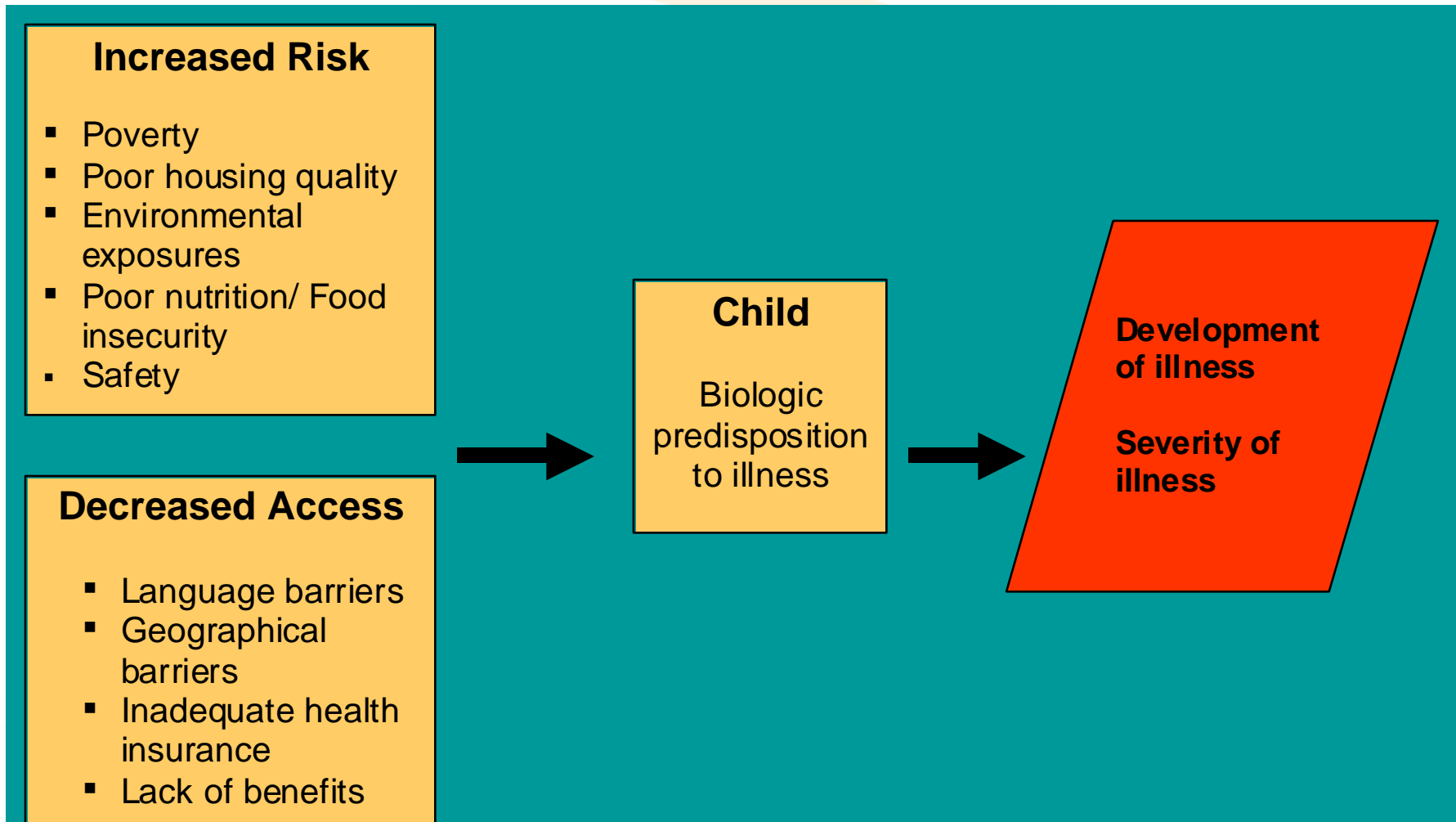


# *Medical-Legal Partnerships: An Expanding Model to Raise the Bar on Child Health*

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# Social Threats to Child Health



