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Health Needs and Service Areas in Illinois: An Examination of 10 MLPs*

Dru Bhattacharya, Emily Benfer, Allyson Gold, Latasha Barnes, Woody Thorne

I. Background

Medical-legal partnerships (MLPs) secure the health-related needs of an affected patient-client by identifying upstream determinants of health for which the law provides a remedy. Some healthcare professionals have noted key activities of MLPs, including the provision of legal assistance, educating providers about social determinants of health, and advancing policy change by addressing existent laws and regulations that may impede the maintenance of good health.¹ Although these efforts are essential, they do not fully capture the potential of MLPs to serve as a locus of research and intervention to strengthen the evidence base to advance individual and population health.

Across the United States, there are at least 119 hospitals, 112 health centers, 30 health schools, 88 legal agencies, 37 law schools, and 66 pro bono partners that have developed MLPs to help children, the elderly, veterans, and individuals afflicted with chronic illnesses.² To our knowledge, however, there has not been a systematic study of MLPs to identify the characteristics of those partnerships, and any trends that may facilitate the assessment of resources and unmet health needs of affected communities.

In this study, we used information gleaned from a survey of MLPs in Illinois to further understand the similarities and differences among such partnerships. Specifically, we examined the unmet health needs and characteristics of communities served by 10 partnerships across the state, as well as the provision of services within those communities.

II. Methods

We conducted a survey from February 2014 – June 2014 of representatives from 10 MLPs in Illinois. Representatives were selected based on their current participation on the MLP Advisory Committee or based on prior involvement with its efforts. We received survey responses from 10 representatives (100%) representing the following partnerships: SSI Homeless Outreach Project, Health Disparities Project, Metro East Medical Legal Partnership, NIU College of Law Health Advocacy Clinic, AIDS Legal Council of Chicago, Chicago Medical-Legal Partnership for Children, Medical Legal Partnership of Southern Illinois, MLP-Peoria Area, East Central Illinois MLP, and Loyola University Chicago School of Law Health Justice Project. Surveys were conducted using SurveyMonkey® and data were managed and analyzed with STATA version 12.1 (StataCorp LP, College Station, TX). Maps of counties, poverty rates, and major health needs were generated using Microsoft MapPoint®.

* This document was created for the Illinois Supreme Court Access to Justice Commission on Medical-Legal Partnership under the leadership of Dru Bhattacharya, LLM, MPH, JD. It is available at <http://www.luc.edu/healthjustice> under the “Policy and Advocacy” section.

¹ Huston, R. L. et al. (2011). Medical-Legal Partnerships. *Virtual Mentor*, 13(8), 555.

² National Center for Medical Legal Partnership (2014). Partnerships across the U.S. Available at: <http://medical-legalpartnership.org/partnerships/>

III. Results

Demographic characteristic of respondents and communities served are reported in Table 1.

TABLE 1 – Demographic Characteristics of Respondents and Communities for the Survey

Name	Service Area				Racial Constituency (%) of the communities served		
	Counties Served	Population	Avg Med. Income (\$)	Avg. Med. Poverty (%)	White	Black	Hispanic
SSI Homeless	2	5,255,610	\$51,552	16%	44%	25%	25%
Health Disparities	1	5,240,700	54,648	16	43	25	25
Metro East	6	407,753	54,783	15	73	21	3
NIU	3	1,575,117	77,016	8	66	5	20
AIDS Legal	1	5,240,700	54,648	16	43	25	25
Chicago MLP	1	5,240,700	54,648	16	43	25	25
Southern Illinois	8	275,916	40,376	19	87	7	3
Peoria	6	387,915	55,580	13	84	9	3
East Central	14	528,856	44,333	11	83	4	2
Loyola	1	5,240,700	54,648	16	43	25	25
MLP totals*	39	8,431,167					
State totals**	102	12,882,135	\$56,853	13.7%	63.0%	14.8%	16.3%

*Note: The total counties and population includes only distinct counties and residents so that a county served by more than one MLP was not counted more than once for the purpose of estimating the total count.

**State totals based on the most recent estimates reported by the U.S. Census Bureau.

The counties served ranged from 1 to 14 with a range of 387,915 to 5,255,610 residents. The average household median income varied from \$40,376 to \$77,016 based on 2013 census data. The weighted average of persons below the poverty level for the counties served is based on a 5-year period reported by the U.S. Census Bureau from 2008-2012. The racial constituency of these communities also varied (Non-Hispanic White, 43-87%; Black, 4-25%; Hispanic, 2-25%).

