Health Begins at Home: Integrating Public Health Nursing and Legal Services for Community Wellness

Module 1: April 2, 2020



National Nurse-Led Care Consortium

The National Nurse-Led Care Consortium (NNCC) is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Policy research and advocacy
- Technical assistance and support
- Direct, nurse-led healthcare services



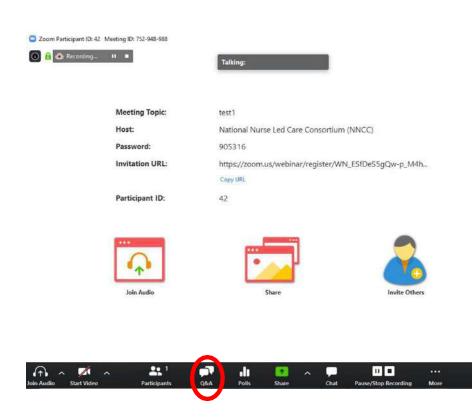
Housekeeping Items

Question & Answer

- Click Q&A and type your questions into the open field.
- The Moderator will either send a typed response or answer your questions live at the end of the presentation.

Continuing Education Credits

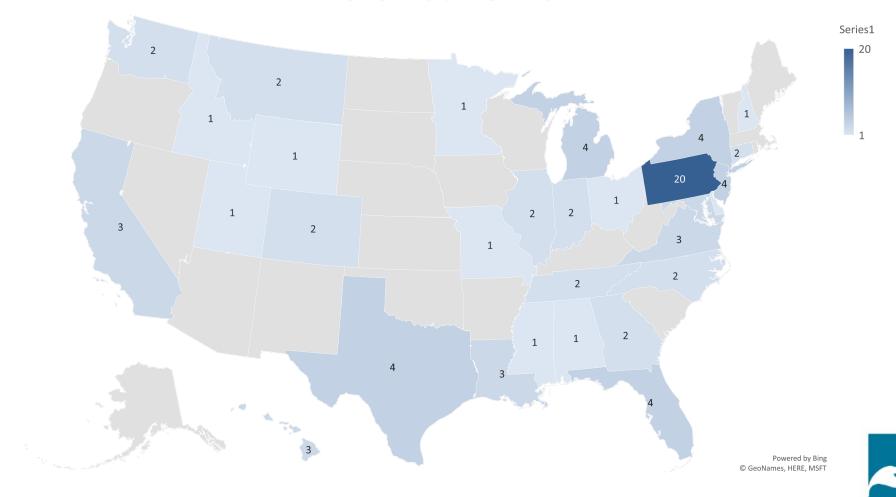
- Please take the SurveyMonkey evaluation at the end of this webinar to receive CME/CNE
- You must complete survey to receive credit.
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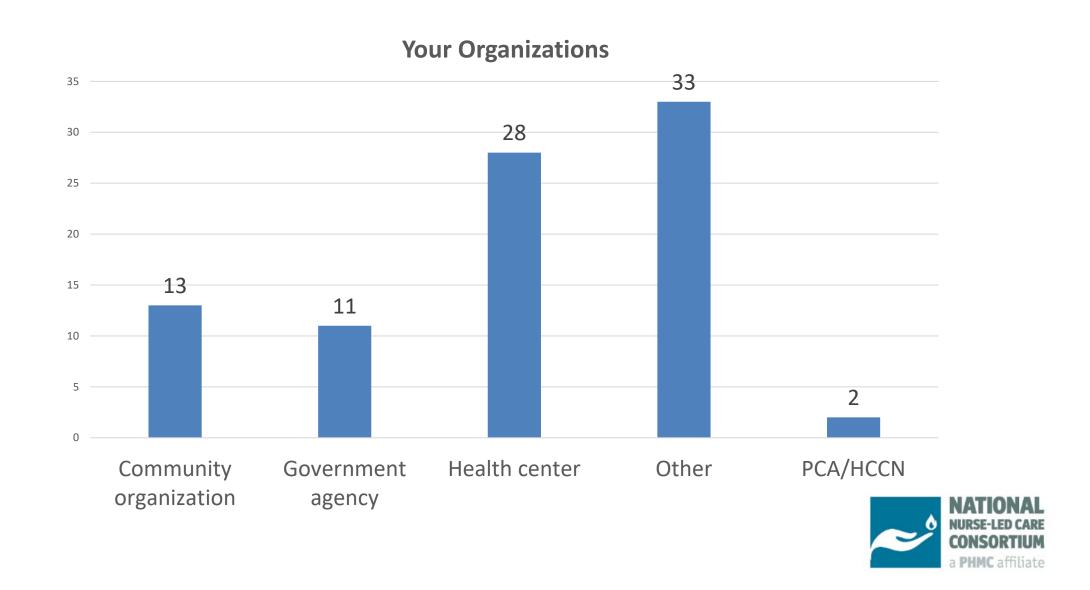


