**Evidence-Based Practice**

**Name**

**Affiliation**

**Date**

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**Introduction**

In every society, there are communities, families, and individuals whose probability of becoming ill, dying or being injured is greater than that of others. It has been said that such groups are especially "vulnerable." This implies that they are more exposed to risk. The hypothesis on which the risk approach is based is that the more accurate the measurement of risk, the more adequately the needs of the population will be understood and this will favor the effectiveness of the interventions, and of course, the coping with the vulnerability. There are multiple systems of coping with risk factors in health among the vulnerable population that will be discussed in this essay (Waisel, 2013).

**Discussion**

By the year 2010, 141 M vulnerable population of the USA are predictable to have more than one chronic conditions, presenting an increase to 171 M citizens (37%) by the year 2030. Overall, research indicates that one out of every five US citizen is vulnerable to numerous risk factors for health disease. The term risk factor was used for the first time by the researcher of cardiac diseases Thomas Dawber in a study published in 1961, where he attributed to ischemic heart disease due to certain situations such as blood pressure, cholesterol or smoking. In epidemiology, a risk factor is any condition that raises an individual's chances of constricting a disease or any other health problem. The risk factors have to be differentiated from the prognostic factors, which are those that predict the course of a disease once it is already present (Chirkov & Breusov, 2013). The stats of the states that I chose to compare are Alaska and New Mexico. In Alaska, the total number of people who might face a health issue was around 66.7 % whites and only 3.6 % blacks. For New Mexico, whites were a whopping 82.2 % while blacks were only 2.5 %. Now the stats can be different and vary more when it comes to rural and urban areas as well. Healthcare providers usually say that it is easier to care for people who are from the group which is the ethnical majority. They are used to caring for the whites and are well aware of what they will want and how they will respond to medicine. On the contrary, when it comes to the ethnical minority, things can be a little tricky. At times the reasons behind not getting proper care are due to discrimination based on race. Which is ethically wrong. Further, when it comes to economics, the newer government tends to believe that the US cannot afford to care for the immigrants anymore. Some people from the Hispanic origin are deprived of that fact due to the political issues that are faced lately by the country. It should not have an impact on the care that they get as they are part of the country as well, but the extremism tends to make people not take things professionally. There are cultural barriers as well. There are people who have a very spiritual approach to things; they believe in the fact that medication is not the answer. In such a case, things become more complicated as even the healthcare giver cannot do much about it.

There are certain ethical, legal, economic and cultural factor which are different for both the majorities as well as the minorities. The procedures are different for both of them. If a white will go and ask for an appointment and if per se it is not given to them it will be deemed unethical. On the contrary, if a person of color is denied something, there will be a policy behind it to support the issue. Around 90% of whites get an appointment on demand while only 35% of blacks can make the same statement. Further, if an illegal issue is faced by a white, there are chances they will sue, and the case will be taken ahead and processed until justice is served as soon as possible. There are around 70% of medical lawsuits filed by the whites that have always been processed till justice have been served. Around 60% of lawsuits made by people of minority ethnicity still are pending, and they still have to appear for further appear for court hearings till the case is finally brought to a final hearing. Things are not very crystal even though the times have changed. Further, from the economy point of view of the country, it was seen that people of the ethnical minority are not given the same perks as the regular general majority consisting of the whites. Which is wrong as everyone residing in the country are part of the country by every right. The cultural issues are always going to be there; people are misinterpreted because of it, further leading to more issues. People of a different race do not at times go to the hospital thinking that they might say something which will be deemed to be wrong.

In addition to the language barrier, cultural barrier, and social fear, the risk approach is used in epidemiology to assess the health status of the vulnerable population. In this sense, morbidity constitutes an important component to comprehensively assess the health status of the vulnerable population, since it allows identifying the damage and differentiating which population groups are more vulnerable. Precisely one of the main objectives of epidemiology is to identify groups at risk of getting sick. The epidemiological object of risk has found methodological expression in case-control and cohort studies that serve to explain the natural history of some diseases in whose genesis the participation of a constellation of factors is assumed, each of which does not represent by itself a cause (the so-called risk factors) (Lund, 2016). To understand how things work for the identified vulnerable diverse population let me give an example. If there is a female Muslim who has been admitted in the hospital and she is pregnant, there is no way that a male gynecologist can be allotted to her as per the family values. There are going to be health givers who will get frustrated by this fact, but people need to understand that every culture is different. They need to cater to the problem in regards to the requirement of the patient. The fix will be to assign the woman a female caregiver as soon as possible. There needs to be awareness created in the health care society in regards to different cultures to avoid the issue and make the world of health care diverse. Every nurse and doctor needs to be given diversity training. The clinics should be promoted as diverse and a place where all of the people from every race can come and get treated.