Survey Data

Respondents were asked to identify the counties served, source of referrals, services provided, the type of legal provider (e.g., pro bono, law professor, social work intern), and the major health needs of their respective constituencies. The results are summarized, below.

Results

Among referrals, the most common source were social workers (80%) followed by departments of behavioral health and federally qualified health centers (60%), and primary care providers (50%) (Table 2).

Assistance with healthcare insurance and public benefits were the highest ranking services among clients (80%), followed by income supports, disability, and medical debt (70%), as well as advance directives (60%) (Table 3).

The racial constituencies of the counties served varied across the state (Table 4), but notably, these results may differ from the actual clients of the respective MLPs. No data was requested as to the racial constituencies of the clients (Table 4). Further inquiries ought to examine to what extent those differences may facilitate identification of vulnerable populations, the assessment of unmet needs, as well as the allocation of resources.

A number of MLPs reported that they were capable of providing additional services for which clients had yet to avail themselves of. Assistance with special education and end-of-life care ranked highest (30%), followed by advance directives, and employment barriers (20%).

Legal aid attorneys constituted the majority of providers (80%), followed by law students (70%), and pro bono attorneys and paralegal interns (40%) (Table 5).

Mental health and asthma ranked among the top two pressing health needs reported by 30% and 20% of MLPs, respectively. Additional ailments were equally regarded, including special education, COPD, lead poisoning, diabetes, HIV/AIDS, cancer, substance abuse, and Medicaid denials (prior to the enactment of the Affordable Care Act)(Chart 1).

Respondents represented 10 MLPs that served 39 counties across the state of Illinois, including the northern, central, eastern, and southern regions of the state (Figure 1).

Socioeconomic disparities were not unique to any specific region. Counties were stratified in three categories based on the percentage of households below the federal poverty rate for 2008-2012 (<10%, 10-19%, and 20-30%). We observed higher rates of poverty (20-30%) in the southern and eastern regions of the state while households with incomes below 20% of the poverty level were dispersed throughout the southern, central, and northern counties (Figure 2).

Mental health and asthma were among the top health needs identified by respondents with mental health needs pervasive throughout the state (Figure 3). Other conditions included medical denials, diabetes, HIV, special education, cancer, COPD, lead poisoning, and substance abuse.

Some limitations include a small sample size (N=10) so that results are not necessarily generalizable beyond the state of Illinois. Also, the term “public benefits” was not defined in the survey so validating interpretation as relates to its common usage (e.g., provision of government-funded services) would require follow up with each respondent.

