Using the Law and Lawyers to Address the Social and Economic Determinants of Low-Income Children's Health

> Charity Scott, JD American Public Health Association Annual Meeting November 5, 2007

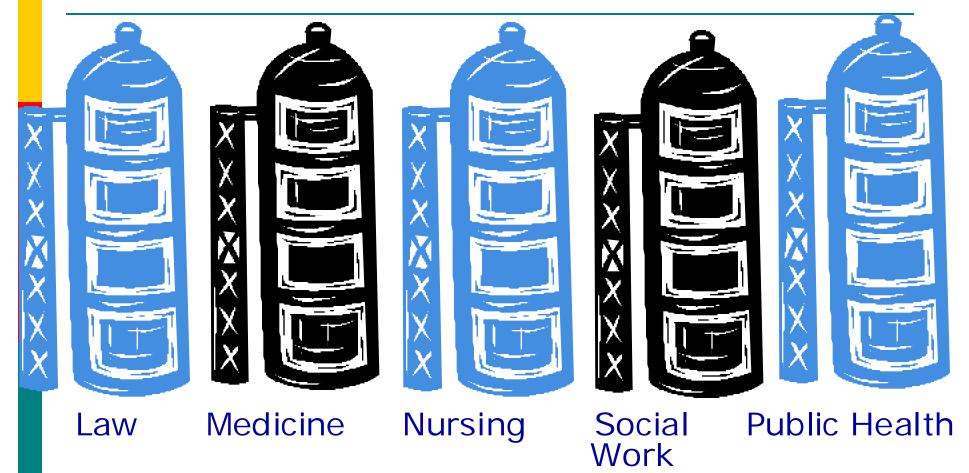






http://www.mlpforchildren.org/Nuts--Bolts.aspx Cartoon courtesy of Jack Maypole, MD (jackmaypole@yahoo.com)

#### Professional education silos





## February 2007

Average ranking position of child well-being in wealthy countries

-	-
Netherlands	4.2
Sweden	5.0
Denmark	7.2
Finland	7.5
Spain	8.0
Switzerland	8.3
Norway	8.7
Italy	10.0
Ireland	10.2
Belgium	10.7
Germany	11.2
Canada	11.8
Greece	11.8
Poland	12.3
Czech Republic	12.5
France	13.0
Portugal	13.7
Austria	13.8
Hungary	14.5
United States	18.0
Britain	18.2

#### **"U.S., Britain ranked last in child welfare"**

UNICEF, "Child Poverty in Perspective: An Overview of Child Well-Being in Rich Countries" (2007)

NOTE: Countries are listed by their average

Figure 1.1 Relative income poverty: Percentage of children (0-17 years) in households with equivalent income less than 50% of the median.

Relative poverty of children in rich countries

 UNICEF, "Child Poverty in Perspective: An Overview of Child Well-Being in Rich Countries" (2007)

OECD Nations			
Denmark			
Finland			
Norway			
Sweden			
Belgium			
Switzerland			
Czech Republic			
France			
Netherlands			
Germany			
Australia			
Greece			
Hungary			
Austria			
Canada			
Japan			
Poland			
Portugal			
Spain			
Ireland			
Italy			
United Kingdom			
New Zealand			
United States			
		1	
20 2	10 15	5 1	)

#### Children's health and safety in relation to average of countries reviewed

Sweden								
Iceland								
Netherlands								
Finland								
Denmark								
Italy								
Spain								
France								
Norway								
Switzerland								
Czech Republic								
Germany								
Japan								
Australia								
United Kingdom								
Canada								
Portugal								
Poland								
Belgium								
Hungary								
Greece								
Ireland								
Austria								
New Zealand								
United States								
) 85	l 10	95	100	105	110	 115	120	

Copyright 2007, Charity Scott, cscott@gsu.edu



- 1) Health Law Partnership (HeLP) in Atlanta
- 2) Poverty is a public health problem.
- 3) Law and lawyers can address many poverty-related health issues.







