



San Francisco Department of Public Health Health Care Services Master Plan

Community Focus Group
Report

May 2012

Introduction

As part of developing its Health Care Services Master Plan (HCSMP), the San Francisco Department of Public Health engaged Harder+Company Community Research, an independent consulting firm, to conduct community focus groups. These focus groups were organized in order to obtain qualitative data directly from consumers of health services in San Francisco, and to include their perspectives on accessing health services into the HCSMP. The following are highlights from the focus groups.

Focus Group Highlights

Barriers to Health Care

- + Wait times to get an appointment to see a health service provider.
- + Transportation to health services. Transgender and the elderly and disabled participants described transportation as a barrier and Excelsior and Sunset/Richmond residents described distances to and finding transportation to health services as barriers.
- + Complications with health insurance.
- + Cost of health care including specific health services/treatments and health insurance premiums.
- + Lack of linguistic competence (language barriers) in hospitals.

Quality of Health Care

- + Overall, once they are able to access health services, participants expressed general satisfaction with the health care they were receiving.
- + Participants were satisfied with the care they received from their doctors.
- + Chinese and Spanish-speaking patients described being satisfied with their care once they found a doctor that spoke their language.

Health Care Needs

- + Mental and behavioral health services, particularly among transgender and monolingual Spanish populations.
- + Dental care for adults.
- + Spanish-speaking patients described the need for more *Promotoras* (peer health advocates).
- + An easy way to find out about all the different health services and health resources in San Francisco from types of services to locations to hours of operation.

Other Needs

- + Among the elderly, disabled and the transgender participants, clean, safe and affordable housing was described as a priority.

Method

Six consumer focus groups were conducted throughout San Francisco. The focus groups were organized by the following areas: *older adults and the disabled, lesbian/gay/bisexual/transgender, monolingual Spanish, Excelsior families, the Richmond/Sunset neighborhood areas and youth.* Recruitment for the focus groups was community based, and local health and social service providers also assisted with the recruitment. Recruitment techniques included posting flyers at community locations where potential participants may visit and placing calls to service providers with instructions for face-to-face recruitment. All potential participants were screened for eligibility based on the eligibility criteria for each focus group.

Each group consisted of up to 12 participants and lasted approximately one and one-half hours. Participants were ensured confidentiality in order to encourage open and frank discussions. Additionally, ground rules were established in order to encourage equal and fair participation in the focus group discussions, however participation was voluntary. Guided, open-ended discussions in each group focused on the connection (or disconnection) of consumers to health care services in San Francisco. In order to further encourage discussion and participation, and to get a better understanding of how consumers access health care/services an asset and resource mapping activity was included. Participants were provided a large map of San Francisco and asked to place stickers on health facilities that they access. All participants were provided a grocery store gift card at the conclusion of the focus group.

Content Analysis

Content analysis was used to analyze the qualitative focus group data. Content analysis is a systematic approach used to organize, analyze and interpret narrative data. It incorporates the identification and extraction of themes and a coding scheme in order to analyze the qualitative data. For each focus group a complete transcript along with notes were generated. Prior to completing the analysis, reliability testing was conducted on the coding of the qualitative data. This process was conducted on each of the six focus groups.

Focus Group 1: Seniors and Disabled Adults

Description of population

Participants in this focus group were considered to be elderly (60 years or older) and/or living with a disability. Their ages ranged from 40 to 78. Of the eleven total participants, ten were male and one was female. Most participants reported residing in the San Francisco neighborhoods of South of Market or Tenderloin.

Types of health services used

Most participants mentioned going to San Francisco General Hospital (SFGH) to access health care services, followed by Curry Senior Center, and St. Francis Memorial Hospital. Participants also mentioned St. Anthony Free Clinic, St. Luke's Hospital, UCSF, and Lakeside Medical Center. Most participants reported using health care services for emergencies. One person noted that he utilizes health care services for injury treatment or acute care and another person shared his experience using health care services at SFGH for a surgery.

