

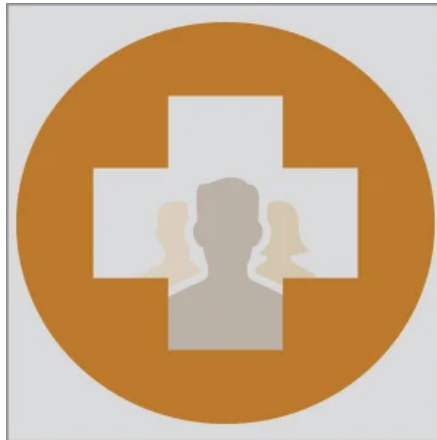


TREND REPORT

How Demographics Impact Healthcare Delivery

by Ensocare on Jun 15, 2017

As our country gets bigger, older and more diverse, the ever-evolving composition of the population will have profound effects on the U.S. health-care system and the people in its care.



Changes in population size, age, race and ethnicity affect the health-care resources needed, the cost of care provided, and even the conditions associated with each population group. Health-care organizations will have to adapt quickly to meet their patients' changing needs—all while addressing health-reform requirements.

An Aging Population

In 1950, the population aged 65 and older represented 8.1 percent of the total U.S. population. That percentage is projected to reach 20.2 percent by 2050. This shift will place great demands on the nation's health-care system. A report issued by the Institute of Medicine in 2008 found that the health-care workforce would be too small and ill equipped to meet the needs of the growing, aging population.

As each calendar year ushers in new health-care reform requirements, hospitals and health systems will need to form more partnerships with other providers and payers to create a complete continuum of patient care. Hospitals will need more specialists in the diseases and conditions of aging—including chronic disease and palliative and hospice care—and health-care professionals who can help patients address end-of-life care issues. And hospitals will have to [tap into technology](#) to enhance care coordination and proactively manage this aging cohort.



Racial Diversity

While Latinos are the largest ethnic group, followed by African-Americans, population diversity has become more complicated, according to a two-part series, “Who We Are: Implications of the 2010 Census for Health Care” in Hospitals & Health Networks Daily. Americans have long-held beliefs that Latinos live in the Southwest and African-Americans live in the South.

But the 2010 census revealed that's not the case. While many minority groups are still concentrated in specific areas of the country, many have moved around the U.S., following

jobs and cheaper housing. Each population group has socioeconomic concerns—lack of insurance or less access to health services, for example—and predispositions to specific diseases. African-Americans face higher maternal mortality and are more likely to develop diabetes than whites. Latinos are far more likely than any other population to face lupus.

What does all of this mean? Hospitals and health systems must regularly assess their community's makeup to accommodate specific health needs and socioeconomic circumstances. Since the census is conducted every 10 years and population makeup can change rapidly due to economic downturns or natural disasters, health-care organizations should rely on data from the American Community Survey, a mandatory annual sampling of the population conducted by the U.S. Census Bureau, for their planning needs.

Cultural and Religious Differences

Cultural and religious diversity—well beyond communication barriers—is important as well. In some cultures, for example, a male physician won't see female patients. Other cultures have complementary and alternative remedies that, when combined with traditional medicine, could have harmful consequences.

Health-care providers also need to keep patients' religious beliefs and traditions in mind. Buddhists, for example, place an importance on mindful awareness and often seek non-pharmacological pain management options. During the month of Ramadan, Muslims do not eat or drink from dawn to sundown, and this fasting could present harm to a patient.

Health-care professionals must be cognizant of these differences within their patient community. They need to communicate clearly, in a respectful manner, if and when cultural and religious preferences may put the patient in harm's way.

From patient age to religious preference, diversity isn't going away. The once "one-size-fits-all" notion of health care has all but dissolved. Hospitals and other health-care organizations will have to continually assess and plan for their changing patient populations' care needs.

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