# Medical-Legal Partnership for Children

- Founded by Dr. Barry Zuckerman in 1993 to address social determinants of child health
- Partners doctors and lawyers to ensure that children's basic needs – for food, housing, education, health care and safety/stability – are met
- Core activities are direct assistance to patient-families; training and education for health care providers; and systemic advocacy

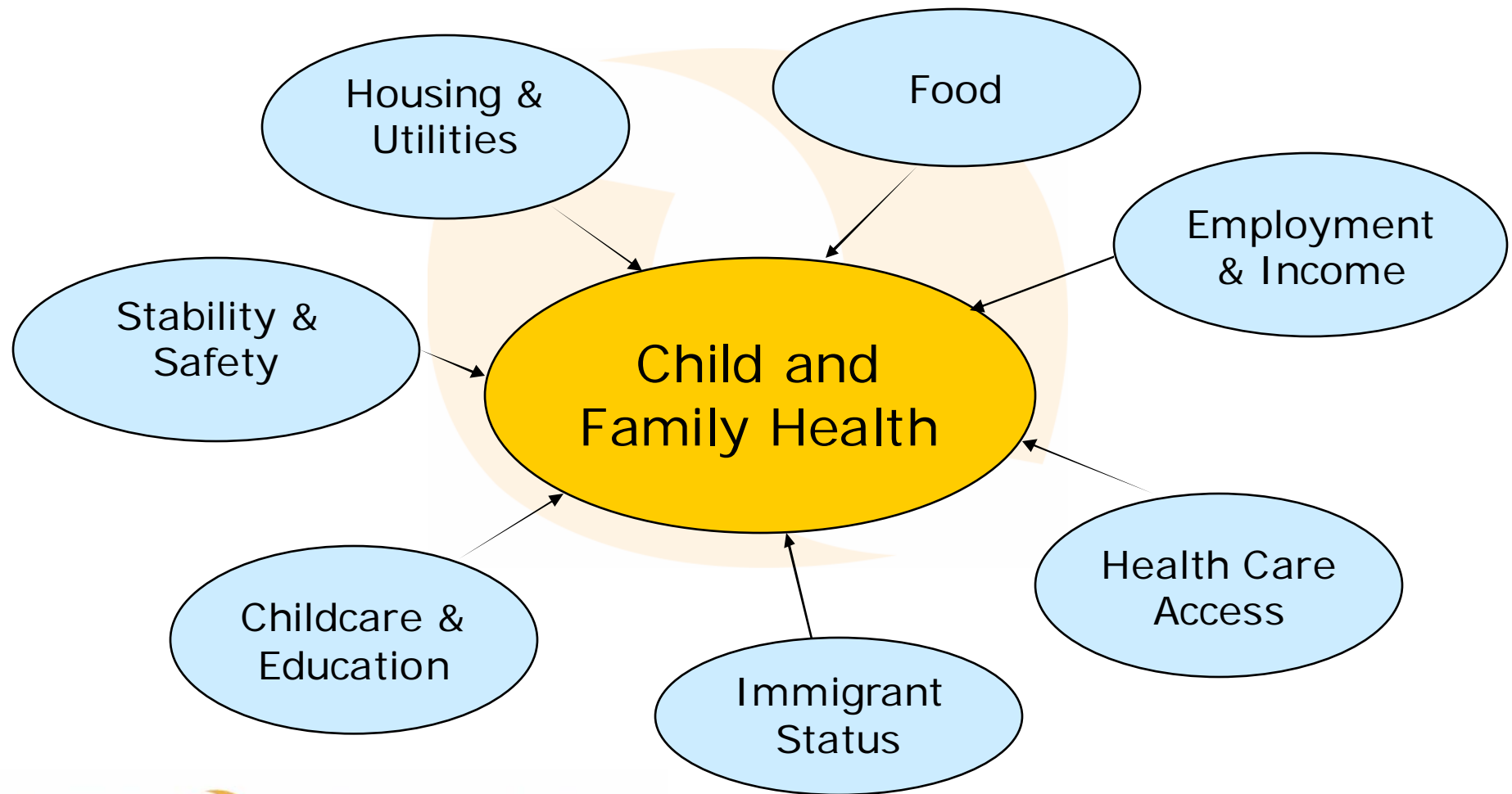
# Why Legal Advocacy in the Clinical Setting?

