Addressing Non-Medical Needs in a Community Health Center

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GOALS:

- FQHC resources to address the social determinants of health
- Research on the identification of non medical needs in a health care setting
- Medical Legal Partnerships co-locate legal services in health care settings to assist with health-related legal problems
- Need for “overcoming silos”
Community Health Centers

- H. Jack Geiger, MD
  - Mississippi Delta Clinic 1964
    - Treated malnutrition with Rx for family’s food at grocery stores
    - Grocery stores reimbursed from the clinic pharmacy budget
    - Office of Economic Opportunity objected
      - “The last time I checked my textbooks the specific therapy for malnutrition was, in fact, food.”
  - Hired a lawyer
  - Repaired housing
  - Dug wells and sanitation
  - Rented 600 acre farmland to start a cooperative farm
  - Education and training programs in evenings when clinic closed
Friend Family Health Center 15 years

- Federally Qualified Health Center
- Main site at 55th and Cottage Grove
- University of Chicago property
- 4 other sites on Southside of Chicago

Relationship to University of Chicago
- Initially all MDs were U of C faculty
- Currently 6 U of C pediatricians contracted to work part-time at FFHC

- Separate lab, billing, medical records, administration and community board
- U of C Hospitals were previously primary referral site for subspecialty care
Friend Family Health Center

28,000 patients

- 17,000 <19 y/o
- 10,000 20-64 y/o
- 500 65+ y/o

- 87% African American

- 86% ≤ 100% FPL
<table>
<thead>
<tr>
<th>Position</th>
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<tbody>
<tr>
<td>Pediatrics</td>
<td>6.5</td>
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<tr>
<td>Internal Medicine</td>
<td>3.1</td>
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<tr>
<td>Family Medicine</td>
<td>1.8</td>
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<tr>
<td>Ob/Gyne</td>
<td>2.5</td>
</tr>
<tr>
<td>Social Worker</td>
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<tr>
<td>Case Managers</td>
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<tr>
<td>Nutrition</td>
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<tr>
<td>Community Educator</td>
<td>1.0</td>
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<tr>
<td>Lactation consultant</td>
<td>0.5</td>
</tr>
<tr>
<td>RN</td>
<td>9.0</td>
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Friend Family Health Center

Social Worker
- *DCFS-involved family (child welfare)
- Financial problems
- Depression/suicidal thoughts
- Mental health issues
- Utility service
- *Disabilities and need services
- *Domestic violence
- *Substance abuse services
- *Emergency housing/shelters
- *Elderly programs

* Listed in subspecialty referrals in electronic medical record
Cartoon courtesy of Jack Maypole, MD  (jackmaypole@yahoo.com)
DON’T ASK. DON’T TELL.
Legal Needs Assessment

- Pediatric Emergency Department  Boston 2008

- 12 issues listed on survey
  - Housing condition or safety
  - Public benefits
  - Utilities
  - Food security
  - Immigration problems
  - Child education problems
  - Childcare
  - Prescription costs
Legal Needs Study
Number of Concerns Identified (n=154)

Legal Needs Assessment

- Reasons for not seeking legal assistance:
  - “I didn’t think of this as being a legal issue.”
  - “Thought I could handle it” myself
  - “I was worried about the cost.”
  - “I didn’t think anything could be done about it.”
  - “I didn’t know where to go for legal help.”
  - “I thought seeking legal help might make the problem worse.”
  - “I was afraid or intimidated.”
Distinguish between problems that can cause physical harm from behavioral/psychosocial problems

Doctors in a hurry: “They move and talk too fast.” “They leave before you’re finished talking.”

Doctors are focused on medical conditions: “What’s your problem? Here’s a prescription.” “He doesn’t want to hear my problems.”

Need to perceive doctor has genuine concern

“Nurses” (medical assistants) ask more than the doctors
Medical students and residents unfamiliar with social determinants of health

- Limited direct experience
  - AAMC data (2008)
  - Three-fourths of medical students are from families in the top 2 quintiles of family income.

University of Chicago Pediatrics informal survey:
Beginning interns are unaware of minimum wage, Federal Poverty Level, WIC, SNAP, TANF, child care subsidies, “court appointed lawyer” not for civil cases
“Within the current health care system, physicians do not have the time or sufficient staff support to address patients’ social needs - such as access to nutritious food, transportation assistance and adequate housing - even though these needs are as important to address as medical conditions.”

