Access to a Pediatric Home for the Homeless Focus Group Study September 2002

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Introduction

The Access to a Pediatric Home for the Homeless planning grant seeks to plan for a more integrated and accessible form of medical services for homeless children in Tucson, AZ. As part of this grant, LeCroy & Milligan Associates, Inc. was contracted in April 2002 to conduct a focus group study, in order to identify the major barriers to pediatric health care for homeless children and youth, as perceived by parents and youth. The purpose of this study was to:

- Learn about the experiences of these populations with the health care system in Tucson;
- Understand their perspectives on barriers to obtaining health care; and
- Hear their ideas about how to improve the system to better meet their needs.

The focus groups were designed to complement information and perspectives obtained from the meetings of the Tucson Homeless Youth Healthcare Coalition meetings and interviews with key providers in the Tucson area, which were conducted separately by another contractor. This report provides a brief overview of the focus group methodology, and summarizes the major themes that emerged from the focus groups. The discussion section addresses the following issues:

- Utilization of health services
- Health insurance
- Barriers to medical care

This is followed by a summary of participant suggestions for changes that would make it easier for them to access health care, and remove some of the barriers they face.

Methods

The focus group method allows for collection of qualitative data through a focused discussion with a predetermined and limited number of people. Groups are intended to be homogenous, in order to allow for free flow of conversation, maximum interaction among participants, and in-depth exploration of ideas. For this project, it was determined that focus groups would be conducted with two sub-populations: homeless parents of young children and youth who are homeless or living on their own. Because the organizations that volunteered to host the adult focus groups serve only women, only mothers were present at these groups.

Four focus groups were held, as follows:

Group	Number of Participants	Date	Location
Homeless mothers of young children (shelter)	6	June 27, 2002	New Beginnings shelter
Young (age 18-22) mothers (independent living)	7	August 1, 2002	Common Unity
Youth living on their own	3	August 6, 2002	Our Town Family Center
Women victims of domestic violence (shelter)	11	August 26, 2002	Tucson Center for Women and Children

Each group lasted approximately two hours, and was led by a facilitator, with a second person serving as note-taker and assistant. A pre-approved set of questions was used to guide the discussion (see Appendices). The questions covered current insurance status, difficulties with obtaining insurance, use of medical services, barriers to use of medical services, and suggestions for improving access to services. While the focus of this grant is pediatric care, the experiences of parents with the health care system are often linked with those of their children, and the health of parents clearly influences the health of their children. Mothers were therefore asked about their own health care and that of their children. Youth were asked about themselves. Recruitment for the groups was done by the host organization. Participants also completed a short survey, including questions regarding demographics, insurance status, and recent use of health care services.

Limitations

The population targeted under the Access to a Pediatric Home for the Homeless planning grant is a broad one, composed of multiple sub-populations with unique characteristics. This posed unique challenges in recruiting participants for these focus groups. It was decided that the most efficient method for arranging the focus groups was to hold the groups during a required group session at participating shelters or independent living programs. Each focus group represented a different sub-population; however, not all sub-populations were represented. Furthermore, because these groups were held in agency settings, participants represent a population that is already receiving services and, for the most part, has been encouraged to access health care as part of these services. This may not be representative of the population targeted by the Access to a Pediatric Home for the Homeless planning grant. The findings presented here should be interpreted with this in mind. As the project develops further, additional information may be needed regarding other populations the project seeks to serve. It should also be noted that the findings presented here represent the ideas and experiences of the focus group participants, as *they* describe them. Any inaccuracies or misinterpretations of services or policies reflect this population's understanding of these services and policies.

Demographic Information

A total of 27 people participated in the four focus groups. Most, but not all, completed a short demographic survey. Among those who completed the survey, there were a variety of ethnic backgrounds: white (11), Hispanic (2), African-American (4) and mixed ethnicity (7). All but two spoke English as their primary language; two spoke a mix of English and Spanish. Participants ranged in age from 17-50 years old, with most (17) being between the ages of 20-35 years. Twenty-three (23) were mothers; the number of children in each family ranged from one to four.

About half of the participants had full- or part-time employment. Four were participating in high school or college classes. Several were receiving some form of government assistance (food stamps, social security, TANF).

During the past year, twenty-one (21) had lived at some point in their own home or apartment. Participants had also lived on the street, at a relative's or friend's house, in a hospital, hotel/motel, shelter and transitional living center. Most had lived in more than one of these situations.

