

SOLUTIONS TO IMPROVE THE QUALITY OF COMMUNITY HEALTHCARE FOR ETHNIC MINORITIES IN THE CURRENT PERIOD

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Abstract: *In recent years, the Party, State, and functional agencies at both central and local levels have consistently focused on, promulgated, and implemented numerous practical policies to improve the healthcare system and health services for ethnic minorities—a demographic group that traditionally faces significant challenges due to unique geographical, economic, and social conditions. Programs such as universal health insurance, medical examination and treatment support for the poor, training of ethnic minority healthcare workers, and the development of grassroots healthcare networks have significantly contributed to improving physical health, nutritional status, and reducing disease prevalence within ethnic minority communities. Following the article "Current Status of Community Healthcare for Ethnic Minorities" (published in the Journal of Ethnic Studies, Volume 12, Issue 2), this article further expands and supplements practical data, offering a deeper analysis of certain aspects not fully addressed previously. Simultaneously, the article proposes specific, feasible solutions aimed at enhancing the effectiveness, sustainability, and cultural appropriateness of community healthcare for ethnic minorities in the coming period.*

Keywords: *Ethnic minorities; Solutions to improve healthcare quality; Community healthcare.*

1. Introduction:

Physical development is a crucial factor for enhancing the quality of human resources, serving the cause of national industrialization and modernization, and gradually improving the quality of the Vietnamese race and increasing healthy life expectancy. To achieve robust physical development, in addition to ensuring nutrition, continuous community healthcare has played and continues to play a pivotal role. The National Strategy on People's Health Protection, Care, and Improvement clearly states: "Investing in health is investing in development, contributing to building a high-quality human resource for the cause of national industrialization and modernization." In reality, over recent years, community healthcare has had a dialectical and direct impact on the physical development of the general population and ethnic minorities in particular.

While the positive outcomes of community healthcare have significantly contributed to physical development, existing shortcomings and

limitations in this work have also hindered and continue to hinder the improvement of physical health for the community, including ethnic minorities. Therefore, researching and proposing solutions to enhance the quality of community healthcare for ethnic minorities in the 2025-2030 period is highly necessary.

2. Research overview

In recent years, the issue of improving the quality of community healthcare for ethnic minorities has become a major concern for researchers, policymakers, and specialized agencies. Numerous scientific works, specialized articles, and press reports have contributed to clarifying the current situation, identifying difficulties and shortcomings, and proposing initial solutions to improve the healthcare situation for this particular demographic group.

Notably, an article by Tien Sy in Quang Tri Newspaper on December 24, 2022, analyzed the current healthcare situation in Dakrong mountainous district and proposed solutions such as: enhancing state management effectiveness in

the health sector, improving the quality of medical examination and treatment services, expanding the scope of health insurance beneficiaries (children under 6, the poor, near-poor, and ethnic minorities), and effectively implementing national target programs on health. Tue Dang, writing in *Quan doi Nhan dan Newspaper* (August 7, 2022), further affirmed the importance of health equity and analyzed the current policy system to increase access to public health services, especially for remote and isolated areas. Significantly, the *Health & Life Newspaper*, in its issues on November 25 and 29, 2022, emphasized the essential role of village midwives—indigenous individuals with an understanding of ethnic cultures—in maternal and child healthcare. Continuing to train, invest in, and develop this model is considered a sustainable direction for improving reproductive health among ethnic minority women. At the academic level, a study by Chu Vu Bao Thu (2023), published in the *Journal of Ethnic Studies*, Volume 12, Issue 3, delved into policy analysis and practical implementation, pointing out human resource, infrastructure, and cultural-geographical disparities that affect ethnic minorities' access to healthcare services. Hoang Lan, in an article on the *Communist Party of Vietnam Online Newspaper* (September 3, 2023), approached the issue from a human rights perspective, emphasizing that healthcare is not merely a social policy but a basic right linked to other fundamental rights such as the right to life, education, information, housing, and social security. The article cited data showing that 94.4% of commune health stations nationwide met national standards for commune health, yet it still posed new requirements for quality and service capacity tailored to the specific needs of ethnic minorities. Entering the 2024–2025 period, many new policies and research projects continue to be implemented to enhance the effectiveness of healthcare for ethnic minorities. The *National Strategy on People's Health Protection, Care, and Improvement until 2030, with a vision to 2045* (Decision 89/QĐ-TTg of 2024), focuses on narrowing the healthcare access gap between regions. Plan 927/KH-BYT of 2024 by the Ministry of Health clearly states the priority of