Barriers

When asked to share what makes it difficult to access health services, participants most frequently mentioned transportation. One participant explained that transportation services for elderly and disabled patients require reservations to be made two days in advance, while another participant alluded that such services can be costly ("You [have] to pay for it; they charge you mileage."). A few participants obtain tokens from providers that can be used for bus fare; however, this resource is often limited. One participant commented, "[They] give you 4 or 5 tokens but that's gone in one day...One token is only one way. Sometimes you have 7 or 8 appointments."

I can't come to the Curry Senior Center...they did not want to see me because I am 53 years old. I am not allowed here because I am too young. The disabled feature needs to be included in all "senior services" regardless of age.

Wait times to get an appointment were also frequently mentioned as a barrier to accessing health care. One person commented, "Just to get an appointment, it's 5-7 months." Several participants added that the wait time to be seen at SFGH Emergency Department is especially long. Nonetheless, one participant satisfied with the

health care follow-up at SFGH shared, "[It] is a long wait, but I feel it is worth the wait sometimes."

Other participants noted lack of information or knowledge about resources prevents them from accessing the health care services they need. One participant explained, "You got a lot of different kinds of social services, but the older people are not given the proper or correct instructions as to where to go and who to see." He thought that the city could do a better job of informing people about the health care resources available to them by having a "centralized system" for referrals.

Finally, some participants discussed cost of care as an important barrier to accessing health services. Specifically, participants expressed frustration over the lack of affordable dental and vision care, which they explained were no longer covered by Medicare. Other participants noted additional barriers including complications with health insurance and lack of coverage for prescription medication.

Quality of services

Participants shared a number of reasons for satisfaction with the health care services they receive. A few participants expressed overall satisfaction with their health care, while others talked about positive experiences with “wonderful, fantastic” health care staff and providers who are sensitive to the needs of patients. Some participants also expressed satisfaction with their health care service after receiving successful treatment for a medical problem.

Some participants shared their dissatisfaction with their health services. A few participants commented on providers with poor interpersonal skills (“unprofessional and uncaring.”) One participant shared his encounter with a “rude” security guard at a public health clinic which compounded to his negative experience. Another participant expressed his frustration at the lack of respite beds for homeless people to recover post-surgery. He shared his personal experience:

They set the appointment so far out there. I don't know if their intention is for you to expire before you can make it to the appointment.

“When you have surgery at SFGH, they throw you back on the street because there are no respite beds for you to recover. I had surgery but [it] failed because I had no respite bed to go to.”

Needs

Several participants expressed a need for affordable vision and dental services. As discussed earlier, participants reported difficulties accessing vision and dental care because these services are no longer covered under Medicare. Some participants agreed that there is also a need for patient escort services among elderly and disabled patients, as well as increased availability of ramp taxi services for wheelchair users. In addition to health care needs, participants reported unmet needs for safe and affordable housing, shelter/respite beds, and food. Lastly, focus group participants reiterated the need for a way to learn about health services and resources in the city.

Conclusion

Many focus group participants discussed accessing health care services for emergencies and surgeries, while a few talked about accessing health care for routine check-ups. Transportation to health services, wait times to get an appointment, and long waiting periods in the emergency room were the most common barriers experienced by focus group participants. Some participants reported general satisfaction with their health care services and pointed to the importance of providers who genuinely care for their patients. Affordable dental and vision care was the most frequently reported unmet need.

Focus Group 2: Transgender

Description of population

This focus group was intended to focus on exploring health access issues for the Lesbian, Gay, Bisexual, and Transgender (LGBT) population in San Francisco; however, all of the participants identified as transgender. There were five focus group participants - all identified as female (male-to-female transgender). Three were African-Americans, one was Asian, and one was White. All reported living in the Market/Tenderloin/Civic Center area.

Types of health services used

When asked what types of health services the focus group participants were using the most, or on a regular basis, all mentioned the importance of accessing hormone therapy and mental health services. Some referred to hormone therapy as “transgender care.” As one participant described, “It would have to be health services that are most accurate to my conditions and covers the spectrum. Whether it be a transgender situation, or even some male situation within the transgender-female situation. ...not a lot of places do that.”