- Pediatricians and other health care providers are trusted, credible resources for families
- Screening for legal issues in the clinical setting facilitates  
**PREVENTIVE LAW**

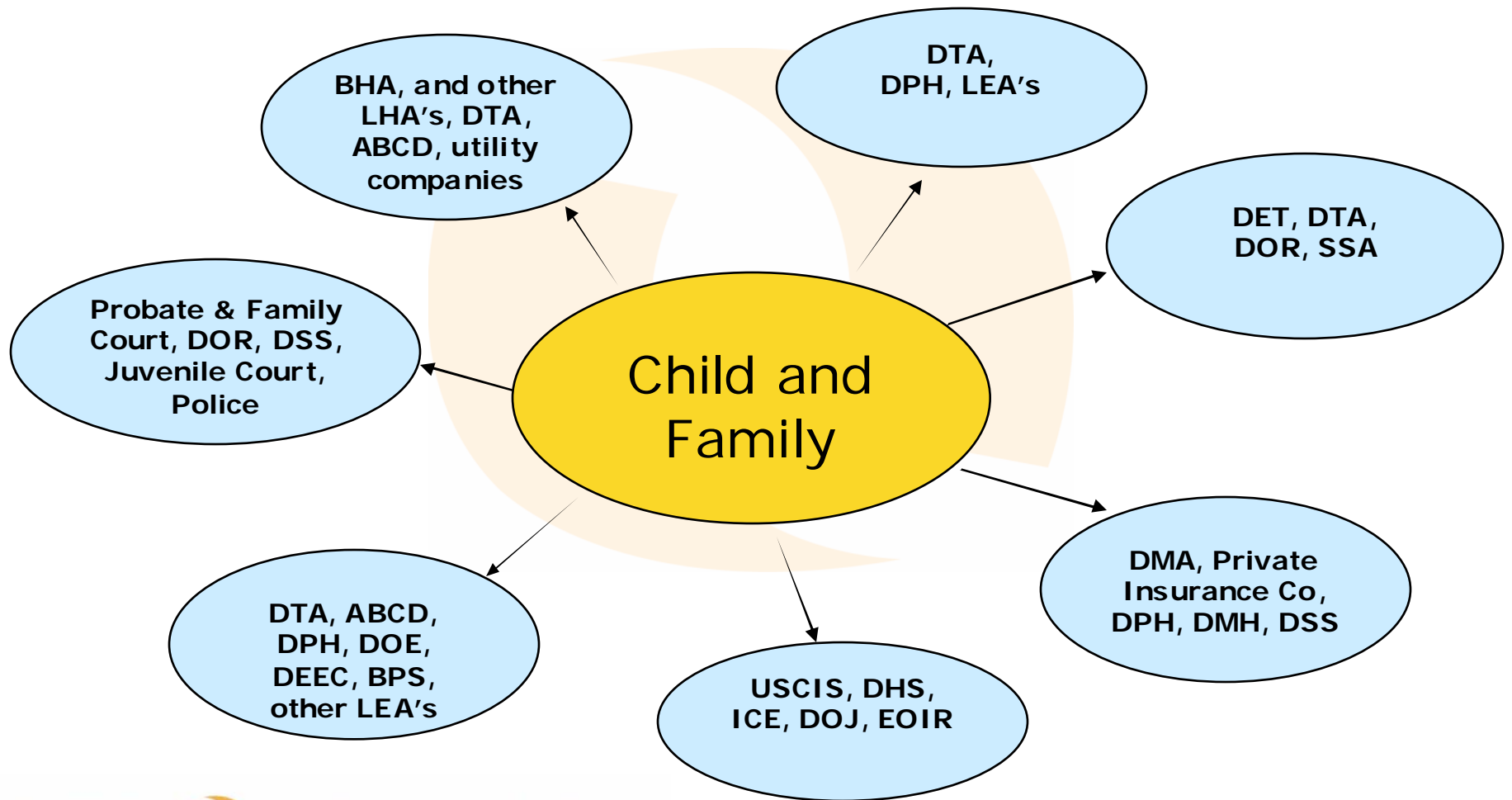
# Can't Social Workers Handle These Cases?