About You

Where You're From

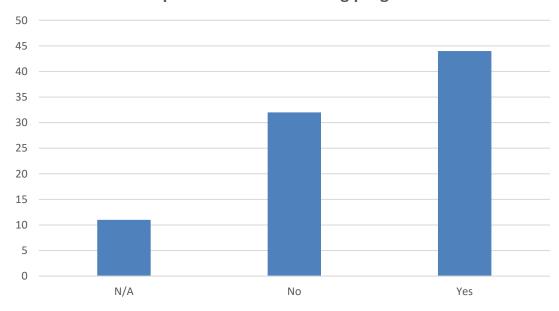


About You

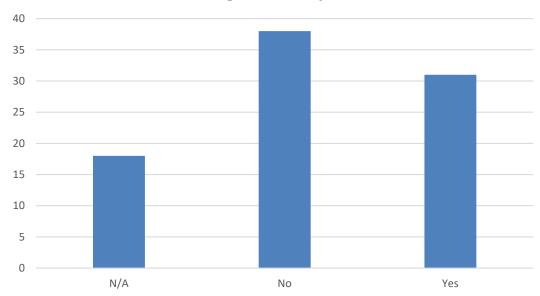


About You

Does your organization currently partner with or implement a home visiting program?



Does your organization currently have a partnership with a legal services provider?





What do you hope to gain from this learning collaborative?

"How to best integrate a home visiting program into our current clinical initiatives."

"Knowledge on how to implement or creatively engage legal services within a health department nurse home visitation program."

"Learn how to provide better services for families by helping to address social determinants of health."

"Information to share with undergraduate nursing students on nursing care in the community."



THE VALUE OF LEGAL SERVICES AND HOME VISITATION FOR PATIENTS AND COMMUNITIES



OVERVIEW



Shannon Mace, JD, MPH
Director of Operations, HELP: MLP

LEARNING OBJECTIVES

- I. Describe how unmet legal needs impact the health of families living in low-income communities.
- 2. Identify the core components of home visitation models.
- 3. Describe the key components of the Nursing-Legal Partnership model.
- 4. Identify opportunities to advance collaboration between healthcare providers and community legal services providers to improve health.

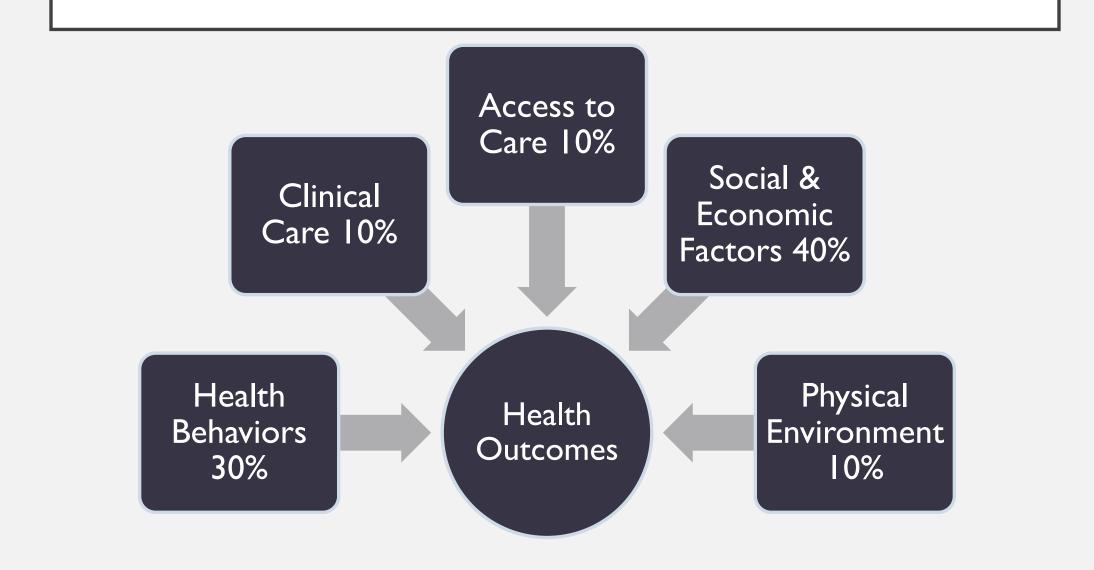


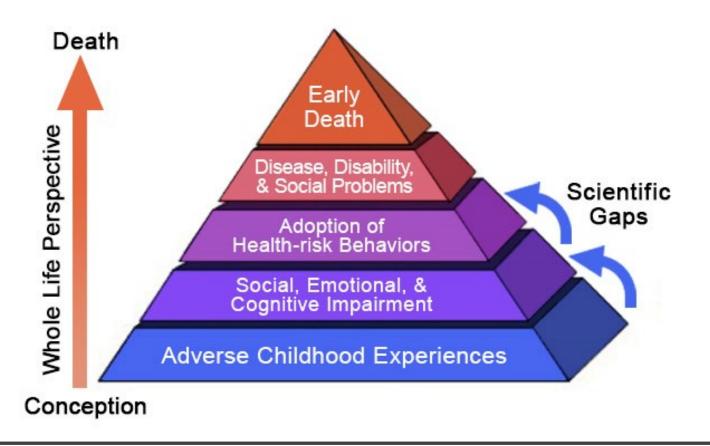


ROOT CAUSES OF POOR HEALTH

- Increasing recognition that social, economic, and political determinants drive health outcomes.
- Large body of evidence shows the negative impact adverse childhood experiences (ACEs) and trauma has over the life course.
- Societal inequities results in alarming health disparities, including related to life expectancy and infant mortality rates.

