

Mobilizing Care for Immigrant Population

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MSN-FP 6618 Leadership Care Coordination

January, 2019

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## Health Concerns and Issues for a Population

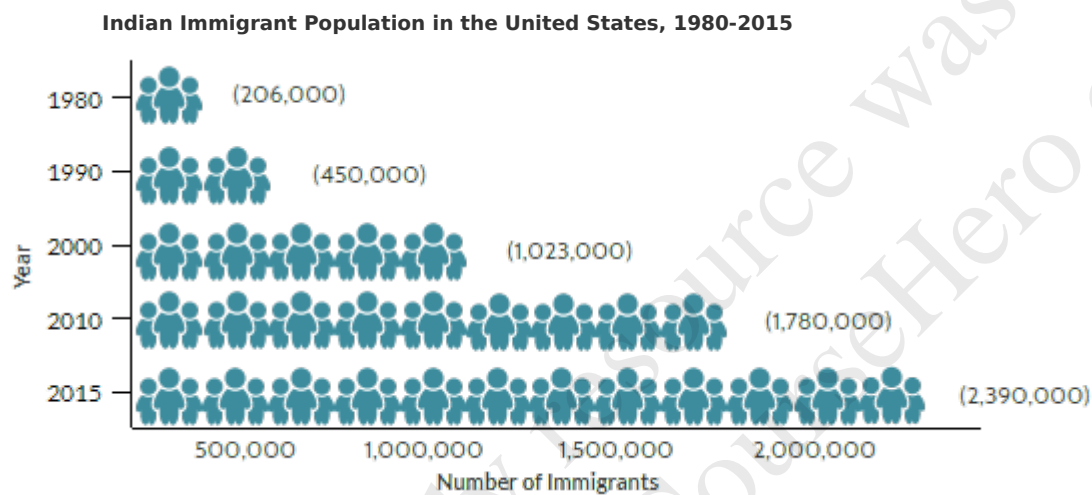
Within every culture there are certain type/s of beliefs, customs and traditions that are maintained. I will be presenting my plan on the India (Indians) population and culture and their multiple beliefs and some of the challenges they encounter as immigrants and refugees. As you can imagine within every culture you will find immigrants and refugees, with many challenges to healthcare such as drug abuse, language barriers, food and diet difference, chronic illness. As Director of Care Coordination I will develop a project plan to provide healthcare services for undocumented immigrant or refugee.

**Rational for Addressing Indian Immigrant Population**

The immigrants from India came to the U.S in small numbers in the early 19<sup>th</sup> century as laborers and the numbers have grown rapidly to approximately 204 million in the U.S in 2015 and are the second largest group of immigrants (Jie, 2017). The delivery of health care has always been a concern for the East Indian population because of the many pharmacological treatments according to their traditions and beliefs. With this in mind healthcare services and treatments have been delayed for many reasons such as traditional beliefs and culture practice resulting in adverse events and some of which resulted in death.

East Indians have a strong belief on the ayurvedic (traditional) way of life and is concerned with the type of food they eat and pharmacological needs. They are being challenged with many barriers in regards to healthcare, language barriers, family, lifestyle changes. Within every culture health is the utmost concern and the delivery of care. They are all susceptible to diseases, infections, chronic illness and pain, but how we as healthcare professionals managed their care is a major concern for immigrants/patients, providers, communities and healthcare organization.

Tobacco and smoking within the East Indians immigrants have a high usage and is continuing to grow as population grows (CDC, 2015). With the increase of tobacco and smoking the rate of respiratory and other contributed health conditions have increase the death toll due to lack of medical attention in a timely manner (Jacket, 2015). According to statistics and research there is an increase rate of heart disease, hypertension and diabetes. In addition to an increase in heart disease, they are battling high cholesterol and glucose level due to their diets and little or no guidance to healthy eating. (Tom, 2012). Recommendations to living a healthy lifestyle and change in diets will prevent other associated health conditions and overall health will be better.



