Addressing the needs of vulnerable populations in healthcare: Evidence from mixed methods systematic reviews

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Background
Although vulnerable populations have been a focus in healthcare research for over 50 years, little research has been conducted that has explored the link between chronic illness and healthcare inequalities.

Aim
To understand the needs, characteristics and situations that perpetuate health inequalities for vulnerable groups and to explore how health inequalities can be improved.

Methodology
Five mixed methods systematic reviews

Vulnerable populations conceptual model
The findings from across each of the reviews were brought together and framed using a model of vulnerability.

Vulnerable Populations Conceptual Model (VPCM)
Describes the relationships between the concepts of resource availability, relative risk and health status.

Using this model, a series of figures has been developed that explore the relationships between resource availability, relative risk and health status by placing the findings from each review (text is highlighted in orange) in the context of the existing literature (text is highlighted in white).

Summary
Factors relating to resource availability for vulnerable populations as they navigate the healthcare system were identified:

- Vulnerable populations can encounter substantial challenges navigating healthcare systems which can lead to delays in diagnosis, higher rates of morbidity and pre-mature mortality.
- When caring for potentially vulnerable persons, it is crucial that health care professionals understand the unique challenges involved and that they take measures to improve the quality of their interactions so that equitable care and treatment can be provided.

This is of concern as the VPCM proposes that those who lack available resources are at increased risk of negative health outcomes which can then additionally increase societal costs and burden.

Cancer services for adults with physical disabilities
End-of-life care for adults with severe mental illness
End of life for adults with severe mental illness

Inpatient care for young people with complex mental health needs
Mealtime assistance for older adults in hospital settings
Mealtime assistance

Continence care in acute settings for people living with dementia

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This work is part of my PhD by prior published works
The full critical commentary is available from:
https://orca.cardiff.ac.uk/id/eprint/154191

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