



YOUTH EXPERIENCES OF PREVENTIVE CARE

SUMMARY REPORT OF YOUTH LISTENING
SESSIONS CONDUCTED IN JACKSON AND
UMATILLA COUNTIES



February 2016

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Background

The Oregon Health Authority, Public Health Division, Adolescent and School Health (A&SH) Program conducted listening sessions with youth in Umatilla and Jackson counties to:

- Better understand their experience accessing health care, particularly preventive health services (well care visit);
- Hear the challenges they face in accessing youth-friendly and culturally responsive care;
- Hear their perspective regarding how care could be improved.

The purpose of the listening sessions was two-fold; to inform A&SH programs on youth experience of care and to garner youth perspective to inform the development of strategies and activities for the 2016-2021 Title V Maternal and Child Health (MCH) Block Grant. The adolescent well care visit is a national priority area for the Title V MCH Block Grant and has been an area of focus for the A&SH Program across policy, practice, and quality improvement efforts, particularly within the School-Based Health Center (SBHC) Program.

Themes documented in this report are drawn from notes taken during the listening sessions, as well as written information drawn from chart paper used during each session. Themes are drawn from all sessions conducted in Umatilla and Jackson counties, issues raised that are unique to one setting are identified.

Recruitment

A&SH partnered with Local Public Health Authorities (LPHAs) in Umatilla and Jackson counties to implement youth listening sessions. LPHA representatives worked with schools and other community organizations to identify and schedule listening sessions with youth (see Table below for details). A&SH provided \$500 to each LPHA to go towards healthy food for each listening session and incentives for youth participants. Incentives varied by community, but included gift cards to local eateries (i.e. Subway) and bags, sunglasses, and water bottles in school colors. Discussion topics were drafted by A&SH staff and agreed upon by LPHA staff (See Appendix A for facilitator guide). One member of A&SH (Policy & Assessment Specialist) conducted the listening sessions, in partnership with an LPHA staff member.

Location	Setting	Number of youth	Duration
Umatilla: Pendleton High School	1 class period	16	Approximately 40 minutes
Umatilla: Umatilla High School	1 class period	24	1 hour
Jackson: Phoenix-Talent High School ¹	2 class periods	12	Approximately 50 minutes
Jackson: Central High School ²	2 class periods	25	Approximately 50 minutes
Jackson: Youth Health Equity Coalition	Coalition meeting	8	1 hour

Facilitation Process

No identifying or demographic information was collected from listening-session participants. The facilitation process varied by setting based on number of youth present, amount of time available, and language spoken. The settings of the listening session varied. Most were conducted in schools, and included two English Language Development classes which were conducted in Spanish and two sessions with youth in an alternative education setting. Regardless of setting, all youth participants were led through a conversation that covered:

- Reasons why they go to the doctor. During the session, the facilitator said that they could think about a doctor or other provider that they get health care from.
- Where they go for health care.
- The best/worst things about their experiences of care.
- Reasons why they don't go to the doctor.
- Ways their experience of care could be improved.
- Prioritization of most important health topics covered in a well visit. Youth were presented with the five priority health topics for an adolescent well care visit from Bright Futures Guidelines (physical growth/development; social and academics; emotional well-being; risk reduction; injury prevention). *Due to time constraints, youth from Pendleton High School did not participate in the prioritization activity.*

See Appendix A for specific questions and facilitation guidance. A summary of notes from the sessions are included in Appendices B and C.

¹ English-Language Development classes. Conducted in Spanish.. Most of the students we spoke with reported being in the US from 6 months – 2 years.

² Alternative education high school

Findings

Most youth did not identify preventive services as a main reason why they would go to the doctor or health care provider.

The most common, and often first cited, reason for seeking health care was when youth are sick or injured. However, youth in each session did state “checking on your health” or “check up” or “sports physical” to identify a preventive visit, and also identified preventive services such as immunizations, dental screenings, and contraceptives.

Youth access services from a wide variety of settings in the community, and they want more options.

Youth listed a variety of settings in which they access health care, from a private doctor’s office, emergency room/hospital, school-based health center (Pendleton HS), community clinic or federally qualified health center (i.e. LaClinica’s mobile unit) to public health departments (WIC, family planning). Youth in Jackson County also reported receiving health care from family and community healers.

Youth offered more critiques of their health care experience as compared to positive experiences.

