Chronic health conditions in the disparities population, the impact on practice settings, sociopolitical factors and stakeholders; one US city’s solutions to address the issues and how nurses can advocate for change—a DNP nurse reflection

Introduction

Disparities in healthcare in the United States (U S) have been a problem for many years but with the rapid growth of racial and ethnic minorities, from 12.3% in 1970 to 25% now, the problems have doubled and are expected to get worse as the years go by Modlin. There are multiple underlying factors responsible for such healthcare disparities including cultural beliefs and practices, dietary preferences, poor health literacy, lack of access to healthcare services (lack of primary care providers), poverty, and low socioeconomic status. The US Department of Health and Human Services in its efforts to bridge the disparities gap launched Healthy People 2020, a continuation of Healthy People 2010, with a goal to improve the health of all populations. This initiative outlines suggestions for actions to be taken in dealing with the problems. The City of Cleveland located in Cuyahoga County is one of many communities affected by healthcare disparities. Even more significant is the large number of community members (disparities) afflicted with many chronic health problems, poorly managed and controlled. In tackling the problem, Cuyahoga County launched a Health Improvement Partnership - Cuyahoga (HIP-C) with major area hospitals, county, city and state health departments and government to collaborate on solutions (HIP-C, 2013). A community health assessment revealed the high priority health problems include heart failure with frequent readmissions, heart disease, strokes, diabetes, late stage cervical and breast cancers (HIP-C, 2013). The purpose of this article is to explore a power dynamic, how chronic health conditions in the disparities population impact practice settings, the impact of legitimate power from the viewpoint of sociopolitical factors, stakeholders, and other interested parties, and how nurses can advocate for change at the different levels of healthcare (macro, meso, and micro).

Description of the power dynamic

Chronic diseases are the leading causes of death and disability in the U S with the disparities population accounting for a significant portion of the statistics. This population compared to the white population boasts a higher incidence of diseases, disabilities, and with poorer health outcomes with individuals dying much earlier. Health Disparities is often viewed as populations having no access to quality healthcare or because of poverty, however, there are multiple underlying reasons responsible for this complex issue. Cuyahoga County in Ohio is home to large disparities populations (racial and ethnic minorities), without health insurance which means healthcare organizations and stakeholders are faced with a myriad of health problems in communities that can no longer be ignored. Adding to the problems is the severity of illnesses seen in the large numbers of disparities patients readmitted within 30 days of discharge and the poor health outcomes. Furthermore, healthcare organizations and hospitals are burdened with assuming the costs of caring for these individuals adding to an already over-burdened complex health care system.

Social determinants play a key role in the health and wellbeing of the disparities’ individual that winds up having a domino effect on communities. There is a big difference between those with health insurance, better health, and longer life expectancy compared to those afflicted with chronic diseases, no healthcare, and poor health with shortened life expectancy. The disparities populations include members of all ages ranging from infant to the elderly and minority ethnic groups. Addressing this gap in healthcare disparities is essential. However, there are several power factors (internal and external) that influence how a healthcare system is run, the decision-making, policies and procedure, and programs and initiatives.

Legitimate power

Legitimate power from a sociopolitical standpoint includes regulatory agencies such as the American Nurses Association (ANA) code of ethics that demands registered nurses (RNs) have a duty and responsibility to provide competent, safe, ethical, and appropriate care for all patients including the appropriate delegation of nursing tasks. Nurses as patient advocates must protect the rights and safety of patients and hospitals and must set goals to support magnet standards for quality outcomes and performance assessment. For example, nurses at a former work organization participate in shared...
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People 2020 federal and other levels of government are funding this massive project with support from legislation and regulatory forces. Nurses are an important part of this equation, as healthcare providers, nurses spend the most time with patients, have the skills, abilities, training, and critical thinking to deliver holistic care. Nurses know what is required from a holistic viewpoint. Advanced Practice Registered Nurses (APRNs) can bridge the primary care provider gap from a qualification and cost effective standpoint. Restraining factors include lack of funding, lack of primary care physicians to meet the needs of all populations; nurses poor understanding of legislation and health policies; restrictive regulations for APRNs that impact access to healthcare; under-utilizing APRNs training, skills, and expertise.

Reflection on the power dynamic

Macro Level

The macro level refers to government agencies, healthcare policies, laws, and regulatory agencies. In meeting the federal guidelines of Healthy People 2020, the HIP-C coalition conducted an assessment of communities with results published in 2013. The assessment identified multiple social, political, economic, environmental, and cultural issues. HIP-C is using a multipronged approach partnering with stakeholders, health systems, state, county and city governments with interventions to address unemployment, uninsured, uneducated, poverty, unsafe housing, environmental risk factors, reduce early deaths from drug overdose, violent crimes, improve social and mental health, maternal and child health, rate of communicable diseases, behavioral risk factors, and make more health resources available, goal is to improve the overall quality of life. The driving force is Healthy People 2020 federal and other levels of government are funding this massive project with support from legislation and regulatory forces. Nurses are an important part of this equation, as healthcare providers, nurses spend the most time with patients, have the skills, abilities, training, and critical thinking to deliver holistic care. Nurses know what is required from a holistic viewpoint. Advanced Practice Registered Nurses (APRNs) can bridge the primary care provider gap from a qualification and cost effective standpoint. Restraining factors include lack of funding, lack of primary care physicians to meet the needs of all populations; nurses poor understanding of legislation and health policies; restrictive regulations for APRNs that impact access to healthcare; under-utilizing APRNs training, skills, and expertise.