For mental health services many participants mentioned the value of being connected to support groups as well as receiving therapy. Participants described how mental health services help them to deal with recovering from drug addiction, mental and physical abuse, dating and relationship violence, and issues related to aging. They also mentioned that they use support groups to learn about other services in San Francisco.

Barriers

There were two barriers to receiving health care that stood out in the focus group discussions. One was transportation. Participants described how hard it can be for them to get to appointments from where they live, particularly to UCSF. One participant described how she did not have money to pay for transportation so “walked from 6th and Minna to UCSF.” On other occasions she “asked somebody, anybody for money.” She continued with the following:

“[When I ask for money] everyone’s going to be looking at me just [thinking] ‘what does this bum want?’ So you don’t want that going through your mind when you’re trying to get somewhere to fix your health. I think we at least need to have an agency to just have a van where you call them and [ask for] a ride to such and such.”

Another participant described how transportation may be necessary to stay with a physician:

“[W]hen you get a good doctor, in order to follow her, you have to travel. I’m fortunately able to travel now because I have a transit program that comes and picks me up because I’m on dialysis and they pick me up a few times a week and if I need them to take me to my doctor’s office they’ll do it. It’s lucky for me that I have that, but some people don’t have that and they can’t travel after that doctor that they’re really enjoying.”

MUNI works on my anxiety because it’s too slow and the service a lot of the time is very bad. It takes them between half an hour and 40 minutes for the bus to even come to your stop.

The other barrier mentioned in this focus group was a lack of knowledge of health resources. Even during the focus group the participants were sharing health resources with each other and using the map to ask about locations that others mapped. In focus group discussions most of the participants described how they learned about the services they use by word of mouth. “It’s a lot easier when you know someone who’s connected to somebody who’s connected to somebody who’s connected to somebody.” After another participant finished her description of a successful completion of a behavioral health program by saying, “but you know, it’s because I heard it from another girl. They’re not out there trying to let people know they’re there.”

Quality of services

Overall, these focus group participants stated that they were satisfied with the services they receive. It appeared that one key factor in their satisfaction was finding a provider(s) that they felt treated them well, understood their transgender needs, and listened to them during appointments. This included doctors and health facilities. One participant described a positive hospital experience:

“When it comes to you being hospitalized, if you tell them you’re a tranny and you’d like to have your own room because things happen or people say things, they’ll make sure you’ll get your own room and stuff. They’re really respectful to the transgender family and they really take the time to focus on what your illness is and either prevent it from happening or cure it up period.”

It would also be nice to have more ...programs specifically for transgender girls. Because when you go to Walden House, they put you with the women but half the women don’t want to be bothered around you. I went through that just recently.

Another participant described her relationship with her doctor:

“[A SF doctor] is the first doctor [who]sat there for two or three hours to figure out everything that was wrong with me. It’s like she wasn’t afraid to touch my skin or use her own hands instead of putting on gloves...that’s what I meant as far as caring people. When you get a good doctor, you want to stay with that doctor because the doctor knows how you are and what you need.”

Needs

In addition to needs described above, such as hormone therapy and mental health services, participants also mentioned the need for, but lack of, affordable dental and vision care. One non-health care related need that many participants spent a lot of time discussing was safe and clean housing. They described spending a lot of time on waiting lists for affordable housing and in temporary living situations. They also talked about having a lack of recourse or the ability to advocate for better housing conditions.

Conclusion

Based on this focus group, needs that are unique to the transgender people in San Francisco are hormone therapy and mental health services. But like other groups in San Francisco, transportation to health services continues to be a challenge described by these participants. In addition, receiving respectful, culturally sensitive services from physicians and at health care centers/facilities greatly influences their satisfaction with health care.

Focus Group 3: Sunset/Richmond

Description of population

Participants in this focus group all lived in the Richmond or Sunset districts and identified as Asian or Asian-American. Six of the 11 participants completed surveys. Of these, five were female and one was male, and they ranged in age from 28 to 69 years.

Types of health services

The most common reason given for using health services was for routine physical exams; one participant also mentioned accessing physical therapy and acupuncture services. Two people described using a free shuttle service to get to and from Kaiser Hospital.