Physicians’ (lack of) Confidence in Addressing Patients’ Social Needs

4 IN 5 PHYSICIANS SURVEYED

SOCIAL NEEDS MEDICAL CONDITIONS

4 IN 5 PHYSICIANS surveyed say patients’ social needs are as important to address as their medical conditions.

4 IN 5 PHYSICIANS surveyed are not confident in their capacity to address their patients’ social needs.

UNMET SOCIAL NEEDS → POOR HEALTH

4 IN 5 PHYSICIANS surveyed say unmet social needs are directly leading to worse health for everyone, not only for those in low-income communities.

Prescriptions for Social Needs

Physicians wish they could write prescriptions to help patients with social needs.

- Fitness Program: 75%
- Nutritional Food: 64%
- Transportation Assistance: 47%

Physicians whose patients are mostly urban and low-income wish they could write prescriptions for

- Employment Assistance: 52%
- Adult Education: 49%
- Housing Assistance: 43%

Medical training

ACGME now requires training in community health assessment, provision of culturally effective health care and training in advocating for patients

University of Chicago
Community Pediatrics Intern  2 week rotation
Readings on social determinants of health
Experiences with social service providers and schools
Screening instruments

- Accepted by patients/parents
- Identify more patients needing services than physicians have
- Paper/pencil or computerized for patient to complete
- Computerized as part of the patient history in the electronic medical record
MEDICAL LEGAL PARTNERSHIPS

Preventive Medicine & Preventive Law

Many Health Disparities Have Legal Solutions
Never, EVER, think outside the box.
Medical-Legal Partnerships:

- Recognize lawyers as powerful sub-specialists
- Place solutions to social barriers within reach
- Empower families and providers
- Facilitate detection of legal problems before they reach crisis
# Medical-Legal Partnerships: Transforming Healthcare and the Law

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<thead>
<tr>
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<th>Prevailing Model</th>
<th>MLP Model</th>
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<tr>
<td><strong>Legal Assistance</strong></td>
<td>• Service is crisis-driven&lt;br&gt;• Individuals are responsible for seeking legal assistance&lt;br&gt;• Primary pursuit is justice</td>
<td>• Service is preventive, focuses on early identification of and response to legal needs&lt;br&gt;• Healthcare team works with patients to identify legal needs and makes referrals for assistance&lt;br&gt;• Aims include improved health and well-being</td>
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<td><strong>Healthcare</strong></td>
<td>• Adverse social conditions affect patient health but are difficult to address&lt;br&gt;• Healthcare team refers patients to social worker/case manager for limited assistance&lt;br&gt;• Advocacy skills are valued, taught and deployed inconsistently</td>
<td>• Adverse social conditions with legal remedies are identified and addressed as part of care&lt;br&gt;• Healthcare, social work, and legal teams work together to address legal needs, improve health and change systems&lt;br&gt;• Advocacy skills are prioritized as part of the standard of care</td>
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THREE CORE FUNCTIONS
OF CMLPC

Legal advice and assistance for patients and families (co-located services)

Internal system improvements in health care and access

External systems change
CMLPC Referral Types
(listed with subspecialists in FFHC Electronic Medical Record)

- **Public benefits denial or problems**
  - SSI
  - SSDI
  - TANF
  - WIC
  - SNAP
  - DSCC

- **Consumer problems**
  - Bankruptcy
  - Mortgage foreclosure
  - Collection lawsuit

- **Employment issues**
  - Wrongful termination
  - Unemployment benefits denial
Legal Referral Types (continued)

- **Special education (3-21 yr), Early Intervention (0-3 yr) and school issues**
  - Delay or denial of evaluation
  - IEP/IFSP problems
  - Expulsions/suspension

- **Family legal problems**
  - Domestic violence order of protection
  - Custody/guardianship/adoption
  - Paternity/child support
  - DCFS- indicated findings
  - Juvenile court matters

- **Health Insurance denial or problem**
  - Private insurance
  - Medicaid/Medicare
  - All Kids

- **Housing problem**
  - Housing condition
  - Section 8 terminations
  - Utility shut off
  - Lead paint

- **Immigration problem**
Special ed student gives up

Disabled teenager tired of waiting weeks for CPS bus

By Rex W. Huppke
TRIBUNE REPORTER

Termel Jennings, a 16-year-old special education student with cerebral palsy, left his home in Joliet earlier this year to live with his aunt in Chicago. In early February, Jennings was hospitalized with an injured leg. He wound up never attending a class. After waiting more than a month for Chicago Public Schools to provide him with federally mandated bus service to the city, the teen gave up Friday and decided he would return to school in Joliet under the provisions of a law that protects homeless youth.

"Termel has decided this afternoon that CPS is not going to meet his needs," said Amy Zimmerman, an attorney with the Chicago Medical-Legal Partnership for Children at Health & Disability Advocates. "He has no faith that CPS is going to meet his needs. It left him languishing now for five weeks."