enhancing capacity for grassroots healthcare in ethnic minority areas. Several localities have also implemented effective models: Ha Giang piloted improving the capacity of commune health stations; Thai Nguyen organized screening examinations for elderly ethnic minorities; Nghe An implemented support packages for maternal and child care in ethnic minority areas through local women's networks. These models demonstrate the effectiveness of combining health policies with cultural and social specificities within ethnic minority communities.

However, most current studies and programs are still limited to analyzing the current situation or proposing isolated, localized solutions, lacking a comprehensive and long-term strategic approach at the national level. The failure to form a synchronous, multi-sectoral system of solutions that is culturally and socially appropriate for ethnic minorities remains a notable research gap. Therefore, approaching the issue by developing comprehensive, evidence-based, and highly feasible solutions is not only theoretically significant but also essential for ensuring health equity and realizing human rights in the current context.

3. Research methods

This article employs a secondary literature research method, based on analyzing data from reports by the Ministry of Health, the Ministry of Labor, Invalids and Social Affairs, research results from conference proceedings organized by the Committee for Ethnic Minority Affairs, relevant articles by authors, and referencing the results of the national-level scientific research project "Researching Solutions and Policies for Physical Development, Contributing to Improving the Quality of Human Resources of Ethnic Minorities until 2030," code: CTDT.23.17/16-20. The purpose of this work is to analyze and propose several solutions to improve the quality of community healthcare for ethnic minorities in the 2025–2030 period.

4. Research Results

4.1 Current Status of Community Healthcare for Ethnic Minorities in Recent Times

For many decades, the Party and State have consistently paid attention to the issue of public healthcare in general, and ethnic minorities in

particular. Numerous Party directives and resolutions have been issued, concretized in the legal system, and implemented with good results. As a result, community healthcare for ethnic minorities has achieved significant results in various areas:

- Investment in Grassroots Healthcare in Poor, Ethnic Minority, and Mountainous Regions

The grassroots healthcare network in ethnic minority and mountainous regions is increasingly robust. The State has focused on investing in the development of the grassroots healthcare network nationwide. Provincial and district hospitals and commune health stations have received investment; 99.4% of communes have health stations, of which about 60% of commune health stations meet national health standards. Currently, out of 11,162 commune health stations nationwide, the percentage of commune health stations meeting national health standards in 2020 was 94.4%. Additionally, the State has invested in combined military-civilian health projects to provide healthcare for ethnic minorities in border and island areas (Hoang Lan, 2023).

- Effective Implementation of Health Insurance for Ethnic Minorities

Health insurance policies in recent years have prioritized significant support for ethnic minorities. The State covers health insurance premiums and provides 100% of medical examination and treatment costs under health insurance for ethnic minorities in difficult and especially difficult areas. In 2018, over 6.6 million poor ethnic minorities were granted health insurance cards, accounting for 93.51%. According to the Results of the 2019 Survey of 53 Ethnic Minorities, the percentage of ethnic minorities using health insurance cards for medical examinations in 2019 was 43.7%, 1.1% lower than in 2015 (44.8%). By 2020, the rate of ethnic minorities using health insurance cards was 96.12%. The number of poor people and ethnic minorities participating in health insurance examinations and treatments increased to nearly 43 million patient visits, accounting for 24% of the total health insurance participants nationwide (Hoang Lan, 2023).