Sources: Data from U.S. Census Bureau 2010 and 2015 American Community Surveys (ACS), and 1980, 1990, and 2000 Decennial Census.

### **Healthcare Needs for East Indian Immigrants/Refugee Population**

As mentioned earlier there is a great need for learning and adapting a holistic approach to healthcare delivery for East Indians living the U.S. Their practices, cultural beliefs and health are a major concern and there is an urgent need to respect as well as educate East Indian immigrants about preventative and management of their health. Their cultural beliefs and traditions can affect their overall health as well as the population at large.

The healthcare needs and practices of East Indian immigrants/refugee can affect the medical and health challenges of this population. East Indian immigrants needs for

pharmacological is crucial to prevent further health conditions. Their beliefs in natural and bush medication is that natural medication can prevent and health any disease. It is believed by East Indian immigrants that their religion and traditional beliefs have a strong relationship with god. The need to educate this group of population is urgently needed to prevent health challenges.

### **Organizations and Stakeholders Who Must Participate In Caring**

The organizations and stakeholders are multidisciplinary team members, providers, healthcare professionals, local communities, population, healthcare organization, local and federal government to assisting with funding because most of these immigrant do not have the money to check with a healthcare professionals so they rather stay at home using herbs to help their disease process. East Indian immigrants have a language barrier and may lack the knowledge to understand what is happening with their health. With trained healthcare professionals and effective communication will increase patient outcomes and better quality of life.

Low income East Indian immigrant are less to visit the doctor due to many challenges such as, cultural barriers, little or no money to pay, unemployed, preferences and choice of providers, some prefer herbs. Policy makers and healthcare stakeholders are also responsible for immigrants/refugee well being and healthcare coverage. The health concerns for this population should take priority because the healthcare for today will affect the healthcare tomorrow. As concerned stakeholders we need to assess the situation of our population needs and act immediately to prevent further damage. The health of our population is in our hands and the stakeholders.

### **Characteristics that Define East Indian Immigrant/Refugee**

East Indians Immigrants/refugees cultural beliefs and their dress code are the main characteristics that define their personality and outlook. It is their way to upkeep their traditions and beliefs. Their healthcare needs must be address by same sex because they value their dignity and self modesty. Their greetings are clasped hands by gently and gracefully bowing their heads that signifies a mark of respect to others. Their primary language spoken is Hindi or Sanskrit and the dress code is wrapping approximately seven yards of cloth to form a dress like fit from head to toe covering and it is called sari or traditional east Indian wear. East Indian women will wear a red dot on the forehead which signifies that they are married (Aron, 2019).



(Traditional East Indian Woman)

### **Current Organizational Policies for Providing Healthcare to Immigrants in the U.S**

It has become a national debate for immigrants and refugees about healthcare and immigration reform in regards to qualifying services in the United States. Permanent resident immigrants have some benefits whereby green card recipients are eligible for Medicaid and Children Health Insurance Program (CHIP). Whereas unauthorized immigrants are not eligible for federal or any assistance from the government assisted programs. However, the Affordable Care Act (ACA) initiated a program whereby lawfully present immigrant can qualify for benefits in the U.S. (NCSL, 2017).

Medicaid was established in 1965 and is a federal and state funded insurance to assist low income individuals with healthcare needs for qualifying individuals that meets the criteria. The Affordable Care Act (ACA) is aiming to expand coverage for qualifying American through access to insurance and reducing health care cost. Under this act lawfully immigrants are eligible to healthcare from either the federal or state insurances (NCSL, 2017).

### **Biases with Immigrants and Linguistic Difference to Healthcare**

There are barriers with East Indian Immigrant population due to linguistically competent patient care. Effective communication and collaboration is crucial in delivering healthcare services to any patient. Lack of communication can result in medical errors resulting in adverse events and can also lead to death. Both patient and provider relationship depends on effective communication. Many factors can result in ineffective communication and medical errors such as differences in culture, lack of knowledge and experience from healthcare professionals and providers.

