Vulnerable Population Proposed Program

Name

HCA430 Special Populations

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May 30, 2016

Chronic illness and disability has been defined as “conditions of a non-psychiatric nature, which impact in a serious manner on functioning and general lifestyle “(Morison, Bromfield & Cameron, 2003, pg. 125, para. 3). Chronic illness simply means illnesses that can last throughout an individual's life or for a specific time period where the frequency of the symptoms, as well as the severity of these symptoms may change. There are periods where the illness is said to be in remission or without symptoms and then there are times when the disease process is active, symptoms are often worsened and this is when there are flares. Individuals who suffer from chronic illnesses can undergo a variety of symptoms and suffering from a mild degree to a possible severe debilitating degree. This paper will attempt to address the impact that culture/ethnicity, age and income has on the vulnerability of those chronically ill and disabled. For the sake of this paper and with the assistance of research,a uniquely modeled program has been developed which helps in identifying the major issues and risk factors experienced by the critically ill and disabled population.

Vulnerability, according to Mechanic & Tanner, is the “predisposition to harm, results from an interaction between the available resources to individuals and the life challenges they face” (2007, pg. 1220, para. 1). Mechanic & Tanner go on to state that oftentimes vulnerability can result from problems which arise out of a lacking social network and social status as well as a lack in the community in which one lives (2007, pg. 1220, para. 1).In correlation to chronic illness and disability our textbook states that disabilities can be born out of chronic illnesses and that “disabilities can also include physical ailments to bodily functions that interfere activities of daily living” (Burkholder& Nash, 2013 section 1.4, para. 21). Individuals who are considered critically ill or physically challenged have been neglected by not only family but employers as well. Most of these individuals are poor and a majority of them live poverty level earning sometimes below a dollar a day. Low income has numerous consequences, affecting knowledge, employment opportunities, nutrition, medical care access and housing. According to Mechanic & Tanner, “social vulnerabilities, linked with low socioeconomic status are commonly related to racial and ethnic residential separation in societies with weak schools, deficient community institutions, and poor health-enhancing environments” (2007, pg. 1223, para. 5). Impoverished residential areas are regularly characterized by heavy traffic, pollution, noise, crime, high density of alcohol outlets, and natural exposure to illegal drugs. Studies indicate that these neighborhoods have high crime activity patterns including but not limited to substance abuse, infant mortality (Mechanic & Tanner, pg. 1223, para. 5-7).Children of critically ill or physically challenged individuals are more vulnerable when growing up in these environments due to issues such as high-stress level, depression and infant abuse. In the recent past, poor people living with disabilities and relatives to such victims were hired by political leaders to conduct strikes for the politicians. In another research conducted recently, chronic illnesses are significantly more prevalent among low-income and the disabled populations. Additionally, the impact of these diseases is more intense among the jobless, uninsured, and less educated individuals. For example, patients with a chronic illness without a high school education are three times more likely to report being in poor medical status than those with the same sickness but hold a college degree.

According to a report from the United Nations, the aging process for people living with disabilities begins earlier than the expected period (Nolte & McKee, 2008 pg. 2 para. 5-7). For example, some personnel with developmentally related disabilities indicate signs of premature aging in their 40s and 50s. As a result, such individuals tend to hate themselves often asking questions of regret. From a survey conducted recently, numerous aged people living with any disability or who are considered critically ill suffer from depression or mental illness. Such individuals feel unappreciated by the community leading them to sever depression. Most of these people die of depression or mental illness. Residents with these aged individuals often ignore them or are reluctant in providing home care resulting in them feel unwanted and ultimately leading to their deaths. Also, relatives of aged individuals who are critically ill or disabled often have an enormous financial obligation upon them. Offering proper home care to such individuals is expensive. Persons with limited money tend to suffer more when taking care of such individuals than individuals with money. Also, the highest number of aged people living with disabilities and critical illness are very dependent on their relatives thus posing as a financial burden. Today, politicians have openly defended the rights of elderly people including ones with disabilities and have ensured that these individuals are properly taken care in various institutions that provide care to the aged. However, some politicians use these people as a way of archiving their mischievous aims. In most cases they are used before funds are acquired and they are not paid after performing their duties.

There are numerous issues facing the critically ill and disabled population. These matters can include neglect from their relatives, inadequate access to proper equipped medical facilities, unavailability of appropriate foodstuffs and increased dependency. Many critically ill individuals or physically challenged persons die alone. This is a clear indication of neglect from the relatives of such individuals. The best solution to this challenge is changing the attitude that individuals have towards critically ill individuals. The government should assist the families of these individuals financially to enable them to perform their obligations efficiently. The second risk such individuals face is access to well-equipped medical facilities (Nolte& McKee, 2008, pg. 4, para.5). Apparently, critically ill or physically challenged persons have limited ability to take themselves to the hospital, and they require assistance. In times of emergency, the required support may not be available resulting in poor access to medical facilities. In the recent past, many deaths associated with physically challenged persons were due to poor access to medical services. According to this program, the issue as mentioned above may be addressed by ensuring entry to medical facilities is easy and efficient. For example,here in the U.S, medical institutions have created a variety of ways to help transport physically challenged or critically ill individuals such as through road ambulances, helicopters, and air transport. Also, private washrooms should be set aside in hospitals to help accommodate critically-ill patients. Today, this is evident in most major hospitals in the United States according to the World Health Organization. This method has proved efficient as many lives have been saved due to the fast response of doctors.

This study suggests that individuals living with disabilities should be taken care of properly both at home or in the various elderly institutions. If this is archived globally, the increased death rate among the aged will reduce tremendously. Provision of better care to the aged helps in boosting their self-esteem thus increasing their survival rate.

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