

Demographic Trends

[Name of Writer]

[Name of Institution]

## Demographic Trends

### Introduction

Health and social care domain is working effectively in the community settings for the delivery of quality healthcare. It is a fact that healthcare processes require appropriate resources and concentration for smooth flow. A study has shown that appropriate strategies are significantly required for proper working of the healthcare processes. Healthcare processes are directly associated with the performance of healthcare professionals, employees, and administration. Effective policies and legal standards are also required for proper and smooth regulation of the healthcare processes. It is also a fact that the healthcare administration should use advanced skills and capabilities to improve the processes of their organization effectively (Bergman, Neuhauser & Provost, 2011; Conboy, Avrunin & Clarke, 2013).

It has been evaluated that there are certain factors, which have a direct influence on the healthcare processes. A study has shown that the healthcare domain can be easily affected by financial, environmental, social, demographic, personal, and professional factors. Any alteration in the identified factors will make a direct impact on the health and social care domain. It is a fact that significant changes in the environmental, personal, demographic, financial, and professional factors will certainly result in the altered healthcare processes. Therefore, it is said that positive changes are required among all of the correlated factors for appropriate functioning of the healthcare processes (Minkler & Wallerstein, 2010; Hans, et al, 2012).

This assignment will focus on certain demographic trends, which are responsible for the social changes in the past quarter century. Moreover, the paper will also discuss the identified demographic trends regarding its impact on the health and social care domain within the

territories of United States of America. At the same time, the assignment will also suggest certain recommendations for reducing the healthcare costs effectively.

## Discussion

### Demographic Trends

United States of America is considered as the leading and advanced country from the aspect of health and social care domain. The healthcare ministry of USA is currently working significantly for maintaining the quality of healthcare processes effectively. It is a fact that the governmental authorities of United States of America have developed several strategies and tactics for managing the healthcare processes in a positive way (Boudon, 2013).

At the start of 21<sup>st</sup> century, United States of America have faced several social changes within its community settings. Three significant changes have been observed by different studies regarding the demographic trends and social changes. It has been evaluated that the development of new patterns within the families is the leading social change within the societies of USA. Increased rates of divorce are considered as the significant part of new family pattern. It is a fact that the divorce rates are continuously increasing among the population of United States of America due to several reasons. A major rationale behind the increased rates of divorce is regarding intolerance (Cherlin, 2010). Whatever the reason it may be, increased divorce rates have now become a significant part of the new family pattern. Similarly, out-of-wedlock childbearing is another major part of the new family patterns. It is a fact that most of the teenagers and younger adults are getting involved in sexual relationships, which is the leading reason for out-of-wedlock childbearing. Both of these issues are strongly connected with the development of new family patterns. Such patterns are getting continuously common among the

community settings. This social change is making a direct impact on various significant divisions of the community (Finer & Philbin, 2014).

Alteration in the distribution of income is considered as the second major social change within the community settings of USA. It is a fact that a diverse range of alterations have been observed in the distribution of income. This factors is directly associated with the increased rates of income disparities. The poor population is not getting enough amounts of money and income as compared to the rick population. It has been evaluated that the rate of poverty is getting increased on a constant in various different states of America. It is also a fact that the government of USA is unable to control the increased rates of income disparities. The rich population is getting more income, which is making a direct impact on the population in a negative way. A study has also shown that inequalities in the income distribution will certainly result in the occurrence of serious consequences (Hale, 2000).

The third major demographic trend related to the social change is regarding increased ethnic diversity in the territories of USA. The latest statistical data have shown that a significant number of different ethnic, religious, and racial groups are living in different States of America. It is a fact that the individuals, across the globe, are moving to United States of America in search of employment. Therefore, the population of USA is getting increased in a rapid way. Majority of the population within USA is comprised of White Christians; however, Black individuals are making up the second largest ethnic group within USA. Similarly, all of the religions have been developed in the communities of USA. Such a big diversity in the communities of the region is directly associated with the altered functioning of various domains. This is a major social change, which is directly associated with the altered processes of different organizations (Ahlerup & Olsson, 2012; Berdún & Rex, 2010).

