
LEGAL AID JUSTICE CENTER

July 28, 2011

Cathy Smith Train
President, United Way-Thomas Jefferson Area
806 East High Street
Charlottesville, VA 22902
(also via email to lfrazier@unitedwaytja.org)

Re: Final Report of the Child Health Advocacy Program

Dear Cathy:

Enclosed please find the final report to the United Way-Thomas Jefferson Area for the \$16,055 grant made the Child Health Advocacy Program for the fiscal year ending June 30, 2011. We greatly appreciate the United Way's continuing support on behalf of our programs to assist the low-income families with children who require legal advice and representation.

If you have any questions or require more information, please feel free to contact me.

Sincerely,



Laurel Reiman Henneman
Foundation Relations Manager

Enclosure

FY11 United Way Final Report

Program: Medical-Legal Partnership|Charlottesville (formerly CHAP)
Agency: Legal Aid Justice Center
Due Date: August 4, 2011

1. For the current funding period, please highlight your program's goals, activities and results, noting any changes to your original plan/proposal. Include any relevant budget and/or financial information. Limit your response to no more than one page.

The Medical-Legal Partnership|Charlottesville (MLP), formerly known as the Child Health Advocacy Program (or CHAP), addresses the needs of low-income, medically involved families with legal problems. We identify MLP clients through outreach at the various pediatrics clinics at University of Virginia Hospital, where thousands of children are served each year. We participate in medical rounds with the UVA pediatric medical providers, and also take referrals made by social workers and medical professionals who work in the clinics. In this way, families who need our assistance, but may not have otherwise found the Legal Aid Justice Center, get the help that they need. Cases referred through MLP involve a wide variety of problems that can affect families' health and well being, including housing, employment, consumer matters, and public benefits.

Our goals are to train health providers to recognize legal issues impacting child health, to give the medical providers the tools (including consultations with our advocates) to help troubleshoot those legal issues, and to provide outreach and legal services (advice and extended representation) to eligible families. We also work on systemic advocacy, as the work reveals needs for systemic change to help our low-income members of our community. This Spring, our MLP staff have begun to attend multidisciplinary rounds on the pediatric inpatient service, which we have found is a particularly effective mechanism for referrals.

One change we've made to the program is to train doctors, nurses, and social workers to provide front-line advocacy themselves, with support and backup from the MLP attorney. To that end, we've started creating a series of trainings, with accompanying form letters, so doctors can write better letters to meet their patients' needs, without a referral to the MLP attorney. In addition, during this fiscal year, in conjunction with the UVA Law School, we created a SNAP (Food Stamps) calculator, which we have provided to UVA Medical Center social workers and other Legal Aid Justice Center staff who work with clients on securing public benefits. We have also provided our medical partners with other materials prepared by Legal Aid Justice Center staff on special education and other topics of interest to low-income families with children requiring systemic supports.

2. Please share a success story from your program. We are especially interested in stories that show a long-term impact on a person or family, and stories that show collaborations or referrals with other community programs in meeting a client's multiple needs.

Mr. S's son had multiple health issues and required oxygen and other supports that were dependent upon an electric power source. Mr. S had only recently gained custody of this child and was in arrears on his electric utility payments because he had taken time off of work

to recover from an injury. His power was off for two days, during which time the Red Cross provided a hotel room for the family so that they could maintain the child’s medical care. Mr. S knew that he could catch up on the utility payments if given a few weeks to receive his upcoming paycheck and begin to receive the public benefits checks that needed to be rerouted due to his son’s move, but he was nevertheless unable to prevent the shut-off through official channels. Although the regulations we had been working on structuring to specifically address problems of this sort were not yet in effect, through the relationships we had built in this process, MLP|Charlottesville was able to quickly arrange for the power company to restore this family’s electricity and work out a payment plan to address their situation so that the family could return to their home.

3. Complete the following Outcome Measurement update (based on your application for funding) for the fiscal year to date.

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results (provide specific numbers and percentages)
Clients reached through outreach at the pediatric clinics and at local health fairs will receive information and/or referrals to help them effectively seek legal assistance with securing benefits, solving employment issues, maintaining housing and other legal problems, thus promoting an improved health outcome.	434 families (79% of the projection listed in the FY11 application, based on an award at 79% of request)	549 families
MLP staff represent or advise eligible families on issues relating to public benefits, employment, housing and other issues affecting their child's health outcomes.	We planned to provide full representation to 12 clients with a success rate of 70%, and to provide advice to an additional 27 clients. (79% of the projection listed in the FY11 application, based on an award at 79% of request)	We provided representation to 15 clients with a success rate of 98% and provided advice to an additional 46 clients.
MLP staff train health professionals to recognize family issues that can affect their children's health and to make referrals.	40 professionals (79% of the projection listed in the FY11 application, based on an award at 79% of request)	180 professionals

4. **Impact Report.** We are looking for issues and statistics specific to our local area; you are also welcome to include some general issues that set the framework for the local

statistics. Under the Actual Results heading, we are looking for impact, especially long-term results, not just numbers served.