#### Atlanta Legal Aid Society



Children need Children's.®

GEORGIA STATE LAW





## **Change Theory**

By combining the health care expertise of health care professionals with the legal expertise of attorneys, a comprehensive set of services can be provided to address the multiple determinants of children's health and well-being.



#### HeLP's Goals

- To be a model for interdisciplinary community collaboration delivering comprehensive legal and advocacy services and educational programs.
- To improve the physical, social or economic environment in which many children live, resulting in their improved health and quality of life.
- To create an interdisciplinary professional culture that encourages coordination, collaboration, cooperation, and excellence.

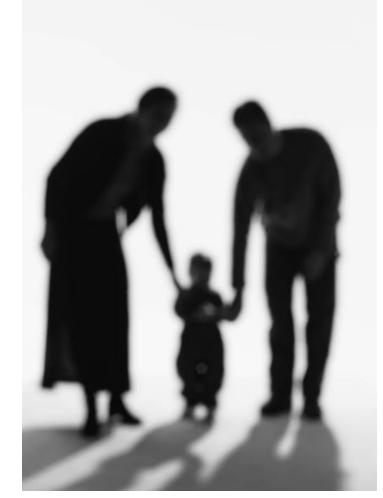




Addressing legal needs affecting children's health: Civil legal cases up to 200% of federal poverty ■ FPL = \$20,650 for family of four (2007) Improving poor housing conditions Ensuring freedom from neglect or violence Establishing/preserving family income streams Obtaining educational accommodations and special school services Accessing state and federal benefit programs

3 to 5 problems per referral

## Poverty and health: Children in Georgia



Annie E. Casey Foundation, 2006 Kids Count Data Book

44% of Georgia's children live in lowincome families (income below 200% of federal poverty level (FPL))

Over 50% of children admitted to Children's hospitals live in families with incomes below 200% of FPL How do poverty lawyers address public health?

- Poverty is a public health problem.
  - Poverty impedes access to health care.
  - Poverty contributes to poor health.

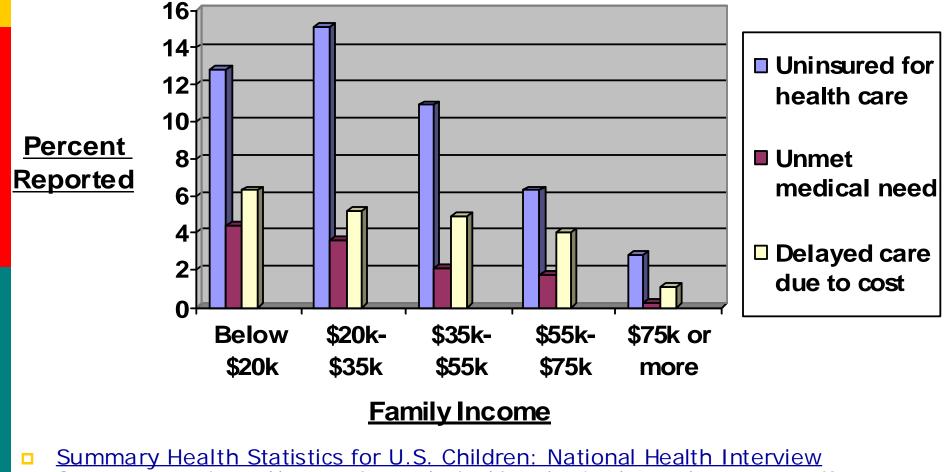


Poverty impedes access to health care

 Lack of money
 Lack of employment
 Lack of insurance



Distribution of children lacking insurance and health care access (measured by family income) <u>Measures of healthcare access for children ages 0-17 nationwide</u>



