

Community of practice

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Community in Practice Community in Practice Hispanic Community Potential community and family stressors Among the Hispanic community, the aspect of family is highly valued as it is considered as a source of support and joy. Therefore family forms as a key aspect of an individual's identity. The most common disease among Hispanics is hypertension. One of the potential family stressor in this community is regarded as family separation. Family support is important in the recovery process of hypertension disease as an issue in this community (Green, 1998).

Low socioeconomic status is mainly linked with unhealthy lifestyles among Hispanics. Additionally Hispanics lack access to health care services because of low personal income, poor geographic access to health providers and cultural factors that focuses on traditional methods in terms of healthcare. In terms of using family and community resources there is a great link between schools and Hispanic families and the community in terms of using the available resources of computers in accessing various health information (Koton, 2001).

Jewish Community

Religion is considered as the most outstanding aspect of the Jewish community. Hypertension is most prevalent in the Jewish society. Religion is regarded as a major community and family stressors in the access of healthcare services in dealing with such disease such as diabetes that is common in the Jewish society. Despite the Jewish territory being endowed with various natural resources, the constant conflicts within the region has contributed to low level of access of health services. In addition, the conflicts have further led to lack of employment for the population resulting into

poverty (Green, 1998).

Similarities between the Hispanic and Jewish Communities

Lifestyle disease prevalence

Health risk factors

Health policies

Differences between the Hispanic and Jewish Communities

Race and genetics

Religion

Geographic location

Health education

Attitudes and perceptions in healthcare

Differences in basic health infrastructure

Behavioral risk factors

References

Green MS. (1998). Differences between Israeli Jews and Arabs in morbidity and mortality rates for diseases potentially associated with dietary risk factors. *Public Health Rev* 26 (1): 31-40.

Koton S. (2001). Bornstein NM, Green MS. Population group differences in trends in stroke mortality in Israel. *Stroke* 32: 1984-8.