

Annual Latino Public Health Affairs Forum

Interprofessional Collaboration to
Meet Latino Youth Health Needs

American University

March 19, 2018

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Distinguished Visiting Scholar and Senior Fellow

Solomon Center for Health Law and Policy

Yale Law School

The Erie Promise

To deliver quality health care with compassion and respect.

To serve our patients in an environment that is warm, welcoming and comfortable.

To promote wellness through health education and preventive care, so that our patients can lead healthier, happier lives.

About Erie

Since 1957, when the Erie Family Health Center was first established as a volunteer clinic by doctors from Northwestern Memorial Hospital, it has been Erie's mission to ensure that all Chicagoans have access to high quality, culturally sensitive, bilingual health care services — regardless of their ability to pay. Today, Erie serves more than 40,000 patients annually at thirteen sites, including five large primary health centers, five school-based health centers, a teen health center and two oral health centers.

Our Mission

At Erie Family Health Center, we believe health care is a right, not a privilege. Our mission is to provide accessible, affordable and high quality health care for those in need.



“Every human being has a right to the best health care that modern medicine can provide.”

Lee Francis, MD. MPH
President and CEO

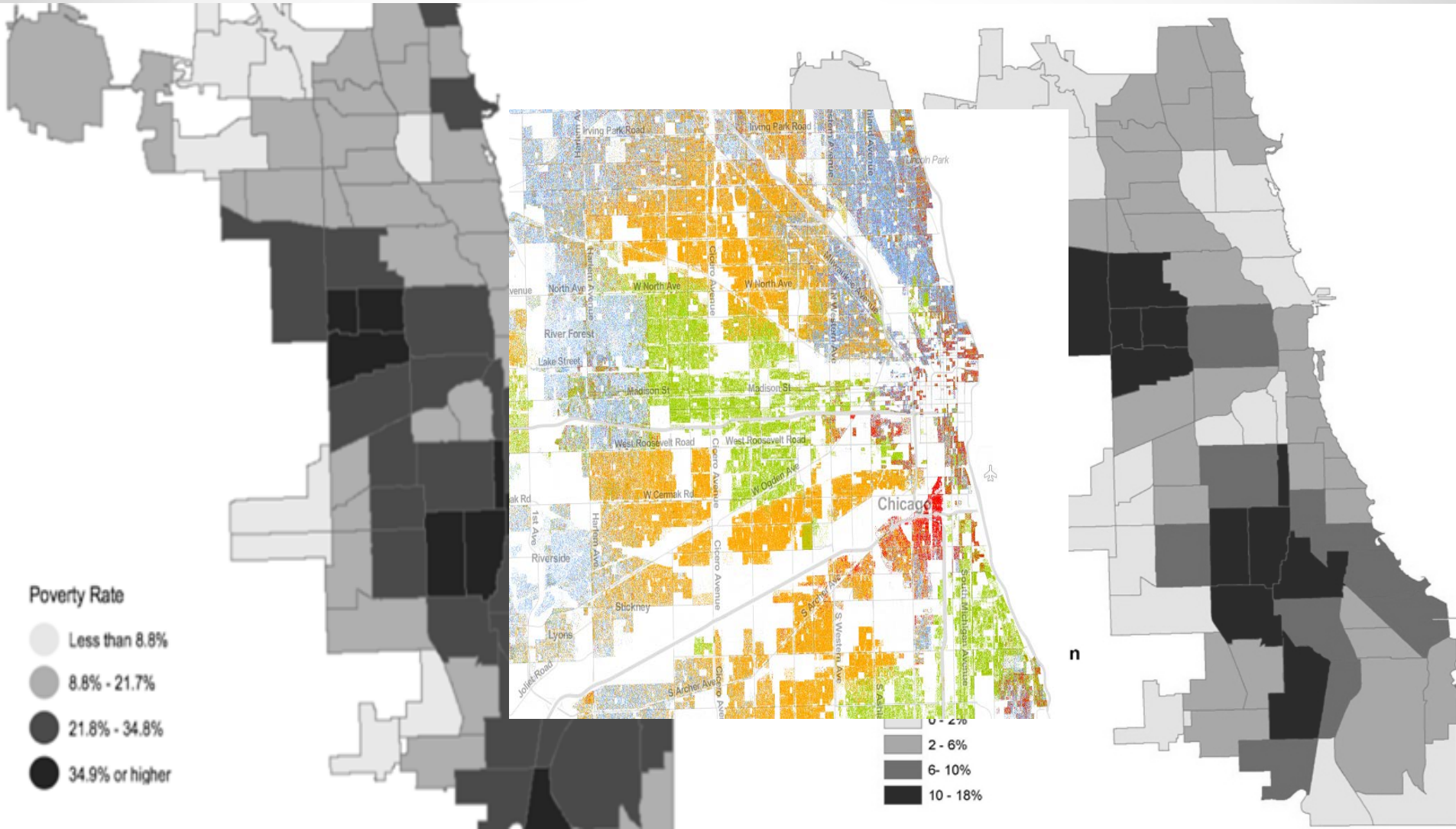


Erie Fast Facts

About the people we serve

- 79% of Erie's patients are Hispanic
- 54% are best served in Spanish
- 68% are female
- 49% are under the age of 19
- 28% are school-aged children
- 31% are uninsured
- 83% come from households with incomes that fall below the Federal Poverty Line





Poverty in Chicago

Lead Poisoning in Chicago

African American children
3x as likely
Hispanic children
2x as likely
to develop lead poisoning

academic failure
juvenile delinquency
high blood pressure brain damage
learning disabilities
behavioral problems
developmental delay
reduced IQ
biological and neurological damage

1 in 6 children have lead
poisoning nationally

Death (at high levels)
Premature death (even at lowest levels)

