FOCUS GROUP REPORT

Legal Issues Impacting Health Care for Patients who are Residents of Public Housing

NATIONAL NURSE-LED CARE CONSORTIUM
a PHMC affiliate

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Introduction

On October 11, 2016, during the Pennsylvania Association of Community Health Centers 2016 Annual Conference & Clinical Summit ("PACHC Summit") in Lancaster, Pennsylvania, a focus group assembled to discuss legal issues impacting health care for patients who reside in public housing. Individuals who are residents of public housing experience legal issues that may limit their ability to receive health care services and maintain proper health. Medical-legal partnerships (MLPs), which formally integrate civil legal aid into health centers and health care teams, can help close the gap between pressing legal issues and good health for residents of public housing by addressing the social determinants of health that adversely and disproportionately affect them.[1] Integrating MLPs into the health center infrastructure ensures that health center staff are oriented and equipped to identify, address and refer patients with health harming legal needs to legal assistance within a primary care setting.

Focus Group Objectives

In October 2016, Community Health Partners for Sustainability (CHPFS), a program of the National Nurse-Led Care Consortium (NNCC), hosted a focus group in collaboration with the Pennsylvania Association of Community Health Centers (PACHC) at their annual summit.

This provided an opportunity for participants to discuss social determinants of health affecting residents of public housing, underlying legal issues encountered by health center patients, and to discuss the extent of legal assistance, if any, that is currently available at health centers.

Aligned with this initiative, NNCC convened the focus group at the PACHC Summit to accomplish three primary objectives:

- Understand the landscape of health centers serving public housing residents,
- Understand the landscape of civil legal aid, and
- Understand the role of medical-legal partnerships in addressing social determinants of health.

The outcomes of this focus group will inform a legal needs survey of public housing residents who are patients at health centers across the country. The survey will be administered to health centers who reported serving public housing residents on the 2015 Uniform Data System (UDS) Report, and aims to

1 Sandel, Megan, Mark Hansen, Robert Kahn, Ellen Lawton, Edward Paul, Victoria Parker, Samantha Morton, and Barry Zuckerman. 2010. "Medical-Legal Partnerships: Transforming Primary Care By Addressing The Legal Needs Of Vulnerable Populations". Health Affairs 29 (9). http://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnerships-Transforming-Primary-Care-By-Addressing-The-Legal-Needs-Of-Vulnerable-Populations.pdf.

identify the highest priority legal issues impacting health outcomes of their patients seeking services at health centers.

Overview of Public Housing and Medical-Legal Partnerships

According to Health Resources and Services Administration (HRSA), public housing is defined as agency-developed, owned, or assisted low-income housing, including mixed finance projects, but does not include housing units with no public housing agency support other than section 8 housing vouchers.[2] As of 2014, all health center sites, regardless of special populations funding, who meet the statutory definition of PHPC locations (i.e., located in or immediately accessible to public housing) report all of their patients as patients served at a health center in or accessible to public housing, regardless of whether the site received 330(i) funding or the patient lives in public housing.[3]

According to the 2015 UDS Report, 105 Public Housing Primary Care (PHPC) Program award recipients reported serving 484,089 patients. An additional 1,026,753 patients were served at 185 non-PHPC award recipient clinics located in or accessible to public housing residents. In other words, over 1.5 million patients were served at health center sites that are located in or immediately accessible to public housing developments.

Civil legal aid aims to provide accessible and high-quality legal services, at no cost, to individuals with incomes at or below 125 percent of the federal poverty level. Unlike with criminal legal issues, individuals involved in civil matters do not have a constitutional right to representation by an attorney. Therefore, individuals involved in a civil dispute must retain private counsel, or seek lower cost or free services from legal aid clinics, volunteer pro bono attorneys, law schools, self-help centers, or other resources.