Few youth articulated “positives” in their health care experience. Most of the positives were provided jokingly and included “candy” “fish tanks” and “getting free stuff”. However, several youth did state they “liked being told that they were healthy” and being able to “track their development”, and had good experiences with caring providers. The list of negatives generated by each group were much more expansive. Most common themes included:

Waiting. The long wait time to get an appointment, and wait time prior to the visit was one of the most commonly cited negatives in care. Youth spoke about having to schedule appointments months in advance, and then waiting before seeing the provider on the day of the appointment. Many youth cited this as a major barrier to getting preventive care- why would they take time off school or work to wait forever if they were not sick or injured?

Staff attitude. Many youth recalled experiences of sitting in the waiting room for long periods of time, only to have a few minutes with their provider. They expressed feelings of being rushed and not fully listened to. One youth stated, *“It’s like [the doctor] didn’t even listen to me. He just wanted to write me a prescription for something and get me out the door instead of taking the time to understand what was going on with me.”*

In addition to being rushed, youth did not feel like their health concerns were being prioritized by the health care provider. Some youth also felt like the provider judged them on the health information they disclosed (such as possible substance use, sexual activity or possible pregnancy) or feared being judged by a provider.

Trouble with paperwork. Youth cited frustration with the paperwork involved in accessing care. Several youth reported that they had trouble accessing care when they didn’t have the “right information” to put on the forms (such as parents insurance information). Several youth also identified feeling frustrated by continually being asked “the same questions over and over” on forms at every visit.

The most commonly cited barriers to accessing care included cost, belief that it was not a priority, and fear/uncertainty about care.

Cost and/or lack of insurance. The high cost of care was one of the first, and often highly prioritized, reason for not getting care. It is difficult to ascertain whether this due to a general perception of high cost of medical care, youth not limiting their response to preventive services (thus, being inclusive of potentially high-cost emergency services), or because of variation in insurance coverage, or lack of coverage all together. The facilitators tried to narrow the scope of the conversation to focus on preventive visits, but it was apparent in several sessions that some youth's responses were based solely on accessing urgent care in a hospital or emergency department. Responses could also be based on perception and a lack of awareness that under Affordable Care Act provisions, preventive services called out in Bright Futures are covered without cost sharing. Health insurance status of the participants is not known.

Belief that preventive care is not a priority. *"Why would you go to the doctor when you are not sick?"* This comment arose, in varying versions, in every listening session conducted. Though youth were able to identify important preventive services as reasons to go to the doctor, actually translating that into a visit was much less common. Several themes emerged under this area. As mentioned above, a common complaint of their health care experience was the amount of time it takes to wait for an appointment, amount of time spent in the waiting room, only to be rushed out by a provider and not be fully listened to. These experiences clearly created a disincentive to make an appointment and take time out of school/work to go an appointment when a youth was not sick or injured. Another theme that emerged was that young people are busy with school, sports, jobs, care-taking responsibilities, and have a hard time fitting preventive services in their schedules. Many youth stated that they didn't know they were supposed to go in for a well visit every year. As one youth stated, *"You hear about why you should go to the doctor if you are over 65, have COPD...or if you are a little kid. But not if you are our age or in your 20's."*

Fear and uncertainty surrounding care. Youth identified a number of aspects related to the care they would receive, and the relationship they have with their provider as barriers to accessing care.

- **Not wanting to find out something is "wrong".** Youth stated that they don't want to get care because they are afraid of test results or finding out that something is wrong with them. On a related note, many youth stated that they would be hesitant to get care if they were embarrassed by a symptom.
- **Stigma.** Many youth also identified stigma associated with sexual health issues (such as STIs or possible pregnancy) and behavioral health challenges (such as depression or substance use) as barriers to getting care.
- **Concerns about confidentiality** surfaced in several distinct themes. Youth were worried about how their private information (such as test results, prescriptions or health behaviors) would be kept confidential between them and their provider. Youth talked about not wanting to share certain information because they feared "getting in trouble" by their parents when they found out, or being judged by the provider.
- Youth **did not feel they had enough information about what was going to happen during their visit.** This uncertainty created fear and anxiety about going to the doctor. Several youth stated

that they didn't know what medications were going into their bodies or felt they were prescribed too much medication.