Survey, 2005 http://www.cdc.gov/nchs/data/series/sr\_10/sr10\_231.pdf



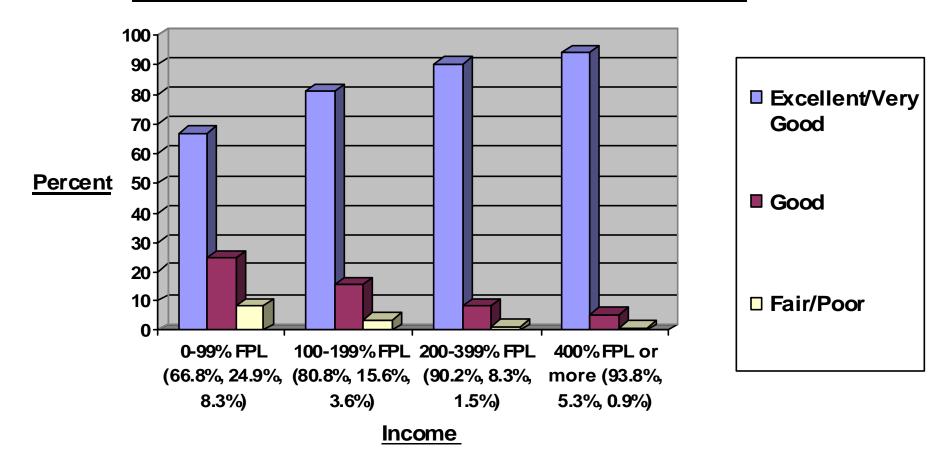
#### Health is not just about access to health care

#### Poverty itself contributes to poor health



#### Relationship between family income and health in children generally

How Parents Nationwide Report Child's Health Status



National Survey of Children's Health, 2003, www.childhealthdata.org

Health is not just about access to health care

- Poverty itself contributes to poor health
  Other socio-economic determinants of health:
  - Exposure to violence
  - Substandard housing
  - Low education
  - Food insecurity

