

# **IPE Case Study**

Executive Summary

Group 12

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### **Public health topic and target population**

Senior citizens are included in the vulnerable populations that depend on mobile health units such as vans for the care they need. The mobile health units provide oral care and vaccinations to senior citizens that they may not otherwise have access to. Many senior citizens are home bound, or transportation is an obstacle, which can lead to an increase in contracting the virus or having oral complications resulting in a negative impact on the individual's health (Lithander et al., 2020).

### **Social Determinants**

#### ***Physical Barrier***

According to the World Health Organization (WHO), active aging is “the process of optimizing opportunities for health, participation, and security to enhance the quality of life as people age.” At the same time, reaching the age of senior citizen, there are limitations on doing things physically as opposed to those in a younger age group; thus, the causes of the differences in health, well-being, and active aging opportunities are unfair and avoidable (Hsu et al., 2019). Moreover, as we get to the age of senior citizens, we become prone to frailty, and the prevalence of frailty increases with age. It is crucial mainly because frailty directly relates to adverse consequences, such as the risk of falls, disability, hospitalization, and poor survival, which is familiar with an aging population (de Labra et al., 2018).

#### ***Being Alone***

We, humans, are social beings, and as we become close to our senior citizen years, we become more prone to the loneliness that could lead to isolation. According to the National Institute of Aging, as we age, many of us are alone more often than when we were younger. It leaves us vulnerable to social isolation and loneliness, which can be associated with related

health problems such as cognitive decline, depression, and heart disease in the long run (U.S. Department of Health and Human Services, 2019). Loneliness is a risk factor, especially for the aging population, due to associated risks such as the death of a spouse or partner, separation from friends or family, retirement, loss of mobility, and lack of transportation that can hinder senior citizens from getting access to medical care.

### ***Income Stability (low income)***

Most aging populations, particularly in the senior citizen age bracket, face health-associated risks such as low income and economic instability. Senior citizens are mainly composed of retirees and low-income families that do not have job security and do not have the same income they used to have during their younger working years. Low income among senior citizens highly affects their quality of life, impacting their access to medical care and services. Therefore, it is essential to cover health care costs (e.g., pharmaceuticals, medical bills, dental bills, miscellaneous medical bills ), transportation access, and monthly living expenses (Kelly et al., 2021). Unfortunately, according to National studies, it is found that 22.8% of low-income adults 65 and older find it very difficult to pay their monthly living expenses (Kelly et al., 2021)

## **Ethical Dilemma**

### ***Beneficence and Justice***

The principle of beneficence recognizes that health care providers must emphasize promoting the good of others (Beauchamp, 2019). The CHC, in this instance, have an obligation to do right by their community members by finding solutions and providing resources to the underserved within their community. Although the board has a responsibility to serve the greater good of their people, they denied the van due to their anger over the CHC's veracity towards the financial situation. The principle of justice is a standard of rightness and giving each person what

they deserve, fair, equitable, and appropriate treatment of persons (Varkey, 2020). The case study noted that although the CHC was well qualified, they were also known for “an aggressive management style and creating self-serving alliances.”

### **Collaborative Impact**

The aging population typically faces many challenges and health disparities. The overall health and well-being of senior citizens will only continue to decline if they are unable to receive funding for health services. A 2021 International Health Policy Survey of older adults revealed that most geriatric patients who cannot afford health care services would either postpone their care or choose not to receive it. Furthermore, the study indicated that as health care access decreases, so does the patient’s physical and mental health. Different health professionals can collaborate with telehealth services to overcome some inadequacies that senior citizens face. For example, telehealth services can make it easier for the aging population that struggles with transportation issues. As a result, travel expenses can either be limited or avoided, and the patient will still have the ability to speak with their healthcare provider.

### **Recommendations**

A community of doctors and health professionals works together conducting a daily routine home visit in the community assigned to assess the health and living conditions of vulnerable populations like senior citizens. Mobile clinics are found to improve access to health by serving as a vital link between the community and clinical facilities as a bridge to connecting those senior citizens with hindrances to access healthcare and medical services due to physical ability associated with aging (Malone et al., 2020)

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