- **Lack of trusting relationship with provider.** Many youth stated that they would not feel comfortable sharing sensitive information if they didn't trust their provider. This emerged in several contexts. Some youth stated that they would not share certain information (such as alcohol or drug use) because they feared getting in trouble or being judged by their provider. Other youth reported being embarrassed to share sexual health information or symptoms with a provider of the opposite gender. Plus, youth voiced an inability to change providers if they did not feel comfortable, or connect with their assigned provider. Specifically, youth in the Jackson County sessions stated that their providers didn't understand their culture and background, and wouldn't share certain cultural treatments or remedies with their provider because they would think they are "weird". Many youth also reported not being made to feel like they are a priority for their provider, and the lack of a continued relationship outside of the office visit, such as conducting outreach or "checking in" to see how youth are doing after a visit.

Youth provided an extensive and pointed list of opportunities to improve their experience of care.

Youth in every listening session were able to identify many opportunities to improve their experience of care and the likelihood that they would seek care. Most common themes are listed below.

Provide free or low cost care. Providing free or low-cost care was often the first opportunity for improvement offered, and was often ranked as the most important area to work on.

More choice in provider (time and person). Youth want more providers to choose from. They would like to have the choice of seeing a provider that understands their needs as young people, and understands or shares their cultural background, beliefs and practices. Several youth offered this improvement as one way to reduce wait times for appointments.

Flexibility in getting care outside of 8-5 hours that is not the ER. This was offered as a solution to youth not being able to take time out of school, activities or employment to get care. Many youth felt like the only place they could get care outside of the regular "8-5 hours" was at an urgent care clinic or the emergency department.

Create a practice/clinic setting that is safe, youth-friendly, and makes each youth feel like the priority. Youth stated that they want to feel like they are a priority for their doctor. Specific recommendations included taking more time during the visit to talk; valuing youth questions and concerns; withholding judgment; assuaging youth concerns that they might get in trouble; and ensuring youth information is kept private. Youth also stated that their provider could make them feel like a priority by reaching out to schedule appointments (instead of relying on youth or their parents) and following up after a visit to check in.

Greater access to health information. A desire for greater access to health information came up in every listening session. Youth wanted more information about their health, diagnoses, and medications. They also want to access the information in ways that make sense for them, such as accessing their medical record on their phones, or receiving text messages from their doctor's office. Youth suggested being able to fill out visit paper work online before they came to the visit, so they could fill it out privately and be sure they have all of the accurate information needed.

Advertise to raise awareness of why teens and young adults should get a checkup every year. Youth suggested that there should be greater awareness among other youth and parents that they should be

going to the doctor every year, even if they are not sick or hurt. Many youth suggested using media strategies and advertising to “get the word out” regarding why they should go, what is involved in the visit, and where they can get services.

No clear pattern of the most important well visit health topic emerged and varied greatly by community and setting.

Youth in each listening session (aside from Pendleton HS) were provided the five general priority health topics covered in a well visit from Bright Futures guidance, including: physical growth and development; social connections and academics; emotional well-being; risk reduction and injury prevention. Youth were asked to select what they thought were the one or two most important health topics to cover during a visit. No clear pattern emerged, and the answers varied greatly depending on the setting of the session. For example, in Umatilla High School no youth selected risk reduction or injury prevention as priorities. When asked why no one selected these areas, youth stated that they hear about reducing risk (like not using alcohol or drugs) “all the time” in health class, and that youth might not want to discuss issues like alcohol and drug use because they like using those substances and don’t want to be told to stop. On the other hand, in Central High School (Jackson County) many more youth prioritized risk reduction and emotional well-being. When asked why these were selected as the most important issues, youth stated that there were a lot of people with “mental health issues, depression, substance abuse in the family, or other stuff going on at home”. It is possible that behavioral health challenges are more salient for students at Central HS, as it is an alternative education school.

One common ranking did emerge across most of the sessions. Social/academic performance was often the least prioritized health issue. When asked about this, youth across sessions stated that they wouldn’t expect to talk to their doctor about their grades or how they are doing in school (academically or socially) and that they would be more likely to go to a school counselor for that type of help.

Conclusion

The Adolescent and School Health Program greatly appreciates the time the youth listening session participants spent sharing their knowledge and ideas on the adolescent well care visit. This information will be use to ensure our grant activities and programs are developed with youth input.

Appendix A: Facilitator Guidance

Time: varied

Materials: Chart paper, markers, sticker dots, incentives, food

Introduction: I work for the Oregon Health Authority in Adolescent and School Health. We are a state agency working to ensure everyone in Oregon is healthy and doing well. One area we are working on is improving health care for youth, so it can support your health. I am going around to different parts of the state to hear from youth like you. I want to hear about health issues that are important to you, and what you think needs to happen to improve your health care.