As evidence of the vast need for civil legal aid for low-income individuals experiencing legal issues, approximately one in six individuals live in poverty in the United States, and each low-income individual has an average of two to three unmet civil legal needs that negatively affect his or her health. Medical-legal partnerships (MLPs) formally integrate civil legal aid into health care teams to address these health-harming legal needs with a coordinated approach.

MLPs currently provide free legal services in in 41 states and 294 health care institutions, 139 of which are health centers.[4] In order to meet a staggering demand for services with limited resources, health centers with integrated MLPs are following the lead of innovative health centers to diversify their funding streams by connecting their services to priority populations and activities, aligning both revenue and desired influence on patient/client populations. For example, in 2015, MLPs based in health centers secured HRSA Expanded Services (ES) supplemental funding awards, supporting increased access to preventive and primary health care services at existing Health Center Program grantee sites.[5]

2 Section 330(i) of the Public Health Service (PHS) Act.
3 Bureau of Primary Health Care. 2016. Uniform Data System: Reporting Instructions for 2016 Health Center Data. Health Resources and Services Administration, Rockville, MD.
4 National Center for Medical Legal Partnership; http://medical-legalpartnership.org/
5 Theiss, Joanna Sharena Hagins, Marsha Regenstein and Ellen Lawton. 2016. “Building Resources to Support Civil Legal

Key Discussion Points

Focus group participants included directors and managers from the Pennsylvania Association of Community Health Centers, three Federally Qualified Health Centers (SouthEast Lancaster Health Services, Neighborhood Health Center of Lehigh Valley, and NEPA Community Health Care), Keystone First and UPMC Health Plan, and the American Heart Association. The focus group was moderated by Kristine Gonnella, Director, Technical Assistance and Consultation, and Kelly Thompson, Law and Policy Manager, from Community Health Partners for Sustainability at the National Nurse-Led Care Consortium. The focus group convened for three hours during the 2016 PACHC Summit, and explored the following topics.

Perceptions of Public Housing

The group began the substantive portion of the focus group by discussing the historical progression of perceptions of public housing, from its original purpose as a program to assist recently impoverished white middle class Americans – the "submerged middle class"[6] – during the Great Depression, to its current use primarily to house largely vulnerable, poor, and marginalized populations.

Current perspectives on the state of public housing were varied among the focus group. Some participants associate public housing with overcrowded and small high rise apartments, a lack of parking options, and access issues such as food deserts. A few spoke of challenges with corruption, from residents "doubling up" in housing units over permitted capacity, to marketing sex or drugs in order to afford their housing.

Others noted recent advancements in their respective communities that have gradually reduced the stigma associated with public housing. These developments include improved facilities, lower rise apartments and one- or two-story homes, increased accommodations for disabled residents, and better connected health services. The group concurred that despite many challenges that impede improvement, public housing communities continually exhibit resilience and strong community support.

Special Population Funding

Each focus group participant had experience working with centers that receive special population funding under 330(i) of the Public Health Service (PHS) Act for one or more of the statutorily defined special population groups: individuals and families experiencing homelessness,[7] agricultural workers and dependents[8] and individuals living in public housing.[9] A majority of participants have also worked heavily with immigrant and migrant populations, and discussed the range of issues unique to those patients.

Aid Access in HRSA-Funded Health Centers". National Center for Medical Legal Partnership. Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University, Washington DC.

6 Lawrence M. Friedman, Public Housing and the Poor: An Overview, 54 Cal. L. Rev. 642 (1966).

7 Sections 330(g)(1) and 330(g)(3) of the PHS Act.

8 Sections 330(h)(1) and 330(h)(5) of the PHS Act.

9 Section 330(i)(1) of the PHS Act.

Methods of Service Provision

Most participants noted utilization of a team-based approach to service provision in their associated health centers, and an emphasis on limiting duplication of efforts that may tax resources and increase the vulnerability of patients. For example, care teams will meet with a patient together, requiring the patient to relay information one time and avoiding the need to have a patient repeatedly relay traumatic details. Care teams may consist of a physician or nurse practitioner, psychiatrist, social worker, medical assistant, dentist, and/or other specialty members.