Findings

Participants in all of the groups had a wide variety of experiences and opinions. This is not surprising given the diversity of life situations represented at these agencies. Yet common themes did emerge from the four groups. This discussion includes information relating both to adult parents and children, and addresses the following issues:

- Utilization of health services
- Health insurance
- Barriers to medical care

Utilization of health services

Frequency of use: On the demographic survey, which asked about current health conditions, participants listed a variety of current concerns. These included: asthma (5 people), ovarian cancer, depression, colds, allergies, foot problems, and spastic colon. Yet most participants reported infrequent use of health care services. When asked how often they had been to a doctor in the past year, for their own health care, most replied "never." The exception to this was that most of the women reported going for regular gynecological exams and birth control. Most youth and adults stated that they would only go to a health care professional if they were very sick. For example, one mother stated:

> *I was so sick and I couldn't even move. My husband had to drag me to the hospital, he had to pick me up and put me in the car. I hate going to the ER, you have to sit there for hours.*

In contrast to their lack of attention to their own health, the mothers all agreed that they took their children to a health professional as often as needed. One mother stated:

> *If the kids are sick, I will get them to a doctor, no matter what.*

Another young mother described her frequent doctor visits as follows:

> *We freak out really easily. At the beginning, every little thing, I would go to the doctor. Once I even called 911.*

The reasons that mothers said they would take their children for health care included: well-baby check-ups, yearly physicals, school physicals, immunizations, colds, chronic health problems, and other problems as they arise.

At the same time, some mothers reported that their children were behind on immunizations, and/or had not seen their doctor in some time. As one mother described it:

> *She hasn't had her shots, every time I call for an appointment, they don't have any. Plus I've been moving back and forth, back and forth, different places, it's kind of hard.*

When questioned further, some mothers stated that there were many times when they thought their children might need care, but they did not take them. Children's health conditions that were listed on the demographic survey included: dental problems (4), asthma (2), ADHD, colds and vision problems. From their mother's descriptions, it appeared that many of the children had chronic health conditions that were only partially cared for.

The reasons that were given for not going to the doctor included not having time, conflicts with work schedules, cost, long waits, difficulty in getting an appointment, and lack of insurance. These are discussed more fully in the section below on barriers.

<u>Type of services used:</u> Focus group participants reported using both primary care physicians and urgent care/emergency department services. All of them agreed that, in an ideal world, they would like to see the same doctor every time, although few had this experience. Most of the participants did not have a relationship with a primary care physician. Some had been assigned a physician by AHCCCS, but had never been to see this provider. Others were not sure if they had a primary care physician or not. Most of these participants reported that if they needed to see a health professional, they would go to the emergency room. For most, Urgent Care/Emergency is easy to get to, open at all hours, and does not require an appointment. They also know how things work there. As one youth stated:

> *I always go to UMC emergency room. I've been there before and I know the way it is there. At some other place, I might be waiting for hours.*

Participants noted that even if they did call their primary care physician, it was very difficult to get an appointment within a reasonable time. Many are working, going to school, or looking for housing or jobs during the day. They were frustrated by inconvenient clinic hours, and long waiting periods that took them away from these activities.

About a third of the participants had a primary care physician who they knew, and with whom they had an ongoing relationship. These tended to be women who had lived in Tucson for most of their lives. Mothers were more likely to know their child's primary care physician than their own. Many had been assigned a pediatrician at their child's birth, and had been to well-baby checks with this doctor.

Those who had a relationship with a primary care physician were more likely to first call their doctor's office for an appointment, when a health-related problem arose. Those who were satisfied with their primary care physicians reported that these doctor's offices had flexible hours, it was easy to get an appointment, and the staff was responsive to their concerns and needs. One young mother described her relationship with her daughter's pediatrician:

> *She's had the same doctor since she was born… My brothers and sisters and their kids go to the same doctor. I can call and they hear my last name, and I'll get an appointment the same day.*

Health insurance

Obtaining health insurance: Most of the focus group participants reported that they had health insurance at this time, for both themselves and their children. An exception to this was the group held at the domestic violence shelter, where most of the women did not have insurance coverage. In addition, those participants, in all groups, who had come to Tucson from other states, were least likely to have coverage, and were also least likely to have information about how to obtain coverage.