Nowadays there are the cardiovascular, cancer and the cerebrovascular diseases, the ones responsible for the great majority of the deaths among the vulnerable population. These diseases have a multifactorial origin and, due to their importance, they emphasize the so-called cardiovascular risk factors (CVRF), among which age and sex are highlighted as non-modifiable CVRF and smoking, hypertension (HBP), hypercholesterolemia and diabetes mellitus (DM) as modifiable CVRF. In the case of different sorts of cancer, each one has different risk factors. For example, unprotected contact to sunshine is a risk factor for skin cancer, and smoking is a risk factor for cancer of the lung, mouth, pharynx, esophagus, and larynx as well as the urinary tract and the digestive tract. However, the latter is also a risk factor for cardiovascular and cerebrovascular diseases among the vulnerable population, so that smokers are more vulnerable to suffer any of these diseases (Park, 2009).

The risk factors linked to individual lifestyles are those that are considered modifiable. Thus, in cardiovascular diseases among the vulnerable population, smoking, obesity, sedentary lifestyle, among others, are so-called modifiable risk factors, which can be acted upon through healthy behaviors to counteract the vulnerability status of affected people.

The United States of America spends 48% of the healthcare budget for a vulnerable population. More initiatives can be taken to mitigate the promotion of such diseases among the vulnerable population. To calculate the risk, it is necessary to know how many individuals of the vulnerable population have experienced it. Once this number is known and the total number of individuals of the population susceptible to present it, the risk can be calculated. That is to say: number of individuals that have experienced it / total of individuals of the vulnerable population susceptible to presenting it. So the calculation or measurement of risk is similar to how the morbidity rates of the vulnerable population are calculated. This measurement can help healthcare professionals to reduce the risk of disease among the vulnerable population (Stojkovic-Zlatanovic, 2016).

What is ultimately meant is to recognize that the concept of risk itself is a central concept of epidemiology, since epidemiology, like meteorology or economics, were built for predictability or the anticipation of events and phenomena, they use different versions of the concept of risk. And it is that the risk approach is not novel in essence, because in fact it carries the multi-causal clarification of the health-disease process implicitly, and from this perspective what it does is disaggregate the so-called causal networks for the identification of the factors that may be involved in the determination of the health-disease process.

When it is desired to estimate the increase or reduction of the probability of suffering the disease, then the calculation of the Relative Risk is used, which is nothing more than the proportion between the risk of the affected population and the unaffected population. The relative risk, as a comparative state between the affected and the unaffected population, shows an approach to vulnerable groups, but always remains in the analysis of the risk exposure without deepening in the social causes (poverty, social exclusion) that they give rise to such risky situations (Park, 2009).

The previous examples discuss the situations of risk of populations, but within them are also individuals and social groups (families, work groups, study groups, relational groups) which are subject to certain risks and therefore are influenced by the consequent risk factors. However, it is necessary to take into account that the individual risk factors are not only in themselves but are closely related to those of the group in which the individual is immersed and that the latter are also subordinated to those macro socials of the individual, the social conditions and the social status in which the group or individual is immersed (Chirkov & Breusov, 2013).

A measurable way to counteract vulnerability is the so-called Absolute Risk Reduction (RAR). When the comparison is made in terms of the difference between the absolute risks of two populations (vulnerable and non-vulnerable), the absolute risk reduction is obtained, also called "attributable risk." This measure is very useful and is used when trying to compare treatments or evaluate the effectiveness of a treatment for a particular disease (Stojkovic-Zlatanovic, 2016).

In general, the elderly, young children, people who do not enjoy good health, smokers, workers exposed to occupational risk and those with chronic bronchitis, bronchial asthma, and coronary heart disease, are more vulnerable to diseases. So the correlation between risk and vulnerability is clear. If a vulnerability is essentially risk exposure, and if the risk is a central concept of epidemiology and public health theory, then it becomes evident that vulnerability should be much more at the center of the analysis of the sciences of health from the same object of study. Although meteorology, economics, demography or ecology have recently used the concept of vulnerability for different sociological approaches linked to their objects of study, health sciences understand epidemiology and public health theory always using the concept of risk, and have been less concerned with the social analysis of the causes of the situation of vulnerability (as risk exposure) (Waisel, 2013).

**Conclusion**

To recapitulate, the concept of health issues among the vulnerable population is a broad and polysemic concept, applied to the study and dynamics of people, families and other social groups, considering demographic vulnerability as a dimension of social vulnerability. The use of the vulnerability approach for the examination of the relations between population and development can be found. In the analysis of the health of vulnerable populations, the issue of vulnerability acquires special importance. The essay identified various healthcare challenges for the vulnerable population, including cardiovascular and chronic conditions. The positivist approach of health analysis leaves out the concept of vulnerability since it focuses more on the analysis of the probability of occurrence than on inequalities and social inequalities. Measuring the risk factor is a great initiative to facilitate the vulnerable population against serious diseases. The research studies used for the purpose of writing this essay employed an experimental and theoretical approach.

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