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Influence of Ethnicity and Culture in Healthcare

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Editorial

Health care professionals must have the cultural context to grow in understanding diversity as the patients being seen today will be very different in 20 years. The U.S. Census Bureau [1] predicts that the so-called minority populations in the U.S. will become the majority, but no single group will make up a majority by 2050. This growth in diversity can't go unnoticed to healthcare professionals. This article explores the influence of ethnicity and culture in today's healthcare environment examining one culture, the African-American culture.

Ethnicity and culture play an important role in the healthcare of African Americans. African Americans are more than twice as likely to be uninsured than non-Hispanic whites [2]. This disparity results in a barrier to healthcare resulting in lack of; routine care, screenings and referrals to specialists-required in the diagnosis and management of disease. Even physician beliefs, perceptions, behavior towards African Americans can affect decision making which contributes to disparity in decision making and treatment of CVD [3]. This disconnect in care greatly impacts the health of African Americans since nearly half are diagnosed with cardiovascular disease (CVD) compared to only one-third of all non-Hispanic whites and it develops earlier in life compared to non-Hispanic Caucasians (Center for Disease Control and Prevention [4,5]).

Ethnicity

Before the age of fifty, the heart failure rate is twenty times higher in African Americans than in Caucasian Americans [6]. African Americans are more likely to be diagnosed with hypertension, obesity, hyperlipidemia, chronic kidney disease and diabetes, all which are risk factors in the development of coronary artery diseases [7]. Hypertension is more prevalent in African Americans. Seventy-five percent of African Americans who develop high blood pressure are diagnosed by the age of forty. Some researchers believe this may be caused by a gene which causes the individual to experience greater salt sensitivity which increases blood pressure [4,5]. African Americans are more likely to be obese than other ethnic groups. Among non-Hispanic blacks over the age of twenty, sixty-three percent of men and seventy-seven percent of women are medically identified as obese (AHA). Diabetes mellitus (Types 2) is more prevalent in African Americans [7]. Studies show 18.7% of African Americans have been diagnosed or underdiagnosed compared to only 7.1% of non-Hispanic Caucasian and are more likely to die because of diabetes than other groups [8].

Culture

African American cultural beliefs about medicine may also impact the diagnosis and treatment of CVD's. To prevent or treat the risk factors for CVD's, it is important the individual get preventative or management care. Even though this population is at a higher risk for heart disease, African Americans are reluctant to get the medical treatment needed. This is a result of the lack of perceived importance of preventative care combined with the belief that one does not seek out care until ill [6]. Many of the risk factors which contribute to CVD's can go unnoticed. It is critical African Americans change their negative perception of preventive care and routine screening.

Conclusion

Ethnicity, culture, and the diversity associated with the African American population continues to see challenges for this population. African Americans are at greater risk for CVD, hypertension, and type 2 DM than other ethnic groups. Therefore, healthcare professionals need to determine the barriers leading to these increased risks such as the lack of seeking preventive healthcare, addressing modifiable risk factors, or other reasons health disparities. Perhaps this would change if these barriers to healthcare are removed?

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