### **Impact of Demographic Trends on Healthcare**

Three demographic trends have been identified related to social change, which are directly associated with the affected nature of healthcare processes. The continuous development of new family patterns has the capability to influence on the healthcare domain. It is a fact that out-of –wedlock childbearing is making a direct impact on the healthcare costs. At the same time, it has been evaluated that 50% of the total marriages within USA usually ended at divorce. Moreover, majority of the children are either living alone or at governmental organizations because of increased divorce rates. Therefore, the healthcare processes are getting affected due to such family trends (Barros, 2010; Hale, 2000).

It has been evaluated that these demographic and social trends are also affecting the level of poverty and income inequalities. Moreover, a survey has mentioned that the mean income has been reduced from \$8,100 to \$7,800, which is also considered as a major rationale behind the income inequalities. Such income inequalities are directly affecting the healthcare processes in a negative way. The poor population is totally dependent upon Medicare and Medicaid programs; however, lack of awareness regarding such funded programs will result in the health disparities (Hale, 2000; Kavosi, et al, 2012).

Increased ethnic and racial groups are also associated with the affected nature of health and social care domain. The healthcare organizations will be directly influenced by the increased ethnic groups within the community. Lack of resources is the most common challenge, which has a close association with increased healthcare costs. Moreover, the risk of cultural and ethnic diseases will also become increased because of this reason (Purnell, 2012; Hale, 2000).

## **Recommendations**

The rates of poverty and income disparities can be reduced effectively by the governmental authorities for reducing the healthcare costs effectively. The factor of poverty can be easily controlled by managing the distribution of resources. The government should focus on each process, which is related to the distribution of income and resources among the community members. Similar educational status should be applied in the clinical settings along with the development of fresh employment resources. The income of the community members should be increased effectively for reducing the rates of disparities. At the same time, the rates of homelessness should be also controlled for reducing the factor of poverty. Proper health and social care processes should be developed for the equal distribution of healthcare. Similarly, the government should also increase the annual income within different domains for improving the rates of disparities. It has been evaluated that healthcare organizations should develop certain policies to provide proper healthcare to every poor or rich patient. Improvement in the factor of income disparity is directly associated with the reduced health care costs (Engle, et al, 2011; Hale, 2000; Atkinson, et al, 2010).

## **Conclusion**

Health and social care is considered as a major domain, which is directly associated with the delivery of quality healthcare. A significant number of changes can be easily observed regarding demographics and social aspect, which has a close relevance with the affected healthcare system. Family patterns, income disparity, and diversion of ethnic groups have core influence on the healthcare processes. Therefore, it is said that improved factor of income disparity is closely connected with reduced healthcare costs.

## References

Ahlerup, P., & Olsson, O. (2012). The roots of ethnic diversity. *Journal of Economic Growth*, 17(2), 71-102. Retrieved from <https://gupea.ub.gu.se/bitstream/2077/8482/1/gunwpe0281.pdf>

Atkinson, A. B., Marlier, E., Montaigne, F., & Reinstadler, A. (2010). Income poverty and income inequality. *Income and living conditions in Europe*, 101. Retrieved from <http://ftp.infoeuropa.eurocid.pt/database/000046001-000047000/000046795.pdf#page=103>

Barros, P. (2010). The black box of health care expenditure growth determinants. Retrieved from <http://run.unl.pt/bitstream/10362/2494/1/Barros1998.pdf>

Berdún, M. M. G., & Rex, J. (2010). *The ethnicity reader: Nationalism, multiculturalism and migration*. Polity. Retrieved from <http://books.google.com/books?hl=en&lr=&id=9yBQtExDppkC&oi=fnd&pg=PR5&dq=ethnic+diversity+in+the+territories+of+USA&ots=yESYWsp8E&sig=6DXpaUdHzMLuHiAUhroncCuyOkk>

Bergman, B., Neuhauser, D., & Provost, L. (2011). Five main processes in healthcare: a citizen perspective. *BMJ quality & safety*, 20(Suppl 1), i41-i42. Retrieved from [http://qualitysafety.bmjjournals.com/content/20/Suppl\\_1/i41.full](http://qualitysafety.bmjjournals.com/content/20/Suppl_1/i41.full)

