Podiatric Health Needs of Homeless Populations as a Public Health Concern

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Background: Foot and ankle health among the homeless is an important public health concern. There are limited studies done thus far on foot and ankle conditions and the podiatric medical needs of homeless populations. A literature review was undertaken to evaluate any studies published about the lower-extremity health needs among the homeless.

Methods: We did a literature search through PubMed, the US National Library of Medicine’s database of biomedical citations and abstracts for relevant publications from 1988 through 2008. We also searched the references cited in the articles found for any studies relevant to podiatric needs for homeless populations.

Results: We found three relevant articles that addressed the needs of podiatric care for the homeless. The articles highlighted the community health importance of foot care for homeless populations, especially in helping prevent potentially limb-threatening pathologies.

Conclusions: The small number of studies published so far all emphasize the major public health need for podiatric care among homeless populations. More studies are needed to help address this important public health concern. (J Am Podiatr Med Assoc 102(1): 54-56, 2012)

Homelessness remains a significant problem in the United States, especially in urban areas. Without adequate resources, homeless individuals often have difficulty returning to work and rebuilding their lives, which in turn leads to major costs for the community. Beyond the costs, however, are the public health risks these underserved populations pose to the community. Especially with the rise in community-acquired methicillin resistance Staphylococcus aureus (MRSA) upwards of 77% per year,¹ there is a greater need than ever before for medical care of homeless populations. With better health, homeless individuals will have the opportunity to turn their lives around and emerge from homelessness. Decline in homelessness will then lead to better public health status and lessen the burden of health-care costs for the community.² The health of the lower extremity is paramount in allowing individuals to get through the day, and thus plays a major role in an individual’s health. To address this important issue, it is crucial to understand the podiatric needs of the homeless. However, there are limited studies done so far on foot and ankle conditions and podiatric medical needs of homeless populations.

Methods
We did a literature search through PubMed, the US National Library of Medicine’s database of biomedical citations and abstracts for relevant publications from 1988 through 2008. We also searched the references cited in the articles found for any relevant studies of podiatric needs for homeless populations. The results are summarized below.

Discussion
Kleinman et al³ tried to develop a structured physical exam to allow lay survey researchers to
reliably report physical findings related to six tracer conditions in a disadvantaged population. Trained lay researchers conducted a survey and a simple physical exam. They examined six tracer medical conditions: hypertension, vision problems, skin problems, peripheral vascular disease, foot problems, and tuberculosis. If the conditions met a certain criteria, the lay researchers issued a referral to a health-care provider. The study involved a probability sample of 363 homeless adults. It was found that a rate of 3 out of 15 individuals were referred for foot problems such as tinea pedis and painful corns and calluses, and a rate of 7 out of 14 were referred for peripheral vascular disease. About 24% of individuals self-reported a foot abnormality, and 9% of individuals self-reported peripheral vascular disease. This study is significant in that it demonstrates a good proportion of homeless individuals who recognize their foot conditions and who were also assessed to require podiatric medical care. The focus of this study, however, was on developing a method for lay researchers to assess health conditions for public health research and a thorough analysis of podiatric conditions. Comprehensive studies are needed to survey the podiatric conditions of homeless populations.

Robbins et al. attempted to define and compare Cleveland's homeless population with the national homeless population, the podiatric needs of the local homeless populations versus the general population, and respond to those needs. A one-day podiatric screening of the Cleveland, Ohio homeless population was performed by the Ohio College of Podiatric Medicine Department of Community Medicine in 1994 and 1995. There were 461 and 392 participants in each study, respectively. The screenings concluded that the homeless population had an increased risk of lower-extremity pathology attributable to a lack of appropriate hygiene facilities and the inability to lie down at night. They inferred that the latter led to chronic edema resulting in valvular incompetence and subsequent microvascular damage. The results of the screening were consistent with the National Health Interview Survey (1990). Nail pathology was the number one concern in both the Cleveland homeless population and the National Health Interview Survey. Four out of five of the same conditions are common to both populations and included nail pathology, corns, calluses, foot infection (including fungal infections), and bunion deformity. According to the study, the homeless population in Cleveland desperately needed foot care. Also, it was noted that preventive care not only helped the individual but also served the whole community by preventing possible communicable diseases and reducing health-care costs. Finally, the study suggested proactive involvement to address this issue. This study is significant because it validates the issue that homeless populations are at a higher risk in developing lower-extremity pathologies, and that this issue poses both an economic and public health concern.

Jones addressed the foot–health-care needs of the homeless living in Chicago, Illinois. The goal was to assist in achieving the basic needs for the homeless by retrospectively analyzing charts of the 1987 Health Care for the Homeless Program in Chicago. Foot problems were among the top ten medical problems. A podiatric team involving an attending podiatrist with volunteer student doctors provided foot care at various shelters from January 1988 to December 1988. The number of clients who received podiatric medical treatment was 511 out of 900 patients that visited, consisting of 89 females and 422 males. Although the podiatric conditions were treated, the author noted that the feet were rendered at risk again when placed back into filthy, dilapidated shoes. Adequate footwear was desperately needed and was distributed by the program. The number of podiatric cases most commonly seen included tylomata (293), helomata (217), dystrophic nails (176), and tinea pedis (dry 125, interdigit 85). The podiatric medical care relieved not only pain and discomfort, but also helped prevent problems that could threaten the patient’s limbs or overall health. It was also noted that the podiatric team represented concerned health-care professionals who responded to social needs, thereby establishing the commitment of podiatric medicine to provide care and improve the quality of life for all. The study also emphasized the importance of adequate shoes and socks as an augment to foot care service. Highlighting the importance of foot health when considering the overall medical needs of the homeless, this study serves as a guide for further studies.

Conclusions

All studies done thus far have emphasized the prevalence of foot and ankle pathologies in homeless populations. They also highlighted homeless podiatric conditions as an important public health issue. Our literature review revealed a very limited number of studies published in regard to the podiatric health needs of the homeless. Therefore, more studies are needed regarding the foot and
ankle health needs of the homeless to help address this important public health concern.

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References
5. Greenberg L: Analysis of Foot Care Data From the 1990 National Health Interview Survey, Health Resources and Services Administration, Bureau of Health Professions, Division of Medicine, Rockville, MD, November 1992.