SOCIAL JUSTICE & PUBLIC HEALTH

Law as Cause and Cure
for
Health Care Inequity

What is Poverty?

2014 Federal Poverty Level
48 Contiguous States and the District of Columbia

100% FPL for family of 4 = $23,850/year
135% FPL for family of 4 = $32,197/year
185% FPL for family of 4 = $44,122/year
200% FPL for family of 4 = $47,700/year

FPL = Federal Poverty Level

How is the FPL used?

- Historically used to label family as "poor"
- Today, multiple of FPL used to determine eligibility for assistance programs
  - Legal services corp. funding capped at 125% FPL (other funding for legal services capped at 200% FPL)
  - SCHIP- NJ's Child Health Insurance Program, aka NJ FamilyCare- capped at 350% FPL (coverage for children only)
  - NJ SNAP (food stamps) and WIC capped at 185% FPL

Who are New Jersey's Poor?

In 2011:

- 18% N.J. children under age 5 lived at or below federal poverty level (FPL)
  - 2011 FPL = $22,350 annually for family of 4
  - 2014 FPL = $23,850 annually for family of 4
- 50% Newark children under age 5 lived at or below FPL, with 60% living at ½ FPL
- Low-income = 100-200% FPL
- 76% Newark children under age 5 lived in low-income households
- "Real" cost of living in Newark for family of 4 = ~$80,000/year

Adverse Effects of Poverty

Social Determinants of Health (SDH)

- Access to resources is socially determined
- SDH = Socio-economic factors that influence prevalence of illness and disability, access to medical care, quality of medical care, type of medical care (i.e. preventive care versus treatment)

Role of SDH in Health Outcomes

"Evidence indicates that preventative interventions targeting behavior, the environment, and socioeconomic factors (including education, economic security, social support, and community safety) account for approximately *80% of the reduction in morbidity and mortality*, *whereas clinical care only accounts for 20%*"

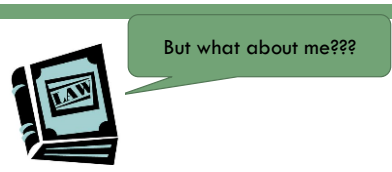
- Lawrence O. Gostin et al., *Restoring Health to Health Reform: Integrating Medicine and Public health to Advance the Population's Well-Being*, 159 U.PA.L.REV. 1777, 1792 (2011)

Direct Effects of Poverty on Health

Indirect Effects of Poverty on Health

- Physiological effects on body and brain development
  - Increase in cortisol
  - Heightened anxiety – continuing and cumulative
  - "Toxic Stress"

Role of Law



- Law as social determinant of health
  - Access
  - Resource distribution
- Law as tool to address social determinants of health

Problems and Policymaking

- A condition becomes a problem when a person decides that something should be done about it-- the *interpretive* act of determining that something must be done to correct or change a condition creates the construct of a problem
- A problem becomes a *public* problem when people decide the government should do something about it
- *Laws are created to address public problems*
  …but sometimes create even more problems

- JOHN W. KINGDON, AGENDAS, ALTERNATIVES AND PUBLIC POLICIES 115 (1982); Paul Burstein & Marie Bricher, *Problem Definition and Public Policy: Congressional Committees Confront Work, Family and Gender, 1945-1990*, 76 SOC. FORCES 135, 136-37 (1997).

Problems and Policymaking

Problem definition critical to policy-making

- Intertwined with socio-cultural, political, economic and psychological context
- Influenced by norms, values, perceptions and interpretations of those defining the problem
- Determines "worthiness" of problem population
- Allocates blame for creating problem and responsibility for repairing harm
- Sets category for problem – influences interest and targeting of intervention

Problem Definition and Health Inequity

- Is it a health problem?
- Is it a medical problem?
- Is it an economic problem?
- Is it a structural problem?
- Is it an individual problem?
- Is it a social problem?
- Is it your problem?

Problem Definition and SDH

If the majority of determinants of health are *social*
(i.e. 80%),
then the remedy must be *social*

Reducing social inequalities in health is a social justice issue

Social Problems with Legal Remedies

I	Income supports; insurance access/benefits
H	Housing access and safety
E	Education, special education, employment
L	Legal status/immigration
P	Personal and family safety and stability (abuse/neglect, domestic violence, guardianship, wills/estate planning)

- Sandel, M., et al. Medical-Legal Partnerships: Transforming Primary Care by Addressing the Legal Needs of Vulnerable Populations, HEALTH AFFAIRS 29, No. 9 (2010): 1697-1705.

Availability of Legal Services to Help

In 2013:

- 1 in every 4 NJ residents qualifies for free legal services
- 1 legal services attorney for every 11,000 eligible clients in NJ
- For every low-income household, ~1-3 civil legal needs
- Up to 80% legal needs go unaddressed by legal services or pro bono attorney each year

The "Upstreamists"

"The Upstreamists… move upriver to the source of the larger problem rather than staying in the reactive role of catching each health problem as it is swept to him or her by the raging torrent of time and circumstance.

- Dr. Rishi Minchanda, physician, activist and author of The Upstream Doctors

Medical-Legal Partnership (MLP)

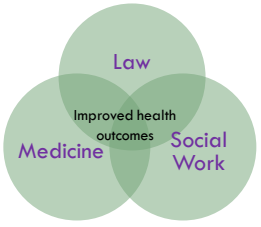
- Originated in 1993 in Boston Medical Center's Department of Pediatrics – Dr. Barry Zuckerman
  - Address non-medical causes/triggers of health problems
  - Remedy social/legal problems to improve health outcomes

Medical-Legal Partnership (MLP)

- Core concepts of MLP
  - Provide legal advice and assistance to patients using "preventive law" model
  - Improve health care systems
    - Extensive training of health care professionals on early detection and response to social problems and legal needs
  - Collaborate to improve outside systems (e.g. policy initiatives)

- Lawton, Ellen M. Medical-Legal Partnerships from Surgery to Prevention?, MGMT. INFO.. EXCH. J., Spring 2007; Sandel, M., et al. Medical-Legal Partnerships: Transforming Primary Care by Addressing the Legal Needs of Vulnerable Populations, HEALTH AFFAIRS 29, No. 9 (2010): 1697-1705.

H.E.A.L. Collaborative - GOALS



- Offer legal services (e.g. early intervention, special education and public benefits) to improve child health & family well-being
- Provide social work case management services to address social problems before they become legal problems
- Educate front-line professionals on issue identification & patient advocacy beyond medical arena
- Enhance educational experiences & professional development using collaborative model

H.E.A.L.- A Model of Preventive Care

"Upstreamist" Service Delivery Model

- More than just a referral system
- Expand health care services to include social work and legal care
  - Add social work and law to health care toolkit
- Identify and treat legal, regulatory, cultural, social and financial barriers to good health TOGETHER

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