- Support for Ethnic Minority Women Giving Birth According to Population Policy and

Maternal and Child Healthcare

Policies supporting ethnic minority women who give birth, as well as allowances for village health workers, have been implemented. Notably, Decree 39/2015/ND-CP, dated April 27, 2015, stipulates support policies for poor ethnic minority women who give birth in accordance with population policy. In 2017 alone, 27,604 poor ethnic minority women who gave birth received support under Decree 39 (Cao Cuong, 2021).

- Effective Implementation of the Village Midwife Model and Support for Ethnic Minority Village Midwives in Difficult Areas

Currently, 1,737 village midwives are operating in 8,165 difficult villages and hamlets, undertaking reproductive healthcare, pregnancy management, safe delivery, and acting as a bridge between commune health stations and the people. As a result, the quality of population and family planning work has gradually improved; indicators of reproductive health for people in remote areas have improved; the rate of children under 1 year old fully vaccinated reached over 90%, and the malnutrition rate among children decreased annually (Cao Cuong, 2021).

The effective implementation of health policies and healthcare has improved the stature of ethnic minorities. Health and community healthcare policies through health insurance, along with the development of scientific and technical advancements, human resource training, investment in upgrading and developing grassroots healthcare infrastructure, have contributed to improving the quality of health services and healthcare for the people; the expansion of health insurance coverage with State support has increased access to services, fundamentally meeting the goal of ensuring social security in healthcare for the poor and near-poor in ethnic minority areas. The basic healthcare service policy system has basically met practical needs, especially for areas with many difficulties and for the poor.

Besides these achievements, community healthcare for ethnic minorities still faces some difficulties and shortcomings: Infrastructure and medical equipment in these areas are still insufficient and unsynchronized; the number of highly specialized staff, especially local staff, is

severely lacking; the training and development of healthcare human resources face many challenges. Currently, in ethnic minority and mountainous areas, the proportion of communes with health stations meeting national standards is still low (45%); only 69.2% of health stations in ethnic minority and mountainous areas have doctors examining and treating people. Only 20% of commune health stations met health standards for the 2011-2020 period. Disease prevention and control in ethnic minority and mountainous areas have not met requirements due to limited awareness among a part of the population and, in some places, outdated customs and practices. Reproductive healthcare still has gaps, requiring specific intervention solutions to improve population quality (Quoc Vuong, 2021).

Cultural differences such as language, customs, and practices related to pregnancy and childbirth also reduce people's access to and use of healthcare services in high mountainous areas. Besides progressive customs and practices in reproductive healthcare, some ethnic groups (especially those living in remote, isolated, and border areas) still maintain traditional healthcare practices: early marriage, no prenatal care, no rest during pregnancy, home births instead of going to medical facilities, no postpartum confinement, raising buffaloes and cows under the house, smoking, bathing in ponds and lakes, etc.

4.2 Solutions to Improve the Quality of Community Healthcare for Ethnic Minorities, 2025-2030 Period

First, enhance societal awareness of community healthcare for ethnic minorities.

Strengthen propaganda and education to raise awareness, change social behavior of individuals, and mobilize the participation of the entire society in comprehensive activities aimed at developing the physical stature of ethnic minorities. Focus on information and communication regarding the Party's guidelines and policies, the State's laws, as well as national programs, schemes, projects, and policies for physical development for all target groups, such as: Resolution No. 20-NQ/TW dated October 25, 2017, of the Sixth Plenum of the 12th Party Central Committee on strengthening the protection, care, and improvement of people's health in the new situation; the Law on Physical