No amount of lead poisoning is safe.

Lead Poisoning

MLP & HEALTH OUTCOMES FOR PEDIATRIC PATIENTS WITH LEAD POISONING



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BACKGROUND

Public Health Problem

Exposure to lead hazards causes permanent neurological damage and threatens the health of children. Negative health effects in children can occur at even the lowest detectable concentrations of lead in blood¹⁻³. About 500,000 US children 1-5 y/o have blood lead levels (BLL) above 5 µg/dL⁴. Approximately, 37.1 million US housing units have lead-based paint (LBP), of which 23.2 million contain LBP hazards. Children younger than age 6 live in an estimated 3.6 million US homes with LBP hazards⁵.

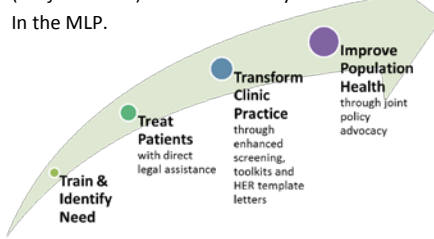
Intervention targeting social determinants of health (SDoH)

Medical-legal partnership (MLP) is an interprofessional intervention model that integrates lawyers into the medical team to address SDoH that are amenable to change through legal services. Under the MLP model, health providers identify social issues causing or exacerbating negative patient health and refer that patient for “legal care.”



HEALTH JUSTICE PROJECT

In 2010, Loyola University Chicago School of Law established the Health Justice Project (HJP), an MLP clinic in partnership with Erie Family Health Center (Erie). In 2015, Legal Assistance Foundation of Chicago joined the MLP. In the MLP model, HJP lawyers and law students train Erie medical providers to identify health harming legal needs affecting their patients. Once identified, HJP lawyers and law students provided legal intervention to improve health outcomes for patient-clients. During the timeframe of the study (2010-2016), two principal investigators (Benfer & Gold) served as faculty and staff in the MLP.

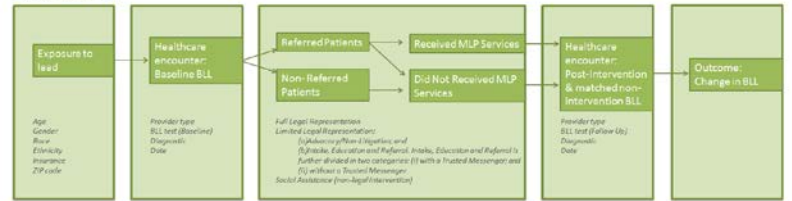


OBJECTIVES

This study aims to:

- Determine if the provision of MLP intervention was associated with decreased BLL for lead poisoned patient-clients compared to patients who did not receive legal services
- Examine whether the amount of change in BLL varied across the different legal service intervention types
- Explore the incidence and prevalence of developmental and behavior conditions in this cohort of patients.