DETERMINANTS OF HEALTH





ACES

ACES IMPACT ON MENTAL HEALTH & SUBSTANCE USE

ACEs are correlated with:

- Using alcohol at an earlier age
- Increased risk of developing a substance use disorder
- Increased risk of using tobacco
- Increased risk of lifetime illicit drug use (2 to 4 times more likely)
- Increased risk of early initiation of illicit drug use
- Increased risk of attempted suicide (2 to 5 times more likely)
- Increased risk of depressive disorders
- Increased risk of experiencing sleep disorders

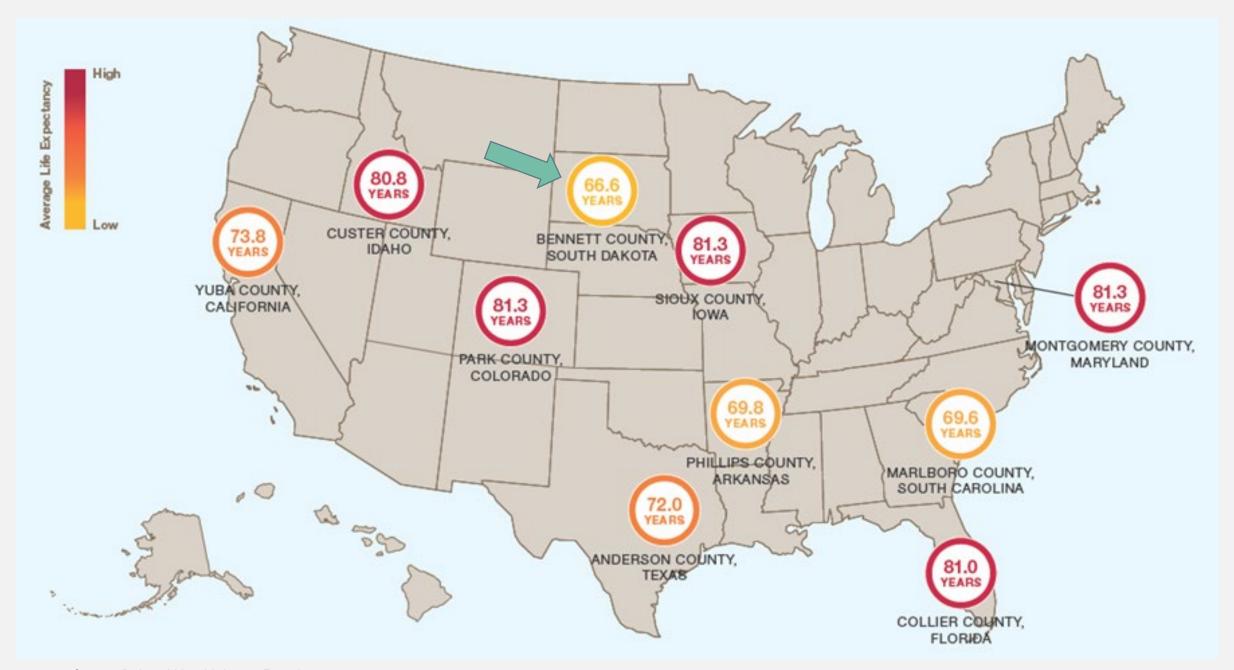
Table 3. Abuse and Neglect Indicators among Philadelphia Urban ACE Survey and Kaiser ACE Study

| | Philadelphia ACE Survey (N=1,784) | Kaiser ACE Study (N=17,337) ³ |
|--------------------------------|-----------------------------------|---|
| Emotional abuse⁴ | 33.2% (n=1,190) | 10.6% (n=1,838) |
| Physical abuse ⁵ | 35.0% (n=624) | 28.3% (n=4,906) |
| Sexual abuse | 16.2% (n=289) | 20.7% (n=3,589) |
| Physical neglect ⁶ | 19.1% (n=340) | 14.8% (n=2,566) |
| Emotional neglect ⁷ | 7.7% (n=136) | 9.9% (n=1,716) |

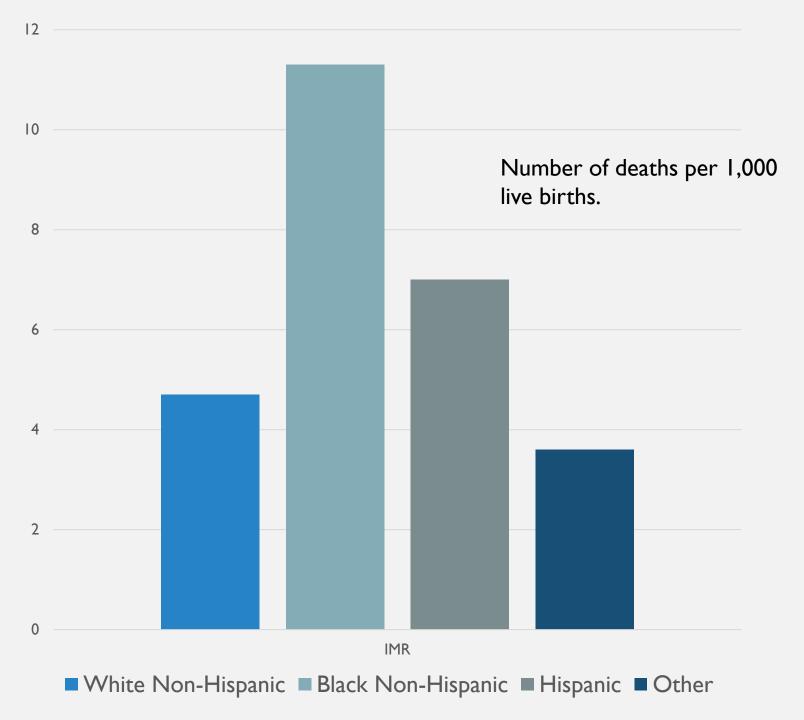
Data Source: Philadelphia Urban ACE Survey, 2013 and Felitti et al., 1998