Education and Sports promulgated with Ordinance No. 77/2006/QH11 dated November 29, 2006, of the President of the Socialist Republic of Vietnam; the National Strategy for Physical Education and Sports Development in Vietnam until 2020 (Decision No. 2198/QĐ-TTg dated December 3, 2010); the National Nutrition Strategy for the 2011-2020 period and vision to 2030 (Decision No. 226/QĐ-TTg dated February 22, 2012); the Master Plan for the Development of Vietnamese People's Physical Stature, 2011-2030 period (Decision No. 641/QĐ-TTg dated April 28, 2011); Resolution No. 139/NQ-CP dated December 31, 2017, of the Government promulgating the Government's Action Program to implement Resolution No. 20-NQ/TW dated October 25, 2017, of the Sixth Plenum of the 12th Party Central Committee on strengthening the protection, care, and improvement of people's health in the new situation, as well as other related policies and laws: environment, health, healthcare, education, training; enterprises, etc. Simultaneously, communicate and educate ethnic minority communities on practical knowledge related to physical development, such as general nutritional knowledge. This includes focusing on nutritional knowledge for infants, children, and mothers before, during, and after childbirth. Communicate nutritional information tailored to each ethnic group after researching, applying, and implementing nutrition projects and products. Provide counseling on building and improving diets, enhancing the quality of nutrition counseling services; preventing the risk of disease transmission; constructing, using, and maintaining sanitary latrines, ending open defecation; and preventing early marriage and consanguineous marriage.

Consolidate and improve the health communication and education network and organizational system from central to grassroots levels. Strengthen training to enhance the capacity and specialized technical skills in health communication and education at all levels. Expand and diversify communication activities to raise awareness among Party committees, authorities at all levels, and all citizens about their responsibilities, duties, and rights in healthcare with the perspective of "Health for All." Develop

effective communication models at the community level; communication for behavior change; and build effective communication programs suitable for target groups by region, locality, and responsive to cultural, gender, and ethnic factors. Strengthen communication to raise public awareness about lifestyles and behaviors that negatively affect health, focusing on factors related to non-communicable and communicable diseases, population and family planning, and reproductive health. Establish a health information system to ensure comprehensive and continuous provision of health services to support the operation of commune health stations based on family medicine principles, striving to manage the health of over 90% of the population by the end of 2025.

Second, strengthen nutrition for ethnic minorities.

Solutions to improve nutritional status should be implemented by creating menus with reasonable energy and balanced micronutrients, while providing appropriate products for all target groups. This will lay the groundwork for optimal growth for young children as they mature, enhance the physical health of workers and the elderly, reduce the risk of illness, improve physical fitness, and extend lifespan.

Develop meal menus (proposing standard daily nutritional menus) based on prioritizing traditional nutritional products and foods of each ethnic minority group and locality, and appropriate, feasible alternative options given the actual conditions of the ethnic minorities. Special attention should be paid to ensuring adequate nutrition for specific target groups considered "bottlenecks," where interventions in these groups will have a much larger ripple effect and chain reaction, strongly impacting the physical development of ethnic minorities both in the short term, in the future, and for successive generations. Ensure proper nutrition for pregnant mothers and newborns. Implement education and improve the nutritional regime for the age group from 3 to 18 years old. Ensure proper nutrition and food safety in schools. Improve eating habits for ethnic minority children starting from school.

Third, enhance the quality of community healthcare to develop the physical stature of ethnic minorities.

All levels, sectors, political-social organizations, and every Vietnamese citizen need to thoroughly understand and effectively implement the tasks and solutions mentioned in Resolution 20-NQ/TW "On strengthening the protection, care, and improvement of people's health in the new situation" issued by the Sixth Plenum of the Central Committee (12th tenure) on October 25, 2017. This includes focusing on issues directly affecting physical stature, such as: nutrition, physical exercise, healthy lifestyle, hygiene, and living environment. Party committees and authorities at all levels should direct the acceleration of the development and effective implementation of schemes and programs to improve the health and stature of Vietnamese people, such as: The Master Plan for the Development of Vietnamese People's Physical Stature from 3 to 18 years old, 2011-2030 period (referred to as Scheme 641) proposed by the Ministry of Culture, Sports and Tourism, approved by the Prime Minister on April 28, 2011; the Master Plan for the Development of Physical Education and School Sports, 2016-2020 period, with a vision to 2025, proposed by the Ministry of Education and Training, approved by the Prime Minister on June 17, 2016. Project 7: People's health care, improving the physical condition and stature of ethnic minorities; prevention of child malnutrition under the National Target Program on "Socio-economic development in ethnic minority and mountainous areas until 2030."