Most of those with insurance were covered by AHCCCS, while several had private insurance through an employer or a parent's employer. Most participants had found it very easy to obtain AHCCCS coverage. Many had not sought it out, but had been offered health insurance during a visit to the doctor or urgent care/emergency department, or while seeking other forms of assistance. For most, they had simply checked a box on a form and been signed up. Some had been on and off of AHCCCS several times, but did not know why their coverage had lapsed or how they had been re-enrolled. There appeared to be some confusion about eligibility criteria and enrollment procedures.

One youth, who had severe asthma and needed medications, reported tremendous difficulties in enrolling for KidsCare:

> *I think I have coverage, but I'm not sure. I thought I was on KidsCare, they sent stuff to my mom saying I was approved, then two weeks later, they said I wasn't approved, that they needed this and that, and they keep playing games. I've been trying to get it for like 3 months. I still haven't gotten my card yet.*

During this period, he was paying out-of-pocket for his medications. The staff person who was helping him with this process reported that the enrollment process had been complicated by two issues: KidsCare's request for proof of residence; and the fact that this youth was receiving mail at both his mother's house and at the transitional living center.

Women dealing with domestic violence reported more difficulty than other groups in signing up for AHCCCS. This will be described further in the section on barriers below.

For many of the participants, health insurance becomes a concern only if they have medical problems. One youth did not know if he had health insurance or not; he was mostly healthy, and this was not something he needed to think about.

<u>Issues with insurance coverage</u>: The next section describes the experiences of participants who have health insurance coverage. Because the majority of participants are covered under AHCCCS, this section focuses on experiences with AHCCCS.

Extent of coverage: Most reported that the benefits they receive under AHCCCS are comprehensive, particularly for children. All of their medical and prescription needs were covered, for very small cost. For those with other forms of insurance, the co-payment for prescriptions was sometimes a concern, but a small one.

At the same time, participants were frustrated by the difficulties in getting appointments with primary care physicians, and the difficulties in obtaining referrals to specialists. One mother had gone to an appointment, only to be told that she had to reschedule because the paperwork had not arrived yet. Several had been waiting weeks or months for referrals to specialty care:

> *My son needs to see a specialist, we're supposed to get a referral. We've been waiting for three weeks. They said they need to get an authorization, fill out forms, it takes a while.*

A major concern was that dental and eye care are not covered by AHCCCS for those over 21. The mothers were very upset that AHCCCS did not cover ongoing dental care, and would only cover them once their dental problems became so severe that the teeth needed to be pulled. They knew that it was difficult to care for their children when they themselves were in pain, and were frustrated that they could not get help. One

participant, who was in obvious pain, left a focus group early because she had an appointment for an emergency tooth extraction. Another mother reported pulling out her own painful tooth, and then needing emergency dental care to repair the damage. While dental care for children is covered by AHCCCS, it was not clear that most of these children were receiving regular dental check-ups.

Choice of doctors: Participants expressed mixed reactions to their primary care physicians. Many had been assigned a physician by AHCCCS, and had never met this doctor or been to the physician's office. Some were frustrated that they had been assigned a physician without being consulted. As one mother stated:

> *Whey they assign you a doctor, they don't let you know. I was in the hospital and they said, do you know so-and-so is your doctor? They had picked one for me. And I had no idea who that was. I still don't know who that doctor is. I put in my change of address, but they never notified me. You can change it, but it's a real hassle. You have to get your records sent, and do this and do that, and it's a real hassle.*

Many of the women agreed that the "hassle" was an obstacle. They had been told they could only change at certain times of year, or had waited on the phone for long periods of time before reaching someone who could help them. Others were aware that they could call and change physicians, and had done so:

> *The same doctor delivered all three of my kids; I've had the same doctor for years. Every time they change it, I call and say, hey, I want my doctor back, and they always do it.*

Most of the participants wanted more autonomy in choosing doctors, but admitted that they were not sure how to choose a good doctor:

> *I didn't know how to pick. They gave us a list. I thought, I could pick a really crummy doctor, so we asked them to recommend a doctor, and they told us this one was really good.*

Most simply looked through the list, and picked someone whose office was nearby, or on a bus line. When choosing a physician, the two factors cited most often are someone who is accepting new patients, and someone whose office is conveniently located.