Barriers

The most frequently mentioned barrier to accessing health care services was cost – specifically, the cost of insurance and ambulance/paramedic services. One participant said that her insurance premium rose from forty to ninety-nine dollars in the past three years but her Social Security benefits did not increase enough during that time period to cover the difference. Another person explained that an insured family member was once billed over \$1,000 for an ambulance ride to the hospital, adding that “the next time she fell on the street, she was scared to take the ambulance again...so this is the question – somebody has insurance but I don’t know why the ambulance is not covered.”

Participants identified immigrants and older adults as populations that face special challenges to accessing health care services. They noted that both of these populations are often uninsured or underinsured, especially in terms of dental and vision services. Two people spoke about caring for their parents, and expressed their concern that isolation is a significant problem for many older adults in this community.

Other barriers related to health insurance coverage that arose include the distance of health care facilities and transportation to those facilities, the availability of information about health services, and limits imposed by insurance providers (e.g., caps on the number of covered physical therapy visits).

My mom has dementia so she’s afraid of people. She doesn’t want to leave the house...we have to drag her out to go see a doctor; it is a struggle. If we can have a doctor come make a house call, come visit her, and just check on her, it would be a huge help.

Quality of services

A number of focus group participants expressed their overall satisfaction with the convenience of health care services, citing the following reasons: flexibility with choosing a provider, access to specialty care, ability to make appointments quickly and/or online, ability to order medications online, email access to physician, physical proximity, shuttle services, and after-hours services.

Many people’s comments reflected the importance of customer service in the provision of health care. Several people described their health care providers as “nice,” friendly,” and “taking the time to talk to you.” One person recounted a time that a nurse helped her choose an insurance company. Another participant described the interpretation services provided by his family’s health care service: “They

have interpreters on call all day. My wife calls a lot because our kid gets sick. English is not her first language...so she has to speak to someone who speaks Mandarin. And every time she calls, there's always an interpreter there." On the other hand, one person complained that some physicians "just stand by the door, holding the door ready to get out of the room. I know some doctors who don't want to spend time with you."

Needs

The unmet need that was brought up most frequently by focus group participants is access to services for older adults. One person explained, "For the elderly...if they see the doctor...they cannot go by themselves. The daughter or son has to go with them. They have to match our [their children's] schedule." Some participants advocated for house calls, escort services, and case management for this population.

For the elderly, like...my parents, if they see the doctor, they cannot go by themselves. The family daughter or the son has to go with them.

The next most commonly-voiced need was for more widespread information about health care services (e.g., information in different languages, health fairs, free tests and screenings, health hotline). One person suggested "Maybe you can have a health fair where...people can get more information and learn about what services are out there, and what they can do...They can talk to a hospital official and find out how much it would cost if you have no insurance."

Some participants also mentioned their wish to have specialty services, such as oncology and MRI facilities, closer to home.

Conclusion

Most respondents access health care services for routine physical exams. Several go to Kaiser, and two reported using Kaiser's shuttle service as transportation. The cost of health care services was the most frequently mentioned barrier to access. Participants identified immigrants and older adults in particular as populations that need greater access to health care services, especially dental and vision services. They also noted that isolation is a concern for older adults in this community. A number of participants reported general satisfaction with their health care, often for reasons related to convenience and customer service. The most frequently mentioned unmet needs were for services for older adults and more widespread information about available health care services.

Focus Group 4: Excelsior

Description of population

Participants in this focus group all lived in the Excelsior district. Four of the nine participants completed surveys. The ages of those who completed surveys ranged from 37 to 61. Four identified as female and Asian/Pacific Islander.

Types of health services

Most participants reported using health care services for routine visits, screenings (including free dental screenings for low-income children), and pediatric care. Several people mentioned going to San Francisco General Hospital for emergencies. Some noted that they decide which facilities to visit (and not to visit) by word of mouth, while others said that they choose their health care providers based on what is covered by their insurance.