Meso Level

The meso level includes organizations and hospital systems that provide healthcare to different groups of patients, some with similar disease processes or in meeting the needs of populations. The city of Cleveland in the county of Ohio boasts some of the states’ leading healthcare organizations and health systems. Each of the city’s four main health partners are focusing initial efforts on preventive care, primary care, improved chronic diseases management, and providing culturally competent and health literacy education targeting the leading chronic diseases (heart failure, heart diseases, stroke, diabetes, and late stage cancers). Realistically, the initiatives require much more than just access to care. Health literacy identified as a nationwide issue in Healthy People 2020 is an important consideration in healthcare delivery. Patient centered care is the care delivery model in the health systems involved. This means providers must ensure culturally competent care delivery; education and interventions must incorporate such factors as low health literacy, language barriers; the environment - culturally diverse underserved, poor communities where family, cultural beliefs, practices and lifestyle impact self-care, healthcare, and decision-making. Communication is a key factor in healthcare delivery; furthermore, all communication including printed materials must be in plain, simple language that the individual can understand.

Restraining factors at the meso level include lack of funding for the required clinics needed to meet the needs of this large population, provide quality care; meeting the needs of health literacy and culturally diverse communities; staff trained in cultural competence; lack of primary care providers; nurse researchers being utilized, non-transformational (poor quality) healthcare leadership; nursing shortage resulting in “missed care” that impact quality outcomes, quality of care; and waste, abuse and fraud of healthcare resources.

Driving forces at the meso level include transformational healthcare care leaders who support and influence a healthy work environment, use of APRNs to staff the clinics; nurse led clinic initiatives for which Doctor of Nursing Practice (DNPs) are well trained to meet this challenge; nurses as experts advocating for health policy changes, be involved in policy formulations by explaining issues and situations, utilizing evidence-based concepts to support the changes; decreased readmission rates for heart failure, heart diseases, strokes, diabetes and cancer patients as evidenced by decreased financial losses, and cost savings.

Micro Level

An organization is made up of many clinical microsystems, units that function collectively, collaboratively to provide healthcare and at the micro system levels are nurses providing direct bedside care to patients. Nurses use a combination of skills, education, experiences,
and knowledge of evidence-based practices to provide individualized holistic care to patients. For example, at one former work organization, nurses are accountable for explaining and teaching discharge instructions using verbal and printed materials to heart failure and other chronic diseases patients using language and methods at the level of the individual’s (disparities population) understanding. This initiative implemented several years ago to decrease the high rates of 30-day readmission after discharge, proved to be successful. Teaching methods incorporate social, cultural, and environmental aspects of the individual’s life that impact self-care and self-management of their chronic conditions focusing on the importance of following recommended guidelines. The goal is for individuals to make the correct choices (dietary and behavioral) in managing their conditions at home for a better quality of life. However, many forces at the meso and macro levels can impact the micro level, how nurses practice. Restraining forces that impact practice at the micro level include inadequate staffing; funding issues; unhealthy work environment (bullying, lateral violence, toxic culture); and inferior management and poor quality leadership; limited resources and malfunctioning equipment that restrict efficiencies, daily practice, posing patient safety risks; poor skill mix of nursing staff; nurse fatigue and burnout with staff not engaged in anything beyond getting the job done; poor communication; regulatory restrictive forces; and nurse turnover (lack of retention).

Driving forces at the micro level includes transformational leadership and management supportive of a healthy therapeutic work environment with programs to support and value nurses, their work, and well-being; adequate staffing; improved retention; nurses involved in policy, practices, and decision-making promoting a culture of safety, culture of enquiry environment consistent with true shared governance models; adequate funding; use of evidence based practices; and well-functioning updated equipment (resources) that assist in getting the job done timely, efficiently, and cost-effectively.

**Conclusion**

Patient experiences and quality outcomes are key drivers in today’s complex healthcare delivery system. Nurses as professionals, the main care providers of patient care are the backbone of healthcare systems and are essential to the functioning of the macro, meso, and micro systems of healthcare. Nurses have a long history of adeptly advocating for patients’ care, treatment, and well-being, trained to adapt easily in a constantly changing care environment. Nurses as the single largest, trusted group of direct care providers have the power to influence legislation and policies for much needed changes to improve the nation’s complex healthcare system, guiding populations to better health and better outcomes.

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**Conflicts of interest**

Author declares that there is no conflicts of interest.

**References**


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