AHCCCS plans: Some of the participants knew that there were different plans under AHCCCS, while others did not. There was much confusion around the fact that different plans covered different things and had different procedures. One example of this was transportation. Under one plan, people had to request transportation 24 hours in advance, and a group van would transport them, and others, to their appointment. With another plan, they could call one hour in advance, and a private taxi would be sent. Frequently, waiting for the transportation added long hours to the time that needed to be set aside for

appointments. In at least one case, a mother and her young child were refused transportation on the van because the child was contagious. She was not offered an alternative way to get home.

Barriers to medical care

Despite the fact that most of those in the focus groups have medical insurance, they are clearly not accessing medical care on a regular basis. Several issues emerged from the groups as the main obstacles to obtaining health care. These are summarized below.

Other priorities: For people who are homeless or living in shelters and for youth living on their own, health care is a low priority. The demands of their everyday lives take precedence, and take up much of their time. One mother summarized this very well:

> *Every day, I'm not going to wake up and think about insurance. But I am going to wake up and think about, I need to find housing, I need to find a job. The medical part will come into play if a child gets sick, then it becomes important.*

This often remains true even when someone becomes ill. Unless a medical problem is severe, or become chronic, it will most likely not be taken care of. One young mother told the following story:

> *I had a migraine for four days, and then I had an appointment scheduled to go see the doctor on Monday. But it went away on Sunday, so I didn't go to the appointment, didn't make sure it wasn't something worse. I had too many other things to do. It was gone, and I had more important things to deal with.*

Cost: For the most part, cost of health care did not appear to be an issue, as most participants were receiving free services through AHCCCS. For those who do not have insurance, however, the cost of health care is a real barrier. Participants noted that they hesitated to go to the doctor if they were not sure of their insurance status, or if they knew they were not covered. These people were not aware of new programs that would allow them to enroll in AHCCCS at the emergency/urgent care.

Some mothers reported that there were times when they might hesitate to take a child to the doctor, because they did not have money for co-payments. Some seemed aware that they could still go to the doctor, even if they could not meet the co-payment that day, and the doctor would bill them later. Others were not aware of this. At least one had had a negative experience with an Emergency Room around this issue:

> *My son's ear drum ruptured, and I didn't have the $5, and they made me wait, said they had to call and verify, they kept my ID, and said they weren't sure they would treat me.*

Frequent mention was also made of the prohibitive cost of dental care. Many participants needed some form of dental work done, but could not afford to do so.

Transportation: Most of the participants are dependent on public transportation. Thus, their ability to reach the doctor's office depends on the bus schedules and routes. As noted above, AHCCCS does provide transportation, but some participants felt that this transportation was more hassle than benefit. In addition, not all participants were aware that this option existed.

"Hassle" of dealing with the system: As mentioned above, both youth and adult participants felt that it was often difficult to deal with the health care system. Those that had dealt with AHCCCS or other insurance systems, had faced long waits at the AHCCCS offices, been put on hold for long periods of time, been referred from person to person, and been given conflicting information. Participants found the forms, as well as some of the required documentation, confusing. As one participant said:

> *It SEEMS real complicated, all the paperwork and the verifications, it just seems like it would be a hassle. They need to make it more simple, make it so that anybody can understand.*

Women dealing with domestic violence faced unique problems when dealing with the system. The system does not appear to be set up in ways that will ensure their safety. If these safeguards do exist, neither the AHCCCS clerks nor the women are aware of them. Several women in the group reported that they did not want to register for AHCCCS, or other benefits, because they were concerned that their husbands would be able to find them once they were on a government list. One woman reported that AHCCCS personnel had refused to change her contact information, although she requested that nothing referring to her location be sent to her husband, who was also listed on their AHCCCS account. Others were told that they had to give an address, despite their wishes to only provide the post office box of the shelter.

The hassle of the system also related to participants' experiences with physician's offices. One of the greatest frustrations with pediatricians was that it was very difficult to get an appointment in a timely manner, and, when appointments were available, they often conflicted with work and school schedules. The few offices that had evening or weekend hours were always booked solid.

Lack of information: There was a distinct lack of information among participants regarding existing services and forms of available assistance. Participants were not aware of many services that were located in close proximity to them or that targeted this population (e.g. health department immunization clinics, El Rio health care program for homeless people). Some had clearly learned how the system worked, and knew what their rights were within it. Others did not even know where to begin or which questions to ask. As one youth put it:

The only thing that has kept me from looking into it already, I don't know what to ask about. It's like you go to buy a car, you're going 70,000 miles, is that a lot? So you don't know what to ask, so you might get this insurance, and then it ends up costing more than you thought, or it doesn't cover what you thought it did.

