational health literacy

The ways health care organizations (providers, hospitals, health systems, Medicaid agencies, and health plans) make health information accessible for patients.

#### Health literacy is a two-way street.

Health care *organizations* can adopt strategies to improve health literacy, making it easier for *people* to make decisions regarding their health and use health services effectively.

### Why is health literacy important?



#### Greater health and wellness for all

Improving health literacy can **reduce medical errors, increase use of preventive care**, assist in patients' **chronic condition management**, and improve **morbidity and mortality** rates.



#### Improved health equity

Limited health literacy can worsen health disparities related to **race, age, income, and education**, among other factors. Addressing health literacy can improve outcomes for marginalized populations.



#### Reduced costs and better care

Limited health literacy can result in increased emergency department and overall hospital use, costing the U.S. economy **up to \$349 billion annually**. Enhancing health literacy can improve people's care and reduce costs.

### What can health care organizations do?



#### Think broadly

Assume that *anyone* may struggle to understand health information. **Systemwide use of health literacy best practices** can improve outcomes for all.



#### Create better written communications

Whether print or digital, effective written material uses **plain language, simple design, and clear organization**. Use readability tools and user testing to refine written materials.



#### Improve verbal communications

**Effective patient-provider communication** is key to making joint decisions and expressing empathy. **Conversational speech, open-ended questions**, and strategies like the teach-back method can better engage patients.

#### A Word on Language Access

Better health is possible when everyone understands health information, regardless of English proficiency. Providers can adopt multilingual communication practices and offer access to qualified interpreters and translation services.





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THE UNIVERSITY OF ARIZONA  
COLLEGE OF MEDICINE TUCSON  
Center on Aging

[www.aging.arizona.edu](http://www.aging.arizona.edu)

February 2023

## ELDER CARE

A Resource for Interprofessional Providers

### Health Literacy

Barry D. Weiss, MD, College of Medicine, University of Arizona

Health literacy is the ability to obtain, read, understand, and use health-related information to navigate the health care system and to make informed decisions about medical care. It is closely related to general literacy – the ability to read and write and understand numbers – but it refers specifically to health information. Numerous studies have shown that people with limited health literacy have higher rates of illness, worse health status, worse health outcomes, and higher health care costs than individuals with adequate health literacy. These differences persist after adjusting for many sociodemographic factors, including ethnic group, education, and income. Indeed, literacy is one of the strongest, if not the strongest, predictors of health status.

The most recent national data on health literacy is from the US Department of Education's 2003 National Assessment of Adult Literacy (NAAL). NAAL classified health literacy skills into four categories. Table 1 shows examples of question items used for each of the four categories.

**Table 1. Examples of Health Literacy Skills Items in**

|              |   |
|--------------|---|
| Below Basic  | Circle the date on a clinic appointment slip.   |
| Basic        | Find basic information in a short paragraph.  |
| Intermediate | Use a chart to find out the age at which different vaccines should be given.                |
| Proficient   | Consult a complex table to determine an employee's monthly share of health insurance costs. |

Table 2 shows the distribution of health literacy levels in the US population based on the NAAL. Only about 12% of the overall population has proficient skills and overall, about 1/3 (36%) of adults have limited health literacy (skills at the basic or below basic levels). Subsequent smaller-scale studies suggest that the literacy skills, including health literacy skills, of the American public have declined since

the NAAL, so the percentage of the population with limited health literacy is likely now higher.

**Table 2. Health Literacy Levels of American Adults Based on the National Assessment of Adult Literacy**

|              |     |
|--------------|-----|
| Below Basic  | 14% |
| Basic        | 22% |
| Intermediate | 53% |
| Proficient   | 12% |

### Health Literacy in Older Adults

The rates of limited health literacy in older adults is the highest of all age groups, with 59% having skills at the basic or below basic level. Furthermore, older adults with limited health literacy have higher rates of medical illness than those with higher-level skills, including a higher rate of cognitive impairment over time, and thus are over-represented in the health care system. Therefore, when dealing with older adults in clinical settings, there is a high likelihood that many of those patients won't understand the health information you provide to them.

### How to Improve Oral Communication

Health literacy experts recommend the use of clear communication techniques with all patients, regardless of their literacy skills, referred to as "universal health literacy precautions." Even highly literate, well-educated patients can sometimes have trouble comprehending health care information, so keep it easy to understand. Several approaches are recommended.

The first is to *speak slowly*. Research demonstrates that individuals with limited literacy skills, and indeed all patients, are more likely to understand you if you do.