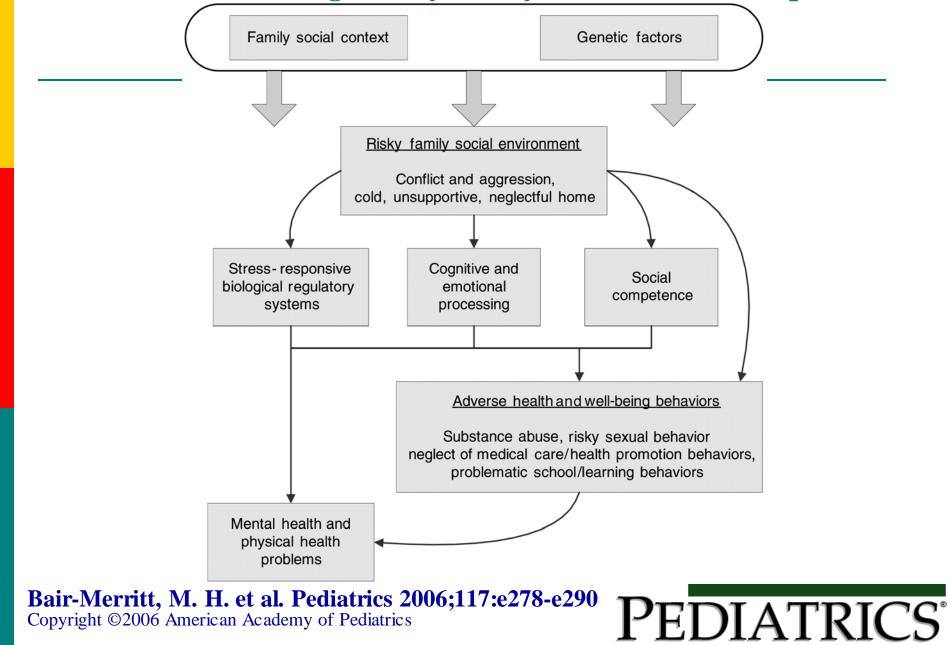


#### **Poverty and intimate partner violence Effects on children's health**



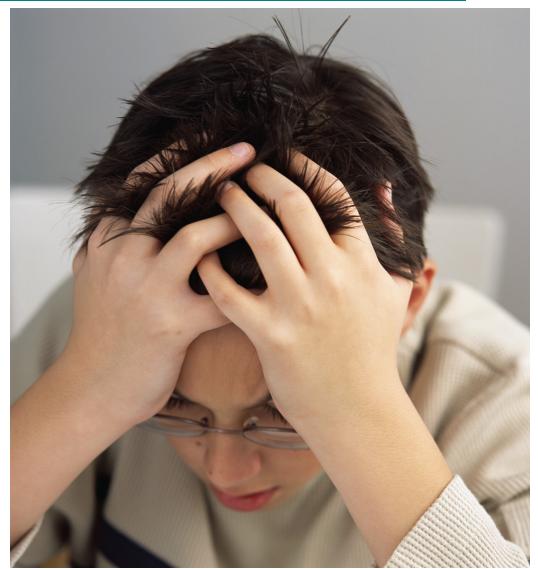
#### **Intimate Partner Violence (IPV):**

#### Theoretical model linking a risky family environment and poor health



## IPV and children's mental health Exposure to IPV increased risk of:

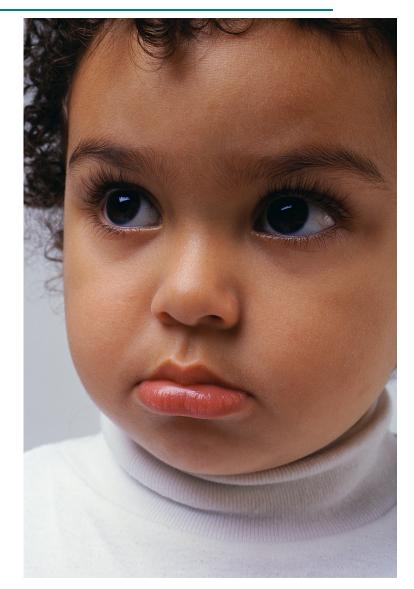
- Aggression, anxiety or inattention
- Suspension from school for disruptive or delinquent behavior
- If child was abused, suspension for aggressive behavior
- Risk-taking and health-adverse behaviors as adolescents or adults:
  - Sexually risky
  - Substance abuse



#### IPV and children's physical health

Direct injury

 Indirect harms from exposure
 Less well documented
 Lower immunization rates





## Effect of IPV on children's health



### **Poverty and housing Effects on children's health**



- Poor children are twice as likely to live in homes:
  - with leaking roof or broken windows
  - with holes in floor, cracks in walls
  - with roaches, rats
  - in neighborhoods with crime, litter, trash

## Poverty and housing Mold and asthma

- One 2001 study of low-income children (below 200% FPL) ages 4-12 with asthma found:
  - Visible mold and moldy smell in 50% of homes
  - Cockroach infestation in nearly 20% of homes
- Exposure to Asthma Triggers in Homes of Low-Income Asthmatic Children, University of Washington and Public Health Seattle King Co.
- www.riskworld.com/abstract/2001/SRAam01/ab01aa 312.htm