Data Prepared by: The Research and Evaluation Group at PHMC

PHILADELPHIA ACE STUDY



Source: Robert Wood Johnson Foundation



INFANT MORTALITY RATE IN PENNSYLVANIA 2016

Source: Kaiser Family Foundation (2018)

HEALTH-HARMING LEGAL NEEDS



Daniel Atkins, Esq., Director of HELP: MLP

HEALTH-HARMING LEGAL NEEDS

- Unmet legal needs lead to poor health and can be especially detrimental during pregnancy, infancy, and early childhood.
- Examples include:
 - Homelessness
 - Poor housing conditions
 - Domestic/intimate partner violence
 - Pregnancy discrimination
 - Accessing critical public benefits such as food assistance and income support
 - Utility shut off



UNMET LEGAL NEEDS: IHELP



Income and insurance



Housing and utilities



Education and employment



Legal (immigration) status



Personal and family stability

ACCESS TO JUSTICE

- In 2017, 71% of low-income households in the U.S. experienced a civil legal problem
 - 25% of low-income households experienced six or more civil-legal problems
 - 67% of households with domestic violence survivors experienced six or more
- More than 80% of the unmet legal needs of lowincome individuals go unmet
- The most common types of civil legal issues experienced by low-income households were related to health (41% of households)



EVIDENCE-BASED HOME VISITATION



Katherine Kinsey, PhD, RN, FAAN
Nurse Administrator and Principal Investigator of Philadelphia Nurse-Family
Partnership and Mabel Morris Family Home Visit Program

EVIDENCE-BASED HOME VISITATION MODELS

"Early childhood home visiting is a strategy that connects new and expectant parents with a designated support person—often a trained nurse, social worker, or early childhood specialist—to meet in their home or another preferred location.

The evidence base for home visiting, including its cost effectiveness, is strong and growing."

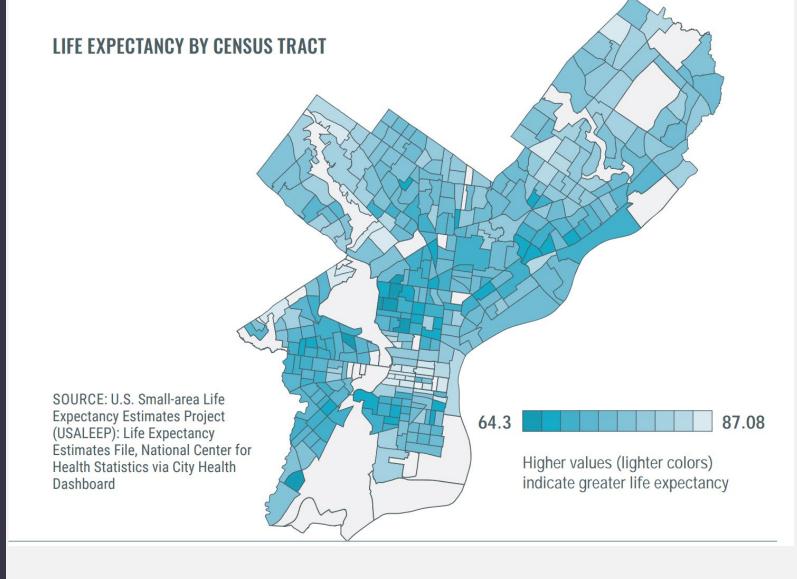
National Home Visiting Resource Center

Examples include:

- Nurse-Family Partnership (NFP)
- Parents as Teachers (PAT)
- Healthy Families America (HFA)
- Early Intervention Program for Adolescent Mothers (EIP)
- Child FIRST
- Healthy Steps (HS) for Young Children
- Family Check-Up (FCU)

PHILADELPHIA

- Poverty rate in 2018 was 24.5%
- Significant disparities persist by race/ethnicity and income: (2017 data)
 - Non-Hispanic Black and Hispanic children had rates of asthma-related hospitalizations 5 to 6 times higher than White children
 - Non-Hispanic Black babies were 3
 times more likely to die before their
 first birthday than Non-Hispanic White
 babies
 - Non-Hispanic Black babies were twice as likely to be born at a lowbirth weight than Non-Hispanic White babies
 - Incidence of lead poisoning is directly correlated with poverty



Life expectancy gap = more than 22 years



PHILADELPHIA NURSE-FAMILY PARTNERSHIP MABEL MORRIS FAMILY HOME VISIT PROGRAM (PARENTS AS TEACHERS)

"An Ounce of Prevention is Worth a Pound of Cure"

*Attributed to Benjamin Franklin



Philadelphia Nurse-Family Partnership and Mabel Morris Programs History

- Philadelphia Nurse-Family Partnership (NFP) established July 1, 2001 (high rates of child abuse and neglect)
- Mabel Morris Family Home Visit Program established April 26, 2010 (complimentary program to NFP)
- Received Expansion MIECHV grant 7/1/2012
 - NFP expansion
 - Mabel Morris expansion (Parents As Teachers curriculum)
- Established Nursing-Legal Partnership in 2016 through a Rita and Alex Hillman Foundation grant



Program Goals

- Improve pregnancy outcomes
- Improve child health and development
- Improve parents' economic selfsufficiency

Key Program Components

- •First-time, at-risk mothers
- Registered nurses
- Focus on behavior
- Program fidelity

Why Nurses?

