Literacy for Health™

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COLLABORATORS & COLLABORATION SERIES

VALORENA PUBLISHING'S
LITERACY FOR HEALTH™

Examining how health information becomes practical knowledge for care.

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EDITOR'S NOTE | ISSUE 03

Health literacy is often discussed narrowly: the ability to read medical information, understand prescriptions, or navigate healthcare systems. At Valorena Publishing, Literacy for Health™ extends further.

Literacy for Health™ examines how individuals and communities build the interpretive capacity required to move through increasingly complex healthcare, policy, and institutional environments with greater clarity and agency.

Collaborators & Collaboration Series is a recurring inquiry exploring how individuals and communities translate complex systems into practical understanding that supports informed decision-making and collective well-being.

Each edition explores how literacy functions beyond reading alone, particularly within increasingly complex institutional environments. This includes the ability to interpret risk, navigate bureaucracy, evaluate information credibility, and advocate effectively within systems that profoundly shape daily life. This is not a profile series. It is an applied study of how knowledge-building becomes infrastructure for agency.

In this edition, we examine the work and perspective of Todd Keitz, founder of My Care Friends, whose career across healthcare information, business development and caregiving brings a different dimension to health literacy: what happens after information reaches the family. His work illustrates the critical role caregivers play in interpreting complex information, navigating systems and translating knowledge into the practical realities of care.

CONNECTION IS THE WORK

In Conversation with Todd Keitz,
Founder & CEO, My Care Friends

Interviewed by Dr. Valerie Williams-Sanchez,
Founder, Valorena Publishing

Todd Keitz says something about himself almost in passing: "I typically make friends wherever I go." It is easy to hear that as personality. In Todd's case, it is closer to practice. Long before he was building a company around caregivers, Todd was building relationships through healthcare sales, managed care, market research, data, and business development. He has spent much of his career inside the machinery of healthcare, learning how information moves, how organizations make decisions, and how trust changes what people are willing to hear. That history matters because Todd's work today brings together two things he has known for decades: healthcare runs on information, but care runs on connection.

Todd's career developed during an era when healthcare intelligence looked very different from what it does now. At Medical Data International in Irvine, California, where we first worked together – Todd as a VP of Sales and me as a medical/healthcare journalist and marketing communications manager – industry intelligence arrived through proprietary databases, syndicated research, and phonebook-sized reports. Pharmaceutical and medical-device companies paid for information that could help them understand markets, physicians, prescribing patterns, and business opportunities. These were large datasets long before dashboards, cloud platforms, and large language models made information feel instantaneous.

Todd worked on the commercial side of that world. His job required him to understand the data well enough to make it useful to clients, but the deeper skill was relational.

He could build rapport, maintain trust, and stay connected well after a transaction or even a job had ended. When the company was bought out, I went to Disneyland — literally — for a marketing communications job at Innoventions that involved translating managed care and laparoscopic surgical techniques for broader public audiences.

MY CARE FRIENDS

Todd Keitz

Founder & CEO, My Care Friends

www.mycarefriends.com

Todd went in another direction. His cross-country trek took him from Philadelphia to Cincinnati, then Chicago, Kansas City, Denver, Boulder, Portland, and ultimately Poipu, Kauai. Along the way, business relationships and friendships converged, each stop marking both a place and a person who had mattered in his professional life.

In Poipu, Kauai, he lingered. One week turned into a month—and an epiphany that clarified what would come next. He later returned to California, relocated to the San Francisco Bay Area, and began a new business venture with friends.

The story is revealing because it shows how Todd thinks about relationships. He does not treat them as contacts to be collected. He holds on to them. And sometimes, they bloom into wonderful opportunities.

That instinct became increasingly important as caregiving moved from something personal in Todd's life to something he began to examine as a systems problem. His experience with caregiving reaches back to childhood. At nine, he was already learning what it meant to notice what another person needed and to help carry responsibility inside a family.

Later, as an adult, caregiving returned as he helped care for his parents. The child caregiver and the healthcare executive are not separate stories. Together they shaped a question that now sits beneath his work: what happens when people are expected to navigate complicated care systems while also carrying the emotional and practical weight of caring for someone they love?

Many people doing this work do not initially call themselves caregivers. They call themselves daughters, husbands, sisters, partners, friends, grandchildren, or neighbors. They make the appointment, pick up the prescription, drive to treatment, speak with the doctor, handle an insurance problem, prepare meals, watch for changes in symptoms, organize the calendar, or repeat instructions once everyone gets home. Somewhere along the way, care becomes caregiving.

The scale is enormous. AARP and the National Alliance for Caregiving reported in 2025 that 63 million U.S. adults — nearly one in four — had provided ongoing care to an adult or child with a medical condition or disability in the previous year. Of those caregivers, 59 million cared for adults. A 2026 AARP analysis estimated that these family caregivers of adults provided 49.5 billion hours of care in 2024, valued at approximately $1.01 trillion. Those numbers make visible something families already know: caregiving is not peripheral to healthcare. It is part of the infrastructure that allows care to continue outside hospitals, clinics, and professional settings.

- Nearly 1 in 4 U.S. adults provided ongoing care.
- 49.5 billion hours of care were provided by adult family caregivers in 2024.
- That care was valued at approximately $1.01 trillion.

Yet much of that infrastructure is informal. Family caregivers often enter the role without training, without a shared vocabulary, and without fully understanding what will be expected of them. That creates a literacy challenge.

Caregivers are frequently the people expected to make healthcare information usable. A clinician explains a diagnosis. A portal posts a result. A prescription changes. An insurer sends a letter. A discharge packet arrives. A new appointment produces another set of instructions. Someone has to interpret what all of it means and decide what happens next.