TABLE 2. Frequency of Referrals

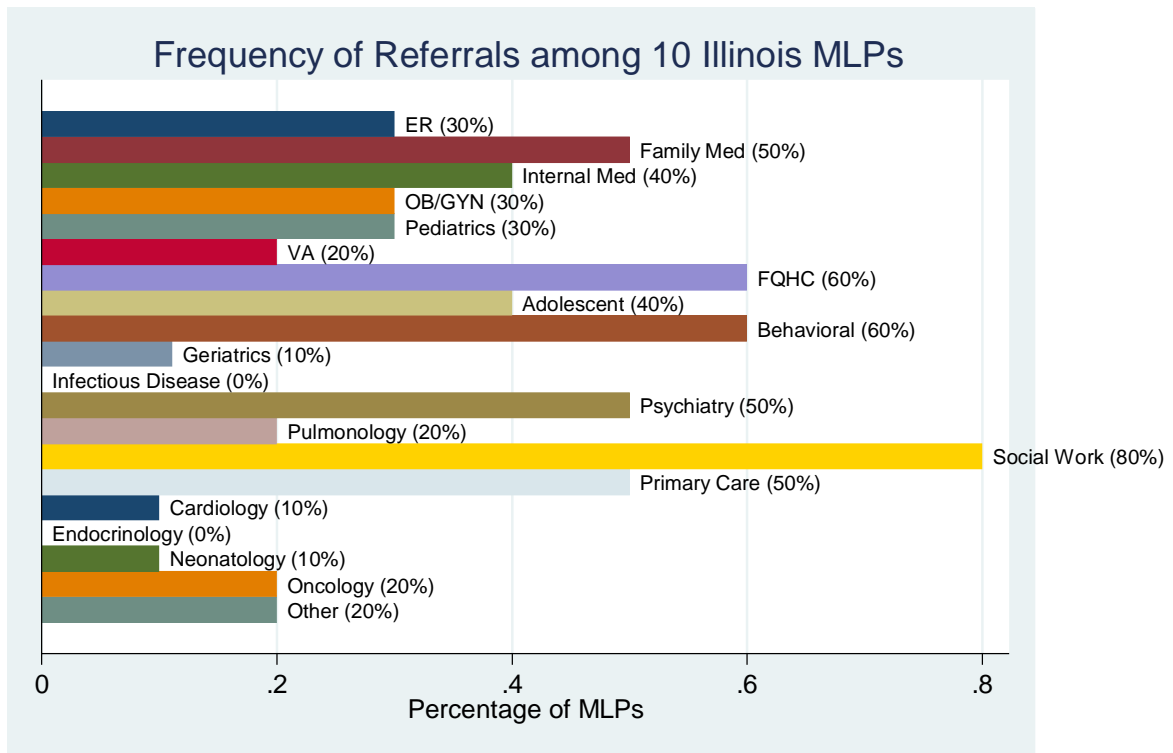


TABLE 3. Frequency of Services

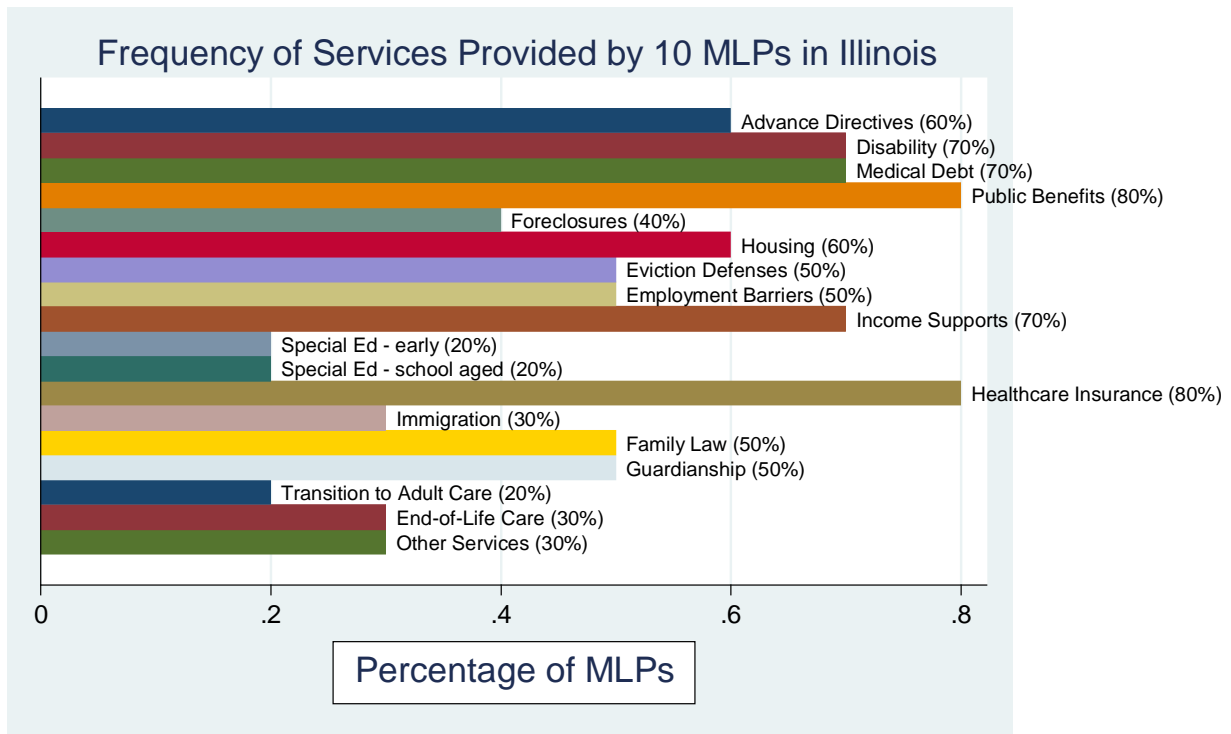


TABLE 4. Racial Constituencies

