

# Health risks in homeless populations



**ASSIGN  
BUSTER**

## Epidemiology

Epidemiology refers to the study of diseases among populations. The primary concern of epidemiology is to explore the reasons that lead human beings to get diseased. The occurrence and frequency of diseases in a population depends on the interaction of various factors. The study of the interactions of these factors helps to manipulate the determinants which are involved, thus reducing the frequency of diseases among specific populations. A population is a group of individuals with common characteristics. A population can be big or small, as defined by the characteristic that is taken into account (Rothman, 2012).

### 1. Identify an Existing At-Risk Population

According to the American Public Health Association, low-income earners and homeless people are at high risk of contracting chronic diseases and illnesses, which have a very severe impact. Low-income individuals are also considered to be disproportionately ethnic and racial minorities. Being low-income earners, they lack courage and result in having fewer interactions with the healthcare systems. It renders them a high risk of contracting diseases (Blas, Kurup & World Health Organization, 2010).

A research done by the Commonwealth Fund shows that people earning low incomes have a high probability of bearing co-occurring health conditions. It indicates that they may have behavioral issues in health including depression or substance use problems. They may also have chronic medical conditions like diabetes and obesity (Rothman, 2012).

In addition to this, homeless people and low-income earners may lack a safe residence. They are, therefore, at an increased risk for adverse outcomes related to health. The Housing and Urban Development Department of the United States reports that almost five hundred and fifty thousand individuals lay homelessly on every single night in the country. The likelihood of these people to have a regular and reliable care source. They often forego health care and general care such as clothing and food. Furthermore, homeless individuals cannot be reached easily since they often consider it a form of stigmatization and may feel unwelcome to access healthcare (Rothman, 2012).

According to the World Health Organization (WHO), there is a direct link between poverty and chronic diseases in a definite cycle. Due to some reasons, the poor are highly vulnerable to health problems as a result of limited access to health care (Blas, Kurup & World Health Organization, 2010). Aggregated statistics and data substantiate that the burden of chronic diseases is very high among the poor since they have increased exposure to health risks. Additionally, chronic diseases increase poverty among families and individuals as they use their little family resources for seeking treatment. It draws them into a downward spiral and may eventually worsen the state of the disease and widen their poverty.

## 2. A Health Risk within This Population That Nursing Science Can Impact

Some of the health risks associated with the poor include poor sanitation, poor dietary and eating habits, unhealthy lifestyles and limited or lack of access to healthcare. Poor sanitation is linked to poverty since the poor may

lack the essentials to keep their residences clean and safe for staying. It may lead them to chronic diseases such as cholera, which is caused by dirty toilets and latrines (Savage, Blair & Fottler, 2011).

Poor living conditions also contribute highly to the spread of contagious diseases such as tuberculosis. The poor may also contract pneumonia and asthma due to poor residential places which are characterized by dampness and coldness. Poor eating habits and dietary may lead them to contact nutritional deficiencies such as marasmus. Due to their low income, they are unable to access health care at the right time when necessary. It worsens their health status and makes them more vulnerable to other diseases (Jr & Zgodzinski, 2011).

The health risk among the poor which can be most impacted by nursing science is limited access to health care. Nurses can carry out promotional health campaigns in order to offer free health check-ups regularly to the poor and educate them on the various lifestyles which are considered healthy. Nursing science can be beneficial in bridging the gap in the health discrepancy between the poor and the rich (Johnson, 2012). Free medical insurance enable them to access free medical care without feeling stigmatized. Offering waivers or significant reduction of the cost of medication fees can be very helpful to the poor. It would prevent the possibility of the poor having to sell their property in order to access the expensive health care. Their children would therefore not drop out of school due to lack of school fees.

### 3. Obstacles That Hinder the Implementation of the Prevention and Health Promotion Activities

Some of the potential barriers that may hinder implementation of the prevention and health promotion activities include political challenges, inappropriate methods of communication, social and cultural concerns, lack of a motivated community, poor participation and lack of sustainable resources as discussed below.

The scope for disease prevention is enormous. A political change is necessary to prevent all disease types at all stages. For instance, many people are perishing of obesity and smoking-related diseases such as diabetes. Many are dying due to malnutrition diseases as well as other infections. HIV/AIDS has become a common killer among the youth. Most of the deaths are caused by smoking in nations where tobacco companies have been making high sales. In order to curb some of these severe health problems, a political change is necessary. However, this may not be achievable due to political bureaucracy and change resistance (Blas, Kurup & World Health Organization, 2010).

Poor communication channels may also hinder implementation of prevention and health promotion activities. A successful implementation requires appropriate communication with the targeted population to enlighten them about the health program. The dynamics of the population must be studied and understood (Healey & Marchese, 2012).

Another barrier is the cultural and social norms which may tend to affect the implementation of the program. Many communities have unique traditions

that revolve around food and social beliefs. The residents may therefore not trust outsiders and medical professionals who are not known to them (Johnson, 2012).

The implementation of the program may not be successful due to the lack of sustainable resources. Rural communities mainly comprise of the poor, who do not have sufficient financial, workforce and technological resources to aid in implementing the prevention and health promotion activities. It is necessary to engage partner organizations and agencies with the same vision (Healey & Marchese, 2012).

Furthermore, the health promotion program may not be implemented successfully due to poor participation of the targeted population. Lengthy times of travel, inadequate or lack of transportation, lack of accommodative childcare needs and negligence are the some of the causes of non-participation in health promotion campaigns (Johnson, 2012).

#### 4. Stakeholders, Individuals, and Agencies with Whom to Collaborate

For a successful implementation of a prevention and health promotion program, various agencies, stakeholders and individuals must be collaborated. They include the funding agencies, partners, community members, advocacy groups, the government and program staff.

The government is a major stakeholder with whom to collaborate in the program. It has significant political influence since it can make laws and regulations. The government can also make active participation to the health promotion program by providing funding and other resources such as

transportation vans, medical professionals and security during the health campaigns (Healey & Marchese, 2012).

It is also necessary to collaborate with other funding agencies such as the United Nations (UN) and the World Health Organization (WHO). This will enable the program to be well funded and have adequate resources that are needed for its successful implementation and subsequent monitoring.

Advocacy groups and the community members would help the program facilitators and the management in getting to understand the targeted group. The advocators will serve as the link between the program implementers and the community. They will help in aligning the community to the objectives of the program, thus enhancing its successful implementation. The program staff would serve as the facilitators of the implementation process of the prevention and health promotion activities. They are the human resources (Fletcher, Robert Fletcher & Fletcher, 2013).

## References

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