The Unmet Health Care Needs of Homeless Adults: A National Study

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An estimated 2.3 to 3.5 million Americans experience homelessness each year.[1] The health problems of homeless people are broad and multidimensional, contributing to excess mortality.[2–7] Rates of acute and chronic medical illness are high, in many cases surpassing those of the general population.[8–15] More than half of homeless people have a history of mental illness, and the burden of drug and alcohol use is substantial.[8,9] Clinically significant dental problems have been identified in two thirds of homeless individuals,[8] and nearly 40% have functional vision impairments.[16]

Homeless people also experience poor access to health care,[17–21] leading to delayed clinical presentation,[12] increased reliance on emergency departments,[22] and higher rates of hospitalization,[23] often for preventable conditions.[24] Yet, the extent to which homeless adults are able to obtain health care across the spectrum of health needs just described is largely unknown. Existing knowledge is based primarily on studies of single cities[25,26] or single types of unmet need[21,27]; very few national surveys have adequately captured this difficult-to-reach population.

We used data from a unique national survey of homeless adults to determine the prevalence and predictors of unmet need for 5 types of health services, chosen to reflect multiple domains of health care access.[28] A comprehensive assessment of the unmet health care needs of homeless people can inform policy and practice decisions about how to better provide care to this vulnerable population.

METHODS

We conducted a secondary analysis of the 2003 Health Care for the Homeless (HCH) User Survey, the first nationally representative survey of individuals using clinical services provided by the federally funded HCH program. The HCH program serves more than 700 000 people annually through 205 grantees in all 50 states, the District of

Objectives. We assessed the prevalence and predictors of past-year unmet needs for 5 types of health care services in a national sample of homeless adults.

Methods. We analyzed data from 966 adult respondents to the 2003 Health Care for the Homeless User Survey, a sample representing more than 436 000 individuals nationally. Using multivariable logistic regression, we determined the independent predictors of each type of unmet need.

Results. Seventy-three percent of the respondents reported at least one unmet health need, including an inability to obtain needed medical or surgical care (32%), prescription medications (36%), mental health care (21%), eyeglasses (41%), and dental care (41%). In multivariable analyses, significant predictors of unmet needs included food insufficiency, out-of-home placement as a minor, vision impairment, and lack of health insurance. Individuals who had been employed in the past year were more likely than those who had not to be uninsured and to have unmet needs for medical care and prescription medications.

Conclusions. This national sample of homeless adults reported substantial unmet needs for multiple types of health care. Expansion of health insurance may improve health care access for homeless adults, but addressing the unique challenges inherent to homelessness will also be required. (*Am J Public Health.* 2010;100:1326–1333. doi:10.2105/AJPH.2009.180109)

Columbia, and Puerto Rico.[29] The HCH User Survey was administered by Research Triangle Institute (RTI) International in collaboration with the Health Resources and Services Administration's Bureau of Primary Health Care.

Participants and Setting

A 3-stage sampling design was used to conduct the survey.[30] A geographically stratified probability-proportional-to-size (PPS) technique was used to sample 30 HCH grantees. Interviews were conducted in person by RTI field staff at a PPS sample of 79 clinic sites that were operated by the 30 grantees. The target population consisted of individuals receiving face-to-face services from an HCH provider. Individuals were eligible if they had received such services at least once in the year prior to the survey, given that the reference period for many of the questions was 12 months. Participants were selected consecutively with a goal of 33 interviews per grantee.

Of 1444 selected individuals, 11 were subsequently found to be ineligible, and 416

refused or did not complete the survey. The total number of completed interviews was 1017, yielding a response rate of 70%. We confined our analysis to the 966 respondents who were aged 18 years or older.

Conceptual Framework

The behavioral model for vulnerable populations was the conceptual framework for our analysis.[16] In this framework, realized access to health care can be viewed as a function of predisposing, enabling, and need factors. Predisposing factors are characteristics that influence a person's propensity for seeking health care services. Enabling factors are those that facilitate or impede health care access and use. Need factors are health conditions for which a person is likely to require care.

Outcomes

Our study outcomes were 5 past-year measures of unrealized access to health care, framed as having an unmet need for the following services: medical or surgical care,