- Social workers are familiar with programs and services, but are not trained to appeal a denial of services or advise families about complex rights
- Lawyers support and augment work of treatment team
- Lawyers trained to recognize rights violations and have tool to address

# Wide Range of Laws Governing Basic Needs Influence Child and Family Health



# Forcing Families to Navigate Numerous Complex Bureaucracies



# The Scope of Unmet Legal Needs

State	Year	Ave. # Legal Needs in Prior Year
OR	2000	3.2
VT	2001	1.1
WA	2003	2.9
MA	2003	2.4
TN	2004	3.3
IL	2005	1.7

- Poor families have significant unmet legal needs
- Most legal needs are going unaddressed
  - Study identified large gaps between legal needs & receipt of help for those needs
- Legal help for poor families is limited
  - Publicly funded legal aid turns away up to 60% of cases due to lack of resources



# The Role of Medical-Legal Partnerships

- Foster collaboration between health care & legal service providers to ensure that children's basic needs are met.
- 3 basic activities:
  - **Education and training** of front-line health care providers to identify legal needs and take appropriate action.
  - **Direct service** to low income families through legal information, advice, or representation.
  - **Systemic advocacy** for policies that promote child health.

# PAIN RELIEVERS



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RAISING THE BAR FOR CHILD HEALTH

# Focus Group Themes: Fills an important need

- “There are lots of people who come to this hospital who need this. It was shocking to me that they can help me here.”
- “Families come to the hospital, so it makes sense to have advocacy at the hospital.”
- “In order to be healthy, things need to be going right in your life.”
- “I think other hospitals should start these programs. They will see a difference in their emergency rooms.”

# Successful in obtaining services

- “It helps to have the credentials”
- “Its different having a lawyer working for you, not the system you’re trying to get help from.”
- “It is very different from dealing with these people/agencies on your own – not treated the same way.”
- “Once FAP involved, these same people who had been difficult are smiling and willing to help”
- “Learned about other programs from the attorney ... things I didn’t know about.”

# Importance of Trust

- “I probably wouldn’t trust as much [if legal service were in another setting]”
- “Most pro-bono lawyers don’t care about you. It’s different with the doctors.”
- “Big advantage to have **medical and legal workers working together.**”

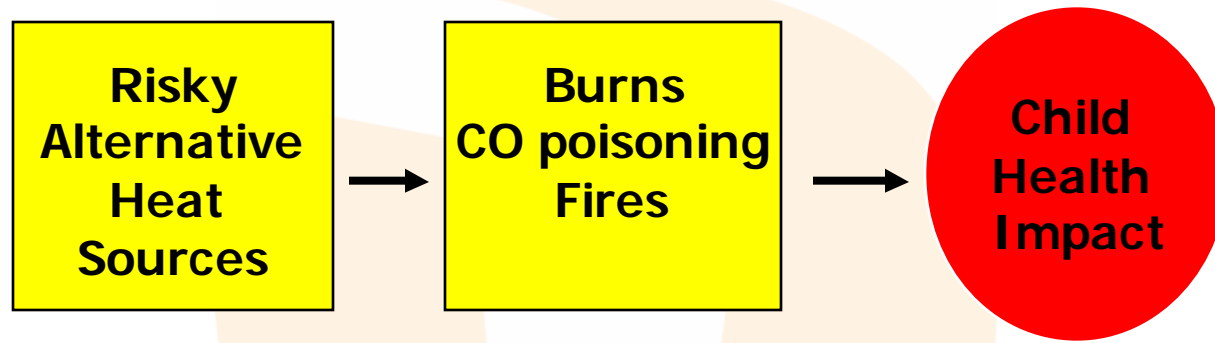
# Improved wellbeing and decreased stress

- “Child is happier now, having an easier time in school. Not as depressed.”
- “Mere fact you have legal representation has **taken away the stress I’d have if I’d been on my own, freelancing.**”
- “FAP helps families with services that they may not even be aware they could get. It helps protect families using the law for them instead of against [them].”

