

# Nursing Leadership Strategies, Health Literacy, and Patient Outcomes

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**T**he United States has been experiencing a demographic transformation which began decades ago and is continuing to accelerate and dramatically change our landscape. Minority groups are the fastest growing demographic, currently accounting for one-third of the U.S. population<sup>1</sup> and the US is projected to become a majority-minority nation for the first time in 2043.



**T**he Hispanic population is projected to nearly triple to 132.8 million, by 2050, when nearly 1 in 3 US residents would be Hispanic. The Black and Asian populations are projected to increase to 15% and 9.2%, respectively, of the total population by 2050.<sup>2</sup> All remaining racial groups are projected to rise, as are the number of people who identify themselves as being multiracial. The nation's changing sociocultural composition has implications for virtually every aspect of American life, especially public health and the delivery of health care.<sup>3</sup>

In addition to a more ethnically and racially diverse population, an increase in the US population aged 65 years or older is also projected as a result of the aging of the baby boomers and an increase in life expectancy.<sup>2</sup> In fact, more persons were age 65 years and over in 2010 than in any previous census. And the US Bureau of the Census 2010 projects that by 2050, 19 million, or 4.6%, of the population will be age 85 and older compared to 3.1 million, or 1.3%, of the population in 1990.<sup>4</sup> Within the coming decades, 1 in 5 Americans will be eligible for Social Security and Medicare, contrasting with 1 in 8 Americans today.<sup>5</sup>

Persons with limited English proficiency (LEP) are unable to communicate effectively in English because their primary language is not English and they do not have fluency in the English language.<sup>6</sup> Consistent with the growth of the

US foreign-born population, the number of LEP individuals in the United States grew by 80% from 1990 to 2010, with Spanish-speaking LEP individuals accounting for 66% of the total United States LEP population in 2010, followed by Chinese and Vietnamese, with 6% and 3%, respectively.<sup>7</sup> Sixty-three percent of hospitals treat LEP patients daily or weekly, and more than 15 languages are frequently encountered by at least 20% of hospitals.<sup>8</sup> This has vital implications, because healthcare and health information must be both accessible and offered in a manner that is linguistically and culturally understandable for all.<sup>9</sup>

The “graying of America” combined with the rapid growth of a more ethnically and racially diverse population with limited English proficiency present increasingly complex

challenges for nursing leaders as well as all healthcare professionals and organizations. Recognition of the fundamental differences among people from various nationalities, ethnicities and cultures, and the effect on health beliefs is important for all members of the healthcare community.<sup>10</sup>

In an effort to adequately serve these changing demographics, the delivery of healthcare must focus on providing all persons with the “capacity to obtain, communicate, process, and understand basic health information and services needed to make appropriate health decisions.”<sup>11</sup> Research has documented that certain patient populations experience poorer health outcomes and decreased patient safety and quality of care as a result of race, ethnicity, language, disability, and sexual orientation.<sup>12</sup> Cultural and linguistic differences among patients directly impact their health literacy levels, which, in turn, is a contributing factor to an increased prevalence of health disparities among racial and ethnic minorities, immigrants, low-income individuals, and non-native speakers of English and elderly adults.<sup>13</sup> Therefore, in order to provide safe, quality healthcare to diverse communities, it is critical that components of health literacy be incorporated throughout the entire continuum of prevention, wellness, and illness.

## HEALTH LITERACY AND THE AFFORDABLE CARE ACT

The Affordable Care Act (ACA) was landmark legislation designed to provide millions of Americans with increased healthcare coverage. Although the ACA was not designed to be health literacy legislation, it does have implications for health literacy. The ACA defined health literacy as “the degree to which an individual has the capacity to obtain, communicate, process, and understand health information and services in order to make appropriate health decisions.”<sup>14</sup> The indirect provisions for health literacy exist within the domains of equity, coverage expansion, workforce, patient information, public health, and wellness and quality improvement.<sup>15</sup> Although the ACA provides insurance for millions of Americans, millions will still lack coverage in 2019.<sup>16</sup>

National data suggest that only 12% of adults have proficient health literacy.<sup>17</sup> Although low health literacy is prevalent across all demographic groups, it disproportionately affects nonwhite racial and ethnic groups, the elderly, individuals with lower socioeconomic status and education, people with physical and mental disabilities, those with LEP, and non-native speakers of English.<sup>18</sup> Individuals with low health literacy will have significant challenges understanding what coverage they may be eligible for, making informed choices about the best options for themselves and families, and completing the enrollment process.<sup>15(p2)</sup> The success of reforming healthcare cannot be achieved if the populations we serve are not health literate. In addition, a focus on health literacy efforts of healthcare professionals and the health system is also needed to help achieve the success of the ACA.

## MAGNITUDE OF THE ISSUE

Low health literacy is a crosscutting priority that will impact everyone at some point throughout their life-long continuum

of health and illness. In 2003, national data reported that nearly 9 of 10 US adults were below the proficient level in health literacy, and over 75 million US adults combined had basic or below basic health literacy.<sup>17</sup> In 2013, the First Look results from the most recent adult literacy assessment, the Program for the International Assessment of Adult Competencies (PIAAC) reported that US adults ages 16 to 65 years were below the international average score in the Literacy Domain and Problem-Solving in Technology-Rich Environments Domain and scored third to last in the Numeracy Domain.<sup>19</sup> Although the PIAAC did not have a specific health literacy domain, low literacy and numeracy skills have a direct relationship upon an individual's health literacy skills. The First Look report provides important initial results, although the complex relationship between the data and all variables remains to be fully explored.

Early definitions of health literacy primarily focused on the ability of an individual to apply basic numeracy and reading skills to a concept that was health related with the sole responsibility for enhancing health literacy skills on the individual. Fortunately, there has been a shift towards the understanding that health literacy is about the relationship between the skills of persons receiving care or treatment and the professionals or systems that are providing the care and treatment. Health literacy skills are dynamic and can improve or diminish depending upon the context, changes in individual skills and experiences or changes in the health care system. Research indicates that persons with low health literacy have less knowledge about disease management, less use of preventive services, and higher hospitalization rates,<sup>20</sup> incur higher health care costs,<sup>21</sup> have an increased risk of mortality,<sup>22</sup> and report poorer health status than persons with adequate literacy skills.<sup>18</sup>

Health literacy continues to be an evolving concept that has more recently been viewed as priority that crosses all boundaries in the delivery of safe, quality healthcare. In fact, health literacy has been referred to as the “currency” for improving the quality of US health, healthcare, and health outcomes.<sup>23</sup> Nurse leaders must spearhead the change that is necessary for the implementation of health literacy strategies into nursing practice with the ultimate goal of advancing health for all.

## LEADING CHANGE TO OPTIMIZE HEALTH

With more than 3 million members of the nursing profession, there is the potential to implement cross-cutting changes in the healthcare system.<sup>24</sup> Nurses are employed across many areas of healthcare and public health, are true patient advocates, and are uniquely positioned to create a cultural change in healthcare that will shift the focus to optimizing health and wellness. They have a vital role in the promotion of health literacy, thereby assisting our communities to align with the overarching goal of the National Prevention Strategy, to “increase the number of American's who are healthy at every stage of life.”<sup>25(p7)</sup> Nurses have an opportunity to rise to the challenge and provide leadership that prioritizes primary and preventive care, focuses on healthcare that is patient-centered

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