Inadequate healthcare and poor health outcomes

The links between poverty and poor health outcomes are numerous, complex and intertwined. And, while the intent of the Affordable Care Act was to increase access to affordable quality healthcare with a focus on low-income individuals and families, many remain uninsured. This is because the Act itself does not provide for subsidies or tax credits to offset the cost of private insurance to households with income below 100% of the federal poverty guidelines—and many more remain uninsured as some states have opted not to expand Medicaid coverage to all who are eligible under the Act.

Research has shown that insurance coverage is related to better health outcomes. In an issue brief, “How Does Insurance Coverage Improve Health Outcomes?” published April 2010 by Mathematica Policy Research, Inc., the authors reported that:

- Uninsured young children have lower immunization rates than insured children.
- Uninsured children are 70 percent less likely than insured children to receive medical care for common childhood conditions, such as a sore throat, or for emergencies.
- Parents of uninsured children are more likely to report unmet needs for mental health services for their children.
- Uninsured children are less likely to receive treatment for chronic conditions such as diabetes and asthma.
- Uninsured children have less access to a usual source of care, community-based services, and services to make transitions to adulthood.
- Untreated health conditions cause uninsured children to lose opportunities for normal development. Their educational achievement suffers because they miss more days of school which may ultimately lead to other manifestations of poverty. These manifestations could include: a lack of opportunity for full employment at a living wage, disproportionate involvement in the civil or criminal justice system and an unending and continuous cycle of crises.

Similarly, Families USA, a national advocacy group for the under and uninsured, in its research brief, “Dying for Coverage: The Deadly Consequences of Being Uninsured,” published June 2012, cited the following:

- The uninsured are less likely to have a usual place of care outside of the emergency room.
- The uninsured often go without screenings and preventive care.
- The uninsured often delay or forego needed medical care.
• Uninsured Americans are sicker and die earlier than those who have insurance and are more likely to be diagnosed with a disease in an advanced state.
• Uninsured adults are at least twenty five percent more likely to die than adults with private insurance.

Reaching similar results, the Henry J. Kaiser Family Foundation lists the following, “Key Facts About the Uninsured Population,” on its website, October 5, 2015:

• Low income working families make up 40% of the uninsured, with individuals below poverty at the highest risk of being uninsured.
• People without access to insurance have worse access to care than those who are insured.
• Over one quarter of uninsured adults in 2014 went without needed care due to cost.
• Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic conditions.
• The uninsured are at higher risk for preventable hospitalizations and missed diagnoses of serious health conditions.
• The uninsured report higher rates of postponing care and foregoing care and needed prescriptions.
• After a chronic condition is diagnosed, they [the uninsured] are less likely to receive follow-up care and more likely to have their health decline.

Focusing on outcomes for children, the Campaign for Children’s Healthcare provides ‘Six Good Reasons Why Children Should Have Health Insurance’ in its March 2007 publication, “Why Do School Aged Children Need Health Insurance?”:

• Children with insurance are more likely to have a usual source of care.
• Children with insurance are more likely to have access to preventive care.
• Children with insurance are more likely to get the health care services they need.
• Children with insurance will help close racial disparities.
• Children with insurance help improve social and emotional development.
• Children with insurance are better equipped to do better in school.

And while not cited in the above reference, it can be fairly stated that these same six reasons, with some minor modifications, also apply to adults.

Over the years, the ABA has taken policy positions and sponsored position papers focused on the various issues involved with this topic. These policies and positions are based on the knowledge and intellectual work product of lawyers who could be in a unique position to strengthen community-based efforts to address structural barriers to inadequate healthcare and poor health outcomes for many low-income communities. Lawyers can work shoulder-to-shoulder with stakeholders including community-based entities, providers/advocates, academic communities, foundations/funders, politicians, program users/beneficiaries and the general public to use the law and justice system to tackle systemic barriers and obstacles to overcoming poverty.
The ABA Commission on Homelessness & Poverty has compiled for informational purposes only—and without any intended endorsement—the following issues and potential strategies for consideration as each community develops its own unique local plan of action for eliminating legal and justice system related policies, practices, and procedures that unfairly perpetuate or worsen the harmful effects of poverty, particularly those that serve as inadequate healthcare and poor health outcomes. The Commission is able to offer technical assistance in identifying and convening community stakeholders for roundtable discussions to develop strategic plans for local community action.

ISSUE: HEALTH INSURANCE COVERAGE AND ACCESS

Increase the number of Americans with health insurance coverage and access to health care through collaborative and community-based strategies to promote enrollment in Medicaid, CHIP and private insurance coverage from the Affordable Care Marketplace.