# Child Health Impact Assessment: Rationale

- Extensive evidence connecting non-medical factors and health
- Child health impacts not usually considered in domains outside of health care
- Child Health Impact Assessment offers objective, evidence- and experience-based method of evaluating policy, regulations, legislation

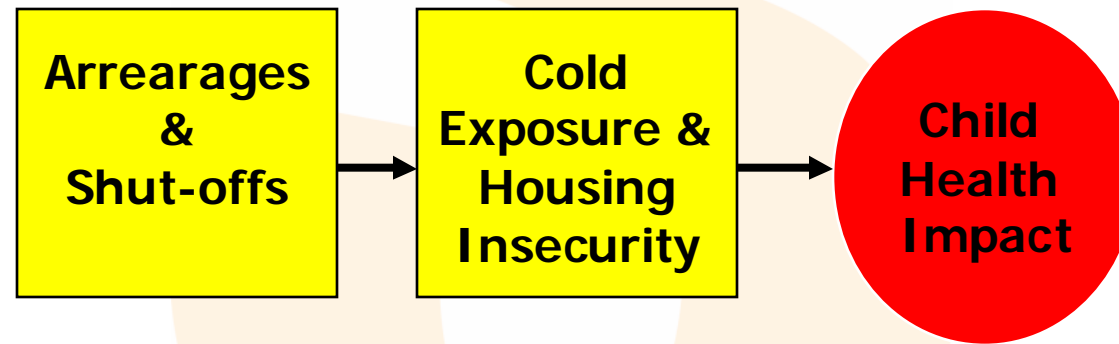
# Pathways of Impact: Use of Alternative Heat



- Long-term health consequences of burns, carbon monoxide exposure
- Economic impact of preventable hospitalizations

