

## 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, correct 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.<sup>13</sup> 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.

### Sources:

- Centers for Disease Control and Prevention, *Health Equity*, <https://www.cdc.gov/chronicdisease/healthequity/index.htm>
- World Health Organization, *About Social Determinants of Health*, [https://www.who.int/social\\_determinants/sdh\\_definition/en/](https://www.who.int/social_determinants/sdh_definition/en/)
- National Academy of Sciences, *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health, 2019*, <http://nationalacademies.org/hmd/Reports/2019/integrating-social-care-into-the-delivery-of-health-care>
- U.S. Census Bureau, *Big and Small America, 2017*, <https://www.census.gov/library/stories/2017/10/big-and-small-counties.html>
- Kaiser Family Foundation, *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity, 2018*, <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>
- Greater Chicago Food Depository, *Hunger Across Cook County*, <https://www.chicagosfoodbank.org/hunger-in-our-community/>
- U.S. Department of Agriculture, *Definitions of Food Security, 2019*, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#ranges>
- Feeding America, *Food Insecurity*, <https://www.feedingamerica.org/hunger-in-america/food-insecurity>
- Journal of Nutrition, *Food Insecurity Is Associated with Chronic Disease among Low-Income NHANES Participants, 2010*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2806885/>
- Legal Services Corporation, *The Justice Gap: Measuring the Unmet Civil Legal Needs of Low-income Americans, 2017*, <https://www.lsc.gov/sites/default/files/images/TheJusticeGap-FullReport.pdf>
- National Center for Medical-Legal Partnership, *Impact*, <https://medical-legalpartnership.org/impact/>
- Healthy Work Collaborative, *Healthy Work Collaborative: Examples from the Field, 2019*, [https://healthywork.uic.edu/wp-content/uploads/sites/452/2019/11/UIC\\_CaseStudyGuide\\_DES\\_11-1-19\\_V3\\_Bookmarks.pdf](https://healthywork.uic.edu/wp-content/uploads/sites/452/2019/11/UIC_CaseStudyGuide_DES_11-1-19_V3_Bookmarks.pdf)
- Illinois Policy, *Up to 140,000 Able-Bodied Illinoisans May Need Jobs to Get Food Stamps In 2020, 2019*, <https://www.illinoispolicy.org/up-to-140000-able-bodied-illinoisans-may-need-jobs-to-get-food-stamps-in-2020/>

cookcountyhealth.org

COOK COUNTY  
HEALTH

ACHIEVING HEALTH EQUITY

ONE PATIENT  
AT A TIME



**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.**

According to the Centers for Disease Control and Prevention (CDC), **health equity** is defined as all individuals achieving their “full health potential” regardless of their social circumstances. Health inequity results in disparities in life expectancy, quality of life, access to health care, disability and mortality rates, as well as disease prevalence and severity.<sup>1</sup>

The World Health Organization (WHO) defines the **social determinants of health** as “the conditions in which people are born, grow, live, work and age” and explains that these conditions “are shaped by the distribution of money, power and resources at global, national and local levels.”<sup>2</sup> Variation in social circumstances has led to health disparities between the general population and subsets of the population characterized by race, ethnicity, sex, gender identity, sexual orientation, age, disability, socioeconomic status, immigration status and geography.<sup>3</sup>

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,<sup>4</sup> CCH is in a unique position to address the social determinants of health and determine best practices.

**MAKING  
AN IMPACT.**

cookcountyhealth.org

## Social Determinants of Health<sup>5</sup>

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code/geography	Literacy Language Early childhood education Vocational training Higher Education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

### Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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.<sup>3</sup> 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.