Barriers

Wait times to get an appointment and the distance of health care facilities from participants' homes were the most frequently mentioned barriers to accessing services. With respect to wait times, one person said, "If my son has an ear infection, that's not an 'emergency' because it's not life threatening, so...I have to wait three to seven days to get an appointment if it's busy, but during that time what [can I do for my] child?" Another participant shared, "Once, my mother was feeling dizzy and we called her primary care doctor but they could not see her for 2 weeks. That is too long."

If my son has an ear infection that's not necessarily an emergency because it's not life threatening, so to get an appointment is hard. You have to wait between 3-7 days to get an appointment if it's busy, but during that time what could you give to your child? I took him once to the emergency room because he was in too much pain.

In terms of distance, one person explained that "When the kids have a specialty service [like the free screening] it's only at SF General or UCSF Parnassus. They are far away from here." Transportation issues, including traffic and parking, were also mentioned.

Other participants noted a lack of information and knowledge about resources: "My friend had a problem and she had to go in the ambulance when the paramedics came they asked me where the closest clinic was and I didn't know."

Some people added that eligibility requirements and onerous paperwork can also be barriers to accessing services. One person described being unable to obtain services because, as a renter, s/he was unable to provide

proof of residence such as an electrical bill. Others shared stories of being denied services because of being unemployed or uninsured.

Additional barriers to accessing services among focus group participants include problems with obtaining prescription medications, wait times at hospitals, interpretation services ("for the medical questions I need a translator, but it takes a long time; sometimes I don't want to wait...so I just guess what it's about"), and having to take time off work to obtain health care services.

Quality of services

A number of participants were appreciative of health care providers who speak their language and translation services. Other reasons given for satisfaction with health care services include “friendly” providers, proximity to residence, multiple services available in one location, online test results and email access to doctors, same-day appointments, and after-hours clinics.

Some people expressed frustration about being limited to certain providers by Medi-Cal and experiencing long wait times. One participant shared her personal story about being dissatisfied with a health care experience. She explained that her daughter has had stomach problems for three years, and that “We have asked the doctor to send her to a specialist and the doctor says she will do it, but never does. She’s only given her antibiotics and now I feel like my daughter could have something chronic.”

Needs

Many participants expressed a need for urgent care services to treat non-emergency issues such as headaches, ear infections, and pinkeye. They also reported unmet needs for mental health services, family-centered care (“I have to choose a place for me and...one for my son; there are not places where I can get seen as well as my son”), dental services, transportation, after-hours care, having a regular primary care physician, and interpretation.

At the Chinatown Clinic, it’s convenient because a lot of people speak Chinese. At SF General Hospital, you have to wait for the translator to explain something to you. My English level is okay for daily speaking. For the medical questions I need a translator, but it takes a long time. Sometimes I don’t want to wait...so I just guess what it’s about.

Conclusion

Many focus group participants access health care services for routine exams based on their insurance coverage and word of mouth, and turn to San Francisco General Hospital for emergencies. The most common barriers to accessing health care that arose were wait times to get an appointment and the distance of facilities from participants’ homes. A number of participants said they are generally satisfied with their health care services, especially when providers speak their language or translation services are provided. Some were dissatisfied about being limited to certain providers by Medi-Cal and experiencing long wait times. The unmet need most frequently identified was for urgent care.

Focus Group 5: Spanish Speakers

Description of population

Focus group participants were all monolingual Spanish speakers. Of the twelve participants, nine were female and three were male, ranging in age from 49 to 81 years.

Types of health services

Participants noted SFGH, St. Luke's Hospital, Mission Health Center, and St. Anthony Free Medical Clinic as places where they access health care services. The most common reason for using health services was for health screenings such as mammograms, diabetes check-ups, and cholesterol tests. A few participants also utilize mental health/behavioral services such as Alcoholics Anonymous offered at SFGH.

Barriers

Cost of care was the most frequently mentioned barrier to accessing health services. Participants were specifically concerned about the high cost of dental and vision services. One participant articulated, "It's the money, especially with oral health. Our tooth falls off first before we can get care." Another added, "For those that are diabetics, we have to get [teeth] cleaning twice a year, and I had to pay for it myself...I pay out of pocket what I can, but it is too expensive." In some cases, participants have had to turn to health care systems outside of the United States where dental and vision care are more affordable, as shared by one participant, "I go to Guatemala sometimes to get [dental and vision care] because it's so expensive and it's really hard to get care here...it's too expensive here in the United States."