### TIPS FOR UNIVERSAL HEALTH LITERACY PRECAUTIONS

- Use easy-to-understand language with all patients, regardless of their literacy skills.
- Explain things without medical or anatomical words, like you would explain them to friends or family members.
- Focus on only 2-3 key messages per visit. Patients rarely remember more than that.
- Simply asking "do you have any questions?" isn't enough. Encourage patients to ask questions.
- Verify understanding by asking patients to explain to you what you have told them.
- Written materials should be at no higher than the 5th grade level and include pictures.



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## ELDER CARE

Continued from front page

The second, and crucial step is to explain health information in plain language, like you might explain it to friends or family members who don't know anything about medicine or anatomy. However, health professionals often use concepts and terms that are unfamiliar to patients.

Third, it is important to limit the amount of information provided to patients. Studies have shown that patients will retain only 2-3 pieces of information per encounter, so convey only that information which is most important. Don't worry that you are giving patients too little information at any one visit. If you discuss more than 2-3 things, they likely won't remember them.

Finally, use "teach-back" to confirm that patients understand what you have said. Ask them to explain back to you what you have told them to be sure they understood. Simply asking "do you understand?" will often bring a "yes" response, even if they didn't understand. Asking "do you have any questions?" will often just bring a response of "no." Instead, say something like "I know I've given you a lot of complicated information. Please help me know if I was clear by telling me the important parts of what I've told you." Teach-back is an effective way to confirm that patients understand. Research shows that patients of clinicians who use teach-back have better outcomes, such as improved diabetes control. More information about teach-back is contained in the AHRQ Health Literacy Universal Precautions Tool Kit (see reference list).

### How to Improve Written Communication

Handouts are a way to provide patients with additional information, though keep in mind that individuals who don't read well do not always find written instructions useful.

Thus, if you are going to give patients written handouts, they need to be easy to read. The average reading level of the American adult population is at the 8th grade level and the average low-income older adult reads at the 5th grade level. Despite this, the vast majority of handouts given to patients are written at much higher reading levels, often at the 10th-12th grade level or even college level. Written material should be prepared at the 5th-6th grade level. The key to achieving an appropriate reading level is

to use short words (two syllables or less), short sentences, and bulleted lists rather than paragraphs. Commonly used computer software, like Microsoft Word, includes an option to measure reading level in the spell-check feature.

Note, however, that short words alone will not assure patient understanding. Many short words (e.g., cyst, polyp, stent) may be totally unfamiliar to patients. You need to use terms from common everyday language and explain those that are not. Pictures are also helpful to explain medical issues. The book by Doak and Doak in the reference list is an excellent and classic resource on creating effective patient education materials.

### Communicating About Numbers and Risk

Many individuals do not understand numbers and risk. In one notable study involving patients in an asthma clinic (not just individuals with limited literacy skills), only 38% knew that 1% means 1 out of 100. Studies show that the best way to explain risks to patient is to use event rates (i.e., how many out of how many) or icon arrays (figure below).

Example of Icon Array showing 60%



### Assessing the Health Literacy Skills of Patients

Instruments are available for assessing health literacy in clinical settings, intended primarily for research purposes. But, if you don't believe that limited health literacy is prevalent in your practice, a one-time assessment of a sample of your patients will show you how common it is. Two quick (3-minute) and easy-to-use instruments are the Rapid Estimate of Adult Literacy in Medicine, available only in English, and the Newest Vital Sign, available in English and Spanish. (<https://healthliteracy.bu.edu/all>)

### If You Want to Know More...

The AHRQ Health Literacy Universal Precautions Toolkit is an excellent resource for helping to make your practice or health system more health literacy friendly. Still other resources are available from the US Department of Health and Human Services (links provided in the reference list).

### References and Resources

- AHRQ Health Literacy Universal Precautions Toolkit. Second edition. 2015. <http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2.pdf>
- AHRQ. The SHARE approach – communicating numbers to your patients: a reference guide for health providers. 2018. <https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/tool-5/index.html>
- Doak CC, Doak LG, Root JH. *Teaching patients with low literacy skills*. 2nd ed. Philadelphia: JB Lippincott Company. 1996.
- Oliveira D, Bosco A, di Lorito C. Is poor health literacy a risk factor for dementia in older adults? Systematic literature review of prospective cohort studies. *Maturitas*. 2019; 124:8-14.

### Interprofessional care improves the outcomes of older adults with complex health problems

Elder Care Editors: Editor-in-Chief: Barry D Weiss, MD; Deputy Editor: Mindy Fain, MD

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