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May 2nd, 12:00 AM

### Exploring Hypertension Prevalence Among Ill-housed individuals in Urban Environments

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**Submitting Author(s)**

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## Background & Significance

- This review analyzes literature from 1987 onwards, focusing on ill-housed population in America and internationally, specifically looking at urban settings and hypertension in adults.
- Our intended audience includes healthcare professionals, researchers, policymakers and general public in order to raise awareness and address health disparities among ill-housed.
- Limitations include potential changes in these populations since the publication of the research, as well as the scarcity of healthcare and health data due to barriers like access issues and mistrust of medical institutions.<sup>3, 9, 10, 11</sup>
- Ill-housed individuals are defined as people without a place to reside typically who have lost their housing due to personal, social, or environmental circumstances<sup>14</sup>
- Disparities in healthcare access contribute to the prevalence of hypertension among ill housed individuals.<sup>4, 5, 7, 10, 13</sup>
- Developing hypertension puts ill-housed individuals at a significant risk for developing any type of cardiovascular disease such as congestive heart failure and stroke.<sup>1, 3, 4</sup>
- Current debates include whether or not there is an actual increase in hypertension in homeless populations when compared to non-homeless populations → more age difference related, and prevalence will increase as life expectancy increases.<sup>3, 10, 13</sup>
- Studying the prevalence of hypertension in ill-housed populations is crucial for addressing health disparities alongside social determinants of health and developing policies and interventions to direct attention to the discrepancies in health outcomes between ill-housed and non-ill housed populations.
- Our hypothesis states that through investigating the current literature there is an increased rate of untreated hypertension in ill-housed, urban, populations worldwide.

## Methods

MeSH terms were used in order to find relevant articles and increase precision mostly post-2018 with the oldest article from 1987, all limited to English-language publications.

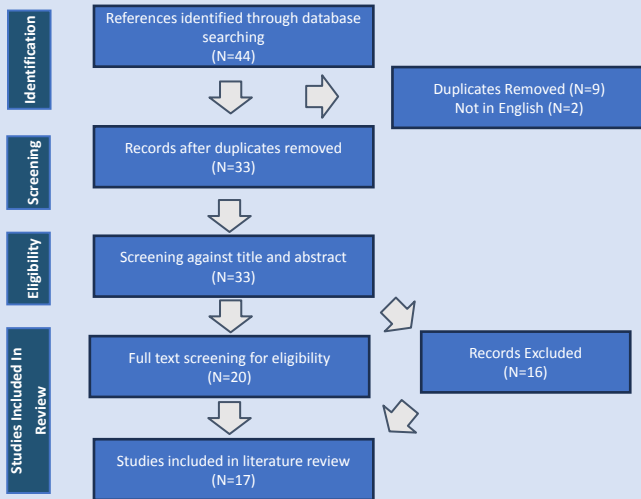
### Qualitative<sup>1-16</sup>

Risk Factor Analysis/Chart Review/Case History  
Sensitivity Analysis  
Descriptive Qualitative Systematic Review  
Cross Sectional Review  
Theoretical Domains Framework

### Quantitative<sup>1-16</sup>

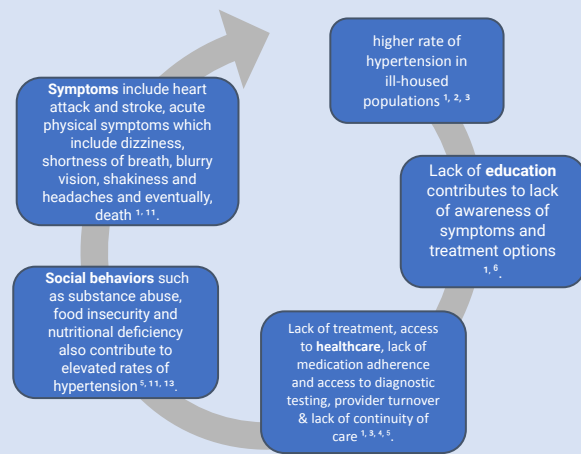
Risk Factor Analysis/Chart Review/Case History  
Retrospective Cohort  
Multivariable Logistic Regression  
Systematic Review  
Cross Sectional Review  
Two Step Cluster Analysis  
Chi Square Analysis  
Wilson Method

## Figure 1.0 PRISMA Flow Chart



## Figure 2.0 Population Characteristics

## Results



## Discussion

**Barriers** like lack of knowledge about the condition and limited access to resources makes it difficult to control hypertension among ill-housed individuals.<sup>1,3,6,8</sup>

### Limitations in Evidence and Process

**Evidence limitations:** Data was taken from a limited number of locations in the United States of America. This may cause an inaccurate representation of the total ill-housed urban population/hypertension. Prolonged hypertension in homeless populations can put a strain on community resources. Conducting this study not only benefits homeless populations but policy makers and community members as well.<sup>1-16</sup>

**Process limitations:** Exclusion criteria included narrowing down sources to urban areas, and only using studies done on people ages 18 years and older. In cutting out these areas, we eliminated a large population of ill-housed individuals living in rural areas, as well as children. Eliminating these demographics decreases the accuracy of the representation of ill-housed people in the USA. These limitations cause larger concern for quantitative accuracy if we were to need data on this topic outside of a literature analysis.<sup>1-16</sup>

## Future Directions

**Importance of findings:** Homeless populations experience limited access to food and healthcare. By conducting a study such as this, interventions can be taken toward resource allocation. Policymakers can develop programs and allocate funding to address causes of homelessness and decrease rates of hypertension. Homeless populations can put a strain on community resources. Conducting this study not only benefits homeless populations but policy makers and community members as well.<sup>1-16</sup>

**Future directions:** Influence policy makers in order to help reduce health inequities and allocate more resources towards stricter public health measures.<sup>1-16</sup>

## Acknowledgements & References



<sup>1</sup> Rowan-Virtua School of Osteopathic Medicine, Stratford, New Jersey, USA

<sup>2</sup> Authorship has been determined randomly and does not reflect the author's level of contribution to this presentation