Community Needs or Issues Your Program Addresses -- please include at least 3 local issues/statistics and cite your source

1. Nearly a quarter of Central Virginia's households earn less than \$25,000 per year. 12% of households fall below the poverty line, more than the statewide poverty rate of 10%. Seven percent of families receive food stamps.ⁱ
2. In 2009, 25,543 people in the Planning District 10 service area were living in poverty, including 6,014 children, a significant increase from 2008 (22,694 people, including 5,612 children.)ⁱⁱ Local unemployment rates have more than doubled in the past 5 years.ⁱⁱⁱ Income-related disparities in child health outcomes persist despite advances in medical technology and increased global wealth. The "social determinants of health" approach is useful in explaining these disparities. Controlling for other factors, children are more likely to have illnesses (including asthma, migraine/severe headaches, or ear infections) if their family is closer to the federal poverty level.^{iv} This rising poverty is seen in the 40% increase in children on TANF/VIEW from 2008 to 2009 in Charlottesville.^v
3. Planning District 10, and the City of Charlottesville in particular, does worse than state averages on a variety of significant health indicators including the percentage of women who receive early prenatal care, the percentage of children born into single-parent homes, and the rate of teen pregnancies. Other studies have positively correlated these indicators with poverty and economic instability.

Health Profile, Charlottesville City, 2009

	Vital Event	Virginia	Planning District 10	Charlottesville City
Births	Total Live Births	104,979	2,741	571
	Birth Rate Per 1,000 Total Population	13.3	11.9	13.5
	Non-Marital Births	37,608	905	240
	Percent Non-Marital Births of Total Births	35.8	33	42
	Low Weight Births (under 2,500 grams / 5 lb. 8 oz.)	8,800	208	49
	Low Weight Births Percent of Total Births	8.4	7.6	8.6
Prenatal Care	Prenatal Care Began in First 13 Weeks	86,890	2,064	426
	Percent Prenatal Care Began in First 13 Weeks	82.8	75.3	74.6
Induced	Induced Terminations of Pregnancy	26,356	599	363
Fetals	Natural Fetal Deaths	6,585	179	68
Teen Pregnancy	Total Teenage Pregnancies Ages 10-19	12,283	264	91
	Pregnancy Rate Per 1,000 Females Ages 10-19	24.3	17.5	38.9
	Pregnancies Ages <15 yrs	218	6	2
	Pregnancy Rate Per 1,000 Females Ages <15	0.9	1	2.8
	Pregnancies Ages 15-17	3,369	54	20
	Pregnancy Rate Per 1,000 Females Ages 15-17	22.3	13.5	42.3
	Pregnancies Ages 18-19	8,696	204	69
Pregnancy Rate Per 1,000 Females Ages 18-19	76	41.8	59.6	
Infant Deaths	Total Infant Deaths	740	16	5
	Infant Death Rate Per 1,000 Live Births	7	5.8	8.8
Population	2009 Census Population	7,882,590	229,844	42,218
	Females Ages 10-19 Population	505,976	15,076	2,342

Source: Virginia Department of Health (2011). Health profile for Charlottesville City, 2009. Retrieved July 6, 2011 from <http://www.vdh.state.va.us/healthstats/Charlottesville09.htm>.

Your Program's Solutions that United Way Community Impact Funds Support

MLP|Charlottesville recognizes that low-income community members interacting with the health care system often have multiple problems, many of which have an impact on the health of their children. By viewing these medical clients holistically and seeing the interrelatedness of their problems, MLP|Charlottesville provides “preventive legal services.” In other words, we can help people address problems in their lives before these problems turn into crises. Poor living conditions, inadequate heat or other utilities, fear of losing shelter, lack of access to public benefits – all of these are issues that MLP|Charlottesville help address that will produce better medical outcomes for their children.

Actual Results - based on your stated outcomes; please use percentages and numbers served to help show outcomes.

During the 2011 fiscal year (July 1, 2010-June 30, 2011), our direct client outreach reached 549 families, through health fairs, participation in medical rounds at UVA Medical Center, and offering parent trainings. We trained over 180 medical providers, far exceeding

our target of training 40 health providers. We provided counsel and advice to 46 families, and extended representation to 15 families with a success rate of 98%.

Our systemic advocacy has been particularly successful this year. For example, as illustrated by the case story presented above, we've learned from our medical partners that families with sick or chronically ill children have a hard time dealing with utilities shut-offs. Working with Dominion Power, the Virginia Poverty Law Center, the American Academy of Pediatrics, and our statewide MLP partners, successful legislation was introduced in the Virginia General Assembly directing the State Corporation Commission to create regulations allowing people with verified medical conditions to get a respite period to work out a payment plan before their utilities are shut off. Those regulations are currently in draft form and have been distributed for public comment; they are expected to be implemented by the end of October 2011.

During FY11 (July 1, 2010 – June 30, 2011), we saved or recovered our Charlottesville-area MLP clients \$90,710 in lump-sum or annualized monthly payments/costs avoided. Please recall that we do not include financial recoveries or savings secured for clients as an outcome measure of success because we do not want the financial stakes for our clients to drive our case selection criteria, or have the incentive to for grant reporting purposes. A housing client whom we help with housing conditions problems may not have a discernable financial benefit that we are able to record in the way that a client who avoids eviction does, but we do not consider the help that we provide to these two clients more or less important than one another. In fact, as the MLP model seeks to identify and counsel clients with nascent legal issues before they become crises, by design much of our work cannot show a specific monetary outcome.

ⁱ Regional Profile: Central Virginia. Stat Chat. Weldon Cooper Center for Public Service, April 2011.

ⁱⁱ US Census data.

ⁱⁱⁱ Annie E. Casey, "Kids Count" <http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=VA>

^{iv} The social determinants of child health: variations across health outcomes - a population-based cross-sectional analysis. *BMC Pediatr.* 2009 Aug 17;9:53.

^v Annie E. Casey, "Kids Count" <http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=VA>