

Youth and access to healthcare in BC

we are in this together

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Introduction

Healthcare is fundamental to the well-being of all children, youth, their families, and communities and is a right that each young person has (Article 24 of the UNCRC). However access to healthcare is not always guaranteed for every young person in BC.

What is access to healthcare?

We often think of access to healthcare as having a doctor that is close enough to our home for us to get to but access includes so much more.

Here are some questions to consider when thinking about access:

- Do you have a family doctor?
- If not, do you get to see the same doctor on repeat visits?
- Can you afford the treatments your doctor prescribes you?
- Does your health care professional have accessible office hours and/or can you afford to take the time off work to see your doctor?
- Do you have access to alternative or specialized healthcare (naturopathic doctors, STI clinics, pre- and post-natal care)?
- Can you easily travel to get the health care you need?
- Can you visit a health care professional who respects your cultural needs (language, communication style, gender, your own healing traditions, knowledge of your own body)?
- Do you have access to health education and information, especially related to prevention?
- Does your health care professional respect your individual needs and situation?

These questions of accessibility could potentially affect every British Columbian but youth have unique challenges that need to be taken into account in order to provide effective health services.

What are some challenges for youth in the healthcare system?

- Youth who live apart from their family or are newly independent may not have the support to get the healthcare they require.
- Youth are sometimes in transition from relying on their parents or caregivers to get healthcare and are may not always know when and how they can get care independently.
- Youth may be dealing with sensitive relationships and personal growth questions that they are reluctant to share with parents or caregivers, even if they are very supportive—for example, they might not want their caregiver to learn about their sexual or substance explorations.
- Youth in urban settings may choose or be forced to go to walk-in clinics where service is inconsistent and no one gets to know them and their unique needs.
- Youth in rural settings may have inconsistent service due to functional distancing. Also, privacy issues exist and they may not have confidence that their concerns or records will be kept secret.
- Street youth often are not empowered to be their own advocates in order to receive good care, they may not know what care they are entitled to, or trust the care that is being offered. They may believe that they are not worthy to receive the type of care they require and have lack of family connections to healthcare (like a family doctor).
- Youth with disabilities and/or hidden disabilities may not be able to articulate what care they need or may not be aware

of what is available to them. They are particularly vulnerable to being diagnosed or over-diagnosed especially when they do not have access to consistent care.

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What are the consequences when not everyone has the same access to care?

Marginalized people tend to have more health concerns of all kinds but are less likely to receive care. People who are good advocates for their own care tend to get better (sometimes excessive) care. Those who are marginalized may not understand the care they are entitled to and tend to continue to receive less than adequate care. The bottom line? The sickest people tend to remain the least well treated.

So why should anyone care if some receive better care than others? First of all, part of being human is to care for others. But there are self-

interested reasons we should ensure that we are all as healthy as possible.

For example, HIV, STI's, Hepatitis, and Influenza are all communicable diseases and everyone is vulnerable when there are not systems of early detection and care. Epidemics begin when communicable diseases are not treated and prevented from spreading. Often the causes of disease and their spread are found in the quality of air and water we all share—increased

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inequities are associated with shorter and less healthy lives for all citizens. This association is seen throughout the world—in countries rich and poor—and Canada is not immune.

Even with non-communicable diseases not caused by infection (diabetes, cancer, obesity, etc.) early intervention means treatment can be administered when it will have the most impact. Fundamental to early detection is knowing you have the right to visit a doctor, be taken seriously without fear of judgment, and the right to receive treatment and detection in a timely fashion.

Having effective access to timely care can also increase the chances of having the causes of an illness be addressed during a “teachable moment”. For example someone with pneumonia who is a smoker might be more apt to participate in a smoking cessation program as part of his/her treatment, even though they have seen hundreds of warnings on TV and their cigarette packages.

Upholding the rights of young people is a shared

responsibility and there are ways each of us can help promote youth access to healthcare.

What can health care professionals do?

There is a worldwide shortage of health care professionals in rural areas—precisely those areas where need is often the greatest. Canadian medical schools are using their programs to achieve better distribution of doctors in rural areas.

Doctors and other professionals can help promote the idea that youth sometimes require and deserve more time with healthcare professionals. This can include making a special effort to create space for youth and making sure they know they will be taken seriously and not to be treated like they are foolish for having healthcare concerns. Can youth speak freely to you without condescension?

Always ensure confidentiality (youth have a right to privacy). For example, some clinics, especially in rural settings, make it a policy not to discuss who has visited a clinic so that everyone can receive healthcare without the possibility of being subjected to speculation or gossip about why they might need care.

Visit schools in your community. Bring your stethoscope and other instruments for students to explore and discuss normal development while building relationships. Teach students that it is OK to ask doctors questions. Do your part to normalize a doctor-patient relationship with youth. This builds trust and shows youth that they are an important part of your community.

Health care professionals have a moral and professional obligation to ensure there is outreach and appropriate services to street youth. For example, clinics can engage a diverse mix of

What can youth do?

First of all, let's recognize that youth are not a homogenous group. Some have more access to technology, privilege, food, support, doctors, and comfort than others. All youth can learn about their rights and then help others learn their rights. Sometimes it might feel like no one cares but by virtue of being a human being we each have the right to seek care and relief. Youth may have different capacities to take action for their own healthcare and the healthcare of others.

Canada has a health system that many around the world envy. Because Medicare is publicly funded, many of the barriers to care are reduced. But there are other factors that stand between Canadian youth and the health care they need. We can, and we must, do better to ensure that youth receive the care they need, when they need it, and where they need it. We are in this together. The health of everyone, especially youth, is a shared responsibility.

Learn more

- 1) <http://teenmentalhealth.org/> - Child and youth mental health resource in canada
- 2) <http://www.hc-sc.gc.ca/hl-vs/jfy-spv/youth-jeunes-eng.php> - Health Canada's 'Just for You' youth page on various health issues
- 3) <http://www.wontgetweird.com/> - Sexual health service that offers an open, non-judgmental approach to sexual health
- 4) <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/youth-jeunes/index-eng.php> - Health Canada's focus on youth and smoking
- 5) <http://deal.org/the-knowzone/> - Run by the Youth Engagement Section of the RCMP, offers youth-centred and youth friendly information on drugs, violence, access to health care, etc.