Study Diagram



METHODS

Study type: Retrospective cohort study

Sources of data: Electronic medical records (EMR) and LegalServer (LS) electronic legal case management system records.

Inclusion criteria: Pediatric patients seen at Erie clinics between 2010 and 2016, with BLL ≥ 1 µg/dL. The intervention group consists of children whose families received MLP services; the non-intervention group is comprised of children who did not receive legal services.

Data elements: (1) LS case data (for children seen by MLP) including socio-demographic factors, legal needs, and type and amount of intervention received. (2) EMR selected data (for all children in the analyses), including diagnoses, BLL, and socio-demographic factors.

PRELIMINARY RESULTS

- Between 2010 and 2016, 20,462 children seen at Erie had a BLL ≥ 1 µg/dL. Of those, 7085 (34.6%) had a BLL ≥ 5 µg/dL. Among children with BLL 1 to 4.9 µg/dL, 1.4% were referred for legal services; while among those with BLL ≥ 5 µg/dL, 2.7% were referred, thus 1.9 times more likely to be referred.

Children Seen at Erie (2010-2016)	Children Referred to MLP	
	N	n %
1 - 4.9 µg/dL	13377	192 1.4
≥ 5 µg/dL	7085	190 2.7
	20462	382 1.9

- During this period, the HJP MLP saw 1551 clients. All 382 children (24.6%) with BLL ≥ 1 µg/dL seen at Erie received legal services.
- It was also observed that 6275 or 30.7% of children with ≥ 1 µg/dL had a behavioral health diagnosis. The prevalence increased to 37.4% among children with EBL of ≥ 5 .

NEXT STEPS

- Conduct a descriptive analysis comparing characteristics of families and children who received MLP intervention vs. those who did not.

- Using regression analyses, changes in BLL over time will be compared between children who received the intervention versus children who did not, controlling for socio-demographic characteristics.

REFERENCES

1. U.S. Environmental Protection Agency (2000). America's Children and the Environment: A First View of Available Measures. EPA 240-R-00-006, 41.
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3. CDC (2015). Educational Services for Children Affected by Lead Expert Panel. Educational interventions for children affected by lead. Atlanta: U.S. Department of Health and Human Services.
4. CDC (2013). Blood Lead Levels in Children Aged 1-5 Years — United States, 1999-2010. MMWR, April 5, 2013 / 62(13):245-248.
5. U.S. Department of Housing & Urban Development, Office of Healthy Homes and Lead Hazard Control (2011). Office of Lead Hazard Control, American Healthy Homes Survey, Lead and Arsenic Findings.

1. LOYOLA UNIVERSITY CHICAGO, STITCH SCHOOL OF MEDICINE, DEPARTMENT OF PUBLIC HEALTH SCIENCES
2. UNIVERSITY OF ALABAMA, SCHOOL OF LAW (FORMER HEALTH JUSTICE PROJECT ATTORNEY)
3. ERIE FAMILY HEALTH CENTER
4. SENIOR FELLOW & DISTINGUISHED VISITING SCHOLAR, YALE LAW SCHOOL (FORMER LUC HEALTH JUSTICE PROJECT DIRECTOR & ATTORNEY)

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The MLP Approach to the Social Determinants of Health