## Cook County Health's Approaches to Addressing Social Needs

Census outreach as part of the Cook County Complete Count Census Commission

Job training and economic development Lifestyle Centers for dietary, fitness and chronic disease management

Transportation services Services addressing Adverse Childhood Experiences (ACEs)

Housing assistance Linking justice-involved individuals with mental health or substance use disorders to services in the community

Charity care and financial assistance Medicaid redetermination assistance

Care coordination, screening for social needs and providing linkage to care Violence prevention counseling

Women, Infants and Children Nutrition Program (WIC) services Legal assistance Food and nutrition programs

## Program Spotlight: Food Insecurity

An estimated one in seven Cook County residents is food insecure and, in some areas of the county, this proportion increases to more than half.<sup>6</sup> The U.S. Department of Agriculture defines food insecurity as “a household-level economic and social condition of limited or uncertain access to adequate food.”<sup>7</sup> It is interrelated with other social factors such as housing, geography, transportation, economic stability, social isolation and health.<sup>8</sup>

People experiencing food insecurity often cannot afford balanced meals, worry about running out of food, decrease the size of meals or skip meals completely.<sup>9</sup> Food insecure individuals frequently turn to inexpensive food with low nutritional value, which can contribute to the development of chronic conditions such as type 2 diabetes, high blood pressure, heart disease and obesity.<sup>8</sup> Food insecurity can

also force people to choose between paying for food or health care, resulting in adverse health outcomes.<sup>8</sup>

**15 percent of CCH's adult patients, who have completed a health risk screening, have been identified as food insecure.**

CCH has created multiple initiatives to combat food insecurity. For example, a two-question food insecurity screening has been included in the primary care intake process and the annual Health Risk Assessment administered to primary care patients and members of CCH's Medicaid Managed Care plan, CountyCare. Individuals who screen positive for food insecurity receive counseling from their provider, a voucher for fresh produce and information on emergency food sites, hotlines and public benefits applications.

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 103,584 household members. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.**

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.<sup>8</sup> 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.

## 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.<sup>10</sup> 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.<sup>10</sup> Although health-related legal needs are common, only 11 percent of people facing these challenges get professional legal help.<sup>10</sup> There are many barriers to obtaining civil legal assistance, including cost, time, fear, lack of information and not recognizing an issue as legal in nature.

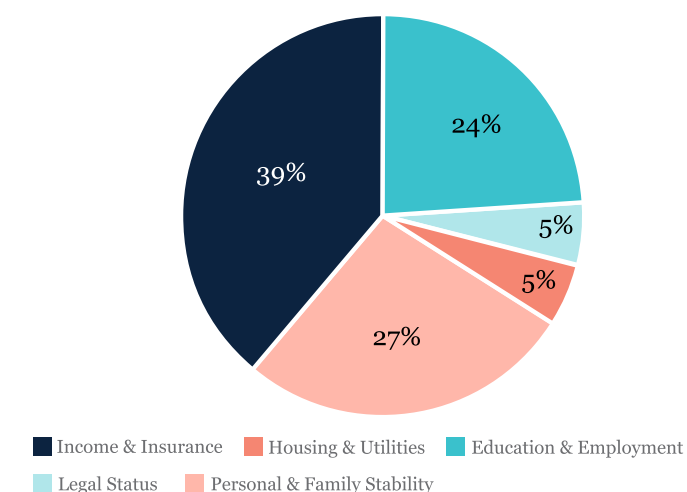
Medical-legal partnerships (MLPs) integrate medical and legal services and have been shown to positively affect multiple aspects of patient well-being. MLPs focus on legal needs that negatively impact health and help patients with issues related to housing, immigration, family law, employment and public 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.<sup>11</sup>

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.

Care coordinators and LAC staff then work together to meet the patient's medical and legal needs.

**1,027 patients were referred to Health Forward/Salud Adelante between March 1, 2017 and December 31, 2019**

MLP Consultations by I-HELP Category from March 1, 2017 to December 31, 2019



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.<sup>12</sup> Patients may not report injuries or illnesses as work-related due to fear of retribution.<sup>12</sup> When work-related injuries or illnesses are not reported as such, patients are not likely to receive workers' compensation.