

## **The Behavioral Model for Vulnerable Populations: application to medical care use and outcomes for homeless people**

Gelberg, L., Andersen, R. M., & Leake, B. D. (2000). The Behavioral Model for Vulnerable Populations: application to medical care use and outcomes for homeless people. *Health services research, 34*(6), 1273–1302.

### **Abstract**

**OBJECTIVES:** (1) To present the Behavioral Model for Vulnerable Populations, a major revision of a leading model of access to care that is particularly applicable to vulnerable populations; and (2) to test the model in a prospective study designed to define and determine predictors of the course of health services utilization and physical health outcomes within one vulnerable population: homeless adults. We paid particular attention to the effects of mental health, substance use, residential history, competing needs, and victimization. **METHODS:** A community-based probability sample of 363 homeless individuals was interviewed and examined for four study conditions (high blood pressure, functional vision impairment, skin/leg/foot problems, and tuberculosis skin test positivity). Persons with at least one study condition were followed longitudinally for up to eight months. **PRINCIPAL FINDINGS:** Homeless adults had high rates of functional vision impairment (37 percent), skin/leg/foot problems (36 percent), and TB skin test positivity (31 percent), but a rate of high blood pressure similar to that of the general population (14 percent). Utilization was high for high blood pressure (81 percent) and TB skin test positivity (78 percent), but lower for vision impairment (33 percent) and skin/leg/foot problems (44 percent). Health status for high blood pressure, vision impairment, and skin/leg/foot problems improved over time. In general, more severe homeless status, mental health problems, and substance abuse did not deter homeless individuals from obtaining care. Better health outcomes were predicted by a variety of variables, most notably having a community clinic or private physician as a regular source of care. Generally, use of currently available services did not affect health outcomes. **CONCLUSIONS:** Homeless persons are willing to obtain care if they believe it is important. Our findings suggest that case identification and referral for physical health care can be successfully accomplished among homeless persons and can occur concurrently with successful efforts to help them find permanent housing, alleviate their mental illness, and abstain from substance abuse.

### **Link to Full Text:**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1089079/>

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## **Improving Access to Care**

Andersen, R. M., Davidson, P. L., & Baumeister, S. E. (2013). *Improving Access to Care*. In Kominski, G. F. (Ed.), *Changing the US health care system: Key issues in health services policy and management*. (p 33-70). John Wiley & Sons.

### **Abstract**

This chapter presents basic trends as well as research and policy issues related to monitoring and evaluating health care access. We define *access* as actual use of personal health services and everything that facilitates or impedes their use. It is the link between health services systems and the populations they serve. Access means not only visiting a medical care

provider but also getting to the right services at the right time to promote improved health outcomes. Conceptualizing and measuring access is the key to understanding and making health policy.

The chapter presents a conceptual framework for understanding the multiple dimensions of access to medical care. The various types of access are considered and related to their policy purposes. Examples of access indicators are provided, including potential, realized, equitable, inequitable, effective, and efficient access indicators. Trend data are used to track changes that have occurred over time in these access indicators. The chapter addresses the questions: Are access, indicators of the U.S. health care system improving or declining? For whom? According to what indicators? How might access be improved?

**Link to Full Text:**

[https://www.researchgate.net/publication/306017030\\_Andersen2014\\_Improving\\_Access\\_to\\_Care\\_in\\_Kominski\\_Changing\\_the\\_US\\_Health\\_Care\\_System](https://www.researchgate.net/publication/306017030_Andersen2014_Improving_Access_to_Care_in_Kominski_Changing_the_US_Health_Care_System)