Train & Identify Need

Treat Patients

with direct legal assistance

Transform Clinic Practice

through enhanced screening, toolkits and EHR template letters

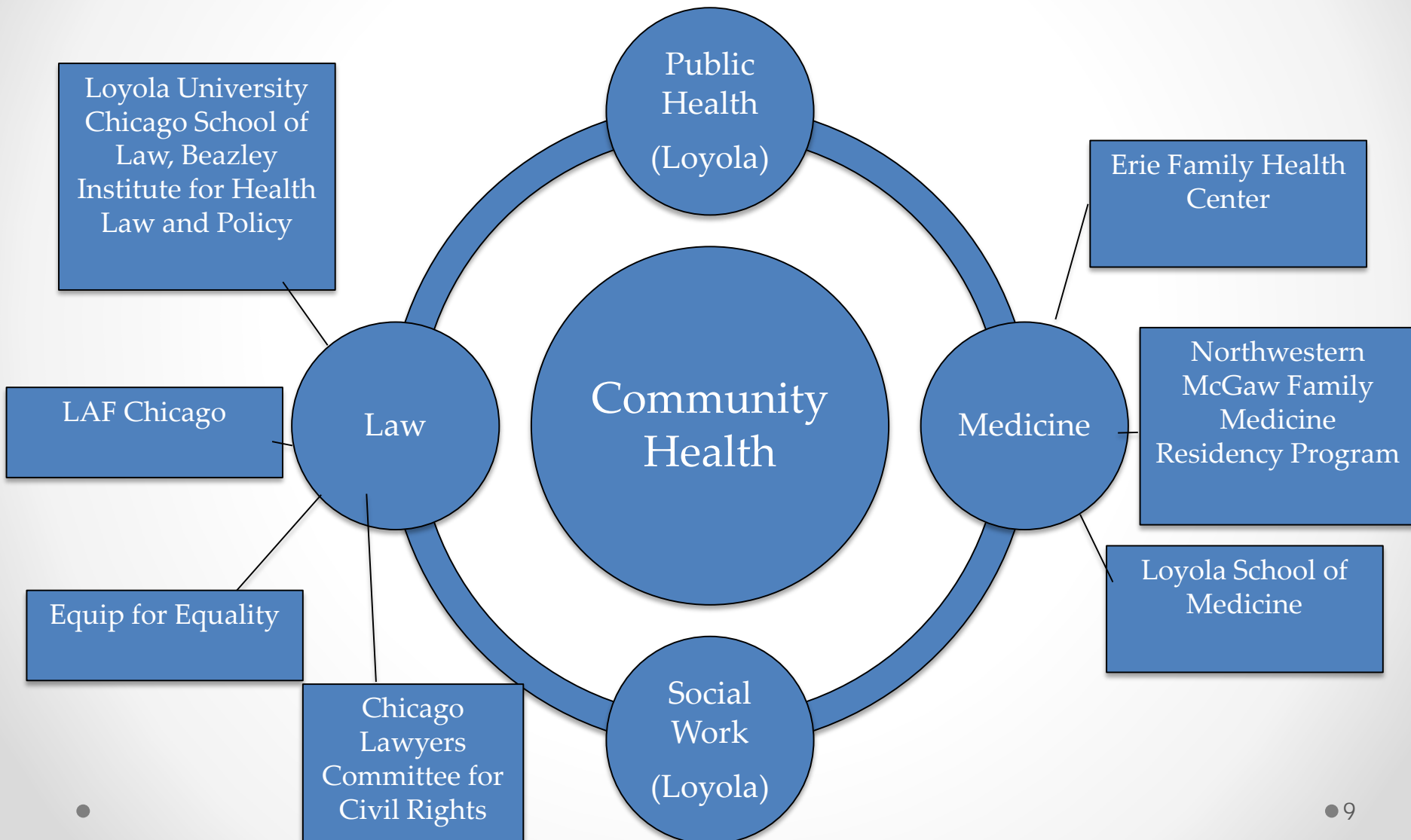
Improve Population Health

through joint policy advocacy

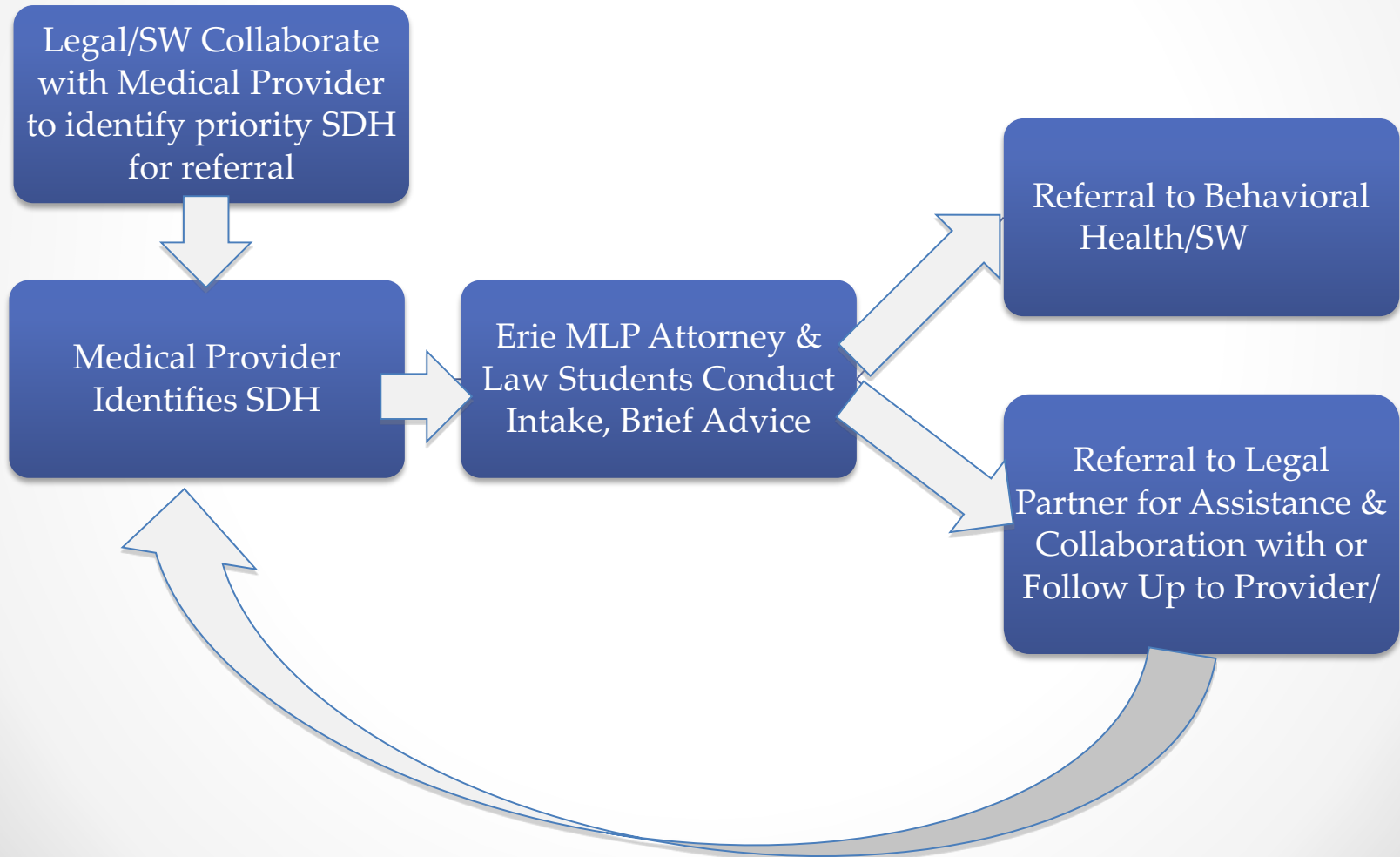
Source: National Center for Medical Legal Partnership

Health Justice Project:

Interprofessional Collaboration to Improve Community Health



Partnership Logistics



Identifying Health-Harming Legal Needs

	<i>Legal Area</i>	<i>Sample Social History Questions</i>
I	Income (Income Support, Food Insecurity, Disability Income, Insurance, Medical Debt Forgiveness)	Do you ever have trouble making ends meet? Do you ever have a time when you don't have enough food? Do you have WIC? Food Stamps?
H	Housing (Evictions, Utilities, Poor Conditions, Foreclosures)	Is housing ever a problem for you? Have you noticed signs of infestations or mold? Do you ever have trouble paying the electric or heat bill?
E	Education (Special Education, Bullying in Schools, School Enrollment, Access to Education) and Employment	How is your child doing in school? Is he/she getting the help to learn what he/she needs? Is your child in Head Start, Preschool, or other early childhood program? Are you worried about keeping your job? Do you feel intimidated at work?
L	Legal Status (Immigration)	Do you have questions about your immigration status? Do you need help accessing services or benefits for your family?
P	Personal Status (Powers of Attorney, Guardianship, Living Wills) and Protection (Domestic Violence and Abuse, Orders of Protection)	Do you feel like you have control over your medical decisions? Have you ever taken out a restraining order? Do you feel safe in your relationship?