

# **DIVERSE POPULATION AND HEALTH CARE NEEDS**





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# INTRODUCTION

*World population is more mobile, so you need to care diverse population. Consumers are more knowledgeable about health and illness, and culturally sensitive care is a demand today. Health care providers of all ethnic backgrounds are dealing with a greater proportion of patients whose perspectives are different from those taught in the mainstream health care. Knowledge of the cultural customs enables the health care providers to offer better care and help to avoid misunderstandings.*

# DEFINITIONS

## POPULATION DIVERSITY

*It refers to those population who expressing health disparities and negative health impacts related to the determinants of health*

## HEALTH DISPARITY

*It is defined as inequalities that exists when member of certain population groups does not benefit from the same health status as other groups.*

## ETHNICITY

*It is a sense of identification with a collective cultural group, largely based on the group's common heritage.*

## RACE

*A group of persons connected by common descent, genus or species or breed. Racial categories are typically based on specific physical characteristics such as skin pigmentation, body stature, facial features and hair texture.*

# HEALTH CARE NEEDS

*The Primary objective of Health Needs is to address and identify potential Health risks of an Individual which is particularly useful in the prevention or early treatment of potentially dangerous and chronic illness like Hypertension, Diabetes, Diseases of Blood, Kidney, Heart and Liver. Today's lifestyle of an individual invariably leads to long-term damage to health. The main goal of health care services is to protect and preserve good health, to promote improved human health, to prevent ill health and to facilitate early diagnosis and treatment of illness. Identify the prevalence of diseases at its early stages so that the proper treatment is started at initial levels, prevent the healthy individuals from the occurrence of diseases .*

# HEALTH BARRIERS TO CARE

- *Limited Medicare and financial access.*
- *Poor long term access.*
- *Transportation and geographic barriers*
- *Language and cultural barriers.*
- *Age, mobility, gender and dependency barriers.*



# HEALTH NEEDS AND BARRIERS AFFECTING MINORITY POPULATION

- *Seniors recognized as special population. Minority seniors particularly are at risk, often presented with multiple conditions. Chronic diseases are common, high risk for accidents, physical impairments and handicaps, limited participation in activities of daily living. Mental and dental health concerns, poor nutrition and exercise pattern, susceptible to infectious diseases.*

# HEALTH CARE PROBLEMS IN SPECIFIC POPULATION.

POPULATION	COMMON HEALTH PROBLEMS
<i>American Indians</i>	<ul style="list-style-type: none"><li>■ <i>Heart diseases.</i></li><li>■ <i>Cirrhosis of liver.</i></li><li>■ <i>Diabetes mellitus.</i></li><li>■ <i>Fetal alcohol syndrome.</i></li></ul>
<i>African Americans</i>	<ul style="list-style-type: none"><li>■ <i>Hypertension.</i></li><li>■ <i>Stroke.</i></li><li>■ <i>Sickle cell anemia.</i></li><li>■ <i>Lactose intolerance</i></li></ul>



*Asians*

- *Hypertension.*
- *Cancer of the liver.*
- *Lactose intolerance.*
- *Thalassaemia*

*Hispanics*

- *Diabetes mellitus.*
- *Lactose intolerance*

*Whites*

- *Breast cancer.*
- *Heart diseases.*
- *Hypertension.*
- *Diabetes mellitus.*
- *Obesity.*

# HOW WE RECOGNISE AND MEET THE NEEDS OF THE DIVERSE POPULATION.

## GOALS

- *To have culturally competent care providers.*
- *To have adequate and effective representation of community at the policy making level,*
- *To have goals based on population demographics.*
- *To implement strategies*

# CULTURAL INFLUENCES ON HEALTH CARE

- *Physiological variation.*
- *Reaction to pain.*
- *Mental health.*
- *Gender role.*
- *Language and communication.*
- *Orientation to space and time.*
- *Food and nutrition.*
- *Family support.*
- *Socio economic factors.*



# CULTURAL INFLUENCES ON HEALTH AND ILLNESS

- *People's values and beliefs about health and illness develop as a direct result of cultural and ethnic influences.*

*Example:*

*Natural illness caused by dangerous agents like cold air, impurities in the air or water.*

*Unnatural illness –Punishment for failing to follow God's rules .Power to heal is God's gift to certain people. Traditional healers are competent ,health care providers are incompetent.*

# FACTORS INHIBITING SENSITIVITY TO DIVERSITY

1. *Stereotyping.*
2. *Cultural imposition.*
3. *Cultural blindness.*
4. *Cultural conflict.*

# CULTURAL COMPETENCY

- *Cultural competency is one of the major key to addressing languages and cultural barrier.*
- *Must be learned over time through theory and learned practices.*
- *Not generally taught traditionally in health training program, new focus.*
- *Link fields such as medical anthropology, ethno botany, sociology and others.*



# CULTURAL COMPETENT CARE



- *Providing cultural competent care means that one is sensitive to cultural differences between various patient's care , understands the influence of these health care status and can modify program to meet the specific needs of the diverse clients.*

# CULTURAL COMPETENT TECHNIQUES

- *Interpret services.*
- *Written translations.*
- *Education and training.*
- *Community health workers.*
- *Health promotion.*
- *Organizational support.*

# GUIDELINES FOR HEALTH CARE PERSONNEL

- *Be sensitive to our own values and beliefs.*
- *Learn belief or value system of beneficiaries.*
- *Be aware of historical events and influence on health status and knowledge of health care systems.*
- *Learn traditional health care practices and incorporate to educational module where possible.*
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- *Learn traditional health care practices and incorporate them to educational module.*

- *Understand typical communication style of cultural group and emulate where possible.*
- *Honor particular cultural taboos.*
- *To build a relationship in the community, identify community leaders and allow adequate time for visitors.*
- *Approach seniors holistically*
- *Be genuine , humble, interested.*
- *Provide native speaking volunteers and translators and cultural interpreters.*
- *Recognize the diversity within culture.*



# TIPS FOR CARE GIVER EDUCATION

- *Conduct need assessment of clients, provide service at times convenient for patients.*
- *Provide client teaching on navigating health care system.*
- *Provide extra time and flexible scheduling.*
- *Emphasize face to face interaction and personnel relationships.*
- *Link health care with literacy and other needs.*
- *Provide multilingual signs, reading materials, photos etc in facilities for clients.*
- *Have clients participate in ongoing evaluation of outreaching programmes.*

# CULTURALLY COMPETENT NURSING CARE



*To be able to give culturally competent care to people from diverse background, nurses must be sensitive to these factors. Plan and implement nursing care in a way that is sensitive to the needs of individual families and groups from diverse population within the societies.*



# FACTORS AFFECTING THE INTERACTION OF NURSE AND PATIENT

- *Cultural background.*
- *Expectation and belief of each about health.*
- *The cultural context of the encounter.*
- *If the patient and nurse have distinctly different cultural norms the nursing care can't become competent. Though you can anticipate patients cultural need, cultural assessment is necessary before initializing contact with client.*
- *Health personnel to become culturally competent takes time. It involves developing awareness acquiring knowledge and practicing skills to adapt nursing care to cultural similarities and differences.*

*It is important that cultural competence is viewed as nursing competence, meaning that nurses have the capacity to be equally therapeutic with older adult patients from any social context or cultural background.*





*Thank You*