

## PLUS Legacy Report:

- A. Name: Amy Whittle
- B. Future Contact Email: whittleae@gmail.com
- C. Info for Alumni bios on Website:

Interests: Using the medical home to increase access to legal and other community resources that ultimately impact the social determinants of health. Empowering residents and other medical providers to effectively screen and refer patients and their families for social determinants of health.

Project Partner: Bay Area Legal Aid

Project: San Francisco Medical-Legal Partnership

Personal Interests: Biking, swimming, yoga, hiking

Post-Graduate Activities: Medical Director, San Francisco Medical-Legal Partnership in addition to general pediatric clinical work

- D. Legacy report: Please also provide me with PPTs/papers/articles etc...

This will be attached to your bio on the PLUS website.

- a) Title: San Francisco Medical-Legal Partnership (SFMLP)
- b) Key words: social determinants of health, asthma, medical home, pro bono, housing, public benefits, immigration, food security
- c) Learning objectives:
  - 1. Become familiar with the national medical-legal partnership model.
  - 2. Through partnership with a local legal aid organization, integrate a new program into the medical clinic setting.
  - 3. Explore funding sources and write a successful grant application.
  - 4. Develop logic model and evaluation strategies.
- d) Project objectives:
  - 1. Provide access to legal services directly in the pediatric medical home.
  - 2. Effectively refer patients and their families with non-legal problems to appropriate community resources.
  - 3. Educate medical providers about screening tools, basic legal rights as they pertain to an underserved patient population, and resources for referral.
- e) Activities (Partly using objectives listed..) what did you do to reach your objectives?

The project initially began with a planning grant from the California Endowment in 2004. This funded a planning and feasibility study that demonstrated a need for medical-legal partnership at San Francisco General Hospital and recommended procedures for implementing such a partnership. In 2008, Sabrina Adler JD secured a Skadden Fellowship to start this medical-legal partnership under the direction of Bay Area Legal Aid. The memorandum of understanding with San Francisco General

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Hospital was signed in 2009 and Ms. Adler began seeing patients in the pediatric asthma clinic in November.

f) Outcomes:

1. Legal services provision in the medical home: Ms. Adler is available at SFGH on pediatric asthma clinic days to screen patients, refer to resources, and accept cases as indicated.
2. Education: The SFMLP has a curriculum of topics relevant to underserved medical populations such as public benefit eligibility, housing rights, education for children with special needs, and immigration law. Ms. Adler conducts one hour teaching sessions with the residents approximately once a month on these topics. She is available for informal consultation on an as-needed basis.
3. Referral resources: We compiled a binder with handouts and applications for the most common issues identified with families (eg difficulty paying bills – PG&E discount, LifeLine, CalWorks; food insecurity – food stamp and WIC applications, list of food banks; health insurance – Healthy San Francisco information).
4. Evaluation of education: Residents are informally surveyed following every teaching sessions about the utility of the talks and their quality. Scores have been mostly 4-5 on a scale of 5. To get a baseline, we also conducted a pre/post descriptive study of the UCSF interns entering residency in 2009. Pediatric interns were surveyed at the beginning of the year regarding the attitudes and knowledge about the social determinants of health (see attached ppt). They will be surveyed again at the conclusion of the academic year with the same attitudes and knowledge questions and some additional questions about their screening and referring behaviors. About three quarters of interns thought it important to ask about issues such as housing conditions, safety at home, and overall stress during well-child visits. These data were presented at the Academic Pediatric Association region IX and X meeting.
5. Evaluation of legal services: we are tracking case demographics, outcome, and client satisfaction in the existing Bay Area Legal Aid database. We plan to implement our own long-term evaluation and follow-up as resources permit. The SFMLP Oversight Committee will review our attorney's case activity on a quarterly basis.
6. Funding: In 2008, w|e applied for and were awarded a grant from the San Francisco General Hospital Foundation for \$25,000. We have partnered with the San Francisco General Hospital Foundation for assistance with future funding searches.
7. Partnerships: the SFMLP is part of the Medical-Legal Bay Area Regional Coalition as well as the National Center for Medical-Legal Partnership.

Addendums:

- APA Regional Meeting presentation
- Grand Rounds presentation
- Noon conference presentation
- Hearts and Heroes grant application

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### California Pediatrician article

- g) Lessons in Implementation (what did you learn in the process of your work?)
- Power of partnership: having a committed community partner in Bay Area Legal Aid as well as a regional and national support structure was critical to getting this project off the ground.
  - Flexibility: our original timelines were modified multiple times from the planning stages in 2008. We learned to adapt our original vision to fit the requests of different stakeholders.
  - Need is high in our patient population: Screening patients at the asthma clinic usually revealed at least one issue with which the family requests help, be it mold in rental housing, inadequate food to meet the family's needs, or difficulties in applying for public benefits.
- h) Potential future projects:
- Expand attorney's presence to other pediatric clinics at SFGH and potentially other specialties
  - Develop effective and efficient means to screen patients for relevant legal issues as well as other social issues impacting health
  - Continue educational curriculum with small group meetings with medical providers to go over screening tools, conduct role plays, discuss referral options
  - As caseload expands, partner with law schools and/or private firms to outsource case work
  - Evaluate the impact of the partnership on patient well-being and health measures