- Knowledge, judgment and skills
- ·High level of trust, low stigma
- •Credibility and perceived authority
- •Nursing theory and practice at core of original model



NFP and MM Outcomes in Philadelphia

Mabel Morris

- 87% of children screened for kindergarten readiness
- 92% of families connected to resources

Nurse-Family Partnership

- 90% initiated breastfeeding
- 90% in or completed school
- 93% children fully immunized at 2 years
- 24% increase of moms in workforce from intake to 1 year into program
- 96% of children received all immunizations by 18 months
- 19% reduction in smoking during pregnancy
- 63% reduction in marijuana use*
- 62% reduction in domestic abuse

MEDICAL-LEGAL PARTNERSHIPS & PHILADELPHIA NURSE-LEGAL PARTNERSHIP



Shannon Mace, JD, MPH
Public Health Law Consultant

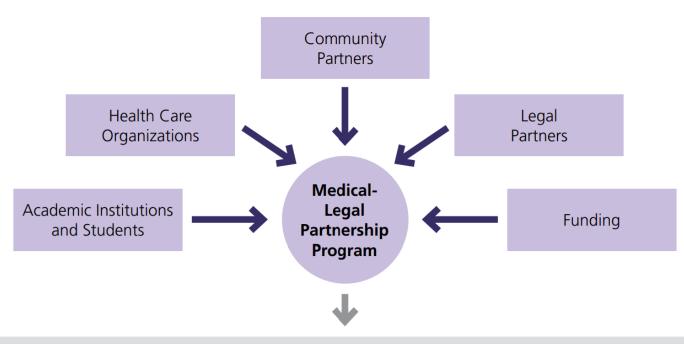
MEDICAL-LEGAL PARTNERSHIPS (MLP)

"Medical-legal partnerships integrate the unique expertise of lawyers into health care settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities."

National Center for Medical-Legal Partnership



MLP Logic Model



Activities

- Education and training for physicians, legal partners, medical students, law students
- Needs assessment

- Develop patient referral system
- Media presence
- Collection of training/education feedback
- Referrals to legal aid
- Patient data collection
- Community input



Areas of Impact

Short-Term Outcomes

Medium-Term Outcomes

Long-Term Outcomes

Learner Outcomes:

Student, resident, and/or fellow educational outcomes

- Increased knowledge about social determinants of health
- Increased recognition and knowledge of how legal care fits into health care
- Increased knowledge about how to identify patients' needs (i.e., screening)
- Increased knowledge about how to make referrals
- Increased screening for patients' legal needs

- Increased referrals to medical-legal partnerships
- Decreased stress about managing patients with unaddressed healthharming legal needs
- Increased competency for medical learners that aligns with undergraduate medical education entrustable professional activities and general physician competency requirements
- Increased understanding of interdisciplinary practice for law students

- Application of knowledge about social determinants of health to broader practice
- Sharing of knowledge about MLPs with other care providers
- Broader integration of formalized social determinants of health and medical-legal partnership education into medical, nursing, social work, and law education

MLP Logic Model

Patient and Community Health:

Health outcomes for the patient and surrounding community

- Resolved legal problems affecting health of individuals
- Increased screening and involvement by health team in identifying and helping patients resolve social problems affecting health
- Increased patient knowledge of the impact social problems have on health
- Increased policy/advocacy and selfefficacy skills (on behalf of self and families)
- Increased patient/client satisfaction

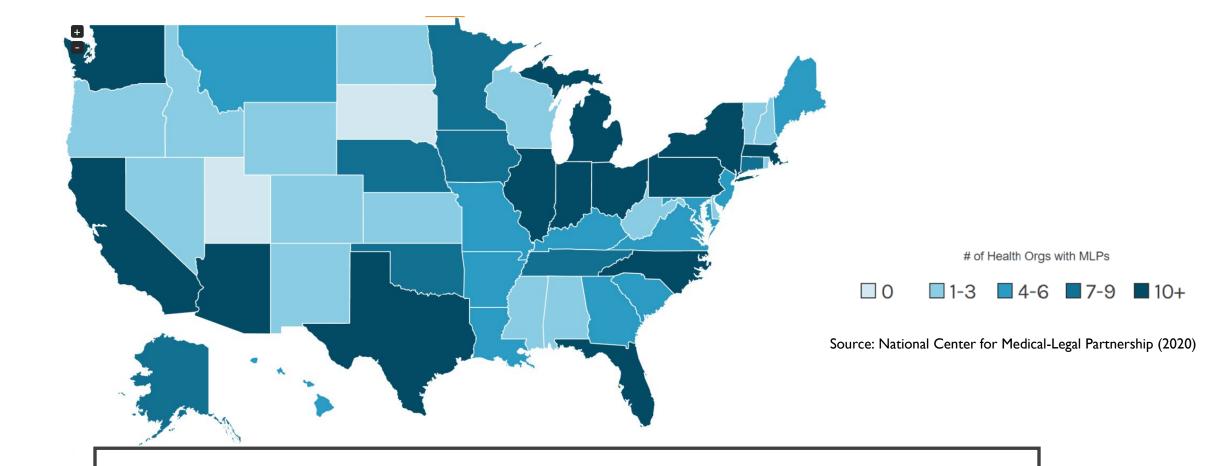
- Increased self-reported health
- Decreased exposure to toxic stress
- Improved housing safety and stability
- Improved nutrition/reduced food insecurity
- Appropriate education/high school graduation rate—overall school success, including for children with special needs
- Consistent, appropriate use of health care
- Improved physical and mental health for medical-legal partnership patients and community
- Increased access to legal/advocacy services that affect health and policy (medical-legal partnership as standard of care)

