

Andersen and Newman Framework of Health Services Utilization

The purpose of this framework is to discover conditions that either facilitate or impede utilization. The goal being, to develop a behavioral model that provides measures of access to medical care. The framework was first developed in the 1960s and has since gone through four phases. Developed in the 1990s, the framework below represents the fourth phase.

An individual's access to and use of health services is considered to be a function of three characteristics:

1) Predisposing Factors: The socio-cultural characteristics of individuals that exist prior to their illness.

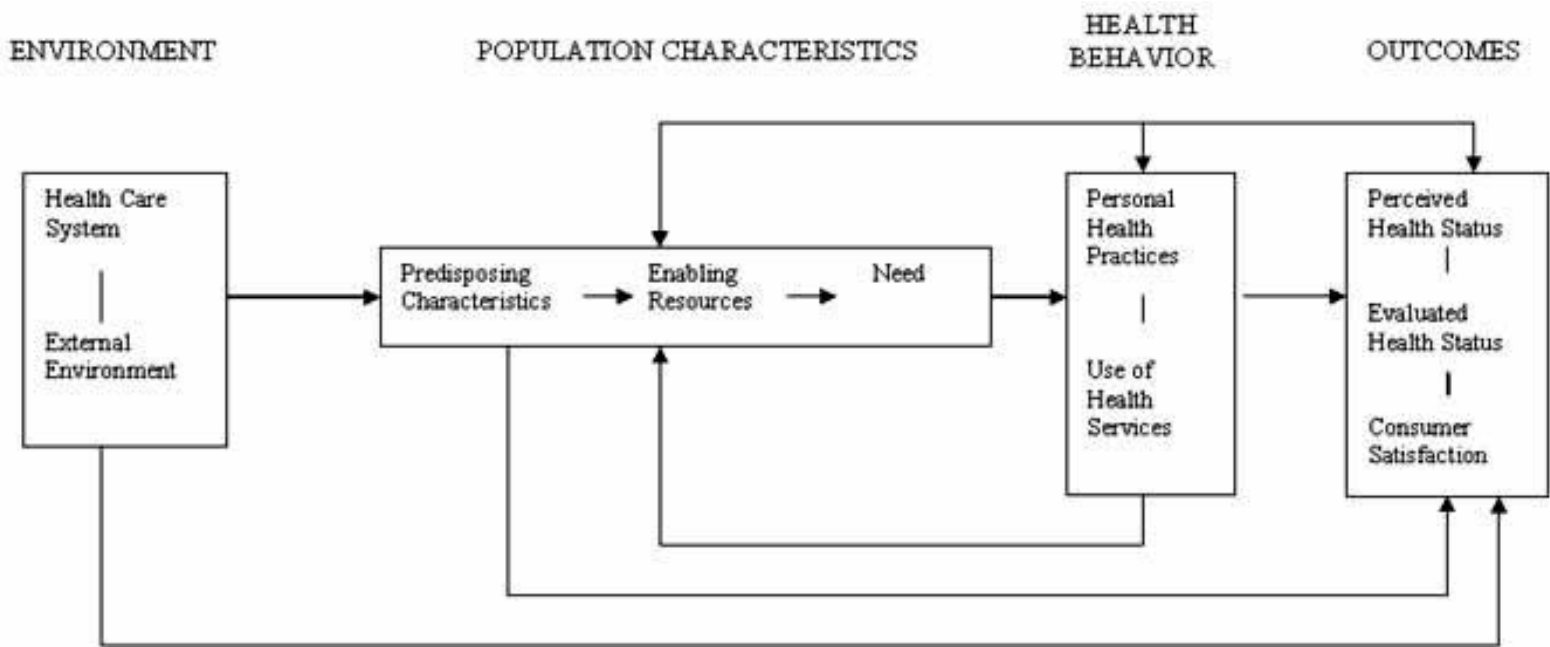
- Social Structure: Education, occupation, ethnicity, social networks, social interactions, and culture
- Health Beliefs: Attitudes, values, and knowledge that people have concerning and towards the health care system
- Demographic: Age and Gender

2) Enabling Factors: The logistical aspects of obtaining care.

- Personal/Family: The means and know how to access health services, income, health insurance, a regular source of care, travel, extent and quality of social relationships
- Community: Available health personnel and facilities, and waiting time
- Possible additions: Genetic factors and psychological characteristics

3) Need Factors: The most immediate cause of health service use, from functional and health problems that generate the need for health care services. "Perceived need will better help to understand care-seeking and adherence to a medical regimen, while evaluated need will be more closely related to the kind and amount of treatment that will be provided after a patient has presented to a medical care provider." (Andersen, 1995)

- Perceived: "How people view their own general health and functional state, as well as how they experience symptoms of illness, pain, and worries about their health and whether or not they judge their problems to be of sufficient importance and magnitude to seek professional help." (Andersen, 1995)
 - Evaluated: "Represents professional judgment about people's health status and their need for medical care." (Andersen, 1995)
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References

Defining Articles:

- Aday LA, Andersen RM. A framework for the study of access to medical care. *Health Serv Res* 1974;9(3):208-220.
- Aday LA, Andersen RM. Equity to access to medical care: a conceptual and empirical overview. *Med Care* 1981;19(supplement):4-27.
- Andersen RM, Newman JF. Societal and individual determinants of medical care utilization in the United States. *Milbank Memorial Fund Quarterly—Health and Society* 1973;51(1):95-124.
- Andersen RM. Revisiting the behavioral model and access to medical care: does it matter? *J Health Soc Behav* 1995;36(March):1-10. [[Abstract](#)]

MCHP Studies Using Framework:

- Lix L, Finlayson G, Yogendran M, Bond R, Bodnarchuk J & Soodeen R. "Primary Prevention: An Examination of Data Capabilities in Manitoba." January, 2005. [[Full Report](#)] [[Report Summary](#)]
- Tomiak M, Berthelot J, Guimond E & Mustard C. Factors associated with nursing-home entry for elders in Manitoba, Canada. *Journal of Gerontology: Medical Sciences* 2000; 55A(5): M279-M287. [[Abstract](#)]