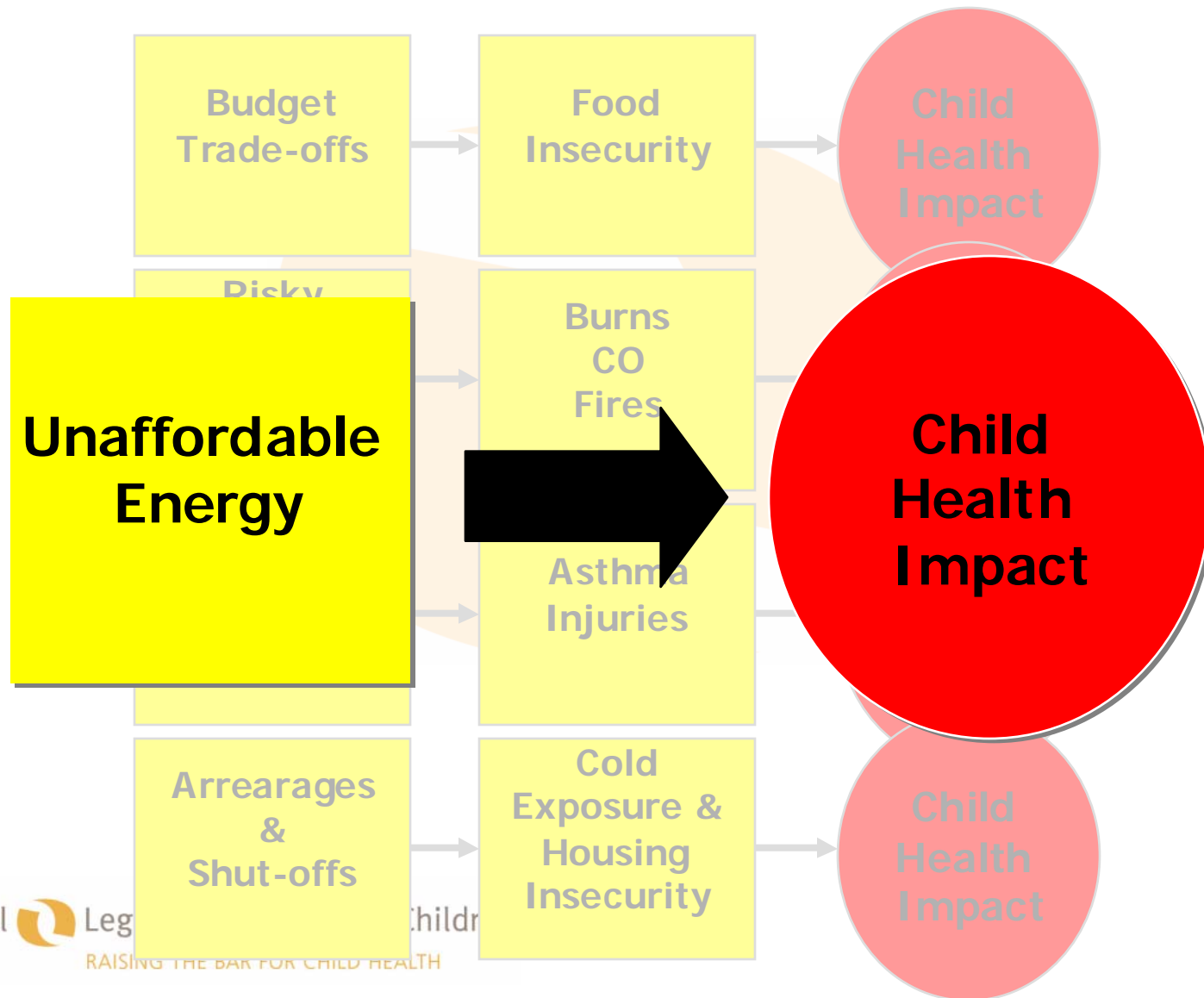


# Pathway of Impact: Arrearages & Shut-offs



- Housing instability
- Lack of primary care, undertreated medical conditions, growth delay
- Adverse mental health impacts: anxiety, depression, behavioral disorders
- Adverse educational impact: grade repetition, special education

# Energy Costs Affect Child Health



# City & Regi

BOSTON SUNDAY GLOBE NOVEMBER

EILEEN McNAMARA

## Time to turn up the heat



It has been a de  
tively warm autun  
the constant hum  
firing furnace still  
mostly a memory  
last winter. The un  
sonable temperatu  
pose a challenge th  
week for medical r  
searchers who hav

documented a link between the cost of fuel and the health of children.

"It is hard to get the attention of policy makers on this issue when it feels like spring outside," acknowledged Dr. Lauren A. Smith, an associate professor of pediatrics at the Boston University School of Medicine and chairman of the research team that has concluded that adequate fuel assistance is a medical necessity for the well-being of low-income children.

So many of the findings of the Child

**Thousands of poor people in Massachusetts could be forced to choose between home heating and necessities such as food and medicine....**

**... adequate fuel assistance is a *medical necessity* for the well-being of low income children.**

TU...EMBER 5, 2006

THE BOSTON GLOBE

## Auditor urges the state to boost fuel aid for poor

By Raja Mishra  
GLOBE STAFF

Thousands of poor people in Massachusetts could be forced to choose between home heating and necessities such as food and medicine if the Legislature does not quickly approve money for state heating oil programs, state Auditor A. Joseph DeNucci warned yesterday.

His report said the state has become complacent about heating-oil subsidies, as the price of oil has dropped from record highs last year.

"I'm concerned that because the cost has leveled off, there might be a false sense of security," DeNucci said in an interview.

His report was issued as wintry weather finally appears to have arrived, after an unusually warm November.

Two years ago, a similar report by DeNucci led to record state subsidies for heating oil. Last year, amid record-high energy prices, state lawmakers and Governor Mitt Romney approved \$20 mil-

\$30 million, but it is unclear what Governor-elect Deval L. Patrick will do when he takes office in January. During his campaign, Patrick emphasized property tax relief, more education spending, and adding police officers. Heating oil subsidies, said advocates for the poor, were scarcely debated.