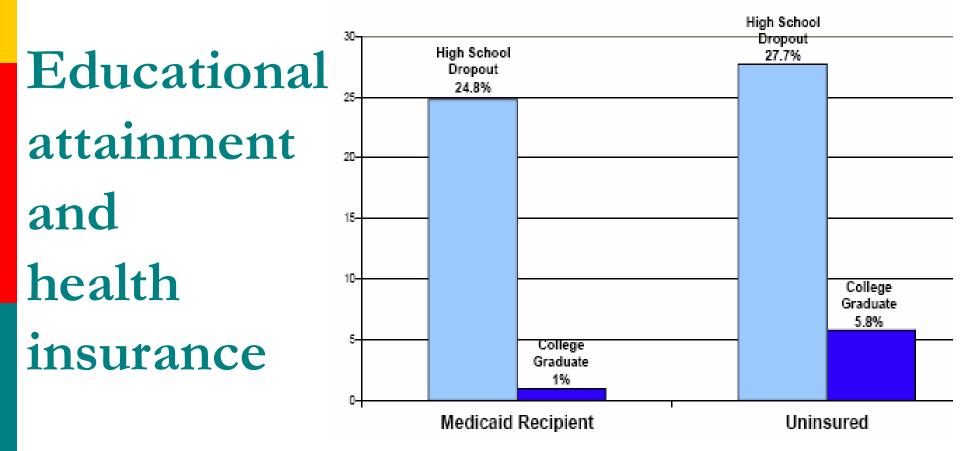
### Housing and children's health



#### **Poverty and education Effects on children's health**

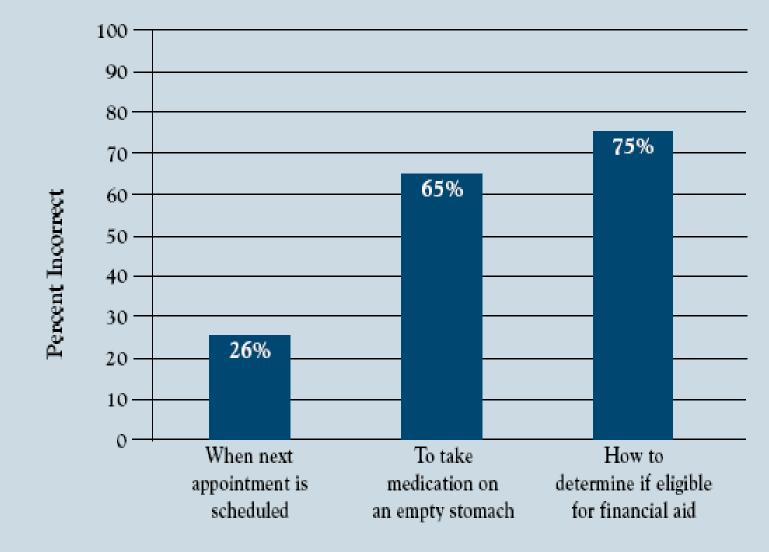


#### Medicaid Recipients and the Uninsured by Educational Attainment



Alliance for Excellent Education, "Healthier and Wealthier: Decreasing Healthcare Costs By Increasing Educational Attainment' (Issue Brief, Nov. 2006)

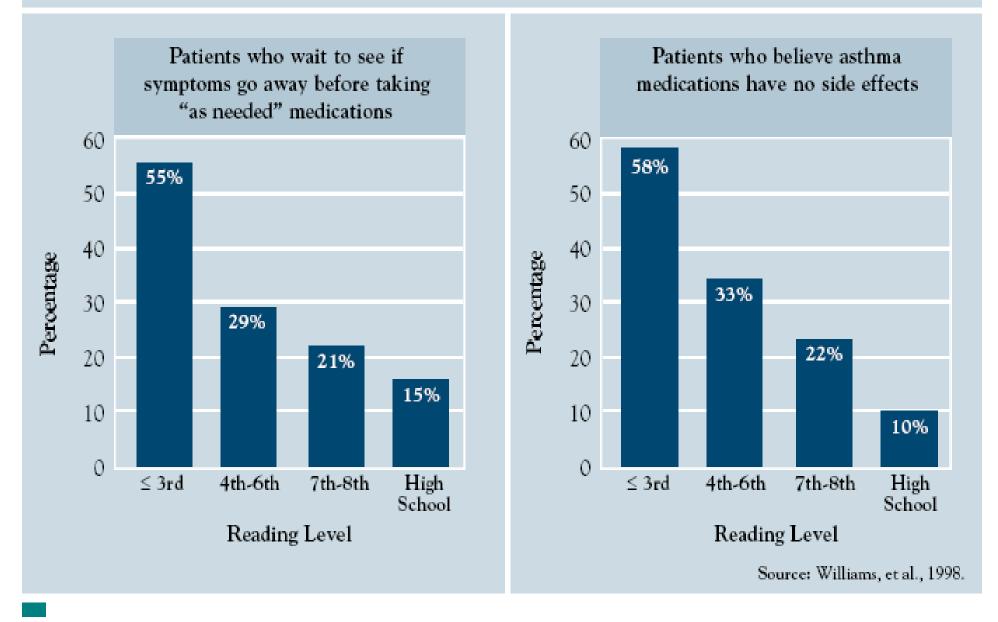
#### Many Public Hospital Patients\* Do Not Understand Basic Health Care Information<sup>4</sup>



