Medical-Legal Partnership Patient Success Stories

PATIENT 1 was referred to Health Forward/Salud Adelante for assistance with a Medicaid application that had been denied multiple times. The patient was homeless and recently had become blind. An LAC attorney was able to determine that his applications had not been processed because his name and social security number were entered incorrectly. The attorney obtained a birth certificate, corrected social security number and advocated with the Illinois Department of Human Services. The patient’s application was approved, and he received Medicaid coverage for more than $150,000 of medical services.

PATIENT 2 was referred to the MLP for assistance with Supplemental Security Income (SSI) benefits. She had been homeless for 10 years, had a history of substance use disorder, required a wheelchair and lived in a nursing facility. After her benefits were approved, the patient obtained a stable income through SSI and began working with a CCH care coordinator to find stable housing.

Policy Recommendation

The Supplemental Nutrition Assistance Program (SNAP) is a crucial tool needed to battle food insecurity. For more than a decade, SNAP work requirements for non-disabled individuals without dependents have been waived in Illinois. However, due to federal policies and the low unemployment rate on the local and state levels, Cook County and most other counties in Illinois will no longer receive exemptions. Work requirements went into effect on January 1, 2018 in DuPage County and January 1, 2020 in Cook County; most other Illinois counties will be non-exempt starting on April 1, 2020.

Adults between 18 and 49 years old, who do not have dependents and are considered able to work, will be limited to three months of SNAP during a three-year fixed period if they do not work, volunteer or participate in a work program for at least 20 hours a week. More than 50,000 Cook County residents and 140,000 people in Illinois overall are expected to be affected by these work requirements. Losing access to SNAP benefits can lead to food insecurity for vulnerable households, harming health and well-being. Therefore, CCH supports the elimination of SNAP work requirements.

Health inequity is driving poor health outcomes in the United States. Consequently, health care organizations, policy makers and community-based organizations have recognized the importance of striving for health equity by understanding and addressing the social determinants of health.

For more than 185 years, Cook County Health has been in the business of health equity. The health system’s mission is to provide care to patients no matter their social needs, including ability to pay, insurance coverage and immigration status. As one of the largest public health and hospital systems in the U.S. and a safety-net provider for the second-most populous county in the nation, CCH is in a unique position to address the social determinants of health and determine best practices.
Making fresh and nutritious food more easily available to patients is a priority for the health system. CCH collaborates with the Greater Chicago Food Depository to host the Fresh Truck, which regularly distributes fresh produce at all of the System’s community health centers. In February 2020, CCH and the Food Depository introduced a new pilot program that delivers prepared meals and fresh produce to patients with pre-diabetes every week. CCH community health workers also provide regular health coaching sessions for these patients.

Between September 2015 and January 2020, the Fresh Truck has distributed more than 620,000 pounds of fresh produce to 31,030 individuals at CCH health centers, reaching 69,284 household members. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

Research has shown that social determinants have a greater effect on an individual’s health status than clinical care does. Additionally, the evidence supporting the benefits of addressing social needs is substantial—compared to the U.S., other industrialized nations spend less per capita on medical services and more on social services, resulting in better health outcomes and longer life expectancies. In an effort to achieve health equity, CCH works to provide “whole person” care, patient-centered care that takes into account an individual’s social context.

Program Spotlight: Medical-Legal Partnership

Many of CCH’s patients have complex and overlapping medical and civil legal needs. According to a nationwide survey, 71 percent of low-income adults (those at or below 125 percent of the Federal Poverty Level) experienced at least one civil legal problem in the past year. Forty-one percent of low-income households experience health-related legal needs, related to issues such as medical debt collection, necessary services or medications not covered by health insurance and incorrect medical billing. Although health-related legal needs are common, only 11 percent of people facing these challenges get professional legal help. There are many barriers to obtaining civil legal assistance, including cost, time, fear of not understanding and not recognizing an issue as legal in nature.

Medical-legal partnerships (MLPs) integrate medical and legal services and have been shown to positively affect multiple aspects of patient well-being. MLPs focus on legal needs that negatively impact health and help patients with issues related to housing, immigration, family law, employment and public benefits, such as Medicaid, Supplemental Nutrition Assistance Program (SNAP) and Supplemental Security Income (SSI). Patients assisted by an MLP report better mental health and less stress, are more likely to take prescribed medications and are less likely to be hospitalized for a chronic condition.

CCH partners with Legal Aid Chicago (LAC), a nonprofit that provides free civil legal services to people in Cook County, to form a medical-legal partnership called Health Forward/Salud Adelante. The MLP uses the I-HELP framework, which focuses on Income & insurance, Housing & utilities, Employment & education, Legal status, and Personal & family stability, to identify patients with health-harming legal needs. Using the framework, a CCH care coordinator or clinician recognizes a patient in need and, with consent, refers the patient to LAC.

Children experiencing hunger are more likely to be hospitalized and to develop conditions such as asthma and anemia; they also are at an increased risk of developing social and behavioral problems, repeating a grade and having developmental impairments related to language and motor skills. CCH works to combat food insecurity and hunger among children during the summer, when students may not have access to free and reduced-price meals provided during the school year. CCH hosts the Summer Meals program, which provides no-cost nutritious meals to children 18 and younger, at three of its health centers. Children are not required to be health system patients to access meals. CCH also has Lifestyle Centers that work to reduce disparities in access to nutritious foods, known as the nutrition gap. The centers provide nutrition education, meal planning assistance and exercise classes for community members.

As part of the Healthy Work Project, CCH collaborates with LAC and the Chicago Worker’s Collaborative to train CCH staff to recognize patients with workplace injuries and refer them to legal services. From 2016 to 2017, CCH treated approximately 1,865 patients for work-related injuries. Patients may not report injuries or illnesses as work-related due to fear of retribution. When work-related injuries or illnesses are not reported as such, patients are not likely to receive workers’ compensation.