STRATEGIES:

• Advocate for expansion of Medicaid Coverage Expansion. Since 1990, the American Bar Association has supported the expansion of the Medicaid program to provide coverage for all children and all pregnant women with family incomes less than 200 percent of the federal poverty level. See ABA Resolution 105.

• Encourage local and state governments and NGOs to consider expanding the Children’s Health Insurance Program (CHIP) through the removal, in the states where it still exists, of the mandatory five year enrollment waiting period for children who are in the country legally.

• Encourage health care advocates to consider enforcement of coverages required under the Mental Health Parity Act

RESOURCES:

The following are some examples of national, state and local efforts that individuals, organizations, churches, hospitals, local communities and states may access and localize to meet their communities’ needs:

Florida Covering Kids and Families, initially launched as an initiative of the Robert Wood Johnson Foundation, provides information on resources available across the state to assist individuals and families with children in enrolling in CHIP, Medicaid and the Affordable Care Act Marketplace. Click here for more information.

Enroll America works with 4,600 partners in all 50 states to maximize “the number of Americans who enroll in and retain coverage under the Affordable Care Act.” The organization works by “equipping organizations with tried-and-true models for outreach and enrollment ...” Enroll America has links on its site to materials, information and publications organizations will find helpful in becoming Certified
Application Counselors to help individuals requiring coverage navigate the application process. The organization, through its “Get Covered America” campaign, shares its outreach model with organizations across the country so every community has the tools they need, including training and support services to connect people to coverage. Click [here](#) for more information.

The federal Health Insurance Marketplace website contains many resources on how to apply to become an “Assistor” or Certified Application Counselors to help exiting and new Marketplace Consumers. The site offers technical assistance resources, training, strategies for outreach and education activities, as well as all forms and application related to the process. Click [here](#) for more information.

**ISSUE: ACCESS TO MEDICAL TREATMENT**

While achieving health care coverage for all is a laudable goal, it does not address the issue of “access”. One may be insured, but not have access to needed services. Access is defined as “a broad set of concerns that center on the degree to which individuals and groups are able to obtain needed services from the medical care system.” [See](https://www.nap.edu) The authors go on to identify three primary barriers to accessing care:

- Structural barriers, such as types of services available and location of those services.
- Financial barriers.
- Personal and cultural barriers.

Dr. Ananya Mandal, MD, in her article “Disparities in Access to Healthcare”, updated August 6, 2014, New Medical Life Sciences and Medical adds to this list of barriers and includes:

- Legal obstacles (i.e.: immigrants);
- Irregular source of care;
- Lack of transportation;
- Long appointment time waits;
- Lack of convenient appointment times;
- Long waits at the point of service;
- Lack of providers – particularly in inner cities and rural areas where there may not be an adequate number or array of providers or diagnostic facilities;
- Language barriers; and,
- Older patients on fixed income lacking transportation or personal mobility.

**STRATEGIES:**

- Encourage local and state governments and NGOs to consider expansion of geographically accessible community health centers equipped to engage vulnerable people through provision of “medical homes” with a focus on cultural sensitivity, wellness and prevention.
• Encourage local and state governments and NGOs to consider the creation of respite care and other step-down models that provide appropriate medical care and treatment to homeless individuals whose illness do not require hospitalization but cannot be managed in a shelter environment.

• Encourage local and state governments and NGOs to consider establishing maternal and child evidence-based home visiting programs such as Healthy Families and Healthy Start to improve access to prenatal care, reduce infant mortality, and increase compliance with well-child visits and immunizations.

• Encourage local and state governments and NGOs to consider establishing health care workforce initiatives that address anticipated physician and physician-extender service shortages.

• Encourage state governments to consider establishing “scope of practice” initiatives that permit appropriately credentialed Advanced Registered Nurses and Physician Assistants to practice in medically under-served areas.

• Encourage federal and state governments to consider increasing Medicaid payments to primary care providers.

• Advocate for federal, state, local and territorial governments to maintain the Medicaid eligibility of otherwise-eligible incarcerated persons and provide continuity of Medicaid eligibility to persons newly-released from custody. [August 2007] 07A122

• Encourage health care providers to locate their service sites on public transportation routes.

• Encourage health care providers to schedule some of their office hours on weekends or evenings so that working poor can access services without losing paid work hours.

**RESOURCES:**

Stakeholder Health - Transforming Health Through Community Partnership is a “voluntary movement of people working within hospital health systems ... to address the underlying causes of poor health in their communities by strategically shifting resources and partnering with diverse stakeholders.” The site contains information on integrating care, healthy housing and health outcomes, the benefits of engaging community health workers, overcoming transportation barriers, mental health issues, the beneficial roles of community health navigators, the importance of prevention, community building and other transformative health topics. Click here for more information.

