



HEALTHBEAT: PIONEERING EFFORTS BY DR. SHASHANK KRALETI USING MEDICAL NEWS COVERAGE IN SIMPLE LANGUAGE TO IMPROVE HEALTH LITERACY

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The single biggest problem in communication is the illusion that it has taken place...George Bernard Shaw

Inadequacy in health literacy is a hidden epidemic. "Do you understand?" The patient often nods or provides an excuse that s/he will go home and read, or may have forgotten the reading glasses. Underlying however is the fact that many of the issues raised during a clinical encounter may not have been registered adequately at all. This is at the heart of lowered quality of care.

Tackling this great issue are simple teach-back approaches that some leading primary care providers have undertaken. One notable endeavor is seen from Dr. Shashank Kraleti, Jack W Kennedy Chair in Family Medicine at the University of Arkansas for Medical Sciences in Little Rock. In a series of simple, but elegantly written health snippets in *HealthBeat*, a regularly appearing feature in the Arkansas Democrat Gazette, is spreading information about key healthcare issues amongst the common people (Figure 1).

The *HealthBeat* coverage is written in plain language, and at an English language level of a 5th grade reader. This is a particularly interesting writing approach, as the simplicity of dissemination of the thoughts are key to a long-lasting impact of the information byte. The range of topics covered by Dr. Kraleti include as diverse as chronic obstructive pulmonary disease (COPD), medical impact of sun exposure and heart diseases. These reader-friendly materials go a long way in empowering patients and inducing changes in health behavior, which is at the helm of restoring health and diminishing costs of health care maintenance.

More than one-third of US adults, nearly 80 million people, have limited health literacy. This makes it more difficult for them to read, understand and apply health information (e.g., wording on medication bottles, food labels, appointment slips, discharge instructions, informed consent, disclosures, medical bills and health education materials). Although adults in US read at a eighth grade-level, more than 75% of patient education materials are published at a college level. Physicians often overlook health literacy at a clinical care level. They overestimate patients' health literacy skills. Most patients also fail to identify their own deficiencies in comprehension. Dr. Kraleti is incorporating changes at a grassroots level to improve health literacy, which is emerging out from its silent epidemic status to one of major issue in health policy and reform. Vulnerable populations include older adults, immigrants, minority and low-income populations. Low health literacy is a major cause of economic insufficiency in the US healthcare system. It costs 106 to 238 billion US dollars annually. This represents about 7 to 17% of personal healthcare expenditures annually. To put this in perspective, the costs represent an amount equal to the cost of insuring every one of the more than 47 million people who lacked coverage in the United States in 2006. Improving health communication reduces healthcare costs and increases the quality of healthcare.

People with lower health literacy have a lower likelihood of getting flu shots. They also have chances of incorrectly taking medicines. Dr. Kraleti's remarkable digital mobile app innovation, My Meds, is a remarkable solution to this direction. This is a pragmatic service to the community to enhance health. Individuals with limited health

literacy have poorer access to preventive healthcare and have usually guarded outcomes when they are admitted to the hospitals. After controlling for relevant covariates, lower health literacy scores are associated with high mortality rates within a Medicare managed care setting. Dr. Kraleti's efforts are in sync with National Action Plan for Health Literacy.

Health literacy is an important determinant of health inequities across numerous population groups. The overall decline in physical and mental ability associated with aging may account for lower levels of health literacy among the elderly. They are also more likely among low-income elderly. Interventions to increase health literacy may include components to improve health literacy including self-efficacy, personal empowerment, civic engagement and social interactions. Dr. Kraleti's dissemination of health information in plain language is a commendable and highly laudable efforts.



Figure 1. HealthBeat Q/A snippets by Dr. Shashank Kraleti, MD, FAAFP