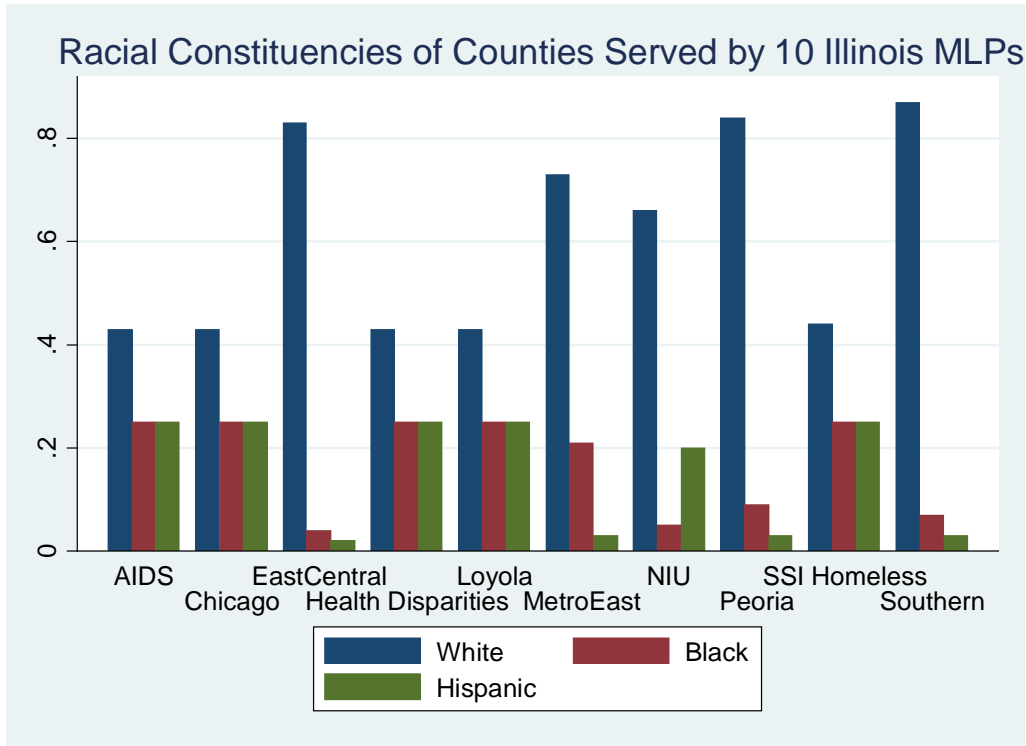


TABLE 5. Available Services Not Yet Provided

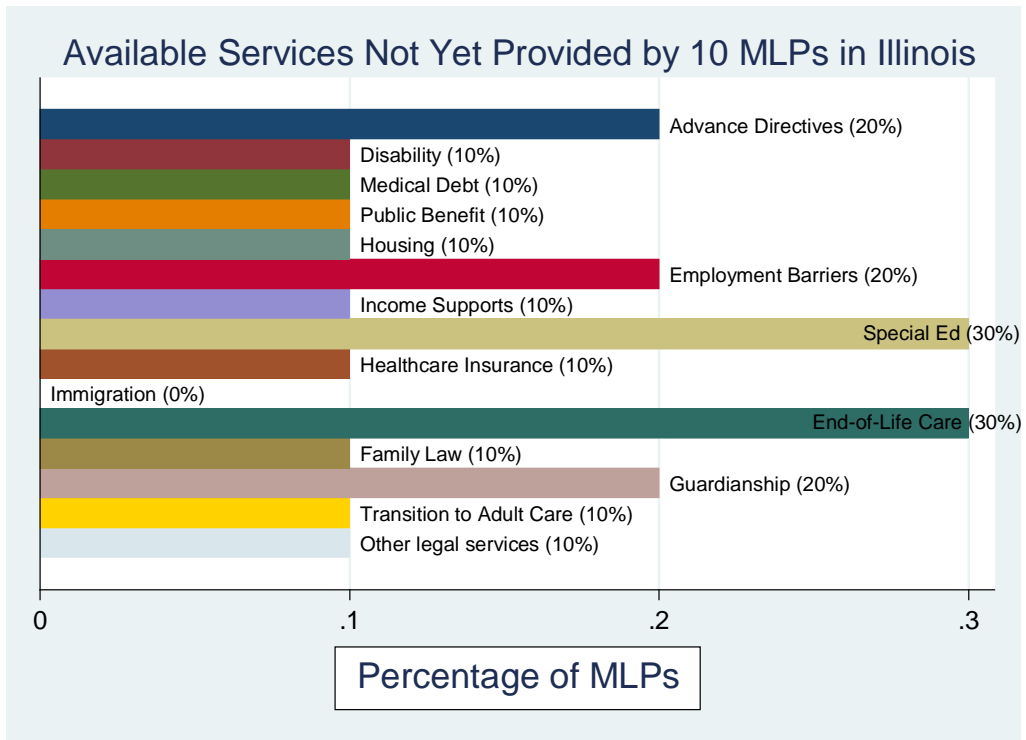


TABLE 5. Types of Legal Providers