Develop and refine the medical examination and treatment network suitable for the specific characteristics of each ethnic minority region; develop a network of traditional medicine examination and treatment, and the unique remedies of ethnic minorities. Innovate the healthcare system model for ethnic minority areas. Quickly identify suitable healthcare and medical care models for each group of ethnic minorities residing in the same locality. Invest in and build a team of healthcare workers in mountainous and difficult areas to overcome the severe shortage in quantity and weakness in quality, especially for specialized fields such as psychiatry, pediatrics, preventive medicine; university pharmacists; and highly qualified staff. Implement strong incentive policies for this workforce in mountainous and ethnic minority areas, commensurate with their

study time, labor efforts, and working environment and conditions, to encourage highly qualified healthcare personnel to work at grassroots health facilities in mountainous and difficult areas.

Promote preventive healthcare and HIV/AIDS prevention and control, food safety and hygiene, and health improvement. Consolidate and improve the disease warning system and proactive disease prevention and control, preventing large-scale outbreaks. Effectively implement the objectives of the National Program. Complete and stabilize the organizational model of the healthcare system at all levels from central to village, strengthening close coordination among healthcare units. Rationally organize the local healthcare system and network, both public and non-public. Consolidate, develop, and enhance the capacity of the grassroots healthcare network; develop a team of village health workers, especially in mountainous and remote areas; build and develop a network of family doctors, home healthcare, and elder care. Complete the food safety and hygiene management network; the population-family planning and reproductive health network, and the HIV/AIDS prevention and control network. Continue to refine the multi-level medical examination and treatment network. Gradually arrange district hospitals by population clusters; develop inter-district regional general hospitals in areas far from provincial centers. Maintain and consolidate inter-commune polyclinics in mountainous and remote areas. Strengthen military-civilian cooperation in medical examination and treatment, especially in border and island areas. Develop specialized medical centers and regional hospitals (inter-provincial). Consolidate and develop the emergency transport network. Reorganize the training network for human resource development in healthcare, rationally allocating theoretical training with practical training.

Fourth, apply digital technology and remote medical examination and treatment in difficult areas.

Promoting the implementation of telemedicine models is a breakthrough solution that helps people in remote and isolated areas access higher-level medical experts without having to travel long distances. Commune health stations should be

equipped with at least one internet-connected computer, electronic health record software, and a teleconsultation system. Simultaneously, smart health applications on phones need to be developed, with user-friendly interfaces, integrating counseling content in ethnic languages, especially in the fields of maternal and child care, nutrition, and chronic disease prevention.

Fifth, promote the value of traditional medicine and indigenous knowledge.

Many ethnic minorities possess a rich treasure trove of knowledge about herbs, medicinal plants, massage methods, acupuncture, and folk steaming. The State needs to support scientific verification, standardize effective remedies, and license reputable ethnic traditional healers. The model of combining modern medicine and traditional medicine at polyclinics in ethnic minority areas needs to be replicated, ensuring safety and increasing people's trust in the official healthcare system.

Sixth, enhance community mobilization for healthcare.

Healthcare in ethnic minority areas will not be sustainable without the active participation of the community. A "community-based healthcare" model needs to be built, linking health, education, culture, and mass organizations such as the Women's Union, Youth Union, and Farmers' Union. The role of village elders, village chiefs, and reputable individuals needs to be promoted as effective healthcare communication "bridges." Adolescent reproductive health programs, and programs to prevent early marriage and consanguineous marriage, must be integrated into community cultural activities and school education.

Seventh, improve policy mechanisms and promote inter-sectoral coordination.