Boudon, R. (2013). Theories of Social Changes. Retrieved from [http://dtserver3.compsy.uni-jena.de/ss2013/methsoz\\_uj/54737722/content.nsf/Pages/02D6FE86BDDA75A6C1257B90002E803C/\\$FILE/Theories\\_of\\_Social\\_Changes\\_Franziska%20Dahm.pdf](http://dtserver3.compsy.uni-jena.de/ss2013/methsoz_uj/54737722/content.nsf/Pages/02D6FE86BDDA75A6C1257B90002E803C/$FILE/Theories_of_Social_Changes_Franziska%20Dahm.pdf)

Cherlin, A. J. (2010). Demographic trends in the United States: A review of research in the 2000s. *Journal of Marriage and Family*, 72(3), 403-419. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3293163/>

Conboy, H. M., Avrunin, G. S., & Clarke, L. A. (2013). Modal abstraction view of requirements for medical devices used in healthcare processes. In *Software Engineering in Health Care (SEHC), 2013 5th International Workshop on* (pp. 24-27). IEEE. Retrieved from [http://ext.math.umass.edu/~avrunin/papers/conboy13-modal\\_abstraction.pdf](http://ext.math.umass.edu/~avrunin/papers/conboy13-modal_abstraction.pdf)

Engle, P. L., Fernald, L. C., Alderman, H., Behrman, J., O'Gara, C., Yousafzai, A., ... & Iltus, S. (2011). Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *The Lancet*, 378(9799), 1339-1353. Retrieved from [http://digitalcommons.calpoly.edu/cgi/viewcontent.cgi?article=1049&context=psycd\\_fac](http://digitalcommons.calpoly.edu/cgi/viewcontent.cgi?article=1049&context=psycd_fac)

Finer, L. B., & Philbin, J. M. (2014). Trends in Ages at Key Reproductive Transitions in the United States, 1951–2010. *Women's Health Issues*, 24(3), e271-e279. Retrieved from <http://www.guttmacher.net/pubs/journals/j.whi.2014.02.002.pdf>

Hale., C. (2000). Demographic Trends Influencing Public Health Practice. Retrieved from <https://www.nwpublichealth.org/docs/wph2000/trends.pdf>

Hans, E. W., Van Houdenhoven, M., & Hulshof, P. J. (2012). A framework for healthcare planning and control. In *Handbook of healthcare system scheduling* (pp. 303-320). Springer US. Retrieved from <http://doc.utwente.nl/76144/1/memo1938.pdf>

Kavosi, Z., Rashidian, A., Pourreza, A., Majdzadeh, R., Pourmalek, F., Hosseinpour, A. R., ... & Arab, M. (2012). Inequality in household catastrophic health care expenditure in a low-

income society of Iran. *Health policy and planning*, 27(7), 613-623. Retrieved from  
<http://heapol.oxfordjournals.org/content/27/7/613.short>

Minkler, M., & Wallerstein, N. (2010). *Community-based participatory research for health: From process to outcomes*. John Wiley & Sons. Retrieved from  
[http://books.google.com/books?hl=en&lr=&id=9IPrk-NYE50C&oi=fnd&pg=PR5&dq=financial,+environmental,+social,+factors+AND+health+care+processes&ots=PKhHiA\\_1GR&sig=zAkFzbc4ZM1LCfUYtjYV1yI-rIg](http://books.google.com/books?hl=en&lr=&id=9IPrk-NYE50C&oi=fnd&pg=PR5&dq=financial,+environmental,+social,+factors+AND+health+care+processes&ots=PKhHiA_1GR&sig=zAkFzbc4ZM1LCfUYtjYV1yI-rIg)

Purnell, L. D. (2012). *Transcultural health care: A culturally competent approach*. FA Davis. Retrieved from <http://books.google.com/books?hl=en&lr=&id=KdU-AAAAQBAJ&oi=fnd&pg=PR4&dq=ethnic+diversity+influence+health+care&ots=otK27BaGcT&sig=8VtAjWgSWqQg4RoJdBAVbS4sha8>