The information will be used to help us develop strategies to improve care for young people across the state. I won't collect any identifying information from you, and only summary level findings or anonymous quotes will be shared in presentations or other documents.

Recording: I would like to audio record our session to make sure I get everything you say right. I will be the only person that listens, and the recording will be deleted once the session is transcribed. Is that okay? (verbal agreement)

Ground Rules: (posted on chart paper)

- Everything you share will be kept confidential.
- You do not have to share or answer any questions you do not want to.
- One mic. One voice.
- Respect everyone's perspective.
- Others to add?

To start, let's take a couple minutes and have everyone write down on the chart paper around the room, some reasons why a person your age would go to a health care provider (health care provider could mean doctor, nurse, or whomever you go to for medical care).

- Comment on themes
- Circle those that are part of a well visit

How many of you have heard of a well visit before? What are some things that come to mind? (Probe: All of the health topics circled are covered in a well visit. Provide quick overview of what is in a well visit written on chart paper).

How many of you remember getting a well visit in the past year?

- For those who did, what do you remember from the visit? Would anyone share what the experience was like (good or bad)?

There are lots of reasons why people don't go to a provider for a well visit. What are some reasons you, or your friends, might not go to a health care provider when you are not sick or hurt? How about going to a health care provider in general?

- List barriers on chart paper

Where do you generally go for health care? A doctor's office? School based health center? Other?

- List places on chart paper

What are some things you like about the care that you get there?

- Write next to setting

What are some things that drive you crazy?

- Write on chart paper

What needs to happen for your health care to be better?

- Write on chart paper

Come back to barriers listed. Use your dots to vote for the 3 most important barriers to address to improve your health care.

- Compare to list generated from previous question.

(If time) Come back to the chart paper with list of health topics covered during a well visit. Use last sticker dot to vote for the most important health issue to you.

Is there anything else you think I should know?

Thank you for your time!

Appendix B: Summary notes from Umatilla County sessions

The summary notes below reflect responses youth wrote on chart paper during the facilitation exercises, and summaries of youth statements as written by session co-facilitator.

To start, let's take a couple minutes and have everyone write down on the chart paper around the room, some reasons why a person your age would go to a health care provider (health care provider could mean doctor, nurse, or whomever you go to for medical care).

To get help

I am sick

Find out why I am sick

You are hurt

You are having a baby

Check up – see if you have anything wrong with you before it gets bad

Vaccination

Surgery

To see if you are sick

Regular check up

Physical / sports

Make sure don't have cancer

Broken ankle

Serious illness

Ask questions

Broken ankle/bone

Make sure you are ok

Make sure you are healthy

How many of you remember getting a well visit in the past year?

- For those who did, what do you remember from the visit? Would anyone share what the experience was like (good or bad)?

6-7 people had been in for a sports physical

2-3 raised hands for having a well visit.

Quiet – go and get it done with

Liked – You get a sticker

Feel like have to do it

Get a lollipop

There are lots of reasons why people don't go to a provider for a well visit. What are some reasons you, or your friends, might not go to a health care provider when you are not sick or hurt? How about going to a health care provider in general?

- List barriers on chart paper

Expensive

Scared – don't want to find out if something is wrong

Not a big deal

Time consuming

Yes because it is confidential – anything you tell doctor is between you and the doctor. They legally cannot tell anyone else.

Embarrassed

Might get caught if you have done drugs or alcohol

There might be something you are hiding that you don't want to tell them

Do not have sufficient funds

Afraid

There might be something wrong

Fear of needles

You feel healthy – so do not need to go

Do not have time to go

Embarrassing

Transportation barrier

Parents work

Lazy

Do not want to miss out on practice, unless something is actually wrong

No insurance

Homeless

Where do you generally go for health care? A doctor's office? School based health center? Other?

- List places on chart paper

Pediatric clinic

Hospital – ER and Urgent Care

Dentist

Orthodontist

Parents are doctors

Parents / Mom

School Based Health Center (one person said yes)

ER – go for broken bones or emergencies

Hospital

Kadlec

Local Clinic – Hermiston, Umatilla

Good Shepherd Hospital / Medical Clinic

Typically go to Hermiston

Human Services

Gifford Medical

Sports Physician

Dr. in Umatilla

Cardiology – Tri Cities

Better doctors in Tri Cities

Specialty stuff in Tri Cities

Specific Doctor / your own private doctor

Dentist

What are some things you like about the care that you get there?