Identification of Legal Issues

The group examined its understanding of the breadth of legal issues that may be experienced by patients of health centers and/or residents of public housing. The following legal issues were identified as those most frequently experienced by patients of health centers who are public housing residents:

- Immigration status
- Domestic relations, such as domestic violence, paternity and custody disputes, and divorce
- Loss of benefits, such as wrongful denial or termination of Medicaid
- Landlord-tenant disputes, such as unsafe facilities, foreclosure and wrongful eviction

While collectively identifying these legal issues, it became clear that a major challenge to addressing patients' legal needs is limited awareness, for patients and providers alike, of what constitutes a legal issue. Exacerbating this knowledge gap, many legal issues are underreported due to conflicting cultural norms. For example, in some communities, disputes resulting in domestic violence may be culturally regarded as acceptable discipline by dominant partners. Reporting such an incident would be considered disobedient, and could result in further abuse. The group recognized the need for strategic, sensitive solutions to these particularly complex matters.

Existing Links to Legal Assistance

Most participants have not had a formalized medical-legal partnership (MLP) in their respective health centers. Some noted that their centers refer patients with civil legal issues to pro bono resources and/or regional legal aid clinics, but typically do not have a follow-up mechanism in place to track whether a patient's legal needs were addressed.

One representative from a Pennsylvania health center that received a two-year grant to integrate an MLP shared insights from the experience, reflecting that it proved to be a "widely successful initiative." During the two years that the MLP was funded, legal aid was highly utilized and primarily client-driven; most patients would proactively seek on-site legal aid resources, while some were prompted to do so by in-house referrals. Additionally, the health center representative noted, "Had adequate funding been available, we would have readily sustained and expanded the MLP as a preventative, holistic addition to our model of health care delivery."

Outcomes

The focus group discussion culminated in the following considerations and recommendations for health centers interested in introducing a medical-legal partnership.

- **Maintain patient trust throughout MLP integration.** The medical-legal partnership team-based approach facilitates a seamless integration of legal aid into health centers already utilizing health care teams to treat patients. The group agreed that patient trust is the foundation of an effective health care team. Therefore, in order to successfully integrate legal aid into an existing health care team, the patient must trust that discussion of legal issues will not negatively impact their public housing status.
- **Employ representative care team members.** Individuals often seek health care and legal assistance from individuals who are representative of their culture and community. To be most responsive to patient needs, attorneys ideally must intimately understand the complexities of the patient population. An integrated staff attorney should be able to speak in a patient's language; alternatively, an interpreter should be readily available to accommodate those needs.
- **Demonstrate return on investment.** To increase funding opportunities for medical-legal partnerships in health centers, sufficient data and case study outcomes are needed to demonstrate the return on investment (ROI) of the model. Health centers currently supporting MLPs are encouraged to invest in data-tracking and to publicize successful outcomes. The group agreed that benefits to prove ROI are not limited to direct financial returns.
- **Increase awareness of MLP model.** The approach, methods and benefits of medical-legal partnerships must be more widely disseminated to health center and public housing administration, and to insurance providers, for the model to continue to expand and succeed. Stakeholders require a greater understanding of the range of civil legal matters that can impact health center patients and residents of public housing, as well as the significant overlap in social determinants of health and legal needs (e.g., access to employment, public benefits, and stable housing).

Conclusion

Utilizing medical-legal partnerships, health centers would no longer need to forge informal partnerships with local attorneys or blindly refer patients with legal needs to external community legal services. If MLPs were widely integrated into health center sites located within or immediately accessible to public housing, over 1.5 million patients could have their unmet legal needs addressed while preventing and treating health concerns. Focus group participants unanimously agreed that health centers should be encouraged to consider MLPs as an integrated, preventative component of a healthcare delivery system.

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