Health literacy is often described as the ability to find, understand, and use health information. Caregiving makes clear why that sequence matters. Access to information is only the beginning. Information has to be interpreted within the realities of a person's life and then translated into action.

The caregiver often becomes the bridge between what the system communicates and what the family can actually do.

That bridge can carry a significant navigation burden. Caregivers may be expected to understand clinical language, coordinate across specialists, keep track of medications, manage transportation, advocate for the patient, communicate with family members, and recognize when something has changed - often while experiencing stress, fatigue, and uncertainty themselves.

Todd's professional history gives him an unusual vantage point on this problem. He has spent decades around healthcare information: gathering it, packaging it, selling it, explaining it, and understanding its value.

"Now the question comes from the other side: what happens after the information reaches the family?"

My Care Friends grows out of that question and out of Todd's longstanding instinct toward connection. The name itself is instructive. It is not My Care Data or My Care Providers. It is My Care Friends. The concept starts with the recognition that caregivers need more than instructions. They need people, practical knowledge, resources, services, and places to turn when the next question arises.

That insight extends well beyond any single platform. Health systems depend on caregivers to carry care into the home. Managed care organizations depend on them.

INSIDE

My Care Friends

Born from caregiving. Built for connection.

My Care Friends was born from Todd "TJ" Keitz's lifelong caregiving and advocacy experiences and a simple belief: no one should have to navigate caregiving alone.

CONNECT

A safe community where caregivers and advocates feel seen, heard and understood.

EDUCATE

Resources and programs to build knowledge, confidence and effectiveness.

ADVOCATE

Greater awareness and support for caregivers at local, regional and national levels.

Pharmaceutical companies depend on medications being used correctly. Clinicians depend on follow-up instructions being understood. Employers have caregivers in their workforces. Schools have young people who may go home to caregiving responsibilities.

And yet caregivers can remain peripheral in the systems that rely on them, treated as an accompanying person rather than as an active participant in care.

A more caregiver-aware system would ask different questions. Who is providing care at home? What does that person need to understand? What tasks are we asking them to manage? Have we made the instructions clear and doable? Does the caregiver know where to turn for help? These are literacy questions, but they are also design questions. They shift the focus from simply giving people more information to building the interpretive capacity, practical understanding, and support that make action possible.

There is another risk in the way caregiving is discussed. Support can easily become another list of things the caregiver is expected to do well: organize the medications, make the schedule, learn the diagnosis, coordinate the family, practice self-care. The caregiver becomes more efficient, but perhaps no less overwhelmed. A caregiver is not simply an extension of the patient or an unpaid adjunct to the healthcare system. The caregiver is also a person whose body, work, relationships, finances, identity, and future continue to exist while care is being given.

"So the question is not only how to help people perform caregiving better. It is also how to help the caregiver remain a whole person while caregiving."

The accompanying C&C Annotation, The Caregiver, Too, begins there. It focuses on the beliefs, habits, systems, relationships, and sources of support that can help sustain the person doing the caring. Caring for another person should not require disappearing from your own life.

Todd's story ultimately brings us back to friendship. The healthcare executive who built client relationships, the friend who crossed the country connecting with people, the child who encountered caregiving early, the son who cared for parents, and the entrepreneur now building around caregivers are not separate stories. They reveal a through line: Todd's relationships are his practice.

TODD KEITZ: A LIFE CONNECTED BY CARE

From a young caregiver to a healthcare executive to a caregiver entrepreneur.

Healthcare has more data than it did when Todd and I worked with those oversized industry reports. It has faster systems, more powerful analytics, and extraordinary tools for identifying risk, tracking behavior, and generating information.

But information alone cannot do the relational work of care. It cannot sit beside someone at an appointment. It cannot make a family feel less alone. It cannot ensure that instructions have been understood simply because they were delivered. Knowledge becomes useful through application, and care becomes sustainable through people. Connection is not the soft part of the work. Connection is the work.

Source note: *AARP and National Alliance for Caregiving, Caregiving in the US 2025; AARP Public Policy Institute, Valuing the Invaluable 2026: Family Caregivers' Contribution Reaches $1 Trillion.*

FOUNDER'S REFLECTION
DR. VALERIE WILLIAMS-SANCHEZ

I have been a caregiver, in one form or another, at different points throughout much of my life. Only later did I understand enough to name those experiences as caregiving - and to recognize that I was also learning health literacy.

In many families and communities of color, caregiving is understood less as a formal role than as part of family life. We care for elders, siblings, spouses, children, friends, and neighbors because someone needs care.

Some of my earliest memories of care are family memories. At 15, I helped as my grandmother, Willie Mae Howard, lived with us while navigating Lou Gehrig's disease. Years later, I would help, to a lesser extent, following my father's stroke. My mother was also a foster parent, which meant caring for younger foster siblings was simply part of the rhythm of our household.

Later, when our family became residential therapeutic treatment care providers, care became more intentional and structured. It was through that experience that I began to recognize how much health literacy was embedded in caregiving: noticing, interpreting, asking questions, understanding needs, communicating information, and knowing when and how to act.

Caregiving may come to nearly all of us, whether or not we recognize the role when it arrives. Learning how to give care while maintaining one's own health, identity, relationships, and sense of self is itself a critical - and often overlooked - form of health literacy.

Perhaps caregiving is one of health literacy's first teachers. We learn because someone needs us to understand.

About the Author: Dr. Valerie Williams-Sanchez

Dr. Valerie Williams-Sanchez is Founder of Valorena Publishing and creator of Literacy for Health™, a framework examining how literacy strengthens health agency across systems and communities.