Cultural differences can occur between patients and providers and will contribute to decrease patient outcomes. The beliefs and attitudes for East Indian immigrants are unique and they are strong believers of upholding their traditions and cultures (Almutairi, 2015). Language difference in this population can result in major communication challenges because East Indians primary language is Hindi or Sanskrit and the majority of healthcare professionals in the U.S is not fully diversify and culturally competent to provide care for this population. Education and training is need for health care providers, nurses, caretakers. Therefore, it is our aim as a multidisciplinary team and quality improvement initiative to provide all the necessary trainings and education to ensure our staff is treating all our patients with respect and culturally competent healthcare services.

### **Two U.S Healthcare Policies on Current Standards of Care for Immigrant**

The Affordable Care Act is the most important health care legislation enacted in the United States since the initiation of Medicare and Medicaid in 1956. The law has implemented reforms to improve accessibility, affordability, and quality of healthcare (Obama, 2016). The Affordable Care Act has made tremendous progress with the challenges in healthcare in the U.S and since the Affordable Care Act became law, the uninsured rate have decreased by 43%, from 16.0% in 2010 to 9.1% in 2015 mainly because of the law's reforms (Obama, 2016).

American College of Physicians (ACP) Policy on Immigrant Access to Healthcare was approved in April, 2011 is to ensure that everyone living in United States have access to healthcare. National immigration policy has certain guidelines in establishing legal residency from that who complies with legal residency, however according to national policies all residents of the United States should have access to medical care. ACP national policy to immigrant's healthcare should be provided without any challenges, delivery of timely care taking into consideration health risk, healthcare should be given without discrimination (ACP, 2011).

### **Conclusion**

East Indians from India immigrants/refugees will continue to have their traditional beliefs and is respected by most health care providers. However, there are other barriers that exist within this population and our multidisciplinary team members, quality improvement initiatives we will be able to serve this community and individuals holistically with increased outcomes. With our diverse population and cultural competency trainings our team will be able to serve this population with increased outcomes. Cultural competence is becoming a mandatory training not only in the health care facility but globally.

## References

- Aaron T., Cristina B. (2019, January 22). Indian Immigrants in the United States. . Retrieved from <https://www.immigrationresearch-info.org/report/migration-policy-institute/indian-immigrants-united-states>
- Almutairi, K. M. (2015). Culture and language differences as a barrier to provision of quality care by the health workforce. , 36(4), 425-431. <http://dx.doi.org/doi:10.15537/smj.2015.4.10133>
- American College of Physicians, National Immigration Policy and Access to Healthcare (2011). [https://www.acponline.org/acp\\_policy/policies/natl\\_immigration\\_policy\\_access\\_healthcare\\_2011.pdf](https://www.acponline.org/acp_policy/policies/natl_immigration_policy_access_healthcare_2011.pdf)
- Jie Z., Jeanne B. (2017, August 31). Indian Immigrants in the United States <https://www.migrationpolicy.org/article/indian-immigrants-united-states>
- Immigrant Eligibility for healthcare Program in the United States; National Council for State Legislators. (2017). <http://www.ncsl.org/research/immigration/immigrant-eligibility-for-health-care-programs-in-the-united-states.aspx>
- Juckett, G., Nguyen, C., (2014). Caring for Asian immigrants: Tips on culture that can enhance patient care. *Journal of Family Practice*, 63(1). <https://www.mdedge.com/sites/default/files>
- Obama, B. (2016, July 11). United States Health Care Reform, US National Library of Medicine National Institutes of Health. , 525-532. <http://dx.doi.org/doi:10.1001/jama.2016.9797>
- Tom, L. (2015). Health and health care for India- Americans elders. <http://web.stanford.edu/group/ethnoger/chinese.html>