Health System Savings:

Institutional cost savings, benefits, and efficiencies

- Providers refer patients for legal assistance
- Health care providers allocate time to other health care needs because of interprofessional collaboration
- Legal issues affecting health are addressed/resolved
- More efficient use of health care resources—may include decreased per patient cost
- Increased access to appropriate level of health care services
- Contributions to community benefit requirements—include benefits of medical-legal partnerships on Schedule H (hospital)
- Highest value of health outcomes is achieved
- Highest value of health status is achieved
- Value-driven return on investment findings to health system is demonstrated—institutional and financial support increase

Source: Association of American Medical Colleges (2019)



MEDICAL-LEGAL PARTNERSHIPS (MLP)

Currently, there are MLPs in at least 48 states, including in 159 HRSA-funded health centers, 135 hospitals, 37 children's hospitals, and 82 other health care sites.

OVERVIEW OF THE NURSING-LEGAL PARTNERSHIP

- Established in 2016
- Collaboration between:
 - National Nurse-Led Care Consortium's Philadelphia Nurse-Family
 Partnership and Mabel Morris Family Home Visit Program (NFP/MM)
 - The Health Education and Legal Assistance Project: A Medical-Legal Partnership at Widener University Delaware Law School (HELP: MLP)
- Supported by:
 - Rita and Alex Hillman Foundation
 - Oak Foundation
 - Pennsylvania Children's Trust Fund
 - New Century Trust











Systemic Advocacy



Program Evaluation



Training



Direct Legal Representation



Nurse-Lawyer Consultations



Universal Screening for Unmet Legal Needs

NURSING-LEGAL PARTNERSHIP CORE COMPONENTS

NURSING-LEGAL PARTNERSHIP WORKFLOW



Clients provide informed consent to have information shared to NLP team



All clients are screened for unmet legal needs and level of stress upon entering program and periodically



Nurses consult with attorneys about need



Attorney addresses matter through a consultation or a case

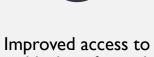


When legal matter is resolved, program evaluators follow up to administer stress scale and conduct satisfaction interview

ANTICIPATED OUTCOMES FOR FAMILIES



Improved housing conditions.



public benefits and health insurance.



Improved health outcomes among clients.



Increased capacity of staff to address social determinants of health.



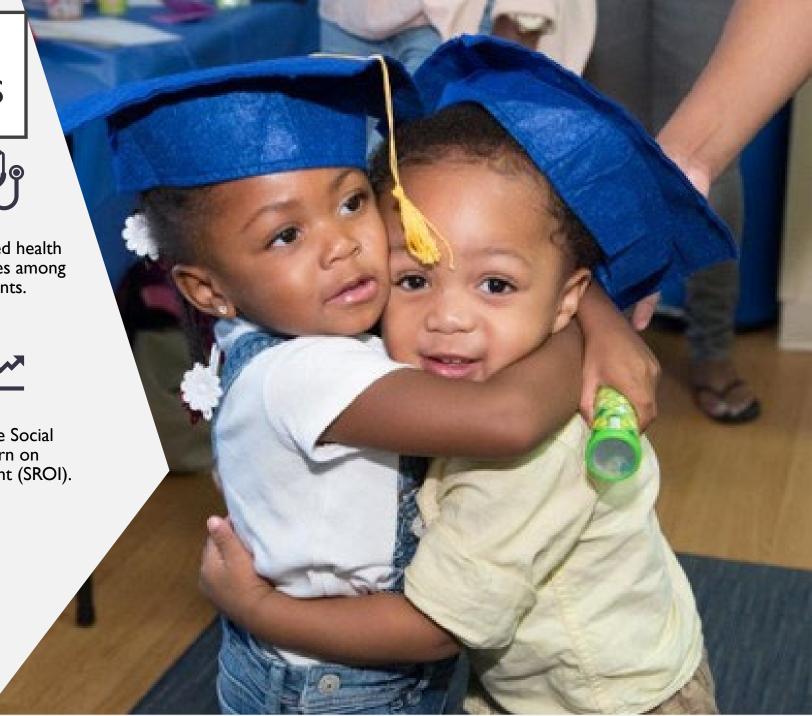
Increased staff advocacy capacity.



Positive Social Return on Investment (SROI).



Acquisition of state and/or insurer funding to sustain home visiting.