The State needs to review, update, and effectively integrate population, health, education, and social security policies in ethnic minority areas. Simultaneously, increase resources for Project 7 under the National Target Program on "Socio-economic development in ethnic minority and mountainous areas for the period 2021-2030." Policy implementation requires an independent monitoring mechanism with community participation, ensuring equitable access to

healthcare services for ethnic minorities. Inter-sectoral coordination among the health, education, and labor-invalids-social affairs sectors needs to be clearly institutionalized, avoiding overlap and ensuring effective implementation.

Overall, according to the author, for the period 2021-2030 and subsequent years, community healthcare for the physical development of ethnic minorities needs to focus on the following basic issues:

- Continue to implement existing mechanisms and policies: (i) Effectively implement policies, programs, and projects to achieve the goals of the "National Strategy on People's Health Protection, Care, and Improvement for the period 2011-2020, vision to 2030," prioritizing goals for ethnic minorities in difficult and especially difficult areas; (ii) Strengthen management, and improve the quality of healthcare for ethnic minorities, especially in the areas of: preventive medicine, reproductive health; HIV/AIDS prevention and control; training and professional development for village health workers, population-family planning staff; consolidating and strengthening the grassroots healthcare network. Build military-civilian health facilities in difficult and especially difficult areas; (iii) Effectively implement communication and education activities suitable for each target group, region, and ethnic group. Expand and improve the quality of education on population and reproductive health both inside and outside mainstream schools. Combine mass media communication effectively with direct communication through the network of population collaborators. Expand the provision of counseling and pre-marital health examination services for ethnic minority youth. Effectively implement the "Project to reduce early marriage and consanguineous marriage among ethnic minorities."

5. Discussion

To effectively implement the above solutions, the study proposes some recommendations as follows:

- Ministries and sectors should proactively review the system of legal documents for physical development among ethnic minorities. Amend, supplement, or propose timely amendments and supplements, creating uniformity and stability in the organizational structure and operations of

grassroots healthcare.

- The Ministry of Health should coordinate with the Ministry of Home Affairs, the Ministry of Finance, Vietnam Social Security, and relevant ministries and sectors to promulgate appropriate legal documents to innovate the organization of the healthcare system and operational mechanisms, prioritizing investment in and improving the effectiveness of district health centers and commune health stations in providing primary healthcare, disease prevention, and health promotion services; implement comprehensive and continuous healthcare.

- Train human resources for grassroots healthcare according to job positions; implement policies to attract and retain healthcare human resources at the grassroots level; strengthen two-way rotation of healthcare staff from lower to higher levels and from higher to lower levels.

- Enhance the service delivery capacity of grassroots healthcare; promote health counseling activities in disease prevention. Ensure adequate supply of essential medicines and equipment for grassroots healthcare.

- Intensify the implementation of policies on physical education, sports, livelihood development, hunger eradication, poverty reduction, and increased investment in education to improve the physical, mental, and intellectual capacities of ethnic minorities.

- People's Committees of provinces and cities should allocate local budgets (both investment and recurrent expenditures) for the implementation of the Scheme on building and developing the grassroots healthcare network in the new situation.

6. Conclusion

Strengthening community healthcare significantly contributes to the physical development of ethnic minorities. Under the leadership of the Party, the management of the State, and the determination and efforts of local authorities, ministries, and sectors, community healthcare for ethnic minorities has achieved many important results: Investment in infrastructure and medical equipment for grassroots healthcare in poor, ethnic minority, and mountainous areas has increasingly received attention and development; the number of ethnic minorities using health insurance cards for medical examinations and treatments has

increased; policies supporting ethnic minority women giving birth in accordance with population policy and maternal and child healthcare have been effectively implemented.

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GIẢI PHÁP NÂNG CAO CHẤT LƯỢNG CHĂM SÓC SỨC KHỎE Y TẾ CỘNG ĐỒNG CHO ĐỒNG BÀO DÂN TỘC THIỂU SỐ, GIAI ĐOẠN HIỆN NAY

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Từ khóa: Dân tộc thiểu số; Giải pháp nâng cao chất lượng chăm sóc sức khỏe; Y tế cộng đồng.