May 2nd, 12:00 AM

Exploring Hypertension Prevalence Among Ill-housed individuals in Urban Environments

Lia Goldberg  
Rowan University

Sameer Shah  
Rowan University

Nikhila Archakam  
Rowan University

Murod Khikmatov  
Rowan University

Kesha Choksi  
Rowan University

Follow this and additional works at: https://rdw.rowan.edu/stratford_research_day

See next page for additional authors

Let us know how access to this document benefits you - share your thoughts on our feedback form.

Goldberg, Lia; Shah, Sameer; Archakam, Nikhila; Khikmatov, Murod; Choksi, Kesha; and White, Anddee, "Exploring Hypertension Prevalence Among Ill-housed individuals in Urban Environments" (2024). Rowan-Virtua Research Day. 184.  
https://rdw.rowan.edu/stratford_research_day/2024/may2/184

This Poster is brought to you for free and open access by the Conferences, Events, and Symposia at Rowan Digital Works. It has been accepted for inclusion in Rowan-Virtua Research Day by an authorized administrator of Rowan Digital Works.
Exploring Hypertension Prevalence among Ill-housed individuals in Urban Environments

Lia Goldberg1, OMS-1, Sameer Shah1,2 OMS-1, Nikhila Archakam1,2, OMS-1, Murod Khikmatov1,2 OMS-1, Kesha Choksi1,2 OMS-1, Anndee White1,2 OMS-1

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. 6, 9, 10, 11
- 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. 4, 5
- Disparities in healthcare access contribute to the prevalence of hypertension among ill housed individuals. 4, 5, 7, 10, 11
- Disparities in healthcare access contribute to the prevalence of hypertension among ill housed individuals.
- Developing hypertension puts ill-housed individuals at a significant risk for developing any type of cardiovascular disease such as congestive heart failure and stroke. 1, 3
- Current debates include whether or not their 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. 6, 9, 11
- 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-homeless 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.

Figure 1.0 PRISMA Flow Chart

Identification
- References identified through database searching (N=44)

Screening
- Records after duplicates removed (N=33)
- Screening against title and abstract (N=33)
- Full text screening for eligibility (N=20)

Eligibility
- Records Excluded (N=16)
- Studies included in literature review (N=17)

Results
- Higher rate of hypertension in ill-housed populations 1, 2, 3
- Lack of education contributes to lack of awareness of symptoms and treatment options 1, 7, 8
- Social behaviors such as substance abuse, food insecurity and nutritional deficiency also contribute to elevated rates of hypertension 5, 11, 13

Discussion
- Recognizing the lack of knowledge about the condition and limited access to resources makes it difficult to control hypertension among ill-housed individuals 1, 2, 3, 4
- Limitations in Evidence and Process
  - Definition 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 in the USA. Additionally, the sample size of each article was often small in comparison to the total number of ill-housed individuals in the country which may cause misrepresentation of data, leading to skewed analysis.
  - Sampling Limitations: Exclusion criteria included narrow demographic sources in urban areas, and only using studies done on people ages 18 years and older. In cutting out these areas, we stripped 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 quantification accuracy if we were to need data on this topic outside of a literature analysis. 1, 2, 3
- 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. 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. 1, 2, 3
- Future directions: Influence policy makers in order to help reduce health inequities and allocate more resources towards stricter public health measures 1, 2, 3

Future Directions

Acknowledgements & References
- Rowan-Virtua School of Osteopathic Medicine, Stratford, New Jersey, USA
- Authorship has been determined randomly and does not reflect the author’s level of contribution to this presentation

Qualitative1-16
- Risk Factor Analysis/Chart Review/Case History
- Sensitivity Analysis
- Descriptive Qualitative
- Systematic Review
- Cross sectional Review
- Theoretical Domains Framework

Quantitative1-16
- 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 2.0 Population Characteristics