- Write next to setting

Safe

Figuring out what's wrong

Usually nice – providers and everyone there. Everywhere I have gotten care. Surgeons are not nice.

Welcoming

Close by – Hermiston / Good Shepherd, Umatilla, Dentist

Optimistic – always sees the positive

Goodies – toothbrush / toothpaste

What are some things that drive you crazy?

Wait time

Needles

If they mess up

Don't like all the questions

The line

Waiting time

Uncomfortable chairs

No toys

No free wifi

No TV

No entertainment

Boring magazines

Too much paperwork to fill out

Should not be scary

Do not blind you with lamps

Beds too hard

Expensive

What needs to happen for your health care to be better?

Free

More doctors – choices

Quick

More clinics

Different options

More close together

Better magazines

If you could choose who your doctor is

More information from doctor on your diagnosis – more explanation

Get info on paper

Appt reminder via text

Fill out forms on line helpful – 5-6 people raised hands

Free

If it was faster

TV's in the waiting room

Wifi

Be flexible with patients – if they cannot come in that day, then they can come in the next day

Flexible

Morning / afternoon, before lunch,

Weekend

If they provide transportation

More clinics instead of just one main one in town

There is only one that is quick and cheap but so many are coming in that we need another one

More and better doctors

Caring

Not enough good doctors

Doctors here always think nothing is wrong and they send you home

Not enough information

Went in for sister to get checkup and doctor diagnosed them by using cell phone, was prescribed with over the counter medication rather than something stronger

What precautions should we take, more information on drug they are giving their patients

Communication

Access health records on phone

Have info on phone because might lose paper

Most important well visit topics (*these tabulations only reflect youth from Umatilla High School as there was not enough time to do this piece for students at Pendleton High*).

- Physical growth/development: 13
- Social/Academic: 3
- Emotional wellbeing: 5
- Risk reduction: 0
- Violence and injury prevention: 0

Why these rankings?

- We hear about not using alcohol and drugs “all the time” in our health class.
- Don't want to hear that we shouldn't use alcohol or drugs because we might like using them and don't want to be told to stop.

Appendix C: Summary notes from Jackson County sessions

WHY do you go to the Doctor?

- to check on your health
- for pain
- you are sick, or feel discomfort
- check on my medication
- check on my health
- check up
- to check if I'm okay
- to check if you have diabetes
- Get a check up
- Sports physical
- Immunizations
- Check on health/if I am sick
- Regular check up
- When they feel sick
- Dentist for teeth cleaning, whitening, braces, make sure you don't have cavities
- To learn how to stay healthy
- Sick
- Check health
- If you get in a fight
- Break a leg
- Get a shot
- Sports physical
- To have a baby
-

WHERE do you go for healthcare?

- Providence Neurology
- La Clinica
- Southern OR pediatrics
- Ventana Wellness
- Don't remember
- ER
- WIC office
- La Clinica
- If you get hurt at work then you would go to the doctor
- Urgent Care
- La Clinica
- Providence
- Rogue Valley Hospital

- Community Health Center
- Valley Immediate Care
- Public Health- WIC, Family Planning
- La Clinica mobile unit
- Personal office
- Clinic (public)
- Mobile clinic (LaClinica)
- Hospital
- Clinic
- Grandma
- Hospital
- Mom
- Own remedy
- Teacher
- Medicine man/healer
- Dentist
- Surgeon
-

WHAT do you LIKE about healthcare?

- Nothing
- The progress of my health, development (growth)
- The type of doctor that I go to, so what is their bedside manner.
- Are they nice?
- Very thorough, they use simple terminology
- you can get swag
- you can take gloves
- Speak Spanish
- People who check you in are helpful
- They have toys and fish tanks
- It's clean
- Getting checked out
- suckers

What did you NOT LIKE about healthcare?

- rude nurses
- time, we don't want to waste time. I know when I'm sick.
- Felt like I was not heard to
- Waiting for the doctor.
- Don't know Parents insurance,
- Copay
- Don't feel like we need to go, because we don't feel sick.

