

NATIONAL CONSUMER ADVISORY BOARD CONSUMER PARTICIPATION OUTREACH #2

The National Consumer Advisory Board (NCAB), part of the National Health Care for the Homeless Council, uses a process called “Consumer Participation Outreach” to establish a dialogue with homeless persons across the country regarding issues of importance to them. Using a standard set of questions, local Consumer Advisory Board members ask other homeless people in their communities about issues identified by NCAB, and send the responses to NCAB. NCAB then uses the responses in developing its own action plans, and advises the National HCH Council about homeless consumers’ opinions and needs.

This report summarizes results from the second Consumer Participation Outreach survey, which addresses issues of access to health care and opinions about the national health care system. Results of this Outreach were also reported to the Citizens’ Health Care Working Group, set up by the Congress to make recommendations on health care reform, to assure a voice for homeless people in that process.

464 homeless persons from across the country participated. They were living in 13 cities in the states of California, Florida, Kentucky, Massachusetts, Mississippi, New Jersey, Tennessee, Utah, and Vermont.

HEALTH CARE ACCESS

Many, though not all, of the participants receive health care services from clinics funded by the federal Health Care for the Homeless program. The interview does not ask them to specify where they have, or have not, faced difficulties trying to access health care.

One out of three homeless persons said they had personally had trouble getting the health care they needed, including care for physical problems, mental problems, or addictions. Even more than this named specific barriers they have faced trying to get care when they needed it.

- By far, the biggest problem keeping them from getting health care is not being able to pay for it due to lack of employment or health insurance.

Access Barriers

“Not having enough money for the doctor’s office fee, not having money for any prescriptions.”

“No job, no money, no insurance, no home.”

“Long wait for appointments and prescriptions, too many patients.”

“Sometimes transportation, and not knowing who or what questions to ask.”

“They made you feel like a lesser citizen.”

Other common barriers, each mentioned by about one out of ten participants, included:

- “red tape” issues, such as complicated application processes and eligibility requirements;
- lack of transportation – bus fare or access to a ride; and,
- long waiting lines at the clinic, and/or the clinic has limited hours.

In a handful of cases, homeless persons did not seek health care because they did not have information about how or where to access services, or because they did not want to deal with disapproving attitudes.

HOUSING AND HEALTH CARE

Participants were asked whether any of their health problems – including physical, mental, and substance-related – had affected their housing situation. Specifically, they were asked whether their health issues had meant that they had lost housing, or were not able to access it at all.

Health Affects Housing

“There were times when health problems were so severe that [I had no} rent money - [I] had to pay for doctor and medicine.”

“Lost my housing, and could not keep employment due to addiction.”

More than **four out of ten homeless persons said yes, their health had affected their housing.** Though not asked to specify how, several commented that a combination of factors had caused them to be ineligible for housing, or to lose their housing.

HEALTH SYSTEM

Homeless persons were asked their opinion about who should pay for health care: individuals, employers, or the government. **Two out of three participants (66%)**

believe the government should be solely responsible for health care costs. However, nearly one out of four (24%) think employers and/or individuals should share the burden. Typical comments include: *“The government should pay if you don’t work. Your employer should pay if you work.”* And, *“The government if the people have no money or can’t afford it. By individuals and employers if they can afford it.”*

An overwhelming majority (94%) of these consumers believe everyone should have a right to health care, regardless of their ability to pay for it.

Everyone has a Right to Health Care

“We all need health care. Illness affects us all.”

“It is cheaper to prevent, rather than treat. People who are poor could have weakened immunity systems and therefore spread more diseases and infections to others.”

“Everyone should be treated with the same dignity, no matter what position in society one holds.”