They way the health care service staff treats people is important. When someone is depressed and needs a doctor, the health staff needs to be sensitive. For example, I went once to the doctor and my head was hurting ...and I was crying. The nurse told me that if I was sick, I needed to get to the hospital...I do not understand, if they studied to provide care for people, why are they often so mean?

For some participants, the lack of customer service skills among hospital/medical center staff and providers makes it difficult to access health services. One person shared, "Because of lack of communication, [my mom] was not given her appointment. The receptionist was not very nice...communication among health care staff needs to improve." Others discussed the need for staff/providers to be "more professional" and "nicer."

Immigration status/lack of documentation was also identified by a few focus group participants as an important barrier to health care services. "People get scared," one participant stated. Another explained, "Lack of documentation is a problem because [people] think that hospitals are connected with immigration."

Additional barriers mentioned by participants include lack of information about resources and eligibility for services and caring for dependent children ("Sometimes I do not make it to my appointments because I have to take my grandchildren to school").

Quality of services

Overall, focus group participants were satisfied with the health care services they receive. Participants were, in general, complimentary of their health care providers and appreciated that they spoke their primary language.

A few participants expressed frustration with their health care. One person described having been turned away from a clinic because she did not have an appointment (“I had a terrible experience. They ended up telling me to go to the hospital because I did not have an appointment”).

Although generally satisfied with their health care, other participants shared their difficulties with making appointments and accessing care during emergencies. One person suggested that clinics have an “open appointment system” that would allow patients to drop-in as needed.

They give us good attention, the doctors listen; [I like them] because of the language, and because they provide services for a lot of undocumented people.

Needs

The two unmet needs most commonly voiced by participants were access to mental health services and *promotoras* to help patients navigate the health care system. One participant commented on the need for mental health specialists to be based at clinics so that patients do not have to go to hospitals to obtain mental health care. Another person suggested the need for a referral process to ensure access to mental health services, stating, “It would be easier to obtain mental health services if doctors refer [the] patient [because] you cannot go without a referral.”

With regards to *promotoras*, a number of participants agreed that having a patient navigator/patient escort would help to improve access to health care services. One participant described the benefits of having a *promotora*:

“She [the promotora] is helpful. She is the one who schedules my health care appointments and refers me to other places where I can get health-related assistance. She is with me during my appointments and helped me there. She makes my health care services easier. She makes sure I take my medication the right way.”

One participant added that *promotoras* also help translate and interpret for patients: “It would be great if we could all have a [*promotora*] because they all speak English and can translate well for [us].” Not all participants, however, were aware of how one can be connected to a *promotora*: “Not everyone has one. Maybe it’s just luck that you get one.” Another participant noted that *promotoras* services are not ongoing. She explained, “They are only available to us for one year. I think we should have them for a longer period of time.”

Lastly, other needs mentioned by participants include: additional clinic hours, affordable dental services, access to specialists at clinics (versus hospitals), and translation/interpreter services.

Conclusion

Most respondents access health care services for health care screenings such as mammograms, diabetes check-ups, and cholesterol tests. A number of participants go to SFGH, Mission Neighborhood Health Center, and St. Luke’s Hospital for care. The most frequently mentioned

barrier to accessing care was the cost of health care services, specifically dental and vision services. As a result, many participants turn to the health care system in other countries such as Guatemala where dental and vision care is more affordable. For some participants, lack of customer service skills among providers makes it difficult to access health services. Immigration status/lack of documentation was identified as a barrier to care by a few people. Overall, participants were satisfied with their health care services. The most frequently mentioned unmet needs were for mental health services and patient navigators/patient escorts such as *promotoras* to help patients access health care services more easily.