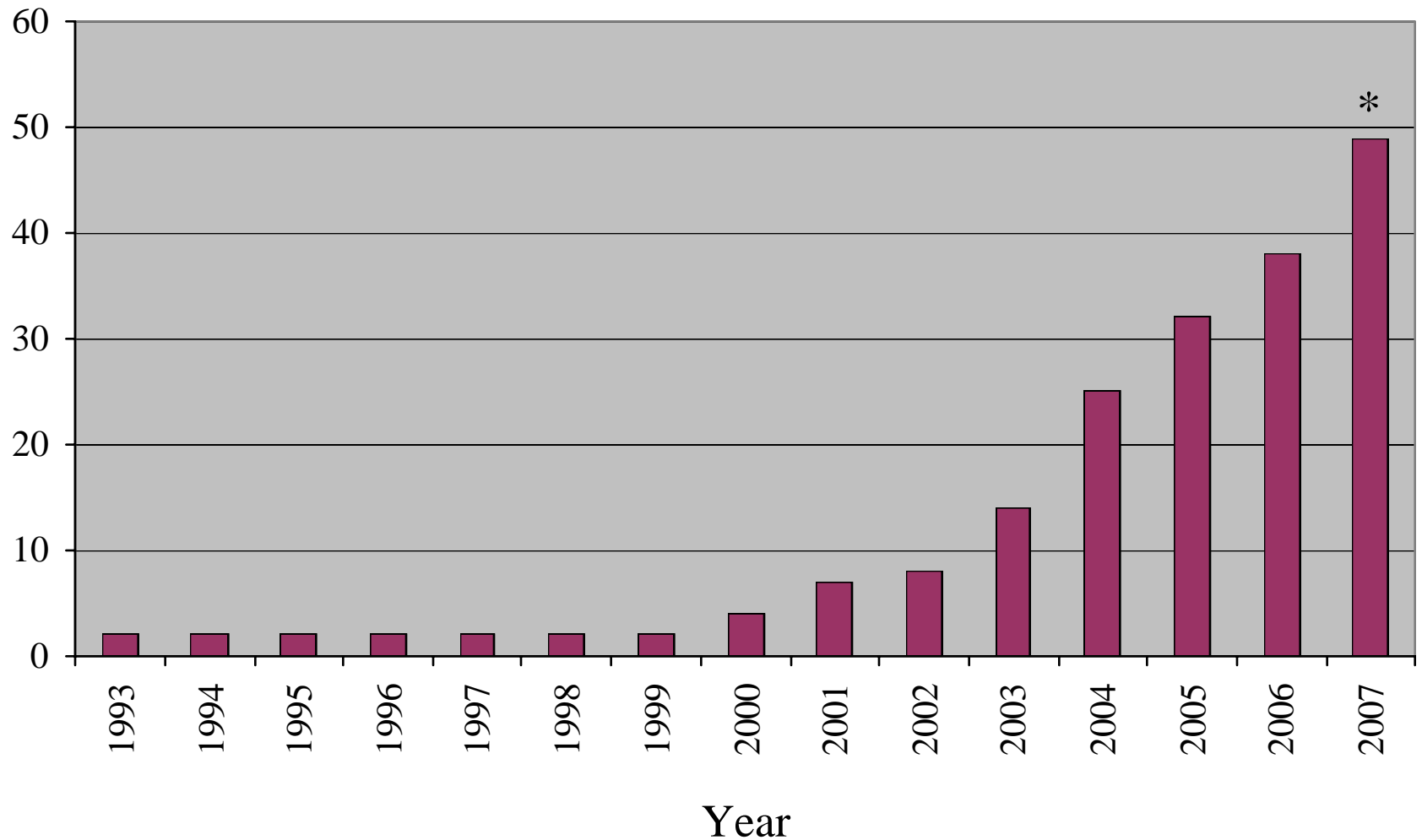
Patrick "wants 1,000 new policemen on the block; I hope that doesn't come out of fuel assistance money," said Robert M. Coard, president and chief executive of Action for Boston Community Development, which provides heating aid.

A spokesman for Patrick did not return calls yesterday.

Heating oil currently costs \$2.35 per gallon. Last year, it averaged \$2.42.