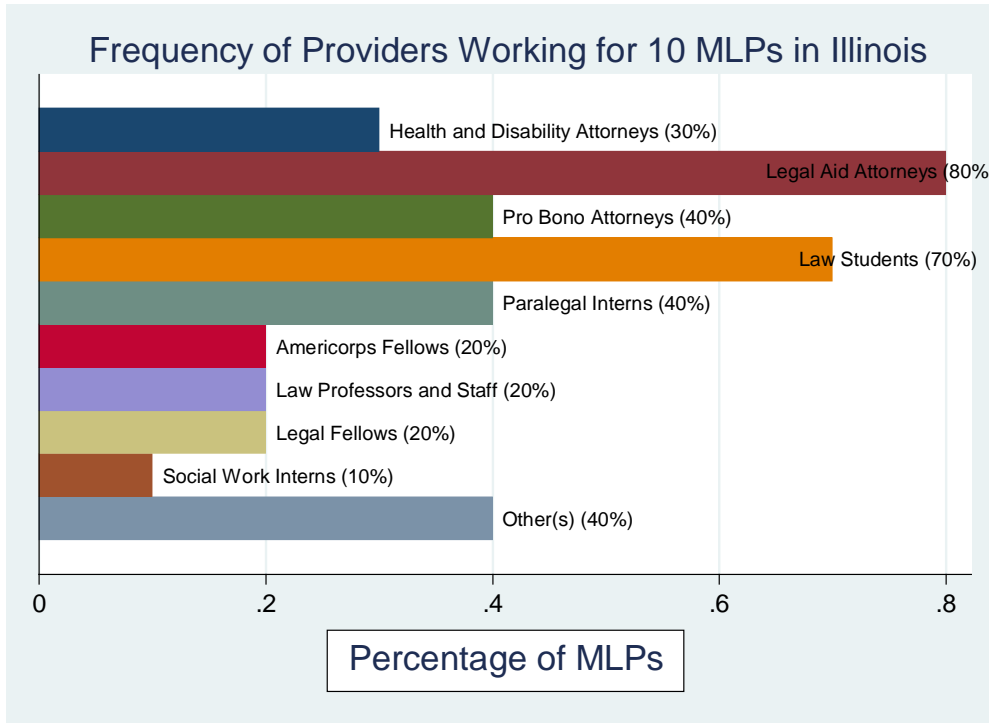


CHART 1. Major Health Needs

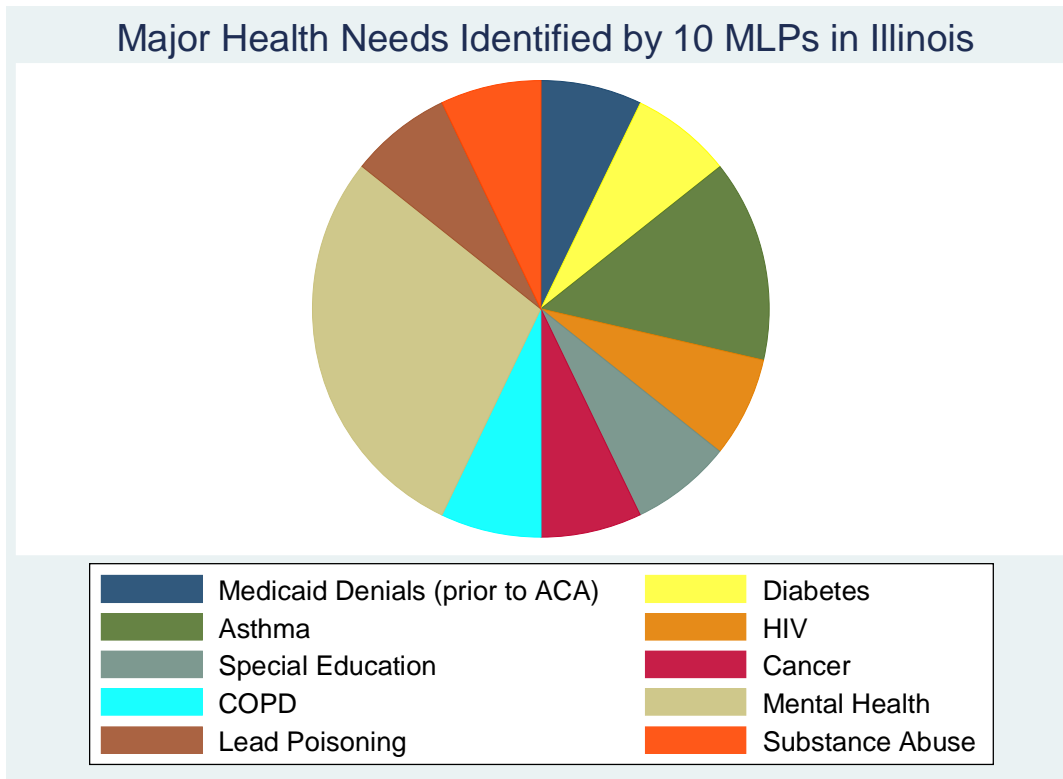


Figure 1. Counties Served by 10 MLPs