Participant Suggestions

Focus group participants were asked what would make it easier for them to access health care services for themselves and their children. They were also asked for their feedback on several of the models being considered under this planning grant, including a mobile clinic and shelter clinics. Their suggestions fell into two categories: changes that could be made in the health care system, and changes that could be made by health care providers. These are summarized below, followed by their perspectives on the proposed clinics.

Suggested System Changes

The most commonly mentioned change was to provide dental coverage for adults. This was clearly an important issue and a major gap in services.

Participants also suggested that the forms for AHCCCS should be easier to understand, and easier for the average person to complete. They wanted better explanations of insurance coverage and procedures, in simple language, and preferably, in person, so that they could make sure they understood and their questions were answered. A related suggestion was that AHCCCS personnel should be better trained, and more knowledgeable, as many had had experiences with staff that could not answer their questions. Many of the mothers suggested that the AHCCCS offices could be made more child-friendly, as they frequently had to bring their children with them to appointments.

Participants also felt that it would be helpful if there were more transportation assistance, and if this transportation was more responsive to their needs and consistent across plans. If transportation issues could not be addressed, they felt that it was important to have accurate information available at the shelters. This might include being able to enroll in AHCCCS from the shelters or agency offices, and not having to go the AHCCCS office.

Victims of domestic violence need to be ensured that their safety and confidentiality will not be compromised by the health care system.   Participants from these group suggested that special procedures that recognize the uniqueness of their situation, such as address waivers, be put into place, and that all AHCCCS personnel be made aware of these procedures.

Suggested Provider Changes

Participants' suggestions for their health care providers related to both aspects of the clinic, and their interactions with their providers. They felt that it would be much easier for them, and they would be more likely to take their children to see a doctor, if the clinics were open at more accessible hours, such as evenings and weekends, which would not conflict with the other demands of their lives. They also wanted more accessible locations, either on bus lines or at central locations.

One of the most frequently mentioned suggestions was that there needed to be shorter waits, both for appointments, and at appointments. Participants felt that they would be much more likely to use a primary care physician if they were able to get appointments within a reasonable time (same or next day), and if the time needed for the appointment was not extended by long waits in the reception area. Participants also suggested that appointments with doctors should be longer, so that they could have time to ask all of their questions and feel confident that they and their children had been properly cared for.

Suggestions for Proposed Program

All of the participants felt that some sort of program designed to meet the unique needs of people like themselves was a good idea. They felt that the most important aspects of such a program would be that it:

- Be conveniently located, close to or at the shelters or agencies
- Provide services for low or no cost
- Have flexible and accessible hours
- Be staffed by experienced health care providers

While participants felt that providing medical services on-site at the shelters was a great idea, they recognized that this might not be feasible, given the extensive resources that would be needed for such a project.

Many participants liked the idea of a mobile clinic that would come to them and provide the services they needed. Some were familiar with the Pima County Health Department mobile clinic and were very positive about the idea. In every group, however, there were some participants who were confused by this term. It became clear that the term led to a visual image that was not necessarily positive. One participant wondered if doctors on roller-blades staffed the clinic. Another described the image that came to mind as follows:

> *"a big Uhaul truck, they roll open the back, and they've got all the stuff back there. They say, come into my office, and you go sit in the front of the truck. When you think of a hospital, you think of a big, bright, white place, this isn't that."*

Others felt that a mobile clinic might be dirty, unsterile, lack equipment, and be staffed by unqualified providers. They suggested that if such an option was pursued, every effort should be made to make the clinic clean, sterile, and bright, and to have it staffed by experienced doctors who would treat people with respect and honesty.

Whatever form the clinic takes, participants suggested certain services that would be important to provide. These included: dental care, immunizations, school exams, gynecological exams, and acute care. Participants also felt that the clinic should provide information, both about health-related subjects, and about other services. This could include assisting people with registering for AHCCCS. They also suggested that the clinic be structured in such a way that they would have plenty of time to talk with the staff, and receive answers to all of their questions. Participants also felt it was important that a mobile clinic vary its hours, in order to meet the needs of shelter residents with varying schedules.

Appendix A - Focus Group Questions – Parents

Introductions:

Let's start with some introductory questions.

Are all of you parents of young children?
- How many children do you have?
- How old are they?
- Are they staying with you?