"Our assumption is that, as demand increases in the winter, the prices will go up," said Joe Diamond, executive director of the Massachusetts Association for Community Action, whose member groups provide heating assistance to 140,000 households

# Replication of MLPC Programs, 1993-2007

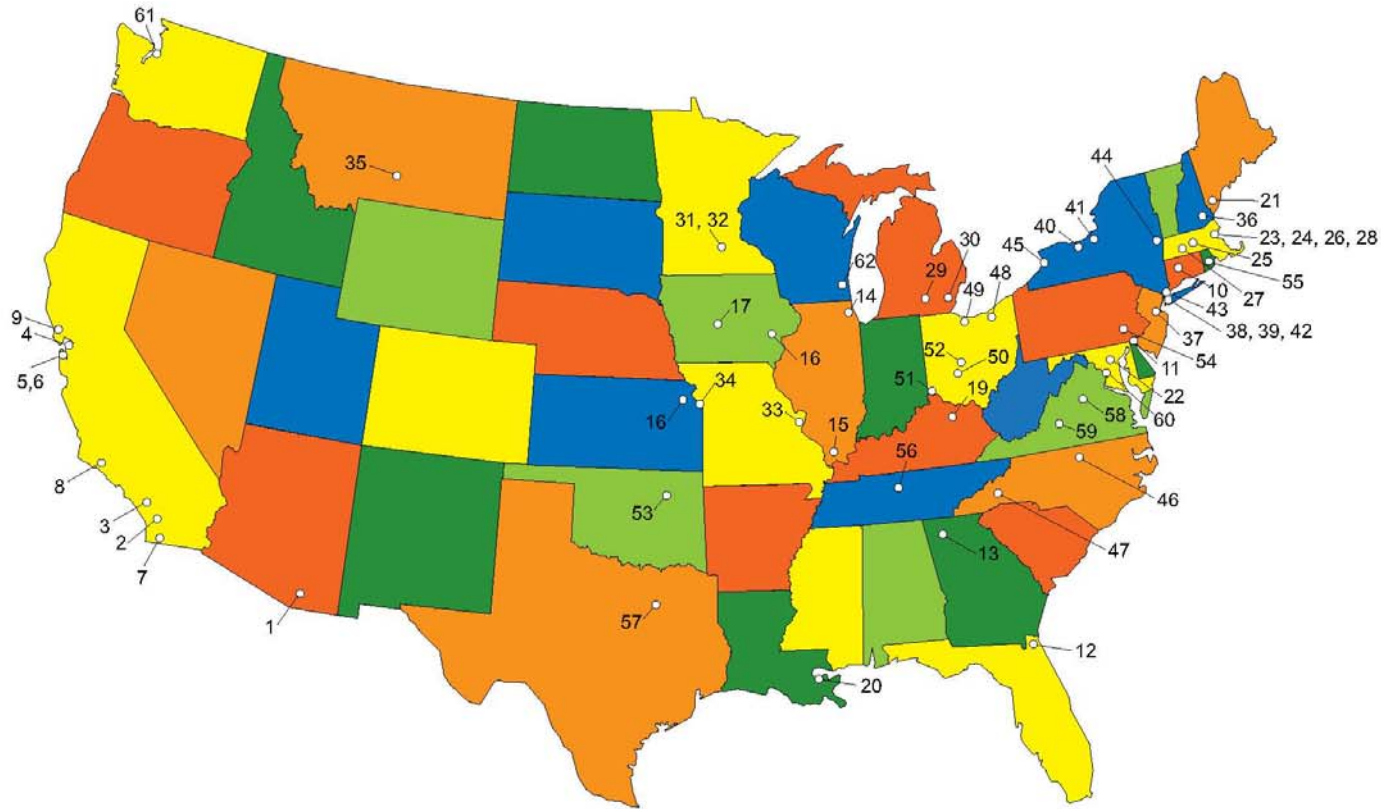


The Medical Legal Partnership for Children  
RAISING THE BAR FOR CHILDREN

\*11 new programs planned to begin in 2007

# The Medical Legal Partnership for Children

RAISING THE BAR FOR CHILD HEALTH



Medical-Legal Partnerships - May 2007

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# Uncoupling Social Threats from Child Health Outcomes: DO BOTH!