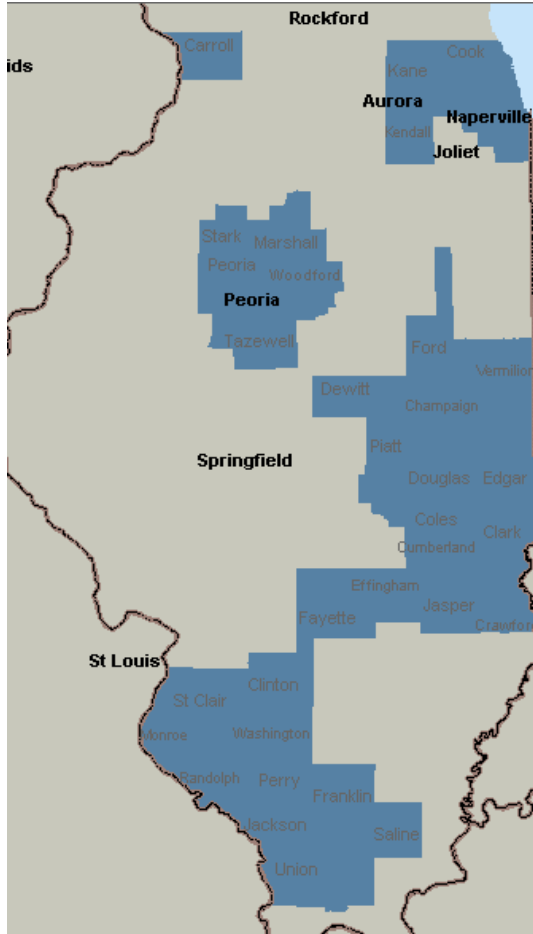


Figure 2. Poverty Rates of Counties

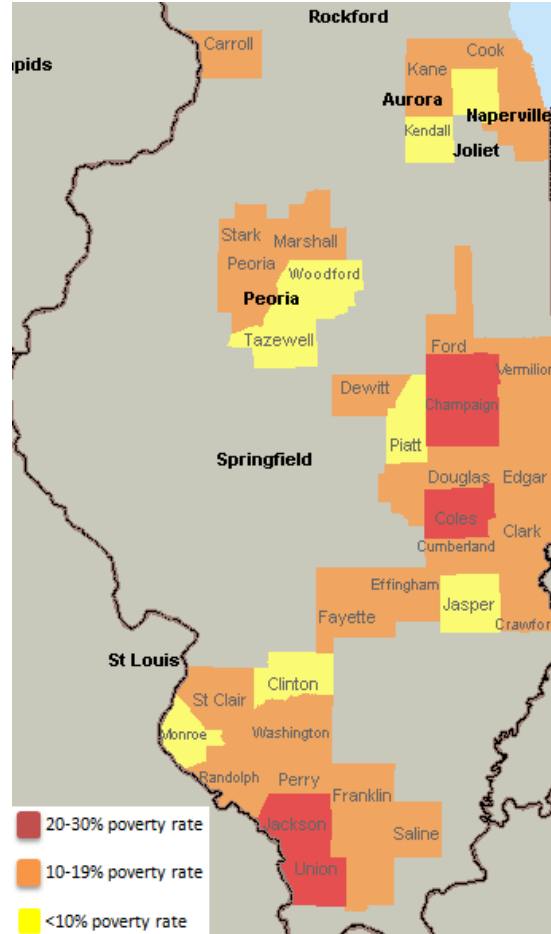


Figure 3. Major Health Needs Identified by MLPs