Use of Health Care:

We're here today to talk about health care. [By health care, I mean when you need to see a doctor, nurse, dentist – either because you're sick, or you have a chronic condition that needs to be followed-up, or for regular check-ups.] From now on, I'm going to say "doctor", but that includes doctor, nurse, dentist, mental health counselor, or any other health professional.

How many times in the last year have you been to see a doctor or health care professional?
- What are the main reasons you go to the doctor/health services?
- Are there any reasons you might go to the doctor when they're not sick?

How many times in the last year did you take your children to see a doctor or health care professional?
- What are the main reasons you take them to the doctor/health services?
- Are there any reasons you might take them to the doctor when they're not sick?

Are there times when you think you might need to see the doctor and don't go?

Are there times when you think your kids might need to see the doctor and you don't go?

What gets in the way of you getting the health care you need?

Health care services:

When you need health care (for yourself), where do you usually go?
- When was the last time you used the services there? Why did you go that time?
- What was that like for you? [e.g. were you comfortable there, satisfied with the service, easy to get to, etc]

When you need health care for your children, where do you usually go?

When was the last time you used the services there? Why did you go that time?

What was that like for you? [e.g. were you comfortable there, satisfied with the service, easy to get to, etc]

How important is it for you to see the same doctor every time? For your kids to see the same doctor?

What would make you decide to go to one place or another for health care?

Insurance:

How many of you have some kind of health insurance?
AHCCCS?
Other insurances?

For those who do have insurance:

Was it easy or hard to get that insurance? What was the process like?

Now that you have insurance, does that make it easier for you to get health care? Why or why not?

For those who don't have insurance:

What are the main reasons you don't have insurance at this time?

Have you had insurance in the past? What happened (when/why did you lose it)?
Have you tried recently to get insurance? What happened?

Barriers:

[If not sufficiently covered above:]

The agency staff working on this task force identified some things that they think are making it hard for people like you to get health care. These included: too expensive, no transportation, not knowing where to go, not trusting the doctors, and not having insurance.

Do you agree that these things make it hard to get health care?

Are some of these more of a problem than others?

Do you think there are other obstacles?

Recommendations:

This task force is looking at ways to make health care easier to get and better for families who are homeless.

What would make it easier for you to get the health services you need – both for you and for your children?

If you were going to design health care services for people like you, what would they look like?

Where would they be?
Who would be the staff?
What services would be provided?
Costs?

What do you think of the idea of a mobile clinic? Of a clinic in shelters? In community centers or schools?

Thank you very much for talking with us today.

Appendix B - Focus Group Questions – Youth

Use of Health Care:

We're here today to talk about health care. [By health care, I mean when you need to see a doctor, nurse, dentist – either because you're sick, or you have a chronic condition that needs to be followed-up, or for regular check-ups.]

How many times in the last year have you been to see a doctor or health care professional?

In general, what are the main reasons you would go to the doctor, nurse or dentist?

Are there any reasons you might go to the doctor, when you're not sick?

Are there times when you think you might need to see the doctor and don't go?

What gets in the way of you getting health care?

Health care services:

When you need health care (for yourself), where do you usually go?

> When was the last time you used the services there? Why did you go that time? What was that like for you? [e.g. were you comfortable there, satisfied with the service, easy to get to, etc]

What would make you decide to go to one place or another for health care?

How important is it for you to see your doctor regularly? To see the same doctor every time?

Insurance:

How many of you have some kind of health insurance?
- AHCCCS?
- Other insurances?

For those who do have insurance:

Was it easy or hard to get that insurance? What was the process like?

> Now that you have insurance, does that make it easier for you to get health care? Why or why not?

For those who don't have insurance:

What are the main reasons you don't have insurance at this time?

Have you had insurance in the past? What happened (when/why did you lose it)?
Have you tried recently to get insurance? What happened?

Barriers:

The agency staff working on this task force identified some things that they think are making it hard for teens like you to get health care. These included: too expensive, no transportation, didn't know where to go, don't trust the doctors, had no insurance…. Do you agree with this? Do you think there are other obstacles?

Recommendations:

This task force is looking at ways to make health care easier to get and better for teens who are homeless or living on their own.

What would make it easier for you to get the health services you need?

If you were going to design health care services for people like you, what would they look like?
Where would they be?
Who would be the staff?
What services would be provided?
Costs?

What do you think of the idea of a mobile clinic? Of a clinic in shelters? In community centers or schools?

Thank you very much for talking with us today.