

Homeless Teens in Need

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Until one of my 18-year-old patient's third visit to the ER for shortness of breath and asthma symptoms within a short 4-week period did I think to pause and reflect, "why this patient?" and "why now?" By asking my patient about barriers to prescribed medication use, I discovered that the patient had difficulty obtaining inhalers due to minimal finances and periods of homelessness. This encounter and the increasing frequency of patient encounters with families struggling to meet basic housing needs, prompted me to reach out to community organizations to determine how I can best help as a resident and future adolescent physician in connecting homeless adolescents with the needed resources and healthcare within my community. Little did I know that this goal would set me on a journey to discover how truly great the gap in care is for this unique and growing population of patients. Every day as providers, we encounter individuals and families struggling with homelessness. Florida ranks 3rd highest in homeless population and, at last count during the 2014-15 school year, there were approximately 73,417 homeless students attending public schools (1). Clearly, this is an issue that each of us will, at one point, encounter. The poor, homeless and at-risk teens are no longer a "minority" but a real and growing population that we must be more adequately prepared to treat.

A recent United Way study demonstrates that 44% of Florida households struggle to meet basic needs (2). First in my journey to reach out to community resources, I discovered that while many organizations exist to assist the local community, they primarily target exclusively adults or family units. I discovered that, currently, none of these organizations offer services specifically targeting adolescents. Further, I also encountered a significant disconnect between organizational understanding each patient's insurance availability and realistic access to care including transportation barriers and confidentiality concerns. One organization interpreted the ability to receive Medicaid services as there being no health access barriers. It is well documented that homeless individuals have increased barriers to health care access related to understanding available resources and transportation. It is well known that homeless youth have health consequences related to injury, drug use, delayed immunizations, poor dental health, and mental health morbidities. It is estimated that 1 in 7 children between the ages of 10 and 18 years will run away (3). To recognize and understand what resources are available to patients in our communities is paramount in addressing the problem.

Homeless individuals, especially adolescents, typically do not receive needed health screenings, preventative services, and treatment for disease. Additionally, about half of homeless individuals utilize an emergency department as their only source of health care (4). For example, in the Pinellas County 2016 Point-In-Time Homeless Report, the one-day count (a snapshot of homelessness in one day) found 127 unaccompanied youths, defined as 24 years old or younger, with 34 individuals under age 18 (7). Adolescents often struggle to overcome additional informal access barriers such as issues surrounding confidentiality, need for parental consent, distrust of professionals, and lack of awareness of services. Every day as providers, we encounter individuals and families struggling with homelessness.

As pediatricians, we are on the front lines and should encourage one another to screen for the basic needs of our patient's daily living as these are pertinent to overall health. Determining housing status requires asking questions in a sensitive and non-threatening manner. First steps include identifying community resources, utilizing simple screening tools such as the Hunger Vital Sign™ (5) and

encouraging staff and providers to have an open dialogue with families. Asking families “Do you have any concerns about your housing?” can be an easy screening question to help determine housing status, environmental exposures, or parental concerns.

Communication is key when approaching patients and families and it is important to take into consideration patient access to phone, web, and mail services. Consider connecting patients to local resources to assist with transportation vouchers and offering flexible office visit scheduling policies and late policies. When discussing treatment options consider prescribing affordable treatments (6), ease of compliance to therapy, and resources for discounts or coupons at local pharmacies. It is also pertinent to refer families to programs such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance for Nutrition (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). These are just a handful of resources to keep in mind during patient encounters.

I have been fortunate to connect with my community by being curious, identifying hospital advocacy champions, and reaching out to local organizations. Through this partnership, we hope to establish safety and shelter services for adolescents and youth identifying as lesbian, gay, bisexual, and transgender (LGBT) in our county. We are also discussing how our resident ambulatory clinic may be a resource to these individuals by connecting them with community partners. Thanks to having an experienced inter-professional team ranging from social workers to law enforcement personnel, we are taking steps in the creation of a safe environment for youth to take shelter and transition into sustainable transitional programs. Seeking out a similar partnership in your own community, could be a meaningful way to bridge the gaps in healthcare we encounter in daily practice.

I encourage my fellow trainees to reach out to hospital and community individuals who share your passions, get involved in local government, and openly discuss ideas for advocacy for your patients with your colleagues. I encourage you all to continue to be advocates in your community as leaders in child health and to raise awareness for this issue throughout our state.

Resources

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