Client Satisfaction (scale from 0 - 10 (10 being "best") 10 9.8 9.8 9.6 9.6 9.4 9.4 9.4 9.2 9 8.75 8.8 8.6 8.4 8.2 Respect N = 48

IMPACT ON CLIENTS

- As of September 2018, 71% of clients showed a reduction in stress (n=30) measured using the Perceived Stress Scale (PSS)
- Clients who participate in follow up interviews show very high levels of satisfaction
- Services are correlated with lower rates of maternal risk in certain domains

IMPACT ON STAFF

Impact on Home Visiting Staff:

- Increased knowledge and capacity to address social determinants of health.
- Increased satisfaction with work and relationships with clients.

Impact on Attorneys:

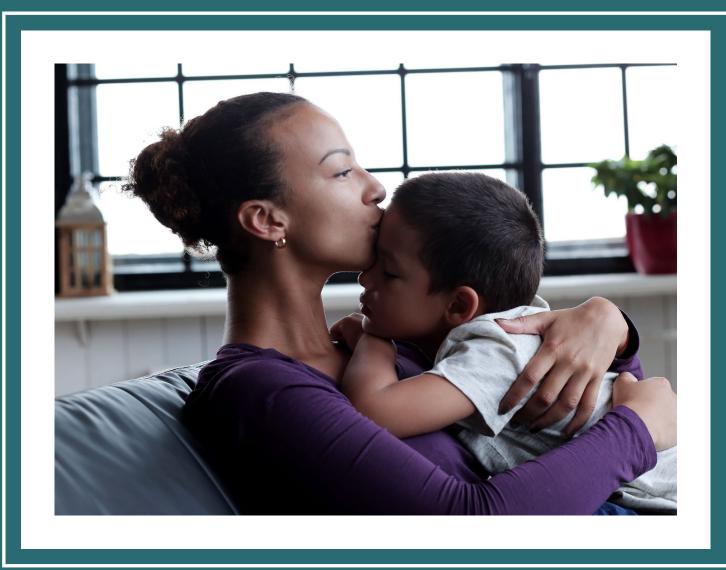
- Increased ability to advocate on behalf of clients.
- Increased knowledge about health or health care from working alongside nurses and case managers.
- Higher levels of satisfaction working in a collaborative setting compared to other legal environments.



FINANCIAL IMPACT: PHILADELPHIA

- The overall monetized economic impact of successful cases is estimated to be \$1,469,470
- 196% social return on investment (SROI) to date (almost \$2 returned to community for every \$1 invested)
- Significant case wins include:
 - Obtaining a retroactive Supplemental Security Income (SSI) payment for a client in the amount of \$24,963
 - Other retroactive SSI payments awarded to clients have been in the amounts of \$4100 and \$6686. On average, clients who are awarded SSI receive monthly income of \$750 that supports critical basic needs.
 - In 14 housing cases, clients avoided having to pay judgments or were awarded judgments in amounts of up to \$11,850.





JESSICA'S STORY

JESSICA'S STORY

Jessica is a mother of three children: one 4-year-old and a pair of twin toddlers, both of whom have some significant developmental delays after being born prematurely at 25 weeks. Jessica was living with the father of 2 of her children and his extended family. They were recently evicted from their home and are living in a motel. Jessica is also the victim of severe physical abuse by the father of her twins, who threatened her life if she tried to leave. Jessica has a history of traumatic past experiences in homeless shelters, having grown up both homeless and in foster care herself.

WHAT SERVICES WOULD YOUR ORGANIZATION OFFER JESSICA?



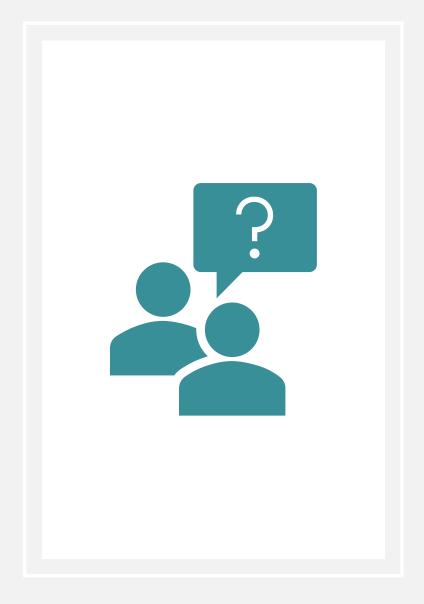
MIRIAM'S STORY



MIRIAM'S STORY

Miriam is a pregnant 19-year-old. Miriam is an immigrant who has been in the U.S. for less than a year with her disabled mother and two minor sisters. Miriam's family emigrated to the U.S. because they faced abuse and violence in their home country. Miriam's brother was murdered in their home country. She has no health insurance and has an immigration status that typically disqualifies her from receiving benefits. Miriam and her family have had unstable housing since coming to the U.S. transitioning between homeless shelters and low-cost motels.

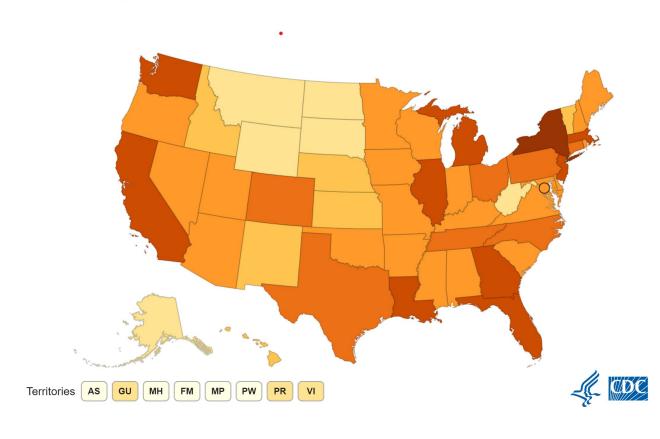
WHAT SERVICES WOULD YOUR ORGANIZATION OFFER JESSICA?