Zimmerman said that under the McKinney-Vento Homeless Assistance Act, Jennings has a right to be bused from his aunt's

Far South Side home to attend school in Joliet, with the Chicago school district splitting transportation costs with the Joliet district.

"We don't want any student to feel like they need to go somewhere else because they're not getting the services they deserve," Bond said. "We would encourage the student to remain within the Chicago Public Schools system. We're trying to do everything we can to get him the assistance that he deserves and needs. We encourage the family to remain patient. We are going to find out what happened here."

On Friday morning, the Tribune reported a story on its Web site detailing Jennings' lack of bus service. In Joliet, he had a special education plan that called for transportation with an aide, as well as an aide to help with note-taking and moving him from class to class. Under state law, Chicago Public Schools is required to provide "services comparable to those described in the previously held" plan.

After registering at Fenger last February, Jennings was told bus service would start within two weeks. But that bus never came, and he and his aunt, Kimberly Jennings, said they never received any word as to why.

After the Tribune sought comment, Deborah Duskey, head of special education at CPS, said a transportation plan for Jennings had been in the computer system since Feb. 23. She said she learned late Thursday that the aide who was supposed to be on the bus was on maternity leave, and she ordered a substitute aide to be put in place.

rhuupk@tribune.com
CMLPC Goal: Education for health care professionals, residents, medical students, pro bono attorneys, law students and social workers

- Legal, policy and ethical issues affecting child health
  - Examples: special education, housing, public benefits

- Materials include online resource materials, patient handouts, and Technical Assistance flip-books (HDA Tips) which contain a summary of IL/federal programs and services—coming soon HDA Tips App.

www.hdadvocates.org
www.illinoishealthmatters.org
CMLPC: Encouraging Systemic Advocacy

- Working to address system-wide problems that negatively affect children’s health

- Includes: legislative advocacy, class action litigation and direct outreach with local, state and federal agencies to promote remedies for recurring issues
HOME HOSPITAL INSTRUCTION – BACKGROUND

- The Illinois School Code requires school districts to provide Home/Hospital Instruction to children who experience extended, medical-related school absences or are absent on an ongoing intermittent basis due to a medical condition.
HOME HOSPITAL INSTRUCTION 
CHANGES – HB 1706

HB 1706 introduced 3 important improvements to HHI:

1. “Ongoing intermittent basis” means missing 2 consecutive days multiple times per year such that at least 10 days total are missed
2. HHI must start within 5 school days after the school receives the doctor’s statement
3. HHI must include special education related services required by IEP or 504 plan

*PA 97-123 [Improvements Effective July 14, 2011]*
Board Of Education Approves New Asthma Plan For Schools

January 25, 2012 2:50 PM

CHICAGO (CBS) – The Chicago Board of Education has approved a new plan to make sure that teachers are ready to help the thousands of kids with asthma in public schools.

Under the plan, the Chicago Public Schools would mail each student’s family a questionnaire asking whether their child has asthma, what medication the child might need, and what precautions are needed to prevent asthma attacks from occurring in school.

Amy Zimmerman, Director of the Chicago Medical-Legal Partnership for Children, said this will sensitize the teacher to the possible problems facing the child. The teacher will know if an inhaler is needed and used and where to find it if that child has an asthma attack.

The program will also allow teachers to know how to avoid triggers for asthma, such as keeping kids indoors during recess or gym when temperatures are low.

“If the weather is, if it’s very, very cold, yes, you would take them inside,” Zimmerman said. “It’s not that you would have them sitting in a comer, you would just find another type of physical activity for them if they were going, for example, going outside for gym.”

Schools would also be able to know how to minimize other triggers like pesticides or strong cleaning compounds.

“Fur can be a trigger, so if … there are pets in a classroom, that might be a trigger for a child,” Zimmerman said.

Zimmerman also said she thinks the school system’s estimate of 20,000 students with asthma is about 50 percent too low.

The school board also approved a new measure to supply all schools with epipens by the next school year to make sure medication is on hand to treat allergic reactions that could prove deadly to students. Epipens are life-saving injections for people with severe reactions to certain foods.
Medical Legal Partnerships  2013

Currently there are 97 medical legal partnerships
Serving 54,000 patients/year

more than 275 hospitals, clinics and health centers
clients are children, adults/elderly, veterans and patients
with chronic illnesses
training 47 residency programs

Resolutions of support from ABA 2007
AAP 2008
AMA 2010

Bipartisan Congressional bill introduced in 2010 to fund MLPs
Future directions:

- Need for co-location of medical, legal and social work supports
- SW assess needs, barriers and resources
- SW can determine other non-legal problems and remedies
- SW trained in family systems theory
- SW maintain on-going relationship after legal case “closed”
DISCUSSION