- No doctor, not having an established doctor
- Transportation (his doctor is far from Medford)
- Being scared of needles
- Not knowing what medication is put in your body, and they didn't explain what the medication was.
- Being scared of the results (positive or negative)
- Being embarrassed
- Don't want people to know if you have something (STI)
- Because you are a criminal
- waiting, it's horrible
- They prescribe the wrong thing
- They are just too rushed, they don't really listen to you
- Just gave you medicine and didn't really "CHECK" what was wrong
- It's all about the money
- Might feel uncomfortable with the doctor
- You were in the waiting room for hours, and then they only see you for a couple of minutes.
- They take too long for appointments, and it's too late
- It's too quiet in the waiting room
- Reception/staff gets frustrated
- Staff looks like they are not being productive
- They make the patient feel like they are not important
- Needles
- Too much medication
- Long wait
- waiting, filling out paperwork,
- not having all of the information for paper work,
- scared

Why don't you or other youth your age go to the doctor?

- - the rooms are dirty, the environment is dirty
- not worth the effort or wait time
- too lazy to go
- some doctors are racist
- being judged
- you are not sick
- it's expensive
- don't have insurance
- not prescribing the right medicine
- Going to the doctor, spending money, then they tell you that there is nothing wrong with you. So you have spent all this money, but there was no solution.
- Too busy

- Don't have daycare
- There is something wrong with you, but you don't want to share that information because of shame.
- Maybe it's against your beliefs...religion.
- People don't believe in modern medicine
- Can't access birth control due to religious beliefs
- Language barriers
- Don't want to share information to avoid getting in trouble
- Emergency rooms take forever to take the person in.
- No time
- Not sick/don't need to
- Don't know where to go
- No money
- No insurance
- Don't want a shot or blood drawn
- They test for everything
- Why go if I'm not sick
- Scared of procedures
- Don't want to find out what's wrong
- Hiding something- don't want the doctor to find out you are doing drugs
- Scared because doctor might tell someone if you are pregnant
- Don't want a male doctor to talk about "girl stuff"

How can your care be BETTER? *Note- youth in Jackson County were asked to rank the most important strategies for improving care. The rankings below are tabulated across all listening sessions conducted in Jackson County and similar items were combined.*

- Make it free or more affordable (8 votes)
- Completely confidential (6 votes)
- Being seen right away/no waiting (6 votes)
- Having someone who understands your cultural background, and different practices such as alternative medicine/remedies (5 votes)
- A way to pay later for an urgent need (4 votes)
- Experienced doctor (3 votes)
- More clinics at school/for women (2 votes)
- Change how medication is prescribed (1)
- Doctor listens to me (1)
- Fill out paperwork before visit (1 vote)
- Have easier access to hours outside of 8-5, we want to avoid the ER, but we need care right now. (1 vote)
- Access to frequent check ups (1 vote)
- When doctors are on time

- If the visit didn't take too long
- Flexibility if we are late
- They have insurance information on file
- Free health/dental care
- If we had free healthcare, then people would not take care of themselves because there is no consequence ...they get taken care of for free
- If we knew what was going on (better informed), then people would feel more comfortable to go see a doctor.
- Not giving wrong medicine, getting the right prescription.
- Listening to the patient. They would do what the patient asked them for...then follow up with that. Value what the patient is saying, trust that they are not lying.
- People are often times scared/worried about what they say (what drugs should be prescribed) because they don't want to be judged by the medical provider.
- High quality care for people who are low income. Often times the people are rude if you are getting services for a low cost, or free.
- Privacy might be an issue if you have a nurse or doctor right in front of the school office. People might know where you are going, or you can't be as open and honest because of the environment.
- people need to care for themselves
- advertise that doctors care and get a check up
- make people feel comfortable
- feel like priority #1
- get a doctor that understands your background
- Can do some outreach to the patient
- Less waiting time
- Get a number, to go in order
- Cost of healthcare it would be affordable
- Play your kind of music
- More bilingual doctors
- Not having to wait for so long
- Not asking weird questions.
- Providing daycare
- Having more providers, Dr's = faster services, and more options
- Keeping the same doctor, or getting a doctor and keeping that doctor, so trust can be established.
- Explanation of how medication works, and give options so the patient can make a decision.
- Good referrals
- Information that can help understand the patient.
- Advertise that they can get care (don't even think about it unless they are sick)
- Clinic help with insurance papers
-

Most important well visit topics:

- Physical growth/development: 20 votes
- Social/academics: 7 votes
- Emotional well being: 31 votes
- Risk reduction: 23
- Injury Prevention: 10

Why these rankings?

- There are a lot of people with mental health issues, depression or stuff at home.
- You don't really talk to your doctor about your grades and friends.
- You don't talk about your grades with your doctor. Or mental health issues. You would have a counselor for that.
- If you are doing something (like using drugs or alcohol) you don't want to hear from someone that you shouldn't be doing it/don't want to get in trouble.