An initiative in Chicago, “The Boulevard” (f/k/a “Interfaith House”) is a 64-bed medical respite program for homeless individuals where they are able to receive meals, shelter, transportation to medical appointments, case management, referrals to mental health and substance abuse treatment and linkages to primary care. These services have reportedly resulted in improved health outcomes. Other so-called “recuperative care centers” such The Boulevard are appearing across the country, with some
serving as longer term housing for homeless individual with chronic health problems (E.g., Hennepin County Medical Center, Minnesota; and, New York City Health and Hospital Corporation) Click here for more information on The Boulevard.

ISSUE: ACCESS TO MENTAL HEALTH TREATMENT FOR BOTH CHILDREN AND ADULTS

STRATEGIES:

• Encourage local and state governments and NGOs to consider the creation of community-based mental health centers with a full continuum of services, to include case management, medication management, outpatient services, crisis services as well as various levels of residential facilities to address varying care needs.

• Encourage local and state governments and NGOs to consider the establishment of programs that provide incentives to individuals to pursue careers in the mental health field and to include all levels of licensed practitioners.

• Encourage local school boards and state governments to consider expanding school-based and home visiting mental health services.

• Encourage local and state governments and NGOs to consider improving service collaboration and integration between mental health and primary healthcare.

• Encourage local and state governments and NGOs to consider establishing holistic services for individuals with co-occurring disorders through the integration of substance abuse and mental health assessments, treatment and recovery support services and related data and financing systems.

• Encourage local and state governments and NGOs to consider expanding opportunities for recovery for state mental health treatment facilities’ consumers by increasing community capacity, decreasing length of stay and monitoring readmission and recidivism.

• Encourage local and state governments and NGOs to consider enhancing integration of child welfare and behavioral health services.

• Encourage local and state governments and NGOs to consider improving access to clinical treatment and recovery support services for veterans and their family members.

ISSUE: ACCESS TO SUBSTANCE ABUSE TREATMENT

STRATEGIES:

• Encourage local and state governments and NGOs to consider establishing community-based substance abuse treatment centers with a full continuum of services, to include case management,
outpatient services, crisis services, as well as various levels of residential facilities to address varying care needs.

- Encourage local school boards and state governments and NGOs to consider expansion of school-based substance abuse prevention programs.

**ISSUE: THE HIGH COST OF PRESCRIPTION DRUG PRICES**

**STRATEGIES:**

Prescription drug costs, to include generics, are increasing and projected to continue to do so, making medications less affordable to low income individuals. While the Affordable Care Act is moving to eliminate the “donut hole” in prescription coverage, many low-income seniors are struggling to afford needed medications.

- Encourage local health care advocates and NGOs to develop community positions on whether Congress should enact additional regulation to pharmaceutical companies that deal with pricing structures.
- Encourage local health care advocates and NGOs to develop community positions on whether states should enact insurance reform to limit “out of pocket” costs, as has been implemented in some states.
- Encourage local health care advocates and NGOs to develop community positions on whether Congress should require negotiation of drug prices for Medicare products.
- Encourage local and state governments and NGOs to consider development of programs that make it easier for persons living on the streets to fill their prescriptions in culturally sensitive and geographically convenient locations.

**ISSUE: ACCESS TO HEALTHY FOOD AND PUBLIC HEALTH OUTCOMES**

There is a growing interest in understanding how access to healthy food impacts the poverty and health-outcome relationship. Access to affordable, healthy food remains an issue for a variety of reasons including cost, the ability to prepare food, transportation, and “food deserts”—geographic areas with limited access to and availability of affordable healthy foods. Lack of access to healthy food has been associated with poorer health outcomes, including adjusted mortality, diabetes, and obesity rates.

**STRATEGIES:**

- Encourage local and state governments and NGOs to consider the creation of programs such as Washington D.C.’s “Healthy Corners” program that delivers healthy, affordable produce and snacks to corner stores or other locations in areas with a shortage of healthy food options.
• Encourage local school boards and state governments to consider the establishment or expansion of school-based breakfast and dinner programs as well as summer programs for areas with a high percentage of children enrolled in the free and reduced lunch program.
• Encourage local health care advocates and NGOs to develop community positions on whether federal or state governments should require all stores to accept the Women’s, Infants and Children’s federal nutritional program vouchers.
• Encourage local school boards and state governments to consider the creation of additional nutrition education and healthy vending machines in schools.
• Encourage local health care advocates and NGOs to develop community positions on whether state governments should require farmers markets to require acceptance of EBT cards for purchases.
  Encourage local school boards and state governments to consider inclusion of the 5-2-1-0 programs for children (and adults) wherever possible.

