Learning Objectives

- Describe the public health implications of lower extremity pathologies in vulnerable populations
- List the pressing podiatric health needs of the homeless in a sample population
- Formulate an action plan to address the podiatric health needs of indigent populations

Background

- Homelessness is a major problem in the United States, especially in urban areas
- Health care disparity exists
  - Lack of health insurance
  - Difficulty accessing the few community health care clinics
  - Daily priorities often overtake intention to seek health care (e.g. waiting in line for a shelter bed)
- Importance of homeless health care
  - Control of infection
    - Studies have shown rise in Methicillin Resistant Staphylococcus aureus (MRSA) upwards of 77% per year
  - Health care cost burden
    - Lack of prevention and continual care leads to use of emergency room care
    - Prolonged hospital admissions
  - Better health improves chances someone is able to rise out of homelessness (i.e. able to work)
  - Lessen community support costs

Lower Extremity Health

- Studies have shown that homeless people are at high risk for lower extremity limb and potentially life-threatening pathologies
- Increase spread of infection and burden health care costs
- Articles and discussion on homeless health often emphasize foot problems
- Long periods of walking or standing in poor shoes and socks
  - Poor foot hygiene
  - Venous stasis from long period of standing
- Smoking prevalence may lead to peripheral vascular disease
- Poor diet may prevent or slow healing once problems have occurred
- Difficulty accessing care
- Culmination of risk factors make homeless more prone to limb and potentially life-threatening pathologies (e.g. infected ulcerations)
- Primary mode of transportation is walking
  - Lower extremity health is crucial to allow homeless to seek resources

Project Summary

- Community Service
  - Education of foot care and hygiene
  - Distribution of socks, shoes, and inserts
  - Referral to community foot care clinics

Chen et al., “Step Up For Foot Care” - Addressing Podiatric Care Needs for the Homeless in San Francisco, CA
Research
- Foot hygiene
- Self-reported lower extremity pathologies
- Associated risk factors
- Approved by Samuel Merritt University Institutional Review Board

Idea was to promote future studies pertaining to foot care for the homeless
Instigator and supportive data to start new community foot care clinics

Survey Collection
- 37 question survey
- 299 surveyed
- 7 months

Data Synthesis
- Fungal nails, calluses, athlete’s foot most common pathologies
  - Not just a cosmetic concern
  - Important in the setting of risk factors (smoking, poor hygiene, access to care)
  - Predispose to ulcerations and infection
  - Could be contagious, such as MRSA skin infections
  - Limb and possibly life-threatening sequelae
- Good effort in proper foot hygiene
- Poor general health habits – smoking, alcohol
- On feet for long periods of time – prone to injury
- 56% experienced chronic foot pain
- Nearly a third have sought medical treatment for foot problems
- Good percentage reported previous foot injury or neuropathic symptoms
- Risk factors compounded with lack of resources illustrates vulnerability for serious lower extremity conditions

Limitations of Study
- Surveyed individuals were only those in shelters
- Comprehension of questions may be variable
- Survey bias – fill out what should be done instead what is actually done
- An objective foot examination by a licensed foot care professional may give more accurate data in terms of foot pathologies
- A comparison study with health assessment data from non-homeless populations would help assess the degree of disparity and need

Recommendations
- Encourage the homeless to:
  - Keep feet dry and take shoes and socks off at night.
  - Change to a fresh pair of socks or at least wash socks nightly and dry thoroughly
  - Wear sandals in public showers
  - Examine feet regularly
  - Urge patients to visit community clinics immediately if they have open foot sores or areas of redness
  - Identify community resources for free or discounted shoes and socks, and refer patients as needed
  - Provide foot care products when possible (e.g., nail clippers, skin care lotions, corn cushions, lamb’s wool, insoles)
  - Sanitize public facilities to prevent skin infections, especially public showers
  - When clinically appropriate, encourage patient to elevate legs to a level at or above their heart whenever possible to prevent/relieve fluid stasis in lower extremities
  - Refer patient to respite care if available for relief of foot conditions. Obtain bed rest order when necessary
  - Allocate resources for homeless foot care including volunteer clinics and hygiene care

Conclusion
- Lower extremity health for the homeless is an important public health concern
- Lower community health care costs
- Reduce spread of infection
- Primary mode of transportation is walking
  - Improved foot care could potentially allow people to better access community health and social resources and ultimately be able to seek work
References

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