\*% of 979 low-income patients

Source: Williams, et al., 1995.

#### Asthma Patients' Misunderstanding Regarding Medications<sup>6</sup>





 Accommodations for juvenile diabetes, sickle-cell disease, other health conditions
 Special education

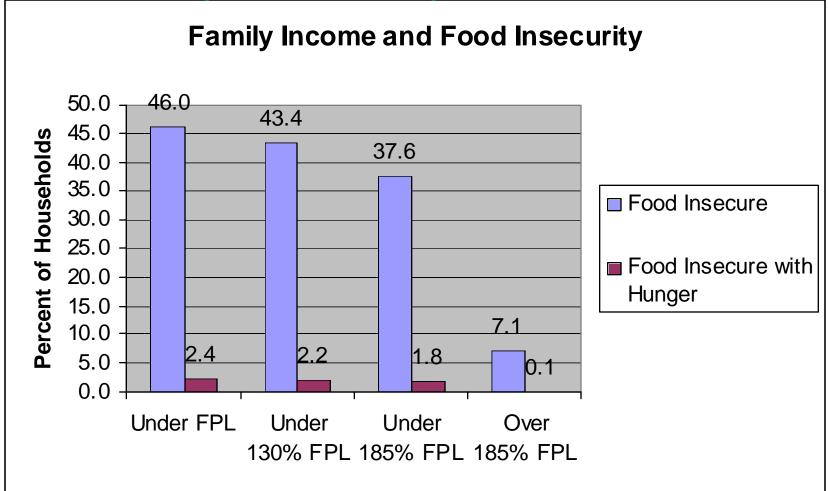


#### **Poverty and food insecurity Effects on children's health**



## **Poverty and food insecurity Effects on children's health**

Food insecurity is 5x more likely in families below 185% FPL



Nord et al., "Household Food Security in the US, 2005", USDA Economic Research Survey (2005)

## **Poverty and food insecurity Effects on children's health**

- Children in food-insufficient households suffer:
  - Poorer overall health status
  - More stomach and head aches
  - More colds

Severe hunger in children is associated with:

- Higher rate of chronic illness
- More anxiety and depression
- More behavioral problems
- Alaimo et al., "Food insufficiency, family income, and health in US preschool and school-aged children," Am. J. Public Health 91(5):781-6 (May 2001).
- Weinreb et al., "Hunger: Its Impact on Children's Health and Mental Health, Pediatrics 110:41 (2002)



# Food insecurity & children's health

## What HeLP can do for families:

- Food pantry
- TANF
- Food stamps
- Other income supports



# Addressing the socio-economic determinants of health

- Lawyers can address many poverty-related health issues:
- Domestic violence
- Special education needs
- Health care coverage (Medicaid, SCHIP, private insurance)
- Employment
- Income supports
- Consumer
- Food stamps
- Housing





Medical-Legal Partnerships - September 2007

http://mlpforchildren.org/Map.aspx

#### Grateful Acknowledgements

- For invaluable research assistance:
  - Brian Basinger (GSU law student, '08)
  - Kathryn Lemmond (GSU law student, '08)



#### **•** For very HeLPful on-going discussions:

- Sylvia Caley, Director, HeLP, and Associate Director, HeLP Legal Services Clinic at Georgia State University
- Lisa Bliss, Associate Director, HeLP Legal Services Clinic at Georgia State University