ISSUE: CONNECTING PATIENTS WITH SERVICES AND ADVOCATES

STRATEGIES:

• Establish School Based Health Centers and Trauma-Informed Schools - the creation of comprehensive school based health centers that include access to mental health, case management and reproductive health. These centers keep kids in school (both by preventing illness and addressing behavioral health issues that lead to suspension and expulsion), in sports, in activities and help kids and families get their needs met. These centers in schools could also be a resource to help impact broader school health including health literacy, healthy eating and promotion of healthy activity for children and youth. Ensure that evidenced-based, trauma-informed training and support is offered to families, teachers and students. Build on and partner with the Alive and Well Campaign and include multiple other youth serving partners in schools. This work could also help improve rates of suspensions and expulsions. Click here for more information.

• Advocate for the establishment of Medical-Legal Partnerships. Encourage lawyers, law firms, legal services agencies, law schools and bar associations to develop medical-legal partnerships with hospitals, community-based health care providers, and social service organizations to help identify and resolve diverse legal issues that affect patients’ health and well-being. See ABA Resolution 120A on Medical-Legal Partnerships.

• Encourage state governments and bar associations to consider establishing laws and ways to encourage lawyer participation in court-appointed “Guardian Advocates” programs.

ISSUE: PROVIDING APPROPRIATE TREATMENT AND SERVICES INSTEAD OF CRIMINALIZATION

STRATEGIES:

• Establish advocacy programs for the legal representation of people with mental health issues.
• Advocate for federal, state, territorial and local governments to adopt legislation that includes appropriate programs, policies and laws to provide health care access and support for the large number of adults with mental illness and juveniles with mental or emotional disorders who come into contact with the criminal and juvenile justice systems. This legislation should include provisions that increase funding for public mental health systems so that adults with mental illness and juveniles with mental or emotional disorders can obtain the support necessary to enable them to live independently in the community, and to avoid contact with the criminal and juvenile justice systems. ABA Resolution February 2004. Click here for more information on the Commission’s website and contact the Commission if you are interested in technical assistance.

• Advocate for the implementation of Veterans Treatment Courts. Since February 2010, the American Bar Association has urged state, local, and territorial courts to facilitate the development of Veterans Treatment Courts. See ABA Principles for Veterans Treatment Courts (February 2010)

• Encourage local and state governments and NGOs to consider establishing programs with treatment options for minor substance abuse offenses in lieu of incarceration.

• Encourage local and state governments and NGOs to consider the establishment of Teen Courts to reduce the number of adolescents entering the juvenile justice system.

ABA POLICIES

• Principles for Veterans Treatment Courts (February 2010) (Commission on Homelessness and Poverty; Criminal Justice Section; National Conference of Specialized Court Judges; Standing Committee on Armed Forces Law; Commission on Mental and Physical Disability Law; Standing Committee on Substance Abuse; Judicial Division; Tort Trial and Insurance Practice Section; Standing Committee on Legal Aid and Indigent Defendants; National Conference of Administrative Law Judiciary and Standing Committee on the Delivery of Legal Services) Urges state, local and territorial courts to facilitate the development of Veterans Treatment Courts...The ABA supports the development of comprehensive, systemic approaches to address the special needs of veterans within civil and criminal court contexts, including but not limited to proceedings involving veterans service-related injuries, disorders, mental health and substance abuse needs, through programs that connect veterans to appropriate housing, treatment and services through partnership with the local Veterans Affairs Medical Centers, community-based services and housing providers.

• Medical-Legal Partnerships (August 2007)(Health Law Section) Encourages lawyers, law firms, legal services agencies, law schools and bar associations to develop medical-legal partnerships with hospitals, community-based health care providers, and social service organizations to help identify and resolve diverse legal issues that affect patients’ health and well-being. 07A120A
• **Medicaid Eligibility** (August 2007) (Criminal Justice Section) Urges federal, state, local and territorial governments to maintain the Medicaid eligibility of otherwise-eligible incarcerated persons and provide continuity of Medicaid eligibility to persons newly-released from custody. 07A122

• **Medicaid Coverage Expansion** (1990) (Section of Family Law; Section of Individual Rights and Responsibilities and Young Lawyers Division) The ABA supports the expansion of the Medicaid program to provide coverage for all children and all pregnant women with family incomes less than 200 percent of the federal poverty level.

• **Mental or Emotional Illness in Criminal Justice System** (2004) (Criminal Justice Section) Urges Congress to enact legislation that would address the complex problem presented by the large number of adults with mental illness and juveniles with mental or emotional disorders who come into contact with the criminal and juvenile justice systems. Urges federal, state, local and territorial governments to: (1) increase funding for public mental health systems so that adults with mental illness and juveniles with mental or emotional disorders can obtain the support necessary to enable them to live independently in the community, and to avoid contact with the criminal and juvenile justice systems, and (2) improve their response to these adults and juveniles who come into contact with the criminal and juvenile justice systems by developing and promoting appropriate programs, policies and laws.”