Focus Group 6: Teens

Description of population

The focus group included eleven teenage participants of the Mo' MAGIC program, a San Francisco neighborhood-based nonprofit organization whose mission is to transform the community and youth through collaboration. Teens represented a variety of San Francisco neighborhoods: Bernal Heights, Bayview-Hunters Point, Crocker Amazon, North Beach, Parkside, Sunset, and Western Addition/Downtown. Seven participants were female, and four were male.

Types of health services

Teens reported using school wellness centers most often. Pregnancy prevention was cited as a key service.

Barriers

One of the most significant barriers to health care was the cost of insurance. One teen acknowledged that his family lacks health insurance and that medical care is too expensive to allow for routine primary care reports; the teen “tries to stay healthy” to avoid costly interactions with the medical system. A variety of administrative issues, such as “too much paperwork,” also emerged as barriers to care. One teen noted, for example, that teens do not typically carry insurance cards – their parents do. Others described difficulty providing all information requested at intake, a particularly frustrating experience when such information has been provided previously. (One teen claimed that one provider had actually lost his medical records.)

Other commonly experienced barriers included a lack of cultural competence regarding teen health needs; long wait times at providers' offices; long travel times on public transit to reach services; and fragmented care, with a lack of coordination between providers and facilities aimed at creating health care continuity.

When asked to describe other factors that impede good health, the teens also focused on specific neighborhood characteristics that threaten healthy living. One participant, a resident of Bayview-Hunters Point, expressed concern that a neighborhood sewage plant was responsible for high rates of respiratory illness (e.g., asthma) and cancer. Another cited neighborhood violence as a barrier to health. Other participants noted healthy food access barriers. One teen, for example, indicated that healthy organic foods are often more expensive; another teen noted that Mc Donald's and other fast food restaurants are more prevalent in certain neighborhoods (e.g., Bayview-Hunters Point, Western Addition) than others (e.g., Pacific Heights).

Beyond neighborhood characteristics, one teen noted that “ignorance” can be a barrier to health. The teens went on to make the connection between not knowing about and accessing appropriate health care and poorer health.

Quality of services

Overwhelmingly, teens noted school wellness centers as the single most important source of health services and information. Teens noted feeling very welcome and comfortable in the school wellness center setting, and many cited their relationship with school nurses as being positive. Focus group

participants expressed no apprehension about privacy in terms of being seen by peers or teachers entering/leaving their school wellness center.

As a supplemental activity, teens applied dot stickers to a large map of San Francisco to indicate where they go for services versus where they live. The map is included as Appendix 1, and shows the highest concentration of services in Western Addition/Downtown, North Beach, and Bayview/Hunters Point, while no services were noted in many of the western and southern neighborhoods.

Needs

When asked to describe those health issues that are unique and/or particularly important to teens in San Francisco, focus group participants cited pregnancy prevention as a key service. In terms of health challenges that impact teens specifically, participants indicated the need for clear, accurate information on the health impacts of drugs, particularly marijuana. Teens also cited neighborhood violence as a health challenge. They also noted that, beyond the school wellness center setting, they do not always feel respected and their needs understood – particularly in larger medical facility settings.

Conclusion

Focus group participants indicated they use school wellness centers most often for their health needs, with pregnancy prevention services as a key service area. Barriers to care included the high cost of health insurance, complicated administrative procedures, a low level of teenage cultural competence among many providers, long wait times, long travel times on public transit, and fragmented care. Respondents reported a high level of satisfaction with school wellness centers as a health resource, in part because they feel there is a higher level of cultural competency among wellness center staff. In addition to pregnancy prevention, participants cited the need for clear information on the health impacts of street drugs.

The health visioning conversation evolved into a discussion of what role the focus group participants might play in creating a healthier reality for themselves, other teens and San Francisco as a whole. Participants expressed their ability to “make people more aware” of health issues via social networking tools (e.g., Facebook and Twitter) that teens commonly use. At the close of the focus group, Mo’MAGIC leadership staff indicated that, as a group project, the teens would create a Facebook page devoted to teen health.

Appendix

Teen Focus Group Mapping Activity

Teens applied dot stickers to a large map of San Francisco to indicate where they go for services versus where they live.