LEGAL PARTNERSHIPS & COVID-19

COVID-19 Cases in the U.S.

Cases in U.S. Situation Summary S





March 24, 2020

Lydia Gottesfeld Community Legal Services LGottesfeld@clsphila.org

Thank you for your letter to the Department of Human Services, received March16, 2020, outlining potential_steps that could be taken to protect its clients and the community in the face of COVID-19. The Department of Human Services and all of its staff are working hard to mitigate the spread of COVID-19, protect the health and safety of those that we serve, and ensure continuity of operations and services despite these unprecedented circumstances.

Your letter included requests related to a number of programs that DHS operates, and we are including our responses below.

Medical Assistance eligibility

Request a waiver from CMS to suspend all terminations of MA for the next three months at least, to ensure that needy Pennsylvanians have access to health insurance during this pandemic.

March 17, 2020

<u>Via E-Mail</u>

Teresa Miller, Secretary Pennsylvania Department of Human Services 625 Forster Street Harrisburg, PA 17120

Re: Department of Human Services Steps to Protect Its Clients and the Community in the Face of COVID-19

Dear Secretary Miller:

As advocates who work with low-income individuals who receive or may be applying for benefits administered by the Department of Human Services (DHS), we are grateful for the steps you and Governor Wolf have taken so far to ensure that Medicaid recipients can access COVID-19 testing without copays or prior authorization, and to protect seniors and people with disabilities. We appreciate your public messaging and press statements. However, we are also concerned that the disruption caused by COVID-19 could result in recipients losing or going without a wide range of benefits when they are most needed, especially as Counties Assistance Offices close.

SYSTEMIC ADVOCACY

RESOURCES

Has your employment situation changed due to the COVID-19 (coronavirus) crisis?

Apply for Unemployment Compensation (UC)! Individuals who have lost or reduced employment might be eligible for unemployment benefits.



HEALTH, EDUCATION, AND LEGAL ASSISTANCE PROJECT: A MEDICAL LEGAL PARTNERSHIP

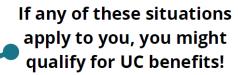
► How to apply

- · Apply online at www.uc.pa.gov
- Call the Pennsylvania statewide number 1-888-313-7284

Please note: It may be difficult to reach the UC office by telephone, because of a high volume of calls at this time. The fastest way to apply is online.

▶ Do any of the following apply to you due to COVID-19?

- Have your hours been reduced because of the virus?
- Have you been temporarily laid off or has your workplace closed?
- Were you sent home due to minor symptoms?
- Do you need to care for a family member?
- Were you fired when you refused to work in unsafe conditions?
- Did you quit to avoid unsafe conditions?



What you need to report when you apply

- · Report any hours you worked
- Report any paid time off (PTO) you received
- · Report any pay you received





Pa. coronavirus shutdown wreaks havoc on economy as new unemployment claims top 645,000

by Rebecca Moss, Updated: March 26, 2020-10:43 AM



DIRECT LEGAL SERVICES

Expect to see:

- Increase in unemployment
- Issues with benefit continuity/renewals
- Illegal housing evictions
- Issues related to accessing health care services (e.g., labor and delivery restrictions)

LESSONS LEARNED



Katherine Kinsey, PhD, RN, FAAN
Nurse Administrator and Principle Investigator
Philadelphia Nurse-Family Partnership and Mabel
Morris Family Home Visit Program



Daniel Atkins, Esq., Director of HELP: MLP



WHAT HAS BEEN THE GREATEST VALUE TO YOUR PROGRAM BY INTEGRATING LEGAL SERVICES?



WHAT HAS BEEN THE GREATEST CHALLENGE TO STARTING THIS WORK?



WHAT ARE SOME EARLY PLANNING ACTIVITIES OTHER PROGRAMS CAN ADOPT FROM YOUR MODEL?



QUESTIONS?



- Next topic: Building Successful Multidisciplinary Partnerships
- Date: April 16 at 2pm ET

THANK YOU!

Katherine Kinsey kkinsey@phmc.org

Shannon Mace smace@helpmlp.org

Dan Atkins datkins@helpmlp.org

Up Next

Module 1-The Value of Legal Services and Home Visitation for Patients and Communities

April 02, 2020 at 2:00 pm ET - **DONE**

Module 2 - Building Successful Multidisciplinary Partnerships

April 16, 2020 at 2:00 pm ET

Module 3 - Integrating Legal Services and Advocacy in Home Visiting and Primary Care

April 30, 2020 at 2:00 pm ET

Module 4 - Sustainability and Evaluation

May 14, 2020 at 2:00 pm ET





Thank You!

Twitter – @NurseLedCare Facebook – nursingclinics Email Emily – ekane@phmc.org

The National Nurse-Led Care Consortium (NNCC) supports the growth and development of over 250+ nurse-managed health centers serving millions of vulnerable people across the nation.